

**Where to Look Up View Medicare CMS Payment Fee Data Information on the Web Internet
Medicare Part B Individual Doctor Physician Provider Billing Fee Payments in 2012
How Much Was My Doctor Paid by Medicare B?
Where Can I Find Medicare B Payment Data?**

The Centers for Medicare and Medicaid Services (CMS) released the 2012 Medicare Part B data concerning physician payments on their [web site](#) in April, 2014. The [web site](#) is easy to use to look up an individual physician, but other web sites are better. The easy to use CMS viewing tool does not reveal all the data that CMS released nor does it provide the data in the most meaningful manner. It cannot look up a lot of physicians from the same specialty and state at one time for comparison, which the two best of the below referenced sites do. The best viewing tools show how many times a physician performed a procedure, and on how many individual patients. Unlike the best, the CMS site does not total the payments the physician received. In my opinion CMS should provide more ways to view the payment data.

Private companies with an interest in facilitating the dissemination of this data to the public have also provided easy to use data viewing web sites, which are better than CMS's. The two best web sites for viewing this data are first [The Washington Post's](#), and second [The Wall Street Journal's](#), which are the easiest to use, and list CPT (Current Procedural Terminology) codes along with a brief written description of services billed. They total the amounts paid, which is important information. [The New York Times web site](#) is somewhat harder to use, and the quality of data is not as good because CPT codes are not listed nor are payments totaled. [The WZZM13ABC web site](#) has a more graphic approach in displaying Medicare B payment information. It can display the highest billers by specialty for the entire country, but does not display as much data concerning individual billing codes. All of these companies believe that it is their duty as excellent journalists to provide the public with this information. I commend them for doing this. There are other web sites that provide the tools to view the Medicare B payment data for a state or local area in an easy to use and meaningful manner.

CMS did not include diagnostic codes (ICD-9) in the raw data that was released. Does the CPT code correlate with the diagnosis? Does the diagnosis justify numerous billings of an expensive complex office visit (ie. Codes 99204, 99205, 99214, 99215). Modifiers, another important piece of billing information, were not included in the raw data. CMS did not release billing data on any CPT Code that a provider billed less than 11 times out of HIPAA concerns. Is that a realistic concern?

The historic release of Medicare Part B Physician Payments for 2012 has caused a lot of comments. Some are for and others against the release of this type of payment information. The AMA had been against the release of this information for years and for many reasons. The AMA had an injunction issued in 1979 that prevented the release of Medicare B payment information. The Dow Jones & Co., owner of the Wall Street Journal, intervened in 2011 in a lawsuit to overturn the 1979 injunction and won. Overturning the injunction resulted in CMS releasing the data in April, 2014. Naturally, the Wall Street Journal and others in the news media were thrilled to have access to the data. One of the news medias priorities is to provide the public information about abuse and fraud in the Medicare B program. The Wall Street Journal has taken the lead in writing articles about abuse, and have explained some things about the business side of medicine. Local news media have featured articles about high billers in their areas.

The AMA rightly opposed the release of this information. However, the AMA is not clean when it comes to protecting the privacy of physicians. One of the first things that I did when I started my

medical practice in 1974 fresh from the Navy was to join the AMA. I was a strong supporter of the AMA, but then something started to happen. The drug reps in my office knew how many prescriptions I was writing, and the prescription sales credited to them. When mail order prescriptions took hold I asked the reps if they were worried about losing credit for a sale because it was out of state. No problem I was told. The rep still got credit for the drug sale. I did not know how they got all the information about my prescription writing. I removed my DEA number from my scripts. I made my scripts more generic. The reps kept getting the information. HIPAA was being discussed in congress. Never once was there any mention of the AMA advocating for the privacy of the physician. I quit the AMA because HIPAA did not protect the privacy of the physician concerning prescriptions. Years later I read in the New York Times that the pharmaceutical industry paid the AMA forty million dollars a year to be the clearing house for obtaining information about every physicians' prescriptions. No wonder the AMA did not advocate for physician privacy concerning prescriptions. The AMA would be broke without the forty million dollars a year they received for collecting and disseminating information about prescriptions.

