

Chronic Condition Warehouse

Your source for national CMS Medicare and Medicaid research data



Chronic Condition Warehouse

CODEBOOK:

Medicare Part D Event (PDE)/Drug Characteristics

September 2023 | VERSION 1.4

This page intentionally left blank.

Revision Log

Date	Changed by	Revisions	Version
September 2023	K. Schneider	Added new field PTD_MODEL_IND. Added new valid value to NSTD_FRMT_CD and TIER_ID. Added description to TOT_RX_CST_AMT for additional dispensing fee reported as part of the vaccine administration fee	1.4
April 2021	K. Schneider D. Happe	Migrated codebook to 2020 document template	1.3
October 2019	K. Schneider	Clarified definitions for CCW_PHARM_ID, NCPDP_ID and NCVRD_PLAN_PD_AMT	1.2
January 2019	K. Schneider	Fixed SAS Short and Long name for QUANTITY_LIMIT_YN variable	1.1
May 2017	C. Alleman K. Schneider	Initial release of codebook for PTD Pharmacy Characteristics file	1.0

Tips on Navigating the Codebook

This document is a detailed codebook that describes each variable in the Medicare Part D Event (PDE)/Drug Characteristics research files. Because the files have many variables, we have included several ways for users to quickly find the information they need:

- A complete listing of all variables in the files, in alphabetical order based on their SAS variable names.
- Individual entries for each variable that contain a short description of the variable, the possible values for the variable, and, in many cases, notes that discuss how the variable was constructed and should be used.

We have included hyperlinks throughout the codebook to make it easier for analysts to navigate between the table of contents and the detailed entries for the individual variables:

- Clicking on any variable name in the Table of Contents will take you to the detailed description for that variable.
- From the detailed description for any individual variable, clicking on the [^Back to TOC^](#) link after each variable description will take you back to the Table of Contents

Table of Contents

Quick links: [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Variable Details.....	1
ADJSTMT_DLTN_CD.....	1
BENE_ID	2
BENEFIT_PHASE.....	3
BN	5
BRND_GNRC_CD.....	6
CCW_PHARM_ID	7
CCW_PRSCRBR_ID	8
CMPND_CD	9
CTSTRPHC_CVRG_CD.....	10
CVRD_D_PLAN_PD_AMT	11
DAW_PROD_SLCTN_CD	12
DAYS_SUPLY_NUM	13
DOB_DT.....	14
DRUG_CVRG_STUS_CD.....	15
DSPNSNG_STUS_CD.....	16
FILL_NUM.....	17
FORMULARY_ID.....	18
FRMLRY_RX_ID	19
GCDF	20
GCDF_DESC	21
GDC_ABV_OOPT_AMT.....	22
GDC_BLW_OOPT_AMT	23
GNDR_CD	24
GNN	25
LICS_AMT	26
NCPDP_ID.....	27
NCVRD_PLAN_PD_AMT	28
NSTD_FRMT_CD	29
OTHR_TROOP_AMT.....	30
PD_DT	31
PDE_ID	32
PDE_PRSCRBR_ID_FRMT_CD	33
PHRMCY_SRVC_TYPE_CD.....	34
PLAN_CNTRCT_REC_ID	35
PLAN_PBP_REC_NUM.....	36
PLRO_AMT	37
PRCNG_EXCPTN_CD.....	38

PRIOR_AUTHORIZATION_YN.....	39
PROD_SRVC_ID.....	40
PRSCRBR_ID.....	41
PRSCRBR_ID_QLFYR_CD.....	42
PTD_MODEL_IND	43
PTNT_PAY_AMT.....	44
PTNT_RSDNC_CD.....	45
QTY_DSPNSD_NUM.....	46
QUANTITY_LIMIT_YN.....	47
RPTD_GAP_DSCNT_NUM.....	48
RX_ORGN_CD	49
RX_SRVC_RFRNC_NUM	50
SRVC_DT.....	51
STEP	52
STR	53
SUBMSN_CLR_CD	54
TIER_ID	56
TOT_RX_CST_AMT.....	57

Variable Details

This section of the codebook contains one entry for each variable in the Medicare Part D Event (PDE)/Drug Characteristics files. Each entry contains variable details to facilitate understanding and use of the variables.

ADJSTMT_DLTN_CD

LABEL: Adjustment Deletion Code

DESCRIPTION: This field distinguishes original from adjusted or deleted PDE records so CMS can adjust claims and make accurate payment for revised PDE records.

SHORT NAME: ADJDELCD

LONG NAME: ADJSTMT_DLTN_CD

TYPE: CHAR

LENGTH: 1

SOURCE: PDE

VALUES: Blank = Original PDE
A = Adjustment
D = Deletion
R = Resubmitted

COMMENT: Only the final version of the PDE at the time of payment reconciliation is included in the Part D standard analytic file (SAF).

[^ Back to TOC ^](#)

BENE_ID

LABEL: CCW Encrypted Beneficiary ID Number

DESCRIPTION: The unique CCW identifier for a beneficiary.

The CCW assigns a unique beneficiary identification number to each individual who receives Medicare and/or Medicaid, and uses that number to identify an individual's records in all CCW data files (e.g., Medicare claims, MAX claims, MDS assessment data).

This number does not change during a beneficiary's lifetime and each number is used only once.

The BENE_ID is specific to the CCW and is not applicable to any other identification system or data source.

SHORT NAME: BENE_ID

LONG NAME: BENE_ID

TYPE: CHAR

LENGTH: 15

SOURCE: CCW

VALUES: —

COMMENT: —

[^ Back to TOC ^](#)

BENEFIT_PHASE

LABEL: Benefit Phase of Part D Event

DESCRIPTION: This is a CCW-derived field that indicates the benefit phase in which the prescription likely occurred. This is done by ordering the beneficiary's claims by their dates of service and then comparing the cost of those PDEs to the benefit structure for the beneficiary's plan.

The benefit phase is described using a two-digit code. The first digit indicates the benefit phase immediately before the prescription was filled, and the second digit indicates the benefit phase immediately after the prescription was filled. The two digits are necessary because the benefit phases depend on specific dollar amounts and often do not split exactly between prescription fills; that is, a particular PDE may "straddle" more than one benefit phase. For example, "DD" indicates that the beneficiary was in the deductible phase of the benefit both before and after filling the prescription, but "PI" indicates that this PDE occurred partly in the pre-ICL phase and partly in the coverage gap.

SHORT NAME: BNFTPHAS

LONG NAME: BENEFIT_PHASE

TYPE: CHAR

LENGTH: 2

SOURCE: PDE (derived)

VALUES:

Null/blank = 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

XX = PDE plan identifiers do not link to the plan benefit file

COMMENT: Some non-standard combinations of benefit phases might appear, particularly if a beneficiary changed plans during the year.

The CCW creates this variable based on the beneficiary's plan benefit package at the time of the prescription was filled (using the Part D contract and plan of record which appear in the CCW Master

Beneficiary Summary A/B/D file). For a small number of beneficiaries, particularly those who changed plans around the time of the fill, the variable may not be accurate.

[^ Back to TOC ^](#)

BN

LABEL: Brand Name

DESCRIPTION: This is the brand name of the dispensed PDE, according to the First DataBank (FDB) reference files.

The name that appears on the package label provided by the manufacturer.

When this variable appears in the Formulary file, it is the FDB brand name for a drug product on the formulary.

SHORT NAME: BN

LONG NAME: BN

TYPE: CHAR

LENGTH: 30

SOURCE: First DataBank

VALUES: text description; DIABETIC SUPPLY for all diabetic supplies

COMMENT: In the PDE file, this variable is populated by linking to the proprietary First DataBank MedKnowledge database by matching on the National Drug Code (NDC; variable in the PDE files called the product service identifier PROD_SRVC_ID).

