CMS 2010 Basic Stand Alone (BSA) Carrier Line Items Public Use File (PUF)

Data Dictionary and Codebook

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

BENE_SEX_IDENT_CD

This field indicates the sex of the beneficiary.

Variable Value	Formatted Value	Frequency	Frequency (%)
1	Male	29,066,890	41.493
2	Female	40,985,503	58.507

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 (2010).
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	11,414,343	16.294
2	65 - 69	12,130,165	17.316
3	70 - 74	12,885,504	18.394
4	75 - 79	11,786,740	16.826
5	80 - 84	10,546,272	15.055
6	85 and older	1,289,369	16.116

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

CAR_LINE_ICD9_DGNS_CD

CAR_LINE_ICD9_DGNS_CD indicates the patient's diagnosis associated with each line item. It is created using the ICD-9 CM line diagnosis codes at admission (LINE_ICD9_DGNS_CD_1 - LINE_ICD9_DGNS_CD_13).

In the PUF, ICD-9-CM diagnosis codes are provided at the three-character level (or 4 characters for "E" codes) by truncation of the LINE_ICD9_DGNS_CD_1 - LINE_ICD9_DGNS_CD_13. These codes serve to classify diagnosis of disease. Actual ICD-9-CM diagnosis codes (LINE_ICD9_DGNS_CD_1 - LINE_ICD9_DGNS_CD_13) in Medicare carrier claims include up to five digits. There are 923 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 2010 BSA Carrier 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	958,466	1.368
140 - 239	Neoplasms	4,542,224	6.485
240 - 279	Endocrine, nutritional and metabolic diseases, and immunity disorders	8,191,643	11.696
280 - 289	Diseases of the blood and blood-forming organs	2,414,833	3.448
290 - 319	Mental disorders	1,824,392	2.605
320 - 359	Diseases of the nervous system	995,790	1.422
360 - 389	Diseases of the sense organs	3,417,158	4.879
390 - 459	Diseases of the circulatory system	10,297,161	14.702
460 - 519	Diseases of the respiratory system	3,320,210	4.741
520 - 579	Diseases of the digestive system	1,668,741	2.383
580 - 629	Diseases of the genitourinary system	4,127,953	5.894
630 - 679	Complications of pregnancy, childbirth, and the puerperium	9,944	0.014
680 - 709	Diseases of the skin and subcutaneous tissue	2,107,260	3.009
710 - 739	Diseases of the musculoskeletal system and connective tissue	9,746,659	13.916
740 - 759	Congenital anomalies	49,840	0.071
760 - 779	Certain conditions originating in the perinatal period	470	0.001
780 - 799	Symptoms, signs, and ill-defined conditions	8,740,211	12.479
800 - 999	Injury and poisoning	1,895,256	2.706
E codes	External causes of injury and poisoning	5,054	0.007
V codes	Factors influencing health status and contact with health services	5,725,622	8.175

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

(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	3,588,238	5.122
401	Essential hypertension	3,305,221	4.718
272	Disorders of lipoid metabolism	2,478,634	3.538
786	Symptoms involving respiratory system and other chest symptoms	2,402,854	3.430
V58	Encounter for other and unspecified procedures and aftercare	1,942,870	2.773
427	Cardiac dysrhythmias	1,939,427	2.769
780	General symptoms	1,875,340	2.677
724	Other and unspecified disorders of back	1,651,152	2.357
719	Other and unspecified disorders of joint	1,643,469	2.346
V04	Need for prophylactic vaccination and inoculation against certain viral diseases	1,392,961	1.988
-	All other values	47,832,612	68.281

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

CAR_LINE_HCPCS_CD

The carrier claims file uses Healthcare Common Procedure Coding System (HCPCS) codes to identify items and services. HCPCS is divided into two subsystems: (1) HCPCS Level I codes are numeric Current Procedural Terminology (CPT) codes that identify medical services and procedures furnished by physicians and (2) HCPCS Level II codes are alpha-numeric codes that identify products, supplies, and services not included in the CPT codes (such as drugs and biological or durable medical equipment). There are 4,736 unique HCPCS codes in the PUF. The ten most frequent HCPCS codes are listed below.

Most HCPCS codes in the PUF are Level I HCPCS codes. The ten most frequent HCPCS codes and their frequencies are provided below.

