

Denominator File

<u>Variable Name</u>	<u>Variable Label</u>
SURVEY	NCHS Survey linked to CMS Medicare Enrollment Data
PUBLICID*	NCHS Survey Identifier - Participant Identification Number
SEQN*	NCHS Survey Identifier - Sample Sequence Number
RESNUM†	NCHS Survey Identifier - Resident Record (Case) Number
FILE_YEAR4	Coverage Year of CMS Medicare Enrollment Data (4-Digits)
REFERENCE_YEAR	Beneficiary Enrollment Reference Year (2-Digits)
STATE_CODE	State Code
COUNTY_CODE	County Code
BENE_ZIP_CODE	Zip Code of Residence
DATE_OF_BIRTH	Date of Birth (YYYYMMDD)
SEX_CODE	Sex
RACE_CODE	Beneficiary Race Code
AGE	Age
ORIG_REASON_FOR_ENTITLEMENT	Original Reason for Entitlement Code
CURR_REASON_FOR_ENTITLEMENT	Current Reason for Entitlement Code
ESRD_INDICATOR	End Stage Renal Disease (ESRD) Indicator
MEDICARE_STATUS_CODE	Medicare Status Code
PART_A_TERMINATION_CODE	Part A Termination Code
PART_B_TERMINATION_CODE	Part B Termination Code
ENTITLEMENT_BUY_IN_IND1	Medicare Entitlement/Buy-In Indicator (January)
ENTITLEMENT_BUY_IN_IND2	Medicare Entitlement/Buy-In Indicator (February)
ENTITLEMENT_BUY_IN_IND3	Medicare Entitlement/Buy-In Indicator (March)
ENTITLEMENT_BUY_IN_IND4	Medicare Entitlement/Buy-In Indicator (April)
ENTITLEMENT_BUY_IN_IND5	Medicare Entitlement/Buy-In Indicator (May)
ENTITLEMENT_BUY_IN_IND6	Medicare Entitlement/Buy-In Indicator (June)
ENTITLEMENT_BUY_IN_IND7	Medicare Entitlement/Buy-In Indicator (July)
ENTITLEMENT_BUY_IN_IND8	Medicare Entitlement/Buy-In Indicator (August)
ENTITLEMENT_BUY_IN_IND9	Medicare Entitlement/Buy-In Indicator (September)
ENTITLEMENT_BUY_IN_IND10	Medicare Entitlement/Buy-In Indicator (October)
ENTITLEMENT_BUY_IN_IND11	Medicare Entitlement/Buy-In Indicator (November)
ENTITLEMENT_BUY_IN_IND12	Medicare Entitlement/Buy-In Indicator (December)
HMO_INDICATOR1	HMO Indicator (January)
HMO_INDICATOR2	HMO Indicator (February)
HMO_INDICATOR3	HMO Indicator (March)
HMO_INDICATOR4	HMO Indicator (April)
HMO_INDICATOR5	HMO Indicator (May)
HMO_INDICATOR6	HMO Indicator (June)
HMO_INDICATOR7	HMO Indicator (July)
HMO_INDICATOR8	HMO Indicator (August)
HMO_INDICATOR9	HMO Indicator (September)
HMO_INDICATOR10	HMO Indicator (October)
HMO_INDICATOR11	HMO Indicator (November)
HMO_INDICATOR12	HMO Indicator (December)
HI_COVERAGE	Total Number of Months Part A Coverage (HI Coverage)
SMI_COVERAGE	Total Number of Months of Part B Coverage (SMI Coverage)
HMO_COVERAGE	Total Number of Months of HMO Coverage
STATE_BUY_IN_COVERAGE	Total Number of Months of State Buy-In Coverage
VALID_DATE_OF_DEATH_SWITCH	Valid Date of Death Switch
DATE_OF_DEATH	Date of Death (YYYYMMDD)

* 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.

Please refer to the instructions on the NCHS Research Data Center (RDC) website (<http://www.cdc.gov/rdc/index.htm>) when preparing the data dictionary for your research proposal.

Medicare Provider Analysis and Review (MedPAR) File

<u>Variable Name</u>	<u>Variable Label</u>
SURVEY	NCHS Survey linked to CMS Medicare Claims Data
PUBLICID*	NCHS Survey Identifier - Participant Identification Number
SEQN*	NCHS Survey Identifier - Sample Sequence Number
RESNUM*	NCHS Survey Identifier - Resident Record (Case) Number
FILE_YEAR4	Coverage Year of CMS Medicare Claims Data
MEDPAR_BENE_AGE_CNT	MedPAR Beneficiary Age Count
MEDPAR_BENE_SEX_CD	MedPAR Beneficiary Sex Code
MEDPAR_BENE_RACE_CD	MedPAR Beneficiary Race Code
MEDPAR_BENE_MDCR_STUS_CD	MedPAR Beneficiary Medicare Status Code
MEDPAR_BENE_RSDNC_SSA_STATE_CD	MedPAR Beneficiary Residence SSA Standard State Code
MEDPAR_BENE_RSDNC_SSA_CNTY_CD	MedPAR Beneficiary Residence SSA Standard County Code
MEDPAR_BENE_MLG_CNTCT_ZIP_CD	MedPAR Beneficiary Mailing Contact Zip Code
MEDPAR_ADMSN_DAY_CD	MedPAR Admission Day Code
MEDPAR_BENE_DSCHRG_STUS_CD	MedPAR Beneficiary Discharge Status Code
MEDPAR_GHO_PD_CD	MedPAR GHO Paid Code
MEDPAR_PPS_IND_CD	MedPAR Prospective Payment System (PPS) Indicator Code
MEDPAR_PRVDR_STATE_CD	MedPAR Provider State Code
MEDPAR_SS_LS_SNF_IND_CD	MedPAR Short Stay/Long Stay/SNF Indicator
MEDPAR_STAY_FINL_ACTN_CLM_CNT	MedPAR Stay Final Action Claims Count
MEDPAR_LTST_CLM_ACRTN_DT	MedPAR Latest Claim Accretion Date (YYYYDDD)
MEDPAR_BENE_MDCR_BNFT_EXHST_DT	MedPAR Beneficiary Medicare Benefit Exhausted Date (YYYYDDD)
MEDPAR_SNF_QUALN_FROM_DT	MedPAR SNF Qualification From Date (YYYYDDD)
MEDPAR_SNF_QUALN_THRU_DT	MedPAR SNF Qualification Thru Date (YYYYDDD)
MEDPAR_ADMSN_DT	MedPAR Admission Date (YYYYDDD)
MEDPAR_DSCHRG_DT	MedPAR Discharge Date (YYYYDDD)
MEDPAR_CVR_LVL_CARE_THRU_DT	MedPAR Covered Level Care Thru Date (YYYYDDD)
MEDPAR_BENE_DEATH_DT	MedPAR Beneficiary Death Date (YYYYDDD)
MEDPAR_BENE_DEATH_DT_VRFY_CD	MedPAR Beneficiary Death Date Verified Code
MEDPAR_LOS_DAY_CNT	MedPAR Length of Stay Day Count
MEDPAR_OUTLIER_DAY_CNT	MedPAR Outlier Day Count
MEDPAR_UTLZTN_DAY_CNT	MedPAR Utilization Day Count
MEDPAR_TOT_COINSRNC_DAY_CNT	MedPAR Beneficiary Total Coinsurance Day Count
MEDPAR_BENE_LRD_USE_CNT	MedPAR Beneficiary Lifetime Reserve Days (LRD) Used Count
MEDPAR_BENE_PTA_COINSRNC_AMT	MedPAR Beneficiary Part A Coinsurance Liability Amount
MEDPAR_BENE_IP_DDCTBL_AMT	MedPAR Beneficiary Inpatient Deductible Liability Amount
MEDPAR_BENE_BLOOD_DDCTBL_AMT	MedPAR Beneficiary Blood Deductible Liability Amount
MEDPAR_BENE_PRMRY_PYR_AMT	MedPAR Beneficiary Primary Payer Amount
MEDPAR_DRG_OUTLIER_PMT_AMT	MedPAR DRG Outlier Approved Payment Amount
MEDPAR_IP_DSPRPRTNT_SHR_AMT	MedPAR Inpatient Disproportionate Share Amount
MEDPAR_IME_AMT	MedPAR Indirect Medical Education (IME) Amount
MEDPAR_DRG_PRICE_AMT	MedPAR DRG Price Amount
MEDPAR_PASS_THRU_AMT	MedPAR Total Pass Through Amount
MEDPAR_TOT_PPS_CPTL_AMT	MedPAR Total PPS Capital Amount
MEDPAR_TOT_CHRG_AMT	MedPAR Total Charge Amount
MEDPAR_TOT_CVR_CHRG_AMT	MedPAR Total Covered Charge Amount
MEDPAR_MDCR_PMT_AMT	MedPAR Medicare Payment Amount
MEDPAR_ACMDTNS_TOT_CHRG_AMT	MedPAR All Accommodations Total Charge Amount

MEDPAR_DPRTMNTL_TOT_CHRG_AMT	MedPAR Departmental Total Charge Amount
MEDPAR_PRVT_ROOM_DAY_CNT	MedPAR Private Room Day Count
MEDPAR_SEMIPRVT_ROOM_DAY_CNT	MedPAR Semi-Private Room Day Count
MEDPAR_WARD_DAY_CNT	MedPAR Ward Day Count
MEDPAR_INTNSV_CARE_DAY_CNT	MedPAR Intensive Care Day Count
MEDPAR_CRNRY_CARE_DAY_CNT	MedPAR Coronary Care Day Count
MEDPAR_PRVT_ROOM_CHRG_AMT	MedPAR Private Room Charge Amount
MEDPAR_SEMIPRVT_ROOM_CHRG_AMT	MedPAR Semi-Private Room Charge Amount
MEDPAR_WARD_CHRG_AMT	MedPAR Ward Charge Amount
MEDPAR_INTNSV_CARE_CHRG_AMT	MedPAR Intensive Care Charge Amount
MEDPAR_CRNRY_CARE_CHRG_AMT	MedPAR Coronary Care Charge Amount
MEDPAR_OTHR_SRVC_CHRG_AMT	MedPAR Other Service Charge Amount
MEDPAR_PHRMCY_CHRG_AMT	MedPAR Pharmacy Charge Amount
MEDPAR_MDCL_SUPLY_CHRG_AMT	MedPAR Medical/Surgical Supplies Charge Amount
MEDPAR_DME_CHRG_AMT	MedPAR DME Charge Amount
MEDPAR_USED_DME_CHRG_AMT	MedPAR Used DME Charge Amount
MEDPAR_PHYS_THRPY_CHRG_AMT	MedPAR Physical Therapy Charge Amount
MEDPAR_OCPTNL_THRPY_CHRG_AMT	MedPAR Occupational Therapy Charge Amount
MEDPAR_SPCH_PTHLGY_CHRG_AMT	MedPAR Speech Pathology Charge Amount
MEDPAR_INHLTN_THRPY_CHRG_AMT	MedPAR Inhalation Therapy Charge Amount
MEDPAR_BLOOD_CHRG_AMT	MedPAR Blood Charge Amount
MEDPAR_BLOOD_ADMIN_CHRG_AMT	MedPAR Blood Administration Charge Amount
MEDPAR_OPRTG_ROOM_CHRG_AMT	MedPAR Operating Room Charge Amount
MEDPAR_LTHTRPSY_CHRG_AMT	MedPAR Lithotripsy Charge Amount
MEDPAR_CRDLGY_CHRG_AMT	MedPAR Cardiology Charge Amount
MEDPAR_ANSTHSA_CHRG_AMT	MedPAR Anesthesia Charge Amount
MEDPAR_LAB_CHRG_AMT	MedPAR Laboratory Charge Amount
MEDPAR_RDLGY_CHRG_AMT	MedPAR Radiology Charge Amount
MEDPAR_MRI_CHRG_AMT	MedPAR MRI Charge Amount
MEDPAR_OP_SRVC_CHRG_AMT	MedPAR Outpatient Service Charge Amount
MEDPAR_ER_CHRG_AMT	MedPAR Emergency Room Charge Amount
MEDPAR_AMBLNC_CHRG_AMT	MedPAR Ambulance Charge Amount
MEDPAR_PROFNL_FEES_CHRG_AMT	MedPAR Professional Fees Charge Amount
MEDPAR_ORGN_ACQSTN_CHRG_AMT	MedPAR Organ Acquisition Charge Amount
MEDPAR_ESRD_REV_SETG_CHRG_AMT	MedPAR ESRD Revenue Setting Charge Amount
MEDPAR_CLNC_VISIT_CHRG_AMT	MedPAR Clinic Visit Charge Amount
MEDPAR_ICU_IND_CD	MedPAR Intensive Care Unit (ICU) Indicator Code
MEDPAR_CRNRY_CARE_IND_CD	MedPAR Coronary Care Indicator Code
MEDPAR_PHRMCY_IND_CD	MedPAR Pharmacy Indicator Code
MEDPAR_TRNSPLNT_IND_CD	MedPAR Transplant Indicator Code
MEDPAR_RDLGY_ONCLGY_IND_SW	MedPAR Radiology Oncology Indicator Switch
MEDPAR_RDLGY_DGNSTC_IND_SW	MedPAR Radiology Diagnostic Indicator Switch
MEDPAR_RDLGY_THRPTC_IND_SW	MedPAR Radiology Therapeutic Indicator Switch
MEDPAR_RDLGY_NUCLR_MDCN_IND_SW	MedPAR Radiology Nuclear Medicine Indicator Switch
MEDPAR_RDLGY_CT_SCAN_IND_SW	MedPAR Radiology CT Scan Indicator Switch
MEDPAR_RDLGY_OTHR_IMGNG_IND_SW	MedPAR Radiology Other Imaging Indicator Switch
MEDPAR_OP_SRVC_IND_CD	MedPAR Outpatient Services Indicator Code
MEDPAR_ORGN_ACQSTN_IND_CD	MedPAR Organ Acquisition Indicator Code
MEDPAR_ESRD_SETG_IND_CD_1	MedPAR ESRD Setting Indicator Code 1
MEDPAR_ESRD_SETG_IND_CD_2	MedPAR ESRD Setting Indicator Code 2
MEDPAR_ESRD_SETG_IND_CD_3	MedPAR ESRD Setting Indicator Code 3

