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# 2008 MARKETSCAN<sup>®</sup> DATABASE DICTIONARY COMMERCIAL CLAIMS AND ENCOUNTERS MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

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## Format of Data Dictionary

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

### **Name**

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

### **LongName**

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

### **Description**

A definition of the data in the variable.

### **Valid Contents**

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

### **Notes**

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

### **Tables**

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

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

### **Supplementary Table**

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

Name	Long Name	Data Type	Tables	Name	Long Name	Data Type	Tables	Name	Long Name	Data Type	Tables
<b>Time Variables</b>				<b>Time Variables (cont.)</b>				<b>Geographic Variables</b>			
ADMDATE	Date of Admission	DT	I,S	MEMDAY11	Member Days Month 11	N	A	EGEoloc	Geographic Location Employee	C	I,F,S,O,D,P,A,T
DAYS	Length of Stay	N	I	MEMDAY12	Member Days Month 12	N	A	EMPCTY	County Employee	N	I,F,S,O,D,A,T
DISDATE	Date of Discharge	DT	I,S	PDDATE	Date Claim Paid	DT	F,S,O,D	EMPZIP	Zipcode Employee 3 Digit	N	I,F,S,O,D,A,T
DTEND	Date Enrollment End	DT	T	POPCODE	Quarter	DT	P	HOSPCTY	County Hospital	N	I,S
DTSTART	Date Enrollment Start	DT	T	SVCDATE	Date Service Incurred	DT	F,S,O,D	HOSPZIP	Zipcode Hospital 3 Digit	N	I,S
ENRIND1	Enrollment Indicator Month 1	N	A	TSVCDAT	Date Service Ending	DT	F,S,O	MSA	Metropolitan Statistical Area	N	I,F,S,O,D,P,A,T
ENRIND2	Enrollment Indicator Month 2	N	A	YEAR	Date Year Incurred	N	I,F,S,O,D,P,A	PHRMCTY	County Provider	N	D
ENRIND3	Enrollment Indicator Month 3	N	A	<b>Patient Variables</b>				PHRMZIP	Zipcode Provider 3 Digit	N	D
ENRIND4	Enrollment Indicator Month 4	N	A	EIDFLAG	Enrollee ID Derivation Flag	C	I,F,S,O,D	PROVCTY	County Provider	N	F,S,O
ENRIND5	Enrollment Indicator Month 5	N	A	EMPREL	Relation to Employee	C	I,F,S,O,D,P,A,T	PROVZIP	Zipcode Provider 3 Digit	N	F,S,O
ENRIND6	Enrollment Indicator Month 6	N	A	ENRFLAG	Enrollment Flag	C	I,F,S,O,D,P	REGION	Region	C	I,F,S,O,D,P,A
ENRIND7	Enrollment Indicator Month 7	N	A	ENROLID	Enrollee ID	N	I,F,S,O,D,A,T	STATE	State Hospital	N	I
ENRIND8	Enrollment Indicator Month 8	N	A	HLTHPLAN	Health_Plan_Indicator	C	I,F,S,O,D,P,A,T	<b>Drug Variables</b>			
ENRIND9	Enrollment Indicator Month 9	N	A	MHSACOVG	Coverage_Indicator_MHSA	N	I,F,S,O,D,P,A,T	DAWIND	Dispense as Written Indicator	C	D
ENRIND10	Enrollment Indicator Month 10	N	A	PATID	Patient ID	N	I,F,S,O,D	DAYSUPP	Days Supply	N	D
ENRIND11	Enrollment Indicator Month 11	N	A	PATFLAG	Patient Indistinct Flag	C	I,F,S,O,D	DEACLAS	DEA Classification	C	D
ENRIND12	Enrollment Indicator Month 12	N	A	<b>Provider Variables</b>				GENERID	Generic Product ID	N	D
ENRMON	Enrollment Months	N	A	NTWKPROV	Network Provider Indicator	C	F,S,O,D	GENIND	Generic Indicator	C	D
MEMDAYS	Member Days	N	A,T	PHYFLAG	Physician Specialty Coding Flag	C	I,F,S,O,D,P,A,T	MAINTIN	Maintenance Indicator	C	D
MEMDAY1	Member Days Month 1	N	A	PHYSID	Physician ID	N	I	METQTY	Metric Quantity	N	D
MEMDAY2	Member Days Month 2	N	A	PROVID	Provider ID	N	F,S,O	NDCNUM	National Drug Code	C	D
MEMDAY3	Member Days Month 3	N	A	STDPLAC	Place of Service	N	F,S,O	PHARMID	Pharmacy ID	N	D
MEMDAY4	Member Days Month 4	N	A	STDPROV	Provider Type	N	F,S,O	REFILL	Refill Number	N	D
MEMDAY5	Member Days Month 5	N	A	STD SVC	Service Type	N	S,O	RXMNR	Rx Mail Retail	N	D
MEMDAY6	Member Days Month 6	N	A	SVCSCAT	Service Sub-Category Code	C	S,O	THERCLS	Therapeutic Class	N	D
MEMDAY7	Member Days Month 7	N	A	UNIHO SP	Hospital ID MDST	N	I,F,S	THERGRP	Therapeutic Group	C	D
MEMDAY8	Member Days Month 8	N	A								
MEMDAY9	Member Days Month 9	N	A								
MEMDAY10	Member Days Month 10	N	A								



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

Name	Long Name	Data Type	Tables	Name	Long Name	Data Type	Tables	Name	Long Name	Data Type	Tables
Clinical Variables				Clinical Variables (cont.)				Demographic Variables (cont.)			
ADMTYP	Admission Type	C	I,S	PROC11	Procedure 11	C	I	PLNKEY3	Benefit Plan Link Month 3	N	A
BILLTYP	Facility Bill Type Code	C	F	PROC12	Procedure 12	C	I	PLNKEY4	Benefit Plan Link Month 4	N	A
DRG	Diagnosis Related Group	N	I,S	PROC13	Procedure 13	C	I	PLNKEY5	Benefit Plan Link Month 5	N	A
DSTATUS	Discharge Status	C	I,S	PROC14	Procedure 14	C	I	PLNKEY6	Benefit Plan Link Month 6	N	A
DX1	Diagnosis 1	C	I,F,S,O	PROC15	Procedure 15	C	I	PLNKEY7	Benefit Plan Link Month 7	N	A
DX2	Diagnosis 2	C	I,F,S,O	PROCGRP	Procedure Group	N	O	PLNKEY8	Benefit Plan Link Month 8	N	A
DX3	Diagnosis 3	C	I,F	PROCMOD	Procedure Code Modifier	C	S,O	PLNKEY9	Benefit Plan Link Month 9	N	A
DX4	Diagnosis 4	C	I,F	PROCTYP	Procedure Code Type	C	S,O	PLNKEY10	Benefit Plan Link Month 10	N	A
DX5	Diagnosis 5	C	I,F	REVCODE	Revenue Code	C	S,O	PLNKEY11	Benefit Plan Link Month 11	N	A
DX6	Diagnosis 6	C	I,F	Demographic Variables				PLNKEY12	Benefit Plan Link Month 12	N	A
DX7	Diagnosis 7	C	I,F	AGE	Age of Patient	N	I,F,S,O,D,A,T	PLANTYP	Plan Indicator	N	I,F,S,O,D,P,T
DX8	Diagnosis 8	C	I,F	AGEGRP	Age Group	C	I,F,S,O,D,P,A,T	PLNTYP1	Plan Indicator Month 1	N	A
DX9	Diagnosis 9	C	I,F	DATATYP	Data Type	N	I,F,S,O,D,P,T	PLNTYP2	Plan Indicator Month 2	N	A
DX10	Diagnosis 10	C	I	DATTYP1	Data Type Month 1	N	A	PLNTYP3	Plan Indicator Month 3	N	A
DX11	Diagnosis 11	C	I	DATTYP2	Data Type Month 2	N	A	PLNTYP4	Plan Indicator Month 4	N	A
DX12	Diagnosis 12	C	I	DATTYP3	Data Type Month 3	N	A	PLNTYP5	Plan Indicator Month 5	N	A
DX13	Diagnosis 13	C	I	DATTYP4	Data Type Month 4	N	A	PLNTYP6	Plan Indicator Month 6	N	A
DX14	Diagnosis 14	C	I	DATTYP5	Data Type Month 5	N	A	PLNTYP7	Plan Indicator Month 7	N	A
DX15	Diagnosis 15	C	I	DATTYP6	Data Type Month 6	N	A	PLNTYP8	Plan Indicator Month 8	N	A
MDC	Major Diagnostic Category	C	I,F,S,O	DATTYP7	Data Type Month 7	N	A	PLNTYP9	Plan Indicator Month 9	N	A
PDX	Diagnosis Principal	C	I,S	DATTYP8	Data Type Month 8	N	A	PLNTYP10	Plan Indicator Month 10	N	A
PPROC	Procedure Principal	C	I,S	DATTYP9	Data Type Month 9	N	A	PLNTYP11	Plan Indicator Month 11	N	A
PROC1	Procedure 1	C	I,F,S,O	DATTYP10	Data Type Month 10	N	A	PLNTYP12	Plan Indicator Month 12	N	A
PROC2	Procedure 2	C	I,F	DATTYP11	Data Type Month 11	N	A	POPCNT	Population Count	N	P
PROC3	Procedure 3	C	I,F	DATTYP12	Data Type Month 12	N	A	SEX	Gender of Patient	C	I,F,S,O,D,P,A,T
PROC4	Procedure 4	C	I,F	DOBYR	Patient Birth Year	N	I,F,S,O,D,A,T	WGKEY	MarketScan National Weight Link	N	I,F,S,O,D,P,A,T
PROC5	Procedure 5	C	I,F	EECLASS	Employee Classification	C	I,F,S,O,D,P,A,T				
PROC6	Procedure 6	C	I,F	EESTATU	Employment Status	C	I,F,S,O,D,P,A,T				
PROC7	Procedure 7	C	I	INDSTRY	Industry	C	I,F,S,O,D,P,A,T				
PROC8	Procedure 8	C	I	PLANKEY	Benefit Plan Link	N	I,F,S,O,D,P,T				
PROC9	Procedure 9	C	I	PLNKEY1	Benefit Plan Link Month 1	N	A				
PROC10	Procedure 10	C	I	PLNKEY2	Benefit Plan Link Month 2	N	A				



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

Name	Long Name	Data Type	Tables	Name	Long Name	Data Type	Tables	Name	Long Name	Data Type	Tables
Financial Variables				Other Variables							
AWP	Average Wholesale Price	N	D	CAP_SVC	Capitated Service-Claim Indicator	C	F,S,O,D				
COB	COB and Other Savings	N	F,S,O,D	CASEID	Case and Services Link	N	I,F,S				
COINS	Coinsurance	N	F,S,O,D	FACHDID	Facility Header Record ID	N	F,S,O				
COPAY	Copayment	N	F,S,O,D	FACPROF	Facility-Professional Claim Indicator	C	S,O				
DEDUCT	Deductible	N	F,S,O,D	PAIDNTWK	Network Paid Indicator	C	F,S,O,D				
DISPFEE	Dispensing Fee	N	D	QTY	Quantity of Services	N	S,O,D				
HOSPSPAY	Payments Hospital	N	I	RX	Cohort Drug Indicator	C	I,F,S,O,P,A,T				
HOSPNET	Net Payments Hospital	N	I	SEQNUM	Sequence Number	N	I,F,S,O,D,A,T				
INGCOST	Ingredient Cost	N	D	VERSION	Version	C	I,F,S,O,D,P,A,T				
NETPAY	Payments Net	N	F,S,O,D								
PAY	Payment	N	S,O,D								
PHYSNET	Net Payments Physician	N	I								
PHYSPAY	Payments Physician	N	I								
SALETAX	Sales Tax	N	D								
TOTCOB	COB and Other Savings Total Case	N	I								
TOTCOINS	Coinsurance Total Case	N	I								
TOTCOPAY	Copayment Total Case	N	I								
TOTDED	Deductible Total Case	N	I								
TOTNET	Payments Net Case	N	I								
TOTPAY	Payments Total Case	N	I								



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

Name	Long Name	Data Type	Name	Long Name	Data Type	Name	Long Name	Data Type
ADMDATE	Date of Admission	DT	EGEoloc	Geographic Location Employee	C	PROC3	Procedure 3	C
ADMTYP	Admission Type	C	EIDFLAG	Enrollee ID Derivation Flag	C	PROC4	Procedure 4	C
AGE	Age of Patient	N	EMPCTY	County Employee	N	PROC5	Procedure 5	C
AGEGRP	Age Group	C	EMPREL	Relation to Employee	C	PROC6	Procedure 6	C
CASEID	Case and Services Link	N	EMPZIP	Zipcode Employee 3 Digit	N	PROC7	Procedure 7	C
DATATYP	Data Type	N	ENRFLAG	Enrollment Flag	C	PROC8	Procedure 8	C
DAYS	Length of Stay	N	ENROLID	Enrollee ID	N	PROC9	Procedure 9	C
DISDATE	Date of Discharge	DT	HLTHPLAN	Health Plan Indicator	C	PROC10	Procedure 10	C
DOBYR	Patient Birth Year	N	HOSPCTY	County Hospital	N	PROC11	Procedure 11	C
DRG	Diagnosis Related Group	N	HOSPNET	Net Payments: Hospital	N	PROC12	Procedure 12	C
DSTATUS	Discharge Status	C	HOSPPAY	Payments Hospital	N	PROC13	Procedure 13	C
DX1	Diagnosis 1	C	HOSPZIP	Zipcode Hospital 3 Digit	N	PROC14	Procedure 14	C
DX2	Diagnosis 2	C	INDSTRY	Industry	C	PROC15	Procedure 15	C
DX3	Diagnosis 3	C	MDC	Major Diagnostic Category	C	REGION	Region	C
DX4	Diagnosis 4	C	MHSACOVG	Coverage Indicator MHSA	N	RX	Cohort Drug Indicator	C
DX5	Diagnosis 5	C	MSA	Metropolitan Statistical Area	N	SEQNUM	Sequence Number	N
DX6	Diagnosis 6	C	PATFLAG	Patient Indistinct Flag	C	SEX	Gender of Patient	C
DX7	Diagnosis 7	C	PATID	Patient ID	N	STATE	State Hospital	N
DX8	Diagnosis 8	C	PDX	Diagnosis Principal	C	TOTCOB	COB and Other Savings: Total (Case)	N
DX9	Diagnosis 9	C	PHYFLAG	Physician Specialty Coding Flag	C	TOTCOINS	Coinsurance: Total (Case)	N
DX10	Diagnosis 10	C	PHYSID	Physician ID	N	TOTCOPAY	Copayment: Total (Case)	N
DX11	Diagnosis 11	C	PHYSNET	Net Payments Physician	N	TOTDED	Deductible: Total (Case)	N
DX12	Diagnosis 12	C	PHYSPAY	Payments Physician	N	TOTNET	Payments Net Case	N
DX13	Diagnosis 13	C	PLANKEY	Benefit Plan Link	N	TOTPAY	Payments Total Case	N
DX14	Diagnosis 14	C	PLANTYP	Plan Indicator	N	UNIHOsp	Hospital ID MDST	N
DX15	Diagnosis 15	C	PPROC	Procedure Principal	C	VERSION	Version	C
EECLASS	Employee Classification	C	PROC1	Procedure 1	C	WGtKEY	MarketScan National Weight Link	N
EESTATU	Employment Status	C	PROC2	Procedure 2	C	YEAR	Date Year Incurred	N



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

Name	Long Name	Data Type	Name	Long Name	Data Type	Name	Long Name	Data Type
AGE	Age of Patient	N	EESTATU	Employment Status	C	PLANTYP	Plan Indicator	N
AGEGRP	Age Group	C	EGEOLOC	Geographic Location Employee	C	PROC1	Procedure Code 1	C
BILLTYP	Facility Bill Type Code	C	EIDFLAG	Enrollee ID Derivation Flag	C	PROC2	Procedure 2	C
CAP_SVC	Capitated Service-Claim Indicator	C	EMPCTY	County Employee	N	PROC3	Procedure 3	C
CASEID	Case and Services Link	N	EMPREL	Relation to Employee	C	PROC4	Procedure 4	C
COB	COB and Other Savings	N	EMPZIP	Zipcode Employee 3 Digit	N	PROC5	Procedure 5	C
COINS	Coinsurance	N	ENRFLAG	Enrollment Flag	C	PROC6	Procedure 6	C
COPAY	Copayment	N	ENROLID	Enrollee ID	N	PROVCTY	County Provider	N
DATATYP	Data Type	N	FACHDID	Facility Header Record ID	N	PROVID	Provider ID	N
DEDUCT	Deductible	N	HLTHPLAN	Health Plan Indicator	C	PROVZIP	Zipcode Provider 3 Digit	N
DOBYR	Patient Birth Year	N	INDSTRY	Industry	C	REGION	Region	C
DSTATUS	Discharge Status	C	MDC	Major Diagnostic Category	C	RX	Cohort Drug Indicator	C
DX1	Diagnosis 1	C	MHSACOVG	Coverage Indicator MHSA	N	SEQNUM	Sequence Number	N
DX2	Diagnosis 2	C	MSA	Metropolitan Statistical Area	N	SEX	Gender of Patient	C
DX3	Diagnosis 3	C	NETPAY	Payments Net	N	STDPLAC	Place of Service	N
DX4	Diagnosis 4	C	NTWKPROV	Network Provider Indicator	C	STDPROV	Provider Type	N
DX5	Diagnosis 5	C	PAIDNTWK	Network Paid Indicator	C	SVCDAT	Date Service Incurred	DT
DX6	Diagnosis 6	C	PATFLAG	Patient Indistinct Flag	C	TSVCDAT	Date Service Ending	DT
DX7	Diagnosis 7	C	PATID	Patient ID	N	UNIHOSP	Hospital ID Number (MDST)	N
DX8	Diagnosis 8	C	PDDATE	Date Claim Paid	DT	VERSION	Version	C
DX9	Diagnosis 9	C	PHYFLAG	Physician Specialty Coding Flag	C	WGKEY	MarketScan National Weight Link	N
EECLASS	Employee Classification	C	PLANKEY	Benefit Plan Link	N	YEAR	Date Year Incurred	N



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

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





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

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

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

Name	Long Name	Data Type	Name	Long Name	Data Type	Name	Long Name	Data Type
AGE	Age of Patient	N	EMPZIP	Zipcode Employee 3 Digit	N	PHARMID	Pharmacy ID	N
AGEGRP	Age Group	C	ENRFLAG	Enrollment Flag	C	PHRMCTY	County Provider	N
AWP	Average Wholesale Price	N	ENROLID	Enrollee ID	N	PHRMZIP	Zipcode Provider 3 Digit	N
CAP_SVC	Capitated Service-Claim Indicator	C	GENERID	Generic Product ID	N	PHYFLAG	Physician Specialty Coding Flag	C
COB	COB and Other Savings	N	GENIND	Generic Indicator	C	PLANKEY	Benefit Plan Link	N
COINS	Coinsurance	N	HLTHPLAN	Health Plan Indicator	C	PLANTYP	Plan Indicator	N
COPAY	Copayment	N	INDSTRY	Industry	C	QTY	Quantity of Services	N
DATATYP	Data Type	N	INGCOST	Ingredient Cost	N	REFILL	Refill Number	N
DAWIND	Dispense as Written Indicator	C	MAINTIN	Maintenance Indicator	C	REGION	Region	C
DAYSUPP	Days Supply	N	METQTY	Metric Quantity	N	RXMR	Rx Mail Retail	N
DEACLAS	DEA Classification	C	MHSACOVG	Coverage Indicator MHSA	N	SALETAX	Sales Tax	N
DEDUCT	Deductible	N	MSA	Metropolitan Statistical Area	N	SEQNUM	Sequence Number	N
DISPFEE	Dispensing Fee	N	NDCNUM	National Drug Code	C	SEX	Gender of Patient	C
DOBYR	Patient Birth Year	N	NETPAY	Payments Net	N	SVCDATE	Date Service Incurred	DT
EECLASS	Employee Classification	C	NTWKPROV	Network Provider Indicator	C	THERCLS	Therapeutic Class	N
EESTATU	Employment Status	C	PAIDNTWK	Network Paid Indicator	C	THERGRP	Therapeutic Group	C
EGEOLOC	Geographic Location Employee	C	PATFLAG	Patient Indistinct Flag	C	VERSION	Version	C
EIDFLAG	Enrollee ID Derivation Flag	C	PATID	Patient ID	N	WGKEY	MarketScan National Weight Link	N
EMPCTY	County Employee	N	PAY	Payment	N	YEAR	Date Year Incurred	N
EMPREL	Relation to Employee	C	PDDATE	Date Claim Paid	DT			



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**COMMERCIAL CLAIMS & ENCOUNTERS**  
**MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS**  
**POPULATIONS TABLE**

Name	Long Name	Data Type
AGEGRP	Age Group	C
DATATYP	Data Type	N
EECLASS	Employee Classification	C
EESTATU	Employment Status	C
EGEOLOC	Geographic Location Employee	C
EMPREL	Relation to Employee	C
ENRFLAG	Enrollment Flag	C
HLTHPLAN	Health Plan Indicator	C
INDSTRY	Industry	C
MHSACOVG	Coverage Indicator MHS	N
MSA	Metropolitan Statistical Area	N
PHYFLAG	Physician Specialty Coding Flag	C
PLANKEY	Benefit Plan Link	N
PLANTYP	Plan Indicator	N
POPCNT	Population Count	N
POPDTE	Quarter	DT
REGION	Region	C
RX	Cohort Drug Indicator	C
SEX	Gender of Patient	C
VERSION	Version	C
WGTKEY	MarketScan National Weight Link	N
YEAR	Date Year Incurred	N

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

Name	Long Name	Data Type	Name	Long Name	Data Type	Name	Long Name	Data Type
AGE	Age of Patient	N	ENRIND8	Enrollment Indicator Month 8	N	PLNKEY4	Benefit Plan Link Month 4	N
AGEGRP	Age Group	C	ENRIND9	Enrollment Indicator Month 9	N	PLNKEY5	Benefit Plan Link Month 5	N
DATTYP1	Data Type Month 1	N	ENRIND10	Enrollment Indicator Month 10	N	PLNKEY6	Benefit Plan Link Month 6	N
DATTYP2	Data Type Month 2	N	ENRIND11	Enrollment Indicator Month 11	N	PLNKEY7	Benefit Plan Link Month 7	N
DATTYP3	Data Type Month 3	N	ENRIND12	Enrollment Indicator Month 12	N	PLNKEY8	Benefit Plan Link Month 8	N
DATTYP4	Data Type Month 4	N	ENRMON	Enrollment Months	N	PLNKEY9	Benefit Plan Link Month 9	N
DATTYP5	Data Type Month 5	N	ENROLID	Enrollee ID	N	PLNKEY10	Benefit Plan Link Month 10	N
DATTYP6	Data Type Month 6	N	HLTHPLAN	Health Plan Indicator	C	PLNKEY11	Benefit Plan Link Month 11	N
DATTYP7	Data Type Month 7	N	INDSTRY	Industry	C	PLNKEY12	Benefit Plan Link Month 12	N
DATTYP8	Data Type Month 8	N	MEMDAY1	Member Days Month 1	N	PLNTYP1	Plan Indicator Month 1	N
DATTYP9	Data Type Month 9	N	MEMDAY2	Member Days Month 2	N	PLNTYP2	Plan Indicator Month 2	N
DATTYP10	Data Type Month 10	N	MEMDAY3	Member Days Month 3	N	PLNTYP3	Plan Indicator Month 3	N
DATTYP11	Data Type Month 11	N	MEMDAY4	Member Days Month 4	N	PLNTYP4	Plan Indicator Month 4	N
DATTYP12	Data Type Month 12	N	MEMDAY5	Member Days Month 5	N	PLNTYP5	Plan Indicator Month 5	N
DOBYR	Patient Birth Year	N	MEMDAY6	Member Days Month 6	N	PLNTYP6	Plan Indicator Month 6	N
EECLASS	Employee Classification	C	MEMDAY7	Member Days Month 7	N	PLNTYP7	Plan Indicator Month 7	N
EESTATU	Employment Status	C	MEMDAY8	Member Days Month 8	N	PLNTYP8	Plan Indicator Month 8	N
EGEOLOC	Geographic Location Employee	C	MEMDAY9	Member Days Month 9	N	PLNTYP9	Plan Indicator Month 9	N
EMPCTY	County Employee	N	MEMDAY10	Member Days Month 10	N	PLNTYP10	Plan Indicator Month 10	N
EMPREL	Relation to Employee	C	MEMDAY11	Member Days Month 11	N	PLNTYP11	Plan Indicator Month 11	N
EMPZIP	Zipcode Employee 3 Digit	N	MEMDAY12	Member Days Month 12	N	PLNTYP12	Plan Indicator Month 12	N
ENRIND1	Enrollment Indicator Month 1	N	MEMDAYS	Member Days	N	REGION	Region	C
ENRIND2	Enrollment Indicator Month 2	N	MHSACOVG	Coverage Indicator MHSA	N	RX	Cohort Drug	C
ENRIND3	Enrollment Indicator Month 3	N	MSA	Metropolitan Statistical Area	N	SEQNUM	Sequence Number	N
ENRIND4	Enrollment Indicator Month 4	N	PHYFLAG	Physician Specialty Coding Flag	C	SEX	Gender of Patient	C
ENRIND5	Enrollment Indicator Month 5	N	PLNKEY1	Benefit Plan Link Month 1	N	VERSION	Version	C
ENRIND6	Enrollment Indicator Month 6	N	PLNKEY2	Benefit Plan Link Month 2	N	WGKEY	MarketScan National Weight Li	N
ENRIND7	Enrollment Indicator Month 7	N	PLNKEY3	Benefit Plan Link Month 3	N	YEAR	Date Year Incurred	N



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## COMMERCIAL CLAIMS & ENCOUNTERS

## MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

## ENROLLMENT DETAIL TABLE

Name	Long Name	Data Type	Name	Long Name	Data Type
AGE	Age of Patient	N	INDSTRY	Industry	C
AGEGRP	Age Group	C	MEMDAYS	Member Days	N
DATATYP	Data Type	N	MHSACOVG	Coverage Indicator MHSA	N
DOBYR	Patient Birth Year	N	MSA	Metropolitan Statistical Area	N
DTEND	Date Enrollment End	DT	PHYFLAG	Physician Specialty Coding Flag	C
DTSTART	Date Enrollment Start	DT	PLANKEY	Benefit Plan Link	N
EECLASS	Employee Classification	C	PLANTYP	Plan Indicator	N
EESTATU	Employee Status	C	REGION	Region	N
EGEOLOC	Geographic Location Employee	C	RX	Cohort Drug	C
EMPCTY	County Employee	N	SEQNUM	Sequence Number	N
EMPREL	Relation to Employee	C	SEX	Gender of Patient	C
EMPZIP	Zipcode Employee 3 Digit	N	WGTKEY	MarketScan National Weight Link	N
ENROLID	Enrollee ID	N	VERSION	Version	C
HLTHPLAN	Health Plan Indicator	C			



**COMMERCIAL CLAIMS & ENCOUNTERS**  
**MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS**  
**2008 RED BOOK®**

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

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

NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
ADMDATE	Date of Admission	Date of the hospital admission.	mmddyy10.		I,S
ADMTYP	Admission Type	Type of hospital admission.	1: Surgical 2: Medical 3: Maternity & Newborn 4: Psych & Substance Abuse 5: Unknown	Mapped from DRG, MDC, and SVCTYP values.	I,S
AGE	Age of Patient	Patient age in years at the time of service.	Each character = 0-9	As coded on claim.	I,F,S,O,D,A,T
AGEGRP	Age Group	A value identifying the patient or members age group	1: 0-17 2: 18-34 3: 35-44 4: 45-54 5: 55-64 6: 65 and older	Age group or cohort of patient on admissions (I), services (S), outpatient services (O) and prescription drug claims (D); of covered life on populations (P); the mode of monthly AGEGRP for a member on Annual Enrollment Summary (A); of member as of the start of the enrollment period on Enrollment Detail (T)	I,F,S,O,D,P,A,T



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## COMMERCIAL CLAIMS & ENCOUNTERS

### MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

### DATA DICTIONARY

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





## COMMERCIAL CLAIMS & ENCOUNTERS

### MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

### DATA DICTIONARY

NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
<b>COINS</b>	<b>Coinsurance</b>	Payments made by the beneficiary to satisfy oinsurance plan provisions and/or apply to the stop-loss cap. Total payments for the service minus Deductible, Copayment, Coinsurance, and COB/Savings equals employer net payments.	Each character = 0-9; SAS: Represented in dollars and cents with an explicit decimal point. DataProbe: Represented as whole dollars.	As coded on claim.	F,S,O,D
<b>COPAY</b>	<b>Copayment</b>	Payments made by the beneficiary to satisfy copayment or coinsurance plan provisions and/or apply to the stop-loss cap. Total payments for the service minus Deductible, Copayment, Coinsurance, and COB/Savings equals employer net payments.	Each character = 0-9; SAS: Represented in dollars and cents with an explicit decimal point. DataProbe: Represented as whole dollars.	As coded on claim.	F,S,O,D
<b>DATATYP</b>	<b>Data Type</b>	A value identifying whether the claim or eligible population is fee-for-service, encounter, Medicare, or Medicare encounter. This field was new in 1998 and was developed to identify claims formerly found in the Private Pay Fee-For-Service, Encounter, and Medicare databases.	1: Fee for Service 2: Encounter 3: Medicare 4: Medicare Encounter	Prior to 1998, Data Types 1 and 2 were not merged. Data Type 4 was not available prior to 1998.	I,F,S,O,D,P,T
<b>DATTYP1 through DATTYP12</b>	<b>Data Type Month 1 through Data Type Month 12</b>	A value identifying whether eligible population is fee-for-service, encounter, Medicare, or Medicare encounter, for a particular month of enrollment.	1: Fee for Service 2: Encounter 3: Medicare 4: Medicare Encounter	Prior to 1998, Data Types 1 and 2 were not merged. Data Type 4 was not available prior to 1998.	A
<b>DAWIND</b>	<b>Dispense as Written Indicator</b>	For brand drugs dispensed, indicates whether "DAW" (dispense as written) was specified, and by whom.	01: No DAW 02: Physician DAW 03: Patient DAW 04: Pharmacist DAW 05: Generic Not in Stock 06: Brand Dispensed as Generic 07: Override 08: Brand Mandated by Law 09: No Generic Available 10: Other	As coded on claim.	D



## COMMERCIAL CLAIMS & ENCOUNTERS

### MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

### DATA DICTIONARY

NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
<b>DAYS</b>	<b>Length of Stay</b>	Number of overnight stays for a hospital admission.	Each character = 0-9	Calculated by The Thomson Healthcare Group using consecutive hospital claims.	I
<b>DAYSUPP</b>	<b>Days Supply</b>	The number of days of drug therapy covered by this prescription.	Each character = 0-9	As coded on claim. For mail order plans, days supply should range from 30-90 days.	D
<b>DEACLAS</b>	<b>DEA Classification</b>	Drug classification identifying controlled substances, as classified by the DEA (Drug Enforcement Administration). For 1997 data, moving forward.	1: Class I (not submitted in Red Book) 2: Class II (high abuse potential, severe dependence liability) 3: Class III (less abuse potential, moderate dependence liability) 4: Class IV (less abuse potential, limited dependence liability) 5: Class V (low abuse potential, RX or OTC) 6: RX (not classified under the Controlled Substances Act) 7: OTC Product (nonprescription; all other over the counter products) 8: Other/unavailable Missing: Did not tag	Prior to 1997 values were: 1: Class I High abuse potential, no accepted medical use 2: Class II High abuse potential, severe dependence liability 3: Class III Less abuse potential, moderate dependence liability 4: Class IV Less abuse potential, limited dependence liability 5: Class V Limited abuse potential Missing: Not a controlled substance.	D
<b>DEDUCT</b>	<b>Deductible</b>	Payments made by the beneficiary to satisfy the plan's deductible provisions. Total payments for the service minus Deductible, Copayment, Coinsurance, and COB/Savings equals employer net payments.	Each character = 0-9; SAS: Represented in dollars and cents with an explicit decimal point. DataProbe: Represented as whole dollars.	As coded on claim.	F,S,O,D



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

NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
DISDATE	Date of Discharge	Date of hospital discharge.	mmddyy10.		I,S
DISPFEE	Dispensing Fee	Administration fee charged by the pharmacy for dispensing the prescription.	Each character = 0-9; dollars and cents with As coded on claim. explicit decimal.		D
DOBYR	Patient Birth Year	Year of patient birth.	CCYY	Calculated on the claims tables from the date of service and the patient age. Derived on the enrollment table from the date of birth recorded on the enrollment record.	I,F,S,O,D,A,T
DRG	Diagnosis Related Group	Clinically and statistically distinct categories for inpatient care; developed for HCFA as a proxy for resources to treat a patient.	See Attachment B - DRG	Assigned by The Thomson Healthcare Group using DRG Grouper 26.0 (effective with 2008 data)	I,S



## COMMERCIAL CLAIMS & ENCOUNTERS

### MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

### DATA DICTIONARY

NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
<b>DSTATUS</b>	<b>Discharge Status</b>	Status of patient upon discharge from the hospital.	01: Discharged to home self-care 02: Transfer to short-term hospital 03: Transfer to SNF 04: Transfer to ICF 05: Transfer to other facility 06: Discharged home under care 07: Left against medical advice 08-19: Other alive status 20-29: Died 30-39: Not Yet discharged/Transferred 40-42: Other died status 50: Discharged to home (from Hospice) 51: Transfer to medical facility (from Hospice) 61: Transferred to Medicare approved swing-bed 71: Transfer/referred to other facility for outpt svcs 72: Transfer/referred to this facility for outpt svcs 99: Transfer, identified through Hospital ID MDST change Missing: Invalid	Mapped from carrier specific coding to Thomson Healthcare standard values.	I,F,S
<b>DTEND</b>	<b>Date Enrollment End</b>	End date of continuous enrollment period.	mmddyy10.		T
<b>DTSTART</b>	<b>Date Enrollment Start</b>	Start date of continuous enrollment period.	mmddyy10.		T



## COMMERCIAL CLAIMS & ENCOUNTERS

### MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

### DATA DICTIONARY

NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
<b>DX1 through DX15</b>	<b>Diagnosis 1 through Diagnosis 15</b>	On the admission table, the principal diagnosis and up to fourteen secondary diagnosis codes as recorded on the service records. On the facility header table, the principal diagnosis and up to four secondary diagnosis codes. On the inpatient service and outpatient claims tables, the principal diagnosis and one additional diagnosis.	See "Clinical Fields" in the MarketScan Database User's Guide	Prior to 1999 data, DX2 through DX15 were named DX_A through DX_N. PDX has been copied to DX1.	I,F,S,O
<b>EECLASS</b>	<b>Employee Classification</b>	The employment classification of the primary beneficiary also coded on spouse and dependent claims.	1: Salary Non-union 2: Salary Union 3: Salary Other 4: Hourly Non-union 5: Hourly Union 6: Hourly Other 7: Non-union 8: Union 9: Unknown	Mapped from carrier specific coding to Thomson Healthcare standard values.	I,F,S,O,D,P,A,T
<b>EESTATU</b>	<b>Employment Status</b>	Employment status of the primary beneficiary, also coded on spouse and dependent claims.	1: Active Full Time 2: Active Part Time or Seasonal 3: Early Retiree 4: Medicare Eligible Retiree 5: Retiree (status unknown) 6: COBRA Continuee 7: Long Term Disability 8: Surviving Spouse/Depend. 9: Other/Unknown	Mapped from carrier specific coding to Thomson Healthcare standard values.	I,F,S,O,D,P,A,T
<b>EGEOLOC</b>	<b>Geographic Location Employee</b>	Geographic location (state,division, region) of primary beneficiary's residence.	See Attachment D - EGEOLOC	Population supported. Mapped from employee ZIP code.	I,F,S,O,D,P,A,T



