Medicare Provider Utilization and Payment Data

Physician and Other Supplier PUF: Frequently Asked Questions
Updated: May 23, 2019

Is the allowed amount in the Physician and Other Supplier PUF the amount that a Medicare beneficiary actually pays for the service?

No. This figure includes 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. For most services, beneficiaries are responsible for a cost sharing amount for services furnished under Medicare Part B. After meeting the deductible, beneficiaries paid 20 percent of the allowed amount for the service. Some beneficiaries have supplemental coverage that covers their share of the cost of each service. The Medicare payment amount, also provided in the Physician and Other Supplier PUF, reflects only the amount that Medicare pays and excludes any amounts that the beneficiary and/or third party are responsible for paying.

Does anyone actually pay the submitted charges in the Physician and Other Supplier PUF?

In the private market, patients with comprehensive coverage often do not pay full charges because insurance companies negotiate better payment rates for their policy holders. Conversely, individuals with inadequate or no insurance coverage could be billed the full charge for the service or procedure. These individuals might not be able to take advantage of a lower payment rate negotiated by a private insurance company. The Medicare fee-for-service program sets payment rates for covered services.

Don't physicians have a privacy interest in the data in the Physician and Other Supplier PUF?

Prior to deciding to release physician payment information, as required by the FOIA and case law interpreting FOIA Exemption 6, CMS weighed the privacy interests of physicians and the public's interest in shedding light on Government activities and operations and has determined that the public's interest outweighs the privacy interests. For more information on this determination, please see CMS's letter to the AMA, available here: https://downloads.cms.gov/files/Madara_Final_Signed.pdf

What do I do if I think I've identified fraud in the Physician and Other Supplier PUF?

CMS is committed to the prevention and detection of fraud and abuse in the Medicare program and partners with numerous entities in this endeavor, including federal and state law enforcement agencies, the HHS Office of Inspector General, and the U.S. Department of Justice, among others. If you suspect a potential case of Medicare fraud or abuse, please visit https://www.medicare.gov/forms-help-and-resources/report-fraud-and-abuse/fraud-and-abuse.html for information on how to report it.

How are you protecting beneficiary privacy in the Physician and Other Supplier PUF?

CMS takes beneficiary privacy very seriously, and will not release any personally identifiable information about beneficiaries. To further protect beneficiary identities and safeguard this information, CMS has redacted all data elements from this file where the data element represents fewer than 11 beneficiaries.

What is the source for the Physician and Other Supplier PUF?

The data for the Physician and Other Supplier PUF are based upon CMS administrative claims data for Medicare beneficiaries enrolled in the fee-for-service program. Beginning with CY2014, data are available from the CMS Chronic Condition Data Warehouse (CCW), a database with 100% of Medicare enrollment and fee-for-service claims data. The prior years of the Physician and Other Supplier PUF (CY2012/CY2013) are based upon data from the National Claims History (NCH) Standard Analytic Files (SAFs), which are similar administrative data of 100% of Medicare final action claims for beneficiaries who are enrolled in the FFS program. We compared the two data sources for CY2013 and found that across all summary datasets the overall difference was .01% or less. For all Physician and Other Supplier PUF data years, provider demographics (name, credentials, gender, complete address and entity type) are included from the National Plan & Provider Enumeration System (NPPES). CMS developed the NPPES to assign unique identifiers, known as National Provider Identifiers (NPIs), to health care providers. The demographics information provided in the Physician and Other Supplier PUF was extracted from NPPES at the end of calendar year following the reporting year (e.g. for CY2017 reporting year, the NPPES data was extracted at the end of calendar year 2018). Prior years of the Physician and Other Supplier PUF (CY2012/CY2013) are based upon information extracted from NPPES at the end of calendar year 2014. For additional information on NPPES, please visit https://nppes.cms.hhs.gov/.

How did CMS calculate the values in the Physician and Other Supplier PUF?

The spending and utilization data in the Physician and Other Supplier PUF is aggregated to the following: the NPI for the performing provider, the Healthcare Common Procedure Coding System (HCPCS) code, and the place of service (either facility or non-facility). There can be multiple records for a given NPI based on the number of distinct HCPCS codes that were billed and where the services were provided. Data has been aggregated based on the place of service because separate fee schedules apply based on whether the place of service submitted on the claim is facility or non-facility. The provider NPI is the numeric identifier registered in NPPES. HCPCS codes are used to identify medical services and procedures furnished by physicians and other health care professionals and 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 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 included in the ZIP folder with the Physician and Other Supplier PUF. For additional information on HCPCS codes, visit http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html

When I open the Physician and Other Supplier PUF in Excel, I get an error, why?

