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| To: | CMS Data Governance Board |
| From: | Kimberly Lochner, Sc.D., Statistician, CMS/OEDA |
| CC: | Christine S. Cox, Acting Director, CMS/OEDA |
| Date: | September 8, 2017 |
| Re: | Statistical Certification for FHIR Synthetic Public Use File (FHIR-SynPUF) |

Blue Button was established in 2010 as a joint effort of CMS and the Veteran’s Administration and was created to assist program participants with accessing their electronic health information. Since that time, Blue Button has been used by more than one million beneficiaries to download their CMS information via the MyMedicare.gov portal. However, the current text and PDF downloadable files currently delivered by Medicare Blue Button become challenging when handling large amounts of data, or converting the content into reusable data for further analysis. The Blue Button® API project aims to enhance CMS’ current Blue Button service to provide a developer-friendly, standards-based data Application Programming Interface (API) that enables beneficiaries to connect their Medicare claims data to the applications, services, and research programs they trust. The Blue Button API will use HL7’s Fast Healthcare Interoperability Resource (FHIR®) framework to ensure data are in a structured format that can be accepted by a wide range of applications and services. As part of the Blue Button API development efforts, test de-identified data in FHIR format are needed. These de-identified data are intended for use by third-party Blue Button software developers, to assist them in the development, testing, and demonstration of their applications. By leveraging this public resource, developers will be able to better provide applications that improve Medicare beneficiaries’ access to their own health data and ensure they have the information they need to help make informed choices as they seek care.

This report documents the de-identification and statistical certification of the CMS FHIR Synthetic Public Use File (FHIR-SynPUF). The document describes the purpose of the FHIR-SynPUF, intended users, and the privacy protections implemented. The document also lists the variables typically found in Medicare beneficiary and claims data files that were selected for inclusion in the FHIR-SynPUF (see Appendix).

**The FHIR Synthetic Public Use File**

CMS employed a variety of statistical disclosure limitation techniques discussed in the literature, such as Working Paper 22 by the Federal Committee on Statistical Methodology (FCSM)[[1]](#footnote-1), to achieve de-identification. The privacy protections apply to individual Medicare beneficiaries in the FHIR-SynPUF and protect beneficiaries from identity and attribute disclosure, as required by the HIPAA Privacy Rule. The FHIR-SynPUF cannot be used to find out the actual cost for a specific patient or to identify a given individual in the cohorts. Due to the beneficiary privacy protections implemented, the actual information available in the FHIR-SynPUF was significantly altered and is not recommended for estimating average costs or relating specific diagnoses or procedures to specific reimbursements. The FHIR-SynPUF is primarily useful for learning how to work with the types of data that will be available via the Blue Button API, but not to gather any reliable quantitative understanding of the clinical, demographics, or epidemiology of the Medicare population. The FHIR-SynPUF is not a study or research file, it is meant to serve as a working file for software developers to test application functionality.

The FHIR-SynPUF is a data file constructed from Medicare beneficiary and claims data for a cohort of 30,000 beneficiaries selected from the years 1999, 2000, and 2014. It contains Medicare Part A inpatient claims, Part B physician (i.e. carrier) claims, and Part D prescription event records. In addition to these claim files, a beneficiary file is included in the FHIR-SynPUF. Each synthetic Medicare beneficiary is assigned a new and unique beneficiary identifier, which is included in the beneficiary file and the claim files so as to allow the FHIR-SynPUF files to be linked by beneficiary identifier.

Population Frame. The starting point for selecting 30,000 beneficiaries for the construction of the FHIR-SynPUF was the set of individuals meeting the following criteria:

* Cohort reference years
  + 1999 (claim years 1999, 2000, 2001)
  + 2000 (claim years 2000, 2001, 2002)
  + 2014 (claim years 2014, 2015, 2016);
* Not part of the Medicare enhanced 5% research sample available to external researchers via the Research Data Assistance Center (ResDAC);
* Age that is 65-75 years based upon their cohort reference year date of birth;
* Not ESRD eligible;
* Medicare original reason for entitlement is through old age and survivor’s insurance (i.e. “aged”);
* Medicare enrollment is 12 months fee-for-service (FFS) (A&B), e.g. full FFS for cohort reference year and claim years;
* Alive for cohort reference year and all three claim years associated with the reference year;
* Have at least one or at most 25 Part B non-institutional physician (i.e. carrier) claims

A simple random sample of 10,000 beneficiaries meeting the above criteria were selected for each of the three reference years, for a total of 30,000 unique beneficiaries. These beneficiaries were assigned a random beneficiary identifier, which is used to link them to the synthetic claims data.

Claims Data. For each of the beneficiary cohorts selected, the Part A and Part B claims in the FHIR-SynPUF span three years. The Part D claims span the years 2014-2016 and only are available for the 10,000 beneficiaries selected in the 2014 cohort. Since not all FFS Medicare beneficiaries are enrolled in a prescription drug plan, some beneficiaries in the 2014 cohort will not have Part D claims data. The claims data do not come from the beneficiary cohorts. For each beneficiary in the cohort, a random sample of donor claims is included that matches the frequency and type of claims found in the originally sampled beneficiary record.

Part A and Part B donor claims had to meet the following criteria:

* Meet the population inclusion criteria (described on page 2);
* Not be claims from the sampled beneficiary cohorts;
* Exclude claims with the following ICD-9 dx codes
  + Infectious And Parasitic Diseases 001-139
  + Mental Disorders 290-319
  + Complications Of Pregnancy, Childbirth, And The Puerperium 630-679
  + Congenital Anomalies 740-759
  + Certain Conditions Originating In The Perinatal Period 760-779
  + Injury And Poisoning 800-999
  + Supplementary Classification Of Factors Influencing Health Status And Contact With Health Services V01-V91
  + Supplementary Classification Of External Causes Of Injury And Poisoning E000-E999
* Exclude claims with the following ICD-10 dx codes
  + Certain infectious and parasitic diseases A00-B99
  + Mental, Behavioral and Neurodevelopmental disorders F01-F99
  + Pregnancy, childbirth and the puerperium O00-O9A
  + Certain conditions originating in the perinatal period P00-P96
  + Congenital malformations, deformations and chromosomal abnormalities Q00-Q99
  + Injury, poisoning and certain other consequences of external causes S00-T88
  + External causes of morbidity V00-Y99
  + Factors influencing health status and contact with health services Z00-Z99.
* Exclude claims with the following DRG codes
  + 202 CIRRHOSIS & ALCOHOLIC HEPATITIS
  + 425 ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION
  + 426 DEPRESSIVE NEUROSES
  + 427 NEUROSES EXCEPT DEPRESSIVE
  + 429 ORGANIC DISTURBANCES & MENTAL RETARDATION
  + 430 Psychoses
  + 432 OTHER MENTAL DISORDER DIAGNOSES
  + 433 ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA
  + 449 POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC
  + 450 POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC
  + 455 OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC
  + 521 ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC
  + 522 ALC/DRUG ABUSE OR DEPEND W REHABILITATION THERAPY W/O CC 523 ALC/DRUG ABUSE OR DEPEND W/O REHABILITATION THERAPY W/O CC
  + 884 ORGANIC DISTURBANCES & MENTAL RETARDATION 885 PSYCHOSES
  + 895 ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY
  + 896 ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC
  + 897 ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC
  + 918 POISONING & TOXIC EFFECTS OF DRUGS W/O MCC

Part D donor claims had to meet the following criteria:

* Meet the population inclusion criteria, with the exception that the criteria of excluding beneficiaries with more than 25 claims was not applied;
* Not be claims from the beneficiary cohorts;
* Only include claims for the top 200 national drug codes (NDCs)[[2]](#footnote-2) by fill count in each year.

