

Medicare Part D Prescribers - by Provider and Drug Data Dictionary		
Term Name	Variable Name	Definition
Prescriber NPI	Prscrbr_NPI	National Provider Identifier (NPI) for the performing provider on the claim.
PrescriberLast Name / Organization Name	Prscrbr_Last_Org_Name	When the provider is registered in NPDES as an individual (Prscrbr_Ent_Cd = "I"), this is the provider's last name. When the provider is registered as an organization (Prscrbr_Ent_Cd = "O"), this is the organization name.
Prescriber First Name	Prscrbr_First_Name	When the provider is registered in NPDES as an individual (Prscrbr_Ent_Cd = "I"), this is the provider's first name. When the provider is registered as an organization (Prscrbr_Ent_Cd = "O"), this will be blank.
Prescriber City	Prscrbr_City	The city where the provider is located, as reported in NPDES.
Prescriber State	Prscrbr_State_Abrvtn	The state where the provider is located, as reported in NPDES. 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:
Prescriber State FIPS Code	Prscrbr_State_FIPS	FIPS code for referring providers state.
Provider Specialty Type	Prscrbr_Type	Derived from the Medicare provider/supplier specialty code reported on the NPI's Part B claims. For providers that have more than one Medicare specialty code reported on their claims, the Medicare specialty code associated with the largest number of services is reported. Where a prescriber's NPI did not have associated Part B claims, the taxonomy code associated with the NPI in NPDES is mapped to a Medicare specialty code using an external crosswalk published here: <a href="https://data.cms.gov/provider-characteristics/medicare-provider-supplier-enrollment/medicare-provider-and-supplier-taxonomy-crosswalk">https://data.cms.gov/provider-characteristics/medicare-provider-supplier-enrollment/medicare-provider-and-supplier-taxonomy-crosswalk</a> .  For any taxonomy codes that could not be mapped to a Medicare specialty code, the taxonomy classification description from the National Uniform Claim Committee (NUCC) taxonomy code set is used. For more information on the NUCC taxonomy code set, please visit: <a href="http://www.nucc.org">http://www.nucc.org</a>
Source of Provider Specialty	Prscrbr_Type_Src	A flag that indicates the source of the Prscrbr_Type.
Brand Name	Brnd_Name	Brand name (trademarked name) of the drug filled.
USAN Generic Name - Short Version	Gnrc_Name	A term referring to the chemical ingredient of a drug rather than the trademarked brand name under which the drug is sold.
Number of Medicare Part D Claims, Including Refills	Tot_Clms	The number of Medicare Part D claims. This includes original prescriptions and refills. Aggregated records based on Tot_Clms fewer than 11 are not included in the data file.
Number of Standardized 30-Day Fills, Including Refills	Tot_30day_Fills	The aggregate number of Medicare Part D standardized 30-day fills. The standardized 30-day fill is derived from the number of days supplied on each Part D claim divided by 30. Standardized 30-day fill values less than 1.0 were bottom-coded with a value of 1.0 and standardized 30-day fill values greater than 12.0 were top-coded with a value of 12.0.
Number of Day's Supply for All Claims	Tot_Day_Suply	The aggregate number of day's supply for which this drug was dispensed.
Aggregate Cost Paid for All Claims	Tot_Drug_Cst	The aggregate drug cost paid for all associated claims. This amount includes ingredient cost, dispensing fee, sales tax, and any applicable vaccine administration fees and is based on the amounts paid by the Part D plan, Medicare beneficiary, government subsidies, and any other third-party payers.
Number of Medicare Beneficiaries	Tot_Benes	The total number of unique Medicare Part D beneficiaries with at least one claim for the drug. Counts fewer than 11 are suppressed and are indicated by a blank.
Reason for Suppression of GE65_Tot_Clms, GE65_Tot_30day_Fills, GE65_Tot_Drug_Cst and GE65_Tot_Day_Suply	GE65_Sprsn_Flag	A flag that indicates the reason the GE65_Tot_Clms, GE65_Tot_30day_Fills, GE65_Tot_Drug_Cst and GE65_Tot_Day_Suply variables are suppressed
Number of Claims, Including Refills, for Beneficiaries Age 65+	GE65_Tot_Clms	The number of Medicare Part D claims for beneficiaries age 65 and older. This includes original prescriptions and refills. A blank indicates the value is suppressed. See GE65_Sprsn_Flag regarding suppression of data.
Number of Standardized 30-Day Fills, Including Refills, for Beneficiaries Age 65+	GE65_Tot_30day_Fills	The number of Medicare Part D standardized 30-day fills for beneficiaries age 65 and older. The standardized 30-day fill is derived from the number of days supplied on each Part D claim divided by 30. Standardized 30-day fill values less than 1.0 were bottom-coded with a value of 1.0 and standardized 30-day fill values greater than 12.0 were top-coded with a value of 12.0. If GE65_Tot_Clms is suppressed, this variable is suppressed. A blank indicates the value is suppressed. See GE65_Sprsn_Flag regarding suppression of data.
Aggregate Cost Paid for All Claims for Beneficiaries Age 65+	GE65_Tot_Drug_Cst	The aggregate total drug cost paid for all associated claims for beneficiaries age 65 and older. This amount includes ingredient cost, dispensing fee, sales tax, and any applicable vaccine administration fees and is based on the amounts paid by the Part D plan, Medicare beneficiary, government subsidies, and any other third-party payers. If GE65_Tot_Clms is suppressed, this variable is suppressed. A blank indicates the value is suppressed. See GE65_Bene_Sprsn_Flag regarding suppression of data.
Number of Day's Supply for All Claims for Beneficiaries Age 65+	GE65_Tot_Day_Suply	The aggregate number of day's supply for which this drug was dispensed, for beneficiaries age 65 and older. If GE65_Tot_Clms is suppressed, this variable is suppressed. A blank indicates the value is suppressed. See GE65_Bene_Sprsn_Flag regarding suppression of data.
Reason for Suppression of GE65_Tot_Benes	GE65_Bene_Sprsn_Flag	A flag indicating the reason the GE65_Tot_Benes variable is suppressed.
Number of Medicare Beneficiaries Age 65+	GE65_Tot_Benes	The total number of unique Medicare Part D beneficiaries age 65 and older with at least one claim for the drug. A blank indicates the value is suppressed. See GE65_Bene_Sprsn_Flag regarding suppression of data.