## COMMERCIAL CLAIMS & ENCOUNTERS

### MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

### DATA DICTIONARY

NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
EIDFLAG	Enrollee ID Derivation Flag	Describes the quality of ENROLID assignment.	1: ENRFLAG=1; ENROLID from enrollment 2: ENRFLAG=1; ENROLID from claims 3: ENRFLAG=1; ENROLID missing 4: ENRFLAG=0; ENROLID from claims 5: ENRFLAG=0; ENROLID missing 6: ENRFLAG=0; "pseudo" ENROLID	See Section 4. Person Level Identifiers in the MarketScan Database User's Guide.	I,F,S,O,D
EMPCTY	Employee County	County of the primary beneficiary's residence.		First two digits are FIPS state code, last three digits are FIPS county code.	I,F,S,O,D,A,T
EMPREL	Relation to Employee	Relationship of the patient to the primary beneficiary.	1: Employee 2: Spouse 3: Child/Other 4: Dependent-Relation Unknown	Mapped from carrier specific coding to Thomson Healthcare standard values.	I,F,S,O,D,P,A,T
EMPZIP	Zipcode Employee 3 Digit	3-digit postal ZIP code of the primary beneficiary's residence.	Each character = 0-9	Effective with calendar year 1999 incurred claims, ZIP code is a 3-digit variable.	I,F,S,O,D,A,T
ENRFLAG	Enrollment Flag	A flag which indicates that person-level enrollment information is available for a data contributor.	0: No person-level enrollment information available from this data contributor. 1: Person-level enrollment information is available from this data contributor.	See "The Enrollment Tables" in the MarketScan Database User's Guide.	I,F,S,O,D,P



## COMMERCIAL CLAIMS & ENCOUNTERS

### MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

### DATA DICTIONARY

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



## COMMERCIAL CLAIMS & ENCOUNTERS

### MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

### DATA DICTIONARY

NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
HLTHPLAN	Health Plan Indicator	An indicator as to whether the data supplier of a record was a large U.S. employer or a Health Plan.	0: Employer 1: Health Plan	New in 2004	I,F,S,O,D,P,A,T
HOSPCTY	Hospital County	County of the hospital where the patient was admitted.		First two digits are FIPS state code, last three digits are FIPS county code.	I,S
HOSPNET	Net Payments Hospital	Net payments to a hospital for covered services provided during an admission. Hospital payments are included in the Total Payments for the case.	Each character = 0-9; <b>SAS:</b> Represented in dollars and cents with an explicit decimal point. <b>DataProbe:</b> Represented as whole dollars.	As coded on claim.	I
HOSPPAY	Payments Hospital	Total gross payments to a hospital for covered services provided during an admission. Hospital payments are included in the Total Payments for the case.	Each character = 0-9; <b>SAS:</b> Represented in dollars and cents with an explicit decimal point. <b>DataProbe:</b> Represented as whole dollars.	As coded on claim.	I
HOSPZIP	Zipcode Hospital 3 Digits	3-digit postal ZIP code of the hospital where the patient was admitted.	Each character = 0-9	Effective with calendar year 1999 incurred claims, ZIP code data is 3-digits	I,S
INDSTRY	Industry	Industry classification of the employer responsible for payment of claim.	1: Oil & Gas Extraction, Mining 2: Manufacturing, Durable Goods 3: Manufacturing, Nondurable Goods 4: Transportation, Communications, Utilities 5: Retail Trade 6: Finance, Insurance, Real Estate 7: Services		I,F,S,O,D,P,A,T





## COMMERCIAL CLAIMS & ENCOUNTERS

### MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

### DATA DICTIONARY

NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
INGCOST	<b>Ingredient Cost</b>	The cost or charge associated with the pharmaceutical product. The ingredient cost plus the dispensing fee and sales tax, if applicable, usually represents the entire cost of a prescription. For most plans, the ingredient cost should represent the discount from AWP.	Each character = 0-9; dollars and cents with explicit decimal.	As coded on claim.	D
MAINTIN	<b>Maintenance Indicator</b>	Long term maintenance drugs meet the following criteria: (a) low probability for dosage or therapy changes; (b) commonly used to treat chronic disease states; and (c) usually administered continuously rather than intermittently. For 1997 data, moving forward.	1: Used primarily for long-term treatment of chronic conditions 2: Used for both chronic and acute conditions 3: Used primarily for short-term treatment of acute conditions 4: Other/unavailable	Prior to 1997 values were: 1: Maintenance drug	D
MDC	<b>Major Diagnostic Category</b>	Body-system or disease related groupings of clinical conditions, based on diagnosis codes.	See Attachment E - MDC	Assigned by The Thomson Healthcare Group using DRG Grouper 26.0 (effective with 2008 data).	I,F,S,O
MEMDAY1 through MEMDAY12	<b>Member Days Month 1 through Member Days Month 12</b>	The number of days an individual was enrolled during the specified month.	Each character = 0-9		A
MEMDAYS	<b>Member Days</b>	The number of member days an enrollee was enrolled.	Each character = 0-9	Calculated by DTEND less DTSTART plus 1.	A,T
METQTY	<b>Metric Quantity</b>	The number of units dispensed without regard to packaging format. The first nine digits of the NDC number describe how the drug is packaged.	Each character = 0-9	As coded on claim. Should correspond to packaging; e.g. if the drug package is tabs, the metric quantity should also be in tabs.	D



## COMMERCIAL CLAIMS & ENCOUNTERS

### MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

### DATA DICTIONARY

NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
MHSACOVG	Coverage Indicator MHSA	Identifies whether or not mental health/substance abuse claims for covered individuals are included for the current year of data.	0: Not Covered/Claims Not Present 1: Covered/Possible MHSA Claims	New in 2004. Added retrospectively to 2002 and 2003 data. Missing values of this variable in 2002 and 2003 data are equivalent to a value of 1.	I,F,S,O,D,P,A,T
MSA	Metropolitan Statistical Area	Metropolitan Statistical Area of primary beneficiary.	See Attachment F - MSA	Mapped from 5 digit employee ZIP code.	I,F,S,O,D,P,A,T
NDCNUM	National Drug Code	The full 11 digits of the Food and Drug Administration registered number. The first nine digits identify the manufacturer and product name. The last two digits identify the package size.	Each character = 0-9	As coded on claim. Zero-filled to 11 characters. "00000000000" (eleven zeroes) is the missing/unknown value for NDCNUM.	D
NETPAY	Payments Net	Net payments as reported by the carrier.	Each character = 0-9; SAS: Represented in dollars and cents with an explicit decimal point. DataProbe: Represented as whole dollars.	As coded on claim.	F,S,O,D
NTWKPROV	Network Provider Indicator	An indication of whether the provider of an individual service was a member of the payer's network.	Y: Yes N: No	New in 2007	F,S,O,D
PAIDNTWK	Network Paid Indicator	An indication of whether an individual claim was paid as in-network or not.	Y: Yes N: No	New in 2007	F,S,O,D
PATFLAG	Patient Indistinct Flag	Flag identifying whether or not a unique patient could be distinguished based on a combination of employee ID, patient date of birth year, and gender found on claims.	0: Patient is distinct 1: Patient is indistinct	See Section 4. Person Level Identifiers in the MarketScan Database User's Guide.	I,F,S,O,D
PATID	Patient ID	A unique three to eleven digit number identifying each patient in the data file, based on claims data.	Each character = 0-9	See Section 4. Person Level Identifiers in the MarketScan Database User's Guide.	I,F,S,O,D



## COMMERCIAL CLAIMS & ENCOUNTERS

### MEDICARE SUPPLEMENTAL AND COORDINATION OF BENEFITS

### DATA DICTIONARY

NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
PAY	Payment	Gross payments to a provider for a service. Payment equals the amount eligible for payment under the medical plan terms after applying rules such as discounts, but <b>before</b> applying COB, Copayments, and Deductibles.	Each character = 0-9; SAS: Represented in dollars and cents with an explicit decimal point. DataProbe: Represented as whole dollars.	As coded on claim.	S,O,D
PDDATE	Date Claim Paid	The year, month, and day on which the claim was paid by the carrier/administrator.		On prescription drug records, the paid date is usually a batch date and is defaulted to the date the data are extracted.	F,S,O,D
PDX	Diagnosis Principal	Principal diagnosis explains the main reason for an admission; usually the discharge diagnosis.	See "Clinical Fields" in the MarketScan Database User's Guide	See also DX1 through DX15 above.	I,S
PHARMID	Pharmacy ID	The identification number of the pharmacy dispensing the prescription. The id number is assigned by the carrier/administrator. Encrypted as of 2001 data.	Each character = 0-9	As coded on claim. May represent the NCPDP/NABP pharmacy number (seven digits) or a "home-grown" ID.	D
PHYFLAG	Physician Specialty Coding Flag	A flag which identifies claims from data contributors with highly-differentiated physician specialist coding on claims.	0: Fewer than 70% of Outpatient physician records have the physician's specialty indicated. 1: 70% or more of the Outpatient physician records have the physician's specialty indicated.		I,F,S,O,D,P,A,T



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NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
PHYSID	Physician ID	An identification number for the principal physician. The professional who charges the most during the admission is designated as the principal physician. Typically, anesthesiologists, pathologists, and radiologists are excluded from consideration as principal physician. This provider's dollars are identified in the Physician Payments field. The id number is assigned by the carrier/administrator. Encrypted as of 2001 data.	Each character = 0-9		I
PHYSNET	Net Payments Physician	Net payment for services rendered by the principal physician. The professional who charges the most during the admission is designated as the principal physician and is identified in the Physician ID field. Typically, anesthesiologists, pathologists and radiologists are excluded from consideration as principal physician. Physician Payments are included in the Total Payments for the admission.	Each character = 0-9; <b>SAS:</b> Represented in dollars and cents with an explicit decimal point. <b>DataProbe:</b> Represented as whole dollars.	As coded on claim.	I
PHYSPAY	Payments Physician	Total covered payment for services rendered by the principal physician. The professional who charges the most during the admission is designated as the principal physician and is identified in the Physician ID field. Typically, anesthesiologists, pathologists and radiologists are excluded from consideration as principal physician. Physician Payments are included in the Total Payments for the admission.	Each character = 0-9; <b>SAS:</b> Represented in dollars and cents with an explicit decimal point. <b>DataProbe:</b> Represented as whole dollars.	As coded on claim.	I



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### DATA DICTIONARY

NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
PLANKEY	Benefit Plan Link	A unique value that links claims, population, and enrollment data to a plan in the Benefit Plan Design Database.	Each character = 0-9		I,F,S,O,D,P,T
PLNKEY1 through PLNKEY12	Benefit Plan Link Month 1 through Benefit Plan Link Month 12	A unique value that links claims, population, and enrollment data to a plan in the Benefit Plan Design Database for the specified month.	Each character = 0-9		A
PLANTYP	Plan Indicator	Type of benefit plan.	1: Basic/major medical 2: Comprehensive 3: EPO 4: HMO 5: POS 6: PPO 7: POS with capitation 8: CDHP 9: HDHP	Mapped from client specific coding to Thomson Healthcare standard values.  See "Plan Type Definition" in the MarketScan Database User's Guide.	I,F,S,O,D,P,T
PLNTYP1 through PLNTYP12	Plan Indicator Month 1 through Plan Indicator Month 12	Type of benefit plan effective during a particular month of enrollment.	1: Basic/major medical 2: Comprehensive 3: EPO 4: HMO 5: POS 6: PPO 7: POS with capitation 8: CDHP	Mapped from client specific coding to Thomson Healthcare standard values.  See "Plan Type Definition" in the MarketScan Database User's Guide.	A
POPCNT	Population Count	The count of employees and dependents <b>by quarter</b> and all other demographics.	Each character = 0-9	Sum quarterly POPCNT and divide by four to calculate an annual average.	P
POPDATE	Quarter	Population Quarter.	SAS date with YYQ6. format.		P



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NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
PPROC	Procedure Principal	Procedure principal is the procedure performed during an admission that had the greatest influence on which DRG was assigned to the admission.	See "Clinical Fields" in the MarketScan Database User's Guide	Usually an ICD-9-CM code. PPROC = PROC1 only on the Inpatient Admissions (I) Table. PROC1 on the Inpatient Service (S) table indicates the procedure performed for that service level claim only.  See PROC1 through PROC15 below.	I,S
PROC1 through PROC15	Procedure1 through Procedure15	On the Inpatient Admissions (I) table, the principal procedure (PROC1) and up to 14 other procedures as recorded chronologically on the service record. On the inpatient service and outpatient tables, the first procedure listed.	See "Clinical Fields" in the MarketScan Database User's Guide	Prior to 1999 data, PROC2 through PROC15 were named PROC_A through PROC_N. PPROC has been copied to PROC1. Usually a CPT4 code. ICD-9-CM codes and HCPC codes appear occasionally.	I,F,S,O
PROCGRP	Procedure Group	Groups of related outpatient procedures, based on CPT4, ICD-9-CM, or HCPCS procedure codes.	See Attachment G - PROCGRP		O
PROCMOD	Procedure Code Modifier	The 2-character code of the first procedure code modifier on the claim.		Procedure modifiers only apply to CPT codes.	S,O
PROCTYP	Procedure Code Type	The type of procedure coding used by the carrier/administrator in the PROC1 (Procedure1) field.	*: ICD-9-CM 1: CPT 3: UB92 Revenue Code 6: NABSP 7: HCPC 8: CDT (ADA)		S,O
PROVCTY, PHRMCTY	Provider County	County of the provider of service		First two digits are FIPS state code, last three digits are FIPS county code.	F,S,O,D
PROVID	Provider ID	Identifier for provider of service used by the carrier. Encrypted as of 2001 data.	Each character = 0-9		F,S,O



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NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
PROVZIP, PHRMZIP	Zipcode Provider 3 Digits	The 3-digit postal ZIP code of the provider of the specific service.	Each character = 0-9	Effective with calendar year 1999 incurred claims, ZIP code is 3 digits. For inpatient services, used to assign STATE (State Hospital).	F,S,O,D
QTY	Quantity of Services	Number of services performed for an inpatient service or outpatient claim and number of prescriptions filled for prescription drug claims.	Each character = 0-9	Prescription drug claims will contain a QTY of 1 per claim. QTY for anesthesia services generally does not reflect unit of service.	S,O,D
REFILL	Refill Number	A number indicating whether this is the original prescription (0), or the refill number (e.g., 1, 2, etc.).	Each character = 0-9	As coded on the claim.	D
REGION	Region	Geographic Region of employee residence.	1: Northeast 2: North Central 3: South 4: West 5: Unknown		I,F,S,O,D,P,A,T
REVCODE	Revenue Code	The HCFA standard revenue code from the facility claim.	See Attachment H - REVCODE		S,O
RX	Cohort Drug Indicator	Identifies whether or not Thomson Reuters captures drug claims for an enrolled individual's plan group.	0: No drug benefit identified 1: Identifies drug benefit	See "Tables" in the MarketScan Database User's Guide.	I,F,S,O,P,A,T
RXMR	Rx Mail Retail	An indication of whether the prescription was filled at a retail pharmacy or through a mail-order program	1: Retail 2: Mail Order		D
SALETAX	Sales Tax	The amount of sales tax applied to the cost of the prescription. (The sales tax, if applicable, is usually calculated on the Ingredient Cost plus the Dispensing Fee.)	Each character = 0-9; dollars and cents with explicit decimal.	Very few states apply a sales tax to prescription drugs; therefore, this field will usually be zero.	D



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### DATA DICTIONARY

NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
SEQNUM	Sequence Number	A code indicating a unique identifier for every record on a table.	Each character = 0-9	Normal values for a full dataset are 1 through the number of records (e.g. a table with 2,000,000 records will have SEQNUM values 1 to 2000000). For custom datasets, this range may vary.	I,F,S,O,D,A,T
SEX	Gender of Patient	Gender of the patient on admissions, services, outpatient claims and prescription drug claims; of covered life on populations.	1: Male 2: Female	As coded on claim.	I,F,S,O,D,P,A,T
STATE	State Hospital	The geographic state in which the admission occurred.	See Attachment I - STATE	Based on hospital zip code; <u>not</u> population supported. For 1999 data and forward, this variables share the same lookup as EGEOLOC (Geographic Location Employee)	I
STDPLAC	Place of Service	Setting where service occurred.	See Attachment J - STDPLAC	Mapped from carrier specific coding to Thomson Healthcare standard values. Contains new values in the 2000 data year.	F,S,O
STDPROV	Provider Type	001-099 Facility 100-799 Physician 100-199 Non-admitting Physicians 200-499 Admitting Physicians 500-599 Surgeons 800-899 Professionals (Non-Physician) 900-999 Agencies	See Attachment K - STDPROV	Mapped from carrier specific coding to Thomson Healthcare standard values. It is recommended that ranges be used rather than individual values, as coding quality is inconsistent between data contributors. Contains new values in the 2000 data year.	F,S,O
STDSVC	Service Type	Type of inpatient service or outpatient claim.	See Attachment L - STDSVC	Mapped from carrier specific coding to Thomson Healthcare standard values.	S,O
SVCDATE	Date Service Incurred	Date of inpatient or outpatient service or date prescription was filled.	mmddyy10.	Represents the "from" date if service was provided over more than one day.	F,S,O,D





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NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
SVCSCAT	<b>Service Sub-Category Code</b>	A code indicating a detailed category of service	See Attachment M - SVCSCAT	New in 2005.	S,O
THERCLS	<b>Therapeutic Class</b>	A 3-digit code that indicates the therapeutic/ pharmacologic category of the drug product. Based on an aggregation of THERDTL values (see below), though not related directly by numeric value (i.e. THERCLS=124 will not correspond to 10-digit THERDTL values beginning with 124).	See Attachment N - THERCLS	The description is in two parts, with the second part being either the subcategory, or "Not Elsewhere Classified" (NEC). For 1997 data, moving forward. Mapped from ranges of Red Book codes.	D
THERGRP	<b>Therapeutic Group</b>	Therapeutic Group is a further aggregation of THERCLS (Therapeutic Class) values. See THERCLS and THERDTL.	See Attachment O - THERGRP	Mapped from ranges of Red Book Therapeutic Class Codes.	D
TOTCOB	<b>COB and Other Savings Total Case</b>	Total COB and other savings for the admission. This is the sum of service-level COB and other savings.	Each character = 0-9; <b>SAS:</b> Represented in dollars and cents with an explicit decimal point. <b>DataProbe:</b> Represented as whole dollars.	As coded on claim.	I
TOTCOINS	<b>Coinsurance Total Case</b>	Total coinsurance for the admission. This is the sum of service-level coinsurance.	Each character = 0-9; <b>SAS:</b> Represented in dollars and cents with an explicit decimal point. <b>DataProbe:</b> Represented as whole dollars.	As coded on claim.	I
TOTCOPAY	<b>Copayment Total Case</b>	Total copayments for the admission. This is the sum of service-level copayments.	Each character = 0-9; <b>SAS:</b> Represented in dollars and cents with an explicit decimal point. <b>DataProbe:</b> Represented as whole dollars.	As coded on claim.	I
TOTDED	<b>Deductible Total Case</b>	Total deductible for the admission. This is the sum of service-level deductible.	Each character = 0-9; <b>SAS:</b> Represented in dollars and cents with an explicit decimal point. <b>DataProbe:</b> Represented as whole dollars.	As coded on claim.	I



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NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
TOTNET	Payments Net Case	Total net payments for the admission. This is the sum of service-level net pay.	Each character = 0-9; <b>SAS:</b> Represented in dollars and cents with an explicit decimal point. <b>DataProbe:</b> Represented as whole dollars.	As coded on claim.	I
TOTPAY	Payments Total Case	Total gross payments to all providers who submitted claims for covered services rendered during an admission.	Each character = 0-9; <b>SAS:</b> Represented in dollars and cents with an explicit decimal point. <b>DataProbe:</b> Represented as whole dollars.	As coded on claim.	I
TSVCDAT	Date Service Ending	The end date for a service.	mmddyy10.	Represents the "to" date if service was provided over more than one day.	F,S,O
UNIHOSP	Hospital ID MDST	Unique hospital identifier. Encrypted as of 2001 data.	Each character = 0-9	Mapped from carrier specific coding to Thomson Healthcare standard values.	I,F,S
VERSION	Version	A Thomson Healthcare internal database version number.	Each character = 0-9		I,F,S,O,D,P,A,T
WGTKEY	MarketScan National Weight Link	An integer key linking to national weight values for the record.	1-72, Missing		I,F,S,O,D,P,A,T
YEAR	Date Year Incurred	The calendar year during which the service was rendered, the admission began or the population was eligible.	CCYY		I,F,S,O,D,A,P



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NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
DEACLAS	DEA Classification	Drug classification identifying controlled substances, as classified by the DEA (Drug Enforcement Administration).	1: Class I (not submitted in Red Book) 2: Class II (high abuse potential, severe dependence liability) 3: Class III (less abuse potential, moderate dependence liability) 4: Class IV (less abuse potential, limited dependence liability) 5: Class V (low abuse potential, RX or OTC) 6: RX (not classified under the Controlled Substances Act) 7: OTC Product (nonprescription; all other over the counter products) 8: Other/unavailable Missing: Did not tag		D, 2008 RED BOOK
DEACLDS	DEA Class Description	Text lookup value for DEACLAS (DEA_Classification). See DEACLAS for full description.	See DEACLAS (DEA_Classification).		2008 RED BOOK
DESIDRG	DESI Drug Indicator	Indicates that the product "lacks substantial evidence of effectiveness," as determined by the FDA's Drug Efficacy Study Implementation (DESI) review.	Y: Drug considered less than effective by the FDA. N: Drug is <i>not</i> considered less than effective by the FDA.		2008 RED BOOK
EXCDGDS	Exceptional Drug Description	Text lookup value for EXCLDRG (Exceptional_Drug_Indicator). See EXCLDRG for full description.	See EXCLDRG (Exceptional_Drug_Indicator).		2008 RED BOOK



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NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
EXCLDRG	Exceptional Drug Indicator	Identifies products that may be excluded from coverage by certain third-party programs. Codes employed in this field denote the excluded category into which the product falls.	See Attachment C - EXCLDRG		2008 RED BOOK
GENERID	Generic Product ID	A code identifying pharmaceutically equivalent products with the same dispensing form and strength, derived from the entire Generic Formulation Code (6 digits) of 2008 RED BOOK.	Each character = 0-9	If it is not available in the tagging file, GENERID is set to 0.	D, 2008 RED BOOK
GENIND	Generic Indicator	A code identifying products as either original standard product or a generic copy of the standard product.	1: Single source brand 2: No longer used 3: Brand name, generic available 4: Multi source generic 5: Single source generic 6: Over the counter 7: Other/unavailable Missing: not tagged		D, 2008 RED BOOK
GENNME	Generic Drug Name	The 2008 RED BOOK description corresponding to GENERID (Generic_Product_ID).	character 50 variable, left justified.	See GENERID (Generic_Product_ID).	2008 RED BOOK
GNINDDS	Generic Indicator Description	Text lookup value for GENIND (Generic_Indicator). See GENIND for full description.	See GENIND (Generic_Indicator).		2008 RED BOOK
MAINDS	Maintenance Indicator Description	Text lookup value for MAINTIN (Maintenance_Indicator). See MAINTIN for full description.	See MAINTIN (Maintenance_Indicator).		2008 RED BOOK



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NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
<b>MAINTIN</b>	<b>Maintenance Indicator</b>	Identifies products typically used on a continuing basis, as well as drugs that may be used for maintenance therapy in certain cases. This field may be of particular use in establishing criteria for generic incentive and mail order programs. Long term maintenance drugs meet the following criteria: (a) low probability for dosage or therapy changes; (b) commonly used to treat chronic disease states; and (c) usually administered continuously rather than intermittently.	1: Used primarily for long-term treatment of chronic conditions 2: Used for both chronic and acute conditions 3: Used primarily for short-term treatment of acute conditions 4: Other/unavailable		D, 2008 RED BOOK
<b>MANFNME</b>	<b>Manufacturer Name</b>	Identifies the name of the company that markets the product. The name appearing in this field corresponds to the FDA-registered labeler name identified by the five-digit labeler code on the NDC number. Therefore, names appearing in this field will include distributors and repackagers in addition to original manufacturers.	character 50 variable, left justified.		2008 RED BOOK
<b>MASTFRM</b>	<b>Master Form Code</b>	Groups similar dosage forms under a single, broader category. For instance, all metered-dose inhaler products with the following form codes are grouped under a master form code "MDI"			2008 RED BOOK
<b>METSIZE</b>	<b>Metric Size</b>	The 2008 RED BOOK quantity of product in the package in metric units or number of items. This represents the size of the package bought by the pharmacy and does not include how the drug was dispensed. The last two digits of the NDC code indicate the package size.			2008 RED BOOK
<b>MSTFMDS</b>	<b>Master Form Description</b>	Text lookup value for MASTFRM (Master Form Code)	character 30 variable, left justified		2008 RED BOOK
<b>NDCNUM</b>	<b>National Drug Code</b>	The full 11 digits of the Food and Drug Administration registered number. The first nine digits identify the manufacturer and product name. The last two digits identify the package size.	Each character = 0-9		D, 2008 RED BOOK



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NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
ORGBKCD	<b>Orange Book Code</b>	Supplies FDA's therapeutic equivalence code for multi-source drug products, if applicable. Codes beginning with "A" signify that the product is deemed therapeutically equivalent to other products containing the same active ingredient in an identical amount and dosage form. Codes beginning with "B" indicate that bioequivalence has not been confirmed.			2008 RED BOOK
ORGBKDS	<b>Orange Book Code Description</b>	Text lookup value for ORGBKCD (Orange Book Code)	character 30 variable, left justified		2008 RED BOOK
ORGBKFG	<b>Orange Book Standard Flag</b>	Marks the product as an "Orange Book Standard" drug, the benchmark to which equivalent generic products are compared during the approval process. Also known as Reference Listed Drugs, Orange Book Standard drugs set the bioequivalence criteria for their generic counterparts.			2008 RED BOOK
PKQTYCD	<b>Package Quantity Code</b>	Indicates the number of packages to which the prices in the record apply.		A "1" in this field indicates that the product is an Orange Book Standard. For all other products, the field is blank.	2008 RED BOOK
PKSIZE	<b>Package Size</b>	Specifies the number of items, such as tablets, capsules, ampules, or packets, contained in this package to which the record pertains.			2008 RED BOOK
PRDCTDS	<b>Product Category Description</b>	Text lookup value for PRODCAT (Product Category Code)	character 30 variable, left justified		2008 RED BOOK



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NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
PRODCAT	Product Category Code	Products in the database are coded with their prescription and trade-name status. This permits extraction of all records in a particular category, such as prescription generics, or branded OTCs. Products of repackagers are coded separately to accommodate specialized processing.			2008 RED BOOK
PRODNAME	Product Name	Supplies the name given to the product by the manufacturer. Since each package size of each strength is maintained in the database as a separate drug record, this name may appear in several other records.	character 50 variable, left justified		2008 RED BOOK
SIGLSRC	Single Source Indicator	Identifies the product as trademarked, patent-protected drug generally available from only one source. A "1" in this field indicates that the product is a single-source drug. A blank in this field indicates that the product is available from more than one source. In those occasional instances when branded products are cross-licensed (e.g., Prinivil and Zestril), each carries the single-source indicator.			2008 RED BOOK
STRNGTH	Strength	Supplies the strength of the product. Consistent with FDA nomenclature, the order in which strengths are listed corresponds to the alphabetical order of the active ingredients. Please note that for products containing more than three active ingredients, this field is left blank. For combination products, a hyphen separates the individual strengths of the active ingredients. For example, the strength of acetaminophen with codeine is expressed as 325 mg-30 mg.			2008 RED BOOK



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NAME	LONG NAME	DESCRIPTION	VALID CONTENTS	NOTES	TABLES
THERCLS	<b>Therapeutic Class</b>	A 3-digit code that indicates the therapeutic/ pharmacologic category of the drug product. Based on an aggregation of THERDTL values (see below), though not related directly by numeric value (i.e. THERCLS=124 will not correspond to 10-digit THERDTL values beginning with 124).	Each character = 0-9		D, 2008 RED BOOK
THERDTL	<b>Therapeutic Detail Code</b>	A 10-digit hierarchical 2008 RED BOOK <sup>®</sup> code that categorizes drugs down to the generic ingredient level. This code is based on the American Hospital Formulary Service Classification Compilation (AHFSCC) Therapeutic Class.	Each character = 0-9		2008 RED BOOK
THERGRP	<b>Therapeutic Group</b>	Therapeutic Group is a further aggregation of THERCLS (Therapeutic Class) values. See THERCLS and THERDTL.	Each character = 0-9		D, 2008 RED BOOK
THRCLDS	<b>Therapeutic Class Description</b>	Text lookup value for THERCLS (Therapeutic Class)	character 30 variable, left justified		2008 RED BOOK
THRDIDS	<b>Therapeutic Detail Code Description</b>	Text lookup value for THERDTL	character 30 variable, left justified		2008 RED BOOK
THRGRDS	<b>Therapeutic Group Description</b>	Text lookup value for THERGRP	character 30 variable, left justified		2008 RED BOOK





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## ATTACHMENT A - BILLTYP

### STANDARD VALUES FOR FACILITY BILL TYPE CODE

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

**ATTACHMENT A - BILLTYP****STANDARD VALUES FOR FACILITY BILL TYPE CODE**

Value	Label	Value	Label
143	Hospital Other - Interim - Continuing Claim	15M	Hospital Intermed Care I - MSP Initiated Adj
144	Hospital Other - Interim - Last Claim	15N	Hospital Intermed Care I - PRO Adjust Claim
145	Hospital Other - Late Charge Only	15O	Hospital Intermed Care I - Nonpayment/Zero
146	Hospital Other - Adjustment of Prior Claim	15X	Hospital Intermed Care I - Void/Cancel Prior Encounter
147	Hospital Other - Replacement of Prior Claim	15Y	Hospital Intermed Care I - Replace Prior Encounter
148	Hospital Other - Void/Cancel of Prior Claim	15Z	Hospital Intermed Care I - New Abbreviated Encounter
14F	Hospital Other - Beneficiary Initiated Adj	160	Hospital Intermed Care II - Nonpayment/Zero Claim
14G	Hospital Other - CWF Initiated Adj	161	Hospital Intermed Care II - Admit Thru Discharge
14H	Hospital Other - HCFA Initiated Adj	162	Hospital Intermed Care II - Interim - First Claim
14I	Hospital Other - Intermediary Initiated Adj	163	Hospital Intermed Care II - Interim - Continuing Claim
14J	Hospital Other - Other Entity Initiated Adj	164	Hospital Intermed Care II - Interim - Last Claim
14K	Hospital Other - OIG Initiated Adj	165	Hospital Intermed Care II - Late Charge Only
14M	Hospital Other - MSP Initiated Adj	166	Hospital Intermed Care II - Adjustment of Prior Claim
14N	Hospital Other - PRO Adjust Claim	167	Hospital Intermed Care II - Replacement of Prior Claim
14O	Hospital Other - Nonpayment/Zero	168	Hospital Intermed Care II - Void/Cancel of Prior Claim
14X	Hospital Other - Void/Cancel Prior Encounter	16F	Hospital Intermed Care II - Beneficiary Initiated Adj
14Y	Hospital Other - Replace Prior Encounter	16G	Hospital Intermed Care II - CWF Initiated Adj
14Z	Hospital Other - New Abbreviated Encounter	16H	Hospital Intermed Care II - HCFA Initiated Adj
150	Hospital Intermed Care I - Nonpayment/Zero Claim	16I	Hospital Intermed Care II - Intermediary Initiated Adj
151	Hospital Intermed Care I - Admit Thru Discharge	16J	Hospital Intermed Care II - Other Entity Initiated Adj
152	Hospital Intermed Care I - Interim - First Claim	16K	Hospital Intermed Care II - OIG Initiated Adj
153	Hospital Intermed Care I - Interim - Continuing Claim	16M	Hospital Intermed Care II - MSP Initiated Adj
154	Hospital Intermed Care I - Interim - Last Claim	16N	Hospital Intermed Care II - PRO Adjust Claim
155	Hospital Intermed Care I - Late Charge Only	16O	Hospital Intermed Care II - Nonpayment/Zero
156	Hospital Intermed Care I - Adjustment of Prior Claim	16X	Hospital Intermed Care II - Void/Cancel Prior Encounter
157	Hospital Intermed Care I - Replacement of Prior Claim	16Y	Hospital Intermed Care II - Replace Prior Encounter
158	Hospital Intermed Care I - Void/Cancel of Prior Claim	16Z	Hospital Intermed Care II - New Abbreviated Encounter
15F	Hospital Intermed Care I - Beneficiary Initiated Adj	170	Hospital Subacute Inpt - Nonpayment/Zero Claim
15G	Hospital Intermed Care I - CWF Initiated Adj	171	Hospital Subacute Inpt - Admit Through Discharge
15H	Hospital Intermed Care I - HCFA Initiated Adj	172	Hospital Subacute Inpt - Interim - First Claim
15I	Hospital Intermed Care I - Intermediary Initiated Adj	173	Hospital Subacute Inpt - Interim - Continuing Claim
15J	Hospital Intermed Care I - Other Entity Initiated Adj	174	Hospital Subacute Inpt - Interim - Last Claim
15K	Hospital Intermed Care I - OIG Initiated Adj	175	Hospital Subacute Inpt - Late Charge Only
176	Hospital Subacute Inpt - Adjustment of Prior Claim	18X	Hospital Swing Bed - Void/Cancel Prior Encounter
177	Hospital Subacute Inpt - Replacement of Prior Claim	18Y	Hospital Swing Bed - Replace Prior Encounter



