

NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
Home Health Agency (HHA) Encounter Occurrence Codes
Date Created: 29JAN2021
Number of Variables: 11

Variable Name	Variable (VAR) Label	VAR Type	Range of Values	Value Description
PATIENT_ID	NHCS Patient ID	Char	ID	Patient Identifier assigned by NCHS. Researchers requesting linked NHCS-CMS data should use PATIENT_ID.
PUBLICID	NHIS Public Use ID	Char	ID	Public-use survey participant identifier assigned by NCHS. Researchers requesting linked NHIS/LSOA II-Medicare data should use PUBLICID.
SEQN	NHANES Respondent Sequence Number	Num	ID	Public-use survey participant identifier assigned by NCHS. Researchers requesting linked NHEFS/NHANES III/NHANES-Medicare data should use SEQN.
RESNUM	NNHS Resident Record (Case) Number	Num	ID	Public-use survey participant identifier assigned by NCHS. Researchers requesting linked 2004 NNHS-Medicare data should use RESNUM.
SURVEY	Survey Name and survey year/cycle	Char		
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)	Num	2016	2016 NHCS has been linked to only 2016-2017 Medicare Data.
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY	Num		
CLM_TYPE_CD	Claim Type Code	Char	4032	Home Health + Inpatient (covered by Medicare Part B – not Part A)
RLT_OCRNC_CD_SEQ	Claim Related Occurrence Code Sequence	Char		
CLM_RLT_OCRNC_CD	Claim Related Occurrence Code	Char	**OTHER**	Miscoded
			01	Auto accident - The date of an auto accident.
			02	No-fault insurance involved, including auto accident/other - The date of an accident where the state has applicable no-fault liability laws, (i.e., legal basis for settlement without admission or proof of guilt).
			05	Other accident - The date of an accident not described by the codes 01 thru 04.
			07-08	Reserved for national assignment.

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			11	Onset of symptoms/illness - The date the patient first became aware of symptoms/illness.
			13-16	Reserved for national assignment.
			17	Date outpatient occupational therapy plan established or last reviewed - Code indicating the date an occupational therapy plan was established or last reviewed (eff 3/93)
			18	Date of retirement (patient/bene) - Code indicates the date of retirement for the patient/bene.
			21	UR notice received - Code indicating the date of receipt by the hospital & SNF of the UR committee's finding that the admission or future stay was not medically necessary.
			24	Date insurance denied - The date the insurer's denial of coverage was received by a higher priority payer.
			25	Date benefits terminated by primary payer - The date on which coverage (including worker's compensation benefits or no-fault coverage) is no longer available to the patient.
			27	Date of Hospice Certification or Re-Certification -- code indicates the date of certification or recertification of the hospice benefit period, beginning with the first two initial benefit periods of 90 days each and the subsequent 60-day benefit periods. (eff. 9/01)
			29	Date OPT plan established or last reviewed - the date a plan of treatment was established for outpatient physical therapy. Not used by hospital unless owner of facility
			35	Date treatment started for physical therapy - Code indicates the date services were initiated by the billing provider for physical therapy.
			40	Scheduled date of admission - The date on which a patient will be admitted as an inpatient to the hospital. (This code may only be used on an outpatient claim.)
			41	Date of First Test for Pre-admission Testing - The date on which the first outpatient diagnostic test was performed as part of a pre-admission testing (PAT) program. This code may only be used if a date of admission was scheduled prior to the administration of the test(s). (eff. 10/01)
			42	Date of discharge/termination of hospice care - for the final bill for hospice care. Eff 5/93, definition revised to apply only to date patient revoked hospice election.

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			44	Date treatment started for occupational therapy - Code indicates the date services were initiated by the billing provider for occupational therapy.
			47	Date Cost Outlier Status Begins - code indicates that this is the first day the cost outlier threshold is reached. For Medicare purposes, a bene must have regular coinsurance and/or lifetime reserve days available beginning on this date to allow coverage of additional daily charges for the purpose of making cost outlier payments. (eff. 9/01)
			50-55	Reserved for state assignment
			57-69	Reserved for state assignment
			A1	Birthdate, Insured A - The birthdate of the individual in whose name the insurance is carried. (Eff 10/93)
			B1	Birthdate, Insured B - The birthdate of the individual in whose name the insurance is carried. (eff 10/93)
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date	Num		Date provided in SAS date (numeric) format.