

Health Care Data System Manual

September 2010
Version 1



MISSISSIPPI STATE DEPARTMENT OF HEALTH

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General Information

This manual includes variables found on the inpatient, outpatient surgery, and emergency room UB-04 medical record.

Financial and Utilization Data

Each reporting facility will report discharge data to the MSDH on every inpatient and outpatient discharged, to include those seen in the Emergency Department. Hospitals may submit data to MSDH directly or through the Mississippi Hospital Association (MHA) for submission to the HDDS, as specified by law. All data submitted to the Mississippi State Department of Health will be via Orion Health Rhapsody Connect.

Reporting facilities shall submit data for each calendar month based upon discharges occurring during such month. Collected data shall be submitted to the MSDH on or before the 15th day of the following month. One record for each discharge during the calendar month shall be submitted. Hospitals shall submit at least 90% of their monthly discharge records within 15 days after the close of the preceding month with exception made for conditions beyond the hospital's control. Hospitals shall submit 100% of their discharge records within 90 days after the date of discharge with exception made for conditions beyond the hospital's control.

Reporting of required items shall meet 99% item completeness. Completed items shall meet 99.5% accuracy as determined by edit specifications set by the MSDH.

Data Release

Data elements are classified into four categories: unrestricted, restricted, confidential, and never releasable. Unrestricted data, or public use, are those data elements that are available for general public use. Restricted data are those data elements that require approval for release through the Data Use Council (see the [Principles and Protocol for the Release of Health Care Data](#)).

Confidential data will only be released if a mandate has been established by statutory law. Confidential data elements include, but are not limited to, patient name and address, any data elements not required by law and patient zip code (digits 6 – 9).

Never releasable data may be used for statistical linking purposes only. Never releasable data elements include, but are not limited to, patient social security number (for all encounters), patient name and address for all Mental Health and Alcohol and other Drug Abuse encounters as required by federal law, and any other patient identifying information protected from release by federal law.

Refer to the [MSDH Data Use Council, Principles and Protocol for the Release of Health Care Data](#) for complete and detailed information on the collection and release of health care data and the Data Use Council.

Appendix A – Data Variables

All of the fields below must be supplied on each patient if data are available. The **(R)required** fields must be submitted with every record.

| Required = R | | | |
|----------------------|----------------------------|---|----------------------------------|
| Must be provided = X | | | |
| | <u>Form Locator</u> | <u>Description</u> | <u>Related Appendices</u> |
| X | FL01 | [Provider City, State, Zip] | B |
| R | FL01 | [Provider Name] | B |
| X | FL01 | [Provider Street Address] | B |
| X | FL01 | [Provider Telephone, Fax, Country Code] | B |
| X | FL02 | [Pay-to Address] | B |
| X | FL02 | [Pay-to City, State] | B |
| X | FL02 | [Pay-to ID] | B |
| X | FL02 | [Pay-to Name] | B |
| R | FL03a | Patient Control Number | B |
| R | FL03b | Medical Record Number | B |
| R | FL04 | Type of Bill | B, C |
| X | FL05 | Federal Tax Number | B |
| X | FL05 | Federal Tax Number | B |
| X | FL06 | Statement Covers Period - From/Through | B |
| X | FL07 | Unlabeled | B |
| X | FL07 | Unlabeled | B |
| R | FL08 | Patient Name | B |
| X | FL08 | Patient Name - ID | B |
| R | FL09 | Patient Address - City | B |
| X | FL09 | Patient Address - Country Code | B |
| R | FL09 | Patient Address - State | B, J |
| R | FL09 | Patient Address - Street | B |

| | | | |
|---|------|-----------------------------------|------|
| R | FL09 | Patient Address - ZIP | B |
| R | FL10 | Patient Birthdate | B |
| R | FL11 | Patient Sex | B |
| R | FL12 | Admission Date | B |
| R | FL13 | Admission Hour | B |
| R | FL14 | Type of Admission/Visit | B, C |
| R | FL15 | Source of Admission | B, C |
| R | FL16 | Discharge Hour | B |
| R | FL17 | Patient Status Code | B, C |
| X | FL18 | Condition Codes | B, C |
| X | FL19 | Condition Codes | B, C |
| X | FL20 | Condition Codes | B, C |
| X | FL21 | Condition Codes | B, C |
| X | FL22 | Condition Codes | B, C |
| X | FL23 | Condition Codes | B, C |
| X | FL24 | Condition Codes | B, C |
| X | FL25 | Condition Codes | B, C |
| X | FL26 | Condition Codes | B, C |
| X | FL27 | Condition Codes | B, C |
| X | FL28 | Condition Codes | B, C |
| X | FL29 | Accident State | B |
| X | FL30 | Unlabeled | B |
| X | FL30 | Unlabeled | B |
| X | FL31 | Occurrence Code/Date | B, C |
| X | FL31 | Occurrence Code/Date | B, C |
| X | FL32 | Occurrence Code/Date | B, C |
| X | FL32 | Occurrence Code/Date | B, C |
| X | FL33 | Occurrence Code/Date | B, C |
| X | FL33 | Occurrence Code/Date | B, C |
| X | FL34 | Occurrence Code/Date | B, C |
| X | FL34 | Occurrence Code/Date | B, C |
| X | FL35 | Occurrence Span Code/From/Through | B, C |
| X | FL35 | Occurrence Span Code/From/Through | B, C |
| X | FL36 | Occurrence Span Code/From/Through | B, C |
| X | FL36 | Occurrence Span Code/From/Through | B, C |
| X | FL37 | Unlabeled | |

| | | | |
|---|------|---------------------------------------|-------------|
| X | FL37 | <i>Unlabeled</i> | |
| X | FL38 | <i>Responsible Party Name/Address</i> | |
| X | FL38 | <i>Responsible Party Name/Address</i> | |
| X | FL38 | <i>Responsible Party Name/Address</i> | |
| X | FL38 | <i>Responsible Party Name/Address</i> | |
| X | FL38 | <i>Responsible Party Name/Address</i> | |
| X | FL39 | <i>Value Codes</i> | B, C |
| X | FL39 | <i>Value Codes</i> | B, C |
| X | FL39 | <i>Value Codes</i> | B, C |
| X | FL39 | <i>Value Codes</i> | B, C |
| X | FL39 | <i>Value Codes</i> | B, C |
| X | FL39 | <i>Value Codes</i> | B, C |
| X | FL39 | <i>Value Codes</i> | B, C |
| X | FL40 | <i>Value Codes</i> | B, C |
| X | FL40 | <i>Value Codes</i> | B, C |
| X | FL40 | <i>Value Codes</i> | B, C |
| X | FL40 | <i>Value Codes</i> | B, C |
| X | FL40 | <i>Value Codes</i> | B, C |
| X | FL40 | <i>Value Codes</i> | B, C |
| X | FL40 | <i>Value Codes</i> | B, C |
| X | FL40 | <i>Value Codes</i> | B, C |
| X | FL41 | <i>Value Codes</i> | B, C |
| X | FL41 | <i>Value Codes</i> | B, C |
| X | FL41 | <i>Value Codes</i> | B, C |
| X | FL41 | <i>Value Codes</i> | B, C |
| X | FL41 | <i>Value Codes</i> | B, C |
| X | FL41 | <i>Value Codes</i> | B, C |
| X | FL41 | <i>Value Codes</i> | B, C |
| X | FL41 | <i>Value Codes</i> | B, C |
| R | FL42 | <i>Revenue Code</i> | B, C |
| R | FL43 | <i>Revenue Code Description</i> | |
| X | FL44 | <i>HCPCS/Rates/HIPPS Rate Codes</i> | |
| X | FL45 | <i>Service Date</i> | |
| X | FL46 | <i>Units of Service</i> | B, C |
| R | FL47 | <i>Total Charges</i> | |

| | | | |
|----------|------|------------------------------------|-------------|
| X | FL48 | Non-Covered Charges | |
| X | FL49 | Unlabeled | |
| R | FL50 | Payer Identification - Primary | |
| X | FL50 | Payer Identification - Secondary | |
| X | FL50 | Payer Identification - Tertiary | |
| X | FL51 | Health Plan ID | |
| X | FL51 | Health Plan ID | |
| X | FL51 | Health Plan ID | |
| X | FL52 | Release of Information - Primary | |
| X | FL52 | Release of Information - Secondary | |
| X | FL52 | Release of Information - Tertiary | |
| X | FL53 | Assignment of Benefits - Primary | |
| X | FL53 | Assignment of Benefits - Secondary | |
| X | FL53 | Assignment of Benefits - Tertiary | |
| X | FL54 | Prior Payments - Primary | |
| X | FL54 | Prior Payments - Secondary | |
| X | FL54 | Prior Payments - Tertiary | |
| X | FL55 | Estimated Amount Due - Primary | |
| X | FL55 | Estimated Amount Due - Secondary | |
| X | FL55 | Estimated Amount Due - Tertiary | |
| X | FL56 | NPI | |
| X | FL57 | Other Provider ID | |
| X | FL57 | Other Provider ID | |
| X | FL57 | Other Provider ID | |
| X | FL58 | Insured's Name - Primary | |
| X | FL58 | Insured's Name - Secondary | |
| X | FL58 | Insured's Name - Tertiary | |
| X | FL59 | Patient's Relationship - Primary | B, C |
| X | FL59 | Patient's Relationship - Secondary | B, C |
| X | FL59 | Patient's Relationship - Tertiary | B, C |
| X | FL60 | Insured's Unique ID - Primary | |
| X | FL60 | Insured's Unique ID - Secondary | |
| X | FL60 | Insured's Unique ID - Tertiary | |
| X | FL61 | Insurance Group Name - Primary | |
| X | FL61 | Insurance Group Name - Secondary | |
| X | FL61 | Insurance Group Name - Tertiary | |

| | | | |
|---|-------|--|------------|
| X | FL62 | Insurance Group No. - Primary | |
| X | FL62 | Insurance Group No. - Secondary | |
| X | FL62 | Insurance Group No. - Tertiary | |
| X | FL63 | Treatment Authorization Code - Secondary | |
| X | FL63 | Treatment Authorization Code - Tertiary | |
| X | FL63 | Treatment Authorization Codes - Primary | |
| X | FL64 | Document Control Number | |
| X | FL64 | Document Control Number | |
| X | FL64 | Document Control Number | |
| X | FL65 | Employer Name - Primary | |
| X | FL65 | Employer Name - Secondary | |
| X | FL65 | Employer Name - Tertiary | |
| X | FL66 | DX Version Qualifier | |
| R | FL67 | Principal Diagnosis Code | B, D, E, G |
| R | | Present on Admission Codes | |
| X | FL67A | Other Diagnosis | B, D, E, G |
| X | FL67B | Other Diagnosis | B, D, E, G |
| X | FL67C | Other Diagnosis | B, D, E, G |
| X | FL67D | Other Diagnosis | B, D, E, G |
| X | FL67E | Other Diagnosis | B, D, E, G |
| X | FL67F | Other Diagnosis | B, D, E, G |
| X | FL67G | Other Diagnosis | B, D, E, G |
| X | FL67H | Other Diagnosis | B, D, E, G |
| X | FL67I | Other Diagnosis | B, D, E, G |
| X | FL67J | Other Diagnosis | B, D, E, G |
| X | FL67K | Other Diagnosis | B, D, E, G |
| X | FL67L | Other Diagnosis | B, D, E, G |
| X | FL67M | Other Diagnosis | B, D, E, G |
| X | FL67N | Other Diagnosis | B, D, E, G |
| X | FL67O | Other Diagnosis | B, D, E, G |
| X | FL67P | Other Diagnosis | B, D, E, G |
| X | FL67Q | Other Diagnosis | B, D, E, G |
| X | FL68 | Unlabeled | |
| X | FL68 | Unlabeled | |
| R | FL69 | Admitting Diagnosis Code | B, D, E, G |

| | | | |
|---|-------|-------------------------------|------------|
| X | FL70a | Patient Reason for Visit Code | |
| X | FL70b | Patient Reason for Visit Code | |
| X | FL70c | Patient Reason for Visit Code | |
| X | FL71 | PPS Code | |
| X | FL72a | External Cause of Injury Code | B, D, E, G |
| X | FL72b | External Cause of Injury Code | B, D, E, G |
| X | FL72c | External Cause of Injury Code | B, D, E, G |
| X | FL73 | Unlabeled | |
| X | FL74 | Principal Procedure Code/Date | B, F, G |
| X | FL74a | Other Procedure Code/Date | B, F, G |
| X | FL74b | Other Procedure Code/Date | B, F, G |
| X | FL74c | Other Procedure Code/Date | B, F, G |
| X | FL74d | Other Procedure Code/Date | B, F, G |
| X | FL74e | Other Procedure Code/Date | B, F, G |
| X | FL75 | Unlabeled | |
| X | FL75 | Unlabeled | |
| X | FL75 | Unlabeled | |
| X | FL75 | Unlabeled | |
| X | FL76 | Attending – Last/First | B, H |
| R | FL76 | Attending - NPI/QUAL/ID | B, H |
| X | FL77 | Operating - Last/First | B, H |
| X | FL77 | Operating - NPI/QUAL/ID | B, H |
| X | FL78 | Other - Last/First | B, C, H |
| X | FL78 | Other - QUAL/NPI/QUAL/ID | B, C, H |
| X | FL79 | Other - Last/First | B, C, H |
| X | FL79 | Other - QUAL/NPI/QUAL/ID | B, C, H |
| X | FL80 | Remarks | |
| X | FL80 | Remarks | |
| X | FL80 | Remarks | |
| X | FL80 | Remarks | |
| X | FL81 | Code-Code - QUAL/CODE/VALUE | B, C |
| X | FL81 | Code-Code - QUAL/CODE/VALUE | B, C |
| X | FL81 | Code-Code - QUAL/CODE/VALUE | B, C |
| X | FL81 | Code-Code - QUAL/CODE/VALUE | B, C |
| X | | Patient Age | |
| R | | County of Residence | B, I |

| | | | |
|--------------|--------|---------------------------|-------------------|
| X | | Chief Complaints | |
| R (1/1/2010) | | Patient Ethnicity | |
| R | | Patient Race | |
| R | | Patient Social Security # | |
| X | | Patient Telephone Number | |
| R | | Discharge Date | |
| X | | EMS # | |
| X | FL67R | Other Diagnosis | B, D, E, G |
| X | FL67S | Other Diagnosis | B, D, E, G |
| X | FL67T | Other Diagnosis | B, D, E, G |
| X | FL67U | Other Diagnosis | B, D, E, G |
| X | FL67V | Other Diagnosis | B, D, E, G |
| X | FL67W | Other Diagnosis | B, D, E, G |
| X | FL67X | Other Diagnosis | B, D, E, G |
| X | FL67Y | Other Diagnosis | B, D, E, G |
| X | FL67Z | Other Diagnosis | B, D, E, G |
| X | FL67AA | Other Diagnosis | B, D, E, G |
| X | FL67BB | Other Diagnosis | B, D, E, G |
| X | FL67CC | Other Diagnosis | B, D, E, G |
| X | FL67DD | Other Diagnosis | B, D, E, G |
| X | FL67EE | Other Diagnosis | B, D, E, G |
| X | FL67FF | Other Diagnosis | B, D, E, G |
| X | FL67GG | Other Diagnosis | B, D, E, G |
| X | FL67HH | Other Diagnosis | B, D, E, G |
| X | FL67II | Other Diagnosis | B, D, E, G |
| X | FL67JJ | Other Diagnosis | B, D, E, G |
| X | FL67KK | Other Diagnosis | B, D, E, G |
| X | FL67LL | Other Diagnosis | B, D, E, G |
| X | FL67MM | Other Diagnosis | B, D, E, G |
| X | FL67NN | Other Diagnosis | B, D, E, G |
| X | FL67OO | Other Diagnosis | B, D, E, G |
| X | FL67PP | Other Diagnosis | B, D, E, G |
| X | FL67QQ | Other Diagnosis | B, D, E, G |
| X | FL67RR | Other Diagnosis | B, D, E, G |
| X | FL67SS | Other Diagnosis | B, D, E, G |
| X | FL67TT | Other Diagnosis | B, D, E, G |

| | | | |
|---|--------|---------------------------|-------------------|
| X | FL67UU | Other Diagnosis | B, D, E, G |
| X | FL67VV | Other Diagnosis | B, D, E, G |
| X | FL67WW | Other Diagnosis | B, D, E, G |
| X | FL67XX | Other Diagnosis | B, D, E, G |
| X | FL67YY | Other Diagnosis | B, D, E, G |
| X | FL67ZZ | Other Diagnosis | B, D, E, G |
| X | FL74f | Other Procedure Code/Date | B, F, G |
| X | FL74g | Other Procedure Code/Date | B, F, G |
| X | FL74h | Other Procedure Code/Date | B, F, G |
| X | FL74i | Other Procedure Code/Date | B, F, G |
| X | FL74j | Other Procedure Code/Date | B, F, G |
| X | FL74k | Other Procedure Code/Date | B, F, G |
| X | FL74l | Other Procedure Code/Date | B, F, G |
| X | FL74m | Other Procedure Code/Date | B, F, G |
| X | FL74n | Other Procedure Code/Date | B, F, G |
| X | FL74o | Other Procedure Code/Date | B, F, G |

Appendix B - Data Dictionary

Please refer to the ub04 data crosswalk document for more detail information

FL 1 - Provider Name, Address, and Telephone Number

The minimum entry is the provider name, city, State, and ZIP Code. The post office box number or street name and number may be included. The State may be abbreviated using standard post office abbreviations. Five or nine-digit ZIP Codes are acceptable. This information is used in connection with the Medicare provider number (FL 51) to verify provider identity. Phone and/or Fax numbers are desirable.