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## ATTACHMENT A - BILLTYP

### STANDARD VALUES FOR FACILITY BILL TYPE CODE

Value	Label	Value	Label
178	Hospital Subacute Inpt - Void/Cancel of Prior Claim	18Z	Hospital Swing Bed - New Abbreviated Encounter
17F	Hospital Subacute Inpt - Beneficiary Initiated Adj	210	Skilled Nursing Inpt A - Nonpayment/Zero Claim
17G	Hospital Subacute Inpt - CWF Initiated Adj	211	Skilled Nursing Inpt A - Admit Thru Discharge
17H	Hospital Subacute Inpt - HCFA Initiated Adj	212	Skilled Nursing Inpt A - Interim - First Claim
17I	Hospital Subacute Inpt - Intermediary Initiated Adj	213	Skilled Nursing Inpt A - Interim - Continuing Claim
17J	Hospital Subacute Inpt - Other Entity Initiated Adj	214	Skilled Nursing Inpt A - Interim - Last Claim
17K	Hospital Subacute Inpt - OIG Initiated Adj	215	Skilled Nursing Inpt A - Late Charge Only
17M	Hospital Subacute Inpt - MSP Initiated Adj	216	Skilled Nursing Inpt A - Adjustment of Prior Claim
17N	Hospital Subacute Inpt - PRO Adjust Claim	217	Skilled Nursing Inpt A - Replacement of Prior Claim
17O	Hospital Subacute Inpt - Nonpayment/Zero	218	Skilled Nursing Inpt A - Void/Cancel of Prior Claim
17X	Hospital Subacute Inpt - Void/Cancel Prior Encounter	21F	Skilled Nursing Inpt A - Beneficiary Initiated Adj
17Y	Hospital Subacute Inpt - Replace Prior Encounter	21G	Skilled Nursing Inpt A - CWF Initiated Adj
17Z	Hospital Subacute Inpt - New Abbreviated Encounter	21H	Skilled Nursing Inpt A - HCFA Initiated Adj
180	Hospital Swing Bed - Nonpayment/Zero Claim	21I	Skilled Nursing Inpt A - Intermediary Initiated Adj
181	Hospital Swing Bed - Admit Thru Discharge Claim	21J	Skilled Nursing Inpt A - Other Entity Initiated Adj
182	Hospital Swing Bed - Interim - First Claim	21K	Skilled Nursing Inpt A - OIG Initiated Adj
183	Hospital Swing Bed - Interim - Continuing Claim	21M	Skilled Nursing Inpt A - MSP Initiated Adj
184	Hospital Swing Bed - Interim - Last Claim	21N	Skilled Nursing Inpt A - PRO Adjust Claim
185	Hospital Swing Bed - Late Charge Only	21O	Skilled Nursing Inpt A - Nonpayment/Zero
186	Hospital Swing Bed - Adjustment of Prior Claim	21X	Skilled Nursing Inpt A - Void/Cancel Prior Encounter
187	Hospital Swing Bed - Replacement of Prior Claim	21Y	Skilled Nursing Inpt A - Replace Prior Encounter
188	Hospital Swing Bed - Void/Cancel of Prior Claim	21Z	Skilled Nursing Inpt A - New Abbreviated Encounter
18F	Hospital Swing Bed - Beneficiary Initiated Adj	220	Skilled Nursing Inpt B - Nonpayment/Zero Claim
18G	Hospital Swing Bed - CWF Initiated Adj	221	Skilled Nursing Inpt B - Admit Thru Discharge
18H	Hospital Swing Bed - HCFA Initiated Adj	222	Skilled Nursing Inpt B - Interim - First Claim
18I	Hospital Swing Bed - Intermediary Initiated Adj	223	Skilled Nursing Inpt B - Interim - Continuing Claim
18J	Hospital Swing Bed - Other Entity Initiated Adj	224	Skilled Nursing Inpt B - Interim - Last Claim
18K	Hospital Swing Bed - OIG Initiated Adj	225	Skilled Nursing Inpt B - Late Charge Only
18M	Hospital Swing Bed - MSP Initiated Adj	226	Skilled Nursing Inpt B - Adjustment of Prior Claim
18N	Hospital Swing Bed - PRO Adjust Claim	227	Skilled Nursing Inpt B - Replacement of Prior Claim
18O	Hospital Swing Bed - Nonpayment/Zero	228	Skilled Nursing Inpt B - Void/Cancel of Prior Claim
22F	Skilled Nursing Inpt B - Beneficiary Initiated Adj	240	Skilled Nursing Other - Nonpayment/Zero Claim
22G	Skilled Nursing Inpt B - CWF Initiated Adj	241	Skilled Nursing Other - Admit Through Discharge
22H	Skilled Nursing Inpt B - HCFA Initiated Adj	242	Skilled Nursing Other - Interim - First Claim
22I	Skilled Nursing Inpt B - Intermediary Initiated Adj	243	Skilled Nursing Other - Interim - Continuing Claim



**ATTACHMENT A - BILLTYP**  
**STANDARD VALUES FOR FACILITY BILL TYPE CODE**

Value	Label	Value	Label
22J	Skilled Nursing Inpt B - Other Entity Initiated Adj	244	Skilled Nursing Other - Interim - Last Claim
22K	Skilled Nursing Inpt B - OIG Initiated Adj	245	Skilled Nursing Other - Late Charge Only
22M	Skilled Nursing Inpt B - MSP Initiated Adj	246	Skilled Nursing Other - Adjustment of Prior Claim
22N	Skilled Nursing Inpt B - PRO Adjust Claim	247	Skilled Nursing Other - Replacement of Prior Claim
22O	Skilled Nursing Inpt B - Nonpayment/Zero	248	Skilled Nursing Other - Void/Cancel of Prior Claim
22X	Skilled Nursing Inpt B - Void/Cancel Prior Encounter	24F	Skilled Nursing Other - Beneficiary Initiated Adj
22Y	Skilled Nursing Inpt B - Replace Prior Encounter	24G	Skilled Nursing Other - CWF Initiated Adj
22Z	Skilled Nursing Inpt B - New Abbreviated Encounter	24H	Skilled Nursing Other - HCFA Initiated Adj
230	Skilled Nursing Outpt - Nonpayment/Zero Claim	24I	Skilled Nursing Other - Intermediary Initiated Adj
231	Skilled Nursing Outpt - Admit Through Discharge	24J	Skilled Nursing Other - Other Entity Initiated Adj
232	Skilled Nursing Outpt - Interim - First Claim	24K	Skilled Nursing Other - OIG Initiated Adj
233	Skilled Nursing Outpt - Interim - Continuing Claim	24M	Skilled Nursing Other - MSP Initiated Adj
234	Skilled Nursing Outpt - Interim - Last Claim	24N	Skilled Nursing Other - PRO Adjust Claim
235	Skilled Nursing Outpt - Late Charge Only	24O	Skilled Nursing Other - Nonpayment/Zero
236	Skilled Nursing Outpt - Adjustment of Prior Claim	24X	Skilled Nursing Other - Void/Cancel Prior Encounter
237	Skilled Nursing Outpt - Replacement of Prior Claim	24Y	Skilled Nursing Other - Replace Prior Encounter
238	Skilled Nursing Outpt - Void/Cancel of Prior Claim	24Z	Skilled Nursing Other - New Abbreviated Encounter
23F	Skilled Nursing Outpt - Beneficiary Initiated Adj	250	Skilled Nursing Intermed I - Nonpayment/Zero Claim
23G	Skilled Nursing Outpt - CWF Initiated Adj	251	Skilled Nursing Intermed I - Admit Thru Discharge
23H	Skilled Nursing Outpt - HCFA Initiated Adj	252	Skilled Nursing Intermed I - Interim - First Claim
23I	Skilled Nursing Outpt - Intermediary Initiated Adj	253	Skilled Nursing Intermed I - Interim - Continuing Claim
23J	Skilled Nursing Outpt - Other Entity Initiated Adj	254	Skilled Nursing Intermed I - Interim - Last Claim
23K	Skilled Nursing Outpt - OIG Initiated Adj	255	Skilled Nursing Intermed I - Late Charge Only
23M	Skilled Nursing Outpt - MSP Initiated Adj	256	Skilled Nursing Intermed I - Adjustment of Prior Claim
23N	Skilled Nursing Outpt - PRO Adjust Claim	257	Skilled Nursing Intermed I - Replacement of Prior Claim
23O	Skilled Nursing Outpt - Nonpayment/Zero	258	Skilled Nursing Intermed I - Void/Cancel of Prior Claim
23X	Skilled Nursing Outpt - Void/Cancel Prior Encounter	25F	Skilled Nursing Intermed I - Beneficiary Initiated Adj
23Y	Skilled Nursing Outpt - Replace Prior Encounter	25G	Skilled Nursing Intermed I - CWF Initiated Adj
23Z	Skilled Nursing Outpt - New Abbreviated Encounter	25H	Skilled Nursing Intermed I - HCFA Initiated Adj
25I	Skilled Nursing Intermed I - Intermediary Initiated Adj	273	Skilled Nursing Subacute Inpt - Interim - Continuing Claim
25J	Skilled Nursing Intermed I - Other Entity Initiated Adj	274	Skilled Nursing Subacute Inpt - Interim - Last Claim
25K	Skilled Nursing Intermed I - OIG Initiated Adj	275	Skilled Nursing Subacute Inpt - Late Charge Only
25M	Skilled Nursing Intermed I - MSP Initiated Adj	276	Skilled Nursing Subacute Inpt - Adjustment of Prior Claim
25N	Skilled Nursing Intermed I - PRO Adjust Claim	277	Skilled Nursing Subacute Inpt - Replacement of Prior Claim
25O	Skilled Nursing Intermed I - Nonpayment/Zero	278	Skilled Nursing Subacute Inpt - Void/Cancel of Prior Claim



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## ATTACHMENT A - BILLTYP

### STANDARD VALUES FOR FACILITY BILL TYPE CODE

Value	Label	Value	Label
25X	Skilled Nursing Intermed I - Void/Cancel Prior Encounter	27F	Skilled Nursing Subacute Inpt - Beneficiary Initiated Adj
25Y	Skilled Nursing Intermed I - Replace Prior Encounter	27G	Skilled Nursing Subacute Inpt - CWF Initiated Adj
25Z	Skilled Nursing Intermed I - New Abbreviated Encounter	27H	Skilled Nursing Subacute Inpt - HCFA Initiated Adj
260	Skilled Nursing Intermed II - Nonpayment/Zero Claim	27I	Skilled Nursing Subacute Inpt - Intermediary Initiated Adj
261	Skilled Nursing Intermed II - Admit Thru Discharge	27J	Skilled Nursing Subacute Inpt - Other Entity Initiated Adj
262	Skilled Nursing Intermed II - Interim - First Claim	27K	Skilled Nursing Subacute Inpt - OIG Initiated Adj
263	Skilled Nursing Intermed II - Interim - Continuing Claim	27M	Skilled Nursing Subacute Inpt - MSP Initiated Adj
264	Skilled Nursing Intermed II - Interim - Last Claim	27N	Skilled Nursing Subacute Inpt - PRO Adjust Claim
265	Skilled Nursing Intermed II - Late Charge Only	27O	Skilled Nursing Subacute Inpt - Nonpayment/Zero
266	Skilled Nursing Intermed II - Adjustment of Prior Claim	27X	Skilled Nursing Subacute Inpt - Void/Cancel Prior Encounter
267	Skilled Nursing Intermed II - Replacement of Prior Claim	27Y	Skilled Nursing Subacute Inpt - Replace Prior Encounter
268	Skilled Nursing Intermed II - Void/Cancel of Prior	27Z	Skilled Nursing Subacute Inpt - New Abbreviated Encounter
26F	Skilled Nursing Intermed II - Beneficiary Initiated Adj	280	Skilled Nursing Swing Bed - Nonpayment/Zero Claim
26G	Skilled Nursing Intermed II - CWF Initiated Adj	281	Skilled Nursing Swing Bed - Admit Thru Discharge
26H	Skilled Nursing Intermed II - HCFA Initiated Ad	282	Skilled Nursing Swing Bed - Interim - First Claim
26I	Skilled Nursing Intermed II - Intermediary Initiated Adj	283	Skilled Nursing Swing Bed - Interim - Continuing Claim
26J	Skilled Nursing Intermed II - Other Entity Initiated Adj	284	Skilled Nursing Swing Bed - Interim - Last Claim
26K	Skilled Nursing Intermed II - OIG Initiated Adj	285	Skilled Nursing Swing Bed - Late Charge Only
26M	Skilled Nursing Intermed II - MSP Initiated Adj	286	Skilled Nursing Swing Bed - Adjustment of Prior Claim
26N	Skilled Nursing Intermed II - PRO Adjust Claim	287	Skilled Nursing Swing Bed - Replacement of Prior Claim
26O	Skilled Nursing Intermed II - Nonpayment/Zero	288	Skilled Nursing Swing Bed - Void/Cancel of Prior Claim
26X	Skilled Nursing Intermed II - Void/Cancel Prior Encounter	28F	Skilled Nursing Swing Bed - Beneficiary Initiated Adj
26Y	Skilled Nursing Intermed II - Replace Prior Encounter	28G	Skilled Nursing Swing Bed - CWF Initiated Adj
26Z	Skilled Nursing Intermed II - New Abbreviated Encounter	28H	Skilled Nursing Swing Bed - HCFA Initiated Adj
270	Skilled Nursing Subacute Inpt - Nonpayment/Zero Claim	28I	Skilled Nursing Swing Bed - Intermediary Initiated Adj
271	Skilled Nursing Subacute Inpt - Admit Thru Discharge	28J	Skilled Nursing Swing Bed - Other Entity Initiated Adj
272	Skilled Nursing Subacute Inpt - Interim - First Claim	28K	Skilled Nursing Swing Bed - OIG Initiated Adj
28M	Skilled Nursing Swing Bed - MSP Initiated Adj	324	Home Health Inpt B - Interim - Last Claim
28N	Skilled Nursing Swing Bed - PRO Adjust Claim	325	Home Health Inpt B - Late Charge Only
28O	Skilled Nursing Swing Bed - Nonpayment/Zero	326	Home Health Inpt B - Adjustment of Prior Claim
28X	Skilled Nursing Swing Bed - Void/Cancel Prior Encounter	327	Home Health Inpt B - Replacement of Prior Claim
28Y	Skilled Nursing Swing Bed - Replace Prior Encounter	328	Home Health Inpt B - Void/Cancel of Prior Claim
28Z	Skilled Nursing Swing Bed - New Abbreviated Encounter	329	Home Health Inpt B - Final Claim for PPS Episode
310	Home Health Inpt A - Nonpayment/Zero Claim	32A	Home Health Inpt B - Admission/Election Notice
311	Home Health Inpt A - Admit Thru Discharge	32F	Home Health Inpt B - Beneficiary Initiated Adj



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## ATTACHMENT A - BILLTYP

### STANDARD VALUES FOR FACILITY BILL TYPE CODE

Value	Label	Value	Label
312	Home Health Inpt A - Interim - First Claim	32G	Home Health Inpt B - CWF Initiated Adj
313	Home Health Inpt A - Interim - Continuing Claim	32H	Home Health Inpt B - HCFA Initiated Adj
314	Home Health Inpt A - Interim - Last Claim	32I	Home Health Inpt B - Intermediary Initiated Adj
315	Home Health Inpt A - Late Charge Only	32J	Home Health Inpt B - Other Entity Initiated Adj
316	Home Health Inpt A - Adjustment of Prior Claim	32K	Home Health Inpt B - OIG Initiated Adj
317	Home Health Inpt A - Replacement of Prior Claim	32M	Home Health Inpt B - MSP Initiated Adj
318	Home Health Inpt A - Void/Cancel of Prior Claim	32N	Home Health Inpt B - PRO Adjust Claim
319	Home Health Inpt A - Final Claim for PPS Episode	32O	Home Health Inpt B - Nonpayment/Zero
31A	Home Health Inpt A - Admission/Election Notice	32X	Home Health Inpt B - Void/Cancel Prior Encounter
31F	Home Health Inpt A - Beneficiary Initiated Adj	32Y	Home Health Inpt B - Replace Prior Encounter
31G	Home Health Inpt A - CWF Initiated Adj	32Z	Home Health Inpt B - New Abbreviated Encounter
31H	Home Health Inpt A - HCFA Initiated Adj	330	Home Health Outpt - Nonpayment/Zero Claim
31I	Home Health Inpt A - Intermediary Initiated Adj	331	Home Health Outpt - Admit Thru Discharge
31J	Home Health Inpt A - Other Entity Initiated Adj	332	Home Health Outpt - Interim - First Claim
31K	Home Health Inpt A - OIG Initiated Adj	333	Home Health Outpt - Interim - Continuing Claim
31M	Home Health Inpt A - MSP Initiated Adj	334	Home Health Outpt - Interim - Last Claim
31N	Home Health Inpt A - PRO Adjust Claim	335	Home Health Outpt - Late Charge Only
31O	Home Health Inpt A - Nonpayment/Zero	336	Home Health Outpt - Adjustment of Prior Claim
31X	Home Health Inpt A - Void/Cancel Prior Encounter	337	Home Health Outpt - Replacement of Prior Claim
31Y	Home Health Inpt A - Replace Prior Encounter	338	Home Health Outpt - Void/Cancel of Prior Claim
31Z	Home Health Inpt A - New Abbreviated Encounter	339	Home Health Outpt - Final Claim for PPS Episode
320	Home Health Inpt B - Nonpayment/Zero Claim	33A	Home Health Outpt - Admission/Election Notice
321	Home Health Inpt B - Admit Thru Discharge Claim	33F	Home Health Outpt - Beneficiary Initiated Adj
322	Home Health Inpt B - Interim - First Claim	33G	Home Health Outpt - CWF Initiated Adj
323	Home Health Inpt B - Interim - Continuing Claim	33H	Home Health Outpt - HCFA Initiated Adj
33I	Home Health Outpt - Intermediary Initiated Adj	351	Home Health Intermed I - Admit Thru Discharge
33J	Home Health Outpt - Other Entity Initiated Adj	352	Home Health Intermed I - Interim - First Claim
33K	Home Health Outpt - OIG Initiated Adj	353	Home Health Intermed I - Interim - Continuing Claim
33M	Home Health Outpt - MSP Initiated Adj	354	Home Health Intermed I - Interim - Last Claim
33N	Home Health Outpt - PRO Adjust Claim	355	Home Health Intermed I - Late Charge Only
33O	Home Health Outpt - Nonpayment/Zero	356	Home Health Intermed I - Adjustment of Prior Claim
33X	Home Health Outpt - Void/Cancel Prior Encounter	357	Home Health Intermed I - Replacement of Prior Claim
33Y	Home Health Outpt - Replace Prior Encounter	358	Home Health Intermed I - Void/Cancel of Prior Claim
33Z	Home Health Outpt - New Abbreviated Encounter	359	Home Health Intermed I - Final Claim for PPS Episode
340	Home Health Other - Nonpayment/Zero Claim	35A	Home Health Intermed I - Admission/Election Notice



**ATTACHMENT A - BILLTYP**  
**STANDARD VALUES FOR FACILITY BILL TYPE CODE**

Value	Label	Value	Label
341	Home Health Other - Admit Thru Discharge	35F	Home Health Intermed I - Beneficiary Initiated Adj
342	Home Health Other - Interim - First Claim	35G	Home Health Intermed I - CWF Initiated Adj
343	Home Health Other - Interim - Continuing Claim	35H	Home Health Intermed I - HCFA Initiated Adj
344	Home Health Other - Interim - Last Claim	35I	Home Health Intermed I - Intermediary Initiated Adj
345	Home Health Other - Late Charge Only	35J	Home Health Intermed I - Other Entity Initiated Adj
346	Home Health Other - Adjustment of Prior Claim	35K	Home Health Intermed I - OIG Initiated Adj
347	Home Health Other - Replacement of Prior Claim	35M	Home Health Intermed I - MSP Initiated Adj
348	Home Health Other - Void/Cancel of Prior Claim	35N	Home Health Intermed I - PRO Adjust Claim
349	Home Health Other - Final Claim for PPS Episode	35O	Home Health Intermed I - Nonpayment/Zero
34A	Home Health Other - Admission/Election Notice	35X	Home Health Intermed I - Void/Cancel Prior Encounter
34F	Home Health Other - Beneficiary Initiated Adj	35Y	Home Health Intermed I - Replace Prior Encounter
34G	Home Health Other - CWF Initiated Adj	35Z	Home Health Intermed I - New Abbreviated Encounter
34H	Home Health Other - HCFA Initiated Adj	360	Home Health Intermed II - Nonpayment/Zero Claim
34I	Home Health Other - Intermediary Initiated Adj	361	Home Health Intermed II - Admit Thru Discharge
34J	Home Health Other - Other Entity Initiated Adj	362	Home Health Intermed II - Interim - First Claim
34K	Home Health Other - OIG Initiated Adj	363	Home Health Intermed II - Interim - Continuing Claim
34M	Home Health Other - MSP Initiated Adj	364	Home Health Intermed II - Interim - Last Claim
34N	Home Health Other - PRO Adjust Claim	365	Home Health Intermed II - Late Charge Only
34O	Home Health Other - Nonpayment/Zero	366	Home Health Intermed II - Adjustment of Prior Claim
34X	Home Health Other - Void/Cancel Prior Encounter	367	Home Health Intermed II - Replacement of Prior Claim
34Y	Home Health Other - Replace Prior Encounter	368	Home Health Intermed II - Void/Cancel of Prior Claim
34Z	Home Health Other - New Abbreviated Encounter	369	Home Health Intermed II - Final Claim for PPS Episode
350	Home Health Intermed I - Nonpayment/Zero Claim	36A	Home Health Intermed II - Admission/Election Notice
36F	Home Health Intermed II - Beneficiary Initiated Adj	37Y	Home Health Subacute Inpt - Replace Prior Encounter
36G	Home Health Intermed II - CWF Initiated Adj	37Z	Home Health Subacute Inpt - New Abbreviated Encounter
36H	Home Health Intermed II - HCFA Initiated Adj	380	Home Health Swing Bed - Nonpayment/Zero Claim
36I	Home Health Intermed II - Intermediary Initiated Adj	381	Home Health Swing Bed - Admit Thru Discharge
36J	Home Health Intermed II - Other Entity Initiated Adj	382	Home Health Swing Bed - Interim - First Claim
36K	Home Health Intermed II - OIG Initiated Adj	383	Home Health Swing Bed - Interim - Continuing Claim
36M	Home Health Intermed II - MSP Initiated Adj	384	Home Health Swing Bed - Interim - Last Claim
36N	Home Health Intermed II - PRO Adjust Claim	385	Home Health Swing Bed - Late Charge Only
36O	Home Health Intermed II - Nonpayment/Zero	386	Home Health Swing Bed - Adjustment of Prior Claim
36X	Home Health Intermed II - Void/Cancel Prior Encounter	387	Home Health Swing Bed - Replacement of Prior Claim
36Y	Home Health Intermed II - Replace Prior Encounter	388	Home Health Swing Bed - Void/Cancel of Prior Claim
36Z	Home Health Intermed II - New Abbreviated Encounter	389	Home Health Swing Bed - Final Claim for PPS Episode



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## ATTACHMENT A - BILLTYP

### STANDARD VALUES FOR FACILITY BILL TYPE CODE

Value	Label	Value	Label
370	Home Health Subacute Inpt - Nonpayment/Zero Claim	38A	Home Health Swing Bed - Admission/Election Notice
371	Home Health Subacute Inpt - Admit Thru Discharge	38F	Home Health Swing Bed - Beneficiary Initiated Adj
372	Home Health Subacute Inpt - Interim - First Claim	38G	Home Health Swing Bed - CWF Initiated Adj
373	Home Health Subacute Inpt - Interim - Continuing Claim	38H	Home Health Swing Bed - HCFA Initiated Adj
374	Home Health Subacute Inpt - Interim - Last Claim	38I	Home Health Swing Bed - Intermediary Initiated Adj
375	Home Health Subacute Inpt - Late Charge Only	38J	Home Health Swing Bed - Other Entity Initiated Adj
376	Home Health Subacute Inpt - Adjustment of Prior Claim	38K	Home Health Swing Bed - OIG Initiated Adj
377	Home Health Subacute Inpt - Replacement of Prior Claim	38M	Home Health Swing Bed - MSP Initiated Adj
378	Home Health Subacute Inpt - Void/Cancel of Prior Claim	38N	Home Health Swing Bed - PRO Adjust Claim
379	Home Health Subacute Inpt - Final Claim for PPS Episode	38O	Home Health Swing Bed - Nonpayment/Zero
37A	Home Health Subacute Inpt - Admission/Election Notice	38X	Home Health Swing Bed - Void/Cancel Prior Encounter
37F	Home Health Subacute Inpt - Beneficiary Initiated Adj	38Y	Home Health Swing Bed - Replace Prior Encounter
37G	Home Health Subacute Inpt - CWF Initiated Adj	38Z	Home Health Swing Bed - New Abbreviated Encounter
37H	Home Health Subacute Inpt - HCFA Initiated Adj	410	Chr Sci Hosp Inpt A - Nonpayment/Zero Claim
37I	Home Health Subacute Inpt - Intermediary Initiated Adj	411	Chr Sci Hosp Inpt A - Admit Thru Discharge
37J	Home Health Subacute Inpt - Other Entity Initiated Adj	412	Chr Sci Hosp Inpt A - Interim - First Claim
37K	Home Health Subacute Inpt - OIG Initiated Adj	413	Chr Sci Hosp Inpt A - Interim - Continuing Claim
37M	Home Health Subacute Inpt - MSP Initiated Adj	414	Chr Sci Hosp Inpt A - Interim - Last Claim
37N	Home Health Subacute Inpt - PRO Adjust Claim	415	Chr Sci Hosp Inpt A - Late Charge Only
37O	Home Health Subacute Inpt - Nonpayment/Zero	416	Chr Sci Hosp Inpt A - Adjustment of Prior Claim
37X	Home Health Subacute Inpt - Void/Cancel Prior Encounter	417	Chr Sci Hosp Inpt A - Replacement of Prior Claim
418	Chr Sci Hosp Inpt A - Void/Cancel of Prior Claim	42N	Chr Sci Hosp Inpt B - PRO Adjust Claim
41A	Chr Sci Hosp Inpt A - Admission/Election Notice	42O	Chr Sci Hosp Inpt B - Nonpayment/Zero
41D	Chr Sci Hosp Inpt A - Election Void/Cancel	42X	Chr Sci Hosp Inpt B - Void/Cancel Prior Encounter
41F	Chr Sci Hosp Inpt A - Beneficiary Initiated Adj	42Y	Chr Sci Hosp Inpt B - Replace Prior Encounter
41G	Chr Sci Hosp Inpt A - CWF Initiated Adj	42Z	Chr Sci Hosp Inpt B - New Abbreviated Encounter
41H	Chr Sci Hosp Inpt A - HCFA Initiated Adj	430	Chr Sci Hosp Outpt - Nonpayment/Zero Claim
41I	Chr Sci Hosp Inpt A - Intermediary Initiated Adj	431	Chr Sci Hosp Outpt - Admit Thru Discharge
41J	Chr Sci Hosp Inpt A - Other Entity Initiated Adj	432	Chr Sci Hosp Outpt - Interim - First Claim
41K	Chr Sci Hosp Inpt A - OIG Initiated Adj	433	Chr Sci Hosp Outpt - Interim - Continuing Claim
41M	Chr Sci Hosp Inpt A - MSP Initiated Adj	434	Chr Sci Hosp Outpt - Interim - Last Claim
41N	Chr Sci Hosp Inpt A - PRO Adjust Claim	435	Chr Sci Hosp Outpt - Late Charge Only
41O	Chr Sci Hosp Inpt A - Nonpayment/Zero	436	Chr Sci Hosp Outpt - Adjustment of Prior Claim
41X	Chr Sci Hosp Inpt A - Void/Cancel Prior Encounter	437	Chr Sci Hosp Outpt - Replacement of Prior Claim
41Y	Chr Sci Hosp Inpt A - Replace Prior Encounter	438	Chr Sci Hosp Outpt - Void/Cancel of Prior Claim





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## ATTACHMENT A - BILLTYP

### STANDARD VALUES FOR FACILITY BILL TYPE CODE

Value	Label	Value	Label
41Z	Chr Sci Hosp Inpt A - New Abbreviated Encounter	43A	Chr Sci Hosp Outpt - Admission/Election Notice
420	Chr Sci Hosp Inpt B - Nonpayment/Zero Claim	43D	Chr Sci Hosp Outpt - Election Void/Cancel
421	Chr Sci Hosp Inpt B - Admit Thru Discharge	43F	Chr Sci Hosp Outpt - Beneficiary Initiated Adj
422	Chr Sci Hosp Inpt B - Interim - First Claim	43G	Chr Sci Hosp Outpt - CWF Initiated Adj
423	Chr Sci Hosp Inpt B - Interim - Continuing Claim	43H	Chr Sci Hosp Outpt - HCFA Initiated Adj
424	Chr Sci Hosp Inpt B - Interim - Last Claim	43I	Chr Sci Hosp Outpt - Intermediary Initiated Adj
425	Chr Sci Hosp Inpt B - Late Charge Only	43J	Chr Sci Hosp Outpt - Other Entity Initiated Adj
426	Chr Sci Hosp Inpt B - Adjustment of Prior Claim	43K	Chr Sci Hosp Outpt - OIG Initiated Adj
427	Chr Sci Hosp Inpt B - Replacement of Prior Claim	43M	Chr Sci Hosp Outpt - MSP Initiated Adj
428	Chr Sci Hosp Inpt B - Void/Cancel of Prior Claim	43N	Chr Sci Hosp Outpt - PRO Adjust Claim
42A	Chr Sci Hosp Inpt B - Admission/Election Notice	43O	Chr Sci Hosp Outpt - Nonpayment/Zero
42D	Chr Sci Hosp Inpt B - Election Void/Cancel	43X	Chr Sci Hosp Outpt - Void/Cancel Prior Encounter
42F	Chr Sci Hosp Inpt B - Beneficiary Initiated Adj	43Y	Chr Sci Hosp Outpt - Replace Prior Encounter
42G	Chr Sci Hosp Inpt B - CWF Initiated Adj	43Z	Chr Sci Hosp Outpt - New Abbreviated Encounter
42H	Chr Sci Hosp Inpt B - HCFA Initiated Adj	440	Chr Sci Hosp Other - Nonpayment/Zero Claim
42I	Chr Sci Hosp Inpt B - Intermediary Initiated Adj	441	Chr Sci Hosp Other - Admit Thru Discharge
42J	Chr Sci Hosp Inpt B - Other Entity Initiated Adj	442	Chr Sci Hosp Other - Interim - First Claim
42K	Chr Sci Hosp Inpt B - OIG Initiated Adj	443	Chr Sci Hosp Other - Interim - Continuing Claim
42M	Chr Sci Hosp Inpt B - MSP Initiated Adj	444	Chr Sci Hosp Other - Interim - Last Claim
445	Chr Sci Hosp Other - Late Charge Only	45J	Chr Sci Hosp Intermed I - Other Entity Initiated Adj
446	Chr Sci Hosp Other - Adjustment of Prior Claim	45K	Chr Sci Hosp Intermed I - OIG Initiated Adj
447	Chr Sci Hosp Other - Replacement of Prior Claim	45M	Chr Sci Hosp Intermed I - MSP Initiated Adj
448	Chr Sci Hosp Other - Void/Cancel of Prior Claim	45N	Chr Sci Hosp Intermed I - PRO Adjust Claim
44A	Chr Sci Hosp Other - Admission/Election Notice	45O	Chr Sci Hosp Intermed I - Nonpayment/Zero
44D	Chr Sci Hosp Other - Election Void/Cancel	45X	Chr Sci Hosp Intermed I - Void/Cancel Prior Encounter
44F	Chr Sci Hosp Other - Beneficiary Initiated Adj	45Y	Chr Sci Hosp Intermed I - Replace Prior Encounter
44G	Chr Sci Hosp Other - CWF Initiated Adj	45Z	Chr Sci Hosp Intermed I - New Abbreviated Encounter
44H	Chr Sci Hosp Other - HCFA Initiated Adj	460	Chr Sci Hosp Intermed II - Nonpayment/Zero Claim
44I	Chr Sci Hosp Other - Intermediary Initiated Adj	461	Chr Sci Hosp Intermed II - Admit Thru Discharge
44J	Chr Sci Hosp Other - Other Entity Initiated Adj	462	Chr Sci Hosp Intermed II - Interim - First Claim
44K	Chr Sci Hosp Other - OIG Initiated Adj	463	Chr Sci Hosp Intermed II - Interim - Continuing Claim
44M	Chr Sci Hosp Other - MSP Initiated Adj	464	Chr Sci Hosp Intermed II - Interim - Last Claim
44N	Chr Sci Hosp Other - PRO Adjust Claim	465	Chr Sci Hosp Intermed II - Late Charge Only
44O	Chr Sci Hosp Other - Nonpayment/Zero	466	Chr Sci Hosp Intermed II - Adjustment of Prior Claim
44X	Chr Sci Hosp Other - Void/Cancel Prior Encounter	467	Chr Sci Hosp Intermed II - Replacement of Prior Claim



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## ATTACHMENT A - BILLTYP

### STANDARD VALUES FOR FACILITY BILL TYPE CODE

Value	Label	Value	Label
44Y	Chr Sci Hosp Other - Replace Prior Encounter	468	Chr Sci Hosp Intermed II - Void/Cancel of Prior Claim
44Z	Chr Sci Hosp Other - New Abbreviated Encounter	46A	Chr Sci Hosp Intermed II - Admission/Election Notice
450	Chr Sci Hosp Intermed I - Nonpayment/Zero Claim	46D	Chr Sci Hosp Intermed II - Election Void/Cancel
451	Chr Sci Hosp Intermed I - Admit Thru Discharge	46F	Chr Sci Hosp Intermed II - Beneficiary Initiated Adj
452	Chr Sci Hosp Intermed I - Interim - First Claim	46G	Chr Sci Hosp Intermed II - CWF Initiated Adj
453	Chr Sci Hosp Intermed I - Interim - Continuing Claim	46H	Chr Sci Hosp Intermed II - HCFA Initiated Adj
454	Chr Sci Hosp Intermed I - Interim - Last Claim	46I	Chr Sci Hosp Intermed II - Intermediary Initiated Adj
455	Chr Sci Hosp Intermed I - Late Charge Only	46J	Chr Sci Hosp Intermed II - Other Entity Initiated Adj
456	Chr Sci Hosp Intermed I - Adjustment of Prior Claim	46K	Chr Sci Hosp Intermed II - OIG Initiated Adj
457	Chr Sci Hosp Intermed I - Replacement of Prior Claim	46M	Chr Sci Hosp Intermed II - MSP Initiated Adj
458	Chr Sci Hosp Intermed I - Void/Cancel of Prior Claim	46N	Chr Sci Hosp Intermed II - PRO Adjust Claim
45A	Chr Sci Hosp Intermed I - Admission/Election Notice	46O	Chr Sci Hosp Intermed II - Nonpayment/Zero
45D	Chr Sci Hosp Intermed I - Election Void/Cancel	46X	Chr Sci Hosp Intermed II - Void/Cancel Prior Encounter
45F	Chr Sci Hosp Intermed I - Beneficiary Initiated Adj	46Y	Chr Sci Hosp Intermed II - Replace Prior Encounter
45G	Chr Sci Hosp Intermed I - CWF Initiated Adj	46Z	Chr Sci Hosp Intermed II - New Abbreviated Encounter
45H	Chr Sci Hosp Intermed I - HCFA Initiated Adj	470	Chr Sci Hosp Subacute Inpt - Nonpayment/Zero Claim
45I	Chr Sci Hosp Intermed I - Intermediary Initiated Adj	471	Chr Sci Hosp Subacute Inpt - Admit Thru Discharge
472	Chr Sci Hosp Subacute Inpt - Interim - First Claim	48G	Chr Sci Hosp Swing Bed - CWF Initiated Adj
473	Chr Sci Hosp Subacute Inpt - Interim - Continuing Claim	48H	Chr Sci Hosp Swing Bed - HCFA Initiated Adj
474	Chr Sci Hosp Subacute Inpt - Interim - Last Claim	48I	Chr Sci Hosp Swing Bed - Intermediary Initiated Adj
475	Chr Sci Hosp Subacute Inpt - Late Charge Only	48J	Chr Sci Hosp Swing Bed - Other Entity Initiated Adj
476	Chr Sci Hosp Subacute Inpt - Adjustment of Prior Claim	48K	Chr Sci Hosp Swing Bed - OIG Initiated Adj
477	Chr Sci Hosp Subacute Inpt - Replacement of Prior Claim	48M	Chr Sci Hosp Swing Bed - MSP Initiated Adj
478	Chr Sci Hosp Subacute Inpt - Void/Cancel of Prior Claim	48N	Chr Sci Hosp Swing Bed - PRO Adjust Claim
47A	Chr Sci Hosp Subacute Inpt - Admission/Election Notice	48O	Chr Sci Hosp Swing Bed - Nonpayment/Zero
47D	Chr Sci Hosp Subacute Inpt - Election Void/Cancel	48X	Chr Sci Hosp Swing Bed - Void/Cancel Prior Encounter
47F	Chr Sci Hosp Subacute Inpt - Beneficiary Initiated Adj	48Y	Chr Sci Hosp Swing Bed - Replace Prior Encounter
47G	Chr Sci Hosp Subacute Inpt - CWF Initiated Adj	48Z	Chr Sci Hosp Swing Bed - New Abbreviated Encounter
47H	Chr Sci Hosp Subacute Inpt - HCFA Initiated Adj	510	Chr Sci Extend Care Inpt A - Nonpayment/Zero Claim
47I	Chr Sci Hosp Subacute Inpt - Intermediary Initiated Adj	511	Chr Sci Extend Care Inpt A - Admit Thru Discharge
47J	Chr Sci Hosp Subacute Inpt - Other Entity Initiated Adj	512	Chr Sci Extend Care Inpt A - Interim - First Claim
47K	Chr Sci Hosp Subacute Inpt - OIG Initiated Adj	513	Chr Sci Extend Care Inpt A - Interim - Continuing Claim
47M	Chr Sci Hosp Subacute Inpt - MSP Initiated Adj	515	Chr Sci Extend Care Inpt A - Late Charge Only
47N	Chr Sci Hosp Subacute Inpt - PRO Adjust Claim	516	Chr Sci Extend Care Inpt A - Adjustment of Prior Claim
47O	Chr Sci Hosp Subacute Inpt - Nonpayment/Zero	517	Chr Sci Extend Care Inpt A - Replacement of Prior Claim



