ABSTRACT

This material provides documentation for users of the public use micro-data file for the Community Health Center (CHC) component of the 2014 National Ambulatory Medical Care Survey (NAMCS). NAMCS is a national probability sample survey of visits to office-based physicians, and CHC providers including both physicians and non-physician clinicians. Conducted by the National Center for Health Statistics (NCHS), NAMCS is part of the National Health Care Surveys which measure health care utilization across a variety of health care providers.

The 2014 NAMCS CHC public use file includes visits to CHC physicians, physician assistants, nurse practitioners and nurse midwives. The 2014 NAMCS CHC sampling design provides both national estimates and estimates for 18 states. However, for confidentiality reasons, state and division identifiers are not included on the public use data file. They are available through the NCHS Research Data Center. The 2014 NAMCS CHC sample includes 1,151 CHC service delivery sites, 2,303 providers, and 48,399 patient visits.

A summary of changes for 2014 is presented first which highlights the major differences between the 2013 and 2014 NAMCS CHC surveys and data files. Section I of this document, "Description of the National Ambulatory Medical Care Survey, CHC Component " includes information on the scope of the survey, the sample, field activities, data collection procedures, medical coding procedures, population estimates, and sampling errors. Section II provides a detailed description of the contents of each data record by location, and a list of physician specialties represented in the survey. Section III contains marginal data for selected items on the CHC visit file. The appendixes contain information on relative standard errors, instructions and definitions for completing the Patient Record form, and lists of codes used in the survey.

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SUMMARY OF CHANGES FOR 2014

The 2014 NAMCS CHC micro-data file is largely similar to the 2013 file, but there are some important changes. These changes are presented below and primarily reflect alterations to the sampling design and the survey instruments -- the automated Patient Record form and Physician Induction Interview form.

Data users are encouraged to also refer to the 2012 NAMCS CHC Public Use Data File Documentation, which contains important information about major changes implemented for the 2012 survey year that also apply to the 2013 and 2014 NAMCS CHC.

A. Sampling Design

The NAMCS sampling design changed in 2012 to allow state-based estimates for the first time. State-based estimation was continued in 2013 with a smaller number of targeted states. For 2014, a state-based sample was again used and included the 17 most populous states and Wisconsin. The remaining states, which were located within seven of the nine Census divisions, were grouped by their Census division into what are called 'division remainders.' This is described in more detail in Section I.

Please note that division and state variables have not been included on the 2014 public use data file. This information, as well as other restricted variables, can be accessed in the NCHS Research Data Center by submitting a proposal and paying a fee.

As in 2013, CHC service delivery sites (clinics) were excluded from the sampling frame if the clinic name indicated that it only provided dental care or if the site exclusively served institutionalized populations (e.g., nursing homes, schools, homeless shelters). Therefore, estimates based on 2013 or 2014 NAMCS CHC data are not comparable to corresponding estimates obtained from 2012 NAMCS CHC data which did not exclude such clinics.

There are two weighting variables on the 2014 file. The first is the traditional PATWT variable which is used to weight sample data to obtain national and regional (Northeast, Midwest, South, and West) estimates.

The second weighting variable, PHYSWT, is used to make estimates of CHC-based physicians and non-physician clinicians who are in-scope for NAMCS CHC. Note that this weight is only based on CHC providers who saw patients during their reporting period. CHC providers who participated in the survey but did not see any patients during their reporting period are not included, and those who refused to participate are also not included. Because of these limitations, provider-level estimates derived from NAMCS CHC visit data are not necessarily generalizable to all CHC providers. In order to include these other groups (for example, those who did not provide any sampled visit data), provider-level files, based on the provider induction interview only, must be accessed through the NCHS Research Data Center.

B. Comparability of 2014 NAMCS CHC estimates with previous years

Prior to the 2006 survey year, NAMCS public use files included traditional NAMCS physicians only (that is, physicians sampled from the master files of the American Medical Association and the American Osteopathic Association), but if the physician saw patients in a CHC setting, those visits were also included in the file. For survey years 2006-2011, in addition to the "traditional" physician sample, NAMCS included a panel of CHCs with up to three providers being sampled per CHC grantee or look-alike. Data for visits to CHC-sampled physicians were included in NAMCS web tables, Research Data Center files, and public use data files. Data for visits to CHC-sampled non-physician clinicians in 2006-2011 were available only through the NCHS Research Data Center.

Starting in 2012, the office-based component of NAMCS was split from the CHC component. As a result, there are separate web tables, Research Data Center files, and public use files for office-based physicians, and for CHC physicians and non-physicians clinicians. Data from these files can be added together without duplication. However, there are important limitations to consider when combining data from 2012 or later years with earlier NAMCS datasets.

First, data from the 2012-2014 *office-based* component of NAMCS are not strictly comparable with data from 2006-2011, when physicians who were sampled in the CHC stratum were included in the public files. Also, prior to 2006, (i.e., before CHCs were sampled as a separate stratum), physicians who were sampled from the master files of the American Medical Association or American Osteopathic Association but who saw patients in CHCs were not excluded nor were their CHC visits excluded from survey eligibility. For that reason, in all previous years, it is possible to have at least some (albeit generally a very small percentage of) CHC visits in the data. This is not the case beginning in 2012 when there are no CHC visits on the NAMCS public use file. To compare 2012-2014 office-based data with previous years of NAMCS data, it is necessary to restrict one's analysis to non-CHC visits prior to 2012. This is explained more fully in the 2012 NAMCS Public Use Data File Documentation.

But more importantly for users of the NAMCS CHC data file, the 2012-2014 CHC data are not directly comparable with CHC data included in the 2006-2011 NAMCS public use files. There are three reasons for this:

The first and most obvious reason is that the 2006-2011 NAMCS data only include physician visits at CHCs; if non-physician clinicians were also sampled, those visits were not included in the public use file. To gain access to them, one must submit a proposal to the NCHS Research Data Center and pay a fee.

The second reason is the change in sampling design which began in 2012, and which was modified in 2013 and again in 2014. For more information on this see the 2012 NAMCS CHC Public Use File Documentation and the 2013 NAMCS CHC Public Use File Documentation. More information on the 2014 design is included in Section I of this document.

The third reason is that in 2013 and 2014, CHC service delivery sites (clinics) were excluded from the sampling frame if the clinic name indicated that they only provided dental care or if the site exclusively served institutionalized populations (e.g., nursing homes, schools, homeless shelters) These clinics were not excluded from the frame in 2012.

For 2014, estimates of visits to all physicians (traditional NAMCS physicians and physicians sampled within CHCs) can be derived by combining physician data from the 2014 NAMCS CHC public use micro-data file with the traditional 2014 NAMCS public use micro-data file, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/NAMCS. Physician visits can be selected from the NAMCS CHC file by using a conditional statement which limits records to those where SPECR< 96. Values of SPECR of 96, 97, or 98 indicate that a physician assistant, nurse practitioner, or nurse midwife was sampled, respectively.

As with the 2012 and 2013 files, combining the 2014 NAMCS file with the 2014 NAMCS CHC file is made easier because both files are similar in terms of variables used. Because the same automated Patient Record forms were used in both settings, most of the data items are also the same. Several variables pertaining to type of provider retain variable names from the 2014 traditional NAMCS file, but include additional information on type of sampled non-physician clinician (i.e., PHYSWT, SPECR, SPECCAT, and MDDO). Items available only on the CHC public use file are included at the end of the file and include type of CHC sampled provider (SMPROV), imputed time spent with non-physician clinician (TIMECHC), and the impute flag for time spent with non-physician clinician (TIMECHCFL).

C. Injury Coding

The 2014 survey instrument included several new injury items. For injury and poisoning related visits, the follow-up question was asked, “Did the injury or poisoning occur within 72 hours prior to the date and time of the visit?” For all visits related to injury, poisoning, or adverse effect of medical treatment, a text entry could be made describing the cause. This text entry was later coded by medical coders using the *International Classification of Diseases, 9th Revision, Clinical Modification’s* Supplementary Classification of External Causes of Injury and Poisoning.

Items pertaining to injury have changed several times since 2010. In addition to current injury item formats, we also include, for trending and consistency check purposes, recoded injury items using a format that is comparable with the injury variables used in 2010, 2011, 2012, and 2013. These variables are described in more detail in the Codebook section.

For 2014, injury data were edited using a program which reviewed reason for visit, cause of injury, and diagnosis codes, and assigned injury and intentionality status accordingly. In this way, records which did not specifically state an injury but for which injury codes for reason, cause, or diagnosis were present were recoded appropriately. Records which stated an injury but for which no corroborating data could be found were assigned to a ‘questionable’ injury status, allowing data users to make their own determination as desired.

D. Laboratory Test Results

For 2014, the decision was made to include laboratory test results on the public use file exactly as they were reported in the automated survey instrument used by Census abstractors, rather than capping them or otherwise editing outlier values as in prior years. This was done to allow researchers to make their own decisions about how to treat these values. For more information on how outliers were treated in prior surveys, consult the public use file documentation for those years.

E. Survey Items

NAMCS and NAMCS CHC shared the same survey instruments. There were several changes to the 2014 automated Patient Record form and Provider Induction Interview form which affect the 2014 NAMCS CHC public use data file items. All of the changes can be found in the 2014 NAMCS Public Use File Documentation.

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I. DESCRIPTION OF THE NATIONAL AMBULATORY MEDICAL CARE SURVEY COMMUNITY HEALTH CENTER COMPONENT

A. INTRODUCTION

This micro-data file contains the Community Health Center (CHC) component of the 2014 National Ambulatory Medical Care Survey (NAMCS). NAMCS is a national probability sample survey of visits to office-based physicians and CHC providers conducted by the Division of Health Care Statistics, National Center for Health Statistics (NCHS). Data in this file must be weighted to produce national and regional estimates that describe the utilization of CHC medical care services in the United States.

In 2014, a total of 48,399 Patient Record forms (PRFs) were received from CHC physicians and non-physician clinicians who participated in NAMCS CHC. With these data, representative estimates can be computed at the national and regional levels. For a brief description of the survey design and data collection procedures pertaining to this component in particular, see below. A more detailed description of the 2014 NAMCS design, data collection procedures, and estimation process is available. Information on the origin of NAMCS and its previous designs has been published (1,2).

Please note the following important points concerning analysis of NAMCS CHC data:

►PATIENT VISIT WEIGHTS

Micro-data file users should be fully aware of the importance and proper use of the "patient visit weight," described on page 29, for producing national and regional estimates. If more information is needed, the staff of the Ambulatory and Hospital Care Statistics Branch can be consulted by calling (301) 458-4600 during regular working hours or emailing them at ambcare@cdc.gov.

►RELIABILITY OF ESTIMATES

Researchers should also be aware of the reliability or unreliability of survey estimates. The National Center for Health Statistics considers an estimated number of visits or a visit rate to be reliable if it has a relative standard error of 30 percent or less (i.e. the standard error is no more than 30 percent of the estimate) and it is based on at least 30 sample records. NCHS recently released new guidelines for determining the reliability of proportions (3). These standards are based on a minimum denominator sample size and on the absolute and relative widths of a confidence interval calculated using the Clopper-Pearson or the Korn-Graubard method. See the guidelines for further details. Additional information about relative standard errors is presented in Appendix I. If you have questions, do not hesitate to consult the staff of the Ambulatory and Hospital Care Statistics Branch.

B. SCOPE OF THE SURVEY

The basic sampling unit for NAMCS CHCs is the provider-patient encounter or visit. In 2014, as in 2012 and 2013, NAMCS included, in addition to the traditional sample of office-based physicians, a separate sample of CHC service delivery sites, based on information from the Health Resources and Services Administration (HRSA) and the Indian Health Service (IHS). In the 2014 NAMCS CHC, as with 2013, in-scope service delivery sites could not exclusively provide dental services, nor could they exclusively serve institutionalized populations (as indicated by their title). Also, sites sampled in the previous two years were excluded. From each sampled service delivery site, an additional sample of health care providers scheduled to see patients during their randomly assigned sample week was selected. Health care providers could include physicians as well as several types of non-physician clinicians -- physician assistants, nurse practitioners, and nurse midwives. Visits to CHC physicians and non-physician clinicians are included in the 2014 NAMCS CHC public use file.

Types of contacts or visits not included in the 2014 NAMCS CHC were those made by telephone, those made outside the CHC site (for example, house calls), visits made in hospital settings, visits made in institutional settings by patients for whom the institution has primary responsibility (for example, nursing homes), and visits to CHCs made for administrative purposes only (for example, to leave a specimen, pay a bill, or pick up insurance forms).

C. SAMPLING FRAME AND SIZE OF SAMPLE

The 2014 NAMCS CHC sampling frame was compiled from two lists. The first was a list of Federally Qualified Health Center (FQHC) service delivery sites from HRSA's Bureau of Primary Health Care. The other list consisted of Urban (non-tribal) Indian Health Centers from the Indian Health Service. Three types of CHCs were eligible for NAMCS: CHCs that received Public Health Service Act, Section 330 funding, FQHC "look-alikes" (community-based health care providers that meet the requirements of the HRSA Health Center Program, but do not receive Health Center Program funding), and urban IHS outpatient clinics. Each participating CHC site provided a list of physicians and non-physician clinicians scheduled to see patients during the reporting period. This list became the frame for the selection of physicians and non-physician clinicians at the CHC site (see below for more details). All CHC physicians and non-physician clinicians (including physician assistants, nurse practitioners, and nurse midwives) were eligible to be sampled.

The 2014 NAMCS sample included 1,869 CHC service delivery sites. Of the 1,474 in-scope CHC service delivery sites, 1,151 participated, yielding an unweighted response rate of 78.1 percent (77.2 percent, weighted). A total of 2,651 providers who were scheduled to see patients during the sample week were selected from the CHC service delivery sites, 9 of which were determined to be out-of-scope during induction interviews. Of the 2,642 eligible providers, 2,449 participated. Data were collected for 48,399 visits, either by Census Field Representative abstraction (48,320 visits) or by providers/CHC staff (79 visits). In either case, an automated tool was used which replaced the traditional paper Patient Record Form (PRF). For simplicity's sake, the abstracted records will continue to be described as PRFs in the survey documentation.

A total of 146 providers saw no patients at their sampled location during their assigned reporting period, because of vacation, illness, or other reasons for being temporarily not in practice. They saw no patients during their sample week or saw patients only at a different site and hence did not provide any PRFs. Of the 2,303 providers for whom PRFs were abstracted, 2,089 participated fully or adequately by submitting at least half of the PRFs expected, based on the total number of visits during the reporting week, and 360 participated minimally by submitting less than half of the expected PRFs. The unweighted provider visit response rate was 79.1 percent (77.0 percent, weighted), based on the number of full responders and those who saw no patients during their sample week. The overall unweighted two-stage sampling response rate was 61.7 percent (59.4 percent, weighted). Response rates are shown in Table 1 below.

D. SAMPLING DESIGN

Sampling occurred in three stages: selection of CHC service delivery sites; selection of physicians and non-physician clinicians at the CHC service delivery sites; and, selection of patient visits. List samples were used in order to produce separate estimates for individual states with the largest populations.

In the first stage, a stratified sample of CHC delivery sites with strata defined by Census division and the 17 most populous states plus Wisconsin was selected. These 18 states were targeted for individual visit estimation. Besides Wisconsin, they included Arizona, California, Florida, Georgia, Illinois, Indiana, Massachusetts, Michigan, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia and Washington. The remaining 32 states and the District of Columbia were grouped according to their U.S. Census Bureau divisions into seven larger areas called "division remainders."

Table 1. Number of in-scope sample of community health center (CHC) service delivery sites in total sample, CHC response rates, number of sampled CHC providers and provider response rate, number of participating providers and participation rate by division and selected states: National Ambulatory Medical Care Survey, 2014

Region/ Division/ State	CHC service delivery sites sampled (1)	In-scope CHC service delivery sites	Particip-ating CHC service delivery sites	CHC service delivery site response rate: unweighted (weighted)	In-scope CHC providers	Respond-ing CHC providers (2)	CHC provider response rate: unweighted (weighted)	Two-stage sample response rate: unweighted (weighted) (3)	Particip-ating CHC providers (4)	Two-stage sample particip-ation rate: unweighted (5)
Total	1869	1474	1151	78.1 (77.2)	2642	2089	79.1 (76.9)	61.7 (59.4)	2449	72.4
Northeast	.	.	.		.	.			.	
New England	.	.	.		.	.			.	
MA	75	48	39	81.3 (81.3)	73	47	64.4 (57.2)	52.3 (46.5)	64	71.2
CT, ME, NH, RI, VT	75	54	35	64.8 (65.2)	83	71	85.5 (84.7)	55.4 (55.2)	73	57
Middle Atlantic	.	.	.		.	.			.	
NJ	75	60	45	75.0 (75.0)	119	77	64.7 (67.7)	48.5 (50.8)	110	69.3
NY	74	59	49	83.1 (83.1)	121	80	66.1 (69.1)	54.9 (57.4)	101	69.3
PA	75	63	49	77.8 (77.8)	122	99	81.1 (76.5)	63.1 (59.5)	114	72.7
	.	.	.		.	.			.	
Midwest	.	.	.		.	.			.	
East North Central	.	.	.		.	.			.	
IL	75	48	33	68.8 (68.8)	71	42	59.2 (61.9)	40.7 (42.6)	62	60
IN	75	58	56	96.6 (96.6)	147	116	78.9 (78.8)	76.2 (76.1)	143	93.9
MI	75	59	50	84.7 (84.7)	127	111	87.4 (89.6)	74.1 (75.9)	123	82.1
OH	76	69	54	78.3 (76.7)	116	106	91.4 (92.7)	71.5 (71.1)	112	75.6
WI	70	55	32	58.2 (58.2)	81	68	84.0 (92.5)	48.8 (53.8)	76	54.6
West North Central	.	.	.		.	.			.	
IA, KS, NE, SD, ND, MN, MO	59	43	36	83.7 (85.1)	72	65	90.3 (95.8)	75.6 (81.5)	69	80.2
South	.	.	.		.	.			.	
South Atlantic	.	.	.		.	.			.	
FL	75	58	45	77.6 (77.6)	106	84	79.2 (79.0)	61.5 (61.3)	102	74.7
GA	75	65	44	67.7 (67.7)	100	75	75.0 (76.4)	50.8 (51.7)	97	65.7
NC	75	56	44	78.6 (78.6)	95	72	75.8 (81.5)	59.5 (64.1)	92	76.1
VA	75	60	45	75.0 (75.0)	113	79	69.9 (74.8)	52.4 (56.1)	109	72.3
SC, WV, DE, DC, MD	90	75	55	73.3 (73.3)	117	90	76.9 (76.7)	56.4 (56.2)	101	63.3
East South Central	.	.	.		.	.			.	
TN	75	68	64	94.1 (94.1)	131	103	78.6 (80.8)	74.0 (76.1)	128	92
AL, KY, MS	75	60	48	80.0 (81.6)	83	52	62.7 (64.6)	50.1 (52.7)	75	72.3
West South Central	.	.	.		.	.			.	
TX	75	53	46	86.8 (86.8)	94	77	81.9 (74.7)	71.1 (64.9)	82	75.7
LA, OK, AR	75	57	40	70.2 (71.1)	90	71	78.9 (74.5)	55.4 (53.0)	81	63.2
	.	.	.		.	.			.	
West	.	.	.		.	.			.	
Mountain	.	.	.		.	.			.	
AZ	75	60	52	86.7 (86.7)	130	117	90.0 (91.4)	78.0 (79.2)	124	82.7
CO, UT, NV, NM, ID, MT, WY	75	55	40	72.7 (72.3)	91	79	86.8 (87.7)	63.1 (63.4)	87	69.5
Pacific	.	.	.		.	.			.	
CA	75	70	52	74.3 (74.3)	135	111	82.2 (72.2)	61.1 (53.6)	119	65.5
WA	75	59	50	84.7 (84.7)	130	117	90.0 (93.6)	76.3 (79.3)	123	80.2
OR, HI, AK	75	62	48	77.4 (77.7)	95	80	84.2 (88.8)	65.2 (69.0)	82	66.8

NOTE: Division and State represent location of sampled CHC delivery site. A total of 18 states were targeted for separate estimation. States not targeted for separate estimation were grouped into 'division remainders' and sampled accordingly.

(1) The survey sampling frame consists of Federally Qualified Health Center (FQHC) service delivery sites included in lists obtained from the Health Resources and Services Administration's Bureau of Primary Health Care and the Indian Health Service.

(2) Responding CHC providers are providers for whom at least one-half of their expected number of Patient Record forms were completed (full responders) and also include providers who saw no patients at their sample CHC site during that site's sampled week.

(3) The two-stage sample response rate is the product of the CHC service delivery site response rate multiplied by the CHC provider response rate.

(4) Participating CHC providers are providers for whom at least one Patient Record form was completed (full and minimal responders) and also include providers who saw no patients at their sample CHC site during that site's sample week.

5) Two stage sample participation rate is the product of the CHC service delivery site response rate times the provider participating rates (i.e. the number of participating providers divided by the number of in-scope providers).

They include the New England Division remainder (Connecticut, Maine, New Hampshire, Rhode Island, Vermont), the West North Central Division remainder (Missouri, Iowa, Kansas, Nebraska, North Dakota, South Dakota, Minnesota), the South Atlantic Division remainder (Delaware, the District of Columbia, Maryland, South Carolina, West Virginia), the East South Central Division remainder (Alabama Kentucky, Mississippi), the West South Central Division remainder (Arkansas, Louisiana, Missouri, Oklahoma), the Mountain Division remainder (Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming), and the Pacific Division remainder (Alaska, Hawaii, Oregon. There are nine Census Bureau Divisions in all. All states were included separately from the remaining two Divisions (Middle Atlantic and East North Central). Therefore, there are a total of 25 distinct geographical areas composed of states and division remainders which make up the United States for the 2014 NAMCS sample.

Within each stratum, a systematic random sample of sites was selected from lists in which the sites were sorted by state, CHC type (FQHC, look-alike site, or urban IHS outpatient clinic), CHC headquarters to which the sites reported, and finally, randomly within headquarters. Sampled sites that were known in advance to be “migrant” (i.e. open only in the harvest season to serve migrants who work in the harvests) were each randomly assigned to a week during one of the seasons (generally from July through September) when they were scheduled to be open for business. The remaining sampled CHC sites were divided into 52 random subsamples of approximately equal size, and each subsample was randomly assigned to one of the 52 weeks in the survey year.

In the second stage, participating CHCs provided lists of all eligible providers scheduled to see patients during the site’s randomly assigned one-week reporting period. From these provider sampling frames, a systematic random sample from each sampled site of up to three providers (which could include physicians, physician assistants, nurse practitioners, or nurse midwives) was selected.

The final stage consisted of selecting a systematic random sample of patient visits seen by the sampled provider at the site during the assigned week. This sampling was mainly conducted by Census Field Representatives, although in a small number of cases, providers or their service sites selected the samples. The sampling rate varied for this final step from a 100-percent sample for providers expected to see few patients to a 10-percent sample for providers expected to see a very large number of patients during the CHC site’s assigned survey week as determined in a pre-survey interview.

E. POPULATION FIGURES

The base population used in computing annual visit rates is presented in Tables 2-3 of the 2014 NAMCS CHC Public Use Data File Documentation. The denominators used in calculating 2014 visit rates for age, sex, race, ethnicity, and geographic region are Census 2010-based postcensal estimates of the civilian noninstitutional population of the United States. The population estimates are special tabulations developed by the Population Division, U.S. Census Bureau, from the July 1, 2014 set of state population estimates by age, sex, race, and ethnicity.

Population estimates by metropolitan statistical area (MSA) status are based on estimates of the civilian noninstitutionalized population from the 2014 National Health Interview Survey (NHIS), National Center for Health Statistics, compiled according to the February 2013 Office of Management and Budget definition of core-based statistical areas. Consult this site for more information about MSA definitions.

Estimates of visit rates for metropolitan and non-metropolitan statistical areas from 2003-2014 may differ somewhat from those reported in 2002 and previous years because of methodological differences in how the denominators were calculated. In survey years 1995-2005, the NHIS used metropolitan areas as defined by the Office of Management and Budget, June 30, 1993. In survey years 1994-2002, the NHIS used 1990-based Census estimates as controls. Because NAMCS used Census 2000-based population estimates beginning in 2001, adjustments needed to be made to the MSA figures obtained from the NHIS

Table 2. U.S. population estimates used in computing annual visit rates for the National Ambulatory Medical Care Survey, by age, race, and sex: July 1, 2014

Race and sex	All ages	Under 1	1-4	5-14	15-24	25-34
All races	313,672,860	3,946,554	15,924,807	41,151,725	43,010,105	42,263,007
Male	153,217,332	2,016,979	8,135,994	21,003,624	21,695,646	20,873,938
Female	160,455,528	1,929,575	7,788,813	20,148,101	21,314,459	21,389,069
White Only	243,106,418	2,824,567	11,433,014	30,106,255	31,814,990	31,820,096
Male	119,804,751	1,444,646	5,851,055	15,408,939	16,148,750	15,979,899
Female	123,301,667	1,379,921	5,581,959	14,697,316	15,666,240	15,840,197
Black Only	40,780,688	602,520	2,422,331	6,169,122	6,623,649	5,779,908
Male	19,033,518	306,764	1,229,510	3,126,132	3,251,645	2,653,265
Female	21,747,170	295,756	1,192,821	3,042,990	3,372,004	3,126,643
AIAN* Only	3,887,259	64,517	257,048	652,673	646,336	590,447
Male	1,939,567	32,915	130,619	331,527	327,199	301,086
Female	1,947,692	31,602	126,429	321,146	319,137	289,361
Asian Only	17,249,610	201,860	819,590	2,076,946	2,297,612	2,920,453
Male	8,189,145	103,368	418,069	1,048,350	1,157,816	1,389,346
Female	9,060,465	98,492	401,521	1,028,596	1,139,796	1,531,107
NHOPI* Only	720,831	12,435	48,636	117,070	116,194	127,601
Male	361,042	6,364	24,911	59,486	58,406	65,200
Female	359,789	6,071	23,725	57,584	57,788	62,401
Multiple Races	7,928,054	240,655	944,188	2,029,659	1,511,324	1,024,502
Male	3,889,309	122,922	481,830	1,029,190	751,830	485,142
Female	4,038,745	117,733	462,358	1,000,469	759,494	539,360

*NHOPI is Native Hawaiian/Other Pacific Islander. AIAN is American Indian/Alaska Native.

