

06/01/00  
COST&USE  
1997

MEDICARE CURRENT BENEFICIARY SURVEY  
RECORD IDENTIFICATION CODE IUE  
EVENT RIC IUE

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Record Type: IUE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	3					C	RECORD IDENTIFICATION CODE
FILEYR	4	2					C	YY REFERENCE YEAR OF RECORD
BASEID	6	8					C	UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4	\$EVNTNUM				C	UNIQUE EVENT IDENTIFIER
					639	C000-C999		EVENT CREATED FROM CLAIM
					358	0000-9999		SURVEY REPORTED EVENT
OREVTYPE	18	2	\$EVNTTYP				C	ORIGINAL REPORTED EVENT TYPE
					639			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		DU	DENTAL
					0		ER	EMERGENCY ROOM
					86		IP	INPATIENT
					272		IU	INSTITUTIONAL UTILIZATION
					0		MP	MEDICAL PROVIDER
					0		OM	OTHER MEDICAL EXPENSE
					0		OP	OUTPATIENT
					0		PM	PRESCRIBED MEDICINE
					0		SD	SEP BILLING DOCTOR
					0		SL	SEP BILLING LAB
CLAIMID	20	6					N	CLAIM THIS SURVEY EVENT MATCHED TO
HMO	26	1	\$HMO				C	EVENT PROVIDED BY AN HMO?
					912		0	EVENT NOT PROV BY HMO
					85		1	EVENT PROVIDED BY HMO
EVBEGLY	27	2	EVYY				N	EVENT BEGIN YEAR
					0		-9	NOT ASCERTAINED
					5		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					992		1-99	YEAR
EVBEGLM	29	2	EVMM				N	EVENT BEGIN MONTH
					0		-9	NOT ASCERTAINED
					7		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					990		1-12	MONTH
					0		95	STILL IN PROGRESS
EVBEGLD	31	2	EVDD				N	EVENT BEGIN DAY
					0		-9	NOT ASCERTAINED
					29		-8	DK
					0		-7	REFUSED
					0		-5	MULTIPLE VISITS THIS MONTH
					0		-1	INAPPLICABLE
					968		1-31	DAY OF MONTH
EVENDYY	33	2	EVYY				N	EVENT END YEAR
					0		-9	NOT ASCERTAINED
					6		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					991		1-99	YEAR

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EVENDMM	35	2	EVMM				N	EVENT END MONTH
					0		-9	NOT ASCERTAINED
					9		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					988		1-12	MONTH
					0		95	STILL IN PROGRESS
EVENDDD	37	2	EVDD				N	EVENT END DAY
					0		-9	NOT ASCERTAINED
					23		-8	DK
					0		-7	REFUSED
					0		-5	MULTIPLE VISITS THIS MONTH
					0		-1	INAPPLICABLE
					974		1-31	DAY OF MONTH
SOURCE	39	1	\$SOURCE				C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
					122		1	SURVEY ONLY
					639		2	CLAIMS ONLY
					236		3	BOTH SURVEY & CLAIMS
SITCODE	40	1	\$SITCODE				C	COMMUNITY OR FACILITY SETTING?
					0		B	BOTH COMM & FAC
					122		C	COMMUNITY
					2		D	DEEMED COMMUNITY
					3		F	FACILITY
					0		G	DEEMED FACILITY
					870		S	SNF
AMTTOT	41	9	MONYFMT				N	TOTAL PAYMENT
					997			AMOUNT AS \$\$\$\$\$\$.CC
IMPATOT	50	1	IMPFLAG				N	IMPUTATION FLAG: TOTAL PAYMENT
					753		0	NOT IMPUTED
					244		1	IMPUTED
AMTCOV	51	9	MONYFMT				N	PORTION OF TOTAL PAY COV BY MEDICARE
					997			AMOUNT AS \$\$\$\$\$\$.CC
AMTNCOV	60	9	MONYFMT				N	PORTION OF TOTL PAY NOT COV BY MEDICARE
					997			AMOUNT AS \$\$\$\$\$\$.CC
AMTCARE	69	9	MONYFMT				N	AMOUNT PAID BY MEDICARE
					997			AMOUNT AS \$\$\$\$\$\$.CC
IMPSCARE	78	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE
					997		0	NOT IMPUTED
					0		1	IMPUTED
IMPACARE	79	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE
					996		0	NOT IMPUTED
					1		1	IMPUTED
AMTCAID	80	9	MONYFMT				N	AMOUNT PAID BY MEDICAID
					997			AMOUNT AS \$\$\$\$\$\$.CC

