

**2005 Limitations  
for the  
Physician/Supplier Procedure  
Summary Master File  
(PSPSMF)**

**Produced by Members of the:  
Division of Data Systems  
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**Table of Contents**

<b>INTRODUCTION.....</b>	<b>3</b>
<b>GENERAL COMMENTS .....</b>	<b>4</b>
<b>ERRANT RECORDS .....</b>	<b>4</b>
<b>2005 LIMITATIONS FOR THE PHYSICIAN/SUPPLIER PROCEDURE SUMMARY MASTER FILE .....</b>	<b>5</b>
<b>APPENDIX 1      2005 Part B Carriers .....</b>	<b>10</b>
<b>APPENDIX 2      History of Part B Carriers .....</b>	<b>11</b>
<b>APPENDIX 3      Methodology for Determining Number (Frequency) of Surgeries and Payment Amounts and Allowed Charges .....</b>	<b>17</b>
<b>APPENDIX 4      2005 PSPSMF Errant Allowed Charges as a Percent of Total Allowed Charges .....</b>	<b>19</b>
<b>APPENDIX 5      Methodology for Coding Number of Services, Miles/Time/Units/Services (MTUS) and MTUS Indicator Fields .....</b>	<b>20</b>
<b>APPENDIX 6      “WW” codes/descriptions.....</b>	<b>23</b>
<b>APPENDIX 7      Carrier Locality/State Locality Map for The Clinical Lab Fee Schedule.....</b>	<b>24</b>
<b>APPENDIX 8      Carrier Locality/State Locality Map for Purchased Diagnostic Tests .....</b>	<b>26</b>

## INTRODUCTION

The 2005 Physician Supplier Procedure Summary Master File (PSPSMF) includes data from all Medicare Part B carriers. A list of the 2005 carriers is included in **Appendix 1**; **Appendix 2** provides a history of Part B carriers. This file represents procedure-specific billing data for all (i.e., 100 percent) physician/supplier services rendered to all Medicare beneficiaries during calendar year (CY) 2005 and processed by the carriers through June 30, 2006.

Part B charge and utilization data for institutional services (hospital outpatient departments, home health agencies, comprehensive outpatient rehabilitation facilities, end-stage renal disease facilities, and rural health clinics) are processed by Medicare Part A fiscal intermediaries and are not included in these data. Data for services rendered to beneficiaries enrolled in risk-based Health Maintenance Organizations (HMOs) are also not included.

The quality of data is measured by processing each carrier's data through a computerized edit program. This program generates a listing of errors for each carrier. The data are edited for:

- o Invalid Healthcare Common Procedure Coding System (HCPCS) codes
- o Invalid specialty codes
- o Invalid type of service codes
- o Invalid place of service codes
- o Invalid combinations of Miles, Time, Units or Services (MTUS) and MTUS indicator code
- o Invalid combinations of HCPCS code, specialty code, type of service code, and place of service code

Tolerances are set for records from each carrier. Records which fall outside the tolerances shown below are subject to investigation:

- o Up to 2 percent of total records in error for any edit listed above
- o Up to 5 percent of total records in error for all edits
- o Up to 2 percent of total allowed charges occurring in records with errors

This document provides information on errors and/or reporting inconsistencies that have been noted at this time. Due to the volume, scope, and nature of the data, the review process is inexact; users are cautioned to be alert for undetected problems.

This document should be used in conjunction with the PSPSMF Record Description, which provides definitions of all data elements.

### GENERAL COMMENTS

Carriers report services using the HCPCS codes in effect at the time the services are rendered; that is, services rendered in CY 2005 are reported with 2005 HCPCS codes.

Local procedure and modifier codes were discontinued as of 12/31/2003 due to the implementation of the Healthcare Insurance Portability and Accountability Act (HIPAA).

Occasionally, carriers report services using obsolete procedure and modifier codes. These codes are considered invalid and result in the records appearing in the Errant Records Report.

Determining the number of services for surgical procedures can be confusing. **Appendix 3** describes the methodology that should be followed in order to obtain accurate service counts for these procedures.

### ERRANT RECORDS

Records that are identified in the edit process as being incorrect (errant) are included in the user files, but are annotated as errant.

Records are considered errant if they contain an:

- o Invalid HCPCS procedure code
- o Invalid specialty code
- o Invalid type of service code
- o Invalid place of service code
- o Invalid locality code

**Appendix 4** displays, for each carrier, the total allowed charges, the errant allowed charges, and the percent of errant allowed charges to the total allowed charges.

**2005 LIMITATIONS FOR THE PHYSICIAN/SUPPLIER  
PROCEDURE SUMMARY MASTER FILE  
(2005 PPSMF)**

**Carrier Jurisdiction Change**

When Part B Contractors (carriers) changed after an incurred service year has begun, it is our practice to use the old number for the remainder of the PPSMF incurred year, e.g. carrier 16360 (Ohio) changed to 00883 on or about 06/30/2002. Since most of the data for this carrier was already aggregated into the 2002 PPSMF under the old number 16360, 2002 claims received under the new number will be converted to the old number for the 2002 PPSMF. The new number will be used for the next year's PPSMF.

The carrier changing to a new number during 2005 is: Rhode Island (00524 was 00870).

See Appendix 1 for a list of carrier numbers used in the 2005 PPSMF.

**Administrative Denials**

Administrative denials result when non-covered or bundled services are submitted to the carriers. Since these submissions are always denied, they never produce allowed services, and consequently, are not included in the PPSMF.

**Denial Rates**

The National Claims History file or BESS cannot produce true denial rates. In some cases, carriers will deny claims on the first submission from a provider. If and/or when the provider resubmits that claim on appeal or for any reason, and it is subsequently paid by the carrier, then most if not all carriers generally assign a new claim control number to the paid claim. The National Claims History final action algorithm requires the same claim control number to net the two claims, i.e. new paid claim cancels out the old denied claim. Since the denial is not cancelled, it remains on the National Claims History and is counted as a denied service when in fact it was replaced by the paid claim. This process causes an inflated denial rate.

