Maryland Medical Care Database (MCDB)

User's Manual

Prepared for
The Maryland Health Care Commission
(MHCC)

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Introduction

The Maryland Medical Care Database (MCDB) comprised of three primary files: the Medical Services file; the Prescription Drug file; and the Medicare file.

The data for the first two files, the Medical Services *(Encounter Component)*, which includes selected data from the Provider Directories, and the Prescription Drug, *(Pharmacy Component)* files, are collected from the Maryland insurance companies and health maintenance organizations (HMOs), called "payers" in this document, with premium revenues above $1 million during calendar year 2006. They contain outpatient medical services and prescription drugs received by Maryland residents and adjudicated during the period from January 1, 2006, through April 30, 2007. The Medicare file *(Medicare Component)* containing outpatient claims for Maryland residents for the 2006 calendar year is based on the data received from Center for Medicare and Medicaid Services (CMS).

This User's Manual covers the Medical Services and the Medicare components of the MCDB. The User's Manual for the Pharmacy components is a separate document which was made available in April 2008.

Medical Services Files

The table below contains brief descriptions of the Medical Services Component of the MCDB, number of records, number of data elements (variables) and approximate physical size. All MCDB database files are in SAS Version 9.1 format.

Table 1 2006 MCDB Data Files
Medical Services and Medicare Components

MCDB Component	SAS File Name	Description	Number of Records	Number of Data Elements	Approximate Physical File Size (Gigabytes)
Medical Services	PRV06_V1	2006 Private Payer Medical Services	85,931,243	101	23.2
Medicare	MCR06_V2	Extract of CMS Physician/Supplier File containing outpatient services for Maryland residents during calendar year 2006	30,255,855	75	7.69
Medical Services Analysis File	ANAL06_F_V2	Analysis file created for the 2005 Practitioner Report analysis. The analytical file global screens used to screen full MCDB file are listed on page 13 of the Maryland Medical Care Data Base Documentation.	47,915,217	81	17.0

Medical Services File. The outpatient medical service records are compiled from legislatively-mandated annual submissions by all private payers doing more than $1 million of business

annually in the state of Maryland in 2006. Payers are required to submit final bills for all services adjudicated for a sixteen-month period beginning from January 1, 2006 to April 30, 2007. Payers contributing data for 2006 are listed in the table below

Table 2 2006 Payer-Submitted Data, Plans Offered, Counts of Services and Recipients

Payer	Payer Identification Number	Offers HMO Plans	Offers CSHBP[1] Plans	Number of Services	Number of Recipients
Aetna Life and Health Insurance Co.	P020		✔	6,735,681	264,215
Aetna U.S. Healthcare	P030	✔	✔	4,807,625	195,644
American Republic Insurance Co.	P070			24,070	906
CareFirst BlueChoice, Inc.	P130	✔	✔	18,774,307	1,013,694
CareFirst of Maryland, Inc.	P131		✔	23,547,560	841,273
CIGNA Healthcare Mid-Atlantic, Inc.	P160	✔		3,928,967	162,430
Assurant/Fortis Insurance Co.	P280			72,393	6,041
Golden Rule Insurance Co.	P320			146,313	11,552
Graphic Arts Benefit Corporation	P325		✔	123,837	4,666
Great-West Life and Annuity Ins. Co.	P330			462,464	21,986
Guardian Life Insurance Company of America	P350		✔	346,828	18,854
Unicare Life and Health Insurance Co.	P471			155,774	16,624
Kaiser Foundation Health Plan of Mid Atlantic	P480	✔	✔	5,087,116	255,628
MAMSI Life and Health Insurance Co.	P500		✔	2,127,195	76,753
Maryland Fidelity Insurance Co.	P510		✔	46,186	8,008
MD-Individual Practice Association, Inc.	P520	✔		3,857,438	129,618
Mega Life & Health Insurance Co.	P530		✔	185,563	17,378
Optimum Choice Inc.	P620	✔	✔	6,874,787	269,142
Coventry Healthcare of Delaware, Inc.	P680	✔	✔	1,300,757	64,713
State Farm Mutual Automobile Ins. Co.	P760			65,462	1,981
United Healthcare Insurance Co.	P820		✔	6,985,303	272,271
Trustmark Insurance Co.	P830			5,877	299
Union Labor Life Insurance Co.	P850			106,508	3874
United Healthcare of the Mid-Atlantic, Inc.	P870	✔		163,232	8,425
Total				**85,931,243**	**3,665,975**

Medical Services Analysis Files Created for Practitioner Reports. This year the Medical Services Analysis file was created from the full Medical Services file. It was developed specifically to support analytical work for Practitioner Utilization: Trends Within Privately Insured Patients, 2005 (the Practitioner Report).

All services in the Medical Services file have been assigned a flag indicating whether or not the service meets the quality requirements stated for use in the Practitioner Report analyses. This flag, F_ODDSVC, is equal to blank for services that are used for both reports. A value present in the “Odd Services” flag indicates that the information on the service record contains

discrepancies or omissions that limit its value for analysis. Such services are deleted during the process of generating tables for the Practitioner Report.

Identification of Unique Recipients of Medical Care

Since all the components in the MCDB contain patient identifiers and other patient and physician relevant sensitive information, the files may not be used or distributed without a special permission from the MHCC. Also, to provide additional protection of the sensitive elements, patient identifiers are re-encrypted in all Medical Services files.

Medical Services File. For the Medical Services files, the unique patient identifier, PIDBDG, is a field created by concatenating the SSS payer identification number (PNUM), recipient identification number (PATID), patient birth month and year (BIRTHYR, BIRTHMO), and Patient gender (SEX) fields. It is necessary to use this field as unique patient identifier, rather than the originally submitted PATID, to count unique patients, since some payers issue unique identifiers for family units rather than individuals.

There is a potential for double-counting of recipients when the Medical Services data are summarized by service attributes such as coverage type (COVTYPE), delivery system (DE LVTYP), or the analytical variable classifying services into HMO or non-HMO plan categories (PLAN). Double-counting will occur for any recipients who have received services under more than one plan-type during the reporting period. Recipients can also be double counted when using the region-of-residence variable (COUNTY_P); however, this double counting can be avoided by using the analytical variable CNTY_P2, which has been normalized to contain one regional designation for each unique recipient.

Additional Information on MCDB Components

Supplemental materials regarding the MCDB components can be found in various documents produced by MHCC and SSS and available at MHCC. These documents include (but are not limited to) *the 2005 Data Submission Manual*, *2006 Data Base Edit and Error Resolution Plan*, *2006 Data Base Edit and Error Resolution Report* and *2006 Data Base Design Plan*. Also, the MHCC's Web site (http://www.mhcc.state.md.us) contains lists of payer-submitted data, the annual Data Submission Manual, and the most recent issues of the Practitioner.

Technical Notes

The MCDB components are SAS Version 9.1 datasets. Each dataset is in compressed binary format which will be transparent to users but conserves approximately 40 percent of the space required to store the files.

When writing SAS subsets, it is often advantageous to use binary compression if the subset is to contain more than 12 variables. The SAS statement COMPRESS = BINARY following the data statement has accomplished such data compression.

There are no external formats attached to the data elements of the databases. Information on the values of the variables is presented in SAS PROC CONTENT output in this User's Manual. Additional information regarding the payer-submitted codes is available in the 2006 COMAR 10.25.06 Data Submission Manual. Additional documentation for all the analytical flags is

presented in the data base development documentation listed above under *Additional Information on MCDB Components.*

Appendix A

MCDB Medical Services File Contents and Codebook

2006 Maryland Medical Care Database
MCDB Encounter File

PRV06_V2.SAS7BDAT

Contents Output

Data Set Name	IN1.PRV06_V2	**Observations**	85931243
Member Type	DATA	**Variables**	101
Engine	V9	**Indexes**	0
Created	Sunday, March 16, 2008 03:32:26 PM	**Observation Length**	432
Last Modified	Sunday, March 16, 2008 03:32:26 PM	**Deleted Observations**	0
Protection		**Compressed**	BINARY
Data Set Type		**Reuse Space**	NO
Label		**Point to Observations**	YES
	WINDOWS_32	**Sorted**	NO
Encoding	wlatin1 Western (Windows)		
Engine/Host Dependent Information			
Data Set Page Size	16384		
Number of Data Set Pages	1522509		
Number of Data Set Repairs	0		
File Name	I:\MCdb\MCDB_FN\data\prv06_v2.sas7bdat		
Release Created	9.0101M3		
Host Created	XP_PRO		

Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Format	Label
15	AGE	Num	3		Patient Age at Service
16	AGE1206_NR	Num	8		Non-Rounded Patient Age as of 12/31/2006
87	ALLOW	Num	8		Allowed Amount-AA ($)
12	BEGINDT	Num	8	MMDDYY8.	Service From Date
62	BETOSAGG	Char	1		BETOS Category, Aggregated
60	BETOSDET	Char	3		BETOS Category, Detailed
88	BILL	Num	8		Billed Charge-BC ($)
68	BILLTYPE	Char	1		Type of Bill
93	CDHPIND	Char	1		Consumer Directed Health Plan
9	CLAIMCN	Char	23		Claim Control Number
10	CLMPDATE	Num	8	MMDDYY8.	Claim Paid Date
11	CLMRELCO	Char	1		Claim Related Condition
37	CNTY_P2	Char	3		County to Use for Pract. Report Analysis
7	COUNTY_P	Char	3		Patient County of Residence-FIPS Code
8	COVOTHR	Char	1		Patient Covered by Other Insurance
46	COVOTH_I	Char	1		Imputed/Coverted COVOTHR
89	COVTYPE	Char	1		Coverage Type
71	CPT	Char	6		CPT-4 /HCPCS Procedure Code
69	DELIVTYP	Char	1		Delivery System Type
75	DISENROLLDT	Num	8	MMDDYY8.	Disenrollment Date

98	DISENROLL_P	Num	8	MMDDYY8.	Disenrollment Date at PIDBDG Level, SSS created
21	DX1	Char	5		ICD-9-CM Diagnosis Code 1
22	DX2	Char	5		ICD-9-CM Diagnosis Code 2
23	DX3	Char	5		ICD-9-CM Diagnosis Code 3
24	DX4	Char	5		ICD-9-CM Diagnosis Code 4
25	DX5	Char	5		ICD-9-CM Diagnosis Code 5
26	DX6	Char	5		ICD-9-CM Diagnosis Code 6
27	DX7	Char	5		ICD-9-CM Diagnosis Code 7
28	DX8	Char	5		ICD-9-CM Diagnosis Code 8
29	DX9	Char	5		ICD-9-CM Diagnosis Code 9
30	DX10	Char	5		ICD-9-CM Diagnosis Code 10
52	D_DAT_F	Char	1		Delete Flag - Services with Date Out of Range
48	D_DNT_F	Char	1		Delete Flag - Routine Dental Services
50	D_I7K_F	Char	1		Delete Flag - Financial Outliers
49	D_INP_F	Char	1		Delete Flag - Inpatient Services
51	D_ZIP_F	Char	1		Delete Flag - Non-Maryland Residents Services
4	ENCNT_ID	Char	8		Medical Service ID (Payer Specific)
13	ENDDT	Num	8	MMDDYY8.	Service Thru Date
1	ENROLLDT	Num	8	MMDDYY8.	Enrollment Date
97	ENROLL_P	Num	8	MMDDYY8.	Enrollment Date at PIDBDG Level, SSS created
85	FACILITY	Char	1		Service Location is a Facility (1/0)
33	FEDTAXID	Char	9		Practitioner Federal Tax ID
3	FILE_ID	Char	1		Payer Unique Input File ID
80	F_AGE_NR	Char	1		Valid Age Flag(Age1206_nr 0-110 incl) (1/0)
96	F_ANESTH	Char	1		Flag, Anesthesia Service
86	F_BENRULE	Char	2		Bens Rule for Capitation
65	F_CAP_A	Char	1		Capit. Service used in Analysis (1/0)
59	F_CPT	Char	1		Procedure Code Category
36	F_DEMOG	Char	1		Demographic Donor for Analysis File?
19	F_FAC	Char	1		Service Performed in a Facility? (1/0)
77	F_FINMS	Char	1		All finan. var. are zero or missing
47	F_IMPOTH	Char	1		Is Variable COVOTHR Imputed? (1/0)
44	F_IMPRVU	Char	1		RVU Imputation Flag (1/0,2)
35	F_INSAMP	Char	1		Service in 10% Sample?
78	F_MODF	Char	1		1=There is TC/SG in MODF1/MODF2
64	F_NCAP_A	Char	1		Non-Capit Service used in Analysis (1/0)
66	F_ODDSVC	Char	2		Odd Service Flag
81	F_PATID	Char	1		Flag for Valid PATID (1/0)
79	F_PAYMD	Char	1		Payment:1=negative, 2=0, 3=+, 4=missing
76	F_UNCV	Char	1		Uncovered services(1/0)
14	F_YR07	Char	1		Service provided in 2007+
20	INSTATE	Char	1		MD Service Location ZIP
17	LOS	Num	3		Length of Service
72	MOD1	Char	2		AMA Modified I
94	MOD2	Char	2		AMA Modified II
63	NEWBETAG	Char	1		Aggregated BETOS, Reclassified
61	NEWBETDT	Char	3		Detailed BETOS, Reclassified
32	NEWMOD	Char	2		Imputed Modifier/Last Imputation

53	NEWSPEC	Char	3		Revised Speciality Code for Complex Algorithm
31	NUMDXC	Num	3		Number of Diagnosis Codes, Calculated
95	PARTPROV	Char	1		Participating Provider Flag
5	PATID	Char	14		Scrambled PATID
90	PATLIAB	Num	8		Patient Liability-PL ($)
58	PAYERTYP	Char	1		Payer Type(1=PRVHMO 2=PRVNHMO 3=MCRHMO 9=CAP)
91	PAYMENT	Num	8		Payment=Sum(RA,PL)($)
38	PAY_CALC	Char	1		Method for Calculating Medicare Payment
45	PAY_MCR	Num	8		Prelim Calc MCR Rate-DO NOT USE AT THIS POINT
56	PLAN	Char	6		Plan Type(HMOFFS/NONHMO/HMOCAP)
57	PLAN2	Char	6		Plan Type(HMOFFS/NONHMO/HMOCAP/MCRALL),All Ages
2	PNUM	Char	4		Payer Unique ID
82	POS	Char	10		Simplified Place of Service Code
34	PROVID	Char	13		Servicing Practitioner Identifier
83	REGION_P	Char	1		Patient Region of Residence
92	REIMB	Num	8		Reimbursement Amount-RA ($)
43	RVU	Num	8		Assigned RVU
84	RVU_2006	Num	8		2006 RVU applied to 2005 file
42	RVU_I	Num	8		Assigned/Imputed RVU
40	RVU_MP	Num	4		Medicare phys fee schedule RVU, malpractice
41	RVU_PE	Num	8		Medicare Phys Fee Schedule RVU, Pract Expense
39	RVU_W	Num	4		Medicare Phys Fee Schedule RVU, Work component
6	SEX	Char	1		Patient Sex
54	SPEC1	Char	3		Practitioner Specialty 1
55	SPEC_SOURCE	Num	8		Source of NEWSPEC specialty codes
18	SVCPLACE	Char	2		Place of Service
67	UNITIND	Char	1		Service Unit Indicator
70	UNITS	Num	8		Number of Units for a Service
74	ZIP_P	Char	5		Patient Residence ZIP Code
73	ZIP_S	Char	5		Service Location ZIP Code
99	F_CAP	Char	1		Capitated Service (1/0)
100	ID_CHANGE	Char	1		PIDBDG changed using data from legacy file
101	PIDBDG	Char	25		Patient Unique Identification

2006 Maryland Medical Care Database
Data Description Summary

MCDB Encounter Medical Services

Number of Services: 85,931,243
Number of Variables: 101

File Name: PRV06_V2.SAS7BDAT
File Creation Date: March 16, 2008

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
AGE	Patient Age at Service	Numeric			0	645	0	47	109
			Missing	Missing	645	0	0	0	0
			0 - 17	0 - 17	10,642,166	0	0	0	0
			18 - 64	18 - 64	58,528,681	0	0	0	0
			65 - 110	65 - 110	16,759,751	0	0	0	0
Notes: Age is rounded to the nearest integer. Ages calculated to be less than 0 or greater than 110 have been set to missing.									
AGE1206_NR	Non-Rounded Patient Age as of 12/31/2006	Numeric			0	79,304	0	47	110
			Missing	Missing	79,304	0	0	0	0
			0 - 17	0 - 17	9,940,522	0	0	0	0
			18 - 64	18 - 64	57,804,312	0	0	0	0
			65 - 110	65 - 110	18,107,105	0	0	0	0
Notes: Age is not rounded. Ages calculated to be less than 0 or greater than 110 have been set to missing.									
ALLOW	Allowed Amount-AA ($)	Numeric			0	0	-129,030	-65	375,450
			< 0	< 0	11,950,969	0	0	0	0
			0	0	3,462,165	0	0	0	0
			1 - 100	1 - 100	57,975,343	0	0	0	0
			101 - 500	101 - 500	10,926,312	0	0	0	0
			> 500	> 500	1,616,454	0	0	0	0
Notes: Payer-submitted.									
BEGINDT	Service From Date	Date	Missing	Date Components Incomplete	16	0	0	0	0
			Reported	Date Components Complete	85,931,227	0	0	0	0
Notes: Assigned. May be imputed as Service Thru Date if missing.									

