

2019 IBM MARKETSCAN COMMERCIAL CLAIMS AND ENCOUNTERS MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS DATA DICTIONARY

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**IBM Watson Health
100 Phoenix Drive
Ann Arbor, Michigan 48108**

The file should be cited as follows:

SOURCE: IBM® RED BOOK™ and MarketScan® Research Databases.

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.

LongName

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	SVCSCAT	Service Sub-Category Code	C	S,O
MEMDAY5	Member Days Month 5	N	A	Geographic Variables			
MEMDAY6	Member Days Month 6	N	A	EGEOLOC	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 Principal	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 1	C	F,I	PROC13	Procedure 13	C	I
POADX10	Present On Admission Diagnosis 10	C	I	PROC14	Procedure 14	C	I
POADX11	Present On Admission Diagnosis 11	C	I	PROC15	Procedure 15	C	I
POADX12	Present On Admission Diagnosis 12	C	I	PROCGRP	Procedure Group	N	O
POADX13	Present On Admission Diagnosis 13	C	I	PROCMOD	Procedure Code Modifier	C	S,O
POADX14	Present On Admission Diagnosis 14	C	I	PROCTYP	Procedure Code Type	C	S,O
POADX15	Present On Admission Diagnosis 15	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 Principal	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 MHSA	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 10	C	REGION	Region	C
DX9	Diagnosis 9	C	POADX11	Present On Admission Diagnosis 11	C	RX	Cohort Drug Indicator	C
DX10	Diagnosis 10	C	POADX12	Present On Admission Diagnosis 12	C	SEQNUM	Sequence Number	N
DX11	Diagnosis 11	C	POADX13	Present On Admission Diagnosis 13	C	SEX	Gender of Patient	C
DX12	Diagnosis 12	C	POADX14	Present On Admission Diagnosis 14	C	STATE	State Hospital	C
DX13	Diagnosis 13	C	POADX15	Present On Admission Diagnosis 15	C	TOTCOB	COB and Other Savings: Total (Case)	N
DX14	Diagnosis 14	C	POADX2	Present On Admission Diagnosis 2	C	TOTCOINS	Coinurance: 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
EGEOLC	Geographic Location Employee	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 MHS	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	Coinurance	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 MHSA	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 MHS	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
2019 RED BOOK®**

Name	Long Name	Data Type
ACTIND	NDC Active Indicator	C
DEACLAS	DEA Class Code	C
DEACLDS	DEA Class Description	C
DEACTDT	Date Deactivated	DT
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
REACTDT	Date Reactivated	DT
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 Each character = 0-9	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. Watson 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.	D
BILLTYP	Facility Bill Type Code	The Bill Type code appearing on the header of the facility claim	-	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
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

COMMERCIAL CLAIMS AND ENCOUNTERS

MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

DATA DICTIONARY

Name	Long Name	Description	Valid Contents	Notes	Tables
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 Watson 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
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	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

COMMERCIAL CLAIMS AND ENCOUNTERS

MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

DATA DICTIONARY

Name	Long Name	Description	Valid Contents	Notes	Tables
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	mmddyy10.	-	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
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 A - DRG	Assigned by Watson Health using DRG Grouper 37.0 (effective with 2019 data)	I,S
DSTATUS	Discharge Status	Status of patient upon discharge from the hospital.	See Attachment B - DSTATUS	Mapped from carrier specific coding to Watson 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 Watson 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 Each character = 0-9	Mapped from carrier specific coding to Watson 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	See Attachment C - EGEOLOC	New in 2011	I,F,S,O,D,A,T
EGEOLOC	Geographic Location	Geographic location (state, division, region) of primary beneficiary's residence	See Attachment C - 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; "nsaidn" ENROL ID	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 Watson Health standard values	I,F,S,O,D,A,T
ENRFLAG	Enrollment Flag	A flag that 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
ENRIND1 through ENRIND12	Enrollment Indicator Month 1 through Enrollment Indicator Month 12	A flag that 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

COMMERCIAL CLAIMS AND ENCOUNTERS

MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

DATA DICTIONARY

Name	Long Name	Description	Valid Contents	Notes	Tables
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 US employer or a Health Plan	0: Employer 1: Health Plan	New in 2004	I,F,S,O,D,A,T
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

COMMERCIAL CLAIMS AND ENCOUNTERS

MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

DATA DICTIONARY

Name	Long Name	Description	Valid Contents	Notes	Tables
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
MDC	Major Diagnostic Category	Body-system or disease related groupings of clinical conditions, based on diagnosis codes	See Attachment D - MDC	Assigned by Watson Health using DRG Grouper 37.0 (effective with 2019 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 MHSA	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 MHSA 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 E - 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

COMMERCIAL CLAIMS AND ENCOUNTERS

MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

DATA DICTIONARY

Name	Long Name	Description	Valid Contents	Notes	Tables
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
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 that 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
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

COMMERCIAL CLAIMS AND ENCOUNTERS

MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

DATA DICTIONARY

Name	Long Name	Description	Valid Contents	Notes	Tables
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 Watson Health standard values. See "Plan Type Definition" in the MarketScan CCAE MDCR User's Guide.	I,F,S,O,D,T
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 Watson 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

COMMERCIAL CLAIMS AND ENCOUNTERS

MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

DATA DICTIONARY

Name	Long Name	Description	Valid Contents	Notes	Tables
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
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

COMMERCIAL CLAIMS AND ENCOUNTERS

MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

DATA DICTIONARY

Name	Long Name	Description	Valid Contents	Notes	Tables
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
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
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

COMMERCIAL CLAIMS AND ENCOUNTERS

MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

DATA DICTIONARY

Name	Long Name	Description	Valid Contents	Notes	Tables
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.	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.	See PROC1 through PROC15 below. 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-10-CM, or HCPCS procedure codes	See Attachment F - 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
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 (eg, 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	-	-	S,O

COMMERCIAL CLAIMS AND ENCOUNTERS

MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

DATA DICTIONARY

Name	Long Name	Description	Valid Contents	Notes	Tables
RX	Cohort Drug Indicator	Identifies whether or not Watson 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 G - STATE	Based on hospital ZIP Code; <u>not</u> population supported. For 1999 data and forward, this variables share the same lookup as EGEOLC (Geographic Location Employee)	I
STDPLAC	Place of Service	Setting where service occurred	See Attachment H - STDPLAC	Mapped from carrier specific coding to Watson 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 Agencies	See Attachment I - STDPROV	Mapped from carrier specific coding to Watson 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 J - 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 K - 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 L - THERGRP	Mapped from ranges of Red Book Therapeutic Class Codes	D

COMMERCIAL CLAIMS AND ENCOUNTERS

MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

DATA DICTIONARY

Name	Long Name	Description	Valid Contents	Notes	Tables
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
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	mmddyy10.	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 Watson 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
ACTIND	NDC Active Indicator	An indication of whether the NDC code is still active	Y: NDC record is currently active N: NDC record is not currently active U: Unknown	New in 2017. A value of U/Unknown suggests that the drug pre-dates Red book and/or information for that NDC is no longer actively being received.	RED BOOK
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
DEACTDT	Date Deactivated	The date on which the NDC code was deactivated	mmddyy10.	New in 2017.	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 not 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
MSTFMDSD	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
ORGBKDS	Orange Book Code Description	Text lookup value for ORGBKCD (Orange Book Code)	Character 30 variable, left justified	-	RED BOOK

COMMERCIAL CLAIMS AND ENCOUNTERS

MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

RED BOOK® DICTIONARY

Name	Long Name	Description	Valid	Contents	Notes	Tables
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
PRODNAME	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
REACTDT	Date Reactivated	The date on which the NDC code was reactivated	mmddyy10.		New in 2017.	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
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

COMMERCIAL CLAIMS AND ENCOUNTERS

MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

RED BOOK[®] DICTIONARY

Name	Long Name	Description	Valid Contents	Notes	Tables
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
THRDTS	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 - DRG (Grouper Version 37)

