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INTRODUCTION

Data element descriptions explain how the data elements are coded in the SyH-DR. The rest of this document provides a description, data element name in the database, description of values, and other coding notes.

For certain data elements, such as—but not limited to—Type of Bill Code in the Medicaid Outpatient file, more than one percent of SyH-DR records have missing values. Users are advised to review frequencies for all data elements planned for use in their analysis and to consider analytic methods for dealing with missing data.

Data elements fall into these categories: person data elements, claims data elements (inpatient and outpatient), pharmacy data elements, and provider data elements. Within these categories, the data elements are listed in alphabetical order.

PERSON-LEVEL FILES

AGE_LOW: Lower Bound of Age Band

General Notes

AGE_LOW contains age in age bands that correspond to those used by the Census Bureau and vary by payer. AGE_LOW contains the lower bounds of the age bands.

Uniform Values

Medicare

Data Element	Description	Value	Value Description
AGE_LOW	Lower bound of age band	0	Age band lower bound is age 0
		45	Age band lower bound is age 45
		65	Age band lower bound is age 65
		75	Age band lower bound is age 75
		85	Age band lower bound is age 85
		Blank	Missing

Medicaid

Data Element	Description	Value	Value Description
AGE_LOW	Lower bound of age band	0	Age band lower bound is age 0
		6	Age band lower bound is age 6
		18	Age band lower bound is age 18
		25	Age band lower bound is age 25
		35	Age band lower bound is age 35
		45	Age band lower bound is age 45
		55	Age band lower bound is age 55
		65	Age band lower bound is age 65
		75	Age band lower bound is age 75
		85	Age band lower bound is age 85
		Blank	Missing

Commercial

Data Element	Description	Value	Value Description
AGE_LOW	Lower bound of age band	0	Age band lower bound is age 0
		18	Age band lower bound is age 18
		25	Age band lower bound is age 25
		35	Age band lower bound is age 35
		45	Age band lower bound is age 45
		55	Age band lower bound is age 55
		65	Age band lower bound is age 65
		75	Age band lower bound is age 75
		85	Age band lower bound is age 85
		Blank	Missing

Data Element Type

Numeric

AGE_HIGH : Upper bound of age band

General Notes

AGE_HIGH contains age in age bands that correspond to those used by the Census Bureau and vary by payer. AGE_HIGH contains the upper bounds of the age bands.

Uniform Values

Medicare

Data Element	Description	Value	Value Description
AGE_HIGH	Upper bound of age band	44	Age band upper bound is age 44
		64	Age band upper bound is age 64
		74	Age band upper bound is age 74
		84	Age band upper bound is age 84
		Blank	Missing

Medicaid

Data Element	Description	Value	Value Description
AGE_HIGH	Upper bound of age band	5	Age band upper bound is age 5
		17	Age band upper bound is age 17
		24	Age band upper bound is age 24
		34	Age band upper bound is age 34
		44	Age band upper bound is age 44
		54	Age band upper bound is age 54
		64	Age band upper bound is age 64
		74	Age band upper bound is age 74
		84	Age band upper bound is age 84
		Blank	Missing

Commercial

Data Element	Description	Value	Value Description
AGE_HIGH	Upper bound of age band	17	Age band upper bound is age 17
		24	Age band upper bound is age 24
		34	Age band upper bound is age 34
		44	Age band upper bound is age 44
		54	Age band upper bound is age 54
		64	Age band upper bound is age 64
		74	Age band upper bound is age 74
		84	Age band upper bound is age 84
		Blank	Missing

Data Element Type

Numeric

CMRCL_INSRC_1–CMRCL_INSRC_12: Monthly commercial enrollment

General Notes

Monthly indicator data element for whether the person was enrolled with the commercial insurance plans included in the SyH-DR. Each of the data elements CMRCL_INSRC_1–CMRCL_INSRC_12 indicate whether the person was enrolled in the commercial insurance plans in the SyH-DR in each of the 12 months (i.e., 01 is January and 12 is December) in calendar year 2016. Note that it is possible that the person was enrolled with a commercial insurance plan that is not included in the SyH-DR and is not indicated to have commercial insurance with these data elements but did in fact have commercial insurance.

These data elements are not synthesized from the original data sources.

These data elements are only available in the commercial files.

Uniform Values

Data Element	Description	Value	Value Description
CMRCL_INSRC_1– CMRCL_INSRC_12	Commercial enrollment – January–December	0	No
		1	Yes
		.	Missing

Data Element Type

Numeric

COUNTY_FIPS_CD: County of residence Federal Information Processing Standard code

General Notes

COUNTY_FIPS_CD contains the Federal Information Processing Standard (FIPS) code indicating the person's county of residence.

This data element is derived from ZIP_CD.

This data element is not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
COUNTY_FIPS_CD	County FIPS code	nnn	County FIPS code
		Blank	Missing

Data Element Type

Character

DUAL_ELGBL_1–DUAL_ELGBL_12: Monthly dual eligibility in both Medicare and Medicaid

General Notes

These data elements indicate whether the beneficiary received both Medicare and Medicaid benefits in a given month. Each of the data elements DUAL_ELGBL_1–DUAL_ELGBL_12 indicate whether the beneficiary was eligible for both Medicare and Medicaid in each of the 12 months (i.e., 01 is January and 12 is December) in calendar year 2016.

