#	SAS Name/SAS Label	Description
1	INDIVIDUAL_ID	Unique Individual ID
2	NEWID4	Member's encrypted identification - not unique to individual
3	CASE_ID	Episode identifier
4	MEMBER_AGE	Member age at time of service
5	RLNSHP_TO_SUBSCRIBER_CD	Relationship to subscriber - See relationship table
6	GENDER_CD	F=female, M=male
7	ZIPCODE	Subscriber zipcode
8	FCLTY_PROVIDER_ID	BCBS's own facility identification number
9	FACILITY_TYPE_CD	See facility_type table for descriptions
10	FCLTY_SPECIALTY_CD	See provider_specialty table for descriptions
11	FCLTY_COUNTY_CD	Facility state/county or country - See county table for descriptions
12	ADMISSION_DT	Institution admission date - as ddMMMccyy
13	DISCHARGE_DT	Institution discharge date - as ddMMccyy
14	LENGTH_OF_STAY_CNT	Days in the institution
15	DISCHARGE_STATUS_CD	See discharge_status_table for descriptions
16	STATE_RETIREE_IND	Member's status within state government - Y=retired, N=not retired
17	PRIMARY_DIAGNOSIS_CD	ICD9 diagnosis codes 999.99
18	DIAGNOSIS_2_CD	ICD9 diagnosis codes 999.99
19	DIAGNOSIS_3_CD	ICD9 diagnosis codes 999.99
20	DIAGNOSIS_4_CD	ICD9 diagnosis codes 999.99
21	DIAGNOSIS_5_CD	ICD9 diagnosis codes 999.99
22	DIAGNOSIS_6_CD	ICD9 diagnosis codes 999.99
23	DIAGNOSIS_7_CD	ICD9 diagnosis codes 999.99
24	DIAGNOSIS_8_CD	ICD9 diagnosis codes 999.99
25	DIAGNOSIS_9_CD	ICD9 diagnosis codes 999.99
26	ASSIGNED_AP_DRG_CD	All patient diagnosis related group code
27	ASGN_AP_DRG_VERSION_NBR	DRG
28	ASSIGNED_AP_MDC_CD	All patient major diagnostic categories code
29	ASSIGNED_HCFA_DRG_CD	Medicare diagnosis related group code
30	ASGN_HCFA_DRG_VERSION_NBR	DRG
31	FCLTY_SURG_SERVICE_CD	ICD9 surgical codes
32	FCLTY_BILLED_AMT	Facility billed amount
33	FCLTY_PAYMENT_AMT	Facility paid amount
34	EMERGENCY_ROOM_IND	For Inpatient Claim type: 'Y' - person admitted from emergency room visit, 'N' - person not admitted from emergency room visit. For Outpatient Claim type: 'Y' - constitutes an emergency room visit, 'N' - not an emergency room visit. When blank - default is 'N' for both inpatient and outpatient.
35	OBSERVATION_UNIT_IND	For Inpatient Claim type: 'Y' - person initially in for observation (23 hours), then admitted, 'N' - person not observed for 23 hours. For Outpatient Claim type: 'Y' - person observed for 23 hours in order to determine if the person needs to be admitted, 'N' - person not observed for 23 hours.
36	PRODUCT	SEHP plan code - 'CMM' and 'PPO'
37	SERV1	CPT codes
38	SERV2	CPT codes

#	SAS Name/SAS Label	Description
39	SERV3	CPT codes
40	SERV4	CPT codes
41	SERV5	CPT codes
42	CLAIM_TYPE	Claim type identifier = 'I'