Geographic Region totals		Metropolitan Statistical Area totals	
Northeast	55,403,548	MSA	272,914,209
Midwest	66,752,759	Non-MSA	40,758,651
South	117,451,370		
West	74,065,183		

Table 2. U.S. population estimates used in computing annual visit rates for the National Ambulatory Medical Care Survey, by age, race, and sex: July 1, 2014 - con.

Race and sex	35-44	45-54	55-64	65-74	75+
All races	39,679,478	42,931,040	39,819,836	26,171,532	18,774,776
Male	19,426,863	20,973,687	19,134,318	12,234,461	7,721,822
Female	20,252,615	21,957,353	20,685,518	13,937,071	11,052,954
White Only	30,300,416	33,995,070	32,469,770	22,099,590	16,242,650
Male	15,116,213	16,844,510	15,796,922	10,454,925	6,758,892
Female	15,184,203	17,150,560	16,672,848	11,644,665	9,483,758
Black Only	5,194,565	5,401,570	4,579,522	2,472,723	1,534,778
Male	2,333,194	2,461,298	2,064,116	1,055,614	551,980
Female	2,861,371	2,940,272	2,515,406	1,417,109	982,798
AIAN* Only	515,750	487,965	374,343	194,451	103,729
Male	260,150	241,409	179,797	91,949	42,916
Female	255,600	246,556	194,546	102,502	60,813
Asian Only	2,810,017	2,357,291	1,887,187	1,137,992	740,662
Male	1,308,811	1,098,034	851,551	508,427	305,373
Female	1,501,206	1,259,257	1,035,636	629,565	435,289
NHOPI* Only	101,747	86,449	61,904	32,084	16,711
Male	51,168	42,759	30,178	15,506	7,064
Female	50,579	43,690	31,726	16,578	9,647
Multiple Races	756,983	602,695	447,110	234,692	136,246
Male	357,327	285,677	211,754	108,040	55,597
Female	399,656	317,018	235,356	126,652	80,649

*NHOPI is Native Hawaiian/Other Pacific Islander. AIAN is American Indian/Alaska Native.

SOURCE: These are U.S. Bureau of the Census postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 2014. The estimates of age, sex, race and region are from special tabulations developed by the Population Division, U.S. Census Bureau using the July 1, 2014 set of state population estimates, and reflect Census 2010 data. More information may be obtained from the Census website at https://www.census.gov/.

Table 3. U.S. population estimates used in computing annual visit rates for the National Ambulatory Medical Care Survey, by ethnicity, age, race, and sex: July 1, 2014

HISPANIC

Race and sex	All ages	Under 1	1-4	5-14	15-24	25-34
All races	54,729,821	1,012,818	4,117,083	10,021,482	9,253,934	8,667,496
Male	27,458,961	516,614	2,096,724	5,103,271	4,724,529	4,473,653
Female	27,270,860	496,204	2,020,359	4,918,211	4,529,405	4,193,843
White Only	48,212,636	857,750	3,506,291	8,660,744	8,090,397	7,611,265
Male	24,217,119	437,531	1,785,954	4,411,406	4,135,806	3,942,286
Female	23,995,517	420,219	1,720,337	4,249,338	3,954,591	3,668,979
Black Only	2,587,902	59,051	230,772	517,592	461,681	425,573
Male	1,253,784	30,125	117,353	263,391	232,715	203,816
Female	1,334,118	28,926	113,419	254,201	228,966	221,757
AIAN* Only	1,595,417	30,992	122,380	299,333	277,472	271,679
Male	827,794	15,824	62,192	152,249	143,103	147,519
Female	767,623	15,168	60,188	147,084	134,369	124,160
Asian Only	546,570	12,404	48,115	106,938	95,374	89,851
Male	270,581	6,293	24,550	54,878	47,595	44,834
Female	275,989	6,111	23,565	52,060	47,779	45,017
NHOPI* Only	193,504	4,222	16,483	36,945	33,380	36,572
Male	99,691	2,144	8,359	18,710	17,162	20,167
Female	93,813	2,078	8,124	18,235	16,218	16,405
Multiple Races	1,593,792	48,399	193,042	399,930	295,630	232,556
Male	789,992	24,697	98,316	202,637	148,148	115,031
Female	803,800	23,702	94,726	197,293	147,482	117,525

*NHOPI is Native Hawaiian/Other Pacific Islander. AIAN is American Indian/Alaska Native.

SOURCE: These are U.S. Bureau of the Census postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 2014. They were developed by the Population Division, U.S. Census Bureau using the July 1, 2014 set of state population estimates, and reflect Census 2010 data. More information may be obtained from the Census website at https://www.census.gov/.

Table 3. U.S. population estimates used in computing annual visit rates for the National Ambulatory Medical Care Survey, by ethnicity, age, race, and sex: July 1, 2014 - con.

HISPANIC Race and sex	35-44	45-54	55-64	65-74	75+
All races	7,862,297	6,266,272	4,030,066	2,115,445	1,382,928
Male	3,963,793	3,136,446	1,935,336	954,924	553,671
Female	3,898,504	3,129,826	2,094,730	1,160,521	829,257
White Only	7,007,043	5,628,758	3,636,547	1,933,296	1,280,545
Male	3,543,784	2,825,613	1,748,102	872,889	513,748
Female	3,463,259	2,803,145	1,888,445	1,060,407	766,797
Black Only	338,681	258,293	166,113	81,538	48,608
Male	156,045	119,816	76,646	35,483	18,394
Female	182,636	138,477	89,467	46,055	30,214
AIAN* Only	235,772	180,261	107,653	45,974	23,901
Male	125,392	94,638	54,747	22,208	9,922
Female	110,380	85,623	52,906	23,766	13,979
Asian Only	76,410	56,695	35,054	16,465	9,264
Male	37,749	27,472	16,340	7,307	3,563
Female	38,661	29,223	18,714	9,158	5,701
NHOPI* Only	28,063	19,737	10,837	4,738	2,527
Male	14,718	9,962	5,277	2,172	1,020
Female	13,345	9,775	5,560	2,566	1,507
Multiple Races	176,328	122,528	73,862	33,434	18,083
Male	86,105	58,945	34,224	14,865	7,024
Female	90,223	63,583	39,638	18,569	11,059

*NHOPI is Native Hawaiian/Other Pacific Islander. AIAN is American Indian/Alaska Native.

SOURCE: These are U.S. Bureau of the Census postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 2014. They were developed by the Population Division, U.S. Census Bureau using the July 1, 2014 set of state population estimates, and reflect Census 2010 data. More information may be obtained from the Census website at https://www.census.gov/.

Table 3. U.S. population estimates used in computing annual visit rates for the National Ambulatory Medical Care Survey, by ethnicity, age, race, and sex: July 1, 2014 – con.

NON-HISPANIC

Race and sex	All ages	Under 1	1-4	5-14	15-24	25-34
All races	258,943,039	2,933,736	11,807,724	31,130,243	33,756,171	33,595,511
Male	125,758,371	1,500,365	6,039,270	15,900,353	16,971,117	16,400,285
Female	133,184,668	1,433,371	5,768,454	15,229,890	16,785,054	17,195,226
White Only	194,893,782	1,966,817	7,926,723	21,445,511	23,724,593	24,208,831
Male	95,587,632	1,007,115	4,065,101	10,997,533	12,012,944	12,037,613
Female	99,306,150	959,702	3,861,622	10,447,978	11,711,649	12,171,218
Black Only	38,192,786	543,469	2,191,559	5,651,530	6,161,968	5,354,335
Male	17,779,734	276,639	1,112,157	2,862,741	3,018,930	2,449,449
Female	20,413,052	266,830	1,079,402	2,788,789	3,143,038	2,904,886
AIAN* Only	2,291,842	33,525	134,668	353,340	368,864	318,768
Male	1,111,773	17,091	68,427	179,278	184,096	153,567
Female	1,180,069	16,434	66,241	174,062	184,768	165,201
Asian Only	16,703,040	189,456	771,475	1,970,008	2,202,238	2,830,602
Male	7,918,564	97,075	393,519	993,472	1,110,221	1,344,512
Female	8,784,476	92,381	377,956	976,536	1,092,017	1,486,090
NHOPI* Only	527,327	8,213	32,153	80,125	82,814	91,029
Male	261,351	4,220	16,552	40,776	41,244	45,033
Female	265,976	3,993	15,601	39,349	41,570	45,996
Multiple Races	6,334,262	192,256	751,146	1,629,729	1,215,694	791,946
Male	3,099,317	98,225	383,514	826,553	603,682	370,111
Female	3,234,945	94,031	367,632	803,176	612,012	421,835

*NHOPI is Native Hawaiian/Other Pacific Islander. AIAN is American Indian/Alaska Native.

SOURCE: These are U.S. Bureau of the Census postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 2014. They were developed by the Population Division, U.S. Census Bureau using the July 1, 2014 set of state population estimates, and reflect Census 2010 data. More information may be obtained from the Census website at https://www.census.gov/.

Table 3. U.S. population estimates used in computing annual visit rates for the National Ambulatory Medical Care Survey, by ethnicity, age, race, and sex: July 1, 2014 - con.

NON-HISPANIC

Race and sex	35-44	45-54	55-64	65-74	75+
All races	31,817,181	36,664,768	35,789,770	24,056,087	17,391,848
Male	15,463,070	17,837,241	17,198,982	11,279,537	7,168,151
Female	16,354,111	18,827,527	18,590,788	12,776,550	10,223,697
White Only	23,293,373	28,366,312	28,833,223	20,166,294	14,962,105
Male	11,572,429	14,018,897	14,048,820	9,582,036	6,245,144
Female	11,720,944	14,347,415	14,784,403	10,584,258	8,716,961
Black Only	4,855,884	5,143,277	4,413,409	2,391,185	1,486,170
Male	2,177,149	2,341,482	1,987,470	1,020,131	533,586
Female	2,678,735	2,801,795	2,425,939	1,371,054	952,584
AIAN* Only	279,978	307,704	266,690	148,477	79,828
Male	134,758	146,771	125,050	69,741	32,994
Female	145,220	160,933	141,640	78,736	46,834
Asian Only	2,733,607	2,300,596	1,852,133	1,121,527	731,398
Male	1,271,062	1,070,562	835,211	501,120	301,810
Female	1,462,545	1,230,034	1,016,922	620,407	429,588
NHOPI* Only	73,684	66,712	51,067	27,346	14,184
Male	36,450	32,797	24,901	13,334	6,044
Female	37,234	33,915	26,166	14,012	8,140
Multiple Races	580,655	480,167	373,248	201,258	118,163
Male	271,222	226,732	177,530	93,175	48,573
Female	309,433	253,435	195,718	108,083	69,590

*NHOPI is Native Hawaiian/Other Pacific Islander. AIAN is American Indian/Alaska Native.

SOURCE: These are U.S. Bureau of the Census postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 2014. They were developed by the Population Division, U.S. Census Bureau using the July 1, 2014 set of state population estimates, and reflect Census 2010 data. More information may be obtained from the Census website at https://www.census.gov/.

in 2001 and 2002. For 2010-2014, special tabulations were obtained from the Office of Analysis and Epidemiology, NCHS, where each year of data was compiled according to the December 2009 OMB definition of core-based statistical areas. The 2010 NHIS estimates were further adjusted based on the 2010 population estimates obtained from the Census Bureau (which were based on Census 2000). For 2014, the NHIS estimates were adjusted based on the 2014 population estimates obtained from the Census Bureau (which were based on Census 2010).

Population estimates for race groups in the 2014 NAMCS, including the CHC component, are based on the 2010 U.S. Census in which respondents were able to indicate more than one race category. Since 2001, the denominators used for calculating race-specific visit rates in NAMCS reports reflect the multiple-race reporting. Specific race denominators reflect persons with a single race identification, and a separate denominator is available for persons with more than one race designation.

Data indicate that multiple races are recorded for a patient less frequently in medical records compared to their numbers in the general population. The 2014 population estimates indicate that 2.5 percent of the total population identify themselves as being of multiple races. In contrast, multiple race patients account for just 0.4 percent of weighted NAMCS CHC visits (based on known race data only). (REMINDER: Since the 2009 NAMCS, NAMCS data only include imputed values for the race categories White, Black, and Other; see 2009 or 2010 NAMCS Public Use File Documentation Summary of Changes for more information.) This is roughly the same percentage reported in the 2013 NAMCS and earlier years. The difference may exist because abstractors are less likely to know and record the multiple race preference of the patient. It suggests that the race population rates calculated for 2014 may be slight overestimates for the single race categories and slight underestimates for the multiple race category, but it should be kept in mind that race data are missing for approximately 15% of 2014 NAMCS CHC records overall.

F. FIELD ACTIVITIES

The first contact with the sampled CHC service delivery site is through a letter from the Director of NCHS. After the CHC site administrator receives the introductory letter (along with letters from professional medical societies that endorse NAMCS), the Field Representative (FR) telephones the CHC site administrator to establish basic eligibility and to schedule an appointment. At the appointment, the FR explains the survey to the CHC site administrator and to any staff who may be involved in creating a frame of the CHC site's providers, and selecting a sample of providers. The decision is also made regarding who will perform the visit sampling and data abstraction. Also at the initial visit, the FR obtains the practice characteristics of the CHC service delivery site, including identifying the eligible physician and non-physician providers. If the CHC staff are performing data abstraction, the FR contacts the CHC site office just before, during and after the reporting week to remind them about the survey and to answer any questions that may arise. After abstraction has been completed, providers are given a certificate of appreciation for their participation.

G. DATA COLLECTION

In 2014, the mode of data collection for NAMCS was through the use of an automated survey tool. This is described in more detail in the 2012 NAMCS Public Use Data File Documentation because that was the first year it was used for the survey.

The automated survey tool was accessible either by Census laptop or by web portal. Prior to the introduction of the automated survey tool in 2012, data collection for NAMCS was expected to be carried out by the physician (or in the case of CHCs, it could also be non-physician clinicians) or by the health care provider's staff. Over time, however, abstraction from medical charts by Census field representatives became the predominant mode. In 2014, Census FR abstraction using laptop computers and the automated instrument was the preferred mode for data collection. For providers who preferred to do their

own data collection, a web portal containing a modified version of the automated tool was available, or a Census laptop could be left behind for provider use. However, in 2014, more than 99% of CHC sample records were obtained through Census FR abstraction.

CHC site staff were instructed to keep a daily listing of all patient visits for sample providers during the assigned reporting week using an arrival log, optional worksheet, or similar method. This list was the sampling frame to indicate the visits for which data were to be recorded. It was to include both scheduled and unscheduled patients, but not cancellations or no-shows. Visits were selected from the list either by Census FRs or medical staff using a random start and a predetermined sampling interval based on the provider's estimated visits for the week and the number of days the provider was expected to see patients that week. In this way, a systematic random sample of visits was obtained. The sampling procedures were designed so that about 30 electronic Patient Records would be completed during the assigned reporting week. This was intended to minimize the data collection workload and maintain equal reporting levels among sample providers regardless of the CHC site's visit volume.

Data from sampled visits were recorded on laptops using the automated survey tool which emulated the traditional survey instrument, the Patient Record Form (PRF). The 2014 Patient Record "Sample Card" showing the data items included in the survey is available at the NCHS Ambulatory Health Care Data website: http://www.cdc.gov/nchs/ahcd/ahcd_survey_instruments.htm#namcs. Terms and definitions relating to the automated Patient Record are included in Appendix I.

H. CONFIDENTIALITY

In April 2003, the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) was implemented to establish minimum Federal standards for safeguarding the privacy of individually identifiable health information. No directly personally identifying information, such as the patient's name, address or Social Security number, is collected in NAMCS. Data collection is authorized by Section 306 of the Public Health Service Act (Title 42, U.S. Code, 242k). All information collected is held in the strictest confidence according to law [Section 308(d) of the Public Health Service Act (42, U.S. Code, 242m(d))] and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107-347). The NAMCS protocol has been approved by the NCHS Research Ethics Review Board annually starting in February 2003. Waivers of the requirements to obtain informed consent of patients and patient authorization for release of patient medical record data by health care providers were granted.

In the spring of 2003, NAMCS implemented additional data collection procedures to help providers assure patient confidentiality. Census Bureau Field Representatives were trained on how the Privacy Rule allows providers to make disclosures of protected health information without patient authorization for public health purposes and for research that has been approved by a Research Ethics Review Board. Providers were encouraged to accept a data use agreement between themselves and NCHS, since the Privacy Rule allows providers to disclose limited data sets (i.e., data sets with no direct patient identifiers) for research and public health purposes if such an agreement exists.

Assurance of confidentiality was provided to all community health center providers according to Section 308 (d) of the Public Health Service Act (42 USC 242m). Strict procedures were utilized to prevent disclosure of NAMCS data. All information which could identify providers was kept confidential, was seen only by persons engaged in NAMCS, and was not disclosed or released to others for any other purpose. Names and other identifying information for individual patients were not removed from the provider's location.

Prior to release of the public use data file, NCHS conducts extensive disclosure risk analysis to minimize the chance of any inadvertent disclosure of participants' identities. Based on research conducted by NCHS for 2014 NAMCS CHC, certain variables were subject to masking in some cases (month of visit, patient's race, physician's diagnosis, medications, and whether visit occurred in a metropolitan statistical

area). Furthermore, outlier values for certain variables (age, age of pregnant patient, height, weight, number of past visits in last 12 months, and time spent with the physician or non-physician provider) were top coded at the 99.5th percentile in accordance with NCHS confidentiality requirements. Masking was performed in such a way as to cause minimal impact on the data; however, data users who wish to use unmasked data can apply to the NCHS Research Data Center.

I. DATA PROCESSING

1. Edits

Once electronic data were collected by the Census Bureau, a number of steps were required for data processing. Specifications for checking, configuring, and transmitting the data files were developed by NCHS and applied by the Census Bureau. Data files were transmitted either to NCHS for further processing, or to SRA International in Durham, North Carolina. At NCHS, the data underwent multiple consistency checks and a review of verbatim entries. SRA edited and coded verbatim entries which required medical coding (patient's reason for visit, cause of injury (if any), physician's diagnosis, and procedures ordered or provided). All medication editing and coding were performed at NCHS by the NAMCS Drug Database Coordinator.

2. Quality Control

All SRA medical coding and keying operations were subject to quality control procedures. The contractor randomly selected a 10 percent sample of records which were independently recoded and compared. Differences were adjudicated by a quality control supervisor with error rates reported to NCHS. Coding error rates for the 10 percent sample ranged between 0.2 and 2.1 percent.

3. Adjustments for Item Nonresponse

Unweighted item nonresponse rates exceeded 5.0 percent for the following data items:

Variable	Variable Description	Denominator	% NR
PREGNANT	Is patient pregnant?	Visits by females ages 12-50	6.7
GESTWK	Gestation week	Visits by pregnant females	20.2
ETHUN	Patient ethnicity – unimputed	All visits	9.5
RACEUN	Patient race – unimputed	All visits	15.2
PAYTYPER	Type of payment (recoded from multiple sources using hierarchy)	All visits	5.1
HTIN	Height in inches	All visits	8.5
BMI	Body mass index - calculated from height and weight	All visits	9.7
TEMPF	Temperature (in Fahrenheit)	All visits	17
BPSYS	Systolic blood pressure	All visits	12
BPDIAS	Diastolic blood pressure	All visits	11.8
RFV1	Patient's reason for visit #1	All visits	6.2
INJURY72	Did the injury or poisoning occur within 72 hours prior to the date and time of	Visits related to an injury or poisoning	66.5

	this visit?		
INTENT	Is this injury/poisoning unintentional or intentional?	Visits related to an injury or poisoning	50.0
CAUSE1	Cause of injury, poisoning, or adverse effect - #1	Visits related to an injury, poisoning or adverse effect of medical treatment	30.4
PRIMCARE	Are you the patient's primary care physician?	All visits	8.9
REFER	Was patient referred for visit?	Visits not made to patient's primary care provider	35.5
ASTH_SEV	Asthma severity	Visits with asthma checked as a chronic condition	7.5
ASTH_CON	Asthma control	Visits with asthma checked as a chronic condition	8.2
BIOPROV	Biopsy provided	All visits	32.1
EXCIPROV	Excision of tissue provided	Visits where excision was reported	71.7
SIGPROV	Sigmoidoscopy provided	Visits where sigmoidoscopy was reported	26.3
CHOL	Was blood for total cholesterol test drawn at visit or within past 12 months?	All visits	5.5
HDL	Was blood for HDL test drawn at visit or within past 12 months?	Visits to selected specialties	5.5
LDL	Was blood for LDL test drawn at visit or within past 12 months?	Visits to selected specialties	5.5
TGS	Was blood for triglycerides (TGS) test drawn at visit or within past 12 months?	Visits to selected specialties	5.5
A1C	Was blood for HbA1c test drawn at visit or within past 12 months?	Visits to selected specialties	5.7
FBG	Was blood for fasting blood glucose (FBG) drawn at visit or within past 12 months?	Visits to selected specialties	5.3
SERUM	Was blood for serum creatinine drawn at visit or within past 12 months?	Visits to selected specialties	5.4
TIMEMD	Time in minutes spent with physician	Visits where a physician was seen	37.5
TIMECHC	Time in minutes spent with non-physician clinician	Visits where a non-physician clinician was seen	39.9
TELCONWK	During last normal week of practice, did you have any telephone consults with patients?	All visits	7.0
SECURCHCK	Has your practice made an assessment of the potential risks and vulnerability of your electronic health information within the last 12 months?	Visits where provider answered yes to having an EHR system	9.9
DIFFEHR	Does your EHR have the capability to electronically send health information to another provider whose EHR system is different from your system?	Visits where provider answered yes to having an EHR system	10.9
MUSTAGE2	Plans to apply for stage 2 meaningful use incentive payments?	Visits where provider answered yes to already	6.1

		applied tor Stage 1 incentive payments	
EFORMULA	If orders for prescriptions submitted electronically, drug formulary checks performed?	Visits where provider answered yes to having an EHR system	6.6
EHRTOEHR	Is the patient health information that you share electronically sent directly from your EHR system to another EHR system?	Visits where provider answered yes to having an EHR system	5.5
PRMCARER	Percent of patient care revenue from Medicare	All visits	15.3
PRMAIDR	Percent of patient care revenue from Medicaid	All visits	15.2
PRPRVTR	Percent of patient care revenue from private insurance	All visits	15.4
PRPATR	Percent of patient revenue from patient payments	All visits	15.2
PROTHR	Percent of patient revenue from other	All visits	15.4
PRMANR	Percent of patient care revenue from managed care contracts	All visits	21.2
REVFFSR	Percent of patient care revenue from fee-for-service	All visits	25.2
REVCAPR	Percent of patient care revenue from capitation	All visits	25.3
REVCASER	Percent of patient care revenue from case rates	All visits	25.4
REVOTHR	Percent of patient care revenue from other	All visits	25.3
CAPITATE	Type of payments accepted from ‘new’ patients: capitated private insurance	Visits from providers that currently accept 'new' patients	5.3

Denominators for the above rates were adjusted to account for skip patterns on the data collection forms. For example, only visits to providers who accepted new patients were included in the calculation of whether the provider accepted new patients with Medicaid. Provider nonresponse to the initial item may also be taken into account, which would make nonresponse rates for the secondary item somewhat higher.

In general, missing data in the table above was defined to include blanks as well as entries of ‘unknown’ and ‘refused to answer question’. It is advisable for researchers to calculate their own nonresponse rates for their topic of interest; these rates are only provided as a general indicator.

Some missing data items were imputed by randomly assigning a value from a Patient Record form with similar characteristics, where similar visits were generally those with the same physician specialty, geographic region, and 3-digit ICD-9-CM codes for primary diagnosis. Race and ethnicity were imputed using a model-based, single, sequential regression imputation method. The model for imputing race and ethnicity used the following variables: Census race and ethnicity population estimates for ZIP code levels, duration of visit, patient age, patient sex, whether the visit occurred in an MSA, physician specialty recode, whether the visit included hypertension as a current diagnosis or chronic condition, diagnosis group, major reason for visit, and an indicator for patient or provider ZIP code (the latter was used for the Census variables if the patient ZIP code was not available). Also in 2014, time spent with physician was imputed using a similar model-based, single, sequential regression imputation method.

The following variables were imputed: patient age (0.1%), birth year (0.1%), sex (0.4%), ethnicity (9.5%), race (15.2%), whether the patient had been seen in the practice before (0.8%) and if so the number of

past visits in the last 12 months (8.9%), time spent with physician (33.5%) and time spent with non-physician provider (18.5%). For other variables, blank or otherwise missing responses are so noted in the data.

J. MEDICAL CODING

The Patient Record form contains several medical items which use three separate coding systems. As stated previously, the following items -- patient's reason for visit, cause of injury (if any), physician's diagnosis, and procedures ordered or provided at the visit -- were transmitted to SRA International, Inc. in Durham, North Carolina for processing. The medication items were coded at NCHS by the NAMCS Drug Database Coordinator. These items and their coding systems are described briefly below.

1. Patient's Complaint(s), Symptoms(s) or Other Reason(s) for This Visit: Information on patient's reason for visit was collected in the automated Patient Record form and coded according to A Reason for Visit Classification for Ambulatory Care (RVC) (4). The updated classification is available (5), and the list of codes is shown in Appendix II. The classification was updated to incorporate several new codes as well as changes to existing codes. The system continues to utilize a modular structure. The digits 1 through 8 precede the 3-digit RVC codes to identify the various modules as follows:

Prefix	Module
"1" =	Symptom module
"2" =	Disease module
"3" =	Diagnostic, screening, and preventive module
"4" =	Treatment module
"5" =	Injuries and adverse effects module
"6" =	Test results module
"7" =	Administrative module
"8" =	Uncodable entries
"-9" =	Special code = blank

Up to five reasons for visit (rather than the limit of three in past years) were coded from the reason for visit item in sequence; coding instructions for this item are contained in the Reason for Visit Classification and Coding Manual (5).

2. Cause of Injury, Poisoning, or Adverse Effect: Up to three causes of injury, poisoning, or adverse effects of medical care were coded from responses to the "Cause of injury, poisoning, or adverse effect" section in the Injury/Poisoning item on the NAMCS PRFs. Causes were coded using the Supplementary Classification of External Causes of Injury and Poisoning (E-codes), ICD-9-CM (6). In the classification, E-codes range from E000-E999, and many codes have an additional fourth digit to provide greater specificity. For the NAMCS CHC public use file, the 'E' has been dropped.

There is an implied decimal between the third and fourth digits, and inapplicable fourth digits have a dash inserted.

