

NCHS-CMS Medicare Chronic Condition Summary File

Variable Name	Variable Description	Type	Length
SURVEY	NCHS Survey linked to the Chronic Condition Summary File	CHAR	16
PUBLICID*	NCHS Survey Identifier - Participant Identification Number*	CHAR	14
SEQN*	NCHS Survey Identifier - Sample Sequence Number*	NUM	5
RESNUM*	NCHS Survey Identifier - Resident Record (Case) Number*	NUM	6
FILE_YEAR4	Coverage Year of the Chronic Condition Summary File	NUM	4
FIRSTCOV	First Quarter of Beneficiary Coverage	DATE	4
AMI	Acute Myocardial Infarction - End of Year Flag	NUM	1
AMI_MID	Acute Myocardial Infarction - Mid-Year Flag	NUM	1
AMI_EVER	Acute Myocardial Infarction - Date of First Occurrence	DATE	4
ALZH	Alzheimer's Disease - End of Year Flag	NUM	1
ALZH_MID	Alzheimer's Disease - Mid-Year Flag	NUM	1
ALZH_EVER	Alzheimer's Disease - Date of First Occurrence	DATE	4
ALZH_DEMEN	Alzheimer's Disease and Related Disorders or Senile Dementia - End of Year Flag	NUM	1
ALZH_DEMEN_MID	Alzheimer's Disease and Related Disorders or Senile Dementia - Mid-Year Flag	NUM	1
ALZH_DEMEN_EVER	Alzheimer's Disease and Related Disorders or Senile Dementia - Date of First Occurrence	DATE	4
ATRIAL_FIB	Atrial Fibrillation - End of Year Flag	NUM	1
ATRIAL_FIB_MID	Atrial Fibrillation - Mid-Year Flag	NUM	1
ATRIAL_FIB_EVER	Atrial Fibrillation - Date of First Occurrence	DATE	4
CATARACT	Cataract - End of Year Flag	NUM	1
CATARACT_MID	Cataract - Mid-Year Flag	NUM	1
CATARACT_EVER	Cataract - Date of First Occurrence	DATE	4
CHRONICKIDNEY	Chronic Kidney Disease - End of Year Flag	NUM	1
CHRONICKIDNEY_MID	Chronic Kidney Disease - Mid-Year Flag	NUM	1
CHRONICKIDNEY_EVER	Chronic Kidney Disease - Date of First Occurrence	DATE	4
COPD	Chronic Obstructive Pulmonary Disease - End of Year Flag	NUM	1
COPD_MID	Chronic Obstructive Pulmonary Disease - Mid-Year Flag	NUM	1
COPD_EVER	Chronic Obstructive Pulmonary Disease - Date of First Occurrence	DATE	4
CHF	Heart Failure - End of Year Flag	NUM	1
CHF_MID	Heart Failure - Mid-Year Flag	NUM	1
CHF_EVER	Heart Failure - Date of First Occurrence	DATE	4
DIABETES	Diabetes - End of Year Flag	NUM	1
DIABETES_MID	Diabetes - Mid-Year Flag	NUM	1
DIABETES_EVER	Diabetes - Date of First Occurrence	DATE	4
GLAUCOMA	Glaucoma - End of Year Flag	NUM	1
GLAUCOMA_MID	Glaucoma - Mid-Year Flag	NUM	1
GLAUCOMA_EVER	Glaucoma - Date of First Occurrence	DATE	4
HIP_FRACTURE	Hip/Pelvic Fracture - End of Year Flag	NUM	1
HIP_FRACTURE_MID	Hip/Pelvic Fracture - Mid-Year Flag	NUM	1
HIP_FRACTURE_EVER	Hip/Pelvic Fracture - Date of First Occurrence	DATE	4
ISCHEMICHEART	Ischemic Heart Disease - End of Year Flag	NUM	1
ISCHEMICHEART_MID	Ischemic Heart Disease - Mid-Year Flag	NUM	1

*Researchers linking to 1994-2005 NHIS and LSOA II should use PUBLICID.

Researchers linking to NHEFS, NHANES III and 1999-2004 NHANES should use SEQN.

Researchers linking to the 2004 NNHS should use RESNUM.

Variable Name	Variable Description	Type	Length
ISCHEMICHEART_EVER	Ischemic Heart Disease - Date of First Occurrence	DATE	4
DEPRESSION	Depression - End of Year Flag	NUM	1
DEPRESSION_MID	Depression - Mid-Year Flag	NUM	1
DEPRESSION_EVER	Depression - Date of First Occurrence	DATE	4
OSTEOPOROSIS	Osteoporosis - End of Year Flag	NUM	1
OSTEOPOROSIS_MID	Osteoporosis - Mid-Year Flag	NUM	1
OSTEOPOROSIS_EVER	Osteoporosis - Date of First Occurrence	DATE	4
RA_OA	Rheumatoid Arthritis / Osteoarthritis - End of Year Flag	NUM	1
RA_OA_MID	Rheumatoid Arthritis / Osteoarthritis - Mid-Year Flag	NUM	1
RA_OA_EVER	Rheumatoid Arthritis / Osteoarthritis - Date of First Occurrence	DATE	4
STROKE_TIA	Stroke / Transient Ischemic Attack - End of Year Flag	NUM	1
STROKE_TIA_MID	Stroke / Transient Ischemic Attack - Mid-Year Flag	NUM	1
STROKE_TIA_EVER	Stroke / Transient Ischemic Attack - Date of First Occurrence	DATE	4
CANCER_BREAST	Female Breast Cancer - End of Year Flag	NUM	1
CANCER_BREAST_MID	Female Breast Cancer - Mid-Year Flag	NUM	1
CANCER_BREAST_EVER	Female Breast Cancer - Date of First Occurrence	DATE	4
CANCER_COLORECTAL	Colorectal Cancer - End of Year Flag	NUM	1
CANCER_COLORECTAL_MID	Colorectal Cancer - Mid-Year Flag	NUM	1
CANCER_COLORECTAL_EVER	Colorectal Cancer - Date of First Occurrence	DATE	4
CANCER_PROSTATE	Prostate Cancer - End of Year Flag	NUM	1
CANCER_PROSTATE_MID	Prostate Cancer - Mid-Year Flag	NUM	1
CANCER_PROSTATE_EVER	Prostate Cancer - Date of First Occurrence	DATE	4
CANCER_LUNG	Lung Cancer - End of Year Flag	NUM	1
CANCER_LUNG_MID	Lung Cancer - Mid-Year Flag	NUM	1
CANCER_LUNG_EVER	Lung Cancer - Date of First Occurrence	DATE	4
CANCER_ENDOMETRIAL	Endometrial Cancer - End of Year Flag	NUM	1
CANCER_ENDOMETRIAL_MID	Endometrial Cancer - Mid-Year Flag	NUM	1
CANCER_ENDOMETRIAL_EVER	Endometrial Cancer - Date of First Occurrence	DATE	4