#	SAS Name/SAS Label	Description
1	INDIVIDUAL_ID	Unique Individual ID
2	NEWID4	Member's encrypted identification - not unique to individual
3	CASE_ID	Episode identifier
4	MEMBER_AGE	Member age at time of service
5	GENDER_CD	F=female, M=male
6	RLNSHP_TO_SUBSCRIBER_CD	Relationship to subscriber - See relationship table
7	ZIPCODE	Subscriber zipcode
8	FCLTY_PROVIDER_ID	BCBS's own facility identification number
9	FACILITY_TYPE_CD	See facility_type table for descriptions
10	FCLTY_SPECIALTY_CD	See provider_specialty table for descriptions
11	FCLTY_COUNTY_CD	Facility state/county or country - See county table for descriptions
12	START_DT	Service start date - as ddMMMccyy
13	END_DT	Service end date - as ddMMMccyy
14	STATE_RETIREE_IND	Member's status within state government - Y=retired, N=not retired
15	PRIMARY_DIAGNOSIS_CD	ICD9 diagnosis codes 999.99
16	DIAGNOSIS_2_CD	ICD9 diagnosis codes 999.99
17	DIAGNOSIS_3_CD	ICD9 diagnosis codes 999.99
18	DIAGNOSIS_4_CD	ICD9 diagnosis codes 999.99
19	DIAGNOSIS_5_CD	ICD9 diagnosis codes 999.99
20	DIAGNOSIS_6_CD	ICD9 diagnosis codes 999.99
21	DIAGNOSIS_7_CD	ICD9 diagnosis codes 999.99
22	DIAGNOSIS_8_CD	ICD9 diagnosis codes 999.99
23	DIAGNOSIS_9_CD	ICD9 diagnosis codes 999.99
24	FCLTY_SURG_SERVICE_CD	Mix of ICD-9 and CPT codes. Trend over time to use CPT codes. In earlier years Ambulatory Surgical Centers are the predominant users of CPT codes.
25	FCLTY_BILLED_AMT	Amount billed by the facility
26	FCLTY_PAYMENT_AMT	Amount paid by BCBS
27	EMERGENCY_ROOM_IND	For Inpatient Claim type: 'Y' - person admitted from emergency room visit, 'N' - person not admitted from emergency room visit. For Outpatient Claim type: 'Y' - constitutes an emergency room visit, 'N' - not an emergency room visit. When blank - default is 'N' for both inpatient and outpatient.
28	OBSERVATION_UNIT_IND	For Inpatient Claim type: 'Y' - person initially in for observation (23 hours), then admitted, 'N' - person not observed for 23 hours. For Outpatient Claim type: 'Y' - person observed for 23 hours in order to determine if the person needs to be admitted, 'N' - person not observed for 23 hours.
29	PRODUCT	SEHP plan code - 'CMM' and 'PPO'
30	SERV1	CPT codes
31	SERV2	CPT codes
32	SERV3	CPT codes
33	SERV4	CPT codes
34	SERV5	CPT codes
35	CLAIM_TYPE	Claim type identifier = "O"

#	SAS Name/SAS Label	Description
1	INDIVIDUAL_ID	Unique Individual ID
2	NEWID4	Member's encrypted identification - not unique to individual
3	ZIPCODE	Subscriber zipcode
4	AGE	Member age at time of service
5	GENDER_CD	F=female, M=male
6	NDC	National drug code
7	RLNSHP_TO_SUBSCRIBER_CD	Relationship to subscriber - See relationship table
8	PRESCRIBING_PROVIDER_ID	Provider who prescribed drug. This variable is populated in PPO claims only, beginning October 2006.
9	FILLED_AMT	Number/amount dispensed
10	DISPENSE_AS_WRITTEN_CD	'Y' = disallow generic substitute, 'N' and blank = allow generic substitute. This variable is populated in PPO claims only, beginning October 2006.
11	PHARMACY_CLASS_CD	Differentiate 24-hour pharmacies (like hospitals) from the others. 'UNM' just means we don't know from the claim which type it is. This variable is populated in PPO claims only.
12	COMPOUND_IND	Compound_ind='N' means the drug is not a compounded rx (usually these are custom-mixed drugs, often to put a non-standard flavor in). This variable is populated in PPO claims only, beginning October 2006.
13	AWP_UNIT_PRICE_AMT	Average wholesale price of the drug. This variable is populated in PPO claims only, beginning October 2006.
14	INGREDIENT_COST_AMT	The calculated ingredient cost of the drug. This variable is populated in PPO claims only, beginning Oct 2006.
15	DISPENSING_FEE_AMT	Fee paid to provider who dispensed the drug. This variable is populated in PPO claims only, beginning October 2006.
16	DAYS_SUPPLY_CNT	Number of days prescription is dispensed for. This variable is populated in PPO claims only.
17	SERVICE_START_DT	Date the prescription was filled - as ddMMMccyy
18	PAYMENT_AMT	BCBS paid amount for the service
19	THERAPEUTIC_CLASS_CD	Identifies groups of drugs pertinent to specific diagnosis. The 1st 4 digits describe the diagnosis being treated. See the 4 digit therapeutic class code table and the therapeutic class code table
20	REFILL_NBR	Designates the refill number of the total allowed. This variable is populated in PPO claims only, beginning October 2006.
21	BRD_GEN_IND	B=brand name drug, G=generic drug, as per Lenise Baxter from BCBS blank = Surgical/Device, Cosmetics, For Compounding. I'd say the first is the most likely explanation in most cases
22	STATE_RETIREE_IND	Member's status within state government - Y=retired, N=not retired
23	PRODUCT	SEHP plan code - 'CMM' and 'PPO'
24	CLAIM_TYPE	Claim type identifier = 'D'