These data elements are not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
DUAL_ELGBL_1– DUAL_ELGBL_12	Dual eligibility code – January–December	0	No
		1	Yes
		.	Missing

Data Element Type

Numeric

MCAID_SBMTTG_ST_CD: Medicaid submitting state code

General Notes

MCAID_SBMTTG_ST_CD contains the two-letter postal abbreviation for the state that submitted the enrollment record.

This data element is not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
MCAID_SBMTTG_ST_CD	Submitting state (postal abbreviation)	AL	Alabama
		AK	Alaska
		AZ	Arizona
		CA	California
		CO	Colorado
		CT	Connecticut
		DE	Delaware
		DC	District of Columbia
		FL	Florida
		GA	Georgia
		HI	Hawaii
		ID	Idaho
		IL	Illinois
		IN	Indiana
		IA	Iowa
		KS	Kansas
		KY	Kentucky
		LA	Louisiana
		ME	Maine
		MD	Maryland
		MA	Massachusetts
		MI	Michigan
		MN	Minnesota
		MS	Mississippi
		MO	Missouri
		MT	Montana
NE	Nebraska		
NV	Nevada		

Data Element	Description	Value	Value Description
		NH	New Hampshire
		NJ	New Jersey
		NM	New Mexico
		NY	New York
		NC	North Carolina
		ND	North Dakota
		OH	Ohio
		OK	Oklahoma
		OR	Oregon
		PA	Pennsylvania
		RI	Rhode Island
		SC	South Carolina
		SD	South Dakota
		TN	Tennessee
		TX	Texas
		UT	Utah
		VT	Vermont
		VA	Virginia
		WA	Washington
		WV	West Virginia
		WI	Wisconsin
		WY	Wyoming

Data Element Type

Character

MDCD_CHIP_ENRLMT: Monthly Medicaid Children’s Health Insurance Program enrollment

General Notes

MDCD_CHIP_ENRLMT indicates whether the beneficiary was enrolled in the Medicaid Children’s Health Insurance Program (CHIP) during calendar year 2016. To reduce disclosure risk, this indicator only applies to persons less than 18 years old in calendar year 2016. Therefore, it does not indicate pregnant women over 18 years of age that were enrolled in CHIP.

These data elements are not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
MDCD_CHIP_ENRLMT	Medicaid CHIP enrollment – January–December	0	Not enrolled in CHIP
		1	Enrolled in CHIP
		.	Missing

Data Element Type

Numeric

MDCD_ENRLMT_1–MDCD_ENRLMT_12: Monthly Medicaid enrollment

General Notes

A Medicaid beneficiary who has an enrollment span that covers at least one day in a given month is considered enrolled for that month. Each of the data elements MDCD_ENRLMT_1–MDCD_ENRLMT_12 indicate whether the beneficiary was enrolled in Medicaid for at least one day in each of the 12 months (i.e., 01 is January and 12 is December) in calendar year 2016.

These data elements are not synthesized from the original data sources

Uniform Values

Data Element	Description	Value	Value Description
MDCD_ENRLMT_1– MDCD_ENRLMT_12	Medicaid Enrollment- January– December	0	No
		1	Yes
		.	Missing

Data Element Type

Numeric

MDCD_MCO_ENRLMT_1–MDCD_MCO_ENRLMT_12: Monthly Medicaid managed care organization enrollment

General Notes

A Medicaid beneficiary who is enrolled in a Medicaid managed care organization (MCO) at least one day in a given month is considered enrolled for that month. Managed care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and MCOs that accept a set per member per month (capitation) payment for these services. Each of the data elements MDCD_MCO_ENRLMT_1–MDCD_MCO_ENRLMT_12 indicate whether the beneficiary was enrolled in a Medicaid MCO in each of the 12 months (i.e., 01 is January and 12 is December) in calendar year 2016.

These data elements are not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
MDCD_MCO_ENRLMT_1– MDCD_MCO_ENRLMT_12	Medicaid MCO Enrollment – January– December	0	No
		1	Yes
		.	Missing

Data Element Type

Numeric

MDCR_ENTLMT_IND_1–MDCR_ENTLMT_IND_12: Monthly Medicare entitlement indicator

General Notes

These data elements indicate whether the beneficiary was entitled to Medicare Part A, Part B, or both for a given month. Each of the data elements MDCR_ENTLMT_IND_1–MDCR_ENTLMT_IND_12 indicate whether the beneficiary was entitled to Part A, Part B, or both in each of the 12 months (i.e., 01 is January and 12 is December) in calendar year 2016.

This data element was modified for beneficiaries in the 45–64 and 65–74 age bins to reduce disclosure risk.

