

**CMS Chronic Conditions Data Flags Data Dictionary**  
**Master Beneficiary Summary File - Chronic Conditions**  
**November 1, 2018**

<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
All Flags have the following values:			
0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage			
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage			
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage			
3 = Beneficiary met claims criteria and had sufficient FFS coverage			
1	Patient ID ( <b>PATIENT_ID</b> )	11	Patient ID
12	Reference Year ( <b>BENE_ENROLLMT_REF_YR</b> )	4	Claim Year
16	Alzheimer's Disease End-of-Year Indicator ( <b>ALZH</b> )	1	For Alzheimer's disease, beneficiaries must have at least one inpatient, SNF, home health, Part B institutional, or Part B non-institutional (carrier) claim with an Alzheimer's code in any position during the 3-year reference period.
17	First Occurrence of Alzheimer's Disease ( <b>ALZH_EVER</b> )	8	YYYYMMDD
25	Alzheimer's Disease Mid-Year Indicator ( <b>ALZH_MID</b> )	1	
26	Alzheimer's Disease and Related Disorders or Senile Dementia End-of-Year Indicator ( <b>ALZH_DEMEN</b> )	1	For Alzheimer's disease and related disorders or senile dementia, beneficiaries must have at least one inpatient, SNF, home health, Part B institutional, or Part B non-institutional (carrier) claim with a related code in any position during the 3-year reference period.
27	First Occurrence of Alzheimer's Disease and Related Disorders or Senile Dementia ( <b>ALZH_DEMEN_EVER</b> )	8	YYYYMMDD
35	Alzheimer's Disease and Related Disorders or Senile Dementia Mid-Year Indicator ( <b>ALZH_DEMEN_MID</b> )	1	
36	Acute Myocardial Infarction End-of-Year Indicator ( <b>AMI</b> )	1	For heart attack, beneficiaries must have at least one inpatient claim with a heart attack diagnosis code in the first or second position during the 1-year reference period.
37	First Occurrence of Acute Myocardial Infarction ( <b>AMI_EVER</b> )	8	YYYYMMDD
45	Acute Myocardial Infarction Mid-Year Indicator ( <b>AMI_MID</b> )	1	

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46	Anemia End Year Flag ( <b>ANEMIA</b> )	1	For anemia, beneficiaries must have at least one inpatient, SNF, home health, Part B institutional, or Part B non-institutional (carrier) claim with an anemia code in any position during the 1-year reference period.
47	Anemia First Ever Occurrence Date ( <b>ANEMIA_EVER</b> )	8	YYYYMMDD
55	Anemia Mid Year Flag ( <b>ANEMIA_MID</b> )	1	
56	Asthma End Year Flag ( <b>ASTHMA</b> )	1	For asthma, beneficiaries must have at least one inpatient, SNF, or home health claim, or two Part B (institutional or non-institutional) claims with an asthma code in any position during the 1-year reference period.
57	Asthma First Ever Occurrence Date ( <b>ASTHMA_EVER</b> )	8	YYYYMMDD
65	Asthma Mid Year Flag ( <b>ASTHMA_MID</b> )	1	
66	Atrial Fibrillation End-of-Year Indicator ( <b>ATRIAL_FIB</b> )	1	For atrial fibrillation, beneficiaries must have at least one inpatient claim or two Part B institutional or non-institutional (carrier) claims with an atrial fibrillation code in the first or second position during the 1-year reference period.
67	First Occurrence of Atrial Fibrillation ( <b>ATRIAL_FIB_EVER</b> )	8	YYYYMMDD
75	Atrial Fibrillation Mid-Year Indicator ( <b>ATRIAL_FIB_MID</b> )	1	
76	Breast Cancer End-of-Year Indicator ( <b>CANCER_BREAST</b> )	1	For breast cancer, beneficiaries must have at least one inpatient or SNF claim, or two Part B (institutional or non-institutional) claims that are at least one day apart with a breast cancer code in any position during the 1-year reference period.
77	First Occurrence of Breast Cancer ( <b>CANCER_BREAST_EVER</b> )	8	YYYYMMDD
85	Breast Cancer Mid-Year Indicator ( <b>CANCER_BREAST_MID</b> )	1	
86	Colorectal Cancer End-of-Year Indicator ( <b>CANCER_COLORECTAL</b> )	1	For colorectal cancer, beneficiaries must have at least one inpatient or SNF claim, or two Part B (institutional or non-institutional) claims at least one day apart, with a colorectal cancer code in any position during the 1-year reference period.