MEDPAR_ESRD_SETG_IND_CD_4	MedPAR ESRD Setting Indicator Code 4
MEDPAR_ESRD_SETG_IND_CD_5	MedPAR ESRD Setting Indicator Code 5
MEDPAR_DGNS_CD_CNT	MedPAR Diagnosis Code Count
MEDPAR_DGNS_CD_1	MedPAR Diagnosis Code 1
MEDPAR_DGNS_CD_2	MedPAR Diagnosis Code 2
MEDPAR_DGNS_CD_3	MedPAR Diagnosis Code 3
MEDPAR_DGNS_CD_4	MedPAR Diagnosis Code 4
MEDPAR_DGNS_CD_5	MedPAR Diagnosis Code 5
MEDPAR_DGNS_CD_6	MedPAR Diagnosis Code 6
MEDPAR_DGNS_CD_7	MedPAR Diagnosis Code 7
MEDPAR_DGNS_CD_8	MedPAR Diagnosis Code 8
MEDPAR_DGNS_CD_9	MedPAR Diagnosis Code 9
MEDPAR_DGNS_CD_10	MedPAR Diagnosis Code 10
MEDPAR_DGNS_POA_CD	MedPAR Claim Present On Admission Indicator Code
MEDPAR_SRGCL_PRCDR_IND_SW	MedPAR Surgical Procedure Indicator Switch
MEDPAR_SRGCL_PRCDR_CD_CNT	MedPAR Surgical Procedure Code Count
MEDPAR_SRGCL_PRCDR_DT_CNT	MedPAR Surgical Procedure Performed Date Count
MEDPAR_SRGCL_PRCDR_CD_1	MedPAR Surgical Procedure Code 1
MEDPAR_SRGCL_PRCDR_CD_2	MedPAR Surgical Procedure Code 2
MEDPAR_SRGCL_PRCDR_CD_3	MedPAR Surgical Procedure Code 3
MEDPAR_SRGCL_PRCDR_CD_4	MedPAR Surgical Procedure Code 4
MEDPAR_SRGCL_PRCDR_CD_5	MedPAR Surgical Procedure Code 5
MEDPAR_SRGCL_PRCDR_CD_6	MedPAR Surgical Procedure Code 6
MEDPAR_SRGCL_PRCDR_PRFRM_DT_1	MedPAR Surgical Procedure Performed Date 1 (YYYYDDD)
MEDPAR_SRGCL_PRCDR_PRFRM_DT_2	MedPAR Surgical Procedure Performed Date 2 (YYYYDDD)
MEDPAR_SRGCL_PRCDR_PRFRM_DT_3	MedPAR Surgical Procedure Performed Date 3 (YYYYDDD)
MEDPAR_SRGCL_PRCDR_PRFRM_DT_4	MedPAR Surgical Procedure Performed Date 4 (YYYYDDD)
MEDPAR_SRGCL_PRCDR_PRFRM_DT_5	MedPAR Surgical Procedure Performed Date 5 (YYYYDDD)
MEDPAR_SRGCL_PRCDR_PRFRM_DT_6	MedPAR Surgical Procedure Performed Date 6 (YYYYDDD)
MEDPAR_BLOOD_PT_FRNSH_QTY	MedPAR Blood Pints Furnished Quantity
MEDPAR_BENE_IDENT_CD	MedPAR Beneficiary Identification Code (BIC)
MEDPAR_DRG_CD	MedPAR DRG Code
MEDPAR_DSCHRG_DSTNTN_CD	MedPAR Discharge Destination Code
MEDPAR_DRG_OUTLIER_STAY_CD	MedPAR DRG/Outlier Stay Code
MEDPAR_BENE_PRMRY_PYR_CD	MedPAR Primary Payer Code
MEDPAR_ESRD_COND_CD	MedPAR ESRD Condition Code
MEDPAR_SRC_IP_ADMSN_CD	MedPAR Source Inpatient Admission Code
MEDPAR_IP_ADMSN_TYPE_CD	MedPAR Inpatient Admission Type Code
MEDPAR_ADMTG_DGNS_CD	MedPAR Admitting Diagnosis Code
MEDPAR_ADMSN_DEATH_DAY_CNT	MedPAR Admission Death Day Count
MEDPAR_WRNG_IND_CD	MedPAR Warning Indicators Code
MEDPAR_SELECTION_REASON	MedPAR Select Reason Code

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Carrier File

<u>Variable Name</u>	<u>Variable Label</u>
SURVEY	NCHS Survey linked to CMS Medicare Claims Data
PUBLICID*	NCHS Survey Identifier - Participant Identification Number
SEQN*	NCHS Survey Identifier - Sample Sequence Number
RESNUM*	NCHS Survey Identifier - Resident Record (Case) Number
FILE_YEAR4	Coverage Year of CMS Medicare Claims Data
REC_LEN	Record Length Count
REC_LVL	NCH Near Line Record Version Code
RIC_CD	NCH Near Line Record Identification Code
MQA_RIC	NCH MQA RIC Code
CLM_TYPE	NCH Claim Type Code
ST_SGMT	NCH State Segment Code
STATE_CD	Beneficiary Residence SSA Standard State Code
FROM_DT	Claim From Date
THRU_DT	Claim Through Date
WKLY_DT	NCH Weekly Claim Processing Date
ACRTN_DT	CWF Claim Accretion Date
ACRTN_NM	CWF Claim Accretion Number
DAILY_DT	NCH Daily Process Date
LINK_NUM	NCH Segment Link Number
SGMT_CNT	Claim Total Segment Count
SGMT_NUM	Claim Segment Number
LINECNT	Claim Total Line Count
SGMTLINE	Claim Segment Line Count
ENTRY_CD	Carrier Claim Entry Code
DISP_CD	Claim Disposition Code
EDITDISP	NCH Edit Disposition Code
CNTY_CD	Beneficiary Residence SSA Standard County Code
RCPT_DT	Carrier Claim Receipt Date
SCHLD_DT	Carrier Claim Scheduled Payment Date
FRWRD_DT	CWF Forwarded Date
BENE_ZIP	Beneficiary Mailing Contact Zip Code
SEX	Beneficiary Sex Identification Code
RACE	Beneficiary Race Code
BENE_DOB	Beneficiary Birth Date
MS_CD	CWF Beneficiary Medicare Status Code
CWFLOCCD	Beneficiary CWF Location Code
PDGNS_CD	Claim Principal Diagnosis Code
PMTDNLCD	Carrier Claim Payment Denial Code
TRTMT_CD	Claim Excepted/Nonexcepted Medical Treatment Code
PMT_AMT	Claim Payment Amount
PRPAYAMT	Carrier Claim Primary Payer Paid Amount
ASGMNTCD	Carrier Claim Provider Assignment Indicator Switch
PROV_PMT	NCH Claim Provider Payment Amount
BENE_PMT	NCH Claim Beneficiary Payment Amount

BENEPAID	Carrier Claim Beneficiary Paid Amount
SBMTCHRG	NCH Carrier Claim Submitted Charge Amount
ALOWCHRG	NCH Carrier Claim Allowed Charge Amount
DEDAPPLY	Claim Cash Deductible Applied Amount
HCPCS_YR	Carrier Claim HCPCS Year Code
MCOOVRD	Carrier Claim MCO Override Indicator Code
HOSPOVRD	Carrier Claim Hospice Override Indicator Code
BLDFRNSH	Claim Blood Pints Furnished Quantity
BLD_DED	Claim Blood Deductible Pints Quantity
CEDCNT	Carrier NCH Edit Code Count
CPATCNT	Carrier NCH Patch Code Count
CMCOCNT	Carrier MCO Period Count
CPLNCNT	Carrier Claim Health Plan ID Count
CDEMCNT	Carrier Claim Demonstration ID Count
CDGNCNT	Carrier Claim Diagnosis Code Count
CLINECNT	Carrier Claim Line Count
EDTIND01 - EDTIND13	NCH Edit Trailer Indicator Code
EDT_CD01 - EDT_CD13	NCH Edit Code
PTCHND01 - PTCHND99	NCH Patch Trailer Indicator Code
PTCHCD01 - PTCHCD99	NCH Patch Code
MCOIND1 - MCOIND12	NCH MCO Trailer Indicator Code
MCOOPTN1 - MCOOPTN2	MCO Option Code
MCEFFDT1 - MCEFFDT2	MCO Period Effective Date
MCTRMDT1 - MCTRMDT2	MCO Termination Date
PLNDNID1 - PLNDNID3	Health Plan ID Trailer Indicator Code
PLNDCD1 - PLNDCD3	Claim Health Plan ID Code
DEMOIND1 - DEMOIND5	Demonstration Trailer Indicator Code
DGNSIND1 - DGNSIND4	NCH Diagnosis Trailer Indicator Code
DGNS_CD1 - DGNS_CD4	Claim Diagnosis Code
LINEIND	Line Item Trailer Indicator Code
PRV_TYPE	Carrier Line Provider Type Code
PRVSTATE	Line NCH Provider State Code
PROVZIP	Carrier Line Performing Provider Zip Code
HCFA SPCL	Line HCFA Provider Specialty Code
CARR SPCL	Carrier Line Provider Specialty Code
PRTCPTG	Line Provider Participating Indicator Code
ASTNT_CD	Carrier Line Reduced Payment Physician Assistant Code
SRVC_CNT	Line Service Count
TYP SRVCB	Line HCFA Type Service Code
PTYPE SRV	Carrier Line Type Service Code
PLCSRVC	Line Place Of Service Code
EXPNSDT1	Line First Expense Date
EXPNSDT2	Line Last Expense Date
HCPCS_CD	Line HCPCS Code
MDFR_CD1	Line HCPCS Initial Modifier Code
MDFR_CD2	Line HCPCS Second Modifier Code
BETOS	Line NCH BETOS Code