NCHS-CMS Medicare Chronic Condition Summary File Data Dictionary

Variable Name	Type	Length
SURVEY	CHAR	16
<p>NCHS Survey linked to the Chronic Condition Summary File</p> <p>This variable indicates the NCHS survey that has been linked to CMS Medicare administrative records.</p>		
PUBLICID*	CHAR	14
<p>NCHS Survey Identifier – Participant Identification Number*</p> <p>Public use identifier assigned by NCHS used to link NCHS survey data and administrative records.</p> <p>Usage Notes: See Appendix A for NCHS survey specific descriptions.</p> <p>*Researchers linking to the following surveys should use PUBLICID: 1994-2005 NHIS and LSOA II</p> <p>Researchers linking to the following surveys should use SEQN: NHEFS, NHANES III and 1999-2004 NHANES</p> <p>Researchers linking to the following survey should use RESNUM: 2004 NNHS</p>		
SEQN*	NUM	5
<p>NCHS Survey Identifier – Sample Sequence Number*</p> <p>Public use identifier assigned by NCHS used to link NCHS survey data and administrative records.</p> <p>Usage Notes: See Appendix A for NCHS survey specific descriptions.</p> <p>*Researchers linking to the following surveys should use PUBLICID: 1994-2005 NHIS and LSOA II</p> <p>Researchers linking to the following surveys should use SEQN: NHEFS, NHANES III and 1999-2004 NHANES</p> <p>Researchers linking to the following survey should use RESNUM: 2004 NNHS</p>		

Variable Name	Type	Length
RESNUM*	NUM	6

NCHS Survey Identifier – Resident Record (Case) Number*

Public use identifier assigned by NCHS used to link NCHS survey data and administrative records.

Usage Notes: See [Appendix A](#) for NCHS survey specific descriptions.

***Researchers linking to the following surveys should use PUBLICID:**
1994-2005 NHIS and LSOA II

Researchers linking to the following surveys should use SEQN:
NHEFS, NHANES III and 1999-2004 NHANES

Researchers linking to the following survey should use RESNUM:
2004 NNHS

FILE_YEAR4	NUM	4
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Coverage year of the Chronic Condition Summary File

This variable indicates the year of coverage for the chronic condition summary file.

Format: YYYY

Possible Values: 2005-2007

FIRSTCOV	DATE	4
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First Quarter of Beneficiary Coverage

This code specifies the first calendar year quarter in which the Beneficiary had Medicare coverage.

Format: SAS Date (DATE9.)

Variable Name	Type	Length
AMI	NUM	1
Acute Myocardial Infarction – Chronic Condition Flag		
This code specifies whether the beneficiary met the chronic condition algorithm criteria for Acute Myocardial Infarction within the specified reference period.		
Possible Values:		
<ul style="list-style-type: none"> 0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met 		
AMI_MID	NUM	1
Acute Myocardial Infarction – Mid-Year Flag		
This code specifies whether the beneficiary met the chronic condition algorithm criteria for Acute Myocardial Infarction on July 1 of the specified reference period.		
Possible Values:		
<ul style="list-style-type: none"> 0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met 		
AMI_EVER	DATE	4
Acute Myocardial Infarction – Date of First Occurrence		
This code specifies the first calendar year quarter in which the beneficiary met the chronic condition algorithm criteria for Acute Myocardial Infarction. The earliest possible value is '01JAN1999'.		
Format: SAS Date (DATE9.)		

Variable Name	Type	Length
ALZH	NUM	1
<p>Alzheimer’s Disease – Chronic Condition Flag</p> <p>This code specifies whether the beneficiary met the chronic condition algorithm criteria for Alzheimer’s Disease within the specified reference period.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> 0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met 		
ALZH_MID	NUM	1
<p>Alzheimer’s Disease – Mid-Year Flag</p> <p>This code specifies whether the beneficiary met the chronic condition algorithm criteria for Alzheimer’s Disease on July 1 of the specified reference period.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> 0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met 		
ALZH_EVER	DATE	4
<p>Alzheimer’s Disease – Date of First Occurrence</p> <p>This code specifies the first calendar year quarter in which the beneficiary met the chronic condition algorithm criteria for Alzheimer’s Disease. The earliest possible value is ‘01JAN1999’.</p> <p>Format: SAS Date (DATE9.)</p>		

Variable Name	Type	Length
ALZH_DEMEN	NUM	1

Alzheimer’s Disease and Related Disorders or Senile Dementia – Chronic Condition Flag

This code specifies whether the beneficiary met the chronic condition algorithm criteria for Alzheimer’s Disease and Related Disorders or Senile Dementia within the specified reference period.