Value	Label
1	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITH MCC
2	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITHOUT MCC
3	ECMO OR TRACHEOSTOMY WITH MV >96 HOURS OR PDX EXCEPT FACE MOUTH AND NECK WITH MAJOR O.R. PROCEDURE
4	TRACHEOSTOMY WITH MV >96 HOURS OR PDX EXCEPT FACE MOUTH AND NECK WITHOUT MAJOR O.R. PROCEDURE
5	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
6	LIVER TRANSPLANT WITHOUT MCC
7	LUNG TRANSPLANT
8	SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT
10	PANCREAS TRANSPLANT
11	TRACHEOSTOMY FOR FACE MOUTH & NECK DIAGNOSES OR LARYNGECTOMY WITH MCC
12	TRACHEOSTOMY FOR FACE MOUTH & NECK DIAGNOSES OR LARYNGECTOMY WITH CC
13	TRACHEOSTOMY FOR FACE MOUTH & NECK DIAGNOSES OR LARYNGECTOMY WITHOUT CC/MCC
14	ALLOGENEIC BONE MARROW TRANSPLANT
16	AUTOLOGOUS BONE MARROW TRANSPLANT WITH CC/MCC OR T-CELL IMMUNOTHERAPY
17	AUTOLOGOUS BONE MARROW TRANSPLANT WITHOUT CC/MCC
20	INTRACRANIAL VASCULAR PROCEDURES WITH PDX HEMORRHAGE WITH MCC
21	INTRACRANIAL VASCULAR PROCEDURES WITH PDX HEMORRHAGE WITH CC
22	INTRACRANIAL VASCULAR PROCEDURES WITH PDX HEMORRHAGE WITHOUT CC/MCC
23	CRANIOTOMY WITH MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX WITH MCC OR CHEMOTHERAPY IMPLANT OR EPILEPSY
24	CRANIOTOMY WITH MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX WITHOUT MCC
25	CRANIOTOMY AND ENDOVASCULAR INTRACRANIAL PROCEDURES WITH MCC
26	CRANIOTOMY AND ENDOVASCULAR INTRACRANIAL PROCEDURES WITH CC
27	CRANIOTOMY AND ENDOVASCULAR INTRACRANIAL PROCEDURES WITHOUT CC/MCC
28	SPINAL PROCEDURES WITH MCC
29	SPINAL PROCEDURES WITH CC OR SPINAL NEUROSTIMULATORS
30	SPINAL PROCEDURES WITHOUT CC/MCC
31	VENTRICULAR SHUNT PROCEDURES WITH MCC
32	VENTRICULAR SHUNT PROCEDURES WITH CC
33	VENTRICULAR SHUNT PROCEDURES WITHOUT CC/MCC
34	CAROTID ARTERY STENT PROCEDURE WITH MCC
35	CAROTID ARTERY STENT PROCEDURE WITH CC
36	CAROTID ARTERY STENT PROCEDURE WITHOUT CC/MCC
37	EXTRACRANIAL PROCEDURES WITH MCC
38	EXTRACRANIAL PROCEDURES WITH CC
39	EXTRACRANIAL PROCEDURES WITHOUT CC/MCC
40	PERIPHERAL CRANIAL NERVE AND OTHER NERVOUS SYSTEM PROCEDURES WITH MCC
41	PERIPHERAL CRANIAL NERVE AND OTHER NERVOUS SYSTEM PROCEDURES WITH CC OR PERIPHERAL NEUROSTIMULATOR
42	PERIPHERAL CRANIAL NERVE AND OTHER NERVOUS SYSTEM PROCEDURES WITHOUT CC/MCC
52	SPINAL DISORDERS AND INJURIES WITH CC/MCC
53	SPINAL DISORDERS AND INJURIES WITHOUT CC/MCC

ATTACHMENT A - DRG (Grouper Version 37)

Value	Label
54	NERVOUS SYSTEM NEOPLASMS WITH MCC
55	NERVOUS SYSTEM NEOPLASMS WITHOUT MCC
56	DEGENERATIVE NERVOUS SYSTEM DISORDERS WITH MCC
57	DEGENERATIVE NERVOUS SYSTEM DISORDERS WITHOUT MCC
58	MULTIPLE SCLEROSIS AND CEREBELLAR ATAXIA WITH MCC
59	MULTIPLE SCLEROSIS AND CEREBELLAR ATAXIA WITH CC
60	MULTIPLE SCLEROSIS AND CEREBELLAR ATAXIA WITHOUT CC/MCC
61	ISCHEMIC STROKE PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA WITH THROMBOLYTIC AGENT WITH MCC
62	ISCHEMIC STROKE PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA WITH THROMBOLYTIC AGENT WITH CC
63	ISCHEMIC STROKE PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA WITH THROMBOLYTIC AGENT WITHOUT CC/MCC
64	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH MCC
65	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH CC OR TPA IN 24 HOURS
66	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITHOUT CC/MCC
67	NONSPECIFIC CVA AND PRECEREBRAL OCCLUSION WITHOUT INFARCTION WITH MCC
68	NONSPECIFIC CVA AND PRECEREBRAL OCCLUSION WITHOUT INFARCTION WITHOUT MCC
69	TRANSIENT ISCHEMIA WITHOUT THROMBOLYTIC
70	NONSPECIFIC CEREBROVASCULAR DISORDERS WITH MCC
71	NONSPECIFIC CEREBROVASCULAR DISORDERS WITH CC
72	NONSPECIFIC CEREBROVASCULAR DISORDERS WITHOUT CC/MCC
73	CRANIAL AND PERIPHERAL NERVE DISORDERS WITH MCC
74	CRANIAL AND PERIPHERAL NERVE DISORDERS WITHOUT MCC
75	VIRAL MENINGITIS WITH CC/MCC
76	VIRAL MENINGITIS WITHOUT CC/MCC
77	HYPERTENSIVE ENCEPHALOPATHY WITH MCC
78	HYPERTENSIVE ENCEPHALOPATHY WITH CC
79	HYPERTENSIVE ENCEPHALOPATHY WITHOUT CC/MCC
80	NONTRAUMATIC STUPOR AND COMA WITH MCC
81	NONTRAUMATIC STUPOR AND COMA WITHOUT MCC
82	TRAUMATIC STUPOR AND COMA COMA >1 HOUR WITH MCC
83	TRAUMATIC STUPOR AND COMA COMA >1 HOUR WITH CC
84	TRAUMATIC STUPOR AND COMA COMA >1 HOUR WITHOUT CC/MCC
85	TRAUMATIC STUPOR AND COMA COMA <1 HOUR WITH MCC
86	TRAUMATIC STUPOR AND COMA COMA <1 HOUR WITH CC
87	TRAUMATIC STUPOR AND COMA COMA <1 HOUR WITHOUT CC/MCC
88	CONCUSSION WITH MCC
89	CONCUSSION WITH CC
90	CONCUSSION WITHOUT CC/MCC
91	OTHER DISORDERS OF NERVOUS SYSTEM WITH MCC
92	OTHER DISORDERS OF NERVOUS SYSTEM WITH CC
93	OTHER DISORDERS OF NERVOUS SYSTEM WITHOUT CC/MCC

ATTACHMENT A - DRG (Grouper Version 37)

Value	Label
94	BACTERIAL AND TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM WITH MCC
95	BACTERIAL AND TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM WITH CC
96	BACTERIAL AND TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM WITHOUT CC/MCC
97	NON-BACTERIAL INFECTION OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS WITH MCC
98	NON-BACTERIAL INFECTION OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS WITH CC
99	NON-BACTERIAL INFECTION OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS WITHOUT CC/MCC
100	SEIZURES WITH MCC
101	SEIZURES WITHOUT MCC
102	HEADACHES WITH MCC
103	HEADACHES WITHOUT MCC
113	ORBITAL PROCEDURES WITH CC/MCC
114	ORBITAL PROCEDURES WITHOUT CC/MCC
115	EXTRAOCULAR PROCEDURES EXCEPT ORBIT
116	INTRAOCULAR PROCEDURES WITH CC/MCC
117	INTRAOCULAR PROCEDURES WITHOUT CC/MCC
121	ACUTE MAJOR EYE INFECTIONS WITH CC/MCC
122	ACUTE MAJOR EYE INFECTIONS WITHOUT CC/MCC
123	NEUROLOGICAL EYE DISORDERS
124	OTHER DISORDERS OF THE EYE WITH MCC
125	OTHER DISORDERS OF THE EYE WITHOUT MCC
129	MAJOR HEAD AND NECK PROCEDURES WITH CC/MCC OR MAJOR DEVICE
130	MAJOR HEAD AND NECK PROCEDURES WITHOUT CC/MCC
131	CRANIAL AND FACIAL PROCEDURES WITH CC/MCC
132	CRANIAL AND FACIAL PROCEDURES WITHOUT CC/MCC
133	OTHER EAR NOSE MOUTH AND THROAT O.R. PROCEDURES WITH CC/MCC
134	OTHER EAR NOSE MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC
135	SINUS AND MASTOID PROCEDURES WITH CC/MCC
136	SINUS AND MASTOID PROCEDURES WITHOUT CC/MCC
137	MOUTH PROCEDURES WITH CC/MCC
138	MOUTH PROCEDURES WITHOUT CC/MCC
139	SALIVARY GLAND PROCEDURES
146	EAR NOSE MOUTH AND THROAT MALIGNANCY WITH MCC
147	EAR NOSE MOUTH AND THROAT MALIGNANCY WITH CC
148	EAR NOSE MOUTH AND THROAT MALIGNANCY WITHOUT CC/MCC
149	DYSEQUILIBRIUM
150	EPISTAXIS WITH MCC
151	EPISTAXIS WITHOUT MCC
152	OTITIS MEDIA AND URI WITH MCC
153	OTITIS MEDIA AND URI WITHOUT MCC
154	OTHER EAR NOSE MOUTH AND THROAT DIAGNOSES WITH MCC

ATTACHMENT A - DRG (Grouper Version 37)

