

09/01/05  
COST & USE  
1999

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Dental Event

RIC: DUE  
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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
RIC	1	3					C RIC CODE FOR ADMIN IDENTIFICATION RECORD
FILEYR	4	2					C YY REFERENCE YEAR OF RECORD
BASEID	6	8					C UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4					C UNIQUE EVENT IDENTIFIER
OREVTYPE	18	2	\$EVNTTYP				C ORIGINAL REPORTED EVENT TYPE
				1			
				13,458			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 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?
				10,145			0 EVENT NOT PROV BY HMO
				3,314			1 EVENT PROVIDED BY HMO
EVBEGLY	27	2	EVYY				N EVENT BEGIN YEAR
				8			-8 DK
				13,451			1-99 YEAR
EVBEGLM	29	2	EVMM				N EVENT BEGIN MONTH
				155			-8 DK
				13,304			1-12 MONTH
				0			95 STILL IN PROGRESS
EVBEGLD	31	2	EVDD				N EVENT BEGIN YEAR
				3,097			-8 DK
				82			-5 MULTIPLE VISITS THIS MONTH
				10,280			1-31 DAY OF MONTH
SOURCE	33	1	\$SOURCE				C SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
				13,429			1 SURVEY ONLY
				1			2 CLAIMS ONLY
				29			3 BOTH SURVEY & CLAIMS
SITCODE	34	1	\$SITCODE				C COMMUNITY OR FACILITY SETTING?
				3			B BOTH
				13,439			C COMMUNITY
				7			D DEEMED COMMUNITY
				3			F FACILITY
				0			G DEEMED FACILITY
				7			S SNF
AMTTOT	35	9					N TOTAL PAYMENT

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IMPATOT	44	1	IMPFLAG				N IMPUTATION FLAG: AMT TOTAL PAYMENT
				9,469			0 NOT IMPUTED
				3,990			1 IMPUTED
AMTCOV	45	9					N PORTION OF TOTAL PAY COV BY MEDICARE
AMTNCOV	54	9					N PORTION OF TOTAL PAY NOT COV BY MEDICARE
AMTCARE	63	9					N AMOUNT PAID BY MEDICARE
IMPSCARE	72	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICARE
				13,459			0 NOT IMPUTED
				0			1 IMPUTED
IMPACARE	73	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE
				13,459			0 NOT IMPUTED
				0			1 IMPUTED
AMTCAID	74	9					N AMOUNT PAID BY MEDICAID
IMPSCAID	83	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICAID
				13,458			0 NOT IMPUTED
				1			1 IMPUTED
IMPACAID	84	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICAID
				13,195			0 NOT IMPUTED
				264			1 IMPUTED
AMTHMOM	85	9					N AMOUNT PAID BY MEDICARE HMO
IMPSHMOM	94	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICARE HMO
				13,109			0 NOT IMPUTED
				350			1 IMPUTED
IMPAHMOM	95	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE HMO
				12,964			0 NOT IMPUTED
				495			1 IMPUTED
AMTHMOP	96	9					N AMOUNT PAID BY PRIVATE HMO
IMPSHMOP	105	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIVATE HMO
				13,327			0 NOT IMPUTED
				132			1 IMPUTED
IMPAHMOP	106	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIVATE HMO
				13,251			0 NOT IMPUTED
				208			1 IMPUTED
AMTVA	107	9					N AMOUNT PAID BY VETERANS ADM

