

06/05/08
Cost & Use
2005

MEDICARE CURRENT BENEFICIARY SURVEY
Dental Events

RIC: DUE
Page: 1
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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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
				11,734			LOW-HIGH BASEID Count
EVNTNUM	14	4					C Unique event identifier
OREVTYPE	18	2	\$EVN2TYP				C Original reported event type
				11,734			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
				11			-8 Don't know
				11,723			Year
EVBEGLMM	29	2	\$EVENTMM				C Event begin month
				181			-8 Don't know
				0			95 Still in progress
				11,553			Month
EVBEGLDD	31	2	\$EVENTDD				C Event begin year
				1			-7 Refused
				2,724			-8 Don't know
				9,009			Day of month
SOURCE	33	1	\$SOURCE				C Source of event: survey, claim, or both?
				11,691			1 Survey only
				0			2 Claims only
				43			3 Both survey & claims
SITCODE	34	1	\$SITCODE				C Community or facility setting?
				2			B Both community & facility
				11,723			C Community
				6			D Deemed community
				1			F Facility
				0			G Deemed facility
				2			S SNF
AMTTOT	35	9					N Total payment

06/05/08
Cost & Use
2005

MEDICARE CURRENT BENEFICIARY SURVEY
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RIC: DUE
Page: 2
Version: 1

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IMPATOT	44	1	IMPFLAG				N AMTTOT imputed in part or in total?
				7,997			0 Not imputed
				3,737			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?
				11,734			0 Not imputed
				0			1 Imputed
IMPACARE	73	1	IMPFLAG				N AMTCARE payment amount imputed?
				11,734			0 Not imputed
				0			1 Imputed
AMTCAID	74	9					N Amount paid by Medicaid
IMPSCAID	83	1	IMPFLAG				N AMTCAID payment source imputed?
				11,731			0 Not imputed
				3			1 Imputed
IMPACAID	84	1	IMPFLAG				N AMTCAID payment amount imputed?
				11,465			0 Not imputed
				269			1 Imputed
AMTHMOM	85	9					N Amount paid by Medicare HMO
IMPSHMOM	94	1	IMPFLAG				N AMTHMOM payment source imputed?
				11,534			0 Not imputed
				200			1 Imputed
IMPAHMOM	95	1	IMPFLAG				N AMTHMOM payment amount imputed?
				11,432			0 Not imputed
				302			1 Imputed
AMTHMOP	96	9					N Amount paid by private HMO
IMPSHMOP	105	1	IMPFLAG				N AMTHMOP payment source imputed?
				11,594			0 Not imputed
				140			1 Imputed
IMPAHMOP	106	1	IMPFLAG				N AMTHMOP payment amount imputed?
				11,494			0 Not imputed
				240			1 Imputed
AMTVA	107	9					N Amount paid by Veterans Administration

06/05/08
Cost & Use
2005

MEDICARE CURRENT BENEFICIARY SURVEY
Dental Events

RIC: DUE
Page: 3
Version: 1

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IMPSVA	116	1	IMPFLAG				N AMTVA payment source imputed?
				11,734			0 Not imputed
				0			1 Imputed
IMPAVA	117	1	IMPFLAG				N AMTVA payment amount imputed?
				11,670			0 Not imputed
				64			1 Imputed
AMTPRVE	118	9					N Amt paid by employer-sponsored priv ins
IMPSPRVE	127	1	IMPFLAG				N AMTPRVE payment source imputed?
				11,304			0 Not imputed
				430			1 Imputed
IMPAPRVE	128	1	IMPFLAG				N AMTPRVE payment amount imputed?
				10,508			0 Not imputed
				1,226			1 Imputed
AMTPRVI	129	9					N Amt paid by individually-purch priv ins
IMPSPRVI	138	1	IMPFLAG				N AMTPRVI payment source imputed?
				11,613			0 Not imputed
				121			1 Imputed
IMPAPRVI	139	1	IMPFLAG				N AMTPRVI payment amount imputed?
				11,447			0 Not imputed
				287			1 Imputed
AMTPRVU	140	9					N Amt paid by priv ins (unknown purchased)
IMPSPRVU	149	1	IMPFLAG				N AMTPRVU payment source imputed?
				11,734			0 Not imputed
				0			1 Imputed
IMPAPRVU	150	1	IMPFLAG				N AMTPRVU payment amount imputed?
				11,734			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?
				10,629			0 Not imputed
				1,105			1 Imputed
IMPAAOP	161	1	IMPFLAG				N AMTOOP payment amount imputed?
				9,780			0 Not imputed
				1,954			1 Imputed
AMTDISC	162	9					N Amount of uncollected SP liability