## ATTACHMENT A - BILLTYP

### STANDARD VALUES FOR FACILITY BILL TYPE CODE

Value	Label	Value	Label
47X	Chr Sci Hosp Subacute Inpt - Void/Cancel Prior Encounter	518	Chr Sci Extend Care Inpt A - Void/Cancel of Prior Claim
47Y	Chr Sci Hosp Subacute Inpt - Replace Prior Encounter	51A	Chr Sci Extend Care Inpt A - Admission/Election Notice
47Z	Chr Sci Hosp Subacute Inpt - New Abbreviated Encounter	51D	Chr Sci Extend Care Inpt A - Election Void/Cancel
480	Chr Sci Hosp Swing Bed - Nonpayment/Zero Claim	51F	Chr Sci Extend Care Inpt A - Beneficiary Initiated Adj
481	Chr Sci Hosp Swing Bed - Admit Thru Discharge	51G	Chr Sci Extend Care Inpt A - CWF Initiated Adj
482	Chr Sci Hosp Swing Bed - Interim - First Claim	51H	Chr Sci Extend Care Inpt A - HCFA Initiated Adj
483	Chr Sci Hosp Swing Bed - Interim - Continuing Claim	51I	Chr Sci Extend Care Inpt A - Intermediary Initiated Adj
484	Chr Sci Hosp Swing Bed - Interim - Last Claim	51J	Chr Sci Extend Care Inpt A - Other Entity Initiated Adj
485	Chr Sci Hosp Swing Bed - Late Charge Only	51K	Chr Sci Extend Care Inpt A - OIG Initiated Adj
486	Chr Sci Hosp Swing Bed - Adjustment of Prior Claim	51M	Chr Sci Extend Care Inpt A - MSP Initiated Adj
487	Chr Sci Hosp Swing Bed - Replacement of Prior Claim	51N	Chr Sci Extend Care Inpt A - PRO Adjust Claim
488	Chr Sci Hosp Swing Bed - Void/Cancel of Prior Claim	51O	Chr Sci Extend Care Inpt A - Nonpayment/Zero
48A	Chr Sci Hosp Swing Bed - Admission/Election Notice	51X	Chr Sci Extend Care Inpt A - Void/Cancel Prior Encounter
48D	Chr Sci Hosp Swing Bed - Election Void/Cancel	51Y	Chr Sci Extend Care Inpt A - Replace Prior Encounter
48F	Chr Sci Hosp Swing Bed - Beneficiary Initiated Adj	51Z	Chr Sci Extend Care Inpt A - New Abbreviated Encounter
520	Chr Sci Extend Care Inpt B - Nonpayment/Zero Claim	53D	Chr Sci Extend Care Outpt - Election Void/Cancel
521	Chr Sci Extend Care Inpt B - Admit Thru Discharge	53F	Chr Sci Extend Care Outpt - Beneficiary Initiated Adj
522	Chr Sci Extend Care Inpt B - Interim - First Claim	53G	Chr Sci Extend Care Outpt - CWF Initiated Adj
523	Chr Sci Extend Care Inpt B - Interim - Continuing Claim	53H	Chr Sci Extend Care Outpt - HCFA Initiated Adj
524	Chr Sci Extend Care Inpt B - Interim - Last Claim	53I	Chr Sci Extend Care Outpt - Intermediary Initiated Adj
525	Chr Sci Extend Care Inpt B - Late Charge Only	53J	Chr Sci Extend Care Outpt - Other Entity Initiated Adj
526	Chr Sci Extend Care Inpt B - Adjustment of Prior Claim	53K	Chr Sci Extend Care Outpt - OIG Initiated Adj
527	Chr Sci Extend Care Inpt B - Replacement of Prior Claim	53M	Chr Sci Extend Care Outpt - MSP Initiated Adj
528	Chr Sci Extend Care Inpt B - Void/Cancel of Prior Claim	53N	Chr Sci Extend Care Outpt - PRO Adjust Claim
52A	Chr Sci Extend Care Inpt B - Admission/Election Notice	53O	Chr Sci Extend Care Outpt - Nonpayment/Zero
52D	Chr Sci Extend Care Inpt B - Election Void/Cancel	53X	Chr Sci Extend Care Outpt - Void/Cancel Prior Encounter
52F	Chr Sci Extend Care Inpt B - Beneficiary Initiated Adj	53Y	Chr Sci Extend Care Outpt - Replace Prior Encounter
52G	Chr Sci Extend Care Inpt B - CWF Initiated Adj	53Z	Chr Sci Extend Care Outpt - New Abbreviated Encounter
52H	Chr Sci Extend Care Inpt B - HCFA Initiated Adj	540	Chr Sci Extend Care Other - Nonpayment/Zero Claim
52I	Chr Sci Extend Care Inpt B - Intermediary Initiated Adj	541	Chr Sci Extend Care Other - Admit Thru Discharge
52J	Chr Sci Extend Care Inpt B - Other Entity Initiated Adj	542	Chr Sci Extend Care Other - Interim - First Claim
52K	Chr Sci Extend Care Inpt B - OIG Initiated Adj	543	Chr Sci Extend Care Other - Interim - Continuing Claim
52M	Chr Sci Extend Care Inpt B - MSP Initiated Adj	544	Chr Sci Extend Care Other - Interim - Last Claim
52N	Chr Sci Extend Care Inpt B - PRO Adjust Claim	545	Chr Sci Extend Care Other - Late Charge Only
52O	Chr Sci Extend Care Inpt B - Nonpayment/Zero	546	Chr Sci Extend Care Other - Adjustment of Prior Claim



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## ATTACHMENT A - BILLTYP

### STANDARD VALUES FOR FACILITY BILL TYPE CODE

Value	Label	Value	Label
52X	Chr Sci Extend Care Inpt B - Void/Cancel Prior Encounter	547	Chr Sci Extend Care Other - Replacement of Prior Claim
52Y	Chr Sci Extend Care Inpt B - Replace Prior Encounter	548	Chr Sci Extend Care Other - Void/Cancel of Prior Claim
52Z	Chr Sci Extend Care Inpt B - New Abbreviated Encounter	54A	Chr Sci Extend Care Other - Admiss/Election Notice
530	Chr Sci Extend Care Outpt - Nonpayment/Zero Claim	54D	Chr Sci Extend Care Other - Election Void/Cancel
531	Chr Sci Extend Care Outpt - Admit Thru Discharge	54F	Chr Sci Extend Care Other - Beneficiary Initiated Adj
532	Chr Sci Extend Care Outpt - Interim - First Claim	54G	Chr Sci Extend Care Other - CWF Initiated Adj
533	Chr Sci Extend Care Outpt - Interim - Continuing Claim	54H	Chr Sci Extend Care Other - HCFA Initiated Adj
534	Chr Sci Extend Care Outpt - Interim - Last Claim	54I	Chr Sci Extend Care Other - Intermediary Initiated Adj
535	Chr Sci Extend Care Outpt - Late Charge Only	54J	Chr Sci Extend Care Other - Other Entity Initiated Adj
536	Chr Sci Extend Care Outpt - Adjustment of Prior Claim	54K	Chr Sci Extend Care Other - OIG Initiated Adj
537	Chr Sci Extend Care Outpt - Replacement of Prior Claim	54M	Chr Sci Extend Care Other - MSP Initiated Adj
538	Chr Sci Extend Care Outpt - Void/Cancel of Prior Claim	54N	Chr Sci Extend Care Other - PRO Adjust Claim
53A	Chr Sci Extend Care Outpt - Admiss/Election Notice	54O	Chr Sci Extend Care Other - Nonpayment/Zero
54X	Chr Sci Extend Care Other - Void/Cancel Prior Encounter	567	Chr Sci Extend Intermed II - Replacement of Prior Claim
54Y	Chr Sci Extend Care Other - Replace Prior Encounter	568	Chr Sci Extend Intermed II - Void/Cancel of Prior Claim
54Z	Chr Sci Extend Care Other - New Abbreviated Encounter	56A	Chr Sci Extend Intermed II - Admiss/Election Notice
550	Chr Sci Extend Intermed I - Nonpayment/Zero Claim	56D	Chr Sci Extend Intermed II - Election Void/Cancel
551	Chr Sci Extend Intermed I - Admit Thru Discharge	56F	Chr Sci Extend Intermed II - Beneficiary Initiated Adj
552	Chr Sci Extend Intermed I - Interim - First Claim	56G	Chr Sci Extend Intermed II - CWF Initiated Adj
553	Chr Sci Extend Intermed I - Interim - Continuing Claim	56H	Chr Sci Extend Intermed II - HCFA Initiated Adj
554	Chr Sci Extend Intermed I - Interim - Last Claim	56I	Chr Sci Extend Intermed II - Intermediary Initiated Adj
555	Chr Sci Extend Intermed I - Late Charge Only	56J	Chr Sci Extend Intermed II - Other Entity Initiated Adj
556	Chr Sci Extend Intermed I - Adjustment of Prior Claim	56K	Chr Sci Extend Intermed II - OIG Initiated Adj
557	Chr Sci Extend Intermed I - Replacement of Prior Claim	56M	Chr Sci Extend Intermed II - MSP Initiated Adj
558	Chr Sci Extend Intermed I - Void/Cancel of Prior Claim	56N	Chr Sci Extend Intermed II - PRO Adjust Claim
55A	Chr Sci Extend Intermed I - Admiss/Election Notice	56O	Chr Sci Extend Intermed II - Nonpayment/Zero
55D	Chr Sci Extend Intermed I - Election Void/Cancel	56X	Chr Sci Extend Intermed II - Void/Cancel Prior Encounter
55F	Chr Sci Extend Intermed I - Beneficiary Initiated Adj	56Y	Chr Sci Extend Intermed II - Replace Prior Encounter
55G	Chr Sci Extend Intermed I - CWF Initiated Adj	56Z	Chr Sci Extend Intermed II - New Abbreviated Encounter
55H	Chr Sci Extend Intermed I - HCFA Initiated Adj	570	Chr Sci Extend Subacute Inpt - Nonpayment/Zero Claim
55I	Chr Sci Extend Intermed I - Intermediary Initiated Adj	571	Chr Sci Extend Subacute Inpt - Admit Thru Discharge
55J	Chr Sci Extend Intermed I - Other Entity Initiated Adj	572	Chr Sci Extend Subacute Inpt - Interim - First Claim
55K	Chr Sci Extend Intermed I - OIG Initiated Adj	573	Chr Sci Extend Subacute Inpt - Interim - Continuing Claim
55M	Chr Sci Extend Intermed I - MSP Initiated Adj	574	Chr Sci Extend Subacute Inpt - Interim - Last Claim
55N	Chr Sci Extend Intermed I - PRO Adjust Claim	575	Chr Sci Extend Subacute Inpt - Late Charge Only



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## ATTACHMENT A - BILLTYP

### STANDARD VALUES FOR FACILITY BILL TYPE CODE

Value	Label	Value	Label
55O	Chr Sci Extend Intermed I - Nonpayment/Zero	576	Chr Sci Extend Subacute Inpt - Adjustment of Prior Claim
55X	Chr Sci Extend Intermed I - Void/Cancel Prior Encounter	577	Chr Sci Extend Subacute Inpt - Replacement of Prior Claim
55Y	Chr Sci Extend Intermed I - Replace Prior Encounter	578	Chr Sci Extend Subacute Inpt - Void/Cancel of Prior Claim
55Z	Chr Sci Extend Intermed I - New Abbreviated Encounter	57A	Chr Sci Extend Subacute Inpt - Admiss/Election Notice
560	Chr Sci Extend Intermed II - Nonpayment/Zero Claim	57D	Chr Sci Extend Subacute Inpt - Election Void/Cancel
561	Chr Sci Extend Intermed II - Admit Thru Discharge	57F	Chr Sci Extend Subacute Inpt - Beneficiary Initiated Adj
562	Chr Sci Extend Intermed II - Interim - First Claim	57G	Chr Sci Extend Subacute Inpt - CWF Initiated Adj
563	Chr Sci Extend Intermed II - Interim - Continuing Claim	57H	Chr Sci Extend Subacute Inpt - HCFA Initiated Adj
564	Chr Sci Extend Intermed II - Interim - Last Claim	57I	Chr Sci Extend Subacute Inpt - Intermediary Initiated Adj
565	Chr Sci Extend Intermed II - Late Charge Only	57J	Chr Sci Extend Subacute Inpt - Other Entity Initiated Adj
566	Chr Sci Extend Intermed II - Adjustment of Prior Claim	57K	Chr Sci Extend Subacute Inpt - OIG Initiated Adj
57M	Chr Sci Extend Subacute Inpt - MSP Initiated Adj	614	Intermediate Care Inpt A - Interim - Last Claim
57N	Chr Sci Extend Subacute Inpt - PRO Adjust Claim	615	Intermediate Care Inpt A - Late Charge Only
57O	Chr Sci Extend Subacute Inpt - Nonpayment/Zero	616	Intermediate Care Inpt A - Adjustment of Prior Claim
57X	Chr Sci Extend Subacute Inpt - Void/Cancel Prior Encounter	617	Intermediate Care Inpt A - Replacement of Prior Claim
57Y	Chr Sci Extend Subacute Inpt - Replace Prior Encounter	618	Intermediate Care Inpt A - Void/Cancel of Prior Claim
57Z	Chr Sci Extend Subacute Inpt - New Abbreviated Encounter	61F	Intermediate Care Inpt A - Beneficiary Initiated Adj
580	Chr Sci Extend Swing Bed - Nonpayment/Zero Claim	61G	Intermediate Care Inpt A - CWF Initiated Adj
581	Chr Sci Extend Swing Bed - Admit Thru Discharge	61H	Intermediate Care Inpt A - HCFA Initiated Adj
582	Chr Sci Extend Swing Bed - Interim - First Claim	61I	Intermediate Care Inpt A - Intermediary Initiated Adj
583	Chr Sci Extend Swing Bed - Interim - Continuing Claim	61J	Intermediate Care Inpt A - Other Entity Initiated Adj
584	Chr Sci Extend Swing Bed - Interim - Last Claim	61K	Intermediate Care Inpt A - OIG Initiated Adj
585	Chr Sci Extend Swing Bed - Late Charge Only	61M	Intermediate Care Inpt A - MSP Initiated Adj
586	Chr Sci Extend Swing Bed - Adjustment of Prior Claim	61N	Intermediate Care Inpt A - PRO Adjust Claim
587	Chr Sci Extend Swing Bed - Replacement of Prior Claim	61O	Intermediate Care Inpt A - Nonpayment/Zero
588	Chr Sci Extend Swing Bed - Void/Cancel of Prior Claim	61X	Intermediate Care Inpt A - Void/Cancel Prior Encounter
58A	Chr Sci Extend Swing Bed - Admission/Election Notice	61Y	Intermediate Care Inpt A - Replace Prior Encounter
58D	Chr Sci Extend Swing Bed - Election Void/Cancel	61Z	Intermediate Care Inpt A - New Abbreviated Encounter
58F	Chr Sci Extend Swing Bed - Beneficiary Initiated Adj	620	Intermediate Care Inpt B - Nonpayment/Zero Claim
58G	Chr Sci Extend Swing Bed - CWF Initiated Adj	621	Intermediate Care Inpt B - Admit Through Discharge
58H	Chr Sci Extend Swing Bed - HCFA Initiated Adj	622	Intermediate Care Inpt B - Interim - First Claim
58I	Chr Sci Extend Swing Bed - Intermediary Initiated Adj	623	Intermediate Care Inpt B - Interim - Continuing Claim
58J	Chr Sci Extend Swing Bed - Other Entity Initiated Adj	624	Intermediate Care Inpt B - Interim - Last Claim
58K	Chr Sci Extend Swing Bed - OIG Initiated Adj	625	Intermediate Care Inpt B - Late Charge Only
58M	Chr Sci Extend Swing Bed - MSP Initiated Adj	626	Intermediate Care Inpt B - Adjustment of Prior Claim



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## ATTACHMENT A - BILLTYP

### STANDARD VALUES FOR FACILITY BILL TYPE CODE

Value	Label	Value	Label
58N	Chr Sci Extend Swing Bed - PRO Adjust Claim	627	Intermediate Care Inpt B - Replacement of Prior Claim
58O	Chr Sci Extend Swing Bed - Nonpayment/Zero	628	Intermediate Care Inpt B - Void/Cancel of Prior Claim
58X	Chr Sci Extend Swing Bed - Void/Cancel Prior Encounter	62F	Intermediate Care Inpt B - Beneficiary Initiated Adj
58Y	Chr Sci Extend Swing Bed - Replace Prior Encounter	62G	Intermediate Care Inpt B - CWF Initiated Adj
58Z	Chr Sci Extend Swing Bed - New Abbreviated Encounter	62H	Intermediate Care Inpt B - HCFA Initiated Adj
610	Intermediate Care Inpt A - Nonpayment/Zero Claim	62I	Intermediate Care Inpt B - Intermediary Initiated Adj
611	Intermediate Care Inpt A - Admit Through Discharge	62J	Intermediate Care Inpt B - Other Entity Initiated Adj
612	Intermediate Care Inpt A - Interim - First Claim	62K	Intermediate Care Inpt B - OIG Initiated Adj
613	Intermediate Care Inpt A - Interim - Continuing Claim	62M	Intermediate Care Inpt B - MSP Initiated Adj
62N	Intermediate Care Inpt B - PRO Adjust Claim	647	Intermediate Care Other - Replacement of Prior Claim
62O	Intermediate Care Inpt B - Nonpayment/Zero	648	Intermediate Care Other - Void/Cancel of Prior Claim
62X	Intermediate Care Inpt B - Void/Cancel Prior Encounter	64F	Intermediate Care Other - Beneficiary Initiated Adj
62Y	Intermediate Care Inpt B - Replace Prior Encounter	64G	Intermediate Care Other - CWF Initiated Adj
62Z	Intermediate Care Inpt B - New Abbreviated Encounter	64H	Intermediate Care Other - HCFA Initiated Adj
630	Intermediate Care Outpt - Nonpayment/Zero Claim	64I	Intermediate Care Other - Intermediary Initiated Adj
631	Intermediate Care Outpt - Admit Through Discharge	64J	Intermediate Care Other - Other Entity Initiated Adj
632	Intermediate Care Outpt - Interim - First Claim	64K	Intermediate Care Other - OIG Initiated Adj
633	Intermediate Care Outpt - Interim - Continuing Claim	64M	Intermediate Care Other - MSP Initiated Adj
634	Intermediate Care Outpt - Interim - Last Claim	64N	Intermediate Care Other - PRO Adjust Claim
635	Intermediate Care Outpt - Late Charge Only	64O	Intermediate Care Other - Nonpayment/Zero
636	Intermediate Care Outpt - Adjustment of Prior Claim	64X	Intermediate Care Other - Void/Cancel Prior Encounter
637	Intermediate Care Outpt - Replacement of Prior Claim	64Y	Intermediate Care Other - Replace Prior Encounter
638	Intermediate Care Outpt - Void/Cancel of Prior Claim	64Z	Intermediate Care Other - New Abbreviated Encounter
63F	Intermediate Care Outpt - Beneficiary Initiated Adj	650	Intermed Care Intermed I - Nonpayment/Zero Claim
63G	Intermediate Care Outpt - CWF Initiated Adj	651	Intermed Care Intermed I - Admit Thru Discharge
63H	Intermediate Care Outpt - HCFA Initiated Adj	652	Intermed Care Intermed I - Interim - First Claim
63I	Intermediate Care Outpt - Intermediary Initiated Adj	653	Intermed Care Intermed I - Interim - Continuing Claim
63J	Intermediate Care Outpt - Other Entity Initiated Adj	654	Intermed Care Intermed I - Interim - Last Claim
63K	Intermediate Care Outpt - OIG Initiated Adj	655	Intermed Care Intermed I - Late Charge Only
63M	Intermediate Care Outpt - MSP Initiated Adj	656	Intermed Care Intermed I - Adjustment of Prior Claim
63N	Intermediate Care Outpt - PRO Adjust Claim	657	Intermed Care Intermed I - Replacement of Prior Claim
63O	Intermediate Care Outpt - Nonpayment/Zero	658	Intermed Care Intermed I - Void/Cancel of Prior Claim
63X	Intermediate Care Outpt - Void/Cancel Prior Encounter	65F	Intermed Care Intermed I - Beneficiary Initiated Adj
63Y	Intermediate Care Outpt - Replace Prior Encounter	65G	Intermed Care Intermed I - CWF Initiated Adj
63Z	Intermediate Care Outpt - New Abbreviated Encounter	65H	Intermed Care Intermed I - HCFA Initiated Adj



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## ATTACHMENT A - BILLTYP

### STANDARD VALUES FOR FACILITY BILL TYPE CODE

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



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## ATTACHMENT A - BILLTYP

### STANDARD VALUES FOR FACILITY BILL TYPE CODE

Value	Label	Value	Label
675	Intermed Care Subacute Inpt - Late Charge Only	68O	Intermed Care Swing Bed - Nonpayment/Zero
676	Intermed Care Subacute Inpt - Adjustment of Prior Claim	68X	Intermed Care Swing Bed - Void/Cancel Prior Encounter
677	Intermed Care Subacute Inpt - Replacement of Prior Claim	68Y	Intermed Care Swing Bed - Replace Prior Encounter
678	Intermed Care Subacute Inpt - Void/Cancel of Prior Claim	68Z	Intermed Care Swing Bed - New Abbreviated Encounter
67F	Intermed Care Subacute Inpt - Beneficiary Initiated Adj	710	Rural Health Clinic - Nonpayment/Zero Claim
711	Rural Health Clinic - Admit Through Discharge	72J	Hosp Based/Indep Renal Dialys - Other Entity Initiated Adj
712	Rural Health Clinic - Interim - First Claim	72K	Hosp Based/Indep Renal Dialys - OIG Initiated Adj
713	Rural Health Clinic - Interim - Continuing Claim	72M	Hosp Based/Indep Renal Dialys - MSP Initiated Adj
714	Rural Health Clinic - Interim - Last Claim	72N	Hosp Based/Indep Renal Dialys - PRO Adjust Claim
715	Rural Health Clinic - Late Charge Only	72O	Hosp Based/Indep Renal Dialys - Nonpayment/Zero
716	Rural Health Clinic - Adjustment of Prior Claim	72X	Hosp Based/Indep Renal Dialys - Void/Cancel Prior Encounter
717	Rural Health Clinic - Replacement of Prior Claim	72Y	Hosp Based/Indep Renal Dialys - Replace Prior Encounter
718	Rural Health Clinic - Void/Cancel of Prior Claim	72Z	Hosp Based/Indep Renal Dialys - New Abbreviated Encounter
71F	Rural Health Clinic - Beneficiary Initiated Adj	730	Federal Qual Health Center - Nonpayment/Zero Claim
71G	Rural Health Clinic - CWF Initiated Adj	731	Federal Qual Health Center - Admit Thru Discharge
71H	Rural Health Clinic - HCFA Initiated Adj	732	Federal Qual Health Center - Interim - First Claim
71I	Rural Health Clinic - Intermediary Initiated Adj	733	Federal Qual Health Center - Interim - Continuing Claim
71J	Rural Health Clinic - Other Entity Initiated Adj	734	Federal Qual Health Center - Interim - Last Claim
71K	Rural Health Clinic - OIG Initiated Adj	735	Federal Qual Health Center - Late Charge Only
71M	Rural Health Clinic - MSP Initiated Adj	736	Federal Qual Health Center - Adjustment of Prior Claim
71N	Rural Health Clinic - PRO Adjust Claim	737	Federal Qual Health Center - Replacement of Prior Claim
71O	Rural Health Clinic - Nonpayment/Zero	738	Federal Qual Health Center - Void/Cancel of Prior Claim
71X	Rural Health Clinic - Void/Cancel Prior Encounter	73F	Federal Qual Health Center - Beneficiary Initiated Adj
71Y	Rural Health Clinic - Replace Prior Encounter	73G	Federal Qual Health Center - CWF Initiated Adj
71Z	Rural Health Clinic - New Abbreviated Encounter	73H	Federal Qual Health Center - HCFA Initiated Adj
720	Hosp Based/Indep Renal Dialys - Nonpayment/Zero Claim	73I	Federal Qual Health Center - Intermediary Initiated Adj
721	Hosp Based/Indep Renal Dialys - Admit Thru Discharge	73J	Federal Qual Health Center - Other Entity Initiated Adj
722	Hosp Based/Indep Renal Dialys - Interim - First Claim	73K	Federal Qual Health Center - OIG Initiated Adj
723	Hosp Based/Indep Renal Dialys - Interim - Continuing Claim	73M	Federal Qual Health Center - MSP Initiated Adj
724	Hosp Based/Indep Renal Dialys - Interim - Last Claim	73N	Federal Qual Health Center - PRO Adjust Claim
725	Hosp Based/Indep Renal Dialys - Late Charge Only	73O	Federal Qual Health Center - Nonpayment/Zero
726	Hosp Based/Indep Renal Dialys - Adjustment of Prior Claim	73X	Federal Qual Health Center - Void/Cancel Prior Encounter
727	Hosp Based/Indep Renal Dialys - Replacement of Prior Claim	73Y	Federal Qual Health Center - Replace Prior Encounter
728	Hosp Based/Indep Renal Dialys - Void/Cancel of Prior Claim	73Z	Federal Qual Health Center - New Abbreviated Encounter
72F	Hosp Based/Indep Renal Dialys - Beneficiary Initiated Adj	740	Other Rehab Facility - Nonpayment/Zero Claim





## ATTACHMENT A - BILLTYPE

## STANDARD VALUES FOR FACILITY BILL TYPE CODE

Value	Label	Value	Label
72G	Hosp Based/Indep Renal Dialys - CWF Initiated Adj	741	Other Rehab Facility - Admit Thru Discharge
72H	Hosp Based/Indep Renal Dialys - HCFA Initiated Adj	742	Other Rehab Facility - Interim - First Claim
72I	Hosp Based/Indep Renal Dialys - Intermediary Initiated Adj	743	Other Rehab Facility - Interim - Continuing Claim
744	Other Rehab Facility - Interim - Last Claim	75N	Comprehensive Outpt Rehab - PRO Adjust Claim
745	Other Rehab Facility - Late Charge Only	75O	Comprehensive Outpt Rehab - Nonpayment/Zero
746	Other Rehab Facility - Adjustment of Prior Claim	75X	Comprehensive Outpt Rehab - Void/Cancel Prior Encounter
747	Other Rehab Facility - Replacement of Prior Claim	75Y	Comprehensive Outpt Rehab - Replace Prior Encounter
748	Other Rehab Facility - Void/Cancel of Prior Claim	75Z	Comprehensive Outpt Rehab - New Abbreviated Encounter
74F	Other Rehab Facility - Beneficiary Initiated Adj	760	Comm Mental Hlth Center - Nonpayment/Zero Claim
74G	Other Rehab Facility - CWF Initiated Adj	761	Comm Mental Hlth Center - Admit Thru Discharge
74H	Other Rehab Facility - HCFA Initiated Adj	762	Comm Mental Hlth Center - Interim - First Claim
74I	Other Rehab Facility - Intermediary Initiated Adj	763	Comm Mental Hlth Center - Interim - Continuing Claim
74J	Other Rehab Facility - Other Entity Initiated Adj	764	Comm Mental Hlth Center - Interim - Last Claim
74K	Other Rehab Facility - OIG Initiated Adj	765	Comm Mental Hlth Center - Late Charge Only
74M	Other Rehab Facility - MSP Initiated Adj	766	Comm Mental Hlth Center - Adjustment of Prior Claim
74N	Other Rehab Facility - PRO Adjust Claim	767	Comm Mental Hlth Center - Replacement of Prior Claim
74O	Other Rehab Facility - Nonpayment/Zero	768	Comm Mental Hlth Center - Void/Cancel of Prior Claim
74X	Other Rehab Facility - Void/Cancel Prior Encounter	76F	Comm Mental Hlth Center - Beneficiary Initiated Adj
74Y	Other Rehab Facility - Replace Prior Encounter	76G	Comm Mental Hlth Center - CWF Initiated Adj
74Z	Other Rehab Facility - New Abbreviated Encounter	76H	Comm Mental Hlth Center - HCFA Initiated Adj
750	Comprehensive Outpt Rehab - Nonpayment/Zero Claim	76I	Comm Mental Hlth Center - Intermediary Initiated Adj
751	Comprehensive Outpt Rehab - Admit Thru Discharge	76J	Comm Mental Hlth Center - Other Entity Initiated Adj
752	Comprehensive Outpt Rehab - Interim - First Claim	76K	Comm Mental Hlth Center - OIG Initiated Adj
753	Comprehensive Outpt Rehab - Interim - Continuing Claim	76M	Comm Mental Hlth Center - MSP Initiated Adj
754	Comprehensive Outpt Rehab - Interim - Last Claim	76N	Comm Mental Hlth Center - PRO Adjust Claim
755	Comprehensive Outpt Rehab - Late Charge Only	76O	Comm Mental Hlth Center - Nonpayment/Zero
756	Comprehensive Outpt Rehab - Adjustment of Prior Claim	76X	Comm Mental Hlth Center - Void/Cancel Prior Encounter
757	Comprehensive Outpt Rehab - Replacement of Prior Claim	76Y	Comm Mental Hlth Center - Replace Prior Encounter
758	Comprehensive Outpt Rehab - Void/Cancel of Prior Claim	76Z	Comm Mental Hlth Center - New Abbreviated Encounter
75F	Comprehensive Outpt Rehab - Beneficiary Initiated Adj	790	Other Clinic - Nonpayment/Zero Claim
75G	Comprehensive Outpt Rehab - CWF Initiated Adj	791	Other Clinic - Admit Thru Discharge
75H	Comprehensive Outpt Rehab - HCFA Initiated Adj	792	Other Clinic - Interim - First Claim
75I	Comprehensive Outpt Rehab - Intermediary Initiated Adj	793	Other Clinic - Interim - Continuing Claim
75J	Comprehensive Outpt Rehab - Other Entity Initiated Adj	794	Other Clinic - Interim - Last Claim
75K	Comprehensive Outpt Rehab - OIG Initiated Adj	795	Other Clinic - Late Charge Only



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## ATTACHMENT A - BILLTYP

### STANDARD VALUES FOR FACILITY BILL TYPE CODE

Value	Label	Value	Label
75M	Comprehensive Outpt Rehab - MSP Initiated Adj	796	Other Clinic - Adjustment of Prior Claim
797	Other Clinic - Replacement of Prior Claim	81K	Hospice (Non-Hosp Based) - OIG Initiated Adj
798	Other Clinic - Void/Cancel of Prior Claim	81M	Hospice (Non-Hosp Based) - MSP Initiated Adj
79F	Other Clinic - Beneficiary Initiated Adj	81N	Hospice (Non-Hosp Based) - PRO Adjust Claim
79G	Other Clinic - CWF Initiated Adj	81O	Hospice (Non-Hosp Based) - Nonpayment/Zero
79H	Other Clinic - HCFA Initiated Adj	81X	Hospice (Non-Hosp Based) - Void/Cancel Prior Encounter
79I	Other Clinic - Intermediary Initiated Adj	81Y	Hospice (Non-Hosp Based) - Replace Prior Encounter
79J	Other Clinic - Other Entity Initiated Adj	81Z	Hospice (Non-Hosp Based) - New Abbreviated Encounter
79K	Other Clinic - OIG Initiated Adj	820	Hospice (Hosp Based) - Nonpayment/Zero Claim
79M	Other Clinic - MSP Initiated Adj	821	Hospice (Hosp Based) - Admit Thru Discharge
79N	Other Clinic - PRO Adjust Claim	822	Hospice (Hosp Based) - Interim - First Claim
79O	Other Clinic - Nonpayment/Zero	823	Hospice (Hosp Based) - Interim - Continuing Claim
79X	Other Clinic - Void/Cancel Prior Encounter	824	Hospice (Hosp Based) - Interim - Last Claim
79Y	Other Clinic - Replace Prior Encounter	825	Hospice (Hosp Based) - Late Charge Only
79Z	Other Clinic - New Abbreviated Encounter	826	Hospice (Hosp Based) - Adjustment of Prior Claim
810	Hospice (Non-Hosp Based) - Nonpayment/Zero Claim	827	Hospice (Hosp Based) - Replacement of Prior Claim
811	Hospice (Non-Hosp Based) - Admit Thru Discharge	828	Hospice (Hosp Based) - Void/Cancel of Prior Claim
812	Hospice (Non-Hosp Based) - Interim - First Claim	82A	Hospice (Hosp Based) - Hospice Admission Notice
813	Hospice (Non-Hosp Based) - Interim - Continuing Claim	82B	Hospice (Hosp Based) - Hospice Termin Revocation
814	Hospice (Non-Hosp Based) - Interim - Last Claim	82C	Hospice (Hosp Based) - Hospice Change of Provider
815	Hospice (Non-Hosp Based) - Late Charge Only	82D	Hospice (Hosp Based) - Hospice Elect Void/Cancel
816	Hospice (Non-Hosp Based) - Adjustment of Prior Claim	82E	Hospice (Hosp Based) - Hospice Change of Ownership
817	Hospice (Non-Hosp Based) - Replacement of Prior Claim	82F	Hospice (Hosp Based) - Beneficiary Initiated Adj
818	Hospice (Non-Hosp Based) - Void/Cancel of Prior Claim	82G	Hospice (Hosp Based) - CWF Initiated Adj
81A	Hospice (Non-Hosp Based) - Hospice Admission Notice	82H	Hospice (Hosp Based) - HCFA Initiated Adj
81B	Hospice (Non-Hosp Based) - Hospice Termin Revocation	82I	Hospice (Hosp Based) - Intermediary Initiated Adj
81C	Hospice (Non-Hosp Based) - Hospice Change of Provider	82J	Hospice (Hosp Based) - Other Entity Initiated Adj
81D	Hospice (Non-Hosp Based) - Hospice Election Void/Cancel	82K	Hospice (Hosp Based) - OIG Initiated Adj
81E	Hospice (Non-Hosp Based) - Hospice Change of Ownership	82M	Hospice (Hosp Based) - MSP Initiated Adj
81F	Hospice (Non-Hosp Based) - Beneficiary Initiated Adj	82N	Hospice (Hosp Based) - PRO Adjust Claim
81G	Hospice (Non-Hosp Based) - CWF Initiated Adj	82O	Hospice (Hosp Based) - Nonpayment/Zero
81H	Hospice (Non-Hosp Based) - HCFA Initiated Adj	82X	Hospice (Hosp Based) - Void/Cancel Prior Encounter
81I	Hospice (Non-Hosp Based) - Intermediary Initiated Adj	82Y	Hospice (Hosp Based) - Replace Prior Encounter
81J	Hospice (Non-Hosp Based) - Other Entity Initiated Adj	82Z	Hospice (Hosp Based) - New Abbreviated Encounter
830	Ambulatory Surg Center - Nonpayment/Zero Claim	84I	Free-Standing Birth Center - Intermediary Initiated Adj

