

Utilization (Procedure Volume) Data Published on the Compare Tool on Medicare.gov

Doctors and Clinicians Public Reporting Fact Sheet January 2024

Overview

In January 2024, the Centers for Medicare & Medicaid Services (CMS) began publishing utilization data, specifically procedure volume, for the first time on the Medicare.gov [compare tool's](#) profile pages for doctors and clinicians. The new data expands the information available to Medicare patients and caregivers when choosing doctors or clinicians ([87 FR 70109 – 70111](#) and [88 FR 79395 - 79400](#)).

Section 104(a) of the Medicare Access and CHIP Reauthorization Act of 2015 ([MACRA](#)) mandates that information on items and services provided to Medicare patients by clinicians and other eligible professionals must be made publicly available on an annual basis and in an easily understandable format. Section 104(e) of MACRA requires that CMS integrate this data into the compare tool on Medicare.gov.

Utilization data was first published only in downloadable format in late 2017. This information is a subset of the “Medicare Physician & Other Practitioners – by Provider and Service” dataset and is currently published in the [Provider Data Catalog \(PDC\)](#). While the source of this data is useful to health care researchers and other interested parties who have the expertise to accurately interpret it, the technical nature of the information isn't easily accessible or usable by patients.

A procedure volume data file is now available and includes the procedure volume and category information currently publicly reported on the compare tool on Medicare.gov profile pages for doctors and clinicians. The procedures initially added to profile pages were performed by some doctors and clinicians for Original Medicare and Medicare Advantage patients in the last 12 months. Additional procedures will be added periodically, as feasible.

Procedure volume data on doctor and clinician profile pages

Why report procedure volume data on doctor and clinician profile pages?

Reporting procedure volume data on patient-facing doctor and clinician profile pages provides 2 main benefits. First, Medicare patients and their caregivers are able to identify doctors and clinicians who have performed specific types of procedures for Original Medicare and Medicare Advantage patients. The second benefit is providing categories of procedure volume data in a plain language display that's more usable to patients and their caregivers.

What procedure volume data is included on doctor and clinician profile pages?

CMS will prioritize publishing a subset of procedures based on established criteria. Priority procedures must meet one or more of the following:

- Have evidence of a positive relationship between volume and quality in published peer-reviewed clinical research;
- Be affiliated with existing Merit-based Incentive Payment System (MIPS) measures indicating importance to CMS;
- Represent care that a patient might shop for a doctor or clinician to provide; and/or
- Are a U.S. Department of Health and Human Services (HHS) priority ([87 FR 70109 – 70111](#)).

To publicly report procedure volume data in a meaningful way to Medicare patients and caregivers, Healthcare Common Procedure Coding System (HCPCS) codes billed to Part B non-institutional claims or Medicare Advantage (MA) encounter data have been collapsed into procedure categories using the Restructured Berenson-Eggers Type of Service (R-BETOS) Codes Classification System 2.0. [Restructured BETOS](#) is a taxonomy, updated on an annual basis, that allows for the grouping of procedure codes into clinically meaningful categories and subcategories. For procedures in which no Restructured BETOS categories are available, procedure code categories used in MIPS (such as those defined for MIPS cost or quality measures) may be used instead. In addition to Restructured BETOS and code sources used in MIPS, we may use alternate sources to create clinically meaningful and appropriate procedural categories, particularly when no relevant grouping exists, as finalized in the CY 2024 PFS final rule. We will engage subject matter experts and interested parties through periodic requests for feedback using methods outside of rulemaking, including but not limited to listserv emails, listening sessions, or focus groups to solicit feedback on additional procedure categories planned for future releases of utilization data, as appropriate and technically feasible.

The initial release of [procedure volume data](#) on doctor and clinician profile pages includes 12 procedures (additional procedures will be added periodically, as feasible):

1. Hip replacement
2. Knee replacement
3. Spinal fusion
4. Cataract surgery
5. Colonoscopy
6. Hernia repair – groin (open)
7. Hernia repair (minimally invasive)
8. Mastectomy
9. Coronary artery bypass graft (CABG)
10. Pacemaker insertion or repair
11. Coronary angioplasty and stenting
12. Prostate resection

Learn more [about the data](#) on the [Care Compare: Doctors and Clinicians Initiative page](#).

