

Part D Drug Event File
 Date Created: 29JAN2021
 Number of Variables: 51

Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
PATIENT_ID	NHCS Patient ID	Char	ID	Patient Identifier assigned by NCHS. Researchers requesting linked NHCS-CMS data should use PATIENT_ID.
PUBLICID	NHIS Public Use ID	Char	ID	Public-use survey participant identifier assigned by NCHS. Researchers requesting linked NHIS/LSOA II-Medicare data should use PUBLICID.
SEQN	NHANES Respondent Sequence Number	Num	ID	Public-use survey participant identifier assigned by NCHS. Researchers requesting linked NHEFS/NHANES III/NHANES-Medicare data should use SEQN.
RESNUM	NNHS Resident Record (Case) Number	Num	ID	Public-use survey participant identifier assigned by NCHS. Researchers requesting linked 2004 NNHS-Medicare data should use RESNUM.
SURVEY	Survey Name and survey year/cycle	Char		
FILE_YEAR4	Year of Part D Event (YYYY)	Num	2016-2018	2016 NHCS has been linked to only 2016-2017 Medicare Data.
DOB_DT	Patient Date of Birth (DOB)	Num		Date provided in SAS date (numeric) format.
GNDR_CD	Patient Gender	Char	1 2	Male Female
SRVC_DT	RX Date of Service (DOS)	Num		Date provided in SAS date (numeric) format.
PD_DT	Paid Date	Num		Date provided in SAS date (numeric) format.
PRSCRBR_ID_QLFYR_CD	Prescriber ID Qualifier Code	Char	01	National Provider Identifier (NPI)
PRSCRBR_ID	Prescriber Identification Number	Char		

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RX_SRVC_RFRNC_NUM	RX Service Reference Number	Num	1-999932250002	
PROD_SRVC_ID	Product Service ID (the National Drug Code [NDC])	Char		
PLAN_CNTRCT_REC_ID	Plan Contract ID	Char		For value description please see website: https://www.resdac.org/cms-data/variables/plan-contract-id
PLAN_PBP_REC_NUM	Plan Benefit Package ID	Char		
CMPND_CD	Compound Code	Num	0	Not specified (missing values are also possible)
			1	Not a compound
			2	Compound
DAW_PROD_SLCTN_CD	Dispense as Written (DAW) Product Selection Code	Char		No Product Selection Indicated
			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

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
QTY_DSPNSD_NUM	Quantity Dispensed	Num	0-4000000	
DAYS_SUPLY_NUM	Days Supply	Num	0-999	
FILL_NUM	Fill Number	Num	0-99	
DSPNSNG_STUS_CD	Dispensing Status Code	Char		Not specified or full quantity
DRUG_CVRG_STUS_CD	Drug Coverage Status Code	Char	C	Covered
			E	Supplemental drugs (reported by Enhanced Alternative plans only)
			O	Over-the-counter drugs
ADJSTMT_DLTN_CD	Adjustment Deletion Code	Char		Original PDE
			A	Adjustment
NSTD_FRMT_CD	Non-Standard Format Code	Char		NCPDP electronic format
			B	Beneficiary submitted claim
			C	Coordination of Benefits
			P	Paper claim from provider
PRCNG_EXCPTN_CD	Pricing Exception Code	Char		In-network pharmacy
			M	Medicare is a secondary payer (MSP)
			O	Out of network pharmacy
CTSTRPHC_CVRG_CD	Catastrophic Coverage Code	Char		Attachment point not met
			A	Attachment point met on this event
			C	Above attachment point

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
GDC_BLW_OOPT_AMT	Gross Drug Cost Below Out-of-Pocket Threshold (GDCB)	Num	0-172,000	Payment/Chagred Amount, in dollars.
GDC_ABV_OOPT_AMT	Gross Drug Cost Above Out-of-Pocket Threshold (GDCA)	Num	0-298,000	Payment/Chagred Amount, in dollars.
PTNT_PAY_AMT	Patient Pay Amount	Num	0-14,900	Payment/Chagred Amount, in dollars.
OTHR_TROOP_AMT	Other True Out-of-Pocket (TrOOP) Amount	Num	0-4,500	Payment/Chagred Amount, in dollars.
LICS_AMT	Low Income Cost Sharing Subsidy Amount (LICS)	Num	0-15,300	Payment/Chagred Amount, in dollars.
PLRO_AMT	Patient Liability Reduction Due to Other Payer Amount (PLRO)	Num	0-171,900	Payment/Chagred Amount, in dollars.
CVRD_D_PLAN_PD_AMT	Covered D Plan Paid Amount (CPP)	Num	0-283,100	Payment/Chagred Amount, in dollars.
NCVRD_PLAN_PD_AMT	Non-Covered Plan Paid Amount (NPP)	Num	0-20,200	Payment/Chagred Amount, in dollars.
TOT_RX_CST_AMT	Gross Drug Cost	Num	0-298,000	Payment/Chagred Amount, in dollars.
BN	Brand Name	Char		For value description please see website: https://www.resdac.org/cms-data/variables/brand-name
GCDF	Dosage Form Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/dosage-form-code
GCDF_DESC	Dosage Form Code Description	Char		For value description please see website: https://www.resdac.org/cms-data/variables/dosage-form-code-description

