BCBSNC codebook for Facility Claims Data

Enter X to Request	Variable Number	Variable Name	Variable Label	Variable Type	Variable Length	Valid Values
	1	CLAIM_NUMBER	Identifier for the claim	Char	9	Up to 9 characters, each character = 0 to 9
	2	ORIGINAL_CLAIM_NUMBER		Char	7	No value definitions
	3	UNIQUE_MEMBER_ID	An ID unique to a member independent of claims processing system	Char	8	Up to 8 characters, each character = 0 to 9
	4	POLICY_MEMBER_ID		Char	7	Up to 7 characters, each character = 0 to 9
	5	SUBGROUP_NUMBER	Number that uniquely identifies the lowest level grouping of an account	Char	7	Up to 7 characters, each character = 0 to 9
	6	SUBSCRIBER_NUMBER	A unique identifier of a subscriber's enrollment with BCBSNC	Char	8	Up to 8 characters, each character = 0 to 9
	7	COVERAGE_LEVEL_CODE	Code indicating who is insured by the subscriber	Char	4	Up to 4 characters
	8	INPATIENT_INDICATOR	Y/N indicator denoting whether this facility encounter is for an inpatient stay ie an overnight admission to hospital	Char	1	N = No
						Y = Yes
	9	ORIGIN_CODE	Code used to denote the source of a claim / encounter	Char	2	01 =PCS-Pharmaeceutical Card System
						02 =PRN-Prescription Reimbursement Network
						03 =ITS-Interplan Teleprocessing Service
						05 =Electronic
						06 =Paper
						07 =Medicaid
						08 =Medco
						09 =DBP-Dental Benefit Plan
						10 =AdvancedPCS - State drugs
						12 =ACS Dental Benefit
						13 =Caremark Drug Carve Out
						14 =Generic Drug Carve Out
						15 =Prime Pharmacy Claims Processing System
						N/A =Not Applicable
						Unk =Unknown
	10	ICD_VERSION_NUMBER	ICD version of diagnosis code (9/10)	Char	2	Up to 2 characters
	11	FACILITY_PRIMARY_DIAGNOSIS_CODE	ICD-9 code for PRIMARY disease/condition being treated by services rendered on facility claim	Char	6	Consult External Standard Reference for ICD-9 Codes
	12	FACILITY_DIAGNOSIS_CODE_2	ICD-9 code for SECONDARY disease/condition being treated by services rendered on facility claim	Char	6	Consult External Standard Reference for ICD-9 Codes
	13	FACILITY_DIAGNOSIS_CODE_3	ICD-9 code for THIRD disease/condition being treated by services rendered on facility claim	Char	6	Consult External Standard Reference for ICD-9 Codes

	14	FACILITY_DIAGNOSIS_CODE_4	ICD-9 code for FOURTH disease/condition being treated by services rendered on facility claim	Char	6	Consult External Standard Reference for ICD-9 Codes
	15	FACILITY_DIAGNOSIS_CODE_5	ICD-9 code for FIFTH disease/condition being treated by services rendered on facility claim	Char	6	Consult External Standard Reference for ICD-9 Codes
	16	FACILITY_DIAGNOSIS_CODE_6	ICD-9 code for SIXTH disease/condition being treated by services rendered on facility claim	Char	6	Consult External Standard Reference for ICD-9 Codes
	17	FACILITY_DIAGNOSIS_CODE_7	ICD-9 code for SEVENTH disease/condition being treated by services rendered on facility claim	Char	6	Consult External Standard Reference for ICD-9 Codes
	18	FACILITY_DIAGNOSIS_CODE_8	ICD-9 code for EIGHT disease/condition being treated by services rendered on facility claim	Char	6	Consult External Standard Reference for ICD-9 Codes
	19	FACILITY_DIAGNOSIS_CODE_9	ICD-9 code for NINTH disease/condition being treated by services rendered on facility claim	Char	6	Consult External Standard Reference for ICD-9 Codes
	20	FACILITY_DIAGNOSIS_CODE_10	ICD-9 code for TENTH disease/condition being treated by services rendered on facility claim	Char	6	Consult External Standard Reference for ICD-9 Codes
	21	FACILITY_DIAGNOSIS_CODE_11	ICD-9 code for ELEVENTH disease/condition being treated by services rendered facility on claim	Char	6	Consult External Standard Reference for ICD-9 Codes
	22	FACILITY_DIAGNOSIS_CODE_12	ICD-9 code for TWELTH disease/condition being treated by services rendered on facility claim	Char	6	Consult External Standard Reference for ICD-9 Codes
	23	FACILITY_DIAGNOSIS_CODE_13	ICD-9 code for THIRTEENTH disease/condition being treated by services rendered facility on claim	Char	6	Consult External Standard Reference for ICD-9 Codes
	24	FACILITY_DIAGNOSIS_CODE_14	ICD-9 code for FOURTEENTH disease/condition being treated by services rendered facility on claim	Char	6	Consult External Standard Reference for ICD-9 Codes
	25	FACILITY_DIAGNOSIS_CODE_15	ICD-9 code for FIFTEENTH disease/condition being treated by services rendered facility on claim	Char	6	Consult External Standard Reference for ICD-9 Codes
	26	FACILITY_DIAGNOSIS_CODE_16	ICD-9 code for SIXTEENTH disease/condition being treated by services rendered facility on claim	Char	6	Consult External Standard Reference for ICD-9 Codes
	27	FACILITY_PROCEDURE_CODE_1	ICD-9 Procedure	Char	5	Consult External Standard Reference for ICD-9 Codes
	28	FACILITY_PROCEDURE_CODE_2	ICD-9 procedure code	Char	5	Consult External Standard Reference for ICD-9 Codes
	29	FACILITY_PROCEDURE_CODE_3	ICD-9 procedure code	Char	5	Consult External Standard Reference for ICD-9 Codes

