

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.

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
				13,149			LOW-HIGH BASEID Count
EVNTNUM	14	4					C Unique event identifier
OREVTYPE	18	2	\$EVN2TYP				C Original reported event type
				13,149			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
EVBEGBYY	27	2	\$EVENTYY				C Event begin year
				11			-8 Don't know
				13,138			Year
EVBEGBMM	29	2	\$EVENTMM				C Event begin month
				141			-8 Don't know
				0			95 Still in progress
				13,008			Month
EVBEGBDD	31	2	\$EVENTDD				C Event begin year
				2			-7 Refused
				3,134			-8 Don't know
				10,013			Day of month
SOURCE	33	1	\$SOURCE				C Source of event: survey, claim, or both?
				13,098			1 Survey only
				0			2 Claims only
				51			3 Both survey & claims
SITCODE	34	1	\$SITCODE				C Community or facility setting?
				0			B Both community & facility
				13,139			C Community
				7			D Deemed community
				0			F Facility
				0			G Deemed facility
				3			S SNF
AMTTOT	35	9					N Total payment
IMPATOT	44	1	IMPFLAG				N AMTTOT imputed in part or in total?

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				9,167 3,982			0 Not imputed 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?
				13,149 0			0 Not imputed 1 Imputed
IMPACARE	73	1	IMPFLAG				N AMTCARE payment amount imputed?
				13,149 0			0 Not imputed 1 Imputed
AMTCAID	74	9					N Amount paid by Medicaid
IMPSCAID	83	1	IMPFLAG				N AMTCAID payment source imputed?
				13,145 4			0 Not imputed 1 Imputed
IMPACAID	84	1	IMPFLAG				N AMTCAID payment amount imputed?
				12,835 314			0 Not imputed 1 Imputed
AMTHMOM	85	9					N Amount paid by Medicare HMO
IMPSTMOM	94	1	IMPFLAG				N AMTHMOM payment source imputed?
				12,897 252			0 Not imputed 1 Imputed
IMPSTMOM	95	1	IMPFLAG				N AMTHMOM payment amount imputed?
				12,781 368			0 Not imputed 1 Imputed
AMTHMOP	96	9					N Amount paid by private HMO
IMPSTMOP	105	1	IMPFLAG				N AMTHMOP payment source imputed?
				13,034 115			0 Not imputed 1 Imputed
IMPSTMOP	106	1	IMPFLAG				N AMTHMOP payment amount imputed?
				12,930 219			0 Not imputed 1 Imputed
AMTVA	107	9					N Amount paid by Veterans Administration
IMPSTVA	116	1	IMPFLAG				N AMTVA payment source imputed?
				13,149 0			0 Not imputed 1 Imputed
IMPSTVA	117	1	IMPFLAG				N AMTVA payment amount imputed?

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				13,072 77			0 Not imputed 1 Imputed
AMTPRVE	118	9					N Amt paid by employer-sponsored priv ins
IMPSRVE	127	1	IMPFLAG				N AMTPRVE payment source imputed?
				12,640 509			0 Not imputed 1 Imputed
IMPAPRVE	128	1	IMPFLAG				N AMTPRVE payment amount imputed?
				11,922 1,227			0 Not imputed 1 Imputed
AMTPRVI	129	9					N Amt paid by individually-purch priv ins
IMPSRVI	138	1	IMPFLAG				N AMTPRVI payment source imputed?
				12,981 168			0 Not imputed 1 Imputed
IMPAPRVI	139	1	IMPFLAG				N AMTPRVI payment amount imputed?
				12,855 294			0 Not imputed 1 Imputed
AMTPRVU	140	9					N Amt paid by priv ins (unknown purchased)
IMPSRVU	149	1	IMPFLAG				N AMTPRVU payment source imputed?
				13,149 0			0 Not imputed 1 Imputed
IMPAPRVU	150	1	IMPFLAG				N AMTPRVU payment amount imputed?
				13,149 0			0 Not imputed 1 Imputed
AMTOOP	151	9					N Amount paid out-of-pocket (OOP)
IMPSOOP	160	1	IMPFLAG				N AMTOOP payment source imputed?
				11,816 1,333			0 Not imputed 1 Imputed
IMPAAOP	161	1	IMPFLAG				N AMTOOP payment amount imputed?
				10,949 2,200			0 Not imputed 1 Imputed
AMTDISC	162	9					N Amount of uncollected SP liability
IMPSDISC	171	1	IMPFLAG				N AMTDISC payment source imputed?
				12,828 321			0 Not imputed 1 Imputed
IMPADISC	172	1	IMPFLAG				N AMTDISC payment amount imputed?
				12,380 769			0 Not imputed 1 Imputed

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AMTOTH	173	9					N Amount paid by other payor(s)
IMPSOTH	182	1	IMPFLAG				N AMTOTH payment source imputed?
				13,116			0 Not imputed
				33			1 Imputed
IMPAOTH	183	1	IMPFLAG				N AMTOTH payment amount imputed?
				13,038			0 Not imputed
				111			1 Imputed
DVBRIDGE	184	2	YES4FMT				N Dental visit service - bridge
				20			-8 Don't know
				2,157			1 Yes
				10,972			2 No
DVCLEAN	186	2	YES4FMT				N Dental visit service - cleaning
				20			-8 Don't know
				5,628			1 Yes
				7,501			2 No
DVCROWN	188	2	YES4FMT				N Dental visit service - crown
				20			-8 Don't know
				1,263			1 Yes
				11,866			2 No
DVEXAM	190	2	YES4FMT				N Dental visit service - examination
				20			-8 Don't know
				5,464			1 Yes
				7,665			2 No
DVEXTRAC	192	2	YES4FMT				N Dental visit service - tooth extraction
				20			-8 Don't know
				930			1 Yes
				12,199			2 No
DVFILLNG	194	2	YES4FMT				N Dental visit service - filling
				20			-8 Don't know
				1,841			1 Yes
				11,288			2 No
DVORTHO	196	2	YES4FMT				N Dental visit service - orthodontics
				20			-8 Don't know
				142			1 Yes
				12,987			2 No
DVOTHER	198	2	YES4FMT				N Dental visit service - other
				20			-8 Don't know
				369			1 Yes
				12,760			2 No
DVRTCNAL	200	2	YES4FMT				N Dental visit service - root canal

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Dental Events

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				20			-8 Don't know
				527			1 Yes
				12,602			2 No
DVXRAYS	202	2	YES4FMT				N Dental visit service - X-rays
				20			-8 Don't know
				3,540			1 Yes
				9,589			2 No
HMO	204	1	\$HMO				C Event provided by an HMO?
				9,944			0 Event not provided by HMO
				3,205			1 Event provided by HMO