BCBSNC codebook for Pharmacy 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-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	VENDOR_ID	Rendering Practice Id	Char	6	Up to 6 characters	
11	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	
12	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	
13	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	
14	PLACE_OF_SERVICE_CODE	Code used to designate where the services on a claim line were rendered	Char	2	See Look-Up Tables	
15	ENCOUNTER_TYPE_CODE	Code used to classify claims into categories DENT/FCLTY/PHARM/PROF	Char	5	No value definitions	
16	ENCOUNTER_SERVICE_TYPE_CODE	Code to denote claim line status	Char	2	See Look-Up Tables	
17	PRODUCT_CODE	A brief description of the product	Char	4	See Look-Up Tables	
18	ENCOUNTER_SERVICE_STATUS_CODE	Code used to classify claim lines into categories	Char	2	01 =Finalized	
					02 =Void	
					03 =Denied	

19	SERVICE_UNIT_COUNT	Number of unique units of service on the claim line	Char	10	Up to 5 characters	
20	APPROVED_SERVICE_UNIT_COUNT	Number of service units on the claim line that have been approved for payment	Char	10	Up to 5 characters	
21	OBSERVATION_UNIT_IND		Char	1	N = No	
					Y = Yes	
22	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	
23	BENEFIT_PACKAGE_ID	Number (code) that identifies a set of benefits	Char	8	Up to 8 characters, each character = 0 to 9	
24	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	
25	RENDERING_PROVIDER_NUMBER	Rendering Provider number	Char	6	Up to 6 characters	
26	NATIONAL_DRUG_CODE	Drug coding system established by FDA to provide standard method of identifying drug products	Char	11	Consult External Standard Reference for Codes	
27	DRUG_NAME	Name given to the drug product by the manufacturer	Char	50	Consult External Standard Reference for Codes	
28	DRUG_CATEGORY_CODE	Used to specify whether a drug is prescription or over-the-counter (OTC) and whether it has a trade-name or is generic	Char	2	01 =Rx-only/Trade or Brand Name	
					02 =Rx-only/Generic	
					03 =Surgical/Device	
					04 =Rx Repackager/Innovator	
					05 =Rx-only/Branded-Generic	
					06 =Cosmetics	
					07 =OTC/Trade	
					08 =OTC/Generic	
					09 =OTC/Repackager	
					10 =Rx Repackager/non-Innovator	
					11 =For Compounding	
					N/A =Not applicable	
					Unk =Unknown	
29	STRENGTH_DESCRIPTION	Strength of drug product. Listed order of dash-separated strengths corresponds to alphabetical order of active ingredients	Char	25	Up to 25 characters	
30	DISPENSE_AS_WRITTEN_CODE	Code indicating reason why prescription dispensed as written	Char	1	0 =No DAW Given (no product selection indicated)	
					1 =Physician Requested Brand	
					2 =Patient Requested Brand	
					3 =Pharmacy Selected Brand	
					4 =No Generic Available	
					5 =Brand Drug dispensed as Generic	
					6 =Override	
					7 =Substitution not allowed	
					8 =Substitution allowed but not available	
					9 =Other	
					N/A =Not Applicable	
					Unk =Unknown	
31	NEW_OR_REFILL_CODE	Indicator of new prescription or refill (00 = new, 01 through 99 = refill number)	Char	2	00 New	
					01-99 Number	

32	DRUG_CLASS_CODE	Code indicating availability of drug to consumers	Char	8	01 =Federal / Legend (Prescription Only)	
					02 =Insulin	
					03 =Over the Counter	
					04 =State Restricted	
					N/A =Not Applicable	
					Unk =Unknown	
					Unm =Unmapped	
33	THERAPEUTIC_CLASS_CODE	Code indicating standard classification of the drug by therapeutic class	Char	10	Consult External Standard Reference for Codes	
34	AHFS_THERA_CLASS_CODE	Identifies the therapeutic category of drug according to the American Hospital Formulary Service classification system	Char	8	Consult External Standard Reference for Codes	
35	STANDARD_THERA_CLASS_CODE	Standard classification of drug for users needing a definitive, but not comprehensive therapeutic classification	Char	8	01 =Class 1 Pharmacy	
					02 =Class 2 Pharmacy	
					03 =Mail Service Pharmacy	
					04 =Home Health Care (Class 1)	
					05 =Home Health Care (Class 2)	
					06 =Nursing Home (Class 1)	
					07 =Nursing Home (Class 2)	
					08 =Medicaid Agency	
					09 =Department of Veterans Affairs	
					10 =Non-pharmacy dispensing site	
					11 =Indian Health Service/Tribal/Urban IH pharmacy	
					12 =Institutional pharmacy	
					13 =Clinic pharmacy	
					N/A =Not Applicable	
					Unk =Unknown	
36	COST_BASIS_CODE	Code indicating what was used as cost basis of drug (can determine MAC)	Char	8	01 =Not Specific	
					02 =AWP - Average Wholesale Price	
					03 =Local Wholesaler	
					04 =Direct	
					05 =EAC - Estimated Acquisition Cost	
					06 =Acquisition	
					07 =MAC - Max Allowable Charge	
					08 =BMN - Brand Medically Necessary	
					09 =U&C - Usual/Customary	
					10 =Unit Dose	
					11 =Others	
					12 =User Specs MAC	
					13 =Sub Ingr Cost	
					14 =FUL - Federal Upper Limit	
					15 =AGP - Average Generic Price	
					16 =Unit Cost from the NDC file	
					17 =Zero Balance	
					18 =Copay Ingredient Cost	
					19 =Lesser of U&C or Copay	
					20 =Manufacturer Direct Pricing	
					21 =340B /Disproportionate Share Pricing	
					N/A =Not Applicable	
					Unk =Unknown	
					Unm =Unmapped	
37	PHARMACY_ID	Pharmacy NABP number	Char	10	Up to 10 characters	
38	DRUG_FORM_CODE	Code used to specify the dosage form or medical supply type of a drug product	Char	8	Up to 8 characters	

39	MAIL_RETAIL_CODE	Indicates whether or not the drug was purchased retail or mail order	Char	1	N = No	
					Y = Yes	
40	DEA_NUMBER	Drug Enforcement Act number assigned to an individual physician who may prescribe drugs to patients	Char	15	Up to 15 characters	
41	CHARGED_AMOUNT		Char	6	Up to 6 characters	
42	DATE_CLAIM_RECEIVED	Date claim was received by BCBSNC	Num	4	SAS date, use format to display as MM/DD/YYYY	
43	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	
44	DATE_SERVICE_START	First date of service for the claim line	Num	4	SAS date, use format to display as MM/DD/YYYY	
45	DATE_SERVICE_END	Last date of service for the claim line	Num	4	SAS date, use format to display as MM/DD/YYYY	
46	DAYS_SERVICE	DATE_SERVICE_END - DATE_SERVICE_START +1	Num	4	0 or more	
47	PROVIDER_NUMBER	A number that uniquely identifies the payment provider	Num	8	Up to 5 digits, each digit = 0 to 9	