**Number of Services**

Total services represent the number of times a procedure has been performed or rendered; they include the count of denied services. Services are represented by different units of measurement, referred to as "pricing units." **Appendix 5** provides the methodology for calculating the number of services in the PPSMF. Service count problems have been identified for the following procedure codes:

**77427** -- The reporting of certain radiation therapy services in 2005 resulted in unusually low average allowed charges for HCPCS codes 77427. This code identifies weekly radiation therapy management services. The Medicare Carriers Manual (MCM) indicates that five fractions or treatment sessions are equal to one weekly unit of radiation therapy management, regardless of the amount of time between each of the five fractions (i.e., the five fractions are not required to occur in consecutive days). The MCM further states that billing entities should report the number of fractions for which payment is sought (e.g., 5) rather than the pricing unit for the weekly radiation therapy management service (e.g., 1). As a result, the number of services were inflated, thereby producing deflated average allowed charges. In

## 2005 Physician/Supplier Procedure Master Summary File Limitations

order to avoid understating the average allowed charge for this HCPCS code, the PSPSMF has assumed that where five services are reported, only one weekly unit of radiation therapy management has been performed.

### **Drugs:**

Service counts for drugs should be reported using pricing units, e.g. J0120: Injection, Tetracycline up to 250 mg. In this example, 250 mg = 1 pricing unit or service. If the injection were for 500 mg then the pricing unit or service would be equal to 2, i.e.  $500\text{mg} / 250\text{mg} = 2$  pricing units or services. Many carriers are reporting the milligrams in the service count and MTUS Fields, e.g. 250 mg instead of 1 pricing unit. As a result the number of services are inflated, thereby deflating the average allowed charge. Generally drug HCPCS are in the J0000-J9999 series; however, there are some in other series as well. Consult the HCPCS manual for a complete list of drug HCPCS.

### **“WW” CODES**

#### **Oral anti-cancer drugs:**

HCPCS beginning with a WW are internal values assigned by the DMERCs for the reporting of oral anti-cancer drugs. These drugs are reported from the provider with only a National Drug Code (NDC). There is no National HCPC code assigned to these services. In order to represent the data in BESS and at a HCPC level, the DMERCs were instructed to assign internal WW codes for each oral anti-cancer drug. A list of these codes and their descriptions can be found in Appendix 6.

#### **NCPDP Format:**

Under HIPAA, the drugs billed under the National Council for Prescription Drug Program (NCPDP) must come from a “retail” pharmacy. Claims submitted using the new NCPDP format do not contain HCPCS codes; only National Drug Codes (NDC). BESS does not summarize by NDC; therefore, to track these claims in BESS, a HCPC of WW999 is forced into the HCPC field.

#### **Type of Service**

There are no type of service issues for 2005.

#### **Place of Service**

One new place of service was issued effective October 1, 2005. It is 01 = Pharmacy – a facility or location where drugs and other medically related items and services are sold, dispensed or otherwise provided directly to patients.

#### **Pricing Localities**

In the 1997 Physician Fee Schedule Final Rule, HCFA reduced the number of Physician Fee Schedule pricing localities from 210 to 92, effective for services provided on or after January 1, 1997.

### DMERC CLAIMS

For durable medical equipment (DME) claims, the locality code field contains the beneficiary residence State code. It indicates where the service was priced. The provider State code determines where the service was performed. When the beneficiary and DME provider State codes are the same, the locality field is then both the pricing and performing location. The assumption is that this occurs for a high percentage of claims.

For 100 percent accuracy in determining the pricing and performing location, use the Data Extract System (DESY) DME claims level data (RIC M) Standard Analytical Files (available as Public Use Files) and use both the beneficiary residence State code for the pricing location and the provider State code for the performing location. For non-DME services, the locality code is both the performing and pricing location.

### REPORTING OF REFERRED CLINICAL LABORATORY SERVICES

As of 2004, each carrier is required to process claims for referred laboratory services which may have been performed outside of its jurisdiction. Each carrier is responsible for maintaining the Clinical Laboratory Fee Schedules for all carrier jurisdictions and be able to process claims using those fee schedules. They should base payment for a referred service on the fee schedule for the jurisdiction in which the service was performed. Carriers must report new State pricing localities (See Appendix 7) indicated on the Laboratory Fee Schedule for any reference laboratory service. These services will be billed with a modifier '90' (Service performed by out of jurisdiction reference lab).

### REPORTING OF PURCHASED DIAGNOSTIC TESTS

As of 2005, each carrier is required to process claims for purchased diagnostic tests which may have been performed outside of its jurisdiction. Each carrier is responsible for maintaining the Physician Fee Schedules for all carrier jurisdictions and be able to process claims using those fee schedules. They should base payment for a diagnostic test on the fee schedule for the jurisdiction in which the test was performed. Carriers must report new State pricing localities (See Appendix 8) indicated on the Physician Fee Schedule for any purchased diagnostic test.

### **Specialty Code Reporting**

**99 (Unknown Physician Specialty)** - This specialty code was reported on an inordinately large number of claims from DMERCs. Physician claims should not be processed by DMERCs. We suspect these claims should instead have carried specialty code 88 (Unknown Supplier / Provider). The problem was reported to the Provider Billing Group (PBG) in CMM in March 1996 and again in June 1998. Although the problem has been corrected for many of the suppliers, there are still suppliers reporting this specialty for claims processed by the DMERCs.

### **Anesthesia Time Units (MTUS Field – MTU Indicator Value 2)**

For anesthesia services (HCPCS 00100-01996), time units (15 minute interval = 1 time unit) should be entered into the miles, time, units or services (MTUS) field on the PPS record. The field should contain one implied decimal for time units. Providers submit the number of minutes that the anesthesiologist attended the patient to the carrier. The carrier converts these minutes to Time Units before calculating a payment. We have noticed that some carriers are calculating the payment correctly but are not putting the

## 2005 Physician/Supplier Procedure Master Summary File Limitations

converted Time Units into the MTUS field. This problem varies by carrier and anesthesia procedure code. In other words, there is no consistency within the carrier when the problem occurs. Users should use the MTUS field with caution.

In 2002, the AMA developed new CPT codes for new technology tracking. These codes begin with zero and end with the letter ‘T’, e.g. (0010T – Tb test, gamma interferon). These codes were erroneously coded as an MTU indicator of 2 (anesthesia). They should have been coded as a 3 (services). All other data elements on the PSPS Record are correct. Therefore, if you use the MTU Indicator then assume a 3 for these services and disregard the 2.

### **CPT Tracking Codes**

The AMA has added new tracking codes that begin with a “0” and end with a “T” or “F”. In light of this fact, users should no longer assume that all codes beginning with a “0” are anesthesia codes.