**Privacy Protections in the FHIR-SynPUF**

Records in the FHIR-SynPUF have a similar structure to real Medicare data and are constructed from real claims data. However, because of the use of statistical techniques such as random sampling, data coarsening, and substitution to protect beneficiary privacy, the FHIR-SynPUF is not representative of sampled Medicare beneficiaries and their claims. Distributions observed in the FHIR-SynPUF will differ from their true distribution in the source data and correlations will not be maintained. Claims with rare or sensitive diagnoses have been excluded, thus under-stating the true diversity of the data. This applies to Part D claims also as only the most common national drug codes were included.

The privacy protections implemented include:

* Complete data imputation of PII.
  + All beneficiaries with sex as female will have first name = Jane; middle name = X; last name = Doe
  + All beneficiaries with sex as male will have first name = John; middle name = X; last name = Doe
  + HIC number will be set to a random number
* Sub-sampling. As previously described, the FHIR-SynPUF uses a random sample of 10,000 Medicare beneficiaries pulled for each of three reference years. The sample was drawn by CMS/OEDA staff. The sample was constructed so that no user will have any way of determining the members of the sample.
* Claims substitution. Donor claims that are not the claims of sampled beneficiary cohorts have been randomly assigned to the beneficiary cohorts.
* Outliers dropped or truncated.
  + Beneficiaries with more than 25 claims were excluded from the sampled beneficiary cohorts.
  + Outlier values for specific variables were truncated or set to unknown.
* Suppression addresses privacy concerns that might have been associated with rare or sensitive diagnoses or prescription drugs that might indicate rare or sensitive conditions.
  + Claims with several diagnoses and DRG codes have been omitted completely;
  + Drug claims that do not reflect the 200 most common NDCs have been omitted completely.
* Imputation
  + Beneficiary geographic identifiers at the level below state have been imputed. All beneficiary county codes have been imputed to a value of ‘999’ and all beneficiary ZIP-codes have been imputed to a value of ‘99999’
  + Beneficiary month and day of birth have been imputed. Month of birth has been imputed to ‘06’ and date of birth has been imputed to ‘30’
  + Claim service dates and paid date have been set to the first of each month.
* Rounding. Rounding is a form of aggregation that was applied to all dollar amounts in the claims. This prevents the capability of linking synthetic claims to a unique source claim. Dollar amounts were rounded as follows:
  + ($) 0-99, Round to the nearest 10
  + ($) 100-999, Round to the nearest 50
  + ($) 1,000-4,999, Round to the nearest 1,000
  + ($) 5,000-9,999, Round to the nearest 5,000
  + ($)10,000 or greater, Round to the nearest 10,000
* Provider identifiers (provider ID, name, tax number, geographic location, etc.) are either not included on the FHIR-SynPUF or the fields are set to a series of ‘9’s’.
* The FHIR-SynPUF does not contain any data base keys that link it to any external data sources.

The statistical disclosure limitation techniques employed in the FHIR-SynPUF use generally accepted statistical methods for making information not individually identifiable. On the basis of the documentation that I have reviewed, I conclude that the FHIR-SynPUF qualifies as not personally identifiable health information in terms of the HIPAA Privacy Rule, 45 CFR 164.§514b. I state that the risk is extremely small that the information in the FHIR-SynPUF could be used, alone or in combination with other reasonably available information, to identify an individual Medicare beneficiary.

Appendix: Variable list

**Beneficiary file**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Variable** | **Column Label** | **Type** | **Length** | **SynPUF Data Edits** |
| DML\_IND |  |  |  | All rows should be 'INSERT'. |
| BENE\_ID | Beneficiary ID | CHAR | 15 | Random sequential number. |
| STATE\_CODE | State Code (SSA code) | CHAR | 2 | Unchanged. |
| BENE\_COUNTY\_CD | County Code | CHAR | 3 | Set to ‘999’. |
| BENE\_ZIP\_CD | Zip Code of Residence | CHAR | 9 | Set to ‘99999’. |
| BENE\_BIRTH\_DT | Date of Birth | DATE | 8 | Month set to ‘06’; Day set to ‘01’; Year set to cohort year (1999, 2000, or 2014). |
| BENE\_SEX\_IDENT\_CD | Sex | CHAR | 1 | Unchanged. |
| BENE\_RACE\_CD | Beneficiary Race Code | CHAR | 1 | Unchanged. |
| BENE\_ENTLMT\_RSN\_ORIG | Original Reason for Entitlement Code | CHAR | 1 | Unchanged. |
| BENE\_ENTLMT\_RSN\_CURR | Current Reason for Entitlement Code | CHAR | 1 | Unchanged. |
| BENE\_ESRD\_IND | ESRD Indicator | CHAR | 1 | Unchanged. |
| BENE\_MDCR\_STATUS\_CD | Medicare Status Code | CHAR | 2 | Unchanged. |
| BENE\_PTA\_TRMNTN\_CD | Part A Termination Code | CHAR | 1 | Unchanged. |
| BENE\_PTB\_TRMNTN\_CD | Part B Termination Code | CHAR | 1 | Unchanged. |
| BENE\_CRNT\_HIC\_NUM | Beneficiary Current HIC Number | CHAR |  | Random sequential number. |
| BENE\_SRNM\_NAME | Beneficiary Surname Name | CHAR |  | Set to ‘Doe’. |
| BENE\_GVN\_NAME | Beneficiary Given Name | CHAR |  | Female set to ‘Jane’; Male set to ‘John’. |
| BENE\_MDL\_NAME | Beneficiary Middle Name | CHAR |  | Set to ‘X.’ |