Examples: 895- = E895 = Accident caused by controlled fire in private dwelling
9056 = E905.6 = Venomous marine animals and plants as the cause of poisoning and toxic reactions

In addition to these character codes, we have also provided numeric recodes for the cause of injury fields at the end of the record format. Please see page 42 in the Codebook section for more

information on using the numeric recodes.

3. Provider's Diagnosis for this Visit: Diagnostic information on the automated Patient Record was coded according to the International Classification of Disease, 9th Revision, Clinical Modification ICD-9-CM (6). The ICD-9-CM codes are provided in two formats, character and numeric. Please see page 45 in the Codebook section for information on the background, purpose, and appearance of the numeric recodes. The rest of this section describes the format of the character version.

The character version ICD-9-CM codes are not prefixed or zerofilled on the data file.
For example, 38100 = 381.00 = Acute nonsuppurative otitis media, unspecified.

There is an implied decimal between the third and fourth digits. For inapplicable fourth or fifth digits, a dash has been inserted. For example, 4011- = 401.1 = Essential hypertension, benign.

Supplementary classification codes are not prefixed or zerofilled. For example, V700- = V70.0 = Routine general medical examination at a health care facility.

In addition to the diagnostic codes from the ICD-9-CM, the following unique codes in the diagnostic fields were developed by AHCSB staff:

V990- = Noncodable diagnosis, insufficient information for coding, or illegible diagnosis
V991- = Left before being seen, patient walked out, not seen by doctor, or left against medical advice
V992- = Transferred to another facility, or sent to see specialist
V993- = HMO will not authorize treatment
V997- = Entry of "none," "no diagnosis," "no disease," "healthy"
-9 = Blank.

A maximum of five diagnoses (rather than the limit of three used in previous years) were coded in sequence. Coding instructions concerning diagnoses are contained in the NAMCS Coding Notebook, updated annually (7).

4. Services: The "Services" item allowed for the coding of up to 9 open-ended fields for procedures, which were classified and coded by SRA International, Durham, NC, according to the ICD-9-CM using the procedure codes in Volume III.

NOTE: The "Services" item in the automated Patient Record uses a checkbox format under the sub-headings of Examinations/Screenings, Laboratory Tests, Imaging, ProceduresTreatments, and Health Education/Counseling. It also allows for the coding of up to 9 open-ended fields in the last section, Other Services Not Listed. The combined format for all of these items was already being used in the data files beginning with 2009 data, achieved through data processing methods as explained in the 2009 public use file documentation. The 2014 instrument reflects the combined format, which should eliminate much of the ambiguity found during data processing in past years where the same procedure was sometimes reported by survey participants under different items.

Character format codes have an implied decimal between the second and third position and do not use prefixes or zerofills. Codes without an applicable 4th digit have a dash inserted. Please note that, as with the diagnosis codes described above, the file also contains numeric recodes for procedures. These are described in the Codebook section.

For 2014, checkboxes were added to the computerized tool, based on commonly reported write-in procedures from previous years of data. This measure was intended to facilitate reporting and

reduce costs associated with medical coding of text entries. The result of this change is a decrease in the number of visits with write-in procedures, with a resulting loss of detail.

5. Medications & Immunizations:

The NAMCS drug data collected under "Medications and Immunizations" have been classified and coded using the entry name (the entry made on the Patient Record) according to a unique classification scheme developed at NCHS (8). The medical classification system of drugs by entry name uses a five-digit coding scheme which is updated regularly to include new products. It includes the following special codes:

-9 = Blank
99980 = Unknown entry, other
99999 = Illegible entry.

For 2014, up to 30 medications could be recorded for each visit (up from the 10-medication limit in 2013). A list of drug codes by entry name is included in Appendix III.

In addition to drugs coded by entry name, this file contains the following drug information:

a. Generic drug code: Beginning with the 2006 data release, drugs are coded in terms of their generic components and therapeutic classifications using Lexicon Plus®, a proprietary database of Cerner Multum, Inc., also used by the National Health and Nutrition Examination Survey, NCHS. The Lexicon Plus is a comprehensive database of all prescription and some nonprescription drug products available in the U.S. drug market.

In accordance with the license agreement, NCHS publications, tabulations, and software applications should cite the Multum Lexicon as the source and basis for the coding and classification of NAMCS drug data. For additional information on the Multum Lexicon Drug Database, please see this.

Beginning with the 2006 data release, all drug codes based on entry name (using NCHS' classification system as cited above) were also assigned a unique generic drug code from Multum's Lexicon Drug Database, whenever possible. The structure of the Multum database is such that multiple ingredient drugs are assigned a single generic drug code encompassing all of a drug's ingredients rather than being assigned generic drug codes for each ingredient, as in past years of NAMCS drug data. For example, prior to 2006, if Tylenol No. 3 was reported in NAMCS, it was assigned a drug entry code of 32920 to reflect the entry of Tylenol No. 3 (which is a formulation of acetaminophen plus codeine). Using the NCHS generic classification, it was also given a code of 51380 in the generic code field to represent a combination product, and then it received separate ingredient codes for acetaminophen and codeine. In contrast, under Multum there is a single generic code that reflects the combination of acetaminophen with codeine.

The format of the generic drug code (now called DRUGID rather than GEN) also changed starting in 2006. Rather than the 5 digit numeric code used prior to 2006, the generic drug code is 6 digits, beginning with the letters "a", "c" or "d". Codes beginning with the letter "n" were also used, starting with 2009 data. All Multum codes begin with the letter "d", but there were some drug names reported by NAMCS participants that were not found in the Lexicon Drug Database. These were assigned unique drug codes beginning with an "a" where a drug's ingredients could be determined, or a "c" in the case where a drug's ingredients could not be determined for 2006-2007. Beginning with 2008 data, "n" codes have been used to code all drugs newly appearing in the NAMCS data for which a code could not be found in Multum. The variables DRUGID1 through DRUGID30 reflect the generic codes for each drug reported.

b. Prescription status code: A code designed to identify the legal status (prescription or nonprescription) of the drug entry.

c. Controlled substance status code: A code used to denote the degree of potential abuse and federal control of a drug entry.

d. Composition status code: A code used to distinguish between single-ingredient and combination drugs.

e. Therapeutic category code: In data years prior to 2006, a 4-digit code was used to identify up to three therapeutic classes to which the drug entry might belong. These were based on the standard drug classifications used in the National Drug Code Directory, 1995 edition (9).

However, as mentioned above, Multum's therapeutic classification system is now being used. The Multum Lexicon provides a 3-level nested category system that assigns a therapeutic classification to each drug and each ingredient of the drug (e.g., for naproxen: the broadest category is central nervous system agents [level 1]; the more detailed category is analgesics [level 2]; and the most detailed category is nonsteroidal anti-inflammatory agents [level 3]). Not all drugs have three classification levels; some may only have two [e.g., for digoxin: cardiovascular agents [level 1]; inotropic agents [level 2]); others only have one. See Appendix III for the complete Multum category scheme.

Each drug may have up to four therapeutic categories on the data file. The variables RX1CAT1 through RX30CAT4 reflect the unique Multum drug categories for a particular drug; these are character values with codes from '001' through '464'. **This variable will always show the most detailed therapeutic level available of a particular drug.** For example, psychotherapeutic agents in Multum are further classified into a second more detailed level as antidepressants or antipsychotics. Antidepressants are further classified into seven subcategories (miscellaneous antidepressants, SSRI antidepressants, tricyclic antidepressants, monoamine oxidase inhibitors, phenylpiperazine antidepressants, tetracyclic antidepressants, and SSNRI antidepressants); antipsychotics are classified into five subcategories. For a drug categorized as a tricyclic antidepressant, it would have a drug category code of '209,' reflecting the Level 3 code. Other drugs may have only two levels available, such as nutritional products, which have six level 2 categories and no further breakdowns into a third level in the Multum system. Therefore, RX1CAT1 would reflect only a second level code in that case. So, using RX1CAT1-RX30CAT4 will allow one to identify the most specific level of a drug, but **will not, by itself, identify whether that code reflects the first, second, or third level.**

In order to understand each level in terms of the Multum hierarchy, we have also placed on the file additional variables that show the full first, second and, third levels, as applicable, for each therapeutic category for each drug. For example, in the case of the tricyclic antidepressant mentioned earlier, RX1CAT1='307'. But there are three additional variables corresponding to that drug's first therapeutic category: RX1V1C1 (meaning Drug 1, Level 1 of Therapeutic Category 1) would be '242' (psychotherapeutic agents), RX1V2C1 (Drug 1, Level 2 of Therapeutic Category 1) would be '249' (antidepressants), and RX1V3C1 (Drug 1, Level 3 of Therapeutic Category 1) would be '307' (tricyclic antidepressants). If there were no second or third level for a particular category, the entry would be blank (' '). This is repeated for each of the drug's maximum of four therapeutic categories.

The three levels can easily be concatenated by data users if they wish to obtain a complete code showing the full level structure applicable to each drug's therapeutic categories. An advantage of having separate levels is that it allows data users to aggregate drugs at any level desired. SAS code is provided on the website for micro-data users who wish to group therapeutic categories in various ways.

All drugs were coded using Multum drug categories, even those drugs not found in Multum's drug database. "Unspecified" drugs were assigned to their respective therapeutic category (e.g., hormones – unspecified: category id=97, category name=hormones). Drugs that could not be assigned to any drug entry name (MED1-10 = 99980, 99999) were not assigned a therapeutic drug category.

In some cases, NCHS was able to categorize a drug's therapeutic class at the first or second Multum level, but not at the more detailed level. When this occurred, the undetermined levels are designated as '999' in the data.

Multum uses a "combination" category for some multiple-ingredient drugs. These include antihypertensive combinations, antiasthmatic combinations, upper respiratory combinations, psychotherapeutic combinations, bronchodilator combinations, sex hormone combinations, skeletal muscle relaxant combinations, and narcotic analgesic combinations. This categorization may be sufficient for certain analyses but not for others because it lacks information about the therapeutic effect of the individual ingredients that make up the combination. For example, the drug HYDROCHLOROTHIAZIDE; LOSARTAN is identified as an antihypertensive combination. Therefore, we know that this drug has an antihypertensive drug effect. However, based on this combination category we do not know that the drug's single ingredients have the therapeutic effects of a diuretic and angiotensin II inhibitor, which is relevant for some analyses.

As a result, in addition to assigning therapeutic categories to each drug, NCHS provides a separate file listing the ingredients for each drug along with the therapeutic classes for each ingredient. In the case of single-ingredient drugs, the ingredient therapeutic categories would be the same as the drug therapeutic categories. This separate downloadable file (the current version is DRUG_INGREDIENTS_2014) can be found under the "DRUGS" folder in the Downloadable Documentation section of the website: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/drugs/). It can be matched to the main file using the DRUGID code. For each DRUGID on the main file, the supplemental file contains up to 5 ingredients and up to 3 therapeutic category codes for each ingredient. In past years, codes used to identify the active generic ingredients of combination drugs were included on the data file.

It is important to note that the Multum therapeutic classification evolves over time, so data users are advised to consult the classification table provided in Appendix III of the public use file documentation each year. For example, at the time of 2009 NAMCS data processing, immunologic agents had eight level 2 categories, and no further breakdowns into a third level in the Multum system. By the time of 2014 NAMCS data processing, there were seven level 2 categories for immunologic agents with further breakdowns yielding 13 level 3 categories.

IMPORTANT:

In 2014, we have continued to update and revise the drug characteristics in our ambulatory care drug database, which underwent substantial revision in 2002. From 2002-2005, each drug entry had up to three therapeutic classes associated with it, compared with a single therapeutic class in prior years. These factors made trend analysis more problematic, and the solution was to provide researchers with a Drug Characteristics file, which was updated annually, at our website. The characteristics from this file (prior to Multum adoption) could be applied by matching on drug codes to previous years of data in order to get the most accurate results when doing analysis of drug trends. A SAS program for applying drug characteristics from the then-current drug database to previous years of NAMCS data was also made available for downloading. These files are all still available on the NAMCS website, but are mainly of use only if the researcher is limiting analysis to years of data prior to 2006 and wishes to retain the old National Drug Code Directory therapeutic categories.

Starting with the 2006 survey, however, with the adoption of the Multum Lexicon for coding drugs according to generic ingredients and therapeutic categories, a new solution for trend analysis was necessary. Therefore, along with the 2006 data file release, we provided a separate downloadable mapping file (MEDCODE_DRUGID_MAP_2006), which allows data users to match all of the drug codes used in previous years (for example, MED1-MED8 in 2005) with the corresponding Multum DRUGID code for generic composition of the drug and its corresponding therapeutic categories. Once that has been accomplished, users can also, if they wish, match to the drug ingredient file as described above. **The mapping file had been updated for each new year through 2013; however, limited staff resources and the increase to 30 drugs in 2014 have meant that this file is no longer being updated. Previous years** can be downloaded at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/drugs/**.** Researchers should keep in mind, however, that in cases where drug characteristics have legitimately changed over the years (e.g., moving from prescription to non-prescription status), using the current updated version of the drug characteristics will overwrite all of the previous characteristics with those of the file being used.

For users who are interested in analyzing drug data, one method involves the isolation of those records with drugs, or drug mentions, and the creation of a separate data file of drug mentions. Each automated Patient Record for 2014 can have up to 30 drug mentions recorded, so whatever file is created would need to include all of them. This method can be used for obtaining estimates of drug mentions, but is not recommended for variance estimation. Rather, the structure of the visit file should be kept intact when estimating variance. In order to do this, estimates of drug mentions can be obtained by creating a new weight variable (called DRUGWT in this example). This variable is created by multiplying PATWT (the patient visit weight; for more information on PATWT see page 29) by NUMMED (the number of medications recorded at the sampled visit) or DRUGWT=PATWT*NUMMED. DRUGWT can then be used in place of PATWT to weight one's data; it produces the estimated number of drug mentions rather than visits. (See the Codebook section for more on PATWT and NUMMED.)

This documentation contains some marginal data for drug mentions. Also provided are drug coding lists in Appendix III. To facilitate searching for drugs in Appendix III, it is recommended that researchers utilize the online search function in Adobe Acrobat with the .pdf document, or visit the survey website and use the online drug database under Research Tools. Should the data user need additional assistance in analyzing data on drug mentions, the staff of the Ambulatory and Hospital Care Statistics Branch is available by calling (301) 458-4600. Our website can be accessed at: https://www.cdc.gov/nchs/ahcd/index.htm.

K. ESTIMATION PROCEDURES

CHC statistics produced from the 2014 NAMCS were derived by a multistage estimation procedure. The procedure produces essentially unbiased national estimates and has three components: 1) inflation by reciprocals of the probabilities of selection, 2) adjustment for nonresponse, and 3) weight smoothing. Each of these components is described below.

1. Inflation of Reciprocals by Sampling Probabilities

Because the survey utilized a three-stage sample design, there were three probabilities:

a) the probability of selecting the CHC site within sample stratum (state or census division);
b) the probability of selecting a provider within the CHC site; and
c) the probability of selecting a patient visit within the provider's scheduled visits.

The last probability was defined to be the exact number of visits seen by the provider at the CHC site during the site's specified reporting week divided by the number of Patient Record forms completed. For facilities that were open year-round, the weekly estimates were inflated by a factor of 52 to derive

annual estimates. For facilities that were open during harvest season only, the weekly estimates were inflated by a factor of the number of weeks they were open.

2. Adjustment for Nonresponse

Estimates from NAMCS CHC data were adjusted to account for in-scope providers who failed to provide PRFs for visits by patients they did see at the sampled CHC site during their sample week. For 2014, these adjustments were made within estimation strata where feasible, with strata defined by interview location, type of CHC, metropolitan statistical area status, and type of provider. In addition, adjustments for state-level estimates account for nonresponse within each of the 18 targeted states.

3. Weight Smoothing

Occasionally there were a few sample providers whose final visit weights were large relative to those for the rest of the sample. When this happened, the weights for visits were smoothed within groups defined by provider type (physician, non-physician clinician), state or Census division, and CHC type. The “excess” in the extreme weights for a smoothing group was shifted to the providers and visits with smaller weights within the same group so that the estimated total providers and visits within that group after weight smoothing were the same as they were before the weight smoothing.

L. SAMPLING ERRORS

Procedures for calculating sampling errors as well as estimates of standard errors of statistics derived from NAMCS are described in Appendix I of this document and elsewhere (2).

M. PATIENT VISIT WEIGHTS

The 2014 NAMCS CHC data file contains a “patient visit weight" (PATWT) for producing national and regional estimates from sample data. This is a vital component of the survey data and micro-data file users should understand how to use them correctly.

The statistics contained in the micro-data file reflect data concerning only a sample of CHC patient visits, not a complete count of all of the CHC visits that occurred in the United States. Each record in the data file represents one CHC visit in the sample of 48,399 visits. In order to obtain visit estimates from sample data, each record is assigned an inflation factor called the "patient visit weight." By aggregating the patient visit weights contained in the PATWT variable on the 48,399 sample records for 2014, the user can obtain the estimated total of 58,527,996 CHC visits made in the United States during 2014.

The marginal tables on pages 118-124 contain data on numbers of records for selected variables as well as the corresponding national estimated number of CHC visits and drug mentions during 2014 obtained by aggregating the PATWT version of patient visit weights on those records. Similar tables are also provided for provider-level estimates.

N. PROVIDER CODE AND PATIENT CODE

The purpose of these codes (PHYCODE and PATCODE) is to allow for greater analytical depth by permitting the user to link individual Patient Record forms on the NAMCS CHC public use file with individual CHC providers. This linkage enables users to conduct more comprehensive analyses without violating the confidentiality of patients or providers.

To uniquely identify a record, both the provider code and the patient code must be used. Patient

codes are merely a sequential numbering of the visits recorded by the provider and alone will not uniquely identify visit records. In order to uniquely identify patient visits, both the unique 6-digit provider code and the 3-digit patient code must be used.

O. USE OF THE PROVIDER-LEVEL WEIGHT

A provider-level weight (PHYSWT) is included on the public use file. This weight allows users to calculate provider-level estimates for CHC physicians, nurse practitioners, physician assistants, and nurse midwives by using the SMPROV variable to identify type of provider. There is one weight for each provider type which appears on the first visit record only for that provider. When running an analysis of provider-level characteristics using PHYSWT, **it is recommended that users select only those records where PHYSWT is greater than 0.** This will result in correct sample counts of providers with visit records, which is useful for assessing reliability. Weighted estimates will be correct either way, because of the one weight per provider format.

It should be kept in mind, however, that estimates at the provider level generated using PHYSWT only reflect those CHC providers who saw patients in their sample week. A total of 146 CHC providers participated in the 2014 NAMCS but did not see any patients at the CHC site where they were selected during that site's assigned week due to being on vacation or other reasons. While estimates made with PHYSWT are unbiased for the total number of providers, the estimated distributions by provider characteristics may be biased because of the omission of such providers, if they differ from those who provided visit records. Provider-level estimates from the NAMCS CHC visit-level file are better for analyzing visit characteristics at the provider level, because such characteristics would not be biased by the omission of physicians who didn't see patients. For example, one could examine average time spent with providers across provider type rather than simply across visits. This type of analysis is slightly complicated; a description along with sample SAS code is available at the Ambulatory Health Care Data website here: https://www.cdc.gov/nchs/data/ahcd/provider-visit-code.pdf. For assistance, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or ambcare@cdc.gov.

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2014 NAMCS Community Health Center Survey Codebook

Number of records = 48,399

For each item, the user is provided with a sequential item number, field length, file location, and brief description of the item, along with valid codes. Most data are from the automated Patient Record form (PRF). Some information is obtained by recoding selected data from this source.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DATE OF VISIT
1	2	1-2	[VMONTH] MONTH OF VISIT 01-12: January-December
2	3	3-5	[AGE] PATIENT AGE (reported in years or derived from date of visit and date of birth) This variable has been top coded in accordance with NCHS confidentiality requirements. 000 = Under 1 year 001-086 = 1-86 years 087 = 87 years or older
3	1	6	[AGER] AGE RECODE 1 = Under 15 years 2 = 15-24 years 3 = 25-44 years 4 = 45-64 years 5 = 65-74 years 6 = 75 years and over
4	3	7-9	[AGEDAYS] AGE IN DAYS FOR PATIENTS LESS THAN ONE YEAR OF AGE (derived from date of visit and date of birth) -7 = Not applicable 0 = Less than one day old 0-364

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
5	1	10	[SEX] SEX 1 = Female 2 = Male
6	2	11-12	[PREGNANT] IF FEMALE. IS PATIENT PREGNANT? -9 = Blank -8 = Unknown -7 = Not Applicable 1 = Yes 2 = No
7	2	13-14	[GESTWK] IF PATIENT IS PREGNANT, SPECIFY GESTATION WEEK -9 = Blank -8 = Unknown -7 = Not Applicable 2-42
8	2	15-16	[ETHUN] UNIMPUTED ETHNICITY This variable is NOT imputed. Ethnicity data were missing for 9.5 percent of NAMCS CHC visit records. -9 = Blank 1 = Hispanic or Latino 2 = Not Hispanic or Latino
9	1	17	[ETHIM] IMPUTED ETHNICITY Missing data for ethnicity were imputed for this variable. Ethnicity data were missing for 9.5 percent of NAMCS CHC visit records. 1 = Hispanic 2 = Not Hispanic
10	2	18-19	[RACEUN] UNIMPUTED RACE This variable is NOT imputed. Race data were missing for 15.2 percent of NAMCS CHC visit records. -9 = Blank 1 = White 2 = Black or African American 3 = Asian 4 = Native Hawaiian or Other Pacific Islander 5 = American Indian or Alaska Native 6 = More than one race reported

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
11	1	20	[RACER] IMPUTED RACE Missing data for race were imputed for this variable. Race data were missing for 15.2 percent of NAMCS CHC visit records. 1 = White 2 = Black 3 = Other
12	1	21	[RACERETH] IMPUTED RACE/ETHNICITY Missing race and ethnicity data were imputed for this variable. Both race and ethnicity were missing for 5.7 percent of records. Race alone was missing for an additional 9.5 percent of records,ethnicity alone was missing for an additional 3.8 percent of records. NOTE: In survey years prior to 2009, the categories were Non-Hispanic White, Non-Hispanic Black, Hispanic, Asian, Native Hawaiian/Other Pacific Islander, American Indian or Alaska Native, and Multiple Races. Starting in 2009, the decision was made to reformulate this item. Hispanic can now be of any race. 1 = White Only, Non-Hispanic 2 = Black Only, Non-Hispanic 3 = Hispanic 4 = Other Race/Multiple Race, Non-Hispanic
13	1	22	[NOPAY] NO RESPONSE TO EXPECTED SOURCE(S) OF PAYMENT FOR THIS VISIT 0 = At least one source of payment was reported 1 = All expected source of payment boxes are blank
14	1	23	[PAYPRIV] EXPECTED SOURCE OF PAYMENT: PRIVATE INSURANCE 0 = No 1 = Yes
15	1	24	[PAYMCARE] EXPECTED SOURCE OF PAYMENT: MEDICARE 0 = No 1 = Yes
16	1	25	[PAYMCAID] EXPECTED SOURCE OF PAYMENT: MEDICAID or CHIP 0 = No 1 = Yes

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
17	1	26	[PAYWKCMP] EXPECTED SOURCE OF PAYMENT: WORKER'S COMPENSATION 0 = No 1 = Yes
18	1	27	[PAYSELF] EXPECTED SOURCE OF PAYMENT: SELF-PAY 0 = No 1 = Yes
19	1	28	[PAYNOCHG] EXPECTED SOURCE OF PAYMENT: NO CHARGE/CHARITY 0 = No 1 = Yes
20	1	29	[PAYOTH] EXPECTED SOURCE OF PAYMENT: OTHER 0 = No 1 = Yes
21	1	30	[PAYDK] EXPECTED SOURCE OF PAYMENT: UNKNOWN 0 = No 1 = Yes
22	2	31-32	[PAYTYPER] RECODED PRIMARY EXPECTED SOURCE OF PAYMENT FOR THIS VISIT (Recoded from 'Expected Sources of Payment for this Visit' using this hierarchy of payment categories: Medicare, Medicaid or CHIP, Private Insurance, Worker's Compensation, Self-Pay, No Charge/Charity, Other, Unknown)

IMPORTANT: For more information about earlier versions of the variable PAYTYPE, and variable PAYTYPER which used a different hierarchy of payment categories, please see the 2009 NAMCS Public Use Data File Documentation.

-9 = Blank
-8 = Unknown
1 = Private insurance
2 = Medicare
3 = Medicaid or CHIP
4 = Worker's Compensation
5 = Self-pay
6 = No charge/charity
7 = Other

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
23	2	33-34	[USETOBAC] TOBACCO USE -9 = Blank -8 = Unknown 1 = Never smoker 2 = Former smoker 3 = Current smoker

INJURY VARIABLES

There are three separate injury-related variables: one which asks if the visit was related to injury/trauma, poisoning, or adverse effects of medical care, a second item (new in 2014) which asks whether the injury or poisoning occurred within 72 hours prior to the visit, and a third item which asks about intentionality. This format is different from survey years prior to 2012, when one item was used which combined whether the visit was related to injury/poisoning/adverse effect and what the intent was. Also, in years before 2012, 'poisoning' was not listed as a separate category.

For trending purposes, the variables INJURY, INJR1, and INJR2 are still available in 2014. The differences between these variables are explained in more detail in the 2010 NAMCS Public Use Data File Documentation. Briefly, INJURY reflects the broad definition of injury used traditionally in NAMCS. INJR1 has been recoded from INJURY and uses a narrower definition of injury which was recommended by subject matter experts in the NCHS Office of Analysis and Epidemiology (OAE). It is based mainly on first-listed reason for visit and first-listed diagnosis and does not include adverse effects of medical treatment. INJR2 is based on the narrower NCHS OAE definition, but includes second-, third-, fourth-, and fifth-listed reasons and diagnoses, not just first-listed.

The INJDET variable contained in survey years before 2012 is no longer collected. However, a similar item (INJDET_TRD) was created during data processing using data from the new injury items (INJPOISAD and INTENT), as well as Reason for Visit and Diagnosis. In addition, each record contained verbatim entries which are not included in the public use file but which were used to evaluate whether a visit was injury related. INJDET_TRD can be compared with INJDET from previous years. Similarly, two recoded variables INJDETR1_TRD and INJDETR2_TRD were created, which can be trended with INJDETR1 and INJDETR2 from previous years. INJDETR1_TRD uses the narrower OAE definition, comparable to INJR1, and INJDETR2_TRD uses the OAE definition used with INJR2.

