CMS 2010 Basic Stand Alone (BSA) DME Line Items Public Use File (PUF)

Data Dictionary and Codebook

This is a profile-item file with the following variables. See the General Documentation for an overview of file contents, data source, information about exclusions, and analytic utility.

BENE_SEX_IDENT_CD

This field indicates the sex of the beneficiary.

Variable Value	Formatted Value	Frequency	Frequency (%)
1	Male	2,234,053	42.703
2	Female	2,997,539	57.297

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 (2010). 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	1,188,508	22.718
2	65 - 69	854,229	16.328
3	70 - 74	941,722	18.001
4	75 - 79	832,841	15.919
5	80 - 84	695,609	13.296
6	85 and older	718,683	13.737

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

DME_LINE_ICD9_DGNS_CD

The ICD-9-CM code indicates the diagnosis code associated with the line item. ICD-9-CM diagnosis codes are provided at the three-character level (or 4 characters for "E" codes) by

truncation of the LINE_ICD9_DGNS_CD. These three to four character codes serve to classify diagnosis of disease. Actual ICD-9-CM diagnosis codes (LINE_ICD9_DGNS_CD) in Medicare DME claims include up to five digits. There are 426 different 3-digit ICD-9 diagnosis codes in the PUF. The descriptions of the 3-digit ICD-9 diagnosis codes are available in the Data Users' Guide (SAS read-in program) for the *CMS 2010 BSA DME Line Items PUF*. The frequencies by ranges of 3-digit ICD-9 diagnosis codes are provided below.

Variable Value Range[1]	Formatted Value	Frequency	Frequency (%)
001 - 139	Infectious and parasitic diseases	2,079	0.040
140 - 239	Neoplasms	68,012	1.300
240 - 279	Endocrine, nutritional and metabolic diseases, and immunity disorders	1,612,154	30.816
280 - 289	Diseases of the blood and blood-forming organs	565	0.011
290 - 319	Mental disorders	14,390	0.275
320 - 359	Diseases of the nervous system	685,163	13.097
360 - 389	Diseases of the sense organs	3,709	0.071
390 - 459	Diseases of the circulatory system	245,361	4.690
460 - 519	Diseases of the respiratory system	1,444,669	27.614
520 - 579	Diseases of the digestive system	11,530	0.220
580 - 629	Diseases of the genitourinary system	22,725	0.434
630 - 679	Complications of pregnancy, childbirth, and the puerperium	91	0.002
680 - 709	Diseases of the skin and subcutaneous tissue	55,948	1.069
710 - 739	Diseases of the musculoskeletal system and connective tissue	237,787	4.545
740 - 759	Congenital anomalies	4,224	0.081
760 - 779	Certain conditions originating in the perinatal period	328	0.006
780 - 799	Symptoms, signs, and ill-defined conditions	349,312	6.677
800 - 999	Injury and poisoning	124,504	2.380
E and V codes	External causes of injury and supplemental classification	349,041	6.672

(1) Not all values in a range may appear in the PUF.
Note: Percentages may not add up to 100% due to rounding.

The ten most frequent 3-digit ICD-9 diagnosis codes and their frequencies are provided below.

Variable Value	Formatted Value	Frequency	Frequency (%)
250	Diabetes mellitus	1,602,657	30.634
496	Chronic airway obstruction, not elsewhere classified	1,087,715	20.791
327	Sleep disorders	598,231	11.435
493	Asthma	180,382	3.448
799	Other ill-defined and unknown causes of morbidity and mortality	135,674	2.593
V42	Organ or tissue replaced by transplant	131,816	2.520
428	Heart failure	125,847	2.406
V44	Artificial opening status	121,285	2.318
715	Osteoarthrosis and allied disorders	86,073	1.645
491	Meningitis due to adenovirus	75,979	1.452
-	All other values	1,085,933	20.757

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

DME_LINE_HCPCS_CD

The Healthcare Common Procedure Coding System (HCPCS Level II) is used primarily to identify products, supplies, and services. This variable is a 5 character alpha-numeric code consisting of a single alphabetic letter followed by four numeric digits. It provides the Level II HCPCS code associated with each line of service on a DME claim and is created from the HCPCS_CD in the DME claims file. There are 1,118 different HCPCS codes. The short descriptions of the HCPCS codes are available in the Data Users' Guide (SAS read-in program and accompanying lookup file) for the *CMS 2010 BSA DME Line Items PUF*. The detailed long descriptions for the HCPCS codes (for 2009) are available on CMS website.[1] The ten most frequent HCPCS codes and their frequencies are provided below.

Variable Value	Formatted Value	Frequency	Frequency (%)
A4253	Blood glucose/reagent strips	665,056	12.712
E1390	Oxygen concentrator	537,191	10.268
A4259	Lancets per box	399,210	7.631

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[1] https://www.cms.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp

Variable Value	Formatted Value	Frequency	Frequency (%)
E0431	Portable gaseous 02	261,839	5.005
A4256	Calibrator solution/chips	222,193	4.247
E0570	Nebulizer with compression	201,364	3.849
Q0513	Disp fee inhal drugs/30 days	176,171	3.367
E0601	Cont airway pressure device	133,535	2.552
A4258	Lancet device each	113,520	2.170
E0260	Hosp bed semi-electr w/ matt	102,519	1.960
-	All other values	2,418,994	46.238

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

DME_LINE_SRVC_CNT

This variable is the count of the total number of services for the line item.

Variable Value Range	Frequency	Frequency (%)
0 - 99	5,018,637	95.929
100 - 199	115,081	2.200
200 - 299	37,561	0.718
300 - 399	42,260	0.808
400 - 499	10,620	0.203
500 - 599	3,193	0.061
600 - 699	1,657	0.032
700 - 799	193	0.004
800 - 899	265	0.005
900 - 999	2,125	0.041

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

DME_LINE_PMT_AMT

This field contains the payment made by Medicare for the line item. It is based on LINE_NCH_PMT_AMT in the DME claims file. Please refer to the General Documentation for details of the rounding rules.

Variable Value[1] ($)	Frequency	Frequency (%)
0	394,310	7.537
10	1,087,509	20.787
20	672,736	12.859
30	534,802	10.223
40	158,086	3.022
50	287,074	5.487
60	385,548	7.370
70	70,967	1.357
80	165,925	3.172
90	132,003	2.523
100	243,898	4.662
150	721,105	13.784
200	121,697	2.326
250	81,367	1.555
300	52,256	0.999
350	17,841	0.341
400	20,336	0.389
450	8,587	0.164
500	9,425	0.180
550	6,851	0.131
600	4,450	0.085
650	4,606	0.088
700	3,235	0.062
750	4,954	0.095
800	2,636	0.050
850	2,023	0.039
900	1,495	0.029
950	3,078	0.059
1,000	13,471	0.257
2,000	6,209	0.119
3,000	10,653	0.204

Variable Value[1] ($)	Frequency	Frequency (%)
4,000	855	0.016
5,000	796	0.015
10,000	612	0.012
20,000	171	0.003
30,000	25	0.000

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

(1) Note that a Medicare payment amount between $0 and $4.99 is rounded to $0 according to the rounding rules. Hence, the corresponding value for $10 in the PUF is a value between $5 and $14.99 in the initial 5% sample file.

LINE_ITEM_CNT

This field contains the number of outpatient procedures associated with each profile. The sum of this variable (5,231,592) is the total number of procedures (defined by HCPCS codes) for a random sample of 5% FFS beneficiaries in 2010.