

## Ambulatory Surgical Center Analytic File for the July 2007 Final Rule for the Revised ASC Payment System

### File Layout for Surgical Procedures

This analytical file contains data on surgical procedures used to estimate the CY 2008 ASC conversion factor and payment rates in the July 2007 final rule for the revised ASC payment system. The data come from various sources, including the CY 2007 Medicare Physician Fee Schedule addendum B, the CY 2007 outpatient prospective payment system (OPPS) addendum B and other internal files developed under the OPPS/ASC payment systems that are used in the calculation of the conversion factor. Included in this file are all surgical procedures that are separately payable in ASCs in CY 2008, as well as any surgical procedures that were separately payable in ASCs in CY 2007 but would receive packaged payment in CY 2008 based on the July 2007 final rule.

Note: As indicated in the July 2007 final rule, the CY 2008 ASC conversion factor and payment rates estimated in the July 2007 final rule are meant only to be illustrative of the final policies of the revised ASC payment system. The CY 2008 ASC conversion factor and payment rates will be proposed in the CY 2008 OPPS/ASC proposed rule, and finalized in the CY 2008 OPPS/ASC final rule.

Column.	Title	Description
A	CPT/HCPCS	This is the CPT or alphanumeric HCPCS number for the procedure.
B	Short Description	This is a short description of the service denoted by the CPT/HCPCS code.
C	ASC Payment Indicator <sup>1</sup>	This indicator categorizes the CPT/HCPCS code by type of service, how the service is paid under the revised ASC payment system, and whether for surgical procedures the code was on the ASC list of covered surgical procedures in CY 2007 or whether it is newly added for CY 2008.
D	CY 2007 ASC Payment Rate	This column shows payment rates for approved services under the former ASC system. Field is blank for those services that were not paid in ASCs in CY 2007.
E	CY 2007 Medicare Physician Fee Schedule (MPFS) transitional non-facility practice expense RVUs	These are the MPFS CY 2007 transitional practice expense (PE) RVUs for non-facility settings. Field is blank for those CPT/HCPCS codes that are not listed in the MPFS Addendum B.
F	CY 2007 MPFS fully implemented non-facility practice expense RVUs	These are the MPFS fully implemented PE RVUs for non-facility settings based on the CY 2007 MPFS final rule. Field is blank for those CPT/HCPCS codes that are not listed in the MPFS Addendum B.

G	CY 2007 MPFS transitional facility practice expense RVUs	These are the MPFS CY 2007 transitional PE RVUs for facility settings. Field is blank for those CPT/HCPCS codes that are not listed in the MPFS Addendum B.
H	CY 2007 MPFS fully implemented facility practice expense RVUs	These are the MPFS fully implemented PE RVUs for facility settings based on the CY 2007 MPFS final rule. Field is blank for those CPT/HCPCS codes that are not listed in the MPFS Addendum B.
I	CY 2007 OPSS Relative Payment Weight	CY 2007 relative payment weight under the OPSS.
J	CY 2007 OPSS Payment Rate	CY 2007 payment rates under the OPSS.
K	CY 2007 OPSS Beneficiary Coinsurance	CY 2007 beneficiary coinsurance under the OPSS.
L	CY 2007 OPSS Discount Factor	This is an adjustment applied to payment under the OPSS for services that are terminated prior to anesthesia, that are assigned to OPSS status indicator "T" for which the multiple procedure reduction applies (i.e. when multiple "T" status procedures are performed in the same encounter), or that are bilateral. All procedures for which the adjustment does not apply are assigned a value of 1 in this field.
M	CY 2007 Device Offset percentage	The offset percentage represents the approximate percent of the APC payment that is attributable to device costs. It is equal to one minus the ratio of the APC median excluding device costs divided by the APC median including device costs. It is calculated only for device dependent APCs. All procedures that do not have a device offset percentage are assigned a value of 0 in this field.
N	CY 2005 OPSS units	CY 2005 Utilization in units from 2005 OPSS claims data.
O	CY 2005 ASC allowed services	CY 2005 allowed services as reported in BESS (Part B Extract Summary Statistics); Place of service: 24 (ASC)
P	CY 2005 MPFS in office allowed services	CY 2005 allowed services as reported in BESS (Part B Extract Summary Statistics); Place of service: 11 (physician office).

