

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

Term Name	Variable Name	Definition
Referring NPI	Rfrg_NPI	National Provider Identifier (NPI) for the referring provider on the DMEPOS claim.
Referring Provider Last Name / Organization Name	Rfrg_Privr_Last_Name_Org	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_Privr_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_Privr_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 Credentials	Rfrg_Privr_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_Privr_Gndr	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 Entity Code	Rfrg_Privr_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_Privr_St1	The first line of the referring provider's street address, as reported in NPPES.
Referring Provider Street 2	Rfrg_Privr_St2	The second line of the referring provider's street address, as reported in NPPES.
Referring Provider City	Rfrg_Privr_City	The city where the referring provider is located, as reported in NPPES.
Referring Provider State	Rfrg_Privr_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:
Referring Provider State FIPS Code	Rfrg_Privr_State_FIPS	FIPS code for referring provider's state.
Referring Provider Zip	Rfrg_Privr_Zip5	The referring provider's zip code, as reported in NPPES.
Referring Provider RUCA Code	Rfrg_Privr_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_Privr_RUCA_Desc	Description of Rural-Urban Commuting Area (RUCA) Code

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Referring Provider Country	Rfrg_Privr_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. For foreign countries (i.e., state values of 'ZZ'), the provider country values include the following:
Referring Provider Type	Rfrg_Privr_Type	Derived from the Medicare provider/supplier specialty code reported on all of the NPI's Part B non-institutional claims (DMEPOS and 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 referring provider's NPI did not have associated Part B non-institutional claims, the taxonomy code associated with the NPI in NPPES was mapped to a Medicare specialty code using an external crosswalk published here: https://data.cms.gov/Medicare-Enrollment/CROSSWALK-MEDICARE-PROVIDER-SUPPLIER-to-HEALTHCARE/j75i-rw8yl . 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_Privr_Type_Flag	A flag variable that indicates the source of the Referring Provider Type:
HCPCS Code	HCPCS_CD	HCPCS code for the specific product or service furnished by the DMEPOS supplier. Beginning with calendar year 2015 data, oral cancer drugs billed by providers using the national drug code (NDC) and previously identified with HCPCS codes beginning with 'WW' have been re-classified to the appropriate corresponding HCPCS code beginning with 'J'. For additional information on HCPCS codes, please visit http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html
HCPCS Description	HCPCS_Desc	Description of the HCPCS code for the specific product or service furnished by the DMEPOS supplier.
BETOS Level	BETOS_Lvl	High level grouping of the BETOS Classifications into three groups including Durable Medical Equipment, Prosthetic and Orthotic Devices, and Drugs and Nutritional Products
BETOS Code	BETOS_Cd	<p>Berenson-Eggers Type of Service (BETOS) classification code assigned to the HCPCS code. The BETOS coding system consists of readily understood clinical categories that permit objective assignment of HCPCS codes.</p> <p>Classifications are based on the Berenson-Eggers Type of Service (BETOS) classification codes associated with Healthcare Common Procedure Coding System (HCPCS) code. Durable Medical Equipment (DME) include the following BETOS codes: D1A, D1B, D1C, D1D, D1E, D1G. Prosthetics and Orthotics (PO) include the following BETOS codes: D1F Drug and Nutritional Products include the following BETOS codes: O1C, O1D, O1E, O1G and all other unclassified codes.</p>

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BETOS Description	BETOS_Desc	Berenson-Eggers Type of Service (BETOS) description assigned to the BETOS code. The BETOS coding system consists of readily understood clinical categories that permit objective assignment of HCPCS codes.
Supplier Rental Indicator	Suplr_Rentl_Ind	Identifies whether the DMEPOS product/service submitted on the supplier's claim is rental or non-rental. A value of 'Y' indicates rental. A value of 'N' indicates non-rental. The indicator is derived from either the first or second HCPCS modifier on the supplier's claim line item having a value of 'RR'.
Number of Suppliers	Tot_Suplrs	Number of suppliers rendering DMEPOS products/services ordered by the referring provider.
Number of Supplier Beneficiaries	Tot_Suplr_Benes	Number of beneficiaries associated with the supplier DMEPOS products/services 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	Number of DMEPOS claims submitted by the supplier, reflecting products/services ordered by the referring provider. Aggregated records based on <i>number_of_supplier_claims</i> fewer than 11 are not included in the data file.
Number of Supplier Services	Tot_Suplr_Srvcs	Number of DMEPOS products/services rendered by the supplier; note that the metrics used to count the number provided can vary from service to service.
Average Supplier Submitted Charges	Suplr_Sbmtcd_Chrgs	Average of the charges that suppliers submit for DMEPOS products/services. Total submitted charges can be calculated by multiplying the <i>avg_supplier_submitted_charge</i> by the <i>number_of_supplier_services</i> .
Average Supplier Medicare Allowed Amount	Suplr_Mdcr_Alowd_Amt	Average Medicare allowed amounts for the DMEPOS product/service rendered by suppliers. Medicare allowed amounts includes 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. Total Medicare allowed amounts can be calculated by multiplying the <i>avg_supplier_medicare_allow_amt</i> by the <i>number_of_supplier_services</i> .
Average Supplier Medicare Payment Amount	Suplr_Mdcr_Pymt_Amt	Average amount that Medicare paid suppliers after deductible and coinsurance amounts have been deducted for the line item DMEPOS product/service. Total Medicare payment amounts can be calculated by multiplying the <i>avg_supplier_medicare_pmt_amt</i> by the <i>number_of_supplier_services</i> .
Average Supplier Medicare Standard Payment Amount	Suplr_Mdcr_Stdzd_Pymt_Amt	Average amount that Medicare paid after beneficiary deductible and coinsurance amounts have been deducted for the line item DMEPOS product/service 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. Please refer to the "Additional Information" section of this document for more details on the standardization of Medicare payments. Note: This variable is available starting with the calendar year 2014 data.