

01/09/03  
**Cost & Use**  
**2000**

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Dental Events

RIC: **DUE**  
Page: 1  
**Version: 1**

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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The Dental Utilization Events file contains data about all dental events of the MCBS population, whether community or facility interviews.

RIC	1	2					C RIC CODE FOR ADMIN IDENTIFICATION RECORD
VERSION	3	1					C RECORD VERSION
BASEID	4	8					C UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4					C UNIQUE EVENT IDENTIFIER
OREVTYPE	18	2	\$EVNTTYP				C ORIGINAL REPORTED EVENT TYPE
				0			INAPPLICABLE
				13,285			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 SEP BILLING DOCTOR
				0			SL SEP BILLING LAB
CLAIMID	20	7					N CLAIM THIS SURVEY EVENT MATCHED TO
EVBEGLY	27	2	\$EVYY				C EVENT BEGIN YEAR
				0			INAPPLICABLE
				9			-8 DK
				13,276			00-99 YEAR
EVBEGLM	29	2	\$EVMM				C EVENT BEGIN MONTH
				0			INAPPLICABLE
				162			-8 DK
				13,123			01-12 MONTH
				0			95 STILL IN PROGRESS
EVBEGLD	31	2	\$EVDD				C EVENT BEGIN YEAR
				0			INAPPLICABLE
				37			-5 MULTIPLE VISITS THIS MONTH
				3,113			-8 DK
				10,135			01-31 DAY OF MONTH
SOURCE	33	1	\$SOURCE				C SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
				13,240			1 SURVEY ONLY
				0			2 CLAIMS ONLY
				45			3 BOTH SURVEY & CLAIMS
SITCODE	34	1	\$SITCODE				C COMMUNITY OR FACILITY SETTING?
				0			B BOTH
				13,273			C COMMUNITY
				5			D DEEMED COMMUNITY
				1			F FACILITY
				0			G DEEMED FACILITY
				6			S SNF
AMTTOT	35	9					N TOTAL PAYMENT

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IMPATOT	44	1	IMPFLAG				N IMPUTATION FLAG: AMT TOTAL PAYMENT
				9,396			0 NOT IMPUTED
				3,889			1 IMPUTED
AMTCOV	45	9					N PORTION OF TOTAL PAY COV BY MEDICARE
AMTNCOV	54	9					N PORTION OF TOTAL PAY NOT COV BY MEDICARE
AMTCARE	63	9					N AMOUNT PAID BY MEDICARE
IMPSCARE	72	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICARE
				13,285			0 NOT IMPUTED
				0			1 IMPUTED
IMPACARE	73	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE
				13,285			0 NOT IMPUTED
				0			1 IMPUTED
AMTCAID	74	9					N AMOUNT PAID BY MEDICAID
IMPSCAID	83	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICAID
				13,282			0 NOT IMPUTED
				3			1 IMPUTED
IMPACAID	84	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICAID
				13,011			0 NOT IMPUTED
				274			1 IMPUTED
AMTHMOM	85	9					N AMOUNT PAID BY MEDICARE HMO
IMPSHMOM	94	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICARE HMO
				12,999			0 NOT IMPUTED
				286			1 IMPUTED
IMPAHMOM	95	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE HMO
				12,844			0 NOT IMPUTED
				441			1 IMPUTED
AMTHMOP	96	9					N AMOUNT PAID BY PRIVATE HMO
IMPSHMOP	105	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIVATE HMO
				13,121			0 NOT IMPUTED
				164			1 IMPUTED
IMPAHMOP	106	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIVATE HMO
				13,044			0 NOT IMPUTED
				241			1 IMPUTED
AMTVA	107	9					N AMOUNT PAID BY VETERANS ADM
IMPSVA	116	1	IMPFLAG				N IMPUTATION FLAG: SOP VETERANS ADM
				13,285			0 NOT IMPUTED
				0			1 IMPUTED