As mentioned previously, INJPOISAD and INTENT replaced the previous INJDET variable on the survey instrument. INJPOISAD is provided here in three versions for consistency with the other injury items. The first version (INJPOISAD) is edited according to the broad injury definition used with NAMCS data and is comparable with INJURY and INJDET_TRD. INJPOISADR1 uses the narrower OAE definition comparable to INJR1 and INJDETR1_TRD. INJPOISADR2 uses the same definition as INJR2 and INJDETR2_TRD.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
24	2	35-36	[INJURY] Is this visit related to an injury, poisoning, or adverse effect of medical treatment? – Based on Injury, Reason for Visit, Cause of Injury and Diagnosis items, using the broad definition of injury traditionally used with NAMCS data. -9 = Blank -8 = Unknown 0 = No 1 = Yes 2 = Questionable injury status (indicates visits which were reported to be injury related but for which there was no indication on the record based on reason for visit, cause of injury, or diagnosis)
25	1	37	[INJR1] Is this visit related to an injury or poisoning? Recoded version #1 (recoded from Injury, Reason for Visit, Cause of Injury and Diagnosis items). 0 = No (includes blank and unknown; can be crossed with INJURY to see where those occur) 1 = Yes

This variable uses a definition of injury developed in conjunction with NCHS' Office of Analysis and Epidemiology and is based on **first-listed reason for visit, first-listed cause of injury, and first-listed diagnosis** only. Note that adverse effects of medicinal drugs and adverse effects or complications of medical and surgical care are not included in this definition. However, that information, based on **first-listed reason for visit and first-listed diagnosis**, can be found in category 4 of the INJDETR1_TRD item.

26	1	38	[INJR2] Is this visit related to an injury or poisoning? Recoded version #2 (recoded from Injury, Reason for Visit, Cause of Injury, and Diagnosis items). 0 = No (includes blank and unknown; can be crossed with INJURY to see where these occur) 1 = Yes

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

This variable uses a definition of injury developed in conjunction with NCHS' Office of Analysis and Epidemiology and is based on **any-listed reason for visit, any-listed cause of injury, and any-listed diagnosis.** Note that adverse effects of medicinal drugs and adverse effects or complications of medical and surgical care are not included in this definition. However, that information, based on **any-listed reason for visit, any-listed cause of injury, and any-listed diagnosis**, can be found in category 4 of the INJDETR2_TRD item.

27	2	39-40	[INJPOISAD] Is this visit related to an injury/trauma, poisoning, or adverse effect of medical treatment? (2012 was the first year for this format on the automated Patient Record form.) -9 = Blank -8 = Unknown 1 = Yes, injury/trauma 2 = Yes, poisoning 3 = Yes, adverse effect of medical treatment 4 = No 5 = Questionable injury status
28	1	41	[INJPOISADR1] Is this visit related to an injury/trauma, poisoning, or adverse effect of medical treatment? (Recoded version #1, based on first-listed Reason for Visit, Cause of Injury, and Diagnosis.) 1 = Yes, injury/trauma 2 = Yes, poisoning 3 = Yes, adverse effect of medical treatment 4 = No (includes blank and unknown; can be crossed with INJURY to see where those occur)

INJPOISADR1 uses a definition of injury developed in conjunction with NCHS' Office of Analysis and Epidemiology and is based on **first-listed reason for visit, first-listed cause of injury, and first-listed diagnosis** only. In addition, **first-listed reason for visit, first-listed cause of injury, and first-listed diagnosis** codes were used to edit checkbox 3.

29	1	42	[INJPOISADR2] Is this visit related to an injury/trauma, poisoning, or adverse effect of medical treatment? (Recoded version #2, based on any-listed (first, second, or third) Reason for Visit, Cause of Injury, and Diagnosis.) 1 = Yes, injury/trauma 2 = Yes, poisoning 3 = Yes, adverse effect of medical treatment 4 = No (includes blank and unknown; can be crossed with INJURY to see where those occur)

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

INJPOISADR2 uses a definition of injury developed in conjunction with NCHS' Office of Analysis and Epidemiology and is based on **any-listed reason for visit, any-listed cause of injury, and any-listed diagnosis**. In addition, **any-listed reason for visit, any-listed cause of injury, and any-listed diagnosis** codes were used to edit checkbox 3.

30 2 43.44 [INJURY72] Did the injury or poisoning occur within 72 hours prior to the date and time of this visit?

-9=Blank
-8=Unknown
-7=Not applicable
1=Yes
2=No

31 2 45-46 [INTENT] Is this injury or poisoning intentional or unintentional?

NOTE: The order of the categories was changed on the survey instrument for 2014. Previously, "Unintentional" was listed first. Use caution when combining data across years.

-9 = Blank
-8 = Unknown
1 = Intentional
2 = Unintentional
3 = Questionable injury status

This variable was created during data processing using INJURY, INTENT, Reason for Visit, Cause of Injury, and Diagnosis, as well as any relevant verbatim entries on the record.

32 2 47-48 [INJDET_TRD] Is this visit related to any of the following:

-9 = Blank
-8 = Unknown
-5 = Intentionality does not apply
1 = Unintentional injury/poisoning
2 = Intentional injury/poisoning
3 = Injury/poisoning – unknown intent
4 = Adverse effect of medical/surgical care or adverse effect of medicinal drug
5 = Visit is not related to injury/poisoning or adverse effect of medical treatment
6 = Questionable injury status

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

This variable uses a definition of injury developed in conjunction with NCHS' Office of Analysis and Epidemiology and is based on **first-listed reason for visit, first-listed cause of injury, and first-listed diagnosis** only. In addition, **first-listed reason for visit, first-listed cause of injury, and first-listed diagnosis** codes were used to edit checkbox 4.

33 1 49 [INJDETR1_TRD] (INJURY/POISONING/ADVERSE EFFECT – Recoded version #1).

Is this visit related to any of the following:

1 = Unintentional injury/poisoning
2 = Intentional injury/poisoning
3 = Injury/poisoning – unknown intent
4 = Adverse effect of medical/surgical care or adverse effect of medicinal drug
5 = Visit Is not related to injury/poisoning or adverse effect of medical treatment

This variable uses a definition of injury developed in conjunction with NCHS' Office of Analysis and Epidemiology and is based on **any-listed reason for visit, any-listed cause of injury, and any-listed diagnosis**. In addition, **any-listed reason for visit, any-listed cause of injury, and any-listed diagnosis** codes were used to edit checkbox 4.

34 1 50 [INJDETR2_TRD] (INJURY/POISONING/ADVERSE EFFECT – Recoded version #2).

Is this visit related to any of the following:

1 = Unintentional injury/poisoning
2 = Intentional injury/poisoning
3 = Injury/poisoning – unknown intent
4 = Adverse effect of medical/surgical care or adverse effect of medicinal drug
5 = Visit is not related to injury/poisoning or adverse effect of medical treatment

PATIENT'S REASON(S) FOR VISIT (See page 23 in Section I and Coding List in Appendix II.)

35 5 51-55 [RFV1] REASON # 1

-9 = Blank
10050-89990 = 1005.0-8999.0

36 5 56-60 [RFV2] REASON # 2

-9 = Blank
10050-89990 = 10050.0-8999.0

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
37	5	61-65	[RFV3] REASON # 3 -9 = Blank 10050-89980 = 1005.0-8998.0
38	5	66-70	[RFV2] REASON # 4 -9 = Blank 10050-89990 = 10050.0-8999.0
39	5	71-75	[RFV3] REASON # 5 -9 = Blank 10050-89980 = 1005.0-8998.0
40	4	76-79	[CAUSE1] CAUSE OF INJURY #1 (ICD-9-CM, E-Codes) There is an implied decimal between the third and fourth digits; for inapplicable fourth digits, a dash is inserted. A prefix 'E' is implied. Codes in the 700- series were developed by the Ambulatory and Hospital Care Statistics Branch. -9 = Not applicable/Blank 700- = Drug use/abuse 710- = Alcohol use/abuse 8000-999[-] = E800.0-E999
41	4	80-83	[CAUSE2] CAUSE OF INJURY #2 (ICD-9-CM, E-Codes) There is an implied decimal between the third and fourth digits; for inapplicable fourth digits, a dash is inserted. A prefix 'E' is implied. Codes in the 700- series were developed by the Ambulatory and Hospital Care Statistics Branch. NOTE: CAUSE2 and CAUSE3 include additional activity codes (E000.0-E030.0) that can be used to indicate the activity of the patient seeking health care for an injury or health condition. -9 = Not applicable/Blank 700- = Drug use/abuse 710- = Alcohol use/abuse 0000-999[-] = E000.0-E999
42	4	84-87	[CAUSE3] CAUSE #3 (ICD-9-CM, E-Codes) There is an implied decimal between the third and fourth digits; for inapplicable fourth digits, a dash is inserted. A prefix 'E' is implied. See CAUSE #2 for details.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

NUMERIC RECODES FOR CAUSE OF INJURY

The following recodes are included on the public use file to facilitate analysis of visits using ICD-9-CM E-codes. It had come to our attention in the past that some users of NHAMCS data find it preferable to use the numeric field recodes rather than the alphanumeric fields in certain data applications. Users can make their own choice about which format best suits their needs (more information can be found on page 36).

43	4	88-91	[CAUSE1R] CAUSE OF INJURY #1 (Recode to Numeric Field) -9 = Blank 7000 = Drug use/abuse 7100 = Alcohol use/abuse 8000-9999 = E800.0 - E999. [9]
44	4	92-95	[CAUSE2R] CAUSE OF INJURY #2 (Recode to Numeric Field) -9 = Blank 7000 = Drug use/abuse 7100 = Alcohol use/abuse 0000-9999 = E000.0 - E999. [9]
45	4	96-99	[CAUSE3R] CAUSE OF INJURY #3 (Recode to Numeric Field) See CAUSE2R.
46	2	100-101	[PRIMCARE] ARE YOU THE PATIENT'S PRIMARY CARE PHYSICIAN/PROVIDER? -9 = Blank -8 = Unknown 1 = Yes 2 = No
47	2	102-103	[REFER] WAS PATIENT REFERRED FOR THIS VISIT? -9 = Blank -8 = Unknown -7 = Not applicable 1 = Yes 2 = No
48	1	104	[SENBEFOR] HAS THE PATIENT BEEN SEEN IN YOUR PRACTICE BEFORE? 1 = Yes, established patient 2 = No, new patient

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
49	3	105-107	[PASTVIS] HOW MANY PAST VISITS IN THE LAST 12 MONTHS? This item was top coded in accordance with NCHS confidentiality requirements. -7 = Not applicable (new patient) If SPECR=1 and PASTVIS GT 30 then PASTVIS=30; If SPECR=3 and PASTVIS GT 35 then PASTVIS=35; If SPECR=4 and PASTVIS GT 21 then PASTVIS=21; If SPECR=6 and PASTVIS GT 26 then PASTVIS=26; If SPECR=11 and PASTVIS GT 127 then PASTVIS=124; If SPECR=15 and PASTVIS GT 17 then PASTVIS=17; IF SPECR=96 AND PASTVIS GT 26 THEN PASTVIS=26 IF SPECR=97 AND PASTVIS GT 33 THEN PASTVIS=33 IF SPECR=97 AND PASTVIS GT 63 THEN PASTVIS=36
50	3	108-109	[MAJOR] MAJOR REASON FOR THIS VISIT -9 = Blank 1 = New problem (<3 mos. onset) 2 = Chronic problem, routine 3 = Chronic problem, flare-up 4 = Pre surgery 5 = Post surgery 6 = Preventive care (e.g. routine prenatal, well-baby, screening, insurance, general exams) PROVIDER'S DIAGNOSES (See Section I, page 24, for explanation of coding.) Note: Provider's diagnosis was modified slightly on 0.5 percent of records due to confidentiality requirements.
51	5	110-114	[DIAG1] DIAGNOSIS # 1 (ICD-9-CM) There is an implied decimal between the third and fourth digits; for inapplicable fourth or fifth digits, a dash is inserted. -9 = Blank 0010[-] - V829[-] = 001.0[0]-V82.9[0] V990- = Noncodable, insufficient information for coding, illegible V991- = Left before being seen; patient walked out; not seen by doctor; left against medical advice V992- = Transferred to another facility; sent to see specialist V993- = HMO will not authorize treatment V997- = Entry of "none," "no diagnosis," "no disease," or "healthy"

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
52	2	115-116	[PRDIAG1] IS DIAGNOSIS #1 PROBABLE, QUESTIONABLE, OR RULE OUT? -7 = Not applicable 1 = Yes 2 = No
53	5	117-121	[DIAG2] DIAGNOSIS # 2 (ICD-9-CM) There is an implied decimal between the third and fourth digits; for inapplicable fourth or fifth digits, a dash is inserted. See DIAGNOSIS #1 for details.
54	2	122-123	[PRDIAG2] IS DIAGNOSIS #2 PROBABLE, QUESTIONABLE, OR RULE OUT? -7 = Not applicable 1 = Yes 2 = No
55	5	124-128	[DIAG3] DIAGNOSIS # 3 (ICD-9-CM) There is an implied decimal between the third and fourth digits; for inapplicable fourth or fifth digits, a dash is inserted. See DIAGNOSIS #1 for details.
56	2	129-130	[PRDIAG3] IS DIAGNOSIS #3 PROBABLE, QUESTIONABLE, OR RULE OUT? -7 = Not applicable 1 = Yes 2 = No
57	5	131-135	[DIAG4] DIAGNOSIS # 4 (ICD-9-CM) There is an implied decimal between the third and fourth digits; for inapplicable fourth or fifth digits, a dash is inserted. See DIAGNOSIS #1 for details.
58	2	136-137	[PRDIAG4] IS DIAGNOSIS #4 PROBABLE, QUESTIONABLE, OR RULE OUT? -7 = Not applicable 1 = Yes 2 = No
59	5	138-142	[DIAG5] DIAGNOSIS # 5 (ICD-9-CM) There is an implied decimal between the third and fourth digits; for inapplicable fourth or fifth digits, a dash is inserted. See DIAGNOSIS #1 for details.
60	2	143-144	[PRDIAG5] IS DIAGNOSIS #5 PROBABLE, QUESTIONABLE, OR RULE OUT? -7 = Not applicable 1 = Yes 2 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

NUMERIC RECODES FOR DIAGNOSES

The following items were included in the public use file to facilitate analysis of visits using ICD-9-CM codes. Prior to the 1995 public use file, all ICD-9-CM diagnosis codes on the NAMCS micro-data file were converted from alphanumeric to numeric fields according to the following coding conventions: A prefix of '1' was added to ICD-9-CM codes in the range of 001.0[-] through 999.9[-]. A prefix of '20' was substituted for the letter 'V' for codes in the range of V01.0[-] through V82.9[-]. Inapplicable fourth or fifth digits were zerofilled. This conversion was done to facilitate analysis of ICD-9-CM data using Ambulatory Care Statistics software systems. Specific coding conventions are discussed in the public use documentation for each data year.

In 1995, however, the decision was made to use actual ICD-9-CM codes on the public use data file. Codes were not prefixed, and a dash was inserted for inapplicable fourth or fifth digits. This had the advantage of preserving actual codes and avoiding possible confusion over the creation of some artificial codes due to zerofilling.

It had come to our attention in the past that some users of NAMCS data find it preferable to use the numeric field recodes rather than the alphanumeric fields in certain data applications. Therefore, since data year 1997, we have included numeric recodes for ICD-9-CM diagnosis codes on our datasets. These are in addition to the actual codes for these diagnoses which appear earlier on the public use file. Users can make their own choice about which format best suits their needs.

61	6	145-150	[DIAG1R] DIAGNOSIS # 1 (Recode to Numeric Field) -9 = Blank 100200-208290 = 001.0[0]-V82.9[0] 209980 = Noncodable, insufficient information for coding, Illegible 209910 = Left before being seen; patient walked out; not seen by doctor; left against medical advice 209920 = Transferred to another facility; sent to see specialist 209930 = HMO will not authorize treatment 209970 = Entry of "none," "no diagnosis," "no disease," or "healthy"
62	6	151-156	[DIAG2R] DIAGNOSIS # 2 (Recode to Numeric Field) Same as DIAG1R.
63	6	157-162	[DIAG3R] DIAGNOSIS # 3 (Recode to Numeric Field) Same as DIAG1R.
64	6	163-168	[DIAG4R] DIAGNOSIS # 4 (Recode to Numeric Field) Same as DIAG1R.
65	6	169-174	[DIAG5R] DIAGNOSIS # 5 (Recode to Numeric Field) Same as DIAG1R.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			REGARDLESS OF THE DIAGNOSES WRITTEN ABOVE, DOES THE PATIENT NOW HAVE: 0 = No 1 = Yes
66	1	175	[ETOHAB] Alcohol misuse, abuse or dependence
67	1	176	[ALZHD] Alzheimer's disease?
68	1	177	[ARTHRTIS] Arthritis
69	1	178	[ASTHMA] Asthma
70	2	179-180	[ASTH_SEV] Asthma severity -9 = Blank -7 = Not applicable 1 = Intermittent 2 = Mild persistent 3 = Moderate persistent 4 = Severe persistent 5 = Other, specify 6 = None recorded
71	2	181-182	[ASTH_CON] Asthma control -9=Blank -7=Not applicable 1=Well-controlled 2=Not well controlled 3=Very poorly controlled 4=Other, specify 5=None recorded
72	1	183	[CANCER] Cancer
73	1	184	[CEBVD] Cerebrovascular disease/History of stroke or transient ischemic attack (TIA)
74	1	185	[CKD] Chronic kidney disease
75	1	186	[COPD] Chronic obstructive pulmonary disease (COPD)
76	1	187	[CHF] Congestive heart failure
77	1	188	[CAD] Coronary artery disease
78	1	189	[DEPRN] Depression
79	1	190	[DIABTYP1] Diabetes mellitus, Type I
80	1	191	[DIABTYP2] Diabetes mellitus, Type 2
81	1	192	[DIABTYP0] Diabetes mellitus, type unspecified
82	1	193	[ESRD] End-stage renal disease
83	1	194	[HPE] Pulmonary embolism or deep vein thrombosis
84	1	195	[HIV] HIV infection
85	1	196	[HYPLIPID] Hyperlipidemia
86	1	197	[HTN] Hypertension
87	1	198	[OBESITY] Obesity
88	1	199	[OSA] Obstructive sleep apnea
89	1	200	[OSTPRSIS] Osteoporosis
90	1	201	[SUBSTAB] Substance abuse

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
91	1	202	[NOCHRON] None of the chronic conditions listed above 0 = “None” not checked 1 = “None” checked 2 = Entire item blank
92	2	203-204	[TOTCHRON] TOTAL NUMBER OF CHRONIC CONDITIONS -9 = Entire item blank 0-13 (highest number reported)
			VITAL SIGNS
93	1	205	[HTTAKE] Was height measurement reported? (Created during data processing based on reported data.) 0 = No 1= Yes
94	2	206-207	[HTIN] PATIENT’S HEIGHT (inches) Height has been top-coded in accordance with NCHS confidentiality requirements. -9 = Blank 72 = 72 inches or more (top code for females) 77 = 77 inches or more (top code for males)
95	1	208	[WTTAKE] Was weight measurement reported? (Created during data processing based on reported data.) 0 = No 1= Yes
96	3	209-211	[WTLB] PATIENT’S WEIGHT (pounds) Weight has been top coded in accordance with NCHS confidentiality requirements. -9 = Blank 3-371 372 = 372 lbs. or more

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
97	8	212-219	[BMI] Body-Mass Index This was calculated from Patient's Height and Weight during data processing. It contains a decimal point and up to 2 decimal places. BMI was not calculated for pregnant females, patients under age 2, or patients with a recorded height and/or weight that fell outside of acceptable ranges. Also, BMI was recalculated to reflect topcoded values for height and weight. -9 = Missing data -7 = Not calculated -5 = Height and/or weight outside of acceptable ranges 9.23-81.1 (reported range)
98	1	220	[TEMPTAKE] Was temperature reported? (Created during data processing based on reported data.) 0 = No 1= Yes
99	4	221-224	[TEMPF] Temperature (Fahrenheit) There is an implied decimal between the third and fourth digits. -9 = Blank 902 – 10460 = 90.2-106.0 (reported range)
100	1	225	[BLODPRES] Was blood pressure reported? (Created during data processing based on reported data.) 0 = No 1= Yes
101	3	226-228	[BPSYS] Blood pressure – systolic -9 = Blank 62 - 277
102	3	229-231	[BPDIAS] Blood pressure – diastolic -9 = Blank 21-157 998 = P, Palp, DOP, or DOPPLER
			SERVICES
103	1	232	[SERVICES] Were any examinations, blood tests, imaging, other tests, non-medication treatment or health education ordered or provided at this visit? NOTE: In previous years, diagnostic and screening services were collected in one question on the Patient Record Form, non-medication services in another, and health education in a third. As

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			described in the annual public use file documentation since 2009, the diagnostic and screening services item was combined with the non-medication services item to create a combined services item during data processing. For 2014, all services were combined into one item on the automated Patient Record Form.
			0 = No, 1 = Yes for each category below
			Examinations:
104	1	233	[ETOH] Alcohol abuse screening
105	1	234	[BREAST] Breast exam
106	1	235	[DEPRESS] Depression screening exam
107	1	236	[DVS] Domestic violence screening
108	1	237	[FOOT] Foot exam
109	1	238	[NEURO] Neurologic exam
110	1	239	[PELVIC] Pelvic exam
111	1	240	[RECTAL] Rectal exam
112	1	241	[RETINAL] Retinal exam
113	1	242	[SKIN] Skin exam
114	1	243	[SUBST] Substance abuse screening
			Laboratory tests :
115	1	244	[BMP] Basic metabolic panel
116	1	245	[CBC] CBC (Complete blood count)
117	1	246	[CHLAMYD] Chlamydia
118	1	247	[CMP] Comprehensive metabolic panel
119	1	248	[CREAT] Creatinine or renal function panel
120	1	249	[BLDCX] Culture, blood
121	1	250	[TRTCX] Throat culture
122	1	251	[URNCX] Urine culture
123	1	252	[OTHCX] Other culture
124	1	253	[GLUCOSE] Glucose
125	1	254	[GCT] Gonorrhea serum
126	1	255	[HGBA] HgbA1C (Glycohemoglobin)
127	1	256	[HEPTEST] Hepatitis testing/hepatitis panel
128	1	257	[HIVTEST] HIV test
129	1	258	[HPVDNA] HPV DNA test
130	1	259	[CHOLEST] Lipid profile
131	1	260	[HEPATIC] Liver enzyme/hepatic function panel
132	1	261	[PAP] PAP test
133	1	262	[PREGTEST] Pregnancy test/HCG test
134	1	263	[PSA] PSA (Prostate specific antigen) test
135	1	264	[STREP] Rapid strep test
136	1	265	[THYROID] TSH/thyroid panel
137	1	266	[URINE] Urinalysis (UA)
138	1	267	[VITD] Vitamin D test

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			Imaging:
139	1	268	[ANYIMAGE] This item was created during data processing and indicates whether any of the imaging boxes were checked.
140	1	269	[BONEDENS] Bone mineral density
141	1	270	[CATSCAN] CT Scan
142	1	271	[ECHOCARD] Echocardiogram
143	1	272	[OTHULTRA] Other ultrasound
144	1	273	[MAMMO] Mammography
145	1	274	[MRI] MRI
146	1	275	[XRAY] X-ray and procedures
147	1	276	[OTHIMAGE] Other imaging NOTE: This was not a checkbox category on the survey. It was created during data processing based on responses to the “other services not listed” items, in which data respondents could enter names of procedures which were later coded using ICD-9-CM procedure codes.
.			Procedures:
148	1	277	[AUDIO] Audiometry
149	1	278	[BIOPSY] Biopsy
150	2	279-280	[BIOPROV] Biopsy provided -9 = Blank -8 = Unknown -7 = Not applicable 1 = Yes 2 = No
151	1	281	[CARDIAC] Cardiac stress test
152	1	282	[COLON] Colonoscopy
153	1	283	[CRYO] Cryosurgery/destruction of tissue
154	1	284	[EKG] EKG/ECG
155	1	285	[EEG] Electroencephalogram (EEG)
156	1	286	[EMG] Electromyogram (EMG)
157	1	287	[EXCISION] Excision of tissue
158	2	288-289	[EXCIPROV] Excision of tissue provided -9 = Blank -8 = Unknown -7 = Not applicable 1 = Yes 2 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
159	1	290	[FETAL] Fetal monitoring
160	1	291	[PEAK] Peak flow
161	1	292	[SIGMOID] Sigmoidoscopy
162	2	293-294	[SIGPROV] Sigmoidoscopy provided -9 = Blank -8 = Unknown -7 = Not applicable 1 = Yes 2 = No
163	1	295	[SPIRO] Spirometry
164	1	296	[TONO] Tonometry
165	1	297	[TBTEST] Tuberculosis skin test
166	1	298	[EGD] Upper gastrointestinal endoscopy
167	1	299	[SIGCOLON] Sigmoidoscopy/Colonoscopy This item was created during data processing and indicates whether any type of sigmoidoscopy or colonoscopy was ordered or provided, as reported in the checkbox data or write-in procedures. This estimate will be slightly greater than just combining data from SIGMOID and COLON because of the addition of overlapping ICD-9-CM procedure codes that couldn't be assigned to either SIGMOID or COLON. This is a summary variable only and should not be added to results from the checkbox or write-in procedure fields.
			Treatments:
168	1	300	[CSW] Cast/Splint/Wrap
169	1	301	[CAM] Complementary alternative medicine
170	1	302	[DME] Durable medical equipment
171	1	303	[HOMEHLTH] Home health care
172	1	304	[MENTAL] Mental health counseling, excluding psychotherapy
173	1	305	[OCCUPY] Occupational therapy
174	1	306	[PT] Physical therapy
175	1	307	[PSYCHOTH] Psychotherapy
176	1	308	[RADTHER] Radiation therapy
177	1	309	[WOUND] Wound care
			Health education/Counseling:
178	1	310	[ETOHED] Alcohol abuse counseling
179	1	311	[ASTHMAED] Asthma education
180	1	312	[ASTHMAP] Asthma action plan given to patient
181	1	313	[DIAEDUC] Diabetes education
182	1	314	[DIETNUTR] Diet/Nutrition
183	1	315	[EXERCISE] Exercise
184	1	316	[FAMPLAN] Family planning/Contraception
185	1	317	[GENETIC] Genetic counseling

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
186	1	318	[GRWTHDEV] Growth/Development
187	1	319	[INJPREV] Injury prevention
188	1	320	[STDPREV] STD prevention
189	1	321	[STRESMGT] Stress management
190	1	322	[SUBSTED] Substance abuse counseling
191	1	323	[TOBACED] Tobacco use/Exposure
192	1	324	[WTREDUC] Weight reduction
193	1	325	[OTHSERV] Other services not listed

PROCEDURES

Procedures 1-9 are derived from the write-in fields under “Other Services Not Listed” on the automated Patient Record Form. To get a complete picture of the number and type of procedures reported at a visit, data users should include results from all of the procedure fields.

