

02/04/05  
Cost & Use  
2002

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Dental Events

**RIC: DUE**  
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Version: 1

| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|----------|-----|-----|--------|-----------|----------|----------|-----------------------|
|----------|-----|-----|--------|-----------|----------|----------|-----------------------|

The Dental Utilization Events file contains data about all dental events of the MCBS population, whether community or facility interviews.

|          |    |   |           |        |  |  |  |
|----------|----|---|-----------|--------|--|--|--|
| RIC      | 1  | 2 |           |        |  |  | C Record Identification Code               |
| VERSION  | 3  | 1 |           |        |  |  | C Version Number                           |
| BASEID   | 4  | 8 | \$BSIDFMT |        |  |  | C Unique SP Identification Number          |
|          |    |   |           | 12,718 |  |  | LOW-HIGH BASEID Count                      |
| EVNTNUM  | 14 | 4 |           |        |  |  | C Unique event identifier                  |
| OREVTYPE | 18 | 2 | \$EVN2TYP |        |  |  | C Original reported event type             |
|          |    |   |           | 12,718 |  |  | DU Dental                                  |
|          |    |   |           | 0      |  |  | IP Inpatient                               |
|          |    |   |           | 0      |  |  | IU Institutional utilization               |
|          |    |   |           | 0      |  |  | MP Medical provider                        |
|          |    |   |           | 0      |  |  | OM Other medical expense                   |
|          |    |   |           | 0      |  |  | OP Outpatient                              |
|          |    |   |           | 0      |  |  | PM Prescribed medicine                     |
|          |    |   |           | 0      |  |  | SD Separate billing doctor                 |
|          |    |   |           | 0      |  |  | SL Separate billing lab                    |
| CLAIMID  | 20 | 7 |           |        |  |  | N Claim this survey event matched to       |
| EVBEGLYY | 27 | 2 | \$EVENTYY |        |  |  | C Event begin year                         |
|          |    |   |           | 9      |  |  | -8 Don't know                              |
|          |    |   |           | 12,709 |  |  | Year                                       |
| EVBEGLMM | 29 | 2 | \$EVENTMM |        |  |  | C Event begin month                        |
|          |    |   |           | 135    |  |  | -8 Don't know                              |
|          |    |   |           | 0      |  |  | 95 Still in progress                       |
|          |    |   |           | 12,583 |  |  | Month                                      |
| EVBEGLDD | 31 | 2 | \$EVENTDD |        |  |  | C Event begin year                         |
|          |    |   |           | 2      |  |  | -7 Refused                                 |
|          |    |   |           | 2,824  |  |  | -8 Don't know                              |
|          |    |   |           | 9,892  |  |  | Day of month                               |
| SOURCE   | 33 | 1 | \$SOURCE  |        |  |  | C Source of event: survey, claim, or both? |
|          |    |   |           | 12,679 |  |  | 1 Survey only                              |
|          |    |   |           | 0      |  |  | 2 Claims only                              |
|          |    |   |           | 39     |  |  | 3 Both survey & claims                     |
| SITCODE  | 34 | 1 | \$SITCODE |        |  |  | C Community or facility setting?           |
|          |    |   |           | 0      |  |  | B Both community & facility                |
|          |    |   |           | 12,710 |  |  | C Community                                |
|          |    |   |           | 1      |  |  | D Deemed community                         |
|          |    |   |           | 3      |  |  | F Facility                                 |
|          |    |   |           | 2      |  |  | G Deemed facility                          |
|          |    |   |           | 2      |  |  | S SNF                                      |
| AMTTOT   | 35 | 9 |           |        |  |  | N Total payment                            |

