

Provider Data Catalog: Doctors and Clinicians Data Dictionary Performance Year 2022

This data dictionary describes the eight Doctors and Clinicians downloadable data files available in the Provider Data Catalog (PDC) for performance year (PY) 2022 of the Quality Payment Program. The data files include:

- Demographic data describing individual doctors and clinicians (one file);
- Facility affiliations data (one file);
- Utilization data reporting volume information for procedures of interest (one file);
- Clinician, group, and virtual group Merit-based Incentive Payment System (MIPS) performance information (four files); and
- Clinician overall MIPS Final Score and performance category score information (one file).

Table of Contents

[National Downloadable File](#) (*DAC_NationalDownloadableFile.csv*)

The Doctors and Clinicians national downloadable file is organized such that each line is unique at the clinician/enrollment record/group/address level. Clinicians with multiple Medicare enrollment records and/or single enrollments linking to multiple practice locations are listed on multiple lines.

[Facility Affiliation Data](#) (*Facility_Affiliation.csv*)

This is the facility affiliations data publicly reported in the Provider Data Catalog.

[Utilization Data](#) (*Utilization.csv*)

The Doctors and Clinicians utilization data file reports procedure volume information on clinician profile pages and in the provider data catalog (PDC) to inform patients and caregivers about clinicians' experience.

[PY 2022 Clinician Public Reporting: MIPS Measures and Attestations](#) (*ec_public_reporting.csv*)

This file contains performance information for Merit-Based Incentive Payment System (MIPS) Quality, Promoting Interoperability, and Improvement Activities performance information submitted by clinicians.

[PY 2022 Clinician Public Reporting: Overall MIPS Performance](#) (*ec_score_file.csv*)

This file contains Merit-Based Incentive Payment System (MIPS) Final Scores and performance category scores for clinicians. For further details on 2022 MIPS scoring, refer to the [2022 Traditional MIPS Scoring Guide](#).

[PY 2022 Group Public Reporting: MIPS Measures and Attestations](#) (*grp_public_reporting.csv*)

This file contains performance information for Merit-Based Incentive Payment System (MIPS) Quality, Promoting Interoperability, and Improvement Activities performance information submitted by groups.

[PY 2022 Group Public Reporting: Patient Experience](#) (*grp_public_reporting_cahps.csv*)

This file contains performance information for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS measures submitted by groups.

[PY 2022 Virtual Group Public Reporting: MIPS Measures and Attestations](#) (*vg_public_reporting.csv*)

This file contains performance information for Merit-Based Incentive Payment System (MIPS) Quality, Promoting Interoperability, and Improvement Activities performance information submitted by virtual groups.

[Additional Information](#)

This page provides reasons why the downloadable files may not exactly match the information as displayed on Medicare Care Compare profile pages.

[Appendix](#)

This page provides details on the procedures published in the Utilization Data file.

Doctors and Clinicians National Downloadable File

The Doctors and Clinicians national downloadable file is organized at the individual clinician level; each line is unique at the clinician-enrollment record-group-address (NPI-Ind_enrl_ID-Org_PAC_ID-adrs_id) level. Clinicians with multiple Medicare enrollment records and/or single enrollments linking to multiple practice locations are listed on multiple lines.

Table 1. National Downloadable File Variables

Variable Name	Variable Label	Description	Length	Values
Professional Identification				
NPI	NPI	Unique clinician ID assigned by NPPES	10	string
Ind_PAC_ID	PAC ID	Unique individual clinician ID assigned by PECOS	10	string
Ind_enrl_ID	Clinician Enrollment ID	Unique ID for the clinician enrollment that is the source for the data in the observation	15	string
Provider Last Name	Provider Last Name	Individual clinician last name	35	string
Provider First Name	Provider First Name	Individual clinician first name	25	string
Provider Middle Name	Provider Middle Name	Individual clinician middle name	25	string
suff	Suffix	Individual clinician suffix	10	string
gndr	Gender	Individual clinician gender	1	M/F/U
Medical Credentials				
Cred	Credential	Medical credential such as MD, DO, DPM, etc.	3	string
Med_sch	Medical school name	Individual clinician's medical school	100	string
Grd_yr	Graduation year	Individual clinician's medical school graduation year	4	numeric
Pri_spec	Primary specialty	Primary medical specialty reported by the individual clinician in the selected enrollment	60	string
Sec_spec_1	Secondary specialty 1	First secondary medical specialty reported by the individual clinician in the selected enrollment	60	string
Sec_spec_2	Secondary specialty 2	Second secondary medical specialty reported by the individual clinician in the selected enrollment	60	string