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87	First Occurrence of Colorectal Cancer ( <b>CANCER_COLORECTAL_EVER</b> )	8	YYYYMMDD
95	Colorectal Cancer Mid-Year Indicator ( <b>CANCER_COLORECTAL_MID</b> )	1	
96	Endometrial Cancer End-of-Year Indicator ( <b>CANCER_ENDOMETRIAL</b> )	1	For endometrial cancer, beneficiaries must have at least one inpatient or SNF claim, or two Part B (institutional or non-institutional) claims that are at least one day apart, with an endometrial cancer code in any position during the 1-year reference period.
97	First Occurrence of Endometrial Cancer ( <b>CANCER_ENDOMETRIAL_EVER</b> )	8	YYYYMMDD
105	Endometrial Cancer Mid-Year Indicator ( <b>CANCER_ENDOMETRIAL_MID</b> )	1	
106	Lung Cancer End-of-Year Indicator ( <b>CANCER_LUNG</b> )	1	For lung cancer, beneficiaries must have at least one inpatient or SNF claim, or two Part B (institutional or non-institutional) claims that are at least one day apart, with a lung cancer code in any position during the 1-year reference period.
107	First Occurrence of Lung Cancer ( <b>CANCER_LUNG_EVER</b> )	8	YYYYMMDD
115	Lung Cancer Mid-Year Indicator ( <b>CANCER_LUNG_MID</b> )	1	
116	Prostate Cancer End-of-Year Indicator ( <b>CANCER_PROSTATE</b> )	1	For prostate cancer, beneficiaries must have at least one inpatient or SNF claim, or two Part B (institutional or non-institutional) claims that are at least one day apart, with a prostate cancer code, on any diagnosis, within the last year.
117	First Occurrence of Prostate Cancer ( <b>CANCER_PROSTATE_EVER</b> )	8	YYYYMMDD
125	Prostate Cancer Mid-Year Indicator ( <b>CANCER_PROSTATE_MID</b> )	1	
126	Cataract End-of-Year Indicator ( <b>CATARACT</b> )	1	For a cataract, beneficiaries must have at least one Part B (institutional or non-institutional) claim with a cataract code in the principal position during the 1-year reference period.
127	First Occurrence of Cataract ( <b>CATARACT_EVER</b> )	8	YYYYMMDD

**CMS Chronic Conditions Data Flags Data Dictionary**  
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135	Cataract Mid-Year Indicator <b>(CATARACT_MID)</b>	1	
136	Heart Failure End-of-Year Indicator <b>(CHF)</b>	1	For congestive heart failure, beneficiaries must have at least one inpatient or Part B (institutional or non-institutional) claim with a heart failure code in any position during the 2-year reference period.
137	First Occurrence of Heart Failure <b>(CHF_EVER)</b>	8	YYYYMMDD
145	Heart Failure Mid-Year Indicator <b>(CHF_MID)</b>	1	
146	Chronic Kidney Disease End-of-Year Indicator <b>(CHRONICKIDNEY)</b>	1	For chronic kidney disease, beneficiaries must have at least one inpatient, SNF, or home health claim, or two Part B (institutional or non-institutional) claims with a chronic kidney disease code in any position during the 2-year reference period.
147	First Occurrence of Chronic Kidney Disease <b>(CHRONICKIDNEY_EVER)</b>	8	YYYYMMDD
155	Chronic Kidney Disease Mid-Year Indicator <b>(CHRONICKIDNEY_MID)</b>	1	
156	Chronic Obstructive Pulmonary Disease End-of-Year Indicator <b>(COPD)</b>	1	For COPD and bronchiectasis, beneficiaries must have at least one inpatient, SNF, or home health claim, or two Part B (institutional or non-institutional) claims with a COPD code in any position during the 1-year reference period.
157	First Occurrence of Chronic Obstructive Pulmonary Disease <b>(COPD_EVER)</b>	8	YYYYMMDD
165	Chronic Obstructive Pulmonary Disease Mid-Year Indicator <b>(COPD_MID)</b>	1	
166	Depression End-of-Year Indicator <b>(DEPRESSION)</b>	1	For depression, beneficiaries must have at least one inpatient, SNF, home health, or Part B (institutional or non-institutional) claim with a depression code in any position during the 1-year reference period.
167	First Occurrence of Depression <b>(DEPRESSION_EVER)</b>	8	YYYYMMDD
175	Depression Mid-Year Indicator <b>(DEPRESSION_MID)</b>	1	