**Inpatient file**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Variable** | **Column Label** | **Type** | **Length** | **SynPUF Data Edits** |
| **Base Claim File** |  |  |  |  |
| DML\_IND |  |  |  | All rows should be 'INSERT' |
| BENE\_ID | Beneficiary ID | CHAR | 15 | Random sequential number that matches a BENE\_ID value on beneficiary file |
| CLM\_ID | Claim ID | CHAR | 15 | Random number |
| CLM\_GRP\_ID |  | CHAR | max length 12 | Random number independent of CLM\_ID |
| FINAL\_ACTION |  | CHAR | 1 | Set to ‘F’ |
| NCH\_NEAR\_LINE\_REC\_IDENT\_CD | NCH Near Line Record Identification Code | CHAR | 1 | Unchanged |
| NCH\_CLM\_TYPE\_CD | NCH Claim Type Code | CHAR | 2 | Unchanged |
| CLM\_FROM\_DT | Claim From Date | DATE | 8 | Day set to ‘01’ |
| CLM\_THRU\_DT | Claim Through Date (Determines Year of Claim) | DATE | 8 | Day set to ‘01’ |
| NCH\_WKLY\_PROC\_DT | NCH Weekly Claim Processing Date | DATE | 8 | Unchanged |
| FI\_CLM\_PROC\_DT | FI Claim Process Date | DATE | 8 | Unchanged |
| CLAIM\_QUERY\_CODE | Claim Query Code | CHAR | 1 | Unchanged |
| PRVDR\_NUM | Provider Number | CHAR | 6 | Set to '999999' |
| CLM\_FAC\_TYPE\_CD | Claim Facility Type Code | CHAR | 1 | Unchanged |
| CLM\_SRVC\_CLSFCTN\_TYPE\_CD | Claim Service classification Type Code | CHAR | 1 | Unchanged |
| CLM\_FREQ\_CD | Claim Frequency Code | CHAR | 1 | Unchanged |
| FI\_NUM | FI Number | CHAR | 5 | Set to '99999' |
| CLM\_MDCR\_NON\_PMT\_RSN\_CD | Claim Medicare Non Payment Reason Code | CHAR | 2 | Unchanged |
| CLM\_PMT\_AMT | Claim Payment Amt | NUM | 12 | Rounded |
| NCH\_PRMRY\_PYR\_CLM\_PD\_AMT | NCH Primary Payer Claim Paid Amt | NUM | 12 | Rounded |
| NCH\_PRMRY\_PYR\_CD | NCH Primary Payer Code | CHAR | 1 | All values blank |
| FI\_CLM\_ACTN\_CD | FI Claim Action Code | CHAR | 1 | Unchanged. |
| PRVDR\_STATE\_CD | NCH Provider State Code | CHAR | 2 | Set to '99' |
| ORG\_NPI\_NUM | Organization NPI Number | CHAR | 10 | If not blank then set to '9999999999' |
| AT\_PHYSN\_UPIN | Claim Attending Physician UPIN Number | CHAR | 6 | If not blank then set to '999999' |
| AT\_PHYSN\_NPI | Claim Attending Physician NPI Number | CHAR | 10 | If not blank then set to '9999999999' |
| OP\_PHYSN\_UPIN | Claim Operating Physician UPIN Number | CHAR | 6 | If not blank then set to '999999' |
| OP\_PHYSN\_NPI | Claim Operating Physician NPI Number | CHAR | 10 | If not blank then set to '9999999999' |
| OT\_PHYSN\_UPIN | Claim Other Physician UPIN Number | CHAR | 6 | If not blank then set to '999999' |
| OT\_PHYSN\_NPI | Claim Other Physician NPI Number | CHAR | 10 | If not blank then set to '9999999999' |
| CLM\_MCO\_PD\_SW | Claim MCO Paid Switch | CHAR | 1 | Unchanged |
| PTNT\_DSCHRG\_STUS\_CD | Patient Discharge Status Code | CHAR | 2 | Unchanged |
| CLM\_PPS\_IND\_CD | Claim PPS Indicator Code | CHAR | 1 | Unchanged |
| CLM\_TOT\_CHRG\_AMT | Claim Total Charge Amt | NUM | 12 | Rounded |
| CLM\_ADMSN\_DT | Claim Admission Date | DATE | 8 | Day set to ‘01’ |
| CLM\_IP\_ADMSN\_TYPE\_CD | Claim Inpatient Admission Type Code | CHAR | 1 | Unchanged |
| CLM\_SRC\_IP\_ADMSN\_CD | Claim Source Inpatient Admission Code | CHAR | 1 | Unchanged |
| NCH\_PTNT\_STATUS\_IND\_CD | NCH Patient Status Indicator Code | CHAR | 1 | Unchanged |
| CLM\_PASS\_THRU\_PER\_DIEM\_AMT | Claim Pass Thru Per Diem Amt | NUM | 12 | Rounded |
| NCH\_BENE\_IP\_DDCTBL\_AMT | NCH Beneficiary Inpatient Deductible Amt | NUM | 12 | Rounded |
| NCH\_BENE\_PTA\_COINSRNC\_LBLTY\_AM | NCH Beneficiary Part A Coinsurance Liability Amt | NUM | 12 | Rounded |
| NCH\_BENE\_BLOOD\_DDCTBL\_LBLTY\_AM | NCH Beneficiary Blood Deductible Liability Amt | NUM | 12 | Rounded |
| NCH\_PROFNL\_CMPNT\_CHRG\_AMT | NCH Professional Component Charge | NUM | 12 | Rounded |
| NCH\_IP\_NCVRD\_CHRG\_AMT | NCH Inpatient Noncovered Charge | NUM | 12 | Rounded |
| NCH\_IP\_TOT\_DDCTN\_AMT | NCH Inpatient Total Deduction Amount | NUM | 12 | Rounded |
| CLM\_TOT\_PPS\_CPTL\_AMT | Claim Total PPS Capital Amt | NUM | 12 | Rounded |
| CLM\_PPS\_CPTL\_FSP\_AMT | Claim PPS Capital FSP Amt | NUM | 12 | Rounded |
| CLM\_PPS\_CPTL\_OUTLIER\_AMT | Claim PPS Capital Outlier Amt | NUM | 12 | Rounded |
| CLM\_PPS\_CPTL\_DSPRPRTNT\_SHR\_AMT | Claim PPS Capital Disproportionate Share Amt | NUM | 12 | Rounded |
| CLM\_PPS\_CPTL\_IME\_AMT | Claim PPS Capital IME Amt | NUM | 12 | Rounded |
| CLM\_PPS\_CPTL\_EXCPTN\_AMT | Claim PPS Capital Exception Amt | NUM | 12 | Rounded |
| CLM\_PPS\_OLD\_CPTL\_HLD\_HRMLS\_AMT | Claim PPS Old Capital Hold Harmless Amt | NUM | 12 | Rounded |
| CLM\_PPS\_CPTL\_DRG\_WT\_NUM | Claim PPS Capital DRG Weight Number | NUM | 8 | Set to 0 |
| CLM\_UTLZTN\_DAY\_CNT | Claim Utilization Day Count | NUM | 3 | Reset to random number 1-10 |
| BENE\_TOT\_COINSRNC\_DAYS\_CNT | Beneficiary Total Coinsurance Days Count | NUM | 3 | Reset to random number 1-10 |
| BENE\_LRD\_USED\_CNT | Beneficiary LRD Used Count | NUM | 3 | Reset to random number 1-10 |
| CLM\_NON\_UTLZTN\_DAYS\_CNT | Claim Non Utilization Days Count | NUM | 5 | Reset to random number 1-10 |
| NCH\_BLOOD\_PNTS\_FRNSHD\_QTY | NCH Blood Pints Furnished Quantity | NUM | 3 | Unchanged |
| NCH\_VRFD\_NCVRD\_STAY\_FROM\_DT | NCH Verified Noncovered Stay From Date | DATE | 8 | Day set to ‘01’ |
| NCH\_VRFD\_NCVRD\_STAY\_THRU\_DT | NCH Verified Noncovered Stay Through Date | DATE | 8 | Day set to ‘01’ |
| NCH\_ACTV\_OR\_CVRD\_LVL\_CARE\_THRU | NCH Active or Covered Level Care Thru Date | DATE | 8 | Day set to ‘01’ |
| NCH\_BENE\_MDCR\_BNFTS\_EXHTD\_DT\_I | NCH Beneficiary Medicare Benefits Exhausted Date | DATE | 8 | Day set to ‘01’ |
| NCH\_BENE\_DSCHRG\_DT | NCH Beneficiary Discharge Date | DATE | 8 | Day set to ‘01’ |
| CLM\_DRG\_CD | Claim Diagnosis Related Group Code | CHAR | 3 | Sensitive or rare diagnoses codes and DRGs excluded. |
| CLM\_DRG\_OUTLIER\_STAY\_CD | Claim Diagnosis Related Group Outlier Stay Code | CHAR | 1 | Unchanged |
| NCH\_DRG\_OUTLIER\_APRVD\_PMT\_AMT | NCH DRG Outlier Approved Payment Amt | NUM | 12 | Rounded |
| ADMTG\_DGNS\_CD | Claim Admitting Diagnosis Code | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ADMTG\_DGNS\_VRSN\_CD | Claim Admitting Diagnosis Code Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged |
| PRNCPAL\_DGNS\_CD | Primary Claim Diagnosis Code | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| PRNCPAL\_DGNS\_VRSN\_CD | Primary Claim Diagnosis Code Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged |
| ICD\_DGNS\_CD1 | Claim Diagnosis Code I | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD1 | Claim Diagnosis Code I Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged |
| CLM\_POA\_IND\_SW1 | Claim Diagnosis Code I Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged |
| ICD\_DGNS\_CD2 | Claim Diagnosis Code II | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD2 | Claim Diagnosis Code II Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged |
| CLM\_POA\_IND\_SW2 | Claim Diagnosis Code II Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged |
| ICD\_DGNS\_CD3 | Claim Diagnosis Code III | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD3 | Claim Diagnosis Code III Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged |
| CLM\_POA\_IND\_SW3 | Claim Diagnosis Code III Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged |
| ICD\_DGNS\_CD4 | Claim Diagnosis Code IV | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD4 | Claim Diagnosis Code IV Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged |
| CLM\_POA\_IND\_SW4 | Claim Diagnosis Code IV Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged |
| ICD\_DGNS\_CD5 | Claim Diagnosis Code V | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD5 | Claim Diagnosis Code V Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged |
| CLM\_POA\_IND\_SW5 | Claim Diagnosis Code V Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged |
| ICD\_DGNS\_CD6 | Claim Diagnosis Code VI | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD6 | Claim Diagnosis Code VI Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged |
| CLM\_POA\_IND\_SW6 | Claim Diagnosis Code VI Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged |
| ICD\_DGNS\_CD7 | Claim Diagnosis Code VII | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD7 | Claim Diagnosis Code VII Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged |
| CLM\_POA\_IND\_SW7 | Claim Diagnosis Code VII Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged |
| ICD\_DGNS\_CD8 | Claim Diagnosis Code VIII | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD8 | Claim Diagnosis Code VIII Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged |
| CLM\_POA\_IND\_SW8 | Claim Diagnosis Code VIII Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged |
| ICD\_DGNS\_CD9 | Claim Diagnosis Code IX | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD9 | Claim Diagnosis Code IX Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged |
| CLM\_POA\_IND\_SW9 | Claim Diagnosis Code IX Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged |
| ICD\_DGNS\_CD10 | Claim Diagnosis Code X | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD10 | Claim Diagnosis Code X Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged |
| CLM\_POA\_IND\_SW10 | Claim Diagnosis Code X Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged |
| ICD\_DGNS\_CD11 | Claim Diagnosis Code XI | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD11 | Claim Diagnosis Code XI Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| CLM\_POA\_IND\_SW11 | Claim Diagnosis Code XI Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD12 | Claim Diagnosis Code XII | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD12 | Claim Diagnosis Code XII Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| CLM\_POA\_IND\_SW12 | Claim Diagnosis Code XII Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD13 | Claim Diagnosis Code XIII | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD13 | Claim Diagnosis Code XIII Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| CLM\_POA\_IND\_SW13 | Claim Diagnosis Code XIII Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD14 | Claim Diagnosis Code XIV | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD14 | Claim Diagnosis Code XIV Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| CLM\_POA\_IND\_SW14 | Claim Diagnosis Code XIV Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD15 | Claim Diagnosis Code XV | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD15 | Claim Diagnosis Code XV Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| CLM\_POA\_IND\_SW15 | Claim Diagnosis Code XV Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD16 | Claim Diagnosis Code XVI | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD16 | Claim Diagnosis Code XVI Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| CLM\_POA\_IND\_SW16 | Claim Diagnosis Code XVI Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD17 | Claim Diagnosis Code XVII | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD17 | Claim Diagnosis Code XVII Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| CLM\_POA\_IND\_SW17 | Claim Diagnosis Code XVII Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD18 | Claim Diagnosis Code XVIII | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD18 | Claim Diagnosis Code XVIII Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| CLM\_POA\_IND\_SW18 | Claim Diagnosis Code XVIII Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD19 | Claim Diagnosis Code XIX | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD19 | Claim Diagnosis Code XIX Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| CLM\_POA\_IND\_SW19 | Claim Diagnosis Code XIX Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD20 | Claim Diagnosis Code XX | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD20 | Claim Diagnosis Code XX Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| CLM\_POA\_IND\_SW20 | Claim Diagnosis Code XX Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD21 | Claim Diagnosis Code XXI | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD21 | Claim Diagnosis Code XXI Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| CLM\_POA\_IND\_SW21 | Claim Diagnosis Code XXI Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD22 | Claim Diagnosis Code XXII | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD22 | Claim Diagnosis Code XXII Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| CLM\_POA\_IND\_SW22 | Claim Diagnosis Code XXII Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD23 | Claim Diagnosis Code XXIII | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD23 | Claim Diagnosis Code XXIII Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| CLM\_POA\_IND\_SW23 | Claim Diagnosis Code XXIII Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD24 | Claim Diagnosis Code XXIV | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD24 | Claim Diagnosis Code XXIV Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| CLM\_POA\_IND\_SW24 | Claim Diagnosis Code XXIV Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD25 | Claim Diagnosis Code XXV | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD25 | Claim Diagnosis Code XXV Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| CLM\_POA\_IND\_SW25 | Claim Diagnosis Code XXV Diagnosis Present on Admission Indicator Code | CHAR | 1 | Unchanged. |
