CPEP Direct Practice Costs Database Documentation

Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates (HCFA Contract No. 500-95-0009)

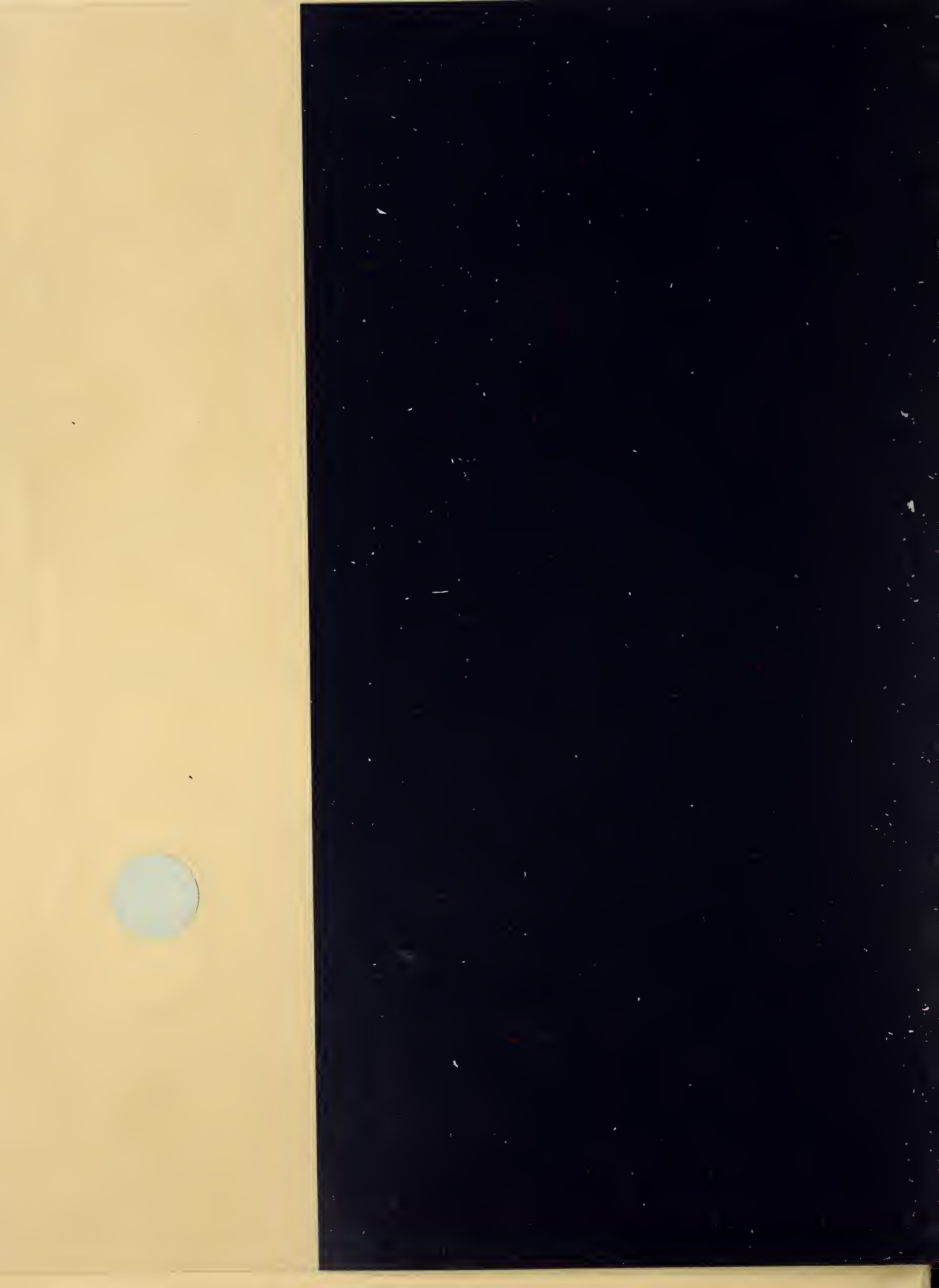April 30, 1997

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April 30, 1997

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USER'S GUIDE

Global File:
WAGEDAT

Global File:
SUP_PRC

Global File:
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CPEP Specific File:
LABDET

User's Guide

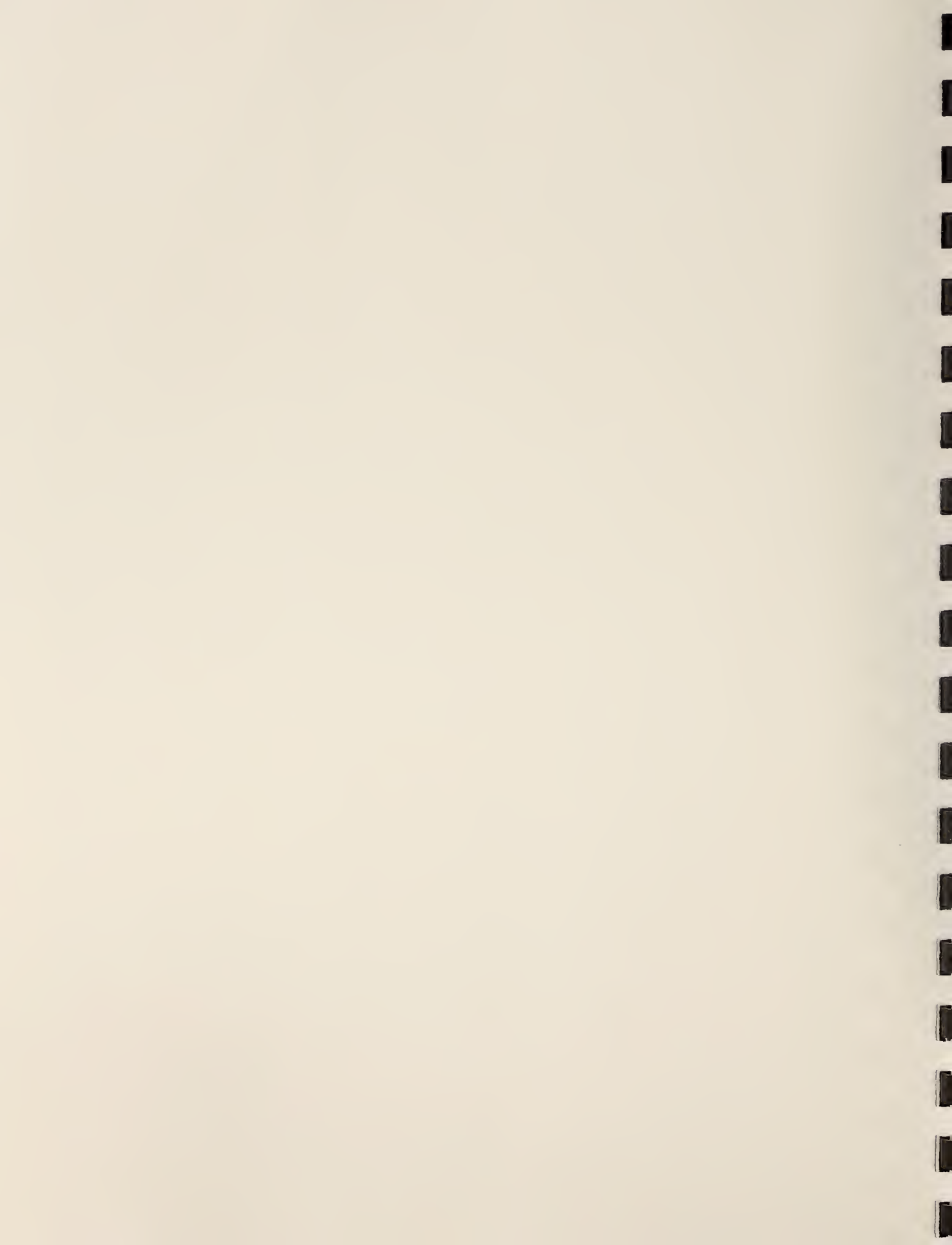**Data Collection and Analysis for Generating Procedure-Specific Practice Cost Estimates (HCFA Contract No. 500-95-0009)**

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USER'S GUIDE FOR THE
CPEP DIRECT PRACTICE COSTS DATA BASE

1.0   Overview

Introduction

This Guide provides background and technical information to assist users in understanding and analyzing
the CPEP Direct Practice Costs Database ("CPEP Database"), developed for the Health Care Financing
Administration by Abt Associates Inc.   The database contains estimates of service-specific labor,
equipment and supply resources ("resource profiles") developed by Clinical Practice Expert Panels
(CPEPs), as well as direct practice costs computed from these profiles, for each of 6,251 Medicare Fee
Schedule services.

This *User's Guide* is intended to be used with two other related documents:

- *Data Dictionaries* for each of the database files, containing file overviews, record layouts,
  and codebooks.

- *CPEP Recorders' Notes*, containing information which provides context for the data in the
  CPEP database files. Such information could not be reflected *per se* in the data, and is
  intended to support subsequent review of the data by HCFA.

Careful review of all three of these documents is critical to understanding the data files, as well as for
performing any analysis of the data. In addition to the database documentation, users are advised to refer
to the *Report on Clinical Practice Expert Panel (CPEP) Direct Cost Estimation.*

Objectives

The CPEP database was developed to achieve the following objectives:

- Accurately capture the resource estimates provided by each CPEP. These estimates are
  contained in *resource profile files.*

- Create files of price data from external data sources for labor, equipment and supply profiles
  developed by the CPEPs. These prices are contained in *input price files* that identify wage
  rates, supply prices, and equipment prices. Data were compiled from a variety of sources
  including the Bureau of Labor Statistics and various equipment and supply sources.

- Develop and execute a methodology for deriving initial direct cost estimates from the
  application of prices to the input estimates.

Guidelines for CPEP Process

The CPEPs were charged with providing estimates that would:

- Capture the costs associated with the practice expense component of the Medicare Fee Schedule (e.g., time for providers who bill separately to Medicare were excluded from practice cost labor estimates).

- Reflect resources required to provide services to a "typical" patient, not just a Medicare patient.

- Reflect the practice pattern that was typical for 1995.

User Caveats

When reviewing or analyzing the CPEP Database, users should note the following:

- The resource input data represent the consensus of the CPEPs. They have not been validated against external frames of reference.

- These data and documentation were intended to serve as on potential source of data for developing resource-based practice expense relative value units. The enormous volume of data is maintained in 93 separate primary files relating to labor, supplies, and equipment. Many of these files are inter-related and include calculations and other information that are dependent on other files in the database. Use of these data files by non-technical users should be undertaken with care, and after the full set of documentation (see below) has been reviewed and understood.

Summary of Chapters

The remainder of this Guide includes the following:

- Chapter 2 summarizes the policy context and objectives of the project.

- Chapter 3 defines key terms and concepts.

- Chapter 4 describes the process used to collect the data in the CPEP Database.

- Chapter 5 presents an overview of the CPEP database and describes each of its separate components.

- Chapter 6 contains technical user notes and issues to bear in mind when using the files.

- Appendix A lists all variables in the database and the file(s) in which each occurs.

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Global File:
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Global File:
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CPEP-Specific File:
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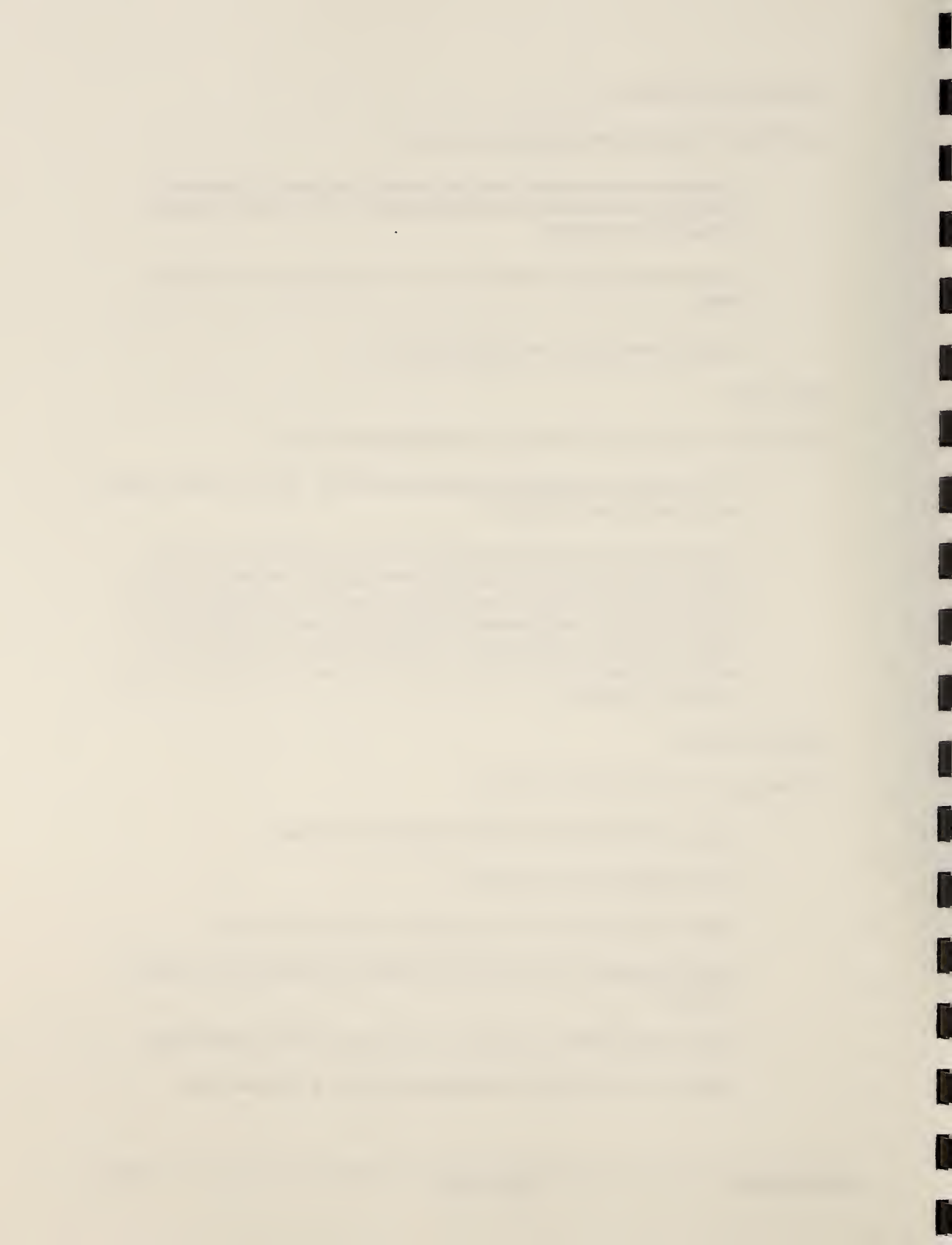
2.0 Background

In 1992, the Medicare program implemented the Medicare Fee Schedule (MFS) to pay physician providers. Underlying the fee schedule is the Resource-Based Relative Value Scale (RBRVS), which defines the relative resource requirements for the services on the MFS. The total relative value units of each service consist of three components:

- Physician work relative value units;
- Practice expense relative value units; and
- Malpractice1. expense relative value units.

The current practice expense relative value units are based on historical charge data pre-dating the MFS. The Social Security Act Amendments of 1994 mandate that the Secretary of Health and Human Services "develop a methodology for implementing in 1998 a resource-based system for determining practice expense relative value units for each physician service" covered by the MFS. In March 1995, under this Congressional mandate, the Health Care Financing Administration (HCFA) engaged Abt Associates Inc. to collect the data that are required to develop resource-based practice-expense relative values for over 6,000 codes contained in the MFS.

A two-pronged approach was developed, as shown in Exhibit 1, to collect data that recognized the two parts of practice costs:

- *Direct practice costs*, which consist of clinical labor, some administrative labor, clinical supplies, and clinical equipment that are directly used in the provision of specific services. Estimates of direct costs were to be generated through an expert consensus panel process. CPEPs were convened to develop service-specific data that could be used to estimate direct costs of each service.

- *Overhead costs*, which consist of rent, utilities, maintenance, and other costs difficult to attribute to specific services. Estimates of overhead costs were to be generated from data collected in a survey of medical practices. This survey would collect information on aggregate costs and service mix (i.e., the frequency and types of specific services provided) at the practice-level. The data would be used as a possible source for determining the appropriate allocation of overhead costs to specific services.

The original research design anticipated that the individual service direct cost data collected during the CPEP process would be validated by applying the service mix data collected by the practice-level survey. This was to be accomplished by comparing the average of two numbers: (i) the total volume of each service provided by a practice, multiplied by the estimated practice expense payment for that service, and summed to the practice level; and (ii) actual aggregate practice expenses reported in the survey. In addition, it was initially anticipated that other researchers would utilize both the CPEP and survey data to explore various methods of arriving at total service-specific practice cost estimates. The survey was terminated, however, due to an inadequate response rate (see the *Report on the Survey of Practice Costs,* April, 30, 1997).
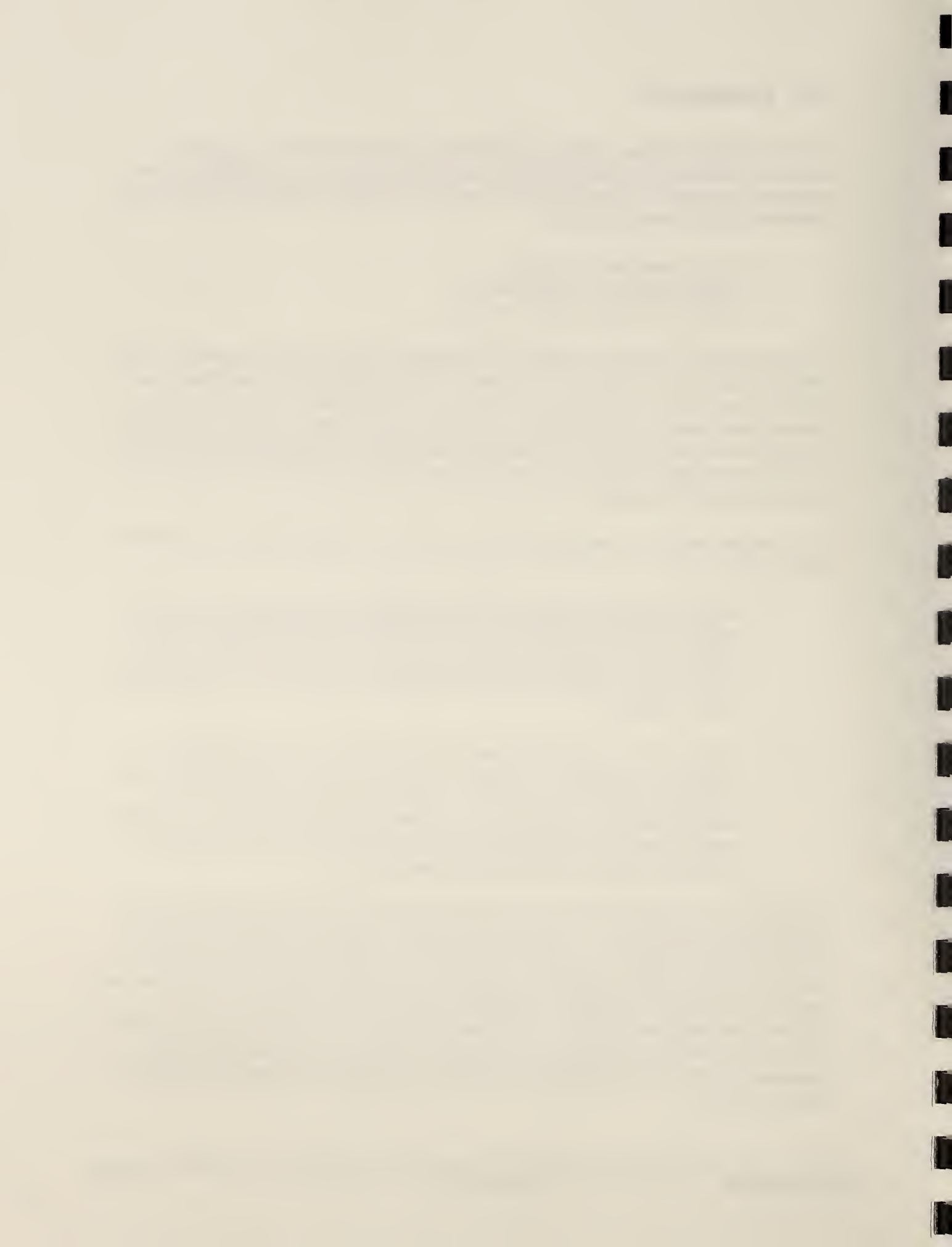
Exhibit 1

Relationship of CPEP Database to MFS RVUs
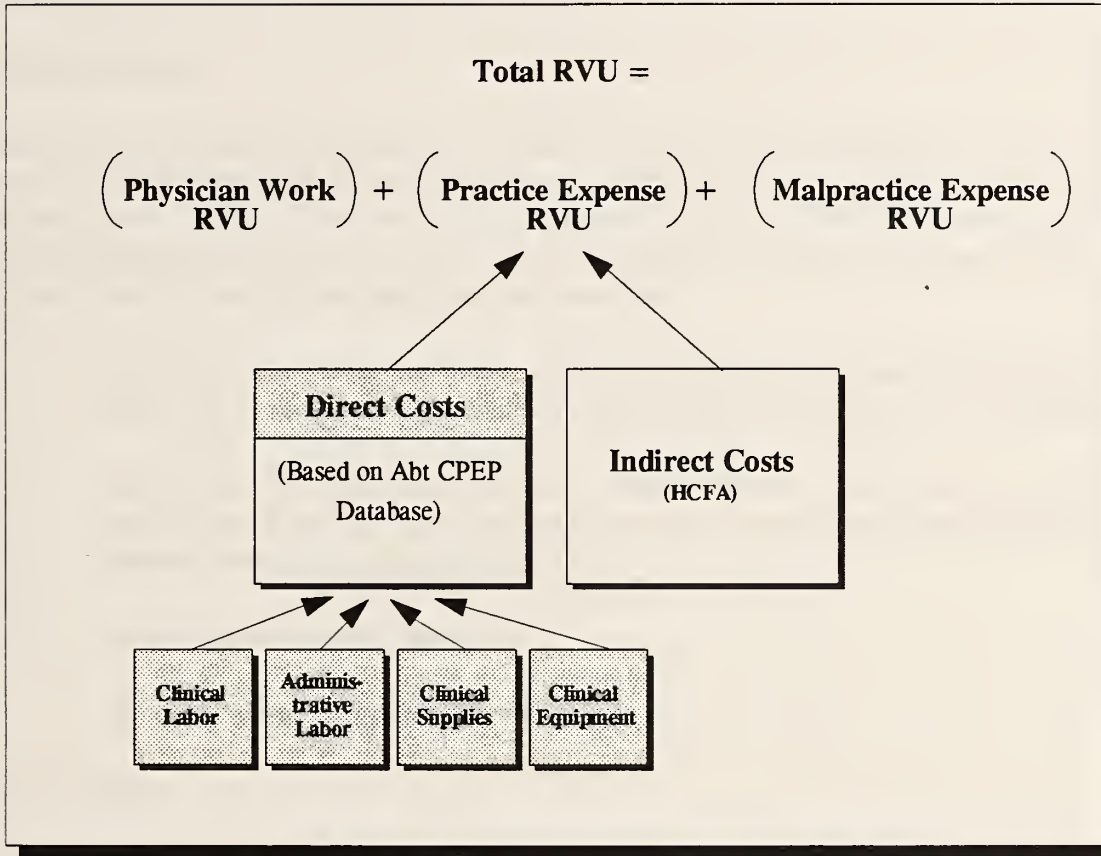
$$\text{Total RVU} = \left(\begin{array}{c}\text{Physician Work}\\ \text{RVU}\end{array}\right) + \left(\begin{array}{c}\text{Practice Expense}\\ \text{RVU}\end{array}\right) + \left(\begin{array}{c}\text{Malpractice Expense}\\ \text{RVU}\end{array}\right)$$

Direct Costs

(Based on Abt CPEP Database)

Indirect Costs
(HCFA)

| Clinical Labor | Administrative Labor | Clinical Supplies | Clinical Equipment |

3.0   Key Terms and Concepts

This chapter defines terms and concepts that are crucial for understanding the nature of the CPEP database and data collection process. A basic level of familiarity with the Medicare Fee Schedule is assumed.

Direct Practice Costs

As noted in Chapter 2.0, the CPEP database contains data related to direct practice costs. *Direct practice costs* have a specific definition for the purposes of this project which is related to, but distinct from, the economic concept of variable cost and the accounting concept of direct cost. Direct practice costs are defined to be *those resources required of a medical practice that are easily attributable to providing a particular service*, including costs associated with:

- clinical labor time, excluding the time of clinical staff who can separately bill Medicare[1] (such time is included in the Physician Work Component of the Medicare Fee Schedule);

- administrative labor time for functions directly attributable to a specific service (e.g., the time required to bill and collect for a specific service is included, but the time required to generate monthly accounting reports is not).;

- clinical disposable supply items[2]; and

- clinical equipment costing $500 or more.

Resource Profile

A *resource profile* is an itemization of the labor, supplies, and equipment used in the provision of a service. The resource profile can be converted into a *cost profile*, if prices for each of these inputs are available. If price data are unavailable for some inputs, a service may have a *resource profile* (i.e., inputs may be specified), but will be only partially *costed* (i.e., multiplying input quantities times prices to calculate costs is not possible when prices are missing).

Global Period

The global period defines the window of time around the provision of a procedure during which all related services are "bundled," or included in the payment for the procedure. The direct cost estimates include all services provided during the defined window of the global period. Generally, global periods of up to 90 days apply to procedural services, but not to evaluation and management services and most

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[1]Such staff include Medical Doctors (MDs), Doctors of Osteopathy (DOs), Dentists, Chiropractors, Podiatrists, Optometrists, Clinical Psychologists, Clinical Social Workers, or Physical Therapists (only if the Physical Therapist bills Medicare directly).

[2]All supply items profiled are disposable supplies. Reusable items profiles were limited to items meeting the $500 equipment threshold; where they exceeded $500, they were treated as capital equipment.
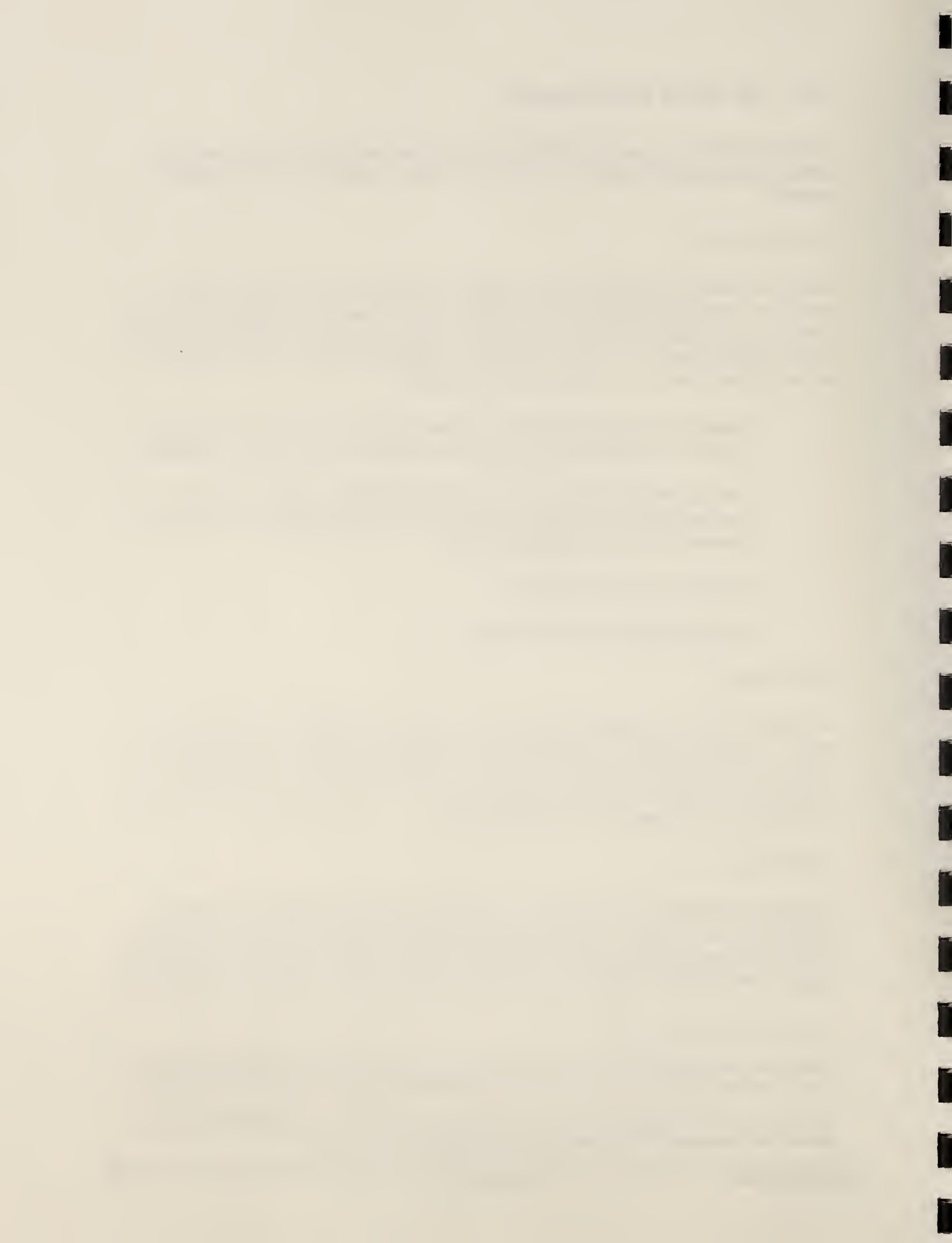
diagnostic tests. For example, payments for post-operative visits following a major surgical procedure are bundled into the payment for the procedure itself and are not separately billable.

The published Medicare Fee Schedule includes an indication of the global period assigned to each service. (The global period status code is included in the CPEP database as the variable GLOBAL on the PROCSUM file.) For the 1995 MFS, Medicare's global period status codes and their meanings are displayed in Table 1.

Table 1: Medicare Global Period Status Codes	
Status Code	Definition
000 010 090	These codes show the number of days in the global period for the code: 0, 10, or 90 days.
MMM	Maternity services (antepartum, delivery, and/or post-partum care).
XXX	The global concept does not apply.
YYY	Global period determined by carrier.
ZZZ	The code is an incremental service which falls within the global period of another service.

For services with global periods, the CPEP data generally reflect resource profiles (and resultant costs) required for the entire global period. For example, services with 090 global periods include resource estimates for post-operative visits. In some cases, however, the CPEP panelists disagreed with the Medicare global period classification. The *CPEP Recorders' Notes* for each CPEP indicate for which services the CPEP made such a judgment, as well as the global period assumed by the panel (e.g., "The CPEP treated this service as a "ZZZ global period").

CPEP Service Periods

For purposes of developing estimates of the labor resources, Abt Associates created service periods which divided the global period into specific sub-periods (detailed service period estimates were not collected for supply and equipment resources). Not all of the sub-periods are relevant for all of the global status codes. For example, post-procedure visits are not relevant for services with an 'XXX' global period. The service periods for global services are defined separately (and slightly differently) for clinical and administrative labor, as illustrated in Table 2.

Table 2: CPEP Service Period Names			
	CPEP Service Period		
Type of Staff	**Pre-service Period**	**Procedure Period**	**Post-service Period**
Clinical	G0	G1	G1X
Administrative	G2		G2X

For *clinical* labor, the service periods are defined as follows:

- *Pre-service period (G0)* includes clinical services provided within 24 hours prior to the procedure around which services are bundled. During the CPEP process, pre-service period times were collected for '000', '010', '090' and 'MMM' global period services. Clinical labor in the pre-service period is referred to as "G0".

- *Procedure period (G1)* includes resources expended during the provision of the procedure (or service for E&M services) itself, regardless of the global period status code. Clinical labor in the procedure period is referred to as "G1". Additional resources may be included in the procedure period, depending on the global status code:

  — For services with '000' global periods, the procedure period includes all related services on the day of the procedure.

  — For services with '010', '090', and 'MMM' global periods, the procedure period includes any services or activities commencing with the performance of the procedure (including patient prep), and ending with the commencement of the first follow-up office visit after discharge. If the service is performed on an inpatient basis, the procedure period includes the time associated with all services provided by practice staff before the patient is discharged from the hospital. For example, a '090' global service may require phone calls from the practice nursing staff to the hospital nursing staff while the patient is still in the hospital.

- *Post-service period (G1X)* for clinical labor applies only to services with '010', '090', or 'MMM' global periods, and commences with the first follow-up office visit after discharge and ends at the point defined by the global period (e.g., 10 or 90 days after the day of the procedure). Clinical labor in the post-service period is referred to as "G1X".

For *administrative* labor, service periods for global services are defined as follows:

- *Procedure period (G2)* includes administrative services preceding and contiguous to the procedure (or service for E&M services) itself. For global status codes that bundle the pre-service visit into the total payment, this encompasses administrative time associated with services provided in the 24-hour period prior to the provision of the procedure. For procedures with global periods of '010', '090', or 'MMM' performed in the hospital setting,

the procedure period includes all services provided until the patient is discharged, and up until the first follow-up office visit after discharge. Administrative labor in the procedure period is referred to as "G2".

- **Post-service period (G2X)** commences with the first follow-up office visit provided after discharge for services with '010', '090', and 'MMM' global periods, and ends with the expiration of the global period (e.g., 10 or 90 days after the day of the procedure). Administrative labor in the post-service period is referred to as "G2X".

For procedures with 'XXX' and 'ZZZ' global periods, E&M services, non-global procedures, and pathology procedures, the three-level articulation of clinical service time periods was not appropriate, nor was the two-level articulation of administrative service time periods. The pre- and post-service clinical time periods are not applicable to these codes, nor is the post-service administrative time period. Therefore, a single time period (procedure period) is identified for these services, and clinical and administrative labor time estimates are reflected in the G1 and G2 periods, respectively.

Site of Service

Two sites of service are distinguished: *in-office* and *out-office*. The distinction is necessary because the practice resources required to provide a service in the office are often greater than the requirements for providing the service out of the office.

- **In-office settings** include physician offices, freestanding imaging centers, and independent pathology labs.

- **Out-office settings** include all other settings, such as hospitals, clinics, ambulatory surgical centers, nursing homes, and patient homes.

All data are classified in relation to procedure period site. The in-office and out-office classifications are based on the site of service of the procedure period, not on the actual place of service in which particular pre-or post-service period activities occur. For example, the resources required to support follow-up office visits for an out-office procedure are recorded in the out-office setting, even though these visits typically occur in the physician's office. The site of service distinction provides important information to inform Medicare's site-of-service differential and technical/professional component policies.

Reference Services

A reference service is a service that is among the services profiled in the first round of CPEP meetings (see Chapter 3.0 for a discussion of the CPEP process). The reference services were profiled with a greater sub-division of time periods than the remaining services addressed in the second round of CPEPs. Reference services were selected to facilitate the profiling process. Services chosen as reference services were selected primarily based on being high-volume, common services within their "family" of clinically

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Global File:
EQP_PRC

CPEP-Specific File:
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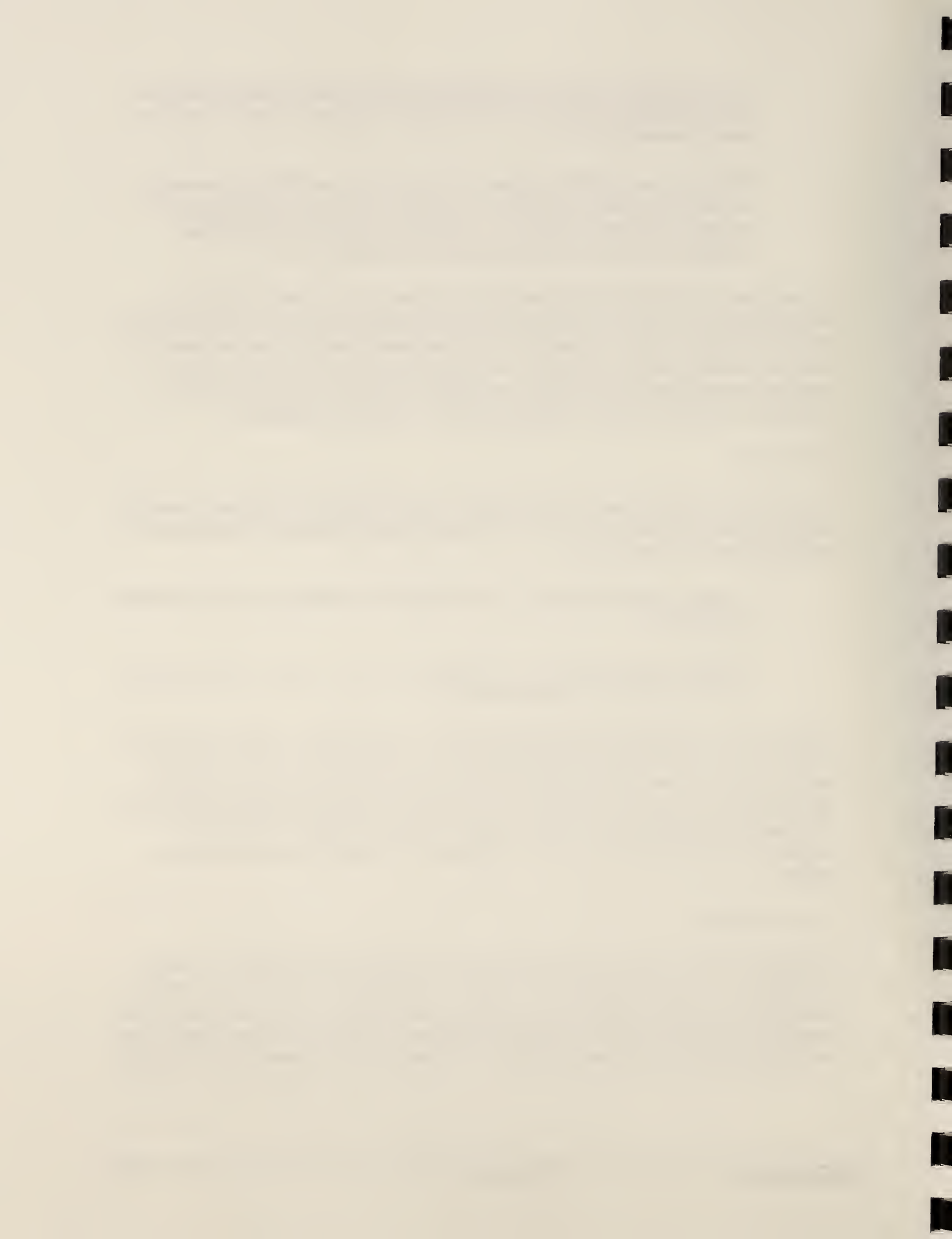
related services.[3] Other criteria considered, which were often dominated by the volume criterion, were that the service be approximately at the mid-point of the resource requirements within its family, that it be technologically stable, and that it be a common, well-understood service.

Service-specific vs. Overhead Clinical Equipment

Clinical equipment was identified as being *service-specific* clinical equipment or *overhead* clinical equipment:

- *Service-specific equipment* is easily attributable to a subset of services in a CPEP (e.g., an EKG machine for EKG codes).

- *Overhead clinical equipment* was identified by the CPEP as either being used in the provision of virtually all services in a CPEP (e.g., an exam table in the E&M CPEP), or as difficult to attribute to specific services (e.g., a crash cart).

In some cases, equipment was re-categorized from one category to the other to ensure consistency across CPEPs. For example, if a CPEP identified an exam table as service-specific equipment for virtually all its services, it was re-categorized as clinical overhead equipment. This distinction between service-specific and clinical overhead equipment is captured and reported in two clinical equipment files (PXEQCAP and OVEQCAP).

No equipment-specific usage times were specified by the CPEP; instead, usage times were determined based on the labor profiles provided by the CPEP. A detailed discussion of the equipment cost allocation methodology is included in the Chapter 6.0 of the *Report on Clinical Practice Expert Panel (CPEP) Direct Cost Estimation*.

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[3]See Chapter 2.0 of *the Report on Clinical Practice Expert Panel (CPEP) Direct Cost Estimation*, April 30, 1997 for a discussion of the service family system developed to facilitate resource profiling.
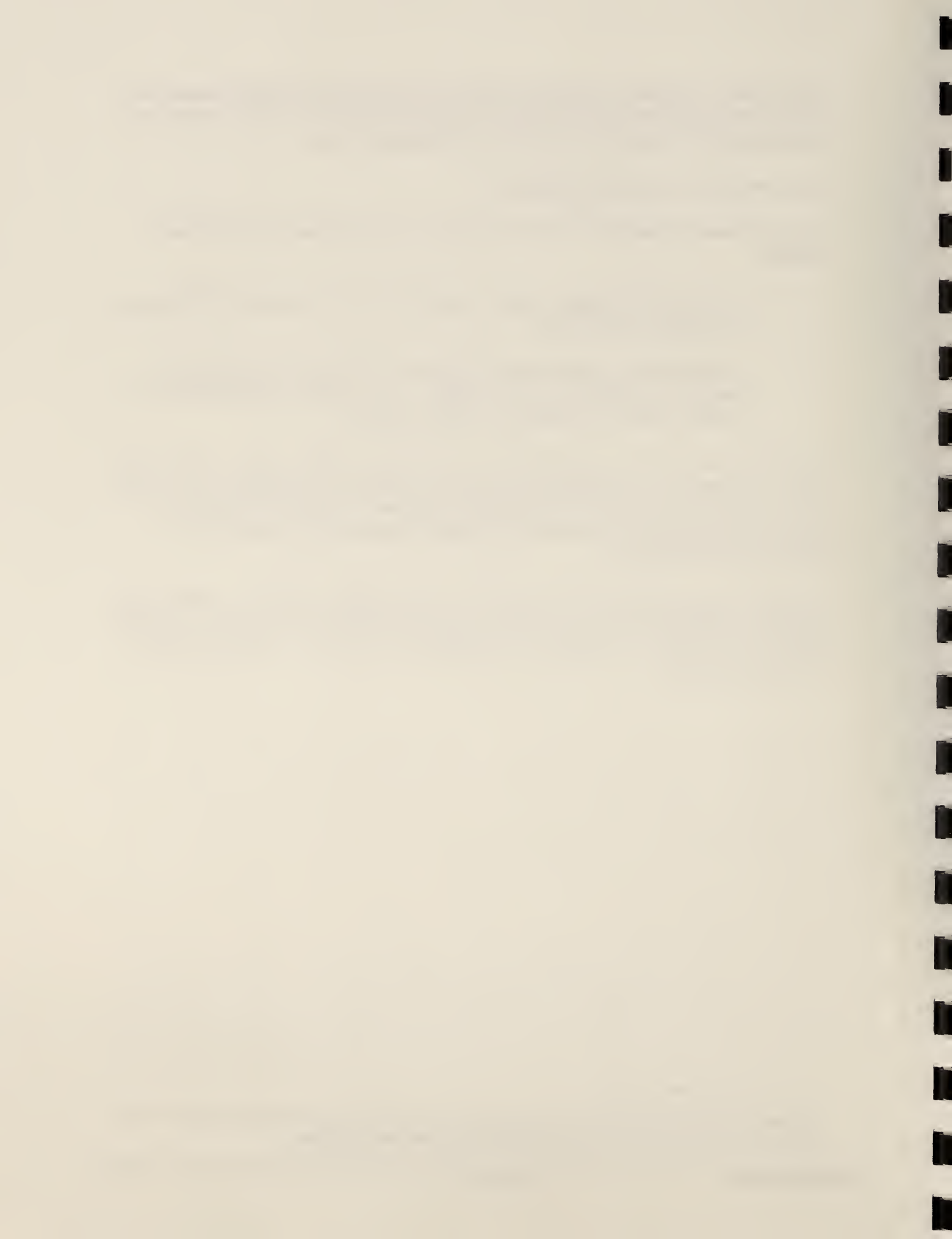
4.0   Data Collection

The CPEP data collection process consisted of the following steps:

- select the services included in the data collection process
- collect resource profiles (labor, equipment, supplies)
- collect price data
- compute direct costs

Each is summarized below. The *Report on Clinical Practice Expert Panel (CPEP) Direct Cost Estimation* contains a greater level of detail about this process.

4.1   Selection of the Services to be Profiled

Abt consulted with staff in HCFA's Bureau of Policy Development to determine the specific set of services for which practice expenses were to be measured. These services were selected from the HCFA Common Procedure Coding System (HCPCS), which has three levels of codes: level 1 CPT-4 (numeric codes), level 2 (alphanumeric national codes), and level 3 (alphanumeric local codes). Payment rates for the level 3 codes are assessed at the local level by local carriers: therefore, this project focused mostly on the level 1 and level 2 codes whose payment rates are determined at the national level.

All HCPCS level 1 and level 2 codes are designated by HCFA with a status indicator that identifies whether the HCPCS code is included in the fee schedule and whether it is separately payable if the service is covered by Medicare.[4] Table 3 lists the status indicators that are used to define the level 1 and level 2 codes. As illustrated in this exhibit, HCFA concluded that the practice expenses for selected services with status indicators A (5,873), B (3), C (45), G (4), N (30), R (39), and T (4) were to be evaluated as part of this project. In addition, 253 anesthesia codes were included in the project, resulting in a total of 6,251 services for which detailed data on the practice resource requirements of providing these services were to be collected. Approximately 850 of these codes had technical/professional component modifiers; the approach used for direct cost estimation allowed for the computation of the direct practice costs associated with these components.

A method was developed for categorizing the 6,251 services identified for evaluation into useful groups for analysis. These groups are referred to as *service families*. All services were grouped into service families based upon the following criteria as agreed upon by the CPEP-TEG:

- Services in each family were characterized by relatively comparable direct costs;

- Services within a family were clinically related so that panel members were familiar with all or most of the services in a family to promote discussions during the panel meetings;

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[4]Except for enteral and parental therapy, durable medical equipment, orthotics, and temporary codes for non-physician services or items.
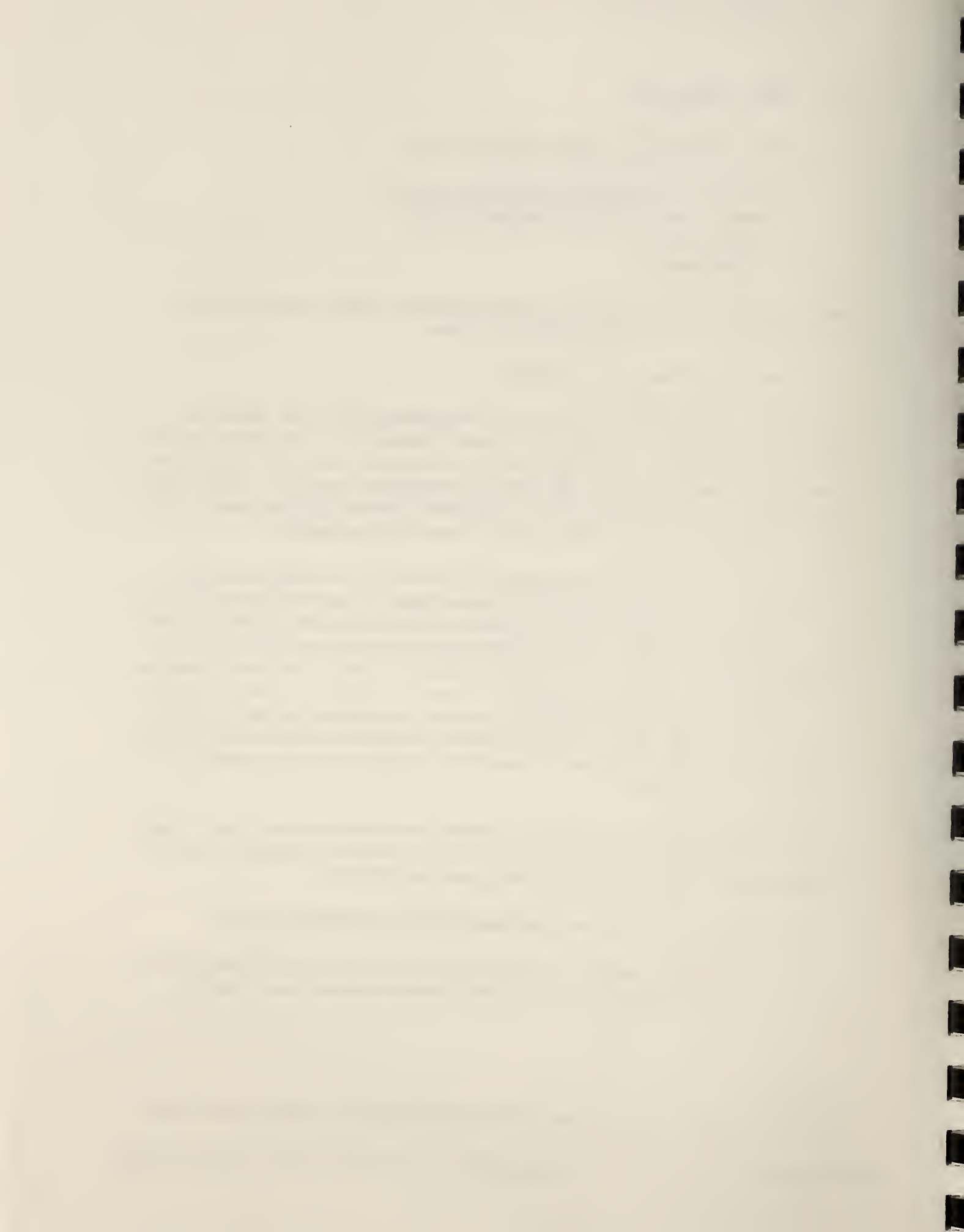
Table 3

Level 1 and Level 2 Codes (1995) with Status Indicators Evaluated by Project

Status Indicator	No. of Codes with Status Indicator	No. of Codes with Status Indicator Included in Project
A= Active code	5,875	5,873
B= Bundled into another service	41	3
C= Carrier-priced	161	45
D= Deleted codes	134	---
E= Excluded from the fee schedule by regulation	437	---
G= Not valid for Medicare	29	4
H= Deleted modifier	1	---
N= Non-covered service	140	30
P= Bundled or excluded codes	107	---
R= Restricted coverage	482	39
T= Injections	4	4
X= Exclusion by Law	1160	---
NONE (Anesthesia services)	---	253
Total	**8,571**	**6,251**

- Services were assigned to families based solely on the HCPCS/CPT-4 definitions of these services, not patient or physician-specific factors, so that a single payment rate could be derived for each HCPCS code as required by the MFS; and,

- Services were grouped such that each family had a manageable number of services that could be profiled in a reasonable time frame.

In addition to these criteria, to the extent possible, codes that were assigned to a family were predominantly performed in the same setting (e.g., simple skin procedures all performed in ambulatory settings.)

Portions of two existing classification systems were combined and modified to generate a preliminary grouping of services: the Ambulatory Patient Groups (APG) system developed by 3M and the Berenson-
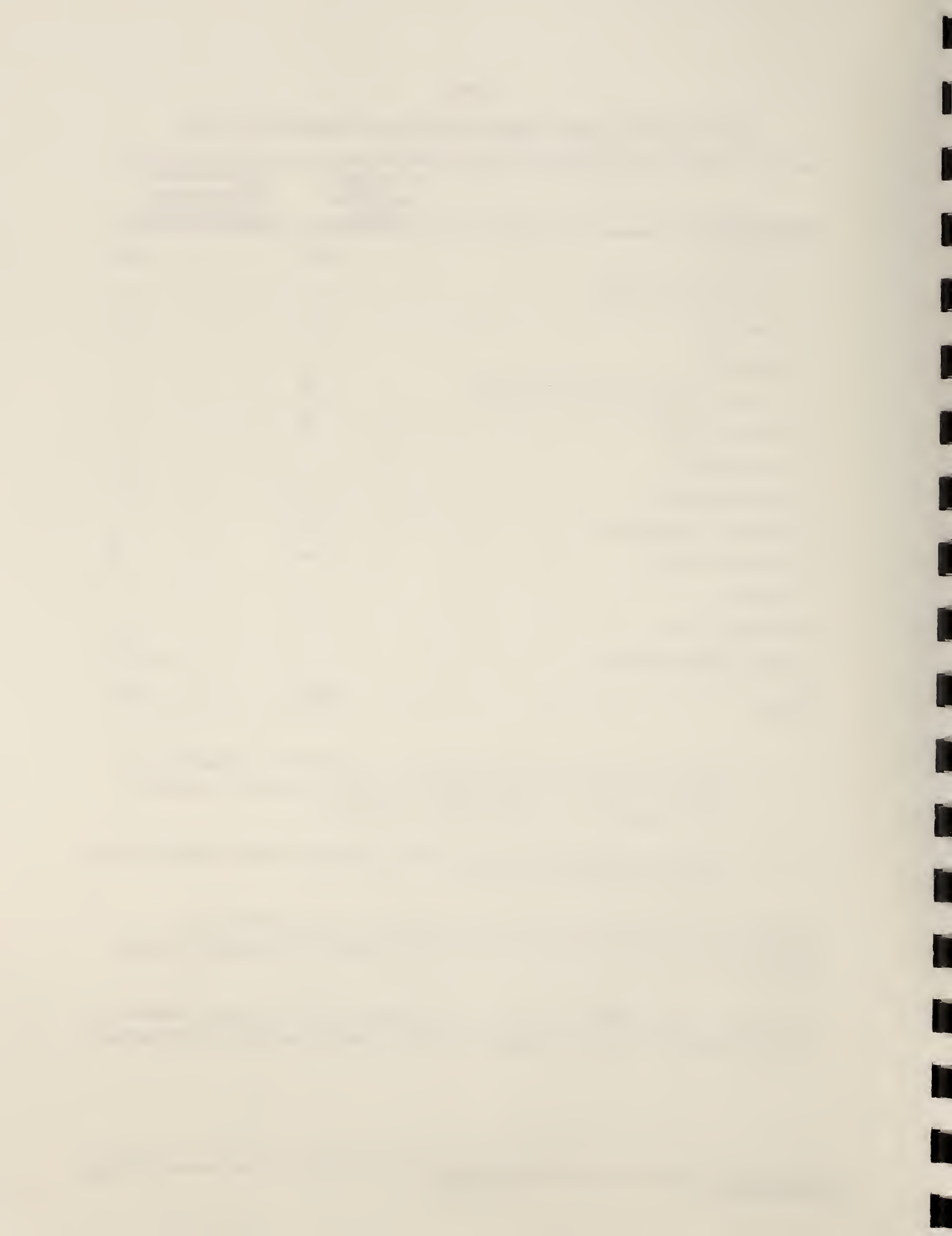
Eggers-Holahan (BEH) system.[5] Useful elements of these two systems, as well as the criteria listed above, were used to arrange the services into appropriate service families. This resulting grouping of services was reviewed extensively to verify that all codes identified for inclusion in this study were accounted for and assigned uniquely into families. Since some families and individual services were assigned to more than one CPEP, the 6,251 total HCPCS codes within the scope of this project resulted in a total of 7,782 separate code assignments made to the CPEPs.