These data elements are not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
MDCR_ENTLMT_IND_1– MDCR_ENTLMT_IND_12	Medicare entitlement indicator – January–December	0	Not entitled
		1	Part A only
		2	Part B only
		3	Part A and Part B
		A	Part A state buy-in
		B	Part B state buy-in
		C	Part A and Part B state buy-in
		Blank	Missing

Data Element Type

Character

MDCR_HMO_CVRG_1–MDCR_HMO_CVRG_12: Monthly Medicare Advantage enrollment indicator

General Notes

These data elements indicate whether the beneficiary was enrolled in a Medicare Advantage (MA) plan during a given month. Historically, most Medicare managed care plans have been health maintenance organizations (HMOs), hence the name of the data element. Each of the data elements MDCR_HMO_CVRG_1–MDCR_HMO_CVRG_12 indicate whether the beneficiary was enrolled in an MA plan in each of the 12 months (i.e., 01 is January and 12 is December) in calendar year 2016.

These data elements are not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
MDCR_HMO_CVRG_1- MDCR_HMO_CVRG_12	Medicare Advantage (MA) enrollment indicator – January–December	0	No
		1	Yes
		Blank	Missing

Data Element Type

Numeric

PERSON_ID: Unique person identifier

General Notes

PERSON_ID is a unique person identification number for each person who is enrolled in Medicare, Medicaid, or commercial insurance.

This data element is masked from the original data sources. This means that it was replaced by a unique identifier that cannot be linked back to the original data sources but has a one-to-one correspondence with the data element in the original data sources.

This data element is not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
Person_ID	Unique person identifier	nnnnnnnnnn	Person ID
		.	Missing

Data Element Type

Numeric

PERSON_WGHT: Person weight

General Notes

PERSON_WGHT is a weight assigned to each person. To produce estimates that project the sample to the corresponding populations, use person-level weights.

Uniform Values

Data Element	Description	Value	Value Description
PERSON_WGHT	Person weight	nn.nn	Person weight
		.	Missing

Data Element Type

Numeric

PHRMCY_CVRG_1–PHRMCY_CVRG_12: Monthly pharmacy coverage

General Notes

Each of the data elements PHRMCY_CVRG_1–PHRMCY_CVRG_12 indicate a person's pharmacy coverage in each of the 12 months (i.e., 01 is January and 12 is December) in calendar year 2016.

These data elements are not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
PHRMCY_CVRG_1 – PHRMCY_CVRG_12	Pharmacy coverage – January–December	0	No
		1	Yes
		Blank	Missing

Data Element Type

Numeric

RACE_CD: Race code

General Notes

RACE_CD is a flag indicating the race of the person.

This data element is not synthesized from the original data sources.

Uniform Values

Medicare and Medicaid

Data Element	Description	Value	Value Description Medicare
RACE_CD	Race code	0	Unknown
		1	White
		2	Black
		3	Hispanic
		9	Other or Asian or North American Native
		Blank	Missing

Data Element Type

Character

RSN_ENRLMT_CD: Reason for enrollment in Medicare or Medicaid

General Notes

RSN_ENRLMT_CD represents through what criteria the beneficiary currently qualifies for Medicare or Medicaid. The eligibility is based on the eligibility determination process for the most recent calendar year.

This data element is not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
RSN_ENRLMT_CD	Reason for entitlement/eligibility code	1	Children
		2	CHIP
		3	Adult
		4	Disabled
		5	Aged
		6	Expansion
		7	End-stage renal disease (ESRD)
		8	ESRD and disabled
		Blank	Missing

Data Element Type

Character

RSTRCTD_BNFTS_CD: Monthly restricted benefit code

General Notes

RSTRCTD_BNFTS_CD indicates the scope of Medicaid or CHIP benefits to which a beneficiary was entitled in calendar year 2016.

This data element is not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
RSTRCTD_BNFTS_CD	Restricted benefits	0	Individual was either not eligible or was eligible for restricted benefits for Medicaid or Children's Health Insurance Program (CHIP)
		1	Individual was eligible for Medicaid or CHIP and entitled to the full scope of Medicaid or CHIP benefits
		Blank	Missing

Data Element Type

Character

SEX_IDENT_CD: Sex

General Notes

SEX_IDENT_CD represents the person's biological sex. All non-male, non-female values are set to "U".

This data element is not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
SEX_IDENT_CD	Sex	M	Male
		F	Female
		U	Unknown

Data Element Type

Character

STATE_CD: State code

General Notes

STATE_CD contains the two-letter postal abbreviation code for the state of the person's latest home or mailing address.

This data element is derived from ZIP_CD.

This data element is not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
STATE_CD	State code	AL	Alabama
		AK	Alaska
		AZ	Arizona
		AR	Arkansas
		CA	California
		CO	Colorado
		CT	Connecticut
		DE	Delaware
		DC	District of Columbia
		FL	Florida
		GA	Georgia
		HI	Hawaii
		ID	Idaho
		IL	Illinois
		IN	Indiana
		IA	Iowa
		KS	Kansas
		KY	Kentucky
		LA	Louisiana
		ME	Maine
MD	Maryland		
MA	Massachusetts		
MI	Michigan		
MN	Minnesota		
MS	Mississippi		
MO	Missouri		

Data Element	Description	Value	Value Description
		MT	Montana
		NE	Nebraska
		NV	Nevada
		NH	New Hampshire
		NJ	New Jersey
		NM	New Mexico
		NY	New York
		NC	North Carolina
		ND	North Dakota
		OH	Ohio
		OK	Oklahoma
		OR	Oregon
		PA	Pennsylvania
		RI	Rhode Island
		SC	South Carolina
		SD	South Dakota
		TN	Tennessee
		TX	Texas
		UT	Utah
		VT	Vermont
		VA	Virginia
		WA	Washington
		WV	West Virginia
		WI	Wisconsin
		WY	Wyoming

Data Element Type

Character

ZIP_CD: ZIP code

General Notes

ZIP_CD contains the ZIP code for the person's latest home or mailing address. In most cases, this data element includes a five-digit ZIP code; but in some cases, it might contain a two- or three-digit ZIP code if needed to reduce disclosure risk. If the data element contains a two- or three-digit ZIP code, the data element will contain the ZIP code and a number of X's so that the data element is five characters long.