In the Formulary file, this variable is populated by matching the drug products on the Part D Plan submitted formulary to FDB. Part D plan sponsors submit the formulary to the CMS Health Plan Management System (HPMS). Plans identify the drug products on their formularies using the National Library of Medicine RxNorm Concept Unique Identifiers (RXCUIs). Each RXCUI corresponds to a unique brand name and clinical formulation (same ingredients, strength, and dosage form).

Additional details regarding the FDB source data are available at: <http://www.fdbhealth.com/fdb-medknowledge/>

[^ Back to TOC ^](#)

BRND_GNRC_CD

LABEL: Brand-Generic Code Reported by Submitting Plan

DESCRIPTION: Plan reported value indicating whether the plan adjudicated the claim as a brand or generic drug.
Applies to covered drugs only.

SHORT NAME: BRNDGNCD

LONG NAME: BRND_GNRC_CD

TYPE: CHAR

LENGTH: 1

SOURCE: PDE

VALUES: B = Brand
G = Generic
Null/missing

COMMENT: This variable was new in 2012.

[^ Back to TOC ^](#)

CCW_PHARM_ID

LABEL: CCW Pharmacy Identifier

DESCRIPTION: This is the CCW-assigned pharmacy identification number that is used to uniquely identify pharmacy entities. The ID is specific to the CCW and not applicable to any other identification system or data source.

This field also enables linkage between pharmacies in the Part D Event File and the CCW Pharmacy Characteristics File (2006–2013; note that starting in 2014 the NCPDP_ID is used for linkage).

This variable is only available 2006–2013.

SHORT NAME: CCW_PHARM_ID

LONG NAME: CCW_PHARM_ID

TYPE: NUM

LENGTH: 12

SOURCE: PDE and NCPDP dataQ™ (derived)

VALUES: Null, or a 5-digit numeric value

COMMENT: Beginning with 2014 data, the NCPDP_ID is used in place of the CCW_PHARM_ID. Researchers who received CCW data from 2006–2013 and wish to identify the NCPDP_ID associated with the CCW_PHARM_ID may request the "Pharmacy Bridge File", which is designed for this purpose.

This variable is populated by CCW by linking the service provider identification number from the source PDE to the proprietary National Council for Prescription Drug Programs (NCPDP) dataQ™ Database. The variable is populated for every PDE that could be linked to the NCPDP pharmacy data for that year, and will occasionally be null if there was no conclusive link between the service provider identification number in the source PDE data and the provider identification numbers in the NCPDP pharmacy data.

This variable usually represents a unique pharmacy entity, which historically was a retail store. However, as the pharmacy industry has evolved, some retail stores have added other lines of business, such as filling prescriptions for long-term care facilities. In these cases, the pharmacy can ask NCPDP to issue them more than one identification number to keep the billing separate for their multiple lines of business.

Additional details regarding the NCPDP source data are available at:
<https://www.ncpdpdataq.org/dataQInfo/pages/dataQFiles.htm>.

[^ Back to TOC ^](#)

CCW_PRSCRBR_ID

LABEL: CCW Prescriber Identifier

DESCRIPTION: This variable is the CCW-assigned number that is used to uniquely identify prescribers found in the Part D Event File. The ID is specific to the CCW and not applicable to any other identification system or data source.

This field also enables linkage between the Part D Event File and the CCW Prescriber Characteristics File. This variable is only available 2006–2013.

SHORT NAME: CCW_PRSCRBR_ID

LONG NAME: CCW_PRSCRBR_ID

TYPE: NUM

LENGTH: 12

SOURCE: PDE and HCidea™ Prescriber Database (derived)

VALUES: Null, or any positive or negative number

COMMENT: Beginning with 2014 data, this variable has been retired and researchers may obtain both the actual prescriber identifier (PRSCRBR_ID) and the CCW Prescriber Characteristics File. As of May 2013, the PRSCRBR_ID is always populated with the National Provider Identifier (NPI).

Researchers who received CCW data from 2006–2013 and wish to identify the HCidea-assigned provider ID (HCID) and/or NPI associated with the CCW_PRSCRBR_ID may request the "Prescriber Bridge File", which is designed for this purpose.

For 2006–2013, this variable is the CCW-assigned prescriber identifier that is populated by linking the PRSCRBR_ID from the PDE to the proprietary HCidea Prescriber Database. HCidea has prescriber information from a variety of data sources, including the NPPES directory (the National Plan and Provider Enumeration System, which assigns a unique NPI to each provider), the Drug Enforcement Administration (through data files known as the Controlled Substances Act Registrants), and SureScripts (a nationwide e-prescribing network). Using these input files, it was generally possible for CCW to identify a unique provider using an NPI, DEA number, and/or UPIN number.

This variable is populated for every PDE that could be linked to a provider in the HCidea database for that year. CCW_PRSCRBR_ID has a negative value when a conclusive link could not be found between the prescriber identification number in the source PDE data and the HCidea database.

[^ Back to TOC ^](#)

CMPND_CD

LABEL: Compound Code

DESCRIPTION: This field indicates whether or not the dispensed drug was compounded or mixed.

Some prescribed drugs must be compounded to obtain the prescribed ingredients in the dosage and form that is necessary. When this occurs, the value of this variable should be 2.

SHORT NAME: CMPND_CD

LONG NAME: CMPND_CD

TYPE: NUM

LENGTH: 2

SOURCE: PDE

VALUES: 0 = Not specified (missing values are also possible)
1 = Not a compound
2 = Compound

COMMENT: —

[^ Back to TOC ^](#)

CTSTRPHC_CVRG_CD

LABEL: Catastrophic Coverage Code

DESCRIPTION: This variable indicates whether the PDE occurred within the catastrophic benefit phase of the Medicare Part D benefit, according to the source PDE.

When the value equals C (above attachment point), then the PDE is in the catastrophic phase. When the value equals A (attachment point), the PDE has caused the beneficiary to move into the catastrophic phase (i.e., this is the “triggering” PDE).

SHORT NAME: CATCOVCD

LONG NAME: CTSTRPHC_CVRG_CD

TYPE: CHAR

LENGTH: 1

SOURCE: PDE

VALUES: A = Attachment point met on this event
C = Above attachment point
Blank = Attachment point not met

COMMENT: This variable was required for all PDEs through the end of 2010, and became optional starting in 2011.

Note that the value may differ from the more detailed BENEFIT_PHASE variable, which is a CCW-derived field that is available for all years.

[^ Back to TOC ^](#)

CVRD_D_PLAN_PD_AMT

LABEL: Amount paid by Part D plan for the PDE (drug is covered by Part D)

DESCRIPTION: This is the net amount that the Part D plan paid for a PDE that was covered by the Medicare Part D benefit.

This field is populated when the Drug Coverage Code (DRUG_CVRG_STUS_CD) equals "C".

This field excludes supplemental drugs, supplemental cost-sharing, over-the-counter drugs, and any non-Part D drugs that are funded by Part C rebates. Finally, this field does not include any amounts paid by the Part D low-income subsidy.

SHORT NAME: CPP_AMT

LONG NAME: CVRD_D_PLAN_PD_AMT

TYPE: NUM

LENGTH: 10

SOURCE: PDE

VALUES: —

COMMENT: This variable comes directly from the original PDE.

[^ Back to TOC ^](#)

DAW_PROD_SLCTN_CD

LABEL: Dispense as Written (DAW) Product Selection Code

DESCRIPTION: This field indicates the prescriber's instruction regarding substitution of generic equivalents or order to dispense the specific prescribed medication.