| FST\_DGNS\_E\_CD | First Claim Diagnosis E Code | CHAR | 7 | Blank because claims excluded |
| FST\_DGNS\_E\_VRSN\_CD | First Claim Diagnosis E Code Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Blank because claims excluded |
| ICD\_DGNS\_E\_CD1 | Claim Diagnosis E Code I | CHAR | 7 | Blank because claims excluded |
| ICD\_DGNS\_E\_VRSN\_CD1 | Claim Diagnosis E Code I Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Blank because claims excluded |
| CLM\_E\_POA\_IND\_SW1 | Claim Diagnosis E Code I Diagnosis Present on Admission Indicator Code | CHAR | 1 | Blank because claims excluded |
| ICD\_DGNS\_E\_CD2 | Claim Diagnosis E Code II | CHAR | 7 | Blank because claims excluded |
| ICD\_DGNS\_E\_VRSN\_CD2 | Claim Diagnosis E Code II Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Blank because claims excluded |
| CLM\_E\_POA\_IND\_SW2 | Claim Diagnosis E Code II Diagnosis Present on Admission Indicator Code | CHAR | 1 | Blank because claims excluded |
| ICD\_DGNS\_E\_CD3 | Claim Diagnosis E Code III | CHAR | 7 | Blank because claims excluded |
| ICD\_DGNS\_E\_VRSN\_CD3 | Claim Diagnosis E Code III Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Blank because claims excluded |
| CLM\_E\_POA\_IND\_SW3 | Claim Diagnosis E Code III Diagnosis Present on Admission Indicator Code | CHAR | 1 | Blank because claims excluded |
| ICD\_DGNS\_E\_CD4 | Claim Diagnosis E Code IV | CHAR | 7 | Blank because claims excluded |
| ICD\_DGNS\_E\_VRSN\_CD4 | Claim Diagnosis E Code IV Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Blank because claims excluded |
| CLM\_E\_POA\_IND\_SW4 | Claim Diagnosis E Code IV Diagnosis Present on Admission Indicator Code | CHAR | 1 | Blank because claims excluded |
| ICD\_DGNS\_E\_CD5 | Claim Diagnosis E Code V | CHAR | 7 | Blank because claims excluded |
| ICD\_DGNS\_E\_VRSN\_CD5 | Claim Diagnosis E Code V Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Blank because claims excluded |
| CLM\_E\_POA\_IND\_SW5 | Claim Diagnosis E Code V Diagnosis Present on Admission Indicator Code | CHAR | 1 | Blank because claims excluded |
| ICD\_DGNS\_E\_CD6 | Claim Diagnosis E Code VI | CHAR | 7 | Blank because claims excluded |
| ICD\_DGNS\_E\_VRSN\_CD6 | Claim Diagnosis E Code VI Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Blank because claims excluded |
| CLM\_E\_POA\_IND\_SW6 | Claim Diagnosis E Code VI Diagnosis Present on Admission Indicator Code | CHAR | 1 | Blank because claims excluded |
| ICD\_DGNS\_E\_CD7 | Claim Diagnosis E Code VII | CHAR | 7 | Blank because claims excluded |
| ICD\_DGNS\_E\_VRSN\_CD7 | Claim Diagnosis E Code VII Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Blank because claims excluded |
| CLM\_E\_POA\_IND\_SW7 | Claim Diagnosis E Code VII Diagnosis Present on Admission Indicator Code | CHAR | 1 | Blank because claims excluded |
| ICD\_DGNS\_E\_CD8 | Claim Diagnosis E Code VIII | CHAR | 7 | Blank because claims excluded |
| ICD\_DGNS\_E\_VRSN\_CD8 | Claim Diagnosis E Code VIII Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Blank because claims excluded |
| CLM\_E\_POA\_IND\_SW8 | Claim Diagnosis E Code VIII Diagnosis Present on Admission Indicator Code | CHAR | 1 | Blank because claims excluded |
| ICD\_DGNS\_E\_CD9 | Claim Diagnosis E Code IX | CHAR | 7 | Blank because claims excluded |
| ICD\_DGNS\_E\_VRSN\_CD9 | Claim Diagnosis E Code IX Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Blank because claims excluded |
| CLM\_E\_POA\_IND\_SW9 | Claim Diagnosis E Code IX Diagnosis Present on Admission Indicator Code | CHAR | 1 | Blank because claims excluded |
| ICD\_DGNS\_E\_CD10 | Claim Diagnosis E Code X | CHAR | 7 | Blank because claims excluded |
| ICD\_DGNS\_E\_VRSN\_CD10 | Claim Diagnosis E Code X Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Blank because claims excluded |
| CLM\_E\_POA\_IND\_SW10 | Claim Diagnosis E Code X Diagnosis Present on Admission Indicator Code | CHAR | 1 | Blank because claims excluded |
| ICD\_DGNS\_E\_CD11 | Claim Diagnosis E Code XI | CHAR | 7 | Blank because claims excluded |
| ICD\_DGNS\_E\_VRSN\_CD11 | Claim Diagnosis E Code XI Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Blank because claims excluded |
| CLM\_E\_POA\_IND\_SW11 | Claim Diagnosis E Code XI Diagnosis Present on Admission Indicator Code | CHAR | 1 | Blank because claims excluded |
| ICD\_DGNS\_E\_CD12 | Claim Diagnosis E Code XII | CHAR | 7 | Blank because claims excluded |
| ICD\_DGNS\_E\_VRSN\_CD12 | Claim Diagnosis E Code XII Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Blank because claims excluded |
| CLM\_E\_POA\_IND\_SW12 | Claim Diagnosis E Code XII Diagnosis Present on Admission Indicator Code | CHAR | 1 | Blank because claims excluded |
| ICD\_PRCDR\_CD1 | Claim Procedure Code I | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD1 | Claim Procedure Code I Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT1 | Claim Procedure Code I Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD2 | Claim Procedure Code II | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD2 | Claim Procedure Code II Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT2 | Claim Procedure Code II Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD3 | Claim Procedure Code III | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD3 | Claim Procedure Code III Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT3 | Claim Procedure Code III Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD4 | Claim Procedure Code IV | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD4 | Claim Procedure Code IV Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT4 | Claim Procedure Code IV Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD5 | Claim Procedure Code V | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD5 | Claim Procedure Code V Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT5 | Claim Procedure Code V Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD6 | Claim Procedure Code VI | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD6 | Claim Procedure Code VI Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT6 | Claim Procedure Code VI Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD7 | Claim Procedure Code VII | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD7 | Claim Procedure Code VII Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT7 | Claim Procedure Code VII Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD8 | Claim Procedure Code VIII | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD8 | Claim Procedure Code VIII Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT8 | Claim Procedure Code VIII Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD9 | Claim Procedure Code IX | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD9 | Claim Procedure Code IX Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT9 | Claim Procedure Code IX Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD10 | Claim Procedure Code X | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD10 | Claim Procedure Code X Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT10 | Claim Procedure Code X Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD11 | Claim Procedure Code XI | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD11 | Claim Procedure Code XI Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT11 | Claim Procedure Code XI Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD12 | Claim Procedure Code XII | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD12 | Claim Procedure Code XII Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT12 | Claim Procedure Code XII Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD13 | Claim Procedure Code XIII | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD13 | Claim Procedure Code XIII Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT13 | Claim Procedure Code XIII Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD14 | Claim Procedure Code XIV | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD14 | Claim Procedure Code XIV Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT14 | Claim Procedure Code XIV Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD15 | Claim Procedure Code XV | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD15 | Claim Procedure Code XV Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT15 | Claim Procedure Code XV Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD16 | Claim Procedure Code XVI | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD16 | Claim Procedure Code XVI Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT16 | Claim Procedure Code XVI Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD17 | Claim Procedure Code XVII | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD17 | Claim Procedure Code XVII Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT17 | Claim Procedure Code XVII Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD18 | Claim Procedure Code XVIII | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD18 | Claim Procedure Code XVIII Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT18 | Claim Procedure Code XVIII Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD19 | Claim Procedure Code XIX | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD19 | Claim Procedure Code XIX Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT19 | Claim Procedure Code XIX Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD20 | Claim Procedure Code XX | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD20 | Claim Procedure Code XX Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT20 | Claim Procedure Code XX Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD21 | Claim Procedure Code XXI | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD21 | Claim Procedure Code XXI Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT21 | Claim Procedure Code XXI Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD22 | Claim Procedure Code XXII | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD22 | Claim Procedure Code XXII Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT22 | Claim Procedure Code XXII Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD23 | Claim Procedure Code XXIII | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD23 | Claim Procedure Code XXIII Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT23 | Claim Procedure Code XXIII Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD24 | Claim Procedure Code XXIV | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD24 | Claim Procedure Code XXIV Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT24 | Claim Procedure Code XXIV Date | DATE | 8 | Day set to ‘01’. |
| ICD\_PRCDR\_CD25 | Claim Procedure Code XXV | CHAR | 7 | Unchanged. |
| ICD\_PRCDR\_VRSN\_CD25 | Claim Procedure Code XXV Claim Procedure Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| PRCDR\_DT25 | Claim Procedure Code XXV Date | DATE | 8 | Day set to ‘01’. |
| IME\_OP\_CLM\_VAL\_AMT | Operating Indirect Medical Education (IME) Amount | NUM | 12 | Rounded. |
| DSH\_OP\_CLM\_VAL\_AMT | Operating Disproportionate Share Amount | NUM | 12 | Rounded. |
| **Revenue Center File** |  |  |  |  |
| CLM\_LINE\_NUM | Claim Line Number | NUM | 13 | Unchanged. |
| REV\_CNTR | Revenue Center Code | CHAR | 4 | Unchanged. |
| HCPCS\_CD | Revenue Center Healthcare Common Procedure Coding System | CHAR | 5 | Unchanged. |
| REV\_CNTR\_UNIT\_CNT | Revenue Center Unit Count | NUM | 8 | Unchanged. |
| REV\_CNTR\_RATE\_AMT | Revenue Center Rate Amount | NUM | 12 | Rounded. |
| REV\_CNTR\_TOT\_CHRG\_AMT | Revenue Center Total Charge Amount | NUM | 12 | Rounded. |
| REV\_CNTR\_NCVRD\_CHRG\_AMT | Revenue Center Non-Covered Charge Amount | NUM | 12 | Rounded. |
| REV\_CNTR\_DDCTBL\_COINSRNC\_CD | Revenue Center Deductible Coinsurance Code | CHAR | 1 | Unchanged |
| REV\_CNTR\_NDC\_QTY | Revenue Center NDC Quantity | NUM | 10 | If not blank then set to mean value of the whole population (not the sample). |
| REV\_CNTR\_NDC\_QTY\_QLFR\_CD | Revenue Center NDC Quantity Qualifier Code | CHAR | 2 | Unchanged |
| RNDRNG\_PHYSN\_UPIN | Revenue Center Rendering Physician UPIN | CHAR | 12 | If not blank then set to '999999999999' |
| RNDRNG\_PHYSN\_NPI | Revenue Center Rendering Physician NPI | CHAR | 12 | If not blank then set to '999999999999' |

