

# Florida Claims Data Submission Guide (AKA Submission Guide)



November 2017

## Table of Contents

1. Contact Information .....	2
2. Welcome.....	3
3. Purpose.....	3
4. Definitions.....	4
5. Submission Requirements .....	5
a. Which Claims .....	5
b. For Which Individuals .....	5
c. For Which Years .....	5
d. Governing Agreements.....	6
6. General Flexibility Provisions.....	6
7. General File Specifications.....	7
8. Detailed File Specifications .....	7
9. Data Dictionary .....	8
a. Member Eligibility File .....	8
b. Medical Claims .....	11
c. Pharmacy Claims .....	19
d. Reference Data .....	21
10. Additional Data Validation.....	84
11. Sending Data .....	85
a. Delivery Protocols .....	85
b. Other Required Deliverables .....	86
c. Delivery Timetable .....	88
d. Payer Certification of Data.....	88
12. Acceptance or Rejection of Data .....	89
a. Quality Review/Criteria for Acceptance of Data .....	89
b. Further Quality Control during Data Processing .....	90
13. Criteria for Rejecting Data and Requesting Resubmission.....	91

14. Resubmissions.....	91
15. Certification of Submission .....	91
16. Exhibit A – Certification of Claims Form .....	92
17. Exhibit B - Data Contribution Agreement.....	93

## 1. Contact Information

### a. The Florida Agency for Health Care Administration (AHCA)



The Florida Agency for Health Care Administration (AHCA) – was statutorily created by Chapter 20, Florida Statutes, as the chief health policy and planning entity for the state. AHCA is primarily responsible for the state's Medicaid program, the licensure of the state's 48,500 health care facilities and the sharing of health care data through the Florida Center for Health Information and Transparency. AHCA is also responsible for the implementation of the Florida Health Care Transparency Statute. AHCA can be contacted at: 850-412-3730.

### b. The Health Care Cost Institute (HCCI)



The Health Care Cost Institute ([www.healthcostinstitute.org](http://www.healthcostinstitute.org)) is a non-profit, non-partisan research institute dedicated to enhancing our country's understanding of the drivers of health care costs and utilization. HCCI supports academic research, public reporting, and health care transparency initiatives. HCCI was selected as the Vendor to support AHCA and the Florida Health Care Transparency initiative. HCCI can be contacted at: 202-803-5200 or through [Florida@healthcostinstitute.org](mailto:Florida@healthcostinstitute.org).

### c. NORC at the University of Chicago



Researchers and other authorized users of the Florida health care Claims Data access the data through a secure data enclave operated by NORC on behalf of HCCI. Initial inquiries regarding data access and the enclave should be directed to HCCI. Researchers who have access to the Florida data through the HCCI/NORC secure data enclave can contact NORC at: 301-634-9352 or [DataEnclaveManager@NORC.org](mailto:DataEnclaveManager@NORC.org)

## 2. Welcome

On behalf of the State of Florida, the Florida Agency for Health Care Administration (AHCA), and the Health Care Cost Institute (HCCI), HCCI has developed this Florida Claims Data Submission Guide (the “Submission Guide”). The Submission Guide is designed to assist Payers with submissions of Claims Data pursuant to 59E-9.010, F.A.C.

The health care transparency initiative in Florida is an exciting opportunity as it is the first state initiative that is guided by the goal of providing actionable information to Floridians to shop for health care services. HCCI, as the State’s Vendor, will be:

1. taking-in the Claims Data for Payers and health maintenance organizations,
2. assembling the health care claims database
3. creating a consumer website, and
4. calculating prices for Care Bundles and other services.

What makes the Florida initiative unique, is that the HCCI Care Bundles and cost calculation algorithms will be the basis for facilitating cost comparisons across geographies in the state, hospitals, and facilities.

## 3. Purpose

This Submission Guide is designed to be the first point of reference for Payers required to submit health insurance claims to the Health Care Cost Institute (HCCI). The Submission Guide seeks to answer the following questions:

1. What types of health care Claims Data need to be submitted?
2. What elements of a health care claim, which variables, need to be submitted?
3. What supplemental information needs to be submitted with claims?
4. How are the variables submitted to be constructed or coded?
5. Whose claims need to be submitted?
6. What time period of claims need to be submitted?
7. How are claims submitted?
8. When are claims submitted?
9. How are claims verified?
10. When are claim submissions accepted/certified?

Building and maintaining a comprehensive claims database of Florida health care Claims Data is not an easy task. The Submission Guide is designed to inform Payers as to what is needed from them and to reduce the burden on insurers by stating up-front what is required of them. At the same time, since the goal of the data collection activities is to have

an integrated dataset across Payers, it is critical that Payers conform to the requirements of this guide.

For Payers, at any time when something that is required of you is not clear, we encourage you to reach out directly to HCCI. Understanding your processes will be critical to improving this guide and our procedures, with the goal of reducing the burden of data collection. HCCI's *on-boarding* team is available to work with your technical team to assist with your compliance activities and to ensure that the data are as complete and accurate as possible.

## 4. Definitions

**Affiliate** - an entity that exercises control over or is directly or indirectly controlled by the insurer through equity ownership of voting securities; common managerial control; or collusive participation by the management of the insurer and affiliate in the management of the insurer or the affiliate as defined in Section 624.10(1), F.S.

**Claims Data** - complete and accurate member eligibility data, medical claims data, and pharmacy claims data of Covered Lives held by Payers as specified in this Submission Guide.

1. **Member Eligibility Data** – are those variables defined in the Member Eligibility File in Section 9.a.
2. **Medical Claims Data** – are those variables defined in the Medical Claims File in Section 9.b.
3. **Pharmacy Claims Data** - are those variables defined in the Pharmacy Claims File in Section 9.c.

**Covered Lives** - individuals for whom Florida Claims Data is held by the Payer inclusive of insureds, individual policyholders, group certificate-holders, subscribers, members and dependents.

**Payer** - health insurers as defined in Chapter 624 , F.S., or Health Maintenance Organizations as defined in Chapter 641, F.S., including their Affiliates, that participate in the Florida state group health insurance plan created under Section 110.123, F.S. or Medicaid managed care pursuant to Part IV of Chapter 409, F.S.

**Vendor** - the organization that is under contract with the Agency pursuant to Section 408.05(3)(c), F.S.

## 5. Submission Requirements

### a. Which Claims

Claims Data includes only that data as defined in this Submission Guide as part of the member, medical, pharmacy claims files and associated control totals file.

If a Payer provides services as a Medicare Advantage Plan, the Payer shall submit all of claims and encounter data it holds for individuals covered under such plans.

If a Payer holds Claims Data from employers insured under the Employee Retirement Income Security Act (ERISA), Payers shall be exempt from providing Claims Data from health plans covered by the ERISA when such employer(s) affirmatively elects not to share these Claims Data.

If a Payer has multiple source systems for its commercial claims and member eligibility data, the Payer shall submit a single, unified set of data extracts to the Vendor per the requirements contained in this Data Submission Guide.

In the event that the Payer contracts with a pharmacy benefits manager or other service entity that manages an insured benefit or claims for Florida Covered Lives, the Payer shall be responsible for ensuring that complete and accurate files are submitted to the Vendor by the Payer's subcontractor through the Payer. The Payer shall ensure that all data submitted on behalf of a subcontractor is consistent with data submitted by the Health Plan.

### b. For Which Individuals

For each Payer -- all Claims Data held for Florida Covered Lives.

### c. For Which Years

Initial Data Contribution: Each Payer shall provide the prior three complete calendar years (2015, 2016, and 2017) of Member Eligibility, Medical and Pharmacy Claims Data per the File Specifications and Data Dictionary documented in the following sections.

Ongoing Data Contribution: Each Payer shall provide a full calendar year of Member Eligibility, Medical and Pharmacy Claims Data per the Delivery Timetable. The Medical and Pharmacy Claims Data will have a minimum of six months paid run out (paid claims are included for six months following the maximum incurred date).

#### d. Governing Agreements

Except for a Payer and the Vendor executing the required Data Contribution Agreement (AHCA Form 4200-0008, **Exhibit B** to the Submission Guide), no Payer shall condition the delivery of their data upon the further execution of any agreements between a Payer and the Vendor (and its agents or subcontractors).

### 6. General Flexibility Provisions

The Agency for Health Care Administration recognizes that not all Payers have the same claims processing systems or manage their information technology in the same manner. To the extent that a Payer and the Vendor agree to an alternative scheme for any Payer to deliver its Claims Data to the Vendor within the same time period and without additional cost to the State or the Vendor, the Payer and Vendor are permitted to so agree so long as it also includes all the data required under Statute.



## 7. General File Specifications

Data submissions detailed below will include Member Eligibility, Medical Claims and Pharmacy Claims data sets. Data will be provided by Payers in monthly files – one file per month of eligibility or claims. Member files will be organized by month of enrollment (ELIGEFF), Medical and Pharmacy claims by the incurred month. For Medical claims the incurred date is defined as the initial date of service (FST\_DT); for Pharmacy claims the incurred date is defined as the fill date of the prescription (FILL\_DT).

The annual data contribution shall consist of a full calendar year of data with incurred dates through December 31 of the calendar year.

Technical specifications for the file submissions follow in the Detailed File Specifications section, and field definitions and other relevant data associated with each file are specified in the Data Dictionary.

Unless agreed to otherwise between a Payer and the Vendor, all data submissions must comply with this Submission Guide.

## 8. Detailed File Specifications

All monthly data files will have the following characteristics:

- Data sets will be formatted as flat text files that end with a .DAT extension.
- Data elements will be separated by Pipe delimiters (|).
- All files will be compressed with either the gzip or zip protocol. The name of the compressed archive must be the same as the data file itself.
- Files will have prescribed naming. The naming convention is as follows:

File Type	Naming Convention	Naming Example
Member	<PAYER MNEMONIC>_MEMBER_<MMYYYY>.DAT.<COMPRESS ION>	BCFL_MEMBER_122015.DAT.GZ
Medical	<PAYER MNEMONIC>_MEDICAL_<MMYYYY>.DAT.<COMPRES SION>	BCFL_MEDICAL_122015.DAT.GZ
Pharmacy	<PAYER MNEMONIC>_PHARMACY_<MMYYYY>.DAT.<COMPR SSION>	BCFL_PHARMACY_122015.DAT.G Z

The Vendor will assign the Payer mnemonic to be used in file naming prior to the initial submission of data.

- Each file will have a header record consisting of the total record count and the data month, separated with a pipe delimiter. The record count must NOT include the header record itself, and the data range must be represented in MMYYYY format. Example: 12500321|012015
- No use of quotes as text qualifiers. Quotes will not be present in data unless part of the variable value being supplied.
- Numeric fields will NOT be padded with leading zeros, will not contain spaces, dollar signs, or punctuation other than a decimal point where appropriate within currency or unit fields.
- Character fields will NOT be padded with leading or trailing spaces.
- Control characters/line endings will only be present once, at the end of each record. LR/CR characters must NOT be present within a field value.
- If a field is not to be populated, a null value must be used. A null is NOT a space, it is an empty set – consecutive pipe delimiters with no content (||).

## 9. Data Dictionary

The data dictionary is comprised of detailed file layouts for the Member Eligibility File, Medical Claims File, Pharmacy Claims File, as well as Reference Data tables containing relevant values for all dimensional fields in the claims and eligibility data sets.

### a. Member Eligibility File

The **Member Eligibility** file will supply information on every member – Covered Lives – enrolled with the health plan during the specified data period. The monthly Member file must contain one record per member per month *regardless of whether or not the member utilized services during the reporting period.*

Data Element #	Variable	Description	Type	Length	Format	Reference Table Link
MBR001	PATID	Patient/Member ID. A number that uniquely identifies an individual across multiple groups/policies and across source systems.	Varchar	22		
MBR002	PBP	Medicare Advantage Only -- Plan Benefit Package. A code identifying the CMS Contract Number and Plan ID number for the organization and plan offering.	Varchar	9	A1234-567	
MBR003	REL_CD	A code identifying relationship of member to policy holder.	Varchar	2		REL_CD
MBR004	ELIGEFF	Eligibility Effective Date. The month/year for which the member coverage month row effective date is interpreted to be first effective for counting purposes under HEDIS/NCQA reporting standards.	Date	10	MM/DD/YYYY	
MBR005	ELIGEND	Eligibility End Date. The month/year for which the member coverage month row end date is interpreted to be no longer effective for counting purposes under HEDIS/NCQA reporting standards.	Date	10	MM/DD/YYYY	
MBR006	GDR	A code identifying the sex of the member.	Character	1		GDR
MBR007	MBIRTH	Month and year of member's birth.	Character	7	MM/YYYY	
MBR008	PROD	Type of benefit plan commonly used by the health care industry to identify the product.	Varchar	4		PRODUCT
MBR009	BUS_LINE	Identifies the line of business (Commercial, Medicare, Medicaid).	Varchar	3		BUS_LINE
MBR010	STATE	The two character State Postal Code of the member's primary residence.	Character	2	MN	STATE
MBR011	MBR_ZIP5_CD	The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery.	Character	5	12345	
MBR012	MH_COV_IND	Identifies members who have mental health benefits as part of their plan coverage.	Character	1		MH_COV_IND
MBR013	CDHP_CD	Commercial Products Only -- Identifier for High Deductible / Consumer Driven Health Plans	Character	1		CDHP_CD
MBR014	HSA_IND	Commercial Products Only -- Yes/No indicator of HSA plan, high deductible health plans accompanied by a medical savings account.	Character	1		HSA_IND
MBR015	DEDUCT_MAX_IN	Amount of annual in-network maximum deductible for the plan.	Decimal	9.2	1000.00	
MBR016	DEDUCT_MAX_OUT	Amount of annual out-of-network maximum deductible for the plan.	Decimal	9.2	1000.00	
MBR017	FUNDING	Identifies ASO (self-funded) versus fully-insured.	Character	1		FUNDING
MBR018	RX_CVG_IND	Identifies members with pharmacy coverage.	Character	1		RX_CVG_IND
MBR019	GROUP_ID	Number associated with the entity that purchases the insurance coverage, typically an employer group. Similar to CUST_SEG_SYS_ID.	Varchar	16		
MBR020	GROUP_NBR	Number associated with the entity that purchases the insurance coverage, typically an employer group. Secondary/sub identifier to	Varchar	8		

Data Element #	Variable	Description	Type	Length	Format	Reference Table Link
		GROUP_ID.				
MBR021	CUST_SEG_SYS_ID	A system-generated number assigned to the Customer Segment on the 'Customer Segment' entity. This number is assigned to the member according to which Customer Segment Number the member is affiliated with.	Varchar	12		
MBR022	MKT_SGMNT_CD	Indicates the relative size of the customer based on the number of employees (Large group, Small Group, Individual, etc.).	Varchar	15		MKT_SGMNT_CD
MBR023	DUAL_ELIG_CD	Medicare Advantage Only -- Identifies members who have dual eligibility with Medicare and Medicaid.	Varchar	2		DUAL_ELIG_CD
MBR024	ESRD_STATUS	Medicare Advantage Only -- Patient diagnosed with End Stage Renal Disease (ESRD)	Character	1		ESRD_STATUS
MBR025	HOSPICE_STATUS	Medicare Advantage Only -- Patient placed in Hospice.	Character	1		HOSPICE_STATUS
MBR026	INSTITUTE_STATUS	Medicare Advantage Only -- Patient placed in an institution setting (excludes confinement stays).	Character	1		INSTITUTE_STATUS
MBR027	SIC	A federally assigned Standard Industry Classification number that identifies companies by industry.	Varchar	4		SIC
MBR028	EXCH_IND	Commercial Products Only -- ACA indicator: Yes/No indicator of whether plan is offered through an HIE.	Character	1		EXCH_IND
MBR029	EXCH_CAT	Commercial Products Only -- ACA indicator: Type of exchange plan is listed on (Federal, State, Private, etc.).	Varchar	15		EXCH_CAT
MBR030	ACA_COMPL_IND	Commercial Products Only -- ACA indicator: Yes/No indicator of whether plan is ACA Compliant (non-compliant may include grandfathered plans, those with late 2014 renewals, etc.).	Varchar	2		ACA_IND
MBR031	METALLIC_LVL	Commercial Products Only -- ACA indicator: Coverage level (Platinum, Gold, Silver, Bronze, Catastrophic).	Varchar	15		METALLIC_LVL
MBR032	SRC_IND	Identifies which platform or source system the data belongs to.	Varchar	4		
MBR033	CAPITATION_FLAG	Yes/No indicator of member enrollment in a fully capitated health plan.	Character	1		CAPITATION_FLAG
MBR034	CUST_SEG_NUM	A system generated number assigned to a product within a customer segment.	Varchar	20		

## b. Medical Claims

The **Medical Claims** file will supply Claims Data for inpatient, outpatient and professional services. Only paid claims are to be included, assuming that all paid claims have been completely adjudicated and have been “collapsed” with all adjustments or reversals that may negate the cost and utilization represented by the service. Adjustments or reversals sharing the same ClaimID must be included in the data contribution.