30	FACILITY_PROCEDURE_CODE_4	ICD-9 procedure code	Char		5	Consult External Standard Reference for ICD-9 Codes
31	FACILITY_PROCEDURE_CODE_5	ICD-9 procedure code	Char		5	Consult External Standard Reference for ICD-9 Codes
32	FACILITY_PROCEDURE_CODE_6	ICD-9 procedure code	Char		5	Consult External Standard Reference for ICD-9 Codes
33	VENDOR_ID		Char		6	Up to 6 characters
34	PAYMENT_PROVIDER_ID	A number that uniquely identifies the payment provider. In the case of drug claims, this will be the prescribing provider	Char		6	Up to 6 characters
35	PAYMENT_TO_TYPE_CODE	Code denoting the party to whom claim payment (if any) is to be made	Char		2	1 Provider
						2 =Subscriber
						3 =Other
36	PRICING_METHOD_CODE	Code indicating method used to price claim (can determine MAC)	Char		2	01 =Per Case
						02 =Per Diem
						03 =Percent Discount
						04 =Lesser Of Percent Or Case
						05 =Opcat Payment Tier
						06 =Maximum (Cap)
						07 =Fee Schedule
						08 =UCR
						09 =Billed Charge
						10 =Capitated Service
						11 =Special Contracting Arrangement
						12 =Unknown Pricing Method
						13 =Average Wholesale Price (AWP)
						14 =Acquisition Cost (ACQ)
						15 =State Maximum Allowable Cost (Stat MAC)
						16 =Zero Balance
						17 =85 Percentile Of HIAA Procedure
						18 =State Inpatient Non DRG Priced
						19 =State Inpatient Paid In Addition To Line On DRG Priced
						20 =340B /Disproportionate Share Pricing
						N/A =Not Applicable
						Unk =Unknown
37	COB_TYPE_CODE	Any of three codes to describe certain payment reductions in a case	Char		2	CB =Secondary
						DP =Double Coverage Secondary
						MC =Medicare Carve-out
						N/A =Not Applicable

38	AP_DRG_CODE	DRG (Diagnosis Related Group) code assigned to claim by AP (All Payer/All Patient) DRG Grouper software during adjudication process	Char		5	Consult External Standard Reference for DRG Codes
39	AP_DRG_MDC_CODE		Char		5	Consult External Standard Reference for DRG Codes
40	MS_DRG_CODE		Char		5	Consult External Standard Reference for DRG Codes
41	MS_DRG_MDC_CODE		Char		5	Consult External Standard Reference for DRG Codes
42	REVENUE_CODE	Revenue Center Code for each cost center	Char		4	No value definitions
43	PROCEDURE_CODE	CPT Code used to denote health care service that member receives from a provider	Char		6	Consult External Standard Reference for CPT Codes
44	SERVICE_MODIFIER_CODE1	Code used to further define or clarify the CPT procedure code on the claim line	Char		3	Up to 2 characters
45	SERVICE_MODIFIER_CODE2	Code used to further define or clarify the CPT procedure code on the claim line	Char		3	Up to 2 characters
46	SERVICE_MODIFIER_CODE3	Code used to further define or clarify the CPT procedure code on the claim line	Char		3	Up to 2 characters
47	SERVICE_MODIFIER_CODE4	Code used to further define or clarify the CPT procedure code on the claim line	Char		3	Up to 2 characters
48	LINE_DIAGNOSIS_CODE_1	ICD-9 code for PRIMARY disease/condition	Char		6	Consult External Standard Reference for ICD-9 Codes
49	LINE_DIAGNOSIS_CODE_2	ICD-9 code for SECONDARY disease/condition	Char		6	Consult External Standard Reference for ICD-9 Codes
50	LINE_DIAGNOSIS_CODE_3	ICD-9 code for THIRD disease/condition	Char		6	Consult External Standard Reference for ICD-9 Codes
51	LINE_DIAGNOSIS_CODE_4	ICD-9 code for FOURTH disease/condition	Char		6	Consult External Standard Reference for ICD-9 Codes
52	PLACE_OF_SERVICE_CODE	Code used to designate where the services on a claim line were rendered	Char		2	See Look-Up Tables
53	ENCOUNTER_TYPE_CODE	Code used to classify claims into categories DENT/FCLTY/PHARM/PROF	Char		5	No value definitions
54	ENCOUNTER_SERVICE_TYPE_CODE	Code to denote claim line status	Char		2	See Look-Up Tables

