BCBSNC codebook for Dental Claims Data

Enter X to Request	Variable Number	Variable Name	Variable Label	Variable Type	Variable Length	Valid Values
	1	MEMBERID	Sheps unique identifier of a BCBSNC member; spans all coverage periods, groups, subgroups and benefit plans	Char	8	-99 = missing
						00000000 - 99999999 = 8 characters, each character =0 to 9
	2	POLMEMBERID	Sheps unique identifier of the combination of a BCBSNC member and their policy enrollment	Char	8	-99 = missing
						00000000 - 99999999 = 8 characters, each character =0 to 9
	3	SUBSCRIBID	Sheps unique identifier of a BCBSNC subscriber	Char	8	-99 = missing
						00000000 - 99999999 = 8 characters, each character =0 to 9
	4	SUBGROUP_NUMBER_WHS	Warehouse unique identifier for the lowest level grouping of an account	Char	7	Up to 7 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 (overnight admission to hospital)	Char	1	(blank)
						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	10 = ICD-10
						9 = ICD-9
	11	FACILITY_PRIMARY_DIAGNOSIS_CODE	ICD code for PRIMARY disease/condition being treated by services rendered on facility claim	Char	6	Consult External Standard Reference for ICD Codes
	12	FACILITY_DIAGNOSIS_CODE_2	ICD code for SECONDARY disease/condition being treated by services rendered on facility claim	Char	6	Consult External Standard Reference for ICD Codes
	13	FACILITY_DIAGNOSIS_CODE_3	ICD code for THIRD disease/condition being treated by services rendered on facility claim	Char	6	Consult External Standard Reference for ICD Codes
	14	FACILITY_DIAGNOSIS_CODE_4	ICD code for FOURTH disease/condition being treated by services rendered on facility claim	Char	6	Consult External Standard Reference for ICD Codes