**Carrier file**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Variable** | **Column Label** | **Type** | **Length** | **SynPUF Data Edits** |
| **Base Claim File** |  |  |  |  |
| DML\_IND | DML\_IND |  |  | All rows should be 'INSERT'. |
| BENE\_ID | Beneficiary ID | CHAR | 15 | Random sequential number that matches a BENE\_ID value on beneficiary file |
| CLM\_ID | Claim ID | CHAR | 15 | Random number. |
| CLM\_GRP\_ID |  | CHAR | max length 12 | Random number independent of CLM\_ID |
| FINAL\_ACTION |  | CHAR | 1 | Set to ‘F’ |
| NCH\_NEAR\_LINE\_REC\_IDENT\_CD | NCH Near Line Record Identification Code | CHAR | 1 | Unchanged. |
| NCH\_CLM\_TYPE\_CD | NCH Claim Type Code | CHAR | 2 | Unchanged. |
| CLM\_FROM\_DT | Claim From Date | DATE | 8 | Day set to ‘01’. |
| CLM\_THRU\_DT | Claim Through Date (Determines Year of Claim) | DATE | 8 | Day set to ‘01’. |
| NCH\_WKLY\_PROC\_DT | NCH Weekly Claim Processing Date | DATE | 8 | Unchanged. |
| CARR\_CLM\_ENTRY\_CD | Carrier Claim Entry Code | CHAR | 1 | Unchanged. |
| CLM\_DISP\_CD | Claim Disposition Code | CHAR | 2 | Unchanged. |
| CARR\_NUM | Carrier Number | CHAR | 5 | Set to '99999' |
| CARR\_CLM\_PMT\_DNL\_CD | Carrier Claim Payment Denial Code | CHAR | 2 | Change any value that is not 0 or 1 to 1 |
| CLM\_PMT\_AMT | Claim Payment Amount | NUM | 12 | Rounded. |
| CARR\_CLM\_PRMRY\_PYR\_PD\_AMT | Carrier Claim Primary Payer Paid Amount | NUM | 12 | Rounded. |
| RFR\_PHYSN\_UPIN | Carrier Claim Refering Physician UPIN Number | CHAR | 12 | If not blank then set to '999999999999'? |
| RFR\_PHYSN\_NPI | Carrier Claim Refering Physician NPI Number | CHAR | 12 | If not blank then set to '999999999999'? |
| CARR\_CLM\_PRVDR\_ASGNMT\_IND\_SW | Carrier Claim Provider Assignment Indicator Switch | CHAR | 1 | Unchanged. |
| NCH\_CLM\_PRVDR\_PMT\_AMT | NCH Claim Provider Payment Amount | NUM | 12 | Rounded. |
| NCH\_CLM\_BENE\_PMT\_AMT | NCH Claim Beneficiary Payment Amount | NUM | 12 | Rounded. |
| NCH\_CARR\_CLM\_SBMTD\_CHRG\_AMT | NCH Carrier Claim Submitted Charge Amount | NUM | 12 | Rounded. |
| NCH\_CARR\_CLM\_ALOWD\_AMT | NCH Carrier Claim Allowed Charge Amount | NUM | 12 | Rounded. |
| CARR\_CLM\_CASH\_DDCTBL\_APLD\_AMT | Carrier Claim Cash Deductible Applied Amount | NUM | 12 | Rounded. |
| CARR\_CLM\_HCPCS\_YR\_CD | Carrier Claim HCPCS Year Code | CHAR | 1 | Unchanged. |
| CARR\_CLM\_RFRNG\_PIN\_NUM | Carrier Claim Referring PIN Number | CHAR | 14 | Set to '99999999999999' |
| PRNCPAL\_DGNS\_CD | Primary Claim Diagnosis Code | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| PRNCPAL\_DGNS\_VRSN\_CD | Primary Claim Diagnosis Code Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD1 | Claim Diagnosis Code I | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD1 | Claim Diagnosis Code I Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD2 | Claim Diagnosis Code II | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD2 | Claim Diagnosis Code II Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD3 | Claim Diagnosis Code III | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD3 | Claim Diagnosis Code III Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD4 | Claim Diagnosis Code IV | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD4 | Claim Diagnosis Code IV Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD5 | Claim Diagnosis Code V | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD5 | Claim Diagnosis Code V Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD6 | Claim Diagnosis Code VI | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD6 | Claim Diagnosis Code VI Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD7 | Claim Diagnosis Code VII | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD7 | Claim Diagnosis Code VII Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD8 | Claim Diagnosis Code VIII | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD8 | Claim Diagnosis Code VIII Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD9 | Claim Diagnosis Code IX | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD9 | Claim Diagnosis Code IX Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD10 | Claim Diagnosis Code X | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD10 | Claim Diagnosis Code X Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD11 | Claim Diagnosis Code XI | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD11 | Claim Diagnosis Code XI Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| ICD\_DGNS\_CD12 | Claim Diagnosis Code XII | CHAR | 7 | Unchanged. Sensitive or rare diagnoses codes excluded |
| ICD\_DGNS\_VRSN\_CD12 | Claim Diagnosis Code XII Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged. |
| CLM\_CLNCL\_TRIL\_NUM | Clinical Trial Number | CHAR | 8 | If not blank then set to '99999999' |
| **Line File** |  |  |  |  |
| LINE\_NUM | Claim Line Number | NUM | 13 | Unchanged. |
| CARR\_PRFRNG\_PIN\_NUM | Carrier Line Claim Performing PIN Number | CHAR | 15 | Set to '999999999999999' |
| PRF\_PHYSN\_UPIN | Carrier Line Performing UPIN Number | CHAR | 12 | If not blank then set to '999999999999' |
| PRF\_PHYSN\_NPI | Carrier Line Performing NPI Number | CHAR | 12 | If not blank then set to '999999999999' |
| ORG\_NPI\_NUM | Carrier Line Performing Group NPI Number | CHAR | 10 | If not blank then set to '9999999999' |
| CARR\_LINE\_PRVDR\_TYPE\_CD | Carrier Line Provider Type Code | CHAR | 1 | Unchanged. |
| TAX\_NUM | Line Provider Tax Number | CHAR | 10 | Set to '9999999999' |
| PRVDR\_STATE\_CD | Line NCH Provider State Code | CHAR | 2 | If not blank then set to '99' |
| PRVDR\_ZIP | Carrier Line Performing Provider ZIP Code | CHAR | 9 | If not blank then set to '999999999' |
| PRVDR\_SPCLTY | Line HCFA Provider Specialty Code | CHAR | 3 | If not blank then set to '999' |
| PRTCPTNG\_IND\_CD | Line Provider Participating Indicator Code | CHAR | 1 | Unchanged |
| CARR\_LINE\_RDCD\_PMT\_PHYS\_ASTN\_C | Carrier Line Reduced Payment Physician Assistant Code | CHAR | 1 | Unchanged. |
| LINE\_SRVC\_CNT | Line Service Count | NUM | 4 | Unchanged. |
| LINE\_CMS\_TYPE\_SRVC\_CD | Line HCFA Type Service Code | CHAR | 1 | Unchanged |
| LINE\_PLACE\_OF\_SRVC\_CD | Line Place Of Service Code | CHAR | 2 | Set to '99' |
| CARR\_LINE\_PRCNG\_LCLTY\_CD | Carrier Line Pricing Locality Code | CHAR | 2 | Set to '99' |
| LINE\_1ST\_EXPNS\_DT | Line First Expense Date | DATE | 8 | Day set to ‘01’. |
| LINE\_LAST\_EXPNS\_DT | Line Last Expense Date | DATE | 8 | Day set to ‘01’. |
| HCPCS\_CD | Line Healthcare Common Procedure Coding System | CHAR | 5 | Unchanged. |
| HCPCS\_1ST\_MDFR\_CD | Line HCPCS Initial Modifier Code | CHAR | 5 | If not blank then set to '99999' |
| HCPCS\_2ND\_MDFR\_CD | Line HCPCS Second Modifier Code | CHAR | 5 | If not blank then set to '99999' |
| BETOS\_CD | Line NCH BETOS Code | CHAR | 3 | Unchanged. |
| LINE\_NCH\_PMT\_AMT | Line NCH Payment Amount | NUM | 12 | Rounded. |
| LINE\_BENE\_PMT\_AMT | Line Beneficiary Payment Amount | NUM | 12 | Rounded. |
| LINE\_PRVDR\_PMT\_AMT | Line Provider Payment Amount | NUM | 12 | Rounded. |
| LINE\_BENE\_PTB\_DDCTBL\_AMT | Line Beneficiary Part B Deductible Amount | NUM | 12 | Rounded. |
| LINE\_BENE\_PRMRY\_PYR\_CD | Line Beneficiary Primary Payer Code | CHAR | 1 | All values blank |
| LINE\_BENE\_PRMRY\_PYR\_PD\_AMT | Line Beneficiary Primary Payer Paid Amount | NUM | 12 | Rounded. |
| LINE\_COINSRNC\_AMT | Line Coinsurance Amount | NUM | 12 | Rounded. |
| LINE\_SBMTD\_CHRG\_AMT | Line Submitted Charge Amount | NUM | 12 | Rounded. |
| LINE\_ALOWD\_CHRG\_AMT | Line Allowed Charge Amount | NUM | 12 | Rounded. |
| LINE\_PRCSG\_IND\_CD | Line Processing Indicator Code | CHAR | 2 | Unchanged. |
| LINE\_PMT\_80\_100\_CD | Line Payment 80%/100% Code | CHAR | 1 | Unchanged. |
| LINE\_SERVICE\_DEDUCTIBLE | Line Service Deductible Indicator Switch | CHAR | 1 | Unchanged. |
| CARR\_LINE\_MTUS\_CNT | Carrier Line Miles/Time/Units/Services Count | NUM | 5 | Unchanged. |
| CARR\_LINE\_MTUS\_CD | Carrier Line Miles/Time/Units/Services Indicator Code | CHAR | 1 | Unchanged. |
| LINE\_ICD\_DGNS\_CD | Line Diagnosis Code Code | CHAR | 7 | If not blank then set to '9999999' |
| LINE\_ICD\_DGNS\_VRSN\_CD | Line Diagnosis Code Diagnosis Version Code (ICD-9 or ICD-10) | CHAR | 1 | Unchanged |
| HPSA\_SCRCTY\_IND\_CD | Carrier Line HPSA/Scarcity Indicator Code | CHAR | 1 | Blank values. |
| CARR\_LINE\_RX\_NUM | Carrier Line RX Number | CHAR | 30 | If not blank, then set to '999999999999999999999999999999' |
| LINE\_HCT\_HGB\_RSLT\_NUM | Hematocrit/Hemoglobin Test Results | NUM | 4 | Set to 0 |
| LINE\_HCT\_HGB\_TYPE\_CD | Hematocrit/Hemoglobin Test Type code | CHAR | 2 | If not blank, set to '99' |
| LINE\_NDC\_CD | Line National Drug Code | CHAR | 11 | If not blank then set to '99999999999' |
| CARR\_LINE\_CLIA\_LAB\_NUM | Clinical Laboratory Improvement Amendments monitored laboratory number | CHAR | 10 | If not blank, then set to '9999999999' |
| CARR\_LINE\_ANSTHSA\_UNIT\_CNT | Carrier Line Anesthesia Unit Count | NUM | 2 | Set to ‘0’ |

