Medicare Provider Utilization and Payment Data

Source:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Physician-and-Other-Supplier2017>

# Physician and Other Supplier Data CY 2017

The Physician and Other Supplier Public Use File (Physician and Other Supplier PUF) provides information on services and procedures provided to Medicare beneficiaries by physicians and other healthcare professionals. The Physician and Other Supplier PUF contains information on utilization, payment (allowed amount and Medicare payment), and submitted charges organized by National Provider Identifier (NPI), Healthcare Common Procedure Coding System (HCPCS) code, and place of service. This PUF is based on information from CMS administrative claims data for Medicare beneficiaries enrolled in the fee-for-service program available from the CMS Chronic Condition Data Warehouse ([www.ccwdata.org](http://www.ccwdata.org/)). The data in the Physician and Other Supplier PUF covers calendar year 2017 and contains 100% final-action physician/supplier Part B non-institutional line items for the Medicare fee-for-service population.

While the Physician and Other Supplier PUF has a wealth of information on payment and utilization for Medicare Part B services, the dataset has a number of limitations.  Of particular importance is the fact that the data may not be representative of a physician’s entire practice as it only includes information on Medicare fee-for-service beneficiaries.  In addition, the data are not intended to indicate the quality of care provided and are not risk-adjusted to account for differences in underlying severity of disease of patient populations.  However, we have provided average beneficiary risk scores on the “Medicare Physician and Other Supplier Aggregate Table” (i.e., one record per NPI) to provide information on the health status of the beneficiaries the providers serve. For additional limitations, please review the methodology document available below.

Data are available in two formats:

* An online interactive dataset (allows users to sort and filter data directly without downloading).
* Tab delimited file format (requires importing into database or statistical software; SAS® read-in language is included in the download ZIP package)

CMS has also created two types of summary tables: 1) aggregated information by physician or other supplier and 2) aggregated information by State and HCPCS code.   A detailed methodology document can be found in the Downloads section below which contains important information regarding the limitations of data usage.

***Detailed Data:***

Interactive Dataset: [Medicare Physician and Other Supplier PUF, CY2017, Interactive Dataset](https://data.cms.gov/use-agreement?id=fs4p-t5eq&name=Medicare%20Provider%20Utilization%20and%20Payment%20Data:%20Physician%20and%20Other%20Supplier%20PUF%20CY2017)

Downloadable Tab Delimited Format: [Medicare Physician and Other Supplier PUF, CY2017, Tab Delimited format](https://www.cms.gov/apps/ama/license.asp?file=http://download.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Downloads/Medicare_Provider_Util_Payment_PUF_CY2017.zip)[Note: This Compressed ZIP package contains the tab delimited data file (Medicare\_Provider\_Util\_Payment\_PUF\_CY2017.txt) which is 2.0 GB uncompressed and contains more than 9 million records, thus importing this file into Microsoft Excel will result in an incomplete loading of data.  Use of database or statistical software is required; a SAS® read-in statement is supplied.  Additionally, this ZIP package contains the following supporting documents: CMS\_AMA\_CPT\_license\_agreement.pdf, and Medicare-Physician-and-Other-Supplier-PUF-SAS-Infile.sas]

***Provider Summary Table:***

Interactive Dataset: [Medicare Physician and Other Supplier Aggregate table, CY2017, Interactive Dataset](https://data.cms.gov/d/n5qc-ua94)

Downloadable Tab Delimited Format: [Medicare Physician and Other Supplier Aggregate table, CY2017, Tab Delimited format](http://download.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Downloads/Medicare_Physician_and_Other_Supplier_NPI_Aggregate_CY2017.zip)

***Procedure Summary Tables:***

Interactive Dataset: [Medicare National/HCPCS Aggregate table, CY2017, Interactive Dataset](https://data.cms.gov/use-agreement?id=2zuc-y5mm&name=Medicare%20National%20HCPCS%20Aggregate%20Summary%20Table%20CY2017)  
Downloadable Excel: [Medicare National/HCPCS Aggregate table, CY2017, Microsoft Excel (.xlsx)](https://www.cms.gov/apps/ama/license.asp?file=http://download.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Downloads/Medicare_National_HCPCS_Aggregate_CY2017.zip)