With the preliminary set of service families defined, the process began for organizing the service families into CPEP groupings, such that related families were grouped into the same CPEP. The CPEP grouping and their service family assignments were determined with the following objectives in mind:

- Service families should be organized in a manner to ensure that CPEP members would be familiar with the service families assigned to the CPEP;

- Each CPEP should have a workable number of services to evaluate (neither too many nor too few); and

- The number and size of the CPEPs had to be within the resource constraints of the project.

The Physician and Supplier Procedure Summary Master File was used to assess for each service family the distribution of the services performed by different specialties. Since some specialties (e.g., pediatrics, OB/GYN) are not well represented in this file, another source of private claims data was also used.[6] Those specialties that provide the largest percentage of services within each family (i.e., top specialty providers), as determined by these data, were identified. Families with similar top specialty providers were then grouped into the same CPEP. Thus, this process resulted in CPEPs that were organized largely along specialty lines.

The groupings by and large were successful in facilitating the estimation process. It should be kept in mind that in profiling services, CPEPs sometimes:

- Moved service codes across families
- Based estimates for a single code on components of multiple reference and non-reference services.

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[5] Each of these systems had advantages and disadvantages for the purposes of classifying services into families. The APG system, with nine major categories and 297 APGs, was useful to the extent that it groups procedures performed on an outpatient basis according to resource and clinical homogeneity. However, it did not include inpatient services, and it classifies evaluation and management (E&M) codes by diagnosis. The BEH system, which collapses CPT codes into over 100 categories, assigns inpatient and E&M services into groups of services with similar clinical characteristics that could be incorporated into a meaningful classification scheme for estimating practice expenses. Averill, R., Goldfield, N., et al. "Design of a Prospective Payment. Classification System for Ambulatory Care." under HCFA cooperative agreement No. 17-C-90057/5-01; and Berenson , Robert and Holahan, John. "Using a New Type of Service Classification System to Examine the Growth in Medicare Physician Expenditure, 1985-88." Urban Institute Paper, December 1990.

[6] The American Medical Association provided an extract from a claims database developed by the MEDSTAT group, which contained claims from over 100 private insurers, spanning 3.3 million covered lives for the year of 1991 (personal correspondence from Kurt Gillis, American Medical Association, August 3rd, 1995).

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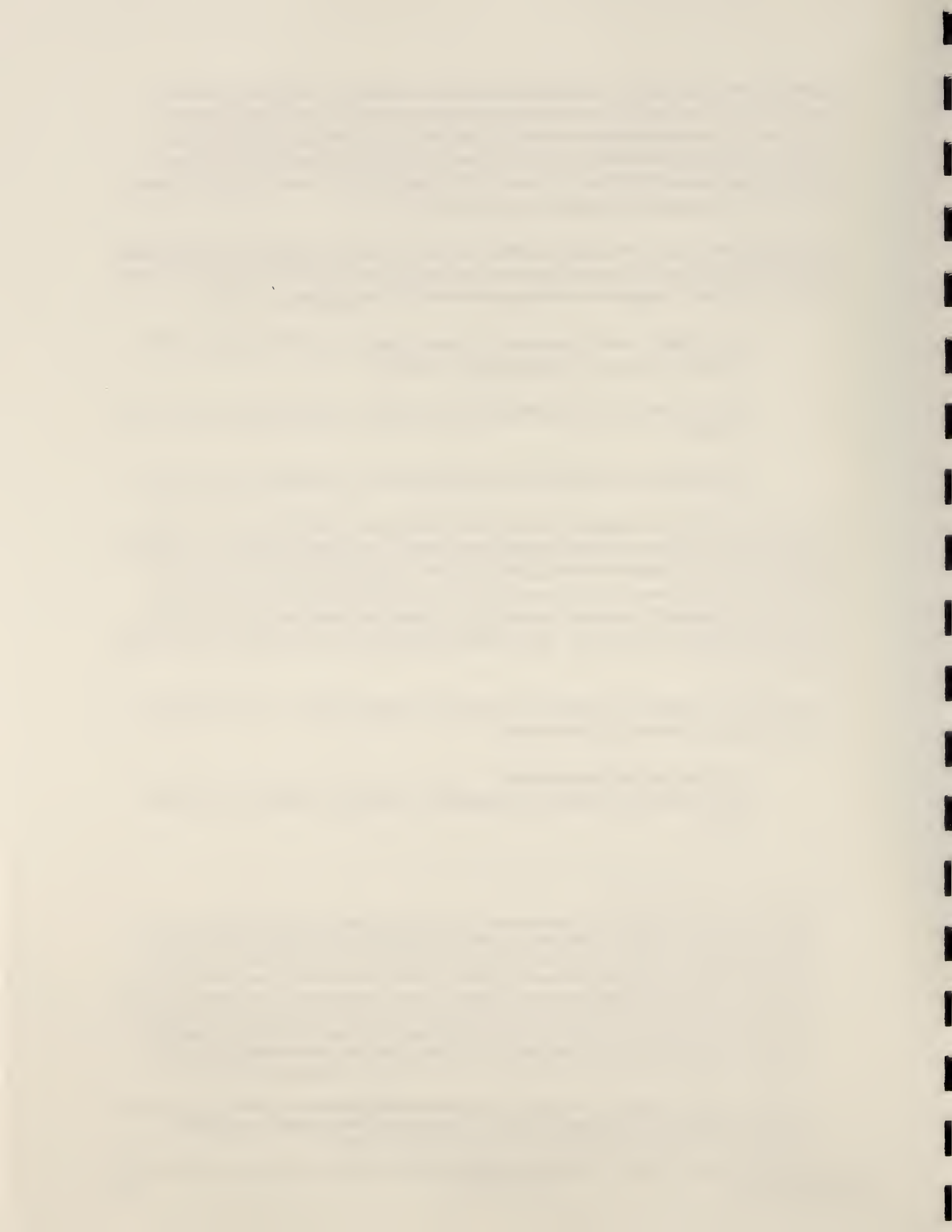
- Often profiled non-reference services "from scratch," without reference to any other services.

As a result, while the service family structure and reference service estimates from the first round of CPEP meetings were essentially retained, the service family structure became less critical to the final results obtained in second round of CPEP meetings. A service's pre-CPEP service family assignment is not always a reliable indicator of the manner in which the service was profiled. In the end, each CPEP applied its clinical judgment in a way that was meaningful and efficient for the group.

4.2   Collection of Resource Profiles

The resource profiles for estimating direct costs were collected through a consensus process of 15 Clinical Practice Expert Panels (CPEPs) of physicians, other non-physician clinicians, and practice administrators. Pricing data with which to assign costs to the resource profiles were collected from a variety of sources (see Section 4.3).

4.2.1   The CPEP Process

The 15 CPEPs are displayed in Table 4:

Table 4: Clinical Practice Expert Panel (CPEP) Types	
CPEP	**Type**
CPEP 1	Integumentary & Physical Medicine
CPEP 2	Urology
CPEP 3	Orthopaedic Surgery
CPEP 4	OB/GYN
CPEP 5	Ophthalmology
CPEP 6	Radiology
CPEP 7	Evaluation & Management
CPEP 8	General Surgery
CPEP 9	Otolaryngology
CPEP 10	Miscellaneous Internal Medicine
CPEP 11	Gastroenterology
CPEP 12	Cardiothoracic and Vascular Surgery
CPEP 13	Cardiology
CPEP 14	Anesthesiology and Pathology
CPEP 15	Neurosurgery

The specialty mix of each CPEP was determined by using the 1994 Physician and Supplier Procedure Summary File and other information to identify the specialties which provide the services in each CPEP, as well as the percent of each specialty's services performed across the various services assigned to each CPEP. In order to broaden the representation, a primary care provider and a general surgeon were also assigned to each panel. To the extent possible, the membership of each CPEP represented different types of practice staff (i.e., physicians, practice administrators, and other non-physician clinicians), relevant cross-specialty staff, as well as geographic and practice type variation. A typical CPEP totaled 10-12

members. For a more detailed description of the CPEP process and the related data collection, see the Report on Clinical Practice Expert Panel (CPEP) Direct Cost Estimation..

CPEP meetings were held to develop the resource profiles (types and quantities of labor, clinical supplies, and clinical equipment) for the MFS services, and were conducted in two rounds:

- Round 1 meetings occurred in February 1996, during which a detailed resource profile for the reference service(s) for each family was developed.

- Round 2 meetings occurred in June 1996, during which resource profiles generated for the reference service in each family were reviewed and modified, and resource profiles for all other services were developed.

Each CPEP was asked to profile all of the services in all of the service families assigned to the CPEP. Of the 7,782 separate codes that were assigned to all CPEPs, 542 were not profiled by a CPEP to which they were assigned; some CPEPs indicated that they did not have sufficient experience with the service to determine a reasonable profile. When a code was not profiled by a CPEP, it typically was profiled by one of the other CPEPs; overall, only 24 codes remained unprofiled by all CPEPs.

4.2.2 Collection of Labor, Equipment and Supply Profiles

For each service, the CPEPs developed separate profiles for the labor, equipment and supply resources required. Labor profiles include details for the CPEP service periods as defined in Chapter 3.0; equipment and supply profiles were developed for each service as a whole rather than for the detailed CPEP service periods.

Labor Profiles

Labor resource estimates were collected from the CPEPs by individual staff types. Those estimates were obtained along each of the following dimensions:

- *Clinical/Administrative.* Clinical and administrative functions were separately identified and the staff types and time required for each of the two types of functions were then profiled separately. Examples of basic clinical functions include greeting/gowning patient, performance of the service/procedure, and tasks related to ordering tests. Examples of administrative functions include reception, registration, and billing/collections. Some staff types in some CPEPs performed both clinical and administrative functions, and are profiled under both of those classifications.

- *Service period.* Labor was profiled separately by service periods as defined in Chapter 3.0.

- *Site of Service.* Two sites of service are distinguished: *in-office* and *out-office*. (see Chapter 3.0 for a definition of site of service)

Global File:
WAGEDAT

Global File:
SUP_PRC

Global File:
EQP_PRC

CPEP-Specific File:
LABDET
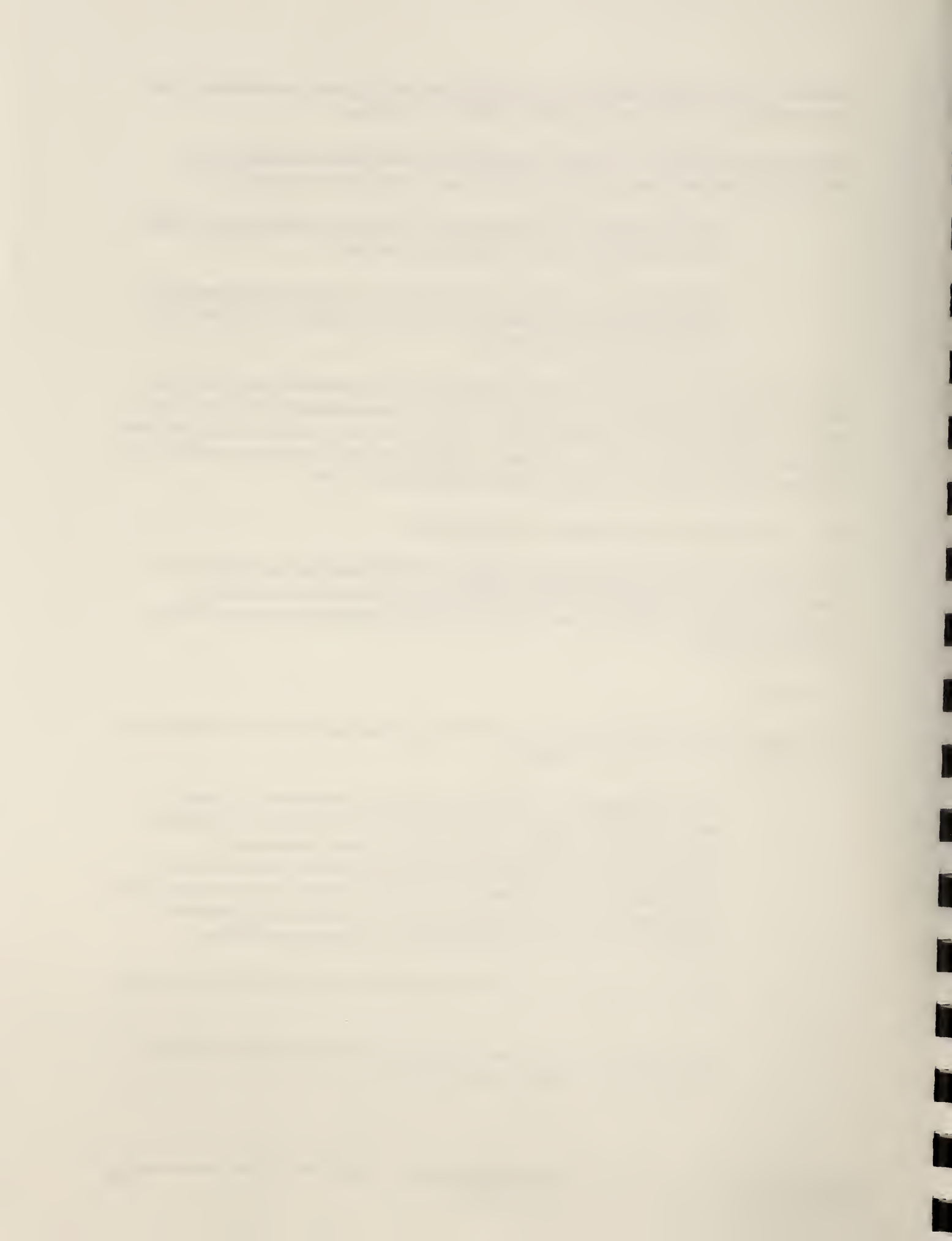
For each staff type involved in the provision of service, there are potentially 10 separate labor time estimates: 6 for clinical types (pre/procedure/post time periods; in- and out-of-office) and 4 for administrative staff types (procedure/post time periods; in- and out-of-office).

Supply Profiles

The supply profiles obtained from the CPEPs include clinical disposable supplies only and do not distinguish the period (pre, procedure, post) during which the supplies are used. The only distinction made is between in-office and out-office sites (see Chapter 3.0 for a definition of key terms). Supplies are rarely provided by the practice when performing services in settings that are physically outside the office. However, since the definition of "in-office" vs. "out-office" is keyed on the site of the procedure itself, the out-office setting supply profiles often contain information for supplies provided during global period visits prior to or after the service was performed. Supplies for out-office procedural services with bundled visits (e.g., 090 day global services) were virtually always reported for visits provided during the pre and/or post-service periods.

Equipment Profiles

The equipment profiles obtained from the CPEPs focus on clinical equipment with acquisition costs of $500 or more. The CPEPs specified the types of equipment typically required for each service. Time constraints did not permit the collection of explicit equipment use time data during the CPEP meetings. Equipment use times were later estimated based on clinical support staff time estimates. For example, equipment use time for services involving plain film x-rays was estimated using the x-ray technician time profiled by the CPEP. (Refer to the report on the *Clinical Practice Expert Panel (CPEP) Direct Cost Estimation* for further details.) The great majority of equipment profiled by the CPEPs was used during the procedure period for in-office services. In some cases, equipment was used during the follow-up office visits provided in the post- service period for either in-office or out-office procedures (e.g., ophthalmology services with global periods often use eye examination equipment in post-service visits; see the discussion of the OUTEQCAP file in Chapter 5.0 for more details).

4.3 Collection of Input Price Data

The resource profiles collected during the CPEP meetings require price data in order to convert the profiles into costs. These cost data are of three types, corresponding to the three types of inputs profiled by the CPEPs:

- Wage data, to be applied to the labor estimates;
- Supply price data, to be applied to the supply items; and
- Equipment price data, to be applied to the equipment items.

Recent national wage data were obtained from the Bureau of Labor Statistics and other sources, which is adjusted to reflect 1995 wage levels. Supply and equipment prices were collected from a variety of sources, including catalogs, manufacturer's representatives, and individual CPEP members. These prices generally reflect 1995 price levels. Refer to the *Report on the Clinical Practice Expert Panel (CPEP) Direct Cost Estimation* for details of the sources and collection process for these price data.
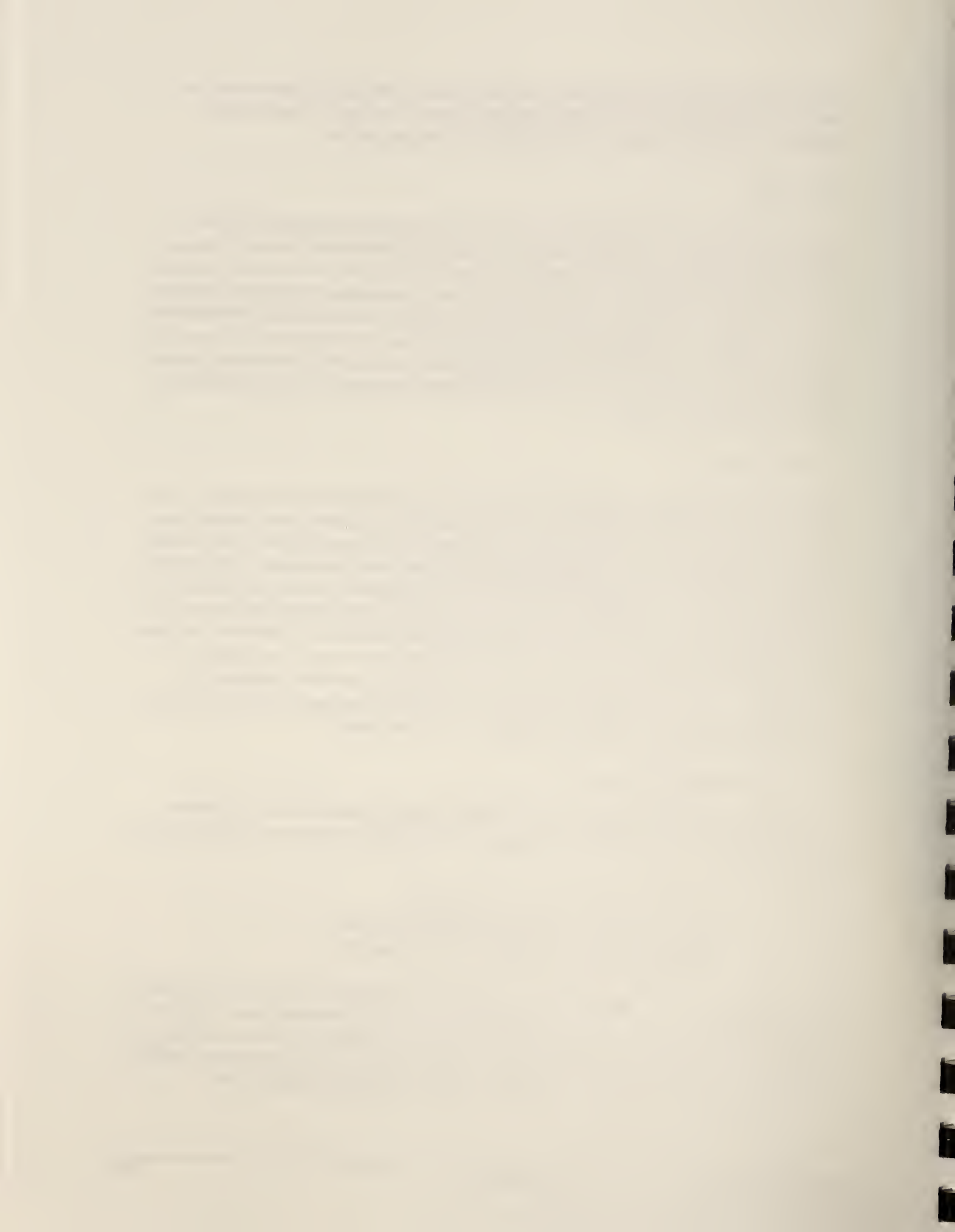
4.4   Calculation of Direct Practice Costs

Exhibit 2 depicts the flow of data necessary to calculate total direct practice costs. This calculation requires several steps for each of the 15 CPEPs:

- Labor staff types must be matched against the staff types in the wage data, so that staff-specific time profiles can be converted into cost profiles. The costs for each staff type can then be summed to get the total labor direct cost for a service.

- Supply types must be matched against the supply price data, so that supply items can be converted into supply costs. The costs for each supply item used to provide a service can then be multiplied by the quantity of supply required, and the results can be summed to get the total supply direct cost for a service.

- Equipment types must be matched against the equipment price data, and then the equipment costing algorithm developed by Abt (which requires labor as well as equipment data) must be run to generate the service-specific equipment cost estimates.[7] The algorithm allocates a per-minute machine cost to services based on the number of minutes of labor for the relevant staff type. The default rule used in this assignment was the longest clinical staff time in the G1 period. Exceptions were made in cases for which the default rule was not appropriate (e.g., if the service was performed by the physician without clinical staff support). After computing equipment costs in this way, the costs for each equipment item can then be summed to derive the total equipment direct cost for a service.

- For each service, the total labor, supply, and equipment costs must be summed to determine the total direct practice costs.

Each of the files depicted in Exhibit 2 is summarized in Chapter 5.0. The Data Dictionary contains file- and variable-specific details, including file record layouts, sort order details, and codebooks for variables in each file.

---

[7]See *Clinical Practice Expert Panel (CPEP) Direct Cost Estimation* report for a detailed description of the equipment costing methodology.

Global File:
WAGEDAT

Global File:
SUP_PRC

Global File:
EQP_PRC

CPEP-Specific File:
LABDET
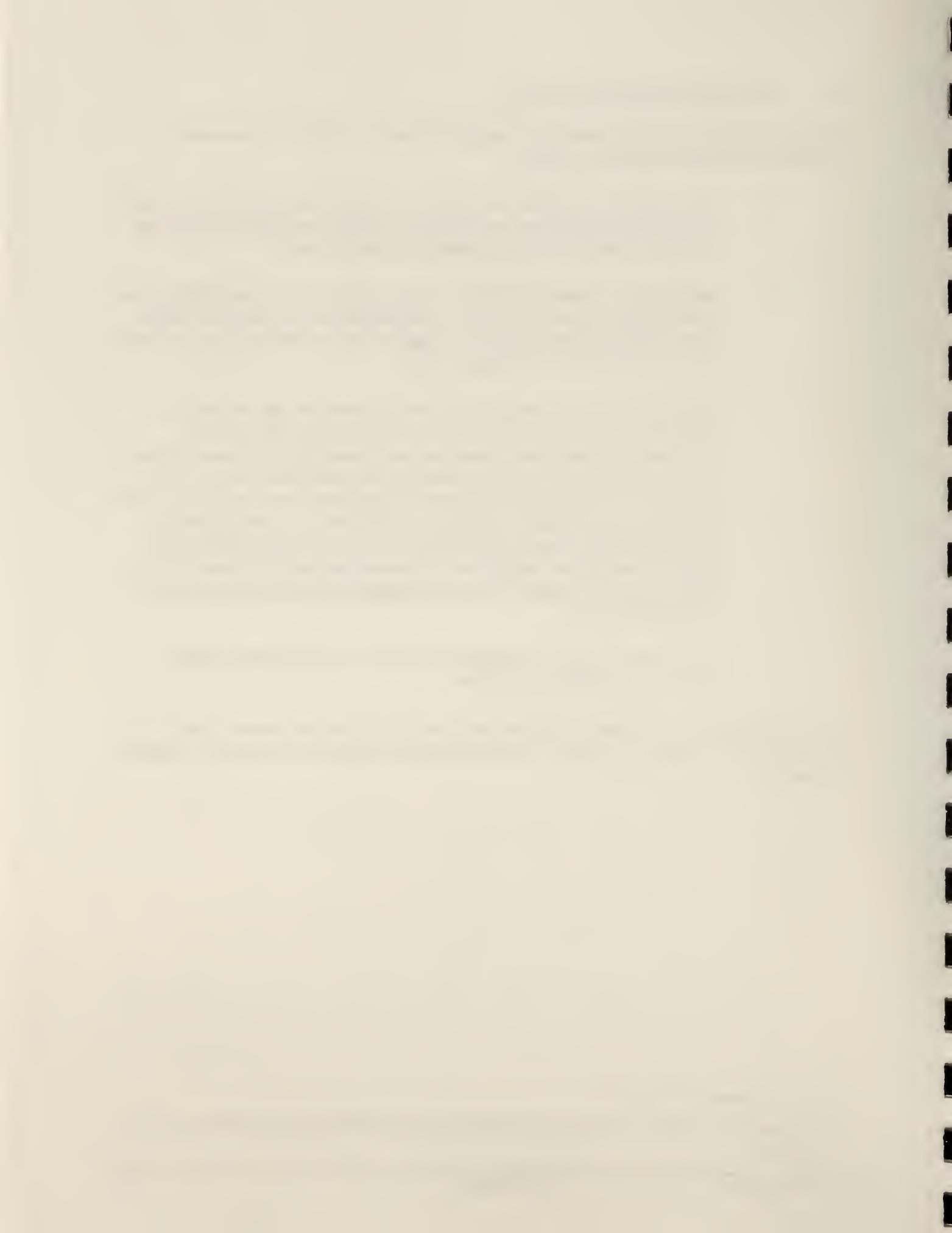
Exhibit 2

CPEP Direct Practice Costs Database File Relationships

CPEP 15. . .
CPEP 2. . .
CPEP 1

Service-Specific
Labor Profiles

(LABDET)

Wage Data

(WAGEDAT)

Service-Specific
Equipment Times

Matching Prices to
Inputs

Service-Specific
Labor Costs

CPEP 15. . .
CPEP 2. . .
CPEP 1

Service-Specific
Supply Profiles

(SUPDET2)

Supply Price Data

(SUP_PRC)

Matching Prices to
Inputs

Service-Specific Supply
Costs

CPEP 15. . .
CPEP 2. . .
CPEP 1

Service-Specific
Total and
Component Costs

(PROCSUM)

CPEP 15. . .
CPEP 2. . .
CPEP 1

Service-Specific
Clinical Equipment
Profiles

(EQPDET)

Equipment Price Data

(EQP_PRC)

Matching Prices to
Inputs

External Data

Clinical Equipment
Cost Calculation and
Allocation

CPEP 15. . .
CPEP 2. . .
CPEP 1

Service-Specific
Clinical
Equipment Costs

(PXEQCAP)

CPEP 15. . .
CPEP 2. . .
CPEP 1

Service-Specific
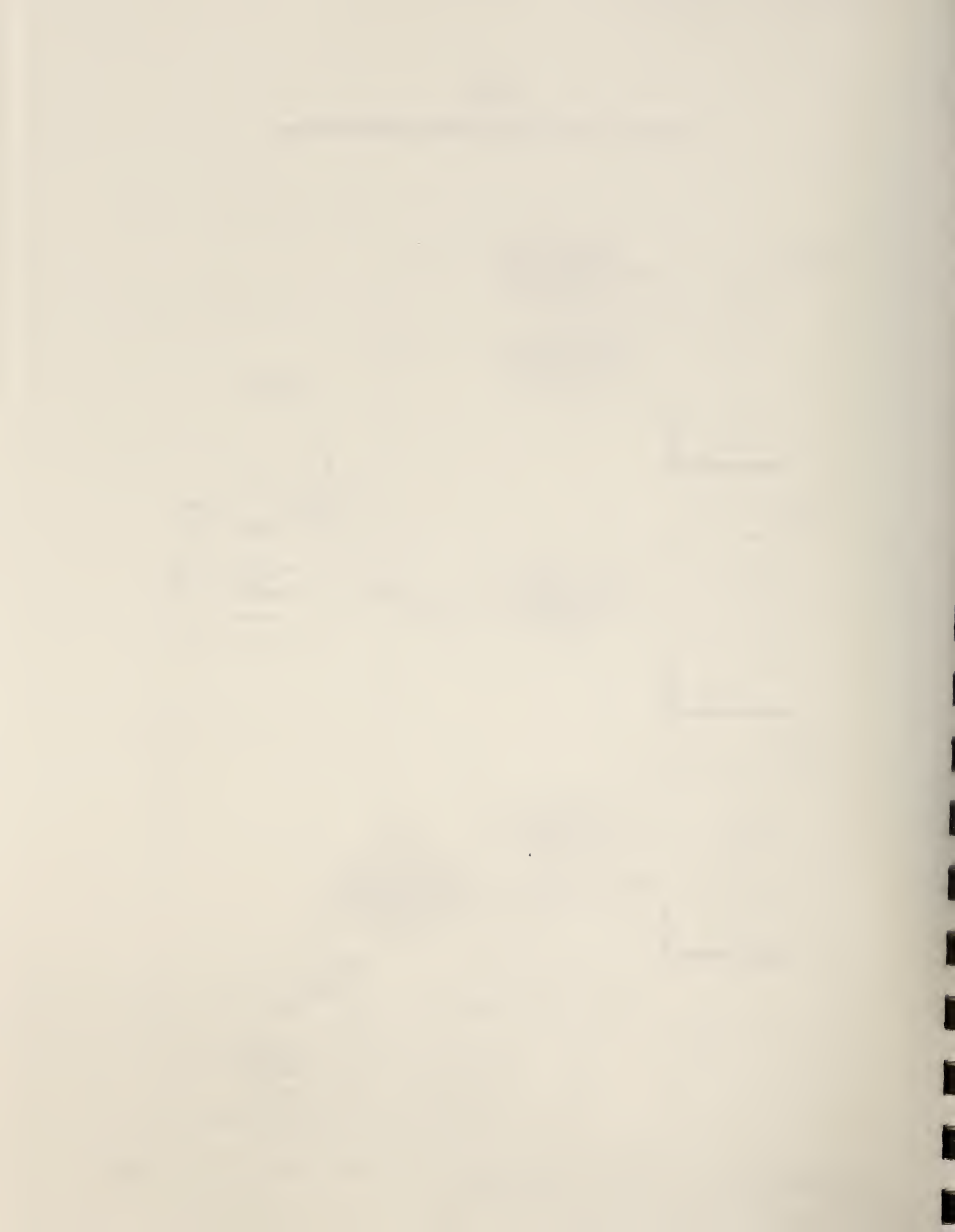Clinical Overhead
Equipment Costs

(OVEQCAP)

Global File:
WAGEDAT

Global File:
SUP_PRC

Global File:
EQP_PRC

CPEP-Specific File:
LABDET

5.0   CPEP Data Files

5.1   Overview of the CPEP Database

The CPEP data files are the product of the processes described in Chapters 2.0 through 4.0 and consist of four types of files related to direct practice expenses for each of the services included in this project:

- *Resource profiles.* The resource profile files contain the CPEPs' estimates of input quantities required to provide each service. Three types of resource profiles are available: labor minutes, supply item quantities, and required equipment usage.

- *Input prices.* The input price files contain data on wage rates, supply prices, and equipment prices. Data were compiled from a variety of sources (see below).

- *Service-specific direct practice costs.* The service-specific direct practice cost files contain the direct practice costs of each service (resulting from the application of prices to the resource profiles for labor, supplies and equipment). For equipment, useful life and other data collected outside the CPEP process were also used.

- *Auxiliary files.* Auxiliary files are available which document various aspects of the CPEP data development process. These files are described in section 5.2.2 below.

The resource profile files and the service-level direct cost files are *CPEP-specific*. There are 15 files for each CPEP-specific file type, one for each CPEP. The input price files are *global*, with one file only for each file type.   These files are summarized below, and the primary files are depicted graphically in the attached Exhibit 2.

- *Global files.* Primary global files represent *master* files that are applicable to all CPT codes across all CPEPs. There are three primary global files:

  — WAGEDAT: Provides wage information for each staff type
  — SUP_PRC: Provides pricing information on each type of supply item
  — EQP_PRC: Provides pricing information on each type of equipment item

  There are also two auxiliary global files:

  — EXPSITES: For all CPT codes addressed by the project, the settings in which each service was expected to be profiled, based on Medicare administrative data
  — OUTEQCAP: For those CPEPs indicating use of equipment paid for by the practice in non-office settings, this file contains information about these equipment items. This file has the same format as PXEQCAP (see below).
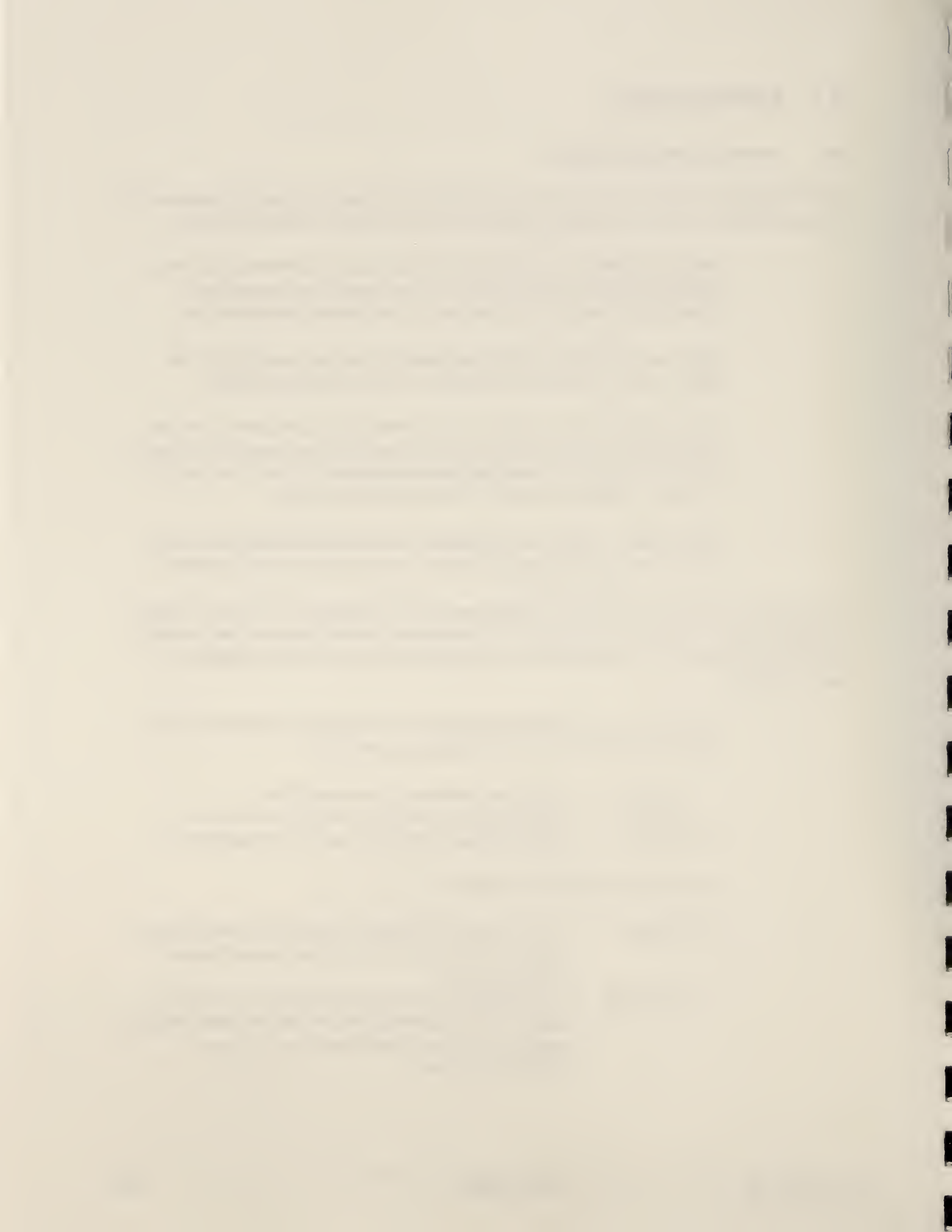
- **CPEP-specific detail files.** These files represent *CPEP-specific* detailed files regarding the labor, supply, and equipment resources required in the direct provision of each CPT code assigned to the CPEP. In all, there are six files per CPEP:

— LABDET:	Details the labor resource estimates and per-minute wage rates
— SUPDET2:	Details the supply item and quantity resource estimates
— EQPDET:	Details the service-specific equipment items required to provide each service (data for overhead types of equipment are contained in the OVEQCAP file, below)
— PXEQCAP:	Details the factors used in allocating service-specific clinical equipment costs to each service using the equipment
— OVEQCAP:	Details the factors in allocating clinical overhead equipment costs to all services in the entire CPEP[8]
— PROCSUM:	Contains the estimated service-specific direct costs (labor, supplies and equipment) for each HCPCS code by site of service (in- and out-office).

There is one auxilary CPEP-specific file, SERVPT. Each of these files is summarized below. The Data Dictionary contains file- and variable-specific details, including file record layouts, sort order details, and codebooks for variables in each file. Appendix A contains a listing of all variables in the CPEP database and an indication of the file(s) on which each variable resides. For further information on data sources, application of wage, supply and equipment pricing, and the service specific and overhead allocation methodology for clinical equipment, see the *Clinical Practice Expert Panel (CPEP) Direct Cost Estimation Report*.

5.2 Global Files

Five global files apply to *all* CPEPs; as such, there is a single version of each file (in contrast to the fifteen versions of each of the CPEP-specific files). Three of the five files (WAGEDAT, SUP_PRC, and EQP_PRC) are master files used in the direct calculation of the total service cost estimates. Table 5 summarizes key information about each global file. A brief description of each file follows.

---

[8] The one exception to the allocation occurs for CPEP 1, in which clinical overhead equipment is allocated to specific families that pertain to only one of the several specialty areas in the CPEP (e.g., physical therapy). See the report on *CPEP Direct Cost Estimation* for details.

Table 5: Global Files				
Filename	Unit of Observation	Number of Observations	Number of Variables	Brief Description
WAGEDAT	Staff type	207	3	Wage information for each staff type
SUP_PRC	Supply Item Code	630	6	Pricing information for each supply item
EQP_PRC	Equipment Item Code	334	5	Pricing information for each equipment item
EXPSITES	CPT-4 Code	6251	6	Expected sites of service to be profiled for each HCPCS code
OUTEQCAP	CPT-4 Code-Equipment Code	1689	22	Equipment cost information for out-of-office equipment

5.2.1   Primary Global Files

WAGEDAT

This file contains the total compensation rates (including fringe) and descriptions for staff types reported by each CPEP. National wage data were obtained from the Bureau of Labor Statistics and other sources. The file contains one record for each staff type that appears in the labor detail datasets (LABDET.T01 - LABDET.T15).

SUP_PRC

This file contains the prices, units and sources of price information for disposable supply items identified by the CPEP members as required for the direct provision of each service.   Supply prices were collected from a variety of sources, including catalogs, manufacturers' representatives, and individual CPEP members. The file contains one record for each supply item that appears in the supply detail files (SUPDET2.T01 - SUPDET2.T15).

EQP_PRC

This file contains the price, useful life and source of price information for each piece of clinical equipment (service-specific and overhead) reported by CPEP members.   Equipment prices were collected from a variety of sources, including catalogs, manufacturers' representatives, and individual CPEP members. (Note that the CPEP database defines equipment as items with acquisition costs of $500 or more.) Each record represents an equipment item. Each equipment item has been assigned a unique identification code.   The file contains one record for each equipment item that appears in the equipment detail datasets (EQPDET.T01 - EQPDET.T15, PXEQCAP.T01 - PXEQCAP.T15, and OVEQCAP.T01

Global File:
WAGEDAT

Global File:
SUP_PRC

Global File:
EQP_PRC

CPEP-Specific File:
LABDET
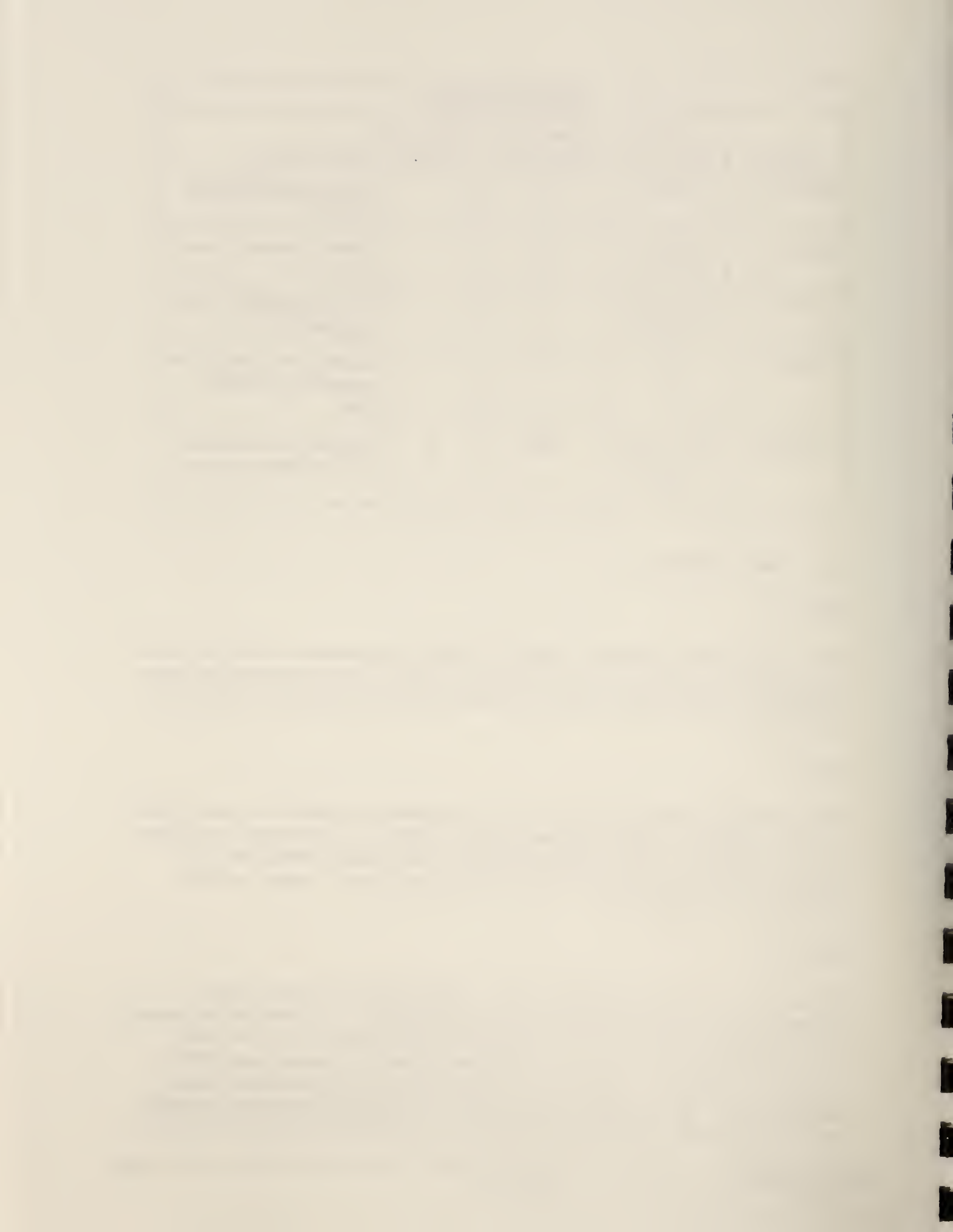
- OVEQCAP.T15., and OUTEQCAP). For a detailed discussion of the equipment cost allocation methodology, refer to the *CPEP Direct Cost Estimation* report.

5.2.2   Auxiliary Global Files

EXPSITES

This file contains code-specific information on the percentage of services performed in the office and the percentage of services performed out-of-the office. The file is based on 1994 Physician and Supplier Procedure Summary Master File data. This information provided guidance to the panels regarding the expected site(s) in which to profile the service. A given service was recommended for profiling if it was performed 10 percent or more of the time in a given setting. CPEP panels, however, overrode this guideline based on their clinical judgment and practice experience regarding the site-of-service, and in some cases either did not profile a service in a setting suggested by the data, or profiled the service in a setting not suggested by the data.

OUTEQCAP

This file contains data pertaining to service-specific equipment costs, in those cases where the CPEPs indicated that they pay for equipment used in the procedure period in the out-office settings. This file contains records for all such cases, for all of the CPEPs in which they occurred. The costs detailed in this file are *not* included in the costs summarized in the PROCSUM file since these costs are not includable under the practice expense component of the MFS. The file contains data elements and computed variables generated by the methodology used to allocate service-specific clinical equipment costs to a single service. Each record represents a unique CPT-4 code/equipment item. Only services having such equipment are included in the file.

5.3   CPEP-Specific Files

Each CPEP has 6 detail files identifying the specific resource estimates for each service assigned to the CPEPs. Table 5 summarizes key information about each of the six types of files. Each type of file is sorted by CPT code (PROCCODE), with a secondary sort dependent on the file. Each of the CPEP-specific detail files contains at least one record for each CPT code assigned to the CPEP (regardless of whether any data could be collected on the code).

Global File:
WAGEDAT

Global File:
SUP_PRC

Global File:
EQP_PRC

CPEP-Specific File:
LABDET

	Table 6: CPEP-Specific Detail File Types		
Filename	*Unit of Observation*	*Number of Variables*	*Brief Description*
LABDET.*Tnn*	CPT Code - Staff Type	19	Detailed labor resource estimates by staff type for each HCPCS code
SUPDET2.*Tnn*	CPT Code - Supply Code	11	Detailed supply estimates for each HCPCS Code, with cost information added
EQPDET.*Tnn*	CPT Code - Equipment Code	4	Detailed service-specific equipment estimates for each HCPCS code
PXEQCAP.*Tnn*	CPT Code - Equipment Code	22	Detailed service-specific equipment estimates for each HCPCS code, with cost information on individual equipment as well as capital calculations
OVEQCAP.*Tnn*	CPT Code - Equipment Code	21	Detailed overhead equipment estimates for each HCPCS code with cost information on individual equipment as well as capital calculations
PROCSUM.*Tnn*	CPT Code	36	Service-specific master costs with labor, equipment and supply profiles incorporated for each HCPCS Code
n = (.T01 - .T15). For example, the 15 LABDET files are uniquely named LABDET.T01, LABDET.T02,...LABDET.T15.			

5.3.1 Primary CPEP-Specific Files

LABDET

This type of file contains the detailed labor inputs, indicating the labor time required for each type of staff. Each record represents a unique CPT code/staff type combination (i.e., there can be multiple records for a given CPT code, but each record represents a different staff type for that CPT code).

The labor estimates are expressed in minutes. This type of file includes the labor times for clinical and administrative activities for CPEP service periods (G0, G1, G1X, G2, G2X) for each unique type of staff involved in the provision of a given service. Each record includes separate labor estimates for the in- and out-office settings. The per-minute total compensation rate (RATE) has been added to the record (from the WAGEDAT file).

SUPDET2

This type of file contains details for each of the disposable supply items identified by the CPEPs as required to provide each service. Each record represents a unique CPT code/supply item combination (i.e., there can be multiple records for a given CPT code, but each record represents a different supply item for that CPT code). Each record includes the type of supply item, as well as information required to determine the total costs for the supply item (e.g., quantity, price per unit). The quantities and costs for

Global File: WAGEDAT

Global File: SUP_PRC

Global File: EQP_PRC

CPEP-Specific File: LABDET
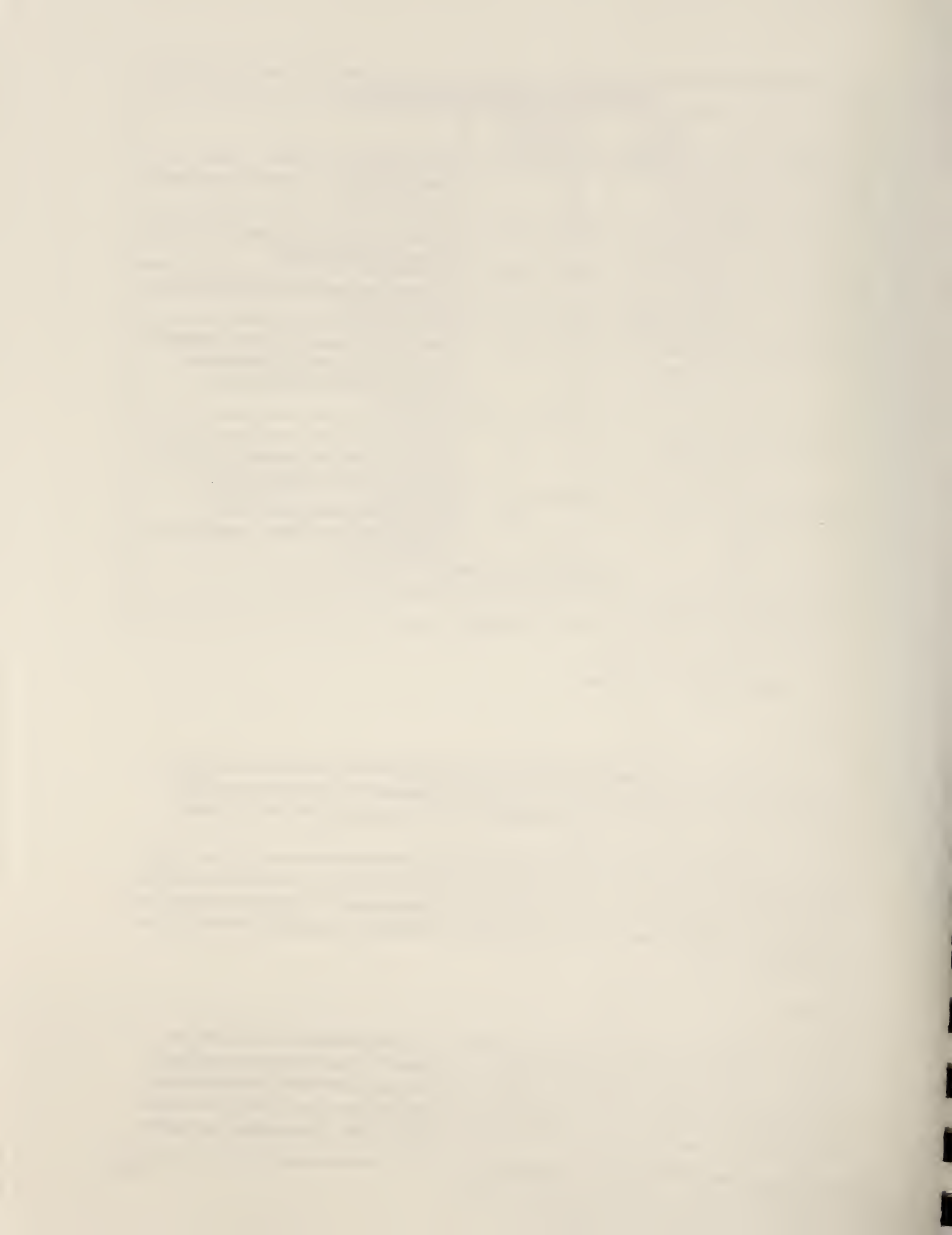
each supply item reflect the total required across the CPEP service periods (i.e., pre-service period + procedure period + post-service period). The SUPDET2 file for a given CPEP has at least one observation for every service code that was assigned to the CPEP, whether or not it was ultimately profiled by the CPEP.

EQPDET

This type of file details each clinical equipment item identified by the CPEPs as required to provide each service, (overhead clinical equipment items are contained in the OVEQCAP files). The files include equipment with a purchase price of $500 or more; items identified by the CPEPs that were subsequently priced at less than $500 are not included in the data files. Each record represents a unique CPT code/equipment item (i.e., there may be multiple records for a given CPT code, but each record represents a different equipment item for that CPT code). The EQPDET file for a given CPEP has at least one observation for every service code that was assigned to the CPEP, whether or not it was ultimately profiled by the CPEP.

PXEQCAP

This type of file represents a set of data pertaining to service-specific equipment costs. It contains data elements and computed variables generated by the methodology used to allocate service-specific clinical equipment costs to a single service. The files include equipment with a purchase price of $500 or more; items identified by the CPEPs that were subsequently priced at less than $500 are not included in the data files. Each record represents a unique CPT code/equipment item (i.e., there may be multiple records for a given CPT code, but each record represents a different equipment item for that CPT code).

