

INOVALON VAULT

DATA DICTIONARY (CLOSED CLAIMS)

VERSION: JANUARY 2024



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INTRODUCTION

This data dictionary provides information about the definitions of all the data elements in each file type.

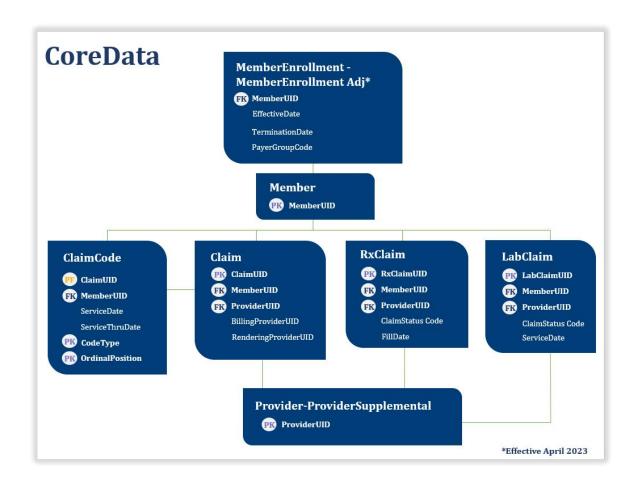
Inovalon Vault Closed Claims datasets consists of:

- Core dataset of files that are included with each delivery type (per contractual terms)
- Supplemental files that may accompany the core dataset

Each file contains data that can be used to create a database structure with a system of choice. A list of columns is included, describing the column name used in the file, its data type, a description of the column content, expected values for each column, key notation, and required field indicators.

OVERVIEW OF FILES

Each file type describes the attributes included with each file in addition to their description, comments about expected values, and data details.





FILE TYPES

CLAIM

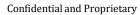
The *CLAIM* file contains claim service line information for medical services and may also include information relating to lab services (without an associated result), pharmaceuticals administered from the practitioner's office and medical encounter data.

| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|-----------------|---|--|--------------|--------|------|
| ClaimUID | Unique record ID for a claim service line. | Unique ID of a health care claim. This is a unique number, generated sequentially and stored as an integer in the database. It is "not derived from or related to the individual" and is compliant with Section 164.514(c)(1). | BIGINT | PK | No |
| MemberUID | Unique ID of a person identified as a result of matching patients across all plans; bridges data across entire dataset. | This is a unique number, generated sequentially and stored as an integer in the database. It is "not derived from or related to the individual" and is compliant with Section $164.514(c)(1)$. | BIGINT | FK | No |
| ProviderUID | Unique ID of a health care provider. Re-assigned to make it unique across all data sources' data. | This is a unique number, generated sequentially and stored as an integer in the database. It is "not derived from or related to the individual" and is compliant with Section $164.514(c)(1)$. | BIGINT | FK | Yes |
| ClaimStatusCode | Code value identifying the payment status of a claim. Defined by Inovalon Insights | Values: A - Adjustment to Original Claim D - Denied Claims I - Initial Pay Claim P - Pended for Adjudication R - Reversal to Original Claim U - Unknown X - Null | VARCHAR | | Yes |



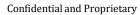


| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|------------------------------|---|---|--------------|--------|------|
| ServiceDate | The date when the service was provided or began. | Use ServiceDate for the beginning date of service and ServiceThruDate for the ending date of service. For claims that only have a single date of service, ServiceThruDate equal to ServiceDate. For inpatient room and board claims, use ServiceDate for the admission date and ServiceThruDate for the discharge date. Value is passed through from source data. | DATE | | No |
| ServiceThruDate | The date when the service ended. For claims that only have a single date of service, set equal to ServiceDate. | Use ServiceDate for the beginning date of service and ServiceThruDate for the ending date of service. For claims that only have a single date of service, ServiceThruDate equal to ServiceDate. For inpatient room and board claims, use ServiceDate for the admission date and ServiceThruDate for the discharge date. Value is passed through from source data. | DATE | | No |
| UBPatientDischargeStatusCode | National Uniform Billing Committee (UB) Patient Discharge Status code value identifying the discharge status of an institutional claim. | Describes patient status on institutional claims; usually indicates status related to discharge or transfer. | VARCHAR | | Yes |
| ServiceUnitQuantity | The quantity per service unit. Used for Relative Resource Use (RRU) cost calculation. | This will not be populated for all claims. Value is passed through from source data. | INTEGER | | Yes |
| DeniedDaysCount | For inpatient claims, not all days are covered by certain payers. This field represents what days were not covered for those claims. | Denied days may not be tracked if paying by DRG. Value is passed through from source data. | INTEGER | | Yes |
| BilledAmount | Not provided | | NULL | | Yes |
| AllowedAmount | The amount the insurance company allows the provider to be reimbursed under contract with the provider for the service performed. | Value is passed through from source data. <i>Not provided</i> when provider-identifying data is provided separately. | DECIMAL | | Yes |
| CopayAmount | The amount the member is responsible to pay for the service performed. | Value is passed through from source data. | DECIMAL | | Yes |





| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|-------------------------------|--|--|--------------|--------|------|
| PaidAmount | The amount the insurance company actually paid to the provider for this claim service line. | Value is passed through from source data. Not provided when provider-identifying data is provided separately. | DECIMAL | | Yes |
| CostAmount | Not provided | | NULL | | Yes |
| RxProviderIndicator | Indicates the claim provider has prescribing privileges for the MCO members. | Value is mapped from source data values. Values: 1 = True 0 = False | INTEGER | | No |
| PCPProviderIndicator | Indicator for whether the claim provider serves as a PCP for the health plan. Refers to the provider's contractual relationship to the plan, rather than medical specialty. Valid values: 1=True; 0=False. | PCPFlag is not provided by all sources. Value is mapped from source data values. | INTEGER | | No |
| RoomBoardIndicator | Indicates the claim is for Room and Board service. Valid values: 1 = True; 0 = False | RoomBoardFlag is used as the basis for determining discharges. RoomBoardFlag is derived from UBRevenueCode during the Discharge Build process. Only claims with a RoomBoardFlag value of 'Y' or '1' can create discharge records. Value is mapped from source data values. | INTEGER | | No |
| MajorSurgeryIndicator | Indicates the claim includes a procedure code considered as a major surgery. Valid values: 1 = True; 0 = False | HEDIS specific field which works like the RoomBoardFlag variable. This field is used for RRU measures. When not set, the default value is 'N' or '0'. Value is mapped from source data values. | INTEGER | | No |
| ExcludeFromDischargeIndicator | Indicates the claim should be excluded from discharge. Valid values: 1 = True; 0 = False | If a specific claim record needs to be excluded (regardless of its UBRevenueCode), ExcludeFromDischarge is set to "T rue". When not set, the default value is "False." Value is mapped from source data values. | INTEGER | | No |
| ClaimFormTypeCode | Indicates type of claim form. | May not be well populated. Value is mapped from source data values. Values: I - Institutional P - Professional | VARCHAR | | Yes |





| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|-----------------------|---|--|--------------|--------|------|
| InstitutionalTypeCode | A derived field indicating type of institutional service. | Field that should be used to define institutional versus professional instead of ClaimFormTypeCode. Values: I - Inpatient O - Outpatient U - Unkown (Institutional) Null - (Professional) | VARCHAR | | Yes |
| ProfessionalTypeCode | A derived field indicating type of Professional service. | Field that should be used to define institutional versus professional instead of ClaimFormTypeCode. Values: I - Inpatient O - Outpatient U - Unkown (Institutional) Null - (Professional) | VARCHAR | | Yes |
| BillingProviderUID | Unique ID of the health care provider billing the claim. | Re-assigned and used in the dataset to make it unique across all clients' data. Provider information is identifiable, but member information is unidentifiable. This is a unique number, generated sequentially and stored as an integer in the dataset database. It is "not derived from or related to the individual" and is compliant with Section 164.514(c)(1). This field is not highly populated. | BIGINT | FK | Yes |
| RenderingProviderUID | Unique ID of the health care provider rendering service on the claim. | Re-assigned and used in the dataset to make it unique across all clients' data. Provider information is identifiable, but member information is unidentifiable. This is a unique number, generated sequentially and stored as an integer in the dataset database. It is "not derived from or related to the individual" and is compliant with Section 164.514(c)(1). This field is not highly populated. | BIGINT | FK | Yes |
| RenderingProviderNPI | National Provider Identification number of the Rendering provider (for professional claims) or Attending provider (for institutional claims). | Value passed through from source data. Not provided when financial data is provided separately. | VARCHAR | | Yes |



| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|--------------------|---|---|--------------|--------|------|
| BillingProviderNPI | National Provider Identification number of the Billing provider. | Value passed through from source data. Not provided when financial data is provided separately. | VARCHAR | | Yes |
| Sourcemodifieddate | Date the data source last modified the claim. | | DATE | | Yes |
| ClaimNumber | Hashed and salted claim header number for a claim transaction as it would appear on the CMS 1500 or UB04. | | CHAR | | Yes |
| ClaimLineNumber | Indicates the line number for the particular service being rendered. | Value passed through from source data. | VARCHAR | | Yes |
| CreatedDate | Date when extract was created | | DATE | | No |



CLAIM CODE

The *CLAIM CODE* file contains claim attributes related to encounter data.

Appendix A – Code Type Values provides the lookup values that support claim attributes.

| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|-----------------|---|---|--------------|--------|------|
| ClaimUID | Unique record ID for a claim service line, from the Claim table. | Unique ID of a health care claim. This is a unique number, generated sequentially and stored as an integer in the database. It is "not derived from or related to the individual" and is compliant with Section 164.514(c)(1). | BIGINT | PF | No |
| MemberUID | Unique ID of a person identified as a result of matching patients across all plans; bridges data across entire dataset. | This is a unique number, generated sequentially and stored as an integer in the database. It is "not derived from or related to the individual" and is compliant with Section $164.514(c)(1)$. | BIGINT | FK | No |
| ServiceDate | The date when the service was provided or started. | Use ServiceDate for the beginning date of service and ServiceThruDate for the ending date of service. For claims that only have a single date of service, ServiceThruDate equal to ServiceDate. For inpatient room and board claims, use ServiceDate for the admission date and ServiceThruDate for the discharge date. Value is passed through from source data. | DATE | | No |
| ServiceThruDate | The date when the service ended. | Use ServiceDate for the beginning date of service and ServiceThruDate for the ending date of service. For claims that only have a single date of service, ServiceThruDate equal to ServiceDate. For inpatient room and board claims, use ServiceDate for the admission date and ServiceThruDate for the discharge date. Value is passed through from source data. | DATE | | No |
| CodeType | Describes the claim attribute related to encounter claims. | See Appendix (Code Type Values) Describes the code value of this record. Ex. CodeType = 17 means that the value in CodeValue is an ICD10CMDx code | INTEGER | PK | No |
| OrdinalPosition | Ordinal position within the source data; (all CodeTypes start with 0). | | INTEGER | PK | No |
| CodeValue | Contains the actual value corresponding to the claim attribute. | Value is passed through from source data once validated against the reference table. | VARCHAR | | No |



| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|------------------|---|--|--------------|--------|------|
| DerivedIndicator | Derived fields use other data from the claim to approximate the code value. | This is most common for place of service codes. Values: 1 = Derived 0 = Not Derived | INTEGER | | No |
| CreatedDate | Date when extract was created | | DATE | | No |



LAB CLAIM

The $\it LAB\ CLAIM$ file contains claim attributes associated with laboratory procedures.

| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|-----------------|---|--|--------------|--------|------|
| LabClaimUID | Unique ID assigned to a laboratory claim record | Re-assigned and used in the dataset to make it unidentifiable and unique across all client data. This is a unique number i.e., generated sequentially and is stored as an integer in the database. This is a unique number, generated sequentially and stored as an integer in the dataset database. It is "not derived from or related to the individual" and is compliant with Section $164.514(c)(1)$. | BIGINT | PK | No |
| MemberUID | Unique ID of a person identified as a result of matching patients across all plans; bridges data across entire dataset. | Ingranged If it "not derived from or related to the individual" and it compliant with | BIGINT | FK | No |
| ProviderUID | Unique ID of a health care provider. Re-assigned to make it unique across all data sources' data. | Provider information is identifiable, but member information is unidentifiable. This is a unique number, generated sequentially and stored as an integer in the database. It is "not derived from or related to the individual" and is compliant with Section $164.514(c)(1)$. | BIGINT | FK | Yes |
| ClaimStatusCode | Code value identifying the payment status of a claim. Defined by Inovalon Insights; | Value is mapped using source data values. Values: A - Adjustment to Original Claim D - Denied Claims I - Initial Pay Claim P - Pended for Adjudication R - Reversal to Original Claim U - Unknown X, x - Null | VARCHAR | | Yes |





| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) NULL |
|-----------------------|--|---|--------------|-------------|
| ServiceDate | The date when the service was provided. | Value is passed through from source data. | DATE | No |
| CPTCode | Current Procedural Terminology Code value identifying medical services and procedures provided by healthcare providers. | Value is passed through from source data. | VARCHAR | Yes |
| LOINCCode | Code value of Logical Observation Identifiers Names and Codes identifying laboratory tests conducted. | Value is passed through from source data. | VARCHAR | Yes |
| ResultNumber | Not provided | | NULL | Yes |
| ResultText | Not provided | | NULL | Yes |
| PosNegResultIndicator | Indicates whether the result is positive or negative (PosNeg) for results not having an associated numeric result. | Value is passed through from source data. Values: True = Positive False = Negative | BOOLEAN | Yes |
| UnitName | Name of the unit used in the lab test. | Value is passed through from source data. | VARCHAR | Yes |
| Sourcemodifieddate | Date the data source last modified the claim. | | DATE | |
| CreatedDate | Date when Extract was created. | | DATE | No |



MEMBER

The *MEMBER* file contains attributes pertaining to members enrolled in an insurance company provided health plan.

| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|-------------|---|--|--------------|--------|------|
| MemberUID | Unique ID of a person identified as a result of matching patients across all plans; bridges data across entire dataset. | This is a unique number, generated sequentially and stored as an integer in the database. It is "not derived from or related to the individual" and is compliant with Section $164.514(c)(1)$. | BIGINT | PK | No |
| BirthYear | Year of birth, top-coded at 89. Ages 90 and above are coded as 1800. Refer to deidentification rule for detail. | De-identification rule: To calculate Member age, the maximum of the following date is first determined: - Plan termination date - Claim service date - Lab service date - Rx fill date - MMR payment month - MOR payment month - RAPS Return service date - RAPS Return service thru date The maximum date determined is then compared to the system run date; the year associated with the minimum of these two values is used as the minuend. To calculate age, year of birth is subtracted from the minuend selected. | INTEGER | | Yes |
| GenderCode | Code value identifying the gender of a person. | Value is mapped from source data. Values: F - Female M - Male U - Unknown X - NULL | VARCHAR | | Yes |



| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|-----------------------|---|--|--------------|--------|------|
| StateCode | Two-character code value identifying US State or territory. | Value is passed through from source data. | VARCHAR | | Yes |
| Zip3Value | Derived from the zip code of patient residence. | The zip code of patient residence is either removed (as 000) or mapped to a string of 1 or more 3-digit zip codes, describing a larger postal delivery area (ex. 21401 maps to 210_211_214_219). | VARCHAR | | Yes |
| RaceEthnicityTypeCode | Code value identifying the type of race of a person. | Value is mapped from source data. Values: 01 - White 02 - Black or African American 04 - Asian or Pacific Islander 06 - Some Other Race 09 - Unknown 11 - Hispanic or Latino | VARCHAR | | Yes |
| CreatedDate | Date when extract was created | | DATE | | No |



MEMBER ENROLLMENT

The MEMBER ENROLLMENT file contains benefit plan enrollment information for members.

| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|-----------------|---|---|--------------|--------|------|
| MemberUID | Unique ID of a person identified as a result of matching patients across all plans; bridges data across entire dataset. | This is a unique number, generated sequentially and stored as an integer in the database. It is "not derived from or related to the individual" and is compliant with Section $164.514(c)(1)$. | BIGINT | FK | No |
| EffectiveDate | Effective date of the health plan enrollment. | Value is passed through from source data. | DATE | | No |
| TerminationDate | Termination date of the health plan enrollment. | Value is passed through from source data. | DATE | | No |
| PayerGroupCode | Rollup of PayerTypeCode. | Value is derived from the payertypecode. Values: C - Commercial M - Medicaid R - Medicare Advantage U - Unknown / Other | VARCHAR | | Yes |





| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|---------------|--|--|--------------|--------|------|
| PayerTypeCode | Code value identifying the type of entities responsible for the costs for the services performed. Defined by Inovalon Insights. | Value is passed through from source data. Values: C -Commercial CM - Commercial and Medicaid CR - Commercial and Medicare CS - Commercial and SNP D -Dual Eligible F -Family Care H -CHIP K - Marketplace M - Medicaid MD - Medicaid Disabled ML - Medicaid Low Income MR - Medicaid Restricted NC - Special Needs Plan - Chronic Condition ND - Special Needs Plan - Institutionalized NM - SNP with Medicaid only NR - SNP with Medicare only O - Other R - Medicare RC - Medicare Cost RM - Medicare and Medicaid RR - Medicare Risk S - Self Insured X - Null | VARCHAR | | Yes |

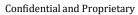


| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) NULL |
|-------------------|--|--|--------------|-------------|
| ProductCode | Code value identifying the type of health plan product. Defined by Inovalon Insights. | ProductCode differentiates product lines. Value is passed through from source data. Values: E - EPO F - PFFS H - HMO O - Other P - PPO S - POS X - Null | VARCHAR | Yes |
| MedicalIndicator | Indicates if medical benefit is included. | Value is mapped from source data values. | INTEGER | No |
| RxIndicator | Indicates if pharmacy benefit is included. | Value is mapped from source data values. Values: 1 = True 0 = False | INTEGER | No |
| SourceID | NULL | Not Provided | INTEGER | Yes |
| GroupPlanTypeCode | The type of enrollment group size for which the Commercial Plan is designed. | This is only applicable to commercial plans. Value is mapped from source data values. Values: ID - Individual SM - Small Group LG - Large Group | VARCHAR | Yes |





| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) NULL |
|---------------------------|---|--|--------------|-------------|
| MAContractTypeCode | Medicare Advantage contract type. | This is only applicable to Medicare Advantage plans. Value is mapped from source data values. Values: E - Employer Direct Prescription Drug Plan (PDP) H - Local Medicare Advantage (MA), Local Medicare Advantage Prescription Drug (MAPD), or non-Medicare Advantage (MA) Plan R - Regional Medicare Advantage (MA) or Medicare Advantage Prescription Drug (MAPD) Plan S - Regular Standalone Prescription Drug Plan (PDP) | VARCHAR | Yes |
| ACAIndicator | Indicates if plan is ACA. | ACA can be on or off exchange plans. Value is mapped from source data values. Values: 1 = True 0 = False | INTEGER | Yes |
| ACAIssuerStateCode | Indicates the state for which the IssuerID has been issued for each client. | Value is mapped from source data values. | VARCHAR | Yes |
| ACAGrandfatheredIndicator | Indicates if plan has ACA grandfathered status. | Grandfathered Plan - a group health plan or individual coverage that was in effect on March 23, 2010. Value is mapped from source data values. Values: 1 = True 0 = False | INTEGER | Yes |





| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|------------------------|--|--|--------------|--------|------|
| ACAOnExchangeIndicator | Indicates if plan is offered on ACA exchange. | ACA can be on or off exchange plans. Value is mapped from source data values. Values: 1 = True 0 = False | INTEGER | | Yes |
| ACAMetalLevel | Indicator that classifies the plan based on the range and the quality of benefits offered by a plan. | Value is mapped from source data values. Values: B = Bronze E = Bronze Expanded C = Catastrophic G = Gold P = Platinum S = Silver U = Unknown | VARCHAR | | Yes |
| ACAActuarialValue | Indicates the Actuarial value rate. The projected average amount an ACA plan will pay for covered essential benefits, for a standard population, as a whole number percentage, +/- 2%. | Value is mapped from source data values. | INTEGER | | Yes |
| CreatedDate | Date when Extract was created | | DATE | | No |



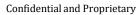
MEMBER ENROLLMENT ADJUSTED

The MEMBER ENROLLMENT ADJUSTED file contains adjusted enrollment dates that align with claims data. Sources often send enrollment information for their members for time spans that are longer than the spans for which they supply claims information. The process of aligning the begin and end dates with claims data is Inovalon defined as "enrollment adjusted".

| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|--------------------------------|---|--|--------------|--------|------|
| MemberUID | Unique ID of a person identified as a result of matching patients across all plans; bridges data across entire dataset. | This is a unique number, generated sequentially and stored as an integer in the database. It is "not derived from or related to the individual" and is compliant with Section 164.514(c)(1). | BIGINT | FK | No |
| EffectiveDate | Effective date of the health plan enrollment. | Value is passed through from source data. | DATE | | No |
| TerminationDate | Termination date of the health plan enrollment. | Value is passed through from source data. | DATE | | No |
| ClaimAdjustedEffectiveDate | The effective date is increased to the earliest date for which medical claims data can be expected to exist. | Value is derived from source data. | DATE | | Yes |
| ClaimAdjustedTerminationDate | The termination date is decreased to the latest date for which medical claims data can be expected to exist. | Value is derived from source data. | DATE | | Yes |
| RxClaimAdjustedEffectiveDate | The effective date is increased to the earliest date for which Rx claims data can be expected to exist. | Value is derived from source data. | DATE | | Yes |
| RxClaimAdjustedTerminationDate | The termination date is decreased to the latest date for which Rx claims data can be expected to exist. | Value is derived from source data. | DATE | | Yes |

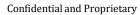


| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|----------------|--------------------------|--|--------------|--------|------|
| PayerGroupCode | Rollup of PayerTypeCode. | Value is derived from the payertypecode. Values: C - Commercial M - Medicaid R - Medicare Advantage U - Unknown / Other | VARCHAR | | Yes |



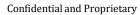


| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|---------------|---|--|--------------|--------|------|
| PayerTypeCode | Code value identifying the type of entities responsible for the costs for the services performed. | Value is passed through from source data. Defined by Inovalon Insights. Values: C - Commercial CM - Commercial and Medicaid CR - Commercial and Medicare CS - Commercial and SNP D - Dual Eligible F - Family Care H - CHIP K - Marketplace M - Medicaid MD - Medicaid Disabled ML - Medicaid Low Income MR - Medicaid Restricted NC - Special Needs Plan - Chronic Condition ND - Special Needs Plan - Institutionalized NM - SNP with Medicaid only NR - SNP with Medicare only O - Other R - Medicare RC - Medicare Cost RM - Medicare and Medicaid RR - Medicare Risk S - Self Insured X - Null | VARCHAR | | Yes |



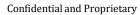


| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) NULL |
|------------------|---|--|--------------|-------------|
| ProductCode | Code value identifying the type of health plan product. | ProductCode differentiates product lines. Value is passed through from source data. Defined by Inovalon Insights. Values: E - EPO F - PFFS H - HMO O - Other P - PPO S - POS X - Null | VARCHAR | Yes |
| MedicalIndicator | Indicates if medical benefit is included. | Value is mapped from source data values. Values: 1 = True 0 = False | INTEGER | No |
| RxIndicator | Indicates if pharmacy benefit is included. | Value is mapped from source data values. Values: 1 = True 0 = False | INTEGER | No |
| SourceID | NULL | Not Provided | INTEGER | Yes |





| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|--------------------|--|--|--------------|--------|------|
| GroupPlanTypeCode | The type of enrollment group size for which the Commercial Plan is designed. | This is only applicable to commercial plans. Value is mapped from source data values. Values: ID - Individual SM - Small Group LG - Large Group | VARCHAR | | Yes |
| MAContractTypeCode | Medicare Advantage contract type. | This is only applicable to Medicare Advantage plans. Value is mapped from source data values. Values: E - Employer Direct Prescription Drug Plan (PDP) H - Local Medicare Advantage (MA), Local Medicare Advantage Prescription Drug (MAPD), or non-Medicare Advantage (MA) Plan R - Regional Medicare Advantage (MA) or Medicare Advantage Prescription Drug (MAPD) Plan S - Regular Standalone Prescription Drug Plan (PDP) | VARCHAR | | Yes |
| ACAIndicator | Indicates if plan is ACA | ACA can be on or off exchange plans. Value is mapped from source data values. Values: 1 = True 0 = False | INTEGER | | Yes |
| ACAIssuerStateCode | Indicates the state for which the IssuerID has been issued for each client. | Value is mapped from source data values. | VARCHAR | | Yes |





| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|---------------------------|--|---|--------------|--------|------|
| ACAGrandfatheredIndicator | Indicates if plan has ACA grandfathered status. | Grandfathered Plan - a group health plan or individual coverage that was in effect on March 23, 2010. Value is mapped from source data values. Values: 1 = True 0 = False | INTEGER | | Yes |
| ACAOnExchangeIndicator | Indicates if plan is offered on ACA exchange | ACA can be on or off exchange plans. Value is mapped from source data values. Values: 1 = True 0 = False | INTEGER | | Yes |
| ACAMetalLevel | Indicator that classifies the plan based on the range and the quality of benefits offered by a plan. | Value is mapped from source data values. Values: B = Bronze E = Bronze Expanded C = Catastrophic G = Gold P = Platinum S = Silver U = Unknown | VARCHAR | | Yes |
| ACAActuarialValue | Indicates the Actuarial value rate. The projected average amount an ACA plan will pay for covered essential benefits, for a standard population, as a whole number percentage, +/- 2%. | Value is mapped from source data values. | INTEGER | | Yes |
| CreatedDate | Date when extract was created. | | DATE | | No |



PROVIDER

The *PROVIDER* file contains attributes pertaining to health care providers, as identified by each health plan, who submit claims for services rendered to health plan members.