194	4	326-329	[PROC1] Write-in procedure #1 ICD-9-CM Vol.3, Procedure Classification A left-justified alphanumeric code with an implied decimal after the first two digits; inapplicable fourth digits have a dash inserted. -9 = Blank 0029-9999 = 00.29-99.99
195	4	330-333	[PROC2] Write-in procedure #2: see PROC1 for details
196	4	334-337	[PROC3] Write-in procedure #3: see PROC1 for details
197	4	338-341	[PROC4] Write-in procedure #4: see PROC1 for details
198	4	342-345	[PROC5] Write-in procedure #5: see PROC1 for details
199	4	346-349	[PROC6] Write-in procedure #6: see PROC1 for details
200	4	350-353	[PROC7] Write-in procedure #7: see PROC1 for details
201	4	354-357	[PROC8] Write-in procedure #8: see PROC1 for details
202	4	358-361	[PROC9] Write-in procedure #9: see PROC1 for details

NUMERIC RECODES FOR PROCEDURES 1-9

The following recodes are included on the public use file to facilitate analysis of visits using ICD-9-CM codes. It had come to our attention in the past that some users of NAMCS data find it preferable to use the numeric field recodes rather than the alphanumeric fields in certain data applications. Users can make their own choice about which format best suits their needs.

203	4	362-365	[PROC1R] Write-in procedure #1 A left-justified numeric code with an implied decimal after the first two digits; inapplicable fourth digits are zero-filled. -9 = Blank 0029-9999 = 00.29-99.99
204	4	366-369	[PROC2R] Write-in procedure #2: see PROC1R for details
205	4	370-373	[PROC3R] Write-in procedure #3: see PROC1R for details
206	4	374-377	[PROC4R] Write-in procedure #4: see PROC1R for details
207	4	378-381	[PROC5R] Write-in procedure #5: see PROC1R for details
208	4	382-385	[PROC6R] Write-in procedure #6: see PROC1R for details
209	4	386-389	[PROC7R] Write-in procedure #7: see PROC1R for details

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
210	4	390-393	[PROC8R] Write-in procedure #8: see PROC1R for details
211	4	394-397	[PROC9R] Write-in procedure #9: see PROC1R for details
212	1	398	[EXAM] Examination This item was created during data processing and indicates whether any of the write-in procedures reflects an ICD-9-CM code indexed specifically to Examinations. It is a summary variable only and should not be added to results from the write-in procedure fields.
213	2	399-400	[SERVCNT] Total number of services reported as ordered or provided at the visit. Includes all services and vital sign determinations, including write-in entries for procedures (adjusted to avoid double counting between procedures that could be reported as both a checkbox and with more detail in the write-in field). 0-58 (29 was the highest number reported in 2014)
214	1	401	[ALLSERV] Were any services ordered or provided at the visit, including vital sign determinations? 0 = No services were ordered or provided at the visit 1 = At least one service was ordered or provided at the visit
215	1	402	[NOMED] WERE ANY PRESCRIPTION OR NON-PRESCRIPTION DRUGS ORDERED OR PROVIDED (BY ANY ROUTE OF ADMINISTRATION) AT THIS VISIT? 0 = No 1 = Yes 2 = Entire item blank, including “None” box
216	5	403-407	[MED1] MEDICATION #1 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry
217	5	408-412	[MED2] MEDICATION #2 – See MED1
218	5	413-417	[MED3] MEDICATION #3 – See MED1
219	5	418-422	[MED4] MEDICATION #4 – See MED1
220	5	423-427	[MED5] MEDICATION #5 – See MED1
221	5	428-432	[MED6] MEDICATION #6 – See MED1
222	5	433-437	[MED7] MEDICATION #7 – See MED1
223	5	438-442	[MED8] MEDICATION #8 – See MED1
224	5	443-447	[MED9] MEDICATION #9 – See MED1
225	5	448-452	[MED10] MEDICATION #10 – See MED1
226	5	453-457	[MED11] MEDICATION #11 – See MED1
227	5	458-462	[MED12] MEDICATION #12 – See MED1
228	5	463-467	[MED13] MEDICATION #13 – See MED1
229	5	468-472	[MED14] MEDICATION #14 – See MED1
230	5	473-477	[MED15] MEDICATION #15 – See MED1
231	5	478-482	[MED16] MEDICATION #16 – See MED1

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
232	5	483-487	[MED17] MEDICATION #17 – See MED1
233	5	488-492	[MED18] MEDICATION #18 – See MED1
234	5	493-497	[MED19] MEDICATION #19 – See MED1
235	5	498-502	[MED20] MEDICATION #20 – See MED1
236	5	503-507	[MED21] MEDICATION #21 – See MED1
237	5	508-512	[MED22] MEDICATION #22 – See MED1
238	5	513-517	[MED23] MEDICATION #23 – See MED1
239	5	518-522	[MED24] MEDICATION #24 – See MED1
240	5	523-527	[MED25] MEDICATION #25 – See MED1
241	5	528-532	[MED26] MEDICATION #26 – See MED1
242	5	533-537	[MED27] MEDICATION #27 – See MED1
243	5	538-542	[MED28] MEDICATION #28 – See MED1
244	5	543-547	[MED29] MEDICATION #29 – See MED1
245	5	548-552	[MED30] MEDICATION #30 – See MED1
246	2	553-554	[NCMED1] Was medication #1 new or continued? -9 = Blank -7 = Not applicable (no drug listed) 1 = New 2 = Continued 3 = Both “New” and “Continued” were checked
247	2	361-362	[NCMED2] Was medication #2 new or continued? See NCMED1.
248	2	363-364	[NCMED3] Was medication #3 new or continued? See NCMED1.
249	2	365-366	[NCMED4] Was medication #4 new or continued? See NCMED1.
250	2	367-368	[NCMED5] Was medication #5 new or continued? See NCMED1.
251	2	369-370	[NCMED6] Was medication #6 new or continued? See NCMED1.
252	2	371-372	[NCMED7] Was medication #7 new or continued? See NCMED1.
253	2	373-374	[NCMED8] Was medication #8 new or continued? See NCMED1.
254	2	375-376	[NCMED9] Was medication #9 new or continued? See NCMED1.
255	2	377-378	[NCMED10] Was medication #10 new or continued? See NCMED1.
256	2	361-362	[NCMED11] Was medication #11 new or continued? See NCMED1.
257	2	361-362	[NCMED12] Was medication #12 new or continued? See NCMED1.
258	2	363-364	[NCMED13] Was medication #13 new or continued? See NCMED1.
259	2	365-366	[NCMED14] Was medication #14 new or continued? See NCMED1.
260	2	367-368	[NCMED15] Was medication #15 new or continued? See NCMED1.
261	2	369-370	[NCMED16] Was medication #16 new or continued? See NCMED1.
262	2	371-372	[NCMED17] Was medication #17 new or continued? See NCMED1.
263	2	373-374	[NCMED18] Was medication #18 new or continued? See NCMED1.
264	2	375-376	[NCMED19] Was medication #19 new or continued? See NCMED1.
265	2	377-378	[NCMED20] Was medication #20 new or continued? See NCMED1.
266	2	361-362	[NCMED21] Was medication #21 new or continued? See NCMED1.
267	2	361-362	[NCMED22] Was medication #22 new or continued? See NCMED1.
268	2	363-364	[NCMED23] Was medication #23 new or continued? See NCMED1.
269	2	365-366	[NCMED24] Was medication #24 new or continued? See NCMED1.
270	2	367-368	[NCMED25] Was medication #25 new or continued? See NCMED1.
271	2	369-370	[NCMED26] Was medication #26 new or continued? See NCMED1.
272	2	371-372	[NCMED27] Was medication #27 new or continued? See NCMED1.
273	2	373-374	[NCMED28] Was medication #28 new or continued? See NCMED1.
274	2	375-376	[NCMED29] Was medication #29 new or continued? See NCMED1.
275	2	611-612	[NCMED30] Was medication #30 new or continued? See NCMED1.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
276	2	613-614	[NUMMED] NUMBER OF MEDICATIONS CODED 0 – 30
277	2	615-616	[NUMNEW] NUMBER OF NEW MEDICATIONS CODED 0 – 30
278	2	617-618	[NUMCONT] NUMBER OF CONTINUED MEDICATIONS CODED 0 – 30 NOTE: For NUMNEW and NUMCONT, the value '0' can reflect the following situations: for NUMNEW, a) no drug listed; b) drug listed as continued medication only; or c) drug listed but unknown whether new or continued; for NUMCONT, a) no drug listed; b) drug listed as new medication only, or c) drug listed but unknown whether new or continued.
			PROVIDERS SEEN 0 = No, 1 = Yes
279	1	619	[NOPROVID] No answer to item
280	1	620	[PHYS] Physician
281	1	621	[PHYSASST] Physician assistant
282	1	622	[NPNMW] Nurse practitioner/Midwife
283	1	623	[RNLPN] RN/LPN
284	1	624	[MHP] Mental health provider
285	1	625	[OTHPROV] Other provider
286	1	626	[PROVNONE] None; no providers seen
287	3	627-629	[TIMEMD] TIME SPENT WITH MD (in minutes) Time spent with MD has been top coded in accordance with NCHS confidentiality requirements. (See also TIMECHC) -7 = Not applicable (Sampled provider was non-physician clinician) 0-89 90 = 90 minutes or more

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			VISIT DISPOSITION
			0 = No, 1 = Yes
288	1	630	[NODISP] No answer to item
289	1	631	[RETREFPHY] Return to referring physician
290	1	632	[REFOTHMD] Refer to other physician
291	1	633	[RETAPPT1] Return in less than 1 week
292	1	634	[RETAPPT2] Return in 1 week to 2 months
293	1	635	[RETAPPT3] Return in longer than 2 months
294	1	636	[RETUNSP] Return at unspecified time
295	1	637	[RETNEED] Return as needed (p.r.n.)
296	1	638	[ERADMHOS] Refer to emergency department/Admit to hospital
297	1	639	[OTHDISP] Other visit disposition
			TESTS

NOTE: These data were only collected for visits to selected specialties. Specialties not included were the following: general surgery, orthopedic surgery, dermatology, urology, neurology, psychiatry, ophthalmology, and otolaryngology.

IMPORTANT NOTE: Unlike previous years, lab results were not edited for 2014 but appear as they were reported in the automated Patient Record form. Anomalous results are possible and researchers should evaluate the data carefully before drawing conclusions. For 2014, lab results were also included on the public use file for serum creatine. While most of these results fall within expected ranges, a small percentage are unusually high and may reflect values measured in µmol/L rather than mg/dL. Starting in 2016, abstractors are able to select the specific unit if different than mg/dL which is the default.

298	2	640-641	[CHOL] WAS BLOOD FOR TOTAL CHOLESTEROL TEST DRAWN ON THE DAY OF THE SAMPLED VIIST OR DURING THE 12 MONTHS PRIOR TO THE VISIT? -9 = Blank -7 = Not applicable, provider not sampled 1 = Yes 2 = None found within 12 months
299	3	642-644	[CHOLRES] MOST RECENT RESULT FOR TOTAL CHOLESTEROL -9 = Blank -8 = Unknown -7 = Not applicable, provider not sampled 0-547 mg/dL (reported range)
300	4	645-648	[DAYDCHOL] DIFFERENCE IN DAYS BETWEEN VISIT DATE AND DATE OF CHOLESTEROL LAB RESULT -900 = Blank -800 = Unknown -700 = Not applicable, provider not sampled -365 to 0 = Up to 365 days before date of visit to date of visit

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
301	2	649-650	[HDL] WAS BLOOD FOR HIGH DENSITY LIPOPROTEIN (HDL) TEST DRAWN ON THE DAY OF THE SAMPLED VIIST OR DURING THE 12 MONTHS PRIOR TO THE VISIT? -9 = Blank -7 = Not applicable, provider not sampled 1 = Yes 2 = None found within 12 months
302	3	651-653	[HDLRES] MOST RECENT RESULT FOR HIGH DENSITY LIPOPROTEIN -9 = Blank -8 = Unknown -7 = Not applicable, provider not sampled 1-219 mg/dL (reported range)
303	4	654-657	[DAYDHDL] DIFFERENCE IN DAYS BETWEEN VISIT DATE AND DATE OF HDL LAB RESULT -900 = Blank -800 = Unknown -700 = Not applicable, provider not sampled -365 to 0 = Up to 365 days before date of visit to date of visit
304	2	658-659	[LDL] WAS BLOOD FOR LOW DENSITY LIPOPROTEIN (LDL) TEST DRAWN ON THE DAY OF THE SAMPLED VISIT OR DURING THE 12 MONTHS PRIOR TO THE VISIT? -9 = Blank -8 = Unknown -7 = Not applicable, provider not sampled 1 = Yes 2 = None found within 12 months
305	3	660-662	[LDLRES] MOST RECENT RESULT FOR LOW DENSITY LIPOPROTEIN (LDL) -9 = Blank -7 = Not applicable, provider not sampled 0-365 mg/dL (reported range)
306	4	663-666	[DAYDLDL] DIFFERENCE IN DAYS BETWEEN VISIT DATE AND DATE OF LOW DENSITY LIPOPROTEIN (LDL) LAB RESULT -900 = Blank -800 = Unknown -700 = Not applicable, provider not sampled -365 to 0 = Up to 365 days before date of visit to date of visit
307	4	667-670	[LIPIDERR] CALCULATED LDL RESULT. NOT TO BE USED FOR ANALYSIS. This variable is to be used for comparison to the LDLRES value to point out possible errors in the lipid test reporting. -9999 = Blank -44 - 365

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

Note: LIPIDERR was calculated for records with non-negative values for ALL lipid numbers (cholesterol, HDL, LDL, and TGS) and only when all of these tests dated from the same day. The following formula was used: LIPIDERR=(CHOLRES-HDLRES-(TGSRES/5)). The value was then rounded. Some lab values were capped during data collection, which should be considered when interpreting LIPIDERR.

308	4	671-674	[LDLDIFF] DIFFERENCE BETWEEN REPORTED LDL RESULT (LDLRES) AND CALCULATED LDL (LIPIDERR). NOT TO BE USED FOR ANALYSIS. This variable is to be used for comparison to the LDLRES value in order to point out possible errors that may exist in the lipid test reporting. -9999 = Blank -263 – 232
309	2	675-676	[TGS] WAS BLOOD FOR TRIGLYCERIDES TEST DRAWN ON THE DAY OF THE SAMPLED VISIT OR DURING THE 12 MONTHS PRIOR TO THE VISIT? -9 = Blank -8 = Unknown -7 = Not applicable, provider not sampled 1 = Yes 2 = None found within 12 months
310	3	677-679	[TGSRES] MOST RECENT RESULT FOR TRIGLYCERIDES -9 = Blank -7 = Not applicable, provider not sampled 0-999 mg/dL (reported range)
311	4	680-683	[DAYDTGS] DIFFERENCE IN DAYS BETWEEN VISIT DATE AND DATE OF TRIGLYCERIDES LAB RESULT -900 = Blank -800 = Unknown -700 = Not applicable, provider not sampled -365 to 0 = Up to 365 days before date of visit to date of visit
312	2	684-685	[A1C] WAS BLOOD FOR GLYCOHEMOGLOBIN (HbA1c) TEST DRAWN ON THE DAY OF THE SAMPLED VISIT OR DURING THE 12 MONTHS PRIOR TO THE VISIT? -9 = Blank -7 = Not applicable, provider not sampled 1 = Yes 2 = None found within 12 months
313	4	686-689	[A1CRES] MOST RECENT RESULT FOR GLYCOHEMOGLOBIN (HbA1c)TRIGLYCERIDES TEST -9 = Blank -8 = Unknown -7 = Not applicable, provider not sampled 0-99% (reported range)

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
314	4	690-693	[DAYDA1C] DIFFERENCE IN DAYS BETWEEN VISIT DATE AND DATE OF GLYCOHEMOGLOBIN (HbA1c) LAB RESULT -900 = Blank -800 = Unknown -700 = Not applicable, provider not sampled -365 to 0 = Up to 365 days before date of visit to date of visit
315	2	694-695	[FBG] WAS BLOOD FOR FASTING BLOOD GUCOSE (FBG) TEST DRAWN ON THE DAY OF THE SAMPLED VISIT OR DURING THE 12 MONTHS PRIOR TO THE VISIT? -9 = Blank -7 = Not applicable, provider not sampled 1 = Yes 2 = None found within 12 months
316	3	696-698	[FBGRES] MOST RECENT RESULT FOR FASTING BLOOD GLUCOSE (FBG) TEST -9 = Blank -8 = Unknown -7 = Not applicable, provider not sampled 0-773 mg/dL (reported range)
317	4	699-702	[DAYDFBG] DIFFERENCE IN DAYS BETWEEN VISIT DATE AND DATE OF FASTING BLOOD GLUCOSE (FBG) LAB RESULT -900 = Blank -800 = Unknown -700 = Not applicable, provider not sampled -365 to 0 = Up to 365 days before date of visit to date of visit
318	2	703-704	[SERUM] Was serum creatinine drawn in last 12 months? -9 = Blank -7 = Not applicable, provider not sampled 1 = Yes 2 = None found within 12 months
319	4	705-708	[SERUMRES] Most recent serum blood creatinine result (mg/dL) -9 = Blank -8 = Unknown -7 = Not applicable, provider not sampled 0-99 mg/dL (reported range)
320	4	709-712	[DAYDSERUM] Difference between visit and last serum creatinine result -900 = Blank -800 = Unknown -700 = Not applicable, provider not sampled -365 to 0 = Up to 365 days before date of visit to date of visit

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
**** THE FOLLOWING FIELDS SHOW WHETHER DATA WERE REPORTED ON THE AUTOMATED PATIENT RECORD FORM OR CALCULATED DURING DATA PROCESSING, OR WHETHER DATA WERE IMPUTED TO REPLACE BLANKS ****			
321	2	713-714	[AGEFLAG] Was patient age reported on the automated Patient Record Form or calculated during data processing based on date of visit and date of birth? -9 = Birth date imputed 0 = Calculated by NCHS 1 = Entered by respondent
322	1	715	[GESTFL] Was gestation week calculated by NCHS during data processing based on date of visit and date of last menstrual period? 0 = Calculated by NCHS 1 = Not calculated by NCHS IMPUTED ITEMS 0 = Not imputed 1 = Imputed
323	1	716	[BDATEFL] Patient birth year
324	1	717	[SEXFL] Patient sex
325	1	718	[ETHNICFL] Patient ethnicity
326	1	719	[RACERFL] Patient race
327	1	720	[SENBEFL] Has patient been seen in your practice before?
328	1	721	[PASTFL] If yes, how many past visits in last 12 months?
329	2	722-723	[TIMEMDFL] Time spent with physician (minutes) -7 = Not applicable (Sampled provider was non-physician clinician) 0 = Not imputed 1 = Imputed
330	6	724-729	[PHYCODE] PHYSICIAN/ NON-PHYSICIAN CLINICIAN CODE - A unique code assigned to all records from a particular physician, nurse practitioner, physician assistant, or nurse midwife. 600025-618716
331	3	730-732	[PATCODE] PATIENT CODE - A number assigned to identify each individual record from a particular physician, nurse practitioner, physician assistant, or nurse midwife. 1-53

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
332	2	733-734	[SPECR] PHYSICIAN SPECIALTY/NON-PHYSICIAN CLINICIAN RECODE This is a 14-group specialty variable consistent with the SPECR variable in previous NAMCS surveys when similar groups were sampled. Because of the nature of CHCs, not all of the 14 groups appear in the data. Type of non-physician clinician is also included. 01 = General and family practice 03 = Internal medicine 04 = Pediatrics 05 = General surgery 06 = Obstetrics and gynecology 11 = Psychiatry 13 = Ophthalmology 15 = All other physicians 96 = Nurse practitioner 97 = Physician assistant 98 = Nurse midwife

Note: Some CHC physicians identified themselves as doctors of osteopathy. For SPECR, doctors of osteopathy (formerly stratum 02 in NAMCS) have been aggregated with doctors of medicine according to their self-designated practice specialty, and therefore are not differentiated in the variable range. To isolate doctors of osteopathy from medical doctors using the Physician Specialty Recode variable, it is necessary to crosstabulate it with Type of Doctor located in position 736.

333	1	735	[SPECCAT] PHYSICIAN SPECIALTY/NON-PHYSICIAN CLINICIAN RECODE GROUP (Recoded from internal data using categories referred to on on page 118.) 1 = Primary care specialty 2 = Surgical care specialty 3 = Medical care specialty 4 = Non-physician clinician
334	1	736	[MDDO] TYPE OF DOCTOR 1 = M.D. - Doctor of Medicine 2 = D.O. - Doctor of Osteopathy 3 = Non-physician clinician
335	1	737	[RETYPOFFR] TYPE OF OFFICE SETTING FOR THIS VISIT This is a variable used in the 2014 NAMCS Public Use Data File, but that file has no values of 3 because no CHC visits are included. In contrast, the 2014 NAMCS CHC file only contains CHC visits. Therefore, only one category is applicable to this file and can serve as a marker for CHC data when combining data for both files. 3 = Community Health Center

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
336	2	738-739	[SOLO] DO YOU HAVE A SOLO PRACTICE, OR ARE YOU ASSOCIATED WITH OTHER PHYSICIANS IN A PARTNERSHIP, A GROUP PRACTICE, OR SOME OTHER WAY AT THIS VISIT LOCATION? -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Solo 2 = Non-solo
337	2	740-741	[EMPSTAT] ARE YOU A FULL OR PART OWNER, EMPLOYEE, OR INDEPENDENT CONTRACTOR AT THIS VISIT LOCATION? NOTE: Categories 1 and 2 (Full Owner and Part Owner) are used in the 'traditional' NAMCS, but are not applicable to the CHC data and are not included here. -9 = Blank -8 = Unknown -6 = Refused to answer question 3 = Employee 4 = Contractor
338	2	742-743	[OWNSR_CHC] WHO OWNS THE PRACTICE AT THIS VISIT LOCATION? (Recoded) This variable is similar to the OWNSR variable in the 2014 NAMCS Public Use File. Data users should note the difference in categories. -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Community Health Center 2 = Other
339	2	744-745	[PATEVEN] DO YOU SEE PATIENTS IN THE OFFICE DURING THE EVENING OR ON WEEKENDS? -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes 2 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DURING LAST NORMAL WEEK OF PRACTICE, DID YOU MAKE ENCOUNTERS WITH THE FOLLOWING TYPES WITH PATIENTS:
340	2	746-747	[NHVISR] NURSING HOME VISITS -9 = Blank -8 = Unknown -6 = Refused to answer question 0 = No 1 = Yes
341	2	748-749	[HOMVISR] OTHER HOME VISITS -9 = Blank -8 = Unknown -6 = Refused to answer question 0 = No 1 = Yes
342	2	750-751	[HOSVISR] HOSPITAL VISITS -9 = Blank -8 = Unknown -6 = Refused to answer question 0 = No 1 = Yes
343	2	752-753	[TELCONR] TELEPHONE CONSULTS -9 = Blank -8 = Unknown -6 = Refused to answer question 0 = No 1 = Yes
344	2	754-755	[ECONR] INTERNET/EMAIL CONSULTS -9 = Blank -8 = Unknown -6 = Refused to answer question 0 = No 1 = Yes
345	2	756-757	[EBILLANY] DOES YOUR PRACTICE SUBMIT ANY CLAIMS ELECTRONICALLY (ELECTRONIC BILLING)? -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes 2 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
346	2	758-759	[EMEDREC] DOES YOUR PRACTICE USE AN ELECTRONIC HEALTH RECORD (EHR) OR ELECTRONIC MEDICAL RECORD (EMR) SYSTEM? Do not include billing records systems. -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, all electronic 2 = Yes, part paper and part electronic 3 = No
347	2	760-761	[HHSMU] DOES YOUR CURRENT SYSTEM MEET MEANINGFUL USE CRITERIA AS DEFINED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES? -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes 2 = No
348	2	762-763	[SECURCHCK] HAS YOUR PRACTICE MADE AN ASSESSMENT OF THE POTENTIAL RISKS AND VULNERABILITY OF YOUR ELECTRONIC HEALTH INFORMATION WITHIN THE LAST 12 MONTHS? -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes 2 = No
349	2	764-765	[DIFFEHR] HAS YOUR PRACTICE MADE AN ASSESSMENT OF THE POTENTIAL RISKS AND VULNERABILITY OF YOUR ELECTRONIC HEALTH INFORMATION WITHIN THE LAST 12 MONTHS? -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes 2 = No
350	2	766-767	[EMRINS] AT YOUR PRACTICE, ARE THERE PLANS FOR INSTALLING A NEW EMR SYSTEM OR REPLACING THE CURRENT SYSTEM WITHIN THE NEXT 18 MONTHS? -9 = Blank -8 = Don't know -6 = Refused to answer question 1=Yes 2=No 3=Maybe

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
351	2	768-769	[MUSTAGE1] MEDICARE AND MEDICAID OFFER INCENTIVES TO PRACTICES THAT DEMONSTRATE, MEANINGFUL USE OF HEALTH IT. AT YOUR PRACTICE, ARE THERE PLANS TO APPLY FOR STAGE 1 OF THESE INCENTIVE PAYMENTS? -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, we already applied 2 = Yes, we intend to apply 3 = Uncertain if we will apply 4 = No, we will not apply
352	2	770-771	MUSTAGE2] ARE THERE PLANS TO APPLY FOR STAGE 2 INCENTIVE PAYMENTS? [for meaningful use payments] -9 = Blank -8 = Unknown -7 = Not applicable 1 = Yes 2 = No 3 = Maybe

IMPORTANT NOTE: Questions on features of a practice's computerized capabilities have changed over the years. In the following section (items 353-404), items with an "R" suffix have been recoded in each year since 2010 to be consistent with the format used in the 2009 Physician Induction Interview, to make trending easier. Items without the "R" suffix reflect the current format. New items may appear in both format as well.

