Medicare Durable Medical Equipment, Devices & Supplies- by Referring Provider Data Dictionary

Term Name	Variable Name	Definition
Referring NPI	Rfrg_NPI	NPI for the referring provider on the DMEPOS claim.
Referring Provider Last Name / Organization Name	Rfrg_Prvdr_Last_Name	When the referring provider is registered in NPPES as an individual (entity type code='I'), this is the referring provider's last name. When the referring provider is registered as an organization (entity type code = 'O'), this is the organization name.
Referring Provider First Name	Rfrg_Prvdr_First_Name	When the referring provider is registered in NPPES as an individual (entity type code='I'), this is the referring provider's first name. When the referring provider is registered as an organization (entity type code = 'O'), this will be blank.
Referring Provider Middle Initial	Rfrg_Prvdr_MI	When the referring provider is registered in NPPES as an individual (entity type code='I'), this is the referring provider's middle initial. When the referring provider is registered as an organization (entity type code = 'O'), this will be blank.
Referring Provider Credentials	Rfrg_Prvdr_Crdntls	When the referring provider is registered in NPPES as an individual (entity type code='I'), these are the referring provider's credentials. When the referring provider is registered as an organization (entity type code = 'O'), this will be blank.
Referring Provider Gender	Rfrg_Prvdr_Gnder	When the referring provider is registered in NPPES as an individual (entity type code='I'), this is the referring provider's gender. When the referring provider is registered as an organization (entity type code = 'O'), this will be blank.
Referring Provider Entity Code	Rfrg_Prvdr_Ent_Cd	Type of entity reported in NPPES. An entity code of 'I' identifies referring providers registered as individuals and an entity type code of 'O' identifies referring providers registered as organizations.
Referring Provider Street 1	Rfrg_Prvdr_St1	The first line of the referring provider's street address, as reported in NPPES.
Referring Provider Street 2	Rfrg_Prvdr_St2	The second line of the referring provider's street address, as reported in NPPES.
Referring Provider City	Rfrg_Prvdr_City	The city where the referring provider is located, as reported in NPPES.
Referring Provider State	Rfrg_Prvdr_State_Abrvtn	The state where the referring provider is located, as reported in NPPES. The fifty U.S. states and the District of Columbia are reported by the state postal abbreviation. The following values are used for other areas: 'XX' = 'Unknown' 'AA' = 'Armed Forces Central/South America' 'AE' = 'Armed Forces Europe' 'AP' = 'Armed Forces Pacific' 'AS' = 'American Samoa' 'GU' = 'Guam' 'MP' = 'North Mariana Islands' 'PR' = 'Puerto Rico' 'VI' = 'Virgin Islands' 'ZZ' = 'Foreign Country'
Referring Provider State FIPS Code	Rfrg_Prvdr_State_FIPS	FIPS code for referring providers state.

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Term Name	**Variable Name**	**Definition**
Referring Provider Zip	Rfrg_Prvdr_Zip5	The referring provider's zip code, as reported in NPPES.
Referring Provider RUCA	Rfrg_Prvdr_RUCA	Rural-Urban Commuting Area Codes (RUCAs), are a Census tract-based classification scheme that utilizes the standard Bureau of Census Urbanized Area and Urban Cluster definitions in combination with work commuting information to characterize all of the nation's Census tracts regarding their rural and urban status and relationships. The Referring Provider ZIP code was cross walked to the United States Department of Agriculture (USDA) 2010 Rural-Urban Commuting Area Codes.
Referring Provider RUCA Description	Rfrg_Prvdr_RUCA_Desc	Description of Rural-Urban Commuting Area (RUCA) Code
Referring Provider Country	Rfrg_Prvdr_Cntry	The country where the referring provider is located, as reported in NPPES. The country code will be 'US' for any state or U.S. possession. AE=United Arab Emirates AR=Argentina AU=Australia BR=Brazil CA=Canada CH=Switzerland CN=China CO=Colombia DE= Germany ES= Spain FR=France GB=Great Britain HU= Hungary IL= Israel IN=India IS= Iceland IT=Italy JP=Japan KR=Korea NL=Netherlands PK=Pakistan SA=Saudi Arabia SY=Syria TR=Turkey VE=Venezuela