Variable Name	Variable Label	Description	Length	Values
Sec_spec_3	Secondary specialty 3	Third secondary medical specialty reported by the individual clinician in the selected enrollment	60	string
Sec_spec_4	Secondary specialty 4	Fourth secondary medical specialty reported by the individual clinician in the selected enrollment	60	string
Sec_spec_all	All secondary specialties	All secondary medical specialty reported by the individual clinician in the selected enrollment	200	string
Medical Practice				
TeleHth	Telehealth	Indicator for whether clinician offers telehealth services over video and/or audio Y = Medicare fee-for-service claims indicate that clinician offers telehealth services	1	Y
Facility Name	Facility Name	Legal organization name of the group practice that the individual clinician works with – will be blank if the address is not linked to a group	70	string
Org_PAC_ID	Group PAC ID	Unique group ID assigned by PECOS to the group that the individual clinician works with – will be blank if the address is not linked to a group	10	string
num_org_mem	Number of group members	Total number of individual clinicians affiliated with the group based on Group Practice PAC ID	8	numeric
adr_In_1	Line 1 Street Address	Group or individual's line 1 address	55	string
adr_In_2	Line 2 Street Address	Group or individual's line 2 address	55	string
In_2_sprs	Marker of address line 2 suppression	Marker that the address as reported may be incomplete	1	Y
City/Town	City/Town	Group or individual's city	30	string
State	State	Group or individual's state	2	string
ZIP Code	ZIP Code	Group or individual's ZIP code (9 digits when available)	15	string
Telephone Number	Telephone Number	Phone number is listed only when there is a single phone number available for the address	20	string
Medicare Assignment				

Variable Name	Variable Label	Description	Length	Values
ind_assgn	Clinician accepts Medicare Assignment	Indicator for whether clinician accepts Medicare approved amount as payment in full Y = Clinician accepts Medicare approved amount as payment in full M = Clinician may accept Medicare Assignment	1	Y/M
grp_assgn	Group accepts Medicare Assignment	Indicator for whether group accepts Medicare approved amount as payment in full Y = Group accepts Medicare approved amount as payment in full M = Group may accept Medicare Assignment	1	Y/M
Reference				
adrs_id	Address ID	Unique identifier for the practice location; offices within the same building, but varied by suite or floor, will have the same Address ID aside from the final two characters	25	string

Doctors and Clinicians Facility Affiliations

This is the facility affiliations data publicly reported in the Provider Data Catalog.

Table 2. Facility Affiliations File Variables

Variable Name	Variable Label	Description	Length	Values
NPI	NPI	Unique clinician ID assigned by NPPES	10	string
Ind_PAC_ID	PAC ID	Unique individual clinician ID assigned by PECOS	10	string
Provider Last Name	Provider Last Name	Individual clinician last name	35	string
Provider First Name	Provider First Name	Individual clinician first name	25	string
Provider Middle Name	Provider Middle Name	Individual clinician middle name	25	string
suff	Suffix	Individual clinician suffix	10	string
facility_type	Facility Type	Facilities can fall into the following type categories: Hospitals Long-term Care Hospital Nursing Home Inpatient Rehabilitation Facility Home Health Agency Hospice Dialysis Facility	40	string
Facility Affiliations Certification Number	Facility Affiliations Certification Number	Medicare CCN of facility type or unit within hospital where an individual clinician provides service	6	string
Facility Type Certification Number	Facility Type Certification Number	The Medicare CCN of the primary hospital where individual clinician provides service, should the clinician provide services in a unit within the hospital	6	string