06/05/08
Cost & Use
2005

MEDICARE CURRENT BENEFICIARY SURVEY
Dental Events

RIC: DUE
Page: 4
Version: 1

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IMPSDISC	171	1	IMPFLAG				N AMTDISC payment source imputed?
				11,380			0 Not imputed
				354			1 Imputed
IMPADISC	172	1	IMPFLAG				N AMTDISC payment amount imputed?
				11,032			0 Not imputed
				702			1 Imputed
AMTOTH	173	9					N Amount paid by other payor(s)
IMPSOTH	182	1	IMPFLAG				N AMTOTH payment source imputed?
				11,730			0 Not imputed
				4			1 Imputed
IMPAOTH	183	1	IMPFLAG				N AMTOTH payment amount imputed?
				11,682			0 Not imputed
				52			1 Imputed
DVBRIDGE	184	2	YES4FMT				N Dental visit service - bridge
				2			-9 Not ascertained
				38			-8 Don't know
				1			-7 Refused
				1,719			1 Yes
				9,974			2 No
DVCLEAN	186	2	YES4FMT				N Dental visit service - cleaning
				2			-9 Not ascertained
				38			-8 Don't know
				1			-7 Refused
				5,425			1 Yes
				6,268			2 No
DVCROWN	188	2	YES4FMT				N Dental visit service - crown
				2			-9 Not ascertained
				38			-8 Don't know
				1			-7 Refused
				1,033			1 Yes
				10,660			2 No
DVEXAM	190	2	YES4FMT				N Dental visit service - examination
				2			-9 Not ascertained
				38			-8 Don't know
				1			-7 Refused
				5,114			1 Yes
				6,579			2 No
DVEXTRAC	192	2	YES4FMT				N Dental visit service - tooth extraction
				2			-9 Not ascertained
				38			-8 Don't know
				1			-7 Refused
				836			1 Yes
				10,857			2 No

06/05/08
 Cost & Use
 2005

MEDICARE CURRENT BENEFICIARY SURVEY
 Dental Events

RIC: DUE
 Page: 5
 Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
DVFILLNG	194	2	YES4FMT				N Dental visit service - filling
				2			-9 Not ascertained
				38			-8 Don't know
				1			-7 Refused
				1,530			1 Yes
				10,163			2 No
DVORTH0	196	2	YES4FMT				N Dental visit service - orthodontics
				2			-9 Not ascertained
				38			-8 Don't know
				1			-7 Refused
				82			1 Yes
				11,611			2 No
DVOTHER	198	2	YES4FMT				N Dental visit service - other
				2			-9 Not ascertained
				37			-8 Don't know
				1			-7 Refused
				380			1 Yes
				11,314			2 No
DVRTCNAL	200	2	YES4FMT				N Dental visit service - root canal
				2			-9 Not ascertained
				38			-8 Don't know
				1			-7 Refused
				407			1 Yes
				11,286			2 No
DVXRAYS	202	2	YES4FMT				N Dental visit service - X-rays
				2			-9 Not ascertained
				38			-8 Don't know
				1			-7 Refused
				3,310			1 Yes
				8,383			2 No
HMO	204	1	\$HMO				C Event provided by an HMO?
				9,170			0 Event not provided by HMO
				2,564			1 Event provided by HMO