LINE_IDE	Line IDE Number
NDC_CD	Line National Drug Code
LINEPMT	Line NCH Payment Amount
LBENPMT	Line Beneficiary Payment Amount
LPRVPMT	Line Provider Payment Amount
LDEDAMT	Line Beneficiary Part B Deductible Amount
LPRPAYCD	Line Beneficiary Primary Payer Code
LPRPDAMT	Line Beneficiary Primary Payer Paid Amount
COINAMT	Line Coinsurance Amount
LLMTAMT	Psych./Occ. Therapy/Phys. Therapy Limit Amount
LINT_AMT	Line Interest Amount
PRPYALLOW	Line Primary Payer Allowed Charge Amount
PNLTAMT	Line 10% Penalty Reduction Amount
LBLD_DED	Carrier Line Blood Deductible Pints Quantity
LSBMTCHG	Line Submitted Charge Amount
LALLOWCHG	Line Allowed Charge Amount
LAB_AMT	Carrier Line Clinical Lab Charge Amount
PRCNGIND	Line Processing Indicator Code
PMTINDSW	Line Payment 80%/100% Code
DED_SW	Line Service Deductible Indicator Switch
PMTINDCD	Line Payment Indicator Code
MTUS_CNT	Carrier Line Miles/Times/Units/Services Count
MTUS_IND	Carrier Line Miles/Times/Units/Services Indicator Code
LINEDGNS	Line Diagnosis Code
ANSTHUNT	Carrier Line Anesthesia Base Unit Count
CLIAALRT	Carrier Line CLIA Alert Indicator Code
DCMTN_CD	Line Additional Claim Documentation Indicator Code
DMEST_DT	Carrier Line DME Coverage Period Start Date
DME_PURC	Line DME Purchase Price Amount
NCSTY_MO	Carrier Line DME Medical Necessity Month Count

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 Researchers linking to NHEFS, NHANES III and 1999-2004 NHANES should use SEQN.
 Researchers linking to the 2004 NNHS should use RESNUM.*

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Durable Medical Equipment (DME) File

Variable Name	Variable Label
SURVEY	NCHS Survey linked to CMS Medicare Claims Data
PUBLICID*	NCHS Survey Identifier - Participant Identification Number
SEQN*	NCHS Survey Identifier - Sample Sequence Number
RESNUM*	NCHS Survey Identifier - Resident Record (Case) Number
FILE_YEAR4	Coverage Year of CMS Medicare Claims Data
REC_LEN	Record Length Count
REC_LVL	NCH Near Line Record Version Code
RIC_CD	NCH Near Line Record Identification Code
MQA_RIC	NCH MQA RIC Code
CLM_TYPE	NCH Claim Type Code
ST_SGMT	NCH State Segment Code
STATE_CD	Beneficiary Residence SSA Standard State Code
FROM_DT	Claim From Date
THRU_DT	Claim Through Date
WKLY_DT	NCH Weekly Claim Processing Date
ACRTN_DT	CWF Claim Accretion Date
ACRTN_NM	CWF Claim Accretion Number
DAILY_DT	NCH Daily Process Date
LINK_NUM	NCH Segment Link Number
SGMT_CNT	Claim Total Segment Count
SGMT_NUM	Claim Segment Number
LINECNT	Claim Total Line Count
SGMTLINE	Claim Segment Line Count
ENTRY_CD	Carrier Claim Entry Code
DISP_CD	Claim Disposition Code
EDITDISP	NCH Edit Disposition Code
CNTY_CD	Beneficiary Residence SSA Standard County Code
RCPT_DT	Carrier Claim Receipt Date
SCHLD_DT	Carrier Claim Scheduled Payment Date
FRWRD_DT	CWF Forwarded Date
BENE_ZIP	Beneficiary Mailing Contact Zip Code
SEX	Beneficiary Sex Identification Code
RACE	Beneficiary Race Code
BENE_DOB	Beneficiary Birth Date
MS_CD	CWF Beneficiary Medicare Status Code
CWFLOCCD	Beneficiary CWF Location Code
PDGNS_CD	Claim Principal Diagnosis Code
PMTDNLCD	Carrier Claim Payment Denial Code
TRTMT_CD	Claim Excepted/Nonexcepted Medical Treatment Code
PMT_AMT	Claim Payment Amount
PRPAYAMT	Carrier Claim Primary Payer Paid Amount

ASGMNTCD	Carrier Claim Provider Assignment Indicator Switch
PROV_PMT	NCH Claim Provider Payment Amount
BENE_PMT	NCH Claim Beneficiary Payment Amount
BENEPaid	Carrier Claim Beneficiary Paid Amount
SBMTCHRG	NCH Carrier Claim Submitted Charge Amount
ALOWCHRG	NCH Carrier Claim Allowed Charge Amount
DEDAPPLY	Claim Cash Deductible Applied Amount
HCPCS_YR	Carrier Claim HCPCS Year Code
MCOOVRD	Carrier Claim MCO Override Indicator Code
HOSPOVRD	Carrier Claim Hospice Override Indicator Code
DEDCNT	DMERC NCH Edit Code Count
DPATCNT	DMERC NCH Patch Code Count
DMCOCNT	DMERC MCO Period Count
DPLNCNT	DMERC Health Plan Id Count
DDEMCNT	DMERC Demonstration Id Count
DDGNCNT	DMERC Diagnosis Code Count
DLINECNT	DMERC Claim Line Count
EDTIND01 - EDTIND13	NCH Edit Trailer Indicator
EDT_CD01 - EDT_CD13	NCH Edit Code
PTCHND01 - PTCHND30	NCH Patch Trailer Indicator
PTCHCD01 - PTCHCD30	NCH Patch Code
PTCHDT01 - PTCHDT30	NCH Patch Applied Date
MCOIND1 - MCOIND2	NCH MCO Trailer Indicator Code
MCOOPTN1 - MCOOPTN2	MCO Option Code
MCEFFDT1 - MCEFFDT2	MCO Period Effective Date
MCTRMDT1 - MCTRMDT2	MCO Period Termination Date
PLNDND1 - PLNDND3	NCH Health Plan ID Trailer Indicator Code
PLNDCD1 - PLNDCD3	Claim Health Plan ID Code
DEMOIND1 - DEMOIND5	NCH Demonstration Trailer Indicator Code
DGNSIND1 - DGNSIND8	NCH Diagnosis Trailer Indicator Code
DGNS_CD1 - DGNS_CD8	Claim Diagnosis Code
LINEIND	NCH Line Item Trailer Indicator Code
PRCNG_ST	DMERC Line Pricing State Code
SUP_TYPE	Line Supplier Type Code
HCASPCL	Line HCFA Provider Specialty Code
PRTCPTG	Line Provider Participating Indicator Code
SRVC_CNT	Line Service Count
TYPSRVCB	Line HCFA Type Service Code
PLCSRVC	Line Place of Service Code
EXPNSDT1	Line First Expense Date
EXPNSDT2	Line Last Expense Date
HCPCS_CD	Line HCPCS Code
MDFR_CD1	DMERC Line HCPCS Initial Modifier Code
MDFR_CD2	DMERC Line HCPCS Second Modifier Code
MDFR_CD3	DMERC Line HCPCS Third Modifier Code

MDFR_CD4	DMERC Line HCPCS Fourth Modifier Code
BETOS	Line NCH BETOS Code
LINE_IDE	Line IDE Number
NOC_TXT	DMERC Line Not Otherwise Classified HCPCS Code Text
NDC_CD	Line National Drug Code
LINEPMT	Line NCH Payment Amount
LBENPMT	Line Beneficiary Payment Amount
LPRVPMPT	Line Provider Payment Amount
LDEDAMT	Line Beneficiary Part B Deductible Amount
LPRPAYCD	Line Beneficiary Primary Payer Code
LPRPDAMT	Line Beneficiary Primary Payer Paid Amount
COINAMT	Line Coinsurance Amount
LINT_AMT	Line Interest Amount
PRPYALOW	Line Primary Payer Allowed Charge Amount
PNLTAMT	Line 10% Penalty Reduction Amount
LSBMTCHG	Line Submitted Charge Amount
LALOWCHG	Line Allowed Charge Amount
SCRNSVGS	DMERC Line Screen Savings Amount
DME_PURC	Line DME Purchase Price Amount
PRCNGIND	Line Processing Indicator Code
PMTINDSW	Line Payment 80%/100% Code
DED_SW	Line Service Deductible Indicator Switch
PMTINDCD	Line Payment Indicator Code
DME_UNIT	DMERC Line Miles/Time/Units/Services Count
UNIT_IND	DMERC Line Miles/Time/Units/Services Indicator Code
LINEDGNS	Line Diagnosis Code
DCMTN_CD	Additional Claim Documentation Indicator Code
SUSP_IND	DMERC Line Screen Suspension Indicator Code
RSLT_IND	DMERC Line Screen Result Indicator Code
WAIWERSW	DMERC Line Waiver of Provider Liability Switch
DCSN_IND	DMERC Line Decision Indicator Switch

* *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.*

Please refer to the instructions on the NCHS Research Data Center (RDC) website (<http://www.cdc.gov/rdc/index.htm>) when preparing the data dictionary for your research proposal.

Home Health Agency (HHA) File

Variable Name	Variable Label
SURVEY	NCHS Survey linked to CMS Medicare Claims Data
PUBLICID	NCHS Survey Identifier - Participant Identification Number
SEQN	NCHS Survey Identifier - Sample Sequence Number
RESNUM	NCHS Survey Identifier - Resident Record (Case) Number
FILE_YEAR4	Coverage Year of CMS Medicare Claims Data
REC_LEN	Record Length Count
REC_LVL	NCH Near Line Record Version Code
RIC_CD	NCH Near Line Record Identification Code
MQA_RIC	NCH MQA RIC Code
CLM_TYPE	NCH Claim Type Code
ST_SGMT	NCH State Segment Code
STATE_CD	Beneficiary Residence SSA Standard State Code
FROM_DT	Claim From Date
THRU_DT	Claim Through Date
WKLY_DT	NCH Weekly Claim Processing Date
ACRTN_DT	CWF Claim Accretion Date
QUERY_CD	Claim Query Code
DAILY_DT	NCH Daily Process Date
LINK_NUM	NCH Segment Link Number
SGMT_CNT	Claim Total Segment Type
SGMT_NUM	Claim Segment Number
LINECNT	Claim Total Line Count
SGMTLINE	Claim Segment Line Count
PE_RIC	Payment and Edit Record Identification Code
TRANS_CD	Claim Transaction Code
FAC_TYPE	Claim Facility Type Code
TYPESRVC	Claim Service Classification Type Code
FREQ_CD	Claim Frequency Code
MQAQUERY	NCH MQA Query Patch Code
DISP_CD	Claim Disposition Code
EDITDISP	NCH Edit Disposition Code
CNTY_CD	Beneficiary Residence SSA Standard County Code
RCPT_DT	FI Claim Receipt Date
SCHLD_DT	FI Claim Scheduled Payment Date
FRWRD_DT	CWF Forwarded Date
BENE_ZIP	Beneficiary Mailing Contact Zip Code
SEX	Beneficiary Sex Identification Code
RACE	Beneficiary Race Code
BENE_DOB	Beneficiary Birth Date
MS_CD	CWF Beneficiary Medicare Status Code
CWFLOCCD	Beneficiary CWF Location Code
PDGNS_CD	Claim Principal Diagnosis Code
NOPAY_CD	Claim Medicare Non Payment Reason Code
TRTMT_CD	Claim Excepted/Nonexcepted Medical Treatment Code
PMT_AMT	Claim Payment Amount
PRPAYAMT	NCH Primary Payer Claim Paid Amount
PRPAY_CD	NCH Primary Payer Code
CANCELCD	FI Requested Claim Cancel Reason Code
ACTIONCD	FI Claim Action Code
APRVL_DT	FI Claim Process Date
PRSTATE	NCH Provider State Code
MCOPDSW	Claim MCO Paid Switch

