

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
				11,869		LOW-HIGH BASEID Count
EVNTNUM	14	4				C Unique event identifier
OREVTYPE	18	2	\$EVN2TYP			C Original reported event type
				11,869		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
EVBEQYY	27	2	\$EVENTYY			C Event begin year
				15		-8 Don't know
				1		-9 Not ascertained
				11,853		Year
EVBEQMM	29	2	\$EVENTMM			C Event begin month
				1		-7 Refused
				126		-8 Don't know
				1		-9 Not ascertained
				0		95 Still in progress
				11,741		Month
EVBEQDD	31	2	\$EVENTDD			C Event begin year
				3		-7 Refused
				2,732		-8 Don't know
				1		-9 Not ascertained
				9,133		Day of month
SOURCE	33	1	\$SOURCE			C Source of event: survey, claim, or both?
				11,813		1 Survey only
				0		2 Claims only
				56		3 Both survey & claims
SITCODE	34	1	\$SITCODE			C Community or facility setting?
				4		B Both community & facility
				11,857		C Community
				4		D Deemed community
				0		F Facility
				0		G Deemed facility
				4		S SNF

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AMTTOT	35	9					N Total payment
IMPATOT	44	1	IMPFLAG				N AMTTOT imputed in part or in total?
				8,236			0 Not imputed
				3,633			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?
				11,869			0 Not imputed
				0			1 Imputed
IMPACARE	73	1	IMPFLAG				N AMTCARE payment amount imputed?
				11,869			0 Not imputed
				0			1 Imputed
AMTCAID	74	9					N Amount paid by Medicaid
IMPSCAID	83	1	IMPFLAG				N AMTCAID payment source imputed?
				11,867			0 Not imputed
				2			1 Imputed
IMPACAID	84	1	IMPFLAG				N AMTCAID payment amount imputed?
				11,604			0 Not imputed
				265			1 Imputed
AMTHMOM	85	9					N Amount paid by Medicare HMO
IMP SHMOM	94	1	IMPFLAG				N AMTHMOM payment source imputed?
				11,671			0 Not imputed
				198			1 Imputed
IMP AHMOM	95	1	IMPFLAG				N AMTHMOM payment amount imputed?
				11,581			0 Not imputed
				288			1 Imputed
AMTHMOP	96	9					N Amount paid by private HMO
IMP SHMOP	105	1	IMPFLAG				N AMTHMOP payment source imputed?
				11,693			0 Not imputed
				176			1 Imputed
IMP AHMOP	106	1	IMPFLAG				N AMTHMOP payment amount imputed?
				11,613			0 Not imputed
				256			1 Imputed
AMTVA	107	9					N Amount paid by Veterans Administration

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IMPSVA	116	1	IMPFLAG				N AMTVA payment source imputed?
				11,869			0 Not imputed
				0			1 Imputed
IMPAVA	117	1	IMPFLAG				N AMTVA payment amount imputed?
				11,783			0 Not imputed
				86			1 Imputed
AMTPRVE	118	9					N Amt paid by employer-sponsored priv ins
IMPSRVE	127	1	IMPFLAG				N AMTPRVE payment source imputed?
				11,461			0 Not imputed
				408			1 Imputed
IMPAPRVE	128	1	IMPFLAG				N AMTPRVE payment amount imputed?
				10,797			0 Not imputed
				1,072			1 Imputed
AMTPRVI	129	9					N Amt paid by individually-purch priv ins
IMPSRVI	138	1	IMPFLAG				N AMTPRVI payment source imputed?
				11,662			0 Not imputed
				207			1 Imputed
IMPAPRVI	139	1	IMPFLAG				N AMTPRVI payment amount imputed?
				11,535			0 Not imputed
				334			1 Imputed
AMTPRVU	140	9					N Amt paid by priv ins (unknown purchased)
IMPSRVU	149	1	IMPFLAG				N AMTPRVU payment source imputed?
				11,869			0 Not imputed
				0			1 Imputed
IMPAPRVU	150	1	IMPFLAG				N AMTPRVU payment amount imputed?
				11,869			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?
				10,720			0 Not imputed
				1,149			1 Imputed
IMPAAOP	161	1	IMPFLAG				N AMTOOP payment amount imputed?
				9,973			0 Not imputed
				1,896			1 Imputed
AMTDISC	162	9					N Amount of uncollected SP liability

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IMPSDISC	171	1	IMPFLAG	11,592 277			N AMTDISC payment source imputed? 0 Not imputed 1 Imputed
IMPADISC	172	1	IMPFLAG	11,216 653			N AMTDISC payment amount imputed? 0 Not imputed 1 Imputed
AMTOTH	173	9					N Amount paid by other payor(s)
IMPSOTH	182	1	IMPFLAG	11,861 8			N AMTOTH payment source imputed? 0 Not imputed 1 Imputed
IMPAOTH	183	1	IMPFLAG	11,774 95			N AMTOTH payment amount imputed? 0 Not imputed 1 Imputed
DVBRIDGE	184	2	YES4FMT	3 21 1,870 9,975			N Dental visit service - bridge -9 Not ascertained -8 Don't know 1 Yes 2 No
DVCLEAN	186	2	YES4FMT	3 21 5,335 6,510			N Dental visit service - cleaning -9 Not ascertained -8 Don't know 1 Yes 2 No
DVCROWN	188	2	YES4FMT	3 21 1,021 10,824			N Dental visit service - crown -9 Not ascertained -8 Don't know 1 Yes 2 No
DVEXAM	190	2	YES4FMT	3 21 4,905 6,940			N Dental visit service - examination -9 Not ascertained -8 Don't know 1 Yes 2 No
DVEXTRAC	192	2	YES4FMT	3 21 825 11,020			N Dental visit service - tooth extraction -9 Not ascertained -8 Don't know 1 Yes 2 No

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DVFILLNG	194	2	YES4FMT				N Dental visit service - filling
				3			-9 Not ascertained
				21			-8 Don't know
				1,635			1 Yes
				10,210			2 No
DVORTHO	196	2	YES4FMT				N Dental visit service - orthodontics
				3			-9 Not ascertained
				21			-8 Don't know
				96			1 Yes
				11,749			2 No
DVOTHER	198	2	YES4FMT				N Dental visit service - other
				3			-9 Not ascertained
				20			-8 Don't know
				356			1 Yes
				11,490			2 No
DVRTCNAL	200	2	YES4FMT				N Dental visit service - root canal
				3			-9 Not ascertained
				21			-8 Don't know
				446			1 Yes
				11,399			2 No
DVXRAYS	202	2	YES4FMT				N Dental visit service - X-rays
				3			-9 Not ascertained
				21			-8 Don't know
				3,431			1 Yes
				8,414			2 No
HMO	204	1	\$HMO				C Event provided by an HMO?
				9,107			0 Event not provided by HMO
				2,762			1 Event provided by HMO