**Metathesaurus Representation (VSAB = HCPCS2010, HCDT2007-2008D, HCPT2010, MTHHH2010)**

**General:**

VSAB: HCPT2010, HCDT2007-2008D, HCPT2010, MTHHH2010

Overview:

Changes: No changes have been made to the format of original data files.

Original Files: The Metathesaurus uses a fixed-length field file submitted by the Centers for Medicare & Medicaid Services (CMS). The file used for 2010 is: HCPC2010\_CONTR.txt.

Not included:

Field 2 (sequence number; character positions 6-10) is excluded from Metathesaurus processing.

**Identifiers:**

CODE: For HCPCS, HCPT, HCDT atoms: Field 1 (HCPCS Procedure or Modifier Code; Character positions 1-5)

For MTHHH atoms: An MTHU# is generated during Metathesaurus source processing

SAUI: Not Applicable

SCUI: Same as “CODE”

SDUI: Not Applicable

**Atoms:**

SAB assignment:

Atoms created from the HCPCS data file are assigned to an SAB based on their code:

MTHHH: All hierarchical terms

HCPT: 2 or 5-digit numeric code or 4 digits followed by T or F

HCDT: "D" followed by 4 digits: HCDT

HCPCS: All other codes from the HCPCS data file

|  |  |
| --- | --- |
| TTY | ORIGIN |
| AB | CODE=procedure/modifier code (character positions 1-5)  STR=Short Description SCUI=procedure/modifier code (character positions 1-5)  TTY=AB is assigned to atoms with a Record id code of "3" and no "Termination Date"  SUPPRESS=Y |
| AM | CODE=procedure/modifier code (character positions 1-5)  STR=Short Description SCUI=procedure/modifier code (character positions 1-5)  TTY=AM is assigned to atoms with a Record id code of "7" and no "Termination Date"  SUPPRESS=Y |
| HT | CODE = MTHU#, assigned during Metathesaurus source processing  STR = value of Metathesaurus Hierarchical Term  SCUI = MTHU#, assigned during Metathesaurus source processing  Note: The standard HCPCS data files do not include a hierarchy. The National Library of Medicine uses the printed book and other resources to generate a hierarchy during Metathesaurus source processing. This hierarchy has not been reviewed by CMS. |
| MP | CODE=procedure/modifier code (character positions 4-5)  STR=Long Description; SCUI=procedure/modifier code (character positions 1-5). TTY=MP is assigned to atoms with a Record id code of "7" and no "Termination Date." |
| MTH\_AB | CODE=procedure/modifier code (character positions 1-5)  STR=Short Description SCUI=procedure/modifier code (character positions 1-5)  TTY=AB is assigned to atoms with a Record id code of "3" and no "Termination Date"  SUPPRESS=Y  This data is added during Metathesaurus source processing. |
| MTH\_PT | CODE=procedure/modifier code (character positions 1-5)  STR=Plain text version of Long Description SCUI=procedure/modifier code (character positions 1-5).  TTY=PT is assigned to atoms with a Record id code of "3" and no "Termination Date."  This data is added during Metathesaurus source processing. |
| OA | CODE=procedure/modifier code (character positions 1-5)  STR=Short Description SCUI=procedure/modifier code (character positions 1-5)  TTY=OA is assigned to atoms with a Record id code of "3" and a non-blank "Termination Date."  SUPPRESS=O |
| OAM | CODE=procedure/modifier code (character positions 4-5)  STR=Short Description  SCUI=procedure/modifier code (character positions 1-5).  TTY=OAM is assigned to atoms with a Record id code of "7" and a non-blank "Termination Date."  SUPPRESS=O |
| OM | CODE=procedure/modifier code (character positions 4-5)  STR=Long Description; SCUI=procedure/modifier code (character positions 1-5).  TTY=OM is assigned to atoms with a Record id code of "7" and a non-blank "Termination Date."  SUPPRESS=O |
| OP | CODE=procedure/modifier code (character positions 1-5)  STR=Long Description  SCUI=procedure/modifier code (character positions 1-5)  TTY=OP is assigned to atoms with a Record id code of "3" and a non-blank "Termination Date."  SUPPRESS=O |
| PT | CODE=procedure/modifier code (character positions 1-5)  STR=Long Description  SCUI=procedure/modifier code (character positions 1-5)  TTY=PT is assigned to atoms with a Record id code of "3" and no "Termination Date." |

