

CMS 2008 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.

CAR_LINE_ID

This field contains a cryptographic line ID. As this is a line item-level file, each row on the file has a unique value for CARR_LINE_ID. CARR_LINE_ID cannot be used to link to any other data files released by CMS or other sources.

BENE_SEX_IDENT_CD

This field indicates the sex of the beneficiary.

Variable Value	Formatted Value	Frequency	Frequency (%)
1	Male	28,057,083	41.422
2	Female	39,677,992	58.578

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	10,119,137	14.939
2	65 - 69	11,553,729	17.057
3	70 - 74	12,549,275	18.527
4	75 - 79	12,045,436	17.783
5	80 - 84	10,713,000	15.816
6	85 and older	10,754,498	15.877

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 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 digits for "E" codes) by truncation of the actual codes. The actual ICD-9-CM diagnosis codes in Medicare carrier claims (LINE_ICD9_DGNS_CD_1 - LINE_ICD9_DGNS_CD_13) include up to five digits. There are 923 different ICD-9-CM diagnosis codes in the PUF. The descriptions of the codes are available in the Data Users' Guide (SAS read-in program) for the CMS 2008 BSA Carrier Line Items PUF.

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

Variable Value Range⁽¹⁾	Formatted Value	Frequency	Frequency (%)
	Missing/Unknown	15,035	0.022
001 - 139	Infectious and parasitic diseases	922,325	1.362
140 - 239	Neoplasms	4,502,717	6.648
240 - 279	Endocrine, nutritional and metabolic diseases, and immunity disorders	7,660,713	11.310
280 - 289	Diseases of the blood and blood-forming organs	2,335,901	3.449
290 - 319	Mental disorders	1,655,400	2.444
320 - 359	Diseases of the nervous system	850,299	1.255
360 - 389	Diseases of the sense organs	3,173,201	4.685
390 - 459	Diseases of the circulatory system	11,047,667	16.310
460 - 519	Diseases of the respiratory system	3,340,163	4.931
520 - 579	Diseases of the digestive system	1,607,233	2.373
580 - 629	Diseases of the genitourinary system	3,857,951	5.696
630 - 679	Complications of pregnancy, childbirth, and the puerperium	6,801	0.010
680 - 709	Diseases of the skin and subcutaneous tissue	1,969,397	2.907
710 - 739	Diseases of the musculoskeletal system and connective tissue	8,832,607	13.040
740 - 759	Congenital anomalies	55,625	0.082
760 - 779	Certain conditions originating in the perinatal period	435	0.001
780 - 799	Symptoms, signs, and ill-defined conditions	8,678,769	12.813

Variable Value Range⁽¹⁾	Formatted Value	Frequency	Frequency (%)
800 - 999	Injury and poisoning	1,824,669	2.694
E codes	External causes of injury and poisoning	3,589	0.005
V codes	Factors influencing health status and contact with health services	5,394,578	7.964

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 ICD-9-CM diagnosis codes and their frequencies are provided below.

Variable Value	Formatted Value	Frequency	Frequency (%)
250	Diabetes mellitus	3,406,595	5.029
401	Essential hypertension	3,304,195	4.878
786	Symptoms involving respiratory system and other chest symptoms	2,580,464	3.810
272	Disorders of lipid metabolism	2,473,537	3.652
427	Cardiac dysrhythmias	1,916,534	2.829
V58	Encounter for other and unspecified procedures and aftercare	1,881,433	2.778
780	General symptoms	1,806,945	2.668
414	Other forms of chronic ischemic heart disease	1,533,333	2.264
724	Other and unspecified disorders of back	1,470,491	2.171
719	Other and unspecified disorders of joint	1,455,765	2.149
-	All other values	45,905,783	67.773

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

CAR_LINE_HCPCS_CD

This variable is created using the HCPCS_CD_1 - HCPCS_CD_13 variables in the carrier claims file. HCPCS (Healthcare Common Procedure Coding System) codes identify services and are 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 and most are Level I HCPCS codes.