Appendix D – Provider Taxonomy Code Values provides the lookup values based on the National Uniform Claim Committee (NUCC) Health Care Provider Taxonomy Code Set.

| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|-------------|---|---|--------------|--------|------|
| ProviderUID | Unique ID of a health care provider. Re-assigned to make it unique across all data sources' data. | Provider information is identifiable, but member information is unidentifiable. This is a unique number, generated sequentially and stored as an integer in the database. It is "not derived from or related to the individual" and is compliant with Section $164.514(c)(1)$. | INTEGER | PK | No |
| LastName | Standardized last name. | Value is enriched using third party data. <i>Not provided when financial data is provided separately.</i> | VARCHAR | | Yes |
| FirstName | Standardized first name. | Value is enriched using third party data. <i>Not provided when financial data is provided separately.</i> | VARCHAR | | Yes |
| MiddleName | Standardized middle name. | Value is enriched using third party data. <i>Not provided when financial data is provided separately.</i> | VARCHAR | | Yes |
| CompanyName | Legal business name used to file tax returns with the IRS. | Value is enriched using third party data. <i>Not provided when financial data is provided separately.</i> | VARCHAR | | Yes |
| NPI1 | National Provider Identification number. | Value is enriched using third party data. <i>Not provided when financial data is provided separately.</i> | VARCHAR | | Yes |



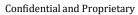


| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|--------------------------|---|---|--------------|--------|------|
| NPITypeCode1 | Code value indicating the provider entity type. | Value is enriched using third party data. Not provided when financial data is provided separately. Values: 1 = Type 1 (Individuals) 2 = Type 2 (Non-Individuals) | VARCHAR | | Yes |
| ParentOrganization1 | Parent organization Name. | Value is enriched using third party data. Not provided when financial data is provided separately. | VARCHAR | | Yes |
| NP12 | National Provider Identification number. | Value is enriched using third party data. Legacy field that may be populated if a provider has more than one NPI. <i>Not provided when financial data is provided separately.</i> | VARCHAR | | Yes |
| NPITypeCode2 | Code value indicating the provider entity type. | Value is enriched using third party data. Legacy field that may be populated if a provider has more than one NPI. Not provided when financial data is provided separately. Values: 1 = Type 1 (Individuals) 2 = Type 2 (Non-Individuals) | VARCHAR | | Yes |
| ParentOrganization2 | Parent Organization Name. | Value is enriched using third party data. Legacy field that may be populated if a provider has more than one NPI. <i>Not provided when financial data is provided separately.</i> | VARCHAR | | Yes |
| PrimaryPracticeAddress | Address data on practice location. | Value is enriched using third party data. <i>Not provided when financial data is provided separately.</i> | VARCHAR | | Yes |
| SecondaryPracticeAddress | Address data on practice location. | Value is enriched using third party data. <i>Not provided when financial data is provided separately.</i> | VARCHAR | | Yes |
| PracticeCity | Address data on practice location. | Value is enriched using third party data. <i>Not provided when financial data is provided separately.</i> | VARCHAR | | Yes |





| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) NULI |
|-------------------------|------------------------------------|---|--------------|-------------|
| PracticeState | Address data on practice location. | Value is enriched using third party data. <i>Not provided when financial data is provided separately.</i> | VARCHAR | Yes |
| PracticeZip | Address data on practice location. | Value is enriched using third party data. Not provided when financial data is provided separately. | VARCHAR | Yes |
| PracticeZip4 | Address data on practice location. | Value is enriched using third party data. <i>Not provided when financial data is provided separately.</i> | VARCHAR | Yes |
| PracticePhone | Address data on practice location. | Value is enriched using third party data. Not provided when financial data is provided separately. | VARCHAR | Yes |
| PrimaryBillingAddress | Address data on billing location. | Value is enriched using third party data. <i>Not provided when financial data is provided separately.</i> | VARCHAR | Yes |
| SecondaryBillingAddress | Address data on billing location. | Value is enriched using third party data. <i>Not provided when financial data is provided separately.</i> | VARCHAR | Yes |
| BillingCity | Address data on billing location. | Value is enriched using third party data. <i>Not provided when financial data is provided separately.</i> | VARCHAR | Yes |
| BillingState | Address data on billing location. | Value is enriched using third party data. Not provided when financial data is provided separately. | VARCHAR | Yes |
| BillingZip | Address data on billing location. | Value is enriched using third party data. <i>Not provided when financial data is provided separately.</i> | VARCHAR | Yes |
| BillingZip4 | Address data on billing location. | Value is enriched using third party data. <i>Not provided when financial data is provided separately.</i> | VARCHAR | Yes |
| BillingPhone | Address data on billing location. | Value is enriched using third party data. <i>Not provided when financial data is provided separately.</i> | VARCHAR | Yes |





| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|-------------------------|--|--|--------------|--------|------|
| TaxonomyCode1 | Taxonomy is the NUCC healthcare provider taxonomy code set and is self-reported by providers when applying for an NPI. | The Provider Taxonomy codes are based on the National Uniform Claim Committee (NUCC) Health Care Provider Taxonomy Code Set. The taxonomy code is a unique 10-character code that designates a provider's classification and specialization. More information on the provider taxonomy codes can be found on the CMS website. Values can be found in Appendix (Provider Taxonomy). | VARCHAR | | Yes |
| TaxonomyType1 | Provider Type. | Values can be found in Appendix (Provider Taxonomy) | VARCHAR | | Yes |
| TaxonomyClassification1 | Provider Classification. | Values can be found in Appendix (Provider Taxonomy) | VARCHAR | | Yes |
| TaxonomySpecialization1 | Provider Specialization. | Values can be found in Appendix (Provider Taxonomy) | VARCHAR | | Yes |
| TaxonomyCode2 | Taxonomy is the NUCC healthcare provider taxonomy code set and is self-reported by providers when applying for an NPI. | The Provider Taxonomy codes are based on the National Uniform Claim Committee (NUCC) Health Care Provider Taxonomy Code Set. The taxonomy code is a unique 10-character code that designates a provider's classification and specialization. More information on the provider taxonomy codes can be found on the CMS website. Values can be found in Appendix (Provider Taxonomy). | VARCHAR | | Yes |
| TaxonomyType2 | Provider Type. | Values can be found in Appendix (Provider Taxonomy) | VARCHAR | | Yes |
| TaxonomyClassification2 | Provider Classification. | Values can be found in Appendix (Provider Taxonomy) | VARCHAR | | Yes |
| TaxonomySpecialization2 | Provider Specialization. | Values can be found in Appendix (Provider Taxonomy) | VARCHAR | | Yes |
| CreatedDate | Date when Extract was created | | DATE | | No |



PROVIDER SUPPLEMENTAL

The *PROVIDER SUPPLEMENTAL* file contains the provider details passed through from our data sources, excluding validation from our third-party vendor.

| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|-------------|---|---|--------------|--------|------|
| ProviderUID | Unique ID of a health care provider. Re-assigned to make it unique across all data sources' data. | Provider information is identifiable, but member information is unidentifiable. This is a unique number, generated sequentially and stored as an integer in the database. It is "not derived from or related to the individual" and is compliant with Section $164.514(c)(1)$. | INTEGER | PK | No |
| NamePrefix | Source provider name prefix, such as "Dr". | Not provided when financial data is provided separately. | VARCHAR | | Yes |
| Name | Source provider name. Could be an organization name. Could contain prefix and/or suffix. | Not provided when financial data is provided separately. | VARCHAR | | Yes |
| NameSuffix | Source provider name suffix, such as "Jr.", "Sr.", "III" | Standardization is defined as parsing name elements in the correct field positions. Typing error corrections are not part of the standardization process. <i>Not provided when financial data is provided separately.</i> | VARCHAR | | Yes |
| Address1 | Source provider address data. | Not provided when financial data is provided separately. | VARCHAR | | Yes |
| Address2 | Source provider address data. | Not provided when financial data is provided separately. | VARCHAR | | Yes |
| City | Source provider address data. | Not provided when financial data is provided separately. | VARCHAR | | Yes |
| State | Source provider address data. | Not provided when financial data is provided separately. | VARCHAR | | Yes |
| Zip | Source provider address data. | Not provided when financial data is provided separately. | VARCHAR | | Yes |
| Phone | Source provider phone number. | Not provided when financial data is provided separately. | VARCHAR | | Yes |
| Fax | Source provider fax number. | Not provided when financial data is provided separately. | VARCHAR | | Yes |



| COLUMN | NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|-----------|------|-------------------------------|--|--------------|--------|------|
| DEANumb | ber | Source provider DEA number. | Drug Enforcement Administration (DEA) Number associated with a provider. It is a number assigned to a health care provider by the U.S. Drug Enforcement Administration allowing them to write prescriptions for controlled substances. <i>Not provided when financial data is provided separately.</i> | VARCHAR | | Yes |
| NPINumbe | er | Source provider NPI number. | National Provider Identification number. <i>Not provided when financial data is provided separately.</i> | VARCHAR | | Yes |
| CreatedDa | ate | Date when extract was created | | DATE | | No |



PROXY - INPATIENT PROSPECTIVE PAYMENT SYSTEM (IPPS) CLAIM COST

The proxy *IPPS CLAIM COST* file contains attributes for IPPS claim cost. *This supplemental file may not be included with your delivery and is only provided per the terms of your contract.*

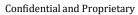
| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|------------------------------|---|--|--------------|--------|------|
| DischargeUID | Unique discharge record ID from the IPPSclaimcost table. | Derived by Proxy process | BIGINT | PK | No |
| MemberUID | Unique ID of a person identified as a result of matching patients across all plans; bridges data across entire dataset. | | BIGINT | FK | No |
| ProviderUID | Unique ID of a health care provider. Re-assigned to make it unique across all data sources' data. | | BIGINT | FK | Yes |
| AdmissionDate | The date when patient is admitted into an institution. | Derived by Proxy process | DATE | | No |
| DischargeDate | The date of discharge from an Institution. | Derived by Proxy process | DATE | | No |
| LOS | Indicates length of stay for a patient. | Derived by Proxy process | INTEGER | | Yes |
| FinalDRG | DRG assigned based on a MS-DRG grouper. | Derived by Proxy process | VARCHAR | | Yes |
| UbPatientDischargeStatusCode | National Uniform Billing Committee (UB) Patient Discharge Status code value identifying the discharge status of an institutional claim. | More information provided in separate tab. | INTEGER | | Yes |
| UnadjustedPrice | The total medical service allowed amount incurred prior to Line of Business adjustment. | Derived by Proxy process | DECIMAL | | Yes |
| Multiplier | Adjustments made based of Line of Business. | Derived by Proxy process | DOUBLE | | Yes |
| LobAdjustedPrice | Derived field obtained by multiplying UnadjustedPrice and Multiplier at the discharge level. | Derived by Proxy process | DECIMAL | | Yes |



PROXY - NON-IPPS CLAIM COST

The proxy NON- IPPS CLAIM COST file contains attributes for non-IPPS claims. This supplemental file may not be included with your delivery and is only provided per the terms of your contract.

| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|-----------------|---|----------|--------------|--------|------|
| ClaimUID | Unique record ID for a claim service line, from the Claim table. | | BIGINT | PK | No |
| MemberUID | Unique ID of a person identified as a result of matching patients across all plans; bridges data across entire dataset. | | BIGINT | FK | No |
| ProviderUID | Unique ID of a health care provider. Re-assigned to make it unique across all data sources' data. | | BIGINT | FK | Yes |
| ServiceDate | The date when the service was provided. | | DATE | | Yes |
| ServiceThruDate | The date when the service ended. | | DATE | | Yes |





| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|------------------|---|--|--------------|--------|------|
| CaseType | This field indicates which case type was used to price the corresponding claim. | Values: -AMBULANCE - Ambulance Fee Schedule (AFS) or Ambulance Services payment system ANESTHESIA- anesthesia-specific reimbursement rule of the Physician Fee Schedule (PFS) or Physician and Other Health Professional payment system ASCENTER- Ambulatory Surgical Center payment system (ASC) DME- Durable Medical Equipment (DME) payment system DRUG- Part B Drugs payment systems ESRD- (all \$0, PPS not yet implemented)- Outpatient Dialysis Services payment system (all \$0, PPS not yet implemented) LAB- Clinical Laboratory Fee Schedule (CLFS) or Clinical Laboratory Services payment system OPPS- Outpatient Hospital Services payment system or Outpatient Prospective Payment System (OPPS) PROFESSIONAL- Physician Fee Schedule (PFS) or Physician and Other Health Professional payment system UNASSIGNED- (6% of all records [all with price of \$0] now labeled with no case type) | VARCHAR | | Yes |
| UnadjustedPrice | Claim line allowed amount incurred prior to Line of Business adjustment. | Derived by Proxy process | DECIMAL | | Yes |
| Multiplier | Adjustments made based on Line Of Business. | Derived by Proxy process | DOUBLE | | Yes |
| LOBAdjustedPrice | Derived field obtained by multiplying UnadjustedPrice and Multiplier. | Derived by Proxy process | DECIMAL | | Yes |



PROXY - IPPS CLAIM XREF (CROSSWALK)

The proxy *IPPS CLAIM XREF* file contains attributes that link to *IPPS CLAIM COST*. This supplemental file may not be included with your delivery and is only provided per the terms of your contract.

| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|--------------|---|--------------------------|--------------|--------|------|
| MemberUID | Unique ID of a person identified as a result of matching patients across all plans; bridges data across entire dataset. | | BIGINT | FK | No |
| DischargeUID | Unique discharge record ID from the IPPSclaimcost table. | Derived by Proxy process | BIGINT | FK | No |
| AcuteInd | A derived field indicating an acute hospital stay. | Derived by Proxy process | INTEGER | | Yes |
| ClaimUID | Unique record ID for a claim service line, from the Claim table. | | BIGINT | PK, FK | No |



PROXY - POST ACUTE CARE (PAC) CLAIM COST

The proxy *PAC CLAIM COST* file contains attributes related to post-acute care claim cost. *This supplemental file may not be included with your delivery and is only provided per the terms of your contract.*

| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|---------------|---|--------------------------|--------------|--------|------|
| PacUID | Unique record ID for the PAC Claim Cost file. | Derived by Proxy process | BIGINT | PK | No |
| EpisodeUID | Consecutive PAC claims are grouped together as an episode. ClaimUIDs are linked to PAC Claim Cost by EpisodeUID. | Derived by Proxy process | BIGINT | | No |
| MemberUID | Unique ID of a person identified as a result of matching patients across all plans; bridges data across entire dataset. | | INTEGER | FK | No |
| ProviderUID | Unique ID of a health care provider. Re-assigned to make it unique across all clients' data. | | INTEGER | FK | No |
| AdmissionDate | The date when patient is admitted into an institution. | Derived by Proxy process | DATE | | Yes |
| DischargeDate | The date of discharge from an Institution. | Derived by Proxy process | DATE | | Yes |
| LOS | Indicates length of stay for a patient. | Derived by Proxy process | INTEGER | | Yes |



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| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|------------------|--|---|--------------|--------|------|
| Setting | PAC setting assigned by the post-acute grouping process. | Derived by Proxy process Values: HHA- home health IRF- inpatient rehab LTACH- long-term acute SNF- skilled nursing | VARCHAR | | Yes |
| UnadjustedPrice | The total medical service cost incurred prior to Line of Business adjustment. | Derived by Proxy process | DECIMAL | | Yes |
| Multiplier | Adjustments made based on Line of Business. | Derived by Proxy process | DOUBLE | | Yes |
| LobAdjustedPrice | Derived field obtained by multiplying UnadjustedPrice and Multiplier at the discharge level. | Derived by Proxy process | DECIMAL | | Yes |



PROXY - POST ACUTE CARE (PAC) CLAIM XREF (CROSSWALK)

The proxy *PAC CLAIM COST XREF* file contains attributes that link to *PAC CLAIM COST. This supplemental file may not be included with your delivery and is only provided per the terms of your contract.*

| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|-------------|---|--|--------------|--------|------|
| MemberUID | Unique ID of a person identified as a result of matching patients across all plans; bridges data across entire dataset. | | BIGINT | FK | No |
| PacUID | Link back to the PAC Claim Cost file. | Derived by Proxy process | BIGINT | FK | No |
| Setting | PAC setting assigned by the post-acute grouping process. | Derived by Proxy process. Values: HHA- home health IRF- inpatient rehab LTACH- long-term acute SNF- skilled nursing | VARCHAR | | Yes |
| ClaimUID | Unique record ID from the Claim file. | | BIGINT | PK, FK | No |



PROXY - RX CLAIM COST

The proxy RX CLAIM COST file contains RX claim cost attributes. This supplemental file may not be included with your delivery and is only provided per the terms of your contract.

| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|-----------------|---|--------------------------|--------------|--------|------|
| RxFillUID | Unique record ID for the Rx Cost file. | Derived by Proxy process | BIGINT | РК | No |
| MemberUID | Unique ID of a person identified as a result of matching patients across all plans; bridges data across entire dataset. | | BIGINT | FK | No |
| FillDate | The date when the prescription was filled. | | DATE | | No |
| NDC11Code | 11-digit National Drug Code for the drug filled. | | VARCHAR | | Yes |
| SupplyDaysCount | Supply days count for the prescription. | Derived by Proxy process | INTEGER | | Yes |
| UnitQuantity | Unit quantity for the prescription fill. | Derived by Proxy process | DECIMAL | | Yes |
| UnadjustedPrice | Prescription drug allowed amount. | Derived by Proxy process | DECIMAL | | Yes |



PROXY - RX FILL XREF (CROSSWALK)

The proxy RX FILL XREF file contains attributes that link back to RX CLAIM and RX CLAIM COST. This supplemental file may not be included with your delivery and is only provided per the terms of your contract.

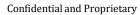
| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|-------------|---|--------------------------|--------------|--------|------|
| RxClaimUID | Link back at the Rx Claim | | BIGINT | PK | No |
| RxFillUID | Link back at the Rx Claim Cost | Derived by proxy process | BIGINT | FK | No |
| MemberUID | Unique ID of a person identified as a result of matching patients across all plans; bridges data across entire dataset. | | INTEGER | FK | No |



RX CLAIM

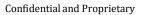
The RX CLAIM file contains attributes associated with pharmacy (prescription) claims.

| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) | NULL |
|-----------------|--|--|--------------|--------|------|
| RxClaimUID | Unique ID of a pharmacy (Rx) claim service line record. | Re-assigned and used in the dataset to make it unidentifiable and unique across all client data. This is a unique number, generated sequentially and stored as an integer in the database. It is "not derived from or related to the individual" and is compliant with Section $164.514(c)(1)$. | BIGINT | PK | No |
| MemberUID | Unique ID of a person identified as a result of matching patients across all plans; bridges data across entire dataset. This is a unique number, generated sequentially and stored as an integer in the database. It is "not derived from or related to the individual" and is compliant with Section 164.514(c)(1). | | BIGINT | FK | No |
| ProviderUID | Unique ID of a health care provider. Reassigned to make it unique across all data sources' data. | This is a unique number, generated sequentially and stored as an integer in the database. It is "not derived from or related to the individual" and is compliant with Section $164.514(c)(1)$. | BIGINT | FK | Yes |
| ClaimStatusCode | Code value identifying the payment status of a claim. Defined by Inovalon Insights . | Value is mapped using source data values. Values: A - Adjustment to Original Claim D - Denied Claims I - Initial Pay Claim P - Pended for Adjudication R - Reversal to Original Claim U - Unknown X - Null | VARCHAR | | Yes |
| FillDate | The date when the prescription is filled. | Value is passed through from source data. | DATE | | No |
| NDC11Code | Dispensed drug identifier. | Value is passed through from source data. Usually 11-digit National Drug Code (NDC), but can be a formatted NDC, a truncated NDC, or an alternate identifier like UPC, HRI, GPI, DDID, RxNorm, etc. | VARCHAR | | Yes |





| COLUMN NAME | DESCRIPTION | COMMENTS | DATA TYPE | KEY(S) NULL |
|--------------------|--|--|--------------|-------------|
| SupplyDaysCount | Number of days' supply of Rx. | Value is passed through from source data. | INTEGER | Yes |
| DispensedQuantity | The quantity or package size of drug dispensed. Used for Relative Resource Use (RRU) cost calculation. | This field must be populated in the same metric they come in, milliliter for liquid, number of pills for pills, and grams for cream. When QuantityDispensed is not supplied the RRU cost is calculated by multiplying SupplyDaysCount by a standard cost provided by NCQA. | DOUBLE | Yes |
| BilledAmount | Not provided | | NULL | Yes |
| AllowedAmount | The amount the insurance company allows the provider to charge under contract with the provider for the service performed. | Value is passed through from source data. Not provided when provider-identifying data is provided separately. | DECIMAL | Yes |
| CopayAmount | The amount the member is responsible to pay for the service performed. | Value is passed through from source data. | DECIMAL | Yes |
| PaidAmount | The amount the insurance company actually paid to the provider for this claim service line. | Value is passed through from source data. Not provided when provider-identifying data is provided separately. | DECIMAL | Yes |
| CostAmount | Not provided | | NULL | Yes |
| PrescribingNPI | National Provider Identification number of the prescribing healthcare provider. | Value passed through from source data. <i>Not provided when financial data is provided separately.</i> | VARCHAR | Yes |
| DispensingNPI | National Provider Identification number of the dispensing healthcare provider, facility, clinic, or pharmacy. | Value passed through from source data. <i>Not provided when financial data is provided separately.</i> | VARCHAR | Yes |
| Sourcemodifieddate | Date the data source last modified the claim. | | DATE | Yes |
| CreatedDate | Date when Extract was created | | DATE | No |







APPENDIX OVERVIEW

The following appendix sections provide additional support with the data files described in the *File Types* section.

APPENDIX A - CODE TYPE VALUES

APPENDIX B - DISCHARGE STATUS CODE VALUES

APPENDIX C - PLACE OF SERVICE (POS) CODE VALUES

APPENDIX D - PROVIDER TAXONOMY CODE VALUES

APPENDIX E - TYPE OF BILL (TOB) CODE VALUES

APPENDIX F - SERVICE TYPE VALUES

APPENDIX G - MEDICARE FEE SCHEDULE VALUES



APPENDIX A - CODE TYPE VALUES

Code type values describe the attribute related to encounter claims.

| CODE TYPE VALUE | NAME | DESCRIPTION |
|-----------------|----------------------------|--|
| 1 | Ambulatory Surgery Code | Code value indicating the year when it is classified as Ambulatory Surgery procedure. Defined by Inovalon Insights. |
| 2 | APDRG | All Patient Diagnosis Related Group (APDRG) code value. APDRG is specific to NY. |
| 3 | CPT Code | Current Procedural Terminology Code value identifying medical services and procedures provided by healthcare providers. |
| 4 | CPT Modifier Code | Current Procedural Terminology Modifier Code value. |
| 5 | HCPCS Code | Healthcare Common Procedure Coding System code value identifying products, supplies, and services not included in the CPT codes. |
| 6 | HCPCS Modifier Code | Healthcare Common Procedure Coding System Modifier code value. |
| 7 | ICD9CMDx Code | Code value of International Classification of Diseases, 9th Edition, Clinical Modification Diagnosis code. |
| 8 | ICD9CMPx Code | Code value of International Classification of Diseases, 9th Edition, Clinical Modification Procedure code. |
| 9 | MSDRG Code | Medicare Severity Diagnosis Related Group code value. DRG is not always collected for all clients |
| 10 | POS Code | Place of Service (POS) code value. Defined by CMS. |

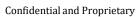




| CODE TYPE VALUE | NAME | DESCRIPTION |
|-----------------|---------------------------|--|
| 11 | POS Group Code | Rolled-up Place of Service code value. Defined by Inovalon Insights . Values: BC - Birthing Center DN - Day/ Night (Partial Hospitalization) ER - Emergency Room IA - Inpatient Acute IN - Inpatient Non-Acute LA - Laboratory OA - Outpatient/ Ambulatory OC - Office/ Clinic OT - Other RM - Mail Order Prescription Drugs |
| 12 | Provider Taxonomy Code | Healthcare Provider Taxonomy code value. |
| 13 | TOB Code | Three-digit alphanumeric Type of Bill (TOB) code value (leading zero ignored). |
| 14 | UB Occurrence Code | National Uniform Billing Committee (UB) Patient Occurrence code value identifying a significant event relating to the bill that may affect payer processing. |



| CODE TYPE VALUE | NAME | DESCRIPTION |
|-----------------|--------------------|--|
| 15 | Provider Type Code | Values: AMB - Ambulance ANE - Anesthesiologist CARD - Cardiologist CD - Chemical Dependency Provider DME - Durable Medical Equipment DN - Dental Provider ENDO - Endocrinologist FAC - Facility GAST - Gastroenterologist HH - Home Health INFD - Infectious Disease Specialist MHN - Mental Health Provider - Non-Prescribing MHP - Mental Health Provider - Prescribing NPCP - Non-Physician Primary Care Provider NEPH - Nephrology OB - Obstetrician OTHR - Other Specialist / Facility Provider PCP - Primary Care Provider not Providing Delivery Svcs RAD - Radiologist RN - Registered Nurse RPH - Clinical Pharmacist UC - Urgent Care Center VC - Vision Care Provider |
| 16 | UB Revenue Code | National Uniform Billing Committee (UB) Patient Occurrence code value identifying a specific accommodation, ancillary service, or billing calculation such as emergency room charges. |
| 17 | ICD10CMDx Code | Code value of International Classification of Diseases, 10th Edition, Clinical Modification Diagnosis code. |
| 18 | ICD10CMPx Code | Code value of International Classification of Diseases, 10th Edition, Clinical Modification Procedure code. |





| CODE TYPE | VALUE | NAME | DESCRIPTION |
|-----------|-------|--------------------|---|
| 19 | | ADM ICD9CMDx Code | Admitting Diagnosis. Code value of International Classification of Diseases, 9th Edition, Clinical Modification Diagnosis code. |
| 20 | | PRV ICD9CMDx Code | Patient's Reason for Visit. Code value of International Classification of Diseases, 9th Edition, Clinical Modification Diagnosis code. |
| 21 | | ECI ICD9CMDx Code | External Cause of Injury. Code value of International Classification of Diseases, 9th Edition, Clinical Modification Diagnosis code. |
| 22 | | ADM ICD10CMDx Code | Admitting Diagnosis. Code value of International Classification of Diseases, 10th Edition, Clinical Modification Diagnosis code. |
| 23 | | PRV ICD10CMDx Code | Patient's Reason for Visit. Code value of International Classification of Diseases, 10th Edition, Clinical Modification Diagnosis code. |
| 24 | | ECI ICD10CMDx Code | External Cause of Injury. Code value of International Classification of Diseases, 10th Edition, Clinical Modification Diagnosis code. |



APPENDIX B - DISCHARGE STATUS CODE VALUES

The National Uniform Billing Committee (NUBC) patient discharge status codes are industry standard codes; values identifying the discharge status of an institutional claim. Inovalon converts sensitive codes (20-21, 40-42) to 'NULL' in compliance with statistical de-identification rules.

| CODE | DISCHARGE STATUS CODE DESCRIPTION |
|------|---|
| 1 | Discharged to home or self-care (routine discharge) |
| 2 | Discharged/transferred to another short-term general hospital |
| 3 | Discharged/transferred to Skilled Nursing Facility (SNF) |
| 4 | Discharged/transferred to Intermediate Care Facility (ICF) |
| 5 | Discharged/transferred to a designated cancer center or children's hospital |
| 6 | Disch/trans to home under care of HHS in anticipation of cov skills care |
| 7 | Left against medical advice or discontinued care |
| 8 | Discharged/transferred to home under care of home IV drug therapy provider |
| 9 | Admitted as an inpatient to this hospital |
| 30 | Still patient or expected to return for outpatient services |
| 43 | Discharged/transferred to a Federal Hospital |
| 50 | Discharged/transferred to Hospice - home |
| 51 | Discharged/transferred to Hospice - medical facility |
| 61 | Discharged/transferred to hospital-based Medicare Approved Swing Bed |
| 62 | Disch/trans to inpat rehab fac incl distinct part units of a hospital |
| 63 | Discharged/transferred to long term care hospitals |



| CODE | DISCHARGE STATUS CODE DESCRIPTION |
|------|--|
| 64 | Discharged/transferred to nursing fac cert under Medicaid but not Medicare |
| 65 | Disch/trans to a psychiatric hospital or psychiatric distinct part of hosp |
| 66 | Discharged/transferred to a Critical Access Hospital (CAH) |
| 69 | Discharged/Transferred to a Designated Disaster Alternative Care Site |
| 70 | Discharge/transfer to another type of health care institution not defined elsewhere in the code list |
| 71 | Discharged/transferred/referred to another institution for OP services |
| 72 | Discharged/transferred/referred to this institution for OP services |
| 81 | Discharged to home or self-care with a planned acute care hospital inpatient readmission |
| 82 | Discharged/Transferred to a Short-Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission |
| 83 | Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission |
| 84 | Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission |
| 85 | Discharged/Transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission |
| 86 | Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care with a planned acute care hospital inpatient readmission |
| 88 | Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission |
| 89 | Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission |
| 90 | Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission |
| 91 | Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission |
| 92 | Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission |



| CODE | DISCHARGE STATUS CODE DESCRIPTION |
|------|--|
| 93 | Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission |
| 94 | Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission |
| 95 | Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission |
| NULL | Null |
| X | Null |



APPENDIX C - PLACE OF SERVICE (POS) CODE VALUES

Centers for Medicare & Medicaid Services (CMS) place of service (POS) codes are industry standard codes. Codes marked with asterisk (*) have been recoded to '99' in compliance with statistical de-identification rules.

| CODE | POS NAME | PLACE OF SERVICE DESCRIPTION | | | |
|------|--|---|--|--|--|
| 1 | Pharmacy | A facility of location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients. | | | |
| 2 | Telehealth Provided Other than in Patient's Home | e location where health services and health related services are provided or received, through telecommunication technology. tient is not located in their home when receiving health services or health related services through telecommunication chnology. | | | |
| 3 | School | A facility whose primary purpose is education. | | | |
| 4 | Homeless Shelter | A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individuals or family shelters). | | | |
| 05* | Indian Health Service Free-standing Facility | A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization. | | | |
| 06* | Indian Health Service | A facility of location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients. | | | |
| 07* | Tribal 638 Free-standing Facility | A facility of location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization. | | | |
| 08* | Tribal 638 Provider-based Facility | A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients. | | | |
| 09* | Prison/Correctional Facility | A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders. | | | |



| CODE | POS NAME | PLACE OF SERVICE DESCRIPTION |
|------|--|--|
| 10 | Telehealth Provided in Patient's Home | The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology. |
| 11 | Office | Location other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis. |
| 12 | Home | Location, other than a hospital or other facility, where the patient receives care in a private residence. |
| 13 | Assisted Living Facility | Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services. |
| 14 | Group Home | A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration). |
| 15 | Mobile Unit | A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services. |
| 16 | Temporary Lodging | A short-term accommodation such as a hotel, campground, hostel, cruise ship or resort where the patient receive care, and which is not identified by any other POS code. |
| 17 | Walk-in Retail Health Clinic | A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other POS code, that is located within a retail operation and provides, on an ambulatory basis, preventive, and primary care services. |
| 18 | Place of Employment- Worksite | A location, not described by any other POS code, owned, or operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic or rehabilitative services to the individual. |
| 19 | Off Campus-Outpatient Hospital | A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. |
| 20 | Urgent Care Facility | Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention. |
| 21 | Inpatient Hospital | A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions. |



| CODE | POS NAME | PLACE OF SERVICE DESCRIPTION | | | |
|-------|----------------------------|---|--|--|--|
| 22 | | A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. | | | |
| 23 | Emergency Room - Hospital | A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided. | | | |
| 24 | Ambulatory Surgical Center | A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis. | | | |
| 25 | RITTHINGLANTAT | A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of newborn infants. | | | |
| 26* | | A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF). | | | |
| 27-30 | Unassigned | N/A | | | |
| 31 | Skilled Niircing Facility | A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level or care or treatment available in a hospital. | | | |
| 32 | Nursing Facility | A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than individuals with intellectual disabilities. | | | |
| 33 | I HETOGIALI ARA HACILITU | A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component. | | | |
| 34 | Hospice | A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided. | | | |
| 35-40 | Unassigned | N/A | | | |
| 41 | Ambulance - Land | A land vehicle specifically designed, equipped, and staffed for lifesaving and transporting the sick or injured. | | | |
| 42 | Ambulance - Air or Water | An air or water vehicle specifically designed, equipped, and staffed for lifesaving and transporting the sick or injured. | | | |
| 43-48 | Unassigned | N/A | | | |



| CODE | POS NAME | PLACE OF SERVICE DESCRIPTION | | |
|------|--|---|--|--|
| 49 | Independent Clinic | A location, not part of a hospital and not described by any other POS code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only. | | |
| 50 | Federally Qualified Health Center | A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician. | | |
| 51 | Inpatient Psychiatric Facility | A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician. | | |
| 52 | Psychiatric Facility - Partial Hospitalization | A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility. | | |
| 53 | Community Mental Health Center | A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine that appropriateness of such admission; and consultation and education services. | | |
| 54 | Intermediate Care Facility/ Individuals with Intellectual Disabilities | A facility which primarily provides health-related care and services above the level of custodial care to individuals but does not provide the level of care or treatment available in a hospital or SNF. | | |
| 55 | Residential Substance Abuse Treatment Facility | A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board. | | |
| 56 | Psychiatric Residential Treatment Center | A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment. | | |
| 57 | Non-residential Substance Abuse Treatment Facility | A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing. | | |
| 58 | Non-residential Opioid Treatment Facility | A location that provides treatment for opioid use disorder on an ambulatory basis. Services include methadone and other forms of Medication Assisted Treatment (MAT). | | |



| CODE | POS NAME | PLACE OF SERVICE DESCRIPTION | | |
|-------|---|---|--|--|
| 59 | Unassigned | N/A | | |
| 60 | Mass Immunization Center | A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting. | | |
| 61 | Comprehensive Inpatient Rehabilitation Facility | A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services. | | |
| 62 | Comprehensive Outpatient Rehabilitation Facility | A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services. | | |
| 63-64 | Unassigned | N/A | | |
| 65 | End-Stage Renal Disease Treatment Facility | A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis. | | |
| 66-70 | Unassigned | N/A | | |
| 71 | Public Health Clinic | A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician. | | |
| 72 | Rural Health Clinic | A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician. | | |
| 73-80 | Unassigned | N/A | | |
| 81 | Independent Laboratory | A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office. | | |
| 82-98 | Unassigned | N/A | | |
| 99 | Other Place of Service | Other place of service not identified above. | | |
| * | Other | Values converted to 99 according to current statistical de-identification rules. | | |