Medicare Durable Medical Equipment, Devices & Supplies- by Referring Provider Data Dictionary		
Term Name	**Variable Name**	**Definition**
Referring Provider Type	Rfrg_Prvdr_Type	Derived from the Medicare provider/supplier specialty code reported on all of the NPI's Part B non-institutional claims (DMEPOS & non-DMEPOS). For referring providers that have more than one Medicare specialty code reported on their claims, the Medicare specialty code associated with the largest number of services was used. Where a prescriber's NPI did not have associated Part B claims, the taxonomy code associated with the NPI in NPPES was mapped to a Medicare specialty code using an external crosswalk published here. For any taxonomy codes that could not be mapped to a Medicare specialty code, the taxonomy classification description was used.
Referring Provider Type Flag	Rfrg_Prvdr_Type_Flag	A flag variable that indicates the source of the Referring Provider Type: S = Medicare Specialty Code description T = Taxonomy Code Classification description
Number of Suppliers	Tot_Suplrs	Number of suppliers rendering products/services billed through DMEPOS MACs.
Number of Supplier HCPCS	Tot_Suplr_HCPCS_Cds	Total number of unique DMEPOS product/service hcpcs codes billed by suppliers and ordered by the referring provider.
Number of Supplier Beneficiaries	Tot_Suplr_Benes	Total number of unique beneficiaries associated with DMEPOS claims submitted by suppliers and ordered by the referring provider. Beneficiary counts fewer than 11 have been suppressed to protect the privacy of Medicare beneficiaries.
Number of Supplier Claims	Tot_Suplr_Clms	Total number of DMEPOS claims submitted by suppliers, reflecting products/services ordered by the referring provider.
Number of Supplier Services	Tot_Suplr_Srvcs	Total DMEPOS products/services rendered by suppliers and ordered by the referring provider.
Supplier Submitted Charges	Suplr_Sbmtd_Chrgs	The total charges that suppliers submitted for all DMEPOS products/services ordered by the referring provider.
Supplier Medicare Allowed Amount	Suplr_Mdcr_Alowd_Amt	The Medicare allowed amount for all DMEPOS products/services ordered by the referring provider. This figure is the sum of the amount Medicare pays, the deductible and coinsurance amounts that the beneficiary is responsible for paying, and any amounts that a third party is responsible for paying.
Supplier Medicare Payment Amount	Suplr_Mdcr_Pymt_Amt	Amount that Medicare paid after deductible and coinsurance amounts have been deducted for all supplier's DMEPOS line item products/services ordered by the referring provider.

Medicare Durable Medical Equipment, Devices & Supplies- by Referring Provider Data Dictionary		
Term Name	**Variable Name**	**Definition**
Supplier Medicare Standard Payment Amount	Suplr_Mdcr_Stdzd_Pymt_Amt	Amount that Medicare paid after beneficiary deductible and coinsurance amounts have been deducted for all supplier's durable medical equipment line item products/services and after standardization of the Medicare payment has been applied. Standardization removes geographic differences in payment rates for individual product/services and makes Medicare payments across geographic areas comparable. Note: This variable is available starting with the calendar year 2014 data.
Durable Medical Equipment Suppression Indicator	DME_Sprsn_Ind	A 1-byte value which defines the suppression, if needed, of the utilization, charge and payment information associated with durable medical equipment HCPCS codes. A value of '*' means the suppressed information is based on a dme-specific claim count of 1 through 10. A value of '#' means the dme-specific information has been counter-suppressed. Counter-suppression is needed when the display of dme-specific data could be used to recalculate suppressed values in non-dme-specific columns.
Number of Durable Medical Equipment Suppliers	DME_Tot_Suplrs	Number of suppliers rendering durable medical equipment products/services.
Number of Durable Medical Equipment HCPCS	DME_Tot_Suplr_HCPCS_Cds	Total number of unique durable medical equipment hcpcs codes billed by suppliers and ordered by the referring provider.
Number of Durable Medical Equipment Beneficiaries	DME_Tot_Suplr_Benes	Total number of unique beneficiaries associated with durable medical equipment claims submitted by suppliers and ordered by the referring provider. Beneficiary counts fewer than 11 have been suppressed to protect the privacy of Medicare beneficiaries.
Number of Durable Medical Equipment Claims	DME_Tot_Suplr_Clms	Total number of durable medical equipment claims submitted by suppliers, reflecting services ordered by the referring provider.
Number of Durable Medical Equipment Services	DME_Tot_Suplr_Srvcs	Total durable medical equipment products/services rendered by suppliers and ordered by the referring provider.
Durable Medical Equipment Submitted Charges	DME_Suplr_Sbmtd_Chrgs	The total charges that suppliers submitted for all durable medical equipment products/services ordered by the referring provider.
Durable Medical Equipment Medicare Allowed Amount	DME_Suplr_Mdcr_Alowd_Amt	The Medicare allowed amount for all durable medical equipment products/services ordered by the referring provider. This figure is the sum of the amount Medicare pays, the deductible and coinsurance amounts that the beneficiary is responsible for paying, and any amounts that a third party is responsible for paying.

