

**Restricted-use Linked NCHS-CMS Medicare Data  
Durable Medical Equipment (DME) Line Items  
DATE CREATED: 02FEB2017  
Number of Variables: 52**

Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
SURVEY	NCHS SURVEY NAME	Char	20	-	
PUBLICID	NHIS PUBLIC USE ID	Char	14	ID	
SEQN	NHANES SAMPLE SEQUENCE NUMBER (PUBLIC ID)	Num	8	ID	
RESNUM	NNHS RESIDENT ID NUMBER (PUBLIC)	Num	8	ID	
PATNUM	Patient/Discharge Record (Case) Number in public-use file	Num	8	ID	
FILE_YEAR4	Beneficiary Enrollment Reference Year (YYYY)	Num	4	1999-2013	
NCHS_CLM_ID	NCHS CLAIM ID	Num	8		
LINE_NUM	Claim Line Number	Num	8		
NCH_CLM_TYPE_CD	NCH Claim Type Code	Char	2	81	RIC M DMERC non-DMEPOS claim
				82	RIC M DMERC DMEPOS claim
CLM_THRU_DT	Claim Through Date (Determines Year of Claim)	Num	4		
TAX_NUM	Line Provider Tax Number	Char	10	-	
PRVDR_SPCLTY	Line HCFA Provider Specialty Code	Char	3	**OTHER**	Unknown
				01	General practice
				02	General surgery

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				03	Allergy/immunology
				04	Otolaryngology
				05	Anesthesiology
				06	Cardiology
				07	Dermatology
				08	Family practice
				10	Gastroenterology
				11	Internal medicine
				12	Osteopathic manipulative therapy
				13	Neurology
				14	Neurosurgery
				16	Obstetrics/gynecology
				18	Ophthalmology
				19	Oral surgery (dentists only)
				20	Orthopedic surgery
				22	Pathology
				24	Plastic and reconstructive surgery
				25	Physical medicine and rehabilitation
				26	Psychiatry
				29	Pulmonary disease
				30	Diagnostic radiology
				33	Thoracic surgery
				34	Urology
				35	Chiropractic

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				37	Pediatric medicine
				38	Geriatric medicine
				39	Nephrology
				40	Hand surgery
				41	Optometry (revised 10/93 to mean optometrist)
				43	CRNA (eff. 1/87) (Anesthesiologist Assistants were removed from this specialty 4/1/03)
				44	Infectious disease
				46	Endocrinology (eff 5/92)
				48	Podiatry
				49	Ambulatory surgical center (formerly miscellaneous)
				50	Nurse practitioner
				51	Medical supply company with certified orthotist (certified by American Board for Certification in Prosthetics And Orthotics)
				52	Medical supply company with certified prosthetist (certified by American Board for Certification In Prosthetics And Orthotics)
				53	Medical supply company with certified prosthetist-orthotist (certified by American Board for Certification in Prosthetics and Orthotics)
				54	Medical supply company not included in 51, 52, or 53. (Revised 10/93 to mean medical supply company for DMERC)
				55	Individual certified orthotist
				56	Individual certified prosthetist
				57	Individual certified prosthetist-orthotist
				58	Individuals not included in 55, 56, or 57, (revised 10/93 to mean medical supply company with registered pharmacist)
				59	Ambulance service supplier, e.g., private ambulance companies, funeral homes, etc.
				63	Portable X-ray supplier
				64	Audiologist (billing independently)

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				65	Physical therapist (private practice added 4/1/03) (independently practicing removed 4/1/03)
				66	Rheumatology (eff 5/92) Note: during 93/94 DMERC also used this to mean medical supply company with respiratory therapist
				67	Occupational therapist (private practice added 4/1/03) (independently practicing removed 4/1/03)
				70	Multispecialty clinic or group practice
				72	Pain Management (eff. 1/1/02)
				76	Peripheral vascular disease (eff 5/92)
				77	Vascular surgery (eff 5/92)
				82	Hematology (eff 5/92)
				83	Hematology/oncology (eff 5/92)
				84	Preventive medicine (eff 5/92)
				85	Maxillofacial surgery (eff 5/92)
				87	All other suppliers (e.g. drug and department stores) (note: DMERC used 87 to mean department store from 10/93 through 9/94; recoded eff 10/94 to A7; NCH cross-walked DMERC reported 87 to A7.
				89	Certified clinical nurse specialist
				90	Medical oncology (eff 5/92)
				91	Surgical oncology (eff 5/92)
				92	Radiation oncology (eff 5/92)
				93	Emergency medicine (eff 5/92)
				94	Interventional radiology (eff 5/92)
				96	Optician (eff 10/93)
				99	Unknown physician specialty
				A0	Hospital (eff 10/93) (DMERCs only)
				A1	SNF (eff 10/93) (DMERCs only)
				A2	Intermediate care nursing facility (eff 10/93) (DMERCs only)