APPENDIX D - PROVIDER TAXONOMY CODE VALUES

The National Uniform Claim Committee (NUCC) provider taxonomy codes are industry standard codes. Providers use these codes when applying for a National Provider Identifier (NPI). Inovalon converts sensitive codes to '000000000X' in compliance with statistical de-identification rules.

| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|--|--|---|
| 00000000X | Ambulatory Health Care Facilities | Clinic/Center | Military Outpatient Operational (Transportable) Component |
| 00000000X | Ambulatory Health Care Facilities | Clinic/Center | Prison Health |
| 00000000X | Ambulatory Health Care Facilities | Clinic/Center | Military/U.S. Coast Guard Outpatient |
| 00000000X | Other Service Providers | Military Health Care Provider | Independent Duty Corpsman |
| 00000000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Art Therapist | |
| 00000000X | Laboratories | Military Clinical Medical Laboratory | |
| 00000000X | Ambulatory Health Care Facilities | Clinic/Center | VA |
| 00000000X | Suppliers | Department of Veterans Affairs (VA) Pharmacy | |
| 00000000X | Ambulatory Health Care Facilities | Clinic/Center | Military and U.S. Coast Guard Ambulatory Procedure |
| 00000000X | Hospitals | Military Hospital | |
| 00000000X | Behavioral Health & Social Service Providers | Poetry Therapist | |
| 00000000X | Other Service Providers | Military Health Care Provider | |
| 00000000X | Transportation Services | Military/U.S. Coast Guard Transport | |
| | | | |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---|--|--|
| 000000000X | Other Service Providers | Military Health Care Provider | Independent Duty Medical Technicians |
| 00000000X | Hospitals | Religious Nonmedical Health Care Institution | |
| 00000000X | Suppliers | Military/U.S. Coast Guard Pharmacy | |
| 00000000X | Other Service Providers | Naprapath | |
| 00000000X | Hospitals | Military Hospital | Military General Acute Care Hospital |
| 00000000X | Transportation Services | Military/U.S. Coast Guard Transport | Military or U.S. Coast Guard Ambulance, Air Transport |
| 101Y00000X | Behavioral Health & Social Service Providers | Counselor | |
| 101YA0400X | Behavioral Health & Social Service Providers | Counselor | Addiction (Substance Use Disorder) |
| 101YM0800X | Behavioral Health & Social Service Providers | Counselor | Mental Health |
| 101YP1600X | Behavioral Health & Social Service Providers | Counselor | Pastoral |
| 101YP2500X | Behavioral Health & Social Service Providers | Counselor | Professional |
| 101YS0200X | Behavioral Health & Social Service Providers | Counselor | School |
| 102L00000X | Behavioral Health & Social Service Providers | Psychoanalyst | |
| 103G00000X | Behavioral Health & Social Service Providers | Clinical Neuropsychologist | |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---|-------------------------|------------------------------------|
| 103K00000X | Behavioral Health & Social Service Providers | Behavioral Analyst | |
| 103T00000X | Behavioral Health & Social Service Providers | Psychologist | |
| 103TA0400X | Behavioral Health & Social Service Providers | Psychologist | Addiction (Substance Use Disorder) |
| 103TA0700X | Behavioral Health & Social Service Providers | Psychologist | Adult Development & Aging |
| 103TB0200X | Behavioral Health & Social Service Providers | Psychologist | Cognitive & Behavioral |
| 103TC0700X | Behavioral Health & Social Service Providers | Psychologist | Clinical |
| 103TC1900X | Behavioral Health & Social Service Providers | Psychologist | Counseling |
| 103TC2200X | Behavioral Health & Social Service Providers | Psychologist | Clinical Child & Adolescent |
| 103TE1000X | Behavioral Health & Social Service Providers | Psychologist | Educational |
| 103TE1100X | Behavioral Health & Social Service Providers | Psychologist | Exercise & Sports |
| 103TF0000X | Behavioral Health & Social Service Providers | Psychologist | Family |
| 103TF0200X | Behavioral Health & Social Service Providers | Psychologist | Forensic |

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| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---|-------------------------|---|
| 103TH0004X | Behavioral Health & Social Service Providers | Psychologist | Health |
| 103TH0100X | Behavioral Health & Social Service Providers | Psychologist | Health Service |
| 103TM1800X | Behavioral Health & Social Service Providers | Psychologist | Mental Retardation & Developmental Disabilities |
| 103TP0016X | Behavioral Health & Social Service Providers | Psychologist | Prescribing (Medical) |
| 103TP0814X | Behavioral Health & Social Service Providers | Psychologist | Psychoanalysis |
| 103TP2700X | Behavioral Health & Social Service Providers | Psychologist | Psychotherapy |
| 103TP2701X | Behavioral Health & Social Service Providers | Psychologist | Group Psychotherapy |
| 103TR0400X | Behavioral Health & Social Service Providers | Psychologist | Rehabilitation |
| 103TS0200X | Behavioral Health & Social Service Providers | Psychologist | School |
| 104100000X | Behavioral Health & Social Service Providers | Social Worker | |
| 1041C0700X | Behavioral Health & Social Service Providers | Social Worker | Clinical |
| 1041S0200X | Behavioral Health & Social Service Providers | Social Worker | School |



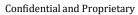
| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---|-----------------------------|------------------------------|
| 106E00000X | Behavioral Health & Social Service Providers | Assistant Behavior Analyst | |
| 106H00000X | Behavioral Health & Social Service Providers | Marriage & Family Therapist | |
| 106S00000X | Behavioral Health & Social Service Providers | Behavior Technician | |
| 111N00000X | Chiropractic Providers | Chiropractor | |
| 111NI0013X | Chiropractic Providers | Chiropractor | Independent Medical Examiner |
| 111NI0900X | Chiropractic Providers | Chiropractor | Internist |
| 111NN0400X | Chiropractic Providers | Chiropractor | Neurology |
| 111NN1001X | Chiropractic Providers | Chiropractor | Nutrition |
| 111NP0017X | Chiropractic Providers | Chiropractor | Pediatric Chiropractor |
| 111NR0200X | Chiropractic Providers | Chiropractor | Radiology |
| 111NR0400X | Chiropractic Providers | Chiropractor | Rehabilitation |
| 111NS0005X | Chiropractic Providers | Chiropractor | Sports Physician |
| 111NT0100X | Chiropractic Providers | Chiropractor | Thermography |
| 111NX0100X | Chiropractic Providers | Chiropractor | Occupational Health |
| 111NX0800X | Chiropractic Providers | Chiropractor | Orthopedic |
| 122300000X | Dental Providers | Dentist | |
| 1223D0001X | Dental Providers | Dentist | Dental Public Health |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---|------------------------------------|--|
| 1223D0004X | Dental Providers | Dentist | Dentist Anesthesiologist |
| 1223E0200X | Dental Providers | Dentist | Endodontics |
| 1223G0001X | Dental Providers | Dentist | General Practice |
| 1223P0106X | Dental Providers | Dentist | Oral and Maxillofacial Pathology |
| 1223P0221X | Dental Providers | Dentist | Pediatric Dentistry |
| 1223P0300X | Dental Providers | Dentist | Periodontics |
| 1223P0700X | Dental Providers | Dentist | Prosthodontics |
| 1223S0112X | Dental Providers | Dentist | Oral and Maxillofacial Surgery |
| 1223X0008X | Dental Providers | Dentist | Oral and Maxillofacial Radiology |
| 1223X0400X | Dental Providers | Dentist | Orthodontics and Dentofacial Orthopedics |
| 122400000X | Dental Providers | Denturist | |
| 124Q00000X | Dental Providers | Dental Hygienist | |
| 125J00000X | Dental Providers | Dental Therapist | |
| 125K00000X | Dental Providers | Advanced Practice Dental Therapist | |
| 125Q00000X | Dental Providers | Oral Medicinist | |
| 126800000X | Dental Providers | Dental Assistant | |
| 126900000X | Dental Providers | Dental Laboratory Technician | |
| 132700000X | Dietary & Nutritional Service Providers | Dietary Manager | |
| 133N00000X | Dietary & Nutritional Service Providers | Nutritionist | |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---|--|--------------------------------|
| 133NN1002X | Dietary & Nutritional Service Providers | Nutritionist | Nutrition, Education |
| 133V00000X | Dietary & Nutritional Service Providers | Dietitian, Registered | |
| 133VN1004X | Dietary & Nutritional Service Providers | Dietitian, Registered | Nutrition, Pediatric |
| 133VN1005X | Dietary & Nutritional Service Providers | Dietitian, Registered | Nutrition, Renal |
| 133VN1006X | Dietary & Nutritional Service Providers | Dietitian, Registered | Nutrition, Metabolic |
| 136A00000X | Dietary & Nutritional Service Providers | Dietetic Technician, Registered | |
| 146D00000X | Emergency Medical Service Providers | Personal Emergency Response Attendant | |
| 146L00000X | Emergency Medical Service Providers | Emergency Medical Technician, Paramedic | |
| 146M00000X | Emergency Medical Service Providers | Emergency Medical Technician, Intermediate | |
| 146N00000X | Emergency Medical Service Providers | Emergency Medical Technician, Basic | |
| 152W00000X | Eye and Vision Services Providers | Optometrist | |
| 152WC0802X | Eye and Vision Services Providers | Optometrist | Corneal and Contact Management |
| 152WL0500X | Eye and Vision Services Providers | Optometrist | Low Vision Rehabilitation |
| 152WP0200X | Eye and Vision Services Providers | Optometrist | Pediatrics |
| 152WS0006X | Eye and Vision Services Providers | Optometrist | Sports Vision |
| 152WV0400X | Eye and Vision Services Providers | Optometrist | Vision Therapy |
| 152WX0102X | Eye and Vision Services Providers | Optometrist | Occupational Vision |
| 156F00000X | Eye and Vision Services Providers | Technician/Technologist | |
| 156FC0800X | Eye and Vision Services Providers | Technician/Technologist | Contact Lens |

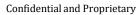




| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|-----------------------------------|-------------------------|--|
| 156FC0801X | Eye and Vision Services Providers | Technician/Technologist | Contact Lens Fitter |
| 156FX1100X | Eye and Vision Services Providers | Technician/Technologist | Ophthalmic |
| 156FX1101X | Eye and Vision Services Providers | Technician/Technologist | Ophthalmic Assistant |
| 156FX1201X | Eye and Vision Services Providers | Technician/Technologist | Optometric Assistant |
| 156FX1202X | Eye and Vision Services Providers | Technician/Technologist | Optometric Technician |
| 156FX1700X | Eye and Vision Services Providers | Technician/Technologist | Ocularist |
| 156FX1800X | Eye and Vision Services Providers | Technician/Technologist | Optician |
| 156FX1900X | Eye and Vision Services Providers | Technician/Technologist | Orthoptist |
| 163W00000X | Nursing Service Providers | Registered Nurse | |
| 163WA0400X | Nursing Service Providers | Registered Nurse | Addiction (Substance Use Disorder) |
| 163WA2000X | Nursing Service Providers | Registered Nurse | Administrator |
| 163WC0200X | Nursing Service Providers | Registered Nurse | Critical Care Medicine |
| 163WC0400X | Nursing Service Providers | Registered Nurse | Case Management |
| 163WC1400X | Nursing Service Providers | Registered Nurse | College Health |
| 163WC1500X | Nursing Service Providers | Registered Nurse | Community Health |
| 163WC1600X | Nursing Service Providers | Registered Nurse | Continuing Education/Staff Development |
| 163WC2100X | Nursing Service Providers | Registered Nurse | Continence Care |
| 163WC3500X | Nursing Service Providers | Registered Nurse | Cardiac Rehabilitation |
| 163WD0400X | Nursing Service Providers | Registered Nurse | Diabetes Educator |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---------------------------|-------------------------|-------------------------------|
| 163WD1100X | Nursing Service Providers | Registered Nurse | Dialysis, Peritoneal |
| 163WE0003X | Nursing Service Providers | Registered Nurse | Emergency |
| 163WE0900X | Nursing Service Providers | Registered Nurse | Enterostomal Therapy |
| 163WG0000X | Nursing Service Providers | Registered Nurse | General Practice |
| 163WG0100X | Nursing Service Providers | Registered Nurse | Gastroenterology |
| 163WG0600X | Nursing Service Providers | Registered Nurse | Gerontology |
| 163WH0200X | Nursing Service Providers | Registered Nurse | Home Health |
| 163WH0500X | Nursing Service Providers | Registered Nurse | Hemodialysis |
| 163WH1000X | Nursing Service Providers | Registered Nurse | Hospice |
| 163WI0500X | Nursing Service Providers | Registered Nurse | Infusion Therapy |
| 163WI0600X | Nursing Service Providers | Registered Nurse | Infection Control |
| 163WL0100X | Nursing Service Providers | Registered Nurse | Lactation Consultant |
| 163WM0102X | Nursing Service Providers | Registered Nurse | Maternal Newborn |
| 163WM0705X | Nursing Service Providers | Registered Nurse | Medical-Surgical |
| 163WM1400X | Nursing Service Providers | Registered Nurse | Nurse Massage Therapist (NMT) |
| 163WN0002X | Nursing Service Providers | Registered Nurse | Neonatal Intensive Care |
| 163WN0003X | Nursing Service Providers | Registered Nurse | Neonatal, Low-Risk |
| 163WN0300X | Nursing Service Providers | Registered Nurse | Nephrology |
| 163WN0800X | Nursing Service Providers | Registered Nurse | Neuroscience |





| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---------------------------|-------------------------|---|
| 163WN1003X | Nursing Service Providers | Registered Nurse | Nutrition Support |
| 163WP0000X | Nursing Service Providers | Registered Nurse | Pain Management |
| 163WP0200X | Nursing Service Providers | Registered Nurse | Pediatrics |
| 163WP0807X | Nursing Service Providers | Registered Nurse | Psych/Mental Health, Child & Adolescent |
| 163WP0808X | Nursing Service Providers | Registered Nurse | Psych/Mental Health |
| 163WP0809X | Nursing Service Providers | Registered Nurse | Psych/Mental Health, Adult |
| 163WP1700X | Nursing Service Providers | Registered Nurse | Perinatal |
| 163WP2201X | Nursing Service Providers | Registered Nurse | Ambulatory Care |
| 163WR0006X | Nursing Service Providers | Registered Nurse | Registered Nurse First Assistant |
| 163WR0400X | Nursing Service Providers | Registered Nurse | Rehabilitation |
| 163WR1000X | Nursing Service Providers | Registered Nurse | Reproductive Endocrinology/Infertility |
| 163WS0121X | Nursing Service Providers | Registered Nurse | Plastic Surgery |
| 163WS0200X | Nursing Service Providers | Registered Nurse | School |
| 163WU0100X | Nursing Service Providers | Registered Nurse | Urology |
| 163WW0000X | Nursing Service Providers | Registered Nurse | Wound Care |
| 163WW0101X | Nursing Service Providers | Registered Nurse | Women's Health Care, Ambulatory |
| 163WX0002X | Nursing Service Providers | Registered Nurse | Obstetric, High-Risk |
| 163WX0003X | Nursing Service Providers | Registered Nurse | Obstetric, Inpatient |
| 163WX0106X | Nursing Service Providers | Registered Nurse | Occupational Health |

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| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---------------------------|--|---------------------------------|
| 163WX0200X | Nursing Service Providers | Registered Nurse | Oncology |
| 163WX0601X | Nursing Service Providers | Registered Nurse | Otorhinolaryngology & Head-Neck |
| 163WX0800X | Nursing Service Providers | Registered Nurse | Orthopedic |
| 163WX1100X | Nursing Service Providers | Registered Nurse | Ophthalmic |
| 163WX1500X | Nursing Service Providers | Registered Nurse | Ostomy Care |
| 164W00000X | Nursing Service Providers | Licensed Practical Nurse | |
| 164X00000X | Nursing Service Providers | Licensed Vocational Nurse | |
| 167G00000X | Nursing Service Providers | Licensed Psychiatric Technician | |
| 170100000X | Other Service Providers | Medical Genetics, Ph.D. Medical Genetics | |
| 170300000X | Other Service Providers | Genetic Counselor, MS | |
| 171100000X | Other Service Providers | Acupuncturist | |
| 171M00000X | Other Service Providers | Case Manager/Care Coordinator | |
| 171R00000X | Other Service Providers | Interpreter | |
| 171W00000X | Other Service Providers | Contractor | |
| 171WH0202X | Other Service Providers | Contractor | Home Modifications |
| 171WV0202X | Other Service Providers | Contractor | Vehicle Modifications |
| 172A00000X | Other Service Providers | Driver | |
| 172M00000X | Other Service Providers | Mechanotherapist | |
| 172V00000X | Other Service Providers | Community Health Worker | |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|-------------------------|------------------------------|--------------------------------|
| 173000000X | Other Service Providers | Legal Medicine | |
| 173C00000X | Other Service Providers | Reflexologist | |
| 173F00000X | Other Service Providers | Sleep Specialist, PhD | |
| 174200000X | Other Service Providers | Meals | |
| 174400000X | Other Service Providers | Specialist | |
| 1744G0900X | Other Service Providers | Specialist | Graphics Designer |
| 1744P3200X | Other Service Providers | Specialist | Prosthetics Case Management |
| 1744R1102X | Other Service Providers | Specialist | Research Study |
| 1744R1103X | Other Service Providers | Specialist | Research Data Abstracter/Coder |
| 174H00000X | Other Service Providers | Health Educator | |
| 174M00000X | Other Service Providers | Veterinarian | |
| 174MM1900X | Other Service Providers | Veterinarian | Medical Research |
| 174N00000X | Other Service Providers | Lactation Consultant, Non-RN | |
| 174V00000X | Other Service Providers | Clinical Ethicist | |
| 175F00000X | Other Service Providers | Naturopath | |
| 175L00000X | Other Service Providers | Homeopath | |
| 175M00000X | Other Service Providers | Midwife, Lay | |
| 175T00000X | Other Service Providers | Peer Specialist | |
| 176B00000X | Other Service Providers | Midwife | |

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| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|-------------------------------------|--|---|
| 176P00000X | Other Service Providers | Funeral Director | |
| 177F00000X | Other Service Providers | Lodging | |
| 1835G0303X | Pharmacy Service Providers | Pharmacist | Geriatric |
| 1835N1003X | Pharmacy Service Providers | Pharmacist | Nutrition Support |
| 1835P0018X | Pharmacy Service Providers | Pharmacist | Pharmacist Clinician (PhC)/ Clinical Pharmacy Specialist |
| 1835P1200X | Pharmacy Service Providers | Pharmacist | Pharmacotherapy |
| 1835P2201X | Pharmacy Service Providers | Pharmacist | Ambulatory Care |
| 1835X0200X | Pharmacy Service Providers | Pharmacist | Oncology |
| 183700000X | Pharmacy Service Providers | Pharmacy Technician | |
| 193200000X | Group | Multi-Specialty | |
| 193400000X | Group | Single Specialty | |
| 202C00000X | Allopathic & Osteopathic Physicians | Independent Medical Examiner | |
| 202K00000X | Allopathic & Osteopathic Physicians | Phlebology | |
| 204C00000X | Allopathic & Osteopathic Physicians | Neuromusculoskeletal Medicine, Sports Medicine | |
| 204D00000X | Allopathic & Osteopathic Physicians | Neuromusculoskeletal Medicine & OMM | |
| 204E00000X | Allopathic & Osteopathic Physicians | Oral & Maxillofacial Surgery | |
| 204F00000X | Allopathic & Osteopathic Physicians | Transplant Surgery | |
| 204R00000X | Allopathic & Osteopathic Physicians | Electrodiagnostic Medicine | |





| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|-------------------------------------|-------------------------|--|
| 207K00000X | Allopathic & Osteopathic Physicians | Allergy & Immunology | |
| 207KA0200X | Allopathic & Osteopathic Physicians | Allergy & Immunology | Allergy |
| 207KI0005X | Allopathic & Osteopathic Physicians | Allergy & Immunology | Clinical & Laboratory Immunology |
| 207L00000X | Allopathic & Osteopathic Physicians | Anesthesiology | |
| 207LA0401X | Allopathic & Osteopathic Physicians | Anesthesiology | Addiction Medicine |
| 207LC0200X | Allopathic & Osteopathic Physicians | Anesthesiology | Critical Care Medicine |
| 207LH0002X | Allopathic & Osteopathic Physicians | Anesthesiology | Hospice and Palliative Medicine |
| 207LP2900X | Allopathic & Osteopathic Physicians | Anesthesiology | Pain Medicine |
| 207LP3000X | Allopathic & Osteopathic Physicians | Anesthesiology | Pediatric Anesthesiology |
| 207N00000X | Allopathic & Osteopathic Physicians | Dermatology | |
| 207ND0101X | Allopathic & Osteopathic Physicians | Dermatology | MOHS-Micrographic Surgery |
| 207ND0900X | Allopathic & Osteopathic Physicians | Dermatology | Dermatopathology |
| 207NI0002X | Allopathic & Osteopathic Physicians | Dermatology | Clinical & Laboratory Dermatological Immunology |
| 207NP0225X | Allopathic & Osteopathic Physicians | Dermatology | Pediatric Dermatology |
| 207NS0135X | Allopathic & Osteopathic Physicians | Dermatology | Procedural Dermatology |
| 207P00000X | Allopathic & Osteopathic Physicians | Emergency Medicine | |
| 207PE0004X | Allopathic & Osteopathic Physicians | Emergency Medicine | Emergency Medical Services |
| 207PE0005X | Allopathic & Osteopathic Physicians | Emergency Medicine | Undersea and Hyperbaric Medicine |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|-------------------------------------|-------------------------|---|
| 207PH0002X | Allopathic & Osteopathic Physicians | Emergency Medicine | Hospice and Palliative Medicine |
| 207PP0204X | Allopathic & Osteopathic Physicians | Emergency Medicine | Pediatric Emergency Medicine |
| 207PS0010X | Allopathic & Osteopathic Physicians | Emergency Medicine | Sports Medicine |
| 207PT0002X | Allopathic & Osteopathic Physicians | Emergency Medicine | Medical Toxicology |
| 207Q00000X | Allopathic & Osteopathic Physicians | Family Medicine | |
| 207QA0000X | Allopathic & Osteopathic Physicians | Family Medicine | Adolescent Medicine |
| 207QA0401X | Allopathic & Osteopathic Physicians | Family Medicine | Addiction Medicine |
| 207QA0505X | Allopathic & Osteopathic Physicians | Family Medicine | Adult Medicine |
| 207QB0002X | Allopathic & Osteopathic Physicians | Family Medicine | Obesity Medicine |
| 207QG0300X | Allopathic & Osteopathic Physicians | Family Medicine | Geriatric Medicine |
| 207QH0002X | Allopathic & Osteopathic Physicians | Family Medicine | Hospice and Palliative Medicine |
| 207QS0010X | Allopathic & Osteopathic Physicians | Family Medicine | Sports Medicine |
| 207QS1201X | Allopathic & Osteopathic Physicians | Family Medicine | Sleep Medicine |
| 207R00000X | Allopathic & Osteopathic Physicians | Internal Medicine | |
| 207RA0000X | Allopathic & Osteopathic Physicians | Internal Medicine | Adolescent Medicine |
| 207RA0001X | Allopathic & Osteopathic Physicians | Internal Medicine | Advanced Heart Failure and Transplant Cardiology |
| 207RA0201X | Allopathic & Osteopathic Physicians | Internal Medicine | Allergy & Immunology |
| 207RA0401X | Allopathic & Osteopathic Physicians | Internal Medicine | Addiction Medicine |





| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|-------------------------------------|-------------------------|--------------------------------------|
| 207RB0002X | Allopathic & Osteopathic Physicians | Internal Medicine | Obesity Medicine |
| 207RC0000X | Allopathic & Osteopathic Physicians | Internal Medicine | Cardiovascular Disease |
| 207RC0001X | Allopathic & Osteopathic Physicians | Internal Medicine | Clinical Cardiac Electrophysiology |
| 207RC0200X | Allopathic & Osteopathic Physicians | Internal Medicine | Critical Care Medicine |
| 207RE0101X | Allopathic & Osteopathic Physicians | Internal Medicine | Endocrinology, Diabetes & Metabolism |
| 207RG0100X | Allopathic & Osteopathic Physicians | Internal Medicine | Gastroenterology |
| 207RG0300X | Allopathic & Osteopathic Physicians | Internal Medicine | Geriatric Medicine |
| 207RH0000X | Allopathic & Osteopathic Physicians | Internal Medicine | Hematology |
| 207RH0002X | Allopathic & Osteopathic Physicians | Internal Medicine | Hospice and Palliative Medicine |
| 207RH0003X | Allopathic & Osteopathic Physicians | Internal Medicine | Hematology & Oncology |
| 207RH0005X | Allopathic & Osteopathic Physicians | Internal Medicine | Hypertension Specialist |
| 207RI0001X | Allopathic & Osteopathic Physicians | Internal Medicine | Clinical & Laboratory Immunology |
| 207RI0008X | Allopathic & Osteopathic Physicians | Internal Medicine | Hepatology |
| 207RI0011X | Allopathic & Osteopathic Physicians | Internal Medicine | Interventional Cardiology |
| 207RI0200X | Allopathic & Osteopathic Physicians | Internal Medicine | Infectious Disease |
| 207RM1200X | Allopathic & Osteopathic Physicians | Internal Medicine | Magnetic Resonance Imaging (MRI) |
| 207RN0300X | Allopathic & Osteopathic Physicians | Internal Medicine | Nephrology |
| 207RP1001X | Allopathic & Osteopathic Physicians | Internal Medicine | Pulmonary Disease |
| 207RR0500X | Allopathic & Osteopathic Physicians | Internal Medicine | Rheumatology |





| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|-------------------------------------|-------------------------|-------------------------------------|
| 207RS0010X | Allopathic & Osteopathic Physicians | Internal Medicine | Sports Medicine |
| 207RS0012X | Allopathic & Osteopathic Physicians | Internal Medicine | Sleep Medicine |
| 207RT0003X | Allopathic & Osteopathic Physicians | Internal Medicine | Transplant Hepatology |
| 207RX0202X | Allopathic & Osteopathic Physicians | Internal Medicine | Medical Oncology |
| 207SC0300X | Allopathic & Osteopathic Physicians | Medical Genetics | Clinical Cytogenetic |
| 207SG0201X | Allopathic & Osteopathic Physicians | Medical Genetics | Clinical Genetics (M.D.) |
| 207SG0202X | Allopathic & Osteopathic Physicians | Medical Genetics | Clinical Biochemical Genetics |
| 207SG0203X | Allopathic & Osteopathic Physicians | Medical Genetics | Clinical Molecular Genetics |
| 207SG0205X | Allopathic & Osteopathic Physicians | Medical Genetics | Ph.D. Medical Genetics |
| 207SM0001X | Allopathic & Osteopathic Physicians | Medical Genetics | Molecular Genetic Pathology |
| 207T00000X | Allopathic & Osteopathic Physicians | Neurological Surgery | |
| 207U00000X | Allopathic & Osteopathic Physicians | Nuclear Medicine | |
| 207UN0901X | Allopathic & Osteopathic Physicians | Nuclear Medicine | Nuclear Cardiology |
| 207UN0902X | Allopathic & Osteopathic Physicians | Nuclear Medicine | Nuclear Imaging & Therapy |
| 207UN0903X | Allopathic & Osteopathic Physicians | Nuclear Medicine | In Vivo & In Vitro Nuclear Medicine |
| 207V00000X | Allopathic & Osteopathic Physicians | Obstetrics & Gynecology | |
| 207VB0002X | Allopathic & Osteopathic Physicians | Obstetrics & Gynecology | Obesity Medicine |
| 207VC0200X | Allopathic & Osteopathic Physicians | Obstetrics & Gynecology | Critical Care Medicine |
| 207VE0102X | Allopathic & Osteopathic Physicians | Obstetrics & Gynecology | Reproductive Endocrinology |





| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|-------------------------------------|-------------------------|--|
| 207VF0040X | Allopathic & Osteopathic Physicians | Obstetrics & Gynecology | Female Pelvic Medicine and Reconstructive Surgery |
| 207VG0400X | Allopathic & Osteopathic Physicians | Obstetrics & Gynecology | Gynecology |
| 207VH0002X | Allopathic & Osteopathic Physicians | Obstetrics & Gynecology | Hospice and Palliative Medicine |
| 207VM0101X | Allopathic & Osteopathic Physicians | Obstetrics & Gynecology | Maternal & Fetal Medicine |
| 207VX0000X | Allopathic & Osteopathic Physicians | Obstetrics & Gynecology | Obstetrics |
| 207VX0201X | Allopathic & Osteopathic Physicians | Obstetrics & Gynecology | Gynecologic Oncology |
| 207W00000X | Allopathic & Osteopathic Physicians | Ophthalmology | |
| 207WX0009X | Allopathic & Osteopathic Physicians | Ophthalmology | Glaucoma Specialist |
| 207WX0107X | Allopathic & Osteopathic Physicians | Ophthalmology | Retina Specialist |
| 207WX0108X | Allopathic & Osteopathic Physicians | Ophthalmology | Uveitis and Ocular Inflammatory Disease |
| 207WX0109X | Allopathic & Osteopathic Physicians | Ophthalmology | Neuro-ophthalmology |
| 207WX0110X | Allopathic & Osteopathic Physicians | Ophthalmology | Pediatric Ophthalmology and Strabismus Specialist |
| 207WX0120X | Allopathic & Osteopathic Physicians | Ophthalmology | Cornea and External Diseases Specialist |
| 207WX0200X | Allopathic & Osteopathic Physicians | Ophthalmology | Ophthalmic Plastic and Reconstructive Surgery |
| 207X00000X | Allopathic & Osteopathic Physicians | Orthopaedic Surgery | |
| 207XP3100X | Allopathic & Osteopathic Physicians | Orthopaedic Surgery | Pediatric Orthopaedic Surgery |
| 207XS0106X | Allopathic & Osteopathic Physicians | Orthopaedic Surgery | Hand Surgery |
| 207XS0114X | Allopathic & Osteopathic Physicians | Orthopaedic Surgery | Adult Reconstructive Orthopaedic Surgery |





| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|-------------------------------------|-------------------------|--|
| 207XS0117X | Allopathic & Osteopathic Physicians | Orthopaedic Surgery | Orthopaedic Surgery of the Spine |
| 207XX0004X | Allopathic & Osteopathic Physicians | Orthopaedic Surgery | Foot and Ankle Surgery |
| 207XX0005X | Allopathic & Osteopathic Physicians | Orthopaedic Surgery | Sports Medicine |
| 207XX0801X | Allopathic & Osteopathic Physicians | Orthopaedic Surgery | Orthopaedic Trauma |
| 207Y00000X | Allopathic & Osteopathic Physicians | Otolaryngology | |
| 207YP0228X | Allopathic & Osteopathic Physicians | Otolaryngology | Pediatric Otolaryngology |
| 207YS0012X | Allopathic & Osteopathic Physicians | Otolaryngology | Sleep Medicine |
| 207YS0123X | Allopathic & Osteopathic Physicians | Otolaryngology | Facial Plastic Surgery |
| 207YX0007X | Allopathic & Osteopathic Physicians | Otolaryngology | Plastic Surgery within the Head & Neck |
| 207YX0602X | Allopathic & Osteopathic Physicians | Otolaryngology | Otolaryngic Allergy |
| 207YX0901X | Allopathic & Osteopathic Physicians | Otolaryngology | Otology & Neurotology |
| 207YX0905X | Allopathic & Osteopathic Physicians | Otolaryngology | Otolaryngology/Facial Plastic Surgery |
| 207ZB0001X | Allopathic & Osteopathic Physicians | Pathology | Blood Banking & Transfusion Medicine |
| 207ZC0006X | Allopathic & Osteopathic Physicians | Pathology | Clinical Pathology |
| 207ZC0008X | Allopathic & Osteopathic Physicians | Pathology | Clinical Informatics |
| 207ZC0500X | Allopathic & Osteopathic Physicians | Pathology | Cytopathology |
| 207ZD0900X | Allopathic & Osteopathic Physicians | Pathology | Dermatopathology |
| 207ZF0201X | Allopathic & Osteopathic Physicians | Pathology | Forensic Pathology |
| 207ZH0000X | Allopathic & Osteopathic Physicians | Pathology | Hematology |