Value	Label
155	OTHER EAR NOSE MOUTH AND THROAT DIAGNOSES WITH CC
156	OTHER EAR NOSE MOUTH AND THROAT DIAGNOSES WITHOUT CC/MCC
157	DENTAL AND ORAL DISEASES WITH MCC
158	DENTAL AND ORAL DISEASES WITH CC
159	DENTAL AND ORAL DISEASES WITHOUT CC/MCC
163	MAJOR CHEST PROCEDURES WITH MCC
164	MAJOR CHEST PROCEDURES WITH CC
165	MAJOR CHEST PROCEDURES WITHOUT CC/MCC
166	OTHER RESPIRATORY SYSTEM O.R. PROCEDURES WITH MCC
167	OTHER RESPIRATORY SYSTEM O.R. PROCEDURES WITH CC
168	OTHER RESPIRATORY SYSTEM O.R. PROCEDURES WITHOUT CC/MCC
175	PULMONARY EMBOLISM WITH MCC OR ACUTE COR PULMONALE
176	PULMONARY EMBOLISM WITHOUT MCC
177	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC
178	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH CC
179	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITHOUT CC/MCC
180	RESPIRATORY NEOPLASMS WITH MCC
181	RESPIRATORY NEOPLASMS WITH CC
182	RESPIRATORY NEOPLASMS WITHOUT CC/MCC
183	MAJOR CHEST TRAUMA WITH MCC
184	MAJOR CHEST TRAUMA WITH CC
185	MAJOR CHEST TRAUMA WITHOUT CC/MCC
186	PLEURAL EFFUSION WITH MCC
187	PLEURAL EFFUSION WITH CC
188	PLEURAL EFFUSION WITHOUT CC/MCC
189	PULMONARY EDEMA AND RESPIRATORY FAILURE
190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH MCC
191	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH CC
192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITHOUT CC/MCC
193	SIMPLE PNEUMONIA AND PLEURISY WITH MCC
194	SIMPLE PNEUMONIA AND PLEURISY WITH CC
195	SIMPLE PNEUMONIA AND PLEURISY WITHOUT CC/MCC
196	INTERSTITIAL LUNG DISEASE WITH MCC
197	INTERSTITIAL LUNG DISEASE WITH CC
198	INTERSTITIAL LUNG DISEASE WITHOUT CC/MCC
199	PNEUMOTHORAX WITH MCC
200	PNEUMOTHORAX WITH CC
201	PNEUMOTHORAX WITHOUT CC/MCC
202	BRONCHITIS AND ASTHMA WITH CC/MCC
203	BRONCHITIS AND ASTHMA WITHOUT CC/MCC

ATTACHMENT A - DRG (Grouper Version 37)

Value	Label
204	RESPIRATORY SIGNS AND SYMPTOMS
205	OTHER RESPIRATORY SYSTEM DIAGNOSES WITH MCC
206	OTHER RESPIRATORY SYSTEM DIAGNOSES WITHOUT MCC
207	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT >96 HOURS
208	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT <=96 HOURS
215	OTHER HEART ASSIST SYSTEM IMPLANT
216	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITH MCC
217	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITH CC
218	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITHOUT CC/MCC
219	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITHOUT CARDIAC CATHETERIZATION WITH MCC
220	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITHOUT CARDIAC CATHETERIZATION WITH CC
221	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITHOUT CARDIAC CATHETERIZATION WITHOUT CC/MCC
222	CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION WITH AMI/HF/SHOCK WITH MCC
223	CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION WITH AMI/HF/SHOCK WITHOUT MCC
224	CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION WITHOUT AMI/HF/SHOCK WITH MCC
225	CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION WITHOUT AMI/HF/SHOCK WITHOUT MCC
226	CARDIAC DEFIBRILLATOR IMPLANT WITHOUT CARDIAC CATHETERIZATION WITH MCC
227	CARDIAC DEFIBRILLATOR IMPLANT WITHOUT CARDIAC CATHETERIZATION WITHOUT MCC
228	OTHER CARDIOTHORACIC PROCEDURES WITH MCC
229	OTHER CARDIOTHORACIC PROCEDURES WITHOUT MCC
231	CORONARY BYPASS WITH PTCA WITH MCC
232	CORONARY BYPASS WITH PTCA WITHOUT MCC
233	CORONARY BYPASS WITH CARDIAC CATHETERIZATION WITH MCC
234	CORONARY BYPASS WITH CARDIAC CATHETERIZATION WITHOUT MCC
235	CORONARY BYPASS WITHOUT CARDIAC CATHETERIZATION WITH MCC
236	CORONARY BYPASS WITHOUT CARDIAC CATHETERIZATION WITHOUT MCC
239	AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS EXCEPT UPPER LIMB AND TOE WITH MCC
240	AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS EXCEPT UPPER LIMB AND TOE WITH CC
241	AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS EXCEPT UPPER LIMB AND TOE WITHOUT CC/MCC
242	PERMANENT CARDIAC PACEMAKER IMPLANT WITH MCC
243	PERMANENT CARDIAC PACEMAKER IMPLANT WITH CC
244	PERMANENT CARDIAC PACEMAKER IMPLANT WITHOUT CC/MCC
245	AICD GENERATOR PROCEDURES
246	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH DRUG-ELUTING STENT WITH MCC OR 4+ ARTERIES OR STENTS
247	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH DRUG-ELUTING STENT WITHOUT MCC
248	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH NON-DRUG-ELUTING STENT WITH MCC OR 4+ ARTERIES OR STENTS
249	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH NON-DRUG-ELUTING STENT WITHOUT MCC
250	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITHOUT CORONARY ARTERY STENT WITH MCC
251	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITHOUT CORONARY ARTERY STENT WITHOUT MCC
252	OTHER VASCULAR PROCEDURES WITH MCC

ATTACHMENT A - DRG (Grouper Version 37)

Value	Label
253	OTHER VASCULAR PROCEDURES WITH CC
254	OTHER VASCULAR PROCEDURES WITHOUT CC/MCC
255	UPPER LIMB AND TOE AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS WITH MCC
256	UPPER LIMB AND TOE AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS WITH CC
257	UPPER LIMB AND TOE AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS WITHOUT CC/MCC
258	CARDIAC PACEMAKER DEVICE REPLACEMENT WITH MCC
259	CARDIAC PACEMAKER DEVICE REPLACEMENT WITHOUT MCC
260	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT WITH MCC
261	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT WITH CC
262	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT WITHOUT CC/MCC
263	VEIN LIGATION AND STRIPPING
264	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES
265	AICD LEAD PROCEDURES
266	ENDOVASCULAR CARDIAC VALVE REPLACEMENT AND SUPPLEMENT PROCEDURES WITH MCC
267	ENDOVASCULAR CARDIAC VALVE REPLACEMENT AND SUPPLEMENT PROCEDURES WITHOUT MCC
268	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON WITH MCC
269	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON WITHOUT MCC
270	OTHER MAJOR CARDIOVASCULAR PROCEDURES WITH MCC
271	OTHER MAJOR CARDIOVASCULAR PROCEDURES WITH CC
272	OTHER MAJOR CARDIOVASCULAR PROCEDURES WITHOUT CC/MCC
273	PERCUTANEOUS INTRACARDIAC PROCEDURES WITH MCC
274	PERCUTANEOUS INTRACARDIAC PROCEDURES WITHOUT MCC
280	ACUTE MYOCARDIAL INFARCTION DISCHARGED ALIVE WITH MCC
281	ACUTE MYOCARDIAL INFARCTION DISCHARGED ALIVE WITH CC
282	ACUTE MYOCARDIAL INFARCTION DISCHARGED ALIVE WITHOUT CC/MCC
283	ACUTE MYOCARDIAL INFARCTION EXPIRED WITH MCC
284	ACUTE MYOCARDIAL INFARCTION EXPIRED WITH CC
285	ACUTE MYOCARDIAL INFARCTION EXPIRED WITHOUT CC/MCC
286	CIRCULATORY DISORDERS EXCEPT AMI WITH CARDIAC CATETERIZATION WITH MCC
287	CIRCULATORY DISORDERS EXCEPT AMI WITH CARDIAC CATETERIZATION WITHOUT MCC
288	ACUTE AND SUBACUTE ENDOCARDITIS WITH MCC
289	ACUTE AND SUBACUTE ENDOCARDITIS WITH CC
290	ACUTE AND SUBACUTE ENDOCARDITIS WITHOUT CC/MCC
291	HEART FAILURE AND SHOCK WITH MCC
292	HEART FAILURE AND SHOCK WITH CC
293	HEART FAILURE AND SHOCK WITHOUT CC/MCC
294	DEEP VEIN THROMBOPHLEBITIS WITH CC/MCC
295	DEEP VEIN THROMBOPHLEBITIS WITHOUT CC/MCC
296	CARDIAC ARREST UNEXPLAINED WITH MCC
297	CARDIAC ARREST UNEXPLAINED WITH CC

ATTACHMENT A - DRG (Grouper Version 37)