PRO_DT	Claim PRO Process Date
STUS_CD	Patient Discharge Status
DGNS_E	Claim Diagnosis E Code
PPS_IND	Claim PPS Indicator Code
TOT_CHRG	Claim Total Charge Amount
HHEDCNT	HHA NCH Edit Code Count
HHPATCNT	HHA NCH Patch Code Count
HHMCOCNT	HHA MCO Period Count
HHPLANNT	HHA Claim Health Plan Id Count
HHDEMCNT	HHA Claim Demonstration Id Count
HHDGNCNT	HHA Claim Diagnosis Code Count
HHCONCNT	HHA Claim Related Condition Code Count
HHOCRCNT	HHA Claim Related Occurrence Code Count
HHSPNCNT	HHA Claim Occurrence Span Code Count
HHVALCNT	HHA Claim Value Code Count
HHREVCNT	HHA Revenue Center Code Count
LUPAIND	Claim HHA Low Utilization Payment Adjustment (LUPA)
HHA_RFRL	Claim HHA Referral Code
VISITCNT	Claim HHA Total Visit Count
QLFYFROM	NCH Qualified Stay From Date
QLFYTHRU	NCH Qualified Stay Through Date
DSCHRGDT	NCH Beneficiary Discharge Date
HHSTRTDT	Claim HHA Care Start Date
EDTND01 - EDTND13	NCH Edit Trailer Indicator Code
EDITCD01 - EDITCD13	NCH Edit Code
PTCHND01 - PTCHND30	NCH Patch Trailer Indicator Code
PTCHCD01 - PTCHCD30	NCH Patch Code
PTCHDT01 - PTCHDT30	NCH Patch Applied Date
MCOIND1 - MCOIND2	MCO Trailer Indicator Code
MCOOPTN1 - MCOOPTN2	MCO Option Code
MCFFDT1 - MCFFDT2	MCO Period Effective Date
MCTRMDT1 - MCTRMDT2	MCO Termination Date
PLNDND1 - PLNDND3	NCH Health Plan ID Trailer Indicator Code
PLNDCD1 - PLNDCD3	Claim Health Plan ID Code
DEMOIND1 - DEMOIND5	NCH Demonstration Trailer Indicator Code
DGNSND01 - DGNSND10	NCH Diagnosis Trailer Indicator Code
DGNSCD01 - DGNSCD10	Claim Diagnosis Code
CNDND01 - CNDND30	NCH Condition Trailer Indicator Code
RLTCND01 - RLTCND30	Claim Related Condition Code
OCRCND01 - OCRCND30	NCH Occurrence Trailer Indicator Code
OCRCCD01 - OCRCCD30	Claim Related Occurrence Code
OCRCDT01 - OCRCDT30	Claim Related Occurrence Date
SPNND01 - SPNND10	NCH Span Trailer Indicator Code
SPANCD01 - SPANCD10	Claim Occurrence Span Code
SPNFRM01 - SPNFRM10	Claim Occurrence Span From Date
SPNTHR01 - SPNTHR10	Claim Occurrence Span Through Date
VALIND01 - VALIND36	NCH Value Trailer Indicator Code
VAL_CD01 - VAL_CD36	Claim Value Code
VALAMT01 - VALAMT36	Claim Value Amount
REVIND01 - REVIND45	NCH Revenue Center Trailer Indicator Code
RVCNTR01 - RVCNTR45	Revenue Center Code
REV_DT01 - REV_DT45	Revenue Center Date
RVNS101 - RVNS145	Revenue Center First ANSI Code
RVNS201 - RVNS245	Revenue Center Second ANSI Code
RVNS301 - RVNS345	Revenue Center Third ANSI Code
RVNS401 - RVNS445	Revenue Center Fourth ANSI Code

APCPPS01 - APCPPS45	Revenue Center APC/HIPPS Code
HCPSCD01 - HCPSCD45	Revenue Center HCFA Common Procedure Coding System (HCPCS) Code
MDFCD101 - MDFCD145	Revenue Center HCPCS Initial Modifier Code
MDFCD201 - MDFCD245	Revenue Center HCPCS Second Modifier Code
MDFCD301 - MDFCD345	Revenue Center HCPCS Third Modifier Code
MDFCD401 - MDFCD445	Revenue Center HCPCS Fourth Modifier Code
MDFCD501 - MDFCD545	Revenue Center HCPCS Fifth Modifier Code
PMTTHD01 - PMTTHD45	Revenue Center Payment Method Indicator Code
DSCTND01 - DSCTND45	Revenue Center Discount Indicator Code
PCKGND01 - PCKGND45	Revenue Center Packaging Indicator Code
PRICNG01 - PRICNG45	Revenue Center Pricing Indicator Code
OTAF_101 - OTAF_145	Revenue Center Obligation To Accept As Full (OTAF) Payment Code - Primary Payer
OTAF_201 - OTAF_245	Revenue Center Obligation To Accept As Full (OTAF) Payment Code - Secondary Payer
RVUNT01 - RVUNT45	Revenue Center Unit Count
RVRT01 - RVRT45	Revenue Center Rate Amount
RVBLD01 - RVBLD45	Revenue Center Blood Deductible Amount
RVDTBL01 - RVDTBL45	Revenue Center Cash Deductible
WGDJ01 - WGDJ45	Revenue Center Coinsurance/Wage Adjusted Coinsurance Amount
RDCDCN01 - RDCDCN45	Revenue Center Reduced Coinsurance Amount
RVMSP101 - RVMSP145	Revenue Center First Medicare Secondary Payer Paid Amount
RVMSP201 - RVMSP245	Revenue Center Second Medicare Secondary Payer Paid Amount
RVPCHG01 - RVPCHG45	Revenue Center Professional Component Amount
RPRPMT01 - RPRPMT45	Revenue Center Provider Payment Amount
RBNPMT01 - RBNPMT45	Revenue Center Beneficiary Payment Amount
PTNRSP01 - PTNRSP45	Revenue Center Patient Responsibility Payment Amount
REVPMT01 - REVPMT45	Revenue Center Payment Amount
RVCHRG01 - RVCHRG45	Revenue Center Total Charge Amount
RVNCVR01 - RVNCVR45	Revenue Center Non-Covered Charge Amount
RVDDCD01 - RVDDCD45	Revenue Center Deductible Coinsurance Code

* 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.

Please refer to the instructions on the NCHS Research Data Center (RDC) website (<http://www.cdc.gov/rdc/index.htm>) when preparing the data dictionary for your research proposal.

Hospice File

Variable Name	Variable Label
SURVEY	NCHS Survey linked to CMS Medicare Claims Data
PUBLICID*	NCHS Survey Identifier - Participant Identification Number
SEQN*	NCHS Survey Identifier - Sample Sequence Number
RESNUM*	NCHS Survey Identifier - Resident Record (Case) Number
FILE_YEAR4	Coverage Year of CMS Medicare Claims Data
REC_LEN	Record Length Count
REC_LVL	NCH Near Line Record Version Code
RIC_CD	NCH Near Line Record Identification Code
MQA_RIC	NCH MQA RIC Code
CLM_TYPE	NCH Claim Type Code
ST_SGMT	NCH State Segment Code
STATE_CD	Beneficiary Residence SSA Standard State Code
FROM_DT	Claim From Date
THRU_DT	Claim Through Date
WKLY_DT	NCH Weekly Claim Processing Date
ACRTN_DT	CWF Claim Accretion Date
QUERY_CD	Claim Query Code
DAILY_DT	NCH Daily Process Date
LINK_NUM	NCH Segment Link Number
SGMT_CNT	Claim Total Segment Count
SGMT_NUM	Claim Segment Number
LINECNT	Claim Total Line Count
SGMTLINE	Claim Segment Line Count
PE_RIC	NCH Payment and Edit Record Identification Code
TRANS_CD	Claim Transaction Code
FAC_TYPE	Claim Facility Type Code
TYPESRVC	Claim Service Classification Type Code
FREQ_CD	Claim Frequency Code
MQAQUERY	NCH MQA Query Patch Code
DISP_CD	Claim Disposition Code
EDITDISP	NCH Edit Disposition Code
CNTY_CD	Beneficiary Residence SSA Standard County Code
RCPT_DT	FI Claim Receipt Date
SCHLD_DT	FI Claim Scheduled Payment Date
FRWRD_DT	CWF Forwarded Date
BENE_ZIP	Beneficiary Mailing Contact Zip Code
SEX	Beneficiary Sex Identification Code
RACE	Beneficiary Race Code
BENE_DOB	Beneficiary Birth Date
MS_CD	CWF Beneficiary Medicare Status Code
CWFLOCCD	Beneficiary CWF Location Code
PDGNS_CD	Claim Principal Diagnosis Code
NOPAY_CD	Claim Medicare Non Payment Reason Code
TRTMT_CD	Claim Excepted/Nonexcepted Medical Treatment Code
PMT_AMT	Claim Payment Amount
PRPAYAMT	NCH Primary Payer Claim Paid Amount
PRPAY_CD	NCH Primary Payer Code
CANCELCD	FI Requested Claim Cancel Reason Code
ACTIONCD	FI Claim Action Code
APRVL_DT	FI Claim Process Date
PRSTATE	NCH Provider State Code

MCOPDSW	Claim MCO Paid Switch
PRO_DT	Claim PRO Process Date
STUS_CD	Patient Discharge Status
DGNS_E	Claim Diagnosis E Code
PPS_IND	Claim PPS Indicator Code
TOT_CHRG	Claim Total Charge Amount
HSEDCNT	Hospice NCH Edit Code Count
HSPATCNT	Hospice NCH Patch Code Count
HSMCOCNT	Hospice MCO Period Count
HSPLNCNT	Hospice Claim Health Plan Id Count
HSDEMCNT	Hospice Claim Demonstration Id Count
HSDGNCNT	Hospice Claim Diagnosis Code Count
HSPRCNT	Hospice Claim Procedure Code Count
HSCONCNT	Hospice Claim Related Condition Code Count
HSOCRCNT	Hospice Claim Related Occurrence Code Count
HSSPNCNT	Hospice Claim Occurrence Span Code Count
HSVALCNT	Hospice Claim Value Code Count
HSREVCNT	Hospice Revenue Center Code Count
PTNTSTUS	NCH Patient Status Indicator Code
HSPCSTRT	Claim Hospice Start Date
EXHST_DT	NCH Beneficiary Medicare Benefits Exhausted Date
DSCHRGDT	NCH Beneficiary Discharge Date
UTIL_DAY	Claim Utilization Day Count
HOSPCPRD	Beneficiary Hospice Period Count
EDTND01 - EDTND13	NCH Edit Trailer Indicator Code
EDITCD01 - EDITCD13	NCH Edit Code
PTCHND01 - PTCHND30	NCH Patch Trailer Indicator Code
PTCHCD01 - PTCHCD30	NCH Patch Code
PTCHDT01 - PTCHDT30	NCH Patch Applied Date
MCOIND1 - MCOIND2	NCH MCO Trailer Indicator Code
MCOOPTN1 - MCOOPTN2	MCO Option Code
MCFFDT1 - MCFFDT2	MCO Period Effective Date
MCTRMDT1 - MCTRMDT2	MCO Period Termination Date
PLNDND1 - PLNDND3	NCH Health Plan ID Trailer Indicator Code
PLNDCD1 - PLNDCD3	Claim Health Plan ID Code
DEMOIND1 - DEMOIND5	NCH Demonstration Trailer Indicator Code
DGNSND01 - DGNSND10	NCH Diagnosis Trailer Indicator Code
DGNSCD01 - DGNSCD10	Claim Diagnosis Code
PRCDRND1 - PRCDRND6	NCH Procedure Trailer Indicator Code
PRCDRCD1 - PRCDRCD6	Claim Procedure Code
PRCDRDT1 - PRCDRDT6	Claim Procedure Performed Date
CNDND01 - CNDND30	NCH Condition Trailer Indicator Code
RLTCND01 - RLTCND30	Claim Related Condition Code
OCRCND01 - OCRCND30	NCH Occurrence Trailer Indicator Code
OCRCCD01 - OCRCCD30	Claim Related Occurrence Code
OCRCDT01 - OCRCDT30	Claim Related Occurrence Date
SPNND01 - SPNND10	NCH Span Trailer Indicator Code
SPANCD01 - SPANCD10	Claim Occurrence Span Code
SPNFRM01 - SPNFRM10	Claim Occurrence Span From Date
SPNTHR01 - SPNTHR10	Claim Occurrence Span Through Date
VALIND01 - VALIND36	NCH Value Trailer Indicator Code
VAL_CD01 - VAL_CD36	Claim Value Code
VALAMT01 - VALAMT36	Claim Value Amount
REVIND01 - REVIND45	NCH Revenue Center Trailer Indicator Code
RVCNTR01 - RVCNTR45	Revenue Center Code