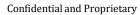


| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|-------------------------------------|-------------------------|---|
| 207ZI0100X | Allopathic & Osteopathic Physicians | Pathology | Immunopathology |
| 207ZM0300X | Allopathic & Osteopathic Physicians | Pathology | Medical Microbiology |
| 207ZN0500X | Allopathic & Osteopathic Physicians | Pathology | Neuropathology |
| 207ZP0007X | Allopathic & Osteopathic Physicians | Pathology | Molecular Genetic Pathology |
| 207ZP0101X | Allopathic & Osteopathic Physicians | Pathology | Anatomic Pathology |
| 207ZP0102X | Allopathic & Osteopathic Physicians | Pathology | Anatomic Pathology & Clinical Pathology |
| 207ZP0104X | Allopathic & Osteopathic Physicians | Pathology | Chemical Pathology |
| 207ZP0105X | Allopathic & Osteopathic Physicians | Pathology | Clinical Pathology/Laboratory Medicine |
| 207ZP0213X | Allopathic & Osteopathic Physicians | Pathology | Pediatric Pathology |
| 208000000X | Allopathic & Osteopathic Physicians | Pediatrics | |
| 2080A0000X | Allopathic & Osteopathic Physicians | Pediatrics | Adolescent Medicine |
| 2080B0002X | Allopathic & Osteopathic Physicians | Pediatrics | Obesity Medicine |
| 2080C0008X | Allopathic & Osteopathic Physicians | Pediatrics | Child Abuse Pediatrics |
| 2080H0002X | Allopathic & Osteopathic Physicians | Pediatrics | Hospice and Palliative Medicine |
| 2080I0007X | Allopathic & Osteopathic Physicians | Pediatrics | Clinical & Laboratory Immunology |
| 2080N0001X | Allopathic & Osteopathic Physicians | Pediatrics | Neonatal-Perinatal Medicine |
| 2080P0006X | Allopathic & Osteopathic Physicians | Pediatrics | Developmental – Behavioral Pediatrics |
| 2080P0008X | Allopathic & Osteopathic Physicians | Pediatrics | Neurodevelopmental Disabilities |
| 2080P0201X | Allopathic & Osteopathic Physicians | Pediatrics | Pediatric Allergy/Immunology |





| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|-------------------------------------|------------------------------------|-----------------------------------|
| 2080P0202X | Allopathic & Osteopathic Physicians | Pediatrics | Pediatric Cardiology |
| 2080P0203X | Allopathic & Osteopathic Physicians | Pediatrics | Pediatric Critical Care Medicine |
| 2080P0204X | Allopathic & Osteopathic Physicians | Pediatrics | Pediatric Emergency Medicine |
| 2080P0205X | Allopathic & Osteopathic Physicians | Pediatrics | Pediatric Endocrinology |
| 2080P0206X | Allopathic & Osteopathic Physicians | Pediatrics | Pediatric Gastroenterology |
| 2080P0207X | Allopathic & Osteopathic Physicians | Pediatrics | Pediatric Hematology-Oncology |
| 2080P0208X | Allopathic & Osteopathic Physicians | Pediatrics | Pediatric Infectious Diseases |
| 2080P0210X | Allopathic & Osteopathic Physicians | Pediatrics | Pediatric Nephrology |
| 2080P0214X | Allopathic & Osteopathic Physicians | Pediatrics | Pediatric Pulmonology |
| 2080P0216X | Allopathic & Osteopathic Physicians | Pediatrics | Pediatric Rheumatology |
| 2080S0010X | Allopathic & Osteopathic Physicians | Pediatrics | Sports Medicine |
| 2080S0012X | Allopathic & Osteopathic Physicians | Pediatrics | Sleep Medicine |
| 2080T0002X | Allopathic & Osteopathic Physicians | Pediatrics | Medical Toxicology |
| 2080T0004X | Allopathic & Osteopathic Physicians | Pediatrics | Pediatric Transplant Hepatology |
| 208100000X | Allopathic & Osteopathic Physicians | Physical Medicine & Rehabilitation | |
| 2081H0002X | Allopathic & Osteopathic Physicians | Physical Medicine & Rehabilitation | Hospice and Palliative Medicine |
| 2081N0008X | Allopathic & Osteopathic Physicians | Physical Medicine & Rehabilitation | Neuromuscular Medicine |
| 2081P0004X | Allopathic & Osteopathic Physicians | Physical Medicine & Rehabilitation | Spinal Cord Injury Medicine |
| 2081P0010X | Allopathic & Osteopathic Physicians | Physical Medicine & Rehabilitation | Pediatric Rehabilitation Medicine |





| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|-------------------------------------|------------------------------------|--|
| 2081P0301X | Allopathic & Osteopathic Physicians | Physical Medicine & Rehabilitation | Brain Injury Medicine |
| 2081P2900X | Allopathic & Osteopathic Physicians | Physical Medicine & Rehabilitation | Pain Medicine |
| 2081S0010X | Allopathic & Osteopathic Physicians | Physical Medicine & Rehabilitation | Sports Medicine |
| 208200000X | Allopathic & Osteopathic Physicians | Plastic Surgery | |
| 2082S0099X | Allopathic & Osteopathic Physicians | Plastic Surgery | Plastic Surgery Within the Head and Neck |
| 2082S0105X | Allopathic & Osteopathic Physicians | Plastic Surgery | Surgery of the Hand |
| 2083A0100X | Allopathic & Osteopathic Physicians | Preventive Medicine | Aerospace Medicine |
| 2083B0002X | Allopathic & Osteopathic Physicians | Preventive Medicine | Obesity Medicine |
| 2083C0008X | Allopathic & Osteopathic Physicians | Preventive Medicine | Clinical Informatics |
| 2083P0011X | Allopathic & Osteopathic Physicians | Preventive Medicine | Undersea and Hyperbaric Medicine |
| 2083P0500X | Allopathic & Osteopathic Physicians | Preventive Medicine | Preventive Medicine/Occupational Environmental Medicine |
| 2083P0901X | Allopathic & Osteopathic Physicians | Preventive Medicine | Public Health & General Preventive Medicine |
| 2083S0010X | Allopathic & Osteopathic Physicians | Preventive Medicine | Sports Medicine |
| 2083T0002X | Allopathic & Osteopathic Physicians | Preventive Medicine | Medical Toxicology |
| 2083X0100X | Allopathic & Osteopathic Physicians | Preventive Medicine | Occupational Medicine |
| 2084A0401X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Addiction Medicine |
| 2084A2900X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Neurocritical Care |
| 2084B0002X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Obesity Medicine |





| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|-------------------------------------|-------------------------|---|
| 2084B0040X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Behavioral Neurology & Neuropsychiatry |
| 2084D0003X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Diagnostic Neuroimaging |
| 2084F0202X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Forensic Psychiatry |
| 2084H0002X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Hospice and Palliative Medicine |
| 2084N0008X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Neuromuscular Medicine |
| 2084N0400X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Neurology |
| 2084N0402X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Neurology with Special Qualifications in Child Neurology |
| 2084N0600X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Clinical Neurophysiology |
| 2084P0005X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Neurodevelopmental Disabilities |
| 2084P0015X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Psychosomatic Medicine |
| 2084P0301X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Brain Injury Medicine |
| 2084P0800X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Psychiatry |
| 2084P0802X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Addiction Psychiatry |
| 2084P0804X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Child & Adolescent Psychiatry |
| 2084P0805X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Geriatric Psychiatry |
| 2084P2900X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Pain Medicine |
| 2084S0010X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Sports Medicine |
| 2084S0012X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Sleep Medicine |





| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|-------------------------------------|-------------------------|-------------------------------------|
| 2084V0102X | Allopathic & Osteopathic Physicians | Psychiatry & Neurology | Vascular Neurology |
| 2085B0100X | Allopathic & Osteopathic Physicians | Radiology | Body Imaging |
| 2085D0003X | Allopathic & Osteopathic Physicians | Radiology | Diagnostic Neuroimaging |
| 2085N0700X | Allopathic & Osteopathic Physicians | Radiology | Neuroradiology |
| 2085N0904X | Allopathic & Osteopathic Physicians | Radiology | Nuclear Radiology |
| 2085P0229X | Allopathic & Osteopathic Physicians | Radiology | Pediatric Radiology |
| 2085R0001X | Allopathic & Osteopathic Physicians | Radiology | Radiation Oncology |
| 2085R0202X | Allopathic & Osteopathic Physicians | Radiology | Diagnostic Radiology |
| 2085R0203X | Allopathic & Osteopathic Physicians | Radiology | Therapeutic Radiology |
| 2085R0204X | Allopathic & Osteopathic Physicians | Radiology | Vascular & Interventional Radiology |
| 2085R0205X | Allopathic & Osteopathic Physicians | Radiology | Radiological Physics |
| 2085U0001X | Allopathic & Osteopathic Physicians | Radiology | Diagnostic Ultrasound |
| 208600000X | Allopathic & Osteopathic Physicians | Surgery | |
| 2086H0002X | Allopathic & Osteopathic Physicians | Surgery | Hospice and Palliative Medicine |
| 2086S0102X | Allopathic & Osteopathic Physicians | Surgery | Surgical Critical Care |
| 2086S0105X | Allopathic & Osteopathic Physicians | Surgery | Surgery of the Hand |
| 2086S0120X | Allopathic & Osteopathic Physicians | Surgery | Pediatric Surgery |
| 2086S0122X | Allopathic & Osteopathic Physicians | Surgery | Plastic and Reconstructive Surgery |
| 2086S0127X | Allopathic & Osteopathic Physicians | Surgery | Trauma Surgery |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---|--|---|
| 2086S0129X | Allopathic & Osteopathic Physicians | Surgery | Vascular Surgery |
| 2086X0206X | Allopathic & Osteopathic Physicians | Surgery | Surgical Oncology |
| 208800000X | Allopathic & Osteopathic Physicians | Urology | |
| 2088F0040X | Allopathic & Osteopathic Physicians | Urology | Female Pelvic Medicine and Reconstructive Surgery |
| 2088P0231X | Allopathic & Osteopathic Physicians | Urology | Pediatric Urology |
| 208C00000X | Allopathic & Osteopathic Physicians | Colon & Rectal Surgery | |
| 208D00000X | Allopathic & Osteopathic Physicians | General Practice | |
| 208G00000X | Allopathic & Osteopathic Physicians | Thoracic Surgery (Cardiothoracic Vascular Surgery) | |
| 208M00000X | Allopathic & Osteopathic Physicians | Hospitalist | |
| 208U00000X | Allopathic & Osteopathic Physicians | Clinical Pharmacology | |
| 208VP0000X | Allopathic & Osteopathic Physicians | Pain Medicine | Pain Medicine |
| 208VP0014X | Allopathic & Osteopathic Physicians | Pain Medicine | Interventional Pain Medicine |
| 209800000X | Allopathic & Osteopathic Physicians | Legal Medicine | |
| 211D00000X | Podiatric Medicine & Surgery Service Providers | Assistant, Podiatric | |
| 213E00000X | Podiatric Medicine & Surgery Service Providers | Podiatrist | |
| 213EP0504X | Podiatric Medicine & Surgery Service Providers | Podiatrist | Public Medicine |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|--|--------------------------------|----------------------------|
| 213EP1101X | Podiatric Medicine & Surgery Service Providers | Podiatrist | Primary Podiatric Medicine |
| 213ER0200X | Podiatric Medicine & Surgery Service Providers | Podiatrist | Radiology |
| 213ES0000X | Podiatric Medicine & Surgery Service Providers | Podiatrist | Sports Medicine |
| 213ES0103X | Podiatric Medicine & Surgery Service Providers | Podiatrist | Foot & Ankle Surgery |
| 213ES0131X | Podiatric Medicine & Surgery Service Providers | Podiatrist | Foot Surgery |
| 222Q00000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Developmental Therapist | |
| 222Z00000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Orthotist | |
| 224900000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Mastectomy Fitter | |
| 224L00000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Pedorthist | |
| 224P00000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Prosthetist | |
| 224Y00000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Clinical Exercise Physiologist | |
| 224Z00000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Occupational Therapy Assistant | |

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| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|--|--------------------------------|--------------------------------|
| 224ZE0001X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Occupational Therapy Assistant | Environmental Modification |
| 224ZF0002X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Occupational Therapy Assistant | Feeding, Eating & Swallowing |
| 224ZR0403X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Occupational Therapy Assistant | Driving and Community Mobility |
| 225000000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Orthotic Fitter | |
| 225100000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Physical Therapist | |
| 2251C2600X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Physical Therapist | Cardiopulmonary |
| 2251E1200X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Physical Therapist | Ergonomics |
| 2251E1300X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Physical Therapist | Electrophysiology, Clinical |
| 2251G0304X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Physical Therapist | Geriatrics |
| 2251H1200X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Physical Therapist | Hand |
| 2251H1300X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Physical Therapist | Human Factors |
| 2251N0400X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Physical Therapist | Neurology |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|--|-----------------------------|-------------------------|
| 2251P0200X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Physical Therapist | Pediatrics |
| 2251S0007X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Physical Therapist | Sports |
| 2251X0800X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Physical Therapist | Orthopedic |
| 225200000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Physical Therapy Assistant | |
| 225400000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Rehabilitation Practitioner | |
| 225500000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Specialist/Technologist | |
| 2255A2300X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Specialist/Technologist | Athletic Trainer |
| 2255R0406X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Specialist/Technologist | Rehabilitation, Blind |
| 225600000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Dance Therapist | |
| 225700000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Massage Therapist | |
| 225800000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Recreation Therapist | |
| 225A00000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Music Therapist | |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|--|---------------------------------|--|
| 225B00000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Pulmonary Function Technologist | |
| 225C00000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Rehabilitation Counselor | |
| 225CA2400X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Rehabilitation Counselor | Assistive Technology Practitioner |
| 225CA2500X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Rehabilitation Counselor | Assistive Technology Supplier |
| 225CX0006X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Rehabilitation Counselor | Orientation and Mobility Training Provider |
| 225X00000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Occupational Therapist | |
| 225XE0001X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Occupational Therapist | Environmental Modification |
| 225XE1200X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Occupational Therapist | Ergonomics |
| 225XF0002X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Occupational Therapist | Feeding, Eating & Swallowing |
| 225XG0600X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Occupational Therapist | Gerontology |
| 225XH1200X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Occupational Therapist | Hand |
| 225XH1300X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Occupational Therapist | Human Factors |

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| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|--|----------------------------------|--------------------------------|
| 225XL0004X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Occupational Therapist | Low Vision |
| 225XM0800X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Occupational Therapist | Mental Health |
| 225XN1300X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Occupational Therapist | Neurorehabilitation |
| 225XP0019X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Occupational Therapist | Physical Rehabilitation |
| 225XP0200X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Occupational Therapist | Pediatrics |
| 225XR0403X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Occupational Therapist | Driving and Community Mobility |
| 226000000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Recreational Therapist Assistant | |
| 226300000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Kinesiotherapist | |
| 227800000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Certified | |
| 2278C0205X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Certified | Critical Care |
| 2278E1000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Certified | Educational |
| 2278G0305X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Certified | Geriatric Care |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|--|-----------------------------------|---------------------------------|
| 2278G1100X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Certified | General Care |
| 2278H0200X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Certified | Home Health |
| 2278P1004X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Certified | Pulmonary Diagnostics |
| 2278P1005X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Certified | Pulmonary Rehabilitation |
| 2278P1006X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Certified | Pulmonary Function Technologist |
| 2278P3800X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Certified | Palliative/Hospice |
| 2278P3900X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Certified | Neonatal/Pediatrics |
| 2278P4000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Certified | Patient Transport |
| 2278S1500X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Certified | SNF/Subacute Care |
| 227900000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Registered | |
| 2279C0205X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Registered | Critical Care |
| 2279E1000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Registered | Educational |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|--|-----------------------------------|-----------------------------------|
| 2279G0305X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Registered | Geriatric Care |
| 2279G1100X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Registered | General Care |
| 2279Н0200Х | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Registered | Home Health |
| 2279P1004X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Registered | Pulmonary Diagnostics |
| 2279P1005X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Registered | Pulmonary Rehabilitation |
| 2279P1006X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Registered | Pulmonary Function Technologist |
| 2279P3900X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Registered | Neonatal/Pediatrics |
| 2279S1500X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Respiratory Therapist, Registered | SNF/Subacute Care |
| 229N00000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers | Anaplastologist | |
| 231H00000X | Speech, Language and Hearing Service Providers | Audiologist | |
| 231HA2400X | Speech, Language and Hearing Service Providers | Audiologist | Assistive Technology Practitioner |
| 231HA2500X | Speech, Language and Hearing Service Providers | Audiologist | Assistive Technology Supplier |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---|----------------------------------|---------------------------|
| 235500000X | Speech, Language and Hearing Service Providers | Specialist/Technologist | |
| 2355A2700X | Speech, Language and Hearing Service Providers | Specialist/Technologist | Audiology Assistant |
| 2355S0801X | Speech, Language and Hearing Service Providers | Specialist/Technologist | Speech-Language Assistant |
| 235Z00000X | Speech, Language and Hearing Service Providers | Speech-Language Pathologist | |
| 237600000X | Speech, Language and Hearing Service Providers | Audiologist-Hearing Aid Fitter | |
| 237700000X | Speech, Language and Hearing Service Providers | Hearing Instrument Specialist | |
| 242T00000X | Technologists, Technicians & Other Technical Service Providers | Perfusionist | |
| 243U00000X | Technologists, Technicians & Other Technical Service Providers | Radiology Practitioner Assistant | |
| 246Q00000X | Technologists, Technicians & Other Technical Service Providers | Spec/Tech, Pathology | |
| 246QC1000X | Technologists, Technicians & Other Technical Service Providers | Spec/Tech, Pathology | Chemistry |
| 246QC2700X | Technologists, Technicians & Other Technical Service Providers | Spec/Tech, Pathology | Cytotechnology |
| 246QH0000X | Technologists, Technicians & Other Technical Service Providers | Spec/Tech, Pathology | Hematology |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---|---------------------------|----------------------------------|
| 246QH0600X | Technologists, Technicians & Other Technical Service Providers | Spec/Tech, Pathology | Histology |
| 246QI0000X | Technologists, Technicians & Other Technical Service Providers | Spec/Tech, Pathology | Immunology |
| 246QL0900X | Technologists, Technicians & Other Technical Service Providers | Spec/Tech, Pathology | Laboratory Management |
| 246QL0901X | Technologists, Technicians & Other Technical Service Providers | Spec/Tech, Pathology | Laboratory Management, Diplomate |
| 246QM0706X | Technologists, Technicians & Other Technical Service Providers | Spec/Tech, Pathology | Medical Technologist |
| 246QM0900X | Technologists, Technicians & Other Technical Service Providers | Spec/Tech, Pathology | Microbiology |
| 246R00000X | Technologists, Technicians & Other Technical Service Providers | Technician, Pathology | |
| 246RH0600X | Technologists, Technicians & Other Technical Service Providers | Technician, Pathology | Histology |
| 246RM2200X | Technologists, Technicians & Other Technical Service Providers | Technician, Pathology | Medical Laboratory |
| 246RP1900X | Technologists, Technicians & Other Technical Service Providers | Technician, Pathology | Phlebotomy |
| 246W00000X | Technologists, Technicians & Other Technical Service Providers | Technician, Cardiology | |
| 246X00000X | Technologists, Technicians & Other Technical Service Providers | Spec/Tech, Cardiovascular | |

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| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---|--------------------------------|---|
| 246XC2901X | Technologists, Technicians & Other Technical Service Providers | Spec/Tech, Cardiovascular | Cardiovascular Invasive Specialist |
| 246XC2903X | Technologists, Technicians & Other Technical Service Providers | Spec/Tech, Cardiovascular | Vascular Specialist |
| 246XS1301X | Technologists, Technicians & Other Technical Service Providers | Spec/Tech, Cardiovascular | Sonography |
| 246Y00000X | Technologists, Technicians & Other Technical Service Providers | Spec/Tech, Health Info | |
| 246YC3302X | Technologists, Technicians & Other Technical Service Providers | Spec/Tech, Health Info | Coding Specialist, Physician Office Based |
| 246YR1600X | Technologists, Technicians & Other Technical Service Providers | Spec/Tech, Health Info | Registered Record Administrator |
| 246Z00000X | Technologists, Technicians & Other Technical Service Providers | Specialist/Technologist, Other | |
| 246ZA2600X | Technologists, Technicians & Other Technical Service Providers | Specialist/Technologist, Other | Art, Medical |
| 246ZB0301X | Technologists, Technicians & Other Technical Service Providers | Specialist/Technologist, Other | Biomedical Engineering |
| 246ZB0600X | Technologists, Technicians & Other Technical Service Providers | Specialist/Technologist, Other | Biostatistician |
| 246ZC0007X | Technologists, Technicians & Other Technical Service Providers | Specialist/Technologist, Other | Surgical Assistant |
| 246ZE0500X | Technologists, Technicians & Other Technical Service Providers | Specialist/Technologist, Other | EEG |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---|--------------------------------|--|
| 246ZE0600X | Technologists, Technicians & Other Technical Service Providers | Specialist/Technologist, Other | Electroneurodiagnostic |
| 246ZG1000X | Technologists, Technicians & Other Technical Service Providers | Specialist/Technologist, Other | Geneticist, Medical (PhD) |
| 246ZN0300X | Technologists, Technicians & Other Technical Service Providers | Specialist/Technologist, Other | Nephrology |
| 246ZS0410X | Technologists, Technicians & Other Technical Service Providers | Specialist/Technologist, Other | Surgical Technologist |
| 246ZX2200X | Technologists, Technicians & Other Technical Service Providers | Specialist/Technologist, Other | Orthopedic Assistant |
| 247000000X | Technologists, Technicians & Other Technical Service Providers | Technician, Health Information | |
| 2470A2800X | Technologists, Technicians & Other Technical Service Providers | Technician, Health Information | Assistant Record Technician |
| 247100000X | Technologists, Technicians & Other Technical Service Providers | Radiologic Technologist | |
| 2471B0102X | Technologists, Technicians & Other Technical Service Providers | Radiologic Technologist | Bone Densitometry |
| 2471C1101X | Technologists, Technicians & Other Technical Service Providers | Radiologic Technologist | Cardiovascular-Interventional Technology |
| 2471C1106X | Technologists, Technicians & Other Technical Service Providers | Radiologic Technologist | Cardiac-Interventional Technology |
| 2471C3401X | Technologists, Technicians & Other Technical Service Providers | Radiologic Technologist | Computed Tomography |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---|-------------------------|------------------------------------|
| 2471C3402X | Technologists, Technicians & Other Technical Service Providers | Radiologic Technologist | Radiography |
| 2471M1202X | Technologists, Technicians & Other Technical Service Providers | Radiologic Technologist | Magnetic Resonance Imaging |
| 2471M2300X | Technologists, Technicians & Other Technical Service Providers | Radiologic Technologist | Mammography |
| 2471N0900X | Technologists, Technicians & Other Technical Service Providers | Radiologic Technologist | Nuclear Medicine Technology |
| 2471Q0001X | Technologists, Technicians & Other Technical Service Providers | Radiologic Technologist | Quality Management |
| 2471R0002X | Technologists, Technicians & Other Technical Service Providers | Radiologic Technologist | Radiation Therapy |
| 2471S1302X | Technologists, Technicians & Other Technical Service Providers | Radiologic Technologist | Sonography |
| 2471V0105X | Technologists, Technicians & Other Technical Service Providers | Radiologic Technologist | Vascular Sonography |
| 2471V0106X | Technologists, Technicians & Other Technical Service Providers | Radiologic Technologist | Vascular-Interventional Technology |
| 247200000X | Technologists, Technicians & Other Technical Service Providers | Technician, Other | |
| 2472B0301X | Technologists, Technicians & Other Technical Service Providers | Technician, Other | Biomedical Engineering |
| 2472D0500X | Technologists, Technicians & Other Technical Service Providers | Technician, Other | Darkroom |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---|---|---|
| 2472E0500X | Technologists, Technicians & Other Technical Service Providers | Technician, Other | EEG |
| 2472R0900X | Technologists, Technicians & Other Technical Service Providers | Technician, Other | Renal Dialysis |
| 247ZC0005X | Technologists, Technicians & Other Technical Service Providers | Pathology | Clinical Laboratory Director, Non-physician |
| 251300000X | Agencies | Local Education Agency (LEA) | |
| 251B00000X | Agencies | Case Management | |
| 251C00000X | Agencies | Day Training, Developmentally Disabled Services | |
| 251E00000X | Agencies | Home Health | |
| 251F00000X | Agencies | Home Infusion | |
| 251G00000X | Agencies | Hospice Care, Community Based | |
| 251J00000X | Agencies | Nursing Care | |
| 251K00000X | Agencies | Public Health or Welfare | |
| 251S00000X | Agencies | Community/Behavioral Health | |
| 251T00000X | Agencies | PACE Provider Organization | |
| 251V00000X | Agencies | Voluntary or Charitable | |
| 251X00000X | Agencies | Supports Brokerage | |
| 252Y00000X | Agencies | Early Intervention Provider Agency | |
| 253J00000X | Agencies | Foster Care Agency | |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|-----------------------------------|-------------------------|--|
| 253Z00000X | Agencies | In Home Supportive Care | |
| 261Q00000X | Ambulatory Health Care Facilities | Clinic/Center | |
| 261QA0005X | Ambulatory Health Care Facilities | Clinic/Center | Ambulatory Family Planning Facility |
| 261QA0006X | Ambulatory Health Care Facilities | Clinic/Center | Ambulatory Fertility Facility |
| 261QA0600X | Ambulatory Health Care Facilities | Clinic/Center | Adult Day Care |
| 261QA0900X | Ambulatory Health Care Facilities | Clinic/Center | Amputee |
| 261QA1903X | Ambulatory Health Care Facilities | Clinic/Center | Ambulatory Surgical |
| 261QA3000X | Ambulatory Health Care Facilities | Clinic/Center | Augmentative Communication |
| 261QB0400X | Ambulatory Health Care Facilities | Clinic/Center | Birthing |
| 261QC0050X | Ambulatory Health Care Facilities | Clinic/Center | Critical Access Hospital |
| 261QC1500X | Ambulatory Health Care Facilities | Clinic/Center | Community Health |
| 261QC1800X | Ambulatory Health Care Facilities | Clinic/Center | Corporate Health |
| 261QD0000X | Ambulatory Health Care Facilities | Clinic/Center | Dental |
| 261QD1600X | Ambulatory Health Care Facilities | Clinic/Center | Developmental Disabilities |
| 261QE0002X | Ambulatory Health Care Facilities | Clinic/Center | Emergency Care |
| 261QE0700X | Ambulatory Health Care Facilities | Clinic/Center | End-Stage Renal Disease (ESRD) Treatment |
| 261QE0800X | Ambulatory Health Care Facilities | Clinic/Center | Endoscopy |
| 261QF0050X | Ambulatory Health Care Facilities | Clinic/Center | Family Planning, Non-Surgical |
| 261QF0400X | Ambulatory Health Care Facilities | Clinic/Center | Federally Qualified Health Center (FQHC) |