Variable Value	Frequency	Frequency (%)
99213	5,022,606	7.170
99214	3,909,359	5.581
36415	3,210,853	4.584

Variable Value	Frequency	Frequency (%)
99232	2,276,548	3.250
85025	1,582,429	2.259
80053	1,348,306	1.925
85610	1,088,579	1.554
97110	1,069,867	1.527
80061	1,042,930	1.489
99233	1,004,875	1.434
All other values	48,496,041	69.228

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

CAR_LINE BETOS_CD

CAR_LINE_BETOS_CD provides the Berenson-Eggers Type of Service (BETOS) code for the line item based on generally agreed upon clinically meaningful groupings of procedures and services. This field is included as a line item on the non-institutional claim.

The ten most frequent BETOS codes and their frequencies are provided below.

Variable Value	Formatted Value	Frequency	Frequency (%)
M1B	Office visits - established	10,928,182	15.600
T1H	Lab tests - other (non-Medicare fee schedule)	10,112,179	14.435
M2B	Hospital visit - subsequent	4,326,742	6.176
P6C	Minor procedures - other (Medicare fee schedule)	4,095,611	5.846
T1A	Lab tests - routine venipuncture (non Medicare fee schedule)	3,210,853	4.584
T1B	Lab tests - automated general profiles	1,990,740	2.842
I1A	Standard imaging - chest	1,988,898	2.839
M5C	Specialist - opthamology	1,955,902	2.792
T1D	Lab tests - blood counts	1,917,793	2.738
T2A	Other tests - electrocardiograms	1,613,246	2.303
-	All other values	27,912,247	39.845

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

CAR_LINE_PRVDR_TYPE_CD

CAR_LINE_PRVDR_TYPE_CD identifies the type of provider furnishing the service for the line item.

Variable Value [1]	Formatted Value	Frequency	Frequency (%)
0	Clinics, groups, associations, partnerships, or other entities	3,314,665	4.732
1	Physicians or suppliers reporting as solo practitioners	51,133,927	72.994
3	Institutional provider	1,438,396	2.053
5	Clinics (multiple specialties)	12,817,445	18.297
7	Other entities	770,684	1.100
8	Other entities for whom EI numbers are used in coding the ID field or proprietorship for whom EI numbers are used in coding the ID field.	577,276	0.824

Note: Percentages may not add up to 100% due to rounding.
(1) Values of 2 (suppliers (other than sole proprietorship)), 4 (independent laboratories), and 6 (groups (single specialty)) do not appear in the PUF.

CAR_LINE_SRVC_CNT

CAR_LINE_SRVC_CNT provides the count of the total number of services processed for the line item (HCPCS procedure) on the carrier claim.

Variable Range Value	Frequency	Frequency (%)
0-99	69,965,361	99.876
100-199	49,240	0.070
200-299	18,667	0.027
300-399	9,634	0.014
400-499	2,428	0.003
500-999	7,063	0.010

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

CAR_LINE_CMS_TYPE_SRVC_CD

CAR_LINE_CMS_TYPE_SRVC_CD indicates the type of service for the line item.

Variable Value	Formatted Value	Frequency	Frequency (%)
1	Medical care	29,349,853	41.897
5	Diagnostic laboratory	23,552,501	33.621
4	Diagnostic radiology	6,252,578	8.926
2	Surgery	4,390,395	6.267
V	Pneumococcal/flu vaccine	1,544,228	2.204
D	Ambulance	1,387,418	1.981
T	Outpatient mental health limitation	1,004,921	1.435
Q	Vision items or services	973,245	1.389
7	Anesthesia	544,533	0.777
6	Therapeutic radiology	457,410	0.653
F	Ambulatory surgical center (facility usage for surgical services)	336,193	0.480
K	Hearing items and services	109,815	0.157
8	Assistant at surgery	53,968	0.077
9	Other medical items or services	47,428	0.068
3	Consultation	24,178	0.035
P	Lump sum purchase of DME, prosthetics, orthotics	14,004	0.020
S	Surgical dressings or other medical supplies	8,889	0.013
G	Immunosuppressive drugs	704	0.001
N	Kidney donor	115	0.000
0	Whole blood only	17	0.000

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

CAR_LINE_PLACE_OF_SRVC_CD

CAR_LINE_PLACE_OF_SRVC_CD indicates the place of service for the line item.

