

CHANGES to BOTH SUMDENOM and PEDSF

In the 2016 linkage 2006 Part D variables were removed from SUMDENOM and PEDSF files as well as the Part D Denominator file. These part D files are named PTD.denom.txt.gz and PTD.denom.noncancer.txt.gz. Part D enrollment data are available from 2007 to 2014. Entitlement and/or yearly variables are now available until 2015. A new variable first_ESRD_year was added to both files.

CENSUS File changes

No Changes

CCFlag File – New Claims file added in 2016 Linkage

See <https://healthcaresdelivery.cancer.gov/seermedicare/medicare/claims.html#flags> for information about the Chronic Conditions Flags.

DME File Changes**Removed from DME in 2016 Linkage:**

<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
422	LINK NUMBER (23) (link_num) REMOVED	10	A system generated by CMS number used to keep records/segments belonging to a specific claim together.
432	DAILY PROCESS DATE (22) (daily_dtm, daily_dtd, daily_dty) REMOVED	8	The date the claim record was produced by CMS' CWF MQA system (used for internal editing purposes). MMDDYYYY
533	BETOS CODE (129) (betos) REMOVED	3	Berenson-Eggers type of service (Betos) for the procedure code based on generally agreed upon clinically meaningful groupings of procedures and services. (Refer to appendix table BETOS)
551	CWF CLAIM ACCRETION DATE (18) (acrtn_dtm, acrtn_dtd, acrtn_dty) REMOVED	8	The date the claim record is accreted (posted/ processed) to the beneficiary master record at the CWF host site and authorization for payment is returned to the fiscal intermediary or carrier. MMDDYYYY

NEW VARIABLES ADDED TO DME in 2016 Linkage:

<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
623	CLAIM ID (claim_id)	10	ID to index unique claims

HHA File Changes

Removed from HHA in 2016 Linkage:

<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
377	LINK NUMBER (25) (link_num) REMOVED	10	A system generated by CMS number used to keep records/segments belonging to a specific claim together. Use in conjunction with the daily date in column 387 to identify a specific claim.
387	DAILY PROCESS DATE (24) (daily_dtm, daily_dtd, daily_dty) REMOVED	8	The date the claim record was processed by CMS's CWFMQA system. This date is used in conjunction with the segment link number to keep claims with Multiple records/segments together. MMDDYYYY
415	MCOIND (147) (mcoind1) REMOVED	1	The code indicating the presence of a Managed Care Organization (MCO) trailer. M = MCO trailer present
416	MCO CONTRACT NUMBER (148) (mconum1) REMOVED	5	This field represents the plan contract number of the Managed Care Organization (MCO).
421	MCO OPTION CODE (149) (mcoptn1) REMOVED	1	The code indicating Managed Care Organization (MCO) lock-in enrollment status of the beneficiary. (Refer to appendix table MCOPTN)
422	MCO PERIOD EFFECTIVE DATE (150) (mcoedty1, mcoedtm1, mcoedtd1) REMOVED	8	The date the beneficiary's enrollment in the Managed Care Organization (MCO) became effective. YYYYMMDD
430	MCO PERIOD TERMINATION DATE (151) (mcotdty1, mcotdtm1, mcotdtd1) REMOVED	8	The date the beneficiary's enrollment in the Managed Care Organization (MCO) was terminated. YYYYMMDD

NEW VARIABLES ADDED TO HHA in 2016 Linkage:

<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
415	Claim Service Location NPI Number (162) (srvcnpi)	10	The NPI assigned to the claims service center. The NPI may not be available prior to 1/2013. *Encrypted Data
425	CLAIM ID (claim_id)	10	ID to index unique claims
678	CLAIM RELATED CONDITION CODE (138) (rlt_cond1-2)	2*2	The code that indicates a condition relating to an institutional claim that may affect payer processing.

Hospice File Changes

Removed from HOSPICE in 2016 Linkage:

<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
358	LINK NUMBER (25) (link_num) REMOVED	10	A system generated by CMS number used to keep records/segments belonging to a specific claim together. Use in conjunction with the daily date in column 368 to identify a specific claim.
368	DAILY PROCESS DATE (24) (daily_dtm, daily_dtd, daily_dty) REMOVED	8	The date the claim record was processed by CMS's CWFMQA system. This date is used in conjunction with the segment link number to keep claims with Multiple records/segments together. MMDDYYYY
404	MCOIND (146) (mcoind1) REMOVED	1	The code indicating the presence of a Managed Care Organization (MCO) trailer. M = MCO trailer present
405	MCO CONTRACT NUMBER (147) (mconum1) REMOVED	5	This field represents the plan contract number of the Managed Care Organization (MCO).
410	MCO OPTION CODE (148) (mcoptn1) REMOVED	1	The code indicating Managed Care Organization (MCO) lock-in enrollment status of the beneficiary. (Refer to appendix table MCOPTN)
411	MCO PERIOD EFFECTIVE DATE (149) (mcoedty1, mcoedtm1, mcoedtd1) REMOVED	8	The date the beneficiary's enrollment in the Managed Care Organization (MCO) became effective. YYYYMMDD