In addition to all of the variables in EQPDET, PXEQCAP includes the data, calculation factors and intermediate values for components of formulas necessary to estimate the following:

- The total equipment cost over the life of the equipment;
- The annualized cost of the equipment, including maintenance and financing costs;
- The cost per minute for using the machine; and
- The equipment cost for the specific service.

Variables reflecting assumptions related to the total hours of operation of the equipment, loan interest rates, maintenance costs, and the percent of equipment capacity are included, as are data on purchase price and useful life. The equipment costing algorithm allocates a per-minute machine cost to services based on the number of minutes of labor for the relevant staff type. The default rule used in this assignment was the longest clinical staff time in the G1 period. Exceptions were made in cases for which the default rule was not appropriate (e.g., if the service was performed by the physician without clinical staff support), as indicated by the TEXCEP variable. The PXEQCAP file for a given CPEP has at least one observation for every service code that was assigned to the CPEP, whether or not it was ultimately profiled by the CPEP.

Global File:
WAGEDAT

Global File:
SUP_PRC

Global File:
EQP_PRC

CPEP-Specific File:
LABDET
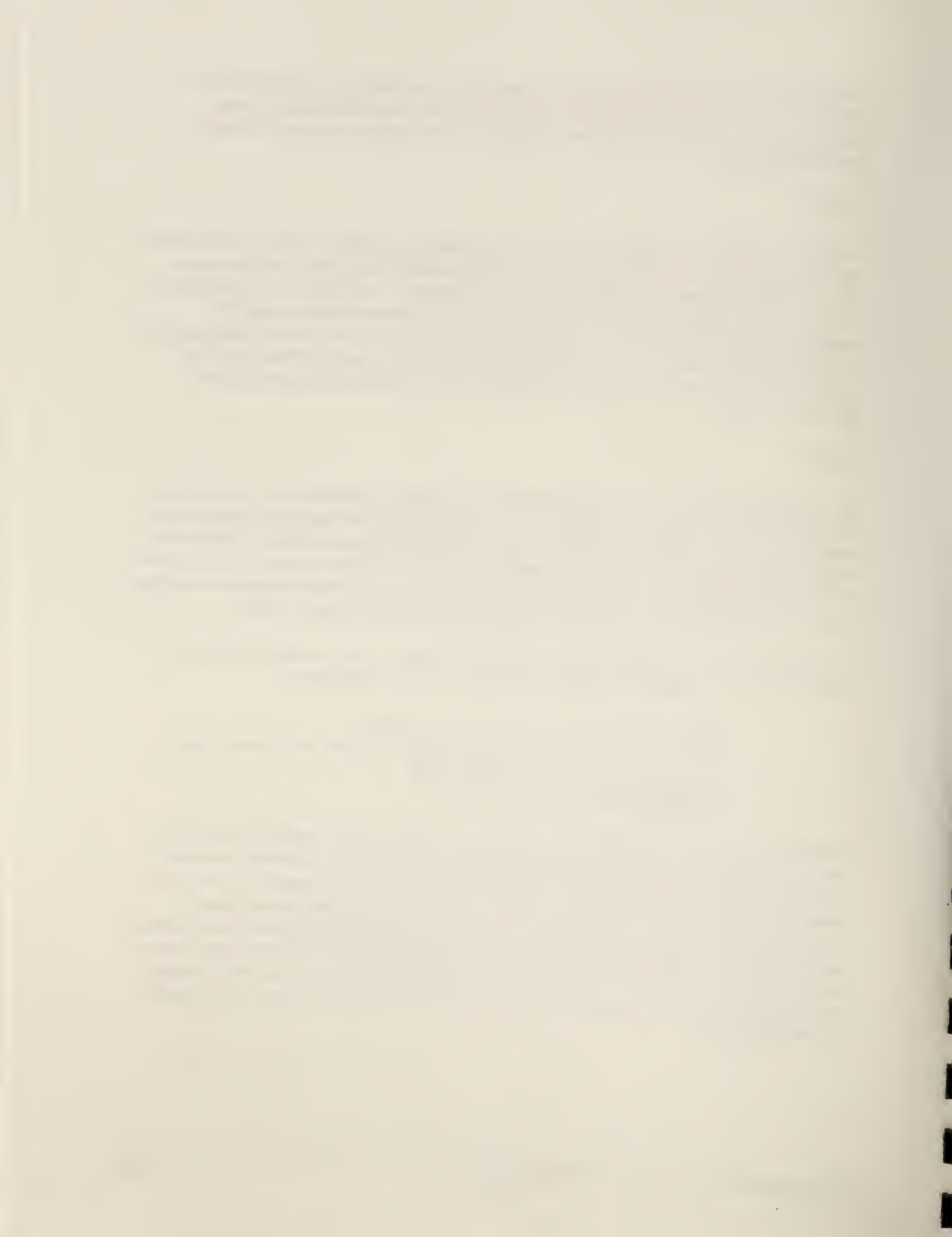
OVEQCAP

This type of file represents an intermediate set of data pertaining to overhead equipment costs (see Chapter 3.0 for definition). The files contain data elements and computed variables generated by the methodology used to allocate clinical overhead equipment costs to specific services. (Items identified by the CPEP as service-specific equipment are contained in the PXEQCAP files.) The files include equipment with a purchase price of $500 or more; items identified by the CPEPs that were subsequently priced at less than $500 are not included in the data files. Each record represents a unique CPT code/equipment item (i.e., there may be multiple records for a given CPT code, but each record represents a different equipment item for that CPT code).

The calculation of overhead equipment cost at the service level uses the same algorithm used to generate the PXEQCAP file. It is different only in that it assumes equipment is 100% utilized, and it allocates equipment time based on labor times for all service periods during which the patient is physically present in the office. The files include variables analogous to those in PXEQCAP, except that they lack the TEXCEP indicator, since there are no exceptions to the overhead allocation rule. (Note that there is no analog of EQPDET for overhead equipment; the OVEQCAP files represent the sole source of overhead equipment data.) Specifically, these files include the data, calculation factors and intermediate values for components of formulas necessary to estimate the following:

- The total equipment cost over the life of the equipment;
- The annualized cost of the equipment, including maintenance and financing costs;
- The cost per minute for using the machine; and
- The equipment cost for the specific service.

Variables reflecting assumptions related to the total hours of operation of the equipment, loan interest rates, maintenance costs, and the percent of equipment capacity are included, as are data on purchase price and useful life. The OVEQCAP file for a given CPEP has at least one observation for every service code that was assigned to the CPEP, whether or not it was ultimately profiled by the CPEP. A detailed discussion of the equipment cost allocation methodology is included in the *CPEP Direct Cost Estimation* report.

PROCSUM

This type of file contains the estimated service-specific direct costs (labor, supplies and equipment) for each CPT code by site of service (in- and out-of-office). The unit of observation is the CPEP-specific CPT code. There is exactly one observation for each service the CPEP was asked to profile; this observation contains profile data for both sites of service. Services that were assigned to but not profiled by the CPEP have values of "N" (not profiled) for both the IN and OUT site of service indicator variables.

This type of file includes the components of the total direct costs, including: total labor costs, total clinical staff costs, total administrative staff costs, total disposable clinical supply costs, total clinical equipment costs, total service-specific clinical equipment costs, and total overhead clinical equipment costs, as well as detailed information on the separate clinical and administrative labor costs within each of the CPEP service periods (G0, G1, G1X, G2, and G2X).

All of the cost (labor, supply, equipment) values in PROCSUM were arrived at by aggregating the respective detail files to the level of the linking key (i.e., CPEP-PROCCODE) and incorporating these results into the single corresponding record on PROCSUM. Total direct cost for each service was computed by calculating and summing costs across: all staff types for both clinical and administrative functions (derived from data in LABDET and WAGEDAT); all supply items (derived from data in SUPDET2 and SUP_PRC); and all equipment items, including service-specific and clinical equipment overhead costs (derived from data in EQPDET, PXEQCAP, OVEQCAP, and EQP_PRC). The primary cost variables (i.e., CG0_I, CG1_I, CG1X_I etc. for labor; SUPP_I for supplies; and PXEQ_I and OVEQ_I for equipment) were computed by aggregating the in- and out-of-office costs in the various detail files by CPEP-PROCCODE. The secondary cost variables on PROCSUM (e.g., TOTLABCI, TOTLABAI, TOTEQPI, TOTLABI, TOT_I) were computed by summing the appropriate primary and/or secondary cost variables.

In addition to containing the aggregated direct cost results from the detail files, PROCSUM also serves as a CPEP-specific service-level master dataset for the service profiles. Among the relevant information contained in PROCSUM are variables indicating:

- which site(s) of service were profiled by the CPEP (IN and OUT);

- whether the service was a reference service (ISREF);

- the Medicare global period status code from the 1995 MFS (GLOBAL);

- whether (as occurred in a small number of cases) some of the CPEP's time estimates were edited after the CPEP meetings (TIMEDEL);

- the number of post-operative visits (POVIS) that the panel assumed in profiling the service.

Some of these indicators (notably the IN and OUT variables) are duplicated on some of the detail datasets, but in other cases they can be determined from other variables in the record. The IN and OUT variables are useful indicators of which sites were profiled and which records could be expected from the detail data. For example, variables referring to the in-office setting will be blank when IN = "N." When working with detail files that do not contain these indicators, the variables itemized above should be incorporated into the analysis to ensure that data are considered in a proper context. The PROCSUM file for a given CPEP has at least one observation for every service code that was assigned to the CPEP, whether or not it was ultimately profiled by the CPEP.

Auxilary CPEP-Specific File

SERVPT

This file is a log of the data entry options used during the second round CPEP meetings. For the second round of CPEP meetings, Abt developed a PC-based data entry tool to enable the CPEP recorders to perform real-time entry of CPEP estimates developed during the meetings. The tool facilitated fast, accurate data entry of information that would be needed to later develop the final time estimates for the

Global File:
WAGEDAT

Global File:
SUP_PRC

Global File:
EQP_PRC

CPEP-Specific File:
LABDET
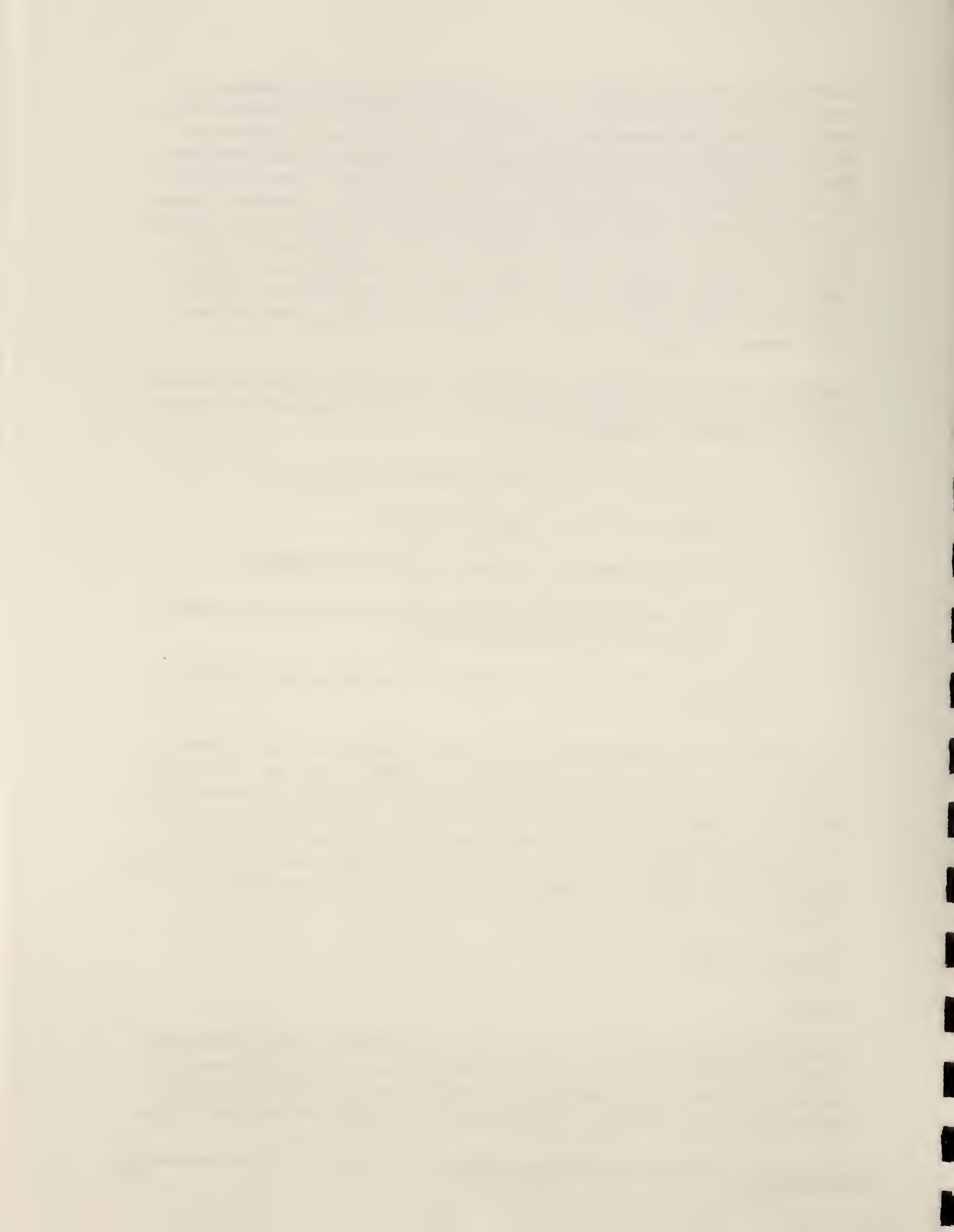
6,000+ HCPCS/CPT codes profiled during the panel meetings. Data collected by the data entry tool were used in a series of processing steps which culminated in the production of the detailed labor estimates contained in the Labor Detail (LABDET) file. A small subset of items from the data entry tool tables were also extracted and copied to the CPEP Data Entry Log Extract file, which contains a record of the type of data entry option chosen for each code profiled. It is not possible to interpret a relationship between the method chosen to data enter the time estimates and the reasoning process used by the CPEPs. As a result, no conclusions about the underlying logic used by the CPEPs should be drawn from the data contained in the SERVPT file. The file contains information reflecting the method of data entry chosen; it does not convey any information about why a particular set of values were copied or why particular CPT codes were chosen to serve as the basis for adjustments.

5.3.2   CPEP Recorders' Notes

The *CPEP Recorders' Notes* contains information providing context for the data in the CPEP database files. Such information could not be reflected *per se* in the data, and is intended to support subsequent review. *This document is a cornerstone for obtaining a complete understanding of the data files as well as for performing any adjustments to the data.* Because of the need for the databases to support various analyses planned by HCFA in its process of developing practice expense relative values, the Notes files were created to assist users in understanding the data.

The notes are specific to each CPEP and are structured in three categories:

- *CPEP-level notes* describe specific conventions or formulae adopted by the CPEP. For example, the notes may indicate that a CPEP used the number of post-operative visits in a formula to generate staff times for post-surgical office visits for all of its 90 day global codes.

- *Family-level notes* provide similar information that applies only to that specific family of services.

- *Service-specific notes* provide a variety of explanatory information. For example:

  — Notes are present if the data in the data files may seem inconsistent or inaccurate when taken at face value. For example, notes are present when a panel provided an estimate that is in conflict with the global period status code contained in the Medicare Fee Schedule (such as treating a 90 day global service as a ZZZ code).

  — Notes are also present when there was uncertainty about the includability of a resource in the practice experience component of the MFS.

This document is intended for users familiar with the CPEP process. Familiarity with the *Users' Guide* and the report on the *CPEP Direct Cost Estimation* is necessary for proper interpretation of the information contained in this document.
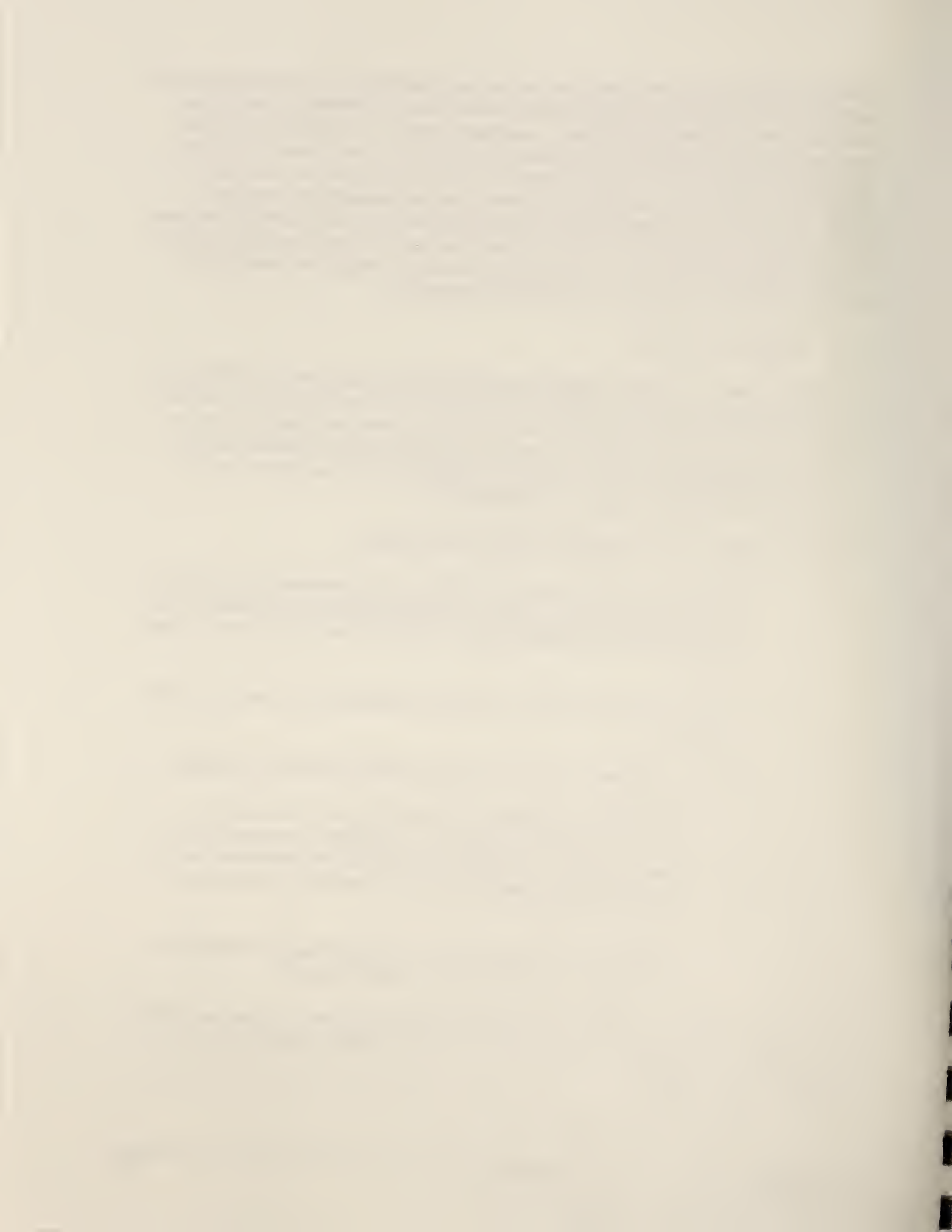
6.0 Technical User Notes

6.1 Using the Data Files

6.1.1 File Relationships and Linkages

Exhibit 3 contains a graphical representation of the linkages needed among the various types of CPEP-specific and global files in order to develop summary/aggregate values. In most cases, the variable CPEP is only needed as a linking variable if data have been combined across CPEPs; it is not necessary if files for only one of the CPEPs are to be linked. The exception to this is the OUTEQCAP file, which requires both CPEP and PROCCODE for all links.

In Exhibit 3, arrows with two points (↠) represent a one-to-many relationship. The variables listed alongside the connecting line represent the variable(s) that define the link. For example, for every CPEP-PROCCODE combination in PROCSUM, there can be multiple (i.e., one or more) records occurring in LABDET with the same CPEP-PROCCODE combination. These multiple records would be distinguished by the different values of the STAFTYPE field, which is the italicized variable indicated in parentheses next to each detail file. Note that the existence of a one-to-many relationship does not *require* that there be multiple detail records, but indicates that there *may* be multiple detail records. In fact, there may well be only a single detail record. However, there will always be at least one detail record for any CPEP-PROCCODE combination occurring in PROCSUM. The exception to this is the arrow with a dashed line, which indicates that there may be zero or more detail records (this occurs only with the file OUTEQCAP).

Arrows with a single point (↝) represent a one-to-one relationship. The variables listed alongside the connecting line indicate the variable(s) that define the link. For example, for every record in LABDET, there exists exactly one record in WAGEDAT with a matching value of STAFTYPE. Unlike the one-to-many relationships, the "linked-to" files (e.g., WAGEDAT) essentially represent "lookup" files.

6.1.2 Assignments of Services to Multiple CPEPs: Linking Across CPEP-Specific Datasets

Of the 6,251 CPT services within the scope of this study, over 1,000 were assigned to be profiled by more than one CPEP. It is important to bear this in mind when working with the datasets, and to not overlook the CPEP variable in any linkages across the physically distinct CPEP-specific datasets.

The CPEP-specific datasets are physically distinct datasets. However, certain analyses might require the concatenation of data from two or more CPEPs. To avoid possible errors in linking, PROCCODE and CPEP records should be uniquely defined by the combination of both CPEP and PROCCODE (though when working with one CPEP at a time, omitting the CPEP variable will not alter the results).

6.1.3 Variables Appearing on More Than One File

Users are cautioned that links such as those illustrated in Exhibit 3 would need to be re-applied should any of the data in the global files be changed as part of a subsequent analysis. With the exception of the link between EQPDET and EQP_PRC, files involved in the one-to-one links pictured in Exhibit 3 are partially redundant with regard to their contents. For convenience, some or all of the link has already

Exhibit 3

Common Relationships Among CPEP Database File Types
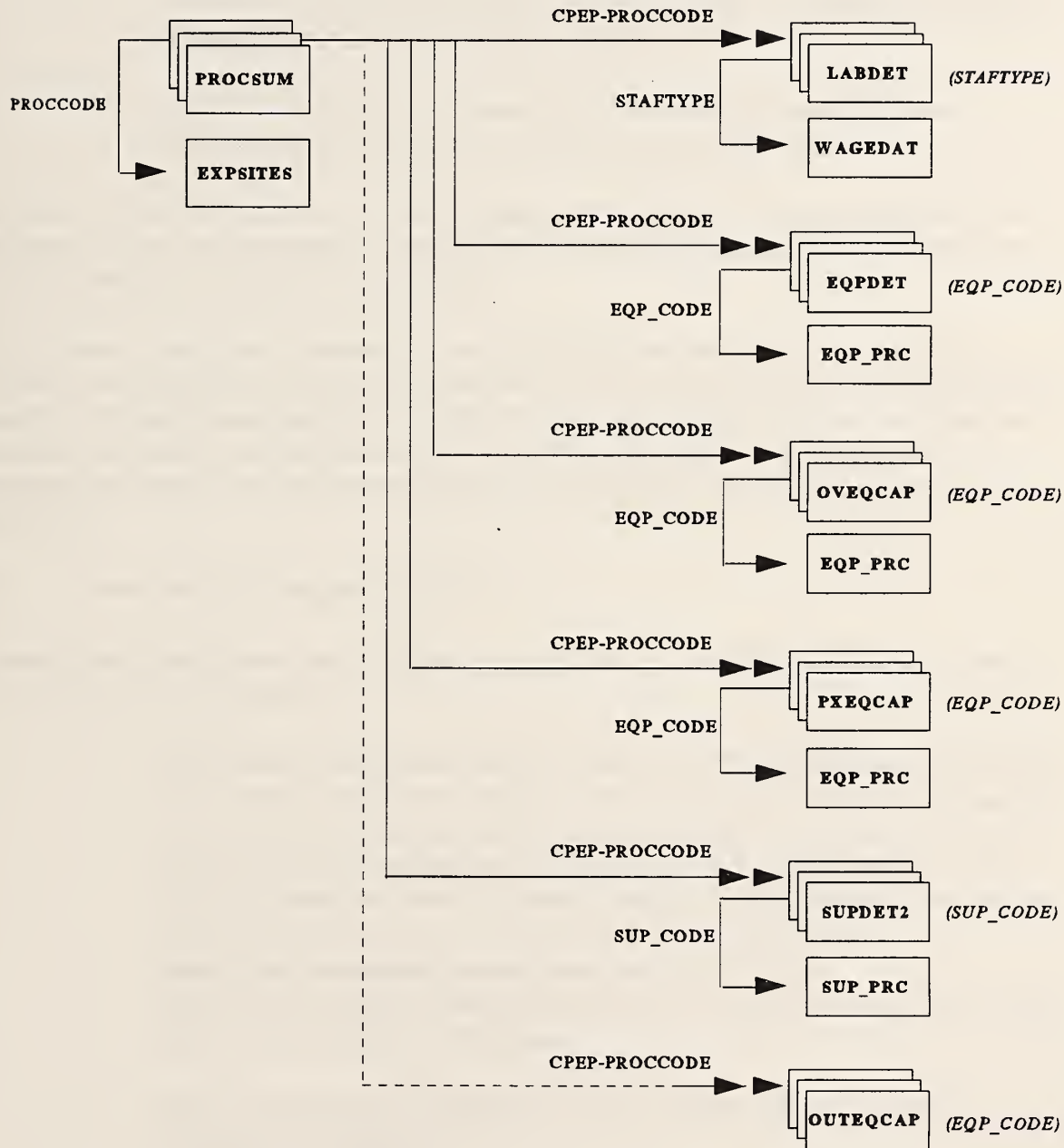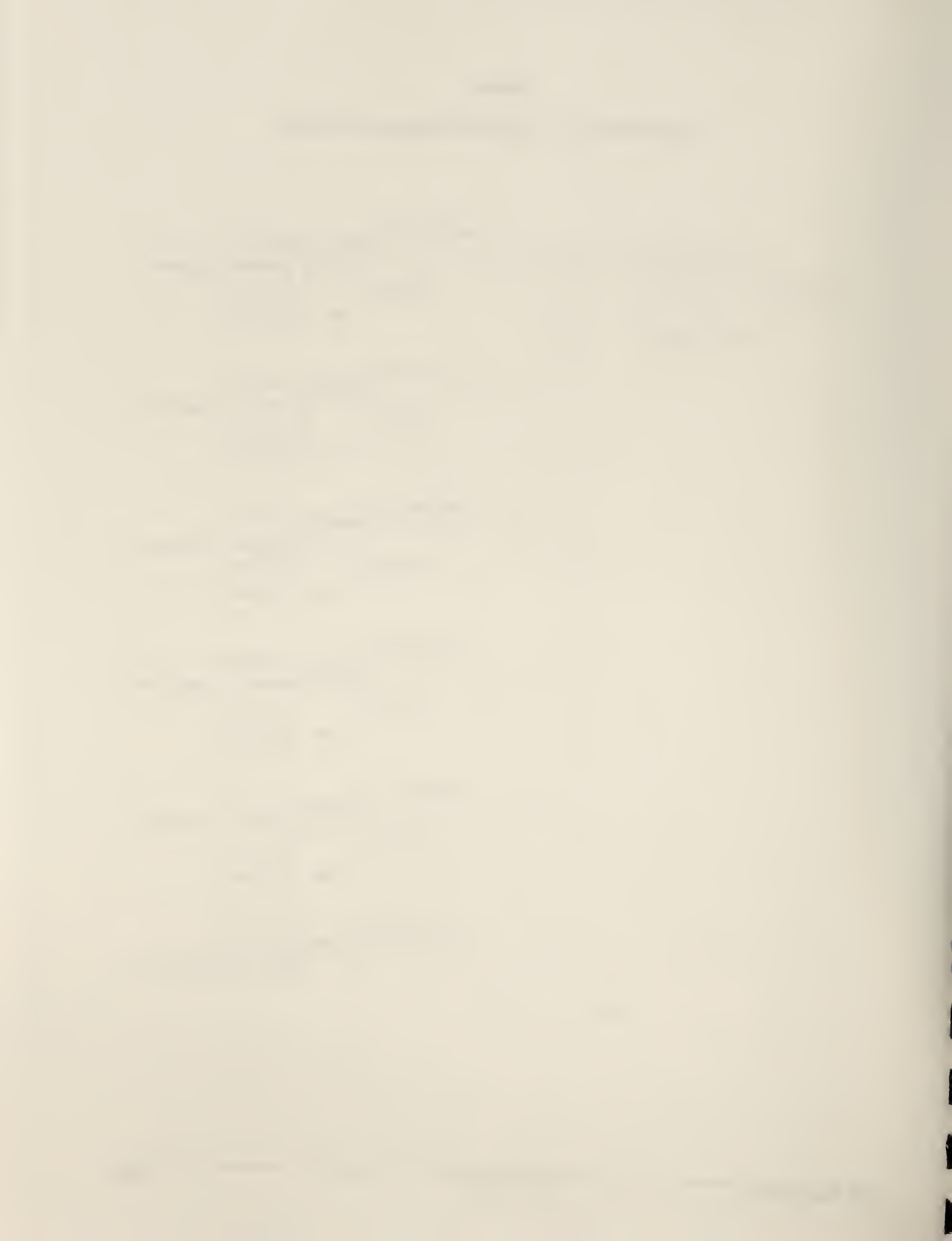
been performed (i.e., some of the variables in the "linked-to" datasets already exist in the "linked-from" datasets. Examples of this include:

- The RATE variable, whose values in the WAGEDAT dataset have also been included in the LABDET datasets;

- The PRICE and LIFE variables, whose values in the EQP_PRC dataset have also been included in PXEQCAP and OVEQCAP datasets;

- The DESC, PRICE, PRC_CNT and PRC_UNIT variables, whose values in the SUP_PRC dataset have also been included in the SUPDET2 datasets.

Appendix A includes an indication of multiple occurrences of variables. It is always preferable to link to the global files and use the variables on the global file, rather than using the counterpart variables that have been added for convenience to the detail files.

All of the cost (labor, supply, equipment) values in PROCSUM were arrived at by aggregating the respective detail datasets to the level of the linking key (i.e., CPEP-PROCCODE) and incorporating these results into the single corresponding record on PROCSUM. For example, if five in-office supply item records are contained in the supply detail file for one HCPCS code, supply-item specific costs are calculated and summed across the five records to arrive at one supply cost total for the single record on PROCSUM.

6.1.4 Conventions Regarding Missing Values

Missing values in data files are used to indicate values that were not or could not be obtained. Missing values occur in two general cases:

- When a service code was not profiled by a particular CPEP at a particular site of service (i.e., in-office or out-of-office), missing values are assigned to variables associated with the site of service which is not profiled. For example, if CPEP 1 did not profile service code "15101" for the in-office setting (IN="N"), variables on the supply detail dataset (SUPDET2) specific to the in-office setting (namely, INQCNV, INCOST) will contain missing values for observations with CPEP="C 1" and PROCCODE="15101". Similarly, the corresponding summary record for CPEP="C1" and PROCCODE="ABCDE" in the PROCSUM data set will contain missing values for all variables specific to the in-office setting.

- When a service code *was* profiled by a particular CPEP at a given site of service, missing values are assigned if:

  — a value for a particular variable relating to that site of service was not obtained (e.g., the CPEP could not provide supply details); or

  — the value of one or more of the components of a particular variable was either not provided or not available (e.g., cost fields are missing when either price or quantity is missing). *When a particular variable is missing, missing values propagate to*

Global File: WAGEDAT

Global File: SUP_PRC

Global File: EQP_PRC

CPEP-Specific File: LABDET
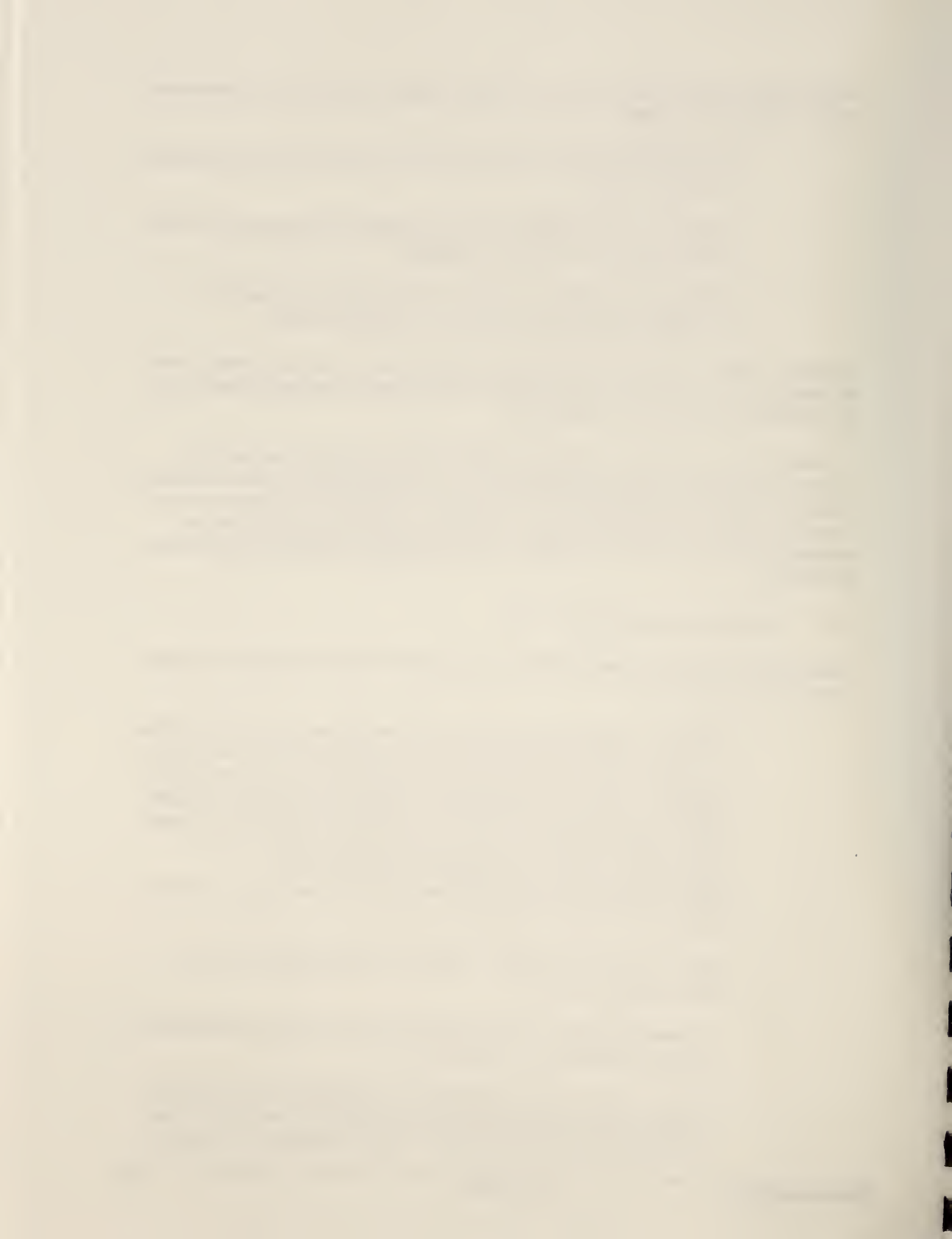
all other variables in the same or other datasets that are directly or indirectly dependent on that variable. No assignment of partially complete or imputed values to variables with at least one component missing has been made.

6.1.5 Conventions Regarding Special Values

The CPEP database also uses some codes with special meaning to indicate particular types of situations in which the data are not present. These are detailed within each variable's entry in the Data Dictionary. For example, EQP_CODE has a value of "code not profiled" (E99990) in the EQPDET file when a service has not been profiled. These special codes are specific to a type of data file; conventions vary across the files. The Data Dictionary documents the special codes used for each variable, and analysis of any of the files should be preceded by a careful review of the data dictionary information for that file.

6.2 Important Considerations in Using These Data

Points that should be kept in mind in using this data are:

- The terms and concepts for the project should be well understood before the files are used. Chapter 3.0, Key Terms and Concepts, should be reviewed. In particular, *for services that include global periods, the site of service is anchored to the procedure period site and is reported as such in the database.* This is a very important point to keep in mind when examining or analyzing the CPEP data files. Thus, the post-operative office visits that take place after an inpatient 90 day global surgical service are categorized as out-office, even though these visits may take place in the physician's office.

- The files have been created from an extensive process of data recording and entry verification. The reference service data have also undergone review by the CPEP panelists whose consensus produced the values; non-reference data have been reviewed extensively by Abt (e.g., quality review edits) but not by the CPEP panelists.

- The data represent the consensus of the CPEPs as recorded by Abt Associates. They have not been validated against external frames of reference.

- The data in these files have been carefully reviewed and quality controlled, drawing on the written notes recorded by Abt Associates staff during the CPEP meetings. The data reflect resource estimates provided by the CPEPs with few exceptions (as discussed in Section 5.3.1, PROCSUM file descriptions), these estimates have not been edited or altered.

- These data and documentation were originally intended for HCFA and the health services research community, to be used as an input into the process of developing practice expense relative value units. The enormous volume of data is maintained in separate files relating to labor, supplies, and equipment. Use of the detailed files (as opposed to the cost summary file PROCSUM) by non-technical users should be undertaken with care, and after the full set of documentation has been reviewed and understood.

Global File:
WAGEDAT

Global File:
SUP_PRC

Global File:
EQP_PRC

CPEP-Specific File:
LABDET

•   Users should keep the ultimate use of these data in mind: they were collected as one source of data to determine relative values. As such, it is the relative relationships among the resource requirements, rather than the absolute levels, that are important.

APPENDIX A
CPEP Database Files and Variables

This Appendix displays the types of CPEP database files and the variables contained in each type. It serves as a summary of the variables contained within each type of file, as well as the variables that exist on multiple files.

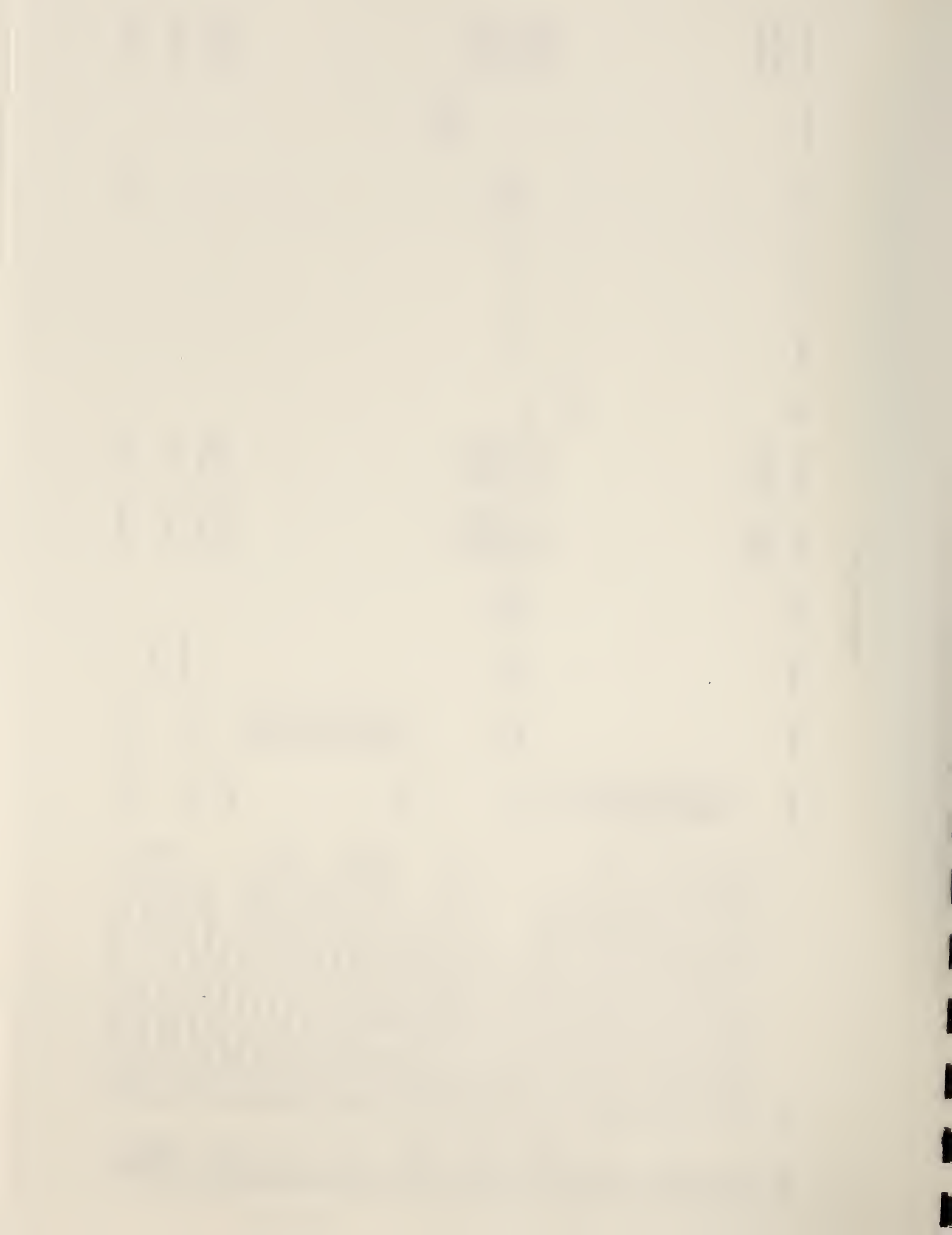Global File:
WAGEDAT

Global File:
SUP_PRC

Global File:
EQP_PRC

CPEP-Specific File:
LABDET

Variables by File

VARNAME	LABEL	PROCSUM	LABDET	SUPDET2	EQPDET	OVEQCAP	PXEQCAP	SERVPT	WAGEDAT	SUP_PRC	EQP_PRC	EXPSITES	OUTEQCAP
ANNFACT	Annualizing factor, eqp cost plus maint.					OVEQCAP	PXEQCAP						OUTEQCAP
CAPFRAC	Annualizing factor for capital eqp cost					OVEQCAP	PXEQCAP						OUTEQCAP
CG0_I	Clin staff cost for pre-serv in office	PROCSUM											
CG0_O	Clin staff cost for pre-serv out-office	PROCSUM											
CG1X_I	Clin staff cost for post-ops in-office	PROCSUM											
CG1X_O	Clin staff cost for post-ops out-office	PROCSUM											
CG1_I	Clin staff cost for serv in-office	PROCSUM											
CG1_O	Clin staff cost for serv out-office	PROCSUM											
CG2X_I	Admin staff cost for post-ops in-office	PROCSUM											
CG2X_O	Admin staff cost for post-ops out-office	PROCSUM											
CG2_I	Admin staff cost for serv in-office	PROCSUM											
CG2_O	Admin staff cost for serv out-office	PROCSUM											
CLINADM	Record is CLIN or ADMIN estimate							SERVPT					
COMPFLAG	Service cost completion indicator	PROCSUM											
COST_MIN	Equipment cost per minute	PROCSUM	LABDET	SUPDET2		OVEQCAP	PXEQCAP						OUTEQCAP
CPEP	CPEP providing estimate		LABDET	SUPDET2		OVEQCAP	PXEQCAP	SERVPT	WAGEDAT	SUP_PRC			OUTEQCAP
DESC	Description				EQPDET	OVEQCAP	PXEQCAP				EQP_PRC		OUTEQCAP
EQP_CODE	Code for type of equipment				EQPDET	OVEQCAP	PXEQCAP				EQP_PRC		OUTEQCAP
EQTI	Minutes for equipment use, in-office				EQPDET	OVEQCAP	PXEQCAP						OUTEQCAP
EQTO	Minutes for equipment use, out-office					OVEQCAP	PXEQCAP						OUTEQCAP
EXP_IN	Expected to be Profiled IN											EXPSITES	
EXP_OUT	Expected to be Profiled OUT											EXPSITES	
FAM	The family number for the service	PROCSUM	LABDET										
G0_I	Clin staff time for pre-serv in office		LABDET										
G0_O	Clin staff time for pre-serv out-office		LABDET										
G1X_I	Clin staff time for post-ops in-office		LABDET										
G1X_O	Clin staff time for post-ops out-office		LABDET										
G1_I	Clin staff time for serv in-office		LABDET										
G1_O	Clin staff time for serv out-office		LABDET										
G2X_I	Admin staff time for post-ops in-office		LABDET										
G2X_O	Admin staff time for post-ops out-office		LABDET										
G2_I	Admin staff time for serv in-office		LABDET										
G2_O	Admin staff time for serv out-office		LABDET										
GLOBAL	The Medicare global period	PROCSUM											
HRSWK	Hours per week office assumed open		LABDET			OVEQCAP	PXEQCAP						OUTEQCAP
IN	Code profiled in the office (Y/N)	PROCSUM	LABDET			OVEQCAP	PXEQCAP						OUTEQCAP
INQCNV	Qty of standardized supp. units, in-off			SUPDET2									
INTRATE	Loan interest rate, this equipment type					OVEQCAP	PXEQCAP						OUTEQCAP
IN_COST	Cost of supply item, in-office service			SUPDET2									
ISREF	Indicates if code is a ref service(0,1)	PROCSUM	LABDET										
LIFE	Equipment useful life (years)					OVEQCAP	PXEQCAP				EQP_PRC		OUTEQCAP

Global File:
WAGEDAT

Global File:
SUP_PRC

Global File:
EQP_PRC

CPEP-Specific File:
LABDET

Variables by File (continued)

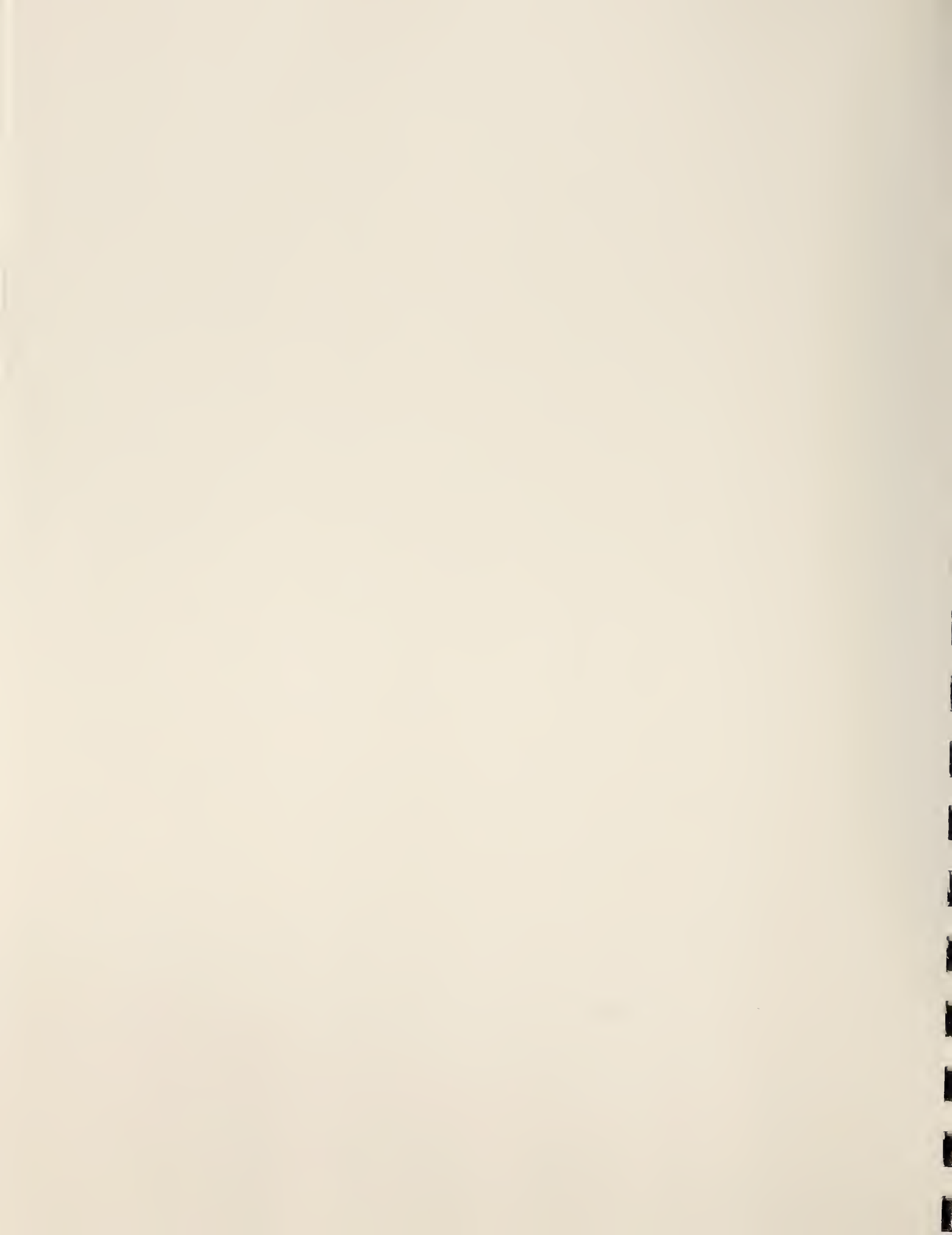| VARNAME	LABEL	PROCSUM	LABDET	SUPDET2	EQPDET	OVEQCAP	PXEQCAP	SERVPT	WAGEDAT	SUP_PRC	EQP_PRC	EXPSITES	OUTEQCAP
MAINT	Eqpt annual maint rate (% of purchase)					OVEQCAP	PXEQCAP						OUTEQCAP
MINS_YR	Minutes/year equipment is assumed in use					OVEQCAP	PXEQCAP						OUTEQCAP
OUT	Code profiled out of the office (Y/N)	PROCSUM	LABDET			OVEQCAP	PXEQCAP						OUTEQCAP
OUTQCNV	Qty of standardized supp. units, out-off			SUPDET2									
OUT_COST	Cost of supply item,out-office service			SUPDET2									
OVEQ_I	Overhead equipment cost in-office	PROCSUM				OVEQCAP							
OVEQ_O	Overhead equipment cost out-office	PROCSUM				OVEQCAP							
PCT_IN	Percent of Volume In-Office											EXPSITES	
PCT_OUT	Percent of Volume Out-of-Office											EXPSITES	
POVIS	No. of post-op visits assigned by CPEP	PROCSUM											
PRC_CNT	Quantity associated with price			SUPDET2						SUP_PRC			
PRC_UNIT	Unit of measure for stdrdzd supply price			SUPDET2						SUP_PRC			
PRICE	Purchase price	PROCSUM		SUPDET2		OVEQCAP	PXEQCAP			SUP_PRC	EQP_PRC	EXPSITES	OUTEQCAP
PROCCODE	HCPCS (service) code	PROCSUM	LABDET	SUPDET2	EQPDET	OVEQCAP	PXEQCAP	SERVPT				EXPSITES	OUTEQCAP
PXEQ_I	Serv specific equipment cost in-office	PROCSUM					PXEQCAP						OUTEQCAP
PXEQ_O	Serv specific equipment cost out-office	PROCSUM					PXEQCAP						OUTEQCAP
RATE	Total compensation per minute		LABDET					SERVPT	WAGEDAT				
SERVREF	Service referenced by CPEP							SERVPT					
SITE	In-office(IN) vs. out-office(OUT)							SERVPT					
SOURCE	Source of estimate								WAGEDAT	SUP_PRC	EQP_PRC		
STAFTYPE	Code for staff type		LABDET						WAGEDAT				
SUPP_I	Supply costs in-office	PROCSUM											
SUPP_O	Supply costs out-office	PROCSUM											
SUP_CODE	Code for supply item			SUPDET2						SUP_PRC			
TEXCEP	Exception to default equip use time(0,1)	PROCSUM					PXEQCAP						OUTEQCAP
TIMECAT	Labor time category(e.g., G2x)	PROCSUM						SERVPT					
TIMEDEL	Indicates if time estimates edited (Y/N)	PROCSUM											
TOTEQPI	Total equipment cost in-office	PROCSUM											
TOTEQPO	Total equipment cost out-office	PROCSUM											
TOTLABAI	Total admin staff cost in-office	PROCSUM											
TOTLABAO	Total admin staff cost out-office	PROCSUM											
TOTLABCI	Total clinical staff cost in-office	PROCSUM											
TOTLABCO	Total clinical staff cost out-office	PROCSUM											
TOTLABI	Total labor cost in-office	PROCSUM											
TOTLABO	Total labor cost out-office	PROCSUM											
TOT_I	Total service cost in-office	PROCSUM											
TOT_O	Total service cost out-office	PROCSUM											
USAGE	Proportion of max time equipment used					OVEQCAP	PXEQCAP					EXPSITES	OUTEQCAP
VOL94	1994 Medicare Volume					OVEQCAP	PXEQCAP						
WKSYR	Weeks per year office is assumed open					OVEQCAP	PXEQCAP						OUTEQCAP

Global File: WAGEDAT

Global File: SUP_PRC

Global File: EQP_PRC

CPEP-Specific File: LABDET

WAGEDAT
Wage Global File

This file contains the total compensation rates (including fringe) and descriptions for staff types reported by each CPEP. National wage data were obtained from the Bureau of Labor Statistics.

The file contains one record for each staff type that appears in the labor detail datasets (LABDET.T01 - LABDET.T15), including records for the special STAFTYPE codes of 99990 ("ZERO LABOR") and 99999 ("CODE NOT COSTED").