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
BETOSAGG	BETOS Category, Aggregated	Character	Blank	Code Not Assigned	2,254,913	0	0	0	0
			1	Evaluation and Management	25,093,691	0	0	0	0
			2	Procedures	16,096,980	0	0	0	0
			3	Imaging	8,464,108	0	0	0	0
			4	Tests	26,580,756	0	0	0	0
			5	Durable Medical Equipment	1,649,673	0	0	0	0
			6	Other	5,151,663	0	0	0	0
			7	Exceptions/Unclassified	639,459	0	0	0	0
Notes: Aggregated groupings for Berenson-Eggers Type of Service Code (see BETOSDT). Code 8, Childhood Immunizations, is not assigned beginning in 2003.									
BETOSDET	BETOS Category, Detailed	Character	Blank	Code Not Assigned	2,309,861	0	0	0	0
			D1A	Medical/Surgical Supplies	109,941	0	0	0	0
			D1B	Hospital Beds	29,689	0	0	0	0
			D1C	Oxygen and Supplies	214,723	0	0	0	0
			D1D	Wheelchairs	112,090	0	0	0	0
			D1E	Other DME	728,131	0	0	0	0
			D1F	Orthotic Devices	404,205	0	0	0	0
			Invalid	Code Invalid	50,884	0	0	0	0
			I1A	Standard Imaging - Chest	1,106,462	0	0	0	0
			I1B	Standard Imaging - Musculoskeletal	1,691,018	0	0	0	0
			I1C	Standard Imaging - Breast	628,231	0	0	0	0
			I1D	Standard Imaging - Contrast Gastrointestinal	53,903	0	0	0	0
			I1E	Standard Imaging - Nuclear Medicine	793,995	0	0	0	0
			I1F	Standard Imaging - Other	270,870	0	0	0	0
			I2A	Advanced Imaging - CAT: Head	252,601	0	0	0	0
			I2B	Advanced Imaging - CAT: Other	708,293	0	0	0	0
			I2C	Advanced Imaging - MRI: Brain	136,500	0	0	0	0
			I2D	Advanced Imaging - MRI: Other	352,390	0	0	0	0
			I3A	Echography - Eye	35,299	0	0	0	0
			I3B	Echography - Abdomen/Pelvis	798,965	0	0	0	0
			I3C	Echography - Heart	763,844	0	0	0	0
			I3D	Echography - Carotid Arteries	75,184	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			I3E	Echography - Prostate, Transrectal	11,551	0	0	0	0
			I3F	Echography - Other	364,033	0	0	0	0
			I4A	Imaging/Procedure - Heart, including Cardiac Catheterization	123,654	0	0	0	0
			I4B	Imaging/Procedure - Other	297,309	0	0	0	0
			M1A	Office Visits - New	1,497,170	0	0	0	0
			M1B	Office Visits - Established	14,594,443	0	0	0	0
			M2A	Hospital Visit - Initial	238,025	0	0	0	0
			M2B	Hospital Visit - Subsequent	1,433,460	0	0	0	0
			M2C	Hospital Visit - Critical Care	181,456	0	0	0	0
			M3	Emergency Room Visit	1,104,735	0	0	0	0
			M4A	Home Visit	40,831	0	0	0	0
			M4B	Nursing Home Visit	233,624	0	0	0	0
			M5B	Specialist - Psychiatry	2,003,703	0	0	0	0
			M5C	Specialist - Ophthalmology	1,484,409	0	0	0	0
			M5D	Specialist - Other	576,288	0	0	0	0
			M6	Consultations	1,705,547	0	0	0	0
			O1A	Ambulance	190,250	0	0	0	0
			O1B	Chiropractic	1,151,234	0	0	0	0
			O1C	Enteral and Parenteral	33,611	0	0	0	0
			O1D	Chemotherapy	125,452	0	0	0	0
			O1E	Other Drugs	1,131,584	0	0	0	0
			O1F	Vision, Hearing and Speech Services	5,299	0	0	0	0
			O1G	Influenza Immunization	2,514,231	0	0	0	0
			P0	Anesthesia	601,314	0	0	0	0
			P1A	Major Procedure - Breast	11,364	0	0	0	0
			P1B	Major Procedure - Colectomy	4,663	0	0	0	0
			P1C	Major Procedure - Cholecystectomy	1,214	0	0	0	0
			P1D	Major Procedure - TURP	2,214	0	0	0	0
			P1E	Major Procedure - Hysterectomy	11,489	0	0	0	0
			P1F	Major Procedure - Explor/Decompr/ExcisDisc	29,585	0	0	0	0
			P1G	Major Procedure - Other and Major Maternal Procedures	227,536	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			P2A	Major Procedure, Cardiovascular - CABG	8,106	0	0	0	0
			P2B	Major Procedure, Cardiovascular - Aneurysm Repair	985	0	0	0	0
			P2C	Major Procedure, Cardiovascular - Thromboendarterectomy	1,829	0	0	0	0
			P2D	Major Procedure, Cardiovascular - Coronary Angioplasty (PTCA)	17,197	0	0	0	0
			P2E	Major Procedure, Cardiovascular - Pacemaker Insertion	7,382	0	0	0	0
			P2F	Major Procedure, Cardiovascular - Other	106,004	0	0	0	0
			P3A	Major Procedure, Orthopedic - Hip Fracture Repair	2,871	0	0	0	0
			P3B	Major Procedure, Orthopedic - Hip Replacement	5,698	0	0	0	0
			P3C	Major Procedure, Orthopedic - Knee Replacement	11,939	0	0	0	0
			P3D	Major Procedure, Orthopedic - Other	77,150	0	0	0	0
			P4A	Eye Procedures - Corneal Transplant	727	0	0	0	0
			P4B	Eye Procedures - Cataract Removal/Lens Insertion	52,485	0	0	0	0
			P4C	Eye Procedures - Retinal Detachment	4,132	0	0	0	0
			P4D	Eye Procedures - Treatment of Retinal Lesions	11,268	0	0	0	0
			P4E	Eye - Other	135,575	0	0	0	0
			P5A	Ambulatory Procedures - Skin	815,044	0	0	0	0
			P5B	Ambulatory Procedures - Musculoskeletal	90,033	0	0	0	0
			P5C	Ambulatory Procedures - Inguinal Hernia Repair	8,684	0	0	0	0
			P5D	Ambulatory Procedures - Lithotripsy	6,943	0	0	0	0
			P5E	Ambulatory Procedures - Other	808,002	0	0	0	0
			P6A	Minor Procedures - Skin	608,858	0	0	0	0
			P6B	Minor Procedures - Musculoskeletal	596,645	0	0	0	0
			P6C	Minor Procedures - Other (Medicare Fee Schedule)	10,335,008	0	0	0	0
			P6D	Minor Procedures - Other (Non-Medicare Fee Schedule)	26,102	0	0	0	0
			P7A	Oncology - Radiation Therapy	296,047	0	0	0	0
			P7B	Oncology - Other	246,949	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			P8A	Endoscopy - Arthroscopy	67,375	0	0	0	0
			P8B	Endoscopy - Upper Gastrointestinal	144,765	0	0	0	0
			P8C	Endoscopy - Sigmoidoscopy	14,137	0	0	0	0
			P8D	Endoscopy - Colonoscopy	280,330	0	0	0	0
			P8E	Endoscopy - Cystoscopy	83,271	0	0	0	0
			P8F	Endoscopy - Bronchoscopy	15,614	0	0	0	0
			P8G	Endoscopy - Lararoscopic Cholecystectomy	16,742	0	0	0	0
			P8H	Endoscopy - Laryngoscopy	42,784	0	0	0	0
			P8I	Endoscopy - Other	110,709	0	0	0	0
			P9A	Dialysis Services (Medicare Fee Schedule)	75,698	0	0	0	0
			P9B	Dialysis Services (Non-Medicare Fee Schedule)	74,448	0	0	0	0
			T1A	Lab Tests - Routine Venipuncture (Non-Medicare Fee Schedule)	1,746,718	0	0	0	0
			T1B	Lab Tests - Automated General Profiles	3,037,364	0	0	0	0
			T1C	Lab Tests - Urinalysis	1,447,910	0	0	0	0
			T1D	Lab Tests - Blood Counts	2,262,431	0	0	0	0
			T1E	Lab Tests - Glucose	441,706	0	0	0	0
			T1F	Lab Tests - Bacterial Cultures	1,025,767	0	0	0	0
			T1G	Lab Tests - Other (Medicare Fee Schedule)	1,443,743	0	0	0	0
			T1H	Lab Test, Other (Non-Medicare Fee Schedule)	12,004,436	0	0	0	0
			T2A	Other Tests - Electrocardiograms	1,409,074	0	0	0	0
			T2B	Other Tests - Cardiovascular Stress Tests	262,663	0	0	0	0
			T2C	Other Tests - EKG Monitoring	69,133	0	0	0	0
			T2D	Other Tests - Other	1,374,946	0	0	0	0
			Y1	Medicare Fee Schedule	268,573	0	0	0	0
			Y2	Other - Non-Medicare Fee Schedule	48,304	0	0	0	0
			Z2	Undefined Codes	322,582	0	0	0	0
Notes: Berenson-Eggers Type of Service Code. 2007 CMS public use file									
BILL	Billed Charge-BC ($)	Numeric			0	0	-129,030	16	7,442,325
			< 0	< 0	11,950,360	0	0	0	0
			0	0	433,729	0	0	0	0
			1 - 100	1 - 100	45,642,844	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			101 - 500	101 - 500	23,562,682	0	0	0	0
			> 500	> 500	4,341,628	0	0	0	0
Notes: Payer-submitted.									
BILLTYPE	Type of Bill	Character	1	Final Bill , Debit	74,062,782	0	0	0	0
			2	Credit	92,445	0	0	0	0
			8	Capitated	11,776,016	0	0	0	0
Notes: Payer-submitted.									
CDHPIND		Character	0	No	84,637,986	0	0	0	0
			1	Yes	1,293,257	0	0	0	0
Notes: Payer-submitted.									
CLAIMCN	Claim Control Number	Character	Blank	Value Missing	24	0	0	0	0
			Reported	Value Reported	85,931,219	0	0	0	0
Notes: Payer-submitted.									
CLMPDATE	Claim Paid Date	Date	Missing	Date Components Incomplete	400,663	0	0	0	0
			Reported	Date Components Complete	85,530,580	0	0	0	0
Notes: Payer-submitted.									
CLMRELCO	Claim Related Condition	Character	Blank	Code Missing	11,684,230	0	0	0	0
			0	Non-accident	63,944,614	0	0	0	0
			1	Work Accident	1,398	0	0	0	0
			2	Auto Accident	13,352	0	0	0	0
			3	Other Accident	2,426,075	0	0	0	0
			9	Payer Code=9 (Not Coded)	7,861,574	0	0	0	0
Notes: Payer-submitted									
CNTY_P2	County to Use for Pract. Report Analysis	Character	Missing	Patient Residence County Unknown	149,724	0	0	0	0
			1	Allegany	787,624	0	0	0	0
			3	Anne Arundel	8,328,300	0	0	0	0
			5	Baltimore	12,653,477	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			9	Calvert	1,446,025	0	0	0	0
			11	Caroline	417,106	0	0	0	0
			13	Carroll	3,071,085	0	0	0	0
			15	Cecil	1,119,584	0	0	0	0
			17	Charles	1,927,037	0	0	0	0
			19	Dorchester	389,698	0	0	0	0
			21	Frederick	4,204,412	0	0	0	0
			23	Garrett	222,399	0	0	0	0
			25	Harford	4,211,252	0	0	0	0
			27	Howard	4,812,440	0	0	0	0
			29	Kent	331,127	0	0	0	0
			31	Montgomery	16,791,430	0	0	0	0
			33	Prince Georges	11,842,105	0	0	0	0
			35	Queen Annes	732,760	0	0	0	0
			37	Saint Marys	1,421,740	0	0	0	0
			39	Somerset	218,472	0	0	0	0
			41	Talbot	591,924	0	0	0	0
			43	Washington	1,768,518	0	0	0	0
			45	Wicomico	1,083,555	0	0	0	0
			47	Worcester	756,505	0	0	0	0
			510	Baltimore City	6,652,944	0	0	0	0
Notes: Patient county of residence normalized to assign one county per unique recipient. See 2004 COMAR Data Submission Manual, Appendix F for zip code-county crosswalk.									
COUNTY_P	Patient County of Residence-FIPS Code	Character	Missing	Patient Residence County Unknown	194,930	0	0	0	0
			1	Allegany	787,593	0	0	0	0
			3	Anne Arundel	8,329,275	0	0	0	0
			5	Baltimore	12,652,692	0	0	0	0
			9	Calvert	1,445,856	0	0	0	0
			11	Caroline	417,548	0	0	0	0
			13	Carroll	3,073,719	0	0	0	0
			15	Cecil	1,120,226	0	0	0	0
			17	Charles	1,930,966	0	0	0	0
			19	Dorchester	389,871	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			21	Frederick	4,208,987	0	0	0	0
			23	Garrett	222,647	0	0	0	0
			25	Harford	4,214,138	0	0	0	0
			27	Howard	4,812,607	0	0	0	0
			29	Kent	331,348	0	0	0	0
			31	Montgomery	16,769,626	0	0	0	0
			33	Prince Georges	11,804,769	0	0	0	0
			35	Queen Annes	732,911	0	0	0	0
			37	Saint Marys	1,423,078	0	0	0	0
			39	Somerset	218,397	0	0	0	0
			41	Talbot	592,603	0	0	0	0
			43	Washington	1,772,436	0	0	0	0
			45	Wicomico	1,083,657	0	0	0	0
			47	Worcester	756,933	0	0	0	0
			510	Baltimore City	6,644,430	0	0	0	0
Notes: Patient county of residence based on patient zip code. See 2004 COMAR Data Submission Manual, Appendix F for zip code-county crosswalk. Use of this variable may cause. See F_DEMOG for assignment rules.									
Use this variable rather than COUNTY_P to avoid double-counting of recipients within regions. double counting of recipients within regions. To avoid regionally double counting, user variable CNTY_P2.									
COVOTHR	Patient Covered by Other Insurance	Character	0	No-No Other Insurance Coverage	67,184,322	0	0	0	0
			1	Yes-Other Coverage is Primary	12,535,966	0	0	0	0
			2	Yes-Other Coverage is Secondary	378,500	0	0	0	0
			9	Payer Code=9 (Not Coded)	5,042,152	0	0	0	0
			Invalid	Code Invalid	790,303	0	0	0	0
Notes: Payer-submitted.									
COVOTH_I	Imputed/Coverted COVOTHR	Character	0	No-No Other Insurance Coverage	68,459,304	0	0	0	0
			1	Yes-Other Coverage is Primary	12,535,966	0	0	0	0
			2	Yes-Other Coverage is Secondary	782,338	0	0	0	0
			9	Payer Code=9 (Not Coded)	4,153,635	0	0	0	0
Notes: Contains final Other Coverage Type information. Value is imputed if payer-submitted Other Coverage Type (COVOTHR) is unavailable. Impute value to indicate primary coverage type if payment (PAYMENT) is >= 35%of allowed amount (ALLOW). Otherwise, if PAYMENT is < 35% of ALLOW then impute value to indicate secondary coverage. If either PAYMENT or ALLOW is not available, do not impute.									
COVTYPE	Coverage Type	Character	1	Medicare Supplemental(Indvl,Grp,WRAP)	12,937,003	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			2	Individual Plan	3,454,811	0	0	0	0
			3	Priv Employr Sponsord Fully Self-Insu	20,151,058	0	0	0	0
			4	Private Employer Sponsored Insured	10,273,675	0	0	0	0
			5	Public Employee	28,258,105	0	0	0	0
			6	Comprehensive Std Health Benefit Plan	9,391,497	0	0	0	0
			7	Mcare srv provided by a Mcare HMO/HCFA	1,280,972	0	0	0	0
			8	Taft Hartley Jointly Managed Trust Fund	106,508	0	0	0	0
			9	Payer Code=9 (Unknown)	77,614	0	0	0	0
Notes: Payer-submitted.									
CPT	CPT-4 /HCPCS Procedure Code	Character	Blank	Value Missing	79,910	0	0	0	0
			Reported	Value Reported	85,851,333	0	0	0	0
Notes: Payer-submitted.									
DELIVTYP	Delivery System Type	Character	1	HMO (Non-Medicaid,Includes Medicare)	28,283,304	0	0	0	0
			2	PPO-POS	16,543,419	0	0	0	0
			3	PPO or Other Managed Care	27,755,381	0	0	0	0
			4	Indemnity Care	9,300,695	0	0	0	0
			5	HMO-POS Rider	3,984,330	0	0	0	0
			9	Payer Code=9 (Not Coded)	64,114	0	0	0	0
Notes: Payer-submitted.									
DISENROLLDT	Disenrollment Date	Date	Missing	Date Components Incomplete	66,589,611	0	0	0	0
			Reported	Date Components Complete	19,341,632	0	0	0	0
Notes: Payer-submitted									
DISENROLL_P	Disenrollment Date at PIDBDG Level, SSS created	Date	Missing	Date Components Incomplete	70,908,987	0	0	0	0
			Reported	Date Components Complete	15,022,256	0	0	0	0
Notes: Contains final Disenrollment Date. Each patient should have the same Disenrollment Date in all his/her service records. If a patient has more than one Disenrollment Date, then the latest date is used in this field. Disenrollment Date is set to the patient's last Service End Date (ENDDT) if the latest Disennrollment Date is before ENDDT.									
DX1	ICD-9-CM Diagnosis Code 1	Character	0	Not Reported	2,710,944	0	0	0	0
			1	Reported	83,220,299	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
Notes: Payer-submitted . Embedded decimal points removed.									
DX10	ICD-9-CM Diagnosis Code 10	Character	0	Not Reported	85,914,848	0	0	0	0
			1	Reported	16,395	0	0	0	0
Notes: Payer-submitted . Embedded decimal points removed.									
DX2	ICD-9-CM Diagnosis Code 2	Character	0	Not Reported	52,364,630	0	0	0	0
			1	Reported	33,566,613	0	0	0	0
Notes: Payer-submitted . Embedded decimal points removed.									
DX3	ICD-9-CM Diagnosis Code 3	Character	0	Not Reported	70,247,665	0	0	0	0
			1	Reported	15,683,578	0	0	0	0
Notes: Payer-submitted . Embedded decimal points removed.									
DX4	ICD-9-CM Diagnosis Code 4	Character	0	Not Reported	78,789,844	0	0	0	0
			1	Reported	7,141,399	0	0	0	0
Notes: Payer-submitted . Embedded decimal points removed.									
DX5	ICD-9-CM Diagnosis Code 5	Character	0	Not Reported	84,784,005	0	0	0	0
			1	Reported	1,147,238	0	0	0	0
Notes: Payer-submitted . Embedded decimal points removed.									
DX6	ICD-9-CM Diagnosis Code 6	Character	0	Not Reported	85,260,878	0	0	0	0
			1	Reported	670,365	0	0	0	0
Notes: Payer-submitted . Embedded decimal points removed.									
DX7	ICD-9-CM Diagnosis Code 7	Character	0	Not Reported	85,461,887	0	0	0	0
			1	Reported	469,356	0	0	0	0
Notes: Payer-submitted . Embedded decimal points removed.									
DX8	ICD-9-CM Diagnosis Code 8	Character	0	Not Reported	85,582,162	0	0	0	0
			1	Reported	349,081	0	0	0	0
Notes: Payer-submitted . Embedded decimal points removed.									

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
DX9	ICD-9-CM Diagnosis Code 9	Character	0	Not Reported	85,684,244	0	0	0	0
			1	Reported	246,999	0	0	0	0
Notes: Payer-submitted . Embedded decimal points removed.									
D_DAT_F	Delete Flag - Services with Date Out of Range	Character	1	Yes	16	0	0	0	0
			9	No	85,931,227	0	0	0	0
Notes: Flag is set to "1" if Date of Service is 2005 or earlier or missing.									
D_DNT_F	Delete Flag - Routine Dental Services	Character	1	Yes	36,278	0	0	0	0
			9	No	85,894,965	0	0	0	0
Notes: Flag is set to "1" if procedure code (CPT) indicates service was a routine dental procedure.									
D_I7K_F	Delete Flag - Financial Outliers	Character	1	Yes	18,063	0	0	0	0
			9	No	85,913,180	0	0	0	0
Notes: Flag is set to "1" if allowed amount (ALLOW) is > $7,000 and not on MHCC's list of high-cost services.									
D_INP_F	Delete Flag - Inpatient Services	Character	1	Yes	599,916	0	0	0	0
			9	No	85,331,327	0	0	0	0
Notes: Flag is set to "1" if procedure code (CPT) indicates service was an inpatient service (place of service=21 and procedure code is not CPT, HCPCS or "Homegrown" code but is a valid Maryland State revenue code ot ICD-9 Sugical code.									
D_ZIP_F	Delete Flag - Non-Maryland Residents Services	Character	1	Yes	194,930	0	0	0	0
			9	No	85,736,313	0	0	0	0
Notes: Flaf is set to "1" if patient's zip code (ZIP_P) is not a valid Mryland State zip code.									
ENCNT_ID	Medical Service ID (Payer Specific)	Character	Assigned	Sequential ID Assigned	85,931,243	0	0	0	0
Notes: Record identification number.									
ENDDT	Service Thru Date	Date	Reported	Date Components Complete	85,931,243	0	0	0	0
Notes: Assigned. May be imputed as Service From Date if missing.									
ENROLLDT	Enrollment Date	Date	Missing	Date Components Incomplete	152,270	0	0	0	0
			Reported	Date Components Complete	85,778,973	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
Notes: Payer-submitted.									
ENROLL_P	Enrollment Date at PIDBDG Level, SSS created	Date	Missing	Date Components Incomplete	454,901	0	0	0	0
			Reported	Date Components Complete	85,476,342	0	0	0	0
Notes: Contains final Enrollment Date. Each patient should have the same Enrollment Date in all his/her service records. If a patient has more than one Enrollment Date, then the earliest date is used in this field. Enrollment Date is set to the patient's earlierst Service Start Date (BEGINDT) if the ealierst Enrollment Date is after BEGINDT or if the Enrollment Date is missing.									
FACILITY	Service Location is a Facility (1/0)	Character	0	Service Location is not a Facility	72,450,898	0	0	0	0
			1	Service Location is a Facility	13,480,345	0	0	0	0
Notes: Assigned from payer-submitted Place of Service (SVCPLACE) to identify facility-based claims. FACILITY is set to "1" if SVCPLACE is reported as "01", " 1", "1", "02", " 2", "2", "21", "22", "23", "24", "31", "34", "51", "52". Otherwise FACILITY is set to "0"									
FEDTAXID	Practitioner Federal Tax ID	Character	Blank	Value Missing	242,516	0	0	0	0
			Reported	Value Reported	85,688,727	0	0	0	0
Notes: Payer-submitted.									
F_AGE_NR	Valid Age Flag (Age1206_NR 0-110 incl) (1/0)	Character	0	No-AGE1206_NR Missing, <0, or >110	79,304	0	0	0	0
			1	Yes-AGE1206_NR Between 0 and 110, Inclusive	85,851,939	0	0	0	0
Notes: Assigned.									
F_ANESTH	Flag, Anesthesia Service	Character	0	No - Service Not Used in Analysis	84,801,598	0	0	0	0
			1	Yes - Service Used in Analysis	1,129,645	0	0	0	0
Notes: Flag to identify anesthesia services. F_ANESTH is set to "1" if CPT is between 00100 and 01999 or CPT = "'99100", "99116", "'99135", "'99140" or Unit Indicator (UNITIND) = "2" or provider specialty (NEWSPEC) = "'004", "049" or Modifiers 1 (MOD1) or Modifier 2 (MOD2) = "AN", "47", "P1", "P2", "P3", "P4", "P5", "30", "QX", "QZ", "23", "QK", "QS", "QY", "G8", "G9", "AA", "AB", "AC", "AD", "AE", "AF", "AG".									
F_BENRULE	Bens Rule for Capitation	Character	Blank	Not Assigned	85,931,243	0	0	0	0
Notes: Assigned.									
F_CAP_A	Capit. Service used in Analysis (1/0)	Character	0	No-Service Cannot Be Used in Capitated Analysis	76,743,021	0	0	0	0
			1	Yes-Service Can Be Used in Capitated Analysis	9,188,222	0	0	0	0
Notes: F_CAP_A = "1" indicates a capitated service eligible for inclusion in the Practitioner Report analysis file based on service date, primary of coverage type, and ability of clearly define the service supplied. Specific criteria are: 1) service provided in 2006; 2) service is covered and reporting payer provided primary coverage provided primary coverage; 3) procedure code (see CPT) is Homegrown, HCPCS or CPT; and procedure is not Technical Component, or for ambulatory surgery or durable medical equipment. To be included in the Practitioner Report analysis file the recipients' age must also be between 0 and 64 with a known county of residence.									
F_CPT	Procedure Code Category	Character	1	Homegrown Code	112,119	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			2	HCPCS Code	4,420,452	0	0	0	0
			3	CPT-4 Code	79,514,550	0	0	0	0
			4	ICD-9-CM Code	305,179	0	0	0	0
			5	Revenue Code	1,098,008	0	0	0	0
			6	Procedure Code Missing	76,399	0	0	0	0
			7	Procedure Code Invalid	404,536	0	0	0	0
Notes: Payer-supplied homegrown codes are flagged before remaining groupings are tested. HCPCS codes were validated against the 2004/2005 CMS listings. CPT codes were validated against the 2005/2006 AMA listings.									
F_DEMOG	Demographic Donor for Analysis File?	Character	0	No - Demographics Not Used in Analysis	82,126,537	0	0	0	0
			1	Yes - Demographics Used in Analysis	3,804,706	0	0	0	0
Notes: Flag to indicate a service used to normalize the recipient's county of residence (COUNTY_P2). Each recipient in the database may have services containing multiple county codes. (COUNTY_P). However, if more than one county code is present, the county code attached to the first record for the recipient occurring in the file is assigned to all records for that recipient in this variable. COUNTY_P2 is the county code used in the Practitioner Report analysis.									
F_FAC	Service Performed in a Facility? (1/0)	Character	0	Service Not Provided in a Facility	72,758,441	0	0	0	0
			1	Service Provided in a Facility	13,172,802	0	0	0	0
Notes: Facilities are identified by the Place of Service codes 01, 02, 21, 22, 23, 24, 31, 34, 51 and 52 (see SVCPLACE).									
F_FINMS	All finan. var. are zero or missing	Character	0	No - All Financial Variables are Not Equal to 0/Missing	85,608,578	0	0	0	0
			1	Yes - All Financial Variables are Equal to 0/Missing	322,665	0	0	0	0
Notes: Flag to identify any service with no available financial information.									
F_IMPOTH	Is Variable COVOTHR Imputed? (1/0)	Character	0	No-Other Insurance Coverage is Not Imputed	84,252,423	0	0	0	0
			1	Yes-Other Insurance Coverage is Imputed	1,678,820	0	0	0	0
Notes: Assigned.									
F_IMPRVU	RVU Imputation Flag (1/0,2)	Character	0	No Imputation Attempted	55,322,374	0	0	0	0
			1	RVU Imputed	25,213,990	0	0	0	0
			2	Attempted Imputation, Could Not Impute	5,394,879	0	0	0	0
Notes: Flag to identify whether or not the RVUs attached to the service have been imputed. For details of the RVU imputation methodology, see the Database Development Report.									
F_INSAMP	Service in 10% Sample?	Character	0	Not in 10% Sample	77,317,961	0	0	0	0
			1	In 10% Sample	8,613,282	0	0	0	0
Notes: Assigned									

