**Restricted-use Linked NCHS-CMS Medicare Data**
**Part D Drug Event File**
**DATE CREATED: 02FEB2017**
**Number of Variables: 55**

Document version date: 2/3/2025    1

| Variable Name | Variable Label (VAR) | VAR Type | VAR Length | Range of Values | Value Description |
|---|---|---|---|---|---|
| SURVEY | NCHS SURVEY NAME | Char | 20 | - | |
| PUBLICID | NHIS PUBLIC USE ID | Char | 14 | ID | |
| SEQN | NHANES SAMPLE SEQUENCE NUMBER (PUBLIC ID) | Num | 8 | ID | |
| RESNUM | NNHS RESIDENT ID NUMBER (PUBLIC) | Num | 8 | ID | |
| PATNUM | Patient/Discharge Record (Case) Number in public-use file | Num | 8 | ID | |
| FILE_YEAR4 | Beneficiary Enrollment Reference Year (YYYY) | Num | 8 | 2006-2013 | |
| DOB_DT | Patient Date of Birth (DOB) | Num | 4 | | |
| SEX_CD | Patient Sex | Char | 1 | 1 | Male |
| | | | | 2 | Female |
| SRVC_DT | RX Service Date (DOS) | Num | 4 | | |
| PD_DT | Paid Date | Num | 4 | | |
| RX_SRVC_RFRNC_NUM | RX Service Reference Number | Num | 8 | | |
| PROD_SRVC_ID | Product Service ID | Char | 19 | - | |
| PLAN_CNTRCT_REC_ID | Plan Contract Record ID | Char | 5 | **OTHER** | Miscoded |
| PLAN_PBP_REC_NUM | Plan PBP Record Number | Char | 3 | - | |
| CMPND_CD | Compound Code | Num | 3 | | |

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|---|---|---|---|---|---|
| | | | | | |
| DAW_PROD_SLCTN_CD | Dispense as Written (DAW) Product Selection Code | Char | 1 | 0 | No Product Selection Indicated |
| | | | | 1 | Substitution Not Allowed by Prescriber |
| | | | | 2 | Substitution Allowed - Patient Requested That Brand Product Be Dispensed |
| | | | | 3 | Substitution Allowed - Pharmacist Selected Product Dispensed |
| | | | | 4 | Substitution Allowed - Generic Drug Not in Stock |
| | | | | 5 | Substitution Allowed - Brand Drug Dispensed as Generic |
| | | | | 6 | Override |
| | | | | 7 | Substitution Not Allowed - Brand Drug Mandated by Law |
| | | | | 8 | Substitution Allowed - Generic Drug Not Available in Marketplace |
| | | | | 9 | Other |
| | | | | | |
| QTY_DSPNSD_NUM | Quantity Dispensed | Num | 8 | | |
| | | | | | |
| DAYS_SUPLY_NUM | Days Supply | Num | 3 | | |
| | | | | | |
| FILL_NUM | Fill Number | Num | 3 | | |
| | | | | | |
| DSPNSNG_STUS_CD | Dispensing Status Code | Char | 1 | **OTHER** | Miscoded |
| | | | | C | Completion of partial fill |
| | | | | P | Partial fill |
| | | | | | |
| DRUG_CVRG_STUS_CD | Drug Coverage Status Code | Char | 1 | C | Covered |
| | | | | E | Supplemental drugs (reported by Enhanced Alternative plans only) |
| | | | | O | Over-the-counter drugs |
| | | | | | |
| ADJSTMT_DLTN_CD | Adjustment Deletion Code | Char | 1 | **OTHER** | Miscoded |

