

Medicare Durable Medical Equipment, Devices Supplies - by Supplier (2016 and before)
Data Dictionary

Variable Name	Term Name	Definition
Suplr_NPI	Supplier NPI	NPI for the Supplier on the DMEPOS claim.
Suplr_Prldr_Last_Name_Org	Supplier Last Name / Organization Name	When the Supplier is registered in NPES as an individual (entity type code='I'), this is the Supplier's last name. When the Supplier is registered as an organization (entity type code = 'O'), this is the organization name.
Suplr_Prldr_First_Name	Supplier First Name	When the Supplier is registered in NPES as an individual (entity type code='I'), this is the Supplier's first name. When the Supplier is registered as an organization (entity type code = 'O'), this will be blank.
Suplr_Prldr_MI	Supplier Middle Initial	When the Supplier is registered in NPES as an individual (entity type code='I'), this is the Supplier's middle initial. When the Supplier is registered as an organization (entity type code = 'O'), this will be blank.
Suplr_Prldr_Crdntls	Supplier Credentials	When the Supplier is registered in NPES as an individual (entity type code='I'), these are the Supplier's credentials. When the Supplier is registered as an organization (entity type code = 'O'), this will be blank.
Suplr_Prldr_Ent_Cd	Supplier Entity Code	Type of entity reported in NPES. An entity code of 'I' identifies Suppliers registered as individuals and an entity type code of 'O' identifies Suppliers registered as organizations.
Suplr_Prldr_St1	Supplier Street 1	The first line of the Supplier's street address, as reported in NPES.
Suplr_Prldr_St2	Supplier Street 2	The second line of the Supplier's street address, as reported in NPES.
Suplr_Prldr_City	Supplier City	The city where the Supplier is located, as reported in NPES.
Suplr_Prldr_State_Abrvtn	Supplier State	The state where the Supplier is located, as reported in NPES. 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'
Suplr_Prldr_State_FIPS	Supplier State FIPS Code	FIPS code for Suppliers state.
Suplr_Prldr_Zip5	Supplier ZIP	The Supplier's ZIP code, as reported in NPES.
Suplr_Prldr_RUCA	Supplier 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 Supplier ZIP code was cross walked to the United States Department of Agriculture (USDA) 2010 Rural-Urban Commuting Area Codes (https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx).
Suplr_Prldr_RUCA_Desc	Supplier RUCA Description	Description of Rural-Urban Commuting Area (RUCA) Code
Suplr_Prldr_Cntry	Supplier Country	The country where the Supplier is located, as reported in NPES. The country code will be 'US' for any state or U.S. possession.

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Suplr_Prldr_Spclty_Desc	Supplier Provider Specialty Description	Derived from the Medicare provider/supplier specialty code reported on all of the NPI's Part B non-institutional claims (DMEPOS & non-DMEPOS). For Suppliers 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: https://data.cms.gov/beta/provider-characteristics/medicare-provider-supplier-enrollment/medicare-provider-and-supplier-taxonomy-crosswalk . For any taxonomy codes that could not be mapped to a Medicare specialty code, the taxonomy classification description was used.
Suplr_Prldr_Spclty_Srce	Supplier Provider Specialty Source	A variable that indicates the source of the Supplier Specialty. The values are claims-specialty or NPPES-specialty
Tot_Suplr_HCPCS_Cds	Number of Supplier HCPCS	Total number of unique DMEPOS product/service hcpcs codes billed by suppliers and ordered by the Supplier.
Tot_Suplr_Benes	Number of Supplier Beneficiaries	Total number of unique beneficiaries associated with DMEPOS claims submitted by suppliers and ordered by the Supplier. Beneficiary counts fewer than 11 have been suppressed to protect the privacy of Medicare beneficiaries.
Tot_Suplr_Clms	Number of Supplier Claims	Total number of DMEPOS claims submitted by suppliers, reflecting products/services ordered by the Supplier.
Tot_Suplr_Srvcs	Number of Supplier Services	Total DMEPOS products/services rendered by suppliers and ordered by the Supplier.
Suplr_Sbmttd_Chrgs	Supplier Submitted Charges	The total charges that suppliers submitted for all DMEPOS products/services ordered by the Supplier.
Suplr_Mdcr_Alowd_Amt	Supplier Medicare Allowed Amount	The Medicare allowed amount for all DMEPOS products/services ordered by the Supplier. 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.
Suplr_Mdcr_Pymt_Amt	Supplier Medicare Payment Amount	Amount that Medicare paid after deductible and coinsurance amounts have been deducted for all supplier's DMEPOS line item products/services ordered by the Supplier.
Suplr_Mdcr_Stdzd_Pymt_Amt	Supplier Medicare Standard Payment Amount	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.