Part D plans generally require pharmacies to use generics or the least expensive version of the prescribed drug.

However, there are times when a prescriber intends for the beneficiary to receive the drug exactly as it is written on the prescription (e.g., to get the brand-name version of a drug). When there are specific instructions from the prescriber, it is indicated in this variable with a value of 1 or greater.

SHORT NAME: DAWPS_CD

LONG NAME: DAW_PROD_SLCTN_CD

TYPE: CHAR

LENGTH: 1

SOURCE: PDE

VALUES:

- 0 = No Product Selection Indicated (may also have missing values)
- 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

COMMENT: This field does not necessarily represent the way the drug was actually dispensed.

[^ Back to TOC ^](#)

DAYS_SUPLY_NUM

LABEL: Days Supply

DESCRIPTION: This field indicates the number of days' supply of medication dispensed by the pharmacy and consists of the amount the pharmacy enters for the prescription.

SHORT NAME: DAYSSPLY

LONG NAME: DAYS_SUPLY_NUM

TYPE: NUM

LENGTH: 3

SOURCE: PDE

VALUES: Possible values are 0–999.

COMMENT: CMS accepts blanks in PDEs where NON-STANDARD FORMAT CODE IS B, X, or P.

[^ Back to TOC ^](#)

DOB_DT

LABEL: Patient Date of Birth (DOB)

DESCRIPTION: Date of birth of the patient as indicated on the event record.

SHORT NAME: DOB_DT

LONG NAME: DOB_DT

TYPE: DATE

LENGTH: 8

SOURCE: PDE

VALUES: Date formatted as CCYMMDD

COMMENT: It is possible that this date may be different than the beneficiary date of birth (BENE_BIRTH_DT) variable that appears on the Master Beneficiary Summary File (MBSF).

[^ Back to TOC ^](#)

DRUG_CVRG_STUS_CD

LABEL: Drug Coverage Status Code

DESCRIPTION: This field indicates whether or not the drug is covered by Medicare Part D.

The Part D benefit does not cover all FDA-approved drugs. However, plan sponsors can offer an “enhanced” benefit package that covers non-Part D drugs, such as over-the-counter medications.

SHORT NAME: DRCVSTCD

LONG NAME: DRUG_CVRG_STUS_CD

TYPE: CHAR

LENGTH: 1

SOURCE: PDE

VALUES: C = Covered
E = Supplemental drugs (reported by plans that provide Enhanced Alternative coverage)
O = Over-the-counter drugs

COMMENT: —

[^ Back to TOC ^](#)

DSPNSNG_STUS_CD

LABEL: Dispensing Status Code

DESCRIPTION: This field indicates how the pharmacy dispensed the complete quantity of the prescription.

When the pharmacy partially fills a prescription, this field indicates a partial fill. When the full quantity is dispensed at one time, this field is blank.

SHORT NAME: DSPNSTCD

LONG NAME: DSPNSNG_STUS_CD

TYPE: CHAR

LENGTH: 1

SOURCE: PDE

VALUES: Blank = Not specified or presumably full quantity of prescription
P = Partial fill
C = Completion of partial fill

COMMENT: This variable has been retired, therefore the field is blank after 2010 service dates.

[^ Back to TOC ^](#)

FILL_NUM

LABEL: Number of drug fills

DESCRIPTION: This field indicates the number fill of the current dispensed supply.

SHORT NAME: FILL_NUM

LONG NAME: FILL_NUM

TYPE: NUM

LENGTH: 3

SOURCE: PDE

VALUES: Possible values are 0–99

COMMENT: The number of days of a drug that are supplied vary considerably across PDEs.

[^ Back to TOC ^](#)

FORMULARY_ID

LABEL: Formulary identification number

DESCRIPTION: This variable is the unique identification number assigned to each formulary. Part D plans submit their formularies to CMS and identify the drug products that are covered using the National Library of Medicine's RxNorm Concept Unique Identifiers (RXCUIs).

The same formulary may be used by more than one plan benefit package (PBP) within a contract.

SHORT NAME: FORMULARY_ID

LONG NAME: FORMULARY_ID

TYPE: CHAR

LENGTH: 8

SOURCE: PDE and CMS HPMS (derived)

VALUES: 8-digit numeric value

COMMENT: The CCW constructs a Formulary Characteristics File from the CMS Approved Formulary Data found in the CMS's Health Plan Management System (HPMS).

This variable is first available in 2010. This variable was always encrypted from 2010–2012 to comply with CMS privacy rules.

[^ Back to TOC ^](#)

FRMLRY_RX_ID

LABEL: CCW Formulary drug identifier

DESCRIPTION: This variable is a CCW-created identifier for a drug product that is found in a Part D prescription drug plan's formulary.

Part D Plans submit their formularies to CMS and identify drug products using the National Library of Medicine RxNorm Concept Unique Identifiers (RXCUIs).

There can be several drug products submitted that are the same clinical formulation (same ingredients, strength, and dosage form) but different brand names.

Each RXCUI corresponds to a unique brand name and clinical formulation. The CCW Formulary drug ID is analogous to an RXCUI.

SHORT NAME: FRMLRY_RX_ID

LONG NAME: FRMLRY_RX_ID

TYPE: CHAR

LENGTH: 8

SOURCE: PDE and CMS HPMS (derived)

VALUES: 8-digit number
The value: 99999999 indicates diabetic supplies.

COMMENT: This variable was new in 2010.

The Formulary Characteristics Files are built from the CMS Approved Formulary Data found in the CMS' Health Plan Management System (HPMS) where a proxy NDC is assigned to each RXCUI. The proxy NDC for each drug product is mapped to a unique FirstDataBank brand name and proprietary clinical formulation identifier which is then assigned a CCW sequence number (FRMLRY_RX_ID). In order for a PDE record to link to the Formulary Characteristics Files, the drug product on the PDE must map to a FRMLRY_RX_ID in the formulary associated with the plan of record.

Researchers interested in linking the Utilization Management (UM) variables (tier, step therapy, quantity limits, and prior authorization) to the PDE data will need to link the FORMULARY_ID and FRMLRY_RX_ID to the Formulary Characteristics File to get the UM variables.

[^ Back to TOC ^](#)

GCDF

LABEL: Dosage Form Code

DESCRIPTION: This variable is the dosage form code according to the First DataBank (FDB) reference files. The dosage form describes the physical presentation of a drug, such as tablet, capsule, or liquid. It may also incorporate the delivery and release mechanism of the drug.

When this variable appears in the Formulary file, it is the FDB dosage form code for a drug product on the formulary.

SHORT NAME: GCDF

LONG NAME: GCDF

TYPE: CHAR

LENGTH: 2

SOURCE: First DataBank

VALUES: 2-digit alpha/numeric code (e.g., CA [capsule], PS [adhesive patch, medicated])

COMMENT: The narrative description for this code appears in the dosage form code description variable (called GCDF_DESC).

In the Formulary file, this variable is populated by matching the drug products on the Part D Plan submitted formulary to FDB. Part D plan sponsors submit the formulary to the CMS Health Plan Management System (HPMS). Plans identify the drug products on their formularies using the National Library of Medicine RxNorm Concept Unique Identifiers (RXCUIs). Each RXCUI corresponds to a unique brand name and clinical formulation (same ingredients, strength, and dosage form).

In the PDE file, this variable is populated by linking to the proprietary First DataBank MedKnowledge database by matching on the National Drug Code (NDC; variable in the PDE files called the product service identifier PROD_SRVC_ID).