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| IMPATOT  | 44  | 1   | IMPFLAG |           |          |          | N AMTTOT imputed in part or in total?      |
|          |     |     |         | 8,913     |          |          | 0 Not imputed                              |
|          |     |     |         | 3,805     |          |          | 1 Imputed                                  |
| AMTCOV   | 45  | 9   |         |           |          |          | N Medicare program liability, incl. copays |
| AMTNCOV  | 54  | 9   |         |           |          |          | N Total payment not covered by Medicare    |
| AMTCARE  | 63  | 9   |         |           |          |          | N Amount paid by Medicare                  |
| IMPSCARE | 72  | 1   | IMPFLAG |           |          |          | N AMTCARE payment source imputed?          |
|          |     |     |         | 12,718    |          |          | 0 Not imputed                              |
|          |     |     |         | 0         |          |          | 1 Imputed                                  |
| IMPACARE | 73  | 1   | IMPFLAG |           |          |          | N AMTCARE payment amount imputed?          |
|          |     |     |         | 12,718    |          |          | 0 Not imputed                              |
|          |     |     |         | 0         |          |          | 1 Imputed                                  |
| AMTCAID  | 74  | 9   |         |           |          |          | N Amount paid by Medicaid                  |
| IMPSCAID | 83  | 1   | IMPFLAG |           |          |          | N AMTCAID payment source imputed?          |
|          |     |     |         | 12,717    |          |          | 0 Not imputed                              |
|          |     |     |         | 1         |          |          | 1 Imputed                                  |
| IMPACAID | 84  | 1   | IMPFLAG |           |          |          | N AMTCAID payment amount imputed?          |
|          |     |     |         | 12,426    |          |          | 0 Not imputed                              |
|          |     |     |         | 292       |          |          | 1 Imputed                                  |
| AMTHMOM  | 85  | 9   |         |           |          |          | N Amount paid by Medicare HMO              |
| IMPSHMOM | 94  | 1   | IMPFLAG |           |          |          | N AMTHMOM payment source imputed?          |
|          |     |     |         | 12,516    |          |          | 0 Not imputed                              |
|          |     |     |         | 202       |          |          | 1 Imputed                                  |
| IMPAHMOM | 95  | 1   | IMPFLAG |           |          |          | N AMTHMOM payment amount imputed?          |
|          |     |     |         | 12,410    |          |          | 0 Not imputed                              |
|          |     |     |         | 308       |          |          | 1 Imputed                                  |
| AMTHMOP  | 96  | 9   |         |           |          |          | N Amount paid by private HMO               |
| IMPSHMOP | 105 | 1   | IMPFLAG |           |          |          | N AMTHMOP payment source imputed?          |
|          |     |     |         | 12,563    |          |          | 0 Not imputed                              |
|          |     |     |         | 155       |          |          | 1 Imputed                                  |
| IMPAHMOP | 106 | 1   | IMPFLAG |           |          |          | N AMTHMOP payment amount imputed?          |
|          |     |     |         | 12,451    |          |          | 0 Not imputed                              |
|          |     |     |         | 267       |          |          | 1 Imputed                                  |
| AMTVA    | 107 | 9   |         |           |          |          | N Amount paid by Veterans Administration   |

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|----------|-----|-----|---------|-----------|----------|----------|--|
| IMPSVA   | 116 | 1   | IMPFLAG |           |          |          | N AMTVA payment source imputed?            |
|          |     |     |         | 12,717    |          |          | 0 Not imputed                              |
|          |     |     |         | 1         |          |          | 1 Imputed                                  |
| IMPAVA   | 117 | 1   | IMPFLAG |           |          |          | N AMTVA payment amount imputed?            |
|          |     |     |         | 12,629    |          |          | 0 Not imputed                              |
|          |     |     |         | 89        |          |          | 1 Imputed                                  |
| AMTPRVE  | 118 | 9   |         |           |          |          | N Amt paid by employer-sponsored priv ins  |
| IMSPRVE  | 127 | 1   | IMPFLAG |           |          |          | N AMTPRVE payment source imputed?          |
|          |     |     |         | 12,262    |          |          | 0 Not imputed                              |
|          |     |     |         | 456       |          |          | 1 Imputed                                  |
| IMPAPRVE | 128 | 1   | IMPFLAG |           |          |          | N AMTPRVE payment amount imputed?          |
|          |     |     |         | 11,588    |          |          | 0 Not imputed                              |
|          |     |     |         | 1,130     |          |          | 1 Imputed                                  |
| AMTPRVI  | 129 | 9   |         |           |          |          | N Amt paid by individually-purch priv ins  |
| IMSPRVI  | 138 | 1   | IMPFLAG |           |          |          | N AMTPRVI payment source imputed?          |
|          |     |     |         | 12,518    |          |          | 0 Not imputed                              |
|          |     |     |         | 200       |          |          | 1 Imputed                                  |
| IMPAPRVI | 139 | 1   | IMPFLAG |           |          |          | N AMTPRVI payment amount imputed?          |
|          |     |     |         | 12,367    |          |          | 0 Not imputed                              |
|          |     |     |         | 351       |          |          | 1 Imputed                                  |
| AMTPRVU  | 140 | 9   |         |           |          |          | N Amt paid by priv ins (unknown purchased) |
| IMSPRVU  | 149 | 1   | IMPFLAG |           |          |          | N AMTPRVU payment source imputed?          |
|          |     |     |         | 12,718    |          |          | 0 Not imputed                              |
|          |     |     |         | 0         |          |          | 1 Imputed                                  |
| IMPAPRVU | 150 | 1   | IMPFLAG |           |          |          | N AMTPRVU payment amount imputed?          |
|          |     |     |         | 12,718    |          |          | 0 Not imputed                              |
|          |     |     |         | 0         |          |          | 1 Imputed                                  |
| AMTOOP   | 151 | 9   |         |           |          |          | N Amount paid out-of-pocket (OOP)          |
| IMPSOOP  | 160 | 1   | IMPFLAG |           |          |          | N AMTOOP payment source imputed?           |
|          |     |     |         | 11,593    |          |          | 0 Not imputed                              |
|          |     |     |         | 1,125     |          |          | 1 Imputed                                  |
| IMPAOOP  | 161 | 1   | IMPFLAG |           |          |          | N AMTOOP payment amount imputed?           |
|          |     |     |         | 10,808    |          |          | 0 Not imputed                              |
|          |     |     |         | 1,910     |          |          | 1 Imputed                                  |
| AMTDISC  | 162 | 9   |         |           |          |          | N Amount of uncollected SP liability       |