REV_DT01 - REV_DT45	Revenue Center Date
RVNS101 - RVNS145	Revenue Center First ANSI Code
RVNS201 - RVNS245	Revenue Center Second ANSI Code
RVNS301 - RVNS345	Revenue Center Third ANSI Code
RVNS401 - RVNS445	Revenue Center Fourth ANSI Code
APCPS01 - APCPS45	Revenue Center APC/HIPPS Code
HCPSCD01 - HCPSCD45	Revenue Center HCFA Common Procedure Coding System (HCPCS) Code
MDFCD101 - MDFCD145	Revenue Center HCPCS Initial Modifier Code
MDFCD201 - MDFCD245	Revenue Center HCPCS Second Modifier Code
MDFCD301 - MDFCD345	Revenue Center HCPCS Third Modifier Code
MDFCD401 - MDFCD445	Revenue Center HCPCS Fourth Modifier Code
MDFCD501 - MDFCD545	Revenue Center HCPCS Fifth Modifier Code
PMTTHD01 - PMTTHD45	Revenue Center Payment Method Indicator Code
DSCTND01 - DSCTND45	Revenue Center Discount Indicator Code
PCKGND01 - PCKGND45	Revenue Center Packaging Indicator Code
PRICNG01 - PRICNG45	Revenue Center Pricing Indicator Code
OTAF_101 - OTAF_145	Revenue Center Obligation To Accept As Full (OTAF) Payment Code - Primary Payer
OTAF_201 - OTAF_245	Revenue Center Obligation To Accept As Full (OTAF) Payment Code - Secondary Payer
RVUNT01 - RVUNT45	Revenue Center Unit Count
RVRT01 - RVRT45	Revenue Center Rate Amount
RVBLD01 - RVBLD45	Revenue Center Blood Deductible Amount
RVDTL01 - RVDTL45	Revenue Center Cash Deductible Amount
WGDJ01 - WGDJ45	Revenue Center Coinsurance/Wage Adjusted Coinsurance Amount
RDCDCN01 - RDCDCN45	Revenue Center Reduced Coinsurance Amount
RVMSP101 - RVMSP145	Revenue Center First Medicare Secondary Payer Paid Amount
RVMSP201 - RVMSP245	Revenue Center Second Medicare Secondary Payer Paid Amount
RVPCHG01 - RVPCHG45	Revenue Center Professional Component Amount
RPRPMT01 - RPRPMT45	Revenue Center Provider Payment Amount
RBNPMT01 - RBNPMT45	Revenue Center Beneficiary Payment Amount
PTNRSP01 - PTNRSP45	Revenue Center Patient Responsibility Payment Amount
REVPMT01 - REVPMT45	Revenue Center Payment Amount
RVCHRG01 - RVCHRG45	Revenue Center Total Charge Amount
RVNCVR01 - RVNCVR45	Revenue Center Non-Covered Charge Amount
RVDDCD01 - RVDDCD45	Revenue Center Deductible Coinsurance Code

* 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.

Please refer to the instructions on the NCHS Research Data Center (RDC) website (<http://www.cdc.gov/rdc/index.htm>) when preparing the data dictionary for your research proposal.

Outpatient File

Variable Name	Variable Label
SURVEY	NCHS Survey linked to CMS Medicare Claims Data
PUBLICID*	NCHS Survey Identifier - Participant Identification Number
SEQN*	NCHS Survey Identifier - Sample Sequence Number
RESNUM*	NCHS Survey Identifier - Resident Record (Case) Number
FILE_YEAR4	Coverage Year of CMS Medicare Claims Data
REC_LEN	Record Length Count
REC_LVL	NCH Near Line Record Version Code
RIC_CD	NCH Near Line Record Identification Code
MQA_RIC	NCH MQA RIC Code
CLM_TYPE	NCH Claim Type Code
ST_SGMT	NCH State Segment Code
STATE_CD	Beneficiary Residence SSA Standard State Code
FROM_DT	Claim From Date
THRU_DT	Claim Through Date
WKLY_DT	NCH Weekly Claim Processing Date
ACRTN_DT	CWF Claim Accretion Date
QUERY_CD	Claim Query Code
DAILY_DT	NCH Daily Process Date
LINK_NUM	NCH Segment Link Number
SGMT_CNT	Claim Total Segment Count
SGMT_NUM	Claim Segment Number
LINECNT	Claim Total Line Count
SGMTLINE	Claim Segment Line Count
PE_RIC	NCH Payment and Edit Record Identification Code
TRANS_CD	Claim Transaction Code
FAC_TYPE	Claim Facility Type Code
TYPESRVC	Claim Service Classification Type Code
FREQ_CD	Claim Frequency Code
MQAQUERY	NCH MQA Query Patch Code
DISP_CD	Claim Disposition Code
EDITDISP	NCH Edit Disposition Code
CNTY_CD	Beneficiary Residence SSA Standard County Code
RCPT_DT	FI Claim Receipt Date
SCHLD_DT	FI Claim Scheduled Payment Date
FRWRD_DT	CWF Forwarded Date
BENE_ZIP	Beneficiary Mailing Contact Zip Code
SEX	Beneficiary Sex Identification Code
RACE	Beneficiary Race Code
BENE_DOB	Beneficiary Birth Date
MS_CD	CWF Beneficiary Medicare Status Code
CWFLOCCD	Beneficiary CWF Location Code
PDGNS_CD	Claim Principal Diagnosis Code
NOPAY_CD	Claim Medicare Non Payment Reason Code
TRTMT_CD	Claim Excepted/Nonexcepted Medical Treatment Code
PMT_AMT	Claim Payment Amount
PRPAYAMT	NCH Primary Payer Claim Paid Amount
PRPAY_CD	NCH Primary Payer Code
CANCELCD	FI Requested Claim Cancel Reason Code
ACTIONCD	FI Claim Action Code
APRVL_DT	FI Claim Process Date
PRSTATE	NCH Provider State Code

MCOPDSW	Claim MCO Paid Switch
PRO_DT	Claim PRO Process Date
STUS_CD	Patient Discharge Status Code
DGNS_E	Claim Diagnosis E Code
PPS_IND	Claim PPS Indicator Code
TOT_CHRG	Claim Total Charge Amount
OPEDCNT	Outpatient NCH Edit Code Count
OPPACNT	Outpatient NCH Patch Code Count
OPMCOCNT	Outpatient MCO Period Count
OPPLNCNT	Outpatient Claim Health Plan Id Count
OPDEMCNT	Outpatient Claim Demonstration Id Count
OPDGCNT	Outpatient Claim Diagnosis Code Count
OPPRCNT	Outpatient Claim Procedure Code Count
OPCONCNT	Outpatient Claim Related Condition Code Count
OPOCRCNT	Outpatient Claim Related Occurrence Code Count
OPSPNCNT	Outpatient Claim Occurrence Span Code Count
OPVALCNT	Outpatient Claim Value Code Count
OPREVCNT	Outpatient Revenue Center Code Count
OPSRVTYP	Claim Outpatient Service Type Code
OP_RFRL	Claim Outpatient Referral Code
BLDDEDAM	NCH Beneficiary Blood Deductible Liability Amount
PTB_DED	NCH Beneficiary Part B Deductible Amount
PTB_COIN	NCH Beneficiary Part B Coinsurance Amount
PCCHGAMT	NCH Professional Component Charge Amount
INTRMDED	Claim Outpatient Beneficiary Interim Deductible Amount
PRVDRPMT	Claim Outpatient Provider Payment Amount
BENEPMT	Claim Outpatient Beneficiary Payment Amount
BLDFRNSH	NCH Blood Pints Furnished Quantity
BLD_RPLC	NCH Blood Pints Replaced Quantity
BLDNRPLC	NCH Blood Pints Not Replaced Quantity
BLDDEDPT	NCH Blood Deductible Pints Quantity
TRANTYPE	Claim Outpatient Transaction Type Code
ESRDMTHD	Claim Outpatient ESRD Method Of Reimbursement Code
EDTND01 - EDTND13	NCH Edit Trailer Indicator Code
EDITCD01 - EDITCD13	NCH Edit Code
PTCHND01 - PTCHND30	NCH Patch Trailer Indicator Code
PTCHCD01 - PTCHCD30	NCH Patch Code
PTCHDT01 - PTCHDT30	NCH Patch Applied Date
MCOIND1 - MCOIND2	NCH MCO Trailer Indicator Code
MCOOPTN1 - MCOOPTN2	MCO Option Code
MCFFDT1 - MCFFDT2	MCO Period Effective Date
MCTRMDT1 - MCTRMDT2	MCO Period Termination Date
PLNDND1 - PLNDND3	NCH Health Plan ID Trailer Indicator Code
PLNDCD1 - PLNDCD3	Claim Health Plan ID Code
DEMOIND1 - DEMOIND5	NCH Demonstration Trailer Indicator Code
DGNSND01 - DGNSND10	NCH Diagnosis Trailer Indicator Code
DGNSCD01 - DGNSCD10	Claim Diagnosis Code
PRCDRND1 - PRCDRND6	NCH Procedure Trailer Indicator Code
PRCDRCD1 - PRCDRCD6	Claim Procedure Code
PRCDRDT1 - PRCDRDT6	Claim Procedure Performed Date
CNDND01 - CNDND30	NCH Condition Trailer Indicator Code
RLTCND01 - RLTCND30	Claim Related Condition Code
OCRCND01 - OCRCND30	NCH Occurrence Trailer Indicator Code
OCRCDD01 - OCRCDD30	Claim Related Occurrence Code
OCRCDDT01 - OCRCDDT30	Claim Related Occurrence Date

SPNND01 - SPNND10	NCH Span Trailer Indicator Code
SPANCD01 - SPANCD10	Claim Occurrence Span Code
SPNFRM01 - SPNFRM10	Claim Occurrence Span From Date
SPNTHR01 - SPNTHR10	Claim Occurrence Span Through Date
VALIND01 - VALIND36	NCH Value Trailer Indicator Code
VAL_CD01 - VAL_CD36	Claim Value Code
VALAMT01 - VALAMT36	Claim Value Amount
REVIND01 - REVIND45	NCH Revenue Center Trailer Indicator Code
RVCNTR01 - RVCNTR45	Revenue Center Code
REV_DT01 - REV_DT45	Revenue Center Date
RVNS101 - RVNS145	Revenue Center First ANSI Code
RVNS201 - RVNS245	Revenue Center Second ANSI Code
RVNS301 - RVNS345	Revenue Center Third ANSI Code
RVNS401 - RVNS445	Revenue Center Fourth ANSI Code
APCPS01 - APCPS45	Revenue Center APC/HIPPS Code
HCPSCD01 - HCPSCD45	Revenue Center HCFA Common Procedure Coding System (HCPCS) Code
MDFCD101 - MDFCD145	Revenue Center HCPCS Initial Modifier Code
MDFCD201 - MDFCD245	Revenue Center HCPCS Second Modifier Code
MDFCD301 - MDFCD345	Revenue Center HCPCS Third Modifier Code
MDFCD401 - MDFCD445	Revenue Center HCPCS Fourth Modifier Code
MDFCD501 - MDFCD545	Revenue Center HCPCS Fifth Modifier Code
PMTTHD01 - PMTTHD45	Revenue Center Payment Method Indicator Code
DSCTND01 - DSCTND45	Revenue Center Discount Indicator Code
PCKGND01 - PCKGND45	Revenue Center Packaging Indicator Code
PRICNG01 - PRICNG45	Revenue Center Pricing Indicator Code
OTAF_101 - OTAF_145	Revenue Center Obligation To Accept As Full (OTAF) Payment Code - Primary Payer
OTAF_201 - OTAF_245	Revenue Center Obligation To Accept As Full (OTAF) Payment Code - Secondary Payer
RVUNT01 - RVUNT45	Revenue Center Unit Count
RVRT01 - RVRT45	Revenue Center Rate Amount
RVBLD01 - RVBLD45	Revenue Center Blood Deductible Amount
RVDTBL01 - RVDTBL45	Revenue Center Cash Deductible Amount
WGDJ01 - WGDJ45	Revenue Center Coinsurance/Wage Adjusted Amount
RDCDCN01 - RDCDCN45	Revenue Center Reduced Coinsurance Amount
RVMS01 - RVMS45	Revenue Center First Medicare Secondary Payer Paid Amount
RVMS201 - RVMS245	Revenue Center Second Medicare Secondary Payer Paid Amount
RVPCHG01 - RVPCHG45	Revenue Center Professional Component Amount
RPRPMT01 - RPRPMT45	Revenue Center Provider Payment Amount
RBNPMT01 - RBNPMT45	Revenue Center Beneficiary Payment Amount
PTNRSP01 - PTNRSP45	Revenue Center Patient Responsibility Payment Amount
REVPMT01 - REVPMT45	Revenue Center Payment Amount
RVCHRG01 - RVCHRG45	Revenue Center Total Charge Amount
RVNCVR01 - RVNCVR45	Revenue Center Non-Covered Charge Amount
RVDDCD01 - RVDDCD45	Revenue Center Deductible Coinsurance Code

* 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.