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
F_MODF	1=There is TC/SG in MODF1/MODF2	Character	0	No - TC or SG Modifier Not Present	85,532,446	0	0	0	0
			1	Yes - TC or SG Modifier Present	398,797	0	0	0	0
Notes: Flag to identify services which are the technical component or SG component. These service are not eligible for inclusion in the Practitioner Report analysis file.									
F_NCAP_A	Non-Capit Service used in Analysis (1/0)	Character	0	No-Service Cannot Be Used in Non-Capitated Analysis	41,380,227	0	0	0	0
			1	Yes-Service Can Be Used in Non-Capitated Analysis	44,551,016	0	0	0	0
Notes: F_NCAP_A = '1' indicates a Fee-for-Service (FFS) service eligible for inclusion in the Practitioner Report analysis file based on service date, primacy of coverage type, and ability to clearly define the service supplied. Specific criteria are: 1) service provided in 2005; 2) service is covered and reporting payer provided primary coverage; 3) procedure code (see CPT) is Homegrown, HCPCS or CPT; and 4) procedure is not Technical Component, or for ambulatory surgery or durable medical equipment. To be included in the Practitioner Report analysis file the the recipients' age must also be between 0 and 64 with a known county of residence.									
F_ODDSVC	Odd Service Flag	Character	Blank	Not Odd Services	55,557,815	0	0	0	0
			3	Payment <= 1, Allowed Amount <= 0	1,871,064	0	0	0	0
			4	Identified Anesthesia Outside Of Range	238,842	0	0	0	0
			5	Identified Facility Bill	1,728,431	0	0	0	0
			6	Minor Service Assoc With Major Service	312,411	0	0	0	0
			8	Payer not NONHMO,HMOFFS,HMOCAP	13,598,359	0	0	0	0
			9	Not First Dupe by Key, Descending Payment	1,610,827	0	0	0	0
			10	Actuaries Trim, Payment, Low	265,373	0	0	0	0
			11	Actuaries Trim, Payment, High	29,987	0	0	0	0
			12	Actuaries Trim, RVU_I, Low	102,753	0	0	0	0
			13	Actuaries Trim, RVU_I, High	180,642	0	0	0	0
			14	Covoth_I = 2, Possible Secondary Payer	165,454	0	0	0	0
			15	RVU_I <= 0	3,600,357	0	0	0	0
			99	More Than 1 Service	6,668,928	0	0	0	0
Notes: Flag with multiple values used to identify a service eligible for the Practitioner Report analysis but potentially to be excluded from tables developed for the Practitioner Report. See the 2005 Database Development Plan for a detailed explanation of the specifications for "odd services" condition code.									
F_PATID	Flag for Valid PATID (1/0)	Character	0	No-Patient ID is Missing or Invalid	3,047	0	0	0	0
			1	Yes-Patient ID is Valid	85,928,196	0	0	0	0
Notes: Flag to identify patient identifiers (PATID) which are non-missing and not composed of all '9's.									
F_PAYMD	Payment:1=negative, 2=0, 3=+, 4=missing	Character	1	Negative Payment	101,670	0	0	0	0
			2	Zero Payment	3,815,201	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			3	Positive Payment	70,145,873	0	0	0	0
			4	Missing Payment	11,868,499	0	0	0	0
Notes: Flag to categorize payment as <0, 0, > 0 or missing.									
F_UNCV	Uncovered services(1/0)	Character	0	No - Service is Not Uncovered	82,536,515	0	0	0	0
			1	Yes - Service is Uncovered	3,394,728	0	0	0	0
Notes: Flag to identify services which are not covered by recipients plan. To be identified as uncovered, a service must have both allowed amount (ALLOW) and reimbursed amount (REIMB) missing or 0.									
F_YR07	Service provided in 2007+	Character	0	No - Service Provided in 2005	68,246,302	0	0	0	0
			1	Yes - Service Provided in 2005+	17,684,941	0	0	0	0
Notes: Flag to identify a service provided between January 1 and April 31 of the year following the submission year. For example, all 2007 services in the 2006 database have F_YR07=1. Services provided in the four months following the submission year are not eligible for inclusion in the primary Practitioner Report analysis dataset, but may be included in a secondary Practitioner Report analysis dataset used to estimate payment trends.									
ID_CHANGE	PIDBDG changed using data from legacy file	Character			0	0	0	0	0
Notes: Flag to identify that the Patient's Unique Identification Number (PIDBDG) was changed based on the Legacy ID Crosswal. Applicable to data submitted by P130 and P131 only.									
INSTATE	MD Service Location ZIP	Character	Missing	Service Location Unknown (Zipcode Missing/Invalid)	4,689,792	0	0	0	0
			0	Service Location Valid, Not MD (Based on Zipcode)	13,548,707	0	0	0	0
			1	Service Location in MD (Based on Zipcode)	67,692,744	0	0	0	0
Notes: Flag to identify services provided in Maryland. Flag is based on the payer-submitted provider location zip code.									
LOS	Length of Service	Numeric			0	1,054	1	1	1,126
			Missing	Missing	1,054	0	0	0	0
			1	1	84,837,385	0	0	0	0
			> 1	> 1	1,092,804	0	0	0	0
Notes: The numbers of days between the beginning (BEGINDT) and end (ENDDT) of service. LOS = 1 for services beginning and ending on the same day. Since the MCDB contains outpatient service records, most services have LOS = 1.									
MOD1	AMA Modified I	Character	Blank	Missing Code	70,426,987	0	0	0	0
			Other	All Other Codes	8,196,227	0	0	0	0
			20	Microsurgery	119	0	0	0	0
			21	Prolonged Evaluatn/Mgmt(E/M) Serv	984	0	0	0	0
			22	Unusual Procedural Services	17,546	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			23	Unusual Anesthesia	121	0	0	0	0
			24	Unrel E/M Serv by Same Phys Postop	47,722	0	0	0	0
			25	Sep Ident. E/M by Same Phys/day	1,689,340	0	0	0	0
			26	Professional Component	4,161,050	0	0	0	0
			32	Mandated Services	1,397	0	0	0	0
			47	Anesthesia by Surgeon	2,603	0	0	0	0
			50	Bilateral Procedure	93,963	0	0	0	0
			51	Multiple Procedures	199,867	0	0	0	0
			52	Reduced Services	70,606	0	0	0	0
			54	Surgical Care Only	6,815	0	0	0	0
			55	Postoperative Management Only	882	0	0	0	0
			56	Preoperative Management Only	363	0	0	0	0
			57	Decision for Surgery	36,967	0	0	0	0
			58	Staged/Rel Proc by Same Phys Postop	23,822	0	0	0	0
			62	Two Surgeons	3,072	0	0	0	0
			65	Surgical Team	1	0	0	0	0
			76	Repeat Procedure by Same Physician	72,171	0	0	0	0
			77	Repeat Procedure by Another Physician	6,330	0	0	0	0
			78	Return to Op Rm for Rel Proc Postop	9,599	0	0	0	0
			79	Unrelated Proc by Same Phy Postop	45,284	0	0	0	0
			80	Assistant Surgeon	50,671	0	0	0	0
			81	Minimum Assisting Surgeon	1,161	0	0	0	0
			82	Assist Surgeon(qual res phy unav)	7,975	0	0	0	0
			90	Reference (Outside) Laboratory	180,228	0	0	0	0
			99	Multiple Modifiers	19,015	0	0	0	0
			AN	Anesthesia(surg. codes: 10000 thru 69999)	69,120	0	0	0	0
			QX	Cert Reg Nurse Anesth. w/o doc dir	42,671	0	0	0	0
			QZ	Cert Reg Nurse Anesth (CRNA)	56,639	0	0	0	0
			SG	HCFA Ambulatory Surgery	117,644	0	0	0	0
			TC	Radiology: Technical Component	272,281	0	0	0	0
Notes: Payer-submitted.									
MOD2	AMA Modified II	Character	Blank	Missing Code	84,571,806	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			Other	All Other Codes	1,196,025	0	0	0	0
			20	Microsurgery	4	0	0	0	0
			21	Prolonged Evaluatn/Mgmt(E/M) Serv	45	0	0	0	0
			22	Unusual Procedural Services	931	0	0	0	0
			23	Unusual Anesthesia	15	0	0	0	0
			24	Unrel E/M Serv by Same Phys Postop	668	0	0	0	0
			25	Sep Ident. E/M by Same Phys/day	10,594	0	0	0	0
			26	Professional Component	4,050	0	0	0	0
			32	Mandated Services	8	0	0	0	0
			47	Anesthesia by Surgeon	14	0	0	0	0
			50	Bilateral Procedure	6,333	0	0	0	0
			51	Multiple Procedures	59,184	0	0	0	0
			52	Reduced Services	10,473	0	0	0	0
			54	Surgical Care Only	471	0	0	0	0
			55	Postoperative Management Only	45	0	0	0	0
			56	Preoperative Management Only	16	0	0	0	0
			57	Decision for Surgery	2,552	0	0	0	0
			58	Staged/Rel Proc by Same Phys Postop	3,070	0	0	0	0
			62	Two Surgeons	200	0	0	0	0
			76	Repeat Procedure by Same Physician	29,461	0	0	0	0
			77	Repeat Procedure by Another Physician	14,341	0	0	0	0
			78	Return to Op Rm for Rel Proc Postop	859	0	0	0	0
			79	Unrelated Proc by Same Phy Postop	7,743	0	0	0	0
			80	Assistant Surgeon	1,470	0	0	0	0
			81	Minimum Assisting Surgeon	63	0	0	0	0
			82	Assist Surgeon(qual res phy unav)	626	0	0	0	0
			90	Reference (Outside) Laboratory	586	0	0	0	0
			99	Multiple Modifiers	116	0	0	0	0
			AN	Anesthesia(surg. codes: 10000 thru 69999)	4	0	0	0	0
			QX	Cert Reg Nurse Anesth. w/o doc dir	85	0	0	0	0
			QZ	Cert Reg Nurse Anesth (CRNA)	274	0	0	0	0
			SG	HCFA Ambulatory Surgery	3,685	0	0	0	0
			TC	Radiology: Technical Component	5,426	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
Notes: Payer-submitted.									
NEWBETAG	Aggregated BETOS, Reclassified	Character	Blank	Code Not Assigned	2,119,435	0	0	0	0
			1	Evaluation and Management	24,994,993	0	0	0	0
			2	Procedures	16,426,686	0	0	0	0
			3	Imaging	8,413,157	0	0	0	0
			4	Tests	26,550,872	0	0	0	0
			5	Durable Medical Equipment	1,648,733	0	0	0	0
			6	Other	5,140,100	0	0	0	0
			7	Exceptions/Unclassified	637,267	0	0	0	0
Notes: Aggregated BETOS code. Contains either the assigned code (see BETOSAGG) or a code imputed to correct identified errors in the published BETOS file.									
NEWBETDT	Detailed BETOS, Reclassified	Character	Blank	Code Not Assigned	2,119,435	0	0	0	0
			D1A	Medical/Surgical Supplies	109,776	0	0	0	0
			D1B	Hospital Beds	29,688	0	0	0	0
			D1C	Oxygen and Supplies	214,493	0	0	0	0
			D1D	Wheelchairs	112,092	0	0	0	0
			D1E	Other DME	727,796	0	0	0	0
			D1F	Orthotic Devices	404,048	0	0	0	0
			Invalid	Code Invalid	50,840	0	0	0	0
			I1A	Standard Imaging - Chest	1,105,868	0	0	0	0
			I1B	Standard Imaging - Musculoskeletal	1,690,469	0	0	0	0
			I1C	Standard Imaging - Breast	628,130	0	0	0	0
			I1D	Standard Imaging - Contrast Gastrointestinal	53,826	0	0	0	0
			I1E	Standard Imaging - Nuclear Medicine	792,661	0	0	0	0
			I1F	Standard Imaging - Other	266,076	0	0	0	0
			I2A	Advanced Imaging - CAT: Head	252,371	0	0	0	0
			I2B	Advanced Imaging - CAT: Other	707,747	0	0	0	0
			I2C	Advanced Imaging - MRI: Brain	136,358	0	0	0	0
			I2D	Advanced Imaging - MRI: Other	352,311	0	0	0	0
			I3A	Echography - Eye	35,271	0	0	0	0
			I3B	Echography - Abdomen/Pelvis	798,843	0	0	0	0
			I3C	Echography - Heart	760,480	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			I3D	Echography - Carotid Arteries	75,138	0	0	0	0
			I3E	Echography - Prostate, Transrectal	11,544	0	0	0	0
			I3F	Echography - Other	363,529	0	0	0	0
			I4A	Imaging/Procedure - Heart, including Cardiac Catheterization	122,234	0	0	0	0
			I4B	Imaging/Procedure - Other	260,301	0	0	0	0
			M1A	Office Visits - New	1,491,389	0	0	0	0
			M1B	Office Visits - Established	14,540,713	0	0	0	0
			M2A	Hospital Visit - Initial	237,657	0	0	0	0
			M2B	Hospital Visit - Subsequent	1,417,696	0	0	0	0
			M2C	Hospital Visit - Critical Care	176,340	0	0	0	0
			M3	Emergency Room Visit	1,102,905	0	0	0	0
			M4A	Home Visit	40,807	0	0	0	0
			M4B	Nursing Home Visit	233,169	0	0	0	0
			M5B	Specialist - Psychiatry	2,002,261	0	0	0	0
			M5C	Specialist - Ophthalmology	1,483,584	0	0	0	0
			M5D	Specialist - Other	575,477	0	0	0	0
			M6	Consultations	1,692,995	0	0	0	0
			O1A	Ambulance	189,709	0	0	0	0
			O1B	Chiropractic	1,150,128	0	0	0	0
			O1C	Enteral and Parenteral	33,024	0	0	0	0
			O1D	Chemotherapy	125,451	0	0	0	0
			O1E	Other Drugs	1,122,401	0	0	0	0
			O1F	Vision, Hearing and Speech Services	5,295	0	0	0	0
			O1G	Influenza Immunization	2,514,092	0	0	0	0
			P0	Anesthesia	1,129,625	0	0	0	0
			P1A	Major Procedure - Breast	10,878	0	0	0	0
			P1B	Major Procedure - Colectomy	4,464	0	0	0	0
			P1C	Major Procedure - Cholecystectomy	1,169	0	0	0	0
			P1D	Major Procedure - TURP	2,082	0	0	0	0
			P1E	Major Procedure - Hysterectomy	10,613	0	0	0	0
			P1F	Major Procedure - Explor/Decompr/ExcisDisc	29,058	0	0	0	0
			P1G	Major Procedure - Other and Major Maternal Procedures	215,859	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			P2A	Major Procedure, Cardiovascular - CABG	7,900	0	0	0	0
			P2B	Major Procedure, Cardiovascular - Aneurysm Repair	971	0	0	0	0
			P2C	Major Procedure, Cardiovascular - Thromboendarterectomy	1,758	0	0	0	0
			P2D	Major Procedure, Cardiovascular - Coronary Angioplasty (PTCA)	17,183	0	0	0	0
			P2E	Major Procedure, Cardiovascular - Pacemaker Insertion	7,264	0	0	0	0
			P2F	Major Procedure, Cardiovascular - Other	91,318	0	0	0	0
			P3A	Major Procedure, Orthopedic - Hip Fracture Repair	2,782	0	0	0	0
			P3B	Major Procedure, Orthopedic - Hip Replacement	5,460	0	0	0	0
			P3C	Major Procedure, Orthopedic - Knee Replacement	11,360	0	0	0	0
			P3D	Major Procedure, Orthopedic - Other	74,754	0	0	0	0
			P4A	Eye Procedures - Corneal Transplant	687	0	0	0	0
			P4B	Eye Procedures - Cataract Removal/Lens Insertion	49,946	0	0	0	0
			P4C	Eye Procedures - Retinal Detachment	4,020	0	0	0	0
			P4D	Eye Procedures - Treatment of Retinal Lesions	11,238	0	0	0	0
			P4E	Eye - Other	134,712	0	0	0	0
			P5A	Ambulatory Procedures - Skin	812,981	0	0	0	0
			P5B	Ambulatory Procedures - Musculoskeletal	86,106	0	0	0	0
			P5C	Ambulatory Procedures - Inguinal Hernia Repair	8,166	0	0	0	0
			P5D	Ambulatory Procedures - Lithotripsy	6,421	0	0	0	0
			P5E	Ambulatory Procedures - Other	782,733	0	0	0	0
			P6A	Minor Procedures - Skin	607,294	0	0	0	0
			P6B	Minor Procedures - Musculoskeletal	524,320	0	0	0	0
			P6C	Minor Procedures - Other (Medicare Fee Schedule)	10,302,016	0	0	0	0
			P6D	Minor Procedures - Other (Non-Medicare Fee Schedule)	26,036	0	0	0	0
			P7A	Oncology - Radiation Therapy	295,034	0	0	0	0
			P7B	Oncology - Other	246,911	0	0	0	0
			P8A	Endoscopy - Arthroscopy	63,985	0	0	0	0
			P8B	Endoscopy - Upper Gastrointestinal	140,136	0	0	0	0
			P8C	Endoscopy - Sigmoidoscopy	14,069	0	0	0	0
			P8D	Endoscopy - Colonoscopy	270,919	0	0	0	0
			P8E	Endoscopy - Cystoscopy	81,521	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			P8F	Endoscopy - Bronchoscopy	15,123	0	0	0	0
			P8G	Endoscopy - Lararoscopic Cholecystectomy	15,511	0	0	0	0
			P8H	Endoscopy - Laryngoscopy	42,517	0	0	0	0
			P8I	Endoscopy - Other	109,804	0	0	0	0
			P9A	Dialysis Services (Medicare Fee Schedule)	75,607	0	0	0	0
			P9B	Dialysis Services (Non-Medicare Fee Schedule)	74,375	0	0	0	0
			T1A	Lab Tests - Routine Venipuncture (Non-Medicare Fee Schedule)	1,738,865	0	0	0	0
			T1B	Lab Tests - Automated General Profiles	3,037,348	0	0	0	0
			T1C	Lab Tests - Urinalysis	1,447,821	0	0	0	0
			T1D	Lab Tests - Blood Counts	2,274,083	0	0	0	0
			T1E	Lab Tests - Glucose	441,503	0	0	0	0
			T1F	Lab Tests - Bacterial Cultures	1,024,691	0	0	0	0
			T1G	Lab Tests - Other (Medicare Fee Schedule)	1,442,296	0	0	0	0
			T1H	Lab Test, Other (Non-Medicare Fee Schedule)	12,035,921	0	0	0	0
			T2A	Other Tests - Electrocardiograms	1,406,396	0	0	0	0
			T2B	Other Tests - Cardiovascular Stress Tests	262,629	0	0	0	0
			T2C	Other Tests - EKG Monitoring	69,117	0	0	0	0
			T2D	Other Tests - Other	1,370,202	0	0	0	0
			Y1	Medicare Fee Schedule	267,159	0	0	0	0
			Y2	Other - Non-Medicare Fee Schedule	48,301	0	0	0	0
			Z2	Undefined Codes	321,807	0	0	0	0
Notes: Detailed BETOS code. Contains either the assigned code (see BETOSDT) or a code imputed to correct identified errors in the published BETOS file.									
NEWMOD	Imputed Modifier/Last Imputation	Character	Blank	Missing Code	81,356,442	0	0	0	0
			26	Professional Component	4,307,801	0	0	0	0
			TC	Radiology: Technical Component	267,000	0	0	0	0
Notes: AMA Modifier. Contains either the assigned code (see MOD1) or a code imputed to correctly identify the portion of fee associated with the procedure code.									
NEWSPEC	Revised Speciality Code for Complex Algorithm	Character	1	General Practice	894,308	0	0	0	0
			2	General Surgery	969,365	0	0	0	0
			3	Allergy & Immunology	717,737	0	0	0	0
			4	Anesthesiology	861,722	0	0	0	0
			5	Cardiology	2,755,990	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			6	Dermatology	1,535,577	0	0	0	0
			7	Emergency Medicine	1,479,485	0	0	0	0
			8	Endocrinology Medicine	513,054	0	0	0	0
			9	Family Practice	4,812,591	0	0	0	0
			10	Gastroenterology	824,338	0	0	0	0
			11	Geriatrics	38,325	0	0	0	0
			12	Hand Surgery	47,682	0	0	0	0
			13	Hematology	486,567	0	0	0	0
			14	Internal Medicine	9,561,696	0	0	0	0
			15	Infectious Disease	138,625	0	0	0	0
			16	Nephrology	311,500	0	0	0	0
			17	Neurology	614,116	0	0	0	0
			18	Nuclear Medicine	74,281	0	0	0	0
			19	Oncology	1,498,979	0	0	0	0
			20	Ophthalmology	1,645,881	0	0	0	0
			21	Orthopedic Surgery	2,209,020	0	0	0	0
			22	Osteopathy (include manipulations)	23,147	0	0	0	0
			23	Otology/Laryngo/Rhino/Otolaryngo	866,280	0	0	0	0
			24	Pathology	2,497,018	0	0	0	0
			25	Pediatrics	5,598,047	0	0	0	0
			26	Peripheral Vascular Disease/Surgery	52,415	0	0	0	0
			27	Plastic Surgery	144,704	0	0	0	0
			28	Physical Medicine & Rehabilitation	634,083	0	0	0	0
			29	Proctology	25,394	0	0	0	0
			30	Psychiatry	833,505	0	0	0	0
			31	Pulmonary Disease	458,361	0	0	0	0
			32	Radiology	4,949,004	0	0	0	0
			33	Rheumatology	474,462	0	0	0	0
			34	Surgical Specialty Not Listed Here	233,139	0	0	0	0
			35	Thoracic Surgery	90,696	0	0	0	0
			36	Urology	823,567	0	0	0	0
			37	Misc Special (pub health/indusl med)	128,051	0	0	0	0
			38	Physician w/o Identfd Spec/Not Listd	1,819,928	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			39	Obstetrics/Gynecology	2,953,145	0	0	0	0
			40	Acupuncturist	214,179	0	0	0	0
			41	Alcohol/Drug Detox Services	32,102	0	0	0	0
			42	Ambulance Services	199,173	0	0	0	0
			43	Audiologist/Speech Pathologist	190,198	0	0	0	0
			44	Chiropractor	3,719,169	0	0	0	0
			45	Freestanding Clinic-Not a Govt Agncy	101,938	0	0	0	0
			46	Day Care FCLTY-Medical Mental Health	6,632	0	0	0	0
			47	Dietitian/Licensed Nutritionist	42,311	0	0	0	0
			48	Home Health Provider	144,677	0	0	0	0
			49	Advanced Practice Nurse: Anesthetist	64,159	0	0	0	0
			50	Advanced Practice Nurse: Midwife	57,031	0	0	0	0
			51	Advancd Practice Nurse: Nurse Practitioner	201,225	0	0	0	0
			52	Advd Practice Nurse: Psychotherapist	16,927	0	0	0	0
			53	Nurse Other than Advanced Practice	111,461	0	0	0	0
			54	Occupational Therapist	306,618	0	0	0	0
			55	Optometrist	399,686	0	0	0	0
			56	Podiatrist	1,209,334	0	0	0	0
			57	Physical Therapist	5,947,665	0	0	0	0
			58	Psychologist	543,158	0	0	0	0
			59	Clinical Social Worker	534,308	0	0	0	0
			60	Pub Health/Welf Agy-fed & local govt	66,663	0	0	0	0
			61	Voluntary Health Agency	1	0	0	0	0
			62	Other Specialty Not Listed Above	693,488	0	0	0	0
			63	Respiratory Therapist	2,068	0	0	0	0
			70	General Dentist	76,152	0	0	0	0
			71	Endodontist	6,686	0	0	0	0
			72	Orthodontist	2,551	0	0	0	0
			73	Oral Surgeon	50,405	0	0	0	0
			74	Pedodontist	5,271	0	0	0	0
			75	Periodontist	2,570	0	0	0	0
			76	Prosthodontist	823	0	0	0	0
			80	Freestanding Pharmacy incl grocery	91,815	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			81	Mail Order Pharmacy	11,820	0	0	0	0
			82	Independent Laboratory	10,988,995	0	0	0	0
			83	Independent Medical Supply Company	1,318,245	0	0	0	0
			84	Optician/Optometrist	40,632	0	0	0	0
			85	All Other Supplies	3,350	0	0	0	0
			90	Freestanding Medical Facility	488,756	0	0	0	0
			91	Freestanding Surgical Facility	312,134	0	0	0	0
			92	Freestanding Imaging Center	403,149	0	0	0	0
			93	Other Facility	2,534,083	0	0	0	0
			100	Neonatology	85,806	0	0	0	0
			101	Multi-Specialty Medical Practice	59,169	0	0	0	0
			102	Mental Health Clinic	48,875	0	0	0	0
Notes: Provider specialty code to be used for the Practitioner Report and SHEA analyses.									
NUMDXC	Number of Diagnosis Codes, Calculated	Numeric			0	0	0	2	10
			0	0	1,682,383	0	0	0	0
			1	1	50,461,352	0	0	0	0
			>1	>1	33,787,508	0	0	0	0
Notes: Recalculation of Number of Diagnosis Code Counts. Payer-submitted Line Item # 16 not reported.									
PARTPROV	Participating Provider Flag	Character	Invalid	Invalid Code	5	0	0	0	0
			1	Yes-Participating Provider	72,572,115	0	0	0	0
			2	No-Not a Participating Provider	7,525,249	0	0	0	0
			3	Payer Code=3 (Not Coded)	5,833,874	0	0	0	0
Notes: Payer-submitted.									
PATID	Scrambled PATID	Character	Reported	Value Reported	85,931,243	0	0	0	0
Notes: Encryption of payer-submitted.									
PATLIAB	Patient Liability-PL ($)	Numeric			0	0	-7,129	-94	375,450
			< 0	< 0	9,090,671	0	0	0	0
			0	0	45,158,245	0	0	0	0
			1 - 100	1 - 100	30,290,991	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			101 - 500	101 - 500	1,257,085	0	0	0	0
			> 500	> 500	134,251	0	0	0	0
Notes: Payer-submitted.									
PAYERTYP	Payer Type(1=PRVHMO 2=PRVNHMO 3=MCRHMO 9=CAP)	Character	1	Private HMO FFS	18,638,399	0	0	0	0
			2	Private Non-HMO	39,407,105	0	0	0	0
			3	Medicare HMO FFS	223,713	0	0	0	0
			5	Not Classified	15,793,527	0	0	0	0
			9	Capitated Services	11,868,499	0	0	0	0
Notes: Flag to identify the methodology used to calculate the theoretical amount Medicare would have paid for the service (PAY_MCR). For details of the calculation of theoretical Medicare payments, see the Database Development Report.									
PAYMENT	Payment=Sum(RA,PL)($)	Numeric			0	11,868,499	-28,958	76	375,450
			Missing	Missing	11,868,499	0	0	0	0
			< 0	< 0	101,670	0	0	0	0
			0	0	3,815,201	0	0	0	0
			1 - 100	1 - 100	59,180,503	0	0	0	0
			101 - 500	101 - 500	9,608,369	0	0	0	0
			> 500	> 500	1,357,001	0	0	0	0
Notes: Calculated theoretical Medicare payment; that is, the amount Medicare would have paid for the service adjusted for service location. A Practitioner Report analysis variable used to assess payer compliance with various provider reimbursement regulations. For details of the calculation of theoretical Medicare payments, see the Database Development Report.									
PAY_CALC	Method for Calculating Medicare Payment	Character	0	Do not calculate payment	2,307,878	0	0	0	0
			2	Calculate Using Facility RVUs	4,594,016	0	0	0	0
			3	Calculate Using Non-Facility RVUs	30,274,531	0	0	0	0
			4	Procedure Code is a Lab Fee Schedule Code	17,086,289	0	0	0	0
			5	Procedure Code with an Imputed Total RVU but no Components	2,614,163	0	0	0	0
			6	Flagged as Odd Service - Do not Use MCR Rate	29,054,366	0	0	0	0
Notes: Assigned based on delivery system (DELIVTYP). Services from HMO providers with DELIVTYP = 1 or 5 are classified as either HMOFFS (Fee-for-Service) or HMOCAP (capitated) depending on payer-supplied bill type code (BILLTYPE). Services from all providers coded as PPO-POS, PPO or Other Managed Care, or Indemnity Care are classified as NONHMO (Fee-for-Service). Only services for recipients aged 0-64 are assigned to a Plan category.									
PAY_MCR	Prelim Calc MCR Rate-DO NOT USE AT THIS POINT	Numeric			0	31,362,244	1	60	6,107
			Missing	Missing	31,362,244	0	0	0	0
			1 - 25	1 - 25	20,486,738	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			26 - 75	26 - 75	20,031,083	0	0	0	0
			> 75	> 75	14,051,178	0	0	0	0
Notes: The sum of the payer-submitted allowed amount (ALLOW) and patient liability (PATLIAB). For capitated services, PAYMENT will either be missing or equal PATLIAB.									
PIDBDG		Character	Reported	Value Not Missing	85,931,243	0	0	0	0
Notes: Unique Patient Identifier incorporating recipient birthdates' and gender information. Important for payers who assign IDs to family units rather than individuals.									
PLAN	Plan Type(HMOFFS/NONHMO/HMOCAP)	Character	Blank	Not Assigned	17,186,181	0	0	0	0
			HMOCAP	HMO Capitated Plan	10,699,558	0	0	0	0
			HMOFFS	HMO Fee-For-Services Plan	18,638,399	0	0	0	0
			NONHMO	Non-HMO Plan	39,407,105	0	0	0	0
Notes: Assigned to services for recipients aged 0 to 64 with known coverage type.									
PLAN2	Plan Type(HMOFFS/NONHMO/HMOCAP/MCRALL),All Ages	Character	Blank	Not Assigned	5,388,340	0	0	0	0
			HMOCAP	HMO Capitated Plan	11,868,499	0	0	0	0
			HMOFFS	HMO Fee-For-Services Plan	18,638,399	0	0	0	0
			MCRALL	Medicare Plan	10,628,900	0	0	0	0
			NONHMO	Non-HMO Plan	39,407,105	0	0	0	0
Notes: Assigned to services for all recipients.									
PNUM	Payer Unique ID	Character	P020	Aetna Life & Health Insurance Co.	6,735,681	0	0	0	0
			P030	Aetna U.S. Healthcare	4,807,625	0	0	0	0
			P070	American Republic Insurance Co.	24,070	0	0	0	0
			P130	CareFirst BlueChoice, Inc.	18,774,307	0	0	0	0
			P131	CareFirst of Maryland, Inc.	23,547,560	0	0	0	0
			P160	CIGNA Healthcare Mid-Atlantic, Inc.	3,928,967	0	0	0	0
			P280	Assurant/Fortis Insurance Co.	72,393	0	0	0	0
			P320	Golden Rule Insurance Co.	146,313	0	0	0	0
			P325	Graphic Arts Benefit Corporation	123,837	0	0	0	0
			P330	Great-West Life & Annuity Insurance Co.	462,464	0	0	0	0
			P350	Guardian Life Insurance Co. of America	346,828	0	0	0	0
			P471	Unicare Life & Health Insurance Co.	155,774	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			P480	Kaiser Foundation Health Plan of Mid-Atlantic	5,087,116	0	0	0	0
			P500	MAMSI Life and Health Insurance Co.	2,127,195	0	0	0	0
			P510	Maryland Fidelity Insurance Co.	46,186	0	0	0	0
			P520	MD-Individual Practice Association, Inc.	3,857,438	0	0	0	0
			P530	MEGA Life & Health Insurance Co.	185,563	0	0	0	0
			P620	Optimum Choice, Inc.	6,874,787	0	0	0	0
			P680	Coventry Healthcare of Delaware, Inc.	1,300,757	0	0	0	0
			P760	State Farm Mutual Automobile Insurance Co.	65,462	0	0	0	0
			P820	United Healthcare Insurance Co.	6,985,303	0	0	0	0
			P830	Trustmark Insurance Co.	5,877	0	0	0	0
			P850	Union Labor Life Insurance Co.	106,508	0	0	0	0
			P870	United Healthcare of the Mid-Atlantic, Inc.	163,232	0	0	0	0
Notes: Unique Payer Identification Number. See 2006 COMAR Data Submission Manual Appendix F.									
POS	Simplified Place of Service Code	Character	Inpatient	Inpatient Facility	5,235,401	0	0	0	0
			Office	Provider Office	55,024,694	0	0	0	0
			Other	Other Facility	18,315,957	0	0	0	0
			Outpatient	Outpatient Facility	7,355,191	0	0	0	0
Notes: Assigned from payer-submitted Line Item # 30 to classify Service Location Code (SVCPLACE) into one of the four point of service categories: inpatient, outpatient, office and other.									
PROVID	Servicing Practitioner Identifier	Character	Blank	Value Missing	198,406	0	0	0	0
			Reported	Value Reported	85,732,837	0	0	0	0
Notes: Payer-submitted.									
REGION_P	Patient Region of Residence	Character	Blank	Value Missing	149,724	0	0	0	0
			1	National Capital Area	28,633,535	0	0	0	0
			2	Baltimore Metropolitan Area	39,729,498	0	0	0	0
			3	Eastern Shore	5,640,731	0	0	0	0
			4	Southern Maryland	4,794,802	0	0	0	0
			5	Western Maryland	6,982,953	0	0	0	0
Notes: Assigned from payer-submitted Line Item # 5 to classify patient region of residence onto one of three areas: National Capital Area, Baltimore Metropolitan Area and Other Area.									
REIMB	Reimbursement Amount-RA ($)	Numeric			0	0	-28,858	-83	254,038