Variable Value	Formatted Value	Frequency	Frequency (%)
0	Invalid Place of Service Code	227,695	0.325
1	Office (pre 1992)	440	0.001

Variable Value	Formatted Value	Frequency	Frequency (%)
11	Office	36,447,964	52.030
12	Home	382,872	0.547
21	Inpatient hospital	8,744,876	12.483
22	Outpatient hospital	4,719,012	6.736
23	Emergency room - hospital	2,198,519	3.138
24	Ambulatory surgical center	778,732	1.112
31	Skilled nursing facility	874,162	1.248
32	Nursing facility	1,192,588	1.702
33	Custodial care facility	75,964	0.108
34	Hospice	54	0.000
41	Ambulance - land	1,385,188	1.977
42	Ambulance - air or water	2,230	0.003
50	Federally qualified health centers	1,905	0.003
51	Inpatient psychiatric facility	87,550	0.125
52	Psychiatric facility partial hospitalization	11,949	0.017
53	Community mental health center	83,032	0.119
54	Intermediate care facility/mentally retarded	5,260	0.008
56	Psychiatric residential treatment center	287	0.000
60	Mass immunizations center	598,183	0.854
61	Comprehensive inpatient rehabilitation facility	65,507	0.094
65	End stage renal disease treatment facility	147,095	0.210
71	State or local public health clinic	24,129	0.034
72	Rural health clinic	3,158	0.005
81	Independent laboratory	11,988,407	17.113
99	Other unlisted facility	5,632	0.008

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

CAR_HCPCS_PMT_AMT

This variable contains the payment made by Medicare for the line item. The values are provided after rounding to the nearest unit.

Variable Value[1] ($)	Frequency	Frequency (%)
0	3,740,839	5.340
5	10,180,597	14.533
10	8,243,055	11.767
15	4,826,334	6.890
20	4,033,333	5.758
25	4,113,912	5.873
30	2,992,285	4.271
35	2,071,517	2.957
40	1,645,300	2.349
45	1,552,873	2.217
50	3,631,005	5.183
55	4,133,528	5.901
60	2,482,050	3.543
65	867,351	1.238
70	750,955	1.072
75	1,650,048	2.355
80	2,349,125	3.353
85	1,217,237	1.738
90	990,718	1.414
95	494,631	0.706
100	1,485,973	2.121
125	1,412,416	2.016
150	1,514,673	2.162
175	1,058,256	1.511
200	479,586	0.685
225	287,961	0.411
250	206,883	0.295
275	182,895	0.261
300	208,774	0.298
325	216,074	0.308
350	107,815	0.154
375	82,705	0.118

Variable Value[1] ($)	Frequency	Frequency (%)
400	66,513	0.095
425	48,731	0.070
450	46,480	0.066
475	31,205	0.045
500	99,889	0.143
600	114,151	0.163
700	108,577	0.155
800	73,024	0.104
900	42,664	0.061
1000	107,816	0.154
2000	74,646	0.107
3000	15,478	0.022
4000	9,326	0.013
5000	2,277	0.003
6000	387	0.001
7000	242	0.000
8000	9	0.000
9000	4	0.000
10000	65	0.000
11000	17	0.000
12000	1	0.000
13000	38	0.000
14000	8	0.000
15000	3	0.000
16000	13	0.000
17000	19	0.000
18000	1	0.000
19000	3	0.000
20000	4	0.000
21000	9	0.000
22000	9	0.000
23000	6	0.000
24000	4	0.000
25000	5	0.000
26000	17	0.000

Variable Value[1] ($)	Frequency	Frequency (%)
27000	2	0.000
29000	3	0.000
31000	6	0.000
32000	1	0.000
33000	6	0.000
35000	4	0.000
36000	1	0.000
37000	3	0.000
39000	2	0.000
41000	3	0.000
42000	3	0.000
43000	7	0.000
44000	7	0.000

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

(1) Note that a Medicare payment amount between $0 and $2.49 is rounded to $0 according to the rounding rules. Hence, the corresponding value for $5 in the PUF is a value between $2.5 and $7.49 in the initial 5% sample file.

CAR_LINE_CNT

This field contains the number of carrier line items associated with each profile. The sum of this variable (5,231,592) is the total number of line items (defined by HCPCS codes) for a random sample of 5% FFS beneficiaries in 2010.