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IMPSCAID	89	1	IMPFLAG		945		N	IMPUTATION FLAG: SOP MEDICAID
					52		0	NOT IMPUTED
							1	IMPUTED
IMPACAID	90	1	IMPFLAG		857		N	IMPUTATION FLAG: AMT MEDICAID
					140		0	NOT IMPUTED
							1	IMPUTED
AMTHMOM	91	9	MONYFMT		997		N	AMOUNT PAID BY MEDICARE HMO
								AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOM	100	1	IMPFLAG		973		N	IMPUTATION FLAG: SOP MEDICARE HMO
					24		0	NOT IMPUTED
							1	IMPUTED
IMPAHMOM	101	1	IMPFLAG		966		N	IMPUTATION FLAG: AMT MEDICARE HMO
					31		0	NOT IMPUTED
							1	IMPUTED
AMTHMOP	102	9	MONYFMT		997		N	AMOUNT PAID BY PRIVATE HMO
								AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOP	111	1	IMPFLAG		990		N	IMPUTATION FLAG: SOP PRIVATE HMO
					7		0	NOT IMPUTED
							1	IMPUTED
IMPAHMOP	112	1	IMPFLAG		987		N	IMPUTATION FLAG: AMT PRIVATE HMO
					10		0	NOT IMPUTED
							1	IMPUTED
AMTVA	113	9	MONYFMT		997		N	AMOUNT PAID BY VETERANS ADM
								AMOUNT AS \$\$\$\$\$\$.CC
IMPSVA	122	1	IMPFLAG		997		N	IMPUTATION FLAG: SOP VETERANS ADM
					0		0	NOT IMPUTED
							1	IMPUTED
IMPAVA	123	1	IMPFLAG		996		N	IMPUTATION FLAG: AMT VETERANS ADM
					1		0	NOT IMPUTED
							1	IMPUTED
AMTPRVE	124	9	MONYFMT		997		N	AMOUNT PAID BY PRIV INS (EMPLOYER SPON)
								AMOUNT AS \$\$\$\$\$\$.CC
IMPSPRVE	133	1	IMPFLAG		921		N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
					76		0	NOT IMPUTED
							1	IMPUTED
IMPAPRVE	134	1	IMPFLAG		919		N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					78		0	NOT IMPUTED
							1	IMPUTED
AMTPRVI	135	9	MONYFMT				N	AMOUNT PAID BY PRIV INS (INDIV PURCH)

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					997			AMOUNT AS \$\$\$\$\$\$.CC
IMSPRVI	144	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
					927		0	NOT IMPUTED
					70		1	IMPUTED
IMPAPRVI	145	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					925		0	NOT IMPUTED
					72		1	IMPUTED
AMTPRVU	146	9		MONYFMT			N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
					997			AMOUNT AS \$\$\$\$\$\$.CC
IMSPRVU	155	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					918		0	NOT IMPUTED
					79		1	IMPUTED
IMPAPRVU	156	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					918		0	NOT IMPUTED
					79		1	IMPUTED
AMTOOP	157	9		MONYFMT			N	AMOUNT PAID BY PERSON/FAMILY
					997			AMOUNT AS \$\$\$\$\$\$.CC
IMPSOOP	166	1		IMPFLAG			N	IMPUTATION FLAG: SOP PAID BY PERSON
					869		0	NOT IMPUTED
					128		1	IMPUTED
IMPAOOP	167	1		IMPFLAG			N	IMPUTATION FLAG: AMT PAID BY PERSON
					768		0	NOT IMPUTED
					229		1	IMPUTED
AMTDISC	168	9		MONYFMT			N	AMOUNT OF UNCOLLECTED LIABILITIES
					997			AMOUNT AS \$\$\$\$\$\$.CC
IMPSDISC	177	1		IMPFLAG			N	IMPUTATION FLAG: SOP UNCOLL LIAB
					948		0	NOT IMPUTED
					49		1	IMPUTED
IMPADISC	178	1		IMPFLAG			N	IMPUTATION FLAG: AMT UNCOLL LIAB
					921		0	NOT IMPUTED
					76		1	IMPUTED
AMTOTH	179	9		MONYFMT			N	AMOUNT PAID BY OTHER SOURCES
					997			AMOUNT AS \$\$\$\$\$\$.CC
IMPSOTH	188	1		IMPFLAG			N	IMPUTATION FLAG: SOP OTHER SOURCES
					986		0	NOT IMPUTED
					11		1	IMPUTED
IMPAOTH	189	1		IMPFLAG			N	IMPUTATION FLAG: AMT OTHER SOURCES
					983		0	NOT IMPUTED
					14		1	IMPUTED
ODIAGCNT	190	2					N	NUMBER OF DIAGNOSIS CODES ON CLAIM

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PRINDIAG	192	5					C	PRIMARY ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG1	197	5					C	SECOND ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG2	202	5					C	THIRD ICD-9 DIAGNOSIS CODE FROM CLAIM
PROV	207	6					C	PROVIDER NUMBER FROM CLAIM
STATUS	213	2					C	BENE STATUS AS OF THRU DATE ON CLAIM
UTLZNDAY	215	3					N	NUMBER OF COVERED DAYS OF CARE
COINDAY	218	2					N	TOTAL NUMBER OF COINSURANCE DAYS