If the member is covered through a capitated system, encounter data must be submitted in place of administrative Claims Data, approximating as many attributes of fee-for-service Claims Data as possible. If encounter data is submitted for a member, the CLAIM\_TYPE\_FLAG field must be designated with value ‘C’.

Data Element #	Variable	Description	Type	Length	Format	Reference Table Link
MED001	PATID	Patient/Member ID. A number that uniquely identifies an individual across multiple groups/policies and across source systems.	Varchar	22		
MED002	CONF_ID	Confinement Identifier. Used to identify and group claim records associated with an inpatient hospitalization.	Varchar	22		
MED003	CLMID	Claim ID	Varchar	65		
MED004	NTWRK_IND	Network Indicator. Indicates whether a claim was paid in or out of network.	Character	1		NTWRK_IND
MED005	PRIMARY_COV_IND	Primary Coverage Indicator. Indicates whether a claim was paid primary, secondary, tertiary, etc.	Character	1		PRIMARY_COV_IND
MED006	PBP	Medicare Advantage Only -- Plan Benefit Package. A code identifying the CMS Contract Number and Plan ID number for the organization and plan offering.	Varchar	9	A1234-567	
MED007	CLMSEQ	Number assigned in the source system to the service line within the claim. Use with CLMID.	Varchar	5		
MED008	ADMIT_DT	Admission Date	Date	10	MM/DD/YYYY	
MED009	DISCH_DT	Discharge Date	Date	10	MM/DD/YYYY	
MED010	FAC_DTL_LINE_NBR	Service detail line number for a facility claim as reported on the UB92 or UB04 form.	Varchar	2		
MED011	ADMIT_TYPE	Type/Priority of Admission or Visit	Varchar	2		ADMIT_TYPE
MED012	ADMIT_SRC	Point of Origin for Admission or Visit	Character	1		ADMIT_SRC
MED013	CLM_FRM_TYP	Claim form type (Physician, Facility)	Character	1		CLM_FRM_TYP
MED014	TOB	Type of bill	Character	3		TOB
MED015	FST_DT	The beginning date for the service, event, or confinement being billed by the provider.	Date	10	MM/DD/YYYY	
MED016	LST_DT	The ending date for the service, event, or confinement being billed by the provider.	Date	10	MM/DD/YYYY	
MED017	PAID_DT	The date that appears on the check or EFT for claims payment.	Date	10	MM/DD/YYYY	
MED018	CHARGE	The charge submitted for payment.	Decimal	11.2	0.00	
MED019	ALLWD_AMT	The portion of submitted charges considered for payment. This amount is before member contributions (e.g., copays, deductibles, coinsurance) and after discounts, savings, benefit limits, reduction amounts due to duplicates.	Decimal	11.2	0.00	
MED020	AMT_NET_PAID	The actual amount paid to the provider for the service performed after all deductions and calculations are performed. This does not include the amount paid fee-for-service on a capitated	Decimal	11.2	0.00	

Data Element #	Variable	Description	Type	Length	Format	Reference Table Link
		service.				
MED021	COINS	The amount (usually calculated as a percent of the provider's submitted charges) the member pays for a specific service as defined in their benefit plan. For example, 20% of the cost of an outpatient physical therapy visit.	Decimal	11.2	0.00	
MED022	COPAY	The fixed amount the member pays for a specific service as defined in their benefit plan. For example, \$10 for an office visit.	Decimal	11.2	0.00	
MED023	DEDUCT	The set amount a member pays for services until they reach a specified limit (usually defined on an annual basis). After the limit is reached, the member's payment for services changes (often insurance pays 100% of the cost of services).	Decimal	11.2	0.00	
MED024	DIAG1	First level ICD-9 as entered on the claim (without decimal point). The Diagnosis One Code represents the most important diagnosis (also known as Primary Diagnosis) for the medical services.  ICD-9 is an industry-standard value set that can be obtained from several sources, including Optum ( <a href="https://www.optum360coding.com">https://www.optum360coding.com</a> ) and the AMA ( <a href="https://commerce.ama-assn.org/store/">https://commerce.ama-assn.org/store/</a> ).	Varchar	6	Decimal Removed	
MED025	DIAG2	Second level ICD-9 as entered on the claim (without decimal point).	Varchar	6	Decimal Removed	
MED026	DIAG3	Third level ICD-9 as entered on the claim (without decimal point).	Varchar	6	Decimal Removed	
MED027	DIAG4	Fourth level ICD-9 as entered on the claim (without decimal point).	Varchar	6	Decimal Removed	
MED028	DIAG5	Fifth level ICD-9 as entered on the claim (without decimal point).	Varchar	6	Decimal Removed	
MED029	DIAG6	Sixth level ICD-9 as entered on the claim (without decimal point).	Varchar	6	Decimal Removed	
MED030	DIAG7	Seventh level ICD-9 as entered on the claim (without decimal point).	Varchar	6	Decimal Removed	
MED031	DIAG8	Eighth level ICD-9 as entered on the claim (without decimal point).	Varchar	6	Decimal Removed	
MED032	DIAG9	Ninth level ICD-9 as entered on the claim (without decimal point)	Varchar	6	Decimal Removed	
MED033	ICD10_CM1	First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.  ICD-10 is an industry-standard value set that can be obtained from several sources, including Optum ( <a href="https://www.optum360coding.com">https://www.optum360coding.com</a> ) and the AMA ( <a href="https://commerce.ama-assn.org/store/">https://commerce.ama-assn.org/store/</a> ).	Varchar	7	Decimal Removed	
MED034	ICD10_CM2	Second level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED035	ICD10_CM3	Third level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED036	ICD10_CM4	Fourth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED037	ICD10_CM5	Fifth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED038	ICD10_CM6	Sixth level ICD-10-CM diagnosis code as entered on	Varchar	7	Decimal	

Data Element #	Variable	Description	Type	Length	Format	Reference Table Link
		the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.			Removed	
MED039	ICD10_CM7	Seventh level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED040	ICD10_CM8	Eighth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED041	ICD10_CM9	Ninth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED042	ICD10_CM10	Tenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED043	ICD10_CM11	Eleventh level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED044	ICD10_CM12	Twelfth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED045	ICD10_CM13	Thirteenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED046	ICD10_CM14	Fourteenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED047	ICD10_CM15	Fifteenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED048	ICD10_CM16	Sixteenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED049	ICD10_CM17	Seventeenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED050	ICD10_CM18	Eighteenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED051	ICD10_CM19	Nineteenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED052	ICD10_CM20	Twentieth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED053	ICD10_CM21	Twenty-first level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED054	ICD10_CM22	Twenty-second level ICD-10-CM diagnosis code as entered on the claim (without decimal point).	Varchar	7	Decimal Removed	

Data Element #	Variable	Description	Type	Length	Format	Reference Table Link
		Effective with incurred dates of service on/after 10/01/2015.				
MED055	ICD10_CM23	Twenty-third level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED056	ICD10_CM24	Twenty-fourth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED057	ICD10_CM25	Twenty-fifth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	Varchar	7	Decimal Removed	
MED058	POA1	Present on Admission code (for diagnosis 1). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED059	POA2	Present on Admission code (for diagnosis 2). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED060	POA3	Present on Admission code (for diagnosis 3). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED061	POA4	Present on Admission code (for diagnosis 4). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED062	POA5	Present on Admission code (for diagnosis 5). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED063	POA6	Present on Admission code (for diagnosis 6). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED064	POA7	Present on Admission code (for diagnosis 7). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED065	POA8	Present on Admission code (for diagnosis 8). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED066	POA9	Present on Admission code (for diagnosis 9). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED067	POA10	Present on Admission code (for diagnosis 10). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED068	POA11	Present on Admission code (for diagnosis 11). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED069	POA12	Present on Admission code (for diagnosis 12). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED070	POA13	Present on Admission code (for diagnosis 13). An indicator that differentiates conditions present at	Character	1		POA



Data Element #	Variable	Description	Type	Length	Format	Reference Table Link
		time of admission from those conditions that develop during the inpatient admission.				
MED071	POA14	Present on Admission code (for diagnosis 14). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED072	POA15	Present on Admission code (for diagnosis 15). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED073	POA16	Present on Admission code (for diagnosis 16). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED074	POA17	Present on Admission code (for diagnosis 17). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED075	POA18	Present on Admission code (for diagnosis 18). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED076	POA19	Present on Admission code (for diagnosis 19). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED077	POA20	Present on Admission code (for diagnosis 20). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED078	POA21	Present on Admission code (for diagnosis 21). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED079	POA22	Present on Admission code (for diagnosis 22). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED080	POA23	Present on Admission code (for diagnosis 23). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED081	POA24	Present on Admission code (for diagnosis 24). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED082	POA25	Present on Admission code (for diagnosis 25). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	Character	1		POA
MED083	DRG	The Diagnosis Related Group (DRG) Code assigned by the source system. The code will correspond to the most currently available version. A DRG classifies patients by diagnostic or surgical procedure into major diagnostic categories for the purpose of determining payment of hospitalization charges.	Varchar	5	Decimal Removed	DRG
MED084	DSTATUS	Discharge Status Code. Valid for hospital stays only.	Character	2		DSTATUS
MED085	POS	AMA Place of Service code	Varchar	4		POS
MED086	PROC_CD	Procedure code that describes the service provided. This is generally the line item CPT/HCPC codes off of CMS 1500 claim forms.	Varchar	6	Decimal Removed	

Data Element #	Variable	Description	Type	Length	Format	Reference Table Link
		CPT and HCPCS are industry-standard value sets that can be obtained from several sources, including Optum ( <a href="https://www.optum360coding.com">https://www.optum360coding.com</a> ) and the AMA ( <a href="https://commerce.ama-assn.org/store/">https://commerce.ama-assn.org/store/</a> ).				
MED087	PROC1	First level ICD-9 Procedure code that describes services provided. This is generally the ICD-9-CM codes for Facility services off of UB04 claim forms. ICD-9 is an industry-standard value set that can be obtained from several sources, including Optum ( <a href="https://www.optum360coding.com">https://www.optum360coding.com</a> ) and the AMA ( <a href="https://commerce.ama-assn.org/store/">https://commerce.ama-assn.org/store/</a> ).	Varchar	6	Decimal Removed	
MED088	PROC2	Second level ICD-9 Procedure code that describes services provided. This is generally the ICD-9-CM codes for Facility services off of UB04 claim forms.	Varchar	6	Decimal Removed	
MED089	PROC3	Third level ICD-9 Procedure code that describes services provided. This is generally the ICD-9-CM codes for Facility services off of UB04 claim forms.	Varchar	6	Decimal Removed	
MED090	ICD10_PCS1	First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. ICD-10 is an industry-standard value set that can be obtained from several sources, including Optum ( <a href="https://www.optum360coding.com">https://www.optum360coding.com</a> ) and the AMA ( <a href="https://commerce.ama-assn.org/store/">https://commerce.ama-assn.org/store/</a> ).	Character	7		
MED091	ICD10_PCS2	Second level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED092	ICD10_PCS3	Third level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED093	ICD10_PCS4	Fourth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED094	ICD10_PCS5	Fifth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED095	ICD10_PCS6	Sixth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED096	ICD10_PCS7	Seventh level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED097	ICD10_PCS8	Eighth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED098	ICD10_PCS9	Ninth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED099	ICD10_PCS10	Tenth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED100	ICD10_PCS11	Eleventh level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED101	ICD10_PCS12	Twelfth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED102	ICD10_PCS13	Thirteenth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		

Data Element #	Variable	Description	Type	Length	Format	Reference Table Link
MED103	ICD10_PCS14	Fourteenth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED104	ICD10_PCS15	Fifteenth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED105	ICD10_PCS16	Sixteenth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED106	ICD10_PCS17	Seventeenth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED107	ICD10_PCS18	Eighteenth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED108	ICD10_PCS19	Nineteenth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED109	ICD10_PCS20	Twentieth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED110	ICD10_PCS21	Twenty-first level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED111	ICD10_PCS22	Twenty-second level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED112	ICD10_PCS23	Twenty-third level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED113	ICD10_PCS24	Twenty-fourth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED114	ICD10_PCS25	Twenty-fifth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.	Character	7		
MED115	RVNU_CD	Identifies a specific accommodation, ancillary service or billing calculation for facility claims.	Varchar	4		RVNU_CD
MED116	UNITS	The number of units of service/procedure.	Decimal	11.3		
MED117	PROCMOD	First procedure code modifier. Clarifies or improves the reporting accuracy of the associated procedure code.	Varchar	4		PROCMOD
MED118	PROCMOD_2	Second procedure code modifier. Clarifies or improves the reporting accuracy of the associated procedure code.	Varchar	4		PROCMOD
MED119	PROCMOD_3	Third procedure code modifier. Clarifies or improves the reporting accuracy of the associated procedure code.	Varchar	4		PROCMOD
MED120	PROCMOD_4	Fourth procedure code modifier. Clarifies or improves the reporting accuracy of the associated procedure code.	Varchar	4		PROCMOD
MED121	PROV_ZIP_5_CD	The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery.	Character	5	12345	
MED122	PROV_ID	ID number internally assigned to a service provider by the health plan. Aka "legacy provider identifier".	Varchar	16		
MED123	HNPI	National Provider Identifier (NPI) of the health care provider delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is encrypted to be consistent across HCCI data contributors and insurers using a 32-byte algorithm. <i>HCCI will provide an NPI-to-HNPI crosswalk to the Payers.</i>	Character	32		

Data Element #	Variable	Description	Type	Length	Format	Reference Table Link
MED124	HNPI_BE	National Provider Identifier (NPI) of the health care billing entity, the "bill to" NPI. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is encrypted to be consistent across HCCI data contributors and insurers using a 32-byte algorithm. <i>HCCI will provide an NPI-to-HNPI crosswalk to the Payers.</i>	Character	32		
MED125	TXNMY_CD	Taxonomy code is the code chosen by the provider to indicate the provider's type, classification, and specialization. This is based on the Healthcare Provider Taxonomy Code Set, which is a hierarchical code set that consists of codes, descriptions, and definitions. The Code Set is maintained by the National Uniform Claim Committee.	Varchar	10		
MED126	PROVCAT	Provider category code that indicates the specialty of the health care professional.	Varchar	10		PROVCAT
MED127	CLAIM_TYPE_FLAG	Code to differentiate fee-for-service claim payments from encounter data.	Character	1		CLAIM_TYPE_FLAG
MED128	SRC_IND	Identifies which platform or source system the data belongs to.	Varchar	4		

### c. Pharmacy Claims

The **Pharmacy Claims** file will contain claims submitted by pharmacies for member prescriptions filled in a retail, mail and specialty pharmacy setting. Payers must provide data for all paid claims for scripts dispensed to members during the specified data period.

