

NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
Durable Medical Equipment (DME) Fee-For-Service Line Items
Date Created: 26JAN2022
Number of Variables: 69

| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------|---|----------|------------------------------|--|
| PATIENT_ID | NHCS Patient ID | Char | ID | Patient Identifier assigned by NCHS. Researchers requesting linked NHCS-CMS data should use PATIENT_ID. |
| PUBLICID | NHIS Public Use ID | Char | ID | Public-use survey participant identifier assigned by NCHS. Researchers requesting linked NHIS/LSOA II-Medicare data should use PUBLICID. |
| SEQN | NHANES Respondent Sequence Number | Num | ID | Public-use survey participant identifier assigned by NCHS. Researchers requesting linked NHEFS/NHANES III/NHANES-Medicare data should use SEQN. |
| RESNUM | NNHS Resident Record (Case) Number | Num | ID | Public-use survey participant identifier assigned by NCHS. Researchers requesting linked 2004 NNHS-Medicare data should use RESNUM. |
| SURVEY | Survey Name and survey year/cycle | Char | | |
| FILE_YEAR4 | Year of Medicare Fee-for-Service Claim (YYYY) | Num | 2016-2018 | 2016 NHCS has been linked to only 2016-2017 Medicare Data. |
| NCHS_CLM_ID | NCHS CLAIM ID | Num | | |
| LINE_NUM | Claim Line Number | Num | 1-13 | |
| NCH_CLM_TYPE_CD | NCH Claim Type Code | Char | | |
| CLM_THRU_DT | Claim Through Date | Num | | Date provided in SAS date (numeric) format. |
| TAX_NUM | Line Provider Tax Number | Char | | For value description please see website: https://www.resdac.org/cms-data/variables/line-provider-tax-number (accessed on 06/22/2020) |

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| PRVDR_SPCLTY | Line CMS Provider Specialty Code | Char | | For value description please see website: https://www.resdac.org/cms-data/variables/line-cms-provider-specialty-code (accessed on 06/22/2020) |
| PRTCPTNG_IND_CD | Line Provider Participating Indicator Code | Char | | |
| LINE_SRVC_CNT | Line Service Count | Num | 1-9750 | |
| LINE_CMS_TYPE_SRVC_CD | Line CMS Type Service Code | Char | | |
| LINE_PLACE_OF_SRVC_CD | Line Place of Service Code | Char | | |
| LINE_1ST_EXPNS_DT | Line First Expense Date | Num | | Date provided in SAS date (numeric) format. |
| LINE_LAST_EXPNS_DT | Line Last Expense Date | Num | | Date provided in SAS date (numeric) format. |
| HCPCS_CD | Healthcare Common Procedure Coding System (HCPCS) Code | Char | | |
| HCPCS_1ST_MDFR_CD | HCPCS Initial Modifier Code | Char | | |
| HCPCS_2ND_MDFR_CD | HCPCS Second Modifier Code | Char | | |
| BETOS_CD | Line Berenson-Eggers Type of Service (BETOS) Code | Char | | For value description please see website: https://www.resdac.org/cms-data/variables/line-berenson-eggers-type-service-betos-code (accessed on 06/22/2020) |
| LINE_NCH_PMT_AMT | Line NCH Medicare Payment Amount | Num | 0-35,500 | Payment/Charged Amount, in dollars. |
| LINE_BENE_PMT_AMT | Line Payment Amount to Beneficiary | Num | 0-5,300 | Payment/Charged Amount, in dollars. |

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| LINE_PRVDR_PMT_AMT | Line Provider Payment Amount | Num | 0-35,500 | Payment/Charged Amount, in dollars. |
| LINE_BENE_PTBL_DDCTBL_AMT | Line Beneficiary Part B Deductible Amount | Num | 0-200 | Payment/Charged Amount, in dollars. |
| LINE_BENE_PRMRY_PYR_CD | Line Primary Payer Code (if not Medicare) | Char | | |
| LINE_BENE_PRMRY_PYR_PD_AMT | Line Primary Payer (if not Medicare) Paid Amount | Num | 0-37,600 | Payment/Charged Amount, in dollars. |
| LINE_COINSRNC_AMT | Line Beneficiary Coinsurance Amount | Num | 0-35,200 | Payment/Charged Amount, in dollars. |
| LINE_PRMRY_ALOWD_CHRG_AMT | Line Primary Payer Allowed Charge Amount | Num | 0-5,300 | Payment/Charged Amount, in dollars. |
| LINE_SBMTD_CHRG_AMT | Line Submitted Charge Amount | Num | 0-99,800 | Payment/Charged Amount, in dollars. |
| LINE_ALOWD_CHRG_AMT | Line Allowed Charge Amount | Num | 0-45,300 | Payment/Charged Amount, in dollars. |
| LINE_PRCSG_IND_CD | Line Processing Indicator Code | Char | | |
| LINE_PMT_80_100_CD | Line Payment 80% / 100% Code | Char | | |
| LINE_SERVICE_DEDUCTIBLE | Line Service Deductible Indicator Switch | Char | | |
| LINE_ICD_DGNS_CD | Line Diagnosis Code | Char | | |
| LINE_ICD_DGNS_VRSN_CD | Line Diagnosis Code Diagnosis Version Code (ICD-9 or ICD-10) | Char | | |
| LINE_DME_PRCHS_PRICE_AMT | Line DME Purchase Price Amount | Num | 0-45,300 | Payment/Charged Amount, in dollars. |