This data element is not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
ZIP_CD	ZIP code	nnnnn	ZIP code
		Blank	Missing

Data Element Type

Character

CLAIMS-LEVEL FILES

ADMSN_TYPE: Admission type

General Notes

ADMSN_TYPE contains a code indicating the type and priority of an inpatient admission.

All claims with admission type of “newborn” were removed from the SyH-DR to reduce disclosure risk.

This data element is synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
ADMSN_TYPE	Admission type	1	Emergency: The patient requires immediate medical intervention as a result of severe, life-threatening, or potentially disabling conditions. Generally, the patient is admitted through the emergency room.
		2	Urgent: The patient requires immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient is admitted to the first available and suitable accommodation.
		3	Elective: The patient's condition permits adequate time to schedule the availability of a suitable accommodation.
		5	Trauma: The patient visits a trauma center. (A trauma center means a facility licensed or designated by the state or local government authority authorized to do so, or as verified by the American College of Surgeons and involving a trauma activation.)
		Blank	Missing

Data Element Type

Character

AT_SPCLTY: Attending physician specialty

General Notes

AT_SPCLTY contains the code used to identify the Centers for Medicare & Medicaid Services (CMS) specialty code corresponding to the attending physician.

This data element is not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
AT_SPCLTY	Attending physician's specialty	0	Carrier-wide
		1	General practice
		2	General surgery
		3	Allergy/immunology
		4	Otolaryngology
		5	Anesthesiology
		6	Cardiology
		7	Dermatology
		8	Family practice
		9	Interventional pain management (IPM) (eff. 4/1/03)
		10	Gastroenterology
		11	Internal medicine
		12	Osteopathic manipulative therapy
		13	Neurology
		14	Neurosurgery
		15	Speech/language pathology
		16	Obstetrics/gynecology
		17	Hospice and palliative care
		18	Ophthalmology
		19	Oral surgery (dentists only)
		20	Orthopedic surgery
		21	Cardiac electrophysiology
		22	Pathology
		24	Plastic and reconstructive surgery
		25	Physical medicine and rehabilitation
		26	Psychiatry
		27	General psychiatry
		28	Colorectal surgery (formerly proctology)

Data Element	Description	Value	Value Description
		29	Pulmonary disease
		30	Diagnostic radiology
		31	Intensive cardiac rehabilitation
		32	Anesthesiologist assistants (eff. 4/1/03—previously grouped with certified registered nurse anesthetists [CRNA])
		33	Thoracic surgery
		34	Urology
		35	Chiropractic
		36	Nuclear medicine
		37	Pediatric medicine
		38	Geriatric medicine
		39	Nephrology
		40	Hand surgery
		41	Optometrist
		42	Certified nurse midwife
		43	CRNA (anesthesiologist assistants were removed from this specialty 4/1/03)
		44	Infectious disease
		45	Mammography screening center
		46	Endocrinology
		47	Independent diagnostic testing facility (IDTF)
		48	Podiatry
		49	Ambulatory surgical center (formerly miscellaneous)
		50	Nurse practitioner
		51	Medical supply company with certified orthotist (certified by American Board for Certification in Prosthetics and Orthotics)
		52	Medical supply company with certified prosthetist (certified by American Board for Certification in Prosthetics and Orthotics)
		53	Medical supply company with certified prosthetist-orthotist (certified by American Board for Certification in Prosthetics and Orthotics)
		54	Medical supply company for durable medical equipment regional carrier (DMERC) (and not included in 51–53)
		55	Individual certified orthotist
		56	Individual certified prosthetist
		57	Individual certified prosthetist-orthotist
		58	Medical supply company with registered pharmacist
		59	Ambulance service supplier, (e.g., private ambulance companies, funeral homes, etc.)

Data Element	Description	Value	Value Description
		60	Public health or welfare agencies (federal, state, and local)
		61	Voluntary health or charitable agencies (e.g. National Cancer Society, National Heart Association, Catholic Charities)
		62	Psychologist (billing independently)
		63	Portable X-ray supplier
		64	Audiologist (billing independently)
		65	Physical therapist (private practice added 4/1/03) (independently practicing removed 4/1/03)
		66	Rheumatology
		67	Occupational therapist (private practice added 4/1/03) (independently practicing removed 4/1/03)
		68	Clinical psychologist
		69	Clinical laboratory (billing independently)
		70	Multispecialty clinic or group practice
		71	Registered dietitian/nutrition professional (eff. 1/1/02)
		72	Pain management (eff. 1/1/02)
		73	Mass immunization roster biller
		74	Radiation therapy centers (prior to 4/2003 this included IDTFs)
		75	Slide preparation facilities (added to differentiate them from IDTFs—eff. 4/1/03)
		76	Peripheral vascular disease
		77	Vascular surgery
		78	Cardiac surgery
		79	Addiction medicine
		80	Licensed clinical social worker
		81	Critical care (intensivists)
		82	Hematology
		83	Hematology/oncology
		84	Preventive medicine
		85	Maxillofacial surgery
		86	Neuropsychiatry
		87	All other suppliers (e.g. drug and department stores)
		88	Unknown supplier/provider specialty
		89	Certified clinical nurse specialist
		90	Medical oncology
		91	Surgical oncology
		92	Radiation oncology

