

Medicare Post-Acute Care Utilization - Hospice Data Dictionary

Variable Name	Term Name	Definition
YEAR	Year	The year of data.
YEAR_TYPE	Year Type	Identifies if the data is for calendar year (CY) or fiscal year (FY).
SMRY_CTGRY	Summary Category	Identifies if the data is at the national, state, or provider level.
SRVC_CTGRY	Service Category	Identifies the PAC setting: HH, hospice, SNFs, IRFs, or LTCHs.
PRVDR_ID	Provider ID	The 6-digit CCN for the provider.
PRVDR_NAME	Provider Name	The provider name, as reported in the Provider of Services file.
PRVDR_CITY	Provider City	The city where the provider is located, as reported in the Provider of Services file.
STATE	Provider State	The state where the provider is located, as reported in the Provider of Services file. The fifty U.S. states, the District of Columbia, and Puerto Rico are reported by their postal abbreviation. Note for national level, no state is reported.
PRVDR_ZIP	Provider ZIP	The provider's ZIP code, as reported in the Provider of Services file. Note, for state and national levels, ZIP code is not reported.
BENE_DSTNCT_CNT	Distinct Beneficiaries	Number of unique Medicare beneficiaries with at least one paid claim in the calendar or fiscal year.
TOT_EPSD_STAY_CNT	Episode or Stay Count	For home health, this is the total count of 30-day episodes in the CY. For hospice, SNF, IRF, and LTCH this is the total count of stays provided in the fiscal year.
TOT_SRVC_DAYS	Days of Service	Total count of covered days delivered by a provider in the calendar or fiscal year.
TOT_CHRG_AMT	Total Charge Amount	Total charges submitted by the provider.
TOT_ALOWD_AMT	Total Allowed Amount	Total of the Medicare allowed amount; 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. This applies only to the SNF, IRF, and LTCH settings.
TOT_MDCR_PYMT_AMT	Total Medicare Payment Amount	Total amount that Medicare paid after deductible and coinsurance amounts have been deducted.
TOT_MDCR_STDZD_PYMT_AMT	Total Medicare Standard Payment Amount	Total amount that Medicare paid adjusted for geographic differences in payment rates.
BENE_DUAL_PCT	Percent (%) of Dual Beneficiaries	Percent of Medicare beneficiaries qualified to receive Medicare and Medicaid benefits, can also be referred to as dual eligibility. Beneficiaries are classified as a dual if in any month in the given calendar year they were receiving full or partial Medicaid benefits
BENE_RRL_PCT	Percent (%) of Medicare Beneficiaries in a Rural ZIP	Percent of Medicare beneficiaries who receive their Medicare correspondence in a rural area based on having a Core-Based Statistical Area (CBSA) designation equal to Non-CBSA.
BENE_AVG_AGE	Beneficiary Average Age	The arithmetic mean age of beneficiaries. Beneficiary age is calculated at the end of the calendar year or at the time of validated death.
BENE_MALE_PCT	Percent (%) of beneficiaries who are Male	Percent of beneficiaries who are male.
BENE_FEML_PCT	Percent (%) of beneficiaries who are Female	Percent of beneficiaries who are female.

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BENE_RACE_WHT_PCT	Percent (%) of beneficiaries who are White	Percent of beneficiaries who are non-Hispanic white.
BENE_RACE_BLACK_PCT	Percent (%) of beneficiaries who are Black	Percent of beneficiaries who are a non-Hispanic black or African American.
BENE_RACE_API_PCT	Percent (%) of beneficiaries who are Asian Pacific Islander	Percent of beneficiaries are Asian Pacific Islander.
BENE_RACE_HSPNC_PCT	Percent (%) of beneficiaries who are Hispanic	Percent of beneficiaries who are Hispanic.
BENE_RACE_NATIND_PCT	Percent (%) of beneficiaries who are American Indian or Alaska Native	Percent of beneficiaries who are American Indian or Alaska Native.
BENE_RACE_UNK_PCT	Percent (%) of beneficiaries who are Race Unknown	Percent of beneficiaries with an unknown race.
BENE_RACE_OTHR_PCT	Percent (%) of beneficiaries who are Other	Percent of beneficiaries with are an other race.
BENE_AVG_RISK_SCRE	Average Risk Score	The arithmetic mean Hierarchical Condition Category (HCC) risk score of beneficiaries.
PRMRY_DX_INFCTN_PCT	Percent (%) of episodes with a Primary Diagnosis of Infectious and Parasitic Diseases	Percent of episodes with a primary diagnosis of Infections or Parasitic Disease. This includes diagnoses within an ICD-10 code range of A00-B99 or an ICD-9 code range of 001-039.
PRMRY_DX_NEOBLD_PCT	Percent (%) of episodes with a Primary Diagnosis of Neoplasms & Diseases of the Blood and Blood forming organs	Percent of episodes with a primary diagnosis of Neoplasms & Diseases of the Blood and Blood forming organs or certain disorders involving the immune mechanism. This includes diagnoses within an ICD-10 code range of C00-D89 (ICD-10) or an ICD-9 code range of 140-239, 280-289.
PRMRY_DX_ENDONUTRMET_PCT	Percent (%) of episodes with a Primary Diagnosis of Endocrine, Nutritional and Metabolic Diseases	Percent of episodes with a primary diagnosis of Endocrine, Nutritional or Metabolic diseases. This includes diagnoses within an ICD-10 code range of E00-E89 (ICD-10) or an ICD-9 code range of 240-279.
PRMRY_DX_MNTBEHNEUDIS_PCT	Percent (%) of episodes with a Primary Diagnosis of Mental, Behavioral and Neurodevelopmental disorders	Percent of episodes with a primary diagnosis of Mental, Behavioral, or Neurodevelopmental Disorders. This includes diagnoses within an ICD-10 code range of F01-F99 or ICD-9 code range of 290-319.
PRMRY_DX_NERVSYSYM_PCT	Percent (%) of episodes with a Primary Diagnosis of Diseases of the Nervous System	Percent of episodes with a primary diagnosis of Diseases of the Nervous System. This includes diagnoses within an ICD-10 code range of G00-G99 or ICD-9 code range of 320-389.
PRMRY_DX_ENTSYS_PCT	Percent (%) of episodes with a Primary Diagnosis of Diseases of the Eye and Adnexa & Disease of the Ear and Mastoid process	Percent of episodes with a primary diagnosis of Diseases of the Eye and Adnexa & Disease of the Ear and Mastoid process. This includes diagnoses within an ICD-10 code range of H00-H95 or an ICD-9 range of 360-379.
PRMRY_DX_CIRCSYSYM_PCT	Percent (%) of episodes with a Primary Diagnosis of Diseases of the Circulatory System	Percent of episodes with a primary diagnosis of Diseases of the Circulatory System. This includes diagnoses within an ICD-10 code range of I00-I99 or an ICD-9 code range of 390-459.
PRMRY_DX_RSPSYSYM_PCT	Percent (%) of episodes with a Primary Diagnosis of Diseases of the Respiratory System	Percent of episodes with a primary diagnosis of Diseases of the Respiratory System. This includes diagnoses within an ICD-10 code range of J00-J99 or an ICD-9 code range of 460-519.