FL 2 – Pay-to Name, address, and Secondary Identification Fields

FL 3a - Patient Control Number

The patient's unique alpha-numeric control number assigned by the provider to facilitate retrieval of individual financial records and posting payment may be shown if the provider assigns one and needs it for association and reference purposes.

FL 3b – Medical/Health Record Number

The number assigned to the patient's medical/health record by the provider (not FL3a).

FL 4 - Type of Bill

This four-digit alphanumeric code gives three specific pieces of information after a leading zero. The leading zero ignored. The second digit identifies the type of facility. The third classifies the type of care. The fourth indicates the sequence of this bill in this particular episode of care. It is referred to as a "frequency" code. See Appendix C

FL 5 - Federal Tax Number

The format is NN-NNNNNNN.

FL 6 - Statement Covers Period (From-Through)

The provider enters the beginning and ending dates of the period included on this bill in numeric fields (MMDDYYYY).

FL 7 - Not Used.

FL 8 - Patient's Name - Patient's last name, first name, and, if any, middle initial, along with patient ID (if different than the subscriber/insured's ID).

FL 9 - Patient's Address - Patient's full mailing address, including street number and name, post office box number or RFD, city, State, and ZIP Code.

FL 10 - Patient's Birth Date - Month, day, and year of birth (MMDDCCYY) of patient. If full birth date is unknown, indicate zeros for all eight digits.

FL 11 - Patient's Sex - "M" (male), "F" (female) or a "U" (unknown). The patient's sex is recorded at admission, outpatient service, or start of care.

FL 12 - Admission Date - The hospital enters the date the patient was admitted for inpatient care (MMDDYY).

FL 13 - Admission Hour

FL 14 - Type of Admission/Visit - This is the code indicating priority of this admission (inpatient only)

FL 15 – Point of Origin for Admission or Visit - Code indicating the source of the referral for this admission or visit. See code list

FL 16 – Discharge Hour

FL 17 – Patient Status - This code indicates the patient's status as of the "Through" date of the billing period (FL 6).

FLs 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, and 28 – Condition Codes - designed to allow the collection of information related to the patient, particular services, service venue and billing parameters which impact the processing of an Institutional claim. **See Condition Codes** See Appendix C

FL 29 – Accident State

FL 30 - (Untitled)

FLs 31, 32, 33, and 34 – See Occurrence Codes and Dates See Appendix C

FLs 35 and 36 - Occurrence Span Code and Dates See Appendix C

FL 37 - (Untitled) - Not used.

FL 38 - Responsible Party Name and Address

FLs 39, 40, and 41 - Value Codes and Amounts - Code(s) and related dollar or unit amount(s) identify data of a monetary nature that are necessary for the processing of this claim. See Appendix C

FL 42 - Revenue Code - The provider enters the appropriate revenue codes from the following list to identify specific accommodation and/or ancillary charges. It must enter the appropriate numeric revenue code on the adjacent line in FL 42 to explain each charge in FL 47. See Appendix C

FL 43 - Revenue Description - The provider enters a narrative description or standard abbreviation for each revenue code shown in FL 42 on the adjacent line in FL 43. The information assists clerical bill review.

FL 44 - HCPCS/Rates/HIPPS Rate Codes - When coding HCPCS for outpatient services, the provider enters the HCPCS code describing the procedure here. On inpatient hospital bills the accommodation rate is shown here. Health Insurance Prospective Payment System (HIPPS) Rate Codes See Appendix C

FL 45 - Service Date

FL 46 - Units of Service - Generally, the entries in this column quantify services by revenue code category, e.g., number of days in a particular type of accommodation, pints of blood. However, when HCPCS codes are required for services, the units are equal to the number of times the procedure/service being reported was performed.

FL 47 - Total Charges - This is the FL in which the provider sums the total charges for the billing period for each revenue code (FL 42)

FL 48 – Non covered Charges - The total non-covered charges pertaining to the related revenue code in FL 42 are entered here.

FL 49 - (Untitled) - Not used.

FL 50A, B, and C - Payer Identification

FL 53A, B, and C - Assignment of Benefits Certification Indicator - Not used.

FLs 54A, B, and C - Prior Payments - For all services other than inpatient hospital or SNF the provider must enter the sum of any amounts collected from the patient toward deductibles (cash and blood) and/or coinsurance on the patient (fourth/last line) of this column.

FL 55A, B, and C - Estimated Amount Due From Patient

FL 56 – Billing Provider National Provider ID (NPI)

FL 57 – Other Provider ID (primary, secondary, and/or tertiary) - Report other provider identifiers as assigned by a health plan (as indicated in FL50 lines 1-3)

FLs 58A, B, and C - Insured's Name - enter the patient's name as shown on the HI card or other Medicare notice.

FL 59A, B, and C - Patient's Relationship to Insured - the code indicating the relationship of the patient to the identified insured, if this information is readily available.

FLs 60A, B, and C – Insured's Unique ID (Certificate/Social Security Number/HI Claim/Identification Number (HICN)) - On the same lettered line (A, B, or C) that corresponds to the line on which Medicare payer information is shown in FLs 50-54, the provider enters the patient's HICN, i.e., if Medicare is the primary payer, it enters this information in FL 60A. It shows the number as it appears on the patient's HI Card, Certificate of Award, Medicare Summary Notice, or as reported by the Social Security Office.

FL 61A, B, and C - Insurance Group Name - Where the provider is claiming payment under the circumstances described in FLs 58A, B, or C and a WC or an EGHP is involved, it enters the name of the group or plan through which that insurance is provided.

FL 62A, B, and C - Insurance Group Number - Where the provider is claiming payment under the circumstances described in FLs 58A, B, or C and a WC or an EGHP is involved, it enters the identification number, control number or code assigned by that health insurance carrier to identify the group under which the insured individual is covered.

FL 63 - Treatment Authorization Code - Required when an authorization or referral number is assigned by the payer and then the services on this claim AND either the services on this claim were preauthorized or a referral is involved.

FL 64 – Document Control Number (DCN) - The control number assigned to the original bill by the health plan or the health plan's fiscal agent as part of their internal control.

FL 65 - Employer Name - Where the provider is claiming payment under the circumstances described in the second paragraph of FLs 58A, B, or C and there is WC involvement or an EGHP, it enters the name of the employer that provides health care coverage for the individual identified on the same line in FL 58.

FL 66 – Diagnosis and Procedure code Qualifier (ICD Version Indicator) - The qualifier that denotes the version of International Classification of Diseases (ICD) reported. The following qualifier codes reflect the edition portion of the ICD: 9 - Ninth Revision, 0 - Tenth Revision. Medicare does not accept ICD-10 codes.

FL 67 - Principal Diagnosis Code - The hospital enters the ICD code for the principal diagnosis. The code must be the full ICD diagnosis code, including all five digits where applicable. The principal diagnosis code will include the use of “V” codes. Where the proper code has fewer than five digits, the hospital may not fill with zeros. The principal diagnosis is the condition established after study to be chiefly responsible for this admission. Even though another diagnosis may be more severe than the principal diagnosis, the hospital enters the principal diagnosis. Entering any other diagnosis may result in incorrect assignment of a DRG and cause the hospital to be incorrectly paid under PPS. The hospital reports the full ICD code for the diagnosis shown to be chiefly responsible for the outpatient services in FL 67 of the bill. It reports the diagnosis to its highest degree of certainty. Refer to ICD-9-CM definitions.

FLs 67A-67ZZ - Other Diagnosis Codes - The hospital enters the full ICD codes additional conditions if they co-existed at the time of admission or developed subsequently, and which had an effect upon the treatment or the length of stay. It may not duplicate the principal diagnosis listed in FL 67 as an additional or secondary diagnosis. Refer to ICD-9-CM definitions.

FL 68 - Not used.

FL 69 - Admitting Diagnosis Refer to ICD-9-CM definitions

FL70A – 70C - Patient’s Reason for Visit

FL71 – Prospective Payment System (PPS) Code

FL72 - External Cause of Injury (ECI) Codes

FL 73 - Not used.

FL 74 - Principal Procedure Code and Date - Inpatient claims when a procedure was performed. Not used on outpatient claims. Refer to ICD-9-CM definitions

FL 74A – 74E - Other Procedure Codes and Dates - Inpatient claims when additional procedures must be reported. Not used on outpatient claims. Refer to ICD-9-CM definitions

FL 75 – Not used.

FL 76 - Attending Provider Name and Identifiers (including NPI) - The attending provider is the individual who has overall responsibility for the patient’s medical care and treatment reported in this claim/ encounter.

Secondary Identifier Qualifiers:

0B - State License Number

1G - Provider UPIN Number

G2 – Provider Commercial Number

FL 77 - Operating Provider Name and Identifiers (including NPI) - The name and identification number of the individual with the primary responsibility for performing the surgical procedure(s).

Secondary Identifier Qualifiers:

0B - State License Number

1G - Provider UPIN Number

G2 – Provider Commercial Number

FLs 78 and 79 - Other Provider Name and Identifiers (including NPI) - The name and ID number of the individual corresponding to the qualifier category indicated in this section of the claim. See Appendix C

FL 80 - Remarks - For Durable Medical Equipment (DME) billings the provider shows the rental rate, cost, and anticipated months of usage so that the provider’s FI may determine whether to approve the rental or purchase of the equipment.

FL 81 - Code-Code Field - To report additional codes related to a Form Locator or to report external code list approved by the NUBC for inclusion to the institutional data set.

See Appendix C

Patient Age – Age at time of discharge (calculated using date of birth and discharge date)

County of Residence – Patient’s county of residence

Chief Complaint – Patient’s chief complaint when presenting to hospital (text)

Patient Ethnicity – Hispanic Y/N/U

Patient Race – Patient's Race

Patient Social Security Number – Social Security Number

Patient Telephone Number – Patient's main telephone number

Discharge Date – Date discharged from hospital

EMS# - Ambulance trip number if arrived by ambulance to hospital

Appendix C – FL Code Structure

Please refer to the ub04 data crosswalk document for more detail information

FL 4 - Type of Bill Code Structure

2nd Digit-Type of Facility (processed as the 1st digit)

- 1 Hospital
- 2 Skilled Nursing
- 3 Home Health
- 4 Religious Nonmedical (Hospital)
- 5 Reserved for national assignment
- 6 Intermediate Care
- 7 Clinic or Hospital Based Renal Dialysis Facility (requires special information in second digit below).
- 8 Special facility or hospital ASC surgery (requires special information in second digit below).
- 9 Reserved for National Assignment

3rd Digit-Bill Classification (Except Clinics and Special Facilities) (processed as the 2nd digit)

- 1 Inpatient (Part A)
- 2 Inpatient (Part B)
- 3 Outpatient
- 4 Other (Part B)
- 5 Intermediate Care - Level I
- 6 Intermediate Care - Level II
- 7 Reserved for national assignment
- 8 Swing Bed
- 9 Reserved for National Assignment

3rd Digit-Classification (Clinics Only) (processed as the 2nd digit)

- 1 Rural Health Clinic (RHC)

- 2 Hospital Based or Independent Renal Dialysis Facility
- 3 Free Standing Provider-Based Federally Qualified Health Center (FQHC)
- 4 Other Rehabilitation Facility (ORF)
- 5 Comprehensive Outpatient Rehabilitation Facility (CORF)
- 6. Community Mental Health Center (CMHC)
- 7-8 Reserved for National Assignment
- 9 OTHER

3rd Digit-Classification (Special Facilities Only) (processed as the 2nd digit)

- 1 Hospice (Nonhospital Based)
- 2 Hospice (Hospital Based)
- 3 Ambulatory Surgical Center Services to Hospital Outpatients
- 4 Free Standing Birthing Center
- 5 Critical Access Hospital
- 6-8 Reserved for National Assignment
- 9 OTHER

4th Digit-Frequency – Definition (processed as the 3rd digit)

- A - Admission/Election Notice
- B - Hospice/Medicare Coordinated Care Demonstration/Religious Nonmedical Health Care
- C - Hospice Change of Provider Notice
- D - Hospice/Medicare Coordinated Care Demonstration/Religious Nonmedical Health Care Institution Void/Cancel
- E - Hospice Change of Ownership
- F - Beneficiary Initiated Adjustment Claim
- G - CWF Initiated Adjustment Claim
- H - CMS Initiated Adjustment Claim
- I - FI Adjustment Claim (Other than QIO or Provider)
- J - Initiated Adjustment Claim-Other
- K - OIG Initiated Adjustment Claim
- M - MSP Initiated Adjustment Claim
- P - QIO Adjustment Claim
- 0 - Nonpayment/Zero Claims
- 1 - Admit Through Discharge Claim

- 2 - Interim-First Claim
- 3 - Interim-Continuing Claims
- 4 - Interim-Last Claim
- 5 - Late Charge Only
- 7 - Replacement of Prior Claim
- 8 - Void/Cancel of a Prior Claim
- 9 - Final Claim for a Home Health PPS Episode

Bill Type Codes Examples:

- 011X - Hospital Inpatient (Part A)
- 012X - Hospital Inpatient Part B
- 013X - Hospital Outpatient
- 014X - Hospital Other Part B
- 018X - Hospital Swing Bed
- 021X - SNF Inpatient
- 022X - SNF Inpatient Part B
- 023X - SNF Outpatient
- 028X - SNF Swing Bed
- 032X - Home Health
- 033X - Home Health
- 034X - Home Health (Part B Only)
- 041X - Religious Nonmedical Health Care Institutions
- 071X - Clinical Rural Health
- 072X - Clinic ESRD
- 073X - Federally Qualified Health Centers
- 074X - Clinic OPT
- 075X - Clinic CORF
- 076X - Community Mental Health Centers
- 081X - Nonhospital based hospice
- 082X - Hospital based hospice
- 083X - Hospital Outpatient (ASC)
- 085X - Critical Access Hospital

FL 14 - Type of Admission/Visit - Code Structure:

- 1 Emergency
- 2 Urgent
- 3 Elective
- 4 Newborn
- 5 Trauma Center
- 6-8 Reserved for National Assignment
- 9 Information Not Available

FL 15 – Point of Origin for Admission or Visit - Code Structure:

- 1 - Non-Health Care Facility Point of Origin (Physician Referral) Inpatient and Outpatient
- 2 - Clinic Inpatient and Outpatient
- 3 - Reserved for national assignment.
- 4 - Transfer from a Hospital (Different Facility) Inpatient and Outpatient
- 5 - Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF) Inpatient and Outpatient
- 6 - Transfer from another Health Care Facility Inpatient and Outpatient
- 7 - Emergency Room (ER) Inpatient and Outpatient
- 8 - Court/Law Enforcement Inpatient and Outpatient
- 9 - Information Not Available Inpatient and Outpatient
- A - Reserved for national assignment.
- B - Transfer from another Home Health Agency
- C - Readmission to Same Home Health Agency
- D - Transfer from hospital inpatient in the same facility resulting in a separate claim to the payer
- E - Transfer from Ambulatory Surgery Center
- F - Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program
- G-Z - Reserved for national assignment.

FL 17 – Patient Status Code Structure

- 01 - Discharged to home or self care (routine discharge)
- 02 - Discharged/transferred to a short-term general hospital for inpatient care.
- 03 - Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care. (See Code 61 below.)
- 04 - Discharged/transferred to an Intermediate Care Facility (ICF)

- 05 - Discharged/transferred to another type of institution not defined elsewhere in this code list.
- 06 - Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care
- 07 - Left against medical advice or discontinued care
- 08 - Reserved for National Assignment
- 09 - Admitted as an inpatient to this hospital
- 10-19 Reserved for National Assignment
- 20 - Expired (or did not recover - Religious Non Medical Health Care Patient)
- 21-29 - Reserved for National Assignment
- 30 - Still patient or expected to return for outpatient services
- 31-39 - Reserved for National Assignment
- 40 - Expired at home (Hospice claims only)
- 41 - Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
- 42 - Expired - place unknown (Hospice claims only)
- 43 - Discharged/transferred to a federal health care facility. (effective 10/1/03)
- 44-49 - Reserved for national assignment
- 50 - Discharged/transferred to Hospice - home
- 51 - Discharged/transferred to Hospice - medical facility
- 52-60 - Reserved for national assignment
- 61 - Discharged/transferred within this institution to a hospital based Medicare approved swing bed.
- 62 - Discharged/transferred to an inpatient rehabilitation facility including distinct part units of a hospital
- 63 - Discharged/transferred to long term care hospitals
- 64 - Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
- 65 - Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.
- 66 - Discharged/transferred to a Critical Access Hospital (CAH). (effective 1/1/06)
- 67-69 - Reserved for national assignment
- 70 - Discharge/transfer to another type of health care institution not defined elsewhere in the code list. (effective 4/1/08)
- 71-99 - Reserved for national assignment

FLs 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, and 28 - Condition Codes

Situational. The provider enters the corresponding code (in numerical order) to describe any of the following conditions or events that apply to this billing period.

