

**Limited Data Set (LDS) for Proposed CY 2009 Ambulatory Surgical Center (ASC)
Payment System**

FILE DESCRIPTION

This file contains a summary of service utilization by ASC supplier and is derived from 2007 ASC line item level data, updated through March 2008, that is, line items for services furnished on or after January 1, 2007 through December 31, 2007 that were received, processed, paid, and passed to the National Claims History file March 31, 2008. This file only contains data for ASC services billed in 2007 that were eligible to receive payment under the previous ASC payment system and does not include services that were added under the revised ASC payment system. This file includes 498,858 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) 786-0378.

FILE NAME

[XR00.@DBT0992.NPR9.ASCLDS.T0080626](#)

FILE LAYOUT

<i>Field Name</i>	<i>Positions</i>
HCPCS	1 - 5.
MODIFIER 1	7 - 8.
MODIFIER 2	9-10
Allowed Charges	11-20
Allowed Services	22-31.
Carrier	33-37
Supplier ID Number	38-47
Supplier County	49-51
Supplier State	52-53
Supplier State Abbrev	55-56
CBSA	58-62
Wage index	64-69
Discounted Allowed Services	71-80

FIELD DEFINITIONS:

PROCCD: Healthcare Common Procedure Coding System (HCPCS) code for an item or service. Where appropriate, we revised HCPCS codes to reflect their

current year (2008) status and description.

MODIFIER 1: Code modifier applied to procedure code to indicate variation from primary definition of procedure.

MODIFIER 2: Second code modifier applied in conjunction with primary modifier to procedure code to indicate variation from primary definition of procedure.

ALLOWED CHARGES: CY 2007 allowed charges represent the amounts used to calculate payment for procedure billed as determined by Medicare contractor. Allowed charges values are represented in whole dollars with no cents.

ALLOWED SERVICES: CY 2007 allowed services represent the number of procedures that supplier was allowed to bill for as determined by Medicare contractor. This number reflects total services and does not reflect application of the multiple procedure discount policy under the revised ASC payment system.

CARRIER: Medicare contractor that processes claims for ASC.

SUPPLIER ID NUMBER: Supplier 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 ABBREVIATION: State abbreviation.

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

WAGE INDEX: Proposed CY 2009 pre floor and pre reclassification wage index.

DISCOUNTED ALLOWED SERVICES: CY 2007 allowed services represent the number of procedures that supplier was allowed to bill for as determined by Medicare contractor. This number reflects application of the multiple procedure discount policy under the revised ASC payment system.