The procedure volume data shown on doctor and clinician profile pages only reflect Original Medicare and Medicare Advantage claims data. This means that the listed procedures represent care delivered to

[Original Medicare](#) and [Medicare Advantage](#) patients and doesn't include procedures performed for patients who have other health care cost coverage.

The procedures initially added to profile pages were performed by doctors and clinicians for Original Medicare and Medicare Advantage patients in the last 12 months, after allowing a three-month claim processing period (for example, claims for dates of service occurring between June 1, 2022 through June 30, 2023 that were processed by September 30, 2023). CMS will refresh the data on a periodic basis, as technically feasible. For example, procedure volume data will only appear on doctor and clinician profile pages, not on group profile pages, as doctors and clinicians are the ones to whom experience is attributable.

How is the procedure volume data displayed on doctor and clinician profile pages?

Procedure volume data is included in the new "Services" section on doctor and clinician profile pages. Within this section, the information shown in the "Procedures" category provides a count of the number of times the doctor or clinician performed the listed medical procedure(s) in the last 12 months for Original Medicare and Medicare Advantage patients. Each procedure is accompanied by a plain language description and an indication of where the doctor or clinician falls in the volume distribution (e.g., 78th percentile for performing a given procedure), as applicable. The distribution position compares a doctor or clinician to their peers who perform the same procedure, based on the number of procedures performed in the last 12 months for Original Medicare and Medicare Advantage patients. Higher percentiles mean the doctor or clinician performed more procedures compared to other doctors or clinicians who also performed the same procedure. If the doctor or clinician's annual number of procedures is between 1-10, the percentile won't be reported¹.

¹ In accordance with the CMS small cell size suppression policy, counts less than 11 can't be publicly reported to protect patient privacy. <https://www.hhs.gov/guidance/document/cms-cell-suppression-policy>

Figure 1. Example of Procedure Volume Data Reported on a Clinician Profile Page

The screenshot shows a clinician profile page for Kira Clarke. At the top right, there is a close button (X) and a print button. The main heading is "Procedures". Below this, there is explanatory text: "Procedure information shows how often this clinician performed the medical procedure(s) in the last 12 months for patients with Medicare. These are based on the number of times a clinician billed the medical procedure(s) to Original Medicare and Medicare Advantage." A note follows: "Note: This information may not reflect all procedure types, or the total number of procedures performed by this clinician. These aren't the only indicators of quality of care." Another paragraph explains percentiles: "Percentiles compare a clinician to their peers who perform the same procedure based on the number of procedures performed in the last 12 months for patients with Medicare. Higher percentiles mean this clinician performed more procedures compared to other clinicians who also performed this procedure." Below this is a section titled "MEDICARE PROCEDURES PERFORMED IN THE LAST 12 MONTHS" with a sub-note: "This page includes procedures that this clinician performed for patients with Original Medicare and Medicare Advantage in the last 12 months. This clinician may also perform more types of procedures within Medicare and may perform procedures for patients with other types of health insurance, like commercial insurance plans not shown here." Two procedure entries are shown in a list:

Procedure Name	Annual number of procedures	This clinician's percentile
Hernia repair (minimally invasive)	26	95 th
Hernia repair - groin (open)	1-10	

Get in Touch

If you have any questions about public reporting for doctors and clinicians on the compare tool on Medicare.gov, contact the QPP Service Center by email at QPP@cms.hhs.gov, by phone at 1-866-288-8292 (Monday-Friday, 8 a.m. - 8 p.m. ET), or by creating a [QPP Service Center ticket](#).

People who are deaf or hard of hearing can dial 711 to be connected to a TRS Communications Assistant.

To receive updates, [subscribe](#) to the QPP and Care Compare: Doctors and Clinicians listservs.