Medicare Durable Medical Equipment, Devices & Supplies- by Referring Provider Data Dictionary		
Term Name	**Variable Name**	**Definition**
Durable Medical Equipment Medicare Payment Amount	DME_Suplr_Mdcr_Pymt_Amt	Amount that Medicare paid after deductible and coinsurance amounts have been deducted for all supplier's durable medical equipment line item products/services ordered by the referring provider.
Durable Medical Equipment Medicare Standard Payment Amount	DME_Suplr_Mdcr_Stdzd_Pymt_Amt	Amount that Medicare paid after beneficiary deductible and coinsurance amounts have been deducted for all supplier's durable medical equipment line item products/services and after standardization of the Medicare payment has been applied. Standardization removes geographic differences in payment rates for individual product/services and makes Medicare payments across geographic areas comparable. Note: This variable is available starting with the calendar year 2014 data.
Prosthetic and Orthotic Suppression Indicator	POS_Sprsn_Ind	A 1-byte value which defines the suppression, if needed, of the utilization, charge and payment information associated with prosthetic and orthotic HCPCS codes. A value of '*' means the suppressed information is based on a prosthetic and orthotic-specific claim count of 1 through 10. A value of '#' means the prosthetic and orthotic-specific information has been counter-suppressed. Counter-suppression is needed when the display of prosthetic and orthotic-specific data could be used to recalculate suppressed values in non-prosthetic and orthotic-specific columns.
Number of Prosthetic and Orthotic Suppliers	POS_Tot_Suplr_Suplrs	Number of suppliers rendering prosthetic and orthotic products/services.
Number of Prosthetic and Orthotic HCPCS	POS_Tot_Suplr_HCPCS_Cds	Total number of unique prosthetic and orthotic hcpcs codes billed by suppliers and ordered by the referring provider.
Number of Prosthetic and Orthotic Beneficiaries	POS_Tot_Suplr_Benes	Total number of unique beneficiaries associated with prosthetic and orthotic claims submitted by suppliers and ordered by the referring provider. Beneficiary counts fewer than 11 have been suppressed to protect the privacy of Medicare beneficiaries.
Number of Prosthetic and Orthotic Claims	POS_Tot_Suplr_Clms	Total number of prosthetic and orthotic claims submitted by suppliers, reflecting products/services ordered by the referring provider.
Number of Prosthetic and Orthotic Services	POS_Tot_Suplr_Srvcs	Total prosthetic and orthotic products/services rendered by suppliers and ordered by the referring provider.
Prosthetic and Orthotic Submitted Charges	POS_Suplr_Sbmtd_Chrgs	The total charges that suppliers submitted for all prosthetic and orthotic products/services ordered by the referring provider.

Medicare Durable Medical Equipment, Devices & Supplies- by Referring Provider Data Dictionary		
Term Name	**Variable Name**	**Definition**
Prosthetic and Orthotic Medicare Allowed Amount	POS_Suplr_Mdcr_Alowd_Amt	The Medicare allowed amount for all prosthetic and orthotic products/services ordered by the referring provider. This figure is the sum of the amount Medicare pays, the deductible and coinsurance amounts that the beneficiary is responsible for paying, and any amounts that a third party is responsible for paying.
Prosthetic and Orthotic Medicare Payment Amount	POS_Suplr_Mdcr_Pymt_Amt	Amount that Medicare paid after deductible and coinsurance amounts have been deducted for all supplier's prosthetic and orthotic line item products/services ordered by the referring provider.
Prosthetic and Orthotic Medicare Standard Payment Amount	POS_Suplr_Mdcr_Stdzd_Pymt_Amt	Amount that Medicare paid after beneficiary deductible and coinsurance amounts have been deducted for all supplier's prosthetic and orthotic line item products/services and after standardization of the Medicare payment has been applied. Standardization removes geographic differences in payment rates for individual product/services and makes Medicare payments across geographic areas comparable. Note: This variable is available starting with the calendar year 2014 data.
Drug and Nutritional Suppression Indicator	Drug_Sprsn_Ind	A 1-byte value which defines the suppression, if needed, of the utilization, charge and payment information associated with drug and nutritional HCPCS codes. A value of '*' means the suppressed information is based on a drug and nutritional-specific claim count of 1 through 10. A value of '#' means the drug and nutritional-specific information has been counter-suppressed. Counter-suppression is needed when the display of drug and nutritional-specific data could be used to recalculate suppressed values in non-drug and nutritional-specific columns.
Number of Drug and Nutritional Products Suppliers	Drug_Tot_Suplr_Suplrs	Number of suppliers rendering drug and nutritional products/services.
Number of Drug and Nutritional Products HCPCS	Drug_Tot_Suplr_HCPCS_Cds	Total number of unique drug and nutritional product hcpcs codes billed by suppliers and ordered by the referring provider.
Number of Drug and Nutritional Products Beneficiaries	Drug_Tot_Suplr_Benes	Total number of unique beneficiaries associated with drug and nutritional product claims submitted by suppliers and ordered by the referring provider. Beneficiary counts fewer than 11 have been suppressed to protect the privacy of Medicare beneficiaries.
Number of Drug and Nutritional Products Claims	Drug_Tot_Suplr_Clms	Total number of drug and nutritional product claims submitted by suppliers, reflecting services ordered by the referring provider.
Number of Drug and Nutritional Products Services	Drug_Tot_Suplr_Srvcs	Total drug and nutritional products/services rendered by suppliers and ordered by the referring provider.

