Readme

APC and CPT cost statistics files for the CY 2023 OPPS Final Rule

APC cost statistics file

Column	Description
APC	A number that identifies the Ambulatory Payment Classification (APC) to which the statistics in the row pertain. An APC number with a terminal "O" identifies an APC whose cost statistics were calculated using an offline process. The offline information was calculated using single/pseudo single bills (including single session and composite APC bills) after application of specific criteria that are discussed in the final rule for the APC or categories of APCs. Offline information was used to set the final OPPS payment amount for the APC, where appropriate.
SI	Status Indicator
Payment Rate	Final Payment rate for an APC
Single Frequency	Total number of single/pseudo single bills (including single session and composite bills) for HCPCS codes that map to the APC from hospitals whose claims were used to set costs after standard trimming.
Total Frequency	Total number of lines on which the HCPCS codes mapping to the APC is reported on all claims with single or multiple procedures from hospitals whose claims were used to set costs.
Minimum Cost	The lowest cost for an APC on a single/pseudo single claim record (including single session and composite bills) after standard trimming.
Maximum Cost	The highest cost for an APC on a single/pseudo single claim record (including single session and composite bills) after standard trimming.
Median Cost	50th percentile of the array of single/pseudo single claim records (including single session and composite bills) by cost after standard trimming.
Geometric Mean Cost	The nth root of the product of all cost values in the array of single/pseudo single claim records (including single session and composite bills) after standard trimming.
CV	Coefficient of variation of the costs for the single/pseudo single claims (including single session and composite bills) in the APC after standard trimming.

CPT cost statistics file

Column	Description
HCPCS Code	HCPCS code for the service. A HCPCS code used to develop offline information typically is identified by an "O" on the end of the APC to which it is assigned. The single/pseudo single bills that were used to calculate the CPT offline costs were included in the set of single/pseudo single bills used to calculate the APC offline costs.
SI	Status Indicator. A "Q3" appears next to HCPCS costs that represent the statistics for the single/pseudo single bills that we included in the standard (not composite) APC cost calculation. The presence of a "Q3" corresponds with single source offline APC cost calculations for all but the single source APCs that we will pay when a claim is not eligible for payment under the multiple imaging composite. A "Q1" indicates codes that are packaged when they appear on the same claim as any procedure with a SI of S, T, or V. A "Q2" indicates codes that are packaged when they appear on the same claim as any procedure with an SI of T. The descriptive statistics for Q1 and Q2 HCPCS are for single and pseudo single bills for these services that we determined would be separately paid under the CY 2023 OPPS.
APC	OPPS APC number to which the HCPCS code is assigned. An APC number with an "O" at the end represents an APC with an offline process.
Payment rate	Final payment rate for a HCPCS code, which is the payment rate for the APC to which the HCPCS code is assigned.
Single Frequency	Total number of lines on which the HCPCS code is reported on single/pseudo single bills from hospitals whose claims were used to set APC costs after standard trimming.
Total Frequency	Total number of lines on which the HCPCS code is reported on claims with both single and multiple procedures from hospitals whose claims were used to set costs.
Minimum Cost	The lowest HCPCS cost on the single/pseudo single claims for the HCPCS after standard trimming.
Maximum Cost	The highest HCPCS cost on a single/pseudo single claims for the HCPCS after standard trimming.
Median Cost	50th percentile of the array of cost for each single/pseudo single bill for the HCPCS after standard trimming
Geometric Mean Cost	The nth root of the product of all values in the array of cost for each single/pseudo single bill for the HCPCS after standard trimming.
CV	Coefficient of variation for single/pseudo single claims for the HCPCS after standard trimming.
Deleted Code Used in APC	Deleted codes used in APC costing are flagged with "YES"