

Master Beneficiary Summary Files (MBSF): Base A/B/C/D Segment

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Part D event (YYYY)
BENE_ENROLLMT_REF_YR	Reference Year
COVSTART	Medicare Coverage Start Date
CRNT_BIC_CD	Current Beneficiary Identification Code
STATE_CODE	State code for beneficiary (SSA code)
COUNTY_CD	County code for beneficiary (SSA code)
ZIP_CD	5-digit ZIP code for beneficiary
STATE_CNTY_FIPS_CD_01	State and county FIPS code - January
STATE_CNTY_FIPS_CD_02	State and county FIPS code - February
STATE_CNTY_FIPS_CD_03	State and county FIPS code - March
STATE_CNTY_FIPS_CD_04	State and county FIPS code - April
STATE_CNTY_FIPS_CD_05	State and county FIPS code - May
STATE_CNTY_FIPS_CD_06	State and county FIPS code - June
STATE_CNTY_FIPS_CD_07	State and county FIPS code - July
STATE_CNTY_FIPS_CD_08	State and county FIPS code - August
STATE_CNTY_FIPS_CD_09	State and county FIPS code - September
STATE_CNTY_FIPS_CD_10	State and county FIPS code - October
STATE_CNTY_FIPS_CD_11	State and county FIPS code - November
STATE_CNTY_FIPS_CD_12	State and county FIPS code - December
AGE_AT_END_REF_YR	Age of beneficiary at end of year
BENE_BIRTH_DT	Beneficiary date of birth
VALID_DEATH_DT_SW	Valid Date of Death Switch
BENE_DEATH_DT	Date of Death
SEX_IDENT_CD	Sex
BENE_RACE_CD	Beneficiary Race Code
RTI_RACE_CD	Research Triangle Institute (RTI) Race Code
ENTLMT_RSN_ORIG	Original Reason for Entitlement Code
ENTLMT_RSN_CURR	Current Reason for Entitlement Code
ESRD_IND	End-stage Renal Disease (ESRD) Indicator
MDCR_STATUS_CODE_01	Medicare Status Code - January
MDCR_STATUS_CODE_02	Medicare Status Code - February
MDCR_STATUS_CODE_03	Medicare Status Code - March
MDCR_STATUS_CODE_04	Medicare Status Code - April
MDCR_STATUS_CODE_05	Medicare Status Code - May
MDCR_STATUS_CODE_06	Medicare Status Code - June
MDCR_STATUS_CODE_07	Medicare Status Code - July
MDCR_STATUS_CODE_08	Medicare Status Code - August
MDCR_STATUS_CODE_09	Medicare Status Code - September
MDCR_STATUS_CODE_10	Medicare Status Code - October
MDCR_STATUS_CODE_11	Medicare Status Code - November
MDCR_STATUS_CODE_12	Medicare Status Code - December
BENE_PTA_TRMNTN_CD	Part A Termination Code
BENE_PTB_TRMNTN_CD	Part B Termination Code
BENE_HI_CVRAGE_TOT_MONS	Part A Months Count
BENE_SMI_CVRAGE_TOT_MONS	Part B Months Count
BENE_STATE_BUYIN_TOT_MONS	State Buy-In Coverage Count
BENE_HMO_CVRAGE_TOT_MONS	HMO Coverage Count
PTD_PLAN_CVRG_MONS	Months of Part D Coverage
RDS_CVRG_MONS	Months of Retiree Drug Subsidy Coverage

Master Beneficiary Summary Files (MBSF): Base A/B/C/D Segment

<u>Variable Name</u>	<u>Variable Label</u>
DUAL_ELGBL_MONS	Months of Dual Eligibility
MDCR_ENTLMT_BUYIN_IND_01	Medicare Entitlement/Buy-In Indicator - January
MDCR_ENTLMT_BUYIN_IND_02	Medicare Entitlement/Buy-In Indicator - February
MDCR_ENTLMT_BUYIN_IND_03	Medicare Entitlement/Buy-In Indicator - March
MDCR_ENTLMT_BUYIN_IND_04	Medicare Entitlement/Buy-In Indicator - April
MDCR_ENTLMT_BUYIN_IND_05	Medicare Entitlement/Buy-In Indicator - May
MDCR_ENTLMT_BUYIN_IND_06	Medicare Entitlement/Buy-In Indicator - June
MDCR_ENTLMT_BUYIN_IND_07	Medicare Entitlement/Buy-In Indicator - July
MDCR_ENTLMT_BUYIN_IND_08	Medicare Entitlement/Buy-In Indicator - August
MDCR_ENTLMT_BUYIN_IND_09	Medicare Entitlement/Buy-In Indicator - September
MDCR_ENTLMT_BUYIN_IND_10	Medicare Entitlement/Buy-In Indicator - October
MDCR_ENTLMT_BUYIN_IND_11	Medicare Entitlement/Buy-In Indicator - November
MDCR_ENTLMT_BUYIN_IND_12	Medicare Entitlement/Buy-In Indicator - December
HMO_IND_01	HMO Indicator - January
HMO_IND_02	HMO Indicator - February
HMO_IND_03	HMO Indicator - March
HMO_IND_04	HMO Indicator - April
HMO_IND_05	HMO Indicator - May
HMO_IND_06	HMO Indicator - June
HMO_IND_07	HMO Indicator - July
HMO_IND_08	HMO Indicator - August
HMO_IND_09	HMO Indicator - September
HMO_IND_10	HMO Indicator - October
HMO_IND_11	HMO Indicator - November
HMO_IND_12	HMO Indicator - December
PTC_CNTRCT_ID_01	Part C Contract Number - January
PTC_CNTRCT_ID_02	Part C Contract Number - February
PTC_CNTRCT_ID_03	Part C Contract Number - March
PTC_CNTRCT_ID_04	Part C Contract Number - April
PTC_CNTRCT_ID_05	Part C Contract Number - May
PTC_CNTRCT_ID_06	Part C Contract Number - June
PTC_CNTRCT_ID_07	Part C Contract Number - July
PTC_CNTRCT_ID_08	Part C Contract Number - August
PTC_CNTRCT_ID_09	Part C Contract Number - September
PTC_CNTRCT_ID_10	Part C Contract Number - October
PTC_CNTRCT_ID_11	Part C Contract Number - November
PTC_CNTRCT_ID_12	Part C Contract Number - December
PTC_PBP_ID_01	Part C PBP Number - January
PTC_PBP_ID_02	Part C PBP Number - February
PTC_PBP_ID_03	Part C PBP Number - March
PTC_PBP_ID_04	Part C PBP Number - April
PTC_PBP_ID_05	Part C PBP Number - May
PTC_PBP_ID_06	Part C PBP Number - June
PTC_PBP_ID_07	Part C PBP Number - July
PTC_PBP_ID_08	Part C PBP Number - August
PTC_PBP_ID_09	Part C PBP Number - September
PTC_PBP_ID_10	Part C PBP Number - October
PTC_PBP_ID_11	Part C PBP Number - November
PTC_PBP_ID_12	Part C PBP Number - December
PTC_PLAN_TYPE_CD_01	Part C Plan Type Code - January
PTC_PLAN_TYPE_CD_02	Part C Plan Type Code - February
PTC_PLAN_TYPE_CD_03	Part C Plan Type Code - March
PTC_PLAN_TYPE_CD_04	Part C Plan Type Code - April

Master Beneficiary Summary Files (MBSF): Base A/B/C/D Segment

<u>Variable Name</u>	<u>Variable Label</u>
PTC_PLAN_TYPE_CD_05	Part C Plan Type Code - May
PTC_PLAN_TYPE_CD_06	Part C Plan Type Code - June
PTC_PLAN_TYPE_CD_07	Part C Plan Type Code - July
PTC_PLAN_TYPE_CD_08	Part C Plan Type Code - August
PTC_PLAN_TYPE_CD_09	Part C Plan Type Code - September
PTC_PLAN_TYPE_CD_10	Part C Plan Type Code - October
PTC_PLAN_TYPE_CD_11	Part C Plan Type Code - November
PTC_PLAN_TYPE_CD_12	Part C Plan Type Code - December
PTD_CNTRCT_ID_01	Part D Contract Number - January
PTD_CNTRCT_ID_02	Part D Contract Number - February
PTD_CNTRCT_ID_03	Part D Contract Number - March
PTD_CNTRCT_ID_04	Part D Contract Number - April
PTD_CNTRCT_ID_05	Part D Contract Number - May
PTD_CNTRCT_ID_06	Part D Contract Number - June
PTD_CNTRCT_ID_07	Part D Contract Number - July
PTD_CNTRCT_ID_08	Part D Contract Number - August
PTD_CNTRCT_ID_09	Part D Contract Number - September
PTD_CNTRCT_ID_10	Part D Contract Number - October
PTD_CNTRCT_ID_11	Part D Contract Number - November
PTD_CNTRCT_ID_12	Part D Contract Number - December
PTD_PBP_ID_01	Part D PBP Number - January
PTD_PBP_ID_02	Part D PBP Number - February
PTD_PBP_ID_03	Part D PBP Number - March
PTD_PBP_ID_04	Part D PBP Number - April
PTD_PBP_ID_05	Part D PBP Number - May
PTD_PBP_ID_06	Part D PBP Number - June
PTD_PBP_ID_07	Part D PBP Number - July
PTD_PBP_ID_08	Part D PBP Number - August
PTD_PBP_ID_09	Part D PBP Number - September
PTD_PBP_ID_10	Part D PBP Number - October
PTD_PBP_ID_11	Part D PBP Number - November
PTD_PBP_ID_12	Part D PBP Number - December
PTD_SGMT_ID_01	Part D Segment Number - January
PTD_SGMT_ID_02	Part D Segment Number - February
PTD_SGMT_ID_03	Part D Segment Number - March
PTD_SGMT_ID_04	Part D Segment Number - April
PTD_SGMT_ID_05	Part D Segment Number - May
PTD_SGMT_ID_06	Part D Segment Number - June
PTD_SGMT_ID_07	Part D Segment Number - July
PTD_SGMT_ID_08	Part D Segment Number - August
PTD_SGMT_ID_09	Part D Segment Number - September
PTD_SGMT_ID_10	Part D Segment Number - October
PTD_SGMT_ID_11	Part D Segment Number - November
PTD_SGMT_ID_12	Part D Segment Number - December
RDS_IND_01	Part D Retiree Drug Subsidy Indicator - January
RDS_IND_02	Part D Retiree Drug Subsidy Indicator - February
RDS_IND_03	Part D Retiree Drug Subsidy Indicator - March
RDS_IND_04	Part D Retiree Drug Subsidy Indicator - April
RDS_IND_05	Part D Retiree Drug Subsidy Indicator - May
RDS_IND_06	Part D Retiree Drug Subsidy Indicator - June
RDS_IND_07	Part D Retiree Drug Subsidy Indicator - July
RDS_IND_08	Part D Retiree Drug Subsidy Indicator - August
RDS_IND_09	Part D Retiree Drug Subsidy Indicator - September

Master Beneficiary Summary Files (MBSF): Base A/B/C/D Segment

<u>Variable Name</u>	<u>Variable Label</u>
RDS_IND_10	Part D Retiree Drug Subsidy Indicator - October
RDS_IND_11	Part D Retiree Drug Subsidy Indicator - November
RDS_IND_12	Part D Retiree Drug Subsidy Indicator - December
DUAL_STUS_CD_01	Medicare-Medicaid dual eligibility code - January
DUAL_STUS_CD_02	Medicare-Medicaid dual eligibility code - February
DUAL_STUS_CD_03	Medicare-Medicaid dual eligibility code - March
DUAL_STUS_CD_04	Medicare-Medicaid dual eligibility code - April
DUAL_STUS_CD_05	Medicare-Medicaid dual eligibility code - May
DUAL_STUS_CD_06	Medicare-Medicaid dual eligibility code - June
DUAL_STUS_CD_07	Medicare-Medicaid dual eligibility code - July
DUAL_STUS_CD_08	Medicare-Medicaid dual eligibility code - August
DUAL_STUS_CD_09	Medicare-Medicaid dual eligibility code - September
DUAL_STUS_CD_10	Medicare-Medicaid dual eligibility code - October
DUAL_STUS_CD_11	Medicare-Medicaid dual eligibility code - November
DUAL_STUS_CD_12	Medicare-Medicaid dual eligibility code - December
CST_SHR_GRP_CD_01	Part D low-income cost share group code - January
CST_SHR_GRP_CD_02	Part D low-income cost share group code - February
CST_SHR_GRP_CD_03	Part D low-income cost share group code - March
CST_SHR_GRP_CD_04	Part D low-income cost share group code - April
CST_SHR_GRP_CD_05	Part D low-income cost share group code - May
CST_SHR_GRP_CD_06	Part D low-income cost share group code - June
CST_SHR_GRP_CD_07	Part D low-income cost share group code - July
CST_SHR_GRP_CD_08	Part D low-income cost share group code - August
CST_SHR_GRP_CD_09	Part D low-income cost share group code - September
CST_SHR_GRP_CD_10	Part D low-income cost share group code - October
CST_SHR_GRP_CD_11	Part D low-income cost share group code - November
CST_SHR_GRP_CD_12	Part D low-income cost share group code - December
PROBVALID	Estimated Probability of Match Validity

Master Beneficiary Summary Files (MBSF): Chronic Conditions Segment

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Beneficiary Enrollment Reference Year (YYYY)
BENE_ENROLLMT_REF_YR	Reference Year
AMI	Acute Myocardial Infarction End-of-Year Indicator
AMI_MID	Acute Myocardial Infarction Mid-Year Indicator
AMI_EVER	First Occurrence of Acute Myocardial Infarction
ALZH	Alzheimer Disease End-of-Year Indicator
ALZH_MID	Alzheimer Disease Mid-Year Indicator
ALZH_EVER	First Occurrence of Alzheimer Disease
ALZH_DEMEN	Alzheimer Disease and Related Disorders or Senile Dementia End-of-Year Indicator
ALZH_DEMEN_MID	Alzheimer Disease and Related Disorders or Senile Dementia Mid-Year Indicator
ALZH_DEMEN_EVER	First Occurrence of Alzheimer Disease and Related Disorders or Senile Dementia
ATRIAL_FIB	Atrial Fibrillation End-of-Year Indicator
ATRIAL_FIB_MID	Atrial Fibrillation Mid-Year Indicator
ATRIAL_FIB_EVER	First Occurrence of Atrial Fibrillation
CATARACT	Cataract End-of-Year Indicator
CATARACT_MID	Cataract Mid-Year Indicator
CATARACT_EVER	First Occurrence of Cataract
CHRONICKIDNEY	Chronic Kidney Disease End-of-Year Indicator
CHRONICKIDNEY_MID	Chronic Kidney Disease Mid-Year Indicator
CHRONICKIDNEY_EVER	First Occurrence of Chronic Kidney Disease
COPD	Chronic Obstructive Pulmonary Disease End-of-Year Indicator
COPD_MID	Chronic Obstructive Pulmonary Disease Mid-Year Indicator
COPD_EVER	First Occurrence of Chronic Obstructive Pulmonary Disease
CHF	Heart Failure End-of-Year Indicator
CHF_MID	Heart Failure Mid-Year Indicator
CHF_EVER	First Occurrence of Heart Failure
DIABETES	Diabetes End-of-Year Indicator
DIABETES_MID	Diabetes Mid-Year Indicator
DIABETES_EVER	First Occurrence of Diabetes
GLAUCOMA	Glaucoma End-of-Year Indicator
GLAUCOMA_MID	Glaucoma Mid-Year Indicator
GLAUCOMA_EVER	First Occurrence of Glaucoma
HIP_FRACTURE	Hip/Pelvic Fracture End-of-Year Indicator
HIP_FRACTURE_MID	Hip/Pelvic Fracture Mid-Year Indicator
HIP_FRACTURE_EVER	First Occurrence of Hip/Pelvic Fracture
ISCHEMICHEART	Ischemic Heart Disease End-of-Year Indicator
ISCHEMICHEART_MID	Ischemic Heart Disease Mid-Year Indicator
ISCHEMICHEART_EVER	First Occurrence of Ischemic Heart Disease
DEPRESSION	Depression End-of-Year Indicator
DEPRESSION_MID	Depression Mid-Year Indicator
DEPRESSION_EVER	First Occurrence of Depression
OSTEOPOROSIS	Osteoporosis End-of-Year Indicator
OSTEOPOROSIS_MID	Osteoporosis Mid-Year Indicator
OSTEOPOROSIS_EVER	First Occurrence of Osteoporosis
RA_OA	Rheumatoid Arthritis / Osteoarthritis End-of-Year Indicator
RA_OA_MID	Rheumatoid Arthritis / Osteoarthritis Mid-Year Indicator
RA_OA_EVER	First Occurrence of Rheumatoid Arthritis / Osteoarthritis
STROKE_TIA	Stroke / Transient Ischemic Attack End-of-Year Indicator
STROKE_TIA_MID	Stroke / Transient Ischemic Attack Mid-Year Indicator

Master Beneficiary Summary Files (MBSF): Chronic Conditions Segment

<u>Variable Name</u>	<u>Variable Label</u>
STROKE_TIA_EVER	First Occurrence of Stroke / Transient Ischemic Attack
CANCER_BREAST	Breast Cancer End-of-Year Indicator
CANCER_BREAST_MID	Breast Cancer Mid-Year Indicator
CANCER_BREAST_EVER	First Occurrence of Breast Cancer
CANCER_COLORECTAL	Colorectal Cancer End-of-Year Indicator
CANCER_COLORECTAL_MID	Colorectal Cancer Mid-Year Indicator
CANCER_COLORECTAL_EVER	First Occurrence of Colorectal Cancer
CANCER_PROSTATE	Prostate Cancer End-of-Year Indicator
CANCER_PROSTATE_MID	Prostate Cancer Mid-Year Indicator
CANCER_PROSTATE_EVER	First Occurrence of Prostate Cancer
CANCER_LUNG	Lung Cancer End-of-Year Indicator
CANCER_LUNG_MID	Lung Cancer Mid-Year Indicator
CANCER_LUNG_EVER	First Occurrence of Lung Cancer
CANCER_ENDOMETRIAL	Endometrial Cancer End-of-Year Indicator
CANCER_ENDOMETRIAL_MID	Endometrial Cancer Mid-Year Indicator
CANCER_ENDOMETRIAL_EVER	First Occurrence of Endometrial Cancer
ANEMIA	Anemia End Year Flag
ANEMIA_MID	Anemia Mid Year Flag
ANEMIA_EVER	Anemia First Ever Occurrence Date
ASTHMA	Asthma End Year Flag
ASTHMA_MID	Asthma Mid Year Flag
ASTHMA_EVER	Asthma First Ever Occurrence Date
HYPERL	Hyperlipidemia End Year Flag
HYPERL_MID	Hyperlipidemia Mid Year Flag
HYPERL_EVER	Hyperlipidemia First Ever Occurrence Date
HYPERP	Benign Prostatic Hyperplasia End Year Flag
HYPERP_MID	Benign Prostatic Hyperplasia Mid Year Flag
HYPERP_EVER	Benign Prostatic Hyperplasia First Ever Occurrence Date
HYPERT	Hypertension End Year Flag
HYPERT_MID	Hypertension Mid Year Flag
HYPERT_EVER	Hypertension First Ever Occurrence Date
HYPOTH	Acquired Hypothyroidism End Year Flag
HYPOTH_MID	Acquired Hypothyroidism Mid Year Flag
HYPOTH_EVER	Acquired Hypothyroidism First Ever Occurrence Date

Master Beneficiary Summary Files (MBSF): Cost and Utilization Segment

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Beneficiary Enrollment Reference Year (YYYY)
BENE_ENROLLMT_REF_YR	Reference Year
ACUTE_BENE_PMT	Acute Inpatient Hospital Beneficiary Payments
ACUTE_MDCR_PMT	Acute Inpatient Medicare Payments
ACUTE_PERDIEM_PMT	Acute Inpatient Hospital Pass-thru Per Diem Payments
ACUTE_PRMRY_PMT	Acute Inpatient Hospital Primary Payer Amount
ACUTE_STAYS	Acute Inpatient Stays
ACUTE_COV_DAYS	Acute Inpatient Medicare Covered Days
READMISSIONS	Acute Inpatient Hospital Readmissions
IP_ER_VISITS	Inpatient Emergency Room Visits
OIP_BENE_PMT	Other Inpatient Hospital Beneficiary Payments
OIP_MDCR_PMT	Other Inpatient Hospital Medicare Payments
OIP_PERDIEM_PMT	Other Inpatient Pass-thru Per Diem Payments
OIP_PRMRY_PMT	Other Inpatient Hospital Primary Payer Amount
OIP_STAYS	Other Inpatient Stays
OIP_COV_DAYS	Other Inpatient Hospital Covered Days
SNF_BENE_PMT	Skilled Nursing Facility Beneficiary Payments
SNF_MDCR_PMT	Skilled Nursing Facility Medicare Payments
SNF_PRMRY_PMT	Skilled Nursing Facility Primary Payer Amount
SNF_STAYS	Skilled Nursing Facility Stays
SNF_COV_DAYS	Skilled Nursing Facility Medicare Covered Days
HOS_MDCR_PMT	Hospice Medicare Payments
HOS_PRMRY_PMT	Hospice Primary Payer Amount
HOS_STAYS	Hospice Stays
HOS_COV_DAYS	Hospice Medicare Covered Days
HH_MDCR_PMT	Home Health Medicare Payments
HH_PRMRY_PMT	Home Health Primary Payer Amount
HH_VISITS	Home Health Visits
HOP_BENE_PMT	Hospital Outpatient Beneficiary Payments
HOP_MDCR_PMT	Hospital Outpatient Medicare Payments
HOP_PRMRY_PMT	Hospital Outpatient Primary Payer Amount
HOP_VISITS	Hospital Outpatient Visits
HOP_ER_VISITS	Hospital Outpatient Emergency Room Visits
ASC_BENE_PMT	Ambulatory Surgery Center Beneficiary Payments
ASC_MDCR_PMT	Ambulatory Surgery Center Medicare Payments
ASC_PRMRY_PMT	Ambulatory Surgery Center Primary Payer Amount
ASC_EVENTS	Ambulatory Surgery Center Events
ANES_BENE_PMT	Anesthesia Beneficiary Payments
ANES_MDCR_PMT	Anesthesia Medicare Payments
ANES_PRMRY_PMT	Anesthesia Primary Payer Amount
ANES_EVENTS	Anesthesia Events
PTB_DRUG_BENE_PMT	Part B Drug Beneficiary Payments
PTB_DRUG_MDCR_PMT	Part B Drug Medicare Payments
PTB_DRUG_PRMRY_PMT	Part B Drug Primary Payer Amount
PTB_DRUG_EVENTS	Part B Drug Events
EM_BENE_PMT	Evaluation and Management Beneficiary Payments
EM_MDCR_PMT	Evaluation and Management Medicare Payments
EM_PRMRY_PMT	Evaluation and Management Primary Payer Amount
EM_EVENTS	Evaluation and Management Events

Master Beneficiary Summary Files (MBSF): Cost and Utilization Segment

<u>Variable Name</u>	<u>Variable Label</u>
PHYS_BENE_PMT	Part B Physician Beneficiary Payments
PHYS_MDCR_PMT	Part B Physician Medicare Payments
PHYS_PRMRY_PMT	Part B Physician Primary Payer Amount
PHYS_EVENTS	Part B Physician Events
DIALYS_BENE_PMT	Dialysis Beneficiary Payments
DIALYS_MDCR_PMT	Dialysis Medicare Payments
DIALYS_PRMRY_PMT	Dialysis Primary Payer Amount
DIALYS_EVENTS	Dialysis Events
OPROC_BENE_PMT	Other Procedures Beneficiary Payments
OPROC_MDCR_PMT	Other Procedures Medicare Payments
OPROC_PRMRY_PMT	Other Procedures Primary Payer Amount
OPROC_EVENTS	Other Procedures Events
IMG_BENE_PMT	Imaging Beneficiary Payments
IMG_MDCR_PMT	Imaging Medicare Payments
IMG_PRMRY_PMT	Imaging Primary Payer Amount
IMG_EVENTS	Imaging Events
TEST_BENE_PMT	Tests Beneficiary Payments
TEST_MDCR_PMT	Tests Medicare Payments
TEST_PRMRY_PMT	Tests Primary Payer Amount
TEST_EVENTS	Tests Events
DME_BENE_PMT	Durable Medical Equipment Beneficiary Payments
DME_MDCR_PMT	Durable Medical Equipment Medicare Payments
DME_PRMRY_PMT	Durable Medical Equipment Primary Payer Amount
DME_EVENTS	Durable Medical Equipment Events
OTHC_BENE_PMT	Other Part B Carrier Beneficiary Payments
OTHC_MDCR_PMT	Other Part B Carrier Medicare Payments
OTHC_PRMRY_PMT	Other Part B Carrier Primary Payer Amount
OTHC_EVENTS	Other Part B Carrier Events
PTD_BENE_PMT	Part D Beneficiary Payments
PTD_MDCR_PMT	Part D Medicare Payments
PTD_EVENTS	Part D Events
PTD_FILL_CNT	Part D Standardized Fill Count
PTD_TOTAL_RX_CST	Part D Total Prescription Costs

Part D Prescription Drug Event (PDE) Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Beneficiary Enrollment Reference Year (YYYY)
DOB_DT	Patient Date of Birth (DOB)
GNDR_CD	Patient Gender
SRVC_DT	RX Date of Service (DOS)
PD_DT	Paid Date
PRSCRBR_ID_QLFYR_CD	Prescriber ID Qualifier Code
PRSCRBR_ID	Prescriber Identification Number
RX_SRVC_RFRNC_NUM	RX Service Reference Number
PROD_SRVC_ID	Product Service ID (the National Drug Code [NDC])
PLAN_CNTRCT_REC_ID	Plan Contract ID
PLAN_PBP_REC_NUM	Plan Benefit Package ID
CMPND_CD	Compound Code
DAW_PROD_SLCTN_CD	Dispense as Written (DAW) Product Selection Code
QTY_DSPNSD_NUM	Quantity Dispensed
DAYS_SUPLY_NUM	Days Supply
FILL_NUM	Fill Number
DSPNSNG_STUS_CD	Dispensing Status Code
DRUG_CVRG_STUS_CD	Drug Coverage Status Code
ADJSTMT_DLTN_CD	Adjustment Deletion Code
NSTD_FRMT_CD	Non-Standard Format Code
PRNG_EXCPTN_CD	Pricing Exception Code
CTSTRPHC_CVRG_CD	Catastrophic Coverage Code
GDC_BLW_OOPT_AMT	Gross Drug Cost Below Out-of-Pocket Threshold (GDCB)
GDC_ABV_OOPT_AMT	Gross Drug Cost Above Out-of-Pocket Threshold (GDCA)
PTNT_PAY_AMT	Patient Pay Amount
OTHR_TROOP_AMT	Other True Out-of-Pocket (TrOOP) Amount
LICS_AMT	Low Income Cost Sharing Subsidy Amount (LICS)
PLRO_AMT	Patient Liability Reduction Due to Other Payer Amount (PLRO)
CVRD_D_PLAN_PD_AMT	Covered D Plan Paid Amount (CPP)
NCVRD_PLAN_PD_AMT	Non-Covered Plan Paid Amount (NPP)
TOT_RX_CST_AMT	Gross Drug Cost
BN	Brand Name
GCDF	Dosage Form Code
GCDF_DESC	Dosage Form Code Description
STR	Drug Strength Description
GNN	Generic Name
BENEFIT_PHASE	Benefit Phase of Part D Event
FORMULARY_ID	Formulary ID
FRMLRY_RX_ID	CCW Formulary Drug ID
NCPDP_ID	NCPDP Pharmacy Identifier
RX_ORGN_CD	Prescription Origin Code
RPTD_GAP_DSCNT_NUM	Gap Discount Amount
BRND_GNRC_CD	Brand-Generic Code Reported by Submitting Plan
PHRMCY_SRVC_TYPE_CD	Pharmacy Service Type Code
PTNT_RSDNC_CD	Patient Residence Code
SUBMSN_CLR_CD	Submission Clarification Code

Medicare Provider Analysis and Review (MedPAR) Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of MEDPAR claim (YYYY)
MEDPAR_YR_NUM	Year of MedPAR Record
NCH_CLM_TYPE_CD	NCH Claim Type Code
BENE_IDENT_CD	BIC reported on first claim included in stay
EQTBL_BIC_CD	Equated BIC
BENE_AGE_CNT	Age as of Date of Admission
BENE_SEX_CD	Sex of Beneficiary
BENE_RACE_CD	Race of Beneficiary
BENE_MDCR_STUS_CD	Reason for entitlement to Medicare benefits as of CLM_THRU_DT
BENE_RSDNC_SSA_STATE_CD	SSA standard state code of the beneficiarys residence
BENE_RSDNC_SSA_CNTY_CD	SSA standard county code of the beneficiarys residence
BENE_MLG_CNTCT_ZIP_CD	Zip code of the beneficiarys residence
BENE_DSCHRG_STUS_CD	Code identifying status of patient as of CLM_THRU_DT
FICARR_IDENT_NUM	Fiscal Intermediary (FI) ID Number
WRNG_IND_CD	Warning indicators code specifying detailed billing info
GHO_PD_CD	Code indicating whether Group Health Organization (GHO) has paid provider for claim(s)
PPS_IND_CD	Prospective payment system (PPS) Indicator Code
ORG_NPI_NUM	Organization NPI Number
PRVDR_NUM	Provider Number
PRVDR_NUM_SPCL_UNIT_CD	Provider Number Special Unit Code
SS_LS_SNF_IND_CD	Short Stay/Long Stay/SNF Provider Indicator Code
ACTV_XREF_IND	MEDPAR Active Cross-Reference Claim Indicator
SLCT_RSN_CD	Specifies whether this record is a case or control record
STAY_FINL_ACTN_CLM_CNT	Number of claims (final action) included in stay
LTST_CLM_ACRTN_DT	Latest Claim Accretion Date
BENE_MDCR_BNFT_EXHST_DT	Beneficiary Medicare Benefit Exhausted Date
SNF_QUALN_FROM_DT	Beginning date of beneficiarys qualifying SNF stay
SNF_QUALN_THRU_DT	Ending date of beneficiarys qualifying SNF stay
SRC_IP_ADMSN_CD	Source of admission to an Inpatient facility - for newborn admit is type of delivery code
IP_ADMSN_TYPE_CD	Inpatient admission type code
ADMSN_DAY_CD	Code indicating day of week beneficiary was admitted to facility
ADMSN_DT	Date beneficiary admitted for Inpatient care or date care started
DSCHRG_DT	Date beneficiary was discharged or died
DSCHRG_DSTNTN_CD	Destination upon discharge from facility code
CVRD_LVL_CARE_THRU_DT	Date covered level of care ended in a SNF
BENE_DEATH_DT	Date beneficiary died
BENE_DEATH_DT_VRFY_CD	Death Date Verification Code
ADMSN_DEATH_DAY_CNT	Days from date admitted to facility to date of death
LOS_DAY_CNT	Days of beneficiarys stay in a hospital/SNF
OUTLIER_DAY_CNT	Days paid as outliers (either day or cost) under PPS beyond DRG threshld
UTLZTN_DAY_CNT	Covered days of care chargeable to Medicare utilization for stay
TOT_COINSRNC_DAY_CNT	MEDPAR Beneficiary Total Coinsurance Day Count
BENE_LRD_USE_CNT	Lifetime reserve days (LRD) used by beneficiary for stay
BENE_PTA_COINSRNC_AMT	Beneficiarys liability for part A coinsurance for stay (\$)
BENE_IP_DDCTBL_AMT	Beneficiarys liability for deductible for stay (\$)
BENE_BLOOD_DDCTBL_AMT	Beneficiarys liability for blood deductible for stay (\$)
BENE_PRMRY_PYR_CD	Primary payer responsibility code
BENE_PRMRY_PYR_AMT	Primary payer paid amount
DRG_CD	Diagnosis Related Group Code (or MS-DRG Code)

Medicare Provider Analysis and Review (MedPAR) Claims

<u>Variable Name</u>	<u>Variable Label</u>
DRG_OUTLIER_STAY_CD	DRG Cost or Day Outlier code
DRG_OUTLIER_PMT_AMT	DRG Outlier Approved Payment Amount (\$)
DRG_PRICE_AMT	DRG Price Amount (\$)
IP_DSPRPRNTN_SHR_AMT	Inpatient Disproportionate Share (DSH) Amount (\$)
IME_AMT	Indirect Medical Education (IME) Amount (\$)
PASS_THRU_AMT	Pass Thru Per Diem Amount for stay (\$)
TOT_PPS_CPTL_AMT	Total PPS capital Amount (\$)
IP_LOW_VOL_PYMT_AMT	Inpatient Low Volume Payment Amount
TOT_CHRG_AMT	Total Charge Amount (\$)
TOT_CVR_CHRG_AMT	Total Covered Charge Amount (\$)
MDCR_PMT_AMT	Total Medicare Payment Amount (\$)
ACMDTNS_TOT_CHRG_AMT	Total charge for all accommodations (\$)
DPRTMNTL_TOT_CHRG_AMT	Total charge for all ancillary depts related to beneficiarys stay (\$)
PRVT_ROOM_DAY_CNT	Private room day count
SEMIPRVT_ROOM_DAY_CNT	Semi-private room day count
WARD_DAY_CNT	Ward day count
INTNSV_CARE_DAY_CNT	Intensive care day count
CRNRY_CARE_DAY_CNT	Coronary care day count
PRVT_ROOM_CHRG_AMT	Private room charge amount (\$)
SEMIPRVT_ROOM_CHRG_AMT	Semi-private room charge amount (\$)
WARD_CHRG_AMT	Ward charge amount (\$)
INTNSV_CARE_CHRG_AMT	Intensive care charge amount (\$)
CRNRY_CARE_CHRG_AMT	Coronary care charge amount (\$)
OTHR_SRVC_CHRG_AMT	Other services charge amount (\$)
PHRMCY_CHRG_AMT	Pharmacy charge amount (\$)
MDCL_SUPLY_CHRG_AMT	Medical/surgical supplies charge amount (\$)
DME_CHRG_AMT	Durable Medical Equipment (DME) charge amount (\$)
USED_DME_CHRG_AMT	Used Durable Medical Equipment (DME) charge amount (\$)
PHYS_THRPY_CHRG_AMT	Physical therapy charge amount (\$)
OCPTNL_THRPY_CHRG_AMT	Occupational therapy charge amount (\$)
SPCH_PTHLGY_CHRG_AMT	Speech pathology charge amount (\$)
INHLTN_THRPY_CHRG_AMT	Inhalation therapy charge amount (\$)
BLOOD_CHRG_AMT	Blood charge amount (\$)
BLOOD_ADMIN_CHRG_AMT	Blood storage and processing charge amount (\$)
BLOOD_PT_FRNSH_QTY	Blood pints furnished quantity
OPRTG_ROOM_CHRG_AMT	Operating room charge amount (\$)
LTHTRPSY_CHRG_AMT	Lithotripsy charge amount (\$)
CRDLGY_CHRG_AMT	Cardiology charge amount (\$)
ANSTHSA_CHRG_AMT	Anesthesia charge amount (\$)
LAB_CHRG_AMT	Laboratory charge amount (\$)
RDLGY_CHRG_AMT	Radiology charge amount (excluding MRI) (\$)
MRI_CHRG_AMT	Magnetic resonance imaging (MRI) charge amount (\$)
OP_SRVC_CHRG_AMT	Outpatient service charge amount (\$)
ER_CHRG_AMT	Emergency room (ER) charge amount (\$)
AMBLNC_CHRG_AMT	Ambulance charge amount (\$)
PROFNL_FEES_CHRG_AMT	Professional fees charge amount (\$)
ORGN_ACQSTN_CHRG_AMT	Organ acquisition or other donor bank charge amount (\$)
ESRD_REV_SETG_CHRG_AMT	End Stage Renal Disease (ESRD) charge amount (\$)
CLNC_VISIT_CHRG_AMT	Clinic visit charge amount (\$)
ICU_IND_CD	Intensive Care Unit (ICU) indicator code
CRNRY_CARE_IND_CD	Coronary care unit (CCU) indicator code
PHRMCY_IND_CD	Pharmacy indicatorcode
TRNSPLNT_IND_CD	Organ transplant indicator code

Medicare Provider Analysis and Review (MedPAR) Claims

<u>Variable Name</u>	<u>Variable Label</u>
RDLGY_ONCLGY_IND_SW	Oncology indicator
RDLGY_DGNSTC_IND_SW	Diagnostic radiology indicator
RDLGY_THRPTC_IND_SW	Therapeutic Radiology indicator
RDLGY_NUCLR_MDCN_IND_SW	Radiology nuclear medicine indicator
RDLGY_CT_SCAN_IND_SW	Radiology computed tomographic (CT) scan indicator
RDLGY_OTHR_IMGNG_IND_SW	Radiology other imaging indicator
OP_SRVC_IND_CD	Outpatient services/ambulatory surgical care indicator code
ORGN_ACQSTN_IND_CD	Organ acquisition type code
ESRD_COND_CD	End Stage Renal Disease (ESRD) condition indicator code
ESRD_SETG_IND_1_CD	Dialysis service type code 1
ESRD_SETG_IND_2_CD	Dialysis service type code 2
ESRD_SETG_IND_3_CD	Dialysis service type code 3
ESRD_SETG_IND_4_CD	Dialysis service type code 4
ESRD_SETG_IND_5_CD	Dialysis service type code 5
ADMTG_DGNS_CD	Initial diagnosis at time of admission
ADMTG_DGNS_VRSN_CD	Admitting Diagnosis Version Code (ICD-9 or ICD-10)
DGNS_CD_CNT	Count of diagnosis codes
DGNS_VRSN_CD	Diagnosis Version Code (ICD-9 or ICD-10)
DGNS_VRSN_CD_1	Diagnosis Version Code 1 (ICD-9 or ICD-10)
DGNS_VRSN_CD_2	Diagnosis Version Code 2 (ICD-9 or ICD-10)
DGNS_VRSN_CD_3	Diagnosis Version Code 3 (ICD-9 or ICD-10)
DGNS_VRSN_CD_4	Diagnosis Version Code 4 (ICD-9 or ICD-10)
DGNS_VRSN_CD_5	Diagnosis Version Code 5 (ICD-9 or ICD-10)
DGNS_VRSN_CD_6	Diagnosis Version Code 6 (ICD-9 or ICD-10)
DGNS_VRSN_CD_7	Diagnosis Version Code 7 (ICD-9 or ICD-10)
DGNS_VRSN_CD_8	Diagnosis Version Code 8 (ICD-9 or ICD-10)
DGNS_VRSN_CD_9	Diagnosis Version Code 9 (ICD-9 or ICD-10)
DGNS_VRSN_CD_10	Diagnosis Version Code 10 (ICD-9 or ICD-10)
DGNS_VRSN_CD_11	Diagnosis Version Code 11 (ICD-9 or ICD-10)
DGNS_VRSN_CD_12	Diagnosis Version Code 12 (ICD-9 or ICD-10)
DGNS_VRSN_CD_13	Diagnosis Version Code 13 (ICD-9 or ICD-10)
DGNS_VRSN_CD_14	Diagnosis Version Code 14 (ICD-9 or ICD-10)
DGNS_VRSN_CD_15	Diagnosis Version Code 15 (ICD-9 or ICD-10)
DGNS_VRSN_CD_16	Diagnosis Version Code 16 (ICD-9 or ICD-10)
DGNS_VRSN_CD_17	Diagnosis Version Code 17 (ICD-9 or ICD-10)
DGNS_VRSN_CD_18	Diagnosis Version Code 18 (ICD-9 or ICD-10)
DGNS_VRSN_CD_19	Diagnosis Version Code 19 (ICD-9 or ICD-10)
DGNS_VRSN_CD_20	Diagnosis Version Code 20 (ICD-9 or ICD-10)
DGNS_VRSN_CD_21	Diagnosis Version Code 21 (ICD-9 or ICD-10)
DGNS_VRSN_CD_22	Diagnosis Version Code 22 (ICD-9 or ICD-10)
DGNS_VRSN_CD_23	Diagnosis Version Code 23 (ICD-9 or ICD-10)
DGNS_VRSN_CD_24	Diagnosis Version Code 24 (ICD-9 or ICD-10)
DGNS_VRSN_CD_25	Diagnosis Version Code 25 (ICD-9 or ICD-10)
DGNS_1_CD	Principal diagnosis code
DGNS_2_CD	ICD-9-CM Diagnosis code 2
DGNS_3_CD	ICD-9-CM Diagnosis code 3
DGNS_4_CD	ICD-9-CM Diagnosis code 4
DGNS_5_CD	ICD-9-CM Diagnosis code 5
DGNS_6_CD	ICD-9-CM Diagnosis code 6
DGNS_7_CD	ICD-9-CM Diagnosis code 7
DGNS_8_CD	ICD-9-CM Diagnosis code 8
DGNS_9_CD	ICD-9-CM Diagnosis code 9
DGNS_10_CD	ICD-9-CM Diagnosis code 10

Medicare Provider Analysis and Review (MedPAR) Claims

<u>Variable Name</u>	<u>Variable Label</u>
DGNS_11_CD	ICD-9-CM Diagnosis code 11
DGNS_12_CD	ICD-9-CM Diagnosis code 12
DGNS_13_CD	ICD-9-CM Diagnosis code 13
DGNS_14_CD	ICD-9-CM Diagnosis code 14
DGNS_15_CD	ICD-9-CM Diagnosis code 15
DGNS_16_CD	ICD-9-CM Diagnosis code 16
DGNS_17_CD	ICD-9-CM Diagnosis code 17
DGNS_18_CD	ICD-9-CM Diagnosis code 18
DGNS_19_CD	ICD-9-CM Diagnosis code 19
DGNS_20_CD	ICD-9-CM Diagnosis code 20
DGNS_21_CD	ICD-9-CM Diagnosis code 21
DGNS_22_CD	ICD-9-CM Diagnosis code 22
DGNS_23_CD	ICD-9-CM Diagnosis code 23
DGNS_24_CD	ICD-9-CM Diagnosis code 24
DGNS_25_CD	ICD-9-CM Diagnosis code 25
DGNS_POA_CD	Diagnosis Code POA Array
POA_DGNS_CD_CNT	Count of Present on Admission (POA) Diagnosis Codes
POA_DGNS_1_IND_CD	Diagnosis 1 Present on Admission (POA) Indicator Code
POA_DGNS_2_IND_CD	Diagnosis Present on Admission Indicator 2
POA_DGNS_3_IND_CD	Diagnosis Present on Admission Indicator 3
POA_DGNS_4_IND_CD	Diagnosis Present on Admission Indicator 4
POA_DGNS_5_IND_CD	Diagnosis Present on Admission Indicator 5
POA_DGNS_6_IND_CD	Diagnosis Present on Admission Indicator 6
POA_DGNS_7_IND_CD	Diagnosis Present on Admission Indicator 7
POA_DGNS_8_IND_CD	Diagnosis Present on Admission Indicator 8
POA_DGNS_9_IND_CD	Diagnosis Present on Admission Indicator 9
POA_DGNS_10_IND_CD	Diagnosis Present on Admission Indicator 10
POA_DGNS_11_IND_CD	Diagnosis Present on Admission Indicator 11
POA_DGNS_12_IND_CD	Diagnosis Present on Admission Indicator 12
POA_DGNS_13_IND_CD	Diagnosis Present on Admission Indicator 13
POA_DGNS_14_IND_CD	Diagnosis Present on Admission Indicator 14
POA_DGNS_15_IND_CD	Diagnosis Present on Admission Indicator 15
POA_DGNS_16_IND_CD	Diagnosis Present on Admission Indicator 16
POA_DGNS_17_IND_CD	Diagnosis Present on Admission Indicator 17
POA_DGNS_18_IND_CD	Diagnosis Present on Admission Indicator 18
POA_DGNS_19_IND_CD	Diagnosis Present on Admission Indicator 19
POA_DGNS_20_IND_CD	Diagnosis Present on Admission Indicator 20
POA_DGNS_21_IND_CD	Diagnosis Present on Admission Indicator 21
POA_DGNS_22_IND_CD	Diagnosis Present on Admission Indicator 22
POA_DGNS_23_IND_CD	Diagnosis Present on Admission Indicator 23
POA_DGNS_24_IND_CD	Diagnosis Present on Admission Indicator 24
POA_DGNS_25_IND_CD	Diagnosis Present on Admission Indicator 25
DGNS_E_CD_CNT	Count of Diagnosis E Codes
DGNS_E_VRSN_CD	Diagnosis E Version Code (Earlier Version)
DGNS_E_VRSN_CD_1	Diagnosis E Version Code 1
DGNS_E_VRSN_CD_2	Diagnosis E Version Code 2
DGNS_E_VRSN_CD_3	Diagnosis E Version Code 3
DGNS_E_VRSN_CD_4	Diagnosis E Version Code 4
DGNS_E_VRSN_CD_5	Diagnosis E Version Code 5
DGNS_E_VRSN_CD_6	Diagnosis E Version Code 6
DGNS_E_VRSN_CD_7	Diagnosis E Version Code 7
DGNS_E_VRSN_CD_8	Diagnosis E Version Code 8
DGNS_E_VRSN_CD_9	Diagnosis E Version Code 9