Please refer to the instructions on the NCHS Research Data Center (RDC) website (<http://www.cdc.gov/rdc/index.htm>) when preparing the data dictionary for your research proposal.

Part D Denominator File

<u>Variable Name</u>	<u>Variable Label</u>
SURVEY	NCHS Survey linked to CMS Medicare Data
PUBLICID*	NCHS Survey Identifier - Participant Identification Number
SEQN*	NCHS Survey Identifier - Sample Sequence Number
RESNUM*	NCHS Survey Identifier - Resident Record (Case) Number
FILE_YEAR4	Coverage Year of the Part D Denominator File
STATE_CODE	SSA State Code
BENE_COUNTY_CD	SSA County Code
BENE_ZIP_CD	Zip Code of Residence
BENE_BIRTH_DT	Date of Birth
BENE_SEX_IDENT_CD	Sex
BENE_RACE_CD	Beneficiary Race Code
BENE_AGE_AT_BEG_REF_YR	Age at the Beginning of Bene Enrollment Reference Year
BENE_ENTLMT_RSN_ORIG	Original Reason for Entitlement Code
BENE_ENTLMT_RSN_CURR	Current Reason for Entitlement Code
BENE_ESRD_IND	End Stage Renal Disease (ESRD) Indicator
BENE_MDCR_STATUS_CD	Medicare Status Code
BENE_PTA_TRMNTN_CD	Part A Termination Code
BENE_PTB_TRMNTN_CD	Part B Termination Code
BENE_MDCR_ENTLMT_BUYIN_IND_01	Medicare Entitlement/Buy-In Indicator (January)
BENE_MDCR_ENTLMT_BUYIN_IND_02	Medicare Entitlement/Buy-In Indicator (February)
BENE_MDCR_ENTLMT_BUYIN_IND_03	Medicare Entitlement/Buy-In Indicator (March)
BENE_MDCR_ENTLMT_BUYIN_IND_04	Medicare Entitlement/Buy-In Indicator (April)
BENE_MDCR_ENTLMT_BUYIN_IND_05	Medicare Entitlement/Buy-In Indicator (May)
BENE_MDCR_ENTLMT_BUYIN_IND_06	Medicare Entitlement/Buy-In Indicator (June)
BENE_MDCR_ENTLMT_BUYIN_IND_07	Medicare Entitlement/Buy-In Indicator (July)
BENE_MDCR_ENTLMT_BUYIN_IND_08	Medicare Entitlement/Buy-In Indicator (August)
BENE_MDCR_ENTLMT_BUYIN_IND_09	Medicare Entitlement/Buy-In Indicator (September)
BENE_MDCR_ENTLMT_BUYIN_IND_10	Medicare Entitlement/Buy-In Indicator (October)
BENE_MDCR_ENTLMT_BUYIN_IND_11	Medicare Entitlement/Buy-In Indicator (November)
BENE_MDCR_ENTLMT_BUYIN_IND_12	Medicare Entitlement/Buy-In Indicator (December)
BENE_HMO_IND_01	HMO Indicator (January)
BENE_HMO_IND_02	HMO Indicator (February)
BENE_HMO_IND_03	HMO Indicator (March)
BENE_HMO_IND_04	HMO Indicator (April)
BENE_HMO_IND_05	HMO Indicator (May)
BENE_HMO_IND_06	HMO Indicator (June)
BENE_HMO_IND_07	HMO Indicator (July)
BENE_HMO_IND_08	HMO Indicator (August)
BENE_HMO_IND_09	HMO Indicator (September)
BENE_HMO_IND_10	HMO Indicator (October)
BENE_HMO_IND_11	HMO Indicator (November)
BENE_HMO_IND_12	HMO Indicator (December)

PLAN_IND_01	Monthly Plan Indicator (January)
PLAN_IND_02	Monthly Plan Indicator (February)
PLAN_IND_03	Monthly Plan Indicator (March)
PLAN_IND_04	Monthly Plan Indicator (April)
PLAN_IND_05	Monthly Plan Indicator (May)
PLAN_IND_06	Monthly Plan Indicator (June)
PLAN_IND_07	Monthly Plan Indicator (July)
PLAN_IND_08	Monthly Plan Indicator (August)
PLAN_IND_09	Monthly Plan Indicator (September)
PLAN_IND_10	Monthly Plan Indicator (October)
PLAN_IND_11	Monthly Plan Indicator (November)
PLAN_IND_12	Monthly Plan Indicator (December)
CST_SHR_GRP_CD_01	Denominator Cost Share Group (January)
CST_SHR_GRP_CD_02	Denominator Cost Share Group (February)
CST_SHR_GRP_CD_03	Denominator Cost Share Group (March)
CST_SHR_GRP_CD_04	Denominator Cost Share Group (April)
CST_SHR_GRP_CD_05	Denominator Cost Share Group (May)
CST_SHR_GRP_CD_06	Denominator Cost Share Group (June)
CST_SHR_GRP_CD_07	Denominator Cost Share Group (July)
CST_SHR_GRP_CD_08	Denominator Cost Share Group (August)
CST_SHR_GRP_CD_09	Denominator Cost Share Group (September)
CST_SHR_GRP_CD_10	Denominator Cost Share Group (October)
CST_SHR_GRP_CD_11	Denominator Cost Share Group (November)
CST_SHR_GRP_CD_12	Denominator Cost Share Group (December)
RDS_IND_01	Retiree Drug Subsidy Indicator (January)
RDS_IND_02	Retiree Drug Subsidy Indicator (February)
RDS_IND_03	Retiree Drug Subsidy Indicator (March)
RDS_IND_04	Retiree Drug Subsidy Indicator (April)
RDS_IND_05	Retiree Drug Subsidy Indicator (May)
RDS_IND_06	Retiree Drug Subsidy Indicator (June)
RDS_IND_07	Retiree Drug Subsidy Indicator (July)
RDS_IND_08	Retiree Drug Subsidy Indicator (August)
RDS_IND_09	Retiree Drug Subsidy Indicator (September)
RDS_IND_10	Retiree Drug Subsidy Indicator (October)
RDS_IND_11	Retiree Drug Subsidy Indicator (November)
RDS_IND_12	Retiree Drug Subsidy Indicator (December)
DUAL_STUS_CD_01	Dual Eligible Status Code (January)
DUAL_STUS_CD_02	Dual Eligible Status Code (February)
DUAL_STUS_CD_03	Dual Eligible Status Code (March)
DUAL_STUS_CD_04	Dual Eligible Status Code (April)
DUAL_STUS_CD_05	Dual Eligible Status Code (May)
DUAL_STUS_CD_06	Dual Eligible Status Code (June)
DUAL_STUS_CD_07	Dual Eligible Status Code (July)
DUAL_STUS_CD_08	Dual Eligible Status Code (August)
DUAL_STUS_CD_09	Dual Eligible Status Code (September)
DUAL_STUS_CD_10	Dual Eligible Status Code (October)
DUAL_STUS_CD_11	Dual Eligible Status Code (November)

DUAL_STUS_CD_12	Dual Eligible Status Code (December)
BENE_HI_CVRAGE_TOT_MONS	Total Number of Months Part A Coverage (HI Coverage)
BENE_SMI_CVRAGE_TOT_MONS	Total Number of Months of Part B Coverage (SMI Coverage)
BENE_HMO_CVRAGE_TOT_MONS	Total Number of Months of HMO Coverage
BENE_STATE_BUYIN_TOT_MONS	Total Number of Months of State Buy-In Coverage
PLAN_CVRG_MOS_NUM	Total Number of Months Plan Coverage
RDS_CVRG_MOS_NUM	Total Number of Months Retiree Drug Subsidy Coverage
DUAL_ELGBL_MOS_NUM	Total Number of Months Medicaid Dual Eligible
CRDTBL_CVRG_SW	Credit Coverage Switch
RTI_RACE_CD	RTI (Research Triangle Institute) Race Code
BENE_VALID_DEATH_DT_SW	Valid Date of Death Switch
BENE_DEATH_DT	Date of Death

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Part D Event File

<u>Variable Name</u>	<u>Variable Label</u>
SURVEY	NCHS Survey linked to the CMS Medicare Data
PUBLICID*	NCHS Survey Identifier - Participant Identification Number*
SEQN*	NCHS Survey Identifier - Sample Sequence Number*
RESNUM*	NCHS Survey Identifier - Resident Record (Case) Number*
FILE_YEAR4	Coverage Year of the Part D Event File
GNDR_CD	Patient Gender
SRVC_DT	RX Service Date (DOS)
PD_DT	Paid Date
PROD_SRVC_ID	Product Service 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
NSTD_FRMT_CD	Non-Standard Format Code
PRCNG_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

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Chronic Condition Summary File