- 02 - Condition is Employment Related
- 03 - Patient Covered by Insurance Not Reflected Here
- 04 - Information Only Bill

- 05 - Lien Has Been Filed
- 06 - ESRD Patient in the First 30 Months of Entitlement Covered By Employer Group
- 07 - Treatment of Non-terminal Condition for Hospice Patient
- 08 - Beneficiary Would Not Provide Information Concerning Other Insurance Coverage
- 09 - Neither Patient Nor Spouse is employed
- 10 - Patient and/or Spouse is Employed but no EGHP Coverage Exists
- 11 - Disabled Beneficiary But no Large Group Health Plan (LGHP)
- 12-14 - Payer Codes
- 15 - Clean Claim Delayed in CMS's Processing System
- 16 - SNF Transition Exemption
- 17 - Patient is Homeless
- 18 - Maiden Name Retained
- 19 - Child Retains Mother's Name
- 20 - Beneficiary Requested Billing
- 21 - Billing for Denial Notice
- 26 - VA Eligible Patient Chooses to Receive Services in a Medicare Certified Facility.
- 27 - Patient Referred to a Sole Community Hospital for a Diagnostic Laboratory Test
- 28 - Patient and/or Spouse's EGHP is Secondary to Medicare
- 29 - Disabled Beneficiary and/or in response to development questions, the Family Member's LGHP is Secondary to Medicare.
- 30 - Qualifying Clinical Trials
- 31 - Patient is a Student (Full-Time - Day)
- 32 - Patient is a Student (Cooperative/Work Study Program)
- 33 - Patient is a Student (Full-Time - Night)
- 34 - Patient is a Student (Part-Time)
- 35 - Reserved for National Assignment
- 36 - General Care Patient in a Special Unit
- 37 - Ward Accommodation at Patient's Request
- 38 - Semi-private Room Not Available
- 39 - Private Room Medically Necessary
- 40 - Same Day Transfer
- 41 - Partial Hospitalization
- 42 - Continuing Care Not Related to Inpatient Admission
- 43 - Continuing Care Not Provided Within Prescribed Post Discharge Window
- 44 - Inpatient Admission Changed to Outpatient

- 45 - Reserved for national assignment
- 46 - Non-Availability Statement on File
- 47 - Reserved for TRICARE
- 48 - Psychiatric Residential
- 49 - Product replacement within product lifecycle
- 50 - Product replacement for known recall of a product.
- 51-54 - Reserved for national assignment
- 55 - SNF Bed Not Available
- 56 - Medical Appropriateness
- 57 - SNF Readmission
- 58 - Terminated Managed Care Organization Enrollee
- 59 - Non-primary ESRD Facility
- 60 - Operating Cost Day Outlier
- 61 - Operating Cost Outlier
- 62 - PIP Bill
- 63 - Payer Only Code
- 64 - Other Than Clean Claim
- 65 - Non-PPS Bill
- 66 - Hospital Does Not Wish Cost Outlier Payment
- 67 - Beneficiary Elects Not to Use Lifetime Reserve (LTR) Days
- 68 - Beneficiary Elects to Use Lifetime Reserve (LTR) Days
- 69 - IME/DGME/N&A Payment Only
- 70 - Self-Administered Anemia Management Drug
- 71 - Full Care in Unit
- 72 - Self-Care in Unit
- 73 - Self-Care Training
- 74 - Home
- 75 - Home 100-percent
- 76 - Back-up In-Facility Dialysis
- 77 - Provider Accepts or is Obligated/Required Due to a Contractual Arrangement
- 78 - New Coverage Not Implemented by Managed Care Plan
- 79 - CORF Services Provided Off-Site
- 80 - Home Dialysis-Nursing Facility
- 81-99 - Reserved for National assignment.

Special Program Indicator Codes Required:

A0 - TRICARE External Partnership Program

A3 - Special Federal Funding

A5 - Disability

A6 - PPV/Medicare Pneumococcal Pneumonia/Influenza 100% Payment

A7-A8 - Reserved for national assignment

A9 - Second Opinion Surgery

AA - Abortion Performed due to Rape

AB - Abortion Performed due to Incest

AC - Abortion Performed due to Serious Fetal Genetic Defect, Deformity, or Abnormality

AD - Abortion Performed due to a Life Endangering Physical Condition Caused by, Arising From or Exacerbated by the Pregnancy
Itself

AE - Abortion Performed due to Physical Health of Mother that is not Life Endangering

AF - Abortion Performed due to Emotional/psychological Health of the Mother

AG - Abortion Performed due to Social Economic Reasons

AH - Elective Abortion

AI - Sterilization

AJ - Payer Responsible for Copayment

AK - Air Ambulance Required

AL - Specialized Treatment/bed Unavailable

AM - Non-emergency Medically Necessary Stretcher Transport Required

AN - Preadmission Screening Not Required

AO-AZ - Reserved for national assignment

B0 - Medicare Coordinated Care

B1 - Beneficiary is Ineligible for Demonstration Program

B2 - Critical Access Hospital Ambulance Attestation

B3 - Pregnancy Indicator

B4 - Admission Unrelated to Discharge

B5-BZ - Reserved for national assignment

QIO Approval Indicator Codes :

C1 - Approved as Billed

C3 - Partial Approval

C4 - Admission Denied
C5 - Post-payment Review Applicable
C6 - Preadmission/Pre-procedure
C7 - Extended Authorization
C8-CZ - Reserved for national assignment

Claim Change Reasons :

D0 - Changes to Service Dates
D1 - Changes to Charges
D2 - Changes to Revenue Codes/HCPCS/HIPPS Rate Code
D3 - Second or Subsequent Interim PPS Bill
D4 - Changes In ICD-9-CM Diagnosis and/or Procedure Code
D5 - Cancel to Correct HICN or Provider ID
D6 - Cancel Only to Repay a Duplicate or OIG Overpayment
D7 - Change to Make Medicare the Secondary Payer
D8 - Change to Make Medicare the Primary Payer
D9 - Any Other Change
DA – DQ - Reserved for national assignment
DR - Disaster related
DS – DZ - Reserved for national assignment
E0 - Change in Patient Status
E1 – FZ - Reserved for national assignment
G0 - Distinct Medical Visit
G1 – GZ - Reserved for national assignment
H0 - Delayed Filing, Statement Of Intent Submitted
H1-LZ - Reserved for national assignment
M0 - All Inclusive Rate for Outpatient Services (Payer Only Code)
M1-MZ - Reserved for national assignment
N0-OZ - Reserved for national assignment
P0-PZ - Reserved for national assignment. FOR PUBLIC HEALTH DATA REPORTING ONLY
Q0-VZ - Reserved for national assignment.
W0 - United Mine Workers of America (UMWA) \Demonstration Indicator ONLY
W1-ZZ - Reserved for national assignment.

FLs 31, 32, 33, and 34 - Occurrence Codes and Dates

Code Structure (Only codes affecting Medicare payment/processing are shown.)

- 01 - Accident/Medical Coverage
- 02 - No-Fault Insurance Involved - Including Auto Accident/Other
- 03 - Accident/Tort Liability
- 04 - Accident/Employment Related
- 05 - Accident/No Medical or Liability Coverage
- 06 - Crime Victim
- 07-08 - Reserved for national assignment.
- 09 - Start of Infertility Treatment Cycle
- 10 - Last Menstrual Period
- 11 - Onset of Symptoms/Illness (Outpatient claims only.)
- 12 - Date of Onset for a Chronically Dependent Individual (CDI)
- 13-15 - Reserved for national assignment
- 16 - Date of Last Therapy
- 17 - Date Outpatient Occupational Therapy Plan Established or Reviewed
- 18 - Date of Retirement Patient/Beneficiary
- 19 - Date of Retirement Spouse
- 20 - Guarantee of Payment Began (Part A hospital claims only.)
- 21 - UR Notice Received (Part A SNF claims only.)
- 22 - Date Active Care Ended
- 23 - Date of Cancellation of Hospice Election Period. Code is not required if code "21" is used.
- 24 - Date Insurance Denied
- 25 - Date Benefits Terminated by Primary Payer
- 26 - Date SNF Bed Available
- 27 - Date of Hospice Certification or Re-Certification
- 28 - Date CORF Plan Established or Last Reviewed
- 29 - Date OPT Plan Established or Last Reviewed
- 30 - Date Outpatient Speech Pathology Plan Established or Last Reviewed
- 31 - Date Beneficiary Notified of Intent to Bill (Accommodations)
- 32 - Date Beneficiary Notified of Intent to Bill (Procedures or Treatments)
- 33 - First Day of the Medicare Coordination Period for ESRD Beneficiaries Covered by an EGHP
- 34 - Date of Election of Extended Care Services

- 35 - Date Treatment Started for Physical Therapy
- 36 - Date of Inpatient Hospital Discharge for a Covered Transplant Procedure(s)
- 37 - Date of Inpatient Hospital Discharge - Patient Received Non-covered Transplant
- 38 - Date treatment started for Home IV Therapy (Home IV providers - bill type 85X).
- 39 - Date discharged on a continuous course of IV therapy (Home IV providers- bill type 85X).
- 40 - Scheduled Date of Admission (This code may only be used on an outpatient claim.)
- 41 - Date of First Test for Pre-admission Testing
- 42 - Date of Discharge
- 43 - Scheduled Date of Cancelled Surgery
- 44 - Date Treatment Started for Occupational Therapy
- 45 - Date Treatment Started for Speech Therapy
- 46 - Date Treatment Started for Cardiac Rehabilitation
- 47 - Date Cost Outlier Status Begins
- 48-49 - Payer Codes For use by third party payers only.
- 50-69 - Reserved for State Assignment. Discontinued Effective October 16, 2003.
- A1 - Birth Date-Insured A
- A2 - Effective Date-Insured A Policy
- A3 - Benefits Exhausted
- A4 - Split Bill Date
- A5-AZ - Reserved for national assignment
- B1 - Birth Date-Insured B
- B2 - Effective Date-Insured B Policy
- B3 - Benefits Exhausted
- B4-BZ - Reserved for national assignment
- C1 - Birth Date-Insured C
- C2 - Effective Date-Insured C Policy
- C3 - Benefits Exhausted
- C4-CZ - Reserved for National Assignment.
- D0-DQ - Reserved for National Assignment.
- DR - Reserved for Disaster Related Code
- DS-DZ - Reserved for National Assignment
- E0 - Reserved for National Assignment
- E1 - Birth Date-Insured D
- E2 - Effective Date-Insured D Policy
- E3 - Benefits Exhausted

E4-EZ - Reserved for national assignment
F0 - Reserved for national assignment
F1 - Birth Date-Insured E
F2 - Effective Date-Insured E Policy
F3 - Benefits Exhausted
F4-FZ - Reserved for national assignment
G0 - Reserved for national assignment
G1 - Birth Date-Insured F
G2 - Effective Date-Insured F Policy
G3 - Benefits Exhausted
G4-LZ - Reserved for national assignment
M0 - See instructions in FLs 35 and 36 –
MQ - Occurrence Span Codes and Dates
MR - Reserved for Disaster Related Code
MS-ZZ - Reserved for national assignment

FLs 35 and 36 - Occurrence Span Code and Dates

The provider enters codes and associated beginning and ending dates defining a specific event relating to this billing period. Event codes are two alpha-numeric digits and dates are shown numerically as MMDDYY.

70 - Qualifying Stay Dates
70 - Non-utilization Dates
71 - Hospital Prior Stay Dates
72 - First/Last Visit
74 - Non-covered Level of Care
75 - SNF Level of Care
76 - Patient Liability
77 - Provider Liability- Utilization Charged
78 - SNF Prior Stay Dates
79 - Payer Code
M0 - QIO/UR Stay Dates
M1 - Provider Liability-No Utilization
M2 - Dates of Inpatient Respite Care
M3 - ICF Level of Care
M4 - Residential Level of Care

M5-ZZ - Reserved for National Assignment

FLs 39, 40, and 41 - Value Codes and Amounts

Code(s) and related dollar or unit amount(s) identify data of a monetary nature that are necessary for the processing of this claim. The codes are two alpha-numeric digits, and each value allows up to nine numeric digits (0000000.00).

- 01 - Most Common Semi-Private Rate
- 02 - Hospital Has No Semi-Private Rooms
- 03 - Reserved for national assignment
- 04 - Inpatient Professional Component Charges Which Are Combined Billed
- 05 - Professional Component Included in Charges and Also Billed Separately to Carrier
- 06 - Medicare Part A and Part B Blood Deductible
- 07 - Reserved for National Assignment
- 08 - Medicare Lifetime Reserve Amount in the First Calendar Year in Billing Period
- 09 - Medicare Coinsurance Amount in the First Calendar Year in Billing Period
- 10 - Medicare Lifetime Reserve Amount in the Second Calendar Year in Billing Period
- 11 - Medicare Coinsurance Amount in the Second Calendar Year in Billing Period
- 12 - Working Aged Beneficiary Spouse With an EGHP
- 13 - ESRD Beneficiary in a Medicare Coordination Period With an EGHP
- 14 - No-Fault, Including Auto/Other Insurance
- 15 - Worker's Compensation (WC)
- 16 - PHS, Other Federal Agency
- 17 - Operating Outlier Amount
- 18 - Operating Disproportionate Share Amount
- 19 - Operating Indirect Medical Education Amount
- 20 - Payer Code
- 21 - Catastrophic
- 22 - Surplus
- 23 - Recurring Monthly Income
- 24 - Medicaid Rate Code
- 25 - Offset to the Patient-Payment Amount – Prescription Drugs
- 26 - Offset to the Patient-Payment Amount – Hearing and Ear Services
- 27 - Offset to the Patient-Payment Amount – Vision and Eye Services
- 28 - Offset to the Patient-Payment Amount – Dental Services
- 29 - Offset to the Patient-Payment Amount – Chiropractic Services

- 31 - Patient Liability Amount
- 32 - Multiple Patient Ambulance Transport
- 33 - Offset to the Patient-Payment Amount – Podiatric Services
- 34 - Offset to the Patient-Payment Amount – Other Medical Services
- 35 - Offset to the Patient-Payment Amount – Health Insurance Premiums
- 36 - Reserved for national assignment.
- 37 - Pints of Blood Furnished
- 38 - Blood Deductible Pints
- 39 - Pints of Blood Replaced
- 40 - New Coverage Not Implemented by Managed Care Plan
- 41 - Black Lung (BL)
- 42 - Veterans Affairs (VA)
- 43 - Disabled Beneficiary Under Age 65 With LGHP
- 44 - Amount Provider Agreed to Accept From Primary Payer When this Amount is Less than Charges but Higher than Payment Received.
- 45 - Accident Hour
- 46 - Number of Grace Days
- 47 - Any Liability Insurance
- 48 - Hemoglobin Reading
- 49 - Hematocrit Reading
- 50 - Physical Therapy Visits
- 51 - Occupational Therapy Visits
- 52 - Speech Therapy Visits
- 53 - Cardiac Rehabilitation Visits
- 54 - Newborn birth weight in grams
- 55 - Eligibility Threshold for Charity Care
- 56 - Skilled Nurse – Home Visit Hours (HHA only)
- 57 - Home Health Aide – Home Visit Hours (HHA only)
- 58 - Arterial Blood Gas (PO2/PA2)
- 59 - Oxygen Saturation (O2 Sat/Oximetry)
- 60 - HHA Branch MSA
- 61 - Place of Residence Where Service is Furnished (HHA and Hospice)
- 62 - HH Visits – Part A
- 63 - HH Visits – Part B
- 64 - HH Reimbursement – Part A

65 - HH Reimbursement – Part B
66 - Medicare Spend-down Amount
67 - Peritoneal Dialysis
68 - Number of Units of EPO Provided During the Billing Period
69 - State Charity Care Percent
70 - Interest Amount
71 - Funding of ESRD Networks
69 - State Charity Care Percent
70 - Interest Amount
72 - Flat Rate Surgery Charge
73-75 - Payer Codes
76 - Provider's Interim Rate
77 - Medicare New Technology Add-On Payment
78-79 - Payer Codes
80 - Covered days
81 - Non-Covered Days
82 - Co-insurance Days
83 - Lifetime Reserve Days
84-99 - Reserved for national assignment.
A0 - Special ZIP Code Reporting
A1 - Deductible Payer A
A2 - Coinsurance Payer A
A3 - Estimated Responsibility Payer A
A4 - Covered Self-Administrable Drugs – Emergency
A5 - Covered Self-Administrable Drugs – Not Self-Administrable in Form and Situation Furnished to Patient
A6 - Covered Self-Administrable Drugs – Diagnostic Study and Other
A7 - Co-payment A
A8 - Patient Weight of patient in kilograms.
A9 - Patient Height of patient in centimeters.
AA - Regulatory Surcharges, Assessments, Allowances or Health Care Related Taxes Payer A
AB - Other Assessments or Allowances (e.g., Medical Education) Payer A
AC-B0 - Reserved for national assignment.
B1 - Deductible Payer B
B2 - Coinsurance Payer B
B3 - Estimated Responsibility Payer B