Data Element #	Variable	Description	Type	Length	Format	Reference Table Link
RX001	PATID	Patient/Member ID. A number that uniquely identifies an individual across multiple groups/policies and across source systems.	Varchar	22		
RX002	CLMID	Claim ID	Varchar	65		
RX003	PBP	Medicare Advantage Only -- Plan Benefit Package. A code identifying the CMS Contract Number and Plan ID number for the organization and plan offering.	Varchar	9	A1234-567	
RX004	PLAN_DRUG_STATUS	Medicare Advantage Only -- A code identifying the coverage status of the drug under Part D and/or the PBP.	Character	1		PLAN_DRUG_STATUS
RX005	FILL_DT	Date the prescription was filled by the pharmacy.	Date	10	MM/DD/YYYY	
RX006	CHK_DT	The date that appears on the check or EFT for claims payment.	Date	10	MM/DD/YYYY	
RX007	AVGWHLSL	The average wholesale price the average price at which wholesalers sell drugs to physicians, pharmacies, and other customers.	Decimal	11.2	0.00	
RX008	CHARGE	The dollar amount the provider requested to be reimbursed for the service they provided. This amount is what was entered into the source system and is also referred to as the claimed amount or the source charge amount.	Decimal	11.2	0.00	
RX009	AMT_NET_PAID	The amount the pharmacy is reimbursed. Also referred to as the net amount.	Decimal	11.2	0.00	
RX010	ALLWD_AMT	The covered amount. This amount is equivalent to the submitted charge less the amount not covered, and is before member contributions (e.g., copays, deductibles, coinsurance) and discounts.	Decimal	11.2	0.00	
RX011	COPAY	The fixed amount the member pays for a specific service as defined in their benefit plan. For example, \$10 for an office visit.	Decimal	11.2	0.00	
RX012	COINS	The amount (usually calculated as a percent of the provider's submitted charges) the member pays for a specific service as defined in their benefit plan. For example, 20% of the cost of an outpatient physical therapy visit.	Decimal	11.2	0.00	
RX013	DEDUCT	The amount applied to the member's deductible.	Decimal	11.2	0.00	
RX014	DISPFEE	Amount the pharmacy charged to fill the prescription.	Decimal	11.2	0.00	
RX015	QUANTITY	Quantity of drug dispensed in metric units.	Decimal	11.3	1.000	
RX016	DAYS_SUP	Estimated day count the drug supply should last.	Decimal	11.2	1.00	

Data Element #	Variable	Description	Type	Length	Format	Reference Table Link
RX017	HNPI	National Provider Identifier (NPI) is the number assigned by NPPES/CMS for identification of a health care provider as defined by HIPPA. The NPI number is the number of the physician/clinical nurse who prescribed the medication. This number is encrypted to be consistent across HCCI data contributors and insurers using a 32- byte algorithm.  <i>HCCI will provide an NPI-to-HNPI crosswalk to the Payers.</i>	Character	32		
RX018	HNPI_PHARMACY	National Provider Identifier (NPI) is the number assigned by NPPES/CMS for identification of a health care provider as defined by HIPPA. The NPI (pharmacy) number is the number of the person or company (facility or pharmacy or supplier) who is the billing provider for the issued prescription. This number is encrypted to be consistent across HCCI data contributors and insurers using a 32-byte algorithm.  <i>HCCI will provide an NPI-to-HNPI crosswalk to the Payers.</i>	Character	32		
RX019	DEA	Provider's Drug Enforcement Agency (DEA) Identification number.	Character	9		
RX020	NDC	The unique code that identifies a drug product as defined by the National Drug Data File (all drug products regulated by the FDA must use an NDC).  NDC codes are industry-standard values that can be obtained from several sources, including First Databank ( <a href="http://www.fdbhealth.com/solutions/fdb-medknowledge/">http://www.fdbhealth.com/solutions/fdb-medknowledge/</a> ).	Character	11		
RX021	DAW	Identifies if a prescription was filled as written or altered by Pharmacy, Physician or Member.	Character	1		DAW
RX022	FORM_IND	Indicates if the drug being dispensed is on the formulary list or not.	Character	1		FORM_IND
RX023	FORM_TYP	Type of formulary used to pay a claim. For example, open, closed, etc.	Varchar	2		FORM_TYP
RX024	SPCLT_IND	Indicates if the pharmacy is a specialty pharmacy.	Character	1		SPCLT_IND
RX025	MAIL_IND	Indicates if the pharmacy is a mail order pharmacy.	Character	1		MAIL_IND
RX026	CMPD_IND	Indicates if the medication dispensed is a compound drug, a medication mixed/adjusted by a pharmacist to achieve a custom strength, form, or ingredientset.	Character	1		CMPD_IND
RX027	RFL_NBR	Indicates if this is the first, second, or subsequent refill for the prescription.	Varchar	3	0	
RX028	PHARMACY_ZIP5	The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery.	Character	5	12345	
RX029	CLAIM_TYPE_FLAG	Code to differentiate fee-for-service claim payments from encounter data.	Character	1		CLAIM_TYPE_FLAG
RX030	SRC_IND	Identifies which platform or source system the data belongs to.	Varchar	4		

#### d. Reference Data

Within the data dictionary, dimensional fields contain hyperlinks to the following reference tables. These reference tables list the code values and accompanying descriptions that Payers must use for populating these attributes in their data files.

HCCI Standard Lookup Table	
REL_CD	REL_CD_DESC
01	SPOUSE
19	CHILD
20	EMPLOYEE/SUBSCRIBER
21	UNKNOWN

HCCI Standard Lookup Table	
GDR	GDR_DESC
1	MALE
2	FEMALE
9	UNKNOWN

HCCI Standard Lookup Table	
PRODUCT	DESCRIPTION
EPO	EXCLUSIVE PROVIDER ORGANIZATION
HMO	HEALTH MAINTENANCE ORGANIZATION
IND	INDEMNITY
OTH	OTHER
PFF	PRIVATE FEE-FOR-SERVICE
POS	POINT OF SERVICE
PPO	PREFERRED PROVIDER ORGANIZATION
STP	SHORT TERM PLAN
UNK	UNKNOWN

HCCI Standard Lookup Table	
BUS_LINE	BUS_LINE_DESC
COM	COMMERCIAL
MCR	MEDICARE
MCD	MEDICAID

HCCI Standard Lookup Table	
STATE	STATE_DESC
AK	ALASKA
AL	ALABAMA
AR	ARKANSAS
AZ	ARIZONA
CA	CALIFORNIA

**HCCI Standard Lookup Table**

<b>STATE</b>	<b>STATE_DESC</b>
CO	COLORADO
CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MS	MISSISSIPPI
MT	MONTANA
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING



HCCI Standard Lookup Table	
MH_COV_IND	MH_COV_IND_DESC
0	NO
1	YES
U	UNKNOWN

HCCI Standard Lookup Table	
CDHP_CD	CDHP_CD_DESC
0	NO
1	YES
U	UNKNOWN

HCCI Standard Lookup Table	
HSA_IND	HSA_IND_DESC
0	NO
1	YES
U	UNKNOWN

HCCI Standard Lookup Table	
FUNDING_CD	FUNDING_DESC
0	(ASO) ADMINISTRATIVE SERVICES ONLY
1	(FI) FULLY-INSURED

HCCI Standard Lookup Table	
RX_CVG_IND	RX_CVG_IND_DESC
0	NO
1	YES
U	UNKNOWN

HCCI Standard Lookup Table	
MKT_SGMNT_CD	MKT_SGMNT_CD_DESC
I	INDIVIDUAL MARKET
G	INDIVIDUAL -- GROUP CONVERSION
L	LARGE
S	SMALL
O	OTHER
N	MEDICARE ADVANTAGE -- INDIVIDUAL
R	MEDICARE ADVANTAGE -- GROUP
Z	UNKNOWN

HCCI Standard Lookup Table	
DUAL_ELIG_CD	DUAL_ELIG_CD_DESC
0	NO
1	YES
U	UNKNOWN

HCCI Standard Lookup Table	
ESRD_STATUS	ESRD_STATUS_DESC
0	NO
1	YES
U	UNKNOWN

HCCI Standard Lookup Table	
HOSPICE_STATUS	HOSPICE_STATUS_DESC
0	NO
1	YES
U	UNKNOWN

HCCI Standard Lookup Table	
INSTITUTE_STATUS	INSTITUTE_STATUS_DESC
0	NO
1	YES
U	UNKNOWN

HCCI Standard Lookup Table	
SIC_CD	SIC_CD_DESC
A	MANUFACTURING
B	TRANSPORTATION; COMMUNICATIONS; UTILITIES
C	WHOLESALE TRADE
D	RETAIL TRADE
E	FINANCIAL; INSURANCE; REAL ESTATE
F	AGRICULTURE; FORESTRY; FISHING; MINING; CONSTRUCTION
G	SERVICE INDUSTRIES; PUBLIC ADMINISTRATION
Z	UNKNOWN/UNCLASSIFIED

HCCI Standard Lookup Table	
EXCH_IND	EXCH_IND_DESC
0	NO
1	YES
U	UNKNOWN

HCCI Standard Lookup Table	
EXCH_CAT	EXCH_CAT_DESC
FEDERAL	FEDERAL EXCHANGE
STATE	STATE EXCHANGE

HCCI Standard Lookup Table	
ACA_COMPL_IND	ACA_COMPL_IND_DESC
0	NO
1	YES
U	UNKNOWN

HCCI Standard Lookup Table	
METALLIC_LVL	METALLIC_LVL_DESC
B	BRONZE
C	CATASTROPHIC
G	GOLD
P	PLATINUM
S	SILVER
U	UNKNOWN

HCCI Standard Lookup Table	
CAPITATION_FLAG	CAPITATION_FLAG_DESC
0	NO
1	YES
U	UNKNOWN

NTWRK_IND	NTWRK_IND_DESC
1	IN-NETWORK
2	OUT-OF-NETWORK
U	UNKNOWN

HCCI Standard Lookup Table	
PRIMARY_COV_IND	PRIMARY_COV_IND_DESC
0	NO
1	YES
U	UNKNOWN

HCCI Standard Lookup Table	
ADMIT_TYPE	ADMIT_TYP_DESC
1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Trauma
6	Reserved for Assignment by NUBC
7	Reserved for Assignment by NUBC
8	Reserved for Assignment by NUBC
9	Information Not Available

HCCI Standard Lookup Table	
ADMIT_SRC	ADMIT_SRC_DESC
1	NON HEALTH CARE FACILITY POINT OF ORIGIN
2	CLINIC OR PHYSICIAN'S OFFICE
3	RESERVED FOR ASSIGNMENT
4	TRANSFER FROM A HOSPITAL/DIFFERENT FACILITY
5	TRANSFER FROM A SKILLED NURSING FACILITY/INTERMEDIATE CARE FACILITY/ASSISTED LIVING FACILITY
6	TRANSFER FROM ANOTHER HEALTH CARE FACILITY
7	RESERVED FOR ASSIGNMENT
8	COURT/LAW ENFORCEMENT
9	INFORMATION NOT AVAILABLE
A	RESERVED FOR ASSIGNMENT
B	TRANSFER FROM ANOTHER HOME HEALTH AGENCY
C	RESERVED FOR ASSIGNMENT

HCCI Standard Lookup Table ADMIT_SRC	
ADMIT_SRC	ADMIT_SRC_DESC
D	TRANSFER FROM ONE DISTINCT UNIT OF HOSPITAL TO ANOTHER DISTINCT UNIT OF SAME HOSPITAL
E	TRANSFER FROM AMBULATORY SURGERY CENTER
F	TRANSFER FROM A HOSPICE FACILITY
G	RESERVED FOR ASSIGNMENT
H	RESERVED FOR ASSIGNMENT
I	RESERVED FOR ASSIGNMENT
J	RESERVED FOR ASSIGNMENT
K	RESERVED FOR ASSIGNMENT
L	RESERVED FOR ASSIGNMENT
M	RESERVED FOR ASSIGNMENT
N	RESERVED FOR ASSIGNMENT
O	RESERVED FOR ASSIGNMENT
P	RESERVED FOR ASSIGNMENT
Q	RESERVED FOR ASSIGNMENT
R	RESERVED FOR ASSIGNMENT
S	RESERVED FOR ASSIGNMENT
T	RESERVED FOR ASSIGNMENT
U	RESERVED FOR ASSIGNMENT
V	RESERVED FOR ASSIGNMENT
W	RESERVED FOR ASSIGNMENT
X	RESERVED FOR ASSIGNMENT
Y	RESERVED FOR ASSIGNMENT
Z	RESERVED FOR ASSIGNMENT

HCCI Standard Lookup Table	
CLM_FRM_TYP	CLM_FRM_TYP_DESC
1	PHYSICIAN
2	FACILITY

TOB is a four-character code consisting of two components: a primary code (positions 1-3) and a frequency code (position 4). The first digit is always a leading zero, and cannot be included on an electronic transaction. HCCI data excludes the leading zero and represents the type of bill as a three character value with the frequency digit in position 3.

HCCI Standard Lookup Table	
TOB digit 1-2	TOB digit 1-2 description
00-10	RESERVED FOR ASSIGNMENT BY THE NUBC
11	HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)
12	HOSPITAL INPATIENT (MEDICARE PART B ONLY)
13	HOSPITAL OUTPATIENT
14	HOSPITAL - LABORATORY SERVICES PROVIDED TO NON-PATIENTS
15-17	RESERVED FOR ASSIGNMENT BY THE NUBC
18	HOSPITAL - SWING BEDS
19-20	RESERVED FOR ASSIGNMENT BY THE NUBC
21	SKILLED NURSING - INPATIENT (INCLUDING MEDICARE PART A)
22	SKILLED NURSING - INPATIENT (MEDICARE PART B ONLY)
23	SKILLED NURSING - OUTPATIENT
24-27	RESERVED FOR ASSIGNMENT BY THE NUBC
28	SKILLED NURSING - SWING BEDS
29-31	RESERVED FOR ASSIGNMENT BY THE NUBC
32	HOME HEALTH SERVICES UNDER A PLAN OF TREATMENT (EFFECTIVE 10/1/2013) *** PREVIOUS DEFINITION: HOME HEALTH - INPATIENT (PLAN OF TREATMENT UNDER PART B ONLY)
33	DISCONTINUED ON 10/1/2013 *** PREVIOUS DEFINITION: HOME HEALTH - OUTPATIENT (PLAN OF TREATMENT UNDER PART A, INCLUDING DME UNDER PART A)
34	HOME HEALTH SERVICES NOT UNDER A PLAN OF TREATMENT (EFFECTIVE 10/1/2013)
35-40	RESERVED FOR ASSIGNMENT BY THE NUBC
41	RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS - INPATIENT (DELETION OF "HOSPITAL" EFFECTIVE 7/1/2014)
42	RESERVED FOR ASSIGNMENT BY THE NUBC
43	RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS - OUTPATIENT SERVICES
44-64	RESERVED FOR ASSIGNMENT BY THE NUBC
65	INTERMEDIATE CARE - LEVEL I
66	INTERMEDIATE CARE - LEVEL II
67-70	RESERVED FOR ASSIGNMENT BY THE NUBC
71	CLINIC - RURAL HEALTH
72	CLINIC - HOSPITAL BASED OR INDEPENDENT RENAL DIALYSIS CENTER
73	CLINIC - FREESTANDING
74	CLINIC - OUTPATIENT REHABILITATION FACILITY (ORF)
75	CLINIC - COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY (CORF)
76	CLINIC - COMMUNITY MENTAL HEALTH CENTER
77	CLINIC - FEDERALLY QUALIFIED HEALTH CENTER (FQHC)
78	LICENSED FREESTANDING EMERGENCY MEDICAL FACILITY (EFFECTIVE 7/1/12)
79	CLINIC - OTHER
80	RESERVED FOR ASSIGNMENT BY THE NUBC
81	HOSPICE (NON-HOSPITAL BASED)
82	HOSPICE (HOSPITAL BASED)
83	AMBULATORY SURGERY CENTER
84	FREESTANDING BIRTHING CENTER
85	CRITICAL ACCESS HOSPITAL

TOB is a four-character code consisting of two components: a primary code (positions 1-3) and a frequency code (position 4). The first digit is always a leading zero, and cannot be included on an electronic transaction. HCCI data excludes the leading zero and represents the type of bill as a three character value with the frequency digit in position 3.

HCCI Standard Lookup Table	
TOB digit 1-2	TOB digit 1-2 description
86	RESIDENTIAL FACILITY
87-88	RESERVED FOR ASSIGNMENT BY THE NUBC
89	SPECIAL FACILITY - OTHER
90-999	RESERVED FOR ASSIGNMENT BY THE NUBC

HCCI Standard Lookup Table	
TOB digit 3	TOB digit 3 description
0	NON-PAYMENT/ZERO
1	ADMIT THROUGH DISCHARGE CLAIM
2	INTERIM - FIRST CLAIM
3	INTERIM - CONTINUING CLAIM
4	INTERIM - LAST CLAIM
5	LATE CHARGE(S) ONLY
6	RESERVED FOR ASSIGNMENT BY THE NUBC
7	REPLACEMENT OF PRIOR CLAIM
8	VOID/CANCEL OF PRIOR CLAIM
9	FINAL CLAIM FOR A HOME HEALTH PPS EPISODE
A	ADMISSION/ELECTION NOTICE
B	HOSPICE/CMS COORDINATED CARE DEMONSTRATION/RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTION/CENTERS OF EXCELLENCE DEMONSTRATION/PROVIDER PARTNERSHIPS DEMONSTRATION
C	HOSPICE CHANGE OF PROVIDER NOTICE
D	HOSPICE/CMS COORDINATED CARE DEMONSTRATION/RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTION/CENTERS OF EXCELLENCE DEMONSTRATION/PROVIDER PARTNERSHIPS DEMONSTRATION VOID/CANCEL
E	HOSPICE CHANGE OF OWNERSHIP
F	BENEFICIARY INITIATED ADJUSTMENT CLAIM
G	CWF INITIATED ADJUSTMENT CLAIM
H	CMS INITIATED ADJUSTMENT
I	INTERMEDIARY ADJUSTMENT CLAIM (OTHER THAN QIO OR PROVIDER)
J	INITIATED ADJUSTMENT CLAIM - OTHER
K	OIG INITIATED ADJUSTMENT CLAIM
L	RESERVED FOR ASSIGNMENT BY THE NUBC
M	MSP INITIATED ADJUSTMENT CLAIM
N	RESERVED FOR ASSIGNMENT BY THE NUBC
O	NONPAYMENT/ZERO CLAIMS
P	QIO ADJUSTMENT CLAIM
Q	CLAIM SUBMITTED FOR RECONSIDERATION/REOPENING OUTSIDE OF TIMELY LIMITS
R-W	RESERVED FOR ASSIGNMENT BY THE NUBC
X	VOID/CANCEL A PRIOR ABBREVIATED ENCOUNTER SUBMISSION
Y	REPLACEMENT OF PRIOR ABBREVIATED ENCOUNTER SUBMISSION
Z	NEW ABBREVIATED ENCOUNTER SUBMISSION

TOB is a four-character code consisting of two components: a primary code (positions 1-3) and a frequency code (position 4). The first digit is always a leading zero, and cannot be included on an electronic transaction. HCCI data excludes the leading zero and represents the type of bill as a three character value with the frequency digit in position 3.

