

<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
1	Patient ID (patient_id) SEER Cases (Patient ID)	11	Use First 10 Characters only for SEER cases.
1	Registry	2	02 = Connecticut 20 = Detroit 21 = Hawaii 22 = Iowa 23 = New Mexico 25 = Seattle 26 = Utah 42 = Kentucky 43 = Louisiana 44 = New Jersey 87 = Georgia 88 = California
3	Case Number	8	Encrypted SEER Case Number
11	Filler Non Cancer Patients (Patient ID)	1	Blank Space
1	HIC (HICBIC)	11	Encrypted ID for Non Cancer Patients
12	Encrypted PDE ID (PDE_ID)	15	Identifies a unique Part D event for a beneficiary.
27	RX Service Date (srvc_mon, srvc_day, srvc_yr)	8	This field contains the date on which the prescription was filled. MMDDYYYY
35	Product Service ID (PROD_SRVC_ID)	19	This field identifies the dispensed drug using a National Drug Code (NDC). The NDC is reported in NDC11 format. In instances where a pharmacy formulates a compound containing multiple NDC drugs, the NDC of the most expensive drug is used. NDC code in the following format: MMMMMDDDDPP followed by 8 spaces. CMS rejects the following codes: 99999999999, 99999999992, 99999999993, 99999999994, 99999999995 and 99999999996.
54	Quantity Dispensed (QTY_DSPNSD_NUM)	12.3	This field indicates the number of units, grams, milliliters, or other dispensed in the current drug event. If a compounded item, then the QUANTITY DISPENSED is the total of all ingredients.

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66	Days' Supply (DAYS_SUPLY_NUM)	3	This field indicates the number of days' supply of medication dispensed by the pharmacy and will consist of the amount the pharmacy enters for the prescription. Possible values are 0 – 999.
69	Catastrophic Coverage Code (CTSTRPHC_CVRG_CD)	1	This field indicates that a beneficiary has reached the out-of-pocket threshold or attachment point. At this point, catastrophic coverage provisions begin, namely reinsurance and reduced beneficiary cost sharing. A = Attachment point met on this event C = Above attachment point Blank = Attachment point not met
70	Patient Pay Amount (PTNT_PAY_AMT)	10.2	This field lists the dollar amount the beneficiary paid that is not reimbursed by a third party (e.g., copayments, coinsurance, deductible or other patient pay amounts). This amount contributes to a beneficiary's TrOOP only when it is payment for a covered drug. Payments made by the beneficiary or family and friends shall also be reported in this field. Other third party payments made on behalf of a beneficiary that contribute to TrOOP shall be reported in Other TrOOP Amount or Low-Income Cost-Sharing Amount and payments that do not contribute shall be reported in Patient Liability Reduction due to Other Payer Amount. Amount beneficiary paid that is not reimbursed by a third party.
80	Gross Drug Cost (TOT_RX_CST_AMT)	10.2	This variable is derived from the sum of these variables: Ingredient Cost Paid Dispensing Fee Paid Total Amount Attributed to Sales Tax
90	Brand Name (BN)	30	The name that appears on the package label provided by the manufacturer.

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120	Dosage Form Code (GCDF)	2	The dosage form of a clinical formulation describes the physical presentation of a drug, such as tablet, capsule, or liquid. It may also incorporate the delivery and release mechanism of the drug.
122	Dosage Form Code Description (GCDF_DESC)	40	Extended text description for a Dosage Form Code (GCDF). The dosage form of a clinical formulation describes the physical presentation of a drug, such as tablet, capsule, or liquid. It may also incorporate the delivery and release mechanism of the drug.
162	Drug Strength Description (STR)	10	Description of drug potency in units of grams, milligrams, percentage, and other terms.
172	Generic Name - Short Version (GNN)	30	The drug ingredient name adopted by United States Adopted Names (USAN). The chemical name is used when the USAN name is not available. For multi-ingredient products, abbreviations may be used (such as HCTZ [Hydrochlorothiazide] and PP [Phenylpropanolamine]).

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202	The benefit phase of the Part D Event (BENEFIT_PHASE)	2	<p>Indicates the benefit phase in which the claim was expected to occur based on a date of service ordering of the beneficiary's claims, the beneficiary's accumulated gross drug and out-of-pocket costs, and the plan's deductible, initial coverage limit (ICL) and out-of-pocket threshold (OOPT) amount. Phases may include Deductible, Pre-ICL, ICL (Coverage Gap) or Catastrophic. Events that occur between two different phases are called straddle PDEs.</p> <p>Blank = Not a covered drug XX = PDE Plan Identifiers do not link to the Plan Benefit file NA = National Pace or Employer Sponsored Plan DD = Deductible phase DP = Deductible to Pre-ICL Straddle PDE DI = Deductible to ICL (coverage gap) Straddle PDE DC = Deductible to Catastrophic Straddle PDE PP = Pre-ICL phase PI = Pre-ICL to ICL Straddle PDE PC = Pre-ICL to Catastrophic Straddle PDE II - ICL (coverage gap) Phase IC = ICL (coverage gap) to Catastrophic Straddle PDE CC = Catastrophic phase</p>
204	Medicare Part D formulary tier identifier (TIER_ID)	2	<p>This field represents the minimum cost sharing tier in which the product was placed in the sponsor's formulary. This identifier is also a key that links a Part D plan's cost sharing tier record to a prescription drug event record via contract ID, plan ID, and tier ID.</p> <p>NA = The drug on the PDE does not link to the plan's formulary XX = Unable to link to plan 1-max = The tier on the plan's formulary associated with the drug on the PDE or if the plan is not required to submit a formulary then TIER_ID is assigned a value of '1'</p>

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206	Maximum Step Number (STEP)	2	<p>This variable indicates whether the formulary specifies the drug product is subject to a step therapy protocol. This field will be populated with the maximum step value (i.e., in instances where a product may be part of two different step therapy protocols) for the product.</p> <p>Blank = Either a) the drug is not part of a Step Therapy Group or b) the drug is on Step 1 of a Step Therapy Group (i.e., not restricted) or c) the plan on the PDE is not required to submit a formulary, so there are no restrictions on the drug NA = The drug on the PDE does not link to the plan's formulary XX = Unable to link to plan 1-max = The maximum step on the plan's formulary associated with the drug on the PDE</p>
208	Whether or Not the Drug has Quantity Limits (QUANTITY_LIMIT_YN)	2	<p>This variable indicates whether the formulary specifies the drug product has a quantity limit.</p> <p>NA = NDC does not link to formulary XX = Unable to link to plan 1 = The drug has quantity limits 0 = Either a) the drug does not have quantity limits or b) the plan is not required to submit a formulary so there are no restrictions on the drug</p>
210	Whether or Not the Drug Requires Prior Authorization (PRIOR_AUTHORIZATION_YN)	2	<p>This variable indicates whether the formulary specifies the drug product is subject to prior authorization.</p> <p>NA = NDC does not link to formulary XX = Unable to link to plan 1 = The drug is subject to prior authorization 0 = Either a) the drug is not subject to prior authorization or b) the plan is not required to submit a formulary so there are no restrictions on the drug</p>