Doctors and Clinicians Utilization Data

The Doctors and Clinicians utilization data file reports procedure volume information on clinician profile pages for physician and in PDC for physicians and other clinicians to inform patients and caregivers about clinicians' experience. To identify procedures performed, the DAC team currently uses Physician and Ancillary service (i.e., carrier) fee-for-service Medicare claims and Medicare Advantage (MA) encounters. The team enumerates procedures using a one-year observation window, with a lookback beginning three months prior to the present day. The three-month lag from the present day to the start of the observation window allows for claims submission and processing. One procedure is tallied based on a unique occurrence of a performing clinician, patient, date of service, and procedure from a given category.

Claim lines with modifiers indicating that a clinician performed a very limited role in a procedure are excluded. The team applied exclusions based on an expanded set of modifier codes suggesting the clinician's role was supporting the physicians performing the procedure. Specifically, procedures excluded from counts if the following modifier codes were present on the claim line:

- 55 - Postoperative Management Only
- 56 - Preoperative Management Only
- 57 - Decision for Surgery
- AS - Non-physician provider assisting at surgery, such as a Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist
- 81 - Physician provider assisting at surgery

Procedures also excluded from non-physician clinicians' counts the following modifiers were present on the claim line:

- 62 - Two Surgeons
- 66 - Surgical Team
- GC - Service has been performed in part by a resident under the direction of a teaching physician

Table 3. Utilization Data File Variables

Variable Name	Variable Label	Description	Length	Values
NPI	NPI	Unique clinician ID assigned by NPPES	10	string
Ind_PAC_ID	PAC ID	Unique individual clinician ID assigned by PECOS	10	string
Provider Last Name	Provider Last Name	Individual clinician last name	35	string
Provider First Name	Provider First Name	Individual clinician first name	25	string
Provider Middle Name	Provider Middle Name	Individual clinician middle name	25	string
suff	Suffix	Individual clinician suffix	10	string
Procedure_Category	Procedure_Category	Procedure category name ¹	150	string
Count	Count	Number of times procedure has been performed ²	4	string
Percentile	Percentile	Percentile where procedure count falls in in the volume distribution among clinicians who submitted fee-for-service Medicare claims or had Medicare Advantage (MA) encounters for procedures in the category	3	numeric
Profile_Display_Indicator	Profile_Display_Indicator	Indicator for whether procedure volume is available for profile display Y: procedure volume data should display on clinician profile N: procedure volume data should not display on clinician profile	1	Y/N

¹ CCSQ approved initial public reporting of procedure volume data for 12 procedure categories on Care Compare, additional details in [Appendix](#).

² If procedure count is below 11, we have indicated that count as “1-10” due to ‘small cell size’ policy.

Doctors and Clinicians Quality Payment Program PY 2022 Clinician Public Reporting: MIPS Measures and Attestations

PY 2022 Merit-based Incentive Payment System (MIPS) performance information submitted by clinicians

Each line is unique at the clinician-measure (NPI-measure_cd) level. Performance information is listed in the downloadable file using technical titles. To make information more understandable to users, Care Compare profile pages use plain language. A crosswalk showing both technical titles and plain language titles and descriptions can be found on the [Doctors and Clinicians Initiative page](#). More clinician performance information is reported in the Provider Data Catalog (PDC) than on the Care Compare profile pages (refer to [Additional Information](#)).