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				A3	Nursing facility, other (eff 10/93) (DMERCs only)
				A4	HHA (eff 10/93) (DMERCs only)
				A5	Pharmacy (eff 10/93) (DMERCs only)
				A6	Medical supply company with respiratory therapist (eff 10/93) (DMERCs only)
				A7	Department store (for DMERC use: eff 10/94, but cross-walked from code 87 eff 10/93)
				A8	Grocery store (for DMERC use: eff 10/94, but cross-walked from code 88 eff 10/93)
				B1	Supplier of oxygen and/or oxygen related equipment (eff. 10/2/07)
				B2	Pedorthic Personnel (eff. 10/2/07)
				B3	Medical Supply Company with Pedorthic Personnel (eff. 10/2/07)
				B4	Rehabilitation Agency (eff. 10/2/07)
PRTCPTNG_IND_CD	Line Provider Participating Indicator Code	Char	1	1	Participating
				2	All or some covered and allowed expenses applied to deductible Participating
				3	Assignment accepted/non-participating
				4	Assignment not accepted/non-participating
				5	Assignment accepted but all or some covered and allowed expenses applied to deductible Non-participating.
				6	Assignment not accepted and all covered and allowed expenses applied to deductible non-participating.
				7	Participating provider not accepting assignment.
LINE_SRVC_CNT	Line Service Count	Num	4		
LINE_CMS_TYPE_SRVC_CD	Line HCFA Type Service Code	Char	1	1	Medical care
				2	Surgery
				4	Diagnostic radiology

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				5	Diagnostic laboratory
				9	Other medical items or services
				A	Used durable medical equipment (DME)
				D	Ambulance (eff 04/95)
				E	Enteral/parenteral nutrients/supplies (eff 04/95)
				G	Immunosuppressive drugs
				J	Diabetic shoes (eff 04/95)
				K	Hearing items and services (eff 04/95)
				L	ESRD supplies (eff 04/95) (renal supplier in the home before 04/95)
				P	Lump sum purchase of DME, prosthetics orthotics
				Q	Vision items or services
				R	Rental of DME
				S	Surgical dressings or other medical supplies (eff 04/95)
LINE_PLACE_OF_SRVC_CD	Line Place Of Service Code	Char	2	**OTHER**	Miscoded
				11	Office, 'Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF)
				12	Home, 'Location, other than a hospital or other facility, where the patient receives care in a private residence.'
				13	Assisted Living Facility, 'Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the ca
				14	Group Home, 'A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medic
				15	Mobile Unit, 'A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.'
				16	Temporary Lodging, 'A short term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.'

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				17	Walk-in Retail Health Clinic. 'A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located
				20	Urgent Care Facility 'Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking i
				21	Inpatient Hospital 'A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of p
				22	Outpatient Hospital 'A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitali
				23	Emergency Room - Hospital A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
				24	Ambulatory Surgical Center 'A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.'
				31	Skilled Nursing Facility 'A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not pro
				32	Nursing Facility 'A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, heal
				33	Custodial Care Facility 'A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.'
				34	Hospice 'A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.'
				41	Ambulance - Land 'A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.'
				42	Ambulance - Air or Water 'An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.'
				49	Independent Clinic 'A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitat
				50	Federally Qualified Health Center A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
				51	Inpatient Psychiatric Facility 'A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physicia