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			< 0	< 0	11,932,708	0	0	0	0
			0	0	10,508,633	0	0	0	0
			1 - 100	1 - 100	54,987,078	0	0	0	0
			101 - 500	101 - 500	7,313,375	0	0	0	0
			> 500	> 500	1,189,449	0	0	0	0
Notes: Payer-submitted.									
RVU	Assigned RVU	Numeric			0	32,916,747	0	2	139
			Missing	Missing	32,916,747	0	0	0	0
			0.01 - 1.00	0.01 - 1.00	19,188,782	0	0	0	0
			1.01 - 5.00	1.01 - 5.00	30,819,959	0	0	0	0
			> 5	> 5	3,005,755	0	0	0	0
Notes: Assigned if available. 2006 CMS public use file									
RVU_2006	2006 RVU applied to 2005 file	Numeric			0	7,647,820	0	2	139
			Missing	Missing	7,647,820	0	0	0	0
			0.01 - 1.00	0.01 - 1.00	41,653,022	0	0	0	0
			1.01 - 5.00	1.01 - 5.00	33,399,182	0	0	0	0
			> 5	> 5	3,231,219	0	0	0	0
Notes: Assigned/Imputed RVU.									
RVU_I	Assigned/Imputed RVU	Numeric			0	7,647,820	0	2	139
			Missing	Missing	7,647,820	0	0	0	0
			0.01 - 1.00	0.01 - 1.00	41,653,022	0	0	0	0
			1.01 - 5.00	1.01 - 5.00	33,399,182	0	0	0	0
			> 5	> 5	3,231,219	0	0	0	0
Notes: Contains all values in RVU plus addition values for services where RVU is imputed. RVU field to use for analysis.									
RVU_MP	Medicare phys fee schedule RVU, malpractice	Numeric			0	7,702,757	0	0	17
			Missing	Missing	7,702,757	0	0	0	0
			0	0	21,521,453	0	0	0	0
			0.01 - 1.00	0.01 - 1.00	56,177,454	0	0	0	0
			1.01 - 5.00	1.01 - 5.00	482,150	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			> 5	> 5	47,429	0	0	0	0
Notes: Assigned if available. Otherwise imputed if possible. The only Malpractice RVU available in the database.									
RVU_PE	Medicare Phys Fee Schedule RVU, Pract Expense	Numeric			0	7,702,757	0	1	126
			Missing	Missing	7,702,757	0	0	0	0
			0.01 - 1.00	0.01 - 1.00	59,430,047	0	0	0	0
			1.01 - 5.00	1.01 - 5.00	17,177,905	0	0	0	0
			> 5	> 5	1,620,534	0	0	0	0
Notes: Assigned if available. Otherwise imputed if possible. The only Practice Expense RVU variable available in the database.									
RVU_W	Medicare Phys Fee Schedule RVU, Work component	Numeric			0	7,702,757	0	1	95
			Missing	Missing	7,702,757	0	0	0	0
			0	0	23,287,107	0	0	0	0
			0.01 - 1.00	0.01 - 1.00	36,002,462	0	0	0	0
			1.01 - 5.00	1.01 - 5.00	18,053,395	0	0	0	0
			> 5	> 5	885,522	0	0	0	0
Notes: Assigned if available. Otherwise imputed if possible. Only Work RVU variable available in the database.									
SEX	Patient Sex	Character	1	Male	33,611,773	0	0	0	0
			2	Female	52,317,287	0	0	0	0
			3	Payer Code=3 (Not Coded)	2,183	0	0	0	0
Notes: Payer-submitted.									
SPEC1	Practitioner Specialty 1	Character	Blank	Code Not Reported	12,399,019	0	0	0	0
			Invalid	Code Invalid	281	0	0	0	0
			1	General Practice	658,572	0	0	0	0
			2	General Surgery	729,711	0	0	0	0
			3	Allergy & Immunology	566,873	0	0	0	0
			4	Anesthesiology	772,864	0	0	0	0
			5	Cardiology	2,082,133	0	0	0	0
			6	Dermatology	1,417,496	0	0	0	0
			7	Emergency Medicine	1,327,589	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			8	Endocrinology Medicine	366,442	0	0	0	0
			9	Family Practice	4,233,078	0	0	0	0
			10	Gastroenterology	571,040	0	0	0	0
			11	Geriatrics	17,739	0	0	0	0
			12	Hand Surgery	36,661	0	0	0	0
			13	Hematology	305,655	0	0	0	0
			14	Internal Medicine	7,848,930	0	0	0	0
			15	Infectious Disease	90,658	0	0	0	0
			16	Nephrology	232,691	0	0	0	0
			17	Neurology	520,499	0	0	0	0
			18	Nuclear Medicine	48,339	0	0	0	0
			19	Oncology	1,050,033	0	0	0	0
			20	Ophthalmology	1,528,521	0	0	0	0
			21	Orthopedic Surgery	1,983,838	0	0	0	0
			22	Osteopathy (include manipulations)	4,241	0	0	0	0
			23	Otology/Laryngo/Rhino/Otolaryngo	776,421	0	0	0	0
			24	Pathology	2,232,854	0	0	0	0
			25	Pediatrics	5,206,753	0	0	0	0
			26	Peripheral Vascular Disease/Surgery	31,706	0	0	0	0
			27	Plastic Surgery	102,661	0	0	0	0
			28	Physical Medicine & Rehabilitation	539,223	0	0	0	0
			29	Proctology	17,013	0	0	0	0
			30	Psychiatry	699,842	0	0	0	0
			31	Pulmonary Disease	349,872	0	0	0	0
			32	Radiology	4,527,894	0	0	0	0
			33	Rheumatology	354,065	0	0	0	0
			34	Surgical Specialty Not Listed Here	186,496	0	0	0	0
			35	Thoracic Surgery	64,468	0	0	0	0
			36	Urology	750,147	0	0	0	0
			37	Misc Special (pub health/indusl med)	110,485	0	0	0	0
			38	Physician w/o Identfd Spec/Not Listd	1,550,447	0	0	0	0
			39	Obstetrics/Gynecology	2,607,775	0	0	0	0
			40	Acupuncturist	174,888	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			41	Alcohol/Drug Detox Services	24,324	0	0	0	0
			42	Ambulance Services	164,194	0	0	0	0
			43	Audiologist/Speech Pathologist	165,103	0	0	0	0
			44	Chiropractor	2,547,499	0	0	0	0
			45	Freestanding Clinic-Not a Govt Agncy	69,244	0	0	0	0
			46	Day Care FCLTY-Medical Mental Health	4,622	0	0	0	0
			47	Dietitian/Licensed Nutritionist	23,442	0	0	0	0
			48	Home Health Provider	108,274	0	0	0	0
			49	Advanced Practice Nurse: Anesthetist	56,638	0	0	0	0
			50	Advanced Practice Nurse: Midwife	22,237	0	0	0	0
			51	Advancd Practice Nurse: Nurse Practitioner	130,083	0	0	0	0
			52	Advd Practice Nurse: Psychotherapist	13,695	0	0	0	0
			53	Nurse Other than Advanced Practice	85,073	0	0	0	0
			54	Occupational Therapist	273,779	0	0	0	0
			55	Optometrist	363,563	0	0	0	0
			56	Podiatrist	1,137,096	0	0	0	0
			57	Physical Therapist	5,582,751	0	0	0	0
			58	Psychologist	486,033	0	0	0	0
			59	Clinical Social Worker	488,511	0	0	0	0
			60	Pub Health/Welf Agy-fed & local govt	27,205	0	0	0	0
			61	Voluntary Health Agency	1	0	0	0	0
			62	Other Specialty Not Listed Above	585,574	0	0	0	0
			63	Respiratory Therapist	745	0	0	0	0
			70	General Dentist	36,550	0	0	0	0
			71	Endodontist	1,023	0	0	0	0
			72	Orthodontist	946	0	0	0	0
			73	Oral Surgeon	32,216	0	0	0	0
			74	Pedodontist	1,431	0	0	0	0
			75	Periodontist	1,162	0	0	0	0
			76	Prosthodontist	131	0	0	0	0
			80	Freestanding Pharmacy incl grocery	58,297	0	0	0	0
			81	Mail Order Pharmacy	10,778	0	0	0	0
			82	Independent Laboratory	9,643,445	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			83	Independent Medical Supply Company	1,218,698	0	0	0	0
			84	Optician/Optometrist	31,111	0	0	0	0
			85	All Other Supplies	1,382	0	0	0	0
			90	Freestanding Medical Facility	395,684	0	0	0	0
			91	Freestanding Surgical Facility	264,767	0	0	0	0
			92	Freestanding Imaging Center	331,682	0	0	0	0
			93	Other Facility	2,347,513	0	0	0	0
			100	Neonatology	62,084	0	0	0	0
			101	Multi-Specialty Medical Practice	18,761	0	0	0	0
			102	Mental Health Clinic	37,983	0	0	0	0
Notes: Provider specialty code assigned by Medicare and mapped to MHCC codes. See the CMS-to-MHCC Specialty Code Crosswalk in this documentation.									
SPEC_SOURCE	Source of NEWSPEC specialty codes	Numeric	1	Provider with Single Specialty Code	76,275,264	0	0	0	0
			2	Provider with Multiple Specialty Codes	4,605,907	0	0	0	0
			3	No Provider - Random	5,050,072	0	0	0	0
Notes: Assigned									
SVCPLACE	Place of Service	Character	Other	Invalid Code	379,861	0	0	0	0
			11	Provider's Office	55,024,694	0	0	0	0
			12	Patient's Home	1,734,290	0	0	0	0
			21	Inpatient Hospital	5,235,401	0	0	0	0
			22	Outpatient Hospital	5,163,567	0	0	0	0
			23	Emergency Room (Hospital Portion)	2,191,624	0	0	0	0
			24	Ambulatory Surgical Center	852,792	0	0	0	0
			25	Birthing Center	790	0	0	0	0
			26	Military Treatment Facility	2,565	0	0	0	0
			32	Nursing Facility	319,552	0	0	0	0
			33	Custodial Care Facility	6,060	0	0	0	0
			34	Hospice	4,167	0	0	0	0
			41	Ambulance-Land	183,271	0	0	0	0
			42	Ambulance-Air or Water	2,733	0	0	0	0
			50	Federally Qualified Health Center	2	0	0	0	0
			51	Inpatient Psychiatric Facility	21,922	0	0	0	0

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
			52	Psychiatric Facility Partial Hospitaln	10,872	0	0	0	0
			53	Community Mental Health Center	4,994	0	0	0	0
			54	Intermedi Care FCLTY/Mentally Retarded	41	0	0	0	0
			55	Residential Subst Abuse Treatment Fcty	3,878	0	0	0	0
			56	Psychiatric Residential Treatment Ctr	575	0	0	0	0
			60	Mass Immunization Center	776	0	0	0	0
			61	Comprehensive Inpat Rehabilitatn Fclty	1,900	0	0	0	0
			62	Comprehensive Outpat Rehabilitatn Fcty	151,702	0	0	0	0
			65	End Stage Renal Disease Treatment Fcty	53,061	0	0	0	0
			71	State or Local Public Health Clinic	2,873	0	0	0	0
			81	Independent Laboratory	13,870,154	0	0	0	0
			99	Not Coded or Other Unlisted Facility	707,126	0	0	0	0
Notes: Payer-submitted.									
UNITIND	Service Unit Indicator	Character	Blank	Missing	85,676	0	0	0	0
			1	Transportation Miles	56,444	0	0	0	0
			2	Anesthesia Time Units	299,856	0	0	0	0
			3	Visits	82,561,984	0	0	0	0
			4	Oxygen Units	90,196	0	0	0	0
			5	Blood Units	4,096	0	0	0	0
			6	Allergy Tests	82,559	0	0	0	0
			Other	Invalid Code	2,370,378	0	0	0	0
			8	Anesthesia Time Minutes	366,781	0	0	0	0
			9	Not Coded	13,273	0	0	0	0
Notes: Payer-submitted.									
UNITS	Number of Units for a Service	Numeric			0	13,197	-99	2	999
			Missing	Missing	13,197	0	0	0	0
			< 1	< 1	8,128,365	0	0	0	0
			1	1	72,150,277	0	0	0	0
			> 1	> 1	5,639,404	0	0	0	0
Notes: Payer-submitted.									

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services	Number of Missing Value	Minimum Value	Mean Value	Miximum Value
ZIP_P	Patient Residence ZIP Code	Character	Blank	Value Missing	30,303	0	0	0	0
			Reported	Value Reported	85,900,940	0	0	0	0
Notes: Payer-submitted.									
ZIP_S	Service Location ZIP Code	Character	Blank	Value Missing	4,618,241	0	0	0	0
			Reported	Value Reported	81,313,002	0	0	0	0
Notes: Payer-submitted.									

Appendix B

Medicare File
Contents and Codebook

2006 Maryland Medical Care Database
Medicare File

MCR06_V2.SAS7BDAT

Contents Output

Data Set Name	IN3.MCR06_V2	**Observations**	30255855
Member Type	DATA	**Variables**	75
Engine	V9	**Indexes**	0
Created	Tuesday, June 03, 2008 12:47:44 PM	**Observation Length**	272
Last Modified	Tuesday, June 03, 2008 12:47:44 PM	**Deleted Observations**	0
Protection		**Compressed**	NO
Data Set Type		**Sorted**	NO
Label			
Data Representation	WINDOWS_32		
Encoding	wlatin1 Western (Windows)		
Engine/Host Dependent Information			
Data Set Page Size	16384		
Number of Data Set Pages	504265		
First Data Page	1		
Max Obs per Page	60		
Obs in First Data Page	22		
Number of Data Set Repairs	0		
File Name	I:\MCdb\mcr_fn\sasdata\mcr06_v2.sas7bdat		
Release Created	9.0101M3		
Host Created	XP_PRO		

Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Format	Label
1	age1206_nr	Num	3		Patient Age as of 12/31/2006, not rounded
22	allow	Num	8		Allowed Amount-AA ($)
3	begday	Char	2		Service From Day
52	begindt	Num	8	MMDDYY10.	Service From Date
4	begmo	Char	2		Service From Month
10	begyr	Char	4		Service From Year
50	betosagg	Char	1		BETOS Category, Aggregated
49	betosdet	Char	3		BETOS Category, Detailed
21	bill	Num	8		Billed Charge-BC ($)
5	birthmo	Char	2		Patient Birth Month
12	birthyr	Char	4		Patient Birth Year
6	claimpdd	Char	2		Claim Paid Day
7	claimpmo	Char	2		Claim Paid Month
13	claimpyr	Char	4		Claim Paid Year
51	clmpdate	Num	8	MMDDYY10.	Claim Paid Date
72	cnty_p2	Char	3		County to Use for Pract. Report Analysis
44	county_p	Char	3		Patient County of Residence FIPS Code
32	cpt	Char	5		CPT-4/HCPCS/Other Procedure Code
14	dx1	Char	5		ICD-9-CM Diagnosis Code 1
15	dx2	Char	5		ICD-9-CM Diagnosis Code 2
16	dx3	Char	5		ICD-9-CM Diagnosis Code 3

17	dx4	Char	5		ICD-9-CM Diagnosis Code 4
73	encnt_id	Char	8		Sequential Record Number
8	endday	Char	2		Service Thru Day
53	enddt	Num	8	MMDDYY10.	Service Thru Date
9	endmo	Char	2		Service Thru Month
11	endyr	Char	4		Service Thru Year
56	f_age	Char	1		Valid Age Flag(age1206_nr 65-110) (1/0)
75	f_agecat	Char	1		Age Category Code
54	f_baddt	Char	1		Service Date Imputation Flag
45	f_county	Char	1		Patient Residence County Known (1/0)
41	f_cpt	Char	1		Procedure Code Category (1-7)
71	f_demog	Char	1		Demographic Donor for Analysis File? (1/0)
74	f_fac	Char	1		Service Performed in a Facility? (1/0)
40	f_finms	Char	1		All 4 Financial Vars=0/Missing (1/0)
63	f_imprvu	Char	1		RVU Imputation Flag (1/0,2)
36	f_mcr2nd	Char	1		Medicare is Secondary Payer (1/0)
35	f_modf	Char	1		TC or SG in Modifiers I or II (1/0)
70	f_oddsvc	Char	2		Odd Service Flag
57	f_patid	Char	1		Valid Patient ID (1/0)
46	f_paymd	Char	1		Payment Category (1=Neg,2=0,3=>0,4=Miss)
55	f_serv_a	Char	1		Service Used in Analysis (1/0)
38	f_uncv	Char	1		Uncovered (AA&RA=0/Miss) Service (1/0)
39	f_yr07	Char	1		Service Provided in 2006+ (1/0)
18	fedtaxid	Char	10		Practitioner Federal Tax ID
47	instate	Char	1		MD Service Location ZIP (1/0/blank)
42	los	Num	3		Length of Service(1 for Same&Next Day)
34	mcrstat	Char	2		Medicare Status Code
19	mod1	Char	2		AMA Modifier I
20	mod2	Char	2		AMA Modifier II
69	newbetag	Char	1		Aggregated BETOS, Reclassified
68	newbetdt	Char	3		Detailed BETOS, Reclassified
67	newmod	Char	2		Imputed Modifier/Last Imputation
43	numdxc	Num	3		Number of Diagnosis Codes, Calculated
31	patid	Char	9		Patient ID, Encrypted
24	patliab	Num	8		Patient Liability-PL ($)
58	pay_calc	Char	1		Method for Calculating Medicare Payment
65	pay_mcr	Num	8		Theoretical Medicare Payment
48	payertyp	Char	1		Payer Type (4=MCRNHMO)
37	payment	Num	8		Payment=Sum(RA,PL) ($)
66	plan	Char	6		Plan Type
30	provid	Char	6		Servicing Practitioner Identifier
23	reimb	Num	8		Reimbursement Amount-RA ($)
61	rvu	Num	8		Assigned RVU
64	rvu_i	Num	8		Assigned/Imputed RVU
60	rvu_mp	Num	4		Medicare Phys Fee Schedule RVU, Malpractice
62	rvu_pe	Num	8		Medicare Phys Fee Schedule RVU, Pract Expense
59	rvu_w	Num	4		Medicare Phys Fee Schedule RVU, Work Component
28	sex	Char	1		Patient Sex
25	spec	Char	3		Practitioner Specialty
27	svcplace	Char	2		Place of Service
33	unitind	Char	1		Service Unit Indicator

2	units	Num	3		Number of Units for a Service
26	zip_p	Char	5		Patient Residence ZIP Code
29	zip_s	Char	5		Service Location ZIP Code

2006 Maryland Medical Care Database
Data Description Summary

Medicare File

Number of Services: 30,255,855 | **File Name: MCR06_V2.SAS7DAT**
Number of Variables: 75 | **File Creation Date: March 16, 2008**

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
AGE1206_NR	Patient Age as of 12/31/2006, not rounded	Numeric	Missing	Missing	80
			0 - 17	0 - 17	3,889
			18 - 64	18 - 64	3,875,039
			65 and higher	65 and higher	26,376,847
Notes: Age is not rounded. Ages calculated to be less than 0 or greater than 110 have been set to missing.					
ALLOW	Allowed Amount-AA ($)	Numeric	0	0	2,863,053
			1 - 100	1 - 100	22,740,590
			101 - 500	101 - 500	4,159,489
			> 500	> 500	492,723
Notes: Payer-submitted.					
BEGDAY	Service From Day	Character	01-31	Day = 01-31	30,255,855
Notes: Payer-submitted.					
BEGINDT	Service From Date	Date	Reported	Date Complete	30,255,855
Notes: Assigned. May be imputed using Service Thru Date if missing.					
BEGMO	Service From Month	Character	01-12	Month = 01-12	30,255,855
Notes: Payer-submitted.					
BEGYR	Service From Year	Character	2006	Year = 2006	30,255,855
Notes: Payer-submitted.					
BETOSAGG	BETOS Category, Aggregated	Character	Missing	Code Not Assigned	393,684
			1	Evaluation and Management	9,557,316
			2	Procedures	4,925,610
			3	Imaging	3,598,489
			4	Tests	9,792,998
			5	Durable Medical Equipment	31,505
			6	Other	1,848,791
			7	Exceptions/Unclassified	107,462
Notes: Aggregated groupings for Berenson-Eggers Type of Service Code (see BETOSDT). Code 8, Childhood Immunizations, is not assigned beginning in 2003.					
BETOSDET	BETOS Category, Detailed	Character	Missing	Code Not Assigned	393,684
			D1A	Medical/Surgical Supplies	9,228
			D1C	Oxygen and Supplies	153
			D1D	Wheelchairs	10
			D1E	Other DME	1,931
			D1F	Orthotic Devices	17,962
			D1G	Drugs Administered Through DME	2,221
			I1A	Standard Imaging - Chest	690,954

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
			I1B	Standard Imaging - Musculoskeletal	559,336
			I1C	Standard Imaging - Breast	24,666
			I1D	Standard Imaging - Contrast Gastrointestinal	35,590
			I1E	Standard Imaging - Nuclear Medicine	407,339
			I1F	Standard Imaging - Other	194,809
			I2A	Advanced Imaging - CAT: Head	141,676
			I2B	Advanced Imaging - CAT: Other	341,377
			I2C	Advanced Imaging - MRI: Brain	62,657
			I2D	Advanced Imaging - MRI: Other	116,127
			I3A	Echography - Eye	38,698
			I3B	Echography - Abdomen/Pelvis	109,703
			I3C	Echography - Heart	469,756
			I3D	Echography - Carotid Arteries	68,886
			I3E	Echography - Prostate, Transrectal	6,795
			I3F	Echography - Other	163,562
			I4A	Imaging/Procedure - Heart, including Cardiac Catheterization	87,266
			I4B	Imaging/Procedure - Other	79,292
			M1A	Office Visits - New	272,363
			M1B	Office Visits - Established	4,263,032
			M2A	Hospital Visit - Initial	205,353
			M2B	Hospital Visit - Subsequent	1,617,588
			M2C	Hospital Visit - Critical Care	122,156
			M3	Emergency Room Visit	368,146
			M4A	Home Visit	29,429
			M4B	Nursing Home Visit	499,709
			M5B	Specialist - Psychiatry	517,201
			M5C	Specialist - Ophthalmology	891,658
			M5D	Specialist - Other	83,451
			M6	Consultations	687,230
			O1A	Ambulance	315,331
			O1B	Chiropractic	238,567
			O1C	Enteral and Parenteral	1,013
			O1D	Chemotherapy	73,041
			O1E	Other Drugs	546,243
			O1F	Vision, Hearing and Speech Services	2,020
			O1G	Influenza Immunization	672,576
			P0	Anesthesia	393,038
			P1A	Major Procedure - Breast	960
			P1B	Major Procedure - Colectomy	3,573
			P1C	Major Procedure - Cholecystectomy	891
			P1D	Major Procedure - TURP	1,955
			P1E	Major Procedure - Hysterectomy	1,226
			P1F	Major Procedure - Explor/Decompr/ExcisDisc	12,960
			P1G	Major Procedure - Other and Major Maternal Procedures	67,331
			P2A	Major Procedure, Cardiovascular - CABG	6,976
			P2B	Major Procedure, Cardiovascular - Aneurysm Repair	1,206