Additional details regarding the FDB source data are available at: <http://www.fdbhealth.com/fdb-medknowledge/>

[^ Back to TOC ^](#)

GCDF_DESC

LABEL: Dosage Form Code Description

DESCRIPTION: This variable describes the dosage form of a clinical formulation, according to the First DataBank (FDB) reference files. The dosage form is the physical presentation of a drug, such as tablet, capsule, or liquid. It may also incorporate the delivery and release mechanism of the drug.

When this variable appears in the Formulary file, it is the FDB dosage form code description for a drug product on the formulary.

SHORT NAME: GCDF_DESC

LONG NAME: GCDF_DESC

TYPE: CHAR

LENGTH: 40

SOURCE: First DataBank

VALUES: Narrative description (e.g., DROPS or TABLET)

COMMENT: The accompanying FDB code for this description appears in the dosage form code variable (called GCDF).

In the Formulary file, this variable is populated by matching the drug products on the Part D Plan submitted formulary to FDB. Part D plan sponsors submit the formulary to the CMS Health Plan Management System (HPMS). Plans identify the drug products on their formularies using the National Library of Medicine RxNorm Concept Unique Identifiers (RXCUIs). Each RXCUI corresponds to a unique brand name and clinical formulation (same ingredients, strength, and dosage form).

In the PDE file, this variable is populated by linking to the proprietary First DataBank MedKnowledge database by matching on the National Drug Code (NDC; variable in the PDE files called the product service identifier PROD_SRVC_ID).

Additional details regarding the FDB source data are available at: <http://www.fdbhealth.com/fdb-medknowledge/>

[^ Back to TOC ^](#)

GDC_ABV_OOPT_AMT

LABEL: Gross Drug Cost Above Part D Out-of-Pocket Threshold (GDCA)

DESCRIPTION: This variable is the portion of the gross drug cost for the prescription drug fill that was covered by Part D's catastrophic coverage.

Under Part D, a beneficiary qualifies for catastrophic coverage when his/her true out-of-pocket (TrOOP) costs reach a specific dollar threshold (for example, the threshold was \$4,550 in 2010). For prescriptions that were filled when a beneficiary was below the out-of-pocket threshold (OOPT), this field will contain a zero dollar amount. For prescriptions above the OOPT, this field will contain a positive dollar value. If a prescription crosses the threshold, then the portion of the gross drug cost that is above the threshold will appear in this field.

SHORT NAME: GDCAOOPT

LONG NAME: GDC_ABV_OOPT_AMT

TYPE: NUM

LENGTH: 10

SOURCE: PDE

VALUES: —

COMMENT: See the GDC_BLW_OOPT_AMT variable for the portion of the gross drug cost that was not covered by Part D's catastrophic coverage.

[^ Back to TOC ^](#)

GDC_BLW_OOPT_AMT

LABEL: Gross Drug Cost Below Part D Out-of-Pocket Threshold (GDCB)

DESCRIPTION: This variable is the portion of the gross drug cost for the prescription drug fill that was not covered by Part D's catastrophic coverage.

Under Part D, a beneficiary qualifies for catastrophic coverage when his/her true out-of-pocket (TrOOP) costs reach a specific dollar threshold (for example, the threshold was \$4,550 in 2010). For prescriptions that were filled when a beneficiary was below the out-of-pocket threshold (OOPT), this field will contain a positive dollar value. For prescriptions above the OOPT, this field will contain a zero dollar amount. If a prescription crosses the threshold, then the portion of the gross drug cost that is below the threshold will appear in this field.

SHORT NAME: GDCBOOPT

LONG NAME: GDC_BLW_OOPT_AMT

TYPE: NUM

LENGTH: 10

SOURCE: PDE

VALUES: —

COMMENT: See the GDC_ABV_OOPT_AMT variable for the portion of the gross drug cost that was covered by Part D's catastrophic coverage.

[^ Back to TOC ^](#)

GNDR_CD

LABEL: Patient Gender

DESCRIPTION: Gender of the patient as indicated on the event record.

SHORT NAME: GNDR_CD

LONG NAME: GNDR_CD

TYPE: CHAR

LENGTH: 1

SOURCE: PDE

VALUES: Blank = Unknown
1 = Male
2 = Female

COMMENT: —

[^ Back to TOC ^](#)

GNN

LABEL: Generic Name

DESCRIPTION: This is the generic name of the dispensed PDE, according to the First DataBank (FDB) reference files. It is the drug ingredient name adopted by United States Adopted Names (USAN).

When this variable appears in the Formulary file, it is the FDB generic name for a drug product on the formulary.

SHORT NAME: GNN

LONG NAME: GNN

TYPE: CHAR

LENGTH: 30

SOURCE: First DataBank

VALUES: text description of drug (e.g., RISEDRONATE SODIUM, MEMANTINE HCL)

COMMENT: FDB uses the chemical name when the USAN name is not available. For multi-ingredient products, abbreviations may be used (e.g., HCTZ [Hydrochlorothiazide] and PP [Phenylpropanolamine]).

In the Formulary file, this variable is populated by matching the drug products on the Part D Plan submitted formulary to FDB. Part D plan sponsors submit the formulary to the CMS Health Plan Management System (HPMS). Plans identify the drug products on their formularies using the National Library of Medicine RxNorm Concept Unique Identifiers (RXCUIs). Each RXCUI corresponds to a unique brand name and clinical formulation (same ingredients, strength, and dosage form).

In the PDE file, this variable is populated by linking to the proprietary First DataBank MedKnowledge database by matching on the National Drug Code (NDC; variable in the PDE files called the product service identifier PROD_SRVC_ID).

Additional details regarding the FDB source data are available at: <http://www.fdbhealth.com/fdb-medknowledge/>

[^ Back to TOC ^](#)

LICS_AMT

LABEL: Amount paid for the PDE by Part D low income subsidy

DESCRIPTION: This is the amount of cost sharing for the drug that was paid by the Part D low-income subsidy (LICS). This field contains plan-reported amounts per drug event; CMS uses this information to reconcile the prospective payments it makes to Part D plans for expected low-income cost sharing with the actual amounts incurred by the plans.

SHORT NAME: LICS_AMT

LONG NAME: LICS_AMT

TYPE: NUM

LENGTH: 10

SOURCE: PDE

VALUES: —

COMMENT: This variable comes directly from the original PDE.

[^ Back to TOC ^](#)

NCPDP_ID

LABEL: NCPDP Pharmacy identifier

DESCRIPTION: This is the unique identification number assigned by the National Council for Prescription Drug Programs (NCPDP) to every licensed pharmacy in the United States and its territories.

This field also enables linkage between pharmacies in the Part D Event (PDE) File and the CCW Pharmacy Characteristics File for 2014 forward.

SHORT NAME: NCPDP_ID

LONG NAME: NCPDP_ID

TYPE: CHAR

LENGTH: 7

SOURCE: PDE and NCDPD dataQ™

VALUES: Null

5-digit numeric value

COMMENT: This variable was new in 2014. The NCPDP_ID is used in place of the CCW_PHARM_ID in the Part D Pharmacy Characteristics File.

Researchers who received CCW data from 2006–2013 and wish to identify the NCPDP_ID associated with the CCW_PHARM_ID may request the "Pharmacy Bridge File", which is designed for this purpose.

The NCPDP_ID variable is populated by linking the service provider identification number from the source PDE to the proprietary National Council for Prescription Drug Programs (NCPDP) dataQ™ Database. The variable is populated for every PDE that can be linked to the NCPDP pharmacy data for that year, and will occasionally be null if there was no conclusive link between the service provider identification number in the source PDE data and the provider identification numbers in the NCPDP pharmacy data. Within the NCPDP database, this ID used to be called the NABP Number. NCPDP also enumerates licensed Alternate Dispensing Sites and Durable Medical Equipment (DME) Providers.

