**MHDO Dashboard Reports > Methodology Notes**

*Produced by the Maine Health Data Organization*

August 9, 2019

**Physician Office Utilization Dashboard**

The physician office utilization dashboard displays information on the *Top 15 Most Frequent Procedures and Services* provided by allopathic and osteopathic physicians in private office settings. Allopathic physicians (MD’s) practice the classical form of medicine to diagnose and treat patients, while osteopathic physicians (DO’s) focus on a more holistic approach diagnosing and treating patients.

The data source for this dashboard is the MHDO’s All Payer Claims Data (APCD). For more information about this data source and available datasets, please consult [this page](https://mhdo.maine.gov/claims.htm).

This dashboard displays information for time periods of 12 consecutive months that cover the following time frames:

* For Commercial and Medicaid claims: calendar years 2018, 2017, 2016 and 2015;
* For Medicare claims:
	+ January through September 2018; the fourth quarter (October through December) of calendar year 2018 is unavailable in the report since it had not been released at the time of report production;
	+ calendar years 2017, 2016 and 2015.

Claim records for people of all ages and genders are included in the analysis.

The payer types presented in the report, created based on the payer code submitted on the claim, are as follows: ‘Commercial’, ‘Medicaid’ (or MaineCare) and ‘Medicare’. ‘Commercial’ includes Medicare Advantage claims submitted by commercial payers. ‘Medicare’ combines Medicare Fee-For-Service with Medicare Advantage. The ‘All Payers’ grouping displayed in the Payer Type filter represents a combination of the ‘Commercial’, ‘Medicaid’ and ‘Medicare’ payer types. For calendar year 2018, ‘All Payers’ does not include data for October through December for ‘Medicare’, for the reason described above.

Claim records include separate fields for billing provider information—the entity that submitted the claim for billing purposes, typically an organization or facility—and servicing provider information—typically the physician directly delivering the care service. The servicing provider information was used to identify those providers whose primary taxonomy code classified them as “Allopathic and Osteopathic Physicians.” Servicing providers with a business location address not in the state of Maine were excluded from analysis.

To select professional claims for services and procedures performed within the office setting, only claims with a place of service value of ‘11’ (‘Office’) were included in the report data structure. Medicaid enrollees often receive medical services within Federally Qualified Health Centers (FQHCs); the respective settings (place of service value ‘50’) are beyond the scope of this analysis, given the focus on the private office setting. Beyond FQHCs, when compared to commercial and Medicare claims, a large proportion of the Medicaid professional claims have a place of service value of ‘99’ (‘Other Place of Service’), and at the same time a large share of the typical HCPCS codes used in the office setting had the ‘99’ place of service. Therefore, for Medicaid claims, both ‘11’ and ‘99’ place of service values are included in this analysis.

To establish the universe of services and procedures, only valid HCPCS Level I and Level II codes are included, from the claim line level, with a date of service start matching the time frame selection criteria of the report. Dental procedure and service codes that appear on medical claim records—identified based on their use of American Dental Association Code on Dental Procedures and Nomenclature (CDT) values—are excluded from analysis.

HCPCS codes for visual aids and other optical supplies, hearing devices and audiology supplies, durable medical equipment and other type of supplies, or those used to code performance measurement and Medicare-approved demonstration projects were excluded from the universe. To apply this exclusion criterion, we have used the 2019 Clinical Classifications Software (CCS) for Services and Procedures tool developed as part of the Healthcare Cost and Utilization Project (HCUP) and excluded codes that were assigned a CCS category code of 241, 242 and 243, and those for which there is no CCS code assignment, respectively.

* The **unit** counted for services and procedures in the office setting could be referred to as a “procedure or service instance.” It represents an unduplicated instance of a particular HCPCS code occurring for a particular person on a particular date of service and with a particular servicing provider. Modifier codes and service units are not part of the unit definition. If a person had multiple instances of the same HCPCS code on the same date and with the same servicing provider, it would count as a single instance for the purposes of this analysis.
* The **volume** column displays information on the number of services and procedures matching the criteria during the reporting time frame. The volume is rounded upwards to the nearest multiple of 10; for example, 115 and 119 are rounded to 120. Though not applicable in this report, procedure volume values between 1 and 10 would be suppressed and the symbol “\*” would be instead displayed.
* The **share** column displays information on the volume of services and procedures matching the criteria divided by the universe of services and procedures during the reporting time frame and multiplied by 100, then rounded to one decimal.

HCPCS codes are sorted in descending order based on volume before rounding is applied and given a rank, with a rank of 1 for the service or procedure with the largest volume, a rank of 2 for the second largest and so on. HCPCS codes with the same volume receive an identical rank.

Only the top 15 positions are displayed, however given the possibility of ties this may sometimes result in more than 15 HCPCS codes being displayed. Summary information for volume and share for the top 15 services and procedures is presented in the ‘Top 15 Overall’ row on the dashboard. Due to rounding of the volume and share values, the sum of the individual categories may be slightly different than the value displayed in the ‘Top 15 Overall’ row, the latter being more precise.

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