

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
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-Pharmaceutical 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_PROCEDURE_CODE_1		Char	5	No value definitions
20	VENDOR_ID	Rendering Practice Id	Char	6	Up to 6 characters
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
36	PRODUCT_CODE	A brief description of the product	Char	4	See Look-Up Tables
37	ENCOUNTER_SERVICE_STATUS_CODE	Code used to classify claim lines into categories	Char	2	01 =Finalized 02 =Void 03 =Denied
38	SERVICE_UNIT_COUNT	Number of unique units of service on the claim line	Char	10	Up to 5 characters

39	APPROVED_SERVICE_UNIT_COUNT	Number of service units on the claim line that have been approved for payment	Char	10	Up to 5 characters
40	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
41	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
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
43	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
44	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
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
46	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
47	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
48	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
49	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
50	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
51	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
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
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 another claim line (Medical Claims Only)	Char	1	N = No Y = Yes
55	AUTHORIZATION_ID	The authorization number that the managed care claim line matched to during adjudication	Char	21	Up to 21 characters
56	BENEFIT_PACKAGE_ID	Number (code) that identifies a set of benefits	Char	8	Up to 8 characters, each character = 0 to 9
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 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	
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	
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