BCBSNC codebook for Pharmacy 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	VENDOR_ID	Vendor provider identifier	Char	6	Up to 6 characters, each character = 0 to 9
	11	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
	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/HCPS code used for health care service or procedure that received from a provider	Char	6	Consult External Standard Reference for CPT Codes
	14	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

	15	ENCOUNTER_TYPE_CODE	Code used to classify claims into categories DENT/FCLTY/PHARM/PROF	Char	5	DENT = Dental
						FCLTY = Facility
						PHARM = Pharmacy
						PROF = Professional
	16	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
	17	PRODUCT_CODE	Code for the insurance product	Char	4	Look-Up Table provided upon request
	18	ENCOUNTER_SERVICE_STATUS_CODE	Code representing a status of a claim line after adjudication	Char	2	01 = Finalized
						02 = Void
						03 = Denied
	19	OBSERVATION_UNIT_IND	Indicator whether service was provided in observation unit of a hospital	Char	1	(blank)
						N = No
						Y = Yes
	20	DUPLICATE_STATUS_INDICATOR	Indicator whether service is duplicate from another already adjudicated claim line (Medical Claims Only)	Char	1	(blank)
						N = No
						Y = Yes
	21	PRIMARY_PRODUCT_CODE	Member's primary product as of the service start date	Char	4	Look-Up Table provided upon request
	22	BENEFIT_PACKAGE_ID	Number (code) that identifies a set of benefits	Char	8	Look-Up Table provided upon request
	23	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
	24	RENDERING_PROVIDER_NUMBER	Rendering Provider number	Char	6	Up to 6 characters, each character = 0 to 9
	25	NATIONAL_DRUG_CODE	National Drug Code (NDC) - identifier established by FDA for drug products intended for human use	Char	11	Consult External Standard Reference for Codes
	26	DRUG_NAME	Name given to the drug product by the manufacturer	Char	50	Consult External Standard Reference for Codes
	27	DRUG_CATEGORY_CODE	Whether a drug is prescription or over-the-counter and whether it has a trade-name or is generic	Char	3	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
	28	STRENGTH_DESCRIPTION	Strength of drug product. Dash-separated strengths order corresponds to alphabetical order of active ingredients	Char	25	Up to 25 characters
	31	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
	32	NEW_OR_REFILL_CODE	Indicator of new prescription or refill (00 = new, 01 through 99 = refill number)	Char	2	00 = New
						01-99 = Number
	34	DRUG_CLASS_CODE	Code indicating availability of drug to consumers	Char	3	01 = Federal / Legend (Prescription Only)
						02 = Insulin
						03 = Over the Counter
						04 = State Restricted
						N/A = Not Applicable
						Unk = Unknown
						Unm = Unmapped
	35	THERAPEUTIC_CLASS_CODE	Code indicating standard classification of the drug by therapeutic class	Char	10	Consult External Standard Reference for Codes
	36	SPECIFIC_THERA_CLASS_CODE	Specific classification of drug for users needing a definitive therapeutic classification system (Medco)	Char	10	Consult External Standard Reference for Codes
	37	AHFS_THERA_CLASS_CODE	Therapeutic category of drug per American Hospital Formulary Service classification system	Char	8	Look-Up Table provided upon request
	39	STANDARD_THERA_CLASS_CODE	Standard classification of drug - definitive, but not comprehensive, therapeutic classification	Char	3	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

	40	COST_BASIS_CODE	Code indicating what was used as cost basis of drug (can determine MAC)	Char	3	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	
	41	PHARMACY_ID	Pharmacy NABP number	Char	10	Up to 10 characters	
	43	DRUG_FORM_CODE	Code used to specify the dosage form or medical supply type of a drug product	Char	3	Up to 3 characters	
	44	MAIL_RETAIL_CODE	Indicates whether or not the drug was purchased retail or mail order	Char	1	(blank)	
						N = No	
						Y = Yes	
	45	DEA_NUMBER	Drug Enforcement Act number assigned to an individual physician who may prescribe drugs to patients	Char	15	Up to 15 characters	
	47	DATE_CLAIM_RECEIVED	Date claim was received by BCBSNC	Num	4	SAS date, use format to display as MM/DD/YYYY	
	48	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	
	49	DATE_SERVICE_START	First date of service for the claim line	Num	4	SAS date, use format to display as MM/DD/YYYY	
	50	DATE_SERVICE_END	Last date of service for the claim line	Num	4	SAS date, use format to display as MM/DD/YYYY	
	51	C_DAYS_SERVICE	Days of service (DATE_SERVICE_END minus DATE_SERVICE_START + 1)	Num	4	1 or greater (integer)	
	52	SERVICE_UNIT_COUNT	Number of unique units of service on the claim line	Num	8	Up to 10 digits	

	53	APPROVED_SERVICE_UNIT_ COUNT	Number of service units on the claim line that have been approved for payment	Num	8	Up to 10 digits
	54	PACKAGE_UNIT_COUNT	Labeled unit of measure in which package size or product weight/volume of drug may be expressed	Num	8	0 or greater
	55	DAYS_SUPPLY_COUNT	Number of days supplied	Num	8	1 or greater (integer)
	56	CHARGED_AMOUNT	Provided submitted charges on the claim	Num	8	Up to 11 digits
	57	PROVIDER_NUMBER	Number that uniquely identifies the payment provider	Num	8	Up to 6 digits