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IMPAVA	117	1	IMPFLAG				N IMPUTATION FLAG: AMT VETERANS ADM
				13,188			0 NOT IMPUTED
				97			1 IMPUTED
AMTPRVE	118	9					N AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMSPRVE	127	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
				12,905			0 NOT IMPUTED
				380			1 IMPUTED
IMPAPRVE	128	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
				12,294			0 NOT IMPUTED
				991			1 IMPUTED
AMTPRVI	129	9					N AMOUNT PAID BY PRIV INS (INDIV PURCH)
IMSPRVI	138	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
				13,160			0 NOT IMPUTED
				125			1 IMPUTED
IMPAPRVI	139	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
				13,039			0 NOT IMPUTED
				246			1 IMPUTED
AMTPRVU	140	9					N AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMSPRVU	149	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
				13,285			0 NOT IMPUTED
				0			1 IMPUTED
IMPAPRVU	150	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
				13,285			0 NOT IMPUTED
				0			1 IMPUTED
AMTOOP	151	9					N AMOUNT PAID BY PERSON/FAMILY
IMPSOOP	160	1	IMPFLAG				N IMPUTATION FLAG: SOP PAID BY PERSON
				11,999			0 NOT IMPUTED
				1,286			1 IMPUTED
IMPAOOP	161	1	IMPFLAG				N IMPUTATION FLAG: AMT PAID BY PERSON
				11,232			0 NOT IMPUTED
				2,053			1 IMPUTED
AMTDISC	162	9					N AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	171	1	IMPFLAG				N IMPUTATION FLAG: SOP OF UNCOLL LIAB
				13,024			0 NOT IMPUTED
				261			1 IMPUTED

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IMPADISC	172	1	IMPFLAG	12,606 679			N IMPUTATION FLAG: AMT OF UNCOLL LIAB  0 NOT IMPUTED 1 IMPUTED
AMTOTH	173	9					N AMOUNT PAID BY OTHER SOURCES
IMPSOTH	182	1	IMPFLAG	13,247 38			N IMPUTATION FLAG: SOP OTHER SOURCES  0 NOT IMPUTED 1 IMPUTED
IMPAOTH	183	1	IMPFLAG	13,126 159			N IMPUTATION FLAG: AMT OTHER SOURCES  0 NOT IMPUTED 1 IMPUTED
DVBRIDGE	184	2	YESNO	26 1 2,339 10,919			N HAVE DONE DURING DENTAL VISIT-BRIDGE  -8 DK -1 INAPPLICABLE 1 YES 2 NO
DVCLEAN	186	2	YESNO	26 1 5,491 7,767			N HAVE DONE DURING DENTAL VISIT-CLEANING  -8 DK -1 INAPPLICABLE 1 YES 2 NO
DVCROWN	188	2	YESNO	26 1 1,246 12,012			N HAVE DONE DURING DENTAL VISIT-CROWN  -8 DK -1 INAPPLICABLE 1 YES 2 NO
DVEXAM	190	2	YESNO	26 1 5,231 8,027			N HAVE DONE DURING DENTAL VISIT-EXAMIN  -8 DK -1 INAPPLICABLE 1 YES 2 NO
DVEXTRAC	192	2	YESNO	26 1 941 12,317			N HAVE DONE DURING DENTAL VISIT-EXTRACT  -8 DK -1 INAPPLICABLE 1 YES 2 NO
DVFILLNG	194	2	YESNO	26 1 1,912 11,346			N HAVE DONE DURING DENTAL VISIT-FILLING  -8 DK -1 INAPPLICABLE 1 YES 2 NO

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DVORTH0	196	2	YESNO				N HAVE DONE DURING DENTAL VISIT-ORTHODON
				26			-8 DK
				1			-1 INAPPLICABLE
				105			1 YES
				13,153			2 NO
DVOTHER	198	2	YESNO				N HAVE DONE DURING DENTAL VISIT-OTHER
				26			-8 DK
				1			-1 INAPPLICABLE
				352			1 YES
				12,906			2 NO
DVRTCNAL	200	2	YESNO				N HAVE DONE DURING DNTAL VISIT-ROOT CANAL
				26			-8 DK
				1			-1 INAPPLICABLE
				524			1 YES
				12,734			2 NO
DVXRAYS	202	2	YESNO				N HAVE DONE DURING DNTAL VISIT-XRAY TAKEN
				26			-8 DK
				1			-1 INAPPLICABLE
				3,487			1 YES
				9,771			2 NO
HMO	204	1	\$HMO				C EVENT PROVIDED BY AN HMO?
				9,806			0 EVENT NOT PROV BY HMO
				3,479			1 EVENT PROVIDED BY HMO