Data Element	Description	Value	Value Description
		93	Emergency medicine
		94	Interventional radiology
		95	Competitive Acquisition Program (CAP) vendor (eff. 07/01/06). Prior to 07/01/06, known as independent physiological laboratory
		96	Optician
		97	Physician assistant
		98	Gynecologist/oncologist
		99	Unknown physician specialty
		A0	Hospital (DMERCs only)
		A1	SNF (DMERCs only)
		A2	Intermediate care nursing facility (DMERCs only)
		A3	Nursing facility, other (DMERCs only)
		A4	Home health agency (DMERCs only)
		A5	Pharmacy (DMERC)
		A6	Medical supply company with respiratory therapist (DMERCs only)
		A7	Department store (DMERC)
		A8	Grocery store (DMERC)
		A9	Indian Health Service (IHS), tribe and tribal organizations (non-hospital or non-hospital based facilities, eff. 1/2005)
		B1	Supplier of oxygen and/or oxygen-related equipment (eff. 10/2/07)
		B2	Pedorthic personnel (eff. 10/2/07)
		B3	Medical supply company with pedorthic personnel (eff. 10/2/07)
		B4	Does not meet definition of health care provider (e.g., rehabilitation agency, organ procurement organizations, histocompatibility labs) (eff. 10/2/07)
		B5	Ocularist
		C0	Sleep medicine
		C1	Centralized flu
		C2	Indirect payment procedure
		C3	Interventional cardiology
		C5	Dentist (eff. 7/2016)

Data Element Type

Character

CLM_CNTL_NUM: Claim control number

General Notes

CLM_CNTL_NUM is a unique identifier assigned to a claim.

This data element is masked from the original data sources. This means that it was replaced by a unique identifier that cannot be linked back to the original data sources but has a one-to-one correspondence with the data element in the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
CLM_CNTL_NUM	Claim control number	nnnnnnnnn	Claim control number
		.	Missing

Data Element Type

Numeric

CLM_TYPE_CD: Claim type code

General Notes

CLM_TYPE_CD represents the type of claim that was submitted.

This data element is not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
CLM_TYPE_CD	Claim Type Code	OP	Outpatient claim
		IP	Inpatient claim
		ED	Emergency department claim
		Blank	Missing

Data Element Type

Character

**CPT_PRCDR_CD_1–CPT_PRCDR_CD_35: Current Procedural Terminology/Healthcare
Common Procedure Coding System codes**

General Notes

Procedure codes reported in Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) and used to identify procedure performed. These codes are reported in the data elements CPT_PRCDR_CD_1–CPT_PRCDR_CD_35 (first through 35th CPT procedure codes). CPT Procedure codes are represented by five-digit codes that describe tests, surgeries, evaluations, and other medical procedures.

The CPT procedure codes are partially synthesized, which means each CPT procedure code in the SyH-DR is in the same Clinical Classifications Software (CCS) for Services and Procedures category as the code in the source files, but is not necessarily the same as the original CPT procedure code.

This data element is available in all inpatient and outpatient files except Medicaid inpatient.

Uniform Values

Data Element	Description	Value	Value Description
CPT_PRCDR_CD_1– CPT_PRCDR_CD_35	CPT procedure code and HCPCS code	nnnnn	CPT/HCPCS procedure code
		Blank	Missing

Data Element Type

Character

DSCHRG_STUS: Discharge status

General Notes

The code is used to identify the status of the patient as of the service end date.

This data element is not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
DSCHRG_STUS	Discharge status	0	Unknown value (but present in data).
		1	Discharged to home/self-care (routine charge).
		2	Discharged/transferred to other short-term general hospital for inpatient care.
		3	Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care. (For hospitals with an approved swing bed arrangement, use Code 61—swing bed. For reporting discharges/transfers to a non-certified SNF, the hospital must use Code 04—ICF.)
		4	Discharged/transferred to intermediate care facility (ICF).
		5	Discharged/transferred to another type of institution for inpatient care (including distinct parts). NOTE: Effective 1/2005, psychiatric hospital or psychiatric distinct part unit of a hospital will no longer be identified by this code. New code is 65.
		6	Discharged/transferred to home care of organized home health service organization.
		7	Left against medical advice or discontinued care.
		8	Discharged/transferred to home under care of a home IV drug therapy provider (discontinued effective 10/1/05).
		9	Admitted as an inpatient to this hospital (effective 3/1/91). In situations where a patient is admitted before midnight of the third day following the day of an outpatient service, the outpatient services are considered inpatient.
		20	Expired (did not recover—Christian Science patient).
		30	Still patient
		40	Expired at home (hospice claims only).
		41	Expired in a medical facility such as hospital, SNF, ICF, or freestanding hospice (hospice claims only).
		42	Expired—place unknown (hospice claims only).
		43	Discharged/transferred to a federal hospital (eff. 10/1/03).
		50	Hospice—home (eff. 10/96).
		51	Hospice—medical facility (eff. 10/96).
		61	Discharged/transferred within this institution to a hospital-based Medicare approved swing bed (eff. 9/01).