The AMA is concerned about limitations of the released data. There could be errors in the Medicare data. The data does not reveal anything about the quality of care. The number of services credited to a provider may not be accurate because others may be billing under one provider's NPI number. Providers are suppose to bill under their own NPI number. Charges versus payments could be confusing. Medicare pays a fixed fee, and what is paid is the all important figure. The AMA is concerned the Medicare figures do not give the complete picture about physician billings and payments. That is true, physicians also bill and receive payments from private insurance, Medicaid, and cash payments to name a few. Does the AMA want this additional information revealed? The AMA raises a point about the site of service not being included. The AMA wants provider comparisons made. A quick analysis of the data as seen on the above web sites does reveal differences amongst providers. The big question is what does it mean? The AMA is correct in stating that the data does not indicate physician overhead or cost of drugs. The information does not explain regional differences. Why do physicians in Florida receive vastly higher Medicare payments?

I have looked at some of the data. I noticed and want to know more about why there are vast billing differences amongst specialists in the same geographic areas. This is where including diagnostic codes and modifiers in the data would be extremely helpful in evaluating this massive amount of information.

Analyzing individual medical records is the most accurate and best method of getting correct answers to many questions aroused by the release of the data. This is time consuming and expensive.

What do the experts say about the data? What do journalists say. Look in the news media and on the web for analysis, comment, and opinion.

Spend some time viewing data on the above web sites. What do you think? Your opinion counts. After all it is your tax dollars that Medicare is spending.

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Addendum:

Look-up CPT code descriptions

CPT Codes are how various procedures are digitally coded. CPT Codes are copyrighted by the AMA, and a complete reference and description of each code may have to be purchased. An individual CPT

code number can usually be Googled for further reference. All the CPT Codes with brief written descriptions can be found at this [web site](#) as an *Excel* file that can be downloaded. Office visit codes (E&M services) are complex formulations.

Look-up Medicare fees

Medicare fees per CPT code can be looked-up at this [web site](#).

Look-up Modifiers

Modifiers are codes submitted with a CPT code to add additional information concerning how an individual CPT code on the claim should be priced and paid. Modifiers are a complicated part of the billing process. A list of modifiers can be seen at this [web site](#).

SAS Data File

The following information listed below was part of a small file supplied by CMS along with the raw payment data file that was released. The file indicates the data fields populated for each provider.

Medicare-Physician-and-Other-Supplier-PUF-SAS-Infile.sas (1)

LABEL

npi	= "National Provider Identifier"
nppes_provider_last_org_name	= "Last Name/Organization Name"
nppes_provider_first_name	= "First Name"
nppes_provider_mi	= "Middle Initial"
nppes_credentials	= "Credentials"
nppes_provider_gender	= "Gender"
nppes_entity_code	= "Entity Type"
nppes_provider_street1	= "Street Address 1"
nppes_provider_street2	= "Street Address 2"
nppes_provider_city	= "City"
nppes_provider_zip	= "Zip Code"
nppes_provider_state	= "State Code"
nppes_provider_country	= "Country Code"
provider_type	= "Provider Type"
medicare_participation_indicator	= "Medicare Participation"
place_of_service	= "Place of Service"
hpcs_code	= "HCPCS Code" (2)
hpcs_description	= "HCPCS Description"
line_srvc_cnt	= "Number of Services"
bene_unique_cnt	= "Number of Medicare Beneficiaries"
bene_day_srvc_cnt	= "Number of Medicare Beneficiary/Day Services"
average_Medicare_allowed_amt	= "Average Medicare Allowed Amount"
stdev_Medicare_allowed_amt	= "Standard Deviation of Medicare Allowed Amount"
average_submitted_chrg_amt	= "Average Submitted Charge Amount"
stdev_submitted_chrg_amt	= "Standard Deviation of Submitted Charge Amount"
average_Medicare_payment_amt	= "Average Medicare Payment Amount"
stdev_Medicare_payment_amt	= "Standard Deviation of Medicare Payment Amount"

Notes:

(1) This was a small file included along with the 1.5 gigabytes file of raw data. It is to be used with SAS (Statistical Analysis System) data analyzing software.

(2) Healthcare Common Procedure Coding System (HCPCS) code sets.

HCPCS Level I codes are the AMA CPT-4(c) codes used to bill physician services.

HCPCS Level II codes are used to bill non-physician services such as ambulance and equipment.

(3) The total amounts that Medicare paid to a provider for an individual service or the total amount paid to a provider for all services was not included in the raw data that CMS released. The private companies such as those I referenced developed viewing tools to extrapolate total amount paid information.