<u>Variable Name</u>	<u>Variable Label</u>
SURVEY	NCHS Survey linked to the Chronic Condition Summary File
PUBLICID*	NCHS Survey Identifier - Participant Identification Number
SEQN*	NCHS Survey Identifier - Sample Sequence Number
RESNUM*	NCHS Survey Identifier - Resident Record (Case) Number
FILE_YEAR4	Coverage Year of the Chronic Condition Summary File
FIRSTCOV	First Quarter of Beneficiary Coverage
AMI	Acute Myocardial Infarction - End of Year Flag
AMI_MID	Acute Myocardial Infarction - Mid-Year Flag
AMI_EVER	Acute Myocardial Infarction - Date of First Occurrence
ALZH	Alzheimer's Disease - End of Year Flag
ALZH_MID	Alzheimer's Disease - Mid-Year Flag
ALZH_EVER	Alzheimer's Disease - Date of First Occurrence
ALZH_DEMEN	Alzheimer's Disease and Related Disorders or Senile Dementia - End of Year Flag
ALZH_DEMEN_MID	Alzheimer's Disease and Related Disorders or Senile Dementia - Mid-Year Flag
ALZH_DEMEN_EVER	Alzheimer's Disease and Related Disorders or Senile Dementia - Date of First Occurrence
ATRIAL_FIB	Atrial Fibrillation - End of Year Flag
ATRIAL_FIB_MID	Atrial Fibrillation - Mid-Year Flag
ATRIAL_FIB_EVER	Atrial Fibrillation - Date of First Occurrence
CATARACT	Cataract - End of Year Flag
CATARACT_MID	Cataract - Mid-Year Flag
CATARACT_EVER	Cataract - Date of First Occurrence
CHRONICKIDNEY	Chronic Kidney Disease - End of Year Flag
CHRONICKIDNEY_MID	Chronic Kidney Disease - Mid-Year Flag
CHRONICKIDNEY_EVER	Chronic Kidney Disease - Date of First Occurrence
COPD	Chronic Obstructive Pulmonary Disease - End of Year Flag
COPD_MID	Chronic Obstructive Pulmonary Disease - Mid-Year Flag
COPD_EVER	Chronic Obstructive Pulmonary Disease - Date of First Occurrence
CHF	Heart Failure - End of Year Flag
CHF_MID	Heart Failure - Mid-Year Flag
CHF_EVER	Heart Failure - Date of First Occurrence
DIABETES	Diabetes - End of Year Flag
DIABETES_MID	Diabetes - Mid-Year Flag
DIABETES_EVER	Diabetes - Date of First Occurrence
GLAUCOMA	Glaucoma - End of Year Flag
GLAUCOMA_MID	Glaucoma - Mid-Year Flag
GLAUCOMA_EVER	Glaucoma - Date of First Occurrence
HIP_FRACTURE	Hip/Pelvic Fracture - End of Year Flag
HIP_FRACTURE_MID	Hip/Pelvic Fracture - Mid-Year Flag
HIP_FRACTURE_EVER	Hip/Pelvic Fracture - Date of First Occurrence
ISCHEMICHEART	Ischemic Heart Disease - End of Year Flag
ISCHEMICHEART_MID	Ischemic Heart Disease - Mid-Year Flag
ISCHEMICHEART_EVER	Ischemic Heart Disease - Date of First Occurrence
DEPRESSION	Depression - End of Year Flag
DEPRESSION_MID	Depression - Mid-Year Flag
DEPRESSION_EVER	Depression - Date of First Occurrence
OSTEOPOROSIS	Osteoporosis - End of Year Flag
OSTEOPOROSIS_MID	Osteoporosis - Mid-Year Flag
OSTEOPOROSIS_EVER	Osteoporosis - Date of First Occurrence
RA_OA	Rheumatoid Arthritis / Osteoarthritis - End of Year Flag
RA_OA_MID	Rheumatoid Arthritis / Osteoarthritis - Mid-Year Flag
RA_OA_EVER	Rheumatoid Arthritis / Osteoarthritis - Date of First Occurrence
STROKE_TIA	Stroke / Transient Ischemic Attack - End of Year Flag
STROKE_TIA_MID	Stroke / Transient Ischemic Attack - Mid-Year Flag
STROKE_TIA_EVER	Stroke / Transient Ischemic Attack - Date of First Occurrence
CANCER_BREAST	Female Breast Cancer - End of Year Flag
CANCER_BREAST_MID	Female Breast Cancer - Mid-Year Flag
CANCER_BREAST_EVER	Female Breast Cancer - Date of First Occurrence
CANCER_COLORECTAL	Colorectal Cancer - End of Year Flag
CANCER_COLORECTAL_MID	Colorectal Cancer - Mid-Year Flag
CANCER_COLORECTAL_EVER	Colorectal Cancer - Date of First Occurrence
CANCER_PROSTATE	Prostate Cancer - End of Year Flag
CANCER_PROSTATE_MID	Prostate Cancer - Mid-Year Flag
CANCER_PROSTATE_EVER	Prostate Cancer - Date of First Occurrence
CANCER_LUNG	Lung Cancer - End of Year Flag
CANCER_LUNG_MID	Lung Cancer - Mid-Year Flag
CANCER_LUNG_EVER	Lung Cancer - Date of First Occurrence
CANCER_ENDOMETRIAL	Endometrial Cancer - End of Year Flag
CANCER_ENDOMETRIAL_MID	Endometrial Cancer - Mid-Year Flag
CANCER_ENDOMETRIAL_EVER	Endometrial Cancer - Date of First Occurrence

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Summary Medicare Enrollment and Claims (SMEC) File

<u>Variable Name</u>	<u>Variable Label</u>
SURVEY	NCHS Survey linked to CMS Medicare Enrollment and Claims Data
PUBLICID*	NCHS Survey Identifier - Participant Identification Number
SEQN*	NCHS Survey Identifier - Sample Sequence Number
RESNUM*	NCHS Survey Identifier - Resident Record (Case) Number
FILE_YEAR4	Coverage Year of CMS Medicare Enrollment and Claims Data
H_RACE	Race
H_DOD	Date of Death
H_MEDSTAT	Medicare Status Code
H_TERMPTA	Part A Termination Code
H_TERMPTB	Part B Termination Code
H_CREC	Current Reason for Medicare Entitlement
H_OREC	Original Reason for Medicare Entitlement
H_MDCVRG	Total Months of Medicare Entitlement
H_MEDEPTA	Total Months of Medicare Entitlement – Part A Only
H_MEDEPTB	Total Months of Medicare Entitlement – Part B Only
H_MDEPTAB	Total Months of Medicare Entitlement – Parts A and B
H_MEDSPTA	Total Months of Medicare State Buy-In – Part A Only
H_MEDSPTB	Total Months of Medicare State Buy-In – Part B Only
H_MDSPTAB	Total Months of Medicare State Buy-In – Parts A and B
H_HMOENRL	Total Months of HMO Enrollment
H_HMOMNTH	First Month of HMO Enrollment
H_TOTRMB	Total Medicare Reimbursement
H_TOTEXP	Total Medicare Expenditures
H_LATDCH	Discharge Date of Latest Inpatient Stay
H_LATDRG	Diagnosis Related Group (DRG) Code for Latest Inpatient Stay
H_DISDES	Discharge Status for Latest Inpatient Stay
H_INPSTY	Number of Inpatient Stays
H_INPDAY	Number of Inpatient Covered Days
H_INPCHG	Inpatient Charges
H_INPCCH	Inpatient Covered Charges
H_INPRMB	Inpatient Reimbursement
H_INPCDY	Inpatient Coinsurance Days Used
H_INPCAM	Inpatient Coinsurance Amount
H_INPEXP	Inpatient Total Expenditures
H_SNFSTY	Number of Skilled Nursing Facility (SNF) Stays
H_SNFDAY	Number of SNF Covered Days
H_SNFCHG	SNF Charges
H_SNFCCH	SNF Covered Charges
H_SNFRMB	SNF Reimbursement
H_SNFCDY	SNF Coinsurance Days Used
H_SNFCAM	SNF Coinsurance Amount
H_SNFEXP	SNF Total Expenditures

H_HHAVST	Number of HHA Covered Visits
H_HHACCH	HHA Covered Charges
H_HHACHO	HHA Other Covered Charges
H_HHRMBA	HHA Reimbursement Part A
H_HHRMBB	HHA Reimbursement Part B
H_HHAEXP	HHA Total Expenditures
H_HSDAYS	Hospice Covered Days
H_HSTCHG	Hospice Charges
H_HSREIM	Hospice Reimbursement
H_HSEXP	Hospice Total Expenditures
H_OUTBIL	Outpatient Claims
H_OUTCHG	Outpatient Charges
H_OUTRMB	Outpatient Reimbursement
H_OUTEXP	Outpatient Total Expenditures
H_PHYCLM	Physician Claims
H_PHYLIN	Physician Allowed Line Items
H_PHYSCH	Physician Submitted Charges
H_PHYACH	Physician Allowed Charges
H_PHYRMB	Physician Reimbursement
H_PHYEXP	Physician Total Expenditures
H_PMTVST	Physician Office Visits
H_PMTCHO	Physician Office Visit Charges
H_ERVST	Emergency Room Visits
H_DMECLM	Durable Medical Equipment (DME) Supplier Claims
H_DMELIN	DME Allowed Line Items
H_DMESCH	DME Submitted Charges
H_DMEACH	DME Allowed Charges
H_DMERMB	DME Reimbursement
H_DMEEXP	DME Total Expenditures
H_PTDEVTS	Number of Prescription Drug Events (PDEs)
H_PDEGDC	Gross Prescription Drug Cost
H_PDETOC	Prescription Drug True Out-of-Pocket Cost (TrOOP)
H_BENRES	Beneficiary's Prescription Drug Payment Responsibility
H_PTDNET	Net Amount Paid by Part D Plan

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Combined ESRD Patient Profile and Death Notification (form 2746) File

<u>Variable Name</u>	<u>Variable Label</u>
SURVEY	NCHS Survey linked to the End Stage Renal Disease (ESRD) data
PUBLICID*	NCHS Survey Identifier - Participant Identification Number
SEQN*	NCHS Survey Identifier - Sample Sequence Number
RESNUM*	NCHS Survey Identifier - Resident Record (Case) Number
RACE	Race of Patient
TX1DATE	Date of first transplant
TX1FAIL	First transplant failure date
TOTTX	Total transplants for this patient
TX1DONOR	First transplant donor type
INCYEAR	Year of First ESRD Service
PATIENTS_INC_AGE	Age at first ESRD service (from Patients file)
PATIENTS_INCAGEC	Age at first ESRD service (5-year age categories)
PDIS	Primary Disease causing ESRD
DISGRPC	Primary Disease causing ESRD: detailed group
FIRST_SE	Date of First ESRD Service
PATIENTS_CDEATH	Primary Cause of Death (from Patients file)
PATIENTS_CDEATH2	Secondary Cause of Death - 1 (from Patients File)
PATIENTS_CDEATH3	Secondary Cause of Death - 2 (from Patients File)
PATIENTS_CDEATH4	Secondary Cause of Death - 3 (from Patients File)
PATIENTS_CDEATH5	Secondary Cause of Death - 4 (from Patients File)
RXSTOP	Treatment Stopped Prior to Death (available 1990 and after)
PATIENTS_DOD	Date of Death (from Patients file)
PATIENTS_SEX	Sex of Patient (from Patients file)
ADRIND	Patient included in USRDS Annual Data Report (ADR)
ADRINDTXT	Reason Patient not included in USRDS Annual Data Report (ADR)
NETWORK	ESRD Network (from Patients file)
ZIPCODE	Zip code of Residence
COUNTY	County of Residence
PATIENTS_STATE	State of Residence
USA	Patient resides in the US (Y/N)
PLACEDEATH	Patient Place of Death
AUTOPSY	Autopsy Performed
DEATH_CAUSEPRIM	Primary Cause of Death (from Death file)
DEATH_CAUSESEC1	Secondary Cause of Death - 1 (from Death File)
DEATH_CAUSESEC2	Secondary Cause of Death - 2 (from Death File)
DEATH_CAUSESEC3	Secondary Cause of Death - 3 (from Death File)
DEATH_CAUSESEC4	Secondary Cause of Death - 4 (from Death File)
DEATH_CAUSE_OTHER	Other Cause of Death
LAST_TREATMENT	Date of Last Dialysis Treatment before Death
REPLTHEDIS	Renal Replacement Therapy Discontinued Prior to Death
REREDISFOL	Reason Renal Replacement Therapy Discontinued
TRANSPLANT	Transplant Indicator
TPDATE	Most Recent Transplant Date
KIDNEYFUNC	Kidney Function at Death Indicator
OUTDIAL	Outpatient Dialysis Status Prior to Death
DISCONTINUE_REASON	Family Requested to Discontinue Renal Replacement Therapy
HOSPICE	Patient Receiving Hospice Care
MODALITY_TYPE	Patient's Modality at Time of Death

DEATH_INC_AGE	Age at First ESRD Service (from Death file)
DEATH_DOD	Date of Death (from Death file)
DEATH_SEX	Sex of Patient (from Death file)
DEATH_STATE	Patient State of Death
NETWORKNUM	ESRD Network Number (from Death File)

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ESRD Medical Evidence Report (form 2728) File

