

Part B Physician/Supplier Dashboard^{BETA} Frequently Asked Questions (FAQs)

Q: How are Allowed Charges and Payments rounded in the dashboard?

A: All Allowed Charges and Payments are rounded to the nearest dollar in the dashboard. This means that any values under \$.50 will be rounded down to \$0.

Q: What does it mean when there is an “*” displayed for Allowed Services?

A: An “*” means that the data cannot be disclosed due to Privacy rules.

Q: Why does my Web Browser crash or the Dashboard is not displayed when I click on the link to view Part B Physician/Supplier Dashboard^{BETA}?

A: The dashboard uses the flash player version installed on your computer and requires version 10.1 or higher. Click [here](#) to download the latest version of Adobe Flash Player.

Q: How can I report a problem, ask a question, or make a suggestion about the Part B Physician/Supplier Dashboard^{BETA}?

A: To report a problem, ask a question, or submit feedback, please use the Submit Feedback link found at the bottom of the Overview Page.

Q: What is the difference between Level I and Level II HCPC codes?

- **Level I** consists of the American Medical Association's Current Procedural Terminology (CPT) and is numeric.
- **Level II** codes are alphanumeric and primarily include non-physician services such as ambulance, durable medical equipment, prosthetic devices, orthotics, supplies, and other services not covered by CPT-4 codes (Level I). Level II alphanumeric procedure and modifier codes are a single alphabetical letter followed by 4 numeric digits; the first alphabetic letter is in the A to V range. Level II codes are maintained by the US Centers for Medicare and Medicaid Services (CMS).

Q: Is the data in the Part B Physician/Supplier Dashboard^{BETA} based on final action claims?

A: The information in the dashboard are final action claims for physician and supplier services rendered to Medicare beneficiaries during the calendar year and processed by the Medicare carriers, or Medicare Administrative Contractors (MAC), through June 30th the following year.

Q. Is there potential for duplicate services when components bill separately?

A: Yes, the potential is there, in particular for those services where there the Technical Component (TC) and the professional component bill for the same service. We suggest going to the data.gov website where the **Part B National Carrier Summary** files are displayed for each year:

<http://www.data.gov/raw/1977> - 2006

<http://www.data.gov/raw/1976> - 2007

<http://www.data.gov/raw/1470> - 2008

The datasets allow users to view HCPCs by modifiers to establish a meaningful count of allowed services when there is a TC and professional component billing.

Q. Is the data in the Part B Physician/Supplier Dashboard ^{BETA} based on the State of the Provider or the State of the Beneficiary?

A. The data is based on the state of the Provider.

Q. What is the data source used to populate this dashboard?

A. The aggregate data came from the National Claims History database.

Q: How can I see the data that is used in the Part B Physician/Supplier Dashboard ^{BETA}?

A: You can download the data used in the Part B Physician/Supplier Dashboard. To do so, go to the Downloads section of the web page, and right-click on **Dashboard Detailed Data in Excel**. Select **Save As...** to save the files to your computer.

Q: Are there any additional CMS data sets (Medicaid utilization, Medicare fee-for-service stats, etc.) in dashboard format?

A: Currently, the Medicare Inpatient Hospital, Medicare Prescription Drug Benefit, and Medicare Enrollment Dashboards are available at <http://www.cms.gov/Dashboard/>. There are future plans to release dashboards focusing on Medicare Spending, Total BENE, Fraud & Abuse, etc. Be sure to check the website periodically for new releases.