Possible Values:

- 0 = Neither claims nor coverage met
- 1 = Claims met, coverage not met
- 2 = Claims not met, coverage met
- 3 = Claims and coverage met

ALZH_DEMEN_MID	NUM	1
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Alzheimer’s Disease and Related Disorders or Senile Dementia – Mid-Year Flag

This code specifies whether the beneficiary met the chronic condition algorithm criteria for Alzheimer’s Disease and Related Disorders or Senile Dementia on July 1 of the specified reference period.

Possible Values:

- 0 = Neither claims nor coverage met
- 1 = Claims met, coverage not met
- 2 = Claims not met, coverage met
- 3 = Claims and coverage met

ALZH_DEMEN_EVER	DATE	4
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Alzheimer’s Disease and Related Disorders or Senile Dementia – Date of First Occurrence

This code specifies the first calendar year quarter in which the Beneficiary met the chronic condition algorithm criteria for Alzheimer’s Disease and Related Disorders or Senile Dementia. The earliest possible value is ‘01JAN1999’.

Format: SAS Date (DATE9.)

Variable Name	Type	Length
ATRIAL_FIB	NUM	1

Atrial Fibrillation – Chronic Condition Flag

This code specifies whether the beneficiary met the chronic condition algorithm criteria for Atrial Fibrillation within the specified reference period.

Possible Values:

- 0 = Neither claims nor coverage met
- 1 = Claims met, coverage not met
- 2 = Claims not met, coverage met
- 3 = Claims and coverage met

ATRIAL_FIB_MID	NUM	1
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Atrial Fibrillation – Mid-Year Flag

This code specifies whether the beneficiary met the chronic condition algorithm criteria for Atrial Fibrillation on July 1 of the specified reference period.

Possible Values:

- 0 = Neither claims nor coverage met
- 1 = Claims met, coverage not met
- 2 = Claims not met, coverage met
- 3 = Claims and coverage met

ATRIAL_FIB_EVER	DATE	4
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Atrial Fibrillation – Date of First Occurrence

This code specifies the first calendar year quarter in which the beneficiary met the chronic condition algorithm criteria for Atrial Fibrillation. The earliest possible value is '01JAN1999'.

Format: SAS Date (DATE9.)

Variable Name	Type	Length
CATARACT	NUM	1
Cataract – Chronic Condition Flag		
This code specifies whether the beneficiary met the chronic condition algorithm criteria for Cataract within the specified reference period.		
Possible Values:		
0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met		
CATARACT_MID	NUM	1
Cataract – Mid-Year Flag		
This code specifies whether the beneficiary met the chronic condition algorithm criteria for Cataract on July 1 of the specified reference period.		
Possible Values:		
0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met		
CATARACT_EVER	DATE	4
Cataract – Date of First Occurrence		
This code specifies the first calendar year quarter in which the beneficiary met the chronic condition algorithm criteria for Cataract. The earliest possible value is '01JAN1999'.		
Format: SAS Date (DATE9.)		

Variable Name	Type	Length
CHRONICKIDNEY	NUM	1
<p>Chronic Kidney Disease – Chronic Condition Flag</p> <p>This code specifies whether the beneficiary met the chronic condition algorithm criteria for Chronic Kidney Disease within the specified reference period.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> 0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met 		
CHRONICKIDNEY_MID	NUM	1
<p>Chronic Kidney Disease – Mid-Year Flag</p> <p>This code specifies whether the beneficiary met the chronic condition algorithm criteria for Chronic Kidney Disease on July 1 of the specified reference period.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> 0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met 		
CHRONICKIDNEY_EVER	DATE	4
<p>Chronic Kidney Disease – Date of First Occurrence</p> <p>This code specifies the first calendar year quarter in which the beneficiary met the chronic condition algorithm criteria for Chronic Kidney Disease. The earliest possible value is '01JAN1999'.</p> <p>Format: SAS Date (DATE9.)</p>		

Variable Name	Type	Length
COPD	NUM	1

Chronic Obstructive Pulmonary Disease – Chronic Condition Flag

This code specifies whether the beneficiary met the chronic condition algorithm criteria for Chronic Obstructive Pulmonary Disease within the specified reference period.

Possible Values:

- 0 = Neither claims nor coverage met
- 1 = Claims met, coverage not met
- 2 = Claims not met, coverage met
- 3 = Claims and coverage met

COPD_MID	NUM	1
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Chronic Obstructive Pulmonary Disease – Mid-Year Flag

This code specifies whether the beneficiary met the chronic condition algorithm criteria for Chronic Obstructive Pulmonary Disease on July 1 of the specified reference period.

Possible Values:

- 0 = Neither claims nor coverage met
- 1 = Claims met, coverage not met
- 2 = Claims not met, coverage met
- 3 = Claims and coverage met

COPD_EVER	DATE	4
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Chronic Obstructive Pulmonary Disease – Date of First Occurrence

This code specifies the first calendar year quarter in which the beneficiary met the chronic condition algorithm criteria for Chronic Obstructive Pulmonary Disease. The earliest possible value is '01JAN1999'.

Format: SAS Date (DATE9.)

Variable Name	Type	Length
CHF	NUM	1
Heart Failure – Chronic Condition Flag		
This code specifies whether the beneficiary met the chronic condition algorithm criteria for Heart Failure within the specified reference period.		
Possible Values:		
<ul style="list-style-type: none"> 0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met 		
CHF_MID	NUM	1
Heart Failure – Mid-Year Flag		
This code specifies whether the beneficiary met the chronic condition algorithm criteria for Heart Failure on July 1 of the specified reference period.		
Possible Values:		
<ul style="list-style-type: none"> 0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met 		
CHF_EVER	DATE	4
Heart Failure – Date of First Occurrence		
This code specifies the first calendar year quarter in which the beneficiary met the chronic condition algorithm criteria for Heart Failure. The earliest possible value is '01JAN1999'.		
Format: SAS Date (DATE9.)		