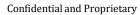


| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|-----------------------------------|-------------------------|--|
| 261QG0250X | Ambulatory Health Care Facilities | Clinic/Center | Genetics |
| 261QH0100X | Ambulatory Health Care Facilities | Clinic/Center | Health Service |
| 261QH0700X | Ambulatory Health Care Facilities | Clinic/Center | Hearing and Speech |
| 261QI0500X | Ambulatory Health Care Facilities | Clinic/Center | Infusion Therapy |
| 261QL0400X | Ambulatory Health Care Facilities | Clinic/Center | Lithotripsy |
| 261QM0801X | Ambulatory Health Care Facilities | Clinic/Center | Mental Health (Including Community Mental Health Center) |
| 261QM0850X | Ambulatory Health Care Facilities | Clinic/Center | Adult Mental Health |
| 261QM0855X | Ambulatory Health Care Facilities | Clinic/Center | Adolescent and Children Mental Health |
| 261QM1000X | Ambulatory Health Care Facilities | Clinic/Center | Migrant Health |
| 261QM1200X | Ambulatory Health Care Facilities | Clinic/Center | Magnetic Resonance Imaging (MRI) |
| 261QM1300X | Ambulatory Health Care Facilities | Clinic/Center | Multi-Specialty |
| 261QM2500X | Ambulatory Health Care Facilities | Clinic/Center | Medical Specialty |
| 261QM2800X | Ambulatory Health Care Facilities | Clinic/Center | Methadone Clinic |
| 261QM3000X | Ambulatory Health Care Facilities | Clinic/Center | Medically Fragile Intants and Children Day Care |
| 261QP0904X | Ambulatory Health Care Facilities | Clinic/Center | Public Health, Federal |
| 261QP0905X | Ambulatory Health Care Facilities | Clinic/Center | Public Health, State or Local |
| 261QP1100X | Ambulatory Health Care Facilities | Clinic/Center | Podiatric |
| 261QP2000X | Ambulatory Health Care Facilities | Clinic/Center | Physical Therapy |





| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|-----------------------------------|-------------------------|--|
| 261QP2300X | Ambulatory Health Care Facilities | Clinic/Center | Primary Care |
| 261QP3300X | Ambulatory Health Care Facilities | Clinic/Center | Pain |
| 261QR0200X | Ambulatory Health Care Facilities | Clinic/Center | Radiology |
| 261QR0206X | Ambulatory Health Care Facilities | Clinic/Center | Radiology, Mammography |
| 261QR0207X | Ambulatory Health Care Facilities | Clinic/Center | Radiology, Mobile Mammography |
| 261QR0208X | Ambulatory Health Care Facilities | Clinic/Center | Radiology, Mobile |
| 261QR0400X | Ambulatory Health Care Facilities | Clinic/Center | Rehabilitation |
| 261QR0401X | Ambulatory Health Care Facilities | Clinic/Center | Rehabilitation, Comprehensive Outpatient Rehabilitation Facility (CORF) |
| 261QR0404X | Ambulatory Health Care Facilities | Clinic/Center | Rehabilitation, Cardiac Facilities |
| 261QR0405X | Ambulatory Health Care Facilities | Clinic/Center | Rehabilitation, Substance Use Disorder |
| 261QR0800X | Ambulatory Health Care Facilities | Clinic/Center | Recovery Care |
| 261QR1100X | Ambulatory Health Care Facilities | Clinic/Center | Research |
| 261QR1300X | Ambulatory Health Care Facilities | Clinic/Center | Rural Health |
| 261QS0112X | Ambulatory Health Care Facilities | Clinic/Center | Oral and Maxillofacial Surgery |
| 261QS0132X | Ambulatory Health Care Facilities | Clinic/Center | Ophthalmologic Surgery |
| 261QS1000X | Ambulatory Health Care Facilities | Clinic/Center | Student Health |
| 261QS1200X | Ambulatory Health Care Facilities | Clinic/Center | Sleep Disorder Diagnostic |
| 261QU0200X | Ambulatory Health Care Facilities | Clinic/Center | Urgent Care |





| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|-----------------------------------|---|-------------------------|
| 261QX0100X | Ambulatory Health Care Facilities | Clinic/Center | Occupational Medicine |
| 261QX0200X | Ambulatory Health Care Facilities | Clinic/Center | Oncology |
| 261QX0203X | Ambulatory Health Care Facilities | Clinic/Center | Oncology, Radiation |
| 273100000X | Hospital Units | Epilepsy Unit | |
| 273R00000X | Hospital Units | Psychiatric Unit | |
| 273Y00000X | Hospital Units | Rehabilitation Unit | |
| 275N00000X | Hospital Units | Medicare Defined Swing Bed Unit | |
| 276400000X | Hospital Units | Rehabilitation, Substance Use Disorder Unit | |
| 281P00000X | Hospitals | Chronic Disease Hospital | |
| 281PC2000X | Hospitals | Chronic Disease Hospital | Children |
| 282E00000X | Hospitals | Long Term Care Hospital | |
| 282N00000X | Hospitals | General Acute Care Hospital | |
| 282NC0060X | Hospitals | General Acute Care Hospital | Critical Access |
| 282NC2000X | Hospitals | General Acute Care Hospital | Children |
| 282NR1301X | Hospitals | General Acute Care Hospital | Rural |
| 282NW0100X | Hospitals | General Acute Care Hospital | Women |
| 283Q00000X | Hospitals | Psychiatric Hospital | |
| 283X00000X | Hospitals | Rehabilitation Hospital | |
| 283XC2000X | Hospitals | Rehabilitation Hospital | Children |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|-------------------------------------|---|--|
| 284300000X | Hospitals | Special Hospital | |
| 291U00000X | Laboratories | Clinical Medical Laboratory | |
| 292200000X | Laboratories | Dental Laboratory | |
| 293D00000X | Laboratories | Physiological Laboratory | |
| 302F00000X | Managed Care Organizations | Exclusive Provider Organization | |
| 302R00000X | Managed Care Organizations | Health Maintenance Organization | |
| 305R00000X | Managed Care Organizations | Preferred Provider Organization | |
| 305S00000X | Managed Care Organizations | Point of Service | |
| 310400000X | Nursing & Custodial Care Facilities | Assisted Living Facility | |
| 3104A0625X | Nursing & Custodial Care Facilities | Assisted Living Facility | Assisted Living, Mental Illness |
| 3104A0630X | Nursing & Custodial Care Facilities | Assisted Living Facility | Assisted Living, Behavioral Disturbances |
| 310500000X | Nursing & Custodial Care Facilities | Intermediate Care Facility, Mental Illness | |
| 311500000X | Nursing & Custodial Care Facilities | Alzheimer Center (Dementia Center) | |
| 311Z00000X | Nursing & Custodial Care Facilities | Custodial Care Facility | |
| 311ZA0620X | Nursing & Custodial Care Facilities | Custodial Care Facility | Adult Care Home |
| 313M00000X | Nursing & Custodial Care Facilities | Nursing Facility/Intermediate Care Facility | |
| 314000000X | Nursing & Custodial Care Facilities | Skilled Nursing Facility | |
| 3140N1450X | Nursing & Custodial Care Facilities | Skilled Nursing Facility | Nursing Care, Pediatric |
| 315D00000X | Nursing & Custodial Care Facilities | Hospice, Inpatient | |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|-------------------------------------|---|-------------------------------------|
| 315P00000X | Nursing & Custodial Care Facilities | Intermediate Care Facility, Mentally Retarded | |
| 320600000X | Residential Treatment Facilities | Residential Treatment Facility, Mental Retardation and/or Developmental Disabilities | |
| 320700000X | Residential Treatment Facilities | Residential Treatment Facility, Physical Disabilities | |
| 320800000X | Residential Treatment Facilities | Community Based Residential Treatment Facility, Mental Illness | |
| 320900000X | Residential Treatment Facilities | Community Based Residential Treatment, Mental Retardation and/or Developmental Disabilities | |
| 322D00000X | Residential Treatment Facilities | Residential Treatment Facility, Emotionally Disturbed Children | |
| 323P00000X | Residential Treatment Facilities | Psychiatric Residential Treatment Facility | |
| 324500000X | Residential Treatment Facilities | Substance Abuse Rehabilitation Facility | |
| 3245S0500X | Residential Treatment Facilities | Substance Abuse Rehabilitation Facility | Substance Abuse Treatment, Children |
| 331L00000X | Suppliers | Blood Bank | |
| 332900000X | Suppliers | Non-Pharmacy Dispensing Site | |
| 332B00000X | Suppliers | Durable Medical Equipment & Medical Supplies | |
| 332BC3200X | Suppliers | Durable Medical Equipment & Medical Supplies | Customized Equipment |
| 332BD1200X | Suppliers | Durable Medical Equipment & Medical Supplies | Dialysis Equipment & Supplies |
| 332BN1400X | Suppliers | Durable Medical Equipment & Medical Supplies | Nursing Facility Supplies |
| 332BP3500X | Suppliers | Durable Medical Equipment & Medical Supplies | Parenteral & Enteral Nutrition |
| 332BX2000X | Suppliers | Durable Medical Equipment & Medical Supplies | Oxygen Equipment & Supplies |





| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---------------|--|------------------------------------|
| 332G00000X | Suppliers | Eye Bank | |
| 332H00000X | Suppliers | Eyewear Supplier (Equipment, not the service) | |
| 332S00000X | Suppliers | Hearing Aid Equipment | |
| 332U00000X | Suppliers | Home Delivered Meals | |
| 333300000X | Suppliers | Emergency Response System Companies | |
| 3336C0002X | Suppliers | Pharmacy | Clinic Pharmacy |
| 3336C0004X | Suppliers | Pharmacy | Compounding Pharmacy |
| 3336Н0001Х | Suppliers | Pharmacy | Home Infusion Therapy Pharmacy |
| 3336I0012X | Suppliers | Pharmacy | Institutional Pharmacy |
| 3336L0003X | Suppliers | Pharmacy | Long Term Care Pharmacy |
| 3336M0002X | Suppliers | Pharmacy | Mail Order Pharmacy |
| 3336M0003X | Suppliers | Pharmacy | Managed Care Organization Pharmacy |
| 3336N0007X | Suppliers | Pharmacy | Nuclear Pharmacy |
| 3336S0011X | Suppliers | Pharmacy | Specialty Pharmacy |
| 335E00000X | Suppliers | Prosthetic/Orthotic Supplier | |
| 335G00000X | Suppliers | Medical Foods Supplier | |
| 335U00000X | Suppliers | Organ Procurement Organization | |
| 335V00000X | Suppliers | Portable X-ray and/or Other Portable Diagnostic Imaging Supplier | |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---|---------------------------------------|-------------------------|
| 341600000X | Transportation Services | Ambulance | |
| 3416A0800X | Transportation Services | Ambulance | Air Transport |
| 3416L0300X | Transportation Services | Ambulance | Land Transport |
| 3416S0300X | Transportation Services | Ambulance | Water Transport |
| 343800000X | Transportation Services | Secured Medical Transport (VAN) | |
| 343900000X | Transportation Services | Non-emergency Medical Transport (VAN) | |
| 344600000X | Transportation Services | Taxi | |
| 344800000X | Transportation Services | Air Carrier | |
| 347B00000X | Transportation Services | Bus | |
| 347C00000X | Transportation Services | Private Vehicle | |
| 347E00000X | Transportation Services | Transportation Broker | |
| 363A00000X | Physician Assistants & Advanced Practice Nursing Providers | Physician Assistant | |
| 363AM0700X | Physician Assistants & Advanced Practice Nursing Providers | Physician Assistant | Medical |
| 363AS0400X | Physician Assistants & Advanced Practice Nursing Providers | Physician Assistant | Surgical Technologist |
| 363L00000X | Physician Assistants & Advanced Practice Nursing Providers | Nurse Practitioner | |
| 363LA2100X | Physician Assistants & Advanced Practice Nursing Providers | Nurse Practitioner | Acute Care |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---|-------------------------|---------------------------|
| 363LA2200X | Physician Assistants & Advanced Practice Nursing Providers | Nurse Practitioner | Adult Health |
| 363LC0200X | Physician Assistants & Advanced Practice Nursing Providers | Nurse Practitioner | Critical Care Medicine |
| 363LC1500X | Physician Assistants & Advanced Practice Nursing Providers | Nurse Practitioner | Community Health |
| 363LF0000X | Physician Assistants & Advanced Practice Nursing Providers | Nurse Practitioner | Family |
| 363LG0600X | Physician Assistants & Advanced Practice Nursing Providers | Nurse Practitioner | Gerontology |
| 363LN0000X | Physician Assistants & Advanced Practice Nursing Providers | Nurse Practitioner | Neonatal |
| 363LN0005X | Physician Assistants & Advanced Practice Nursing Providers | Nurse Practitioner | Neonatal, Critical Care |
| 363LP0200X | Physician Assistants & Advanced Practice Nursing Providers | Nurse Practitioner | Pediatrics |
| 363LP0222X | Physician Assistants & Advanced Practice Nursing Providers | Nurse Practitioner | Pediatrics, Critical Care |
| 363LP0808X | Physician Assistants & Advanced Practice Nursing Providers | Nurse Practitioner | Psych/Mental Health |
| 363LP1700X | Physician Assistants & Advanced Practice Nursing Providers | Nurse Practitioner | Perinatal |
| 363LP2300X | Physician Assistants & Advanced Practice Nursing Providers | Nurse Practitioner | Primary Care |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---|---------------------------|--------------------------------|
| 363LS0200X | Physician Assistants & Advanced Practice Nursing Providers | Nurse Practitioner | School |
| 363LW0102X | Physician Assistants & Advanced Practice Nursing Providers | Nurse Practitioner | Women's Health |
| 363LX0001X | Physician Assistants & Advanced Practice Nursing Providers | Nurse Practitioner | Obstetrics & Gynecology |
| 363LX0106X | Physician Assistants & Advanced Practice Nursing Providers | Nurse Practitioner | Occupational Health |
| 364S00000X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | |
| 364SA2100X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Acute Care |
| 364SA2200X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Adult Health |
| 364SC0200X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Critical Care Medicine |
| 364SC1501X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Community Health/Public Health |
| 364SC2300X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Chronic Care |
| 364SE0003X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Emergency |
| 364SF0001X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Family Health |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---|---------------------------|---|
| 364SG0600X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Gerontology |
| 364SH0200X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Home Health |
| 364SH1100X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Holistic |
| 364SL0600X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Long-Term Care |
| 364SM0705X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Medical-Surgical |
| 364SN0000X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Neonatal |
| 364SN0800X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Neuroscience |
| 364SP0200X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Pediatrics |
| 364SP0807X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Psych/Mental Health, Child & Adolescent |
| 364SP0808X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Psych/Mental Health |
| 364SP0809X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Psych/Mental Health, Adult |
| 364SP0810X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Psych/Mental Health, Child & Family |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---|---------------------------|--------------------------------------|
| 364SP0811X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Psych/Mental Health, Chronically Ill |
| 364SP0812X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Psych/Mental Health, Community |
| 364SP0813X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Psych/Mental Health, Geropsychiatric |
| 364SP1700X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Perinatal |
| 364SP2800X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Perioperative |
| 364SR0400X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Rehabilitation |
| 364SS0200X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | School |
| 364ST0500X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Transplantation |
| 364SW0102X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Women's Health |
| 364SX0106X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Occupational Health |
| 364SX0200X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Oncology |
| 364SX0204X | Physician Assistants & Advanced Practice Nursing Providers | Clinical Nurse Specialist | Oncology, Pediatrics |



| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|---|---|-------------------------|
| 367500000X | Physician Assistants & Advanced Practice Nursing Providers | Nurse Anesthetist, Certified Registered | |
| 367A00000X | Physician Assistants & Advanced Practice Nursing Providers | Advanced Practice Midwife | |
| 367H00000X | Physician Assistants & Advanced Practice Nursing Providers | Anesthesiologist Assistant | |
| 372500000X | Nursing Service Related Providers | Chore Provider | |
| 372600000X | Nursing Service Related Providers | Adult Companion | |
| 373H00000X | Nursing Service Related Providers | Day Training/Habilitation Specialist | |
| 374700000X | Nursing Service Related Providers | Technician | |
| 3747A0650X | Nursing Service Related Providers | Technician | Attendant Care Provider |
| 3747P1801X | Nursing Service Related Providers | Technician | Personal Care Attendant |
| 374J00000X | Nursing Service Related Providers | Doula | |
| 374K00000X | Nursing Service Related Providers | Religious Nonmedical Practitioner | |
| 374T00000X | Nursing Service Related Providers | Religious Nonmedical Nursing Personnel | |
| 374U00000X | Nursing Service Related Providers | Home Health Aide | |
| 376G00000X | Nursing Service Related Providers | Nursing Home Administrator | |
| 376J00000X | Nursing Service Related Providers | Homemaker | |
| 376K00000X | Nursing Service Related Providers | Nurse's Aide | |
| 385H00000X | Respite Care Facility | Respite Care | |



Confidential and Proprietary

| TAXONOMY CODE | TAXONOMY TYPE | TAXONOMY CLASSIFICATION | TAXONOMY SPECIALIZATION |
|------------------|-------------------------|--|---|
| 385HR2050X | Respite Care Facility | Respite Care | Respite Care Camp |
| 385HR2055X | Respite Care Facility | Respite Care | Respite Care, Mental Illness, Child |
| 385HR2060X | Respite Care Facility | Respite Care | Respite Care, Mental Retardation and/or Developmental Disabilities, Child |
| 385HR2065X | Respite Care Facility | Respite Care | Respite Care, Physical Disabilities, Child |
| 390200000X | Student, Health Care | Student in an Organized Health Care Education/Training Program | |
| 405300000X | Other Service Providers | Prevention Professional | |



APPENDIX E - TYPE OF BILL (TOB) CODE VALUES

Type of Bill (TOB) code values identifies the type of bill being submitted to a payer.

| CODE | TYPE OF BILL CODE DESCRIPTION |
|------------|---|
| 11 | Inpatient (Part A) - Hospital |
| 110 | Hosp, Inpat (Pt A), Nonpayment/zero claims |
| 111 | Hosp, Inpat (Pt A), Admit Through Discharge Claim |
| 112 | Hosp, Inpat (Pt A), Interim-First Claim |
| 113 | Hosp, Inpat (Pt A), Interim-Continuing Claims |
| 114 | Hosp, Inpat (Pt A), Interim-Last Claim |
| 115 | Hosp, Inpat (Pt A), Late Charge Only |
| 117 | Hosp, Inpat (Pt A), Replacement of Prior Claims |
| 118 | Hosp, Inpat (Pt A), Void/Cancel of a Prior Claim |
| 119 | Hosp, Inpat (Pt A), Final Clms for HH PPS Episode |
| 11A | Hosp, Inpat (Pt A), Hospice Admission Notice |
| 11B | Hosp, Inpat (Pt A), Hospice Term/Revocation Notice |
| 11C | Hosp, Inpat (Pt A), Hospice Change of Provider Notice |
| 11D | Hosp, Inpat (Pt A), Hospice Election Void/Cancel |
| 11E | Hosp, Inpat (Pt A), Hospice Change of Ownership |
| 11F | Hosp, Inpat (Pt A), Beneficiary Initiated Adj Claims |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|-------------|---|
| 11G | Hosp, Inpat (Pt A), CWF Initiated Adj Claim |
| 11H | Hosp, Inpat (Pt A), CMS Initiated Adj Claim |
| 11 I | Hosp, Inpat (Pt A), FI Adj Claim (other than PRO/Prov) |
| 11J | Hosp, Inpat (Pt A), Initiated Adj Claim-Other |
| 11K | Hosp, Inpat (Pt A), OIG Initiated Adj Claim |
| 11M | Hosp, Inpat (Pt A), MSP Initiated Adj Claim |
| 11P | Hosp, Inpat (Pt A), QIO Adj Claim |
| 12 | Inpatient (Part B) - Hospital |
| 120 | Hosp, Hosp Based/Inpat (Pt B), Nonpayment/zero claims |
| 121 | Hosp, Hosp Based/Inpat (Pt B), Admit Through Discharge Claim |
| 122 | Hosp, Hosp Based/Inpat (Pt B), Interim-First Claim |
| 123 | Hosp, Hosp Based/Inpat (Pt B), Interim-Continuing Claims |
| 124 | Hosp, Hosp Based/Inpat (Pt B), Interim-Last Claim |
| 125 | Hosp, Hosp Based/Inpat (Pt B), Late Charge Only |
| 127 | Hosp, Hosp Based/Inpat (Pt B), Replacement of Prior Claims |
| 128 | Hosp, Hosp Based/Inpat (Pt B), Void/Cancel of a Prior Claim |
| 129 | Hosp, Hosp Based/Inpat (Pt B), Final Clms for HH PPS Episode |
| 12A | Hosp, Hosp Based/Inpat (Pt B), Hospice Admission Notice |
| 12B | Hosp, Hosp Based/Inpat (Pt B), Hospice Term/Revocation Notice |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|-------------|---|
| 12C | Hosp, Hosp Based/Inpat (Pt B), Hospice Change of Provider Notice |
| 12D | Hosp, Hosp Based/Inpat (Pt B), Hospice Election Void/Cancel |
| 12E | Hosp, Hosp Based/Inpat (Pt B), Hospice Change of Ownership |
| 12F | Hosp, Hosp Based/Inpat (Pt B), Beneficiary Initiated Adj Claims |
| 12G | Hosp, Hosp Based/Inpat (Pt B), CWF Initiated Adj Claim |
| 12H | Hosp, Hosp Based/Inpat (Pt B), CMS Initiated Adj Claim |
| 12 I | Hosp, Hosp Based/Inpat (Pt B), FI Adj Claim (other than PRO/Prov) |
| 12 J | Hosp, Hosp Based/Inpat (Pt B), Initiated Adj Claim-Other |
| 12K | Hosp, Hosp Based/Inpat (Pt B), OIG Initiated Adj Claim |
| 12M | Hosp, Hosp Based/Inpat (Pt B), MSP Initiated Adj Claim |
| 12P | Hosp, Hosp Based/Inpat (Pt B), QIO Adj Claim |
| 13 | Outpatient - Hospital |
| 130 | Hosp, Outpat, Nonpayment/zero claims |
| 131 | Hosp, Outpat, Admit Through Discharge Claim |
| 132 | Hosp, Outpat, Interim-First Claim |
| 133 | Hosp, Outpat, Interim-Continuing Claims |
| 134 | Hosp, Outpat, Interim-Last Claim |
| 135 | Hosp, Outpat, Late Charge Only |
| 137 | Hosp, Outpat, Replacement of Prior Claims |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|-------------|---|
| 138 | Hosp, Outpat, Void/Cancel of a Prior Claim |
| 139 | Hosp, Outpat, Final Clms for HH PPS Episode |
| 13A | Hosp, Outpat, Hospice Admission Notice |
| 13B | Hosp, Outpat, Hospice Term/Revocation Notice |
| 13C | Hosp, Outpat, Hospice Change of Provider Notice |
| 13D | Hosp, Outpat, Hospice Election Void/Cancel |
| 13E | Hosp, Outpat, Hospice Change of Ownership |
| 13F | Hosp, Outpat, Beneficiary Initiated Adj Claims |
| 13G | Hosp, Outpat, CWF Initiated Adj Claim |
| 13H | Hosp, Outpat, CMS Initiated Adj Claim |
| 13 I | Hosp, Outpat, FI Adj Claim (other than PRO/Prov) |
| 13J | Hosp, Outpat, Initiated Adj Claim-Other |
| 13K | Hosp, Outpat, OIG Initiated Adj Claim |
| 13M | Hosp, Outpat, MSP Initiated Adj Claim |
| 13P | Hosp, Outpat, QIO Adj Claim |
| 14 | Other (Part B) - Hospital |
| 140 | Hosp, Other (Pt B), Nonpayment/zero claims |
| 141 | Hosp, Other (Pt B), Admit Through Discharge Claim |
| 142 | Hosp, Other (Pt B), Interim-First Claim |
| | |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------------|--|
| 143 | Hosp, Other (Pt B), Interim-Continuing Claims |
| 144 | Hosp, Other (Pt B), Interim-Last Claim |
| 145 | Hosp, Other (Pt B), Late Charge Only |
| 147 | Hosp, Other (Pt B), Replacement of Prior Claims |
| 148 | Hosp, Other (Pt B), Void/Cancel of a Prior Claim |
| 149 | Hosp, Other (Pt B), Final Clms for HH PPS Episode |
| 14A | Hosp, Other (Pt B), Hospice Admission Notice |
| 14B | Hosp, Other (Pt B), Hospice Term/Revocation Notice |
| 14C | Hosp, Other (Pt B), Hospice Change of Provider Notice |
| 14D | Hosp, Other (Pt B), Hospice Election Void/Cancel |
| 14E | Hosp, Other (Pt B), Hospice Change of Ownership |
| 14F | Hosp, Other (Pt B), Beneficiary Initiated Adj Claims |
| 14G | Hosp, Other (Pt B), CWF Initiated Adj Claim |
| 14H | Hosp, Other (Pt B), CMS Initiated Adj Claim |
| 14I | Hosp, Other (Pt B), FI Adj Claim (other than PRO/Prov) |
| 14J | Hosp, Other (Pt B), Initiated Adj Claim-Other |
| 14K | Hosp, Other (Pt B), OIG Initiated Adj Claim |
| 14M | Hosp, Other (Pt B), MSP Initiated Adj Claim |
| 14P | Hosp, Other (Pt B), QIO Adj Claim |
| | |