Medicare Durable Medical Equipment, Devices & Supplies- by Referring Provider Data Dictionary		
Term Name	**Variable Name**	**Definition**
Drug and Nutritional Products Submitted Charges	Drug_Tot_Suplr_Sbmtd_Chrgs	The total charges that suppliers submitted for drug and nutritional products/services ordered by the referring provider.
Drug and Nutritional Products Medicare Allowed Amount	Drug_Suplr_Mdcr_Alowd_Amt	The Medicare allowed amount for drug and nutritional products/services ordered by the referring provider. This figure is the sum of the amount Medicare pays, the deductible and coinsurance amounts that the beneficiary is responsible for paying, and any amounts that a third party is responsible for paying.
Drug and Nutritional Products Medicare Payment Amount	Drug_Suplr_Mdcr_Pymt_Amt	Amount that Medicare paid suppliers after deductible and coinsurance amounts have been deducted for drug and nutritional line item products/services ordered by the referring provider.
Drug and Nutritional Products Medicare Standard Payment Amount	Drug_Suplr_Mdcr_Stdzd_Pymt_Amt	Amount that Medicare paid after beneficiary deductible and coinsurance amounts have been deducted for all supplier's drug and nutritional line item products/services and after standardization of the Medicare payment has been applied. Standardization removes geographic differences in payment rates for individual product/services and makes Medicare payments across geographic areas comparable. Note: This variable is available starting with the calendar year 2014 data.
Average Age of Beneficiaries	Bene_Avg_Age	Average age of beneficiaries. Beneficiary age is calculated at the end of the calendar year or at the time of death.
Number of Beneficiaries Age Less 65	Bene_Age_LT_65_Cnt	Number of beneficiaries under the age of 65. Beneficiary age is calculated at the end of the calendar year or at the time of death.
Number of Beneficiaries Age 65 to 74	Bene_Age_65_74_Cnt	Number of beneficiaries between the ages of 65 and 74. Beneficiary age is calculated at the end of the calendar year or at the time of death.
Number of Beneficiaries Age 75 to 84	Bene_Age_75_84_Cnt	Number of beneficiaries between the ages of 75 and 84. Beneficiary age is calculated at the end of the calendar year or at the time of death.
Number of Beneficiaries Age Greater 84	Bene_Age_GT_84_Cnt	Number of beneficiaries over the age of 84. Beneficiary age is calculated at the end of the calendar year or at the time of death.
Number of Female Beneficiaries	Bene_Feml_Cnt	Number of female beneficiaries.
Number of Male Beneficiaries	Bene_Male_Cnt	Number of male beneficiaries.
Number of Non-Hispanic White Beneficiaries	Bene_Race_Wht_Cnt	Number of non-Hispanic white beneficiaries.
Number of Black or African American Beneficiaries	Bene_Race_Black_Cnt	Number of non-Hispanic black or African American beneficiaries.
Number of Asian Pacific Islander Beneficiaries	Bene_Race_Api_Cnt	Number of Asian Pacific Islander beneficiaries.
Number of Hispanic Beneficiaries	Bene_Race_Hspnc_Cnt	Number of Hispanic beneficiaries.
Number of American Indian/Alaska Native Beneficiaries	Bene_Race_Natind_Cnt	Number of American Indian or Alaska Native beneficiaries.
Number of Beneficiaries With Race Not Elsewhere Classified	Bene_Race_Othr_Cnt	Number of beneficiaries with race not elsewhere classified.