This variable usually represents a unique pharmacy entity, which historically was a retail store. However, as the pharmacy industry has evolved, some retail stores have added other lines of business, such as filling prescriptions for long-term care facilities. In these cases, the pharmacy can ask NCPDP to issue them more than one identification number to keep the billing separate for their multiple lines of business.

Additional details regarding the NCPDP source data are available at:

<https://www.ncpdpdataq.org/dataQInfo/pages/dataQFiles.htm>.

[^ Back to TOC ^](#)

NCVRD_PLAN_PD_AMT

- LABEL:** Amount paid by Part D plan for the PDE (drug is not covered by Part D)
- DESCRIPTION:** This is the net amount paid by the Part D plan (i.e., for enhanced alternative benefits) including cost sharing fill-in and/or non-Part D drugs. This dollar amount is excluded from risk corridor calculations.
- Medicare requires Part D plans to cover certain drugs, but some plans may offer benefits that are more generous than the standard benefit by covering drugs that Part D does not cover.
- SHORT NAME:** NPP_AMT
- LONG NAME:** NCVRD_PLAN_PD_AMT
- TYPE:** NUM
- LENGTH:** 10
- SOURCE:** PDE
- VALUES:** —
- COMMENT:** This variable comes directly from the original PDE.

[^ Back to TOC ^](#)

NSTD_FRMT_CD

LABEL: Non-Standard Format Code

DESCRIPTION: This data element is used by CMS to identify PDE records that are compiled from non-standard sources.

The National Council for Prescription Drug Program (NCPDP) is the standard format in which plans receive data from pharmacies.

SHORT NAME: NSTFMTCD

LONG NAME: NSTD_FRMT_CD

TYPE: CHAR

LENGTH: 1

SOURCE: PDE

VALUES: X = X12 837
A = Medicaid subrogation claim
B = Beneficiary submitted claim
C = Coordination of Benefits
P = Paper claim from provider
Blank = NCPDP electronic format

COMMENT: —

[^ Back to TOC ^](#)

OTHR_TROOP_AMT

LABEL: Other True Out-of-Pocket (TrOOP) Amount

DESCRIPTION: This is the amount of any payment made by other third-party payers that reduces the beneficiary's liability for the PDE and counts towards Part D's true out-of-pocket (TrOOP) requirement. Two examples are payments by qualified state pharmacy assistance programs or charities. This variable does not include amounts covered by the Part D low-income subsidy.

SHORT NAME: OTHTROOP

LONG NAME: OTHR_TROOP_AMT

TYPE: NUM

LENGTH: 10

SOURCE: PDE

VALUES: —

COMMENT: —

[^ Back to TOC ^](#)

PD_DT

LABEL: Paid Date

DESCRIPTION: The date on which the plan originally paid the pharmacy for the prescription drug.

SHORT NAME: PD_DT

LONG NAME: PD_DT

TYPE: DATE

LENGTH: 8

SOURCE: PDE

VALUES: Date formatted as CCYMMDD

COMMENT: This is an optional field.

[^ Back to TOC ^](#)

PDE_ID

LABEL: CCW Encrypted Part D Event Number

DESCRIPTION: Identifies a unique Part D event for a beneficiary.

SHORT NAME: PDE_ID

LONG NAME: PDE_ID

TYPE: CHAR

LENGTH: 15

SOURCE: CCW

VALUES: —

COMMENT: —

[^ Back to TOC ^](#)

PDE_PRSCRBR_ID_FRMT_CD

LABEL: PDE Prescriber ID Format Code

DESCRIPTION: This variable was created by CCW to describe whether the Prescriber ID on the source PDE (variable called PRSCRBR_ID) was an NPI, DEA, or UPIN format based on the length of the Prescriber ID and the combination of alpha and numeric characters.

This variable was only available 2006–2013.

SHORT NAME: PDE_PRSCRBR_ID_FRMT_CD

LONG NAME: PDE_PRSCRBR_ID_FRMT_CD

TYPE: CHAR

LENGTH: 1

SOURCE: PDE (derived)

VALUES: N = PDE Prescriber ID has an NPI format: 10 numeric characters with the first character a '1' or a '2'
D = PDE Prescriber ID has a DEA format: 9 alpha-numeric characters with the first two characters alpha and the last seven numeric
U = PDE Prescriber ID has a UPIN format: 6 alpha-numeric characters with the first one alpha and the remaining numeric
X = PDE Prescriber ID is none of the above formats. PDE Prescriber ID could be a valid State License number, an invalid prescriber identifier, or a missing Prescriber ID

COMMENT: This variable may have ascribed a different format to the prescriber identifier than what was reported in the prescriber id qualifier code (variable called PRSCRBR_ID_QLFYR_CD), which is submitted on the original PDE.

The PDE_PRSCRBR_ID_FRMT_CD was retired after 2013 since it was designed to provide information regarding the type of prescriber identifier that appeared on the PDE, since the CCW was not allowed to release the actual prescriber identifier (PRSCRBR_ID).

[^ Back to TOC ^](#)

PHRMCY_SRVC_TYPE_CD

LABEL: Pharmacy service type code

DESCRIPTION: The type of pharmacy used. This variable indicates the type of pharmacy that dispensed the prescription, as recorded on the PDE.

CMS requires Part D plans to maintain pharmacy networks that are sufficient to ensure access to Medicare beneficiaries – including retail, home infusion, and long-term care pharmacies. Plan sponsors have contracts with pharmacies to provide “in-network” services.

SHORT NAME: —

LONG NAME: PHRMCY_SRVC_TYPE_CD

TYPE: CHAR

LENGTH: 2

SOURCE: PDE

VALUES: 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
Null = Pharmacy is not in any other category above

COMMENT: This variable was new in 2013 and required for all PDEs beginning on February 28, 2013.

[^ Back to TOC ^](#)

PLAN_CNTRCT_REC_ID

LABEL: Plan Contract ID

DESCRIPTION: This variable is the unique Part D contract identifier for the beneficiary's Part D plan of record for the year. CMS assigns an identifier to each contract that a Part D plan has with CMS.

If the beneficiary was enrolled in more than one plan during the year, this is the contract number for the Part D plan in which the beneficiary was enrolled at the end of the year.

The first character of the plan contract ID is a letter representing the type of plan.

SHORT NAME: PLNCNTRC

LONG NAME: PLAN_CNTRCT_REC_ID

TYPE: CHAR

LENGTH: 5

SOURCE: PDE

VALUES: 5-digit alpha/numeric value. First digit is one of the following:
H = Managed Care Organizations other than Regional PPO
R = Regional preferred provider organization (PPO)
S = Stand-alone prescription drug plan (PDP)
E = Employer direct plan (starting January 2007)
X = Limited Income Newly Eligible Transition plan (LI NET, starting July 2009)

COMMENT: For 2006–2012, this variable was always encrypted to comply with CMS privacy rules.

You need to know both the Part D contract number and plan benefit package number (PLAN_PBP_REC_NUM) in order to identify the specific plan in which a beneficiary was enrolled.

[^ Back to TOC ^](#)

PLAN_PBP_REC_NUM

LABEL: Plan Benefit Package ID

DESCRIPTION: This variable is the unique plan benefit package (PBP) identifier for the beneficiary's Part D plan of record for the year. CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS.

If the beneficiary was enrolled in more than one plan during the year, this is the plan benefit package identifier for the plan in which the beneficiary was enrolled at the end of the year.

SHORT NAME: PLNPBPRC

LONG NAME: PLAN_PBP_REC_NUM

TYPE: CHAR

LENGTH: 3

SOURCE: PDE

VALUES: 3-digit numeric value

COMMENT: For 2006–2012, this variable was always encrypted to comply with CMS privacy rules.