The RATE variable contains the total compensation rate assigned to each staff type; its values were used to convert labor time estimates to labor cost estimates. The RATE values have also been included in the LABDET files.

```
File Name:          WAGEDAT.GBL
No. of Records:     207
Record Length:      65
No. of Variables:   3
Sort Order:         STAFTYPE
File Format:        Standard ASCII file with carriage return and line
                       feed at the end of each record.
```

WAGEDAT Record Layout

Name	Description	Type	Position	Length
DESC	Description	Character	1	40
RATE	Total compensation per minute	Numeric	41	5
STAFTYPE	Code for staff type	Numeric	46	5

When reading this data file, note that the first 12 lines contain copyright information rather than data records. The first data record occurs at the 13th line in the files. The record count listed above indicates the number of actual data records in the file, not the total number of text rows. If a numeric variable has decimal values, the decimal point has been entered explicitly in the ASCII file. There are no implicit decimal points

Variable Name:	DESC

Variable Label: Description

Definition: Description of the staff type.

Type: Character

**Allowed Values:** Alphanumeric characters (no blanks allowed).

When the panel did not profile a service, a description of "CODE NOT COSTED" is assigned to the service.

When the panel profiled a service with no labor, a description of "ZERO LABOR" is assigned to the service.

Links to Other Files: Not a linking variable.

Comments: None

Global File:
SUP_PRC

Global File:
EQP_PRC

Open-Specific File:
LABDET
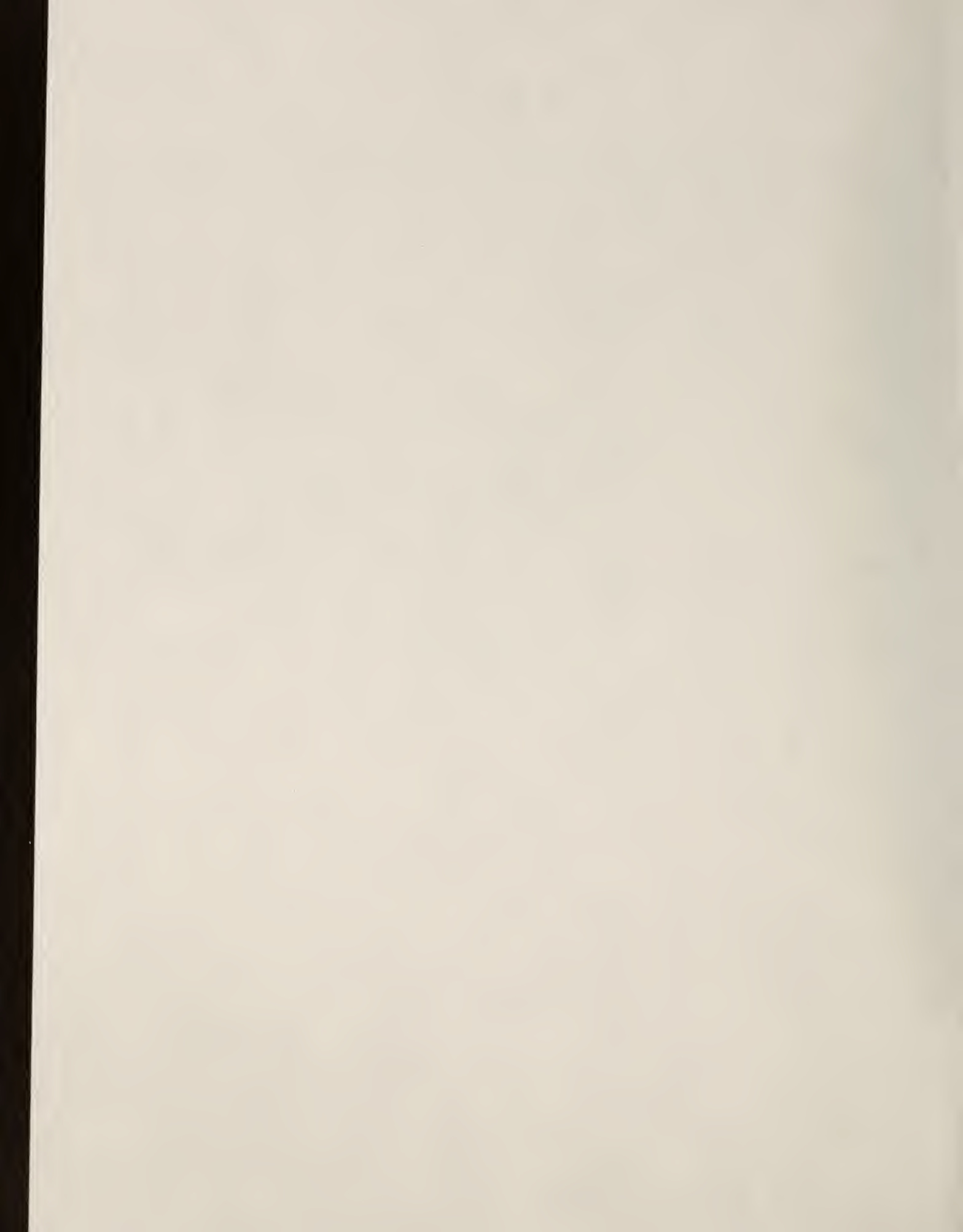
WAGEDAT
Wage Global File

Variable Name:	RATE

Variable Label: Total compensation per minute

Definition: For the specified staff type, this variable is the estimated rate of total compensation, expressed in dollars per minute.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A zero value occurs for records with STAFTYPE=99990, which represents, "ZERO LABOR."

A missing value occurs for records with STAFTYPE=99999, which represents, "CODE NOT COSTED."
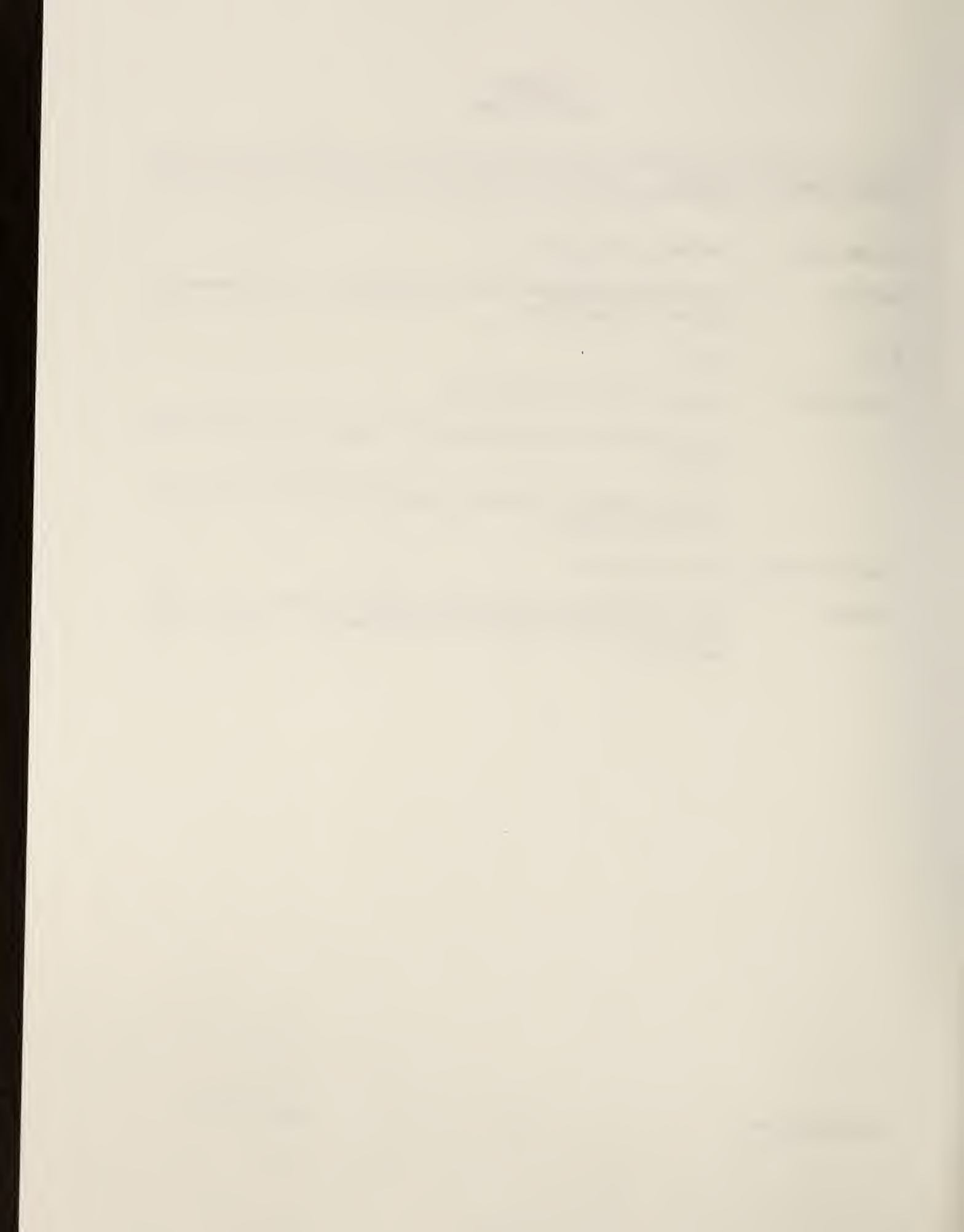
Link to Other Files: Not a linking variable.

Comments: The rate represents the total compensation (wages and benefits). See the *CPEP Direct Cost Estimation Report* for a detailed discussion of the labor pricing methodology.

Variable Name:	STAFTYPE

Variable Label: Code for staff type

Definition: Numeric Code for staff type, assigned by Abt Associates Inc.

Type: Numeric

Allowed Values: 1017-99999

Codes are specific to CPEPs as well as staff types. The first two digits represent the CPEP; the last three digits represent a unique staff type. Within the last three digits, the following numerical structure applies:

001-080	Clinical staff (e.g., RN, physician assistant).
081-120	Administrative staff (e.g., medical secretary).
121-150	Clinical composite staff (types of staff reported by the CPEPs as serving interchangeably for specific functions, such as RN/LPN/medical assistant).
151-177	Administrative composite staff (types of staff reported by the CPEPs as serving interchangeably for specific functions, such as medical secretary/receptionist).
178-200	Clinical and Administrative composite staff (types of staff reported by the CPEPs as serving interchangeably for specific functions, such as RN/billing clerk).

Additionally, this variable has two values with special meaning:

99999	Indicates the service has not been costed.
99990	Indicates no labor is required.

See Attachments 1 and 2 for a complete listing of staff type codes and definitions.

Link to Other Files: STAFTYPE serves as a linking variable to the LABDET file (allowing linking of wage rates in WAGEDAT to the labor time estimates in LABDET to generate labor cost estimates).

Comments: Wage rates were assigned to CPEP-specific staff types. Currently, one wage rate estimate is assigned to each staff for each CPEP. However, the coding structure of CPEP/Staff type provides for the flexibility to apply differential wage rates to each CPEP/Staff type.

Attachment 1
Staff Type Codes and Definitions

Code	Description
1017	Histotechnologist
1028	Physical Therapy Aide
1033	RN
1086	Insurance Billing Staff
1088	Medical Secretary
1091	Receptionist
1131	RN/LPN/MA/Tech
1133	RN/MA
1151	Billing/Rec/Secretary
1180	OT Aid/Receptionist
1181	RN/Billing
2033	RN
2041	X-Ray Technician
2086	Insurance Billing Staff
2088	Medical Secretary
2090	Practice Administrator
2091	Receptionist
2092	Scheduling Secretary
2143	RN/Ultrasound Tech
3028	Physical Therapy Aide
3033	RN
3081	Clerk
3086	Insurance Billing Staff
3088	Medical Secretary
3091	Receptionist
3094	Transcriptionist
3129	RN/LPN
3134	RN/Med Tech/MA
3136	RN/NP/PA
3139	RN/PA/Cast Tech
3141	RN/Tech
3142	RN/Tech/PA
3153	Med Sec/Receptionist
4008	Counselor
4018	Lab Tech
4020	Medical Assistant
4033	RN
4036	Ultrasound Tech
4039	Technician
4081	Clerk
4086	Insurance Billing Staff

Global File:
SUP_PRC

Global File:
EQP_PRC

CPEP Specific File:
LABDET

Attachment 1
Staff Type Codes and Definitions

4087	Medical Records
4088	Medical Secretary
4091	Receptionist
4092	Scheduling Secretary
4094	Transcriptionist
4130	RN/LPN/MA
4133	RN/MA
4154	Med Sec/Rec/Sch Sec
4156	Med Sec/Transcriptionist
5007	Certified Retinal Angio
5024	Orthoptist
5033	RN
5121	COMT/COT/RN/CST
5127	OMP (Ophthalmic Medical Personnel)
5128	Optician/COMT
5157	OBP (Ophthalmic Business Personnel)
6002	Angio Technician
6006	CAT Scan Technician
6011	Dosimetrist
6015	Film Librarian
6021	MRI Technician
6023	Nuclear Medicine Technician
6029	Physicist
6030	Radiation Tech
6031	Radiation Technical Therapist
6032	Registered Dietician
6033	RN
6036	Sonographer
6038	Tech Aide
6039	Technician
6040	Vascular Tech
6041	X-Ray Technician
6086	Insurance Billing Staff
6088	Medical Secretary
6090	Practice Administrator
6091	Receptionist
6092	Scheduling Secretary
6138	RN/PA
7033	RN
7043	Psychologist
7086	Insurance Billing Staff
7088	Medical Secretary
7092	Scheduling Secretary
7129	RN/LPN
7152	Med Sec/Billing

Attachment 1
Staff Type Codes and Definitions

8019	LPN
8020	Medical Assistant
8033	RN
8035	Social Worker
8083	Coder
8086	Insurance Billing Staff
8088	Medical Secretary
8091	Receptionist
8092	Scheduling Secretary
8094	Transcriptionist
8133	RN/MA
8138	RN/PA
8144	Scrub Nurse/RN
9003	Audiologist
9009	CST
9020	Medical Assistant
9033	RN
9037	Speech Pathologist
9085	Front Office Staff
9086	Insurance Billing Staff
9087	Medical Records
9088	Medical Secretary
9090	Practice Administrator
9091	Receptionist
9092	Scheduling Secretary
9094	Transcriptionist
9129	RN/LPN
9130	RN/LPN/MA
9182	RN/Office Manager
10012	EEG Technician
10020	Medical Assistant
10027	Physical Therapist
10033	RN
10039	Technician
10086	Insurance Billing Staff
10088	Medical Secretary
10090	Practice Administrator
10091	Receptionist
10092	Scheduling Secretary
10130	RN/LPN/MA
10137	RN/OCN
10140	RN/Respiratory Therapist
11086	Insurance Billing Staff
11088	Medical Secretary
11130	RN/LPN/MA

Attachment 1
Staff Type Codes and Definitions

11183	Sch Sec/RN/Rec
12020	Medical Assistant
12025	PA
12026	Perfusionist
12033	RN
12034	Scrub Nurse
12086	Insurance Billing Staff
12088	Medical Secretary
12089	Office Manager
12090	Practice Administrator
12091	Receptionist
12092	Scheduling Secretary
12126	NP/PA
12132	RN/LPN/PA
12133	RN/MA
12138	RN/PA
12183	Sch Sec/RN/Rec
13004	Cardiac Sonographer
13005	Cardiovascular Tech
13013	EKG Technician
13019	LPN
13020	Medical Assistant
13022	Nuclear Cardiology Technician
13025	PA
13033	RN
13039	Technician
13042	RN-Cardiology
13081	Clerk
13083	Coder
13086	Insurance Billing Staff
13087	Medical Records
13088	Medical Secretary
13090	Practice Administrator
13091	Receptionist
13092	Scheduling Secretary
13093	Secretary (General)
13094	Transcriptionist
13122	EKG Tech/MA
13123	EKG Tech/Med Tech
13129	RN/LPN
13138	RN/PA
13146	Tech/MA
13155	Med Sec/Sch Sec
14001	Anesthesia Technician
14010	Cytotechnologist

Global File:
SUP_PRC

Global File:
EQP_PRC

CPEP-Specific File:
LABDET

14014	Electron Microscopy Tech
14016	Flow Tech
14017	Histotechnologist
14018	Lab Tech
14033	RN
14039	Technician
14081	Clerk
14082	Client Service
14084	Courier
14086	Insurance Billing Staff
14088	Medical Secretary
14090	Practice Administrator
14091	Receptionist
14094	Transcriptionist
14124	Lab Tech/Histotechnologist
14125	Lab Tech/Med Tech
14126	NP/PA
14135	RN/NP
14138	RN/PA
14178	MA/Clerk
14179	Med Sec/Lab Tech
15033	RN
15086	Insurance Billing Staff
15088	Medical Secretary
15091	Receptionist
15092	Scheduling Secretary
15094	Transcriptionist
15130	RN/LPN/MA
15145	Surgery Assistant
99990	ZERO LABOR
99999	CODE NOT COSTED

Global File:
SUP_PRC

Global File:
EQP_PRC

CPEP-Specific File:
LABDET

Attachment 2
Abbreviations Used in Staff Type Descriptions

Cast Tech	Cast Technician
COMT	Certified Ophthlmic Medical Technician
COT	Certified Ophthlmic Technician
CST	Certified Surgical Technician
Lab Tech	Laboratory Technician
LPN	Licensed Practical Nurse
MA	Medical Assistant
Med Sec	Medical Secretary
Med Tech	Medical Technician
NP	Nurse Practitioner
OBP	Opthalmic Business Personnel
OCN	Oncology Certified Nurse
OMP	Ophthalmic Medical Personnel
OT	Occupational Therapy
PA	Physician Assistant
RN	Registered Nurse
Tech	Technician

Global File:
SUP_PRC

Global File:
EQP_PRC

CPEP Specific File:
LABDET

SUP_PRC
Supply Pricing Global File

This file contains the prices, units and sources of price information for disposable supply items identified by the CPEP members as required for the direct provision of each service. Supply prices were collected from a variety of sources, including catalogs, manufacturers' representatives, and individual CPEP members. The file contains one record for each supply item that appears in the supply detail files (SUPDET2.T01 - SUPDET2.T15), including records for the special SUP_CODE codes of 10000 ("NO SUPPLIES") 10090 ("CODE NOT COSTED"), and 10099 ("INCOMPLETE PROFILE"). Each supply item has been assigned a unique identification code for pricing purposes. The codes identify different types of supply items as well as different sizes of supply items that are priced differently (e.g., 2x2 gauze, 4x4 gauze).

For each supply code, the variables indicate the price that was assumed for that item and the quantity of supply represented by that price (e.g., IPECAC, 1 oz, 41.80). All of these elements are required to price supply usage amounts.

The PRICE, PRC_CNT and PRC_UNIT values have also been included in the SUPDET2 dataset.

```
File Name:            SUP_PRC.GBL
No. of Records:       630
Record Length:        126
No. of Variables:     6
Sort Order:           SUP_CODE
File Format:          Standard ASCII file with carriage return and line
                         feed at the end of each record.
```

SUP_PRC Record Layout

Name	Description	Type	Position	Length
DESC	Description	Character	1	48
PRC_CNT	Quantity associated with price	Numeric	49	8
PRC_UNIT	Unit of measure for stdrdzd supply price	Character	57	12
PRICE	Purchase price	Numeric	69	8
SOURCE	Source of estimate	Character	77	43
SUP_CODE	Code for supply item	Character	120	7

When reading this data file, note that the first 12 lines contain copyright information rather than data records. The first data record occurs at the 13th line in the files. The record count listed above indicates the number of actual data records in the file, not the total number of text rows. If a numeric variable has decimal values, the decimal point has been entered explicitly in the ASCII file. There are no implicit decimal points.

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Variable Name:	DESC

Variable Label: Description

Definition: Description of the supply item (e.g., needle 30g).

Type: Character

Allowed Values: Alphanumeric characters (no blanks allowed).

When the panel determined that a service required no supplies (SUP_CODE=10000), a description of "NO SUPPLIES," is assigned to the service.

When the panel did not profile a service in either site of service (SUP_CODE=10090), a description of "CODE NOT COSTED," is assigned to the service.

When the CPEP reported that there were additional supply items, but the CPEP was unable to identify the specific supply items (SUP_CODE=10099), a description of "INCOMPLETE PROFILE," is assigned to the service.

Link to Other Files: Not a linking variable.

Comments: There is one unique description for each supply item. Items with identical prices and similar usage patterns (e.g. needle 18g and needle 20g), received a single, more generic description (e.g. needle 18-20g). Supply descriptions are as described either by the CPEPs, or by the written or verbal information used to determine the supply price.

Global File:
EQP_PRC

CPEP-Specific File:
LABDET

Variable Name:	**PRC_CNT**

Variable Label: No. units used for purchase price

Definition: The number of units in which a supply item is priced. For example, if the price for hydrogen peroxide is recorded as $0.78 per 20 ml, the value of PRC_CNT for this supply item would be 20.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Missing values occur for PRC_CNT when one of three conditions is met:
- A service was not profiled (SUP_CODE=10090), or
- A service received an incomplete profile (SUP_CODE=10099), or
- A supply item remains unpriced (variable PRICE is missing).

A value of "1" was assigned when the panel determined that no supplies were used for a service (SUP_CODE=10000), so the cost calculation results in a value of zero rather than a missing value. For example, in the SUPDET2 data set, IN_COST = INQCNV x PRICE / PRC_CNT.

Links to Other Files: Not a linking variable.

Comments: None

Global File:
EQP_PRC

Open Specific File:
LABDET

SUP_PRC
Supply Pricing Global File

Variable Name:	PRC_UNIT

Variable Label: Units used for purchase price

Definition: Units in which the supply item was priced (e.g., ml, ounce, foot).

Type: Character

Allowed Values: Alpha characters, or missing (blank).

Blanks occur for PRC_UNIT when one of four conditions is met:
- The panel determined no supplies were used in a paraticular service (SUP_CODE=10000), or
- A service was not profiled (SUP_CODE=10090), or
- A service received an incomplete profile (SUP_CODE=1099), or
- A supply item remains unpriced (variable PRICE is missing).

Links to Other Files: Not a linking variable.

Comments: None

Global File:
EQP_PRC

CPEP-Specific File:
LABDET

Variable Name:	PRICE

Variable Label: Purchase price

Definition: The price for this supply item, in dollars, stated in terms of a specified quantity (PRC_CNT) of a specified unit (PRC_UNIT) (e.g., the PRICE of hydrogen peroxide is stated as $0.78 per 20 ml).

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Missing values occur for PRICE when one of three conditions is met:
- A service was not profiled (SUP_CODE=10090), or
- A service received an incomplete profile (SUP_CODE=10099), or
- A supply item remains unpriced (variable PRICE is missing).

Zero occurs for PRICE only if the panel determined no supplies were used in a particular service (SUP_CODE=10000).

Links to Other Files: Not a linking variable.

Comments: Missing values for PRICE exist for some supply items because those items could not be adequately identified and priced. Several sources were used in determining supply prices, including supply catalogs and CPEP member assistance. See the *CPEP Direct Cost Estimation Report* for further discussion on the supply pricing methodology.

Global File:
EQP_PRC

CPEP-Specific File:
LABDET

Variable Name:	SOURCE

Variable Label: Source of estimate

Definition: The source of the estimated price data (e.g., Western Optical, for a bipolar hand piece)

Type: Character

Allowed Values: Alpha characters, or missing (blank).

Blank values occur for source occurs when one of four conditions is met:
- SUP_CODE=10000 ("NO SUPPLIES"), or
- SUP_CODE=10090 ("CODE NOT COSTED"), or
- SUP_CODE=10099 ("INCOMPLETE PROFILE"), or
- A supply remains unpriced (variable PRICE is missing).

Links to Other Files: Not a linking variable.

Comments: A variety of manufacturer catalogs were used to price each supply item. In many cases, the specific supply item was not listed in the catalog. In these cases, CPEP members provided the necessary information to price the particular supply item, and the source is identified as "CPEP Member."

When a "/" appears in the source field, it indicates a source/brand distinction for that supply item. The source always appears on the left side of the "/" and the brand on the right. (e.g. Red Book / Pyrex indicates the Red Book was used to determine the price for the given supply, and Pyrex is the brand name of the supply priced).

SUP_PRC
Supply Pricing Global File

Variable Name:	SUP_CODE

Variable Label: Code for supply item

Definition: Numeric code for a unique supply item, as assigned by Abt Associates Inc.

Type: Character

Allowed Values: 10000-93816

SUP_CODE has three values with special meaning:
- 10000 indicates that the service uses no supplies.
- 10090 indicates that the service was not profiled.
- 10099 indicates an incomplete profile.

Links to Other Files: Links to the SUPDET2 file for each CPEP.

Comments: Each supply item has a distinct SUP_CODE, with an associated description (DESC).

EQP_PRC
Equipment Global Pricing File

This file contains the price, useful life and source of price information for each piece of clinical equipment (service-specific and overhead) reported by CPEP members in the direct provision of a service. The file contains one record for each equipment item that appears in the equipment detail datasets (EQPDET.T01 - EQPDET.T15, PXEQCAP.T01 - PXEQCAP.T15, and OVEQCAP.T01 - OVEQCAP.T15 and OUTEQCAP), including records for the special EQP_CODE codes of E99990 (code not profiled), E99997 (no equipment needed), and E99998 (incomplete profile).

Equipment prices were collected from a variety of sources, including catalogs, manufacturer's representatives, and individual CPEP members. (Note that the CPEP database defines equipment as items costing $500 or more.) Each record represents an equipment item. Each equipment item has been assigned a unique identification code.

For a detailed discussion of the equipment cost allocation methodology, refer to the *CPEP Direct Cost Estimation* report.

For each equipment code, variables indicate the price that was assumed for that item, and its assumed useful life in years. A default useful life of 7.5 years was assumed if a specific estimate of useful life could not be found for a particular type of equipment.

The PRICE and LIFE variables have also been included in the EQPDET data file.

```
File Name:          EQP_PRC.GBL
No. of Records:     334
Record Length:      162
No. of Variables:   5
Sort Order:         EQP_CODE
File Format:        Standard ASCII file with carriage return and line
                       feed at the end of each record.
```

EQP_PRC Record Layout

Name	Description	Type	Position	Length
DESC	Description	Character	1	100
EQP_CODE	Code for type of equipment	Character	101	6
LIFE	Equipment useful life (years)	Numeric	107	6
PRICE	Purchase price	Numeric	113	11
SOURCE	Source of estimate	Character	124	39

When reading this data file, note that the first 12 lines contain copyright information rather than data records. The first data record occurs at the 13th line in the files. The record count listed above indicates the number of actual data records in the file, not the total number of text rows. If a numeric variable has decimal values, the decimal point has been entered explicitly in the ASCII file. There are no implicit decimal points.

CPEP-Specific File:
LABDET

Variable Name:	DESC

Variable Label: Description

Definition: Description of the clinical equipment item.

Type: Character

Allowed Values: Alphanumeric characters (no blanks allowed).

When the panel did not profile a service in either site of service (EQP_CODE=E99990), a description of "CODE NOT COSTED," is assigned to the service.

When the panel determined that a service required no service-specific equipment (EQP_CODE=E99997), a description of "NO EQUIPMENT," is assigned to the service.

When the CPEP reported that there were additional service-specific equipment items, but the CPEP was unable to identify the specific equipment items (EQP_CODE=E99998), a description of "INCOMPLETE PROFILE," is assigned to the service.

Links to Other Files: Not a linking variable.

Comments: There is one unique description for each item of clinical equipment.

Variable Name:	**EQP_CODE**

Variable Label: Code for type of equipment

Definition: Alphanumeric code for a unique type of clinical equipment, as assigned by Abt Associates Inc.

Type: Character

Allowed Values: "E" followed by five numeric characters (no blanks).

This variable has three values with special meaning:

- E99990 indicates that the associated service was not profiled.
- E99997 indicates that the associated service required no service specific equipment.
- E99998 indicates an incomplete profile.

Links to Other Files: Links to the CPEP-specific EQPDET (Equipment Detail) files.

Comments: Each equipment item has a distinct EQP_CODE, with an associated description (DESC).

Variable Name:	LIFE

Variable Label: Equipment useful life (years)

Definition: The estimated useful life of the clinical equipment, in years

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

This field is irrelevant for records with the following EQP_CODE:
- E99990 indicates that the associated service was not profiled.
- E99997 indicates that the associated service required no service specific equipment.
- E99998 indicates an incomplete profile.

Missing values occur for equipment items that could not be priced.

Links to Other Files: Not a linking variable.

Comments: The useful life data were obtained from *Useful Lives of Depreciable Hospital Assets*, 1993 Edition. All useful lives from this source are integer values. When this source did not have an estimate of useful life specific to the equipment, a default value of 7.5 years was used. Refer to the *CPEP Direct Cost Estimation Report* for further details.

Variable Name:	PRICE

Variable Label: Purchase price

Definition: The original purchase price of the clinical equipment, in dollars.

Type: Numeric

Allowed Values: Non-negative numbers equal to or greater than $500, or missing values.

A missing value occurs in records with equipment codes (variable EQP_CODE) E99998 ("INCOMPLETE PROFILE") and E99990 ("CODE NOT COSTED").

A missing value can also occur if it was not possible to obtain a price for a specific piece of equipment.

Zero occurs for PRICE only when an equipment item has the EQP_CODE E9997 (no equipment required).

Links to Other Files: Not a linking variable.

Comments: See the *CPEP Direct Cost Estimation Report* for further discussion on the equipment pricing methodology. Since this variable is a price figure, the values represent dollars and cents.

Variable Name:	SOURCE

Variable Label: Source of estimate

Definition: The source of the estimated price data (e.g., Welch-Allyn, for a bronchoscope).

Type: Character

Allowed Values: Alpha characters, or missing (blank).

Blank values occur for SOURCE when one of three conditions is met:
- EQP_CODE=E99990 ("CODE NOT COSTED"), or
- EQP_CODE=E99997 ("NO EQUIPMENT"), or
- EQP_CODE=E99998 ("INCOMPLETE PROFILE"), or
- An equipment item remains unpriced (variable PRICE is missing).

Links to Other Files: Not a linking variable.

Comments: A variety of manufacturer catalogs and manufacturer representatives were consulted to price each equipment item. In many cases, the specific equipment item was not listed in the catalog and manufacturer's representatives would not release price information. In these cases, CPEP members provided the necessary information to price the particular equipment item, and the source is identified as "CPEP member."

Codes with sources of "Various" refer to equipment prices that were derived from a variety of sources, specifically relating to equipment items that are composed of multiple pieces of equipment (e.g., crash cart, radiology rooms).

LABDET
Labor Detail File

This type of file contains the detailed labor inputs, indicating the labor time required for each type of staff. Each record represents a unique HCPCS code/staff type combination (i.e., there can be multiple records for a given HCPCS code, but each record represents a different staff type for that HCPCS code).

The labor estimates are expressed in minutes. This type of file includes the labor times for clinical and administrative activities for CPEP service periods (G0, G1, G1X, G2, G2X) for each unique type of staff involved in the provision of a given service. Each record includes separate labor estimates for the in- and out-of-office settings. The per-minute total compensation rate (RATE) has been added to the record (from the WAGEDAT file).

The combination of the PROCCODE and STAFTYPE fields uniquely identifies each record (i.e., the file has at most one observation for each possible combination of those variables). Note that if files of this type are combined across CPEPs, the variable CPEP must also be considered to uniquely identify each record.

As is the case for all of the detail datasets, the LABDET dataset for a given CPEP has at least one observation for every service code that was assigned to the CPEP, whether or not it was ultimately profiled by the CPEP.

- For profiled codes, there is either one observation for each different staff type used in the profile, or there is a single placeholder record with a STAFTYPE value of 99990 to indicate that the profile explicitly specified zero staff time.

- For unprofiled codes, there is a single placeholder record with a STAFTYPE value of 99999 to indicate that the code was not profiled by the CPEP.

Missing labor time values only occur when a site of service was not profiled (i.e., IN=N or OUT=N). There are no cases where staff time profiles were incompletely specified. RATE will have a missing value only for records with a STAFTYPE of 99999 (indicating that the code was not profiled).

File Name	No. of Records	CPEP
LABDET.T01	1,609	1
LABDET.T02	2,130	2
LABDET.T03	7,366	3
LABDET.T04	1,422	4
LABDET.T05	869	5
LABDET.T06	3,988	6
LABDET.T07	412	7
LABDET.T08	4,073	8
LABDET.T09	4,409	9
LABDET.T10	806	10
LABDET.T11	585	11
LABDET.T12	5,135	12
LABDET.T13	1,446	13
LABDET.T14	1,774	14
LABDET.T15	3,486	15

LABDET
Labor Detail File

```
Record Length:      99
No. of Variables:   19

Sort Order:         PROCCODE STAFTYPE
File Format:        Standard ASCII file with carriage return and line
                    feed at the end of each record.
```

LABDET Record Layout

Name	Description	Type	Position	Length
CPEP	CPEP providing estimate	Character	1	3
DESC	Description of the staff type	Character	4	40
FAM	The family number for the service	Numeric	44	4
G0_I	Clin staff time for pre-serv in office	Numeric	48	3
G0_O	Clin staff time for pre-serv out-office	Numeric	51	3
G1X_I	Clin staff time for post-ops in-office	Numeric	54	3
G1X_O	Clin staff time for post-ops out-office	Numeric	57	4
G1_I	Clin staff time for serv in-office	Numeric	61	4
G1_O	Clin staff time for serv out-office	Numeric	65	4
G2X_I	Admin staff time for post-ops in-office	Numeric	69	3
G2X_O	Admin staff time for post-ops out-office	Numeric	72	3
G2_I	Admin staff time for serv in-office	Numeric	75	3
G2_O	Admin staff time for serv out-office	Numeric	78	4
IN	Code profiled in the office (Y/N)	Character	82	1
ISREF	Indicates if code is a ref service(0,1)	Numeric	83	1
OUT	Code profiled out of the office (Y/N)	Character	84	1
PROCCODE	HCPCS (service) code	Character	85	5
RATE	Wage rate per minute for the staff type	Numeric	90	5
STAFTYPE	Code for staff type	Numeric	95	5

When reading this data file, note that the first 12 lines contain copyright information rather than data records. The first data record occurs at the 13th line in the files. The record count listed above indicates the number of actual data records in the file, not the total number of text rows. If a numeric variable has decimal values, the decimal point has been entered explicitly in the ASCII file. There are no implicit decimal points.

LABDET
Labor Detail File

Variable Name:	CPEP

Variable Label: CPEP providing estimate

Definition: The Clinical Practice Expert Panel (abbreviated CPEP) that provided the estimates for the associated service.

Type: Character

Allowed Values:

C 1	=	Integumentary & Physical Medicine
C 2	=	Urology
C 3	=	Orthopaedic Surgery
C 4	=	OB/GYN
C 5	=	Ophthalmology
C 6	=	Radiology
C 7	=	Evaluation & Management
C 8	=	General Surgery
C 9	=	Otolaryngology
C10	=	Miscellaneous Internal Medicine
C11	=	Gastroenterology
C12	=	Cardiothoracic and Vascular Surgery
C13	=	Cardiology
C14	=	Anesthesiology/Pathology
C15	=	Neurosurgery

Link to Other Files: CPEP, in conjunction with PROCCODE, can be used to link the labor records to their corresponding service-specific equipment, overhead equipment, and supply profiles to construct the CPEP's complete profile for the service.

Comments: This variable indicates the CPEP which provided the labor type and time estimates contained in each LABDET record. Any single LABDET file will contain data from only one CPEP. Many services were profiled by more than one CPEP, however, making it important to consider the CPEP variable in any analysis of the LABDET files (see the *CPEP Direct Cost Estimation Report* for a list of the services that were profiled by more than one CPEP).

The internal blank in "C 1" through "C 9" preserves the numeric order of the 15 allowed values.

Variable Name:	DESC

Variable Label: Description

Definition: Description of the staff type.

Type: Character

Allowed Values: Alphanumeric characters (no blanks allowed).

When the panel did not profile a service, a description of "CODE NOT COSTED" is assigned to the service.

Links to Other Files: Not a linking variable.

Comments: None

CPEP-Specific File: SUPDET2

CPEP-Specific File: EQPDET

CPEP-Specific File: PYEQCAP

CPEP-Specific File: OVEQCAP

CPEP-Specific File: PROCSUM

Variable Name:	FAM

Variable Label: The family number for the service

Definition: The grouping ("family") of HCPCS codes to which the service was assigned for the purpose of facilitating development of resource estimates by the CPEPs.

Type: Numeric

Allowed Values: Attachment 1 contains a listing of all valid families and their descriptions.

Link to Other Files: Not a linking variable.

Comments: The family variable indicates the service family in which a HCPCS code resides. The family assignment was designed to group services that are clinically similar and comparable with respect to resource requirements. However, the family structure was not necessarily maintained or drawn on by a CPEP in its development of the labor estimates contained in the LABDET file, and should be used with caution.

CPEP-Specific File: SUPDET2

CPEP-Specific File: EQPDET

CPEP-Specific File: PYEQCAP

CPEP-Specific File: OVEQCAP

CPEP-Specific File:

LABDET
Labor Detail File

Variable Name:	G0_I

Variable Label: Clin staff time for pre-serv in-office

Definition: Services in the G0 period occur within the 24-hour period prior to the performance of a procedure. This variable contains the minutes of clinical labor for services and/or visits provided during this 24-hour pre-service period of an in-office procedure for the specified staff type (see STAFTYPE variable).

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for G0_I only when the service is profiled in-office *and* one of two other conditions is met:

- The global period does not include a pre-service visit, or
- The global period includes a pre-service visit and the CPEP provided an estimate of zero minutes for this staff type.

A missing value for G0_I will only occur in LABDET when a service was not profiled in the in-office site (IN = 'N').

Link to Other Files: Not a linking variable.

Comments: An example of G0_I staff time is the RN time required to support a visit to the physician's office on the day prior to a surgical procedure performed in the office. In-office procedures with no global period are assigned a zero for G0_I time. These services are evaluation and management services or services without a global period.

Variable Name:	G0_O

Variable Label: Clin staff time for pre-serv out-office

Definition: Services in the G0 period occur within the 24-hour period prior to the performance of a procedure. This variable contains the minutes of clinical labor for services and/or visits provided during this 24-hour pre-service period of an out-office procedure for the specified staff type (see STAFTYPE variable).

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for G0_O only when the service is profiled out-office *and* one of two other conditions is met:

- The global period does not include a pre-service visit, or
- The global period includes a pre-service visit and the CPEP provided an estimate of zero minutes for this staff type.

A missing value for G0_O will only occur in LABDET when a service was not profiled in the out-office site (OUT = 'N').

Link to Other Files: Not a linking variable.

Comments: An example of G0_O staff time is the RN time required to support a visit to the physician's office on the day prior to a surgical procedure performed out of the office. Out-office services with no global period are assigned a zero for G0_O time. These services are evaluation and management services or services without a global period.

Variable Name:	**G1X_I**

Variable Label: Clin staff time for post-ops in-office

Definition: Services in the G1X period commence with the first follow-up office visit (provided after discharge) and ends with the expiration of the global period (e.g., 10 or 90 days after the day of the procedure). This variable contains the minutes of clinical labor for all G1X period services and/or follow-up office visits related to an in-office procedure for the specified staff type (see STAFTYPE variable).

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for G1X_I only when the service is profiled in-office and *one* of two other conditions is met:

- The global period does not include post-service visits, or
- The global period includes post-service visits and the CPEP provided an estimate of zero minutes.

A missing value for G1X_I will only occur in LABDET when a service was not profiled in the in-office site (IN = 'N').

Link to Other Files: Not a linking variable.

Comments: An example of G1X_I staff time is the RN time required to support a follow-up visit to the physician's office one week after a surgical procedure performed in the office. In-office procedures with no global period are assigned a zero for G1X_I time. These services are evaluation and management services or services without a global period.

Variable Name:	G1X_O

Variable Label: Clin staff time for post-ops out-office

Definition: Services in the G1X period commence with the first follow-up office visit (provided after discharge) and ends with the expiration of the global period (e.g., 10 or 90 days after the day of the procedure). This variable contains the minutes of clinical labor for all G1X period services and/or follow-up office visits related to an out-office procedure for the specified staff type (see STAFTYPE variable).

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for G1X_O only when the service is profiled out-office *and* one of two other conditions is met:

- The global period does not include post-service visits, or
- The global period includes post-service visits and the CPEP provided an estimate of zero minutes for this staff type.

A missing value for G1X_O will only occur in LABDET when a service was not profiled in the out-office site (OUT = 'N').

Link to Other Files: Not a linking variable.

Comments: An example of G1X_O staff time is the RN time required to support a follow-up visit to the physician's office one week after a surgical procedure performed out of the office. Out-office procedures with no global period are assigned a zero for G1X_O time. These services are evaluation and management services or services without a global period.

Variable Name:	G1_I

Variable Label: Clin staff time for serv in-office

Definition: Services in the G1 period occur during the provision of the service itself, regardless of the service's global status code. This variable contains the minutes of clinical labor for the provision of the in-office service itself for the specified staff type (see STAFTYPE variable). For '000' global periods, the G1 period includes all related services on day of procedure. For services with '010', '090', and 'MMM' global periods, G1 period encompasses any services or activities commencing with performance of procedure, and ending with commencement of first follow-up office visit after discharge.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for G1_I only when the service is profiled in-office *and* the CPEP provided an estimate of zero minutes for this staff type.

A missing value for G1_I will only occur in LABDET when a service was not profiled in the in-office site (IN = 'N').

Link to Other Files: Not a linking variable.

Comments: An example of G1_I staff time is the RN time required to support a service provided in the physician's office.

Variable Name:	G1_O

Variable Label: Clin staff time for serv out-office

Definition: Services in the G1 period occur during the provision of the service itself regardless of the service's global status code. This variable contains the minutes of clinical labor for the provision of the out-office service itself for the specified staff type (see STAFTYPE variable). When the procedure is performed on an inpatient basis, the G1_O period includes all services and visits provided by practice staff before discharge from hospital. For '000' global periods, the G1 period includes all related services on day of procedure. For services with '010', '090', and 'MMM' global periods, G1 period encompasses any services or activities commencing with performance of procedure, and ending with commencement of first follow-up office visit after discharge.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for G1_O only when the service is profiled out-office *and* the CPEP provided an estimate of zero minutes for this staff type.

A missing value for G1_O will only occur in LABDET when a service was not profiled in the out-office site (OUT = 'N').

Link to Other Files: Not a linking variable.

Comments: An example of G1_O staff time is the RN time required to handle telephone calls from a patient's family for a service provided out of the physician's office.

LABDET
Labor Detail File

Variable Name:	G2X_I

Variable Label: Admin staff time for post-ops in-office

Definition: Services in the G2X period commence with the first follow-up office visit (provided after discharge) and ends with the expiration of the global period (e.g., 10 or 90 days after day of procedure). This variable contains the minutes of administrative labor for all G2X period services and/or follow-up office visits related to an in-office procedure for the specified staff type (see STAFTYPE variable).

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for G2X_I only when the service is profiled in-office *and* one of two other conditions is met:

- The global period does not include post-service visits, or
- The global period includes post-service visits and the CPEP provided an estimate of zero minutes for this staff type.

A missing value for G2X_I will only occur in LABDET when a service was not profiled in the in-office site (IN = 'N').

Link to Other Files: Not a linking variable.

Comments: An example of G2X_I staff time is the time required of a billing clerk to handle billing issues related to follow-up office visits within the global period. In-office procedures with no global period are assigned a zero for G2X_I time. These services are evaluation and management services or services without a global period.

Variable Name:	G2X_O

Variable Label: Admin staff time for post-ops out-office

Definition: Services in the G2X period commence with the first follow-up office visit (provided after discharge) and end with the expiration of the global period (e.g., 10 or 90 days after day of procedure). This variable contains the minutes of administrative labor for all G2X services and/or follow-up office visits related to an out-office procedure for the specified staff type (see STAFTYPE variable).

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for G2X_O only when the service is profiled out-office and one of two other conditions is met:

- The global period does not include post-service visits, or
- The global period includes post-service visits and the CPEP provided an estimate of zero minutes for this staff type.

A missing value for G2X_O will only occur in LABDET when a service was not profiled in the out-office site (OUT = 'N').

Link to Other Files: Not a linking variable.

Comments: An example of G2X_O staff time is the time required of a billing clerk to handle billing issues related to follow-up office visits within the global period. Out-office procedures with no global period are assigned a zero for G2X_O time. These services are evaluation and management services or services without a global period.

Variable Name:	**G2_I**

Variable Label: Admin staff time for serv in-office

Definition: Services in the G2 period include all administrative activities preceding and contiguous to the performance of a service. For global status codes that bundle a pre-service visit into total payment, this encompasses services rendered in the 24-hour period prior to provision of procedure. This variable contains the minutes of administrative labor for services and/or visits in the G2 period related to an in-office procedure for the specified staff type (see STAFTYPE variable).

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for G2_I only when the service is profiled in-office *and* the CPEP provided an estimate of zero minutes for this staff type.

A missing value for G2_I will only occur in LABDET when a service was not profiled in the in-office site (IN = 'N').

Link to Other Files: Not a linking variable.

Comments: An example of G2_I time is billing clerk time related to the provision of a minor surgical procedure performed in the office.

Variable Name:	G2_O

Variable Label: Admin staff time for serv out-office

Definition: Services in the G2 period include all administrative activities preceding and contiguous to the performance of a service. For global status codes that bundle a pre-service visit into total payment, this encompasses services rendered in the 24-hour period prior to provision of procedure. This variable contains the minutes of administrative labor for services and/or visits in the G2 period related to out-office procedure for the specified staff type (see STAFTYPE variable).

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for G2_O only when the service is profiled out-office *and* the CPEP provided an estimate of zero minutes for this staff type.

A missing value for G2_O will only occur in LABDET when a service was not profiled in the out-office site (OUT = 'N').

Link to Other Files: Not a linking variable.

Comments: An example of G2_O time is scheduling secretary and billing clerk time related to the provision of a procedure performed out of the office.

Variable Name:	IN

Variable Label: Code profiled in the office (Y/N)

Definition: For the specified service, this variable indicates whether the service was profiled for the "in-office" location.

Type: Character

Allowed Values:

Y	=	Yes, service was profiled for the in-office location
N	=	No, service was not profiled for the in-office location

Link to Other Files: Not a linking variable.

Comments: All time variables in LABDET with an "_I" suffix (in-office) will have missing values when IN is equal to 'N'.

Variable Name:	ISREF

Variable Label: Indicates if code is a ref service (0,1)

Definition: This variable indicates whether the service is a reference service (i.e., profiled during the first round of CPEP meetings).

Type: Numeric

Allowed Values:
0	=	Service is not a reference service
1	=	Service is a reference service

Link to Other Files: Not a linking variable.

Comments: Reference services were profiled in detail during the first round of CPEPs. These services were selected from each family based on several criteria, the first of which was that the service had a high volume (based on 1994 Physician and Supplier Procedure Summary Master File) relative to the other services in the family (see the *CPEP Direct Cost Estimation Report* for more details about the CPEP process). The time estimates for reference services may or may not have changed in the second round of CPEPs; the files contain the most recent estimates. The CPEPs may or may not have used the reference service in a family to profile the resource requirements for the other services in the family, therefore this variable should be used with caution.

CPEP-Specific File: SUPDET2

CPEP-Specific File: EQPDET

CPEP-Specific File: PYEQCAP

CPEP-Specific File: OVEQCAP

CPEP-Specific File: PROCSUM

LABDET
Labor Detail File

Variable Name:	OUT

Variable Label: Code profiled out of the office (Y/N)

Definition: For the specified service, this variable indicates whether the service was profiled for the "out-office" location.

Type: Character

Allowed Values:

Y	=	Yes, service was profiled for the out-office location
N	=	No, service was not profiled for the out-office location

Link to Other Files: Not a linking variable.

Comments: All time variables in LABDET with an "_O" suffix (out-office) will have missing values when OUT is equal to 'N'.

Variable Name:	PROCCODE

Variable Label: HCPCS (service) code

Definition: The HCFA Common Procedure Coding System (HCPCS) code (levels I and II) for the specified service.

Type: Character

Allowed Values: HCPCS codes (numeric and alphanumeric) within the project scope.

Link to Other Files: PROCCODE, in conjunction with CPEP, can be used to link the labor records to their corresponding service-specific equipment, overhead equipment, and supply profiles to construct the CPEP's complete profile for the service.

Comments: For a description of the HCPCS codes included as part of the project scope, see Chapter 2.0 of the *CPEP Direct Cost Estimation Report*.

Any single LABDET file will contain service-specific labor data for only one CPEP. However, since many codes were profiled by more than one CPEP, it is important to take into account the possibility of multiple records for the same HCPCS code in any service-specific analyses (see *CPEP Direct Cost Estimation Report* for a list of services that were profiled by more than one CPEP).

Variable Name:	RATE

Variable Label: Total compensation per minute

Definition: For the specified staff type, this variable is the estimated rate of total compensation, expressed in dollars per minute.

Type: Numeric

Allowed Values: Non-negative or missing values.

A zero value occurs for records with STAFTYPE = 99990 which represents "ZERO LABOR."

A missing value occurs for records with STAFTYPE=99999 which represents "CODE NOT COSTED."

Link to Other Files: Not a linking variable.

Comments: This variable is taken from the WAGEDAT file (a global file), using the staff type variable (STAFTYPE) for linkage. See the *CPEP Direct Cost Estimation Report* for a detailed discussion of the labor pricing methodology.

Variable Name:	STAFTYPE

Variable Label: Code for staff type

Definition: Numeric Code for staff type, assigned by Abt Associates Inc.

Type: Numeric

Allowed Values: 1017-99999.

Codes are specific to CPEPs as well as staff types. The first two digits represent the CPEP; the last three digits represent a unique staff type. Within the last three digits, the following numerical structure applies:

001-080	Clinical staff (e.g., RN, physician assistant).
081-120	Administrative staff (e.g., medical secretary).
121-150	Clinical composite staff (types of staff reported by the CPEPs as serving interchangeably for specific functions, such as RN/LPN/medical assistant).
151-177	Administrative composite staff (types of staff reported by the CPEPs as serving interchangeably for specific functions, such as medical secretary/receptionist).
178-200	Clinical and Administrative composite staff (types of staff reported by the CPEPs as serving interchangeably for specific functions, such as RN/billing clerk).

Additionally, this variable has two values with special meaning:

99999	Indicates the service has not been costed.
99990	Indicates no labor is required.

See Attachments 2 and 3 for a complete listing of staff type codes and definitions.

Link to Other Files: STAFTYPE serves as a linking variable to the WAGEDAT file (allowing linking of wage rates in WAGEDAT to the labor time estimates in LABDET to generate labor cost estimates).

Comments: Wage rates were assigned to CPEP-specific staff types. Currently, one wage rate estimate is assigned to each staff for each CPEP. However, the coding structure of CPEP/Staff type provides for the flexibility to apply differential wage rates to each CPEP/Staff type.