**Attributes:**

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| --- | --- |
| ATN | ORIGIN |
| CPF | HCPCS Long Description (character positions 12-91). For modifiers, the STR is truncated at the ":", and the entire Long Description is represented with ATN=CPF. |
| HAC | HCPCS Action Code (charcter position 293). Expanded values for each Action Code are included in the ATV, e.g. "N=No maintenance for this code" |
| HAD | HCPCS Action Effective Date (character positions 277-284) |
| HAQ | HCPCS Anesthesia Base Unit Quantity (character positions 266-268) |
| HBT | HCPCS Berenson-Eggers Type Of Service Code (character positions 257-259) |
| HCC | HCPCS Coverage Code (character position 230) |
| HCD | HCPCS Code Added Date (character positions 269-276) |
| HIR | HCPCS Coverage Issues Manual Reference Section Number (character posistions 129-134) |
| HLC | HCPCS Lab Certification Code (character positions 181-183) |
| HMP | HCPCS Multiple Pricing Indicator Code (character position 128) |
| HMR | HCPCS Medicare Carriers Manual Reference Section Number (character positions 147-154) |
| HPD | HCPCS ASC Payment Group Effective Date (character positions 233-240) |
| HPG | HCPCS ASC Payment Group Code (character positions 231-232) |
| HPI | HCPCS Pricing Indicator Code (character positions 120-121) |
| HPN | HCPCS Processing Note Number (character positions 253-256) |
| HSN | HCPCS Statute Number (character positions 171-180) |
| HTD | HCPCS Termination Date (character positions 285-292) |
| HTS | HCPCS Type Of Service Code (character position 261) |
| HXR | HCPCS Cross Reference Code (character positions 205-209) |

**Definitions**:

No definitions are included with the standard format HCPCS release.

**Relationships:**

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| REL | RELA  inverse\_RELA | ORIGIN |
| CHD  PAR  SIB |  | Hierarchy created by the NLM during Metathesaurus source processing. This hierarchy has not been reviewed by CMS, and is attributed to SAB=MTHHH |
| RQ | mapped\_from  mapped\_to | HCPCS Cross Reference Code (character positions 205-209). A small number of cross references are provided to invalid codes or ranges of codes. These are not made into relationships, however the data is included in the HXR attribute. |
| SY | expanded\_form\_of  has\_expanded\_form | Connect a PT with its AB |
| SY | mth\_plain\_text\_form\_of  mth\_has\_plain\_text\_form | Connects original HCPCS atoms containing non-ascii characters with their plain text form.  This data is added during Metathesaurus source processing. |

**Source Representation (VSAB: HCPCS2010, HCDT2007-2008D, HCPT2010, MTHHH2010)**

I.  Notes:

Four SABs are assigned to HCPCS data, based on the code value.

Level I codes are copyrighted by the American Medical Association (AMA) and are assigned RSAB = CPT.

Level II codes includedata copyrighted by the American Dental Association’s Current Dental Terminology (CDT). 5-character alpha-numeric codes beginning with the letter “D,” and are assigned RSAB = HCDT. All other Level II codes are assigned RSAB = “HCPCS.”

The standard HCPCS data files do not include a hierarchy. The NLM uses the printed book and other resources to generate a hierarchy during Metathesaurus source processing. This hierarchy has not been reviewed by CMS and is attributed to SAB = MTHHH.