The Physician and Other Supplier PUF contains over 9 million lines of data. As a result, this file is too large to be opened in Excel and must be imported into a large data analysis software tool. However, to facilitate the use of data, CMS has released Excel versions of the Physician and Other Supplier PUF but, the files are split by the last name of the provider.

Does the Physician and Other Supplier PUF contain information for beneficiaries in Medicare Advantage or Medicaid?

No, the Physician and Other Supplier PUF only includes claims submitted under the Medicare fee-for-service program. The file does not include claims from commercial payers or Medicaid.

Can I link the Physician and Other Supplier PUF to other data CMS releases or other public data?

When linking data from this file to other public datasets, please be aware of the particular Medicare populations included and timeframes used in each file that will be merged. For example, efforts to link the Physician and Other Supplier PUF data to Part D prescription drug data would need to account for the fact that some beneficiaries who have FFS Part B coverage (and are thus included in the Physician and Other Supplier PUF) do not have Part D drug coverage (and thus not represented in Part D data files). At the same time, some beneficiaries that have Part D coverage (and are thus included in the Part D data) do not have FFS Part B coverage (and thus not included in the Physician and Other Supplier PUF). Another example would be linking to data constructed from different or non-aligning time periods, such as publically available data on physician referral patterns, which is based on an 18-month period.

Why hasn't CMS included information on quality in the Physician and Other Supplier PUF?

CMS has started publishing quality of care ratings for Group Practices on Physician Compare at http://www.medicare.gov/physiciancompare/. Ratings for individual physicians and other healthcare professionals will be added in the future.

Does the Physician and Other Supplier PUF include non-physician practitioners, such as nurse practitioners?

Yes, you can filter on the "provider_type" variable to identify specific provider types such as nurse practitioners.

Can I access patient demographic information for any of the Medicare Provider Utilization and Payment Data files?

Patient demographic information and health characteristics are included in the NPI summary "Medicare Physician and Other Supplier Aggregate Table".

If I publish findings from the Medicare Provider Utilization and Payment Data in medical journals do I need to obtain permission from CMS?

No, this data is public information and users are free to use the data in publications. Please remember that CPT codes, descriptions and other data only are copyright American Medical Association. If the user intends to re-release the Physician and Other Supplier data in publications, then it is the user's responsibility to contact the AMA for guidance on releasing copyright information. For information regarding the AMA copyright, the user should visit the AMA copyright webpage: https://www.ama-assn.org/practice-management/cpt-current-procedural-terminology.

Does the average Medicare payment amount field in the Physician and Other Supplier PUF need to be adjusted?

No, the average_Medicare_payment_amt represents the average amount that Medicare paid after deductible and coinsurance amounts have been deducted for the given line item service. However, please note that Medicare pays differently when services are provided in a facility setting versus a freestanding physicians' office (or other non-facility setting). When services are delivered in a facility setting, Medicare makes two payments, one for the physician's professional fee and one for the facility. For services delivered in a facility (place_of_service ="F"), the data in the Physician and Other Supplier PUF only represents the physician's professional fee and does not include the facility payment. On the other hand, for services delivered in a non-facility setting, such as a physician's office (place_of_service ="O"), the Physician and Other Supplier PUF represents the complete payment for the service.

Payments for services often include different components that vary by place of service, which of these components are included in the reported physician payments in the Physician and Other Supplier PUF?

The average_Medicare_payment_amt represents the average amount that Medicare paid after deductible and coinsurance amounts have been deducted for the given line item service. For services delivered in a non-facility setting, such as a physician's office (place_of_service ="O"), the Physician and Other Supplier PUF represents the complete payment for the service or the global payment. For services delivered in a facility (place_of_service ="F"), the data in the Physician and Other Supplier PUF only represents the physician's professional fee and does not include any payments to the facility.

How does Medicare pay for services delivered by non-participating providers?