419 MCO PERIOD TERMINATION DATE (150) (**mcotdy1, mcotdtm1, mcotdtd1**) **REMOVED** 8 The date the beneficiary's enrollment in the Managed Care Organization (MCO) was terminated. YYYYMMDD

NEW VARIABLES ADDED TO HOSPICE in 2016 Linkage:

<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
354	Revenue Center IDE, NDC or UPC# (231) (idendc)	24	Revenue Center ID number
378	Revenue Center NDC Quantity Qualifier Code (232) (qtyqlfr)	2	The code used to indicate the unit of measurement for the drug that was administered. (Refer to appendix table QTYQLFR)
380	REVENUE CENTER NDC QUANTITY (233) (ndcqty)	12.3	The quantity dispensed for the drug reflected on the revenue center line item.
442	Claim Service Location NPI Number (161) (srvcnpi)	10	The NPI assigned to the claims service center. The NPI may not be available prior to 1/2013. *Encrypted Data
452	CLAIM ID (claim_id)	10	ID to index unique claims
705	CLAIM RELATED CONDITION CODE (197) (rlt_cond1-2)	2*2	The code that indicates a condition relating to an institutional claim that may affect payer processing.

MEDPAR File Changes

No Changes.

NCH File Changes

Removed from NCH in 2016 Linkage:

<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
451	LINK NUMBER (23) (link_num) REMOVED	10	A system generated by CMS number used to keep records/segments belonging to a specific claim together.
461	DAILY PROCESS DATE (22) (daily_dtm, daily_dtd, daily_dty) REMOVED	8	The date the claim record was produced by CMS' CWFMQA system (used for internal editing purposes). MMDDYYYY

571	BETOS CODE (140) (betos) REMOVED	3	Berenson-Eggers type of service (Betos) for the procedure code based on generally agreed upon clinically meaningful groupings of procedures and services. (Refer to appendix table BETOS)
589	CWF CLAIM ACCRETION DATE (18) (acrtn_dtm, acrtn_dtd, acrtn_dty) REMOVED	8	The date the claim record is accreted (posted/ processed) to the beneficiary master record at the CWF host site and authorization for payment is returned to the fiscal intermediary or carrier.

NEW VARIABLES ADDED TO NCH in 2016 Linkage:

<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
744	CLAIM ID (claim_id)	10	ID to index unique claims
756	HPSA/SCARCITY INDICATOR CODE (178) (hscrcty)	1	(Refer to appendix table HSCRCTY)

Outpatient File Changes

Removed from Outpatient in 2016 Linkage:

<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
426	SEGMENT LINK NUMBER (25) (link_num) REMOVED	10	A system generated by CMS number used to keep records/segments belonging to a specific claim together. Use in conjunction with the Claim From Date in column 32 to identify a specific claim.
436	DAILY PROCESS DATE (24) (daily_dtm, daily_dtd, daily_dty) REMOVED	8	The date the claim record was produced by CMS' CWFMQA system (used for internal editing purposes). MMDDYYYY
523	MCO TRAILER INDICATOR CODE (158) (mcoind1) REMOVED	1	The code indicating the presence of a Managed Care Organization (MCO) trailer. M = MCO code trailer present
524	MCO CONTRACT NUMBER (159) (mconum1) REMOVED	5	This field represents the plan contract number of the Managed Care Organization (MCO).

529	MCO OPTION CODE (160) (mcoptn1) REMOVED	1	The code indicating Managed Care Organization (MCO) lock-in enrollment status of the beneficiary. (Refer to appendix table MCOPTN)
530	MCO PERIOD EFFECTIVE DATE (161) (mcoedty1, mcoedtm1, mcoedtd1) REMOVED	8	The date the beneficiary's enrollment in the Managed Care Organization (MCO) became effective. YYYYMMDD
538	MCO PERIOD TERMINATION DATE (162) (mcotdty1, mcotdtm1, mcotdtd1) REMOVED	8	The date the beneficiary's enrollment in the Managed Care Organization (MCO) was terminated. YYYYMMDD

NEW VARIABLES ADDED TO Outpatient in 2016 Linkage:

<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
258	Revenue Center IDE, NDC or UPC# (244) (idendc)	24	Revenue Center ID number
542	CLAIM SERVICE LOCATION NPI NUMBER (173) (srvcnpi)	10	The NPI assigned to the service location. The NPI may not be available prior to 1/1/2014. *Encrypted Data
552	CLAIM ID (claim_id)	10	ID to index unique claims

Part D Event File Changes

No Changes.