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

Variable Value	Frequency	Frequency (%)
99213	5,065,600	7.479
99214	3,407,944	5.031
36415	3,208,631	4.737
99232	2,253,904	3.328
85025	1,556,978	2.299
80053	1,263,295	1.865
85610	1,073,945	1.586
80061	1,031,678	1.523
99212	988,517	1.459
71010	943,232	1.393
All other values	46,941,351	69.301

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

CAR_LINE BETOS_CD

This variable is created using the BETOS_CD_1 - BETOS_CD_13 variables in the carrier claims file. 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	10,458,482	15.440
T1H	Lab tests - other (non-Medicare fee schedule)	9,242,861	13.646
M2B	Hospital visit - subsequent	4,271,867	6.307
P6C	Minor procedures - other (Medicare fee schedule)	3,671,286	5.420
T1A	Lab tests - routine venipuncture (non Medicare fee schedule)	3,208,631	4.737
I1A	Standard imaging - chest	2,115,248	3.123
T1B	Lab tests - automated general profiles	1,940,368	2.865
T1D	Lab tests - blood counts	1,897,269	2.801
M5C	Specialist - ophthalmology	1,739,964	2.569
T2A	Other tests - electrocardiograms	1,571,140	2.320
-	All other values	27,617,959	40.773

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

CAR_LINE_SRVC_CNT

CAR_LINE_SRVC_CNT provides count of the total number of services processed for the line item (i.e., procedure identified by the HCPCS code) on the carrier claim. It is created using the LINE_SRVC_CNT_1 - LINE_SRVC_CNT_13 variables in the carrier claims file. The frequencies by ranges of count of services are provided below.

Variable Value Range	Frequency	Frequency (%)
1-99	67,649,414	99.874
100-199	45,005	0.066
200-299	20,417	0.030
300-399	12,608	0.019
400-499	2,763	0.004
500-999	4,868	0.007

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. It is created using the CARR_LINE_PRVDR_TYPE_CD_1 - CARR_LINE_PRVDR_TYPE_CD_13 variables in the carrier claims file.

Variable Value ⁽¹⁾	Formatted Value	Frequency	Frequency (%)
0	Clinics, groups, associations, partnerships, or other entities	2,708,683	3.999
1	Physicians or suppliers reporting as solo practitioners	48,934,504	72.244
3	Institutional provider	1,296,070	1.913
5	Clinics (multiple specialties)	11,773,697	17.382
7	Other entities	2,689,596	3.971
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.	332,525	0.491

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_CMS_TYPE_SRVC_CD

CAR_LINE_CMS_TYPE_SRVC_CD indicates the type of service for the line item. It is created using the LINE_CMS_TYPE_SRVC_CD_1 - LINE_CMS_TYPE_SRVC_CD_13 variables in the carrier claims file.

Variable Value	Formatted Value	Frequency	Frequency (%)
0	Whole blood only	82	0.000
1	Medical care	26,399,889	38.975
2	Surgery	4,164,227	6.148
3	Consultation	1,326,540	1.958
4	Diagnostic radiology	6,515,915	9.62
5	Diagnostic laboratory	23,322,235	34.432
6	Therapeutic radiology	421,983	0.623
7	Anesthesia	494,898	0.731
8	Assistant at surgery	48,687	0.072
9	Other medical items or services	52,071	0.077
D	Ambulance	1,255,201	1.853
F	Ambulatory surgical center (facility usage for surgical services)	305,246	0.451
G	Immunosuppressive drugs	983	0.001
K	Hearing items and services	136,187	0.201
M	Monthly capitation payment for dialysis	141,280	0.209
N	Kidney donor	83	0
P	Lump sum purchase of DME, prosthetics, orthotics	18,896	0.028
Q	Vision items or services	806,073	1.19
S	Surgical dressings or other medical supplies	8,430	0.012
T	Outpatient mental health limitation	936,050	1.382
U	Occupational therapy	721	0.001
V	Pneumococcal/flu vaccine	1,379,398	2.036

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. It is created using the LINE_PLACE_OF_SRVC_CD_1 - LINE_PLACE_OF_SRVC_CD_13 variables in the carrier claims file.