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				52	Psychiatric Facility-Partial Hospitalization 'A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospita
				54	Intermediate Care Facility/Mentally Retarded A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provid
				55	Residential Substance Abuse Treatment Facility 'A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include
				56	Psychiatric Residential Treatment Center A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living
				60	Mass Immunization Center 'A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using th
				62	Comprehensive Outpatient Rehabilitation Facility 'A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Service
				65	End-Stage Renal Disease Treatment Facility 'A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care b
				72	Rural Health Clinic A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.
				81	Independent Laboratory A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
				99	Other Place of Service Other place of service not identified above.
LINE_1ST_EXPNS_DT	Line First Expense Date	Num	4		
LINE_LAST_EXPNS_DT	Line Last Expense Date	Num	4		
HCPCS_CD	Line Healthcare Common Procedure Coding System	Char	5	-	
HCPCS_1ST_MDFR_CD	Line HCPCS Initial Modifier Code	Char	5	-	
HCPCS_2ND_MDFR_CD	Line HCPCS Second Modifier Code	Char	5	-	



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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
BETOS_CD	Line NCH BETOS Code	Char	3	-	
LINE_NCH_PMT_AMT	Line NCH Payment Amount	Num	8		
LINE_BENE_PMT_AMT	Line Beneficiary Payment Amount	Num	8		
LINE_PRVDR_PMT_AMT	Line Provider Payment Amount	Num	8		
LINE_BENE_PTBL_DDCTBL_AMT	Line Beneficiary Part B Deductible Amount	Num	8		
LINE_BENE_PRMRY_PYR_CD	Line Beneficiary Primary Payer Code	Char	1		Medicare is primary payer (not sure of effective date: in use 1/91, if not earlier)
				**OTHER**	Miscoded
				A	Working aged bene/spouse with employer group health plan (EGHP)
				B	End stage renal disease (ESRD) beneficiary in the 18 month coordination period with an employer group health plan
				C	Conditional payment by Medicare; future reimbursement expected
				D	Automobile no-fault (eff. 4/97; Prior to 3/94, also included any liability insurance)
				E	Workers' compensation
				F	Public Health Service or other federal agency (other than Dept. of Veterans Affairs)
				G	Working disabled bene (under age 65 with LGHP)
				H	Black Lung
				I	Dept. of Veterans Affairs
				L	Any liability insurance (eff. 4/97) (eff. 12/90 for carrier claims and 10/93 for FI claims; obsoleted for all claim types 7/1/96)
				M	Override code: EGHP services involved (eff. 12/90 for carrier claims and 10/93 for FI claims; obsoleted for all claim types 7/1/96)

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				N	Override code: non-EGHP services involved (eff. 12/90 for carrier claims and 10/93 for FI claims; obsoleted for all claim types 7/1/96)
LINE_BENE_PRMRY_PYR_PD_AMT	Line Beneficiary Primary Payer Paid Amount	Num	8		
LINE_COINSRNC_AMT	Line Coinsurance Amount	Num	8		
LINE_PRMRY_ALOWD_CHRG_AMT	Line Primary Payer Allowed Charge Amount	Num	8		
LINE_SBMTD_CHRG_AMT	Line Submitted Charge Amount	Num	8		
LINE_ALOWD_CHRG_AMT	Line Allowed Charge Amount	Num	8		
LINE_PRCSG_IND_CD	Line Processing Indicator Code	Char	2	**OTHER**	Miscoded
				12	MSP cost avoided - BC/BS Voluntary Agreements
				14	MSP cost avoided - Workman's Compensation (WC) Datamatch
				21	MSP cost avoided - MIR Group Health Plan (eff.1/2009)
				22	MSP cost avoided - MIR non-Group Health Plan (eff.1/2009)
				A	Allowed
				B	Benefits exhausted
				C	Noncovered care
				I	Invalid data
				M	Multiple submittal--duplicate line item
				N	Medically unnecessary
				O	Other
				Q	MSP cost avoided (contractor #88888) - voluntary agreement (eff. 1/98)

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				R	Reprocessed--adjustments based on subsequent reprocessing of claim
				S	Secondary payer
				T	MSP cost avoided - IEQ contractor (eff. 7/76)
				U	MSP cost avoided - HMO rate cell adjustment (eff. 7/96)
				V	MSP cost avoided - litigation settlement (eff. 7/96)
				X	MSP cost avoided - generic
				Y	MSP cost avoided - IRS/SSA data match project
LINE_PMT_80_100_CD	Line Payment 80%/100% Code	Char	1	-	
LINE_SERVICE_DEDUCTIBLE	Line Service Deductible Indicator Switch	Char	1	0	SERVICE SUBJECT TO DEDUCTIBLE
				1	SERVICE NOT SUBJECT TO DEDUCTIBLE
LINE_ICD_DGNS_CD	Line Diagnosis Code Code	Char	7	-	
LINE_ICD_DGNS_VRSN_CD	Line Diagnosis Code Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
LINE_DME_PRCHS_PRICE_AMT	Line DME Purchase Price Amount	Num	8		
PRVDR_NUM	DMERC Line Supplier Provider Number	Char	10	-	
PRVDR_NPI	DMERC Line Item Supplier NPI Number	Char	12	-	
DMERC_LINE_PRCNG_STATE_CD	DMERC Line Pricing State Code	Char	2	**OTHER**	Miscoded