Data Element	Description	Value	Value Description
		62	Discharged/transferred to an inpatient rehabilitation facility including distinct parts units of a hospital (eff. 1/2002).
		63	Discharged/transferred to a long-term care hospital (eff. 1/2002).
		64	Discharged/transferred to a nursing facility certified under Medicaid but not under Medicare (eff. 10/2002).
		65	Discharged/transferred to a psychiatric hospital or psychiatric distinct unit of a hospital (these types of hospitals were pulled from patient/discharge status code 05 and given their own code). (eff. 1/2005).
		66	Discharged/transferred to a critical access hospital (CAH) (eff. 1/1/06).
		69	Discharged/transferred to a designated disaster alternative care site (eff. 10/2013).
		70	Discharged/transferred to another type of health care institution not defined elsewhere in code list.
		71	Discharged/transferred/referred to another institution for outpatient services as specified by the discharge plan of care (eff. 9/01) (discontinued effective 10/1/05).
		72	Discharged/transferred/referred to this institution for outpatient services as specified by the discharge plan of care (eff. 9/01) (discontinued effective 10/1/05).
		81	Discharged to home or self-care with a planned acute care hospital inpatient readmission.
		82	Discharged/transferred to a short-term general hospital for inpatient care with a planned acute care hospital inpatient readmission.
		83	Discharged/transferred to an SNF with Medicare certification with a planned acute care hospital inpatient readmission.
		84	Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission.
		85	Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission.
		86	Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission.
		87	Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission.
		88	Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission.
		89	Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission.
		90	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission.
		91	Discharged/transferred to a Medicare-certified long-term care hospital (LTCH) with a planned acute care hospital inpatient readmission.
		92	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital inpatient readmission.

Data Element	Description	Value	Value Description
		93	Discharged/transferred to a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission.
		94	Discharged/transferred to a CAH with a planned acute care hospital inpatient readmission.
		95	Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission.
		Blank	Missing.

Data Element Type

Character

FACILITY_ID: Facility identifier

General Notes

FACILITY_ID contains an identifier to uniquely identify the institutional provider (hospital) that provides services to the person.

This data element is masked from the original data sources. This means that it was replaced by a unique identifier that cannot be linked back to the original data sources but has a one-to-one correspondence with the data element in the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
FACILITY_ID	Facility ID	nnnnnnnnn	Facility ID
		.	Missing

Data Element Type

Numeric

ICD_PRCDR_CD_1–ICD_PRCDR_CD_25: ICD-10-PCS Procedure Codes

General Notes

Procedure codes reported in ICD Procedure Coding System (ICD-10-PCS) are used to identify the procedure performed. These codes are reported in the data elements ICD_PRCDR_CD_1–ICD_PRCDR_CD_25 (first through 25th ICD-10 procedure codes). ICD-10 procedure codes are represented by alphanumeric codes with a maximum length of seven characters, with the first character describing a section (e.g., medical and surgical, obstetrics, etc.).

The ICD-10 procedure codes are partially synthesized, which means each ICD-10 procedure code in the SyH-DR is in the same Clinical Classifications Software (CCS) category as the code in the source files.

This data element is available in all inpatient and outpatient files except Medicaid outpatient.

Uniform Values

Data Element	Description	Value	Value Description
ICD_PRCDR_CD_1– ICD_PRCDR_CD_25	ICD-10-PCS procedure code	nnnnnnn	ICD-10 procedure code
		Blank	Missing

Data Element Type

Character

LOS: Length of stay

General Notes

LOS is the duration in number of days associated with a particular claim. The duration includes the days that the claim began and ended. For example, if a patient is admitted on Monday and released on Wednesday of that week, LOS would equal three for that claim.

This data element is not synthesized from the original data sources.

LOS is capped at 60 days, and there was a small amount of noise added to length of stays between 20 and 40.

Uniform Values

Data Element	Description	Value	Value Description
LOS	Length of stay	nnn	Length of stay in number of days
		.	Missing

Data Element Type

Numeric

PERSON_ID: Unique person identifier

General Notes

PERSON_ID is a unique person identification number for each person who is enrolled in Medicare, Medicaid, or commercial insurance.

This data element is masked from the original data sources. This means that it was replaced by a unique identifier that cannot be linked back to the original data sources but has a one-to-one correspondence with the data element in the original data sources.

This data element is not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
Person_ID	Unique person identifier	nnnnnnnnn	Person ID
		.	Missing

Data Element Type

Numeric

PERSON_WGHT: Person weight

General Notes

PERSON_WGHT is a weight assigned to each person. To produce estimates that project the sample to the corresponding populations, use person-level weights.