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|----------|-----|-----|---------|-----------|----------|----------|---|
| IMPSDISC | 171 | 1   | IMPFLAG |           |          |          | N AMTDISC payment source imputed?         |
|          |     |     |         | 12,454    |          |          | 0 Not imputed                             |
|          |     |     |         | 264       |          |          | 1 Imputed                                 |
| IMPADISC | 172 | 1   | IMPFLAG |           |          |          | N AMTDISC payment amount imputed?         |
|          |     |     |         | 11,990    |          |          | 0 Not imputed                             |
|          |     |     |         | 728       |          |          | 1 Imputed                                 |
| AMTOTH   | 173 | 9   |         |           |          |          | N Amount paid by other payor(s)           |
| IMPSOTH  | 182 | 1   | IMPFLAG |           |          |          | N AMTOTH payment source imputed?          |
|          |     |     |         | 12,708    |          |          | 0 Not imputed                             |
|          |     |     |         | 10        |          |          | 1 Imputed                                 |
| IMPAOTH  | 183 | 1   | IMPFLAG |           |          |          | N AMTOTH payment amount imputed?          |
|          |     |     |         | 12,616    |          |          | 0 Not imputed                             |
|          |     |     |         | 102       |          |          | 1 Imputed                                 |
| DVBRIDGE | 184 | 2   | YES4FMT |           |          |          | N Dental visit service - bridge           |
|          |     |     |         | 22        |          |          | -8 Don't know                             |
|          |     |     |         | 2,116     |          |          | 1 Yes                                     |
|          |     |     |         | 10,580    |          |          | 2 No                                      |
| DVCLEAN  | 186 | 2   | YES4FMT |           |          |          | N Dental visit service - cleaning         |
|          |     |     |         | 22        |          |          | -8 Don't know                             |
|          |     |     |         | 5,489     |          |          | 1 Yes                                     |
|          |     |     |         | 7,207     |          |          | 2 No                                      |
| DVCROWN  | 188 | 2   | YES4FMT |           |          |          | N Dental visit service - crown            |
|          |     |     |         | 22        |          |          | -8 Don't know                             |
|          |     |     |         | 1,107     |          |          | 1 Yes                                     |
|          |     |     |         | 11,589    |          |          | 2 No                                      |
| DVEXAM   | 190 | 2   | YES4FMT |           |          |          | N Dental visit service - examination      |
|          |     |     |         | 22        |          |          | -8 Don't know                             |
|          |     |     |         | 5,359     |          |          | 1 Yes                                     |
|          |     |     |         | 7,337     |          |          | 2 No                                      |
| DVEXTRAC | 192 | 2   | YES4FMT |           |          |          | N Dental visit service - tooth extraction |
|          |     |     |         | 22        |          |          | -8 Don't know                             |
|          |     |     |         | 935       |          |          | 1 Yes                                     |
|          |     |     |         | 11,761    |          |          | 2 No                                      |
| DVFILLNG | 194 | 2   | YES4FMT |           |          |          | N Dental visit service - filling          |
|          |     |     |         | 22        |          |          | -8 Don't know                             |
|          |     |     |         | 1,731     |          |          | 1 Yes                                     |
|          |     |     |         | 10,965    |          |          | 2 No                                      |

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|----------|-----|-----|---------|-----------|----------|----------|---------------------------------------|
| DVORTH0  | 196 | 2   | YES4FMT |           |          |          | N Dental visit service - orthodontics |
|          |     |     |         | 22        |          |          | -8 Don't know                         |
|          |     |     |         | 77        |          |          | 1 Yes                                 |
|          |     |     |         | 12,619    |          |          | 2 No                                  |
| DVOTHER  | 198 | 2   | YES4FMT |           |          |          | N Dental visit service - other        |
|          |     |     |         | 22        |          |          | -8 Don't know                         |
|          |     |     |         | 435       |          |          | 1 Yes                                 |
|          |     |     |         | 12,261    |          |          | 2 No                                  |
| DVRTCNAL | 200 | 2   | YES4FMT |           |          |          | N Dental visit service - root canal   |
|          |     |     |         | 22        |          |          | -8 Don't know                         |
|          |     |     |         | 522       |          |          | 1 Yes                                 |
|          |     |     |         | 12,174    |          |          | 2 No                                  |
| DVXRAYS  | 202 | 2   | YES4FMT |           |          |          | N Dental visit service - X-rays       |
|          |     |     |         | 22        |          |          | -8 Don't know                         |
|          |     |     |         | 3,511     |          |          | 1 Yes                                 |
|          |     |     |         | 9,185     |          |          | 2 No                                  |
| HMO      | 204 | 1   | \$HMO   |           |          |          | C Event provided by an HMO?           |
|          |     |     |         | 9,726     |          |          | 0 Event not provided by HMO           |
|          |     |     |         | 2,992     |          |          | 1 Event provided by HMO               |