Variable Name	Type	Length
DIABETES	NUM	1
<p>Diabetes – Chronic Condition Flag</p> <p>This code specifies whether the beneficiary met the chronic condition algorithm criteria for Diabetes within the specified reference period.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> 0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met 		
DIABETES_MID	NUM	1
<p>Diabetes – Mid-Year Flag</p> <p>This code specifies whether the beneficiary met the chronic condition algorithm criteria for Diabetes on July 1 of the specified reference period.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> 0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met 		
DIABETES_EVER	DATE	4
<p>Diabetes – Date of First Occurrence</p> <p>This code specifies the first calendar year quarter in which the beneficiary met the chronic condition algorithm criteria for Diabetes. The earliest possible value is '01JAN1999'.</p> <p>Format: SAS Date (DATE9.)</p>		

Variable Name	Type	Length
GLAUCOMA	NUM	1
<p>Glaucoma – Chronic Condition Flag</p> <p>This code specifies whether the beneficiary met the chronic condition algorithm criteria for Glaucoma within the specified reference period.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> 0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met 		
GLAUCOMA_MID	NUM	1
<p>Glaucoma – Mid-Year Flag</p> <p>This code specifies whether the beneficiary met the chronic condition algorithm criteria for Glaucoma on July 1 of the specified reference period.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> 0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met 		
GLAUCOMA_EVER	DATE	4
<p>Glaucoma – Date of First Occurrence</p> <p>This code specifies the first calendar year quarter in which the beneficiary met the chronic condition algorithm criteria for Glaucoma. The earliest possible value is '01JAN1999'.</p> <p>Format: SAS Date (DATE9.)</p>		

Variable Name	Type	Length
HIP_FRACTURE	NUM	1

Hip/Pelvic Fracture – Chronic Condition Flag

This code specifies whether the beneficiary met the chronic condition algorithm criteria for Hip/Pelvic Fracture within the specified reference period.

Possible Values:

- 0 = Neither claims nor coverage met
- 1 = Claims met, coverage not met
- 2 = Claims not met, coverage met
- 3 = Claims and coverage met

HIP_FRACTURE_MID	NUM	1
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Hip/Pelvic Fracture – Mid-Year Flag

This code specifies whether the beneficiary met the chronic condition algorithm criteria for Hip/Pelvic Fracture on July 1 of the specified reference period.

Possible Values:

- 0 = Neither claims nor coverage met
- 1 = Claims met, coverage not met
- 2 = Claims not met, coverage met
- 3 = Claims and coverage met

HIP_FRACTURE_EVER	DATE	4
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Hip/Pelvic Fracture – Date of First Occurrence

This code specifies the first calendar year quarter in which the beneficiary met the chronic condition algorithm criteria for Hip/Pelvic Fracture. The earliest possible value is '01JAN1999'.

Format: SAS Date (DATE9.)

Variable Name	Type	Length
ISCHEMICHEART	NUM	1

Ischemic Heart Disease – Chronic Condition Flag

This code specifies whether the beneficiary met the chronic condition algorithm criteria for Ischemic Heart Disease within the specified reference period.

Possible Values:

- 0 = Neither claims nor coverage met
- 1 = Claims met, coverage not met
- 2 = Claims not met, coverage met
- 3 = Claims and coverage met

ISCHEMICHEART_MID	NUM	1
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Ischemic Heart Disease – Mid-Year Flag

This code specifies whether the beneficiary met the chronic condition algorithm criteria for Ischemic Heart Disease on July 1 of the specified reference period.

Possible Values:

- 0 = Neither claims nor coverage met
- 1 = Claims met, coverage not met
- 2 = Claims not met, coverage met
- 3 = Claims and coverage met

ISCHEMICHEART_EVER	DATE	4
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Ischemic Heart Disease – Date of First Occurrence

This code specifies the first calendar year quarter in which the beneficiary met the chronic condition algorithm criteria for Ischemic Heart Disease. The earliest possible value is '01JAN1999'.

Format: SAS Date (DATE9.)

Variable Name	Type	Length
DEPRESSION	NUM	1
<p>Depression – Chronic Condition Flag</p> <p>This code specifies whether the beneficiary met the chronic condition algorithm criteria for Depression within the specified reference period.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> 0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met 		
DEPRESSION_MID	NUM	1
<p>Depression – Mid-Year Flag</p> <p>This code specifies whether the beneficiary met the chronic condition algorithm criteria for Depression on July 1 of the specified reference period.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> 0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met 		
DEPRESSION_EVER	DATE	4
<p>Depression – Date of First Occurrence</p> <p>This code specifies the first calendar year quarter in which the beneficiary met the chronic condition algorithm criteria for Depression. The earliest possible value is '01JAN1999'.</p> <p>Format: SAS Date (DATE9.)</p>		

Variable Name	Type	Length
OSTEOPOROSIS	NUM	1
<p>Osteoporosis – Chronic Condition Flag</p> <p>This code specifies whether the beneficiary met the chronic condition algorithm criteria for Osteoporosis within the specified reference period.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> 0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met 		
OSTEOPOROSIS_MID	NUM	1
<p>Osteoporosis – Mid-Year Flag</p> <p>This code specifies whether the beneficiary met the chronic condition algorithm criteria for Osteoporosis on July 1 of the specified reference period.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> 0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met 		
OSTEOPOROSIS_EVER	DATE	4
<p>Osteoporosis – Date of First Occurrence</p> <p>This code specifies the first calendar year quarter in which the beneficiary met the chronic condition algorithm criteria for Osteoporosis. The earliest possible value is '01JAN1999'.</p> <p>Format: SAS Date (DATE9.)</p>		

