

2016 TRUVEN HEALTH MARKETSCAN[®] COMMERCIAL CLAIMS AND ENCOUNTERS MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS DATA DICTIONARY

The authorized recipient of these materials shall treat the information contained therein as confidential proprietary information owned by Truven Health Analytics Inc. Recipient shall not disclose or permit to be disclosed, in full or in part, to third parties any information contained therein. No part of these materials may be reproduced or transmitted in any form or by any means electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from Truven Health Analytics.

Requests for permission to make copies of any part of this report should be mailed to:

Truven Health Analytics
100 Phoenix Drive
Ann Arbor, Michigan 48108

The file should be cited as follows:

Truven Health MarketScan[®] Database

Source: RED BOOK[®] and MarketScan[®] are registered trademarks of Truven Health Analytics Inc.

Format of Data Dictionary

Each standard field that may be found in MarketScan data is defined on the following pages. Six columns of information are present for each field.

Name

The short (2 to 8 character) name of the variable.

Full Name

Long name, or label of the variable. For example, the variable containing information about the type of provider who rendered the service is labeled "Provider Type."

Description

A definition of the data in the variable.

Valid Contents

The meaning of each valid term in the field. For example, the standard values for SEX (Gender of Patient) are 1 and 2, with 1 meaning male and 2 meaning female. Some variables have longer lists of standard values. For those, a separate attachment (which follows the alphabetical listing) has been created.

Notes

Information about the source of the data in the variable. The Note often relates to analytical uses of the data.

Tables

An abbreviation that indicates in which table the variable is found:

- I: Inpatient Admissions
- F: Facility Header
- S: Inpatient Services
- O: Outpatient Services
- D: Outpatient Drug Claims
- A: Annual Summary Enrollment
- T: Detail Enrollment

Supplementary Table

RED BOOK[®]

Field Formats

- C: Character
- N: Numeric
- DT: Date

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
VARIABLE SUMMARY**

| Name | Long Name | Data Type | Tables | Name | Long Name | Data Type | Tables |
|-----------------------|-------------------------------|-----------|--------|-------------------------------|---------------------------------|-----------|---------------|
| Time Variables | | | | Time Variables (cont.) | | | |
| ADMDATE | Date of Admission | DT | I,S | MEMDAY11 | Member Days Month 11 | N | A |
| DAYS | Length of Stay | N | I | MEMDAY12 | Member Days Month 12 | N | A |
| DISDATE | Date of Discharge | DT | I,S | PDDATE | Date Claim Paid | DT | F,S,O,D |
| DTEND | Date Enrollment End | DT | T | SVCDATE | Date Service Incurred | DT | F,S,O,D |
| DTSTART | Date Enrollment Start | DT | T | TSVCDAT | Date Service Ending | DT | F,S,O |
| ENRIND1 | Enrollment Indicator Month 1 | N | A | YEAR | Date Year Incurred | N | I,F,S,O,D,A,T |
| ENRIND2 | Enrollment Indicator Month 2 | N | A | Patient Variables | | | |
| ENRIND3 | Enrollment Indicator Month 3 | N | A | EIDFLAG | Enrollee ID Derivation Flag | C | I,F,S,O,D |
| ENRIND4 | Enrollment Indicator Month 4 | N | A | EFAMID | Family ID | N | I,F,S,O,D,A,T |
| ENRIND5 | Enrollment Indicator Month 5 | N | A | EMPREL | Relation to Employee | C | I,F,S,O,D,A,T |
| ENRIND6 | Enrollment Indicator Month 6 | N | A | ENRFLAG | Enrollment Flag | C | I,F,S,O,D |
| ENRIND7 | Enrollment Indicator Month 7 | N | A | ENROLID | Enrollee ID | N | I,F,S,O,D,A,T |
| ENRIND8 | Enrollment Indicator Month 8 | N | A | HLTHPLAN | Health_Plan_Indicator | C | I,F,S,O,D,A,T |
| ENRIND9 | Enrollment Indicator Month 9 | N | A | MHSACOVG | Coverage_Indicator_MHSA | C | I,F,S,O,D,A,T |
| ENRIND10 | Enrollment Indicator Month 10 | N | A | Provider Variables | | | |
| ENRIND11 | Enrollment Indicator Month 11 | N | A | NPI | National Provider Identifier | C | F,S,O |
| ENRIND12 | Enrollment Indicator Month 12 | N | A | NTWKPROV | Network Provider Indicator | C | F,S,O,D |
| ENRMON | Enrollment Months | N | A | PHYFLAG | Physician Specialty Coding Flag | C | I,F,S,O,D,A,T |
| MEMDAYS | Member Days | N | A,T | PHYSID | Physician ID | N | I |
| MEMDAY1 | Member Days Month 1 | N | A | PROVID | Provider ID | N | F,S,O |
| MEMDAY2 | Member Days Month 2 | N | A | STDPLAC | Place of Service | N | F,S,O |
| MEMDAY3 | Member Days Month 3 | N | A | STDPROV | Provider Type | N | F,S,O |
| MEMDAY4 | Member Days Month 4 | N | A | SVCS CAT | Service Sub-Category Code | C | S,O |
| MEMDAY5 | Member Days Month 5 | N | A | Geographic Variables | | | |
| MEMDAY6 | Member Days Month 6 | N | A | EGELOC | Geographic Location Employee | C | I,F,S,O,D,A,T |
| MEMDAY7 | Member Days Month 7 | N | A | MSA | Metropolitan Statistical Area | N | I,F,S,O,D,A,T |
| MEMDAY8 | Member Days Month 8 | N | A | REGION | Region | C | I,F,S,O,D,A,T |
| MEMDAY9 | Member Days Month 9 | N | A | STATE | State Hospital | C | I |
| MEMDAY10 | Member Days Month 10 | N | A | - | - | - | - |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
VARIABLE SUMMARY**

| Name | Long Name | Data Type | Tables | Name | Long Name | Data Type | Tables |
|---------------------------|--------------------------------|-----------|---------|-----------------------------------|-------------------------------------|-----------|---------|
| Clinical Variables | | | | Clinical Variables (cont.) | | | |
| ADMTYP | Admission Type | C | I,S | POADX2 | Present On Admission Diagnosis 2 | C | F,I |
| BILLTYP | Facility Bill Type Code | C | F | POADX3 | Present On Admission Diagnosis 3 | C | F,I |
| DRG | Diagnosis Related Group | N | I,S | POADX4 | Present On Admission Diagnosis 4 | C | F,I |
| DSTATUS | Discharge Status | C | I,F,S | POADX5 | Present On Admission Diagnosis 5 | C | F,I |
| DX1 | Diagnosis 1 | C | I,F,S,O | POADX6 | Present On Admission Diagnosis 6 | C | F,I |
| DX2 | Diagnosis 2 | C | I,F,S,O | POADX7 | Present On Admission Diagnosis 7 | C | F,I |
| DX3 | Diagnosis 3 | C | I,F,S,O | POADX8 | Present On Admission Diagnosis 8 | C | F,I |
| DX4 | Diagnosis 4 | C | I,F,S,O | POADX9 | Present On Admission Diagnosis 9 | C | F,I |
| DX5 | Diagnosis 5 | C | I,F | POAPDX | Present On Admission Diagnosis Prin | C | F,I |
| DX6 | Diagnosis 6 | C | I,F | PPROC | Procedure Principal | C | I,S |
| DX7 | Diagnosis 7 | C | I,F | PROC1 | Procedure 1 | C | I,F,S,O |
| DX8 | Diagnosis 8 | C | I,F | PROC2 | Procedure 2 | C | I,F |
| DX9 | Diagnosis 9 | C | I,F | PROC3 | Procedure 3 | C | I,F |
| DX10 | Diagnosis 10 | C | I | PROC4 | Procedure 4 | C | I,F |
| DX11 | Diagnosis 11 | C | I | PROC5 | Procedure 5 | C | I,F |
| DX12 | Diagnosis 12 | C | I | PROC6 | Procedure 6 | C | I,F |
| DX13 | Diagnosis 13 | C | I | PROC7 | Procedure 7 | C | I |
| DX14 | Diagnosis 14 | C | I | PROC8 | Procedure 8 | C | I |
| DX15 | Diagnosis 15 | C | I | PROC9 | Procedure 9 | C | I |
| DXVER | Diagnosis Version | C | I,F,S,O | PROC10 | Procedure 10 | C | I |
| MDC | Major Diagnostic Category | C | I,F,S,O | PROC11 | Procedure 11 | C | I |
| PDX | Diagnosis Principal | C | I,S | PROC12 | Procedure 12 | C | I |
| POADX1 | Present On Admission Diagnosis | C | F,I | PROC13 | Procedure 13 | C | I |
| POADX10 | Present On Admission Diagnosis | C | I | PROC14 | Procedure 14 | C | I |
| POADX11 | Present On Admission Diagnosis | C | I | PROC15 | Procedure 15 | C | I |
| POADX12 | Present On Admission Diagnosis | C | I | PROCGRP | Procedure Group | N | O |
| POADX13 | Present On Admission Diagnosis | C | I | PROCMOD | Procedure Code Modifier | C | S,O |
| POADX14 | Present On Admission Diagnosis | C | I | PROCTYP | Procedure Code Type | C | S,O |
| POADX15 | Present On Admission Diagnosis | C | I | REVCODE | Revenue Code | C | S,O |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
VARIABLE SUMMARY**

| Name | Long Name | Data Type | Tables | Name | Long Name | Data Type | Tables |
|------------------------------|-------------------------|-----------|---------------|--------------------------------------|-------------------------|-----------|---------------|
| Demographic Variables | | | | Demographic Variables (cont.) | | | |
| AGE | Age of Patient | N | I,F,S,O,D,A,T | EESTATU | Employment Status | C | I,F,S,O,D,A,T |
| AGEGRP | Age Group | C | I,F,S,O,D,A,T | INDSTRY | Industry | C | I,F,S,O,D,A,T |
| DATATYP | Data Type | N | I,F,S,O,D,T | MSWGTKEY | MarketScan Weight Key | C | A |
| DATTYP1 | Data Type Month 1 | N | A | PLANTYP | Plan Indicator | N | I,F,S,O,D,T |
| DATTYP2 | Data Type Month 2 | N | A | PLNTYP1 | Plan Indicator Month 1 | N | A |
| DATTYP3 | Data Type Month 3 | N | A | PLNTYP2 | Plan Indicator Month 2 | N | A |
| DATTYP4 | Data Type Month 4 | N | A | PLNTYP3 | Plan Indicator Month 3 | N | A |
| DATTYP5 | Data Type Month 5 | N | A | PLNTYP4 | Plan Indicator Month 4 | N | A |
| DATTYP6 | Data Type Month 6 | N | A | PLNTYP5 | Plan Indicator Month 5 | N | A |
| DATTYP7 | Data Type Month 7 | N | A | PLNTYP6 | Plan Indicator Month 6 | N | A |
| DATTYP8 | Data Type Month 8 | N | A | PLNTYP7 | Plan Indicator Month 7 | N | A |
| DATTYP9 | Data Type Month 9 | N | A | PLNTYP8 | Plan Indicator Month 8 | N | A |
| DATTYP10 | Data Type Month 10 | N | A | PLNTYP9 | Plan Indicator Month 9 | N | A |
| DATTYP11 | Data Type Month 11 | N | A | PLNTYP10 | Plan Indicator Month 10 | N | A |
| DATTYP12 | Data Type Month 12 | N | A | PLNTYP11 | Plan Indicator Month 11 | N | A |
| DOBYR | Patient Birth Year | N | I,F,S,O,D,A,T | PLNTYP12 | Plan Indicator Month 12 | N | A |
| EECLASS | Employee Classification | C | I,F,S,O,D,A,T | SEX | Gender of Patient | C | I,F,S,O,D,A,T |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
VARIABLE SUMMARY**

| Name | Long Name | Data Type | Tables | Name | Long Name | Data Type | Tables |
|----------------------------|---------------------------------------|-----------|---------|--------------------------------|---------------------------------------|-----------|---------------|
| Financial Variables | | | | Other Variables (cont.) | | | |
| AWP | Average Wholesale Price | N | D | CASEID | Case and Services Link | N | I,F,S |
| COB | COB and Other Savings | N | F,S,O,D | FACHDID | Facility Header Record ID | N | F,S,O |
| COINS | Coinsurance | N | F,S,O,D | FACPROF | Facility-Professional Claim Indicator | C | S,O |
| COPAY | Copayment | N | F,S,O,D | MSCLMID | MarketScan Claim ID | N | F,S,O |
| DEDUCT | Deductible | N | F,S,O,D | PAIDNTWK | Network Paid Indicator | C | F,S,O,D |
| DISPFEE | Dispensing Fee | N | D | QTY | Quantity of Services | N | S,O,D |
| HOSPPAY | Payments Hospital | N | I | RX | Cohort Drug Indicator | C | I,F,S,O,A,T |
| HOSPNET | Net Payments Hospital | N | I | SEQNUM | Sequence Number | N | I,F,S,O,D,A,T |
| INGCOST | Ingredient Cost | N | D | UNITS | Units | N | S,O |
| NETPAY | Payments Net | N | F,S,O,D | VERSION | Version | C | I,F,S,O,D,A,T |
| PAY | Payment | N | S,O,D | Drug Variables | | | |
| PHYSNET | Net Payments Physician | N | I | DAWIND | Dispense as Written Indicator | C | D |
| PHYSPAY | Payments Physician | N | I | DAYSUPP | Days Supply | N | D |
| SALETAX | Sales Tax | N | D | DEACLAS | DEA Classification | C | D |
| TOTCOB | COB and Other Savings Total Case | N | I | GENERID | Generic Product ID | N | D |
| TOTCOINS | Coinsurance Total Case | N | I | GENIND | Generic Indicator | C | D |
| TOTCOPAY | Copayment Total Case | N | I | MAINTIN | Maintenance Indicator | C | D |
| TOTDED | Deductible Total Case | N | I | METQTY | Metric Quantity | N | D |
| TOTNET | Payments Net Case | N | I | NDCNUM | National Drug Code | C | D |
| TOTPAY | Payments Total Case | N | I | PHARMID | Pharmacy ID | N | D |
| Other Variables | | | | REFILL | Refill Number | N | D |
| CAP_SVC | Capitated Service-Claim Indicator | C | F,S,O,D | RXMR | Rx Mail Retail | C | D |
| CASEID | Case and Services Link | N | I,F,S | THERCLS | Therapeutic Class | N | D |
| FACHDID | Facility Header Record ID | N | F,S,O | THERGRP | Therapeutic Group | C | D |
| FACPROF | Facility-Professional Claim Indicator | C | S,O | - | - | - | - |
| CAP_SVC | Capitated Service-Claim Indicator | C | F,S,O,D | - | - | - | - |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
INPATIENT ADMISSIONS TABLE**

| Name | Long Name | Data Type | Name | Long Name | Data Type | Name | Long Name | Data Type |
|---------|---------------------------|-----------|----------|----------------------------------|-----------|----------|--|-----------|
| ADMDATE | Date of Admission | DT | EIDFLAG | Enrollee ID Derivation Flag | C | POADX9 | Present On Admission Diagnosis 9 | C |
| ADMTYP | Admission Type | C | EMPREL | Relation to Employee | C | POAPDX | Present On Admission Diagnosis Princip | C |
| AGE | Age of Patient | N | ENRFLAG | Enrollment Flag | C | PPROC | Procedure Principal | C |
| AGEGRP | Age Group | C | ENROLID | Enrollee ID | N | PROC1 | Procedure 1 | C |
| CASEID | Case and Services Link | N | HLTHPLAN | Health Plan Indicator | C | PROC2 | Procedure 2 | C |
| DATATYP | Data Type | N | HOSPNET | Net Payments: Hospital | N | PROC3 | Procedure 3 | C |
| DAYS | Length of Stay | N | HOSPPAY | Payments Hospital | N | PROC4 | Procedure 4 | C |
| DISDATE | Date of Discharge | DT | INDSTRY | Industry | C | PROC5 | Procedure 5 | C |
| DOBYR | Patient Birth Year | N | MDC | Major Diagnostic Category | C | PROC6 | Procedure 6 | C |
| DRG | Diagnosis Related Group | N | MHSACOVG | Coverage Indicator MHA | C | PROC7 | Procedure 7 | C |
| DSTATUS | Discharge Status | C | MSA | Metropolitan Statistical Area | N | PROC8 | Procedure 8 | C |
| DX1 | Diagnosis 1 | C | PDX | Diagnosis Principal | C | PROC9 | Procedure 9 | C |
| DX2 | Diagnosis 2 | C | PHYFLAG | Physician Specialty Coding Flag | C | PROC10 | Procedure 10 | C |
| DX3 | Diagnosis 3 | C | PHYSID | Physician ID | N | PROC11 | Procedure 11 | C |
| DX4 | Diagnosis 4 | C | PHYSNET | Net Payments Physician | N | PROC12 | Procedure 12 | C |
| DX5 | Diagnosis 5 | C | PHYSPAY | Payments Physician | N | PROC13 | Procedure 13 | C |
| DX6 | Diagnosis 6 | C | PLANTYP | Plan Indicator | N | PROC14 | Procedure 14 | C |
| DX7 | Diagnosis 7 | C | POADX1 | Present On Admission Diagnosis 1 | C | PROC15 | Procedure 15 | C |
| DX8 | Diagnosis 8 | C | POADX10 | Present On Admission Diagnosis 1 | C | REGION | Region | C |
| DX9 | Diagnosis 9 | C | POADX11 | Present On Admission Diagnosis 1 | C | RX | Cohort Drug Indicator | C |
| DX10 | Diagnosis 10 | C | POADX12 | Present On Admission Diagnosis 1 | C | SEQNUM | Sequence Number | N |
| DX11 | Diagnosis 11 | C | POADX13 | Present On Admission Diagnosis 1 | C | SEX | Gender of Patient | C |
| DX12 | Diagnosis 12 | C | POADX14 | Present On Admission Diagnosis 1 | C | STATE | State Hospital | C |
| DX13 | Diagnosis 13 | C | POADX15 | Present On Admission Diagnosis 1 | C | TOTCOB | COB and Other Savings: Total (Case) | N |
| DX14 | Diagnosis 14 | C | POADX2 | Present On Admission Diagnosis 2 | C | TOTCOINS | Coinsurance: Total (Case) | N |
| DX15 | Diagnosis 15 | C | POADX3 | Present On Admission Diagnosis 3 | C | TOTCOPAY | Copayment: Total (Case) | N |
| DXVER | Diagnosis Version | C | POADX4 | Present On Admission Diagnosis 4 | C | TOTDED | Deductible: Total (Case) | N |
| EECLASS | Employee Classification | C | POADX5 | Present On Admission Diagnosis 5 | C | TOTNET | Payments Net Case | N |
| EESTATU | Employment Status | C | POADX6 | Present On Admission Diagnosis 6 | C | TOTPAY | Payments Total Case | N |
| EFAMID | Family ID | N | POADX7 | Present On Admission Diagnosis 7 | C | VERSION | Version | C |
| EGEoloc | Geographic Location Emplo | C | POADX8 | Present On Admission Diagnosis 8 | C | YEAR | Date Year Incurred | N |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
FACILITY HEADER TABLE**

| Name | Long Name | Data Type | Name | Long Name | Data Type | Name | Long Name | Data Type |
|---------|-----------------------------------|-----------|----------|----------------------------------|-----------|---------|----------------------------------|-----------|
| AGE | Age of Patient | N | EFAMID | Family ID | N | POADX5 | Present On Admission Diagnosis 5 | C |
| AGEGRP | Age Group | C | EGEoloc | Geographic Location Employee | C | POADX6 | Present On Admission Diagnosis 6 | C |
| BILLTYP | Facility Bill Type Code | C | EIDFLAG | Enrollee ID Derivation Flag | C | POADX7 | Present On Admission Diagnosis 7 | C |
| CAP_SVC | Capitated Service-Claim Indicator | C | EMPREL | Relation to Employee | C | POADX8 | Present On Admission Diagnosis 8 | C |
| CASEID | Case and Services Link | N | ENRFLAG | Enrollment Flag | C | POADX9 | Present On Admission Diagnosis 9 | C |
| COB | COB and Other Savings | N | ENROLID | Enrollee ID | N | PROC1 | Procedure Code 1 | C |
| COINS | Coinsurance | N | FACHDID | Facility Header Record ID | N | PROC2 | Procedure 2 | C |
| COPAY | Copayment | N | HLTHPLAN | Health Plan Indicator | C | PROC3 | Procedure 3 | C |
| DATATYP | Data Type | N | INDSTRY | Industry | C | PROC4 | Procedure 4 | C |
| DEDUCT | Deductible | N | MDC | Major Diagnostic Category | C | PROC5 | Procedure 5 | C |
| DOBYR | Patient Birth Year | N | MHSACOVG | Coverage Indicator MHSA | C | PROC6 | Procedure 6 | C |
| DSTATUS | Discharge Status | C | MSA | Metropolitan Statistical Area | N | PROVID | Provider ID | N |
| DX1 | Diagnosis 1 | C | MSCLMID | MarketScan Claim ID | N | REGION | Region | C |
| DX2 | Diagnosis 2 | C | NETPAY | Payments Net | N | RX | Cohort Drug Indicator | C |
| DX3 | Diagnosis 3 | C | NPI | National Provider Identifier | C | SEQNUM | Sequence Number | N |
| DX4 | Diagnosis 4 | C | NTWKPROV | Network Provider Indicator | C | SEX | Gender of Patient | C |
| DX5 | Diagnosis 5 | C | PAIDNTWK | Network Paid Indicator | C | STDPLAC | Place of Service | N |
| DX6 | Diagnosis 6 | C | PDDATE | Date Claim Paid | DT | STDPROV | Provider Type | N |
| DX7 | Diagnosis 7 | C | PHYFLAG | Physician Specialty Coding Flag | C | SVCDATE | Date Service Incurred | DT |
| DX8 | Diagnosis 8 | C | PLANTYP | Plan Indicator | N | TSVCDAT | Date Service Ending | DT |
| DX9 | Diagnosis 9 | C | POADX1 | Present On Admission Diagnosis 1 | C | VERSION | Version | C |
| DXVER | Diagnosis Version | C | POADX2 | Present On Admission Diagnosis 2 | C | YEAR | Date Year Incurred | N |
| EECLASS | Employee Classification | C | POADX3 | Present On Admission Diagnosis 3 | C | - | - | - |
| EESTATU | Employment Status | C | POADX4 | Present On Admission Diagnosis 4 | C | - | - | - |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
INPATIENT SERVICES TABLE**

| Name | Long Name | Data Type | Name | Long Name | Data Type | Name | Long Name | Data Type |
|---------|-----------------------------------|-----------|----------|---------------------------------------|-----------|---------|---------------------------------|-----------|
| ADMDATE | Date of Admission | DT | EFAMID | Family ID | N | PHYFLAG | Physician Specialty Coding Flag | C |
| ADMTYP | Admission Type | C | EGEOLOC | Geographic Location Employee | C | PLANTYP | Plan Indicator | N |
| AGE | Age of Patient | N | EIDFLAG | Enrollee ID Derivation Flag | C | PPROC | Procedure Principal | C |
| AGEGRP | Age Group | C | EMPREL | Relation to Employee | C | PROC1 | Procedure Code 1 | C |
| CAP_SVC | Capitated Service-Claim Indicator | C | ENRFLAG | Enrollment Flag | C | PROCMOD | Procedure Code Modifier | C |
| CASEID | Case and Services Link | N | ENROLID | Enrollee ID | N | PROCTYP | Procedure Code Type | C |
| COB | COB and Other Savings | N | FACHDID | Facility Header Record ID | N | PROVID | Provider ID | N |
| COINS | Coinsurance | N | FACPROF | Facility-Professional Claim Indicator | C | QTY | Quantity of Services | N |
| COPAY | Copayment | N | HLTHPLAN | Health Plan Indicator | C | REGION | Region | C |
| DATATYP | Data Type | N | INDSTRY | Industry | C | REVCODE | Revenue Code | C |
| DEDUCT | Deductible | N | MDC | Major Diagnostic Category | C | RX | Cohort Drug Indicator | C |
| DISDATE | Date of Discharge | DT | MHSACOVG | Coverage Indicator MHA | C | SEQNUM | Sequence Number | N |
| DOBYR | Patient Birth Year | N | MSA | Metropolitan Statistical Area | N | SEX | Gender of Patient | C |
| DRG | Diagnosis Related Group | N | MSCLMID | MarketScan Claim ID | N | STDPLAC | Place of Service | N |
| DSTATUS | Discharge Status | C | NETPAY | Payments Net | N | STDPROV | Provider Type | N |
| DX1 | Diagnosis Code 1 | C | NPI | National Provider Identifier | C | SVCDATE | Date Service Incurred | DT |
| DX2 | Diagnosis Code 2 | C | NTWKPROV | Network Provider Indicator | C | SVCSCAT | Service Sub-Category Code | C |
| DX3 | Diagnosis Code 3 | C | PAIDNTWK | Network Paid Indicator | C | TSVCDAT | Date Service Ending | DT |
| DX4 | Diagnosis Code 4 | C | PAY | Payment | N | UNITS | Units | N |
| DXVER | Diagnosis Version | C | PDDATE | Date Claim Paid | DT | VERSION | Version | C |
| EECLASS | Employee Classification | C | PDX | Diagnosis Principal | C | YEAR | Date Year Incurred | N |
| EESTATU | Employment Status | C | - | - | - | - | - | - |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
OUTPATIENT SERVICES TABLE**

| Name | Long Name | Data Type | Name | Long Name | Data Type |
|----------|---------------------------------------|-----------|----------|---------------------------------|-----------|
| AGE | Age of Patient | N | MSCLMID | MarketScan Claim ID | N |
| AGEGRP | Age Group | C | NETPAY | Payments Net | N |
| CAP_SVC | Capitated Service-Claim Indicator | C | NPI | National Provider Identifier | C |
| COB | COB and Other Savings | N | NTWKPROV | Network Provider Indicator | C |
| COINS | Coinsurance | N | PAIDNTWK | Network Paid Indicator | C |
| COPAY | Copayment | N | PAY | Payment | N |
| DATATYP | Data Type | N | PDDATE | Date Claim Paid | DT |
| DEDUCT | Deductible | N | PHYFLAG | Physician Specialty Coding Flag | C |
| DOBYR | Patient Birth Year | N | PLANTYP | Plan Indicator | N |
| DX1 | Diagnosis Code 1 | C | PROC1 | Procedure Code 1 | C |
| DX2 | Diagnosis Code 2 | C | PROCGRP | Procedure Group | N |
| DX3 | Diagnosis Code 3 | C | PROCMOD | Procedure Code Modifier | C |
| DX4 | Diagnosis Code 4 | C | PROCTYP | Procedure Code Type | C |
| DXVER | Diagnosis Version | C | PROVID | Provider ID | N |
| EECLASS | Employee Classification | C | QTY | Quantity of Services | N |
| EESTATU | Employment Status | C | REGION | Region | C |
| EFAMID | Family ID | N | REVCODE | Revenue Code | C |
| EGEOLOC | Geographic Location Employee | C | RX | Cohort Drug Indicator | C |
| EIDFLAG | Enrollee ID Derivation Flag | C | SEQNUM | Sequence Number | N |
| EMPREL | Relation to Employee | C | SEX | Gender of Patient | C |
| ENRFLAG | Enrollment Flag | C | STDPLAC | Place of Service | N |
| ENROLID | Enrollee ID | N | STDPROV | Provider Type | N |
| FACHDID | Facility Header Record ID | N | SVCDATE | Date Service Incurred | DT |
| FACPROF | Facility-Professional Claim Indicator | C | SVCSCAT | Service Sub-Category Code | C |
| HLTHPLAN | Health Plan Indicator | C | TSVCDAT | Date Service Ending | DT |
| INDSTRY | Industry | C | UNITS | Units | N |
| MDC | Major Diagnostic Category | C | VERSION | Version | C |
| MHSACOVG | Coverage Indicator MHSA | C | YEAR | Date Year Incurred | N |
| MSA | Metropolitan Statistical Area | N | - | - | - |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
OUTPATIENT PHARMACEUTICAL CLAIMS TABLE**

| Name | Long Name | Data Type | Name | Long Name | Data Type | Name | Long Name | Data Type |
|---------|-----------------------------------|-----------|----------|-------------------------------|-----------|---------|---------------------------------|-----------|
| AGE | Age of Patient | N | EIDFLAG | Enrollee ID Derivation Flag | C | PAY | Payment | N |
| AGEGRP | Age Group | C | EMPREL | Relation to Employee | C | PDDATE | Date Claim Paid | DT |
| AWP | Average Wholesale Price | N | ENRFLAG | Enrollment Flag | C | PHARMID | Pharmacy ID | N |
| CAP_SVC | Capitated Service-Claim Indicator | C | ENROLID | Enrollee ID | N | PHYFLAG | Physician Specialty Coding Flag | C |
| COB | COB and Other Savings | N | GENERID | Generic Product ID | N | PLANTYP | Plan Indicator | N |
| COINS | Coinsurance | N | GENIND | Generic Indicator | C | QTY | Quantity of Services | N |
| COPAY | Copayment | N | HLTHPLAN | Health Plan Indicator | C | REFILL | Refill Number | N |
| DATATYP | Data Type | N | INDSTRY | Industry | C | REGION | Region | C |
| DAWIND | Dispense as Written Indicator | C | INGCOST | Ingredient Cost | N | RXMR | Rx Mail Retail | C |
| DAYSUPP | Days Supply | N | MAINTIN | Maintenance Indicator | C | SALETAX | Sales Tax | N |
| DEACLAS | DEA Classification | C | METQTY | Metric Quantity | N | SEQNUM | Sequence Number | N |
| DEDUCT | Deductible | N | MHSACOVG | Coverage Indicator MHSA | C | SEX | Gender of Patient | C |
| DISPFEE | Dispensing Fee | N | MSA | Metropolitan Statistical Area | N | SVCDATE | Date Service Incurred | DT |
| DOBYR | Patient Birth Year | N | NDCNUM | National Drug Code | C | THERCLS | Therapeutic Class | N |
| EECLASS | Employee Classification | C | NETPAY | Payments Net | N | THERGRP | Therapeutic Group | C |
| EESTATU | Employment Status | C | NTWKPROV | Network Provider Indicator | C | VERSION | Version | C |
| EFAMID | Family ID | N | PAIDNTWK | Network Paid Indicator | C | YEAR | Date Year Incurred | N |
| EGEOLOC | Geographic Location Employee | C | - | - | - | - | - | - |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
ANNUAL ENROLLMENT TABLE**

| Name | Long Name | Data Type | Name | Long Name | Data Type | Name | Long Name | Data Type |
|----------|------------------------------|-----------|----------|-------------------------------|-----------|----------|---------------------------------|-----------|
| AGE | Age of Patient | N | ENRIND5 | Enrollment Indicator Month 5 | N | MEMDAY12 | Member Days Month 12 | N |
| AGEGRP | Age Group | C | ENRIND6 | Enrollment Indicator Month 6 | N | MEMDAYS | Member Days | N |
| DATTYP1 | Data Type Month 1 | N | ENRIND7 | Enrollment Indicator Month 7 | N | MHSACOVG | Coverage Indicator MHSA | C |
| DATTYP2 | Data Type Month 2 | N | ENRIND8 | Enrollment Indicator Month 8 | N | MSA | Metropolitan Statistical Area | N |
| DATTYP3 | Data Type Month 3 | N | ENRIND9 | Enrollment Indicator Month 9 | N | MSWGTKEY | MarketScan Weight Key | C |
| DATTYP4 | Data Type Month 4 | N | ENRIND10 | Enrollment Indicator Month 10 | N | PHYFLAG | Physician Specialty Coding Flag | C |
| DATTYP5 | Data Type Month 5 | N | ENRIND11 | Enrollment Indicator Month 11 | N | PLNTYP1 | Plan Indicator Month 1 | N |
| DATTYP6 | Data Type Month 6 | N | ENRIND12 | Enrollment Indicator Month 12 | N | PLNTYP2 | Plan Indicator Month 2 | N |
| DATTYP7 | Data Type Month 7 | N | ENRMON | Enrollment Months | N | PLNTYP3 | Plan Indicator Month 3 | N |
| DATTYP8 | Data Type Month 8 | N | ENROLID | Enrollee ID | N | PLNTYP4 | Plan Indicator Month 4 | N |
| DATTYP9 | Data Type Month 9 | N | HLTHPLAN | Health Plan Indicator | C | PLNTYP5 | Plan Indicator Month 5 | N |
| DATTYP10 | Data Type Month 10 | N | INDSTRY | Industry | C | PLNTYP6 | Plan Indicator Month 6 | N |
| DATTYP11 | Data Type Month 11 | N | MEMDAY1 | Member Days Month 1 | N | PLNTYP7 | Plan Indicator Month 7 | N |
| DATTYP12 | Data Type Month 12 | N | MEMDAY2 | Member Days Month 2 | N | PLNTYP8 | Plan Indicator Month 8 | N |
| DOBYR | Patient Birth Year | N | MEMDAY3 | Member Days Month 3 | N | PLNTYP9 | Plan Indicator Month 9 | N |
| EECLASS | Employee Classification | C | MEMDAY4 | Member Days Month 4 | N | PLNTYP10 | Plan Indicator Month 10 | N |
| EESTATU | Employment Status | C | MEMDAY5 | Member Days Month 5 | N | PLNTYP11 | Plan Indicator Month 11 | N |
| EFAMID | Family ID | N | MEMDAY6 | Member Days Month 6 | N | PLNTYP12 | Plan Indicator Month 12 | N |
| EGEoloc | Geographic Location Employee | C | MEMDAY7 | Member Days Month 7 | N | REGION | Region | C |
| EMPREL | Relation to Employee | C | MEMDAY8 | Member Days Month 8 | N | RX | Cohort Drug | C |
| ENRIND1 | Enrollment Indicator Month 1 | N | MEMDAY9 | Member Days Month 9 | N | SEQNUM | Sequence Number | N |
| ENRIND2 | Enrollment Indicator Month 2 | N | MEMDAY10 | Member Days Month 10 | N | SEX | Gender of Patient | C |
| ENRIND3 | Enrollment Indicator Month 3 | N | MEMDAY11 | Member Days Month 11 | N | VERSION | Version | C |
| ENRIND4 | Enrollment Indicator Month 4 | N | - | - | - | YEAR | Date Year Incurred | N |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
ENROLLMENT DETAIL TABLE**

| Name | Long Name | Data Type | Name | Long Name | Data Type |
|----------|------------------------------|-----------|----------|---------------------------------|-----------|
| AGE | Age of Patient | N | INDSTRY | Industry | C |
| AGEGRP | Age Group | C | MEMDAYS | Member Days | N |
| DATATYP | Data Type | N | MHSACOVG | Coverage Indicator MHSA | C |
| DOBYR | Patient Birth Year | N | MSA | Metropolitan Statistical Area | N |
| DTEND | Date Enrollment End | DT | PHYFLAG | Physician Specialty Coding Flag | C |
| DTSTART | Date Enrollment Start | DT | PLANTYP | Plan Indicator | N |
| EECLASS | Employee Classification | C | REGION | Region | C |
| EESTATU | Employee Status | C | RX | Cohort Drug | C |
| EFAMID | Family ID | N | SEQNUM | Sequence Number | N |
| EGEOLOC | Geographic Location Employee | C | SEX | Gender of Patient | C |
| EMPREL | Relation to Employee | C | VERSION | Version | C |
| ENROLID | Enrollee ID | N | YEAR | Date Year Incurred | N |
| HLTHPLAN | Health Plan Indicator | C | - | - | - |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
2015 RED BOOK[®]**

| Name | Long Name | Data Type |
|---------|-------------------------------------|-----------|
| DEACLAS | DEA Class Code | C |
| DEACLDS | DEA Class Description | C |
| DESIDRG | DESI Drug Indicator | C |
| EXCDGDS | Exceptional Drug Description | C |
| EXCLDRG | Exceptional Drug Indicator | C |
| GENERID | Generic Product ID | N |
| GENIND | Generic Indicator | C |
| GENNME | Generic Drug Name | C |
| GNINDDS | Generic Indicator Description | C |
| MAINTDS | Maintenance Indicator Description | C |
| MAINTIN | Maintenance Indicator | C |
| MANFNME | Manufacturer Name | C |
| MASTFRM | Master Form Code | C |
| METSIZE | Metric Size | C |
| MSTFMDS | Master Form Description | C |
| NDCNUM | National Drug Code | C |
| ORGBKCD | Orange Book Code | C |
| ORGBKDS | Orange Book Code Description | C |
| ORGBKFG | Orange Book Standard Flag | C |
| PKQTYCD | Package Quantity Code | C |
| PKSIZE | Package Size | N |
| PRDCTDS | Product Category Description | C |
| PRODCAT | Product Category Code | C |
| PRODNME | Product Name | C |
| ROACD | Route of Administration Code | C |
| ROADS | Route of Administration Description | C |
| SIGLSRC | Single Source Indicator | C |
| STRNGTH | Strength | C |
| THERCLS | Therapeutic Class | N |
| THERDTL | Therapeutic Detail Code | N |
| THERGRP | Therapeutic Group | C |
| THRCLDS | Therapeutic Class Description | C |
| THRDTDS | Therapeutic Detail Code Description | C |
| THRGRDS | Therapeutic Group Description | C |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
DATA DICTIONARY**

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|---------|-------------------|--|---|---|---------------|
| ADMDATE | Date of Admission | Date of the hospital admission. | mmddyy10. | - | I,S |
| ADMTYP | Admission Type | Type of hospital admission. | 1: Surgical 2: Medical 3: Maternity & Newborn 4: Psych & Substance Abuse 5: Unknown | Mapped from DRG, MDC, and SVCTYP values. | I,S |
| AGE | Age of Patient | Patient age in years at the time of service. | Each character = 0-9 | A table: calculated using DTSTART from the first enrollment detail (T) record of the year. I table: calculated using ADMDATE. D, F, O, S tables: calculated using SVCDATE. T table: calculated using DTSTART. Beginning in the 2016 data year: Age 0-6 - actual age as of the Date of Service/Enrollment Start Date/Admission Date. Age 7-16 - age as of the 15th of the month of the Date of Service/Enrollment Start Date/Admission Date. Age 17+ - age as of the July 1 of the year of the Date of Service/Enrollment Start Date/Admission Date. | I,F,S,O,D,A,T |
| AGEGRP | Age Group | A value identifying the patient or members age group | 1: 0-17 2: 18-34 3: 35-44 4: 45-54 5: 55-64 6: 65 and older | Age group or cohort of patient on admissions (I), services (S), outpatient services (O) and prescription drug claims (D); of covered life on populations (P); the mode of monthly AGEGRP for a member on Annual Enrollment Summary (A); of member as of the start of the enrollment period on Enrollment Detail (T) | I,F,S,O,D,A,T |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
DATA DICTIONARY**

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|----------------|--|---|---|--|---------|
| AWP | Average Wholesale Price | The average wholesale price charged by wholesalers for the specific drug. | Each character = 0-9; includes dollars and cents with explicit decimal. | Calculated by multiplying the AWP unit price from Red Book by the metric quantity. The prices contained in Red Book are based on data reported by manufacturers. Truven Health has not performed any independent analysis of the actual prices paid by wholesalers and providers in the marketplace. Thus, actual prices paid by wholesalers and providers may well vary from the prices contained in this database and all prices are subject to change without notice. Please refer to the "AWP Policy" in the RED BOOK product for more information. New in 2003 | D |
| BILLTYP | Facility Bill Type Code | The Bill Type code appearing on the header of the facility claim. | See Attachment A - BILLTYP | New in 2003 | F |
| CAP_SVC | Capitated Service-Claim Indicator | An indication of whether the individual service or claim was paid on a capitated basis. | Y: Yes N: No | New in 2007 | F,S,O,D |
| CASEID | Case and Services Link | A unique number identifying a case and its related services. | Each character = 0-9 | Unique within a database and year. Prior to 1999 data, this field was named CASEINP on the Inpatient Admissions Table (I) and INP on the Inpatient Services Table (S). | I,F,S |
| COB | COB and Other Savings | All dollars not paid by the carrier, except deductible and copayment amounts. Includes COB, Medicare, third party payer and penalties. Total payments for the service minus Deductible, Copayment, Coinsurance, and COB/Savings equals employer net payments. | Each character = 0-9; dollars and cents with explicit decimal. | As coded on claim. | F,S,O,D |
| COINS | Coinsurance | Payments made by the beneficiary to satisfy coinsurance plan provisions and/or apply to the stop-loss cap. Total payments for the service minus Deductible, Copayment, Coinsurance, and COB/Savings equals employer net payments. | Each character = 0-9; dollars and cents with explicit decimal. | As coded on claim. | F,S,O,D |

