

Variable Col Len Fmt Name Frequency Ques # Ty Label

RIC 1 3 C RIC CODE FOR ADMIN IDENTIFICATION RECORD

FILEYR 4 2 C YY REFERENCE YEAR OF RECORD

BASEID 6 8 C UNIQUE IDENTIFICATION NUMBER

EVNTNUM 14 4 C UNIQUE EVENT IDENTIFIER

OREVTYPE 18 2 \$EVNTTYP C ORIGINAL REPORTED EVENT TYPE

0  
 0 -1 INAPPLICABLE  
 0 -9 NOT ASCERTAINED  
 10,943 DU DENTAL  
 0 IP INPATIENT  
 0 IU INSTITUTIONAL UTILIZATION  
 0 MP MEDICAL PROVIDER  
 0 OM OTHER MEDICAL EXPENSE  
 0 OP OUTPATIENT  
 0 PM PRESCRIBED MEDICINE  
 0 SD SEP BILLING DOCTOR  
 0 SL SEP BILLING LAB

CLAIMID 20 6 N CLAIM THIS SURVEY EVENT MATCHED TO

HMO 26 1 \$HMO C EVENT PROVIDED BY AN HMO?

8,888 0 EVENT NOT PROV BY HMO  
 2,055 1 EVENT PROVIDED BY HMO

EVBEGBY 27 2 EVYY N EVENT BEGIN YEAR

0 . INAPPLICABLE  
 0 -9 NOT ASCERTAINED  
 5 -8 DK  
 0 -7 REFUSED  
 0 -1 INAPPLICABLE  
 10,938 1-99 YEAR

EVBEGBMM 29 2 EVMM N EVENT BEGIN MONTH

0 . INAPPLICABLE  
 11 -9 NOT ASCERTAINED  
 85 -8 DK  
 0 -7 REFUSED  
 0 -1 INAPPLICABLE  
 10,847 1-12 MONTH  
 0 95 STILL IN PROGRESS

EVBEGBDD 31 2 EVDD N EVENT BEGIN YEAR

0 . INAPPLICABLE  
 19 -9 NOT ASCERTAINED  
 2,396 -8 DK  
 1 -7 REFUSED  
 0 -5 MULTIPLE VISITS THIS MONTH  
 0 -1 INAPPLICABLE  
 8,527 1-31 DAY OF MONTH

Variable Col Len Fmt Name Frequency Ques # Ty Label

SOURCE 33 1 \$SOURCE C SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?

10,890 1 SURVEY ONLY  
 0 2 CLAIMS ONLY  
 53 3 BOTH SURVEY & CLAIMS

SITCODE 34 1 \$SITCODE C COMMUNITY OR FACILITY SETTING?