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
			P2C	Major Procedure, Cardiovascular - Thromboendarterectomy	1,919
			P2D	Major Procedure, Cardiovascular - Coronary Angioplasty (PTCA)	14,140
			P2E	Major Procedure, Cardiovascular - Pacemaker Insertion	8,903
			P2F	Major Procedure, Cardiovascular - Other	75,585
			P3A	Major Procedure, Orthopedic - Hip Fracture Repair	4,197
			P3B	Major Procedure, Orthopedic - Hip Replacement	4,019
			P3C	Major Procedure, Orthopedic - Knee Replacement	8,456
			P3D	Major Procedure, Orthopedic - Other	32,342
			P4A	Eye Procedures - Corneal Transplant	666
			P4B	Eye Procedures - Cataract Removal/Lens Insertion	57,764
			P4C	Eye Procedures - Retinal Detachment	1,443
			P4D	Eye Procedures - Treatment of Retinal Lesions	8,053
			P4E	Eye - Other	58,301
			P5A	Ambulatory Procedures - Skin	493,708
			P5B	Ambulatory Procedures - Musculoskeletal	25,964
			P5C	Ambulatory Procedures - Inguinal Hernia Repair	2,574
			P5D	Ambulatory Procedures - Lithotripsy	1,095
			P5E	Ambulatory Procedures - Other	278,792
			P6A	Minor Procedures - Skin	369,369
			P6B	Minor Procedures - Musculoskeletal	234,720
			P6C	Minor Procedures - Other (Medicare Fee Schedule)	1,933,902
			P6D	Minor Procedures - Other (Non-Medicare Fee Schedule)	5,987
			P7A	Oncology - Radiation Therapy	155,281
			P7B	Oncology - Other	237,700
			P8A	Endoscopy - Arthroscopy	12,832
			P8B	Endoscopy - Upper Gastrointestinal	67,334
			P8C	Endoscopy - Sigmoidoscopy	4,784
			P8D	Endoscopy - Colonoscopy	104,915
			P8E	Endoscopy - Cystoscopy	56,663
			P8F	Endoscopy - Bronchoscopy	10,304
			P8G	Endoscopy - Lararoscopic Cholecystectomy	4,192
			P8H	Endoscopy - Laryngoscopy	15,514
			P8I	Endoscopy - Other	19,212
			P9A	Dialysis Services (Medicare Fee Schedule)	56,667
			P9B	Dialysis Services (Non-Medicare Fee Schedule)	68,197
			T1A	Lab Tests - Routine Venipuncture (Non-Medicare Fee Schedule)	1,246,332

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
			T1B	Lab Tests - Automated General Profiles	1,380,644
			T1C	Lab Tests - Urinalysis	391,982
			T1D	Lab Tests - Blood Counts	804,383
			T1E	Lab Tests - Glucose	110,999
			T1F	Lab Tests - Bacterial Cultures	217,054
			T1G	Lab Tests - Other (Medicare Fee Schedule)	436,685
			T1H	Lab Test, Other (Non-Medicare Fee Schedule)	3,709,300
			T2A	Other Tests - Electrocardiograms	873,639
			T2B	Other Tests - Cardiovascular Stress Tests	136,071
			T2C	Other Tests - EKG Monitoring	36,692
			T2D	Other Tests - Other	449,217
			Y1	Medicare Fee Schedule	45,919
			Y2	Other - Non-Medicare Fee Schedule	60,429
			Z2	Undefined Codes	1,114
Notes: Berenson-Eggers Type of Service Code. 2006 CMS public use file					
BILL	Billed Charge-BC ($)	Numeric	0	0	787
			1 - 100	1 - 100	19,404,558
			101 - 500	101 - 500	9,100,492
			> 500	> 500	1,750,018
Notes: Payer-submitted.					
BIRTHMO	Patient Birth Month	Character	01-12	Month = 01-12	30,255,855
Notes: Payer-submitted.					
BIRTHYR	Patient Birth Year	Character	1880-1899	Year = 1880-1899	589
			1900-1919	Year = 1900-1919	2,945,212
			1920-1939	Year = 1920-1939	21,684,528
			1940-1959	Year = 1940-1959	4,558,184
			1960-1979	Year = 1960-1979	1,003,070
			1980-1999	Year = 1980-1999	63,573
			2000-2005	Year = 2000-2005	699
Notes: Payer-submitted.					
CLAIMPDD	Claim Paid Day	Character	01-31	Day = 01-31	30,255,855
Notes: Assigned					
CLAIMPMO	Claim Paid Month	Character	01-12	Month = 01-12	30,255,855
Notes: Payer-submitted.					
CLAIMPYR	Claim Paid Year	Character	2006	Year = 2006	27,491,815
			2007	Year = 2007	2,764,040
Notes: Payer-submitted.					
CLMPDATE	Claim Paid Date	Date	Reported	Date Complete	30,255,855
Notes: Payer-submitted.					

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
CNTY_P2	County to Use for Pract. Report Analysis	Character	Missing	Patient Residence County Unknown	47,954
			001	Allegany	577,016
			003	Anne Arundel	2,834,383
			005	Baltimore	5,361,804
			009	Calvert	439,690
			011	Caroline	171,734
			013	Carroll	1,024,988
			015	Cecil	524,180
			017	Charles	569,694
			019	Dorchester	209,579
			021	Frederick	1,071,214
			023	Garrett	164,070
			025	Harford	1,287,713
			027	Howard	921,660
			029	Kent	194,305
			031	Montgomery	4,909,567
			033	Prince Georges	3,328,211
			035	Queen Annes	235,234
			037	Saint Marys	476,934
			039	Somerset	158,675
			041	Talbot	297,649
			043	Washington	976,748
			045	Wicomico	575,811
			047	Worcester	453,116
			510	Baltimore City	3,443,926
Notes: Patient county of residence normalized to assign one county per unique recipient. See 2005 COMAR Data Submission Manual, Appendix F for zip code-county crosswalk. See F_DEMOG for assignment rules. Use this variable rather than COUNTY_P to avoid double-counting of recipients within regions.					
COUNTY_P	Patient County of Residence FIPS Code	Character	Missing	Patient Residence County Unknown	27,460
			001	Allegany	576,987
			003	Anne Arundel	2,839,971
			005	Baltimore	5,365,364
			009	Calvert	440,888
			011	Caroline	173,009
			013	Carroll	1,032,649
			015	Cecil	525,322
			017	Charles	569,352
			019	Dorchester	208,982
			021	Frederick	1,075,531
			023	Garrett	164,576
			025	Harford	1,294,264
			027	Howard	928,437
			029	Kent	194,009
			031	Montgomery	4,911,223
			033	Prince Georges	3,314,201
			035	Queen Annes	236,033
			037	Saint Marys	480,382
			039	Somerset	158,291
			041	Talbot	298,027
			043	Washington	978,130
			045	Wicomico	578,674

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
			047	Worcester	453,016
			510	Baltimore City	3,431,077
Notes: Patient county of residence based on patient zip code. See 2005 COMAR Data Submission Manual, Appendix F for zip code-county crosswalk. Use of this variable may cause double counting of recipients within regions. To avoid regionally double counting, user variable CNTY_P2.					
CPT	CPT-4/HCPCS/Other Procedure Code	Character	Reported	Value Reported	30,255,855
Notes: Payer-submitted.					
DX1	ICD-9-CM Diagnosis Code 1	Character	0		3,954
			1		30,251,901
Notes: Embedded decimal points removed.					
DX2	ICD-9-CM Diagnosis Code 2	Character	0		11,196,675
			1		19,059,180
Notes: Embedded decimal points removed.					
DX3	ICD-9-CM Diagnosis Code 3	Character	0		18,561,225
			1		11,694,630
Notes: Embedded decimal points removed.					
DX4	ICD-9-CM Diagnosis Code 4	Character	0		23,846,594
			1		6,409,261
Notes: Embedded decimal points removed.					
ENCNT_ID	Sequential Record Number	Character	Assigned	Sequential ID Assigned	30,255,855
Notes: Record identification number.					
ENDDAY	Service Thru Day	Character	01-31	Day = 01-31	30,255,855
Notes: Payer-submitted.					
ENDDT	Service Thru Date	Date	Reported	Date Complete	30,255,855
Notes: Assigned. May be imputed as Service From Date if missing.					
ENDMO	Service Thru Month	Character	01-12	Month = 01-12	30,255,855
Notes: Assigned. May be imputed as Service From Date if missing.					
ENDYR	Service Thru Year	Character	2006	Year = 2006	30,255,855
Notes: Payer-submitted.					
FEDTAXID	Practitioner Federal Tax ID	Character	Blank	Value Missing	1
			Reported	Value Reported	30,255,854
Notes: Payer-submitted.					
F_AGE	Valid Age Flag(age1206_nr 65-110) (1/0)	Character	0	AGE1206 Invalid - Missing, <65, >110	3,879,008
			1	AGE1206 Valid (65-110 inclusive)	26,376,847
Notes: Flag to identify services with recipient age between 0 and 110.					

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
F_AGECAT	Age Category Code	Character	1	AGE12006_NR Missing	80
			2	0-64 Years Old	3,878,928
			3	65-110 Years Old	26,376,847
Notes: Flag to categorize recipient age as of December 31 of the service year.					
F_BADDT	Service Date Imputation Flag	Character	4	Both dates good	30,255,855
Notes: Flag to identify services with imputed service beginning and/or end dates.					
F_COUNTY	Patient Residence County Known (1/0)	Character	0	No - County of Residence is Not Known	27,460
			1	Yes - County of Residence is Known	30,228,395
Notes: Flag indicating whether the recipient's county of residence is known.					
F_CPT	Procedure Code Category (1-7)	Character	2	HCPCS Code	2,266,091
			3	CPT-4 Code	27,978,855
			7	Procedure Code Invalid	10,909
Notes: Payer-supplied homegrown codes are flagged before remaining groupings are tested. HCPCS codes were validated against the 2005/2006 CMS listings. CPT codes were validated against the 2006/2007 AMA listings.					
F_DEMOG	Demographic Donor for Analysis File? (1/0)	Character	0	No - Demographics Not Used in Analysis	29,641,201
			1	Yes - Demographics Used in Analysis	614,654
Notes: Flag to indicate a service used to normalize the recipient's county of residence (COUNTY_P2). Each recipient in the database may have services containing multiple county codes (COUNTY_P). However, if more than one county code is present, the county code attached to the first record for the recipient occurring in the file is assigned to all records for that recipient in this variable. COUNTY_P2 is the county code used in the Practitioner Report analysis.					
F_FAC	Service Performed in a Facility? (1/0)	Character	0	Service Not Provided in a Facility	23,229,895
			1	Service Provided in a Facility	7,025,960
Notes: Facilities are identified by the Place of Service codes 01, 02, 21, 22, 23, 24, 31, 34, 51 and 52 (see SVCPLACE).					
F_FINMS	All 4 Financial Vars=0/Missing (1/0)	Character	0	No - Not All Financial Variables are Equal to 0/Missing	30,255,068
			1	Yes - All Financial Variables are Equal to 0/Missing	787
Notes: Flag to identify any service with no available financial information.					
F_IMPRVU	RVU Imputation Flag (1/0,2)	Character	0	No - RVU Not Imputed	19,965,995
			1	Yes - RVU Imputed	9,291,378
			2	No - RVU Not Imputed, No Donor RVU	998,482
Notes: Flag to identify whether or not the RVUs attached to the service have been imputed. For details of the RVU imputation methodology, see the Database Development Report.					
F_MCR2ND	Medicare is Secondary Payer (1/0)	Character	0	No - Medicare Not Secondary Coverage	30,072,163
			1	Yes - Medicare is Secondary Coverage	183,692
Notes: Flag to indicate whether Medicare is the primary or secondary payer for the service.					

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
F_MODF	TC or SG in Modifiers I or II (1/0)	Character	0	No - TC or SG Modifier Not Present	29,916,022
			1	Yes - TC or SG Modifier Present	339,833
Notes: Flag to identify services which are the technical component or SG component. These service are not eligible for inclusion in the Practitioner Report analysis file.					
F_ODDSVC	Odd Service Flag	Character	Blank	Not Odd Services	20,684,277
			03	Payment <= 1, Allowed Amount <= 0	2,026,703
			04	Identified Anesthesia Outside Of Range	83,858
			05	Identified Facility Bill	437,812
			06	Minor Service Assoc With Major Service	229,924
			08	Payer not NONHMO,HMOFFS,HMOCAP	2,941,462
			09	Not First Dupe by Key, Descending Payment	1,238,440
			10	Actuaries Trim, Payment, Low	67,896
			11	Actuaries Trim, Payment, High	1,671
			12	Actuaries Trim, RVU_I, Low	70,931
			13	Actuaries Trim, RVU_I, High	22,383
			15	RVU_I <= 0	570,754
			99	More Than 1 Service	1,879,744
Notes: Flag with multiple values used to identify a service eligible for the Practitioner Report analysis but potentially to be excluded from tables developed for the Practitioner Report. See the 2006 Database Development Plan for a detailed explanation of the specifications for "odd services" condition code.					
F_PATID	Valid Patient ID (1/0)	Character	1	Yes-Patient ID is Valid	30,255,855
Notes: Flag to identify patient identifiers (PATID) which are non-missing and not composed of all '9's.					
F_PAYMD	Payment Category (1=Neg,2=0,3=>0,4=Miss)	Character	2	Zero payment	2,887,856
			3	Positive payment	27,367,999
Notes: Flag to categorize payment as <0, 0, > 0 or missing.					
F_SERV_A	Service Used in Analysis (1/0)	Character	0	No - Service Not Used in Analysis	3,357,819
			1	Yes - Service Used in Analysis	26,898,036
Notes: Flag to indicate if service can be used in analysis.					
F_UNCV	Uncovered (AA&RA=0/Miss) Service (1/0)	Character	0	No - Service is Not Uncovered	27,392,802
			1	Yes - Service is Uncovered	2,863,053
Notes: Flag to identify services which are not covered by recipients plan. To be identified as uncovered, a service must have both allowed amount (ALLOW) and reimbursed amount (REIMB) missing or 0.					
F_YR07	Service Provided in 2006+ (1/0)	Character	0	No - Service Provided in 2006	30,255,855
Notes: Flag to identify a service provided between January 1 and April 31 of the year following the submission year. For example, all 2007 services in the 2006 database have F_YR07=1. Services provided in the four months following the submission year are not eligible for inclusion in the primary Practitioner					

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
Report analysis dataset, but may be included in a secondary Practitioner Report analysis dataset used to estimate payment trends.					
INSTATE	MD Service Location ZIP (1/0/blank)	Character	0	Service Location Valid, Not MD (Based on Zipcode)	5,531
			1	Service Location in MD (Based on Zipcode)	30,250,324
Notes: Flag to identify services provided in Maryland. Flag is based on the payer-submitted provider location zip code.					
LOS	Length of Service(1 for Same&Next Day)	Numeric	1	1	27,748,094
			> 1	> 1	2,507,761
Notes: The numbers of days between the beginning (BEGINDT) and end (ENDDT) of service. LOS = 1 for services beginning and ending on the same day. Since the MCDB contains outpatient service records, most services have LOS = 1.					
MCRSTAT	Medicare Status Code	Character	10	Aged Without ESRD	25,602,489
			11	Aged With ESRD	687,220
			20	Disabled Without ESRD	3,282,294
			21	Disabled With ESRD	421,430
			31	ESRD Only	262,422
MOD1	AMA Modifier I	Character	Blank	Missing Code	20,455,282
			Other	All Other Codes	5,450,459
			21	Prolonged Evaluatn/Mgmt(E/M) Serv	684
			22	Unusual Procedural Services	1,259
			23	Unusual Anesthesia	4
			24	Unrel E/M Serv by Same Phys Postop	42,308
			25	Sep Ident. E/M by Same Phys/day	812,670
			26	Professional Component	2,586,120
			32	Mandated Services	1,356
			47	Anesthesia by Surgeon	112
			50	Bilateral Procedure	62,080
			51	Multiple Procedures	135,040
			52	Reduced Services	10,662
			54	Surgical Care Only	2,881
			55	Postoperative Management Only	1,256
			56	Preoperative Management Only	356
			57	Decision for Surgery	26,296
			58	Staged/Rel Proc by Same Phys Postop	21,727
			62	Two Surgeons	2,254
			76	Repeat Procedure by Same Physician	45,961
			77	Repeat Procedure by Another Physician	5,757
			78	Return to Op Rm for Rel Proc Postop	10,866
			79	Unrelated Proc by Same Phy Postop	40,659
			80	Assistant Surgeon	14,975
			81	Minimum Assisting Surgeon	756
			82	Assist Surgeon(qual res phy unav)	3,504
			90	Reference (Outside) Laboratory	113,199

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
			99	Multiple Modifiers	29
			QX	Cert Reg Nurse Anesth. w/o doc dir	36,853
			QZ	Cert Reg Nurse Anesth (CRNA)	35,405
			SG	HCFA Ambulatory Surgery	164,506
			TC	Radiology: Technical Component	170,579
Notes: Payer-submitted.					
MOD2	AMA Modifier II	Character	Blank	Missing Code	28,466,594
			Other	All Other Codes	1,550,205
			21	Prolonged Evaluatn/Mgmt(E/M) Serv	99
			22	Unusual Procedural Services	275
			23	Unusual Anesthesia	1
			24	Unrel E/M Serv by Same Phys Postop	934
			25	Sep Ident. E/M by Same Phys/day	20,392
			26	Professional Component	12
			32	Mandated Services	3
			47	Anesthesia by Surgeon	3
			50	Bilateral Procedure	8,579
			51	Multiple Procedures	122,290
			52	Reduced Services	6,182
			54	Surgical Care Only	686
			55	Postoperative Management Only	113
			56	Preoperative Management Only	17
			57	Decision for Surgery	4,218
			58	Staged/Rel Proc by Same Phys Postop	2,892
			62	Two Surgeons	128
			76	Repeat Procedure by Same Physician	32,643
			77	Repeat Procedure by Another Physician	19,830
			78	Return to Op Rm for Rel Proc Postop	1,232
			79	Unrelated Proc by Same Phy Postop	10,872
			80	Assistant Surgeon	1,157
			81	Minimum Assisting Surgeon	52
			82	Assist Surgeon(qual res phy unav)	648
			90	Reference (Outside) Laboratory	385
			99	Multiple Modifiers	14
			QX	Cert Reg Nurse Anesth. w/o doc dir	5
			QZ	Cert Reg Nurse Anesth (CRNA)	1
			SG	HCFA Ambulatory Surgery	5,392
			TC	Radiology: Technical Component	1
Notes: Payer-submitted.					
NEWBETAG	Aggregated BETOS, Reclassified	Character	1	Evaluation and Management	9,557,316
			2	Procedures	4,925,607
			3	Imaging	3,598,489
			4	Tests	9,793,001
			5	Durable Medical Equipment	31,505
			X	Missing/Not	2,349,937

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
				Assigned/Other/Exceptions	
Notes: Aggregated BETOS code. Contains either the assigned code (see BETOSAGG) or a code imputed to correct identified errors in the published BETOS file.					
NEWBETDT	Detailed BETOS, Reclassified	Character	D1A	Medical/Surgical Supplies	9,228
			D1C	Oxygen and Supplies	153
			D1D	Wheelchairs	10
			D1E	Other DME	1,931
			D1F	Orthotic Devices	17,962
			D1G	Drugs Administered Through DME	2,221
			I1A	Standard Imaging - Chest	690,954
			I1B	Standard Imaging - Musculoskeletal	559,336
			I1C	Standard Imaging - Breast	24,666
			I1D	Standard Imaging - Contrast Gastrointestinal	35,590
			I1E	Standard Imaging - Nuclear Medicine	407,339
			I1F	Standard Imaging - Other	194,809
			I2A	Advanced Imaging - CAT: Head	141,676
			I2B	Advanced Imaging - CAT: Other	341,377
			I2C	Advanced Imaging - MRI: Brain	62,657
			I2D	Advanced Imaging - MRI: Other	116,127
			I3A	Echography - Eye	38,698
			I3B	Echography - Abdomen/Pelvis	109,703
			I3C	Echography - Heart	469,756
			I3D	Echography - Carotid Arteries	68,886
			I3E	Echography - Prostate, Transrectal	6,795
			I3F	Echography - Other	163,562
			I4A	Imaging/Procedure - Heart, including Cardiac Catheterization	87,266
			I4B	Imaging/Procedure - Other	79,292
			M1A	Office Visits - New	272,363
			M1B	Office Visits - Established	4,263,032
			M2A	Hospital Visit - Initial	205,353
			M2B	Hospital Visit - Subsequent	1,617,588
			M2C	Hospital Visit - Critical Care	122,156
			M3	Emergency Room Visit	368,146
			M4A	Home Visit	29,429
			M4B	Nursing Home Visit	499,709
			M5B	Specialist - Psychiatry	517,201
			M5C	Specialist - Ophthalmology	891,658
			M5D	Specialist - Other	83,451
			M6	Consultations	687,230
			O1A	Ambulance	315,331
			O1B	Chiropractic	238,567
			O1C	Enteral and Parenteral	1,013
			O1D	Chemotherapy	73,041
			O1E	Other Drugs	546,243
			O1F	Vision, Hearing and Speech Services	2,020
			O1G	Influenza Immunization	672,577
			P0	Anesthesia	393,034
			P1A	Major Procedure - Breast	960
			P1B	Major Procedure - Colectomy	3,573

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
			P1C	Major Procedure - Cholecystectomy	891
			P1D	Major Procedure - TURP	1,955
			P1E	Major Procedure - Hysterectomy	1,226
			P1F	Major Procedure - Explor/Decompr/ExcisDisc	12,960
			P1G	Major Procedure - Other and Major Maternal Procedures	67,331
			P2A	Major Procedure, Cardiovascular - CABG	6,976
			P2B	Major Procedure, Cardiovascular - Aneurysm Repair	1,206
			P2C	Major Procedure, Cardiovascular - Thromboendarterectomy	1,919
			P2D	Major Procedure, Cardiovascular - Coronary Angioplasty (PTCA)	14,140
			P2E	Major Procedure, Cardiovascular - Pacemaker Insertion	8,903
			P2F	Major Procedure, Cardiovascular - Other	75,585
			P3A	Major Procedure, Orthopedic - Hip Fracture Repair	4,197
			P3B	Major Procedure, Orthopedic - Hip Replacement	4,019
			P3C	Major Procedure, Orthopedic - Knee Replacement	8,456
			P3D	Major Procedure, Orthopedic - Other	32,342
			P4A	Eye Procedures - Corneal Transplant	666
			P4B	Eye Procedures - Cataract Removal/Lens Insertion	57,764
			P4C	Eye Procedures - Retinal Detachment	1,443
			P4D	Eye Procedures - Treatment of Retinal Lesions	8,053
			P4E	Eye - Other	58,301
			P5A	Ambulatory Procedures - Skin	493,708
			P5B	Ambulatory Procedures - Musculoskeletal	25,964
			P5C	Ambulatory Procedures - Inguinal Hernia Repair	2,574
			P5D	Ambulatory Procedures - Lithotripsy	1,095
			P5E	Ambulatory Procedures - Other	278,792
			P6A	Minor Procedures - Skin	369,369
			P6B	Minor Procedures - Musculoskeletal	234,720
			P6C	Minor Procedures - Other (Medicare Fee Schedule)	1,933,902
			P6D	Minor Procedures - Other (Non-Medicare Fee Schedule)	5,987
			P7A	Oncology - Radiation Therapy	155,281
			P7B	Oncology - Other	237,700
			P8A	Endoscopy - Arthroscopy	12,832
			P8B	Endoscopy - Upper Gastrointestinal	67,334
			P8C	Endoscopy - Sigmoidoscopy	4,784
			P8D	Endoscopy - Colonoscopy	104,915
			P8E	Endoscopy - Cystoscopy	56,663