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IMPSVA	116	1	IMPFLAG	13,459 0			N IMPUTATION FLAG: SOP VETERANS ADM 0 NOT IMPUTED 1 IMPUTED
IMPAVA	117	1	IMPFLAG	13,370 89			N IMPUTATION FLAG: AMT VETERANS ADM 0 NOT IMPUTED 1 IMPUTED
AMTPRVE	118	9					N AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMSPRVE	127	1	IMPFLAG	12,984 475			N IMPUTATION FLAG: SOP PRIV INS-EMPLOYER 0 NOT IMPUTED 1 IMPUTED
IMPAPRVE	128	1	IMPFLAG	12,372 1,087			N IMPUTATION FLAG: AMT PRIV INS-EMPLOYER 0 NOT IMPUTED 1 IMPUTED
AMTPRVI	129	9					N AMOUNT PAID BY PRIV INS (INDIV PURCH)
IMSPRVI	138	1	IMPFLAG	13,310 149			N IMPUTATION FLAG: SOP PRIV INS-INDIV PUR 0 NOT IMPUTED 1 IMPUTED
IMPAPRVI	139	1	IMPFLAG	13,146 313			N IMPUTATION FLAG: AMT PRIV INS-INDIV PUR 0 NOT IMPUTED 1 IMPUTED
AMTPRVU	140	9					N AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMSPRVU	149	1	IMPFLAG	13,459 0			N IMPUTATION FLAG: SOP PRIV INS-UNKNOWN 0 NOT IMPUTED 1 IMPUTED
IMPAPRVU	150	1	IMPFLAG	13,459 0			N IMPUTATION FLAG: AMT PRIV INS-UNKNOWN 0 NOT IMPUTED 1 IMPUTED
AMTOOP	151	9					N AMOUNT PAID BY PERSON/FAMILY
IMPSOOP	160	1	IMPFLAG	12,298 1,161			N IMPUTATION FLAG: SOP PAID BY PERSON 0 NOT IMPUTED 1 IMPUTED
IMPAOOP	161	1	IMPFLAG	11,370 2,089			N IMPUTATION FLAG: AMT PAID BY PERSON 0 NOT IMPUTED 1 IMPUTED
AMTDISC	162	9					N AMOUNT OF UNCOLLECTED LIABILITIES

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IMPSDISC	171	1	IMPFLAG	13,170 289			N IMPUTATION FLAG: SOP OF UNCOLL LIAB 0 NOT IMPUTED 1 IMPUTED
IMPADISC	172	1	IMPFLAG	12,710 749			N IMPUTATION FLAG: AMT OF UNCOLL LIAB 0 NOT IMPUTED 1 IMPUTED
AMTOTH	173	9					N AMOUNT PAID BY OTHER SOURCES
IMPSOTH	182	1	IMPFLAG	13,427 32			N IMPUTATION FLAG: SOP OTHER SOURCES 0 NOT IMPUTED 1 IMPUTED
IMPAOTH	183	1	IMPFLAG	13,305 154			N IMPUTATION FLAG: AMT OTHER SOURCES 0 NOT IMPUTED 1 IMPUTED
DVBRIDGE	184	2	YESNO	1 26 1 2,653 10,778			N HAVE DONE DURING DENTAL VISIT-BRIDGE . -8 DK -1 INAPPLICABLE 1 YES 2 NO
DVCLEAN	186	2	YESNO	1 25 1 5,575 7,857			N HAVE DONE DURING DENTAL VISIT-CLEANING . -8 DK -1 INAPPLICABLE 1 YES 2 NO
DVCROWN	188	2	YESNO	1 26 1 1,238 12,193			N HAVE DONE DURING DENTAL VISIT-CROWN . -8 DK -1 INAPPLICABLE 1 YES 2 NO
DVEXAM	190	2	YESNO	1 26 1 5,357 8,074			N HAVE DONE DURING DENTAL VISIT-EXAMIN . -8 DK -1 INAPPLICABLE 1 YES 2 NO
DVEXTRAC	192	2	YESNO	1 26 1 942 12,489			N HAVE DONE DURING DENTAL VISIT-EXTRACT . -8 DK -1 INAPPLICABLE 1 YES 2 NO

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DVFILLNG	194	2	YESNO				N HAVE DONE DURING DENTAL VISIT-FILLING
				1			.
				26			-8 DK
				1			-1 INAPPLICABLE
				1,787			1 YES
				11,644			2 NO
DVORTH0	196	2	YESNO				N HAVE DONE DURING DENTAL VISIT-ORTHODON
				1			.
				26			-8 DK
				1			-1 INAPPLICABLE
				98			1 YES
				13,333			2 NO
DVOTHER	198	2	YESNO				N HAVE DONE DURING DENTAL VISIT-OTHER
				1			.
				26			-8 DK
				1			-1 INAPPLICABLE
				368			1 YES
				13,063			2 NO
DVRTCNAL	200	2	YESNO				N HAVE DONE DURING DNTAL VISIT-ROOT CANAL
				1			.
				26			-8 DK
				1			-1 INAPPLICABLE
				529			1 YES
				12,902			2 NO
DVXRAYS	202	2	YESNO				N HAVE DONE DURING DNTAL VISIT-XRAY TAKEN
				1			.
				25			-8 DK
				1			-1 INAPPLICABLE
				3,474			1 YES
				9,958			2 NO