Variable Name	Type	Length
RA_OA	NUM	1
<p>Rheumatoid Arthritis / Osteoarthritis – Chronic Condition Flag</p> <p>This code specifies whether the beneficiary met the chronic condition algorithm criteria for Rheumatoid Arthritis / Osteoarthritis within the specified reference period.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> 0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met 		
RA_OA_MID	NUM	1
<p>Rheumatoid Arthritis / Osteoarthritis – Mid-Year Flag</p> <p>This code specifies whether the beneficiary met the chronic condition algorithm criteria for Rheumatoid Arthritis / Osteoarthritis on July 1 of the specified reference period.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> 0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met 		
RA_OA_EVER	DATE	4
<p>Rheumatoid Arthritis / Osteoarthritis – Date of First Occurrence</p> <p>This code specifies the first calendar year quarter in which the beneficiary met the chronic condition algorithm criteria for Rheumatoid Arthritis / Osteoarthritis. The earliest possible value is '01JAN1999'.</p> <p>Format: SAS Date (DATE9.)</p>		

Variable Name	Type	Length
STROKE_TIA	NUM	1

Stroke / Transient Ischemic Attack – Chronic Condition Flag

This code specifies whether the beneficiary met the chronic condition algorithm criteria for Stroke / Transient Ischemic Attack within the specified reference period.

Possible Values:

- 0 = Neither claims nor coverage met
- 1 = Claims met, coverage not met
- 2 = Claims not met, coverage met
- 3 = Claims and coverage met

STROKE_TIA_MID	NUM	1
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Stroke / Transient Ischemic Attack – Mid-Year Flag

This code specifies whether the beneficiary met the chronic condition algorithm criteria for Stroke / Transient Ischemic on July 1 of the specified reference period.

Possible Values:

- 0 = Neither claims nor coverage met
- 1 = Claims met, coverage not met
- 2 = Claims not met, coverage met
- 3 = Claims and coverage met

STROKE_TIA_EVER	DATE	4
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Stroke / Transient Ischemic Attack – Date of First Occurrence

This code specifies the first calendar year quarter in which the beneficiary met the chronic condition algorithm criteria for Stroke / Transient Ischemic. The earliest possible value is '01JAN1999'.

Format: SAS Date (DATE9.)

Variable Name	Type	Length
CANCER_BREAST	NUM	1

Female Breast Cancer – Chronic Condition Flag

This code specifies whether the beneficiary met the chronic condition algorithm criteria for Female Breast Cancer within the specified reference period.

Possible Values:

- 0 = Neither claims nor coverage met
- 1 = Claims met, coverage not met
- 2 = Claims not met, coverage met
- 3 = Claims and coverage met

CANCER_BREAST_MID	NUM	1
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Female Breast Cancer – Mid-Year Flag

This code specifies whether the beneficiary met the chronic condition algorithm criteria for Female Breast Cancer on July 1 of the specified reference period.

Possible Values:

- 0 = Neither claims nor coverage met
- 1 = Claims met, coverage not met
- 2 = Claims not met, coverage met
- 3 = Claims and coverage met

CANCER_BREAST_EVER	DATE	4
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Female Breast Cancer – Date of First Occurrence

This code specifies the first calendar year quarter in which the beneficiary met the chronic condition algorithm criteria for Female Breast Cancer. The earliest possible value is '01JAN1999'.

Format: SAS Date (DATE9.)

Variable Name	Type	Length
CANCER_COLORECTAL	NUM	1

Colorectal Cancer – Chronic Condition Flag

This code specifies whether the beneficiary met the chronic condition algorithm criteria for Colorectal Cancer within the specified reference period.

Possible Values:

- 0 = Neither claims nor coverage met
- 1 = Claims met, coverage not met
- 2 = Claims not met, coverage met
- 3 = Claims and coverage met

CANCER_COLORECTAL_MID	NUM	1
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Colorectal Cancer – Mid-Year Flag

This code specifies whether the beneficiary met the chronic condition algorithm criteria for Colorectal Cancer on July 1 of the specified reference period.

Possible Values:

- 0 = Neither claims nor coverage met
- 1 = Claims met, coverage not met
- 2 = Claims not met, coverage met
- 3 = Claims and coverage met

CANCER_COLORECTAL_EVER	DATE	4
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Colorectal Cancer – Date of First Occurrence

This code specifies the first calendar year quarter in which the beneficiary met the chronic condition algorithm criteria for Colorectal Cancer. The earliest possible value is '01JAN1999'.

Format: SAS Date (DATE9.)

Variable Name	Type	Length
CANCER_PROSTATE	NUM	1

Prostate Cancer – Chronic Condition Flag

This code specifies whether the beneficiary met the chronic condition algorithm criteria for Prostate Cancer within the specified reference period.

Possible Values:

- 0 = Neither claims nor coverage met
- 1 = Claims met, coverage not met
- 2 = Claims not met, coverage met
- 3 = Claims and coverage met

CANCER_PROSTATE_MID	NUM	1
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Prostate Cancer – Mid-Year Flag

This code specifies whether the beneficiary met the chronic condition algorithm criteria for Prostate Cancer on July 1 of the specified reference period.

Possible Values:

- 0 = Neither claims nor coverage met
- 1 = Claims met, coverage not met
- 2 = Claims not met, coverage met
- 3 = Claims and coverage met

CANCER_PROSTATE_EVER	DATE	4
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Prostate Cancer – Date of First Occurrence

This code specifies the first calendar year quarter in which the beneficiary met the chronic condition algorithm criteria for Prostate Cancer. The earliest possible value is '01JAN1999'.

Format: SAS Date (DATE9.)

Variable Name	Type	Length
CANCER_LUNG	NUM	1

Lung Cancer – Chronic Condition Flag

This code specifies whether the beneficiary met the chronic condition algorithm criteria for Lung Cancer within the specified reference period.

Possible Values:

- 0 = Neither claims nor coverage met
- 1 = Claims met, coverage not met
- 2 = Claims not met, coverage met
- 3 = Claims and coverage met

CANCER_LUNG_MID	NUM	1
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Lung Cancer – Mid-Year Flag

This code specifies whether the beneficiary met the chronic condition algorithm criteria for Lung Cancer on July 1 of the specified reference period.