<u>Variable Name</u>	<u>Variable Label</u>
SURVEY	NCHS Survey linked to the End Stage Renal Disease (ESRD) Data
PUBLICID*	NCHS Survey Identifier - Participant Identification Number
SEQN*	NCHS Survey Identifier - Sample Sequence Number
RESNUM*	NCHS Survey Identifier - Resident Record (Case) Number
CRDATE	Date 2728 Form Entered Into System
SEX	Patient's Gender
ETHN	Patient's Ethnicity
RACE	Patient's Race
SUB_CODE	Sub-Race Code as assigned by each Network (2005 form)
RACEC	Concatanation of Patient's Race (2005 form)
INC_AGE	Age at Incidence
MEDCOV_MEDICAID	Medicaid Coverage Indicator (2005 form)
MDCD	Medicaid Coverage Indicator (1995 form)
MEDCOV_MEDDVA	Department of Veteran's Affairs (DVA) Medical Coverage Indicator (2005 form)
DVA	Department of Veteran's Affairs (DVA) Medical Coverage Indicator (1995 form)
MEDCOV_MEDICARE	Medicare Coverage Indicator (2005 form)
MDCR	Medicare Coverage Indicator (1995 form)
MEDCOV_ADVANTAGE	Medicare Advantage Indicator (2005 form)
MEDCOV_GROUP	Employer Group Health Insurance Indicator (2005 form)
EMPGRP	Employer Group Health Insurance Indicator (1995 form)
MEDCOV_OTHER	Other Medical Insurance Coverage Indicator (2005 form)
OTHCOV	Other Medical Insurance Coverage Indicator (1995 form)
MEDCOV_NONE	No Medical Insurance Coverage Indicator (2005 form)
NOCOV	No Medical Insurance Coverage Indicator (1995 form)
MDCRCOD	Patient applying for ESRD Medicare
MEDICALCOVERAGE	Concatanation of Patient's Medical Insurance Coverage (2005 form)
PDIS	Primary Cause of Renal Failure
HEIGHT	Patient's Height (cm)
WEIGHT	Patient's Weight (kg)
BMI	Patient's Calculated Body Mass Index (BMI)
EMPPREV	Patient's Prior Employment Status
EMPCUR	Patient's Current Employment Status
COMO_CHF	Patient Congestive Heart Failure Indicator (2005 form)
CARFAIL	Patient Congestive Heart Failure Indicator (1995 form)
IHD	Patient Ischemic Heart Disease Indicator (1995 form)
MI	Patient Myocardial Infarction Indicator (1995 form)
CARARR	Patient Cardiac Arrest Indicator (1995 form)
DYSRHYT	Patient Cardiac Dysrhythmia Indicator (1995 form)
PERICAR	Patient Pericarditis Indicator (1995 form)
COMO_ASHD	Patient Atherosclerotic Heart Disease ASHD Indicator (2005 form)
COMO_OTHCARD	Patient Other Cardiac Disease Indicator (2005 form)
COMO_CVATIA	Patient Cerebrovascular Disease Indicator (2005 form)
CVA	Patient Cerebrovascular Disease Indicator (1995 form)
COMO_PVD	Patient Peripheral Vascular Disease (PVD) Indicator (2005 form)
PVASC	Patient Peripheral Vascular Disease (PVD) Indicator (1995 form)
COMO_HTN	Patient Hypertension Indicator (2005 form)
HYPER	Patient Hypertension Indicator (1995 form)
COMO_AMP	Patient Amputation Indicator (2005 form)
DIABPRIM	Patient Diabetes (Primary or Contributing) Indicator (1995 form)
COMO_DM_INS	Patient Diabetes (on Insulin) Indicator (2005 form)
DIABINS	Patient Diabetes (on Insulin) Indicator (1995 form)
COMO_DM_ORAL	Patient Diabetes (on Oral Medications) Indicator (2005 form)
COMO_DM_NOMEDS	Patient Diabetes (without Medications) Indicator (2005 form)
COMO_DM_RET	Patient Diabetic Retinopathy Indicator (2005 form)
COMO_COPD	Patient Chronic Obstructive Pulmonary Disease Indicator (2005 form)
PULMON	Patient Chronic Obstructive Pulmonary Disease Indicator (1995 form)
COMO_TOBAC	Patient Tobacco Use (Current Smoker) Indicator (2005 form)
SMOKE	Patient Tobacco Use (Current Smoker) Indicator (1995 form)
COMO_CANC	Patient Cancer Indicator (2005 form)

CANCER	Patient Cancer Indicator (1995 form)
COMO_TOXNEPH	Patient Toxic Nephropathy Indicator (2005 form)
COMO_ALCHO	Patient Alcohol Dependence Indicator (2005 form)
ALCOH	Patient Alcohol Dependence Indicator (1995 form)
COMO_DRUG	Patient Drug Dependence Indicator (2005 form)
DRUG	Patient Drug Dependence Indicator(1995 form)
HIV	Patient HIV Indicator (1995 form)
AIDS	Patient AIDS Indicator (1995 form)
COMO_INAMB	Patient Inability to Ambulate Indicator (2005 form)
NOAMBUL	Patient Inability to Ambulate Indicator (1995 form)
COMO_INTRANS	Patient Inability to Transfer Indicator (2005 form)
NOTRANS	Patient Inability to Transfer Indicator (1995 form)
COMO_NEEDASST	Patient Needs Assistance with Daily Activities Indicator (2005 form)
COMO_INST	Patient Institutionalized Indicator (2005 form)
COMO_INST_AL	Patient Institutionalized - Assisted Living Indicator (2005 form)
COMO_INST_NURS	Patient Institutionalized - Nursing Home Indicator (2005 form)
COMO_INST_OTH	Patient Institutionalized - Other Institution Indicator (2005 form)
COMO_NRC	Patient Non-Renal Congenital Abnormality Indicator (2005 form)
COMO_NONE	No Co-Morbid Conditions Indicator (2005 form)
COMORBID	Concatenation of Patient's Co-Morbid Conditions (2005 form)
EPO	Erythropoietin (EPO) administered prior to Dialysis or Transplant
EPORANGE	Range (in months) Erythropoietin (EPO) was administered prior to Dialysis or Transplant (2005 form)
NEPHCARE	Patient under care of Nephrologist (2005 form)
NEPHCARERANGE	Range (in months) Patient was under care of Nephrologist (2005 form)
DIETCARE	Patient under care of Kidney Dietician (2005 form)
DIETCARERANGE	Range (in months) Patient was under care of Kidney Dietician (2005 form)
ACCESSTYPE	Type of Access used on First Outpatient Dialysis (2005 form)
AVFMATURING	Maturing Arteriovenous Fistula (AVF) Present (2005 form)
AVGMATURING	Maturing Arteriovenous Graft (AVG) Present (2005 form)
HECRIT	Hemacrit Value (%) (1995 form)
HECRDT	Date of Hemacrit Value Collection (1995 form)
HEGLB	Hemoglobin Value (g/dl)
HEGLBDT	Date of Hemoglobin Value Collection
HBA1C	HbA1c Value (%) (2005 form)
HBA1CDATE	Date of HbA1c Value Collection (2005 form)
ALBUM	Serum Albumin Value (g/dl)
ALBUMDT	Date of Serum Albumin Value Collection
ALBUMLM	Serum Albumin Lower Limit Value (g/dl)
LABMETHOD	Serum Albumin Lower Limit: Lab Method Used (BCG / BCP) (2005 form)
SERCR	Serum Creatinine Value (mg/dl)
SERCRDT	Date of Serum Creatinine Value Collection
CREA	Creatinine Clearance Value (ml/min) (1995 form)
CREADAT	Date of Creatinine Clearance Value Collection (1995 form)
BUN	Blood Urea Nitrogen (BUN) Value (mg/dl) (1995 form)
BUNDAT	Date of Blood Urea Nitrogen (BUN) Value Collection (1995 form)
UREA	Urea Clearance Value (ml/min) (1995 form)
UREADT	Date of Urea Clearance Value Collection (1995 form)
LIPIDPROFILETC	Lipid Profile: Total Cholesterol (TC) Value (mg/dl) (2005 form)
LIPIDPROFILETCDATE	Lipid Profile: Date of Total Cholesterol (TC) Value Collection (2005 form)
LIPIDPROFILDL	Lipid Profile: Low-Density Lipoprotein (LDL) Value (mg/dl) (2005 form)
LIPIDPROFILELDLDATE	Lipid Profile: Date of Low-Density Lipoprotein (LDL) Value Collection (2005 form)
LIPIDPROFILHDL	Lipid Profile: High-Density Lipoprotein (HDL) Value (mg/dl) (2005 form)
LIPIDPROFILEHDLDATE	Lipid Profile: Date of High-Density Lipoprotein (HDL) Value Collection (2005 form)
LIPIDPROFILETG	Lipid Profile: Triglyceride (TG) Value (mg/dl) (2005 form)
LIPIDPROFILETGDATE	Lipid Profile: Date of Triglyceride (TG) Value Collection (2005 form)
DIALSET	Patient Dialysis Setting
DIALTYP	Primary Type of Dialysis
HEMOSESSIONS	Primary Type of Dialysis: Hemodialysis - Sessions per week (2005 form)
HEMOHOURS	Primary Type of Dialysis: Hemodialysis - Hours per session (2005 form)
DIALDAT	Date Regular Chronic Dialysis Began
FACSTD	Date Patient Started Regular Chronic Dialysis at Current Facility
DIALEDT	Date Patient Stopped Dialysis Therapy
DIED	Patient's Date of Death

PATINFORMED	Patient Informed of Kidney Transplant Options (2005 form)
PATTXOP_MEDUNFIT	Reason Patient Not Informed of Kidney Transplant Options: Medically Unfit (2005 form)
PATTXOP_UNSUOTAGE	Reason Patient Not Informed of Kidney Transplant Options: Unsuitable Due to Age (2005 form)
PATTXOP_PHYSUNFIT	Reason Patient Not Informed of Kidney Transplant Options: Psychologically Unfit (2005 form)
PATTXOP_DECLINE	Reason Patient Not Informed of Kidney Transplant Options: Patient Declined Information (2005 form)
PATTXOP_UNASSESSSED	Reason Patient Not Informed of Kidney Transplant Options: Patient Not Assessed (2005 form)
PATTXOP_OTHER	Reason Patient Not Informed of Kidney Transplant Options: Other (2005 form)
PATNOTINFORMEDREASON	Concatenation of Reasons Patient Not Informed of Kidney Transplant Options (2005 form)
TDATE	Date of Most Recent Transplant
TXADMDT	Date Patient Entered Prep Hospital
CURTXS	Current Transplant Status
DONORYPE	Type of Donor (2005 form)
DIALRDAT	Dialysis Return Date After Transplant Rejection
CURTSIT	Current Dialysis Treatment Site
TRSTDAT	Date Dialysis Training Began
TYPTRN	Type of Self Dialysis Training
TRAINSET	Hemodialysis Training Setting: Home / Center (2005 form)
TRCERT	Training Completion Indicator
TRNEND	Date Dialysis Training Ended
APDXTR	Beneficiary Approved for Dialysis Training (1995 form)
APTXP	Beneficiary Approved for Pre-Transplant Services (1995 form)
CTDATE	Supervising Physician Signature Date
PATSIGN	Patient Signature Date
ESRDCE	Network Confirmation Indicator
NETADT	Network Action Date
DECBAS	ESRD Decision
INHOSP	Patient Hospitalization Indicator (2005 form)
EDITIND	Data Edit Errors indicator (1995 form)
ALGCON	Medical Evidence Algorithm Conflict (1995 form)
TYPE2728	Type of 2728 Form: Initial/Re-entitlement/Supplemental (2005 form)
GFR	Glomerular Filtration Rate
FORMVERSION	Version of 2728 Form: Pre-1995/1995/2005
MESEQ	Number of Medical Evidence Forms Filed

[†] 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.

Please refer to the instructions on the NCHS Research Data Center (RDC) website (<http://www.cdc.gov/rdc/index.htm>) when

ESRD Treatment History File

<u>Variable Name</u>	<u>Variable Label</u>
SURVEY	NCHS Survey linked to the End Stage Renal Disease (ESRD) data
PUBLICID*	NCHS Survey Identifier - Participant Identification Number
SEQN*	NCHS Survey Identifier - Sample Sequence Number
RESNUM*	NCHS Survey Identifier - Resident Record (Case) Number
BEGDATE	Start Date of Treatment Modality Period
BEGDAY	Start Day of Treatment Modality Period
ENDDATE	End Date of Treatment Modality Period
ENDDAY	End Day of Treatment Modality Period
RXDETAIL	Detailed Treatment Modality for Period
RXGROUP	Grouped Treatment Modality for Period

* 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.

Please refer to the instructions on the NCHS Research Data Center (RDC) website (<http://www.cdc.gov/rdc/index.htm>) when preparing the data dictionary for your research proposal.

ESRD Payment History File

SURVEY	NCHS Survey linked to the End Stage Renal Disease (ESRD) data
PUBLICID*	NCHS Survey Identifier - Participant Identification Number
SEQN*	NCHS Survey Identifier - Sample Sequence Number
RESNUM*	NCHS Survey Identifier - Resident Record (Case) Number
PAYER	Payer for this Period
MCARE	Medicare Coverage Indicator
DUALELIG	Medicare/Medicaid Dual Eligibility Indicator
BEGDATE	Beginning Date of Payer Period
ENDDATE	End Date of Payer Period

* *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.*

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