PEDSF File Changes

The PART D information on the PEDSF file has enrollment variables from 2007 to 2014 (2006 is no longer on the file) and all other yearly variables are available until 2015.

Removed from PEDSF in 2016 Linkage:

REMOVED:

<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>SOURCE</u>	<u>NOTES</u>
155	Number of primaries (numprims)	2	SEER	See Attachment A
172	Place of Birth –Country (plc_brth_cnt) REMOVED	3	SEER	See Attachment A
175	Place of Birth –State (plc_brth_state) REMOVED	2	SEER	See Attachment A
2124	Survival Months – Presumed Alive (srvmpa1-srvmpa10) (<i>srv_time_mon_pa</i>) REMOVED	4	SEER	See Attachment A
2128	Survival Months Flag – Presumed Alive (srvmpaflg1- srvmpaflg10) (<i>srv_time_mon_ flag_pa</i>) REMOVED	1	SEER	See Attachment A

VARIABLE DEFINITIONS CHANGED IN PEDSF

<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>SOURCE</u>	<u>NOTES</u>
135	Date Flag for Follow Up (deathflag)	2 (was 1)	SEER	0 = Alive

NEW VARIABLES ADDED TO PEDSF

<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>SOURCE</u>	<u>NOTES</u>
54	First Chronic Renal Disease Year (first_esrd_yr)	4	EDB	First occurrence of Chronic Renal Disease regardless of age.

2016 Linkage File Changes

12/01/2016

<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>SOURCE</u>	<u>NOTES</u>
1747	State (state1991-state2015)	2	EDB	State code from EDB file
1749	County (cnty1991-cnty2015)	3	EDB	County code from EDB file
2486	CS Mets at DX-Bone (2010+) (csmetsdx_bpub1-csmetsdx_bpub10) (csmetsdx_bpub)	1	SEER	See Attachment A
2487	CS Mets at DX-Brain (2010+) (csmetsdxbr_bpub1-csmetsdxbr_bpub10) (csmetsdxbr_bpub)	1	SEER	See Attachment A
2488	CS Mets at DX-Liver (2010+) (csmetsdxliv_bpub1-csmetsdxliv_bpub10) (csmetsdxliv_bpub)	1	SEER	See Attachment A
2489	CS Mets at DX-Lung (2010+) (csmetsdxlung_bpub1-csmetsdxlung_bpub10) (csmetsdxlung_bpub)	1	SEER	See Attachment A
2490	T value-based on AJCC 3rd (1988-2003) (t_value1-t_value10) (t_value)	2	SEER	See Attachment A
2492	N value-based on AJCC 3rd (1988-2003) (n_value1-n_value10) (n_value)	2	SEER	See Attachment A
2494	M value-based on AJCC 3rd (1988-2003) (m_value1-m_value10) (m_value)	2	SEER	See Attachment A
2512	OncoType DX recurrence score (onco_score1-onco_score10) (<i>oncotype_score</i>)	3	SEER	000-100 *Special permission required to receive this variable

<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>SOURCE</u>	<u>NOTES</u>
2515	OncoType DX risk group (onco_rg1-onco_rg10) (<i>oncotype_rg</i>)	1	SEER	1 = Low 2 = Intermediate 3 = High *Special permission required to receive this variable
2516	OncoType DX reason no score (onco_rns1-onco_rns10) (<i>oncotype_rns</i>)	1	SEER	1 = Cancelled Test – Cancelled by physician or patients before result was returned 2 = Failed Test – Inadequate tissue sample 3 = Outside Analysis Criteria 4 = Non-Unique – Patient had multiple tumors *Special permission required to receive this variable
2517	OncoType DX delivered year (onco_year1-onco_year10) (<i>oncotype_year</i>)	4	SEER	2004-2015 *Special permission required to receive this variable
2521	OncoType DX delivered month (onco_month1-onco_month10) (<i>oncotype_month</i>)	2	SEER	01-12 *Special permission required to receive this variable
2523	OncoType DX months since diagnosis (onco_time1-onco_time10) (<i>oncotype_time</i>)	3	SEER	000-996 = Valid months 997 = Unknown 998 = Test before DX Unknown occurs when month of diagnosis is unknown and year of diagnosis is not greater than test year. *Special permission required to receive this variable

SUMDENOM File Changes

The PART D information on the SUMDENOM file has enrollment variables from 2007 to 2014 (2006 is no longer on the file) and all other yearly variables are available until 2015.

ADDED to SUMDENOM

<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>SOURCE</u>	<u>NOTES</u>
42	First Chronic Renal Disease Year (first_esrd_yr)	4	EDB	First occurrence of Chronic Renal Disease regardless of age.