

CMS 2008 Basic Stand Alone (BSA) DME Line Items Public Use File (PUF)

Data Dictionary and Codebook

This is a line-item (or procedure-level) file with the following variables. See the General Documentation for an overview of file contents, data source, information about exclusions, and analytic utility.

DME_LINE_ID

This field contains a cryptographic event ID. As this is a line item-level file, each row on the file has a unique value for DME_LINE_ID. DME_LINE_ID cannot be used to link to any other data files released by CMS or other sources. Because of the manner in which the field was created, DME_LINE_ID can also serve as a random number, representing random draws from a uniform distribution.

BENE_SEX_IDENT_CD

This field indicates the sex of the beneficiary.

Variable Value	Formatted Value	Frequency	Frequency (%)
1	Male	2,175,440	42.612
2	Female	2,929,797	57.388

Note: Percentages may not add up to 100% due to rounding.

BENE_AGE_CAT_CD

This categorical variable is based on the beneficiary's age at end of the reference year (2008). In the event the beneficiary died during the reference year, the age at the date of death is used.

Variable Value	Formatted Value	Frequency	Frequency (%)
1	Under 65	1,105,572	21.656
2	65 - 69	819,224	16.047
3	70 - 74	925,199	18.123
4	75 - 79	848,435	16.619
5	80 - 84	716,818	14.041
6	85 and older	689,989	13.515

Note: Percentages may not add up to 100% due to rounding.

DME_LINE_ICD9_DGNS_CD

The ICD-9-CM code indicates the diagnosis code associated with the line item. It is created using the ICD-9-CM diagnosis code (International Classification of Diseases, version 9, Clinical Modification) for the line item.

In the PUF, ICD-9-CM diagnosis codes are provided at the three-digit level (or 4 characters for “E” codes) by truncation of the actual codes. The actual ICD-9-CM diagnosis codes in Medicare DME line items (LINE_ICD9_DGNS_CD_1 - LINE_ICD9_DGNS_CD_13) include up to five digits. There are 426 different 3-digit ICD-9 diagnosis codes in the PUF. The descriptions of the 3-digit ICD-9 diagnosis codes are available in the Data Users’ Guide (SAS read-in program) for the *CMS 2008 BSA DME Line Items PUF*.

The frequencies by ranges of 3-digit ICD-9 diagnosis codes are provided below.

Variable Value Range⁽¹⁾	Formatted Value	Frequency	Frequency (%)
001 - 139	Infectious and parasitic diseases	2,064	0.040
140 - 239	Neoplasms	67,009	1.313
240 - 279	Endocrine, nutritional and metabolic diseases, and immunity disorders	1,448,575	28.374
280 - 289	Diseases of the blood and blood-forming organs	704	0.014
290 - 319	Mental disorders	13,581	0.266
320 - 359	Diseases of the nervous system	357,838	7.009
360 - 389	Diseases of the sense organs	4,233	0.083
390 - 459	Diseases of the circulatory system	270,016	5.289
460 - 519	Diseases of the respiratory system	1,632,703	31.981
520 - 579	Diseases of the digestive system	8,343	0.163
580 - 629	Diseases of the genitourinary system	19,128	0.375
630 - 679	Complications of pregnancy, childbirth, and the puerperium	68	0.001
680 - 709	Diseases of the skin and subcutaneous tissue	49,413	0.968
710 - 739	Diseases of the musculoskeletal system and connective tissue	230,548	4.516
740 - 759	Congenital anomalies	4,318	0.085
760 - 779	Certain conditions originating in the perinatal period	457	0.009
780 - 799	Symptoms, signs, and ill-defined conditions	538,948	10.557
800 - 999	Injury and poisoning	122,562	2.401

Variable Value Range ⁽¹⁾	Formatted Value	Frequency	Frequency (%)
E codes	External causes of injury and poisoning	117	0.002
V codes	Factors influencing health status and contact with health services	334,612	6.554

Note: Percentages may not add up to 100% due to rounding. 334,729

(1) Not all values in a range may appear in the PUF.

The ten most frequent 3-digit ICD-9 diagnosis codes and their frequencies are provided below.