<sup>1</sup> See 2007 ASC payment indicator table below

### File Layout for Ancillary Services

This analytical file for ancillary services contains data used to estimate the CY 2008 ASC payment rates for ancillary services in the July 2007 final rule. The data come from various sources, including the CY 2007 Medicare Physician Fee Schedule addendum B and the CY 2007 proposed Outpatient Prospective Payment System (OPPS) addendum B. This file includes ancillary services that would be separately payable in ASCs in CY 2008 based on the July 2007 final rule, and does not include ancillary services that would receive packaged payment in ASCs in CY 2008 based on the July 2007 final rule.

Note: As indicated in the July 2007 final rule, the ASC conversion factor and CY 2008 ASC payment rates estimated in the July 2007 final rule are meant only to be illustrative of the final policies of the revised ASC payment system. The CY 2008 ASC conversion factor and payment rates will be proposed in the CY 2008 OPPS/ASC proposed rule, and finalized in the CY 2008 OPPS/ASC final rule.

Column.	Title	Description
A	CPT/HCPCS	This is the CPT or alphanumeric HCPCS number for the procedure.
B	Short Description	This is a short description of the service denoted by the CPT/HCPCS code.
C	ASC Payment Indicator <sup>1</sup>	This indicator categorizes the CPT/HCPCS code by type of service, how the service is paid under the revised ASC payment system, and whether for surgical procedures the code was on the ASC list of covered surgical procedures in CY 2007 or whether it is newly added for CY 2008.
D	CY 2007 Medicare Physician Fee Schedule (MPFS) transitional non-facility practice expense RVUs	These are the MPFS CY 2007 transitional practice expense (PE) RVUs for non-facility settings. Field is blank for those CPT/HCPCS codes that are not listed in the MPFS Addendum B.
E	CY 2007 MPFS fully implemented non-facility practice expense RVUs	These are the MPFS fully implemented PE RVUs for non-facility settings based on the CY 2007 MPFS final rule. Field is blank for those CPT/HCPCS codes that are not listed in the MPFS Addendum B.
F	CY 2007 MPFS transitional facility practice expense RVUs	These are the MPFS CY 2007 transitional PE RVUs for facility settings. Field is blank for those CPT/HCPCS codes that are not listed in the MPFS Addendum B.
G	CY 2007 MPFS fully implemented facility practice expense RVUs	These are the MPFS fully implemented PE RVUs for facility settings based on the CY 2007 MPFS final rule. Field is blank for those CPT/HCPCS codes that are not listed in the MPFS Addendum B.

H	CY 2007 OPSS Payment Rate	CY 2007 payment rates under the OPSS.
I	CY 2007 OPSS Relative weight	CY 2007 relative payment weight under the OPSS.

<sup>1</sup> See 2007 ASC payment indicator table below

<b>Ambulatory Surgical Center (ASC) Payment Indicators</b>	
SI	Status Indicator Meanings
A2	Surgical procedure on ASC list in CY 2007; payment based on OPSS relative payment weight.
D5	Deleted/discontinued code; no payment made.
F4	Corneal tissue acquisition; paid at reasonable cost.
G2	Non office-based surgical procedure added in CY 2008 or later; payment based on OPSS relative payment weight.
H7	Brachytherapy source paid separately when provided integral to a surgical procedure on ASC list; payment contractor-priced.
H8	Device-intensive procedure on ASC list in CY 2007; paid at adjusted rate.
J7	OPSS pass-through device paid separately when provided integral to a surgical procedure on ASC list; payment contractor-priced.
J8	Device-intensive procedure added to ASC list in CY 2008 or later; paid at adjusted rate.
K2	Drugs and biologicals paid separately when provided integral to a surgical procedure on ASC list; payment based on OPSS rate.
K7	Unclassified drugs and biologicals; payment contractor-priced.
L6	New Technology Intraocular Lens (NTIOL); special payment.
N1	Packaged service/item; no separate payment made.
P2	Office-based surgical procedure added to ASC list in CY 2008 or later with Medicare Physician Fee Schedule (MPFS) nonfacility practice expense (PE) relative value units (RVUs); payment based on OPSS relative payment weight.
P3	Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility PE RVUs; payment based on MPFS nonfacility PE RVUs.
R2	Office-based surgical procedure added to ASC list in CY 2008 or later without MPFS nonfacility PE RVUs; payment based on OPSS relative payment weight.
Z2	Radiology service paid separately when provided integral to a surgical procedure on ASC list; payment based on OPSS relative payment weight.
Z3	Radiology service paid separately when provided integral to a surgical procedure on ASC list; payment based on MPFS nonfacility PE RVUs.