#	SAS Name/SAS Label	Description
1	INDIVIDUAL_ID	Unique Individual ID
2	NEWID4	Member's encrypted identification - not unique to individual
2	SERVICE_START_DT	Service start date - as ddMMMccyy
3	SERVICE_END_DT	Service end date - as ddMMMccyy
4	SERVICE_CD	CPT codes
5	SERVICE_MODIFIER_CD	CPT codes modifiers
6	BILLED_AMT	Billed amount
7	PAYMENT_AMT	BCBS paid amount for the service
8	PLACE_OF_SERVICE_CD	Place where service was provided - See place of service table for descriptions
9	SERVICE_UNIT_CNT	The unit depends on procedure code, can be minutes, days, etc.
10	SERVICING_PROVIDER_ID	Provider identification number
11	SVC_PROVIDER_SPEC_CD	Service provider specialty - See provider_specialty table for descriptions
12	SVC_PROVIDER_ZIPCODE	Service provider zipcode
13	SVC_PROV_COUNTY	Service provider county - See county table for definitions
14	PRIMARY_DIAGNOSIS_CD	ICD9 diagnosis codes 999.99
15	DIAGNOSIS_2_CD	ICD9 diagnosis codes 999.99
16	DIAGNOSIS_3_CD	ICD9 diagnosis codes 999.99
17	DIAGNOSIS_4_CD	ICD9 diagnosis codes 999.99
18	NEWID4	Member's encrypted identification
19	PAYMENT_PROVIDER_ID	Provider identification number
20	PAYMENT_PROVIDER_SPEC_CD	See provider_specialty table for descriptions
21	PAYMENT_PROVIDER_ZIPCODE	Practice zipcode
22	MEMBER_AGE	Member age at time of service
23	MEMBER_GENDER_CD	F=female, M=male
24	RLNSHP_TO_SUBSCRIBER_CD	Relationship to subscriber - See relationship table
25	MEMBER_ZIPCODE	Subscriber zipcode
26	STATE_RETIREE_IND	Member's status within state government - Y= retired, N=not retired
27	PRODUCT	SEHP plan code - 'CMM' and 'PPO'
28	CLAIM_TYPE	Claim type identifier = 'P'