Value	Label
298	CARDIAC ARREST UNEXPLAINED WITHOUT CC/MCC
299	PERIPHERAL VASCULAR DISORDERS WITH MCC
300	PERIPHERAL VASCULAR DISORDERS WITH CC
301	PERIPHERAL VASCULAR DISORDERS WITHOUT CC/MCC
302	ATHEROSCLEROSIS WITH MCC
303	ATHEROSCLEROSIS WITHOUT MCC
304	HYPERTENSION WITH MCC
305	HYPERTENSION WITHOUT MCC
306	CARDIAC CONGENITAL AND VALVULAR DISORDERS WITH MCC
307	CARDIAC CONGENITAL AND VALVULAR DISORDERS WITHOUT MCC
308	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITH MCC
309	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITH CC
310	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITHOUT CC/MCC
311	ANGINA PECTORIS
312	SYNCOPE AND COLLAPSE
313	CHEST PAIN
314	OTHER CIRCULATORY SYSTEM DIAGNOSES WITH MCC
315	OTHER CIRCULATORY SYSTEM DIAGNOSES WITH CC
316	OTHER CIRCULATORY SYSTEM DIAGNOSES WITHOUT CC/MCC
319	OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES WITH MCC
320	OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES WITHOUT MCC
326	STOMACH ESOPHAGEAL AND DUODENAL PROCEDURES WITH MCC
327	STOMACH ESOPHAGEAL AND DUODENAL PROCEDURES WITH CC
328	STOMACH ESOPHAGEAL AND DUODENAL PROCEDURES WITHOUT CC/MCC
329	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH MCC
330	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH CC
331	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITHOUT CC/MCC
332	RECTAL RESECTION WITH MCC
333	RECTAL RESECTION WITH CC
334	RECTAL RESECTION WITHOUT CC/MCC
335	PERITONEAL ADHESIOLYSIS WITH MCC
336	PERITONEAL ADHESIOLYSIS WITH CC
337	PERITONEAL ADHESIOLYSIS WITHOUT CC/MCC
338	APPENDECTOMY WITH COMPLICATED PRINCIPAL DIAGNOSIS WITH MCC
339	APPENDECTOMY WITH COMPLICATED PRINCIPAL DIAGNOSIS WITH CC
340	APPENDECTOMY WITH COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
341	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITH MCC
342	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITH CC
343	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
344	MINOR SMALL AND LARGE BOWEL PROCEDURES WITH MCC

ATTACHMENT A - DRG (Grouper Version 37)

Value	Label
345	MINOR SMALL AND LARGE BOWEL PROCEDURES WITH CC
346	MINOR SMALL AND LARGE BOWEL PROCEDURES WITHOUT CC/MCC
347	ANAL AND STOMAL PROCEDURES WITH MCC
348	ANAL AND STOMAL PROCEDURES WITH CC
349	ANAL AND STOMAL PROCEDURES WITHOUT CC/MCC
350	INGUINAL AND FEMORAL HERNIA PROCEDURES WITH MCC
351	INGUINAL AND FEMORAL HERNIA PROCEDURES WITH CC
352	INGUINAL AND FEMORAL HERNIA PROCEDURES WITHOUT CC/MCC
353	HERNIA PROCEDURES EXCEPT INGUINAL AND FEMORAL WITH MCC
354	HERNIA PROCEDURES EXCEPT INGUINAL AND FEMORAL WITH CC
355	HERNIA PROCEDURES EXCEPT INGUINAL AND FEMORAL WITHOUT CC/MCC
356	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITH MCC
357	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITH CC
358	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITHOUT CC/MCC
368	MAJOR ESOPHAGEAL DISORDERS WITH MCC
369	MAJOR ESOPHAGEAL DISORDERS WITH CC
370	MAJOR ESOPHAGEAL DISORDERS WITHOUT CC/MCC
371	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS WITH MCC
372	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS WITH CC
373	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS WITHOUT CC/MCC
374	DIGESTIVE MALIGNANCY WITH MCC
375	DIGESTIVE MALIGNANCY WITH CC
376	DIGESTIVE MALIGNANCY WITHOUT CC/MCC
377	G.I. HEMORRHAGE WITH MCC
378	G.I. HEMORRHAGE WITH CC
379	G.I. HEMORRHAGE WITHOUT CC/MCC
380	COMPLICATED PEPTIC ULCER WITH MCC
381	COMPLICATED PEPTIC ULCER WITH CC
382	COMPLICATED PEPTIC ULCER WITHOUT CC/MCC
383	UNCOMPLICATED PEPTIC ULCER WITH MCC
384	UNCOMPLICATED PEPTIC ULCER WITHOUT MCC
385	INFLAMMATORY BOWEL DISEASE WITH MCC
386	INFLAMMATORY BOWEL DISEASE WITH CC
387	INFLAMMATORY BOWEL DISEASE WITHOUT CC/MCC
388	G.I. OBSTRUCTION WITH MCC
389	G.I. OBSTRUCTION WITH CC
390	G.I. OBSTRUCTION WITHOUT CC/MCC
391	ESOPHAGITIS GASTROENTERITIS AND MISCELLANEOUS DIGESTIVE DISORDERS WITH MCC
392	ESOPHAGITIS GASTROENTERITIS AND MISCELLANEOUS DIGESTIVE DISORDERS WITHOUT MCC
393	OTHER DIGESTIVE SYSTEM DIAGNOSES WITH MCC

ATTACHMENT A - DRG (Grouper Version 37)

Value	Label
394	OTHER DIGESTIVE SYSTEM DIAGNOSES WITH CC
395	OTHER DIGESTIVE SYSTEM DIAGNOSES WITHOUT CC/MCC
405	PANCREAS LIVER AND SHUNT PROCEDURES WITH MCC
406	PANCREAS LIVER AND SHUNT PROCEDURES WITH CC
407	PANCREAS LIVER AND SHUNT PROCEDURES WITHOUT CC/MCC
408	BILIARY TRACT PROCEDURE EXCEPT ONLY CHOLECYSTECTOMY WITH OR WITHOUT C.D.E. WITH MCC
409	BILIARY TRACT PROCEDURE EXCEPT ONLY CHOLECYSTECTOMY WITH OR WITHOUT C.D.E. WITH CC
410	BILIARY TRACT PROCEDURE EXCEPT ONLY CHOLECYSTECTOMY WITH OR WITHOUT C.D.E. WITHOUT CC/MCC
411	CHOLECYSTECTOMY WITH C.D.E. WITH MCC
412	CHOLECYSTECTOMY WITH C.D.E. WITH CC
413	CHOLECYSTECTOMY WITH C.D.E. WITHOUT CC/MCC
414	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT C.D.E. WITH MCC
415	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT C.D.E. WITH CC
416	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT C.D.E. WITHOUT CC/MCC
417	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITH MCC
418	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITH CC
419	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITHOUT CC/MCC
420	HEPATOBIILIARY DIAGNOSTIC PROCEDURES WITH MCC
421	HEPATOBIILIARY DIAGNOSTIC PROCEDURES WITH CC
422	HEPATOBIILIARY DIAGNOSTIC PROCEDURES WITHOUT CC/MCC
423	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES WITH MCC
424	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES WITH CC
425	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES WITHOUT CC/MCC
432	CIRRHOSIS AND ALCOHOLIC HEPATITIS WITH MCC
433	CIRRHOSIS AND ALCOHOLIC HEPATITIS WITH CC
434	CIRRHOSIS AND ALCOHOLIC HEPATITIS WITHOUT CC/MCC
435	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS WITH MCC
436	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS WITH CC
437	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS WITHOUT CC/MCC
438	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITH MCC
439	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITH CC
440	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITHOUT CC/MCC
441	DISORDERS OF LIVER EXCEPT MALIGNANCY CIRRHOSIS OR ALCOHOLIC HEPATITIS WITH MCC
442	DISORDERS OF LIVER EXCEPT MALIGNANCY CIRRHOSIS OR ALCOHOLIC HEPATITIS WITH CC
443	DISORDERS OF LIVER EXCEPT MALIGNANCY CIRRHOSIS OR ALCOHOLIC HEPATITIS WITHOUT CC/MCC
444	DISORDERS OF THE BILIARY TRACT WITH MCC
445	DISORDERS OF THE BILIARY TRACT WITH CC
446	DISORDERS OF THE BILIARY TRACT WITHOUT CC/MCC
453	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION WITH MCC
454	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION WITH CC

ATTACHMENT A - DRG (Grouper Version 37)