Num	Description
100	Nail Procedures
104	Simple Debridement, Excision and Destruction
108	Simple Excision and Biopsy
112	Complex Excision and Debridement
116	Dermabrasion and Cryotherapy
120	Incision and Drainage
124	Simple Skin Repair
128	Complex Skin Repairs Including Integument Grafts, Transfer and Rearrangement
132	Photochemotherapy
136	Occupational Therapy
140	Physical Therapy
144	Muscle Strength and Range of Motion Testing
200	Simple Urethral Procedures
204	Complex Urethral Procedures
208	Urethral Catherization and Dilation -Simple
212	Urethral Catherization and Dilation - Complex
216	Major Transurethral Procedure
220	Testicular and Epididymal Procedures
224	Simple Penile Procedures
228	Complex Penile Procedures
232	Insertion of Penile Prosthesis
236	Urinary Tract Biopsy
240	Renal/Urinary Tract Endoscopy OBSOLETE->256
244	Simple Cystourethroscopy
248	Moderate Cystourethroscopy
252	Urinary Tract Motility Studies - Simple OBSOLETE ->256
256	Motility Studies
260	Major Procedure - Renal
264	Major Procedure -Urinary tract except kidney
268	Nephrostomy, Complex Cystourethroscopy, and Litholapaxy
272	Renal Extracorporeal Shock Wave Lithotripsy
300	Hip Fracture Repair
304	Orthopaedics - Hip Procedures (except hip replacement or hip fracture repair)
308	Hip Replacement
312	Knee Replacement
316	Orthopaedics - Knee Joint and Surrounding Structures (except knee replacement)
320	Orthopaedics - Foot
324	Orthopaedics - Lower Leg/Ankle
328	Orthopaedics - Lower Leg
332	Orthopaedics - Thigh
336	Orthopaedics - Hand
340	Orthopaedics - Wrist Joint and Surrounding Structures
344	Orthopaedics - Forearm
348	Orthopaedics - Elbow Joint and Surrounding Structures
352	Orthopaedics - Upper Arm
356	Orthopaedics - Shoulder Joint and Surrounding Structures
360	Orthopaedics - Pelvis
364	Orthopaedics - Spine
368	Orthopaedics - Miscellaneous
372	Bone or Joint Manipulation under Anesthesia
376	Arthrocentesis and Ligament or Tendon Injection
380	Open or Percutaneous Treatment of Fractures
384	Closed Treatment of Fracture and Dislocation except Finger, Toe and Trunk

Num	Description
388	Closed Treatment of Fracture and Dislocation of Finger, Toe and Trunk
392	Cast and Strapping
400	Artificial Fertilization-OBSOLETE->404
404	Pregnancy Related Tests
408	Pregnancy Hospital Procedures
412	Delivery Services and Postpartum Care
416	Spontaneous and Therapeutic Abortion
420	Dilation and Curettage
424	Hysteroscopy
428	Colposcopy
432	Intrauterine Insertion and Removal
436	Simple Laparoscopic Procedures
440	Complex Laparoscopic Procedures
444	Hysterectomy
448	Hysterectomy - Oncology
452	Hysterectomy - Urology
456	Simple Female Reproductive Procedures
460	Complex Female Reproductive Procedures
464	Major Procedure - Female Reproductive
468	Miscellaneous Female Reproductive
500	Simple Repair and Plastic Procedures of Eye
504	Complex Repair and Plastic Procedures of Eye
508	Strabismus, Eye and Muscle Procedures
512	Simple Posterior Segment Eye Procedures
516	Complex Posterior Segment Eye Procedures
520	Simple Anterior Segment Eye Procedures
524	Moderate Anterior Segment Eye Procedures
528	Complex Anterior Segment Eye Procedures
532	Cataract Procedures
536	Laser Eye Procedures
540	Vitrectomy
544	Minor Ophthalmological Injection, Scraping and Tests
548	Minor Ophthalmological Tests and Procedures
552	Ophthalmology Evaluation and Management
556	Fitting of Contact Lenses and Spectacles
600	Plain Film
604	Mammography
608	Obstetrical Ultrasound
612	Diagnostic Ultrasound except Obstetrical
616	Myelography and Diskography
620	Miscellaneous Radiological Procedures with Contrast
624	Computerized Axial Tomography
628	Magnetic Resonance Imaging
632	Digestive Radiology
636	Nuclear Cardiology
640	Vascular Radiology except for Venography of Extremity
644	Simple Diagnostic Nuclear Medicine
648	Intermediate Diagnostic Nuclear Medicine
652	Complex Diagnostic Nuclear Medicine
656	Therapeutic Nuclear Medicine
660	Radiation Therapy and Hyperthermia
664	Therapeutic Radiation Treatment Preparation
699	Miscellaneous CPEP 6 Additions

CPEP-Specific File:
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CPEP-Specific File:
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CPEP-Specific File:
PROCSUB

Num	Description
700	Office Visits - New Patient
704	Office Visits - Established Patient
708	Hospital Visit - Initial
712	Hospital Visit - Subsequent
716	Hospital Visit - Critical Care
720	Emergency Room Visit
724	Consultation - Inpatient
728	Consultation - Office
732	Home Visit, New Patient
736	Home Visit, Established Patient
740	Nursing Facility Care, Initial
744	Nursing Facility Care, Subsequent
748	Specialist - Psychiatry
752	Neuropsychological Testing
756	Electroconvulsive Therapy
800	Superficial Needle Biopsy and Aspiration
804	Simple Incision and Excision of Breast
808	Breast Procedures
812	Esophagus
816	Diaphragm
820	Gastric Procedures
824	Small Intestinal Procedures
828	Hernia Procedures
832	Appendectomy and Miscellaneous Abdominal Procedures
836	Cholecystectomy
840	Hepatic and Bile Duct Procedures Except Cholecystectomy
844	Hepatectomy and Pancreatectomy
848	Pancreatic Procedures
852	Colectomy
856	Colectomy, Complex
860	General Complex Laparoscopic
864	Simple Anal and Rectal Procedures
868	Complex Anal and Rectal Procedures
872	Proctectomy and Rectal Repairs
876	Deep Lymph Structure Procedures
880	Spleen and Lymph Nodes
884	Major Procedure - Endocrine
888	Transplants
892	Tube Change
896	Needle and Catheter Biopsy, Aspiration, Lavage and Intubation
900	Simple Facial Procedures (exc. nose and sinus)
904	Complex Facial Procedures (exc. nose and sinus)
908	Simple Nose and Sinus Procedures
912	Complex Nose and Sinus Procedures
916	Simple Ear Procedures
920	Complex Ear Procedures
924	Cochlear Device Implantation
928	Simple Oral and Pharyngeal Procedures
932	Complex Oral and Pharyngeal Procedures
936	Salivary Gland and Duct Procedures
940	Laryngeal and Tracheal Procedures
944	Endoscopy of Upper Airway
948	Other ENT Procedures

Num	Description
952	Otorhinolaryngologic Function Tests
956	Speech Therapy
960	Simple Audiometry
1000	Introduction of Needle and Catheter
1004	Spinal Tap
1008	Bone Marrow Procedures
1012	Allergy Tests
1013	Simple Immunology Tests
1016	Allergy Immunotherapy
1020	Immunotherapy
1024	Infusion Therapy except Chemotherapy
1028	Chemotherapy
1032	Blood and Transfusion
1036	Hemodialysis and Peritoneal Dialysis
1040	Nerve and Muscle Tests
1044	Electroencephalogram
1048	Extended EEG Studies
1052	Respiratory Therapy
1056	Ventilator Management
1060	Endoscopy of the Lower Airway
1064	Pulmonary Services
1100	Alimentary Tests and Simple Tube Placement
1104	Esophageal Dilation without Endoscopy
1108	Diagnostic Upper GI Endoscopy or Intubation
1112	Therapeutic Upper GI Endoscopy or Intubation
1116	Lower Gastrointestinal Endoscopy
1120	Anoscopy
1124	Proctosigmoidoscopy and Sigmoidoscopy
1128	ERCP and Miscellaneous GI Endoscopy Procedures
1200	Minor Vascular Repair and Fistula Construction
1204	Vascular Ligation
1208	Major Vascular Procedures
1212	Removal and Revision of Vascular Devices
1216	Heart and Great Vessels
1220	CABG
1224	Pediatric Cardiovascular Procedures
1228	Major Procedure - Respiratory
1232	Thoracoscopy
1300	Placement of Transvenous Catheters
1304	Diagnostic Cardiac Catheterization
1308	Coronary Angioplasty
1312	Angioplasty and Transcatheter Procedures, other than Coronary
1316	Resuscitation and Cardioversion
1320	Pacemaker Insertion
1324	Cardiac Rehabilitation
1332	Cardiogram
1336	Echocardiography
1340	Exercise Tolerance Tests
1344	Minor Cardiac and Vascular Tests
1348	Pacemaker Analysis
1352	Cardiac Electrophysiologic Tests
1400	Pathology
1404	Complex Pathology

CPEP-Specific File:
SUPDET2

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OVEQCAP

CPEP-Specific File:
PROCSUM

Num	Description
1408	Surgical Pathology
1412	Cytopathology
1416	Pap Smears
1420	Special Stains
1428	Anesthesia
1432	Other Anesthesia Services
1500	Major Procedure - Twist Drill, Burr Hole, Trephine
1504	Major Procedure - Craniectomy or Craniotomy
1508	Major Procedure - Intracranial Surgery and Skull Procedures
1512	Major Procedure - Spine and Spinal Cord
1516	Major Procedure - Expior/Decompr/Excis Disc
1520	Major Procedure - Other Nerve
1524	Nerve Repair and Destruction
1528	Neurostimulator and Ventricular Shunt Implantation
1536	Nervous System Injections, Stimulations or Cranial Tap

Code	Description
1017	Histotechnologist
1028	Physical Therapy Aide
1033	RN
1086	Insurance Billing Staff
1088	Medical Secretary
1091	Receptionist
1131	RN/LPN/MA/Tech
1133	RN/MA
1151	Billing/Rec/Secretary
1180	OT Aid/Receptionist
1181	RN/Billing
2033	RN
2041	X-Ray Technician
2086	Insurance Billing Staff
2088	Medical Secretary
2090	Practice Administrator
2091	Receptionist
2092	Scheduling Secretary
2143	RN/Ultrasound Tech
3028	Physical Therapy Aide
3033	RN
3081	Clerk
3086	Insurance Billing Staff
3088	Medical Secretary
3091	Receptionist
3094	Transcriptionist
3129	RN/LPN
3134	RN/Med Tech/MA
3136	RN/NP/PA
3139	RN/PA/Cast Tech
3141	RN/Tech
3142	RN/Tech/PA
3153	Med Sec/Receptionist
4008	Counselor
4018	Lab Tech
4020	Medical Assistant
4033	RN
4036	Ultrasound Tech
4039	Technician
4081	Clerk
4086	Insurance Billing Staff
4087	Medical Records
4088	Medical Secretary
4091	Receptionist
4092	Scheduling Secretary
4094	Transcriptionist
4130	RN/LPN/MA
4133	RN/MA

CPEP-Specific File: SUPDET2

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CPEP-Specific File: PYEQCAP

CPEP-Specific File: OVEQCAP

CPEP-Specific File: PROCSUM

4154	Med Sec/Rec/Sch Sec
4156	Med Sec/Transcriptionist
5007	Certified Retinal Angio
5024	Orthoptist
5033	RN
5121	COMT/COT/RN/CST
5127	OMP (Ophthalmic Medical Personnel)
5128	Optician/COMT
5157	OBP (Ophthalmic Business Personnel)
6002	Angio Technician
6006	CAT Scan Technician
6011	Dosimetrist
6015	Film Librarian
6021	MRI Technician
6023	Nuclear Medicine Technician
6029	Physicist
6030	Radiation Tech
6031	Radiation Technical Therapist
6032	Registered Dietician
6033	RN
6036	Sonographer
6038	Tech Aide
6039	Technician
6040	Vascular Tech
6041	X-Ray Technician
6086	Insurance Billing Staff
6088	Medical Secretary
6090	Practice Administrator
6091	Receptionist
6092	Scheduling Secretary
6138	RN/PA
7033	RN
7043	Psychologist
7086	Insurance Billing Staff
7088	Medical Secretary
7092	Scheduling Secretary
7129	RN/LPN
7152	Med Sec/Billing
8019	LPN
8020	Medical Assistant
8033	RN
8035	Social Worker
8083	Coder
8086	Insurance Billing Staff
8088	Medical Secretary
8091	Receptionist
8092	Scheduling Secretary
8094	Transcriptionist
8133	RN/MA
8138	RN/PA

8144	Scrub Nurse/RN
9003	Audiologist
9009	CST
9020	Medical Assistant
9033	RN
9037	Speech Pathologist
9085	Front Office Staff
9086	Insurance Billing Staff
9087	Medical Records
9088	Medical Secretary
9090	Practice Administrator
9091	Receptionist
9092	Scheduling Secretary
9094	Transcriptionist
9129	RN/LPN
9130	RN/LPN/MA
9182	RN/Office Manager
10012	EEG Technician
10020	Medical Assistant
10027	Physical Therapist
10033	RN
10039	Technician
10086	Insurance Billing Staff
10088	Medical Secretary
10090	Practice Administrator
10091	Receptionist
10092	Scheduling Secretary
10130	RN/LPN/MA
10137	RN/OCN
10140	RN/Respiratory Therapist
11086	Insurance Billing Staff
11088	Medical Secretary
11130	RN/LPN/MA
11183	Sch Sec/RN/Rec
12020	Medical Assistant
12025	PA
12026	Perfusionist
12033	RN
12034	Scrub Nurse
12086	Insurance Billing Staff
12088	Medical Secretary
12089	Office Manager
12090	Practice Administrator
12091	Receptionist
12092	Scheduling Secretary
12126	NP/PA
12132	RN/LPN/PA
12133	RN/MA
12138	RN/PA
12183	Sch Sec/RN/Rec

13004	Cardiac Sonographer
13005	Cardiovascular Tech
13013	EKG Technician
13019	LPN
13020	Medical Assistant
13022	Nuclear Cardiology Technician
13025	PA
13033	RN
13039	Technician
13042	RN-Cardiology
13081	Clerk
13083	Coder
13086	Insurance Billing Staff
13087	Medical Records
13088	Medical Secretary
13090	Practice Administrator
13091	Receptionist
13092	Scheduling Secretary
13093	Secretary (General)
13094	Transcriptionist
13122	EKG Tech/MA
13123	EKG Tech/Med Tech
13129	RN/LPN
13138	RN/PA
13146	Tech/MA
13155	Med Sec/Sch Sec
14001	Anesthesia Technician
14010	Cytotechnologist
14014	Electron Microscopy Tech
14016	Flow Tech
14017	Histotechnologist
14018	Lab Tech
14033	RN
14039	Technician
14081	Clerk
14082	Client Service
14084	Courier
14086	Insurance Billing Staff
14088	Medical Secretary
14090	Practice Administrator
14091	Receptionist
14094	Transcriptionist
14124	Lab Tech/Histotechnologist
14125	Lab Tech/Med Tech
14126	NP/PA
14135	RN/NP
14138	RN/PA
14178	MA/Clerk
14179	Med Sec/Lab Tech
15033	RN

CPEP-Specific File: SUPDET2
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CPEP-Specific File: OVEQCAP
CPEP-Specific File: PROCSUM

15086	Insurance Billing Staff
15088	Medical Secretary
15091	Receptionist
15092	Scheduling Secretary
15094	Transcriptionist
15130	RN/LPN/MA
15145	Surgery Assistant
99990	ZERO LABOR
99999	CODE NOT COSTED

CPEP-Specific File:
SUPDET2

CPEP-Specific File:
EQPDET

CPEP-Specific File:
PYEQCAP

CPEP-Specific File:
OVEQCAP

CPEP-Specific File:
PROCSUM

Attachment 3
Abbreviations Used in Staff Type Descriptions

Cast Tech	Cast Technician
COMT	Certified Ophthlmic Medical Technician
COT	Certified Ophthlmic Technician
CST	Certified Surgical Technician
Lab Tech	Laboratory Technician
LPN	Licensed Practical Nurse
MA	Medical Assistant
Med Sec	Medical Secretary
Med Tech	Medical Technician
NP	Nurse Practitioner
OBP	Opthalmic Business Personnel
OCN	Oncology Certified Nurse
OMP	Ophthalmic Medical Personnel
OT	Occupational Therapy
PA	Physician Assistant
RN	Registered Nurse
Tech	Technician

CPEP-Specific File:
SUPDET2

CPEP-Specific File:
EQPDET

CPEP-Specific File:
PYEQCAP

CPEP-Specific File:
OVEQCAP

CPEP-Specific File:
PROCSUM

SUPDET2
Supply Detail, Adjusted Files

This type of file contains detailed information compiled for each of the disposable supply items identified by the CPEPs as required to provide each service. Each record represents a unique HCPCS code/supply item combination (i.e., there can be multiple records for a given HCPCS code, but each record represents a different supply item for that HCPCS code).

Each record includes the type of supply item, as well as information required to determine the total costs for the supply item (e.g., quantity, price per unit). The quantities and costs for each supply item reflect the total required across the CPEP service periods (i.e., pre-service period + procedure period + post-service period).

It is important to note that the quantities of supply items reported by the CPEP members were often *not* provided in the units in which manufacturers provided price information. As a result, information on the quantity of each supply item reported by the CPEP members has been converted, or standardized, to conform to the price data. This type of file includes the *standardized* quantities and pricing units, which were used to derive the cost for each supply item. For example, a supply's usage may have been specified once in milliliters and once in fluid ounces, while the item itself may have been priced in terms of gallons. In SUPDET2, each of these usage quantities is expressed in gallons. In addition, if the CPEP had specified both of the original usage amounts for the same service profile, the quantities have been added to yield a single record representing the total quantity required. Descriptions for supply items have also been standardized across CPEPs, so that the description and/or the units in which quantities are expressed for any particular item may be slightly different than the one originally reported by the CPEP. In no case should the calculated supply costs be affected by these standardizations.

The combination of the PROCCODE and SUP_CODE fields uniquely identifies each record (i.e., the file has at most one observation for each possible combination of those variables). Note that if files of this type are combined across CPEPs, the variable CPEP must also be considered to uniquely identify each record.

As is the case for all of the detail datasets, the SUPDET2 dataset for a given CPEP has at least one observation for every service code that was assigned to the CPEP, whether or not it was ultimately profiled by the CPEP:

- For profiled codes, there is either one observation for each different supply used in the profile, or there is a single placeholder record with a SUP_CODE value of 10000 to indicate that the profile explicitly specified no supplies.

- For unprofiled codes, there is a single placeholder record with a SUP_CODE value of 10090 to indicate that the code was not profiled by the CPEP.

- One additional special SUP_CODE value that can occur is value 10099. An observation with this supply code represents an incomplete supply profile for a profiled code, and indicates that some supply items were discussed but could not be specified explicitly identified by the CPEP. Such a record can occur as the sole supply record for a service, or can occur in conjunction with other,
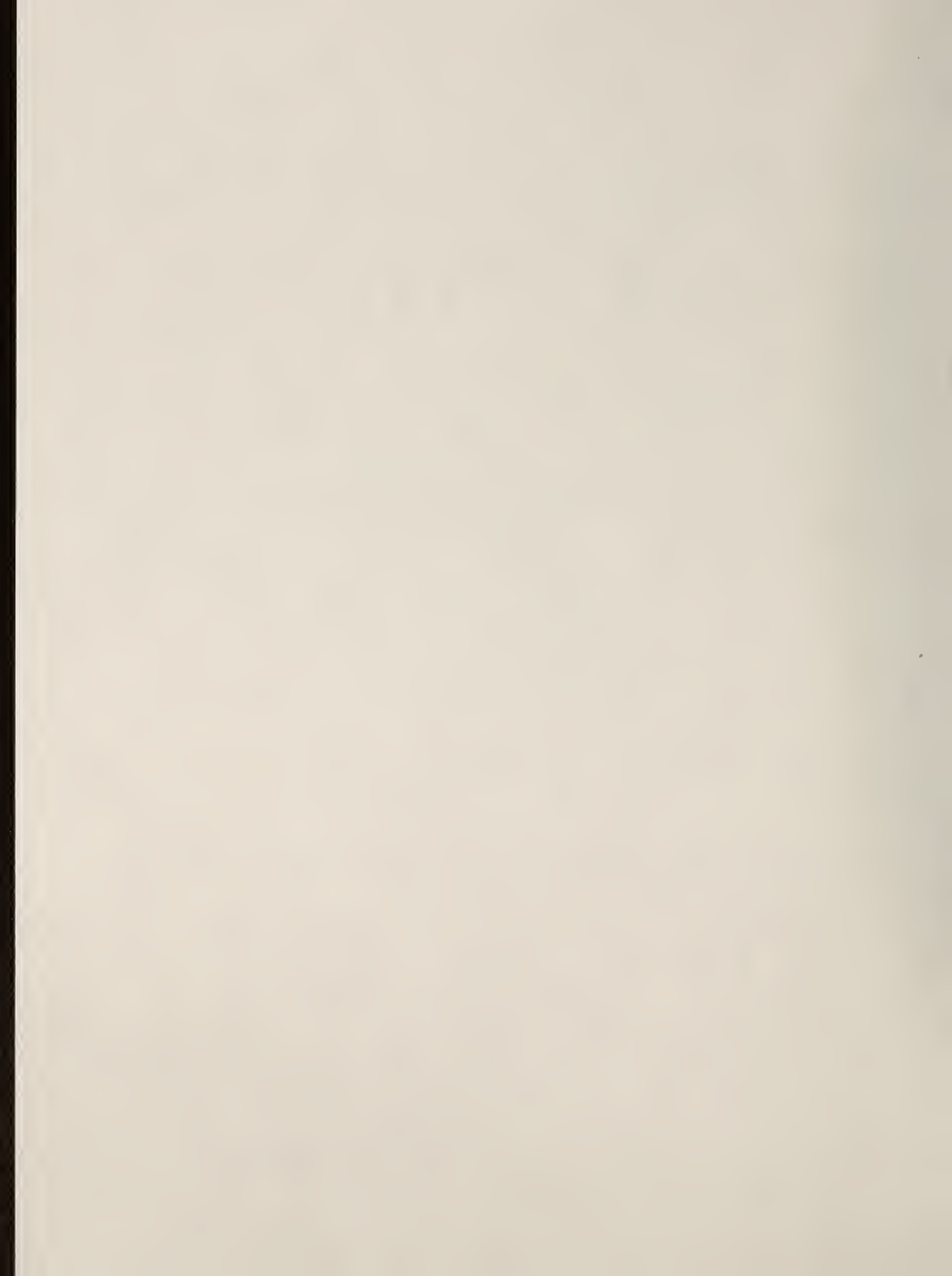
specified supply items for the service. There is never more than one record with
SUP_CODE=10099 in a particular CPEP's profile of a service.

The costs of a supply for the two sites of service (IN_COST, OUT_COST) were calculated as follows:

$$IN\_COST = \frac{INQCNV \cdot PRICE}{PRC\_CNT}$$

$$OUT\_COST = \frac{OUTQCNV \cdot PRICE}{PRC\_CNT}$$

where: INQCNV = total standardized in-office quantity
          OUTQCNV = total standardized out-of-office quantity
          PRICE = price
          PRC_CNT = the quantity represented by price

          For example, if 10 ml costs $5.00, then PRICE=$5.00, PRC_CNT=10, and
          PRC_UNIT="mil").

This expression should be used in any recomputation of costs based on different pricing and/or usage amount assumptions. Note that for records indicating that no supplies are used (SUP_CODE=10000), the value of PRC_CNT has been set to 1 to allow the above calculations to yield the correct costs (i.e., $0.00) without any special programming consideration. (Although a missing or zero value of PRC_CNT may seem more intuitive in the case of no supplies, the result of the calculations using either of those values would result in a missing value, which is not the desired result for a profile using no supplies.)

Missing values occur for site-specific variables (INQCNV, IN_COST, OUTQCNV, OUT_COST) when the service was not profiled, when the service was incompletely profiled, or when an estimate for the specific variable could not be obtained. Zero values occur for site-specific variables when the service was profiled at the specific site but the panel assigned a zero value to the specific variable or determined that no supplies were used.

Missing values occur for supply-specific variables (PRC_CNT, PRC_UNIT, PRICE) when the service was not profiled at the specific site, when the service was incompletely profiled, or when an estimate for the specific variable could not be obtained. If no supplies were used for a particular service, PRC_CNT is set to 1, PRC_UNIT is set to blank, and PRICE is set to zero.

File Name	No. of Records	CPEP
SUPDET2.T01	6,776	1
SUPDET2.T02	6,453	2
SUPDET2.T03	20,190	3
SUPDET2.T04	4,148	4
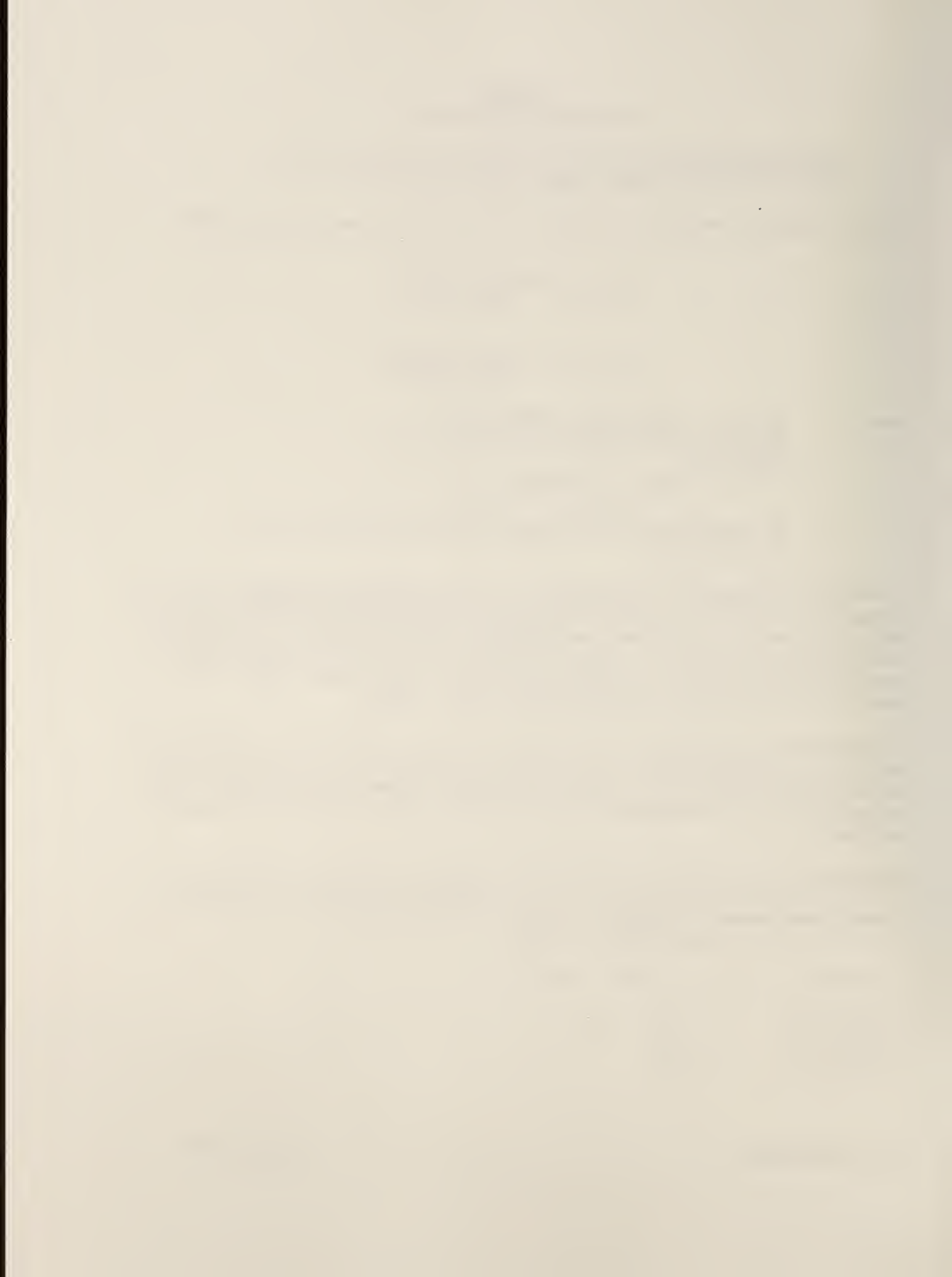
SUPDET2
Supply Detail, Adjusted Files

```
SUPDET2.T05          6,578          5
SUPDET2.T06          5,281          6
SUPDET2.T07            822          7
SUPDET2.T08         10,273          8
SUPDET2.T09         10,584          9
SUPDET2.T10          2,251         10
SUPDET2.T11          1,384         11
SUPDET2.T12          7,053         12
SUPDET2.T13          1,108         13
SUPDET2.T14          1,485         14
SUPDET2.T15          3,793         15


Record Length:      132
No. of Variables:    11


Sort Order:         PROCCODE SUP_CODE

File Format:        Standard ASCII file with carriage return and line
                       feed at the end of each record.
```

SUPDET2 Record Layout

Name	Description	Type	Position	Length
CPEP	CPEP providing estimate	Character	1	7
DESC	Description	Character	8	48
INQCNV	Qty of standardized supp. units, in-off	Numeric	56	11
IN_COST	Cost of supply item, in-office service	Numeric	67	7
OUTQCNV	Qty of standardized supp. units, out-off	Numeric	74	12
OUT_COST	Cost of supply item, out-office service	Numeric	86	7
PRC_CNT	No. units used for purchase price	Numeric	93	8
PRC_UNIT	Units used for purchase price	Character	101	12
PRICE	Purchase price	Numeric	113	8
PROCCODE	HCPCS (service) code	Character	121	5
SUP_CODE	Code for supply item	Character	126	7

When reading this data file, note that the first 12 lines contain copyright information rather than data records. The first data record occurs at the 13th line in the files. The record count listed above indicates the number of actual data records in the file, not the total number of text rows. If a numeric variable has decimal values, the decimal point has been entered explicitly in the ASCII file. There are no implicit decimal points.

Auxiliary File:
EXPSITES

CPEP-Specific File:
EQPDET

CPEP-Specific File:
PYEQCAP

CPEP-Specific File:
OVEQCAP

CPEP-Specific File:
PROCSUM

Variable Name:	**CPEP**

Variable Label: CPEP providing estimate

Definition: The Clinical Practice Expert Panel (abbreviated CPEP) that provided the estimates for the associated service.

Type: Character

Allowed Values:

C 1	=	Integumentary & Physical Medicine
C 2	=	Urology
C 3	=	Orthopaedic Surgery
C 4	=	OB/GYN
C 5	=	Ophthalmology
C 6	=	Radiology
C 7	=	Evaluation & Management
C 8	=	General Surgery
C 9	=	Otolaryngology
C10	=	Miscellaneous Internal Medicine
C11	=	Gastroenterology
C12	=	Cardiothoracic and Vascular Surgery
C13	=	Cardiology
C14	=	Anesthesiology/Pathology
C15	=	Neurosurgery

Link to Other Files: CPEP, in conjunction with PROCCODE, can be used to link the supply records to their corresponding service-specific equipment, overhead equipment, and labor profiles to construct the CPEP's complete profile for the service.

Comments: This variable indicates the CPEP which provided the supply estimate contained in each SUPDET2 record. Any single SUPDET2 file will contain data from only one CPEP. Many services were profiled by more than one CPEP, however, making it important to consider the CPEP variable in any analysis of the SUPDET2 files (see the *CPEP Direct Cost Estimation Report* for a list of the services that were profiled by more than one CPEP).

The internal blank in "C 1" through "C 9" preserves the numeric order for the 15 allowed values.

Auxiliary File:
EXPSITES

CPEP-Specific File:
EQPDET

CPEP-Specific File:
PYEQCAP

CPEP-Specific File:
OVEQCAP

CPEP-Specific File:
PROCSUM

Variable Name:	DESC

Variable Label: Description

Definition: Description of the supply item (e.g., needle 30g).

Type: Character

Allowed Values: Alphanumeric characters (no blanks allowed).

When the panel determined that a procedure required no supplies (SUP_CODE=10000), a description of "NO SUPPLIES," is assigned to the service.

When the panel did not profile a service in either site of service (SUP_CODE=10090), a description of "CODE NOT COSTED," is assigned to the service.

When the CPEP reported that there were additional supply items, but the CPEP was unable to identify the specific supply items (SUP_CODE=10099), a description of "INCOMPLETE PROFILE," is assigned to the service.

Link to Other Files: Not a linking variable.

Comments: There is one unique description for each supply item. Items with identical prices and similar usage patterns (e.g. needle 18g and needle 20g), received a single, more generic description (e.g. needle 18-20g).

Variable Name:	INQCNV

Variable Label: Qty of standardized supp. units, in-off

Definition: For in-office provision of the service, the quantity of the associated supply item required, expressed in standardized units (i.e., not necessarily the units in which the CPEP provided the original estimates).

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for INQCNV when one of two conditions is met:
- The service is profiled in-office, and the panel assigned a quantity of zero to a supply item in that site, or
- The service is profiled in-office, and the panel determined that no supplies were used (SUP_CODE=10000).

Missing values occur for INQCNV when one of four conditions is met:
- A service was not profiled (SUP_CODE=10090), or
- A service was not profiled in-office (IN=N), or
- A service received an incomplete profile (SUP_CODE=10099), or
- Panel did not provide a quantity for a particular supply item in-office.

Link to Other Files: Not a linking variable.

Comments: Quantities were adjusted as part of the standardization process to correct unit discrepancies between the panel's estimate and the pricing profile for an item (e.g. panel estimated 1 "roll" of tape used in the provision of a service, but tape is priced in "inches." Panel's quantity estimate (1 roll) is converted into the units priced (360 inches). The standardized unit is recorded in PRC_UNIT.

This variable multiplied by the price (PRICE) gives the total cost of this item required for the service in-office (IN_COST).

Auxiliary File:
EXPSITES

CPEP-Specific File:
EQPDET

CPEP-Specific File:
PYEQCAP

CPEP-Specific File:
OVEQCAP

CPEP-Specific File:
PROCSUM

Variable Name:	IN_COST

Variable Label: Cost of supply item, in-office service

Definition: Total cost of the quantity of this item required for the service, in dollars.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for IN_COST when one of two conditions is met:
- The service is profiled in-office, and the panel assigned a quantity of zero to a supply item in that site, or
- The service is profiled in-ofice, and the panel determined that no supplies were used (SUP_CODE=10000).

Missing values occur for IN_COST when one of five conditions is met:
- A service was not profiled at all (SUP_CODE=10090), or
- A service was not profiled in-office (IN=N), or
- A service received an incomplete profile (SUP_CODE=10099), or
- Panel did not provide a quantity for a particular supply item in-office, or
- Supply item not priced (variable PRICE is missing).

Links to Other Files: Not a linking variable.

Comments: IN_COST was calculated by multiplying INQCNV by PRICE.

Auxiliary File:
EXPSITES

CPEP-Specific File:
EQPDET

CPEP-Specific File:
PYEQCAP

CPEP-Specific File:
OVEQCAP

CPEP-Specific File:
PROCSUM

Variable Name:	**OUTQCNV**

Variable Label: Qty of standardized supp. units, out-off.

Definition: For out-office provision of the service, the quantity of the associated supply item required, expressed in standardized units (i.e., not necessarily the units in which the CPEP provided the original estimates).

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for OUTQCNV when one of two conditions is met:
- The service is profiled out-of-office, and the panel assigned a quantity of zero to a supply item in that site, or
- The service is profiled out-of-office, and the panel determined that no supplies were used (SUP_CODE=10000).

Missing values occur for OUTQCNV when one of four conditions is met:
- A service was not profiled at all (SUP_CODE=10090), or
- A service was not profiled out-of-office (OUT=N), or
- A service received an incomplete profile (SUP_CODE=10099), or
- Panel did not provide a quantity for a particular supply item out-of-office.

Link to Other Files: Not a linking variable .

Comments: Quantities were adjusted as part of the standardization process to correct unit discrepancies between the panel's estimate, and the pricing profile for an item (e.g. panel estimated 1 "roll" of tape used in the provision of a service, but tape is priced in "inches." Panel's quantity estimate (1 roll) is converted into the units priced (360 inches). The standardized unit is recorded in PRC_UNIT.

This variable multiplied by the price (PRICE) gives the total cost of this item required for the service out-of-office (OUT_COST).

Variable Name:	OUT_COST

Variable Label: Cost of supply item, out-office service.

Definition: Total cost of the quantity of this item required for the service in dollars.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for OUT_COST when one of two conditions is met:
- The service is profiled out-of-office, and the panel assigned a quantity of zero to a supply item in that site, or
- The service is profiled out-of-office, and the panel determined that no supplies were used (SUP_CODE=10000).

Missing values occur for OUT_COST when one of five conditions is met:
- A service was not profiled at all (SUP_CODE=10090), or
- A service was not profiled out-of-office (OUT=N), or
- A service received an incomplete profile (SUP_CODE=10099), or
- Panel did not provide a quantity for a particular supply item out-of-office, or
- Supply item not priced (variable PRICE is missing).

Links to Other Files: Not a linking variable.

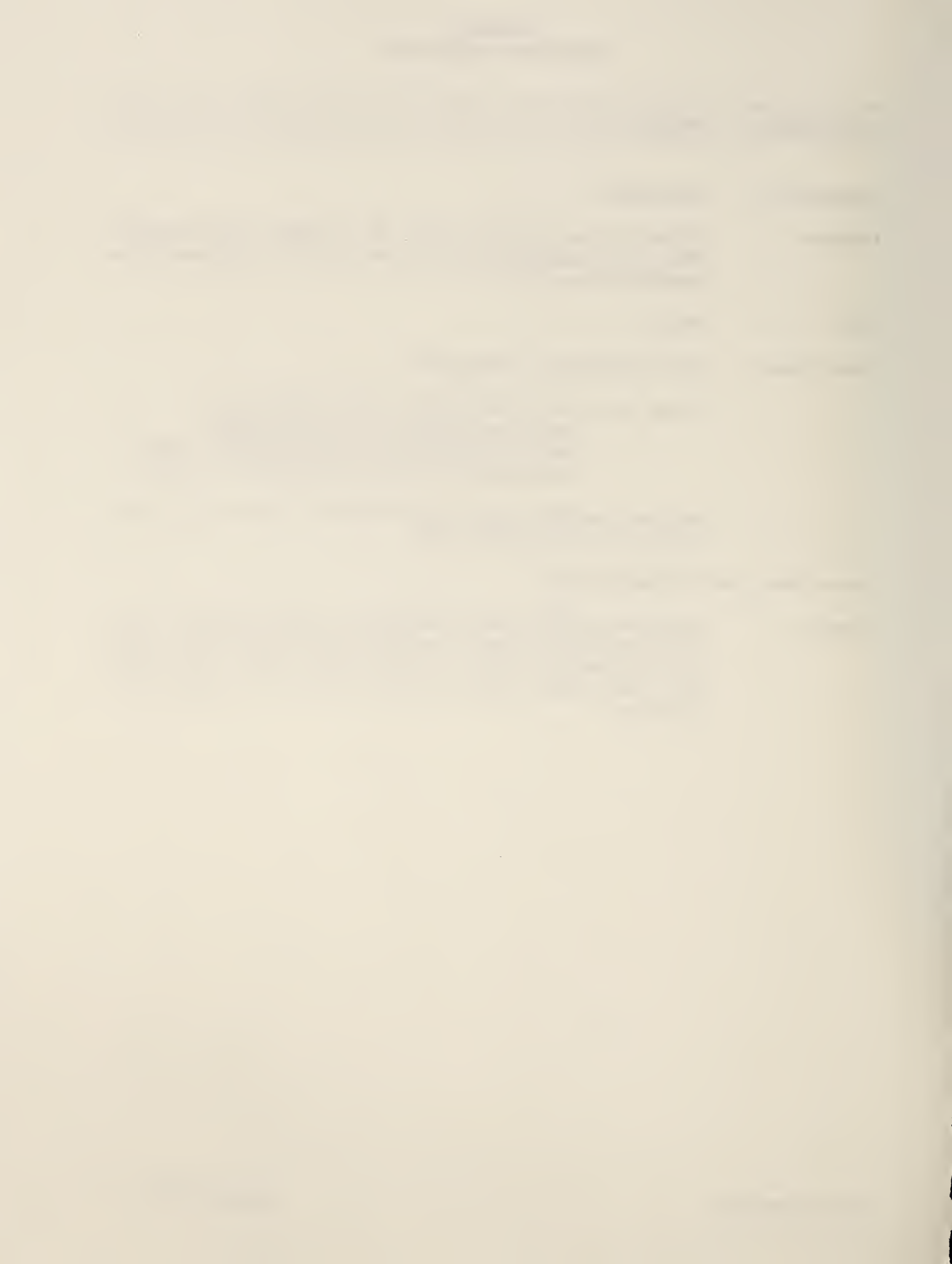**Comments:** OUT_COST is calculated by multiplying OUTQCNV by PRICE.

Auxiliary File:
EXPSITES

CPEP-Specific File:
EQPDET

CPEP-Specific File:
PYEQCAP

CPEP-Specific File:
OVEQCAP

CPEP-Specific File:
PROCSUM

Variable Name:	PRC_CNT

Variable Label: No. units used for purchase price.

Definition: The number of units in which a supply item is priced. For example, if the price for hydrogen peroxide is recorded as $0.78 per 20 ml, the value of PRC_CNT for this supply item would be 20.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Missing values occur for PRC_CNT when one of three conditions is met:
- A service was not profiled (SUP_CODE=10090), or
- A service received an incomplete profile (SUP_CODE=10099), or
- A supply item remains unpriced (variable PRICE is missing).

A value of "1" was assigned when the panel determined that no supplies were used for a service (SUP_CODE=10000), so the cost calculation results in a value of zero rather than a missing value. For example, $IN\_COST = INQCNV \times PRICE / PRC\_CNT$.

Links to Other Files: Not a linking variable.

Comments: None

Variable Name:	**PRC_UNIT**

Variable Label: Units used for purchase price

Definition: Units in which the supply item was priced (e.g., ml, ounce, foot).

Type: Character

Allowed Values: Alpha characters, or missing (blank).

Blanks occur for PRC_UNIT when one of four conditions is met:
- The panel determined no supplies were used in a particular service (SUP_CODE=10000), or
- A service was not profiled (SUP_CODE=10090), or
- A service received an incomplete profile (SUP_CODE=10099), or
- A supply item remains unpriced (variable PRICE is missing).

Links to Other Files: Not a linking variable.

Comments: INQCNV and OUTQCNV, supply item quantities in and out-of-office respectively, are implicitly stated in terms of PRC_UNIT (e.g. a supply profile with an INQCNV value of "4" and a PRC_UNIT of "ml" means the panel estimated that 4 ml of the supply item was used for the service in-office).

Variable Name:	PRICE

Variable Label: Purchase price

Definition: The price for this supply item, in dollars, stated in terms of a specified quantity (PRC_CNT) of a specified unit (PRC_UNIT) (e.g., the PRICE of hydrogen peroxide is stated as $0.78 per 20 ml).

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Missing values occur for PRICE when one of three conditions is met:
- A service was not profiled (SUP_CODE = 10090), or
- A service received an incomplete profile (SUP_CODE = 10099), or
- A supply item remains unpriced (variable PRICE is missing).

Zero occurs for PRICE only if the panel determined no supplies were used in a particular service (SUP_CODE = 10000).

Links to Other Files: Not a linking variable

Comments: Missing values for PRICE exist for some supply items because those items could not be adequately identified and priced. Several sources were used in determining supply prices, including supply catalogs and CPEP member assistance. See the *CPEP Direct Cost Estimation Report* for further discussion on the supply pricing methodology.

Auxiliary File:
EXPSITES

CPEP-Specific File:
EQPDET

CPEP-Specific File:
PYEQCAP

CPEP-Specific File:
OVEQCAP

CPEP-Specific File:
PROCSUM

Variable Name:	**PROCCODE**

Variable Label: HCPCS (service) code

Definition: The HCFA Common Procedure Coding System (HCPCS) code (levels I and II) for the specified service.

Type: Character

Allowed Values: HCPCS codes (numeric and alphanumeric) within the project scope.

Link to Other Files: PROCCODE, in conjunction with CPEP, can be used to link the supply records to their corresponding service-specific equipment, overhead equipment, and labor profiles to construct the CPEP's complete profile for the service.

Comments: For a description of the HCPCS codes included as part of the project scope, see Chapter 2.0 of the *CPEP Direct Cost Estimation Report*.

Any single SUPDET2 file will contain service-specific supply data for only one CPEP. However, since many codes were profiled by more than one CPEP, it is important to consider the existence of multiple records for the same HCPCS Code in any service-specific analyses (see the *CPEP Direct Cost Estimation Report* for a list of services that were profiled by more than one CPEP).

Auxiliary File:
EXPSITES

CPEP-Specific File:
EQPDET

CPEP-Specific File:
PYEQCAP

CPEP-Specific File:
OVEQCAP

CPEP-Specific File:
PROCSUM

Variable Name:	SUP_CODE

Variable Label: Code for supply item.

Definition: Numeric code for a unique supply item, as assigned by Abt Associates Inc.

Type: Character

Allowed Values: 10000-93816

     SUP_CODE has three values with special meaning:

- 10000 indicates that the service uses no supplies.
- 10090 indicates that the code was not profiled.
- 10099 indicates that the CPEP reported that there were additional supply items, but the CPEP was unable to identify the specific supply items.

Links to Other Files: Links to the SUP_PRC (Supply Price) global file.

Comments: Each supply item has a distinct SUP_CODE, with an associated description (DESC).

     A complete listing of valid values along with descriptions is found in the SUP_PRC data set.

Auxiliary File:
EXPSITES

CPEP-Specific File:
EQPDET

CPEP-Specific File:
PYEQCAP

CPEP-Specific File:
OVEQCAP

CPEP-Specific File:
PROCSUM

EQPDET
Equipment Detail, adjusted Files

This type of file contains detailed information for each clinical equipment item identified by the CPEPs as required to provide each service. (Items identified by the CPEP as overhead equipment are contained in the OVEQCAP files.) The files include equipment with a purchase price of $500 or more; items identified by the CPEPs that were subsequently priced at less than $500 are not included in the data files. Each record represents a unique HCPCS code/equipment item (i.e., there may be multiple records for a given HCPCS code, but each record represents a different equipment item for that HCPCS code).

As is the case for all of the detail files, the EQPDET file for a given CPEP has at least one observation for every service code that was assigned to the CPEP, whether or not it was ultimately profiled by the CPEP.

Clinical equipment was identified as being *service-specific* clinical equipment or *overhead* clinical equipment:

- Service-specific equipment is easily attributable to a subset of services in a CPEP (e.g., an EKG machine for EKG codes).

- Overhead clinical equipment was identified by the CPEP as either being used in the provision of virtually all services in a CPEP (e.g., an exam table in the E&M CPEP), or was difficult to attribute to specific services (e.g., a crash cart).

This distinction was necessary because of the different estimates for utilization assumed: clinical equipment utilization varied but overhead equipment was assumed to be in use 100% of the time the office was open. In some cases, Abt Associates re-categorized equipment from one category to the other to ensure consistency across CPEPs. For example, if a CPEP identified an exam table as service-specific equipment for virtually all its services, it was recategorized as clinical overhead equipment. This distinction between service-specific and clinical overhead equipment is captured and reported in two clinical equipment files (PXEQCAP and OVEQCAP).

No equipment-specific usage times were specified by the CPEP; instead, usage times were assumed based on the labor profiles provided by the CPEP.

The combination of the PROCCODE and EQP_CODE fields uniquely identifies each record (i.e., the file has at most one observation for each possible combination of those variables). Note that if files of this type are combined across CPEPs, the variable CPEP must also be considered to uniquely identify each record.

As is the case for all of the detail files, the EQPDET file for a given CPEP has at least one observation for every service code that was assigned to the CPEP, whether or not it was ultimately profiled by the CPEP:

- If no service-specific equipment was assigned by the CPEP in a service that was profiled, there is a single record with EQP_CODE=E99997 ("NO EQUIPMENT").

- The special EQP_CODE value of "E99998" can occur to indicate an "INCOMPLETE PROFILE". This record, which can be the sole record for a service or can exist in

addition to other equipment records, indicates that there is (additional) equipment used that was alluded to but not explicitly identified by the CPEP in their profile.

- Services that were not profiled by the CPEP have a single record with EQP_CODE="E99990" ("CODE NOT COSTED").

A detailed discussion of the equipment cost allocation methodology is included in the *CPEP Direct Cost Estimation* report.

```
 File Name      No. of Records    CPEP
------------    --------------    ----
EQPDET.T01           793           1
EQPDET.T02           527           2
EQPDET.T03         1,402           3
EQPDET.T04           441           4
EQPDET.T05           508           5
EQPDET.T06         2,033           6
EQPDET.T07           216           7
EQPDET.T08           932           8
EQPDET.T09         1,020           9
EQPDET.T10           360          10
EQPDET.T11           260          11
EQPDET.T12           667          12
EQPDET.T13           584          13
EQPDET.T14           926          14
EQPDET.T15           495          15


Record Length:     114
No. of Variables:    4

Sort Order:        PROCCODE EQP_CODE
File Format:       Standard ASCII file with carriage return and line
                      feed at the end of each record.
```

EQPDET Record Layout

Name	Description	Type	Position	Length
CPEP	CPEP providing estimate	Character	1	3
DESC	Description	Character	4	100
EQP_CODE	Code for type of equipment	Character	104	6
PROCCODE	HCPCS (service) code	Character	110	5

When reading this data file, note that the first 12 lines contain copyright information rather than data records. The first data record occurs at the 13th line in the files. The record count listed above indicates the number of actual data records in the file, not the total number of text rows. If a numeric variable has decimal values, the decimal point has been entered explicitly in the ASCII file. There are no implicit decimal points.

Variable Name:	CPEP

Variable Label: CPEP providing estimate

Definition: The Clinical Practice Expert Panel (abbreviated CPEP) that provided the estimates for the associated service.

Type: Character

Allowed Values:

C 1	=	Integumentary & Physical Medicine
C 2	=	Urology
C 3	=	Orthopaedic Surgery
C 4	=	OB/GYN
C 5	=	Ophthalmology
C 6	=	Radiology
C 7	=	Evaluation & Management
C 8	=	General Surgery
C 9	=	Otolaryngology
C10	=	Miscellaneous Internal Medicine
C11	=	Gastroenterology
C12	=	Cardiothoracic and Vascular Surgery
C13	=	Cardiology
C14	=	Anesthesiology/Pathology
C15	=	Neurosurgery

Link to Other Files: CPEP, in conjunction with PROCCODE, can be used to link the equipment records to their corresponding labor and supply profiles to construct the CPEP's complete profile for the service.

Comments: This variable indicates the CPEP which provided the equipment estimate contained in each EQPDET record. Any single EQPDET file will contain data from only one CPEP. Many services were profiled by more than one CPEP, making it important to consider the CPEP variable in any analysis of the EQPDET file (see the *CPEP Direct Cost Estimation Report* for a list of the services that were profiled by more than one CPEP).

The internal blank in "C 1" through "C 9" preserves the numeric order for the 15 allowed values.

Auxiliary File: EXPSITES

Auxiliary File: OUTEQCAP

CPEP-Specific File: PYEQCAP

CPEP-Specific File: OVEQCAP

CPEP-Specific File: PROCSUM

EQPDET
Equipment Detail, adjusted Files

Variable Name:	DESC

Variable Label: Description

Definition: Description of the clinical equipment item $500 or more.

Type: Character

Allowed Values: Alphanumeric characters (no blanks allowed).

When the panel did not profile a service in either site of service (EQP_CODE=E99990), a description of "CODE NOT COSTED," is assigned to the service.

When the panel determined that a service required no service-specific equipment (EQP_CODE=E99997), a description of "NO EQUIPMENT," is assigned to the service.

When the CPEP reported that there were additional service-specific equipment items, but the CPEP was unable to identify the specific equipment items (EQP_CODE=E99998), a description of "INCOMPLETE PROFILE," is assigned to the service.

Links to Other Files: Not a linking variable.

Comments: There is one unique description for each item of clinical equipment.

Variable Name:	EQP_CODE

Variable Label: Code for type of equipment

Definition: Alphanumeric code for a unique type of clinical equipment, as assigned by Abt Associates Inc.

Type: Character

Allowed Values: "E" followed by five numeric characters (no blanks).

This variable has three values with special meaning:

- E99990 indicates that the associated service was not profiled.

- E99997 indicates that the associated service required no service-specific equipment.

- E99998 indicates that the CPEP reported that there were additional service-specific equipment items, but the CPEP was unable to identify the specific equipment items.

The complete set of valid values along with descriptions is contained in the EQP_PRC data set.

Links to Other Files: Links to the EQP_PRC (Equipment Price) global file.

Comments: Each equipment item has a distinct EQP_CODE, with an associated (DESC).

Variable Name:	PROCCODE

Variable Label: HCPCS (service) code

Definition: The HCFA Common Procedure Coding System (HCPCS) code (levels I and II) for the specified service.

Type: Character

Allowed Values: HCPCS codes (numeric and alphanumeric) within the project scope.

Link to Other Files: PROCCODE, in conjunction with CPEP, can be used to link the supply records to their corresponding service-specific equipment, overhead equipment, and labor profiles to construct the CPEP's complete profile for the service.

Comments: For a description of the HCPCS codes included as part of the project scope, see Chapter 2.0 of the *CPEP Direct Cost Estimation Report*.

Any single EQPDET file will contain service-specific equipment data for only one CPEP. However, since many service codes were profiled by more than one CPEP, it is important to consider the existence of multiple records for the same HCPCS code in any service-specific analyses (see the *CPEP Direct Cost Estimation Report* for a list of services that were profiled by more than one CPEP).

PXEQCAP
Procedure-Specific Equipment Intermediate Capital Detail File

This type of file represents an intermediate set of data pertaining to service-specific equipment costs. It contains data elements and computed variables generated by the methodology used to allocate service-specific clinical equipment costs to the provision of a single service. As in EQPDET, each record represents a unique HCPCS code/equipment item.

In addition to all of the variables in EQPDET, PXEQCAP includes the data, calculation factors and intermediate values for components of formulas necessary to estimate the following:

- The total equipment cost over the life of the equipment;
- The annualized cost of the equipment, including maintenance and financing costs;
- The cost per minute for using the machine; and
- The equipment cost for the specific service.

Variables reflecting assumptions related to the total hours of operation of the equipment, loan interest rates, maintenance costs, and the percent of equipment capacity are included, as are data on purchase price and useful life. These variables have been set to blanks if no service-specific equipment was used (EQP_CODE=E99997), if there was an incomplete equipment profile (EQP_CODE=E99998), or if a code was not profiled (EQP_CODE=E99990).

The combination of the PROCCODE and EQP_CODE fields uniquely identifies each record (i.e., the file has at most one observation for each possible combination of those variables). Note that if files of this type are combined across CPEPs, the variable CPEP must also be considered to uniquely identify each record.

As is the case for all of the detail datasets, the PXEQCAP dataset for a given CPEP has at least one observation for every service code that was assigned to the CPEP, whether or not it was ultimately profiled by the CPEP.

A detailed discussion of the equipment cost allocation methodology can be found in the *CPEP Direct Cost Estimation* report.