You need to know both the Part D contract number (PLAN_CNTRCT_REC_ID) and plan benefit package number in order to identify the specific plan in which a beneficiary was enrolled.

[^ Back to TOC ^](#)

PLRO_AMT

LABEL: Reduction in patient liability due to payments by other payers (PLRO)

DESCRIPTION: This is the amount of any payment by other third-party payers that reduces the beneficiary's liability for the PDE but does not count towards Part D's true out-of-pocket (TrOOP) requirement. Examples include payments by group health plans, worker's compensation, and governmental programs like the Veterans Administration and TRICARE.

SHORT NAME: PLRO_AMT

LONG NAME: PLRO_AMT

TYPE: NUM

LENGTH: 10

SOURCE: PDE

VALUES: —

COMMENT: This variable comes directly from the original PDE.

[^ Back to TOC ^](#)

PRCNG_EXCPTN_CD

LABEL: Pricing Exception Code

DESCRIPTION: This variable indicates if the PDE was processed by the Part D plan using pricing rules that differ from the plan's negotiated price. Most PDEs have missing values, indicating that they were obtained from in-network pharmacies.

SHORT NAME: PRCGEXCD

LONG NAME: PRCNG_EXCPTN_CD

TYPE: CHAR

LENGTH: 1

SOURCE: PDE

VALUES: M = Medicare is a secondary payer (MSP)
O = Out of network pharmacy
Blank = In-network pharmacy

COMMENT: —

[^ Back to TOC ^](#)

PRIOR_AUTHORIZATION_YN

LABEL:	Prior Authorization Indicator
DESCRIPTION:	This is a CCW-derived field that indicates whether the prescription was subject to prior authorization, according to the benefit structure and formulary for the beneficiary's plan. Starting in 2010, this variable included in the Formulary file (rather than the PDE file).
SHORT NAME:	PRAUTHYN
LONG NAME:	PRIOR_AUTHORIZATION_YN
TYPE:	CHAR
LENGTH:	2
SOURCE:	PDE and Plan Characteristics (derived)
VALUES:	1 = Prior authorization required 0 = Prior authorization not required Null
COMMENT:	Part D plan sponsors submit the pricing, tiers, and formularies for their plan benefit packages to CMS via the Health Plan Management System (HPMS).

This includes information on which drugs are subject to prior authorization, which means that a physician must get the plan's approval in advance before prescribing the drug. The CCW creates this variable based on the beneficiary's plan of record, which is identified using the Part D contract and plan benefit package of record (the PLAN_CNTRCT_REC_ID and PLAN_PBP_REC_NUM variables). For a small number of beneficiaries, particularly those who changed plans around the time of the fill, the variable may not be an accurate reflection of whether the PDE was subject to prior authorization.

[^ Back to TOC ^](#)

PROD_SRVC_ID

LABEL: Product Service ID

DESCRIPTION: This field identifies the dispensed drug product using a National Drug Code (NDC).

The NDC is reported in NDC11 format. In instances where a pharmacy formulates a compound containing multiple NDC drugs, the NDC of the most expensive drug is used.

SHORT NAME: PRDSRVID

LONG NAME: PROD_SRVC_ID

TYPE: CHAR

LENGTH: 19

SOURCE: PDE

VALUES:

COMMENT: The NDC is reported in an 11-digit format, which is divided into three sections. The first five digits indicate the manufacturer or the labeler; the next four digits indicate the ingredient, strength, dosage form and route of administration; and the last two digits indicate the packaging.

The FDA assigns the manufacturer portion of the code; the manufacturer supplies the rest.

NDC code in the following format: MMMMMDDDDPP followed by 8 spaces.

CMS rejects the following codes: 9999999999, 9999999992, 9999999993, 9999999994, 9999999995 and 9999999996.

[^ Back to TOC ^](#)

PRSCRBR_ID

LABEL: Prescriber Identification Number

DESCRIPTION: This variable contains the prescriber identification number as reported by the Part D sponsor on the PDE record submitted to CMS.

Historically, this could be an NPI, DEA identification number, or UPIN. Since NPIs are now required by CMS (after April 2013), they appear most frequently (2009 forward). The type of prescriber identifier used is documented in the PRSCRBR_ID_QLFYR_CD variable.

Starting with 2014 data, the PRSCRBR_ID can be used to link to the NPI variable in the Prescriber Characteristics File.

SHORT NAME: PRSCRBR_ID

LONG NAME: PRSCRBR_ID

TYPE: CHAR

LENGTH: 15

SOURCE: PDE

VALUES: Up to 15 positive integers

COMMENT: Historically, a single individual prescriber might have had more than one type of identifier, and the PDEs that he/she prescribed may have more than one PRSCRBR_ID (e.g., the NPI could have appeared on some PDEs and the DEA number on others). The PRSCRBR_ID usually represents a unique individual prescriber (i.e., a prescribing provider), but can occasionally represent an entity or organization (e.g., a clinic or specialized unit of a hospital).

From 2006–2013, when CMS privacy restrictions prohibited release of this variable, the CCW created a unique CCW prescriber identifier by cross walking all of the possible identifiers for each prescriber and assigning a CCW_PRSCRBR_ID to represent an individual medical practitioner. This allowed PDE records that had the same prescriber but used a combination of different identifiers to be assigned the same identifier in the CCW files.

From 2006–2013, the CCW_PRSCRBR_ID enabled linkage to the CCW Prescriber Characteristics File. For current years, the PRSCRBR_ID will link to the Prescriber Characteristics File. The CCW_PRSCRBR_ID was retired after 2013.

Researchers who received CCW data from 2006–2013 and wish to identify the PRSCRBR_ID associated with the CCW_PRSCRBR_ID may request the "Prescriber Bridge File", which is designed for this purpose.

[^ Back to TOC ^](#)

PRSCRBR_ID_QLFYR_CD

LABEL: Prescriber identification number qualifier code

DESCRIPTION: This variable contains information regarding the type of prescriber identification number that was submitted on the original PDE data, as reported by the Part D sponsor on the PDE record submitted to CMS.

Historically, this identifier could be an NPI, DEA identification number, UPIN, or state license number. After April 2013, it is an NPI.

SHORT NAME: PRSCRBR_ID_QLFYR_CD

LONG NAME: PRSCRBR_ID_QLFYR_CD

TYPE: CHAR

LENGTH: 2

SOURCE: PDE

VALUES: 01 = National Provider Identifier (NPI)
06 = Unique Physician Identification Number (UPIN)
08 = State license number
12 = Drug Enforcement Administration (DEA) number
Null/missing

COMMENT: This variable may only be obtained if the investigator receives the prescriber identifier (PRSCRBR_ID), which is available 2014 forward.

This field is not validated and does not always reliably describe the identification numbers found in the prescriber identifier field (PRSCRBR_ID).

Investigators interested in linking the prescriber identifiers to cross-reference databases may find it helpful to know the type of variable that appears in this data field. The CCW methodology consists of examining the format and structure of the PRSCRBR_ID to determine whether the value appears to conform to the various types of ID.

The formats of these variables are:

- NPI format — 10 numeric characters starting with ‘1’ or ‘2’
- DEA format — 9 alpha-numeric characters with the first two being alpha and the last 7 being numeric
- UPIN format — 6 alpha-numeric characters with the first being alpha and the remaining 5 being numeric (note: the UPIN is a legacy identifier and should not be seen often in the current PDEs)
- State license numbers – formats are highly variable

A fair number of values in this data field that are not NPIs or DEAs may be invalid. CMS required prescribers to use an active and valid NPI on PDEs starting in 2013.