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
			P8F	Endoscopy - Bronchoscopy	10,304
			P8G	Endoscopy - Lararoscopic Cholecystectomy	4,193
			P8H	Endoscopy - Laryngoscopy	15,514
			P8I	Endoscopy - Other	19,212
			P9A	Dialysis Services (Medicare Fee Schedule)	56,667
			P9B	Dialysis Services (Non-Medicare Fee Schedule)	68,197
			T1A	Lab Tests - Routine Venipuncture (Non-Medicare Fee Schedule)	1,246,332
			T1B	Lab Tests - Automated General Profiles	1,380,647
			T1C	Lab Tests - Urinalysis	391,982
			T1D	Lab Tests - Blood Counts	804,383
			T1E	Lab Tests - Glucose	110,999
			T1F	Lab Tests - Bacterial Cultures	217,054
			T1G	Lab Tests - Other (Medicare Fee Schedule)	436,685
			T1H	Lab Test, Other (Non-Medicare Fee Schedule)	3,709,300
			T2A	Other Tests - Electrocardiograms	873,639
			T2B	Other Tests - Cardiovascular Stress Tests	136,071
			T2C	Other Tests - EKG Monitoring	36,692
			T2D	Other Tests - Other	449,217
			XXX	Missing/Code Not Assigned	393,683
			Y1	Medicare Fee Schedule	45,919
			Y2	Other - Non-Medicare Fee Schedule	60,429
			Z2	Undefined Codes	1,114
Notes: Detailed BETOS code. Contains either the assigned code (see BETOSDT) or a code imputed to correct identified errors in the published BETOS file.					
NEWMOD	Imputed Modifier/Last Imputation	Character	Blank	Missing Code	27,474,518
			26	Professional Component	2,611,158
			TC	Radiology: Technical Component	170,179
Notes: AMA Modifier. Contains either the assigned code (see MOD1) or a code imputed to correctly identify the portion of fee associated with the procedure code.					
NUMDXC	Number of Diagnosis Codes, Calculated	Numeric	1	1	11,195,864
			>1	>1	19,059,991
Notes: Recalculation of Number of Diagnosis Code Counts. Payer-submitted Line Item # 16 not reported.					
PATID	Patient ID, Encrypted	Character	Reported	Value Reported	30,255,855
Notes: Encryption of payer-submitted.					
PATLIAB	Patient Liability-PL ($)	Numeric	0	0	10,832,900
			1 - 100	1 - 100	18,816,193
			101 - 500	101 - 500	591,596
			> 500	> 500	15,166
Notes: Payer-submitted.					
PAYERTYP	Payer Type (4=MCRNHMO)	Character	Missing	Group Not Assigned - Age=0-64	3,879,008
			4	Medicare Non-HMO	26,376,847

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
Notes: Assigned based on delivery system (DELIVTYP). Services from HMO providers with DELIVTYP = 1 or 5 are classified as either HMOFFS (Fee-for-Service) or HMOCAP (capitated) depending on payer-supplied bill type code (BILLTYPE). Services from all providers coded as PPO-POS, PPO or Other Managed Care, or Indemnity Care are classified as NONHMO (Fee-for-Service). Only services for recipients aged 0-64 are assigned to a Plan category.					
PAYMENT	Payment=Sum(RA,PL) ($)	Numeric	0	0	2,887,856
			1 - 100	1 - 100	22,845,862
			101 - 500	101 - 500	4,033,523
			> 500	> 500	488,614
Notes: The sum of the payer-submitted allowed amount (ALLOW) and patient liability (PATLIAB). For capitated services, PAYMENT will either be missing or equal PATLIAB.					
PAY_CALC	Method for Calculating Medicare Payment	Character	0	Do not calculate payment	10,909
			2	Calculate Using Facility RVUs	4,129,922
			3	Calculate Using Non-Facility RVUs	9,710,617
			4	Procedure Code is a Lab Fee Schedule Code	5,965,666
			5	Procedure Code with an Imputed Total RVU but no Components	878,072
			6	Flagged as Odd Service - Do not Use MCR Rate	9,560,669
Notes: Flag to identify the methodology used to calculate the theoretical amount Medicare would have paid for the service (PAY_MCR). For details of the calculation of theoretical Medicare payments, see the Database Development Report.					
PAY_MCR	Theoretical Medicare Payment	Numeric	Missing	Missing	9,571,578
			1 - 25	1 - 25	8,443,742
			26 - 75	26 - 75	6,905,286
			> 75	> 75	5,335,249
Notes: Calculated theoretical Medicare payment; that is, the amount Medicare would have paid for the service adjusted for service location. A Practitioner Report analysis variable used to assess payer compliance with various provider reimbursement regulations. For details of the calculation of theoretical Medicare payments, see the Database Development Report.					
PLAN	Plan Type	Character	Blank	Not Assigned	3,879,008
			MCR	Medicare Non-HMO Plan	26,376,847
Notes: Assigned to services for recipients aged 0 to 64 with known coverage type.					
PROVID	Servicing Practitioner Identifier	Character	Blank	Value Missing	2,735,416
			Reported	Value Reported	27,520,439
Notes: Payer-submitted.					
REIMB	Reimbursement Amount-RA ($)	Numeric	0	0	3,423,663
			1 - 100	1 - 100	23,538,546
			101 - 500	101 - 500	2,969,023
			> 500	> 500	324,623
Notes: Payer-submitted.					
RVU	Assigned RVU	Numeric	Missing	Missing	10,300,769
			0.01 - 1.00	0.01 - 1.00	6,448,008
			1.01 - 5.00	1.01 - 5.00	12,113,477

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
			> 5	> 5	1,393,601
Notes: Assigned if available.					
RVU_I	Assigned/Imputed RVU	Numeric	Missing	Missing	1,009,391
			0.01 - 1.00	0.01 - 1.00	15,112,675
			1.01 - 5.00	1.01 - 5.00	12,625,955
			> 5	> 5	1,507,834
Notes: Contains all values in RVU plus addition values for services where RVU is imputed. RVU field to use for analysis.					
RVU_MP	Medicare Phys Fee Schedule RVU, Malpractice	Numeric	Missing	Missing	1,009,391
			0	0	7,870,350
			0.01 - 1.00	0.01 - 1.00	21,193,881
			1.01 - 5.00	1.01 - 5.00	178,764
			> 5	> 5	3,469
Notes: Assigned if available. Otherwise imputed if possible. The only Malpractice RVU available in the database.					
RVU_PE	Medicare Phys Fee Schedule RVU, Pract Expense	Numeric	Missing	Missing	1,009,391
			0.01 - 1.00	0.01 - 1.00	22,966,128
			1.01 - 5.00	1.01 - 5.00	5,625,498
			> 5	> 5	654,838
Notes: Assigned if available. Otherwise imputed if possible. The only Practice Expense RVU variable available in the database.					
RVU_W	Medicare Phys Fee Schedule RVU, Work Component	Numeric	Missing	Missing	1,009,391
			0	0	8,391,635
			0.01 - 1.00	0.01 - 1.00	13,105,344
			1.01 - 5.00	1.01 - 5.00	7,334,921
			> 5	> 5	414,564
Notes: Assigned if available. Otherwise imputed if possible. Only Work RVU variable available in the database.					
SEX	Patient Sex	Character	1	Male	12,276,646
			2	Female	17,979,209
Notes: Payer-submitted.					
SPEC	Practitioner Specialty	Character	001	General Practice	103,830
			002	General Surgery	360,853
			003	Allergy & Immunology	55,877
			004	Anesthesiology	311,630
			005	Cardiology	2,337,112
			006	Dermatology	541,688
			007	Emergency Medicine	432,183
			008	Endocrinology Medicine	194,743
			009	Family Practice	1,141,820
			010	Gastroenterology	330,669
			011	Geriatrics	79,710
			012	Hand Surgery	10,770
			013	Hematology	83,898
			014	Internal Medicine	4,604,541
			015	Infectious Disease	121,658
			016	Nephrology	374,334
			017	Neurology	262,141

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
			018	Nuclear Medicine	68,241
			019	Oncology	1,523,525
			020	Ophthalmology	1,085,858
			021	Orthopedic Surgery	817,403
			022	Osteopathy (include manipulations)	6,428
			023	Otology/Laryngo/Rhino/Otolaryngo	229,014
			024	Pathology	280,937
			025	Pediatrics	28,324
			026	Peripheral Vascular Disease/Surgery	113,085
			027	Plastic Surgery	55,495
			028	Physical Medicine & Rehabilitation	208,782
			029	Proctology	13,311
			030	Psychiatry	390,338
			031	Pulmonary Disease	478,206
			032	Radiology	2,322,979
			033	Rheumatology	293,933
			034	Surgical Specialty Not Listed Here	57,049
			035	Thoracic Surgery	55,416
			036	Urology	520,088
			037	Misc Special (pub health/indusl med)	70,438
			038	Physician w/o Identfd Spec/Not Listd	84,078
			039	Obstetrics/Gynecology	210,963
			042	Ambulance Services	315,610
			043	Audiologist/Speech Pathologist	31,288
			044	Chiropractor	457,849
			045	Freestanding Clinic-Not a Govt Agncy	3,050
			047	Dietitian/Licensed Nutritionist	2,411
			049	Advanced Practice Nurse: Anesthetist	74,103
			050	Advanced Practice Nurse: Midwife	1,469
			051	Advancd Practice Nurse: Nurse Practitioner	296,639
			053	Nurse Other than Advanced Practice	12
			054	Occupational Therapist	59,146
			055	Optometrist	131,432
			056	Podiatrist	737,107
			057	Physical Therapist	1,198,741
			058	Psychologist	99,220
			059	Clinical Social Worker	124,703
			060	Pub Health/Welf Agy-fed & local govt	51,714
			061	Voluntary Health Agency	2
			062	Other Specialty Not Listed Above	124,378
			080	Freestanding Pharmacy incl grocery	87
			082	Independent Laboratory	5,713,340
			083	Independent Medical Supply Company	2,543
			085	All Other Supplies	162,961
			091	Freestanding Surgical Facility	183,082
			092	Freestanding Imaging Center	1
			093	Other Facility	223,619

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
Notes: Provider specialty code assigned by Medicare and mapped to MHCC codes. See the CMS-to-MHCC Specialty Code Crosswalk in this documentation.					
SVCPLACE	Place of Service	Character	Other	Invalid Code	150534
			11	Provider's Office	15867664
			12	Patient's Home	196580
			21	Inpatient Hospital	4301307
			22	Outpatient Hospital	1389070
			23	Emergency Room (Hospital Portion)	863539
			24	Ambulatory Surgical Center	444896
			25	Birthing Center	10
			26	Military Treatment Facility	34
			32	Nursing Facility	832405
			33	Custodial Care Facility	47906
			34	Hospice	362
			41	Ambulance-Land	312822
			42	Ambulance-Air or Water	2762
			51	Inpatient Psychiatric Facility	19140
			52	Psychiatric Facility Partial Hospitaln	7425
			53	Community Mental Health Center	52054
			54	Intermedi Care FCLTY/Mentally Retarded	405
			55	Residential Subst Abuse Treatment Fcty	20
			56	Psychiatric Residential Treatment Ctr	47
			61	Comprehensive Inpat Rehabilitatn Fclty	6616
			62	Comprehensive Outpat Rehabilitatn Fcty	111
			65	End Stage Renal Disease Treatment Fcty	58175
			71	State or Local Public Health Clinic	34685
			81	Independent Laboratory	5602356
			99	Not Coded or Other Unlisted Facility	64930
Notes: Provider specialty code assigned by Medicare and mapped to MHCC codes. See the CMS-to-MHCC Specialty Code Crosswalk in this documentation.					
UNITIND	Service Unit Indicator	Character	Other	Invalid Code	8
			1	Transportation Miles	229
			2	Anesthesia Time Units	244,891
			3	Visits	30,010,726
			4	Oxygen Units	1
Notes: Payer-submitted.					
UNITS	Number of Units for a Service	Numeric	0	0	8
			1	1	28,589,709
			> 1	> 1	1,666,138
Notes: Payer-submitted.					
ZIP_P	Patient Residence ZIP Code	Character	Reported	Value Reported	30,255,855
Notes: Payer-submitted.					

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
ZIP_S	Service Location ZIP Code	Character	Blank	Value Missing	65
			Reported	Value Reported	30,255,790
Notes: Payer-submitted.					

Appendix C

Practitioner Report Analysis File Contents and Codebook

2006 Maryland Medical Care Database
Practitioner Report Analysis File

ANAL06_F_V2.SAS7BDAT

Contents Output

Data Set Name	IN.ANAL06_F_V2	**Observations**	47915217
Member Type	DATA	**Variables**	81
Engine	V9	**Indexes**	0
Created	Saturday, March 15, 2008 12:30:33 AM	**Observation Length**	376
Last Modified	Saturday, March 15, 2008 12:30:33 AM	**Deleted Observations**	0
Protection		**Compressed**	NO
Data Set Type		**Sorted**	NO
Label			
Data Representation	WINDOWS_32		
Encoding	wlatin1 Western (Windows)		
Engine/Host Dependent Information			
Data Set Page Size	16384		
Number of Data Set Pages	1114309		
First Data Page	1		
Max Obs per Page	43		
Obs in First Data Page	14		
Number of Data Set Repairs	0		
File Name	I:\Analysis\Practrpt06\data\anal06_f_v2.sas7bdat		
Release Created	9.0101M3		
Host Created	XP_PRO		

Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Format	Label
10	AGE1206_NR	Num	8		Non-Rounded Patient Age as of 12/31/2006
60	ALLOW	Num	8		Allowed Amount-AA ($)
7	BEGINDT	Num	8	MMDDYY8.	Service From Date
41	BETOSAGG	Char	1		BETOS Category, Aggregated
39	BETOSDET	Char	3		BETOS Category, Detailed
61	BILL	Num	8		Billed Charge-BC ($)
47	BILLTYPE	Char	1		Type of Bill
66	CDHPIND	Char	1		Consumer Directed Health Plan
6	CLAIMCN	Char	23		Claim Control Number
26	CNTY_P2	Char	3		County to Use for Pract. Report Analysis
4	COUNTY_P	Char	3		Patient County of Residence-FIPS Code
5	COVOTHR	Char	1		Patient Covered by Other Insurance
34	COVOTH_I	Char	1		Imputed/Coverted COVOTHR
62	COVTYPE	Char	1		Coverage Type
50	CPT	Char	6		CPT-4 /HCPCS Procedure Code
48	DELIVTYP	Char	1		Delivery System Type
71	DISENROLL_P	Num	8	MMDDYY8.	Disenrollment Date at PIDBDG Level, SSS created
12	DX1	Char	5		ICD-9-CM Diagnosis Code 1
13	DX2	Char	5		ICD-9-CM Diagnosis Code 2
14	DX3	Char	5		ICD-9-CM Diagnosis Code 3
15	DX4	Char	5		ICD-9-CM Diagnosis Code 4
16	DX5	Char	5		ICD-9-CM Diagnosis Code 5

17	DX6	Char	5		ICD-9-CM Diagnosis Code 6
18	DX7	Char	5		ICD-9-CM Diagnosis Code 7
19	DX8	Char	5		ICD-9-CM Diagnosis Code 8
20	DX9	Char	5		ICD-9-CM Diagnosis Code 9
21	DX10	Char	5		ICD-9-CM Diagnosis Code 10
2	ENCNT_ID	Char	8		Medical Service ID (Payer Specific)
8	ENDDT	Num	8	MMDDYY8.	Service Thru Date
70	ENROLL_P	Num	8	MMDDYY8.	Enrollment Date at PIDBDG Level, SSS created
59	FACILITY	Char	1		Service Location is a Facility (1/0)
23	FEDTAXID	Char	9		Practitioner Federal Tax ID
69	F_ANESTH	Char	1		Flag, Anesthesia Service
72	F_CAP	Char	1		Capitated Service (1/0)
44	F_CAP_A	Char	1		Capit. Service used in Analysis (1/0)
38	F_CPT	Char	1		Procedure Code Category
25	F_DEMOG	Char	1		Demographic Donor for Analysis File?
32	F_IMPRVU	Char	1		RVU Imputation Flag (1/0,2)
55	F_MODF	Char	1		1=There is TC/SG in MODF1/MODF2
43	F_NCAP_A	Char	1		Non-Capit Service used in Analysis (1/0)
75	F_OANL	Char	1		Flag for records to be used for outlier identification
45	F_ODDSVC	Char	2		Odd Service Flag
54	F_UNCV	Char	1		Uncovered services(1/0)
9	F_YR07	Char	1		Service provided in 2007+
81	F_odd11	Char	1		Odd service: Payment>3 times mean payment
78	GPNum	Char	4		Group Payer ID
51	MOD1	Char	2		AMA Modified I
67	MOD2	Char	2		AMA Modified II
42	NEWBETAG	Char	1		Aggregated BETOS, Reclassified
40	NEWBETDT	Char	3		Detailed BETOS, Reclassified
22	NEWMOD	Char	2		Imputed Modifier/Last Imputation
35	NEWSPEC	Char	3		Revised Speciality Code for Complex Algorithm
76	NUNITS	Num	8		Redefined unit
68	PARTPROV	Char	1		Participating Provider Flag
63	PATLIAB	Num	8		Patient Liability-PL ($)
37	PAYERTYP	Char	1		Payer Type(1=PRVHMO 2=PRVNHMO 3=MCRHMO 9=CAP)
64	PAYMENT	Num	8		Payment=Sum(RA,PL)($)
27	PAY_CALC	Char	1		Method for Calculating Medicare Payment
33	PAY_MCR	Num	8		Prelim Calc MCR Rate-DO NOT USE AT THIS POINT
36	PLAN	Char	6		Plan Type(HMOFFS/NONHMO/HMOCAP)
1	PNUM	Char	4		Payer Unique ID
56	POS	Char	10		Simplified Place of Service Code
77	PPU	Num	8		Payment per Unit
24	PROVID	Char	13		Servicing Practitioner Identifier
57	REGION_P	Char	1		Patient Region of Residence
65	REIMB	Num	8		Reimbursement Amount-RA ($)
58	RVU_2006	Num	8		2006 RVU applied to 2005 file
31	RVU_I	Num	8		Assigned/Imputed RVU
29	RVU_MP	Num	4		Medicare phys fee schedule RVU, malpractice
30	RVU_PE	Num	8		Medicare Phys Fee Schedule RVU, Pract Expense
28	RVU_W	Num	4		Medicare Phys Fee Schedule RVU, Work component
3	SEX	Char	1		Patient Sex

11	SVCPLACE	Char	2		Place of Service
46	UNITIND	Char	1		Service Unit Indicator
49	UNITS	Num	8		Number of Units for a Service
53	ZIP_P	Char	5		Patient Residence ZIP Code
52	ZIP_S	Char	5		Service Location ZIP Code
73	ID_CHANGE	Char	1		PIDBDG changed using data from legacy file
79	MEAN_PPU	Num	8		
80	ODDSVC	Char	2		Outlier service identifier
74	PIDBDG	Char	25		

2006 Maryland Medical Care Database
Data Description Summary

Practitioner Report Analysis File

Number of Services: 47,915,217
Number of Variables: 82

File Name: ANAL06_F_V2.SAS7BDAT
File Creation Date: March 15, 2008

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
AGE1206_NR	Non-Rounded Patient Age as of 12/31/2006	Numeric	0 - 17	0 - 17	7,103,496
			18 - 64	18 - 64	40,811,721
Notes: Age is not rounded. Ages calculated to be less than 0 or greater than 110 have been set to missing					
ALLOW	Allowed Amount-AA ($)	Numeric	Missing	Missing	8,068,101
			< 0	< 0	61,790
			0	0.00	34,892
			1 - 100	1 - 100	33,062,830
			101 - 500	101 - 500	5,950,641
			> 500	> 500	736,963
Notes: Payer-submitted.					
BEGINDT	Service From Date	Date	Reported	Date Components Complete	47,915,217
Notes: Payer-submitted.					
BETOSAGG	BETOS Category, Aggregated	Character	Blank	Code Not Assigned	170,798
			1	Evaluation and Management	14,242,029
			2	Procedures	8,818,727
			3	Imaging	4,297,200
			4	Tests	16,897,148
			6	Other	3,166,119
			7	Exceptions/Unclassified	323,196
Notes: Aggregated groupings for Berenson-Eggers Type of Service Code (see BETOSDT). Code 8, Childhood Immunizations, is not assigned beginning in 2003.					
BETOSDET	BETOS Category, Detailed	Character	Blank	Code Not Assigned	170,798
			I1A	Standard Imaging - Chest	414,747
			I1B	Standard Imaging - Musculoskeletal	913,014
			I1C	Standard Imaging - Breast	435,201
			I1D	Standard Imaging - Contrast Gastrointestinal	26,793
			I1E	Standard Imaging - Nuclear Medicine	352,096
			I1F	Standard Imaging - Other	127,082
			I2A	Advanced Imaging - CAT: Head	125,322
			I2B	Advanced Imaging - CAT: Other	339,698
			I2C	Advanced Imaging - MRI: Brain	67,791
			I2D	Advanced Imaging - MRI: Other	192,255
			I3A	Echography - Eye	6,156
			I3B	Echography - Abdomen/Pelvis	534,776

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
			I3C	Echography - Heart	336,890
			I3D	Echography - Carotid Arteries	20,088
			I3E	Echography - Prostate, Transrectal	3,791
			I3F	Echography - Other	187,925
			I4A	Imaging/Procedure - Heart, including Cardiac Catheterization	47,835
			I4B	Imaging/Procedure - Other	165,740
			M1A	Office Visits - New	979,688
			M1B	Office Visits - Established	8,508,762
			M2A	Hospital Visit - Initial	104,168
			M2B	Hospital Visit - Subsequent	465,734
			M2C	Hospital Visit - Critical Care	80,026
			M3	Emergency Room Visit	690,907
			M4A	Home Visit	20,919
			M4B	Nursing Home Visit	13,941
			M5B	Specialist - Psychiatry	1,451,650
			M5C	Specialist - Ophthalmology	614,846
			M5D	Specialist - Other	352,413
			M6	Consultations	958,975
			O1A	Ambulance	56,690
			O1B	Chiropractic	758,578
			O1C	Enteral and Parenteral	15,991
			O1D	Chemotherapy	52,549
			O1E	Other Drugs	442,634
			O1F	Vision, Hearing and Speech Services	1,470
			O1G	Influenza Immunization	1,838,207
			P0	Anesthesia	323,840
			P1A	Major Procedure - Breast	7,307
			P1B	Major Procedure - Colectomy	1,893
			P1C	Major Procedure - Cholecystectomy	515
			P1D	Major Procedure - TURP	445
			P1E	Major Procedure - Hysterectomy	8,467
			P1F	Major Procedure - Explor/Decompr/ExcisDisc	15,755
			P1G	Major Procedure - Other and Major Maternal Procedures	137,373
			P2A	Major Procedure, Cardiovascular - CABG	2,290
			P2B	Major Procedure, Cardiovascular - Aneurysm Repair	179
			P2C	Major Procedure, Cardiovascular - Thromboendarterectomy	334
			P2D	Major Procedure, Cardiovascular - Coronary Angioplasty (PTCA)	5,988
			P2E	Major Procedure, Cardiovascular - Pacemaker Insertion	1,487
			P2F	Major Procedure, Cardiovascular - Other	40,311
			P3A	Major Procedure, Orthopedic - Hip Fracture Repair	252
			P3B	Major Procedure, Orthopedic - Hip Replacement	1,979
			P3C	Major Procedure, Orthopedic - Knee Replacement	3,669

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
			P3D	Major Procedure, Orthopedic - Other	41,420
			P4A	Eye Procedures - Corneal Transplant	200
			P4B	Eye Procedures - Cataract Removal/Lens Insertion	7,391
			P4C	Eye Procedures - Retinal Detachment	2,161
			P4D	Eye Procedures - Treatment of Retinal Lesions	4,371
			P4E	Eye - Other	46,933
			P5A	Ambulatory Procedures - Skin	364,273
			P5B	Ambulatory Procedures - Musculoskeletal	49,899
			P5C	Ambulatory Procedures - Inguinal Hernia Repair	4,646
			P5D	Ambulatory Procedures - Lithotripsy	4,401
			P5E	Ambulatory Procedures - Other	401,076
			P6A	Minor Procedures - Skin	255,574
			P6B	Minor Procedures - Musculoskeletal	301,079
			P6C	Minor Procedures - Other (Medicare Fee Schedule)	6,136,613
			P6D	Minor Procedures - Other (Non-Medicare Fee Schedule)	15,001
			P7A	Oncology - Radiation Therapy	128,565
			P7B	Oncology - Other	77,436
			P8A	Endoscopy - Arthroscopy	38,433
			P8B	Endoscopy - Upper Gastrointestinal	66,223
			P8C	Endoscopy - Sigmoidoscopy	7,241
			P8D	Endoscopy - Colonoscopy	132,223
			P8E	Endoscopy - Cystoscopy	30,003
			P8F	Endoscopy - Bronchoscopy	6,827
			P8G	Endoscopy - Lararoscopic Cholecystectomy	10,752
			P8H	Endoscopy - Laryngoscopy	23,411
			P8I	Endoscopy - Other	68,955
			P9A	Dialysis Services (Medicare Fee Schedule)	25,295
			P9B	Dialysis Services (Non-Medicare Fee Schedule)	16,241
			T1A	Lab Tests - Routine Venipuncture (Non-Medicare Fee Schedule)	996,473
			T1B	Lab Tests - Automated General Profiles	2,021,741
			T1C	Lab Tests - Urinalysis	914,676
			T1D	Lab Tests - Blood Counts	1,465,616
			T1E	Lab Tests - Glucose	280,591
			T1F	Lab Tests - Bacterial Cultures	743,153
			T1G	Lab Tests - Other (Medicare Fee Schedule)	772,387
			T1H	Lab Test, Other (Non-Medicare Fee Schedule)	8,155,621
			T2A	Other Tests - Electrocardiograms	624,395
			T2B	Other Tests - Cardiovascular Stress Tests	124,462
			T2C	Other Tests - EKG Monitoring	36,539
			T2D	Other Tests - Other	761,494
			Y1	Medicare Fee Schedule	98,766
			Y2	Other - Non-Medicare Fee Schedule	29,211
			Z2	Undefined Codes	195,219