File Name	No. of Records	CPEP
PXEQCAP.T01	793	1
PXEQCAP.T02	527	2
PXEQCAP.T03	1,402	3
PXEQCAP.T04	441	4
PXEQCAP.T05	508	5
PXEQCAP.T06	2,033	6
PXEQCAP.T07	216	7
PXEQCAP.T08	932	8
PXEQCAP.T09	1,020	9
PXEQCAP.T10	360	10
PXEQCAP.T11	260	11
PXEQCAP.T12	667	12
PXEQCAP.T13	584	13
PXEQCAP.T14	926	14
PXEQCAP.T15	495	15

PXEQCAP
Procedure-Specific Equipment Intermediate Capital Detail File

```
Record Length:     204
No. of Variables:  22

Sort Order:        PROCCODE EQP_CODE
File Format:       Standard ASCII file with carriage return and line feed at
                   the end of each record.
```

PXEQCAP Record Layout

Name	Description	Type	Position	Length
ANNFACT	Annualizing factor, eqp cost plus maint.	Numeric	1	8
CAPFRAC	Annualizing factor for capital eqp cost	Numeric	9	8
COST_MIN	Equipment cost per minute	Numeric	17	8
CPEP	CPEP providing estimate	Character	25	3
DESC	Description	Character	28	100
EQP_CODE	Code for type of equipment	Character	128	6
EQTI	Minutes for equipment use, in-office	Numeric	134	4
EQTO	Minutes for equipment use, out-office	Numeric	138	3
HRSWK	Hours per week office assumed open	Numeric	141	2
IN	Code profiled in the office (Y/N)	Character	143	1
INTRATE	Loan interest rate, this equipment type	Numeric	144	5
LIFE	Equipment useful life (years)	Numeric	149	6
MAINT	Eqpt annual maint rate (% of purchase)	Numeric	155	5
MINS_YR	Minutes/year equipment is assumed in use	Numeric	160	6
OUT	Code profiled out of the office (Y/N)	Character	166	1
PRICE	Purchase price	Numeric	167	11
PROCCODE	HCPCS (service) code	Character	178	5
PXEQ_I	Serv specific equipment cost in-office	Numeric	183	8
PXEQ_O	Serv specific equipment cost out-office	Numeric	191	6
TEXCEP	Exception to default equip use time(0,1)	Character	197	1
USAGE	Proportion of max time equipment used	Numeric	198	5
WKSYR	Weeks per year office is assumed open	Numeric	203	2

When reading this data file, note that the first 12 lines contain copyright information rather than data records. The first data record occurs at the 13th line in the files. The record count listed above indicates the number of actual data records in the file, not the total number of text rows. If a numeric variable has decimal values, the decimal point has been entered explicitly in the ASCII file. There are no implicit decimal points.

PXEQCAP
Procedure-Specific Equipment Intermediate Capital Detail File

Variable Name:	ANNFACT

Variable Label: Annualizing factor, eqp cost plus maint

Definition: Factor to multiply by the equipment purchase price, PRICE, to obtain the total annualized cost of the equipment. This factor incorporates both the inflation of cost due to the cost of capital over time (e.g., loan interest payments) and the annual maintenance cost expressed as a percentage of acquisition cost.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A missing value occurs in records with equipment codes (variable EQP_CODE) E99997 ("NO EQUIPMENT"), E99998 ("INCOMPLETE PROFILE"), and E99990 ("CODE NOT COSTED").

Links to Other Files: Not a linking variable.

Comments: This is the sum of the annualized equipment purchase price (CAPFRAC) and the annual equipment maintenance cost rate (MAINT). For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Variable Name:	CAPFRAC

Variable Label: Annualizing factor for capital eqp cost

Definition: Factor used to inflate the capital acquisition cost to reflect the cost of capital over time.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A missing value occurs in records with equipment codes (variable EQP_CODE) E99997 ("NO EQUIPMENT"), E99998 ("INCOMPLETE PROFILE"), and E99990 ("CODE NOT COSTED").

Links to Other Files: Not a linking variable.

Comments: This factor is added to the maintenance cost rate (MAINT) to obtain the total annualizing capital cost factor (ANNFACT). For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Auxiliary File: EXPSITES

Auxiliary File: OUTEQCAP

Auxiliary File: CPEPSITE

CPEP-Specific File: OVEQCAP

CPEP-Specific File: PROCSUM

Auxiliary File:
EXPSITES

Auxiliary File:
OUTEQCAP

Auxiliary File:
~~CERUINT~~

CPEP-Specific File:
OVEQCAP

CPEP-Specific File:
~~PROCSIM~~

PXEQCAP
Procedure-Specific Equipment Intermediate Capital Detail File

Variable Name:	COST_MIN

Variable Label: Equipment cost per minute

Definition: The estimated cost per minute of use of the equipment for the service.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A missing value occurs in records with equipment codes (variable EQP_CODE) E99997 ("NO EQUIPMENT"), E99998 ("INCOMPLETE PROFILE"), and E99990 ("CODE NOT COSTED").

Links to Other Files: Not a linking variable.

Comments: This value is computed as the total, annualized equipment cost divided by the number of minutes in the year during which the equipment is assumed to be in use. For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Variable Name:	**CPEP**

Variable Label: CPEP providing estimate

Definition: The Clinical Practice Expert Panel (abbreviated CPEP) that provided the estimates for the associated service.

Type: Character

Allowed Values:

C 1	=	Integumentary & Physical Medicine
C 2	=	Urology
C 3	=	Orthopaedic Surgery
C 4	=	OB/GYN
C 5	=	Ophthalmology
C 6	=	Radiology
C 7	=	Evaluation & Management
C 8	=	General Surgery
C 9	=	Otolaryngology
C10	=	Miscellaneous Internal Medicine
C11	=	Gastroenterology
C12	=	Cardiothoracic and Vascular Surgery
C13	=	Cardiology
C14	=	Anesthesiology/Pathology
C15	=	Neurosurgery

Links to Other Files: CPEP, in conjunction with PROCCODE, can be used to link the service-specific equipment records to their corresponding overhead equipment, labor, and supply profiles to construct the CPEP's complete profile for the service.

Comments: This variable indicates the CPEP which provided the equipment estimate contained in the record, upon which the service-specific allocation is based. Any single PXEQCAP file will contain data from only one CPEP. Many services were profiled by more than one CPEP, making it important to consider the CPEP variable in any analysis of the PXEQCAP files (see the *CPEP Direct Cost Estimation Report* for a list of the services that were profiled by more than one CPEP).

The internal blank in "C 1" through "C 9" preserves the numeric order for the 15 allowed values.

PXEQCAP
Procedure-Specific Equipment Intermediate Capital Detail File

Variable Name:	DESC

Variable Label: Description

Definition: Description of the clinical equipment $500 or more.

Type: Character

Allowed Values: Alphanumeric characters (no missing values).

When the panel did not profile a service in either site of service (EQP_CODE=E99990), a description of "CODE NOT COSTED," is assigned to the service.

When the panel determined that a service required no service-specific equipment (EQP_CODE=E99997), a description of "NO EQUIPMENT," is assigned to the service.

When the CPEP reported that there were additional service-specific equipment items, but the CPEP was unable to identify the specific equipment items (EQP_CODE=E99998), a description of "INCOMPLETE PROFILE," is assigned to the service.

Links to Other Files: Not a linking variable.

Comments: The description can also be found in the equipment global pricing data set (EQP_PRC) in the record with the same equipment ID code (EQP_CODE).

Auxiliary File: EXPSITES

Auxiliary File: OUTEQCAP

Auxiliary File: OTHER

CPEP-Specific File: OVEQCAP

CPEP-Specific File: PROCSUM

Variable Name:	EQP_CODE

Variable Label: Code for type of equipment

Definition: Alphanumeric code for a unique type of equipment, as assigned by Abt Associates Inc.

Type: Character

Allowed Values: "E" followed by five numeric characters (no blanks).

This variable has three values with special meaning:
- E99990 indicates that the associated service code was not profiled.
- E99997 indicates that the associated service code required no service-specific equipment.
- E99998 indicates that the CPEP reported that there were additional service-specific equipment items, but the CPEP was unable to identify the specific equipment items.

A complete listing of valid values along with descriptions is contained in the EQP_PRC data set.

Links to Other Files: Links to the EQP_PRC (Equipment Price) global file.

Comments: Each equipment item has a distinct EQP_CODE, with an associated description (DESC).

Auxiliary File: EXPSITES

Auxiliary File: OUTEQCAP

Auxiliary File: CEPRICE

CPEP-Specific File: OVEQCAP

CPEP-Specific File: PROCSUM

Variable Name:	EQTI

Variable Label: Minutes for equipment use, in-office

Definition: The estimated total number of minutes that the equipment was assumed to be used for the service when provided in the in-office setting.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A missing value occurs if the service was not profiled in the in-office setting (IN="N") or if EQP_CODE=99998.

A zero occurs if EQP_CODE=99997.

Links to Other Files: Not a linking variable.

Comments: This variable is derived from the various in-office clinical staff time estimates for the service. For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

PXEQCAP
Procedure-Specific Equipment Intermediate Capital Detail File

Variable Name:	EQTO

Variable Label: Minutes for equipment use, out-office

Definition: The estimated total number of minutes that the equipment was assumed to be used for the service when provided in the out-of-office setting.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A missing value occurs if the service was not profiled in the out-of-office setting (OUT="N") or if EQP_CODE=99998.

A zero occurs if EQP_CODE=99997.

Links to Other Files: Not a linking variable.

Comments: This variable is derived from the various out-of-office clinical staff time estimates for the service. Because equipment costs were allocated to the out-of-office setting only in specific circumstances, EQTO is frequently zero. For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Auxiliary File:
EXPSITES

Auxiliary File:
OUTEQCAP

Auxiliary File:
CEPSIST

CPEP-Specific File:
OVEQCAP

CPEP-Specific File:
PROCSUM

Variable Name:	HRSWK

Variable Label: Hours per week office assumed open

Definition: The hours per week for which the office is assumed to be open.

Type: Numeric

Allowed Values: 50 or missing value.

A missing value occurs in records with equipment codes (variable EQP_CODE) E99997 ("NO EQUIPMENT"), E99998 ("INCOMPLETE PROFILE"), and E99990 ("CODE NOT COSTED").

Links to Other Files: Not a linking variable.

Comments: This value is used in the capital cost calculation, and was always assumed to be 50. For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

PXEQCAP
Procedure-Specific Equipment Intermediate Capital Detail File

Variable Name:	IN

Variable Label: Code profiled in the office (Y/N)

Definition: For the specified service, this variable indicates whether the service was profiled for the "in-office" location.

Type: Character

Allowed Values:
Y = Yes, service was profiled for the in-office location
N = No, service was not profiled for the in-office location

Links to Other Files: Not a linking variable.

Comments: None.

PXEQCAP
Procedure-Specific Equipment Intermediate Capital Detail File

Variable Name:	INTRATE

Variable Label: Loan interest rate, this equipment type

Definition: The interest rate used to calculate the annualized opportunity cost (CAPFRAC) of the item of equipment.

Type: Numeric

Allowed Values: 0.095, 0.100, 0.105, 0.110, or missing value.

A missing value occurs in records with equipment codes (variable EQP_CODE) E99997 ("NO EQUIPMENT"), E99998 ("INCOMPLETE PROFILE"), and E99990 ("CODE NOT COSTED").

Links to Other Files: Not a linking variable.

Comments: The interest rate was determined as a function of useful life (LIFE) and capital acquisition cost (PRICE). For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Variable Name:	LIFE

Variable Label: Equipment useful life (years)

Definition: The estimated useful life of the equipment, in years.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

This field is irrelevant for records with the following EQP_CODE:
- E99990 indicates that the associated service was not profiled.
- E99997 indicates that the associated service required no service specific equipment.
- E99998 indicates an incomplete profile.

Missing values occur for equipment items that could not be priced.

Links to Other Files: Not a linking variable.

Comments: The useful life data were obtained from *Useful Lives of Depreciable Hospital Assets*, 1993 Edition. All useful lives from this source are integer values. When this source did not have an estimate of useful life specific to the equipment, a default value of 7.5 years was used. Refer to the *CPEP Direct Cost Estimation Report* for further details.

PXEQCAP
Procedure-Specific Equipment Intermediate Capital Detail File

Variable Name:	MAINT

Variable Label: Eqpt annual maint rate (% of purchase)

Definition: The amount, as a proportion of the equipment purchase price (PRICE), which is assumed to be required to maintain the equipment in working condition.

Type: Numeric

Allowed Values: 0.05 or missing value.

A missing value occurs in records with equipment codes (variable EQP_CODE) E99997 ("NO EQUIPMENT"), E99998 ("INCOMPLETE PROFILE"), and E99990 ("CODE NOT COSTED").

Links to Other Files: Not a linking variable.

Comments: A value of 5% was assumed for all types of equipment.

Variable Name:	MINS_YR

Variable Label: Minutes/year equipment is assumed in use

Definition: The number of minutes per year that the equipment is assumed to be in use.

Type: Numeric

Allowed Values: 105000 or missing value.

A missing value occurs in records with equipment codes (variable EQP_CODE) E99997 ("NO EQUIPMENT"), E99998 ("INCOMPLETE PROFILE"), and E99990 ("CODE NOT COSTED").

Links to Other Files: Not a linking variable.

Comments: This is calculated as the product of weeks per year (WKSYR), hours per week (HRSWK), minutes per hour, and the assumed usage rate (USAGE). For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

PXEQCAP
Procedure-Specific Equipment Intermediate Capital Detail File

Variable Name:	OUT

Variable Label: Code profiled out of the office (Y/N)

Definition: For the specified service, this variable indicates whether the service was profiled for the "out-office" location.

Type: Character

Allowed Values:
Y   =   Yes, service was profiled for the out-office location.
N   =   No, service was not profiled for the out-office location.

Link to Other Files: Not a linking variable.

Comments: None.

Variable Name:	PRICE

Variable Label: Purchase price

Definition: The purchase price of the equipment.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A value of zero occurs in records with equipment code (variable EQP_CODE) E99997 ("NO EQUIPMENT").

A missing value occurs in records with equipment codes E99998 ("INCOMPLETE PROFILE") and E99990 ("CODE NOT COSTED").

A missing value can also occur if it was not possible to obtain a price for a specific piece of equipment.

Links to Other Files: Not a linking variable.

Comments: None.

Auxiliary File: EXPSITES

Auxiliary File: OUTEQCAP

Auxiliary File: SERVICT

CPEP-Specific File: OVEQCAP

CPEP-Specific File: PROCSUM

Variable Name:	PROCCODE

Variable Label: HCPCS (service) code

Definition: The HCFA Common Procedure Coding System (HCPCS) code (levels I and II) for the specified service.

Type: Character

Allowed Values: HCPCS codes (numeric and alphanumeric) within the project scope.

Link to Other Files: PROCCODE, in conjunction with CPEP, can be used to link the service-specific equipment records to their corresponding overhead equipment, labor, and supply profiles to construct the CPEP's complete profile for the service.

Comments: For a description of the HCPCS codes included as part of the project scope, see Chapter 2.0 of the *CPEP Direct Cost Estimation Report*.

Any single PXEQCAP file will contain service-specific equipment data for only one CPEP. However, since many service codes were profiled by more than one CPEP, it is important to consider the existence of multiple records for the same HCPCS code in any service-specific analyses (see the *CPEP Direct Cost Estimation Report* for a list of services that were profiled by more than one CPEP).

Variable Name:	PXEQ_I

Variable Label: Serv specific equipment cost in-office

Definition: The allocated cost, in dollars, of all service-specific equipment assigned by the CPEP with the provision of this service in the office.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A zero value occurs in records with IN="Y" and equipment code (variable EQP_CODE) E99997 ("NO EQUIPMENT).

A missing value occurs in records with equipment codes E99998 ("INCOMPLETE PROFILE"), E99990 ("CODE NOT COSTED"), or IN="N".

A missing value can also occur if it was not possible to obtain a price for a specific piece of equipment.

Links to Other Files: Not a linking variable.

Comments: This cost was computed using the various parameters contained in the record. For further details regarding the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Auxiliary File: EXPSITES

Auxiliary File: OUTEQCAP

Auxiliary File: SERVIPT

CPEP-Specific File: OVEQCAP

CPEP-Specific File: PROCSUM

PXEQCAP
Procedure-Specific Equipment Intermediate Capital Detail File

Variable Name:	PXEQ_O

Variable Label: Serv specific equipment cost out-office

Definition: The allocated cost, in dollars, of all service-specific equipment assigned by the CPEP with the provision of this service out of the office.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A zero value occurs in records with OUT="Y" and equipment code (variable EQP_CODE) E99997 ("NO EQUIPMENT).

A missing value occurs in records with equipment codes E99998 ("INCOMPLETE PROFILE"), E99990 ("CODE NOT COSTED"), or OUT="N".

A missing value can also occur if it was not possible to obtain a price for a specific piece of equipment.

Zero values occur if no service-specific clinical equipment was associated with this service or if zero equipment usage time was assumed based on the profile.

Links to Other Files: Not a linking variable.

Comments: This cost was computed using the various parameters contained in the record. For further details regarding the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Variable Name:	**TEXCEP**

Variable Label: Exception to default equip use time(0,1)

Definition: Indicates whether the equipment usage times (EQTI and EQTO) were based on the default rule or were based on an exception rule (as noted in the Recorders' Notes File).

Type: Character

Allowed Values:

0 = Equipment time used in calculating equipment cost was based on the default time.

1 = Equipment time used in calculating equipment cost was not based on the default time.

A missing value occurs for unprofiled services (EQP_CODE=E99990).

Links to Other Files: Not a linking variable.

Comments: For some services, if the default assignment of equipment time would significantly under- or over-estimate the actual time required (based on the maximum staff time in the G1 period), exceptions were applied to derive more accurate estimates. For further details regarding the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

PXEQCAP
Procedure-Specific Equipment Intermediate Capital Detail File

Variable Name:	USAGE

Variable Label: Proportion of max time equipment used

Definition: The proportion of the time the equipment is used by practice staff.

Type: Numeric

Allowed Values: 0.70 or missing value.

A missing value occurs for equipment codes (variable EQP_CODE) E99997 ("NO EQUIPMENT"), E99998 ("INCOMPLETE PROFILE"), and E99990 ("CODE NOT COSTED").

Links to Other Files: Not a linking variable.

Comments: For service-specific equipment, it was assumed that the equipment is used for 70% of the total time that it is available for use (i.e., there is 30% down-time). For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Variable Name:	WKSYR

Variable Label: Weeks per year office is assumed open

Definition: The number of weeks per year that the office is in operation.

Type: Numeric

Allowed Values: 50 or missing.

A missing value occurs for equipment codes E99997 ("NO EQUIPMENT"), E99998 ("INCOMPLETE PROFILE"), and E99990 ("CODE NOT COSTED").

Links to Other Files: Not a linking variable.

Comments: This is one of the parameters used in the calculation of capital costs. For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Auxiliary File:
EXPSITES

Auxiliary File:
OUTEQCAP

Auxiliary File:
SERVICE

CPEP-Specific File:
PROCSUM

OVEQCAP
Overhead Equipment Intermediate Capital Detail File

This type of file represents an intermediate set of data pertaining to overhead equipment costs. The files contain data elements and computed variables generated by the methodology used to allocate clinical overhead equipment costs to specific services. (Items identified by the CPEP as service-specific equipment are contained in the PXEQCAP files.) The files include equipment with a purchase price of $500 or more; items identified by the CPEPs that were subsequently priced at less than $500 are not included in the data files. Each record represents a unique HCPCS code/equipment item (i.e., there may be multiple records for a given HCPCS code, but each record represents a different equipment item for that HCPCS code).

The files include variables analogous to those in PXEQCAP, with the exception of the TEXCEP indicator, since there are no exceptions to the overhead rule. (Note that there is no analog of EQPDET for overhead equipment; the OVEQCAP files represent the sole source of overhead equipment data.) Specifically, these files include the data, calculation factors and intermediate values for components of formulas necessary to estimate the following:

- The total equipment cost over the life of the equipment;
- The annualized cost of the equipment, including maintenance and financing costs;
- The cost per minute for using the machine; and
- The equipment cost for the specific service.

Variables reflecting assumptions related to the total hours of operation of the equipment, loan interest rates, maintenance costs, and the percent of equipment capacity are included, as are data on purchase price and useful life. These variables have been set to blanks if no overhead equipment was used, or if a code was not profiled (incomplete equipment profiles never occurred).

The combination of the PROCCODE and EQP_CODE fields uniquely identifies each record (i.e., the file has at most one observation for each possible combination of those variables). Note that if files of this type are combined across CPEPs, the variable CPEP must also be considered to uniquely identify each record.

Two steps were undertaken to allocate clinical overhead equipment to individual services. First, each service-specific equipment item was mapped to the set of codes which were identified by the CPEP as requiring the equipment. The mapping for overhead equipment was generally made to each code in the CPEP that profiled the overhead equipment. For example, an exam chair was an overhead equipment item in the CPEP 9, Otolaryngology. Services may have zero, one or more assigned overhead equipment items. Second, the costs of the overhead equipment were allocated to the services requiring the use of equipment. A staff time rule was used to allocate overhead clinical equipment costs. Overhead clinical equipment is assumed to be in use, in effect, for all services at all times. As a result, the rule used took the largest staff time from each CPEP service period during which a patient is physically in the physician's office (as opposed to at an out-of-office site, such as a hospital). Time for the procedure period for out-of-office services were not included, while time for post-operative visit services in the office were included. These steps were used for all CPEPs, with the exception of one CPEP. CPEP 1 included representatives from podiatry, dermatology, and physical therapy practices, among other, each of which use different overhead equipment items. Given that each type of practice provides services that are grouped into
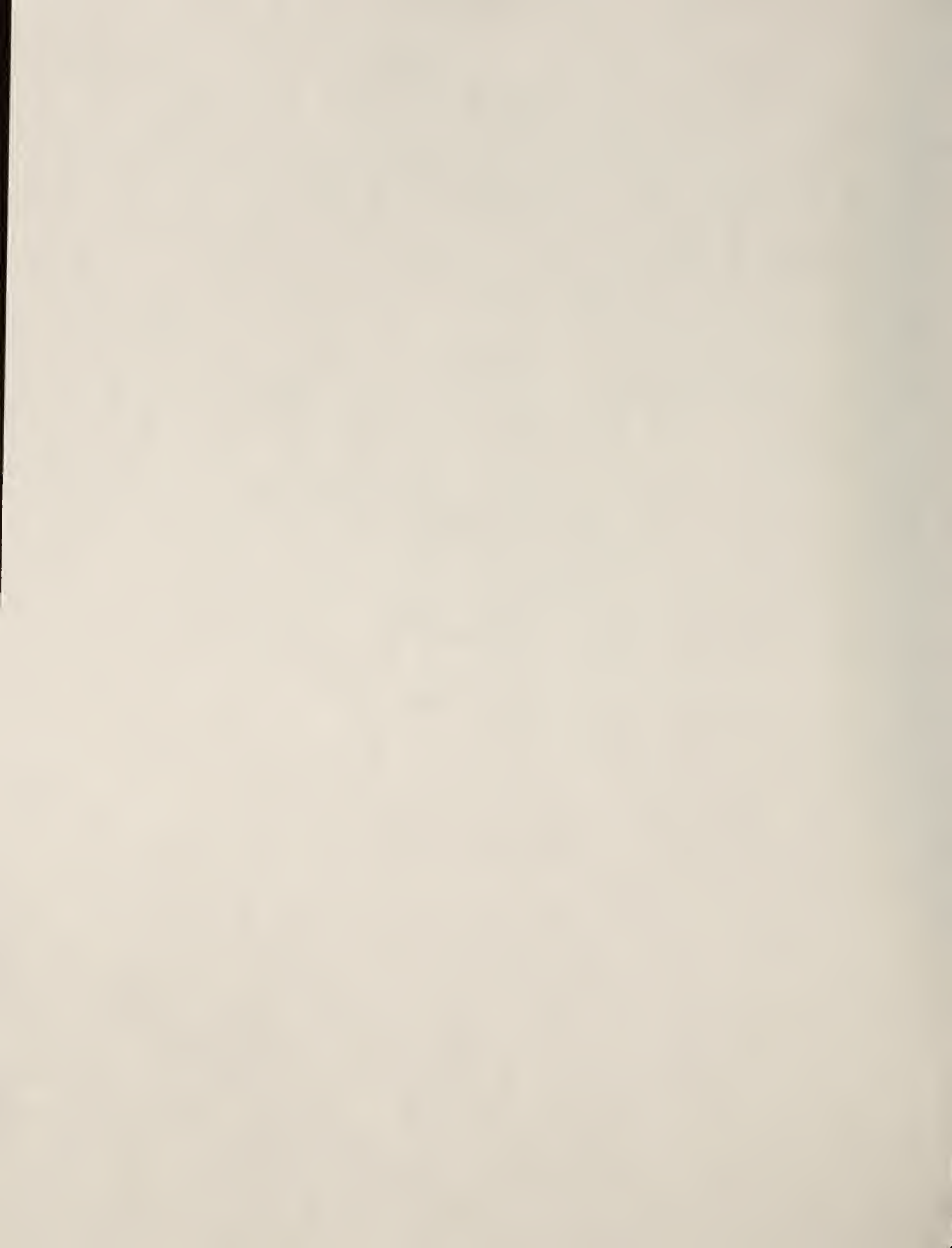
OVEQCAP
Overhead Equipment Intermediate Capital Detail File

specific family groupings, it was straightforward to allocate the overhead items identified by each practice type to a specific sub-set of families within CPEP 1. Some overhead items were used by all of the specialties represented (exam table, crash cart), and they were allocated to all the services in CPEP 1. See Chapter 6.0 in the *CPEP Direct Cost Estimation Report*.

As in PXEQCAP, every service assigned to be profiled by a CPEP has at least one observation in that CPEP's OVEQCAP file:

- Profiled services with no assigned overhead equipment have a single record in OVEQCAP with EQP_CODE = "E99997" (no equipment needed).

- Services that were not profiled by the CPEP have a single record with EQP_CODE = "E99990" (code not profiled).

- There are no cases where overhead equipment is incompletely profiled, therefore the special EQP_CODE value of "E99998" never occurs in this file.

A detailed discussion of the equipment cost allocation methodology is included in the *CPEP Direct Cost Estimation* report.

```
 File Name      No. of Records     CPEP
-----------    ---------------     ----  .
OVEQCAP.T01        1,858             1
OVEQCAP.T02          868             2
OVEQCAP.T03        9,687             3
OVEQCAP.T04        1,001             4
OVEQCAP.T05        1,042             5
OVEQCAP.T06          715             6
OVEQCAP.T07          399             7
OVEQCAP.T08        2,872             8
OVEQCAP.T09        3,415             9
OVEQCAP.T10          518            10
OVEQCAP.T11          709            11
OVEQCAP.T12        2,578            12
OVEQCAP.T13          817            13
OVEQCAP.T14          380            14
OVEQCAP.T15        1,447            15

Record Length:      200
No. of Variables:   21

Sort Order:         PROCCODE EQP_CODE
File Format:        Standard ASCII file with carriage return and line
                       feed at the end of each record.
```

OVEQCAP
Overhead Equipment Intermediate Capital Detail File

OVEQCAP Record Layout

Name	Description	Type	Position	Length
ANNFACT	Annualizing factor, eqp cost plus maint	Numeric	1	8
CAPFRAC	Annualizing factor for capital eqp cost	Numeric	9	8
COST_MIN	Equipment cost per minute	Numeric	17	8
CPEP	CPEP providing estimate	Character	25	3
DESC	Description	Character	28	100
EQP_CODE	Code for type of equipment	Character	128	6
EQTI	Minutes for equipment use, in-office	Numeric	134	4
EQTO	Minutes for equipment use, out-office	Numeric	138	4
HRSWK	Hours per week office assumed open	Numeric	142	2
IN	Code profiled in the office (Y/N)	Character	144	1
INTRATE	Loan interest rate, this equipment type	Numeric	145	5
LIFE	Equipment useful life (years)	Numeric	150	6
MAINT	Eqpt annual maint rate (% of purchase)	Numeric	156	5
MINS_YR	Minutes/year equipment is assumed in use	Numeric	161	6
OUT	Code profiled out of the office (Y/N)	Character	167	1
OVEQ_I	Overhead equipment cost in-office	Numeric	168	6
OVEQ_O	Overhead equipment cost out-office	Numeric	174	6
PRICE	Purchase price	Numeric	180	9
PROCCODE	HCPCS (service) code	Character	189	5
USAGE	Proportion of max time equipment used	Numeric	194	5
WKSYR	Weeks per year office is assumed open	Numeric	199	2

When reading this data file, note that the first 12 lines contain copyright information rather than data records. The first data record occurs at the 13th line in the files. The record count listed above indicates the number of actual data records in the file, not the total number of text rows. If a numeric variable has decimal values, the decimal point has been entered explicitly in the ASCII file. There are no implicit decimal points.

Variable Name:	ANNFACT

Variable Label: Annualizing factor, eqp cost plus maint

Definition: Factor to multiply by the equipment purchase price, PRICE, to obtain the total annualized cost of the equipment. This factor incorporates both the inflation of cost due to the cost of capital over time (e.g., loan interest payments) and the annual maintenance cost expressed as a percentage of acquisition cost.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A missing value occurs in records with equipment codes (variable EQP_CODE) E99997 ("NO EQUIPMENT"), and E99990 ("CODE NOT COSTED").

The special value E99998 ("INCOMPLETE PROFILE") for EQP_CODE never occurs in this data set because overhead equipment profiles are never incomplete.

Links to Other Files: Not a linking variable.

Comments: This is the sum of the annualized equipment purchase price (CAPFRAC) and the annual equipment maintenance cost rate (MAINT). For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Auxiliary File: EXPSITES

Auxiliary File: OUTEQCAP

Auxiliary File: SERVRT

CPEP-Specific File: PROCSUM

Variable Name:	CAPFRAC

Variable Label: Annualizing factor for capital eqp cost

Definition: Factor used to inflate the capital acquisition cost to reflect the cost of capital over time.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A missing value occurs in records with equipment codes (variable EQP_CODE) E99997 ("NO EQUIPMENT"), and E99990 ("CODE NOT COSTED").

The special value E99998 ("INCOMPLETE PROFILE") for EQP_CODE never occurs in this data set because overhead equipment profiles are never incomplete.

Links to Other Files: Not a linking variable.

Comments: This factor is added to the maintenance cost rate (MAINT) to obtain the total annualizing capital cost factor (ANNFACT). For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Variable Name:	COST_MIN

Variable Label: Equipment cost per minute

Definition: The estimated cost per minute of use of the equipment for the service.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A missing value occurs in records with equipment codes (variable EQP_CODE) E99997 ("NO EQUIPMENT"), and E99990 ("CODE NOT COSTED").

The special value E99998 ("INCOMPLETE PROFILE") for EQP_CODE never occurs in this data set because overhead equipment profiles are never incomplete.

Links to Other Files: Not a linking variable.

Comments: This value is computed as the total, annualized equipment cost divided by the number of minutes in the year during which the equipment is assumed to be in use. For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Auxiliary File:
EXPSITES

Auxiliary File:
OUTEQCAP

Auxiliary File:
SERVPT

CPEP-Specific File:
PROCSUM

Variable Name:	CPEP

Variable Label: CPEP providing estimate

Definition: The Clinical Practice Expert Panel (abbreviated CPEP) that provided the estimates for the associated service.

Type: Character

Allowed Values:

C 1	=	Integumentary & Physical Medicine
C 2	=	Urology
C 3	=	Orthopaedic Surgery
C 4	=	OB/GYN
C 5	=	Ophthalmology
C 6	=	Radiology
C 7	=	Evaluation & Management
C 8	=	General Surgery
C 9	=	Otolaryngology
C10	=	Miscellaneous Internal Medicine
C11	=	Gastroenterology
C12	=	Cardiothoracic and Vascular Surgery
C13	=	Cardiology
C14	=	Anesthesiology/Pathology
C15	=	Neurosurgery

Links to Other Files: CPEP, in conjunction with PROCCODE, can be used to link the overhead equipment records to their corresponding service-specific equipment, labor, and supply profiles to construct the CPEP's complete profile for the service.

Comments: This variable indicates the CPEP which provided the equipment estimate contained in the record, upon which the overhead equipment allocation is based. Any single OVEQCAP file will contain data from only one CPEP. Many services were profiled by more than one CPEP, making it important to consider the CPEP variable in any analysis of the OVEQCAP files (see the *CPEP Direct Cost Estimation Report* for a list of the services that were profiled by more than one CPEP).

The internal blank in "C 1" through "C 9" preserves the numeric order for the 15 allowed values.

Variable Name:	DESC

Variable Label: Description

Definition: Description of the clinical equipment item $500 or more.

Type: Character

Allowed Values: Alphanumeric characters (no missing values).

When the panel did not profile a service in either site of service (EQP_CODE=E99990), a description of "CODE NOT COSTED," is assigned to the service.

When it was determined that there was no clinical overhead equipment (EQP_CODE=E99997), a description of "NO EQUIPMENT," is assigned to the service.

The special value E99998 ("INCOMPLETE PROFILE") for EQP_CODE never occurs in this data set because overhead equipment profiles are never incomplete.

Links to Other Files: Not a linking variable.

Comments: The description can also be found in the equipment global pricing data set (EQP_PRC) in the record with the same equipment ID code (EQP_CODE).

Auxiliary File:
EXPSITES

Auxiliary File:
OUTEQCAP

Auxiliary File:
SERVIT

CPEP-Specific File:
PROCSUM

Variable Name:	EQP_CODE

Variable Label: Code for type of equipment

Definition: Alphanumeric code for a unique type of equipment, as assigned by Abt Associates Inc.

Type: Character

Allowed Values: "E" followed by five numeric characters (no missing values).

This variable has two values with special meaning:
- E99990 indicates that the associated service code was not profiled.
- E99997 indicates that the associated service code required no overhead equipment.

The special value E99998 ("INCOMPLETE PROFILE") for EQP_CODE never occurs in this data set because overhead equipment profiles are never incomplete.

A complete listing of valid values along with descriptions is contained in the EQP_PRC data set.

Links to Other Files: Links to the EQP_PRC (Equipment Price) global file.

Comments: Each equipment item has a distinct EQP_CODE, with an associated description (DESC).

Auxiliary File: EXPSITES

Auxiliary File: OUTEQCAP

Auxiliary File: SERVDT

CPEP-Specific File: PROCSUM

Variable Name:	EQTI

Variable Label: Minutes for equipment use, in-office

Definition: The estimated total number of minutes that the equipment was assumed to be used for the service when provided in the in-office setting.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A missing value occurs if the service was not profiled in the in-office setting (IN="N").

A zero occurs if EQP_CODEE=99997 ("NO EQUIPMENT").

The special value E99998 ("INCOMPLETE PROFILE") for EQP_CODE never occurs in this data set because overhead equipment profiles are never incomplete.

Links to Other Files: Not a linking variable.

Comments: This variable is derived from the various in-office clinical staff time estimates for the service. For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Auxiliary File: EXPSITES

Auxiliary File: OUTEQCAP

Auxiliary File: SERVDT

CPEP-Specific File: PROCSUM

OVEQCAP
Overhead Equipment Intermediate Capital Detail File

Variable Name:	EQTO

Variable Label: Minutes for equipment use, out-office

Definition: The estimated total number of minutes that the equipment was assumed to be used for the service when provided in the out-of-office setting.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A missing value occurs if the service was not profiled in the out-of-office setting (OUT="N").

A zero occurs if EQP_CODE=99997 ("NO EQUIPMENT").

The special value E99998 ("INCOMPLETE PROFILE") for EQP_CODE never occurs in this data set because overhead equipment profiles are never incomplete.

Links to Other Files: Not a linking variable.

Comments: This variable is derived from the various out-of-office clinical staff time estimates for the service. Because equipment costs were allocated to the out-of-office setting only in specific circumstances, EQTO is frequently zero. For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Auxiliary File:
EXPSITES

Auxiliary File:
OUTEQCAP

Auxiliary File:
SERVICE

CPEP-Specific File:
PROCSINR

Variable Name:	HRSWK

Variable Label: Hours per week office assumed open

Definition: The hours per week for which the office is assumed to be open.

Type: Numeric

Allowed Values: 50 or missing value.

A missing value occurs in records with equipment codes (variable EQP_CODE) E99997 ("NO EQUIPMENT"), and E99990 ("CODE NOT COSTED").

The special value E99998 ("INCOMPLETE PROFILE") for EQP_CODE never occurs in this data set because overhead equipment profiles are never incomplete.

Links to Other Files: Not a linking variable.

Comments: This value is used in the capital cost calculation, and was always assumed to be 50. For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

OVEQCAP
Overhead Equipment Intermediate Capital Detail File

Variable Name:	IN

Variable Label: Code profiled in the office (Y/N)

Definition: For the specified service, this variable indicates whether the service was profiled for the "in-office" location.

Type: Character

Allowed Values:
Y = Yes, service was profiled for the in-office location
N = No, service was not profiled for the in-office location

Links to Other Files: Not a linking variable.

Comments: None.

Variable Name:	INTRATE

Variable Label: Loan interest rate, this equipment type

Definition: The interest rate used to calculate the annualized opportunity cost (CAPFRAC) of the item of equipment.

Type: Numeric

Allowed Values: 0.095, 0.100, 0.105, 0.110, or missing value.

A missing value occurs in records with equipment codes (variable EQP_CODE) E99997 ("NO EQUIPMENT"), and E99990 ("CODE NOT COSTED").

The special value E99998 ("INCOMPLETE PROFILE") for EQP_CODE never occurs in this data set because overhead equipment profiles are never incomplete.

Links to Other Files: Not a linking variable.

Comments: The interest rate was determined as a function of useful life (LIFE) and capital acquisition cost (PRICE). For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Variable Name:	LIFE

Variable Label: Equipment useful life (years)

Definition: The estimated useful life of the equipment, in years.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A zero occurs in records with equipment codes (variable EQP_CODE) E99997 ("NO EQUIPMENT"). A missing value occurs for E99990 ("CODE NOT COSTED").

The special value E99998 ("INCOMPLETE PROFILE") for EQP_CODE never occurs in this data set because overhead equipment profiles are never incomplete.

Links to Other Files: Not a linking variable.

Comments: The useful life data were obtained from *Useful Lives of Depreciable Hospital Assets*, 1993 Edition. All useful lives from this source are integer values. When this source did not have an estimate of useful life specific to the equipment, a default value of 7.5 years was used. Refer to the *CPEP Direct Cost Estimation Report* for further details.

Auxiliary File: EXPSITES

Auxiliary File: OUTEQCAP

Auxiliary File: SERVPT

CPEP-Specific File: PROCSUM

Variable Name:	MAINT

Variable Label: Eqpt annual maint rate (% of purchase)

Definition: The amount, as a proportion of the equipment purchase price (PRICE), which is assumed to be required to maintain the equipment in working condition.

Type: Numeric

Allowed Values: 0.05 or missing value.

A missing value occurs in records with equipment codes (variable EQP_CODE) E99997 ("NO EQUIPMENT"), and E99990 ("CODE NOT COSTED").

The special value E99998 ("INCOMPLETE PROFILE") for EQP_CODE never occurs in this data set because overhead equipment profiles are never incomplete.

Links to Other Files: Not a linking variable.

Comments: A value of 5% was assumed for all types of equipment.

OVEQCAP
Overhead Equipment Intermediate Capital Detail File

Variable Name:	MINS_YR

Variable Label: Minutes/year equipment is assumed in use

Definition: This is the number of minutes per year that the equipment is assumed to be in use.

Type: Numeric

Allowed Values: 150000 or missing value.

A missing value occurs in records with equipment codes (variable EQP_CODE) E99997 ("NO EQUIPMENT"), and E99990 ("CODE NOT COSTED").

The special value E99998 ("INCOMPLETE PROFILE") for EQP_CODE never occurs in this data set because overhead equipment profiles are never incomplete.

Links to Other Files: Not a linking variable.

Comments: This is calculated as the product of weeks per year (WKSYR), hours per week (HRSWK), minutes per hour, and the assumed usage rate (USAGE). For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Auxiliary File:
EXPSITES

Auxiliary File:
OUTEQCAP

Auxiliary File:
SERVICE

CPEP-Specific File:

Variable Name:	OUT

Variable Label: Code profiled out of the office (Y/N)

Definition: For the specified service, this variable indicates whether the service was profiled for the "out-office" location.

Type: Character

Allowed Values:

Y   =   Yes, service was profiled for the out-office location.
N   =   No, service was not profiled for the out-office location.

Link to Other Files: Not a linking variable.

Comments: None.

Auxiliary File: EXPSITES

Auxiliary File: OUTEQCAP

Auxiliary File: SERVICE

CPEP-Specific File:

OVEQCAP
Overhead Equipment Intermediate Capital Detail File

Variable Name:	OVEQ_I

Variable Label: Overhead equipment cost in-office

Definition: The estimated total cost attributed to clinical overhead equipment, when performing the service in the in-office setting.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A zero value occurs in records with equipment code (variable EQP_CODE) E99997 ("NO EQUIPMENT"), and IN="Y".

A missing value occurs in records with equipment code (variable EQP_CODE) E99990 ("CODE NOT COSTED"), or IN="N".

A missing value can also occur if it was not possible to obtain a price for a specific piece of equipment.

The special value E99998 ("INCOMPLETE PROFILE") for EQP_CODE never occurs in this data set because overhead equipment profiles are never incomplete.

Links to Other Files: Not a linking variable.

Comments: This cost was computed using the various parameters contained in the record. For further details regarding the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Auxiliary File:
EXPSITES

Auxiliary File:
OUTEQCAP

Auxiliary File:
SERVICT

CPEP-Specific File:

OVEQCAP
Overhead Equipment Intermediate Capital Detail File

Variable Name:	**OVEQ_O**

Variable Label: Overhead equipment cost out-office

Definition: The estimated total cost attributed to clinical overhead equipment, when performing the service in the out-of-office setting.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A zero value occurs in records with equipment code (variable EQP_CODE) E99997 ("NO EQUIPMENT"), and OUT="Y".

A missing value occurs in records with equipment code (variable EQP_CODE) E99990 ("CODE NOT COSTED"), or OUT="N".

A missing value can also occur if it was not possible to obtain a price for a specific piece of equipment.

The special value E99998 ("INCOMPLETE PROFILE") for EQP_CODE never occurs in this data set because overhead equipment profiles are never incomplete.

Links to Other Files: Not a linking variable.

Comments: This cost was computed using the various parameters contained in the record. For further details regarding .pital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Variable Name:	PRICE

Variable Label: Purchase price

Definition: The purchase price of the equipment.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A value of zero occurs in records with equipment code (variable EQP_CODE) E99997 ("NO EQUIPMENT").

A missing value occurs in records with equipment code E99990 ("CODE NOT COSTED").

A missing value can also occur if it was not possible to obtain a price for a specific piece of equipment.

The special value E99998 ("INCOMPLETE PROFILE") for EQP_CODE never occurs in this data set because overhead equipment profiles are never incomplete.

Links to Other Files: Not a linking variable.

Comments: None.

Variable Name:	**PROCCODE**

Variable Label: HCPCS (service) code

Definition: The HCFA Common Procedure Coding System (HCPCS) code (levels I and II) for the specified service.

Type: Character

Allowed Values: HCPCS codes (numeric and alphanumeric) within the project scope.

Link to Other Files: PROCCODE, in conjunction with CPEP, can be used to link the overhead equipment records to their corresponding service-specific equipment, labor, and supply profiles to construct the CPEP's complete profile for the service.

Comments: For a description of the HCPCS codes included as part of the project scope, see Chapter 2.0 of the *CPEP Direct Cost Estimation Report*.

Any single OVEQCAP file will contain overhead equipment data for only one CPEP. However, since many service codes were profiled by more than one CPEP, it is important to consider the existence of multiple records for the same HCPCS Code in any service-specific analyses (see the *CPEP Direct Cost Estimation Report* for a list of services that were profiled by more than one CPEP).

Auxiliary File:
EXPSITES

Auxiliary File:
OUTEQCAP

Auxiliary File:

CPEP-Specific File:

OVEQCAP
Overhead Equipment Intermediate Capital Detail File

Variable Name:	USAGE

Variable Label: Proportion of max time equipment used

Definition: The proportion of the time the that the equipment is used by practice staff .

Type: Numeric

Allowed Values: 1.00 or missing value.

A missing value occurs for equipment codes (variable EQP_CODE) E99997 ("NO EQUIPMENT"), and E99990 ("CODE NOT COSTED").

The special value E99998 ("INCOMPLETE PROFILE") for EQP_CODE never occurs in this data set because overhead equipment profiles are never incomplete.

Links to Other Files: Not a linking variable.

Comments: For overhead equipment, it was assumed that the equipment is used for 100% of the total time that it is available for use. For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Variable Name:	WKSYR

Variable Label: Weeks per year office is assumed open

Definition: The number of weeks per year that the office is in operation.

Type: Numeric

Allowed Values: 50 or missing.

A missing value occurs for equipment codes E99997 ("NO EQUIPMENT"), and E99990 ("CODE NOT COSTED").

The special value E99998 ("INCOMPLETE PROFILE") for EQP_CODE never occurs in this data set because overhead equipment profiles are never incomplete.

Links to Other Files: Not a linking variable.

Comments: This is one of the parameters used in the calculation of capital costs. For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Auxiliary File: EXPSITES

Auxiliary File: OUTEQCAP

Auxiliary File: SERVICE

CPEP-Specific File: PROCSUM

PROCSUM
Procedure Cost Summary Detail File

This type of file contains the estimated service-specific direct costs (labor, supplies and equipment) for each HCPCS code by site of service (in- and out-of-office). The unit of observation is the CPEP-specific profile of a service. There is exactly one observation for each service for which the CPEP was asked to provide a profile; this observation contains profile data for both sites of service. Services that were assigned to but not profiled by the CPEP have values of "N" (not profiled) for both the IN and OUT site of service indicator variables.

This type of file includes the components of the total direct costs, including: total labor costs, total clinical staff costs, total administrative staff costs, total disposable clinical supply costs, total clinical equipment costs, total service-specific clinical equipment costs, and total overhead clinical equipment costs, as well as detailed information on the separate clinical and administrative labor costs within each of the CPEP service periods (G0, G1, G1X, G2, and G2X).

The files contain two parallel sets of cost variables, corresponding to the in- and out-of-office profiles. The two sets of variables can be distinguished by the suffix of _I (in-office) or _O (out-of-office) (e.g., CG0_I and CG0_O) or by a terminal character of I or O (e.g., TOTLABAI, TOTLABAO), whichever was practical within the common eight-character limitation on the length of variable names.

All of the cost (labor, supply, equipment) values in PROCSUM were arrived at by aggregating the respective detail files to the level of the linking key (i.e., CPEP-PROCCODE) and incorporating these results into the single corresponding record on PROCSUM. Total direct cost for each service was computed by calculating and summing costs across: all staff types for both clinical and administrative functions (derived from data in LABDET and WAGEDAT); all supply items (derived from data in SUPDET2 and SUP_PRC); and all equipment items, including service-specific and clinical equipment overhead costs (derived from data in EQPDET, PXEQCAP, OVEQCAP, and EQP_PRC). The primary cost variables (i.e., CG0_I, CG1_I, CG1X_I etc. for labor; SUPP_I for supplies; and PXEQ_I and OVEQ_I for equipment) were computed by aggregating the in- and out-of-office costs in the various detail files by CPEP-PROCCODE. The secondary cost variables on PROCSUM (e.g., TOTLABCI, TOTLABAI, TOTEQPI, TOTLABI, TOT_I) were computed by summing the appropriate primary and/or secondary cost variables.

In addition to containing the aggregated direct cost results from the detail files, PROCSUM also serves as a CPEP-specific service-level master dataset for the service profiles. Among the relevant information contained in PROCSUM are variables indicating:

- which site(s) of service were profiled by the CPEP (IN and OUT);

- whether the service was a reference service (ISREF);

- the Medicare global period status code from the 1995 MFS (GLOBAL);

- whether (as occurred in a small number of cases) some of the CPEP's time estimates were edited after the CPEP meetings (TIMEDEL);

PROCSUM
Procedure Cost Summary Detail File

•   the number of post-operative visits (POVIS) that the panel assumed in profiling the service.

Some of these indicators (notably the IN and OUT variables) are duplicated on some of the detail datasets, but in other cases they can be determined from other variables in the record. The IN and OUT variables are useful indicators of which sites were profiled and which records could be expected from the detail data. For example, variables referring to the in-office setting will be blank when IN="N". When working with detail files that do not contain these indicators, the variables itemized above should be incorporated into the analysis to ensure that data are considered in a proper context.

Missing values occur for site-specific variables when a site of service was not profiled, or for variables corresponding to a profiled site of service whose underlying data contains some missing or unknown values.

```
   File Name        No. of Records      CPEP
-----------        --------------      ----
PROCSUM.T01              454            1
PROCSUM.T02              440            2
PROCSUM.T03            1,401            3
PROCSUM.T04              254            4
PROCSUM.T05              362            5
PROCSUM.T06              715            6
PROCSUM.T07              216            7
PROCSUM.T08              913            8
PROCSUM.T09              735            9
PROCSUM.T10              259           10
PROCSUM.T11              196           11
PROCSUM.T12              667           12
PROCSUM.T13              295           13
PROCSUM.T14              380           14
PROCSUM.T15              495           15
```

```
Record Length:      204
No. of Variables:   36

Sort Order:         PROCCODE
File Format:        Standard ASCII file with carriage return and line
                       feed at the end of each record.
```

PROCSUM
Procedure Cost Summary Detail File

PROCSUM Record Layout

Name	Description	Type	Position	Length
CG0_I	Clin staff cost for pre-serv in office	Numeric	1	6
CG0_O	Clin staff cost for pre-serv out-office	Numeric	7	6
CG1X_I	Clin staff cost for post-ops in-office	Numeric	13	7
CG1X_O	Clin staff cost for post-ops out-office	Numeric	20	7
CG1_I	Clin staff cost for serv in-office	Numeric	27	7
CG1_O	Clin staff cost for serv out-office	Numeric	34	8
CG2X_I	Admin staff cost for post-ops in-office	Numeric	42	6
CG2X_O	Admin staff cost for post-ops out-office	Numeric	48	7
CG2_I	Admin staff cost for serv in-office	Numeric	55	7
CG2_O	Admin staff cost for serv out-office	Numeric	62	7
COMPFLAG	Service cost completion indicator	Character	69	1
CPEP	CPEP providing estimate	Character	70	3
FAM	The family number for the service	Numeric	73	4
GLOBAL	The Medicare global period	Character	77	3
IN	Code profiled in the office (Y/N)	Character	80	1
ISREF	Indicates if code is a ref service(0,1)	Numeric	81	1
OUT	Code profiled out of the office (Y/N)	Character	82	1
OVEQ_I	Overhead equipment cost in-office	Numeric	83	6
OVEQ_O	Overhead equipment cost out-office	Numeric	89	6
POVIS	No. of post-op visits assigned by CPEP	Numeric	95	2
PROCCODE	HCPCS (service) code	Character	97	5
PXEQ_I	Serv specific equipment cost in-office	Numeric	102	8
PXEQ_O	Serv specific equipment cost out-office	Numeric	110	6
SUPP_I	Supply costs in-office	Numeric	116	7
SUPP_O	Supply costs out-office	Numeric	123	7
TIMEDEL	Indicates if time estimates edited (Y/N)	Character	130	1
TOTEQPI	Total equipment cost in-office	Numeric	131	8
TOTEQPO	Total equipment cost out-office	Numeric	139	6
TOTLABAI	Total admin staff cost in-office	Numeric	145	7
TOTLABAO	Total admin staff cost out-office	Numeric	152	7
TOTLABCI	Total clinical staff cost in-office	Numeric	159	7
TOTLABCO	Total clinical staff cost out-office	Numeric	166	8
TOTLABI	Total labor cost in-office	Numeric	174	7
TOTLABO	Total labor cost out-office	Numeric	181	8
TOT_I	Total service cost in-office	Numeric	189	8
TOT_O	Total service cost out-office	Numeric	197	8

When reading this data file, note that the first 12 lines contain copyright information rather than data records. The first data record occurs at the 13th line in the files. The record count listed above indicates the number of actual data records in the file, not the total number of text rows. If a numeric variable has decimal values, the decimal point has been entered explicitly in the ASCII file. There are no implicit decimal points.

Abt Associates Inc.

April 30, 1997

Variable Name:	CG0_I

Variable Label: Clin staff cost for pre-serv in-office

Definition: Services in the G0 period occur within the 24-hour period prior to the performance of a procedure. This variable contains the total costs of clinical labor for services or visits provided during this 24 hour pre-service period of an in-office procedure for the specified service (see PROCCODE variable).

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for CG0_I only when the service is profiled in-office *and* one of two other conditions is met:
- The global period does not include a pre-service visit, or
- The global period includes a pre-service visit and the CPEP provided an estimate of zero total direct labor for the pre-service visit.

A missing value for CG0_I will only occur when a service was not profiled in the in-office site (IN = 'N').

Links to Other Files: Not a linking variable.

Comments: An example of G0_I labor costs is the RN time required to support a visit to the physician's office on the day prior to a surgical procedure performed in the office. In-office procedures with no global period are assigned a zero for G0_I costs. These services are evaluation and management services or services without a global period.

Auxiliary File:
EXPSITES

Auxiliary File:
OUTEQCAP

Auxiliary File:
SERVIT

PROCSUM
Procedure Cost Summary Detail File

Variable Name:	CG0_O

Variable Label: Clin staff cost for pre-serv out-office

Definition: Services in the G0 period occur within the 24-hour period prior to the performance of a procedure. This variable contains the total costs of clinical labor for services or visits provided during this 24 hour pre-service period of an out-office procedure for the specified service (see PROCCODE variable).

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for CG0_O only when the service is profiled out-office *and* one of two other conditions is met:
- The global period does not include a pre-service visit, or
- The global period includes a pre-service visit and the CPEP provided an estimate of zero total clinical labor for the pre-service visit.

A missing value for CG0_O will only occur when a service was not profiled in the out-office site (OUT = 'N').

Links to Other Files: Not a linking variable.

Comments: An example of G0_O labor costs is the RN time required to support a visit to the physician's office on the day prior to a surgical procedure performed out of the office. Out-office services with no global period are assigned a zero for G0_O costs. These services are evaluation and management services or services without a global period.

Variable Name:	CG1X_I

Variable Label: Clin staff cost for post-ops in-office

Definition: Services in the G1X period commence with the first follow-up office visit (provided after discharge) and end with the expiration of the global period (e.g., 10 or 90 days after the day of the procedure). This variable contains the total costs of clinical labor for all G1X period services and/or follow-up office visits related to an in-office procedure for the specified service (see PROCCODE variable).