Uniform Values

Data Element	Description	Value	Value Description
PERSON_WGHT	Person weight	nn.nn	Person weight
		.	Missing

Data Element Type

Numeric

PLAN_PMT_AMT: Plan payment amount

General Notes

PLAN_PMT_AMT is the total amount paid by the payer (Medicare, Medicaid, or commercial) on a particular claim.

This data element is synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
PLAN_PMT_AMT	Plan payment amount	Dollars	Plan payment amount
		.	Missing

Data Element Type

Numeric

PRMRY_DX_CD and ICD_DX_CD_1–ICD_DX_CD_25: ICD-10-CM diagnosis

General Notes

All diagnosis codes are ICD-10-CM codes (International Classification of Disease, 10th Revision clinical modification codes) in the SyH-DR. These codes are reported in the data elements PRMRY_DX_CD (primary diagnosis code) and ICD_DX_CD_1–ICD_DX_CD_25 (first through 25th diagnosis codes).

ICD-10-CM diagnoses are represented by alphanumeric codes with a maximum length of 7 characters and implicit decimals (decimals not included). The first digit is always a character, the second digit is always numeric, and all subsequent digits can be characters or numeric.

The diagnosis codes are partially synthesized, which means the first three characters were retained from the source values, and the subsequent characters were synthesized.

The primary diagnosis code is always the same as ICD_DX_CD_1 and it retains its position. However, through the synthesization process, secondary diagnosis codes (ICD_DX_CD_2–ICD_DX_CD_25) are randomly rearranged to fill ICD_DX_CD_2–ICD_DX_CD_X, where X is the number of non-missing and valid secondary diagnoses.

Uniform Values

Data Element	Description	Value	Value Description
PRMRY_DX_CD and ICD_DX_CD_1– ICD_DX_CD_25	ICD-10-CM diagnosis code	nnnnnnn	Diagnosis code
		Blank	Missing

Data Element Type

Character

SRVC_BEG_DATE: Service begin date of a claim

General Notes

SRVC_BEG_DATE reports the beginning date of service for a particular claim. For an inpatient claim, it is the date the person was admitted to a facility. For an outpatient or emergency department claim, it is the date when service began.

This data element is not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
SRVC_BEG_DATE	Service begin date	MMDDYYYY	Service begin date
		.	Missing

Data Element Type

Numeric

SRVC_END_DATE: Service end date of a claim

General Notes

SRVC_END_DATE reports the end date of service for a particular claim. For an inpatient claim, it is the date the person was discharged from a facility. For an outpatient and emergency department claim, it is the date when service ended.

This data element is not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
SRVC_END_DATE	Service end date	MMDDYYYY	Service end date
		.	Missing

Data Element Type

Numeric

TOB_CD: Type of bill code

General Notes

TOB_CD contains a three-digit code that represents the type of bill, which is a combination of facility type and type of care. The first digit is always 0, the second digit represents the type of facility, and the third digit represents the type of care.

This data element is not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
TOB_CD	Type of bill code	11	Hospital inpatient
		13	Hospital outpatient
		41	Religious non-medical hospital inpatient
		83	Special facility or hospital ambulatory surgery center (ASC) surgery—outpatient
		85	Critical access hospital
		Blank	Missing

Data Element Type

Character

TOT_CHRG_AMT: Total charge amount

General Notes

TOT_CHRG_AMT is the total amount billed for a particular claim, as submitted to the payer (Medicare, Medicaid, or commercial) by the provider.

This data element is synthesized from the original data sources.

This data element is available for all Medicare and Medicaid inpatient and outpatient files, but not for commercial inpatient and outpatient files.

Uniform Values

Data Element	Description	Value	Value Description
TOT_CHRG_AMT	Total charge amount	Dollars	Total charge amount
		.	Missing

Data Element Type

Numeric

PHARMACY FILES

CLM_CNTL_NUM: Inpatient/outpatient claim control number

General Notes

CLM_CNTL_NUM contains an identifier assigned to an inpatient or outpatient claim. This claim control number is only populated for inpatient and outpatient claims where a prescription drug was administered, which is why it is included in the pharmacy files rather than the inpatient and outpatient files.

This data element is masked from the original data sources. This means that it was replaced by a unique identifier that cannot be linked back to the original data sources but has a one-to-one correspondence with the data element in the original data sources.

Uniform Values

Data element	Description	Value	Value Description
CLM_CNTL_NUM	Claim control number	nnnnnnnnn	Claim control number
		.	Missing

Data Element Type

Numeric

FILL_DT: Prescription fill date

General Notes

FILL_DT contains the date on which the prescription was filled.

This data element is not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
FILL_DT	Prescription fill date	MMDDYYYY	Prescription fill date
		.	Missing

Data Element Type

Numeric

GENERIC_DRUG_NAME: Generic drug name

General Notes

Generic drug names (GENERIC_DRUG_NAME) were derived from National Drug Classification (NDC) codes using the mapping in the Multum drug, herbal and nutraceutical database.

GENERIC_DRUG_NAME is partially synthesized because the generic drug name in the SyH-DR is in the original Multum therapeutic class but may not be the original generic drug name.