| TYPE OF BILL CODE DESCRIPTION |
|---|
| Intermediate Care - Level I - Hospital |
| Hosp, Intm Care-Level I, Nonpayment/zero claims |
| Hosp, Intm Care-Level I, Admit Through Discharge Claim |
| Hosp, Intm Care-Level I, Interim-First Claim |
| Hosp, Intm Care-Level I, Interim-Continuing Claims |
| Hosp, Intm Care-Level I, Interim-Last Claim |
| Hosp, Intm Care-Level I, Late Charge Only |
| Hosp, Intm Care-Level I, Replacement of Prior Claims |
| Hosp, Intm Care-Level I, Void/Cancel of a Prior Claim |
| Hosp, Intm Care-Level I, Final Clms for HH PPS Episode |
| Hosp, Intm Care-Level I, Hospice Admission Notice |
| Hosp, Intm Care-Level I, Hospice Term/Revocation Notice |
| Hosp, Intm Care-Level I, Hospice Change of Provider Notice |
| Hosp, Intm Care-Level I, Hospice Election Void/Cancel |
| Hosp, Intm Care-Level I, Hospice Change of Ownership |
| Hosp, Intm Care-Level I, Beneficiary Initiated Adj Claims |
| Hosp, Intm Care-Level I, CWF Initiated Adj Claim |
| Hosp, Intm Care-Level I, CMS Initiated Adj Claim |
| Hosp, Intm Care-Level I, FI Adj Claim (other than PRO/Prov) |
| |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|---------------------------------|--|
| 15J | Hosp, Intm Care-Level I, Initiated Adj Claim-Other |
| 15K | Hosp, Intm Care-Level I, OIG Initiated Adj Claim |
| 15M | Hosp, Intm Care-Level I, MSP Initiated Adj Claim |
| 15P | Hosp, Intm Care-Level I, QIO Adj Claim |
| 16 | Intermediate Care - Level II - Hospital |
| 160 | Hosp, Intm Care-Level II, Nonpayment/zero claims |
| 161 | Hosp, Intm Care-Level II, Admit Through Discharge Claim |
| 162 | Hosp, Intm Care-Level II, Interim-First Claim |
| 163 | Hosp, Intm Care-Level II, Interim-Continuing Claims |
| 164 | Hosp, Intm Care-Level II, Interim-Last Claim |
| 165 | Hosp, Intm Care-Level II, Late Charge Only |
| 167 | Hosp, Intm Care-Level II, Replacement of Prior Claims |
| 168 | Hosp, Intm Care-Level II, Void/Cancel of a Prior Claim |
| 169 | Hosp, Intm Care-Level II, Final Clms for HH PPS Episode |
| 16A | Hosp, Intm Care-Level II, Hospice Admission Notice |
| 16B | Hosp, Intm Care-Level II, Hospice Term/Revocation Notice |
| 16C | Hosp, Intm Care-Level II, Hospice Change of Provider Notice |
| 16D | Hosp, Intm Care-Level II, Hospice Election Void/Cancel |
| 16E | Hosp, Intm Care-Level II, Hospice Change of Ownership |
| 169 16A 16B 16C 16D | Hosp, Intm Care-Level II, Final Clms for HH PPS Episode Hosp, Intm Care-Level II, Hospice Admission Notice Hosp, Intm Care-Level II, Hospice Term/Revocation Notice Hosp, Intm Care-Level II, Hospice Change of Provider Notice Hosp, Intm Care-Level II, Hospice Election Void/Cancel |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|--|
| 16F | Hosp, Intm Care-Level II, Beneficiary Initiated Adj Claims |
| 16G | Hosp, Intm Care-Level II, CWF Initiated Adj Claim |
| 16H | Hosp, Intm Care-Level II, CMS Initiated Adj Claim |
| 16I | Hosp, Intm Care-Level II, FI Adj Claim (other than PRO/Prov) |
| 16J | Hosp, Intm Care-Level II, Initiated Adj Claim-Other |
| 16K | Hosp, Intm Care-Level II, OIG Initiated Adj Claim |
| 16M | Hosp, Intm Care-Level II, MSP Initiated Adj Claim |
| 16P | Hosp, Intm Care-Level II, QIO Adj Claim |
| 18 | Swing Bed - Hospital |
| 180 | Hosp, Swing Bed, Nonpayment/zero claims |
| 181 | Hosp, Swing Bed, Admit Through Discharge Claim |
| 182 | Hosp, Swing Bed, Interim-First Claim |
| 183 | Hosp, Swing Bed, Interim-Continuing Claims |
| 184 | Hosp, Swing Bed, Interim-Last Claim |
| 185 | Hosp, Swing Bed, Late Charge Only |
| 186 | Hosp, Swing Bed, NCQA Defined |
| 187 | Hosp, Swing Bed, Replacement of Prior Claims |
| 188 | Hosp, Swing Bed, Void/Cancel of a Prior Claim |
| 189 | Hosp, Swing Bed, Final Clms for HH PPS Episode |
| | |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|-------------|--|
| 18A | Hosp, Swing Bed, Hospice Admission Notice |
| 18B | Hosp, Swing Bed, Hospice Term/Revocation Notice |
| 18C | Hosp, Swing Bed, Hospice Change of Provider Notice |
| 18D | Hosp, Swing Bed, Hospice Election Void/Cancel |
| 18E | Hosp, Swing Bed, Hospice Change of Ownership |
| 18F | Hosp, Swing Bed, Beneficiary Initiated Adj Claims |
| 18G | Hosp, Swing Bed, CWF Initiated Adj Claim |
| 18H | Hosp, Swing Bed, CMS Initiated Adj Claim |
| 18 I | Hosp, Swing Bed, FI Adj Claim (other than PRO/Prov) |
| 18J | Hosp, Swing Bed, Initiated Adj Claim-Other |
| 18K | Hosp, Swing Bed, OIG Initiated Adj Claim |
| 18M | Hosp, Swing Bed, MSP Initiated Adj Claim |
| 18P | Hosp, Swing Bed, QIO Adj Claim |
| 21 | Inpatient (Part A) - Skilled Nursing |
| 210 | Skilled Nursing, Inpat (Pt A), Nonpayment/zero claims |
| 211 | Skilled Nursing, Inpat (Pt A), Admit Through Discharge Claim |
| 212 | Skilled Nursing, Inpat (Pt A), Interim-First Claim |
| 213 | Skilled Nursing, Inpat (Pt A), Interim-Continuing Claims |
| 214 | Skilled Nursing, Inpat (Pt A), Interim-Last Claim |
| | omined Nationally Impact (1 e11), interimit Easte Gains |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|---|
| 215 | Skilled Nursing, Inpat (Pt A), Late Charge Only |
| 216 | Skilled Nursing, NCQA Defined |
| 217 | Skilled Nursing, Inpat (Pt A), Replacement of Prior Claims |
| 218 | Skilled Nursing, Inpat (Pt A), Void/Cancel of a Prior Claim |
| 219 | Skilled Nursing, Inpat (Pt A), Final Clms for HH PPS Episode |
| 21A | Skilled Nursing, Inpat (Pt A), Hospice Admission Notice |
| 21B | Skilled Nursing, Inpat (Pt A), Hospice Term/Revocation Notice |
| 21C | Skilled Nursing, Inpat (Pt A), Hospice Change of Provider Notice |
| 21D | Skilled Nursing, Inpat (Pt A), Hospice Election Void/Cancel |
| 21E | Skilled Nursing, Inpat (Pt A), Hospice Change of Ownership |
| 21F | Skilled Nursing, Inpat (Pt A), Beneficiary Initiated Adj Claims |
| 21G | Skilled Nursing, Inpat (Pt A), CWF Initiated Adj Claim |
| 21H | Skilled Nursing, Inpat (Pt A), CMS Initiated Adj Claim |
| 21I | Skilled Nursing, Inpat (Pt A), FI Adj Claim (other than PRO/Prov) |
| 21J | Skilled Nursing, Inpat (Pt A), Initiated Adj Claim-Other |
| 21K | Skilled Nursing, Inpat (Pt A), OIG Initiated Adj Claim |
| 21M | Skilled Nursing, Inpat (Pt A), MSP Initiated Adj Claim |
| 21P | Skilled Nursing, Inpat (Pt A), QIO Adj Claim |
| 22 | Inpatient (Part B) - Skilled Nursing |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|-------------|--|
| 220 | Skilled Nursing, Hosp Based/Inpat (Pt B), Nonpayment/zero claims |
| 221 | Skilled Nursing, Hosp Based/Inpat (Pt B), Admit Through Discharge Claim |
| 222 | Skilled Nursing, Hosp Based/Inpat (Pt B), Interim-First Claim |
| 223 | Skilled Nursing, Hosp Based/Inpat (Pt B), Interim-Continuing Claims |
| 224 | Skilled Nursing, Hosp Based/Inpat (Pt B), Interim-Last Claim |
| 225 | Skilled Nursing, Hosp Based/Inpat (Pt B), Late Charge Only |
| 226 | Skilled Nursing, NCQA Defined |
| 227 | Skilled Nursing, Hosp Based/Inpat (Pt B), Replacement of Prior Claims |
| 228 | Skilled Nursing, Hosp Based/Inpat (Pt B), Void/Cancel of a Prior Claim |
| 229 | Skilled Nursing, Hosp Based/Inpat (Pt B), Final Clms for HH PPS Episode |
| 22A | Skilled Nursing, Hosp Based/Inpat (Pt B), Hospice Admission Notice |
| 22B | Skilled Nursing, Hosp Based/Inpat (Pt B), Hospice Term/Revocation Notice |
| 22C | Skilled Nursing, Hosp Based/Inpat (Pt B), Hospice Change of Provider Notice |
| 22D | Skilled Nursing, Hosp Based/Inpat (Pt B), Hospice Election Void/Cancel |
| 22E | Skilled Nursing, Hosp Based/Inpat (Pt B), Hospice Change of Ownership |
| 22F | Skilled Nursing, Hosp Based/Inpat (Pt B), Beneficiary Initiated Adj Claims |
| 22G | Skilled Nursing, Hosp Based/Inpat (Pt B), CWF Initiated Adj Claim |
| 22H | Skilled Nursing, Hosp Based/Inpat (Pt B), CMS Initiated Adj Claim |
| 22 I | Skilled Nursing, Hosp Based/Inpat (Pt B), FI Adj Claim (other than PRO/Prov) |
| | |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|---|
| 22J | Skilled Nursing, Hosp Based/Inpat (Pt B), Initiated Adj Claim-Other |
| 22K | Skilled Nursing, Hosp Based/Inpat (Pt B), OIG Initiated Adj Claim |
| 22M | Skilled Nursing, Hosp Based/Inpat (Pt B), MSP Initiated Adj Claim |
| 22P | Skilled Nursing, Hosp Based/Inpat (Pt B), QIO Adj Claim |
| 23 | Outpatient - Skilled Nursing |
| 230 | Skilled Nursing, Outpat, Nonpayment/zero claims |
| 231 | Skilled Nursing, Outpat, Admit Through Discharge Claim |
| 232 | Skilled Nursing, Outpat, Interim-First Claim |
| 233 | Skilled Nursing, Outpat, Interim-Continuing Claims |
| 234 | Skilled Nursing, Outpat, Interim-Last Claim |
| 235 | Skilled Nursing, Outpat, Late Charge Only |
| 237 | Skilled Nursing, Outpat, Replacement of Prior Claims |
| 238 | Skilled Nursing, Outpat, Void/Cancel of a Prior Claim |
| 239 | Skilled Nursing, Outpat, Final Clms for HH PPS Episode |
| 23A | Skilled Nursing, Outpat, Hospice Admission Notice |
| 23B | Skilled Nursing, Outpat, Hospice Term/Revocation Notice |
| 23C | Skilled Nursing, Outpat, Hospice Change of Provider Notice |
| 23D | Skilled Nursing, Outpat, Hospice Election Void/Cancel |
| 23E | Skilled Nursing, Outpat, Hospice Change of Ownership |

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| CODE | TYPE OF BILL CODE DESCRIPTION |
|-------------|--|
| 23F | Skilled Nursing, Outpat, Beneficiary Initiated Adj Claims |
| 23G | Skilled Nursing, Outpat, CWF Initiated Adj Claim |
| 23H | Skilled Nursing, Outpat, CMS Initiated Adj Claim |
| 23 I | Skilled Nursing, Outpat, FI Adj Claim (other than PRO/Prov) |
| 23J | Skilled Nursing, Outpat, Initiated Adj Claim-Other |
| 23K | Skilled Nursing, Outpat, OIG Initiated Adj Claim |
| 23M | Skilled Nursing, Outpat, MSP Initiated Adj Claim |
| 23P | Skilled Nursing, Outpat, QIO Adj Claim |
| 24 | Other (Part B) - Skilled Nursing |
| 240 | Skilled Nursing, Other (Pt B), Nonpayment/zero claims |
| 241 | Skilled Nursing, Other (Pt B), Admit Through Discharge Claim |
| 242 | Skilled Nursing, Other (Pt B), Interim-First Claim |
| 243 | Skilled Nursing, Other (Pt B), Interim-Continuing Claims |
| 244 | Skilled Nursing, Other (Pt B), Interim-Last Claim |
| 245 | Skilled Nursing, Other (Pt B), Late Charge Only |
| 247 | Skilled Nursing, Other (Pt B), Replacement of Prior Claims |
| 248 | Skilled Nursing, Other (Pt B), Void/Cancel of a Prior Claim |
| 249 | Skilled Nursing, Other (Pt B), Final Clms for HH PPS Episode |
| 24A | Skilled Nursing, Other (Pt B), Hospice Admission Notice |
| | |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|---|
| 24B | Skilled Nursing, Other (Pt B), Hospice Term/Revocation Notice |
| 24C | Skilled Nursing, Other (Pt B), Hospice Change of Provider Notice |
| 24D | Skilled Nursing, Other (Pt B), Hospice Election Void/Cancel |
| 24E | Skilled Nursing, Other (Pt B), Hospice Change of Ownership |
| 24F | Skilled Nursing, Other (Pt B), Beneficiary Initiated Adj Claims |
| 24G | Skilled Nursing, Other (Pt B), CWF Initiated Adj Claim |
| 24H | Skilled Nursing, Other (Pt B), CMS Initiated Adj Claim |
| 24I | Skilled Nursing, Other (Pt B), FI Adj Claim (other than PRO/Prov) |
| 24J | Skilled Nursing, Other (Pt B), Initiated Adj Claim-Other |
| 24K | Skilled Nursing, Other (Pt B), OIG Initiated Adj Claim |
| 24M | Skilled Nursing, Other (Pt B), MSP Initiated Adj Claim |
| 24P | Skilled Nursing, Other (Pt B), QIO Adj Claim |
| 25 | Intermediate Care - Level I - Skilled Nursing |
| 250 | Skilled Nursing, Intm Care-Level I, Nonpayment/zero claims |
| 251 | Skilled Nursing, Intm Care-Level I, Admit Through Discharge Claim |
| 252 | Skilled Nursing, Intm Care-Level I, Interim-First Claim |
| 253 | Skilled Nursing, Intm Care-Level I, Interim-Continuing Claims |
| 254 | Skilled Nursing, Intm Care-Level I, Interim-Last Claim |
| 255 | Skilled Nursing, Intm Care-Level I, Late Charge Only |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|-------------|--|
| 257 | Skilled Nursing, Intm Care-Level I, Replacement of Prior Claims |
| 258 | Skilled Nursing, Intm Care-Level I, Void/Cancel of a Prior Claim |
| 259 | Skilled Nursing, Intm Care-Level I, Final Clms for HH PPS Episode |
| 25A | Skilled Nursing, Intm Care-Level I, Hospice Admission Notice |
| 25B | Skilled Nursing, Intm Care-Level I, Hospice Term/Revocation Notice |
| 25C | Skilled Nursing, Intm Care-Level I, Hospice Change of Provider Notice |
| 25D | Skilled Nursing, Intm Care-Level I, Hospice Election Void/Cancel |
| 25E | Skilled Nursing, Intm Care-Level I, Hospice Change of Ownership |
| 25F | Skilled Nursing, Intm Care-Level I, Beneficiary Initiated Adj Claims |
| 25G | Skilled Nursing, Intm Care-Level I, CWF Initiated Adj Claim |
| 25H | Skilled Nursing, Intm Care-Level I, CMS Initiated Adj Claim |
| 25 I | Skilled Nursing, Intm Care-Level I, FI Adj Claim (other than PRO/Prov) |
| 25J | Skilled Nursing, Intm Care-Level I, Initiated Adj Claim-Other |
| 25K | Skilled Nursing, Intm Care-Level I, OIG Initiated Adj Claim |
| 25M | Skilled Nursing, Intm Care-Level I, MSP Initiated Adj Claim |
| 25P | Skilled Nursing, Intm Care-Level I, QIO Adj Claim |
| 26 | Intermediate Care - Level II - Skilled Nursing |
| 260 | Skilled Nursing, Intm Care-Level II, Nonpayment/zero claims |
| 261 | Skilled Nursing, Intm Care-Level II, Admit Through Discharge Claim |
| | |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|---|
| 262 | Skilled Nursing, Intm Care-Level II, Interim-First Claim |
| 263 | Skilled Nursing, Intm Care-Level II, Interim-Continuing Claims |
| 264 | Skilled Nursing, Intm Care-Level II, Interim-Last Claim |
| 265 | Skilled Nursing, Intm Care-Level II, Late Charge Only |
| 267 | Skilled Nursing, Intm Care-Level II, Replacement of Prior Claims |
| 268 | Skilled Nursing, Intm Care-Level II, Void/Cancel of a Prior Claim |
| 269 | Skilled Nursing, Intm Care-Level II, Final Clms for HH PPS Episode |
| 26A | Skilled Nursing, Intm Care-Level II, Hospice Admission Notice |
| 26B | Skilled Nursing, Intm Care-Level II, Hospice Term/Revocation Notice |
| 26C | Skilled Nursing, Intm Care-Level II, Hospice Change of Provider Notice |
| 26D | Skilled Nursing, Intm Care-Level II, Hospice Election Void/Cancel |
| 26E | Skilled Nursing, Intm Care-Level II, Hospice Change of Ownership |
| 26F | Skilled Nursing, Intm Care-Level II, Beneficiary Initiated Adj Claims |
| 26G | Skilled Nursing, Intm Care-Level II, CWF Initiated Adj Claim |
| 26H | Skilled Nursing, Intm Care-Level II, CMS Initiated Adj Claim |
| 26I | Skilled Nursing, Intm Care-Level II, FI Adj Claim (other than PRO/Prov) |
| 26J | Skilled Nursing, Intm Care-Level II, Initiated Adj Claim-Other |
| 26K | Skilled Nursing, Intm Care-Level II, OIG Initiated Adj Claim |
| 26M | Skilled Nursing, Intm Care-Level II, MSP Initiated Adj Claim |





| killed Nursing, Swing Bed, FI Adj Claim (other than PRO/Prov) |
|---|
| killed Nursing, Swing Bed, Initiated Adj Claim-Other |
| killed Nursing, Swing Bed, OIG Initiated Adj Claim |
| killed Nursing, Swing Bed, MSP Initiated Adj Claim |
| killed Nursing, Swing Bed, QIO Adj Claim |
| patient (Part A) - Home Health |
| ome Health, Inpat (Pt A), Nonpayment/zero claims |
| ome Health, Inpat (Pt A), Admit Through Discharge Claim |
| ome Health, Inpat (Pt A), Interim-First Claim |
| ome Health, Inpat (Pt A), Interim-Continuing Claims |
| ome Health, Inpat (Pt A), Interim-Last Claim |
| ome Health, Inpat (Pt A), Late Charge Only |
| ome Health, Inpat (Pt A), Replacement of Prior Claims |
| ome Health, Inpat (Pt A), Void/Cancel of a Prior Claim |
| ome Health, Inpat (Pt A), Final Clms for HH PPS Episode |
| ome Health, Inpat (Pt A), Hospice Admission Notice |
| ome Health, Inpat (Pt A), Hospice Term/Revocation Notice |
| ome Health, Inpat (Pt A), Hospice Change of Provider Notice |
| ome Health, Inpat (Pt A), Hospice Election Void/Cancel |
| |

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| e Health, Inpat (Pt A), Hospice Change of Ownership |
|--|
| e fleatti, flipat (F t A), flospice change of Ownership |
| e Health, Inpat (Pt A), Beneficiary Initiated Adj Claims |
| e Health, Inpat (Pt A), CWF Initiated Adj Claim |
| e Health, Inpat (Pt A), CMS Initiated Adj Claim |
| e Health, Inpat (Pt A), FI Adj Claim (other than PRO/Prov) |
| e Health, Inpat (Pt A), Initiated Adj Claim-Other |
| e Health, Inpat (Pt A), OIG Initiated Adj Claim |
| e Health, Inpat (Pt A), MSP Initiated Adj Claim |
| e Health, Inpat (Pt A), QIO Adj Claim |
| ient (Part B) - Home Health |
| e Health, Hosp Based/Inpat (Pt B), Nonpayment/zero claims |
| e Health, Hosp Based/Inpat (Pt B), Admit Through Discharge Claim |
| e Health, Hosp Based/Inpat (Pt B), Interim-First Claim |
| e Health, Hosp Based/Inpat (Pt B), Interim-Continuing Claims |
| e Health, Hosp Based/Inpat (Pt B), Interim-Last Claim |
| e Health, Hosp Based/Inpat (Pt B), Late Charge Only |
| e Health, Hosp Based/Inpat (Pt B), Replacement of Prior Claims |
| e Health, Hosp Based/Inpat (Pt B), Void/Cancel of a Prior Claim |
| e Health, Hosp Based/Inpat (Pt B), Final Clms for HH PPS Episode |
| |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|--|
| 32A | Home Health, Hosp Based/Inpat (Pt B), Hospice Admission Notice |
| 32B | Home Health, Hosp Based/Inpat (Pt B), Hospice Term/Revocation Notice |
| 32C | Home Health, Hosp Based/Inpat (Pt B), Hospice Change of Provider Notice |
| 32D | Home Health, Hosp Based/Inpat (Pt B), Hospice Election Void/Cancel |
| 32E | Home Health, Hosp Based/Inpat (Pt B), Hospice Change of Ownership |
| 32F | Home Health, Hosp Based/Inpat (Pt B), Beneficiary Initiated Adj Claims |
| 32G | Home Health, Hosp Based/Inpat (Pt B), CWF Initiated Adj Claim |
| 32H | Home Health, Hosp Based/Inpat (Pt B), CMS Initiated Adj Claim |
| 32I | Home Health, Hosp Based/Inpat (Pt B), FI Adj Claim (other than PRO/Prov) |
| 32J | Home Health, Hosp Based/Inpat (Pt B), Initiated Adj Claim-Other |
| 32K | Home Health, Hosp Based/Inpat (Pt B), OIG Initiated Adj Claim |
| 32M | Home Health, Hosp Based/Inpat (Pt B), MSP Initiated Adj Claim |
| 32P | Home Health, Hosp Based/Inpat (Pt B), QIO Adj Claim |
| 33 | Outpatient - Home Health |
| 330 | Home Health, Outpat, Nonpayment/zero claims |
| 331 | Home Health, Outpat, Admit Through Discharge Claim |
| 332 | Home Health, Outpat, Interim-First Claim |
| 333 | Home Health, Outpat, Interim-Continuing Claims |
| 334 | Home Health, Outpat, Interim-Last Claim |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|---|
| 335 | Home Health, Outpat, Late Charge Only |
| 337 | Home Health, Outpat, Replacement of Prior Claims |
| 338 | Home Health, Outpat, Void/Cancel of a Prior Claim |
| 339 | Home Health, Outpat, Final Clms for HH PPS Episode |
| 33A | Home Health, Outpat, Hospice Admission Notice |
| 33B | Home Health, Outpat, Hospice Term/Revocation Notice |
| 33C | Home Health, Outpat, Hospice Change of Provider Notice |
| 33D | Home Health, Outpat, Hospice Election Void/Cancel |
| 33E | Home Health, Outpat, Hospice Change of Ownership |
| 33F | Home Health, Outpat, Beneficiary Initiated Adj Claims |
| 33G | Home Health, Outpat, CWF Initiated Adj Claim |
| 33H | Home Health, Outpat, CMS Initiated Adj Claim |
| 331 | Home Health, Outpat, FI Adj Claim (other than PRO/Prov) |
| 33J | Home Health, Outpat, Initiated Adj Claim-Other |
| 33K | Home Health, Outpat, OIG Initiated Adj Claim |
| 33M | Home Health, Outpat, MSP Initiated Adj Claim |
| 33P | Home Health, Outpat, QIO Adj Claim |
| 34 | Other (Part B) - Home Health |
| 340 | Home Health, Other (Pt B), Nonpayment/zero claims |
| | |





| TYPE OF BILL CODE DESCRIPTION | CODE |
|--|--|
| iated Adj Claim | 34M |
| Claim | 34P |
| lealth | 35 |
| npayment/zero claims | 350 |
| nit Through Discharge Claim | 351 |
| erim-First Claim | 352 |
| erim-Continuing Claims | 353 |
| erim-Last Claim | 354 |
| e Charge Only | 355 |
| placement of Prior Claims | 357 |
| d/Cancel of a Prior Claim | 358 |
| al Clms for HH PPS Episode | 359 |
| spice Admission Notice | 35A |
| spice Term/Revocation Notice | 35B |
| spice Change of Provider Notice | 35C |
| spice Election Void/Cancel | 35D |
| spice Change of Ownership | 35E |
| neficiary Initiated Adj Claims | 35F |
| F Initiated Adj Claim | 35G |
| d/Cancel of a Prior Claim al Clms for HH PPS Episode spice Admission Notice spice Term/Revocation Notice spice Change of Provider Notice spice Election Void/Cancel spice Change of Ownership spice Change of Ownership spice Initiated Adj Claims | 358 359 35A 35B 35C 35D 35E 35F |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|--|
| 35H | Home Health, Intm Care-Level I, CMS Initiated Adj Claim |
| 35I | Home Health, Intm Care-Level I, FI Adj Claim (other than PRO/Prov) |
| 35J | Home Health, Intm Care-Level I, Initiated Adj Claim-Other |
| 35K | Home Health, Intm Care-Level I, OIG Initiated Adj Claim |
| 35M | Home Health, Intm Care-Level I, MSP Initiated Adj Claim |
| 35P | Home Health, Intm Care-Level I, QIO Adj Claim |
| 36 | Intermediate Care - Level II - Home Health |
| 360 | Home Health, Intm Care-Level II, Nonpayment/zero claims |
| 361 | Home Health, Intm Care-Level II, Admit Through Discharge Claim |
| 362 | Home Health, Intm Care-Level II, Interim-First Claim |
| 363 | Home Health, Intm Care-Level II, Interim-Continuing Claims |
| 364 | Home Health, Intm Care-Level II, Interim-Last Claim |
| 365 | Home Health, Intm Care-Level II, Late Charge Only |
| 367 | Home Health, Intm Care-Level II, Replacement of Prior Claims |
| 368 | Home Health, Intm Care-Level II, Void/Cancel of a Prior Claim |
| 369 | Home Health, Intm Care-Level II, Final Clms for HH PPS Episode |
| 36A | Home Health, Intm Care-Level II, Hospice Admission Notice |
| 36B | Home Health, Intm Care-Level II, Hospice Term/Revocation Notice |
| 36C | Home Health, Intm Care-Level II, Hospice Change of Provider Notice |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|---|
| 36D | Home Health, Intm Care-Level II, Hospice Election Void/Cancel |
| 36E | Home Health, Intm Care-Level II, Hospice Change of Ownership |
| 36F | Home Health, Intm Care-Level II, Beneficiary Initiated Adj Claims |
| 36G | Home Health, Intm Care-Level II, CWF Initiated Adj Claim |
| 36H | Home Health, Intm Care-Level II, CMS Initiated Adj Claim |
| 36I | Home Health, Intm Care-Level II, FI Adj Claim (other than PRO/Prov) |
| 36J | Home Health, Intm Care-Level II, Initiated Adj Claim-Other |
| 36K | Home Health, Intm Care-Level II, OIG Initiated Adj Claim |
| 36M | Home Health, Intm Care-Level II, MSP Initiated Adj Claim |
| 36P | Home Health, Intm Care-Level II, QIO Adj Claim |
| 38 | Swing Bed - Home Health |
| 380 | Home Health, Swing Bed, Nonpayment/zero claims |
| 381 | Home Health, Swing Bed, Admit Through Discharge Claim |
| 382 | Home Health, Swing Bed, Interim-First Claim |
| 383 | Home Health, Swing Bed, Interim-Continuing Claims |
| 384 | Home Health, Swing Bed, Interim-Last Claim |
| 385 | Home Health, Swing Bed, Late Charge Only |
| 387 | Home Health, Swing Bed, Replacement of Prior Claims |
| 388 | Home Health, Swing Bed, Void/Cancel of a Prior Claim |



| ome Health, Swing Bed, Final Clms for HH PPS Episode |
|--|
| ome Health, Swing Bed, Hospice Admission Notice |
| ome Health, Swing Bed, Hospice Term/Revocation Notice |
| ome Health, Swing Bed, Hospice Change of Provider Notice |
| ome Health, Swing Bed, Hospice Election Void/Cancel |
| ome Health, Swing Bed, Hospice Change of Ownership |
| ome Health, Swing Bed, Beneficiary Initiated Adj Claims |
| ome Health, Swing Bed, CWF Initiated Adj Claim |
| ome Health, Swing Bed, CMS Initiated Adj Claim |
| ome Health, Swing Bed, FI Adj Claim (other than PRO/Prov) |
| ome Health, Swing Bed, Initiated Adj Claim-Other |
| ome Health, Swing Bed, OIG Initiated Adj Claim |
| ome Health, Swing Bed, MSP Initiated Adj Claim |
| ome Health, Swing Bed, QIO Adj Claim |
| patient (Part A) - Religious Nonmedical Hospital |
| eligious Non-Med (Hosp), Inpat (Pt A), Nonpayment/zero claims |
| eligious Non-Med (Hosp), Inpat (Pt A), Admit Through Discharge Claim |
| eligious Non-Med (Hosp), Inpat (Pt A), Interim-First Claim |
| eligious Non-Med (Hosp), Inpat (Pt A), Interim-Continuing Claims |
| |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|-------------|--|
| 414 | Religious Non-Med (Hosp), Inpat (Pt A), Interim-Last Claim |
| 415 | Religious Non-Med (Hosp), Inpat (Pt A), Late Charge Only |
| 417 | Religious Non-Med (Hosp), Inpat (Pt A), Replacement of Prior Claims |
| 418 | Religious Non-Med (Hosp), Inpat (Pt A), Void/Cancel of a Prior Claim |
| 419 | Religious Non-Med (Hosp), Inpat (Pt A), Final Clms for HH PPS Episode |
| 41A | Religious Non-Med (Hosp), Inpat (Pt A), Hospice Admission Notice |
| 41B | Religious Non-Med (Hosp), Inpat (Pt A), Hospice Term/Revocation Notice |
| 41C | Religious Non-Med (Hosp), Inpat (Pt A), Hospice Change of Provider Notice |
| 41D | Religious Non-Med (Hosp), Inpat (Pt A), Hospice Election Void/Cancel |
| 41E | Religious Non-Med (Hosp), Inpat (Pt A), Hospice Change of Ownership |
| 41F | Religious Non-Med (Hosp), Inpat (Pt A), Beneficiary Initiated Adj Claims |
| 41G | Religious Non-Med (Hosp), Inpat (Pt A), CWF Initiated Adj Claim |
| 41H | Religious Non-Med (Hosp), Inpat (Pt A), CMS Initiated Adj Claim |
| 41 I | Religious Non-Med (Hosp), Inpat (Pt A), FI Adj Claim (other than PRO/Prov) |
| 41 J | Religious Non-Med (Hosp), Inpat (Pt A), Initiated Adj Claim-Other |
| 41K | Religious Non-Med (Hosp), Inpat (Pt A), OIG Initiated Adj Claim |
| 41M | Religious Non-Med (Hosp), Inpat (Pt A), MSP Initiated Adj Claim |
| 41P | Religious Non-Med (Hosp), Inpat (Pt A), QIO Adj Claim |
| 42 | Inpatient (Part B) - Religious Nonmedical Hospital |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------------|--|
| 420 | Religious Non-Med (Hosp), Hosp Based/Inpat (Pt B), Nonpayment/zero claims |
| 421 | Religious Non-Med (Hosp), Hosp Based/Inpat (Pt B), Admit Through Discharge Claim |
| 422 | Religious Non-Med (Hosp), Hosp Based/Inpat (Pt B), Interim-First Claim |
| 423 | Religious Non-Med (Hosp), Hosp Based/Inpat (Pt B), Interim-Continuing Claims |
| 424 | Religious Non-Med (Hosp), Hosp Based/Inpat (Pt B), Interim-Last Claim |
| 425 | Religious Non-Med (Hosp), Hosp Based/Inpat (Pt B), Late Charge Only |
| 427 | Religious Non-Med (Hosp), Hosp Based/Inpat (Pt B), Replacement of Prior Claims |
| 428 | Religious Non-Med (Hosp), Hosp Based/Inpat (Pt B), Void/Cancel of a Prior Claim |
| 429 | Religious Non-Med (Hosp), Hosp Based/Inpat (Pt B), Final Clms for HH PPS Episode |
| 42A | Religious Non-Med (Hosp), Hosp Based/Inpat (Pt B), Hospice Admission Notice |
| 42B | Religious Non-Med (Hosp), Hosp Based/Inpat (Pt B), Hospice Term/Revocation Notice |
| 42C | Religious Non-Med (Hosp), Hosp Based/Inpat (Pt B), Hospice Change of Provider No |
| 42D | Religious Non-Med (Hosp), Hosp Based/Inpat (Pt B), Hospice Election Void/Cancel |
| 42E | Religious Non-Med (Hosp), Hosp Based/Inpat (Pt B), Hospice Change of Ownership |
| 42F | Religious Non-Med (Hosp), Hosp Based/Inpat (Pt B), Beneficiary Initiated Adj Claim |
| 42G | Religious Non-Med (Hosp), Hosp Based/Inpat (Pt B), CWF Initiated Adj Claim |
| 42H | Religious Non-Med (Hosp), Hosp Based/Inpat (Pt B), CMS Initiated Adj Claim |
| 42I | Religious Non-Med (Hosp), Hosp Based/Inpat (Pt B), FI. Adj Claim (other than PR |
| 42J | Religious Non-Med (Hosp), Hosp Based/Inpat (Pt B), Initiated Adj Claim-Other |