COMMERCIAL CLAIMS AND ENCOUNTERS MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS DATA DICTIONARY

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|---------------------------------|---|--|--|---|-------------|
| COPAY | Copayment | Payments made by the beneficiary to satisfy copayment or coinsurance plan provisions and/or apply to the stop-loss cap. Total payments for the service minus Deductible, Copayment, Coinsurance, and COB/Savings equals employer net payments. | Each character = 0-9; dollars and cents with explicit decimal. | As coded on claim. | F,S,O,D |
| DATATYP | Data Type | A value identifying whether the claim or eligible population is fee-for-service, encounter, Medicare, or Medicare encounter. This field was new in 1998 and was developed to identify claims formerly found in the Private Pay Fee-For-Service, Encounter, and Medicare databases. | 1: Fee for Service 2: Encounter 3: Medicare 4: Medicare Encounter | Prior to 1998, Data Types 1 and 2 were not merged. Data Type 4 was not available prior to 1998. | I,F,S,O,D,T |
| DATTYP1 through DATTYP12 | Data Type Month 1 through Data Type Month 12 | A value identifying whether eligible population is fee-for-service, encounter, Medicare, or Medicare encounter, for a particular month of enrollment. | 1: Fee for Service 2: Encounter 3: Medicare 4: Medicare Encounter | Prior to 1998, Data Types 1 and 2 were not merged. Data Type 4 was not available prior to 1998. | A |
| DAWIND | Dispense as Written Indicator | For brand drugs dispensed, indicates whether "DAW" (dispense as written) was specified, and by whom. | 01: No DAW 02: Physician DAW 03: Patient DAW 04: Pharmacist DAW 05: Generic Not in Stock 06: Brand Dispensed as Generic 07: Override 08: Brand Mandated by Law 09: No Generic Available 10: Other | As coded on claim. | D |
| DAYS | Length of Stay | Number of overnight stays for a hospital admission. | Each character = 0-9 | Calculated by Truven Health using consecutive hospital claims. | I |
| DAYSUPP | Days Supply | The number of days of drug therapy covered by this prescription. | Each character = 0-9 | As coded on claim. For mail order plans, days supply should range from 30-90 days. | D |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
DATA DICTIONARY**

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|---------|--------------------|--|---|---|---------------|
| DEACLAS | DEA Classification | Drug classification identifying controlled substances, as classified by the DEA (Drug Enforcement Administration). For 1997 data, moving forward. | 1: Class I (not submitted in Red Book) 2: Class II (high abuse potential, severe dependence liability) 3: Class III (less abuse potential, moderate dependence liability) 4: Class IV (less abuse potential, limited dependence liability) 5: Class V (low abuse potential, RX or OTC) 6: RX (not classified under the Controlled Substances Act) 7: OTC Product (nonprescription; all other over the counter products) 8: Other/unavailable Missing: Did not tag | Prior to 1997 values were: 1: Class I High abuse potential, no accepted medical use 2: Class II High abuse potential, severe dependence liability 3: Class III Less abuse potential, moderate dependence liability 4: Class IV Less abuse potential, limited dependence liability 5: Class V Limited abuse potential Missing: Not a controlled substance. | D |
| DEDUCT | Deductible | Payments made by the beneficiary to satisfy the plan's deductible provisions. Total payments for the service minus Deductible, Copayment, Coinsurance, and COB/Savings equals employer net payments. | Each character = 0-9 | As coded on claim. | F,S,O,D |
| DISDATE | Date of Discharge | Date of hospital discharge. | mmddy10. | - | I,S |
| DISPFEE | Dispensing Fee | Administration fee charged by the pharmacy for dispensing the prescription. | Each character = 0-9; dollars and cents with explicit decimal. | As coded on claim. | D |
| DOBYR | Patient Birth Year | Year of patient birth. | CCYY | Calculated on the claims tables from the date of service and the patient age. Derived on the enrollment table from the date of birth recorded on the enrollment record. | I,F,S,O,D,A,T |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
DATA DICTIONARY**

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|------------------|---|--|--|--|---------------|
| DRG | Diagnosis Related Group | Clinically and statistically distinct categories for inpatient care; developed for HCFA as a proxy for resources to treat a patient. | See Attachment B - DRG | Assigned by Truven Health using DRG Grouper 34.0 (effective with 2016 data) | I,S |
| DSTATUS | Discharge Status | Status of patient upon discharge from the hospital. | See Attachment C - DSTATUS | Mapped from carrier specific coding to Truven Health standard values. Starting in 2016 DSTATUS values indicating death or transfer to law enforcement are set to missing to protect patients' privacy. | I,F,S |
| DTEND | Date Enrollment End | End date of continuous enrollment period. | mmddyy10. | - | T |
| DTSTART | Date Enrollment Start | Start date of continuous enrollment period. | mmddyy10. | - | T |
| DX1 through DX15 | Diagnosis 1 through Diagnosis 15 | On the admission table, the principal diagnosis and up to fourteen secondary diagnosis codes as recorded on the service records. On the facility header table, up to nine diagnosis codes. On the inpatient services table and outpatient claims tables, up to four diagnosis codes. | See "Clinical Fields" in the MarketScan CCAE MDCR User's Guide. | - | I,F,S,O |
| DXVER | Diagnosis Version | A code denoting which coding system is relevant to the value found in the DX1 field on the record. | 0: ICD-10-CM 9: ICD-9-CM | New in 2015. | I,F,S,O |
| EECLASS | Employee Classification | The employment classification of the primary beneficiary also coded on spouse and dependent claims. | 1: Salary Non-union 2: Salary Union 3: Salary Other 4: Hourly Non-union 5: Hourly Union 6: Hourly Other 7: Non-union 8: Union 9: Unknown | Mapped from carrier specific coding to Truven Health standard values. | I,F,S,O,D,A,T |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
DATA DICTIONARY**

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|---------|-------------------------------------|--|---|---|---------------|
| EESTATU | Employment Status | Employment status of the primary beneficiary, also coded on spouse and dependent claims. | 1: Active Full Time 2: Active Part Time or Seasonal 3: Early Retiree 4: Medicare Eligible Retiree 5: Retiree (status unknown) 6: COBRA Continuee 7: Long Term Disability 8: Surviving Spouse/Depend. 9: Other/Unknown | Mapped from carrier specific coding to Truven Health standard values. | I,F,S,O,D,A,T |
| EFAMID | Family Identifier | A unique one to nine digit number identifying each family group in the data file. | Each character = 0-9 | New in 2011. | I,F,S,O,D,A,T |
| EGEOLOC | Geographic Location Employee | Geographic location (state, division, region) of primary beneficiary's residence. | See Attachment D - EGEOLOC | Population supported. Mapped from employee ZIP code. | I,F,S,O,D,A,T |
| EIDFLAG | Enrollee ID Derivation Flag | Describes the quality of ENROLID assignment. | 1: ENRFLAG=1; ENROLID from enrollment 2: ENRFLAG=1; ENROLID from claims 3: ENRFLAG=1; ENROLID missing 4: ENRFLAG=0; ENROLID from claims 5: ENRFLAG=0; ENROLID missing 6: ENRFLAG=0; "pseudo" ENROLID | See Section 4. Person Level Identifiers in the MarketScan CCAE MDCR User's Guide. | I,F,S,O,D |
| EMPREL | Relation to Employee | Relationship of the patient to the primary beneficiary. | 1: Employee 2: Spouse 3: Child/Other 4: Dependent-Relation Unknown | Mapped from carrier specific coding to Truven Health standard values. | I,F,S,O,D,A,T |
| ENRFLAG | Enrollment Flag | A flag which indicates that person-level enrollment information is available for a data contributor. | 0: No person-level enrollment information available from this data contributor. 1: Person-level enrollment information is available from this data contributor. | See "The Enrollment Tables" in the MarketScan CCAE MDCR User's Guide. | I,F,S,O,D |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
DATA DICTIONARY**

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|--------------------------------|---|---|--|--|---------------|
| ENRIND1 through ENRIND12 | Enrollment Indicator Month 1 through Enrollment Indicator Month 12 | A flag which indicates that an individual was enrolled in the specified month. | 0: Individual was not enrolled during the specified month. 1: Individual was enrolled during the specified month. | - | A |
| ENRMON | Enrollment Months | Total number of months during the year in which an individual was enrolled. | 1-12 | - | A |
| ENROLID | Enrollee ID | A unique three to eleven digit number identifying each enrollee in the data file. | Each character = 0-9 | See Section 4. Person Level Identifiers in the MarketScan CCAE MDCR User's Guide. | I,F,S,O,D,A,T |
| FACHDID | Facility Header Record ID | A unique identifier that links the facility header table to the inpatient and/or outpatient services table | Each character = 0-9 | New in 2003. Unique within a database and year | F,S,O |
| FACPROF | Facility- Professional Claim Indicator | An indication of whether the claim is from a facility or professional claim. | F=Facility Claim P=Professional Claim | New in 2003 | S,O |
| GENERID | Generic Product ID | A code identifying pharmaceutically equivalent products with the same dispensing form and strength, derived from the entire Generic Formulation Code (6 digits) of Red Book. For 1997 moving forward. | Each character = 0-9 | If it is not available in the tagging file, GENERID is set to 0. | D |
| GENIND | Generic Indicator | A code identifying products as either original standard product or a generic copy of the standard product. For 1997 data, moving forward. | 1: Single source brand 2: Multi-source brand, no generic 3: Multi-source brand, generic available 4: Multi source generic 5: Single source generic 6: Over the counter 7: Other/unavailable Missing: not tagged | Prior to 1997 values were: 1: Brand - Single Source 2: Brand - Multi Source 3: Original Product - Generic Available 4: Generic Product | D |
| HLTHPLAN | Health Plan Indicator | An indicator as to whether the data supplier of a record was a large U.S. employer or a Health Plan. | 0: Employer 1: Health Plan | New in 2004 | I,F,S,O,D,A,T |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
DATA DICTIONARY**

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|---------|----------------------------------|--|--|---|---------------|
| HOSPNET | Net Payments Hospital | Net payments to a hospital for covered services provided during an admission. Hospital payments are included in the Total Payments for the case. | Each character = 0-9; dollars and cents with explicit decimal. | As coded on claim. | I |
| HOSPPAY | Payments Hospital | Total gross payments to a hospital for covered services provided during an admission. Hospital payments are included in the Total Payments for the case. | Each character = 0-9; dollars and cents with explicit decimal. | As coded on claim. | I |
| INDSTRY | Industry | Industry classification of the employer responsible for payment of claim. | 1: Oil & Gas Extraction, Mining 2: Manufacturing, Durable Goods 3: Manufacturing, Nondurable Goods 4: Transportation, Communications, Utilities 5: Retail Trade 6: Finance, Insurance, Real Estate 7: Services A: Agriculture, Forestry, Fishing C: Construction W: Wholesale | - | I,F,S,O,D,A,T |
| INGCOST | Ingredient Cost | The cost or charge associated with the pharmaceutical product. The ingredient cost plus the dispensing fee and sales tax, if applicable, usually represents the entire cost of a prescription. For most plans, the ingredient cost should represent the discount from AWP. | Each character = 0-9; dollars and cents with explicit decimal. | As coded on claim. | D |
| MAINTIN | Maintenance Indicator | Long term maintenance drugs meet the following criteria: (a) low probability for dosage or therapy changes; (b) commonly used to treat chronic disease states; and (c) usually administered continuously rather than intermittently. For 1997 data, moving forward. | 1: Used primarily for long-term treatment of chronic conditions 2: Used for both chronic and acute conditions 3: Used primarily for short-term treatment of acute conditions 4: Other/unavailable | Prior to 1997 values were: 1: Maintenance drug | D |

COMMERCIAL CLAIMS AND ENCOUNTERS MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS DATA DICTIONARY

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|--------------------------|---|--|---|---|---------------|
| MDC | Major Diagnostic Category | Body-system or disease related groupings of clinical conditions, based on diagnosis codes. | See Attachment E - MDC | Assigned by Truven Health using DRG Grouper 32.0 (effective with 2014 data). | I,F,S,O |
| MEMDAY1 through MEMDAY12 | Member Days Month 1 through Member Days Month 12 | The number of days an individual was enrolled during the specified month. | Each character = 0-9 | - | A |
| MEMDAYS | Member Days | The number of member days an enrollee was enrolled. | Each character = 0-9 | Calculated by DTEND less DTSTART plus 1. | A,T |
| METQTY | Metric Quantity | The number of units dispensed without regard to packaging format. The first nine digits of the NDC number describe how the drug is packaged. | Each character = 0-9. Three decimal places of precision. | As coded on claim. Should correspond to packaging; e.g. if the drug package is tabs, the metric quantity should also be in tabs | D |
| MHSACOVG | Coverage Indicator MHA | Identifies whether or not mental health/substance abuse claims for covered individuals are included for the current year of data. | 0: Not Covered/Claims Not Present 1: Covered/Possible MHA Claims | New in 2004. Added retrospectively to 2002 and 2003 data. Missing values of this variable in 2002 and 2003 data are equivalent to a value of 1. | I,F,S,O,D,A,T |
| MSA | Metropolitan Statistical Area | Metropolitan Statistical Area of primary beneficiary. | See Attachment F - MSA | Mapped from 5 digit employee ZIP code. | I,F,S,O,D,A,T |
| MSCLMID | MarketScan Claim ID | An identifier which, when used in conjunction with ENROLID and FACPROF (O and S tables), can enable the user to reconstruct which services were submitted as part of the same claim from a claims administration standpoint. | Each character = 0-9 | New in 2015 | F,S,O |
| MSWGTKEY | MarketScan Weight Key | A link to the MarketScan National Weights Tables | Each character = 0-9 | New in 2015 | A |
| NDCNUM | National Drug Code | The full 11 digits of the Food and Drug Administration registered number. The first nine digits identify the manufacturer and product name. The last two digits identify the package size | Each character = 0-9 | As coded on claim. Zero-filled to 11 characters. "00000000000" (eleven zeroes) is the missing/unknown value for NDCNUM | D |
| NETPAY | Payments Net | Net payments as reported by the carrier. | Each character = 0-9; dollars and cents with explicit decimal. | As coded on claim. | F,S,O,D |

COMMERCIAL CLAIMS AND ENCOUNTERS MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS DATA DICTIONARY

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|----------|--|--|---|--|---------------|
| NPI | National Provider Identifier | An encrypted National Provider Identifier number. | - | New in 2015. Encrypted. | F,S,O |
| NTWKPROV | Network Provider Indicator | An indication of whether the provider of an individual service was a member of the payer's network. | Y: Yes N: No | New in 2007 | F,S,O,D |
| PAIDNTWK | Network Paid Indicator | An indication of whether an individual claim was paid as in-network or not. | Y: Yes N: No | New in 2007 | F,S,O,D |
| PAY | Payment | Gross payments to a provider for a service. Payment equals the amount eligible for payment under the medical plan terms after applying rules such as discounts, but before applying COB, Copayments, and Deductibles. | Each character = 0-9; dollars and cents with explicit decimal. | As coded on claim. | S,O,D |
| PDDATE | Date Claim Paid | The year, month, and day on which the claim was paid by the carrier/administrator. | - | On prescription drug records, the paid date is usually a batch date and is defaulted to the date the data are extracted. | F,S,O,D |
| PDX | Diagnosis Principal | Principal diagnosis explains the main reason for an admission; usually the discharge diagnosis. | See "Clinical Fields" in the MarketScan CCAE MDCR User's Guide. | See also DX1 through DX15 above. | I,S |
| PHARMID | Pharmacy ID | The identification number of the pharmacy dispensing the prescription. The id number is assigned by the carrier/administrator. Encrypted as of 2001 data. | Each character = 0-9 | As coded on claim. May represent the NCPDP/NABP pharmacy number (seven digits) or a "home-grown" ID. | D |
| PHYFLAG | Physician Specialty Coding Flag | A flag which identifies claims from data contributors with highly-differentiated physician specialist coding on claims. | 0: Fewer than 70% of Outpatient physician records have the physician's specialty indicated. 1: 70% or more of the Outpatient physician records have the physician's specialty indicated. | - | I,F,S,O,D,A,T |

COMMERCIAL CLAIMS AND ENCOUNTERS MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS DATA DICTIONARY

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|---------|------------------------|--|--|--|-------------|
| PHYSID | Physician ID | An identification number for the principal physician. The professional who charges the most during the admission is designated as the principal physician. Typically, anesthesiologists, pathologists, and radiologists are excluded from consideration as principal physician. This provider's dollars are identified in the Physician Payments field. The id number is assigned by the carrier/administrator. Encrypted as of 2001 data. | Each character = 0-9 | - | I |
| PHYSNET | Net Payments Physician | Net payment for services rendered by the principal physician. The professional who charges the most during the admission is designated as the principal physician and is identified in the Physician ID field. Typically, anesthesiologists, pathologists and radiologists are excluded from consideration as principal physician. Physician Payments are included in the Total Payments for the admission. | Each character = 0-9; dollars and cents with explicit decimal. | As coded on claim. | I |
| PHYSPAY | Payments Physician | Total covered payment for services rendered by the principal physician. The professional who charges the most during the admission is designated as the principal physician and is identified in the Physician ID field. Typically, anesthesiologists, pathologists and radiologists are excluded from consideration as principal physician. Physician Payments are included in the Total Payments for the admission. | Each character = 0-9; dollars and cents with explicit decimal. | As coded on claim. | I |
| PLANTYP | Plan Indicator | Type of benefit plan. | 1: Basic/major medical 2: Comprehensive 3: EPO 4: HMO 5: POS 6: PPO 7: POS with capitation 8: CDHP 9: HDHP | Mapped from client specific coding to Truven Health standard values. See "Plan Type Definition" in the MarketScan CCAE MDCR User's Guide. | I,F,S,O,D,T |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
DATA DICTIONARY**

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|--------------------------------|---|--|---|--|--------|
| PLNTYP1 through PLNTYP12 | Plan Indicator Month 1 through Plan Indicator Month 12 | Type of benefit plan effective during a particular month of enrollment. | 1: Basic/major medical 2: Comprehensive 3: EPO 4: HMO 5: POS 6: PPO 7: POS with capitation 8: CDHP 9: HDHP | Mapped from client specific coding to Truven Health standard values. See "Plan Type Definition" in the MarketScan CCAE MDCR User's Guide. | A |
| POADX1 | Present On Admission Diagnosis 1 | An indication of whether the value in the Diagnosis 1 field was present upon the patient's admission to the hospital. | Blank: Missing/Unknown 1: Unreported/Not Used N: No, not present at admission U: Unknown W: Clinically Undetermined Y: Yes, present at admission | New in 2016. | F,I |
| POADX11 | Present On Admission Diagnosis 11 | An indication of whether the value in the Diagnosis 11 field was present upon the patient's admission to the hospital. | Blank: Missing/Unknown 1: Unreported/Not Used N: No, not present at admission U: Unknown W: Clinically Undetermined Y: Yes, present at admission | New in 2016. | I |
| POADX12 | Present On Admission Diagnosis 12 | An indication of whether the value in the Diagnosis 12 field was present upon the patient's admission to the hospital. | Blank: Missing/Unknown 1: Unreported/Not Used N: No, not present at admission U: Unknown W: Clinically Undetermined Y: Yes, present at admission | New in 2016. | I |
| POADX13 | Present On Admission Diagnosis 13 | An indication of whether the value in the Diagnosis 13 field was present upon the patient's admission to the hospital. | Blank: Missing/Unknown 1: Unreported/Not Used N: No, not present at admission U: Unknown W: Clinically Undetermined Y: Yes, present at admission | New in 2016. | I |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
DATA DICTIONARY**

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|---------|--|--|---|--------------|--------|
| POADX14 | Present On Admission Diagnosis 14 | An indication of whether the value in the Diagnosis 14 field was present upon the patient's admission to the hospital. | Blank: Missing/Unknown 1: Unreported/Not Used N: No, not present at admission U: Unknown W: Clinically Undetermined Y: Yes, present at admission | New in 2016. | I |
| POADX15 | Present On Admission Diagnosis 15 | An indication of whether the value in the Diagnosis 15 field was present upon the patient's admission to the hospital. | Blank: Missing/Unknown 1: Unreported/Not Used N: No, not present at admission U: Unknown W: Clinically Undetermined Y: Yes, present at admission | New in 2016. | I |
| POADX2 | Present On Admission Diagnosis 2 | An indication of whether the value in the Diagnosis 2 field was present upon the patient's admission to the hospital. | Blank: Missing/Unknown 1: Unreported/Not Used N: No, not present at admission U: Unknown W: Clinically Undetermined Y: Yes, present at admission | New in 2016. | F,I |
| POADX3 | Present On Admission Diagnosis 3 | An indication of whether the value in the Diagnosis 3 field was present upon the patient's admission to the hospital. | Blank: Missing/Unknown 1: Unreported/Not Used N: No, not present at admission U: Unknown W: Clinically Undetermined Y: Yes, present at admission | New in 2016. | F,I |
| POADX4 | Present On Admission Diagnosis 4 | An indication of whether the value in the Diagnosis 4 field was present upon the patient's admission to the hospital. | Blank: Missing/Unknown 1: Unreported/Not Used N: No, not present at admission U: Unknown W: Clinically Undetermined Y: Yes, present at admission | New in 2016. | F,I |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
DATA DICTIONARY**

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|--------|---|---|---|--------------|--------|
| POADX5 | Present On Admission Diagnosis 5 | An indication of whether the value in the Diagnosis 5 field was present upon the patient's admission to the hospital. | Blank: Missing/Unknown 1: Unreported/Not Used N: No, not present at admission U: Unknown W: Clinically Undetermined Y: Yes, present at admission | New in 2016. | F,I |
| POADX6 | Present On Admission Diagnosis 6 | An indication of whether the value in the Diagnosis 6 field was present upon the patient's admission to the hospital. | Blank: Missing/Unknown 1: Unreported/Not Used N: No, not present at admission U: Unknown W: Clinically Undetermined Y: Yes, present at admission | New in 2016. | F,I |
| POADX7 | Present On Admission Diagnosis 7 | An indication of whether the value in the Diagnosis 7 field was present upon the patient's admission to the hospital. | Blank: Missing/Unknown 1: Unreported/Not Used N: No, not present at admission U: Unknown W: Clinically Undetermined Y: Yes, present at admission | New in 2016. | F,I |
| POADX8 | Present On Admission Diagnosis 8 | An indication of whether the value in the Diagnosis 8 field was present upon the patient's admission to the hospital. | Blank: Missing/Unknown 1: Unreported/Not Used N: No, not present at admission U: Unknown W: Clinically Undetermined Y: Yes, present at admission | New in 2016. | F,I |
| POADX9 | Present On Admission Diagnosis 9 | An indication of whether the value in the Diagnosis 9 field was present upon the patient's admission to the hospital. | Blank: Missing/Unknown 1: Unreported/Not Used N: No, not present at admission U: Unknown W: Clinically Undetermined Y: Yes, present at admission | New in 2016. | F,I |

COMMERCIAL CLAIMS AND ENCOUNTERS MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS DATA DICTIONARY

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|-----------------------------|---|---|---|--|---------|
| POAPDX | Present On Admission Diagnosis Principal | An indication of whether the value in the Diagnosis Principal field was present upon the patient's admission to the hospital. | Blank: Missing/Unknown 1: Unreported/Not Used N: No, not present at admission U: Unknown W: Clinically Undetermined Y: Yes, present at admission | New in 2016. | I |
| PPROC | Procedure Principal | Procedure principal is the procedure performed during an admission that had the greatest influence on which DRG was assigned to the admission. | See "Clinical Fields" in the MarketScan CCAE MDCR User's Guide. | Usually an ICD-9-CM code. PPROC = PROC1 only on the Inpatient Admissions (I) Table. PROC1 on the Inpatient Service (S) table indicates the procedure performed for that service level claim only. See PROC1 through PROC15 below. | I,S |
| PROC1 through PROC15 | Procedure1 through Procedure15 | On the Inpatient Admissions (I) table, the principal procedure (PROC1) and up to 14 other procedures as recorded chronologically on the service record. On the inpatient service and outpatient tables, the first procedure listed. | See "Clinical Fields" in the MarketScan CCAE MDCR User's Guide. | Prior to 1999 data, PROC2 through PROC15 were named PROC_A through PROC_N. PPROC has been copied to PROC1. Usually a CPT4 code. ICD-9-CM codes and HCPC codes appear occasionally. | I,F,S,O |
| PROCGRP | Procedure Group | Groups of related outpatient procedures, based on CPT4, ICD-9-CM, or HCPCS procedure codes. | See Attachment G - PROCGRP | - | O |
| PROCMOD | Procedure Code Modifier | The 2-character code of the first procedure code modifier on the claim. | - | Procedure modifiers only apply to CPT codes. | S,O |
| PROCTYP | Procedure Code Type | The type of procedure coding used by the carrier/administrator in the PROC1 (Procedure1) field. | *: ICD-9-CM 0: ICD-10-CM 1: CPT 3: UB92 Revenue Code 6: NABSP 7: HCPC 8: CDT (ADA) | - | S,O |
| PROVID | Provider ID | Identifier for provider of service used by the carrier. Encrypted as of 2001 data. | Each character = 0-9 | - | F,S,O |

COMMERCIAL CLAIMS AND ENCOUNTERS MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS DATA DICTIONARY

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|---------|-----------------------|--|---|--|---------------|
| QTY | Quantity of Services | Number of services performed for an inpatient service or outpatient claim and number of prescriptions filled for prescription drug claims. | Each character = 0-9 | Prescription drug claims will contain a QTY of 1 per claim. QTY for anesthesia services generally does not reflect unit of service. | S,O,D |
| REFILL | Refill Number | A number indicating whether this is the original prescription (0), or the refill number (e.g., 1, 2, etc.). | Each character = 0-9 | As coded on the claim. | D |
| REGION | Region | Geographic Region of employee residence. | 1: Northeast 2: North Central 3: South 4: West 5: Unknown | - | I,F,S,O,D,A,T |
| REVCODE | Revenue Code | The HCFA standard revenue code from the facility claim. | See Attachment H - REVCODE | - | S,O |
| RX | Cohort Drug Indicator | Identifies whether or not Truven Health captures drug claims for an enrolled individual's plan group. | 0: No drug benefit identified 1: Identifies drug benefit | See "Tables" in the MarketScan CCAE MDCR User's Guide. | I,F,S,O,A,T |
| RXMR | Rx Mail Retail | An indication of whether the prescription was filled at a retail pharmacy or through a mail-order program | 1: Retail 2: Mail Order | - | D |
| SALETAX | Sales Tax | The amount of sales tax applied to the cost of the prescription. (The sales tax, if applicable, is usually calculated on the Ingredient Cost plus the Dispensing Fee.) | Each character = 0-9; dollars and cents with explicit decimal. | Very few states apply a sales tax to prescription drugs; therefore, this field will usually be zero. | D |
| SEQNUM | Sequence Number | A code indicating a unique identifier for every record on a table. | Each character = 0-9 | Normal values for a full dataset are 1 through the number of records (e.g. a table with 2,000,000 records will have SEQNUM values 1 to 2000000). For custom datasets, this range may vary. | I,F,S,O,D,A,T |
| SEX | Gender of Patient | Gender of the patient on admissions, services, outpatient claims and prescription drug claims; of covered life on populations. | 1: Male 2: Female | As coded on claim. | I,F,S,O,D,A,T |
| STATE | State Hospital | The geographic state in which the admission occurred. | See Attachment J - STATE | Based on hospital zip code; <u>not</u> population supported. For 1999 data and forward, this variables share the same lookup as EGEOLOC (Geographic Location Employee) | I |

COMMERCIAL CLAIMS AND ENCOUNTERS MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS DATA DICTIONARY

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|----------|----------------------------------|--|--|---|---------|
| STDPLAC | Place of Service | Setting where service occurred. | See Attachment K - STDPLAC | Mapped from carrier specific coding to Truven Health standard values. | F,S,O |
| STDPROV | Provider Type | 001-099 Facility 100-799 Physician 100-199 Non-admitting Physicians 200-499 Admitting Physicians 500-599 Surgeons 800-899 Professionals (Non-Physician) 900-999 Associates | See Attachment L - STDPROV | Mapped from carrier specific coding to Truven Health standard values. | F,S,O |
| SVCDATE | Date Service Incurred | Date of inpatient or outpatient service or date prescription was filled. | mmddyy10. | Represents the "from" date if service was provided over more than one day. | F,S,O,D |
| SVCSCAT | Service Sub-Category Code | A code indicating a detailed category of service | See Attachment M - SVCSCAT | New in 2005. | S,O |
| THERCLS | Therapeutic Class | A 3-digit code that indicates the therapeutic/ pharmacologic category of the drug product. Based on an aggregation of THERDTL values (see below), though not related directly by numeric value (i.e. THERCLS=124 will not correspond to 10-digit THERDTL values beginning with 124). | See Attachment N - THERCLS | The description is in two parts, with the second part being either the subcategory, or "Not Elsewhere Classified" (NEC). For 1997 data, moving forward. Mapped from ranges of Red Book codes. | D |
| THERGRP | Therapeutic Group | Therapeutic Group is a further aggregation of THERCLS (Therapeutic Class) values. See THERCLS and THERDTL. | See Attachment O - THERGRP | Mapped from ranges of Red Book Therapeutic Class Codes. | D |
| TOTCOB | COB and Other Savings Total Case | Total COB and other savings for the admission. This is the sum of service-level COB and other savings. | Each character = 0-9; dollars and cents with explicit decimal. | As coded on claim. | I |
| TOTCOINS | Coinsurance Total Case | Total coinsurance for the admission. This is the sum of service-level coinsurance. | Each character = 0-9; dollars and cents with explicit decimal. | As coded on claim. | I |
| TOTCOPAY | Copayment Total Case | Total copayments for the admission. This is the sum of service-level copayments. | Each character = 0-9; dollars and cents with explicit decimal. | As coded on claim. | I |
| TOTDED | Deductible Total Case | Total deductible for the admission. This is the sum of service-level deductible. | Each character = 0-9; dollars and cents with explicit decimal. | As coded on claim. | I |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
DATA DICTIONARY**

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|---------|--------------------------------|---|--|--|---------------|
| TOTNET | Payments Net Case | Total net payments for the admission. This is the sum of service-level net pay. | Each character = 0-9; dollars and cents with explicit decimal. | As coded on claim. | I |
| TOTPAY | Payments Total Case | Total gross payments to all providers who submitted claims for covered services rendered during an admission. | Each character = 0-9; dollars and cents with explicit decimal. | As coded on claim. | I |
| TSVCDAT | Date Service Ending | The end date for a service. | mmddy10. | Represents the "to" date if service was provided over more than one day. | F,S,O |
| UNITS | Units | Units of service. | Each character = 0-9 | New in 2015. See also QTY | S,O |
| VERSION | Version | A Truven Health internal database version number. | Each character = 0-9 | - | I,F,S,O,D,A,T |
| YEAR | Date Year Incurred | The calendar year during which the service was rendered, the admission began or the population was eligible. | CCYY | - | I,F,S,O,D,A |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
RED BOOK® DICTIONARY**

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|---------|--|---|--|--|----------------|
| DEACLAS | DEA Classification | Drug classification identifying controlled substances, as classified by the DEA (Drug Enforcement Administration). | See DEACLDS | - | D, RED BOOK |
| DEACLDS | DEA Class Description | Text lookup value for DEACLAS (DEA_Classification). | - | - | RED BOOK |
| DESIDRG | DESI Drug Indicator | Indicates that the product "lacks substantial evidence of effectiveness," as determined by the FDA's Drug Efficacy Study Implementation (DESI) review. | Y: Drug considered less than effective by the FDA. N: Drug is <i>not</i> considered less than effective by the FDA. | - | RED BOOK |
| EXCDGDS | Exceptional Drug Description | Text lookup value for EXCLDRG (Exceptional_Drug_Indicator). | - | - | RED BOOK |
| EXCLDRG | Exceptional Drug Indicator | Identifies products that may be excluded from coverage by certain third-party programs. Codes employed in this field denote the excluded category into which the product falls. | - | - | RED BOOK |
| GENERID | Generic Product ID | A code identifying pharmaceutically equivalent products with the same dispensing form and strength, derived from the entire Generic Formulation Code (6 digits) of 2008 RED BOOK. | Each character = 0-9 | If it is not available in the tagging file, GENERID is set to 0. | D, RED BOOK |
| GENIND | Generic Indicator | A code identifying products as either original standard product or a generic copy of the standard product. | - | - | D, RED BOOK |
| GENNME | Generic Drug Name | The 2008 RED BOOK description corresponding to GENERID (Generic_Product_ID). | character 50 variable, left justified. | See GENERID (Generic_Product_ID). | RED BOOK |
| GNINDDS | Generic Indicator Description | Text lookup value for GENIND (Generic_Indicator). | - | - | RED BOOK |
| MAINTDS | Maintenance Indicator Description | Text lookup value for MAINTIN (Maintenance_Indicator). | - | - | RED BOOK |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
RED BOOK[®] DICTIONARY**

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|---------|--------------------------------|--|--|-------|----------------|
| MAINTIN | Maintenance Indicator | Identifies products typically used on a continuing basis, as well as drugs that may be used for maintenance therapy in certain cases. This field may be of particular use in establishing criteria for generic incentive and mail order programs. Long term maintenance drugs meet the following criteria: (a) low probability for dosage or therapy changes; (b) commonly used to treat chronic disease states; and (c) usually administered continuously rather than intermittently. | - | - | D, RED BOOK |
| MANFNME | Manufacturer Name | Identifies the name of the company that markets the product. The name appearing in this field corresponds to the FDA-registered labeler name identified by the five-digit labeler code on the NDC number. Therefore, names appearing in this field will include distributors and repackagers in addition to original manufacturers. | character 50 variable, left justified. | - | RED BOOK |
| MASTFRM | Master Form Code | Groups similar dosage forms under a single, broader category. For instance, all metered-dose inhaler products with the following form codes are grouped under a master form code "MDI" | - | - | RED BOOK |
| METSIZE | Metric Size | The 2008 RED BOOK quantity of product in the package in metric units or number of items. This represents the size of the package bought by the pharmacy and does not induce how the drug was dispensed. The last two digits of the NDC code indicate the package size. | - | - | RED BOOK |
| MSTFMDS | Master Form Description | Text lookup value for MASTFRM (Master Form Code) | character 30 variable, left justified | - | RED BOOK |
| NDCNUM | National Drug Code | The full 11 digits of the Food and Drug Administration registered number. The first nine digits identify the manufacturer and product name. The last two digits identify the package size. | Each character = 0-9 | - | D, RED BOOK |
| ORGBKCD | Orange Book Code | Supplies FDA's therapeutic equivalence code for multi-source drug products, if applicable. Codes beginning with "A" signify that the product is deemed therapeutically equivalent to other products containing the same active ingredient in an identical amount and dosage form. Codes beginning with "B" indicate that bioequivalence has not been confirmed. | - | - | RED BOOK |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
RED BOOK[®] DICTIONARY**

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|---------|--|--|---------------------------------------|--|----------|
| ORGBKDS | Orange Book Code Description | Text lookup value for ORGBKCD (Orange Book Code) | character 30 variable, left justified | - | RED BOOK |
| ORGBKFG | Orange Book Standard Flag | Marks the product as an "Orange Book Standard" drug, the benchmark to which equivalent generic products are compared during the approval process. Also known as Reference Listed Drugs, Orange Book Standard drugs set the bioequivalence criteria for their generic counterparts. | - | - | RED BOOK |
| PKQTYCD | Package Quantity Code | Indicates the number of packages to which the prices in the record apply. | - | A "1" in this field indicates that the product is an Orange Book Standard. For all other products, the field is blank. | RED BOOK |
| PKSIZE | Package Size | Specifies the number of items, such as tablets, capsules, ampules, or packets, contained in this package to which the record pertains. | - | - | RED BOOK |
| PRDCTDS | Product Category Description | Text lookup value for PRODCAT (Product Category Code) | character 30 variable, left justified | - | RED BOOK |
| PRODCAT | Product Category Code | Products in the database are coded with their prescription and trade-name status. This permits extraction of all records in a particular category, such as prescription generics, or branded OTCs. Products of repackagers are coded separately to accommodate specialized processing. | - | - | RED BOOK |
| PRODNME | Product Name | Supplies the name given to the product by the manufacturer. Since each package size of each strength is maintained in the database as a separate drug record, this name may appear in several other records. | character 50 variable, left justified | - | RED BOOK |
| ROACD | Route of Administration Code | Identifies the route of administration of the drug. | - | New in 2015. | RED BOOK |
| ROADS | Route of Administration Description | Text description of the Route of Administration Code (ROACD). | - | New in 2015. | RED BOOK |

**COMMERCIAL CLAIMS AND ENCOUNTERS
MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS
RED BOOK® DICTIONARY**

| NAME | LONG NAME | DESCRIPTION | VALID CONTENTS | NOTES | TABLES |
|----------------|--|--|---------------------------------------|-------|----------------|
| SIGLSRC | Single Source Indicator | Identifies the product as trademarked, patent-protected drug generally available from only one source. A "1" in this field indicates that the product is a single-source drug. A blank in this field indicates that the product is available from more than one source. In those occasional instances when branded products are cross-licensed (e.g., Prinivil and Zestril), each carries the single-source indicator. | - | - | RED BOOK |
| STRNGTH | Strength | Supplies the strength of the product. Consistent with FDA nomenclature, the order in which strengths are listed corresponds to the alphabetical order of the active ingredients. Please note that for products containing more than three active ingredients, this field is left blank. For combination products, a hyphen separates the individual strengths of the active ingredients. For example, the strength of acetaminophen with codeine is expressed as 325 mg-30 mg. | - | - | RED BOOK |
| THERCLS | Therapeutic Class | A 3-digit code that indicates the therapeutic/ pharmacologic category of the drug product. Based on an aggregation of THERDTL values (see below), though not related directly by numeric value (i.e. THERCLS=124 will not correspond to 10-digit THERDTL values beginning with 124). | Each character = 0-9 | - | D, RED BOOK |
| THERDTL | Therapeutic Detail Code | A 10-digit hierarchical 2008 RED BOOK® code that categorizes drugs down to the generic ingredient level. This code is based on the American Hospital Formulary Service Classification Compilation (AHFSCC) Therapeutic Class. | Each character = 0-9 | - | RED BOOK |
| THERGRP | Therapeutic Group | Therapeutic Group is a further aggregation of THERCLS (Therapeutic Class) values. See THERCLS and THERDTL. | Each character = 0-9 | - | D, RED BOOK |
| THRCLDS | Therapeutic Class Description | Text lookup value for THERCLS (Therapeutic Class) | character 30 variable, left justified | - | RED BOOK |
| THRDTDS | Therapeutic Detail Code Description | Text lookup value for THERDTL | character 30 variable, left justified | - | RED BOOK |
| THRGRDS | Therapeutic Group Description | Text lookup value for THERGRP | character 30 variable, left justified | - | RED BOOK |

ATTACHMENT A - BILLTYP

| Value | Label | Value | Label |
|-------|--|-------|--|
| 110 | Hospital Inpatient A - Nonpayment/Zero Claim | 12I | Hospital Inpatient B - Intermediary Initiated Adj |
| 111 | Hospital Inpatient A - Admit Thru Discharge | 12J | Hospital Inpatient B - Other Entity Initiated Adj |
| 112 | Hospital Inpatient A - Interim - First Claim | 12K | Hospital Inpatient B - OIG Initiated Adj |
| 113 | Hospital Inpatient A - Interim - Continuing Claim | 12M | Hospital Inpatient B - MSP Initiated Adj |
| 114 | Hospital Inpatient A - Interim - Last Claim | 12N | Hospital Inpatient B - PRO Adjust Claim |
| 115 | Hospital Inpatient A - Late Charge Only | 12O | Hospital Inpatient B - Nonpayment/Zero |
| 116 | Hospital Inpatient A - Adjustment of Prior Claim | 12X | Hospital Inpatient B - Void/Cancel Prior Encounter |
| 117 | Hospital Inpatient A - Replacement of Prior Claim | 12Y | Hospital Inpatient B - Replace Prior Encounter |
| 118 | Hospital Inpatient A - Void/Cancel of Prior Claim | 12Z | Hospital Inpatient B - New Abbreviated Encounter |
| 11F | Hospital Inpatient A - Beneficiary Initiated Adj | 130 | Hospital Outpatient - Nonpayment/Zero Claim |
| 11G | Hospital Inpatient A - CWF Initiated Adj | 131 | Hospital Outpatient - Admit Through Discharge |
| 11H | Hospital Inpatient A - HCFA Initiated Adj | 132 | Hospital Outpatient - Interim - First Claim |
| 11I | Hospital Inpatient A - Intermediary Initiated Adj | 133 | Hospital Outpatient - Interim - Continuing Claim |
| 11J | Hospital Inpatient A - Other Entity Initiated Adj | 134 | Hospital Outpatient - Interim - Last Claim |
| 11K | Hospital Inpatient A - OIG Initiated Adj | 135 | Hospital Outpatient - Late Charge Only |
| 11M | Hospital Inpatient A - MSP Initiated Adj | 136 | Hospital Outpatient - Adjustment of Prior Claim |
| 11N | Hospital Inpatient A - PRO Adjust Claim | 137 | Hospital Outpatient - Replacement of Prior Claim |
| 11O | Hospital Inpatient A - Nonpayment/Zero | 138 | Hospital Outpatient - Void/Cancel of Prior Claim |
| 11X | Hospital Inpatient A - Void/Cancel Prior Encounter | 13F | Hospital Outpatient - Beneficiary Initiated Adj |
| 11Y | Hospital Inpatient A - Replace Prior Encounter | 13G | Hospital Outpatient - CWF Initiated Adj |
| 11Z | Hospital Inpatient A - New Abbreviated Encounter | 13H | Hospital Outpatient - HCFA Initiated Adj |
| 120 | Hospital Inpatient B - Nonpayment/Zero Claim | 13I | Hospital Outpatient - Intermediary Initiated Adj |
| 121 | Hospital Inpatient B - Admit Thru Discharge | 13J | Hospital Outpatient - Other Entity Initiated Adj |
| 122 | Hospital Inpatient B - Interim - First Claim | 13K | Hospital Outpatient - OIG Initiated Adj |
| 123 | Hospital Inpatient B - Interim - Continuing Claim | 13M | Hospital Outpatient - MSP Initiated Adj |
| 124 | Hospital Inpatient B - Interim - Last Claim | 13N | Hospital Outpatient - PRO Adjust Claim |
| 125 | Hospital Inpatient B - Late Charge Only | 13O | Hospital Outpatient - Nonpayment/Zero |
| 126 | Hospital Inpatient B - Adjustment of Prior Claim | 13X | Hospital Outpatient - Void/Cancel Prior Encounter |
| 127 | Hospital Inpatient B - Replacement of Prior Claim | 13Y | Hospital Outpatient - Replace Prior Encounter |
| 128 | Hospital Inpatient B - Void/Cancel of Prior Claim | 13Z | Hospital Outpatient - New Abbreviated Encounter |
| 12F | Hospital Inpatient B - Beneficiary Initiated Adj | 140 | Hospital Other - Nonpayment/Zero Claim |
| 12G | Hospital Inpatient B - CWF Initiated Adj | 141 | Hospital Other - Admit Through Discharge |
| 12H | Hospital Inpatient B - HCFA Initiated Adj | 142 | Hospital Other - Interim - First Claim |