Uniform Values

Data Element	Description	Value	Value Description
GENERIC_DRUG_NAME	Generic drug name	Up to 50 characters	Generic drug name
		Blank	Missing

Data Element Type

Character

LINE_NBR: Claim line number

General Notes

LINE_NBR contains line number to distinguish distinct services that are submitted on the same claim ID.

This two-character data element identifies an individual line number for a district service on a claim and is not synthesized from the original data source.

Uniform Values

Data Element	Description	Value	Value Description
LINE_NBR	Claim line number	nn	Claim line number
		Blank	Missing

Data Element Type

Character

PERSON_ID: Unique person identifier

General Notes

PERSON_ID is a unique person identification number for each person who is enrolled in Medicare, Medicaid or commercial insurance.

This data element is masked from the original data sources. This means that it was replaced by a unique identifier that cannot be linked back to the original data sources but has a one-to-one correspondence with the data element in the original data sources.

This data element is not synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
Person_ID	Unique person identifier	nnnnnnnnn	Person ID
		.	Missing

Data Element Type

Numeric

PERSON_WGHT: Person weight

General Notes

PERSON_WGHT is a weight assigned to each person. To produce estimates that project the sample to the corresponding populations, use person-level weights.

Uniform Values

Data Element	Description	Value	Value Description
PERSON_WGHT	Person weight	nn.nn	Person weight
		.	Missing

Data Element Type

Numeric

PHMCY_CLM_NUM: Pharmacy claim number

General Notes

PHMCY_CLM_NUM is a nine-digit unique identifier for a prescription drug event.

This data element is masked from the original data sources. This means that it was replaced by a unique identifier that cannot be linked back to the original data sources but has a one-to-one correspondence with the data element in the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
PHMCY_CLM_NUM	Pharmacy claim number	nnnnnnnn	Pharmacy claim number
		.	Missing

Data Element Type

Numeric

PLAN_PMT_AMT: Plan payment amount

General Notes

PLAN_PMT_AMT is the total amount paid by the payer (Medicare, Medicaid, or commercial) on a prescription drug-related inpatient, outpatient, or pharmacy claim.

This data element is synthesized from the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
PLAN_PMT_AMT	Plan payment amount	Dollars	Plan payment amount
		.	Missing

Data Element Type

Numeric

TOT_CHRG_AMT: Total charge amount

General Notes

TOT_CHRG_AMT is the total amount billed for a particular claim, as submitted to the payer (Medicare, Medicaid, or commercial) on a prescription drug-related inpatient, outpatient, or pharmacy claim.

This data element is synthesized from the original data sources.

This data element is available for all Medicare and Medicaid pharmacy files, but not for the commercial pharmacy file.

Uniform Values

Data Element	Description	Value	Value Description
TOT_CHRG_AMT	Total charge Amount	Dollars	Total charge amount
		.	Missing

Data Element Specifications

Numeric

FACILITY-LEVEL FILES

FACILITY_ID: Facility identifier

General Notes

FACILITY_ID contains an identifier to uniquely identify the institutional provider (hospital) that provides services to the person.

This data element is masked from the original data sources. This means that it was replaced by a unique identifier that cannot be linked back to the original data sources but has a one-to-one correspondence with the data element in the original data sources.

Uniform Values

Data Element	Description	Value	Value Description
FACILITY_ID	Facility ID	nnnnnnnnn	Facility ID
		.	Missing

Data Element Type

Numeric

PRVDR_CTGRY_CD: Provider category

General Notes

PRVDR_CTGRY_CD indicates the type of hospital according to CMS' Provider of Services (POS) Current Files. The values were recoded from the values in the POS files to reduce re-identification risk.

Source: [CMS Provider of Services Current Files](#)

Uniform Values

Data Element	Description	Value	Value Description
PRVDR_CTGRY_CD	Provider category code	1	Short term
		2	Long term
		3	Other
		.	Missing

Data Element Type

Numeric

PRVDR_OWNRSH_CD: Provider ownership code

General Notes

PRVDR_OWNRSH_CD indicates the type of ownership of the hospital according to CMS' Provider of Services (POS) Current Files. The values were recoded from the values in the POS files to reduce re-identification risk.

Source: [CMS Provider of Services Current Files](#)

Uniform Values

Data Element	Description	Value	Value Description
PRVDR_OWNRSH_CD	Provider ownership code	1	Government, nonfederal
		2	Private, not-profit
		3	Private, for-profit
		4	Other
		.	Missing

Data Element Type

Numeric

PRVDR_PRTCPTN_CD: Provider program participation code

General Notes

PRVDR_PRTCPTN_CD indicates whether the provider participates in Medicare, Medicaid, or both according to CMS' Provider of Services (POS) Current Files.

There are a small number of providers in the Medicaid files that have a "Medicare only" value for this data element. Likely reasons for this are that some providers may see Medicaid patients but not be registered with the state Medicaid agency either because the providers are seeing only dual eligible beneficiaries, or they work for a managed care organization (MCO) where the MCO has a contract with the state Medicaid agency rather than the provider.

Source: [CMS Provider of Services Current Files](#)

Uniform Values

Data Element	Description	Value	Value Description
PRVDR_PRTCPTN_CD	Provider program participation code	1	Medicare only
		2	Medicaid only
		3	Medicare and Medicaid
		.	Missing

Data Element Type

Numeric



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