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				01	Alabama
				02	Alaska
				03	Arizona
				04	Arkansas
				05	California
				06	Colorado
				07	Connecticut
				08	Delaware
				09	District of Columbia
				10	Florida
				11	Georgia
				12	Hawaii
				13	Idaho
				14	Illinois
				15	Indiana
				16	Iowa
				17	Kansas
				18	Kentucky
				19	Louisiana
				20	Maine
				21	Maryland
				22	Massachusetts
				23	Michigan
				24	Minnesota

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				25	Mississippi
				26	Missouri
				27	Montana
				28	Nebraska
				29	Nevada
				30	New Hampshire
				31	New Jersey
				32	New Mexico
				33	New York
				34	North Carolina
				35	North Dakota
				36	Ohio
				37	Oklahoma
				38	Oregon
				39	Pennsylvania
				40	Puerto Rico
				41	Rhode Island
				42	South Carolina
				43	South Dakota
				44	Tennessee
				45	Texas
				46	Utah
				47	Vermont
				48	Virgin Islands

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				49	Virginia
				50	Washington
				51	West Virginia
				52	Wisconsin
				53	Wyoming
				63	U.S. Possessions
				64	American Samoa
				65	Guam
PRVDR_STATE_CD	DMERC Line Provider State Code	Char	2	**OTHER**	Miscoded
				01	Alabama
				02	Alaska
				03	Arizona
				04	Arkansas
				06	Colorado
				07	Connecticut
				08	Delaware
				09	District of Columbia
				10	Florida
				11	Georgia
				12	Hawaii
				13	Idaho
				14	Illinois
				15	Indiana
				16	Iowa

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				17	Kansas
				18	Kentucky
				19	Louisiana
				20	Maine
				21	Maryland
				22	Massachusetts
				23	Michigan
				24	Minnesota
				25	Mississippi
				26	Missouri
				27	Montana
				28	Nebraska
				29	Nevada
				30	New Hampshire
				31	New Jersey
				32	New Mexico
				33	New York
				34	North Carolina
				35	North Dakota
				36	Ohio
				37	Oklahoma
				38	Oregon
				39	Pennsylvania
				40	Puerto Rico

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				41	Rhode Island
				42	South Carolina
				43	South Dakota
				44	Tennessee
				46	Utah
				47	Vermont
				48	Virgin Islands
				49	Virginia
				50	Washington
				51	West Virginia
				52	Wisconsin
				53	Wyoming
				55	California
				67	Texas
				98	Guam
DMERC_LINE_SUPPLR_TYPE_CD	DMERC Line Supplier Type Code	Char	1	-	
HCPCS_3RD_MDFR_CD	DMERC Line HCPCS Third Modifier Code	Char	5	-	
HCPCS_4TH_MDFR_CD	DMERC Line HCPCS Fourth Modifier Code	Char	5	-	
DMERC_LINE_SCRN_SVGS_AMT	DMERC Line Screen Savings Amount	Num	8		



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DMERC_LINE_MTUS_CNT	DMERC Line Miles/Time/Units/Services Count	Num	8		
DMERC_LINE_MTUS_CD	DMERC Line Miles/Time/Units/Services Indicator Code	Char	1	-	
LINE_HCT_HGB_RSLT_NUM	Hematocrit/Hemoglobin Test Results	Num	8		
LINE_HCT_HGB_TYPE_CD	Hematocrit/Hemoglobin Test Type code	Char	2	**OTHER**	Miscoded
				R2	Hematocrit Test
LINE_NDC_CD	Line National Drug Code	Char	11	-	
CARR_LINE_PRVDR_TYPE_CD		Char	62	**OTHER**	Miscoded