ATTACHMENT A - BILLTYP

| Value | Label | Value | Label |
|-------|---|-------|---|
| 143 | Hospital Other - Interim - Continuing Claim | 15M | Hospital Intermed Care I - MSP Initiated Adj |
| 144 | Hospital Other - Interim - Last Claim | 15N | Hospital Intermed Care I - PRO Adjust Claim |
| 145 | Hospital Other - Late Charge Only | 15O | Hospital Intermed Care I - Nonpayment/Zero |
| 146 | Hospital Other - Adjustment of Prior Claim | 15X | Hospital Intermed Care I - Void/Cancel Prior Encounter |
| 147 | Hospital Other - Replacement of Prior Claim | 15Y | Hospital Intermed Care I - Replace Prior Encounter |
| 148 | Hospital Other - Void/Cancel of Prior Claim | 15Z | Hospital Intermed Care I - New Abbreviated Encounter |
| 14F | Hospital Other - Beneficiary Initiated Adj | 160 | Hospital Intermed Care II - Nonpayment/Zero Claim |
| 14G | Hospital Other - CWF Initiated Adj | 161 | Hospital Intermed Care II - Admit Thru Discharge |
| 14H | Hospital Other - HCFA Initiated Adj | 162 | Hospital Intermed Care II - Interim - First Claim |
| 14I | Hospital Other - Intermediary Initiated Adj | 163 | Hospital Intermed Care II - Interim - Continuing Claim |
| 14J | Hospital Other - Other Entity Initiated Adj | 164 | Hospital Intermed Care II - Interim - Last Claim |
| 14K | Hospital Other - OIG Initiated Adj | 165 | Hospital Intermed Care II - Late Charge Only |
| 14M | Hospital Other - MSP Initiated Adj | 166 | Hospital Intermed Care II - Adjustment of Prior Claim |
| 14N | Hospital Other - PRO Adjust Claim | 167 | Hospital Intermed Care II - Replacement of Prior Claim |
| 14O | Hospital Other - Nonpayment/Zero | 168 | Hospital Intermed Care II - Void/Cancel of Prior Claim |
| 14X | Hospital Other - Void/Cancel Prior Encounter | 16F | Hospital Intermed Care II - Beneficiary Initiated Adj |
| 14Y | Hospital Other - Replace Prior Encounter | 16G | Hospital Intermed Care II - CWF Initiated Adj |
| 14Z | Hospital Other - New Abbreviated Encounter | 16H | Hospital Intermed Care II - HCFA Initiated Adj |
| 150 | Hospital Intermed Care I - Nonpayment/Zero Claim | 16I | Hospital Intermed Care II - Intermediary Initiated Adj |
| 151 | Hospital Intermed Care I - Admit Thru Discharge | 16J | Hospital Intermed Care II - Other Entity Initiated Adj |
| 152 | Hospital Intermed Care I - Interim - First Claim | 16K | Hospital Intermed Care II - OIG Initiated Adj |
| 153 | Hospital Intermed Care I - Interim - Continuing Claim | 16M | Hospital Intermed Care II - MSP Initiated Adj |
| 154 | Hospital Intermed Care I - Interim - Last Claim | 16N | Hospital Intermed Care II - PRO Adjust Claim |
| 155 | Hospital Intermed Care I - Late Charge Only | 16O | Hospital Intermed Care II - Nonpayment/Zero |
| 156 | Hospital Intermed Care I - Adjustment of Prior Claim | 16X | Hospital Intermed Care II - Void/Cancel Prior Encounter |
| 157 | Hospital Intermed Care I - Replacement of Prior Claim | 16Y | Hospital Intermed Care II - Replace Prior Encounter |
| 158 | Hospital Intermed Care I - Void/Cancel of Prior Claim | 16Z | Hospital Intermed Care II - New Abbreviated Encounter |
| 15F | Hospital Intermed Care I - Beneficiary Initiated Adj | 170 | Hospital Subacute Inpt - Nonpayment/Zero Claim |
| 15G | Hospital Intermed Care I - CWF Initiated Adj | 171 | Hospital Subacute Inpt - Admit Through Discharge |
| 15H | Hospital Intermed Care I - HCFA Initiated Adj | 172 | Hospital Subacute Inpt - Interim - First Claim |
| 15I | Hospital Intermed Care I - Intermediary Initiated Adj | 173 | Hospital Subacute Inpt - Interim - Continuing Claim |
| 15J | Hospital Intermed Care I - Other Entity Initiated Adj | 174 | Hospital Subacute Inpt - Interim - Last Claim |
| 15K | Hospital Intermed Care I - OIG Initiated Adj | 175 | Hospital Subacute Inpt - Late Charge Only |

ATTACHMENT A - BILLTYP

| Value | Label | Value | Label |
|-------|--|-------|--|
| 176 | Hospital Subacute Inpt - Adjustment of Prior Claim | 18X | Hospital Swing Bed - Void/Cancel Prior Encounter |
| 177 | Hospital Subacute Inpt - Replacement of Prior Claim | 18Y | Hospital Swing Bed - Replace Prior Encounter |
| 178 | Hospital Subacute Inpt - Void/Cancel of Prior Claim | 18Z | Hospital Swing Bed - New Abbreviated Encounter |
| 17F | Hospital Subacute Inpt - Beneficiary Initiated Adj | 210 | Skilled Nursing Inpt A - Nonpayment/Zero Claim |
| 17G | Hospital Subacute Inpt - CWF Initiated Adj | 211 | Skilled Nursing Inpt A - Admit Thru Discharge |
| 17H | Hospital Subacute Inpt - HCFA Initiated Adj | 212 | Skilled Nursing Inpt A - Interim - First Claim |
| 17I | Hospital Subacute Inpt - Intermediary Initiated Adj | 213 | Skilled Nursing Inpt A - Interim - Continuing Claim |
| 17J | Hospital Subacute Inpt - Other Entity Initiated Adj | 214 | Skilled Nursing Inpt A - Interim - Last Claim |
| 17K | Hospital Subacute Inpt - OIG Initiated Adj | 215 | Skilled Nursing Inpt A - Late Charge Only |
| 17M | Hospital Subacute Inpt - MSP Initiated Adj | 216 | Skilled Nursing Inpt A - Adjustment of Prior Claim |
| 17N | Hospital Subacute Inpt - PRO Adjust Claim | 217 | Skilled Nursing Inpt A - Replacement of Prior Claim |
| 17O | Hospital Subacute Inpt - Nonpayment/Zero | 218 | Skilled Nursing Inpt A - Void/Cancel of Prior Claim |
| 17X | Hospital Subacute Inpt - Void/Cancel Prior Encounter | 21F | Skilled Nursing Inpt A - Beneficiary Initiated Adj |
| 17Y | Hospital Subacute Inpt - Replace Prior Encounter | 21G | Skilled Nursing Inpt A - CWF Initiated Adj |
| 17Z | Hospital Subacute Inpt - New Abbreviated Encounter | 21H | Skilled Nursing Inpt A - HCFA Initiated Adj |
| 180 | Hospital Swing Bed - Nonpayment/Zero Claim | 21I | Skilled Nursing Inpt A - Intermediary Initiated Adj |
| 181 | Hospital Swing Bed - Admit Thru Discharge Claim | 21J | Skilled Nursing Inpt A - Other Entity Initiated Adj |
| 182 | Hospital Swing Bed - Interim - First Claim | 21K | Skilled Nursing Inpt A - OIG Initiated Adj |
| 183 | Hospital Swing Bed - Interim - Continuing Claim | 21M | Skilled Nursing Inpt A - MSP Initiated Adj |
| 184 | Hospital Swing Bed - Interim - Last Claim | 21N | Skilled Nursing Inpt A - PRO Adjust Claim |
| 185 | Hospital Swing Bed - Late Charge Only | 21O | Skilled Nursing Inpt A - Nonpayment/Zero |
| 186 | Hospital Swing Bed - Adjustment of Prior Claim | 21X | Skilled Nursing Inpt A - Void/Cancel Prior Encounter |
| 187 | Hospital Swing Bed - Replacement of Prior Claim | 21Y | Skilled Nursing Inpt A - Replace Prior Encounter |
| 188 | Hospital Swing Bed - Void/Cancel of Prior Claim | 21Z | Skilled Nursing Inpt A - New Abbreviated Encounter |
| 18F | Hospital Swing Bed - Beneficiary Initiated Adj | 220 | Skilled Nursing Inpt B - Nonpayment/Zero Claim |
| 18G | Hospital Swing Bed - CWF Initiated Adj | 221 | Skilled Nursing Inpt B - Admit Thru Discharge |
| 18H | Hospital Swing Bed - HCFA Initiated Adj | 222 | Skilled Nursing Inpt B - Interim - First Claim |
| 18I | Hospital Swing Bed - Intermediary Initiated Adj | 223 | Skilled Nursing Inpt B - Interim - Continuing Claim |
| 18J | Hospital Swing Bed - Other Entity Initiated Adj | 224 | Skilled Nursing Inpt B - Interim - Last Claim |
| 18K | Hospital Swing Bed - OIG Initiated Adj | 225 | Skilled Nursing Inpt B - Late Charge Only |
| 18M | Hospital Swing Bed - MSP Initiated Adj | 226 | Skilled Nursing Inpt B - Adjustment of Prior Claim |
| 18N | Hospital Swing Bed - PRO Adjust Claim | 227 | Skilled Nursing Inpt B - Replacement of Prior Claim |
| 18O | Hospital Swing Bed - Nonpayment/Zero | 228 | Skilled Nursing Inpt B - Void/Cancel of Prior Claim |

ATTACHMENT A - BILLTYP

| Value | Label | Value | Label |
|-------|--|-------|---|
| 22F | Skilled Nursing Inpt B - Beneficiary Initiated Adj | 240 | Skilled Nursing Other - Nonpayment/Zero Claim |
| 22G | Skilled Nursing Inpt B - CWF Initiated Adj | 241 | Skilled Nursing Other - Admit Through Discharge |
| 22H | Skilled Nursing Inpt B - HCFA Initiated Adj | 242 | Skilled Nursing Other - Interim - First Claim |
| 22I | Skilled Nursing Inpt B - Intermediary Initiated Adj | 243 | Skilled Nursing Other - Interim - Continuing Claim |
| 22J | Skilled Nursing Inpt B - Other Entity Initiated Adj | 244 | Skilled Nursing Other - Interim - Last Claim |
| 22K | Skilled Nursing Inpt B - OIG Initiated Adj | 245 | Skilled Nursing Other - Late Charge Only |
| 22M | Skilled Nursing Inpt B - MSP Initiated Adj | 246 | Skilled Nursing Other - Adjustment of Prior Claim |
| 22N | Skilled Nursing Inpt B - PRO Adjust Claim | 247 | Skilled Nursing Other - Replacement of Prior Claim |
| 22O | Skilled Nursing Inpt B - Nonpayment/Zero | 248 | Skilled Nursing Other - Void/Cancel of Prior Claim |
| 22X | Skilled Nursing Inpt B - Void/Cancel Prior Encounter | 24F | Skilled Nursing Other - Beneficiary Initiated Adj |
| 22Y | Skilled Nursing Inpt B - Replace Prior Encounter | 24G | Skilled Nursing Other - CWF Initiated Adj |
| 22Z | Skilled Nursing Inpt B - New Abbreviated Encounter | 24H | Skilled Nursing Other - HCFA Initiated Adj |
| 230 | Skilled Nursing Outpt - Nonpayment/Zero Claim | 24I | Skilled Nursing Other - Intermediary Initiated Adj |
| 231 | Skilled Nursing Outpt - Admit Through Discharge | 24J | Skilled Nursing Other - Other Entity Initiated Adj |
| 232 | Skilled Nursing Outpt - Interim - First Claim | 24K | Skilled Nursing Other - OIG Initiated Adj |
| 233 | Skilled Nursing Outpt - Interim - Continuing Claim | 24M | Skilled Nursing Other - MSP Initiated Adj |
| 234 | Skilled Nursing Outpt - Interim - Last Claim | 24N | Skilled Nursing Other - PRO Adjust Claim |
| 235 | Skilled Nursing Outpt - Late Charge Only | 24O | Skilled Nursing Other - Nonpayment/Zero |
| 236 | Skilled Nursing Outpt - Adjustment of Prior Claim | 24X | Skilled Nursing Other - Void/Cancel Prior Encounter |
| 237 | Skilled Nursing Outpt - Replacement of Prior Claim | 24Y | Skilled Nursing Other - Replace Prior Encounter |
| 238 | Skilled Nursing Outpt - Void/Cancel of Prior Claim | 24Z | Skilled Nursing Other - New Abbreviated Encounter |
| 23F | Skilled Nursing Outpt - Beneficiary Initiated Adj | 250 | Skilled Nursing Intermed I - Nonpayment/Zero Claim |
| 23G | Skilled Nursing Outpt - CWF Initiated Adj | 251 | Skilled Nursing Intermed I - Admit Thru Discharge |
| 23H | Skilled Nursing Outpt - HCFA Initiated Adj | 252 | Skilled Nursing Intermed I - Interim - First Claim |
| 23I | Skilled Nursing Outpt - Intermediary Initiated Adj | 253 | Skilled Nursing Intermed I - Interim - Continuing Claim |
| 23J | Skilled Nursing Outpt - Other Entity Initiated Adj | 254 | Skilled Nursing Intermed I - Interim - Last Claim |
| 23K | Skilled Nursing Outpt - OIG Initiated Adj | 255 | Skilled Nursing Intermed I - Late Charge Only |
| 23M | Skilled Nursing Outpt - MSP Initiated Adj | 256 | Skilled Nursing Intermed I - Adjustment of Prior Claim |
| 23N | Skilled Nursing Outpt - PRO Adjust Claim | 257 | Skilled Nursing Intermed I - Replacement of Prior Claim |
| 23O | Skilled Nursing Outpt - Nonpayment/Zero | 258 | Skilled Nursing Intermed I - Void/Cancel of Prior Claim |
| 23X | Skilled Nursing Outpt - Void/Cancel Prior Encounter | 25F | Skilled Nursing Intermed I - Beneficiary Initiated Adj |
| 23Y | Skilled Nursing Outpt - Replace Prior Encounter | 25G | Skilled Nursing Intermed I - CWF Initiated Adj |
| 23Z | Skilled Nursing Outpt - New Abbreviated Encounter | 25H | Skilled Nursing Intermed I - HCFA Initiated Adj |

ATTACHMENT A - BILLTYP

| Value | Label | Value | Label |
|-------|---|-------|---|
| 25I | Skilled Nursing Intermed I - Intermediary Initiated Adj | 273 | Skilled Nursing Subacute Inpt - Interim - Continuing Claim |
| 25J | Skilled Nursing Intermed I - Other Entity Initiated Adj | 274 | Skilled Nursing Subacute Inpt - Interim - Last Claim |
| 25K | Skilled Nursing Intermed I - OIG Initiated Adj | 275 | Skilled Nursing Subacute Inpt - Late Charge Only |
| 25M | Skilled Nursing Intermed I - MSP Initiated Adj | 276 | Skilled Nursing Subacute Inpt - Adjustment of Prior Claim |
| 25N | Skilled Nursing Intermed I - PRO Adjust Claim | 277 | Skilled Nursing Subacute Inpt - Replacement of Prior Claim |
| 25O | Skilled Nursing Intermed I - Nonpayment/Zero | 278 | Skilled Nursing Subacute Inpt - Void/Cancel of Prior Claim |
| 25X | Skilled Nursing Intermed I - Void/Cancel Prior Encounter | 27F | Skilled Nursing Subacute Inpt - Beneficiary Initiated Adj |
| 25Y | Skilled Nursing Intermed I - Replace Prior Encounter | 27G | Skilled Nursing Subacute Inpt - CWF Initiated Adj |
| 25Z | Skilled Nursing Intermed I - New Abbreviated Encounter | 27H | Skilled Nursing Subacute Inpt - HCFA Initiated Adj |
| 260 | Skilled Nursing Intermed II - Nonpayment/Zero Claim | 27I | Skilled Nursing Subacute Inpt - Intermediary Initiated Adj |
| 261 | Skilled Nursing Intermed II - Admit Thru Discharge | 27J | Skilled Nursing Subacute Inpt - Other Entity Initiated Adj |
| 262 | Skilled Nursing Intermed II - Interim - First Claim | 27K | Skilled Nursing Subacute Inpt - OIG Initiated Adj |
| 263 | Skilled Nursing Intermed II - Interim - Continuing Claim | 27M | Skilled Nursing Subacute Inpt - MSP Initiated Adj |
| 264 | Skilled Nursing Intermed II - Interim - Last Claim | 27N | Skilled Nursing Subacute Inpt - PRO Adjust Claim |
| 265 | Skilled Nursing Intermed II - Late Charge Only | 27O | Skilled Nursing Subacute Inpt - Nonpayment/Zero |
| 266 | Skilled Nursing Intermed II - Adjustment of Prior Claim | 27X | Skilled Nursing Subacute Inpt - Void/Cancel Prior Encounter |
| 267 | Skilled Nursing Intermed II - Replacement of Prior Claim | 27Y | Skilled Nursing Subacute Inpt - Replace Prior Encounter |
| 268 | Skilled Nursing Intermed II - Void/Cancel of Prior | 27Z | Skilled Nursing Subacute Inpt - New Abbreviated Encounter |
| 26F | Skilled Nursing Intermed II - Beneficiary Initiated Adj | 280 | Skilled Nursing Swing Bed - Nonpayment/Zero Claim |
| 26G | Skilled Nursing Intermed II - CWF Initiated Adj | 281 | Skilled Nursing Swing Bed - Admit Thru Discharge |
| 26H | Skilled Nursing Intermed II - HCFA Initiated Ad | 282 | Skilled Nursing Swing Bed - Interim - First Claim |
| 26I | Skilled Nursing Intermed II - Intermediary Initiated Adj | 283 | Skilled Nursing Swing Bed - Interim - Continuing Claim |
| 26J | Skilled Nursing Intermed II - Other Entity Initiated Adj | 284 | Skilled Nursing Swing Bed - Interim - Last Claim |
| 26K | Skilled Nursing Intermed II - OIG Initiated Adj | 285 | Skilled Nursing Swing Bed - Late Charge Only |
| 26M | Skilled Nursing Intermed II - MSP Initiated Adj | 286 | Skilled Nursing Swing Bed - Adjustment of Prior Claim |
| 26N | Skilled Nursing Intermed II - PRO Adjust Claim | 287 | Skilled Nursing Swing Bed - Replacement of Prior Claim |
| 26O | Skilled Nursing Intermed II - Nonpayment/Zero | 288 | Skilled Nursing Swing Bed - Void/Cancel of Prior Claim |
| 26X | Skilled Nursing Intermed II - Void/Cancel Prior Encounter | 28F | Skilled Nursing Swing Bed - Beneficiary Initiated Adj |
| 26Y | Skilled Nursing Intermed II - Replace Prior Encounter | 28G | Skilled Nursing Swing Bed - CWF Initiated Adj |
| 26Z | Skilled Nursing Intermed II - New Abbreviated Encounter | 28H | Skilled Nursing Swing Bed - HCFA Initiated Adj |
| 270 | Skilled Nursing Subacute Inpt - Nonpayment/Zero Claim | 28I | Skilled Nursing Swing Bed - Intermediary Initiated Adj |
| 271 | Skilled Nursing Subacute Inpt - Admit Thru Discharge | 28J | Skilled Nursing Swing Bed - Other Entity Initiated Adj |
| 272 | Skilled Nursing Subacute Inpt - Interim - First Claim | 28K | Skilled Nursing Swing Bed - OIG Initiated Adj |

ATTACHMENT A - BILLTYP

| Value | Label | Value | Label |
|-------|---|-------|--|
| 28M | Skilled Nursing Swing Bed - MSP Initiated Adj | 324 | Home Health Inpt B - Interim - Last Claim |
| 28N | Skilled Nursing Swing Bed - PRO Adjust Claim | 325 | Home Health Inpt B - Late Charge Only |
| 28O | Skilled Nursing Swing Bed - Nonpayment/Zero | 326 | Home Health Inpt B - Adjustment of Prior Claim |
| 28X | Skilled Nursing Swing Bed - Void/Cancel Prior Encounter | 327 | Home Health Inpt B - Replacement of Prior Claim |
| 28Y | Skilled Nursing Swing Bed - Replace Prior Encounter | 328 | Home Health Inpt B - Void/Cancel of Prior Claim |
| 28Z | Skilled Nursing Swing Bed - New Abbreviated Encounter | 329 | Home Health Inpt B - Final Claim for PPS Episode |
| 310 | Home Health Inpt A - Nonpayment/Zero Claim | 32A | Home Health Inpt B - Admission/Election Notice |
| 311 | Home Health Inpt A - Admit Thru Discharge | 32F | Home Health Inpt B - Beneficiary Initiated Adj |
| 312 | Home Health Inpt A - Interim - First Claim | 32G | Home Health Inpt B - CWF Initiated Adj |
| 313 | Home Health Inpt A - Interim - Continuing Claim | 32H | Home Health Inpt B - HCFA Initiated Adj |
| 314 | Home Health Inpt A - Interim - Last Claim | 32I | Home Health Inpt B - Intermediary Initiated Adj |
| 315 | Home Health Inpt A - Late Charge Only | 32J | Home Health Inpt B - Other Entity Initiated Adj |
| 316 | Home Health Inpt A - Adjustment of Prior Claim | 32K | Home Health Inpt B - OIG Initiated Adj |
| 317 | Home Health Inpt A - Replacement of Prior Claim | 32M | Home Health Inpt B - MSP Initiated Adj |
| 318 | Home Health Inpt A - Void/Cancel of Prior Claim | 32N | Home Health Inpt B - PRO Adjust Claim |
| 319 | Home Health Inpt A - Final Claim for PPS Episode | 32O | Home Health Inpt B - Nonpayment/Zero |
| 31A | Home Health Inpt A - Admission/Election Notice | 32X | Home Health Inpt B - Void/Cancel Prior Encounter |
| 31F | Home Health Inpt A - Beneficiary Initiated Adj | 32Y | Home Health Inpt B - Replace Prior Encounter |
| 31G | Home Health Inpt A - CWF Initiated Adj | 32Z | Home Health Inpt B - New Abbreviated Encounter |
| 31H | Home Health Inpt A - HCFA Initiated Adj | 330 | Home Health Outpt - Nonpayment/Zero Claim |
| 31I | Home Health Inpt A - Intermediary Initiated Adj | 331 | Home Health Outpt - Admit Thru Discharge |
| 31J | Home Health Inpt A - Other Entity Initiated Adj | 332 | Home Health Outpt - Interim - First Claim |
| 31K | Home Health Inpt A - OIG Initiated Adj | 333 | Home Health Outpt - Interim - Continuing Claim |
| 31M | Home Health Inpt A - MSP Initiated Adj | 334 | Home Health Outpt - Interim - Last Claim |
| 31N | Home Health Inpt A - PRO Adjust Claim | 335 | Home Health Outpt - Late Charge Only |
| 31O | Home Health Inpt A - Nonpayment/Zero | 336 | Home Health Outpt - Adjustment of Prior Claim |
| 31X | Home Health Inpt A - Void/Cancel Prior Encounter | 337 | Home Health Outpt - Replacement of Prior Claim |
| 31Y | Home Health Inpt A - Replace Prior Encounter | 338 | Home Health Outpt - Void/Cancel of Prior Claim |
| 31Z | Home Health Inpt A - New Abbreviated Encounter | 339 | Home Health Outpt - Final Claim for PPS Episode |
| 320 | Home Health Inpt B - Nonpayment/Zero Claim | 33A | Home Health Outpt - Admission/Election Notice |
| 321 | Home Health Inpt B - Admit Thru Discharge Claim | 33F | Home Health Outpt - Beneficiary Initiated Adj |
| 322 | Home Health Inpt B - Interim - First Claim | 33G | Home Health Outpt - CWF Initiated Adj |
| 323 | Home Health Inpt B - Interim - Continuing Claim | 33H | Home Health Outpt - HCFA Initiated Adj |

ATTACHMENT A - BILLTYP

| Value | Label | Value | Label |
|-------|---|-------|---|
| 33I | Home Health Outpt - Intermediary Initiated Adj | 351 | Home Health Intermed I - Admit Thru Discharge |
| 33J | Home Health Outpt - Other Entity Initiated Adj | 352 | Home Health Intermed I - Interim - First Claim |
| 33K | Home Health Outpt - OIG Initiated Adj | 353 | Home Health Intermed I - Interim - Continuing Claim |
| 33M | Home Health Outpt - MSP Initiated Adj | 354 | Home Health Intermed I - Interim - Last Claim |
| 33N | Home Health Outpt - PRO Adjust Claim | 355 | Home Health Intermed I - Late Charge Only |
| 33O | Home Health Outpt - Nonpayment/Zero | 356 | Home Health Intermed I - Adjustment of Prior Claim |
| 33X | Home Health Outpt - Void/Cancel Prior Encounter | 357 | Home Health Intermed I - Replacement of Prior Claim |
| 33Y | Home Health Outpt - Replace Prior Encounter | 358 | Home Health Intermed I - Void/Cancel of Prior Claim |
| 33Z | Home Health Outpt - New Abbreviated Encounter | 359 | Home Health Intermed I - Final Claim for PPS Episode |
| 340 | Home Health Other - Nonpayment/Zero Claim | 35A | Home Health Intermed I - Admission/Election Notice |
| 341 | Home Health Other - Admit Thru Discharge | 35F | Home Health Intermed I - Beneficiary Initiated Adj |
| 342 | Home Health Other - Interim - First Claim | 35G | Home Health Intermed I - CWF Initiated Adj |
| 343 | Home Health Other - Interim - Continuing Claim | 35H | Home Health Intermed I - HCFA Initiated Adj |
| 344 | Home Health Other - Interim - Last Claim | 35I | Home Health Intermed I - Intermediary Initiated Adj |
| 345 | Home Health Other - Late Charge Only | 35J | Home Health Intermed I - Other Entity Initiated Adj |
| 346 | Home Health Other - Adjustment of Prior Claim | 35K | Home Health Intermed I - OIG Initiated Adj |
| 347 | Home Health Other - Replacement of Prior Claim | 35M | Home Health Intermed I - MSP Initiated Adj |
| 348 | Home Health Other - Void/Cancel of Prior Claim | 35N | Home Health Intermed I - PRO Adjust Claim |
| 349 | Home Health Other - Final Claim for PPS Episode | 35O | Home Health Intermed I - Nonpayment/Zero |
| 34A | Home Health Other - Admission/Election Notice | 35X | Home Health Intermed I - Void/Cancel Prior Encounter |
| 34F | Home Health Other - Beneficiary Initiated Adj | 35Y | Home Health Intermed I - Replace Prior Encounter |
| 34G | Home Health Other - CWF Initiated Adj | 35Z | Home Health Intermed I - New Abbreviated Encounter |
| 34H | Home Health Other - HCFA Initiated Adj | 360 | Home Health Intermed II - Nonpayment/Zero Claim |
| 34I | Home Health Other - Intermediary Initiated Adj | 361 | Home Health Intermed II - Admit Thru Discharge |
| 34J | Home Health Other - Other Entity Initiated Adj | 362 | Home Health Intermed II - Interim - First Claim |
| 34K | Home Health Other - OIG Initiated Adj | 363 | Home Health Intermed II - Interim - Continuing Claim |
| 34M | Home Health Other - MSP Initiated Adj | 364 | Home Health Intermed II - Interim - Last Claim |
| 34N | Home Health Other - PRO Adjust Claim | 365 | Home Health Intermed II - Late Charge Only |
| 34O | Home Health Other - Nonpayment/Zero | 366 | Home Health Intermed II - Adjustment of Prior Claim |
| 34X | Home Health Other - Void/Cancel Prior Encounter | 367 | Home Health Intermed II - Replacement of Prior Claim |
| 34Y | Home Health Other - Replace Prior Encounter | 368 | Home Health Intermed II - Void/Cancel of Prior Claim |
| 34Z | Home Health Other - New Abbreviated Encounter | 369 | Home Health Intermed II - Final Claim for PPS Episode |
| 350 | Home Health Intermed I - Nonpayment/Zero Claim | 36A | Home Health Intermed II - Admission/Election Notice |

ATTACHMENT A - BILLTYP

| Value | Label | Value | Label |
|-------|---|-------|---|
| 36F | Home Health Intermed II - Beneficiary Initiated Adj | 37Y | Home Health Subacute Inpt - Replace Prior Encounter |
| 36G | Home Health Intermed II - CWF Initiated Adj | 37Z | Home Health Subacute Inpt - New Abbreviated Encounter |
| 36H | Home Health Intermed II - HCFA Initiated Adj | 380 | Home Health Swing Bed - Nonpayment/Zero Claim |
| 36I | Home Health Intermed II - Intermediary Initiated Adj | 381 | Home Health Swing Bed - Admit Thru Discharge |
| 36J | Home Health Intermed II - Other Entity Initiated Adj | 382 | Home Health Swing Bed - Interim - First Claim |
| 36K | Home Health Intermed II - OIG Initiated Adj | 383 | Home Health Swing Bed - Interim - Continuing Claim |
| 36M | Home Health Intermed II - MSP Initiated Adj | 384 | Home Health Swing Bed - Interim - Last Claim |
| 36N | Home Health Intermed II - PRO Adjust Claim | 385 | Home Health Swing Bed - Late Charge Only |
| 36O | Home Health Intermed II - Nonpayment/Zero | 386 | Home Health Swing Bed - Adjustment of Prior Claim |
| 36X | Home Health Intermed II - Void/Cancel Prior Encounter | 387 | Home Health Swing Bed - Replacement of Prior Claim |
| 36Y | Home Health Intermed II - Replace Prior Encounter | 388 | Home Health Swing Bed - Void/Cancel of Prior Claim |
| 36Z | Home Health Intermed II - New Abbreviated Encounter | 389 | Home Health Swing Bed - Final Claim for PPS Episode |
| 370 | Home Health Subacute Inpt - Nonpayment/Zero Claim | 38A | Home Health Swing Bed - Admission/Election Notice |
| 371 | Home Health Subacute Inpt - Admit Thru Discharge | 38F | Home Health Swing Bed - Beneficiary Initiated Adj |
| 372 | Home Health Subacute Inpt - Interim - First Claim | 38G | Home Health Swing Bed - CWF Initiated Adj |
| 373 | Home Health Subacute Inpt - Interim - Continuing Claim | 38H | Home Health Swing Bed - HCFA Initiated Adj |
| 374 | Home Health Subacute Inpt - Interim - Last Claim | 38I | Home Health Swing Bed - Intermediary Initiated Adj |
| 375 | Home Health Subacute Inpt - Late Charge Only | 38J | Home Health Swing Bed - Other Entity Initiated Adj |
| 376 | Home Health Subacute Inpt - Adjustment of Prior Claim | 38K | Home Health Swing Bed - OIG Initiated Adj |
| 377 | Home Health Subacute Inpt - Replacement of Prior Claim | 38M | Home Health Swing Bed - MSP Initiated Adj |
| 378 | Home Health Subacute Inpt - Void/Cancel of Prior Claim | 38N | Home Health Swing Bed - PRO Adjust Claim |
| 379 | Home Health Subacute Inpt - Final Claim for PPS Episode | 38O | Home Health Swing Bed - Nonpayment/Zero |
| 37A | Home Health Subacute Inpt - Admission/Election Notice | 38X | Home Health Swing Bed - Void/Cancel Prior Encounter |
| 37F | Home Health Subacute Inpt - Beneficiary Initiated Adj | 38Y | Home Health Swing Bed - Replace Prior Encounter |
| 37G | Home Health Subacute Inpt - CWF Initiated Adj | 38Z | Home Health Swing Bed - New Abbreviated Encounter |
| 37H | Home Health Subacute Inpt - HCFA Initiated Adj | 410 | Chr Sci Hosp Inpt A - Nonpayment/Zero Claim |
| 37I | Home Health Subacute Inpt - Intermediary Initiated Adj | 411 | Chr Sci Hosp Inpt A - Admit Thru Discharge |
| 37J | Home Health Subacute Inpt - Other Entity Initiated Adj | 412 | Chr Sci Hosp Inpt A - Interim - First Claim |
| 37K | Home Health Subacute Inpt - OIG Initiated Adj | 413 | Chr Sci Hosp Inpt A - Interim - Continuing Claim |
| 37M | Home Health Subacute Inpt - MSP Initiated Adj | 414 | Chr Sci Hosp Inpt A - Interim - Last Claim |
| 37N | Home Health Subacute Inpt - PRO Adjust Claim | 415 | Chr Sci Hosp Inpt A - Late Charge Only |
| 37O | Home Health Subacute Inpt - Nonpayment/Zero | 416 | Chr Sci Hosp Inpt A - Adjustment of Prior Claim |
| 37X | Home Health Subacute Inpt - Void/Cancel Prior Encounter | 417 | Chr Sci Hosp Inpt A - Replacement of Prior Claim |

ATTACHMENT A - BILLTYP

| Value | Label | Value | Label |
|-------|---|-------|---|
| 418 | Chr Sci Hosp Inpt A - Void/Cancel of Prior Claim | 42N | Chr Sci Hosp Inpt B - PRO Adjust Claim |
| 41A | Chr Sci Hosp Inpt A - Admission/Election Notice | 42O | Chr Sci Hosp Inpt B - Nonpayment/Zero |
| 41D | Chr Sci Hosp Inpt A - Election Void/Cancel | 42X | Chr Sci Hosp Inpt B - Void/Cancel Prior Encounter |
| 41F | Chr Sci Hosp Inpt A - Beneficiary Initiated Adj | 42Y | Chr Sci Hosp Inpt B - Replace Prior Encounter |
| 41G | Chr Sci Hosp Inpt A - CWF Initiated Adj | 42Z | Chr Sci Hosp Inpt B - New Abbreviated Encounter |
| 41H | Chr Sci Hosp Inpt A - HCFA Initiated Adj | 430 | Chr Sci Hosp Outpt - Nonpayment/Zero Claim |
| 41I | Chr Sci Hosp Inpt A - Intermediary Initiated Adj | 431 | Chr Sci Hosp Outpt - Admit Thru Discharge |
| 41J | Chr Sci Hosp Inpt A - Other Entity Initiated Adj | 432 | Chr Sci Hosp Outpt - Interim - First Claim |
| 41K | Chr Sci Hosp Inpt A - OIG Initiated Adj | 433 | Chr Sci Hosp Outpt - Interim - Continuing Claim |
| 41M | Chr Sci Hosp Inpt A - MSP Initiated Adj | 434 | Chr Sci Hosp Outpt - Interim - Last Claim |
| 41N | Chr Sci Hosp Inpt A - PRO Adjust Claim | 435 | Chr Sci Hosp Outpt - Late Charge Only |
| 41O | Chr Sci Hosp Inpt A - Nonpayment/Zero | 436 | Chr Sci Hosp Outpt - Adjustment of Prior Claim |
| 41X | Chr Sci Hosp Inpt A - Void/Cancel Prior Encounter | 437 | Chr Sci Hosp Outpt - Replacement of Prior Claim |
| 41Y | Chr Sci Hosp Inpt A - Replace Prior Encounter | 438 | Chr Sci Hosp Outpt - Void/Cancel of Prior Claim |
| 41Z | Chr Sci Hosp Inpt A - New Abbreviated Encounter | 43A | Chr Sci Hosp Outpt - Admission/Election Notice |
| 420 | Chr Sci Hosp Inpt B - Nonpayment/Zero Claim | 43D | Chr Sci Hosp Outpt - Election Void/Cancel |
| 421 | Chr Sci Hosp Inpt B - Admit Thru Discharge | 43F | Chr Sci Hosp Outpt - Beneficiary Initiated Adj |
| 422 | Chr Sci Hosp Inpt B - Interim - First Claim | 43G | Chr Sci Hosp Outpt - CWF Initiated Adj |
| 423 | Chr Sci Hosp Inpt B - Interim - Continuing Claim | 43H | Chr Sci Hosp Outpt - HCFA Initiated Adj |
| 424 | Chr Sci Hosp Inpt B - Interim - Last Claim | 43I | Chr Sci Hosp Outpt - Intermediary Initiated Adj |
| 425 | Chr Sci Hosp Inpt B - Late Charge Only | 43J | Chr Sci Hosp Outpt - Other Entity Initiated Adj |
| 426 | Chr Sci Hosp Inpt B - Adjustment of Prior Claim | 43K | Chr Sci Hosp Outpt - OIG Initiated Adj |
| 427 | Chr Sci Hosp Inpt B - Replacement of Prior Claim | 43M | Chr Sci Hosp Outpt - MSP Initiated Adj |
| 428 | Chr Sci Hosp Inpt B - Void/Cancel of Prior Claim | 43N | Chr Sci Hosp Outpt - PRO Adjust Claim |
| 42A | Chr Sci Hosp Inpt B - Admission/Election Notice | 43O | Chr Sci Hosp Outpt - Nonpayment/Zero |
| 42D | Chr Sci Hosp Inpt B - Election Void/Cancel | 43X | Chr Sci Hosp Outpt - Void/Cancel Prior Encounter |
| 42F | Chr Sci Hosp Inpt B - Beneficiary Initiated Adj | 43Y | Chr Sci Hosp Outpt - Replace Prior Encounter |
| 42G | Chr Sci Hosp Inpt B - CWF Initiated Adj | 43Z | Chr Sci Hosp Outpt - New Abbreviated Encounter |
| 42H | Chr Sci Hosp Inpt B - HCFA Initiated Adj | 440 | Chr Sci Hosp Other - Nonpayment/Zero Claim |
| 42I | Chr Sci Hosp Inpt B - Intermediary Initiated Adj | 441 | Chr Sci Hosp Other - Admit Thru Discharge |
| 42J | Chr Sci Hosp Inpt B - Other Entity Initiated Adj | 442 | Chr Sci Hosp Other - Interim - First Claim |
| 42K | Chr Sci Hosp Inpt B - OIG Initiated Adj | 443 | Chr Sci Hosp Other - Interim - Continuing Claim |
| 42M | Chr Sci Hosp Inpt B - MSP Initiated Adj | 444 | Chr Sci Hosp Other - Interim - Last Claim |