HCCI Standard Lookup Table	
TOB digit 1-2	TOB digit 1-2 description
POA_CD	
Y	DIAGNOSIS WAS PRESENT AT TIME OF INPATIENT ADMISSION
N	DIAGNOSIS WAS NOT PRESENT AT TIME OF INPATIENT ADMISSION
U	DOCUMENTATION INSUFFICIENT TO DETERMINE IF THE CONDITION WAS PRESENT AT TIME OF INPATIENT ADMISSION
W	CLINICALLY UNDETERMINED. PROVIDER UNABLE TO CLINICALLY DETERMINE WHETHER THE CONDITION WAS PRESENT AT TIME OF INPATIENT ADMISSION.
1	UNREPORTED. EXEMPT FROM POA REPORTING.

HCCI Standard Lookup Table	
DSTAT	
US	DSTATUS_DESC
00	UNKNOWN DISCHARGE STATUS
01	DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE)
02	DISCHARGED/TRANSFERRED TO A SHORT-TERM GENERAL HOSPITAL FOR INPATIENT CARE
03	DISCHARGED/TRANSFERRED TO SKILLED NURSING FACILITY (SNF) WITH MEDICARE CERTIFICATION
04	DISCHARGED/TRANSFERRED TO A FACILITY THAT PROVIDES CUSTODIAL OR SUPPORTIVE CARE
05	DISCHARGED/TRANSFERRED TO A DESIGNATED CANCER CENTER OR CHILDREN'S HOSPITAL
06	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF HOME HEALTH SERVICE ORGANIZATION
07	LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE
08	RESERVED FOR ASSIGNMENT BY THE NUBC
09	ADMITTED AS AN INPATIENT TO THIS HOSPITAL
10	RESERVED FOR ASSIGNMENT BY THE NUBC
11	RESERVED FOR ASSIGNMENT BY THE NUBC
12	RESERVED FOR ASSIGNMENT BY THE NUBC
13	RESERVED FOR ASSIGNMENT BY THE NUBC
14	RESERVED FOR ASSIGNMENT BY THE NUBC
15	RESERVED FOR ASSIGNMENT BY THE NUBC
16	RESERVED FOR ASSIGNMENT BY THE NUBC
17	RESERVED FOR ASSIGNMENT BY THE NUBC
18	RESERVED FOR ASSIGNMENT BY THE NUBC
19	RESERVED FOR ASSIGNMENT BY THE NUBC
20	EXPIRED
21	DISCHARGED/TRANSFERRED TO COURT/LAW ENFORCEMENT
22	RESERVED FOR ASSIGNMENT BY THE NUBC
23	RESERVED FOR ASSIGNMENT BY THE NUBC
24	RESERVED FOR ASSIGNMENT BY THE NUBC
25	RESERVED FOR ASSIGNMENT BY THE NUBC
26	RESERVED FOR ASSIGNMENT BY THE NUBC
27	RESERVED FOR ASSIGNMENT BY THE NUBC
28	RESERVED FOR ASSIGNMENT BY THE NUBC
29	RESERVED FOR ASSIGNMENT BY THE NUBC
30	STILL PATIENT
31	RESERVED FOR ASSIGNMENT BY THE NUBC



HCCI Standard Lookup Table

DSTAT

US

DSTATUS\_DESC

32	RESERVED FOR ASSIGNMENT BY THE NUBC
33	RESERVED FOR ASSIGNMENT BY THE NUBC
34	RESERVED FOR ASSIGNMENT BY THE NUBC
35	RESERVED FOR ASSIGNMENT BY THE NUBC
36	RESERVED FOR ASSIGNMENT BY THE NUBC
37	RESERVED FOR ASSIGNMENT BY THE NUBC
38	RESERVED FOR ASSIGNMENT BY THE NUBC
39	RESERVED FOR ASSIGNMENT BY THE NUBC
40	EXPIRED AT HOME (HOSPICE)
41	EXPIRED IN A MEDICAL FACILITY (HOSPICE)
42	EXPIRED - PLACE UNKNOWN (HOSPICE)
43	DISCHARGED/TRANSFERRED TO A FEDERAL HEALTH CARE FACILITY
44	RESERVED FOR ASSIGNMENT BY THE NUBC
45	RESERVED FOR ASSIGNMENT BY THE NUBC
46	RESERVED FOR ASSIGNMENT BY THE NUBC
47	RESERVED FOR ASSIGNMENT BY THE NUBC
48	RESERVED FOR ASSIGNMENT BY THE NUBC
49	RESERVED FOR ASSIGNMENT BY THE NUBC
50	DISCHARGED TO HOSPICE - HOME
51	DISCHARGED TO HOSPICE - MEDICAL FACILITY
52	RESERVED FOR ASSIGNMENT BY THE NUBC
53	RESERVED FOR ASSIGNMENT BY THE NUBC
54	RESERVED FOR ASSIGNMENT BY THE NUBC
55	RESERVED FOR ASSIGNMENT BY THE NUBC
56	RESERVED FOR ASSIGNMENT BY THE NUBC
57	RESERVED FOR ASSIGNMENT BY THE NUBC
58	RESERVED FOR ASSIGNMENT BY THE NUBC
59	RESERVED FOR ASSIGNMENT BY THE NUBC
60	RESERVED FOR ASSIGNMENT BY THE NUBC
61	DISCHARGED/TRANSFERRED TO A HOSPITAL-BASED MEDICARE APPROVED SWING BED
62	DISCHARGED/TRANSFERRED TO AN INPATIENT REHABILITATION FACILITY (IRF) INCLUDING REHABILITATION DISTINCT PART UNITS OF A HOSPITAL
63	DISCHARGED/TRANSFERRED TO A MEDICARE CERTIFIED LONG TERM CARE HOSPITAL (LTCH)
64	DISCHARGED/TRANSFERRED TO A NURSING FACILITY CERTIFIED UNDER MEDICAID BUT NOT CERTIFIED UNDER MEDICARE
65	DISCHARGED/TRANSFERRED TO A PSYCHIATRIC HOSPITAL OR PSYCHIATRIC DISTINCT PART UNIT OF A HOSPITAL
66	DISCHARGED/TRANSFERRED TO A CRITICAL ACCESS HOSPITAL (CAH)
67	RESERVED FOR ASSIGNMENT BY THE NUBC
68	RESERVED FOR ASSIGNMENT BY THE NUBC
69	DISCHARGED/TRANSFERRED TO A DESIGNATED DISASTER ALTERNATIVE CARE SITE
70	DISCHARGED/TRANSFERRED TO ANOTHER TYPE OF HEALTH CARE INSTITUTION NOT DEFINED ELSEWHERE IN THIS CODE LIST
71	DISCONTINUED 4/1/2003
72	DISCONTINUED 4/1/2003
73	RESERVED FOR ASSIGNMENT BY THE NUBC
74	RESERVED FOR ASSIGNMENT BY THE NUBC
75	RESERVED FOR ASSIGNMENT BY THE NUBC

HCCI Standard Lookup Table	
DSTAT US	DSTATUS_DESC
76	RESERVED FOR ASSIGNMENT BY THE NUBC
77	RESERVED FOR ASSIGNMENT BY THE NUBC
78	RESERVED FOR ASSIGNMENT BY THE NUBC
79	RESERVED FOR ASSIGNMENT BY THE NUBC
80	RESERVED FOR ASSIGNMENT BY THE NUBC
81	DISCHARGED/TRANSFERRED TO HOME OR SELF CARE WITH A PLANNED ACUTE CARE HOSPITAL INPATIENT READMISSION
82	DISCHARGED/TRANSFERRED TO A SHORT-TERM GENERAL HOSPITAL FOR INPATIENT CARE WITH A PLANNED ACUTE CARE HOSPITAL INPATIENT READMISSION
83	DISCHARGED/TRANSFERRED TO A SKILLED NURSING FACILITY (SNF) WITH MEDICARE CERTIFICATION WITH A PLANNED ACUTE CARE HOSPITAL INPATIENT READMISSION
84	DISCHARGED/TRANSFERRED TO A FACILITY THAT PROVIDES CUSTODIAL OR SUPPORTIVE CARE WITH A PLANNED ACUTE CARE HOSPITAL INPATIENT READMISSION
85	DISCHARGED/TRANSFERRED TO A DESIGNATED CANCER CENTER OR CHILDREN'S HOSPITAL WITH A PLANNED ACUTE CARE HOSPITAL INPATIENT READMISSION
86	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF HOME HEALTH SERVICE ORGANIZATION WITH A PLANNED ACUTE CARE HOSPITAL INPATIENT READMISSION
87	DISCHARGED/TRANSFERRED TO COURT/LAW ENFORCEMENT WITH A PLANNED ACUTE CARE HOSPITAL INPATIENT READMISSION
88	DISCHARGED/TRANSFERRED TO A FEDERAL HEALTH CARE FACILITY WITH A PLANNED ACUTE CARE HOSPITAL INPATIENT READMISSION
89	DISCHARGED/TRANSFERRED TO A HOSPITAL-BASED MEDICARE APPROVED SWING BED WITH A PLANNED ACUTE CARE HOSPITAL INPATIENT READMISSION
90	DISCHARGED/TRANSFERRED TO AN INPATIENT REHABILITATION FACILITY (IRF) INCLUDING REHABILITATION DISTINCT PART UNITS OF A HOSPITAL WITH A PLANNED ACUTE CARE HOSPITAL INPATIENT READMISSION
91	DISCHARGED/TRANSFERRED TO A MEDICARE CERTIFIED LONG TERM CARE HOSPITAL (LTCH) WITH A PLANNED ACUTE CARE HOSPITAL INPATIENT READMISSION
92	DISCHARGED/TRANSFERRED TO A NURSING FACILITY CERTIFIED UNDER MEDICAID BUT NOT CERTIFIED UNDER MEDICARE WITH A PLANNED ACUTE CARE HOSPITAL INPATIENT READMISSION
93	DISCHARGED/TRANSFERRED TO A PSYCHIATRIC HOSPITAL OR PSYCHIATRIC DISTINCT PART UNIT OF A HOSPITAL WITH A PLANNED ACUTE CARE HOSPITAL INPATIENT READMISSION
94	DISCHARGED/TRANSFERRED TO A CRITICAL ACCESS HOSPITAL (CAH) WITH A PLANNED ACUTE CARE HOSPITAL INPATIENT READMISSION
95	DISCHARGED/TRANSFERRED TO ANOTHER TYPE OF HEALTH CARE INSTITUTION NOT DEFINED ELSEWHERE IN THIS CODE LIST WITH A PLANNED ACUTE CARE HOSPITAL INPATIENT READMISSION
96	RESERVED FOR ASSIGNMENT BY THE NUBC
97	RESERVED FOR ASSIGNMENT BY THE NUBC
98	RESERVED FOR ASSIGNMENT BY THE NUBC
99	RESERVED FOR ASSIGNMENT BY THE NUBC

HCCI Standard Lookup Table	
POS	POS_DESC
01	PHARMACY
03	SCHOOL
04	HOMELESS SHELTER
05	INDIAN HEALTH SERVICE FREE-STANDING FACILITY
06	INDIAN HEALTH SERVICE PROVIDER-BASED FACILITY
07	TRIBAL 638 FREE-STANDING FACILITY
08	TRIBAL 638 PROVIDER-BASED FACILITY
09	PRISON CORRECTION FACILITY
11	OFFICE
12	HOME

HCCI Standard Lookup Table	
POS	POS_DESC
13	ASSISTED LIVING FACILITY
14	GROUP HOME
15	MOBILE UNIT
16	TEMPORARY LODGING
17	WALK-IN RETAIL HEALTH CLINIC
18	LOCATION WHERE THE PATIENT IS EMPLOYED
20	URGENT CARE FACILITY
21	INPATIENT HOSPITAL
22	OUTPATIENT HOSPITAL
23	EMERGENCY ROOM
24	AMBULATORY SURGICAL CENTER
25	BIRTHING CENTER
26	MILITARY TREATMENT CENTER
31	SKILLED NURSING FACILITY
32	NURSING FACILITY
33	CUSTODIAL CARE FACILITY
34	HOSPICE
41	AMBULANCE - LAND
42	AMBULANCE - AIR OR WATER
49	INDEPENDENT CLINIC
50	FEDERALLY QUALIFIED HEALTH CENTER
51	INPATIENT PSYCHIATRIC FACILITY
52	PSYCHIATRIC FACILITY PARTIAL HOSPITALIZATION
53	COMMUNITY MENTAL HEALTH CENTER
54	INTERMEDIATE CARE FACILITY FOR MENTALLY RETARDED
55	RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
56	PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY
57	NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
60	MASS IMMUNIZATION CENTER
61	COMPREHENSIVE INPATIENT REHABILITATION FACILITY
62	COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY
65	END-STAGE RENAL DISEASE TREATMENT FACILITY
71	STATE OR LOCAL PUBLIC HEALTH CLINIC
72	RURAL HEALTH CLINIC
81	INDEPENDENT LABORATORY
99	OTHER UNLISTED FACILITY

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0001	BILLING DATA/CALCULATION	TOTAL CHARGES (REPORTABLE ON PAPER CLAIMS ONLY)
001X	BILLING DATA/CALCULATION	CATEGORY RESERVED FOR INTERNAL PAYER USE
0020	BILLING DATA/CALCULATION	RESERVED
0021	BILLING DATA/CALCULATION	RESERVED
0022	BILLING DATA/CALCULATION	SKILLED NURSING FACILITY PROSPECTIVE PAYMENT SYSTEM (RUG)

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0023	BILLING DATA/CALCULATION	HOME HEALTH PROSPECTIVE PAYMENT SYSTEM (HRG)
0024	BILLING DATA/CALCULATION	INPATIENT REHAB FACILITY PROSPECTIVE PAYMENT SYSTEM (CMG)
0025	BILLING DATA/CALCULATION	RESERVED
0026	BILLING DATA/CALCULATION	RESERVED
0027	BILLING DATA/CALCULATION	RESERVED
0028	BILLING DATA/CALCULATION	RESERVED
0029	BILLING DATA/CALCULATION	RESERVED
002X	BILLING DATA/CALCULATION	CATEGORY: HEALTH INSURANCE PROSPECTIVE PAYMENT SYSTEM
003X	BILLING DATA/CALCULATION	CATEGORY RESERVED
004X	BILLING DATA/CALCULATION	CATEGORY RESERVED
005X	BILLING DATA/CALCULATION	CATEGORY RESERVED
006X	BILLING DATA/CALCULATION	CATEGORY RESERVED
007X	BILLING DATA/CALCULATION	CATEGORY RESERVED
008X	BILLING DATA/CALCULATION	CATEGORY RESERVED
009X	BILLING DATA/CALCULATION	CATEGORY RESERVED
0100	ACCOMMODATION CODES	ALL-INCLUSIVE ROOM AND BOARD PLUS ANCILLARY
0101	ACCOMMODATION CODES	ALL-INCLUSIVE ROOM AND BOARD
0102	ACCOMMODATION CODES	RESERVED
0103	ACCOMMODATION CODES	RESERVED
0104	ACCOMMODATION CODES	RESERVED
0105	ACCOMMODATION CODES	RESERVED
0106	ACCOMMODATION CODES	RESERVED
0107	ACCOMMODATION CODES	RESERVED
0108	ACCOMMODATION CODE	RESERVED
0109	ACCOMMODATION CODES	RESERVED
010X	ACCOMMODATION CODES	CATEGORY TITLE: ALL-INCLUSIVE RATE
0110	ACCOMMODATION CODES	ROOM & BOARD-PRIVATE (ONE BED)-GENERAL
0111	ACCOMMODATION CODES	ROOM & BOARD-PRIVATE (ONE BED)-MEDICAL/SURGICAL/GYN
0112	ACCOMMODATION CODES	ROOM & BOARD-PRIVATE (ONE BED)-OB
0113	ACCOMMODATION CODES	ROOM & BOARD-PRIVATE (ONE BED)-PEDIATRIC
0114	ACCOMMODATION CODES	ROOM & BOARD-PRIVATE (ONE BED)-PSYCHIATRIC
0115	ACCOMMODATION CODES	ROOM & BOARD-PRIVATE (ONE BED)-HOSPICE
0116	ACCOMMODATION CODES	ROOM & BOARD-PRIVATE (ONE BED)-DETOXIFICATION
0117	ACCOMMODATION CODES	ROOM & BOARD-PRIVATE (ONE BED)-ONCOLOGY
0118	ACCOMMODATION CODES	ROOM & BOARD-PRIVATE (ONE BED)-REHABILITATION
0119	ACCOMMODATION CODES	ROOM & BOARD-PRIVATE (ONE BED)-OTHER
011X	ACCOMMODATION CODES	CATEGORY TITLE: ROOM & BOARD-PRIVATE (ONE BED)