			PLEASE INDICATE WHETHER YOUR PRACTICE HAS EACH OF THE FOLLOWING COMPUTERIZED CAPABILITIES AND HOW OFTEN THESE CAPABILITIES ARE USED: (APPLIES TO ITEMS 353-404)
353	2	772-773	[EDEMOG] RECORDING PATIENT HISTORY AND DEMOGRAPHIC INFORMATION -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
354	2	774-775	[EDEMOGR] RECORDING PATIENT HISTORY AND DEMOGRAPHIC INFORMATION (recoded for trending) -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No 4= Turned off

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
355	2	776-777	[EPROLST] IF YES TO RECORDING PATIENT HISTORY AND DEMOGRAPHIC INFORMATION, DOES THIS INCLUDE A PATIENT PROBLEM LIST -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
356	2	778-779	[EPROLSTR] IF YES TO RECORDING PATIENT HISTORY AND DEMOGRAPHIC INFORMATION, DOES THIS INCLUDE A PATIENT PROBLEM LIST (recoded for trending) -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1= Yes 2= No 4= Turned off
357	2	780-781	[EVITAL] RECORDING AND CHARTING VITAL SIGNS -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
358	2	782-783	[EVITALR] RECORDING AND CHARTING VITAL SIGNS (recoded for trending) -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No 4= Turned off
359	2	784-785	[ESMOKE] RECORDING PATIENT SMOKING STATUS -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
360	2	786-787	[ESMOKER] RECORDING PATIENT SMOKING STATUS (recoded for trending) -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No 4= Turned off
361	2	788-789	[EPNOTES] RECORDING CLINICAL NOTES -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
362	2	790-791	[EPNOTESR] RECORDING CLINICAL NOTES (recoded for trending) -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No 4= Turned off
363	2	792-793	[EMEDALG] IF YES TO RECORDING CLINICAL NOTES, DO THE NOTES INCLUDE A LIST OF PATIENT'S MEDICATIONS AND ALLERGIES? -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
364	2	794-795	[EMEDALGR] IF YES TO RECORDING CLINICAL NOTES, DO THE NOTES INCLUDE A LIST OF PATIENT'S MEDICATIONS AND ALLERGIES? (recoded for trending) -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1= Yes 2= No 4= Turned off

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
365	2	796-797	[EMEDID] RECONCILING LISTS OF PATIENTS' MEDICATIONS TO IDENTIFY THE MOST ACCURATE LIST -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
366	2	798-799	[EMEDIDR] RECONCILING LISTS OF PATIENTS' MEDICATIONS TO IDENTIFY THE MOST ACCURATE LIST (recoded for trending) -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1= Yes 2= No 4= Turned off
367	2	800-801	[EREMIND] Providing reminders for interventions or screening tests -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
368	2	802-803	[EREMINDR] Providing reminders for interventions or screening tests (recoded for trending) -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1= Yes 2= No 4= Turned off
369	2	804-805	[ECPOE] ORDERING PRESCRIPTIONS -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
370	2	806-807	[ECPOER] ORDERING PRESCRIPTIONS (recoded for trending) -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No 4= Turned off
371	2	808-809	[ESCRIP] IF YES TO ORDERING PRESCRIPTIONS, ARE PRESCRIPTIONS SENT ELECTRONICALLY TO THE PHARMACY? -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
372	2	810-811	[ESCRIPR] IF YES TO ORDERING PRESCRIPTIONS, ARE PRESCRIPTIONS SENT ELECTRONICALLY TO THE PHARMACY? -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1= Yes 2= No 4= Turned off
373	2	812-813	[EWARN] IF YES TO ORDERING PRESCRIPTIONS, ARE WARNINGS OF DRUG INTERACTIONS OR CONTRAINDICATIONS PROVIDED? -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
374	2	814-815	[EWARNR] IF YES TO ORDERING PRESCRIPTIONS, ARE WARNINGS OF DRUG INTERACTIONS OR CONTRAINDICATIONS PROVIDED? (recoded for trending) -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1= Yes 2= No 4=Turned off

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
375	2	816-817	[EFORMULA] Drug formulary checks for orders submitted electronically -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
376	2	818-819	[EFORMULAR] Drug formulary checks for orders submitted electronically (recoded for trending) -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1= Yes 2= No 4= Turned off
377	2	820-821	[ECTOE] ORDERING LAB TESTS -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
378	2	822-823	[ECTOER] ORDERING LAB TESTS (recoded for trending) -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No 4= Turned off
379	2	824-825	[EORDER] IF YES TO ORDERING LAB TESTS, ARE ORDERS SENT ELECTRONICALLY? -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
380	2	826-827	[EORDERR] IF YES TO ORDERING LAB TESTS, ARE ORDERS SENT ELECTRONICALLY? (recoded for trending) -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1= Yes 2= No 4= Turned off
381	2	828-829	[ERESULT] VIEWING LAB RESULTS -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
382	2	830-831	[ERESULTR] VIEWING LAB RESULTS (recoded for trending) -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No 4= Turned off
383	2	832-833	[EGRAPH] IF YES TO VIEWING LAB RESULTS, CAN THE EHR/EMR AUTOMATICALLY GRAPH A SPECIFIC PATIENT'S LAB RESULTS OVER TIME? -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
384	2	834-835	[EGRAPHR] IF YES TO VIEWING LAB RESULTS, CAN THE EHR/EMR AUTOMATICALLY GRAPH A SPECIFIC PATIENT'S LAB RESULTS OVER TIME? (recoded) -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1= Yes 2= No 4= Turned off

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
385	2	836-837	[ERADI] Computerized ordering of radiological tests -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
386	2	838-839	[ERADIR] Computerized ordering of radiological tests (recoded for trending) -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1= Yes 2= No 4= Turned off
387	2	840-841	[EIMGRES] VIEWING IMAGING RESULTS -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
388	2	842-843	[EIMGRESR] VIEWING IMAGING RESULTS (recoded for trending) -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No 4= Turned off
389	2	844-845	[EPTEDU] IDENTIFYING EDUCATIONAL RESOURCES FOR PATIENTS' SPECIFIC CONDITIONS -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
390	2	846-847	[EPTEDUR] IDENTIFYING EDUCATIONAL RESOURCES FOR PATIENTS' SPECIFIC CONDITIONS (recoded for trending) -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No 4= Turned off
391	2	848-849	[ECQM] REPORTING CLINICAL QUALITY MEASURES TO FEDERAL OR STATE AGENCIES (SUCH AS CMS OR MEDICAID) -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
392	2	850-851	[ECQMR] REPORTING CLINICAL QUALITY MEASURES TO FEDERAL OR STATE AGENCIES (SUCH AS CMS OR MEDICAID) (recoded) -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No 4= Turned off
393	2	852-853	[EIDPT] Identifying patients due for preventive or follow-up care, to send them reminders -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
394	2	854-855	[EIDPTR] Identifying patients due for preventive or follow-up care, to send them reminders (recoded) -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1= Yes 2= No 4= Turned off

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
395	2	856-857	[EGENLIST] GENERATING LISTS OF PATIENTS WITH PARTICULAR HEALTH CONDITIONS -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
396	2	858-859	[EGENLISTR] GENERATING LISTS OF PATIENTS WITH PARTICULAR HEALTH CONDITIONS (recoded) -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No 4= Turned off
397	2	860-861	[EIMMREG] ELECTRONIC REPORTING TO IMMUNIZATION REGISTRIES -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
398	2	862-863	[EIMMREGR] ELECTRONIC REPORTING TO IMMUNIZATION REGISTRIES (recoded) -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No 4= Turned off
399	2	864-865	[ESUM] PROVIDING PATIENTS WITH CLINICAL SUMMARIES FOR EACH VISIT -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
400	2	866-867	[ESUMR] PROVIDING PATIENTS WITH CLINICAL SUMMARIES FOR EACH VISIT (recoded) -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No 4= Turned off
401	2	868-869	[EMSG] EXCHANGING SECURE MESSAGES WITH PATIENTS -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
402	2	870-871	[EMSGR] EXCHANGING SECURE MESSAGES WITH PATIENTS (recoded) -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No 4= Turned off
403	2	872-873	[EPTREC] PROVIDING PATIENTS THE ABILITY TO VIEW ONLINE, DOWNLOAD, OR TRANSMIT INFORMATION FROM THEIR MEDICAL RECORD -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
404	2	874-875	[EPTRECR] PROVIDING PATIENTS THE ABILITY TO VIEW ONLINE, DOWNLOAD, OR TRANSMIT INFORMATION FROM THEIR MEDICAL RECORD (recoded) -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No 4= Turned off

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
405	2	876-877	[REFOUT] DO YOU REFER ANY OF YOUR PATIENTS TO A PROVIDERS OUTSIDE OF YOUR OFFICE OR GROUP? -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes 2 = No
406	2	878-879	[REFOUTS] IF YES TO "DO YOU REFER ANY OF YOUR PATIENTS TO A PROVIDER OUTSIDE OF YOUR OFFICE OR GROUP?", DO YOU SEND THE PATIENT'S CLINICAL INFORMATION TO THE OTHER PROVIDERS? -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes, routinely 2 = Yes, but NOT routinely 3 = No
407	2	880-881	[REFOUTSE] IF YES TO "DO YOU SEND THE PATIENT'S CLINICAL INFORMATION TO THE OTHER PROVIDERS", DO YOU SEND IT ELECTRONICALLY (NOT FAX)? -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes, routinely 2 = Yes, but NOT routinely 3 = No
408	2	882-883	[REFIN] DO YOU SEE PATIENTS REFERRED TO YOU BY PROVIDERS OUTSIDE OF YOUR OFFICE OR GROUP? -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes 2 = No
409	2	884-885	[REFINS] IF YES TO "DO YOU SEE PATIENTS REFERRED TO YOU BY PROVIDERS OUTSIDE OF YOUR OFFICE OR GROUP?", DO YOU SEND A CONSULTATION REPORT WITH CLINICAL INFORMATION TO THE OTHER PROVIDERS? -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes, routinely 2 = Yes, but NOT routinely 3 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
410	2	886-887	[REFINSE] IF YES TO "DO YOU SEND A CONSULTATION REPORT WITH CLINICAL INFORMATION TO THE OTHER PROVIDERS?", DO YOU SEND THE CONSULTATION REPORT ELECTRONICALLY (NOT FAX)? -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes, routinely 2 = Yes, but NOT routinely 3 = No
411	2	888-889	[INPTCARE] DO YOU TAKE CARE OF PATIENTS AFTER THEY ARE DISCHARGED FROM AN INPATIENT SETTING? -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes 2 = No
412	2	890-891	[DISSUM] IF YES TO "DO YOU TAKE CARE OF PATIENTS AFTER THEY ARE DISCHARGED FROM AN INPATIENT SETTING?", DO YOU RECEIVE A DISCHARGE SUMMARY WITH CLINICAL INFORMATION FROM THE HOSPITAL? -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes, routinely 2 = Yes, but NOT routinely 3 = No
413	2	892-893	[DISSUME] IF YES TO "DO YOU RECEIVE A DISCHARGE SUMMARY WITH CLINICAL INFORMATION FROM THE HOSPITAL?", DO YOU RECEIVE THE DISCHARGE SUMMARY WITH CLINICAL INFORMATION ELECTRONICALLY (NOT FAX)? -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes, routinely 2 = Yes, but NOT routinely 3 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
414	2	894-895	[INCORINFO] IF YES TO "DO YOU RECEIVE THE DISCHARGE SUMMARY WITH CLINICAL INFORMATION ELECTRONICALLY (NOT FAX)?", CAN YOU AUTOMATICALLY INCORPORATE THE DISCHARGE SUMMARY INFORMATION INTO YOUR EHR WITHOUT MANUALLY ENTERING THE DATA? -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes 2 = No 3 = Not applicable, I do not have an EHR system
415	2	896-897	[ESHARE] DO YOU SHARE ANY PATIENT HEALTH INFORMATION ELECTRONICALLY (NOT FAX) WITH OTHER PROVIDERS, INCLUDING HOSPITALS, AMBULATORY PROVIDERS, OR ELECTRONICALLY (NOT FAX) LABS? -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No
			HOW DO YOU ELECTRONICALLY SHARE PATIENT HEALTH INFORMATION?
416	2	898-899	[ESHAREEHR] EHR/EMR
417	2	900-901	[ESHAREWEB] Web portal (separate from EHR/EMR)
418	2	902-903	[ESHAREOTH] Other electronic method
419	2	904-905	[ESHAREUNK] Unknown
420	2	906-907	[ESHAREREF] Refused to answer question -9 = Entire item (38.b on Physician Induction Interview) blank -7 = Not applicable 0 = Box is not marked 1= Box is marked

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
421	2	908-909	[EHRTOEHR] IF YES TO "DO YOU SHARE ANY PATIENT HEALTH INFORMATION ELECTRONICALLY (NOT FAX) WITH OTHER PROVIDERS, INCLUDING HOSPITALS, AMBULATORY PROVIDERS, OR ELECTRONICALLY (NOT FAX) LABS?", IS IT SENT DIRECTLY FROM YOUR EHR SYSTEM TO ANOTHER EHR SYSTEM? -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes, routinely 2 = Yes, but NOT routinely 3 = No
			WITH WHAT TYPES OF PROVIDERS DO YOU ELECTRONICALLY SHARE PATIENT HEALTH INFORMATION?
422	2	910-911	[ESHAREPROV1] Ambulatory providers inside your office/group
423	2	912-913	[ESHAREPROV2] Ambulatory providers outside your office/group
424	2	914-915	[ESHAREPROV3] Hospitals with which you are affiliated
425	2	916-917	[ESHAREPROV4] Hospitals with which you are not affiliated
426	2	918-919	[ESHAREPROV5] Behavioral health providers
427	2	920-921	[ESHAREPROV6] Long-term care providers
428	2	922-923	[ESHAREPROV6] Home health providers
429	2	924-925	[ESHAREPROVUNK] Unknown
430	2	926-927	[ESHAREPROVREF] Refused to answer -9 = Entire item (38.d on Physician Induction Interview) blank -7 = Not applicable 0 = Box is not marked 1 = Box is marked
31	2	928-929	[PRMCARER] Roughly, what percent of your patient care revenue comes from Medicare? -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Less than or equal to 25 percent 2 = 26-50 percent 3 = 51-75 percent 4 = More than 75 percent
432	2	930-931	[PRMAIDR] Roughly, what percent of your patient care revenue comes from Medicaid? (See PRMCARER.)
433	2	932-933	[PRPRVTR] Roughly, what percent of your patient care revenue comes from private insurance? (See PRMCARER.)
434	2	934-935	[PRPATR] Roughly, what percent of your patient care revenue comes from patient payments? (See PRMCARER.)

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
435	2	936-937	[PROTHR] Roughly, what percent of your patient care revenue comes from other sources? (including charity, research, Champus, VA, etc.) (See PRMCARER.)
436	2	938-939	[PRMANR] Roughly, what percentage of the patient care revenue received by this practice comes from (these) managed care contracts? (See PRMCARER.)
437	2	940-941	[REVFFSR] Roughly, what percent of your patient care revenue comes from usual, customary, and reasonable fee-for-service? -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Less than or equal to 25 percent 2 = 26-50 percent 3 = 51-75 percent 4 = More than 75 percent
438	2	942-943	[REVCAPR] Roughly, what percent of your patient care revenue comes from capitation? (See REVFFSR.)
439	2	944-945	[REVCASER] Roughly, what percent of your patient care revenue comes from case rates (e.g., package pricing/episode of care)? (See REVFFSR.)
440	2	946-947	[REVOTHR] Roughly, what percent of your patient care revenue comes from case rates (e.g. package pricing/episode of care)? (See REVFFSR.)
441	2	948-949	[ACEPTNEW] Are you currently accepting "new" patients into your practice? -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes 2 = No
442	2	950-951	[CAPITATE] From those "new" patients, which of the following types of payment do you accept? - Capitated private insurance -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes 2 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
443	2	952-953	[NOCAP] From those “new” patients, which of the following types of payment do you accept? – Non-capitated private insurance -9 = Blank -8 = Don’t know -7 = Not applicable -6 = Refused to answer question 1 = Yes 2 = No
444	2	954-955	[PRIVATE] (Derived from responses to CAPITATE and NOCAP) From those “new” patients, which of the following types of payment do you accept? – Private insurance (capitated or non-capitated) -9 = Blank -8 = Don’t know -7 = Not applicable -6 = Refused to answer question 1 = Yes 2 = No
445	2	956-957	[NMEDCARE] From those “new” patients, which of the following types of payment do you accept? – Medicare -9 = Blank -8 = Don’t know -7 = Not applicable -6 = Refused to answer question 1 = Yes 2 = No
446	2	958-959	[NMEDCAID] From those “new” patients, which of the following types of payment do you accept? – Medicaid -9 = Blank -8 = Don’t know -7 = Not applicable -6 = Refused to answer question 1 = Yes 2 = No
447	2	960-961	[NWORKCMP] From those “new” patients, which of the following types of payment do you accept? – Workers compensation -9 = Blank -8 = Don’t know -7 = Not applicable -6 = Refused to answer question 1 = Yes 2 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
448	2	962-963	[NSELFPAY] From those “new” patients, which of the following types of payment do you accept? – Self-pay -9 = Blank -8 = Don’t know -7 = Not applicable -6 = Refused to answer question 1 = Yes 2 = No
449	2	964-965	[NNOCHRGE] From those “new” patients, which of the following types of payment do you accept? – No charge -9 = Blank -8 = Don’t know -7 = Not applicable -6 = Refused to answer question 1 = Yes 2 = No
450	2	966-967	[PHYSCOMP] WHICH OF THE FOLLOWING METHODS BEST DESCRIBES YOUR BASIC COMPENSATION? -9 = Blank -8 = Don’t know -6 = Refused to answer question 1 = Fixed salary 2 = Share of practice billings or workload 3 = Mix of salary and share of billings or other measures of performance(e.g., your own billings, practice financial performance, quality measures, practice profiling) 4 = Shift, hourly or other time-based payment 5 = Other CLINICAL PRACTICES MAY TAKE VARIOUS FACTORS INTO ACCOUNT WHEN DETERMINING THE COMPENSATION (SALARY, BONUS, PAY RATE, ETC.) PAID TO THE PHYSICIANS IN THE PRACTICE. PLEASE INDICATE WHETHER THE PRACTICE EXPLICITLY CONSIDERS EACH OF THE FOLLOWING FACTORS IN DETERMINING YOUR COMPENSATION.
451	2	968-969	[COMPPROD] FACTORS THAT REFLECT YOUR OWN PRODUCTIVITY -9 = Entire item 44 on Physician Induction Interview blank 0 = Box is not marked 1 = Box is marked
452	2	970-971	[COMPSAT] RESULTS OF SATISFACTION SURVEYS FROM YOUR OWN PATIENTS -9 = Entire item 44 on Physician Induction Interview blank 0 = Box is not marked 1 = Box is marked

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
453	2	972-973	[COMPQUAL] SPECIFIC MEASURES OF QUALITY, SUCH AS RATES OF PREVENTIVE SERVICES FOR YOUR PATIENTS -9 = Entire item 44 on Physician Induction Interview blank 0 = Box is not marked 1 = Box is marked
454	2	974-975	[COMPDROF] RESULTS OF PRACTICE PROFILING, THAT IS, COMPARING YOUR PATTERN OF USING MEDICAL RESOURCES WITH THAT OF OTHER PHYSICIANS -9 = Entire item 44 on Physician Induction Interview blank 0 = Box is not marked 1 = Box is marked
455	2	976-977	[COMPFIN] THE OVERALL FINANCIAL PERFORMANCE OF THE PRACTICE -9 = Entire item 44 on Physician Induction Interview blank 0 = Box is not marked 1 = Box is marked
456	2	978-979	[COMPUNK] UNKNOWN -9 = Entire item 44 on Physician Induction Interview blank 0 = Box is not marked 1 = Box is marked
457	2	980-981	[COMPREF] REFUSED TO ANSWER -9 = Entire item 44 on Physician Induction Interview blank 0 = Box is not marked 1 = Box is marked
458	3	982-984	[SDAPPT] Roughly, what percent of your daily visits are same day appointments? -9 = Blank -6 = Refused to answer question 0-100
459	2	985-986	[SASDAPPT] Does your practice set time aside for same day appointments? -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes 2 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
460	2	987-988	[APPTTIME] On average, about how long does it take to get an appointment for a routine medical exam? -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Within 1 week 2 = 1-2 weeks 3 = 3-4 weeks 4 = 1-2 months 5 = 3 or more months 6 = Do not provide routine exams
461	1	989	[REGIONOFF] GEOGRAPHIC REGION (Based on location where majority of visit records were sampled) 1= Northeast 2= Midwest 3= South 4= West
462	1	990	[BLANK1] Reserved for possible future use
463	2	991-992	[BLANK2] Reserved for possible future use
464	1	993	[MSA] METROPOLITAN/NON-METROPOLITAN STATUS (Based on provider location in conjunction with the definition of the Bureau of the Census and the U.S. Office of Management and Budget.) 1 = MSA (Metropolitan Statistical Area) 2 = Not MSA (includes micropolitan statistical areas)

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DRUG-RELATED INFO FOR MEDICATION #1

NOTE: Starting with the 2006 data release, all drug codes based on entry name (using NCHS' standard classification system) were also assigned a unique generic drug code from Multum's Lexicon Drug Database, where possible. The structure of the Multum database is such that multiple ingredient drugs are assigned a single generic drug code encompassing all of a drug's ingredients rather than being assigned generic drug codes for each ingredient, as in past years of NAMCS drug data. All Multum codes start with the letter "d" but there were some drugs reported in NAMCS that could not be assigned a code in Multum. For 2006 and 2007, these received a prefix of either "a" (when ingredients could be determined) or "c" (when ingredients could not be determined). Beginning with 2008, the use of "a" and "c" codes was replaced with "n" codes. For more on the structure of the drug data (including information on therapeutic class and drug ingredients), please see page 25.

465	6	994-999	[DRUGID1] DRUG ID (See page 25 for more information.) a07001-a92507 = NCHS code (for drugs not found in Multum but for which ingredients could be determined, for drugs added to the database for survey years 2006 and 2007) c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in Multum and with undetermined ingredients) c00899 – Undetermined pharmaceutical aid d00001-d08524 = Multum code n00000-n12014 = NCHS code (for drugs not found in Multum that were added to the database beginning with survey year 2008)
466	1	1000	[PRESCR1] PRESCRIPTION STATUS CODE 1 = Prescription drug 2 = Nonprescription drug 3 = Undetermined 4 = Illicit [not used in NAMCS] 5 = Both prescription and over-the-counter
467	1	1001	[CONTSUB1] CONTROLLED SUBSTANCE STATUS CODE 1 = Schedule I (Research only) 2 = Schedule II 3 = Schedule III 4 = Schedule IV 5 = Schedule V 6 = No control 7 = Undetermined 8 = Multiple schedules ' ' = Blank
468	1	1002	[COMSTAT1] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined ' '= Blank

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
469	3	1003-1005	[RX1CAT1] MULTUM DRUG CATEGORY # 1

Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 25. For the complete Multum classification, see Appendix III.

" " = Blank/Not applicable
001 - 899 = Drug category

470	3	1006-1008	[RX1CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
471	3	1009-1011	[RX1CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
472	3	1012-1014	[RX1CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.

DRUG CATEGORY LEVELS

See RX1CAT1 for general coding conventions that apply to all Multum drug categories. Complete Multum classification scheme is shown in Appendix III.

