

**Ambulatory Surgical Center Analytic File for the CY 2008
Outpatient Prospective Payment System / Ambulatory Surgical Center Proposed Rule**

File Layout for Surgical Procedures

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

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 ¹	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	ASC CY 2007 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	Proposed CY 2008 Medicare Physician Fee Schedule (MPFS) non-facility practice expense RVUs	These are the proposed CY 2008 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	Proposed CY 2008 Medicare Physician Fee Schedule (MPFS) facility practice expense RVUs	These are the proposed CY 2008 PE RVUs for facility settings. Field is blank for those CPT/HCPCS codes that are not listed in the MPFS Addendum B.
G	Proposed CY 2008 OPPS Relative Payment Weight	Proposed CY 2008 relative payment weight for procedures under the Outpatient Prospective Payment System.

H	Proposed CY 2008 OPPS Payment Rate	Proposed CY 2008 payment rate for procedures under the Outpatient Prospective Payment System.
I	Proposed CY 2008 OPPS Beneficiary Coinsurance	Proposed CY 2008 beneficiary coinsurance under the Outpatient Prospective Payment System
J	CY 2008 OPPS Discount Factor	This is an adjustment applied to payment under the OPPS for services that are terminated prior to anesthesia, that are assigned to OPPS 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.
K	Proposed CY 2008 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.
L	CY 2006 OPPS units	CY 2006 Utilization in units from 2006 OPPS claims data.
M	CY 2006 ASC allowed services	CY 2006 allowed services as reported in BESS (Part B Extract Summary Statistics); Place of service: 24 (ASC)
N	CY 2006 MPFS in office allowed services	CY 2006 allowed services as reported in BESS (Part B Extract Summary Statistics); Place of service: 11 (physician office).

¹ See CY 2008 ASC payment indicator table below

File Layout for Ancillary Services

This analytical file for ancillary services contains data used to calculate the proposed CY 2008 payment rates for ancillary services in the CY 2008 OPPS/ASC proposed rule. The data come from various sources, including the CY 2008 proposed Medicare Physician Fee Schedule addendum B and the CY 2008 proposed Outpatient Prospective Payment System (OPPS) addendum B. This file includes ancillary services that are proposed for separate payment in CY 2008, and does not include ancillary services that are proposed for packaged payment.

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 ¹	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	Proposed CY 2008 Medicare Physician Fee Schedule (MPFS) non-facility practice expense RVUs	These are the proposed CY 2008 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	Proposed CY 2008 Medicare Physician Fee Schedule (MPFS) facility practice expense RVUs	These are the proposed CY 2008 PE RVUs for facility settings. Field is blank for those CPT/HCPCS codes that are not listed in the MPFS Addendum B.
F	Proposed CY 2008 OPPS Payment Rate	Proposed CY 2008 payment for procedures under the OPPS.
G	Proposed CY 2008 OPPS Relative Payment Weight	Proposed CY 2008 relative payment weight under the OPPS.

¹ See CY 2008 ASC payment indicator table below

Ambulatory Surgical Center (ASC) Payment Indicators	
SI	Status Indicator Meanings
A2	Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight.
F4	Corneal tissue acquisition; paid at reasonable cost.
G2	Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.
H2	Brachytherapy source paid separately when provided integral to a surgical procedure on ASC list; payment based on OPPS rate.
H8	Device-intensive procedure on ASC list in CY 2007; paid at adjusted rate.
J7	OPPS 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 OPPS 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 OPPS 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 OPPS relative payment weight.
Z2	Radiology service paid separately when provided integral to a surgical procedure on ASC list; payment based on OPPS 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.