#	SAS Name/SAS Label	Description
1	INDIVIDUAL_ID	Unique Individual ID
2	NEWID4	Member's encrypted identification - not unique to individual
3	SUBSCRIBER_ID	Member's encrypted certificate number - this number is the same for all individuals covered under the certificate
4	EFFECTIVE_DT	Member's first day of coverage - as ddMMMccyy
5	BIRTH_DT	Member's date of birth - as ddMMMccyy
6	GENDER_CD	Member's gender
7	MC_EFFECTIVE_DT	Medicare effective date
8	TERMINATION_DT	Member's last day of coverage - as ddMMMccyy
9	DECEASED_DT	Date of death where applicable
10	SUBGROUP_ID	Member's place of employment code - See subgroup table
11	ZIPCODE	Member's home zipcode
12	COUNTY_CD	Member's county - See county table
13	STATE_RETIREE_IND	Member's status within state government - Y=retired, N=not retired. Also indicates Cobra coverage. Coded as CSW060xxx.
14	MEDICARE_IND	Set to 'Y', when person has Medicare coverage
15	RLNSHP_TO_SUBSCRIBER_CD	Relationship to subscriber - See relationship table
16	BENEFIT_PACKAGE_ID	Plan - CMM or Smart Choice Plus or Smart Choice or Smart Choice Basic
17	PRODUCT	SEHP plan code - 'CMM' and 'PPO'
18	stat_mth1	
19	stat_mth2	
20	stat_mth3	
21	stat_mth4	
22	stat_mth5	
23	stat_mth6	
24	stat_mth7	
25	stat_mth8	
26	stat_mth9	
27	stat_mth10	
28	stat_mth11	
29	stat_mth12	
30	stat_mth13	
31	stat_mth14	
32	stat_mth15	
33	stat_mth16	
34	stat_mth17	
35	stat_mth18	
36	stat_mth19	
37	stat_mth20	
38	stat_mth21	
39	stat_mth22	
40	stat_mth23	
41	stat_mth24	
42	stat_mth25	
43	stat_mth26	

#	SAS Name/SAS Label	Description
44	stat_mth27	
45	stat_mth28	
46	stat_mth29	
47	stat_mth30	
48	stat_mth31	
49	stat_mth32	
50	stat_mth33	
51	stat_mth34	
52	stat_mth35	
53	stat_mth36	
54	stat_mth37	
55	stat_mth38	
56	stat_mth39	
57	stat_mth40	
58	stat_mth41	
59	stat_mth42	
60	stat_mth43	
61	stat_mth44	
62	stat_mth45	
63	stat_mth46	
64	stat_mth47	
65	stat_mth48	
66	stat_mth49	
67	stat_mth50	
68	stat_mth51	
69	stat_mth52	
70	stat_mth53	
71	stat_mth54	
72	stat_mth55	
73	stat_mth56	
74	stat_mth57	
75	stat_mth58	
76	stat_mth59	
77	stat_mth60	
78	stat_mth61	
79	stat_mth62	
80	stat_mth63	
81	stat_mth64	
82	stat_mth65	
83	stat_mth66	
84	stat_mth67	
85	stat_mth68	
86	stat_mth69	
87	stat_mth70	
88	stat_mth71	
89	stat_mth72	

#	SAS Name/SAS Label	Description
90	stat_mth73	
91	stat_mth74	
92	stat_mth75	
93	stat_mth76	
94	stat_mth77	
95	stat_mth78	
96	stat_mth79	
97	stat_mth80	
98	stat_mth81	
99	stat_mth82	
100	stat_mth83	
101	stat_mth84	
102	stat_mth85	
103	stat_mth86	
104	stat_mth87	
105	stat_mth88	
106	stat_mth89	
107	stat_mth90	
108	stat_mth91	
109	stat_mth92	
110	stat_mth93	
111	stat_mth94	
112	stat_mth95	
113	stat_mth96	
114	stat_mth97	
115	stat_mth98	
116	stat_mth99	
117	stat_mth100	
118	stat_mth101	
119	stat_mth102	
120	stat_mth103	
121	stat_mth104	
122	stat_mth105	
123	stat_mth106	
124	stat_mth107	
125	stat_mth108	
126	stat_mth109	
127	stat_mth110	
128	stat_mth111	
129	stat_mth112	
130	stat_mth113	
131	stat_mth114	
132	stat_mth115	
133	stat_mth116	
134	stat_mth117	
135	stat_mth118	