Table 4. Quality Payment Program PY 2022 Clinician Public Reporting: MIPS Measures and Attestations File Variables

Variable Name	Variable Label	Description	Length	Values
NPI	NPI	Unique clinician ID assigned by NPPES	10	string
Ind_PAC_ID	PAC ID	Unique individual clinician ID assigned by PECOS	10	string
Provider Last Name	Provider Last Name	Individual clinician last name	35	string
Provider First Name	Provider First Name	Individual clinician first name	25	string
APM_affl_1	APM Affiliation 1	Name of or abbreviation for the Alternative Payment Model (APM) in which the individual eligible clinician participates	6	string
APM_affl_2	APM Affiliation 2	Name of the Alternative Payment Model (APM) in which the individual eligible clinician participates	6	string
APM_affl_3	APM Affiliation 3	Name of the Alternative Payment Model (APM) in which the individual eligible clinician participates	6	string
APM_affl_4	APM Affiliation 4	Name of the Alternative Payment Model (APM) in which the individual eligible clinician participates	6	string

Variable Name	Variable Label	Description	Length	Values
measure_cd	Measure Code	Components of measure code: [program]_[reporting entity]_[measure number]_[stratum] where program is defined as MIPS, QCDR, PI, or IA; reporting entity is indicated as EC for individual eligible clinician; measure number denotes the measure number or string identifier; and stratum indicates whether it is an overall rate or a single stratum	50	string
measure_title	Measure or Attestation Title	Measure or attestation title	481	string
invs_msr	Inverse Measure	Indicator for whether a measure is an inverse measure	1	Y/N
attestation_value	Attestation Value	Attestation value	1	Y/N
prf_rate	Measure Performance Rate	Measure performance rate	8	numeric
patient_count	Denominator Count	Number of patients included in the measure denominator	8	numeric
star_value	Star Value	Star rating, assigned based on performance at the measure, stratum, collection type, and entity type level	8	numeric
five_star_benchmark	Five Star Benchmark	The established ABC™ benchmark used to assign a five-star rating for a given measure and collection type	8	numeric
collection_type	Collection Type	Collection types are defined as ATT for Web Attestation, CLM for Claims, EHR for Electronic Health Record, QCDR for Qualified Clinical Data Registry, and REG for Qualified Registry Note: Collection type is not published for PI and IA attestations	20	string

Variable Name	Variable Label	Description	Length	Values
CCXP_ind	Reported on DAC profiles	Indicator for whether the measure/attestation is reported on Care Compare profile pages (i.e., measures with an N value are only available in the PDC)	1	Y/N

Doctors and Clinicians Quality Payment Program PY 2022 Clinician Public Reporting: Overall MIPS Performance

PY 2022 Merit-based Incentive Payment System (MIPS) Overall Clinician Performance

Each line is unique at the clinician-group (NPI-Org_PAC_ID) level. Final scores and performance category scores (Quality, Promoting Interoperability, Improvement Activities, and Cost) are publicly reported for clinicians participating in the Merit-based Incentive Payment System (MIPS). More information regarding scoring can be found on the [Traditional MIPS Scoring Guide for the 2022 Performance Year](#).

Individual clinician MIPS Final Scores and performance category scores are listed in the Provider Data Catalog as required by law. Final Scores and performance category scores are not currently reported on Care Compare profile pages.

Table 5. Quality Payment Program PY 2022 Clinician Public Reporting: Overall MIPS Performance File Variables

Variable Name	Variable Label	Description	Length	Values
NPI	NPI	Unique clinician ID assigned by NPPES	10	string
Org_PAC_ID	Organization PAC ID	Unique group ID assigned by PECOS to the group this individual participated in	10	string
Provider Last Name	Provider Last Name	Individual clinician last name	35	string
Provider First Name	Provider First Name	Individual clinician first name	25	string
source	Source of scores	Method by which the clinician achieved scores (“individual”, “group”, “virtual group”, or “apm”); if the source is “apm”, this indicates that the MIPS APM scoring standard was applied for this set of scores	20	string
Facility-based scoring Certification Number	Facility-based scoring Certification Number	If facility-based, the Medicare Certification Number of the facility through which the clinician’s quality and cost categories were scored under the Hospital Value-Based Purchasing program ³	6	string

³ For PY2022, there are no clinicians who are facility-based because the Total Performance Score in the Hospital Value-Based Purchasing program was not calculated or used in scoring.