ATTACHMENT A - BILLTYP

| Value | Label | Value | Label |
|-------|--|-------|--|
| 445 | Chr Sci Hosp Other - Late Charge Only | 45J | Chr Sci Hosp Intermed I - Other Entity Initiated Adj |
| 446 | Chr Sci Hosp Other - Adjustment of Prior Claim | 45K | Chr Sci Hosp Intermed I - OIG Initiated Adj |
| 447 | Chr Sci Hosp Other - Replacement of Prior Claim | 45M | Chr Sci Hosp Intermed I - MSP Initiated Adj |
| 448 | Chr Sci Hosp Other - Void/Cancel of Prior Claim | 45N | Chr Sci Hosp Intermed I - PRO Adjust Claim |
| 44A | Chr Sci Hosp Other - Admission/Election Notice | 45O | Chr Sci Hosp Intermed I - Nonpayment/Zero |
| 44D | Chr Sci Hosp Other - Election Void/Cancel | 45X | Chr Sci Hosp Intermed I - Void/Cancel Prior Encounter |
| 44F | Chr Sci Hosp Other - Beneficiary Initiated Adj | 45Y | Chr Sci Hosp Intermed I - Replace Prior Encounter |
| 44G | Chr Sci Hosp Other - CWF Initiated Adj | 45Z | Chr Sci Hosp Intermed I - New Abbreviated Encounter |
| 44H | Chr Sci Hosp Other - HCFA Initiated Adj | 460 | Chr Sci Hosp Intermed II - Nonpayment/Zero Claim |
| 44I | Chr Sci Hosp Other - Intermediary Initiated Adj | 461 | Chr Sci Hosp Intermed II - Admit Thru Discharge |
| 44J | Chr Sci Hosp Other - Other Entity Initiated Adj | 462 | Chr Sci Hosp Intermed II - Interim - First Claim |
| 44K | Chr Sci Hosp Other - OIG Initiated Adj | 463 | Chr Sci Hosp Intermed II - Interim - Continuing Claim |
| 44M | Chr Sci Hosp Other - MSP Initiated Adj | 464 | Chr Sci Hosp Intermed II - Interim - Last Claim |
| 44N | Chr Sci Hosp Other - PRO Adjust Claim | 465 | Chr Sci Hosp Intermed II - Late Charge Only |
| 44O | Chr Sci Hosp Other - Nonpayment/Zero | 466 | Chr Sci Hosp Intermed II - Adjustment of Prior Claim |
| 44X | Chr Sci Hosp Other - Void/Cancel Prior Encounter | 467 | Chr Sci Hosp Intermed II - Replacement of Prior Claim |
| 44Y | Chr Sci Hosp Other - Replace Prior Encounter | 468 | Chr Sci Hosp Intermed II - Void/Cancel of Prior Claim |
| 44Z | Chr Sci Hosp Other - New Abbreviated Encounter | 46A | Chr Sci Hosp Intermed II - Admission/Election Notice |
| 450 | Chr Sci Hosp Intermed I - Nonpayment/Zero Claim | 46D | Chr Sci Hosp Intermed II - Election Void/Cancel |
| 451 | Chr Sci Hosp Intermed I - Admit Thru Discharge | 46F | Chr Sci Hosp Intermed II - Beneficiary Initiated Adj |
| 452 | Chr Sci Hosp Intermed I - Interim - First Claim | 46G | Chr Sci Hosp Intermed II - CWF Initiated Adj |
| 453 | Chr Sci Hosp Intermed I - Interim - Continuing Claim | 46H | Chr Sci Hosp Intermed II - HCFA Initiated Adj |
| 454 | Chr Sci Hosp Intermed I - Interim - Last Claim | 46I | Chr Sci Hosp Intermed II - Intermediary Initiated Adj |
| 455 | Chr Sci Hosp Intermed I - Late Charge Only | 46J | Chr Sci Hosp Intermed II - Other Entity Initiated Adj |
| 456 | Chr Sci Hosp Intermed I - Adjustment of Prior Claim | 46K | Chr Sci Hosp Intermed II - OIG Initiated Adj |
| 457 | Chr Sci Hosp Intermed I - Replacement of Prior Claim | 46M | Chr Sci Hosp Intermed II - MSP Initiated Adj |
| 458 | Chr Sci Hosp Intermed I - Void/Cancel of Prior Claim | 46N | Chr Sci Hosp Intermed II - PRO Adjust Claim |
| 45A | Chr Sci Hosp Intermed I - Admission/Election Notice | 46O | Chr Sci Hosp Intermed II - Nonpayment/Zero |
| 45D | Chr Sci Hosp Intermed I - Election Void/Cancel | 46X | Chr Sci Hosp Intermed II - Void/Cancel Prior Encounter |
| 45F | Chr Sci Hosp Intermed I - Beneficiary Initiated Adj | 46Y | Chr Sci Hosp Intermed II - Replace Prior Encounter |
| 45G | Chr Sci Hosp Intermed I - CWF Initiated Adj | 46Z | Chr Sci Hosp Intermed II - New Abbreviated Encounter |
| 45H | Chr Sci Hosp Intermed I - HCFA Initiated Adj | 470 | Chr Sci Hosp Subacute Inpt - Nonpayment/Zero Claim |
| 45I | Chr Sci Hosp Intermed I - Intermediary Initiated Adj | 471 | Chr Sci Hosp Subacute Inpt - Admit Thru Discharge |

ATTACHMENT A - BILLTYP

| Value | Label | Value | Label |
|-------|--|-------|--|
| 472 | Chr Sci Hosp Subacute Inpt - Interim - First Claim | 48G | Chr Sci Hosp Swing Bed - CWF Initiated Adj |
| 473 | Chr Sci Hosp Subacute Inpt - Interim - Continuing Claim | 48H | Chr Sci Hosp Swing Bed - HCFA Initiated Adj |
| 474 | Chr Sci Hosp Subacute Inpt - Interim - Last Claim | 48I | Chr Sci Hosp Swing Bed - Intermediary Initiated Adj |
| 475 | Chr Sci Hosp Subacute Inpt - Late Charge Only | 48J | Chr Sci Hosp Swing Bed - Other Entity Initiated Adj |
| 476 | Chr Sci Hosp Subacute Inpt - Adjustment of Prior Claim | 48K | Chr Sci Hosp Swing Bed - OIG Initiated Adj |
| 477 | Chr Sci Hosp Subacute Inpt - Replacement of Prior Claim | 48M | Chr Sci Hosp Swing Bed - MSP Initiated Adj |
| 478 | Chr Sci Hosp Subacute Inpt - Void/Cancel of Prior Claim | 48N | Chr Sci Hosp Swing Bed - PRO Adjust Claim |
| 47A | Chr Sci Hosp Subacute Inpt - Admission/Election Notice | 48O | Chr Sci Hosp Swing Bed - Nonpayment/Zero |
| 47D | Chr Sci Hosp Subacute Inpt - Election Void/Cancel | 48X | Chr Sci Hosp Swing Bed - Void/Cancel Prior Encounter |
| 47F | Chr Sci Hosp Subacute Inpt - Beneficiary Initiated Adj | 48Y | Chr Sci Hosp Swing Bed - Replace Prior Encounter |
| 47G | Chr Sci Hosp Subacute Inpt - CWF Initiated Adj | 48Z | Chr Sci Hosp Swing Bed - New Abbreviated Encounter |
| 47H | Chr Sci Hosp Subacute Inpt - HCFA Initiated Adj | 510 | Chr Sci Extend Care Inpt A - Nonpayment/Zero Claim |
| 47I | Chr Sci Hosp Subacute Inpt - Intermediary Initiated Adj | 511 | Chr Sci Extend Care Inpt A - Admit Thru Discharge |
| 47J | Chr Sci Hosp Subacute Inpt - Other Entity Initiated Adj | 512 | Chr Sci Extend Care Inpt A - Interim - First Claim |
| 47K | Chr Sci Hosp Subacute Inpt - OIG Initiated Adj | 513 | Chr Sci Extend Care Inpt A - Interim - Continuing Claim |
| 47M | Chr Sci Hosp Subacute Inpt - MSP Initiated Adj | 515 | Chr Sci Extend Care Inpt A - Late Charge Only |
| 47N | Chr Sci Hosp Subacute Inpt - PRO Adjust Claim | 516 | Chr Sci Extend Care Inpt A - Adjustment of Prior Claim |
| 47O | Chr Sci Hosp Subacute Inpt - Nonpayment/Zero | 517 | Chr Sci Extend Care Inpt A - Replacement of Prior Claim |
| 47X | Chr Sci Hosp Subacute Inpt - Void/Cancel Prior Encounter | 518 | Chr Sci Extend Care Inpt A - Void/Cancel of Prior Claim |
| 47Y | Chr Sci Hosp Subacute Inpt - Replace Prior Encounter | 51A | Chr Sci Extend Care Inpt A - Admission/Election Notice |
| 47Z | Chr Sci Hosp Subacute Inpt - New Abbreviated Encounter | 51D | Chr Sci Extend Care Inpt A - Election Void/Cancel |
| 480 | Chr Sci Hosp Swing Bed - Nonpayment/Zero Claim | 51F | Chr Sci Extend Care Inpt A - Beneficiary Initiated Adj |
| 481 | Chr Sci Hosp Swing Bed - Admit Thru Discharge | 51G | Chr Sci Extend Care Inpt A - CWF Initiated Adj |
| 482 | Chr Sci Hosp Swing Bed - Interim - First Claim | 51H | Chr Sci Extend Care Inpt A - HCFA Initiated Adj |
| 483 | Chr Sci Hosp Swing Bed - Interim - Continuing Claim | 51I | Chr Sci Extend Care Inpt A - Intermediary Initiated Adj |
| 484 | Chr Sci Hosp Swing Bed - Interim - Last Claim | 51J | Chr Sci Extend Care Inpt A - Other Entity Initiated Adj |
| 485 | Chr Sci Hosp Swing Bed - Late Charge Only | 51K | Chr Sci Extend Care Inpt A - OIG Initiated Adj |
| 486 | Chr Sci Hosp Swing Bed - Adjustment of Prior Claim | 51M | Chr Sci Extend Care Inpt A - MSP Initiated Adj |
| 487 | Chr Sci Hosp Swing Bed - Replacement of Prior Claim | 51N | Chr Sci Extend Care Inpt A - PRO Adjust Claim |
| 488 | Chr Sci Hosp Swing Bed - Void/Cancel of Prior Claim | 51O | Chr Sci Extend Care Inpt A - Nonpayment/Zero |
| 48A | Chr Sci Hosp Swing Bed - Admission/Election Notice | 51X | Chr Sci Extend Care Inpt A - Void/Cancel Prior Encounter |
| 48D | Chr Sci Hosp Swing Bed - Election Void/Cancel | 51Y | Chr Sci Extend Care Inpt A - Replace Prior Encounter |
| 48F | Chr Sci Hosp Swing Bed - Beneficiary Initiated Adj | 51Z | Chr Sci Extend Care Inpt A - New Abbreviated Encounter |

ATTACHMENT A - BILLTYP

| Value | Label | Value | Label |
|-------|--|-------|---|
| 520 | Chr Sci Extend Care Inpt B - Nonpayment/Zero Claim | 53D | Chr Sci Extend Care Outpt - Election Void/Cancel |
| 521 | Chr Sci Extend Care Inpt B - Admit Thru Discharge | 53F | Chr Sci Extend Care Outpt - Beneficiary Initiated Adj |
| 522 | Chr Sci Extend Care Inpt B - Interim - First Claim | 53G | Chr Sci Extend Care Outpt - CWF Initiated Adj |
| 523 | Chr Sci Extend Care Inpt B - Interim - Continuing Claim | 53H | Chr Sci Extend Care Outpt - HCFA Initiated Adj |
| 524 | Chr Sci Extend Care Inpt B - Interim - Last Claim | 53I | Chr Sci Extend Care Outpt - Intermediary Initiated Adj |
| 525 | Chr Sci Extend Care Inpt B - Late Charge Only | 53J | Chr Sci Extend Care Outpt - Other Entity Initiated Adj |
| 526 | Chr Sci Extend Care Inpt B - Adjustment of Prior Claim | 53K | Chr Sci Extend Care Outpt - OIG Initiated Adj |
| 527 | Chr Sci Extend Care Inpt B - Replacement of Prior Claim | 53M | Chr Sci Extend Care Outpt - MSP Initiated Adj |
| 528 | Chr Sci Extend Care Inpt B - Void/Cancel of Prior Claim | 53N | Chr Sci Extend Care Outpt - PRO Adjust Claim |
| 52A | Chr Sci Extend Care Inpt B - Admission/Election Notice | 53O | Chr Sci Extend Care Outpt - Nonpayment/Zero |
| 52D | Chr Sci Extend Care Inpt B - Election Void/Cancel | 53X | Chr Sci Extend Care Outpt - Void/Cancel Prior Encounter |
| 52F | Chr Sci Extend Care Inpt B - Beneficiary Initiated Adj | 53Y | Chr Sci Extend Care Outpt - Replace Prior Encounter |
| 52G | Chr Sci Extend Care Inpt B - CWF Initiated Adj | 53Z | Chr Sci Extend Care Outpt - New Abbreviated Encounter |
| 52H | Chr Sci Extend Care Inpt B - HCFA Initiated Adj | 540 | Chr Sci Extend Care Other - Nonpayment/Zero Claim |
| 52I | Chr Sci Extend Care Inpt B - Intermediary Initiated Adj | 541 | Chr Sci Extend Care Other - Admit Thru Discharge |
| 52J | Chr Sci Extend Care Inpt B - Other Entity Initiated Adj | 542 | Chr Sci Extend Care Other - Interim - First Claim |
| 52K | Chr Sci Extend Care Inpt B - OIG Initiated Adj | 543 | Chr Sci Extend Care Other - Interim - Continuing Claim |
| 52M | Chr Sci Extend Care Inpt B - MSP Initiated Adj | 544 | Chr Sci Extend Care Other - Interim - Last Claim |
| 52N | Chr Sci Extend Care Inpt B - PRO Adjust Claim | 545 | Chr Sci Extend Care Other - Late Charge Only |
| 52O | Chr Sci Extend Care Inpt B - Nonpayment/Zero | 546 | Chr Sci Extend Care Other - Adjustment of Prior Claim |
| 52X | Chr Sci Extend Care Inpt B - Void/Cancel Prior Encounter | 547 | Chr Sci Extend Care Other - Replacement of Prior Claim |
| 52Y | Chr Sci Extend Care Inpt B - Replace Prior Encounter | 548 | Chr Sci Extend Care Other - Void/Cancel of Prior Claim |
| 52Z | Chr Sci Extend Care Inpt B - New Abbreviated Encounter | 54A | Chr Sci Extend Care Other - Admiss/Election Notice |
| 530 | Chr Sci Extend Care Outpt - Nonpayment/Zero Claim | 54D | Chr Sci Extend Care Other - Election Void/Cancel |
| 531 | Chr Sci Extend Care Outpt - Admit Thru Discharge | 54F | Chr Sci Extend Care Other - Beneficiary Initiated Adj |
| 532 | Chr Sci Extend Care Outpt - Interim - First Claim | 54G | Chr Sci Extend Care Other - CWF Initiated Adj |
| 533 | Chr Sci Extend Care Outpt - Interim - Continuing Claim | 54H | Chr Sci Extend Care Other - HCFA Initiated Adj |
| 534 | Chr Sci Extend Care Outpt - Interim - Last Claim | 54I | Chr Sci Extend Care Other - Intermediary Initiated Adj |
| 535 | Chr Sci Extend Care Outpt - Late Charge Only | 54J | Chr Sci Extend Care Other - Other Entity Initiated Adj |
| 536 | Chr Sci Extend Care Outpt - Adjustment of Prior Claim | 54K | Chr Sci Extend Care Other - OIG Initiated Adj |
| 537 | Chr Sci Extend Care Outpt - Replacement of Prior Claim | 54M | Chr Sci Extend Care Other - MSP Initiated Adj |
| 538 | Chr Sci Extend Care Outpt - Void/Cancel of Prior Claim | 54N | Chr Sci Extend Care Other - PRO Adjust Claim |
| 53A | Chr Sci Extend Care Outpt - Admiss/Election Notice | 54O | Chr Sci Extend Care Other - Nonpayment/Zero |

ATTACHMENT A - BILLTYP

| Value | Label | Value | Label |
|-------|---|-------|---|
| 54X | Chr Sci Extend Care Other - Void/Cancel Prior Encounter | 567 | Chr Sci Extend Intermed II - Replacement of Prior Claim |
| 54Y | Chr Sci Extend Care Other - Replace Prior Encounter | 568 | Chr Sci Extend Intermed II - Void/Cancel of Prior Claim |
| 54Z | Chr Sci Extend Care Other - New Abbreviated Encounter | 56A | Chr Sci Extend Intermed II - Admiss/Election Notice |
| 550 | Chr Sci Extend Intermed I - Nonpayment/Zero Claim | 56D | Chr Sci Extend Intermed II - Election Void/Cancel |
| 551 | Chr Sci Extend Intermed I - Admit Thru Discharge | 56F | Chr Sci Extend Intermed II - Beneficiary Initiated Adj |
| 552 | Chr Sci Extend Intermed I - Interim - First Claim | 56G | Chr Sci Extend Intermed II - CWF Initiated Adj |
| 553 | Chr Sci Extend Intermed I - Interim - Continuing Claim | 56H | Chr Sci Extend Intermed II - HCFA Initiated Adj |
| 554 | Chr Sci Extend Intermed I - Interim - Last Claim | 56I | Chr Sci Extend Intermed II - Intermediary Initiated Adj |
| 555 | Chr Sci Extend Intermed I - Late Charge Only | 56J | Chr Sci Extend Intermed II - Other Entity Initiated Adj |
| 556 | Chr Sci Extend Intermed I - Adjustment of Prior Claim | 56K | Chr Sci Extend Intermed II - OIG Initiated Adj |
| 557 | Chr Sci Extend Intermed I - Replacement of Prior Claim | 56M | Chr Sci Extend Intermed II - MSP Initiated Adj |
| 558 | Chr Sci Extend Intermed I - Void/Cancel of Prior Claim | 56N | Chr Sci Extend Intermed II - PRO Adjust Claim |
| 55A | Chr Sci Extend Intermed I - Admiss/Election Notice | 56O | Chr Sci Extend Intermed II - Nonpayment/Zero |
| 55D | Chr Sci Extend Intermed I - Election Void/Cancel | 56X | Chr Sci Extend Intermed II - Void/Cancel Prior Encounter |
| 55F | Chr Sci Extend Intermed I - Beneficiary Initiated Adj | 56Y | Chr Sci Extend Intermed II - Replace Prior Encounter |
| 55G | Chr Sci Extend Intermed I - CWF Initiated Adj | 56Z | Chr Sci Extend Intermed II - New Abbreviated Encounter |
| 55H | Chr Sci Extend Intermed I - HCFA Initiated Adj | 570 | Chr Sci Extend Subacute Inpt - Nonpayment/Zero Claim |
| 55I | Chr Sci Extend Intermed I - Intermediary Initiated Adj | 571 | Chr Sci Extend Subacute Inpt - Admit Thru Discharge |
| 55J | Chr Sci Extend Intermed I - Other Entity Initiated Adj | 572 | Chr Sci Extend Subacute Inpt - Interim - First Claim |
| 55K | Chr Sci Extend Intermed I - OIG Initiated Adj | 573 | Chr Sci Extend Subacute Inpt - Interim - Continuing Claim |
| 55M | Chr Sci Extend Intermed I - MSP Initiated Adj | 574 | Chr Sci Extend Subacute Inpt - Interim - Last Claim |
| 55N | Chr Sci Extend Intermed I - PRO Adjust Claim | 575 | Chr Sci Extend Subacute Inpt - Late Charge Only |
| 55O | Chr Sci Extend Intermed I - Nonpayment/Zero | 576 | Chr Sci Extend Subacute Inpt - Adjustment of Prior Claim |
| 55X | Chr Sci Extend Intermed I - Void/Cancel Prior Encounter | 577 | Chr Sci Extend Subacute Inpt - Replacement of Prior Claim |
| 55Y | Chr Sci Extend Intermed I - Replace Prior Encounter | 578 | Chr Sci Extend Subacute Inpt - Void/Cancel of Prior Claim |
| 55Z | Chr Sci Extend Intermed I - New Abbreviated Encounter | 57A | Chr Sci Extend Subacute Inpt - Admiss/Election Notice |
| 560 | Chr Sci Extend Intermed II - Nonpayment/Zero Claim | 57D | Chr Sci Extend Subacute Inpt - Election Void/Cancel |
| 561 | Chr Sci Extend Intermed II - Admit Thru Discharge | 57F | Chr Sci Extend Subacute Inpt - Beneficiary Initiated Adj |
| 562 | Chr Sci Extend Intermed II - Interim - First Claim | 57G | Chr Sci Extend Subacute Inpt - CWF Initiated Adj |
| 563 | Chr Sci Extend Intermed II - Interim - Continuing Claim | 57H | Chr Sci Extend Subacute Inpt - HCFA Initiated Adj |
| 564 | Chr Sci Extend Intermed II - Interim - Last Claim | 57I | Chr Sci Extend Subacute Inpt - Intermediary Initiated Adj |
| 565 | Chr Sci Extend Intermed II - Late Charge Only | 57J | Chr Sci Extend Subacute Inpt - Other Entity Initiated Adj |
| 566 | Chr Sci Extend Intermed II - Adjustment of Prior Claim | 57K | Chr Sci Extend Subacute Inpt - OIG Initiated Adj |

ATTACHMENT A - BILLTYP

| Value | Label | Value | Label |
|-------|--|-------|--|
| 57M | Chr Sci Extend Subacute Inpt - MSP Initiated Adj | 614 | Intermediate Care Inpt A - Interim - Last Claim |
| 57N | Chr Sci Extend Subacute Inpt - PRO Adjust Claim | 615 | Intermediate Care Inpt A - Late Charge Only |
| 57O | Chr Sci Extend Subacute Inpt - Nonpayment/Zero | 616 | Intermediate Care Inpt A - Adjustment of Prior Claim |
| 57X | Chr Sci Extend Subacute Inpt - Void/Cancel Prior Encounter | 617 | Intermediate Care Inpt A - Replacement of Prior Claim |
| 57Y | Chr Sci Extend Subacute Inpt - Replace Prior Encounter | 618 | Intermediate Care Inpt A - Void/Cancel of Prior Claim |
| 57Z | Chr Sci Extend Subacute Inpt - New Abbreviated Encounter | 61F | Intermediate Care Inpt A - Beneficiary Initiated Adj |
| 580 | Chr Sci Extend Swing Bed - Nonpayment/Zero Claim | 61G | Intermediate Care Inpt A - CWF Initiated Adj |
| 581 | Chr Sci Extend Swing Bed - Admit Thru Discharge | 61H | Intermediate Care Inpt A - HCFA Initiated Adj |
| 582 | Chr Sci Extend Swing Bed - Interim - First Claim | 61I | Intermediate Care Inpt A - Intermediary Initiated Adj |
| 583 | Chr Sci Extend Swing Bed - Interim - Continuing Claim | 61J | Intermediate Care Inpt A - Other Entity Initiated Adj |
| 584 | Chr Sci Extend Swing Bed - Interim - Last Claim | 61K | Intermediate Care Inpt A - OIG Initiated Adj |
| 585 | Chr Sci Extend Swing Bed - Late Charge Only | 61M | Intermediate Care Inpt A - MSP Initiated Adj |
| 586 | Chr Sci Extend Swing Bed - Adjustment of Prior Claim | 61N | Intermediate Care Inpt A - PRO Adjust Claim |
| 587 | Chr Sci Extend Swing Bed - Replacement of Prior Claim | 61O | Intermediate Care Inpt A - Nonpayment/Zero |
| 588 | Chr Sci Extend Swing Bed - Void/Cancel of Prior Claim | 61X | Intermediate Care Inpt A - Void/Cancel Prior Encounter |
| 58A | Chr Sci Extend Swing Bed - Admission/Election Notice | 61Y | Intermediate Care Inpt A - Replace Prior Encounter |
| 58D | Chr Sci Extend Swing Bed - Election Void/Cancel | 61Z | Intermediate Care Inpt A - New Abbreviated Encounter |
| 58F | Chr Sci Extend Swing Bed - Beneficiary Initiated Adj | 620 | Intermediate Care Inpt B - Nonpayment/Zero Claim |
| 58G | Chr Sci Extend Swing Bed - CWF Initiated Adj | 621 | Intermediate Care Inpt B - Admit Through Discharge |
| 58H | Chr Sci Extend Swing Bed - HCFA Initiated Adj | 622 | Intermediate Care Inpt B - Interim - First Claim |
| 58I | Chr Sci Extend Swing Bed - Intermediary Initiated Adj | 623 | Intermediate Care Inpt B - Interim - Continuing Claim |
| 58J | Chr Sci Extend Swing Bed - Other Entity Initiated Adj | 624 | Intermediate Care Inpt B - Interim - Last Claim |
| 58K | Chr Sci Extend Swing Bed - OIG Initiated Adj | 625 | Intermediate Care Inpt B - Late Charge Only |
| 58M | Chr Sci Extend Swing Bed - MSP Initiated Adj | 626 | Intermediate Care Inpt B - Adjustment of Prior Claim |
| 58N | Chr Sci Extend Swing Bed - PRO Adjust Claim | 627 | Intermediate Care Inpt B - Replacement of Prior Claim |
| 58O | Chr Sci Extend Swing Bed - Nonpayment/Zero | 628 | Intermediate Care Inpt B - Void/Cancel of Prior Claim |
| 58X | Chr Sci Extend Swing Bed - Void/Cancel Prior Encounter | 62F | Intermediate Care Inpt B - Beneficiary Initiated Adj |
| 58Y | Chr Sci Extend Swing Bed - Replace Prior Encounter | 62G | Intermediate Care Inpt B - CWF Initiated Adj |
| 58Z | Chr Sci Extend Swing Bed - New Abbreviated Encounter | 62H | Intermediate Care Inpt B - HCFA Initiated Adj |
| 610 | Intermediate Care Inpt A - Nonpayment/Zero Claim | 62I | Intermediate Care Inpt B - Intermediary Initiated Adj |
| 611 | Intermediate Care Inpt A - Admit Through Discharge | 62J | Intermediate Care Inpt B - Other Entity Initiated Adj |
| 612 | Intermediate Care Inpt A - Interim - First Claim | 62K | Intermediate Care Inpt B - OIG Initiated Adj |
| 613 | Intermediate Care Inpt A - Interim - Continuing Claim | 62M | Intermediate Care Inpt B - MSP Initiated Adj |

ATTACHMENT A - BILLTYP

| Value | Label | Value | Label |
|-------|--|-------|--|
| 62N | Intermediate Care Inpt B - PRO Adjust Claim | 647 | Intermediate Care Other - Replacement of Prior Claim |
| 62O | Intermediate Care Inpt B - Nonpayment/Zero | 648 | Intermediate Care Other - Void/Cancel of Prior Claim |
| 62X | Intermediate Care Inpt B - Void/Cancel Prior Encounter | 64F | Intermediate Care Other - Beneficiary Initiated Adj |
| 62Y | Intermediate Care Inpt B - Replace Prior Encounter | 64G | Intermediate Care Other - CWF Initiated Adj |
| 62Z | Intermediate Care Inpt B - New Abbreviated Encounter | 64H | Intermediate Care Other - HCFA Initiated Adj |
| 630 | Intermediate Care Outpt - Nonpayment/Zero Claim | 64I | Intermediate Care Other - Intermediary Initiated Adj |
| 631 | Intermediate Care Outpt - Admit Through Discharge | 64J | Intermediate Care Other - Other Entity Initiated Adj |
| 632 | Intermediate Care Outpt - Interim - First Claim | 64K | Intermediate Care Other - OIG Initiated Adj |
| 633 | Intermediate Care Outpt - Interim - Continuing Claim | 64M | Intermediate Care Other - MSP Initiated Adj |
| 634 | Intermediate Care Outpt - Interim - Last Claim | 64N | Intermediate Care Other - PRO Adjust Claim |
| 635 | Intermediate Care Outpt - Late Charge Only | 64O | Intermediate Care Other - Nonpayment/Zero |
| 636 | Intermediate Care Outpt - Adjustment of Prior Claim | 64X | Intermediate Care Other - Void/Cancel Prior Encounter |
| 637 | Intermediate Care Outpt - Replacement of Prior Claim | 64Y | Intermediate Care Other - Replace Prior Encounter |
| 638 | Intermediate Care Outpt - Void/Cancel of Prior Claim | 64Z | Intermediate Care Other - New Abbreviated Encounter |
| 63F | Intermediate Care Outpt - Beneficiary Initiated Adj | 650 | Intermed Care Intermed I - Nonpayment/Zero Claim |
| 63G | Intermediate Care Outpt - CWF Initiated Adj | 651 | Intermed Care Intermed I - Admit Thru Discharge |
| 63H | Intermediate Care Outpt - HCFA Initiated Adj | 652 | Intermed Care Intermed I - Interim - First Claim |
| 63I | Intermediate Care Outpt - Intermediary Initiated Adj | 653 | Intermed Care Intermed I - Interim - Continuing Claim |
| 63J | Intermediate Care Outpt - Other Entity Initiated Adj | 654 | Intermed Care Intermed I - Interim - Last Claim |
| 63K | Intermediate Care Outpt - OIG Initiated Adj | 655 | Intermed Care Intermed I - Late Charge Only |
| 63M | Intermediate Care Outpt - MSP Initiated Adj | 656 | Intermed Care Intermed I - Adjustment of Prior Claim |
| 63N | Intermediate Care Outpt - PRO Adjust Claim | 657 | Intermed Care Intermed I - Replacement of Prior Claim |
| 63O | Intermediate Care Outpt - Nonpayment/Zero | 658 | Intermed Care Intermed I - Void/Cancel of Prior Claim |
| 63X | Intermediate Care Outpt - Void/Cancel Prior Encounter | 65F | Intermed Care Intermed I - Beneficiary Initiated Adj |
| 63Y | Intermediate Care Outpt - Replace Prior Encounter | 65G | Intermed Care Intermed I - CWF Initiated Adj |
| 63Z | Intermediate Care Outpt - New Abbreviated Encounter | 65H | Intermed Care Intermed I - HCFA Initiated Adj |
| 640 | Intermediate Care Other - Nonpayment/Zero Claim | 65I | Intermed Care Intermed I - Intermediary Initiated Adj |
| 641 | Intermediate Care Other - Admit Through Discharge | 65J | Intermed Care Intermed I - Other Entity Initiated Adj |
| 642 | Intermediate Care Other - Interim - First Claim | 65K | Intermed Care Intermed I - OIG Initiated Adj |
| 643 | Intermediate Care Other - Interim - Continuing Claim | 65M | Intermed Care Intermed I - MSP Initiated Adj |
| 644 | Intermediate Care Other - Interim - Last Claim | 65N | Intermed Care Intermed I - PRO Adjust Claim |
| 645 | Intermediate Care Other - Late Charge Only | 65O | Intermed Care Intermed I - Nonpayment/Zero |
| 646 | Intermediate Care Other - Adjustment of Prior Claim | 65X | Intermed Care Intermed I - Void/Cancel Prior Encounter |

ATTACHMENT A - BILLTYP

| Value | Label | Value | Label |
|-------|--|-------|---|
| 65Y | Intermed Care Intermed I - Replace Prior Encounter | 67G | Intermed Care Subacute Inpt - CWF Initiated Adj |
| 65Z | Intermed Care Intermed I - New Abbreviated Encounter | 67H | Intermed Care Subacute Inpt - HCFA Initiated Adj |
| 660 | Intermed Care Intermed II - Nonpayment/Zero Claim | 67I | Intermed Care Subacute Inpt - Intermediary Initiated Adj |
| 661 | Intermed Care Intermed II - Admit Thru Discharge | 67J | Intermed Care Subacute Inpt - Other Entity Initiated Adj |
| 662 | Intermed Care Intermed II - Interim - First Claim | 67K | Intermed Care Subacute Inpt - OIG Initiated Adj |
| 663 | Intermed Care Intermed II - Interim - Continuing Claim | 67M | Intermed Care Subacute Inpt - MSP Initiated Adj |
| 664 | Intermed Care Intermed II - Interim - Last Claim | 67N | Intermed Care Subacute Inpt - PRO Adjust Claim |
| 665 | Intermed Care Intermed II - Late Charge Only | 67O | Intermed Care Subacute Inpt - Nonpayment/Zero |
| 666 | Intermed Care Intermed II - Adjustment of Prior Claim | 67X | Intermed Care Subacute Inpt - Void/Cancel Prior Encounter |
| 667 | Intermed Care Intermed II - Replacement of Prior Claim | 67Y | Intermed Care Subacute Inpt - Replace Prior Encounter |
| 668 | Intermed Care Intermed II - Void/Cancel of Prior Claim | 67Z | Intermed Care Subacute Inpt - New Abbreviated Encounter |
| 66F | Intermed Care Intermed II - Beneficiary Initiated Adj | 680 | Intermed Care Swing Bed - Nonpayment/Zero Claim |
| 66G | Intermed Care Intermed II - CWF Initiated Adj | 681 | Intermed Care Swing Bed - Admit Thru Discharge |
| 66H | Intermed Care Intermed II - HCFA Initiated Adj | 682 | Intermed Care Swing Bed - Interim - First Claim |
| 66I | Intermed Care Intermed II - Intermediary Initiated Adj | 683 | Intermed Care Swing Bed - Interim - Continuing Claim |
| 66J | Intermed Care Intermed II - Other Entity Initiated Adj | 684 | Intermed Care Swing Bed - Interim - Last Claim |
| 66K | Intermed Care Intermed II - OIG Initiated Adj | 685 | Intermed Care Swing Bed - Late Charge Only |
| 66M | Intermed Care Intermed II - MSP Initiated Adj | 686 | Intermed Care Swing Bed - Adjustment of Prior Claim |
| 66N | Intermed Care Intermed II - PRO Adjust Claim | 687 | Intermed Care Swing Bed - Replacement of Prior Claim |
| 66O | Intermed Care Intermed II - Nonpayment/Zero | 688 | Intermed Care Swing Bed - Void/Cancel of Prior Claim |
| 66X | Intermed Care Intermed II - Void/Cancel Prior Encounter | 68F | Intermed Care Swing Bed - Beneficiary Initiated Adj |
| 66Y | Intermed Care Intermed II - Replace Prior Encounter | 68G | Intermed Care Swing Bed - CWF Initiated Adj |
| 66Z | Intermed Care Intermed II - New Abbreviated Encounter | 68H | Intermed Care Swing Bed - HCFA Initiated Adj |
| 670 | Intermed Care Subacute Inpt - Nonpayment/Zero Claim | 68I | Intermed Care Swing Bed - Intermediary Initiated Adj |
| 671 | Intermed Care Subacute Inpt - Admit Thru Discharge | 68J | Intermed Care Swing Bed - Other Entity Initiated Adj |
| 672 | Intermed Care Subacute Inpt - Interim - First Claim | 68K | Intermed Care Swing Bed - OIG Initiated Adj |
| 673 | Intermed Care Subacute Inpt - Interim - Continuing Claim | 68M | Intermed Care Swing Bed - MSP Initiated Adj |
| 674 | Intermed Care Subacute Inpt - Interim - Last Claim | 68N | Intermed Care Swing Bed - PRO Adjust Claim |
| 675 | Intermed Care Subacute Inpt - Late Charge Only | 68O | Intermed Care Swing Bed - Nonpayment/Zero |
| 676 | Intermed Care Subacute Inpt - Adjustment of Prior Claim | 68X | Intermed Care Swing Bed - Void/Cancel Prior Encounter |
| 677 | Intermed Care Subacute Inpt - Replacement of Prior Claim | 68Y | Intermed Care Swing Bed - Replace Prior Encounter |
| 678 | Intermed Care Subacute Inpt - Void/Cancel of Prior Claim | 68Z | Intermed Care Swing Bed - New Abbreviated Encounter |
| 67F | Intermed Care Subacute Inpt - Beneficiary Initiated Adj | 710 | Rural Health Clinic - Nonpayment/Zero Claim |

ATTACHMENT A - BILLTYP

| Value | Label | Value | Label |
|-------|--|-------|---|
| 711 | Rural Health Clinic - Admit Through Discharge | 72J | Hosp Based/Indep Renal Dialys - Other Entity Initiated Adj |
| 712 | Rural Health Clinic - Interim - First Claim | 72K | Hosp Based/Indep Renal Dialys - OIG Initiated Adj |
| 713 | Rural Health Clinic - Interim - Continuing Claim | 72M | Hosp Based/Indep Renal Dialys - MSP Initiated Adj |
| 714 | Rural Health Clinic - Interim - Last Claim | 72N | Hosp Based/Indep Renal Dialys - PRO Adjust Claim |
| 715 | Rural Health Clinic - Late Charge Only | 72O | Hosp Based/Indep Renal Dialys - Nonpayment/Zero |
| 716 | Rural Health Clinic - Adjustment of Prior Claim | 72X | Hosp Based/Indep Renal Dialys - Void/Cancel Prior Encounter |
| 717 | Rural Health Clinic - Replacement of Prior Claim | 72Y | Hosp Based/Indep Renal Dialys - Replace Prior Encounter |
| 718 | Rural Health Clinic - Void/Cancel of Prior Claim | 72Z | Hosp Based/Indep Renal Dialys - New Abbreviated Encounter |
| 71F | Rural Health Clinic - Beneficiary Initiated Adj | 730 | Federal Qual Health Center - Nonpayment/Zero Claim |
| 71G | Rural Health Clinic - CWF Initiated Adj | 731 | Federal Qual Health Center - Admit Thru Discharge |
| 71H | Rural Health Clinic - HCFA Initiated Adj | 732 | Federal Qual Health Center - Interim - First Claim |
| 71I | Rural Health Clinic - Intermediary Initiated Adj | 733 | Federal Qual Health Center - Interim - Continuing Claim |
| 71J | Rural Health Clinic - Other Entity Initiated Adj | 734 | Federal Qual Health Center - Interim - Last Claim |
| 71K | Rural Health Clinic - OIG Initiated Adj | 735 | Federal Qual Health Center - Late Charge Only |
| 71M | Rural Health Clinic - MSP Initiated Adj | 736 | Federal Qual Health Center - Adjustment of Prior Claim |
| 71N | Rural Health Clinic - PRO Adjust Claim | 737 | Federal Qual Health Center - Replacement of Prior Claim |
| 71O | Rural Health Clinic - Nonpayment/Zero | 738 | Federal Qual Health Center - Void/Cancel of Prior Claim |
| 71X | Rural Health Clinic - Void/Cancel Prior Encounter | 73F | Federal Qual Health Center - Beneficiary Initiated Adj |
| 71Y | Rural Health Clinic - Replace Prior Encounter | 73G | Federal Qual Health Center - CWF Initiated Adj |
| 71Z | Rural Health Clinic - New Abbreviated Encounter | 73H | Federal Qual Health Center - HCFA Initiated Adj |
| 720 | Hosp Based/Indep Renal Dialys - Nonpayment/Zero Claim | 73I | Federal Qual Health Center - Intermediary Initiated Adj |
| 721 | Hosp Based/Indep Renal Dialys - Admit Thru Discharge | 73J | Federal Qual Health Center - Other Entity Initiated Adj |
| 722 | Hosp Based/Indep Renal Dialys - Interim - First Claim | 73K | Federal Qual Health Center - OIG Initiated Adj |
| 723 | Hosp Based/Indep Renal Dialys - Interim - Continuing Claim | 73M | Federal Qual Health Center - MSP Initiated Adj |
| 724 | Hosp Based/Indep Renal Dialys - Interim - Last Claim | 73N | Federal Qual Health Center - PRO Adjust Claim |
| 725 | Hosp Based/Indep Renal Dialys - Late Charge Only | 73O | Federal Qual Health Center - Nonpayment/Zero |
| 726 | Hosp Based/Indep Renal Dialys - Adjustment of Prior Claim | 73X | Federal Qual Health Center - Void/Cancel Prior Encounter |
| 727 | Hosp Based/Indep Renal Dialys - Replacement of Prior Claim | 73Y | Federal Qual Health Center - Replace Prior Encounter |
| 728 | Hosp Based/Indep Renal Dialys - Void/Cancel of Prior Claim | 73Z | Federal Qual Health Center - New Abbreviated Encounter |
| 72F | Hosp Based/Indep Renal Dialys - Beneficiary Initiated Adj | 740 | Other Rehab Facility - Nonpayment/Zero Claim |
| 72G | Hosp Based/Indep Renal Dialys - CWF Initiated Adj | 741 | Other Rehab Facility - Admit Thru Discharge |
| 72H | Hosp Based/Indep Renal Dialys - HCFA Initiated Adj | 742 | Other Rehab Facility - Interim - First Claim |
| 72I | Hosp Based/Indep Renal Dialys - Intermediary Initiated Adj | 743 | Other Rehab Facility - Interim - Continuing Claim |

ATTACHMENT A - BILLTYP

| Value | Label | Value | Label |
|-------|--|-------|---|
| 744 | Other Rehab Facility - Interim - Last Claim | 75N | Comprehensive Outpt Rehab - PRO Adjust Claim |
| 745 | Other Rehab Facility - Late Charge Only | 75O | Comprehensive Outpt Rehab - Nonpayment/Zero |
| 746 | Other Rehab Facility - Adjustment of Prior Claim | 75X | Comprehensive Outpt Rehab - Void/Cancel Prior Encounter |
| 747 | Other Rehab Facility - Replacement of Prior Claim | 75Y | Comprehensive Outpt Rehab - Replace Prior Encounter |
| 748 | Other Rehab Facility - Void/Cancel of Prior Claim | 75Z | Comprehensive Outpt Rehab - New Abbreviated Encounter |
| 74F | Other Rehab Facility - Beneficiary Initiated Adj | 760 | Comm Mental Hlth Center - Nonpayment/Zero Claim |
| 74G | Other Rehab Facility - CWF Initiated Adj | 761 | Comm Mental Hlth Center - Admit Thru Discharge |
| 74H | Other Rehab Facility - HCFA Initiated Adj | 762 | Comm Mental Hlth Center - Interim - First Claim |
| 74I | Other Rehab Facility - Intermediary Initiated Adj | 763 | Comm Mental Hlth Center - Interim - Continuing Claim |
| 74J | Other Rehab Facility - Other Entity Initiated Adj | 764 | Comm Mental Hlth Center - Interim - Last Claim |
| 74K | Other Rehab Facility - OIG Initiated Adj | 765 | Comm Mental Hlth Center - Late Charge Only |
| 74M | Other Rehab Facility - MSP Initiated Adj | 766 | Comm Mental Hlth Center - Adjustment of Prior Claim |
| 74N | Other Rehab Facility - PRO Adjust Claim | 767 | Comm Mental Hlth Center - Replacement of Prior Claim |
| 74O | Other Rehab Facility - Nonpayment/Zero | 768 | Comm Mental Hlth Center - Void/Cancel of Prior Claim |
| 74X | Other Rehab Facility - Void/Cancel Prior Encounter | 76F | Comm Mental Hlth Center - Beneficiary Initiated Adj |
| 74Y | Other Rehab Facility - Replace Prior Encounter | 76G | Comm Mental Hlth Center - CWF Initiated Adj |
| 74Z | Other Rehab Facility - New Abbreviated Encounter | 76H | Comm Mental Hlth Center - HCFA Initiated Adj |
| 750 | Comprehensive Outpt Rehab - Nonpayment/Zero Claim | 76I | Comm Mental Hlth Center - Intermediary Initiated Adj |
| 751 | Comprehensive Outpt Rehab - Admit Thru Discharge | 76J | Comm Mental Hlth Center - Other Entity Initiated Adj |
| 752 | Comprehensive Outpt Rehab - Interim - First Claim | 76K | Comm Mental Hlth Center - OIG Initiated Adj |
| 753 | Comprehensive Outpt Rehab - Interim - Continuing Claim | 76M | Comm Mental Hlth Center - MSP Initiated Adj |
| 754 | Comprehensive Outpt Rehab - Interim - Last Claim | 76N | Comm Mental Hlth Center - PRO Adjust Claim |
| 755 | Comprehensive Outpt Rehab - Late Charge Only | 76O | Comm Mental Hlth Center - Nonpayment/Zero |
| 756 | Comprehensive Outpt Rehab - Adjustment of Prior Claim | 76X | Comm Mental Hlth Center - Void/Cancel Prior Encounter |
| 757 | Comprehensive Outpt Rehab - Replacement of Prior Claim | 76Y | Comm Mental Hlth Center - Replace Prior Encounter |
| 758 | Comprehensive Outpt Rehab - Void/Cancel of Prior Claim | 76Z | Comm Mental Hlth Center - New Abbreviated Encounter |
| 75F | Comprehensive Outpt Rehab - Beneficiary Initiated Adj | 790 | Other Clinic - Nonpayment/Zero Claim |
| 75G | Comprehensive Outpt Rehab - CWF Initiated Ad | 791 | Other Clinic - Admit Thru Discharge |
| 75H | Comprehensive Outpt Rehab - HCFA Initiated Adj | 792 | Other Clinic - Interim - First Claim |
| 75I | Comprehensive Outpt Rehab - Intermediary Initiated Adj | 793 | Other Clinic - Interim - Continuing Claim |
| 75J | Comprehensive Outpt Rehab - Other Entity Initiated Adj | 794 | Other Clinic - Interim - Last Claim |
| 75K | Comprehensive Outpt Rehab - OIG Initiated Adj | 795 | Other Clinic - Late Charge Only |
| 75M | Comprehensive Outpt Rehab - MSP Initiated Adj | 796 | Other Clinic - Adjustment of Prior Claim |

