

Medicare Physician & Other Practitioners - by Provider and Service Data Dictionary

Term Name	Variable Name	Definition
National Provider Identifier	Rndrng_NPI	National Provider Identifier (NPI) for the rendering provider on the claim. The provider NPI is the numeric identifier registered in NPES.
Last Name/Organization Name of the Provider	Rndrng_Privr_Last_Org_Name	When the provider is registered in NPES as an individual (entity type code='I'), this is the provider's last name. When the provider is registered as an organization (entity type code = 'O'), this is the organization name.
First Name of the Provider	Rndrng_Privr_First_Name	When the provider is registered in NPES as an individual (entity type code='I'), this is the provider's first name. When the provider is registered as an organization (entity type code = 'O'), this will be blank.
Middle Initial of the Provider	Rndrng_Privr_MI	When the provider is registered in NPES as an individual (entity type code='I'), this is the provider's middle initial. When the provider is registered as an organization (entity type code = 'O'), this will be blank.
Credentials of the Provider	Rndrng_Privr_Crdntls	When the provider is registered in NPES as an individual (entity type code='I'), these are the provider's credentials. When the provider is registered as an organization (entity type code = 'O'), this will be blank.
Gender of the Provider	Rndrng_Privr_Gndr	When the provider is registered in NPES as an individual (entity type code='I'), this is the provider's gender. When the provider is registered as an organization (entity type code = 'O'), this will be blank.
Entity Type of the Provider	Rndrng_Privr_Ent_Cd	Type of entity reported in NPES. An entity code of 'I' identifies providers registered as individuals and an entity type code of 'O' identifies providers registered as organizations.
Street Address 1 of the Provider	Rndrng_Privr_St1	The first line of the provider's street address, as reported in NPES.
Street Address 2 of the Provider	Rndrng_Privr_St2	The second line of the provider's street address, as reported in NPES.
City of the Provider	Rndrng_Privr_City	The city where the provider is located, as reported in NPES.
State Abbreviation of the Provider	Rndrng_Privr_State_Abrvtn	The state where the provider 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 all other areas:
State FIPS Code of the Provider	Rndrng_Privr_State_FIPS	FIPS code for rendering provider's state.
Zip Code of the Provider	Rndrng_Privr_Zip5	The provider's zip code, as reported in NPES.
RUCA Code of the Provider	Rndrng_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.
RUCA Description	Rndrng_Privr_RUCA_Desc	Description of Rural-Urban Commuting Area (RUCA) Code

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Country Code of the Provider	Rndrng_Privr_Cntry	The country where the provider is located, as reported in NPDES. 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:
Provider Type of the Provider	Rndrng_Privr_Type	Derived from the provider specialty code reported on the claim. For providers that reported more than one specialty code on their claims, this is the specialty code associated with the largest number of services.
Medicare Participation Indicator	Rndrng_Privr_Mdcr_Prtcptg_Ind	Identifies whether the provider participates in Medicare and/or accepts assignment of Medicare allowed amounts. The value will be 'Y' for any provider that had at least one claim identifying the provider as participating in Medicare or accepting assignment of Medicare allowed amounts within HCPCS code and place of service. A non-participating provider may elect to accept Medicare allowed amounts for some services and not accept Medicare allowed amounts for other services.
HCPCS Code	HCPCS_Cd	HCPCS code used to identify the specific medical service furnished by the provider. HCPCS codes include two levels. Level I codes are the Current Procedural Terminology (CPT) codes that are maintained by the American Medical Association and Level II codes are created by CMS to identify products, supplies and services not covered by the CPT codes (such as ambulance services). CPT codes, descriptions and other data only are copyright 2016 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association (AMA). Please review the complete CMS AMA CPT License agreement which is presented to users when accessing the data. For additional information on HCPCS codes, visit the HCPCS general information page.
HCPCS Description	HCPCS_Desc	Description of the HCPCS code for the specific medical service furnished by the provider. HCPCS descriptions associated with CPT codes are consumer friendly descriptions provided by the AMA. CPT Consumer Friendly Descriptors are lay synonyms for CPT descriptors that are intended to help healthcare consumers who are not medical professionals understand clinical procedures on bills and patient portals. CPT Consumer Friendly Descriptors should not be used for clinical coding or documentation. All other descriptions are CMS Level II descriptions provided in long form. Due to variable length restrictions, the CMS Level II descriptions have been truncated to 256 bytes. As a result, the same HCPCS description can be associated with more than one HCPCS code. For complete CMS Level II descriptions, please visit the HCPCS Release Code Sets page.

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HCPCS Drug Indicator	HCPCS_Drug_Ind	Identifies whether the HCPCS code for the specific service furnished by the provider is a HCPCS listed on the Medicare Part B Drug Average Sales Price (ASP) File. Please visit the ASP drug pricing page for additional information.
Place of Service	Place_Of_Srvc	Identifies whether the place of service submitted on the claims is a facility (value of 'F') or non-facility (value of 'O'). Non-facility is generally an office setting; however other entities are included in non-facility. The following values are entities included in facility and non-facility:
Number of Medicare Beneficiaries	Tot_Benes	Number of distinct Medicare beneficiaries receiving the service for each Rndrng_NPI, HCPCS_Cd, and Place_Of_Srvc.
Number of Services	Tot_Srvcs	Number of services provided; note that the metrics used to count the number provided can vary from service to service.
Number of Distinct Medicare Beneficiary/Per Day Services	Tot_Bene_Day_Srvcs	Number of distinct Medicare beneficiary/per day services. Since a given beneficiary may receive multiple services of the same type (e.g., single vs. multiple cardiac stents) on a single day, this metric removes double-counting from the line service count to identify whether a unique service occurred.
Average Submitted Charge Amount	Avg_Sbmted_Chrg	Average of the charges that the provider submitted for the service.
Average Medicare Allowed Amount	Avg_Mdcr_Alowd_Amt	Average of the Medicare allowed amount for the service; 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.
Average Medicare Payment Amount	Avg_Mdcr_Pymt_Amt	Average amount that Medicare paid after deductible and coinsurance amounts have been deducted for the line item service. Note: In general, Medicare FFS claims with dates-of-service or dates-of-discharge on or after April 1, 2013, incurred a 2 percent reduction in Medicare payment. This is in response to mandatory across-the-board reductions in Federal spending, also known as sequestration.

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Average Medicare Standardized Payment Amount	Avg_Mdcr_Stdzd_Amt	Average amount that Medicare paid after beneficiary deductible and coinsurance amounts have been deducted for the line item service and after standardization of the Medicare payment has been applied. Standardization removes geographic differences in payment rates for individual services, such as those that account for local wages or input prices and makes Medicare payments across geographic areas comparable, so that differences reflect variation in factors such as physicians' practice patterns and beneficiaries' ability and willingness to obtain care. Note: This variable is available starting with the calendar year 2014 data. Please refer to the "Additional Information" section of this document for more details on the standardization of Medicare payments.