Possible Values:

- 0 = Neither claims nor coverage met
- 1 = Claims met, coverage not met
- 2 = Claims not met, coverage met
- 3 = Claims and coverage met

CANCER_LUNG_EVER	DATE	4
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Lung Cancer – Date of First Occurrence

This code specifies the first calendar year quarter in which the beneficiary met the chronic condition algorithm criteria for Lung Cancer. The earliest possible value is '01JAN1999'.

Format: SAS Date (DATE9.)

Variable Name	Type	Length
CANCER_ENDOMETRIAL	NUM	1
<p>Endometrial Cancer – Chronic Condition Flag</p> <p>This code specifies whether the beneficiary met the chronic condition algorithm criteria for Endometrial Cancer within the specified reference period.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> 0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met 		
CANCER_ENDOMETRIAL_MID	NUM	1
<p>Endometrial Cancer – Mid-Year Flag</p> <p>This code specifies whether the beneficiary met the chronic condition algorithm criteria for Endometrial Cancer on July 1 of the specified reference period.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> 0 = Neither claims nor coverage met 1 = Claims met, coverage not met 2 = Claims not met, coverage met 3 = Claims and coverage met 		
CANCER_ENDOMETRIAL_EVER	DATE	4
<p>Endometrial Cancer – Date of First Occurrence</p> <p>This code specifies the first calendar year quarter in which the beneficiary met the chronic condition algorithm criteria for Endometrial Cancer. The earliest possible value is '01JAN1999'.</p> <p>Format: SAS Date (DATE9.)</p>		

Appendix A: Data Usage Issues regarding PUBLICID/SEQN/RESNUM

The data provided on the 1994-2005 NHIS, NHEFS, 1999-2004 NHANES, NHANES III, LSOA II and 2004 NNHS linked CMS Medicare files can be merged with the NCHS public use survey data files using the unique survey specific Public Identification number (PUBLICID/SEQN/RESNUM).

Note: At this time the linked CMS Medicare data files are only available for research use through the NCHS restricted access data center (RDC). Approved RDC researchers may choose to provide their own analytic files created from public use survey files to the RDC. Therefore, it is important for researchers to include survey specific Public Identification number on any analytic files sent to the RDC. The RDC will merge data (using PUBLICID, SEQN or RESNUM) from the linked CMS Medicare files to the analyst's file. The merged file will be held at the RDC and made available for analysis. Information on how to identify and/or construct the NCHS survey specific PUBLICID, SEQN or RESNUM is provided below.

I. National Health Interview Survey (NHIS)

On the NHIS surveys, researchers need to construct the NHIS public id from the following variables. The number and public-use location varies by NHIS survey year.

NHIS 1994

<u>Item</u>	<u>Public-use Location</u>	<u>Length</u>	<u>Description</u>
Year (2 digit)	3-4	2	Year of interview
Quarter	5	1	Calendar quarter of interview
PSU	6-8	3	Random recode of PSU #
Week	9-10	2	Week of interview within quarter
Segment	11-12	2	Segment number
Household	13-14	2	Household number within quarter
Person number	15-16	2	Person number within household

Note: Concatenate all variables to get the unique person identifier. All variables are zero filled.

NHIS 1995, 1996

<u>Item</u>	Public-use <u>Location</u>	<u>Length</u>	<u>Description</u>
Year (2 digit)	3-4	2	Year of interview
Household ID	5-14	10	Household ID number
Person number	15-16	2	Person number within Household

Note: Concatenate all variables to get the unique person identifier. All variables are zero filled.

NHIS 1997-2003

<u>Item</u>	Public-use <u>Location</u>	<u>Length</u>	<u>Description</u>
Year (4 digit)	3-6	4	Year of interview
Household Serial #	7-12	6	Household serial number
Person number	15-16	2	Person number within Household

Note: Concatenate all variables to get the unique person identifier. All variables are zero filled.

NHIS 2004, 2005

<u>Item</u>	Public-use <u>Location</u>	<u>Length</u>	<u>Description</u>
Year (4 digit)	3-6	4	Year of interview
Household serial #	7-12	6	Household serial number
Family sequence #	13-14	2	Family number
Person sequence #	15-16	2	Person number

Note: Concatenate all variables to get the unique person identifier. All variables are zero filled.

II. NHANES I Epidemiologic Follow-up Study NHEFS

<u>Item</u>	<u>Length</u>	<u>Description</u>
SEQN	5	Participant identification number

All of the NHEFS public-use data files are linked with the common survey participant identification number (SEQN). Merging information from multiple NHEFS Files to the NHEFS-CMS linked files using this variable ensures that the appropriate information for each survey participant is linked correctly.

III. National Health and Nutrition Examination Survey (NHANES)

<u>Item</u>	<u>Length</u>	<u>Description</u>
SEQN	5	Participant identification number

All of the NHANES public-use data files are linked with the common survey participant identification number (SEQN). Merging information from multiple NHANES Files to the NHANES-CMS linked files using this variable ensures that the appropriate information for each survey participant is linked correctly.

IV. Third National Health and Nutrition Examination Survey (NHANES III)

<u>Item</u>	<u>Length</u>	<u>Description</u>
SEQN	5	Participant identification number

All of the NHANES III public-use data files are linked with the common survey participant identification number (SEQN). Merging information from multiple NHANES III Files to the NHANES III-CMS linked files using this variable ensures that the appropriate information for each survey participant is linked correctly.

V. The Second Longitudinal Study of Aging (LSOA II)

On the LSOA II survey, researchers need to construct the LSOA II public id from the following variables.