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for CG1X_I only when the service is profiled in-office and *one* of two other conditions is met:
- The global period does not include post-service visits, or
- The global period includes post-service visits and the CPEP provided an estimate of zero total clinicial labor for the po st-service visits.

A missing value for CG1X_I will only occur when a service was not profiled in the in-office site (IN = 'N').

Links to Other Files: Not a linking variable.

Comments: An example of G1X_I labor costs is the RN time required to support a follow-up visit to the physician's office one week after a surgical procedure performed in the office. In-office procedures with no global period are assigned a zero for G1X_I costs. These services are evaluation and management services or services without a global period.

Variable Name:	**CG1X_O**

Variable Label: Clin staff cost for post-ops out-office

Definition: Services in the G1X period commence with the first follow-up office visit (provided after discharge) and end with the expiration of the global period (e.g., 10 or 90 days after the day of the procedure). This variable contains the total costs of clinical labor for all G1X period services and/or follow-up office visits related to an out-office procedure for the specified service (see PROCCODE variable).

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for CG1X_O only when the service is profiled out-office *and* one of two other conditions is met:

- The global period does not include post-service visits, or
- The global period includes post-service visits and the CPEP provided an estimate of zero total clinical labor for the post-service visits.

A missing value for CG1X_O will only occur when a service was not profiled in the out-office site (OUT = 'N').

Links to Other Files: Not a linking variable.

Comments: An example of G1X_O labor costs is the RN time required to support a follow-up visit to the physician's office one week after a surgical procedure performed out of the office. Out-office procedures with no global period are assigned a zero for G1X_O costs. These services are evaluation and management services or services without a global period.

Auxiliary File: EXPSITES

Auxiliary File: OUTEQCAP

Auxiliary File: SERVICT

PROCSUM
Procedure Cost Summary Detail File

Variable Name:	CG1_I

Variable Label: Clin staff cost for serv in-office

Definition: Services in the G1 period occur during the provision of the service itself, regardless of the service's global status code. This variable contains the total costs of clinical labor for the provision of the in-office service itself for the specified service (see PROCCODE variable). For '000' global periods, the G1 period includes all related services on day of procedure. For services with '010', '090', and 'MMM' global periods, G1 period encompasses any services or activities commencing with performance of procedure, and ending with commencement of first follow-up office visit after discharge.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for CG1_I only when the service is profiled in-office *and* the CPEP provided an estimate of zero total clinical labor for the service itself.

A missing value for CG1_I will only occur when a service was not profiled in the in-office site (IN = 'N').

Links to Other Files: Not a linking variable.

Comments: An example of G1_I labor costs is the RN time required to support a service provided in the physician's office.

Auxiliary File: EXPSITES

Auxiliary File: OUTEQCAP

Auxiliary File: SERVPT

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PROCSUM
Procedure Cost Summary Detail File

Variable Name:	CG1_O

Variable Label: Clin staff cost for serv out-office

Definition: Services in the G1 period occur during the provision of the service itself, regardless of the service's global status code. This variable contains the total costs of clinical labor for the provision of the out-office service itself for the specified service (see PROCCODE variable). When the procedure is performed on an inpatient basis, the G1_O period includes all services and visits provided by practice staff before discharge from hospital. For '000' global periods, the G1 period includes all related services on day of procedure. For services with '010', '090', and 'MMM' global periods, G1 period encompasses any services or activities commencing with performance of procedure, and ending with commencement of first follow-up office visit after discharge.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for CG1_O only when the service is profiled out-office *and* the CPEP provided an estimate of zero total clinical laboar for the service itself.

A missing value for CG1_O will only occur when a service was not profiled in the out-office site (OUT = 'N').

Links to Other Files: Not a linking variable.

Comments: An example of G1_O labor costs is the RN time required to handle telephone calls from a patient's family for a service provided out of the physician's office.

Variable Name:	CG2X_I

Variable Label: Admin staff cost for post-ops in-office

Definition: Services in the G2X period commence with the first follow-up office visit (provided after discharge) and end with the expiration of the global period (e.g., 10 or 90 days after day of procedure). This variable contains the total costs of administrative labor for all G2X period services and/or follow-up office visits related to an in-office procedure for the specified service (see PROCCODE variable).

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for CG2X_I only when the service is profiled in-office *and* one of two other conditions is met:

- The global period does not include post-service visits, or
- The global period includes post-service visits and the CPEP provided an estimate of zero total administrative labor for the post-service visits.

A missing value for CG2X_I will only occur when a code was not profiled in the in-office site (IN = 'N').

Links to Other Files: Not a linking variable.

Comments: An example of G2X_I labor costs is the time required of a billing clerk to handle billing issues related to follow-up office visits within the global period. In-office procedures with no global period are assigned a zero for G2X_I costs. These services are evaluation and management services or services without a global period.

Auxiliary File:
EXPSITES

Auxiliary File:
OUTEQCAP

Auxiliary File:
SERVDT

Variable Name:	CG2X_O

Variable Label: Admin staff cost for post-ops out-office

Definition: Services in the G2X period commence with the first follow-up office visit (provided after discharge) and end with the expiration of the global period (e.g., 10 or 90 days after day of procedure). This variable contains the total costs of administrative labor for all G2X services and/or follow-up office visits related to an out-office procedure for the specified service (see PROCCODE variable).

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for CG2X_O only when the service is profiled out-office *and* one of two other conditions is met:

- The global period does not include post-service visits, or
- The global period includes post-service visits and the CPEP provided an estimate of zero total administrative laboar for the post-service visits.

A missing value for CG2X_O will only occur when a code was not profiled in the out-office site (OUT = 'N').
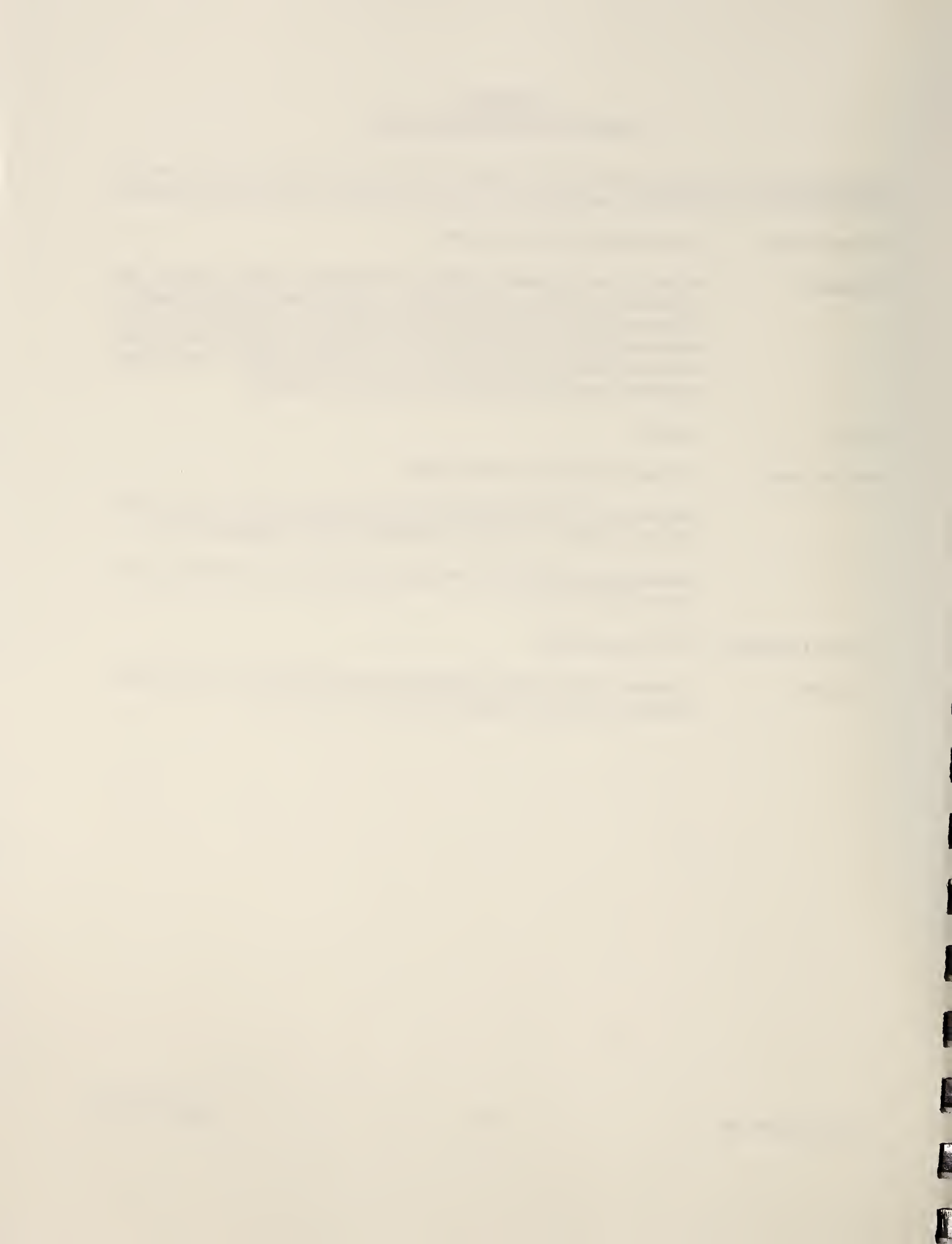
Links to Other Files: Not a linking variable.

Comments: An example of G2X_O labor costs is the time required of a billing clerk to handle billing issues related to follow-up office visits within the global period. Out-office procedures with no global period are assigned a zero for G2X_O costs. These services are evaluation and management services or services without a global period.

Auxiliary File:
EXPSITES

Auxiliary File:
OUTEQCAP

Auxiliary File:
SERVNT

PROCSUM
Procedure Cost Summary Detail File

Variable Name:	CG2_I

Variable Label: Admin staff cost for serv in-office

Definition: Services in the G2 period include all administrative activities preceding and contiguous to the performance of a service. For global status codes that bundle a pre-service visit into total payment, this encompasses services rendered in the 24-hour period prior to provision of procedure. This variable contains the total costs of administrative labor for services and/or visits in the G2 period related to an in-office procedure for the specified service (see PROCCODE variable).

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for CG2_I only when the service is profiled in-office *and* the CPEP provided an estimate of zero total administrative labor for the service itself.

A missing value for CG2_I will only occur when a code was not profiled in the in-office site (IN = 'N').

Links to Other Files: Not a linking variable.

Comments: An example of G2_I costs is billing clerk costs related to the provision of a minor surgical procedure performed in the office.
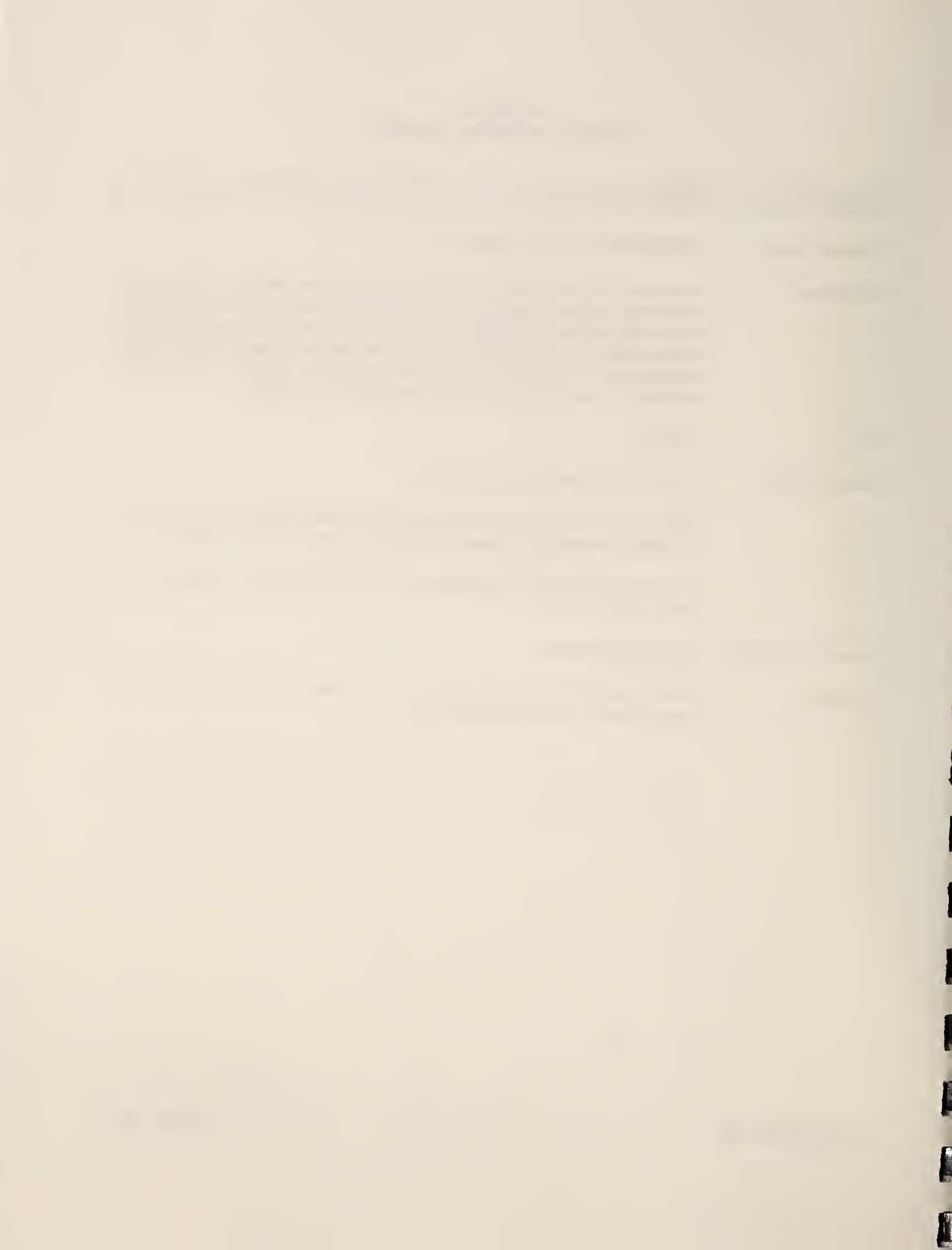
PROCSUM
Procedure Cost Summary Detail File

Variable Name:	CG2_O

Variable Label: Admin staff cost for service out-office

Definition: Services in the G2 period include all administrative activities preceding and contiguous to the performance of a service. For global status codes that bundle a pre-service visit into total payment, this encompasses services rendered in the 24-hour period prior to provision of procedure. This variable contains the total costs of administrative labor for services and/or visits in the G2 period related to an out-office procedure for the specified service (see PROCCODE variable).

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

Zero occurs for CG2_O only when the service is profiled out-office *and* the CPEP provided an estimate of zero total administrative labor for the service itself.

A missing value for CG2_O will only occur when a code was not profiled in the out-office site (OUT = 'N').

Links to Other Files: Not a linking variable.

Comments: An example of G2_O costs is scheduling secretary and billing clerk costs related to arranging provision of a procedure performed out of the office.

Variable Name:	COMPFLAG

Variable Label: Procedure cost completion indicator

Definition: Identifier that reveals whether the given service is fully costed.

Type: Character

Allowed Values:
F = Fully costed
M = Partially costed; some missing elements remain
U = Completely uncosted

Links to Other Files: Not a linking variable.

Comments: Partially costed services (COMPFLAG=M) are due to one or more of the following missing items: supply item, supply quantity, supply price, equipment item, equipment price (partially costed codes always have complete labor data and wage data). The following conventions are used to assign COMPFLAG=M:

File	Condition
SUPDET2:	SUP_CODE has a code of 10099 (missing supply item); or INQCNV or OUTQCNV is missing (for a missing quantity in the profiled site(s) of service);
SUP_PRC:	PRICE is missing (price of the supply could not be determined);
EQPDET:	EQP_CODE has a code of E99998 (missing equipment item);
EQP_PRC:	PRICE is missing (price of the equipment could not be determined).

Services with COMPFLAG=U are completely uncosted due to the panel's inability or unwillingness to profile the service (e.g., not knowledgeable about the service).

Auxiliary File:
EXPSITES

Auxiliary File:
OUTEQCAP

Auxiliary File:
SUPDET

PROCSUM
Procedure Cost Summary Detail File

Variable Name:	CPEP

Variable Label: CPEP providing estimate

Definition: The Clinical Practice Expert Panel (abbreviated CPEP) that provided the estimates for the associated service.

Type: Character

Allowed Values:

C 1	=	Integumentary & Physical Medicine
C 2	=	Urology
C 3	=	Orthopaedic Surgery
C 4	=	OB/GYN
C 5	=	Ophthalmology
C 6	=	Radiology
C 7	=	Evaluation & Management
C 8	=	General Surgery
C 9	=	Otolaryngology
C10	=	Miscellaneous Internal Medicine
C11	=	Gastroenterology
C12	=	Cardiothoracic and Vascular Surgery
C13	=	Cardiology
C14	=	Anesthesiology/Pathology
C15	=	Neurosurgery

Links to Other Files: CPEP, in conjunction with PROCCODE, can be used to link to the detail records in the LABDET, SUPDET2, EQPDET, PXEQCAP and OVEQCAP datasets.

Comments: This variable indicates the CPEP which provided the labor type and time estimates contained in each LABDET record. The records in LABDET are aggregated across staff types to create each record in PROCSUM. Any single PROCSUM file will contain data from only one CPEP. Many services were profiled by more than one CPEP, making it important to consider the CPEP variable in any analysis of the PROCSUM files (see the *CPEP Direct Cost Estimation Report* for a list of the services that were profiled by more than one CPEP).

The internal blank in "C 1" through "C 9" preserves the numeric order for the 15 allowed values.

Variable Name:	**FAM**

Variable Label: The family number for the service

Definition: The grouping ("family") of HCPCS codes to which the service was assigned for the purpose of facilitating development of resource estimates by the CPEPs.

Type: Numeric

Allowed Values: Attachment 1 contains a listing of all valid families and their descriptions.

Links to Other Files: Not a linking variable.

Comments: The family variable indicates the service family in which a HCPCS code resides. The family assignment was designed to group services that are clinically similar and comparable with respect to resource requirements. However, the family structure was not necessarily maintained or drawn on by a CPEP in its development of the labor estimates contained in the LABDET file (and its associated costs in PROCSUM), and should be used with caution.
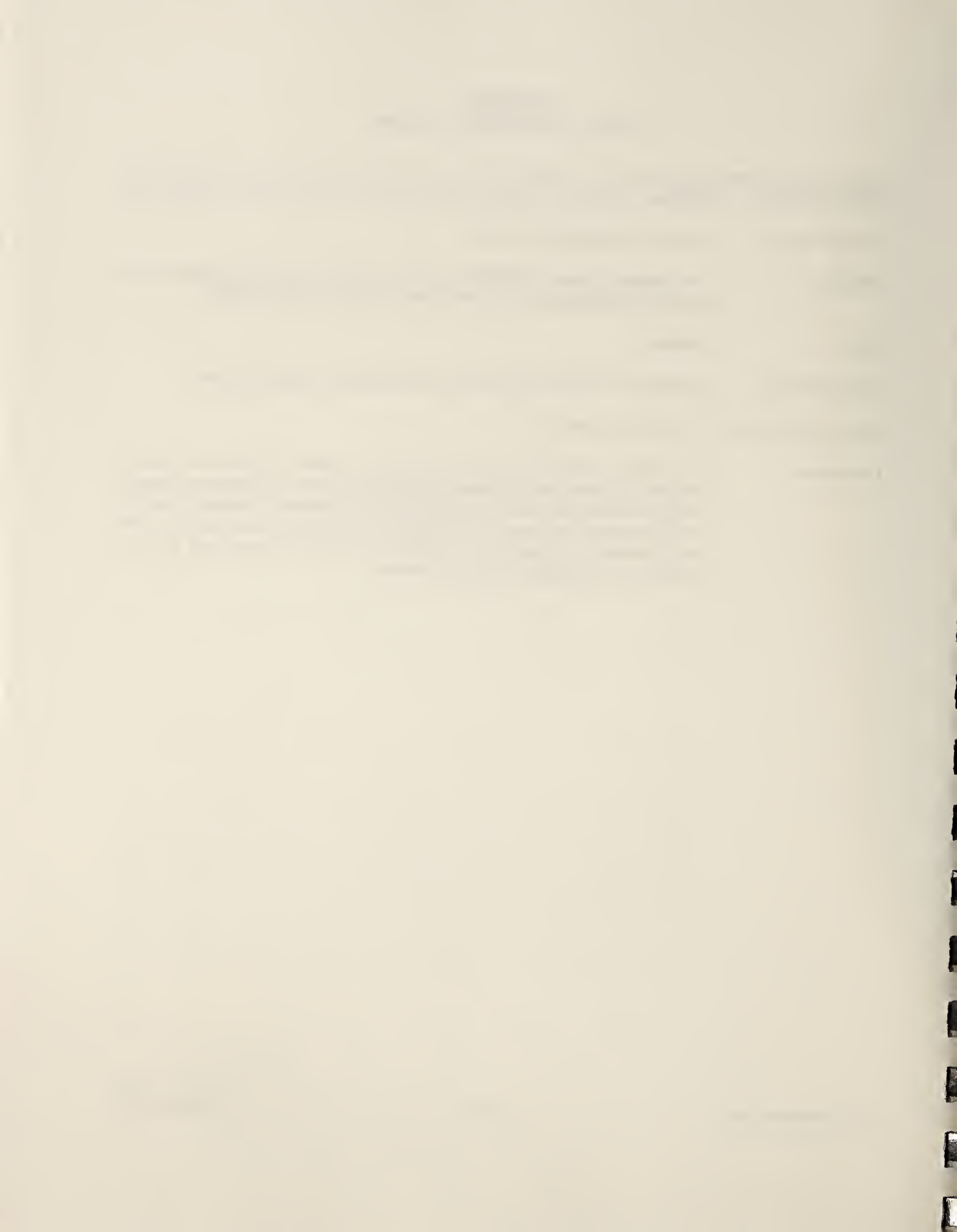
Variable Name:	GLOBAL

Variable Label: The Medicare global period

Definition: The Medicare global period for the procedure, as indicated in the 1995 Medicare Fee Schedule.

Type: Character

Allowed Values:

000	=	A global period of one day prior to the service (as well as the day of the service)
010	=	A global period of one day prior and 10 days after the service
090	=	A global period of one day prior and 90 days after the service
MMM	=	Maternity services which include antepartum, delivery, and post-partum care
XXX	=	The global concept does not apply
YYY	=	The global period is set by the carrier
ZZZ	=	The code is part of another service and falls within the global period of another service

Missing values occur for anesthesia (HCPCS 00100 through 01996), which are not assigned a global period by Medicare.

Links to Other Files: Not a linking variable.
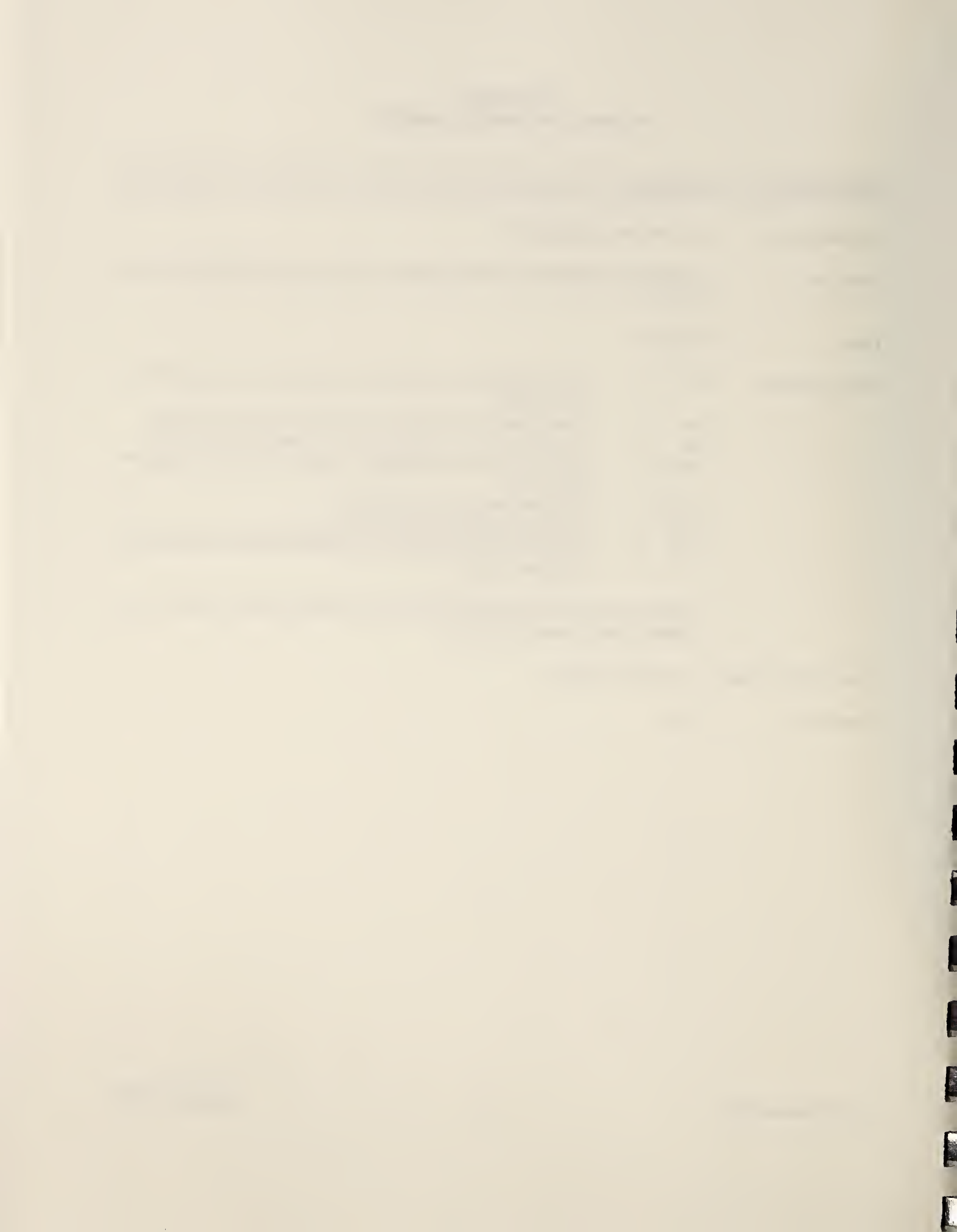
Comments: None.

Auxiliary File: EXPSITES

Auxiliary File: OUTEQCAP

Auxiliary File: SERVICE

PROCSUM
Procedure Cost Summary Detail File

Variable Name:	IN

Variable Label: Code profiled in the office (Y/N)

Definition: For the specified service, this variable indicates whether the service was profiled for the "in-office" location.

Type: Character

Allowed Values:

Y	=	Yes, service was profiled for the in-office location
N	=	No, service was not profiled for the in-office location

Links to Other Files: Not a linking variable.

Comments: All cost variables in PROCSUM with an "_I" suffix (in-office) will have missing values when IN is equal to 'N'.
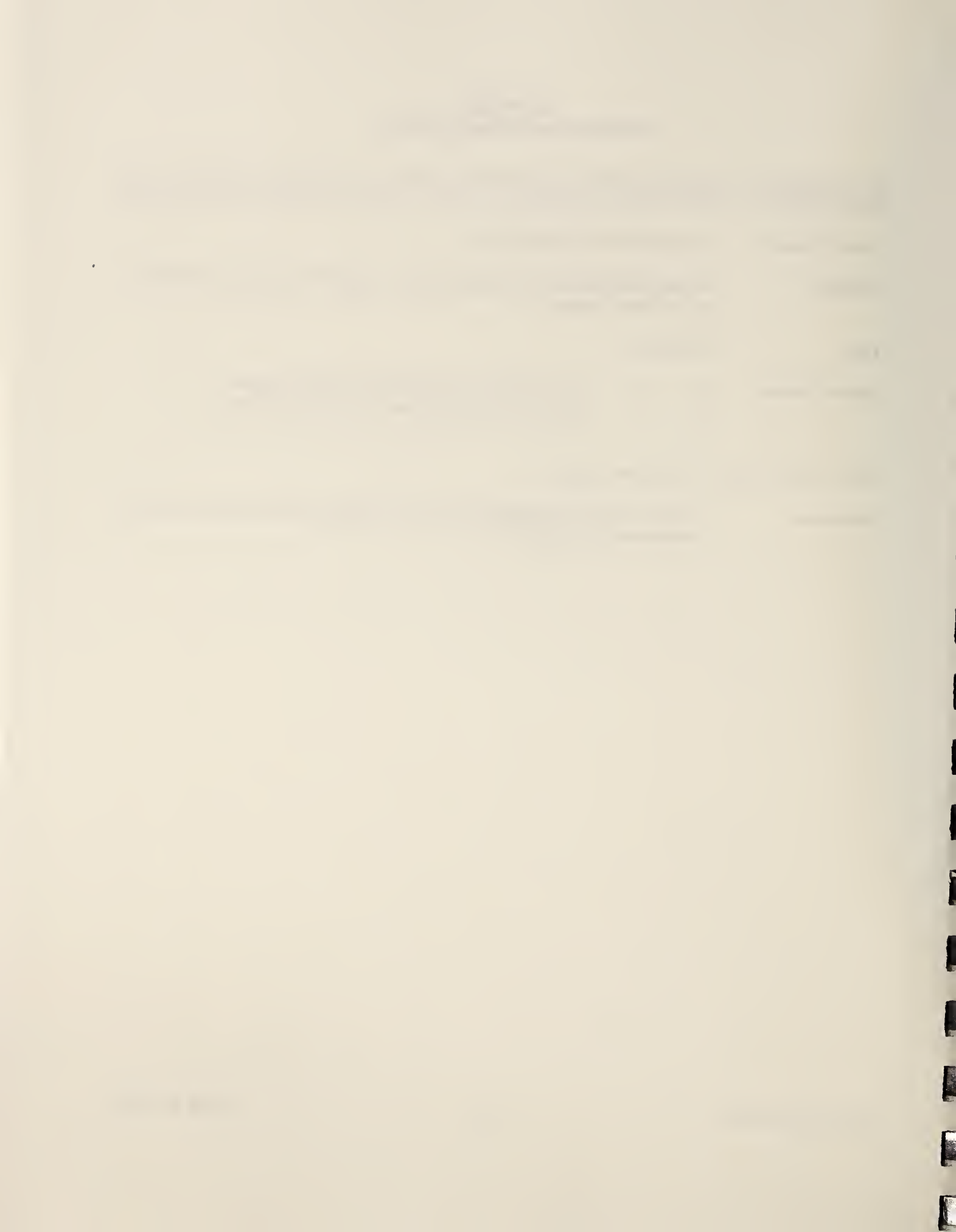
Variable Name:	ISREF

Variable Label: Indicates if code is a ref service(0,1)

Definition: For the specified service, this variable indicates whether the service is a reference service (i.e., profiled during the first round of CPEP meetings).

Type: Character

Allowed Values:
0 = Service is not a reference service
1 = Service is a reference service

Link to Other Files: Not a linking variable.

Comments: Reference services were profiled in detail during the first round of CPEPs. These services were selected from each family based on several criteria, the first of which was that the service had a high volume (based on 1994 Physician and Supplier Procedure Summary) relative to the other services in the family (see the *CPEP Direct Cost Estimation Report* for more details about the CPEP process). The time estimates for reference services may or may not have changed in the second round of CPEPs; the files contain the most recent estimates. The CPEPs may or may not have used the reference service in a family to profile the resource requirements for the other services in the family, therefore this variable should be used with caution.

Auxiliary File:
EXPSITES

Auxiliary File:
OUTEQCAP

Auxiliary File:

Variable Name:	OUT

Variable Label: Code profiled out of the office (Y/N)

Definition: For the specified service, this variable indicates whether the service was profiled for the "out-office" location.

Type: Character

Allowed Values:

Y = Yes, service was profiled for the out-office location
N = No, service was not profiled for the out-office location

Link to Other Files: Not a linking variable.

Comments: All cost variables in PROCSUM with an "_O" suffix (out-office) will have missing values when OUT is equal to 'N'.

Variable Name:	OVEQ_I

Variable Label: Overhead equipment cost in-office

Definition: The allocated overhead clinical equipment cost associated with the provision of this service in the office.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

An allocated cost of zero can occur if no overhead clinical equipment was associated with this service, or if zero in-office clinical staff time was assigned by the panel.

Missing values occur in records with IN="N."

Links to Other Files: Not a linking variable.

Comments: See *CPEP Direct Cost Estimation Report* for a complete discussion of the calculation of clinical overhead equipment costs. The components of the overhead equipment costs are located in the OVEQCAP dataset.

Auxiliary File:
EXPSITES

Auxiliary File:
OUTEQCAP

Auxiliary File:

Variable Name:	OVEQ_O

Variable Label: Overhead equipment cost out-office

Definition: The allocated clinical overhead equipment cost associated with the provision of this service out of the office.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

An allocated cost of zero can occur if no clinical overhead equipment was associated with this service, or if zero G0 and G1X out-office clinical staff time was assigned by the panel.

Missing values occur in records with OUT="N."

Links to Other Files: Not a linking variable.

Comments: See *CPEP Direct Cost Estimation Report* for a complete discussion of the calculation of clinical overhead equipment costs. The components of the overhead equipment costs are located in the OVEQCAP dataset.

Auxiliary File: EXPSITES

Auxiliary File: OUTEQCAP

Auxiliary File: SERINT

Variable Name:	POVIS

Variable Label: No. of post-op visits assigned by CPEP

Definition: Indicates the number of post-operative office visits profiled by the CPEP.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

                   POVIS will be missing if a service was not profiled by the CPEP.

Links to Other Files: Not a linking variable.

Comments: None.

Auxiliary File: EXPSITES

Auxiliary File: OUTEQCAP

Auxiliary File:

Auxiliary File:
EXPSITES

Auxiliary File:
OUTEQCAP

Auxiliary File:
SITUAT

PROCSUM
Procedure Cost Summary Detail File

Variable Name:	PROCCODE

Variable Label: HCPCS (service) code

Definition: The HCFA Common Procedure Coding System (HCPCS) Code for the specified service.

Type: Character

Allowed Values: HCPCS codes (alphanumeric) within the project scope.

Link to Other Files: PROCCODE, in conjunction with CPEP, can be used to link the cost records to their corresponding service-specific equipment, overhead equipment, supply, and labor profiles to construct the CPEP's complete profile for the service.

Comments: For a description of the HCPCS codes included as part of the project scope, see Chapter 2.0 of the *CPEP Direct Cost Estimation Report*.

Any single PROCSUM file will contain service-specific cost data for only one CPEP. However, since many service codes were profiled by more than one CPEP, it is important to take into account the possibility of multiple records for the same HCPCS code in any service-specific analyses (see the *CPEP Direct Cost Estimation Report* for a list of services that were profiled by more than one CPEP).

Variable Name:	PXEQ_I

Variable Label: Serv specific equipment cost in-office

Definition: The allocated cost, in dollars, of all service-specific equipment assigned by the CPEP with the provision of this service in the office.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A missing value occurs in records where IN="N" or the equipment profile is incomplete, indicated by an E99998 ("INCOMPLETE PROFILE") EQP_CODE value in the data set PXEQCAP.

A missing value can also occur if it was not possible to obtain a price for a specific piece of equipment.

Zero values occur if no service-specific clinical equipment was associated with this service or if zero equipment usage time was assumed based on the profile.

Links to Other Files: Not a linking variable.

Comments: This cost was computed using the various parameters contained in the record. For further details regarding the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Variable Name:	PXEQ_O

Variable Label: Serv specific equipment cost out-office

Definition: The allocated cost, in dollars, of all service-specific equipment assigned by the CPEP with the provision of this service out of the office.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A missing value occurs in records where OUT="N" or the equipment profile is incomplete, indicated by an E99998 ("INCOMPLETE PROFILE") EQP_CODE value in the data set PXEQCAP.

A missing value can also occur if it was not possible to obtain a price for a specific piece of equipment.

Zero values occur if no service-specific clinical equipment was associated with this service or if zero equipment usage time was assumed based on the profile.

Links to Other Files: Not a linking variable.

Comments: This cost was computed using the various parameters contained in the record. For further details regarding the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*. This variable will frequently be zero because service-specific equipment costs are generally not allocated to the out-office setting, except when equipment usage was specifically associated with the G0 and/or G1X service periods.
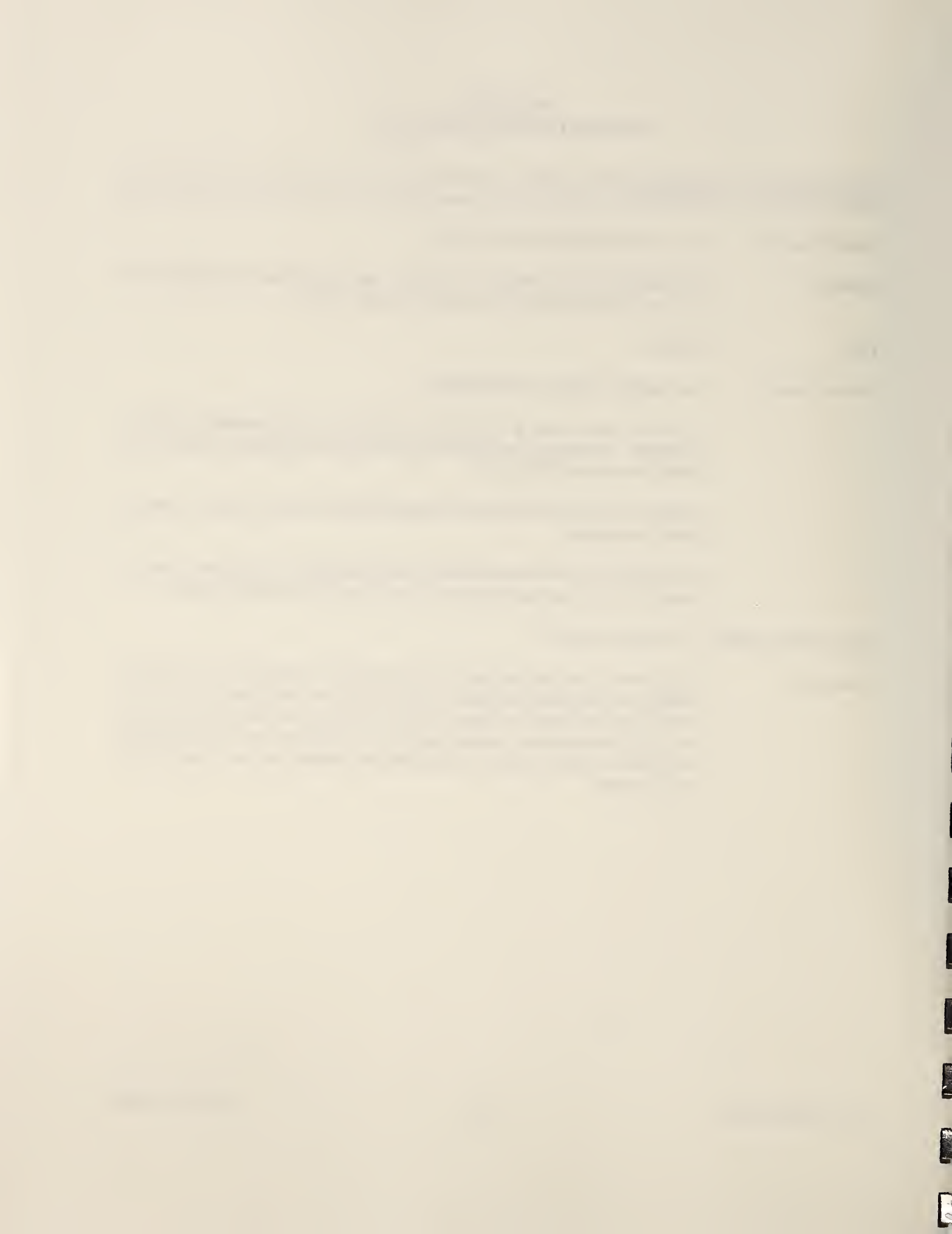
Variable Name:	SUPP_I

Variable Label: Supply costs in-office

Definition: The costs of all supplies, in dollars, associated with the provision of the service in the in-office setting.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

SUPP_I is zero if no supplies were assigned to the in-office profile.

SUPP_I is missing if the service was not profiled in the in-office setting, or if it was profiled in the in-office setting but some of the supply quantities and/or prices were missing.

Links to Other Files: Not a linking variable.

Comments: The detail of the supplies can be found in the SUPDET2 dataset.

Auxiliary File: EXPSITES

Auxiliary File: OUTEQCAP

Auxiliary File: _____

Variable Name:	SUPP_O

Variable Label: Supply costs out-office

Definition: The costs of all supplies, in dollars, associated with the provision of the service in the out-of-office setting.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

SUPP_O is zero if no supplies were assigned to the out-office profile.

SUPP_O is missing if the service was not profiled in the out-office setting, or if it was profiled in the out-of-office setting but some of the supply quantities and/or prices were missing.

Links to Other Files: Not a linking variable.

Comments: The detail of the supplies can be found in the SUPDET2 dataset.

Variable Name:	TIMEDEL

Variable Label: Indicates if time estimates edited (Y/N)

Definition: Flag to indicate whether time estimates received from the panelists were edited.

Type: Character

Allowed Values: Y =   Time estimates edited
N =   Time estimates not edited

Missing values occur when a service was not profiled by the CPEP in either site of service (IN="N" and OUT="N").

Links to Other Files: Not a linking variable.

Comments: In a few instances, some of the CPEP's time estimates were edited. For example, a CPEP may have inadvertantly applied a formula to generate insurance billing staff time to add-on codes (global status code = 'ZZZ') that already have billing time counted in a related code. Information to explain inputs are in the Recorders' Notes Files. The TIMEDEL variable in the PROCSUM identifies those few cases in which this occurred.

Auxiliary File:
EXPSITES

Auxiliary File:
OUTEQCAP

Auxiliary File:

Variable Name:	TOTEQPI

Variable Label: Total equipment cost in-office

Definition: The computed sum of PXEQ_I + OVEQ_I.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A value of zero can occur if both PXEQ_I and OVEQ_I are zero.

A missing value can occur if either (or both of) PXEQ_I and OVEQ_I is missing.

Links to Other Files: Not a linking variable.

Comments: Refer to the discussion of the component variables for more information.

Auxiliary File:
EXPSITES

Auxiliary File:
OUTEQCAP

Auxiliary File:

Variable Name:	**TOTEQPO**

Variable Label: Total equipment cost out-office

Definition: The computed sum of PXEQ_O + OVEQ_O.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A value of zero can occur if both PXEQ_O and OVEQ_O are zero.

A missing value can occur if either (or both of) PXEQ_O or OVEQ_O is missing.

Links to Other Files: Not a linking variable.

Comments: Refer to the discussion of the component variables for more information.

Auxiliary File:
EXPSITES

Auxiliary File:
OUTEQCAP

Auxiliary File:

Variable Name:	TOTLABAI

Variable Label: Total admin staff cost in-office

Definition: The computed sum of CG2_I + CG2X_I.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A value of zero can occur if both CG2_I and CG2X_I are zero.

A missing value can occur if either (or both of) CG2_I or CG2X_I is missing.

Links to Other Files: Not a linking variable.

Comments: Refer to the discussion of the component variables for more information.

Variable Name:	**TOTLABAO**

Variable Label: Total admin staff cost out-office

Definition: The computed sum of CG2_O + CG2X_O.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A value of zero can occur if both CG2_O and CG2X_O are zero.

A missing value can occur if either (or both) of CG2_O and CG2X_O is missing.

Links to Other Files: Not a linking variable.

Comments: Refer to the discussion of the component variables for more information.

PROCSUM
Procedure Cost Summary Detail File

Variable Name:	TOTLABCI

Variable Label: Total clinical staff cost in-office

Definition: The computed sum of CG0_I + CG1_I + CG1X_I.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A value of zero can occur if each of CG0_I, CG2_I, and CG2X_I are zero.

A missing value can occur if any (or all) of CG0_I, CG2_I and CG2X_I are missing.

Links to Other Files: Not a linking variable.

Comments: Refer to the discussion of the component variables for more information.

Variable Name:	**TOTLABCO**

Variable Label: Total clinical staff cost out-office

Definition: The computed sum of CG0_O + CG1_O + CG1X_O.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A value of zero can occur if each of CG0_O, CG2_O, and CG2X_O are zero.

A missing value can occur if any (or all) of CG0_O, CG2_O and CG2X_O are missing.

Links to Other Files: Not a linking variable.

Comments: Refer to the discussion of the component variables for more information.

Auxiliary File: EXPSITES

Auxiliary File: OUTEQCAP

Auxiliary File: SERVICT

Variable Name:	TOTLABI

Variable Label: Total labor cost in-office

Definition: The computed sum of TOTLABAI + TOTLABCI.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A value of zero can occur if both TOTLABAI and TOTLABCI are zero.

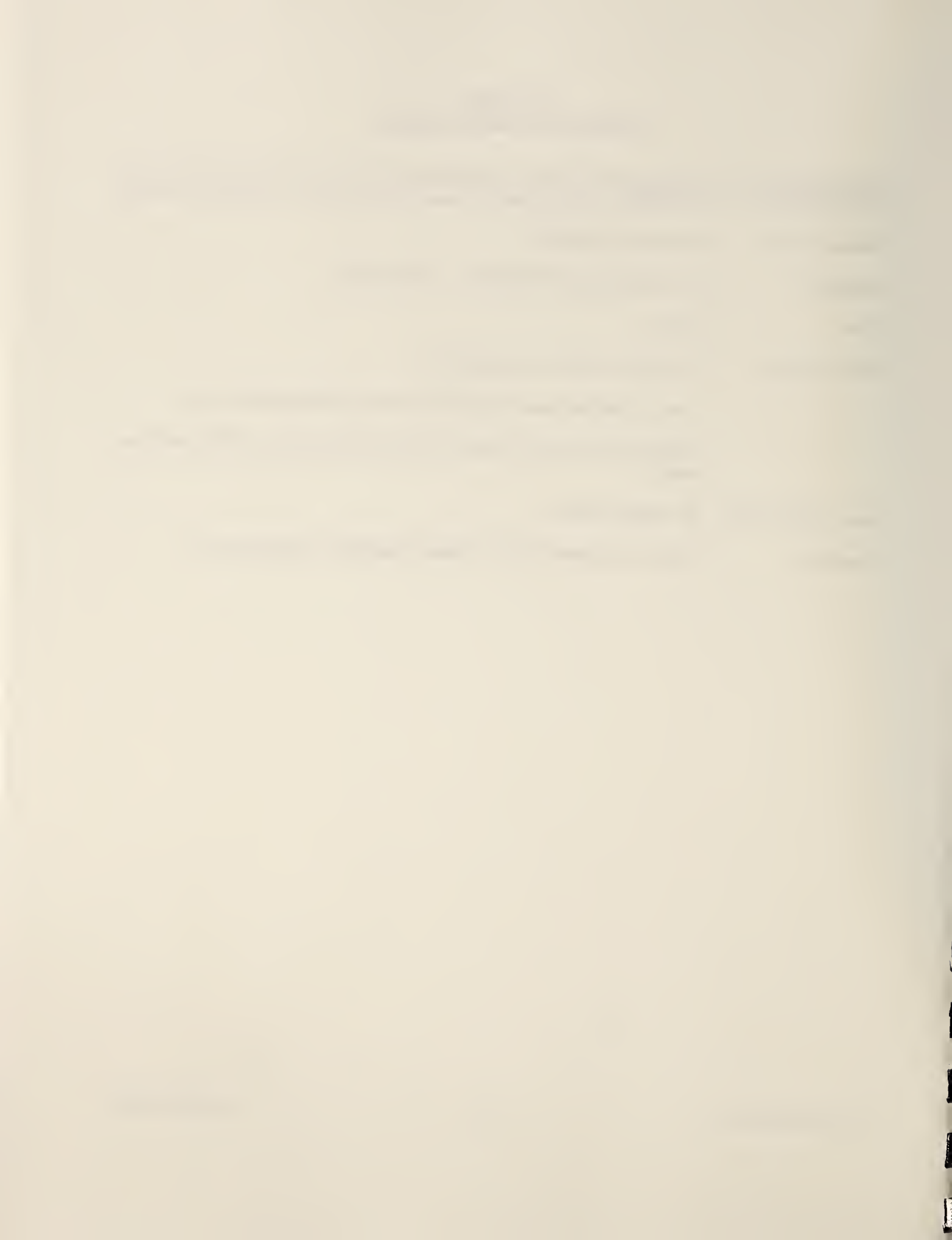A missing value can occur if either (or both) of TOTLABAI and TOTLABCI are missing.

Links to Other Files: Not a linking variable.

Comments: Refer to the discussion of the component variables for more information.

Auxiliary File:
EXPSITES

Auxiliary File:
OUTEQCAP

Auxiliary File:
SERVICT

Variable Name:	**TOTLABO**

Variable Label: Total labor cost out-office

Definition: The computed sum of TOTLABAO + TOTLABCO.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A value of zero can occur if both TOTLABAO and TOTLABCO are zero.

A missing value can occur if either (or both) of TOTLABAO and TOTLABCO are missing.

Links to Other Files: Not a linking variable.

Comments: Refer to the discussion of the component variables for more information.

Variable Name:	TOT_I

Variable Label: Total service cost in-office

Definition: The computed sum of TOTLABI +SUPP_I + TOTEQPI.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A value of zero can occur if each of TOTLABI, SUPP_I, and TOTEQPI are zero.

A missing value can occur if any (or all) of TOTLABI, SUPP_I, and TOTEQPI are missing.

Links to Other Files: Not a linking variable.

Comments: Refer to the discussion of the component variables for more information.

Variable Name:	TOT_O

Variable Label: Total service cost out-office

Definition: The computed sum of TOTLABO +SUPP_O + TOTEQPO.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A value of zero can occur if each of TOTLABO, SUPP_O, and TOTEQPO are zero.

A missing value can occur if any (or all) of TOTLABO, SUPP_O, and TOTEQPO are missing.

Links to Other Files: Not a linking variable.

Comments: Refer to the discussion of the component variables for more information.