[^ Back to TOC ^](#)

PTD_MODEL_IND

LABEL: Part D model indicator

DESCRIPTION: Plan reported value indicating the Part D Model type applied to the PDE.

SHORT NAME: PTD_MODEL_IND

LONG NAME: PTD_MODEL_IND

TYPE: CHAR

LENGTH: 2

SOURCE: PDE

VALUES: 01 = Value-based Insurance Design (VBID) Model
07 = Part D Senior Savings (PDSS) Model
Null/missing = no Part D Model applied

COMMENT: This variable was new in 2022 and required for plans participating the PDSS Model beginning in 2022 It is required for plans participating in the VBID Model beginning in 2023, and optional for VBID Model plans in 2022.

CMS requires this field for covered drugs only.

[^ Back to TOC ^](#)

PTNT_PAY_AMT

LABEL: Amount Paid by Patient

DESCRIPTION: This variable is the dollar amount that the beneficiary paid for the PDE without being reimbursed by a third party.

The amount includes all copayments, coinsurance, deductible, or other patient payment amounts, and comes directly from the source PDE. This amount contributes to a beneficiary's true out-of-pocket (TrOOP) costs, but only if it is for a Part D-covered drug (i.e., spending on non-covered drugs does not count toward the TrOOP amount).

SHORT NAME: PTPAYAMT

LONG NAME: PTNT_PAY_AMT

TYPE: NUM

LENGTH: 10

SOURCE: PDE

VALUES: —

COMMENT: Three other variables measure payments that are made on behalf of the beneficiary and reduce the amount that he/she would normally have to pay for the PDE: LICS_AMT (amount paid by Part D low-income subsidy), OTHER_TROOP_AMT (other third-party payments that count towards the TrOOP amount), and PLRO_AMT (other third-party payments that do not count towards the TrOOP amount).

If you want to know the beneficiary's total liability for the drug (i.e., the amount that the Part D plan did not cover), you must sum this variable and the three variables listed above.

[^ Back to TOC ^](#)

PTNT_RSDNC_CD

LABEL:	Patient Residence Code
DESCRIPTION:	This variable indicates where the beneficiary lived when the prescription was filled, as reported on the PDE record.
SHORT NAME:	—
LONG NAME:	PTNT_RSDNC_CD
TYPE:	CHAR
LENGTH:	2
SOURCE:	PDE
VALUES:	00 = Not specified, other patient residence not identified below 01 = Home 02 = Skilled Nursing Facility 03 = Nursing facility (long-term care facility) 04 = Assisted living facility 05 = Custodial Care Facility (residential but not medical care) 06 = Group home (e.g., congregate residential foster care) 07 = Inpatient Psychiatric Facility 08 = Psychiatric Facility – Partial Hospitalization 09 = Intermediate care facility /intellectual disability) 10 = Residential Substance Abuse Treatment Facility 11 = Hospice 12 = Psychiatric Residential Treatment Facility 13 = Comprehensive Inpatient Rehabilitation Facility 14 = Homeless Shelter 15 = Correctional Institution Null/missing
COMMENT:	CMS requires Part D plans to maintain pharmacy networks that are sufficient to ensure convenient access to Medicare beneficiaries – including retail, home infusion, and long-term care pharmacies. This variable is designed to help CMS and plan sponsors monitor beneficiary access to a range of “in-network” pharmacies.

This variable was new in 2013 and required for all PDEs beginning on February 28, 2013.

Note that the location indicated by this variable may not correspond with other information regarding beneficiary residence – such as Medicare Part A or B claims or Minimum Data Set (MDS) assessment information.

[^ Back to TOC ^](#)

QTY_DSPNSD_NUM

LABEL: Quantity Dispensed

DESCRIPTION: This field indicates the number of units, grams, milliliters, or other quantity dispensed in the current drug event.

If the PDE was for a compounded item, the quantity dispensed is the total of all ingredients. If the PDE was for a partial fill, the quantity dispensed is the total amount prescribed, not the portion covered by the partial fill.

SHORT NAME: QTYDSPNS

LONG NAME: QTY_DSPNSD_NUM

TYPE: NUM

LENGTH: 12

SOURCE: PDE

VALUES: —

COMMENT: The values for this field are highly variable and depend on the form of the drug that was dispensed (e.g., liquids or tablets).

[^ Back to TOC ^](#)

QUANTITY_LIMIT_YN

LABEL: Quantity Limit Indicator

DESCRIPTION: This is a CCW-derived field that indicates whether the prescription was subject to quantity limits, according to the benefit structure and formulary for the beneficiary's plan.

Starting in 2010, this variable is included in the Formulary file (rather than the PDE file).

SHORT NAME: QTYLMTYN

LONG NAME: QUANTITY_LIMIT_YN

TYPE: CHAR

LENGTH: 2

SOURCE: PDE and Plan Characteristics (derived)

VALUES: 1 = Quantity limits apply

0 = Quantity limits do not apply

Null

COMMENT: Part D plan sponsors submit the pricing, tiers, and formularies for their plan benefit packages to CMS via the Health Plan Management System (HPMS).

This includes information on which drugs are subject to quantity limits, which restrict the amount that a beneficiary may receive within a certain time period.

The CCW creates this variable based on the beneficiary's plan of record, which is identified using the Part D contract and plan benefit package of record (the PLAN_CNTRCT_REC_ID and PLAN_PBP_REC_NUM variables). For a small number of beneficiaries, particularly those who changed plans around the time of the fill, the variable may not be an accurate reflection of whether the PDE was subject to quantity limits.

[^ Back to TOC ^](#)

RPTD_GAP_DSCNT_NUM

LABEL: Gap Discount Amount

DESCRIPTION: This variable indicates the amount of the discount provided by the drug's manufacturer under the Medicare Coverage Gap Discount Program, as calculated by CMS based on data reported in the PDE.

SHORT NAME: GAPDSCNT

LONG NAME: RPTD_GAP_DSCNT_NUM

TYPE: NUM

LENGTH: 10

SOURCE: PDE

VALUES: —

COMMENT: This variable is new in 2012.

[^ Back to TOC ^](#)

RX_ORGN_CD

LABEL: Prescription Origination Code

DESCRIPTION: This variable indicates whether the prescription was transmitted as an electronic prescription, by phone, by fax, or as a written paper copy.

SHORT NAME: RX_ORGN_CD

LONG NAME: RX_ORGN_CD

TYPE: CHAR

LENGTH: 1

SOURCE: PDE

VALUES: Null = Unknown
0 = Not specified
1 = Written
2 = Telephone
3 = Electronic
4 = Facsimile
5 = Pharmacy

COMMENT: This variable was new in 2010.

[^ Back to TOC ^](#)

RX_SRVC_RFRNC_NUM

LABEL: RX Service Reference Number

DESCRIPTION: This field contains the prescription reference number assigned by the pharmacy at the time the prescription is filled.

SHORT NAME: SRVRFNUM

LONG NAME: RX_SRVC_RFRNC_NUM

TYPE: NUM

LENGTH: 12

SOURCE: PDE

VALUES: —

COMMENT: Field length expanded from 10 to 12 in 2011.

[^ Back to TOC ^](#)

SRVC_DT

LABEL: RX Service Date

DESCRIPTION: This field contains the date on which the prescription was filled.