**ATTACHMENT A - BILLTYP****STANDARD VALUES FOR FACILITY BILL TYPE CODE**

Value	Label	Value	Label
831	Ambulatory Surg Center - Admit Through Discharge	84J	Free-Standing Birth Center - Other Entity Initiated Adj
832	Ambulatory Surg Center - Interim - First Claim	84K	Free-Standing Birth Center - OIG Initiated Adj
833	Ambulatory Surg Center - Interim - Continuing Claim	84M	Free-Standing Birth Center - MSP Initiated Adj
834	Ambulatory Surg Center - Interim - Last Claim	84N	Free-Standing Birth Center - PRO Adjust Claim
835	Ambulatory Surg Center - Late Charge Only	84O	Free-Standing Birth Center - Nonpayment/Zero
836	Ambulatory Surg Center - Adjustment of Prior Claim	84X	Free-Standing Birth Center - Void/Cancel Prior Encounter
837	Ambulatory Surg Center - Replacement of Prior Claim	84Y	Free-Standing Birth Center - Replace Prior Encounter
838	Ambulatory Surg Center - Void/Cancel of Prior Claim	84Z	Free-Standing Birth Center - New Abbreviated Encounter
83F	Ambulatory Surg Center - Beneficiary Initiated Adj	850	Critical Access Hospital - Nonpayment/Zero Claim
83G	Ambulatory Surg Center - CWF Initiated Adj	851	Critical Access Hospital - Admit Thru Discharge
83H	Ambulatory Surg Center - HCFA Initiated Adj	852	Critical Access Hospital - Interim - First Claim
83I	Ambulatory Surg Center - Intermediary Initiated Adj	853	Critical Access Hospital - Interim - Continuing Claim
83J	Ambulatory Surg Center - Other Entity Initiated Adj	854	Critical Access Hospital - Interim - Last Claim
83K	Ambulatory Surg Center - OIG Initiated Adj	855	Critical Access Hospital - Late Charge Only
83M	Ambulatory Surg Center - MSP Initiated Adj	856	Critical Access Hospital - Adjustment of Prior Claim
83N	Ambulatory Surg Center - PRO Adjust Claim	857	Critical Access Hospital - Replacement of Prior Claim
83O	Ambulatory Surg Center - Nonpayment/Zero	858	Critical Access Hospital - Void/Cancel of Prior Claim
83X	Ambulatory Surg Center - Void/Cancel Prior Encounter	85F	Critical Access Hospital - Beneficiary Initiated Adj
83Y	Ambulatory Surg Center - Replace Prior Encounter	85G	Critical Access Hospital - CWF Initiated Adj
83Z	Ambulatory Surg Center - New Abbreviated Encounter	85H	Critical Access Hospital - HCFA Initiated Adj
840	Free-Standing Birth Center - Nonpayment/Zero Claim	85I	Critical Access Hospital - Intermediary Initiated Adj
841	Free-Standing Birth Center - Admit Thru Discharge	85J	Critical Access Hospital - Other Entity Initiated Adj
842	Free-Standing Birth Center - Interim - First Claim	85K	Critical Access Hospital - OIG Initiated Adj
843	Free-Standing Birth Center - Interim - Continuing Claim	85M	Critical Access Hospital - MSP Initiated Adj
844	Free-Standing Birth Center - Interim - Last Claim	85N	Critical Access Hospital - PRO Adjust Claim
845	Free-Standing Birth Center - Late Charge Only	85O	Critical Access Hospital - Nonpayment/Zero
846	Free-Standing Birth Center - Adjustment of Prior Claim	85X	Critical Access Hospital - Void/Cancel Prior Encounter
847	Free-Standing Birth Center - Replacement of Prior Claim	85Y	Critical Access Hospital - Replace Prior Encounter
848	Free-Standing Birth Center - Void/Cancel of Prior Claim	85Z	Critical Access Hospital - New Abbreviated Encounter
84F	Free-Standing Birth Center - Beneficiary Initiated Adj	860	Residential Facility - Nonpayment/Zero Claim
84G	Free-Standing Birth Center - CWF Initiated Adj	861	Residential Facility - Admit Thru Discharge
84H	Free-Standing Birth Center - HCFA Initiated Adj	862	Residential Facility - Interim - First Claim
863	Residential Facility - Interim - Continuing Claim	892	Other Fac/Hosp Ambul Surg - Interim - First Claim
864	Residential Facility - Interim - Last Claim	893	Other Fac/Hosp Ambul Surg - Interim - Continuing Claim
865	Residential Facility - Late Charge Only	894	Other Fac/Hosp Ambul Surg - Interim - Last Claim



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## ATTACHMENT A - BILLTYP

### STANDARD VALUES FOR FACILITY BILL TYPE CODE

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



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## ATTACHMENT B - DRG

### STANDARD VALUES FOR DIAGNOSIS RELATED GROUP VERSION 26.0

Value	Label	Value	Label
1	Heart Transplant or Implant of Heart Assist System w MCC	38	Extracranial Procedures w CC
2	Heart Transplant or Implant of Heart Assist System w/o MCC	39	Extracranial Procedures w/o CC/MCC
3	Ecmo or Trach w MV 96+ Hrs or Pdx exc Face, Mouth & Neck w Maj O.R.	40	Periph/Cranial Nerve & Other Nerv Syst Proc w MCC
4	Trach w MV 96+ Hrs or Pdx exc Face, Mouth & Neck w/o Maj O.R.	41	Periph/Cranial Nerve & Other Nerv Syst Proc w CC or Periph Neurostim
5	Liver Transplant w MCC or Intestinal Transplant	42	Periph/Cranial Nerve & Other Nerv Syst Proc w/o CC/MCC
6	Liver Transplant w/o MCC	52	Spinal Disorders & Injuries w CC/MCC
7	Lung Transplant	53	Spinal Disorders & Injuries w/o CC/MCC
8	Simultaneous Pancreas/Kidney Transplant	54	Nervous System Neoplasms w MCC
9	Bone Marrow Transplant	55	Nervous System Neoplasms w/o MCC
10	Pancreas Transplant	56	Degenerative Nervous System Disorders w MCC
11	Tracheostomy for Face, Mouth & Neck Diagnoses w MCC	57	Degenerative Nervous System Disorders w/o MCC
12	Tracheostomy for Face, Mouth & Neck Diagnoses w CC	58	Multiple Sclerosis & Cerebellar Ataxia w MCC
13	Tracheostomy for Face, Mouth & Neck Diagnoses w/o CC/MCC	59	Multiple Sclerosis & Cerebellar Ataxia w CC
20	Intracranial Vascular Procedures w Pdx Hemorrhage w MCC	60	Multiple Sclerosis & Cerebellar Ataxia w/o CC/MCC
21	Intracranial Vascular Procedures w Pdx Hemorrhage w CC	61	Acute Ischemic Stroke w Use of Thrombolytic Agent w MCC
22	Intracranial Vascular Procedures w Pdx Hemorrhage w/o CC/MCC	62	Acute Ischemic Stroke w Use of Thrombolytic Agent w CC
23	Cranio w Major Dev Impl/Acute Complex Cns Pdx w MCC or Chemo Implant	63	Acute Ischemic Stroke w Use of Thrombolytic Agent w/o CC/MCC
24	Cranio w Major Dev Impl/Acute Complex Cns Pdx w/o MCC	64	Intracranial Hemorrhage or Cerebral Infarction w MCC
25	Craniotomy & Endovascular Intracranial Procedures w MCC	65	Intracranial Hemorrhage or Cerebral Infarction w CC
26	Craniotomy & Endovascular Intracranial Procedures w CC	66	Intracranial Hemorrhage or Cerebral Infarction w/o CC/MCC
27	Craniotomy & Endovascular Intracranial Procedures w/o CC/MCC	67	Nonspecific CVA & Precerebral Occlusion w/o Infarct w MCC
28	Spinal Procedures w MCC	68	Nonspecific CVA & Precerebral Occlusion w/o Infarct w/o MCC
29	Spinal Procedures w CC or Spinal Neurostimulators	69	Transient Ischemia
30	Spinal Procedures w/o CC/MCC	70	Nonspecific Cerebrovascular Disorders w MCC
31	Ventricular Shunt Procedures w MCC	71	Nonspecific Cerebrovascular Disorders w CC
32	Ventricular Shunt Procedures w CC	72	Nonspecific Cerebrovascular Disorders w/o CC/MCC
33	Ventricular Shunt Procedures w/o CC/MCC	73	Cranial & Peripheral Nerve Disorders w MCC
34	Carotid Artery Stent Procedure w MCC	74	Cranial & Peripheral Nerve Disorders w/o MCC
35	Carotid Artery Stent Procedure w CC	75	Viral Meningitis w CC/MCC
36	Carotid Artery Stent Procedure w/o CC/MCC	76	Viral Meningitis w/o CC/MCC
37	Extracranial Procedures w MCC	77	Hypertensive Encephalopathy w MCC



**ATTACHMENT B - DRG**  
**STANDARD VALUES FOR DIAGNOSIS RELATED GROUP VERSION 26.0**

Value	Label	Value	Label
78	Hypertensive Encephalopathy w CC	124	Other Disorders of the Eye w MCC
79	Hypertensive Encephalopathy w/o CC/MCC	125	Other Disorders of the Eye w/o MCC
80	Nontraumatic Stupor & Coma w MCC	129	Major Head & Neck Procedures w CC/MCC or Major Device
81	Nontraumatic Stupor & Coma w/o MCC	130	Major Head & Neck Procedures w/o CC/MCC
82	Traumatic Stupor & Coma, Coma >1 Hr w MCC	131	Cranial/Facial Procedures w CC/MCC
83	Traumatic Stupor & Coma, Coma >1 Hr w CC	132	Cranial/Facial Procedures w/o CC/MCC
84	Traumatic Stupor & Coma, Coma >1 Hr w/o CC/MCC	133	Other Ear, Nose, Mouth & Throat O.R. Procedures w CC/MCC
85	Traumatic Stupor & Coma, Coma <1 Hr w MCC	134	Other Ear, Nose, Mouth & Throat O.R. Procedures w/o CC/MCC
86	Traumatic Stupor & Coma, Coma <1 Hr w CC	135	Sinus & Mastoid Procedures w CC/MCC
87	Traumatic Stupor & Coma, Coma <1 Hr w/o CC/MCC	136	Sinus & Mastoid Procedures w/o CC/MCC
88	Concussion w MCC	137	Mouth Procedures w CC/MCC
89	Concussion w CC	138	Mouth Procedures w/o CC/MCC
90	Concussion w/o CC/MCC	139	Salivary Gland Procedures
91	Other Disorders of Nervous System w MCC	146	Ear, Nose, Mouth & Throat Malignancy w MCC
92	Other Disorders of Nervous System w CC	147	Ear, Nose, Mouth & Throat Malignancy w CC
93	Other Disorders of Nervous System w/o CC/MCC	148	Ear, Nose, Mouth & Throat Malignancy w/o CC/MCC
94	Bacterial & Tuberculous Infections of Nervous System w MCC	149	Dysequilibrium
95	Bacterial & Tuberculous Infections of Nervous System w CC	150	Epistaxis w MCC
96	Bacterial & Tuberculous Infections of Nervous System w/o CC/MCC	151	Epistaxis w/o MCC
97	Non-Bacterial Infect of Nervous Sys exc Viral Meningitis w MCC	152	Otitis Media & URI w MCC
98	Non-Bacterial Infect of Nervous Sys exc Viral Meningitis w CC	153	Otitis Media & URI w/o MCC
99	Non-Bacterial Infect of Nervous Sys exc Viral Meningitis w/o CC/MCC	154	Other Ear, Nose, Mouth & Throat Diagnoses w MCC
100	Seizures w MCC	155	Other Ear, Nose, Mouth & Throat Diagnoses w CC
101	Seizures w/o MCC	156	Other Ear, Nose, Mouth & Throat Diagnoses w/o CC/MCC
102	Headaches w MCC	157	Dental & Oral Diseases w MCC
103	Headaches w/o MCC	158	Dental & Oral Diseases w CC
113	Orbital Procedures w CC/MCC	159	Dental & Oral Diseases w/o CC/MCC
114	Orbital Procedures w/o CC/MCC	163	Major Chest Procedures w MCC
115	Extraocular Procedures except Orbit	164	Major Chest Procedures w CC
116	Intraocular Procedures w CC/MCC	165	Major Chest Procedures w/o CC/MCC
117	Intraocular Procedures w/o CC/MCC	166	Other Resp System O.R. Procedures w MCC
121	Acute Major Eye Infections w CC/MCC	167	Other Resp System O.R. Procedures w CC
122	Acute Major Eye Infections w/o CC/MCC	168	Other Resp System O.R. Procedures w/o CC/MCC
123	Neurological Eye Disorders	175	Pulmonary Embolism w MCC



## ATTACHMENT B - DRG

## STANDARD VALUES FOR DIAGNOSIS RELATED GROUP VERSION 26.0

Value	Label	Value	Label
176	Pulmonary Embolism w/o MCC	218	Cardiac Valve & Oth Maj Cardiothoracic Proc w Card Cath w/o CC/MCC
177	Respiratory Infections & Inflammations w MCC	219	Cardiac Valve & Oth Maj Cardiothoracic Proc w/o Card Cath w MCC
178	Respiratory Infections & Inflammations w CC	220	Cardiac Valve & Oth Maj Cardiothoracic Proc w/o Card Cath w CC
179	Respiratory Infections & Inflammations w/o CC/MCC	221	Cardiac Valve & Oth Maj Cardiothoracic Proc w/o Card Cath w/o CC/MCC
180	Respiratory Neoplasms w MCC	222	Cardiac Defib Implant w Cardiac Cath w AMI/HF/Shock w MCC
181	Respiratory Neoplasms w CC	223	Cardiac Defib Implant w Cardiac Cath w AMI/HF/Shock w/o MCC
182	Respiratory Neoplasms w/o CC/MCC	224	Cardiac Defib Implant w Cardiac Cath w/o AMI/HF/Shock w MCC
183	Major Chest Trauma w MCC	225	Cardiac Defib Implant w Cardiac Cath w/o AMI/HF/Shock w/o MCC
184	Major Chest Trauma w CC	226	Cardiac Defibrillator Implant w/o Cardiac Cath w MCC
185	Major Chest Trauma w/o CC/MCC	227	Cardiac Defibrillator Implant w/o Cardiac Cath w/o MCC
186	Pleural Effusion w MCC	228	Other Cardiothoracic Procedures w MCC
187	Pleural Effusion w CC	229	Other Cardiothoracic Procedures w CC
188	Pleural Effusion w/o CC/MCC	230	Other Cardiothoracic Procedures w/o CC/MCC
189	Pulmonary Edema & Respiratory Failure	231	Coronary Bypass w PTCA w MCC
190	Chronic Obstructive Pulmonary Disease w MCC	232	Coronary Bypass w PTCA w/o MCC
191	Chronic Obstructive Pulmonary Disease w CC	233	Coronary Bypass w Cardiac Cath w MCC
192	Chronic Obstructive Pulmonary Disease w/o CC/MCC	234	Coronary Bypass w Cardiac Cath w/o MCC
193	Simple Pneumonia & Pleurisy w MCC	235	Coronary Bypass w/o Cardiac Cath w MCC
194	Simple Pneumonia & Pleurisy w CC	236	Coronary Bypass w/o Cardiac Cath w/o MCC
195	Simple Pneumonia & Pleurisy w/o CC/MCC	237	Major Cardiovasc Procedures w MCC or Thoracic Aortic Aneurysm Repair
196	Interstitial Lung Disease w MCC	238	Major Cardiovasc Procedures w/o MCC
197	Interstitial Lung Disease w CC	239	Amputation for Circ Sys Disorders exc Upper Limb & Toe w MCC
198	Interstitial Lung Disease w/o CC/MCC	240	Amputation for Circ Sys Disorders exc Upper Limb & Toe w CC
199	Pneumothorax w MCC	241	Amputation for Circ Sys Disorders exc Upper Limb & Toe w/o CC/MCC
200	Pneumothorax w CC	242	Permanent Cardiac Pacemaker Implant w MCC
201	Pneumothorax w/o CC/MCC	243	Permanent Cardiac Pacemaker Implant w CC
202	Bronchitis & Asthma w CC/MCC	244	Permanent Cardiac Pacemaker Implant w/o CC/MCC
203	Bronchitis & Asthma w/o CC/MCC	245	AICD Generator Procedures
204	Respiratory Signs & Symptoms	246	Perc Cardiovasc Proc w Drug-Eluting Stent w MCC or 4+ Vessels/Stents
205	Other Respiratory System Diagnoses w MCC	247	Perc Cardiovasc Proc w Drug-Eluting Stent w/o MCC
206	Other Respiratory System Diagnoses w/o MCC	248	Perc Cardiovasc Proc w Non-Drug-Eluting Stent w MCC or 4+ Ves/Stents
207	Respiratory System Diagnosis w Ventilator Support 96+ Hours	249	Perc Cardiovasc Proc w Non-Drug-Eluting Stent w/o MCC
208	Respiratory System Diagnosis w Ventilator Support <96 Hours	250	Perc Cardiovasc Proc w/o Coronary Artery Stent w MCC
215	Other Heart Assist System Implant	251	Perc Cardiovasc Proc w/o Coronary Artery Stent w/o MCC
216	Cardiac Valve & Oth Maj Cardiothoracic Proc w Card Cath w MCC	252	Other Vascular Procedures w MCC
217	Cardiac Valve & Oth Maj Cardiothoracic Proc w Card Cath w CC	253	Other Vascular Procedures w CC



## ATTACHMENT B - DRG

## STANDARD VALUES FOR DIAGNOSIS RELATED GROUP VERSION 26.0

Value	Label	Value	Label
254	Other Vascular Procedures w/o CC/MCC	304	Hypertension w MCC
255	Upper Limb & Toe Amputation for Circ System Disorders w MCC	305	Hypertension w/o MCC
256	Upper Limb & Toe Amputation for Circ System Disorders w CC	306	Cardiac Congenital & Valvular Disorders w MCC
257	Upper Limb & Toe Amputation for Circ System Disorders w/o CC/MCC	307	Cardiac Congenital & Valvular Disorders w/o MCC
258	Cardiac Pacemaker Device Replacement w MCC	308	Cardiac Arrhythmia & Conduction Disorders w MCC
259	Cardiac Pacemaker Device Replacement w/o MCC	309	Cardiac Arrhythmia & Conduction Disorders w CC
260	Cardiac Pacemaker Revision except Device Replacement w MCC	310	Cardiac Arrhythmia & Conduction Disorders w/o CC/MCC
261	Cardiac Pacemaker Revision except Device Replacement w CC	311	Angina Pectoris
262	Cardiac Pacemaker Revision except Device Replacement w/o CC/MCC	312	Syncope & Collapse
263	Vein Ligation & Stripping	313	Chest Pain
264	Other Circulatory System O.R. Procedures	314	Other Circulatory System Diagnoses w MCC
265	AICD Lead Procedures	315	Other Circulatory System Diagnoses w CC
280	Acute Myocardial Infarction, Discharged Alive w MCC	316	Other Circulatory System Diagnoses w/o CC/MCC
281	Acute Myocardial Infarction, Discharged Alive w CC	326	Stomach, Esophageal & Duodenal Proc w MCC
282	Acute Myocardial Infarction, Discharged Alive w/o CC/MCC	327	Stomach, Esophageal & Duodenal Proc w CC
283	Acute Myocardial Infarction, Expired w MCC	328	Stomach, Esophageal & Duodenal Proc w/o CC/MCC
284	Acute Myocardial Infarction, Expired w CC	329	Major Small & Large Bowel Procedures w MCC
285	Acute Myocardial Infarction, Expired w/o CC/MCC	330	Major Small & Large Bowel Procedures w CC
286	Circulatory Disorders except AMI, w Card Cath w MCC	331	Major Small & Large Bowel Procedures w/o CC/MCC
287	Circulatory Disorders except AMI, w Card Cath w/o MCC	332	Rectal Resection w MCC
288	Acute & Subacute Endocarditis w MCC	333	Rectal Resection w CC
289	Acute & Subacute Endocarditis w CC	334	Rectal Resection w/o CC/MCC
290	Acute & Subacute Endocarditis w/o CC/MCC	335	Peritoneal Adhesiolysis w MCC
291	Heart Failure & Shock w MCC	336	Peritoneal Adhesiolysis w CC
292	Heart Failure & Shock w CC	337	Peritoneal Adhesiolysis w/o CC/MCC
293	Heart Failure & Shock w/o CC/MCC	338	Appendectomy w Complicated Principal Diag w MCC
294	Deep Vein Thrombophlebitis w CC/MCC	339	Appendectomy w Complicated Principal Diag w CC
295	Deep Vein Thrombophlebitis w/o CC/MCC	340	Appendectomy w Complicated Principal Diag w/o CC/MCC
296	Cardiac Arrest, Unexplained w MCC	341	Appendectomy w/o Complicated Principal Diag w MCC
297	Cardiac Arrest, Unexplained w CC	342	Appendectomy w/o Complicated Principal Diag w CC
298	Cardiac Arrest, Unexplained w/o CC/MCC	343	Appendectomy w/o Complicated Principal Diag w/o CC/MCC
299	Peripheral Vascular Disorders w MCC	344	Minor Small & Large Bowel Procedures w MCC
300	Peripheral Vascular Disorders w CC	345	Minor Small & Large Bowel Procedures w CC
301	Peripheral Vascular Disorders w/o CC/MCC	346	Minor Small & Large Bowel Procedures w/o CC/MCC
302	Atherosclerosis w MCC	347	Anal & Stomal Procedures w MCC
303	Atherosclerosis w/o MCC	348	Anal & Stomal Procedures w CC





## ATTACHMENT B - DRG

## STANDARD VALUES FOR DIAGNOSIS RELATED GROUP VERSION 26.0

Value	Label	Value	Label
349	Anal & Stomal Procedures w/o CC/MCC	394	Other Digestive System Diagnoses w CC
350	Inguinal & Femoral Hernia Procedures w MCC	395	Other Digestive System Diagnoses w/o CC/MCC
351	Inguinal & Femoral Hernia Procedures w CC	405	Pancreas, Liver & Shunt Procedures w MCC
352	Inguinal & Femoral Hernia Procedures w/o CC/MCC	406	Pancreas, Liver & Shunt Procedures w CC
353	Hernia Procedures except Inguinal & Femoral w MCC	407	Pancreas, Liver & Shunt Procedures w/o CC/MCC
354	Hernia Procedures except Inguinal & Femoral w CC	408	Biliary Tract Proc except Only Cholecyst w or w/o C.D.E. w MCC
355	Hernia Procedures except Inguinal & Femoral w/o CC/MCC	409	Biliary Tract Proc except Only Cholecyst w or w/o C.D.E. w CC
356	Other Digestive System O.R. Procedures w MCC	410	Biliary Tract Proc except Only Cholecyst w or w/o C.D.E. w/o CC/MCC
357	Other Digestive System O.R. Procedures w CC	411	Cholecystectomy w C.D.E. w MCC
358	Other Digestive System O.R. Procedures w/o CC/MCC	412	Cholecystectomy w C.D.E. w CC
368	Major Esophageal Disorders w MCC	413	Cholecystectomy w C.D.E. w/o CC/MCC
369	Major Esophageal Disorders w CC	414	Cholecystectomy except by Laparoscope w/o C.D.E. w MCC
370	Major Esophageal Disorders w/o CC/MCC	415	Cholecystectomy except by Laparoscope w/o C.D.E. w CC
371	Major Gastrointestinal Disorders & Peritoneal Infections w MCC	416	Cholecystectomy except by Laparoscope w/o C.D.E. w/o CC/MCC
372	Major Gastrointestinal Disorders & Peritoneal Infections w CC	417	Laparoscopic Cholecystectomy w/o C.D.E. w MCC
373	Major Gastrointestinal Disorders & Peritoneal Infections w/o CC/MCC	418	Laparoscopic Cholecystectomy w/o C.D.E. w CC
374	Digestive Malignancy w MCC	419	Laparoscopic Cholecystectomy w/o C.D.E. w/o CC/MCC
375	Digestive Malignancy w CC	420	Hepatobiliary Diagnostic Procedures w MCC
376	Digestive Malignancy w/o CC/MCC	421	Hepatobiliary Diagnostic Procedures w CC
377	G.I. Hemorrhage w MCC	422	Hepatobiliary Diagnostic Procedures w/o CC/MCC
378	G.I. Hemorrhage w CC	423	Other Hepatobiliary or Pancreas O.R. Procedures w MCC
379	G.I. Hemorrhage w/o CC/MCC	424	Other Hepatobiliary or Pancreas O.R. Procedures w CC
380	Complicated Peptic Ulcer w MCC	425	Other Hepatobiliary or Pancreas O.R. Procedures w/o CC/MCC
381	Complicated Peptic Ulcer w CC	432	Cirrhosis & Alcoholic Hepatitis w MCC
382	Complicated Peptic Ulcer w/o CC/MCC	433	Cirrhosis & Alcoholic Hepatitis w CC
383	Uncomplicated Peptic Ulcer w MCC	434	Cirrhosis & Alcoholic Hepatitis w/o CC/MCC
384	Uncomplicated Peptic Ulcer w/o MCC	435	Malignancy of Hepatobiliary System or Pancreas w MCC
385	Inflammatory Bowel Disease w MCC	436	Malignancy of Hepatobiliary System or Pancreas w CC
386	Inflammatory Bowel Disease w CC	437	Malignancy of Hepatobiliary System or Pancreas w/o CC/MCC
387	Inflammatory Bowel Disease w/o CC/MCC	438	Disorders of Pancreas except Malignancy w MCC
388	G.I. Obstruction w MCC	439	Disorders of Pancreas except Malignancy w CC
389	G.I. Obstruction w CC	440	Disorders of Pancreas except Malignancy w/o CC/MCC
390	G.I. Obstruction w/o CC/MCC	441	Disorders of Liver except Malig,Cirr,Alc Hepa w MCC
391	Esophagitis, Gastroent & Misc Digest Disorders w MCC	442	Disorders of Liver except Malig,Cirr,Alc Hepa w CC
392	Esophagitis, Gastroent & Misc Digest Disorders w/o MCC	443	Disorders of Liver except Malig,Cirr,Alc Hepa w/o CC/MCC
393	Other Digestive System Diagnoses w MCC	444	Disorders of the Biliary Tract w MCC



## ATTACHMENT B - DRG

## STANDARD VALUES FOR DIAGNOSIS RELATED GROUP VERSION 26.0

Value	Label	Value	Label
445	Disorders of the Biliary Tract w CC	487	Knee Procedures w Pdx of Infection w/o CC/MCC
446	Disorders of the Biliary Tract w/o CC/MCC	488	Knee Procedures w/o Pdx of Infection w CC/MCC
453	Combined Anterior/Posterior Spinal Fusion w MCC	489	Knee Procedures w/o Pdx of Infection w/o CC/MCC
454	Combined Anterior/Posterior Spinal Fusion w CC	490	Back & Neck Proc exc Spinal Fusion w CC/MCC or Disc Device/Neurostim
455	Combined Anterior/Posterior Spinal Fusion w/o CC/MCC	491	Back & Neck Proc exc Spinal Fusion w/o CC/MCC
456	Spinal Fus exc Cerv w Spinal Curv/Malig/Infec or 9+ Fus w MCC	492	Lower Extrem & Humer Proc except Hip, Foot, Femur w MCC
457	Spinal Fus exc Cerv w Spinal Curv/Malig/Infec or 9+ Fus w CC	493	Lower Extrem & Humer Proc except Hip, Foot, Femur w CC
458	Spinal Fus exc Cerv w Spinal Curv/Malig/Infec or 9+ Fus w/o CC/MCC	494	Lower Extrem & Humer Proc except Hip, Foot, Femur w/o CC/MCC
459	Spinal Fusion except Cervical w MCC	495	Local Excision & Removal Int Fix Devices exc Hip & Femur w MCC
460	Spinal Fusion except Cervical w/o MCC	496	Local Excision & Removal Int Fix Devices exc Hip & Femur w CC
461	Bilateral or Multiple Major Joint Procs of Lower Extremity w MCC	497	Local Excision & Removal Int Fix Devices exc Hip & Femur w/o CC/MCC
462	Bilateral or Multiple Major Joint Procs of Lower Extremity w/o MCC	498	Local Excision & Removal Int Fix Devices of Hip & Femur w CC/MCC
463	Wnd Debrid & Skn Graft exc Hand, for Musculo-Conn Tiss Dis w MCC	499	Local Excision & Removal Int Fix Devices of Hip & Femur w/o CC/MCC
464	Wnd Debrid & Skn Graft exc Hand, for Musculo-Conn Tiss Dis w CC	500	Soft Tissue Procedures w MCC
465	Wnd Debrid & Skn Graft exc Hand, for Musculo-Conn Tiss Dis w/o CC/MCC	501	Soft Tissue Procedures w CC
466	Revision of Hip or Knee Replacement w MCC	502	Soft Tissue Procedures w/o CC/MCC
467	Revision of Hip or Knee Replacement w CC	503	Foot Procedures w MCC
468	Revision of Hip or Knee Replacement w/o CC/MCC	504	Foot Procedures w CC
469	Major Joint Replacement or Reattachment of Lower Extremity w MCC	505	Foot Procedures w/o CC/MCC
470	Major Joint Replacement or Reattachment of Lower Extremity w/o MCC	506	Major Thumb or Joint Procedures
471	Cervical Spinal Fusion w MCC	507	Major Shoulder or Elbow Joint Procedures w CC/MCC
472	Cervical Spinal Fusion w CC	508	Major Shoulder or Elbow Joint Procedures w/o CC/MCC
473	Cervical Spinal Fusion w/o CC/MCC	509	Arthroscopy
474	Amputation for Musculoskeletal Sys & Conn Tissue Dis w MCC	510	Shoulder, Elbow or Forearm Proc, Exc Major Joint Proc w MCC
475	Amputation for Musculoskeletal Sys & Conn Tissue Dis w CC	511	Shoulder, Elbow or Forearm Proc, Exc Major Joint Proc w CC
476	Amputation for Musculoskeletal Sys & Conn Tissue Dis w/o CC/MCC	512	Shoulder, Elbow or Forearm Proc, Exc Major Joint Proc w/o CC/MCC
477	Biopsies of Musculoskeletal System & Connective Tissue w MCC	513	Hand or Wrist Proc, except Major Thumb or Joint Proc w CC/MCC
478	Biopsies of Musculoskeletal System & Connective Tissue w CC	514	Hand or Wrist Proc, except Major Thumb or Joint Proc w/o CC/MCC
479	Biopsies of Musculoskeletal System & Connective Tissue w/o CC/MCC	515	Other Musculoskeletal Sys & Conn Tiss O.R. Proc w MCC
480	Hip & Femur Procedures except Major Joint w MCC	516	Other Musculoskeletal Sys & Conn Tiss O.R. Proc w CC
481	Hip & Femur Procedures except Major Joint w CC	517	Other Musculoskeletal Sys & Conn Tiss O.R. Proc w/o CC/MCC
482	Hip & Femur Procedures except Major Joint w/o CC/MCC	533	Fractures of Femur w MCC
483	Major Joint & Limb Reattachment Proc of Upper Extremity w CC/MCC	534	Fractures of Femur w/o MCC
484	Major Joint & Limb Reattachment Proc of Upper Extremity w/o CC/MCC	535	Fractures of Hip & Pelvis w MCC
485	Knee Procedures w Pdx of Infection w MCC	536	Fractures of Hip & Pelvis w/o MCC
486	Knee Procedures w Pdx of Infection w CC	537	Sprains, Strains, & Dislocations of Hip, Pelvis & Thigh w CC/MCC