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0120	ACCOMMODATION CODES	ROOM & BOARD-SEMIPRIVATE (TWO-BEDS)-GENERAL
0121	ACCOMMODATION CODES	ROOM & BOARD-SEMIPRIVATE (TWO-BEDS)-MEDICAL/SURGICAL/GYN
0122	ACCOMMODATION CODES	ROOM & BOARD-SEMIPRIVATE (TWO-BEDS)-OB
0123	ACCOMMODATION CODES	ROOM & BOARD-SEMIPRIVATE (TWO-BEDS)-PEDIATRIC
0124	ACCOMMODATION CODES	ROOM & BOARD-SEMIPRIVATE (TWO-BEDS)-PSYCHIATRIC
0125	ACCOMMODATION CODES	ROOM & BOARD-SEMIPRIVATE (TWO-BEDS)-HOSPICE
0126	ACCOMMODATION CODES	ROOM & BOARD-SEMIPRIVATE (TWO-BEDS)-DETOXIFICATION
0127	ACCOMMODATION CODES	ROOM & BOARD-SEMIPRIVATE (TWO-BEDS)-ONCOLOGY
0128	ACCOMMODATION CODES	ROOM & BOARD-SEMIPRIVATE (TWO-BEDS)-REHABILITATION
0129	ACCOMMODATION CODES	ROOM & BOARD-SEMIPRIVATE (TWO-BEDS)-OTHER
012X	ACCOMMODATION CODES	CATEGORY TITLE: ROOM & BOARD-SEMIPRIVATE (TWO-BEDS)
0130	ACCOMMODATION CODES	ROOM & BOARD-THREE AND FOUR BEDS-GENERAL
0131	ACCOMMODATION CODES	ROOM & BOARD-THREE AND FOUR BEDS-MEDICAL/SURGICAL/GYN
0132	ACCOMMODATION CODES	ROOM & BOARD-THREE AND FOUR BEDS-OB
0133	ACCOMMODATION CODES	ROOM & BOARD-THREE AND FOUR BEDS-PEDIATRIC
0134	ACCOMMODATION CODES	ROOM & BOARD-THREE AND FOUR BEDS-PSYCHIATRIC
0135	ACCOMMODATION CODES	ROOM & BOARD-THREE AND FOUR BEDS-HOSPICE
0136	ACCOMMODATION CODES	ROOM & BOARD-THREE AND FOUR BEDS-DETOXIFICATION
0137	ACCOMMODATION CODES	ROOM & BOARD-THREE AND FOUR BEDS-ONCOLOGY
0138	ACCOMMODATION CODES	ROOM & BOARD-THREE AND FOUR BEDS-REHABILITATION
0139	ACCOMMODATION CODES	ROOM & BOARD-THREE AND FOUR BEDS-OTHER
013X	ACCOMMODATION CODES	CATEGORY TITLE:ROOM & BOARD-THREE AND FOUR BEDS
0140	ACCOMMODATION CODES	ROOM & BOARD-DELUXE PRIVATE-GENERAL
0141	ACCOMMODATION CODES	ROOM & BOARD-DELUXE PRIVATE-MEDICAL/SURGICAL/GYN
0142	ACCOMMODATION CODES	ROOM & BOARD-DELUXE PRIVATE-OB
0143	ACCOMMODATION CODES	ROOM & BOARD-DELUXE PRIVATE-PEDIATRIC
0144	ACCOMMODATION CODES	ROOM & BOARD-DELUXE-PSYCHIATRIC
0145	ACCOMMODATION CODES	ROOM & BOARD-DELUXE PRIVATE-HOSPICE

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0146	ACCOMMODATION CODES	ROOM & BOARD-DELUXE PRIVATE-DETOXIFICATION
0147	ACCOMMODATION CODES	ROOM & BOARD-DELUXE PRIVATE-ONCOLOGY
0148	ACCOMMODATION CODES	ROOM & BOARD-DELUXE PRIVATE-REHABILITATION
0149	ACCOMMODATION CODES	ROOM & BOARD-DELUXE PRIVATE-OTHER
014X	ACCOMMODATION CODES	CATEGORY TITLE: ROOM & BOARD-DELUXE PRIVATE
0150	ACCOMMODATION CODES	ROOM & BOARD-WARD-GENERAL
0151	ACCOMMODATION CODES	ROOM & BOARD-WARD-MEDICAL/SURGICAL/GY
0152	ACCOMMODATION CODES	ROOM & BOARD-WARD-OB
0153	ACCOMMODATION CODES	ROOM & BOARD-WARD-PEDIATRIC
0154	ACCOMMODATION CODES	ROOM & BOARD-WARD-PSYCHIATRIC
0155	ACCOMMODATION CODES	ROOM & BOARD-WARD-HOSPICE
0156	ACCOMMODATION CODES	ROOM & BOARD-WARD-DETOXIFICATION
0157	ACCOMMODATION CODES	ROOM & BOARD-WARD-ONCOLOGY
0158	ACCOMMODATION CODES	ROOM & BOARD-WARD-REHABILITATION
0159	ACCOMMODATION CODES	ROOM & BOARD-WARD-OTHER
015X	ACCOMMODATION CODES	CATEGORY TITLE: ROOM & BOARD-WARD
0160	ACCOMMODATION CODES	ROOM & BOARD-OTHER-GENERAL
0161	ACCOMMODATION CODES	RESERVED
0162	ACCOMMODATION CODES	RESERVED
0163	ACCOMMODATION CODES	RESERVED
0164	ACCOMMODATION CODES	ROOM & BOARD-OTHER-STERILE ENVIRONMENT
0165	ACCOMMODATION CODES	RESERVED
0166	ACCOMMODATION CODES	RESERVED
0167	ACCOMMODATION CODES	ROOM & BOARD-OTHER-SELF-CARE
0168	ACCOMMODATION CODES	RESERVED
0169	ACCOMMODATION CODES	ROOM & BOARD-OTHER-OTHER
016X	ACCOMMODATION CODES	CATEGORY TITLE: ROOM & BOARD-OTHER
0170	ACCOMMODATION CODES	NURSERY-GENERAL
0171	ACCOMMODATION CODES	NURSERY-NEWBORN-LEVEL I
0172	ACCOMMODATION CODES	NURSERY-NEWBORN-LEVEL II
0173	ACCOMMODATION CODES	NURSERY-NEWBORN-LEVEL III
0174	ACCOMMODATION CODES	NURSERY-NEWBORN-LEVEL IV
0175	ACCOMMODATION CODES	RESERVED
0176	ACCOMMODATION CODES	RESERVED
0177	ACCOMMODATION CODES	RESERVED
0178	ACCOMMODATION CODES	RESERVED
0179	ACCOMMODATION CODES	NURSERY-OTHER
017X	ACCOMMODATION CODES	CATEGORY TITLE: NURSERY
0180	ACCOMMODATION CODES	LEAVE OF ABSENCE-GENERAL
0181	ACCOMMODATION CODES	RESERVED
0182	ACCOMMODATION CODES	LEAVE OF ABSENCE-PATIENT CONVENIENCE
0183	ACCOMMODATION CODES	LEAVE OF ABSENCE-THERAPEUTIC LEAVE

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0184	ACCOMMODATION CODES	RESERVED
0185	ACCOMMODATION CODES	LEAVE OF ABSENCE-NURSING HOME (FOR HOSPITALIZATION)
0186	ACCOMMODATION CODES	RESERVED
0187	ACCOMMODATION CODES	RESERVED
0188	ACCOMMODATION CODES	RESERVED
0189	ACCOMMODATION CODES	LEAVE OF ABSENCE-OTHER LEAVE OF ABSENCE
018X	ACCOMMODATION CODES	CATEGORY TITLE: LEAVE OF ABSENCE
0190	ACCOMMODATION CODES	SUBACUTE CARE-GENERAL
0191	ACCOMMODATION CODES	SUBACUTE CARE-LEVEL I
0192	ACCOMMODATION CODES	SUBACUTE CARE-LEVEL II
0193	ACCOMMODATION CODES	SUBACUTE CARE-LEVEL III
0194	ACCOMMODATION CODES	SUBACUTE CARE-LEVEL IV
0195	ACCOMMODATION CODES	RESERVED
0196	ACCOMMODATION CODES	RESERVED
0197	ACCOMMODATION CODES	RESERVED
0198	ACCOMMODATION CODES	RESERVED
0199	ACCOMMODATION CODES	SUBACUTE CARE-OTHER SUBACUTE CARE
019X	ACCOMMODATION CODES	CATEGORY TITLE: SUBACUTE CARE
0200	ACCOMMODATION CODES	INTENSIVE CARE-GENERAL
0201	ACCOMMODATION CODES	INTENSIVE CARE-SURGICAL
0202	ACCOMMODATION CODES	INTENSIVE CARE-MEDICAL
0203	ACCOMMODATION CODES	INTENSIVE CARE-PEDIATRIC
0204	ACCOMMODATION CODES	INTENSIVE CARE-PSYCHIATRIC
0205	ACCOMMODATION CODES	RESERVED
0206	ACCOMMODATION CODES	INTENSIVE CARE-INTERMEDIATE ICU
0207	ACCOMMODATION CODES	INTENSIVE CARE-BURN CARE
0208	ACCOMMODATION CODES	INTENSIVE CARE-TRAUMA
0209	ACCOMMODATION CODES	INTENSIVE CARE-OTHER INTENSIVE CARE
020X	ACCOMMODATION CODES	CATEGORY TITLE: INTENSIVE CARE
0210	ACCOMMODATION CODES	CORONARY CARE-GENERAL
0211	ACCOMMODATION CODES	CORONARY CARE-MYOCARDIAL INFARCTION
0212	ACCOMMODATION CODES	CORONARY CARE-PULMONARY CARE
0213	ACCOMMODATION CODES	CORONARY CARE-HEART TRANSPLANT
0214	ACCOMMODATION CODES	CORONARY CARE-INTERMEDIATE CCU
0215	ACCOMMODATION CODES	RESERVED
0216	ACCOMMODATION CODES	RESERVED
0217	ACCOMMODATION CODES	RESERVED
0218	ACCOMMODATION CODES	RESERVED
0219	ACCOMMODATION CODES	CORONARY CARE-OTHER CORONARY CARE
021X	ACCOMMODATION CODES	CATEGORY TITLE: CORONARY CARE
0220	ANCILLARY SERVICES	SPECIAL CHARGES-GENERAL
0221	ANCILLARY SERVICES	ADMISSION CHARGE
0222	ANCILLARY SERVICES	SPECIAL CHARGES-TECHNICAL SUPPORT CHARGE

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0223	ANCILLARY SERVICES	SPECIAL CHARGES-UR SERVICE CHARGE
0224	ANCILLARY SERVICES	SPECIAL CHARGES-LATE DISCHARGE; MEDICALLY NECESSARY
0225	ANCILLARY SERVICES	RESERVED
0226	ANCILLARY SERVICES	RESERVED
0227	ANCILLARY SERVICES	RESERVED
0228	ANCILLARY SERVICES	RESERVED
0229	ANCILLARY SERVICES	SPECIAL CHARGES-OTHER SPECIAL CHARGES
022X	ANCILLARY SERVICES	CATEGORY TITLE: SPECIAL CHARGES
0230	ANCILLARY SERVICES	INCREMENTAL NURSING CHARGE- GENERAL
0231	ANCILLARY SERVICES	INCREMENTAL NURSING CHARGE- NURSERY
0232	ANCILLARY SERVICES	INCREMENTAL NURSING CHARGE-OB
0233	ANCILLARY SERVICES	INCREMENTAL NURSING CHARGE-ICU
0234	ANCILLARY SERVICES	INCREMENTAL NURSING CHARGE-CCU
0235	ANCILLARY SERVICES	INCREMENTAL NURSING CHARGE-HOSPICE
0236	ANCILLARY SERVICES	RESERVED
0237	ANCILLARY SERVICES	RESERVED
0238	ANCILLARY SERVICES	RESERVED
0239	ANCILLARY SERVICES	INCREMENTAL NURSING CHARGE-OTHER
023X	ANCILLARY SERVICES	CATEGORY TITLE: INCREMENTAL NURSING CHARGE
0240	ANCILLARY SERVICES	ALL-INCLUSIVE ANCILLARY-GENERAL
0241	ANCILLARY SERVICES	ALL-INCLUSIVE ANCILLARY-BASIC
0242	ANCILLARY SERVICES	ALL-INCLUSIVE ANCILLARY- COMPREHENSIVE
0243	ANCILLARY SERVICES	ALL-INCLUSIVE ANCILLARY-SPECIALTY
0244	ANCILLARY SERVICES	RESERVED
0245	ANCILLARY SERVICES	RESERVED
0246	ANCILLARY SERVICES	RESERVED
0247	ANCILLARY SERVICES	RESERVED
0248	ANCILLARY SERVICES	RESERVED
0249	ANCILLARY SERVICES	ALL-INCLUSIVE ANCILLARY-OTHER INCLUSIVE ANCILLARY
024X	ANCILLARY SERVICES	CATEGORY TITLE: ALL-INCLUSIVE ANCILLARY
0250	ANCILLARY SERVICES	PHARMACY-GENERAL
0251	ANCILLARY SERVICES	PHARMACY-GENERIC DRUGS
0252	ANCILLARY SERVICES	PHARMACY-NONGENERIC DRUGS
0253	ANCILLARY SERVICES	PHARMACY-TAKE-HOME DRUGS
0254	ANCILLARY SERVICES	PHARMACY-DRUGS INCIDENT TO OTHER DIAGNOSTIC SERVICES
0255	ANCILLARY SERVICES	PHARMACY-DRUGS INCIDENT TO RADIOLOGY
0256	ANCILLARY SERVICES	PHARMACY-EXPERIMENTAL DRUGS
0257	ANCILLARY SERVICES	PHARMACY-NONPRESCRIPTION
0258	ANCILLARY SERVICES	PHARMACY-IV SOLUTIONS
0259	ANCILLARY SERVICES	PHARMACY-OTHER PHARMACY



HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
025X	ANCILLARY SERVICES	CATEGORY TITLE: PHARMACY (SEE ALSO 063X; AN EXTENSION OF 025X)
0260	ANCILLARY SERVICES	IV THERAPY-GENERAL
0261	ANCILLARY SERVICES	IV THERAPY-INFUSION PUMP
0262	ANCILLARY SERVICES	IV THERAPY-IV THERAPY/PHARMACY SERVICES
0263	ANCILLARY SERVICES	IV THERAPY-IV THERAPY/DRUG/SUPPLY DELIVERY
0264	ANCILLARY SERVICES	IV THERAPY-IV THERAPY/SUPPLIES
0265	ANCILLARY SERVICES	RESERVED
0266	ANCILLARY SERVICES	RESERVED
0267	ANCILLARY SERVICES	RESERVED
0268	ANCILLARY SERVICES	RESERVED
0269	ANCILLARY SERVICES	IV THERAPY-OTHER IV THERAPY
026X	ANCILLARY SERVICES	CATEGORY TITLE: IV THERAPY
0270	ANCILLARY SERVICES	MEDICAL/SURGICAL SUPPLIES AND DEVICES-GENERAL
0271	ANCILLARY SERVICES	MEDICAL/SURGICAL SUPPLIES AND DEVICES-NONSTERILE SUPPLY
0272	ANCILLARY SERVICES	MEDICAL/SURGICAL SUPPLIES AND DEVICES-STERILE SUPPLY
0273	ANCILLARY SERVICES	MEDICAL/SURGICAL SUPPLIES AND DEVICES-TAKE-HOME SUPPLIES
0274	ANCILLARY SERVICES	MEDICAL/SURGICAL SUPPLIES AND DEVICES-PROSTHETIC/ORTHOTIC DEVICES
0275	ANCILLARY SERVICES	MEDICAL/SURGICAL SUPPLIES AND DEVICES-PACEMAKER
0276	ANCILLARY SERVICES	MEDICAL/SURGICAL SUPPLIES AND DEVICES-INTRAOCULAR LENS
0277	ANCILLARY SERVICES	MEDICAL/SURGICAL SUPPLIES AND DEVICES-OXYGEN-TAKE-HOME
0278	ANCILLARY SERVICES	MEDICAL/SURGICAL SUPPLIES AND DEVICES-OTHER IMPLANTS
0279	ANCILLARY SERVICES	MEDICAL/SURGICAL SUPPLIES AND DEVICES-OTHER SUPPLIES/DEVICES
027X	ANCILLARY SERVICES	CATEGORY TITLE:MEDICAL/SURGICAL SUPPLIES AND DEVICES
0280	ANCILLARY SERVICES	ONCOLOGY-GENERAL
0281	ANCILLARY SERVICES	RESERVED
0282	ANCILLARY SERVICES	RESERVED
0283	ANCILLARY SERVICES	RESERVED
0284	ANCILLARY SERVICES	RESERVED
0285	ANCILLARY SERVICES	RESERVED
0286	ANCILLARY SERVICES	RESERVED
0287	ANCILLARY SERVICES	RESERVED
0288	ANCILLARY SERVICES	RESERVED
0289	ANCILLARY SERVICES	ONCOLOGY-OTHER
028X	ANCILLARY SERVICES	CATEGORY TITLE: ONCOLOGY
0290	ANCILLARY SERVICES	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL)-GENERAL

