

Medicare Outpatient Hospitals - by Provider and Service Data Dictionary			
Term Name	Variable Name	Definition	Footnotes
Rendering Provider CCN	Rndrng_CCN	The CMS Certification Number (CCN) of the provider billing for outpatient hospital services.	N/A
Rendering Provider Name	Rndrng_Privr_Org_Name	The name of the provider.	N/A
Rendering Provider Street Address	Rndrng_Privr_St	The street address in which the provider is physically located.	N/A
Rendering Provider City	Rndrng_Privr_City	The city in which the provider is physically located.	N/A
Rendering Provider State Abbreviation	Rndrng_Privr_State_Abrvtn	The state abbreviation for the state in which the provider is physically located.	State values are restricted to 49 of the United State and the District of Columbia where hospitals are subjected to Medicare's Outpatient Prospective Payment System. Maryland and US territory hospitals are excluded.
Rendering Provider State FIPS Code	Rndrng_Privr_State_FIPS	The state FIPS code for the state in which the provider is physically located.	State values are restricted to 49 of the United State and the District of Columbia where hospitals are subjected to Medicare's Outpatient Prospective Payment System. Maryland and US territory hospitals are excluded.
Rendering Provider Zip Code	Rndrng_Privr_Zip5	The zip code in which the provider is physically located.	N/A
Rendering Provider Rural-Urban Commuting Area Codes	Rndrng_Privr_RUCA	The Rural-Urban Commuting Area (RUCA) code for the zip code in which the provider is physically located.	RUCA codes classify zip codes as rural/urban areas based on measures of population density, level of urbanization, and daily commuting patterns. These codes are developed by United States Department of Agriculture, Economic Research Service.
Rendering Provider Rural-Urban Commuting Area Description	Rndrng_Privr_RUCA_Desc	The description of the RUCA code.	RUCA codes classify zip codes as rural/urban areas based on measures of population density, level of urbanization, and daily commuting patterns. These codes are developed by United States Department of Agriculture, Economic Research Service.
Ambulatory Payment Classification	APC_Cd	The comprehensive APC code.	In 2016, CMS renumbered the APC codes. Therefore, CY 2015 APC codes have different values from the CY 2016 APC codes. See Appendix 1 in the Methodology document for crosswalk between the CY 2015 and CY 2016 and later APC codes.
APC Description	APC_Desc	The description of the APC Code.	N/A
Total Beneficiaries	Bene_Cnt	The number of Medicare fee-for-service beneficiaries receiving outpatient hospital services.	N/A
Comprehensive APC Services	CAPC_Srvcs	The number of primary HCPCS services billed by the provider for outpatient hospital services.	N/A

Average Estimated Total Submitted Charges	Avg_Tot_Sbmtd_Chrgs	The provider's average estimated submitted charge for services covered by Medicare for the APC.	These will vary from hospital to hospital because of differences in hospital charge structures.
Average Medicare Allowed Amount	Avg_Mdcr_Alowd_Amt	The average of total regular payments the provider receives for the APC.	It includes both Medicare direct provider payments as well as beneficiaries' co-payment and deductible payments. It excludes special outlier payments which is reported in a separate column.
Average Medicare Payment Amount	Avg_Mdcr_Pymt_Amt	The average of total regular payments the provider receives directly from Medicare.	It excludes special outlier payments which is reported in a separate column.
Outlier Comprehensive APC Services	Outlier_Srvcs	The number of comprehensive APC services with outlier payments.	This variable is blank in cases where the number of outlier services is fewer than 11.
Average Medicare Outlier Amount	Avg_Mdcr_Outlier_Amt	The average of outlier payments the provider receives directly from Medicare.	OPPS APC payment amounts are based on the average costs for a set of services. In the event that a hospital's costs for these services exceed a given threshold tied to the average APC payment, CMS must issue an outlier payment to the hospital to that service to compensate for the costly provision of service. This variable is blank in cases where the number of outlier services is fewer than 11.