Medicare Provider Analysis and Review (MedPAR) Claims

<u>Variable Name</u>	<u>Variable Label</u>
DGNS_E_VRSN_CD_10	Diagnosis E Version Code 10
DGNS_E_VRSN_CD_11	Diagnosis E Version Code 11
DGNS_E_VRSN_CD_12	Diagnosis E Version Code 12
DGNS_E_1_CD	Diagnosis E Code 1
DGNS_E_2_CD	Diagnosis E Code 2
DGNS_E_3_CD	Diagnosis E Code 3
DGNS_E_4_CD	Diagnosis E Code 4
DGNS_E_5_CD	Diagnosis E Code 5
DGNS_E_6_CD	Diagnosis E Code 6
DGNS_E_7_CD	Diagnosis E Code 7
DGNS_E_8_CD	Diagnosis E Code 8
DGNS_E_9_CD	Diagnosis E Code 9
DGNS_E_10_CD	Diagnosis E Code 10
DGNS_E_11_CD	Diagnosis E Code 11
DGNS_E_12_CD	Diagnosis E Code 12
POA_DGNS_E_CD_CNT	Count of Present on Admission (POA) Diagnosis E Codes
POA_DGNS_E_1_IND_CD	Diagnosis E Code Present on Admission Indicator 1
POA_DGNS_E_2_IND_CD	Diagnosis E Code Present on Admission Indicator 2
POA_DGNS_E_3_IND_CD	Diagnosis E Code Present on Admission Indicator 3
POA_DGNS_E_4_IND_CD	Diagnosis E Code Present on Admission Indicator 4
POA_DGNS_E_5_IND_CD	Diagnosis E Code Present on Admission Indicator 5
POA_DGNS_E_6_IND_CD	Diagnosis E Code Present on Admission Indicator 6
POA_DGNS_E_7_IND_CD	Diagnosis E Code Present on Admission Indicator 7
POA_DGNS_E_8_IND_CD	Diagnosis E Code Present on Admission Indicator 8
POA_DGNS_E_9_IND_CD	Diagnosis E Code Present on Admission Indicator 9
POA_DGNS_E_10_IND_CD	Diagnosis E Code Present on Admission Indicator 10
POA_DGNS_E_11_IND_CD	Diagnosis E Code Present on Admission Indicator 11
POA_DGNS_E_12_IND_CD	Diagnosis E Code Present on Admission Indicator 12
SRGCL_PRCDR_IND_SW	Surgical procedure indicator
SRGCL_PRCDR_CD_CNT	Surgical procedure codes included in stay
SRGCL_PRCDR_VRSN_CD	Surgical Procedure Version Code (Earlier Version)
SRGCL_PRCDR_VRSN_CD_1	MEDPAR Surgical Procedure Version Code 1 (ICD-9-CM or ICD-10-PCS)
SRGCL_PRCDR_VRSN_CD_2	MEDPAR Surgical Procedure Version Code 2
SRGCL_PRCDR_VRSN_CD_3	MEDPAR Surgical Procedure Version Code 3
SRGCL_PRCDR_VRSN_CD_4	MEDPAR Surgical Procedure Version Code 4
SRGCL_PRCDR_VRSN_CD_5	MEDPAR Surgical Procedure Version Code 5
SRGCL_PRCDR_VRSN_CD_6	MEDPAR Surgical Procedure Version Code 6
SRGCL_PRCDR_VRSN_CD_7	MEDPAR Surgical Procedure Version Code 7
SRGCL_PRCDR_VRSN_CD_8	MEDPAR Surgical Procedure Version Code 8
SRGCL_PRCDR_VRSN_CD_9	MEDPAR Surgical Procedure Version Code 9
SRGCL_PRCDR_VRSN_CD_10	MEDPAR Surgical Procedure Version Code 10
SRGCL_PRCDR_VRSN_CD_11	MEDPAR Surgical Procedure Version Code 11
SRGCL_PRCDR_VRSN_CD_12	MEDPAR Surgical Procedure Version Code 12
SRGCL_PRCDR_VRSN_CD_13	MEDPAR Surgical Procedure Version Code 13
SRGCL_PRCDR_VRSN_CD_14	MEDPAR Surgical Procedure Version Code 14
SRGCL_PRCDR_VRSN_CD_15	MEDPAR Surgical Procedure Version Code 15
SRGCL_PRCDR_VRSN_CD_16	MEDPAR Surgical Procedure Version Code 16
SRGCL_PRCDR_VRSN_CD_17	MEDPAR Surgical Procedure Version Code 17
SRGCL_PRCDR_VRSN_CD_18	MEDPAR Surgical Procedure Version Code 18
SRGCL_PRCDR_VRSN_CD_19	MEDPAR Surgical Procedure Version Code 19
SRGCL_PRCDR_VRSN_CD_20	MEDPAR Surgical Procedure Version Code 20
SRGCL_PRCDR_VRSN_CD_21	MEDPAR Surgical Procedure Version Code 21
SRGCL_PRCDR_VRSN_CD_22	MEDPAR Surgical Procedure Version Code 22

Medicare Provider Analysis and Review (MedPAR) Claims

<u>Variable Name</u>	<u>Variable Label</u>
SRGCL_PRCDR_VRSN_CD_23	MEDPAR Surgical Procedure Version Code 23
SRGCL_PRCDR_VRSN_CD_24	MEDPAR Surgical Procedure Version Code 24
SRGCL_PRCDR_VRSN_CD_25	MEDPAR Surgical Procedure Version Code 25
SRGCL_PRCDR_1_CD	Principal Procedure code
SRGCL_PRCDR_2_CD	Procedure Code 2
SRGCL_PRCDR_3_CD	Procedure Code 3
SRGCL_PRCDR_4_CD	Procedure Code 4
SRGCL_PRCDR_5_CD	Procedure Code 5
SRGCL_PRCDR_6_CD	Procedure Code 6
SRGCL_PRCDR_7_CD	Procedure Code 7
SRGCL_PRCDR_8_CD	Procedure Code 8
SRGCL_PRCDR_9_CD	Procedure Code 9
SRGCL_PRCDR_10_CD	Procedure Code 10
SRGCL_PRCDR_11_CD	Procedure Code 11
SRGCL_PRCDR_12_CD	Procedure Code 12
SRGCL_PRCDR_13_CD	Procedure Code 13
SRGCL_PRCDR_14_CD	Procedure Code 14
SRGCL_PRCDR_15_CD	Procedure Code 15
SRGCL_PRCDR_16_CD	Procedure Code 16
SRGCL_PRCDR_17_CD	Procedure Code 17
SRGCL_PRCDR_18_CD	Procedure Code 18
SRGCL_PRCDR_19_CD	Procedure Code 19
SRGCL_PRCDR_20_CD	Procedure Code 20
SRGCL_PRCDR_21_CD	Procedure Code 21
SRGCL_PRCDR_22_CD	Procedure Code 22
SRGCL_PRCDR_23_CD	Procedure Code 23
SRGCL_PRCDR_24_CD	Procedure Code 24
SRGCL_PRCDR_25_CD	Procedure Code 25
SRGCL_PRCDR_DT_CNT	Dates associated with surgical procedures included in stay
SRGCL_PRCDR_PRFRM_1_DT	Principal Procedure Date
SRGCL_PRCDR_PRFRM_2_DT	Procedure Date 2
SRGCL_PRCDR_PRFRM_3_DT	Procedure Date 3
SRGCL_PRCDR_PRFRM_4_DT	Procedure Date 4
SRGCL_PRCDR_PRFRM_5_DT	Procedure Date 5
SRGCL_PRCDR_PRFRM_6_DT	Procedure Date 6
SRGCL_PRCDR_PRFRM_7_DT	Procedure Date 7
SRGCL_PRCDR_PRFRM_8_DT	Procedure Date 8
SRGCL_PRCDR_PRFRM_9_DT	Procedure Date 9
SRGCL_PRCDR_PRFRM_10_DT	Procedure Date 10
SRGCL_PRCDR_PRFRM_11_DT	Procedure Date 11
SRGCL_PRCDR_PRFRM_12_DT	Procedure Date 12
SRGCL_PRCDR_PRFRM_13_DT	Procedure Date 13
SRGCL_PRCDR_PRFRM_14_DT	Procedure Date 14
SRGCL_PRCDR_PRFRM_15_DT	Procedure Date 15
SRGCL_PRCDR_PRFRM_16_DT	Procedure Date 16
SRGCL_PRCDR_PRFRM_17_DT	Procedure Date 17
SRGCL_PRCDR_PRFRM_18_DT	Procedure Date 18
SRGCL_PRCDR_PRFRM_19_DT	Procedure Date 19
SRGCL_PRCDR_PRFRM_20_DT	Procedure Date 20
SRGCL_PRCDR_PRFRM_21_DT	Procedure Date 21
SRGCL_PRCDR_PRFRM_22_DT	Procedure Date 22
SRGCL_PRCDR_PRFRM_23_DT	Procedure Date 23
SRGCL_PRCDR_PRFRM_24_DT	Procedure Date 24

Medicare Provider Analysis and Review (MedPAR) Claims

<u>Variable Name</u>	<u>Variable Label</u>
SRGCL_PRCDR_PRFRM_25_DT	Procedure Date 25
CLM_PTNT_RLTNSHP_CD	Claim Patient Relationship Code
CARE_IMPRVMT_MODEL_1_CD	Care Improvement Model 1 Code
CARE_IMPRVMT_MODEL_2_CD	Care Improvement Model 2 Code
CARE_IMPRVMT_MODEL_3_CD	Care Improvement Model 3 Code
CARE_IMPRVMT_MODEL_4_CD	Care Improvement Model 4 Code
VBP_PRTCPNT_IND_CD	Value Based Purchasing (VBP) Participant Indicator Code
HRR_PRTCPNT_IND_CD	Hospital Readmission Reduction (HRR) Participant Indicator Code
BNDLD_MODEL_DSCNT_PCT	Bundled Payment Model Discount Percent
VBP_ADJSTMT_PCT	Value Based Purchasing (VBP) Adjustment Percent
HRR_ADJSTMT_PCT	Hospital Readmission Reduction (HRR) Adjustment Percent
INFRMTL_ENCTR_IND_SW	Informational Encounter Indicator
MA_TCHNG_IND_SW	MA Teaching Indicator
PROD_RPLCMT_LIFECYC_SW	Product Replacement within Product Lifecycle (early)
PROD_RPLCMT_RCLL_SW	Product Replacement for Recall of Product
CRED_RCVD_RPLCD_DVC_SW	Credit Received Replaced Device
OBSRVTN_SW	Observation Unit Indicator
NEW_TCHNLGY_ADD_ON_AMT	New Technology Add-On Amount
BASE_OPRTG_DRG_AMT	Base Operating DRG Amount
OPRTG_HSP_AMT	Operating Hospital Amount
MDCL_SRGCL_GNRL_AMT	Medical/Surgical General Amount (\$)
MDCL_SRGCL_NSTRL_AMT	Medical/Surgical Non-Sterile Supplies Amount (\$)
MDCL_SRGCL_STRL_AMT	Medical/Surgical Sterile Supplies Amount (\$)
TAKE_HOME_AMT	Medical/Surgical Supplies Take Home Amount (\$)
PRSTHTC_ORTHTC_AMT	Medical/Surgical Supplies Prosthetic Orthotic Amount (\$)
MDCL_SRGCL_PCMKR_AMT	Medical/Surgical Pacemaker Amount (\$)
INTRAOCULAR_LENS_AMT	Medical/Surgical Supplies Intraocular Lens Amount (\$)
OXYGN_TAKE_HOME_AMT	Medical/Surgical Supplies Oxygen Take Home Amount (\$)
OTHR_IMPLANTS_AMT	Medical/Surgical Supplies Other Implants Amount (\$)
OTHR_SUPLIES_DVC_AMT	Medical/Surgical Supplies Other Device Amount (\$)
INCDNT_RDLGY_AMT	Medical/Surgical Supplies Incident Radiology Amount (\$)
INCDNT_DGNSTC_SRVCS_AMT	Medical/Surgical Supplies Incident Diagnostic Services Amount (\$)
MDCL_SRGCL_DRNG_AMT	Medical/Surgical Dressing Amount (\$)
INVSTGTNL_DVC_AMT	Medical/Surgical Supplies Investigational Device Amount (\$)
MDCL_SRGCL_MISC_AMT	Medical/Surgical Miscellaneous Amount (\$)
RDLGY_ONCOLOGY_AMT	Oncology Amount (\$)
RDLGY_DGNSTC_AMT	Radiology Diagnostic Amount (\$)
RDLGY_THRPTC_AMT	Radiology Therapeutic Amount (\$)
RDLGY_NUCLR_MDCN_AMT	Radiology Nuclear Medicine Amount (\$)
RDLGY_CT_SCAN_AMT	Radiology CT Scan Amount (\$)
RDLGY_OTHR_IMGNG_AMT	Radiology Other Imaging Amount (\$)
OPRTG_ROOM_AMT	Operating & Recovery Room Amount (\$)
OR_LABOR_DLVRV_AMT	Labor Room & Delivery Amount (\$)
CRDC_CATHRZTN_AMT	Cardiac Catheterization Lab Amount
SQSTRTN_RDCTN_AMT	Sequestration Reduction Amount
UNCOMPD_CARE_PYMT_AMT	Uncompensated Care Payment Amount
BNDLD_ADJSTMT_AMT	Bundled Payment Adjustment Amount
VBP_ADJSTMT_AMT	Hospital Value Based Purchasing (VBP) Amount
HRR_ADJSTMT_AMT	Hospital Readmission Reduction (HRR) Adjustment Amount
EHR_PYMT_ADJSTMT_AMT	Electronic Health Record (EHR) Payment Adjustment Amount
PPS_STD_VAL_PYMT_AMT	Standard Payment Amount
FINL_STD_AMT	Final standard payment amount
HAC_RDCTN_PMT_AMT	Hospital Acquired Conditions (HAC) Reduction Payment Amount

Medicare Provider Analysis and Review (MedPAR) Claims

<u>Variable Name</u>	<u>Variable Label</u>
IPPS_FLEX_PYMT_7_AMT	Flexible Payment Amount - 7th (placeholder)
PTNT_ADD_ON_PYMT_AMT	Patient Add-On Payment Amount (new pt)
HAC_PGM_RDCTN_IND_SW	Hospital Acquired Conditions (HAC) Program Reduction Indicator
PGM_RDCTN_IND_SW	Electronic Health Records (EHR) Program Reduction Indicator
PA_IND_CD	Prior Authorization Indicator Code
UNIQ_TRKNG_NUM	Unique Tracking Number
STAY_2_IND_SW	Two Midnight Stay Indicator
CLM_SITE_NTRL_PYMT_CST_AMT	Claim Site Neutral Payment Based on Cost Amount
CLM_SITE_NTRL_PYMT_IPPS_AMT	Claim Site Neutral Payment Based on IPPS Amount
CLM_FULL_STD_PYMT_AMT	Claim Full Standard Payment Amount
CLM_SS_OUTLIER_STD_PYMT_AMT	Claim Short Stay Outlier (SSO) Standard Payment Amount
CLM_NGACO_IND_1_CD	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code 1
CLM_NGACO_IND_2_CD	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code 2
CLM_NGACO_IND_3_CD	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code 3
CLM_NGACO_IND_4_CD	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code 4
CLM_NGACO_IND_5_CD	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code 5
CLM_RSDL_PYMT_IND_CD	Claim Residual Payment Indicator Code
CLM_RP_IND_CD	Claim Representative Payee (RP) Indicator Code
RC_RP_IND_CD	Revenue Center Representative Payee (RP) Indicator Code
ACO_ID_NUM	Accountable Care Organization (ACO) Identification Number
RC_ALLOGENEIC_STEM_CELL_AMT	Revenue Center Allogeneic Stem Cell Acquisition/Donor Services Amount
ISLET_ADD_ON_PYMT_AMT	Islet Add-On Payment Amount
CLM_IP_INITL_MS_DRG_CD	Claim Inpatient Initial MS-DRG Code
VAL_CD_Q1_PYMT_RDCTN_AMT	Value Code Q1 Payment Reduction Amount

Carrier (Physician/Supplier Part B) Fee-for-Service Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_NEAR_LINE_REC_IDENT_CD	NCH Near Line Record Identification Code (RIC)
NCH_CLM_TYPE_CD	NCH Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
NCH_WKLY_PROC_DT	NCH Weekly Claim Processing Date
CARR_CLM_ENTRY_CD	Carrier Claim Entry Code
CLM_DISP_CD	Claim Disposition Code
CARR_NUM	Carrier or MAC Number
CARR_CLM_PMT_DNL_CD	Carrier Claim Payment Denial Code
CLM_PMT_AMT	Claim (Medicare) Payment Amount
CARR_CLM_PRMRY_PYR_PD_AMT	NCH Primary Payer (if not Medicare) Claim Paid Amount
RFR_PHYSN_UPIN	Carrier/DMERC Claim Referring Physician UPIN Number
RFR_PHYSN_NPI	Carrier/DMERC Claim Referring Physician NPI Number
CARR_CLM_PRVDR_ASGNMT_IND_SW	Carrier Claim Provider Assignment Indicator Switch
NCH_CLM_PRVDR_PMT_AMT	NCH Claim Provider Payment Amount
NCH_CLM_BENE_PMT_AMT	NCH Claim Payment Amount to Beneficiary
NCH_CARR_CLM_SBMTD_CHRG_AMT	NCH Carrier Claim Submitted Charge Amount (sum of all line-level submitted charges)
NCH_CARR_CLM_ALOWD_AMT	NCH Carrier Claim Allowed Charge Amount (sum of all line-level allowed charges)
CARR_CLM_CASH_DDCTBL_APLD_AMT	Carrier Claim Cash Deductible Applied Amount (sum of all line-level deductible amounts)
CARR_CLM_HCPCS_YR_CD	Claim Healthcare Common Procedure Coding System (HCPCS) Year Code
CARR_CLM_RFRNG_PIN_NUM	Carrier Claim Referring Provider ID Number (PIN)
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
PRNCPAL_DGNS_VRSN_CD	Claim Principal Diagnosis Version Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_VRSN_CD1	Claim Diagnosis Code I Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_VRSN_CD2	Claim Diagnosis Code II Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_VRSN_CD3	Claim Diagnosis Code III Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_VRSN_CD4	Claim Diagnosis Code IV Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_VRSN_CD5	Claim Diagnosis Code V Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_VRSN_CD6	Claim Diagnosis Code VI Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_VRSN_CD7	Claim Diagnosis Code VII Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_VRSN_CD8	Claim Diagnosis Code VIII Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_VRSN_CD9	Claim Diagnosis Code IX Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_VRSN_CD10	Claim Diagnosis Code X Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_VRSN_CD11	Claim Diagnosis Code XI Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_VRSN_CD12	Claim Diagnosis Code XII Diagnosis Version Code (ICD-9 or ICD-10)

Carrier (Physician/Supplier Part B) Fee-for-Service Claims

<u>Variable Name</u>	<u>Variable Label</u>
CLM_CLNCL_TRIL_NUM	Clinical Trial Number
DOB_DT	Date of Birth from Claim
GNDR_CD	Gender Code from Claim
BENE_RACE_CD	Race Code from Claim
BENE_CNTY_CD	Beneficiary County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	Beneficiary ZIP Code of Residence
CLM_BENE_PD_AMT	Carrier Claim Beneficiary Paid Amount
CPO_PRVDR_NUM	Care Plan Oversight (CPO) Provider Number
CPO_ORG_NPI_NUM	CPO Organization NPI Number
CARR_CLM_BLG_NPI_NUM	Carrier Claim Billing NPI Number
ACO_ID_NUM	Claim Accountable Care Organization (ACO) Identification Number
CARR_CLM_SOS_NPI_NUM	Carrier Claim Site of Service NPI Number
CLM_BENE_ID_TYPE_CD	Claim Beneficiary Identifier Type Code (For CMS Internal Use)
CLM_RSDL_PYMT_IND_CD	Claim Residual Payment Indicator Code
PRVDR_VLDTN_TYPE_CD	Provider Validation Type Code

Carrier (Physician/Supplier Part B) Fee-for-Service Demonstration Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
DEMO_ID_SQNC_NUM	Demonstration sequence number
DEMO_ID_NUM	Demonstration number
DEMO_INFO_TXT	Demo information text

Carrier (Physician/Supplier Part B) Fee-for-Service Line Items

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
LINE_NUM	Claim Line Number
NCH_CLM_TYPE_CD	NCH Claim Type Code
CLM_THRU_DT	Claim Through Date
CARR_PRFRNG_PIN_NUM	Carrier Line Performing Provider ID Number (PIN)
PRF_PHYSN_UPIN	Carrier Line Performing UPIN Number
PRF_PHYSN_NPI	Carrier Line Performing NPI Number
ORG_NPI_NUM	Carrier Line Performing Group NPI Number
CARR_LINE_PRVDR_TYPE_CD	Carrier Line Provider Type Code
TAX_NUM	Line Provider Tax Number
PRVDR_STATE_CD	Line Provider State Code (SSA)
PRVDR_ZIP	Carrier Line Performing Provider ZIP Code
PRVDR_SPCLTY	Line CMS Provider Specialty Code
PRTCPTNG_IND_CD	Line Provider Participating Indicator Code
CARR_LINE_RDCD_PMT_PHYS_ASTN_C	Carrier Line Reduced Payment Physician Assistant Code
LINE_SRVC_CNT	Line Service Count
LINE_CMS_TYPE_SRVC_CD	Line CMS Type Service Code
LINE_PLACE_OF_SRVC_CD	Line Place of Service Code
CARR_LINE_PRCNG_LCLTY_CD	Carrier Line Pricing Locality Code
LINE_1ST_EXPNS_DT	Line First Expense Date
LINE_LAST_EXPNS_DT	Line Last Expense Date
HCPCS_CD	Healthcare Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
BETOS_CD	Line Berenson-Eggers Type of Service (BETOS) Code
LINE_NCH_PMT_AMT	Line NCH Medicare Payment Amount
LINE_BENE_PMT_AMT	Line Payment Amount to Beneficiary
LINE_PRVDR_PMT_AMT	Line Provider Payment Amount
LINE_BENE_PTB_DDCTBL_AMT	Line Beneficiary Part B Deductible Amount
LINE_BENE_PRMRY_PYR_CD	Line Primary Payer Code (if not Medicare)
LINE_BENE_PRMRY_PYR_PD_AMT	Line Primary Payer (if not Medicare) Paid Amount
LINE_COINSRNC_AMT	Line Beneficiary Coinsurance Amount
LINE_SBMTD_CHRG_AMT	Line Submitted Charge Amount
LINE_ALLOWED_CHRG_AMT	Line Allowed Charge Amount
LINE_PRCSG_IND_CD	Line Processing Indicator Code
LINE_PMT_80_100_CD	Line Payment 80% / 100% Code
LINE_SERVICE_DEDUCTIBLE	Line Service Deductible Indicator Switch
CARR_LINE_MTUS_CNT	Carrier Line Miles/Time/Units/Services (MTUS) Count
CARR_LINE_MTUS_CD	Carrier Line Miles/Time/Units/Services (MTUS) Indicator Code
LINE_ICD_DGNS_CD	Line Diagnosis Code
LINE_ICD_DGNS_VRSN_CD	Line Diagnosis Code Diagnosis Version Code (ICD-9 or ICD-10)
HPSA_SCRCTY_IND_CD	Carrier Line Health Professional Shortage Area (HPSA) / Scarcity Indicator Code
CARR_LINE_RX_NUM	Carrier Line RX Number
LINE_HCT_HGB_RSLT_NUM	Hematocrit / Hemoglobin Test Results
LINE_HCT_HGB_TYPE_CD	Hematocrit / Hemoglobin Test Type Code
LINE_NDC_CD	Line National Drug Code (NDC)
CARR_LINE_CLIA_LAB_NUM	Clinical Laboratory Improvement Amendments (CLIA) monitored laboratory number
CARR_LINE_ANSTHSA_UNIT_CNT	Carrier Line Anesthesia Unit Count

Carrier (Physician/Supplier Part B) Fee-for-Service Line Items

<u>Variable Name</u>	<u>Variable Label</u>
CARR_LINE_CL_CHRG_AMT	Carrier Line Clinical Lab Charge Amount
PHYSN_ZIP_CD	Line Place of Service (POS) Physician Zip Code
LINE_OTHR_APLD_IND_CD1	Line Other Applied Indicator 1st Code
LINE_OTHR_APLD_IND_CD2	Line Other Applied Indicator 2nd Code
LINE_OTHR_APLD_IND_CD3	Line Other Applied Indicator 3rd Code
LINE_OTHR_APLD_IND_CD4	Line Other Applied Indicator 4th Code
LINE_OTHR_APLD_IND_CD5	Line Other Applied Indicator 5th Code
LINE_OTHR_APLD_IND_CD6	Line Other Applied Indicator 6th Code
LINE_OTHR_APLD_IND_CD7	Line Other Applied Indicator 7th Code
LINE_OTHR_APLD_AMT1	Line Other Applied Amount for 1st Code
LINE_OTHR_APLD_AMT2	Line Other Applied Amount for 2nd Code
LINE_OTHR_APLD_AMT3	Line Other Applied Amount for 3rd Code
LINE_OTHR_APLD_AMT4	Line Other Applied Amount for 4th Code
LINE_OTHR_APLD_AMT5	Line Other Applied Amount for 5th Code
LINE_OTHR_APLD_AMT6	Line Other Applied Amount for 6th Code
LINE_OTHR_APLD_AMT7	Line Other Applied Amount for 7th Code
THRPY_CAP_IND_CD1	Line Therapy cap Indicator 1 Code
THRPY_CAP_IND_CD2	Line Therapy cap Indicator 2 Code
THRPY_CAP_IND_CD3	Line Therapy cap Indicator 3 Code
THRPY_CAP_IND_CD4	Line Therapy cap Indicator 4 Code
THRPY_CAP_IND_CD5	Line Therapy cap Indicator 5 Code
CLM_NEXT_GNRTN_ACO_IND_CD1	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Population based payments (PBP)
CLM_NEXT_GNRTN_ACO_IND_CD2	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Telehealth
CLM_NEXT_GNRTN_ACO_IND_CD3	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Post Discharge HH visits
CLM_NEXT_GNRTN_ACO_IND_CD4	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - 3 day SNF waiver
CLM_NEXT_GNRTN_ACO_IND_CD5	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Capitation
CARR_LINE_MDPP_NPI_NUM	Carrier Line Medicare Diabetes Prevention Program (MDPP) NPI Number
LINE_RSDL_PYMT_IND_CD	Line Residual Payment Indicator Code
LINE_RP_IND_CD	Line Representative Payee (RP) Indicator Code
LINE_PRVDR_VLDTN_TYPE_CD	Line Provider Validation Type Code

Durable Medical Equipment (DME) Fee-for-Service Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_NEAR_LINE_REC_IDENT_CD	NCH Near Line Record Identification Code (RIC)
NCH_CLM_TYPE_CD	NCH Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
NCH_WKLY_PROC_DT	NCH Weekly Claim Processing Date
CARR_CLM_ENTRY_CD	Carrier Claim Entry Code
CLM_DISP_CD	Claim Disposition Code
CARR_NUM	Carrier or MAC Number
CARR_CLM_PMT_DNL_CD	Carrier Claim Payment Denial Code
CLM_PMT_AMT	Claim (Medicare) Payment Amount
CARR_CLM_PRMRY_PYR_PD_AMT	NCH Primary Payer (if not Medicare) Claim Paid Amount
CARR_CLM_PRVDR_ASGNMT_IND_SW	Carrier Claim Provider Assignment Indicator Switch
NCH_CLM_PRVDR_PMT_AMT	NCH Claim Provider Payment Amount
NCH_CLM_BENE_PMT_AMT	NCH Claim Payment Amount to Beneficiary
NCH_CARR_CLM_SBMTD_CHRG_AMT	NCH Carrier Claim Submitted Charge Amount (sum of all line-level submitted charges)
NCH_CARR_CLM_ALOWD_AMT	NCH Carrier Claim Allowed Charge Amount (sum of all line-level allowed charges)
CARR_CLM_CASH_DDCTBL_APLD_AMT	Carrier Claim Cash Deductible Applied Amount (sum of all line-level deductible amounts)
CARR_CLM_HCPCS_YR_CD	Claim Healthcare Common Procedure Coding System (HCPCS) Year Code
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
PRNCPAL_DGNS_VRSN_CD	Claim Principal Diagnosis Version Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_VRSN_CD1	Claim Diagnosis Code I Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_VRSN_CD2	Claim Diagnosis Code II Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_VRSN_CD3	Claim Diagnosis Code III Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_VRSN_CD4	Claim Diagnosis Code IV Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_VRSN_CD5	Claim Diagnosis Code V Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_VRSN_CD6	Claim Diagnosis Code VI Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_VRSN_CD7	Claim Diagnosis Code VII Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_VRSN_CD8	Claim Diagnosis Code VIII Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_VRSN_CD9	Claim Diagnosis Code IX Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_VRSN_CD10	Claim Diagnosis Code X Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_VRSN_CD11	Claim Diagnosis Code XI Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_VRSN_CD12	Claim Diagnosis Code XII Diagnosis Version Code (ICD-9 or ICD-10)
RFR_PHYSN_UPIN	Carrier/DMERC Claim Ordering Physician UPIN Number
RFR_PHYSN_NPI	Carrier/DMERC Claim Ordering Physician NPI Number
CLM_CLNCL_TRIL_NUM	Clinical Trial Number

Durable Medical Equipment (DME) Fee-for-Service Claims

Variable Name

DOB_DT
GNDR_CD
BENE_RACE_CD
BENE_CNTY_CD
BENE_STATE_CD
BENE_MLG_CNTCT_ZIP_CD
CLM_BENE_PD_AMT
ACO_ID_NUM
CLM_BENE_ID_TYPE_CD
CLM_RSDL_PYMT_IND_CD

Variable Label

Date of Birth from Claim
Gender Code from Claim
Race Code from Claim
County Code from Claim (SSA)
Beneficiary Residence (SSA) State Code
ZIP Code of Residence from Claim
Carrier Claim Beneficiary Paid Amount
Claim Accountable Care Organization (ACO) Identification Number
Claim Beneficiary Identifier Type Code (For CMS Internal Use)
Claim Residual Payment Indicator Code

Durable Medical Equipment (DME) Fee-for-Service Demonstration Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
DEMO_ID_SQNC_NUM	Demonstration sequence number
DEMO_ID_NUM	Demonstration number
DEMO_INFO_TXT	Demo information text

Durable Medical Equipment (DME) Fee-for-Service Line Items

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
LINE_NUM	Claim Line Number
NCH_CLM_TYPE_CD	NCH Claim Type Code
CLM_THRU_DT	Claim Through Date
TAX_NUM	Line Provider Tax Number
PRVDR_SPCLTY	Line CMS Provider Specialty Code
PRTCPTNG_IND_CD	Line Provider Participating Indicator Code
LINE_SRVC_CNT	Line Service Count
LINE_CMS_TYPE_SRVC_CD	Line CMS Type Service Code
LINE_PLACE_OF_SRVC_CD	Line Place of Service Code
LINE_1ST_EXPNS_DT	Line First Expense Date
LINE_LAST_EXPNS_DT	Line Last Expense Date
HCPCS_CD	Healthcare Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
BETOS_CD	Line Berenson-Eggers Type of Service (BETOS) Code
LINE_NCH_PMT_AMT	Line NCH Medicare Payment Amount
LINE_BENE_PMT_AMT	Line Payment Amount to Beneficiary
LINE_PRVDR_PMT_AMT	Line Provider Payment Amount
LINE_BENE_PTB_DDCTBL_AMT	Line Beneficiary Part B Deductible Amount
LINE_BENE_PRMRY_PYR_CD	Line Primary Payer Code (if not Medicare)
LINE_BENE_PRMRY_PYR_PD_AMT	Line Primary Payer (if not Medicare) Paid Amount
LINE_COINSRNC_AMT	Line Beneficiary Coinsurance Amount
LINE_PRMRY_ALOWD_CHRG_AMT	Line Primary Payer Allowed Charge Amount
LINE_SBMTD_CHRG_AMT	Line Submitted Charge Amount
LINE_ALOWD_CHRG_AMT	Line Allowed Charge Amount
LINE_PRCSG_IND_CD	Line Processing Indicator Code
LINE_PMT_80_100_CD	Line Payment 80% / 100% Code
LINE_SERVICE_DEDUCTIBLE	Line Service Deductible Indicator Switch
LINE_ICD_DGNS_CD	Line Diagnosis Code
LINE_ICD_DGNS_VRSN_CD	Line Diagnosis Code Diagnosis Version Code (ICD-9 or ICD-10)
LINE_DME_PRCBS_PRICE_AMT	Line DME Purchase Price Amount
PRVDR_NUM	DMERC Line Supplier Provider Number
PRVDR_NPI	DMERC Line Item Supplier NPI Number
DMERC_LINE_PRCNG_STATE_CD	DMERC Line Pricing State Code (SSA)
PRVDR_STATE_CD	Line Provider State Code (SSA)
DMERC_LINE_SUPPLR_TYPE_CD	DMERC Line Supplier Type Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
HCPCS_4TH_MDFR_CD	HCPCS Fourth Modifier Code
DMERC_LINE_SCRN_SVGS_AMT	DMERC Line Screen Savings Amount
DMERC_LINE_MTUS_CNT	DMERC Line Miles/Time/Units/Services (MTUS) Count
DMERC_LINE_MTUS_CD	DMERC Line Miles/Time/ Units/Services (MTUS) Indicator Code
LINE_HCT_HGB_RSLT_NUM	Hematocrit / Hemoglobin Test Results
LINE_HCT_HGB_TYPE_CD	Hematocrit / Hemoglobin Test Type Code
LINE_NDC_CD	Line National Drug Code (NDC)
LINE_OTHR_APLD_IND_CD1	Line Other Applied Indicator 1 Code
LINE_OTHR_APLD_IND_CD2	Line Other Applied Indicator 2 Code
LINE_OTHR_APLD_IND_CD3	Line Other Applied Indicator 3 Code

Durable Medical Equipment (DME) Fee-for-Service Line Items

<u>Variable Name</u>	<u>Variable Label</u>
LINE_OTHR_APLD_IND_CD4	Line Other Applied Indicator 4 Code
LINE_OTHR_APLD_IND_CD5	Line Other Applied Indicator 5 Code
LINE_OTHR_APLD_IND_CD6	Line Other Applied Indicator 6 Code
LINE_OTHR_APLD_IND_CD7	Line Other Applied Indicator 7 Code
LINE_OTHR_APLD_AMT1	Line Other Applied 1 Amount
LINE_OTHR_APLD_AMT2	Line Other Applied 2 Amount
LINE_OTHR_APLD_AMT3	Line Other Applied 3 Amount
LINE_OTHR_APLD_AMT4	Line Other Applied 4 Amount
LINE_OTHR_APLD_AMT5	Line Other Applied 5 Amount
LINE_OTHR_APLD_AMT6	Line Other Applied 6 Amount
LINE_OTHR_APLD_AMT7	Line Other Applied 7 Amount
LINE_RSDL_PYMT_IND_CD	Line Residual Payment Indicator Code
LINE_RP_IND_CD	Line Representative Payee (RP) Indicator Code
DMERC_LINE_FRGN_ADR_IND	Line Foreign Address Indicator
LINE_RR_BRD_EXCLSN_IND_SW	Line Railroad Board Exclusion Indicator Switch

Home Health Agency (HHA) Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_NEAR_LINE_REC_IDENT_CD	NCH Near Line Record Identification Code (RIC)
NCH_CLM_TYPE_CD	NCH Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
NCH_WKLY_PROC_DT	NCH Weekly Claim Processing Date
FI_CLM_PROC_DT	FI Claim Process Date
PRVDR_NUM	Provider Number
CLM_FAC_TYPE_CD	Claim Facility Type Code
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code
CLM_FREQ_CD	Claim Frequency Code
FI_NUM	FI or MAC Number
CLM_MDCR_NON_PMT_RSN_CD	Claim Medicare Non Payment Reason Code
CLM_PMT_AMT	Claim (Medicare) Payment Amount
NCH_PRMRY_PYR_CLM_PD_AMT	NCH Primary Payer (if not Medicare) Claim Paid Amount
NCH_PRMRY_PYR_CD	NCH Primary Payer Code (if not Medicare)
PRVDR_STATE_CD	NCH Provider SSA State Code
ORG_NPI_NUM	Organization NPI Number
SRVC_LOC_NPI_NUM	Claim Service Location NPI Number
AT_PHYSN_UPIN	Claim Attending Physician UPIN Number
AT_PHYSN_NPI	Claim Attending Physician NPI Number
AT_PHYSN_SPCLTY_CD	Claim Attending Physician Specialty Code
OP_PHYSN_NPI	Claim Operating Physician NPI Number
OP_PHYSN_SPCLTY_CD	Claim Operating Physician Specialty Code
OT_PHYSN_NPI	Claim Other Physician NPI Number
OT_PHYSN_SPCLTY_CD	Claim Other Physician Specialty Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
RNDRNG_PHYSN_SPCLTY_CD	Claim Rendering Physician Specialty Code
RFR_PHYSN_NPI	Claim Referring Physician NPI Number
RFR_PHYSN_SPCLTY_CD	Claim Referring Physician Specialty Code
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code
CLM_PPS_IND_CD	Claim PPS Indicator Code
CLM_TOT_CHRG_AMT	Claim Total Charge Amount
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_CD13	Claim Diagnosis Code XIII
ICD_DGNS_CD14	Claim Diagnosis Code XIV

Home Health Agency (HHA) Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_DGNS_CD15	Claim Diagnosis Code XV
ICD_DGNS_CD16	Claim Diagnosis Code XVI
ICD_DGNS_CD17	Claim Diagnosis Code XVII
ICD_DGNS_CD18	Claim Diagnosis Code XVIII
ICD_DGNS_CD19	Claim Diagnosis Code XIX
ICD_DGNS_CD20	Claim Diagnosis Code XX
ICD_DGNS_CD21	Claim Diagnosis Code XXI
ICD_DGNS_CD22	Claim Diagnosis Code XXII
ICD_DGNS_CD23	Claim Diagnosis Code XXIII
ICD_DGNS_CD24	Claim Diagnosis Code XXIV
ICD_DGNS_CD25	Claim Diagnosis Code XXV
FST_DGNS_E_CD	First Claim Diagnosis E Code
ICD_DGNS_E_CD1	Claim Diagnosis E Code I
ICD_DGNS_E_CD2	Claim Diagnosis E Code II
ICD_DGNS_E_CD3	Claim Diagnosis E Code III
ICD_DGNS_E_CD4	Claim Diagnosis E Code IV
ICD_DGNS_E_CD5	Claim Diagnosis E Code V
ICD_DGNS_E_CD6	Claim Diagnosis E Code VI
ICD_DGNS_E_CD7	Claim Diagnosis E Code VII
ICD_DGNS_E_CD8	Claim Diagnosis E Code VIII
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX
ICD_DGNS_E_CD10	Claim Diagnosis E Code X
ICD_DGNS_E_CD11	Claim Diagnosis E Code XI
ICD_DGNS_E_CD12	Claim Diagnosis E Code XII
CLM_HHA_LUPA_IND_CD	Claim HHA Low Utilization Payment Adjustment (LUPA) Indicator Code
CLM_HHA_RFRL_CD	Claim HHA Referral Code
CLM_HHA_TOT_VISIT_CNT	Claim HHA Total Visit Count
CLM_ADMSN_DT	Claim Admission Date
DOB_DT	Date of Birth from Claim
GNDR_CD	Gender Code from Claim
BENE_RACE_CD	Race Code from Claim
BENE_CNTY_CD	Beneficiary County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	Beneficiary ZIP Code of Residence
CLM_MDCL_REC	Claim Medical Record Number
CLAIM_QUERY_CODE	Claim Query Code
FI_CLM_ACTN_CD	FI or MAC Claim Action Code
CLM_MCO_PD_SW	Claim MCO Paid Switch
NCH_BENE_DSCHRG_DT	NCH Beneficiary Discharge Date
CLM_TRTMT_AUTHRZTN_NUM	Claim Treatment Authorization Number
CLM_PRCR_RTRN_CD	Claim Pricer Return Code
CLM_SRVC_FAC_ZIP_CD	Claim service facility ZIP code (where service was provided)
CLM_NEXT_GNRTN_ACO_IND_CD1	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Population based payments (PBP)
CLM_NEXT_GNRTN_ACO_IND_CD2	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Telehealth
CLM_NEXT_GNRTN_ACO_IND_CD3	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Post Discharge HH visits
CLM_NEXT_GNRTN_ACO_IND_CD4	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - 3 day SNF waiver
CLM_NEXT_GNRTN_ACO_IND_CD5	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Capitation
ACO_ID_NUM	Claim Accountable Care Organization (ACO) Identification Number
FINL_STD_AMT	Claim Final Standard Amount
CLM_BENE_ID_TYPE_CD	Claim Beneficiary Identifier Type Code (For CMS Internal Use)
CLM_RSDL_PYMT_IND_CD	Claim Residual Payment Indicator Code

Home Health Agency (HHA) Fee-for-Service Base Claims

Variable Name

PRVDR_VLDTN_TYPE_CD
RR_BRD_EXCLSN_IND_SW
PPS_STD_VAL_PYMT_AMT

Variable Label

Provider Validation Type Code
Railroad Board Exclusion Indicator Switch
Claim PPS Standard Value Payment Amount

Home Health Agency (HHA) Fee-for-Service Condition Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_COND_CD_SEQ	Claim Related Condition Code Sequence
CLM_RLT_COND_CD	Claim Related Condition Code

Home Health Agency (HHA) Fee-for-Service Demonstration Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
DEMO_ID_SQNC_NUM	Demonstration sequence number
DEMO_ID_NUM	Demonstration number
DEMO_INFO_TXT	Demo information text

Home Health Agency (HHA) Fee-for-Service Occurrence Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_OCRNC_CD_SEQ	Claim Related Occurrence Code Sequence
CLM_RLT_OCRNC_CD	Claim Related Occurrence Code
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date

Home Health Agency (HHA) Fee-for-Service Span Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_SPAN_CD_SEQ	Claim Related Span Code Sequence
CLM_SPAN_CD	Claim Occurrence Span Code
CLM_SPAN_FROM_DT	Claim Occurrence Span From Date
CLM_SPAN_THRU_DT	Claim Occurrence Span Through Date

Home Health Agency (HHA) Fee-for-Service Value Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_VAL_CD_SEQ	Claim Related Value Code Sequence
CLM_VAL_CD	Claim Value Code
CLM_VAL_AMT	Claim Value Amount

