

## How to Use the Coding Trends

The purpose of this document is to provide users a guide of how to find and read specific trend files.

### Overview

The coding trends are counts of the different codes (diagnosis, procedure, HCPCS, revenue center, and DRG) that are found in the Medicare claims files. For each year, the number of claims and the number of beneficiaries, ages 0 to 99, with each code are counted.

Counts are derived from the Medpar, Part B, and Outpatient files. To improve processing time, the coding trends are created using a 20% sample of the Part B and Outpatient files, and the resulting counts are then multiplied by 5. Counts derived from the Medpar file utilize the full file.

CMS suppression rules have been applied to the coding trends. Any count that is between 1 and 10 has been replaced with a missing value. Codes that are not present in a given year have a count of 0.

### Files

The name of each trend file contains the data source, code type, ages of beneficiaries, start year, and end year used to create that file. It has the form [data source][code type][age][start year][end year].xlsx

#### Data Source

The data source is one of the following claims files:

- ptb – Part B Carrier File
- op – Outpatient File
- medpar – Medpar File

#### Code Type

The second part of the file name denotes the code type that is being counted. This is also the code that is present in the first column of the file.

- dgns\_cd9/10 - Either ICD-9 or ICD-10 diagnosis codes. The number is the code type:w
- prcdr\_cd9/10 - Either ICD-9 or ICD-10 procedure codes. The number is the code type.
- hcpcs\_cd - HCPCS codes
- rev\_cntr - Revenue center codes.
- drg\_cd - DRG codes - discontinued October 1, 2007
- msdrg\_cd - MS-DRG codes - adopted October 1, 2007.

Note: the transition from DRG to MS-DRG codes occurred on October 1, 2007; the transition from ICD-9 to ICD-10 procedure and diagnosis codes occurred October 1, 2015. This has two implications for the trend files. One, counts during these transition years are slightly lower because codes were not used for the full year. Two, discontinued codes are not counted after their final year of use (i.e. no DRG trends after 2007 and no ICD-9 trends after 2015).

#### Ages

The third part of the file name denotes the ages of Medicare beneficiaries used when compiling the coding trends. For example, '0to99' means that ages 0 to 99 were used.

## Years

The final part of the file name is the start and end years for counts found in the trend files. For example, “20042015” indicates that file contains counts for all years from 2004 and 2015 (inclusive).

## Data Dictionary

### Data Fields

- <code\_type>: The type of code.
- Label: Description of code (omitted from HCPCS/CPT files due to AMA copyright)

*The two fields below are only present in the HCPCS, DRG/MS-DRG, and Revenue Center coding trends*

- ncrecsYYYY - The number of records (claims) in year YYYY that have the code type.
- npplYYYY - The number of people in year YYYY that have the code type.

*The fields below are only present in the DGNS (diagnosis) and PRCDR (procedure) coding trends*

- pri\_ncrecsYYYY - The number of records (claims) in year YYYY that have the code type as the primary diagnosis or procedure.
- pri\_npplYYYY - The number of people in year YYYY that have the code type as the primary diagnosis or procedure.
- sec\_ncrecsYYYY - The number of records (claims) in year YYYY that have the code type as the secondary diagnosis or procedure.
- sec\_npplYYYY - The number of people in year YYYY that have the code type as the secondary diagnosis or procedure.