### **Modifier Reporting**

Based on our analysis of Part B claims data for local carriers, the percent of modifier reporting is as follows:

No modifiers – 69%  
First modifier only – 27%  
First and second modifiers – 4%

Based on our analysis of Part B claims data for DMERCs, the percent of modifier reporting is as follows:

No modifiers – 15%  
First modifier only – 51%  
First and second modifiers only – 24%  
First, second and third modifiers only – 9%  
First, second, third and fourth modifiers only – .7%

### **BETOS**

BETOS Category M5A (Specialist - Pathology) has been eliminated. All of the HCPCs under this category have been moved to T1G (Lab Test-other Medicare Physician Fee Schedule). M5A has not been updated properly over the last several years. Coding Specialists have been putting new HCPCs in this category into the T1G Category; therefore, we felt it wise to move all of the existing M5A codes to T1G.

### **HPSA/SCARCITY Bonus Payment Reporting**

Beginning in 2005, there was a new HPSA/Scarcity Bonus payment indicator established. If the indicator came in on the claim with a 1 (HPSA), then the modifier “QU” was put into the mod1 field. If the indicator came in with a 2 (Scarcity), then the modifier “AR” was put into the mod1 field. If the indicator came in with a 3 (Both), then the modifiers “QU” and “AR” were to be put into the mod1 and mod2 fields respectively. However, due to a programming error under the both condition, the modifiers were not put into mod1 and mod2. The second modifier was being deleted or the “AR” was replacing “QU”. Because of the

## 2005 Physician/Supplier Procedure Master Summary File Limitations

unreliability of this data for 2005, users should access the NCH data for HPSA/Scarcity analyses. This problem has been fixed for 2006 data.

For 2005 data, a modifier “AR” represents a Scarcity bonus payment and a modifier AQ, QU or QB represents a HPSA bonus payment.

### **DEMO Claims**

From time to time, CMS conducts demonstration cases. Demonstration claims are not included in BESS data, however, they are a part of the National Claims History.

## APPENDIX 1

## 2005 PART B CARRIERS

00510	ALABAMA	00835	OREGON
00511	GEORGIA	00836	WASHINGTON
00512	MISSISSIPPI	00865	PENNSYLVANIA
00520	ARKANSAS	00880	SOUTH CAROLINA
00521	NEW MEXICO	00882	RAILROAD
00522	OKLAHOMA	00883	OHIO
00523 *	MISSOURI	00884	WEST VIRGINIA
<b>00524</b>	<b>RHODE ISLAND</b>	00885 +	SOUTH CAROLINA (REG C)
00528	LOUISIANA	00900	TEXAS
00590	FLORIDA	00901	MARYLAND
00591	CONNECTICUT	00902	DELAWARE
00630	INDIANA	00903	DISTRICT OF COLUMBIA
00635 +	INDIANA (REG B)	00904	VIRGINIA
00650	KANSAS	00910	UTAH
00655	NEBRASKA	00951	WISCONSIN
00660	KENTUCKY	00952	ILLINOIS
00740 *	MISSOURI	00953	MICHIGAN
00751	MONTANA	00954	MINNESOTA
00801 *	WESTERN NEW YORK	00973	PUERTO RICO/VIRGIN ISLAND
00803 *	EMPIRE NEW YORK	05130	IDAHO
00805	NEW JERSEY	05440	TENNESSEE
00811 +	CONNECTICUT (REG A)	05535	NORTH CAROLINA
00820	NORTH/SOUTH DAKOTA	05655 +	TENNESSEE (REG D)
00824	COLORADO	14330 *	GHI/NEW YORK
00825	WYOMING	31140 *	NORTHERN CALIFORNIA
00826	IOWA	31142	MAINE
00831	ALASKA	31143	MASSACHUSETTS
00832	ARIZONA	31144	NEW HAMPSHIRE
00833	HAWAII/GUAM	31145	VERMONT
00834	NEVADA	31146 *	SOUTHERN CALIFORNIA

\* Multi Carrier State

**BOLD** – New Carrier Number

+ DMERC

APPENDIX 2

HISTORY OF PART B CARRIERS

Sorted by State X=Active

STATE	CARRIER	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	CARRIER
AK	00831											X	X	X	X	X	X	X	X	00831
AK	01020	X	X	X	X	X	X	X	X	X	X									01020
AL	00510	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00510
AR	00520	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00520
AZ	00832											X	X	X	X	X	X	X	X	00832
AZ	01030	X	X	X	X	X	X	X	X	X	X									01030
CA(N)*	00542	X	X	X	X	X	X	X	X	X										00542
CA(N)*	31140										X	X	X	X	X	X	X	X	X	31140
CA(S)*	02050	X	X	X	X	X	X	X	X	X	X	X	X							02050
CA(S)*	31146													X	X	X	X	X		31146
CO	00550	X	X	X	X	X	X	X												00550
CO	00824								X	X	X	X	X	X	X	X	X	X	X	00824
CT	03070																			03070
CT	10230	X	X	X	X	X	X	X	X	X	X	X	X	X						10230
CT	00591														X	X	X	X	X	00591
DC	00580	X	X	X	X	X	X	X	X	X	X									00580
DC	00903											X	X	X	X	X	X	X	X	00903
DE	00570	X	X	X	X	X	X	X	X	X	X									00570
DE	00902											X	X	X	X	X	X	X	X	00902
FL	00590	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00590
GA	00511											X	X	X	X	X	X	X	X	00511
GA	01040	X	X	X	X	X	X	X	X	X	X									01040
GA	13110																			13110
HI	00833											X	X	X	X	X	X	X	X	00833
HI	01120	X	X	X	X	X	X	X	X	X	X									01120
IA	00640	X	X	X	X	X	X	X	X	X	X	X								00640
IA	00826												X	X	X	X	X	X	X	00826
ID	05130	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	05130
IL	00621	X	X	X	X	X	X	X	X	X	X	X	X							00621
IL	00952												X	X	X	X	X	X	X	00952
IN	00630	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00630
KS	00650	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00650
KY	00660	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00660
LA	00528	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00528
LA	08190																			08190
MA	00700	X	X	X	X	X	X	X	X	X	X									00700
MA	31143											X	X	X	X	X	X	X	X	31143
MD	00690	X	X	X	X	X	X	X												00690
MD	00901								X	X	X	X	X	X	X	X	X	X	X	00901
ME	21200	X	X	X	X	X	X	X	X	X	X									21200
ME	31142											X	X	X	X	X	X	X	X	31142
MI	00623								X	X	X	X								00623
MI	00710	X	X	X	X	X	X	X												00710
MI	00953												X	X	X	X	X	X	X	00953
MN*	00720	X	X	X	X	X	X	X	X											00720
MN*	10240	X	X	X	X	X	X	X	X	X	X	X	X	X						10240
MN*	00954														X	X	X	X	X	00954