15	FACILITY_DIAGNOSIS_CODE_5	ICD code for FIFTH disease/condition being treated by services rendered on facility claim		Char	6	Consult External Standard Reference for ICD Codes
16	FACILITY_DIAGNOSIS_CODE_6	ICD code for SIXTH disease/condition being treated by services rendered on facility claim		Char	6	Consult External Standard Reference for ICD Codes
17	FACILITY_DIAGNOSIS_CODE_7	ICD code for SEVENTH disease/condition being treated by services rendered on facility claim		Char	6	Consult External Standard Reference for ICD Codes
18	FACILITY_DIAGNOSIS_CODE_8	ICD code for EIGHT disease/condition being treated by services rendered on facility claim		Char	6	Consult External Standard Reference for ICD Codes
19	FACILITY_DIAGNOSIS_CODE_9	ICD code for NINTH disease/condition being treated by services rendered on facility claim		Char	6	Consult External Standard Reference for ICD Codes
20	FACILITY_DIAGNOSIS_CODE_10	ICD code for TENTH disease/condition being treated by services rendered on facility claim		Char	6	Consult External Standard Reference for ICD Codes
21	FACILITY_DIAGNOSIS_CODE_11	ICD code for ELEVENTH disease/condition being treated by services rendered facility on claim		Char	6	Consult External Standard Reference for ICD Codes
22	FACILITY_DIAGNOSIS_CODE_12	ICD code for TWELTH disease/condition being treated by services rendered on facility claim		Char	6	Consult External Standard Reference for ICD Codes
23	FACILITY_DIAGNOSIS_CODE_13	ICD code for THIRTEENTH disease/condition being treated by services rendered facility on claim		Char	6	Consult External Standard Reference for ICD Codes
24	FACILITY_DIAGNOSIS_CODE_14	ICD code for FOURTEENTH disease/condition being treated by services rendered facility on claim		Char	6	Consult External Standard Reference for ICD Codes
25	FACILITY_DIAGNOSIS_CODE_15	ICD code for FIFTEENTH disease/condition being treated by services rendered facility on claim		Char	6	Consult External Standard Reference for ICD Codes
26	FACILITY_DIAGNOSIS_CODE_16	ICD code for SIXTEENTH disease/condition being treated by services rendered facility on claim		Char	6	Consult External Standard Reference for ICD Codes
27	FACILITY_PROCEDURE_CODE_1	ICD prodedure code for FIRST health care service received from an INSTITUTIONAL provider		Char	5	Consult External Standard Reference for CPT Codes
28	FACILITY_PROCEDURE_CODE_2	ICD prodedure code for SECOND health care service received from an INSTITUTIONAL provider		Char	5	Consult External Standard Reference for CPT Codes
29	FACILITY_PROCEDURE_CODE_3	ICD prodedure code for THIRD health care service received from an INSTITUTIONAL provider		Char	5	Consult External Standard Reference for CPT Codes
30	FACILITY_PROCEDURE_CODE_4	ICD prodedure code for FOURTH health care service received from an INSTITUTIONAL provider		Char	5	Consult External Standard Reference for CPT Codes
31	FACILITY_PROCEDURE_CODE_5	ICD prodedure code for FIFTH health care service received from an INSTITUTIONAL provider		Char	5	Consult External Standard Reference for CPT Codes
32	FACILITY_PROCEDURE_CODE_6	ICD prodedure code for SIXTH health care service received from an INSTITUTIONAL provider		Char	5	Consult External Standard Reference for CPT Codes
33	VENDOR_ID	Vendor provider identifier		Char	6	Up to 6 characters, each character = 0 to 9
34	PAYMENT_PROVIDER_ID	Number that uniquely identifies payment provider. For drug claims, this will be prescribing provider		Char	6	Up to 6 characters, each character = 0 to 9
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	COB_TYPE_CODE	Any of three codes to describe certain payment reductions in a case	Char	3	CB = Secondary
					DP = Double Coverage Secondary
					MC = Medicare Carve-out
					N/A = Not Applicable
37	PROCEDURE_CODE	CPT/HCPS code used for health care service or procedure that received from a provider	Char	6	Consult External Standard Reference for CPT Codes
38	SERVICE_MODIFIER_CODE1	Code used to further define or clarify the CPT procedure code on the claim line	Char	3	Standard 3 character CPT/HCPCS Modifier code
39	SERVICE_MODIFIER_CODE2	Code used to further define or clarify the CPT procedure code on the claim line	Char	3	Standard 3 character CPT/HCPCS Modifier code
40	SERVICE_MODIFIER_CODE3	Code used to further define or clarify the CPT procedure code on the claim line	Char	3	Standard 3 character CPT/HCPCS Modifier code
41	SERVICE_MODIFIER_CODE4	Code used to further define or clarify the CPT procedure code on the claim line	Char	3	Standard 3 character CPT/HCPCS Modifier code
42	LINE_DIAGNOSIS_CODE_1	ICD-9 code for PRIMARY disease/condition	Char	6	Consult External Standard Reference for ICD Codes
43	LINE_DIAGNOSIS_CODE_2	ICD-9 code for SECONDARY disease/condition	Char	6	Consult External Standard Reference for ICD Codes
44	LINE_DIAGNOSIS_CODE_3	ICD-9 code for THIRD disease/condition	Char	6	Consult External Standard Reference for ICD Codes
45	LINE_DIAGNOSIS_CODE_4	ICD-9 code for FOURTH disease/condition	Char	6	Consult External Standard Reference for ICD Codes
46	LINE_DIAGNOSIS_CODE_5	ICD-9 code for FIFTH disease/condition	Char	6	Consult External Standard Reference for ICD Codes
47	LINE_DIAGNOSIS_CODE_6	ICD-9 code for SIXTH disease/condition	Char	6	Consult External Standard Reference for ICD Codes
48	LINE_DIAGNOSIS_CODE_7	ICD-9 code for SEVENTH disease/condition	Char	6	Consult External Standard Reference for ICD Codes
49	LINE_DIAGNOSIS_CODE_8	ICD-9 code for EIGHT disease/condition	Char	6	Consult External Standard Reference for ICD Codes
50	LINE_DIAGNOSIS_CODE_9	ICD-9 code for NINTH disease/condition	Char	6	Consult External Standard Reference for ICD Codes
51	LINE_DIAGNOSIS_CODE_10	ICD-9 code for TENTH disease/condition	Char	6	Consult External Standard Reference for ICD Codes
52	LINE_DIAGNOSIS_CODE_11	ICD-9 code for ELEVENTH disease/condition	Char	6	Consult External Standard Reference for ICD Codes
53	LINE_DIAGNOSIS_CODE_12	ICD-9 code for TWELTH disease/condition	Char	6	Consult External Standard Reference for ICD Codes

