

Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label

The Medical Provider Events file contains data about a variety of medical services, equipment and supplies collected in the survey, including: medical provider (MP), separately billing (SD), separately billing lab (SL), and other medical expenses (OM).

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				332,238			LOW-HIGH BASEID Count
EVNTNUM	14	4	\$EVNTNUM				C Unique event identifier
				162,626			C000-C999 Event created from claim
				169,612			0000-9999 Survey-reported event
EVNTTYPE	18	2	\$EVNTTYP				C Event type
				0			DU Dental
				0			ER Emergency Room
				0			IP Inpatient
				0			IU Institutional utilization
				174,517			MP Medical provider
				37,563			OM Other medical expense
				0			OP Outpatient
				0			PM Prescribed medicine
				68,188			SD Separately billing physician
				51,970			SL Separately billing lab
OREVTYPE	20	2	\$EVNTTYP				C Original reported event type
				162,626			Missing
				0			DU Dental
				888			ER Emergency Room
				359			IP Inpatient
				0			IU Institutional utilization
				118,524			MP Medical provider
				19,167			OM Other medical expense
				3,601			OP Outpatient
				0			PM Prescribed medicine
				22,318			SD Separately billing physician
				4,755			SL Separately billing lab
CLAIMID	22	7					N Claim this survey event matched to
CLAIMTYP	29	1	\$CLAIMTYP				C Claim type that event matched to
				68,468			D DME claim
				19,044			P Physician claim
				244,726			
EVBEGBYY	30	2	\$EVENTYY				C Event begin year
				95			-8 Don't know
				32			-9 Not ascertained
				332,111			Year
EVBEGBMM	32	2	\$EVENTMM				C Event begin month
				738			-8 Don't know
				42			-9 Not ascertained
				0			95 Still in progress

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
				331,458			Month
EVBEGDD	34	2	\$EVENTDD				C Event begin day
				3			-7 Refused
				15,391			-8 Don't know
				42			-9 Not ascertained
				316,802			Day of month
SOURCE	36	1	\$SOURCE				C Source of event: survey, claim, or both?
				68,468			1 Survey only
				162,626			2 Claims only
				101,144			3 Both survey & claims
SITCODE	37	1	\$SITCODE				C Community or facility setting?
				229			B Both community & facility
				286,296			C Community
				8,393			D Deemed community
				29,967			F Facility
				1,156			G Deemed facility
				6,197			S SNF
AMTTOT	38	9					N Total payment
IMPATOT	47	1	IMPFLAG				N AMTTOT imputed in part or in total?
				230,391			0 Not imputed
				101,847			1 Imputed
AMTCOV	48	9					N Medicare program liability, incl. copays
AMTNCOV	57	9					N Total payment not covered by Medicare
AMTCARE	66	9					N Amount paid by Medicare
IMPSCARE	75	1	IMPFLAG				N AMTCARE payment source imputed?
				331,626			0 Not imputed
				612			1 Imputed
IMPACARE	76	1	IMPFLAG				N AMTCARE payment amount imputed?
				318,433			0 Not imputed
				13,805			1 Imputed
AMTCAID	77	9					N Amount paid by Medicaid
IMPSCAID	86	1	IMPFLAG				N AMTCAID payment source imputed?
				304,164			0 Not imputed
				28,074			1 Imputed
IMPACAID	87	1	IMPFLAG				N AMTCAID payment amount imputed?
				274,084			0 Not imputed
				58,154			1 Imputed
AMTHMOM	88	9					N Amount paid by Medicare HMO
IMPSTMOM	97	1	IMPFLAG				N AMTHMOM payment source imputed?

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
				323,984 8,254			0 Not imputed 1 Imputed
IMPAHMOM	98	1	IMPFLAG				N AMTHMOM payment amount imputed?
				319,662 12,576			0 Not imputed 1 Imputed
AMTHMOP	99	9					N Amount paid by private HMO
IMPESHMOP	108	1	IMPFLAG				N AMTHMOP payment source imputed?
				325,932 6,306			0 Not imputed 1 Imputed
IMPAHMOP	109	1	IMPFLAG				N AMTHMOP payment amount imputed?
				323,379 8,859			0 Not imputed 1 Imputed
AMTVA	110	9					N Amount paid by Veterans Administration
IMPSVA	119	1	IMPFLAG				N AMTVA payment source imputed?
				332,191 47			0 Not imputed 1 Imputed
IMPAVA	120	1	IMPFLAG				N AMTVA payment amount imputed?
				331,202 1,036			0 Not imputed 1 Imputed
AMTPRVE	121	9					N Amt paid by employer-sponsored priv ins
IMPSPRVE	130	1	IMPFLAG				N AMTPRVE payment source imputed?
				299,333 32,905			0 Not imputed 1 Imputed
IMPAPRVE	131	1	IMPFLAG				N AMTPRVE payment amount imputed?
				291,206 41,032			0 Not imputed 1 Imputed
AMTPRVI	132	9					N Amt paid by individually-purch priv ins
IMPSPRVI	141	1	IMPFLAG				N AMTPRVI payment source imputed?
				298,461 33,777			0 Not imputed 1 Imputed
IMPAPRVI	142	1	IMPFLAG				N AMTPRVI payment amount imputed?
				291,326 40,912			0 Not imputed 1 Imputed
AMTPRVU	143	9					N Amt paid by priv ins (unknown purchased)
IMPSPRVU	152	1	IMPFLAG				N AMTPRVU payment source imputed?
				327,453 4,785			0 Not imputed 1 Imputed