2005 Physician/Supplier Procedure Master Summary File Limitations

STATE	CARRIER	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	CARRIER
MO*	00740	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00740
MO*	00523												X	X	X	X	X	X	X	00523
MO*	11260	X	X	X	X	X	X	X	X	X	X	X								11260
MS	10250	X	X	X	X	X	X	X	X	X	X	X	X	X						10250
MS	00512														X	X	X	X	X	00512
MT	00751	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00751
N/SD	00820	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00820
NC	05535	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	05535
NC	13340																			13340
NE	00645																			00645
NE	00655	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00655
NE	12280																			12280
NH/VT	00770																			00770
NH/VT	00780	X	X	X	X	X	X	X	X	X	X									00780
NH	31144											X	X	X	X	X	X	X	X	31144
NJ **	00805													X	X	X	X	X	X	00805
NJ	00860	X	X	X	X	X	X	X	X	X	X	X								00860
NJ	13310																			13310
NM	00521											X	X	X	X	X	X	X	X	00521
NM	01360	X	X	X	X	X	X	X	X	X	X									01360
NM	05320																			05320
NV	00834											X	X	X	X	X	X	X	X	00834
NV	01290	X	X	X	X	X	X	X	X	X	X									01290
NY(E)*	00803	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00803
NY(G)*	14330	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	14330
NY(W)*	00801	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00801
OH	16360	X	X	X	X	X	X	X	X	X	X	X	X	X	X					16360
OH	00883																X	X	X	00883
OK	00522											X	X	X	X	X	X	X	X	00522
OK	01370	X	X	X	X	X	X	X	X	X	X									01370
OR	00835											X	X	X	X	X	X	X	X	00835
OR	01380	X	X	X	X	X	X	X	X	X	X									01380
PA	00865	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00865
PR/VI	00973	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00973
Reg B(IN)+	00635						X	X	X	X	X	X	X	X	X	X	X	X	X	00635
RegA(CT)+	10555						X	X	X	X	X	X	X							10555
RegA(CT)+	00811														X	X	X	X	X	00811
RegC(SC)+	00885						X	X	X	X	X	X	X	X	X	X	X	X	X	00885
RegD(TN)+	05655						X	X	X	X	X	X	X	X	X	X	X	X	X	05655
RI	00870	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00870
RI	00524																		X	00524
RR	10071	X	X	X	X	X	X	X	X	X	X	X	X							10071
RR	00882														X	X	X	X	X	00882
SC	00880	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00880
TN	05440	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	05440
TX	00900	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00900
UT	00910	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00910
VA	10490	X	X	X	X	X	X	X	X	X	X	X	X							10490
VA	00904														X	X	X	X	X	00904
VT	31145											X	X	X	X	X	X	X	X	31145

2005 Physician/Supplier Procedure Master Summary File Limitations

STATE	CARRIER	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	CARRIER
WA	00836											X	X	X	X	X	X	X	X	00836
WA	00930	X	X	X	X	X														00930
WA	00932						X													00932
WA	01390							X	X	X	X									01390
WI	00951	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00951
WV	16510	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				16510
WV	00884																X	X	X	00884
WY	00825			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00825
WY	05530	X	X																	05530

**HISTORY OF PART B CARRIERS**

Sorted by Carrier X=Active

STATE	CARRIER	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	CARRIER
AL	00510	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00510
GA	00511											X	X	X	X	X	X	X	X	00511
MS	00512														X	X	X	X	X	00512
AR	00520	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00520
NM	00521											X	X	X	X	X	X	X	X	00521
OK	00522											X	X	X	X	X	X	X	X	00522
MO*	00523												X	X	X	X	X	X	X	00523
RI	00524																	X	X	00524
LA	00528	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00528
CA(N)*	00542	X	X	X	X	X	X	X	X	X										00542
CO	00550	X	X	X	X	X	X	X												00550
DE	00570	X	X	X	X	X	X	X	X	X	X									00570
DC	00580	X	X	X	X	X	X	X	X	X	X									00580
FL	00590	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00590
CT	00591														X	X	X	X	X	00591
IL	00621	X	X	X	X	X	X	X	X	X	X	X								00621
MI	00623								X	X	X	X								00623
IN	00630	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00630
Reg B(IN)+	00635						X	X	X	X	X	X	X	X	X	X	X	X	X	00635
IA	00640	X	X	X	X	X	X	X	X	X	X									00640
NE	00645																			00645
KS	00650	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00650
NE	00655	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00655
KY	00660	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00660
MD	00690	X	X	X	X	X	X	X												00690
MA	00700	X	X	X	X	X	X	X	X	X	X									00700
MI	00710	X	X	X	X	X	X	X												00710
MN*	00720	X	X	X	X	X	X	X	X											00720
MO	00740	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00740
MT	00751	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00751
NH/VT	00770																			00770
NH/VT	00780	X	X	X	X	X	X	X	X	X	X									00780
NY(W)*	00801	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00801
NY(E)*	00803	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00803
NJ**	00805													X	X	X	X	X	X	00805
RegA(CT)+	00811														X	X	X	X	X	00811
N/SD	00820	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00820
CO	00824								X	X	X	X	X	X	X	X	X	X	X	00824
WY	00825			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00825
IA	00826													X	X	X	X	X	X	00826
AK	00831											X	X	X	X	X	X	X	X	00831
AZ	00832											X	X	X	X	X	X	X	X	00832
HI	00833											X	X	X	X	X	X	X	X	00833
NV	00834											X	X	X	X	X	X	X	X	00834
OR	00835											X	X	X	X	X	X	X	X	00835
WA	00836											X	X	X	X	X	X	X	X	00836
NJ	00860	X	X	X	X	X	X	X	X	X	X	X	X							00860
PA	00865	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00865