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176	Diabetes End-of-Year Indicator ( <b>DIABETES</b> )	1	For diabetes, beneficiaries must have at least one inpatient, SNF, or home health claim, or two Part B (institutional or non-institutional) claims with a diabetes code in any position during the 2-year reference period.
177	First Occurrence of Diabetes ( <b>DIABETES_EVER</b> )	8	YYYYMMDD
185	Diabetes Mid-Year Indicator ( <b>DIABETES_MID</b> )	1	
186	Glaucoma End-of-Year Indicator ( <b>GLAUCOMA</b> )	1	For glaucoma, beneficiaries must have at least one Part B non-institutional claim with a glaucoma code in the principal position during the 1-year reference period.
187	First Occurrence of Glaucoma ( <b>GLAUCOMA_EVER</b> )	8	YYYYMMDD
195	Glaucoma Mid-Year Indicator ( <b>GLAUCOMA_MID</b> )	1	
196	Hip/Pelvic Fracture End-of-Year Indicator ( <b>HIP_FRACTURE</b> )	1	For hip/pelvic fractures, beneficiaries must have at least one inpatient or SNF claim with a hip/pelvic fracture code in any position during the 1-year reference period.
197	First Occurrence of Hip/Pelvic Fracture ( <b>HIP_FRACTURE_EVER</b> )	8	YYYYMMDD
205	Hip/Pelvic Fracture Mid-Year Indicator ( <b>HIP_FRACTURE_MID</b> )	1	
206	Hyperlipidemia End Year Flag ( <b>HYPERL</b> )	1	For hyperlipidemia, beneficiaries must have at least one inpatient, SNF, or home health claim, or two Part B (institutional or non-institutional) claims, with a hyperlipidemia code in any position during the 1-year reference period.
207	Hyperlipidemia First Ever Occurrence Date ( <b>HYPERL_EVER</b> )	8	YYYYMMDD
215	Hyperlipidemia Mid Year Flag ( <b>HYPERL_MID</b> )	1	
216	Benign Prostatic Hyperplasia End Year Flag ( <b>HYPERP</b> )	1	For benign prostatic hyperplasia, beneficiaries must have at least one inpatient, SNF, or home health claim, or two Part B (institutional or non-institutional) claims, with a benign prostatic hyperplasia code in any position during the 1-year reference period.

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217	Benign Prostatic Hyperplasia First Ever Occurrence Date <b>(HYPERP_EVER)</b>	8	YYYYMMDD
225	Benign Prostatic Hyperplasia Mid Year Flag <b>(HYPERP_MID)</b>	1	
226	Hypertension End Year Flag <b>(HYPERT)</b>	1	For hypertension, beneficiaries must have at least one inpatient, SNF, or home health claim, or two Part B (institutional or non-institutional) claims, with a hypertension code in any position during the 1-year reference period.
227	Hypertension First Ever Occurrence Date <b>(HYPERT_EVER)</b>	8	YYYYMMDD
235	Hypertension Mid Year Flag <b>(HYPERT_MID)</b>	1	
236	Acquired Hypothyroidism End Year Flag <b>(HYPOTH)</b>	1	For acquired hypothyroidism, beneficiaries must have at least one inpatient, SNF, or home health claim, or two Part B (institutional or non-institutional) claims with an acquired hypothyroidism code in any position during the 1-year reference period.
237	Acquired Hypothyroidism First Ever Occurrence Date <b>(HYPOTH_EVER)</b>	8	YYYYMMDD
245	Acquired Hypothyroidism Mid Year Flag <b>(HYPOTH_MID)</b>	1	
246	Ischemic Heart Disease End-of-Year Indicator <b>(ISCHEMICHEART)</b>	1	For ischemic heart disease, beneficiaries must have at least one inpatient, SNF, home health, or Part B (institutional or non-institutional) claim with an ischemic heart disease code in any position during the 2-year reference period.
247	First Occurrence of Ischemic Heart Disease <b>(ISCHEMICHEART_EVER)</b>	8	YYYYMMDD
255	Ischemic Heart Disease Mid-Year Indicator <b>(ISCHEMICHEART_MID)</b>	1	
256	Osteoporosis End-of-Year Indicator <b>(OSTEOPOROSIS)</b>	1	For osteoporosis, beneficiaries must have at least one inpatient, SNF, or home health claim, or two Part B (institutional or non-institutional) claims, with an osteoporosis code in any position during the 1-year reference period.
257	First Occurrence of Osteoporosis <b>(OSTEOPOROSIS_EVER)</b>	8	YYYYMMDD
265	Osteoporosis Mid-Year Indicator <b>(OSTEOPOROSIS_MID)</b>	1	

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266	Rheumatoid Arthritis / Osteoarthritis End-of-Year Indicator <b>(RA_OA)</b>	1	For rheumatoid arthritis/osteoarthritis, beneficiaries must have at least two inpatient, SNF, home health, or Part B (institutional or non-institutional) claims that are at least one day apart with a rheumatoid arthritis/osteoarthritis code in any position during the 2-year reference period.
267	First Occurrence of Rheumatoid Arthritis / Osteoarthritis <b>(RA_OA_EVER)</b>	8	YYYYMMDD
275	Rheumatoid Arthritis / Osteoarthritis Mid-Year Indicator <b>(RA_OA_MID)</b>	1	
276	Stroke / Transient Ischemic Attack End-of-Year Indicator <b>(STROKE_TIA)</b>	1	For stroke/TIA, beneficiaries must have at least one inpatient claim or two Part B (institutional or non-institutional) claims with a stroke/TIA code in any position during the 1-year reference period.
277	First Occurrence of Stroke / Transient Ischemic Attack <b>(STROKE_TIA_EVER)</b>	8	YYYYMMDD
285	Stroke / Transient Ischemic Attack Mid-Year Indicator <b>(STROKE_TIA_MID)</b>	1	
286	Current HIC Switch Indicator <b>(CRNT_HIC_SW)</b>	1	Only available for years 2013+ Y = Yes, N = No

COMMENT: The chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

The criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website:  
<https://www.ccwdata.org/web/guest/condition-categories>