B4-B6 - Reserved for national assignment
B7 - Co-payment Payer B
B8-B9 - Reserved for national assignment
BA - Regulatory Surcharges, Assessments, Allowances or HealthCare Related Taxes Payer B
BB - Other Assessments or Allowances (e.g., Medical Education) Payer B
BC-C0 - Reserved for national assignment
C1 - Deductible Payer C
C2 - Coinsurance Payer C
C3 - Estimated Responsibility Payer C
C4-C6 - Reserved for national assignment
C7 - Co-payment Payer C
C8-C9 - Reserved for national assignment
CA - Regulatory Surcharges, Assessments, Allowances or HealthCare Related Taxes Payer C
CB - Other Assessments or Allowances (e.g., Medical Education) Payer C
CC-CZ - Reserved for national assignment
D0-D2 - Reserved for national assignment
D3 - Patient Estimated Responsibility
D4 - Clinical Trial Number Assigned by NLM/NIH.
D5-DQ - Reserved for national assignment
DR - Reserved for disaster related code
DS-D- Reserved for national assignment
E0-G7 - Reserved for national assignment
G8 - Facility Where Inpatient Hospice Service is Delivered
G9-Y0 - Reserved for national assignment
Y1 - Part A Demonstration Payment
Y2 - Part B Demonstration Payment
Y3 - Part B Coinsurance
Y4 - Conventional Provider Payment Amount for Non-Demonstration Claims
Y5-ZZ - Reserved for national assignment

FL 42 - Revenue Code

The biller must provide detail level coding for the following revenue code series:

0290s - Rental/purchase of DME
0304 - Renal dialysis/laboratory

0330s - Radiology therapeutic
0367 - Kidney transplant
0420s - Therapies
0520s - Type or clinic visit (RHC or other)
0550s - 590s - home health services
0624 - Investigational Device Exemption (IDE)
0636 - Hemophilia blood clotting factors
0800s - 0850s - ESRD services
9000 - 9044 - Medicare SNF demonstration project
0304 - rental and dialysis/laboratory,
0636 - hemophilia blood clotting factors,
0800s thru 0850s - ESRD services.
0651 - Routine Home Care (RTN Home)
0652 - Continuous Home Care (CTNS Home)
0655 - Inpatient Respite Care (IP Respite)
0656 - General Inpatient Care (GNL IP)
0657 - Physician Services (PHY Ser (must be accompanied by a physician procedure code.))

Below is a complete description of the revenue center codes for all provider types:

0001 - Total Charge
001X - Reserved for Internal Payer Use
002X - Health Insurance Prospective Payment System (HIPPS)
 0 - Reserved
 1 - Reserved
 2 - Skilled Nursing Facility Prospective Payment System SNF PPS (RUG)
 3 - Home Health Prospective Payment System HHS PPS (Health Resource Groups (HRG))
 4 - Inpatient Rehabilitation Facility Prospective Payment System IRF PPS (Case-Mix Groups (CMG))
 5 - Reserved
 6 - Reserved
 7 - Reserved
 8 - Reserved
 9 - Reserved
003X to 006X - Reserved for National Assignment
007X to 009X - Reserved for State Use until October 16, 2003. Thereafter, Reserved for National Assignment

ACCOMMODATION REVENUE CODES (010X - 021X)

010X - All Inclusive Rate

- 0 - All-Inclusive Room and Board Plus Ancillary ALL INCL R&B/ANC
- 1 - All-Inclusive Room and Board ALL INCL R&B

011X - Room & Board - Private (Medical or General)

- 0 - General Classification ROOM-BOARD/PVT
- 1 - Medical/Surgical/Gyn MED-SUR-GY/PVT
- 2 - OB OB/PVT
- 3 - Pediatric PEDS/PVT
- 4 - Psychiatric PSYCH/PVT
- 5 - Hospice HOSPICE/PVT
- 6 - Detoxification DETOX/PVT
- 7 - Oncology ONCOLOGY/PVT
- 8 - Rehabilitation REHAB/PVT
- 9 - Other OTHER/PVT

012X - Room & Board - Semi-private Two Beds (Medical or General)

- 0 - General Classification ROOM-BOARD/SEMI
- 1 - Medical/Surgical/Gyn MED-SUR-GY/2BED
- 2 - OB OB/2BED
- 3 - Pediatric PEDS/2BED
- 4 - Psychiatric PSYCH/2BED
- 5 - Hospice HOSPICE/2BED
- 6 - Detoxification DETOX/2BED
- 7 - Oncology ONCOLOGY/2BED
- 8 - Rehabilitation REHAB/2BED
- 9 - Other OTHER/2BED

013X - Semi-private - three and Four Beds (Medical or General)

- 0 - General Classification ROOM-BOARD/3&4 BED
- 1 - Medical/Surgical/Gyn MED-SUR-GY/3&4 BED
- 2 - OB OB/3&4 BED
- 3 - Pediatric PEDS/3&4 BED
- 4 - Psychiatric PSYCH/3&4 BED
- 5 - Hospice HOSPICE/3&4 BED

- 6 - Detoxification DETOX/3&4 BED
- 7 - Oncology ONCOLOGY/3&4 BED
- 8 - Rehabilitation REHAB/3&4 BED
- 9 - Other OTHER/3&4 BED

014X - Private - (Deluxe) (Medical or General)

- 0 - General Classification ROOM-BOARD/ PVT/DLX
- 1 - Medical/Surgical/Gyn MED-SUR-GY/ PVT/DLX
- 2 - OB OB/ PVT/DLX
- 3 - Pediatric PEDS/ PVT/DLX
- 4 - Psychiatric PSYCH/ PVT/DLX
- 5 - Hospice HOSPICE/ PVT/DLX
- 6 - Detoxification DETOX/ PVT/DLX
- 7 - Oncology ONCOLOGY/ PVT/DLX
- 8 - Rehabilitation REHAB/ PVT/DLX
- 9 - Other OTHER/ PVT/DLX

015X - Room & Board - Ward (Medical or General)

- 0 - General Classification ROOM-BOARD/WARD
- 1 - Medical/Surgical/Gyn MED-SUR-GY/ WARD
- 2 - OB OB/ WARD
- 3 - Pediatric PEDS/ WARD
- 4 - Psychiatric PSYCH/ WARD
- 5 - Hospice HOSPICE/ WARD
- 6 - Detoxification DETOX/ WARD
- 7 - Oncology ONCOLOGY/ WARD
- 8 - Rehabilitation REHAB/ WARD
- 9 - Other OTHER/ WARD

016X - Other Room & Board (Medical or General)

- 0 - General Classification R&B
- 4 - Sterile Environment R&B/STERILE
- 7 - Self Care R&B/SELF
- 9 - Other R&B/OTHER

017X - Nursery Charges for nursing care to newborn and premature infants in nurseries Level I - Newborn Nursery

- Level II - Continuing Care
- Level III - Intermediate Care
- Level IV - Intensive Care

- 0 - Classification NURSERY
- 1 - Newborn - Level I NURSERY/LEVEL I
- 2 - Newborn - Level II NURSERY/LEVEL II
- 3 - Newborn - Level III NURSERY/LEVEL III
- 4 - Newborn - Level IV NURSERY/LEVEL IV
- 9 - Other NURSERY/OTHER

018X - Leave of Absence

- 0 - General Classification LEAVE OF ABSENCE OR LOA
- 1 - Reserved
- 2 - Patient Convenience -Charges billable LOA/PT CONV CHGS BILLABLE
- 3 - Therapeutic Leave LOA/THERAP
- 4 - RESERVED
- 5 - Hospitalization LOA/HOSPITALIZATION
- 9 - Other Leave of Absence LOA/OTHER

019X - Sub-acute Care

- Level I Skilled Care: Minimal nursing intervention.
- Level II Comprehensive Care: Moderate to extensive nursing intervention.
- Level III Complex Care: Moderate to extensive nursing intervention.
- Level IV Intensive Care: Extensive nursing and technical intervention.

- 0 - Classification SUBACUTE
- 1 - Sub-acute Care - Level I SUBACUTE /LEVEL I
- 2 - Sub-acute Care - Level II SUBACUTE /LEVEL II
- 3 - Sub-acute Care - Level III SUBACUTE /LEVEL III
- 4 - Sub-acute Care - Level IV SUBACUTE /LEVEL IV
- 9 - Other Sub-acute Care SUBACUTE /OTHER

020X - Intensive Care

- 0 - General Classification INTENSIVE CARE or (ICU)
- 1 - Surgical ICU/SURGICAL
- 2 - Medical ICU/MEDICAL
- 3 - Pediatric ICU/PEDS
- 4 - Psychiatric ICU/PSTAY
- 5 - Intermediate ICU ICU/INTERMEDIATE
- 7 - Burn Care ICU/BURN CARE
- 8 - Trauma ICU/TRAMA
- 9 - Other Sub-acute Care ICU/OTHER

021X - Coronary Care

- 0 - General Classification CORONARY CARE or (CCU)
- 1 - Myocardial Infarction CCU/MYO INFARC
- 2 - Pulmonary Care CCU/PULMONARY
- 3 - Heart Transplant CCU/TRANSPLANT
- 4 - Intermediate CCU CCU/INTERMEDIATE
- 9 - Other Coronary Care CCU/OTHER

ANCILLARY REVENUE CODES (022X - 099X)

022X - Special Charges

- 0 - General Classification SPECIAL CHARGES
- 1 - Admission Charge ADMIT CHARGE
- 2 - Technical Support Charge TECH SUPPT CHG
- 3 - U.R. Service Charge UR CHARGE
- 4 - Late Discharge, medically necessary LATE DISCH/MED NEC
- 9 - Other Special Charges OTHER SPEC CHG

023X - Incremental Nursing Care Charges

- 0 - General Classification NURSING INCREM
- 1 - Nursery NUR INCR/NURSERY
- 2 - OB NUR INCR/OB
- 3 - ICU (includes transitional care) NUR INCR/ICU
- 4 - CCU (includes transitional care) NUR INCR/CCU
- 5 - Hospice NUR INCR/HOSPICE
- 9 - Other NUR INCR/OTHER

024X - All Inclusive Ancillary

- 0 - General Classification ALL INCL ANCIL
- 1 - Basic ALL INCL BASIC
- 2 - Comprehensive ALL INCL COMP
- 3 - Specialty ALL INCL SPECIAL
- 9 - Other All Inclusive Ancillary ALL INCL ANCIL/OTHER

025X - Pharmacy

- 0 - General Classification PHARMACY
- 1 - Generic Drugs DRUGS/GENERIC
- 2 - Non-generic Drugs DRUGS/NONGENERIC

- 3 - Take Home Drugs DRUGS/TAKEHOME
 - 4 - Drugs Incident to Other Diagnostic Services DRUGS/INCIDENT ODX
 - 5 - Drugs Incident to DRUGS/INCIDENT RAD Radiology
 - 6 - Experimental Drugs DRUGS/EXPERIMT
 - 7 - Nonprescription DRUGS/NONPSCRIPT
 - 8 - IV Solutions IV SOLUTIONS
 - 9 - Other DRUGS/OTHER DRUGS/OTHER
- 026X - IV Therapy
- 0 – General Classification IV THERAPY
 - 1 – Infusion Pump IV THER/INFSN PUMP
 - 2 - IV Therapy/Pharmacy Services IV THER/PHARM/SVC
 - 3 - IV Therapy/Drug/Supply/Delivery IV THER/DRUG/SUPPLY DELV
 - 4 - IV Therapy/Supplies IV THER/SUPPLIES
 - 9 - Other IV Therapy IV THERAPY/OTHER
- 027X - Medical/Surgical Supplies
- 0 – General Classification MED-SUR SUPPLIES
 - 1 – Non--sterile Supply NONSTER SUPPLY
 - 2 - Sterile Supply STERILE SUPPLY MED EQUIP/NEW
 - 3 - Take Home Supplies TAKEHOME SUPPLY
 - 4 - Prosthetic/Orthotic Devices PROSTH/ORTH DEV
 - 5 - Pace maker PACE MAKER
 - 6 - Intraocular Lens INTR OC LENS
 - 7 – Oxygen - Take Home O2/TAKEHOME
 - 8 - Other Implants SUPPLY/IMPLANTS
 - 9 - Other Supplies/Devices SUPPLY/OTHER
- 028X - Oncology
- 0 – General Classification ONCOLOGY
 - 9 - Other Oncology ONCOLOGY/OTHER
- 029X - Durable Medical Equipment (DME) (Other Than Rental)
- 0 – General Classification MED EQUIP/DURAB
 - 1 – Rental MED EQUIP/RENT
 - 2 - Purchase of new DME
 - 3 - Purchase of used DME MED EQUIP/USED
 - 4 - Supplies/Drugs for DME Effectiveness (HHA's Only) MED EQUIP/SUPPLIES/DRUGS
 - 9 - Other Equipment MED EQUIP/OTHER

- 030X - Laboratory
 - 0 – General Classification - LABORATORY or (LAB)
 - 1 - Chemistry - LAB/CHEMISTRY
 - 2 – Immunology - LAB/IMMUNOLOGY
 - 3 - Renal Patient (Home) - LAB/RENAL HOME
 - 4 – Non-routine Dialysis - LAB/NR DIALYSIS
 - 5 - Hematology - LAB/HEMATOLOGY
 - 6 - Bacteriology & Microbiology - LAB/BACT-MICRO
 - 7 – Urology - LAB/UROLOGY
 - 9 - Other Laboratory - LAB/OTHER
- 031X - Laboratory Pathological
 - 0 - General Classification - PATHOLOGY LAB or (PATH LAB)
 - 1 - Cytology - PATHOL/CYTOLOGY
 - 2 - Histology - PATHOL/HYSTOL
 - 4 – Biopsy - PATHOL/BIOPSY
 - 9 – Other - PATHOL/OTHER
- 032X - Radiology - Diagnostic
 - 0 - General Classification - DX X-RAY
 - 1 - Angiocardiology - DX X-RAY/ANGIO
 - 2 - Arthrography - DX X-RAY/ARTH
 - 3 – Arteriography - DX X-RAY/ARTER
 - 4 - Chest X-Ray - DX X-RAY/CHEST
 - 9 – Other - DX X-RAY/OTHER
- 033X - Radiology - Therapeutic
 - 0 - General Classification - RX X-RAY
 - 1 - Chemotherapy - Injected - CHEMOTHER/INJ
 - 2 - Chemotherapy - Oral - CHEMOTHER/ORAL
 - 3 - Radiation Therapy - RADIATION RX
 - 5 - Chemotherapy - IV - CHEMOTHERP-IV
 - 9 – Other - RX X-RAY/OTHER
- 034X - Nuclear Medicine
 - 0 - General Classification - NUCLEAR MEDICINE or (NUC MED)
 - 1 – Diagnostic Procedures - NUC MED/DX
 - 2 – Therapeutic Procedures - NUC MED/RX
 - 3 – Diagnostic Radiopharmaceuticals - NUC MED/DX RADIOPHARM

- 4 – Therapeutic Radiopharmaceuticals - NUC MED/RX RADIOPHARM
- 9 – Other - NUC MED/OTHER
- 035X - Computed Tomographic (CT) Scan
 - 0 - General Classification - CT SCAN
 - 1 - Head Scan - CT SCAN/HEAD
 - 2 - Body Scan - CT SCAN/BODY
 - 9 - Other CT Scans - CT SCAN/OTHER
- 036X - Operating Room Services
 - 0 - General Classification - OR SERVICES
 - 1 - Minor Surgery - OR/MINOR
 - 2 - Organ Transplant - Other than Kidney - OR/ORGAN TRANS
 - 7 - Kidney Transplant - OR/KIDNEY TRANS
 - 9 - Other Operating Room Services - OR/OTHER
- 037X - Anesthesia
 - 0 - General Classification - ANESTHESIA
 - 1 - Anesthesia Incident to RAD - ANESTHE/INCIDENT RAD
 - 2 - Anesthesia Incident to Other Diagnostic Services - ANESTHE/INCIDENT
 - 4 - Acupuncture - ANESTHE/ACUPUNC
 - 9 - Other Anesthesia - ANESTHE/OTHER
- 038X - Blood
 - 0 - General Classification - BLOOD
 - 1 - Packed Red Cells - BLOOD/PKD RED
 - 2 - Whole Blood - BLOOD/WHOLE
 - 3 – Plasma - BLOOD/PLASMA
 - 4 – Platelets - BLOOD/PLATELETS
 - 5 – Leucocytes - BLOOD/LEUCOCYTES
 - 6 - Other Components - BLOOD/COMPONENTS
 - 7 - Other Derivatives Cryoprecipitates) - BLOOD/DERIVATIVES
 - 9 - Other Blood - BLOOD/OTHER
- 039X - Blood Storage and Processing
 - 0 - General Classification - BLOOD/STOR-PROC
 - 1 - Blood Administration (e.g., Transfusions - BLOOD/ADMIN
 - 9 - Other Processing and Storage - BLOOD/OTHER STOR
- 040X - Other Imaging Services
 - 0 - General Classification - IMAGE SERVICE