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| PRVDR_NUM | DMERC Line Supplier Provider Number | Char | | For value description please see website: https://www.resdac.org/cms-data/variables/dmerc-line-supplier-provider-number (accessed on 06/22/2020) |
| PRVDR_NPI | DMERC Line Item Supplier NPI Number | Char | | |
| DMERC_LINE_PRCNG_STATE_CD | DMERC Line Pricing State Code (SSA) | Char | | For value description please see website: https://www.resdac.org/cms-data/variables/dmerc-line-pricing-state-code-ssa (accessed on 06/22/2020) |
| PRVDR_STATE_CD | Line Provider State Code (SSA) | Char | | For value description please see website: https://www.resdac.org/cms-data/variables/nch-provider-ssa-state-code (accessed on 06/22/2020) |
| DMERC_LINE_SUPPLR_TYPE_CD | DMERC Line Supplier Type Code | Char | | |
| HCPCS_3RD_MDFR_CD | HCPCS Third Modifier Code | Char | | |
| HCPCS_4TH_MDFR_CD | HCPCS Fourth Modifier Code | Char | | |
| DMERC_LINE_SCRN_SVGS_AMT | DMERC Line Screen Savings Amount | Num | | Payment/Charged Amount, in dollars. |
| DMERC_LINE_MTUS_CNT | DMERC Line Miles/Time/Units/Services (MTUS) Count | Num | 1-9750 | |
| DMERC_LINE_MTUS_CD | DMERC Line Miles/Time/ Units/Services (MTUS) Indicator Code | Char | | |
| LINE_HCT_HGB_RSLT_NUM | Hematocrit / Hemoglobin Test Results | Num | 0-26 | |
| LINE_HCT_HGB_TYPE_CD | Hematocrit / Hemoglobin Test Type Code | Char | | |

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| LINE_NDC_CD | Line National Drug Code (NDC) | Char | | |
| LINE_OTHR_APLD_IND_CD1 | Line Other Applied Indicator 1 Code | Char | | |
| LINE_OTHR_APLD_IND_CD2 | Line Other Applied Indicator 2 Code | Char | | |
| LINE_OTHR_APLD_IND_CD3 | Line Other Applied Indicator 3 Code | Char | | |
| LINE_OTHR_APLD_IND_CD4 | Line Other Applied Indicator 4 Code | Char | | |
| LINE_OTHR_APLD_IND_CD5 | Line Other Applied Indicator 5 Code | Char | | |
| LINE_OTHR_APLD_IND_CD6 | Line Other Applied Indicator 6 Code | Char | | |
| LINE_OTHR_APLD_IND_CD7 | Line Other Applied Indicator 7 Code | Char | | |
| LINE_OTHR_APLD_AMT1 | Line Other Applied 1 Amount | Num | 0-800 | Payment/Charged Amount, in dollars. |
| LINE_OTHR_APLD_AMT2 | Line Other Applied 2 Amount | Num | 0-13,600 | Payment/Charged Amount, in dollars. |
| LINE_OTHR_APLD_AMT3 | Line Other Applied 3 Amount | Num | 0-9,200 | Payment/Charged Amount, in dollars. |
| LINE_OTHR_APLD_AMT4 | Line Other Applied 4 Amount | Num | 0-5,900 | Payment/Charged Amount, in dollars. |
| LINE_OTHR_APLD_AMT5 | Line Other Applied 5 Amount | Num | | Payment/Charged Amount, in dollars. |
| LINE_OTHR_APLD_AMT6 | Line Other Applied 6 Amount | Num | | Payment/Charged Amount, in dollars. |
| LINE_OTHR_APLD_AMT7 | Line Other Applied 7 Amount | Num | | Payment/Charged Amount, in dollars. |

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| LINE_RSDL_PYMT_IND_CD | Line Residual Payment Indicator Code | Char | | |
| LINE_RP_IND_CD | Line Representative Payee (RP) Indicator Code | Char | | |
| DMERC_LINE_FRGN_ADR_IND | Line Foreign Address Indicator | Char | | |
| LINE_RR_BRD_EXCLSN_IND_SW | Line Railroad Board Exclusion Indicator Switch | Char | | |

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