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Variable Name	Variable (VAR) Label	VAR Type	Value Description
SURVEY	Survey Name	Char	
PATIENT_ID	NHCS Patient ID	Char	Identifier for NHCS patients.
PUBLICID	NHIS Public Use ID	Char	Public-use identifier for NHIS participants. For information on how to create PUBLICID from the public-use data, please see note in the Methodology and Analytic Considerations report.
SEQN	NHANES Respondent Sequence Number	Num	Public-use identifier for NHANES participants.
FILE_YEAR4	Year of Part D event (YYYY)	Num	2019 NHCS has been linked to 2019-2020 Medicare Data.
DOB_DT	Patient Date of Birth (DOB)	Num	Date provided in SAS date (numeric) format.
SEX_CD	Patient Sex	Char	
SRVC_DT	RX Service Date (DOS)	Num	Date provided in SAS date (numeric) format.
PD_DT	Paid Date	Num	Date provided in SAS date (numeric) format.
PRSCRBR_ID_QLFYR_CD	Prescriber ID Qualifier Code	Char	
PRSCRBR_ID	Prescriber ID	Char	
RX_SRVC_RFRNC_NUM	RX Service Reference Number	Num	
PROD_SRVC_ID	Product Service ID	Char	
PLAN_CNTRCT_REC_ID	Plan Contract Record ID	Char	

For additional information on variables in the Part D Event file, please see website:
https://www2.ccwdata.org/documents/10280/19022436/codebook-pde.pdf

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Variable Name	Variable (VAR) Label	VAR Type	Value Description
PLAN_PBP_REC_NUM	Plan PBP Record Number	Char	
CMPND_CD	Compound Code	Num	
DAW_PROD_SLCTN_CD	Dispense as Written (DAW) Product Selection Code	Char	
QTY_DSPNSD_NUM	Quantity Dispensed	Num	
DAYS_SUPLY_NUM	Days Supply	Num	
FILL_NUM	Fill Number	Num	
DSPNSNG_STUS_CD	Dispensing Status Code	Char	
DRUG_CVRG_STUS_CD	Drug Coverage Status Code	Char	
ADJSTMT_DLTN_CD	Adjustment Deletion Code	Char	
NSTD_FRMT_CD	Non-Standard Format Code	Char	
PRCNG_EXCPTN_CD	Pricing Exception Code	Char	
CTSTRPHC_CVRG_CD	Catastrophic Coverage Code	Char	
GDC_BLW_OOPT_AMT	Gross Drug Cost Below Out-of-Pocket Threshold (GDCB)	Num	Payment/Charged Amount, in dollars.
GDC_ABV_OOPT_AMT	Gross Drug Cost Above Out-of-Pocket Threshold (GDCA)	Num	Payment/Charged Amount, in dollars.

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Variable Name	Variable (VAR) Label	VAR Type	Value Description
PTNT_PAY_AMT	Patient Pay Amount	Num	Payment/Charged Amount, in dollars.
OTHR_TROOP_AMT	Other TrOOP Amount	Num	Payment/Charged Amount, in dollars.
LICS_AMT	Low Income Cost Sharing Subsidy Amount (LICS)	Num	Payment/Charged Amount, in dollars.
PLRO_AMT	Patient Liability Reduction Due to Other Payer Amount (PLRO)	Num	Payment/Charged Amount, in dollars.
CVRD_D_PLAN_PD_AMT	Covered D Plan Paid Amount (CPP)	Num	Payment/Charged Amount, in dollars.
NCVRD_PLAN_PD_AMT	Non-Covered Plan Paid Amount (NPP)	Num	Payment/Charged Amount, in dollars.
TOT_RX_CST_AMT	Gross Drug Cost	Num	Payment/Charged Amount, in dollars.
BN	Brand Name	Char	
GCDF	Dosage Form Code	Char	
GCDF_DESC	Dosage Form Code Description	Char	
STR	Drug Strength Description	Char	
GNN	Generic Name - Short Version	Char	
BENEFIT_PHASE	The benefit phase of the Part D Event	Char	
FORMULARY_ID	Formulary ID. First Column of Composite Foreign Key to Formulary File	Char	

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Variable Name	Variable (VAR) Label	VAR Type	Value Description
FRMLRY_RX_ID	Formulary Rx ID. Second Column of Composite Foreign Key to Formulary File	Char	
NCPDP_ID	NCPDP Proprietary Pharmacy Identifier	Char	
RX_ORGN_CD	Prescription Origin Code	Char	
RPTD_GAP_DSCNT_NUM	Gap Discount Amount reported by the Submitting Plan	Num	
BRND_GNRC_CD	The Brand-Generic Code reported by the submitting plan	Char	
PHRMCY_SRVC_TYPE_CD	Pharmacy Service Type Code	Char	
PTNT_RSDNC_CD	Patient Residence Code	Char	
SUBMSN_CLR_CD	Submission Clarification Code	Char	

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