- 1 - Diagnostic Mammography - MAMMOGRAPHY
- 2 - Ultrasound - ULTRASOUND
- 3 - Screening Mammography - SCR MAMMOGRAPHY/GEN MAMMO
- 4 - Positron Emission Tomography - PET SCAN
- 9 - Other Imaging Services - OTHER IMAG SVS
- 041X - Respiratory Services
 - 0 - General Classification - RESPIRATORY SVC
 - 2 - Inhalation Services - INHALATION SVC
 - 3 - Hyperbaric Oxygen Therapy - HYPERBARIC O2
 - 9 - Other Respiratory Services - OTHER RESPIR SVS
- 042X - Physical Therapy
 - 0 - General Classification - PHYSICAL THERP
 - 1 - Visit Charge - PHYS THERP/VISIT
 - 2 - Hourly Charge - PHYS THERP/HOUR
 - 3 - Group Rate - PHYS THERP/GROUP
 - 4 - Evaluation or Re-evaluation - PHYS THERP/EVAL
 - 9 - Other Physical Therapy - OTHER PHYS THERP
- 043X - Occupational Therapy
 - 0 - General Classification - OCCUPATION THER
 - 1 - Visit Charge - OCCUP THERP/VISIT
 - 2 - Hourly Charge - OCCUP THERP/HOUR
 - 3 - Group Rate - OCCUP THERP/GROUP
 - 4 - Evaluation or Re-evaluation - OCCUP THERP/EVAL
 - 9 - Other Occupational Therapy (may include restorative therapy)
- 044X - Speech-Language Pathology
 - 0 - General Classification - SPEECH PATHOL
 - 1 - Visit Charge - SPEECH PATH/VISIT
 - 2 - Hourly Charge - SPEECH PATH/HOUR
 - 3 - Group Rate - SPEECH PATH/GROUP
 - 4 - Evaluation or Re-evaluation - SPEECH PATH/EVAL
 - 9 - Other Speech-Language Pathology - OTHER SPEECH PAT
- 045X - Emergency Room
 - 0 - General Classification - EMERG ROOM
 - 1 - EMTALA Emergency Medical screening services - ER/EMTALA
 - 2 - ER Beyond EMTALA Screening - ER/BEYOND EMTALA

- 6 - Urgent Care - URGENT CARE
- 9 - Other Emergency Room - OTHER EMER ROOM
- 046X - Pulmonary Function
 - 0 - General Classification - PULMONARY FUNC
 - 9 - Other Pulmonary Function - OTHER PULMON FUNC
- 047X - Audiology
 - 0 - General Classification AUDIOLOGY
 - 1 - Diagnostic AUDIOLOGY/DX
 - 2 - Treatment AUDIOLOGY/RX
 - 9 - Other Audiology OTHER AUDIOL
- 048X - Cardiology
 - 0 - General Classification CARDIOLOGY
 - 1 - Cardiac Cath Lab CARDIAC CATH LAB
 - 2 - Stress Test STRESS TEST
 - 3 - Echo cardiology ECHOCARDIOLOGY
 - 9 - Other Cardiology OTHER CARDIOL
- 049X - Ambulatory Surgical Care
 - 0 - General Classification AMBUL SURG
 - 9 - Other Ambulatory Surgical Care OTHER AMBL SURG
- 050X - Outpatient Services
 - 0 - General Classification OUTPATIENT SVS
 - 9 - Other Outpatient Services OUTPATIENT/OTHER
- 051X - Clinic
 - 0 - General Classification CLINIC
 - 1 - Chronic Pain Center CHRONIC PAIN CL
 - 2 - Dental Clinic DENTAL CLINIC
 - 3 - Psychiatric Clinic PSYCH CLINIC
 - 4 - OB-GYN Clinic OB-GYN CLINIC
 - 5 - Pediatric Clinic PEDS CLINIC
 - 6 - Urgent Care Clinic URGENT CLINIC
 - 7 - Family Practice Clinic FAMILY CLINIC
 - 9 - Other Clinic OTHER CLINIC
- 052X - Free-Standing Clinic
 - 0 - General Classification FREESTAND CLINIC
 - 1 - Rural Health-Clinic RURAL/CLINIC

- 2 - Rural Health-Home RURAL/HOME
- 3 - Family Practice FR/STD FAMILY CLINIC
- 4 - Visit by RHC/FQHC practitioner to a member in a covered Part A stay at the SNF
- 5 - Visit by RHC/FQHC practitioner to a member in a SNF (not in a covered Part A stay) or NF or ICF MR or other residential facility
- 6 - Urgent Care Clinic FR/STD URGENT CLINIC
- 7 - RHC/FQHC Visiting Nurse Service(s) to a member's home when in a home health shortage area
- 8 - Visit by RHC/FQHC practitioner to other non RHC/FQHC site (e.g. scene of accident)
- 9 - Other Freestanding Clinic OTHER FR/STD CLINIC
- 053X - Osteopathic Services
 - 0 - General Classification OSTEOPATH SVS
 - 1 - Osteopathic Therapy OSTEOPATH RX
 - 9 - Other Osteopathic Services OTHER OSTEOPATH
- 054X - Ambulance
 - 0 - General Classification AMBULANCE
 - 1 - Supplies AMBUL/SUPPLY
 - 2 - Medical Transport AMBUL/MED TRANS
 - 3 - Heart Mobile AMBUL/HEARTMOBL
 - 4 - Oxygen AMBUL/OXY
 - 5 - Air Ambulance AIR AMBULANCE
 - 6 - Neo-natal Ambulance AMBUL/NEO-NATAL
 - 7 - Pharmacy AMBUL/PHARMACY
 - 8 - Telephone Transmission EKG AMBUL/TELEPHONIC EKG
 - 9 - Other Ambulance OTHER AMBULANCE
- 055X - Skilled Nursing
 - 0 - General Classification SKILLED NURSING
 - 1 - Visit Charge SKILLED NURS/VISIT
 - 2 - Hourly Charge SKILLED NURS/HOUR
 - 9 - Other Skilled Nursing SKILLED NURS/OTHER
- 056X - Medical Social Services
 - 0 - General Classification MED SOCIAL SVS
 - 1 - Visit Charge MED SOC SERV/VISIT
 - 2 - Hourly Charge MED SOC SERV/HOUR
 - 9 - Other Med. Soc. Services MED SOC SERV/OTHER
- 057X - Home Health Aide (Home Health)

- 0 - General Classification AIDE/HOME HEALTH
- 1 - Visit Charge AIDE/HOME HLTH/VISIT
- 2 - Hourly Charge AIDE/HOME HLTH/HOUR
- 9 - Other Home Health Aide AIDE/HOME HLTH/OTHER
- 058X - Other Visits (Home Health)
 - 0 - General Classification VISIT/HOME HEALTH
 - 1 - Visit Charge VISIT/HOME HLTH/VISIT
 - 2 - Hourly Charge VISIT/HOME HLTH/HOUR
 - 3 - Assessment VISIT/HOME HLTH/ASSESS
 - 9 - Other Home Health Visits VISIT/HOME HLTH/OTHER
- 059X - Units of Service (Home Health)
 - 0 - General Classification UNIT/HOME HEALTH
 - 9 - Reserved (effective 10/1/07)
- 060X - Oxygen (Home Health)
 - 0 - General Classification O2/HOME HEALTH
 - 1 - Oxygen - State/Equip/Suppl or Cont O2/EQUIP/SUPPL/CONT
 - 2 - Oxygen - Stat/Equip/Suppl Under 1 LPM O2/STAT EQUIP/UNDER 1 LPM
 - 3 - Oxygen - Stat/Equip/Over 4 LPM O2/STAT EQUIP/OVER 4 LPM
 - 4 - Oxygen - Portable Add-on O2/STAT EQUIP/PORT ADD-ON
- 061X - Magnetic Resonance Technology (MRT)
 - 0 - General Classification MRT
 - 1 - Brain (including Brainstem) MRI - BRAIN
 - 2 - Spinal Cord (including spine) MRI - SPINE
 - 3 - Reserved
 - 4 - MRI - Other MRI - OTHER
 - 5 - MRA - Head and Neck MRA - HEAD AND NECK
 - 6 - MRA - Lower Extremities MRA - LOWER EXT
 - 7 - Reserved
 - 8 - MRA - Other MRA - OTHER
 - 9 - MRT- Other MRT - OTHER
- 062X - Medical/Surgical Supplies - Extension of 027X
 - 1 - Supplies Incident to Radiology MED-SUR SUPP/INCIDENT RAD
 - 2 - Supplies Incident to Other Diagnostic Services MED-SUR SUPP/INCIDENT ODX
 - 3 - Surgical Dressings SURG DRESSING
 - 4 - Investigational Device IDE

063X - Pharmacy - Extension of 025X

- 0 - RESERVED (Effective 1/1/98)
- 1 - Single Source Drug DRUG/SNGLE
- 2 - Multiple Source Drug DRUG/MULT
- 3 - Restrictive Prescription DRUG/RSTR
- 4 - Erythropoietin (EPO) less than 10,000 units DRUG/EPO <10,000 units
- 5 - Erythropoietin (EPO) 10,000 or more units DRUG/EPO >10,000 units
- 6 - Drugs Requiring Detailed Coding (a) DRUGS/DETAIL CODE
- 7 - Self-administrable Drugs (b) DRUGS/SELFADMIN

064X - Home IV Therapy Services

- 0 - General Classification IV THERAPY SVC
- 1 - Non-routine Nursing, Central Line NON RT NURSING/CENTRAL
- 2 - IV Site Care, Central Line IV SITE CARE/CENTRAL
- 3 - IV Start/Change Peripheral Line IV STRT/CHNG/PERIPHRL
- 4 - Non-routine Nursing, Peripheral Line NONRT NURSING/PERIPHRL
- 5 - Training Patient/Caregiver, Central Line TRNG/PT/CARGVR/CENTRAL
- 6 - Training, Disabled Patient, Central Line TRNG DSBLPT/CENTRAL
- 7 - Training Patient/Caregiver, Peripheral Line TRNG/PT/CARGVR/PERIPHRL
- 8 - Training, Disabled Patient, Peripheral Line TRNG/DSBLPAT/PERIPHRL
- 9 - Other IV Therapy Services OTHER IV THERAPY SVC

065X - Hospice Services

- 0 - General Classification HOSPICE
- 1 - Routine Home Care HOSPICE/RTN HOME
- 2 - Continuous Home Care HOSPICE/CTNS HOME
- 3 - RESERVED
- 4 - RESERVED
- 5 - Inpatient Respite Care HOSPICE/IP RESPITE
- 6 - General Inpatient Care (non-respite) HOSPICE/IP NON RESPITE
- 7 - Physician Services HOSPICE/PHYSICIAN
- 8 - Hospice Room & Board - Nursing Facility HOSPICE/R&B/NURS FAC
- 9 - Other Hospice HOSPICE/OTHER

066X - Respite Care (HHA Only)

- 0 - General Classification RESPITE CARE
- 1 - Hourly Charge/ Nursing RESPITE/ NURSE
- 2 - Hourly Charge/ Aide/Homemaker/Companion RESPITE/AID/HMEMKE/COMP

- 3 – Daily Respite Charge RESPITE DAILY
- 9 - Other Respite Care RESPITE/CARE
- 067X - Outpatient Special Residence Charges
 - 0 - General Classification OP SPEC RES
 - 1 - Hospital Based OP SPEC RES/HOSP BASED
 - 2 - Contracted OP SPEC RES/CONTRACTED
 - 9 - Other Special Residence Charges OP SPEC RES/OTHER
- 068X - Trauma Response
 - 0 - Not Used
 - 1 - Level I TRAUMA LEVEL I
 - 2 - Level II TRAUMA LEVEL II
 - 3 - Level III TRAUMA LEVEL III
 - 4 - Level IV TRAUMA LEVEL IV
 - 9 - Other Trauma Response TRAUMA OTHER
- 069X - Not Assigned
- 070X - Cast Room
 - 0 - General Classification CAST ROOM
 - 9 - Reserved (effective 10/1/07) 071X
- 070X -Recovery Room
 - 0 - General Classification RECOVERY ROOM
 - 9 - Reserved (effective 10/1/07) 072X
- 070X -Labor Room/Delivery
 - 0 - General Classification DELIVROOM/LABOR
 - 1 – Labor LABOR
 - 2 - Delivery DELIVERY ROOM
 - 3 - Circumcision CIRCUMCISION
 - 4 - Birthing Center BIRTHING CENTER
 - 9 - Other Labor Room/Delivery OTHER/DELIV-LABOR
- 073X - Electrocardiogram (EKG/ECG)
 - 0 - General Classification EKG/ECG
 - 1 – Holter Monitor HOLTER MONT
 - 2 - Telemetry TELEMETRY
 - 9 - Other EKG/ECG OTHER EKG-ECG
- 074X - Electroencephalogram (EEG)
 - 0 - General Classification EEG

- 9 - Reserved (effective 10/1/07) 075X
- 074X - Gastro-Intestinal Services
 - 0 - General Classification GASTR-INTS SVS
 - 9 - Reserved (effective 10/1/07)
- 076X - Treatment or Observation Room
 - 0 - General Classification TREATMENT/OBSERVATION RM
 - 1 - Treatment Room TREATMENT RM
 - 2 - Observation Room OBSERVATION RM
 - 9 - Other Treatment Room OTHER TREATMENT RM
- 077X - Preventative Care Services
 - 0 - General Classification PREVENT CARE SVS
 - 1 - Vaccine Administration VACCINE ADMIN
 - 9 - Reserved (effective 10/1/07) 078X
- 077X - Telemedicine - Future use to be announced - Medicare Demonstration Project
 - 0 - General Classification TELEMEDICINE
 - 9 - Reserved (effective 10/1/07)
- 079X - Extra-Corporeal Shock Wave Therapy (formerly Lithotripsy)
 - 0 - General Classification ESWT
 - 9 - Reserved (effective 10/1/07)
- 080X - Inpatient Renal Dialysis
 - 0 - General Classification RENAL DIALYSIS
 - 1 - Inpatient Hemodialysis DIALY/INPT
 - 2 - Inpatient Peritoneal (Non-CAPD) DIALY/INPT/PER
 - 3 - Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD) DIALY/INPT/CAPD
 - 4 - Inpatient Continuous Cycling Peritoneal Dialysis (CCPD) DIALY/INPT/CCPD
 - 9 - Other Inpatient Dialysis DIALY/INPT/OTHER
- 081X - Organ Acquisition
 - 0 - General Classification ORGAN ACQUISIT
 - 1 - Living Donor LIVING/DONOR
 - 2 - Cadaver Donor CADAVER/DONOR
 - 3 - Unknown Donor UNKNOWN/DONOR
 - 4 - Unsuccessful Organ Search Donor Bank Charge* UNSUCCESSFUL SEARCH
 - 9 - Other Organ Donor OTHER/DONOR
- 082X - Hemodialysis - Outpatient or Home Dialysis
 - 0 - General Classification HEMO/OP OR HOME

- 1 - Hemodialysis/Composite or Other Rate HEMO/COMPOSITE
- 2 – Home Supplies HEMO/HOME/SUPPL
- 3 – Home Equipment HEMO/HOME/EQUIP
- 4 - Maintenance/100% HEMO/HOME/100%
- 5 - Support Services HEMO/HOME/SUPSERV
- 9 – Other Hemodialysis Outpatient HEMO/HOME/OTHER
- 083X - Peritoneal Dialysis - Outpatient or Home
 - 0 - General Classification PERITONEAL/OP OR HOME
 - 1 - Peritoneal/Composite or Other Rate PERTNL/COMPOSITE
 - 2 – Home Supplies PERTNL/HOME/SUPPL
 - 3 – Home Equipment PERTNL/HOME/EQUIP
 - 4 - Maintenance/100% PERTNL/HOME/100%
 - 5 - Support Services PERTNL/HOME/SUPSERV
 - 9 – Other Peritoneal Dialysis PERTNL/HOME/OTHER
- 084X - Continuous Ambulatory Peritoneal Dialysis (CAPD) – Outpatient or Home
 - 0 - General Classification CAPD/OP OR HOME
 - 1 - CAPD/Composite or Other Rate CAPD/COMPOSITE
 - 2 – Home Supplies CAPD/HOME/SUPPL
 - 3 – Home Equipment CAPD/HOME/EQUIP
 - 4 - Maintenance/100% CAPD/HOME/100%
 - 5 - Support Services CAPD/HOME/SUPSERV
 - 9 – Other CAPD Dialysis CAPD/HOME/OTHER
- 085X - Continuous Cycling Peritoneal Dialysis (CCPD) – Outpatient
 - 0 - General Classification CCPD/OP OR HOME
 - 1 - CCPD/Composite or Other Rate CCPD/COMPOSITE
 - 2 – Home Supplies CCPD/HOME/SUPPL
 - 3 – Home Equipment CCPD/HOME/EQUIP
 - 4 - Maintenance/100% CCPD/HOME/100%
 - 5 - Support Services CCPD/HOME/SUPSERV
 - 9 – Other CCPD Dialysis CCPD/HOME/OTHER
- 086X - Reserved for Dialysis (National Assignment)
- 087X - Reserved for Dialysis (National Assignment)
- 088X - Miscellaneous Dialysis
 - 0 - General Classification DIALY/MISC
 - 1 – Ultra-filtration DIALY/ULTRAFILT

