BCBSNC codebook for Dental Claims Data

Variable Number	Variable Name	Variable Label	Variable Type	Variable Length	Valid Values	Notes
1	CLAIM NUMBER	Identifier for the claim	Char	9	Up to 9 characters, each character = 0 to 9	Not released to researchers
	_					
2	ORIGINAL CLAIM NUMBER		Char	7	No value definitions	Not released to researchers
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	Not released to researchers
4	POLICY MEMBER ID		Char	7	Up to 7 characters, each character = 0 to 9	Not released to researchers
	- · · · = -					
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	Not released to researchers
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7	COVERAGE LEVEL CODE	Code indicating who is insured by the subscriber	Char	4	Up to 4 characters	
•	COVERVICE_EEVEE_CODE	Code indicating who is insured by the subscriber	Orial	7	Op to 4 onardoters	
8	INPATIENT INDICATOR	Y/N indicator denoting whether this facility encounter is for an inpatient stay	Char	1	N = No	
·		ie an overnight admission to hospital	ona.			
					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	
					OTIK - OTIKNOWN	
10	ICD VERSION NUMBER	ICD version of diagnosis code (9/10)	Char	2	Up to 2 characters	
10	ICD_VERSION_NUMBER	ICD version of diagnosis code (9/10)	Criai	2	Op to 2 characters	
44	FACILITY DRIMARY DIACNOSIS CODE	ICD 0 and for DRIMARY discour/or differ to its tracked by consistent	Char	6	Consult Fishers I Chandrad Defended for ICD O Codes	
11	FACILITY_PRIMARY_DIAGNOSIS_CODE	ICD-9 code for PRIMARY disease/condition being treated by services rendered on facility claim	Char	О	Consult External Standard Reference for ICD-9 Codes	
		Tendered on facility claim				
12	FACILITY DIAGNOSIS CODE 2	ICD-9 code for SECONDARY disease/condition being treated by services	Char	6	Consult External Standard Reference for ICD-9 Codes	
12	TAGETT_BITOTOGIG_GGBE_2	rendered on facility claim	Orial	Ŭ	Consult External standard resistance for 100 5 50005	
13	FACILITY DIAGNOSIS CODE 3	ICD-9 code for THIRD disease/condition being treated by services rendered	Char	6	Consult External Standard Reference for ICD-9 Codes	
		on facility claim				
14	FACILITY_DIAGNOSIS_CODE_4	ICD-9 code for FOURTH disease/condition being treated by services	Char	6	Consult External Standard Reference for ICD-9 Codes	
		rendered on facility claim				
15	FACILITY_DIAGNOSIS_CODE_5	ICD-9 code for FIFTH disease/condition being treated by services rendered	Char	6	Consult External Standard Reference for ICD-9 Codes	
		on facility claim				
40	FACILITY DIAGNOSIS CODE O	IOD O I C ONTILE C EE L C L L L L L L L L L L L L L L	01		0 1151 101 1 101	
16	FACILITY_DIAGNOSIS_CODE_6	ICD-9 code for SIXTH disease/condition being treated by services rendered	Cnar	p	Consult External Standard Reference for ICD-9 Codes	
		on facility claim				

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_PROCEDURE_CODE_1		Char	5	No value definitions
20	VENDOR_ID	Rendering Practice Id	Char	6	Up to 6 characters
04	DAVAMENT DECYMEN IN				
21	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
22	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
23	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
24	REVENUE_CODE	Revenue Center Code for each cost center	Char	4	No value definitions
25	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
26	SERVICE_MODIFIER_CODE1	Code used to further define or clarify the CPT procedure code on the claim line	Char	3	Up to 2 characters
27	SERVICE_MODIFIER_CODE2	Code used to further define or clarify the CPT procedure code on the claim line	Char	3	Up to 2 characters
28	SERVICE_MODIFIER_CODE3	Code used to further define or clarify the CPT procedure code on the claim line	Char	3	Up to 2 characters
29	LINE_DIAGNOSIS_CODE_1	ICD-9 code for PRIMARY disease/condition	Char	6	Consult External Standard Reference for ICD-9 Codes
30	LINE_DIAGNOSIS_CODE_2	ICD-9 code for SECONDARY disease/condition	Char	6	Consult External Standard Reference for ICD-9 Codes
31	LINE_DIAGNOSIS_CODE_3	ICD-9 code for THIRD disease/condition	Char	6	Consult External Standard Reference for ICD-9 Codes
32	LINE_DIAGNOSIS_CODE_4	ICD-9 code for FOURTH disease/condition	Char	6	Consult External Standard Reference for ICD-9 Codes
33	PLACE_OF_SERVICE_CODE	Code used to designate where the services on a claim line were rendered	Char	2	See Look-Up Tables
34	ENCOUNTER_TYPE_CODE	Code used to classify claims into categories DENT/FCLTY/PHARM/PROF	Char	5	No value definitions
35	ENCOUNTER_SERVICE_TYPE_CODE	Code to denote claim line status	Char	2	See Look-Up Tables
20	PROPUST CORE	A being december of the conduct	Ohaa	4	Control to Tables
36	PRODUCT_CODE	A brief description of the product	Char	4	See Look-Up Tables
37	ENCOUNTED SEDVICE STATUS CODE	Code used to elegatify alaim lines into estamping	Char	2	01 =Finalized
31	ENCOUNTER_SERVICE_STATUS_CODE	Code used to classify claim lines into categories	Ullai	Z	02 =Void
					03 =Denied
					00 -Defined
38	SERVICE UNIT COUNT	Number of unique units of service on the claim line	Char	10	Up to 5 characters
			2	1	-F