Medicare Durable Medical Equipment, Devices & Supplies- by Referring Provider Data Dictionary		
Term Name	**Variable Name**	**Definition**
Number of Beneficiaries With Medicare Only Entitlement	Bene_Dual_Cnt	Number of Medicare beneficiaries qualified to receive Medicare only benefits. Beneficiaries are classified as Medicare only entitlement if they received zero months of any Medicaid benefits (full or partial) in the given calendar year.
Number of Beneficiaries With Medicare & Medicaid Entitlement	Bene_Ndual_Cnt	Number of Medicare beneficiaries qualified to receive Medicare and Medicaid benefits. Beneficiaries are classified as Medicare and Medicaid entitlement if in any month in the given calendar year they were receiving full or partial Medicaid benefits.
Percent (%) of Beneficiaries Identified With Atrial Fibrillation	Bene_CC_AF_Pct	Percent of beneficiaries meeting the CCW chronic condition algorithm for atrial fibrillation.
Percent (%) of Beneficiaries Identified With Alzheimer's Disease or Dementia	Bene_CC_Alzhmr_Pct	Percent of beneficiaries meeting the CCW chronic condition algorithm for Alzheimer's, related disorders, or dementia.
Percent (%) of Beneficiaries Identified With Asthma	Bene_CC_Asthma_Pct	Percent of beneficiaries meeting the CCW chronic condition algorithm for Asthma.
Percent (%) of Beneficiaries Identified With Cancer	Bene_CC_Cncr_Pct	Percent of beneficiaries meeting the CCW chronic condition algorithms for cancer. Includes breast cancer, colorectal cancer, lung cancer and prostate cancer.
Percent (%) of Beneficiaries Identified With Heart Failure	Bene_CC_CHF_Pct	Percent of beneficiaries meeting the CCW chronic condition algorithm for heart failure.
Percent (%) of Beneficiaries Identified With Chronic Kidney Disease	Bene_CC_CKD_Pct	Percent of beneficiaries meeting the CCW chronic condition algorithm for chronic kidney disease.
Percent (%) of Beneficiaries Identified With Chronic Obstructive Pulmonary Disease	Bene_CC_COPD_Pct	Percent of beneficiaries meeting the CCW chronic condition algorithm for chronic obstructive pulmonary disease.
Percent (%) of Beneficiaries Identified With Depression	Bene_CC_Dprssn_Pct	Percent of beneficiaries meeting the CCW chronic condition algorithm for depression.
Percent (%) of Beneficiaries Identified With Diabetes	Bene_CC_Dbts_Pct	Percent of beneficiaries meeting the CCW chronic condition algorithm for diabetes.
Percent (%) of Beneficiaries Identified With Hyperlipidemia	Bene_CC_Hyplpdma_Pct	Percent of beneficiaries meeting the CCW chronic condition algorithm for hyperlipidemia.
Percent (%) of Beneficiaries Identified With Hypertension	Bene_CC_Hyprtnsn_Pct	Percent of beneficiaries meeting the CCW chronic condition algorithm for hypertension.
Percent (%) of Beneficiaries Identified With Ischemic Heart Disease	Bene_CC_IHD_Pct	Percent of beneficiaries meeting the CCW chronic condition algorithm for ischemic heart disease.
Percent (%) of Beneficiaries Identified With Osteoporosis	Bene_CC_Opo_Pct	Percent of beneficiaries meeting the CCW chronic condition algorithm for osteoporosis.
Percent (%) of Beneficiaries Identified With Rheumatoid Arthritis / Osteoarthritis	Bene_CC_RAOA_Pct	Percent of beneficiaries meeting the CCW chronic condition algorithm for rheumatoid arthritis/osteoarthritis.
Percent (%) of Beneficiaries Identified With Schizophrenia / Other Psychotic Disorders	Bene_CC_Sz_Pct	Percent of beneficiaries meeting the CCW chronic condition algorithm for schizophrenia and other psychotic disorders.
Percent (%) of Beneficiaries Identified With Stroke	Bene_CC_Strok_Pct	Percent of beneficiaries meeting the CCW chronic condition algorithm for stroke.

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Term Name	**Variable Name**	**Definition**
Average HCC Risk Score of Beneficiaries	Bene_Avg_Risk_Scre	Average Hierarchical Condition Category (HCC) risk score of beneficiaries.