Value	Label
455	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION WITHOUT CC/MCC
456	SPINAL FUSION EXCEPT CERVICAL WITH SPINAL CURVATURE OR MALIGNANCY OR INFECTION OR EXTENSIVE FUSIONS WITH MCC
457	SPINAL FUSION EXCEPT CERVICAL WITH SPINAL CURVATURE OR MALIGNANCY OR INFECTION OR EXTENSIVE FUSIONS WITH CC
458	SPINAL FUSION EXCEPT CERVICAL WITH SPINAL CURVATURE OR MALIGNANCY OR INFECTION OR EXTENSIVE FUSIONS WITHOUT CC
459	SPINAL FUSION EXCEPT CERVICAL WITH MCC
460	SPINAL FUSION EXCEPT CERVICAL WITHOUT MCC
461	BILATERAL OR MULTIPLE MAJOR JOINT PROCEDURES OF LOWER EXTREMITY WITH MCC
462	BILATERAL OR MULTIPLE MAJOR JOINT PROCEDURES OF LOWER EXTREMITY WITHOUT MCC
463	WOUND DEBRIDEMENT AND SKIN GRAFT EXCEPT HAND FOR MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DISORDERS W
464	WOUND DEBRIDEMENT AND SKIN GRAFT EXCEPT HAND FOR MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DISORDERS W
465	WOUND DEBRIDEMENT AND SKIN GRAFT EXCEPT HAND FOR MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DISORDERS W
466	REVISION OF HIP OR KNEE REPLACEMENT WITH MCC
467	REVISION OF HIP OR KNEE REPLACEMENT WITH CC
468	REVISION OF HIP OR KNEE REPLACEMENT WITHOUT CC/MCC
469	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITH MCC OR TOTAL ANKLE REPLACEMENT
470	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MCC
471	CERVICAL SPINAL FUSION WITH MCC
472	CERVICAL SPINAL FUSION WITH CC
473	CERVICAL SPINAL FUSION WITHOUT CC/MCC
474	AMPUTATION FOR MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DISORDERS WITH MCC
475	AMPUTATION FOR MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DISORDERS WITH CC
476	AMPUTATION FOR MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DISORDERS WITHOUT CC/MCC
477	BIOPSIES OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC
478	BIOPSIES OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH CC
479	BIOPSIES OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITHOUT CC/MCC
480	HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH MCC
481	HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH CC
482	HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITHOUT CC/MCC
483	MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES
485	KNEE PROCEDURES WITH PDX OF INFECTION WITH MCC
486	KNEE PROCEDURES WITH PDX OF INFECTION WITH CC
487	KNEE PROCEDURES WITH PDX OF INFECTION WITHOUT CC/MCC
488	KNEE PROCEDURES WITHOUT PDX OF INFECTION WITH CC/MCC
489	KNEE PROCEDURES WITHOUT PDX OF INFECTION WITHOUT CC/MCC
492	LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP FOOT AND FEMUR WITH MCC
493	LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP FOOT AND FEMUR WITH CC
494	LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP FOOT AND FEMUR WITHOUT CC/MCC
495	LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITH MCC
496	LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITH CC

ATTACHMENT A - DRG (Grouper Version 37)

Value	Label
497	LOCAL EXCISION AND REMOVAL INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITHOUT CC/MCC
498	LOCAL EXCISION AND REMOVAL INTERNAL FIXATION DEVICES OF HIP AND FEMUR WITH CC/MCC
499	LOCAL EXCISION AND REMOVAL INTERNAL FIXATION DEVICES OF HIP AND FEMUR WITHOUT CC/MCC
500	SOFT TISSUE PROCEDURES WITH MCC
501	SOFT TISSUE PROCEDURES WITH CC
502	SOFT TISSUE PROCEDURES WITHOUT CC/MCC
503	FOOT PROCEDURES WITH MCC
504	FOOT PROCEDURES WITH CC
505	FOOT PROCEDURES WITHOUT CC/MCC
506	MAJOR THUMB OR JOINT PROCEDURES
507	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES WITH CC/MCC
508	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES WITHOUT CC/MCC
509	ARTHROSCOPY
510	SHOULDER ELBOW OR FOREARM PROCEDURES EXCEPT MAJOR JOINT PROCEDURES WITH MCC
511	SHOULDER ELBOW OR FOREARM PROCEDURES EXCEPT MAJOR JOINT PROCEDURES WITH CC
512	SHOULDER ELBOW OR FOREARM PROCEDURES EXCEPT MAJOR JOINT PROCEDURES WITHOUT CC/MCC
513	HAND OR WRIST PROCEDURES EXCEPT MAJOR THUMB OR JOINT PROCEDURES WITH CC/MCC
514	HAND OR WRIST PROCEDURES EXCEPT MAJOR THUMB OR JOINT PROCEDURES WITHOUT CC/MCC
515	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE O.R. PROCEDURES WITH MCC
516	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE O.R. PROCEDURES WITH CC
517	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE O.R. PROCEDURES WITHOUT CC/MCC
518	BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITH MCC OR DISC DEVICE OR NEUROSTIMULATOR
519	BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITH CC
520	BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITHOUT CC/MCC
533	FRACTURES OF FEMUR WITH MCC
534	FRACTURES OF FEMUR WITHOUT MCC
535	FRACTURES OF HIP AND PELVIS WITH MCC
536	FRACTURES OF HIP AND PELVIS WITHOUT MCC
537	SPRAINS STRAINS AND DISLOCATIONS OF HIP PELVIS AND THIGH WITH CC/MCC
538	SPRAINS STRAINS AND DISLOCATIONS OF HIP PELVIS AND THIGH WITHOUT CC/MCC
539	OSTEOMYELITIS WITH MCC
540	OSTEOMYELITIS WITH CC
541	OSTEOMYELITIS WITHOUT CC/MCC
542	PATHOLOGICAL FRACTURES AND MUSCULOSKELETAL AND CONNECTIVE TISSUE MALIGNANCY WITH MCC
543	PATHOLOGICAL FRACTURES AND MUSCULOSKELETAL AND CONNECTIVE TISSUE MALIGNANCY WITH CC
544	PATHOLOGICAL FRACTURES AND MUSCULOSKELETAL AND CONNECTIVE TISSUE MALIGNANCY WITHOUT CC/MCC

ATTACHMENT A - DRG (Grouper Version 37)

Value	Label
545	CONNECTIVE TISSUE DISORDERS WITH MCC
546	CONNECTIVE TISSUE DISORDERS WITH CC
547	CONNECTIVE TISSUE DISORDERS WITHOUT CC/MCC
548	SEPTIC ARTHRITIS WITH MCC
549	SEPTIC ARTHRITIS WITH CC
550	SEPTIC ARTHRITIS WITHOUT CC/MCC
551	MEDICAL BACK PROBLEMS WITH MCC
552	MEDICAL BACK PROBLEMS WITHOUT MCC
553	BONE DISEASES AND ARTHROPATHIES WITH MCC
554	BONE DISEASES AND ARTHROPATHIES WITHOUT MCC
555	SIGNS AND SYMPTOMS OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC
556	SIGNS AND SYMPTOMS OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITHOUT MCC
557	TENDONITIS MYOSITIS AND BURSITIS WITH MCC
558	TENDONITIS MYOSITIS AND BURSITIS WITHOUT MCC
559	AFTERCARE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC
560	AFTERCARE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH CC
561	AFTERCARE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITHOUT CC/MCC
562	FRACTURE SPRAIN STRAIN AND DISLOCATION EXCEPT FEMUR HIP PELVIS AND THIGH WITH MCC
563	FRACTURE SPRAIN STRAIN AND DISLOCATION EXCEPT FEMUR HIP PELVIS AND THIGH WITHOUT MCC
564	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DIAGNOSES WITH MCC
565	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DIAGNOSES WITH CC
566	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DIAGNOSES WITHOUT CC/MCC
570	SKIN DEBRIDEMENT WITH MCC
571	SKIN DEBRIDEMENT WITH CC
572	SKIN DEBRIDEMENT WITHOUT CC/MCC
573	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS WITH MCC
574	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS WITH CC
575	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS WITHOUT CC/MCC
576	SKIN GRAFT EXCEPT FOR SKIN ULCER OR CELLULITIS WITH MCC
577	SKIN GRAFT EXCEPT FOR SKIN ULCER OR CELLULITIS WITH CC
578	SKIN GRAFT EXCEPT FOR SKIN ULCER OR CELLULITIS WITHOUT CC/MCC
579	OTHER SKIN SUBCUTANEOUS TISSUE AND BREAST PROCEDURES WITH MCC
580	OTHER SKIN SUBCUTANEOUS TISSUE AND BREAST PROCEDURES WITH CC
581	OTHER SKIN SUBCUTANEOUS TISSUE AND BREAST PROCEDURES WITHOUT CC/MCC
582	MASTECTOMY FOR MALIGNANCY WITH CC/MCC
583	MASTECTOMY FOR MALIGNANCY WITHOUT CC/MCC

ATTACHMENT A - DRG (Grouper Version 37)