LSOA II

<u>Item</u>	<u>Public-use Location</u>	<u>Length</u>	<u>Description</u>
Year	3-4	2	Year of interview
Quarter	5	1	Calendar quarter of interview
PSU	6-8	3	Random recode of PSU #
Week	9-10	2	Week of interview within quarter
Segment	11-12	2	Segment number
Household	13-14	2	Household number within quarter
Person number	15-16	2	Person number within household

Note: Concatenate all variables to get the unique person identifier. All variables are zero filled.

VI. 2004 National Nursing Home Survey (NNHS)

<u>Item</u>	<u>Length</u>	<u>Description</u>
RESNUM	6	Resident Record (Case) Number

All of the 2004 NNHS public-use data files are linked with the common resident record (case) number (RESNUM). Merging information from the 2004 NNHS Files to the 2004 NNHS-CMS linked files using this variable ensures that the appropriate information for each survey participant is linked correctly.

Appendix B: Chronic Condition Definitions

Algorithms	Reference Time Period (# of years)	Valid ICD-9/CPT4/HCPSC Codes ¹	Number/Type of Claims to Qualify ^{2,3}	Exclusions
Acute Myocardial Infarction	1 year	DX 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91 (ONLY first or second DX on the claim)	At least 1 inpatient claim with DX codes during the 1-yr period	
Alzheimer's Disease	3 years	DX 331.0 (any DX on the claim)	At least 1 inpatient, SNF, HHA, HOP or Carrier claim with DX codes during the 3-yr period	
Alzheimer's Disease and Related Disorders or Senile Dementia	3 years	DX 331.0, 331.1, 331.11, 331.19, 331.2, 331.7, 290.0, 290.10, 290.11, 290.12, 290.13, 290.20, 290.21, 290.3, 290.40, 290.41, 290.42, 290.43, 294.0, 294.1, 294.10, 294.11, 294.8, 797 (any DX on the claim)	At least 1 inpatient, SNF, HHA HOP or Carrier claim with DX codes during the 3-yr period	
Atrial Fibrillation	1 year	DX 427.31 (ONLY first or second DX on the claim)	At least 1 inpatient claim or 2 HOP or Carrier claims with DX code during the 1-yr period	
Cataract	1 year	DX 366.01, 366.02, 366.03, 366.04, 366.09, 366.10, 366.12, 366.13, 366.14, 366.15, 366.16, 366.17, 366.18, 366.19, 366.20, 366.21, 366.22, 366.23, 366.30, 366.32, 366.33, 366.34, 366.41, 366.42, 366.43, 366.44, 366.45, 366.46, 366.50, 366.51, 366.52, 366.53, 366.8, 366.9, 379.26, 379.31, 379.39, 743.31, 743.32, 743.33, 996.53, V43.1, (ONLY principal DX on the claim)	At least 1 HOP or Carrier claim with DX codes during the 1-yr period	
Chronic Kidney Disease	2 years	DX 016.00, 016.01, 016.02, 016.03, 016.04, 016.05, 016.06, 095.4, 189.0, 189.9, 223.0, 236.91, 249.40, 249.41, 250.40, 250.41, 250.42, 250.43, 271.4, 274.10, 283.11, 403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13, 404.92, 404.93, 440.1, 442.1, 572.4, 580.0, 580.4, 580.81, 580.89, 580.9, 581.0, 581.1, 581.2, 581.3, 581.81, 581.89, 581.9, 582.0, 582.1, 582.2, 582.4, 582.81, 582.89, 582.9, 583.0, 583.1, 583.2, 583.4, 583.6, 583.7, 583.81, 583.89, 583.9, 584.5, 584.6, 584.7, 584.8, 584.9, 585, 585.1, 585.2, 585.3, 585.4, 585.5, 585.6, 585.9, 586, 587, 588.0, 588.1, 588.81, 588.89, 588.9, 591, 753.12, 753.13, 753.14, 753.15, 753.16, 753.17, 753.19, 753.20, 753.21, 753.22, 753.23, 753.29, 794.4 (any DX on the claim)	At least 1 inpatient, SNF or HHA claim or 2 HOP or Carrier claims with DX codes during the 2-yr period	

Algorithms	Reference Time Period (# of years)	Valid ICD-9/CPT4/HCPCS Codes ¹	Number/Type of Claims to Qualify ^{2,3}	Exclusions
Chronic Obstructive Pulmonary Disease	1 year	DX 491.0, 491.1, 491.20, 491.21, 491.22, 491.8, 491.9, 492.0, 492.8, 494.0, 494.1, 496 (any DX on the claim)	At least 1 inpatient, SNF, HHA or 2 HOP or Carrier claims with DX codes during the 1-yr period	
Depression	1 year	DX 296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.60, 296.61, 296.62, 296.63, 296.64, 296.65, 296.66, 296.89, 298.0, 300.4, 309.1, 311 (any DX on the claim)	At least 1 inpatient, SNF, HHA, HOP or Carrier claim with DX codes during the 1-yr period	
Diabetes	2 years	DX 249.00, 249.01, 249.10, 249.11, 249.20, 249.21, 249.30, 249.31, 249.40, 249.41, 249.50, 249.51, 249.60, 249.61, 249.70, 249.71, 249.80, 249.81, 249.90, 249.91, 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 366.41 (any DX on the claim)	At least 1 inpatient, SNF or HHA claim or 2 HOP or Carrier claims with DX codes during the 2-yr period	
Glaucoma	1 year	DX 362.85, 364.55, 365.00, 365.01, 365.02, 365.03, 365.04, 365.10, 365.11, 365.12, 365.15, 365.20, 365.21, 365.22, 365.23, 365.24, 365.41, 365.61, 365.89, 365.9, 366.31, 377.14, V80.1 (ONLY principal DX on the claim)	At least 1 Carrier claim with DX codes during the 1-yr period	
Heart Failure	2 years	DX 398.91, 402.01, 402.11, 402.91, 404.01, 404.11, 404.91, 404.03, 404.13, 404.93, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9 (any DX on the claim)	At least 1 inpatient, HOP or Carrier claim with DX codes during the 2-yr period	
Hip/Pelvic Fracture	1 year	DX 733.98, 808.0, 808.1, 808.2, 808.3, 808.41, 808.42, 808.43, 808.49, 808.51, 808.52, 808.53, 808.59, 808.8, 808.9, 820.00, 820.01, 820.02, 820.03, 820.09, 820.10, 820.11, 820.12, 820.13, 820.19, 820.20, 820.21, 820.22, 820.30, 820.31, 820.32, 820.8, 820.9 (any DX on the claim)	At least 1 inpatient claim with DX code during the 1-yr period	