473	3	1015-1017	[RX1V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
474	3	1018-1020	[RX1V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
475	3	1021-1023	[RX1V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
476	3	1024-1026	[RX1V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
477	3	1027-1029	[RX1V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
478	3	1030-1032	[RX1V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
479	3	1033-1035	[RX1V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
480	3	1036-1038	[RX1V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
481	3	1039-1041	[RX1V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
482	3	1042-1044	[RX1V3C2] Level 3 of MULTUM DRUG CATEGORY # 2.
483	3	1045-1047	[RX1V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
484	3	1048-1050	[RX1V3C4] Level 3 of MULTUM DRUG CATEGORY # 4.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #2
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
485	6	1051-1056	[DRUGID2] DRUG ID
486	1	1057	[PRESCR2] PRESCRIPTION STATUS CODE.
487	1	1058	[CONTSUB2] CONTROLLED SUBSTANCE STATUS CODE
488	1	1059	[COMSTAT2] COMPOSITION STATUS CODE
489	3	1060-1062	[RX2CAT1] MULTUM DRUG CATEGORY # 1
490	3	1063-1065	[RX2CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
491	3	1066-1068	[RX2CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
492	3	1069-1071	[RX2CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
493	3	1072-1074	[RX2V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
494	3	1075-1077	[RX2V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
495	3	1078-1080	[RX2V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
496	3	1081-1083	[RX2V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
497	3	1084-1086	[RX2V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
498	3	1087-1089	[RX2V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
499	3	1090-1092	[RX2V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
500	3	1093-1095	[RX2V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
501	3	1096-1098	[RX2V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
502	3	1099-1101	[RX2V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
503	3	1102-1104	[RX2V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
504	3	1105-1107	[RX2V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #3
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
505	6	1108-1113	[DRUGID3] DRUG ID
506	1	1114	[PRESCR3] PRESCRIPTION STATUS CODE
507	1	1115	[CONTSUB3] CONTROLLED SUBSTANCE STATUS CODE
508	1	1116	[COMSTAT3] COMPOSITION STATUS CODE
509	3	1117-1119	[RX3CAT1] MULTUM DRUG CATEGORY # 1
510	3	1120-1122	[RX3CAT2] MULTUM DRUG CATEGORY # 2
511	3	1123-1125	[RX3CAT3] MULTUM DRUG CATEGORY # 3
512	3	1126-1128	[RX3CAT4] MULTUM DRUG CATEGORY # 4
			DRUG CATEGORY LEVELS
513	3	1129-1131	[RX3V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
514	3	1132-1134	[RX3V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
515	3	1135-1137	[RX3V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
516	3	1138-1140	[RX3V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
517	3	1141-1143	[RX3V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
518	3	1144-1146	[RX3V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
519	3	1147-1149	[RX3V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
520	3	1150-1152	[RX3V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
521	3	1153-1155	[RX3V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
522	3	1156-1158	[RX3V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
523	3	1159-1161	[RX3V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
524	3	1162-1164	[RX3V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #4
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
525	6	1165-1170	[DRUGID4] DRUG ID
526	1	1171	[PRESCR4] PRESCRIPTION STATUS CODE
527	1	1172	[CONTSUB4] CONTROLLED SUBSTANCE STATUS CODE
528	1	1173	[COMSTAT4] COMPOSITION STATUS CODE
529	3	1174-1176	[RX4CAT1] MULTUM DRUG CATEGORY # 1
530	3	1177-1179	[RX4CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
531	3	1180-1182	[RX4CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
532	3	1183-1185	[RX4CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
533	3	1186-1188	[RX4V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
534	3	1189-1191	[RX4V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
535	3	1192-1194	[RX4V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
536	3	1195-1197	[RX4V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
537	3	1198-1200	[RX4V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
538	3	1201-1203	[RX4V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
539	3	1204-1206	[RX4V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
540	3	1207-1209	[RX4V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
541	3	1210-1212	[RX4V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
542	3	1213-1215	[RX4V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
543	3	1216-1218	[RX4V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
544	3	1219-1221	[RX4V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #5
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
545	6	1222-1227	[DRUGID5] DRUG ID
546	1	1228	[PRESCR5] PRESCRIPTION STATUS CODE
547	1	1229	[CONTSUB5] CONTROLLED SUBSTANCE STATUS CODE
548	1	1230	[COMSTAT5] COMPOSITION STATUS CODE
549	3	1231-1233	[RX5CAT1] MULTUM DRUG CATEGORY # 1
550	3	1234-1236	[RX5CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
551	3	1237-1239	[RX5CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
552	3	1240-1242	[RX5CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
553	3	1243-1245	[RX5V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
554	3	1246-1248	[RX5V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
555	3	1249-1251	[RX5V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
556	3	1252-1254	[RX5V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
557	3	1255-1257	[RX5V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
558	3	1258-1260	[RX5V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
559	3	1261-1263	[RX5V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
560	3	1264-1266	[RX5V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
561	3	1267-1269	[RX5V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
562	3	1270-1272	[RX5V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
563	3	1273-1275	[RX5V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
564	3	1276-1278	[RX5V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #6
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
565	6	1279-1284	[DRUGID6] DRUG ID
566	1	1285	[PRESCR6] PRESCRIPTION STATUS CODE
567	1	1286	[CONTSUB6] CONTROLLED SUBSTANCE STATUS CODE
568	1	1287	[COMSTAT6] COMPOSITION STATUS CODE
569	3	1288-1290	[RX6CAT1] MULTUM DRUG CATEGORY # 1
570	3	1291-1293	[RX6CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
571	3	1294-1296	[RX6CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
572	3	1297-1299	[RX6CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
573	3	1300-1302	[RX6V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
574	3	1303-1305	[RX6V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
575	3	1306-1308	[RX6V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
576	3	1309-1311	[RX6V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
577	3	1312-1314	[RX6V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
578	3	1315-1317	[RX6V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
579	3	1318-1320	[RX6V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
580	3	1321-1323	[RX6V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
581	3	1324-1326	[RX6V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
582	3	1327-1329	[RX6V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
583	3	1330-1332	[RX6V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
584	3	1333-1335	[RX6V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #7
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
585	6	1336-1341	[DRUGID7] DRUG ID
586	1	1342	[PRESCR7] PRESCRIPTION STATUS CODE
587	1	1343	[CONTSUB7] CONTROLLED SUBSTANCE STATUS CODE
588	1	1344	[COMSTAT7] COMPOSITION STATUS CODE
589	3	1345-1347	[RX7CAT1] MULTUM DRUG CATEGORY # 1
590	3	1348-1350	[RX7CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
591	3	1351-1353	[RX7CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
592	3	1354-1356	[RX7CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
593	3	1357-1359	[RX7V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
594	3	1360-1362	[RX7V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
595	3	1363-1365	[RX7V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
596	3	1366-1368	[RX7V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
597	3	1369-1371	[RX7V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
598	3	1372-1374	[RX7V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
599	3	1375-1377	[RX7V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
600	3	1378-1380	[RX7V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
601	3	1381-1383	[RX7V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
602	3	1384-1386	[RX7V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
603	3	1387-1389	[RX7V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
604	3	1390-1392	[RX7V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #8
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
605	6	1393-1398	[DRUGID8] DRUG ID
606	1	1399	[PRESCR8] PRESCRIPTION STATUS CODE
607	1	1400	[CONTSUB8] CONTROLLED SUBSTANCE STATUS CODE
608	1	1401	[COMSTAT8] COMPOSITION STATUS CODE
609	3	1402-1404	[RX8CAT1] MULTUM DRUG CATEGORY # 1
610	3	1405-1407	[RX8CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
611	3	1408-1410	[RX8CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
612	3	1411-1413	[RX8CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
613	3	1414-1416	[RX8V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
614	3	1417-1419	[RX8V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
615	3	1420-1422	[RX8V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
616	3	1423-1425	[RX8V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
617	3	1426-1428	[RX8V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
618	3	1429-1431	[RX8V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
629	3	1432-1434	[RX8V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
620	3	1435-1437	[RX8V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
621	3	1438-1440	[RX8V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
622	3	1441-1443	[RX8V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
623	3	1444-1446	[RX8V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
624	3	1447-1449	[RX8V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #9
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
625	6	1450-1455	[DRUGID9] DRUG ID
626	1	1456	[PRESCR9] PRESCRIPTION STATUS CODE
627	1	1457	[CONTSUB9] CONTROLLED SUBSTANCE STATUS CODE
628	1	1458	[COMSTAT9] COMPOSITION STATUS CODE
629	3	1459-1461	[RX9CAT1] MULTUM DRUG CATEGORY # 1
630	3	1462-1464	[RX9CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
631	3	1465-1467	[RX9CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
632	3	1468-1470	[RX9CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
633	3	1471-1473	[RX9V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
634	3	1474-1476	[RX9V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
635	3	1477-1479	[RX9V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
636	3	1480-1482	[RX9V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
637	3	1483-1485	[RX9V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
638	3	1486-1488	[RX9V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
639	3	1489-1491	[RX9V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
640	3	1492-1494	[RX9V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
641	3	1495-1497	[RX9V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
642	3	1498-1500	[RX9V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
643	3	1501-1503	[RX9V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
644	3	1504-1506	[RX9V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #10
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
645	6	1506-1512	[DRUGID10] DRUG ID
646	1	1513	[PRESCR10] PRESCRIPTION STATUS CODE
647	1	1514	[CONTSUB10] CONTROLLED SUBSTANCE STATUS CODE
648	1	1515	[COMSTAT10] COMPOSITION STATUS CODE
649	3	1516-1518	[RX10CAT1] MULTUM DRUG CATEGORY # 1
650	3	1519-1521	[RX10CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
651	3	1522-1524	[RX10CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
652	3	1525-1527	[RX10CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
653	3	1528-1530	[RX10V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
654	3	1531-1533	[RX10V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
655	3	1534-1536	[RX10V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
656	3	1537-1539	[RX10V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
657	3	1540-1542	[RX10V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
658	3	1543-1545	[RX10V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
669	3	1546-1548	[RX10V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
660	3	1549-1551	[RX10V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
661	3	1552-1554	[RX10V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
662	3	1555-1557	[RX10V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
663	3	1558-1560	[RX10V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
664	3	1561-1563	[RX10V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #11
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
665	6	1564-1569	[DRUGID11] DRUG ID
666	1	1570	[PRESCR11] PRESCRIPTION STATUS CODE
667	1	1571	[CONTSUB11] CONTROLLED SUBSTANCE STATUS CODE
668	1	1572	[COMSTAT11] COMPOSITION STATUS CODE
669	3	1573-1575	[RX11CAT1] MULTUM DRUG CATEGORY # 1
670	3	1576-1578	[RX11CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
671	3	1579-1581	[RX11CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
672	3	1582-1584	[RX11CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
673	3	1585-1587	[RX11V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
674	3	1588-1590	[RX11V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
675	3	1591-1593	[RX11V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
676	3	1594-1596	[RX11V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
677	3	1597-1599	[RX11V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
678	3	1600-1602	[RX11V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
679	3	1603-1605	[RX11V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
680	3	1606-1608	[RX11V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
681	3	1607-1611	[RX11V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
682	3	1612-1614	[RX11V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
683	3	1615-1617	[RX11V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
684	3	1618-1620	[RX11V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #12
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
685	6	1621-1626	[DRUGID12] DRUG ID
686	1	1627	[PRESCR12] PRESCRIPTION STATUS CODE
687	1	1628	[CONTSUB12] CONTROLLED SUBSTANCE STATUS CODE
688	1	1629	[COMSTAT12] COMPOSITION STATUS CODE
689	3	1630-1632	[RX12CAT1] MULTUM DRUG CATEGORY # 1
690	3	1633-1635	[RX12CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
691	3	1636-1638	[RX12CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
692	3	1639-1641	[RX12CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
693	3	1642-1644	[RX12V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
694	3	1645-1647	[RX12V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
695	3	1648-1650	[RX12V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
696	3	1651-1653	[RX12V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
697	3	1654-1656	[RX12V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
698	3	1657-1659	[RX12V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
699	3	1660-1662	[RX12V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
700	3	1663-1665	[RX12V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
701	3	1666-1668	[RX12V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
702	3	1669-1671	[RX12V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
703	3	1672-1674	[RX12V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
704	3	1675-1677	[RX12V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #13
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
705	6	1678-1683	[DRUGID13] DRUG ID
706	1	1684	[PRESCR13] PRESCRIPTION STATUS CODE
707	1	1685	[CONTSUB13] CONTROLLED SUBSTANCE STATUS CODE
708	1	1686	[COMSTAT13] COMPOSITION STATUS CODE
709	3	1687-1689	[RX13CAT1] MULTUM DRUG CATEGORY # 1
710	3	1690-1692	[RX13CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
711	3	1693-1695	[RX13CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
712	3	1696-1698	[RX13CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
713	3	1699-1701	[RX13V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
714	3	1702-1704	[RX13V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
715	3	1705-1707	[RX13V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
716	3	1708-1710	[RX13V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
717	3	1711-1713	[RX13V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
718	3	1714-1716	[RX13V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
719	3	1717-1719	[RX13V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
720	3	1720-1722	[RX13V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
721	3	1723-1725	[RX13V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
722	3	1726-1728	[RX13V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
723	3	1729-1731	[RX13V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
724	3	1732-1734	[RX13V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #14
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
725	6	1735-1740	[DRUGID14] DRUG ID
726	1	1741	[PRESCR14] PRESCRIPTION STATUS CODE
727	1	1742	[CONTSUB14] CONTROLLED SUBSTANCE STATUS CODE
728	1	1743	[COMSTAT14] COMPOSITION STATUS CODE
729	3	1744-1746	[RX14CAT1] MULTUM DRUG CATEGORY # 1
730	3	1747-1749	[RX14CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
731	3	1750-1752	[RX14CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
732	3	1753-1755	[RX14CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
733	3	1756-1758	[RX14V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
734	3	1759-1761	[RX14V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
735	3	1762-1764	[RX14V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
736	3	1765-1767	[RX14V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
737	3	1768-1770	[RX14V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
738	3	1771-1773	[RX14V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
739	3	1774-1776	[RX14V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
740	3	1777-1779	[RX14V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
741	3	1780-1782	[RX14V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
742	3	1783-1785	[RX14V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
743	3	1786-1788	[RX14V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
744	3	1789-1791	[RX14V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #15
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
745	6	1792-1797	[DRUGID15] DRUG ID
746	1	1798	[PRESCR15] PRESCRIPTION STATUS CODE
747	1	1799	[CONTSUB15] CONTROLLED SUBSTANCE STATUS CODE
748	1	1800	[COMSTAT15] COMPOSITION STATUS CODE
749	3	1801-1803	[RX15CAT1] MULTUM DRUG CATEGORY # 1
750	3	1804-1806	[RX15CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
751	3	1807-1809	[RX15CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
752	3	1810-1812	[RX15CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
753	3	1813-1815	[RX15V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
754	3	1816-1818	[RX15V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
755	3	1819-1821	[RX15V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
756	3	1822-1824	[RX15V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
757	3	1825-1827	[RX15V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
758	3	1828-1830	[RX15V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
759	3	1831-1833	[RX15V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
760	3	1834-1836	[RX15V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
761	3	1837-1839	[RX15V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
762	3	1840-1842	[RX15V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
763	3	1843-1845	[RX15V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
764	3	1846-1848	[RX15V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #16
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
765	6	1849-1854	[DRUGID16] DRUG ID
766	1	1855	[PRESCR16] PRESCRIPTION STATUS CODE
767	1	1856	[CONTSUB16] CONTROLLED SUBSTANCE STATUS CODE
768	1	1857	[COMSTAT16] COMPOSITION STATUS CODE
769	3	1858-1860	[RX16CAT1] MULTUM DRUG CATEGORY # 1
770	3	1861-1863	[RX16CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
771	3	1864-1866	[RX16CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
772	3	1867-1869	[RX16CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
773	3	1870-1872	[RX16V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
774	3	1873-1875	[RX16V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
775	3	1876-1878	[RX16V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
776	3	1879-1881	[RX16V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
777	3	1882-1884	[RX16V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
778	3	1885-1887	[RX16V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
779	3	1888-1890	[RX16V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
780	3	1891-1893	[RX16V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
781	3	1894-1896	[RX16V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
782	3	1897-1899	[RX16V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
783	3	1900-1902	[RX16V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
784	3	1903-1905	[RX16V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #17
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
785	6	1906-1911	[DRUGID17] DRUG ID
786	1	1912	[PRESCR17] PRESCRIPTION STATUS CODE
787	1	1913	[CONTSUB17] CONTROLLED SUBSTANCE STATUS CODE
788	1	1914	[COMSTAT17] COMPOSITION STATUS CODE
789	3	1915-1917	[RX17CAT1] MULTUM DRUG CATEGORY # 1
790	3	1918-1920	[RX17CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
791	3	1921-1923	[RX17CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
792	3	1924-1926	[RX17CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
793	3	1927-1929	[RX17V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
794	3	1930-1932	[RX17V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
795	3	1933-1935	[RX17V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
796	3	1936-1938	[RX17V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
797	3	1939-1941	[RX17V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
798	3	1942-1944	[RX17V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
799	3	1945-1947	[RX17V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
800	3	1948-1950	[RX17V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
801	3	1951-1953	[RX17V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
802	3	1954-1956	[RX17V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
803	3	1957-1959	[RX17V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
804	3	1960-1962	[RX17V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #18
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
805	6	1963-1968	[DRUGID18] DRUG ID
806	1	1968	[PRESCR18] PRESCRIPTION STATUS CODE
807	1	1969	[CONTSUB18] CONTROLLED SUBSTANCE STATUS CODE
808	1	1970	[COMSTAT18] COMPOSITION STATUS CODE
809	3	1971-1973	[RX18CAT1] MULTUM DRUG CATEGORY # 1
810	3	1974-1976	[RX18CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
811	3	1977-1979	[RX18CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
812	3	1980-1982	[RX18CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
813	3	1983-1985	[RX18V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
814	3	1986-1988	[RX18V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
815	3	1989-1991	[RX18V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
816	3	1992-1994	[RX18V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
817	3	1995-1997	[RX18V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
818	3	1998-2000	[RX18V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
819	3	2001-2003	[RX18V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
820	3	2004-2006	[RX18V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
821	3	2007-2009	[RX18V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
822	3	2010-2012	[RX18V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
823	3	2013-2015	[RX18V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
824	3	2016-2018	[RX18V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #19
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
825	6	2020-2025	[DRUGID19] DRUG ID
826	1	2026	[PRESCR19] PRESCRIPTION STATUS CODE
827	1	2027	[CONTSUB19] CONTROLLED SUBSTANCE STATUS CODE
828	1	2028	[COMSTAT19] COMPOSITION STATUS CODE
829	3	2029-2031	[RX19CAT1] MULTUM DRUG CATEGORY # 1
830	3	2032-2034	[RX19CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
831	3	2035-2037	[RX19CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
832	3	2038-2040	[RX19CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
833	3	2039-2043	[RX19V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
834	3	2042-2046	[RX19V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
835	3	2047-2049	[RX19V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
836	3	2050-2052	[RX19V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
837	3	2053-2055	[RX19V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
838	3	2056-2058	[RX19V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
839	3	2059-2061	[RX19V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
840	3	2062-2064	[RX19V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
841	3	2065-2067	[RX19V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
842	3	2068-2070	[RX19V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
843	3	2071-2073	[RX19V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
844	3	2074-2076	[RX19V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #20
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
845	6	2077-2082	[DRUGID20] DRUG ID
846	1	2083	[PRESCR20] PRESCRIPTION STATUS CODE
847	1	2084	[CONTSUB20] CONTROLLED SUBSTANCE STATUS CODE
848	1	2085	[COMSTAT20] COMPOSITION STATUS CODE
849	3	2086-2088	[RX20CAT1] MULTUM DRUG CATEGORY # 1
850	3	2089-2091	[RX20CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
851	3	2092-2094	[RX20CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
852	3	2095-2097	[RX20CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
853	3	2098-2100	[RX20V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
854	3	2101-2104	[RX20V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
855	3	2104-2106	[RX20V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
856	3	2107-2109	[RX20V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
857	3	2110-2112	[RX20V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
858	3	2113-2115	[RX20V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
859	3	2116-2118	[RX20V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
860	3	2119-2121	[RX20V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
861	3	2122-2124	[RX20V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
862	3	2125-2127	[RX20V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
863	3	2128-2130	[RX20V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
864	3	2131-2133	[RX20V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #21
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
865	6	2134-2139	[DRUGID21] DRUG ID
866	1	2140	[PRESCR21] PRESCRIPTION STATUS CODE
867	1	2141	[CONTSUB21] CONTROLLED SUBSTANCE STATUS CODE
868	1	2142	[COMSTAT21] COMPOSITION STATUS CODE
869	3	2143-2145	[RX21CAT1] MULTUM DRUG CATEGORY # 1
870	3	2146-2148	[RX21CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
871	3	2149-2151	[RX21CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
872	3	2152-2154	[RX21CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
873	3	2155-2157	[RX21V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
874	3	2158-2160	[RX21V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
875	3	2161-2163	[RX21V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
876	3	2164-2166	[RX21V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
877	3	2167-2169	[RX21V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
878	3	2170-2172	[RX21V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
879	3	2173-2175	[RX21V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
880	3	2176-2178	[RX21V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
881	3	2179-2181	[RX21V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
882	3	2182-2184	[RX21V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
883	3	2185-2187	[RX21V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
884	3	2188-2190	[RX21V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #22
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
886	6	2191-2196	[DRUGID22] DRUG ID
886	1	2197	[PRESCR22] PRESCRIPTION STATUS CODE
887	1	2198	[CONTSUB22] CONTROLLED SUBSTANCE STATUS CODE
888	1	2199	[COMSTAT22] COMPOSITION STATUS CODE
889	3	2200-2202	[RX22CAT1] MULTUM DRUG CATEGORY # 1
890	3	2203-2205	[RX22CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
891	3	2206-2208	[RX22CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
892	3	2209-2211	[RX22CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
893	3	2212-2214	[RX22V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
894	3	2215-2217	[RX22V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
895	3	2218-2220	[RX22V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
896	3	2221-2223	[RX22V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
897	3	2224-2226	[RX22V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
898	3	2227-2229	[RX22V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
899	3	2230-2232	[RX22V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
900	3	2233-2235	[RX22V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
901	3	2236-2238	[RX22V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
902	3	2239-2241	[RX22V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
903	3	2242-2244	[RX22V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
904	3	2245-2247	[RX22V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #23
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
905	6	2248-2253	[DRUGID23] DRUG ID
906	1	2254	[PRESCR23] PRESCRIPTION STATUS CODE
907	1	2255	[CONTSUB23] CONTROLLED SUBSTANCE STATUS CODE
908	1	2256	[COMSTAT23] COMPOSITION STATUS CODE
909	3	2257-2259	[RX23CAT1] MULTUM DRUG CATEGORY # 1
910	3	2260-2262	[RX23CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
911	3	2263-2265	[RX23CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
912	3	2266-2268	[RX23CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
913	3	2269-2271	[RX23V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
914	3	2272-2274	[RX23V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
915	3	2275-2277	[RX23V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
916	3	2278-2280	[RX23V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
917	3	2281-2283	[RX23V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
918	3	2284-2286	[RX23V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
929	3	2287-2289	[RX23V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
920	3	2290-2292	[RX23V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
921	3	2293-2295	[RX23V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
922	3	2296-2298	[RX23V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
923	3	2299-2301	[RX23V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
924	3	2302-2304	[RX23V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #24
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
925	6	2305-2310	[DRUGID24] DRUG ID
926	1	2311	[PRESCR24] PRESCRIPTION STATUS CODE
927	1	2312	[CONTSUB24] CONTROLLED SUBSTANCE STATUS CODE
928	1	2313	[COMSTAT24] COMPOSITION STATUS CODE
929	3	2314-2316	[RX24CAT1] MULTUM DRUG CATEGORY # 1
930	3	2317-2319	[RX24CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
931	3	2320-2322	[RX24CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
932	3	2323-2325	[RX24CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
933	3	2326-2328	[RX24V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
934	3	2329-2331	[RX24V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
935	3	2332-2334	[RX24V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
936	3	2335-2337	[RX24V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
937	3	2338-2340	[RX24V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
938	3	2341-2343	[RX24V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
939	3	2344-2346	[RX24V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
940	3	2347-2349	[RX24V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
941	3	2350-2352	[RX24V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
942	3	2353-2355	[RX24V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
943	3	2356-2358	[RX24V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
944	3	2359-2361	[RX24V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #25
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
945	6	2362-2367	[DRUGID25] DRUG ID
946	1	2368	[PRESCR25] PRESCRIPTION STATUS CODE
947	1	2369	[CONTSUB25] CONTROLLED SUBSTANCE STATUS CODE
948	1	2370	[COMSTAT25] COMPOSITION STATUS CODE
949	3	2371-2373	[RX25CAT1] MULTUM DRUG CATEGORY # 1
950	3	2374-2376	[RX25CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
951	3	2377-2379	[RX25CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
952	3	2380-2382	[RX25CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
953	3	2383-2385	[RX25V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
954	3	2386-2388	[RX25V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
955	3	2389-2391	[RX25V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
956	3	2392-2394	[RX25V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
957	3	2395-2397	[RX25V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
958	3	2398-2400	[RX25V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
959	3	2401-2403	[RX25V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
960	3	2404-2406	[RX25V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
961	3	2407-2409	[RX25V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
962	3	2410-2412	[RX25V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
963	3	2413-2415	[RX25V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
964	3	2416-2418	[RX25V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #26
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
965	6	2419-2424	[DRUGID26] DRUG ID
966	1	2425	[PRESCR26] PRESCRIPTION STATUS CODE
967	1	2426	[CONTSUB26] CONTROLLED SUBSTANCE STATUS CODE
968	1	2427	[COMSTAT26] COMPOSITION STATUS CODE
969	3	2428-2430	[RX26CAT1] MULTUM DRUG CATEGORY # 1
970	3	2429-2433	[RX26CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
971	3	2430-2436	[RX26CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
972	3	2437-2439	[RX26CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
973	3	2440-2442	[RX26V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
974	3	2443-2445	[RX26V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
975	3	2446-2448	[RX26V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
976	3	2449-2451	[RX26V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
977	3	2452-2454	[RX26V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
978	3	2455-2457	[RX26V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
979	3	2458-2460	[RX26V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
980	3	2461-2463	[RX26V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
981	3	2464-2466	[RX26V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
982	3	2467-2469	[RX26V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
983	3	2470-2472	[RX26V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
984	3	2473-2475	[RX26V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #27
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
985	6	2476-2481	[DRUGID27] DRUG ID
986	1	2482	[PRESCR27] PRESCRIPTION STATUS CODE
987	1	2483	[CONTSUB27] CONTROLLED SUBSTANCE STATUS CODE
988	1	2484	[COMSTAT27] COMPOSITION STATUS CODE
989	3	2485-2487	[RX27CAT1] MULTUM DRUG CATEGORY # 1
990	3	2488-2490	[RX27CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
991	3	2491-2493	[RX27CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
992	3	2494-2496	[RX27CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
993	3	2497-2499	[RX27V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
994	3	2500-2502	[RX27V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
995	3	2503-2505	[RX27V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
996	3	2506-2508	[RX27V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
997	3	2509-2511	[RX27V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
998	3	2512-2514	[RX27V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
999	3	2515-2517	[RX27V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
1000	3	2518-2520	[RX27V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
1001	3	2521-2523	[RX27V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
1002	3	2524-2526	[RX27V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
1003	3	2527-2529	[RX27V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
1004	3	2530-2532	[RX27V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #28
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
1005	6	2533-2538	[DRUGID28] DRUG ID
1006	1	2539	[PRESCR28] PRESCRIPTION STATUS CODE
1007	1	2540	[CONTSUB28] CONTROLLED SUBSTANCE STATUS CODE
1008	1	2541	[COMSTAT28] COMPOSITION STATUS CODE
1009	3	2542-2544	[RX28CAT1] MULTUM DRUG CATEGORY # 1
1010	3	2545-2547	[RX28CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
1011	3	2548-2550	[RX28CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
1012	3	2551-2553	[RX28CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
1013	3	2554-2556	[RX28V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
1014	3	2557-2559	[RX28V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
1015	3	2560-2562	[RX28V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
1016	3	2563-2565	[RX28V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
1017	3	2566-2568	[RX28V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
1018	3	2569-2571	[RX28V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
1029	3	2572-2574	[RX28V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
1020	3	2575-2577	[RX28V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
1021	3	2578-2580	[RX28V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
1022	3	2581-2583	[RX28V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
1023	3	2584-2586	[RX28V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
1024	3	2587-2589	[RX28V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #29
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
1025	6	2590-2595	[DRUGID29] DRUG ID
1026	1	2596	[PRESCR29] PRESCRIPTION STATUS CODE
1027	1	2597	[CONTSUB29] CONTROLLED SUBSTANCE STATUS CODE
1028	1	2598	[COMSTAT29] COMPOSITION STATUS CODE
1029	3	2599-2601	[RX29CAT1] MULTUM DRUG CATEGORY # 1
1030	3	2602-2604	[RX29CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
1031	3	2605-2607	[RX29CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
1032	3	2608-2610	[RX29CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
1033	3	2611-2613	[RX29V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
1034	3	2614-2616	[RX29V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
1035	3	2617-2619	[RX29V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
1036	3	2620-2622	[RX29V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
1037	3	2623-2625	[RX29V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
1038	3	2626-2628	[RX29V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
1039	3	2629-2631	[RX29V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
1040	3	2632-2634	[RX29V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
1041	3	2635-2637	[RX29V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
1042	3	2638-2640	[RX29V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
1043	3	2641-2643	[RX29V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
1044	3	2644-2646	[RX29V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG-RELATED INFO FOR MEDICATION #30
			Please see “DRUG-RELATED INFO FOR MEDICATION #1” (page 85) for coding information.
1045	6	2647-2652	[DRUGID30] DRUG ID
1046	1	2653	[PRESCR30] PRESCRIPTION STATUS CODE
1047	1	2654	[CONTSUB30] CONTROLLED SUBSTANCE STATUS CODE
1048	1	2655	[COMSTAT30] COMPOSITION STATUS CODE
1049	3	2656-2658	[RX30CAT1] MULTUM DRUG CATEGORY # 1
1050	3	2659-2661	[RX30CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
1051	3	2662-2664	[RX30CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
1052	3	2665-2667	[RX30CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
1053	3	2668-2670	[RX30V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
1054	3	2671-2673	[RX30V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
1055	3	2674-2676	[RX30V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
1056	3	2677-2679	[RX30V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
1057	3	2680-2682	[RX30V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
1058	3	2683-2685	[RX30V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
1059	3	2686-2688	[RX30V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
1060	3	2689-2691	[RX30V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
1061	3	2692-2694	[RX30V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
1062	3	2695-2697	[RX30V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
1063	3	2698-2700	[RX30V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
1064	3	2701-2703	[RX30V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

NAMCS SAMPLE DESIGN VARIABLES

NAMCS sampling design variables (in masked format) were first added to the 2000 public use file, and data years from 1993-1999 were re-released to include them. These variables were for use with statistical software such as SUDAAN that takes into account the complex sampling design of the survey. However, for those running versions of SAS, Stata, SPSS and other software that assumes a single stage of sampling, the multi-stage design variables provided on the public use files could not be used without modification. Therefore, in 2002, two new variables, CSTRATM and CPSUM, were developed, that could be used in such programs instead of the multi-stage variables. In 2003, the decision was made to include on the public use file just these two variables and not the multi-stage design variables that appeared in the past.