0 B BOTH  
 10,933 C COMMUNITY  
 10 D DEEMED COMMUNITY  
 0 F FACILITY  
 0 G DEEMED FACILITY

AMTTOT 35 9 N TOTAL PAYMENT

IMPATOT 44 1 IMPFLAG N IMPUTATION FLAG: AMT TOTAL PAYMENT

7,867 0 NOT IMPUTED  
 3,076 1 IMPUTED

AMTCOV 45 9 N PORTION OF TOTAL PAY COV BY MEDICARE

AMTNCOV 54 9 N PORTION OF TOTAL PAY NOT COV BY MEDICARE

AMTCARE 63 9 N AMOUNT PAID BY MEDICARE

IMPSCARE 72 1 IMPFLAG N IMPUTATION FLAG: SOP MEDICARE

10,943 0 NOT IMPUTED  
 0 1 IMPUTED

IMPACARE 73 1 IMPFLAG N IMPUTATION FLAG: AMT MEDICARE

10,943 0 NOT IMPUTED  
 0 1 IMPUTED

AMTCAID 74 9 N AMOUNT PAID BY MEDICAID

IMPSCAID 83 1 IMPFLAG N IMPUTATION FLAG: SOP MEDICAID

10,941 0 NOT IMPUTED  
 2 1 IMPUTED

IMPACAID 84 1 IMPFLAG N IMPUTATION FLAG: AMT MEDICAID

10,623 0 NOT IMPUTED  
 320 1 IMPUTED

AMTHMOM 85 9 N AMOUNT PAID BY MEDICARE HMO

IMPSHMOM 94 1 IMPFLAG N IMPUTATION FLAG: SOP MEDICARE HMO

10,854 0 NOT IMPUTED  
 89 1 IMPUTED

IMPAHMOM 95 1 IMPFLAG N IMPUTATION FLAG: AMT MEDICARE HMO

10,603 0 NOT IMPUTED  
 340 1 IMPUTED

AMTHMOP 96 9 N AMOUNT PAID BY PRIVATE HMO

Variable Col Len Fmt Name Frequency Ques # Ty Label

IMPSHMOP	105	1	IMPFLAG		N	IMPUTATION FLAG: SOP PRIVATE HMO
				10,910	0	NOT IMPUTED
				33	1	IMPUTED
IMPAHMOP	106	1	IMPFLAG		N	IMPUTATION FLAG: AMT PRIVATE HMO
				10,856	0	NOT IMPUTED
				87	1	IMPUTED
AMTV	107	9			N	AMOUNT PAID BY VETERANS ADM
IMPSVA	116	1	IMPFLAG		N	IMPUTATION FLAG: SOP VETERANS ADM
				10,943	0	NOT IMPUTED
				0	1	IMPUTED
IMPAVA	117	1	IMPFLAG		N	IMPUTATION FLAG: AMT VETERANS ADM
				10,887	0	NOT IMPUTED
				56	1	IMPUTED
AMTPRVE	118	9			N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMSPRVE	127	1	IMPFLAG		N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
				10,668	0	NOT IMPUTED
				275	1	IMPUTED
IMPAPRVE	128	1	IMPFLAG		N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
				10,247	0	NOT IMPUTED
				696	1	IMPUTED
AMTPRVI	129	9			N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
IMSPRVI	138	1	IMPFLAG		N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
				10,821	0	NOT IMPUTED
				122	1	IMPUTED
IMPAPRVI	139	1	IMPFLAG		N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
				10,733	0	NOT IMPUTED
				210	1	IMPUTED
AMTPRVU	140	9			N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMSPRVU	149	1	IMPFLAG		N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
				10,943	0	NOT IMPUTED
				0	1	IMPUTED
IMPAPRVU	150	1	IMPFLAG		N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
				10,943	0	NOT IMPUTED
				0	1	IMPUTED
AMTOOP	151	9			N	AMOUNT PAID BY PERSON/FAMILY

Variable Col Len Fmt Name Frequency Ques # Ty Label

IMPSOOP	160	1	IMPFLAG		N	IMPUTATION FLAG: SOP PAID BY PERSON
			10,166	0	NOT IMPUTED	
			777	1	IMPUTED	
IMPAOOP	161	1	IMPFLAG		N	IMPUTATION FLAG: AMT PAID BY PERSON
			9,429	0	NOT IMPUTED	
			1,514	1	IMPUTED	
AMTDISC	162	9			N	AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	171	1	IMPFLAG		N	IMPUTATION FLAG: SOP OF UNCOLL LIAB
			10,727	0	NOT IMPUTED	
			216	1	IMPUTED	
IMPADISC	172	1	IMPFLAG		N	IMPUTATION FLAG: AMT OF UNCOLL LIAB
			10,348	0	NOT IMPUTED	
			595	1	IMPUTED	
AMTOTH	173	9			N	AMOUNT PAID BY OTHER SOURCES
IMPSOTH	182	1	IMPFLAG		N	IMPUTATION FLAG: SOP OTHER SOURCES
			10,924	0	NOT IMPUTED	
			19	1	IMPUTED	
IMPAOTH	183	1	IMPFLAG		N	IMPUTATION FLAG: AMT OTHER SOURCES
			10,808	0	NOT IMPUTED	
			135	1	IMPUTED	
DVBRIDGE	184	2	YESNO		N	HAVE DONE DURING DENTAL VISIT-BRIDGE
			0	.		
			0	-9	NOT ASCERTAINED	
			30	-8	DK	
			0	-7	REFUSED	
			2	-1	INAPPLICABLE	
			2,096	1	YES	
			8,815	2	NO	
DVCLEAN	186	2	YESNO		N	HAVE DONE DURING DENTAL VISIT-CLEANING
			0	.		
			0	-9	NOT ASCERTAINED	
			30	-8	DK	
			0	-7	REFUSED	
			2	-1	INAPPLICABLE	
			4,246	1	YES	
			6,665	2	NO	
DVCROWN	188	2	YESNO		N	HAVE DONE DURING DENTAL VISIT-CROWN
			0	.		
			0	-9	NOT ASCERTAINED	
			30	-8	DK	
			0	-7	REFUSED	
			2	-1	INAPPLICABLE	
			967	1	YES	
			9,944	2	NO	

Variable Col Len Fmt Name Frequency Ques # Ty Label

DVEXAM 190 2 YESNO N HAVE DONE DURING DENTAL VISIT-EXAMIN

0 .  
 0 -9 NOT ASCERTAINED  
 30 -8 DK  
 0 -7 REFUSED  
 2 -1 INAPPLICABLE  
 4,124 1 YES  
 6,787 2 NO

DVEXTRAC 192 2 YESNO N HAVE DONE DURING DENTAL VISIT-EXTRACT

0 .  
 0 -9 NOT ASCERTAINED  
 30 -8 DK  
 0 -7 REFUSED  
 2 -1 INAPPLICABLE  
 889 1 YES  
 10,022 2 NO

DVFILLNG 194 2 YESNO N HAVE DONE DURING DENTAL VISIT-FILLING

0 .  
 0 -9 NOT ASCERTAINED  
 30 -8 DK  
 0 -7 REFUSED  
 2 -1 INAPPLICABLE  
 1,614 1 YES  
 9,297 2 NO

DVORTH0 196 2 YESNO N HAVE DONE DURING DENTAL VISIT-ORTHODON

0 .  
 0 -9 NOT ASCERTAINED  
 30 -8 DK  
 0 -7 REFUSED  
 2 -1 INAPPLICABLE  
 105 1 YES  
 10,806 2 NO

DVOTHER 198 2 YESNO N HAVE DONE DURING DENTAL VISIT-OTHER

0 .  
 0 -9 NOT ASCERTAINED  
 30 -8 DK  
 0 -7 REFUSED  
 2 -1 INAPPLICABLE  
 287 1 YES  
 10,624 2 NO

DVRTCNAL 200 2 YESNO N HAVE DONE DURING DNTAL VISIT-ROOT CANAL

0 .  
 0 -9 NOT ASCERTAINED  
 30 -8 DK  
 0 -7 REFUSED  
 2 -1 INAPPLICABLE  
 484 1 YES  
 10,427 2 NO

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
----------	-----	-----	-----	------	-----------	--------	----	-------

DVXRAYS	202	2	YESNO					N HAVE DONE DURING DNTAL VISIT-XRAY TAKEN
---------	-----	---	-------	--	--	--	--	---

0	.							
0	-9			NOT ASCERTAINED				
30	-8			DK				
0	-7			REFUSED				
2	-1			INAPPLICABLE				
2,713	1			YES				
8,198	2			NO				