**PDE file**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Variable** | **Column Label** | **Type** | **Length** | **SynPUF Data Edits** |
| DML\_IND |  |  |  | All rows should be 'INSERT'. |
| PDE\_ID | 723 PDE ID | CHAR | 15 | Random sequential number that matches a BENE\_ID value on beneficiary file |
| CLM\_GRP\_ID |  | CHAR | max length 12 | Random number independent of CLM\_ID |
| FINAL\_ACTION |  | CHAR | 1 | Set to ‘F’ |
| BENE\_ID | 723 Beneficiary ID | CHAR | 15 | Random matching BENE\_ID value. |
| SRVC\_DT | RX Service Date (DOS) | DATE | 8 | Day set to ‘01’. |
| PD\_DT | Paid Date | DATE | 8 | Day set to ‘01’. |
| SRVC\_PRVDR\_ID\_QLFYR\_CD | Service Provider ID Qualifier Code | CHAR | 2 | Set to '01'. |
| SRVC\_PRVDR\_ID | Service Provider ID | CHAR | 15 | Set to '999999999999999' |
| PRSCRBR\_ID\_QLFYR\_CD | Prescriber ID Qualifier Code | CHAR | 2 | Set to '01'. |
| PRSCRBR\_ID | Prescriber ID | CHAR | 15 | Set to '999999999999999' |
| RX\_SRVC\_RFRNC\_NUM | RX Service Reference Number | NUM | 12 | Randomized. |
| PROD\_SRVC\_ID | Product Service ID | CHAR | 19 | Unchanged. |
| PLAN\_CNTRCT\_REC\_ID | Plan Contract Record ID | CHAR | 5 | Set to '99999' |
| PLAN\_PBP\_REC\_NUM | Plan PBP Record Number | CHAR | 3 | Set to '999' |
| CMPND\_CD | Compound Code | NUM | 2 | Randomized sort. |
| DAW\_PROD\_SLCTN\_CD | Dispense as Written (DAW) Product Selection Code | CHAR | 1 | Unchanged. |
| QTY\_DSPNSD\_NUM | Quantity Dispensed | NUM | 12 | Unchanged. |
| DAYS\_SUPLY\_NUM | Days Supply | NUM | 3 | Unchanged. |
| FILL\_NUM | Fill Number | NUM | 3 | Randomized. |
| DSPNSNG\_STUS\_CD | Dispensing Status Code | CHAR | 1 | Randomized sort. |
| DRUG\_CVRG\_STUS\_CD | Drug Coverage Status Code | CHAR | 1 | Unchanged. |
| ADJSTMT\_DLTN\_CD | Adjustment Deletion Code | CHAR | 1 | Set to blank |
| NSTD\_FRMT\_CD | Non-Standard Format Code | CHAR | 1 | Set to blank |
| PRCNG\_EXCPTN\_CD | Pricing Exception Code | CHAR | 1 | Set to blank |
| CTSTRPHC\_CVRG\_CD | Catastrophic Coverage Code | CHAR | 1 | Unchanged. |
| GDC\_BLW\_OOPT\_AMT | Gross Drug Cost Below Out-of-Pocket Threshold (GDCB) | NUM | 10 | Rounded. |
| GDC\_ABV\_OOPT\_AMT | Gross Drug Cost Above Out-of-Pocket Threshold (GDCA) | NUM | 10 | Rounded. |
| PTNT\_PAY\_AMT | Patient Pay Amount | NUM | 10 | Rounded. |
| OTHR\_TROOP\_AMT | Other TrOOP Amount | NUM | 10 | Rounded. |
| LICS\_AMT | Low Income Cost Sharing Subsidy Amount (LICS) | NUM | 10 | Rounded. |
| PLRO\_AMT | Patient Liability Reduction Due to Other Payer Amount (PLRO) | NUM | 10 | Rounded. |
| CVRD\_D\_PLAN\_PD\_AMT | Covered D Plan Paid Amount (CPP) | NUM | 10 | Rounded. |
| NCVRD\_PLAN\_PD\_AMT | Non-Covered Plan Paid Amount (NPP) | NUM | 10 | Rounded. |
| TOT\_RX\_CST\_AMT | Gross Drug Cost | NUM | 10 | Rounded. |
| RX\_ORGN\_CD | Prescription Origin Code | CHAR | 1 | Unchanged. |
| RPTD\_GAP\_DSCNT\_NUM | Gap Discount Amount reported by the Submitting Plan | NUM | 10 | Rounded. |
| BRND\_GNRC\_CD | The Brand-Generic Code reported by the submitting plan | CHAR | 1 | Unchanged. |
| PHRMCY\_SRVC\_TYPE\_CD | Pharmacy Service Type Code | CHAR | 2 | Randomized sort. |
| PTNT\_RSDNC\_CD | Patient Residence Code | CHAR | 2 | Randomized sort. |
| SUBMSN\_CLR\_CD | Submission Clarification Code | CHAR | 2 | Randomized sort. |

1. Federal Committee on Statistical Methodology: Statistical Policy Working Paper 22 (Revised 2005)-Report on Statistical Disclosure Methodology, 2005. [↑](#footnote-ref-1)
2. There are more than 30,000 national drug codes. [↑](#footnote-ref-2)