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PRMRY_DX_DIGSYSTEM_PCT	Percent (%) of episodes with a Primary Diagnosis of Diseases of the Digestive System	Percent of episodes with a primary diagnosis of Diseases of the Digestive System. This includes diagnoses within an ICD-10 code range of K00-K95 or an ICD-9 code range of 520-579.
PRMRY_DX_SKNMUSSYSTEM_PCT	Percent (%) of episodes with a Primary Diagnosis of Diseases of the Skin and Subcutaneous Tissue & Diseases of the Musculoskeletal System and Connective Tissue	Percent of episodes with a primary diagnosis of Diseases of the Skin and Subcutaneous Tissue & Diseases of the Musculoskeletal System and Connective Tissue This includes diagnoses within an ICD-10 code range of L00-M99 or an ICD-9 code range of 680-709, 710-739.
PRMRY_DX_GUSYSTEM_PCT	Percent (%) of episodes with a Primary Diagnosis of Diseases of the Genitourinary System	Percent of episodes with a primary diagnosis of Diseases of the Genitourinary System. This includes diagnoses within an ICD-10 code range of N00-N99 or an ICD-9 code range of 580-629.
PRMRY_DX_PRGPERICONG_PCT	Percent (%) of episodes with a Primary Diagnosis of Pregnancy, Childbirth and the Puerperium, certain conditions originating in the perinatal Period, & Congenital Malformations, Deformations and Chromosomal Abnormalities	Percent of episodes with a primary diagnosis of Pregnancy, Childbirth and the Puerperium, certain conditions originating in the perinatal Period, & Congenital Malformations, Deformations and Chromosomal Abnormalities This includes diagnoses within an ICD-10 code range of O00-Q99 or an ICD-9 code range of 630-679, 740-759, or 760-779.
PRMRY_DX_SXILLDEF_PCT	Percent (%) of episodes with a Primary Diagnosis of Symptoms, Signs, and Ill-defined Conditions	Percent of episodes with a primary diagnosis of Symptoms, Signs and Abnormal Clinical and Laboratory findings, not elsewhere classified. This includes diagnoses within an ICD-10 code range of R00-R99 or an ICD-9 code range of 780-799.
PRMRY_DX_INJPOIS_PCT	Percent (%) of episodes with a Primary Diagnosis of Injury, Poisoning and certain other consequences of external causes & external causes of Morbidity	Percent of episodes with a primary diagnosis of Injury, Poisoning and certain other consequences of external causes & external causes of Morbidity. This includes diagnoses within an ICD-10 code range of S00-T88 or V00-Y99 or an ICD-9 code range of 800-999.
PRMRY_DX_HLTHSRV_PCT	Percent (%) of episodes with a Primary Diagnosis of Factors influencing health status and contact with health services & codes for special purposes	Percent of episodes with a primary diagnosis of Factors influencing health status and contact with health services & codes for special purposes. This includes diagnoses within an ICD-10 code range of Z00-Z99 or U00-U85 or an ICD-9 code range of E000-E999.
NRSNG_VISITS_CNT	Nursing Visit Count	Number of skilled nursing visits provided by the home health agency or hospice; visits identified using revenue codes 0550 to 0559.
MSW_VISITS_CNT	Social Work Visit Count	Number of social work visits provided by the home health agency or hospice; visits identified using revenue codes 0560 to 0569.
AIDE_VISITS_CNT	Home Health Aide Visit Count	Number of home health aide visits provided by the home health agency or hospice; visits identified using revenue codes 0570 to 0579.
TOT_NRSNG_MNTS	Total Nursing Minutes	Total minutes of skilled nursing in home health and hospice provided; minutes identified using revenue codes 0550 to 0559.
HOSPC_RHC_DAYS_PCT	Percent of Days in Hospice RHC	Percent of total hospice days that were routine home care (RHC) days. RHC days were identified using revenue code 0651.