- 2 - Home Dialysis Aid Visit HOME DIALYSIS AID VISIT
- 9 - Other Miscellaneous Dialysis DIALY/MISC/OTHER
- 089X - Reserved for National Assignment
- 090X - Behavior Health Treatments/Services
 - 0 - General Classification BH
 - 1 - Electroshock Treatment BH/ELECTRO SHOCK
 - 2 - Milieu Therapy BH/MILIEU THERAPY
 - 3 - Play Therapy BH/PLAY THERAPY
 - 4 - Activity Therapy BH/ACTIVITY THERAPY
 - 5 - Intensive Outpatient Services-Psychiatric BH/INTENS OP/PSYCH
 - 6 - Intensive Outpatient Services-Chemical Dependency BH/INTENS OP/CHEM DEP
 - 7 - Community Behavioral Health Program (Day Treatment) BH/COMMUNITY
 - 8 - Reserved for National Use
 - 9 - Reserved for National Use
- 091X - Behavioral Health Treatment/Services
 - 0 - Reserved for National Assignment
 - 1 - Rehabilitation BH/REHAB
 - 2 - Partial Hospitalization* - Less Intensive BH/PARTIAL HOSP
 - 3 - Partial Hospitalization* - Intensive BH/PARTIAL INTENSIVE
 - 4 - Individual Therapy BH/INDIV RX
 - 5 - Group Therapy BH/GROUP RX
 - 6 - Family Therapy BH/FAMILY RX
 - 7 - Bio Feedback BH/BIOFEED
 - 8 - Testing BH/TESTING
 - 9 - Other Behavior Health Treatments/Services BH/OTHER
- 092X - Other Diagnostic Services
 - 0 - General Classification OTHER DX SVS
 - 1 - Peripheral Vascular Lab PERI VASCUL LAB
 - 2 - Electromyogram EMG
 - 3 - Pap Smear PAP SMEAR
 - 4 - Allergy test ALLERGY TEST
 - 5 - Pregnancy test PREG TEST
 - 9 - Other Diagnostic Service ADDITIONAL DX SVS
- 093X - Medical Rehabilitation Day Program
 - 1 - Half Day HALF DAY

- 2 – Full Day FULL DAY
- 094X - Other Therapeutic Services
 - 0 - General Classification OTHER RX SVS
 - 1 - Recreational Therapy RECREATION RX
 - 2 - Education/Training (includes diabetes related dietary therapy) EDUC/TRAINING
 - 3 - Cardiac Rehabilitation CARDIAC REHAB
 - 4 - Drug Rehabilitation DRUG REHAB
 - 5 - Alcohol Rehabilitation ALCOHOL REHAB
 - 6 - Complex Medical Equipment Routine COMPLX MED EQUIP-ROUT
 - 7 - Complex Medical Equipment Ancillary COMPLX MED EQUIP-ANC
 - 8 – Pulmonary Rehabilitation (effective 10/1/07 – not used by Medicare) PULMONARY REHAB
 - 9 - Other Therapeutic Services ADDITIONAL RX SVS
- 095X - Other Therapeutic Services-Extension of 094X
 - 0 - Reserved
 - 1 - Athletic Training ATHLETIC TRAINING
 - 2 - Kinesiotherapy KINESIOTHERAPY
- 096X - Professional Fees
 - 0 - General Classification PRO FEE
 - 1 - Psychiatric PRO FEE/PSYCH
 - 2 - Ophthalmology PRO FEE/EYE
 - 3 - Anesthesiologist (MD) PRO FEE/ANES MD
 - 4 - Anesthetist (CRNA) PRO FEE/ANES CRNA
 - 9 - Other Professional Fees OTHER PRO FEE
- 097X - Professional Fees
 - 1 - Laboratory PRO FEE/LAB
 - 2 - Radiology - Diagnostic PRO FEE/RAD/DX
 - 3 - Radiology - Therapeutic PRO FEE/RAD/RX
 - 4 - Radiology - Nuclear Medicine PRO FEE/NUC MED
 - 5 - Operating Room PRO FEE/OR
 - 6 - Respiratory Therapy PRO FEE/RESPIR
 - 7 - Physical Therapy PRO FEE/PHYSI
 - 8 - Occupational Therapy PRO FEE/OCUPA
 - 9 - Speech Pathology PRO FEE/SPEECH
- 098X - Professional Fees
 - 1 - Emergency Room PRO FEE/ER

- 2 - Outpatient Services PRO FEE/OUTPT
- 3 - Clinic PRO FEE/CLINIC
- 4 - Medical Social Services PRO FEE/SOC SVC
- 5 - EKG PRO FEE/EKG
- 6 - EEG PRO FEE/EEG
- 7 - Hospital Visit PRO FEE/HOS VIS
- 8 - Consultation PRO FEE/CONSULT
- 9 - Private Duty Nurse FEE/PVT NURSE
- 099X - Patient Convenience Items
 - 0 - General Classification PT CONVENIENCE
 - 1 - Cafeteria/Guest Tray CAFETERIA
 - 2 - Private Linen Service LINEN
 - 3 - Telephone/Telegraph TELEPHONE
 - 4 - TV/Radio TV/RADIO
 - 5 - Non-patient Room Rentals NONPT ROOM RENT
 - 6 - Late Discharge Charge LATE DISCHARGE
 - 7 - Admission Kits ADMIT KITS
 - 8 - Beauty Shop/Barber BARBER/BEAUTY
 - 9 - Other Patient Convenience Items PT CONVENIENCE/OTH
- 100X - Behavioral Health Accommodations
 - 0 - General Classification BH R&B
 - 1 - Residential Treatment - Psychiatric BH - R&B RES/PSYCH
 - 2 - Residential Treatment - Chemical Dependency BH R&B RES/CHEM DEP
 - 3 - Supervised Living BH R&B SUP LIVING
 - 4 - Halfway House BH R&B HALFWAY HOUSE
 - 5 - Group Home BH R&B GROUP HOME
- 101X TO 209X - Reserved for National Assignment
- 210X - Alternative Therapy Services
 - 0 - General Classification ALTTHERAPY
 - 1 - Acupuncture ACUPUNCTURE
 - 2 - Accupressure ACCUPRESSURE
 - 3 - Massage MASSAGE
 - 4 - Reflexology REFLEXOLOGY
 - 5 - Biofeedback BIOFEEDBACK
 - 6 - Hypnosis HYPNOSIS

9 - Other Alternative Therapy Service OTHER THERAPY

211X to 300X - Reserved for National Assignment

310X - Adult Care

0 - Note Used

1 - Adult Day Care, Medical and Social - Hourly ADULT MED/SOC HR

2 - Adult Day Care, Social - Hourly ADULT SOC HR

3 - Adult Day Care, Medical and Social - Day ADULT MED/SOC DAY

4 - Adult Day Care, Social - Daily ADULT SOC DAY

5 - Adult Foster Care - Daily ADULT FOSTER CARE

9 - Other Adult Care Other Adult

311X to 899X - Reserved for National Assignment

9000 to 9044 - Reserved for Medicare Skilled Nursing Facility Demonstration Project

9045 - 9099 - Reserved for National Assignment

FL 46 - Units of Service – examples

- Accommodations - 0100s - 0150s, 0200s, 0210s (days)
- Blood pints - 0380s (pints)
- DME - 0290s (rental months)
- Emergency room - 0450, 0452, and 0459 (HCPCS code definition for visit or procedure)
- Clinic - 0510s and 0520s (HCPCS code definition for visit or procedure)
- Dialysis treatments - 0800s (sessions or days)
- Orthotic/prosthetic devices - 0274 (items)
- Outpatient therapy visits - 0410, 0420, 0430, 0440, 0480, 0910, and 0943 (Units are equal to the number of times the procedure/service being reported was performed.)
- Outpatient clinical diagnostic laboratory tests - 030X-031X (tests)
- Radiology - 032x, 034x, 035x, 040x, 061x, and 0333 (HCPCS code definition of tests or services)
- Oxygen - 0600s (rental months, feet, or pounds)
- Drugs and Biologicals- 0636 (including hemophilia clotting factors)

FL 59A, B, and C - Patient's Relationship to Insured - the code list.

01 - Spouse

18 - Self

19 - Child

20 - Employee
21 - Unknown
39 - Organ Donor
40 - Cadaver Donor
53 - Life Partner
G8 - Other Relationship

FLs 78 and 79 - Other Provider Name and Identifiers (including NPI) - Provider Type Qualifier Codes/Definition/Situational Usage Notes:

DN - Referring Provider
ZZ - Other Operating Physician
82 - Rendering Provider.

FL 81 - Code-Code Field - Code List Qualifiers:

01-A0 Reserved for National Assignment
A1 National Uniform Billing Committee Condition Codes – not used for Medicare
A2 National Uniform Billing Committee Occurrence Codes – not used for Medicare
A3 National Uniform Billing Committee Occurrence Span Codes – not used for Medicare
A4 National Uniform Billing Committee Value Codes – not used for Medicare
A5 - B0 Reserved for National Assignment
B3 Health Care Provider Taxonomy Code
B4-ZZ Reserved for National Assignment

Appendix D – Major Diagnostic Categories

(MDC)

| | | | |
|----|------------------------------------|-------|-----------------------------------|
| 01 | Diseases of the Nervous System | 14 | Pregnancy, Childbirth, Puerperium |
| 02 | Diseases and Disorders of the Eye | 15 | Newborns, Other Neonates |
| 03 | Ear, Nose, Mouth, and Throat | 16 | Blood and Blood Forming Organs |
| 04 | Respiratory System | 17 | Myeloproliferative Diseases |
| 05 | Circulatory System | 18 | Infectious and Paras. Diseases |
| 06 | Diseases of the Digestive System | 19 | Mental Diseases and Disorders |
| 07 | Hepatobiliary System and Pancrease | 20 | Alcohol/Drug Use, Induc. Organ. |
| 08 | Musculoskeletal System | 21 | Injuries, Poisonings, Toxic |
| 09 | Skin, Subcutaneous Tissue, Breast | 22 | Burns |
| 10 | Endocrine, Nutritional, Metabolic | 23 | Factors Infl. Health Status |
| 11 | Kidney and Urinary Tract | 24 | Multiple Significant Trauma |
| 12 | Male Reproductive System | 25 | Human Immunodeficiency Virus |
| 13 | Female Reproductive System | Other | Unknown Diagnosis Code |

Appendix E – Diagnostic Categories

(GENDIAG1, DIAGCAT1)

Roman Numerals Represent Variable GENDIAG1; Others Are DIAGCAT1

- . All Conditions
- 2 I. Infective & Parasitic Disorders
- 3 Viral Disorders
- 4 Other Infect.& Parasitic Disorders
- 5 II. Neoplasms
- 7 Lip, Oral Cavity & Pharynx
- 8 Large Intestine & Rectum
- 9 Other Dig.Organs & Peritoneum
- 10 Trachea, Bronchus & Lung
- 11 Bone,Conn.& Soft Tissue,Skin
- 12 Breast
- 13 Female Genital Organs
- 14 Prostate
- 15 Urinary Organs
- 16 Leukemia
- 17 Other Hematopoietic Tissue
- 18 Other & Unspecified Sites
- 20 Digestive System
- 21 Bone & Connective Tissue
- 22 Breast
- 23 Uterus
- 24 Other Female Genital Organs
- 25 Other Benign Neoplasms
- 26 III. Endocrine,Nutrit.& Meta.
- 27 Disorders Of Thyroid Gland
- 28 Diabetes Mellitus W/O Comp.
- 29 Diabetes Mellitus W/Comp.
- 30 Other Endocrine Disorders
- 31 Obesity

| | | |
|----|------|--|
| 32 | | Nutrit.Defic.& Meta. Disorders |
| 33 | IV. | Blood & Bl-Forming Organs |
| 34 | | Anemias |
| 35 | | Other |
| 36 | V. | Mental Disorders |
| 37 | | Organic Psychotic Conditions |
| 38 | | Schizophrenic Disorders |
| 39 | | Other Psychoses |
| 40 | | Anxiety States |
| 41 | | Other Neuroses & Personality Disorders |
| 42 | | Alcohol Dependence Syndrome |
| 43 | | Drug Dependence |
| 44 | | Nondependent Use Of Drugs |
| 45 | | Other Mental Disorders |
| 46 | VI. | Nervous System& Sense Organs |
| 47 | | Epilepsy |
| 48 | | Disorders Of Central Nervous System |
| 49 | | Disorders Of Nerves & Peri. Ganglia |
| 50 | | Cataract |
| 51 | | Other Conditions & Disorders Of Eye |
| 52 | | Otitis Media/Eust. Tube Disorders. |
| 53 | | Disorders Of Ear & Mastoid Process |
| 54 | VII. | Disorders Of Circulatory Sys |
| 55 | | Essential Hypertension |
| 57 | | Hypertensive Heart Disorders |
| 58 | | Acute Myocardial Infarction |
| 59 | | Acute Ischemic Heart Disorders |
| 60 | | Angina Pectoris |
| 61 | | Arteriosclerotic Heart Disorders |
| 62 | | Chronic Ischemic Heart Disorders |
| 63 | | Pulmonary Heart Disorders |
| 64 | | Cardiac Dysrhythmias |
| 65 | | Congestive Heart Failure |
| 66 | | Cardiovascular Disorders |
| 67 | | Other Heart Disorders |
| 68 | | Intracranial Hemorrhage |

| | |
|-----|---------------------------------------|
| 69 | Occlusion Of Cerebral Art. |
| 70 | Transient Cerebral Ischemia |
| 71 | Acute Cerebrovascular Disorders |
| 72 | Other Cerebrovascular Disorders |
| 73 | Atherosclerosis |
| 74 | Aneurysm |
| 75 | Other Disorders Of Arteries |
| 76 | Phlebitis & Thrombophlebitis |
| 77 | Varicose Veins,Lower Extrem. |
| 78 | Hemorrhoids |
| 79 | Other Disorders Of Circ. System |
| 80 | VIII. Disorders Of The Resp.System |
| 81 | Acute Bronchitis & -iolitis |
| 82 | Acute Upper Resp.Infections |
| 83 | Deviated Nasal Septum |
| 84 | Chron. Disorders, Tonsils/Adenoids |
| 85 | Pneumonia, All Forms |
| 86 | Influenza |
| 87 | Bronchitis,Chronic/Unspec. |
| 88 | Emphysema |
| 89 | Asthma |
| 90 | Pleurisy |
| 91 | Other Disorders Of The Resp.System |
| 92 | IX. Disorders Of The Digestive System |
| 93 | Disturbance Of Tooth Eruption |
| 94 | Other Disorders Of Teeth/Jaw/Mouth |
| 95 | Disorders Of The Esophagus |
| 96 | Gastric Ulcer |
| 97 | Duodenal Ulcer |
| 98 | Other & Unspec. Peptic Ulcer |
| 99 | Gastritis & Duodenitis |
| 100 | Other Disorders Of The Stomach |
| 101 | Acute Append. W/O Peritonitis |
| 102 | Other Disorders Of The Appendix |
| 103 | Inguinal Hernia |
| 104 | Other Hernia,Abdominal Cavity |