Until such time as the older public use files may be re-released to include these variables, data users wishing to combine data from 2003 and later years with data from earlier years will find it necessary to create CSTRATM and CPSUM for the earlier files. A technical paper, *Using Ultimate Cluster Models with NAMCS and NHAMCS Public Use Files,* is available for downloading at the Ambulatory Health Care Data website: http://www.cdc.gov/nchs/ahcd/ahcd_questionnaires.htm. This paper gives instructions on how to configure data files prior to 2002 for variance estimation based on 1-stage sampling models, such as those used in SAS proc surveymeans, Stata, SPSS, and the SUDAAN with-replacement option, and how to handle instances of single-case strata in the data on the older files. Please also see the section on Relative Standard Errors in the current document for more information on these variables and how to use them. PSU is primary sampling unit.

Since 2012, NAMCS has utilized a list sample, as described in more detail on page 9. For consistency with previous years, the same names used in earlier years have been used for the two new sample design variables. For additional information on combining data across years with the old and new sample designs, please see page 3.

1065	8	2704-2711	[CSTRATM] Masked clustered stratum marker 14301-143425
1066	6	2712-2717	[CPSUM] Sampled provider marker 160001-161870
1067	4	2718-2721	[YEAR] SURVEY YEAR 2014
1068	1	2722	[SETTYPE] SETTING TYPE 1 = NAMCS (only NAMCS CHC visits included in CHC file)
1069	11	2723-2733	[PATWT] PATIENT VISIT WEIGHT This variable has been produced as an unrounded integer in 2014, which will make estimates slightly more precise. It is for use in producing national, regional, and MSA-level estimates. 65.7027 - 14949.13119
1070	8	2734-2741	[PHYSWT] PROVIDER WEIGHT 1 - 226.3637

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
1071	1	2742	[HTWTFL] DID HEIGHT OR WEIGHT FALL OUTSIDE OF ACCEPTABLE RANGES? 0=Height and weight within acceptable ranges 1=Height and/or weight not within acceptable ranges
1072	1	2743	[SMPROV] SAMPLED PROVIDER TYPE 1 = Physician 2 = Nurse practitioner 3 = Physician assistant 4 = Nurse midwife
1073	3	2744-2746	[TIMECHC] TIME SPENT WITH NON-PHYSICIAN CLINICIAN (in minutes) Time spent with non-physican clinician has been top coded in accordance with NCHS confidentiality requirements. 0-86 minutes 87 = 87 minutes or more
1074	2	2747-2748	[TIMECHCFL] Imputation indicator for TIMECHC -7 = Not applicable (Sampled provider was a physician) 0 = Not imputed 1 = Imputed

B. PHYSICIAN SPECIALTY LIST

Physicians within each CHC self-identified their specialty during the NAMCS induction interview. A list of the broad specialty groupings used in the CHC file, along with the American Medical Association physician specialties used to define them, is the same as those used in the 2014 NAMCS public use file.

C. AMA SPECIALTIES REGROUPED INTO PRIMARY CARE, MEDICAL AND SURGICAL SPECIALTIES

The AMA physician specialties described above were regrouped into primary care, surgical and medical specialties for analytic purposes (see the SPECCAT variable in the codebook.). The categories are the same as those used in the 2014 NAMCS public use file.

III. MARGINAL DATA

A. PATIENT VISITS

PATIENT AGE	RECORDS	WEIGHTED VISITS	PERCENT
Total	48,399	58,527,996	100.000
Under 15 years	9,729	11,930,259	20.384
15-24 years	5,550	7,012,181	11.981
25-44 years	13,033	16,335,237	27.91
45-64 years	15,118	18,059,803	30.857
65-74 years	3,252	3,407,348	5.822
75 years and over	1,717	1,783,167	3.047

PATIENT SEX	RECORDS	WEIGHTED VISITS	PERCENT
Total	48,399	58,527,996	100.000
Female	29,960	37,947,525	64.837
Male	18,439	20,580,470	35.163

PATIENT RACE[1]	RECORDS	WEIGHTED VISITS	PERCENT
Total	48,399	58,527,996	100.000
White	35,352	44,190,322	75.503
Black	10,473	10,265,289	17.539
Other	2,574	4,072,385	6.958

[1]Recoded variable, RACER, with missing data imputed.

PRIMARY EXPECTED SOURCE OF PAYMENT[2]	RECORDS	WEIGHTED VISITS	PERCENT
Total	48,399	58,527,996	100.000
All sources of payment are blank	546	542,489	0.927
Unknown	1,946	2,229,016	3.808
Private insurance	8,523	7,721,574	13.193
Medicare	6,568	6,695,127	11.439
Medicaid, CHIP or other state-based program	22,558	31,903,560	54.510
Worker's compensation	71	67,614	0.116
Self-pay	6,194	5,511,584	9.417
No charge/Charity	499	381,492	0.652
Other	1,494	3,475,539	5.938

[2]Recoded variable, PAYTYPER, based on the hierarchy of multiple expected sources of payment.

MAJOR REASON FOR VISIT	RECORDS	WEIGHTED VISITS	PERCENT
Total	48,399	58,527,996	100.000
Blank	647	738,742	1.262
New problem (less than 3 mos. onset)	17,935	21,415,542	36.590
Chronic problem, routine	13,452	15,633,976	26.712
Chronic problem, flare-up	2,953	3,459,295	5.910
Pre-surgery	184	222,071	0.379
Post-surgery	264	358,282	0.612
Preventive care	12,964	16,700,087	28.534

HAS THE PATIENT BEEN SEEN IN YOUR PRACTICE BEFORE?	RECORDS	WEIGHTED VISITS	PERCENT
Total	48,399	58,527,996	100.000
Yes, established patient	42,031	50,854,664	86.889
No, new patient	6,368	7,673,332	13.111

PHYSICIAN SPECIALTY/ NON-PHYSICIAN CLINICIAN RECODE	RECORDS	WEIGHTED VISITS	PERCENT
Total	48,399	58,527,996	100.000
General/family practice	14,705	15,622,459	26.692
Internal medicine	3,478	3,537,232	6.044
Pediatrics	5,331	6,691,410	11.433
General surgery	20	8,371	0.014
Obstetrics and gynecology	1,849	2,746,101	4.692
Cardiovascular diseases	22	92,374	0.158
Dermatology	4	4,925	0.008
Psychiatry	277	111,389	0.19
Other specialties	247	537,515	0.918
Nurse Practitioner	15,487	18,445,619	31.516
Physician assistant	6,061	9,306,472	15.901
Nurse midwife	918	1,424,128	2.433

NUMBER OF MEDICATION CODES/VISIT	RECORDS	WEIGHTED VISITS	PERCENT
Total	48,399	58,527,996	100.000
0	7,159	8,366,599	14.295
1	8,186	9,850,251	16.830
2	7,283	8,909,058	15.222
3	5,370	6,604,191	11.284
4	4,257	5,532,878	9.453
5	3,315	4,168,838	7.123
6	2,676	3,420,074	5.843
7	2,077	2,678,840	4.577
8	1,718	2,027,831	3.465
9	1,367	1,668,959	2.852
10	1,029	1,160,427	1.983
11	872	1,075,194	1.837
12	686	622,301	1.063

NUMBER OF MEDICATION CODES/VISIT	RECORDS	WEIGHTED VISITS	PERCENT
13	519	518,552	0.886
14	414	444,140	0.759
15	329	355,155	0.607
16	269	264,763	0.452
17	212	221,464	0.378
18	148	118,886	0.203
19	124	128,854	0.220
20	95	74,619	0.127
21	66	74,815	0.128
22	54	48,333	0.083
23	38	43,659	0.075
24	32	27,758	0.047
25	27	39,363	0.067
26	26	19,127	0.033
27	15	16,384	0.028
28	8	5,157	0.009
29	18	33,969	0.058
30	10	7,555	0.013

B. DRUG MENTIONS

PATIENT AGE	RECORDS	WEIGHTED MENTIONS	PERCENT
Total	196,545	231,824,075	100.000
Under 15 years	21,061	26,599,667	11.474
15-24 years	11,856	15,416,927	6.650
25-44 years	43,066	52,615,108	22.696
45-64 years	84,394	99,304,280	42.836
65-74 years	23,272	24,310,134	10.486
75 years and over	12,896	13,577,959	5.857

PATIENT SEX	RECORDS	WEIGHTED MENTIONS	PERCENT
Total	196,545	231,824,075	100.000
Female	123,748	151,490,243	65.347
Male	72,797	80,333,832	34.653

PHYSICIAN SPECIALTY/ NON-PHYSICIAN CLINICIAN RECODE	RECORDS	WEIGHTED MENTIONS	PERCENT
Total	196,545	231,824,075	100.000
General/family practice	70,437	77,151,665	33.280
Internal medicine	17,681	18,335,895	7.909
Pediatrics	12,185	15,067,525	6.500
General surgery	5	2,093	0.001
Obstetrics and gynecology	3,699	5,960,9681	2.571
Cardiovascular diseases	126	701,057	0.302
Dermatology	3	3,694	0.002
Psychiatry	1,241	395,103	0.170
Other specialties	863	1,835,298	0.792
Nurse Practitioner	61,673	71,381,105	30,791
Physician assistant	26,920	37,983,287	16.385
Nurse midwife	1,712	3,006,385	1.297

DRUG THERAPEUTIC CATEGORIES[3]	RECORDS	WEIGHTED MENTIONS	PERCENT
Total	209,891	247,113,474	10.000
Anti-infectives	11,727	14,404,738	5.829
Antineoplastics	1,034	1,279,888	0.518
Biologicals	38	65,567	0.027
Cardiovascular agents	27,180	30,230,787	12.234
Central nervous system agents	43,301	49,923,582	20.203
Coagulation modifiers	6,109	6,869,070	2.780
Gastrointestinal agents	11,872	13,960,885	5.650
Hormones	9,213	11,829,084	4.787
Miscellaneous agents	3,289	3,544,800	1.434
Genitourinary tract agents	1,328	1,445,200	0.585
Nutritional products	14,093	18,498,001	7.486
Respiratory agents	22,955	26,774,550	10.835
Topical agents	12,958	17,206,986	6.963
Plasma expanders	1	461	0
Alternative medicines	2,638	2,649,238	1.072
Psychotherapeutic agents	12,318	11,701,405	4.735
Immunological agents	10,395	12,933,306	5.234
Radiologic agents	15	13,173	0.005
Metabolic agents	19,256	23,625,847	9.561
Medical gases	114	99,762	0.040
Pharmaceutical aids	57	57,142	0.023

[3]Using Level 1 codes. Therapeutic categories are based on Lexicon Plus®, a proprietary database of Cerner Multum, Inc. The Lexicon Plus is a comprehensive database of all prescription and some nonprescription drug products available in the U.S. drug market. For additional information on the Multum Lexicon Drug Database, please refer to the following Web site: http://www.multum.com/Lexicon.htm. For more information on coding therapeutic categories in NAMCS, see page 25.

Note that total number of mentions by therapeutic category can exceed total number of drug mentions because up to four therapeutic categories can be assigned per drug in the public use file.

C. PHYSICIAN/NON-PHYSICIAN CLINICIAN ESTIMATES

PHYSICIAN SPECIALTY/ NON-PHYSICIAN CLINICIAN RECODE	RECORDS	WEIGHTED PROVIDERS	PERCENT
Total	2,305	24,565	100.000
General/family practice	678	6,418	26.125
Internal medicine	184	1,923	7.827
Pediatrics	247	3,091	12.584
General surgery	1	2	0.008
Obstetrics and gynecology	96	1,193	4.857
Cardiovascular diseases	2	39	0.160
Dermatology	1	3	0.012
Psychiatry	21	145	0.591
Other specialties	16	152	0.620
Nurse Practitioner	739	7,506	30.555
Physician assistant	269	3,415	13.903
Nurse midwife	51	677	2.757

SOLO PRACTICE AT VISIT LOCATION	RECORDS	WEIGHTED PROVIDERS	PERCENT
Total	2,305	24,565	100.000
Unknown	1	3	0.014
Solo	229	1,318	5.367
Non-solo	2,075	23,243	94.619

PHYSICIAN SPECIALTY/ NON-PHYSICIAN CLINICIAN RECODE GROUP	RECORDS	WEIGHTED PROVIDERS	PERCENT
Total	2,305	24,565	100.000
Primary care specialty	1,203	12,614	51.351
Surgical care specialty	6	19	0.077
Medical care specialty	37	333	1.357
Non-physician clinician	1,059	11,598	47.215

APPENDIX I

A. STANDARD ERRORS AND VARIANCE ESTIMATION

The standard error is primarily a measure of the sampling variability that occurs by chance because only a sample is surveyed, rather than the entire universe. The relative standard error (RSE) of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percentage of the estimate.

In the past, NAMCS micro-data file documentation contained formulas for approximating relative standard errors based on generalized variance curves as well as tables showing lowest reliable estimates based on curve coefficients. This was provided as an alternative for data users who lacked analytic software to produce standard errors and other measures of sampling variability. However, it has long been recognized that such approximations are less accurate than those produced using a statistical software package that takes into account the complex sample designs of surveys. As more data users have obtained access to sophisticated computer software over time, and as recent efforts by NCHS research staff to refine the generalized variance curves did not yield significant improvements, the decision was made starting with 2011 NAMCS data to discontinue the provision of these approximate methods of variance estimation.

Using computer software like SUDAAN to produce standard errors will, in general, yield results that are more accurate than those produced using generalized variance curves. This is especially true for clustered variables like race, provider seen, or expected source of payment. However, standard errors produced with such software using masked design variables, while improving substantially over generalized variance curve results, will not always be as accurate as those produced using unmasked data. Data files containing unmasked variables are confidential and are only available through the NCHS Research Data Center.

Starting with the 2012 NAMCS, a new sampling methodology was employed that used a list sample rather than a clustered sample. The design variables reflect the new sampling methodology. Examples of SUDAAN, SAS, Stata, and SPSS statements which incorporate these new design variables for variance estimation purposes are presented below.

The following example is for use with the 2014 NAMCS public use file and the 2014 NAMCS CHC public use file. It can also be used to approximate variances for visit estimates when 2014 NAMCS data are combined with data from the National Hospital Ambulatory Medical Care Survey, which still uses the pre-2012 NAMCS clustered PSU sample design, or with pre-2012 years of NAMCS data.

SUDAAN 1-stage WR (With-Replacement) Option
This code provides a with-replacement ultimate cluster (1-stage) estimate of standard errors for a cross-tabulation with a dataset called TEST.

```
PROC CROSSTAB DATA = TEST DESIGN=WR;
NEST CSTRATM CPSUM /MISSUNIT;
```

It is important to keep the following in mind when combining or analyzing data across years:
NAMCS public use files from 2003-2011 only include first-stage design variables in their masked form, CSTRATM and CPSUM, for use in WR design options. From 1993-2002, a full set of masked design variables was provided. The decision to switch to ultimate cluster variables was initially made because many popular software products could not make use of the full set of design variables. Instructions are provided for public use file data users on the survey website regarding how to create CSTRATM and CPSUM for data years prior to 2002, in order to have a consistent set of design variables for analysis.

See the technical paper, *Using Ultimate Cluster Models with NAMCS and NHAMCS Public Use Files*, for more information: http://www.cdc.gov/nchs/namcs.htm.

If software other than SUDAAN is used to approximate estimate variances, other statements will be required by that software. The variance variables required by that software are the same as those defined above for SUDAAN software.

SAS - PROC SURVEYMEANS

```
PROC SURVEYMEANS DATA=TEST;
CLUSTER CPSUM;
STRATA CSTRATM;
```

Stata - For use with ultimate cluster design option:

The pweight (PATWT), strata (CSTRATM), and PSU (CPSUM) are set with the svyset command as follows:

Stata 8:

```
svyset [pweight=PATWT], psu(CPSUM) strata(CSTRATM)
```

Stata 9 and later:

```
svyset CPSUM [pweight=PATWT], strata(CSTRATM)
```

SPSS

To obtain variance estimates that take the sample design into account, IBM SPSS Inc.'s Complex Samples module can be used. This description applies to version 21.0. From the main menu, first click on 'Analyze,' then 'Complex Samples,' then 'Prepare for Analysis.' The 'Analysis Preparation Wizard' can be used to set CSTRATM as the stratum variable, CPSUM as the cluster variable, and PATWT as the weighting variable. The WR design option may be chosen. This will create the PLAN FILE syntax, which should resemble the code below, where PLAN FILE reflects the location you have selected to store the file on your computer:

```
CSPLAN ANALYSIS
/PLAN FILE='DIRECTORY\PLANNAME.CSAPLAN'
/PLAN VARS ANALYSISWEIGHT=PATWT
/PRINT PLAN
/DESIGN STAGELABEL= 'ANY LABEL' STRATA=CSTRATM CLUSTER=CPSUM
/ESTIMATOR TYPE=WR
```

After creating the plan file, various analyses can be selected from the 'Complex Samples' menu. This is an example of a crosstabulation with options selected for counts, percents, and standard errors, with missing data (if any) included:

```
CSTABULATE
/PLAN FILE='DIRECTORY\PLANNAME.CSAPLAN'
/TABLES VARIABLES = AGER BY SEX
/CELLS POPSIZE ROWPCT COLPCT
/STATISTICS SE COUNT
/MISSING SCOPE = TABLE CLASSMISSING = INCLUDE.
```

Results using IBM SPSS with the WR option were found to be the same as those obtained using SUDAAN Release 11.0.1 with the WR option.

IMPORTANT NOTE REGARDING CHC PROVIDER-LEVEL ESTIMATES: The examples above can be used when producing visit or drug estimates. For provider-level estimates, the statements are the same, but replace PATWT with PHYSWT.

The PHYSWT variable itself should only be used to make estimates at the provider level. For this reason, it is only placed on the first record for each provider on the public use file. When running purely provider-level analyses, it is recommended that only records with PHYSWT > 0 be selected; this will give the correct sample counts and will not affect estimation of variance. Weighted estimates will be correct either way. For researchers applying to the NCHS Research Data Center, please be sure to specify whether PHYSWT is required and how it will be used, so that files can be constructed properly.

In addition to generating estimates for provider characteristics at the provider level, the addition of PHYSWT also means that one can link visit data with provider data. For example, one could examine average time spent with physicians across physicians rather than simply across visits. This type of analysis is slightly complicated; a description along with sample SAS code is available at the Ambulatory Health Care Data website. For more information or assistance, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or ambcare@cdc.gov.

B. 2014 NAMCS PATIENT RECORD FORM - INSTRUCTIONS AND DEFINITIONS

NOTE: The 2014 NAMCS Patient Record Form was used to collect visit data from both office-based physicians and CHC service delivery sites. The instructions are available in the 2014 NAMCS Public Use File Documentation.

C. DEFINITIONS OF CERTAIN TERMS USED IN THE NAMCS CHC COMPONENT

Many of the definitions used in the NAMCS office-based component also apply to the CHC component. The following includes common terms and those with changes that are specific to the CHC component.

Ambulatory patient -- An individual presenting for personal health services, neither bedridden nor currently admitted to any health care institution on the premises.

Community health center – Community health centers are medical facilities that serve low-income and medically underserved communities. The CHC structure is similar to group practices. CHCs are operated from a central office that may support multiple satellite offices and/or mobile health care units. Eligible types of CHCs include:

- Federally-funded Community Health Centers (as authorized by Section 330 of the Public Health Service Act), including:
  - Community Health Centers (CHCs)
  - Migrant Health Centers (MHCs)
  - Health Care for the Homeless (HCH) health centers
  - Public Housing Primary Care (PHPC) program grantees
- Federally Qualified Health Centers that meet the requirements for Section 330 funding though they do not receive it (330 look-alikes)
- Urban Indian Health Centers (funded under Title V of the Indian Health Care Improvement Act, PL 94-437, as amended).

Additionally, for CHCs to be in-scope in 2014, CHCs' clinic names could not indicate that they exclusively provided dental services or exclusively provided services to an institutionalized population.
Continuity of care -- Continuity of care is a goal of health care achieved through an interdisciplinary process involving patients, families, health care professionals, and providers in the management of a

coordinated plan of care. Based on changing needs and available resources, the process optimizes quality outcomes in the health status of patients. It may involve professionals from many different disciplines within multiple systems.

Drug mention(s) – The term used to include drugs that were ordered, supplied, administered or continued during the sample visit. Includes prescription and over-the-counter drugs, immunizations, allergy shots, oxygen, anesthetics, chemotherapy and dietary supplements. Includes pharmaceutical agents by any route of administration for prevention, diagnosis, or treatment. Generic as well as brand-name drugs are included. Along with new drugs, includes medications that the patient was specifically instructed or expected to continue taking.

Drug visit -- A drug visit is a visit at which medication was provided, prescribed, or continued by the health care provider.

Visit -- A direct, personal exchange between ambulatory patient and the sampled CHC provider (or members of his/her staff) for the purpose of seeking care and rendering health services.

PATIENTS

In-scope -- All patients seen by the sampled CHC provider at the sampled CHC service delivery site during the site's sample (reporting) week.

Out-of-scope -- Patients seen by the provider outside of the sampled CHC service delivery site, for example in a different CHC service delivery site, private practice, hospital, nursing home, or other extended care institution, or the patient's home. The following types of patients are also considered out-of-scope:

- Patients seen by the provider in any institution (including outpatient clinics of hospitals) for which the institution has the primary responsibility for the care of the patient over time;
- Patients who telephone and receive advice from the provider;
- Patients who come to the CHC service delivery site only to pick up insurance forms or pay their bills;
- Patients who come to the CHC service delivery site only to leave a specimen or pick up medications previously prescribed by the provider.

PHYSICIANS/NON-PHYSICIAN CLINICIANS

In-Scope -- All duly licensed doctors of medicine and doctors of osteopathy currently in practice who see ambulatory patients at the sampled CHC service delivery site. Also in-scope are CHC providers who are physician assistants (PAs), nurse practitioners (NPs), and nurse-midwives (NMWs) who care for patients at the sampled CHC service delivery site. Physicians and eligible providers may be employed part-time by a federal or institutional facility or work in private practice, but must provide services at least part time in the sampled CHC.

Out-of-Scope – The survey medical specialty eligibility criteria for CHC physicians are the same as for office-based physicians. PAs, NPs, and NMWs do not list a specialty. For physicians, out-of-scope

specialties include anesthesiology, pathology, forensic pathology, radiology, therapeutic radiology, and

diagnostic radiology. Ineligible specialty providers in CHCs also include dentists, hygienists, optometrists, podiatrists, psychologists, therapists (physical, speech, occupational), and social workers.

Physician specialty -- Principal specialty (including general practice) as designated by the physician at the time of the survey. Those physicians for whom a specialty was not obtained were assigned the specialty recorded for the physician in the provider sampling frame from which the physician was selected at the CHC.

GEOGRAPHIC TERMS

Metropolitan status — CHC service delivery sites are classified by their location in metropolitan statistical area as follows:

Metropolitan statistical area (MSA) — As defined by the U.S. Office of Management and Budget, the definition of an individual MSA involves two considerations: first, a city or cities of specified population, that constitute the central city and identify the county in which it is located as the central county; second, economic and social relationships with “contiguous”’ counties that are metropolitan in character so that the periphery of the specific metropolitan area may be determined. MSAs may cross state lines. In New England, MSAs consist of cities and towns rather than counties.

Non-MSA — Non-MSA areas are those not defined as MSAs, including rural and micropolitan areas.

Region of CHC service delivery site location -- The four geographic regions which correspond to those used by the U.S. Bureau of the Census are as follows:

Region	States Included
Northeast	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont
Midwest	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin
South	Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia
West	Arizona, California, Colorado, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming, Alaska, Hawaii

APPENDIX II

REASON FOR VISIT CLASSIFICATION

The Reason for Visit Classification used for the 2014 NAMCS CHC public use micro-data file is the same as that used for the 2014 National Ambulatory Medical Care Survey and is available here.

APPENDIX III

A. GENERIC CODES AND NAMES IN NUMERIC ORDER

The Generic Codes and Names List for the 2014 NAMCS CHC public use micro-data file is the same as that used for the 2014 National Ambulatory Medical Care Survey and is available here.

B. DRUG ENTRY CODES AND NAMES IN NUMERIC ORDER

The Drug Entry Codes and Names List for the 2014 NAMCS CHC public use micro-data file is the same as that used for the 2014 National Ambulatory Medical Care Survey and is available here.

C. MULTUM LEXICON END-USER LICENSE AGREEMENT

The Multum Lexicon End-User License Agreement for the 2014 NAMCS CHC public use micro-data file is the same as that used for the 2014 National Ambulatory Medical Care Survey and is available here.

D. MULTUM CLASSIFICATION OF THERAPEUTIC CLASSES (DRUG CATEGORIES)

The Multum Classification of Therapeutic Classes for the 2014 NAMCS CHC public use-micro-data file is the same as that used for the 2014 National Ambulatory Medical Care Survey and is available here.