HCPCS includes many attributes. When possible, NLM source processing has attempted to include an expanded value in the ATV field of MRSAT to enable the data to be self-documenting. The expanded values have been extracted from 2010\_contr\_recordlayout.doc and proc\_notes10.txt as appropriate. For example, for the HCPCS Multiple Pricing Indicator Code is assigned an ATN of “HMP” in MRSAT.RRF. A value that appears as “A” in the data file is given an expanded ATV of “A=Not applicable as HCPCS priced under one methodology” in MRSAT.RRF.

1. Summary of changes in this version:

No changes have been made to the original data file format in HCPCS2010 and associated sources.

The VSAB of HCDT has been changed from HCDT2007-2008C to HCDT2007-2008D: There are no updates to atoms since the previous release, however there are some changes in attributes which necessitate this update.

1. Summary of source-provided files:

The complete HCPCS Contractor distribution includes the following:

|  |  |
| --- | --- |
| Documentation and reference | |
| 2010\_Transaction\_All.txt | A series of reports containing information on the types of transactions (updates and changes) which were made to the HCPCS database for 2010. This file is not processed directly. |
| 2010\_contr\_recordlayout.doc | Documentation for the contractor record layout, including field names, lengths, beginning and ending character positions, and detailed descriptions of the values. |
| HCPC2010\_PRINT.txt | Printable version of HCPCS codes, including Administrative Instructions. |
| proc\_notes10.txt | Explanations of values for HCPCS Processing Notes |

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| Data File | |
| HCPC2010\_CONTR.txt | Fixed-length field data file, including Level I and Level II codes and all associated data |

1. Details on format of input files and representation of source data. Consult the HCPCS documentation for additional details.

