

BCBSNC codebook for Professional 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_E_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_E_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_E_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_E_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_E_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_E_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

	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	CAPITATION_TYPE_CODE	Code for type/purpose of capitation payment being made to provider on behalf of member	Char	2	01 = Primary Care
						02 = Wellness Nurseline
						03 = Wellness Materials
						04 = Mental Health
						05 = Specialist
						06 = Vision - Med/Surg
						07 = Primary Care Incentive
						08 = Lab
						09 = Allied Health
						10 = Vision - Routine
						11 = Chiropractic
						12 = Alternative Medicine
						13 = Performance Based Management Fee
						14 = Active Health Management Services
						15 = BCBSNC - for handling Active Health
						16 = Healthy Best - Accordant
						17 = Renaissance Health Care (ESRD Program)
						18 = Value Options
						19 = American Imaging Management Inc.
						20 = Winston Salem Dental Care
						21 = Alere Health Improvement
						22 = Alere Health Improvement Transition
						23 = Alere Guided Health Program
						N/A = Not Applicable
						Unk = Unknown

	82	MAIL_RETAIL_CODE	Indicates whether or not the drug was purchased retail or mail order	Char	1	(blank) N = No Y = Yes
	83	DIAGNOSIS_GROUP_CODE	Major ICD Grouping code	Char	3	Look-Up Table provided upon request
	84	DATE_CLAIM_RECEIVED	Date claim was received by BCBSNC	Num	4	SAS date, use format to display as MM/DD/YYYY
	85	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
	86	DATE_SERVICE_START	First date of service for the claim line	Num	4	SAS date, use format to display as MM/DD/YYYY
	87	DATE_SERVICE_END	Last date of service for the claim line	Num	4	SAS date, use format to display as MM/DD/YYYY
	88	C_DAYS_SERVICE	Days of service (DATE_SERVICE_END minus DATE_SERVICE_START + 1	Num	4	1 or greater (integer)
	89	SERVICE_UNIT_COUNT	Number of unique units of service on the claim line	Num	8	Up to 10 digits
	90	APPROVED_SERVICE_UNIT_COUNT	Number of service units on the claim line that have been approved for payment	Num	8	Up to 10 digits
	91	CHARGED_AMOUNT	Provided submitted charges on the claim	Num	8	Up to 11 digits
	92	PROVIDER_NUMBER	Number that uniquely identifies the payment provider	Num	8	Up to 6 digits

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