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0291	ANCILLARY SERVICES	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL)-RENTAL
0292	ANCILLARY SERVICES	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL)-PURCHASE OF NEW DME
0293	ANCILLARY SERVICES	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL)-PURCHASE OF USED DME
0294	ANCILLARY SERVICES	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL)-SUPPLIES/DRUGS FOR DME
0295	ANCILLARY SERVICES	RESERVED
0296	ANCILLARY SERVICES	RESERVED
0297	ANCILLARY SERVICES	RESERVED
0298	ANCILLARY SERVICES	RESERVED
0299	ANCILLARY SERVICES	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL)-OTHER EQUIPMENT
029X	ANCILLARY SERVICES	CATEGORY TITLE: DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL)
0300	ANCILLARY SERVICES	LABORATORY-GENERAL
0301	ANCILLARY SERVICES	LABORATORY-CHEMISTRY
0302	ANCILLARY SERVICES	LABORATORY-IMMUNOLOGY
0303	ANCILLARY SERVICES	LABORATORY-RENAL PATIENT (HOME)
0304	ANCILLARY SERVICES	LABORATORY-NONROUTINE DIALYSIS
0305	ANCILLARY SERVICES	LABORATORY-HEMATOLOGY
0306	ANCILLARY SERVICES	LABORATORY-BACTERIOLOGY AND MICROBIOLOGY
0307	ANCILLARY SERVICES	LABORATORY-UROLOGY
0308	ANCILLARY SERVICES	RESERVED
0309	ANCILLARY SERVICES	LABORATORY-OTHER LABORATORY
030X	ANCILLARY SERVICES	CATEGORY TITLE: LABORATORY
0310	ANCILLARY SERVICES	LABORATORY PATHOLOGY-GENERAL
0311	ANCILLARY SERVICES	LABORATORY PATHOLOGY-CYTOLOGY
0312	ANCILLARY SERVICES	LABORATORY PATHOLOGY-HISTOLOGY
0313	ANCILLARY SERVICES	RESERVED
0314	ANCILLARY SERVICES	LABORATORY PATHOLOGY-BIOPSY
0315	ANCILLARY SERVICES	RESERVED
0316	ANCILLARY SERVICES	RESERVED
0317	ANCILLARY SERVICES	RESERVED
0318	ANCILLARY SERVICES	RESERVED
0319	ANCILLARY SERVICES	LABORATORY PATHOLOGY-OTHER
031X	ANCILLARY SERVICES	CATEGORY TITLE:LABORATORY PATHOLOGY
0320	ANCILLARY SERVICES	RADIOLOGY-DIAGNOSTIC-GENERAL
0321	ANCILLARY SERVICES	RADIOLOGY-DIAGNOSTIC-ANGIOCARDIOGRAPHY
0322	ANCILLARY SERVICES	RADIOLOGY-DIAGNOSTIC-ARTHROGRAPHY
0323	ANCILLARY SERVICES	RADIOLOGY-DIAGNOSTIC-ARTERIOGRAPHY
0324	ANCILLARY SERVICES	RADIOLOGY-DIAGNOSTIC-CHEST X-RAY
0325	ANCILLARY SERVICES	RESERVED
0326	ANCILLARY SERVICES	RESERVED
0327	ANCILLARY SERVICES	RESERVED

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0328	ANCILLARY SERVICES	RESERVED
0329	ANCILLARY SERVICES	OTHER RADIOLOGY-DIAGNOSTIC
032X	ANCILLARY SERVICES	CATEGORY TITLE:RADIOLOGY-DIAGNOSTIC
0330	ANCILLARY SERVICES	RADIOLOGY-THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION-GENERAL
0331	ANCILLARY SERVICES	RADIOLOGY-THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION-CHEMOTHERAPY ADMINISTRATION-INJECTED
0332	ANCILLARY SERVICES	RADIOLOGY-THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION-CHEMOTHERAPY-ORAL
0333	ANCILLARY SERVICES	RADIOLOGY-THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION-RADIATION THERAPY
0334	ANCILLARY SERVICES	RESERVED
0335	ANCILLARY SERVICES	RADIOLOGY-THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION-CHEMOTHERAPY ADMINISTRATION-IV
0336	ANCILLARY SERVICES	RESERVED
0337	ANCILLARY SERVICES	RESERVED
0338	ANCILLARY SERVICES	RESERVED
0339	ANCILLARY SERVICES	RADIOLOGY-THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION-OTHER RADIOLOGY-THERAPEUTIC
033X	ANCILLARY SERVICES	CATEGORY TITLE: RADIOLOGY-THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION
0340	ANCILLARY SERVICES	NUCLEAR MEDICINE-GENERAL
0341	ANCILLARY SERVICES	NUCLEAR MEDICINE-DIAGNOSTIC
0342	ANCILLARY SERVICES	NUCLEAR MEDICINE-THERAPEUTIC
0343	ANCILLARY SERVICES	NUCLEAR MEDICINE-DIAGNOSTIC RADIOPHARMACEUTICALS
0344	ANCILLARY SERVICES	NUCLEAR MEDICINE-THERAPEUTIC RADIOPHARMACEUTICALS
0345	ANCILLARY SERVICES	RESERVED
0346	ANCILLARY SERVICES	RESERVED
0347	ANCILLARY SERVICES	RESERVED
0348	ANCILLARY SERVICES	RESERVED
0349	ANCILLARY SERVICES	NUCLEAR MEDICINE-OTHER
034X	ANCILLARY SERVICES	CATEGORY TITLE: NUCLEAR MEDICINE
0350	ANCILLARY SERVICES	CT SCAN-GENERAL
0351	ANCILLARY SERVICES	CT SCAN-HEAD SCAN
0352	ANCILLARY SERVICES	CT SCAN-BODY SCAN
0353	ANCILLARY SERVICES	RESERVED
0354	ANCILLARY SERVICES	RESERVED
0355	ANCILLARY SERVICES	RESERVED
0356	ANCILLARY SERVICES	RESERVED
0357	ANCILLARY SERVICES	RESERVED
0358	ANCILLARY SERVICES	RESERVED

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0359	ANCILLARY SERVICES	CT SCAN-OTHER CT SCANS
035X	ANCILLARY SERVICES	CATEGORY TITLE:CT SCAN
0360	ANCILLARY SERVICES	OPERATING ROOM SERVICES-GENERAL
0361	ANCILLARY SERVICES	OPERATING ROOM SERVICES-MINOR SURGERY
0362	ANCILLARY SERVICES	OPERATING ROOM SERVICES-ORGAN TRANSPLANT-OTHER THAN KIDNEY
0363	ANCILLARY SERVICES	RESERVED
0364	ANCILLARY SERVICES	RESERVED
0365	ANCILLARY SERVICES	RESERVED
0366	ANCILLARY SERVICES	RESERVED
0367	ANCILLARY SERVICES	OPERATING ROOM SERVICES-KIDNEY TRANSPLANT
0368	ANCILLARY SERVICES	RESERVED
0369	ANCILLARY SERVICES	OPERATING ROOM SERVICES-OTHER OR SERVICES
036X	ANCILLARY SERVICES	CATEGORY TITLE: OPERATING ROOM SERVICES
0370	ANCILLARY SERVICES	ANESTHESIA-GENERAL
0371	ANCILLARY SERVICES	ANESTHESIA-ANESTHESIA INCIDENT TO RADIOLOGY
0372	ANCILLARY SERVICES	ANESTHESIA-ANESTHESIA INCIDENT TO OTHER DIAGNOSTIC SERVICES
0373	ANCILLARY SERVICES	RESERVED
0374	ANCILLARY SERVICES	ANESTHESIA-ACUPUNCTURE
0375	ANCILLARY SERVICES	RESERVED
0376	ANCILLARY SERVICES	RESERVED
0377	ANCILLARY SERVICES	RESERVED
0378	ANCILLARY SERVICES	RESERVED
0379	ANCILLARY SERVICES	ANESTHESIA-OTHER ANESTHESIA
037X	ANCILLARY SERVICES	CATEGORY TITLE: ANESTHESIA
0380	ANCILLARY SERVICES	BLOOD AND BLOOD COMPONENTS-GENERAL
0381	ANCILLARY SERVICES	BLOOD AND BLOOD COMPONENTS-PACKED RED CELLS
0382	ANCILLARY SERVICES	BLOOD AND BLOOD COMPONENTS-WHOLE BLOOD
0383	ANCILLARY SERVICES	BLOOD AND BLOOD COMPONENTS-PLASMA
0384	ANCILLARY SERVICES	BLOOD AND BLOOD COMPONENTS-PLATELETS
0385	ANCILLARY SERVICES	BLOOD AND BLOOD COMPONENTS-LEUKOCYTES
0386	ANCILLARY SERVICES	BLOOD AND BLOOD COMPONENTS-OTHER COMPONENTS
0387	ANCILLARY SERVICES	BLOOD AND BLOOD COMPONENTS-OTHER DERIVATIVES (CRYOPRECIPITATES))
0388	ANCILLARY SERVICES	RESERVED
0389	ANCILLARY SERVICES	BLOOD AND BLOOD COMPONENTS-OTHER BLOOD AND BLOOD COMPONENTS
038X	ANCILLARY SERVICES	CATEGORY TITLE:BLOOD AND BLOOD COMPONENTS

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0390	ANCILLARY SERVICES	ADMINISTRATION; PROCESSING AND STORAGE FOR BLOOD AND BLOOD COMPONENTS-GENERAL
0391	ANCILLARY SERVICES	ADMINISTRATION; PROCESSING AND STORAGE FOR BLOOD AND BLOOD COMPONENTS-ADMINISTRATION (E.G.; TRANSFUSIONS)
0392	ANCILLARY SERVICES	ADMINISTRATION; PROCESSING AND STORAGE FOR BLOOD AND BLOOD COMPONENTS-PROCESSING AND STORAGE
0393	ANCILLARY SERVICES	RESERVED
0394	ANCILLARY SERVICES	RESERVED
0395	ANCILLARY SERVICES	RESERVED
0396	ANCILLARY SERVICES	RESERVED
0397	ANCILLARY SERVICES	RESERVED
0398	ANCILLARY SERVICES	RESERVED
0399	ANCILLARY SERVICES	ADMINISTRATION; PROCESSING AND STORAGE FOR BLOOD AND BLOOD COMPONENTS-OTHER PROCESSING AND STORAGE
039X	ANCILLARY SERVICES	CATEGORY TITLE: ADMINISTRATION; PROCESSING AND STORAGE FOR BLOOD AND BLOOD COMPONENTS
0400	ANCILLARY SERVICES	OTHER IMAGING SERVICES-GENERAL
0401	ANCILLARY SERVICES	OTHER IMAGING SERVICES-DIAGNOSTIC MAMMOGRAPHY
0402	ANCILLARY SERVICES	OTHER IMAGING SERVICES-ULTRASOUND
0403	ANCILLARY SERVICES	OTHER IMAGING SERVICES-SCREENING MAMMOGRAPHY
0404	ANCILLARY SERVICES	OTHER IMAGING SERVICES-POSITRON EMISSION TOMOGRAPHY
0405	ANCILLARY SERVICES	RESERVED
0406	ANCILLARY SERVICES	RESERVED
0407	ANCILLARY SERVICES	RESERVED
0408	ANCILLARY SERVICES	RESERVED
0409	ANCILLARY SERVICES	OTHER IMAGING SERVICES-OTHER IMAGING SERVICES
040X	ANCILLARY SERVICES	CATEGORY TITLE:OTHER IMAGING SERVICES
0410	ANCILLARY SERVICES	RESPIRATORY SERVICES-GENERAL
0411	ANCILLARY SERVICES	RESERVED
0412	ANCILLARY SERVICES	RESPIRATORY SERVICES-INHALATION SERVICES
0413	ANCILLARY SERVICES	RESPIRATORY SERVICES-HYPERBARIC OXYGEN THERAPY
0414	ANCILLARY SERVICES	RESERVED
0415	ANCILLARY SERVICES	RESERVED
0416	ANCILLARY SERVICES	RESERVED
0417	ANCILLARY SERVICES	RESERVED
0418	ANCILLARY SERVICES	RESERVED

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0419	ANCILLARY SERVICES	RESPIRATORY SERVICES-OTHER RESPIRATORY SERVICES
041X	ANCILLARY SERVICES	CATEGORY TITLE: RESPIRATORY SERVICES
0420	ANCILLARY SERVICES	PHYSICAL THERAPY-GENERAL
0421	ANCILLARY SERVICES	PHYSICAL THERAPY-VISIT CHARGE
0422	ANCILLARY SERVICES	PHYSICAL THERAPY-HOURLY CHARGE
0423	ANCILLARY SERVICES	PHYSICAL THERAPY-GROUP RATE
0424	ANCILLARY SERVICES	PHYSICAL THERAPY-EVALUATION OR REEVALUATION
0425	ANCILLARY SERVICES	RESERVED
0426	ANCILLARY SERVICES	RESERVED
0427	ANCILLARY SERVICES	RESERVED
0428	ANCILLARY SERVICES	RESERVED
0429	ANCILLARY SERVICES	PHYSICAL THERAPY-OTHER PHYSICAL THERAPY
042X	ANCILLARY SERVICES	CATEGORY TITLE: PHYSICAL THERAPY
0430	ANCILLARY SERVICES	OCCUPATIONAL THERAPY-GENERAL
0431	ANCILLARY SERVICES	OCCUPATIONAL THERAPY-VISIT CHARGE
0432	ANCILLARY SERVICES	OCCUPATIONAL THERAPY-HOURLY CHARGE
0433	ANCILLARY SERVICES	OCCUPATIONAL THERAPY-GROUP RATE
0434	ANCILLARY SERVICES	OCCUPATIONAL THERAPY-EVALUATION OR REEVALUATION
0435	ANCILLARY SERVICES	RESERVED
0436	ANCILLARY SERVICES	RESERVED
0437	ANCILLARY SERVICES	RESERVED
0438	ANCILLARY SERVICES	RESERVED
0439	ANCILLARY SERVICES	OCCUPATIONAL THERAPY-OTHER OCCUPATIONAL THERAPY
043X	ANCILLARY SERVICES	CATEGORY TITLE: OCCUPATIONAL THERAPY
0440	ANCILLARY SERVICES	SPEECH THERAPY-LANGUAGE PATHOLOGY-GENERAL
0441	ANCILLARY SERVICES	SPEECH THERAPY-LANGUAGE PATHOLOGY-VISIT CHARGE
0442	ANCILLARY SERVICES	SPEECH THERAPY-LANGUAGE PATHOLOGY-HOURLY CHARGE
0443	ANCILLARY SERVICES	SPEECH THERAPY-LANGUAGE PATHOLOGY-GROUP RATE
0444	ANCILLARY SERVICES	SPEECH THERAPY-LANGUAGE PATHOLOGY-EVALUATION OR REEVALUATION
0445	ANCILLARY SERVICES	RESERVED
0446	ANCILLARY SERVICES	RESERVED
0447	ANCILLARY SERVICES	RESERVED
0448	ANCILLARY SERVICES	RESERVED
0449	ANCILLARY SERVICES	SPEECH THERAPY-LANGUAGE PATHOLOGY-OTHER SPEECH-LANGUAGE PATHOLOGY