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DME_Sprsn_Ind	Durable Medical Equipment Suppression Indicator	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.
DME_Tot_Suplr_HCPCS_Cds	Number of Durable Medical Equipment HCPCS	Total number of unique durable medical equipment hcpcs codes billed by suppliers and ordered by the Supplier.
DME_Tot_Suplr_Benes	Number of Durable Medical Equipment Beneficiaries	Total number of unique beneficiaries associated with durable medical equipment claims submitted by suppliers and ordered by the Supplier. Beneficiary counts fewer than 11 have been suppressed to protect the privacy of Medicare beneficiaries.
DME_Tot_Suplr_Clms	Number of Durable Medical Equipment Claims	Total number of durable medical equipment claims submitted by suppliers, reflecting services ordered by the Supplier.
DME_Tot_Suplr_Srvcs	Number of Durable Medical Equipment Services	Total durable medical equipment products/services rendered by suppliers and ordered by the Supplier.
DME_Suplr_Sbmtcd_Chrgs	Durable Medical Equipment Submitted Charges	The total charges that suppliers submitted for all durable medical equipment products/services ordered by the Supplier.
DME_Suplr_Mdcr_Alowd_Amt	Durable Medical Equipment Medicare Allowed Amount	The Medicare allowed amount for all durable medical equipment products/services ordered by the Supplier. 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.
DME_Suplr_Mdcr_Pymt_Amt	Durable Medical Equipment Medicare Payment Amount	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 Supplier.
DME_Suplr_Mdcr_Stdzd_Pymt_Amt	Durable Medical Equipment Medicare Standard Payment Amount	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.
POS_Sprsn_Ind	Prosthetic and Orthotic Suppression Indicator	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.
POS_Tot_Suplr_HCPCS_Cds	Number of Prosthetic and Orthotic HCPCS	Total number of unique prosthetic and orthotic hcpcs codes billed by suppliers and ordered by the Supplier.