2005 Physician/Supplier Procedure Master Summary File Limitations

STATE	CARRIER	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	CARRIER
RI	00870	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		00870
SC	00880	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00880
RR	00882														X	X	X	X	X	00882
OH	00883																X	X	X	00883
WV	00884																X	X	X	00884
RegC(SC)+	00885						X	X	X	X	X	X	X	X	X	X	X	X	X	00885
TX	00900	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00900
MD	00901								X	X	X	X	X	X	X	X	X	X	X	00901
DE	00902											X	X	X	X	X	X	X	X	00902
DC	00903											X	X	X	X	X	X	X	X	00903
VA	00904														X	X	X	X	X	00904
UT	00910	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00910
WA	00930	X	X	X	X	X														00930
WA	00932						X													00932
WI	00951	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00951
IL	00952													X	X	X	X	X	X	00952
MI	00953													X	X	X	X	X	X	00953
MN*	00954													X	X	X	X	X	X	00954
PR/VI	00973	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00973
AK	01020	X	X	X	X	X	X	X	X	X	X									01020
AZ	01030	X	X	X	X	X	X	X	X	X	X									01030
GA	01040	X	X	X	X	X	X	X	X	X	X									01040
HI	01120	X	X	X	X	X	X	X	X	X	X									01120
NV	01290	X	X	X	X	X	X	X	X	X	X									01290
NM	01360	X	X	X	X	X	X	X	X	X	X									01360
OK	01370	X	X	X	X	X	X	X	X	X	X									01370
OR	01380	X	X	X	X	X	X	X	X	X	X									01380
WA	01390							X	X	X	X									01390
CA(T)*	02050	X	X	X	X	X	X	X	X	X	X	X	X	X						02050
CT	03070																			03070
ID	05130	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	05130
NM	05320																			05320
TN	05440	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	05440
WY	05530	X	X																	05530
NC	05535	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	05535
RegD(TN)+	05655						X	X	X	X	X	X	X	X	X	X	X	X	X	05655
LA	08190																			08190
RR	10071	X	X	X	X	X	X	X	X	X	X	X	X	X						10071
CT	10230	X	X	X	X	X	X	X	X	X	X	X	X	X						10230
MN*	10240	X	X	X	X	X	X	X	X	X	X	X	X	X						10240
MS	10250	X	X	X	X	X	X	X	X	X	X	X	X	X						10250
VA	10490	X	X	X	X	X	X	X	X	X	X	X	X	X						10490
RegA(CT)+	10555						X	X	X	X	X	X	X	X						10555
MO	11260	X	X	X	X	X	X	X	X	X	X	X								11260
NE	12280																			12280
GA	13110																			13110
NJ	13310																			13310
NC	13340																			13340
NY(G)*	14330	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	14330
OH	16360	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				16360

2005 Physician/Supplier Procedure Master Summary File Limitations

STATE	CARRIER	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	CARRIER
WV	16510	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				16510
ME	21200	X	X	X	X	X	X	X	X	X	X									21200
CA(N)*	31140										X	X	X	X	X	X	X	X	X	31140
ME	31142											X	X	X	X	X	X	X	X	31142
MA	31143											X	X	X	X	X	X	X	X	31143
NH	31144											X	X	X	X	X	X	X	X	31144
VT	31145											X	X	X	X	X	X	X	X	31145
CA(S)*	31146														X	X	X	X	X	31146

**APPENDIX 3**

**METHODOLOGY FOR DETERMINING NUMBER (FREQUENCY) OF SURGERIES AND PAYMENT AMOUNTS AND ALLOWED CHARGES (HCFA-1500 CLAIMS)**

The following methodology describes how the number (frequency) of services should be counted and how the payment amounts and allowed charges should be tabulated for surgeries (i.e., procedure codes falling in the CPT 4 range of 10000-69999).

- (1) Of the claims or procedure summary records with the codes above, include only those with Type of Service (TOS) code = 2 (surgery).
- (2) In order to avoid counting claims in addition to the global procedure and other claims which could erroneously inflate the frequency (i.e., there may be more than one TOS = 2 claim associated with the same surgery), the following exclusions need to be made for the claims counted in Step (1) above:

(A) Specialty Code 05 (Anesthesiology)

Exclude from the count the claims with Specialty Code 05 for Anesthesiology.

(B) Modifier 50 (Bilateral Procedure)

The bilateral modifier is used to indicate cases in which a procedure that can be performed on both sides of the body was, in fact, performed on both sides of the body on the same day. This modifier will not result in double payment for the procedure. The payment will be based on 150 percent of the global fee. Only one claim should be submitted for these services. The total number of services for such claims should be multiplied by 2 to avoid under-counting the services. The payment amounts and allowed charges for all such claims would not be altered.

(C) Modifier 55 (Post-Operative Care Only)

Exclude from the count the claims with modifier 55 (post-operative care). These claims represent post-operative care associated with the original surgery and, therefore, should not be included in the count. The payment amounts and allowed charges for these services, however, should be counted because they comprise a percentage of the global fee payment package (effective 1/92 with the Medicare Physician Fee Schedule).

(D) Modifier 56 (Pre-Operative Care Only)

Exclude from the count the claims with modifier 56 (pre-operative care). Similar to (B) above, these claims represent pre-operative care associated with the upcoming surgery and, therefore, should not be included in the count. The payment amounts and allowed charges for these services should be counted because they comprise a percentage of the global fee payment package (effective 1/92 with the Medicare Physician Fee Schedule).

(E) Modifier 62 (Two Surgeons)

You may want to include modifier 62 claims, counting the payment amount and allowed charges but dividing the services by 2. Such claims represent a circumstance where the skills of two surgeons (usually with different skills) may be required in the management of a specific surgical procedure. Since two claims would be submitted, each showing one service, the total number of services for such claims would be divided by 2 to avoid double-counting the services. The payment amounts and allowed charges for all such claims would be counted. (Each surgeon is paid for his/her services, but one payment is a percentage of the other. To divide the payment amounts/allowed charges in half would seriously under count the payment amounts/allowed charges.)

(F) Modifier 66 (Surgical Team)

Modifier 66 is used by physicians submitting claims for highly complex procedures (requiring the concomitant services of several physicians, often of different specialties) which are carried out under the "surgical team" concept. It is our understanding that all physicians involved in a team surgery submit individual claims for the team surgery. Because a surgical team may consist of any number of surgeons, we have no way of computing the number of services. Because all team surgeons could receive payment for team surgery, the payment amounts and allowed charges for all claims would be counted if modifier 66 claims are used in counting surgeries.