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
STR	Drug Strength Description	Char		For value description please see website: https://www.resdac.org/cms-data/variables/drug-strength-description
GNN	Generic Name	Char		For value description please see website: https://www.resdac.org/cms-data/variables/generic-name
BENEFIT_PHASE	Benefit Phase of Part D Event	Char		Not a covered drug
			CC	PDE occurred in catastrophic phase
			DC	PDE straddled deductible and catastrophic phases
			DD	PDE occurred in deductible phase
			DI	PDE straddled deductible and ICL (coverage gap) phases
			DP	PDE straddled deductible and pre-ICL phases
			IC	PDE straddled ICL (coverage gap) and catastrophic phases
			II	PDE occurred in ICL (coverage gap) phase
			NA	Beneficiary enrolled in PACE or employer-sponsored plan
			PC	PDE straddled pre-ICL and catastrophic straddle phases
			PI	PDE straddled pre-ICL and ICL (coverage gap) phases
			PP	PDE occurred in pre-ICL phase
FORMULARY_ID	Formulary ID	Char		
FRMLRY_RX_ID	CCW Formulary Drug ID	Char		
NCPDP_ID	NCPDP Pharmacy Identifier	Char		
RX_ORGN_CD	Prescription Origin Code	Char		Missing Value
			0	Not Specified

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			1	Written
			2	Telephone
			3	Electronic
			4	Facsimile
			5	Pharmacy
RPTD_GAP_DSCNT_NUM	Gap Discount Amount	Num	0-2734.42	
BRND_GNRC_CD	Brand-Generic Code Reported by Submitting Plan	Char		Missing Value
			B	Brand
			G	Generic
PHRMCY_SRVC_TYPE_CD	Pharmacy Service Type Code	Char		Pharmacy is not in any other category above
			01	Community/retail pharmacy
			02	Compounding pharmacy
			03	Home infusion therapy provider
			04	Institutional pharmacy
			05	Long-term care pharmacy
			06	Mail order pharmacy
			07	Managed care organization (MCO) pharmacy
			08	Specialty care pharmacy
			99	Other
PTNT_RSDNC_CD	Patient Residence Code	Char		Missing Value
			00	Not specified, other patient residence not identified below

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
			01	Home
			03	Nursing facility (long-term care facility)
			04	Assisted living facility
			06	Group home (e.g., congregate residential foster care)
			09	Intermediate care facility for the mentally retarded (ICF/MR)
			11	Hospice
SUBMSN_CLR_CD	Submission Clarification Code	Char		Not applicable, beneficiary not in an LTC setting (or in the first two months of 2013, the presumption is there was greater than a 14-day supply)
			16	LTC emergency box (e box) /automated dispensing machine
			21	LTC dispensing rule for <=14 day supply is not applicable due to CMS exclusion or the fact that the manufacturer's packaging does not allow for special dispensing
			22	LTC dispensing, 7-day supply
			23	LTC dispensing, 4-day supply
			24	LTC dispensing, 3-day supply
			25	LTC dispensing, 2-day supply
			26	LTC dispensing, 1-day supply
			27	LTC dispensing, 4-day supply, then 3-day supply
			28	LTC dispensing, 2-day supply, then 2-day supply, then 3-day supply
			29	LTC dispensing, daily during the week then multiple days (3) for weekend
			30	LTC dispensing, per shift (multiple medication passes)
			31	LTC dispensing, per medication pass
			32	LTC dispensing, PRN on demand

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
			33	LTC dispensing, other <=7 day cycle
			34	LTC dispensing, 14-day supply
			35	LTC dispensing, other 8-14 day dispensing not listed above
			36	LTC dispensing, outside short cycle, determined to be Part D after originally submitted to another payer

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