**file: HCPC2010\_CONTR.txt**

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| --- | --- | --- | --- | --- | --- | --- |
| # | Field | Length | Begin | End | Description | Representation |
| 1 | Code | 5 | 1 | 5 | HCPCS Level I or Level II Code; for modifiers, characters 1-3 are filler | MRCONSO.CODE, MRCONSO.SCUI |
| 2 | Sequence Number | 5 | 6 | 10 | Sequence number by 100s. Used to group procedure or modifier codes together | Not represented in the Metathesaurus |
| 3 | Record Identification Code | 1 | 11 | 11 | Code to identify record type | Used to determine TTY: 3 = Modifier (TTY =MP, AM, OM, OAM); 7 = procedure record (TTY = PT, AB, OP, OA, MTH\_PT, MTH\_AB) |
| 4 | Long Description | 80 | 12 | 91 | Contains all text of procedure or modifier long description | MRCONSO.STR, TTY = PT, OP, OM or OP depending on values of the "Record Identification Code" and the "Termination Date." The MP atom is generally created by extracting the text before the first ":". Material appearing after the first ":" is included in MRSAT.ATN=CPF. |
| 5 | Short Description | 28 | 92 | 119 | Short descriptive text of procedure or modifier code. | MRCONSO.STR; TTY = AM, OAM, AB, or OA depending on values of the "Record Identification Code" and the "Termination Date." |
| 6 | Pricing Indicator | 2 | 120 | 121 | Code used to identify the appropriate methodology for developing unique pricing amounts under part B. A procedure may have multiple pricing codes. | MRSAT.ATN = HPI (value expanded per documentation). |
| 7 | Multiple Pricing Code | 1 | 128 | 128 | Code used to identify instances where a procedure could be priced under multiple methodologies. | MRSAT.ATN = HMP (value expanded per documentation). |
| 8 | Coverage Issues Manual Reference Section Number | 6 | 129 | 134 | Number identifying the reference section of the coverage issues manual. A procedure may have multiple references. | MRSAT.ATN = HIR |
| 9 | Medicare Carriers Manual Reference Section Number | 8 | 147 | 154 | Number identifying a section of the Medicare carriers manual. A procedure may have multiple references. | MRSAT.ATN = HMR |
| 10 | Statute Number | 10 | 171 | 180 | Number identifying statute reference for coverage or non-coverage of procedure or service. | MRSAT.ATN = HSN. |
| 11 | Lab Certification Code | 3 | 181 | 183 | Code used to classify laboratory procedures according to the specialty certification categories listed by CMS. Any generally certifiable laboratory (e.g., 100) may perform any of the tests in its subgroups (e.g., 110, 120, etc.) A procedure may have multiple certification codes. | MRSAT.ATN=HLC |
| 12 | Cross Reference Code | 5 | 205 | 209 | Explicit reference cross-walking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes). | MRSAT.ATN = HXR; when codes are valid, cross-references are also represented in MRREL, with REL = RQ and RELA = mapped\_to/mapped\_from. |
| 13 | Coverage Code | 1 | 230 | 230 | Code denoting Medicare coverage status. | MRSAT.ATN = HCC |
| 14 | ASC Payment Group Code | 2 | 231 | 232 | A value of "YY" indicates that this procedure is approved to be performed in an ambulatory surgical center. | MRSAT.ATN=HPG |
| 15 | ASC Payment Group Date | 8 | 233 | 240 | Date the procedure is assigned to the ASC payment group. | MRSAT.ATN = HPD |
| 16 | MOG Payment Group Code | 3 | 241 | 243 | Medicare outpatient groups (MOG) payment group code. | Not applicable (in the current HCPCS version, this field is always empty.) |
| 17 | MOG Payment Policy | 1 | 244 | 244 | Indicator identifying whether a HCPCS code is subject to payment of an ASC facility fee, to a separate fee under another provision of Medicare, or to no fee at all. | Not applicable (in the current HCPCS version, this field is always empty.) |
| 18 | MOG Effective Date | 8 | 245 | 252 | The date the procedure is assigned to the Medicare outpatient group (MOG) payment group. | Not applicable (in the current HCPCS version, this field is always empty.) |
| 19 | Processing Note Number | 4 | 253 | 256 | Number identifying the processing note contained in Appendix A of the HCPCS manual. | MRSAT.ATN=HPN (value expanded per documentation). |
| 20 | Berenson-Eggers Type of Service Code | 3 | 257 | 259 | The BETOS for the procedure code based on generally agreed-upon clinically meaningful groupings of procedures and services (values expanded per documentation). | MRSAT.ATN=HBT |
| 21 | filler | 1 | 260 | 260 | Not applicable | Not applicable |
| 22 | Type of Service Code | 1 | 261 | 261 | The carrier-assigned CMS type of service which describes the particular kind(s) of service represented by the procedure code . A procedure may have multiple type of service codes. | MRSAT.ATN = HTS |
| 23 | Anesthesia Base Unit Quality | 3 | 266 | 268 | Represents the level of intensity for anesthesia procedure services that reflects all activities except time. These activities include usual pre-operative and post-operative visits, the administration of fluids and/or blood incident to anesthesia care, and monitoring procedures. | MRSAT.ATN=HAQ |
| 24 | Code Added Date | 8 | 269 | 276 | Year the code was added to HCPCS. | MRSAT.ATN=HCD |
| 25 | Action Effective Date | 8 | 277 | 284 | Effective date of action to a procedure or modifier code. | MRSAT.ATN = HAD |
| 26 | Termination Date | 8 | 285 | 292 | Last date for which a procedure or modifier code may be used by Medicare providers. | MRSAT.ATN = HTD; a non-blank termination date is also used to assign obsolete term types (TTY = OP, OA, OM, OAM). |
| 27 | Action Code | 1 | 293 | 293 | A code denoting the change made to a procedure or modifier code within the HCPCS system (value expanded per documentation). | MRSAT.ATN=HAC |
| 28 | filler | 27 | 294 | 320 | Not applicable | Not applicable |