Value	Label
584	BREAST BIOPSY LOCAL EXCISION AND OTHER BREAST PROCEDURES WITH CC/MCC
585	BREAST BIOPSY LOCAL EXCISION AND OTHER BREAST PROCEDURES WITHOUT CC/MCC
592	SKIN ULCERS WITH MCC
593	SKIN ULCERS WITH CC
594	SKIN ULCERS WITHOUT CC/MCC
595	MAJOR SKIN DISORDERS WITH MCC
596	MAJOR SKIN DISORDERS WITHOUT MCC
597	MALIGNANT BREAST DISORDERS WITH MCC
598	MALIGNANT BREAST DISORDERS WITH CC
599	MALIGNANT BREAST DISORDERS WITHOUT CC/MCC
600	NON-MALIGNANT BREAST DISORDERS WITH CC/MCC
601	NON-MALIGNANT BREAST DISORDERS WITHOUT CC/MCC
602	CELLULITIS WITH MCC
603	CELLULITIS WITHOUT MCC
604	TRAUMA TO THE SKIN SUBCUTANEOUS TISSUE AND BREAST WITH MCC
605	TRAUMA TO THE SKIN SUBCUTANEOUS TISSUE AND BREAST WITHOUT MCC
606	MINOR SKIN DISORDERS WITH MCC
607	MINOR SKIN DISORDERS WITHOUT MCC
614	ADRENAL AND PITUITARY PROCEDURES WITH CC/MCC
615	ADRENAL AND PITUITARY PROCEDURES WITHOUT CC/MCC
616	AMPUTATION OF LOWER LIMB FOR ENDOCRINE NUTRITIONAL AND METABOLIC DISORDERS WITH MCC
617	AMPUTATION OF LOWER LIMB FOR ENDOCRINE NUTRITIONAL AND METABOLIC DISORDERS WITH CC
618	AMPUTATION OF LOWER LIMB FOR ENDOCRINE NUTRITIONAL AND METABOLIC DISORDERS WITHOUT CC/MCC
619	O.R. PROCEDURES FOR OBESITY WITH MCC
620	O.R. PROCEDURES FOR OBESITY WITH CC
621	O.R. PROCEDURES FOR OBESITY WITHOUT CC/MCC
622	SKIN GRAFTS AND WOUND DEBRIDEMENT FOR ENDOCRINE NUTRITIONAL AND METABOLIC DISORDERS WITH MCC
623	SKIN GRAFTS AND WOUND DEBRIDEMENT FOR ENDOCRINE NUTRITIONAL AND METABOLIC DISORDERS WITH CC
624	SKIN GRAFTS AND WOUND DEBRIDEMENT FOR ENDOCRINE NUTRITIONAL AND METABOLIC DISORDERS WITHOUT CC/MCC
625	THYROID PARATHYROID AND THYROGLOSSAL PROCEDURES WITH MCC
626	THYROID PARATHYROID AND THYROGLOSSAL PROCEDURES WITH CC
627	THYROID PARATHYROID AND THYROGLOSSAL PROCEDURES WITHOUT CC/MCC
628	OTHER ENDOCRINE NUTRITIONAL AND METABOLIC O.R. PROCEDURES WITH MCC
629	OTHER ENDOCRINE NUTRITIONAL AND METABOLIC O.R. PROCEDURES WITH CC
630	OTHER ENDOCRINE NUTRITIONAL AND METABOLIC O.R. PROCEDURES WITHOUT CC/MCC
637	DIABETES WITH MCC

ATTACHMENT A - DRG (Grouper Version 37)

Value	Label
638	DIABETES WITH CC
639	DIABETES WITHOUT CC/MCC
640	MISCELLANEOUS DISORDERS OF NUTRITION METABOLISM FLUIDS AND ELECTROLYTES WITH MCC
641	MISCELLANEOUS DISORDERS OF NUTRITION METABOLISM FLUIDS AND ELECTROLYTES WITHOUT MCC
642	INBORN AND OTHER DISORDERS OF METABOLISM
643	ENDOCRINE DISORDERS WITH MCC
644	ENDOCRINE DISORDERS WITH CC
645	ENDOCRINE DISORDERS WITHOUT CC/MCC
652	KIDNEY TRANSPLANT
653	MAJOR BLADDER PROCEDURES WITH MCC
654	MAJOR BLADDER PROCEDURES WITH CC
655	MAJOR BLADDER PROCEDURES WITHOUT CC/MCC
656	KIDNEY AND URETER PROCEDURES FOR NEOPLASM WITH MCC
657	KIDNEY AND URETER PROCEDURES FOR NEOPLASM WITH CC
658	KIDNEY AND URETER PROCEDURES FOR NEOPLASM WITHOUT CC/MCC
659	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITH MCC
660	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITH CC
661	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITHOUT CC/MCC
662	MINOR BLADDER PROCEDURES WITH MCC
663	MINOR BLADDER PROCEDURES WITH CC
664	MINOR BLADDER PROCEDURES WITHOUT CC/MCC
665	PROSTATECTOMY WITH MCC
666	PROSTATECTOMY WITH CC
667	PROSTATECTOMY WITHOUT CC/MCC
668	TRANSURETHRAL PROCEDURES WITH MCC
669	TRANSURETHRAL PROCEDURES WITH CC
670	TRANSURETHRAL PROCEDURES WITHOUT CC/MCC
671	URETHRAL PROCEDURES WITH CC/MCC
672	URETHRAL PROCEDURES WITHOUT CC/MCC
673	OTHER KIDNEY AND URINARY TRACT PROCEDURES WITH MCC
674	OTHER KIDNEY AND URINARY TRACT PROCEDURES WITH CC
675	OTHER KIDNEY AND URINARY TRACT PROCEDURES WITHOUT CC/MCC
682	RENAL FAILURE WITH MCC
683	RENAL FAILURE WITH CC
684	RENAL FAILURE WITHOUT CC/MCC
686	KIDNEY AND URINARY TRACT NEOPLASMS WITH MCC

ATTACHMENT A - DRG (Grouper Version 37)

Value	Label
687	KIDNEY AND URINARY TRACT NEOPLASMS WITH CC
688	KIDNEY AND URINARY TRACT NEOPLASMS WITHOUT CC/MCC
689	KIDNEY AND URINARY TRACT INFECTIONS WITH MCC
690	KIDNEY AND URINARY TRACT INFECTIONS WITHOUT MCC
693	URINARY STONES WITH MCC
694	URINARY STONES WITHOUT MCC
695	KIDNEY AND URINARY TRACT SIGNS AND SYMPTOMS WITH MCC
696	KIDNEY AND URINARY TRACT SIGNS AND SYMPTOMS WITHOUT MCC
697	URETHRAL STRICTURE
698	OTHER KIDNEY AND URINARY TRACT DIAGNOSES WITH MCC
699	OTHER KIDNEY AND URINARY TRACT DIAGNOSES WITH CC
700	OTHER KIDNEY AND URINARY TRACT DIAGNOSES WITHOUT CC/MCC
707	MAJOR MALE PELVIC PROCEDURES WITH CC/MCC
708	MAJOR MALE PELVIC PROCEDURES WITHOUT CC/MCC
709	PENIS PROCEDURES WITH CC/MCC
710	PENIS PROCEDURES WITHOUT CC/MCC
711	TESTES PROCEDURES WITH CC/MCC
712	TESTES PROCEDURES WITHOUT CC/MCC
713	TRANSURETHRAL PROSTATECTOMY WITH CC/MCC
714	TRANSURETHRAL PROSTATECTOMY WITHOUT CC/MCC
715	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY WITH CC/MCC
716	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY WITHOUT CC/MCC
717	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES EXCEPT MALIGNANCY WITH CC/MCC
718	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT MALIGNANCY WITHOUT CC/MCC
722	MALIGNANCY MALE REPRODUCTIVE SYSTEM WITH MCC
723	MALIGNANCY MALE REPRODUCTIVE SYSTEM WITH CC
724	MALIGNANCY MALE REPRODUCTIVE SYSTEM WITHOUT CC/MCC
725	BENIGN PROSTATIC HYPERTROPHY WITH MCC
726	BENIGN PROSTATIC HYPERTROPHY WITHOUT MCC
727	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM WITH MCC
728	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM WITHOUT MCC
729	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES WITH CC/MCC
730	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES WITHOUT CC/MCC
734	PELVIC EVISCERATION RADICAL HYSTERECTOMY AND RADICAL VULVECTOMY WITH CC/MCC
735	PELVIC EVISCERATION RADICAL HYSTERECTOMY AND RADICAL VULVECTOMY WITHOUT CC/MCC
736	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN OR ADNEXAL MALIGNANCY WITH MCC

ATTACHMENT A - DRG (Grouper Version 37)