Home Health Agency (HHA) Fee-for-Service Revenue Center

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
CLM_THRU_DT	Claim Through Date
CLM_LINE_NUM	Claim Line Number
NCH_CLM_TYPE_CD	NCH Claim Type Code
REV_CNTR	Revenue Center Code
REV_CNTR_DT	Revenue Center Date
REV_CNTR_1ST_ANSI_CD	Revenue Center 1st ANSI Code
REV_CNTR_APC_HIPPS_CD	Revenue Center APC or HIPPS Code
HCPCS_CD	HCFA Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
REV_CNTR_PMT_MTHD_IND_CD	Revenue Center Payment Method Indicator Code
REV_CNTR_UNIT_CNT	Revenue Center Unit Count
REV_CNTR_RATE_AMT	Revenue Center Rate Amount
REV_CNTR_PMT_AMT_AMT	Revenue Center (Medicare) Payment Amount
REV_CNTR_TOT_CHRG_AMT	Revenue Center Total Charge Amount
REV_CNTR_NCVRD_CHRG_AMT	Revenue Center Non-Covered Charge Amount
REV_CNTR_DDCTBL_COINSRNC_CD	Revenue Center Deductible Coinsurance Code
REV_CNTR_STUS_IND_CD	Revenue Center Status Indicator Code
REV_CNTR_NDC_QTY	Revenue Center National Drug Code (NDC) Quantity
REV_CNTR_NDC_QTY_QLFR_CD	Revenue Center NDC Quantity Qualifier Code
RNDRNG_PHYSN_UPIN	Revenue Center Rendering Physician UPIN
RNDRNG_PHYSN_NPI	Revenue Center Rendering Physician NPI
RNDRNG_PHYSN_SPCLTY_CD	Revenue Center Rendering Physician Specialty Code
REV_CNTR_DSCNT_IND_CD	Revenue Center Discount Indicator Code
REV_CNTR_IDE_NDC_UPC_NUM	Revenue Center IDE, NDC, or UPC Number
REV_CNTR_PRVDR_PMT_AMT	Revenue Center (Medicare) Provider Payment Amount
REV_CNTR_PTNT_RSPNSBLTY_PMT	Revenue Center Patient Responsibility Payment Amount
REV_CNTR_PRCNG_IND_CD	Revenue Center Pricing Indicator Code
THRPY_CAP_IND_CD1	Revenue Center Therapy Cap Indicator 1 Code
THRPY_CAP_IND_CD2	Revenue Center Therapy Cap Indicator 2 Code
REV_CNTR_RP_IND_CD	Revenue Center Representative Payee (RP) Indicator Code

Hospice Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_NEAR_LINE_REC_IDENT_CD	NCH Near Line Record Identification Code (RIC)
NCH_CLM_TYPE_CD	NCH Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
NCH_WKLY_PROC_DT	NCH Weekly Claim Processing Date
FI_CLM_PROC_DT	FI Claim Process Date
PRVDR_NUM	Provider Number
CLM_FAC_TYPE_CD	Claim Facility Type Code
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code
CLM_FREQ_CD	Claim Frequency Code
FI_NUM	FI or MAC Number
CLM_MDCR_NON_PMT_RSN_CD	Claim Medicare Non Payment Reason Code
CLM_PMT_AMT	Claim (Medicare) Payment Amount
NCH_PRMRY_PYR_CLM_PD_AMT	NCH Primary Payer (if not Medicare) Claim Paid Amount
NCH_PRMRY_PYR_CD	NCH Primary Payer Code (if not Medicare)
PRVDR_STATE_CD	NCH Provider SSA State Code
ORG_NPI_NUM	Organization NPI Number
SRVC_LOC_NPI_NUM	Claim Service Location NPI Number
AT_PHYSN_UPIN	Claim Attending Physician UPIN Number
AT_PHYSN_NPI	Claim Attending Physician NPI Number
AT_PHYSN_SPCLTY_CD	Claim Attending Physician Specialty Code
OP_PHYSN_NPI	Claim Operating Physician NPI Number
OP_PHYSN_SPCLTY_CD	Claim Operating Physician Specialty Code
OT_PHYSN_NPI	Claim Other Physician NPI Number
OT_PHYSN_SPCLTY_CD	Claim Other Physician Specialty Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
RNDRNG_PHYSN_SPCLTY_CD	Claim Rendering Physician Specialty Code
RFR_PHYSN_NPI	Claim Referring Physician NPI Number
RFR_PHYSN_SPCLTY_CD	Claim Referring Physician Specialty Code
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code
CLM_TOT_CHRG_AMT	Claim Total Charge Amount
NCH_PTNT_STATUS_IND_CD	NCH Patient Status Indicator Code
CLM_UTLZTN_DAY_CNT	Claim Medicare Utilization Day Count
NCH_BENE_DSCHRG_DT	NCH Beneficiary Discharge Date
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_CD12	Claim Diagnosis Code XII

Hospice Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_DGNS_CD13	Claim Diagnosis Code XIII
ICD_DGNS_CD14	Claim Diagnosis Code XIV
ICD_DGNS_CD15	Claim Diagnosis Code XV
ICD_DGNS_CD16	Claim Diagnosis Code XVI
ICD_DGNS_CD17	Claim Diagnosis Code XVII
ICD_DGNS_CD18	Claim Diagnosis Code XVIII
ICD_DGNS_CD19	Claim Diagnosis Code XIX
ICD_DGNS_CD20	Claim Diagnosis Code XX
ICD_DGNS_CD21	Claim Diagnosis Code XXI
ICD_DGNS_CD22	Claim Diagnosis Code XXII
ICD_DGNS_CD23	Claim Diagnosis Code XXIII
ICD_DGNS_CD24	Claim Diagnosis Code XXIV
ICD_DGNS_CD25	Claim Diagnosis Code XXV
FST_DGNS_E_CD	First Claim Diagnosis E Code
ICD_DGNS_E_CD1	Claim Diagnosis E Code I
ICD_DGNS_E_CD2	Claim Diagnosis E Code II
ICD_DGNS_E_CD3	Claim Diagnosis E Code III
ICD_DGNS_E_CD4	Claim Diagnosis E Code IV
ICD_DGNS_E_CD5	Claim Diagnosis E Code V
ICD_DGNS_E_CD6	Claim Diagnosis E Code VI
ICD_DGNS_E_CD7	Claim Diagnosis E Code VII
ICD_DGNS_E_CD8	Claim Diagnosis E Code VIII
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX
ICD_DGNS_E_CD10	Claim Diagnosis E Code X
ICD_DGNS_E_CD11	Claim Diagnosis E Code XI
ICD_DGNS_E_CD12	Claim Diagnosis E Code XII
CLM_HOSPC_START_DT_ID	Claim Hospice Start Date
BENE_HOSPC_PRD_CNT	Beneficiary's Hospice Period Count
DOB_DT	Date of Birth from Claim
GNDR_CD	Gender Code from Claim
BENE_RACE_CD	Race Code from Claim
BENE_CNTY_CD	County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	ZIP Code of Residence from Claim
CLM_MDCL_REC	Claim Medical Record Number
CLAIM_QUERY_CODE	Claim Query Code
FI_CLM_ACTN_CD	FI or MAC Claim Action Code
CLM_TRTMT_AUTHRZTN_NUM	Claim Treatment Authorization Number
CLM_PRCR_RTRN_CD	Claim Pricer Return Code
CLM_SRVC_FAC_ZIP_CD	Claim service facility ZIP code (where service was provided)
CLM_NEXT_GNRTN_ACO_IND_CD1	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Population based payments (PBP)
CLM_NEXT_GNRTN_ACO_IND_CD2	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Telehealth
CLM_NEXT_GNRTN_ACO_IND_CD3	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Post Discharge HH visits
CLM_NEXT_GNRTN_ACO_IND_CD4	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - 3 day SNF waiver
CLM_NEXT_GNRTN_ACO_IND_CD5	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Capitation
ACO_ID_NUM	Claim Accountable Care Organization (ACO) Identification Number
CLM_BENE_ID_TYPE_CD	Claim Beneficiary Identifier Type Code (For CMS Internal Use)
CLM_RSDL_PYMT_IND_CD	Claim Residual Payment Indicator Code
PRVDR_VLDTN_TYPE_CD	Provider Validation Type Code
RR_BRD_EXCLSN_IND_SW	Railroad Board Exclusion Indicator Switch

Hospice Fee-for-Service Condition Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_COND_CD_SEQ	Claim Related Condition Code Sequence
CLM_RLT_COND_CD	Claim Related Condition Code

Hospice Fee-for-Service Demonstration Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
DEMO_ID_SQNC_NUM	Demonstration sequence number
DEMO_ID_NUM	Demonstration number
DEMO_INFO_TXT	Demo information text

Hospice Fee-for-Service Occurrence Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_OCRNC_CD_SEQ	Claim Related Occurrence Code Sequence
CLM_RLT_OCRNC_CD	Claim Related Occurrence Code
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date

Hospice Fee-for-Service Span Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_SPAN_CD_SEQ	Claim Related Span Code Sequence
CLM_SPAN_CD	Claim Occurrence Span Code
CLM_SPAN_FROM_DT	Claim Occurrence Span From Date
CLM_SPAN_THRU_DT	Claim Occurrence Span Through Date

Hospice Fee-for-Service Value Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_VAL_CD_SEQ	Claim Related Value Code Sequence
CLM_VAL_CD	Claim Value Code
CLM_VAL_AMT	Claim Value Amount

Hospice Fee-for-Service Revenue Center

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
CLM_THRU_DT	Claim Through Date
CLM_LINE_NUM	Claim Line Number
NCH_CLM_TYPE_CD	NCH Claim Type Code
REV_CNTR	Revenue Center Code
REV_CNTR_DT	Revenue Center Date
HCPCS_CD	HCFA Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
REV_CNTR_UNIT_CNT	Revenue Center Unit Count
REV_CNTR_RATE_AMT	Revenue Center Rate Amount
REV_CNTR_PRVDR_PMT_AMT	Revenue Center (Medicare) Provider Payment Amount
REV_CNTR_BENE_PMT_AMT	Revenue Center Payment Amount to Beneficiary
REV_CNTR_PMT_AMT_AMT	Revenue Center (Medicare) Payment Amount
REV_CNTR_TOT_CHRG_AMT	Revenue Center Total Charge Amount
REV_CNTR_NCVRD_CHRG_AMT	Revenue Center Non-Covered Charge Amount
REV_CNTR_DDCTBL_COINSRNC_CD	Revenue Center Deductible Coinsurance Code
REV_CNTR_NDC_QTY	Revenue Center National Drug Code (NDC) Quantity
REV_CNTR_NDC_QTY_QLFR_CD	Revenue Center NDC Quantity Qualifier Code
RNDRNG_PHYSN_UPIN	Revenue Center Rendering Physician UPIN
RNDRNG_PHYSN_NPI	Revenue Center Rendering Physician NPI
RNDRNG_PHYSN_SPCLTY_CD	Revenue Center Rendering Physician Specialty Code
REV_CNTR_IDE_NDC_UPC_NUM	Revenue Center IDE, NDC, or UPC Number
REV_CNTR_STUS_IND_CD	Revenue Center Status Indicator Code
REV_CNTR_PRCNG_IND_CD	Revenue Center Pricing Indicator Code
THRPY_CAP_IND_CD1	Revenue Center Therapy Cap Indicator 1 Code
THRPY_CAP_IND_CD2	Revenue Center Therapy Cap Indicator 2 Code
REV_CNTR_RP_IND_CD	Revenue Center Representative Payee (RP) Indicator Code

Inpatient Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_NEAR_LINE_REC_IDENT_CD	NCH Near Line Record Identification Code (RIC)
NCH_CLM_TYPE_CD	NCH Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
NCH_WKLY_PROC_DT	NCH Weekly Claim Processing Date
FI_CLM_PROC_DT	FI Claim Process Date
CLAIM_QUERY_CODE	Claim Query Code
PRVDR_NUM	Provider Number
CLM_FAC_TYPE_CD	Claim Facility Type Code
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code
CLM_FREQ_CD	Claim Frequency Code
FI_NUM	FI or MAC Number
CLM_MDCR_NON_PMT_RSN_CD	Claim Medicare Non Payment Reason Code
CLM_PMT_AMT	Claim (Medicare) Payment Amount
NCH_PRMRY_PYR_CLM_PD_AMT	NCH Primary Payer (if not Medicare) Claim Paid Amount
NCH_PRMRY_PYR_CD	NCH Primary Payer Code (if not Medicare)
FI_CLM_ACTN_CD	FI or MAC Claim Action Code
PRVDR_STATE_CD	NCH Provider SSA State Code
ORG_NPI_NUM	Organization NPI Number
AT_PHYSN_UPIN	Claim Attending Physician UPIN Number
AT_PHYSN_NPI	Claim Attending Physician NPI Number
AT_PHYSN_SPCLTY_CD	Claim Attending Physician Specialty Code
OP_PHYSN_UPIN	Claim Operating Physician UPIN Number
OP_PHYSN_NPI	Claim Operating Physician NPI Number
OP_PHYSN_SPCLTY_CD	Claim Operating Physician Specialty Code
OT_PHYSN_UPIN	Claim Other Physician UPIN Number
OT_PHYSN_NPI	Claim Other Physician NPI Number
OT_PHYSN_SPCLTY_CD	Claim Other Physician Specialty Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
RNDRNG_PHYSN_SPCLTY_CD	Claim Rendering Physician Specialty Code
CLM_MCO_PD_SW	Claim MCO Paid Switch
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code
CLM_PPS_IND_CD	Claim PPS Indicator Code
CLM_TOT_CHRG_AMT	Claim Total Charge Amount
CLM_ADMSN_DT	Claim Admission Date
CLM_IP_ADMSN_TYPE_CD	Claim Inpatient Admission Type Code
CLM_SRC_IP_ADMSN_CD	Claim Source Inpatient Admission Code
NCH_PTNT_STATUS_IND_CD	NCH Patient Status Indicator Code
CLM_PASS_THRU_PER_DIEM_AMT	Claim Pass Thru Per Diem Amount
NCH_BENE_IP_DDCTBL_AMT	NCH Beneficiary Inpatient (or other Part A) Deductible Amount
NCH_BENE_PTA_COINSRNC_LBLTY_AM	NCH Beneficiary Part A Coinsurance Liability Amount
NCH_BENE_BLOOD_DDCTBL_LBLTY_AM	NCH Beneficiary Blood Deductible Liability Amount
NCH_PROFNL_CMPNT_CHRG_AMT	NCH Professional Component Charge Amount
NCH_IP_NCVRD_CHRG_AMT	NCH Inpatient (or other Part A) Noncovered Charge Amount
NCH_IP_TOT_DDCTN_AMT	NCH Inpatient (or other Part A) Total Deductible/Coinsurance Amount
CLM_TOT_PPS_CPTL_AMT	Claim Total PPS Capital Amount
CLM_PPS_CPTL_FSP_AMT	Claim PPS Capital Federal Specific Portion (FSP) Amount

Inpatient Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
CLM_PPS_CPTL_OUTLIER_AMT	Claim PPS Capital Outlier Amount
CLM_PPS_CPTL_DSPRPRNT_SHR_AMT	Claim PPS Capital Disproportionate Share (DSH) Amount
CLM_PPS_CPTL_IME_AMT	Claim PPS Capital Indirect Medical Education (IME) Amount
CLM_PPS_CPTL_EXCPTN_AMT	Claim PPS Capital Exception Amount
CLM_PPS_OLD_CPTL_HLD_HRMLS_AMT	Claim PPS Old Capital Hold Harmless Amount
CLM_PPS_CPTL_DRG_WT_NUM	Claim PPS Capital DRG Weight Number
CLM_UTLZTN_DAY_CNT	Claim Medicare Utilization Day Count
BENE_TOT_COINSRNC_DAYS_CNT	Beneficiary Total Coinsurance Days Count
BENE_LRD_USED_CNT	Beneficiary Medicare Lifetime Reserve Days (LRD) Used Count
CLM_NON_UTLZTN_DAYS_CNT	Claim Medicare Non Utilization Days Count
NCH_BLOOD_PNTS_FRNSHD_QTY	NCH Blood Pints Furnished Quantity
NCH_VRFD_NCVRD_STAY_FROM_DT	NCH Verified Noncovered Stay From Date
NCH_VRFD_NCVRD_STAY_THRU_DT	NCH Verified Noncovered Stay Through Date
NCH_ACTV_OR_CVRD_LVL_CARE_THRU	NCH Active or Covered Level Care Thru Date
NCH_BENE_MDCR_BNFTS_EXHTD_DT_I	NCH Beneficiary Medicare Benefits Exhausted Date
NCH_BENE_DSCHRG_DT	NCH Beneficiary Discharge Date
CLM_DRG_CD	Claim Diagnosis Related Group Code (or MS-DRG Code)
CLM_DRG_OUTLIER_STAY_CD	Claim Diagnosis Related Group Outlier Stay Code
NCH_DRG_OUTLIER_APRVD_PMT_AMT	NCH DRG Outlier Approved Payment Amount
ADMTG_DGNS_CD	Claim Admitting Diagnosis Code
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
ICD_DGNS_CD1	Claim Diagnosis Code I
CLM_POA_IND_SW1	Claim Diagnosis Code I Diagnosis Present on Admission (POA) Indicator Code
ICD_DGNS_CD2	Claim Diagnosis Code II
CLM_POA_IND_SW2	Claim Diagnosis Code II Diagnosis Present on Admission (POA) Indicator Code
ICD_DGNS_CD3	Claim Diagnosis Code III
CLM_POA_IND_SW3	Claim Diagnosis Code III Diagnosis Present on Admission (POA) Indicator Code
ICD_DGNS_CD4	Claim Diagnosis Code IV
CLM_POA_IND_SW4	Claim Diagnosis Code IV Diagnosis Present on Admission (POA) Indicator Code
ICD_DGNS_CD5	Claim Diagnosis Code V
CLM_POA_IND_SW5	Claim Diagnosis Code V Diagnosis Present on Admission (POA) Indicator Code
ICD_DGNS_CD6	Claim Diagnosis Code VI
CLM_POA_IND_SW6	Claim Diagnosis Code VI Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD7	Claim Diagnosis Code VII
CLM_POA_IND_SW7	Claim Diagnosis Code VII Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD8	Claim Diagnosis Code VIII
CLM_POA_IND_SW8	Claim Diagnosis Code VIII Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD9	Claim Diagnosis Code IX
CLM_POA_IND_SW9	Claim Diagnosis Code IX Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD10	Claim Diagnosis Code X
CLM_POA_IND_SW10	Claim Diagnosis Code X Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD11	Claim Diagnosis Code XI
CLM_POA_IND_SW11	Claim Diagnosis Code XI Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD12	Claim Diagnosis Code XII
CLM_POA_IND_SW12	Claim Diagnosis Code XII Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD13	Claim Diagnosis Code XIII
CLM_POA_IND_SW13	Claim Diagnosis Code XIII Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD14	Claim Diagnosis Code XIV
CLM_POA_IND_SW14	Claim Diagnosis Code XIV Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD15	Claim Diagnosis Code XV
CLM_POA_IND_SW15	Claim Diagnosis Code XV Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD16	Claim Diagnosis Code XVI
CLM_POA_IND_SW16	Claim Diagnosis Code XVI Diagnosis Present on Admission Indicator Code

Inpatient Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_DGNS_CD17	Claim Diagnosis Code XVII
CLM_POA_IND_SW17	Claim Diagnosis Code XVII Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD18	Claim Diagnosis Code XVIII
CLM_POA_IND_SW18	Claim Diagnosis Code XVIII Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD19	Claim Diagnosis Code XIX
CLM_POA_IND_SW19	Claim Diagnosis Code XIX Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD20	Claim Diagnosis Code XX
CLM_POA_IND_SW20	Claim Diagnosis Code XX Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD21	Claim Diagnosis Code XXI
CLM_POA_IND_SW21	Claim Diagnosis Code XXI Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD22	Claim Diagnosis Code XXII
CLM_POA_IND_SW22	Claim Diagnosis Code XXII Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD23	Claim Diagnosis Code XXIII
CLM_POA_IND_SW23	Claim Diagnosis Code XXIII Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD24	Claim Diagnosis Code XXIV
CLM_POA_IND_SW24	Claim Diagnosis Code XXIV Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD25	Claim Diagnosis Code XXV
CLM_POA_IND_SW25	Claim Diagnosis Code XXV Diagnosis Present on Admission Indicator Code
FST_DGNS_E_CD	First Claim Diagnosis E Code
ICD_DGNS_E_CD1	Claim Diagnosis E Code I
CLM_E_POA_IND_SW1	Claim Diagnosis E Code I Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD2	Claim Diagnosis E Code II
CLM_E_POA_IND_SW2	Claim Diagnosis E Code II Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD3	Claim Diagnosis E Code III
CLM_E_POA_IND_SW3	Claim Diagnosis E Code III Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD4	Claim Diagnosis E Code IV
CLM_E_POA_IND_SW4	Claim Diagnosis E Code IV Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD5	Claim Diagnosis E Code V
CLM_E_POA_IND_SW5	Claim Diagnosis E Code V Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD6	Claim Diagnosis E Code VI
CLM_E_POA_IND_SW6	Claim Diagnosis E Code VI Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD7	Claim Diagnosis E Code VII
CLM_E_POA_IND_SW7	Claim Diagnosis E Code VII Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD8	Claim Diagnosis E Code VIII
CLM_E_POA_IND_SW8	Claim Diagnosis E Code VIII Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX
CLM_E_POA_IND_SW9	Claim Diagnosis E Code IX Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD10	Claim Diagnosis E Code X
CLM_E_POA_IND_SW10	Claim Diagnosis E Code X Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD11	Claim Diagnosis E Code XI
CLM_E_POA_IND_SW11	Claim Diagnosis E Code XI Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD12	Claim Diagnosis E Code XII
CLM_E_POA_IND_SW12	Claim Diagnosis E Code XII Diagnosis Present on Admission Indicator Code
ICD_PRCDR_CD1	Claim Procedure Code I
PRCDR_DT1	Claim Procedure Code I Date
ICD_PRCDR_CD2	Claim Procedure Code II
PRCDR_DT2	Claim Procedure Code II Date
ICD_PRCDR_CD3	Claim Procedure Code III
PRCDR_DT3	Claim Procedure Code III Date
ICD_PRCDR_CD4	Claim Procedure Code IV
PRCDR_DT4	Claim Procedure Code IV Date
ICD_PRCDR_CD5	Claim Procedure Code V
PRCDR_DT5	Claim Procedure Code V Date

Inpatient Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_PRCDR_CD6	Claim Procedure Code VI
PRCDR_DT6	Claim Procedure Code VI Date
ICD_PRCDR_CD7	Claim Procedure Code VII
PRCDR_DT7	Claim Procedure CodeVII Date
ICD_PRCDR_CD8	Claim Procedure Code VIII
PRCDR_DT8	Claim Procedure Code VIII Date
ICD_PRCDR_CD9	Claim Procedure Code IX
PRCDR_DT9	Claim Procedure Code IX Date
ICD_PRCDR_CD10	Claim Procedure Code X
PRCDR_DT10	Claim Procedure Code X Date
ICD_PRCDR_CD11	Claim Procedure Code XI
PRCDR_DT11	Claim Procedure Code XI Date
ICD_PRCDR_CD12	Claim Procedure Code XII
PRCDR_DT12	Claim Procedure Code XII Date
ICD_PRCDR_CD13	Claim Procedure Code XIII
PRCDR_DT13	Claim Procedure Code XIII Date
ICD_PRCDR_CD14	Claim Procedure Code XIV
PRCDR_DT14	Claim Procedure Code XIV Date
ICD_PRCDR_CD15	Claim Procedure Code XV
PRCDR_DT15	Claim Procedure Code XV Date
ICD_PRCDR_CD16	Claim Procedure Code XVI
PRCDR_DT16	Claim Procedure Code XVI Date
ICD_PRCDR_CD17	Claim Procedure Code XVII
PRCDR_DT17	Claim Procedure Code XVII Date
ICD_PRCDR_CD18	Claim Procedure Code XVIII
PRCDR_DT18	Claim Procedure Code XVIII Date
ICD_PRCDR_CD19	Claim Procedure Code XIX
PRCDR_DT19	Claim Procedure Code XIX Date
ICD_PRCDR_CD20	Claim Procedure Code XX
PRCDR_DT20	Claim Procedure Code XX Date
ICD_PRCDR_CD21	Claim Procedure Code XXI
PRCDR_DT21	Claim Procedure Code XXI Date
ICD_PRCDR_CD22	Claim Procedure Code XXII
PRCDR_DT22	Claim Procedure Code XXII Date
ICD_PRCDR_CD23	Claim Procedure Code XXIII
PRCDR_DT23	Claim Procedure Code XXIII Date
ICD_PRCDR_CD24	Claim Procedure Code XXIV
PRCDR_DT24	Claim Procedure Code XXIV Date
ICD_PRCDR_CD25	Claim Procedure Code XXV
PRCDR_DT25	Claim Procedure Code XXV Date
IME_OP_CLM_VAL_AMT	Operating Indirect Medical Education (IME) Amount
DSH_OP_CLM_VAL_AMT	Operating Disproportionate Share Amount
DOB_DT	Date of Birth from Claim
GNDR_CD	Gender Code from Claim
BENE_RACE_CD	Race Code from Claim
BENE_CNTY_CD	Beneficiary County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	Beneficiary ZIP Code of Residence
CLM_MDCL_REC	Claim Medical Record Number
CLM_TRTMT_AUTHRZTN_NUM	Claim Treatment Authorization Number
CLM_PRCR_RTRN_CD	Claim Pricer Return Code
CLM_SRVC_FAC_ZIP_CD	Claim service facility ZIP code (where service was provided)
CLM_IP_LOW_VOL_PMT_AMT	Claim Inpatient Low Volume Payment Amount

Inpatient Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
CLM_CARE_IMPRVMT_MODEL_CD1	Claim Care Improvement Model 1 Code (budled payment)
CLM_CARE_IMPRVMT_MODEL_CD2	Claim Care Improvement Model 2 Code
CLM_CARE_IMPRVMT_MODEL_CD3	Claim Care Improvement Model 3 Code
CLM_CARE_IMPRVMT_MODEL_CD4	Claim Care Improvement Model 4 Code
CLM_BNDLD_MODEL_1_DSCNT_PCT	Claim Bundled Model 1 Discount Percent
CLM_BASE_OPRTG_DRG_AMT	Claim Base Operating DRG Amount
CLM_VBP_PRTCPNT_IND_CD	Claim Value-Based Purchasing (VBP) Participant Indicator Code
CLM_VBP_ADJSTMT_PCT	Claim VBP Adjustment Percent
CLM_HRR_PRTCPNT_IND_CD	Claim Hospital Readmission Rdctn (HRR) Participant Indicator Code
CLM_HRR_ADJSTMT_PCT	Claim HRR Adjustment Percent
CLM_MODEL_4_READMSN_IND_CD	Claim Model 4 Readmission Indicator Code
CLM_UNCOMPED_CARE_PMT_AMT	Claim Uncompensated Care Payment Amount
CLM_BNDLD_ADJSTMT_PMT_AMT	Claim Bundled Adjustment Payment Amount
CLM_VBP_ADJSTMT_PMT_AMT	Claim Value Based Purchasing Adjustment Payment Amount
CLM_HRR_ADJSTMT_PMT_AMT	Claim Hospital Readmission Reduction (HRR) Adjustment Payment Amount
EHR_PYMT_ADJSTMT_AMT	Claim Electronic Health Record (EHR) Payment Adjustment Amount
PPS_STD_VAL_PYMT_AMT	Standard Payment Amount
FINL_STD_AMT	Claim Final Standard Payment Amount
HAC_PGM_RDCTN_IND_SW	Claim Hospital Acquired Condition (HAC) Program Reduction Indicator Switch
EHR_PGM_RDCTN_IND_SW	Claim Electronic Health Records (EHR) Program Reduction Indicator Switch
CLM_SITE_NTRL_PYMT_CST_AMT	Claim Site Neutral Payment Based on Cost Amount
CLM_SITE_NTRL_PYMT_IPPS_AMT	Claim Site Neutral Payment Based on inpatient prospective payment system (IPPS) Amounts
CLM_FULL_STD_PYMT_AMT	Claim Full Standard Payment Amount
CLM_SS_OUTLIER_STD_PYMT_AMT	Claim Short Stay Outlier (SSO) Standard Payment Amount
CLM_NEXT_GNRTN_ACO_IND_CD1	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Population based payments (PBP)
CLM_NEXT_GNRTN_ACO_IND_CD2	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Telehealth
CLM_NEXT_GNRTN_ACO_IND_CD3	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Post Discharge HH visits
CLM_NEXT_GNRTN_ACO_IND_CD4	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - 3 day SNF waiver
CLM_NEXT_GNRTN_ACO_IND_CD5	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Capitation
ACO_ID_NUM	Claim Accountable Care Organization (ACO) Identification Number
CLM_BENE_ID_TYPE_CD	Claim Beneficiary Identifier Type Code (For CMS Internal Use)
CLM_RSDL_PYMT_IND_CD	Claim Residual Payment Indicator Code
CLM_RP_IND_CD	Claim Representative Payee (RP) Indicator Code
PRVDR_VLDTN_TYPE_CD	Provider Validation Type Code
RR_BRD_EXCLSN_IND_SW	Railroad Board Exclusion Indicator Switch
CLM_IP_INITL_MS_DRG_CD	Claim Inpatient Initial MS DRG Code

Inpatient Fee-for-Service Condition Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_COND_CD_SEQ	Claim Related Condition Code Sequence
CLM_RLT_COND_CD	Claim Related Condition Code

Inpatient Fee-for-Service Demonstration Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
DEMO_ID_SQNC_NUM	Demonstration sequence number
DEMO_ID_NUM	Demonstration number
DEMO_INFO_TXT	Demo information text

Inpatient Fee-for-Service Occurrence Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_OCRNC_CD_SEQ	Claim Related Occurrence Code Sequence
CLM_RLT_OCRNC_CD	Claim Related Occurrence Code
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date

Inpatient Fee-for-Service Span Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_SPAN_CD_SEQ	Claim Related Span Code Sequence
CLM_SPAN_CD	Claim Occurrence Span Code
CLM_SPAN_FROM_DT	Claim Occurrence Span From Date
CLM_SPAN_THRU_DT	Claim Occurrence Span Through Date

Inpatient Fee-for-Service Value Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_VAL_CD_SEQ	Claim Related Value Code Sequence
CLM_VAL_CD	Claim Value Code
CLM_VAL_AMT	Claim Value Amount

Inpatient Fee-for-Service Revenue Center

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
CLM_THRU_DT	Claim Through Date
CLM_LINE_NUM	Claim Line Number
NCH_CLM_TYPE_CD	NCH Claim Type Code
REV_CNTR	Revenue Center Code
HCPCS_CD	HCFA Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
REV_CNTR_UNIT_CNT	Revenue Center Unit Count
REV_CNTR_RATE_AMT	Revenue Center Rate Amount
REV_CNTR_TOT_CHRG_AMT	Revenue Center Total Charge Amount
REV_CNTR_NCVRD_CHRG_AMT	Revenue Center Non-Covered Charge Amount
REV_CNTR_DDCTBL_COINSRNC_CD	Revenue Center Deductible Coinsurance Code
REV_CNTR_NDC_QTY	Revenue Center National Drug Code (NDC) Quantity
REV_CNTR_NDC_QTY_QLFR_CD	Revenue Center NDC Quantity Qualifier Code
RNDRNG_PHYSN_UPIN	Revenue Center Rendering Physician UPIN
RNDRNG_PHYSN_NPI	Revenue Center Rendering Physician NPI
RNDRNG_PHYSN_SPCLTY_CD	Revenue Center Rendering Physician Specialty Code
REV_CNTR_IDE_NDC_UPC_NUM	Revenue Center IDE, NDC, or UPC Number
REV_CNTR_PRCNG_IND_CD	Revenue Center Pricing Indicator Code
THRPY_CAP_IND_CD1	Revenue Center Therapy Cap Indicator 1 Code
THRPY_CAP_IND_CD2	Revenue Center Therapy Cap Indicator 2 Code

Outpatient Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_NEAR_LINE_REC_IDENT_CD	NCH Near Line Record Identification Code (RIC)
NCH_CLM_TYPE_CD	NCH Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
NCH_WKLY_PROC_DT	NCH Weekly Claim Processing Date
FI_CLM_PROC_DT	FI Claim Process Date
CLAIM_QUERY_CODE	Claim Query Code
PRVDR_NUM	Provider Number
CLM_FAC_TYPE_CD	Claim Facility Type Code
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code
CLM_FREQ_CD	Claim Frequency Code
FI_NUM	FI or MAC Number
CLM_MDCR_NON_PMT_RSN_CD	Claim Medicare Non Payment Reason Code
CLM_PMT_AMT	Claim (Medicare) Payment Amount
NCH_PRMRY_PYR_CLM_PD_AMT	NCH Primary Payer (if not Medicare) Claim Paid Amount
NCH_PRMRY_PYR_CD	NCH Primary Payer Code (if not Medicare)
PRVDR_STATE_CD	NCH Provider SSA State Code
ORG_NPI_NUM	Organization NPI Number
SRVC_LOC_NPI_NUM	Claim Service Location NPI Number
AT_PHYSN_UPIN	Claim Attending Physician UPIN Number
AT_PHYSN_NPI	Claim Attending Physician NPI Number
AT_PHYSN_SPCLTY_CD	Claim Attending Physician Specialty Code
OP_PHYSN_UPIN	Claim Operating Physician UPIN Number
OP_PHYSN_NPI	Claim Operating Physician NPI Number
OP_PHYSN_SPCLTY_CD	Claim Operating Physician Specialty Code
OT_PHYSN_UPIN	Claim Other Physician UPIN Number
OT_PHYSN_NPI	Claim Other Physician NPI Number
OT_PHYSN_SPCLTY_CD	Claim Other Physician Specialty Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
RNDRNG_PHYSN_SPCLTY_CD	Claim Rendering Physician Specialty Code
RFR_PHYSN_NPI	Claim Referring Physician NPI Number
RFR_PHYSN_SPCLTY_CD	Claim Referring Physician Specialty Code
CLM_MCO_PD_SW	Claim MCO Paid Switch
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code
CLM_TOT_CHRG_AMT	Claim Total Charge Amount
NCH_BENE_BLOOD_DDCTBL_LBLTY_AM	NCH Beneficiary Blood Deductible Liability Amount
NCH_PROFNL_CMPNT_CHRG_AMT	NCH Professional Component Charge Amount
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_CD9	Claim Diagnosis Code IX

Outpatient Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_CD13	Claim Diagnosis Code XIII
ICD_DGNS_CD14	Claim Diagnosis Code XIV
ICD_DGNS_CD15	Claim Diagnosis Code XV
ICD_DGNS_CD16	Claim Diagnosis Code XVI
ICD_DGNS_CD17	Claim Diagnosis Code XVII
ICD_DGNS_CD18	Claim Diagnosis Code XVIII
ICD_DGNS_CD19	Claim Diagnosis Code XIX
ICD_DGNS_CD20	Claim Diagnosis Code XX
ICD_DGNS_CD21	Claim Diagnosis Code XXI
ICD_DGNS_CD22	Claim Diagnosis Code XXII
ICD_DGNS_CD23	Claim Diagnosis Code XXIII
ICD_DGNS_CD24	Claim Diagnosis Code XXIV
ICD_DGNS_CD25	Claim Diagnosis Code XXV
FST_DGNS_E_CD	First Claim Diagnosis E Code
ICD_DGNS_E_CD1	Claim Diagnosis E Code I
ICD_DGNS_E_CD2	Claim Diagnosis E Code II
ICD_DGNS_E_CD3	Claim Diagnosis E Code III
ICD_DGNS_E_CD4	Claim Diagnosis E Code IV
ICD_DGNS_E_CD5	Claim Diagnosis E Code V
ICD_DGNS_E_CD6	Claim Diagnosis E Code VI
ICD_DGNS_E_CD7	Claim Diagnosis E Code VII
ICD_DGNS_E_CD8	Claim Diagnosis E Code VIII
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX
ICD_DGNS_E_CD10	Claim Diagnosis E Code X
ICD_DGNS_E_CD11	Claim Diagnosis E Code XI
ICD_DGNS_E_CD12	Claim Diagnosis E Code XII
ICD_PRCDR_CD1	Claim Procedure Code I
PRCDR_DT1	Claim Procedure Code I Date
ICD_PRCDR_CD2	Claim Procedure Code II
PRCDR_DT2	Claim Procedure Code II Date
ICD_PRCDR_CD3	Claim Procedure Code III
PRCDR_DT3	Claim Procedure Code III Date
ICD_PRCDR_CD4	Claim Procedure Code IV
PRCDR_DT4	Claim Procedure Code IV Date
ICD_PRCDR_CD5	Claim Procedure Code V
PRCDR_DT5	Claim Procedure Code V Date
ICD_PRCDR_CD6	Claim Procedure Code VI
PRCDR_DT6	Claim Procedure Code VI Date
ICD_PRCDR_CD7	Claim Procedure Code VII
PRCDR_DT7	Claim Procedure Code VII Date
ICD_PRCDR_CD8	Claim Procedure Code VIII
PRCDR_DT8	Claim Procedure Code VIII Date
ICD_PRCDR_CD9	Claim Procedure Code IX
PRCDR_DT9	Claim Procedure Code IX Date
ICD_PRCDR_CD10	Claim Procedure Code X
PRCDR_DT10	Claim Procedure Code X Date
ICD_PRCDR_CD11	Claim Procedure Code XI
PRCDR_DT11	Claim Procedure Code XI Date
ICD_PRCDR_CD12	Claim Procedure Code XII
PRCDR_DT12	Claim Procedure Code XII Date

Outpatient Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_PRCDR_CD13	Claim Procedure Code XIII
PRCDR_DT13	Claim Procedure Code XIII Date
ICD_PRCDR_CD14	Claim Procedure Code XIV
PRCDR_DT14	Claim Procedure Code XIV Date
ICD_PRCDR_CD15	Claim Procedure Code XV
PRCDR_DT15	Claim Procedure Code XV Date
ICD_PRCDR_CD16	Claim Procedure Code XVI
PRCDR_DT16	Claim Procedure Code XVI Date
ICD_PRCDR_CD17	Claim Procedure Code XVII
PRCDR_DT17	Claim Procedure Code XVII Date
ICD_PRCDR_CD18	Claim Procedure Code XVIII
PRCDR_DT18	Claim Procedure Code XVIII Date
ICD_PRCDR_CD19	Claim Procedure Code XIX
PRCDR_DT19	Claim Procedure Code XIX Date
ICD_PRCDR_CD20	Claim Procedure Code XX
PRCDR_DT20	Claim Procedure Code XX Date
ICD_PRCDR_CD21	Claim Procedure Code XXI
PRCDR_DT21	Claim Procedure Code XXI Date
ICD_PRCDR_CD22	Claim Procedure Code XXII
PRCDR_DT22	Claim Procedure Code XXII Date
ICD_PRCDR_CD23	Claim Procedure Code XXIII
PRCDR_DT23	Claim Procedure Code XXIII Date
ICD_PRCDR_CD24	Claim Procedure Code XXIV
PRCDR_DT24	Claim Procedure Code XXIV Date
ICD_PRCDR_CD25	Claim Procedure Code XXV
PRCDR_DT25	Claim Procedure Code XXV Date
RSN_VISIT_CD1	Reason for Visit Diagnosis Code I
RSN_VISIT_CD2	Reason for Visit Diagnosis Code II
RSN_VISIT_CD3	Reason for Visit Diagnosis Code III
NCH_BENE_PTBL_DDCTBL_AMT	NCH Beneficiary Part B Deductible Amount
NCH_BENE_PTBL_COINSRNC_AMT	NCH Beneficiary Part B Coinsurance Amount
CLM_OP_PRVDR_PMT_AMT	Claim Outpatient Provider Payment Amount
CLM_OP_BENE_PMT_AMT	Claim Outpatient Payment Amount to Beneficiary
DOB_DT	Date of Birth from Claim
GNDR_CD	Gender Code from Claim
BENE_RACE_CD	Race Code from Claim
BENE_CNTY_CD	Beneficiary County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	ZIP Code of Residence from Claim
CLM_MDCL_REC	Claim Medical Record Number
FI_CLM_ACTN_CD	FI or MAC Claim Action Code
NCH_BLOOD_PNTS_FRNSHD_QTY	NCH Blood Pints Furnished Quantity
CLM_TRTMT_AUTHRZTN_NUM	Claim Treatment Authorization Number
CLM_PRCR_RTRN_CD	Claim Pricer Return Code
CLM_SRVC_FAC_ZIP_CD	Claim service facility ZIP code (where service was provided)
CLM_OP_TRANS_TYPE_CD	Claim Outpatient transaction type
CLM_OP_ESRD_MTHD_CD	Claim Outpatient End Stage Renal Disease (ESRD) Method of Reimbursement Code
CLM_NEXT_GNRTN_ACO_IND_CD1	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Population based payments (PBP)
CLM_NEXT_GNRTN_ACO_IND_CD2	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Telehealth
CLM_NEXT_GNRTN_ACO_IND_CD3	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Post Discharge HH visits
CLM_NEXT_GNRTN_ACO_IND_CD4	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - 3 day SNF waiver

Outpatient Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
CLM_NEXT_GNRTN_ACO_IND_CD5	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Capitation
ACO_ID_NUM	Claim Accountable Care Organization (ACO) Identification Number
CLM_BENE_ID_TYPE_CD	Claim Beneficiary Identifier Type Code (For CMS Internal Use)
CLM_RSDL_PYMT_IND_CD	Claim Residual Payment Indicator Code
PRVDR_VLDTN_TYPE_CD	Provider Validation Type Code
RR_BRD_EXCLSN_IND_SW	Railroad Board Exclusion Indicator Switch

Outpatient Fee-for-Service Condition Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_COND_CD_SEQ	Claim Related Condition Code Sequence
CLM_RLT_COND_CD	Claim Related Condition Code

Outpatient Fee-for-Service Demonstration Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
DEMO_ID_SQNC_NUM	Demonstration sequence number
DEMO_ID_NUM	Demonstration number
DEMO_INFO_TXT	Demo information text

Outpatient Fee-for-Service Occurrence Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_OCRNC_CD_SEQ	Claim Related Occurrence Code Sequence
CLM_RLT_OCRNC_CD	Claim Related Occurrence Code
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date

Outpatient Fee-for-Service Span Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_SPAN_CD_SEQ	Claim Related Span Code Sequence
CLM_SPAN_CD	Claim Occurrence Span Code
CLM_SPAN_FROM_DT	Claim Occurrence Span From Date
CLM_SPAN_THRU_DT	Claim Occurrence Span Through Date

Outpatient Fee-for-Service Value Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_VAL_CD_SEQ	Claim Related Value Code Sequence
CLM_VAL_CD	Claim Value Code
CLM_VAL_AMT	Claim Value Amount