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
044X	ANCILLARY SERVICES	CATEGORY TITLE: SPEECH THERAPY- LANGUAGE PATHOLOGY
0450	ANCILLARY SERVICES	EMERGENCY ROOM-GENERAL
0451	ANCILLARY SERVICES	EMERGENCY ROOM-EMTALA EMERGENCY MEDICAL SCREENING SERVICES
0452	ANCILLARY SERVICES	EMERGENCY ROOM-ER BEYOND EMTALA
0453	ANCILLARY SERVICES	RESERVED
0454	ANCILLARY SERVICES	RESERVED
0455	ANCILLARY SERVICES	RESERVED
0456	ANCILLARY SERVICES	EMERGENCY ROOM-URGENT CARE
0457	ANCILLARY SERVICES	RESERVED
0458	ANCILLARY SERVICES	RESERVED
0459	ANCILLARY SERVICES	EMERGENCY ROOM-OTHER EMERGENCY ROOM
045X	ANCILLARY SERVICES	CATEGORY TITLE: EMERGENCY ROOM
0460	ANCILLARY SERVICES	PULMONARY FUNCTION-GENERAL
0461	ANCILLARY SERVICES	RESERVED
0462	ANCILLARY SERVICES	RESERVED
0463	ANCILLARY SERVICES	RESERVED
0464	ANCILLARY SERVICES	RESERVED
0465	ANCILLARY SERVICES	RESERVED
0466	ANCILLARY SERVICES	RESERVED
0467	ANCILLARY SERVICES	RESERVED
0468	ANCILLARY SERVICES	RESERVED
0469	ANCILLARY SERVICES	PULMONARY FUNCTION-OTHER PULMONARY FUNCTION
046X	ANCILLARY SERVICES	CATEGORY TITLE: PULMONARY FUNCTION
0470	ANCILLARY SERVICES	AUDIOLOGY-GENERAL
0471	ANCILLARY SERVICES	AUDIOLOGY-DIAGNOSTIC
0472	ANCILLARY SERVICES	AUDIOLOGY-TREATMENT
0473	ANCILLARY SERVICES	RESERVED
0474	ANCILLARY SERVICES	RESERVED
0475	ANCILLARY SERVICES	RESERVED
0476	ANCILLARY SERVICES	RESERVED
0477	ANCILLARY SERVICES	RESERVED
0478	ANCILLARY SERVICES	RESERVED
0479	ANCILLARY SERVICES	AUDIOLOGY-OTHER AUDIOLOGY
047X	ANCILLARY SERVICES	CATEGORY TITLE: AUDIOLOGY
0480	ANCILLARY SERVICES	CARDIOLOGY-GENERAL
0481	ANCILLARY SERVICES	CARDIOLOGY-CARDIAC CATH LAB
0482	ANCILLARY SERVICES	CARDIOLOGY-STRESS TEST
0483	ANCILLARY SERVICES	CARDIOLOGY-ECHOCARDIOLOGY
0484	ANCILLARY SERVICES	RESERVED
0485	ANCILLARY SERVICES	RESERVED
0486	ANCILLARY SERVICES	RESERVED
0487	ANCILLARY SERVICES	RESERVED
0488	ANCILLARY SERVICES	RESERVED
0489	ANCILLARY SERVICES	CARDIOLOGY-OTHER CARDIOLOGY

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
048X	ANCILLARY SERVICES	CATEGORY TITLE: CARDIOLOGY
0490	ANCILLARY SERVICES	AMBULATORY SURGICAL CARE-GENERAL
0491	ANCILLARY SERVICES	RESERVED
0492	ANCILLARY SERVICES	RESERVED
0493	ANCILLARY SERVICES	RESERVED
0494	ANCILLARY SERVICES	RESERVED
0495	ANCILLARY SERVICES	RESERVED
0496	ANCILLARY SERVICES	RESERVED
0497	ANCILLARY SERVICES	RESERVED
0498	ANCILLARY SERVICES	RESERVED
0499	ANCILLARY SERVICES	AMBULATORY SURGICAL CARE-OTHER AMBULATORY SURGICAL CARE
049X	ANCILLARY SERVICES	CATEGORY TITLE: AMBULATORY SURGICAL CARE
0500	ANCILLARY SERVICES	OUTPATIENT SERVICES-GENERAL
0501	ANCILLARY SERVICES	RESERVED
0502	ANCILLARY SERVICES	RESERVED
0503	ANCILLARY SERVICES	RESERVED
0504	ANCILLARY SERVICES	RESERVED
0505	ANCILLARY SERVICES	RESERVED
0506	ANCILLARY SERVICES	RESERVED
0507	ANCILLARY SERVICES	RESERVED
0508	ANCILLARY SERVICES	RESERVED
0509	ANCILLARY SERVICES	OUTPATIENT SERVICES-OTHER OUTPATIENT SERVICES
050X	ANCILLARY SERVICES	CATEGORY TITLE: OUTPATIENT SERVICES
0510	ANCILLARY SERVICES	CLINIC-GENERAL CLASSIFICATION
0511	ANCILLARY SERVICES	CLINIC-CHRONIC PAIN CENTER
0512	ANCILLARY SERVICES	CLINIC-DENTAL CLINIC
0513	ANCILLARY SERVICES	CLINIC-PSYCHIATRIC CLINIC
0514	ANCILLARY SERVICES	CLINIC-OB/GYN CLINIC
0515	ANCILLARY SERVICES	CLINIC-PEDIATRIC CLINIC
0516	ANCILLARY SERVICES	CLINIC-URGENT CARE CLINIC
0517	ANCILLARY SERVICES	CLINIC-FAMILY PRACTICE CLINIC
0518	ANCILLARY SERVICES	RESERVED
0519	ANCILLARY SERVICES	CLINIC-OTHER CLINIC
051X	ANCILLARY SERVICES	CATEGORY TITLE: CLINIC
0520	ANCILLARY SERVICES	FREESTANDING CLINIC-GENERAL
0521	ANCILLARY SERVICES	FREESTANDING CLINIC-CLINIC VISIT BY MEMBER TO RHC/FQHC
0522	ANCILLARY SERVICES	FREESTANDING CLINIC-HOME VISIT BY RHC/FQHC PRACTITIONER
0523	ANCILLARY SERVICES	FREESTANDING CLINIC-FAMILY PRACTICE CLINIC
0524	ANCILLARY SERVICES	FREESTANDING CLINIC-VISIT BY RHC/FQHC PRACTITIONER TO A MEMBER IN A COVERED PART A STAY AT SNF



**HCCI Standard Lookup Table**

<b>RVNU_CD</b>	<b>RVNU_CD_SUB</b>	<b>RVNU_CD_DESC</b>
0525	ANCILLARY SERVICES	FREESTANDING CLINIC-VISIT BY RHC/FQHC PRACTITIONER TO A MEMBER IN A SNF (NOT IN A COVERED PART A STAY) OR NF OR ICF MR OR OTHER RESIDENTIAL FACILITY
0526	ANCILLARY SERVICES	FREESTANDING CLINIC-URGENT CARE CLINIC
0527	ANCILLARY SERVICES	FREESTANDING CLINIC-VISITING NURSE SERVICE (S) TO A MEMBER'S HOME WHEN IN A HOME HEALTH SHORTAGE AREA
0528	ANCILLARY SERVICES	FREESTANDING CLINIC-VISIT BY RHC/FQHC PRACTITIONER TO OTHER NON-RHC/FQHC SITE (E.G. SCENE OF ACCIDENT)
0529	ANCILLARY SERVICES	FREESTANDING CLINIC-OTHER
052X	ANCILLARY SERVICES	FREESTANDING CLINIC
0530	ANCILLARY SERVICES	CATEGORY TITLE: FREESTANDING CLINIC
0531	ANCILLARY SERVICES	OSTEOPATHIC SERVICES-GENERAL CLASSIFICATION
0532	ANCILLARY SERVICES	OSTEOPATHIC SERVICES-OSTEOPATHIC THERAPY
0533	ANCILLARY SERVICES	RESERVED
0534	ANCILLARY SERVICES	RESERVED
0535	ANCILLARY SERVICES	RESERVED
0536	ANCILLARY SERVICES	RESERVED
0537	ANCILLARY SERVICES	RESERVED
0538	ANCILLARY SERVICES	RESERVED
0539	ANCILLARY SERVICES	OSTEOPATHIC SERVICES-OTHER
053X	ANCILLARY SERVICES	OSTEOPATHIC SERVICES
0540	ANCILLARY SERVICES	CATEGORY TITLE: OSTEOPATHIC SERVICES
0541	ANCILLARY SERVICES	AMBULANCE-GENERAL CLASSIFICATION
0542	ANCILLARY SERVICES	AMBULANCE-SUPPLIES
0543	ANCILLARY SERVICES	AMBULANCE-MEDICAL TRANSPORT
0544	ANCILLARY SERVICES	AMBULANCE-HEART MOBILE
0545	ANCILLARY SERVICES	AMBULANCE-OXYGEN
0546	ANCILLARY SERVICES	AMBULANCE-AIR AMBULANCE
0547	ANCILLARY SERVICES	AMBULANCE-NEONATAL AMBULANCE SERVICES
0548	ANCILLARY SERVICES	AMBULANCE-PHARMACY
0549	ANCILLARY SERVICES	AMBULANCE-EKG TRANSMISSION
054X	ANCILLARY SERVICES	AMBULANCE-OTHER AMBULANCE
0550	ANCILLARY SERVICES	CATEGORY TITLE: AMBULANCE
0551	ANCILLARY SERVICES	SKILLED NURSING-GENERAL
0552	ANCILLARY SERVICES	SKILLED NURSING-VISIT CHARGE
0553	ANCILLARY SERVICES	SKILLED NURSING-HOURLY CHARGE
0554	ANCILLARY SERVICES	RESERVED
0555	ANCILLARY SERVICES	RESERVED
0556	ANCILLARY SERVICES	RESERVED

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0557	ANCILLARY SERVICES	RESERVED
0558	ANCILLARY SERVICES	RESERVED
0559	ANCILLARY SERVICES	SKILLED NURSING-OTHER SKILLED NURSING
055X	ANCILLARY SERVICES	CATEGORY TITLE:SKILLED NURSING
0560	ANCILLARY SERVICES	HOME HEALTH (HH)-MEDICAL SOCIAL SERVICES-GENERAL
0561	ANCILLARY SERVICES	HOME HEALTH (HH)-MEDICAL SOCIAL SERVICES-VISIT CHARGE
0562	ANCILLARY SERVICES	HOME HEALTH (HH)-MEDICAL SOCIAL SERVICES-HOURLY CHARGE
0563	ANCILLARY SERVICES	RESERVED
0564	ANCILLARY SERVICES	RESERVED
0565	ANCILLARY SERVICES	RESERVED
0566	ANCILLARY SERVICES	RESERVED
0567	ANCILLARY SERVICES	RESERVED
0568	ANCILLARY SERVICES	RESERVED
0569	ANCILLARY SERVICES	HOME HEALTH (HH)-MEDICAL SOCIAL SERVICES-OTHER MEDICAL SOCIAL SERVICES
056X	ANCILLARY SERVICES	CATEGORY TITLE: HOME HEALTH (HH)-MEDICAL SOCIAL SERVICES
0570	ANCILLARY SERVICES	HOME HEALTH (HH) AIDE-GENERAL
0571	ANCILLARY SERVICES	HOME HEALTH (HH) AIDE-VISIT CHARGE
0572	ANCILLARY SERVICES	HOME HEALTH (HH) AIDE-HOURLY CHARGE
0573	ANCILLARY SERVICES	RESERVED
0574	ANCILLARY SERVICES	RESERVED
0575	ANCILLARY SERVICES	RESERVED
0576	ANCILLARY SERVICES	RESERVED
0577	ANCILLARY SERVICES	RESERVED
0578	ANCILLARY SERVICES	RESERVED
0579	ANCILLARY SERVICES	HOME HEALTH (HH) AIDE-OTHER HOME HEALTH AIDE
057X	ANCILLARY SERVICES	CATEGORY TITLE: HOME HEALTH (HH) AIDE
0580	ANCILLARY SERVICES	HOME HEALTH (HH)-OTHER VISITS-GENERAL
0581	ANCILLARY SERVICES	HOME HEALTH (HH)-OTHER VISITS-VISIT CHARGE
0582	ANCILLARY SERVICES	HOME HEALTH (HH)-OTHER VISITS-HOURLY CHARGE
0583	ANCILLARY SERVICES	HOME HEALTH (HH)-OTHER VISITS-ASSESSMENT
0584	ANCILLARY SERVICES	RESERVED
0585	ANCILLARY SERVICES	RESERVED
0586	ANCILLARY SERVICES	RESERVED
0587	ANCILLARY SERVICES	RESERVED
0588	ANCILLARY SERVICES	RESERVED
0589	ANCILLARY SERVICES	HOME HEALTH (HH)-OTHER VISITS-OTHER HOME HEALTH VISITS
058X	ANCILLARY SERVICES	CATEGORY TITLE: HOME HEALTH (HH)-OTHER VISITS

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0590	ANCILLARY SERVICES	HOME HEALTH (HH) UNITS OF SERVICE-GENERAL
0591	ANCILLARY SERVICES	RESERVED
0592	ANCILLARY SERVICES	RESERVED
0593	ANCILLARY SERVICES	RESERVED
0594	ANCILLARY SERVICES	RESERVED
0595	ANCILLARY SERVICES	RESERVED
0596	ANCILLARY SERVICES	RESERVED
0597	ANCILLARY SERVICES	RESERVED
0598	ANCILLARY SERVICES	RESERVED
0599	ANCILLARY SERVICES	RESERVED
059X	ANCILLARY SERVICES	CATEGORY TITLE:HOME HEALTH (HH) UNITS OF SERVICE
0600	ANCILLARY SERVICES	HOME HEALTH (HH)-OXYGEN-GENERAL
0601	ANCILLARY SERVICES	HOME HEALTH (HH)-OXYGEN-STAT EQUIP/SUPPLY/CONTENTS
0602	ANCILLARY SERVICES	HOME HEALTH (HH)-OXYGEN-STAT EQUIP/SUPPLY<1 LPM
0603	ANCILLARY SERVICES	HOME HEALTH (HH)-OXYGEN-STAT EQUIP/SUPPLY>4 LPM
0604	ANCILLARY SERVICES	HOME HEALTH (HH)-OXYGEN-OXYGEN PORT ADD-ON
0605	ANCILLARY SERVICES	RESERVED
0606	ANCILLARY SERVICES	RESERVED
0607	ANCILLARY SERVICES	RESERVED
0608	ANCILLARY SERVICES	RESERVED
0609	ANCILLARY SERVICES	HOME HEALTH (HH)-OXYGEN-OXYGEN-OTHER
060X	ANCILLARY SERVICES	CATEGORY TITLE:HOME HEALTH (HH)-OXYGEN
0610	ANCILLARY SERVICES	MAGNETIC RESONANCE TECHNOLOGY-GENERAL
0611	ANCILLARY SERVICES	MAGNETIC RESONANCE TECHNOLOGY-MRI-BRAIN/BRAIN STEM
0612	ANCILLARY SERVICES	MAGNETIC RESONANCE TECHNOLOGY-MRI-SPINAL CORD/SPINE
0613	ANCILLARY SERVICES	RESERVED
0614	ANCILLARY SERVICES	MAGNETIC RESONANCE TECHNOLOGY-MRI-OTHER
0615	ANCILLARY SERVICES	MAGNETIC RESONANCE TECHNOLOGY-MRA-HEAD AND NECK
0616	ANCILLARY SERVICES	MAGNETIC RESONANCE TECHNOLOGY-MRA-LOWER EXTREMITIES
0617	ANCILLARY SERVICES	RESERVED
0618	ANCILLARY SERVICES	MAGNETIC RESONANCE TECHNOLOGY-MRA-OTHER
0619	ANCILLARY SERVICES	MAGNETIC RESONANCE TECHNOLOGY-OTHER MRT
061X	ANCILLARY SERVICES	CATEGORY TITLE: MAGNETIC RESONANCE TECHNOLOGY
0620	ANCILLARY SERVICES	RESERVED