Variable Name	Variable Label	Description	Length	Values
Facility Name	Facility-based scoring name	If facility-based, the name of the facility, as it appears on Care Compare, through which the clinician's quality and cost categories ³ were scored under the Hospital Value-Based Purchasing program	100	string
Quality_category_score	Quality category score	Quality performance category score*	8	numeric
PI_category_score	PI category score	Promoting Interoperability (PI) performance category score*	8	numeric
IA_category_score	IA category score	Improvement Activities (IA) performance category score*	8	numeric
Cost_category_score	Cost category score	Cost performance category score*	8	numeric
final_MIPS_score_without_CPB	MIPS Final Score without CPB	MIPS Final Score without the Complex Patient Bonus (CPB). The CPB is part of the MIPS final score based on the overall medical complexity and social risk for one's patients treated	8	numeric
final_MIPS_score	MIPS Final Score	MIPS Final Score	8	numeric

*Note: A blank value indicates that the clinician's score for this performance category was weighted to 0 such that it did not contribute to their MIPS Final Score.

Doctors and Clinicians Quality Payment Program PY 2022 Group Public Reporting: MIPS Measures and Attestations

PY 2022 Merit-based Incentive Payment System (MIPS) performance information submitted by groups

Each line is unique at the group-measure (org_PAC_ID-measure_cd) level. Performance information is listed in the downloadable file using technical titles. To make information more understandable to users, Care Compare profile pages use plain language. A crosswalk showing both technical titles and plain measure titles and descriptions can be found on the [Doctors and Clinicians Initiative page](#). More group performance information is reported in the PDC than on the Care Compare profile pages (refer to [Additional Information](#)).

Table 6. Quality Payment Program PY 2022 Group Public Reporting: MIPS Measures and Attestations File Variables

Variable Name	Variable Label	Description	Length	Values
Facility Name	Facility Name	Name of the group affiliation, as it appears on Care Compare: Doctors and Clinicians	75	string
org_PAC_ID	Group PAC ID	Unique group ID assigned by PECOS to the group	10	string
ACO_ID_1	ACO ID 1	ID used on Care Compare for the Accountable Care Organization (ACO) with whom the group is affiliated	5	string
ACO_nm_1	ACO Name 1	Name of the Accountable Care Organization (ACO), as it appears on Care Compare	256	string
ACO_ID_2	ACO ID 2	ID used on Care Compare for the Accountable Care Organization (ACO) with whom the group is affiliated	5	string
ACO_nm_2	ACO Name 2	Name of the Accountable Care Organization (ACO), as it appears on Care Compare	256	string

Variable Name	Variable Label	Description	Length	Values
measure_cd	Measure Code	Components of measure code: [program]_[reporting entity]_[measure number]_[stratum] where program is defined as MIPS, QCDR, PI, or IA; reporting entity is indicated as GRP for group; measure number denotes the measure number or string identifier; and stratum indicates whether it is an overall rate or a single stratum	50	String
measure_title	Measure or Attestation Title	Measure or attestation title	481	string
invs_msr	Inverse Measure	Indicator for whether a measure is an inverse measure	1	Y/N
attestation_value	Attestation Value	Attestation value	1	Y/N
prf_rate	Measure Performance Rate	Measure performance rate	8	numeric
patient_count	Denominator count	Number of patients included in the measure denominator	8	numeric
star_value	Star Value	Star rating, assigned based on performance at the measure, stratum, collection type, and entity type level	8	numeric
five_star_benchmark	Five Star Benchmark	The established ABC™ benchmark used to assign a five-star rating for a given measure and collection type	8	numeric
collection_type	Collection Type	Collection types are defined as ATT for Web Attestation, CLM for claims, EHR for Electronic Health Record, QCDR for Qualified Clinical Data Registry, REG for Qualified Registry, and WI for CMS Web Interface Note: Collection type is not published for Promoting Interoperability and Improvement Activities attestations	20	string