SHORT NAME: SRVC_DT

LONG NAME: SRVC_DT

TYPE: DATE

LENGTH: 8

SOURCE: PDE

VALUES: Date formatted as CCYMMDD

COMMENT: —

[^ Back to TOC ^](#)

STEP

LABEL: Maximum Step Number

DESCRIPTION: This is a CCW-derived field that indicates whether the prescription was subject to a step therapy protocol, according to the benefit structure and formulary for the beneficiary's plan. If a product is part of two different step therapy protocols, this field is populated with the maximum step value for the product. If the value is greater than 1, then the beneficiary's plan imposed some type of step therapy requirement, and the value indicates the number of steps or therapy trials needed before becoming eligible for the current drug.

Starting in 2010, this variable is included in the Formulary file (rather than the PDE file).

SHORT NAME: STEP

LONG NAME: STEP

TYPE: CHAR

LENGTH: 2

SOURCE: PDE and Plan Characteristics (derived)

VALUES: Null

1–4 = The maximum step on the plan's formulary associated with the drug on the PDE.

COMMENT: Part D plan sponsors submit the pricing, tiers, and formularies for their plan benefit packages to CMS via the Health Plan Management System (HPMS).

This includes information on which drugs are subject to step therapy, which requires a beneficiary to first try one or more other medications in the same therapeutic class. The CCW creates this variable based on the beneficiary's plan of record, which is identified using the Part D contract and plan benefit package of record (the PLAN_CNTRCT_REC_ID and PLAN_PBP_REC_NUM variables). For a small number of beneficiaries, particularly those who changed plans around the time of the fill, the variable may not be an accurate reflection of whether the PDE was part of a step therapy protocol.

[^ Back to TOC ^](#)

STR

LABEL: Drug Strength Description

DESCRIPTION: This variable is the strength or potency of the drug product as dispensed, according to the First DataBank (FDB) reference files.

When this variable appears in the Formulary file, it is the FDB drug strength for a drug product on the formulary.

SHORT NAME: STR

LONG NAME: STR

TYPE: CHAR

LENGTH: 10

SOURCE: First DataBank

VALUES: 10-digit alpha/numeric value (e.g., 25MG, 1:10000, or 10MG/100ML)

COMMENT: Description of drug potency may be expressed in units of grams, milligrams, percentage, and other terms.

In the Formulary file, this variable is populated by matching the drug products on the Part D Plan submitted formulary to FDB. Part D plan sponsors submit the formulary to the CMS Health Plan Management System (HPMS). Plans identify the drug products on their formularies using the National Library of Medicine RxNorm Concept Unique Identifiers (RXCUIs). Each RXCUI corresponds to a unique brand name and clinical formulation (same ingredients, strength, and dosage form).

In the PDE file, this variable is populated by linking to the proprietary First DataBank MedKnowledge database by matching on the National Drug Code (NDC; variable in the PDE files called the product service identifier PROD_SRVC_ID).

Additional details regarding the FDB source data are available at: <http://www.fdbhealth.com/fdb-medknowledge/>

[^ Back to TOC ^](#)

SUBMSN_CLR_CD

LABEL: Submission clarification code

DESCRIPTION: For beneficiaries living in long-term care (LTC) facilities, this variable indicates how many days' supply of the medication was dispensed by the long-term care pharmacy and provides some details about the dispensing event.

This variable is only populated when beneficiary lives in an LTC facility (i.e., when the PTNT_RSDNC_CD variable equals 03).

SHORT NAME: —

LONG NAME: SUBMSN_CLR_CD

TYPE: CHAR

LENGTH: 2

SOURCE: PDE

VALUES:

- 00 = (Unknown value – rarely populated)
- 05 = Therapy change. Physician determined that a change in therapy was required – either the medication was used faster than expected, or a different dosage form is needed.
- 07 = Emergency supply of non-formulary drugs (or formulary drugs which typically require step therapy or prior authorization). Medication has been determined by the physician to be medically necessary.
- 08 = Process compound for approved ingredients
- 14 = LTC leave of absence – short fill required for take-home use
- 16 = LTC emergency box (e box) /automated dispensing machine
- 17 = LTC emergency supply remainder (remainder of drug from the emergency supply)
- 18 = LTC patient admit/readmission indicator. This status required new dispensing of medication.
- 19 = Split billing. The quantity dispensed is the remainder billed to a subsequent payer after Medicare Part A benefits expired (partial payment under Part A).
- 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
- 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
- 42 = The prescriber ID submitted has been validated and is active (rarely populated)
- 43 = For the prescriber ID submitted, the associated DEA number has been renewed or the renewal is in progress (rarely populated)
- 44 = (Unknown value – rarely populated)
- 45 = For the prescriber ID submitted, the associated DEA number is a valid hospital DEA number with suffix (rarely populated)
- Null = 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)

COMMENT: CMS requires Part D plans to have drug utilization management programs to encourage compliance with the formulary; this variable is designed to make it easier to monitor how well LTC pharmacies comply with formularies by making it easier to aggregate LTC prescriptions into 31-day equivalent prescriptions and thus compare pricing.

Note that this variable is different than the days supply of the medication on the PDE (the DAYS_SUPPLY_NUM variable).

This variable was new in 2013 and required for all PDEs beginning on February 28, 2013.

[^ Back to TOC ^](#)

TIER_ID

LABEL: Medicare Part D Formulary Tier Number

DESCRIPTION: This is a CCW-derived field that indicates the cost-sharing tier in which the prescription was placed, according to the benefit structure and formulary for the beneficiary's plan. If a product is part of two different tiers, this field is populated with the minimum tier value for the product.

Starting in 2010, this variable is included in the Formulary file (rather than the PDE file), and the variable description and values are maintained in the Medicare Part D Formulary File Codebook.

SHORT NAME: TIER_ID

LONG NAME: TIER_ID

TYPE: CHAR

LENGTH: 2

SOURCE: PDE and Plan Characteristics (derived)

VALUES: Null
1–7 = The tier on the plan's formulary associated with the drug on the PDE
(**NOTE:** if the plan is not required to submit a formulary then TIER_ID is assigned a value of '1')

COMMENT: Part D plan sponsors submit the pricing, tiers, and formularies for their plan benefit packages to CMS via the Health Plan Management System (HPMS).

This includes information on how many cost-sharing tiers each plan will use and the drugs that will be on each tier. The CCW creates this variable based on the beneficiary's plan of record, which is identified using the Part D contract and plan benefit package of record (the PLAN_CNTRCT_REC_ID and PLAN_PBP_REC_ID variables). For a small number of beneficiaries, particularly those who changed plans around the time of the fill, the variable may not be an accurate reflection of whether the PDE was on a particular drug tier.

[^ Back to TOC ^](#)

TOT_RX_CST_AMT

LABEL: Total drug cost (Part D)

DESCRIPTION: This variable is the total cost of the prescription drug event and is taken directly from the original PDE. It is the sum of the following components:

- The ingredient cost (INGRDNT_CST_PD_AMT),
- The dispensing fee (DSPNSNG_FEE_PD_AMT),
- The sales tax, if any (TOT_AMT_ATTR_SLS_TAX_AMT), and
- The vaccine administration fee, if any (VCCN_ADMIN_FEE_AMT, included starting in 2010).

This is the price paid for the drug at the point of sale (i.e., the pharmacy counter), and it does not include any rebates or discounts that the drug manufacturer provides directly to the Part D plan sponsor.

SHORT NAME: TOTALCST

LONG NAME: TOT_RX_CST_AMT

TYPE: NUM

LENGTH: 10

SOURCE: PDE

VALUES: —

COMMENT: Starting in 2010, this variable includes the vaccine administration fee, when applicable. Starting 3/4/2022, the vaccine administration fee may include an additional dispensing fee paid for Emergency Use Authorization oral antiviral drugs procured by the U.S. Government over and above what is reported in the “Dispensing Fee Paid” field.

[^ Back to TOC ^](#)