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Variable Name	Term Name	Definition
POS_Tot_Suplr_Benes	Number of Prosthetic and Orthotic Beneficiaries	Total number of unique beneficiaries associated with prosthetic and orthotic claims submitted by suppliers and ordered by the Supplier. Beneficiary counts fewer than 11 have been suppressed to protect the privacy of Medicare beneficiaries.
POS_Tot_Suplr_Clms	Number of Prosthetic and Orthotic Claims	Total number of prosthetic and orthotic claims submitted by suppliers, reflecting products/services ordered by the Supplier.
POS_Tot_Suplr_Srvcs	Number of Prosthetic and Orthotic Services	Total prosthetic and orthotic products/services rendered by suppliers and ordered by the Supplier.
POS_Suplr_Sbmtld_Chrgs	Prosthetic and Orthotic Submitted Charges	The total charges that suppliers submitted for all prosthetic and orthotic products/services ordered by the Supplier.
POS_Suplr_Mdcr_Alowd_Amt	Prosthetic and Orthotic Medicare Allowed Amount	The Medicare allowed amount for all prosthetic and orthotic products/services ordered by the Supplier. 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.
POS_Suplr_Mdcr_Pymt_Amt	Prosthetic and Orthotic Medicare Payment Amount	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 Supplier.
POS_Suplr_Mdcr_Stdzd_Pymt_Amt	Prosthetic and Orthotic Medicare Standard Payment Amount	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_Sprsn_Ind	Drug and Nutritional Suppression Indicator	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.
Drug_Tot_Suplr_HCPCS_Cds	Number of Drug and Nutritional Products HCPCS	Total number of unique drug and nutritional product hcpcs codes billed by suppliers and ordered by the Supplier.
Drug_Tot_Suplr_Benes	Number of Drug and Nutritional Products Beneficiaries	Total number of unique beneficiaries associated with drug and nutritional product claims submitted by suppliers and ordered by the Supplier. Beneficiary counts fewer than 11 have been suppressed to protect the privacy of Medicare beneficiaries.
Drug_Tot_Suplr_Clms	Number of Drug and Nutritional Products Claims	Total number of drug and nutritional product claims submitted by suppliers, reflecting services ordered by the Supplier.
Drug_Tot_Suplr_Srvcs	Number of Drug and Nutritional Products Services	Total drug and nutritional products/services rendered by suppliers and ordered by the Supplier.
Drug_Suplr_Sbmtld_Chrgs	Drug and Nutritional Products Submitted Charges	The total charges that suppliers submitted for drug and nutritional products/services ordered by the Supplier.

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Variable Name	Term Name	Definition
Drug_Suplr_Mdcr_Alowd_Amt	Drug and Nutritional Products Medicare Allowed Amount	The Medicare allowed amount for drug and nutritional products/services ordered by the Supplier. 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_Suplr_Mdcr_Pymt_Amt	Drug and Nutritional Products Medicare Payment Amount	Amount that Medicare paid suppliers after deductible and coinsurance amounts have been deducted for drug and nutritional line item products/services ordered by the Supplier.
Drug_Suplr_Mdcr_Stdzd_Pymt_Amt	Drug and Nutritional Products Medicare Standard Payment Amount	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.
Bene_Avg_Age	Average Age of Beneficiaries	Average age of beneficiaries. Beneficiary age is calculated at the end of the calendar year or at the time of death.
Bene_Age_LT_65_Cnt	Number of Beneficiaries Age Less 65	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.
Bene_Age_65_74_Cnt	Number of Beneficiaries Age 65 to 74	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.
Bene_Age_75_84_Cnt	Number of Beneficiaries Age 75 to 84	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.
Bene_Age_GT_84_Cnt	Number of Beneficiaries Age Greater 84	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.
Bene_Feml_Cnt	Number of Female Beneficiaries	Number of female beneficiaries.
Bene_Male_Cnt	Number of Male Beneficiaries	Number of male beneficiaries.
Bene_Race_Wht_Cnt	Number of Non-Hispanic White Beneficiaries	Number of non-Hispanic white beneficiaries.
Bene_Race_Black_Cnt	Number of Black or African American Beneficiaries	Number of non-Hispanic black or African American beneficiaries.
Bene_Race_Api_Cnt	Number of Asian Pacific Islander Beneficiaries	Number of Asian Pacific Islander beneficiaries.
Bene_Race_Hspnc_Cnt	Number of Hispanic Beneficiaries	Number of Hispanic beneficiaries.
Bene_Race_Natind_Cnt	Number of American Indian/Alaska Native Beneficiaries	Number of American Indian or Alaska Native beneficiaries.
Bene_Race_Othr_Cnt	Number of Beneficiaries With Race Not Elsewhere Classified	Number of beneficiaries with race not elsewhere classified.
Bene_Ndual_Cnt	Number of Beneficiaries With Medicare & Medicaid Entitlement	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.
Bene_Dual_Cnt	Number of Beneficiaries With Medicare Only Entitlement	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.

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