Algorithms	Reference Time Period (# of years)	Valid ICD-9/CPT4/HCPCS Codes ¹	Number/Type of Claims to Qualify ^{2,3}	Exclusions
Ischemic Heart Disease	2 years	<p>DX 410.00, 410.01, 410.02, 410.10, 410.11, 410.12, 410.20, 410.21, 410.22, 410.30, 410.31, 410.32, 410.40, 410.41, 410.42, 410.50, 410.51, 410.52, 410.60, 410.61, 410.62, 410.70, 410.71, 410.72, 410.80, 410.81, 410.82, 410.90, 410.91, 410.92, 411.0, 411.1, 411.81, 411.89, 412, 413.0, 413.1, 413.9, 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07, 414.10, 414.11, 414.12, 414.19, 414.2, 414.3, 414.8, 414.9</p> <p>Proc 00.66, 36.01, 36.02, 36.03, 36.04, 36.05, 36.06, 36.07, 36.09, 36.10, 36.11, 36.12, 36.13, 36.14, 36.15, 36.16, 36.17, 36.19, 36.2, 36.31, 36.32</p> <p>HCPCS 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536, 33542, 33545, 33548, 92975, 92977, 92980, 92982, 92995, 33140, 33141 (any DX, PROC or HCPCS on the claim)</p>	At least 1 inpatient, SNF, HHA, HOP or Carrier claim with DX, Procedure or HCPC codes during the 2-yr period	
Osteoporosis	1 year	DX 733.00, 733.01, 733.02, 733.03, 733.09 (any DX on the claim)	At least 1 inpatient, HOP or Carrier claim with DX code during the 1-yr period	
RA/OA (Rheumatoid Arthritis/ Osteoarthritis)	2 years	<p>DX 714.0, 714.1, 714.2, 714.30, 714.31, 714.32, 714.33, 715.00, 715.04, 715.09, 715.10, 715.11, 715.12, 715.13, 715.14, 715.15, 715.16, 715.17, 715.18, 715.20, 715.21, 715.22, 715.23, 715.24, 715.25, 715.26, 715.27, 715.28, 715.30, 715.31, 715.32, 715.33, 715.34, 715.35, 715.36, 715.37, 715.38, 715.80, 715.89, 715.90, 715.98 (any DX on the claim)</p>	<p>At least 2 inpatient, SNF, HHA, HOP or Carrier claims with DX codes during the 2-yr period</p> <p>Any combination of claims at least one day apart.</p>	
Stroke / Transient Ischemic Attack	1 year	DX 430, 431, 434.00, 434.01, 434.10, 434.11, 434.90, 434.91, 435.0, 435.1, 435.3, 435.8, 435.9, 436, 997.02 (any DX on the claim)	At least 1 inpatient claim or 2 HOP or Carrier claims with DX codes during the 1-yr period	If any of the qualifying claims have: 800 <= DX Code <= 804.9, 850 <= DX Code <= 854.1 in any DX position OR DX V57xx as the principal DX code, then EXCLUDE.

Algorithms	Reference Time Period (# of years)	Valid ICD-9/CPT4/HCPCS Codes ¹	Number/Type of Claims to Qualify ^{2,3}	Exclusions
Female Breast Cancer**	1 year	DX 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.9, 233.0 (any DX on the claim)	At least 1 inpatient or 2 HOP or Carrier claims with DX codes during the 1-year time period	
Colorectal Cancer	1 year	DX 153.0, 153.1, 153.2, 153.3, 153.4, 153.5, 153.6, 153.7, 153.8, 153.9, 154.0, 154.1, 230.3, 230.4 (any DX on the claim)	At least 1 inpatient or 2 HOP or Carrier claims with DX codes during the 1-year time period	
Prostate Cancer	1 year	DX 185, 233.4 (any DX on the claim)	At least 1 inpatient or 2 HOP or Carrier claims with DX codes during the 1-year time period	
Lung Cancer	1 year	DX 162.0, 162.2, 162.3, 162.4, 162.5, 162.8, 162.9, 231.2 (any DX on the claim)	At least 1 inpatient or 2 HOP or Carrier claims with DX codes during the 1-year time period	
Endometrial Cancer	1 year	DX 182.0, 182.1, 182.8, 233.2 (any DX on the claim)	At least 1 inpatient or 2 HOP or Carrier claims with DX codes during the 1-year time period	

¹ Effective dates of these codes vary. Researchers may be interested in confirming the code(s) of interest in accompanying claims or assessment data files.

² Carrier claims refers to RIC "O" claims (not DMERC RIC "M" claims), and excludes any claims for which line item Berenson-Eggers Type of Service [BETOS] variable equals D1A, D1B, D1C, D1D, D1E, D1F, D1G, or O1A. The categories with D1 in the first two positions are DME categories. The O1A category includes ambulance services. The intent of the algorithm is to exclude claims where the services do not require a licensed health care professional. SNF refers to skilled nursing facility; HHA refers to home health agency; HOP refers to hospital outpatient.

**The diagnosis codes included in this definition are for female breast cancer only (male breast cancer codes are not included). Researchers may be interested in confirming gender with the accompanying beneficiary data file due to the potential miscoding of diagnosis codes.