| TYPE OF BILL CODE DESCRIPTION |
|--|
| Religious Non-Med (Hosp), Outpat, CWF Initiated Adj Claim |
| Religious Non-Med (Hosp), Outpat, CMS Initiated Adj Claim |
| Religious Non-Med (Hosp), Outpat, FI Adj Claim (other than PRO/Prov) |
| Religious Non-Med (Hosp), Outpat, Initiated Adj Claim-Other |
| Religious Non-Med (Hosp), Outpat, OIG Initiated Adj Claim |
| Religious Non-Med (Hosp), Outpat, MSP Initiated Adj Claim |
| Religious Non-Med (Hosp), Outpat, QIO Adj Claim |
| Other (Part B) - Religious Nonmedical Hospital |
| Religious Non-Med (Hosp), Other (Pt B), Nonpayment/zero claims |
| Religious Non-Med (Hosp), Other (Pt B), Admit Through Discharge Claim |
| Religious Non-Med (Hosp), Other (Pt B), Interim-First Claim |
| Religious Non-Med (Hosp), Other (Pt B), Interim-Continuing Claims |
| Religious Non-Med (Hosp), Other (Pt B), Interim-Last Claim |
| Religious Non-Med (Hosp), Other (Pt B), Late Charge Only |
| Religious Non-Med (Hosp), Other (Pt B), Replacement of Prior Claims |
| Religious Non-Med (Hosp), Other (Pt B), Void/Cancel of a Prior Claim |
| Religious Non-Med (Hosp), Other (Pt B), Final Clms for HH PPS Episode |
| Religious Non-Med (Hosp), Other (Pt B), Hospice Admission Notice |
| Religious Non-Med (Hosp), Other (Pt B), Hospice Term/Revocation Notice |
| |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|--|
| 44C | Religious Non-Med (Hosp), Other (Pt B), Hospice Change of Provider Notice |
| 44D | Religious Non-Med (Hosp), Other (Pt B), Hospice Election Void/Cancel |
| 44E | Religious Non-Med (Hosp), Other (Pt B), Hospice Change of Ownership |
| 44F | Religious Non-Med (Hosp), Other (Pt B), Beneficiary Initiated Adj Claims |
| 44G | Religious Non-Med (Hosp), Other (Pt B), CWF Initiated Adj Claim |
| 44H | Religious Non-Med (Hosp), Other (Pt B), CMS Initiated Adj Claim |
| 44I | Religious Non-Med (Hosp), Other (Pt B), FI Adj Claim (other than PRO/Prov) |
| 44J | Religious Non-Med (Hosp), Other (Pt B), Initiated Adj Claim-Other |
| 44K | Religious Non-Med (Hosp), Other (Pt B), OIG Initiated Adj Claim |
| 44M | Religious Non-Med (Hosp), Other (Pt B), MSP Initiated Adj Claim |
| 44P | Religious Non-Med (Hosp), Other (Pt B), QIO Adj Claim |
| 45 | Intermediate Care - Level I - Religious Nonmedical Hospital |
| 450 | Religious Non-Med (Hosp), Intm Care-Level I, Nonpayment/zero claims |
| 451 | Religious Non-Med (Hosp), Intm Care-Level I, Admit Through Discharge Claim |
| 452 | Religious Non-Med (Hosp), Intm Care-Level I, Interim-First Claim |
| 453 | Religious Non-Med (Hosp), Intm Care-Level I, Interim-Continuing Claims |
| 454 | Religious Non-Med (Hosp), Intm Care-Level I, Interim-Last Claim |
| 455 | Religious Non-Med (Hosp), Intm Care-Level I, Late Charge Only |
| 457 | Religious Non-Med (Hosp), Intm Care-Level I, Replacement of Prior Claims |
| | |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|--|
| 458 | Religious Non-Med (Hosp), Intm Care-Level I, Void/Cancel of a Prior Claim |
| 459 | Religious Non-Med (Hosp), Intm Care-Level I, Final Clms for HH PPS Episode |
| 45A | Religious Non-Med (Hosp), Intm Care-Level I, Hospice Admission Notice |
| 45B | Religious Non-Med (Hosp), Intm Care-Level I, Hospice Term/Revocation Notice |
| 45C | Religious Non-Med (Hosp), Intm Care-Level I, Hospice Change of Provider Notice |
| 45D | Religious Non-Med (Hosp), Intm Care-Level I, Hospice Election Void/Cancel |
| 45E | Religious Non-Med (Hosp), Intm Care-Level I, Hospice Change of Ownership |
| 45F | Religious Non-Med (Hosp), Intm Care-Level I, Beneficiary Initiated Adj Claims |
| 45G | Religious Non-Med (Hosp), Intm Care-Level I, CWF Initiated Adj Claim |
| 45H | Religious Non-Med (Hosp), Intm Care-Level I, CMS Initiated Adj Claim |
| 45I | Religious Non-Med (Hosp), Intm Care-Level I, FI Adj Claim (other than PRO/Prov |
| 45J | Religious Non-Med (Hosp), Intm Care-Level I, Initiated Adj Claim-Other |
| 45K | Religious Non-Med (Hosp), Intm Care-Level I, OIG Initiated Adj Claim |
| 45M | Religious Non-Med (Hosp), Intm Care-Level I, MSP Initiated Adj Claim |
| 45P | Religious Non-Med (Hosp), Intm Care-Level I, QIO Adj Claim |
| 46 | Intermediate Care - Level II - Religious Nonmedical Hospital |
| 460 | Religious Non-Med (Hosp), Intm Care-Level II, Nonpayment/zero claims |
| 461 | Religious Non-Med (Hosp), Intm Care-Level II, Admit Through Discharge Claim |
| 462 | Religious Non-Med (Hosp), Intm Care-Level II, Interim-First Claim |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|---|
| 463 | Religious Non-Med (Hosp), Intm Care-Level II, Interim-Continuing Claims |
| 464 | Religious Non-Med (Hosp), Intm Care-Level II, Interim-Last Claim |
| 465 | Religious Non-Med (Hosp), Intm Care-Level II, Late Charge Only |
| 467 | Religious Non-Med (Hosp), Intm Care-Level II, Replacement of Prior Claims |
| 468 | Religious Non-Med (Hosp), Intm Care-Level II, Void/Cancel of a Prior Claim |
| 469 | Religious Non-Med (Hosp), Intm Care-Level II, Final Clms for HH PPS Episode |
| 46A | Religious Non-Med (Hosp), Intm Care-Level II, Hospice Admission Notice |
| 46B | Religious Non-Med (Hosp), Intm Care-Level II, Hospice Term/Revocation Notice |
| 46C | Religious Non-Med (Hosp), Intm Care-Level II, Hospice Change of Provider Notice |
| 46D | Religious Non-Med (Hosp), Intm Care-Level II, Hospice Election Void/Cancel |
| 46E | Religious Non-Med (Hosp), Intm Care-Level II, Hospice Change of Ownership |
| 46F | Religious Non-Med (Hosp), Intm Care-Level II, Beneficiary Initiated Adj Claims |
| 46G | Religious Non-Med (Hosp), Intm Care-Level II, CWF Initiated Adj Claim |
| 46H | Religious Non-Med (Hosp), Intm Care-Level II, CMS Initiated Adj Claim |
| 46I | Religious Non-Med (Hosp), Intm Care-Level II, FI Adj Claim (other than PRO/Pro |
| 46J | Religious Non-Med (Hosp), Intm Care-Level II, Initiated Adj Claim-Other |
| 46K | Religious Non-Med (Hosp), Intm Care-Level II, OIG Initiated Adj Claim |
| 46M | Religious Non-Med (Hosp), Intm Care-Level II, MSP Initiated Adj Claim |
| 46P | Religious Non-Med (Hosp), Intm Care-Level II, QIO Adj Claim |
| | |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|-------------|---|
| 48 | Swing Bed - Religious Nonmedical Hospital |
| 480 | Religious Non-Med (Hosp), Swing Bed, Nonpayment/zero claims |
| 481 | Religious Non-Med (Hosp), Swing Bed, Admit Through Discharge Claim |
| 482 | Religious Non-Med (Hosp), Swing Bed, Interim-First Claim |
| 483 | Religious Non-Med (Hosp), Swing Bed, Interim-Continuing Claims |
| 484 | Religious Non-Med (Hosp), Swing Bed, Interim-Last Claim |
| 485 | Religious Non-Med (Hosp), Swing Bed, Late Charge Only |
| 487 | Religious Non-Med (Hosp), Swing Bed, Replacement of Prior Claims |
| 488 | Religious Non-Med (Hosp), Swing Bed, Void/Cancel of a Prior Claim |
| 489 | Religious Non-Med (Hosp), Swing Bed, Final Clms for HH PPS Episode |
| 48A | Religious Non-Med (Hosp), Swing Bed, Hospice Admission Notice |
| 48B | Religious Non-Med (Hosp), Swing Bed, Hospice Term/Revocation Notice |
| 48C | Religious Non-Med (Hosp), Swing Bed, Hospice Change of Provider Notice |
| 48D | Religious Non-Med (Hosp), Swing Bed, Hospice Election Void/Cancel |
| 48E | Religious Non-Med (Hosp), Swing Bed, Hospice Change of Ownership |
| 48F | Religious Non-Med (Hosp), Swing Bed, Beneficiary Initiated Adj Claims |
| 48G | Religious Non-Med (Hosp), Swing Bed, CWF Initiated Adj Claim |
| 48H | Religious Non-Med (Hosp), Swing Bed, CMS Initiated Adj Claim |
| 48 I | Religious Non-Med (Hosp), Swing Bed, FI Adj Claim (other than PRO/Prov) |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|--|
| 48J | Religious Non-Med (Hosp), Swing Bed, Initiated Adj Claim-Other |
| 48K | Religious Non-Med (Hosp), Swing Bed, OIG Initiated Adj Claim |
| 48M | Religious Non-Med (Hosp), Swing Bed, MSP Initiated Adj Claim |
| 48P | Religious Non-Med (Hosp), Swing Bed, QIO Adj Claim |
| 61 | Inpatient (Part A) - Intermediate Care |
| 610 | Intm Care, Inpat (Pt A), Nonpayment/zero claims |
| 611 | Intm Care, Inpat (Pt A), Admit Through Discharge Claim |
| 612 | Intm Care, Inpat (Pt A), Interim-First Claim |
| 613 | Intm Care, Inpat (Pt A), Interim-Continuing Claims |
| 614 | Intm Care, Inpat (Pt A), Interim-Last Claim |
| 615 | Intm Care, Inpat (Pt A), Late Charge Only |
| 617 | Intm Care, Inpat (Pt A), Replacement of Prior Claims |
| 618 | Intm Care, Inpat (Pt A), Void/Cancel of a Prior Claim |
| 619 | Intm Care, Inpat (Pt A), Final Clms for HH PPS Episode |
| 61A | Intm Care, Inpat (Pt A), Hospice Admission Notice |
| 61B | Intm Care, Inpat (Pt A), Hospice Term/Revocation Notice |
| 61C | Intm Care, Inpat (Pt A), Hospice Change of Provider Notice |
| 61D | Intm Care, Inpat (Pt A), Hospice Election Void/Cancel |
| 61E | Intm Care, Inpat (Pt A), Hospice Change of Ownership |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|---|
| 61F | Intm Care, Inpat (Pt A), Beneficiary Initiated Adj Claims |
| 61G | Intm Care, Inpat (Pt A), CWF Initiated Adj Claim |
| 61H | Intm Care, Inpat (Pt A), CMS Initiated Adj Claim |
| 61I | Intm Care, Inpat (Pt A), FI Adj Claim (other than PRO/Prov) |
| 61J | Intm Care, Inpat (Pt A), Initiated Adj Claim-Other |
| 61K | Intm Care, Inpat (Pt A), OIG Initiated Adj Claim |
| 61M | Intm Care, Inpat (Pt A), MSP Initiated Adj Claim |
| 61P | Intm Care, Inpat (Pt A), QIO Adj Claim |
| 62 | Inpatient (Part B) - Intermediate Care |
| 620 | Intm Care, Hosp Based/Inpat (Pt B), Nonpayment/zero claims |
| 621 | Intm Care, Hosp Based/Inpat (Pt B), Admit Through Discharge Claim |
| 622 | Intm Care, Hosp Based/Inpat (Pt B), Interim-First Claim |
| 623 | Intm Care, Hosp Based/Inpat (Pt B), Interim-Continuing Claims |
| 624 | Intm Care, Hosp Based/Inpat (Pt B), Interim-Last Claim |
| 625 | Intm Care, Hosp Based/Inpat (Pt B), Late Charge Only |
| 627 | Intm Care, Hosp Based/Inpat (Pt B), Replacement of Prior Claims |
| 628 | Intm Care, Hosp Based/Inpat (Pt B), Void/Cancel of a Prior Claim |
| 629 | Intm Care, Hosp Based/Inpat (Pt B), Final Clms for HH PPS Episode |
| 62A | Intm Care, Hosp Based/Inpat (Pt B), Hospice Admission Notice |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|--|
| 62B | Intm Care, Hosp Based/Inpat (Pt B), Hospice Term/Revocation Notice |
| 62C | Intm Care, Hosp Based/Inpat (Pt B), Hospice Change of Provider Notice |
| 62D | Intm Care, Hosp Based/Inpat (Pt B), Hospice Election Void/Cancel |
| 62E | Intm Care, Hosp Based/Inpat (Pt B), Hospice Change of Ownership |
| 62F | Intm Care, Hosp Based/Inpat (Pt B), Beneficiary Initiated Adj Claims |
| 62G | Intm Care, Hosp Based/Inpat (Pt B), CWF Initiated Adj Claim |
| 62H | Intm Care, Hosp Based/Inpat (Pt B), CMS Initiated Adj Claim |
| 62I | Intm Care, Hosp Based/Inpat (Pt B), FI Adj Claim (other than PRO/Prov) |
| 62J | Intm Care, Hosp Based/Inpat (Pt B), Initiated Adj Claim-Other |
| 62K | Intm Care, Hosp Based/Inpat (Pt B), OIG Initiated Adj Claim |
| 62M | Intm Care, Hosp Based/Inpat (Pt B), MSP Initiated Adj Claim |
| 62P | Intm Care, Hosp Based/Inpat (Pt B), QIO Adj Claim |
| 63 | Outpatient - Intermediate Care |
| 630 | Intm Care, Outpat, Nonpayment/zero claims |
| 631 | Intm Care, Outpat, Admit Through Discharge Claim |
| 632 | Intm Care, Outpat, Interim-First Claim |
| 633 | Intm Care, Outpat, Interim-Continuing Claims |
| 634 | Intm Care, Outpat, Interim-Last Claim |
| 635 | Intm Care, Outpat, Late Charge Only |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|--|
| 637 | Intm Care, Outpat, Replacement of Prior Claims |
| 638 | Intm Care, Outpat, Void/Cancel of a Prior Claim |
| 639 | Intm Care, Outpat, Final Clms for HH PPS Episode |
| 63A | Intm Care, Outpat, Hospice Admission Notice |
| 63B | Intm Care, Outpat, Hospice Term/Revocation Notice |
| 63C | Intm Care, Outpat, Hospice Change of Provider Notice |
| 63D | Intm Care, Outpat, Hospice Election Void/Cancel |
| 63E | Intm Care, Outpat, Hospice Change of Ownership |
| 63F | Intm Care, Outpat, Beneficiary Initiated Adj Claims |
| 63G | Intm Care, Outpat, CWF Initiated Adj Claim |
| 63H | Intm Care, Outpat, CMS Initiated Adj Claim |
| 63I | Intm Care, Outpat, FI Adj Claim (other than PRO/Prov) |
| 63J | Intm Care, Outpat, Initiated Adj Claim-Other |
| 63K | Intm Care, Outpat, OIG Initiated Adj Claim |
| 63M | Intm Care, Outpat, MSP Initiated Adj Claim |
| 63P | Intm Care, Outpat, QIO Adj Claim |
| 64 | Other (Part B) - Intermediate Care |
| 640 | Intm Care, Other (Pt B), Nonpayment/zero claims |
| 641 | Intm Care, Other (Pt B), Admit Through Discharge Claim |
| | |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|---|
| 642 | Intm Care, Other (Pt B), Interim-First Claim |
| 643 | Intm Care, Other (Pt B), Interim-Continuing Claims |
| 644 | Intm Care, Other (Pt B), Interim-Last Claim |
| 645 | Intm Care, Other (Pt B), Late Charge Only |
| 647 | Intm Care, Other (Pt B), Replacement of Prior Claims |
| 648 | Intm Care, Other (Pt B), Void/Cancel of a Prior Claim |
| 649 | Intm Care, Other (Pt B), Final Clms for HH PPS Episode |
| 64A | Intm Care, Other (Pt B), Hospice Admission Notice |
| 64B | Intm Care, Other (Pt B), Hospice Term/Revocation Notice |
| 64C | Intm Care, Other (Pt B), Hospice Change of Provider Notice |
| 64D | Intm Care, Other (Pt B), Hospice Election Void/Cancel |
| 64E | Intm Care, Other (Pt B), Hospice Change of Ownership |
| 64F | Intm Care, Other (Pt B), Beneficiary Initiated Adj Claims |
| 64G | Intm Care, Other (Pt B), CWF Initiated Adj Claim |
| 64H | Intm Care, Other (Pt B), CMS Initiated Adj Claim |
| 64I | Intm Care, Other (Pt B), FI Adj Claim (other than PRO/Prov) |
| 64J | Intm Care, Other (Pt B), Initiated Adj Claim-Other |
| 64K | Intm Care, Other (Pt B), OIG Initiated Adj Claim |
| 64M | Intm Care, Other (Pt B), MSP Initiated Adj Claim |
| | |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|---|
| 64P | Intm Care, Other (Pt B), QIO Adj Claim |
| 65 | Intermediate Care - Level I - Intermediate Care |
| 650 | Intm Care, Intm Care-Level I, Nonpayment/zero claims |
| 651 | Intm Care, Intm Care-Level I, Admit Through Discharge Claim |
| 652 | Intm Care, Intm Care-Level I, Interim-First Claim |
| 653 | Intm Care, Intm Care-Level I, Interim-Continuing Claims |
| 654 | Intm Care, Intm Care-Level I, Interim-Last Claim |
| 655 | Intm Care, Intm Care-Level I, Late Charge Only |
| 657 | Intm Care, Intm Care-Level I, Replacement of Prior Claims |
| 658 | Intm Care, Intm Care-Level I, Void/Cancel of a Prior Claim |
| 659 | Intm Care, Intm Care-Level I, Final Clms for HH PPS Episode |
| 65A | Intm Care, Intm Care-Level I, Hospice Admission Notice |
| 65B | Intm Care, Intm Care-Level I, Hospice Term/Revocation Notice |
| 65C | Intm Care, Intm Care-Level I, Hospice Change of Provider Notice |
| 65D | Intm Care, Intm Care-Level I, Hospice Election Void/Cancel |
| 65E | Intm Care, Intm Care-Level I, Hospice Change of Ownership |
| 65F | Intm Care, Intm Care-Level I, Beneficiary Initiated Adj Claims |
| 65G | Intm Care, Intm Care-Level I, CWF Initiated Adj Claim |
| 65H | Intm Care, Intm Care-Level I, CMS Initiated Adj Claim |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|--|
| 65I | Intm Care, Intm Care-Level I, FI Adj Claim (other than PRO/Prov) |
| 65J | Intm Care, Intm Care-Level I, Initiated Adj Claim-Other |
| 65K | Intm Care, Intm Care-Level I, OIG Initiated Adj Claim |
| 65M | Intm Care, Intm Care-Level I, MSP Initiated Adj Claim |
| 65P | Intm Care, Intm Care-Level I, QIO Adj Claim |
| 66 | Intermediate Care - Level II - Intermediate Care |
| 660 | Intm Care, Intm Care-Level II, Nonpayment/zero claims |
| 661 | Intm Care, Intm Care-Level II, Admit Through Discharge Claim |
| 662 | Intm Care, Intm Care-Level II, Interim-First Claim |
| 663 | Intm Care, Intm Care-Level II, Interim-Continuing Claims |
| 664 | Intm Care, Intm Care-Level II, Interim-Last Claim |
| 665 | Intm Care, Intm Care-Level II, Late Charge Only |
| 667 | Intm Care, Intm Care-Level II, Replacement of Prior Claims |
| 668 | Intm Care, Intm Care-Level II, Void/Cancel of a Prior Claim |
| 669 | Intm Care, Intm Care-Level II, Final Clms for HH PPS Episode |
| 66A | Intm Care, Intm Care-Level II, Hospice Admission Notice |
| 66B | Intm Care, Intm Care-Level II, Hospice Term/Revocation Notice |
| 66C | Intm Care, Intm Care-Level II, Hospice Change of Provider Notice |
| 66D | Intm Care, Intm Care-Level II, Hospice Election Void/Cancel |
| 66D | Intm Care, Intm Care-Level II, Hospice Election Void/Cancel |