## ATTACHMENT B - DRG

## STANDARD VALUES FOR DIAGNOSIS RELATED GROUP VERSION 26.0

Value	Label	Value	Label
538	Sprains, Strains, & Dislocations of Hip, Pelvis & Thigh w/o CC/MCC	580	Other Skin, Subcut Tiss & Breast Proc w CC
539	Osteomyelitis w MCC	581	Other Skin, Subcut Tiss & Breast Proc w/o CC/MCC
540	Osteomyelitis w CC	582	Mastectomy for Malignancy w CC/MCC
541	Osteomyelitis w/o CC/MCC	583	Mastectomy for Malignancy w/o CC/MCC
542	Pathological Fractures & Musculoskelet & Conn Tiss Malig w MCC	584	Breast Biopsy, Local Excision & Other Breast Procedures w CC/MCC
543	Pathological Fractures & Musculoskelet & Conn Tiss Malig w CC	585	Breast Biopsy, Local Excision & Other Breast Procedures w/o CC/MCC
544	Pathological Fractures & Musculoskelet & Conn Tiss Malig w/o CC/MCC	592	Skin Ulcers w MCC
545	Connective Tissue Disorders w MCC	593	Skin Ulcers w CC
546	Connective Tissue Disorders w CC	594	Skin Ulcers w/o CC/MCC
547	Connective Tissue Disorders w/o CC/MCC	595	Major Skin Disorders w MCC
548	Septic Arthritis w MCC	596	Major Skin Disorders w/o MCC
549	Septic Arthritis w CC	597	Malignant Breast Disorders w MCC
550	Septic Arthritis w/o CC/MCC	598	Malignant Breast Disorders w CC
551	Medical Back Problems w MCC	599	Malignant Breast Disorders w/o CC/MCC
552	Medical Back Problems w/o MCC	600	Non-Malignant Breast Disorders w CC/MCC
553	Bone Diseases & Arthropathies w MCC	601	Non-Malignant Breast Disorders w/o CC/MCC
554	Bone Diseases & Arthropathies w/o MCC	602	Cellulitis w MCC
555	Signs & Symptoms of Musculoskeletal System & Conn Tissue w MCC	603	Cellulitis w/o MCC
556	Signs & Symptoms of Musculoskeletal System & Conn Tissue w/o MCC	604	Trauma to the Skin, Subcut Tiss & Breast w MCC
557	Tendonitis, Myositis & Bursitis w MCC	605	Trauma to the Skin, Subcut Tiss & Breast w/o MCC
558	Tendonitis, Myositis & Bursitis w/o MCC	606	Minor Skin Disorders w MCC
559	Aftercare, Musculoskeletal System & Connective Tissue w MCC	607	Minor Skin Disorders w/o MCC
560	Aftercare, Musculoskeletal System & Connective Tissue w CC	614	Adrenal & Pituitary Procedures w CC/MCC
561	Aftercare, Musculoskeletal System & Connective Tissue w/o CC/MCC	615	Adrenal & Pituitary Procedures w/o CC/MCC
562	Fx, Sprn, Strn & Disl except Femur, Hip, Pelvis & Thigh w MCC	616	Amputat of Lower Limb for Endocrine,Nutrit,& Metabol Dis w MCC
563	Fx, Sprn, Strn & Disl except Femur, Hip, Pelvis & Thigh w/o MCC	617	Amputat of Lower Limb for Endocrine,Nutrit,& Metabol Dis w CC
564	Other Musculoskeletal Sys & Connective Tissue Diagnoses w MCC	618	Amputat of Lower Limb for Endocrine,Nutrit,& Metabol Dis w/o CC/MCC
565	Other Musculoskeletal Sys & Connective Tissue Diagnoses w CC	619	O.R. Procedures for Obesity w MCC
566	Other Musculoskeletal Sys & Connective Tissue Diagnoses w/o CC/MCC	620	O.R. Procedures for Obesity w CC
573	Skin Graft &/or Debrid for Skn Ulcer or Cellulitis w MCC	621	O.R. Procedures for Obesity w/o CC/MCC
574	Skin Graft &/or Debrid for Skn Ulcer or Cellulitis w CC	622	Skin Grafts & Wound Debrid for Endoc, Nutrit & Metab Dis w MCC
575	Skin Graft &/or Debrid for Skn Ulcer or Cellulitis w/o CC/MCC	623	Skin Grafts & Wound Debrid for Endoc, Nutrit & Metab Dis w CC
576	Skin Graft &/or Debrid exc for Skin Ulcer or Cellulitis w MCC	624	Skin Grafts & Wound Debrid for Endoc, Nutrit & Metab Dis w/o CC/MCC
577	Skin Graft &/or Debrid exc for Skin Ulcer or Cellulitis w CC	625	Thyroid, Parathyroid & Thyroglossal Procedures w MCC
578	Skin Graft &/or Debrid exc for Skin Ulcer or Cellulitis w/o CC/MCC	626	Thyroid, Parathyroid & Thyroglossal Procedures w CC
579	Other Skin, Subcut Tiss & Breast Proc w MCC	627	Thyroid, Parathyroid & Thyroglossal Procedures w/o CC/MCC

**ATTACHMENT B - DRG****STANDARD VALUES FOR DIAGNOSIS RELATED GROUP VERSION 26.0**

Value	Label	Value	Label
628	Other Endocrine, Nutrit & Metab O.R. Proc w MCC	682	Renal Failure w MCC
629	Other Endocrine, Nutrit & Metab O.R. Proc w CC	683	Renal Failure w CC
630	Other Endocrine, Nutrit & Metab O.R. Proc w/o CC/MCC	684	Renal Failure w/o CC/MCC
637	Diabetes w MCC	685	Admit for Renal Dialysis
638	Diabetes w CC	686	Kidney & Urinary Tract Neoplasms w MCC
639	Diabetes w/o CC/MCC	687	Kidney & Urinary Tract Neoplasms w CC
640	Nutritional & Misc Metabolic Disorders w MCC	688	Kidney & Urinary Tract Neoplasms w/o CC/MCC
641	Nutritional & Misc Metabolic Disorders w/o MCC	689	Kidney & Urinary Tract Infections w MCC
642	Inborn Errors of Metabolism	690	Kidney & Urinary Tract Infections w/o MCC
643	Endocrine Disorders w MCC	691	Urinary Stones w Esw Lithotripsy w CC/MCC
644	Endocrine Disorders w CC	692	Urinary Stones w Esw Lithotripsy w/o CC/MCC
645	Endocrine Disorders w/o CC/MCC	693	Urinary Stones w/o Esw Lithotripsy w MCC
652	Kidney Transplant	694	Urinary Stones w/o Esw Lithotripsy w/o MCC
653	Major Bladder Procedures w MCC	695	Kidney & Urinary Tract Signs & Symptoms w MCC
654	Major Bladder Procedures w CC	696	Kidney & Urinary Tract Signs & Symptoms w/o MCC
655	Major Bladder Procedures w/o CC/MCC	697	Urethral Stricture
656	Kidney & Ureter Procedures for Neoplasm w MCC	698	Other Kidney & Urinary Tract Diagnoses w MCC
657	Kidney & Ureter Procedures for Neoplasm w CC	699	Other Kidney & Urinary Tract Diagnoses w CC
658	Kidney & Ureter Procedures for Neoplasm w/o CC/MCC	700	Other Kidney & Urinary Tract Diagnoses w/o CC/MCC
659	Kidney & Ureter Procedures for Non-Neoplasm w MCC	707	Major Male Pelvic Procedures w CC/MCC
660	Kidney & Ureter Procedures for Non-Neoplasm w CC	708	Major Male Pelvic Procedures w/o CC/MCC
661	Kidney & Ureter Procedures for Non-Neoplasm w/o CC/MCC	709	Penis Procedures w CC/MCC
662	Minor Bladder Procedures w MCC	710	Penis Procedures w/o CC/MCC
663	Minor Bladder Procedures w CC	711	Testes Procedures w CC/MCC
664	Minor Bladder Procedures w/o CC/MCC	712	Testes Procedures w/o CC/MCC
665	Prostatectomy w MCC	713	Transurethral Prostatectomy w CC/MCC
666	Prostatectomy w CC	714	Transurethral Prostatectomy w/o CC/MCC
667	Prostatectomy w/o CC/MCC	715	Other Male Reproductive System O.R. Proc for Malignancy w CC/MCC
668	Transurethral Procedures w MCC	716	Other Male Reproductive System O.R. Proc for Malignancy w/o CC/MCC
669	Transurethral Procedures w CC	717	Other Male Reproductive System O.R. Proc exc Malignancy w CC/MCC
670	Transurethral Procedures w/o CC/MCC	718	Other Male Reproductive System O.R. Proc exc Malignancy w/o CC/MCC
671	Urethral Procedures w CC/MCC	722	Malignancy, Male Reproductive System w MCC
672	Urethral Procedures w/o CC/MCC	723	Malignancy, Male Reproductive System w CC
673	Other Kidney & Urinary Tract Procedures w MCC	724	Malignancy, Male Reproductive System w/o CC/MCC
674	Other Kidney & Urinary Tract Procedures w CC	725	Benign Prostatic Hypertrophy w MCC
675	Other Kidney & Urinary Tract Procedures w/o CC/MCC	726	Benign Prostatic Hypertrophy w/o MCC



## ATTACHMENT B - DRG

## STANDARD VALUES FOR DIAGNOSIS RELATED GROUP VERSION 26.0

Value	Label	Value	Label
727	Inflammation of the Male Reproductive System w MCC	774	Vaginal Delivery w Complicating Diagnoses
728	Inflammation of the Male Reproductive System w/o MCC	775	Vaginal Delivery w/o Complicating Diagnoses
729	Other Male Reproductive System Diagnoses w CC/MCC	776	Postpartum & Post Abortion Diagnoses w/o O.R. Procedure
730	Other Male Reproductive System Diagnoses w/o CC/MCC	777	Ectopic Pregnancy
734	Pelvic Evisceration, Rad Hysterectomy & Rad Vulvectomy w CC/MCC	778	Threatened Abortion
735	Pelvic Evisceration, Rad Hysterectomy & Rad Vulvectomy w/o CC/MCC	779	Abortion w/o D&C
736	Uterine & Adnexa Proc for Ovarian or Adnexal Malignancy w MCC	780	False Labor
737	Uterine & Adnexa Proc for Ovarian or Adnexal Malignancy w CC	781	Other Antepartum Diagnoses w Medical Complications
738	Uterine & Adnexa Proc for Ovarian or Adnexal Malignancy w/o CC/MCC	782	Other Antepartum Diagnoses w/o Medical Complications
739	Uterine,Adnexa Proc for Non-Ovarian/Adnexal Malig w MCC	789	Neonates, Died or Transferred to Another Acute Care Facility
740	Uterine,Adnexa Proc for Non-Ovarian/Adnexal Malig w CC	790	Extreme Immaturity or Respiratory Distress Syndrome, Neonate
741	Uterine,Adnexa Proc for Non-Ovarian/Adnexal Malig w/o CC/MCC	791	Prematurity w Major Problems
742	Uterine & Adnexa Proc for Non-Malignancy w CC/MCC	792	Prematurity w/o Major Problems
743	Uterine & Adnexa Proc for Non-Malignancy w/o CC/MCC	793	Full Term Neonate w Major Problems
744	D&C, Conization, Laparoscopy & Tubal Interruption w CC/MCC	794	Neonate w Other Significant Problems
745	D&C, Conization, Laparoscopy & Tubal Interruption w/o CC/MCC	795	Normal Newborn
746	Vagina, Cervix & Vulva Procedures w CC/MCC	799	Splenectomy w MCC
747	Vagina, Cervix & Vulva Procedures w/o CC/MCC	800	Splenectomy w CC
748	Female Reproductive System Reconstructive Procedures	801	Splenectomy w/o CC/MCC
749	Other Female Reproductive System O.R. Procedures w CC/MCC	802	Other O.R. Proc of the Blood & Blood Forming Organs w MCC
750	Other Female Reproductive System O.R. Procedures w/o CC/MCC	803	Other O.R. Proc of the Blood & Blood Forming Organs w CC
754	Malignancy, Female Reproductive System w MCC	804	Other O.R. Proc of the Blood & Blood Forming Organs w/o CC/MCC
755	Malignancy, Female Reproductive System w CC	808	Major Hematol/Immun Diag exc Sick Cell Crisis & Coagul w MCC
756	Malignancy, Female Reproductive System w/o CC/MCC	809	Major Hematol/Immun Diag exc Sick Cell Crisis & Coagul w CC
757	Infections, Female Reproductive System w MCC	810	Major Hematol/Immun Diag exc Sick Cell Crisis & Coagul w/o CC/MCC
758	Infections, Female Reproductive System w CC	811	Red Blood Cell Disorders w MCC
759	Infections, Female Reproductive System w/o CC/MCC	812	Red Blood Cell Disorders w/o MCC
760	Menstrual & Other Female Reproductive System Disorders w CC/MCC	813	Coagulation Disorders
761	Menstrual & Other Female Reproductive System Disorders w/o CC/MCC	814	Reticuloendothelial & Immunity Disorders w MCC
765	Cesarean Section w CC/MCC	815	Reticuloendothelial & Immunity Disorders w CC
766	Cesarean Section w/o CC/MCC	816	Reticuloendothelial & Immunity Disorders w/o CC/MCC
767	Vaginal Delivery w Sterilization &/or D&C	820	Lymphoma & Leukemia w Major O.R. Procedure w MCC
768	Vaginal Delivery w O.R. Proc except Steril &/or D&C	821	Lymphoma & Leukemia w Major O.R. Procedure w CC
769	Postpartum & Post Abortion Diagnoses w O.R. Procedure	822	Lymphoma & Leukemia w Major O.R. Procedure w/o CC/MCC
770	Abortion w D&C, Aspiration Curettage or Hysterotomy	823	Lymphoma & Non-Acute Leukemia w Other O.R. Proc w MCC



## ATTACHMENT B - DRG

## STANDARD VALUES FOR DIAGNOSIS RELATED GROUP VERSION 26.0

Value	Label	Value	Label
824	Lymphoma & Non-Acute Leukemia w Other O.R. Proc w CC	868	Other Infectious & Parasitic Diseases Diagnoses w CC
825	Lymphoma & Non-Acute Leukemia w Other O.R. Proc w/o CC/MCC	869	Other Infectious & Parasitic Diseases Diagnoses w/o CC/MCC
826	Myeloprolif Disord or Poorly Diff Neopl w Maj O.R. Proc w MCC	870	Septicemia or Severe Sepsis w MV 96+ Hours
827	Myeloprolif Disord or Poorly Diff Neopl w Maj O.R. Proc w CC	871	Septicemia or Severe Sepsis w/o MV 96+ Hours w MCC
828	Myeloprolif Disord or Poorly Diff Neopl w Maj O.R. Proc w/o CC/MCC	872	Septicemia or Severe Sepsis w/o MV 96+ Hours w/o MCC
829	Myeloprolif Disord or Poorly Diff Neopl w Other O.R. Proc w CC/MCC	876	O.R. Procedure w Principal Diagnoses of Mental Illness
830	Myeloprolif Disord or Poorly Diff Neopl w Other O.R. Proc w/o CC/MCC	880	Acute Adjustment Reaction & Psychosocial Dysfunction
834	Acute Leukemia w/o Major O.R. Procedure w MCC	881	Depressive Neuroses
835	Acute Leukemia w/o Major O.R. Procedure w CC	882	Neuroses except Depressive
836	Acute Leukemia w/o Major O.R. Procedure w/o CC/MCC	883	Disorders of Personality & Impulse Control
837	Chemo w Acute Leukemia As Sdx or w High Dose Chemo Agent w MCC	884	Organic Disturbances & Mental Retardation
838	Chemo w Acute Leukemia As Sdx w CC or High Dose Chemo Agent	885	Psychoses
839	Chemo w Acute Leukemia As Sdx w/o CC/MCC	886	Behavioral & Developmental Disorders
840	Lymphoma & Non-Acute Leukemia w MCC	887	Other Mental Disorder Diagnoses
841	Lymphoma & Non-Acute Leukemia w CC	894	Alcohol/Drug Abuse or Dependence, Left AMA
842	Lymphoma & Non-Acute Leukemia w/o CC/MCC	895	Alcohol/Drug Abuse or Dependence w Rehabilitation Therapy
843	Other Myeloprolif Dis or Poorly Diff Neopl Diag w MCC	896	Alcohol/Drug Abuse or Dependence w/o Rehabilitation Therapy w MCC
844	Other Myeloprolif Dis or Poorly Diff Neopl Diag w CC	897	Alcohol/Drug Abuse or Dependence w/o Rehabilitation Therapy w/o MCC
845	Other Myeloprolif Dis or Poorly Diff Neopl Diag w/o CC/MCC	901	Wound Debridements for Injuries w MCC
846	Chemotherapy w/o Acute Leukemia As Secondary Diagnosis w MCC	902	Wound Debridements for Injuries w CC
847	Chemotherapy w/o Acute Leukemia As Secondary Diagnosis w CC	903	Wound Debridements for Injuries w/o CC/MCC
848	Chemotherapy w/o Acute Leukemia As Secondary Diagnosis w/o CC/MCC	904	Skin Grafts for Injuries w CC/MCC
849	Radiotherapy	905	Skin Grafts for Injuries w/o CC/MCC
853	Infectious & Parasitic Diseases w O.R. Procedure w MCC	906	Hand Procedures for Injuries
854	Infectious & Parasitic Diseases w O.R. Procedure w CC	907	Other O.R. Procedures for Injuries w MCC
855	Infectious & Parasitic Diseases w O.R. Procedure w/o CC/MCC	908	Other O.R. Procedures for Injuries w CC
856	Postoperative or Post-Traumatic Infections w O.R. Proc w MCC	909	Other O.R. Procedures for Injuries w/o CC/MCC
857	Postoperative or Post-Traumatic Infections w O.R. Proc w CC	913	Traumatic Injury w MCC
858	Postoperative or Post-Traumatic Infections w O.R. Proc w/o CC/MCC	914	Traumatic Injury w/o MCC
862	Postoperative & Post-Traumatic Infections w MCC	915	Allergic Reactions w MCC
863	Postoperative & Post-Traumatic Infections w/o MCC	916	Allergic Reactions w/o MCC
864	Fever	917	Poisoning & Toxic Effects of Drugs w MCC
865	Viral Illness w MCC	918	Poisoning & Toxic Effects of Drugs w/o MCC
866	Viral Illness w/o MCC	919	Complications of Treatment w MCC
867	Other Infectious & Parasitic Diseases Diagnoses w MCC	920	Complications of Treatment w CC



## ATTACHMENT B - DRG

### STANDARD VALUES FOR DIAGNOSIS RELATED GROUP VERSION 26.0

Value	Label	Value	Label
921	Complications of Treatment w/o CC/MCC	982	Extensive O.R. Procedure Unrelated to Principal Diagnosis w CC
922	Other Injury, Poisoning & Toxic Effect Diag w MCC	983	Extensive O.R. Procedure Unrelated to Principal Diagnosis w/o CC/MCC
923	Other Injury, Poisoning & Toxic Effect Diag w/o MCC	984	Prostatic O.R. Procedure Unrelated to Principal Diagnosis w MCC
927	Extensive Burns or Full Thickness Burns w MV 96+ Hrs w Skin Graft	985	Prostatic O.R. Procedure Unrelated to Principal Diagnosis w CC
928	Full Thickness Burn w Skin Graft or Inhal Inj w CC/MCC	986	Prostatic O.R. Procedure Unrelated to Principal Diagnosis w/o CC/MCC
929	Full Thickness Burn w Skin Graft or Inhal Inj w/o CC/MCC	987	Non-Extensive O.R. Proc Unrelated to Principal Diagnosis w MCC
933	Extensive Burns or Full Thickness Burns w MV 96+ Hrs w/o Skin Graft	988	Non-Extensive O.R. Proc Unrelated to Principal Diagnosis w CC
934	Full Thickness Burn w/o Skin Graft or Inhal Inj	989	Non-Extensive O.R. Proc Unrelated to Principal Diagnosis w/o CC/MCC
935	Non-Extensive Burns	998	Principal Diagnosis Invalid as Discharge Diagnosis
939	O.R. Proc w Diagnoses of Other Contact w Health Services w MCC	999	Ungroupable
940	O.R. Proc w Diagnoses of Other Contact w Health Services w CC		
941	O.R. Proc w Diagnoses of Other Contact w Health Services w/o CC/MCC		
945	Rehabilitation w CC/MCC		
946	Rehabilitation w/o CC/MCC		
947	Signs & Symptoms w MCC		
948	Signs & Symptoms w/o MCC		
949	Aftercare w CC/MCC		
950	Aftercare w/o CC/MCC		
951	Other Factors Influencing Health Status		
955	Craniotomy for Multiple Significant Trauma		
956	Limb Reattachment, Hip & Femur Proc for Multiple Significant Trauma		
957	Other O.R. Procedures for Multiple Significant Trauma w MCC		
958	Other O.R. Procedures for Multiple Significant Trauma w CC		
959	Other O.R. Procedures for Multiple Significant Trauma w/o CC/MCC		
963	Other Multiple Significant Trauma w MCC		
964	Other Multiple Significant Trauma w CC		
965	Other Multiple Significant Trauma w/o CC/MCC		
969	HIV w Extensive O.R. Procedure w MCC		
970	HIV w Extensive O.R. Procedure w/o MCC		
974	HIV w Major Related Condition w MCC		
975	HIV w Major Related Condition w CC		
976	HIV w Major Related Condition w/o CC/MCC		
977	HIV w or w/o Other Related Condition		
981	Extensive O.R. Procedure Unrelated to Principal Diagnosis w MCC		



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**ATTACHMENT C - EXCLDRG**  
**STANDARD VALUES FOR EXCEPTIONAL DRUG INDICATOR**

Value	Label	Value	Label
12	Amphetamines	63	Insulin
16	Antacids (OTC)	64	Insulin Syringes (disposable)
17	Antacids (Rx)	65	Insulin Syringes (reusable)
18	Antipsychotics (atypical)	68	Laxatives
19	Antineoplastics	69	Minerals (OTC)
28	Contraceptives (topical)	70	Monoclonal Biologicals
34	Diabetic Supplies (OTC)	77	Nasal Preparations
37	Diagnostic Agents (Rx)	79	Nicotine
38	Diagnostic Tests (OTC)	83	Oral Contraceptives
40	Fertility Drugs	85	Ostomy Products
46	Fluorides	87	Pregnancy Tests
50	Genetically Engineered Drugs	90	Serums, Toxoids, and Vaccines
52	Hematinics (OTC)	92	Syringes, non-insulin (reuse)
53	Hematinics (Rx)	93	Syringes, non-insulin (dispos)
56	Hemophilic Drugs	94	Topical Rx, cosmetic nature
59	Hypodermics (disposable)	95	Vitamins (OTC)
60	Hypodermics (reusable)	96	Vitamins (Rx)





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**ATTACHMENT D - EGEOLOC**  
**STANDARD VALUES FOR GEOGRAPHIC LOCATION OF EMPLOYEE**

Value	Label	Value	Label	Value	Label
01	Nation, unknown region	30	South Atlantic Division, unknown state	59	Wyoming
02	Northeast Region, unknown division	31	Washington, DC	60	Pacific Division, unknown state
03	New England Division, unknown state	32	Delaware	61	Alaska
04	Connecticut	33	Florida	62	California
05	Maine	34	Georgia	63	Hawaii
06	Massachusetts	35	Maryland	64	Oregon
07	New Hampshire	36	North Carolina	65	Washington
08	Rhode Island	37	South Carolina	97	Puerto Rico
09	Vermont	38	Virginia	98	Virgin Islands
10	Middle Atlantic Division, unknown state	39	West Virginia	99	Other International
11	New Jersey	40	East South Central Division, unknown state		
12	New York	41	Alabama		
13	Pennsylvania	42	Kentucky		
14	North Central Region, unknown division	43	Mississippi		
15	East North Central Division, unknown state	44	Tennessee		
16	Illinois	45	West South Central Division, unknown state		
17	Indiana	46	Arkansas		
18	Michigan	47	Louisiana		
19	Ohio	48	Oklahoma		
20	Wisconsin	49	Texas		
21	West North Central Division, unknown state	50	West Region, unknown division		
22	Iowa	51	Mountain Division, unknown state		
23	Kansas	52	Arizona		
24	Minnesota	53	Colorado		
25	Missouri	54	Idaho		
26	Nebraska	55	Montana		
27	North Dakota	56	Nevada		
28	South Dakota	57	New Mexico		
29	South Region, unknown division	58	Utah		



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**ATTACHMENT E - MDC**  
**STANDARD VALUES FOR MAJOR DIAGNOSTIC CATEGORY**

Value	Label
01	Diseases and Disorders of the Nervous System
02	Diseases and Disorders of the Eye
03	Diseases and Disorders of the Ear, Nose, Mouth and Throat
04	Diseases and Disorders of the Respiratory System
05	Diseases and Disorders of the Circulatory System
06	Diseases and Disorders of the Digestive System
07	Diseases and Disorders of the Hepatobiliary System and Pancreas
08	Diseases and Disorders of the Musculoskeletal System and Connective Tissue
09	Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast
10	Endocrine, Nutritional and Metabolic Diseases and Disorders
11	Diseases and Disorders of the Kidney and Urinary Tract
12	Diseases and Disorders of the Male Reproductive System
13	Diseases and Disorders of the Female Reproductive System
14	Pregnancy, Childbirth and the Puerperium
15	Newborns and Other Neonates with Conditions Originating in Perinatal Period
16	Diseases and Disorders of the Blood, Blood Forming Organs, Immunological Disorders
17	Myeloproliferative Diseases and Disorders, Poorly Differentiated Neoplasm
18	Infectious and Parasitic Diseases, Systemic or Unspecified Sites
19	Mental Diseases and Disorders
20	Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders
21	Injuries, Poisonings and Toxic Effects of Drugs
22	Burns
23	Factors Influencing Health Status and Other Contacts with Health Services
24	Multiple Significant Trauma
25	Human Immunodeficiency Virus Infections
0	Missing



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## ATTACHMENT F - MSA

Value	Label	Value	Label
0	Non-MSA	12580	Baltimore-Towson, MD
10180	Abilene, TX	12620	Bangor, ME
10380	Aguadilla-Isabela-San Sebastian, PR	12700	Barnstable Town, MA
10420	Akron, OH	12940	Baton Rouge, LA
10500	Albany, GA	12980	Battle Creek, MI
10580	Albany-Schenectady-Troy, NY	13020	Bay City, MI
10740	Albuquerque, NM	13140	Beaumont-Port Arthur, TX
10780	Alexandria, LA	13380	Bellingham, WA
10900	Allentown-Bethlehem-Easton, PA-NJ	13460	Bend, OR
11020	Altoona, PA	13644	Bethesda-Gaithersburg-Frederick, MD
11100	Amarillo, TX	13740	Billings, MT
11180	Ames, IA	13780	Binghamton, NY
11260	Anchorage, AK	13820	Birmingham-Hoover, AL
11300	Anderson, IN	13900	Bismarck, ND
11340	Anderson, SC	13980	Blacksburg-Christiansburg-Radford, VA
11460	Ann Arbor, MI	14020	Bloomington, IN
11500	Anniston-Oxford, AL	14060	Bloomington-Normal, IL
11540	Appleton, WI	14260	Boise City-Nampa, ID
11700	Asheville, NC	14484	Boston-Quincy, MA
12020	Athens-Clarke County, GA	14500	Boulder, CO
12060	Atlanta-Sandy Springs-Marietta, GA	14540	Bowling Green, KY
12100	Atlantic City, NJ	14740	Bremerton-Silverdale, WA
12220	Auburn-Opelika, AL	14860	Bridgeport-Stamford-Norwalk, CT
12260	Augusta-Richmond County, GA-SC	15180	Brownsville-Harlingen, TX
12420	Austin-Round Rock, TX	15260	Brunswick, GA
12540	Bakersfield, CA	15380	Buffalo-Niagara Falls, NY
15500	Burlington, NC	17900	Columbia, SC
15540	Burlington-South Burlington, VT	17980	Columbus, GA-AL
15764	Cambridge-Newton-Framingham, MA	18020	Columbus, IN
15804	Camden, NJ	18140	Columbus, OH
15940	Canton-Massillon, OH	18580	Corpus Christi, TX
15980	Cape Coral-Fort Myers, FL	18700	Corvallis, OR
16180	Carson City, NV	19060	Cumberland, MD-WV
16220	Casper, WY	19124	Dallas-Plano-Irving, TX



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## ATTACHMENT F - MSA

Value	Label	Value	Label
16300	Cedar Rapids, IA	19140	Dalton, GA
16580	Champaign-Urbana, IL	19180	Danville, IL
16620	Charleston, WV	19260	Danville, VA
16700	Charleston-North Charleston, SC	19340	Davenport-Moline-Rock Island, IA-IL
16740	Charlotte-Gastonia-Concord, NC-SC	19380	Dayton, OH
16820	Charlottesville, VA	19460	Decatur, AL
16860	Chattanooga, TN-GA	19500	Decatur, IL
16940	Cheyenne, WY	19660	Deltona-Daytona Beach-Ormond Beach, FL
16974	Chicago-Naperville-Joliet, IL	19740	Denver-Aurora, CO
17020	Chico, CA	19780	Des Moines, IA
17140	Cincinnati-Middletown, OH-KY-IN	19804	Detroit-Livonia-Dearborn, MI
17300	Clarksville, TN-KY	20020	Dothan, AL
17420	Cleveland, TN	20100	Dover, DE
17460	Cleveland-Elyria-Mentor, OH	20220	Dubuque, IA
17660	Coeur d'Alene, ID	20260	Duluth, MN-WI
17780	College Station-Bryan, TX	20500	Durham, NC
17820	Colorado Springs, CO	20740	Eau Claire, WI
17860	Columbia, MO	20764	Edison, NJ
20940	El Centro, CA	23420	Fresno, CA
21060	Elizabethtown, KY	23460	Gadsden, AL
21140	Elkhart-Goshen, IN	23540	Gainesville, FL
21300	Elmira, NY	23580	Gainesville, GA
21340	El Paso, TX	23844	Gary, IN
21500	Erie, PA	24020	Glens Falls, NY
21604	Essex County, MA	24140	Goldsboro, NC
21660	Eugene-Springfield, OR	24220	Grand Forks, ND-MN
21780	Evansville, IN-KY	24300	Grand Junction, CO
21820	Fairbanks, AK	24340	Grand Rapids-Wyoming, MI
21940	Fajardo, PR	24500	Great Falls, MT
22020	Fargo, ND-MN	24540	Greeley, CO
22140	Farmington, NM	24580	Green Bay, WI



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## ATTACHMENT F - MSA

Value	Label	Value	Label
22180	Fayetteville, NC	24660	Greensboro-High Point, NC
22220	Fayetteville-Springdale-Rogers, AR-MO	24780	Greenville, NC
22380	Flagstaff, AZ	24860	Greenville, SC
22420	Flint, MI	25020	Guayama, PR
22500	Florence, SC	25060	Gulfport-Biloxi, MS
22520	Florence-Muscle Shoals, AL	25180	Hagerstown-Martinsburg, MD-WV
22540	Fond du Lac, WI	25260	Hanford-Corcoran, CA
22660	Fort Collins-Loveland, CO	25420	Harrisburg-Carlisle, PA
22744	Fort Lauderdale-Pompano Beach-Deerfield Beach, FL	25500	Harrisonburg, VA
22900	Fort Smith, AR-OK	25540	Hartford-West Hartford-East Hartford, CT
23020	Fort Walton Beach-Crestview-Destin, FL	25620	Hattiesburg, MS
23060	Fort Wayne, IN	25860	Hickory-Lenoir-Morganton, NC
23104	Fort Worth-Arlington, TX	25980	Hinesville-Fort Stewart, GA
26100	Holland-Grand Haven, MI	28660	Killeen-Temple-Fort Hood, TX
26180	Honolulu, HI	28700	Kingsport-Bristol-Bristol, TN-VA
26300	Hot Springs, AR	28740	Kingston, NY
26380	Houma-Bayou Cane-Thibodaux, LA	28940	Knoxville, TN
26420	Houston-Sugar Land-Baytown, TX	29020	Kokomo, IN
26580	Huntington-Ashland, WV-KY-OH	29100	La Crosse, WI-MN
26620	Huntsville, AL	29140	Lafayette, IN
26820	Idaho Falls, ID	29180	Lafayette, LA
26900	Indianapolis, IN	29340	Lake Charles, LA
26980	Iowa City, IA	29404	Lake County-Kenosha County, IL-WI
27060	Ithaca, NY	29460	Lakeland, FL
27100	Jackson, MI	29540	Lancaster, PA
27140	Jackson, MS	29620	Lansing-East Lansing, MI
27180	Jackson, TN	29700	Laredo, TX
27260	Jacksonville, FL	29740	Las Cruces, NM
27340	Jacksonville, NC	29820	Las Vegas-Paradise, NV
27500	Janesville, WI	29940	Lawrence, KS



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## ATTACHMENT F - MSA

Value	Label	Value	Label
27620	Jefferson City, MO	30020	Lawton, OK
27740	Johnson City, TN	30140	Lebanon, PA
27780	Johnstown, PA	30300	Lewiston, ID-WA
27860	Jonesboro, AR	30340	Lewiston-Auburn, ME
27900	Joplin, MO	30460	Lexington-Fayette, KY
28020	Kalamazoo-Portage, MI	30620	Lima, OH
28100	Kankakee-Bradley, IL	30700	Lincoln, NE
28140	Kansas City, MO-KS	30780	Little Rock-North Little Rock, AR
28420	Kennewick-Richland-Pasco, WA	30860	Logan, UT-ID
30980	Longview, TX	33860	Montgomery, AL
31020	Longview, WA	34060	Morgantown, WV
31084	Los Angeles-Long Beach-Glendale, CA	34100	Morristown, TN
31140	Louisville, KY-IN	34580	Mount Vernon-Anacortes, WA
31180	Lubbock, TX	34620	Muncie, IN
31340	Lynchburg, VA	34740	Muskegon-Norton Shores, MI
31420	Macon, GA	34820	Myrtle Beach-Conway-North Myrtle Beach, SC
31460	Madera, CA	34900	Napa, CA
31540	Madison, WI	34940	Naples-Marco Island, FL
31700	Manchester-Nashua, NH	34980	Nashville-Davidson--Murfreesboro, TN
31900	Mansfield, OH	35004	Nassau-Suffolk, NY
32420	Mayaguez, PR	35084	Newark-Union, NJ-PA
32580	McAllen-Edinburg-Mission, TX	35300	New Haven-Milford, CT
32780	Medford, OR	35380	New Orleans-Metairie-Kenner, LA
32820	Memphis, TN-MS-AR	35644	New York-White Plains-Wayne, NY-NJ
32900	Merced, CA	35660	Niles-Benton Harbor, MI
33124	Miami-Miami Beach-Kendall, FL	35980	Norwich-New London, CT
33140	Michigan City-La Porte, IN	36084	Oakland-Fremont-Hayward, CA
33260	Midland, TX	36100	Ocala, FL
33340	Milwaukee-Waukesha-West Allis, WI	36140	Ocean City, NJ
33460	Minneapolis-St. Paul-Bloomington, MN-WI	36220	Odessa, TX
33540	Missoula, MT	36260	Ogden-Clearfield, UT
33660	Mobile, AL	36420	Oklahoma City, OK



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## ATTACHMENT F - MSA

Value	Label	Value	Label
33700	Modesto, CA	36500	Olympia, WA
33740	Monroe, LA	36540	Omaha-Council Bluffs, NE-IA
33780	Monroe, MI	36740	Orlando-Kissimmee, FL
36780	Oshkosh-Neenah, WI	39580	Raleigh-Cary, NC
36980	Owensboro, KY	39660	Rapid City, SD
37100	Oxnard-Thousand Oaks-Ventura, CA	39740	Reading, PA
37340	Palm Bay-Melbourne-Titusville, FL	39820	Redding, CA
37460	Panama City-Lynn Haven, FL	39900	Reno-Sparks, NV
37620	Parkersburg-Marietta-Vienna, WV-OH	40060	Richmond, VA
37700	Pascagoula, MS	40140	Riverside-San Bernardino-Ontario, CA
37860	Pensacola-Ferry Pass-Brent, FL	40220	Roanoke, VA
37900	Peoria, IL	40340	Rochester, MN
37964	Philadelphia, PA	40380	Rochester, NY
38060	Phoenix-Mesa-Scottsdale, AZ	40420	Rockford, IL
38220	Pine Bluff, AR	40484	Rockingham County-Strafford County, NH
38300	Pittsburgh, PA	40580	Rocky Mount, NC
38340	Pittsfield, MA	40660	Rome, GA
38540	Pocatello, ID	40900	Sacramento--Arden-Arcade--Roseville, CA
38660	Ponce, PR	40980	Saginaw-Saginaw Township North, MI
38860	Portland-South Portland-Biddeford, ME	41060	St. Cloud, MN
38900	Portland-Vancouver-Beaverton, OR-WA	41100	St. George, UT
38940	Port St. Lucie-Fort Pierce, FL	41140	St. Joseph, MO-KS
39100	Poughkeepsie-Newburgh-Middletown, NY	41180	St. Louis, MO-IL
39140	Prescott, AZ	41420	Salem, OR
39300	Providence-New Bedford-Fall River, RI-MA	41500	Salinas, CA
39340	Provo-Orem, UT	41540	Salisbury, MD
39380	Pueblo, CO	41620	Salt Lake City, UT
39460	Punta Gorda, FL	41660	San Angelo, TX