Variable Name	Variable Label	Description	Length	Values
CCXP_ind	Reported on DAC profiles	Indicator for whether the measure is reported on Care Compare profile pages (i.e., measures with an N value are only available in the PDC)	1	Y/N

Doctors and Clinicians Quality Payment Program PY 2022 Group Public Reporting: Patient Experience

PY 2022 Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS measures submitted by groups

Each line is unique at the group-measure (org_PAC_ID-measure_cd) level. Measures are listed in the downloadable file using technical titles. To make measures more understandable to users, measures on Care Compare profile pages are displayed in plain language. A crosswalk showing both technical measure titles and plain language measure titles and descriptions can be found on the [Doctors and Clinicians Initiative page](#). For PY 2022, CAHPS_GRP_4 is reported in the PDC only. More group performance information is reported in the PDC than on the Care Compare profile pages (refer to [Additional Information](#)).

Table 7. Quality Payment Program PY 2022 Group Public Reporting: Patient Experience File Variables

Variable Name	Variable Label	Description	Length	Values
Facility Name	Facility Name	Name of the group affiliation, as it appears on Care Compare: Doctors and Clinicians profile pages	75	string
org_PAC_ID	Group PAC ID	Unique group ID assigned by PECOS to the group	10	string
measure_cd	Measure Code	Components of measure code: [program]_[reporting entity]_[measure number] where program is defined as CAHPS; reporting entity is indicated as GRP for group; and measure number denotes the CAHPS measure number	50	string
measure_title	Measure Title	CAHPS measure title	481	string
prf_rate	Measure Performance Rate	Measure performance rate	8	numeric
patient_count	Denominator count	Number of patients included in the measure denominator	8	numeric
FN	Footnote	Footnote value 1 indicates that data are suppressed due to insufficient sample size or low reliability	8	1

Doctors and Clinicians Quality Payment Program PY 2022 Virtual Group Public Reporting: MIPS Measures and Attestations

PY 2022 Merit-based Incentive Payment System (MIPS) performance information reported by virtual groups

Each line is unique at the virtual group-measure (virtual_group_id-measure_cd) level. Performance information is listed in the downloadable file using technical titles. Virtual group performance information is only reported in the Provider Data Catalog (PDC) and has no corresponding information displayed on Care Compare profile pages.

Table 8. Quality Payment Program PY 2022 Virtual Group Public Reporting: MIPS Measures and Attestations File Variables

Variable Name	Variable Label	Description	Length	Values
virtual_group_id	Virtual Group ID	Unique ID assigned to the virtual group	15	string
measure_cd	Measure Code	Components of measure code: [program]_[reporting entity]_[measure number]_[stratum] where program is defined as MIPS, PI, or IA; reporting entity is indicated as VG for virtual group; measure number denotes the measure number or string identifier; and stratum indicates whether it is an overall rate or a single stratum	50	string
measure_title	Measure or Attestation Title	Measure or attestation title	481	string
invs_msr	Inverse Measure	Indicator for whether a measure is an inverse measure	1	Y/N
attestation_value	Attestation Value	Attestation value	50	Y/N
prf_rate	Measure Performance Rate	Measure performance rate	8	numeric
patient_count	Denominator Count	Number of patients included in the measure denominator	8	numeric

Variable Name	Variable Label	Description	Length	Values
collection_type	Collection Type	<p>Collection types are defined as ATT for Web Attestation, CLM for Claims, EHR for Electronic Health Record, REG for Qualified Registry, and WI for CMS Web Interface</p> <p>Note: Collection type is not published for Promoting Interoperability and Improvement Activities attestations</p>	20	string

Additional Information

Information in the Provider Data Catalog may not exactly match the information as displayed on Care Compare profile pages for the following reasons:

- Clinician profiles represent all clinician-level details, while the downloadable file observations are at the clinician/enrollment/address level. If a clinician has more than one enrollment, more than one address per enrollment, and/or more than one group affiliation, the individual clinician will have multiple entries in the downloadable file.
 - This means that a single clinician may have different specialties and different credentials from each enrollment.
- The downloadable physician demographic database focuses on clinicians and their practice locations. There is no group level reporting in the downloadable demographic file.
 - To evaluate demographic data at the group level, users can adjust this file to categorize by group affiliation.
- Clinician IDs (including the NPI, PECOS PAC ID, and PECOS enrollment ID) and group or hospital IDs (including PECOS PAC ID and Medicare Certification Number) are included in the downloadable file to help distinguish clinicians and groups or hospitals with similar names. These IDs also help identify individual clinicians who are affiliated with a group or hospital.
- The marker of line 2 suppression means that there were multiple possible addresses for that clinician in the same building. If users need to find a mailing address for any entries with this flag, users may want to search for additional information like a suite number.
- Only Medicare data (PECOS and claims) are used in the downloadable file. All licensed data are excluded from this demographic dataset.
 - There is no board certification information.
 - There is no residency data.
- There is more performance information represented in the downloadable files in the PDC than on the Care Compare profile pages. CMS decides which performance information to publicly report for doctors and clinicians on Care Compare based on the published public reporting standards. To be included in the PDC, performance information must be statistically valid, reliable, and accurate; be comparable across collection types; and meet the minimum reliability threshold, as determined by statistical testing. To be included on Care Compare profile pages, performance information must also resonate with Medicare patients and caregivers, as determined by user testing.
- There will be clinicians in the Overall MIPS Performance file that do not have Care Compare profile pages or the National Downloadable File because they were assigned Final Scores and performance category scores but did not meet the requirements to be eligible for a profile or the National Downloadable File.

Appendix

As described in the 2023 Physician Fee Schedule (PFS) final rule, procedure categories are defined by Restructured Berenson-Eggers Type of Service (BETOS), and when no Restructured BETOS Classification System (RBCS) categories are available for a procedure type of interest, we reference procedure codes used to define procedure categories specified in Merit-based Incentive Payment System (MIPS) cost or quality measures.⁴ Table 1 provides the plain language procedure category name and the source for the codes used to define the procedure category.

Table 9. Public Reporting Procedure Categories and Their Definitions

Plain Language Procedure Category Name	RBCS Family Description	HCPC Codes	Code Source
Hip replacement	Arthroplasty – Hip	27120, 27122, 27125, 27130, 27132, 27134, 27137, 27138	Restructured BETOS
Knee replacement	Arthroplasty - Knee	27437 - 27438, 27440 - 27443, 27445 - 27447, 27486 - 27487, 0396T	Restructured BETOS

⁴ 87 FR 70111 through 70113.

Plain Language Procedure Category Name	RBCS Family Description	HCPC Codes	Code Source
Laminectomy or laminotomy (partial removal of spine bones)	Laminotomy or Laminectomy – Lumbar	62380, 63001, 63003, 63005, 63011 - 63012, 63015 - 63017, 63020, 63030, 63035, 63040, 63042 - 63048, 63052 - 63053, 63081 - 63082, 63085 - 63088, 63090 - 63091, 63101 - 63103, 63170, 63180, 63182, 63185, 63190 - 63191, 63194 - 63200, 63250 - 63252, 63265 - 63268, 63270 - 63273, C9757	Restructured BETOS
Spinal fusion	Arthrodesis - Spine	20930 - 20931, 20936 - 20939, 22319, 22532 - 22534, 22548, 22551 - 22552, 22554, 22556, 22558, 22585 - 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632 - 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22840 - 22850, 22852 - 22859, 22861 - 22862, 22864 - 22865, 22867 - 22870, 22899, 0098T, 0195T, 0196T, 0309T, 0656T, 0657T, 0719T, C1062	Restructured BETOS
Lower limb (leg) arthroscopy (minimally invasive joint repair)	Arthroscopy - Lower Extremity	29850 - 29851, 29855 - 29856, 29860 - 29863, 29866 - 29868, 29870 - 29871, 29873 - 29877, 29879 - 29889, 29891 - 29895, 29897 - 29899, 29904 - 29907, 29914 - 29916, 29999, G0289	Restructured BETOS