Attachment 1
Listing of Family Numbers and Names

Num	Description
100	Nail Procedures
104	Simple Debridement, Excision and Destruction
108	Simple Excision and Biopsy
112	Complex Excision and Debridement
116	Dermabrasion and Cryotherapy
120	Incision and Drainage
124	Simple Skin Repair
128	Complex Skin Repairs Including Integument Grafts, Transfer and Rearrangement
132	Photochemotherapy
136	Occupational Therapy
140	Physical Therapy
144	Muscle Strength and Range of Motion Testing
200	Simple Urethral Procedures
204	Complex Urethral Procedures
208	Urethral Catherization and Dilation -Simple
212	Urethral Catherization and Dilation - Complex
216	Major Transurethral Procedure
220	Testicular and Epididymal Procedures
224	Simple Penile Procedures
228	Complex Penile Procedures
232	Insertion of Penile Prosthesis
236	Urinary Tract Biopsy
240	Renal/Urinary Tract Endoscopy OBSOLETE->256
244	Simple Cystourethroscopy
248	Moderate Cystourethroscopy
252	Urinary Tract Motility Studies - Simple OBSOLETE ->256
256	Motility Studies
260	Major Procedure - Renal
264	Major Procedure -Urinary tract except kidney
268	Nephrostomy, Complex Cystourethroscopy, and Litholapaxy
272	Renal Extracorporeal Shock Wave Lithotripsy
300	Hip Fracture Repair
304	Orthopaedics - Hip Procedures (except hip replacement or hip fracture repair)
308	Hip Replacement
312	Knee Replacement
316	Orthopaedics - Knee Joint and Surrounding Structures (except knee replacement)
320	Orthopaedics - Foot
324	Orthopaedics - Lower Leg/Ankle
328	Orthopaedics - Lower Leg
332	Orthopaedics - Thigh
336	Orthopaedics - Hand
340	Orthopaedics - Wrist Joint and Surrounding Structures
344	Orthopaedics - Forearm
348	Orthopaedics - Elbow Joint and Surrounding Structures
352	Orthopaedics - Upper Arm
356	Orthopaedics - Shoulder Joint and Surrounding Structures

Attachment 1
Listing of Family Numbers and Names

Num	Description
360	Orthopaedics - Pelvis
364	Orthopaedics - Spine
368	Orthopaedics - Miscellaneous
372	Bone or Joint Manipulation under Anesthesia
376	Arthrocentesis and Ligament or Tendon Injection
380	Open or Percutaneous Treatment of Fractures
384	Closed Treatment of Fracture and Dislocation except Finger, Toe and Trunk
388	Closed Treatment of Fracture and Dislocation of Finger, Toe and Trunk
392	Cast and Strapping
400	Artificial Fertilization-OBSOLETE->404
404	Pregnancy Related Tests
408	Pregnancy Hospital Procedures
412	Delivery Services and Postpartum Care
416	Spontaneous and Therapeutic Abortion
420	Dilation and Curettage
424	Hysteroscopy
428	Colposcopy
432	Intrauterine Insertion and Removal
436	Simple Laparoscopic Procedures
440	Complex Laparoscopic Procedures
444	Hysterectomy
448	Hysterectomy - Oncology
452	Hysterectomy - Urology
456	Simple Female Reproductive Procedures
460	Complex Female Reproductive Procedures
464	Major Procedure - Female Reproductive
468	Miscellaneous Female Reproductive
500	Simple Repair and Plastic Procedures of Eye
504	Complex Repair and Plastic Procedures of Eye
508	Strabismus, Eye and Muscle Procedures
512	Simple Posterior Segment Eye Procedures
516	Complex Posterior Segment Eye Procedures
520	Simple Anterior Segment Eye Procedures
524	Moderate Anterior Segment Eye Procedures
528	Complex Anterior Segment Eye Procedures
532	Cataract Procedures
536	Laser Eye Procedures
540	Vitrectomy
544	Minor Ophthalmological Injection, Scraping and Tests
548	Minor Ophthalmological Tests and Procedures
552	Ophthalmology Evaluation and Management
556	Fitting of Contact Lenses and Spectacles
600	Plain Film
604	Mammography
608	Obstetrical Ultrasound
612	Diagnostic Ultrasound except Obstetrical

Attachment 1
Listing of Family Numbers and Names

Num	Description
616	Myelography and Diskography
620	Miscellaneous Radiological Procedures with Contrast
624	Computerized Axial Tomography
628	Magnetic Resonance Imaging
632	Digestive Radiology
636	Nuclear Cardiology
640	Vascular Radiology except for Venography of Extremity
644	Simple Diagnostic Nuclear Medicine
648	Intermediate Diagnostic Nuclear Medicine
652	Complex Diagnostic Nuclear Medicine
656	Therapeutic Nuclear Medicine
660	Radiation Therapy and Hyperthermia
664	Therapeutic Radiation Treatment Preparation
699	Miscellaneous CPEP 6 Additions
700	Office Visits - New Patient
704	Office Visits - Established Patient
708	Hospital Visit - Initial
712	Hospital Visit - Subsequent
716	Hospital Visit - Critical Care
720	Emergency Room Visit
724	Consultation - Inpatient
728	Consultation - Office
732	Home Visit, New Patient
736	Home Visit, Established Patient
740	Nursing Facility Care, Initial
744	Nursing Facility Care, Subsequent
748	Specialist - Psychiatry
752	Neuropsychological Testing
756	Electroconvulsive Therapy
800	Superficial Needle Biopsy and Aspiration
804	Simple Incision and Excision of Breast
808	Breast Procedures
812	Esophagus
816	Diaphragm
820	Gastric Procedures
824	Small Intestinal Procedures
828	Hernia Procedures
832	Appendectomy and Miscellaneous Abdominal Procedures
836	Cholecystectomy
840	Hepatic and Bile Duct Procedures Except Cholecystectomy
844	Hepatectomy and Pancreatectomy
848	Pancreatic Procedures
852	Colectomy
856	Colectomy, Complex
860	General Complex Laparoscopic
864	Simple Anal and Rectal Procedures

Attachment 1
Listing of Family Numbers and Names

Num	Description
868	Complex Anal and Rectal Procedures
872	Proctectomy and Rectal Repairs
876	Deep Lymph Structure Procedures
880	Spleen and Lymph Nodes
884	Major Procedure - Endocrine
888	Transplants
892	Tube Change
896	Needle and Catheter Biopsy, Aspiration, Lavage and Intubation
900	Simple Facial Procedures (exc. nose and sinus)
904	Complex Facial Procedures (exc. nose and sinus)
908	Simple Nose and Sinus Procedures
912	Complex Nose and Sinus Procedures
916	Simple Ear Procedures
920	Complex Ear Procedures
924	Cochlear Device Implantation
928	Simple Oral and Pharyngeal Procedures
932	Complex Oral and Pharyngeal Procedures
936	Salivary Gland and Duct Procedures
940	Laryngeal and Tracheal Procedures
944	Endoscopy of Upper Airway
948	Other ENT Procedures
952	Otorhinolaryngologic Function Tests
956	Speech Therapy
960	Simple Audiometry
1000	Introduction of Needle and Catheter
1004	Spinal Tap
1008	Bone Marrow Procedures
1012	Allergy Tests
1013	Simple Immunology Tests
1016	Allergy Immunotherapy
1020	Immunotherapy
1024	Infusion Therapy except Chemotherapy
1028	Chemotherapy
1032	Blood and Transfusion
1036	Hemodialysis and Peritoneal Dialysis
1040	Nerve and Muscle Tests
1044	Electroencephalogram
1048	Extended EEG Studies
1052	Respiratory Therapy
1056	Ventilator Management
1060	Endoscopy of the Lower Airway
1064	Pulmonary Services
1100	Alimentary Tests and Simple Tube Placement
1104	Esophageal Dilation without Endoscopy
1108	Diagnostic Upper GI Endoscopy or Intubation
1112	Therapeutic Upper GI Endoscopy or Intubation

Attachment 1
Listing of Family Numbers and Names

Num	Description
1116	Lower Gastrointestinal Endoscopy
1120	Anoscopy
1124	Proctosigmoidoscopy and Sigmoidoscopy
1128	ERCP and Miscellaneous GI Endoscopy Procedures
1200	Minor Vascular Repair and Fistula Construction
1204	Vascular Ligation
1208	Major Vascular Procedures
1212	Removal and Revision of Vascular Devices
1216	Heart and Great Vessels
1220	CABG
1224	Pediatric Cardiovascular Procedures
1228	Major Procedure - Respiratory
1232	Thoracoscopy
1300	Placement of Transvenous Catheters
1304	Diagnostic Cardiac Catheterization
1308	Coronary Angioplasty
1312	Angioplasty and Transcatheter Procedures, other than Coronary
1316	Resuscitation and Cardioversion
1320	Pacemaker Insertion
1324	Cardiac Rehabilitation
1332	Cardiogram
1336	Echocardiography
1340	Exercise Tolerance Tests
1344	Minor Cardiac and Vascular Tests
1348	Pacemaker Analysis
1352	Cardiac Electrophysiologic Tests
1400	Pathology
1404	Complex Pathology
1408	Surgical Pathology
1412	Cytopathology
1416	Pap Smears
1420	Special Stains
1428	Anesthesia
1432	Other Anesthesia Services
1500	Major Procedure - Twist Drill, Burr Hole, Trephine
1504	Major Procedure - Craniectomy or Craniotomy
1508	Major Procedure - Intracranial Surgery and Skull Procedures
1512	Major Procedure - Spine and Spinal Cord
1516	Major Procedure - Expior/Decompr/Excis Disc
1520	Major Procedure - Other Nerve
1524	Nerve Repair and Destruction
1528	Neurostimulator and Ventricular Shunt Implantation
1536	Nervous System Injections, Stimulations or Cranial Tap

This file contains code-specific information on the percentage of services performed in the office and the percentage of services performed out-of-the office. The file is based on the 1994 Physician and Supplier Procedure Summary File data. This information provided guidance to the panels regarding the expected site(s) in which to profile the service. Services provided in-office more than 10% of the time, based on 1994 Medicare data, were expected to be profiled in the in-office setting. Similarly, services provided out-of-office more than 10% of the time based on 1994 Medicare data were expected to be profiled in the out-of-office setting. This 10% cutoff was established to maintain a manageable workload in each CPEP. CPEP panels, however, used their clinical judgement and practice experience to assess the validity of the information regarding the site-of-service, and in some cases either did not profile a service in a setting suggested by the data, or profiled the service in a setting suggested by the data. (This was reasonable, given the clinical experience of the panels and the fact that the site of service indicator in HCFA's data is less than fully reliable.)

```
File Name:          EXPSITES.GBL
No. of Records:     6,251
Record Length:      29
No. of Variables:   6
Sort Order:         PROCCODE
File Format:        Standard ASCII file with carriage return and line
                       feed at the end of each record.
```

EXPSITES Record Layout

Name	Description	Type	Position	Length
EXP_IN	Expected to be Profiled IN	Character	1	3
EXP_OUT	Expected to be Profiled OUT	Character	4	3
PCT_IN	Percent of Volume In-Office	Numeric	7	5
PCT_OUT	Percent of Volume Out-of-Office	Numeric	12	5
PROCCODE	HCPCS (service) Code	Character	17	5
VOL94	1994 Medicare Volume	Numeric	22	8

When reading this data file, note that the first 12 lines contain copyright information rather than data records. The first data record occurs at the 13th line in the files. The record count listed above indicates the number of actual data records in the file, not the total number of text rows. If a numeric variable has decimal values, the decimal point has been entered explicitly in the ASCII file. There are no implicit decimal points.

CPT five-digit codes, descriptions and other data only are copyright 1994 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative value or related listings are included in CPT. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for data contained or not contained herein.
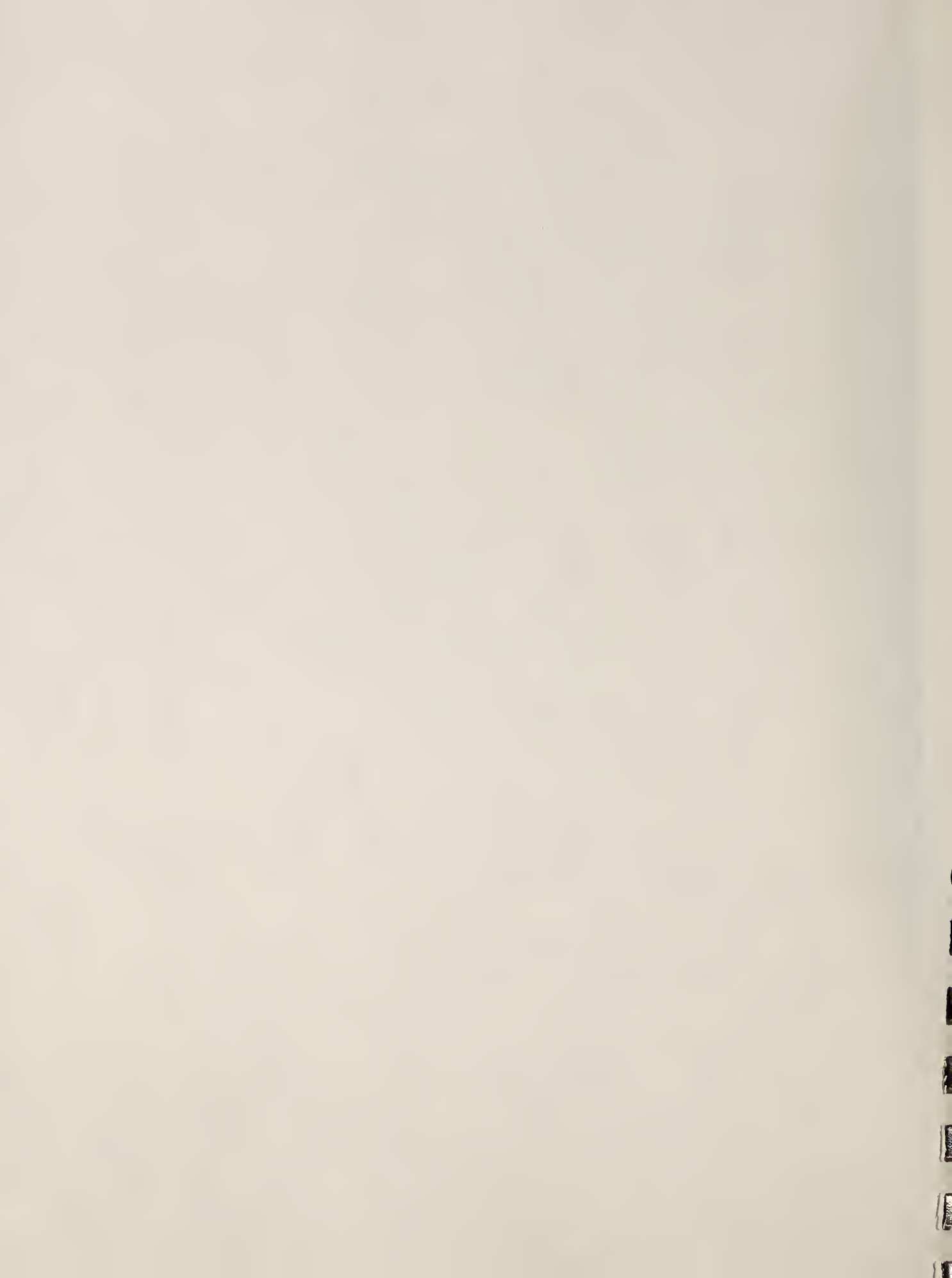
Variable Name:	**EXP_IN**

Variable Label: Expected to be Profiled IN

Definition: If the service meets the 10% rule for being provided in an office setting, based on the 1994 Medicare volume, this variable is assigned a value of "Y", for Yes; otherwise, it was assigned a value of "N", for No. In some cases, the volume for a given service was not available, in which case it was assigned a value of N/A (not available).
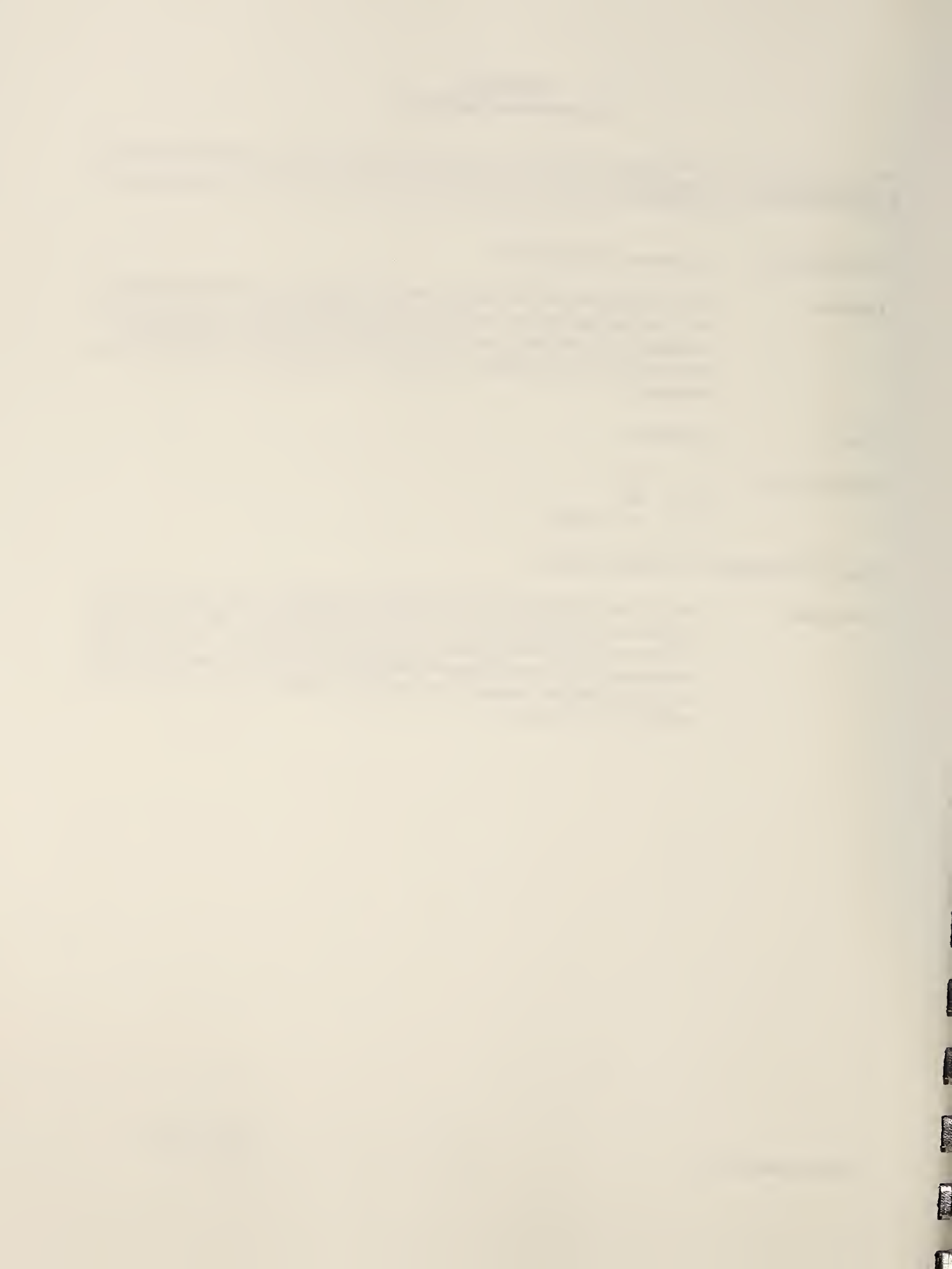
Type: Character

Allowed Values:
Y =   Yes
N =   No
N/A =   Not available

Links to Other Files: Not a linking variable.

Comments: The 10% rule provided a guide to the CPEP as to which site(s) a service should be profiled in. According to this rule, a service was expected to be profiled at a site if 10% or more of the 1994 Medicare volume occurred at that site. However, CPEP members used their clinical judgement and practice experience to assess the validity of the expected site. In some cases, the panel profiled a service in a setting not indicated by the 10% rule.

Auxiliary File:
OUTEQCAP
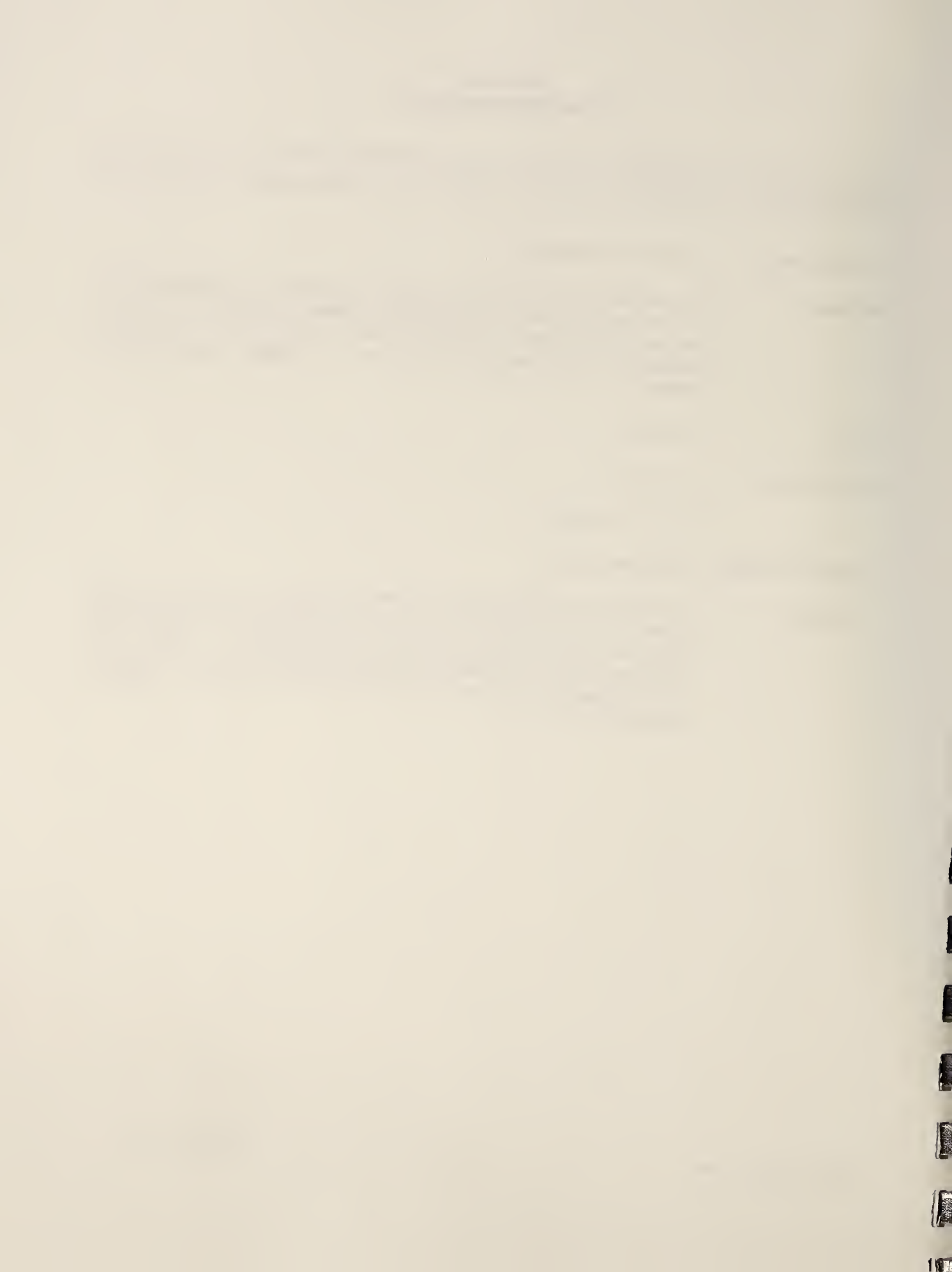
Auxiliary File:
SERVICE

Variable Name:	**EXP_OUT**

Variable Label: Expected to be Profiled OUT

Definition: If the service meets the 10% rule for being provided out of an office setting, based on 1994 Medicare volume, this variable is assigned a value of "Y", for Yes; otherwise, it was assigned a value of "N", for No. In some cases, the volume for a given service was not available, in which case it was assigned a value of N/A (not available).

Type: Character

Allowed Values: Y =   Yes
N =   No
N/A =   Not available

Links to Other Files: Not a linking variable.

Comments: The 10% rule provided a guide to the CPEP as to which site(s) a service should be profiled in. According to this rule, a service was expected to be profiled at a site if 10% or more of the 1994 Medicare volume occurred at that site. However, CPEP members used their clinical judgement and practice experience to assess the validity of the expected site. In some cases, the panel profiled a service in a setting not indicated by the 10% rule.

Variable Name:	PCT_IN

Variable Label: Percent of Volume In-Office

Definition: Proportion of the total 1994 Medicare volume performed in an office setting.

Type: Numeric

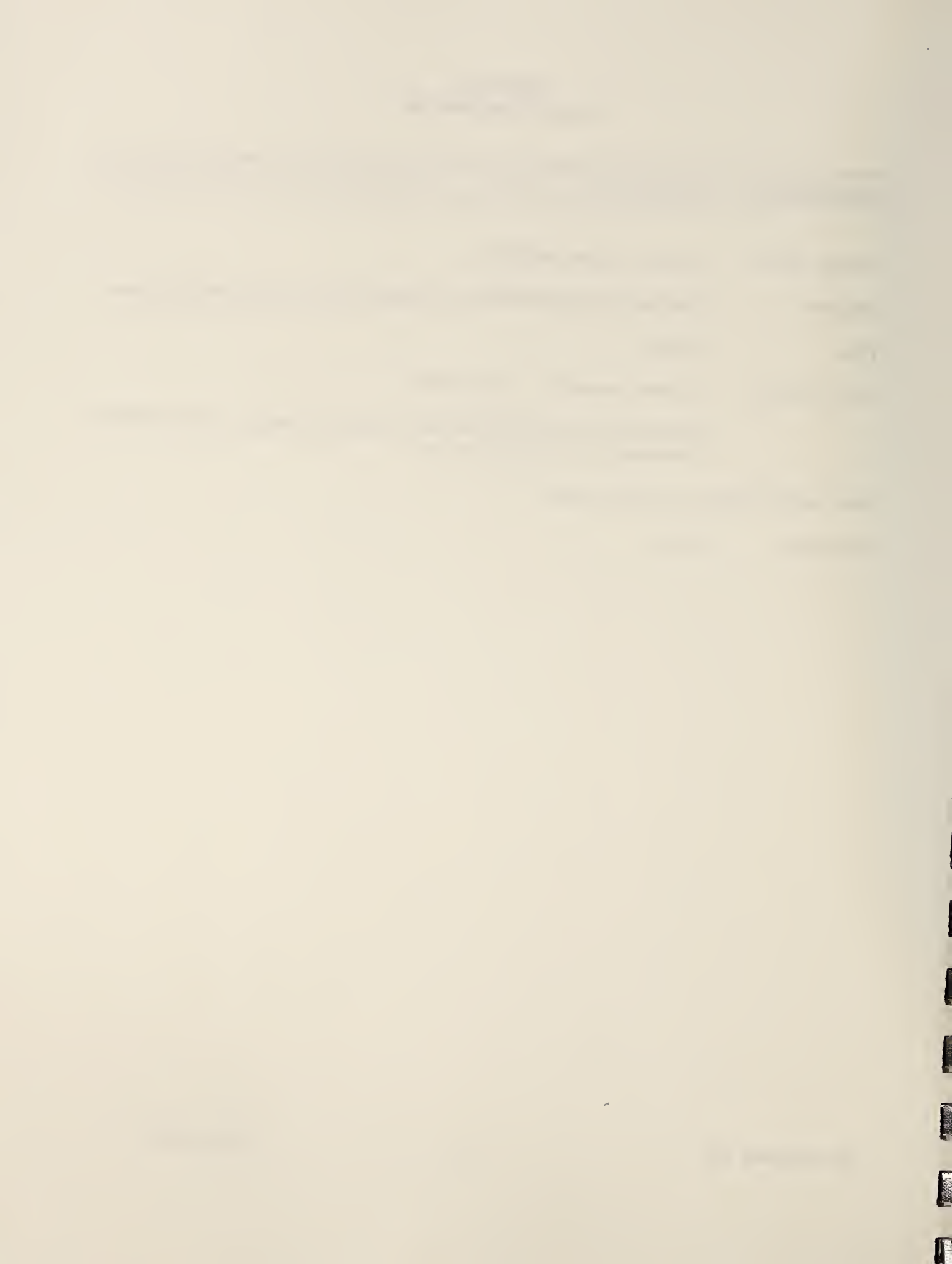**Allowed Values:** Fractions between 0-1 or missing values.

Missing values occur for PCT_IN only when the 1994 Medicare volume (VOL94) is not available for a particular service.

Links to Other Files: Not a linking variable.

Comments: None.

Auxiliary File:
OUTEQCAP

Auxiliary File:

Variable Name:	PCT_OUT

Variable Label: Percent of Volume Out-of-Office

Definition: Proportion of the total 1994 Medicare volume performed outside of an office setting.

Type: Numeric

Allowed Values: Fractions between 0-1 or missing values.

Missing values occur for PCT_OUT only when the 1994 Medicare volume (VOL94) is not available for a particular service.

Links to Other Files: Not a linking variable.

Comments: None.

Variable Name:	PROCCODE

Variable Label: HCPCS (service) code

Definition: The HCFA Common Procedure Coding System (HCPCS) code (levels I and II) for the specified service.

Type: Character

Allowed Values: HCPCS codes (numeric and alphanumeric) within the project scope.

Link to Other Files: PROCCODE, in conjunction with CPEP, can be used to link the expected sites to the service-specific supply, equipment, overhead equipment, and labor profiles.

Comments: For a description of the HCPCS codes included as part of the project scope, see Chapter 2.0 of the *CPEP Direct Cost Estimation Report*.

Auxiliary File:
OUTEQCAP

Auxiliary File:
SERVICE

Variable Name:	VOL94

Variable Label: 1994 Medicare Volume

Definition: The total volume for this service, as reported in the 1994 Physician and Supplier Procedure Summary File.

Type: Numeric

Allowed Values: Non-negative or missing values.

Links to Other Files: Not a linking variable.

Comments: Not all services occured in the 1994 Medicare data.

Auxiliary File:
OUTEQCAP

Auxiliary File:

OUTEQCAP
Out-of-Office Equipment Intermediate Capital File

This file contains data pertaining to service-specific equipment costs, in those cases where the CPEPs indicated that they pay for equipment used in out-of-office settings. This file contains records for all such cases, for all of the CPEPs in which they occurred. The costs detailed in this file are *not* included in the costs summarized in the PROCSUM file. The file contains data elements and computed variables generated by the methodology used to allocate service-specific clinical equipment costs to a single service. Each record represents a unique HCPCS code/equipment item. This file contains records only for those CPEPs and services for which this type of equipment usage was specified. There are no "placeholder" records as found in the other equipment files.
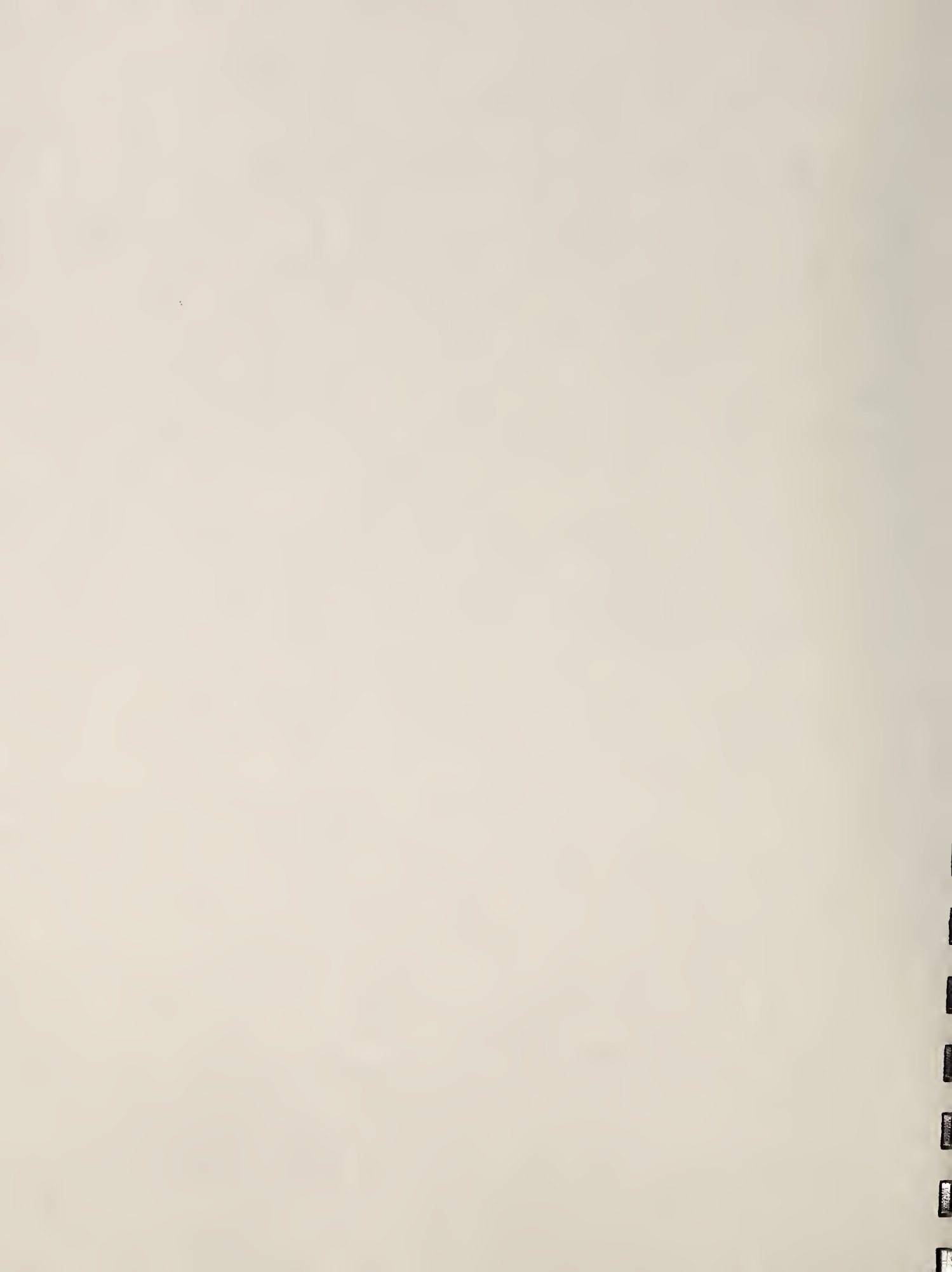
```
File Name:         OUTEQCAP.GBL
No. of Records:    1,689
Record Length:     198
No. of Variables:  22
Sort Order:        CPEP PROCCODE EQP_CODE
File Format:       Standard ASCII file with carriage return and line
                     feed at the end of each record.
```

OUTEQCAP Record Layout

Name	Description	Type	Position	Length
ANNFACT	Annualizing factor, eqp cost plus maint.	Numeric	1	8
CAPFRAC	Annualizing factor for capital eqp cost	Numeric	9	8
COST_MIN	Equipment cost per minute	Numeric	17	8
CPEP	CPEP providing estimate	Character	25	3
DESC	Description	Character	28	100
EQP_CODE	Code for type of equipment	Character	128	6
EQTI	Minutes for equipment use, in-office	Numeric	134	1
EQTO	Minutes for equipment use, out-office	Numeric	135	4
HRSWK	Hours per week office assumed open	Numeric	139	2
IN	Code profiled in the office (Y/N)	Character	141	1
INTRATE	Loan interest rate, this equipment type	Numeric	142	5
LIFE	Equipment useful life (years)	Numeric	147	6
MAINT	Eqpt annual maint rate (% of purchase)	Numeric	153	5
MINS_YR	Minutes/year equipment is assumed in use	Numeric	158	6
OUT	Code profiled out of the office (Y/N)	Character	164	1
PRICE	Purchase price	Numeric	165	9
PROCCODE	HCPCS (service) code	Character	174	5
PXEQ_I	Serv specific equipment cost in-office	Numeric	179	5
PXEQ_O	Serv specific equipment cost out-office	Numeric	184	7
TEXCEP	Exception to default equip use time(0,1)	Character	191	1
USAGE	Proportion of max time equipment used	Numeric	192	5
WKSYR	Weeks per year office is assumed open	Numeric	197	2

When reading this data file, note that the first 12 lines contain copyright information rather than data records. The first data record occurs at the 13th line in the files. The record count listed above indicates the number of actual data records in the file, not the total number of text rows. If a numeric variable has decimal values, the decimal point has been entered explicitly in the ASCII file. There are no implicit decimal points.

Variable Name:	ANNFACT

Variable Label: Annualizing factor, eqp cost plus maint

Definition: Factor to multiply by the equipment purchase price, PRICE, to obtain the total annualized cost of the equipment. This factor incorporates both the inflation of cost due to the cost of capital over time (e.g., loan interest payments) and the annual maintenance cost expressed as a percentage of acquisition cost.

Type: Numeric

Allowed Values: Non-negative numbers.

Links to Other Files: Not a linking variable.

Comments: This is the sum of the annualized equipment purchase price (CAPFRAC) and the annual equipment maintenance cost rate (MAINT). For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Variable Name:	CAPFRAC

Variable Label: Annualizing factor for capital eqp cost

Definition: Factor used to inflate the capital acquisition cost to reflect the cost of capital over time.

Type: Numeric

Allowed Values: Non-negative numbers.

Links to Other Files: Not a linking variable.

Comments: This factor is added to the maintenance cost rate (MAINT) to obtain the total annualizing capital cost factor (ANNFACT). For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Auxiliary File:

Variable Name:	COST_MIN

Variable Label: Equipment cost per minute

Definition: The estimated cost per minute of use of the equipment for the service.

Type: Numeric

Allowed Values: Non-negative numbers.

Links to Other Files: Not a linking variable.

Comments: This value is computed as the total, annualized equipment cost divided by the number of minutes in the year during which the equipment is assumed to be in use. For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Auxiliary File:

Variable Name:	CPEP

Variable Label: CPEP providing estimate

Definition: The Clinical Practice Expert Panel (abbreviated CPEP) that provided the estimates for the associated service.

Type: Character

Allowed Values:

C 1	=	Integumentary & Physical Medicine
C 2	=	Urology
C 3	=	Orthopaedic Surgery
C 4	=	OB/GYN
C 5	=	Ophthalmology
C 6	=	Radiology
C 7	=	Evaluation & Management
C 8	=	General Surgery
C 9	=	Otolaryngology
C10	=	Miscellaneous Internal Medicine
C11	=	Gastroenterology
C12	=	Cardiothoracic and Vascular Surgery
C13	=	Cardiology
C14	=	Anesthesiology/Pathology
C15	=	Neurosurgery

Links to Other Files: CPEP, in conjunction with PROCCODE, can be used to link the service-specific equipment records to their corresponding overhead equipment, labor, and supply profiles to construct the CPEP's complete profile for the service.

Comments: This variable indicates the CPEP which provided the equipment estimate contained in the record, upon which the service-specific allocation is based. Many services were profiled by more than one CPEP, making it important to consider the CPEP variable in any analysis of the OUTEQCAP file (see the *CPEP Direct Cost Estimation Report* for a list of the services that were profiled by more than one CPEP).

The internal blank in "C 1" through "C 9" preserves the numeric order for the 15 allowed values.

Variable Name:	DESC

Variable Label: Description

Definition: Description of the clinical equipment item $500 or more.

Type: Character

Allowed Values: Alphanumeric characters (no blanks allowed).

Links to Other Files: Not a linking variable.

Comments: The description can also be found in the equipment global pricing data set (EQP_PRC) in the record with the same equipment ID code (EQP_CODE).

Auxiliary File:

Variable Name:	EQP_CODE

Variable Label:　　　Code for type of equipment

Definition:　　　Alphanumeric code for a unique type of equipment, as assigned by Abt Associates Inc.

Type:　　　Character

Allowed Values:　　　"E" followed by five numeric characters (no blanks).

A complete listing of valid values along with descriptions is contained in the EQP_PRC data set.

Links to Other Files:　　　Links to the EQP_PRC (Equipment Price) global file.

Comments:　　　None.

Auxiliary File:
SERVDT

Variable Name:	EQTI

Variable Label: Minutes for equipment use, in-office

Definition: The estimated total number of minutes that the equipment was assumed to be used for the service when provided in the in-office setting.

Type: Numeric

Allowed Values: Zero or missing value.

A zero occurs for records corresponding to services that were profiled in the in-office setting (IN=Y).

A missing value occurs for records corresponding to services that were not profiled in the in-office setting (IN=N).

Links to Other Files: Not a linking variable.

Comments: The equipment identified in this data set is specifically associated with the out-of-office setting. It is therefore never assumed to be used in the in-office setting. EQTI is either zero (for services profiled in the in-office setting) or missing (for services not profiled in the in-office setting).

All service-specific equipment associated with the in-office setting is detailed in the PXEQCAP data set.

For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Variable Name:	EQTO

Variable Label: Minutes for equipment use, out-office

Definition: The estimated total number of minutes that the equipment was assumed to be used for the service when provided in the out-of-office setting.

Type: Numeric

Allowed Values: Non-negative numbers.

Links to Other Files: Not a linking variable.

Comments: This variable is derived from the various out-of-office clinical staff time estimates for the service.

This data set identifies equipment use specifically associated with the out-of-office setting, and observations occur only for services that were profiled in that setting (OUT=Y). There are therefore no observations in which EQTO has a missing value.

For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

OUTEQCAP
Out-of-Office Equipment Intermediate Capital File

Variable Name:	HRSWK

Variable Label: Hours per week office assumed open

Definition: The hours per week for which the office is assumed to be open.

Type: Numeric

Allowed Values: 50.

Links to Other Files: Not a linking variable.

Comments: This value is used in the capital cost calculation, and was always assumed to be 50. For further details regarding this variable and the capital equipment allocation methodology, refer to the CPEP Direct Cost Estimation Report.

Auxiliary File: SERVDT

Variable Name:	IN

Variable Label: Code profiled in the office (Y/N)

Definition: For the specified service, this variable indicates whether the service was profiled for the "in-office" location.

Type: Character

Allowed Values:
Y   =   Yes, service was profiled for the in-office location
N   =   No, service was not profiled for the in-office location

Links to Other Files: Not a linking variable.

Comments: None.

Variable Name:	INTRATE

Variable Label: Loan interest rate, this equipment type

Definition: The interest rate used to calculate the annualized opportunity cost (CAPFRAC) of the item of equipment.

Type: Numeric

Allowed Values: 0.095, 0.100, 0.105, 0.110.

Links to Other Files: Not a linking variable.

Comments: The interest rate was determined as a function of useful life (LIFE) and capital acquisition cost (PRICE). For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Auxiliary File:

Variable Name:	LIFE

Variable Label: Equipment useful life (years)

Definition: The estimated useful life of the equipment, in years.

Type: Numeric

Allowed Values: Non-negative numbers.

Links to Other Files: Not a linking variable.

Comments: The useful life data were obtained from *Useful Lives of Depreciable Hospital Assets*, 1993 Edition. All useful lives from this source are integer values. When this source did not have an estimate of useful life specific to the equipment, a default value of 7.5 years was used. Refer to the *CPEP Direct Cost Estimation Report* for further details.

Auxiliary File:
SERVICE

Variable Name:	**MAINT**

Variable Label: Eqpt annual maint rate (% of purchase)

Definition: The amount, as a proportion of the equipment purchase price (PRICE), which is assumed to be required to maintain the equipment in working condition.

Type: Numeric

Allowed Values: 0.05.

Links to Other Files: Not a linking variable.

Comments: A value of 5% was assumed for all types of equipment.

Auxiliary File:
SERVPT

Variable Name:	MINS_YR

Variable Label: Minutes/year equipment is assumed in use

Definition: The number of minutes per year that the equipment is assumed to be in use.

Type: Numeric

Allowed Values: 105000.

Links to Other Files: Not a linking variable.

Comments: This is calculated as the product of weeks per year (WKSYR), hours per week (HRSWK), minutes per hour, and the assumed usage rate (USAGE). For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Auxiliary File:
SERVICE

Variable Name:	OUT

Variable Label: Code profiled out of the office (Y/N)

Definition: For the specified service, this variable indicates whether the service was profiled for the "out-office" location.

Type: Character

Allowed Values:

Y	=	Yes, service was profiled for the out-office location.
N	=	No, service was not profiled for the out-office location.

Link to Other Files: Not a linking variable.

Comments: Because this data set specifically identifies equipment used in the out-of-office setting, it contains observations only for services profiled in that setting. There are therefore no observations in which OUT has a value of "N".

Auxiliary File:
SERVDT

Variable Name:	PRICE

Variable Label: Purchase price

Definition: The purchase price of the equipment.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A missing value can occur if it was not possible to obtain a price for a specific piece of equipment.

Links to Other Files: Not a linking variable.

Comments: None.

Auxiliary File:
SERVPT

Variable Name:	PROCCODE

Variable Label: HCPCS (service) code

Definition: The HCFA Common Procedure Coding System (HCPCS) code (levels I and II) for the specified service.

Type: Character

Allowed Values: HCPCS codes (numeric and alphanumeric) within the project scope.

Link to Other Files: PROCCODE, in conjunction with CPEP, can be used to link the service-specific equipment records to their corresponding overhead equipment, labor, and supply profiles to construct the CPEP's complete profile for the service.

Comments: For a description of the HCPCS codes included as part of the project scope, see Chapter 2.0 of the *CPEP Direct Cost Estimation Report*.

Any single OUTEQCAP file will contain service-specific equipment data for only one CPEP. However, since many codes were profiled by more than one CPEP, it is important to consider the existence of multiple records for the same HCPCS code in any service-specific analyses (see the *CPEP Direct Cost Estimation Report* for a list of services that were profiled by more than one CPEP).

Variable Name:	PXEQ_I

Variable Label: Serv specific equipment cost in-office

Definition: The allocated cost, in dollars, of all service-specific equipment assigned by the CPEP with the provision of this service in the office.

Type: Numeric

Allowed Values: Zero or missing values.

A zero occurs for records corresponding to services that were profiled in the in-office setting (IN=Y).

A missing value occurs for records corresponding to services that were not profiled in the in-office setting.

Links to Other Files: Not a linking variable.

Comments: The equipment identified in this data set is specifically associated with the out-of-office setting. It is therefore never assumed to be used in the in-office setting. PXEQ_I is either zero (for services profiled in the in-office setting) or missing (for services not profiled in the in-office setting).

All service-specific equipment associated with the in-office setting is detailed in the PXEQCAP data set.

For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Auxiliary File:
SERVDT

OUTEQCAP
Out-of-Office Equipment Intermediate Capital File

Variable Name:	PXEQ_O

Variable Label: Serv specific equipment cost out-office

Definition: The allocated cost, in dollars, of all service-specific equipment assigned by the CPEP with the provision of this service out of the office.

Type: Numeric

Allowed Values: Non-negative numbers or missing values.

A missing value can occur if it was not possible to obtain a price for a specific piece of equipment.

Links to Other Files: Not a linking variable.

Comments: This cost was computed using the various parameters contained in the record. For further details regarding the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Variable Name:	**TEXCEP**

Variable Label: Exception to default equip use time(0,1)

Definition: Indicates whether the equipment usage times (EQTI and EQTO) were based on the default rule or were based on an exception rule (as noted in the Recorders' Notes File).

Type: Character

Allowed Values: 0   =   Equipment time used in calculating equipment cost was based on the default time.

Links to Other Files: Not a linking variable.

Comments: There were no exceptions to the default usage time for out-of-office equipment. This variable is included on this data set to ensure that OUTEQCAP and PXEQCAP have the same structure, and will therefore be easily concatenated if desired.

             For further details regarding the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Auxiliary File:
SFRVPT

OUTEQCAP
Out-of-Office Equipment Intermediate Capital File

Variable Name:	USAGE

Variable Label: Proportion of max time equipment used

Definition: The proportion of the time equipment is used by practice staff.

Type: Numeric

Allowed Values: 0.70.

Links to Other Files: Not a linking variable.

Comments: For service-specific equipment, it was assumed that the equipment is used for 70% of the total time that it is available for use (i.e., there is 30% down-time). For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Auxiliary File:
SFRVPT

Variable Name:	WKSYR

Variable Label: Weeks per year office is assumed open

Definition: The number of weeks per year that the office is in operation.

Type: Numeric

Allowed Values: 50.

Links to Other Files: Not a linking variable.

Comments: This is one of the parameters used in the calculation of capital costs. For further details regarding this variable and the capital equipment allocation methodology, refer to the *CPEP Direct Cost Estimation Report*.

Auxiliary File:
SERVDT

SERVPT
CPEP Data Entry Log Extract

This file is a log of the data entry options used during the second round CPEP meetings.

For the second round of CPEP meetings, Abt developed a PC-based data entry tool to enable the CPEP recorders to perform real-time entry of CPEP estimates developed during the meetings. The tool facilitated fast, accurate data entry of information that would be needed to later develop the final time estimates for the 6,000+ HCPCS/CPT-4 codes profiled during the panel meetings. Data collected by the data entry tool were used in a series of processing steps which culminated in the production of the detailed labor estimates contained in the Labor Detail (LABDET) file. A small subset of items from the entry file were also extracted and copied to the CPEP Data Entry Log Extract file, which contains a record of the type of data entry option chosen for each code profiled.

A key functionality of the PC-based tool allowed the CPEP recorder to choose the most efficient way to record information which would support the production of estimates for a given HCPCS/CPT-4 code. Recorders had three choices: (1) enter the actual estimates; (2) copy estimates from other services that the CPEP had already profiled; and (3) indicate adjustments to be made on another service that would yield the intended estimates for the service in question.

These choices, and how they appear in the CPEP Data Entry Log Extract file are summarized as follows. For each combination of HCPCS code-CPEP-site-function (PROCCODE-CPEP-SITE-TIMECAT-CLINADM), one or both of two possible record types will appear:

1. A record with "DELTA" in the SERVREF field, which indicates that an absolute time estimate was used, or that changes were made to specific staff time estimates from another service.

2. The SERVREF variable contains a HCPCS/CPT-4 code. This code indicates the service from which the time estimate was copied directly. The time estimates copied in this way may or may not have been modified from their copied values.

It is not possible to interpret a relationship between the method chosen to data enter the time estimates and the reasoning process used by the CPEPs. As a result, no conclusions about the underlying logic used by the CPEPs should be drawn from the data contained in the SERVPT file. The file contains information reflecting the method of data entry chosen; it does not convey any information about why a particular set of values were copied or why particular HCPCS/CPT-4 codes were chosen to serve as the basis for adjustments. In some cases, the codes indicated in the SERVREF variable may reflect a reference made to another service due to its clinical and resource-requirements similarity; in other cases the use of the time estimates may only reflect a convenient starting point to quickly enter the estimates. Since it is not possible to distinguish these cases, no conclusions about the underlying logic used to develop the time estimates can or should be drawn from the SERVPT file.

SERVPT
CPEP Data Entry Log Extract

File Name	No. of Records	CPEP
SERVPT.T01	2,876	1
SERVPT.T02	2,325	2
SERVPT.T03	9,691	3
SERVPT.T04	1,116	4
SERVPT.T05	2,066	5
SERVPT.T06	2,144	6
SERVPT.T07	607	7
SERVPT.T08	3,838	8
SERVPT.T09	4,084	9
SERVPT.T10	858	10
SERVPT.T11	500	11
SERVPT.T12	3,365	12
SERVPT.T13	762	13
SERVPT.T14	1,153	14
SERVPT.T15	2,853	15

```
Record Length:        24
No. of Variables:     6

Sort Order:        PROCCODE CLINADM SITE TIMECAT SERVREF

File Format:       Standard ASCII file with carriage return and line
                     feed at the end of each record.
```

Record Layout

Name	Description	Type	Position	Length
CLINADM	Record is CLIN or ADMIN estimate	Character	1	5
CPEP	CPEP providing estimate	Character	6	3
PROCCODE	HCPCS (procedure) code	Character	9	5
SERVREF	Service referenced by CPEP	Character	14	5
SITE	In-office(IN) vs. out-office(OUT)	Character	19	3
TIMECAT	Labor time category(e.g., G2x)	Character	22	3

When reading this data file, note that the first 12 lines contain copyright information rather than data records. The first data record occurs at the 13th line in the files. The record count listed above indicates the number of actual data records in the file, not the total number of text rows. If a numeric variable has decimal values, the decimal point has been entered explicitly in the ASCII file. There are no implicit decimal points.

Variable Name:	**CLINADM**

Variable Label: Record is CLIN or ADMIN estimate

Definition: This identifies the record as referring either to clinical staff time (CLIN) or administrative staff time (ADMIN).

Type: Character

Allowed Values: ADMIN, CLIN.

Links to Other Files: Not a linking variable .

Comments: None.

Variable Name:	**CPEP**

Variable Label: CPEP providing estimate

Definition: The Clinical Practice Expert Panel (abbreviated CPEP) that provided the estimates for the associated service.

Type: Character

Allowed Values:

C 1	=	Integumentary & Physical Medicine
C 2	=	Urology
C 3	=	Orthopaedic Surgery
C 4	=	OB/GYN
C 5	=	Ophthalmology
C 6	=	Radiology
C 7	=	Evaluation & Management
C 8	=	General Surgery
C 9	=	Otolaryngology
C10	=	Miscellaneous Internal Medicine
C11	=	Gastroenterology
C12	=	Cardiothoracic and Vascular Surgery
C13	=	Cardiology
C14	=	Anesthesiology/Pathology
C15	=	Neurosurgery

Link to Other Files: Not a linking variable.

Comments: This variable indicates the CPEP which provided the labor time estimate contained in each SERVPT record. Any single SERVPT file will contain data from only one CPEP. Many services were profiled by more than one CPEP, making it important to consider the CPEP variable in any analysis of the SERVPT files, see Chapter 2.0 of the *CPEP Direct Cost Estimation Report*.

The internal blank in "C 1" through "C 9" preserves the numeric order for the 15 allowed values.

Variable Name:	PROCCODE

Variable Label: HCPCS (service) code

Definition: The HCFA Common Procedure Coding System (HCPCS) code (levels I and II) for the specified service.

Type: Character

Allowed Values: HCPCS codes (numeric and alphanumeric) within the project scope.

Link to Other Files: Not a linking variable.

Comments: For a description of the HCPCS codes included as part of the project scope, see the *CPEP Direct Cost Estimation Report*.

Variable Name:	**SERVREF**

Variable Label: Service referenced by CPEP

Definition: For the PROCCODE-CPEP-SITE-TIMECAT-CLINADM combination defined by a particular record in the file, this variable indicates a HCPCS code that was referenced (specifically, the same CPEP-SITE-TIMECAT-CLINADM portion of that code) in the development of the labor time profile.

Type: Character

Allowed Values: HCPCS codes (CPT-4 numeric and alphanumeric) within the project scope.

A value of "DELTA" indicates an incremental change from the existing value in a particular SITE and TIMECAT for the current PROCCODE.

Links to Other Files: Not a linking variable.

Comments: This file is a record of the data entry process used during the second round CPEP meetings. For any one PROCCODE-CPEP-SITE-TIMECAT-CLINADM combination, there may exist multiple records in the file, the combined effect of which will produce the time estimate. *The particular values of this variable indicate only the HCPCS code from which a time estimate was copied, it does not convey any information about why the value was copied.* In some cases, the value of this variable may reflect a reference made to another service due to its clinical and resource-requirements similarity; in other cases in which panels were profiling services "from scratch," the use of the time estimates may only reflect a convenient starting point for the estimates. *As a result, no conclusions about the basis of time estimates can or should be drawn from this variable.*

When a "DELTA" record exists in addition to another record with a HCPCS value for this variable for the same PROCCODE-CPEP-SITE-TIMECAT-CLINADM combination, the profile was developed by adding or subtracting time from the profile for the HCPCS code in the non-DELTA record. When a "DELTA" record exists by itself for a particular PROCCODE-CPEP-SITE-TIMECAT-CLINADM combination, it indicates that the estimate was incremental from zero, i.e., set at an absolute level without addition or subtraction from another estimate.

Variable Name:	SITE

Variable Label: In-office (IN) vs. out-office (OUT)

Definition: This identifies whether the service that is being referenced was profiled in-office (IN) or out-of-office (OUT).

Type: Character

Allowed Values: IN, OUT

Links to Other Files: Not a linking variable .

Comments: None.

Variable Name:	TIMECAT

Variable Label: Labor time category (e.g., G2X)

Definition: This identifies the labor time category for which the reference service was used.

Type: Character

Allowed Values: G0, G1, G1x, G2, G2x.

Links to Other Files: Not a linking variable.

Comments: See documentation of the LABDET file for definitions of the labor time categories.