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## ATTACHMENT F - MSA

Value	Label	Value	Label
39540	Racine, WI	41700	San Antonio, TX
41740	San Diego-Carlsbad-San Marcos, CA	44140	Springfield, MA
41780	Sandusky, OH	44180	Springfield, MO
41884	San Francisco-San Mateo-Redwood City, CA	44220	Springfield, OH
41900	San German-Cabo Rojo, PR	44300	State College, PA
41940	San Jose-Sunnyvale-Santa Clara, CA	44700	Stockton, CA
41980	San Juan-Caguas-Guaynabo, PR	44940	Sumter, SC
42020	San Luis Obispo-Paso Robles, CA	45060	Syracuse, NY
42044	Santa Ana-Anaheim-Irvine, CA	45104	Tacoma, WA
42060	Santa Barbara-Santa Maria, CA	45220	Tallahassee, FL
42100	Santa Cruz-Watsonville, CA	45300	Tampa-St. Petersburg-Clearwater, FL
42140	Santa Fe, NM	45460	Terre Haute, IN
42220	Santa Rosa-Petaluma, CA	45500	Texarkana, TX-Texarkana, AR
42260	Sarasota-Bradenton-Venice, FL	45780	Toledo, OH
42340	Savannah, GA	45820	Topeka, KS
42540	Scranton--Wilkes-Barre, PA	45940	Trenton-Ewing, NJ
42644	Seattle-Bellevue-Everett, WA	46060	Tucson, AZ
42680	Sebastian-Vero Beach, FL	46140	Tulsa, OK
43100	Sheboygan, WI	46220	Tuscaloosa, AL
43300	Sherman-Denison, TX	46340	Tyler, TX
43340	Shreveport-Bossier City, LA	46540	Utica-Rome, NY
43580	Sioux City, IA-NE-SD	46660	Valdosta, GA
43620	Sioux Falls, SD	46700	Vallejo-Fairfield, CA
43780	South Bend-Mishawaka, IN-MI	46940	Vero Beach, FL
43900	Spartanburg, SC	47020	Victoria, TX
44060	Spokane, WA	47220	Vineland-Millville-Bridgeton, NJ
44100	Springfield, IL	47260	Virginia Beach-Norfolk-Newport News, VA-NC
47300	Visalia-Porterville, CA	48700	Williamsport, PA
47380	Waco, TX	48864	Wilmington, DE-MD-NJ





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## ATTACHMENT F - MSA

Value	Label	Value	Label
47580	Warner Robins, GA	48900	Wilmington, NC
47644	Warren-Farmington Hills-Troy, MI	49020	Winchester, VA-WV
47894	Washington-Arlington-Alexandria, DC-VA-MD-WV	49180	Winston-Salem, NC
47940	Waterloo-Cedar Falls, IA	49340	Worcester, MA
48140	Wausau, WI	49420	Yakima, WA
48260	Weirton-Steubenville, WV-OH	49500	Yauco, PR
48300	Wenatchee, WA	49620	York-Hanover, PA
48424	West Palm Beach-Boca Raton-Boynton Beach, FL	49660	Youngstown-Warren-Boardman, OH-PA
48540	Wheeling, WV-OH	49700	Yuba City, CA
48620	Wichita, KS	49740	Yuma, AZ
48660	Wichita Falls, TX		



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## ATTACHMENT G - PROCGRP

Value	Label	Value	Label	Value	Label
1	Incision & drainage of cyst	52	Transurethral surgery	116	Facility visits
2	Acne surgery	54	Other minor urinary procedures	120	Outpatient consults
3	Nail debridement/avulsion	55	Other major urinary procedures	121	Inpatient consults
4	Skin lesion injection	58	Minor male genital procedures	122	Other consults, location unspecified
5	Destruction, facial lesion	59	Major male genital procedures	124	Psychiatric diagnostic services
6	Destruction, non-facial lesion	61	Colposcopy	127	Specialty drugs
7	Destruction of warts	62	Dilation & curettage	128	Unlisted general med service
8	Excision of breast tissue	63	Laparoscopy, hysteroscopy	129	Other medical services
9	Other minor skin & breast surgery	64	Minor female genital procedures	130	Injections: immunizations
10	Arthrocentesis, sm/med joint	65	Major female genital procedures	131	Injections: therapeutic/IV
11	Arthrocentesis, large joint	66	Decompression, carpal tunnel	132	Other injections (exc allergy)
12	Other major skin surgery	68	Minor endocrine system procedures	133	Other preventive medical services
13	Other major breast surgery	69	Major endocrine system procedures	135	Psychotherapy, individual
14	Other major musculoskeletal surgery	74	Minor nervous system procedures	136	Psychotherapy, family
15	Other minor musculoskeletal surgery	75	Major nervous system procedures	137	Psychotherapy, group
16	Bronchoscopy	76	Cataract removal	138	Psych advice, non-patient
17	Laryngoscopy	84	Other minor eye/ocular procedures	139	Therapeutic psychiatric services
19	Other minor respiratory procedures	85	Other major eye/ocular procedures	140	Dialysis
20	Other major respiratory procedures	94	Other minor ear/auditory procedures	143	Gastroenterology services (non-surgical)
31	Venipuncture (draw blood)	95	Other major ear/auditory procedures	145	General ophthalmology services
38	Other minor cardiovascular procedures	98	Other minor surgery procedures	147	Other non-surg ophthalmic services
39	Other major cardiovascular procedures	99	Other major surgery procedures	149	Speech/hearing therapy
44	Minor hemic & lymphatic procedures	101	Office visits, new patient	150	Other ENT services (non-surgical)
45	Major hemic & lymphatic procedures	104	Office visits, established patient	155	EKG
46	Upper GI endoscopy	109	Office visits, other	156	EKG stress test
47	Repair of inguinal hernia	110	Office visits, emergency	157	EKG monitoring
48	Colonoscopy	111	Emergency room visits	158	PTCA - percutaneous angioplasty
49	Other major digestive procedures	113	Physician telephone/online visits	160	Echocardiogram
50	Other minor digestive procedures	114	ER visits, other	161	Cardiac catheterization
51	Cystourethroscopy	115	Preventive care visits	162	Dx radiology, other vascular



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## ATTACHMENT G - PROCGRP

Value	Label	Value	Label	Value	Label
163	Other cardiovascular procedures	204	X-ray, spine/pelvis	302	Blood chemistry, Rx monitor
165	Non-invasive peripheral vascular studies	205	X-ray, GI tract	303	Lab tests, organ/disease panel
166	Spirometry	206	X-ray, abdomen	304	Clinical path, consultation
167	Bronchospasm evaluation	207	X-ray, OB/Gyn	306	Routine urinalysis
168	Pulmonary function tests	208	X-ray, extremities	307	Other urinalysis
169	Other non-surgical pulmonary services	210	CAT scan, head & neck	311	Thyroid function tests (RIA)
170	Respiratory therapy	211	CAT scan, chest	312	Thyroid function tests (non-RIA)
171	Allergy testing	212	CAT scan, spine	313	Other radioimmunoassays (RIA)
172	Allergy therapy	213	CAT scan, abdomen/pelvis	319	Other chemistry tests
175	Nerve conduction tests/EMG	214	CAT scan, extremities	320	Other toxicology tests
176	Unlisted neurol Dx procedures	215	PET scan	331	Blood count, automated
177	Other neurology dx services	216	Magnetic resonance (NMR/MRI)	332	Blood count, manual
180	Chemotherapy injections	220	Myelograms/discograms	334	Blood test: sedimentation rate
181	Physical medicine: hot/cold packs	221	Cholecystograms/cholangiograms	335	Blood count: platelet
182	Physical medicine: elec stimulation	222	Cholecysto/cholangiogram, inv	336	Blood test: Hgb/Hct
183	Physical medicine: other modes	223	Mammograms	338	Blood test: prothrombin time
184	Physical medicine: ultrasound	225	Aortograms	339	Other hematology tests
185	Physical medicine: manipulation	226	Angiograms	349	Immunology tests
186	Physical medicine: other procedures	227	Lymphangiograms	361	Definitive bacterial culture
187	Physical medicine: testing	228	Venograms	362	Antibiotic sensitivity studies
189	Physical medicine: unlisted/other	229	Dx radiology, misc/other	363	Bacterial culture, urine
190	Case management services	241	Dx ultrasound, abdominal	364	Bacterial culture, screening
191	Spinal manipulation, chiro	242	Dx ultrasound, pregnancy	369	Other microbiology tests
195	Chiropractic services	243	Echocardiogram	371	Pap smear
197	Specimen handling	249	Dx ultrasound, other	372	Surgical pathology
198	Medical supplies and devices	269	Therapeutic radiology	379	Other anatomic pathology services
199	Other medicine procedures	279	Nuclear medicine, diagnostic	389	Miscellaneous pathology tests
200	Durable medical equipment	289	Nuclear medicine, therapeutic	399	Other lab & path procedures
201	X-ray, head & neck	299	Other radiology procedure	440	Cesarean section deliveries
202	X-ray, chest	301	Blood chemistry tests, automated	445	Vaginal deliveries



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## ATTACHMENT G - PROCGRP

Value	Label	Value	Label	Value	Label
449	Major maternity procs & related care	485	Transportation services	493	Dental: orthodontics
450	Other maternity procs & related care	490	Dental: diagnostic & preventive	494	Dental: other
470	Anesthesia services	491	Dental: basic restorative	498	Performance tracking codes
478	Home health PT/OT/ST	492	Dental: major restorative	499	Unmapped codes
480	Other home health services				

## ATTACHMENT H - REVCODE

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

## ATTACHMENT H - REVCODE

Value	Label	Value	Label
0138	Semi_private 3 and 4 beds-rehabilitation	0173	Nursery-newborn-level III (intermediate care)
0174	Nursery-newborn-level IV (intensive care)	0220	Special charges-general classification
0175	Nursery-neonatal ICU	0221	Special charges-admission charge
0179	Nursery-other	0222	Special charges-technical support charge
0180	Leave of absence-general classification	0223	Special charges-UR service charge
0182	Leave of absence-patient convenience charges billable	0224	Special charges-late discharge, medically necessary
0183	Leave of absence-therapeutic leave	0229	Special charges-other special charges
0184	Leave of absence-ICF mentally retarded-any reason	0230	Incremental nursing charge rate-general classification
0185	Leave of absence-nursing home (hospitalization)	0231	Incremental nursing charge rate-nursery
0189	Leave of absence-other leave of absence	0232	Incremental nursing charge rate-OB
0190	Subacute care - general classification	0233	Incremental nursing charge rate-ICU
0191	Subacute care - level I	0234	Incremental nursing charge rate-CCU
0192	Subacute care - level II	0235	Incremental nursing charge rate-hospice
0193	Subacute care - level III	0239	Incremental nursing charge rate-other
0194	Subacute care - level IV	0240	All inclusive ancillary-general classification
0199	Subacute care - other	0241	All Inclusive Basic
0200	Intensive care-general classification	0242	All Inclusive Comprehensive
0201	Intensive care-surgical	0243	All Inclusive Specialty
0202	Intensive care-medical	0249	All inclusive ancillary-other inclusive ancillary
0203	Intensive care-pediatric	0250	Pharmacy-general classification
0204	Intensive care-psychiatric	0251	Pharmacy-generic drugs
0206	Intensive care-post ICU or intermediate ICU	0252	Pharmacy-nongeneric drugs
0207	Intensive care-burn care	0253	Pharmacy-take home drugs
0208	Intensive care-trauma	0254	Pharmacy-drugs incident to other diagnostic service
0209	Intensive care-other intensive care	0255	Pharmacy-drugs incident to radiology
0210	Coronary care-general classification	0256	Pharmacy-experimental drugs
0211	Coronary care-myocardial infraction	0257	Pharmacy-non-prescription
0212	Coronary care-pulmonary care	0258	Pharmacy-IV solutions
0213	Coronary care-heart transplant	0259	Pharmacy-other pharmacy
0214	Coronary care-post CCU or intermediate CCU	0260	IV therapy-general classification

## ATTACHMENT H - REVCODE

Value	Label	Value	Label
0219	Coronary care-other coronary care	0261	IV therapy-infusion pump
0262	IV therapy-pharmacy services	0309	Laboratory-other laboratory
0263	IV therapy-drug supply/delivery	0310	Laboratory pathological-general classification
0264	IV therapy-supplies	0311	Laboratory pathological-cytology
0269	IV therapy-other IV therapy	0312	Laboratory pathological-histology
0270	Medical/surgical supplies-general classification	0314	Laboratory pathological-biopsy
0271	Medical/surgical supplies-nonsterile supply	0319	Laboratory pathological-other
0272	Medical/surgical supplies-sterile supply	0320	Radiology diagnostic-general classification
0273	Medical/surgical supplies-take home supplies	0321	Radiology diagnostic-angiocardiography
0274	Medical/surgical supplies-prosthetic/orthotic dev	0322	Radiology diagnostic-arthrography
0275	Medical/surgical supplies-pace maker	0323	Radiology diagnostic-arteriography
0276	Medical/surgical supplies-intraocular lens	0324	Radiology diagnostic-chest X-ray
0277	Medical/surgical supplies-oxygen-take home	0329	Radiology diagnostic-other
0278	Medical/surgical supplies-other implants	0330	Radiology therapeutic-general classification
0279	Medical/surgical supplies-other devices	0331	Radiology therapeutic-chemotherapy injected
0280	Oncology-general classification	0332	Radiology therapeutic-chemotherapy oral
0289	Oncology-other oncology	0333	Radiology therapeutic-radiation therapy
0290	DME (other than renal)-general classification	0335	Radiology therapeutic-chemotherapy IV
0291	DME (other than renal)-rental	0339	Radiology therapeutic-other
0292	DME (other than renal)-purchase of new DME	0340	Nuclear medicine-general classification
0293	DME (other than renal)-purchase of used DME	0341	Nuclear medicine-diagnostic
0294	DME (other than renal)-related to and listed as DME	0342	Nuclear medicine-therapeutic
0299	DME (other than renal)-other	0349	Nuclear medicine-other
0300	Laboratory-general classification	0350	Computed tomographic (CT) scan-general classification
0301	Laboratory-chemistry	0351	CT scan-head scan
0302	Laboratory-immunology	0352	CT scan-body scan
0303	Laboratory-renal patient (home)	0359	CT scan-other CT scans
0304	Laboratory-non-routine dialysis	0360	Operating room services-general classification
0305	Laboratory-hematology	0361	Operating room services-minor surgery
0306	Laboratory-bacteriology & microbiology	0362	Operating room services-organ transplant

## ATTACHMENT H - REVCODE

Value	Label	Value	Label
0307	Laboratory-urology	0367	Operating room services-kidney transplant
0369	Operating room services-other operating room svcs	0422	Physical therapy-hourly charge
0370	Anesthesia-general classification	0423	Physical therapy-group rate
0371	Anesthesia-incident to RAD and subject to pay limit	0424	Physical therapy-evaluation or re-evaluation
0372	Anesthesia-incident to other diagnostic service	0429	Physical therapy-other
0374	Anesthesia-acupuncture	0430	Occupational therapy-general classification
0379	Anesthesia-other anesthesia	0431	Occupational therapy-visit charge
0380	Blood-general classification	0432	Occupational therapy-hourly charge
0381	Blood-packed red cells	0433	Occupational therapy-group rate
0382	Blood-whole blood	0434	Occupational therapy-evaluation or re-evaluation
0383	Blood-plasma	0439	Occupational therapy-other
0384	Blood-platelets	0440	Speech language pathology-general classification
0385	Blood-leukocytes	0441	Speech language pathology-visit charge
0386	Blood-other components	0442	Speech language pathology-hourly charge
0387	Blood-other derivatives (cryoprecipitates)	0443	Speech language pathology-group rate
0389	Blood-other blood	0444	Speech language pathology-evaluation/re-eval
0390	Blood storage and processing-general classification	0449	Speech language pathology-other
0391	Blood storage and processing-blood administration	0450	Emergency room-general classification
0399	Blood storage and processing-other	0451	Emergency room-emptala emergency medical screening
0400	Other imaging services-general classification	0452	Emergency room-ER beyond emptala screening
0401	Other imaging services-diagnostic mammography	0456	Emergency room-urgent care
0402	Other imaging services-ultrasound	0459	Emergency room-other
0403	Other imaging services-screening mammography	0460	Pulmonary function-general classification
0404	Other imaging services-positron emission tomography	0469	Pulmonary function-other
0409	Other imaging services-other	0470	Audiology-general classification
0410	Respiratory services-general classification	0471	Audiology-diagnostic
0412	Respiratory services-inhalation services	0472	Audiology-treatment
0413	Respiratory services-hyperbaric oxygen therapy	0479	Audiology-other
0419	Respiratory services-other	0480	Cardiology-general classification
0420	Physical therapy-general classification	0481	Cardiology-cardiac cath lab



## ATTACHMENT H - REVCODE

Value	Label	Value	Label
0421	Physical therapy-visit charge	0482	Cardiology-stress test
0483	Echocardiology	0546	Ambulance-neo-natal ambulance
0489	Cardiology-other	0547	Ambulance-pharmacy
0490	Ambulatory surgical care-general classification	0548	Ambulance-telephone transmission EKG
0499	Ambulatory surgical care-other	0549	Ambulance-other
0500	Outpatient services-general classification	0550	Skilled nursing-general classification
0509	Outpatient services-other	0551	Skilled nursing-visit charge
0510	Clinic-general classification	0552	Skilled nursing-hourly charge
0511	Clinic-chronic pain center	0559	Skilled nursing-other
0512	Clinic-dental center	0560	Medical social services-general classification
0513	Clinic-psychiatric	0561	Medical social services-visit charge
0514	Clinic-OB-GYN	0562	Medical social services-hourly charges
0515	Clinic-pediatric	0569	Medical social services-other
0516	Clinic-urgent care clinic	0570	Home health aid (home health)-general classification
0517	Clinic-family practice clinic	0571	Home health aid (home health)-visit charge
0519	Clinic-other	0572	Home health aid (home health)-hourly charge
0520	Free-standing clinic-general classification	0579	Home health aid (home health)-other
0521	Free-standing clinic-rural health clinic	0580	Other visits (home health)-general classification
0522	Free-standing clinic-rural health home	0581	Other visits (home health)-visit charge
0523	Free-standing clinic-family practice	0582	Other visits (home health)-hourly charge
0526	Free-standing clinic-urgent care	0583	Dietician/Home Health
0529	Free-standing clinic-other	0589	Other visits (home health)-other
0530	Osteopathic services-general classification	0590	Units of service (home health)-general classification
0531	Osteopathic services-osteopathic therapy	0599	Units of service (home health)-other
0539	Osteopathic services-other	0600	Oxygen-general classification
0540	Ambulance-general classification	0601	Oxygen-stat or port equip/supply or count
0541	Ambulance-supplies	0602	Oxygen-stat/equip/under 1 LPM
0542	Ambulance-medical transport	0603	Oxygen-stat/equip/over 4 LPM
0543	Ambulance-heart mobile	0604	Oxygen-stat/equip/portable add-on
0544	Ambulance-oxygen	0610	Magnetic resonance imaging (MRI)-general classification

## ATTACHMENT H - REVCODE

Value	Label	Value	Label
0545	Ambulance-air ambulance	0611	MRI-brain (including brainstem)
0612	MRI-spinal cord (including spine)	0652	Hospice services-continuous home care-1/2
0614	MRI Other	0653	Hospice/Cont Home Care >= 16 hrs but,< 20 hrs
0615	MRA Head and Neck	0654	Hospice Svcs/Continuous Home Care >= 20 hrs
0616	MRA Lower Extremities	0655	Hospice services-inpatient care
0618	MRA Other	0656	Hospice services-general inpatient care
0619	MRI-other	0657	Hospice services-physician services
0621	Medical/surgical supplies-incident to radiology	0659	Hospice services-other
0622	Medical/surgical supplies-incident to other diag svc	0660	Respite care (HHA)-general classification
0623	Medical/surgical supplies-surgical dressings	0661	Respite care (HHA)-hourly charge/skilled nursing
0624	Medical/surgical supplies-medical investigational dev/PX	0662	Respite care (HHA)-hourly charge/home health aide
0630	Drugs req specific identification-general classification	0670	OP special residence charges - general classification
0631	Drugs req specific identification-single drug srce	0671	OP special residence charges - hospital based
0632	Drugs req specific identification-multiple drug srce	0672	OP special residence charges - contracted
0633	Drugs req specific identification-restrictive RX	0679	OP special residence charges - oth special residence chg
0634	Drugs req specific identification-EPO < 10,000 units	0700	Cast room-general classification
0635	Drugs req specific identification-EPO >= 10,000 units	0709	Cast room-other
0636	Drugs req specific identification-detailed coding	0710	Recovery room-general classification
0637	Self-administered drugs in emergency situation	0719	Recovery room-other
0640	Home IV therapy-general classification	0720	Labor room/delivery-general classification
0641	Home IV therapy-nonroutine nursing	0721	Labor room/delivery-labor
0642	Home IV therapy-IV site care, central line	0722	Labor room/delivery-delivery
0643	Home IV therapy-IV start/change peripheral line	0723	Labor room/delivery-circumcision
0644	Home IV therapy-nonroutine nursing, peripheral line	0724	Labor room/delivery-birthing center
0645	Home IV therapy-train patient/caregiver, central	0729	Labor room/delivery-other
0646	Home IV therapy-train disabled patient, central	0730	EKG/ECG-general classification
0647	Home IV therapy-train patient/caregiver, peripheral	0731	EKG/ECG-Holter monitor
0648	Home IV therapy-train disabled patient, peripheral	0732	EKG/ECG-telemetry
0649	Home IV therapy-other IV therapy services	0739	EKG/ECG-other
0650	Hospice services-general classification	0740	EEG-general classification

## ATTACHMENT H - REVCODE

Value	Label	Value	Label
0651	Hospice services-routine home care	0749	EEG (electroencephalogram)-other
0750	Gastro-intestinal services-general classification	0822	Hemodialysis OP or home dialysis-home supplies
0759	Gastro-intestinal services-other	0823	Hemodialysis OP or home dialysis-home equipment
0760	Treatment or observation room-general classification	0824	Hemodialysis OP or home dialysis-maintenance/100%
0761	Treatment or observation room-treatment room	0825	Hemodialysis OP or home dialysis-support services
0762	Treatment or observation room-observation room	0829	Hemodialysis OP or home dialysis-other
0769	Treatment or observation room-other	0830	Peritoneal dialysis OP or home-general classification
0770	Preventative care services-general classification	0831	Peritoneal dialysis OP or home-peritoneal comp/other
0771	Preventative care services-vaccine administration	0832	Peritoneal dialysis OP or home-home supplies
0779	Preventative care services-other	0833	Peritoneal dialysis OP or home-home equipment
0780	Telemedicine - general classification	0834	Peritoneal dialysis OP or home-maintenance/100%
0789	Telemedicine - telemedicine	0835	Peritoneal dialysis OP or home-support services
0790	Lithotripsy-general classification	0839	Peritoneal dialysis OP or home-other
0799	Lithotripsy-other	0840	CAPD outpatient-general classification
0800	Inpatient renal dialysis-general classification	0841	CAPD outpatient-CAPD/composite or other rate
0801	Inpatient renal dialysis-inpatient hemodialysis	0842	CAPD outpatient-home supplies
0802	Inpatient renal dialysis-inpatient peritoneal (non-CAPD)	0843	CAPD outpatient-home equipment
0803	Inpatient renal dialysis-inpatient CAPD	0844	CAPD outpatient-maintenance/100%
0804	Inpatient renal dialysis-inpatient CCPD	0845	CAPD outpatient-support services
0809	Inpatient renal dialysis-other inpatient dialysis	0849	CAPD outpatient-other
0810	Organ acquisition-general classification	0850	CCPD outpatient-general classification
0811	Organ acquisition-living donor	0851	CCPD outpatient-CCPD/composite or other rate
0812	Organ acquisition-cadaver donor	0852	CCPD outpatient-home supplies
0813	Organ acquisition-unknown donor	0853	CCPD outpatient-home equipment
0814	Organ acquisition - unsuccessful organ search	0854	CCPD outpatient-maintenance/100%
0815	Organ acquisition-cadaver donor-heart	0855	CCPD outpatient-support services
0816	Organ acquisition-other heart acquisition	0859	CCPD outpatient-other
0817	Organ acquisition-donor-liver	0880	Miscellaneous dialysis-general classification
0819	Organ acquisition-other donor	0881	Miscellaneous dialysis-ultrafiltration
0820	Hemodialysis OP or home dialysis-general classification	0882	Miscellaneous dialysis-home dialysis aide visit

## ATTACHMENT H - REVCODE

Value	Label	Value	Label
0821	Hemodialysis OP or home dialysis-hemodialysis comp/other	0889	Miscellaneous dialysis-other
0890	Reserved for national assignment	0942	Other therapeutic services-education/training
0891	Reserved for national assignment	0943	Other therapeutic services-cardiac rehabilitation
0892	Reserved for national assignment	0944	Other therapeutic services-drug rehabilitation
0893	Reserved for national assignment	0945	Other therapeutic services-alcohol rehabilitation
0899	Reserved for national assignment	0946	Other therapeutic services-routine complex med equip
0900	Psychiatric/psychological treatments-general class	0947	Other therapeutic services-ancillary complex med equip
0901	Psychiatric/psychological treatments-electroshock treat	0949	Other therapeutic services-other
0902	Psychiatric/psychological treatments-milieu therapy	0960	Professional fees-general classification
0903	Psychiatric/psychological treatments-play therapy	0961	Professional fees-psychiatric
0904	Psychiatric/psychological treatments-activity therapy	0962	Professional fees-ophthalmology
0909	Psychiatric/psychological treatments-other	0963	Professional fees-anesthesiologist (MD)
0910	Psychiatric/psychological services-general classification	0964	Professional fees-anesthetist (CRNA)
0911	Psychiatric/psychological svcs-rehabilitation	0969	Professional fees-other
0912	Psychiatric/psychological svcs-day care or less intense	0971	Professional fees-laboratory
0913	Psychiatric/psychological svcs-night care or intense	0972	Professional fees-radiology diagnostic
0914	Psychiatric/psychological svcs-individual therapy	0973	Professional fees-radiology therapeutic
0915	Psychiatric/psychological svcs-group therapy	0974	Professional fees-nuclear medicine
0916	Psychiatric/psychological svcs-family therapy	0975	Professional fees-operating room
0917	Psychiatric/psychological svcs-biofeedback	0976	Professional fees-respiratory therapy
0918	Psychiatric/psychological svcs-testing	0977	Professional fees-physical therapy
0919	Psychiatric/psychological svcs-other	0978	Professional fees-occupational therapy
0920	Other diagnostic services-general classification	0979	Professional fees-speech pathology
0921	Other diagnostic services-peripheral vascular lab	0981	Professional fees-emergency room
0922	Other diagnostic services-electromyogram	0982	Professional fees-outpatient services
0923	Other diagnostic services-pap smear	0983	Professional fees-clinic
0924	Other diagnostic services-allergy test	0984	Professional fees-medical social services
0925	Other diagnostic services-pregnancy test	0985	Professional fees-EKG
0929	Other diagnostic services-other	0986	Professional fees-EEG
0940	Other therapeutic services-general classification	0987	Professional fees-hospital visit



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## ATTACHMENT H - REVCODE

Value	Label	Value	Label
0941	Other therapeutic services-recreational therapy	0988	Professional fees-consultation
0989	Professional fees-private duty nurse	1005	BH R & B Group Home
0990	Patient convenience items-general classification	2100	Alternative Therapy Services
0991	Patient convenience items-cafeteria/guest tray	2101	Acupuncture
0992	Patient convenience items-private linen service	2102	Acupressure
0993	Patient convenience items-telephone/telegraph	2103	Massage
0994	Patient convenience items-tv/radio	2104	Reflexology
0995	Patient convenience items-nonpatient room rentals	2105	Biofeedback
0996	Patient convenience items-late discharge charge	2106	Hypnosis
0997	Patient convenience items-admission kits	2109	Other Alternative Therapy Services
0998	Patient convenience items-beauty shop/barber	3101	Adult Day Care, Medical/Social, Hourly
0999	Patient convenience items-other	3102	Adult Day Care, Social, Hourly
1000	Behavioral Health Room and Board	3103	Adult Day Care, Medical/Social, Daily
1001	BH R & B Residential - Psych	3104	Adult Day Care, Social, Daily
1002	BH R & B Residential - Chem Dep	3105	Adult Foster Care, Daily
1003	BH R & B Supervised Living	3109	Other Adult Care
1004	BH R & B Halfway House		



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## ATTACHMENT I - STATE

Value	Label	Value	Label	Value	Label
01	Nation, unknown region	30	South Atlantic Division, unknown state	59	Wyoming
02	Northeast Region, unknown division	31	Washington, DC	60	Pacific Division, unknown state
03	New England Division, unknown state	32	Delaware	61	Alaska
04	Connecticut	33	Florida	62	California
05	Maine	34	Georgia	63	Hawaii
06	Massachusetts	35	Maryland	64	Oregon
07	New Hampshire	36	North Carolina	65	Washington
08	Rhode Island	37	South Carolina	97	Puerto Rico
09	Vermont	38	Virginia	98	Virgin Islands
10	Middle Atlantic Division, unknown state	39	West Virginia	99	Other International
11	New Jersey	40	East South Central Division, unknown state		
12	New York	41	Alabama		
13	Pennsylvania	42	Kentucky		
14	North Central Region, unknown division	43	Mississippi		
15	East North Central Division, unknown state	44	Tennessee		
16	Illinois	45	West South Central Division, unknown state		
17	Indiana	46	Arkansas		
18	Michigan	47	Louisiana		
19	Ohio	48	Oklahoma		
20	Wisconsin	49	Texas		
21	West North Central Division, unknown state	50	West Region, unknown division		
22	Iowa	51	Mountain Division, unknown state		
23	Kansas	52	Arizona		
24	Minnesota	53	Colorado		
25	Missouri	54	Idaho		
26	Nebraska	55	Montana		
27	North Dakota	56	Nevada		
28	South Dakota	57	New Mexico		
29	South Region, unknown division	58	Utah		



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## ATTACHMENT J - STDPLAC

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



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## ATTACHMENT K - STDPROV

Value	Label	Value	Label	Value	Label
001	Acute Care Hospital	185	Pediatric Radiology	413	Pediatric Nephrology
002	Ambulatory Surgery Centers	200	Medical Doctor - MD (NEC)	415	Pediatric Ophthalmology
003	Urgent Care Facility	202	Osteopathic Medicine	418	Pediatric Orthopaedics
004	Birthing Center	204	Internal Medicine (NEC)	420	Pediatric Otolaryngology
005	Treatment Center	206	MultiSpecialty Physician Group	423	Pediatric Critical Care Med
006	Mental Health/Chemical Dep NEC	208	Proctology	425	Pediatric Pulmonology
007	Mental Health Facilities	210	Urology	428	Pediatric Emergency Medicine
022	Chemical Depend Treatment Ctr	215	Dermatology	430	Pediatric Allergy & Immunology
023	Mental Hlth/Chem Dep Day Care	220	Emergency Medicine	433	Pediatric Endocrinology
025	Rehabilitation Facilities	230	Allergy & Immunology	435	Neonatal-Perinatal Medicine
030	Longterm Care (NEC)	240	Family Practice	438	Pediatric Gastroenterology
031	Extended Care Facility	245	Geriatric Medicine	440	Pediatric Cardiology
032	Geriatric Hospital	250	Cardiovascular Dis/Cardiology	443	Pediatric Hematology-Oncology
033	Convalescent Care Facility	260	Neurology	448	Pediatric Infectious Diseases
034	Intermediate Care Facility	265	Critical Care Medicine	450	Pediatric Rheumatology
035	Residential Treatment Center	270	Endocrinology & Metabolism	453	Sports Medicine (Pediatrics)
036	Continuing Care Retirement Com	275	Gastroenterology	455	Pediatric Urology
037	Day/Night Care Center	280	Hematology	458	Child Psychiatry
038	Hospice Facility	285	Infectious Disease	460	Pediatric Medical Toxicology
040	Other Facility (NEC)	290	Nephrology	500	Surgeon (NEC)
041	Infirmery	295	Pulmonary Disease	505	Surgical Specialist (NEC)
042	Special Care Facility (NEC)	300	Rheumatology	510	Colon & Rectal Surgery
100	Dentist - MD & DDS (NEC)	320	Obstetrics & Gynecology	520	Neurological Surgery
105	Dental Specialist	325	Genetics	530	Orthopaedic Surgery
120	Chiropractor/DCM	330	Ophthalmology	535	Abdominal Surgery





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## ATTACHMENT K - STDPROV

Value	Label	Value	Label	Value	Label
130	Podiatry	340	Otolaryngology	540	Cardiovascular Surgery
140	Pain Mgmt/Pain Medicine	350	Physical Medicine & Rehab	545	Dermatologic Surgery
145	Pediatric Anesthesiology	355	Plastic/Maxillofacial Surgery	550	General Vascular Surgery
150	Anesthesiology	360	Preventative Medicine	555	Head and Neck Surgery
160	Nuclear Medicine	365	Psychiatry	560	Pediatric Surgery
170	Pathology	380	Oncology	565	Surgical Critical Care
175	Pediatric Pathology	400	Pediatrician (NEC)	570	Transplant Surgery
180	Radiology	410	Pediatric Specialist (NEC)	575	Traumatic Surgery
580	Cardiothoracic Surgery	840	Pharmacist	915	Hearing Labs
585	Thoracic Surgery	845	Physician Assistant	920	Home Health Organiz/Agency
805	Dental Technician	850	Therapy (Physical)	925	Imaging Center
810	Dietitian	853	Therapists (Supportive)	930	Laboratory
815	Medical Technician	855	Therapists (Alternative)	935	Pharmacy
820	Midwife	857	Renal Dialysis Therapy	940	Supply Center
822	Nursing Services	860	Psychologist	945	Vision Center
824	Psychiatric Nurse	865	Acupuncturist	950	Public Health Agency
825	Nurse Practitioner	870	Spiritual Healers	955	Unknown Clinic
827	Nurse Anesthesist	900	Health Educator/Agency	960	Case Manager
830	Optometrist	905	Transportation		
835	Optician	910	Health Resort		



