

02/24/06
Cost & Use
2003

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 Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				12,556			LOW-HIGH BASEID Count
EVNTNUM	14	4					C Unique event identifier
OREVTYPE	18	2	\$EVN2TYP				C Original reported event type
				12,556			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
EVBEGLYY	27	2	\$EVENTYY				C Event begin year
				6			-8 Don't know
				12,550			Year
EVBEGLMM	29	2	\$EVENTMM				C Event begin month
				121			-8 Don't know
				0			95 Still in progress
				12,435			Month
EVBEGLDD	31	2	\$EVENTDD				C Event begin year
				2,747			-8 Don't know
				9,809			Day of month
SOURCE	33	1	\$SOURCE				C Source of event: survey, claim, or both?
				12,509			1 Survey only
				0			2 Claims only
				47			3 Both survey & claims
SITCODE	34	1	\$SITCODE				C Community or facility setting?
				7			B Both community & facility
				12,539			C Community
				3			D Deemed community
				0			F Facility
				0			G Deemed facility
				7			S SNF
AMTTOT	35	9					N Total payment

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IMPATOT	44	1	IMPFLAG				N AMTTOT imputed in part or in total?
				8,771			0 Not imputed
				3,785			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?
				12,556			0 Not imputed
				0			1 Imputed
IMPACARE	73	1	IMPFLAG				N AMTCARE payment amount imputed?
				12,556			0 Not imputed
				0			1 Imputed
AMTCAID	74	9					N Amount paid by Medicaid
IMPSCAID	83	1	IMPFLAG				N AMTCAID payment source imputed?
				12,555			0 Not imputed
				1			1 Imputed
IMPACAID	84	1	IMPFLAG				N AMTCAID payment amount imputed?
				12,288			0 Not imputed
				268			1 Imputed
AMTHMOM	85	9					N Amount paid by Medicare HMO
IMPSHMOM	94	1	IMPFLAG				N AMTHMOM payment source imputed?
				12,382			0 Not imputed
				174			1 Imputed
IMPAHMOM	95	1	IMPFLAG				N AMTHMOM payment amount imputed?
				12,260			0 Not imputed
				296			1 Imputed
AMTHMOP	96	9					N Amount paid by private HMO
IMPSHMOP	105	1	IMPFLAG				N AMTHMOP payment source imputed?
				12,376			0 Not imputed
				180			1 Imputed
IMPAHMOP	106	1	IMPFLAG				N AMTHMOP payment amount imputed?
				12,291			0 Not imputed
				265			1 Imputed
AMTVA	107	9					N Amount paid by Veterans Administration

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IMPSVA	116	1	IMPFLAG				N AMTVA payment source imputed?
				12,556			0 Not imputed
				0			1 Imputed
IMPAVA	117	1	IMPFLAG				N AMTVA payment amount imputed?
				12,500			0 Not imputed
				56			1 Imputed
AMTPRVE	118	9					N Amt paid by employer-sponsored priv ins
IMSPRVE	127	1	IMPFLAG				N AMTPRVE payment source imputed?
				12,066			0 Not imputed
				490			1 Imputed
IMPAPRVE	128	1	IMPFLAG				N AMTPRVE payment amount imputed?
				11,410			0 Not imputed
				1,146			1 Imputed
AMTPRVI	129	9					N Amt paid by individually-purch priv ins
IMSPRVI	138	1	IMPFLAG				N AMTPRVI payment source imputed?
				12,384			0 Not imputed
				172			1 Imputed
IMPAPRVI	139	1	IMPFLAG				N AMTPRVI payment amount imputed?
				12,245			0 Not imputed
				311			1 Imputed
AMTPRVU	140	9					N Amt paid by priv ins (unknown purchased)
IMSPRVU	149	1	IMPFLAG				N AMTPRVU payment source imputed?
				12,556			0 Not imputed
				0			1 Imputed
IMPAPRVU	150	1	IMPFLAG				N AMTPRVU payment amount imputed?
				12,556			0 Not imputed
				0			1 Imputed
AMTOOP	151	9					N Amount paid out-of-pocket (OOP)
IMPSOOP	160	1	IMPFLAG				N AMTOOP payment source imputed?
				11,422			0 Not imputed
				1,134			1 Imputed
IMPAOOP	161	1	IMPFLAG				N AMTOOP payment amount imputed?
				10,615			0 Not imputed
				1,941			1 Imputed
AMTDISC	162	9					N Amount of uncollected SP liability

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IMPSDISC	171	1	IMPFLAG				N AMTDISC payment source imputed?
				12,207			0 Not imputed
				349			1 Imputed
IMPADISC	172	1	IMPFLAG				N AMTDISC payment amount imputed?
				11,760			0 Not imputed
				796			1 Imputed
AMTOTH	173	9					N Amount paid by other payor(s)
IMPSOTH	182	1	IMPFLAG				N AMTOTH payment source imputed?
				12,548			0 Not imputed
				8			1 Imputed
IMPAOTH	183	1	IMPFLAG				N AMTOTH payment amount imputed?
				12,464			0 Not imputed
				92			1 Imputed
DVBRIDGE	184	2	YES4FMT				N Dental visit service - bridge
				3			-9 Not ascertained
				20			-8 Don't know
				1			-7 Refused
				2			-1 Inapplicable
				2,113			1 Yes
				10,417			2 No
DVCLEAN	186	2	YES4FMT				N Dental visit service - cleaning
				3			-9 Not ascertained
				20			-8 Don't know
				1			-7 Refused
				2			-1 Inapplicable
				5,469			1 Yes
				7,061			2 No
DVCROWN	188	2	YES4FMT				N Dental visit service - crown
				3			-9 Not ascertained
				20			-8 Don't know
				1			-7 Refused
				2			-1 Inapplicable
				1,168			1 Yes
				11,362			2 No
DVEXAM	190	2	YES4FMT				N Dental visit service - examination
				3			-9 Not ascertained
				20			-8 Don't know
				1			-7 Refused
				2			-1 Inapplicable
				5,250			1 Yes
				7,280			2 No

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
DVEXTRAC	192	2	YES4FMT				N Dental visit service - tooth extraction
				3			-9 Not ascertained
				20			-8 Don't know
				1			-7 Refused
				2			-1 Inapplicable
				848			1 Yes
				11,682			2 No
DVFILLNG	194	2	YES4FMT				N Dental visit service - filling
				3			-9 Not ascertained
				20			-8 Don't know
				1			-7 Refused
				2			-1 Inapplicable
				1,619			1 Yes
				10,911			2 No
DVORTHO	196	2	YES4FMT				N Dental visit service - orthodontics
				3			-9 Not ascertained
				20			-8 Don't know
				1			-7 Refused
				2			-1 Inapplicable
				114			1 Yes
				12,416			2 No
DVOTHER	198	2	YES4FMT				N Dental visit service - other
				3			-9 Not ascertained
				20			-8 Don't know
				1			-7 Refused
				2			-1 Inapplicable
				363			1 Yes
				12,167			2 No
DVRTCNAL	200	2	YES4FMT				N Dental visit service - root canal
				3			-9 Not ascertained
				20			-8 Don't know
				1			-7 Refused
				2			-1 Inapplicable
				494			1 Yes
				12,036			2 No
DVXRAYS	202	2	YES4FMT				N Dental visit service - X-rays
				3			-9 Not ascertained
				20			-8 Don't know
				1			-7 Refused
				2			-1 Inapplicable
				3,558			1 Yes
				8,972			2 No
HMO	204	1	\$HMO				C Event provided by an HMO?
				9,546			0 Event not provided by HMO
				3,010			1 Event provided by HMO