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IMPAPRVU	153	1	IMPFLAG				N AMTPRVU payment amount imputed?
				327,453			0 Not imputed
				4,785			1 Imputed
AMTOOP	154	9					N Amount paid out-of-pocket (OOP)
IMPSOOP	163	1	IMPFLAG				N AMTOOP payment source imputed?
				281,976			0 Not imputed
				50,262			1 Imputed
IMPAOOP	164	1	IMPFLAG				N AMTOOP payment amount imputed?
				260,835			0 Not imputed
				71,403			1 Imputed
AMTDISC	165	9					N Amount of uncollected SP liability
IMPSDISC	174	1	IMPFLAG				N AMTDISC payment source imputed?
				324,810			0 Not imputed
				7,428			1 Imputed
IMPADISC	175	1	IMPFLAG				N AMTDISC payment amount imputed?
				322,626			0 Not imputed
				9,612			1 Imputed
AMTOTH	176	9					N Amount paid by other payor(s)
IMPSOTH	185	1	IMPFLAG				N AMTOTH payment source imputed?
				330,995			0 Not imputed
				1,243			1 Imputed
IMPAOTH	186	1	IMPFLAG				N AMTOTH payment amount imputed?
				328,560			0 Not imputed
				3,678			1 Imputed
PAMTMED	187	9					N Total amount paid for medical services
PAMTSURG	196	9					N Total amount paid for surgical services
PAMTLABX	205	9					N Total amount paid for lab/X-Ray
PAMTOM	214	9					N Total payment for other medical services
PAMTPM	223	9					N Total payment for prescribed medicines
PROVSPEC	232	2	PROVSPEC				N Medical provider specialty
				162,800			. Missing
				490			-9 Not ascertained
				269			-8 Don't know
				41,773			-1 Inapplicable
				477			1 Dentist or dental provider
				95,508			2 Medical doctor
				347			3 Audiologist
				6,135			4 Chiropractor
				212			5 Clinical Social Worker
				76			6 Dietician or nutritionist

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				17			7 Hearing therapist
				63			8 Home health/health aide
				103			9 Homemaker
				152			10 Hospice worker
				32			11 I.V. Therapist
				1,609			12 Nurse (RN)
				298			13 Nurse Practitioner
				12			14 Nurse's aide
				383			15 Occupational Therapist (OT)
				2,594			16 Optometrist
				245			17 Osteopath (DO)
				48			18 Paramedic
				6,019			19 Physical Therapist (PT)
				227			20 Physician's Assistant
				3,038			21 Podiatrist (foot doctor)
				1,780			22 Psychologist
				159			23 Respiratory Therapist
				551			24 Social/case worker
				286			25 Speech Therapist
				806			26 Therapist (mental health)
				1,422			27 X-Ray Technician
				9			28 Licensed Practical Nurse (LPN)
				137			29 Acupuncturist
				12			30 Homeopath
				315			31 Massage therapist
				9			32 Naturopath
				3,825			91 Other medical provider
OMETYPE	234	2	OMETYPE				N Type of other medical event
				148,617			. Missing
				150,445			-1 Inapplicable
				3,053			1 Eyeglasses
				1,152			2 Hearing or speech device
				2,156			3 Orthopedic
				5,066			4 Diabetic
				4,220			5 Ambulance
				257			6 Prosthesis
				323			7 Alteration
				5,786			8 Oxygen
				113			9 Kidney dialysis
				11,050			10 Other
ORTHTYPE	236	2	ORTHTYPE				N Type of orthopedic item
				162,137			. Missing
				167,945			-1 Inapplicable
				601			1 Braces or supports
				262			2 Cane
				268			3 Corrective shoes or inserts
				48			4 Crutches
				494			5 Walker
				332			6 Wheelchair
				151			91 Other
ALTRTYPE	238	2	ALTRTYPE				N Type of alteration
				162,693			. Missing
				169,222			-1 Inapplicable
				13			1 Elevator or incline chair
				54			2 Handrails (other than tub)
				52			3 Ramps
				47			4 Tub handrails

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 Cost & Use
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MEDICARE CURRENT BENEFICIARY SURVEY
 Medical Provider Events

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
				11			5 Tub seat
				17			6 Any car alteration
				129			91 Other
OTHRTYPE	240	2	OTHRTYPE				N Type of other medical event
				158,133			. Missing
				163,055			-1 Inapplicable
				325			1 Portable or raised toilet
				88			2 Portable tub seat
				154			3 Special chair or cushion
				1,120			4 Hospital bed
				1,058			5 Ostomy supplies
				4,062			6 Depends (diapers)
				474			7 Bandages, dressings, tape supplies
				240			8 Pulmonary equipment
				3,529			91 Other
HMO	242	1	\$HMO				C Event provided by an HMO?
				294,338			0 Event not provided by HMO
				37,900			1 Event provided by HMO