## ATTACHMENT L - STDSVC

Value	Label	Value	Label	Value	Label
1	Surgery (NEC)	87	Diagnostic radiology	125	Maternity/obstetrics
2	Surgery, 2nd Opinion Confirmed	88	Computerized Axial Tomography scan	126	Fertility services
3	Surgery, 2nd Opinion Waived	89	Magnetic Resonance Imaging (MRI)	130	Preventive care (NEC)
4	Surgery, no 2nd Opinion	90	Mammography	131	Health education
5	Surgery, multiple procedure	91	Electrocardiogram	132	Immunizations
10	Donor surgery	92	Electroencephalogram	133	Physicals
15	Emergency surgery	93	Diagnostic cardiology	134	Well baby care
20	Oral surgery	94	Audiology	140	Home health
30	Anesthesia	95	Pre-admission testing	141	Hospice
40	Assistant surgery	100	Psychiatric/Substance Abuse (NEC)	142	Respite
50	Physician attendance	101	Psychiatric (NEC)	143	Outpatient Special Residence
54	Telemedicine	102	Substance Abuse (NEC)	150	Dental/Drug/Vision/Hearing (NEC)
60	Room and Board (NEC)	103	Detoxification	151	Dental (NEC)
61	Intensive care unit	104	Psychiatric Day/Night Care	152	Dental exams
62	Critical care unit	105	Psychiatric Exam/Testing	153	Dental work/extraction
63	Nursery/Neonatal unit	106	Individual Psychiatric Therapy	155	Drugs (NEC)
68	All inclusive - room and board and ancillary	107	Group Psychiatric Therapy	156	Generic Drugs
69	Other room charges	110	Therapies and treatments (NEC)	157	Mail order drugs
70	Nursing/supportive services	111	Chemotherapy	158	Injectable medications
75	Ancillary and facility services (NEC)	112	Radiotherapy (radiation therapy)	160	Vision (NEC)
76	Clinic (NEC)	113	Respiratory & Pulmonary therapy	161	Hearing
77	Emergency services	114	Occupational therapy	165	Managed Care (NEC)
78	Transportation	115	Physical therapy	166	Second opinion
80	Supplies (NEC)	116	Speech and language pathology	167	Third opinion
81	Inpatient pharmacy/IV Therapy	117	Dialysis treatment	190	State Imposed Surcharges
82	Durable medical equipment/prosthetics	118	Spinal manipulation and adjustment	250	Supplemental records
83	Blood	119	Acupuncture	251	Supplemental records
84	Other donor bank	120	Therapeutic massage	252	Supplemental records
85	Diagnostic service (NEC)	121	Cardiology	253	Supplemental records
86	Diagnostic lab	122	Rehabilitation (NEC)	254	Supplemental records

## ATTACHMENT M - SVCSCAT

Value	Label	Value	Label	Value	Label
10110	Facility IP Non Acute Room and Board	10215	Facility IP LTC Procedures	10320	Facility IP Maternity ER
10115	Facility IP Non Acute Procedures	10220	Facility IP LTC ER	10330	Facility IP Maternity Diagnostic Services
10120	Facility IP Non Acute ER	10230	Facility IP LTC Diagnostic Services	10331	Facility IP Maternity Dialysis
10130	Facility IP Non Acute Diagnostic Services	10231	Facility IP LTC Dialysis	10332	Facility IP Maternity DME
10131	Facility IP Non Acute Dialysis	10232	Facility IP LTC DME	10334	Facility IP Maternity Pharmacy
10132	Facility IP Non Acute DME	10234	Facility IP LTC Pharmacy	10335	Facility IP Maternity PT, OT, Speech Therapy
10134	Facility IP Non Acute Pharmacy	10235	Facility IP LTC PT, OT, Speech Therapy	10336	Facility IP Maternity Specialty Drugs
10135	Facility IP Non Acute PT, OT, Speech Therapy	10236	Facility IP LTC Specialty Drugs	10337	Facility IP Maternity Supplies and Devices
10136	Facility IP Non Acute Specialty Drugs	10237	Facility IP LTC Supplies and Devices	10341	Facility IP Maternity Respiratory Therapy
10137	Facility IP Non Acute Supplies and Devices	10241	Facility IP LTC Respiratory Therapy	10342	Facility IP Maternity Hospice Care
10141	Facility IP Non Acute Respiratory Therapy	10242	Facility IP LTC Hospice Care	10351	Facility IP Maternity Chemistry Tests
10142	Facility IP Non Acute Hospice Care	10251	Facility IP LTC Chemistry Tests	10352	Facility IP Maternity Hematology
10151	Facility IP Non Acute Chemistry Tests	10252	Facility IP LTC Hematology	10353	Facility IP Maternity Immunology
10152	Facility IP Non Acute Hematology	10253	Facility IP LTC Immunology	10354	Facility IP Maternity Microbiology
10153	Facility IP Non Acute Immunology	10254	Facility IP LTC Microbiology	10355	Facility IP Maternity Pathology
10154	Facility IP Non Acute Microbiology	10255	Facility IP LTC Pathology	10356	Facility IP Maternity Urinalysis Tests
10155	Facility IP Non Acute Pathology	10256	Facility IP LTC Urinalysis Tests	10359	Facility IP Maternity Laboratory Other
10156	Facility IP Non Acute Urinalysis Tests	10259	Facility IP LTC Laboratory Other	10361	Facility IP Maternity CAT Scans
10159	Facility IP Non Acute Laboratory Other	10261	Facility IP LTC CAT Scans	10362	Facility IP Maternity Mammograms
10161	Facility IP Non Acute CAT Scans	10262	Facility IP LTC Mammograms	10363	Facility IP Maternity MRIs
10162	Facility IP Non Acute Mammograms	10263	Facility IP LTC MRIs	10364	Facility IP Maternity Nuclear Medicine
10163	Facility IP Non Acute MRIs	10264	Facility IP LTC Nuclear Medicine	10365	Facility IP Maternity PET Scans
10164	Facility IP Non Acute Nuclear Medicine	10265	Facility IP LTC PET Scans	10366	Facility IP Maternity Therapeutic Radiology
10165	Facility IP Non Acute PET Scans	10266	Facility IP LTC Therapeutic Radiology	10367	Facility IP Maternity Ultrasounds
10166	Facility IP Non Acute Therapeutic Radiology	10267	Facility IP LTC Ultrasounds	10368	Facility IP Maternity X-Rays
10167	Facility IP Non Acute Ultrasounds	10268	Facility IP LTC X-Rays	10369	Facility IP Maternity Radiology Other
10168	Facility IP Non Acute X-Rays	10269	Facility IP LTC Radiology Other	10399	Facility IP Maternity Other
10169	Facility IP Non Acute Radiology Other	10299	Facility IP LTC Other	10410	Facility IP Surgical Room and Board
10199	Facility IP Non Acute Other	10310	Facility IP Maternity Room and Board	10415	Facility IP Surgical Procedures
10210	Facility IP LTC Room and Board	10315	Facility IP Maternity Procedures	10420	Facility IP Surgical ER
10430	Facility IP Surgical Diagnostic Services	10531	Facility IP Medical Dialysis	12330	Facility OP Diagnostic Services
10431	Facility IP Surgical Dialysis	10532	Facility IP Medical DME	12331	Facility OP Dialysis
10432	Facility IP Surgical DME	10534	Facility IP Medical Pharmacy	12332	Facility OP DME
10434	Facility IP Surgical Pharmacy	10535	Facility IP Medical PT, OT, Speech Therapy	12333	Facility OP Home Health

## ATTACHMENT M - SVCSCAT

Value	Label	Value	Label	Value	Label
10435	Facility IP Surgical PT, OT, Speech Therapy	10536	Facility IP Medical Specialty Drugs	12334	Facility OP Pharmacy
10436	Facility IP Surgical Specialty Drugs	10537	Facility IP Medical Supplies and Devices	12335	Facility OP PT, OT, Speech Therapy
10437	Facility IP Surgical Supplies and Devices	10541	Facility IP Medical Respiratory Therapy	12336	Facility OP Specialty Drugs
10441	Facility IP Surgical Respiratory Therapy	10542	Facility IP Medical Hospice Care	12337	Facility OP Supplies and Devices
10442	Facility IP Surgical Hospice Care	10551	Facility IP Medical Chemistry Tests	12338	Facility OP Transportation
10451	Facility IP Surgical Chemistry Tests	10552	Facility IP Medical Hematology	12341	Facility OP Respiratory Therapy
10452	Facility IP Surgical Hematology	10553	Facility IP Medical Immunology	12342	Facility OP Hospice Care
10453	Facility IP Surgical Immunology	10554	Facility IP Medical Microbiology	12388	Facility OP Non-Claim Payments
10454	Facility IP Surgical Microbiology	10555	Facility IP Medical Pathology	12399	Facility OP Other
10455	Facility IP Surgical Pathology	10556	Facility IP Medical Urinalysis Tests	20115	Physician Specialty IP Procedures
10456	Facility IP Surgical Urinalysis Tests	10559	Facility IP Medical Laboratory Other	20120	Physician Specialty IP ER
10459	Facility IP Surgical Laboratory Other	10561	Facility IP Medical CAT Scans	20126	Physician Specialty IP Facility Visits
10461	Facility IP Surgical CAT Scans	10562	Facility IP Medical Mammograms	20151	Physician Specialty IP Chemistry Tests
10462	Facility IP Surgical Mammograms	10563	Facility IP Medical MRIs	20152	Physician Specialty IP Hematology
10463	Facility IP Surgical MRIs	10564	Facility IP Medical Nuclear Medicine	20153	Physician Specialty IP Immunology
10464	Facility IP Surgical Nuclear Medicine	10565	Facility IP Medical PET Scans	20154	Physician Specialty IP Microbiology
10465	Facility IP Surgical PET Scans	10566	Facility IP Medical Therapeutic Radiology	20155	Physician Specialty IP Pathology
10466	Facility IP Surgical Therapeutic Radiology	10567	Facility IP Medical Ultrasounds	20156	Physician Specialty IP Urinalysis Tests
10467	Facility IP Surgical Ultrasounds	10568	Facility IP Medical X-Rays	20159	Physician Specialty IP Laboratory Other
10468	Facility IP Surgical X-Rays	10569	Facility IP Medical Radiology Other	20161	Physician Specialty IP CAT Scans
10469	Facility IP Surgical Radiology Other	10588	Facility IP Non-Claim Payments	20162	Physician Specialty IP Mammograms
10499	Facility IP Surgical Other	10599	Facility IP Medical Other	20163	Physician Specialty IP MRIs
10510	Facility IP Medical Room and Board	12210	Facility OP Room and Board	20164	Physician Specialty IP Nuclear Medicine
10515	Facility IP Medical Procedures	12215	Facility OP Procedures	20165	Physician Specialty IP PET Scans
10520	Facility IP Medical ER	12220	Facility OP ER	20166	Physician Specialty IP Therapeutic Radiology
10530	Facility IP Medical Diagnostic Services	12328	Facility OP Clinic Services	20167	Physician Specialty IP Ultrasounds
20168	Physician Specialty IP X-Rays	21188	Physician Specialty OP Non-Claim Payments	22164	Professional IP Nuclear Medicine
20169	Physician Specialty IP Radiology Other	21199	Physician Specialty OP Other	22165	Professional IP PET Scans
20188	Physician Specialty IP Non-Claim Payments	21215	Physician Non-Specialty OP Procedures	22166	Professional IP Therapeutic Radiology
20199	Physician Specialty IP Other	21220	Physician Non-Specialty OP ER	22167	Professional IP Ultrasounds
20215	Physician Non-Specialty IP Procedures	21224	Physician Non-Specialty OP Preventive Visits	22168	Professional IP X-Rays
20220	Physician Non-Specialty IP ER	21225	Physician Non-Specialty OP Office Visits	22169	Professional IP Radiology Other
20226	Physician Non-Specialty IP Facility Visits	21226	Physician Non-Specialty OP Facility Visits	22199	Professional IP Other
20251	Physician Non-Specialty IP Chemistry Tests	21288	Physician Non-Specialty OP Non-Claim Payments	22315	Professional OP Procedures
20252	Physician Non-Specialty IP Hematology	21299	Physician Non-Specialty OP Other	22320	Professional OP ER

## ATTACHMENT M - SVCSCAT

Value	Label	Value	Label	Value	Label
20253	Physician Non-Specialty IP Immunology	22115	Professional IP Procedures	22324	Professional OP Preventive Visits
20254	Physician Non-Specialty IP Microbiology	22120	Professional IP ER	22325	Professional OP Office Visits
20255	Physician Non-Specialty IP Pathology	22126	Professional IP Facility Visits	22326	Professional OP Facility Visits
20256	Physician Non-Specialty IP Urinalysis Tests	22130	Professional IP Diagnostic Services	22327	Professional OP Chiropractic Services
20259	Physician Non-Specialty IP Laboratory Other	22131	Professional IP Dialysis	22330	Professional OP Diagnostic Services
20261	Physician Non-Specialty IP CAT Scans	22132	Professional IP DME	22331	Professional OP Dialysis
20262	Physician Non-Specialty IP Mammograms	22135	Professional IP PT, OT, Speech Therapy	22332	Professional OP DME
20263	Physician Non-Specialty IP MRIs	22136	Professional IP Specialty Drugs	22333	Professional OP Home Health
20264	Physician Non-Specialty IP Nuclear Medicine	22137	Professional IP Supplies and Devices	22335	Professional OP PT, OT, Speech Therapy
20265	Physician Non-Specialty IP PET Scans	22140	Professional IP Injections	22336	Professional OP Specialty Drugs
20266	Physician Non-Specialty IP Therapeutic Radiology	22141	Professional IP Respiratory Therapy	22337	Professional OP Supplies and Devices
20267	Physician Non-Specialty IP Ultrasounds	22151	Professional IP Chemistry Tests	22338	Professional OP Transportation
20268	Physician Non-Specialty IP X-Rays	22152	Professional IP Hematology	22340	Professional OP Injections
20269	Physician Non-Specialty IP Radiology Other	22153	Professional IP Immunology	22341	Professional OP Respiratory Therapy
20288	Physician Non-Specialty IP Non-Claim Payments	22154	Professional IP Microbiology	22399	Professional OP Other
20299	Physician Non-Specialty IP Other	22155	Professional IP Pathology	22588	Professional Non-Claim Payments
21115	Physician Specialty OP Procedures	22156	Professional IP Urinalysis Tests	30110	Mental Health Facility IP Room and Board
21120	Physician Specialty OP ER	22159	Professional IP Laboratory Other	30115	Mental Health Facility IP Procedures
21124	Physician Specialty OP Preventive Visits	22161	Professional IP CAT Scans	30118	Mental Health Facility IP Behavioral Health Therapy
21125	Physician Specialty OP Office Visits	22162	Professional IP Mammograms	30120	Mental Health Facility IP ER
21126	Physician Specialty OP Facility Visits	22163	Professional IP MRIs	30130	Mental Health Facility IP Diagnostic Services
30131	Mental Health Facility IP Dialysis	30252	Mental Health Physician IP Hematology	30353	Mental Health Professional IP Immunology
30132	Mental Health Facility IP DME	30253	Mental Health Physician IP Immunology	30354	Mental Health Professional IP Microbiology
30134	Mental Health Facility IP Pharmacy	30254	Mental Health Physician IP Microbiology	30355	Mental Health Professional IP Pathology
30135	Mental Health Facility IP PT, OT, Speech Therapy	30255	Mental Health Physician IP Pathology	30356	Mental Health Professional IP Urinalysis Tests
30136	Mental Health Facility IP Specialty Drugs	30256	Mental Health Physician IP Urinalysis Tests	30359	Mental Health Professional IP Laboratory Other
30137	Mental Health Facility IP Supplies and Devices	30259	Mental Health Physician IP Laboratory Other	30361	Mental Health Professional IP CAT Scans
30141	Mental Health Facility IP Respiratory Therapy	30261	Mental Health Physician IP CAT Scans	30362	Mental Health Professional IP Mammograms
30142	Mental Health Facility IP Hospice Care	30262	Mental Health Physician IP Mammograms	30363	Mental Health Professional IP MRIs
30151	Mental Health Facility IP Chemistry Tests	30263	Mental Health Physician IP MRIs	30364	Mental Health Professional IP Nuclear Medicine
30152	Mental Health Facility IP Hematology	30264	Mental Health Physician IP Nuclear Medicine	30365	Mental Health Professional IP PET Scans
30153	Mental Health Facility IP Immunology	30265	Mental Health Physician IP PET Scans	30366	Mental Health Professional IP Therapeutic Radiology
30154	Mental Health Facility IP Microbiology	30266	Mental Health Physician IP Therapeutic Radiology	30367	Mental Health Professional IP Ultrasounds
30155	Mental Health Facility IP Pathology	30267	Mental Health Physician IP Ultrasounds	30368	Mental Health Professional IP X-Rays
30156	Mental Health Facility IP Urinalysis Tests	30268	Mental Health Physician IP X-Rays	30369	Mental Health Professional IP Radiology Other
30159	Mental Health Facility IP Laboratory Other	30269	Mental Health Physician IP Radiology Other	30399	Mental Health Professional IP Other

## ATTACHMENT M - SVCSCAT

Value	Label	Value	Label	Value	Label
30161	Mental Health Facility IP CAT Scans	30299	Mental Health Physician IP Other	30410	Mental Health Facility OP Room and Board
30162	Mental Health Facility IP Mammograms	30315	Mental Health Professional IP Procedures	30415	Mental Health Facility OP Procedures
30163	Mental Health Facility IP MRIs	30318	Mental Health Professional IP Behavioral Health Therapy	30418	Mental Health Facility OP Behavioral Health Therapy
30164	Mental Health Facility IP Nuclear Medicine	30320	Mental Health Professional IP ER	30420	Mental Health Facility OP ER
30165	Mental Health Facility IP PET Scans	30326	Mental Health Professional IP Facility Visits	30428	Mental Health Facility OP Clinic Services
30166	Mental Health Facility IP Therapeutic Radiology	30330	Mental Health Professional IP Diagnostic Services	30430	Mental Health Facility OP Diagnostic Services
30167	Mental Health Facility IP Ultrasounds	30331	Mental Health Professional IP Dialysis	30431	Mental Health Facility OP Dialysis
30168	Mental Health Facility IP X-Rays	30332	Mental Health Professional IP DME	30432	Mental Health Facility OP DME
30169	Mental Health Facility IP Radiology Other	30335	Mental Health Professional IP PT, OT, Speech Therapy	30433	Mental Health Facility OP Home Health
30199	Mental Health Facility IP Other	30336	Mental Health Professional IP Specialty Drugs	30434	Mental Health Facility OP Pharmacy
30215	Mental Health Physician IP Procedures	30337	Mental Health Professional IP Supplies and Devices	30435	Mental Health Facility OP PT, OT, Speech Therapy
30218	Mental Health Physician IP Behavioral Health Therapy	30340	Mental Health Professional IP Injections	30436	Mental Health Facility OP Specialty Drugs
30220	Mental Health Physician IP ER	30341	Mental Health Professional IP Respiratory Therapy	30437	Mental Health Facility OP Supplies and Devices
30226	Mental Health Physician IP Facility Visits	30351	Mental Health Professional IP Chemistry Tests	30438	Mental Health Facility OP Transportation
30251	Mental Health Physician IP Chemistry Tests	30352	Mental Health Professional IP Hematology	30441	Mental Health Facility OP Respiratory Therapy
30442	Mental Health Facility OP Hospice Care	30755	Mental Health OP Pathology	31155	Substance Abuse Facility IP Pathology
30449	Mental Health Facility OP Other	30756	Mental Health OP Urinalysis Tests	31156	Substance Abuse Facility IP Urinalysis Tests
30515	Mental Health Physician OP Procedures	30759	Mental Health OP Laboratory Other	31159	Substance Abuse Facility IP Laboratory Other
30518	Mental Health Physician OP Behavioral Health Therapy	30761	Mental Health OP CAT Scans	31161	Substance Abuse Facility IP CAT Scans
30520	Mental Health Physician OP ER	30762	Mental Health OP Mammograms	31162	Substance Abuse Facility IP Mammograms
30524	Mental Health Physician OP Preventive Visits	30763	Mental Health OP MRIs	31163	Substance Abuse Facility IP MRIs
30525	Mental Health Physician OP Office Visits	30764	Mental Health OP Nuclear Medicine	31164	Substance Abuse Facility IP Nuclear Medicine
30526	Mental Health Physician OP Facility Visits	30765	Mental Health OP PET Scans	31165	Substance Abuse Facility IP PET Scans
30549	Mental Health Physician OP Other	30766	Mental Health OP Therapeutic Radiology	31166	Substance Abuse Facility IP Therapeutic Radiology
30615	Mental Health Professional OP Procedures	30767	Mental Health OP Ultrasounds	31167	Substance Abuse Facility IP Ultrasounds
30618	Mental Health Professional OP Behavioral Health Therapy	30768	Mental Health OP X-Rays	31168	Substance Abuse Facility IP X-Rays
30620	Mental Health Professional OP ER	30769	Mental Health OP Radiology Other	31169	Substance Abuse Facility IP Radiology Other
30624	Mental Health Professional OP Preventive Visits	30888	MHSA Non-Claim Payments	31199	Substance Abuse Facility IP Other
30625	Mental Health Professional OP Office Visits	31110	Substance Abuse Facility IP Room and Board	31215	Substance Abuse Physician IP Procedures
30626	Mental Health Professional OP Facility Visits	31115	Substance Abuse Facility IP Procedures	31218	Substance Abuse Physician IP Behavioral Health Therapy
30630	Mental Health Professional OP Diagnostic Services	31118	Substance Abuse Facility IP Behavioral Health Therapy	31220	Substance Abuse Physician IP ER
30631	Mental Health Professional OP Dialysis	31120	Substance Abuse Facility IP ER	31226	Substance Abuse Physician IP Facility Visits
30632	Mental Health Professional OP DME	31130	Substance Abuse Facility IP Diagnostic Services	31251	Substance Abuse Physician IP Chemistry Tests
30633	Mental Health Professional OP Home Health	31131	Substance Abuse Facility IP Dialysis	31252	Substance Abuse Physician IP Hematology
30635	Mental Health Professional OP PT, OT, Speech Therapy	31132	Substance Abuse Facility IP DME	31253	Substance Abuse Physician IP Immunology

## ATTACHMENT M - SVCSCAT

Value	Label	Value	Label	Value	Label
30636	Mental Health Professional OP Specialty Drugs	31134	Substance Abuse Facility IP Pharmacy	31254	Substance Abuse Physician IP Microbiology
30637	Mental Health Professional OP Supplies and Devices	31135	Substance Abuse Facility IP PT, OT, Speech Therapy	31255	Substance Abuse Physician IP Pathology
30638	Mental Health Professional OP Transportation	31136	Substance Abuse Facility IP Specialty Drugs	31256	Substance Abuse Physician IP Urinalysis Tests
30640	Mental Health Professional OP Injections	31137	Substance Abuse Facility IP Supplies and Devices	31259	Substance Abuse Physician IP Laboratory Other
30641	Mental Health Professional OP Respiratory Therapy	31141	Substance Abuse Facility IP Respiratory Therapy	31261	Substance Abuse Physician IP CAT Scans
30649	Mental Health Professional OP Other	31142	Substance Abuse Facility IP Hospice Care	31262	Substance Abuse Physician IP Mammograms
30751	Mental Health OP Chemistry Tests	31151	Substance Abuse Facility IP Chemistry Tests	31263	Substance Abuse Physician IP MRIs
30752	Mental Health OP Hematology	31152	Substance Abuse Facility IP Hematology	31264	Substance Abuse Physician IP Nuclear Medicine
30753	Mental Health OP Immunology	31153	Substance Abuse Facility IP Immunology	31265	Substance Abuse Physician IP PET Scans
30754	Mental Health OP Microbiology	31154	Substance Abuse Facility IP Microbiology	31266	Substance Abuse Physician IP Therapeutic Radiology
31267	Substance Abuse Physician IP Ultrasounds	31368	Substance Abuse Professional IP X-Rays	31624	Substance Abuse Professional OP Preventive Visits
31268	Substance Abuse Physician IP X-Rays	31369	Substance Abuse Professional IP Radiology Other	31625	Substance Abuse Professional OP Office Visits
31269	Substance Abuse Physician IP Radiology Other	31399	Substance Abuse Professional IP Other	31626	Substance Abuse Professional OP Facility Visits
31299	Substance Abuse Physician IP Other	31410	Substance Abuse Facility OP Room and Board	31630	Substance Abuse Professional OP Diagnostic Services
31315	Substance Abuse Professional IP Procedures	31415	Substance Abuse Facility OP Procedures	31631	Substance Abuse Professional OP Dialysis
31318	Substance Abuse Professional IP Behavioral Health Therapy	31418	Substance Abuse Facility OP Behavioral Health Therapy	31632	Substance Abuse Professional OP DME
31320	Substance Abuse Professional IP ER	31420	Substance Abuse Facility OP ER	31633	Substance Abuse Professional OP Home Health
31326	Substance Abuse Professional IP Facility Visits	31428	Substance Abuse Facility OP Clinic Services	31635	Substance Abuse Professional OP PT, OT, Speech Therapy
31330	Substance Abuse Professional IP Diagnostic Services	31430	Substance Abuse Facility OP Diagnostic Services	31636	Substance Abuse Professional OP Specialty Drugs
31331	Substance Abuse Professional IP Dialysis	31431	Substance Abuse Facility OP Dialysis	31637	Substance Abuse Professional OP Supplies and Devices
31332	Substance Abuse Professional IP DME	31432	Substance Abuse Facility OP DME	31638	Substance Abuse Professional OP Transportation
31335	Substance Abuse Professional IP PT, OT, Speech Therapy	31433	Substance Abuse Facility OP Home Health	31640	Substance Abuse Professional OP Injections
31336	Substance Abuse Professional IP Specialty Drugs	31434	Substance Abuse Facility OP Pharmacy	31641	Substance Abuse Professional OP Respiratory Therapy
31337	Substance Abuse Professional IP Supplies and Devices	31435	Substance Abuse Facility OP PT, OT, Speech Therapy	31649	Substance Abuse Professional OP Other
31340	Substance Abuse Professional IP Injections	31436	Substance Abuse Facility OP Specialty Drugs	31751	Substance Abuse OP Chemistry Tests
31341	Substance Abuse Professional IP Respiratory Therapy	31437	Substance Abuse Facility OP Supplies and Devices	31752	Substance Abuse OP Hematology
31351	Substance Abuse Professional IP Chemistry Tests	31438	Substance Abuse Facility OP Transportation	31753	Substance Abuse OP Immunology
31352	Substance Abuse Professional IP Hematology	31441	Substance Abuse Facility OP Respiratory Therapy	31754	Substance Abuse OP Microbiology
31353	Substance Abuse Professional IP Immunology	31442	Substance Abuse Facility OP Hospice Care	31755	Substance Abuse OP Pathology
31354	Substance Abuse Professional IP Microbiology	31449	Substance Abuse Facility OP Other	31756	Substance Abuse OP Urinalysis Tests
31355	Substance Abuse Professional IP Pathology	31515	Substance Abuse Physician OP Procedures	31759	Substance Abuse OP Laboratory Other
31356	Substance Abuse Professional IP Urinalysis Tests	31518	Substance Abuse Physician OP Behavioral Health Therapy	31761	Substance Abuse OP CAT Scans
31359	Substance Abuse Professional IP Laboratory Other	31520	Substance Abuse Physician OP ER	31762	Substance Abuse OP Mammograms
31361	Substance Abuse Professional IP CAT Scans	31524	Substance Abuse Physician OP Preventive Visits	31763	Substance Abuse OP MRIs



## ATTACHMENT M - SVCSCAT

Value	Label	Value	Label	Value	Label
31362	Substance Abuse Professional IP Mammograms	31525	Substance Abuse Physician OP Office Visits	31764	Substance Abuse OP Nuclear Medicine
31363	Substance Abuse Professional IP MRIs	31526	Substance Abuse Physician OP Facility Visits	31765	Substance Abuse OP PET Scans
31364	Substance Abuse Professional IP Nuclear Medicine	31549	Substance Abuse Physician OP Other	31766	Substance Abuse OP Therapeutic Radiology
31365	Substance Abuse Professional IP PET Scans	31615	Substance Abuse Professional OP Procedures	31767	Substance Abuse OP Ultrasounds
31366	Substance Abuse Professional IP Therapeutic Radiology	31618	Substance Abuse Professional OP Behavioral Health Therapy	31768	Substance Abuse OP X-Rays
31367	Substance Abuse Professional IP Ultrasounds	31620	Substance Abuse Professional OP ER	31769	Substance Abuse OP Radiology Other
40151	Laboratory OP Chemistry Tests	45165	Radiology OP PET Scans	70181	Capitation Payments
40152	Laboratory OP Hematology	45166	Radiology OP Therapeutic Radiology	70182	Premium Payments
40153	Laboratory OP Immunology	45167	Radiology OP Ultrasounds	70183	Employee Premium Contributions
40154	Laboratory OP Microbiology	45168	Radiology OP X-Rays	70187	Bulk Adjustments
40155	Laboratory OP Pathology	45169	Radiology OP Other	70199	Non-Claim Payments Other
40156	Laboratory OP Urinalysis Tests	45188	Radiology OP Non-Claim Payments	80190	Dental Diagnostic and Preventive
40159	Laboratory OP Other	50170	Specialty Drugs Mail Order	80191	Dental Basic Restorative
40188	Laboratory OP Non-Claim Payments	50171	Specialty Drugs Retail	80192	Dental Major Restorative
45161	Radiology OP CAT Scans	50172	Non-Specialty Drugs Mail Order	80193	Dental Orthodontics
45162	Radiology OP Mammograms	50175	Non-Specialty Drugs Retail	80194	Dental Other
45163	Radiology OP MRIs	50188	Prescription Drugs Non-Claim Payments	80196	Vision
45164	Radiology OP Nuclear Medicine	70180	Administrative Fees	80199	Hearing and Other Benefits



## ATTACHMENT N - THERCLS

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

## ATTACHMENT N - THERCLS

Value	Label	Value	Label	Value	Label	Value	Label
137	Antiinfect, Antiinflam EENT	166	Adrenals & Comb, NEC	195	Antiinflam S/MM Agnts & Comb, Misc	224	Vitamin D, NEC
138	Antiinflam Agents EENT, NEC	167	Androgens & Comb, NEC	196	Antiprut/Local Anest S/MM, NEC	225	Vitamin E & Comb, NEC
139	Contact Lens Sol & Prep, NEC	168	Contraceptive, Oral Comb, NEC	197	Cell Stim/Proliferant S/MM, NEC	226	Vitamin K Derivatives, NEC
140	Eyewash/Eyestrm/Lubr/Tear, NEC	169	Ovulation Stimulants, NEC	198	Detergent S/MM, NEC	227	Multivit Prep, NEC
141	Anesthetics, Local EENT, NEC	170	Estrogens & Comb, NEC	199	Emoll/Moist/Demul/Protect S/MM	228	Multivit Prep, Multivit Plain
142	Miotics, EENT, NEC	171	Gonadotropins, NEC	200	Keratolytic Agents S/MM, NEC	229	Multivit Prep, Multivit Iron
143	Mydriatics, EENT, NEC	172	Antidiabetic Agents, Insulin	201	Keratoplastic Agents S/MM, NEC	230	Multivit Prep, Multivit Minerals
144	Mouthwashes/Gargles, Misc NEC	173	Antidiabetic Ag, Sulfonylureas	202	S/MM Miscellaneous, NEC	231	Multivit Prep, Multivit Fluoride
145	Vasoconstrictors EENT, NEC	174	Antidiabetic Agents, Misc	203	S/MM Misc, Analgesics	232	Multivit Prep, Multivit Prenatal
146	Eye/Ear/Nose/Throat Misc, NEC	175	Parathyroid Hormones, NEC	204	S/MM Misc, Astringents	233	Vitamins & Comb Misc, NEC
147	Antacids/Adsorbents & Comb, NEC	176	Pituitary Hormones, NEC	205	S/MM Misc, Cosmetics	234	Unclassified Agents, NEC
148	Antidiarrhea Agents, NEC	177	Progestins, NEC	206	S/MM Misc, Powders	235	Antigout Agents, NEC
149	Antiflatulents, NEC	178	Thy/Antithy, Thyroid Hormones	207	S/MM, Soaps/Cleansers/Antiseptics	236	Mast Cell Stabilizers, NEC
150	Cathartics & Laxatives, NEC	179	Thy/Antithy, Antithyroid Agents	208	S/MM Misc, Vaginal Lubricants	237	Devices and Non-Drug Items, NEC
151	Cath & Lax, Bulk Form	180	Gonadotropin Rel Horm Agnst, NEC	209	S/MM, Skin and Wound Dress/Soaks	238	Pharmaceutical Aids/Adjuv, NEC
152	Cath & Lax, Laxatives, Emollient	181	Immunosuppressants, NEC	210	Depig/Pig/S/MM Depigment Agents	239	Scintigraphy
153	Cath & Lax, Laxatives, Enemas	182	Anesthetics, Local	211	Depig/Pig/S/MM Pigmenting Agents	240	Antiallergic Agents
154	Cath & Lax, Laxatives, Saline	183	Oxytocics, NEC	212	Sunscreen Agents S/MM, NEC	241	Phosphorus Removing Agents, NEC
155	Cath & Lax, Laxatives, Stimulant	184	Radioactive Agents, NEC	213	Enzyme Preps, Topical S/MM, NEC	242	Antineoplastics S/MM, NEC
156	Cath & Lax, Laxatives, Stool Softeners	185	Serums/Toxoids/Vaccines, NEC	214	Smooth Muscle Relaxants, NEC	243	Cholesterol Test
157	Cholelitholytic Agents, NEC	186	Serums, NEC	215	Muscle Rel, Smooth-Genitour NEC	244	Hepatitis Tests
158	Digestants & Comb, NEC	187	Toxins, NEC	216	Muscle Rel, Smooth-Respiratr NEC	245	Natriuretic Peptides
159	Emetics, NEC	188	Toxoids, NEC	217	Bioflavanoids & Comb, NEC	246	Gonadotrop Rel Horm Antagonist
160	Antiemetics, NEC	189	Vaccines, NEC	218	Vitamin A & Derivatives	247	Bacterial Test
161	Histamine (H2) Antagonists, NEC	190	Antiinf S/MM, Antibiotics & Comb	219	Vitamin Bs & B Complex, NEC	248	Leukotriene Modifiers
162	Gastrointestinal Drugs Misc, NEC	191	Antiinf S/MM, Antivirals & Comb	220	Vitamin Bs w/Iron/Other Min NEC	249	Uricosuric Agents
163	Gold Compounds, NEC	192	Antiinf S/MM, Antifungals & Comb	221	Vitamin Bs w/Vitamin C, NEC	299	Other/unavailable
164	Heavy Metal Antagonists, NEC	193	Antiinf S/MM, Scabic/Pediculic	222	Folic Acid & Derivatives, NEC	999	Other/unavailable
165	Hormones & Synthetics Subst, NEC	194	Antiinf S/MM, Antiinf Local Misc	223	Vitamin C & Bioflavanoids, NEC		



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## ATTACHMENT O - THERGRP

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



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