Value	Label
737	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN OR ADNEXAL MALIGNANCY WITH CC
738	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN OR ADNEXAL MALIGNANCY WITHOUT CC/MCC
739	UTERINE ADNEXA PROCEDURES FOR NON-OVARIAN AND NON-ADNEXAL MALIGNANCY WITH MCC
740	UTERINE ADNEXA PROCEDURES FOR NON-OVARIAN AND NON-ADNEXAL MALIGNANCY WITH CC
741	UTERINE ADNEXA PROCEDURES FOR NON-OVARIAN AND NON-ADNEXAL MALIGNANCY WITHOUT CC/MCC
742	UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY WITH CC/MCC
743	UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY WITHOUT CC/MCC
744	D&C CONIZATION LAPAROSCOPY AND TUBAL INTERRUPTION WITH CC/MCC
745	D&C CONIZATION LAPAROSCOPY AND TUBAL INTERRUPTION WITHOUT CC/MCC
746	VAGINA CERVIX AND VULVA PROCEDURES WITH CC/MCC
747	VAGINA CERVIX AND VULVA PROCEDURES WITHOUT CC/MCC
748	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
749	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES WITH CC/MCC
750	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES WITHOUT CC/MCC
754	MALIGNANCY FEMALE REPRODUCTIVE SYSTEM WITH MCC
755	MALIGNANCY FEMALE REPRODUCTIVE SYSTEM WITH CC
756	MALIGNANCY FEMALE REPRODUCTIVE SYSTEM WITHOUT CC/MCC
757	INFECTIONS FEMALE REPRODUCTIVE SYSTEM WITH MCC
758	INFECTIONS FEMALE REPRODUCTIVE SYSTEM WITH CC
759	INFECTIONS FEMALE REPRODUCTIVE SYSTEM WITHOUT CC/MCC
760	MENSTRUAL AND OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS WITH CC/MCC
761	MENSTRUAL AND OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS WITHOUT CC/MCC
768	VAGINAL DELIVERY WITH O.R. PROC EXCEPT STERIL &/OR D&C
769	POSTPARTUM AND POST ABORTION DIAGNOSES WITH O.R. PROCEDURE
770	ABORTION WITH D&C ASPIRATION CURETTAGE OR HYSTEROTOMY
776	POSTPARTUM AND POST ABORTION DIAGNOSES WITHOUT O.R. PROCEDURE
779	ABORTION WITHOUT D&C
783	CESAREAN SECTION WITH STERILIZATION WITH MCC
784	CESAREAN SECTION WITH STERILIZATION WITH CC
785	CESAREAN SECTION WITH STERILIZATION WITHOUT CC/MCC
786	CESAREAN SECTION WITHOUT STERILIZATION WITH MCC
787	CESAREAN SECTION WITHOUT STERILIZATION WITH CC
788	CESAREAN SECTION WITHOUT STERILIZATION WITHOUT CC/MCC
789	NEONATES DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY
790	EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME NEONATE
791	PREMATURITY WITH MAJOR PROBLEMS

ATTACHMENT A - DRG (Grouper Version 37)

Value	Label
792	PREMATURITY WITHOUT MAJOR PROBLEMS
793	FULL TERM NEONATE WITH MAJOR PROBLEMS
794	NEONATE WITH OTHER SIGNIFICANT PROBLEMS
795	NORMAL NEWBORN
796	VAGINAL DELIVERY WITH STERILIZATION/D&C WITH MCC
797	VAGINAL DELIVERY WITH STERILIZATION/D&C WITH CC
798	VAGINAL DELIVERY WITH STERILIZATION/D&C WITHOUT CC/MCC
799	SPLENECTOMY WITH MCC
800	SPLENECTOMY WITH CC
801	SPLENECTOMY WITHOUT CC/MCC
802	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS WITH MCC
803	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS WITH CC
804	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS WITHOUT CC/MCC
805	VAGINAL DELIVERY WITHOUT STERILIZATION/D&C WITH MCC
806	VAGINAL DELIVERY WITHOUT STERILIZATION/D&C WITH CC
807	VAGINAL DELIVERY WITHOUT STERILIZATION/D&C WITHOUT CC/MCC
808	MAJOR HEMATOLOGICAL AND IMMUNOLOGICAL DIAGNOSES EXCEPT SICKLE CELL CRISIS AND COAGULATION DISORDERS WITH MC
809	MAJOR HEMATOLOGICAL AND IMMUNOLOGICAL DIAGNOSES EXCEPT SICKLE CELL CRISIS AND COAGULATION DISORDERS WITH CC
810	MAJOR HEMATOLOGICAL AND IMMUNOLOGICAL DIAGNOSES EXCEPT SICKLE CELL CRISIS AND COAGULATION DISORDERS WITHOUT
811	RED BLOOD CELL DISORDERS WITH MCC
812	RED BLOOD CELL DISORDERS WITHOUT MCC
813	COAGULATION DISORDERS
814	RETICULOENDOTHELIAL AND IMMUNITY DISORDERS WITH MCC
815	RETICULOENDOTHELIAL AND IMMUNITY DISORDERS WITH CC
816	RETICULOENDOTHELIAL AND IMMUNITY DISORDERS WITHOUT CC/MCC
817	OTHER ANTEPARTUM DIAGNOSES WITH O.R. PROCEDURE WITH MCC
818	OTHER ANTEPARTUM DIAGNOSES WITH O.R. PROCEDURE WITH CC
819	OTHER ANTEPARTUM DIAGNOSES WITH O.R. PROCEDURE WITHOUT CC/MCC
820	LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITH MCC
821	LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITH CC
822	LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITHOUT CC/MCC
823	LYMPHOMA AND NON-ACUTE LEUKEMIA WITH OTHER PROCEDURE WITH MCC
824	LYMPHOMA AND NON-ACUTE LEUKEMIA WITH OTHER PROCEDURE WITH CC
825	LYMPHOMA AND NON-ACUTE LEUKEMIA WITH OTHER PROCEDURE WITHOUT CC/MCC
826	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS WITH MAJOR O.R. PROCEDURE WITH MCC
827	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS WITH MAJOR O.R. PROCEDURE WITH CC

ATTACHMENT A - DRG (Grouper Version 37)

Value	Label
828	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS WITH MAJOR O.R. PROCEDURE WITHOUT CC/MCC
829	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS WITH OTHER PROCEDURE WITH CC/MCC
830	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS WITH OTHER PROCEDURE WITHOUT CC/MCC
831	OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURE WITH MCC
832	OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURE WITH CC
833	OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURE WITHOUT CC/MCC
834	ACUTE LEUKEMIA WITHOUT MAJOR O.R. PROCEDURE WITH MCC
835	ACUTE LEUKEMIA WITHOUT MAJOR O.R. PROCEDURE WITH CC
836	ACUTE LEUKEMIA WITHOUT MAJOR O.R. PROCEDURE WITHOUT CC/MCC
837	CHEMOTHERAPY WITH ACUTE LEUKEMIA AS SDX OR WITH HIGH DOSE CHEMOTHERAPY AGENT WITH MCC
838	CHEMOTHERAPY WITH ACUTE LEUKEMIA AS SDX WITH CC OR HIGH DOSE CHEMOTHERAPY AGENT
839	CHEMOTHERAPY WITH ACUTE LEUKEMIA AS SDX WITHOUT CC/MCC
840	LYMPHOMA AND NON-ACUTE LEUKEMIA WITH MCC
841	LYMPHOMA AND NON-ACUTE LEUKEMIA WITH CC
842	LYMPHOMA AND NON-ACUTE LEUKEMIA WITHOUT CC/MCC
843	OTHER MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASTIC DIAGNOSES WITH MCC
844	OTHER MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASTIC DIAGNOSES WITH CC
845	OTHER MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASTIC DIAGNOSES WITHOUT CC/MCC
846	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITH MCC
847	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITH CC
848	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITHOUT CC/MCC
849	RADIOTHERAPY
853	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURE WITH MCC
854	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURE WITH CC
855	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURE WITHOUT CC/MCC
856	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS WITH O.R. PROCEDURE WITH MCC
857	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS WITH O.R. PROCEDURE WITH CC
858	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS WITH O.R. PROCEDURE WITHOUT CC/MCC
862	POSTOPERATIVE AND POST-TRAUMATIC INFECTIONS WITH MCC
863	POSTOPERATIVE AND POST-TRAUMATIC INFECTIONS WITHOUT MCC
864	FEVER AND INFLAMMATORY CONDITIONS
865	VIRAL ILLNESS WITH MCC
866	VIRAL ILLNESS WITHOUT MCC
867	OTHER INFECTIOUS AND PARASITIC DISEASES DIAGNOSES WITH MCC
868	OTHER INFECTIOUS AND PARASITIC DISEASES DIAGNOSES WITH CC
869	OTHER INFECTIOUS AND PARASITIC DISEASES DIAGNOSES WITHOUT CC/MCC

ATTACHMENT A - DRG (Grouper Version 37)

Value	Label
870	SEPTICEMIA OR SEVERE SEPSIS WITH MV >96 HOURS
871	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC
872	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT MCC
876	O.R. PROCEDURE WITH PRINCIPAL DIAGNOSES OF MENTAL ILLNESS
880	ACUTE ADJUSTMENT REACTION AND PSYCHOSOCIAL DYSFUNCTION
881	DEPRESSIVE NEUROSES
882	NEUROSES EXCEPT DEPRESSIVE
883	DISORDERS OF PERSONALITY AND IMPULSE CONTROL
884	ORGANIC DISTURBANCES AND INTELLECTUAL DISABILITY
885	PSYCHOSES
886	BEHAVIORAL AND DEVELOPMENTAL DISORDERS
887	OTHER MENTAL DISORDER DIAGNOSES
894	ALCOHOL DRUG ABUSE OR DEPENDENCE LEFT AMA
895	ALCOHOL DRUG ABUSE OR DEPENDENCE WITH REHABILITATION THERAPY
896	ALCOHOL DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITH MCC
897	ALCOHOL DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITHOUT MCC
901	WOUND DEBRIDEMENTS FOR INJURIES WITH MCC
902	WOUND DEBRIDEMENTS FOR INJURIES WITH CC
903	WOUND DEBRIDEMENTS FOR INJURIES WITHOUT CC/MCC
904	SKIN GRAFTS FOR INJURIES WITH CC/MCC
905	SKIN GRAFTS FOR INJURIES WITHOUT CC/MCC
906	HAND PROCEDURES FOR INJURIES
907	OTHER O.R. PROCEDURES FOR INJURIES WITH MCC
908	OTHER O.R. PROCEDURES FOR INJURIES WITH CC
909	OTHER O.R. PROCEDURES FOR INJURIES WITHOUT CC/MCC
913	TRAUMATIC INJURY WITH MCC
914	TRAUMATIC INJURY WITHOUT MCC
915	ALLERGIC REACTIONS WITH MCC
916	ALLERGIC REACTIONS WITHOUT MCC
917	POISONING AND TOXIC EFFECTS OF DRUGS WITH MCC
918	POISONING AND TOXIC EFFECTS OF DRUGS WITHOUT MCC
919	COMPLICATIONS OF TREATMENT WITH MCC
920	COMPLICATIONS OF TREATMENT WITH CC
921	COMPLICATIONS OF TREATMENT WITHOUT CC/MCC
922	OTHER INJURY POISONING AND TOXIC EFFECT DIAGNOSES WITH MCC
923	OTHER INJURY POISONING AND TOXIC EFFECT DIAGNOSES WITHOUT MCC