Notes: Berenson-Eggers Type of Service Code. 2007 CMS public use file

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
BILL	Billed Charge-BC ($)	Numeric	Missing	Missing	8,068,101
			< 0	< 0	61,542
			0	0.00	46,346
			1 - 100	1 - 100	25,301,676
			101 - 500	101 - 500	12,516,841
			> 500	> 500	1,920,711
Notes: Payer-submitted.					
BILLTYPE	Type of Bill	Character	1	Final Bill , Debit	39,847,154
			2	Credit	38,585
			8	Capitated	8,029,478
Notes: Payer-submitted.					
CDHPIND	Consumer Directed Health Plan	Character	0	No	47,349,542
			1	Yes	565,675
Notes: Payer-submitted.					
CLAIMCN	Claim Control Number	Character	Blank	Value Missing	24
			Reported	Value Reported	47,915,193
Notes: Payer-submitted.					
CNTY_P2	County to Use for Pract. Report Analysis	Character	1	Allegany	384,682
			3	Anne Arundel	4,695,124
			5	Baltimore	6,584,979
			9	Calvert	861,056
			11	Caroline	228,361
			13	Carroll	1,770,343
			15	Cecil	631,869
			17	Charles	1,146,362
			19	Dorchester	189,257
			21	Frederick	2,388,920
			23	Garrett	104,836
			25	Harford	2,332,653
			27	Howard	2,927,726
			29	Kent	164,702
			31	Montgomery	9,724,158
			33	Prince Georges	6,833,781
			35	Queen Annes	410,490
			37	Saint Marys	824,977
			39	Somerset	103,394
			41	Talbot	277,908
			43	Washington	937,221
			45	Wicomico	559,832
			47	Worcester	333,789
			510	Baltimore City	3,498,797

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
Notes: Patient county of residence normalized to assign one county per unique recipient. See 2004 COMAR Data Submission Manual, Appendix F for zip code-county crosswalk.					
COUNTY_P	Patient County of Residence-FIPS Code	Character	1	Allegany	384,685
			3	Anne Arundel	4,696,171
			5	Baltimore	6,587,077
			9	Calvert	860,927
			11	Caroline	228,564
			13	Carroll	1,771,134
			15	Cecil	632,115
			17	Charles	1,149,524
			19	Dorchester	189,254
			21	Frederick	2,391,924
			23	Garrett	104,891
			25	Harford	2,334,025
			27	Howard	2,929,135
			29	Kent	164,731
			31	Montgomery	9,718,120
			33	Prince Georges	6,826,092
			35	Queen Annes	410,611
			37	Saint Marys	825,541
			39	Somerset	103,386
			41	Talbot	278,055
			43	Washington	939,165
			45	Wicomico	560,150
			47	Worcester	333,999
			510	Baltimore City	3,495,941
Notes: Patient county of residence based on patient zip code. See 2004 COMAR Data Submission Manual, Appendix F for zip code-county crosswalk. Use of this variable may cause. See F_DEMOG for assignment rules. Use this variable rather than COUNTY_P to avoid double-counting of recipients within regions double counting of recipients within regions. To avoid regionally double counting, user variable CNTY_P2.					
COVOTHR	Patient Covered by Other Insurance	Character	0	No-No Other Insurance Coverage	44,056,758
			1	Yes-Other Coverage is Primary	80,163
			2	Yes-Other Coverage is Secondary	112,082
			9	Payer Code=9 (Not Coded)	3,618,515
			Invalid	Code Invalid	47,699
Notes: Payer-submitted.					
COVOTH_I	Imputed/Converted COVOTHR	Character	0	No-No Other Insurance Coverage	44,734,555
			1	Yes-Other Coverage is Primary	80,163
			2	Yes-Other Coverage is Secondary	140,827
			9	Payer Code=9 (Not Coded)	2,959,672
Notes: Contains final Other Coverage Type information. Value is imputed if payer-submitted Other Coverage Type (COVOTHR) is unavailable. Impute value to indicate primary coverage type if payment (PAYMENT) is >= 35%of allowed amount (ALLOW). Otherwise, if PAYMENT is < 35% of ALLOW then impute value to indicate secondary coverage. If either PAYMENT or ALLOW is not available, do not impute.					
COVTYPE	Coverage Type	Character	1	Medicare Supplemental(Indvl,Grp,WRAP)	1,787,631

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
			2	Individual Plan	2,348,301
			3	Priv Employr Sponsord Fully Self-Insu	12,732,091
			4	Private Employer Sponsored Insured	6,734,956
			5	Public Employee	17,671,105
			6	Comprehensive Std Health Benefit Plan	6,484,424
			7	Mcare srv provided by a Mcare HMO/HCFA	72,345
			8	Taft Hartley Jointly Managed Trust Fund	55,528
			9	Payer Code=9 (Unknown)	28,836
Notes: Payer-submitted.					
CPT	CPT-4 /HCPCS Procedure Code	Character	Reported	Value Reported	47,915,217
Notes: Payer-submitted.					
DELIVTYP	Delivery System Type	Character	1	HMO (Non-Medicaid,Includes Medicare)	17,933,828
			2	PPO-POS	10,416,785
			3	PPO or Other Managed Care	15,393,179
			4	Indemnity Care	1,803,914
			5	HMO-POS Rider	2,348,914
			9	Payer Code=9 (Not Coded)	18,597
Notes: Payer-submitted.					
DISENROLL_P	Disenrollment Date at PIDBDG Level, SSS created	Date	Missing	Date Components Incomplete	37,962,870
			Reported	Date Components Complete	9,952,347
Notes: Contains final *Disenrollment Date. E*ach patient should have the same *Disenrollment Date in all the* service records. If a patient has more than one Disenrollment Date, then the last date is used in this field..					
DX1	ICD-9-CM Diagnosis Code 1	Character	0		1,461,319
			1		46,453,898
DX10	ICD-9-CM Diagnosis Code 10	Character	0		47,910,336
			1		4,881
Notes: Payer-submitted. Embedded decimal points removed.					
DX2	ICD-9-CM Diagnosis Code 2	Character	0		29,291,598
			1		18,623,619
Notes: Payer-submitted. Embedded decimal points removed.					
DX3	ICD-9-CM Diagnosis Code 3	Character	0		39,905,898
			1		8,009,319
Notes: Payer-submitted. Embedded decimal points removed.					
DX4	ICD-9-CM Diagnosis Code 4	Character	0		44,556,163
			1		3,359,054
Notes: Payer-submitted. Embedded decimal points removed.					

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
DX5	ICD-9-CM Diagnosis Code 5	Character	0		47,595,434
			1		319,783
Notes: Payer-submitted. Embedded decimal points removed.					
DX6	ICD-9-CM Diagnosis Code 6	Character	0		47,797,127
			1		118,090
Notes: Payer-submitted. Embedded decimal points removed.					
DX7	ICD-9-CM Diagnosis Code 7	Character	0		47,856,978
			1		58,239
Notes: Payer-submitted. Embedded decimal points removed.					
DX8	ICD-9-CM Diagnosis Code 8	Character	0		47,884,441
			1		30,776
Notes: Payer-submitted. Embedded decimal points removed.					
DX9	ICD-9-CM Diagnosis Code 9	Character	0		47,898,434
			1		16,783
Notes: Payer-submitted. Embedded decimal points removed.					
ENCNT_ID	Medical Service ID (Payer Specific)	Character	Assigned	Sequential ID Assigned	47,915,217
Notes: Record identification number.					
ENDDT	Service Thru Date	Date	Reported	Date Components Complete	47,915,217
Notes: Assigned. May be imputed as Service From Date if missing.					
ENROLL_P	Enrollment Date at PIDBDG Level, SSS created	Date	Missing	Date Components Incomplete	223,536
			Reported	Date Components Complete	47,691,681
Notes: Contains final Enrollment Date. Each patient should have the same Enrollment Date in all his/her service records. If a patient has more than one Enrollment Date, then the earliest date is used in this field. Enrollment Date is set to the patient's earliest Service Start Date (BEGINDT) if the earliest Enrollment Date is after BEGINDT or if the Enrollment Date is missing.					
FACILITY	Service Location is a Facility (1/0)	Character	0	Service Location is not a Facility	42,168,372
			1	Service Location is a Facility	5,746,845
Notes: Assigned from payer-submitted Place of Service (SVCPLACE) to identify facility-based claims. FACILITY is set to "1" if SVCPLACE is reported as "01", " 1", "1", "02", " 2", "2", "21", "22", "23", "24", "31", "34", "51", "52". Otherwise FACILITY is set to "0"					
FEDTAXID	Practitioner Federal Tax ID	Character	Blank	Value Missing	118,827
			Reported	Value Reported	47,796,390
Notes: Flag to identify a service provided between January 1 and April 31 of the year following the submission year. For example, all 2006 services in the 2005 database have F_YR06=1. Services provided in the four months following the submission year are not eligible for inclusion in the primary Practitioner Report analysis dataset, but may be included in a secondary Practitioner Report analysis dataset used to estimate payment trends.					
F_ANESTH	Flag, Anesthesia Service	Character	0	No - Service Not Used in Analysis	47,380,418
			1	Yes - Service Used in Analysis	534,799

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
Notes: Flag to identify anesthesia services. F_ANESTH is set to "1" if CPT is between 00100 and 01999 ***or*** *CPT* = "99100", "99116", "99135", "99140" ***or*** Unit Indicator (UNITIND) = "2" ***or*** provider specialty (NEWSPEC) = "004", "049" ***or*** Modifiers 1 (MOD1) or Modifier 2 (MOD2) = "AN", "47", "P1", "P2", "P3", "P4", "P5", "30", "QX", "QZ", "23", "QK", "QS", "QY", "G8", "G9", "AA", "AB", "AC", "AD", "AE", "AF", "AG".					
F_CAP	Capitated Service (1/0)	Character	0	No-Not a Capitated Service	39,918,264
			1	Yes-A Capitated Service	7,996,953
Notes: Flag to identify capitated services. All services flagged as capitated services will have BILLTYPE = 8 and value in the following field set to missing : bill amount (BILL), allowed amount (ALLOW), reimburse amount (REIMB) and payment amount (PAYMENT) will be missing.					
F_CAP_A	Capit. Service used in Analysis (1/0)	Character	0	No-Service Cannot Be Used in Capitated Analysis	39,847,116
			1	Yes-Service Can Be Used in Capitated Analysis	8,068,101
Notes: F_CAP_A = "1" indicates a capitated service eligible for inclusion in the Practitioner Report analysis file based on service date, primary of coverage type, and ability of clearly define the service supplied. Specific criteria are: 1) service provided in 2006; 2) service is covered and reporting payer provided primary coverage provided primary coverage; 3) procedure code (see CPT) is Homegrown, HCPCS or CPT; and procedure is not Technical Component, or for ambulatory surgery or durable medical equipment. To be included in the Practitioner Report analysis file the recipients' age must also be between 0 and 64 with a known county of residence.					
F_CPT	Procedure Code Category	Character	1	Homegrown Code	57,836
			2	HCPCS Code	1,061,061
			3	CPT-4 Code	46,796,320
Notes: Payer-supplied homegrown codes are flagged before remaining groupings are tested. HCPCS codes were validated against the 2004/2005 CMS listings. CPT codes were validated against the 2005/2006 AMA listings.					
F_DEMOG	Demographic Donor for Analysis File?	Character	0	No - Demographics Not Used in Analysis	45,186,080
			1	Yes - Demographics Used in Analysis	2,729,137
Notes: Flag to indicate a service used to normalize the recipient's county of residence (COUNTY_P2). Each recipient in the database may have services containing multiple county codes. (COUNTY_P). However, if more than one county code is present, the county code attached to the first record for the recipient occurring in the file is assigned to all records for that recipient in this variable. COUNTY_P2 is the county code used in the Practitioner Report analysis.					
F_IMPRVU	RVU Imputation Flag (1/0,2)	Character	0	No Imputation Attempted	29,599,089
			1	RVU Imputed	16,475,670
			2	Attempted Imputation, Could Not Impute	1,840,458
Notes: Flag to identify whether or not the RVUs attached to the service have been imputed. For details of the RVU imputation methodology, see the Database Development Report.					
F_MODF	1=There is TC/SG in MODF1/MODF2	Character	0	No - TC or SG Modifier Not Present	47,915,217
Notes: Flag to identify services which are the technical component or SG component. These service are not eligible for inclusion in the Practitioner Report analysis file.					
F_NCAP_A	Non-Capit Service used in Analysis (1/0)	Character	0	No-Service Cannot Be Used in Non-Capitated Analysis	8,068,101
			1	Yes-Service Can Be Used in Non-Capitated Analysis	39,847,116
Notes: F_NCAP_A = '1' indicates a Fee-for-Service (FFS) service eligible for inclusion in the Practitioner Report analysis file based on service date, primacy of coverage type, and ability to clearly define the service supplied. Specific criteria are: 1) service provided in 2005; 2) service is covered and reporting payer provided primary coverage; 3) procedure code (see CPT) is Homegrown, HCPCS or CPT; and 4) procedure is not Technical Component, or for ambulatory surgery or durable medical equipment. To be included in the Practitioner Report analysis file the the recipients' age must also be between 0 and 64 with a known county of residence.					

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
F_OANL	Flag identifying records to used for outlier identification	Character		Not Used in Payment Outlier Analysis	13,156,847
			1	Used in Payment Outlier Analysis	34,758,370
Notes: Assign value to "1" if service is not anesthesia *and* PLAN is not blank or HMOCAP *and* odd service flag (F_ODDSVC) is blank.					
F_ODD11	Flag identifying outlier payment (payment per unit>3 times mean payment)	Character		Not Outlier Payment	47,708,717
			1	Outlier Payment	206,500
Notes: Assign value to "1" if payment per unit (PPU) is > three times of the average price per unit.					
F_ODDSVC	Odd Service Flag	Character	Blank	Not Odd Services	42,048,486
			3	Payment <= 1, Allowed Amount <= 0	121,775
			4	Identified Anesthesia Outside Of Range	185,611
			5	Identified Facility Bill	1,193,847
			6	Minor Service Assoc With Major Service	234,967
			8	Payer not NONHMO,HMOFFS,HMOCAP	65,723
			9	Not First Dupe by Key, Descending Payment	1,240,628
			10	Actuaries Trim, Payment, Low	179,870
			11	Actuaries Trim, Payment, High	20,053
			12	Actuaries Trim, RVU_I, Low	85,423
			13	Actuaries Trim, RVU_I, High	140,047
			14	Covoth_I = 2, Possible Secondary Payer	121,339
			15	RVU_I <= 0	1,757,411
			99	More Than 1 Service	520,037
Notes: Flag with multiple values used to identify a service eligible for the Practitioner Report analysis but potentially to be excluded from tables developed for the Practitioner Report. See the 2005 Database Development Plan for a detailed explanation of the specifications for "odd services" condition code.					
F_UNCV	Uncovered services(1/0)	Character	0	No - Service is Not Uncovered	47,915,217
Notes: Flag to identify services which are not covered by recipients plan. To be identified as uncovered, a service must have both allowed amount (ALLOW) and reimbursed amount (REIMB) missing or 0.					
F_YR07	Service provided in 2007+	Character	0	No - Service Provided in 2005	47,915,217
Notes: Flag to identify a service provided between January 1 and April 31 of the year following the submission year. For example, all 2007 services in the 2006 database have F_YR07=1. Services provided in the four months following the submission year are not eligible for inclusion in the primary Practitioner Report analysis dataset, but may be included in a secondary Practitioner Report analysis dataset used to estimate payment trends.					
GPNUM	Group Payer ID	Character	P020	Data from P020	3,658,960
			P030	Data from P030	2,986,900
			P070	Data from P070	10,824
			P130C	Data from P130 and P131 Combined	23,024,118
			P160	Data from P160	2,358,612
			P280	Data from P280	33,473
			P320	Data from P320	87,554
			P325	Data from P325	66,161
			P330	Data from P330	319,520

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
			P350	Data from P350	246,708
			P471	Data from P471	103,129
			P480	Data from P480	2,823,653
			P50C	Data from P500, P520 and P620 combined	7,572,497
			P510	Data from P510	224
			P530	Data from P530	113,070
			P680	Data from P680	847,231
			P760	Data from P760	11,508
			P820	Data from P820	3,481,806
			P830	Data from P830	2,221
			P850	Data from P850	55,528
			P870	Data from P870	111,520
Notes: Assign value = "P13C" if PNUM=P130, P131. Assign value="P50C" if PNUM=P500, P520 and P620. Assign value = PNUM for all other payers.					
ID_CHANGE	PIDBDG changed using data from legacy file	Character	0	PIDBDG was not changed	46,174,605
			1	PIDBDG was changed	1,740,612
Notes: Flag to identify that the Patient's Unique Identification Number (PIDBDG) was changed based on the *Legacy ID Crosswal.* Applicable to data submitted by P130 and P131 only.					
MEAN_PPU	Mean Payment per Unit	Numeric	.	Missing	13,489,551
			0 < - <1	Less than 1 but greater than 0	25,477
			1 – 7000	Between 1 to 7,000	34,394,450
			7000 – 20000	Between 7,000 – 20,000	5,036
			20000+	More than 20,000	703
MOD1	AMA Modified I	Character	Blank	Missing Code	41,059,834
			Other	All Other Codes	3,456,525
			20	Microsurgery	46
			21	Prolonged Evaluatn/Mgmt(E/M) Serv	504
			22	Unusual Procedural Services	10,472
			23	Unusual Anesthesia	51
			24	Unrel E/M Serv by Same Phys Postop	21,454
			25	Sep Ident. E/M by Same Phys/day	887,433
			26	Professional Component	1,943,226
			32	Mandated Services	616
			47	Anesthesia by Surgeon	1,674
			50	Bilateral Procedure	41,094
			51	Multiple Procedures	96,535
			52	Reduced Services	48,287
			54	Surgical Care Only	3,523
			55	Postoperative Management Only	236
			56	Preoperative Management Only	110
			57	Decision for Surgery	16,819
			58	Staged/Rel Proc by Same Phys Postop	10,208
			62	Two Surgeons	1,432
			65	Surgical Team	1

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
			76	Repeat Procedure by Same Physician	37,973
			77	Repeat Procedure by Another Physician	2,341
			78	Return to Op Rm for Rel Proc Postop	3,688
			79	Unrelated Proc by Same Phy Postop	16,891
			80	Assistant Surgeon	28,329
			81	Minimum Assisting Surgeon	480
			82	Assist Surgeon(qual res phy unav)	4,659
			90	Reference (Outside) Laboratory	131,108
			99	Multiple Modifiers	11,000
			AN	Anesthesia(surg. codes: 10000 thru 69999)	33,573
			QX	Cert Reg Nurse Anesth. w/o doc dir	19,211
			QZ	Cert Reg Nurse Anesth (CRNA)	25,884
Notes: Payer-submitted.					
MOD2	AMA Modified II	Character	Blank	Missing Code	47,566,827
			Other	All Other Codes	300,348
			20	Microsurgery	3
			21	Prolonged Evaluatn/Mgmt(E/M) Serv	3
			22	Unusual Procedural Services	611
			23	Unusual Anesthesia	8
			24	Unrel E/M Serv by Same Phys Postop	172
			25	Sep Ident. E/M by Same Phys/day	3,452
			26	Professional Component	1,833
			32	Mandated Services	4
			47	Anesthesia by Surgeon	8
			50	Bilateral Procedure	2,215
			51	Multiple Procedures	8,609
			52	Reduced Services	5,907
			54	Surgical Care Only	136
			55	Postoperative Management Only	5
			56	Preoperative Management Only	6
			57	Decision for Surgery	582
			58	Staged/Rel Proc by Same Phys Postop	1,683
			62	Two Surgeons	126
			76	Repeat Procedure by Same Physician	13,125
			77	Repeat Procedure by Another Physician	5,145
			78	Return to Op Rm for Rel Proc Postop	301
			79	Unrelated Proc by Same Phy Postop	2,370
			80	Assistant Surgeon	746
			81	Minimum Assisting Surgeon	26
			82	Assist Surgeon(qual res phy unav)	263
			90	Reference (Outside) Laboratory	416
			99	Multiple Modifiers	84
			AN	Anesthesia(surg. codes: 10000 thru 69999)	3
			QX	Cert Reg Nurse Anesth. w/o doc dir	26
			QZ	Cert Reg Nurse Anesth (CRNA)	174
Notes: Payer-submitted.					

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
NEWBETAG	Aggregated BETOS, Reclassified	Character	1	Evaluation and Management	14,188,426
			2	Procedures	8,920,837
			3	Imaging	4,274,126
			4	Tests	16,879,651
			Invalid	Code Invalid	3,652,177
Notes: Aggregated BETOS code. Contains either the assigned code (see BETOSAGG) or a code imputed to correct identified errors in the published BETOS file.					
NEWBETDT	Detailed BETOS, Reclassified	Character	I1A	Standard Imaging - Chest	414,534
			I1B	Standard Imaging - Musculoskeletal	912,721
			I1C	Standard Imaging - Breast	435,151
			I1D	Standard Imaging - Contrast Gastrointestinal	26,742
			I1E	Standard Imaging - Nuclear Medicine	351,686
			I1F	Standard Imaging - Other	124,977
			I2A	Advanced Imaging - CAT: Head	125,217
			I2B	Advanced Imaging - CAT: Other	339,467
			I2C	Advanced Imaging - MRI: Brain	67,728
			I2D	Advanced Imaging - MRI: Other	192,212
			I3A	Echography - Eye	6,153
			I3B	Echography - Abdomen/Pelvis	534,702
			I3C	Echography - Heart	335,833
			I3D	Echography - Carotid Arteries	20,079
			I3E	Echography - Prostate, Transrectal	3,791
			I3F	Echography - Other	187,728
			I4A	Imaging/Procedure - Heart, including Cardiac Catheterization	47,475
			I4B	Imaging/Procedure - Other	147,930
			M1A	Office Visits - New	976,699
			M1B	Office Visits - Established	8,479,456
			M2A	Hospital Visit - Initial	104,000
			M2B	Hospital Visit - Subsequent	456,307
			M2C	Hospital Visit - Critical Care	77,669
			M3	Emergency Room Visit	690,180
			M4A	Home Visit	20,916
			M4B	Nursing Home Visit	13,915
			M5B	Specialist - Psychiatry	1,450,683
			M5C	Specialist - Ophthalmology	614,585
			M5D	Specialist - Other	351,994
			M6	Consultations	952,022
			O1A	Ambulance	56,523
			O1B	Chiropractic	757,861
			O1C	Enteral and Parenteral	15,765
			O1D	Chemotherapy	52,549
			O1E	Other Drugs	438,803
			O1F	Vision, Hearing and Speech Services	1,466
			O1G	Influenza Immunization	1,838,124

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
			P0	Anesthesia	534,799
			P1A	Major Procedure - Breast	6,924
			P1B	Major Procedure - Colectomy	1,762
			P1C	Major Procedure - Cholecystectomy	487
			P1D	Major Procedure - TURP	403
			P1E	Major Procedure - Hysterectomy	7,717
			P1F	Major Procedure - Explor/Decompr/ExcisDisc	15,357
			P1G	Major Procedure - Other and Major Maternal Procedures	129,307
			P2A	Major Procedure, Cardiovascular - CABG	2,205
			P2B	Major Procedure, Cardiovascular - Aneurysm Repair	172
			P2C	Major Procedure, Cardiovascular - Thromboendarterectomy	309
			P2D	Major Procedure, Cardiovascular - Coronary Angioplasty (PTCA)	5,983
			P2E	Major Procedure, Cardiovascular - Pacemaker Insertion	1,431
			P2F	Major Procedure, Cardiovascular - Other	34,893
			P3A	Major Procedure, Orthopedic - Hip Fracture Repair	238
			P3B	Major Procedure, Orthopedic - Hip Replacement	1,856
			P3C	Major Procedure, Orthopedic - Knee Replacement	3,399
			P3D	Major Procedure, Orthopedic - Other	39,935
			P4A	Eye Procedures - Corneal Transplant	173
			P4B	Eye Procedures - Cataract Removal/Lens Insertion	6,602
			P4C	Eye Procedures - Retinal Detachment	2,096
			P4D	Eye Procedures - Treatment of Retinal Lesions	4,365
			P4E	Eye - Other	46,487
			P5A	Ambulatory Procedures - Skin	362,989
			P5B	Ambulatory Procedures - Musculoskeletal	47,070
			P5C	Ambulatory Procedures - Inguinal Hernia Repair	4,263
			P5D	Ambulatory Procedures - Lithotripsy	3,999
			P5E	Ambulatory Procedures - Other	385,212
			P6A	Minor Procedures - Skin	254,557
			P6B	Minor Procedures - Musculoskeletal	264,968
			P6C	Minor Procedures - Other (Medicare Fee Schedule)	6,120,289
			P6D	Minor Procedures - Other (Non-Medicare Fee Schedule)	14,960
			P7A	Oncology - Radiation Therapy	128,154
			P7B	Oncology - Other	77,419
			P8A	Endoscopy - Arthroscopy	36,070
			P8B	Endoscopy - Upper Gastrointestinal	62,967
			P8C	Endoscopy - Sigmoidoscopy	7,190
			P8D	Endoscopy - Colonoscopy	125,514
			P8E	Endoscopy - Cystoscopy	28,964
			P8F	Endoscopy - Bronchoscopy	6,528
			P8G	Endoscopy - Lararoscopic Cholecystectomy	9,817