55	PRODUCT_CODE	A brief description of the product	Char	4	See Look-Up Tables
56	ENCOUNTER_SERVICE_STATUS_CODE	Code used to classify claim lines into categories	Char	2	01 =Finalized
					02 =Void
					03 =Denied
57	SERVICE_UNIT_COUNT	Number of unique units of service on the claim line	Char	10	Up to 5 characters
58	APPROVED_SERVICE_UNIT_COUNT	Number of service units on the claim line that have been approved for payment	Char	10	Up to 5 characters
59	HOLD_CODE_1	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	2	Up to 2 characters
60	HOLD_CODE_2	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	2	Up to 2 characters
61	HOLD_CODE_3	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	2	Up to 2 characters
62	HOLD_CODE_4	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	2	Up to 2 characters
63	HOLD_CODE_5	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	2	Up to 2 characters
64	HOLD_CODE_6	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	2	Up to 2 characters
65	HOLD_CODE_7	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	2	Up to 2 characters
66	HOLD_CODE_8	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	2	Up to 2 characters
67	HOLD_CODE_9	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	2	Up to 2 characters
68	HOLD_CODE_10	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	2	Up to 2 characters
69	HOLD_CODE_11	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	2	Up to 2 characters
70	HOLD_CODE_12	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	2	Up to 2 characters
71	HOLD_CODE_13	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	2	Up to 2 characters

72	HOLD_CODE_14	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	2	Up to 2 characters
73	HOLD_CODE_15	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	2	Up to 2 characters
74	EMERGENCY_ROOM_IND	WAS PATIENT SEEN IN THE EMERGENCY ROOM	Char	1	N = No
					Y = Yes
75	OBSERVATION_UNIT_IND		Char	1	N = No
					Y = Yes
76	DUPLICATE_STATUS_INDICATOR	Indicates whether or not the claim line is considered to be a duplicate of another claim line (Medical Claims Only)	Char	1	N = No
					Y = Yes
77	AUTHORIZATION_ID	The authorization number that the managed care claim line matched to during adjudication	Char	21	Up to 21 characters
78	BENEFIT_PACKAGE_ID	Number (code) that identifies a set of benefits	Char	8	Up to 8 characters, each character = 0 to 9
79	PAID_IN_NETWORK_INDICATOR	Indicates whether the claim was paid at a negotiated rate, even if provider was out-of-network (Y/N)	Char	6	N = No
					Y = Yes
80	RENDERING_PROVIDER_NUMBER	Rendering Provider number	Char	6	Up to 6 characters
81	MAIL_RETAIL_CODE	Indicates whether or not the drug was purchased retail or mail order	Char	1	N = No
					Y = Yes
82	DIAGNOSIS_GROUP_CODE	Major ICD-9 Grouping code	Char	3	See Look-Up Tables
83	CHARGED_AMOUNT		Char	6	Up to 6 characters
84	DATE_CLAIM_RECEIVED	Date claim was received by BCBSNC	Num	4	SAS date, use format to display as MM/DD/YYYY
85	DATE_CLAIM_PROCESSED	Date processing for the claim was finalized and the claim was released for payment	Num	4	SAS date, use format to display as MM/DD/YYYY
86	DATE_SERVICE_START	First date of service for the claim line	Num	4	SAS date, use format to display as MM/DD/YYYY
87	DATE_SERVICE_END	Last date of service for the claim line	Num	4	SAS date, use format to display as MM/DD/YYYY
88	DAYS_SERVICE	DATE_SERVICE_END - DATE_SERVICE_START +1	Num	4	0 or more
89	PROVIDER_NUMBER	A number that uniquely identifies the payment provider	Num	8	Up to 5 digits, each digit = 0 to 9