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|---|---|---|---|---|---|
| | | | | A | Adjustment |
| | | | | R | Resubmitted |
| | | | | | |
| NSTD_FRMT_CD | Non-Standard Format Code | Char | 1 | **OTHER** | Miscoded |
| | | | | B | Beneficiary submitted claim |
| | | | | C | Coordination of Benefits |
| | | | | P | Paper claim from provider |
| | | | | S | State-to-Plan PDEs |
| | | | | X | X12 837 |
| | | | | | |
| PRCNG_EXCPTN_CD | Pricing Exception Code | Char | 1 | **OTHER** | Miscoded |
| | | | | M | Medicare is a secondary payer (MSP) |
| | | | | O | Out of network pharmacy |
| | | | | | |
| CTSTRPHC_CVRG_CD | Catastrophic Coverage Code | Char | 1 | **OTHER** | Miscoded |
| | | | | A | Attachment point met on this event |
| | | | | C | Above attachment point |
| | | | | | |
| GDC_BLW_OOPT_AMT | Gross Drug Cost Below Out-of-Pocket Threshold (GDCB) | Num | 8 | | |
| | | | | | |
| GDC_ABV_OOPT_AMT | Gross Drug Cost Above Out-of-Pocket Threshold (GDCA) | Num | 8 | | |
| | | | | | |
| PTNT_PAY_AMT | Patient Pay Amount | Num | 8 | | |
| | | | | | |
| OTHR_TROOP_AMT | Other TrOOP Amount | Num | 8 | | |
| | | | | | |
| LICS_AMT | Low Income Cost Sharing Subsidy Amount (LICS) | Num | 8 | | |

| Variable Name | Variable Label (VAR) | VAR Type | VAR Length | Range of Values | Value Description |
|---|---|---|---|---|---|
| PLRO_AMT | Patient Liability Reduction Due to Other Payer Amount (PLRO) | Num | 8 | | |
| CVRD_D_PLAN_PD_AMT | Covered D Plan Paid Amount (CPP) | Num | 8 | | |
| NCVRD_PLAN_PD_AMT | Non-Covered Plan Paid Amount (NPP) | Num | 8 | | |
| TOT_RX_CST_AMT | Gross Drug Cost | Num | 8 | | |
| BN | Brand Name | Char | 30 | - | |
| GCDF | Dosage Form Code | Char | 2 | - | |
| GCDF_DESC | Dosage Form Code Description | Char | 40 | - | |
| STR | Drug Strength Description | Char | 10 | - | |
| GNN | Generic Name - Short Version | Char | 30 | - | |
| BENEFIT_PHASE | The benefit phase of the Part D Event | Char | 2 | - | |
| TIER_ID | Medicare Part D formulary tier identifier | Char | 2 | - | |
| STEP | Maximum Step Number | Char | 2 | - | |
| QUANTITY_LIMIT_YN | Whether or Not the Drug has Quantity Limits | Char | 2 | - | |
| PRIOR_AUTHORIZATION_YN | Whether or Not the Drug Requires Prior Authorization | Char | 2 | - | |
| CCW_PHARMACY_ID | CCW Pharmacy ID from Pharmacy Characteristics File | Num | 8 | | |

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|---|---|---|---|---|---|
| CCW_PRSCRBR_ID | CCW Prescriber ID from Prescriber Characteristics File | Num | 8 | | |
| | | | | | |
| PDE_PRSCRBR_ID_FRMT_CD | PDE Prescriber ID Format Code | Char | 1 | - | |
| | | | | | |
| RX_ORGN_CD | Prescription Origin Code | Char | 1 | **OTHER** | Miscoded |
| | | | | 0 | Not Specified |
| | | | | 1 | Written |
| | | | | 2 | Telephone |
| | | | | 3 | Electronic |
| | | | | 4 | Facsimile |
| | | | | | |
| FORMULARY_ID | Formulary ID.  First Column of Composite Foreign Key to Formulary File | Char | 8 | - | |
| | | | | | |
| FRMLRY_RX_ID | Formulary Rx ID.  Second Column of Composite Foreign Key to Formulary File | Char | 8 | - | |
| | | | | | |
| RPTD_GAP_DSCNT_NUM | Gap Discount Amount reported by the Submitting Plan | Num | 8 | | |
| | | | | | |
| BRND_GNRC_CD | The Brand-Generic Code reported by the submitting plan | Char | 1 | **OTHER** | Miscoded |
| | | | | B | Brand |
| | | | | G | Generic |
| | | | | | |
| PHRMCY_SRVC_TYPE_CD | Pharmacy Service Type Code | Char | 2 | - | |
| | | | | | |
| PTNT_RSDNC_CD | Patient Residence Code | Char | 2 | - | |
| | | | | | |
| SUBMSN_CLR_CD | Submission Clarification Code | Char | 2 | - | |