| | |
|-----|---------------------------------------|
| 105 | Reg. Enteritis/Peoctocolitis |
| 106 | G-Enteritis/Colitis,Noninfect. |
| 107 | Intestinal Obstruct.W/O Hernia |
| 108 | Diverticula Of Intestine |
| 109 | Functional Disorders,Intestines |
| 110 | Anal Fissure/Fistula/Abscess |
| 111 | Other Disorders, Intestine/Peritoneum |
| 112 | Chronic Liver Disorders/Cirrhosis |
| 113 | Other Disorders Of The Liver |
| 114 | Cholelithiasis |
| 115 | Cholecystitis |
| 116 | Other Disorders, Gall Bladder/Ducts |
| 117 | Disorders Of The Pancreas |
| 118 | Gi Hemorrhage/Intest. Malabs. |
| 119 | X. Disorders Of Genitourinary Sys |
| 120 | Nephritis & Nephrosis |
| 121 | Infections Of Kidney |
| 122 | Calculus Of Kidney/Ureter |
| 123 | Cystitis |
| 124 | Urethral Stricture |
| 125 | Other Disorders Of Urinary Sys |
| 126 | Hyperplasia Of Prostate |
| 127 | Other Disorders Of Male Gen.Organs |
| 128 | Benign Mammary Dysplasia |
| 129 | Inflammatory Disorders Of Breast |
| 130 | Cervicitis & Endocervicitis |
| 131 | Inflam. Disorders, Fem. Pelv. Org. |
| 132 | Endometriosis |
| 133 | Genital Prolapse (Female) |
| 134 | Disorders Of Menstruation |
| 135 | Menopausal/Postmenopausal Disorders |
| 136 | Other Disorders/Female Genital Organ |
| 137 | XI. Compl.Of Preg./Birth/Puer. |
| 138 | Ectopic Pregnancy |
| 139 | Induced Abortion |
| 140 | Other Abortion |

| | |
|-----|---|
| 141 | Antepartum Hemorrhage |
| 142 | Preg. With Hypertension |
| 143 | False Labor |
| 144 | Fetopelvic Disordersproportion |
| 145 | Uterine Scar |
| 146 | Rupture Of Membranes |
| 147 | Umbilical Cord Comp. |
| 148 | Trauma To Perineum/Vulva |
| 149 | Other Comp. Of Pregnancy |
| 150 | Delivery Without Complication |
| 151 | Delivery With Complications |
| 152 | XII. Disorders Of Skin/Subcut.Tissue |
| 153 | Cellulitis & Abscess |
| 154 | Pilonidal Cyst |
| 155 | Infections,Skin/Subcut.Tissue |
| 156 | Other Disorders,Skin/Subcut.Tissue |
| 157 | XIII. Musculoskeletal/Conn.Ti. |
| 158 | Rheumatoid Arthritis |
| 159 | Osteoarthritis/Allied Cond. |
| 160 | Int. Derangement, Knee Joint |
| 161 | Other Arthropatoties |
| 162 | Spondylosis/Allied Disorders |
| 163 | Derang./Disorderspl., Lumbar Disorderse |
| 164 | Disordersplacement/Intervert.Disorderse |
| 165 | Other Dorsepathies |
| 166 | Synositis, Bursitis |
| 167 | Bunion/Deformities Of Toe |
| 168 | Disorders Of Bone & Cartilage |
| 169 | Other Disorders/Musculoskeletal System |
| 170 | XIV. Congenital Anomalies |
| 171 | Heart & Circ. System |
| 172 | Other Congenital Anomalies |
| 173 | XV. Causes,Perinatal Morb/Mort |
| 174 | XVI. Symptoms/Ill-Defined Cond. |
| 175 | Convulsions |
| 176 | Chest Pain |

| | |
|-----|--|
| 177 | Abdominal Pain |
| 178 | Other Symptoms |
| 179 | XVII. Accidents/Poison/Violence |
| 180 | Fracture/Skull And Face Bones |
| 181 | Fracture/Vertebral Column |
| 182 | Fracture/Radius & Ulna |
| 183 | Fracture/Neck Of Femur |
| 184 | Fracture/Other |
| 185 | Disorders/location Without Fracture |
| 186 | Sprains/Strains,Back & Neck |
| 187 | Concussion |
| 188 | Intracranial Inj.(Exc.Skull) |
| 189 | Internal Inj,Chest/Abd/Pelvis |
| 190 | Lac/Open Wound,Eye/Ear/Head |
| 191 | Lac/Open Wound,Other |
| 192 | Late Effects |
| 193 | Burns |
| 194 | Other Injuries |
| 195 | Poisoning/Medical Agents |
| 196 | Poisoning/Chemical & Ext. Causes |
| 197 | Other/Unspec. Ext. Causes |
| 198 | Complications, Surgery/Other Med. Care |
| 199 | XVIII. Supplementary Classifications |
| 200 | Personal/Family Health Hazards |
| 201 | Sterilization |
| 203 | Other Factors |
| 204 | Newborn |

Appendix F – Procedural Categories

(GENPROC1, PROCCAT1)

Roman Numerals Represent Variable GENPROC1; Others Are PROCCAT1

- . All Operations & Procedures
- 1 I. Ops On The Nervous Sys
- 2 Incis/Excis,Skull/Intra.Struc.
- 3 Laminectomy
- 4 Ops On Cranial/Periph Nerves
- 5 Biopsies On The Nervous System
- 6 Other Neurosurgical Ops
- 7 II. Ops On Endocrine System
- 8 Thyroidectomy
- 9 Other Endocrine Ops
- 10 III. Ops On The Eye
- 11 Extraction Of Lens
- 12 Resect/Recess Ocular Muscle
- 13 Other Eye Surgery
- 14 IV. Ops On The Ear
- 15 Tympanoplasty
- 16 Myringotomy
- 17 Other Ops On The Ear
- 18 V. Ops On Nose,Mouth,Pharynx
- 19 Submucous Resect Of Septum
- 20 Inc/Ex/Destruct,Nose/Lesion Of
- 21 Reduction Of Nasal Fracture
- 22 Rhinoplasty & Repair/Nose
- 23 Forceps Extraction Of Tooth
- 24 Surgical Removal Of Tooth
- 25 Plastic Ops On Mouth/Palate

| | |
|----|---------------------------------|
| 26 | Tonsillectomy W/O Adenoidect |
| 27 | Tonsillectomy W/ Adenoidect |
| 28 | Adenoidectomy W/O Tonsillect |
| 29 | Other Ops Of Nose/Throat |
| 30 | VI. Ops On Respiratory System |
| 31 | Tracheostomy,Temporary |
| 32 | Laryngoscopy/Tracheoscopy |
| 33 | Lung Lobectomy/Pneumectomy |
| 34 | Bronchoscopy |
| 35 | Incision Of Chest Wall & Pleura |
| 36 | Thoracentesis |
| 37 | Biopsy/Othr Diag Proc/Resp Sys |
| 38 | Other Ops On Respiratory Sys |
| 39 | VII. Ops On Cardiovascular Sys |
| 40 | Ops On Heart Valves |
| 41 | Direct Heart Revascularization |
| 42 | Other Open Heart Ops |
| 43 | Cardiac Catheterization |
| 44 | Pacemaker,Insert/Repair/Removl |
| 45 | Lig & Stripping,Varicose Veins |
| 46 | Sys Shunt & Graft Bypass |
| 47 | Hemodialysis |
| 48 | Other Cardiovascular Ops |
| 49 | VIII. Ops On Hemic/Lymphat Sys |
| 50 | Splenectomy |
| 51 | Biopsies,Hemic/Lymphatic Sys |
| 52 | Other Ops,Hemic/Lymphatic Sys |
| 53 | IX. Ops On Digestive Sys |
| 54 | Esophago/Gastroscopy,Natural |
| 55 | Partial Gastrectomy |
| 56 | Local E/D Lesion,Stom/Intest. |
| 57 | Resection Of Intestine |
| 58 | Intestinal Anastomosis,Repair |

| | |
|----|--------------------------------|
| 59 | Ileo,Colo,& Other Enterostomy |
| 60 | Appendectomy,Exclud Incidental |
| 61 | Local E/D Lesion Of Rect/Anus |
| 62 | Hemorrhoidectomy |
| 63 | Cholecystectomy |
| 64 | Repair,Inguinal Hernia |
| 65 | Repair,Umbilical Hernia |
| 66 | Other Hernia Repair |
| 67 | Laparotomy |
| 68 | In/Ex Abd Wall,Except Lap |
| 69 | Div Of Peritoneal Adhesions |
| 70 | Biopsy Of Digestive Sys |
| 71 | Other Digestive Sys Ops |
| 72 | X. Ops Of Urinary Sys |
| 73 | Nephro/Pyelotomy,Nephrectomy |
| 74 | Endoscopy,Urinary Sys/Natural |
| 75 | Transurethral E/D Bladder Tiss |
| 76 | Urethral Meatotomy |
| 77 | Dilation Of Urethra |
| 78 | Retropubic Urethral Suspension |
| 79 | Urethral Catheterization |
| 80 | Biopsy Of Urinary Sys |
| 81 | Other Urinary Sys Ops |
| 82 | XI. Ops On Male Genital Sys |
| 83 | Prostatectomy |
| 84 | Ex Hydrocele,Les/Tunica Vag |
| 85 | Orchiectomy/Orchiopexy |
| 87 | Circumcision |
| 88 | Biopsy,Male Genital Organs |
| 89 | Other Male Genital Sys Ops |
| 90 | XII. Ops On Female Genital Sys |
| 91 | Local E/D Ovarian Tissue |
| 92 | Uni.Oophor/Sal-Oophorectomy |

| | |
|-----|--------------------------------|
| 93 | Bilat Oophor/Sal-Oophorectomy |
| 94 | Bilat Endo Dest/Occ Fal.Tubes |
| 95 | Other Bi Dest/Occ Fal.Tubes |
| 96 | Total Bilat Salpingectomy |
| 97 | Conization Of Cervix |
| 98 | Other E/D Cervix,Uter,Sup Tiss |
| 99 | Abdominal Hysterectomy |
| 100 | Vaginal Hysterectomy |
| 101 | D/C,Terminate Pregnancy |
| 102 | D/C,After Deliv/Abortion |
| 103 | Diagnostic D/C |
| 104 | Aspiration Cur For Abortion |
| 105 | Repair,Cystocele/Rectocele |
| 106 | In/Ex Lesion Vulva/Perineum |
| 107 | Biopsy,Female Gen Organs |
| 108 | Other Female Gen Sys Ops |
| 109 | XIII. Obstetrical Procedures |
| 110 | Low Forceps Op,W Or W/O Episi |
| 111 | Extract Proceods-Assist Deliv. |
| 112 | Episiotomy |
| 113 | Other Proceods To Assist Deliv |
| 114 | Cesarean Section |
| 115 | Repair,Current Ob Laceration |
| 116 | Other Ob Procedures |
| 117 | XIV. Ops On Musculoskel Sys |
| 118 | Incision Of Bone |
| 119 | Reduc Fract/Dislocat Jawbone |
| 120 | Bunionectomy |
| 121 | Partial Excision Of Bone |
| 122 | Removal,Inter Bone Fix Device |
| 123 | Open Reduction Of Fracture |
| 124 | Other Reduction Of Fracture |
| 125 | Reduction Joint Dislocation |

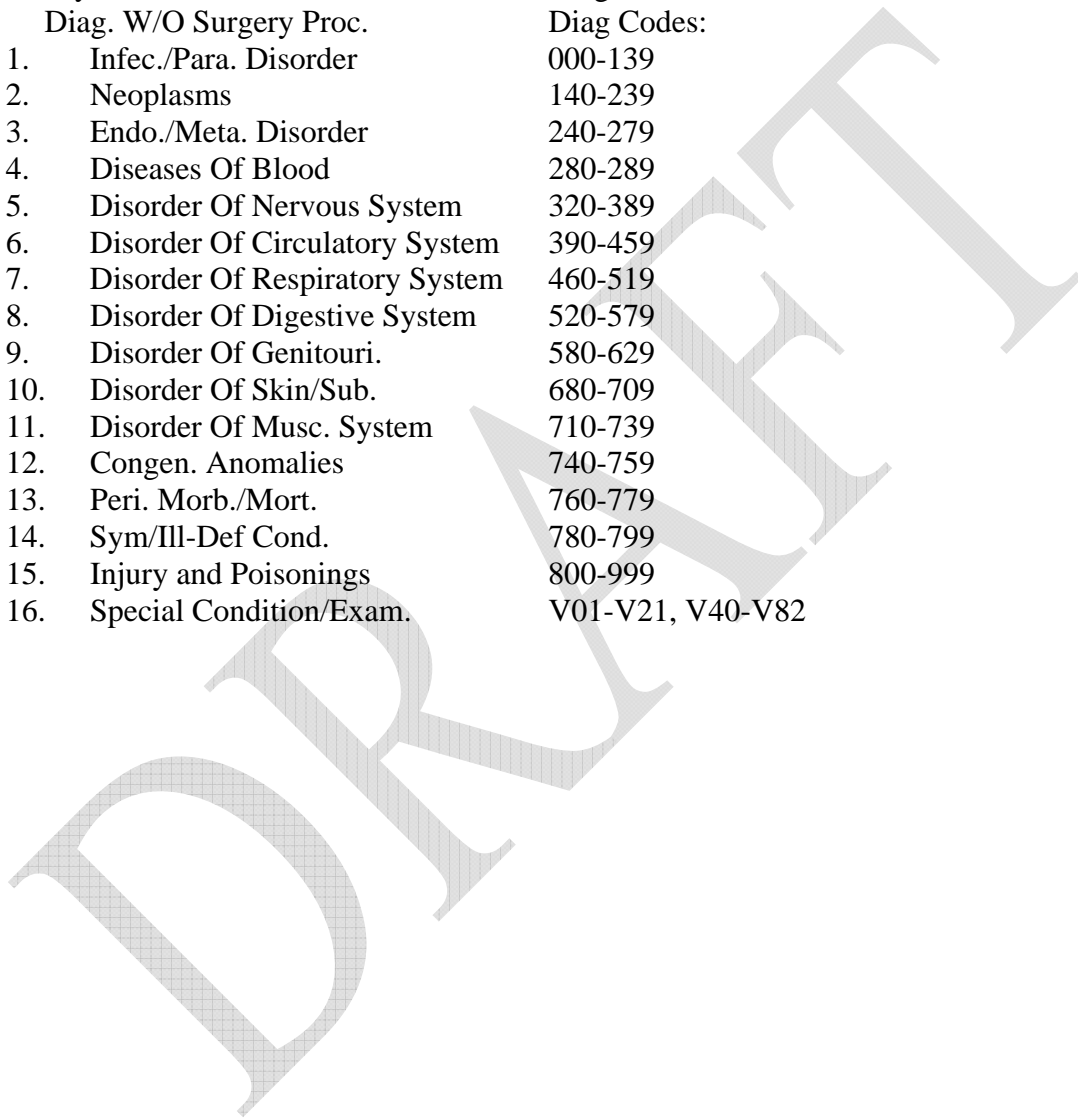
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| 126 | Repair Ops Of Bone/Excep Face | |
| 127 | Ex/Destruct Intervertebr Disk | |
| 128 | Ex Semilunar Cartilage,Knee | |
| 129 | Spinal Fusion | |
| 130 | Arthroplasty Of Knee | |
| 131 | Arthroplasty/Replace Hip | |
| 132 | Arthroplasty,Other Joints | |
| 135 | Other Ops Musculoskeletal Sys | |
| 136 | XV. Ops On Integumentary Sys | |
| 137 | Ex/Destruction, Breast Tissue | |
| 138 | Mastectomy | |
| 139 | Incision Skin/Subcut Tissue | |
| 140 | Incision Pilonidal Cyst/Sinus | |
| 141 | Debridement Wound/Infect/Burn | |
| 142 | Other Ex/Des Skin/Subcu Tiss | |
| 143 | Suture Skin/Subcu Tissue | |
| 144 | Skin Graft Except Lip/Mouth | |
| 145 | Biopsy Integumentary Sys | |
| 146 | Other Integumentary Sys Ops | |
| 147 | XVI. Misc Diag/Thera Proceds | |
| 148 | Computerized Axial Tomography | |
| 149 | Contrast Myelogram | |
| 150 | Intravenous Pyelogram | |
| 151 | Retrograde Pyelogram | |
| 152 | Contrast Arteriography | |
| 153 | Contrast Angiocardiography | |
| 154 | Diagnostic Ultrasound | |
| 155 | Radioisotope Scan156 | Other Diag/Thera Procedures |
| 157 | Code Out Of Range | |

