

Limited Data Set (LDS) for the Final Rule CY 2013 Ambulatory Surgical Center (ASC) Payment System

FILE DESCRIPTION

This file contains a summary of service utilization by ASC supplier and is derived from 2011 ASC line item level data, updated through June 2012, that is, line items for services furnished on or after January 1, 2011 through December 31, 2011 that were received, processed, paid, and passed to the National Claims History file by June 30, 2012. This file includes 724,096 records summarized first at the supplier level and then at the HCPCS level. This is a flat file that is available on DVD.

Requests for clarification of file description, layout, and definitions only can be accepted at (410) 786-2300.

FILE NAME

XR00.@TF5X.ASCPS11.LDS.FLAT.FINAL

FILE LAYOUT

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FIELD DEFINITIONS

HCPCS:

Healthcare Common Procedure Coding System (HCPCS) code for an item or service. Where appropriate, we revised HCPCS codes to reflect their current year (2012) status and description.

MODIFIER 1:

HCPCS code modifier applied to HCPCS procedure code to indicate variation from primary definition of procedure.

MODIFIER 2:

Second HCPCS code modifier applied in conjunction with primary modifier to HCPCS procedure code to indicate variation from primary definition of procedure.

ALLOWED CHARGES:

CY 2011 allowed charges represent the amounts used to calculate payment for billed procedures as determined by Medicare contractor. For ASCs, allowed charges typically are the total wage-adjusted payment for a service in a specific geographic area, and include both the Medicare program payment and beneficiary copayment. Allowed charges values are represented in whole dollars with no cents.

ALLOWED SERVICES:

CY 2011 allowed services represent the number of procedures that the Medicare contractor allowed the supplier to bill. This number reflects total services and does not reflect application of the multiple procedure discount policy under the final CY 2013 ASC payment system.

CARRIER:

Medicare contractor that processes claims for ASC.

SUPPLIER NPI NUMBER:

National provider identifier assigned by Medicare contractor for billing purposes.

SUPPLIER COUNTY:

County level SSA designation for supplier based on geographic location of facility.

SUPPLIER STATE:

State level SSA designation for supplier based on geographic location of facility.

SUPPLIER STATE ABBREV:

State abbreviation.

CBSA:

Core based statistical area used to assign wage index for adjustment of differences in labor costs.

WAGE INDEX:

Final CY 2013 pre floor and pre reclassification wage index.

DISCOUNTED ALLOWED SERVICES:

CY 2011 allowed services represent the number of procedures that Medicare contractor allowed the supplier to bill. This number reflects application of the multiple procedure discount policy under the final CY 2013 ASC payment system.