#	SAS Name/SAS Label	Description
136	stat_mth119	
137	stat_mth120	
138	dod	

#	SAS Name/SAS Label	Description
1	INDIVIDUAL_ID	Unique Individual ID
2	NEWID4	Member's encrypted identification - not unique to individual
3	CASE_ID	Episode identifier
4	MEMBER_AGE	Member age at time of service
5	RLNSHP_TO_SUBSCRIBER_CD	Relationship to subscriber - See relationship table
6	GENDER_CD	F=female, M=male
7	ZIPCODE	Subscriber zipcode
8	FCLTY_or_SVCPROV_ID	BCBS's own facility or service provider identification number
9	FACILITY_TYPE_CD	Facility or service provider type - See facility_type table for descriptions
10	FCLTY_or_SVCPROV_SPEC_CD	Facility or service provider specialty - See provider_specialty table for descriptions
11	FCLTY_or_SVCPROV_COUNTY_CD	Facility or service provider state/county or country - See county table for descriptions
12	ADMIT_or_SERVICE_DT	For Inpatient claim type - admit date, for all other claim types - service date
13	DISCHARGE_or_END_DT	For Inpatient claim type - discharge date, for all other claim types - service end date
14	LENGTH_OF_STAY_CNT	Days in the hospital
15	DISCHARGE_STATUS_CD	See discharge_status_table for descriptions
16	STATE_RETIREE_IND	Member's status within state government - Y=retired, N=not retired
17	PRIMARY_DIAGNOSIS_CD	ICD9 diagnosis codes 999.99
18	DIAGNOSIS_2_CD	ICD9 diagnosis codes 999.99
19	DIAGNOSIS_3_CD	ICD9 diagnosis codes 999.99
20	DIAGNOSIS_4_CD	ICD9 diagnosis codes 999.99
21	DIAGNOSIS_5_CD	ICD9 diagnosis codes 999.99
22	DIAGNOSIS_6_CD	ICD9 diagnosis codes 999.99
23	DIAGNOSIS_7_CD	ICD9 diagnosis codes 999.99
24	DIAGNOSIS_8_CD	ICD9 diagnosis codes 999.99
25	DIAGNOSIS_9_CD	ICD9 diagnosis codes 999.99
26	ASSIGNED_AP_DRG_CD	All patient diagnosis related group code
27	ASGN_AP_DRG_VERSION_NBR	DRG
28	ASSIGNED_AP_MDC_CD	All Patient major diagnostic categories code
29	ASSIGNED_HCFA_DRG_CD	Medicare diagnosis related group code
30	ASGN_HCFA_DRG_VERSION_NBR	DRG
31	FCLTY_SURG_SERVICE_CD	Inpatient File uses ICD-9 codes. Outpatient files use mix of ICD-9 and CPT codes. Trend over time to use CPT codes. In earlier years Ambulatory Surgical Centers are the predominant users of CPT codes.
32	FCLTY_or_SVCPROV_BILLED	Facility or service provider billed amount
33	FCLTY_or_SVCPROV_PAID	Facility or service provider paid amount
34	EMERGENCY_ROOM_IND	For Inpatient claim type: 'Y' - person admitted from Emergency room visit, 'N' - person not admitted from emergency room visit. For Outpatient claim type: 'Y' - constitutes an emergency room visit, 'N' - not an emergency room visit. When blank - default is 'N' for both inpatient and outpatient.

#	SAS Name/SAS Label	Description
35	OBSERVATION_UNIT_IND	For Inpatient claim type: 'Y' - person initially in for observation (23 hours), then admitted, 'N' - person not observed for 23 hours. For Outpatient claim type: 'Y' - person observed for 23 hours in order to determine if the person needs to be admitted, 'N' - person not observed for 23 hours.
36	PRODUCT	Health plan - PPO or CMM
37	PROCEDURE_CODE_1	CPT codes
38	PROCEDURE_CODE_2	CPT codes
39	PROCEDURE_CODE_3	CPT codes
40	PROCEDURE_CODE_4	CPT codes
41	PROCEDURE_CODE_5	CPT codes
42	CLAIM_TYPE	claim type
43	SERVICE_CD	CPT codes
44	SERVICE_MODIFIER_CD	CPT codes modifiers
45	PLACE_OF_SERVICE_CD	See place of service table for descriptions
46	SERVICE_UNIT_CNT	The unit depends on procedure code, can be minutes, days, etc.
47	SVC_PROVIDER_ZIPCODE	Service provider zipcode
48	PAYMENT_PROVIDER_ID	Payment provider identification
49	PAYMENT_PROVIDER_SPEC_CD	Payment provider specialty - See provider_specialty table for descriptions
50	PAYMENT_PROVIDER_ZIPCODE	Practice zipcode