ATTACHMENT A - DRG (Grouper Version 37)

Value	Label
927	EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MV >96 HOURS WITH SKIN GRAFT
928	FULL THICKNESS BURN WITH SKIN GRAFT OR INHALATION INJURY WITH CC/MCC
929	FULL THICKNESS BURN WITH SKIN GRAFT OR INHALATION INJURY WITHOUT CC/MCC
933	EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MV >96 HOURS WITHOUT SKIN GRAFT
934	FULL THICKNESS BURN WITHOUT SKIN GRAFT OR INHALATION INJURY
935	NON-EXTENSIVE BURNS
939	O.R. PROCEDURES WITH DIAGNOSES OF OTHER CONTACT WITH HEALTH SERVICES WITH MCC
940	O.R. PROCEDURES WITH DIAGNOSES OF OTHER CONTACT WITH HEALTH SERVICES WITH CC
941	O.R. PROCEDURES WITH DIAGNOSES OF OTHER CONTACT WITH HEALTH SERVICES WITHOUT CC/MCC
945	REHABILITATION WITH CC/MCC
946	REHABILITATION WITHOUT CC/MCC
947	SIGNS AND SYMPTOMS WITH MCC
948	SIGNS AND SYMPTOMS WITHOUT MCC
949	AFTERCARE WITH CC/MCC
950	AFTERCARE WITHOUT CC/MCC
951	OTHER FACTORS INFLUENCING HEALTH STATUS
955	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA
956	LIMB REATTACHMENT HIP AND FEMUR PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA
957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA WITH MCC
958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA WITH CC
959	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA WITHOUT CC/MCC
963	OTHER MULTIPLE SIGNIFICANT TRAUMA WITH MCC
964	OTHER MULTIPLE SIGNIFICANT TRAUMA WITH CC
965	OTHER MULTIPLE SIGNIFICANT TRAUMA WITHOUT CC/MCC
969	HIV WITH EXTENSIVE O.R. PROCEDURE WITH MCC
970	HIV WITH EXTENSIVE O.R. PROCEDURE WITHOUT MCC
974	HIV WITH MAJOR RELATED CONDITION WITH MCC
975	HIV WITH MAJOR RELATED CONDITION WITH CC
976	HIV WITH MAJOR RELATED CONDITION WITHOUT CC/MCC
977	HIV WITH OR WITHOUT OTHER RELATED CONDITION
981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC

ATTACHMENT B - DSTATUS

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

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

ATTACHMENT C - EGEOLOC

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 D - 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 E - 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 E - 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 d'Alene, 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 E - 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, 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 E - 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-Bibb County, 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 E - 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 E - 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 E - 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
46300	Twin Falls, ID	48620	Wichita, KS
46340	Tyler, TX	48660	Wichita Falls, TX
46520	Urban Honolulu, HI	48700	Williamsport, PA
46540	Utica-Rome, NY	48864	Wilmington, DE-MD-NJ
46660	Valdosta, GA	48900	Wilmington, NC
46700	Vallejo-Fairfield, CA	49020	Winchester, VA-WV
47020	Victoria, TX	49180	Winston-Salem, NC
47220	Vineland-Bridgeton, NJ	49340	Worcester, MA-CT
47260	Virginia Beach-Norfolk-Newport News, VA-NC	49420	Yakima, WA
47300	Visalia-Porterville, CA	49620	York-Hanover, PA
47380	Waco, TX	49660	Youngstown-Warren-Boardman, OH-PA
47460	Walla Walla, WA	49700	Yuba City, CA
47580	Warner Robins, GA	49740	Yuma, AZ

ATTACHMENT F 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	123	Telemedicine inter-professional consult
6	Destruction, non-facial lesion	61	Colposcopy	124	Psychiatric diagnostic services
7	Destruction of warts	62	Dilation & curettage	127	Specialty drugs other than chemotherapy
8	Excision of breast tissue	63	Laparoscopy, hysteroscopy	128	Unlisted general med service
9	Other minor skin & breast surgery	64	Minor female genital procedures	129	Other medical services
10	Arthrocentesis, sm/med joint	65	Major female genital procedures	130	Injections: immunizations
11	Arthrocentesis, large joint	66	Decompression, carpal tunnel	131	Injections: therapeutic/IV
12	Other major skin surgery	68	Minor endocrine system procedures	132	Other injections/noninjectables
13	Other major breast surgery	69	Major endocrine system procedures	133	Other preventive medical services
14	Other major musculoskeletal surgery	74	Minor nervous system procedures	135	Psychotherapy, individual
15	Other minor musculoskeletal surgery	75	Major nervous system procedures	136	Psychotherapy, family
16	Bronchoscopy	76	Cataract removal	137	Psychotherapy, group
17	Laryngoscopy	84	Other minor eye/ocular procedures	138	Psych advice, non-patient
19	Other minor respiratory procedures	85	Other major eye/ocular procedures	139	Therapeutic psychiatric services
20	Other major respiratory procedures	94	Other minor ear/auditory procedures	140	Dialysis
31	Venipuncture (draw blood)	95	Other major ear/auditory procedures	143	Gastroenterology services (non-surgical)
38	Other minor cardiovascular procedures	98	Other minor surgery procedures	144	General eye exams
39	Other major cardiovascular procedures	99	Other major surgery procedures	145	General ophthalmology services
44	Minor hemic & lymphatic procedures	101	Office visits, new patient	147	Ophthalmic diagnostic services
45	Major hemic & lymphatic procedures	104	Office visits, established patient	148	ENT diagnostic services
46	Upper GI endoscopy	109	Office visits, other	149	Speech/hearing therapy
47	Repair of inguinal hernia	110	Office visits, emergency	150	Other ENT services (non-surgical)
48	Colonoscopy	111	Emergency department visits	155	EKG
49	Other major digestive procedures	113	Physician telephone/online visits	156	EKG stress test
50	Other minor digestive procedures	114	ER visits, other	157	EKG monitoring
51	Cystourethroscopy	115	Preventive care visits	158	PTCA- percutaneous angioplasty

ATTACHMENT F PROCGRP

Value	Label	Value	Label	Value	Label
160	Echocardiogram	200	Durable medical equipment	289	Nuclear medicine, therapeutic
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

ATTACHMENT F PROCGRP

Value	Label	Value	Label	Value	Label
389	Miscellaneous pathology tests	470	Anesthesia services	492	Dental: major restorative
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	-	-

ATTACHMENT G 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 H - 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
9	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/Intellect Disab
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	Birthing 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 I 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	Birth 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	Infirmity	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 I 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 J 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 J 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 J 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 J 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 J 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 J 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 K - 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	Anthelmintic, 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	Antiplaque 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 K - 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, Sulfonyleureas	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	270	Genitourinary Agent
165	Hormones & Synthetics Subst, NEC	200	Keratolytic Agents S/MM, NEC	235	Antigout Agents, NEC	271	Kallikrein Inhibitor
166	Adrenals & Comb, NEC	201	Keratoplastic Agents S/MM, NEC	236	Mast Cell Stabilizers, NEC	272	COMT Inhibitors
167	Androgens & Comb, NEC	202	S/MM Miscellaneous, NEC	237	Devices and Non-Drug Items, NEC	273	Per-Act Mu Op Rcp Ant (PAMORA)
168	Contraceptive, Oral Comb, NEC	203	S/MM Misc, Analgesics	238	Pharmaceutical Aids/Adjv, NEC	290	Antifungal, EENT
169	Ovulation Stimulants, NEC	204	S/MM Misc, Astringents	239	Scintigraphy	292	Phosphorus Regulating Agents
170	Estrogens & Comb, NEC	205	S/MM Misc, Cosmetics	240	Antiallergic Agents	299	Other/unavailable
171	Gonadotropins, NEC	206	S/MM Misc, Powders	241	Phosphorus Removing Agents, NEC	999	Other/unavailable

ATTACHMENT L 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, 292)	29	Unclassified Agents (Classes 234-236, 251, 254, 257-258, 270)
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

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Route 100
Somers, NY 10589

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