ATTACHMENT A - BILLTYP

| Value | Label | Value | Label |
|-------|---|-------|--|
| 797 | Other Clinic - Replacement of Prior Claim | 81K | Hospice (Non-Hosp Based) - OIG Initiated Adj |
| 798 | Other Clinic - Void/Cancel of Prior Claim | 81M | Hospice (Non-Hosp Based) - MSP Initiated Adj |
| 79F | Other Clinic - Beneficiary Initiated Adj | 81N | Hospice (Non-Hosp Based) - PRO Adjust Claim |
| 79G | Other Clinic - CWF Initiated Adj | 81O | Hospice (Non-Hosp Based) - Nonpayment/Zero |
| 79H | Other Clinic - HCFA Initiated Adj | 81X | Hospice (Non-Hosp Based) - Void/Cancel Prior Encounter |
| 79I | Other Clinic - Intermediary Initiated Adj | 81Y | Hospice (Non-Hosp Based) - Replace Prior Encounter |
| 79J | Other Clinic - Other Entity Initiated Adj | 81Z | Hospice (Non-Hosp Based) - New Abbreviated Encounter |
| 79K | Other Clinic - OIG Initiated Adj | 820 | Hospice (Hosp Based) - Nonpayment/Zero Claim |
| 79M | Other Clinic - MSP Initiated Adj | 821 | Hospice (Hosp Based) - Admit Thru Discharge |
| 79N | Other Clinic - PRO Adjust Claim | 822 | Hospice (Hosp Based) - Interim - First Claim |
| 79O | Other Clinic - Nonpayment/Zero | 823 | Hospice (Hosp Based) - Interim - Continuing Claim |
| 79X | Other Clinic - Void/Cancel Prior Encounter | 824 | Hospice (Hosp Based) - Interim - Last Claim |
| 79Y | Other Clinic - Replace Prior Encounter | 825 | Hospice (Hosp Based) - Late Charge Only |
| 79Z | Other Clinic - New Abbreviated Encounter | 826 | Hospice (Hosp Based) - Adjustment of Prior Claim |
| 810 | Hospice (Non-Hosp Based) - Nonpayment/Zero Claim | 827 | Hospice (Hosp Based) - Replacement of Prior Claim |
| 811 | Hospice (Non-Hosp Based) - Admit Thru Discharge | 828 | Hospice (Hosp Based) - Void/Cancel of Prior Claim |
| 812 | Hospice (Non-Hosp Based) - Interim - First Claim | 82A | Hospice (Hosp Based) - Hospice Admission Notice |
| 813 | Hospice (Non-Hosp Based) - Interim - Continuing Claim | 82B | Hospice (Hosp Based) - Hospice Termin Revocation |
| 814 | Hospice (Non-Hosp Based) - Interim - Last Claim | 82C | Hospice (Hosp Based) - Hospice Change of Provider |
| 815 | Hospice (Non-Hosp Based) - Late Charge Only | 82D | Hospice (Hosp Based) - Hospice Elect Void/Cancel |
| 816 | Hospice (Non-Hosp Based) - Adjustment of Prior Claim | 82E | Hospice (Hosp Based) - Hospice Change of Ownership |
| 817 | Hospice (Non-Hosp Based) - Replacement of Prior Claim | 82F | Hospice (Hosp Based) - Beneficiary Initiated Adj |
| 818 | Hospice (Non-Hosp Based) - Void/Cancel of Prior Claim | 82G | Hospice (Hosp Based) - CWF Initiated Adj |
| 81A | Hospice (Non-Hosp Based) - Hospice Admission Notice | 82H | Hospice (Hosp Based) - HCFA Initiated Adj |
| 81B | Hospice (Non-Hosp Based) - Hospice Termin Revocation | 82I | Hospice (Hosp Based) - Intermediary Initiated Adj |
| 81C | Hospice (Non-Hosp Based) - Hospice Change of Provider | 82J | Hospice (Hosp Based) - Other Entity Initiated Adj |
| 81D | Hospice (Non-Hosp Based) - Hospice Election Void/Cancel | 82K | Hospice (Hosp Based) - OIG Initiated Adj |
| 81E | Hospice (Non-Hosp Based) - Hospice Change of Ownership | 82M | Hospice (Hosp Based) - MSP Initiated Adj |
| 81F | Hospice (Non-Hosp Based) - Beneficiary Initiated Adj | 82N | Hospice (Hosp Based) - PRO Adjust Claim |
| 81G | Hospice (Non-Hosp Based) - CWF Initiated Adj | 82O | Hospice (Hosp Based) - Nonpayment/Zero |
| 81H | Hospice (Non-Hosp Based) - HCFA Initiated Adj | 82X | Hospice (Hosp Based) - Void/Cancel Prior Encounter |
| 81I | Hospice (Non-Hosp Based) - Intermediary Initiated Adj | 82Y | Hospice (Hosp Based) - Replace Prior Encounter |
| 81J | Hospice (Non-Hosp Based) - Other Entity Initiated Adj | 82Z | Hospice (Hosp Based) - New Abbreviated Encounter |

ATTACHMENT A - BILLTYP

| Value | Label | Value | Label |
|-------|---|-------|--|
| 830 | Ambulatory Surg Center - Nonpayment/Zero Claim | 84I | Free-Standing Birth Center - Intermediary Initiated Adj |
| 831 | Ambulatory Surg Center - Admit Through Discharge | 84J | Free-Standing Birth Center - Other Entity Initiated Adj |
| 832 | Ambulatory Surg Center - Interim - First Claim | 84K | Free-Standing Birth Center - OIG Initiated Adj |
| 833 | Ambulatory Surg Center - Interim - Continuing Claim | 84M | Free-Standing Birth Center - MSP Initiated Adj |
| 834 | Ambulatory Surg Center - Interim - Last Claim | 84N | Free-Standing Birth Center - PRO Adjust Claim |
| 835 | Ambulatory Surg Center - Late Charge Only | 84O | Free-Standing Birth Center - Nonpayment/Zero |
| 836 | Ambulatory Surg Center - Adjustment of Prior Claim | 84X | Free-Standing Birth Center - Void/Cancel Prior Encounter |
| 837 | Ambulatory Surg Center - Replacement of Prior Claim | 84Y | Free-Standing Birth Center - Replace Prior Encounter |
| 838 | Ambulatory Surg Center - Void/Cancel of Prior Claim | 84Z | Free-Standing Birth Center - New Abbreviated Encounter |
| 83F | Ambulatory Surg Center - Beneficiary Initiated Adj | 850 | Critical Access Hospital - Nonpayment/Zero Claim |
| 83G | Ambulatory Surg Center - CWF Initiated Adj | 851 | Critical Access Hospital - Admit Thru Discharge |
| 83H | Ambulatory Surg Center - HCFA Initiated Adj | 852 | Critical Access Hospital - Interim - First Claim |
| 83I | Ambulatory Surg Center - Intermediary Initiated Adj | 853 | Critical Access Hospital - Interim - Continuing Claim |
| 83J | Ambulatory Surg Center - Other Entity Initiated Adj | 854 | Critical Access Hospital - Interim - Last Claim |
| 83K | Ambulatory Surg Center - OIG Initiated Adj | 855 | Critical Access Hospital - Late Charge Only |
| 83M | Ambulatory Surg Center - MSP Initiated Adj | 856 | Critical Access Hospital - Adjustment of Prior Claim |
| 83N | Ambulatory Surg Center - PRO Adjust Claim | 857 | Critical Access Hospital - Replacement of Prior Claim |
| 83O | Ambulatory Surg Center - Nonpayment/Zero | 858 | Critical Access Hospital - Void/Cancel of Prior Claim |
| 83X | Ambulatory Surg Center - Void/Cancel Prior Encounter | 85F | Critical Access Hospital - Beneficiary Initiated Adj |
| 83Y | Ambulatory Surg Center - Replace Prior Encounter | 85G | Critical Access Hospital - CWF Initiated Adj |
| 83Z | Ambulatory Surg Center - New Abbreviated Encounter | 85H | Critical Access Hospital - HCFA Initiated Adj |
| 840 | Free-Standing Birth Center - Nonpayment/Zero Claim | 85I | Critical Access Hospital - Intermediary Initiated Adj |
| 841 | Free-Standing Birth Center - Admit Thru Discharge | 85J | Critical Access Hospital - Other Entity Initiated Adj |
| 842 | Free-Standing Birth Center - Interim - First Claim | 85K | Critical Access Hospital - OIG Initiated Adj |
| 843 | Free-Standing Birth Center - Interim - Continuing Claim | 85M | Critical Access Hospital - MSP Initiated Adj |
| 844 | Free-Standing Birth Center - Interim - Last Claim | 85N | Critical Access Hospital - PRO Adjust Claim |
| 845 | Free-Standing Birth Center - Late Charge Only | 85O | Critical Access Hospital - Nonpayment/Zero |
| 846 | Free-Standing Birth Center - Adjustment of Prior Claim | 85X | Critical Access Hospital - Void/Cancel Prior Encounter |
| 847 | Free-Standing Birth Center - Replacement of Prior Claim | 85Y | Critical Access Hospital - Replace Prior Encounter |
| 848 | Free-Standing Birth Center - Void/Cancel of Prior Claim | 85Z | Critical Access Hospital - New Abbreviated Encounter |
| 84F | Free-Standing Birth Center - Beneficiary Initiated Adj | 860 | Residential Facility - Nonpayment/Zero Claim |
| 84G | Free-Standing Birth Center - CWF Initiated Adj | 861 | Residential Facility - Admit Thru Discharge |
| 84H | Free-Standing Birth Center - HCFA Initiated Adj | 862 | Residential Facility - Interim - First Claim |

ATTACHMENT A - BILLTYP

| Value | Label | Value | Label |
|-------|--|-------|---|
| 863 | Residential Facility - Interim - Continuing Claim | 892 | Other Fac/Hosp Ambul Surg - Interim - First Claim |
| 864 | Residential Facility - Interim - Last Claim | 893 | Other Fac/Hosp Ambul Surg - Interim - Continuing Claim |
| 865 | Residential Facility - Late Charge Only | 894 | Other Fac/Hosp Ambul Surg - Interim - Last Claim |
| 866 | Residential Facility - Adjustment of Prior Claim | 895 | Other Fac/Hosp Ambul Surg - Late Charge Only |
| 867 | Residential Facility - Replacement of Prior Claim | 896 | Other Fac/Hosp Ambul Surg - Adjustment of Prior Claim |
| 868 | Residential Facility - Void/Cancel of Prior Claim | 897 | Other Fac/Hosp Ambul Surg - Replacement of Prior Claim |
| 86F | Residential Facility - Beneficiary Initiated Adj | 898 | Other Fac/Hosp Ambul Surg - Void/Cancel of Prior Claim |
| 86G | Residential Facility - CWF Initiated Adj | 89F | Other Fac/Hosp Ambul Surg - Beneficiary Initiated Adj |
| 86H | Residential Facility - HCFA Initiated Adj | 89G | Other Fac/Hosp Ambul Surg - CWF Initiated Adj |
| 86I | Residential Facility - Intermediary Initiated Adj | 89H | Other Fac/Hosp Ambul Surg - HCFA Initiated Adj |
| 86J | Residential Facility - Other Entity Initiated Adj | 89I | Other Fac/Hosp Ambul Surg - Intermediary Initiated Adj |
| 86K | Residential Facility - OIG Initiated Adj | 89J | Other Fac/Hosp Ambul Surg - Other Entity Initiated Adj |
| 86M | Residential Facility - MSP Initiated Adj | 89K | Other Fac/Hosp Ambul Surg - OIG Initiated Adj |
| 86N | Residential Facility - PRO Adjust Claim | 89M | Other Fac/Hosp Ambul Surg - MSP Initiated Adj |
| 86O | Residential Facility - Nonpayment/Zero | 89N | Other Fac/Hosp Ambul Surg - PRO Adjust Claim |
| 86X | Residential Facility - Void/Cancel Prior Encounter | 89O | Other Fac/Hosp Ambul Surg - Nonpayment/Zero |
| 86Y | Residential Facility - Replace Prior Encounter | 89X | Other Fac/Hosp Ambul Surg - Void/Cancel Prior Encounter |
| 86Z | Residential Facility - New Abbreviated Encounter | 89Y | Other Fac/Hosp Ambul Surg - Replace Prior Encounter |
| 890 | Other Fac/Hosp Ambul Surg - Nonpayment/Zero Claim | 89Z | Other Fac/Hosp Ambul Surg - New Abbreviated Encounter |
| 891 | Other Fac/Hosp Ambul Surg - Admit Thru Discharge | - | - |

ATTACHMENT B - DRG (Grouper Version 34)

| Value | Label | Value | Label |
|-------|--|-------|--|
| 1 | HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC | 37 | EXTRACRANIAL PROCEDURES W MCC |
| 2 | HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC | 38 | EXTRACRANIAL PROCEDURES W CC |
| 3 | ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R. | 39 | EXTRACRANIAL PROCEDURES W/O CC/MCC |
| 4 | TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R. | 40 | PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC |
| 5 | LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT | 41 | PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM |
| 6 | LIVER TRANSPLANT W/O MCC | 42 | PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC |
| 7 | LUNG TRANSPLANT | 52 | SPINAL DISORDERS & INJURIES W CC/MCC |
| 8 | SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT | 53 | SPINAL DISORDERS & INJURIES W/O CC/MCC |
| 10 | PANCREAS TRANSPLANT | 54 | NERVOUS SYSTEM NEOPLASMS W MCC |
| 11 | TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W MCC | 55 | NERVOUS SYSTEM NEOPLASMS W/O MCC |
| 12 | TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W CC | 56 | DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC |
| 13 | TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W/O CC/MCC | 57 | DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC |
| 14 | ALLOGENEIC BONE MARROW TRANSPLANT | 58 | MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC |
| 16 | AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC | 59 | MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC |
| 17 | AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC | 60 | MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC |
| 20 | INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC | 61 | ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC |
| 21 | INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC | 62 | ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC |
| 22 | INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC | 63 | ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC |
| 23 | CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W MCC OR CHEMO IMPLANT | 64 | INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC |
| 24 | CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC | 65 | INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS |
| 25 | CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC | 66 | INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC |
| 26 | CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC | 67 | NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC |
| 27 | CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC | 68 | NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC |
| 28 | SPINAL PROCEDURES W MCC | 69 | TRANSIENT ISCHEMIA |
| 29 | SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS | 70 | NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC |
| 30 | SPINAL PROCEDURES W/O CC/MCC | 71 | NONSPECIFIC CEREBROVASCULAR DISORDERS W CC |
| 31 | VENTRICULAR SHUNT PROCEDURES W MCC | 72 | NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC |
| 32 | VENTRICULAR SHUNT PROCEDURES W CC | 73 | CRANIAL & PERIPHERAL NERVE DISORDERS W MCC |
| 33 | VENTRICULAR SHUNT PROCEDURES W/O CC/MCC | 74 | CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC |
| 34 | CAROTID ARTERY STENT PROCEDURE W MCC | 75 | VIRAL MENINGITIS W CC/MCC |
| 35 | CAROTID ARTERY STENT PROCEDURE W CC | 76 | VIRAL MENINGITIS W/O CC/MCC |
| 36 | CAROTID ARTERY STENT PROCEDURE W/O CC/MCC | 77 | HYPERTENSIVE ENCEPHALOPATHY W MCC |

ATTACHMENT B - DRG (Grouper Version 34)

| Value | Label | Value | Label |
|-------|---|-------|--|
| 78 | HYPERTENSIVE ENCEPHALOPATHY W CC | 124 | OTHER DISORDERS OF THE EYE W MCC |
| 79 | HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC | 125 | OTHER DISORDERS OF THE EYE W/O MCC |
| 80 | NONTRAUMATIC STUPOR & COMA W MCC | 129 | MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE |
| 81 | NONTRAUMATIC STUPOR & COMA W/O MCC | 130 | MAJOR HEAD & NECK PROCEDURES W/O CC/MCC |
| 82 | TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC | 131 | CRANIAL/FACIAL PROCEDURES W CC/MCC |
| 83 | TRAUMATIC STUPOR & COMA, COMA >1 HR W CC | 132 | CRANIAL/FACIAL PROCEDURES W/O CC/MCC |
| 84 | TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC | 133 | OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W CC/MCC |
| 85 | TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC | 134 | OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC |
| 86 | TRAUMATIC STUPOR & COMA, COMA <1 HR W CC | 135 | SINUS & MASTOID PROCEDURES W CC/MCC |
| 87 | TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC | 136 | SINUS & MASTOID PROCEDURES W/O CC/MCC |
| 88 | CONCUSSION W MCC | 137 | MOUTH PROCEDURES W CC/MCC |
| 89 | CONCUSSION W CC | 138 | MOUTH PROCEDURES W/O CC/MCC |
| 90 | CONCUSSION W/O CC/MCC | 139 | SALIVARY GLAND PROCEDURES |
| 91 | OTHER DISORDERS OF NERVOUS SYSTEM W MCC | 146 | EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC |
| 92 | OTHER DISORDERS OF NERVOUS SYSTEM W CC | 147 | EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC |
| 93 | OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC | 148 | EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC |
| 94 | BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC | 149 | DYSEQUILIBRIUM |
| 95 | BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC | 150 | EPISTAXIS W MCC |
| 96 | BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC | 151 | EPISTAXIS W/O MCC |
| 97 | NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC | 152 | OTITIS MEDIA & URI W MCC |
| 98 | NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC | 153 | OTITIS MEDIA & URI W/O MCC |
| 99 | NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC | 154 | OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC |
| 100 | SEIZURES W MCC | 155 | OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC |
| 101 | SEIZURES W/O MCC | 156 | OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC |
| 102 | HEADACHES W MCC | 157 | DENTAL & ORAL DISEASES W MCC |
| 103 | HEADACHES W/O MCC | 158 | DENTAL & ORAL DISEASES W CC |
| 113 | ORBITAL PROCEDURES W CC/MCC | 159 | DENTAL & ORAL DISEASES W/O CC/MCC |
| 114 | ORBITAL PROCEDURES W/O CC/MCC | 163 | MAJOR CHEST PROCEDURES W MCC |
| 115 | EXTRAOCULAR PROCEDURES EXCEPT ORBIT | 164 | MAJOR CHEST PROCEDURES W CC |
| 116 | INTRAOCULAR PROCEDURES W CC/MCC | 165 | MAJOR CHEST PROCEDURES W/O CC/MCC |
| 117 | INTRAOCULAR PROCEDURES W/O CC/MCC | 166 | OTHER RESP SYSTEM O.R. PROCEDURES W MCC |
| 121 | ACUTE MAJOR EYE INFECTIONS W CC/MCC | 167 | OTHER RESP SYSTEM O.R. PROCEDURES W CC |
| 122 | ACUTE MAJOR EYE INFECTIONS W/O CC/MCC | 168 | OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC |
| 123 | NEUROLOGICAL EYE DISORDERS | 175 | PULMONARY EMBOLISM W MCC |

ATTACHMENT B - DRG (Grouper Version 34)

| Value | Label | Value | Label |
|-------|---|-------|--|
| 176 | PULMONARY EMBOLISM W/O MCC | 218 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC |
| 177 | RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC | 219 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC |
| 178 | RESPIRATORY INFECTIONS & INFLAMMATIONS W CC | 220 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC |
| 179 | RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC | 221 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC |
| 180 | RESPIRATORY NEOPLASMS W MCC | 222 | CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC |
| 181 | RESPIRATORY NEOPLASMS W CC | 223 | CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC |
| 182 | RESPIRATORY NEOPLASMS W/O CC/MCC | 224 | CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC |
| 183 | MAJOR CHEST TRAUMA W MCC | 225 | CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC |
| 184 | MAJOR CHEST TRAUMA W CC | 226 | CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC |
| 185 | MAJOR CHEST TRAUMA W/O CC/MCC | 227 | CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC |
| 186 | PLEURAL EFFUSION W MCC | 228 | OTHER CARDIOTHORACIC PROCEDURES W MCC |
| 187 | PLEURAL EFFUSION W CC | 229 | OTHER CARDIOTHORACIC PROCEDURES W/O MCC |
| 188 | PLEURAL EFFUSION W/O CC/MCC | 231 | CORONARY BYPASS W PTCA W MCC |
| 189 | PULMONARY EDEMA & RESPIRATORY FAILURE | 232 | CORONARY BYPASS W PTCA W/O MCC |
| 190 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC | 233 | CORONARY BYPASS W CARDIAC CATH W MCC |
| 191 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC | 234 | CORONARY BYPASS W CARDIAC CATH W/O MCC |
| 192 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC | 235 | CORONARY BYPASS W/O CARDIAC CATH W MCC |
| 193 | SIMPLE PNEUMONIA & PLEURISY W MCC | 236 | CORONARY BYPASS W/O CARDIAC CATH W/O MCC |
| 194 | SIMPLE PNEUMONIA & PLEURISY W CC | 239 | AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC |
| 195 | SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC | 240 | AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC |
| 196 | INTERSTITIAL LUNG DISEASE W MCC | 241 | AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC |
| 197 | INTERSTITIAL LUNG DISEASE W CC | 242 | PERMANENT CARDIAC PACEMAKER IMPLANT W MCC |
| 198 | INTERSTITIAL LUNG DISEASE W/O CC/MCC | 243 | PERMANENT CARDIAC PACEMAKER IMPLANT W CC |
| 199 | PNEUMOTHORAX W MCC | 244 | PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC |
| 200 | PNEUMOTHORAX W CC | 245 | AICD GENERATOR PROCEDURES |
| 201 | PNEUMOTHORAX W/O CC/MCC | 246 | PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR 4+ VESSELS/STENTS |
| 202 | BRONCHITIS & ASTHMA W CC/MCC | 247 | PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC |
| 203 | BRONCHITIS & ASTHMA W/O CC/MCC | 248 | PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS |
| 204 | RESPIRATORY SIGNS & SYMPTOMS | 249 | PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC |
| 205 | OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC | 250 | PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC |
| 206 | OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC | 251 | PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC |
| 207 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS | 252 | OTHER VASCULAR PROCEDURES W MCC |
| 208 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS | 253 | OTHER VASCULAR PROCEDURES W CC |
| 215 | OTHER HEART ASSIST SYSTEM IMPLANT | 254 | OTHER VASCULAR PROCEDURES W/O CC/MCC |
| 216 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC | 255 | UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC |
| 217 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC | 256 | UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC |

ATTACHMENT B - DRG (Grouper Version 34)

| Value | Label | Value | Label |
|-------|---|-------|--|
| 257 | UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC | 298 | CARDIAC ARREST, UNEXPLAINED W/O CC/MCC |
| 258 | CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC | 299 | PERIPHERAL VASCULAR DISORDERS W MCC |
| 259 | CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC | 300 | PERIPHERAL VASCULAR DISORDERS W CC |
| 260 | CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC | 301 | PERIPHERAL VASCULAR DISORDERS W/O CC/MCC |
| 261 | CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC | 302 | ATHEROSCLEROSIS W MCC |
| 262 | CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC | 303 | ATHEROSCLEROSIS W/O MCC |
| 263 | VEIN LIGATION & STRIPPING | 304 | HYPERTENSION W MCC |
| 264 | OTHER CIRCULATORY SYSTEM O.R. PROCEDURES | 305 | HYPERTENSION W/O MCC |
| 265 | AICD LEAD PROCEDURES | 306 | CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC |
| 266 | ENDOVASCULAR CARDIAC VALVE REPLACEMENT W MCC | 307 | CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC |
| 267 | ENDOVASCULAR CARDIAC VALVE REPLACEMENT W/O MCC | 308 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC |
| 268 | AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC | 309 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC |
| 269 | AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC | 310 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC |
| 270 | OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC | 311 | ANGINA PECTORIS |
| 271 | OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC | 312 | SYNCOPE & COLLAPSE |
| 272 | OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC | 313 | CHEST PAIN |
| 273 | PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC | 314 | OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC |
| 274 | PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC | 315 | OTHER CIRCULATORY SYSTEM DIAGNOSES W CC |
| 280 | ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC | 316 | OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC |
| 281 | ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC | 326 | STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC |
| 282 | ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC | 327 | STOMACH, ESOPHAGEAL & DUODENAL PROC W CC |
| 283 | ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC | 328 | STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC |
| 284 | ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC | 329 | MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC |
| 285 | ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC | 330 | MAJOR SMALL & LARGE BOWEL PROCEDURES W CC |
| 286 | CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC | 331 | MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC |
| 287 | CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC | 332 | RECTAL RESECTION W MCC |
| 288 | ACUTE & SUBACUTE ENDOCARDITIS W MCC | 333 | RECTAL RESECTION W CC |
| 289 | ACUTE & SUBACUTE ENDOCARDITIS W CC | 334 | RECTAL RESECTION W/O CC/MCC |
| 290 | ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC | 335 | PERITONEAL ADHESIOLYSIS W MCC |
| 291 | HEART FAILURE & SHOCK W MCC | 336 | PERITONEAL ADHESIOLYSIS W CC |
| 292 | HEART FAILURE & SHOCK W CC | 337 | PERITONEAL ADHESIOLYSIS W/O CC/MCC |
| 293 | HEART FAILURE & SHOCK W/O CC/MCC | 338 | APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC |
| 294 | DEEP VEIN THROMBOPHLEBITIS W CC/MCC | 339 | APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC |
| 295 | DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC | 340 | APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC |
| 296 | CARDIAC ARREST, UNEXPLAINED W MCC | 341 | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC |
| 297 | CARDIAC ARREST, UNEXPLAINED W CC | 342 | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC |

ATTACHMENT B - DRG (Grouper Version 34)

| Value | Label | Value | Label |
|-------|---|-------|---|
| 343 | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC | 388 | G.I. OBSTRUCTION W MCC |
| 344 | MINOR SMALL & LARGE BOWEL PROCEDURES W MCC | 389 | G.I. OBSTRUCTION W CC |
| 345 | MINOR SMALL & LARGE BOWEL PROCEDURES W CC | 390 | G.I. OBSTRUCTION W/O CC/MCC |
| 346 | MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 391 | ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC |
| 347 | ANAL & STOMAL PROCEDURES W MCC | 392 | ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC |
| 348 | ANAL & STOMAL PROCEDURES W CC | 393 | OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC |
| 349 | ANAL & STOMAL PROCEDURES W/O CC/MCC | 394 | OTHER DIGESTIVE SYSTEM DIAGNOSES W CC |
| 350 | INGUINAL & FEMORAL HERNIA PROCEDURES W MCC | 395 | OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC |
| 351 | INGUINAL & FEMORAL HERNIA PROCEDURES W CC | 405 | PANCREAS, LIVER & SHUNT PROCEDURES W MCC |
| 352 | INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC | 406 | PANCREAS, LIVER & SHUNT PROCEDURES W CC |
| 353 | HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC | 407 | PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC |
| 354 | HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC | 408 | BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC |
| 355 | HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC | 409 | BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC |
| 356 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC | 410 | BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC |
| 357 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC | 411 | CHOLECYSTECTOMY W C.D.E. W MCC |
| 358 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 412 | CHOLECYSTECTOMY W C.D.E. W CC |
| 368 | MAJOR ESOPHAGEAL DISORDERS W MCC | 413 | CHOLECYSTECTOMY W C.D.E. W/O CC/MCC |
| 369 | MAJOR ESOPHAGEAL DISORDERS W CC | 414 | CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC |
| 370 | MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC | 415 | CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC |
| 371 | MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC | 416 | CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC |
| 372 | MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC | 417 | LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC |
| 373 | MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC | 418 | LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC |
| 374 | DIGESTIVE MALIGNANCY W MCC | 419 | LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC |
| 375 | DIGESTIVE MALIGNANCY W CC | 420 | HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC |
| 376 | DIGESTIVE MALIGNANCY W/O CC/MCC | 421 | HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC |
| 377 | G.I. HEMORRHAGE W MCC | 422 | HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC |
| 378 | G.I. HEMORRHAGE W CC | 423 | OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC |
| 379 | G.I. HEMORRHAGE W/O CC/MCC | 424 | OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC |
| 380 | COMPLICATED PEPTIC ULCER W MCC | 425 | OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC |
| 381 | COMPLICATED PEPTIC ULCER W CC | 432 | CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC |
| 382 | COMPLICATED PEPTIC ULCER W/O CC/MCC | 433 | CIRRHOSIS & ALCOHOLIC HEPATITIS W CC |
| 383 | UNCOMPLICATED PEPTIC ULCER W MCC | 434 | CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC |
| 384 | UNCOMPLICATED PEPTIC ULCER W/O MCC | 435 | MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W MCC |
| 385 | INFLAMMATORY BOWEL DISEASE W MCC | 436 | MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W CC |
| 386 | INFLAMMATORY BOWEL DISEASE W CC | 437 | MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W/O CC/MCC |
| 387 | INFLAMMATORY BOWEL DISEASE W/O CC/MCC | 438 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC |

ATTACHMENT B - DRG (Grouper Version 34)

| Value | Label | Value | Label |
|-------|--|-------|---|
| 439 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC | 481 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC |
| 440 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC | 482 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC |
| 441 | DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W MCC | 483 | MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES |
| 442 | DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC | 485 | KNEE PROCEDURES W PDX OF INFECTION W MCC |
| 443 | DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC/MCC | 486 | KNEE PROCEDURES W PDX OF INFECTION W CC |
| 444 | DISORDERS OF THE BILIARY TRACT W MCC | 487 | KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC |
| 445 | DISORDERS OF THE BILIARY TRACT W CC | 488 | KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC |
| 446 | DISORDERS OF THE BILIARY TRACT W/O CC/MCC | 489 | KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC |
| 453 | COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC | 492 | LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W MCC |
| 454 | COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC | 493 | LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W CC |
| 455 | COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC | 494 | LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W/O CC/MCC |
| 456 | SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC | 495 | LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC |
| 457 | SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC | 496 | LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC |
| 458 | SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC | 497 | LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC |
| 459 | SPINAL FUSION EXCEPT CERVICAL W MCC | 498 | LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC |
| 460 | SPINAL FUSION EXCEPT CERVICAL W/O MCC | 499 | LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC |
| 461 | BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC | 500 | SOFT TISSUE PROCEDURES W MCC |
| 462 | BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC | 501 | SOFT TISSUE PROCEDURES W CC |
| 463 | WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC | 502 | SOFT TISSUE PROCEDURES W/O CC/MCC |
| 464 | WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC | 503 | FOOT PROCEDURES W MCC |
| 465 | WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC | 504 | FOOT PROCEDURES W CC |
| 466 | REVISION OF HIP OR KNEE REPLACEMENT W MCC | 505 | FOOT PROCEDURES W/O CC/MCC |
| 467 | REVISION OF HIP OR KNEE REPLACEMENT W CC | 506 | MAJOR THUMB OR JOINT PROCEDURES |
| 468 | REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC | 507 | MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC |
| 469 | MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC | 508 | MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC |
| 470 | MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC | 509 | ARTHROSCOPY |
| 471 | CERVICAL SPINAL FUSION W MCC | 510 | SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC |
| 472 | CERVICAL SPINAL FUSION W CC | 511 | SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC |
| 473 | CERVICAL SPINAL FUSION W/O CC/MCC | 512 | SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC |
| 474 | AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC | 513 | HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC |
| 475 | AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC | 514 | HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC |
| 476 | AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC | 515 | OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC |
| 477 | BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 516 | OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC |
| 478 | BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 517 | OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC |
| 479 | BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 518 | BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM |
| 480 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC | 519 | BACK & NECK PROC EXC SPINAL FUSION W CC |

ATTACHMENT B - DRG (Grouper Version 34)

| Value | Label | Value | Label |
|-------|---|-------|---|
| 520 | BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC | 571 | SKIN DEBRIDEMENT W CC |
| 533 | FRACTURES OF FEMUR W MCC | 572 | SKIN DEBRIDEMENT W/O CC/MCC |
| 534 | FRACTURES OF FEMUR W/O MCC | 573 | SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC |
| 535 | FRACTURES OF HIP & PELVIS W MCC | 574 | SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC |
| 536 | FRACTURES OF HIP & PELVIS W/O MCC | 575 | SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC |
| 537 | SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC | 576 | SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC |
| 538 | SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC | 577 | SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC |
| 539 | OSTEOMYELITIS W MCC | 578 | SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC |
| 540 | OSTEOMYELITIS W CC | 579 | OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC |
| 541 | OSTEOMYELITIS W/O CC/MCC | 580 | OTHER SKIN, SUBCUT TISS & BREAST PROC W CC |
| 542 | PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC | 581 | OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC |
| 543 | PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC | 582 | MASTECTOMY FOR MALIGNANCY W CC/MCC |
| 544 | PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC | 583 | MASTECTOMY FOR MALIGNANCY W/O CC/MCC |
| 545 | CONNECTIVE TISSUE DISORDERS W MCC | 584 | BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC |
| 546 | CONNECTIVE TISSUE DISORDERS W CC | 585 | BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC |
| 547 | CONNECTIVE TISSUE DISORDERS W/O CC/MCC | 592 | SKIN ULCERS W MCC |
| 548 | SEPTIC ARTHRITIS W MCC | 593 | SKIN ULCERS W CC |
| 549 | SEPTIC ARTHRITIS W CC | 594 | SKIN ULCERS W/O CC/MCC |
| 550 | SEPTIC ARTHRITIS W/O CC/MCC | 595 | MAJOR SKIN DISORDERS W MCC |
| 551 | MEDICAL BACK PROBLEMS W MCC | 596 | MAJOR SKIN DISORDERS W/O MCC |
| 552 | MEDICAL BACK PROBLEMS W/O MCC | 597 | MALIGNANT BREAST DISORDERS W MCC |
| 553 | BONE DISEASES & ARTHROPATHIES W MCC | 598 | MALIGNANT BREAST DISORDERS W CC |
| 554 | BONE DISEASES & ARTHROPATHIES W/O MCC | 599 | MALIGNANT BREAST DISORDERS W/O CC/MCC |
| 555 | SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC | 600 | NON-MALIGNANT BREAST DISORDERS W CC/MCC |
| 556 | SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC | 601 | NON-MALIGNANT BREAST DISORDERS W/O CC/MCC |
| 557 | TENDONITIS, MYOSITIS & BURSITIS W MCC | 602 | CELLULITIS W MCC |
| 558 | TENDONITIS, MYOSITIS & BURSITIS W/O MCC | 603 | CELLULITIS W/O MCC |
| 559 | AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 604 | TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC |
| 560 | AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 605 | TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC |
| 561 | AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 606 | MINOR SKIN DISORDERS W MCC |
| 562 | FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC | 607 | MINOR SKIN DISORDERS W/O MCC |
| 563 | FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC | 614 | ADRENAL & PITUITARY PROCEDURES W CC/MCC |
| 564 | OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC | 615 | ADRENAL & PITUITARY PROCEDURES W/O CC/MCC |
| 565 | OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC | 616 | AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC |
| 566 | OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC | 617 | AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC |
| 570 | SKIN DEBRIDEMENT W MCC | 618 | AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC |

ATTACHMENT B - DRG (Grouper Version 34)

| Value | Label | Value | Label |
|-------|---|-------|--|
| 619 | O.R. PROCEDURES FOR OBESITY W MCC | 667 | PROSTATECTOMY W/O CC/MCC |
| 620 | O.R. PROCEDURES FOR OBESITY W CC | 668 | TRANSURETHRAL PROCEDURES W MCC |
| 621 | O.R. PROCEDURES FOR OBESITY W/O CC/MCC | 669 | TRANSURETHRAL PROCEDURES W CC |
| 622 | SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC | 670 | TRANSURETHRAL PROCEDURES W/O CC/MCC |
| 623 | SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC | 671 | URETHRAL PROCEDURES W CC/MCC |
| 624 | SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC | 672 | URETHRAL PROCEDURES W/O CC/MCC |
| 625 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC | 673 | OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC |
| 626 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC | 674 | OTHER KIDNEY & URINARY TRACT PROCEDURES W CC |
| 627 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC | 675 | OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC |
| 628 | OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC | 682 | RENAL FAILURE W MCC |
| 629 | OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC | 683 | RENAL FAILURE W CC |
| 630 | OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC | 684 | RENAL FAILURE W/O CC/MCC |
| 637 | DIABETES W MCC | 685 | ADMIT FOR RENAL DIALYSIS |
| 638 | DIABETES W CC | 686 | KIDNEY & URINARY TRACT NEOPLASMS W MCC |
| 639 | DIABETES W/O CC/MCC | 687 | KIDNEY & URINARY TRACT NEOPLASMS W CC |
| 640 | MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W MCC | 688 | KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC |
| 641 | MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W/O MCC | 689 | KIDNEY & URINARY TRACT INFECTIONS W MCC |
| 642 | INBORN AND OTHER DISORDERS OF METABOLISM | 690 | KIDNEY & URINARY TRACT INFECTIONS W/O MCC |
| 643 | ENDOCRINE DISORDERS W MCC | 691 | URINARY STONES W ESW LITHOTRIPSY W CC/MCC |
| 644 | ENDOCRINE DISORDERS W CC | 692 | URINARY STONES W ESW LITHOTRIPSY W/O CC/MCC |
| 645 | ENDOCRINE DISORDERS W/O CC/MCC | 693 | URINARY STONES W/O ESW LITHOTRIPSY W MCC |
| 652 | KIDNEY TRANSPLANT | 694 | URINARY STONES W/O ESW LITHOTRIPSY W/O MCC |
| 653 | MAJOR BLADDER PROCEDURES W MCC | 695 | KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC |
| 654 | MAJOR BLADDER PROCEDURES W CC | 696 | KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC |
| 655 | MAJOR BLADDER PROCEDURES W/O CC/MCC | 697 | URETHRAL STRICTURE |
| 656 | KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC | 698 | OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC |
| 657 | KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC | 699 | OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC |
| 658 | KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC | 700 | OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC |
| 659 | KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC | 707 | MAJOR MALE PELVIC PROCEDURES W CC/MCC |
| 660 | KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC | 708 | MAJOR MALE PELVIC PROCEDURES W/O CC/MCC |
| 661 | KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC | 709 | PENIS PROCEDURES W CC/MCC |
| 662 | MINOR BLADDER PROCEDURES W MCC | 710 | PENIS PROCEDURES W/O CC/MCC |
| 663 | MINOR BLADDER PROCEDURES W CC | 711 | TESTES PROCEDURES W CC/MCC |
| 664 | MINOR BLADDER PROCEDURES W/O CC/MCC | 712 | TESTES PROCEDURES W/O CC/MCC |
| 665 | PROSTATECTOMY W MCC | 713 | TRANSURETHRAL PROSTATECTOMY W CC/MCC |
| 666 | PROSTATECTOMY W CC | 714 | TRANSURETHRAL PROSTATECTOMY W/O CC/MCC |