Appendix G – Diagnostic and Procedural Groupings

(ARABIC1, ROMAN1)

| | Service Groupings | ICD-9-CM Codes |
|---------|---------------------------|--|
| ROMAN1 | I. Obstetrics | Proc Codes: 72.00-75.99 Or Diag Codes 630-676, V22-V24, V28 |
| ROMAN1 | II. Surgical Procedures | Procedure Codes: |
| ARABIC1 | 1. Oper. Nervous System | 01-05 |
| ARABIC1 | 2. Ophthalmology | 08-08.59, 08.8-16.99 |
| ARABIC1 | 3. Otorhino. | 18-18.49, 18.8-21.82, 21.88-22, 25.0-27.52, 27.6-28.19, 28.4-31.71, 31.75-31.99 |
| ARABIC1 | 3a. Tonsil./Adenoid | 28.2-28.39 |
| ARABIC1 | 4. Thyroid/Thymus | 06-07 |
| ARABIC1 | 5. Vasc./Card. Sugery | 35-39 |
| ARABIC1 | 6. Thoracic Surger | 32-34 & 42 |
| ARABIC1 | 7. Abdominal Surgery | 43-46, 50-51.19, 51.3-52, 53.2-54 |
| ARABIC1 | 7a. Repair of Hernia | 53.0-53.17 |
| ARABIC1 | 7b. Appendectomy | 47 |
| ARABIC1 | 7c. Cholecystectomy | 51.2-51.29 |
| ARABIC1 | 8. Procto. Surgery | 48-49 |
| ARABIC1 | 9. Urological Surgery | 55-64 |
| ARABIC1 | 10. Breast Surgery | 85.0-85.25, 85.4-85.49, 85.6-85.92, 85.99 |
| ARABIC1 | 11. Gynecological Surgery | 65-71 |
| ARABIC1 | 12. Orthopedic Surger | 77-84 |
| ARABIC1 | 13. Plastic Surgery | 08.6-08.74, 18.5-18.79, 21.83-21.87, 27.53-27.59, 31.72-31.74, 85.3-85.39, 85.5-85.59, 85.93-85.94, 86.23, 86.6-86.91, 86.93-86.99 |
| ARABIC1 | 14. Oral/Maxil. Surgery | 76 |
| ARABIC1 | 15. Dental Surgery | 23-24 |
| ARABIC1 | 16. Other Surgeries | 40-41, 86.0-86.22, 86.24-86.59 |
| ROMAN1 | III. Pediatric W/O Proc. | Age Less Than Or Equal To 14 |

| | | |
|---------|-----------------------------------|-------------------------|
| ROMAN1 | IV. Psychiatric | Diagnosis Codes 290-319 |
| ROMAN1 | V. Diag. W/O Surgery Proc. | Diag Codes: |
| ARABIC1 | 1. Infec./Para. Disorder | 000-139 |
| ARABIC1 | 2. Neoplasms | 140-239 |
| ARABIC1 | 3. Endo./Meta. Disorder | 240-279 |
| ARABIC1 | 4. Diseases Of Blood | 280-289 |
| ARABIC1 | 5. Disorder Of Nervous System | 320-389 |
| ARABIC1 | 6. Disorder Of Circulatory System | 390-459 |
| ARABIC1 | 7. Disorder Of Respiratory System | 460-519 |
| ARABIC1 | 8. Disorder Of Digestive System | 520-579 |
| ARABIC1 | 9. Disorder Of Genitouri. | 580-629 |
| ARABIC1 | 10. Disorder Of Skin/Sub. | 680-709 |
| ARABIC1 | 11. Disorder Of Musc. System | 710-739 |
| ARABIC1 | 12. Congen. Anomalies | 740-759 |
| ARABIC1 | 13. Peri. Morb./Mort. | 760-779 |
| ARABIC1 | 14. Sym/Ill-Def Cond. | 780-799 |
| ARABIC1 | 15. Injury and Poisonings | 800-999 |
| ARABIC1 | 16. Special Condition/Exam. | V01-V21, V40-V82 |



Appendix H – Physician Specialty Codes

(FLAGSPC1, FLAGSPC2, FLAGSPC3)

| | | | | | | | | |
|-----|-----|--|-----|-----|---|-----|-----|--|
| 089 | A | Allergy | 013 | GPM | General Preventive Medicine | 0KK | OSS | Orthopedic Surgery of the Spine |
| 080 | AD | Administrative Medicine | 059 | GS | General Surgery | 033 | OT | Otology |
| 090 | ADL | Adolescent Medicine | 015 | GYN | Gynecology | 074 | OTO | Otolaryngology |
| 0AV | ADM | Addiction Medicine | 016 | HEM | Hematology (Internal Medicine) | 0AL | OTR | Orthopedic Trauma |
| 0BA | ADP | Addiction Psychiatry | 0BT | HEP | Hepatology | 043 | P | Psychiatry |
| 002 | AI | Allergy And Immunology | 0WW | HMP | Hematology (Pathology) | 041 | PA | Clinical Pharmacology |
| 0LL | ALI | Allergy & Immunology/Clinical And Laboratory Immunology | 061 | HNS | Head & Neck Surgery | 0AM | PCH | Chemical Pathology |
| 001 | AM | Aerospace Medicine | 0XX | HSO | Hand Surgery (Orthopedic Surgery) | 0AN | PCP | Cytopathology |
| 003 | AN | Anesthesiology | 0YY | HSP | Surgery of the Hand (Plastic Surgery) | 038 | PD | Pediatrics |
| 0MM | APM | Pain Management (Anesthesiology) | 060 | HSS | Surgery Of The Hand (Surgery) | 039 | PDA | Pediatric Allergy |
| 056 | AS | Abdominal Surgery | 018 | ID | Infectious Disease | 040 | PDC | Pediatric Cardiology |
| 085 | ATP | Anatomic Pathology | 071 | IG | Immunology | 0AA | PDE | Pediatric Endocrinology |
| 000 | BBK | Blood Banking/Transfusion Medicine | 0AB | ILI | Clinical And Laboratory Immunology (Internal Medicine) | 0BJ | PDO | Pediatric Otolaryngology |
| 0BC | CBG | Clinical Biochemical Genetics | 019 | IM | Internal Medicine | 0FF | PDP | Pediatric Pulmonology |
| 0PP | CCA | Critical Care Medicine (Anesthesiology) | 0AC | IMG | Geriatric Medicine (Internal Medicine) | 051 | PDR | Pediatric Radiology |
| 0BD | CCG | Clinical Cytogenetics | 0BI | ISM | Sports Medicine (Internal Medicine) | 064 | PDS | Pediatric Surgery |
| 092 | CCM | Critical Care Medicine (Internal Medicine) | 021 | LM | Legal Medicine | 0BK | PDT | Medical Toxicology(Pediatrics) |
| 0QQ | CCP | Pediatric Critical Care Medicine | 087 | MFM | Maternal & Fetal Medicine | 0HH | PEM | Pediatric Emergency Medicine |
| 0GG | CCS | Surgical Critical Care (Surger) | 0II | MG | Medical Genetics | 0AO | PG | Pediatric Gastroenterology |
| 005 | CD | Cardiovascular Disease | 098 | MM | Medical Microbiology | 047 | PH | Public Health and General Prevention Medicine |
| 057 | CDS | Cardiovascular Surgery | 024 | N | Neurology | 082 | PHO | Pediatric Hematology/Oncology |
| 0CE | CE | Cardiac Electrophysiology | 0AD | NCC | Critical Care Medicine (Neurological Surgery) | 0AP | PIP | Immunopathology |
| 0BE | CG | Clinical Genetics | 0DD | NEO | Neo-Natal | 0AQ | PLI | Clinical And Laboratory Immunology (Pediatrics) |
| 025 | CHN | Child Neurology | 023 | NEP | Nephrology | 042 | PM | Physical Medicine and Rehabilitation |
| 044 | CHP | Child & Adolescent Psychiatry | 027 | NM | Nuclear Medicine | 0BL | PMD | Pain Medicine |
| 036 | CLP | Clinical Pathology | 026 | NP | Neuropathology | 083 | PN | Pediatric Nephrology |
| 0BF | CMG | Clinical Molecular Genetics | 084 | NPM | Neonatal-Perinatal Medicine | 0BM | PO | Pediatric Ophthalmology |
| 0SS | CN | Clinical Neurophysiology | | | | 0BU | PP | Pediatric Pathology |
| 058 | CRS | Colon & Rectal Surgery | | | | 0BN | PPR | Pediatric Rheumatology |
| 006 | D | Dermatology | | | | 065 | PS | Plastic Surgery |
| 0TT | DDL | Clinical And Laboratory | | | | 0BO | PSM | Sports Medicine (Pediatrics) |
| | | | | | | 035 | PTH | Anatomic/Clinical Pathology |

| | | | | | | | | |
|-----|-----|---|-----|-----|--|-----|-----|--|
| | | Dermatological Immunology | 099 | NR | Nuclear Radiology | 0BP | PTX | Medical Toxicology (Preventive Medicine) |
| 007 | DIA | Diabetes | 062 | NS | Neurological Surgery | | | |
| 094 | DLI | Diagnostic Laboratory/Immunology | 0AF | NSP | Pediatric Surgery (Neurology) | 048 | PUD | Pulmonary Diseases |
| 095 | DMP | Dermatopathology | 028 | NTR | Nutrition | 045 | PYA | Psychoanalysis |
| 050 | DR | Diagnostic Radiology | 0AG | OAR | Adult Reconstructive Orthopedics | 0JJ | PYG | Geriatric Psychiatry |
| 008 | EM | Emergency Medicine | | | | 049 | R | Radiology |
| 009 | END | Endocrinology, Diabetes And Metabolism | 030 | OBG | Obstetrics & Gynecology | 088 | REN | Reproductive Endocrinology |
| | | | 029 | OBS | Obstetrics | 053 | RHU | Rheumatology |
| 0LG | ESM | Sports Medicine (Emergency Medicine) | 0AH | OCC | Critical Care Medicine (Obstetrics & Gynecology) | 0BB | RIP | Radioisotopic Pathology |
| | | | | | | 0BQ | RNR | Neuroradiology |
| 0BH | ETX | Medical Toxicology (Emergency Medicine) | 031 | OM | Occupational Medicine | 0EE | RO | Radiation Oncology |
| | | | 0AI | OMO | Musculoskeletal Oncology | 0BR | RP | Radiological Physics |
| 037 | FOP | Forensic Pathology | 073 | ON | Medical Oncology | 081 | SH | Student Health |
| 010 | FP | Family Practice | 0AJ | OP | Pediatric Orthopedics | 052 | TR | Therapeutic Radiation |
| 0UU | FPG | Geriatric Medicine (Family Practice) | 032 | OPH | Ophthalmology | 067 | TRS | Traumatic Surgery |
| 096 | FPS | Facial Plastic Surgery | 063 | ORS | Orthopedic Surgery | 066 | TS | Thoracic Surgery |
| 0VV | FSM | Sports Medicine (Family Practice) | 069 | OS | Other Specialty (Physician designated a specialty other than appearing here) | 068 | U | Urology |
| 011 | GE | Gastroenterology | | | | 0AT | UM | Undersea Medicine |
| 014 | GER | Geriatrics | | | | 0BS | UP | Pediatric Urology |
| 086 | GO | Gynecological Oncology | 0AK | OSM | Sports Medicine (Orthopedic Surgery) | 0AU | VIR | Vascular And Interventional Radiology |
| 012 | GP | General Practice | | | | 0CC | VS | General Vascular Surgery |
| | OST | Osteopathy | | USN | US Navy | | | |
| | USA | US Army | | PHS | US Public Health Service | | | |
| | AF | US Air Force | | | | | | |

Note: No code appears for those physicians who have not designated a practice specialty. The code fix appears for those physicians in a transitional year of accredited graduate medical education.

An asterisk (*) preceding a Type of Practice indicates the physician is currently in a residency training program.

An asterisk (*) following a Type of Practice indicates the physician has been certified by one of the American Board of Medical Specialties. Current certification information should be obtained directly from the physician.

Appendix I – MS County Codes

(COUNTY, HCTY)

| County Number | County FIP | Public Health District | County Name | County Number | County FIP | Public Health District | County Name | County Number | County FIP | Public Health District | County Name | County Number | County FIP | Public Health District | County Name |
|---------------|------------|------------------------|-------------|---------------|------------|------------------------|-----------------|---------------|------------|------------------------|-------------|---------------|------------|------------------------|--------------|
| 1 | 001 | 7 | Adams | 21 | 041 | 8 | Greene | 41 | 081 | 2 | Lee | 61 | 121 | 5 | Rankin |
| 2 | 003 | 2 | Alcorn | 22 | 043 | 1 | Grenada | 42 | 083 | 3 | Leflore | 62 | 123 | 6 | Scott |
| 3 | 005 | 7 | Amite | 23 | 045 | 9 | Hancock | 43 | 085 | 7 | Lincoln | 63 | 125 | 5 | Sharkey |
| 4 | 007 | 3 | Attala | 24 | 047 | 9 | Harrison | 44 | 087 | 4 | Lowndes | 64 | 127 | 5 | Simpson |
| 5 | 009 | 2 | Benton | 25 | 049 | 5 | Hinds | 45 | 089 | 5 | Madison | 65 | 129 | 6 | Smith |
| 6 | 011 | 3 | Bolivar | 26 | 051 | 3 | Holmes | 46 | 091 | 8 | Marion | 66 | 131 | 9 | Stone |
| 7 | 013 | 4 | Calhoun | 27 | 053 | 3 | Humphreys | 47 | 093 | 2 | Marshall | 67 | 133 | 3 | Sunflower |
| 8 | 015 | 3 | Carroll | 28 | 055 | 5 | Issaquena | 48 | 095 | 4 | Monroe | 68 | 135 | 1 | Tallahatchie |
| 9 | 017 | 4 | Chickasaw | 29 | 057 | 2 | Itawamba | 49 | 097 | 3 | Montgomery | 69 | 137 | 1 | Tate |
| 10 | 019 | 4 | Choctaw | 30 | 059 | 9 | Jackson | 50 | 099 | 6 | Neshoba | 70 | 139 | 2 | Tippah |
| 11 | 021 | 5 | Claiborne | 31 | 061 | 6 | Jasper | 51 | 101 | 6 | Newton | 71 | 141 | 2 | Tishomingo |
| 12 | 023 | 6 | Clarke | 32 | 063 | 7 | Jefferson | 52 | 103 | 4 | Noxubee | 72 | 143 | 1 | Tunica |
| 13 | 025 | 4 | Clay | 33 | 065 | 8 | Jefferson Davis | 53 | 105 | 4 | Oktibbeha | 73 | 145 | 2 | Union |
| 14 | 027 | 1 | Coahoma | 34 | 067 | 8 | Jones | 54 | 107 | 1 | Panola | 74 | 147 | 7 | Walthall |
| 15 | 029 | 5 | Copiah | 35 | 069 | 6 | Kemper | 55 | 109 | 9 | Pearl River | 75 | 149 | 5 | Warren |
| 16 | 031 | 8 | Covington | 36 | 071 | 2 | Lafayette | 56 | 111 | 8 | Perry | 76 | 151 | 3 | Washington |
| 17 | 033 | 1 | Desoto | 37 | 073 | 8 | Lamar | 57 | 113 | 7 | Pike | 77 | 153 | 8 | Wayne |
| 18 | 035 | 8 | Forrest | 38 | 075 | 6 | Lauderdale | 58 | 115 | 2 | Pontotoc | 78 | 155 | 4 | Webster |
| 19 | 037 | 7 | Franklin | 39 | 077 | 7 | Lawrence | 59 | 117 | 2 | Prentiss | 79 | 157 | 7 | Wilkinson |
| 20 | 039 | 9 | George | 40 | 079 | 6 | Leake | 60 | 119 | 1 | Quitman | 80 | 159 | 4 | Winston |
| | | | | | | | | | | | | 81 | 161 | 1 | Yalobusha |
| | | | | | | | | | | | | 82 | 163 | 5 | Yazoo |

Appendix J – Standard Post Office State Abbreviations

(STATE)

| | | | |
|----------------------|----|----------------|----|
| Alabama | AL | Missouri | MO |
| Alaska | AK | Montana | MT |
| Arizona | AZ | Nebraska | NE |
| Arkansas | AR | Nevada | NV |
| California | CA | New Hampshire | NH |
| Colorado | CO | New Jersey | NJ |
| Connecticut | CT | New Mexico | NM |
| Delaware | DE | New York | NY |
| District of Columbia | DC | North Carolina | NC |
| Florida | FL | North Dakota | ND |
| Georgia | GA | Ohio | OH |
| Hawaii | HI | Oklahoma | OK |
| Idaho | ID | Oregon | OR |
| Illinois | IL | Pennsylvania | PA |
| Indiana | IN | Rhode Island | RI |
| Iowa | IA | South Carolina | SC |
| Kansas | KS | South Dakota | SD |
| Kentucky | KY | Tennessee | TN |
| Louisiana | LA | Texas | TX |
| Maine | ME | Utah | UT |
| Maryland | MD | Vermont | VT |
| Massachusetts | MA | Virginia | VA |
| Michigan | MI | Washington | WA |
| Minnesota | MN | West Virginia | WV |
| Mississippi | MS | Wisconsin | WI |
| | | Wyoming | WY |

American Territories

| | |
|-------------------|----|
| American Samoa | AS |
| Canal Zone | CZ |
| Guam | GU |
| Puerto Rico | PR |
| Trust Territories | TT |
| Virgin Islands | VI |

Armed Forces (APO/FPO)

| | |
|-----------------------------|----|
| Armed Forces in America | AA |
| Armed Forces in Europe | AE |
| Armed Forces in the Pacific | AP |

Canadian Provinces

| | |
|-----------------------|----|
| Alberta | AB |
| British Columbia | BC |
| Labrador | LB |
| Manitoba | MB |
| New Brunswick | NB |
| Newfoundland | NF |
| Northwest Territories | NT |
| Novia Scotia | NS |
| Ontario | ON |
| Prince Edward Island | PE |
| Quebec | QC |
| Saskatchewan | SK |
| Yukon | YT |

If other than the United States or Canada, use Code XX.