Interactive Dataset: [Medicare State/HCPCS Aggregate table, CY2017, Interactive Dataset](https://data.cms.gov/use-agreement?id=anav-du7s&name=Medicare%20State%20HCPCS%20Aggregate%20Summary%20Table%20CY2017)  
Downloadable Excel: [Medicare State/HCPCS Aggregate table, CY2017, Microsoft Excel (.xlsx)](https://www.cms.gov/apps/ama/license.asp?file=http://download.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Downloads/Medicare_State_HCPCS_Aggregate_CY2017.zip)

Inquiries regarding this data can be sent to [MedicareProviderData@cms.hhs.gov](mailto:MedicareProviderData@cms.hhs.gov).

## **Columns in this Dataset**

| Column Name | Description | Type |
| --- | --- | --- |
| **National Provider Identifier** | National Provider Identifier (NPI) for the performing provider on the claim. The provider NPI is the numeric identifier registered in NPPES. | Plain Text |  |
| **Last Name/Organization Name of the Provider** | When the provider is registered in NPPES as an individual (entity type code=’I’), this is the provider’s last name. When the provider is registered as an organization (entity type code = ‘O’), this is the organization name. | Plain Text |  |
| **First Name of the Provider** | When the provider is registered in NPPES as an individual (entity type code=’I’), this is the provider’s first name. When the provider is registered as an organization (entity type code = ‘O’), this will be blank. | Plain Text |  |
| **Middle Initial of the Provider** | When the provider is registered in NPPES as an individual (entity type code=’I’), this is the provider’s middle initial. When the provider is registered as an organization (entity type code = ‘O’), this will be blank. | Plain Text |  |
| **Credentials of the Provider** | When the provider is registered in NPPES as an individual (entity type code=’I’), these are the provider’s credentials. When the provider is registered as an organization (entity type code = ‘O’), this will be blank. | Plain Text |  |
| **Gender of the Provider** | When the provider is registered in NPPES as an individual (entity type code=’I’), this is the provider’s gender. When the provider is registered as an organization (entity type code = ‘O’), this will be blank. | Plain Text |  |
| **Entity Type of the Provider** | Type of entity reported in NPPES. An entity code of ‘I’ identifies providers registered as individuals and an entity type code of ‘O’ identifies providers registered as organizations. | Plain Text |  |
| **Street Address 1 of the Provider** | The first line of the provider’s street address, as reported in NPPES. | Plain Text |  |
| **Street Address 2 of the Provider** | The second line of the provider’s street address, as reported in NPPES. | Plain Text |  |
| **City of the Provider** | The city where the provider is located, as reported in NPPES. | Plain Text |  |
| **Zip Code of the Provider** | The provider’s zip code, as reported in NPPES. | Plain Text |  |
| **State Code of the Provider** | The state where the provider is located, as reported in NPPES. The fifty U.S. states and the District of Columbia are reported by the state postal abbreviation. The following values are used for other areas: 'XX' = 'Unknown' 'AA' = 'Armed Forces Central/South America' 'AE' = 'Armed Forces Europe' 'AP' = 'Armed Forces Pacific' 'AS' = 'American Samoa' 'GU' = 'Guam' 'MP' = 'North Mariana Islands' 'PR' = 'Puerto Rico' 'VI' = 'Virgin Islands' 'ZZ' = 'Foreign Country' | Plain Text |  |
| **Country Code of the Provider** | The country where the provider is located, as reported in NPPES. The country code will be ‘US’ for any state or U.S. possession. For foreign countries (i.e., state values of ‘ZZ’), the provider country values include the following: ‘AE’ = ‘United Arab Emirates’; 'AG'='Antigua'; ‘AR’= ‘Argentina’; ‘AU’= ‘Australia’; 'BO'='Bolivia'; ‘BR’= ‘Brazil’; ‘CA’= ‘Canada’; ‘CH’= Switzerland’; ‘CN’= China’; ‘CO’= Colombia’; ‘DE’= ‘Germany’; ‘ES’= ‘Spain’; ‘FR’= France’; ‘GB’= Great Britain’; ‘HU’= Hungary’; ‘IL’= Israel’; ‘IN’= India’; ‘IS’= Iceland; ‘IT’= Italy’; ‘JP’= Japan’; ‘KR’= ‘Korea’; 'KW'='Kuwait'; 'KY'='Cayman Islands'; 'LB'='Lebanon'; 'MX'='Mexico'; ‘NL’= ‘Netherlands’; 'NO'='Norway'; 'NZ'='New Zealand'; 'PA'='Panama'; ‘PK’= ‘Pakistan’; 'RW'='Rwanda'; ‘SA’= ‘Saudi Arabia’; ‘SY’= ‘Syria’; ‘TR’= ‘Turkey’; ' TH'='Thailand'; ‘VE’= ‘Venezuela’ . | Plain Text |  |