Variable Value	Formatted Value	Frequency	Frequency (%)
250	Diabetes mellitus	1,442,079	28.247
496	Chronic airway obstruction, not elsewhere classified	1,240,767	24.304
327	Sleep disorders	276,243	5.411
780	General symptoms	273,385	5.355
493	Asthma	191,477	3.751
428	Heart failure	144,785	2.836
V42	Organ or tissue replaced by transplant	118,983	2.331
799	Other ill-defined and unknown causes of morbidity and mortality	117,962	2.311
V44	Artificial opening status	117,710	2.306
715	Osteoarthritis and allied disorders	92,544	1.813
-	All other values	1,089,302	21.337

Note: Percentages may not add up to 100% due to rounding.

DME_LINE_HCPCS_CD

The Healthcare Common Procedure Coding System (HCPCS Level II) is used primarily to identify products, supplies, and services. This variable is a 5 character alpha-numeric code consisting of a single alphabetic letter followed by four numeric digits. It provides the Level II HCPCS code associated with each line of service on a DME claim and is created from the HCPCS_CD in the DME claims file. There are 1,118 different HCPCS codes. The short descriptions of the HCPCS codes are available in the Data Users' Guide (SAS read-in program and accompanying lookup file) for the *CMS 2008 BSA DME Line Items PUF*. The detailed long descriptions for the HCPCS codes (for 2009) are available on the CMS website.¹ The ten most frequent HCPCS codes and their frequencies are provided below.

¹ <https://www.cms.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp>

Variable Value	Formatted Value	Frequency	Frequency (%)
E1390	Oxygen concentrator	628,953	12.32
A4253	Blood glucose/reagent strips	626,499	12.272
A4259	Lancets per box	367,220	7.193
E0431	Portable gaseous O2	346,334	6.784
E0570	Nebulizer with compression	210,497	4.123
Q0513	Disp fee inhal drugs/30 days	184,361	3.611
A4256	Calibrator solution/chips	181,147	3.548
E0601	Cont airway pressure device	143,414	2.809
E0260	Hosp bed semi-electr w/ matt	104,650	2.05
A4258	Lancet device each	92,107	1.804
-	All other values	2,220,055	43.486

Note: Percentages may not add up to 100% due to rounding.

DME_LINE_SRVC_CNT

This variable is the count of the total number of services for the line item (i.e., service identified by the HCPCS code). It is created using the LINE_SRVC_CNT_1 - LINE_SRVC_CNT_13 variables in the DME claims file. The frequencies by ranges of count of services are provided below.

Variable Value Range	Frequency	Frequency (%)
1 - 99	4,873,516	95.461
100 - 199	111,259	2.179
200 - 299	41,207	0.807
300 - 399	60,224	1.180
400 - 499	11,522	0.226
500 - 599	3,381	0.066
600 - 699	1,582	0.031
700 - 799	193	0.004
800 - 899	140	0.003
900 - 999	2,213	0.043

Note: Percentages may not add up to 100% due to rounding.

DME_LINE_PMT_AMT

This field contains the payment made by Medicare for the line item. It is based on LINE_NCH_PMT_AMT in the DME claims file. Please refer to the General Documentation for details of the rounding rules.

Variable Value⁽¹⁾ (\$)	Frequency	Frequency (%)
0	340,615	6.672
10	972,891	19.057
20	313,766	6.146
30	883,000	17.296
40	168,354	3.298
50	220,143	4.312
60	378,562	7.415
70	95,850	1.877
80	167,823	3.287
90	134,094	2.627
100	294,941	5.777
150	739,208	14.479
200	118,056	2.312
250	111,178	2.178
300	41,505	0.813
350	22,483	0.440
400	18,848	0.369
450	10,371	0.203
500	9,346	0.183
550	11,720	0.230
600	3,665	0.072
650	3,731	0.073
700	4,035	0.079
750	5,016	0.098
800	1,602	0.031
850	2,074	0.041
900	1,379	0.027
950	2,648	0.052
1,000	11,360	0.223
2,000	4,858	0.095
3,000	10,205	0.200

Variable Value⁽¹⁾ (\$)	Frequency	Frequency (%)
4,000	846	0.017
5,000	834	0.016
10,000	107	0.002
20,000	122	0.002
30,000	1	0.000

Note: Percentages may not add up to 100% due to rounding.

- (1) Note that a Medicare payment amount between \$0 and \$4.99 is rounded to \$0 according to the rounding rules. Hence, the corresponding value for \$10 in the PUF is a value between \$5 and \$14.99 in the initial 5% sample file.