2005 Physician/Supplier Procedure Master Summary File Limitations

APPENDIX 4

2005 PHYSICIAN AND SUPPLIER PROCEDURE SUMMARY FILE  
 ERRANT ALLOWED CHARGES AS A PERCENT OF TOTAL ALLOWED CHARGES  
 LIMITATIONS

CARRIER	TOTAL ALLOWED CHARGES	ERRANT ALLOWED CHARGES	% OF ERRANT TO TOTAL
00510 - ALABAMA B/S	1,675,365,927	152,053	0.01
00511 - GEORGIA	2,522,209,414	97,093	0.00
00512 - MISSISSIPPI (ALABAMA B/S)	910,851,502	23,625	0.00
00520 - ARKANSAS B/S	1,012,505,407	2,061	0.00
00521 - NEW MEXICO	368,565,234	0	0.00
00522 - OKLAHOMA	1,050,693,533	0	0.00
00523 - MISSOURI (ARKANSAS B/S)	1,368,838,056	0	0.00
00524 - RHODE ISLAND B/S	271,071,294	0	0.00
00528 - LOUISIANA B/S	1,370,806,761	5,219	0.00
00590 - FLORIDA B/S	9,933,860,337	14,766	0.00
00591 - CONNECTICUT (FLORIDA B/S)	1,450,284,964	0	0.00
00630 - INDIANA B/S	2,029,047,236	0	0.00
00635 - DMERC B- ASSOCIATED INSURANCE	2,539,095,242	44,650	0.00
00650 - KANSAS B/S	747,581,562	0	0.00
00655 - NEBRASKA B/S	515,510,288	0	0.00
00660 - KENTUCKY B/S	1,494,825,417	0	0.00
00740 - WESTERN MISSOURI (KANSAS B/S)	576,985,422	15,487	0.00
00751 - MONTANA B/S	249,845,489	0	0.00
00801 - WESTERN NEW YORK B/S	1,623,104,927	0	0.00
00803 - GREATER NEW YORK B/S	4,934,477,659	15,127	0.00
00805 - NEW JERSEY (EMPIRE B/S)	3,988,304,494	8,408	0.00
00811 - DMERC A (WEST. NEW YORK B/S)	1,666,176,028	0	0.00
00820 - NORTH/SOUTH DAKOTA (ND B/S)	448,091,684	453	0.00
00824 - COLORADO	854,436,470	0	0.00
00825 - WYOMING B/S	100,322,281	0	0.00
00826 - IOWA (NORTH DAKOTA B/S)	812,833,546	457	0.00
00831 - ALASKA	121,762,545	0	0.00
00832 - ARIZONA	1,684,165,048	0	0.00
00833 - HAWAII	237,400,640	0	0.00
00834 - NEVADA	611,797,938	632	0.00
00835 - OREGON	662,771,881	0	0.00
00836 - WASHINGTON	1,540,629,631	0	0.00
00865 - PENN. (HGSADMINISTRATORS)	4,104,426,820	1,370	0.00
00880 - SOUTH CAROLINA B/S	1,467,400,596	0	0.00
00882 - RRB - SOUTH CAROLINA PGBA	1,173,134,912	13,660	0.00
00883 - OHIO (SOUTH CAROLINA B/S)	3,718,480,599	0	0.00
00884 - W. VIRGINIA (SOUTH CAROLINA B/S)	629,225,704	6,150	0.00
00885 - DMERC C (SOUTH CAROLINA B/S)	5,067,004,900	444,734	0.01
00900 - TEXAS B/S	6,771,970,319	7,052	0.00
00901 - MARYLAND (TEXAS B/S)	1,420,169,461	848,412	0.06
00902 - DELAWARE (TEXAS B/S)	335,439,244	0	0.00
00903 - DISTRICT OF COLUMBIA (TX B/S)	1,043,278,971	15,603	0.00
00904 - VIRGINIA (TEXAS B/S)	1,744,215,645	0	0.00
00910 - UTAH B/S	467,138,837	0	0.00
00951 - WISCONSIN B/S	1,456,205,731	3,956	0.00
00952 - ILLINOIS (WISC PHY SERV)	3,756,864,049	64,693	0.00
00953 - MICHIGAN (WISC PHYS SERV)	3,888,537,904	6,801	0.00
00954 - MINNESOTA (WISC PHYS SERV)	1,109,545,644	0	0.00
00973 - PUERTO RICO B/S	762,861,776	278	0.00
05130 - IDAHO (EQUICOR)	274,656,465	1,833	0.00
05440 - TENNESSEE (EQUICOR)	2,239,439,822	45,058	0.00
05535 - NORTH CAROLINA (EQUICOR)	2,881,128,934	65,291	0.00
05655 - DMERC D (CIGNA)	2,249,078,230	485	0.00
14330 - NEW YORK GROUP HEALTH	452,287,858	4,098	0.00
31140 - N. CALIFORNIA B/S	3,859,938,867	100,777	0.00
31142 - MAINE	406,921,790	5,128	0.00
31143 - MASSACHUSETTS	2,069,167,658	2,135,022	0.10
31144 - NEW HAMPSHIRE	324,712,958	446	0.00
31145 - VERMONT	148,657,989	0	0.00
31146 - S. CALIFORNIA (NHIC)	4,933,963,259	27,771	0.00
=====	=====	=====	=====
	108,130,072,799	4,178,649	0.21

**APPENDIX 5**

**METHODOLOGY FOR CODING NUMBER OF SERVICES,  
MILES/TIME/UNITS/SERVICES (MTUS) AND MTUS INDICATOR FIELDS**

The following instructions should be used as a guide for coding the number of services, Miles/Time/Units/Services (MTUS) and MTUS indicator fields on the Part B Physician/Supplier Claim. These fields are documented in the HCFA National Claims History Data Dictionary as CWFB\_SRVC\_CNT, CWFB\_MTUS\_CNT, and CWFB\_MTUS\_IND\_CD, respectively. Services not falling into examples A, B, D, or E should be coded as shown in example C (services/pricing units).

A. No Allowed Services – (CWFB\_MTUS\_IND\_CD = 0)

For procedures reporting no allowed services, the following examples should be used to code the line item:

A total of 2 visits were reported for HCPCS code 99211: Office or other outpatient visit for the management of an established patient. Both services were denied.