Outpatient Fee-for-Service Revenue Center

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
CLM_THRU_DT	Claim Through Date
CLM_LINE_NUM	Claim Line Number
NCH_CLM_TYPE_CD	NCH Claim Type Code
REV_CNTR	Revenue Center Code
REV_CNTR_DT	Revenue Center Date
REV_CNTR_1ST_ANSI_CD	Revenue Center 1st ANSI Code
REV_CNTR_2ND_ANSI_CD	Revenue Center 2nd ANSI Code
REV_CNTR_3RD_ANSI_CD	Revenue Center 3rd ANSI Code
REV_CNTR_4TH_ANSI_CD	Revenue Center 4th ANSI Code
REV_CNTR_APC_HIPPS_CD	Revenue Center APC or HIPPS Code
HCPCS_CD	HCFA Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
HCPCS_4TH_MDFR_CD	HCPCS Fourth Modifier Code
REV_CNTR_PMT_MTHD_IND_CD	Revenue Center Payment Method Indicator Code
REV_CNTR_DSCNT_IND_CD	Revenue Center Discount Indicator Code
REV_CNTR_PACKG_IND_CD	Revenue Center Packaging Indicator Code
REV_CNTR_OTAF_PMT_CD	Revenue Center Obligation to Accept As Full (OTAF) Payment Code
REV_CNTR_IDE_NDC_UPC_NUM	Revenue Center IDE, NDC, or UPC Number
REV_CNTR_UNIT_CNT	Revenue Center Unit Count
REV_CNTR_RATE_AMT	Revenue Center Rate Amount
REV_CNTR_BLOOD_DDCTBL_AMT	Revenue Center Blood Deductible Amount
REV_CNTR_CASH_DDCTBL_AMT	Revenue Center Cash Deductible Amount
REV_CNTR_COINSRNC_WGE_ADJSTD_C	Revenue Center Coinsurance/Wage Adjusted Coinsurance Amount
REV_CNTR_RDCD_COINSRNC_AMT	Revenue Center Reduced Coinsurance Amount
REV_CNTR_1ST_MSP_PD_AMT	Revenue Center 1st Medicare Secondary Payer (MSP) Paid Amount
REV_CNTR_2ND_MSP_PD_AMT	Revenue Center 2nd Medicare Secondary Payer Paid Amount
REV_CNTR_PRVDR_PMT_AMT	Revenue Center (Medicare) Provider Payment Amount
REV_CNTR_BENE_PMT_AMT	Revenue Center Payment Amount to Beneficiary
REV_CNTR_PTNT_RSPNSBLTY_PMT	Revenue Center Patient Responsibility Payment Amount
REV_CNTR_PMT_AMT_AMT	Revenue Center (Medicare) Payment Amount
REV_CNTR_TOT_CHRG_AMT	Revenue Center Total Charge Amount
REV_CNTR_NCVRD_CHRG_AMT	Revenue Center Non-Covered Charge Amount
REV_CNTR_STUS_IND_CD	Revenue Center Status Indicator Code
REV_CNTR_NDC_QTY	Revenue Center National Drug Code (NDC) Quantity
REV_CNTR_NDC_QTY_QLFR_CD	Revenue Center NDC Quantity Qualifier Code
RNDRNG_PHYSN_UPIN	Revenue Center Rendering Physician UPIN
RNDRNG_PHYSN_NPI	Revenue Center Rendering Physician NPI
RNDRNG_PHYSN_SPCLTY_CD	Revenue Center Rendering Physician Specialty Code
REV_CNTR_DDCTBL_COINSRNC_CD	Revenue Center Deductible Coinsurance Code
REV_CNTR_PRCNG_IND_CD	Revenue Center Pricing Indicator Code
THRPY_CAP_IND_CD1	Revenue Center Therapy Cap Indicator 1 Code
THRPY_CAP_IND_CD2	Revenue Center Therapy Cap Indicator 2 Code
RC_PTNT_ADD_ON_PYMT_AMT	Revenue Center Patient/Initial Visit Add-On Payment Amount (for initial wellness visit)
TRNSTNL_DRUG_ADD_ON_PYMT_AMT	Transitional Drug Add-On Payment Amount
REV_CNTR_RP_IND_CD	Revenue Center Representative Payee (RP) Indicator Code

Skilled Nursing Facility (SNF) Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_NEAR_LINE_REC_IDENT_CD	NCH Near Line Record Identification Code (RIC)
NCH_CLM_TYPE_CD	NCH Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
NCH_WKLY_PROC_DT	NCH Weekly Claim Processing Date
FI_CLM_PROC_DT	FI Claim Process Date
CLAIM_QUERY_CODE	Claim Query Code
PRVDR_NUM	Provider Number
CLM_FAC_TYPE_CD	Claim Facility Type Code
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code
CLM_FREQ_CD	Claim Frequency Code
FI_NUM	FI or MAC Number
CLM_MDCR_NON_PMT_RSN_CD	Claim Medicare Non Payment Reason Code
CLM_PMT_AMT	Claim (Medicare) Payment Amount
NCH_PRMRY_PYR_CLM_PD_AMT	NCH Primary Payer (if not Medicare) Claim Paid Amount
NCH_PRMRY_PYR_CD	NCH Primary Payer Code (if not Medicare)
FI_CLM_ACTN_CD	FI or MAC Claim Action Code
PRVDR_STATE_CD	NCH Provider SSA State Code
ORG_NPI_NUM	Organization NPI Number
AT_PHYSN_UPIN	Claim Attending Physician UPIN Number
AT_PHYSN_NPI	Claim Attending Physician NPI Number
AT_PHYSN_SPCLTY_CD	Claim Attending Physician Specialty Code
OP_PHYSN_UPIN	Claim Operating Physician UPIN Number
OP_PHYSN_NPI	Claim Operating Physician NPI Number
OP_PHYSN_SPCLTY_CD	Claim Operating Physician Specialty Code
OT_PHYSN_UPIN	Claim Other Physician UPIN Number
OT_PHYSN_NPI	Claim Other Physician NPI Number
OT_PHYSN_SPCLTY_CD	Claim Other Physician Specialty Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
RNDRNG_PHYSN_SPCLTY_CD	Claim Rendering Physician Specialty Code
CLM_MCO_PD_SW	Claim MCO Paid Switch
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code
CLM_PPS_IND_CD	Claim PPS Indicator Code
CLM_TOT_CHRG_AMT	Claim Total Charge Amount
CLM_ADMSN_DT	Claim Admission Date
CLM_IP_ADMSN_TYPE_CD	Claim Inpatient Admission Type Code
CLM_SRC_IP_ADMSN_CD	Claim Source Inpatient Admission Code
NCH_PTNT_STATUS_IND_CD	NCH Patient Status Indicator Code
NCH_BENE_IP_DDCTBL_AMT	NCH Beneficiary Inpatient (or other Part A) Deductible Amount
NCH_BENE_PTA_COINSRNC_LBLTY_AM	NCH Beneficiary Part A Coinsurance Liability Amount
NCH_BENE_BLOOD_DDCTBL_LBLTY_AM	NCH Beneficiary Blood Deductible Liability Amount
NCH_IP_NCVRD_CHRG_AMT	NCH Inpatient (or other Part A) Noncovered Charge Amount
NCH_IP_TOT_DDCTN_AMT	NCH Inpatient (or other Part A) Total Deductible/Coinsurance Amount
CLM_PPS_CPTL_FSP_AMT	Claim PPS Capital Federal Specific Portion (FSP) Amount
CLM_PPS_CPTL_OUTLIER_AMT	Claim PPS Capital Outlier Amount
CLM_PPS_CPTL_DSPRPRNT_SHR_AMT	Claim PPS Capital Disproportionate Share (DSH) Amount
CLM_PPS_CPTL_IME_AMT	Claim PPS Capital Indirect Medical Education (IME) Amount

Skilled Nursing Facility (SNF) Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
CLM_PPS_CPTL_EXCPTN_AMT	Claim PPS Capital Exception Amount
CLM_PPS_OLD_CPTL_HLD_HRMLS_AMT	Claim PPS Old Capital Hold Harmless Amount
CLM_UTLZTN_DAY_CNT	Claim Medicare Utilization Day Count
BENE_TOT_COINSRNC_DAYS_CNT	Beneficiary Total Coinsurance Days Count
CLM_NON_UTLZTN_DAYS_CNT	Claim Medicare Non Utilization Days Count
NCH_BLOOD_PNTS_FRNSHD_QTY	NCH Blood Pints Furnished Quantity
NCH_QLFYD_STAY_FROM_DT	NCH Qualified Stay From Date
NCH_QLFYD_STAY_THRU_DT	NCH Qualified Stay Through Date
NCH_VRFD_NCVRD_STAY_FROM_DT	NCH Verified Noncovered Stay From Date
NCH_VRFD_NCVRD_STAY_THRU_DT	NCH Verified Noncovered Stay Through Date
NCH_ACTV_OR_CVRD_LVL_CARE_THRU	NCH Active or Covered Level Care Thru Date
NCH_BENE_MDCR_BNFTS_EXHTD_DT_I	NCH Beneficiary Medicare Benefits Exhausted Date
NCH_BENE_DSCHRG_DT	NCH Beneficiary Discharge Date
CLM_DRG_CD	Claim Diagnosis Related Group Code (or MS-DRG Code)
ADMTG_DGNS_CD	Claim Admitting Diagnosis Code
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_CD13	Claim Diagnosis Code XIII
ICD_DGNS_CD14	Claim Diagnosis Code XIV
ICD_DGNS_CD15	Claim Diagnosis Code XV
ICD_DGNS_CD16	Claim Diagnosis Code XVI
ICD_DGNS_CD17	Claim Diagnosis Code XVII
ICD_DGNS_CD18	Claim Diagnosis Code XVIII
ICD_DGNS_CD19	Claim Diagnosis Code XIX
ICD_DGNS_CD20	Claim Diagnosis Code XX
ICD_DGNS_CD21	Claim Diagnosis Code XXI
ICD_DGNS_CD22	Claim Diagnosis Code XXII
ICD_DGNS_CD23	Claim Diagnosis Code XXIII
ICD_DGNS_CD24	Claim Diagnosis Code XXIV
ICD_DGNS_CD25	Claim Diagnosis Code XXV
FST_DGNS_E_CD	First Claim Diagnosis E Code
ICD_DGNS_E_CD1	Claim Diagnosis E Code I
ICD_DGNS_E_CD2	Claim Diagnosis E Code II
ICD_DGNS_E_CD3	Claim Diagnosis E Code III
ICD_DGNS_E_CD4	Claim Diagnosis E Code IV
ICD_DGNS_E_CD5	Claim Diagnosis E Code V
ICD_DGNS_E_CD6	Claim Diagnosis E Code VI
ICD_DGNS_E_CD7	Claim Diagnosis E Code VII
ICD_DGNS_E_CD8	Claim Diagnosis E Code VIII
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX
ICD_DGNS_E_CD10	Claim Diagnosis E Code X
ICD_DGNS_E_CD11	Claim Diagnosis E Code XI

Skilled Nursing Facility (SNF) Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_DGNS_E_CD12	Claim Diagnosis E Code XII
ICD_PRCDR_CD1	Claim Procedure Code I
PRCDR_DT1	Claim Procedure Code I Date
ICD_PRCDR_CD2	Claim Procedure Code II
PRCDR_DT2	Claim Procedure Code II Date
ICD_PRCDR_CD3	Claim Procedure Code III
PRCDR_DT3	Claim Procedure Code III Date
ICD_PRCDR_CD4	Claim Procedure Code IV
PRCDR_DT4	Claim Procedure Code IV Date
ICD_PRCDR_CD5	Claim Procedure Code V
PRCDR_DT5	Claim Procedure Code V Date
ICD_PRCDR_CD6	Claim Procedure Code VI
PRCDR_DT6	Claim Procedure Code VI Date
ICD_PRCDR_CD7	Claim Procedure Code VII
PRCDR_DT7	Claim Procedure Code VII Date
ICD_PRCDR_CD8	Claim Procedure Code VIII
PRCDR_DT8	Claim Procedure Code VIII Date
ICD_PRCDR_CD9	Claim Procedure Code IX
PRCDR_DT9	Claim Procedure Code IX Date
ICD_PRCDR_CD10	Claim Procedure Code X
PRCDR_DT10	Claim Procedure Code X Date
ICD_PRCDR_CD11	Claim Procedure Code XI
PRCDR_DT11	Claim Procedure Code XI Date
ICD_PRCDR_CD12	Claim Procedure Code XII
PRCDR_DT12	Claim Procedure Code XII Date
ICD_PRCDR_CD13	Claim Procedure Code XIII
PRCDR_DT13	Claim Procedure Code XIII Date
ICD_PRCDR_CD14	Claim Procedure Code XIV
PRCDR_DT14	Claim Procedure Code XIV Date
ICD_PRCDR_CD15	Claim Procedure Code XV
PRCDR_DT15	Claim Procedure Code XV Date
ICD_PRCDR_CD16	Claim Procedure Code XVI
PRCDR_DT16	Claim Procedure Code XVI Date
ICD_PRCDR_CD17	Claim Procedure Code XVII
PRCDR_DT17	Claim Procedure Code XVII Date
ICD_PRCDR_CD18	Claim Procedure Code XVIII
PRCDR_DT18	Claim Procedure Code XVIII Date
ICD_PRCDR_CD19	Claim Procedure Code XIX
PRCDR_DT19	Claim Procedure Code XIX Date
ICD_PRCDR_CD20	Claim Procedure Code XX
PRCDR_DT20	Claim Procedure Code XX Date
ICD_PRCDR_CD21	Claim Procedure Code XXI
PRCDR_DT21	Claim Procedure Code XXI Date
ICD_PRCDR_CD22	Claim Procedure Code XXII
PRCDR_DT22	Claim Procedure Code XXII Date
ICD_PRCDR_CD23	Claim Procedure Code XXIII
PRCDR_DT23	Claim Procedure Code XXIII Date
ICD_PRCDR_CD24	Claim Procedure Code XXIV
PRCDR_DT24	Claim Procedure Code XXIV Date
ICD_PRCDR_CD25	Claim Procedure Code XXV
PRCDR_DT25	Claim Procedure Code XXV Date
DOB_DT	Date of Birth from Claim (Date)
GNDR_CD	Gender Code from Claim

Skilled Nursing Facility (SNF) Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
BENE_RACE_CD	Race Code from Claim
BENE_CNTY_CD	Beneficiary County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	Beneficiary ZIP Code of Residence
CLM_MDCL_REC	Claim Medical Record Number
CLM_TRTMT_AUTHRZTN_NUM	Claim Treatment Authorization Number
CLM_PRCR_RTRN_CD	Claim Pricer Return Code
CLM_SRVC_FAC_ZIP_CD	Claim service facility ZIP code (where service was provided)
NCH_PROFNL_CMPNT_CHRG_AMT	Professional Component Charge Amount
CLM_NEXT_GNRTN_ACO_IND_CD1	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Population based payments (PBP)
CLM_NEXT_GNRTN_ACO_IND_CD2	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Telehealth
CLM_NEXT_GNRTN_ACO_IND_CD3	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Post Discharge HH visits
CLM_NEXT_GNRTN_ACO_IND_CD4	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - 3 day SNF waiver
CLM_NEXT_GNRTN_ACO_IND_CD5	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Capitation
ACO_ID_NUM	Claim Accountable Care Organization (ACO) Identification Number
CLM_BENE_ID_TYPE_CD	Claim Beneficiary Identifier Type Code (For CMS Internal Use)
CLM_RSDL_PYMT_IND_CD	Claim Residual Payment Indicator Code
PRVDR_VLDTN_TYPE_CD	Provider Validation Type Code
RR_BRD_EXCLSN_IND_SW	Railroad Board Exclusion Indicator Switch

Skilled Nursing Facility (SNF) Fee-for-Service Condition Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_COND_CD_SEQ	Claim Related Condition Code Sequence
CLM_RLT_COND_CD	Claim Related Condition Code

Skilled Nursing Facility (SNF) Fee-for-Service Demonstration Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
DEMO_ID_SQNC_NUM	Demonstration sequence number
DEMO_ID_NUM	Demonstration number
DEMO_INFO_TXT	Demo information text

Skilled Nursing Facility (SNF) Fee-for-Service Occurrence Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_OCRNC_CD_SEQ	Claim Related Occurrence Code Sequence
CLM_RLT_OCRNC_CD	Claim Related Occurrence Code
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date

Skilled Nursing Facility (SNF) Fee-for-Service Span Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_SPAN_CD_SEQ	Claim Related Span Code Sequence
CLM_SPAN_CD	Claim Occurrence Span Code
CLM_SPAN_FROM_DT	Claim Occurrence Span From Date
CLM_SPAN_THRU_DT	Claim Occurrence Span Through Date

Skilled Nursing Facility (SNF) Fee-for-Service Value Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_VAL_CD_SEQ	Claim Related Value Code Sequence
CLM_VAL_CD	Claim Value Code
CLM_VAL_AMT	Claim Value Amount

Skilled Nursing Facility (SNF) Fee-for-Service Revenue Center

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
CLM_THRU_DT	Claim Through Date
CLM_LINE_NUM	Claim Line Number
NCH_CLM_TYPE_CD	NCH Claim Type Code
REV_CNTR	Revenue Center Code
HCPCS_CD	HCFA Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
REV_CNTR_UNIT_CNT	Revenue Center Unit Count
REV_CNTR_RATE_AMT	Revenue Center Rate Amount
REV_CNTR_TOT_CHRG_AMT	Revenue Center Total Charge Amount
REV_CNTR_NCVRD_CHRG_AMT	Revenue Center Non-Covered Charge Amount
REV_CNTR_DDCTBL_COINSRNC_CD	Revenue Center Deductible Coinsurance Code
REV_CNTR_NDC_QTY	Revenue Center National Drug Code (NDC) Quantity
REV_CNTR_NDC_QTY_QLFR_CD	Revenue Center NDC Quantity Qualifier Code
RNDRNG_PHYSN_UPIN	Revenue Center Rendering Physician UPIN
RNDRNG_PHYSN_NPI	Revenue Center Rendering Physician NPI
RNDRNG_PHYSN_SPCLTY_CD	Revenue Center Rendering Physician Specialty Code
REV_CNTR_IDE_NDC_UPC_NUM	Revenue Center IDE, NDC, or UPC Number
REV_CNTR_PRCNG_IND_CD	Revenue Center Pricing Indicator Code
THRPY_CAP_IND_CD1	Revenue Center Therapy Cap Indicator 1 Code
THRPY_CAP_IND_CD2	Revenue Center Therapy Cap Indicator 2 Code
REV_CNTR_RP_IND_CD	Revenue Center Representative Payee (RP) Indicator Code

Carrier (Physician/Supplier Part B) Encounter Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
SRVC_MONTH	Service Month
CLM_CHRT_RVW_SW	Claim Chart Review Switch
NCHS_CLM_CNTL_NUM	NCHS CLAIM CONTROL NUMBER
NCHS_CLM_ORIG_CNTL_NUM	NCHS CLAIM ORIGINAL CONTROL NUMBER
CLM_FINL_ACTN_IND	Claim Final Action Indicator
CLM_LTST_CLM_IND	Latest Claim Indicator
EDPS_CREATE_DT	Encounter Data Processing System (EDPS) Create Date
CLM_RCPT_DT	Claim Receipt Date
CLM_FREQ_CD	Claim Frequency Code
CNTRCT_NUM	Medicare Part C Contract Number
CNTRCT_PBP_NUM	Medicare Part C Plan Benefit Package (PBP) Number
CLM_MDCL_REC	Claim Medical Record Number
ORG_NPI	Organization NPI Number
ORG_TXNMY_CD	Organization Taxonomy Code
RFRG_PHYSN_NPI	Claim Referring Physician NPI Number
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
PRNCPAL_DGNS_VRSN_CD	Claim Principal Diagnosis Version Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_VRSN_CD1	Claim Diagnosis Code I Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_VRSN_CD2	Claim Diagnosis Code II Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_VRSN_CD3	Claim Diagnosis Code III Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_VRSN_CD4	Claim Diagnosis Code IV Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_VRSN_CD5	Claim Diagnosis Code V Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_VRSN_CD6	Claim Diagnosis Code VI Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_VRSN_CD7	Claim Diagnosis Code VII Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_VRSN_CD8	Claim Diagnosis Code VIII Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_VRSN_CD9	Claim Diagnosis Code IX Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_VRSN_CD10	Claim Diagnosis Code X Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_VRSN_CD11	Claim Diagnosis Code XI Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_VRSN_CD12	Claim Diagnosis Code XII Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD13	Claim Diagnosis Code 13
ICD_DGNS_VRSN_CD13	Claim Diagnosis Code XIII Diagnosis Version Code (ICD-9 or ICD-10)
CLM_OBSLT_DT	Claim Obsolete Date

Carrier (Physician/Supplier Part B) Encounter Claims

<u>Variable Name</u>	<u>Variable Label</u>
CLM_BPRVDR_CITY_NAME	Billing Provider Address - City
CLM_BPRVDR_USPS_STATE_CD	Billing Provider Address - USPS State Code
CLM_BPRVDR_ADR_ZIP_CD	Billing Provider Address - ZIP Code
CLM_SUBSCR_CITY_NAME	Medicare Subscriber Address - City
CLM_SUBSCR_USPS_STATE_CD	Medicare Subscriber Address - USPS State Code
CLM_SUBSCR_ADR_ZIP_CD	Medicare Subscriber Address - ZIP Code
BENE_CNTY_CD	Beneficiary County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	Beneficiary ZIP Code of Residence
GNDR_CD	Gender Code from Claim
BENE_RACE_CD	Race Code from Claim
DOB_DT	Date of Birth from Claim
BENE_MDCR_STUS_CD	Beneficiary Medicare Status Code
TAX_NUM	Provider Tax Number
BENE_STATE	Beneficiary State Postal Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
CLM_PLACE_OF_SRVC_CD	Claim Place of Service Code

Carrier (Physician/Supplier Part B) Encounter Line Items

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_LINE_NUM	Claim Line Number
CLM_THRU_DT	Claim Through Date
PRVDR_NPI	Line Rendering Physician NPI
PRVDR_SPCLTY	Line CMS Provider Specialty Code
LINE_SRVC_CNT	Line Service Count
LINE_PLACE_OF_SRVC_CD	Line Place of Service Code
LINE_1ST_EXPNS_DT	Line First Expense Date
LINE_LAST_EXPNS_DT	Line Last Expense Date
HCPCS_CD	Healthcare Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
HCPCS_4TH_MDFR_CD	HCPCS Fourth Modifier Code
LINE_NDC_CD	Line National Drug Code (NDC)
LINE_RX_NUM	Line RX Number
LINE_LTST_CLM_IND	Line Latest Claim Indicator
LINE_NUM_ORIG	Original Claim Line Number

Durable Medical Equipment (DME) Encounter Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
SRVC_MONTH	Service Month
CLM_CHRT_RVW_SW	Claim Chart Review Switch
NCHS_CLM_CNTL_NUM	NCHS CLAIM CONTROL NUMBER
NCHS_CLM_ORIG_CNTL_NUM	NCHS CLAIM ORIGINAL CONTROL NUMBER
CLM_FINL_ACTN_IND	Claim Final Action Indicator
CLM_LTST_CLM_IND	Latest Claim Indicator
EDPS_CREATE_DT	Encounter Data Processing System (EDPS) Create Date
CLM_RCPT_DT	Claim Receipt Date
CLM_FREQ_CD	Claim Frequency Code
CNTRCT_NUM	Medicare Part C Contract Number
CNTRCT_PBP_NUM	Medicare Part C Plan Benefit Package (PBP) Number
CLM_MDCL_REC	Claim Medical Record Number
ORG_NPI	Organization NPI Number
ORG_TXNMY_CD	Organization Taxonomy Code
RFRG_PHYSN_NPI	Claim Referring Physician NPI Number
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
PRNCPAL_DGNS_VRSN_CD	Claim Principal Diagnosis Version Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_VRSN_CD1	Claim Diagnosis Code I Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_VRSN_CD2	Claim Diagnosis Code II Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_VRSN_CD3	Claim Diagnosis Code III Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_VRSN_CD4	Claim Diagnosis Code IV Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_VRSN_CD5	Claim Diagnosis Code V Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_VRSN_CD6	Claim Diagnosis Code VI Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_VRSN_CD7	Claim Diagnosis Code VII Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_VRSN_CD8	Claim Diagnosis Code VIII Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_VRSN_CD9	Claim Diagnosis Code IX Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_VRSN_CD10	Claim Diagnosis Code X Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_VRSN_CD11	Claim Diagnosis Code XI Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_VRSN_CD12	Claim Diagnosis Code XII Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD13	Claim Diagnosis Code 13
ICD_DGNS_VRSN_CD13	Claim Diagnosis Code XIII Diagnosis Version Code (ICD-9 or ICD-10)
CLM_OBSLT_DT	Claim Obsolete Date

Durable Medical Equipment (DME) Encounter Claims

<u>Variable Name</u>	<u>Variable Label</u>
CLM_BPRVDR_CITY_NAME	Billing Provider Address - City
CLM_BPRVDR_USPS_STATE_CD	Billing Provider Address - USPS State Code
CLM_BPRVDR_ADR_ZIP_CD	Billing Provider Address - ZIP Code
CLM_SUBSCR_CITY_NAME	Beneficiary County Code from Claim (SSA)
CLM_SUBSCR_USPS_STATE_CD	Beneficiary Residence (SSA) State Code
CLM_SUBSCR_ADR_ZIP_CD	Beneficiary ZIP Code of Residence
BENE_CNTY_CD	County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	ZIP Code of Residence from Claim
GNDR_CD	Gender Code from Claim
BENE_RACE_CD	Race Code from Claim
DOB_DT	Date of Birth from Claim
BENE_MDCR_STUS_CD	Beneficiary Medicare Status Code
TAX_NUM	Provider Tax Number
BENE_STATE	Beneficiary State Postal Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
CLM_PLACE_OF_SRVC_CD	Claim Place of Service Code

Durable Medical Equipment (DME) Encounter Line Items

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_LINE_NUM	Claim Line Number
CLM_THRU_DT	Claim Through Date
PRVDR_NPI	DMERC Line Item Supplier NPI Number
PRVDR_SPCLTY	Line CMS Provider Specialty Code
LINE_SRVC_CNT	Line Service Count
LINE_PLACE_OF_SRVC_CD	Line Place of Service Code
LINE_1ST_EXPNS_DT	Line First Expense Date
LINE_LAST_EXPNS_DT	Line Last Expense Date
HCPCS_CD	Healthcare Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
HCPCS_4TH_MDFR_CD	HCPCS Fourth Modifier Code
LINE_NDC_CD	Line National Drug Code (NDC)
LINE_LTST_CLM_IND	Line Latest Claim Indicator
LINE_NUM_ORIG	Original Claim Line Number

Home Health Agency (HHA) Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
SRVC_MONTH	Service Month
CLM_CHRT_RVW_SW	Claim Chart Review Switch
NCHS_CLM_CNTL_NUM	NCHS CLAIM CONTROL NUMBER
NCHS_CLM_ORIG_CNTL_NUM	NCHS CLAIM ORIGINAL CONTROL NUMBER
CLM_FINL_ACTN_IND	Claim Final Action Indicator
CLM_LTST_CLM_IND	Latest Claim Indicator
EDPS_CREATE_DT	Encounter Data Processing System (EDPS) Create Date
CLM_RCPT_DT	Claim Receipt Date
CLM_FAC_TYPE_CD	Claim Facility Type Code
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code
CLM_FREQ_CD	Claim Frequency Code
CNTRCT_NUM	Medicare Part C Contract Number
CNTRCT_PBP_NUM	Medicare Part C Plan Benefit Package (PBP) Number
CLM_MDCL_REC	Claim Medical Record Number
ORG_NPI	Organization NPI Number
ORG_TXNMY_CD	Organization Taxonomy Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
RFRG_PHYSN_NPI	Claim Referring Physician NPI Number
AT_PHYSN_NPI	Claim Attending Physician NPI Number
AT_PHYSN_TXNMY_CD	Claim Attending Physician Taxonomy Code
OP_PHYSN_NPI	Claim Operating Physician NPI Number
OT_PHYSN_NPI	Claim Other Physician NPI Number
CLM_ADMSN_DT	Claim Admission Date
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code
BENE_DSCHRG_DT	Beneficiary Discharge Date
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_CD13	Claim Diagnosis Code XIII
ICD_DGNS_CD14	Claim Diagnosis Code XIV
ICD_DGNS_CD15	Claim Diagnosis Code XV
ICD_DGNS_CD16	Claim Diagnosis Code XVI
ICD_DGNS_CD17	Claim Diagnosis Code XVII
ICD_DGNS_CD18	Claim Diagnosis Code XVIII

Home Health Agency (HHA) Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_DGNS_CD19	Claim Diagnosis Code XIX
ICD_DGNS_CD20	Claim Diagnosis Code XX
ICD_DGNS_CD21	Claim Diagnosis Code XXI
ICD_DGNS_CD22	Claim Diagnosis Code XXII
ICD_DGNS_CD23	Claim Diagnosis Code XXIII
ICD_DGNS_CD24	Claim Diagnosis Code XXIV
ICD_DGNS_CD25	Claim Diagnosis Code XXV
CLM_1ST_DGNS_E_CD	First Claim Diagnosis E Code
ICD_DGNS_E_CD1	Claim Diagnosis E Code I
ICD_DGNS_E_CD2	Claim Diagnosis E Code II
ICD_DGNS_E_CD3	Claim Diagnosis E Code III
RSN_VISIT_CD1	Reason for Visit Diagnosis Code 1
RSN_VISIT_CD2	Reason for Visit Diagnosis Code 2
RSN_VISIT_CD3	Reason for Visit Diagnosis Code 3
CLM_OBSLT_DT	Claim Obsolete Date
CLM_BPRVDR_CITY_NAME	Billing Provider Address - City
CLM_BPRVDR_USPS_STATE_CD	Billing Provider Address - USPS State Code
CLM_BPRVDR_ADR_ZIP_CD	Billing Provider Address - ZIP Code
CLM_SUBSCR_CITY_NAME	Medicare Subscriber Address - City
CLM_SUBSCR_USPS_STATE_CD	Medicare Subscriber Address - USPS State Code
CLM_SUBSCR_ADR_ZIP_CD	Medicare Subscriber Address - ZIP Code
BENE_CNTY_CD	Beneficiary County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	Beneficiary ZIP Code of Residence
GNDR_CD	Gender Code from Claim
BENE_RACE_CD	Race Code from Claim
DOB_DT	Date of Birth from Claim
BENE_MDCR_STUS_CD	Beneficiary Medicare Status Code
TAX_NUM	Provider Tax Number
BENE_STATE	Beneficiary State Postal Code

Home Health Agency (HHA) Encounter Condition Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_COND_CD_SEQ	Claim Related Condition Code Sequence
CLM_RLT_COND_CD	Claim Related Condition Code

Home Health Agency (HHA) Encounter Occurrence Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_OCRNC_CD_SEQ	Claim Related Occurrence Code Sequence
CLM_RLT_OCRNC_CD	Claim Related Occurrence Code
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date

Home Health Agency (HHA) Encounter Span Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_SPAN_CD_SEQ	Claim Related Span Code Sequence
CLM_SPAN_CD	Claim Occurrence Span Code
CLM_SPAN_FROM_DT	Claim Occurrence Span From Date
CLM_SPAN_THRU_DT	Claim Occurrence Span Through Date

Home Health Agency (HHA) Encounter Value Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_VAL_CD_SEQ	Claim Related Value Code Sequence
CLM_VAL_CD	Claim Value Code

Home Health Agency (HHA) Encounter Revenue Center

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_LINE_NUM	Claim Line Number
CLM_THRU_DT	Claim Through Date
REV_CNTR	Revenue Center Code
REV_CNTR_FROM_DT	Revenue Center From Date
REV_CNTR_THRU_DT	Revenue Center Thru Date
REV_CNTR_UNIT_CNT	Revenue Center Unit Count
HCPCS_CD	HCFA Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
REV_CNTR_IDE_NDC_UPC_NUM	Revenue Center IDE, NDC, or UPC Number
REV_CNTR_NDC_QTY	Revenue Center National Drug Code (NDC) Quantity
REV_CNTR_NDC_QTY_QLFR_CD	Revenue Center NDC Quantity Qualifier Code
REV_CNTR_RNDRNG_PHYSN_NPI	Revenue Center Rendering Physician NPI
LINE_LTST_CLM_IND	Line Latest Claim Indicator
LINE_NUM_ORIG	Original Claim Line Number

Inpatient Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
SRVC_MONTH	Service Month
CLM_CHRT_RVW_SW	Claim Chart Review Switch
NCHS_CLM_CNTL_NUM	NCHS CLAIM CONTROL NUMBER
NCHS_CLM_ORIG_CNTL_NUM	NCHS CLAIM ORIGINAL CONTROL NUMBER
CLM_FINL_ACTN_IND	Claim Final Action Indicator
CLM_LTST_CLM_IND	Latest Claim Indicator
EDPS_CREATE_DT	Encounter Data Processing System (EDPS) Create Date
CLM_RCPT_DT	Claim Receipt Date
CLM_FAC_TYPE_CD	Claim Facility Type Code
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code
CLM_FREQ_CD	Claim Frequency Code
CNTRCT_NUM	Medicare Part C Contract Number
CNTRCT_PBP_NUM	Medicare Part C Plan Benefit Package (PBP) Number
CLM_MDCL_REC	Claim Medical Record Number
ORG_NPI	Organization NPI Number
ORG_TXNMY_CD	Organization Taxonomy Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
AT_PHYSN_NPI	Claim Attending Physician NPI Number
AT_PHYSN_TXNMY_CD	Claim Attending Physician Taxonomy Code
OP_PHYSN_NPI	Claim Operating Physician NPI Number
OT_PHYSN_NPI	Claim Other Physician NPI Number
CLM_ADMSN_DT	Claim Admission Date
CLM_IP_ADMSN_TYPE_CD	Claim Inpatient Admission Type Code
CLM_SRC_IP_ADMSN_CD	Claim Source Inpatient Admission Code
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code
CLM_DAY_CNT	Day Count (Length of Stay)
BENE_DSCHRG_DT	Beneficiary Discharge Date
CLM_DRG_CD	Claim Diagnosis Related Group Code (or MS-DRG Code)
DRVVD_DRG_CD	Derived MS-Diagnosis Related Group Code (MS-DRG)
ADMTG_DGNS_CD	Claim Admitting Diagnosis Code
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_CD13	Claim Diagnosis Code XIII

Inpatient Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_DGNS_CD14	Claim Diagnosis Code XIV
ICD_DGNS_CD15	Claim Diagnosis Code XV
ICD_DGNS_CD16	Claim Diagnosis Code XVI
ICD_DGNS_CD17	Claim Diagnosis Code XVII
ICD_DGNS_CD18	Claim Diagnosis Code XVIII
ICD_DGNS_CD19	Claim Diagnosis Code XIX
ICD_DGNS_CD20	Claim Diagnosis Code XX
ICD_DGNS_CD21	Claim Diagnosis Code XXI
ICD_DGNS_CD22	Claim Diagnosis Code XXII
ICD_DGNS_CD23	Claim Diagnosis Code XXIII
ICD_DGNS_CD24	Claim Diagnosis Code XXIV
ICD_DGNS_CD25	Claim Diagnosis Code XXV
CLM_POA_IND_SW1	Claim Diagnosis Code I Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW2	Claim Diagnosis Code II Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW3	Claim Diagnosis Code III Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW4	Claim Diagnosis Code IV Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW5	Claim Diagnosis Code V Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW6	Claim Diagnosis Code VI Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW7	Claim Diagnosis Code VII Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW8	Claim Diagnosis Code VIII Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW9	Claim Diagnosis Code IX Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW10	Claim Diagnosis Code X Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW11	Claim Diagnosis Code XI Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW12	Claim Diagnosis Code XII Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW13	Claim Diagnosis Code XIII Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW14	Claim Diagnosis Code XIV Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW15	Claim Diagnosis Code XV Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW16	Claim Diagnosis Code XVI Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW17	Claim Diagnosis Code XVII Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW18	Claim Diagnosis Code XVIII Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW19	Claim Diagnosis Code XIX Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW20	Claim Diagnosis Code XX Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW21	Claim Diagnosis Code XXI Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW22	Claim Diagnosis Code XXII Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW23	Claim Diagnosis Code XXIII Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW24	Claim Diagnosis Code XXIV Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW25	Claim Diagnosis Code XXV Diagnosis Present on Admission Indicator Code
CLM_1ST_DGNS_E_CD	First Claim Diagnosis E Code
ICD_DGNS_E_CD1	Claim Diagnosis E Code I
ICD_DGNS_E_CD2	Claim Diagnosis E Code II
ICD_DGNS_E_CD3	Claim Diagnosis E Code III
ICD_DGNS_E_CD4	Claim Diagnosis E Code IV
ICD_DGNS_E_CD5	Claim Diagnosis E Code V
ICD_DGNS_E_CD6	Claim Diagnosis E Code VI
ICD_DGNS_E_CD7	Claim Diagnosis E Code VII
ICD_DGNS_E_CD8	Claim Diagnosis E Code VIII
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX
ICD_DGNS_E_CD10	Claim Diagnosis E Code X
CLM_E_POA_IND_SW1	Claim Diagnosis E Code I Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW2	Claim Diagnosis E Code II Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW3	Claim Diagnosis E Code III Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW4	Claim Diagnosis E Code IV Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW5	Claim Diagnosis E Code V Diagnosis Present on Admission Indicator Code

Inpatient Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
CLM_E_POA_IND_SW6	Claim Diagnosis E Code VI Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW7	Claim Diagnosis E Code VII Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW8	Claim Diagnosis E Code VIII Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW9	Claim Diagnosis E Code IX Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW10	Claim Diagnosis E Code X Diagnosis Present on Admission Indicator Code
ICD_PRCDR_CD1	Claim Procedure Code I
ICD_PRCDR_CD2	Claim Procedure Code II
ICD_PRCDR_CD3	Claim Procedure Code III
ICD_PRCDR_CD4	Claim Procedure Code IV
ICD_PRCDR_CD5	Claim Procedure Code V
ICD_PRCDR_CD6	Claim Procedure Code VI
ICD_PRCDR_CD7	Claim Procedure Code VII
ICD_PRCDR_CD8	Claim Procedure Code VIII
ICD_PRCDR_CD9	Claim Procedure Code IX
ICD_PRCDR_CD10	Claim Procedure Code X
ICD_PRCDR_CD11	Claim Procedure Code XI
ICD_PRCDR_CD12	Claim Procedure Code XII
ICD_PRCDR_CD13	Claim Procedure Code XIII
PRCDR_DT1	Claim Procedure Code I Date
PRCDR_DT2	Claim Procedure Code II Date
PRCDR_DT3	Claim Procedure Code III Date
PRCDR_DT4	Claim Procedure Code IV Date
PRCDR_DT5	Claim Procedure Code V Date
PRCDR_DT6	Claim Procedure Code VI Date
PRCDR_DT7	Claim Procedure Code VII Date
PRCDR_DT8	Claim Procedure Code VIII Date
PRCDR_DT9	Claim Procedure Code IX Date
PRCDR_DT10	Claim Procedure Code X Date
PRCDR_DT11	Claim Procedure Code XI Date
PRCDR_DT12	Claim Procedure Code XII Date
PRCDR_DT13	Claim Procedure Code XIII Date
CLM_OBSLT_DT	Claim Obsolete Date
CLM_BPRVDR_CITY_NAME	Billing Provider Address - City
CLM_BPRVDR_USPS_STATE_CD	Billing Provider Address - USPS State Code
CLM_BPRVDR_ADR_ZIP_CD	Billing Provider Address - ZIP Code
CLM_SUBSCR_CITY_NAME	Medicare Subscriber Address - City
CLM_SUBSCR_USPS_STATE_CD	Medicare Subscriber Address - USPS State Code
CLM_SUBSCR_ADR_ZIP_CD	Medicare Subscriber Address - ZIP Code
BENE_CNTY_CD	Beneficiary County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	Beneficiary ZIP Code of Residence
GNDR_CD	Gender Code from Claim
BENE_RACE_CD	Race Code from Claim
DOB_DT	Date of Birth from Claim
BENE_MDCR_STUS_CD	Beneficiary Medicare Status Code
TAX_NUM	Provider Tax Number
BENE_STATE	Beneficiary State Postal Code

Inpatient Encounter Condition Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_COND_CD_SEQ	Claim Related Condition Code Sequence
CLM_RLT_COND_CD	Claim Related Condition Code

Inpatient Encounter Occurrence Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_OCRNC_CD_SEQ	Claim Related Occurrence Code Sequence
CLM_RLT_OCRNC_CD	Claim Related Occurrence Code
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date

Inpatient Encounter Span Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_SPAN_CD_SEQ	Claim Related Span Code Sequence
CLM_SPAN_CD	Claim Occurrence Span Code
CLM_SPAN_FROM_DT	Claim Occurrence Span From Date
CLM_SPAN_THRU_DT	Claim Occurrence Span Through Date

Inpatient Encounter Value Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_VAL_CD_SEQ	Claim Related Value Code Sequence
CLM_VAL_CD	Claim Value Code

Inpatient Encounter Revenue Center

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_LINE_NUM	Claim Line Number
CLM_THRU_DT	Claim Through Date
REV_CNTR	Revenue Center Code
REV_CNTR_FROM_DT	Revenue Center From Date
REV_CNTR_THRU_DT	Revenue Center Thru Date
REV_CNTR_UNIT_CNT	Revenue Center Unit Count
HCPCS_CD	HCFA Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
REV_CNTR_IDE_NDC_UPC_NUM	Revenue Center IDE, NDC, or UPC Number
REV_CNTR_NDC_QTY	Revenue Center National Drug Code (NDC) Quantity
REV_CNTR_NDC_QTY_QLFR_CD	Revenue Center NDC Quantity Qualifier Code
REV_CNTR_RNDRNG_PHYSN_NPI	Revenue Center Rendering Physician NPI
LINE_LTST_CLM_IND	Line Latest Claim Indicator
LINE_NUM_ORIG	Original Claim Line Number

Outpatient Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
SRVC_MONTH	Service Month
CLM_CHRT_RVW_SW	Claim Chart Review Switch
NCHS_CLM_CNTL_NUM	NCHS CLAIM CONTROL NUMBER
NCHS_CLM_ORIG_CNTL_NUM	NCHS CLAIM ORIGINAL CONTROL NUMBER
CLM_FINL_ACTN_IND	Claim Final Action Indicator
CLM_LTST_CLM_IND	Latest Claim Indicator
EDPS_CREATE_DT	Encounter Data Processing System (EDPS) Create Date
CLM_RCPT_DT	Claim Receipt Date
CLM_FAC_TYPE_CD	Claim Facility Type Code
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code
CLM_FREQ_CD	Claim Frequency Code
CNTRCT_NUM	Medicare Part C Contract Number
CNTRCT_PBP_NUM	Medicare Part C Plan Benefit Package (PBP) Number
CLM_MDCL_REC	Claim Medical Record Number
ORG_NPI	Organization NPI Number
ORG_TXNMY_CD	Organization Taxonomy Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
RFRG_PHYSN_NPI	Claim Referring Physician NPI Number
AT_PHYSN_NPI	Claim Attending Physician NPI Number
AT_PHYSN_TXNMY_CD	Claim Attending Physician Taxonomy Code
OP_PHYSN_NPI	Claim Operating Physician NPI Number
OT_PHYSN_NPI	Claim Other Physician NPI Number
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_CD13	Claim Diagnosis Code XIII
ICD_DGNS_CD14	Claim Diagnosis Code XIV
ICD_DGNS_CD15	Claim Diagnosis Code XV
ICD_DGNS_CD16	Claim Diagnosis Code XVI
ICD_DGNS_CD17	Claim Diagnosis Code XVII
ICD_DGNS_CD18	Claim Diagnosis Code XVIII
ICD_DGNS_CD19	Claim Diagnosis Code XIX
ICD_DGNS_CD20	Claim Diagnosis Code XX

