

## **Specialty Utilization File Used To Create Resource-Based Practice Expense Relative Value Units For Calendar Year 2005 (Final Rule 11/2004)**

### **Contents:**

This file contains Medicare utilization data used to develop the 2005 resource-based practice expense relative value units and the payment impacts displayed in the physician fee schedule final rule. The Medicare utilization data used to develop practice expense relative value units is combined data from calendar years 1997 through 2000 for codes that existed during this period. For codes that were first established after 2000, the utilization is from the first year in which the codes were in use. If the procedure code is new in 2004, the information represents an estimate of utilization using a crosswalk from the 2003 utilization. The utilization data used for payment impacts is from 2003. The 2003 utilization reflects claims received through June 30, 2004 and is estimated to be 98 percent complete. The data reflects an adjustment to estimate a complete year's utilization.

### **File Organization:**

The files contain one unique record for each combination of specialty, procedure code/modifier combination (i.e. 26, TC or blank), utilization modifier and facility (yes or no).

### **Data Set Name:**

2005 Physician Final Rule Utilization.EXE is a self-extracting compressed file which, when decompressed, will contain 2 files:

(1) 1997-2003 Utilization for 2005 Physician Final Rule.DOC (in Word (.doc) format) contains the file record layout and documentation;

(2) 2005 Physician Final Rule Utilization Files.MDB contains specialty utilization file in a Microsoft Access database format. The database contains two tables. "1997-2003 Specialty Utilization - 2005 Final - for PE Program" is the multi-year utilization data that was used to determine the 2005 practice expense relative values. The data used for practice expense calculations does not include utilization for mid-level practitioners and selected other specialty codes (specialty codes: 42, 43, 50, 80, 89, 97, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 61, 71, 72, 73, 75, 80, 87, 96 or any specialty with an "A" in the first position). See Federal Registers published July 17, 2000, page 44188 and August 2, 2001, page 40397 for more information.) The table "2003 Utilization – 2005 Final Rule - for Impacts" contains 2003 Medicare utilization data used to determine specialty level payment impacts resulting from changes in relative value units.

### **Data Elements:**

Specialty	CMS Specialty Code
HCPCS	Procedure Code
utilmod	Utilization Modifier

	22 - Unusual services 26 - Professional Component 50 - Bilateral Surgery 51 - Multiple Procedures 52 - Reduced Services 53 - Discontinued procedure 54 - Surgical Care Only 55 - Postoperative management only 56 - Preoperative management only 62 - Two Surgeons 66 - Surgical Team 80 - Assistant surgeon QK - Anesthesiologist medical directs QX - CRNA is medically directed QZ - CRNA performs procedure TC - Technical component
HCPCSMOD	Procedure Code/Modifier Combination (Modifier=26, TC or blank)
Facility/Nonfacility	Facility or Nonfacility (Y or N)
Allowed Services	Allowed Services
Allowed Charges	Allowed Charges

**NOTE:**

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