Number of services: 2 (furnished)  
MTUS (services): 0 (allowed)  
MTUS indicator: 0

B. Ambulance Miles - (CWFB\_MTUS\_IND\_CD = 1)

For procedures reporting ambulance miles, the following examples should be used to code the line item:

Mileage Reporting: A total of 10 miles (1 trip) was reported for HCPCS code A0425: Ground mileage, per statute mile.

Number of services: 10  
MTUS miles: 10  
MTUS indicator: 1

B. Anesthesia Time Units - (CWFB\_MTUS\_IND\_CD = 2)

For procedures reporting anesthesia time units in 15-minute periods or fractions of 15-minute periods, the following example should be used to code the line item:

A total of 1 allowed service is reported for HCPCS code 00142: Anesthesia for procedures on eye; lens surgery. The anesthesiologist attended the patient for 35 minutes.

Number of services: 1  
MTUS (time units): 23 (one decimal point implied) \*  
MTUS indicator: 2

## 2005 Physician/Supplier Procedure Master Summary File Limitations

\* 2 15-minute periods + 1/3 of a 15-minute period equals 2.3

### C. Services/Pricing Units - (CWFB\_MTUS\_IND\_CD = 3)

For procedures reported as a service or pricing unit, the following examples should be used to code the line item:

A total of 2 visits were reported for HCPCS code 99211: Office or other outpatient visit for the management of an established patient.

Number of services: 2  
MTUS (services): 2  
MTUS indicator: 3

A total of 500 milligrams was administered for HCPCS code J0120: Injection, Tetracycline, up to 250 mg.

**NOTE: The number of milligrams should not be reported in the service or MTUS fields. Instead, report the number of pricing units. In this case, up to 250 mg equals 1 unit/service. Thus, 500 mg equals 2 units/services.**

Number of services: 2  
MTUS (services): 2  
MTUS indicator: 3

A total of 24 cans were purchased, each containing 300 calories for HCPCS code B4150: Enteral Formulae, 100 calories.

**NOTE: The number of calories should not be reported in the services or MTUS fields. Instead, report the number of pricing units. In this case, 100 calories equals 1 unit/service. Thus, 24 cans \* 300 calories / 100 calories equals 72 units/services.**

Example: 24 cans \* 300 calories per can / 100 (pricing unit) = 72 pricing units

Number of service: 72  
MTUS (services): 72  
MTUS indicator: 3

### **OTHER TYPES OF PROCEDURES IN CATEGORY C ARE:**

<u>HCPCS*</u>	<u>DESCRIPTION</u>	<u>PRICING UNITS</u>
A codes	Kits Syringes Ostomy supplies Bandages	Each

2005 Physician/Supplier Procedure Master Summary File Limitations

	Etc.	
B codes	Enteral Formulae Parenteral Nutrition	Number of calories=1 unit Number of milliliters=1 unit
J codes	Dosages	Number of milligrams=1 unit Number of milliliters=1 unit
K codes	Tablets Dressings Gauze pads Etc.	Each, milliliters, ounces

\* Not all codes in these ranges are reported as these pricing units. Refer to the HCPCS description of the code to determine pricing unit.

D. Oxygen Services - (CWFB\_MTUS\_IND\_CD = 4)

For procedures reporting oxygen units, the following example should be used to code the line item:

A total of 2 allowed services were reported for HCPCS code E0441: Oxygen contents, gaseous, 1 month's supply = 1 unit. The claim reported a 2 month's supply of oxygen.

Number of services: 2  
MTUS: 2  
MTUS indicator: 4

E. Blood Services - (CWFB\_MTUS\_IND\_CD = 5)

For procedures reporting blood units, the following example should be used to code the line item:

A total of 6 units of blood (services) were furnished for HCPCS code P9010: Blood (whole), for transfusion, per unit. **Two units were denied.**

Number of services: 6 (furnished)  
MTUS (units): 4 (allowed)  
MTUS indicator: 5

**“WW” CODES AND DESCRIPTIONS**

<b><u>CODE</u></b>	<b><u>DESCRIPTION</u></b>
WW002	TEMOZOLOMIDE, 5 MG
WW003	TEMOZOLOMIDE, 250 MG
WW005	TEMOZOLOMIDE, 100 MG
WW006	TEMOZOLOMIDE, 20 MG
WW010	CYCLOPHOSPHAMIDE, 25 MG
WW011	CYCLOPHOSPHAMIDE, 50 MG
WW020	BUSULFAN, 2 MG
WW030	ETOPOSIDE, 50 MG
WW040	METHOTREXATE, 2.5 MG
WW080	MELPHALAN, 2 MG
WW090	CAPECITABINE, 150 MG
WW093	CAPECITABINE, 500 MG
WW100	METHOTREXATE, 5 MG
WW101	METHOTREXATE, 7.5 MG
WW102	METHOTREXATE, 10 MG
WW103	METHOTREXATE, 15 MG
WW999	NCPDP Format

**CARRIER LOCALITY/STATE LOCALITY MAP  
FOR CLINICAL LABORATORY FEE SCHEDULE**

<u>CARRIER LOCALITY</u>	<u>STATE LOCALITY</u>
0051000	01 (ALABAMA)
0051100	02 (GEORGIA)
0051200	03 (MISSISSIPPI)
0052000	04 (ARKANSAS)
0052100	05 (NEW MEXICO)
0052200	06 (OKLAHOMA)
0052300	07 (MISSOURI GENERAL AMERICAN)
0052400	32 (RHODE ISLAND)
0052800	08 (LOUISIANA)
0059000	09 (FLORIDA)
0059100	10 (CONNECTICUT)
0063000	11 (INDIANA)
0065000	12 (KANSAS)
0065500	13 (NEBRASKA)
0066000	14 (KENTUCKY)
0074000	15 (MISSOURI)
0075100	16 (MONTANA)
0080100	17 (WESTERN NEW YORK)
0080300	18 (EMPIRE NEW YORK)
0080500	19 (NEW JERSEY)
0082001	20 (NORTH DAKOTA)
0082002	21 (SOUTH DAKOTA)
0082400	22 (COLORADO)
0082500	23 (WYOMING)
0082600	24 (IOWA)
0083100	25 (ALASKA)
0083200	26 (ARIZONA)
0083300	27 (HAWAII)
0083400	28 (NEVADA)
0083500	29 (OREGON)
0083600	30 (WASHINGTON STATE)
0086500	31 (PENNSYLVANIA)
0088000	33 (SOUTH CAROLINA)
0088300	34 (OHIO)
0088400	35 (WEST VIRGINIA)
0090000	36 (TEXAS)