| TYPE OF BILL CODE DESCRIPTION |
|--|
| ntm Care, Intm Care-Level II, Hospice Change of Ownership |
| ntm Care, Intm Care-Level II, Beneficiary Initiated Adj Claims |
| ntm Care, Intm Care-Level II, CWF Initiated Adj Claim |
| ntm Care, Intm Care-Level II, CMS Initiated Adj Claim |
| ntm Care, Intm Care-Level II, FI Adj Claim (other than PRO/Prov) |
| ntm Care, Intm Care-Level II, Initiated Adj Claim-Other |
| ntm Care, Intm Care-Level II, OIG Initiated Adj Claim |
| ntm Care, Intm Care-Level II, MSP Initiated Adj Claim |
| ntm Care, Intm Care-Level II, QIO Adj Claim |
| Swing Bed - Intermediate Care |
| ntm Care, Swing Bed, Nonpayment/zero claims |
| ntm Care, Swing Bed, Admit Through Discharge Claim |
| ntm Care, Swing Bed, Interim-First Claim |
| ntm Care, Swing Bed, Interim-Continuing Claims |
| ntm Care, Swing Bed, Interim-Last Claim |
| ntm Care, Swing Bed, Late Charge Only |
| ntm Care, Swing Bed, Replacement of Prior Claims |
| ntm Care, Swing Bed, Void/Cancel of a Prior Claim |
| ntm Care, Swing Bed, Final Clms for HH PPS Episode |
| r r r r r r |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|--|
| 68A | Intm Care, Swing Bed, Hospice Admission Notice |
| 68B | Intm Care, Swing Bed, Hospice Term/Revocation Notice |
| 68C | Intm Care, Swing Bed, Hospice Change of Provider Notice |
| 68D | Intm Care, Swing Bed, Hospice Election Void/Cancel |
| 68E | Intm Care, Swing Bed, Hospice Change of Ownership |
| 68F | Intm Care, Swing Bed, Beneficiary Initiated Adj Claims |
| 68G | Intm Care, Swing Bed, CWF Initiated Adj Claim |
| 68H | Intm Care, Swing Bed, CMS Initiated Adj Claim |
| 68I | Intm Care, Swing Bed, FI Adj Claim (other than PRO/Prov) |
| 68J | Intm Care, Swing Bed, Initiated Adj Claim-Other |
| 68K | Intm Care, Swing Bed, OIG Initiated Adj Claim |
| 68M | Intm Care, Swing Bed, MSP Initiated Adj Claim |
| 68P | Intm Care, Swing Bed, QIO Adj Claim |
| 71 | Rural Health Clinic (RHC) - Clinic or Hospital Based Renal Dialysis Facility |
| 710 | Clinic/Hosp Based RDF, RHC, Nonpayment/zero claims |
| 711 | Clinic/Hosp Based RDF, RHC, Admit Through Discharge Claim |
| 712 | Clinic/Hosp Based RDF, RHC, Interim-First Claim |
| 713 | Clinic/Hosp Based RDF, RHC, Interim-Continuing Claims |
| 714 | Clinic/Hosp Based RDF, RHC, Interim-Last Claim |
| | |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|-------------|--|
| 715 | Clinic/Hosp Based RDF, RHC, Late Charge Only |
| 717 | Clinic/Hosp Based RDF, RHC, Replacement of Prior Claims |
| 718 | Clinic/Hosp Based RDF, RHC, Void/Cancel of a Prior Claim |
| 719 | Clinic/Hosp Based RDF, RHC, Final Clms for HH PPS Episode |
| 71A | Clinic/Hosp Based RDF, RHC, Hospice Admission Notice |
| 71B | Clinic/Hosp Based RDF, RHC, Hospice Term/Revocation Notice |
| 71C | Clinic/Hosp Based RDF, RHC, Hospice Change of Provider Notice |
| 71D | Clinic/Hosp Based RDF, RHC, Hospice Election Void/Cancel |
| 71E | Clinic/Hosp Based RDF, RHC, Hospice Change of Ownership |
| 71F | Clinic/Hosp Based RDF, RHC, Beneficiary Initiated Adj Claims |
| 71G | Clinic/Hosp Based RDF, RHC, CWF Initiated Adj Claim |
| 71H | Clinic/Hosp Based RDF, RHC, CMS Initiated Adj Claim |
| 71 I | Clinic/Hosp Based RDF, RHC, FI Adj Claim (other than PRO/Prov) |
| 71J | Clinic/Hosp Based RDF, RHC, Initiated Adj Claim-Other |
| 71K | Clinic/Hosp Based RDF, RHC, OIG Initiated Adj Claim |
| 71M | Clinic/Hosp Based RDF, RHC, MSP Initiated Adj Claim |
| 71P | Clinic/Hosp Based RDF, RHC, QIO Adj Claim |
| 72 | Hospital Based or Independent Renal Dialysis Facility - Clinic or Hospital Based Renal Dialysis Facility |
| 720 | Clinic/Hosp Based RDF, Hosp Based/IRDF, Nonpayment/zero claims |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|-------------|--|
| 721 | Clinic/Hosp Based RDF, Hosp Based/IRDF, Admit Through Discharge Claim |
| 722 | Clinic/Hosp Based RDF, Hosp Based/IRDF, Interim-First Claim |
| 723 | Clinic/Hosp Based RDF, Hosp Based/IRDF, Interim-Continuing Claims |
| 724 | Clinic/Hosp Based RDF, Hosp Based/IRDF, Interim-Last Claim |
| 725 | Clinic/Hosp Based RDF, Hosp Based/IRDF, Late Charge Only |
| 727 | Clinic/Hosp Based RDF, Hosp Based/IRDF, Replacement of Prior Claims |
| 728 | Clinic/Hosp Based RDF, Hosp Based/IRDF, Void/Cancel of a Prior Claim |
| 729 | Clinic/Hosp Based RDF, Hosp Based/IRDF, Final Clms for HH PPS Episode |
| 72A | Clinic/Hosp Based RDF, Hosp Based/IRDF, Hospice Admission Notice |
| 72B | Clinic/Hosp Based RDF, Hosp Based/IRDF, Hospice Term/Revocation Notice |
| 72C | Clinic/Hosp Based RDF, Hosp Based/IRDF, Hospice Change of Provider Notice |
| 72D | Clinic/Hosp Based RDF, Hosp Based/IRDF, Hospice Election Void/Cancel |
| 72E | Clinic/Hosp Based RDF, Hosp Based/IRDF, Hospice Change of Ownership |
| 72F | Clinic/Hosp Based RDF, Hosp Based/IRDF, Beneficiary Initiated Adj Claims |
| 72G | Clinic/Hosp Based RDF, Hosp Based/IRDF, CWF Initiated Adj Claim |
| 72H | Clinic/Hosp Based RDF, Hosp Based/IRDF, CMS Initiated Adj Claim |
| 72 I | Clinic/Hosp Based RDF, Hosp Based/IRDF, FI Adj Claim (other than PRO/Prov) |
| 72J | Clinic/Hosp Based RDF, Hosp Based/IRDF, Initiated Adj Claim-Other |
| 72K | Clinic/Hosp Based RDF, Hosp Based/IRDF, OIG Initiated Adj Claim |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|--|
| 72M | Clinic/Hosp Based RDF, Hosp Based/IRDF, MSP Initiated Adj Claim |
| 72P | Clinic/Hosp Based RDF, Hosp Based/IRDF, QIO Adj Claim |
| 73 | Free Standing Provider-Based Federally Qualified Health Center (FQHC) - Clinic or Hospital Based Renal Dialysis Facility |
| 730 | Clinic/Hosp Based RDF, FQHC, Nonpayment/zero claims |
| 731 | Clinic/Hosp Based RDF, FQHC, Admit Through Discharge Claim |
| 732 | Clinic/Hosp Based RDF, FQHC, Interim-First Claim |
| 733 | Clinic/Hosp Based RDF, FQHC, Interim-Continuing Claims |
| 734 | Clinic/Hosp Based RDF, FQHC, Interim-Last Claim |
| 735 | Clinic/Hosp Based RDF, FQHC, Late Charge Only |
| 737 | Clinic/Hosp Based RDF, FQHC, Replacement of Prior Claims |
| 738 | Clinic/Hosp Based RDF, FQHC, Void/Cancel of a Prior Claim |
| 739 | Clinic/Hosp Based RDF, FQHC, Final Clms for HH PPS Episode |
| 73A | Clinic/Hosp Based RDF, FQHC, Hospice Admission Notice |
| 73B | Clinic/Hosp Based RDF, FQHC, Hospice Term/Revocation Notice |
| 73C | Clinic/Hosp Based RDF, FQHC, Hospice Change of Provider Notice |
| 73D | Clinic/Hosp Based RDF, FQHC, Hospice Election Void/Cancel |
| 73E | Clinic/Hosp Based RDF, FQHC, Hospice Change of Ownership |
| 73F | Clinic/Hosp Based RDF, FQHC, Beneficiary Initiated Adj Claims |
| 73G | Clinic/Hosp Based RDF, FQHC, CWF Initiated Adj Claim |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|-------------|--|
| 73H | Clinic/Hosp Based RDF, FQHC, CMS Initiated Adj Claim |
| 73 I | Clinic/Hosp Based RDF, FQHC, FI Adj Claim (other than PRO/Prov) |
| 73J | Clinic/Hosp Based RDF, FQHC, Initiated Adj Claim-Other |
| 73K | Clinic/Hosp Based RDF, FQHC, OIG Initiated Adj Claim |
| 73M | Clinic/Hosp Based RDF, FQHC, MSP Initiated Adj Claim |
| 73P | Clinic/Hosp Based RDF, FQHC, QIO Adj Claim |
| 74 | Other Rehabilitation Facility (ORF) - Clinic or Hospital Based Renal Dialysis Facility |
| 740 | Clinic/Hosp Based RDF, ORF, Nonpayment/zero claims |
| 741 | Clinic/Hosp Based RDF, ORF, Admit Through Discharge Claim |
| 742 | Clinic/Hosp Based RDF, ORF, Interim-First Claim |
| 743 | Clinic/Hosp Based RDF, ORF, Interim-Continuing Claims |
| 744 | Clinic/Hosp Based RDF, ORF, Interim-Last Claim |
| 745 | Clinic/Hosp Based RDF, ORF, Late Charge Only |
| 747 | Clinic/Hosp Based RDF, ORF, Replacement of Prior Claims |
| 748 | Clinic/Hosp Based RDF, ORF, Void/Cancel of a Prior Claim |
| 749 | Clinic/Hosp Based RDF, ORF, Final Clms for HH PPS Episode |
| 74A | Clinic/Hosp Based RDF, ORF, Hospice Admission Notice |
| 74B | Clinic/Hosp Based RDF, ORF, Hospice Term/Revocation Notice |
| 74C | Clinic/Hosp Based RDF, ORF, Hospice Change of Provider Notice |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|--|
| 74D | Clinic/Hosp Based RDF, ORF, Hospice Election Void/Cancel |
| 74E | Clinic/Hosp Based RDF, ORF, Hospice Change of Ownership |
| 74F | Clinic/Hosp Based RDF, ORF, Beneficiary Initiated Adj Claims |
| 74G | Clinic/Hosp Based RDF, ORF, CWF Initiated Adj Claim |
| 74H | Clinic/Hosp Based RDF, ORF, CMS Initiated Adj Claim |
| 74I | Clinic/Hosp Based RDF, ORF, FI Adj Claim (other than PRO/Prov) |
| 74J | Clinic/Hosp Based RDF, ORF, Initiated Adj Claim-Other |
| 74K | Clinic/Hosp Based RDF, ORF, OIG Initiated Adj Claim |
| 74M | Clinic/Hosp Based RDF, ORF, MSP Initiated Adj Claim |
| 74P | Clinic/Hosp Based RDF, ORF, QIO Adj Claim |
| 75 | Comprehensive Outpatient Rehabilitation Facility (CORF) - Clinic or Hospital Based Renal Dialysis Facility |
| 750 | Clinic/Hosp Based RDF, CORF, Nonpayment/zero claims |
| 751 | Clinic/Hosp Based RDF, CORF, Admit Through Discharge Claim |
| 752 | Clinic/Hosp Based RDF, CORF, Interim-First Claim |
| 753 | Clinic/Hosp Based RDF, CORF, Interim-Continuing Claims |
| 754 | Clinic/Hosp Based RDF, CORF, Interim-Last Claim |
| 755 | Clinic/Hosp Based RDF, CORF, Late Charge Only |
| 757 | Clinic/Hosp Based RDF, CORF, Replacement of Prior Claims |
| 758 | Clinic/Hosp Based RDF, CORF, Void/Cancel of a Prior Claim |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|-------------|--|
| 759 | Clinic/Hosp Based RDF, CORF, Final Clms for HH PPS Episode |
| 75A | Clinic/Hosp Based RDF, CORF, Hospice Admission Notice |
| 75B | Clinic/Hosp Based RDF, CORF, Hospice Term/Revocation Notice |
| 75C | Clinic/Hosp Based RDF, CORF, Hospice Change of Provider Notice |
| 75D | Clinic/Hosp Based RDF, CORF, Hospice Election Void/Cancel |
| 75E | Clinic/Hosp Based RDF, CORF, Hospice Change of Ownership |
| 75F | Clinic/Hosp Based RDF, CORF, Beneficiary Initiated Adj Claims |
| 75G | Clinic/Hosp Based RDF, CORF, CWF Initiated Adj Claim |
| 75H | Clinic/Hosp Based RDF, CORF, CMS Initiated Adj Claim |
| 75 I | Clinic/Hosp Based RDF, CORF, FI Adj Claim (other than PRO/Prov) |
| 75J | Clinic/Hosp Based RDF, CORF, Initiated Adj Claim-Other |
| 75K | Clinic/Hosp Based RDF, CORF, OIG Initiated Adj Claim |
| 75M | Clinic/Hosp Based RDF, CORF, MSP Initiated Adj Claim |
| 75P | Clinic/Hosp Based RDF, CORF, QIO Adj Claim |
| 76 | Community Mental Health Center (CMHC) - Clinic or Hospital Based Renal Dialysis Facility |
| 760 | Clinic/Hosp Based RDF, CMHC, Nonpayment/zero claims |
| 761 | Clinic/Hosp Based RDF, CMHC, Admit Through Discharge Claim |
| 762 | Clinic/Hosp Based RDF, CMHC, Interim-First Claim |
| 763 | Clinic/Hosp Based RDF, CMHC, Interim-Continuing Claims |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|-------------|---|
| 764 | Clinic/Hosp Based RDF, CMHC, Interim-Last Claim |
| 765 | Clinic/Hosp Based RDF, CMHC, Late Charge Only |
| 767 | Clinic/Hosp Based RDF, CMHC, Replacement of Prior Claims |
| 768 | Clinic/Hosp Based RDF, CMHC, Void/Cancel of a Prior Claim |
| 769 | Clinic/Hosp Based RDF, CMHC, Final Clms for HH PPS Episode |
| 76A | Clinic/Hosp Based RDF, CMHC, Hospice Admission Notice |
| 76B | Clinic/Hosp Based RDF, CMHC, Hospice Term/Revocation Notice |
| 76C | Clinic/Hosp Based RDF, CMHC, Hospice Change of Provider Notice |
| 76D | Clinic/Hosp Based RDF, CMHC, Hospice Election Void/Cancel |
| 76E | Clinic/Hosp Based RDF, CMHC, Hospice Change of Ownership |
| 76F | Clinic/Hosp Based RDF, CMHC, Beneficiary Initiated Adj Claims |
| 76G | Clinic/Hosp Based RDF, CMHC, CWF Initiated Adj Claim |
| 76H | Clinic/Hosp Based RDF, CMHC, CMS Initiated Adj Claim |
| 76 I | Clinic/Hosp Based RDF, CMHC, FI Adj Claim (other than PRO/Prov) |
| 76J | Clinic/Hosp Based RDF, CMHC, Initiated Adj Claim-Other |
| 76K | Clinic/Hosp Based RDF, CMHC, OIG Initiated Adj Claim |
| 76M | Clinic/Hosp Based RDF, CMHC, MSP Initiated Adj Claim |
| 76P | Clinic/Hosp Based RDF, CMHC, QIO Adj Claim |
| 77 | Reserved - Clinic or Hospital Based Renal Dialysis Facility |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|-------------|---|
| 770 | Clinic/Hosp Based RDF, FQHC, Nonpayment/zero claims |
| 771 | Clinic/Hosp Based RDF, FQHC, Admit Through Discharge Claim |
| 772 | Clinic/Hosp Based RDF, FQHC, Interim-First Claim |
| 773 | Clinic/Hosp Based RDF, FQHC, Interim-Continuing Claims |
| 774 | Clinic/Hosp Based RDF, FQHC, Interim-Last Claim |
| 775 | Clinic/Hosp Based RDF, FQHC, Late Charge Only |
| 777 | Clinic/Hosp Based RDF, FQHC, Replacement of Prior Claims |
| 778 | Clinic/Hosp Based RDF, FQHC, Void/Cancel of a Prior Claim |
| 779 | Clinic/Hosp Based RDF, FQHC, Final Clms for HH PPS Episode |
| 77A | Clinic/Hosp Based RDF, FQHC, Hospice Admission Notice |
| 77B | Clinic/Hosp Based RDF, FQHC, Hospice Term/Revocation Notice |
| 77C | Clinic/Hosp Based RDF, FQHC, Hospice Change of Provider Notice |
| 77D | Clinic/Hosp Based RDF, FQHC, Hospice Election Void/Cancel |
| 77E | Clinic/Hosp Based RDF, FQHC, Hospice Change of Ownership |
| 77F | Clinic/Hosp Based RDF, FQHC, Beneficiary Initiated Adj Claims |
| 77G | Clinic/Hosp Based RDF, FQHC, CWF Initiated Adj Claim |
| 77H | Clinic/Hosp Based RDF, FQHC, CMS Initiated Adj Claim |
| 77 I | Clinic/Hosp Based RDF, FQHC, FI Adj Claim (other than PRO/Prov) |
| 77J | Clinic/Hosp Based RDF, FQHC, Initiated Adj Claim-Other |
| | |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|---|
| 77K | Clinic/Hosp Based RDF, FQHC, OIG Initiated Adj Claim |
| 77M | Clinic/Hosp Based RDF, FQHC, MSP Initiated Adj Claim |
| 77P | Clinic/Hosp Based RDF, FQHC, QIO Adj Claim |
| 78 | Reserved - Clinic or Hospital Based Renal Dialysis Facility |
| 780 | Spc Fac/Hosp, Emergency Facility, Nonpayment/zero claims |
| 781 | Spc Fac/Hosp, Emergency Facility, Admit Through Discharge Claim |
| 782 | Spc Fac/Hosp, Emergency Facility, Interim-First Claim |
| 783 | Spc Fac/Hosp, Emergency Facility, Interim-Continuing Claims |
| 784 | Spc Fac/Hosp, Emergency Facility, Interim-Last Claim |
| 785 | Spc Fac/Hosp, Emergency Facility, Late Charge Only |
| 787 | Spc Fac/Hosp, Emergency Facility, Replacement of Prior Claims |
| 788 | Spc Fac/Hosp, Emergency Facility, Void/Cancel of a Prior Claim |
| 789 | Spc Fac/Hosp, Emergency Facility, Final Clms for HH PPS Episode |
| 78A | Spc Fac/Hosp, Emergency Facility, Hospice Admission Notice |
| 78B | Spc Fac/Hosp, Emergency Facility, Hospice Term/Revocation Notice |
| 78C | Spc Fac/Hosp, Emergency Facility, Hospice Change of Provider Notice |
| 78D | Spc Fac/Hosp, Emergency Facility, Hospice Election Void/Cancel |
| 78E | Spc Fac/Hosp, Emergency Facility, Hospice Change of Ownership |
| 78F | Spc Fac/Hosp, Emergency Facility, Beneficiary Initiated Adj Claims |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|-------------|--|
| 78G | Spc Fac/Hosp, Emergency Facility, CWF Initiated Adj Claim |
| 78H | Spc Fac/Hosp, Emergency Facility, CMS Initiated Adj Claim |
| 78 I | Spc Fac/Hosp, Emergency Facility, FI Adj Claim (other than PRO/Prov) |
| 78J | Spc Fac/Hosp, Emergency Facility, Initiated Adj Claim-Other |
| 78K | Spc Fac/Hosp, Emergency Facility, OIG Initiated Adj Claim |
| 78M | Spc Fac/Hosp, Emergency Facility, MSP Initiated Adj Claim |
| 78P | Spc Fac/Hosp, Emergency Facility, QIO Adj Claim |
| 79 | Other - Clinic or Hospital Based Renal Dialysis Facility |
| 790 | Clinic/Hosp Based RDF, Other, Nonpayment/zero claims |
| 791 | Clinic/Hosp Based RDF, Other, Admit Through Discharge Claim |
| 792 | Clinic/Hosp Based RDF, Other, Interim-First Claim |
| 793 | Clinic/Hosp Based RDF, Other, Interim-Continuing Claims |
| 794 | Clinic/Hosp Based RDF, Other, Interim-Last Claim |
| 795 | Clinic/Hosp Based RDF, Other, Late Charge Only |
| 797 | Clinic/Hosp Based RDF, Other, Replacement of Prior Claims |
| 798 | Clinic/Hosp Based RDF, Other, Void/Cancel of a Prior Claim |
| 799 | Clinic/Hosp Based RDF, Other, Final Clms for HH PPS Episode |
| 79A | Clinic/Hosp Based RDF, Other, Hospice Admission Notice |
| 79B | Clinic/Hosp Based RDF, Other, Hospice Term/Revocation Notice |



| | TYPE OF BILL CODE DESCRIPTION |
|----------------|--|
| 79C Cli | linic/Hosp Based RDF, Other, Hospice Change of Provider Notice |
| 79D Cli | linic/Hosp Based RDF, Other, Hospice Election Void/Cancel |
| 79E Cli | linic/Hosp Based RDF, Other, Hospice Change of Ownership |
| 79F Cli | linic/Hosp Based RDF, Other, Beneficiary Initiated Adj Claims |
| 79G Cli | linic/Hosp Based RDF, Other, CWF Initiated Adj Claim |
| 79H Cli | linic/Hosp Based RDF, Other, CMS Initiated Adj Claim |
| 79I Cli | linic/Hosp Based RDF, Other, FI Adj Claim (other than PRO/Prov) |
| 79J Cli | linic/Hosp Based RDF, Other, Initiated Adj Claim-Other |
| 79K Cli | linic/Hosp Based RDF, Other, OIG Initiated Adj Claim |
| 79M Cli | linic/Hosp Based RDF, Other, MSP Initiated Adj Claim |
| 79P Cli | linic/Hosp Based RDF, Other, QIO Adj Claim |
| 81 Ho | ospice (Nonhospital Based) - Special Facility or Hospital ASC Surgery |
| 810 Sp | oc Fac/Hosp ASC Surg, Hospice (NonHosp Based), Nonpayment/zero claims |
| 811 Sp | oc Fac/Hosp ASC Surg, Hospice (NonHosp Based), Admit Through Discharge Claim |
| 812 Sp | oc Fac/Hosp ASC Surg, Hospice (NonHosp Based), Interim-First Claim |
| 813 Sp | oc Fac/Hosp ASC Surg, Hospice (NonHosp Based), Interim-Continuing Claims |
| 814 Sp | oc Fac/Hosp ASC Surg, Hospice (NonHosp Based), Interim-Last Claim |
| 815 Sp | oc Fac/Hosp ASC Surg, Hospice (NonHosp Based), Late Charge Only |
| 816 Sp | oc Fac/Hosp ASC Surg, NCQA Defined |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|---|
| 817 | Spc Fac/Hosp ASC Surg, Hospice (NonHosp Based), Replacement of Prior Claims |
| 818 | Spc Fac/Hosp ASC Surg, Hospice (NonHosp Based), Void/Cancel of a Prior Claim |
| 819 | Spc Fac/Hosp ASC Surg, Hospice (NonHosp Based), Final Clms for HH PPS Episode |
| 81A | Spc Fac/Hosp ASC Surg, Hospice (NonHosp Based), Hospice Admission Notice |
| 81B | Spc Fac/Hosp ASC Surg, Hospice (NonHosp Based), Hospice Term/Revocation Notice |
| 81C | Spc Fac/Hosp ASC Surg, Hospice (NonHosp Based), Hospice Change of Provider Notice |
| 81D | Spc Fac/Hosp ASC Surg, Hospice (NonHosp Based), Hospice Election Void/Cancel |
| 81E | Spc Fac/Hosp ASC Surg, Hospice (NonHosp Based), Hospice Change of Ownership |
| 81F | Spc Fac/Hosp ASC Surg, Hospice (NonHosp Based), Beneficiary Initiated Adj Claims |
| 81G | Spc Fac/Hosp ASC Surg, Hospice (NonHosp Based), CWF Initiated Adj Claim |
| 81H | Spc Fac/Hosp ASC Surg, Hospice (NonHosp Based), CMS Initiated Adj Claim |
| 81I | Spc Fac/Hosp ASC Surg, Hospice (NonHosp Based), FI Adj Claim (other than PRO/P |
| 81J | Spc Fac/Hosp ASC Surg, Hospice (NonHosp Based), Initiated Adj Claim-Other |
| 81K | Spc Fac/Hosp ASC Surg, Hospice (NonHosp Based), OIG Initiated Adj Claim |
| 81M | Spc Fac/Hosp ASC Surg, Hospice (NonHosp Based), MSP Initiated Adj Claim |
| 81P | Spc Fac/Hosp ASC Surg, Hospice (NonHosp Based), QIO Adj Claim |
| 82 | Hospice (Hospital Based) - Special Facility or Hospital ASC Surgery |
| 820 | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), Nonpayment/zero claims |
| 821 | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), Admit Through Discharge Claim |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|--|
| 822 | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), Interim-First Claim |
| 823 | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), Interim-Continuing Claims |
| 824 | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), Interim-Last Claim |
| 825 | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), Late Charge Only |
| 826 | Spc Fac/Hosp ASC Surg, NCQA Defined |
| 827 | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), Replacement of Prior Claims |
| 828 | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), Void/Cancel of a Prior Claim |
| 829 | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), Final Clms for HH PPS Episode |
| 82A | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), Hospice Admission Notice |
| 82B | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), Hospice Term/Revocation Notice |
| 82C | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), Hospice Change of Provider Notice |
| 82D | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), Hospice Election Void/Cancel |
| 82E | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), Hospice Change of Ownership |
| 82F | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), Beneficiary Initiated Adj Claims |
| 82G | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), CWF Initiated Adj Claim |
| 82H | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), CMS Initiated Adj Claim |
| 82I | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), FI Adj Claim (other than PRO/Prov |
| 82J | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), Initiated Adj Claim-Other |
| 82K | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), OIG Initiated Adj Claim |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|--|
| 82M | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), MSP Initiated Adj Claim |
| 82P | Spc Fac/Hosp ASC Surg, Hospice (Hosp Based), QIO Adj Claim |
| 83 | Ambulatory Surgical Center Services to Hospital Outpatients - Special Facility or Hospital ASC Surgery |
| 830 | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, Nonpayment/zero claims |
| 831 | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, Admit Through Discharge Claim |
| 832 | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, Interim-First Claim |
| 833 | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, Interim-Continuing Claims |
| 834 | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, Interim-Last Claim |
| 835 | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, Late Charge Only |
| 837 | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, Replacement of Prior Claims |
| 838 | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, Void/Cancel of a Prior Claim |
| 839 | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, Final Clms for HH PPS Episode |
| 83A | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, Hospice Admission Notice |
| 83B | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, Hospice Term/Revocation Notice |
| 83C | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, Hospice Change of Provider Notice |
| 83D | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, Hospice Election Void/Cancel |
| 83E | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, Hospice Change of Ownership |
| 83F | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, Beneficiary Initiated Adj Claims |
| 83G | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, CWF Initiated Adj Claim |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|--|
| 83H | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, CMS Initiated Adj Claim |
| 831 | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, FI Adj Claim (other than PRO/P |
| 83J | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, Initiated Adj Claim-Other |
| 83K | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, OIG Initiated Adj Claim |
| 83M | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, MSP Initiated Adj Claim |
| 83P | Spc Fac/Hosp ASC Surg, ASC Svcs to Hosp Outpat, QIO Adj Claim |
| 84 | Free Standing Birth Center - Special Facility or Hospital ASC Surgery |
| 840 | Spc Fac/Hosp ASC Surg, Birthing Center, Nonpayment/zero claims |
| 841 | Spc Fac/Hosp ASC Surg, Birthing Center, Admit Through Discharge Claim |
| 842 | Spc Fac/Hosp ASC Surg, Birthing Center, Interim-First Claim |
| 843 | Spc Fac/Hosp ASC Surg, Birthing Center, Interim-Continuing Claims |
| 844 | Spc Fac/Hosp ASC Surg, Birthing Center, Interim-Last Claim |
| 845 | Spc Fac/Hosp ASC Surg, Birthing Center, Late Charge Only |
| 847 | Spc Fac/Hosp ASC Surg, Birthing Center, Replacement of Prior Claims |
| 848 | Spc Fac/Hosp ASC Surg, Birthing Center, Void/Cancel of a Prior Claim |
| 849 | Spc Fac/Hosp ASC Surg, Birthing Center, Final Clms for HH PPS Episode |
| 84A | Spc Fac/Hosp ASC Surg, Birthing Center, Hospice Admission Notice |
| 84B | Spc Fac/Hosp ASC Surg, Birthing Center, Hospice Term/Revocation Notice |
| 84C | Spc Fac/Hosp ASC Surg, Birthing Center, Hospice Change of Provider Notice |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|--|
| 84D | Spc Fac/Hosp ASC Surg, Birthing Center, Hospice Election Void/Cancel |
| 84E | Spc Fac/Hosp ASC Surg, Birthing Center, Hospice Change of Ownership |
| 84F | Spc Fac/Hosp ASC Surg, Birthing Center, Beneficiary Initiated Adj Claims |
| 84G | Spc Fac/Hosp ASC Surg, Birthing Center, CWF Initiated Adj Claim |
| 84H | Spc Fac/Hosp ASC Surg, Birthing Center, CMS Initiated Adj Claim |
| 84I | Spc Fac/Hosp ASC Surg, Birthing Center, FI Adj Claim (other than PRO/Prov) |
| 84J | Spc Fac/Hosp ASC Surg, Birthing Center, Initiated Adj Claim-Other |
| 84K | Spc Fac/Hosp ASC Surg, Birthing Center, OIG Initiated Adj Claim |
| 84M | Spc Fac/Hosp ASC Surg, Birthing Center, MSP Initiated Adj Claim |
| 84P | Spc Fac/Hosp ASC Surg, Birthing Center, QIO Adj Claim |
| 85 | Critical Access Hospital - Special Facility or Hospital ASC Surgery |
| 850 | Spc Fac/Hosp ASC Surg, CA Hosp, Nonpayment/zero claims |
| 851 | Spc Fac/Hosp ASC Surg, CA Hosp, Admit Through Discharge Claim |
| 852 | Spc Fac/Hosp ASC Surg, CA Hosp, Interim-First Claim |
| 853 | Spc Fac/Hosp ASC Surg, CA Hosp, Interim-Continuing Claims |
| 854 | Spc Fac/Hosp ASC Surg, CA Hosp, Interim-Last Claim |
| 855 | Spc Fac/Hosp ASC Surg, CA Hosp, Late Charge Only |
| 857 | Spc Fac/Hosp ASC Surg, CA Hosp, Replacement of Prior Claims |
| 858 | Spc Fac/Hosp ASC Surg, CA Hosp, Void/Cancel of a Prior Claim |



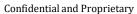
| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|--|
| 859 | Spc Fac/Hosp ASC Surg, CA Hosp, Final Clms for HH PPS Episode |
| 85A | Spc Fac/Hosp ASC Surg, CA Hosp, Hospice Admission Notice |
| 85B | Spc Fac/Hosp ASC Surg, CA Hosp, Hospice Term/Revocation Notice |
| 85C | Spc Fac/Hosp ASC Surg, CA Hosp, Hospice Change of Provider Notice |
| 85D | Spc Fac/Hosp ASC Surg, CA Hosp, Hospice Election Void/Cancel |
| 85E | Spc Fac/Hosp ASC Surg, CA Hosp, Hospice Change of Ownership |
| 85F | Spc Fac/Hosp ASC Surg, CA Hosp, Beneficiary Initiated Adj Claims |
| 85G | Spc Fac/Hosp ASC Surg, CA Hosp, CWF Initiated Adj Claim |
| 85H | Spc Fac/Hosp ASC Surg, CA Hosp, CMS Initiated Adj Claim |
| 85I | Spc Fac/Hosp ASC Surg, CA Hosp, FI Adj Claim (other than PRO/Prov) |
| 85J | Spc Fac/Hosp ASC Surg, CA Hosp, Initiated Adj Claim-Other |
| 85K | Spc Fac/Hosp ASC Surg, CA Hosp, OIG Initiated Adj Claim |
| 85M | Spc Fac/Hosp ASC Surg, CA Hosp, MSP Initiated Adj Claim |
| 85P | Spc Fac/Hosp ASC Surg, CA Hosp, QIO Adj Claim |
| 86 | Reserved - Special Facility or Hospital ASC Surgery |
| 860 | Res Fac/Hosp, Other, Nonpayment/zero claims |
| 861 | Res Fac/Hosp, Other, Other, Admit Through Discharge Claim |
| 862 | Res Fac/Hosp, Other, Other, Interim-First Claim |
| 863 | Res Fac/Hosp, Other, Other, Interim-Continuing Claims |
| | |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|--|
| 864 | Res Fac/Hosp, Other, Other, Interim-Last Claim |
| 865 | Res Fac/Hosp, Other, Other, Late Charge Only |
| 867 | Res Fac/Hosp, Other, Other, Replacement of Prior Claims |
| 868 | Res Fac/Hosp, Other, Other, Void/Cancel of a Prior Claim |
| 869 | Res Fac/Hosp, Other, Other, Final Clms for HH PPS Episode |
| 86A | Res Fac/Hosp, Other, Other, Hospice Admission Notice |
| 86B | Res Fac/Hosp, Other, Other, Hospice Term/Revocation Notice |
| 86C | Res Fac/Hosp, Other, Other, Hospice Change of Provider Notice |
| 86D | Res Fac/Hosp, Other, Other, Hospice Election Void/Cancel |
| 86E | Res Fac/Hosp, Other, Other, Hospice Change of Ownership |
| 86F | Res Fac/Hosp, Other, Other, Beneficiary Initiated Adj Claims |
| 86G | Res Fac/Hosp, Other, Other, CWF Initiated Adj Claim |
| 86H | Res Fac/Hosp, Other, Other, CMS Initiated Adj Claim |
| 86I | Res Fac/Hosp, Other, Other, FI Adj Claim (other than PRO/Prov) |
| 86J | Res Fac/Hosp, Other, Other, Initiated Adj Claim-Other |
| 86K | Res Fac/Hosp, Other, Other, OIG Initiated Adj Claim |
| 86M | Res Fac/Hosp, Other, Other, MSP Initiated Adj Claim |
| 86P | Res Fac/Hosp, Other, Other, QIO Adj Claim |
| 87 | Reserved - Special Facility or Hospital ASC Surgery |
| | |



| CODE | TYPE OF BILL CODE DESCRIPTION |
|------|---|
| 88 | Reserved - Special Facility or Hospital ASC Surgery |
| 89 | Reserved - Special Facility or Hospital ASC Surgery |
| 890 | Spc Fac/Hosp ASC Surg, Other, Nonpayment/zero claims |
| 891 | Spc Fac/Hosp ASC Surg, Other, Admit Through Discharge Claim |
| 892 | Spc Fac/Hosp ASC Surg, Other, Interim-First Claim |
| 893 | Spc Fac/Hosp ASC Surg, Other, Interim-Continuing Claims |
| 894 | Spc Fac/Hosp ASC Surg, Other, Interim-Last Claim |
| 895 | Spc Fac/Hosp ASC Surg, Other, Late Charge Only |
| 897 | Spc Fac/Hosp ASC Surg, Other, Replacement of Prior Claims |
| 898 | Spc Fac/Hosp ASC Surg, Other, Void/Cancel of a Prior Claim |
| 899 | Spc Fac/Hosp ASC Surg, Other, Final Clms for HH PPS Episode |
| 89A | Spc Fac/Hosp ASC Surg, Other, Hospice Admission Notice |
| 89B | Spc Fac/Hosp ASC Surg, Other, Hospice Term/Revocation Notice |
| 89C | Spc Fac/Hosp ASC Surg, Other, Hospice Change of Provider Notice |
| 89D | Spc Fac/Hosp ASC Surg, Other, Hospice Election Void/Cancel |
| 89E | Spc Fac/Hosp ASC Surg, Other, Hospice Change of Ownership |
| 89F | Spc Fac/Hosp ASC Surg, Other, Beneficiary Initiated Adj Claims |
| 89G | Spc Fac/Hosp ASC Surg, Other, CWF Initiated Adj Claim |
| 89H | Spc Fac/Hosp ASC Surg, Other, CMS Initiated Adj Claim |
| | |





TYPE OF BILL CODE DESCRIPTION 89I Spc Fac/Hosp ASC Surg, Other, FI Adj Claim (other than PRO/Prov) 89J Spc Fac/Hosp ASC Surg, Other, Initiated Adj Claim-Other 89K Spc Fac/Hosp ASC Surg, Other, OIG Initiated Adj Claim 89M Spc Fac/Hosp ASC Surg, Other, MSP Initiated Adj Claim 89P Spc Fac/Hosp ASC Surg, Other, QIO Adj Claim



APPENDIX F - SERVICE TYPE VALUES

The following table describes the service type values.

| VALUE | DESCRIPTION |
|-------|--|
| IP | Inpatient prospective payment system (including SNF) |
| OP | Outpatient PPS |
| РН | Physician home health |
| PA | Physician Anesthesia |
| PO | Physician Other |
| IRF | Inpatient Rehab Facility |
| IPF | Inpatient psychiatric facility |
| НН | Home Health |
| LTCH | Long-Term Care Hospital |



APPENDIX G – MEDICARE FEE SCHEDULE VALUES

Medicare fee schedule values for enahanced pricer.

| VALUE | DESCRIPTION |
|--------|--|
| AMB | Ambulance |
| ANES | Anesthesia |
| APC | Ambulatory Payment Classification (part of OPPS) |
| ASC | Ambulatory Surgical Center |
| ASP | Average Sales Price (drugs) |
| BUNDL | Bundled service |
| САН | Critical Access Hospital |
| DIAL | Dialysis |
| DME | Durable Medical Equipment |
| DMESAC | Durable Medical Equipment - Splits and Casts |
| EXCLD | Excluded from repricing |
| EXTEND | Extended fee schedule |
| НН | Home Health Prospective Payment System |
| IPF | Inpatient Psychiatric Facilities Prospective Payment System |
| IPPS | Inpatient Prospective Payment System |
| IRF | Inpatient Rehabilitation Facilities Prospective Payment System |
| LAB | Clinical Laboratory |
| LTCH | Long-term Care Hospitals Prospective Payment System |
| OP | Outpatient Prospective Payment System |
| PEN | Parenteral and Enteral Nutrition |
| RBRVS | Resource Based Relative Value Sale (part of the Medicare Physician Fee Schedule) |
| SNFPPS | Skilled Nursing Facility |