	54	PLACE_OF_SERVICE_CODE	Code for type of location where services on a claim line were rendered	Char	2	Look-Up Table provided upon request
	55	ENCOUNTER_TYPE_CODE	Code used to classify claims into categories DENT/FCLTY/PHARM/PROF	Char	5	DENT = Dental
						FCLTY = Facility
						PHARM = Pharmacy
						PROF = Professional
	56	ENCOUNTER_SERVICE_TYPE_CODE	Code representing grouping of claim lines by type of service provided; derived from several fields	Char	2	Look-Up Table provided upon request
	57	PRODUCT_CODE	Code for the insurance product	Char	4	Look-Up Table provided upon request
	58	ENCOUNTER_SERVICE_STATUS_CODE	Code representing a status of a claim line after adjudication	Char	2	01 = Finalized
						02 = Void
						03 = Denied
	59	HOLD_CODE_1	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	3	Look-Up Table provided upon request
	60	HOLD_CODE_2	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	3	Look-Up Table provided upon request
	61	HOLD_CODE_3	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	3	Look-Up Table provided upon request
	62	HOLD_CODE_4	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	3	Look-Up Table provided upon request
	63	HOLD_CODE_5	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	3	Look-Up Table provided upon request
	64	HOLD_CODE_6	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	3	Look-Up Table provided upon request
	65	HOLD_CODE_7	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	3	Look-Up Table provided upon request
	66	HOLD_CODE_8	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	3	Look-Up Table provided upon request
	67	HOLD_CODE_9	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	3	Look-Up Table provided upon request
	68	HOLD_CODE_10	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	3	Look-Up Table provided upon request
	69	HOLD_CODE_11	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	3	Look-Up Table provided upon request
	70	HOLD_CODE_12	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	3	Look-Up Table provided upon request
	71	HOLD_CODE_13	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	3	Look-Up Table provided upon request
	72	HOLD_CODE_14	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	3	Look-Up Table provided upon request

			#	Field Name	Description	Type	Length	Notes
			73	HOLD_CODE_15	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	Char	3	Look-Up Table provided upon request
			74	OBSERVATION_UNIT_IND	Indicator whether service was provided in observation unit of a hospital	Char	1	(blank)
								N = No
								Y = Yes
			75	DUPLICATE_STATUS_INDICATOR	Indicator whether service is duplicate from another already adjudicated claim line (Medical Claims Only)	Char	1	(blank)
								N = No
								Y = Yes
			76	AUTHORIZATION_ID	Authorization number that the managed care claim line matched to during adjudication	Char	21	Up to 21 characters
			77	PRIMARY_PRODUCT_CODE	Member's primary product as of the service start date	Char	4	Look-Up Table provided upon request
			78	BENEFIT_PACKAGE_ID	Number (code) that identifies a set of benefits	Char	8	Look-Up Table provided upon request
			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	1	(blank)
								N = No
								Y = Yes
			80	RENDERING_PROVIDER_NUMBER	Rendering Provider number	Char	6	Up to 6 characters, each character = 0 to 9
			81	MAIL_RETAIL_CODE	Indicates whether or not the drug was purchased retail or mail order	Char	1	(blank)
								N = No
								Y = Yes
			82	DIAGNOSIS_GROUP_CODE	Major ICD Grouping code	Char	3	Look-Up Table provided upon request
			83	DATE_CLAIM_RECEIVED	Date claim was received by BCBSNC	Num	4	SAS date, use format to display as MM/DD/YYYY
			84	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
			85	DATE_SERVICE_START	First date of service for the claim line	Num	4	SAS date, use format to display as MM/DD/YYYY
			86	DATE_SERVICE_END	Last date of service for the claim line	Num	4	SAS date, use format to display as MM/DD/YYYY
			87	C_DAYS_SERVICE	Days of service (DATE_SERVICE_END minus DATE_SERVICE_START + 1	Num	4	1 or greater (integer)
			88	SERVICE_UNIT_COUNT	Number of unique units of service on the claim line	Num	8	Up to 10 digits
			89	APPROVED_SERVICE_UNIT_COUNT	Number of service units on the claim line that have been approved for payment	Num	8	Up to 10 digits
			90	CHARGED_AMOUNT	Provided submitted charges on the claim	Num	8	Up to 11 digits

	91	PROVIDER_NUMBER	Number that uniquely identifies the payment provider	Num	8	Up to 6 digits