Outpatient Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_DGNS_CD21	Claim Diagnosis Code XXI
ICD_DGNS_CD22	Claim Diagnosis Code XXII
ICD_DGNS_CD23	Claim Diagnosis Code XXIII
ICD_DGNS_CD24	Claim Diagnosis Code XXIV
ICD_DGNS_CD25	Claim Diagnosis Code XXV
CLM_1ST_DGNS_E_CD	First Claim Diagnosis E Code
ICD_DGNS_E_CD1	Claim Diagnosis E Code I
ICD_DGNS_E_CD2	Claim Diagnosis E Code II
ICD_DGNS_E_CD3	Claim Diagnosis E Code III
ICD_DGNS_E_CD4	Claim Diagnosis E Code IV
ICD_DGNS_E_CD5	Claim Diagnosis E Code V
ICD_DGNS_E_CD6	Claim Diagnosis E Code VI
ICD_DGNS_E_CD7	Claim Diagnosis E Code VII
ICD_DGNS_E_CD8	Claim Diagnosis E Code VIII
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX
ICD_DGNS_E_CD10	Claim Diagnosis E Code X
RSN_VISIT_CD1	Reason for Visit Diagnosis Code I
RSN_VISIT_CD2	Reason for Visit Diagnosis Code II
RSN_VISIT_CD3	Reason for Visit Diagnosis Code III
ICD_PRCDR_CD1	Claim Procedure Code I
ICD_PRCDR_CD2	Claim Procedure Code II
ICD_PRCDR_CD3	Claim Procedure Code III
ICD_PRCDR_CD4	Claim Procedure Code IV
ICD_PRCDR_CD5	Claim Procedure Code V
ICD_PRCDR_CD6	Claim Procedure Code VI
ICD_PRCDR_CD7	Claim Procedure Code VII
ICD_PRCDR_CD8	Claim Procedure Code VIII
ICD_PRCDR_CD9	Claim Procedure Code IX
ICD_PRCDR_CD10	Claim Procedure Code X
ICD_PRCDR_CD11	Claim Procedure Code XI
ICD_PRCDR_CD12	Claim Procedure Code XII
ICD_PRCDR_CD13	Claim Procedure Code XIII
PRCDR_DT1	Claim Procedure Code I Date
PRCDR_DT2	Claim Procedure Code II Date
PRCDR_DT3	Claim Procedure Code III Date
PRCDR_DT4	Claim Procedure Code IV Date
PRCDR_DT5	Claim Procedure Code V Date
PRCDR_DT6	Claim Procedure Code VI Date
PRCDR_DT7	Claim Procedure Code VII Date
PRCDR_DT8	Claim Procedure Code VIII Date
PRCDR_DT9	Claim Procedure Code IX Date
PRCDR_DT10	Claim Procedure Code X Date
PRCDR_DT11	Claim Procedure Code XI Date
PRCDR_DT12	Claim Procedure Code XII Date
PRCDR_DT13	Claim Procedure Code XIII Date
CLM_OBSLT_DT	Claim Obsolete Date
CLM_BPRVDR_CITY_NAME	Billing Provider Address - City
CLM_BPRVDR_USPS_STATE_CD	Billing Provider Address - USPS State Code
CLM_BPRVDR_ADR_ZIP_CD	Billing Provider Address - ZIP Code
CLM_SUBSCR_CITY_NAME	Medicare Subscriber Address - City
CLM_SUBSCR_USPS_STATE_CD	Medicare Subscriber Address - USPS State Code
CLM_SUBSCR_ADR_ZIP_CD	Medicare Subscriber Address - ZIP Code
BENE_CNTY_CD	Beneficiary County Code from Claim (SSA)

Outpatient Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	Beneficiary ZIP Code of Residence
GNDR_CD	Gender Code from Claim
BENE_RACE_CD	Race Code from Claim
DOB_DT	Date of Birth from Claim
BENE_MDCR_STUS_CD	Beneficiary Medicare Status Code
TAX_NUM	Provider Tax Number
BENE_STATE	Beneficiary State Postal Code

Outpatient Encounter Condition Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_COND_CD_SEQ	Claim Related Condition Code Sequence
CLM_RLT_COND_CD	Claim Related Condition Code

Outpatient Encounter Occurrence Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_OCRNC_CD_SEQ	Claim Related Occurrence Code Sequence
CLM_RLT_OCRNC_CD	Claim Related Occurrence Code
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date

Outpatient Encounter Span Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_SPAN_CD_SEQ	Claim Related Span Code Sequence
CLM_SPAN_CD	Claim Occurrence Span Code
CLM_SPAN_FROM_DT	Claim Occurrence Span From Date
CLM_SPAN_THRU_DT	Claim Occurrence Span Through Date

Outpatient Encounter Value Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_VAL_CD_SEQ	Claim Related Value Code Sequence
CLM_VAL_CD	Claim Value Code

Outpatient Encounter Revenue Center

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_LINE_NUM	Claim Line Number
CLM_THRU_DT	Claim Through Date
REV_CNTR	Revenue Center Code
REV_CNTR_FROM_DT	Revenue Center From Date
REV_CNTR_THRU_DT	Revenue Center Thru Date
REV_CNTR_UNIT_CNT	Revenue Center Unit Count
HCPCS_CD	HCFA Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
HCPCS_4TH_MDFR_CD	HCPCS Fourth Modifier Code
REV_CNTR_IDE_NDC_UPC_NUM	Revenue Center IDE, NDC, or UPC Number
REV_CNTR_NDC_QTY	Revenue Center National Drug Code (NDC) Quantity
REV_CNTR_NDC_QTY_QLFR_CD	Revenue Center NDC Quantity Qualifier Code
REV_CNTR_RNDRNG_PHYSN_NPI	Revenue Center Rendering Physician NPI
LINE_LTST_CLM_IND	Line Latest Claim Indicator
LINE_NUM_ORIG	Original Claim Line Number

Skilled Nursing Facility (SNF) Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
SRVC_MONTH	Service Month
CLM_CHRT_RVW_SW	Claim Chart Review Switch
NCHS_CLM_CNTL_NUM	NCHS CLAIM CONTROL NUMBER
NCHS_CLM_ORIG_CNTL_NUM	NCHS CLAIM ORIGINAL CONTROL NUMBER
CLM_FINL_ACTN_IND	Claim Final Action Indicator
CLM_LTST_CLM_IND	Latest Claim Indicator
EDPS_CREATE_DT	Encounter Data Processing System (EDPS) Create Date
CLM_RCPT_DT	Claim Receipt Date
CLM_FAC_TYPE_CD	Claim Facility Type Code
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code
CLM_FREQ_CD	Claim Frequency Code
CNTRCT_NUM	Medicare Part C Contract Number
CNTRCT_PBP_NUM	Medicare Part C Plan Benefit Package (PBP) Number
CLM_MDCL_REC	Claim Medical Record Number
ORG_NPI	Organization NPI Number
ORG_TXNMY_CD	Organization Taxonomy Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
AT_PHYSN_NPI	Claim Attending Physician NPI Number
AT_PHYSN_TXNMY_CD	Claim Attending Physician Taxonomy Code
OP_PHYSN_NPI	Claim Operating Physician NPI Number
OT_PHYSN_NPI	Claim Other Physician NPI Number
CLM_ADMSN_DT	Claim Admission Date
CLM_IP_ADMSN_TYPE_CD	Claim Inpatient Admission Type Code
CLM_SRC_IP_ADMSN_CD	Claim Source Inpatient Admission Code
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code
CLM_DAY_CNT	Day Count (Length of Stay)
BENE_DSCHRG_DT	Beneficiary Discharge Date
CLM_DRG_CD	Claim Diagnosis Related Group Code (or MS-DRG Code)
DRV_D_DRG_CD	Derived MS-Diagnosis Related Group Code (MS-DRG)
ADMTG_DGNS_CD	Claim Admitting Diagnosis Code
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_CD13	Claim Diagnosis Code XIII

Skilled Nursing Facility (SNF) Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_DGNS_CD14	Claim Diagnosis Code XIV
ICD_DGNS_CD15	Claim Diagnosis Code XV
ICD_DGNS_CD16	Claim Diagnosis Code XVI
ICD_DGNS_CD17	Claim Diagnosis Code XVII
ICD_DGNS_CD18	Claim Diagnosis Code XVIII
ICD_DGNS_CD19	Claim Diagnosis Code XIX
ICD_DGNS_CD20	Claim Diagnosis Code XX
ICD_DGNS_CD21	Claim Diagnosis Code XXI
ICD_DGNS_CD22	Claim Diagnosis Code XXII
ICD_DGNS_CD23	Claim Diagnosis Code XXIII
ICD_DGNS_CD24	Claim Diagnosis Code XXIV
ICD_DGNS_CD25	Claim Diagnosis Code XXV
CLM_POA_IND_SW1	Claim Diagnosis Code 1 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW2	Claim Diagnosis Code 2 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW3	Claim Diagnosis Code 3 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW4	Claim Diagnosis Code 4 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW5	Claim Diagnosis Code 5 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW6	Claim Diagnosis Code 6 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW7	Claim Diagnosis Code 7 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW8	Claim Diagnosis Code 8 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW9	Claim Diagnosis Code 9 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW10	Claim Diagnosis Code 10 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW11	Claim Diagnosis Code 11 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW12	Claim Diagnosis Code 12 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW13	Claim Diagnosis Code 13 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW14	Claim Diagnosis Code 14 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW15	Claim Diagnosis Code 15 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW16	Claim Diagnosis Code 16 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW17	Claim Diagnosis Code 17 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW18	Claim Diagnosis Code 18 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW19	Claim Diagnosis Code 19 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW20	Claim Diagnosis Code 20 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW21	Claim Diagnosis Code 21 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW22	Claim Diagnosis Code 22 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW23	Claim Diagnosis Code 23 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW24	Claim Diagnosis Code 24 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW25	Claim Diagnosis Code 25 Diagnosis Present on Admission (POA) Indicator Code
CLM_1ST_DGNS_E_CD	First Claim Diagnosis E Code
ICD_DGNS_E_CD1	Claim Diagnosis E Code I
ICD_DGNS_E_CD2	Claim Diagnosis E Code II
ICD_DGNS_E_CD3	Claim Diagnosis E Code III
ICD_DGNS_E_CD4	Claim Diagnosis E Code IV
ICD_DGNS_E_CD5	Claim Diagnosis E Code V
ICD_DGNS_E_CD6	Claim Diagnosis E Code VI
ICD_DGNS_E_CD7	Claim Diagnosis E Code VII
ICD_DGNS_E_CD8	Claim Diagnosis E Code VIII
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX
ICD_DGNS_E_CD10	Claim Diagnosis E Code X
CLM_E_POA_IND_SW1	Claim Diagnosis E Code 1 Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW2	Claim Diagnosis E Code 2 Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW3	Claim Diagnosis E Code 3 Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW4	Claim Diagnosis E Code 4 Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW5	Claim Diagnosis E Code 5 Diagnosis Present on Admission Indicator Code

Skilled Nursing Facility (SNF) Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
CLM_E_POA_IND_SW6	Claim Diagnosis E Code 6 Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW7	Claim Diagnosis E Code 7 Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW8	Claim Diagnosis E Code 8 Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW9	Claim Diagnosis E Code 9 Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW10	Claim Diagnosis E Code 10 Diagnosis Present on Admission Indicator Code
ICD_PRCDR_CD1	Claim Procedure Code I
ICD_PRCDR_CD2	Claim Procedure Code II
ICD_PRCDR_CD3	Claim Procedure Code III
ICD_PRCDR_CD4	Claim Procedure Code IV
ICD_PRCDR_CD5	Claim Procedure Code V
ICD_PRCDR_CD6	Claim Procedure Code VI
ICD_PRCDR_CD7	Claim Procedure Code VII
ICD_PRCDR_CD8	Claim Procedure Code VIII
ICD_PRCDR_CD9	Claim Procedure Code IX
ICD_PRCDR_CD10	Claim Procedure Code X
ICD_PRCDR_CD11	Claim Procedure Code XI
ICD_PRCDR_CD12	Claim Procedure Code XII
ICD_PRCDR_CD13	Claim Procedure Code XIII
PRCDR_DT1	Claim Procedure Code I Date
PRCDR_DT2	Claim Procedure Code II Date
PRCDR_DT3	Claim Procedure Code III Date
PRCDR_DT4	Claim Procedure Code IV Date
PRCDR_DT5	Claim Procedure Code V Date
PRCDR_DT6	Claim Procedure Code VI Date
PRCDR_DT7	Claim Procedure Code VII Date
PRCDR_DT8	Claim Procedure Code VIII Date
PRCDR_DT9	Claim Procedure Code IX Date
PRCDR_DT10	Claim Procedure Code X Date
PRCDR_DT11	Claim Procedure Code XI Date
PRCDR_DT12	Claim Procedure Code XII Date
PRCDR_DT13	Claim Procedure Code XIII Date
CLM_OBSLT_DT	Claim Obsolete Date
CLM_BPRVDR_CITY_NAME	Billing Provider Address - City
CLM_BPRVDR_USPS_STATE_CD	Billing Provider Address - USPS State Code
CLM_BPRVDR_ADR_ZIP_CD	Billing Provider Address - ZIP Code
CLM_SUBSCR_CITY_NAME	Medicare Subscriber Address - City
CLM_SUBSCR_USPS_STATE_CD	Medicare Subscriber Address - USPS State Code
CLM_SUBSCR_ADR_ZIP_CD	Medicare Subscriber Address - ZIP Code
BENE_CNTY_CD	Beneficiary County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	Beneficiary ZIP Code of Residence
GNDR_CD	Gender Code from Claim
BENE_RACE_CD	Race Code from Claim
DOB_DT	Date of Birth from Claim (Date)
BENE_MDCR_STUS_CD	Beneficiary Medicare Status Code
TAX_NUM	Provider Tax Number
BENE_STATE	Beneficiary State Postal Code

Skilled Nursing Facility (SNF) Encounter Condition Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_COND_CD_SEQ	Claim Related Condition Code Sequence
CLM_RLT_COND_CD	Claim Related Condition Code

Skilled Nursing Facility (SNF) Encounter Occurrence Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_OCRNC_CD_SEQ	Claim Related Occurrence Code Sequence
CLM_RLT_OCRNC_CD	Claim Related Occurrence Code
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date

Skilled Nursing Facility (SNF) Encounter Span Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_SPAN_CD_SEQ	Claim Related Span Code Sequence
CLM_SPAN_CD	Claim Occurrence Span Code
CLM_SPAN_FROM_DT	Claim Occurrence Span From Date
CLM_SPAN_THRU_DT	Claim Occurrence Span Through Date

Skilled Nursing Facility (SNF) Encounter Value Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_VAL_CD_SEQ	Claim Related Value Code Sequence
CLM_VAL_CD	Claim Value Code

Skilled Nursing Facility (SNF) Encounter Revenue Center

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_LINE_NUM	Claim Line Number
CLM_THRU_DT	Claim Through Date
REV_CNTR	Revenue Center Code
REV_CNTR_FROM_DT	Revenue Center From Date
REV_CNTR_THRU_DT	Revenue Center Thru Date
REV_CNTR_UNIT_CNT	Revenue Center Unit Count
HCPCS_CD	HCFA Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
REV_CNTR_IDE_NDC_UPC_NUM	Revenue Center IDE, NDC, or UPC Number
REV_CNTR_NDC_QTY	Revenue Center National Drug Code (NDC) Quantity
REV_CNTR_NDC_QTY_QLFR_CD	Revenue Center NDC Quantity Qualifier Code
REV_CNTR_RNDRNG_PHYSN_NPI	Revenue Center Rendering Physician NPI
LINE_LTST_CLM_IND	Line Latest Claim Indicator
LINE_NUM_ORIG	Original Claim Line Number

Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of OASIS assessment (YYYY)
FACILITY_ID	Facility Internal ID
AST_BEG_VER_DT	Assessment Beginning Version Date
AST_END_VER_DT	Assessment Correction Version Date
ASMT_EFF_DATE	Assessment Effective Date
AST_MOD_IND	Assessment Modification Indicator
BIRTHDATE_SUBM_IND	Birthdate Submit Indicator
BRANCH_IDENTIFIER	Branch Identifier
CALC_HIPPS_CODE	Calculated HIPPS Code
CALC_HIPPS_VERSION	Calculated HIPPS Version
CORRECTION_NUM	Correction Number
LOCK_DATE	Lock Date
RES_CHG_TIMESTAMP	Resident Data Update Timestamp
RES_MATCH_CRITERIA	Resident Matching Criteria
STATE_ID	State ID
ST_PREPD_DT	State Prepared Date
SUBMISSION_DATE	Submission Date
SUBM_HIPPS_CODE	Submitted HIPPS Code
SUBM_HIPPS_VERSION	Submitted HIPPS Version
VERSION_CD	Version Code
VCODE2	Version Completed Code
M0010_MEDICARE_ID	(M0010) Agency Medicare Number
M0012_MEDICAID_ID	(M0012) Agency Medicaid Number
M0014_BRANCH_STATE	(M0014) Branch State
M0016_BRANCH_ID	(M0016) Branch Identifier Number
M0018_PHYSICIAN_ID	M0018 (M0072) Physician NPI
M0018_PHYSICIAN_UK	M0018 (M0072) Physician NPI UK
M0030_SOC_DT	(M0030) Start of Care Date
M0032_ROC_DT_NA	(M0032) Resumption of Care Date Not Applicable
M0032_ROC_DT	(M0032) Resumption of Care Date
M0050_PAT_ST	(M0050) Patient State
M0060_PAT_ZIP	(M0060) Patient ZIP Code
M0063_MEDICARE_NA	(M0063) No Medicare Number
M0065_MEDICAID_NA	(M0065) No Medicaid Number
M0066_PAT_BIRTH_DT	(M0066) Patient Birth Date
M0069_PAT_GENDER	(M0069) Gender
M0072_PHYSICIAN_UK	(M0072) Physician NPI UK
M0072_PHYSICIAN_ID	(M0072) Physician NPI
M0080_ASSR_DISCIPL	(M0080) Discipline of Person Completing Assessment
M0090_ASMT_CPLT_DT	(M0090) Date Assessment Completed
M0100_ASSMT_REASON	(M0100) Assessment Reason
M0102_PHYSN_ORDRD_SOCROC_DT	M0102 Physician Ordered SOC ROC
M0102_PHYSN_ORDRD_SOCROC_DT_NA	M0102 Physician Ordered SOC ROC - NA
M0104_PHYSN_RFRL_DT	M0104 Physician Date of Referral
M0140_ETHNIC_AI_AN	(M0140) American Indian or Alaska Native
M0140_ETHNIC_ASIAN	(M0140) Asian
M0140_ETHNIC_BLACK	(M0140) Black or African-American
M0140_ETHNIC_HISP	(M0140) Hispanic or Latino
M0140_ETHNIC_NH_PI	(M0140) Native Hawaiian or Pacific Islander

Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M0140_ETHNIC_UK	(M0140) Unknown Race/Ethnicity
M0140_ETHNIC_WHITE	(M0140) White
M0150_CPY_MCAIDFFS	(M0150) Medicaid Fee-For-Service
M0150_CPY_MCAIDHMO	(M0150) Medicaid HMO/Managed Care
M0150_CPY_MCAREFFS	(M0150) Medicare Fee-For-Service
M0150_CPY_MCAREHMO	(M0150) Medicare HMO/Managed Care
M0150_CPY_NONE	(M0150) No Charge for Current Services
M0150_CPY_OTH_GOVT	(M0150) Other Government
M0150_CPY_OTHER	(M0150) Other Payment Source
M0150_CPY_PRIV_HMO	(M0150) Private HMO/Managed Care
M0150_CPY_PRIV_INS	(M0150) Private Insurance
M0150_CPY_SELFPAY	(M0150) Self-Pay
M0150_CPY_TITLEPGM	(M0150) Title Programs
M0150_CPY_UK	(M0150) Unknown Payment Source
M0150_CPY_WRKCOMP	(M0150) Workers Compensation
M0160_LTD_FIN_FOOD	(M0160) Limited Financial Factors - Food
M0160_LTD_FIN_EXP	(M0160) Limited Financial Factors - MedicalExpenses
M0160_LTD_FIN_SUPP	(M0160) Limited Financial Factors - Medicine/Medical Supplies
M0160_LTD_FIN_NONE	(M0160) Limited Financial Factors - None
M0160_LTD_FIN_OTHR	(M0160) Limited Financial Factors - Other
M0160_LTD_FIN_RENT	(M0160) Limited Financial Factors - Rent/Utilities
M0170_DC_HOSP_14_D	(M0170) Hospital
M0170_DC_N_HM_14_D	(M0170) Nursing Home
M0170_DC_OTHER	(M0170) Other Inpatient Facility
M0170_NONE_14_DAYS	(M0170) Patient Not Discharged from Inpatient Facility
M0170_DC_REHB_14_D	(M0170) Rehabilitation Facility
M0175_DC_HSP_14_DA	(M0175) Inpatient Facility Admitted From During Past 14 Days - Hospital
M0175_DC_NON_14_DA	(M0175) Inpatient Facility Admitted From during past 14 Days - Not Discharged from an Inpatient Facility
M0175_DC_ONH_14_DA	(M0175) Inpatient Facility Admitted From during past 14 Days - Other Nursing Home
M0175_DC_OTH_14_DA	(M0175) Inpatient Facility Admitted From during past 14 Days - Other
M0175_DC_RHB_14_DA	(M0175) Inpatient Facility Admitted From during past 14 Days - Rehabilitation Facility
M0175_DC_SNF_14_DA	(M0175) Inpatient Facility Admitted From during past 14 Days - Skilled Nursing Facility
M0180_DSCHG_UK	(M0180) Inpatient Discharge Date Unknown
M0180_INP_DSCHG_DT	(M0180) Inpatient Discharge Date
M0190_14D_INP1_ICD	(M0190) Inpatient Diagnosis and ICD Code - a
M0190_14D_INP2_ICD	(M0190) Inpatient Diagnosis and ICD Code - b
M0200_REG_CHG_14_D	(M0200) Medical/Treatment Regimen Change
M0210_CHGREG_ICD1	(M0210) Medical Diagnosis and ICD Code - a
M0210_CHGREG_ICD2	(M0210) Medical Diagnosis and ICD Code - b
M0210_CHGREG_ICD3	(M0210) Medical Diagnosis and ICD Code - c
M0210_CHGREG_ICD4	(M0210) Medical Diagnosis and ICD Code - d
M0220_PR_DISRUPT	(M0220) Disruptive/Socially Inappropriate Behavior
M0220_PR_IMP_DCSN	(M0220) Impaired Decision Making
M0220_PR_CATH	(M0220) Indwelling/Suprapubic Catheter
M0220_PR_INTR_PAIN	(M0220) Intractable Pain
M0220_PR_MEM_LOSS	(M0220) Memory Loss to Extent Supervision Required
M0220_PR_NOCHG_14D	(M0220) No Inpatient Discharge and No Regimen Change
M0220_PR_NONE	(M0220) None of the Above Regimen Change
M0220_PR_UK	(M0220) Unknown Regimen Change
M0220_PR_UR_INCON	(M0220) Urinary Incontinence
M0230_PRI_DGN_SEV	(M0230) Primary Diagnosis Severity Rating - a
M0230_PRI_DGN_ICD	(M0230) Primary Diagnosis and ICD Code - a
M0240_OTH_DGN1_SEV	(M0240) Other Diagnosis Severity Rating - b

Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M0240_OTH_DGN2_SEV	(M0240) Other Diagnosis Severity Rating - c
M0240_OTH_DGN3_SEV	(M0240) Other Diagnosis Severity Rating - d
M0240_OTH_DGN4_SEV	(M0240) Other Diagnosis Severity Rating - e
M0240_OTH_DGN5_SEV	(M0240) Other Diagnosis Severity Rating - f
M0240_OTH_DGN1_ICD	(M0240) Other Diagnosis and ICD Code - b
M0240_OTH_DGN2_ICD	(M0240) Other Diagnosis and ICD Code - c
M0240_OTH_DGN3_ICD	(M0240) Other Diagnosis and ICD Code - d
M0240_OTH_DGN4_ICD	(M0240) Other Diagnosis and ICD Code - e
M0240_OTH_DGN5_ICD	(M0240) Other Diagnosis and ICD Code - f
M0245_PMT_ICD2	(M0245) Payment Diagnosis: First Secondary ICD
M0245_PMT_ICD1	(M0245) Payment Diagnosis: Primary ICD
M0250_THH_ENT_NUTR	(M0250) Enteral Nutrition
M0250_THH_IV_INFUS	(M0250) Intravenous or Infusion Therapy
M0250_THH_NONE_ABV	(M0250) None of the Above Therapies
M0250_THH_PAR_NUTR	(M0250) Parenteral Nutrition
M0260_OVRALL_PROGN	(M0260) Overall Prognosis
M0270_REHAB_PROGN	(M0270) Rehabilitative Prognosis
M0280_LIFE_EXPECT	(M0280) Life Expectancy
M0290_RSK_ALCOHOL	(M0290) Alcohol Dependency
M0290_RSK_DRUGS	(M0290) Drug Dependency
M0290_RSK_SMOKING	(M0290) Heavy Smoking
M0290_RSK_NONE	(M0290) None of Above High Risk Factors
M0290_RSK_OBESITY	(M0290) Obesity
M0290_RSK_UK	(M0290) Unknown High Risk Factors
M0300_CURR_RESIDEN	(M0300) Current Residence
M0310_STR_DOORWAYS	(M0310) Narrow or Obstructed Doorways
M0310_STR_NONE	(M0310) No Structural Barriers
M0310_STR_MST_ISTR	(M0310) Stairs Inside Home Must Be Used
M0310_STR_OPT_ISTR	(M0310) Stairs Inside Home Used Optionally
M0310_STR_OUTSTAIR	(M0310) Stairs Leading Inside Home
M0320_SAF_HAZ_MAT	(M0320) Improperly Stored Hazardous Materials
M0320_SAF_COOLING	(M0320) Inadequate Cooling
M0320_SAF_FLOOR	(M0320) Inadequate Floor/Roof/Windows
M0320_SAF_HEATING	(M0320) Inadequate Heating
M0320_SAF_LIGHTING	(M0320) Inadequate Lighting
M0320_SAF_RAILINGS	(M0320) Inadequate Stair Railings
M0320_SAF_FIRE_SAF	(M0320) Lack of Fire Safety Devices
M0320_SAF_PAINT	(M0320) Lead-Based Paint
M0320_SAF_NONE	(M0320) No Safety Hazards
M0320_SAF_OTHER	(M0320) Other Safety Hazards
M0320_SAF_FLOORCOV	(M0320) Unsafe Floor Coverings
M0320_SAF_APPLIANC	(M0320) Unsafe Gas/Electric Appliance
M0330_SAN_LIVING_A	(M0330) Cluttered/Soiled Living Area
M0330_SAN_BAD_H2O	(M0330) Contaminated Water
M0330_SAN_SEW_DISP	(M0330) Inadequate Sewage Disposal
M0330_SAN_FOOD_STR	(M0330) Inadequate/Improper Food Storage
M0330_SAN_BUGS_ROD	(M0330) Insects/Rodents Present
M0330_SAN_COOK_FAC	(M0330) No Cooking Facilities
M0330_SAN_REFRIGER	(M0330) No Food Refrigeration
M0330_SAN_NO_H2O	(M0330) No Running Water
M0330_SAN_NONE	(M0330) No Sanitation Hazards
M0330_SAN_TRASH	(M0330) No Scheduled Trash Pickup
M0330_SAN_NO_TOILT	(M0330) No Toileting Facilities

Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M0330_SAN_OTHER	(M0330) Other Sanitation Hazards
M0330_SAN_OUT_TOIL	(M0330) Outdoor Toileting Facilities Only
M0340_LIV_ALONE	(M0340) Lives Alone
M0340_LIV_FRIEND	(M0340) Lives With Friend
M0340_LIV_OTH_FAM	(M0340) Lives With Other Family Member
M0340_LIV_OTHER	(M0340) Lives With Other Than Above
M0340_LIV_PD_HELP	(M0340) Lives With Paid Help
M0340_LIV_SPOUSE	(M0340) Lives With Spouse/Significant Other
M0350_AP_NONE	(M0350) None of the Above Assisting Persons
M0350_AP_PD_HELP	(M0350) Paid Help
M0350_AP_HM_RES	(M0350) Person Residing in Home
M0350_AP_REL_FRND	(M0350) Relatives/Friends/Neighbors Living Outside Home
M0350_AP_UK	(M0350) Unknown Assisting Persons
M0360_PRI_CAREGVR	(M0360) Primary Caregiver
M0370_FREQ_PRM_AST	(M0370) Frequency Patient Receives Assistance
M0380_CA_ADL	(M0380) ADL Assistance
M0380_CA_MEDICAL	(M0380) Advocates Participation in Medical Care
M0380_CA_ENVIRON	(M0380) Environmental Support
M0380_CA_FIN_LEGAL	(M0380) Financial Agent/Power of Attorney/Conservator of Finance
M0380_CA_HLTH_CARE	(M0380) Health Care Agent/Conservator of Person/Power of Attorney
M0380_CA_IADL	(M0380) IADL Assistance
M0380_CA_PSYCHSOC	(M0380) Psychosocial Support
M0380_CA_UK	(M0380) Unknown Primary Caregiver Assistance
M0390_VISION	(M0390) Vision
M0400_HEARING	(M0400) Hearing
M0410_SPEECH	(M0410) Speech
M0420_FREQ_PAIN	(M0420) Frequency of Pain
M0430_INTRACT_PAIN	(M0430) Intractable Pain
M0440_LES_OPEN_WND	(M0440) Skin Lesion/Open Wound
M0445_PRESS_ULCER	(M0445) Pressure Ulcer
M0450_NBR_PRU_STG1	(M0450) Number Stage 1 Pressure Ulcers
M0450_NBR_PRU_STG2	(M0450) Number Stage 2 Pressure Ulcers
M0450_NBR_PRU_STG3	(M0450) Number Stage 3 Pressure Ulcers
M0450_NBR_PRU_STG4	(M0450) Number Stage 4 Pressure Ulcers
M0450_UNOBS_PRSULC	(M0450) Unobservable Pressure Ulcer
M0460_STG_PRBL_PRU	(M0460) Stage of Most Problematic Pressure Ulcer
M0464_STA_PRBL_PRU	(M0464) Status of Most Problematic Pressure Ulcer
M0468_STASIS_ULCER	(M0468) Stasis Ulcer
M0470_NBR_STAS_ULC	(M0470) Number Stasis Ulcers
M0474_UNOBS_STAULC	(M0474) Unobservable Stasis Ulcer
M0476_STA_PRB_STAU	(M0476) Status of Most Problematic Stasis Ulcer
M0482_SURG_WOUND	(M0482) Surgical Wound
M0484_NBR_SURGWND	(M0484) Number Surgical Wounds
M0486_UNOBS_SRGWND	(M0486) Unobservable Surgical Wound
M0488_STA_PRB_SWND	(M0488) Status of Most Problematic Surgical Wound
M0490_WHEN_DYSPNIC	(M0490) Patient Dyspneic/Short of Breath
M0500_RESPTX_AIRPR	(M0500) Continuous Positive Airway Pressure
M0500_RESPTX_NONE	(M0500) None of the Above Respiratory Treatments
M0500_RESPTX_OXYGN	(M0500) Oxygen
M0500_RESPTX_VENT	(M0500) Ventilator
M0510_UTI	(M0510) Urinary Tract Infection
M0520_UR_INCONT	(M0520) Urinary Incontinence
M0530_UR_INCONT_OC	(M0530) When Urinary Incontinence Occurs

Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M0540_BWL_INCONT	(M0540) Bowel Incontinence Frequency
M0550_OSTOMY	(M0550) Ostomy for Bowel Elimination
M0560_COG_FUNCTION	(M0560) Cognitive Functioning
M0570_WHEN_CONFUSD	(M0570) When Confused
M0580_WHEN_ANXIOUS	(M0580) When Anxious
M0590_DP_MOOD	(M0590) Depressed Mood
M0590_DP_HOPELESS	(M0590) Hopelessness
M0590_DP_NONE	(M0590) None of the Above Depressive Feelings
M0590_DP_DEATH	(M0590) Recurrent Thoughts of Death
M0590_DP_SENS_FAIL	(M0590) Sense of Failure/Self Reproach
M0590_DP_SUICIDE	(M0590) Thoughts of Suicide
M0600_BEH_SUICIDE	(M0600) A Suicide Attempt
M0600_BEH_AGITAT	(M0600) Agitation
M0600_BEH_DIM_INT	(M0600) Diminished Interest in Most Activities
M0600_BEH_INDECIS	(M0600) Indecisiveness, Lack of Concentration
M0600_BEH_NONE	(M0600) None of the Above Behaviors Observed
M0600_BEH_APPWT_C	(M0600) Recent Change in Appetite or Weight
M0600_BEH_SLEEP_D	(M0600) Sleep Disturbances
M0610_BD_DELUSIONS	(M0610) Delusional/Hallucinatory/Paranoid Behavior
M0610_BD_SOC_INAPP	(M0610) Disruptive/Infantile/Inappropriate Behavior
M0610_BD_IMP_DCSN	(M0610) Impaired Decision Making
M0610_BD_MEM_DFICT	(M0610) Memory Deficit
M0610_BD_NONE	(M0610) None of the Above Behaviors Demonstrated
M0610_BD_PHYSICAL	(M0610) Physical Aggression
M0610_BD_VERBAL	(M0610) Verbal disruption
M0620_BEH_PROB_FRQ	(M0620) Frequency of Behavior Problems
M0630_REC_PSYCH	(M0630) Psychiatric Nursing Services
M0640_CU_GROOMING	(M0640) Current Grooming
M0640_PR_GROOMING	(M0640) Prior Grooming
M0650_CU_DRESS_UPR	(M0650) Current Ability to Dress Upper Body
M0650_PR_DRESS_UPR	(M0650) Prior Ability to Dress Upper Body
M0660_CU_DRESS_LOW	(M0660) Current Ability to Dress Lower Body
M0660_PR_DRESS_LOW	(M0660) Prior Ability to Dress Lower Body
M0670_CU_BATHING	(M0670) Current Bathing
M0670_PR_BATHING	(M0670) Prior Bathing
M0680_CU_TOILETING	(M0680) Current Toileting
M0680_PR_TOILETING	(M0680) Prior Toileting
M0690_CU_TRANSFER	(M0690) Current Transferring
M0690_PR_TRANSFER	(M0690) Prior Transferring
M0700_CU_AMBULATN	(M0700) Current Ambulation/Locomotion
M0700_PR_AMBULATN	(M0700) Prior Ambulation/Locomotion
M0710_CU_FEEDING	(M0710) Current Feeding/Eating
M0710_PR_FEEDING	(M0710) Prior Feeding/Eating
M0720_CU_PREP_MEAL	(M0720) Current Preparing Light Meals
M0720_PR_PREP_MEAL	(M0720) Prior Preparing Light Meals
M0730_CU_TRANSPORT	(M0730) Current Transportation
M0730_PR_TRANSPORT	(M0730) Prior Transportation
M0740_CU_LAUNDRY	(M0740) Current Laundry
M0740_PR_LAUNDRY	(M0740) Prior Laundry
M0750_CU_HOUSEKEEP	(M0750) Current Housekeeping
M0750_PR_HOUSEKEEP	(M0750) Prior Housekeeping
M0760_CU_SHOPPING	(M0760) Current Shopping
M0760_PR_SHOPPING	(M0760) Prior Shopping

Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M0770_CU_PHONE_USE	(M0770) Current Ability to Use Telephone
M0770_PR_PHONE_USE	(M0770) Prior Ability to Use Telephone
M0780_CU_ORAL_MED	(M0780) Current Management of Oral Medications
M0780_PR_ORAL_MED	(M0780) Prior Management of Oral Medications
M0790_CU_INHAL_MED	(M0790) Current Management of Inhalant Medications
M0790_PR_INHAL_MED	(M0790) Prior Management of Inhalant Medications
M0800_CU_INJCT_MED	(M0800) Current Management of Injectable Medications
M0800_PR_INJCT_MED	(M0800) Prior Management of Injectable Medications
M0810_PAT_MGMT_EQP	(M0810) Patient Management of Equipment
M0820_CG_MGMT_EQP	(M0820) Caregiver Management of Equipment
M0825_THERAPY_NEED	(M0825) Therapy Need
M0830_EC_MD_OFF	(M0830) Doctor's Office Emergency Visit
M0830_EC_EMER_ROOM	(M0830) Hospital Emergency Room
M0830_EC_NONE	(M0830) No Emergent Care Services
M0830_EC_OUTPAT	(M0830) Outpatient Department Emergency
M0830_EC_UK	(M0830) Unknown Emergent Care
M0840_ECR_CARDIAC	(M0840) Cardiac Problems
M0840_ECR_GI_BLEED	(M0840) GI Bleeding, Obstruction
M0840_ECR_HYPOGLYC	(M0840) Hypo/Hyperglycemia, Diabetes Out of Control
M0840_ECR_MEDICAT	(M0840) Improper Medication Administration
M0840_ECR_INJURY	(M0840) Injury Caused by Fall/Accident
M0840_ECR_NAUSEA	(M0840) Nausea/Dehydration/Malnutrition/Constipation/Impaction
M0840_ECR_OTHER	(M0840) Other than Above Reasons for Emergent Care
M0840_ECR_RESP	(M0840) Respiratory Problems
M0840_ECR_UK	(M0840) Unknown Emergent Care Reason
M0840_ECR_WOUND	(M0840) Wound Infection
M0855_INPAT_FAC	(M0855) Inpatient Facility Where Admitted
M0870_DSCHG_DISP	(M0870) Discharge Disposition
M0880_AFDC_OTH_AST	(M0880) Assistance/Services Provided By Community Resources
M0880_AFDC_FAM_AST	(M0880) Assistance/Services Provided by Family/Friends
M0880_AFDC_NO_AST	(M0880) No Assistance/Services Received
M0890_HOSP_RSN	(M0890) Reason Admitted to Hospital
M0895_HOSP_CHEMO	(M0895) Chemotherapy
M0895_HOSP_VN_PULM	(M0895) Deep Vein Thrombosis/Pulmonary Embolus
M0895_HOSP_CF_FLDS	(M0895) Exacerbation of CHF/Fluid Overload/Heart Failure
M0895_HOSP_GI_BLD	(M0895) GI Bleeding, Obstruction
M0895_HOSP_HYPOGLYC	(M0895) Hypo/Hyperglycemia, Diabetes Out of Control
M0895_HOSP_IVC_INF	(M0895) IV Catheter-Related Infection
M0895_HOSP_MED	(M0895) Improper Medication Administration
M0895_HOSP_INJURY	(M0895) Injury Caused by Fall/Accident
M0895_HOSP_STROKE	(M0895) Myocardial Infarction/Stroke
M0895_HOSP_OTHER	(M0895) Other Than Above Reason for Hospitalization
M0895_HOSP_PSYCH	(M0895) Psychotic Episode
M0895_HOSP_RESP	(M0895) Respiratory Problems
M0895_HOSP_SURGERY	(M0895) Scheduled Surgical Procedure
M0895_HOSP_PAIN	(M0895) Uncontrolled Pain
M0895_HOSP_UR_TRCT	(M0895) Urinary Tract Infection
M0895_HOSP_WOUND	(M0895) Wound or Tube Site Infection
M0900_NH_HOSPICE	(M0900) Hospice Care
M0900_NH_OTHER	(M0900) Other Reason Admitted to Nursing Home
M0900_NH_PERMANENT	(M0900) Permanent Placement
M0900_NH_RESPITE	(M0900) Respite Care
M0900_NH_THERAPY	(M0900) Therapy Services

Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M0900_NH_UK	(M0900) Unknown Reason Admitted to Nursing Home
M0900_NH_UNSAFE_HM	(M0900) Unsafe for Care at Home
M0903_LST_HM_VISIT	(M0903) Date of Last Home Visit
M0906_DC_TR_DTH_DT	(M0906) Discharge/Transfer/Death Date
NATL_PRVDR_ID	National Provider Identifier
M0246_PMT_DGNS_ICD_A3_CD	(M0246) Case Mix Dgns for PPS Pymnt rplcd by V-Cd in M0230 A
M0246_PMT_DGNS_ICD_A4_CD	(M0246) Optional - Case Mix Diagnosis
M0246_PMT_DGNS_ICD_B3_CD	(M0246) Case Mix Dgns for PPS Pymnt rplcd by V-Cd in M0240 B
M0246_PMT_DGNS_ICD_B4_CD	(M0246) Optional - Case Mix Diagnosis
M0246_PMT_DGNS_ICD_C3_CD	(M0246) Case Mix Dgns for PPS Pymnt rplcd by V-Cd in M0240 C
M0246_PMT_DGNS_ICD_C4_CD	(M0246) Optional - Case Mix Diagnosis
M0246_PMT_DGNS_ICD_D3_CD	(M0246) Case Mix Dgns for PPS Pymnt rplcd by V-Cd in M0240 D
M0246_PMT_DGNS_ICD_D4_CD	(M0246) Optional - Case Mix Diagnosis
M0246_PMT_DGNS_ICD_E3_CD	(M0246) Case Mix Dgns for PPS Pymnt rplcd by V-Cd in M0240 E
M0246_PMT_DGNS_ICD_E4_CD	(M0246) Optional - Case Mix Diagnosis
M0246_PMT_DGNS_ICD_F3_CD	(M0246) Case Mix Dgns for PPS Pymnt rplcd by V-Cd in M0240 F
M0246_PMT_DGNS_ICD_F4_CD	(M0246) Optional - Case Mix Diagnosis
M0826_THRPY_NEED_NUM	(M0826) Number of therapy visits indicated for current payment episode
M0826_THRPY_NEED_NA_NUM	(M0826) Therapy visits not applicable
M1000_DC_IPPS_14_DA	M1000 Discharged Past 14 Days From IPPS
M1000_DC_IRF_14_DA	M1000 Discharged Past 14 Days From IRF
M1000_DC_LTC_14_DA	M1000 Discharged Past 14 Days From LTC
M1000_DC_LTCH_14_DA	M1000 Discharged Past 14 Days From LTCH
M1000_DC_OTH_14_DA	M1000 Discharged Past 14 Days From Other
M1000_DC_PSYCH_14_DA	M1000 Discharged Past 14 Days From Psychiatric Hospital or Unit
M1000_DC_SNF_14_DA	M1000 (M0175) Discharged Past 14 Days From SNF/TCU
M1000_DC_NON_14_DA	M1000 (M0175) Discharged Past 14 Days - NA
M1005_DSCHG_UK	M1005 (M0180) Most Recent Inpat Discharge Date- UK
M1005_INP_DSCHG_DT	M1005 (M0180) Most Recent Inpatient Discharge Date
M1010_14D_INP1_ICD	M1010 (M0190) Inpatient Diagnosis1 ICD Code
M1010_14D_INP2_ICD	M1010 (M0190) Inpatient Diagnosis2 ICD Code
M1010_14_DAY_INP3_ICD	M1010 Inpatient Diagnosis3 ICD Code
M1010_14_DAY_INP4_ICD	M1010 Inpatient Diagnosis4 ICD Code
M1010_14_DAY_INP5_ICD	M1010 Inpatient Diagnosis5 ICD Code
M1010_14_DAY_INP6_ICD	M1010 Inpatient Diagnosis6 ICD Code
M1012_INP_NA_ICD	M1012 Inpatient ICD Procedure Code- NA
M1012_INP_UK_ICD	M1012 Inpatient ICD Procedure Code- UK
M1012_INP_PRCDR1_ICD	M1012 Inpatient ICD Procedure1 Code
M1012_INP_PRCDR2_ICD	M1012 Inpatient ICD Procedure2 Code
M1012_INP_PRCDR3_ICD	M1012 Inpatient ICD Procedure3 Code
M1012_INP_PRCDR4_ICD	M1012 Inpatient ICD Procedure4 Code
M1016_CHGREG_ICD1	M1016 (M0210) Regimen Change- Diagnosis1 ICD Code
M1016_CHGREG_ICD2	M1016 (M0210) Regimen Change- Diagnosis2 ICD Code
M1016_CHGREG_ICD3	M1016 (M0210) Regimen Change- Diagnosis3 ICD Code
M1016_CHGREG_ICD4	M1016 (M0210) Regimen Change- Diagnosis4 ICD Code
M1016_CHGREG_ICD5	M1016 Regimen Change- Diagnosis5 ICD Code
M1016_CHGREG_ICD6	M1016 Regimen Change- Diagnosis6 ICD Code
M1016_CHGREG_ICD_NA	M1016 Regimen Change in Past 14 Days- NA
M1018_PR_CATH	M1018 (M0220) Prior Condition- Catheter
M1018_PR_DISRUPT	M1018 (M0220) Prior Condition- Disruptive Behavior
M1018_PR_IMP_DCSN	M1018 (M0220) Prior Condition- Impaired Decision-Making
M1018_PR_INTR_PAIN	M1018 (M0220) Prior Condition- Intractable Pain
M1018_PR_MEM_LOSS	M1018 (M0220) Prior Condition- Memory Loss

Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M1018_PR_NOCHG_14D	M1018 (M0220) Prior Condition- NA
M1018_PR_NONE	M1018 (M0220) Prior Condition- None of the Above
M1018_PR_UK	M1018 (M0220) Prior Condition- UK
M1018_PR_UR_INCON	M1018 (M0220) Prior Condition- Urinary Incontinence
M1020_PRI_DGN_ICD	M1020 (M0230) Primary Diagnosis ICD Code
M1020_PRI_DGN_SEV	M1020 (M0230) Primary Diagnosis Severity
M1022_OTH_DGN1_ICD	M1022 (M0240) Other Diagnosis1 ICD Code
M1022_OTH_DGN1_SEV	M1022 (M0240) Other Diagnosis1 Severity
M1022_OTH_DGN2_ICD	M1022 (M0240) Other Diagnosis2 ICD Code
M1022_OTH_DGN2_SEV	M1022 (M0240) Other Diagnosis2 Severity
M1022_OTH_DGN3_ICD	M1022 (M0240) Other Diagnosis3 ICD Code
M1022_OTH_DGN3_SEV	M1022 (M0240) Other Diagnosis3 Severity
M1022_OTH_DGN4_ICD	M1022 (M0240) Other Diagnosis4 ICD Code
M1022_OTH_DGN4_SEV	M1022 (M0240) Other Diagnosis4 Severity
M1022_OTH_DGN5_ICD	M1022 (M0240) Other Diagnosis5 ICD Code
M1022_OTH_DGN5_SEV	M1022 (M0240) Other Diagnosis5 Severity
M1024_PMT_DGNS_ICD_A3_CD	M1024 (M0246) Case Mix Dx- Primary ICD, Col3
M1024_PMT_DGNS_ICD_A4_CD	M1024 (M0246) Case Mix Dx- Primary ICD, Col4
M1024_PMT_DGNS_ICD_B3_CD	M1024 (M0246) Case Mix Dx- Secndry ICD1, Col3
M1024_PMT_DGNS_ICD_B4_CD	M1024 (M0246) Case Mix Dx- Secndry ICD1, Col4
M1024_PMT_DGNS_ICD_C3_CD	M1024 (M0246) Case Mix Dx- Secndry ICD2, Col3
M1024_PMT_DGNS_ICD_C4_CD	M1024 (M0246) Case Mix Dx- Secndry ICD2, Col4
M1024_PMT_DGNS_ICD_D3_CD	M1024 (M0246) Case Mix Dx- Secndry ICD3, Col3
M1024_PMT_DGNS_ICD_D4_CD	M1024 (M0246) Case Mix Dx- Secndry ICD3, Col4
M1024_PMT_DGNS_ICD_E3_CD	M1024 (M0246) Case Mix Dx- Secndry ICD4, Col3
M1024_PMT_DGNS_ICD_E4_CD	M1024 (M0246) Case Mix Dx- Secndry ICD4, Col4
M1024_PMT_DGNS_ICD_F3_CD	M1024 (M0246) Case Mix Dx- Secndry ICD5, Col3
M1024_PMT_DGNS_ICD_F4_CD	M1024 (M0246) Case Mix Dx- Secndry ICD5, Col4
M1030_THH_ENT_NUTR	M1030 (M0250) Therapies in Home- Enteral Nutrition
M1030_THH_IV_INFUS	M1030 (M0250) Therapies in Home- IV Infusion
M1030_THH_NONE_ABV	M1030 (M0250) Therapies in Home- None Above
M1030_THH_PAR_NUTR	M1030 (M0250) Therapies in Home- Parenteral Nutrition
M1032_HOSP_RISK_RCNT_DCLN	M1032 Risk for Hosp- Decline in Mental, Emotional, Behavioral
M1032_HOSP_RISK_FRAILTY	M1032 Risk for Hosp- Frailty Indicators
M1032_HOSP_RISK_HSTRY_FALLS	M1032 Risk for Hosp- History of Falls
M1032_HOSP_RISK_MLTPH_HOSPZTN	M1032 Risk for Hosp- More Than 1 Hospital In 12 Mo
M1032_HOSP_RISK_NONE_ABOVE	M1032 Risk for Hosp- None of The Above
M1032_HOSP_RISK_5PLUS_MDCTN	M1032 Risk for Hosp- Taking 5 or More Meds
M1032_HOSP_RISK_OTHR	M1032 Risk for Hospitalization- Other
M1034_PTNT_OVRAL_STUS	M1034 Overall Status
M1036_RSK_ALCOHOL	M1036 (M0290) High Risk Factor- Alcohol Dependency
M1036_RSK_DRUGS	M1036 (M0290) High Risk Factor- Drug Dependency
M1036_RSK_NONE	M1036 (M0290) High Risk Factor- None of The Above
M1036_RSK_OBESITY	M1036 (M0290) High Risk Factor- Obesity
M1036_RSK_SMOKING	M1036 (M0290) High Risk Factor- Smoking
M1036_RSK_UK	M1036 (M0290) High Risk Factor- UK
M1040_INFLNZ_RCVD_AGENCY	M1040 Influenza Received in Agency
M1045_INFLNZ_RSN_NOT_RCVD	M1045 Influenza Vaccine- Reason not Received
M1050_PPV_RCVD_AGENCY	M1050 Pneumococcal Vaccine (PPV) Received in Agency
M1055_PPV_RSN_NOT_RCVD_AGENCY	M1055 Pneumococcal Vaccine (PV)- Reason Not Received
M1100_PTNT_LVG_STUTN	M1100 Patient Living Situation
M1200_VISION	M1200 (M0390) Vision
M1210_HEARG_ABLTY	M1210 Ability To Hear

Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M1220_UNDRSTG_VERBAL_CNTNT	M1220 Understanding Of Verbal Content
M1230_SPEECH	M1230 (M0410) Speech And Oral Expression
M1240_FRML_PAIN_ASMT	M1240 Formal Pain Assessment
M1242_PAIN_FREQ_ACTVTY_MVMT	M1242 Frequency of Pain Interfering With Activity
M1300_PRSR_ULCR_RISK_ASMT	M1300 Pressure Ulcer Assessment
M1302_RISK_OF_PRSR_ULCR	M1302 Risk of Developing Pressure Ulcers
M1306_UNHLD_STG2_PRSR_ULCR	M1306 Unhealed Pressure Ulcer at Least Stage II
M1307_OLDST_STG2_ONST_DT	M1307 Oldest Stage II Onset Date
M1307_OLDST_STG2_AT_DSCHRG	M1307 Status Oldst Stg 2 Pressure Ulcer At Discharge
M1308_NBR_PRSULC_STG2	M1308 Number of Pressure Ulcers- Stage II
M1308_NBR_STG2_AT_SOC_ROC	M1308 Number of Pressure Ulcers- Stage II At SOC ROC
M1308_NBR_PRSULC_STG3	M1308 Number of Pressure Ulcers- Stage III
M1308_NBR_STG3_AT_SOC_ROC	M1308 Number of Pressure Ulcers- Stage III At SOC ROC
M1308_NBR_PRSULC_STG4	M1308 Number of Pressure Ulcers- Stage IV
M1308_NBR_STG4_AT_SOC_ROC	M1308 Number of Pressure Ulcers- Stage IV At SOC ROC
M1308_NSTG_DRSG	M1308 Number of Unstageable Pressure Ulcers Due To Non-Rmvble Dsg
M1308_NSTG_DRSG_SOC_ROC	M1308 Number of Unstageable Pressure Ulcers Non-Rmvble Dsg @ SOC ROC
M1308_NSTG_CVRG_SOC_ROC	M1308 Number of Unstageable Pressure Ulcers D/T Coverage Slough @ SOC ROC
M1308_NSTG_CVRG	M1308 Number of Unstageable Pressure Ulcers D/T Coverage By Slough/Eschar
M1308_NSTG_DEEP_TISUE	M1308 Number Unstageable Pressure Ulcers D/T Deep Tissue Injury
M1308_NSTG_DEEP_TISUE_SOC_ROC	M1308 Number Unstageable Pressure Ulcers D/T Deep Tissue Injury @ SOC ROC
M1310_PRSR_ULCR_LNGTH	M1310 Largest Pressure Ulcer Length
M1312_PRSR_ULCR_WDTH	M1312 Largest Pressure Ulcer Width
M1314_PRSR_ULCR_DEPTH	M1314 Largest Pressure Ulcer Depth
M1320_STUS_PRBLM_PRSR_ULCR	M1320 Status Of Most Problematic Pressure Ulcer
M1322_NBR_PRU_STG1	M1322 (M0450) Current Number of Stage I Pressure Ulcers
M1324_STG_PRBL_PRU	M1324 (M0460) Stage of Most Problematic Pressure Ulcer
M1330_STAS_ULCR_PRSENT	M1330 Stasis Ulcer Present
M1332_NUM_STAS_ULCR	M1332 Current Number of (Observable) Stasis Ulcers
M1334_STUS_PRBLM_STAS_ULCR	M1334 Status of Most Problematic Stasis Ulcer
M1340_SRGL_WND_PRSENT	M1340 Does This Patient Have A Surgical Wound
M1342_STUS_PRBLM_SRGL_WND	M1342 Status of Most Problematic Surgical Wound
M1350_LESION_OPEN_WND	M1350 Skin Lesion Or Open Wound
M1400_WHEN_DYSPNIC	M1400 (M0490) When Is Patient Dyspneic
M1410_RESPTX_AIRPR	M1410 (M0500) Resprtry Treat At Home- Airway Press
M1410_RESPTX_NONE	M1410 (M0500) Resprtry Treat At Home- None
M1410_RESPTX_OXYGN	M1410 (M0500) Resprtry Treat At Home- Oxygen
M1410_RESPTX_VENT	M1410 (M0500) Resprtry Treat At Home- Ventilator
M1500_SYMTM_HRT_FAILR_PTNTS	M1500 Symptoms in Heart Failure Patients
M1510_HRT_FAILR_CARE_PLAN_CHG	M1510 Heart Fail. Follow-Up: Change In Care Plan
M1510_HRT_FAILR_CLNCL_INTRVTN	M1510 Heart Fail. Follow-Up: Clinical Intervention
M1510_HRT_FAILR_ER_TRTMT	M1510 Heart Fail. Follow-Up: ER Treatment Advised
M1510_HRT_FAILR_NO_ACTN	M1510 Heart Fail. Follow-Up: No Action Taken
M1510_HRT_FAILR_PHYSN_CNTCT	M1510 Heart Fail. Follow-Up: Physician Contacted
M1510_HRT_FAILR_PHYSN_TRTMT	M1510 Heart Fail. Follow-Up: Physician-Ordered Treatment
M1600_UTI	M1600 (M0510) Patient Treated For UTI Last 14 Days
M1610_UR_INCONT	M1610 (M0520) Urinary Incontinence Or Catheter Presence
M1615_INCNTNT_TIMING	M1615 When Does Urinary Incontinence Occur
M1620_BWL_INCONT	M1620 (M0540) Bowel Incontinence Frequency
M1630_OSTOMY	M1630 (M0550) Ostomy For Bowel Elimination
M1700_COG_FUNCTION	M1700 (M0560) Cognitive Functioning
M1710_WHEN_CONFUSD	M1710 (M0570) When Confused
M1720_WHEN_ANXIOUS	M1720 (M0580) When Anxious

Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M1730_STDZ_DPRSN_SCRNG	M1730 Depression Screening
M1730_PHQ2_DPRSN	M1730 PHQ2- Feeling Down, Depressed, Or Hopeless
M1730_PHQ2_LACK_INTRST	M1730 PHQ2- Little Interest Or Pleasure In Doing Things
M1740_BD_DELUSIONS	M1740 (M0610) Cog/Behavr/Psych Symp- Delusional
M1740_BD_IMP_DCSN	M1740 (M0610) Cog/Behavr/Psych Symp- Impaired Decision
M1740_BD_MEM_DFICT	M1740 (M0610) Cog/Behavr/Psych Symp- Memory Deficit
M1740_BD_NONE	M1740 (M0610) Cog/Behavr/Psych Symp- None of The Above
M1740_BD_PHYSICAL	M1740 (M0610) Cog/Behavr/Psych Symp- Physical Aggression
M1740_BD_SOC_INAPP	M1740 (M0610) Cog/Behavr/Psych Symp- Socially Inapp
M1740_BD_VERBAL	M1740 (M0610) Cog/Behavr/Psych Symp- Verbal Disruption
M1745_BEH_PROB_FRQ	M1745 (M0620) Frequency of Disruptive Behavior Symptoms
M1750_REC_PSYCH	M1750 (M0630) Receives Psych Nursing Services
M1800_CU_GROOMING	M1800 (M0640) Current Grooming
M1810_CU_DRESS_UPR	M1810 (M0650) Current Dress Upper
M1820_CU_DRESS_LOW	M1820 (M0660) Current Dress Lower
M1830_CRNT_BATHG	M1830 Current Bathing
M1840_CUR_TOILTG	M1840 Toilet Transferring
M1845_CUR_TOILTG_HYGN	M1845 Current Toileting Hygiene
M1850_CUR_TRNSFRNG	M1850 Transferring
M1860_CRNT_AMBLTN	M1860 Ambulation/Locomotion
M1870_CU_FEEDING	M1870 (M0710) Current Feeding
M1880_CU_PREP_MEAL	M1880 (M0720) Current Preparing Light Meals
M1890_CU_PHONE_USE	M1890 (M0770) Current Phone Use
M1900_PRIOR_ADLIADL_AMBLTN	M1900 Prior Functioning ADL/IADL- Ambulation
M1900_PRIOR_ADLIADL_HSEHOLD	M1900 Prior Functioning ADL/IADL - Household Tasks
M1900_PRIOR_ADLIADL_SELF	M1900 Prior Functioning ADL/IADL- Self Care
M1900_PRIOR_ADLIADL_TRNSFR	M1900 Prior Functioning ADL/IADL- Transfer
M1910_MLT_FCTR_FALL_RISK_ASMT	M1910 Multi-Factor Fall Risk Assessment
M2000_DRUG_RGMN_RVW	M2000 Drug Regimen Review
M2002_MDCTN_FLWP	M2002 Medication Follow-Up
M2004_MDCTN_INTRVTN	M2004 Medication Intervention
M2010_HIGH_RISK_DRUG_EDCTN	M2010 Patient/Caregiver High Risk Drug Educ
M2015_DRUG_EDCTN_INTRVTN	M2015 Patient/Caregiver Drug Educ Intervention
M2020_CRNT_MGMT_ORAL_MDCTN	M2020 Current Management Of Oral Medications
M2030_CRNT_MGMT_INJCTN_MDCTN	M2030 Current Management Of Injectable Meds
M2040_PRIOR_MGMT_INJCTN_MDCTN	M2040 Prior Medication Management- Injectable Meds
M2040_PRIOR_MGMT_ORAL_MDCTN	M2040 Prior Medication Management- Oral Meds
M2100_CARE_TYPE_SRC_ADL	M2100 Care Management- ADL Assistance
M2100_CARE_TYPE_SRC_ADVCY	M2100 Care Management- Advocacy Or Facilitation
M2100_CARE_TYPE_SRC_IADL	M2100 Care Management- IADL Assistance
M2100_CARE_TYPE_SRC_EQUIP	M2100 Care Management- Management of Equipment
M2100_CARE_TYPE_SRC_PRCDR	M2100 Care Management- Medical Procedures/Treatments
M2100_CARE_TYPE_SRC_MDCTN	M2100 Care Management- Medication Administration
M2100_CARE_TYPE_SRC_SPRVSN	M2100 Care Management- Supervision and Safety
M2110_ADL_IADL_ASTNC_FREQ	M2110 Frequency of ADL or IADL Assistance From Caregiver
M2200_THRPY_NEED_NA_NUM	M2200 (M0826) Therapy Need- NA
M2200_THRPY_NEED_NUM	M2200 (M0826) Therapy Need- Number of Visits
M2250_PLAN_SMRY_FALL_PRVNT	M2250 Plan of Care Synopsis- At Risk for Falls
M2250_PLAN_SMRY_DPRSN_INTRVTN	M2250 Plan of Care Synopsis- Depression
M2250_PLAN_SMRY_DBTS_FT_CARE	M2250 Plan of Care Synopsis- Diabetic Foot Care
M2250_PLAN_SMRY_PAIN_INTRVTN	M2250 Plan of Care Synopsis- Pain Intervention
M2250_PLAN_SMRY_PTNT_SPECF	M2250 Plan of Care Synopsis- Patient Specific
M2250_PLAN_SMRY_PRSULC_TRTMT	M2250 Plan of Care Synopsis- Pressure Ulcer Moist Treatment

Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M2250_PLAN_SMRY_PRSULC_PRVNT	M2250 Plan of Care Synopsis- Pressure Ulcer Prevention
M2300_EMER_USE_AFTR_LAST_ASMT	M2300 Emergent Care Since Last OASIS
M2310_ECR_MENTL_BHVRL_PRBLM	M2310 Emergent Care Reason- Acute Mental/Behavioral
M2310_ECR_CRDC_DSRTHM	M2310 Emergent Care Reason- Cardiac Dysrhythmia
M2310_ECR_DHYDRTN_MALNTR	M2310 Emergent Care Reason- Dehydration, Malnutrition
M2310_ECR_DVT_PULMNRY	M2310 Emergent Care Reason- DVT, Pulmonary Embolus
M2310_ECR_GI_PRBLM	M2310 Emergent Care Reason- GI Issues
M2310_ECR_HRT_FAILR	M2310 Emergent Care Reason- Heart Failure
M2310_ECR_HYPOGLYC	M2310 (M0840) Emergent Care Reason- Hypo-Hyperglycemia
M2310_ECR_MEDICAT	M2310 (M0840) Emergent Care Reason- Improper Medication Administration
M2310_ECR_INJRY_BY_FALL	M2310 Emergent Care Reason- Injury Caused By Fall
M2310_ECR_CTHTR_CMPLCTN	M2310 Emergent Care Reason- IV Catheter Infection
M2310_ECR_MI_CHST_PAIN	M2310 Emergent Care Reason- Myocardial Infarction
M2310_ECR_OTHR_HRT_DEASE	M2310 Emergent Care Reason- Other Heart Disease
M2310_ECR_RSPRTRY_OTHR	M2310 Emergent Care Reason- Other Respiratory Problem
M2310_ECR_OTHER	M2310 Emergent Care Reason- Other Than Above
M2310_ECR_UK	M2310 (M0840) Emergent Care Reason- Reason Unknown
M2310_ECR_RSPRTRY_INFCTN	M2310 Emergent Care Reason- Respiratory Infection
M2310_ECR_STROKE_TIA	M2310 Emergent Care Reason- Stroke (CVA) or TIA
M2310_ECR_UNCNTLD_PAIN	M2310 Emergent Care Reason- Uncontrolled Pain
M2310_ECR_UTI	M2310 Emergent Care Reason- Urinary Tract Infection
M2310_ECR_WND_INFCTN_DTRORTN	M2310 Emergent Care Reason- Wound Infection or Deter
M2400_INTRVTN_SMRY_DPRSN	M2400 Intervention Synopsis- Depression Intervent
M2400_INTRVTN_SMRY_DBTS_FT	M2400 Intervention Synopsis- Diabetic Foot Care
M2400_INTRVTN_SMRY_FALL_PRVNT	M2400 Intervention Synopsis- Falls Prevention
M2400_INTRVTN_SMRY_PRSULC_WET	M2400 Intervention Synopsis- Moist Wound Treat of Pressure Ulcer
M2400_INTRVTN_SMRY_PAIN_MNTR	M2400 Intervention Synopsis- Monitor and Mitigate Pain
M2400_INTRVTN_SMRY_PRSULC_PRVNT	M2400 Intervention Synopsis- Prevent Pressure Ulcers
M2410_INPAT_FAC	M2410 (M0855) Inpatient Facility Admitted
M2430_HOSP_MENTL_BHVRL_PRBLM	M2430 Hospital Reason- Acute Mental/Behavioral
M2430_HOSP_CRDC_DSRTHM	M2430 Hospital Reason- Cardiac Dysrhythmia
M2430_HOSP_DHYDRTN_MALNTR	M2430 Hospital Reason- Dehydration, Malnutrition
M2430_HOSP_VN_PULM	M2430 (M0895)Hospital Reason- DVT Pulmonary Embolus
M2430_HOSP_GI_PRBLM	M2430 Hospital Reason- GI Issues
M2430_HOSP_HRT_FAILR	M2430 Hospital Reason- Heart Failure
M2430_HOSP_HYPOGLYC	M2430 Hospital Reason- (M0895) Hypo/Hyperglycemia
M2430_HOSP_MED	M2430 Hospital Reason- (M0895) Improper Medication Administration
M2430_HOSP_INJRY_BY_FALL	M2430 Hospital Reason- Injury Caused By Fall
M2430_HOSP_CTHTR_CMPLCTN	M2430 Hospital Reason- IV Catheter Infection/Complication
M2430_HOSP_MI_CHST_PAIN	M2430 Hospital Reason- Myocardial Infarction
M2430_HOSP_OTHR_HRT_DEASE	M2430 Hospital Reason- Other Heart Disease
M2430_HOSP_RSPRTRY_OTHR	M2430 Hospital Reason- Other Respiratory Problem
M2430_HOSP_OTHER	M2430 Hospital Reason- Other Than Above
M2430_HOSP_UK	M2430 Hospital Reason- Reason Unknown
M2430_HOSP_RSPRTRY_INFCTN	M2430 Hospital Reason- Respiratory Infection
M2430_HOSP_SCHLD_TRTMT	M2430 Hospital Reason- Scheduled Treatment Or Procedure
M2430_HOSP_STROKE_TIA	M2430 Hospital Reason- Stroke (CVA) Or TIA
M2430_HOSP_PAIN	M2430 (M0895) Hospital Reason- Uncontrolled Pain
M2430_HOSP_UR_TRCT	M2430 (M0895) Hospital Reason- Urinary Tract Infect
M2430_HOSP_WND_INFCTN	M2430 Hospital Reason- Wound Infection/Deterioration
M2440_NH_HOSPICE	M2440 (M0900) Nursing Home Reason- Hospice Care
M2440_NH_OTHER	M2440 (M0900) Nursing Home Reason- Other
M2440_NH_PERMANENT	M2440 (M0900) Nursing Home Reason- Permanent Placement

Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M2440_NH_RESPITE	M2440 (M0900) Nursing Home Reason- Respite Care
M2440_NH_THERAPY	M2440 (M0900) Nursing Home Reason- Therapy Services
M2440_NH_UK	M2440 (M0900) Nursing Home Reason- Unknown
M2440_NH_UNSAFE_HM	M2440 (M0900) Nursing Home Reason- Unsafe At Home
TRANS_TYPE_CD	Transaction Type Code
M1011_14D_INP1_ICD	M1011 Inpatient Diagnosis1 ICD10 Code
M1011_14D_INP2_ICD	M1011 Inpatient Diagnosis2 ICD10 Code
M1011_14_DAY_INP3_ICD	M1011 Inpatient Diagnosis3 ICD10 Code
M1011_14_DAY_INP4_ICD	M1011 Inpatient Diagnosis4 ICD10 Code
M1011_14_DAY_INP5_ICD	M1011 Inpatient Diagnosis5 ICD10 Code
M1011_14_DAY_INP6_ICD	M1011 Inpatient Diagnosis6 ICD10 Code
M1011_14_DAY_ICD_NA	M1011 Inpatient Diagnosis - NA
M1017_CHGREG_ICD1	M1017 (M0210) Regimen Change - Diagnosis1 ICD-10 Code
M1017_CHGREG_ICD2	M1017 (M0210) Regimen Change - Diagnosis2 ICD-10 Code
M1017_CHGREG_ICD3	M1017 (M0210) Regimen Change - Diagnosis3 ICD-10 Code
M1017_CHGREG_ICD4	M1017 (M0210) Regimen Change - Diagnosis4 ICD-10 Code
M1017_CHGREG_ICD5	M1017 Regimen Change - Diagnosis5 ICD-10 Code
M1017_CHGREG_ICD6	M1017 Regimen Change - Diagnosis6 ICD-10 Code
M1017_CHGREG_ICD_NA	M1017 Regimen Change In Past 14 Days - NA
M1021_PRI_DGN_ICD	M1021 Primary Diagnosis ICD-10 Code
M1021_PRI_DGN_SEV	M1021 Primary Diagnosis Severity
M1023_OTH_DGN1_ICD	M1023 (M0240) Other Diagnosis1 ICD-10 Code
M1023_OTH_DGN1_SEV	M1023 (M0240) Other Diagnosis1 Severity
M1023_OTH_DGN2_ICD	M1023 (M0240) Other Diagnosis2 ICD-10 Code
M1023_OTH_DGN2_SEV	M1023 (M0240) Other Diagnosis2 Severity
M1023_OTH_DGN3_ICD	M1023 (M0240) Other Diagnosis3 ICD-10 Code
M1023_OTH_DGN3_SEV	M1023 (M0240) Other Diagnosis3 Severity
M1023_OTH_DGN4_ICD	M1023 (M0240) Other Diagnosis4 ICD-10 Code
M1023_OTH_DGN4_SEV	M1023 (M0240) Other Diagnosis4 Severity
M1023_OTH_DGN5_ICD_I10	M1023 (M0240) Other Diagnosis5 ICD-10 Code
M1023_OTH_DGN5_SEV_I10	M1023 (M0240) Other Diagnosis5 Severity
M1025_PMT_DGNS_ICD_A3_CD	M1025 (M0246) Case Mix Dx - Primary ICD10; Col3
M1025_PMT_DGNS_ICD_A4_CD	M1025 (M0246) Case Mix Dx - Primary ICD10; Col4
M1025_PMT_DGNS_ICD_B3_CD	M1025 (M0246) Case Mix Dx - Secndry ICD10; 1, Col3
M1025_PMT_DGNS_ICD_B4_CD	M1025 (M0246) Case Mix Dx - Secndry ICD10; 1, Col4
M1025_PMT_DGNS_ICD_C3_CD	M1025 (M0246) Case Mix Dx - Secndry ICD10; 2, Col3
M1025_PMT_DGNS_ICD_C4_CD	M1025 (M0246) Case Mix Dx - Secndry ICD10; 2, Col4
M1025_PMT_DGNS_ICD_D3_CD	M1025 (M0246) Case Mix Dx - Secndry ICD10; 3, Col3
M1025_PMT_DGNS_ICD_D4_CD	M1025 (M0246) Case Mix Dx - Secndry ICD10; 3, Col4
M1025_PMT_DGNS_ICD_E3_CD	M1025 (M0246) Case Mix Dx - Secndry ICD10; 4, Col3
M1025_PMT_DGNS_ICD_E4_CD	M1025 (M0246) Case Mix Dx - Secndry ICD10; 4, Col4
M1025_PMT_DGNS_ICD_F3_CD	M1025 (M0246) Case Mix Dx - Secndry ICD10; 5, Col3
M1025_PMT_DGNS_ICD_F4_CD	M1025 (M0246) Case Mix Dx - Secndry ICD10; 5, Col4
M1033_HOSP_RISK_HSTRY_FALLS	M1033 (M1032) Risk For Hosp - History Of Falls
M1033_HOSP_RISK_WGHT_LOSS	M1033 Risk For Hosp - Unintentional weight loss
M1033_HOSP_RISK_MLTPH_HOSPZTN	M1033 (M1032) Risk For Hosp - More Than 1 Hospital In 12 Mo
M1033_HOSP_RISK_PLTPL_ER_VSTS	M1033 Risk For Hosp - 2 or More ED Visits In 6 Mo
M1033_HOSP_RISK_RCNT_DCLN	M1033 (M1032) Risk For Hosp - Decline In Mental, Emotional, Behavioral
M1033_HOSP_RISK_5PLUS_MDCTN	M1033 (M1032) Risk For Hosp - Taking 5 Or More Meds
M1033_HOSP_RISK_EXHAUSTION	M1033 Risk For Hosp - Exhaustion
M1033_HOSP_RISK_OTHR	M1033 (M1032) Risk For Hospitalization - Other
M1033_HOSP_RISK_NONE_ABOVE	M1033 (M1032) Risk For Hosp - None Of The Above
M1033_HOSP_RISK_CMPLY_MED_INSTR	M1033 Risk For Hosp - Reported or Observed History Of Complying With Medical Instructions

Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M1041_INFLNZ_DATA_COLL_PERIOD	M1041 (M1040) Influenza Vaccine Received In Agency
M1046_INFLNZ_RCVD	M1046 (M1045) Influenza Vaccine - Received
M1051_PPV_RCVD_AGENCY	M1051 (M1050) Pneumococcal Vaccine (PPV) Received In Agency
M1056_PPV_RSN_NOT_EVER_RCVD	M1056 (M1055) Pneumococcal Vaccine (PPV) - Reason Not Received
M1309_NBR_STG2_AT_SOC_ROC	M1309 (M1308) Number Of Pressure Ulcers - Stage II At SOC ROC
M1309_NBR_STG3_AT_SOC_ROC	M1309 (M1308) Number Of Pressure Ulcers - Stage III At SOC ROC
M1309_NBR_STG4_AT_SOC_ROC	M1309 (M1308) Number Of Pressure Ulcers - Stage IV At SOC ROC
M2102_CARE_TYPE_SRC_ADL	M2102 (M2100) Care Management - ADL Assistance
M2102_CARE_TYPE_SRC_IADL	M2102 (M2100) Care Management - IADL Assistance
M2102_CARE_TYPE_SRC_MDCTN	M2102 (M2100) Care Management - Medication Administration
M2102_CARE_TYPE_SRC_PRCDR	M2102 (M2100) Care Management - Medical Procedures / Treatments
M2102_CARE_ASTNC_EQUIP_CD	M2102 (M2100) Care Management - Management Of Equipment
M2102_CARE_TYPE_SRC_SPRVSN	M2102 (M2100) Care Management - Supervision And Safety
M2102_CARE_TYPE_SRC_ADVCY	M2102 (M2100) Care Management - Advocacy Or Facilitation
M1309_NSTG_CVRG_SOC_ROC	M1309 (M1308) Number Unstageble Pressure Ulcers D/T Coverage Slough @ SOC ROC
M1511_HRT_FAILR_PHYSN_TRTMT	M1511 Heart Fail. Follow-Up: Physician-Ordered Treatment
CALCD_CCN_NUM	Calculated CMS Certification Number (CCN)
CALCD_PTNT_AGE_NUM	Calculated Patient Age Number
GG0170C_MBLTY_DSCHRG_GOAL_CD	GG0170C Mobility - Discharge Goal - Lying to Sitting
GG0170C_MBLTY_PRFMNC_CD	GG0170C Mobility - SOC/ROC Performance - Lying to Sitting
HHA_AGENCY_ID	HHA Agency Code
HHA_ITM_SBST_CD	HHA Item Subset Code
M1028_ACTV_DGNS_DML_IND	Active Diagnosis - Diabetes Mellitus
M1028_ACTV_DGNS_IND	Active Diagnosis - PVD or PAD
M1060_HEIGHT	M1060 Height and Weight - Height (in inches)
M1060_WEIGHT	M1060 Height and Weight - Weight (in pounds)
M1311_NBR_STG2	M1311 (M1309) Number Of Unhealed Pressure Ulcers - Stage II
M1311_NBR_STG2_AT_SOC_ROC	M1311 (M1309) Number Of Unhealed Pressure Ulcers - Stage II that were present at most recent SOC/ROC
M1311_NBR_STG3	M1311 (M1309) Number Of Unhealed Pressure Ulcers - Stage III
M1311_NBR_STG3_AT_SOC_ROC	M1311 (M1309) Number Of Unhealed Pressure Ulcers - Stage III that were present at most recent SOC/ROC
M1311_NBR_STG4	M1311 (M1309) Number Of Unhealed Pressure Ulcers - Stage IV
M1311_NBR_STG4_AT_SOC_ROC	M1311 (M1309) Number Of Unhealed Pressure Ulcers - Stage IV that were present at most recent SOC/ROC
M1311_NSTG_CVRG	M1311 (M1309) Number Unstageble Pressure Ulcers D/T Coverage Slough and/or Eschar
M1311_NSTG_CVRG_SOC_ROC	M1311 (M1309) Number Unstageble Pressure Ulcers D/T Coverage Slough and/or Eschar that were present at most recent SOC/ROC
M1311_NSTG_DEEP_TISSUE	M1311 (M1309) Number Unstageble Pressure Ulcers D/T Deep Tissue Injury in Evolution
M1311_NSTG_DEEP_TISSUE_SOC_ROC	M1311 (M1309) Number Unstageble Pressure Ulcers D/T Deep Tissue Injury in Evolution that were present at most recent SOC/ROC
M1311_NSTG_DRSG	M1311 (M1309) Number of Unstageble Pressure Ulcers D/T Non-removeable dressing/device
M1311_NSTG_DRSG_SOC_ROC	M1311 (M1309) Number of Unstageble Pressure Ulcers D/T Non-removeable dressing that were present at most recent SOC/ROC
M1313_NBR_STG2_NOT_PRESENT	M1313 Number Of Unhealed Pressure Ulcers - Stage II that were not present or were at a lesser stage at most recent SOC/ROC
M1313_NBR_STG3_NOT_PRESENT	M1313 (M1309) Number Of Unhealed Pressure Ulcers - Stage III that were not present or were at a lesser stage at most recent SOC/ROC
M1313_NBR_STG4_NOT_PRESENT	M1313 Number Of Unhealed Pressure Ulcers - Stage IV that were not present or were at a lesser stage at most recent SOC/ROC
M1313_NSTG_DRSG_NOT_PRESENT	M1313 Number of Unstageble Pressure Ulcers D/T Non-removeable dressing that were not present or were at a lesser stage at most recent SOC/ROC
M1313_NSTG_CVRG_NOT_PRESENT	M1313 Number Unstageble Pressure Ulcers D/T Coverage Slough and/or Eschar that were not present or were at a lesser stage at most recent SOC/ROC

Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M1313_NSTG_DEEP_TISSUE_NOT_PRSNT	M1313 Number Unstageable Pressure Ulcers D/T Deep Tissue Injury in Evolution that were not present or were at a lesser stage at most recent SOC/ROC
M1501_SYMTM_HRT_FAILR_PTNTS	M1501 Symptoms In Heart Failure Patients
M1511_HRT_FAILR_CARE_PLAN_CHG	M1511 Heart Fail. Follow-Up: Change In Care Plan
M1511_HRT_FAILR_CLNCL_INTRVTN	M1511 Heart Fail. Follow-Up: Clinical Intervention
M1511_HRT_FAILR_ER_TRTMT	M1511 Heart Fail. Follow-Up: ER Treatment Advised
M1511_HRT_FAILR_NO_ACTN	M1511 Heart Fail. Follow-Up: No Action Taken
M1511_HRT_FAILR_PHYSN_CNTCT	M1511 Heart Fail. Follow-Up: Physician Contacted
M2001_DRUG_RGMN_RVW	M2001 Drug Regimen Review
M2003_MDCTN_FLWP	M2003 Medication Follow-Up
M2005_MDCTN_INTRVTN	M2005 Medication Intervention
M2016_DRUG_EDCTN_INTRVTN	M2016 Patient/Caregiver Drug Educ Intervention
M2301_EMER_USE_AFTR_LAST_ASMT	M2301 Emergent Care Since Last OASIS
M2401_INTRVTN_SMRY_DBTS_FT	M2401 Intervention Synopsis - Diabetic Foot Care
M2401_INTRVTN_SMRY_DPRSNT	M2401 Intervention Synopsis - Depression Intervent
M2401_INTRVTN_SMRY_FALL_PRVNT	M2401 Intervention Synopsis - Falls Prevention
M2401_INTRVTN_SMRY_PAIN_MNTR	M2401 Intervention Synopsis - Monitor And Mitigate Pain
M2401_INTRVTN_SMRY_PRSULC_PRVNT	M2401 Intervention Synopsis - Prevent Pressure Ulcers
M2401_INTRVTN_SMRY_PRSULC_WET	M2401 Intervention Synopsis - Moist Wound Treat Of Pressure Ulcer
SUBMSN_CMPLT_TS	Submission Complete Timestamp
M1028_ACTV_DGNS_OTHR_IND	M1028 Active Diagnoses: None of the above
GG0100A_PRIOR_SELF_CARE_IND	GG0100A Prior Functioning: Self Care
GG0100B_PRIOR_INDR_MBLTY_IND	GG0100B Prior Functioning: Indoor Mobility (Ambulation)
GG0100C_PRIOR_STRS_IND	GG0100C Prior Functioning: Stairs
GG0100D_PRIOR_FNCTNL_CGNTN_IND	GG0100D Prior Functioning: Functional Cognition
GG0110A_PRIOR_MNL_WLCHR_IND	GG0110A Prior Device: Manual Wheelchair
GG0110B_PRIOR_MTRZD_WLCHR_IND	GG0110B Prior Device: Motorized Wheelchair and/or Scooter
GG0110C_PRIOR_MCHNCL_LIFT_IND	GG0110C Prior Device: Mechanical Lift
GG0110D_PRIOR_WLKR_IND	GG0110D Prior Device: Walker
GG0110E_PRIOR_ORTHTCS_IND	GG0110E Prior Device: Orthotics/Prosthetics
GG0110Z_PRIOR_NONE_OF_THE_ABV	GG0110Z Prior Device: None of the Above
GG0130A1_EATG_ABILITY_STRT_CD	GG0130A1 Self Care: Eating Ability at SOC/ROC
GG0130A2_EATG_ABILITY_GOAL_CD	GG0130A2 Self Care: Eating Goal by Discharge
GG0130A3_EATG_ABILITY_END_CD	GG0130A3 Self Care: Eating Ability at Discharge
GG0130A3_EATG_ABILITY_FLWP_CD	GG0130A3 Self Care: Eating Ability at Follow-Up
GG0130B1_ORAL_HYGN_STRT_CD	GG0130B1 Self Care: Oral Hygiene Ability at SOC/ROC
GG0130B2_ORAL_HYGN_GOAL_CD	GG0130B2 Self Care: Oral Hygiene Goal by Discharge
GG0130B3_ORAL_HYGN_END_CD	GG0130B3 Self Care: Oral Hygiene Ability at Discharge
GG0130B3_ORAL_HYGN_FLWP_CD	GG0130B3 Self Care: Oral Hygiene Ability at Follow-Up
GG0130C1_TOILTG_HYGN_STRT_CD	GG0130C1 Self Care: Toileting Hygiene Ability at SOC/ROC
GG0130C2_TOILTG_HYGN_GOAL_CD	GG0130C2 Self Care: Toileting Hygiene Goal by Discharge
GG0130C3_TOILTG_HYGN_END_CD	GG0130C3 Self Care: Toileting Hygiene Ability at Discharge
GG0130C3_TOILTG_HYGN_FLWP_CD	GG0130C3 Self Care: Toileting Hygiene Ability at Follow-Up
GG0130E1_SHWR_BTHER_STRT_CD	GG0130E1 Self Care: Shower/Bathe Ability at SOC/ROC
GG0130E2_SHWR_BTHER_GOAL_CD	GG0130E2 Self Care: Shower/Bathe Goal by Discharge
GG0130E3_SHWR_BTHER_END_CD	GG0130E3 Self Care: Shower/Bathe Ability at Discharge
GG0130F1_UPR_DRNG_STRT_CD	GG0130F1 Self Care: Upper Body Dressing Ability at SOC/ROC
GG0130F2_UPR_DRNG_GOAL_CD	GG0130F2 Self Care: Upper Body Dressing Goal by Discharge
GG0130F3_UPR_DRNG_END_CD	GG0130F3 Self Care: Upper Body Dressing Ability at Discharge
GG0130G1_LWR_DRNG_STRT_CD	GG0130G1 Self Care: Lower Body Dressing Ability at SOC/ROC
GG0130G2_LWR_DRNG_GOAL_CD	GG0130G2 Self Care: Lower Body Dressing Goal by Discharge
GG0130G3_LWR_DRNG_END_CD	GG0130G3 Self Care: Lower Body Dressing Ability at Discharge
GG0130H1_FTWR_STRT_CD	GG0130H1 Self Care: Footwear Ability at SOC/ROC

Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
GG0130H2_FTWR_GOAL_CD	GG0130H2 Self Care: Footwear Goal by Discharge
GG0130H3_FTWR_END_CD	GG0130H3 Self Care: Footwear Ability at Discharge
GG0170A1_ROLL_STRT_CD	GG0170A1 Mobility: Roll Left Right Ability at SOC/ROC
GG0170A2_ROLL_GOAL_CD	GG0170A2 Mobility: Roll Left Right Goal by Discharge
GG0170A3_ROLL_END_CD	GG0170A3 Mobility: Roll Left Right Ability at Discharge
GG0170A4_ROLL_FLWP_CD	GG0170A4 Mobility: Roll Left Right Ability at Follow-Up
GG0170B1_SIT_STRT_CD	GG0170B1 Mobility: Sit to Lying at SOC/ROC
GG0170B2_SIT_GOAL_CD	GG0170B2 Mobility: Sit to Lying Goal by Discharge
GG0170B3_SIT_END_CD	GG0170B3 Mobility: Sit to Lying at Discharge
GG0170B4_SIT_FLWP_CD	GG0170B4 Mobility: Sit to Lying at Follow-Up
GG0170C3_LYNG_END_CD	GG0170C3 Mobility: Lying to Sitting at Side of Bed Ability at Discharge
GG0170C4_LYNG_FLWP_CD	GG0170C4 Mobility: Lying to Sitting at Side of Bed Ability at Follow-Up
GG0170D1_STND_STRT_CD	GG0170D1 Mobility: Sitting to Standing Ability at SOC/ROC
GG0170D2_STND_GOAL_CD	GG0170D2 Mobility: Sitting to Standing Goal by Discharge
GG0170D3_STND_END_CD	GG0170D3 Mobility: Sitting to Standing Ability at Discharge
GG0170D4_STND_FLWP_CD	GG0170D4 Mobility: Sitting to Standing Ability at Follow-Up
GG0170E1_CHR_TRNSFR_STRT_CD	GG0170E1 Mobility: Chair/Bed to Chair Transfer Ability at SOC/ROC
GG0170E2_CHR_TRNSFR_GOAL_CD	GG0170E2 Mobility: Chair/Bed to Chair Transfer Goal by Discharge
GG0170E3_CHR_TRNSFR_END_CD	GG0170E3 Mobility: Chair/Bed to Chair Transfer Ability at Discharge
GG0170E4_CHR_TRNSFR_FLWP_CD	GG0170E4 Mobility: Chair/Bed to Chair Transfer Ability at Follow-Up
GG0170F1_TOILT_TRNSFR_STRT_CD	GG0170F1 Mobility: Toilet Transfer Ability at SOC/ROC
GG0170F2_TOILT_TRNSFR_GOAL_CD	GG0170F2 Mobility: Toilet Transfer Goal by Discharge
GG0170F3_TOILT_TRNSFR_END_CD	GG0170F3 Mobility: Toilet Transfer Ability at Discharge
GG0170F4_TOILT_TRNSFR_FLWP_CD	GG0170F4 Mobility: Toilet Transfer Ability at Follow-Up
GG0170G1_CAR_TRNSFR_STRT_CD	GG0170G1 Mobility: Car transfer Ability at SOC/ROC
GG0170G2_CAR_TRNSFR_GOAL_CD	GG0170G2 Mobility: Car transfer Goal by Discharge
GG0170G3_CAR_TRNSFR_END_CD	GG0170G3 Mobility: Car transfer Ability at Discharge
GG0170I1_WLK_10_FEET_STRT_CD	GG0170I1 Mobility: Ability to Walk 10 feet at SOC/ROC
GG0170I2_WLK_10_FEET_GOAL_CD	GG0170I2 Mobility: Goal to Walk 10 feet by Discharge
GG0170I3_WLK_10_FEET_END_CD	GG0170I3 Mobility: Ability to Walk 10 feet at Discharge
GG0170I4_WLK_10_FEET_FLWP_CD	GG0170I4 Mobility: Ability to Walk 10 feet at Follow-Up
GG0170J1_WLK_50_FEET_STRT_CD	GG0170J1 Mobility: Ability to Walk 50 Feet With Two Turns at SOC/ROC
GG0170J2_WLK_50_FEET_GOAL_CD	GG0170J2 Mobility: Goal to Walk 50 Feet With Two Turns by Discharge
GG0170J3_WLK_50_FEET_END_CD	GG0170J3 Mobility: Ability to Walk 50 Feet With Two Turns at Discharge
GG0170J4_WLK_50_FEET_FLWP_CD	GG0170J4 Mobility: Ability to Walk 50 Feet With Two Turns at Follow-Up
GG0170K1_WLK_150_FEET_STRT_CD	GG0170K1 Mobility: Ability to Walk 150 Feet at SOC/ROC
GG0170K2_WLK_150_FEET_GOAL_CD	GG0170K2 Mobility: Goal to Walk 150 Feet by Discharge
GG0170K3_WLK_150_FEET_END_CD	GG0170K3 Mobility: Ability to Walk 150 Feet at Discharge
GG0170L1_WLKG_UNEVEN_STRT_CD	GG0170L1 Mobility: Ability to Walk 10 feet on uneven surface at SOC/ROC
GG0170L2_WLKG_UNEVEN_GOAL_CD	GG0170L2 Mobility: Goal to Walk 10 feet on uneven surface by Discharge
GG0170L3_WLKG_UNEVEN_END_CD	GG0170L3 Mobility: Ability to Walk 10 feet on uneven surface at Discharge
GG0170L4_WLKG_UNEVEN_FLWP_CD	GG0170L4 Mobility: Ability to Walk 10 feet on uneven surface at Follow-Up
GG0170M1_1_STP_STRT_CD	GG0170M1 Mobility: Ability to Go Up 1 step (curb) at SOC/ROC
GG0170M2_1_STP_GOAL_CD	GG0170M2 Mobility: Goal to Go Up 1 step (curb) by Discharge
GG0170M3_1_STP_END_CD	GG0170M3 Mobility: Ability to Go Up 1 step (curb) at Discharge
GG0170M4_1_STP_FLWP_CD	GG0170M4 Mobility: Ability to Go Up 1 step (curb) at Follow-Up
GG0170N1_4_STP_STRT_CD	GG0170N1 Mobility: Ability to Go Up 4 steps at SOC/ROC
GG0170N2_4_STP_GOAL_CD	GG0170N2 Mobility: Goal to Go Up 4 steps by Discharge
GG0170N3_4_STP_END_CD	GG0170N3 Mobility: Ability to Go Up 4 steps at Discharge
GG0170N4_4_STP_FLWP_CD	GG0170N4 Mobility: Ability to Go Up 4 steps at Follow-Up
GG0170O1_12_STP_STRT_CD	GG0170O1 Mobility: Ability to Go Up 12 steps at SOC/ROC
GG0170O2_12_STP_GOALCD	GG0170O2 Mobility: Goal to Go Up 12 steps by Discharge
GG0170O3_12_STP_END_CD	GG0170O3 Mobility: Ability to Go Up 12 steps at Discharge

Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
GG0170P1_PCKNG_UP_OBJ_STRT_CD	GG0170P1 Mobility: Ability to up Object at SOC/ROC
GG0170P2_PCKNG_UP_OBJ_GOAL_CD	GG0170P2 Mobility: Goal to up Object by Discharge
GG0170P3_PCKNG_UP_OBJ_END_CD	GG0170P3 Mobility: Ability to up Object at Discharge
GG0170Q1_WLCHR_STRT_CD	GG0170Q1 Mobility: Uses Wheelchair and/or Scooter at SOC/ROC
GG0170Q3_WLCHR_END_CD	GG0170Q3 Mobility: Uses Wheelchair and/or Scooter at Discharge
GG0170Q4_WLCHR_FLWP_CD	GG0170Q4 Mobility: Uses Wheelchair and/or Scooter at Follow-Up
GG0170R1_WHEEL_50_STRT_CD	GG0170R1 Mobility: Ability to Wheel 50 Feet With Two Turns at SOC/ROC
GG0170R2_WHEEL_50_GOAL_CD	GG0170R2 Mobility: Goal to Wheel 50 Feet With Two Turns by Discharge
GG0170R3_WHEEL_50_END_CD	GG0170R3 Mobility: Ability to Wheel 50 Feet With Two Turns at Discharge
GG0170R4_WHEEL_50_FLWP_CD	GG0170R4 Mobility: Ability to Wheel 50 Feet With Two Turns at Follow-Up
GG0170RR1_WLCHR_50_STRT_CD	GG0170RR1 Mobility: Type of Wheelchair or Scooter Used to Propel 50 Feet at SOC/
GG0170RR3_WLCHR_50_END_CD	GG0170RR3 Mobility: Type of Wheelchair or Scooter Used to Propel 50 Feet at Disc
GG0170S1_WHEEL_150_STRT_CD	GG0170S1 Mobility: Ability to Wheel at Least 150 Feet in Corridor at SOC/ROC
GG0170S2_WHEEL_150_GOAL_CD	GG0170S2 Mobility: Goal to Wheel at Least 150 Feet by Discharge
GG0170S3_WHEEL_150_END_CD	GG0170S3 Mobility: Ability to Wheel at Least 150 Feet in Corridor at Discharge
GG0170SS1_WLCHR_150_STRT_IND	GG0170SS1 Mobility: Type of Wheelchair or Scooter Used to Propel 150 Feet at SOC
GG0170SS3_WLCHR_150_END_IND	GG0170SS3 Mobility: Type of Wheelchair or Scooter Used to Propel 150 Feet at Dis
J1800_FLS_SINCE_STRT_IND	J1800 Falls Since SOC/ROC
J1900A_FLS_NO_INJURY_IND	J1900A Number of Falls Since SOC/ROC With No Injury Code
J1900B_FLS_INJURY_IND	J1900B Number of Falls Since SOC/ROC With Injury Except Major Code
J1900C_FLS_MAJ_INJURY_IND	J1900C Number of Falls Since SOC/ROC With Major Injury Code

Home Health Outcome and Assessment Information Set (OASIS) Facility File

<u>Variable Name</u>	<u>Variable Label</u>
FILE_YEAR4	Year of facility information (YYYY)
FACILITY_ID	Facility Internal ID
STATE_ID	State Abbreviation Code
PRVDR_STATE_CD	Mailing State Code
PRVDR_ZIP_CD	ZIP Code
PRVDR_ZIP_PLUS_CD	Plus ZIP Code
PRVDR_CTGRY_CD	Provider Category Code
PRVDR_CLOSE_DT	Provider Closed Date
ADD_DT	Add Date

Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of MDS 3.0 assessment (YYYY)
FACILITY_ID	Facility Internal ID
TRGT_DT	Target Date (Date of Assessment)
STATE_CD	State Code
MDS_ITM_SBST_CD	Item Subset Code (ISC)
SUBMSN_DT	Submission Date
RQRD_SUBMSN_CD	Submission Required Code (SUB_REQ)
C_BIRTH_DT_SBMT_CD	Birth Date Submit Code
CRCTN_NUM	Correction Number
MDS_CRCTN_STUS_CD	Correction Status Code
SPEC_VRSN_CD	Data Submission Specification Version Code
ITM_SET_VRSN_CD	Item Set Version Code
V0100F_PRIOR_STF_MOOD_SCRE_NUM	Prior Assessment Staff Assessment of Resident Mood (PHQ-9) Total Severity Score Number
PRCSD_TS	Processed Timestamp
C_RSDNT_AGE_NUM	Resident Age
RSDNT_MATCH_CRTIA_ID	Resident Match Criteria ID
C_URBN_RRL_CD	CBSA Urban/Rural Code
C_MDCR_HIPPS_TXT	Recalculated Z0100A
C_MDCR_RUG_VRSN_TXT	Recalculated Z0100B
C_MDCR_STAY_CD	Recalculated Z0100C
C_MDCR_SET_CD	CMI Set for Recalculated Z0100A
C_MDCR_CMI_TXT	CMI Value for Recalculated Z0100A
C_MDCR_NT_HIPPS_TXT	Recalculated Z0150A
C_MDCR_NT_RUG_VRSN_TXT	Recalculated Z0150B
C_MDCR_NT_SET_CD	CMI Set for Recalculated Z0150A
C_MDCR_NT_CMI_TXT	CMI Value for Recalculated Z0150A
C_STATE_RUG_GRP_TXT	Recalculated Z0200A
C_STATE_RUG_VRSN_TXT	Recalculated Z0200B
C_STATE_SET_CD	CMI Set for Recalculated Z0200A
C_STATE_CMI_TXT	CMI Value for Recalculated Z0200A
C_STATE_2_RUG_GRP_TXT	Recalculated Z0250A
C_STATE_2_RUG_VRSN_TXT	Recalculated Z0250B
C_STATE_2_SET_CD	CMI Set for Recalculated Z0250A
C_STATE_2_CMI_TXT	CMI Value for Recalculated Z0250A
C_MDCR_RUG3_IDX_MAX_GRP_TXT	Medicare RUG III Index Maximized Group
C_MDCR_RUG3_IDX_MAX_VRSN_TXT	Medicare RUG III Index Maximized Version
C_MDCR_RUG3_IDX_MAX_CMI_SET_CD	Medicare RUG III Index Maximized CMI Set
C_MDCR_RUG3_IDX_MAX_CMI_TXT	Medicare RUG III Index Maximized CMI Value
C_MDCR_RUG3_HIRCHCL_GRP_TXT	Medicare RUG III Hierarchical Group
C_MDCR_RUG3_HIRCHCL_VRSN_TXT	Medicare RUG III Hierarchical Version
C_MDCR_RUG4_HIRCHCL_GRP_TXT	Medicare RUG IV Hierarchical Group
C_MDCR_RUG4_HIRCHCL_VRSN_TXT	Medicare RUG IV Hierarchical Version
A0050_TRANS_TYPE_CD	A0050 Type of Record Code
A0100A_NPI_NUM	A0100A Facility National Provider Identifier (NPI)
A0100B_CMS_CRTFCTN_NUM	A0100B Facility CMS Certification Number (CCN)
A0100C_STATE_PRVDR_NUM	A0100C State Provider Number
A0200_PRVDR_TYPE_CD	A0200 Type of Provider
A0310A_FED_OBRA_CD	A0310A Federal OBRA Reason for Assessment Code
A0310B_PPS_CD	A0310B PPS Assessment Code

Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
A0310C_PPS_OMRA_CD	A0310C PPS Other Medicare Required Assessment (OMRA) Code
A0310D_SB_CLNCL_CHG_CD	A0310D Swing Bed Clinical Change Code
A0310E_FIRST_SINCE_ADMSN_CD	A0310E First Assessment Since Most Recent Admission Code
A0310F_ENTRY_DSCHRG_CD	A0310F Entry/Discharge Code
A0310G_PLND_DSCHRG_CD	A0310G Planned Discharge Code
A0410_RQRD_SUBMSN_CD	A0410 Submission Required Code
A0800_GNDR_CD	A0800 Gender
A0900_BIRTH_DT	A0900 Birth Date
A1000A_AMRCN_INDN_AK_NTV_CD	A1000A Race/Ethnicity: American Indian or Alaskan Native Code
A1000B_ASN_CD	A1000B Race/Ethnicity: Asian Code
A1000C_AFRCN_AMRCN_CD	A1000C Race/Ethnicity: African American Code
A1000D_HSPNC_CD	A1000D Race/Ethnicity: Hispanic Code
A1000E_NTV_HI_PCFC_ISLNDR_CD	A1000E Race/Ethnicity: Native Hawaiian/Pacific Islander Code
A1000F_WHT_CD	A1000F Race/Ethnicity: White Code
A1100A_NEED_INTRPTR_CD	A1100A Resident Need Interpreter Code
A1100B_INTRPTR_LANG_TXT	A1100B Preferred Language
A1200_MRTL_STUS_CD	A1200 Marital Status Code
A1300A_MDCL_REC_NUM	A1300A Medical Record Number
A1300B_ROOM_NUM	A1300B Room Number
A1300D_LFTM_OCPTN_TXT	A1300D Lifetime Occupation(s) Text
A1500_PASRR_CD	A1500 Preadmission Screening and Resident Review (PASRR) Code
A1510A_SRUS_MENTL_ILL_CD	A1510A Serious Mental Illness Code
A1510B_MENTL_RTRDTN_CD	A1510B Intellectual Disability Code
A1510C_OTHR_PASSR_RLTD_CD	A1510C Other Related Condition Code
A1550A_DOWN_SYNDRM_CD	A1550A MR/DD Status: Down Syndrome Code
A1550B_AUTSM_CD	A1550B MR/DD Status: Autism Code
A1550C_EPLPSY_CD	A1550C MR/DD Status: Epilepsy Code
A1550D_OTHR_ORGNC_MR_DD_CD	A1550D MR/DD Status: Other Organic MR/DD Condition Code
A1550E_OTHR_MR_DD_CD	A1550E MR/DD Status: MR/DD With No Organic Condition Code
A1550Z_NO_MR_DD_CD	A1550Z MR/DD Status: None of the Above
A1600_ENTRY_DT	A1600 Entry Date
A1700_ENTRY_TYPE_CD	A1700 Type of Entry Code
A1800_ENTRD_FROM_TXT	A1800 Entered From Code
A2000_DSCHRG_DT	A2000 Discharge Date
A2100_DSCHRG_STUS_CD	A2100 Discharge Status Code
A2200_PRVS_ASMT_RFRNC_DT	A2200 Previous Assessment Reference Date For Significant Correction
A2300_ASMT_RFRNC_DT	A2300 Assessment Reference Date
A2400A_MDCR_STAY_CD	A2400A Has Resident Had a Medicare Stay Code Since Most Recent Admission
A2400B_MDCR_STAY_STRT_DT	A2400B Start Date of Most Recent Medicare Stay
A2400C_MDCR_STAY_END_DT	A2400C End Date of Most Recent Medicare Stay
B0100_CMTS_CD	B0100 Comatose Code
B0200_HEARG_CD	B0200 Hearing Code
B0300_HEARG_AID_CD	B0300 Hearing Aide Code
B0600_SPCH_CLRTY_CD	B0600 Speech Clarity Code
B0700_SELF_UNDRSTOD_CD	B0700 Makes Self Understood Code
B0800_UNDRST_OTHR_CD	B0800 Ability to Understand Others Code
B1000_VSN_CD	B1000 Vision Code
B1200_CRCTV_LENS_CD	B1200 Corrective Lenses Code
C0100_CNDCT_MENTL_STUS_CD	C0100 Brief Interview for Mental Status Be Conducted Code
C0200_WORD_RPET_FIRST_ATMPT_CD	C0200 BIMS: Number of Words Repeated After First Attempt
C0300A_RPT_CRCT_YR_CD	C0300A BIMS: Temporal Orientation - Able to Report Correct Year
C0300B_RPT_CRCT_MO_CD	C0300B BIMS: Temporal Orientation - Able to Report Correct Month
C0300C_RPT_CRCT_DAY_CD	C0300C BIMS: Temporal Orientation - Able to Report Correct Day of Week

Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
C0400A_RCALL_FIRST_WORD_CD	C0400A BIMS: Recall - Able to Recall Sock
C0400B_RCALL_SCND_WORD_CD	C0400B BIMS: Recall - Able to Recall Blue
C0400C_RCALL_THRD_WORD_CD	C0400C BIMS: Recall - Able to Recall Bed
C0500_BIMS_SCRE_NUM	C0500 Brief Interview for Mental Status (BIMS) Score Number
C0600_CNDCT_STF_MENTL_STUS_CD	C0600 Staff to Conduct Brief Interview for Mental Status
C0700_SHRT_TERM_MEMRY_CD	C0700 Staff Assessment of Mental Status - Short Term Memory Code
C0800_LT_MEMRY_CD	C0800 Staff Assessment of Mental Status - Long Term Memory Code
C0900A_RCALL_CRNT_SEASN_CD	C0900A Staff Assessment of Mental Status - Recalls Current Season Code
C0900B_RCALL_LCTN_ROOM_CD	C0900B Staff Assessment of Mental Status - Recalls Location of Room Code
C0900C_RCALL_STF_NAME_CD	C0900C Staff Assessment of Mental Status - Recalls Staff Name Code
C0900D_RCALL_NH_CD	C0900D Staff Assessment of Mental Status - Recalls Nursing Home Code
C0900Z_RCALL_NONE_CD	C0900Z Staff Assessment of Mental Status - Recalls None of Above Code
C1000_DCSN_MKNG_CD	C1000 Cognitive Skills for Decision Making Code
C1300A_INATTNTN_CD	C1300A Signs and Symptoms of Delirium - Inattention
C1300B_DISORGNZ_THNGK_CD	C1300B Signs and Symptoms of Delirium - Disorganized Thinking
C1300C_ALTRD_CONSCS_CD	C1300C Signs and Symptoms of Delirium - Altered Level of Consciousness
C1300D_PSYCHMTR_RTRDTN_CD	C1300D Signs and Symptoms of Delirium - Psychomotor Retardation
C1600_CHG_MENTL_STUS_CD	C1600 Acute Onset Mental Status Change
D0100_CNDCT_MOOD_CD	D0100 Resident Mood Interview Be Conducted Code
D0200A1_INTRST_LOSS_CD	D0200A1 Resident Mood Interview - Interest Loss Code
D0200A2_INTRST_LOSS_FREQ_CD	D0200A2 Resident Mood Interview - Interest Loss Frequency Code
D0200B1_FEEL_DOWN_CD	D0200B1 Resident Mood Interview - Feel Down Code
D0200B2_FEEL_DOWN_FREQ_CD	D0200B2 Resident Mood Interview - Feel Down Frequency Code
D0200C1_TRBL_SLEEP_CD	D0200C1 Resident Mood Interview - Trouble Sleep Code
D0200C2_TRBL_SLEEP_FREQ_CD	D0200C2 Resident Mood Interview - Trouble Sleep Frequency Code
D0200D1_LTL_ENRGY_CD	D0200D1 Resident Mood Interview - Little Energy Code
D0200D2_LTL_ENRGY_FREQ_CD	D0200D2 Resident Mood Interview - Little Energy Frequency Code
D0200E1_POOR_APTIT_CD	D0200E1 Resident Mood Interview - Poor Appetite Code
D0200E2_POOR_APTIT_FREQ_CD	D0200E2 Resident Mood Interview - Poor Appetite Frequency Code
D0200F1_SELF_DPRCTN_CD	D0200F1 Resident Mood Interview - Self Depreciation Code
D0200F2_SELF_DPRCTN_FREQ_CD	D0200F2 Resident Mood Interview - Self Depreciation Frequency Code
D0200G1_CNCNTRTN_CD	D0200G1 Resident Mood Interview - Lack of Concentration Code
D0200G2_CNCNTRTN_FREQ_CD	D0200G2 Resident Mood Interview - Lack of Concentration Frequency Code
D0200H1_MVMT_DFRNT_CD	D0200H1 Resident Mood Interview - Movement Different Code
D0200H2_MVMT_DFRNT_FREQ_CD	D0200H2 Resident Mood Interview - Movement Different Frequency Code
D0200I1_NGTV_STATE_CD	D0200I1 Resident Mood Interview - Negative Statement Code
D0200I2_NGTV_STATE_FREQ_CD	D0200I2 Resident Mood Interview - Negative Statement Frequency Code
D0300_MOOD_SCRE_NUM	D0300 Resident Mood Interview - Total Severity Mood Score Code
D0350_NGTV_STATE_NTFY_STF_CD	D0350 Resident Mood Interview - Negative Statements Notify Staff Code
D0500A1_STF_INTRST_LOSS_CD	D0500A1 Staff Assessment of Resident Mood - Interest Loss Code
D0500A2_STF_INTRSTLOSS_FREQ_CD	D0500A2 Staff Assessment of Resident Mood - Interest Loss Frequency Code
D0500B1_STF_FEEL_DOWN_CD	D0500B1 Staff Assessment of Resident Mood - Feel Down Code
D0500B2_STF_FEEL_DOWN_FREQ_CD	D0500B2 Staff Assessment of Resident Mood - Feel Down Frequency Code
D0500C1_STF_TRBL_SLEEP_CD	D0500C1 Staff Assessment of Resident Mood - Trouble Sleep Code
D0500C2_STF_TRBL_SLEEP_FREQ_CD	D0500C2 Staff Assessment of Resident Mood - Trouble Sleep Frequency Code
D0500D1_STF_LTL_ENRGY_CD	D0500D1 Staff Assessment of Resident Mood - Little Energy Code
D0500D2_STF_LTL_ENRGY_FREQ_CD	D0500D2 Staff Assessment of Resident Mood - Little Energy Frequency Code
D0500E1_STF_POOR_APTIT_CD	D0500E1 Staff Assessment of Resident Mood - Poor Appetite Code
D0500E2_STF_POOR_APTIT_FREQ_CD	D0500E2 Staff Assessment of Resident Mood - Poor Appetite Frequency Code
D0500F1_STF_SELF_DPRCTN_CD	D0500F1 Staff Assessment of Resident Mood - Self Depreciation Code
D0500F2_STF_SELFDPRCTN_FREQ_CD	D0500F2 Staff Assessment of Resident Mood - Self Depreciation Frequency Code
D0500G1_STF_CNCNTRTN_CD	D0500G1 Staff Assessment of Resident Mood - Concentration Code
D0500G2_STF_CNCNTRTN_FREQ_CD	D0500G2 Staff Assessment of Resident Mood - Concentration Frequency Code

Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
D0500H1_STF_MVMT_DFRNT_CD	D0500H1 Staff Assessment of Resident Mood - Movement Different Code
D0500H2_STF_MVMT_DFRNT_FREQ_CD	D0500H2 Staff Assessment of Resident Mood - Movement Different Frequency Code
D0500I1_STF_NGTV_STATE_CD	D0500I1 Staff Assessment of Resident Mood - Negative Statement Code
D0500I2_STF_NGTV_STATE_FREQ_CD	D0500I2 Staff Assessment of Resident Mood - Negative Statement Frequency Code
D0500J1_STF_SHRT_TMPR_CD	D0500J1 Staff Assessment of Resident Mood - Short Temper Code
D0500J2_STF_SHRT_TMPR_FREQ_CD	D0500J2 Staff Assessment of Resident Mood - Short Temper Frequency Code
D0600_STF_MOOD_SCRE_NUM	D0600 Staff Assessment Total Severity Mood Score
D0650_STF_NGTV_STATE_NTFY_CD	D0650 Staff Assessment of Resident Mood - Negative Statement Notify Code
E0100A_HLLCNTN_CD	E0100A Behavior: Hallucinations Code
E0100B_DLSN_CD	E0100B Behavior: Delusion Code
E0100Z_NO_PSYCHOSIS_CD	E0100Z Behavior: No Psychosis Code
E0200A_PHYS_BHVRL_CD	E0200A Behavior: Physical Behavioral Code
E0200B_VRBL_BHVRL_CD	E0200B Behavior: Verbal Behavioral Code
E0200C_OTHR_BHVRL_CD	E0200C Behavior: Other Behavioral Code
E0300_BHVR_PRSNT_CD	E0300 Overall Presence of Behavioral Symptoms
E0500A_BHVR_INJR_SELF_CD	E0500A Behavior Impact on Resident: Risk to Injure Self
E0500B_BHVR_INTRFR_CARE_CD	E0500B Behavior Impact on Resident: Interferes With Care
E0500C_BHVR_INTRFR_PRTCPTN_CD	E0500C Behavior Impact on Resident: Interferes With Participation
E0600A_BHVR_INJR_OTHR_CD	E0600A Behavior Impact on Others: Risk to Injure Others
E0600B_BHVR_INTRD_PRIVCY_CD	E0600B Behavior Impact on Others: Intrude On Privacy of Others
E0600C_BHVR_DSRUPT_ENVRMNT_CD	E0600C Behavior Impact on Others: Disrupt Care or Living Environment
E0800_RJCT_EVALTN_CD	E0800 Rejection of Care: Presence and Frequency
E0900_WNDR_CD	E0900 Wandering: Presence and Frequency
E1000A_WNDR_RISK_CD	E1000A Wander Risk Impact
E1000B_WNDR_INTRD_PRIVCY_CD	E1000B Wandering Intrudes on Privacy of Others
E1100_BHVR_CHG_PRIOR_CD	E1100 Change in Behavior or Other Symptoms
F0300_CNDCT_ACTVTY_CD	F0300 Should Daily and Activity Preference Interview Be Conducted
F0400A_DRESS_CD	F0400A Interview for Daily Preferences: Chooses Clothes Code
F0400B_CARE_PRSNL_ITM_CD	F0400B Interview for Daily Preferences: Care Personal Items Code
F0400C_BATHG_OPTN_CD	F0400C Interview for Daily Preferences: Bathing Option Code
F0400D_SNACK_BTWN_CD	F0400D Interview for Daily Preferences: Snack Between Meals Code
F0400E_BED_TIME_CD	F0400E Interview for Daily Preferences: Choose Bed Time Code
F0400F_FMLY_INVLVMT_CD	F0400F Interview for Daily Preferences: Family Involvement Code
F0400G_PRIVT_PHNE_CD	F0400G Interview for Daily Preferences: Private Phone Time Code
F0400H_LOCK_ITM_CD	F0400H Interview for Daily Preferences: Lock Item Code
F0500A_READG_AVLBL_CD	F0500A Interview for Activity Preferences: Reading Materials Available Code
F0500B_MUSIC_CD	F0500B Interview for Activity Preferences: Music Code
F0500C_ANML_CD	F0500C Interview for Activity Preferences: Animal Presence Code
F0500D_NEWS_CD	F0500D Interview for Activity Preferences: News Code
F0500E_GRP_ACTVTY_CD	F0500E Interview for Activity Preferences: Group Activity Code
F0500F_FVRT_ACTVTY_CD	F0500F Interview for Activity Preferences: Favorite Activity Code
F0500G_FRSH_AIR_CD	F0500G Interview for Activity Preferences: Time Outdoors Code
F0500H_RLGN_CD	F0500H Interview for Activity Preferences: Religion Code
F0600_RSPNDT_ACTVTY_CD	F0600 Daily and Activity Preferences Primary Respondent Code
F0700_STF_CNDCT_ACTVTY_CD	F0700 Conduct Staff Assessment of Daily and Activity Preferences Code
F0800A_STF_DRESS_CD	F0800A Staff Assessment: Chooses Clothes Code
F0800B_STF_CARE_PRSNL_ITM_CD	F0800B Staff Assessment: Care Personal Item Code
F0800C_STF_TUB_BATH_CD	F0800C Staff Assessment: Tub Bath Code
F0800D_STF_SHWR_CD	F0800D Staff Assessment: Shower Code
F0800E_STF_BED_BATH_CD	F0800E Staff Assessment: Bed Bath Code
F0800F_STF_SPNG_BATH_CD	F0800F Staff Assessment: Sponge Bath Code
F0800G_STF_SNACK_BTWN_CD	F0800G Staff Assessment: Snacks Between Code
F0800H_STF_BED_TIME_CD	F0800H Staff Assessment: Bed Time Code

Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
F0800I_STF_FMLY_INVLVMT_CD	F0800I Staff Assessment: Family Involvement Code
F0800J_STF_PRVT_PHNE_CD	F0800J Staff Assessment: Private Phone Code
F0800K_STF_LOCK_ITM_CD	F0800K Staff Assessment: Lock Item Code
F0800L_STF_READG_AVLBL_CD	F0800L Staff Assessment: Reading Materials Available Code
F0800M_STF_MUSIC_CD	F0800M Staff Assessment: Music Code
F0800N_STF_ANML_CD	F0800N Staff Assessment: Animal Presence Code
F0800O_STF_NEWS_CD	F0800O Staff Assessment: News Code
F0800P_STF_GRP_ACTVTY_CD	F0800P Staff Assessment: Group Activity Code
F0800Q_STF_FVRT_ACTVTY_CD	F0800Q Staff Assessment: Favorite Activity Code
F0800R_STF_TIME_AWAY_NH_CD	F0800R Staff Assessment: Time Away Nursing Home Code
F0800S_STF_FRSH_AIR_CD	F0800S Staff Assessment: Time Outdoors Code
F0800T_STF_RLGN_CD	F0800T Staff Assessment: Participating in Religious Activities Code
F0800Z_STF_NO_ACTVTY_CD	F0800Z Staff Assessment: None of Above Activity Code
G0110F2_LOCOMTN_OFF_SPRT_CD	G0110F2 ADL Assistance: Locomotion Off Support Provided Code
G0110A1_BED_MBLTY_SELF_CD	G0110A1 ADL Assistance: Bed Mobility Self Performance Code
G0110A2_BED_MBLTY_SPRT_CD	G0110A2 ADL Assistance: Bed Mobility Support Provided Code
G0110B1_TRNSFR_SELF_CD	G0110B1 ADL Assistance: Transfer Self Performance Code
G0110B2_TRNSFR_SPRT_CD	G0110B2 ADL Assistance: Transfer Self Support Provided Code
G0110C1_WLK_ROOM_SELF_CD	G0110C1 ADL Assistance: Walk In Room Self Performance Code
G0110C2_WLK_ROOM_SPRT_CD	G0110C2 ADL Assistance: Walk In Room Support Provided Code
G0110D1_WLK_CRDR_SELF_CD	G0110D1 ADL Assistance: Walk In Corridor Self Performance Code
G0110D2_WLK_CRDR_SPRT_CD	G0110D2 ADL Assistance: Walk In Corridor Self Support Provided Code
G0110E1_LOCOMTN_ON_SELF_CD	G0110E1 ADL Assistance: Locomotion On Self Performance Code
G0110E2_LOCOMTN_ON_SPRT_CD	G0110E2 ADL Assistance: Locomotion On Support Provided Code
G0110F1_LOCOMTN_OFF_SELF_CD	G0110F1 ADL Assistance: Locomotion Off Self Performance Code
G0110G1_DRESS_SELF_CD	G0110G1 ADL Assistance: Dress Self Performance Code
G0110G2_DRESS_SPRT_CD	G0110G2 ADL Assistance: Dress Support Provided Code
G0110H1_EATG_SELF_CD	G0110H1 ADL Assistance: Eating Self Performance Code
G0110H2_EATG_SPRT_CD	G0110H2 ADL Assistance: Eating Support Provided Code
G0110I1_TOILTG_SELF_CD	G0110I1 ADL Assistance: Toileting Self Performance Code
G0110I2_TOILTG_SPRT_CD	G0110I2 ADL Assistance: Toileting Support Provided Code
G0110J1_PRSNL_HYGNE_SELF_CD	G0110J1 ADL Assistance: Personal Hygiene Self Performance Code
G0110J2_PRSNL_HYGNE_SPRT_CD	G0110J2 ADL Assistance: Personal Hygiene Support Provided Code
G0120A_BATHG_SELF_CD	G0120A ADL Assistance: Bathing Self Performance Code
G0120B_BATHG_SPRT_CD	G0120B ADL Assistance: Bathing Support Provided Code
G0300A_BAL_SEAT_STNDG_CD	G0300A Balance During Seated to Standing Position Code
G0300B_BAL_WLKG_CD	G0300B Balance During Walking Code
G0300C_BAL_TRNG_ARND_CD	G0300C Balance When Turning Around Code
G0300D_BAL_TOILT_CD	G0300D Balance Moving On and Off Toilet Code
G0300E_BAL_SRFC_TRNSFR_CD	G0300E Balance With Surface to Surface Transfer Code
G0400A_UPR_XTRMTY_MTN_CD	G0400A Functional Limitation in ROM: Upper Extremity Motion Code
G0400B_LWR_XTRMTY_MTN_CD	G0400B Functional Limitation in ROM: Lower Extremity Motion Code
G0600A_CANE_CD	G0600A Mobility Devices: Cane Code
G0600B_WLKR_CD	G0600B Mobility Devices: Walker Code
G0600C_WHLCHR_CD	G0600C Mobility Devices: Wheelchair Code
G0600D_LIMB_PRSTHTC_CD	G0600D Mobility Devices: Limb Prosthesis Code
G0600Z_NO_MBLTY_CD	G0600Z Mobility Devices: None of Above Code
G0900A_INCRS_INDPNDNC_CD	G0900A Functional Rehabilitation Potential: Resident Increased Independence Code
G0900B_STF_INCRS_INDPNDNC_CD	G0900B Functional Rehabilitation Potential: Staff Increased Independence Code
H0100A_INDWLG_CTHTR_CD	H0100A Bladder and Bowel Appliances: Indwelling Catheter Code
H0100B_EXTRNL_CTHTR_CD	H0100B Bladder and Bowel Appliances: External Catheter Code
H0100C_OSTMY_CD	H0100C Bladder and Bowel Appliances: Ostomy Code
H0100D_INTRMTNT_CTHTR_CD	H0100D Bladder and Bowel Appliances: Intermittent Catheter Code

Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
H0100Z_NO_URNRY_APLNC_CD	H0100Z Bladder and Bowel Appliances: No Urinary Appliance Code
H0200A_TRIL_TOILTG_PGM_CD	H0200A Urinary Toileting Program: Trial Toileting Program Code
H0200B_RSPNS_TOILTG_PGM_CD	H0200B Urinary Toileting Program: Response To Toileting Program Code
H0200C_CRNT_TOILTG_PGM_CD	H0200C Urinary Toileting Program: Current Toileting Program Code
H0300_URNRY_CNTNC_CD	H0300 Urinary Continence Code
H0400_BWL_CNTNC_CD	H0400 Bowel Continence Code
H0500_BWL_TOILTG_PGM_CD	H0500 Bowel Toileting Program Code
H0600_CONSTPTN_CD	H0600 Constipation Code
I0100_CNCR_CD	I0100 Active Diagnoses: Cancer Code
I0200_ANEMIA_CD	I0200 Active Diagnoses: Anemia Code
I0300_DYSRHYTHMIA_CD	I0300 Active Diagnoses: Dysrhythmia Code
I0400_CAD_CD	I0400 Active Diagnoses: Coronary Artery Disease (CAD) Code
I0500_DVT_CD	I0500 Active Diagnoses: Deep Vein Thrombosis (DVT) Code
I0600_HRT_FAILR_CD	I0600 Active Diagnoses: Heart Failure (CHF) Code
I0700_HYPRTNSN_CD	I0700 Active Diagnoses: Hypertension Code
I0800_HYPOTNSN_CD	I0800 Active Diagnoses: Hypotension Code
I0900_PVD_CD	I0900 Active Diagnoses: Peripheral Vascular Disease (PVD) Code
I1100_CRRHS_CD	I1100 Active Diagnoses: Cirrhosis Code
I1200_GERD_CD	I1200 Active Diagnoses: Gastroesophageal Reflux Disease (GERD) Code
I1300_ULCRTV_CLTS_CD	I1300 Active Diagnoses: Ulcerative Colitis Code
I1400_BPH_CD	I1400 Active Diagnoses: Benign Prostatic Hyperplasia (BPH) Code
I1500_ESRD_CD	I1500 Active Diagnoses: End Stage Renal Disease (ESRD) Code
I1550_NRGNC_BLADR_CD	I1550 Active Diagnoses: Neurogenic Bladder Code
I1650_OBSTRCT_URPTHY_CD	I1650 Active Diagnoses: Obstructive Uropathy Code
I1700_MDRO_CD	I1700 Active Diagnoses: Multi-drug Resistant Drug Organism (MDRO) Code
I2000_PNEUMO_CD	I2000 Active Diagnoses: Pneumonia Code
I2100_SPTCMIA_CD	I2100 Active Diagnoses: Septicemia Code
I2200_TB_CD	I2200 Active Diagnoses: Tuberculosis Code
I2300_UTI_CD	I2300 Active Diagnoses: Urinary Tract Infection (UTI) Code
I2400_VRL_HPT_CD	I2400 Active Diagnoses: Viral Hepatitis Code
I2500_WND_INFCTN_CD	I2500 Wound Infection Code
I2900_DM_CD	I2900 Active Diagnoses: Diabetes Mellitus (DM) Code
I3100_HYPONATREMIA_CD	I3100 Active Diagnoses: Hyponatremia Code
I3200_HYPERKALEMIA_CD	I3200 Active Diagnoses: Hyperkalemia Code
I3300_HYPERLIPIDMIA_CD	I3300 Active Diagnoses: Hyperlipidemia Code
I3400_THYRD_CD	I3400 Active Diagnoses: Thyroid Code
I3700_ARTHTS_CD	I3700 Active Diagnoses: Arthritis Code
I3800_OSTPRS_CD	I3800 Active Diagnoses: Osteoporosis Code
I3900_HIP_FRCTR_CD	I3900 Active Diagnoses: Hip Fracture Code
I4000_OTHR_FRCTR_CD	I4000 Active Diagnoses: Other Fracture Code
I4200_ALZHMR_CD	I4200 Active Diagnoses: Alzheimers Disease Code
I4300_APHASIA_CD	I4300 Active Diagnoses: Aphasia Code
I4400_CRBRL_PLSY_CD	I4400 Active Diagnoses: Cerebral Palsy Code
I4500_STRK_CD	I4500 Active Diagnoses: Stroke (CVA or TIA or Stroke) Code
I4800_DMNT_CD	I4800 Active Diagnoses: Dementia Code
I4900_HEMIPLG_CD	I4900 Active Diagnoses: Hemiplegia Code
I5000_PARAPLG_CD	I5000 Active Diagnoses: Paraplegia Code
I5100_QUADPLG_CD	I5100 Active Diagnoses: Quadriplegia Code
I5200_MS_CD	I5200 Active Diagnoses: Multiple Sclerosis Code
I5250_HNTGTN_CD	I5250 Active Diagnoses: Huntingtons Code
I5300_PRKNSN_CD	I5300 Active Diagnoses: Parkinsons Code
I5350_TOURT_CD	I5350 Tourettes Code
I5400_SZRE_CD	I5400 Active Diagnoses: Seizure Code

Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
I5500_BRN_INJURY_CD	I5500 Active Diagnoses: Traumatic Brain Injury (TBI) Code
I5600_MALNTRTN_CD	I5600 Active Diagnoses: Malnutrition Code
I5700_ANXTY_DSORDR_CD	I5700 Active Diagnoses: Anxiety Disorder Code
I5800_DPRSN_CD	I5800 Active Diagnoses: Depression Code
I5900_MNC_DPRSN_CD	I5900 Active Diagnoses: Manic Depression Code
I5950_PSYCHTC_CD	I5950 Active Diagnoses: Psychotic Code
I6000_SCHZOPRNIA_CD	I6000 Active Diagnoses: Schizophrenia Code
I6100_PTSD_CD	I6100 Active Diagnoses: Post-traumatic Stress Disorder (PTSD) Code
I6200_ASTHMA_CD	I6200 Active Diagnoses: Asthma COPD Chronic Lung Disease Code
I6300_RSPRTRY_FAILR_CD	I6300 Active Diagnoses: Respiratory Failure Code
I6500_CTRCT_CD	I6500 Active Diagnoses: Cataracts Glaucoma or Macular Degeneration Code
I7900_NO_ACTV_DEASE_CD	I7900 Active Diagnoses: No Active Disease Code
I8000A_ICD_1_CD	I8000A Additional Active Diagnoses: ICD 1 Code
I8000B_ICD_2_CD	I8000B Additional Active Diagnoses: ICD 2 Code
I8000C_ICD_3_CD	I8000C Additional Active Diagnoses: ICD 3 Code
I8000D_ICD_4_CD	I8000D Additional Active Diagnoses: ICD 4 Code
I8000E_ICD_5_CD	I8000E Additional Active Diagnoses: ICD 5 Code
I8000F_ICD_6_CD	I8000F Additional Active Diagnoses: ICD 6 Code
I8000G_ICD_7_CD	I8000G Additional Active Diagnoses: ICD 7 Code
I8000H_ICD_8_CD	I8000H Additional Active Diagnoses: ICD 8 Code
I8000I_ICD_9_CD	I8000I Additional Active Diagnoses: ICD 9 Code
I8000J_ICD_10_CD	I8000J Additional Active Diagnoses: ICD 10 Code
J0100A_SCHLD_PAIN_MDCTN_CD	J0100A Pain management: Scheduled Pain Medication Code
J0100B_PRN_PAIN_MDCTN_CD	J0100B Pain management: PRN Pain Medication Code
J0100C_OTHR_PAIN_INTRVTN_CD	J0100C Pain management: Other Pain Intervention Code
J0200_CNDCT_PAIN_ASMT_CD	J0200 Should Pain Assessment be Conducted Code
J0300_PAIN_CD	J0300 Pain Assessment Interview: Pain Presence Code
J0400_PAIN_FREQ_CD	J0400 Pain Assessment Interview: Pain Frequency Code
J0500A_PAIN_EFCT_SLEEP_CD	J0500A Pain Assessment Interview: Pain Effect Sleep Code
J0500B_PAIN_EFCT_ACTVTY_CD	J0500B Pain Assessment Interview: Pain Effect Activity Code
J0600A_PAIN_INTNSTY_NUM	J0600A Pain Intensity Numeric Rating Scale Number
J0600B_VRBL_DSCRPTR_SCALE_NUM	J0600B Pain Intensity Verbal Descriptor Scale Number
J0700_STF_CNDCT_PAIN_ASMT_CD	J0700 Staff Conduct Pain Assessment Code
J0800A_NVRBL_SND_CD	J0800A Staff Assessment for Pain: Nonverbal Sound Code
J0800B_VCL_CMLPNT_CD	J0800B Staff Assessment for Pain: Vocal Complaint Code
J0800C_FACE_EXPRSN_CD	J0800C Staff Assessment for Pain: Facial Expression Code
J0800D_PRTCTV_MVMT_CD	J0800D Staff Assessment for Pain: Protective Movement Code
J0800Z_NO_SGN_PAIN_CD	J0800Z Staff Assessment for Pain: None of Above Signs of Pain Code
J0850_STF_PAIN_FREQ_CD	J0850 Staff Frequency of Indicator of Pain or Possible Pain Frequency Code
J1100A_SOB_EXRTN_CD	J1100A Shortness of Breath With Exertion Code
J1100B_SOB_SITG_CD	J1100B Shortness of Breath When Sitting Code
J1100C_SOB_LYG_CD	J1100C Shortness of Breath When Lying Flat Code
J1100Z_NO_SOB_CD	J1100Z None of Above Shortness of Breath Code
J1300_TOBCO_CD	J1300 Tobacco Use Code
J1400_LIFE_PRGNS_CD	J1400 Life Prognosis Less Than Six Months Code
J1550A_FVR_CD	J1550A Problem Conditions: Fever Code
J1550B_VMTG_CD	J1550B Problem Conditions: Vomiting Code
J1550C_DHYDRT_CD	J1550C Problem Conditions: Dehydration Code
J1550D_INTRNL_BLEDG_CD	J1550D Problem Conditions: Internal Bleeding Code
J1550Z_NO_PRBLM_COND_CD	J1550Z Problem Conditions: None of Above Code
J1700A_FALL_30_DAY_CD	J1700A Fall History on Admission: Fall 30 Day Code
J1700B_FALL_31_180_DAY_CD	J1700B Fall History on Admission: Fall 31-180 Day Code
J1700C_FRCTR_SIX_MO_CD	J1700C Fall History on Admission: Fall Six Month Code

Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
J1800_FALL_LAST_ASMT_CD	J1800 Falls Since Admission or Prior Assessment Code
J1900A_FALL_NO_INJURY_CD	J1900A Number of Falls Since Admission or Prior Assessment With No Injury Code
J1900B_FALL_INJURY_CD	J1900B Number of Falls Since Admission or Prior Assessment With Injury Except Major Code
J1900C_FALL_MAJ_INJURY_CD	J1900C Number of Falls Since Admission or Prior Assessment With Major Injury Code
K0100A_LOSS_MOUTH_EATG_CD	K0100A Swallowing Disorder: Loss Mouth Eating Code
K0100B_HLD_FOOD_MOUTH_CD	K0100B Swallowing Disorder: Hold Food Mouth Code
K0100C_CHOK_DRNG_MEAL_CD	K0100C Swallowing Disorder: Choke Drinking Meal Code
K0100D_CMPLNT_SWLWG_CD	K0100D Swallowing Disorder: Complaint Swallowing Code
K0100Z_NO_SWLWG_CD	K0100Z Swallowing Disorder: None of Above Code
K0200A_HGT_NUM	K0200A Height Number
K0200B_WT_NUM	K0200B Weight Number
K0300_WT_LOSS_CD	K0300 Weight Loss Code
K0310_WT_GAIN_CD	K0310 Weight Gain Code
K0500A_PEN_CD	K0500A Nutritional Approaches: Parenteral/IV Feeding Code
K0500B_FEEDG_TUBE_CD	K0500B Nutritional Approaches: Feeding Tube Code
K0500C_ALTR_FOOD_CD	K0500C Nutritional Approaches: Mechanically Altered Diet Code
K0500D_THRPTC_DIET_CD	K0500D Nutritional Approaches: Therapeutic Diet Code
K0500Z_NO_FEEDG_CD	K0500Z Nutritional Approaches: None of Above Code
K0510A1_PEN_PRIOR_CD	K0510A1 Nutritional Approaches: Prior Parenteral/IV Feeding Code
K0510A2_PEN_POST_CD	K0510A2 Nutritional Approaches: Post Parenteral/IV
K0510B1_FEEDG_TUBE_PRIOR_CD	K0510B1 Nutritional Approaches: Prior Feeding Tube Code
K0510B2_FEEDG_TUBE_POST_CD	K0510B2 Nutritional Approaches: Post Feeding Tube Code
K0510C1_ALTR_FOOD_PRIOR_CD	K0510C1 Nutritional Approaches: Prior Mechanically Altered Diet Code
K0510C2_ALTR_FOOD_POST_CD	K0510C2 Nutritional Approaches: Post Mechanically Altered Diet Code
K0510D1_THRPTC_DIET_PRIOR_CD	K0510D1 Nutritional Approaches: Prior Therapeutic Diet Code
K0510D2_THRPTC_DIET_POST_CD	K0510D2 Nutritional Approaches: Post Therapeutic Diet Code
K0510Z1_NO_FEEDG_PRIOR_CD	K0510Z1 Nutritional Approaches: Prior None of Above Code
K0510Z2_NO_FEEDG_POST_CD	K0510Z2 Nutritional Approaches: Post None of Above Code
K0700A_CAL_PEN_CD	K0700A Percent Caloric Intake Through Parenteral/Tube Feeding Code
K0700B_IV_TUBE_DAILY_CD	K0700B Average Fluid Intake by IV Or Tube Feeding Code
K0710A1_CAL_PRNTRL_PRIOR_CD	K0710A1 Percent Caloric Intake Through Parenteral/Tube Feeding While Not a Resident Code.
K0710A2_CAL_PRNTRL_PST_CD	K0710A2 Percent Caloric Intake Through Parenteral/Tube Feeding While a Resident Code.
K0710A3_CAL_PRNTRL_7_DAY_CD	K0710A3 Percent Caloric Intake Through Parenteral/Tube Feeding During the Entire Seven Days.
K0710B1_IV_TUBE_DAILY_PRIOR_CD	K0710B1 Average Fluid Intake per Day by IV or Tube Feeding While Not a Resident.
K0710B2_IV_TUBE_DAILY_PST_CD	K0710B2 Average Fluid Intake per Day by IV or Tube Feeding While a Resident.
K0710B3_IV_TUBE_DAILY_7_DAY_CD	K0710B3 Average Fluid Intake per Day by IV or Tube Feeding During the Entire Seven Days.
L0200A_BRKN_DNTR_CD	L0200A Dental Status: Broken Denture Code
L0200B_NO_TEETH_CD	L0200B Dental Status: No Teeth Code
L0200C_ABNRML_MOUTH_TISUE_CD	L0200C Dental Status: Abnormal Mouth Tissue Code
L0200D_CVTY_CD	L0200D Dental Status: Cavity Code
L0200E_INFLMD_GUM_CD	L0200E Dental Status: Inflamed Gum Code
L0200F_MOUTH_PAIN_CD	L0200F Dental Status: Mouth or Facial Pain Code
L0200G_DNTL_UNK_CD	L0200G Dental Status: Unable to Examine Code
L0200Z_NO_DNTL_CD	L0200Z Dental Status: None of Above Code
M0100A_RISK_VSBL_CD	M0100A Determination of Pressure Ulcer Risk: Ulcer Visible Code
M0100B_RISK_FRML_ASMT_CD	M0100B Determination of Pressure Ulcer Risk: Formal Assessment/Instrument Code
M0100C_RISK_CLNCL_JDGMNT_CD	M0100C Determination of Pressure Ulcer Risk: Clinical Assessment Code
M0100Z_NO_RISK_DTMNTN_CD	M0100Z Determination of Pressure Ulcer Risk: None of Above
M0150_PRSR_ULCR_RISK_CD	M0150 Pressure Ulcer Risk Code
M0210_STG_1_HGHR_ULCR_CD	M0210 One or More Stage 1 or Higher Unhealed Pressure Ulcer Code
M0300A_STG_1_ULCR_NUM	M0300A Stage 1 Pressure Ulcer Number
M0300B1_STG_2_ULCR_NUM	M0300B1 Stage 2 Pressure Ulcer Number
M0300B2_STG_2_ULCR_ADMSN_NUM	M0300B2 Stage 2 Pressure Ulcer Present on Admission Number

Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M0300B3_STG_2_ULCR_OLD_DT	M0300B3 Date of Oldest Stage 2 Pressure Ulcer
M0300C1_STG_3_ULCR_NUM	M0300C1 Stage 3 Pressure Ulcer Number
M0300C2_STG_3_ULCR_ADMSN_NUM	M0300C2 Stage 3 Pressure Ulcer Present on Admission Number
M0300D1_STG_4_ULCR_NUM	M0300D1 Stage 4 Pressure Ulcer Number
M0300D2_STG_4_ULCR_ADMSN_NUM	M0300D2 Stage 4 Pressure Ulcer Present on Admission Number
M0300E1_UNSTGBL_ULCR_DRSNG_NUM	M0300E1 Unstageable Pressure Ulcer Due To Dressing Number
M0300E2_U_ULCR_DRSNG_ADMSN_NUM	M0300E2 Unstageable Pressure Ulcer Due To Dressing on Admission Number
M0300F1_UNSTGBL_ULCR_ESC_NUM	M0300F1 Unstageable Pressure Ulcer With Slough or Eschar Number
M0300F2_U_ULCR_ESC_ADMSN_NUM	M0300F2 Unstageable Pressure Ulcer With Slough or Eschar on Admission Number
M0300G1_UNSTGBL_ULCR_DEEP_NUM	M0300G1 Unstageable Pressure Ulcer With Deep Tissue Injury Number
M0300G2_U_ULCR_DEEP_ADMSN_NUM	M0300G2 Unstageable Pressure Ulcer With Deep Tissue Injury on Admission Number
M0610A_STG_3_4_ULCR_LNGTH_NUM	M0610A Unhealed Stage 3-4 Pressure Ulcer Length Number
M0610B_STG_3_4_ULCR_WDTH_NUM	M0610B Unhealed Stage 3-4 Pressure Ulcer Width Number
M0610C_STG_3_4_ULCR_DPTH_NUM	M0610C Unhealed Stage 3-4 Pressure Ulcer Depth Number
M0700_ULCR_TISUE_TYPE_CD	M0700 Most Severe Pressure Ulcer Tissue Type Code
M0800A_WRSNG_STG_2_ULCR_NUM	M0800A Worsening Stage 2 Pressure Ulcer Since Prior Assessment Number
M0800B_WRSNG_STG_3_ULCR_NUM	M0800B Worsening Stage 3 Pressure Ulcer Since Prior Assessment Number
M0800C_WRSNG_STG_4_ULCR_NUM	M0800C Worsening Stage 4 Pressure Ulcer Since Prior Assessment Number
M0900A_PRSR_ULCR_PRIOR_CD	M0900A Healed Pressure Ulcer Present on Prior Assessment Code
M0900B_HEALD_STG_2_ULCR_NUM	M0900B Healed Stage 2 Pressure Ulcer Number
M0900C_HEALD_STG_3_ULCR_NUM	M0900C Healed Stage 3 Pressure Ulcer Number
M0900D_HEALD_STG_4_ULCR_NUM	M0900D Healed Stage 4 Pressure Ulcer Number
M1030_ARTRL_ULCR_NUM	M1030 Venous and Arterial Ulcer Number
M1040A_FT_INFCTN_CD	M1040A Other Foot Skin Problems: Foot Infection Code
M1040B_DBTC_FT_ULCR_CD	M1040B Other Foot Skin Problems: Diabetic Foot Ulcer Code
M1040C_OTHR_LSN_FT_CD	M1040C Other Foot Skin Problems: Other Open Lesion on Foot Code
M1040D_OPEN_LSN_CD	M1040D Other Skin Problems: Open Lesions Other Than Ulcers Rashes Cuts Code
M1040E_SRGCL_WND_CD	M1040E Other Skin Problems: Surgical Wound(s) Code
M1040F_BRN_CD	M1040F Other Skin Problems: Burn(s) Code
M1040G_SKIN_TEAR_CD	M1040G Other Skin Problems: Skin Tear(s)
M1040H_MASD_CD	M1040H Other Skin Problems: Moisture Associated Skin Damage
M1040Z_NO_OTHR_SKIN_PRBLM_CD	M1040Z Other Skin Problems: None of Above Code
M1200A_PRSR_RDC_CHR_CD	M1200A Skin and Ulcer Treatments: Pressure Reducing Device in Chair Code
M1200B_PRSR_RDC_BED_CD	M1200B Skin and Ulcer Treatments: Pressure Reducing Device in Bed Code
M1200C_TRNG_PGM_CD	M1200C Skin and Ulcer Treatments: Turning/Repositioning Program Code
M1200D_HYDRTN_CD	M1200D Skin and Ulcer Treatments: Nutrition/Hydration Code
M1200E_ULCR_CARE_CD	M1200E Skin and Ulcer Treatments: Ulcer Care Code
M1200F_SRGCL_WND_CARE_CD	M1200F Skin and Ulcer Treatments: Surgical Wound Care Code
M1200G_APLCTN_DRSNG_CD	M1200G Skin and Ulcer Treatments: Application Nonsurgical Dressing Code
M1200H_APLCTN_ONTMNT_CD	M1200H Skin and Ulcer Treatments: Application Ointments/Medications Code
M1200I_APLCTN_DRSNG_FOOT_CD	M1200I Skin and Ulcer Treatments: Application Dressings to Foot Code
M1200Z_NO_SKIN_TRMNT_CD	M1200Z Skin and Ulcer Treatments: None of Above Code
N0300_INJCT_MDCTN_DAY_NUM	N0300 Number of Days Injections of Any Type
N0350A_INSLN_INJCT_DAY_NUM	N0350A Number of Days Insulin Injections
N0350B_INSLN_ORDR_DAY_NUM	N0350B Number of Days Insulin Orders Changed
N0400A_ANTIPSYCHTC_CD	N0400A Medications Received: Antipsychotic Code
N0400B_ANTINXTY_CD	N0400B Medications Received: Antianxiety Code
N0400C_ANTIDPRSNT_CD	N0400C Medications Received: Antidepressant Code
N0400D_HPNTC_CD	N0400D Medications Received: Hypnotic Code
N0400E_ANTICOAGLNT_CD	N0400E Medications Received: Anticoagulant Code
N0400F_ANTBTC_CD	N0400F Medications Received: Antibiotic Code
N0400G_DRCT_CD	N0400G Medications Received: Diuretic Code
N0400Z_NO_MDCTN_RCVD_CD	N0400Z Medications Received: None of Above

Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
N0410A_ANTIPSYCHTC_DAY_NUM	N0410A Medications Received: Antipsychotic Number Days
N0410B_ANTINXTY_DAY_NUM	N0410B Medications Received: Antianxiety Number Days
N0410C_ANTIDPRSNT_DAY_NUM	N0410C Medications Received: Antidepressant Number Days
N0410D_HPNTC_DAY_NUM	N0410D Medications Received: Hypnotic Number Days
N0410E_ANTICOAGLNT_DAY_NUM	N0410E Medications Received: Anticoagulant Number Days
N0410F_ANTBTC_DAY_NUM	N0410F Medications Received: Antibiotic Number Days
N0410G_DRTC_DAY_NUM	N0410G Medications Received: Diuretic Number Days
O0100A1_CHMTHRPY_PRIOR_CD	O0100A1 Special Treatments/Programs: Chemotherapy Pre-admit Code
O0100A2_CHMTHRPY_POST_CD	O0100A2 Special Treatments/Programs: Chemotherapy Post-admit Code
O0100B1_RDTN_PRIOR_CD	O0100B1 Special Treatments/Programs: Radiation Pre-admit Code
O0100B2_RDTN_POST_CD	O0100B2 Special Treatments/Programs: Radiation Post-admit Code
O0100C1_OXGN_PRIOR_CD	O0100C1 Special Treatments/Programs: Oxygen Pre-admit Code
O0100C2_OXGN_POST_CD	O0100C2 Special Treatments/Programs: Oxygen Post-admit Code
O0100D1_SCTNG_PRIOR_CD	O0100D1 Special Treatments/Programs: Suctioning Pre-admit Code
O0100D2_SCTNG_POST_CD	O0100D2 Special Treatments/Programs: Suctioning Post-admit Code
O0100E1_TRCHOSTMY_PRIOR_CD	O0100E1 Special Treatments/Programs: Tracheostomy Pre-admit Code
O0100E2_TRCHOSTMY_POST_CD	O0100E2 Special Treatments/Programs: Tracheostomy Post-admit Code
O0100F1_VNTLTR_PRIOR_CD	O0100F1 Special Treatments/Programs: Ventilator Pre-admit Code
O0100F2_VNTLTR_POST_CD	O0100F2 Special Treatments/Programs: Ventilator Post-admit Code
O0100G1_CPAP_PRIOR_CD	O0100G1 Special Treatments/Programs: Continuous Positive Airway Pressure Pre-admit Code
O0100G2_CPAP_POST_CD	O0100G2 Special Treatments/Programs: Continuous Positive Airway Pressure Post-admit Code
O0100H1_IV_MDCTN_PRIOR_CD	O0100H1 Special Treatments/Programs: Intravenous Medication Pre-admit Code
O0100H2_IV_MDCTN_POST_CD	O0100H2 Special Treatments/Programs: Intravenous Medication Post-admit Code
O0100I1_TRNSFSN_PRIOR_CD	O0100I1 Special Treatments/Programs: Transfusion Pre-admit Code
O0100I2_TRNSFSN_POST_CD	O0100I2 Special Treatments/Programs: Transfusion Post-admit Code
O0100J1_DLYS_PRIOR_CD	O0100J1 Special Treatments/Programs: Dialysis Pre-admit Code
O0100J2_DLYS_POST_CD	O0100J2 Special Treatments/Programs: Dialysis Post-admit Code
O0100K1_HOSPC_PRIOR_CD	O0100K1 Special Treatments/Programs: Hospice Pre-admit Code
O0100K2_HOSPC_POST_CD	O0100K2 Special Treatments/Programs: Hospice Post-admit Code
O0100L2_RESP_POST_CD	O0100L2 Special Treatments/Programs: Respite Post-admit Code
O0100M1_ISLTN_PRIOR_CD	O0100M1 Special Treatments/Programs: Isolation Pre-admit Code
O0100M2_ISLTN_POST_CD	O0100M2 Special Treatments/Programs: Isolation Post-admit Code
O0100Z1_NO_TRTMT_PRIOR_CD	O0100Z1 Special Treatments/Programs: None of Above Pre-admit Treatment Prior Code
O0100Z2_NO_TRTMT_POST_CD	O0100Z2 Special Treatments/Programs: None of Above Treatment Post-admit Code
O0250A_INFLNZ_RCVD_CD	O0250A Influenza Received Code
O0250B_INFLNZ_RCVD_DT	O0250B Influenza Received Date
O0250C_RSN_INFLNZ_NOT_RCV_CD	O0250C Reason Influenza Not Received Code
O0300A_PPV_CD	O0300A Pneumococcal Vaccination Code
O0300B_RSN_PPV_NOT_RCV_CD	O0300B Reason Pneumococcal Vaccination Not Received Code
O0400A1_SPCH_THRPY_IND_MIN_NUM	O0400A1 Speech Therapy/Audiology Individual Minutes Number
O0400A2_SPCH_THRPY_CNC_MIN_NUM	O0400A2 Speech Therapy/Audiology Concurrent Minutes Number
O0400A3_SPCH_THRPY_GRP_MIN_NUM	O0400A3 Speech Therapy/Audiology Group Minutes Number
O0400A3A_ST_TRTMT_MINUTE_NUM	O0400A3A Therapy/Audiology Co-Treatment Minutes Number
O0400A4_SPCH_THRPY_DAY_NUM	O0400A4 Number of Days Speech Therapy/Audiology Administered
O0400A5_SPCH_THRPY_STRT_DT	O0400A5 Speech Therapy/Audiology Start Date
O0400A6_SPCH_THRPY_END_DT	O0400A6 Speech Therapy/Audiology End Date
O0400B1_OT_INDVDL_MIN_NUM	O0400B1 Occupational Therapy Individual Minutes Number
O0400B2_OT_CNCRNT_MIN_NUM	O0400B2 Occupational Therapy Concurrent Minutes Number
O0400B3_OT_GRP_MIN_NUM	O0400B3 Occupational Therapy Group Minutes Number
O0400B3A_OT_TRTMT_MINUTE_NUM	O0400B3A Occupational Therapy Co-Treatment Minutes Number
O0400B4_OT_DAY_NUM	O0400B4 Number of Days Occupational Therapy Administered
O0400B5_OT_STRT_DT	O0400B5 Occupational Therapy Start Date
O0400B6_OT_END_DT	O0400B6 Occupational Therapy End Date

Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
O0400C1_PT_INDVDL_MIN_NUM	O0400C1 Physical Therapy Individual Minutes Number
O0400C2_PT_CNCRNT_MIN_NUM	O0400C2 Physical Therapy Concurrent Minutes Number
O0400C3_PT_GRP_MIN_NUM	O0400C3 Physical Therapy Group Minutes Number
O0400C3A_PT_TRTMT_MINUTE_NUM	O0400B3A Physical Therapy Co-Treatment Minutes Number
O0400C4_PT_DAY_NUM	O0400C4 Number of Days Physical Therapy Administered
O0400C5_PT_STRT_DT	O0400C5 Physical Therapy Start Date
O0400C6_PT_END_DT	O0400C6 Physical Therapy End Date
O0400D1_RT_MIN_NUM	O0400D1 Respiratory Therapy Minutes Number
O0400D2_RT_DAY_NUM	O0400D2 Number of Days Respiratory Therapy Administered
O0400E1_PSYCH_THRPY_MIN_NUM	O0400E1 Psychological Therapy Minutes Number
O0400E2_PSYCH_THRPY_DAY_NUM	O0400E2 Number of Days Psychological Therapy Administered
O0400F1_RCRTNL_THRPY_MIN_NUM	O0400F1 Recreational Therapy Minutes Number
O0400F2_RCRTNL_THRPY_DAY_NUM	O0400F2 Number of Days Recreational Therapy Administered
O0420_DSTNCT_THRPY_DAY_NUM	O0420 Number of Distinct Calendar Days of Therapy Administered
O0450A_RSMPN_THRPY_CD	O0450A Has Therapy Resumed Code
O0450B_RSMPN_THRPY_DT	O0450B Date Therapy Resumed
O0500A_PSV_ROM_NUM	O0500A Restorative Nursing: Passive Range of Motion Number
O0500B_ACTV_ROM_NUM	O0500B Restorative Nursing: Active Range of Motion Number
O0500C_BRC_ASTNC_NUM	O0500C Restorative Nursing: Splint/Brace Assistance Number
O0500D_BED_MBLTY_TRNG_NUM	O0500D Restorative Nursing: Bed Mobility Training Number
O0500E_TRNSFR_TRNG_NUM	O0500E Restorative Nursing: Transfer Training Number
O0500F_WLKG_TRNG_NUM	O0500F Restorative Nursing: Walking Training Number
O0500G_DRSG_TRNG_NUM	O0500G Restorative Nursing: Dressing/Grooming Training Number
O0500H_EATG_TRNG_NUM	O0500H Restorative Nursing: Eating/Swallowing Training Number
O0500I_AMPUTT_N_TRNG_NUM	O0500I Restorative Nursing: Amputation/Prosthesis Care Training Number
O0500J_COMMUN_TRNG_NUM	O0500J Restorative Nursing: Communication Training Number
O0600_PHYSN_EXMN_NUM	O0600 Physician Examination Day Number
O0700_PHYSN_ORDR_NUM	O0700 Physician Order Day Number
P0100A_BED_RAIL_CD	P0100A Physical Restraints in Bed: Bed Rail Code
P0100B_TRNK_RSTRNT_BED_CD	P0100B Physical Restraints in Bed: Trunk Restraint Bed Code
P0100C_LMB_RSTRNT_BED_CD	P0100C Physical Restraints in Bed: Limb Restraint Bed Code
P0100D_OTHR_RSTRNT_BED_CD	P0100D Physical Restraints in Bed: Other Restraint Bed Code
P0100E_TRNK_RSTRNT_CHR_CD	P0100E Physical Restraints in Chair: Trunk Restraint Chair Code
P0100F_LMB_RSTRNT_CHR_CD	P0100F Physical Restraints in Chair: Limb Restraint Chair Code
P0100G_CHR_PRVNT_RISE_CD	P0100G Physical Restraints in Chair: Chair Prevent Rise Code
P0100H_OTHR_RSTRNT_CHR_CD	P0100H Physical Restraints in Chair: Other Restraint Chair Code
V0100A_PRIOR_FED_OBRA_CD	V0100A Prior Assessment Federal OBRA Reason for Assessment Code
V0100B_PRIOR_PPS_CD	V0100B Prior Assessment PPS Reason for Assessment Code
V0100C_PRIOR_ASMT_RFRNC_DT	V0100C Prior Assessment Reference Date
V0100D_PRIOR_BIMS_SCRE_NUM	V0100D Prior Assessment Brief Interview for Mental Status (BIMS) Summary Score Number
V0100E_PRIOR_MOOD_SCRE_NUM	V0100E Prior Assessment Resident Mood Interview (PHQ-9) Total Severity Score Number
V0200A01A_DLRM_CTR_CD	V0200A01A Delirium Care Area Trigger Code
V0200A01B_DLRM_CPL_CD	V0200A01B Delirium Addressed in Care Plan Code
V0200A02A_DMNT_CTR_CD	V0200A02A Dementia Care Area Trigger Code
V0200A02B_DMNT_CPL_CD	V0200A02B Dementia Addressed in Care Plan Code
V0200A03A_VISL_FUNC_CTR_CD	V0200A03A Visual Function Care Area Trigger Code
V0200A03B_VISL_FUNC_CPL_CD	V0200A03B Visual Function Addressed in Care Plan Code
V0200A04A_COMMUN_CTR_CD	V0200A04A Communication Care Area Trigger Code
V0200A04B_COMMUN_CPL_CD	V0200A04B Communication Addressed in Care Plan Code
V0200A05A_ADL_CTR_CD	V0200A05A ADL Care Area Trigger Code
V0200A05B_ADL_CPL_CD	V0200A05B ADL Addressed in Care Plan Code
V0200A06A_URNRY_CTR_CD	V0200A06A Urinary Care Area Trigger Code
V0200A06B_URNRY_CPL_CD	V0200A06B Urinary Addressed in Care Plan Code

Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
V0200A07A_PSYCHSOC_CTR_CD	V0200A07A Psychosocial Care Area Trigger Code
V0200A07B_PSYCHSOC_CPL_CD	V0200A07B Psychosocial Addressed in Care Plan Code
V0200A08A_MOOD_CTR_CD	V0200A08A Mood Care Area Trigger Code
V0200A08B_MOOD_CPL_CD	V0200A08B Mood Addressed in Care Plan Code
V0200A09A_BHVRL_CTR_CD	V0200A09A Behavioral Care Area Trigger Code
V0200A09B_BHVRL_CPL_CD	V0200A09B Behavioral Addressed in Care Plan Code
V0200A10A_ACTVTY_CTR_CD	V0200A10A Activity Care Area Trigger Code
V0200A10B_ACTVTY_CPL_CD	V0200A10B Activity Addressed in Care Plan Code
V0200A11A_FALL_CTR_CD	V0200A11A Fall Care Area Trigger Code
V0200A11B_FALL_CPL_CD	V0200A11B Fall Addressed in Care Plan Code
V0200A12A_NTRNT_CTR_CD	V0200A12A Nutritional Care Area Trigger Code
V0200A12B_NTRNT_CPL_CD	V0200A12B Nutritional Addressed in Care Plan Code
V0200A13A_FEEDG_TUBE_CTR_CD	V0200A13A Feeding Tube Care Area Trigger Code
V0200A13B_FEEDG_TUBE_CPL_CD	V0200A13B Feeding Tube Addressed in Care Plan Code
V0200A14A_DHYDRTN_CTR_CD	V0200A14A Dehydration Care Area Trigger Code
V0200A14B_DHYDRTN_CPL_CD	V0200A14B Dehydration Addressed in Care Plan Code
V0200A15A_DNTL_CTR_CD	V0200A15A Dental Care Area Trigger Code
V0200A15B_DNTL_CPL_CD	V0200A15B Dental Addressed in Care Plan Code
V0200A16A_PRSR_ULCR_CTR_CD	V0200A16A Pressure Ulcer Care Area Trigger Code
V0200A16B_PRSR_ULCR_CPL_CD	V0200A16B Pressure Ulcer Addressed in Care Plan Code
V0200A17A_PSYCH_DRUG_CTR_CD	V0200A17A Psychotropic Drug Care Area Trigger Code
V0200A17B_PSYCH_DRUG_CPL_CD	V0200A17B Psychotropic Drug Addressed in Care Plan Code
V0200A18A_RSTRNT_CTR_CD	V0200A18A Restraint Care Area Trigger Code
V0200A18B_RSTRNT_CPL_CD	V0200A18B Restraint Addressed in Care Plan Code
V0200A19A_PAIN_CTR_CD	V0200A19A Pain Care Area Trigger Code
V0200A19B_PAIN_CPL_CD	V0200A19B Pain Addressed in Care Plan Code
V0200A20A_RTN_CMNTY_CTR_CD	V0200A20A Return to Community Care Area Trigger Code
V0200A20B_RTN_CMNTY_CPL_CD	V0200A20B Return to Community Addressed in Care Plan Code
V0200B2_CAT_DT	V0200B2 Care Area Assessment Completion Date
V0200C2_CARE_PLN_DT	V0200C2 Care Plan Completion Date
X0100_TRANS_TYPE_CD	X0100 Type of Record Code
X0150_CRCTN_PRVDR_TYPE_CD	X0150 Correction Provider Type Code
X0300_CRCTN_GNDR_CD	X0300 Correction Gender Code
X0400_CRCTN_BIRTH_DT	X0400 Correction Birth Date
X0600A_CRCTN_FED_OBRA_CD	X0600A Correction Federal OBRA Reason for Assessment Code
X0600B_CRCTN_PPS_CD	X0600B Correction PPS Reason for Assessment Code
X0600C_CRCTN_PPS_OMRA_CD	X0600C PPS Other Medicare Required Assessment (OMRA) Code
X0600D_CRCTN_SB_CLNCL_CHG_CD	X0600D Correction Swing Bed Clinical Change Code
X0600F_CRCTN_ENTRY_DSCHRG_CD	X0600F Correction Entry/Discharge Code
X0700A_CRCTN_ASMT_RFRNC_DT	X0700A Correction Assessment Reference Date
X0700B_CRCTN_DSCHRG_DT	X0700B Correction Discharge Date
X0700C_CRCTN_ENTRY_DT	X0700C Correction Entry Date
X0800_CRCTN_NUM	X0800 Correction Number
X0900A_MDFCTN_TRNSCRPT_ERR_CD	X0900A Reason for Modification: Transcription Error Code
X0900B_MDFCTN_ENTRY_ERR_CD	X0900B Reason for Modification: Data Entry Error Code
X0900C_MDFCTN_SFTWR_ERR_CD	X0900C Reason for Modification: Software Product Error Code
X0900D_MDFCTN_ITM_ERR_CD	X0900D Reason for Modification: Item Coding Error Code
X0900E_MDFCTN_ADD_THRPY_DT	X0900E Reason for Modification: Add Resume Therapy Date
X0900Z_MDFCTN_OTHR_CD	X0900Z Reason for Modification: Other Error Requiring Modification Code
X1050A_INACTV_NO_EVNT_CD	X1050A Reason for Inactivation: Event Did Not Occur Code
X1050Z_INACTV_OTHR_CD	X1050B Reason for Inactivation: Other Error Requiring Inactivation Code
X1100E_ATSTN_DT	X1100E Attestation Date
Z0100A_MDCR_HIPPS_TXT	Z0100A Medicare Part A HIPPS Code Text

Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
Z0100B_MDCR_RUG_VRSN_TXT	Z0100B Medicare Part A RUG Version Text
Z0100C_MDCR_SHRT_STAY_CD	Z0100C Medicare Part A Short Stay Assessment Code
Z0150A_MDCR_NTHRPY_HIPPS_TXT	Z0150A Medicare Part A Non-therapy HIPPS Code Text
Z0150B_MDCR_NTHRPY_RUGVRSN_TXT	Z0150B Medicare Non-therapy Part A RUG Version Text
Z0200A_STATE_RUG_GRP_TXT	Z0200A State Medicaid RUG Case Mix Group Text
Z0200B_STATE_RUG_VRSN_TXT	Z0200B State Medicaid RUG Version Text
Z0250A_STATE_2_RUG_GRP_TXT	Z0250A Alternate State Medicaid RUG Case Mix Group Text
Z0250B_STATE_2_RUG_VRSN_TXT	Z0250B Alternate State Medicaid RUG Version Text
Z0500B_RN_SGN_CMPLT_DT	Z0500B Date RN Assessment Coordinator Signed Assessment as Complete
A0310H_PTA_DSCHRG_ASMT_IND	A0310H SNF PPS Part A Discharge Assessment
C1310A_MENTL_STUS_CHG_IND	C1310A Acute Mental Status Change
C1310B_INTNTN_IND	C1310B Signs and Symptoms of Delirium: Inattention
C1310C_DSRRGNZD_THKNG_IND	C1310C Signs and Symptoms of Delirium: Disorganized Thinking
C1310D_LVL_OF_CNCSNS_IND	C1310D Signs and Symptoms of Delirium: Altered Level of Consciousness
GG0130A1_EATG_ABILITY_STRT_CD	GG0130A1 Self Care: Eating Ability at Start of SNF PPS Part A Stay
GG0130A2_EATG_GOAL_BY_END_CD	GG0130A2 Self Care: Eating Goal by End of SNF PPS Part A Stay
GG0130A3_EATG_ABILITY_END_CD	GG0130A3 Self Care: Eating Ability at End of SNF PPS Part A Stay
GG0130B1_ORAL_ABILITY_STRT_CD	GG0130B1 Self Care: Oral Hygiene Ability at Start of SNF PPS Part A Stay
GG0130B2_ORAL_GOAL_BY_END_CD	GG0130B2 Self Care: Oral Hygiene Goal by End of SNF PPS Part A Stay
GG0130B3_ORAL_ABILITY_END_CD	GG0130B3 Self Care: Oral Hygiene Ability at End of SNF PPS Part A Stay
GG0130C1_TOILT_ABILITY_STRT_CD	GG0130C1 Self Care: Toileting Hygiene Ability at Start of SNF PPS Part A Stay
GG0130C2_TOILT_GOAL_BY_END_CD	GG0130C2 Self Care: Toileting Hygiene Goal by End of SNF PPS Part A Stay
GG0130C3_TOILT_ABILITY_END_CD	GG0130C3 Self Care: Toileting Hygiene Ability at End of SNF PPS Part A Stay
GG0170B1_SIT_LYNG_STRT_CD	GG0170B1 Mobility: Sit to Lying Ability at Start of SNF PPS Part A Stay
GG0170B2_SIT_LYNG_GOAL_END_CD	GG0170B2 Mobility: Sit to Lying Goal by End of SNF PPS Part A Stay
GG0170B3_SIT_LYNG_END_CD	GG0170B3 Mobility: Sit to Lying Ability at End of SNF PPS Part A Stay
GG0170C1_STTG_BED_SIDE_STRT_CD	Lying to Sitting at Side of Bed Ability at Start of SNF PPS Part A Stay
GG0170C2_STTG_BED_SIDE_GOAL_CD	Lying to Sitting at Side of Bed Goal by End of SNF PPS Part A Stay
GG0170C3_STTG_BED_SIDE_END_CD	Lying to Sitting at Side of Bed Ability at End of SNF PPS Part A Stay
GG0170D1_STTG_STNDG_STRT_CD	GG0170D1 Mobility: Sitting to Standing Ability at Start of SNF PPS Part A Stay
GG0170D2_STTG_STNDG_GOAL_CD	GG0170D2 Mobility: Sitting to Standing Goal by End of SNF PPS Part A Stay
GG0170D3_STTG_STNDG_END_CD	GG0170D3 Mobility: Sitting to Standing Ability at End of SNF PPS Part A Stay
GG0170E1_TRNSFR_STRT_CD	Chair/Bed to Chair Transfer Ability at Start of SNF PPS Part A Stay
GG0170E2_TRNSFR_GOAL_BY_END_CD	Chair/Bed to Chair Transfer Goal by End of SNF PPS Part A Stay
GG0170E3_TRNSFR_END_CD	Chair/Bed to Chair Transfer Ability at End of SNF PPS Part A Stay
GG0170F1_TOILT_TRNSFR_STRT_CD	GG0170F1 Mobility: Toilet Transfer at Start of SNF PPS Part A Stay
GG0170F2_TOILT_TRNSFR_GOAL_CD	GG0170F2 Mobility: Toilet Transfer Goal by End of SNF PPS Part A Stay
GG0170F3_TOILT_TRNSFR_END_CD	GG0170F3 Mobility: Toilet Transfer at End of SNF PPS Part A Stay
GG0170H1_RSDNT_WLK_STRT_CD	GG0170H1 Mobility: Does Resident Walk at Start of SNF PPS Part A Stay
GG0170H3_RSDNT_WLK_END_CD	GG0170H3 Mobility: Does Resident Walk at End of SNF PPS Part A Stay
GG0170J1_WLK_50_2_TURN_STRT_CD	Mobility: Ability to Walk 50 Feet With Two Turns at Start of SNF PPS Part A Stay
GG0170J2_WLK_50_2_TURN_GOAL_CD	Mobility: Goal to Walk 50 Feet With Two Turns by End of SNF PPS Part A Stay
GG0170J3_WLK_50_2_TURN_END_CD	Mobility: Ability to Walk 50 Feet With Two Turns at End of SNF PPS Part A Stay
GG0170K1_WLK_150_STRT_CD	GG0170K1 Mobility: Ability to Walk 150 Feet at Start of SNF PPS Part A Stay
GG0170K2_WLK_150_BYGOAL_CD	GG0170K2 Mobility: Goal to Walk 150 Feet by End of SNF PPS Part A Stay
GG0170K3_WLK_150_END_CD	GG0170K3 Mobility: Ability to Walk 150 Feet at End of SNF PPS Part A Stay
GG0170Q1_USE_WLCHR_STRT_CD	GG0170Q1 Mobility: Uses Wheelchair/Scooter at Start of SNF PPS Part A Stay
GG0170Q3_USE_WLCHR_END_CD	GG0170Q3 Mobility: Uses Wheelchair/Scooter at End of SNF PPS Part A Stay
GG0170R1_WHEEL_50_2_TURN_STRT	Ability to Wheel 50 Feet With Two Turns at Start of SNF PPS Part A Stay
GG0170R2_WHEEL_50_2_TURN_GOAL	Mobility: Goal to Wheel 50 Feet With Two Turns by End of SNF PPS Part A Stay
GG0170R3_WHEEL_50_2_TURN_END_C	Mobility: Ability to Wheel 50 Feet With Two Turns at End of SNF PPS Part A Stay
GG0170RR1_TYPE_OF_WLCHR_STRT_C	GG0170RR1 Type of Wheelchair Used to Propel 50 Feet at SNF PPS Part A Admission
GG0170RR3_TYPE_OF_WLCHR_END_CD	Type of Wheelchair Used to Propel 50 Feet at End of SNF PPS Part A Stay

Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
GG0170S1_WHEEL_150_STRT_CD	Ability to Wheel at Least 150 Feet in Corridor at Start of SNF PPS Part A Stay
GG0170S2_WHEEL_150_GOAL_CD	GG0170S2 Mobility: Goal to Wheel at Least 150 Feet by End of SNF PPS Part A Stay
GG0170S3_WHEEL150_END_CD	Ability to Wheel at Least 150 Feet in Corridor at End of SNF PPS Part A Stay
GG0170SS1_TYPE_OF_WLCHR_150_ST	Type of Wheelchair Used to Propel 150 Feet at Start of SNF PPS Part A Stay
GG0170SS3_TYPE_OF_WLCHR150_END	Type of Wheelchair Used to Propel 150 Feet at End of SNF PPS Part A Stay
X0600H_CRCTN_TYPE_OF_ASMT_IND	X0600H Correction Type of Assessment: SNF PPS Part A Discharge Assessment
N0410H_RCVD_OPIOID_DAYS_NUM	N0410H Medications Received: Opioid Number Days
N0450A_ANTPSYCT_MDCTNS_CNT	N0450A Resident Received Antipsychotic Medications
N0450B_DOSE_RDCTN_SW	N0450B Gradual Dose Reduction
N0450C_LAST_ATMPTED_GDR_DT	N0450C Date of Last Attempted GDR
N0450D_GDR_DOCD_CONTRA_SW	N0450D GDR Physician Documented Contraindicated
N0450E_GRADUAL_PHYSN_DOCD_DT	N0450E Gradual Physician Documented Date
P0200A_BED_ALARM_IND	P0200A Bed Alarm
P0200B_CHR_ALARM_IND	P0200B Chair Alarm
P0200C_FLR_MAT_ALARM_IND	P0200C Floor Mat Alarm
P0200D_MTN_SENSOR_ALARM_IND	P0200D Motion Sensor Alarm
P0200E_WNDR_ALARM_IND	P0200E Wander/Elopement Alarm
P0200F_OTHR_ALARM_IND	P0200F Other Alarm
GG0100A_PRIOR_SELF_CARE_IND	GG0100A Prior Self Care Indicator
GG0100B_PRIOR_INDR_MBLTY_IND	GG0100B Prior Indoor Mobility Indicator
GG0100C_PRIOR_STRS_IND	GG0100C Prior Stairs Indicator
GG0100D_PRIOR_FNCTNL_CGNTN_IND	GG0100D Prior Functional Cognition Indicator
GG0110A_PRIOR_MNL_WLCHR_IND	GG0110A Prior Manual Wheelchair Indicator
GG0110B_PRIOR_MTRZD_WLCHR_IND	GG0110B Prior Motorized Wheelchair Indicator
GG0110C_PRIOR_MCHNCL_LIFT_IND	GG0110C Prior Mechanical Lift Indicator
GG0110D_PRIOR_WLKR_IND	GG0110D Prior Walker Indicator
GG0110E_PRIOR_ORTHTCS_IND	GG0110E Prior Orthotics Indicator
GG0110Z_PRIOR_NONE_OF_THE_ABV	GG0110Z Prior None Of The Above Indicator
GG0130E1_BTHE_SELF_STRT_CD	GG0130E1 Bathe Self Start Indicator
GG0130E2_BTHE_SELF_GOAL_CD	GG0130E2 Bathe Self Goal Indicator
GG0130E3_BTHE_SELF_END_CD	GG0130E3 Bathe Self End Indicator
GG0130F1_UPR_DRNG STRT_CD	GG0130F1 Upper Dressing Start Indicator
GG0130F2_UPR_DRNG_GOAL_CD	GG0130F2 Upper Dressing Goal Indicator
GG0130F3_UPR_DRNG_END_CD	GG0130F3 Upper Dressing End Indicator
GG0130G1_LWR_DRNG STRT_CD	GG0130G1 Lower Dressing Start Indicator
GG0130G2_LWR_DRNG_GOAL_CD	GG0130G2 Lower Dressing Goal Indicator
GG0130G3_LWR_DRNG_END_CD	GG0130G3 Lower Dressing End Indicator
GG0130H1_ON_OFF_FTWR_STRT_CD	GG0130H1 On Off Footwear Start Indicator
GG0130H2_ON_OFF_FTWR_GOAL_CD	GG0130H2 On Off Footwear Goal Indicator
GG0130H3_ON_OFF_FTWR_END_CD	GG0130H3 On Off Footwear End Indicator
GG0170A1_ROLL_STRT_CD	GG0170A1 Roll Start Indicator
GG0170A2_ROLL_GOAL_CD	GG0170A2 Roll Goal Indicator
GG0170A3_ROLL_END_CD	GG0170A3 Roll End Indicator
GG0170G1_CAR_TRNSFR_STRT_CD	GG0170G1 Car Transfer Start Indicator
GG0170G2_CAR_TRNSFR_GOAL_CD	GG0170G2 Car Transfer Goal Indicator
GG0170G3_CAR_TRNSFR_END_CD	GG0170G3 Car Transfer End Indicator
GG0170I1_WLK_10_FEET_STRT_CD	GG0170I1 Once Standing, Walk 10 Feet Start Indicator
GG0170I2_WLK_10_FEET_GOAL_CD	GG0170I2 Walk 10 Feet Goal Indicator
GG0170I3_WLK_10_FEET_END_CD	GG0170I3 Once Standing, Walk 10 Feet End Indicator
GG0170L1_WLKG_UNEVEN_STRT_CD	GG0170L1 Walking Uneven Start Indicator
GG0170L2_WLKG_UNEVEN_GOAL_CD	GG0170L2 Walking Uneven Goal Indicator
GG0170L3_WLKG_UNEVEN_END_CD	GG0170L3 Wlkg Uneven End Indicaty to
GG0170M1_1_STP_STRT_CD	GG0170M1 1 Step Start Indicator

Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
GG0170M2_1_STP_GOAL_CD	GG0170M2 1 Step Goal Indicator
GG0170M3_1_STP_END_CD	GG0170M3 1 Step End Indicator
GG0170N1_4_STP_STRT_CD	GG0170N1 4 Step Start Indicator
GG0170N2_4_STP_GOAL_CD	GG0170N2 4 Step Goal Indicator
GG0170N3_4_STP_END_CD	GG0170N3 4 Step End Indicator
GG0170O1_12_STP_STRT_CD	GG0170O1 12 Step Start Indicator
GG0170O2_12_STP_GOAL_CD	GG0170O2 12 Stp Goal Indicato
GG0170O3_12_STP_END_CD	GG0170O3 12 Stp End Indicaty to
GG0170P1_PCKNG_UP_OBJ_STRT_CD	GG0170P1 Picking Up Object Start Indicator
GG0170P2_PCKNG_UP_OBJ_GOAL_CD	GG0170P2 Picking Up Object Goal Indicator
GG0170P3_PCKNG_UP_OBJ_END_CD	GG0170P3 Picking Up Object End Indicator
I0020A_OTHR_MDCL_COND_ICD_CD	I0020A Other Medical Condition ICD Code
I0020_PRMRY_MDCL_COND_CTGRY_CD	I0020 Primary Medical Condition Category
J2000_PRIOR_SRGRY_IND	J2000 Prior Surgry Indicator
N2001_DRUG_RGMN_RVW_IND	N2001 Drug Regimen Review Indicator
N2003_MDCTN_FLW_UP_IND	N2003 Medicationn Follow Up Indicator
N2005_MDCTN_INTRVTN_IND	N2005 Medication Intervention Indicator

Long-Term Care Minimum Data Set Facility File

<u>Variable Name</u>	<u>Variable Label</u>
FILE_YEAR4	Year of facility information (YYYY)
FACILITY_ID	Facility Internal ID
STATE_ID	State Abbreviation Code
PRVDR_STATE_CD	Mailing State Code
PRVDR_ZIP_CD	ZIP Code
PRVDR_MLG_ZIP_PLUS_CD	Mailing Plus ZIP Code
PRVDR_CTGRY_CD	Provider Category Code
PRVDR_CLOSE_DT	Provider Closed Date
ADD_DT	Add Date