ATTACHMENT B - DRG (Grouper Version 34)

| Value | Label | Value | Label |
|-------|--|-------|---|
| 715 | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC | 759 | INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC |
| 716 | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC | 760 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC |
| 717 | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC | 761 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC |
| 718 | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC | 765 | CESAREAN SECTION W CC/MCC |
| 722 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC | 766 | CESAREAN SECTION W/O CC/MCC |
| 723 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC | 767 | VAGINAL DELIVERY W STERILIZATION &/OR D&C |
| 724 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC | 768 | VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C |
| 725 | BENIGN PROSTATIC HYPERTROPHY W MCC | 769 | POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE |
| 726 | BENIGN PROSTATIC HYPERTROPHY W/O MCC | 770 | ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY |
| 727 | INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC | 774 | VAGINAL DELIVERY W COMPLICATING DIAGNOSES |
| 728 | INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC | 775 | VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES |
| 729 | OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC | 776 | POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE |
| 730 | OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC | 777 | ECTOPIC PREGNANCY |
| 734 | PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC | 778 | THREATENED ABORTION |
| 735 | PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC | 779 | ABORTION W/O D&C |
| 736 | UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC | 780 | FALSE LABOR |
| 737 | UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC | 781 | OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS |
| 738 | UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC | 782 | OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS |
| 739 | UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC | 789 | NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY |
| 740 | UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC | 790 | EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDROME, NEONATE |
| 741 | UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC | 791 | PREMATURITY W MAJOR PROBLEMS |
| 742 | UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC | 792 | PREMATURITY W/O MAJOR PROBLEMS |
| 743 | UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC | 793 | FULL TERM NEONATE W MAJOR PROBLEMS |
| 744 | D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC | 794 | NEONATE W OTHER SIGNIFICANT PROBLEMS |
| 745 | D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC | 795 | NORMAL NEWBORN |
| 746 | VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC | 799 | SPLENECTOMY W MCC |
| 747 | VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC | 800 | SPLENECTOMY W CC |
| 748 | FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 801 | SPLENECTOMY W/O CC/MCC |
| 749 | OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC | 802 | OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC |
| 750 | OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 803 | OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC |
| 754 | MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC | 804 | OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC |
| 755 | MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC | 808 | MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC |
| 756 | MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 809 | MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC |
| 757 | INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC | 810 | MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC |
| 758 | INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC | 811 | RED BLOOD CELL DISORDERS W MCC |

ATTACHMENT B - DRG (Grouper Version 34)

| Value | Label | Value | Label |
|-------|--|-------|---|
| 812 | RED BLOOD CELL DISORDERS W/O MCC | 856 | POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC |
| 813 | COAGULATION DISORDERS | 857 | POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC |
| 814 | RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC | 858 | POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC |
| 815 | RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC | 862 | POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC |
| 816 | RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC | 863 | POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC |
| 820 | LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC | 864 | FEVER |
| 821 | LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC | 865 | VIRAL ILLNESS W MCC |
| 822 | LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC | 866 | VIRAL ILLNESS W/O MCC |
| 823 | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W MCC | 867 | OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC |
| 824 | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC | 868 | OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC |
| 825 | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC/MCC | 869 | OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC |
| 826 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC | 870 | SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS |
| 827 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC | 871 | SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC |
| 828 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC | 872 | SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC |
| 829 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W CC/MCC | 876 | O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS |
| 830 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W/O CC/MCC | 880 | ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION |
| 834 | ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC | 881 | DEPRESSIVE NEUROSES |
| 835 | ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC | 882 | NEUROSES EXCEPT DEPRESSIVE |
| 836 | ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC | 883 | DISORDERS OF PERSONALITY & IMPULSE CONTROL |
| 837 | CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC | 884 | ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY |
| 838 | CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT | 885 | PSYCHOSES |
| 839 | CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC | 886 | BEHAVIORAL & DEVELOPMENTAL DISORDERS |
| 840 | LYMPHOMA & NON-ACUTE LEUKEMIA W MCC | 887 | OTHER MENTAL DISORDER DIAGNOSES |
| 841 | LYMPHOMA & NON-ACUTE LEUKEMIA W CC | 894 | ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA |
| 842 | LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC | 895 | ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY |
| 843 | OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC | 896 | ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC |
| 844 | OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC | 897 | ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC |
| 845 | OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC | 901 | WOUND DEBRIDEMENTS FOR INJURIES W MCC |
| 846 | CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC | 902 | WOUND DEBRIDEMENTS FOR INJURIES W CC |
| 847 | CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC | 903 | WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC |
| 848 | CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC | 904 | SKIN GRAFTS FOR INJURIES W CC/MCC |
| 849 | RADIOTHERAPY | 905 | SKIN GRAFTS FOR INJURIES W/O CC/MCC |
| 853 | INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC | 906 | HAND PROCEDURES FOR INJURIES |
| 854 | INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC | 907 | OTHER O.R. PROCEDURES FOR INJURIES W MCC |
| 855 | INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC | 908 | OTHER O.R. PROCEDURES FOR INJURIES W CC |

ATTACHMENT B - DRG (Grouper Version 34)

| Value | Label | Value | Label |
|-------|---|-------|--|
| 909 | OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC | 951 | OTHER FACTORS INFLUENCING HEALTH STATUS |
| 913 | TRAUMATIC INJURY W MCC | 955 | CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA |
| 914 | TRAUMATIC INJURY W/O MCC | 956 | LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA |
| 915 | ALLERGIC REACTIONS W MCC | 957 | OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC |
| 916 | ALLERGIC REACTIONS W/O MCC | 958 | OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC |
| 917 | POISONING & TOXIC EFFECTS OF DRUGS W MCC | 959 | OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC |
| 918 | POISONING & TOXIC EFFECTS OF DRUGS W/O MCC | 963 | OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC |
| 919 | COMPLICATIONS OF TREATMENT W MCC | 964 | OTHER MULTIPLE SIGNIFICANT TRAUMA W CC |
| 920 | COMPLICATIONS OF TREATMENT W CC | 965 | OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC |
| 921 | COMPLICATIONS OF TREATMENT W/O CC/MCC | 969 | HIV W EXTENSIVE O.R. PROCEDURE W MCC |
| 922 | OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC | 970 | HIV W EXTENSIVE O.R. PROCEDURE W/O MCC |
| 923 | OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC | 974 | HIV W MAJOR RELATED CONDITION W MCC |
| 927 | EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT | 975 | HIV W MAJOR RELATED CONDITION W CC |
| 928 | FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC | 976 | HIV W MAJOR RELATED CONDITION W/O CC/MCC |
| 929 | FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC | 977 | HIV W OR W/O OTHER RELATED CONDITION |
| 933 | EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT | 981 | EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC |
| 934 | FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ | 982 | EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC |
| 935 | NON-EXTENSIVE BURNS | 983 | EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC |
| 939 | O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC | 984 | PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC |
| 940 | O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC | 985 | PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC |
| 941 | O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC | 986 | PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC |
| 945 | REHABILITATION W CC/MCC | 987 | NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC |
| 946 | REHABILITATION W/O CC/MCC | 988 | NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC |
| 947 | SIGNS & SYMPTOMS W MCC | 989 | NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC |
| 948 | SIGNS & SYMPTOMS W/O MCC | 998 | PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS |
| 949 | AFTERCARE W CC/MCC | 999 | UNGROUPABLE |
| 950 | AFTERCARE W/O CC/MCC | - | - |

ATTACHMENT C - DSTATUS

| Value | Label | Value | Label |
|-------|---|-------|--|
| 1 | Discharged to home or self-care | 41 | Expired in medical facility (Hospice claims only)** |
| 2 | Discharged/Transferred to short-term hospital | 42 | Expired - place unknown (Hospice claims only)** |
| 3 | Discharged/Transferred to SNF | 43 | Discharged/Transferred to federal hospital |
| 4 | Discharged/Transferred to ICF | 50 | Discharged/Transferred to Hospice home |
| 5 | Discharged/Transferred to other facility | 51 | Discharged/Transferred to Hospice medical facility |
| 6 | Discharged/Transferred to home health service | 61 | Transfer to Medicare approved swing-bed |
| 7 | Left against medical advice | 62 | Transferred to inpatient rehab facility (IRF) |
| 8 | Discharged/Transferred to home IV drug therapy | 63 | Transferred to long term care hospital (LTCH) |
| 9 | Admitted as an inpatient to this hospital | 64 | Transferred to nursing facility Medicaid-certified |
| 10 | Other alive status | 65 | Transferred to psychiatric hospital or unit |
| 11 | Other alive status | 66 | Transferred to critical access hospital (CAH) |
| 12 | Other alive status | 69 | Transfer to disaster alternative care site |
| 13 | Other alive status | 70 | Transfer to another facility NEC |
| 14 | Other alive status | 71 | Transfer/referred to other facility for outpt svcs |
| 15 | Other alive status | 72 | Transfer/referred to this facility for outpt svcs |
| 16 | Other alive status | 81 | Discharge to home/self care w plan IP readmit |
| 17 | Other alive status | 82 | Transfer to short-term general hosp w/ plan IP readmit |
| 18 | Other alive status | 83 | Transfer to SNF w/ plan IP readmit |
| 19 | Other alive status | 84 | Transfer to custodial/supportive care w/ plan IP readmit |
| 20 | Died** | 85 | Transfer to cancer center/child hosp w/ plan IP readmit |
| 21 | Discharged/transferred to court/law enforcement** | 86 | Transfer to home health service w/ plan IP readmit |
| 30 | Still patient | 87 | Transfer to court/law enforce w/ plan IP readmit** |
| 31 | Still patient | 88 | Transfer to federal facility HCF w/ plan IP readmit |
| 32 | Still patient | 89 | Transfer to Medicare swing bed w/ plan IP readmit |
| 33 | Still patient | 90 | Transfer to IRF w/ plan IP readmit |
| 34 | Still patient | 91 | Transfer to LTCH w/ plan IP readmit |
| 35 | Still patient | 92 | Transfer to Medicaid nursing facility w/ plan IP readmit |
| 36 | Still patient | 93 | Transfer to psych unit/hospital w/ plan IP readmit |
| 37 | Still patient | 94 | Transfer to CAH w/ plan IP readmit |
| 38 | Still patient | 95 | Transfer to other facility NEC w/ plan IP readmit |
| 39 | Still patient | 99 | Transfer (Hospital ID MDST change) |
| 40 | Expired at home (Hospice claims only)** | - | - |

** Beginning in the 2016 data year, values indicating death or transfer to law enforcement are no longer used to protect patients' privacy.

ATTACHMENT D - EGELOC

| Value | Label | Value | Label | Value | Label |
|-------|--|-------|--|-------|--|
| 01 | Nation, unknown region | 23 | Kansas | 45 | West South Central Division, unknown state |
| 02 | Northeast Region, unknown division | 24 | Minnesota | 46 | Arkansas |
| 03 | New England Division, unknown state | 25 | Missouri | 47 | Louisiana |
| 04 | Connecticut | 26 | Nebraska | 48 | Oklahoma |
| 05 | Maine | 27 | North Dakota | 49 | Texas |
| 06 | Massachusetts | 28 | South Dakota | 50 | West Region, unknown division |
| 07 | New Hampshire | 29 | South Region, unknown division | 51 | Mountain Division, unknown state |
| 08 | Rhode Island | 30 | South Atlantic Division, unknown state | 52 | Arizona |
| 09 | Vermont | 31 | Washington, DC | 53 | Colorado |
| 10 | Middle Atlantic Division, unknown state | 32 | Delaware | 54 | Idaho |
| 11 | New Jersey | 33 | Florida | 55 | Montana |
| 12 | New York | 34 | Georgia | 56 | Nevada |
| 13 | Pennsylvania | 35 | Maryland | 57 | New Mexico |
| 14 | North Central Region, unknown division | 36 | North Carolina | 58 | Utah |
| 15 | East North Central Division, unknown state | 37 | South Carolina | 59 | Wyoming |
| 16 | Illinois | 38 | Virginia | 60 | Pacific Division, unknown state |
| 17 | Indiana | 39 | West Virginia | 61 | Alaska |
| 18 | Michigan | 40 | East South Central Division, unknown state | 62 | California |
| 19 | Ohio | 41 | Alabama | 63 | Hawaii |
| 20 | Wisconsin | 42 | Kentucky | 64 | Oregon |
| 21 | West North Central Division, unknown state | 43 | Mississippi | 65 | Washington |
| 22 | Iowa | 44 | Tennessee | 97 | Puerto Rico |

ATTACHMENT E - MDC

| Value | Label |
|-------|-----------------------------|
| 00 | Missing/Invalid Diagnosis |
| 01 | Nervous |
| 02 | Eye |
| 03 | Ear, Nose, Mouth & Throat |
| 04 | Respiratory |
| 05 | Circulatory |
| 06 | Digestive |
| 07 | Liver, Pancreas |
| 08 | Musculoskeletal |
| 9 | Skin, Breast |
| 10 | Metabolic |
| 11 | Kidney |
| 12 | Male Reproductive |
| 13 | Female Reproductive |
| 14 | Pregnancy, Childbirth |
| 15 | Newborns |
| 16 | Blood |
| 17 | Myeloproliferative Diseases |
| 18 | Infections |
| 19 | Mental |
| 20 | Alcohol/Drug Use |
| 21 | Injuries, Poisonings |
| 22 | Burns |
| 23 | Health Status |
| 24 | Multiple Trauma |
| 25 | HIV Infections |

ATTACHMENT G - MSA

| Value | Label | Value | Label |
|-------|-----------------------------------|-------|---------------------------------------|
| 0 | Non-MSA | 13220 | Beckley, WV |
| 10180 | Abilene, TX | 13380 | Bellingham, WA |
| 10380 | Aguadilla-Isabela, PR | 13460 | Bend-Redmond, OR |
| 10420 | Akron, OH | 13740 | Billings, MT |
| 10500 | Albany, GA | 13780 | Binghamton, NY |
| 10540 | Albany, OR | 13820 | Birmingham-Hoover, AL |
| 10580 | Albany-Schenectady-Troy, NY | 13900 | Bismarck, ND |
| 10740 | Albuquerque, NM | 13980 | Blacksburg-Christiansburg-Radford, VA |
| 10780 | Alexandria, LA | 14010 | Bloomington, IL |
| 10900 | Allentown-Bethlehem-Easton, PA-NJ | 14020 | Bloomington, IN |
| 11020 | Altoona, PA | 14100 | Bloomsburg-Berwick, PA |
| 11100 | Amarillo, TX | 14260 | Boise City, ID |
| 11180 | Ames, IA | 14454 | Boston, MA |
| 11244 | Anaheim-Santa Ana-Irvine, CA | 14500 | Boulder, CO |
| 11260 | Anchorage, AK | 14540 | Bowling Green, KY |
| 11460 | Ann Arbor, MI | 14740 | Bremerton-Silverdale, WA |
| 11500 | Anniston-Oxford-Jacksonville, AL | 14860 | Bridgeport-Stamford-Norwalk, CT |
| 11540 | Appleton, WI | 15180 | Brownsville-Harlingen, TX |
| 11640 | Arecibo, PR | 15260 | Brunswick, GA |
| 11700 | Asheville, NC | 15380 | Buffalo-Cheektowaga-Niagara Falls, NY |
| 12020 | Athens-Clarke County, GA | 15500 | Burlington, NC |
| 12060 | Atlanta-Sandy Springs-Roswell, GA | 15540 | Burlington-South Burlington, VT |
| 12100 | Atlantic City-Hammonton, NJ | 15680 | California-Lexington Park, MD |
| 12220 | Auburn-Opelika, AL | 15764 | Cambridge-Newton-Framingham, MA |
| 12260 | Augusta-Richmond County, GA-SC | 15804 | Camden, NJ |
| 12420 | Austin-Round Rock, TX | 15940 | Canton-Massillon, OH |
| 12540 | Bakersfield, CA | 15980 | Cape Coral-Fort Myers, FL |
| 12580 | Baltimore-Columbia-Towson, MD | 16020 | Cape Girardeau, MO-IL |
| 12620 | Bangor, ME | 16060 | Carbondale-Marion, IL |
| 12700 | Barnstable Town, MA | 16180 | Carson City, NV |
| 12940 | Baton Rouge, LA | 16220 | Casper, WY |
| 12980 | Battle Creek, MI | 16300 | Cedar Rapids, IA |
| 13020 | Bay City, MI | 16540 | Chambersburg-Waynesboro, PA |
| 13140 | Beaumont-Port Arthur, TX | 16580 | Champaign-Urbana, IL |

ATTACHMENT G - MSA

| Value | Label | Value | Label |
|-------|--|-------|--|
| 16620 | Charleston, WV | 19500 | Decatur, IL |
| 16700 | Charleston-North Charleston, SC | 19660 | Deltona-Daytona Beach-Ormond Beach, FL |
| 16740 | Charlotte-Concord-Gastonia, NC-SC | 19740 | Denver-Aurora-Lakewood, CO |
| 16820 | Charlottesville, VA | 19780 | Des Moines-West Des Moines, IA |
| 16860 | Chattanooga, TN-GA | 19804 | Detroit-Dearborn-Livonia, MI |
| 16940 | Cheyenne, WY | 20020 | Dothan, AL |
| 16974 | Chicago-Naperville-Arlington Heights, IL | 20100 | Dover, DE |
| 17020 | Chico, CA | 20220 | Dubuque, IA |
| 17140 | Cincinnati, OH-KY-IN | 20260 | Duluth, MN-WI |
| 17300 | Clarksville, TN-KY | 20500 | Durham-Chapel Hill, NC |
| 17420 | Cleveland, TN | 20524 | Dutchess County-Putnam County, NY |
| 17460 | Cleveland-Elyria, OH | 20700 | East Stroudsburg, PA |
| 17660 | Coeur dAlene, ID | 20740 | Eau Claire, WI |
| 17780 | College Station-Bryan, TX | 20940 | El Centro, CA |
| 17820 | Colorado Springs, CO | 20994 | Elgin, IL |
| 17860 | Columbia, MO | 21060 | Elizabethtown-Fort Knox, KY |
| 17900 | Columbia, SC | 21140 | Elkhart-Goshen, IN |
| 17980 | Columbus, GA-AL | 21300 | Elmira, NY |
| 18020 | Columbus, IN | 21340 | El Paso, TX |
| 18140 | Columbus, OH | 21420 | Enid, OK |
| 18580 | Corpus Christi, TX | 21500 | Erie, PA |
| 18700 | Corvallis, OR | 21660 | Eugene, OR |
| 18880 | Crestview-Fort Walton Beach-Destin, FL | 21780 | Evansville, IN-KY |
| 19060 | Cumberland, MD-WV | 21820 | Fairbanks, AK |
| 19124 | Dallas-Plano-Irving, TX | 22020 | Fargo, ND-MN |
| 19140 | Dalton, GA | 22140 | Farmington, NM |
| 19180 | Danville, IL | 22180 | Fayetteville, NC |
| 19300 | Daphne-Fairhope-Foley, AL | 22220 | Fayetteville-Springdale-Rogers, AR-MO |
| 19340 | Davenport-Moline-Rock Island, IA-IL | 22380 | Flagstaff, AZ |
| 19380 | Dayton, OH | 22420 | Flint, MI |
| 19460 | Decatur, AL | 22500 | Florence, SC |

ATTACHMENT G - MSA

| Value | Label | Value | Label |
|-------|---|-------|--|
| 22520 | Florence-Muscle Shoals, AL | 25260 | Hanford-Corcoran, CA |
| 22540 | Fond du Lac, WI | 25420 | Harrisburg-Carlisle, PA |
| 22660 | Fort Collins, CO | 25500 | Harrisonburg, VA |
| 22744 | Fort Lauderdale-Pompano Beach-Deerfield Beach, FL | 25540 | Hartford-West Hartford-East Hartford, CT |
| 22900 | Fort Smith, AR-OK | 25620 | Hattiesburg, MS |
| 23060 | Fort Wayne, IN | 25860 | Hickory-Lenoir-Morganton, NC |
| 23104 | Fort Worth-Arlington, TX | 25940 | Hilton Head Island-Bluffton-Beaufort, SC |
| 23420 | Fresno, CA | 25980 | Hinesville-Fort Stewart, GA |
| 23460 | Gadsden, AL | 26140 | Homosassa Springs, FL |
| 23540 | Gainesville, FL | 26300 | Hot Springs, AR |
| 23580 | Gainesville, GA | 26380 | Houma-Thibodaux, LA |
| 23844 | Gary, IN | 26420 | Houston-The Woodlands-Sugar Land, TX |
| 23900 | Gettysburg, PA | 26580 | Huntington-Ashland, WV-KY-OH |
| 24020 | Glens Falls, NY | 26620 | Huntsville, AL |
| 24140 | Goldsboro, NC | 26820 | Idaho Falls, ID |
| 24220 | Grand Forks, ND-MN | 26900 | Indianapolis-Carmel-Anderson, IN |
| 24260 | Grand Island, NE | 26980 | Iowa City, IA |
| 24300 | Grand Junction, CO | 27060 | Ithaca, NY |
| 24340 | Grand Rapids-Wyoming, MI | 27100 | Jackson, MI |
| 24420 | Grants Pass, OR | 27140 | Jackson, MS |
| 24500 | Great Falls, MT | 27180 | Jackson, TN |
| 24540 | Greeley, CO | 27260 | Jacksonville, FL |
| 24580 | Green Bay, WI | 27340 | Jacksonville, NC |
| 24660 | Greensboro-High Point, NC | 27500 | Janesville-Beloit, WI |
| 24780 | Greenville, NC | 27620 | Jefferson City, MO |
| 24860 | Greenville-Anderson-Mauldin, SC | 27740 | Johnson City, TN |
| 25020 | Guayama, PR | 27780 | Johnstown, PA |
| 25060 | Gulfport-Biloxi-Pascagoula, MS | 27860 | Jonesboro, AR |
| 25180 | Hagerstown-Martinsburg, MD-WV | 27900 | Joplin, MO |
| 25220 | Hammond, LA | 27980 | Kahului-Wailuku-Lahaina, HI |

ATTACHMENT G - MSA

| Value | Label | Value | Label |
|-------|--|-------|---|
| 28020 | Kalamazoo-Portage, MI | 31020 | Longview, WA |
| 28100 | Kankakee, IL | 31084 | Los Angeles-Long Beach-Glendale, CA |
| 28140 | Kansas City, MO-KS | 31140 | Louisville/Jefferson County, KY-IN |
| 28420 | Kennewick-Richland, WA | 31180 | Lubbock, TX |
| 28660 | Killeen-Temple, TX | 31340 | Lynchburg, VA |
| 28700 | Kingsport-Bristol-Bristol, TN-VA | 31420 | Macon, GA |
| 28740 | Kingston, NY | 31460 | Madera, CA |
| 28940 | Knoxville, TN | 31540 | Madison, WI |
| 29020 | Kokomo, IN | 31700 | Manchester-Nashua, NH |
| 29100 | La Crosse-Onalaska, WI-MN | 31740 | Manhattan, KS |
| 29180 | Lafayette, LA | 31860 | Mankato-North Mankato, MN |
| 29200 | Lafayette-West Lafayette, IN | 31900 | Mansfield, OH |
| 29340 | Lake Charles, LA | 32420 | Mayaguez, PR |
| 29404 | Lake County-Kenosha County, IL-WI | 32580 | McAllen-Edinburg-Mission, TX |
| 29420 | Lake Havasu City-Kingman, AZ | 32780 | Medford, OR |
| 29460 | Lakeland-Winter Haven, FL | 32820 | Memphis, TN-MS-AR |
| 29540 | Lancaster, PA | 32900 | Merced, CA |
| 29620 | Lansing-East Lansing, MI | 33124 | Miami-Miami Beach-Kendall, FL |
| 29700 | Laredo, TX | 33140 | Michigan City-La Porte, IN |
| 29740 | Las Cruces, NM | 33220 | Midland, MI |
| 29820 | Las Vegas-Henderson-Paradise, NV | 33260 | Midland, TX |
| 29940 | Lawrence, KS | 33340 | Milwaukee-Waukesha-West Allis, WI |
| 30020 | Lawton, OK | 33460 | Minneapolis-St. Paul-Bloomington, MN-WI |
| 30140 | Lebanon, PA | 33540 | Missoula, MT |
| 30300 | Lewiston, ID-WA | 33660 | Mobile, AL |
| 30340 | Lewiston-Auburn, ME | 33700 | Modesto, CA |
| 30460 | Lexington-Fayette, KY | 33740 | Monroe, LA |
| 30620 | Lima, OH | 33780 | Monroe, MI |
| 30700 | Lincoln, NE | 33860 | Montgomery, AL |
| 30780 | Little Rock-North Little Rock-Conway, AR | 33874 | Montgomery County-Bucks County-Chester County, PA |
| 30860 | Logan, UT-ID | 34060 | Morgantown, WV |
| 30980 | Longview, TX | 34100 | Morristown, TN |

ATTACHMENT G - MSA

| Value | Label | Value | Label |
|-------|--|-------|--------------------------------------|
| 34580 | Mount Vernon-Anacortes, WA | 37340 | Palm Bay-Melbourne-Titusville, FL |
| 34620 | Muncie, IN | 37460 | Panama City, FL |
| 34740 | Muskegon, MI | 37620 | Parkersburg-Vienna, WV |
| 34820 | Myrtle Beach-Conway-North Myrtle Beach, SC-NC | 37860 | Pensacola-Ferry Pass-Brent, FL |
| 34900 | Napa, CA | 37900 | Peoria, IL |
| 34940 | Naples-Immokalee-Marco Island, FL | 37964 | Philadelphia, PA |
| 34980 | Nashville-Davidson--Murfreesboro--Franklin, TN | 38060 | Phoenix-Mesa-Scottsdale, AZ |
| 35004 | Nassau County-Suffolk County, NY | 38220 | Pine Bluff, AR |
| 35084 | Newark, NJ-PA | 38300 | Pittsburgh, PA |
| 35100 | New Bern, NC | 38340 | Pittsfield, MA |
| 35300 | New Haven-Milford, CT | 38540 | Pocatello, ID |
| 35380 | New Orleans-Metairie, LA | 38660 | Ponce, PR |
| 35614 | New York-Jersey City-White Plains, NY-NJ | 38860 | Portland-South Portland, ME |
| 35660 | Niles-Benton Harbor, MI | 38900 | Portland-Vancouver-Hillsboro, OR-WA |
| 35840 | North Port-Sarasota-Bradenton, FL | 38940 | Port St. Lucie, FL |
| 35980 | Norwich-New London, CT | 39140 | Prescott, AZ |
| 36084 | Oakland-Hayward-Berkeley, CA | 39300 | Providence-Warwick, RI-MA |
| 36100 | Ocala, FL | 39340 | Provo-Orem, UT |
| 36140 | Ocean City, NJ | 39380 | Pueblo, CO |
| 36220 | Odessa, TX | 39460 | Punta Gorda, FL |
| 36260 | Ogden-Clearfield, UT | 39540 | Racine, WI |
| 36420 | Oklahoma City, OK | 39580 | Raleigh, NC |
| 36500 | Olympia-Tumwater, WA | 39660 | Rapid City, SD |
| 36540 | Omaha-Council Bluffs, NE-IA | 39740 | Reading, PA |
| 36740 | Orlando-Kissimmee-Sanford, FL | 39820 | Redding, CA |
| 36780 | Oshkosh-Neenah, WI | 39900 | Reno, NV |
| 36980 | Owensboro, KY | 40060 | Richmond, VA |
| 37100 | Oxnard-Thousand Oaks-Ventura, CA | 40140 | Riverside-San Bernardino-Ontario, CA |

ATTACHMENT G - MSA

| Value | Label | Value | Label |
|-------|--|-------|---------------------------------------|
| 40220 | Roanoke, VA | 42220 | Santa Rosa, CA |
| 40340 | Rochester, MN | 42340 | Savannah, GA |
| 40380 | Rochester, NY | 42540 | Scranton--Wilkes-Barre--Hazleton, PA |
| 40420 | Rockford, IL | 42644 | Seattle-Bellevue-Everett, WA |
| 40484 | Rockingham County--Strafford County, NH | 42680 | Sebastian-Vero Beach, FL |
| 40580 | Rocky Mount, NC | 42700 | Sebring, FL |
| 40660 | Rome, GA | 43100 | Sheboygan, WI |
| 40900 | Sacramento--Roseville--Arden-Arcade, CA | 43300 | Sherman-Denison, TX |
| 40980 | Saginaw, MI | 43340 | Shreveport-Bossier City, LA |
| 41060 | St. Cloud, MN | 43420 | Sierra Vista-Douglas, AZ |
| 41100 | St. George, UT | 43524 | Silver Spring-Frederick-Rockville, MD |
| 41140 | St. Joseph, MO-KS | 43580 | Sioux City, IA-NE-SD |
| 41180 | St. Louis, MO-IL | 43620 | Sioux Falls, SD |
| 41420 | Salem, OR | 43780 | South Bend-Mishawaka, IN-MI |
| 41500 | Salinas, CA | 43900 | Spartanburg, SC |
| 41540 | Salisbury, MD-DE | 44060 | Spokane-Spokane Valley, WA |
| 41620 | Salt Lake City, UT | 44100 | Springfield, IL |
| 41660 | San Angelo, TX | 44140 | Springfield, MA |
| 41700 | San Antonio-New Braunfels, TX | 44180 | Springfield, MO |
| 41740 | San Diego-Carlsbad, CA | 44220 | Springfield, OH |
| 41884 | San Francisco-Redwood City-South San Francisco, CA | 44300 | State College, PA |
| 41900 | San German, PR | 44420 | Staunton-Waynesboro, VA |
| 41940 | San Jose-Sunnyvale-Santa Clara, CA | 44700 | Stockton-Lodi, CA |
| 41980 | San Juan-Carolina-Caguas, PR | 44940 | Sumter, SC |
| 42020 | San Luis Obispo-Paso Robles-Arroyo Grande, CA | 45060 | Syracuse, NY |
| 42034 | San Rafael, CA | 45104 | Tacoma-Lakewood, WA |
| 42100 | Santa Cruz-Watsonville, CA | 45220 | Tallahassee, FL |
| 42140 | Santa Fe, NM | 45300 | Tampa-St. Petersburg-Clearwater, FL |
| 42200 | Santa Maria-Santa Barbara, CA | 45460 | Terre Haute, IN |

ATTACHMENT G - MSA

| Value | Label | Value | Label |
|-------|--|-------|--|
| 45500 | Texarkana, TX-AR | 47894 | Washington-Arlington-Alexandria, DC-VA-MD-WV |
| 45540 | The Villages, FL | 47940 | Waterloo-Cedar Falls, IA |
| 45780 | Toledo, OH | 48060 | Watertown-Fort Drum, NY |
| 45820 | Topeka, KS | 48140 | Wausau, WI |
| 45940 | Trenton, NJ | 48260 | Weirton-Steubenville, WV-OH |
| 46060 | Tucson, AZ | 48300 | Wenatchee, WA |
| 46140 | Tulsa, OK | 48424 | West Palm Beach-Boca Raton-Delray Beach, FL |
| 46220 | Tuscaloosa, AL | 48540 | Wheeling, WV-OH |
| 46340 | Tyler, TX | 48620 | Wichita, KS |
| 46520 | Urban Honolulu, HI | 48660 | Wichita Falls, TX |
| 46540 | Utica-Rome, NY | 48700 | Williamsport, PA |
| 46660 | Valdosta, GA | 48864 | Wilmington, DE-MD-NJ |
| 46700 | Vallejo-Fairfield, CA | 48900 | Wilmington, NC |
| 47020 | Victoria, TX | 49020 | Winchester, VA-WV |
| 47220 | Vineland-Bridgeton, NJ | 49180 | Winston-Salem, NC |
| 47260 | Virginia Beach-Norfolk-Newport News, VA-NC | 49340 | Worcester, MA-CT |
| 47300 | Visalia-Porterville, CA | 49420 | Yakima, WA |
| 47380 | Waco, TX | 49620 | York-Hanover, PA |
| 47460 | Walla Walla, WA | 49660 | Youngstown-Warren-Boardman, OH-PA |
| 47580 | Warner Robins, GA | 49700 | Yuba City, CA |
| 47664 | Warren-Troy-Farmington Hills, MI | 49740 | Yuma, AZ |

ATTACHMENT G - PROCGRP

| Value | Label | Value | Label | Value | Label |
|-------|---------------------------------------|-------|-------------------------------------|-------|--|
| 1 | Incision & drainage of cyst | 52 | Transurethral surgery | 116 | Facility visits |
| 2 | Acne surgery | 54 | Other minor urinary procedures | 120 | Outpatient consults |
| 3 | Nail debridement/avulsion | 55 | Other major urinary procedures | 121 | Inpatient consults |
| 4 | Skin lesion injection | 58 | Minor male genital procedures | 122 | Other consults, location unspecified |
| 5 | Destruction, facial lesion | 59 | Major male genital procedures | 124 | Psychiatric diagnostic services |
| 6 | Destruction, non-facial lesion | 61 | Colposcopy | 127 | Specialty drugs other than chemotherapy |
| 7 | Destruction of warts | 62 | Dilation & curettage | 128 | Unlisted general med service |
| 8 | Excision of breast tissue | 63 | Laparoscopy, hysteroscopy | 129 | Other medical services |
| 9 | Other minor skin & breast surgery | 64 | Minor female genital procedures | 130 | Injections: immunizations |
| 10 | Arthrocentesis, sm/med joint | 65 | Major female genital procedures | 131 | Injections: therapeutic/IV |
| 11 | Arthrocentesis, large joint | 66 | Decompression, carpal tunnel | 132 | Other injections/noninjectables |
| 12 | Other major skin surgery | 68 | Minor endocrine system procedures | 133 | Other preventive medical services |
| 13 | Other major breast surgery | 69 | Major endocrine system procedures | 135 | Psychotherapy, individual |
| 14 | Other major musculoskeletal surgery | 74 | Minor nervous system procedures | 136 | Psychotherapy, family |
| 15 | Other minor musculoskeletal surgery | 75 | Major nervous system procedures | 137 | Psychotherapy, group |
| 16 | Bronchoscopy | 76 | Cataract removal | 138 | Psych advice, non-patient |
| 17 | Laryngoscopy | 84 | Other minor eye/ocular procedures | 139 | Therapeutic psychiatric services |
| 19 | Other minor respiratory procedures | 85 | Other major eye/ocular procedures | 140 | Dialysis |
| 20 | Other major respiratory procedures | 94 | Other minor ear/auditory procedures | 143 | Gastroenterology services (non-surgical) |
| 31 | Venipuncture (draw blood) | 95 | Other major ear/auditory procedures | 144 | General eye exams |
| 38 | Other minor cardiovascular procedures | 98 | Other minor surgery procedures | 145 | General ophthalmology services |
| 39 | Other major cardiovascular procedures | 99 | Other major surgery procedures | 147 | Ophthalmic diagnostic services |
| 44 | Minor hemic & lymphatic procedures | 101 | Office visits, new patient | 148 | ENT diagnostic services |
| 45 | Major hemic & lymphatic procedures | 104 | Office visits, established patient | 149 | Speech/hearing therapy |
| 46 | Upper GI endoscopy | 109 | Office visits, other | 150 | Other ENT services (non-surgical) |
| 47 | Repair of inguinal hernia | 110 | Office visits, emergency | 155 | EKG |
| 48 | Colonoscopy | 111 | Emergency department visits | 156 | EKG stress test |
| 49 | Other major digestive procedures | 113 | Physician telephone/online visits | 157 | EKG monitoring |
| 50 | Other minor digestive procedures | 114 | ER visits, other | 158 | PTCA- percutaneous angioplasty |
| 51 | Cystourethroscopy | 115 | Preventive care visits | 160 | Echocardiogram |

ATTACHMENT G - PROCGRP

| Value | Label | Value | Label | Value | Label |
|-------|--|-------|--------------------------------|-------|-----------------------------------|
| 161 | Cardiac catheterization | 201 | X-ray, head & neck | 299 | Other radiology procedure |
| 162 | Dx radiology, other vascular | 202 | X-ray, chest | 301 | Blood chemistry tests, automated |
| 163 | Other cardiovascular procedures | 204 | X-ray, spine/pelvis | 302 | Blood chemistry, Rx monitor |
| 165 | Non-invasive peripheral vascular studies | 205 | X-ray, GI tract | 303 | Lab tests, organ/disease panel |
| 166 | Spirometry | 206 | X-ray, abdomen | 304 | Clinical path, consultation |
| 167 | Bronchospasm evaluation | 207 | X-ray, OB/Gyn | 306 | Routine urinalysis |
| 168 | Pulmonary function tests | 208 | X-ray, extremities | 307 | Other urinalysis |
| 169 | Other non-surgical pulmonary services | 210 | CT scan, head & neck | 311 | Thyroid function tests (RIA) |
| 170 | Respiratory therapy | 211 | CT scan, chest | 312 | Thyroid function tests (non-RIA) |
| 171 | Allergy testing | 212 | CT scan, spine | 313 | Other radioimmunoassays (RIA) |
| 172 | Allergy therapy | 213 | CT scan, abdomen/pelvis | 319 | Other chemistry tests |
| 175 | Nerve conduction tests/EMG | 214 | CT scan, extremities | 320 | Other toxicology tests |
| 176 | Unlisted neurol Dx procedures | 215 | PET scan | 331 | Blood count, automated |
| 177 | Other neurology dx services | 216 | Magnetic resonance (NMR/MRI) | 332 | Blood count, manual |
| 180 | Chemotherapy | 220 | Myelograms/discograms | 334 | Blood test: sedimentation rate |
| 181 | Physical medicine: hot/cold packs | 221 | Cholecystograms/cholangiograms | 335 | Blood count: platelet |
| 182 | Physical medicine: elec stimulation | 222 | Cholecysto/cholangiogram, inv | 336 | Blood test: Hgb/Hct |
| 183 | Physical medicine: other modes | 223 | Mammograms | 338 | Blood test: prothrombin time |
| 184 | Physical medicine: ultrasound | 225 | Aortograms | 339 | Other hematology tests |
| 185 | Physical medicine: manipulation | 226 | Angiograms | 349 | Immunology tests |
| 186 | Physical medicine: other procedures | 227 | Lymphangiograms | 361 | Definitive bacterial culture |
| 187 | Physical medicine: testing | 228 | Venograms | 362 | Antibiotic sensitivity studies |
| 189 | Physical medicine: unlisted/other | 229 | Dx radiology, misc/other | 363 | Bacterial culture, urine |
| 190 | Case management services | 241 | Dx ultrasound, abdominal | 364 | Bacterial culture, screening |
| 191 | Spinal manipulation, chiro | 242 | Dx ultrasound, pregnancy | 369 | Other microbiology tests |
| 195 | Chiropractic services | 243 | Echocardiogram | 371 | Pap smear |
| 197 | Specimen handling | 249 | Dx ultrasound, other | 372 | Surgical pathology |
| 198 | Medical supplies and devices | 269 | Therapeutic radiology | 378 | Molecular pathology |
| 199 | Other medicine procedures | 279 | Nuclear medicine, diagnostic | 379 | Other anatomic pathology services |
| 200 | Durable medical equipment | 289 | Nuclear medicine, therapeutic | 389 | Miscellaneous pathology tests |

ATTACHMENT G - PROCGRP

| Value | Label | Value | Label | Value | Label |
|-------|--------------------------------------|-------|---------------------------------|-------|----------------------------|
| 399 | Other lab & path procedures | 478 | Home health PT/OT/ST | 493 | Dental: orthodontics |
| 440 | Cesarean section deliveries | 480 | Other home health services | 494 | Dental: other |
| 445 | Vaginal deliveries | 485 | Transportation services | 498 | Performance tracking codes |
| 449 | Major maternity procs & related care | 490 | Dental: diagnostic & preventive | 499 | Unmapped codes |
| 450 | Other maternity procs & related care | 491 | Dental: basic restorative | - | - |
| 470 | Anesthesia services | 492 | Dental: major restorative | - | - |