39	APPROVED SERVICE UNIT COUNT	Number of service units on the claim line that have been approved for	Char	10	Up to 5 characters
39	AFFROVED_SERVICE_UNIT_COUNT	payment	Cital	10	Op to 3 characters
		, p.,			
40	HOLD_CODE_1	Code to control payment by holding claim for examiner review, denying	Char	2	Up to 2 characters
		claim or request additional information in MHS			
41	HOLD_CODE_2	Code to control payment by holding claim for examiner review, denying	Char	2	Up to 2 characters
		claim or request additional information in MHS			
40	UOLD CODE O		Char	2	
42	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
		ciain of request additional information in wino			
43	HOLD CODE 4	Code to control payment by holding claim for examiner review, denying	Char	2	Up to 2 characters
		claim or request additional information in MHS			Tr.
44	HOLD_CODE_5	Code to control payment by holding claim for examiner review, denying	Char	2	Up to 2 characters
		claim or request additional information in MHS			
45	UOLD CODE O		0		
45	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
		ciaim or request additional information in MHS			
46	HOLD CODE 7	Code to control payment by holding claim for examiner review, denying	Char	2	Up to 2 characters
40	11025_0052_7	claim or request additional information in MHS	Orial	-	Op to 2 situations
47	HOLD_CODE_8	Code to control payment by holding claim for examiner review, denying	Char	2	Up to 2 characters
		claim or request additional information in MHS			
48	HOLD_CODE_9	Code to control payment by holding claim for examiner review, denying	Char	2	Up to 2 characters
		claim or request additional information in MHS			
49	HOLD CODE 10	Code to control payment by holding claim for examiner review, denying	Char	2	Up to 2 characters
43	HOLD_CODE_10	claim or request additional information in MHS	Cital	2	Op to 2 characters
		out of request additional information in thirte			
50	HOLD_CODE_11	Code to control payment by holding claim for examiner review, denying	Char	2	Up to 2 characters
		claim or request additional information in MHS			
51	HOLD_CODE_12	Code to control payment by holding claim for examiner review, denying	Char	2	Up to 2 characters
		claim or request additional information in MHS			
50	LIOLD CODE 42	On the transfer of the second by the latter of the second transfer o	Ohan	0	Harte Oaksanataa
52	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
		ciain of request additional information in wino			
53	OBSERVATION_UNIT_IND		Char	1	N = No
					Y = Yes
54	DUPLICATE STATUS INDICATOR	Indicates whether or not the claim line is considered to be a duplicate of	Char	1	N = No
		another claim line (Medical Claims Only)			
					Y = Yes
55	AUTHORIZATION_ID	The authorization number that the managed care claim line matched to	Char	21	Up to 21 characters
		during adjudication			
56	BENEFIT_PACKAGE_ID	Number (code) that identifies a set of benefits	Char	8	Up to 8 characters, each character = 0 to 9
F.7	DAID IN NETWORK INDICATOR		Ohan	0	NI – NI-
57	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
		Was out of Hotwork (1714)			Y = Yes

58	RENDERING_PROVIDER_NUMBER	Rendering Provider number	Char	6	Up to 6 characters	Researchers may request charged amount OR provider identification information, but not both
59	MAIL_RETAIL_CODE	Indicates whether or not the drug was purchased retail or mail order	Char	1	N = No	
					Y = Yes	
60	DIAGNOSIS_GROUP_CODE	Major ICD-9 Grouping code	Char	3	See Look-Up Tables	
61	CHARGED_AMOUNT		Char	6	Up to 6 characters	Researchers may request charged amount OR provider identification information, but not both
62	DATE CLAIM RECEIVED	Date claim was received by BCBSNC	Num	4	SAS date, use format to display as MM/DD/YYYY	
62	DATE_CLAIM_RECEIVED	Date claim was received by BCBSNC	Nulli	4	SAS date, use format to display as MM/DD/11111	
63	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	
64	DATE_SERVICE_START	First date of service for the claim line	Num	4	SAS date, use format to display as MM/DD/YYYY	
65	DATE SERVICE END	Last date of service for the claim line	Num	4	SAS date, use format to display as MM/DD/YYYY	
0.5	DATE_SERVICE_END	Last date of service for the claim line	INUIII	4	SAS date, use format to display as MIM/DD/1111	
66	DAYS SERVICE	DATE SERVICE END - DATE SERVICE START +1	Num	4	0 or more	
	_					
67	PROVIDER_NUMBER	A number that uniquely identifies the payment provider	Num	8	Up to 5 digits, each digit = 0 to 9	Researchers may request charged amount OR provider identification information, but not both

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