Physician Supplier Procedure Summary (PSPS) on IDR File Layout
AS OF: 08/29/2010

	NAME	LENGTH	BEG	END	CONTENTS
1.	HCPCS Code	5	1	5	The Health Care Common Procedure Coding System (HCPCS) is a collection of codes that represent procedures, supplies, products and services which may be provided to Medicare beneficiaries and to individuals enrolled in private health insurance programs. The codes are divided into three levels, or groups as described below: Level I Codes and descriptors copyrighted by the American Medical Association's Current Procedural Terminology, Fourth Edition (CPT-4). These are 5 position numeric codes representing physician and nonphysician services. **** Note: **** CPT-4 codes including both long and short descriptions shall be used in accordance with the CMS/AMA agreement. Any other use violates the AMA copyright. Level II Includes codes and descriptors copyrighted by the American Dental Association's Current Dental Terminology, Third Edition (CDT-3). These are 5 position alpha-numeric codes comprising the D series. All other level II codes and descriptors are approved and maintained jointly by the alpha-numeric editorial panel (consisting of CMS, the Health Insurance Association of America, and the Blue Cross and Blue Shield Association). These are 5 position alpha-numeric codes representing primarily items and nonphysician services that are not

				represented in the level I codes. Level III Codes and descriptors developed by Medicare carriers for use at the local (carrier) level. These are 5 position alpha-numeric codes in the W, X, Y or Z series representing physician and nonphysician services that are not represented in the level I or level II codes.
2.	HCPCS Initial Modifier Code	2	6	7	A first modifier to the HCPCS procedure code to enable a more specific procedure identification for the line item service on the noninstitutional claim.
3.	Provider Specialty Code	2	8	9	CMS specialty code used for pricing the line item service on the noninstitutional claim.
4.	Carrier Number	5	10	14	The identification number assigned by CMS to a carrier authorized to process claims from a physician or supplier.
5.	Pricing Locality Code	2	15	16	Code denoting the carrier-specific locality used for pricing the service for this line item on the carrier claim (non-DMERC). For DMERCs, this field contains the beneficiary SSA State Code
6.	Type of Service Code	1	17	17	Code indicating the type of service, as defined in the CMS Medicare Carrier Manual, for this line item on the non-institutional claim.

7. Place of Service Code

2	18	19	The code indicating the place of service, as defined in the Medicare Carrier Manual, for this line item on the noninstitutional claim.

8. HCPCS Second Modifier Code

2	20	21	A second modifier to the HCPCS procedure code to make it more specific than the first modifier code to identify the line item procedures for this claim.

9. Physician/Supplier Procedure Summary (PSPS) Submitted Service Count

14	22	35	The count of the total number of submitted services. Format: 9999999999.999

10. Physician/Supplier Procedure Summary (PSPS) Submitted Charge Amount

13	36	48	The amount of charges submitted by the provider to Medicare. Format: +999999999.99

11. Physician/Supplier Procedure Summary (PSPS) Allowed Charge Amount

13	49	61	The amount that is approved (allowed) for Medicare. Format: +999999999.99

12. Physician/Supplier Procedure Summary (PSPS) Denied Services Count

14	62	75	The count of the number of submitted services that are denied by Medicare. Format: 9999999999.999

13. Physician/Supplier Procedure Summary (PSPS) Denied Charge Amount
13 76 88

The amount of submitted charges for which Medicare payment was denied.

Format: +999999999.99

14. Physician/Supplier Procedure Summary (PSPS) Assigned Services Count
14 89 102

The count of the number of services from providers accepting Medicare assignment.

Format: 9999999999.999

15. Physician/Supplier Procedure Summary (PSPS) NCH Payment Amount
13 103 115

The amount of payment made from the trust fund (after deductible and coinsurance amounts have been paid).

Format: +999999999.99

16. Physician/Supplier Procedure Summary (PSPS) HCPCS ASC Indicator Code
1 116 116

A Y/N code used to indicate whether the procedure is approved to be performed in an Ambulatory Surgical Center (ASC).

17. Physician Supplier Procedure Summary (PSPS) Error Indicator Code
2 117 118

The code used to indicate combinations of errors on key fields.

18. HCPCS Berenson-Eggers Type of Service Code (BETOS)

3	119	121	

This field is valid beginning with 2003 data.
The Berenson-Eggers Type of Service (BETOS) for the procedure code based on generally agreed upon clinically meaningful groupings of procedures and services.