ATTACHMENT H - REVCODE

| Value | Label | Value | Label |
|-------|---|-------|--|
| 0001 | Total charge | 0139 | Semi-private 3 and 4 beds-other |
| 0022 | SNF claim paid under PPS submitted as TOB 21X | 0140 | Private (deluxe)-general classification |
| 0023 | Home Health PPS (HRG) | 0141 | Private (deluxe)-medical/surgical/GYN |
| 0024 | Rehab Facility PPS (CMG) | 0142 | Private (deluxe)-OB |
| 0100 | All inclusive rate-room and board plus ancillary | 0143 | Private (deluxe)-pediatric |
| 0101 | All inclusive rate-room and board | 0144 | Private (deluxe)-psychiatric |
| 0110 | Private medical or general-general classification | 0145 | Private (deluxe)-hospice |
| 0111 | Private medical or general-medical/surgical/GYN | 0146 | Private (deluxe)-detoxification |
| 0112 | Private medical or general-OB | 0147 | Private (deluxe)-oncology |
| 0113 | Private medical or general-pediatric | 0148 | Private (deluxe)-rehabilitation |
| 0114 | Private medical or general-psychiatric | 0149 | Private (deluxe)-other |
| 0115 | Private medical or general-hospice | 0150 | Room-Board ward (med-genrl)-general classification |
| 0116 | Private medical or general-detoxification | 0151 | Room-Board ward (med-genrl)-medical/surgical/GYN |
| 0117 | Private medical or general-oncology | 0152 | Room-Board ward (med-genrl)-OB |
| 0118 | Private medical or general-rehabilitation | 0153 | Room-Board ward (med-genrl)-pediatric |
| 0119 | Private medical or general-other | 0154 | Room-Board ward (med-genrl)-psychiatric |
| 0120 | Semi-private 2 bed (med-genrl)-general classification | 0155 | Room-Board ward (med-genrl)-hospice |
| 0121 | Semi-private 2 bed (med-genrl)-medical/surgical/GYN | 0156 | Room-Board ward (med-genrl)-detoxification |
| 0122 | Semi-private 2 bed (med-genrl)-OB | 0157 | Room-Board ward (med-genrl)-oncology |
| 0123 | Semi-private 2 bed (med-genrl)-pediatric | 0158 | Room-Board ward (med-genrl)-rehabilitation |
| 0124 | Semi-private 2 bed (med-genrl)-psychiatric | 0159 | Room-Board ward (med-genrl)-other |
| 0125 | Semi-private 2 bed (med-genrl)-hospice | 0160 | Other Room-Board-general classification |
| 0126 | Semi-private 2 bed (med-genrl)-detoxification | 0161 | Other Room and Board/SNF (Medicaid) |
| 0127 | Semi-private 2 bed (med-genrl)-oncology | 0162 | Other Room and Board/ICF (Medicaid) |
| 0128 | Semi-private 2 bed (med-genrl)-rehabilitation | 0164 | Other Room-Board-sterile environment |
| 0129 | Semi-private 2 bed (med-genrl)-other | 0166 | Room and Board/Admin Days |
| 0130 | Semi-private 3 and 4 beds-general classification | 0167 | Other Room-Board-self care |
| 0131 | Semi-private 3 and 4 beds-medical/surgical/GYN | 0168 | Room and Board/Chem Using Preg Women |
| 0132 | Semi-private 3 and 4 beds-OB | 0169 | Other Room-Board-other |
| 0133 | Semi-private 3 and 4 beds-pediatric | 0170 | Nursery-general classification |
| 0134 | Semi-private 3 and 4 beds-psychiatric | 0171 | Nursery-newborn level I (routine) |
| 0135 | Semi-private 3 and 4 beds-hospice | 0172 | Nursery-premature newborn-level II (continuing care) |
| 0136 | Semi-private 3 and 4 beds-detoxification | 0173 | Nursery-newborn-level III (intermediate care) |
| 0137 | Semi-private 3 and 4 beds-oncology | 0174 | Nursery-newborn-level IV (intensive care) |
| 0138 | Semi-private 3 and 4 beds-rehabilitation | 0175 | Nursery-neonatal ICU |

ATTACHMENT H - REVCODE

| Value | Label | Value | Label |
|-------|---|-------|--|
| 0179 | Nursery-other | 0229 | Special charges-other special charges |
| 0180 | Leave of absence-general classification | 0230 | Incremental nursing charge rate-general classification |
| 0182 | Leave of absence-patient convenience charges billable | 0231 | Incremental nursing charge rate-nursery |
| 0183 | Leave of absence-therapeutic leave | 0232 | Incremental nursing charge rate-OB |
| 0184 | Leave of absence-ICF mentally retarded-any reason | 0233 | Incremental nursing charge rate-ICU |
| 0185 | Leave of absence-nursing home (hospitalization) | 0234 | Incremental nursing charge rate-CCU |
| 0189 | Leave of absence-other leave of absence | 0235 | Incremental nursing charge rate-hospice |
| 0190 | Subacute care - general classification | 0239 | Incremental nursing charge rate-other |
| 0191 | Subacute care - level I | 0240 | All inclusive ancillary-general classification |
| 0192 | Subacute care - level II | 0241 | All Inclusive Basic |
| 0193 | Subacute care - level III | 0242 | All Inclusive Comprehensive |
| 0194 | Subacute care - level IV | 0243 | All Inclusive Specialty |
| 0199 | Subacute care - other | 0249 | All inclusive ancillary-other inclusive ancillary |
| 0200 | Intensive care-general classification | 0250 | Pharmacy-general classification |
| 0201 | Intensive care-surgical | 0251 | Pharmacy-generic drugs |
| 0202 | Intensive care-medical | 0252 | Pharmacy-nongeneric drugs |
| 0203 | Intensive care-pediatric | 0253 | Pharmacy-take home drugs |
| 0204 | Intensive care-psychiatric | 0254 | Pharmacy-drugs incident to other diagnostic service |
| 0206 | Intensive care-post ICU or intermediate ICU | 0255 | Pharmacy-drugs incident to radiology |
| 0207 | Intensive care-burn care | 0256 | Pharmacy-experimental drugs |
| 0208 | Intensive care-trauma | 0257 | Pharmacy-non-prescription |
| 0209 | Intensive care-other intensive care | 0258 | Pharmacy-IV solutions |
| 0210 | Coronary care-general classification | 0259 | Pharmacy-other pharmacy |
| 0211 | Coronary care-myocardial infraction | 0260 | IV therapy-general classification |
| 0212 | Coronary care-pulmonary care | 0261 | IV therapy-infusion pump |
| 0213 | Coronary care-heart transplant | 0262 | IV therapy-pharmacy services |
| 0214 | Coronary care-post CCU or intermediate CCU | 0263 | IV therapy-drug supply/delivery |
| 0219 | Coronary care-other coronary care | 0264 | IV therapy-supplies |
| 0220 | Special charges-general classification | 0269 | IV therapy-other IV therapy |
| 0221 | Special charges-admission charge | 0270 | Medical/surgical supplies-general classification |
| 0222 | Special charges-technical support charge | 0271 | Medical/surgical supplies-nonsterile supply |
| 0223 | Special charges-UR service charge | 0272 | Medical/surgical supplies-sterile supply |
| 0224 | Special charges-late discharge, medically necessary | 0273 | Medical/surgical supplies-take home supplies |

ATTACHMENT H - REVCODE

| Value | Label | Value | Label |
|-------|---|-------|---|
| 0274 | Medical/surgical supplies-prosthetic/orthotic dev | 0329 | Radiology diagnostic-other |
| 0275 | Medical/surgical supplies-pace maker | 0330 | Radiology therapeutic-general classification |
| 0276 | Medical/surgical supplies-intraocular lens | 0331 | Radiology therapeutic-chemotherapy injected |
| 0277 | Medical/surgical supplies-oxygen-take home | 0332 | Radiology therapeutic-chemotherapy oral |
| 0278 | Medical/surgical supplies-other implants | 0333 | Radiology therapeutic-radiation therapy |
| 0279 | Medical/surgical supplies-other devices | 0335 | Radiology therapeutic-chemotherapy IV |
| 0280 | Oncology-general classification | 0339 | Radiology therapeutic-other |
| 0289 | Oncology-other oncology | 0340 | Nuclear medicine-general classification |
| 0290 | DME (other than renal)-general classification | 0341 | Nuclear medicine-diagnostic |
| 0291 | DME (other than renal)-rental | 0342 | Nuclear medicine-therapeutic |
| 0292 | DME (other than renal)-purchase of new DME | 0343 | Nuclear Med/Diagnostic Radiopharmaceuticals |
| 0293 | DME (other than renal)-purchase of used DME | 0344 | Nuclear Med/Therapeutic Radiopharmaceuticals |
| 0294 | DME (other than renal)-related to and listed as DME | 0349 | Nuclear medicine-other |
| 0299 | DME (other than renal)-other | 0350 | Computed tomographic (CT) scan-general classification |
| 0300 | Laboratory-general classification | 0351 | CT scan-head scan |
| 0301 | Laboratory-chemistry | 0352 | CT scan-body scan |
| 0302 | Laboratory-immunology | 0359 | CT scan-other CT scans |
| 0303 | Laboratory-renal patient (home) | 0360 | Operating room services-general classification |
| 0304 | Laboratory-non-routine dialysis | 0361 | Operating room services-minor surgery |
| 0305 | Laboratory-hematology | 0362 | Operating room services-organ transplant |
| 0306 | Laboratory-bacteriology & microbiology | 0367 | Operating room services-kidney transplant |
| 0307 | Laboratory-urology | 0369 | Operating room services-other operating room svcs |
| 0309 | Laboratory-other laboratory | 0370 | Anesthesia-general classification |
| 0310 | Laboratory pathological-general classification | 0371 | Anesthesia-incident to RAD and subject to pay limit |
| 0311 | Laboratory pathological-cytology | 0372 | Anesthesia-incident to other diagnostic service |
| 0312 | Laboratory pathological-histology | 0374 | Anesthesia-acupuncture |
| 0314 | Laboratory pathological-biopsy | 0379 | Anesthesia-other anesthesia |
| 0319 | Laboratory pathological-other | 0380 | Blood-general classification |
| 0320 | Radiology diagnostic-general classification | 0381 | Blood-packed red cells |
| 0321 | Radiology diagnostic-angiocardiography | 0382 | Blood-whole blood |
| 0322 | Radiology diagnostic-arthrography | 0383 | Blood-plasma |
| 0323 | Radiology diagnostic-arteriography | 0384 | Blood-platelets |
| 0324 | Radiology diagnostic-chest X-ray | 0385 | Blood-leukocytes |

ATTACHMENT H - REVCODE

| Value | Label | Value | Label |
|-------|---|-------|--|
| 0386 | Blood-other components | 0444 | Speech language pathology-evaluation/re-eval |
| 0387 | Blood-other derivatives (cryoprecipitates) | 0449 | Speech language pathology-other |
| 0389 | Blood-other blood | 0450 | Emergency room-general classification |
| 0390 | Blood storage and processing-general classification | 0451 | Emergency room-emptala emergency medical screening |
| 0391 | Blood storage and processing-blood administration | 0452 | Emergency room-ER beyond emtala screening |
| 0392 | Blood storage | 0456 | Emergency room-urgent care |
| 0399 | Blood storage and processing-other | 0459 | Emergency room-other |
| 0400 | Other imaging services-general classification | 0460 | Pulmonary function-general classification |
| 0401 | Other imaging services-diagnostic mammography | 0469 | Pulmonary function-other |
| 0402 | Other imaging services-ultrasound | 0470 | Audiology-general classification |
| 0403 | Other imaging services-screening mammography | 0471 | Audiology-diagnostic |
| 0404 | Other imaging services-positron emission tomography | 0472 | Audiology-treatment |
| 0409 | Other imaging services-other | 0479 | Audiology-other |
| 0410 | Respiratory services-general classification | 0480 | Cardiology-general classification |
| 0412 | Respiratory services-inhalation services | 0481 | Cardiology-cardiac cath lab |
| 0413 | Respiratory services-hyperbaric oxygen therapy | 0482 | Cardiology-stress test |
| 0419 | Respiratory services-other | 0483 | Echocardiology |
| 0420 | Physical therapy-general classification | 0489 | Cardiology-other |
| 0421 | Physical therapy-visit charge | 0490 | Ambulatory surgical care-general classification |
| 0422 | Physical therapy-hourly charge | 0499 | Ambulatory surgical care-other |
| 0423 | Physical therapy-group rate | 0500 | Outpatient services-general classification |
| 0424 | Physical therapy-evaluation or re-evaluation | 0509 | Outpatient services-other |
| 0429 | Physical therapy-other | 0510 | Clinic-general classification |
| 0430 | Occupational therapy-general classification | 0511 | Clinic-chronic pain center |
| 0431 | Occupational therapy-visit charge | 0512 | Clinic-dental center |
| 0432 | Occupational therapy-hourly charge | 0513 | Clinic-psychiatric |
| 0433 | Occupational therapy-group rate | 0514 | Clinic-OB-GYN |
| 0434 | Occupational therapy-evaluation or re-evaluation | 0515 | Clinic-pediatric |
| 0439 | Occupational therapy-other | 0516 | Clinic-urgent care clinic |
| 0440 | Speech language pathology-general classification | 0517 | Clinic-family practice clinic |
| 0441 | Speech language pathology-visit charge | 0519 | Clinic-other |
| 0442 | Speech language pathology-hourly charge | 0520 | Free-standing clinic-general classification |
| 0443 | Speech language pathology-group rate | 0521 | Free-standing clinic-rural health clinic |

ATTACHMENT H - REVCODE

| Value | Label | Value | Label |
|-------|--|-------|--|
| 0522 | Free-standing clinic-rural health home | 0580 | Other visits (home health)-general classification |
| 0523 | Free-standing clinic-family practice | 0581 | Other visits (home health)-visit charge |
| 0524 | RHC/FQHC SNF Covered | 0582 | Other visits (home health)-hourly charge |
| 0525 | RHC/FQHC SNF NonCovered | 0583 | Dietician/Home Health |
| 0526 | Free-standing clinic-urgent care | 0589 | Other visits (home health)-other |
| 0527 | RHC/FQHC Home Visiting Nurse | 0590 | Units of service (home health)-general classification |
| 0528 | RHC/FQHC Other Site | 0599 | Units of service (home health)-other |
| 0529 | Free-standing clinic-other | 0600 | Oxygen-general classification |
| 0530 | Osteopathic services-general classification | 0601 | Oxygen-stat or port equip/supply or count |
| 0531 | Osteopathic services-osteopathic therapy | 0602 | Oxygen-stat/equip/under 1 LPM |
| 0539 | Osteopathic services-other | 0603 | Oxygen-stat/equip/over 4 LPM |
| 0540 | Ambulance-general classification | 0604 | Oxygen-stat/equip/portable add-on |
| 0541 | Ambulance-supplies | 0609 | Oxygen/Other |
| 0542 | Ambulance-medical transport | 0610 | Magnetic resonance imaging (MRI)-general classification |
| 0543 | Ambulance-heart mobile | 0611 | MRI-brain (including brainstem) |
| 0544 | Ambulance-oxygen | 0612 | MRI-spinal cord (including spine) |
| 0545 | Ambulance-air ambulance | 0614 | MRI Other |
| 0546 | Ambulance-neo-natal ambulance | 0615 | MRA Head and Neck |
| 0547 | Ambulance-pharmacy | 0616 | MRA Lower Extremities |
| 0548 | Ambulance-telephone transmission EKG | 0618 | MRA Other |
| 0549 | Ambulance-other | 0619 | MRI-other |
| 0550 | Skilled nursing-general classification | 0621 | Medical/surgical supplies-incident to radiology |
| 0551 | Skilled nursing-visit charge | 0622 | Medical/surgical supplies-incident to other diag svc |
| 0552 | Skilled nursing-hourly charge | 0623 | Medical/surgical supplies-surgical dressings |
| 0559 | Skilled nursing-other | 0624 | Medical/surgical supplies-medical investigational dev/PX |
| 0560 | Medical social services-general classification | 0630 | Drugs req specific identification-general classification |
| 0561 | Medical social services-visit charge | 0631 | Drugs req specific identification-single drug srce |
| 0562 | Medical social services-hourly charges | 0632 | Drugs req specific identification-multiple drug srce |
| 0569 | Medical social services-other | 0633 | Drugs req specific identification-restrictive RX |
| 0570 | Home health aid (home health)-general classification | 0634 | Drugs req specific identification-EPO < 10,000 units |
| 0571 | Home health aid (home health)-visit charge | 0635 | Drugs req specific identification-EPO >= 10,000 units |
| 0572 | Home health aid (home health)-hourly charge | 0636 | Drugs req specific identification-detailed coding |
| 0579 | Home health aid (home health)-other | 0637 | Self-administered drugs in emergency situation |

ATTACHMENT H - REVCODE

| Value | Label | Value | Label |
|-------|--|-------|--|
| 0640 | Home IV therapy-general classification | 0689 | Other Trauma Response |
| 0641 | Home IV therapy-nonroutine nursing | 0700 | Cast room-general classification |
| 0642 | Home IV therapy-IV site care, central line | 0709 | Cast room-other |
| 0643 | Home IV therapy-IV start/change peripheral line | 0710 | Recovery room-general classification |
| 0644 | Home IV therapy-nonroutine nursing, peripheral line | 0719 | Recovery room-other |
| 0645 | Home IV therapy-train patient/caregiver, central | 0720 | Labor room/delivery-general classification |
| 0646 | Home IV therapy-train disabled patient, central | 0721 | Labor room/delivery-labor |
| 0647 | Home IV therapy-train patient/caregiver, peripheral | 0722 | Labor room/delivery-delivery |
| 0648 | Home IV therapy-train disabled patient, peripheral | 0723 | Labor room/delivery-circumcision |
| 0649 | Home IV therapy-other IV therapy services | 0724 | Labor room/delivery-birthing center |
| 0650 | Hospice services-general classification | 0729 | Labor room/delivery-other |
| 0651 | Hospice services-routine home care | 0730 | EKG/ECG-general classification |
| 0652 | Hospice services-continuous home care-1/2 | 0731 | EKG/ECG-Holter monitor |
| 0653 | Hospice/Cont Home Care >= 16 hrs but, < 20 hrs | 0732 | EKG/ECG-telemetry |
| 0654 | Hospice Svcs/Continuous Home Care >= 20 hrs | 0739 | EKG/ECG-other |
| 0655 | Hospice services-inpatient care | 0740 | EEG-general classification |
| 0656 | Hospice services-general inpatient care | 0749 | EEG (electroencephalogram)-other |
| 0657 | Hospice services-physician services | 0750 | Gastro-intestinal services-general classification |
| 0658 | Hospice/R & B/Nursing Facility | 0759 | Gastro-intestinal services-other |
| 0659 | Hospice services-other | 0760 | Treatment or observation room-general classification |
| 0660 | Respite care (HHA)-general classification | 0761 | Treatment or observation room-treatment room |
| 0661 | Respite care (HHA)-hourly charge/skilled nursing | 0762 | Treatment or observation room-observation room |
| 0662 | Respite care (HHA)-hourly charge/home health aide | 0769 | Treatment or observation room-other |
| 0663 | Respite Daily | 0770 | Preventative care services-general classification |
| 0669 | Other Respite Care | 0771 | Preventative care services-vaccine administration |
| 0670 | OP special residence charges - general classification | 0779 | Preventative care services-other |
| 0671 | OP special residence charges - hospital based | 0780 | Telemedicine - general classification |
| 0672 | OP special residence charges - contracted | 0789 | Telemedicine - telemedicine |
| 0679 | OP special residence charges - oth special residence chg | 0790 | Lithotripsy-general classification |
| 0681 | Trauma Level I | 0799 | Lithotripsy-other |
| 0682 | Trauma Level II | 0800 | Inpatient renal dialysis-general classification |
| 0683 | Trauma Level III | 0801 | Inpatient renal dialysis-inpatient hemodialysis |
| 0684 | Trauma Level IV | 0802 | Inpatient renal dialysis-inpatient peritoneal (non-CAPD) |

ATTACHMENT H - REVCODE

| Value | Label | Value | Label |
|-------|--|-------|---|
| 0803 | Inpatient renal dialysis-inpatient CAPD | 0850 | CCPD outpatient-general classification |
| 0804 | Inpatient renal dialysis-inpatient CCPD | 0851 | CCPD outpatient-CCPD/composite or other rate |
| 0809 | Inpatient renal dialysis-other inpatient dialysis | 0852 | CCPD outpatient-home supplies |
| 0810 | Organ acquisition-general classification | 0853 | CCPD outpatient-home equipment |
| 0811 | Organ acquisition-living donor | 0854 | CCPD outpatient-maintenance/100% |
| 0812 | Organ acquisition-cadaver donor | 0855 | CCPD outpatient-support services |
| 0813 | Organ acquisition-unknown donor | 0859 | CCPD outpatient-other |
| 0814 | Organ acquisition - unsuccessful organ search | 0860 | Magnetoencephalography (MEG) General |
| 0815 | Organ acquisition-cadaver donor-heart | 0861 | Magnetoencephalography (MEG) |
| 0816 | Organ acquisition-other heart acquisition | 0880 | Miscellaneous dialysis-general classification |
| 0817 | Organ acquisition-donor-liver | 0881 | Miscellaneous dialysis-ultrafiltration |
| 0819 | Organ acquisition-other donor | 0882 | Miscellaneous dialysis-home dialysis aide visit |
| 0820 | Hemodialysis OP or home dialysis-general classification | 0889 | Miscellaneous dialysis-other |
| 0821 | Hemodialysis OP or home dialysis-hemodialysis comp/other | 0890 | Reserved for national assignment |
| 0822 | Hemodialysis OP or home dialysis-home supplies | 0891 | Reserved for national assignment |
| 0823 | Hemodialysis OP or home dialysis-home equipment | 0892 | Reserved for national assignment |
| 0824 | Hemodialysis OP or home dialysis-maintenance/100% | 0893 | Reserved for national assignment |
| 0825 | Hemodialysis OP or home dialysis-support services | 0899 | Reserved for national assignment |
| 0829 | Hemodialysis OP or home dialysis-other | 0900 | Psychiatric/psychological treatments-general class |
| 0830 | Peritoneal dialysis OP or home-general classification | 0901 | Psychiatric/psychological treatments-electroshock treat |
| 0831 | Peritoneal dialysis OP or home-peritoneal comp/other | 0902 | Psychiatric/psychological treatments-milieu therapy |
| 0832 | Peritoneal dialysis OP or home-home supplies | 0903 | Psychiatric/psychological treatments-play therapy |
| 0833 | Peritoneal dialysis OP or home-home equipment | 0904 | Psychiatric/psychological treatments-activity therapy |
| 0834 | Peritoneal dialysis OP or home-maintenance/100% | 0905 | Intensive Outpt Services - Psych |
| 0835 | Peritoneal dialysis OP or home-support services | 0906 | Intensive Outpt Services - Chem Dep |
| 0839 | Peritoneal dialysis OP or home-other | 0907 | Community Behavioral Health Program |
| 0840 | CAPD outpatient-general classification | 0909 | Psychiatric/psychological treatments-other |
| 0841 | CAPD outpatient-CAPD/composite or other rate | 0910 | Psychiatric/psychological services-general classification |
| 0842 | CAPD outpatient-home supplies | 0911 | Psychiatric/psychological svcs-rehabilitation |
| 0843 | CAPD outpatient-home equipment | 0912 | Psychiatric/psychological svcs-day care or less intense |
| 0844 | CAPD outpatient-maintenance/100% | 0913 | Psychiatric/psychological svcs-night care or intense |
| 0845 | CAPD outpatient-support services | 0914 | Psychiatric/psychological svcs-individual therapy |
| 0849 | CAPD outpatient-other | 0915 | Psychiatric/psychological svcs-group therapy |

ATTACHMENT H - REVCODE

| Value | Label | Value | Label |
|-------|--|-------|---|
| 0916 | Psychiatric/psychological svcs-family therapy | 0973 | Professional fees-radiology therapeutic |
| 0917 | Psychiatric/psychological svcs-biofeedback | 0974 | Professional fees-nuclear medicine |
| 0918 | Psychiatric/psychological svcs-testing | 0975 | Professional fees-operating room |
| 0919 | Psychiatric/psychological svcs-other | 0976 | Professional fees-respiratory therapy |
| 0920 | Other diagnostic services-general classification | 0977 | Professional fees-physical therapy |
| 0921 | Other diagnostic services-peripheral vascular lab | 0978 | Professional fees-occupational therapy |
| 0922 | Other diagnostic services-electromyogram | 0979 | Professional fees-speech pathology |
| 0923 | Other diagnostic services-pap smear | 0981 | Professional fees-emergency room |
| 0924 | Other diagnostic services-allergy test | 0982 | Professional fees-outpatient services |
| 0925 | Other diagnostic services-pregnancy test | 0983 | Professional fees-clinic |
| 0929 | Other diagnostic services-other | 0984 | Professional fees-medical social services |
| 0931 | Medical Rehab Half Day | 0985 | Professional fees-EKG |
| 0932 | Medical Rehab Full Day | 0986 | Professional fees-EEG |
| 0940 | Other therapeutic services-general classification | 0987 | Professional fees-hospital visit |
| 0941 | Other therapeutic services-recreational therapy | 0988 | Professional fees-consultation |
| 0942 | Other therapeutic services-education/training | 0989 | Professional fees-private duty nurse |
| 0943 | Other therapeutic services-cardiac rehabilitation | 0990 | Patient convenience items-general classification |
| 0944 | Other therapeutic services-drug rehabilitation | 0991 | Patient convenience items-cafeteria/guest tray |
| 0945 | Other therapeutic services-alcohol rehabilitation | 0992 | Patient convenience items-private linen service |
| 0946 | Other therapeutic services-routine complex med equip | 0993 | Patient convenience items-telephone/telegraph |
| 0947 | Other therapeutic services-ancillary complex med equip | 0994 | Patient convenience items-tv/radio |
| 0948 | Other therapeutic services-pulmonary rehabilitation | 0995 | Patient convenience items-nonpatient room rentals |
| 0949 | Other therapeutic services-other | 0996 | Patient convenience items-late discharge charge |
| 0951 | Athletic Training | 0997 | Patient convenience items-admission kits |
| 0952 | Kinesiotherapy | 0998 | Patient convenience items-beauty shop/barber |
| 0960 | Professional fees-general classification | 0999 | Patient convenience items-other |
| 0961 | Professional fees-psychiatric | 1000 | Behavioral Health Room and Board |
| 0962 | Professional fees-ophthalmology | 1001 | BH R & B Residential - Psych |
| 0963 | Professional fees-anesthesiologist (MD) | 1002 | BH R & B Residential - Chem Dep |
| 0964 | Professional fees-anesthetist (CRNA) | 1003 | BH R & B Supervised Living |
| 0969 | Professional fees-other | 1004 | BH R & B Halfway House |
| 0971 | Professional fees-laboratory | 1005 | BH R & B Group Home |
| 0972 | Professional fees-radiology diagnostic | 2100 | Alternative Therapy Services |

ATTACHMENT H - REVCODE

| Value | Label | Value | Label |
|-------|------------------------------------|-------|--|
| 2101 | Acupuncture | 3101 | Adult Day Care, Medical/Social, Hourly |
| 2102 | Acupressure | 3102 | Adult Day Care, Social, Hourly |
| 2103 | Massage | 3103 | Adult Day Care, Medical/Social, Daily |
| 2104 | Reflexology | 3104 | Adult Day Care, Social, Daily |
| 2105 | Biofeedback | 3105 | Adult Foster Care, Daily |
| 2106 | Hypnosis | 3109 | Other Adult Care |
| 2109 | Other Alternative Therapy Services | - | - |

ATTACHMENT J - STATE

| Value | Label | Value | Label | Value | Label |
|-------|--|-------|--|-------|--|
| 01 | Nation, unknown region | 23 | Kansas | 45 | West South Central Division, unknown state |
| 02 | Northeast Region, unknown division | 24 | Minnesota | 46 | Arkansas |
| 03 | New England Division, unknown state | 25 | Missouri | 47 | Louisiana |
| 04 | Connecticut | 26 | Nebraska | 48 | Oklahoma |
| 05 | Maine | 27 | North Dakota | 49 | Texas |
| 06 | Massachusetts | 28 | South Dakota | 50 | West Region, unknown division |
| 07 | New Hampshire | 29 | South Region, unknown division | 51 | Mountain Division, unknown state |
| 08 | Rhode Island | 30 | South Atlantic Division, unknown state | 52 | Arizona |
| 09 | Vermont | 31 | Washington, DC | 53 | Colorado |
| 10 | Middle Atlantic Division, unknown state | 32 | Delaware | 54 | Idaho |
| 11 | New Jersey | 33 | Florida | 55 | Montana |
| 12 | New York | 34 | Georgia | 56 | Nevada |
| 13 | Pennsylvania | 35 | Maryland | 57 | New Mexico |
| 14 | North Central Region, unknown division | 36 | North Carolina | 58 | Utah |
| 15 | East North Central Division, unknown state | 37 | South Carolina | 59 | Wyoming |
| 16 | Illinois | 38 | Virginia | 60 | Pacific Division, unknown state |
| 17 | Indiana | 39 | West Virginia | 61 | Alaska |
| 18 | Michigan | 40 | East South Central Division, unknown state | 62 | California |
| 19 | Ohio | 41 | Alabama | 63 | Hawaii |
| 20 | Wisconsin | 42 | Kentucky | 64 | Oregon |
| 21 | West North Central Division, unknown state | 43 | Mississippi | 65 | Washington |
| 22 | Iowa | 44 | Tennessee | 97 | Puerto Rico |

ATTACHMENT K - STDPLAC

| Value | Label | Value | Label |
|-------|--------------------------------|-------|--------------------------------|
| 1 | Pharmacy | 31 | Skilled Nursing Facility |
| 2 | Telehealth | 32 | Nursing Facility |
| 3 | School | 33 | Custodial Care Facility |
| 4 | Homeless Shelter | 34 | Hospice |
| 5 | Indian Hlth Svc Free-stand Fac | 35 | Adult Living Care Facility |
| 6 | Indian Hlth Svc Prov-based Fac | 41 | Ambulance (land) |
| 7 | Tribal 638 Free-standing Fac | 42 | Ambulance (air or water) |
| 8 | Tribal 638 Provider-based Fac | 49 | Independent Clinic |
| 09 | Prison-Correctional Facility | 50 | Federally Qualified Health Ctr |
| 11 | Office | 51 | Inpatient Psychiatric Facility |
| 12 | Patient Home | 52 | Psych Facility Partial Hosp |
| 13 | Assisted Living Facility | 53 | Community Mental Health Center |
| 14 | Group Home | 54 | Intermed Care/Mental Retarded |
| 15 | Mobile Unit | 55 | Residential Subst Abuse Facil |
| 16 | Temporary Lodging | 56 | Psych Residential Treatmnt Ctr |
| 17 | Walk-in Retail Health Clinic | 57 | Non-resident Subst Abuse Facil |
| 18 | Place of Employment-Worksite | 60 | Mass Immunization Center |
| 19 | Outpatient Hospital-Off Campus | 61 | Comprehensive Inpt Rehab Fac |
| 20 | Urgent Care Facility | 62 | Comprehensive Outpt Rehab Fac |
| 21 | Inpatient Hospital | 65 | End-Stage Renal Disease Facil |
| 22 | Outpatient Hospital-On Campus | 71 | State/Local Public Health Clin |
| 23 | Emergency Room - Hospital | 72 | Rural Health Clinic |
| 24 | Ambulatory Surgical Center | 81 | Independent Laboratory |
| 25 | Birth Center | 95 | Outpatient (NEC) |
| 26 | Military Treatment Facility | 98 | Pharmacy |
| 27 | Inpatient Long-Term Care (NEC) | 99 | Other/Unknown |
| 28 | Other Inpatient Care (NEC) | - | - |

ATTACHMENT L - STDPROV

| Value | Label | Value | Label | Value | Label |
|-------|--------------------------------|-------|--------------------------------|-------|-------------------------------|
| 1 | Acute Care Hospital | 130 | Podiatry | 270 | Endocrinology & Metabolism |
| 5 | Ambulatory Surgery Centers | 140 | Pain Mgmt/Pain Medicine | 275 | Gastroenterology |
| 6 | Urgent Care Facility | 145 | Pediatric Anesthesiology | 280 | Hematology |
| 10 | Birthing Center | 150 | Anesthesiology | 285 | Infectious Disease |
| 15 | Treatment Center | 160 | Nuclear Medicine | 290 | Nephrology |
| 20 | Mental Health/Chemical Dep NEC | 170 | Pathology | 295 | Pulmonary Disease |
| 21 | Mental Health Facilities | 175 | Pediatric Pathology | 300 | Rheumatology |
| 22 | Chemical Depend Treatment Ctr | 180 | Radiology | 320 | Obstetrics & Gynecology |
| 23 | Mental Hlth/Chem Dep Day Care | 185 | Pediatric Radiology | 325 | Genetics |
| 25 | Rehabilitation Facilities | 200 | Medical Doctor - MD (NEC) | 330 | Ophthalmology |
| 30 | Longterm Care (NEC) | 202 | Osteopathic Medicine | 340 | Otolaryngology |
| 31 | Extended Care Facility | 204 | Internal Medicine (NEC) | 350 | Physical Medicine & Rehab |
| 32 | Geriatric Hospital | 206 | MultiSpecialty Physician Group | 355 | Plastic/Maxillofacial Surgery |
| 33 | Convalescent Care Facility | 208 | Proctology | 360 | Preventative Medicine |
| 34 | Intermediate Care Facility | 210 | Urology | 365 | Psychiatry |
| 35 | Residential Treatment Center | 215 | Dermatology | 380 | Oncology |
| 36 | Continuing Care Retirement Com | 220 | Emergency Medicine | 400 | Pediatrician (NEC) |
| 37 | Day/Night Care Center | 225 | Hospitalist | 410 | Pediatric Specialist (NEC) |
| 38 | Hospice Facility | 227 | Palliative Medicine | 413 | Pediatric Nephrology |
| 40 | Other Facility (NEC) | 230 | Allergy & Immunology | 415 | Pediatric Ophthalmology |
| 41 | Infirmary | 240 | Family Practice | 418 | Pediatric Orthopaedics |
| 42 | Special Care Facility (NEC) | 245 | Geriatric Medicine | 420 | Pediatric Otolaryngology |
| 100 | Dentist - MD & DDS (NEC) | 250 | Cardiovascular Dis/Cardiology | 423 | Pediatric Critical Care Med |
| 105 | Dental Specialist | 260 | Neurology | 425 | Pediatric Pulmonology |
| 120 | Chiropractor/DCM | 265 | Critical Care Medicine | 428 | Pediatric Emergency Medicine |

ATTACHMENT L - STDPROV

| Value | Label | Value | Label | Value | Label |
|-------|--------------------------------|-------|--------------------------|-------|----------------------------|
| 430 | Pediatric Allergy & Immunology | 550 | General Vascular Surgery | 850 | Therapy (Physical) |
| 433 | Pediatric Endocrinology | 555 | Head and Neck Surgery | 853 | Therapists (Supportive) |
| 435 | Neonatal-Perinatal Medicine | 560 | Pediatric Surgery | 855 | Therapists (Alternative) |
| 438 | Pediatric Gastroenterology | 565 | Surgical Critical Care | 857 | Renal Dialysis Therapy |
| 440 | Pediatric Cardiology | 570 | Transplant Surgery | 860 | Psychologist |
| 443 | Pediatric Hematology-Oncology | 575 | Traumatic Surgery | 865 | Acupuncturist |
| 448 | Pediatric Infectious Diseases | 580 | Cardiothoracic Surgery | 870 | Spiritual Healers |
| 450 | Pediatric Rheumatology | 585 | Thoracic Surgery | 900 | Health Educator/Agency |
| 453 | Sports Medicine (Pediatrics) | 805 | Dental Technician | 905 | Transportation |
| 455 | Pediatric Urology | 810 | Dietitian | 910 | Health Resort |
| 458 | Child Psychiatry | 815 | Medical Technician | 915 | Hearing Labs |
| 460 | Pediatric Medical Toxicology | 820 | Midwife | 920 | Home Health Organiz/Agency |
| 500 | Surgeon (NEC) | 822 | Nursing Services | 925 | Imaging Center |
| 505 | Surgical Specialist (NEC) | 824 | Psychiatric Nurse | 930 | Laboratory |
| 510 | Colon & Rectal Surgery | 825 | Nurse Practitioner | 935 | Pharmacy |
| 520 | Neurological Surgery | 827 | Nurse Anesthetist | 940 | Supply Center |
| 530 | Orthopaedic Surgery | 830 | Optometrist | 945 | Vision Center |
| 535 | Abdominal Surgery | 835 | Optician | 950 | Public Health Agency |
| 540 | Cardiovascular Surgery | 840 | Pharmacist | 955 | Unknown Clinic |
| 545 | Dermatologic Surgery | 845 | Physician Assistant | 960 | Case Manager |

ATTACHMENT M - SVCSCAT

| Value | Label | Value | Label | Value | Label |
|-------|--|-------|--|-------|---|
| 10110 | Facility IP Non Acute Room and Board | 10232 | Facility IP LTC DME | 10341 | Facility IP Maternity Respiratory Therapy |
| 10115 | Facility IP Non Acute Procedures | 10234 | Facility IP LTC Pharmacy | 10342 | Facility IP Maternity Hospice Care |
| 10120 | Facility IP Non Acute ER | 10235 | Facility IP LTC PT, OT, Speech Therapy | 10351 | Facility IP Maternity Chemistry Tests |
| 10130 | Facility IP Non Acute Diagnostic Services | 10236 | Facility IP LTC Specialty Drugs | 10352 | Facility IP Maternity Hematology |
| 10131 | Facility IP Non Acute Dialysis | 10237 | Facility IP LTC Supplies and Devices | 10353 | Facility IP Maternity Immunology |
| 10132 | Facility IP Non Acute DME | 10241 | Facility IP LTC Respiratory Therapy | 10354 | Facility IP Maternity Microbiology |
| 10134 | Facility IP Non Acute Pharmacy | 10242 | Facility IP LTC Hospice Care | 10355 | Facility IP Maternity Pathology |
| 10135 | Facility IP Non Acute PT, OT, Speech Therapy | 10251 | Facility IP LTC Chemistry Tests | 10356 | Facility IP Maternity Urinalysis Tests |
| 10136 | Facility IP Non Acute Specialty Drugs | 10252 | Facility IP LTC Hematology | 10359 | Facility IP Maternity Laboratory Other |
| 10137 | Facility IP Non Acute Supplies and Devices | 10253 | Facility IP LTC Immunology | 10361 | Facility IP Maternity CT Scans |
| 10141 | Facility IP Non Acute Respiratory Therapy | 10254 | Facility IP LTC Microbiology | 10362 | Facility IP Maternity Mammograms |
| 10142 | Facility IP Non Acute Hospice Care | 10255 | Facility IP LTC Pathology | 10363 | Facility IP Maternity MRIs |
| 10151 | Facility IP Non Acute Chemistry Tests | 10256 | Facility IP LTC Urinalysis Tests | 10364 | Facility IP Maternity Nuclear Medicine |
| 10152 | Facility IP Non Acute Hematology | 10259 | Facility IP LTC Laboratory Other | 10365 | Facility IP Maternity PET Scans |
| 10153 | Facility IP Non Acute Immunology | 10261 | Facility IP LTC CT Scans | 10366 | Facility IP Maternity Therapeutic Radiology |
| 10154 | Facility IP Non Acute Microbiology | 10262 | Facility IP LTC Mammograms | 10367 | Facility IP Maternity Ultrasounds |
| 10155 | Facility IP Non Acute Pathology | 10263 | Facility IP LTC MRIs | 10368 | Facility IP Maternity X-Rays |
| 10156 | Facility IP Non Acute Urinalysis Tests | 10264 | Facility IP LTC Nuclear Medicine | 10369 | Facility IP Maternity Radiology Other |
| 10159 | Facility IP Non Acute Laboratory Other | 10265 | Facility IP LTC PET Scans | 10399 | Facility IP Maternity Other |
| 10161 | Facility IP Non Acute CT Scans | 10266 | Facility IP LTC Therapeutic Radiology | 10410 | Facility IP Surgical Room and Board |
| 10162 | Facility IP Non Acute Mammograms | 10267 | Facility IP LTC Ultrasounds | 10415 | Facility IP Surgical Procedures |
| 10163 | Facility IP Non Acute MRIs | 10268 | Facility IP LTC X-Rays | 10420 | Facility IP Surgical ER |
| 10164 | Facility IP Non Acute Nuclear Medicine | 10269 | Facility IP LTC Radiology Other | 10430 | Facility IP Surgical Diagnostic Services |
| 10165 | Facility IP Non Acute PET Scans | 10299 | Facility IP LTC Other | 10431 | Facility IP Surgical Dialysis |
| 10166 | Facility IP Non Acute Therapeutic Radiology | 10310 | Facility IP Maternity Room and Board | 10432 | Facility IP Surgical DME |
| 10167 | Facility IP Non Acute Ultrasounds | 10315 | Facility IP Maternity Procedures | 10434 | Facility IP Surgical Pharmacy |
| 10168 | Facility IP Non Acute X-Rays | 10320 | Facility IP Maternity ER | 10435 | Facility IP Surgical PT, OT, Speech Therapy |
| 10169 | Facility IP Non Acute Radiology Other | 10330 | Facility IP Maternity Diagnostic Services | 10436 | Facility IP Surgical Specialty Drugs |
| 10199 | Facility IP Non Acute Other | 10331 | Facility IP Maternity Dialysis | 10437 | Facility IP Surgical Supplies and Devices |
| 10210 | Facility IP LTC Room and Board | 10332 | Facility IP Maternity DME | 10441 | Facility IP Surgical Respiratory Therapy |
| 10215 | Facility IP LTC Procedures | 10334 | Facility IP Maternity Pharmacy | 10442 | Facility IP Surgical Hospice Care |
| 10220 | Facility IP LTC ER | 10335 | Facility IP Maternity PT, OT, Speech Therapy | 10451 | Facility IP Surgical Chemistry Tests |
| 10230 | Facility IP LTC Diagnostic Services | 10336 | Facility IP Maternity Specialty Drugs | 10452 | Facility IP Surgical Hematology |
| 10231 | Facility IP LTC Dialysis | 10337 | Facility IP Maternity Supplies and Devices | 10453 | Facility IP Surgical Immunology |