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
			P8H	Endoscopy - Laryngoscopy	23,242
			P8I	Endoscopy - Other	68,275
			P9A	Dialysis Services (Medicare Fee Schedule)	25,278
			P9B	Dialysis Services (Non-Medicare Fee Schedule)	16,212
			T1A	Lab Tests - Routine Venipuncture (Non-Medicare Fee Schedule)	991,231
			T1B	Lab Tests - Automated General Profiles	2,021,735
			T1C	Lab Tests - Urinalysis	914,625
			T1D	Lab Tests - Blood Counts	1,464,126
			T1E	Lab Tests - Glucose	280,452
			T1F	Lab Tests - Bacterial Cultures	742,399
			T1G	Lab Tests - Other (Medicare Fee Schedule)	771,704
			T1H	Lab Test, Other (Non-Medicare Fee Schedule)	8,149,484
			T2A	Other Tests - Electrocardiograms	623,886
			T2B	Other Tests - Cardiovascular Stress Tests	124,455
			T2C	Other Tests - EKG Monitoring	36,533
			T2D	Other Tests - Other	759,021
			Invalid	Code Invalid	168,868
			Y1	Medicare Fee Schedule	98,222
			Y2	Other - Non-Medicare Fee Schedule	29,210
			Z2	Undefined Codes	194,786
Notes: Detailed BETOS code. Contains either the assigned code (see BETOSDT) or a code imputed to correct identified errors in the published BETOS file.					
NEWMOD	Imputed Modifier/Last Imputation	Character	Blank	Missing Code	45,826,450
			26	Professional Component	2,088,767
Notes: AMA Modifier. Contains either the assigned code (see MOD1) or a code imputed to correctly identify the portion of fee associated with the procedure code.					
NEWSPEC	Revised Specialty Code for Complex Algorithm	Character	1	General Practice	445,235
			2	General Surgery	483,585
			3	Allergy & Immunology	500,885
			4	Anesthesiology	459,472
			5	Cardiology	1,091,779
			6	Dermatology	841,614
			7	Emergency Medicine	790,059
			8	Endocrinology Medicine	304,411
			9	Family Practice	2,900,890
			10	Gastroenterology	443,265
			11	Geriatrics	14,732
			12	Hand Surgery	24,927
			13	Hematology	204,010
			14	Internal Medicine	4,833,143
			15	Infectious Disease	74,320
			16	Nephrology	114,782
			17	Neurology	320,309
			18	Nuclear Medicine	35,049

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
			19	Oncology	640,955
			20	Ophthalmology	642,006
			21	Orthopedic Surgery	1,097,112
			22	Osteopathy (include manipulations)	15,011
			23	Otology/Laryngo/Rhino/Otolaryngo	517,437
			24	Pathology	1,532,352
			25	Pediatrics	4,053,811
			26	Peripheral Vascular Disease/Surgery	24,187
			27	Plastic Surgery	75,730
			28	Physical Medicine & Rehabilitation	353,114
			29	Proctology	13,136
			30	Psychiatry	512,040
			31	Pulmonary Disease	205,684
			32	Radiology	2,606,699
			33	Rheumatology	246,399
			34	Surgical Specialty Not Listed Here	121,545
			35	Thoracic Surgery	30,215
			36	Urology	346,844
			37	Misc Special (pub health/indusl med)	89,027
			38	Physician w/o Identfd Spec/Not Listd	892,537
			39	Obstetrics/Gynecology	1,982,487
			40	Acupuncturist	144,589
			41	Alcohol/Drug Detox Services	17,800
			42	Ambulance Services	55,726
			43	Audiologist/Speech Pathologist	122,986
			44	Chiropractor	2,500,062
			45	Freestanding Clinic-Not a Govt Agncy	38,730
			46	Day Care FCLTY-Medical Mental Health	4,086
			47	Dietitian/Licensed Nutritionist	23,920
			48	Home Health Provider	45,276
			49	Advanced Practice Nurse: Anesthetist	32,946
			50	Advanced Practice Nurse: Midwife	38,247
			51	Advancd Practice Nurse: Nurse Practitioner	120,664
			52	Advd Practice Nurse: Psychotherapist	10,200
			53	Nurse Other than Advanced Practice	55,673
			54	Occupational Therapist	193,486
			55	Optometrist	200,990
			56	Podiatrist	498,715
			57	Physical Therapist	3,376,713
			58	Psychologist	393,082
			59	Clinical Social Worker	390,868
			60	Pub Health/Welf Agy-fed & local govt	42,410
			62	Other Specialty Not Listed Above	332,030
			63	Respiratory Therapist	207
			70	General Dentist	20,902
			71	Endodontist	3,781
			72	Orthodontist	704

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
			73	Oral Surgeon	26,536
			74	Pedodontist	1,662
			75	Periodontist	864
			76	Prosthodontist	251
			80	Freestanding Pharmacy incl grocery	17,770
			81	Mail Order Pharmacy	5,950
			82	Independent Laboratory	7,717,139
			83	Independent Medical Supply Company	91,721
			84	Optician/Optometrist	13,797
			85	All Other Supplies	180
			90	Freestanding Medical Facility	156,791
			91	Freestanding Surgical Facility	73,360
			92	Freestanding Imaging Center	205,690
			93	Other Facility	936,553
			100	Neonatology	54,736
			101	Multi-Specialty Medical Practice	33,334
			102	Mental Health Clinic	33,295
Notes: Provider specialty code to be used for the Practitioner Report and SHEA analyses.					
NUNITS	Redefined Unit	Numeric			0
Notes: Initially assign value to equal UNITS if F_OANL="1". Reassign value to 1 if UNITS <= 0.					
ODDSVC	Outlier Service Identifier	Character		Not Outlier Payment	47,708,717
			11	Outlier Payment	206,500
Notes: Assign value = "11" if F_ODD11 = "1".					
PARTPROV	Participating Provider Flag	Character	Invalid	Invalid Code	5
			1	Yes-Participating Provider	42,445,612
			2	No-Not a Participating Provider	2,829,633
			3	Payer Code=3 (Not Coded)	2,639,967
Notes: Payer-submitted.					
PATLIAB	Patient Liability-PL ($)	Numeric	Missing	Missing	8,068,101
			< 0	< 0	37,855
			0	0.00	19,963,691
			1 - 100	1 - 100	19,173,728
			101 - 500	101 - 500	634,472
			> 500	> 500	37,370
Notes: Payer-submitted.					
PAYERTYP	Payer Type(1=PRVHMO 2=PRVNHMO 3=MCRHMO 9=CAP)	Character	1	Private HMO FFS	12,258,641
			2	Private Non-HMO	27,509,789
			5	Not Classified	78,686
			9	Capitated Services	8,068,101
Notes: Flag to identify the methodology used to calculate the theoretical amount Medicare would have paid for the service (PAY_MCR). For details of the calculation of theoretical Medicare payments, see the Database Development Report.					

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
PAYMENT	Payment=Sum(RA,PL)($)	Numeric	Missing	Missing	8,068,101
			< 0	< 0	61,825
			0	0.00	68,665
			1 - 100	1 - 100	33,159,220
			101 - 500	101 - 500	5,843,700
			> 500	> 500	713,706
Notes: Calculated theoretical Medicare payment; that is, the amount Medicare would have paid for the service adjusted for service location. A Practitioner Report analysis variable used to assess payer compliance with various provider reimbursement regulations. For details of the calculation of theoretical Medicare payments, see the Database Development Report.					
PAY_CALC	Method for Calculating Medicare Payment	Character	0	Do not calculate payment	170,798
			2	Calculate Using Facility RVUs	3,548,093
			3	Calculate Using Non-Facility RVUs	23,094,861
			4	Procedure Code is a Lab Fee Schedule Code	13,036,399
			5	Procedure Code with an Imputed Total RVU but no Components	2,065,400
			6	Flagged as Odd Service - Do not Use MCR Rate	5,999,666
Notes: Assigned based on delivery system (DELIVTYP). Services from HMO providers with DELIVTYP = 1 or 5 are classified as either HMOFFS (Fee-for-Service) or HMOCAP (capitated) depending on payer-supplied bill type code (BILLTYPE). Services from all providers coded as PPO-POS, PPO or Other Managed Care, or Indemnity Care are classified as NONHMO (Fee-for-Service). Only services for recipients aged 0-64 are assigned to a Plan category.					
PAY_MCR	Prelim Calc MCR Rate-DO NOT USE AT THIS POINT	Numeric	Missing	Missing	6,170,464
			1 - 25	1 - 25	15,668,968
			26 - 75	26 - 75	15,243,127
			> 75	> 75	10,832,658
Notes: The sum of the payer-submitted allowed amount (ALLOW) and patient liability (PATLIAB). For capitated services, PAYMENT will either be missing or equal PATLIAB.					
PIDBDG	Unique Patient Identification Number	Character	Reported	Value Not Missing	47,915,217
Unique Patient Identifier incorporating recipient birthdates' and gender information. Important for payers who assign IDs to family units rather than individuals.					
PLAN	Plan Type(HMOFFS/NONHMO/HMOCAP)	Character	Blank	Not Assigned	78,686
			HMOCAP	HMO Capitated Plan	8,068,101
			HMOFFS	HMO Fee-For-Services Plan	12,258,641
			NONHMO	Non-HMO Plan	27,509,789
Notes: Assigned to services for recipients aged 0 to 64 with known coverage type.					
PNUM	Payer Unique ID	Character	P020	Aetna Life & Health Insurance Co.	3,658,960
			P030	Aetna U.S. Healthcare	2,986,900
			P070	American Republic Insurance Co.	10,824
			P130	CareFirst BlueChoice, Inc.	11,727,734
			P131	CareFirst of Maryland, Inc.	11,296,384

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
			P160	CIGNA Healthcare Mid-Atlantic, Inc.	2,358,612
			P280	Assurant/Fortis Insurance Co.	33,473
			P320	Golden Rule Insurance Co.	87,554
			P325	Graphic Arts Benefit Corporation	66,161
			P330	Great-West Life & Annuity Insurance Co.	319,520
			P350	Guardian Life Insurance Co. of America	246,708
			P471	Unicare Life & Health Insurance Co.	103,129
			P480	Kaiser Foundation Health Plan of Mid-Atlantic	2,823,653
			P500	MAMSI Life and Health Insurance Co.	1,178,893
			P510	Maryland Fidelity Insurance Co.	224
			P520	MD-Individual Practice Association, Inc.	2,198,745
			P530	MEGA Life & Health Insurance Co.	113,070
			P620	Optimum Choice, Inc.	4,194,859
			P680	Coventry Healthcare of Delaware, Inc.	847,231
			P760	State Farm Mutual Automobile Insurance Co.	11,508
			P820	United Healthcare Insurance Co.	3,481,806
			P830	Trustmark Insurance Co.	2,221
			P850	Union Labor Life Insurance Co.	55,528
			P870	United Healthcare of the Mid-Atlantic, Inc.	111,520
Notes: Unique Payer Identification Number. See 2006 COMAR Data Submission Manual Appendix F.					
POS	Simplified Place of Service Code	Character	Inpatient	Inpatient Facility	1,729,873
			Office	Provider Office	31,781,620
			Other	Other Facility	10,785,902
			Outpatient	Outpatient Facility	3,617,822
Notes: Assigned from payer-submitted Line Item # 30 to classify Service Location Code (SVCPLACE) into one of the four point of service categories: inpatient, outpatient, office and other.					
PPU	Payment per Unit	Numeric			0
PROVID	Servicing Practitioner Identifier	Character	Blank	Value Missing	105,976
			Reported	Value Reported	47,809,241
Notes: Payer-submitted.					
REGION_P	Patient Region of Residence	Character	1	National Capital Area	16,557,939
			2	Baltimore Metropolitan Area	21,809,622
			3	Eastern Shore	2,899,602
			4	Southern Maryland	2,832,395
			5	Western Maryland	3,815,659
Notes: Assigned from payer-submitted Line Item # 5 to classify patient region of residence onto one of three areas: National Capital Area, Baltimore Metropolitan Area and Other Area.					
REIMB	Reimbursement Amount-RA ($)	Numeric	Missing	Missing	8,068,101
			< 0	< 0	50,219
			0	0.00	3,274,555
			1 - 100	1 - 100	31,456,528

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
			101 - 500	101 - 500	4,434,157
			> 500	> 500	631,657
Notes: Payer-submitted.					
RVU_2006	2006 RVU applied to 2005 file	Numeric	Missing	Missing	2,011,256
			0.01 - 1.00	0.01 - 1.00	25,407,557
			1.01 - 5.00	1.01 - 5.00	18,895,086
			> 5	> 5	1,601,318
Notes: Assigned if available. 2006 CMS public use file					
RVU_I	Assigned/Imputed RVU	Numeric	Missing	Missing	2,011,256
			0.01 - 1.00	0.01 - 1.00	25,407,557
			1.01 - 5.00	1.01 - 5.00	18,895,086
			> 5	> 5	1,601,318
Notes: Contains all values in RVU plus addition values for services where RVU is imputed. RVU field to use for analysis.					
RVU_MP	Medicare phys fee schedule RVU, malpractice	Numeric	Missing	Missing	2,011,256
			0	0.00	14,271,332
			0.01 - 1.00	0.01 - 1.00	31,333,586
			1.01 - 5.00	1.01 - 5.00	264,296
			> 5	> 5	34,747
Notes: Assigned if available. Otherwise imputed if possible. The only Malpractice RVU available in the database.					
RVU_PE	Medicare Phys Fee Schedule RVU, Pract Expense	Numeric	Missing	Missing	2,011,256
			0.01 - 1.00	0.01 - 1.00	35,211,628
			1.01 - 5.00	1.01 - 5.00	9,874,024
			> 5	> 5	818,309
Notes: Assigned if available. Otherwise imputed if possible. The only Practice Expense RVU variable available in the database.					
RVU_W	Medicare Phys Fee Schedule RVU, Work component	Numeric	Missing	Missing	2,011,256
			0	0.00	15,170,325
			0.01 - 1.00	0.01 - 1.00	20,186,503
			1.01 - 5.00	1.01 - 5.00	10,097,311
			> 5	> 5	449,822
Notes: Assigned if available. Otherwise imputed if possible. Only Work RVU variable available in the database.					
SEX	Patient Sex	Character	1	Male	17,961,857
			2	Female	29,952,348
			3	Payer Code=3 (Not Coded)	1,012
Notes: Payer-submitted.					
SVCPLACE	Place of Service	Character	Other	Invalid Code	209,849
			11	Provider's Office	31,781,620
			12	Patient's Home	174,332
			21	Inpatient Hospital	1,729,873

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
			22	Outpatient Hospital	2,341,333
			23	Emergency Room (Hospital Portion)	1,276,489
			24	Ambulatory Surgical Center	378,587
			25	Birthing Center	491
			26	Military Treatment Facility	845
			32	Nursing Facility	13,683
			33	Custodial Care Facility	88
			34	Hospice	1,184
			41	Ambulance-Land	47,395
			42	Ambulance-Air or Water	1,298
			50	Federally Qualified Health Center	2
			51	Inpatient Psychiatric Facility	13,840
			52	Psychiatric Facility Partial Hospital	5,539
			53	Community Mental Health Center	3,021
			54	Intermediate Care FCLTY/Mentally Retarded	16
			55	Residential Subst Abuse Treatment Fcty	1,808
			56	Psychiatric Residential Treatment Ctr	353
			60	Mass Immunization Center	21
			61	Comprehensive Inpat Rehabilitatn Fclty	518
			62	Comprehensive Outpat Rehabilitatn Fcty	102,729
			65	End Stage Renal Disease Treatment Fcty	17,526
			71	State or Local Public Health Clinic	1,861
			81	Independent Laboratory	9,607,321
			99	Not Coded or Other Unlisted Facility	203,595
Notes: Payer-submitted.					
UNITIND	Service Unit Indicator	Character	Blank	Missing	33,252
			1	Transportation Miles	21,519
			2	Anesthesia Time Units	168,849
			3	Visits	45,679,097
			4	Oxygen Units	591
			5	Blood Units	2,517
			6	Allergy Tests	56,706
			Other	Invalid Code	1,755,299
			8	Anesthesia Time Minutes	193,928
			9	Not Coded	3,459
Notes: Payer-submitted.					
UNITS	Number of Units for a Service	Numeric	Missing	Missing	4,780
			< 1	< 1	4,848,823
			1	1.00	40,461,468
			> 1	> 1	2,600,146
Notes: Payer-submitted.					
ZIP_P	Patient Residence ZIP Code	Character	Reported	Value Reported	47,915,217
Notes: Payer-submitted.					

VARIABLE NAME	VARIABLE DESCRIPTION	VARIABLE TYPE	Variable Value	Value Description	Number of Services
ZIP_S	Service Location ZIP Code	Character	Blank	Value Missing	2,941,708
			Reported	Value Reported	44,973,509
Notes: Payer-submitted.					

Reference Materials

MHCC-CMS Specialty Code Crosswalk
August 24, 2004

Code	Definition	Specialties Not Specifically Identified	Code	Definition
PHYSICIANS				
001	General Practice		01	General Practice
002	General Surgery		02	General Surgery
003	Allergy & Immunology	Pediatric Allergy & Immunology	03	Allergy/Immunology
004	Anesthesiology	Dermatopathology	05	Anesthesiology
005	Cardiology		06	Cardiology
006	Dermatology		07	Dermatology
007	Emergency Medicine		93	Emergency Medicine
008	Endocrinology Medicine	Pediatric Endocrinology	46	Endocrinology
009	Family Practice		08	Family Practice
010	Gastroenterology	Pediatric Gastreterology	10	Gastroenterology
011	Geriatrics		38	Geriatric Medicine
012	Hand Surgery		40	Hand Surgery
013	Hematology	Pediatric Hematology/Oncology	82	Hematology
014	Internal Medicine	Adolescent Medicine	11	Internal Medicine
015	Infectious Disease	Pediatric Infectious Disease	44	Infectious Disease
016	Nephrology	Pediatric Nephrology	39	Nephrology
017	Neurology	Pediatric Neurology	13	Neurology
018	Nuclear Medicine		36	Nuclear Medicine
019	Oncology	Gynecological Oncology	83 90 91 92 98	Hematology/Oncology Medical Oncology Surgical Oncology Radiation Oncology Gynecological/Oncology
020	Ophthalmology	Pediatric Ophthalmology	18	Ophthalmology
021	Orthopedic Surgery	Pediatric Orthopedic Surgery	20	Orthopedic Surgery
022	Osteopathy	Includes manipulations.	12	Osteopathic Manipulative Therapy
023	Otology, Laryngology, Rhinology, Otolaryngology		04	Otolaryngology
024	Pathology	Forensic Pathology Oral Pathology	22	Pathology
025	Pediatrics		37	Pediatric Medicine
026	Peripheral Vascular Disease/Surgery		76 77	Peripheral Vascular Disease Vascular Surgery
027	Plastic Surgery	Reconstructive Surgery Cosmetic Surgery	24	Plastic and Reconstructive Surgery
028	Physical Medicine & Rehabilitation	Rehabilitative Sports Medicine	25	Physical Medicine and Rehabilitation
029	Proctology	Colon & Rectal Surgery	28	Colorectal Surgery
030	Psychiatry	Pediatric Psychiatry	26 27 86	Psychiatry Psychiatry, Neurology Neuropsychiatry
031	Pulmonary Disease	Pediatric Pulmonary Medicine	29	Pulmonary Disease
032	Radiology	MRI Nuclear Radiology Pediatric Radiology	30 94	Diagnostic Radiology Inverventional Radiology
033	Rheumatology		66	Rheumatology
034	Surgical Specialty Not Listed Here	Abdominal Surgery Head and Neck Surgery Maxiofacial Surgery Neurological Surgery Pediatric Surgery	14 85	Neurosurgery Maxillofacial Surgery

Code	Definition	Specialties Not Specifically Identified	Code	Definition
		Vascular Surgery		
035	Thoracic Surgery	Cardiovascular Surgery thoracic Surgery	33 78	Thoracic Surgery Cardiac Surgery
036	Urology	Urology Pediatric Urology	34	Urology
037	Other Specialties Not Listed	Public Health Industrial Medicine	19 09 72	Oral Surgery - Dentists only Interventional Pain Management Pain Management
038	Physician Without Identified Specialty & Specialty Not Listed Here	Addiction Medicine Algology/Pain Management Aerospace Medicine Critical Care Medicine Genetics Infertility Multiple specialty Physician Groupx Occupational Medicine Preventative Medicine Reproductive Endocrinology Urgent Care Medicine	79 84 99 81	Addiction Medicine Preventive Medicine Unknown Physician Specialty Critical Care
039	Obstetrics/Gynecology		16	OB-Gynecology
100	Neonatology			
101	Multi-Specialty Medical Practice	Use this code only where provider-specific identifiers are not available for physicians practicing as a group with varying specialties.		
OTHER HEALTH CARE PROFESSIONALS				
040	Acupuncturist			
041	Alcohol/Drug Detox Services			
042	Ambulance Services		59	Ambulance Service Provider
043	Audiologist/Speech Pathologist		64	Audiologist
044	Chiropractor		35	Chiropractic
045	Freestanding Clinic (Not a Government Agency)		70	Multi-Specialty Clinic or Group Practice / Single Specialty
046	Day Care Facility	Medical Mental Health		
047	Dietician/Licensed Nutritionist		71	Registered Dietician/Nutrition Professional
048	Home Health Provider	Home Infusion Therapy		
049	Advanced Practice Nurse: Anesthetist	Nurse Anesthetist/Certified Registered Nurse Anesthetist (CRNA)	43	Certified Registered Nurse Assistant (CRNA)
050	Advanced Practice Nurse: Midwife	Nurse Midwife	42	Certified Nurse Midwife
051	Advanced Practice Nurse: Nurse Practitioner	Nurse Practitioner Nurse Psychotherapist	50 89	Nurse Practitioner Certified Clinical Nurse Specialist
052	Advanced Practice Nurce: Psychotherapist			
053	Nurse - Other than Advanced Practice			
054	Occupational Therapist		67	Occupational Therapist
055	Optometrist		41	Optometry
056	Podiatrist		48	Podiatry
057	Physical Therapist		65	Physical Therapist

Code	Definition	Specialties Not Specifically Identified	Code	Definition
058	Psychologist		62 68	Psychologist Clinical Psychologist
059	Clinical Social Worker		80	Licensed Clinical Social Worker
060	Public Health or Welfare Agencies	Federal, state, and local government	60	Public Health or Welfare Agency
061	Voluntary Health Agency	Planned Parenthood	61	Voluntary Health or Charitable Agency
062	Other Specialty Not Listed Above	Hypnosis	32 55 56 57 58 97	Anesthesiologist Assistant Individual Certified Orthotist Individual Certified Prosthetist Individual Certified Prosthetist-Orthotist Medical Supply Company with Pharmacist Physician Assistant
063	Respiratory Therapist			
102	Mental Health	Use this code only where provider-specific identifiers are not available for facilities where mental health services are provided by a psychiatrist, psychlogist, or social worker.		
DENTAL				
070	General Dentist			
071	Endodontist			
072	Orthodontist			
073	Oral Surgeon			
074	Pedodontist			
075	Periodontist			
076	Prosthodontist			
OFFICE FACILITIES				
080	Freestanding Pharmacy	Includes grocery	A5 A7 A8	Pharmacy Department Store Grocery Store
081	Mail Order Pharmacy			
082	Independent Laboratory		69 95 75	Clinical Laboratory Independent Physiological Laboratory Slide Preparation Facilities
083	Independent Medical Supply Company	Durable Medical Equipment Prosthetic Devices Vision Products Blood	52 54	Medical Supply Company with Prosthetist Other Medical Supply Company
084	Optician/Optometrist (for lenses & eye glasses)	For lenses & eye glasses	96	Optician
085	All Other Supplies		63 87	Portable X-Ray Supplier All Other Suppliers
090	Freestanding Medical Facility			
091	Freestanding Surgical Facility		49	Ambulatory Surgical Center
092	Freestanding Imaging Center		45	Mammography Screening Center
093	Other Facility	Dialysis Center Birthing Center	88 47 51 53 73 74 A0 A1 A2	Unknown Suppliers/Provider Specialty Independent Diagnostic Testing Facility Medical Supply Company with Orthotist Medical Supply Company with Orthotist-Prosthetist Mass Immunization Roster Billers Radiation Therapy Center Hospital Skilled Nursing Facility Intermediate Care Nursing Facility

Code	Definition	Specialties Not Specifically Identified	Code	Definition
			A3	Other Nursing Facility
			A4	Home Health Agency
			A6	Medical Supply Company with Respiratory Therapist