

Restricted-use Linked NCHS-CMS Medicare Data
Part D Drug Event File
DATE CREATED: 02FEB2017
Number of Variables: 55

Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
SURVEY	NCHS SURVEY NAME	Char	20	-	
PUBLICID	NHIS PUBLIC USE ID	Char	14	ID	
SEQN	NHANES SAMPLE SEQUENCE NUMBER (PUBLIC ID)	Num	8	ID	
RESNUM	NNHS RESIDENT ID NUMBER (PUBLIC)	Num	8	ID	
PATNUM	Patient/Discharge Record (Case) Number in public-use file	Num	8	ID	
FILE_YEAR4	Beneficiary Enrollment Reference Year (YYYY)	Num	8	2006-2013	
DOB_DT	Patient Date of Birth (DOB)	Num	4		
SEX_CD	Patient Sex	Char	1	1 2	Male Female
SRVC_DT	RX Service Date (DOS)	Num	4		
PD_DT	Paid Date	Num	4		
RX_SRVC_RFRNC_NUM	RX Service Reference Number	Num	8		
PROD_SRVC_ID	Product Service ID	Char	19	-	
PLAN_CNTRCT_REC_ID	Plan Contract Record ID	Char	5	**OTHER**	Miscoded
PLAN_PBP_REC_NUM	Plan PBP Record Number	Char	3	-	
CMPND_CD	Compound Code	Num	3		

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DAW_PROD_SLCTN_CD	Dispense as Written (DAW) Product Selection Code	Char	1	0	No Product Selection Indicated
				1	Substitution Not Allowed by Prescriber
				2	Substitution Allowed - Patient Requested That Brand Product Be Dispensed
				3	Substitution Allowed - Pharmacist Selected Product Dispensed
				4	Substitution Allowed - Generic Drug Not in Stock
				5	Substitution Allowed - Brand Drug Dispensed as Generic
				6	Override
				7	Substitution Not Allowed - Brand Drug Mandated by Law
				8	Substitution Allowed - Generic Drug Not Available in Marketplace
				9	Other
QTY_DSPNSD_NUM	Quantity Dispensed	Num	8		
DAYS_SUPLY_NUM	Days Supply	Num	3		
FILL_NUM	Fill Number	Num	3		
DSPNSNG_STUS_CD	Dispensing Status Code	Char	1	**OTHER**	Miscoded
				C	Completion of partial fill
				P	Partial fill
DRUG_CVRG_STUS_CD	Drug Coverage Status Code	Char	1	C	Covered
				E	Supplemental drugs (reported by Enhanced Alternative plans only)
				O	Over-the-counter drugs
ADJSTMT_DLTN_CD	Adjustment Deletion Code	Char	1	**OTHER**	Miscoded

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				A	Adjustment
				R	Resubmitted
NSTD_FRMT_CD	Non-Standard Format Code	Char	1	**OTHER**	Miscoded
				B	Beneficiary submitted claim
				C	Coordination of Benefits
				P	Paper claim from provider
				S	State-to-Plan PDEs
				X	X12 837
PRCNG_EXCPTN_CD	Pricing Exception Code	Char	1	**OTHER**	Miscoded
				M	Medicare is a secondary payer (MSP)
				O	Out of network pharmacy
CTSTRPHC_CVRG_CD	Catastrophic Coverage Code	Char	1	**OTHER**	Miscoded
				A	Attachment point met on this event
				C	Above attachment point
GDC_BLW_OOPT_AMT	Gross Drug Cost Below Out-of-Pocket Threshold (GDCB)	Num	8		
GDC_ABV_OOPT_AMT	Gross Drug Cost Above Out-of-Pocket Threshold (GDCA)	Num	8		
PTNT_PAY_AMT	Patient Pay Amount	Num	8		
OTHR_TROOP_AMT	Other TrOOP Amount	Num	8		
LICS_AMT	Low Income Cost Sharing Subsidy Amount (LICS)	Num	8		

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PLRO_AMT	Patient Liability Reduction Due to Other Payer Amount (PLRO)	Num	8		
CVRD_D_PLAN_PD_AMT	Covered D Plan Paid Amount (CPP)	Num	8		
NCVRD_PLAN_PD_AMT	Non-Covered Plan Paid Amount (NPP)	Num	8		
TOT_RX_CST_AMT	Gross Drug Cost	Num	8		
BN	Brand Name	Char	30	-	
GCDF	Dosage Form Code	Char	2	-	
GCDF_DESC	Dosage Form Code Description	Char	40	-	
STR	Drug Strength Description	Char	10	-	
GNN	Generic Name - Short Version	Char	30	-	
BENEFIT_PHASE	The benefit phase of the Part D Event	Char	2	-	
TIER_ID	Medicare Part D formulary tier identifier	Char	2	-	
STEP	Maximum Step Number	Char	2	-	
QUANTITY_LIMIT_YN	Whether or Not the Drug has Quantity Limits	Char	2	-	
PRIOR_AUTHORIZATION_YN	Whether or Not the Drug Requires Prior Authorization	Char	2	-	
CCW_PHARMACY_ID	CCW Pharmacy ID from Pharmacy Characteristics File	Num	8		

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CCW_PRSCRBR_ID	CCW Prescriber ID from Prescriber Characteristics File	Num	8		
PDE_PRSCRBR_ID_FRMT_CD	PDE Prescriber ID Format Code	Char	1	-	
RX_ORGN_CD	Prescription Origin Code	Char	1	**OTHER**	Miscoded
				0	Not Specified
				1	Written
				2	Telephone
				3	Electronic
				4	Facsimile
FORMULARY_ID	Formulary ID. First Column of Composite Foreign Key to Formulary File	Char	8	-	
FRMLRY_RX_ID	Formulary Rx ID. Second Column of Composite Foreign Key to Formulary File	Char	8	-	
RPTD_GAP_DSCNT_NUM	Gap Discount Amount reported by the Submitting Plan	Num	8		
BRND_GNRC_CD	The Brand-Generic Code reported by the submitting plan	Char	1	**OTHER**	Miscoded
				B	Brand
				G	Generic
PHRMCY_SRVC_TYPE_CD	Pharmacy Service Type Code	Char	2	-	
PTNT_RSDNC_CD	Patient Residence Code	Char	2	-	
SUBMSN_CLR_CD	Submission Clarification Code	Char	2	-	