Variable Value	Formatted Value	Frequency	Frequency (%)
0	Invalid Place of Service Code	153,151	0.226
1	Office (pre 1992)	261	0.000
11	Office	35,977,742	53.115
12	Home	394,370	0.582
21	Inpatient hospital	9,132,144	13.482
22	Outpatient hospital	4,402,056	6.499
23	Emergency room - hospital	2,029,754	2.997
24	Ambulatory surgical center	705,096	1.041
31	Skilled nursing facility	838,229	1.238
32	Nursing facility	1,032,580	1.524
33	Custodial care facility	78,150	0.115
34	Hospice	56	0.000
41	Ambulance - land	1,253,123	1.850
42	Ambulance - air or water	2,078	0.003
50	Federally qualified health centers	1,322	0.002
51	Inpatient psychiatric facility	79,877	0.118
52	Psychiatric facility partial hospitalization	12,415	0.018
53	Community mental health center	79,012	0.117
54	Intermediate care facility/mentally retarded	5,246	0.008
56	Psychiatric residential treatment center	55	0.000
60	Mass immunizations center	269,767	0.398
61	Comprehensive inpatient rehabilitation facility	59,429	0.088
65	End stage renal disease treatment facility	130,836	0.193
71	State or local public health clinic	37,322	0.055
72	Rural health clinic	2,711	0.004
81	Independent laboratory	11,051,060	16.315
99	Other unlisted facility	7,233	0.011

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. It is created using the LINE_NCH_PMT_AMT_1 - LINE_NCH_PMT_AMT_13 variables in the carrier claims file. Please refer to the General Documentation for details of the rounding rules.

Variable Value ⁽¹⁾ (\$)	Frequency	Frequency (%)
0	3,676,127	5.427
5	10,630,020	15.694
10	7,306,835	10.787
15	5,177,773	7.644
20	4,130,754	6.098
25	4,048,278	5.977
30	2,977,265	4.395
35	1,849,788	2.731
40	1,528,459	2.257
45	3,988,177	5.888
50	4,128,942	6.096
55	2,242,596	3.311
60	1,136,661	1.678
65	1,055,888	1.559
70	2,359,233	3.483
75	1,387,024	2.048
80	1,079,752	1.594
85	746,086	1.101
90	599,259	0.885
95	568,105	0.839
100	955,560	1.411
125	1,767,791	2.610
150	1,336,643	1.973
175	725,529	1.071
200	399,559	0.590
225	217,983	0.322
250	208,037	0.307
275	175,156	0.259
300	201,210	0.297
325	137,369	0.203
350	99,445	0.147

Variable Value⁽¹⁾ (\$)	Frequency	Frequency (%)
375	90,253	0.133
400	62,492	0.092
425	56,355	0.083
450	53,466	0.079
475	75,849	0.112
500	100,525	0.148
600	83,572	0.123
700	98,741	0.146
800	63,543	0.094
900	32,273	0.048
1,000	90,160	0.133
2,000	63,688	0.094
3,000	16,010	0.024
4,000	5,406	0.008
5,000	870	0.001
6,000	392	0.001
7,000	58	0.000
8,000	10	0.000
9,000	3	0.000
10,000	5	0.000
11,000	7	0.000
12,000	4	0.000
13,000	31	0.000
14,000	2	0.000
17,000	4	0.000
18,000	7	0.000
19,000	1	0.000
20,000	9	0.000
21,000	1	0.000
22,000	1	0.000
23,000	1	0.000
24,000	7	0.000
25,000	4	0.000
27,000	1	0.000
28,000	1	0.000

Variable Value⁽¹⁾ (\$)	Frequency	Frequency (%)
29,000	1	0.000
30,000	4	0.000
32,000	2	0.000
34,000	1	0.000
35,000	1	0.000
36,000	3	0.000
37,000	2	0.000
40,000	1	0.000
41,000	1	0.000
43,000	3	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.