2005 Physician/Supplier Procedure Master Summary File Limitations

<b><u>CARRIER LOCALITY</u></b>	<b><u>STATE LOCALITY</u></b>
0090100	37 (MARYLAND)
0090200	38 (DELAWARE)
0090300	39 (DISTRICT OF COLUMBIA)
0090400	40 (VIRGINIA)
0091000	41 (UTAH)
0095100	42 (WISCONSIN)
0095200	43 (ILLINOIS)
0095300	44 (MICHIGAN)
0095400	45 (MINNESOTA)
0097320	46 (PUERTO RICO)
0513000	47 (IDAHO)
0544000	48 (TENNESSEE)
0553500	49 (NORTH CAROLINA)
1433000	50 (NEW YORK GHI)
3114000	51 (NORTHERN CALIFORNIA)
3114200	52 (MAINE)
3114300	53 (MASSACHUSETTS)
3114400	54 (NEW HAMPSHIRE)
3114500	55 (VERMONT)
3114600	56 (SOUTHERN CALIFORNIA OCCIDENTAL)

## APPENDIX 8

**CARRIER LOCALITY/STATE LOCALITY MAP  
FOR PURCHASED DIAGNOSTIC TESTS**

<b><u>CARRIER LOCALITY</u></b>	<b><u>STATE LOCALITY</u></b>
0051000	A1 (ALABAMA)
0051101	A2 (ATLANTA, GEORGIA)
0051199	A3 (REST OF GEORGIA)
0051200	J3 (MISSISSIPPI)
0052013	A4 (ARKANSAS)
0052105	A5 (NEW MEXICO)
0052200	A6 (OKLAHOMA)
0052301	A7 (METRO ST. LOUIS, MISSOURI)
0052399	A8 (REST OF MISSOURI)
0052401	E6 (RHODE ISLAND)
0052801	A9 (LOUISIANI)
0052899	B1 (REST OF LOUISIANA)
0059003	B2 (FT LAUDERDALE,FLORIDA)
0059004	B3 (MIAMI, FLORIDA)
0059099	B4 (REST OF FLORIDA)
0059100	J1 (CONNECTICUT)
0063000	B5 (INDIANA)
0065000	B6 (KANSAS)
0065500	B7 (NEBRASKA)
0066000	B8 (KENTUCKY)
0074002	B9 (METROPOLITAN KANSAS CITY)
0074099	C1 (REST OF MISSOURI)
0075101	C2 (MONTANA)
0080199	C3 (REST OF NEW YORK)
0080301	C4 (MANHATTAN, NY)
0080302	C5 (NYC SUBURBS/LONG ISLAND)
0080303	C6 (POUGHKPSIE/N NYC SUBURB)
0080501	C7 (NORTHERN NJ)
0080599	C8 (REST OF NEW JERSEY)
0082001	C9 (NORTH DAKOTA)
0082002	D1 (SOUTH DAKOTA)
0082309	G2 (UTAH)
0082401	D2 (COLORADO)
0082521	D3 (WYOMING)
0082600	D4 (IOWA)

2005 Physician/Supplier Procedure Master Summary File Limitations

<b><u>CARRIER LOCALITY</u></b>	<b><u>STATE LOCALITY</u></b>
0083101	D5 (ALASKA)
0083200	D6 (ARIZONA)
0083301	D7 (HAWAII/GUAM)
0083400	D8 (NEVADA)
0083501	D9 (PORTLAND, OR)
0083599	E1 (REST OF OREGON)
0083602	E2 (SEATTLE (KING CNTY), WA)
0083699	E3 (REST OF WASHINGTON)
0086501	E4 (METROPOLITAN PHILADELPHIA)
0086599	E5 (REST OF PENNSYLVANIA)
0088001	E7 (SOUTH CAROLINA)
0088300	J6 (OHIO)
0088416	J7 (WEST VIRGINIA)
0090009	E8 (BRAZORIA, TX)
0090011	E9 (DALLAS, TX)
0090015	F1 (GALVESTON, TX)
0090018	F2 (HOUSTON, TX)
0090020	F3 (BEAUMONT, TX)
0090028	F4 (FORT WORTH, TX)
0090031	F5 (AUSTIN, TX)
0090099	F6 (REST OF TEXAS)
0090101	F7 (BALTIMORE/SURR. CNTYS)
0090199	F8 (REST OF MARYLAND)
0090201	F9 (DELAWARE)
0090301	G1 (DC + MD/VA SUBURBS)
0090400	J4 (VIRGINIA)
0095100	G3 (WISCONSIN)
0095212	G4 (EAST ST LOUIS, IL)
0095215	G5 (SUBURBAN CHICAGO, IL)
0095216	G6 (CHICAGO, IL)
0095299	G7 (REST OF ILLINOIS)
0095301	G8 (DETROIT, MI)
0095399	G9 (REST OF MICHIGAN)
0095400	J2 (MINNESOTA)
0097320	H1 (PUERTO RICO)
0097350	H2 (VIRGIN ISLANDS)
0513000	H7 (IDAHO)
0544035	H8 (TENNESSEE)
0553500	H9 (NORTH CAROLINA)
1433004	J5 (QUEENS, NY)

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<b>CARRIER LOCALITY</b>	<b>STATE LOCALITY</b>
3114003	J8 (MARIN/NAPA/SOLANO, CA)
3114005	J9 (SAN FRANCISCO, CA)
3114006	K1 (SAN MATEO, CA)
3114007	K2 (OAKLAND/BERKLEY,CA)
3114009	K3 (SANTA CLARA, CA)
3114099	K4 (REST OF CALIFORNIA)
3114203	K5 (SOUTHERN MAINE)
3114299	K6 (REST OF MAINE)
3114301	K7 (METROPOLITAN BOSTON)
3114399	K8 (REST OF MASSACHUSETTS)
3114440	K9 (NEW HAMPSHIRE)
3114550	M1 (VERMONT)
3114617	H3 (VENTURA, CA)
3114618	H4 (LOS ANGELES, CA)
3114626	H5 (ANAHEIM/SANTA ANA, CA)
3114699	H6 (REST OF CALIFORNIA)