| **Provider Type** | Derived from the provider specialty code reported on the claim. For providers that reported more than one specialty code on their claims, this is the specialty code associated with the largest number of services. | Plain Text |  |
| **Medicare Participation Indicator** | Identifies whether the provider participates in Medicare and/or accepts assignment of Medicare allowed amounts. The value will be ‘Y’ for any provider that had at least one claim identifying the provider as participating in Medicare or accepting assignment of Medicare allowed amounts. | Plain Text |  |
| **Place of Service** | Identifies whether the place of service submitted on the claims is a facility (value of ‘F’) or non-facility (value of ‘O’). Non-facility is generally an office setting; however other entities are included in non-facility. See “Appendix B – Place of Service Descriptions” for the types of entities included in facility and non-facility. | Plain Text |  |
| **HCPCS Code** | Healthcare Common Procedure Coding System (HCPCS) code for the specific medical service furnished by the provider. | Plain Text |  |
| **HCPCS Description** | Description of the HCPCS code for the specific medical service furnished by the provider. HCPCS descriptions associated with CPT codes are consumer friendly descriptions provided by the AMA. CPT Consumer Friendly Descriptors are lay synonyms for CPT descriptors that are intended to help healthcare consumers who are not medical professionals understand clinical procedures on bills and patient portals. CPT Consumer Friendly Descriptors should not be used for clinical coding or documentation. All other descriptions are CMS Level II descriptions provided in long form. Due to variable length restrictions, the CMS Level II descriptions have been truncated to 256 bytes. As a result, the same HCPCS description can be associated with more than one HCPCS code. For complete CMS Level II descriptions, visit <http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html>. | Plain Text |  |
| **HCPCS Drug Indicator** | Identifies whether the HCPCS code for the specific service furnished by the provider is a HCPCS listed on the Medicare Part B Drug Average Sales Price (ASP) File. For additional information on the ASP drug pricing, visit <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/index.html>. | Plain Text |  |
| **Number of Services** | Number of services provided; note that the metrics used to count the number provided can vary from service to service. | Number |  |
| **Number of Medicare Beneficiaries** | Number of distinct Medicare beneficiaries receiving the service. | Number |  |
| **Number of Distinct Medicare Beneficiary/Per Day Services** | 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. | Number |  |
| **Average Medicare Allowed Amount** | Average of the Medicare allowed amount for the service; this figure is the sum of 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. | Number |  |
| **Average Submitted Charge Amount** | Average of the charges that the provider submitted for the service. | Number |  |
| **Average Medicare Payment Amount** | Average amount that Medicare paid after deductible and coinsurance amounts have been deducted for the line item service. | Number |  |
| **Average Medicare Standardized Amount** | Average amount that Medicare paid after beneficiary deductible and coinsurance amounts have been deducted for the line item service and after standardization of the Medicare payment has been applied. | Number |  |