Plain Language Procedure Category Name	RBCS Family Description	HCPC Codes	Code Source
Upper limb (arm) arthroscopy (minimally invasive joint repair)	Arthroscopy - Upper Extremity	29805 - 29807, 29819 - 29828, 29830, 29834 - 29838, 29840, 29843 - 29848, 29900 - 29902, C9781	Restructured BETOS
Cataract surgery	Cataract Surgery	66820, 66821, 66982 - 66989, 66991	Restructured BETOS
Colonoscopy	Lower GI Endoscopy - Other	45300, 45303, 45305, 45307 - 45309, 45315, 45317, 45320 - 45321, 45327, 45330 - 45335, 45337 - 45338, 45340 - 45342, 45346 - 45347, 45349 - 45350, 45378 - 45383, 45386 - 45393, 45398, 0736T, C9779, G0104 - G0105, G0121, G6019 - G6020, G6024 - G6025	Restructured BETOS
Hernia repair – groin (open)	Hernia Repair - Open (inguinal)	49491 - 49492, 49495 - 49496, 49500 - 49501, 49505, 49507, 49520 - 49521, 49525	Restructured BETOS
Hernia repair (minimally invasive)	Hernia Repair - Laparoscopic (any site)	49650 - 49657, 49659	Restructured BETOS

Plain Language Procedure Category Name	RBCS Family Description	HCPC Codes	Code Source
Upper gastrointestinal (GI) endoscopy for acid reflux	Upper GI Endoscopy	43180, 43191 - 43198, 43200 - 43202, 43204 - 43206, 43210 - 43217, 43220, 43226 - 43227, 43229, 43231 - 43233, 43235 - 43255, 43257, 43259 - 43270, 43273 - 43278, 43497, 0397T, 0652T - 0654T, C9768, C9777	Restructured BETOS
Mastectomy	Mastectomy	19294, 19297, 19300 - 19307, 19316, 19318, 19324 - 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19366 - 19371, 19380, 19396, 19499	Restructured BETOS
Coronary angioplasty and stenting	N/A	92920 - 92921, 92928 - 92929, 92933 - 92934, 92937 - 92938, 92943 - 92944, C9600 - C9608	Elective Outpatient Percutaneous Coronary Intervention (PCI) MIPS Cost Measure
Coronary artery bypass graft (CABG)	N/A	33510 - 33514, 33516, 33533 - 33536	Non-Emergent CABG MIPS Cost Measure
Pacemaker insertion or repair	Pacemaker Insertion or Repair	33202 - 33203, 33206 - 33208, 33210, 33211 - 33218, 33220 - 33226, 33230 - 33231, 33240, 33274, 0411T, 0418T, 0451T, 0516T	Restructured BETOS
Prostate resection	Prostate Resection	52450, 52500, 52601, 52630, 52640, 52647 - 52649, 52700, 53854, 55720, 55725, 55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, 55866	Restructured BETOS

Plain Language Procedure Category Name	RBCS Family Description	HCPC Codes	Code Source
Leg revascularization (restoring blood flow)	Lower limb revascularization	35302 - 35305, 35371 - 35372, 35556, 35566, 35570 - 35571, 35583, 35585, 35587, 35656, 35666, 35671, 37224 - 37231	Revascularization for Lower Extremity Chronic Critical Limb Ischemia MIPS Cost Measure
Varicose vein removal	Varicose vein ablation	36465 - 36466, 36468, 36470 - 36471, 36473 - 36476, 36478 - 36479, 36482 - 36483, 0524T	Restructured BETOS
Melanoma (skin cancer) excision	Melanoma resection	11600 - 11604, 11606, 11620 - 11624, 11626, 11640 - 11644, 11646, 14000 - 14001, 14020 - 14021, 14040 - 14041, 14060 - 14061, 14301	Melanoma resection MIPS Cost Measure