ATTACHMENT M - SVCSCAT

| Value | Label | Value | Label | Value | Label |
|-------|--|-------|---|-------|--|
| 10454 | Facility IP Surgical Microbiology | 10562 | Facility IP Medical Mammograms | 20155 | Physician Specialty IP Pathology |
| 10455 | Facility IP Surgical Pathology | 10563 | Facility IP Medical MRIs | 20156 | Physician Specialty IP Urinalysis Tests |
| 10456 | Facility IP Surgical Urinalysis Tests | 10564 | Facility IP Medical Nuclear Medicine | 20159 | Physician Specialty IP Laboratory Other |
| 10459 | Facility IP Surgical Laboratory Other | 10565 | Facility IP Medical PET Scans | 20161 | Physician Specialty IP CT Scans |
| 10461 | Facility IP Surgical CT Scans | 10566 | Facility IP Medical Therapeutic Radiology | 20162 | Physician Specialty IP Mammograms |
| 10462 | Facility IP Surgical Mammograms | 10567 | Facility IP Medical Ultrasounds | 20163 | Physician Specialty IP MRIs |
| 10463 | Facility IP Surgical MRIs | 10568 | Facility IP Medical X-Rays | 20164 | Physician Specialty IP Nuclear Medicine |
| 10464 | Facility IP Surgical Nuclear Medicine | 10569 | Facility IP Medical Radiology Other | 20165 | Physician Specialty IP PET Scans |
| 10465 | Facility IP Surgical PET Scans | 10588 | Facility IP Non-Claim Payments | 20166 | Physician Specialty IP Therapeutic Radiology |
| 10466 | Facility IP Surgical Therapeutic Radiology | 10599 | Facility IP Medical Other | 20167 | Physician Specialty IP Ultrasounds |
| 10467 | Facility IP Surgical Ultrasounds | 12210 | Facility OP Room and Board | 20168 | Physician Specialty IP X-Rays |
| 10468 | Facility IP Surgical X-Rays | 12215 | Facility OP Procedures | 20169 | Physician Specialty IP Radiology Other |
| 10469 | Facility IP Surgical Radiology Other | 12220 | Facility OP ER | 20188 | Physician Specialty IP Non-Claim Payments |
| 10499 | Facility IP Surgical Other | 12328 | Facility OP Clinic Services | 20199 | Physician Specialty IP Other |
| 10510 | Facility IP Medical Room and Board | 12330 | Facility OP Diagnostic Services | 20215 | Physician Non-Specialty IP Procedures |
| 10515 | Facility IP Medical Procedures | 12331 | Facility OP Dialysis | 20220 | Physician Non-Specialty IP ER |
| 10520 | Facility IP Medical ER | 12332 | Facility OP DME | 20226 | Physician Non-Specialty IP Facility Visits |
| 10530 | Facility IP Medical Diagnostic Services | 12333 | Facility OP Home Health | 20251 | Physician Non-Specialty IP Chemistry Tests |
| 10531 | Facility IP Medical Dialysis | 12334 | Facility OP Pharmacy | 20252 | Physician Non-Specialty IP Hematology |
| 10532 | Facility IP Medical DME | 12335 | Facility OP PT, OT, Speech Therapy | 20253 | Physician Non-Specialty IP Immunology |
| 10534 | Facility IP Medical Pharmacy | 12336 | Facility OP Specialty Drugs | 20254 | Physician Non-Specialty IP Microbiology |
| 10535 | Facility IP Medical PT, OT, Speech Therapy | 12337 | Facility OP Supplies and Devices | 20255 | Physician Non-Specialty IP Pathology |
| 10536 | Facility IP Medical Specialty Drugs | 12338 | Facility OP Transportation | 20256 | Physician Non-Specialty IP Urinalysis Tests |
| 10537 | Facility IP Medical Supplies and Devices | 12341 | Facility OP Respiratory Therapy | 20259 | Physician Non-Specialty IP Laboratory Other |
| 10541 | Facility IP Medical Respiratory Therapy | 12342 | Facility OP Hospice Care | 20261 | Physician Non-Specialty IP CT Scans |
| 10542 | Facility IP Medical Hospice Care | 12388 | Facility OP Non-Claim Payments | 20262 | Physician Non-Specialty IP Mammograms |
| 10551 | Facility IP Medical Chemistry Tests | 12399 | Facility OP Other | 20263 | Physician Non-Specialty IP MRIs |
| 10552 | Facility IP Medical Hematology | 20115 | Physician Specialty IP Procedures | 20264 | Physician Non-Specialty IP Nuclear Medicine |
| 10553 | Facility IP Medical Immunology | 20120 | Physician Specialty IP ER | 20265 | Physician Non-Specialty IP PET Scans |
| 10554 | Facility IP Medical Microbiology | 20126 | Physician Specialty IP Facility Visits | 20266 | Physician Non-Specialty IP Therapeutic Radiology |
| 10555 | Facility IP Medical Pathology | 20151 | Physician Specialty IP Chemistry Tests | 20267 | Physician Non-Specialty IP Ultrasounds |
| 10556 | Facility IP Medical Urinalysis Tests | 20152 | Physician Specialty IP Hematology | 20268 | Physician Non-Specialty IP X-Rays |
| 10559 | Facility IP Medical Laboratory Other | 20153 | Physician Specialty IP Immunology | 20269 | Physician Non-Specialty IP Radiology Other |
| 10561 | Facility IP Medical CT Scans | 20154 | Physician Specialty IP Microbiology | 20288 | Physician Non-Specialty IP Non-Claim Payments |

ATTACHMENT M - SVCSCAT

| Value | Label | Value | Label | Value | Label |
|-------|---|-------|---|-------|--|
| 20299 | Physician Non-Specialty IP Other | 22162 | Professional IP Mammograms | 30134 | Mental Health Facility IP Pharmacy |
| 21115 | Physician Specialty OP Procedures | 22163 | Professional IP MRIs | 30135 | Mental Health Facility IP PT, OT, Speech Therapy |
| 21120 | Physician Specialty OP ER | 22164 | Professional IP Nuclear Medicine | 30136 | Mental Health Facility IP Specialty Drugs |
| 21124 | Physician Specialty OP Preventive Visits | 22165 | Professional IP PET Scans | 30137 | Mental Health Facility IP Supplies and Devices |
| 21125 | Physician Specialty OP Office Visits | 22166 | Professional IP Therapeutic Radiology | 30141 | Mental Health Facility IP Respiratory Therapy |
| 21126 | Physician Specialty OP Facility Visits | 22167 | Professional IP Ultrasounds | 30142 | Mental Health Facility IP Hospice Care |
| 21188 | Physician Specialty OP Non-Claim Payments | 22168 | Professional IP X-Rays | 30151 | Mental Health Facility IP Chemistry Tests |
| 21199 | Physician Specialty OP Other | 22169 | Professional IP Radiology Other | 30152 | Mental Health Facility IP Hematology |
| 21215 | Physician Non-Specialty OP Procedures | 22199 | Professional IP Other | 30153 | Mental Health Facility IP Immunology |
| 21220 | Physician Non-Specialty OP ER | 22315 | Professional OP Procedures | 30154 | Mental Health Facility IP Microbiology |
| 21224 | Physician Non-Specialty OP Preventive Visits | 22320 | Professional OP ER | 30155 | Mental Health Facility IP Pathology |
| 21225 | Physician Non-Specialty OP Office Visits | 22324 | Professional OP Preventive Visits | 30156 | Mental Health Facility IP Urinalysis Tests |
| 21226 | Physician Non-Specialty OP Facility Visits | 22325 | Professional OP Office Visits | 30159 | Mental Health Facility IP Laboratory Other |
| 21288 | Physician Non-Specialty OP Non-Claim Payments | 22326 | Professional OP Facility Visits | 30161 | Mental Health Facility IP CT Scans |
| 21299 | Physician Non-Specialty OP Other | 22327 | Professional OP Chiropractic Services | 30162 | Mental Health Facility IP Mammograms |
| 22115 | Professional IP Procedures | 22330 | Professional OP Diagnostic Services | 30163 | Mental Health Facility IP MRIs |
| 22120 | Professional IP ER | 22331 | Professional OP Dialysis | 30164 | Mental Health Facility IP Nuclear Medicine |
| 22126 | Professional IP Facility Visits | 22332 | Professional OP DME | 30165 | Mental Health Facility IP PET Scans |
| 22130 | Professional IP Diagnostic Services | 22333 | Professional OP Home Health | 30166 | Mental Health Facility IP Therapeutic Radiology |
| 22131 | Professional IP Dialysis | 22335 | Professional OP PT, OT, Speech Therapy | 30167 | Mental Health Facility IP Ultrasounds |
| 22132 | Professional IP DME | 22336 | Professional OP Specialty Drugs | 30168 | Mental Health Facility IP X-Rays |
| 22135 | Professional IP PT, OT, Speech Therapy | 22337 | Professional OP Supplies and Devices | 30169 | Mental Health Facility IP Radiology Other |
| 22136 | Professional IP Specialty Drugs | 22338 | Professional OP Transportation | 30199 | Mental Health Facility IP Other |
| 22137 | Professional IP Supplies and Devices | 22340 | Professional OP Injections | 30215 | Mental Health Physician IP Procedures |
| 22140 | Professional IP Injections | 22341 | Professional OP Respiratory Therapy | 30218 | Mental Health Physician IP Behavioral Health Therapy |
| 22141 | Professional IP Respiratory Therapy | 22399 | Professional OP Other | 30220 | Mental Health Physician IP ER |
| 22151 | Professional IP Chemistry Tests | 22588 | Professional Non-Claim Payments | 30226 | Mental Health Physician IP Facility Visits |
| 22152 | Professional IP Hematology | 30110 | Mental Health Facility IP Room and Board | 30251 | Mental Health Physician IP Chemistry Tests |
| 22153 | Professional IP Immunology | 30115 | Mental Health Facility IP Procedures | 30252 | Mental Health Physician IP Hematology |
| 22154 | Professional IP Microbiology | 30118 | Mental Health Facility IP Behavioral Health Therapy | 30253 | Mental Health Physician IP Immunology |
| 22155 | Professional IP Pathology | 30120 | Mental Health Facility IP ER | 30254 | Mental Health Physician IP Microbiology |
| 22156 | Professional IP Urinalysis Tests | 30130 | Mental Health Facility IP Diagnostic Services | 30255 | Mental Health Physician IP Pathology |
| 22159 | Professional IP Laboratory Other | 30131 | Mental Health Facility IP Dialysis | 30256 | Mental Health Physician IP Urinalysis Tests |
| 22161 | Professional IP CT Scans | 30132 | Mental Health Facility IP DME | 30259 | Mental Health Physician IP Laboratory Other |

ATTACHMENT M - SVCSCAT

| Value | Label | Value | Label | Value | Label |
|-------|---|-------|---|-------|---|
| 30261 | Mental Health Physician IP CT Scans | 30366 | Mental Health Professional IP Therapeutic Radiology | 30626 | Mental Health Professional OP Facility Visits |
| 30262 | Mental Health Physician IP Mammograms | 30367 | Mental Health Professional IP Ultrasounds | 30630 | Mental Health Professional OP Diagnostic Services |
| 30263 | Mental Health Physician IP MRIs | 30368 | Mental Health Professional IP X-Rays | 30631 | Mental Health Professional OP Dialysis |
| 30264 | Mental Health Physician IP Nuclear Medicine | 30369 | Mental Health Professional IP Radiology Other | 30632 | Mental Health Professional OP DME |
| 30265 | Mental Health Physician IP PET Scans | 30399 | Mental Health Professional IP Other | 30633 | Mental Health Professional OP Home Health |
| 30266 | Mental Health Physician IP Therapeutic Radiology | 30410 | Mental Health Facility OP Room and Board | 30635 | Mental Health Professional OP PT, OT, Speech Therapy |
| 30267 | Mental Health Physician IP Ultrasounds | 30415 | Mental Health Facility OP Procedures | 30636 | Mental Health Professional OP Specialty Drugs |
| 30268 | Mental Health Physician IP X-Rays | 30418 | Mental Health Facility OP Behavioral Health Therapy | 30637 | Mental Health Professional OP Supplies and Devices |
| 30269 | Mental Health Physician IP Radiology Other | 30420 | Mental Health Facility OP ER | 30638 | Mental Health Professional OP Transportation |
| 30299 | Mental Health Physician IP Other | 30428 | Mental Health Facility OP Clinic Services | 30640 | Mental Health Professional OP Injections |
| 30315 | Mental Health Professional IP Procedures | 30430 | Mental Health Facility OP Diagnostic Services | 30641 | Mental Health Professional OP Respiratory Therapy |
| 30318 | Mental Health Professional IP Behavioral Health Therapy | 30431 | Mental Health Facility OP Dialysis | 30649 | Mental Health Professional OP Other |
| 30320 | Mental Health Professional IP ER | 30432 | Mental Health Facility OP DME | 30751 | Mental Health OP Chemistry Tests |
| 30326 | Mental Health Professional IP Facility Visits | 30433 | Mental Health Facility OP Home Health | 30752 | Mental Health OP Hematology |
| 30330 | Mental Health Professional IP Diagnostic Services | 30434 | Mental Health Facility OP Pharmacy | 30753 | Mental Health OP Immunology |
| 30331 | Mental Health Professional IP Dialysis | 30435 | Mental Health Facility OP PT, OT, Speech Therapy | 30754 | Mental Health OP Microbiology |
| 30332 | Mental Health Professional IP DME | 30436 | Mental Health Facility OP Specialty Drugs | 30755 | Mental Health OP Pathology |
| 30335 | Mental Health Professional IP PT, OT, Speech Therapy | 30437 | Mental Health Facility OP Supplies and Devices | 30756 | Mental Health OP Urinalysis Tests |
| 30336 | Mental Health Professional IP Specialty Drugs | 30438 | Mental Health Facility OP Transportation | 30759 | Mental Health OP Laboratory Other |
| 30337 | Mental Health Professional IP Supplies and Devices | 30441 | Mental Health Facility OP Respiratory Therapy | 30761 | Mental Health OP CT Scans |
| 30340 | Mental Health Professional IP Injections | 30442 | Mental Health Facility OP Hospice Care | 30762 | Mental Health OP Mammograms |
| 30341 | Mental Health Professional IP Respiratory Therapy | 30449 | Mental Health Facility OP Other | 30763 | Mental Health OP MRIs |
| 30351 | Mental Health Professional IP Chemistry Tests | 30515 | Mental Health Physician OP Procedures | 30764 | Mental Health OP Nuclear Medicine |
| 30352 | Mental Health Professional IP Hematology | 30518 | Mental Health Physician OP Behavioral Health Therapy | 30765 | Mental Health OP PET Scans |
| 30353 | Mental Health Professional IP Immunology | 30520 | Mental Health Physician OP ER | 30766 | Mental Health OP Therapeutic Radiology |
| 30354 | Mental Health Professional IP Microbiology | 30524 | Mental Health Physician OP Preventive Visits | 30767 | Mental Health OP Ultrasounds |
| 30355 | Mental Health Professional IP Pathology | 30525 | Mental Health Physician OP Office Visits | 30768 | Mental Health OP X-Rays |
| 30356 | Mental Health Professional IP Urinalysis Tests | 30526 | Mental Health Physician OP Facility Visits | 30769 | Mental Health OP Radiology Other |
| 30359 | Mental Health Professional IP Laboratory Other | 30549 | Mental Health Physician OP Other | 30888 | MHSA Non-Claim Payments |
| 30361 | Mental Health Professional IP CT Scans | 30615 | Mental Health Professional OP Procedures | 31110 | Substance Abuse Facility IP Room and Board |
| 30362 | Mental Health Professional IP Mammograms | 30618 | Mental Health Professional OP Behavioral Health Therapy | 31115 | Substance Abuse Facility IP Procedures |
| 30363 | Mental Health Professional IP MRIs | 30620 | Mental Health Professional OP ER | 31118 | Substance Abuse Facility IP Behavioral Health Therapy |
| 30364 | Mental Health Professional IP Nuclear Medicine | 30624 | Mental Health Professional OP Preventive Visits | 31120 | Substance Abuse Facility IP ER |
| 30365 | Mental Health Professional IP PET Scans | 30625 | Mental Health Professional OP Office Visits | 31130 | Substance Abuse Facility IP Diagnostic Services |

ATTACHMENT M - SVCSCAT

| Value | Label | Value | Label | Value | Label |
|-------|--|-------|---|-------|---|
| 31131 | Substance Abuse Facility IP Dialysis | 31256 | Substance Abuse Physician IP Urinalysis Tests | 31364 | Substance Abuse Professional IP Nuclear Medicine |
| 31132 | Substance Abuse Facility IP DME | 31259 | Substance Abuse Physician IP Laboratory Other | 31365 | Substance Abuse Professional IP PET Scans |
| 31134 | Substance Abuse Facility IP Pharmacy | 31261 | Substance Abuse Physician IP CT Scans | 31366 | Substance Abuse Professional IP Therapeutic Radiology |
| 31135 | Substance Abuse Facility IP PT, OT, Speech Therapy | 31262 | Substance Abuse Physician IP Mammograms | 31367 | Substance Abuse Professional IP Ultrasounds |
| 31136 | Substance Abuse Facility IP Specialty Drugs | 31263 | Substance Abuse Physician IP MRIs | 31368 | Substance Abuse Professional IP X-Rays |
| 31137 | Substance Abuse Facility IP Supplies and Devices | 31264 | Substance Abuse Physician IP Nuclear Medicine | 31369 | Substance Abuse Professional IP Radiology Other |
| 31141 | Substance Abuse Facility IP Respiratory Therapy | 31265 | Substance Abuse Physician IP PET Scans | 31399 | Substance Abuse Professional IP Other |
| 31142 | Substance Abuse Facility IP Hospice Care | 31266 | Substance Abuse Physician IP Therapeutic Radiology | 31410 | Substance Abuse Facility OP Room and Board |
| 31151 | Substance Abuse Facility IP Chemistry Tests | 31267 | Substance Abuse Physician IP Ultrasounds | 31415 | Substance Abuse Facility OP Procedures |
| 31152 | Substance Abuse Facility IP Hematology | 31268 | Substance Abuse Physician IP X-Rays | 31418 | Substance Abuse Facility OP Behavioral Health Therapy |
| 31153 | Substance Abuse Facility IP Immunology | 31269 | Substance Abuse Physician IP Radiology Other | 31420 | Substance Abuse Facility OP ER |
| 31154 | Substance Abuse Facility IP Microbiology | 31299 | Substance Abuse Physician IP Other | 31428 | Substance Abuse Facility OP Clinic Services |
| 31155 | Substance Abuse Facility IP Pathology | 31315 | Substance Abuse Professional IP Procedures | 31430 | Substance Abuse Facility OP Diagnostic Services |
| 31156 | Substance Abuse Facility IP Urinalysis Tests | 31318 | Substance Abuse Professional IP Behavioral Health Therapy | 31431 | Substance Abuse Facility OP Dialysis |
| 31159 | Substance Abuse Facility IP Laboratory Other | 31320 | Substance Abuse Professional IP ER | 31432 | Substance Abuse Facility OP DME |
| 31161 | Substance Abuse Facility IP CT Scans | 31326 | Substance Abuse Professional IP Facility Visits | 31433 | Substance Abuse Facility OP Home Health |
| 31162 | Substance Abuse Facility IP Mammograms | 31330 | Substance Abuse Professional IP Diagnostic Services | 31434 | Substance Abuse Facility OP Pharmacy |
| 31163 | Substance Abuse Facility IP MRIs | 31331 | Substance Abuse Professional IP Dialysis | 31435 | Substance Abuse Facility OP PT, OT, Speech Therapy |
| 31164 | Substance Abuse Facility IP Nuclear Medicine | 31332 | Substance Abuse Professional IP DME | 31436 | Substance Abuse Facility OP Specialty Drugs |
| 31165 | Substance Abuse Facility IP PET Scans | 31335 | Substance Abuse Professional IP PT, OT, Speech Therapy | 31437 | Substance Abuse Facility OP Supplies and Devices |
| 31166 | Substance Abuse Facility IP Therapeutic Radiology | 31336 | Substance Abuse Professional IP Specialty Drugs | 31438 | Substance Abuse Facility OP Transportation |
| 31167 | Substance Abuse Facility IP Ultrasounds | 31337 | Substance Abuse Professional IP Supplies and Devices | 31441 | Substance Abuse Facility OP Respiratory Therapy |
| 31168 | Substance Abuse Facility IP X-Rays | 31340 | Substance Abuse Professional IP Injections | 31442 | Substance Abuse Facility OP Hospice Care |
| 31169 | Substance Abuse Facility IP Radiology Other | 31341 | Substance Abuse Professional IP Respiratory Therapy | 31449 | Substance Abuse Facility OP Other |
| 31199 | Substance Abuse Facility IP Other | 31351 | Substance Abuse Professional IP Chemistry Tests | 31515 | Substance Abuse Physician OP Procedures |
| 31215 | Substance Abuse Physician IP Procedures | 31352 | Substance Abuse Professional IP Hematology | 31518 | Substance Abuse Physician OP Behavioral Health Therapy |
| 31218 | Substance Abuse Physician IP Behavioral Health Therapy | 31353 | Substance Abuse Professional IP Immunology | 31520 | Substance Abuse Physician OP ER |
| 31220 | Substance Abuse Physician IP ER | 31354 | Substance Abuse Professional IP Microbiology | 31524 | Substance Abuse Physician OP Preventive Visits |
| 31226 | Substance Abuse Physician IP Facility Visits | 31355 | Substance Abuse Professional IP Pathology | 31525 | Substance Abuse Physician OP Office Visits |
| 31251 | Substance Abuse Physician IP Chemistry Tests | 31356 | Substance Abuse Professional IP Urinalysis Tests | 31526 | Substance Abuse Physician OP Facility Visits |
| 31252 | Substance Abuse Physician IP Hematology | 31359 | Substance Abuse Professional IP Laboratory Other | 31549 | Substance Abuse Physician OP Other |
| 31253 | Substance Abuse Physician IP Immunology | 31361 | Substance Abuse Professional IP CT Scans | 31615 | Substance Abuse Professional OP Procedures |
| 31254 | Substance Abuse Physician IP Microbiology | 31362 | Substance Abuse Professional IP Mammograms | 31618 | Substance Abuse Professional OP Behavioral Health Therapy |
| 31255 | Substance Abuse Physician IP Pathology | 31363 | Substance Abuse Professional IP MRIs | 31620 | Substance Abuse Professional OP ER |

ATTACHMENT M - SVCSCAT

| Value | Label | Value | Label | Value | Label |
|-------|--|-------|--|-------|---------------------------------------|
| 31624 | Substance Abuse Professional OP Preventive Visits | 31762 | Substance Abuse OP Mammograms | 45167 | Radiology OP Ultrasounds |
| 31625 | Substance Abuse Professional OP Office Visits | 31763 | Substance Abuse OP MRIs | 45168 | Radiology OP X-Rays |
| 31626 | Substance Abuse Professional OP Facility Visits | 31764 | Substance Abuse OP Nuclear Medicine | 45169 | Radiology OP Other |
| 31630 | Substance Abuse Professional OP Diagnostic Services | 31765 | Substance Abuse OP PET Scans | 45188 | Radiology OP Non-Claim Payments |
| 31631 | Substance Abuse Professional OP Dialysis | 31766 | Substance Abuse OP Therapeutic Radiology | 50170 | Specialty Drugs Mail Order |
| 31632 | Substance Abuse Professional OP DME | 31767 | Substance Abuse OP Ultrasounds | 50171 | Specialty Drugs Retail |
| 31633 | Substance Abuse Professional OP Home Health | 31768 | Substance Abuse OP X-Rays | 50172 | Non-Specialty Drugs Mail Order |
| 31635 | Substance Abuse Professional OP PT, OT, Speech Therapy | 31769 | Substance Abuse OP Radiology Other | 50175 | Non-Specialty Drugs Retail |
| 31636 | Substance Abuse Professional OP Specialty Drugs | 40151 | Laboratory OP Chemistry Tests | 50188 | Prescription Drugs Non-Claim Payments |
| 31637 | Substance Abuse Professional OP Supplies and Devices | 40152 | Laboratory OP Hematology | 70180 | Administrative Fees |
| 31638 | Substance Abuse Professional OP Transportation | 40153 | Laboratory OP Immunology | 70181 | Capitation Payments |
| 31640 | Substance Abuse Professional OP Injections | 40154 | Laboratory OP Microbiology | 70182 | Premium Payments |
| 31641 | Substance Abuse Professional OP Respiratory Therapy | 40155 | Laboratory OP Pathology | 70183 | Employee Premium Contributions |
| 31649 | Substance Abuse Professional OP Other | 40156 | Laboratory OP Urinalysis Tests | 70187 | Bulk Adjustments |
| 31751 | Substance Abuse OP Chemistry Tests | 40159 | Laboratory OP Other | 70199 | Non-Claim Payments Other |
| 31752 | Substance Abuse OP Hematology | 40188 | Laboratory OP Non-Claim Payments | 80190 | Dental Diagnostic and Preventive |
| 31753 | Substance Abuse OP Immunology | 45161 | Radiology OP CT Scans | 80191 | Dental Basic Restorative |
| 31754 | Substance Abuse OP Microbiology | 45162 | Radiology OP Mammograms | 80192 | Dental Major Restorative |
| 31755 | Substance Abuse OP Pathology | 45163 | Radiology OP MRIs | 80193 | Dental Orthodontics |
| 31756 | Substance Abuse OP Urinalysis Tests | 45164 | Radiology OP Nuclear Medicine | 80194 | Dental Other |
| 31759 | Substance Abuse OP Laboratory Other | 45165 | Radiology OP PET Scans | 80196 | Vision |
| 31761 | Substance Abuse OP CT Scans | 45166 | Radiology OP Therapeutic Radiology | 80198 | Hearing and Other Benefits |
| - | - | - | - | 80199 | Hearing and Other Benefits |

ATTACHMENT N - THERCLS

| Value | Label | Value | Label | Value | Label | Value | Label |
|-------|------------------------------------|-------|--------------------------------------|-------|----------------------------------|-------|----------------------------------|
| 1 | Antihistamines & Comb, NEC | 35 | Blood Forming/Coag Agents | 69 | Psychother, Antidepressants | 103 | Ammonia Detoxicants, NEC |
| 2 | Amebicides, NEC | 36 | Antianemic, Iron Preparations | 70 | Psychother, Tranq/Antipsychotics | 104 | Repl Preps, Calcium Supp |
| 3 | Antihelmintic, NEC | 37 | Antianemia, Liver/Stomach | 71 | Stimulant, Amphetamine Type | 105 | Repl Preps, Magn Preps and Comb |
| 4 | Antibiot, Aminoglycosides | 38 | Antianemia Prep & Comb, NEC | 72 | Stimulant, Non-Amphetamine | 106 | Repl Preps, Phosphorus Preps |
| 5 | Antibiot, Antifungal | 39 | Coag/Anticoag, Anticoagulants | 73 | ASH, Barbiturates | 107 | Repl Preps, Potassium Supp |
| 6 | Antibiot, Cephalosporin and Rel. | 40 | Coag/Anticoag, Antiheparin Agents | 74 | ASH, Benzodiazepines | 108 | Repl Preps, Zinc Preps & Comb |
| 7 | Antibiot, B-lactam Antibiotics | 41 | Coag, Anticoag, Hemostatics | 75 | Anxiolytic/Sedative/Hypnotic NEC | 109 | Repl Preps, Multi-mineral Preps |
| 8 | Antibiot, Chloramphenicol & Comb | 42 | Hematopoietic Agents, NEC | 76 | Antimanic Agents, NEC | 110 | Repl Preps, Sodium Chlor Preps |
| 9 | Antibiot, Erythromycin & Macrolide | 43 | Hemorrhologic Agents, NEC | 77 | CNS Agents, Misc. | 111 | Replacement Preparations, Misc |
| 10 | Antibiot, Penicillins | 44 | Thrombolytic Agents, NEC | 78 | Contraceptive Cream/Foam/Devices | 112 | Calcium Removing Resins, NEC |
| 11 | Antibiot, Tetracyclines | 45 | Antiplatelet Agents, NEC | 79 | Dental Agents, NEC | 113 | Potassium Removing Resins, NEC |
| 12 | Antibiotics, Misc | 46 | Cardiac Drugs, NEC | 80 | Antiplatelet Rinses/Agents, NEC | 114 | Caloric Agents, Amino Acid Preps |
| 13 | Antituberculosis Agents, NEC | 47 | Cardiac, ACE Inhibitors | 81 | Fluoride Preparations, NEC | 115 | Caloric Agents, Lipids |
| 14 | Antivirals, NEC | 48 | Cardiac, Cardiac Glycosides | 82 | Toothpastes & Floss, NEC | 116 | Caloric Agents, Dextrose & Rel |
| 15 | Antimalarial Agents, NEC | 49 | Cardiac, Antiarrhythmic Agents | 83 | Mouth & Gum Products, NEC | 117 | Caloric Agents, Nutrition Preps |
| 16 | Quinolones, NEC | 50 | Cardiac, Alpha-Beta Blockers | 84 | Cardiac Function, NEC | 118 | Caloric/Nutrition/Dietary Misc |
| 17 | Sulfonamides & Comb, NEC | 51 | Cardiac, Beta Blockers | 85 | Diabetes Mell/Diab Supply, NEC | 119 | Salt & Sugar Substitutes, NEC |
| 18 | Sulfones, NEC | 52 | Cardiac, Calcium Channel | 86 | Gastric Function, NEC | 120 | Diuretics, Loop Diuretics |
| 19 | Urinary Anti-infectives, NEC | 53 | Antihyperlipidemic Drugs, NEC | 87 | HIV Tests | 121 | Diuretics, Misc. |
| 20 | Anti-infectives, Misc | 54 | Hypotensive Agents, NEC | 88 | Kidney Function, NEC | 122 | Diuretics, Osmotic |
| 21 | Antineoplastic Agents, NEC | 55 | Vasodilating Agents, NEC | 89 | Liver Function, NEC | 123 | Diuretics, Potassium-Sparing |
| 22 | Interferons, NEC | 56 | Sclerosing Agents, NEC | 90 | Mumps, NEC | 124 | Diuretics, Thiazides & related |
| 23 | Parasympathomimetic, NEC | 57 | General Anesthetics, NEC | 91 | Pancreatic Function, NEC | 125 | Diuretics, Carb Anhydrase Inhib |
| 24 | Anticholinergic, NEC | 58 | Analg/Antipyr, Salicylates | 92 | Pregnancy Tests, NEC | 126 | Irrigating Solutions, NEC |
| 25 | Antichol/Antiparkinsonian Agents | 59 | Analg/Antipyr, Nonsteroid/Antiinflam | 93 | Thyroid Function, NEC | 127 | Enzymes, NEC |
| 26 | Antichol/Antimuscarinic/Antispas | 60 | Anal/Antipyr, Opiate Agonists | 94 | Pituitary Function, NEC | 128 | Antitussives/Cold Comb, NEC |
| 27 | Sympathomimetic Agents, NEC | 61 | Anal/Antipyr, Opiate Part Agonist | 95 | Tuberculosis, NEC | 129 | Expectorants/Cold Comb, NEC |
| 28 | Sympatholytic Agents NEC | 62 | Analgesics/Antipyretics, NEC | 96 | Feces Contents, NEC | 130 | Mucolytics, Cold Comb, NEC |
| 29 | Muscle Relax, Skeletal Central | 63 | Opiate Antagonists, NEC | 97 | Roentgenography, NEC | 131 | Cough/Cough/Cold Comb, NEC |
| 30 | Muscle Relax, Skeletal, Misc | 64 | Anticonvulsants, Benzodiazepines | 98 | Diagnostic Agents, Misc, NEC | 132 | Eye/Ear/Nose/Throat Prep, NEC |
| 31 | Muscle Relax, Neuromusc Block | 65 | Anticonv, Hydantoin Derivatives | 99 | Disinfectants, NEC | 133 | Antiinfect, Antibiotics, EENT |
| 32 | Vascular 5HT1 Agonist, NEC | 66 | Anticonv, Oxazolinediones | 100 | Electrolytic/Caloric/Water, NEC | 134 | Antiinfect, Antivirals, EENT |
| 33 | Autonomic, Nicotine Preparations | 67 | Anticonv, Succinimides | 101 | Acidifying Agents, NEC | 135 | Antiinfect, Sulfonamides EENT |
| 34 | Blood Derivatives, NEC | 68 | Anticonvulsants, Misc | 102 | Alkalinizing Agents, NEC | 136 | Antiinfectives, Misc EENT |

ATTACHMENT N - THERCLS

| Value | Label | Value | Label | Value | Label | Value | Label |
|-------|--|-------|------------------------------------|-------|-----------------------------------|-------|--------------------------------|
| 137 | Antiinfect, Antiinflam EENT | 172 | Antidiabetic Agents, Insulin | 207 | S/MM, Soaps/Cleansers/Antiseptics | 242 | Antineoplastics S/MM, NEC |
| 138 | Antiinflam Agents EENT, NEC | 173 | Antidiabetic Ag, Sulfonylureas | 208 | S/MM Misc, Vaginal Lubricants | 243 | Cholesterol Test |
| 139 | Contact Lens Sol & Prep, NEC | 174 | Antidiabetic Agents, Misc | 209 | S/MM, Skin and Wound Dress/Soaks | 244 | Hepatitis Tests |
| 140 | Eyewash/Eyestrm/Lubr/Tear, NEC | 175 | Parathyroid Hormones, NEC | 210 | Depig/Pig/S/MM Depigment Agents | 245 | Natriuretic Peptides |
| 141 | Anesthetics, Local EENT, NEC | 176 | Pituitary Hormones, NEC | 211 | Depig/Pig/S/MM Pigmenting Agents | 246 | Gonadotrop Rel Horm Antagonist |
| 142 | Miotics, EENT, NEC | 177 | Progestins, NEC | 212 | Sunscreen Agents S/MM, NEC | 247 | Bacterial Test |
| 143 | Mydriatics, EENT, NEC | 178 | Thy/Antithy, Thyroid Hormones | 213 | Enzyme Preps, Topical S/MM, NEC | 248 | Leukotriene Modifiers |
| 144 | Mouthwashes/Gargles, Misc NEC | 179 | Thy/Antithy, Antithyroid Agents | 214 | Smooth Muscle Relaxants, NEC | 249 | Uricosuric Agents |
| 145 | Vasoconstrictors EENT, NEC | 180 | Gonadotropin Rel Horm Agnst, NEC | 215 | Muscle Rel, Smooth-Genitour NEC | 250 | Phosphodiesterase Inhibitors |
| 146 | Eye/Ear/Nose/Throat Misc, NEC | 181 | Immunosuppressants, NEC | 216 | Muscle Rel, Smooth-Respiratr NEC | 251 | Biological Response Modifiers |
| 147 | Antacids/Adsorbents & Comb, NEC | 182 | Anesthetics, Local | 217 | Bioflavonoids & Comb, NEC | 252 | Somatomedins |
| 148 | Antidiarrhea Agents, NEC | 183 | Oxytocics, NEC | 218 | Vitamin A & Derivatives | 253 | Growth Hormone Rel Horm Analog |
| 149 | Antiflatulents, NEC | 184 | Radioactive Agents, NEC | 219 | Vitamin Bs & B Complex, NEC | 254 | Enzyme Inhibitors |
| 150 | Cathartics & Laxatives, NEC | 185 | Serums/Toxoids/Vaccines, NEC | 220 | Vitamin Bs w/Iron/Other Min NEC | 255 | Pulmonary Surfactants |
| 151 | Cath & Lax, Bulk Form | 186 | Serums, NEC | 221 | Vitamin Bs w/Vitamin C, NEC | 256 | Leptin Analog |
| 152 | Cath & Lax, Laxatives, Emollient | 187 | Toxins, NEC | 222 | Folic Acid & Derivatives, NEC | 257 | Bone Resorption Inhibitors |
| 153 | Cath & Lax, Laxatives, Enemas | 188 | Toxoids, NEC | 223 | Vitamin C & Bioflavonoids, NEC | 258 | Antineoplastic Adjunct Agents |
| 154 | Cath & Lax, Laxatives, Saline | 189 | Vaccines, NEC | 224 | Vitamin D, NEC | 259 | Blood Form/Coagul Agents, Misc |
| 155 | Cath & Lax, Laxatives, Stimulant | 190 | Antiinf S/MM, Antibiotics & Comb | 225 | Vitamin E & Comb, NEC | 260 | Interferons, Antineoplastic |
| 156 | Cath & Lax, Laxatives, Stool Softeners | 191 | Antiinf S/MM, Antivirals & Comb | 226 | Vitamin K Derivatives, NEC | 261 | Chemotherapy |
| 157 | Cholelitholytic Agents, NEC | 192 | Antiinf S/MM, Antifungals & Comb | 227 | Multivit Prep, NEC | 262 | Hormone-Modifying Therapy |
| 158 | Digestants & Comb, NEC | 193 | Antiinf S/MM, Scabic/Pediculic | 228 | Multivit Prep, Multivit Plain | 263 | Molecular Targeted Therapy |
| 159 | Emetics, NEC | 194 | Antiinf S/MM, Antiinf Local Misc | 229 | Multivit Prep, Multivit Iron | 264 | Radiopharmaceu/Antineoplastic |
| 160 | Antiemetics, NEC | 195 | Antiinflam S/MM Agnts & Comb, Misc | 230 | Multivit Prep, Multivit Minerals | 265 | Antineoplastic Agent, Misc. |
| 161 | Histamine (H2) Antagonists, NEC | 196 | Antiprut/Local Anest S/MM, NEC | 231 | Multivit Prep, Multivit Fluoride | 266 | Antidiabetic Ag, Meglitinides |
| 162 | Gastrointestinal Drugs Misc, NEC | 197 | Cell Stim/Proliferant S/MM, NEC | 232 | Multivit Prep, Multivit Prenatal | 267 | Antidiabetic Ag, SGLT Inhibitr |
| 163 | Gold Compounds, NEC | 198 | Detergent S/MM, NEC | 233 | Vitamins & Comb Misc, NEC | 268 | Antidiabetic Ag, TZD |
| 164 | Heavy Metal Antagonists, NEC | 199 | Emoll/Moist/Demul/Protect S/MM | 234 | Unclassified Agents, NEC | 271 | Kallikrein Inhibitor |
| 165 | Hormones & Synthetics Subst, NEC | 200 | Keratolytic Agents S/MM, NEC | 235 | Antigout Agents, NEC | 272 | COMT Inhibitors |
| 166 | Adrenals & Comb, NEC | 201 | Keratoplastic Agents S/MM, NEC | 236 | Mast Cell Stabilizers, NEC | 273 | Per-Act Mu Op Rcp Ant (PAMORA) |
| 167 | Androgens & Comb, NEC | 202 | S/MM Miscellaneous, NEC | 237 | Devices and Non-Drug Items, NEC | 290 | Antifungal, EENT |
| 168 | Contraceptive, Oral Comb, NEC | 203 | S/MM Misc, Analgesics | 238 | Pharmaceutical Aids/Adjuv, NEC | 299 | Other/unavailable |
| 169 | Ovulation Stimulants, NEC | 204 | S/MM Misc, Astringents | 239 | Scintigraphy | 999 | Other/unavailable |
| 170 | Estrogens & Comb, NEC | 205 | S/MM Misc, Cosmetics | 240 | Antiallergic Agents | - | - |

ATTACHMENT N - THERCLS

| Value | Label | Value | Label | Value | Label | Value | Label |
|-------|--------------------|-------|--------------------|-------|---------------------------------|-------|-------|
| 171 | Gonadotropins, NEC | 206 | S/MM Misc, Powders | 241 | Phosphorus Removing Agents, NEC | - | - |

ATTACHMENT O - THERGRP

| Value | Label | Value | Label |
|-------|---|-------|--|
| 01 | Antihistamines & Comb. (Class 1) | 17 | Gastrointestinal Drugs (Classes 147-162, 273) |
| 02 | Anti-infective Agents (Classes 2-20) | 18 | Gold Compounds (Class 163) |
| 03 | Antineoplastic Agents (Classes 21-22, 260-265) | 19 | Heavy Metal Antagonists (Class 164) |
| 04 | Autonomic Drugs (Classes 23-33) | 20 | Hormones & Synthetic Substitutes (Classes 165-180 246 252-253 256 266-268) |
| 05 | Blood Derivatives (Class 34) | 21 | Immunosuppressants (Class 181) |
| 06 | Blood Form/Coagul Agents (Classes 35-45, 259) | 22 | Anesthetics, Local (Class 122) |
| 07 | Cardiovascular Agents (Classes 46-56, 245, 250, 271) | 23 | Oxytoxics (Class 183) |
| 08 | Central Nervous System (Classes 57-77, 272) | 24 | Radioactive Agents (Class 184) |
| 09 | Contraceptive Cream/Foam/Devices (Classes 78) | 25 | Serums, Toxoids, Vaccines (Classes 185-189) |
| 10 | Dental Agents (Classes 79-83) | 26 | Skin & Mucous Membrane (Classes 190-213, 242) |
| 11 | Diagnostic Agents (Classes 84-98, 239, 243-244, 247) | 27 | Smooth Muscles Relaxants (Classes 214-216) |
| 12 | Disinfectants (Class 99) | 28 | Vitamins & Comb (Classes 217-233) |
| 13 | Electrolytic, Caloric, Water (Classes 100-126, 241) | 29 | Unclassified Agents (Classes 234-236, 251, 254, 257-258) |
| 14 | Enzymes (Class 127) | 30 | Devices and Non-drug Items (Class 237) |
| 15 | Antituss/Expector/Mucolytic (Classes 128-131, 248, 255) | 31 | Pharmaceutical Aids/Adjuvants (Class 238) |
| 16 | Eye, Ear, Nose Throat (Classes 132-146, 240, 290) | 99 | Other/unavailable |



© Truven Health Analytics Inc 2017. All rights reserved.
Republication or redistribution of Truven Health content, including by framing or similar means, is prohibited without the prior written consent of Truven Health. 'Truven Health' and the Truven Health logo are registered trademarks and trademarks of Truven Health and its affiliated companies.