For services and procedures performed by non-participating fee-for service providers (i.e., those providers who opt out of Medicare assignment), the total Medicare allowed amounts for servicers and procedures are slightly lower (5% lower) compared to Medicare allowed amounts for participating providers. However, while participating providers can only charge Medicare beneficiaries a coinsurance amount up to 20% of the Medicare allowed amount, non-participating providers can charge beneficiaries the 20% coinsurance plus an additional amount up to a total of 115% of their reduced allowed amount (this is referred to as the limiting charge portion). If you are a beneficiary who has Original Medicare, the law requires doctors and suppliers to file Medicare claims for covered services .

Can I use the data in the Physician and Other Supplier PUF to create graphics, applications, or tools?

Yes, this data is public information. Please remember that CPT codes (numeric HCPCS codes), descriptions and other data only are copyright American Medical Association. For more information on the AMA copyright visit: https://www.ama-assn.org/practice-management/cpt-current-procedural-terminology.

In the Physician and Other Supplier PUF what is the definition for the "line_srvc_cnt" variable?

The "line_srvc_cnt" reflects the number of services provided and is based off the units count from the claim lines.

In the Physician and Other Supplier PUF what is the definition for the bene_day_srvc_cnt variable?

The bene_day_srvc_cnt is the 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. While not exact, this variable is a proxy for a count of visits.

In the Physician and Other Supplier PUF, how are averages calculated for the average_Medicare_allowed_amt, average_submitted_chrg_amt, average_Medicare_payment_amt, and average_Medicare_standardized_amt variables?

The average payment and charge variables reflect the total payments or charges for a given HCPCS code/place of service divided by the line_srvc_cnt (i.e., the number of services provided).

The documentation for the Physician and Other Supplier PUF indicates that for the "line_srvc_cnt" the metrics used to count the number provided can vary from service to service. Is there a way to get more information on how the metric varies?

Service counts may be calculated in different ways. For most physician services, the line_srvc_cnt reflects the actual count of "events". However, in some cases, the line_srvc_cnt reflects something other than the number of individual services. For ambulance claims, the line_srvc_cnt reflects the number of miles. For Part B drugs, the line_srvc_cnt reflects the weight or volume of the drug. In addition, multiple procedures may at times be bundled and billed as a single procedure (e.g., anesthesia bundled with cataract surgery). With these bundled procedures, there can be wide variation in the number reflected in the line_srvc_cnt.

Do the average submitted charges in the Physician and Other Supplier PUF for services delivered in a facility reflect the charges for both the physician and the facility?

When services are delivered in a facility setting, Medicare makes two payments, one for the physician's professional fee and one for the facility. The professional fee and the facility fee are generally billed independently – the professional fee is billed on a non-institutional claim and the facility fee is billed on an institutional claim. Since the payment data in the Physician and Other Supplier PUF only includes Part B non-institutional claims, the facility portion of the service is generally not included in this data. However, Ambulatory Surgical Center facility fees are submitted on non-institutional claims and are reflected in the Physician and Other Supplier PUF.

Do Medicare payments associated with drug services include payment of the drug and injection of the drug in Physician and Other Supplier PUF?

Payment for part B drugs does not include payment for services such as injections that may be necessary to administer the drugs. It is payment for the drug only.

My physician has two practice locations. Can I use the Physician and Other Supplier PUF to figure out the total amount paid to her for each location?

No, the Physician and Other Supplier PUF does not allow users to distinguish between services delivered at different practice locations.

What is the population included in the Physician and Other Supplier PUF?

The Physician and Other Supplier PUF includes data for providers that had a valid NPI and submitted Medicare Part B non-institutional claims (excluding DME) during the calendar year. To protect the privacy of Medicare beneficiaries, any aggregated records which are derived from 10 or fewer beneficiaries are excluded from the Physician and Other Supplier PUF.

For each HCPCS code (particularly the ones that start with J for drugs), does the variable average_submitted_chrg_amt reflect the total number of units billed or per unit?

The average submitted charge is derived by dividing total submitted charges by the total of line service count (line_srvc_cnt). The type of unit and quantity of unit reflected in the line_srvc_cnt vary depending on the type of service. The line_srvc_cnt units may represent minutes for psychotherapy and evaluation and management services, milligrams for injectable drugs, miles for travel services, etc. The description associated with the HCPCS code generally provides information on the type of unit and the quantity of the unit that make up a single service count.