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0621	ANCILLARY SERVICES	MEDICAL/SURGICAL SUPPLIES-EXTENSION OF 027X-SUPPLIES INCIDENT TO RADIOLOGY
0622	ANCILLARY SERVICES	MEDICAL/SURGICAL SUPPLIES-EXTENSION OF 027X-SUPPLIES INCIDENT TO OTHER DX SERVICES
0623	ANCILLARY SERVICES	MEDICAL/SURGICAL SUPPLIES-EXTENSION OF 027X-SURGICAL DRESSINGS
0624	ANCILLARY SERVICES	MEDICAL/SURGICAL SUPPLIES-EXTENSION OF 027X-FDA INVESTIGATIONAL DEVICES
0625	ANCILLARY SERVICES	RESERVED
0626	ANCILLARY SERVICES	RESERVED
0627	ANCILLARY SERVICES	RESERVED
0628	ANCILLARY SERVICES	RESERVED
0629	ANCILLARY SERVICES	RESERVED
062X	ANCILLARY SERVICES	CATEGORY TITLE: MEDICAL/SURGICAL SUPPLIES-EXTENSION OF 027X
0630	ANCILLARY SERVICES	RESERVED
0631	ANCILLARY SERVICES	PHARMACY-EXTENSION OF 025X-SINGLE SOURCE DRUG
0632	ANCILLARY SERVICES	PHARMACY-EXTENSION OF 025X-MULTIPLE SOURCE DRUG
0633	ANCILLARY SERVICES	PHARMACY-EXTENSION OF 025X-RESTRICTIVE PRESCRIPTION
0634	ANCILLARY SERVICES	PHARMACY-EXTENSION OF 025X-ERYTHROPOIETIN (EPO) <10;000 UNITS
0635	ANCILLARY SERVICES	PHARMACY-EXTENSION OF 025X-ERYTHROPOIETIN (EPO) >=10;000 UNITS
0636	ANCILLARY SERVICES	PHARMACY-EXTENSION OF 025X-DRUGS REQUIRING DETAILED CODING
0637	ANCILLARY SERVICES	PHARMACY-EXTENSION OF 025X-SELF-ADMINISTRABLE DRUGS
0638	ANCILLARY SERVICES	RESERVED
0639	ANCILLARY SERVICES	RESERVED
063X	ANCILLARY SERVICES	CATEGORY TITLE: PHARMACY-EXTENSION OF 025X
0640	ANCILLARY SERVICES	HOME IV THERAPY SERVICES-GENERAL
0641	ANCILLARY SERVICES	HOME IV THERAPY SERVICES-NONROUTINE NURSING; CENTRAL LINE
0642	ANCILLARY SERVICES	HOME IV THERAPY SERVICES-IV SITE CARE; CENTRAL LINE
0643	ANCILLARY SERVICES	HOME IV THERAPY SERVICES-IV START/CHANGE; PERIPHERAL LINE
0644	ANCILLARY SERVICES	HOME IV THERAPY SERVICES-NONROUTINE NURSING; PERIPHERAL LINE
0645	ANCILLARY SERVICES	HOME IV THERAPY SERVICES-TRAINING PATIENT/CAREGIVER; CENTRAL LINE
0646	ANCILLARY SERVICES	HOME IV THERAPY SERVICES-TRAINING; DISABLED PATIENT; CENTRAL LINE
0647	ANCILLARY SERVICES	HOME IV THERAPY SERVICES-TRAINING; PATIENT/CAREGIVER; PERIPHERAL LINE
0648	ANCILLARY SERVICES	HOME IV THERAPY SERVICES-TRAINING; DISABLED PATIENT; PERIPHERAL LINE

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0649	ANCILLARY SERVICES	HOME IV THERAPY SERVICES-OTHER IV THERAPY SERVICES
064X	ANCILLARY SERVICES	CATEGORY TITLE: HOME IV THERAPY SERVICES
0650	ANCILLARY SERVICES	HOSPICE SERVICE-GENERAL
0651	ANCILLARY SERVICES	HOSPICE SERVICE-ROUTINE HOME CARE
0652	ANCILLARY SERVICES	HOSPICE SERVICE-CONTINUOUS HOME CARE
0653	ANCILLARY SERVICES	RESERVED
0654	ANCILLARY SERVICES	RESERVED
0655	ANCILLARY SERVICES	HOSPICE SERVICE-INPATIENT RESPITE CARE
0656	ANCILLARY SERVICES	HOSPICE SERVICE-GENERAL INPATIENT CARE NONRESPITE
0657	ANCILLARY SERVICES	HOSPICE SERVICE-PHYSICIAN SERVICES
0658	ANCILLARY SERVICES	HOSPICE SERVICE-HOSPICE ROOM & BOARD-NURSING FACILITY
0659	ANCILLARY SERVICES	HOSPICE SERVICE-OTHER HOSPICE SERVICE
065X	ANCILLARY SERVICES	CATEGORY TITLE: HOSPICE SERVICE
0660	ANCILLARY SERVICES	RESPITE CARE-GENERAL
0661	ANCILLARY SERVICES	RESPITE CARE-HOURLY CHARGE-NURSING
0662	ANCILLARY SERVICES	RESPITE CARE-HOURLY CHARGE/AIDE/HOMEMAKER/COMPANIO
0663	ANCILLARY SERVICES	RESPITE CARE-DAILY RESPITE CHARGE
0664	ANCILLARY SERVICES	RESERVED
0665	ANCILLARY SERVICES	RESERVED
0666	ANCILLARY SERVICES	RESERVED
0667	ANCILLARY SERVICES	RESERVED
0668	ANCILLARY SERVICES	RESERVED
0669	ANCILLARY SERVICES	RESPITE CARE-OTHER RESPITE CARE
066X	ANCILLARY SERVICES	CATEGORY TITLE: RESPITE CARE
0670	ANCILLARY SERVICES	OUTPATIENT SPECIAL RESIDENCE CHARGES-GENERAL
0671	ANCILLARY SERVICES	OUTPATIENT SPECIAL RESIDENCE CHARGES-HOSPITAL OWNED
0672	ANCILLARY SERVICES	OUTPATIENT SPECIAL RESIDENCE CHARGES-CONTRACTED
0673	ANCILLARY SERVICES	RESERVED
0674	ANCILLARY SERVICES	RESERVED
0675	ANCILLARY SERVICES	RESERVED
0676	ANCILLARY SERVICES	RESERVED
0677	ANCILLARY SERVICES	RESERVED
0678	ANCILLARY SERVICES	RESERVED
0679	ANCILLARY SERVICES	OUTPATIENT SPECIAL RESIDENCE CHARGES-OTHER SPECIAL RESIDENCE CHARGES
067X	ANCILLARY SERVICES	CATEGORY TITLE: OUTPATIENT SPECIAL RESIDENCE CHARGES
0680	ANCILLARY SERVICES	NOT USED
0681	ANCILLARY SERVICES	TRAUMA RESPONSE-LEVEL I

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0682	ANCILLARY SERVICES	TRAUMA RESPONSE-LEVEL II
0683	ANCILLARY SERVICES	TRAUMA RESPONSE-LEVEL III
0684	ANCILLARY SERVICES	TRAUMA RESPONSE-LEVEL IV
0685	ANCILLARY SERVICES	RESERVED
0686	ANCILLARY SERVICES	RESERVED
0687	ANCILLARY SERVICES	RESERVED
0688	ANCILLARY SERVICES	RESERVED
0689	ANCILLARY SERVICES	TRAUMA RESPONSE-OTHER TRAUMA RESPONSE
068X	ANCILLARY SERVICES	CATEGORY TITLE: TRAUMA RESPONSE
0690	ANCILLARY SERVICES	PREHOSPICE-GENERAL
0691	ANCILLARY SERVICES	PREHOSPICE-VISIT CHARGE
0692	ANCILLARY SERVICES	PREHOSPICE-HOURLY CHARGE
0693	ANCILLARY SERVICES	PREHOSPICE-EVALUATION
0694	ANCILLARY SERVICES	PREHOSPICE-CONSULTATION AND EDUCATION
0695	ANCILLARY SERVICES	PREHOSPICE-INPATIENT CARE
0696	ANCILLARY SERVICES	PREHOSPICE-PHYSICIAN SERVICES
0697	ANCILLARY SERVICES	RESERVED FOR ASSIGNMENT BY THE NUBC
0698	ANCILLARY SERVICES	RESERVED FOR ASSIGNMENT BY THE NUBC
0699	ANCILLARY SERVICES	PREHOSPICE-OTHER PREHOSPICE/PALLIATIVE CARE SERVICES
069X	ANCILLARY SERVICES	RESERVED
0700	ANCILLARY SERVICES	CAST ROOM-GENERAL
0701	ANCILLARY SERVICES	RESERVED
0702	ANCILLARY SERVICES	RESERVED
0703	ANCILLARY SERVICES	RESERVED
0704	ANCILLARY SERVICES	RESERVED
0705	ANCILLARY SERVICES	RESERVED
0706	ANCILLARY SERVICES	RESERVED
0707	ANCILLARY SERVICES	RESERVED
0708	ANCILLARY SERVICES	RESERVED
0709	ANCILLARY SERVICES	RESERVED
070X	ANCILLARY SERVICES	CATEGORY TITLE: CAST ROOM
0710	ANCILLARY SERVICES	RECOVERY ROOM-GENERAL
0711	ANCILLARY SERVICES	RESERVED
0712	ANCILLARY SERVICES	RESERVED
0713	ANCILLARY SERVICES	RESERVED
0714	ANCILLARY SERVICES	RESERVED
0715	ANCILLARY SERVICES	RESERVED
0716	ANCILLARY SERVICES	RESERVED
0717	ANCILLARY SERVICES	RESERVED
0718	ANCILLARY SERVICES	RESERVED
0719	ANCILLARY SERVICES	RESERVED
071X	ANCILLARY SERVICES	CATEGORY TITLE: RECOVERY ROOM
0720	ANCILLARY SERVICES	LABOR ROOM/DELIVERY-GENERAL

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0721	ANCILLARY SERVICES	LABOR ROOM/DELIVERY-LABOR
0722	ANCILLARY SERVICES	LABOR ROOM/DELIVERY-DELIVERY ROOM
0723	ANCILLARY SERVICES	LABOR ROOM/DELIVERY-CIRCUMCISION
0724	ANCILLARY SERVICES	LABOR ROOM/DELIVERY-BIRTHING CENTER
0725	ANCILLARY SERVICES	RESERVED
0726	ANCILLARY SERVICES	RESERVED
0727	ANCILLARY SERVICES	RESERVED
0728	ANCILLARY SERVICES	RESERVED
0729	ANCILLARY SERVICES	LABOR ROOM/DELIVERY-OTHER LABOR ROOM/DELIVERY
072X	ANCILLARY SERVICES	CATEGORY TITLE: LABOR ROOM/DELIVERY
0730	ANCILLARY SERVICES	EKG/ECG (ELECTROCARDIOGRAM)-GENERAL
0731	ANCILLARY SERVICES	EKG/ECG (ELECTROCARDIOGRAM)-HOLTER MONITOR
0732	ANCILLARY SERVICES	EKG/ECG (ELECTROCARDIOGRAM)-TELEMETRY
0733	ANCILLARY SERVICES	RESERVED
0734	ANCILLARY SERVICES	RESERVED
0735	ANCILLARY SERVICES	RESERVED
0736	ANCILLARY SERVICES	RESERVED
0737	ANCILLARY SERVICES	RESERVED
0738	ANCILLARY SERVICES	RESERVED
0739	ANCILLARY SERVICES	EKG/ECG (ELECTROCARDIOGRAM)-OTHER EKG/ECG
073X	ANCILLARY SERVICES	CATEGORY TITLE: EKG/ECG (ELECTROCARDIOGRAM)
0740	ANCILLARY SERVICES	EEG (ELECTROENCEPHALOGRAM)-GENERAL
0741	ANCILLARY SERVICES	RESERVED
0742	ANCILLARY SERVICES	RESERVED
0743	ANCILLARY SERVICES	RESERVED
0744	ANCILLARY SERVICES	RESERVED
0745	ANCILLARY SERVICES	RESERVED
0746	ANCILLARY SERVICES	RESERVED
0747	ANCILLARY SERVICES	RESERVED
0748	ANCILLARY SERVICES	RESERVED
0749	ANCILLARY SERVICES	RESERVED
074X	ANCILLARY SERVICES	CATEGORY TITLE: EEG (ELECTROENCEPHALOGRAM)
0750	ANCILLARY SERVICES	GASTROINTESTINAL (GI) SERVICES-GENERAL
0751	ANCILLARY SERVICES	RESERVED
0752	ANCILLARY SERVICES	RESERVED
0753	ANCILLARY SERVICES	RESERVED
0754	ANCILLARY SERVICES	RESERVED
0755	ANCILLARY SERVICES	RESERVED
0756	ANCILLARY SERVICES	RESERVED
0757	ANCILLARY SERVICES	RESERVED

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0758	ANCILLARY SERVICES	RESERVED
0759	ANCILLARY SERVICES	RESERVED
075X	ANCILLARY SERVICES	CATEGORY TITLE: GASTROINTESTINAL (GI) SERVICES
0760	ANCILLARY SERVICES	SPECIALTY SERVICES-GENERAL
0761	ANCILLARY SERVICES	SPECIALTY SERVICES-TREATMENT ROOM
0762	ANCILLARY SERVICES	SPECIALTY SERVICES-OBSERVATION HOURS
0763	ANCILLARY SERVICES	RESERVED
0764	ANCILLARY SERVICES	RESERVED
0765	ANCILLARY SERVICES	RESERVED
0766	ANCILLARY SERVICES	RESERVED
0767	ANCILLARY SERVICES	RESERVED
0768	ANCILLARY SERVICES	RESERVED
0769	ANCILLARY SERVICES	SPECIALTY SERVICES-OTHER SPECIALTY SERVICES
076X	ANCILLARY SERVICES	CATEGORY TITLE: SPECIALTY SERVICES
0770	ANCILLARY SERVICES	PREVENTIVE CARE SERVICES-GENERAL
0771	ANCILLARY SERVICES	PREVENTIVE CARE SERVICES-VACCINE ADMINISTRATION
0772	ANCILLARY SERVICES	RESERVED
0773	ANCILLARY SERVICES	RESERVED
0774	ANCILLARY SERVICES	RESERVED
0775	ANCILLARY SERVICES	RESERVED
0776	ANCILLARY SERVICES	RESERVED
0777	ANCILLARY SERVICES	RESERVED
0778	ANCILLARY SERVICES	RESERVED
0779	ANCILLARY SERVICES	RESERVED
077X	ANCILLARY SERVICES	CATEGORY TITLE: PREVENTIVE CARE SERVICES
0780	ANCILLARY SERVICES	TELEMEDICINE-GENERAL
0781	ANCILLARY SERVICES	RESERVED
0782	ANCILLARY SERVICES	RESERVED
0783	ANCILLARY SERVICES	RESERVED
0784	ANCILLARY SERVICES	RESERVED
0785	ANCILLARY SERVICES	RESERVED
0786	ANCILLARY SERVICES	RESERVED
0787	ANCILLARY SERVICES	RESERVED
0788	ANCILLARY SERVICES	RESERVED
0789	ANCILLARY SERVICES	RESERVED
078X	ANCILLARY SERVICES	CATEGORY TITLE: TELEMEDICINE
0790	ANCILLARY SERVICES	EXTRA-CORPOREAL SHOCK WAVE THERAPY (FORMERLY LITHOTRIPSY)-GENERAL
0791	ANCILLARY SERVICES	RESERVED
0792	ANCILLARY SERVICES	RESERVED
0793	ANCILLARY SERVICES	RESERVED
0794	ANCILLARY SERVICES	RESERVED
0795	ANCILLARY SERVICES	RESERVED



HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0796	ANCILLARY SERVICES	RESERVED
0797	ANCILLARY SERVICES	RESERVED
0798	ANCILLARY SERVICES	RESERVED
0799	ANCILLARY SERVICES	RESERVED
079X	ANCILLARY SERVICES	CATEGORY TITLE: EXTRA-CORPOREAL SHOCK WAVE THERAPY (FORMERLY LITHOTRIPSY)
0800	ANCILLARY SERVICES	INPATIENT RENAL DIALYSIS-GENERAL
0801	ANCILLARY SERVICES	INPATIENT RENAL DIALYSIS-INPATIENT HEMODIALYSIS
0802	ANCILLARY SERVICES	INPATIENT RENAL DIALYSIS-INPATIENT PERITONEAL (NON-CAPD)
0803	ANCILLARY SERVICES	INPATIENT RENAL DIALYSIS-INPATIENT CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD)
0804	ANCILLARY SERVICES	INPATIENT RENAL DIALYSIS-INPATIENT CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD)
0805	ANCILLARY SERVICES	RESERVED
0806	ANCILLARY SERVICES	RESERVED
0807	ANCILLARY SERVICES	RESERVED
0808	ANCILLARY SERVICES	RESERVED
0809	ANCILLARY SERVICES	INPATIENT RENAL DIALYSIS-OTHER INPATIENT DIALYSIS
080X	ANCILLARY SERVICES	CATEGORY TITLE: INPATIENT RENAL DIALYSIS
0810	ANCILLARY SERVICES	ACQUISITION OF BODY COMPONENTS-GENERAL
0811	ANCILLARY SERVICES	ACQUISITION OF BODY COMPONENTS-LIVING DONOR
0812	ANCILLARY SERVICES	ACQUISITION OF BODY COMPONENTS-CADAVER DONOR
0813	ANCILLARY SERVICES	ACQUISITION OF BODY COMPONENTS-UNKNOWN DONOR
0814	ANCILLARY SERVICES	ACQUISITION OF BODY COMPONENTS-UNSUCCESSFUL ORGAN SEARCH-DONOR BANK CHARGES
0815	ANCILLARY SERVICES	RESERVED
0816	ANCILLARY SERVICES	RESERVED
0817	ANCILLARY SERVICES	RESERVED
0818	ANCILLARY SERVICES	RESERVED
0819	ANCILLARY SERVICES	ACQUISITION OF BODY COMPONENTS-OTHER DONOR
081X	ANCILLARY SERVICES	CATEGORY TITLE: ACQUISITION OF BODY COMPONENTS
0820	ANCILLARY SERVICES	HEMODIALYSIS-OUTPATIENT OR HOME-GENERAL
0821	ANCILLARY SERVICES	HEMODIALYSIS-OUTPATIENT OR HOME-HEMODIALYSIS COMPOSITE OR OTHER RATE
0822	ANCILLARY SERVICES	HEMODIALYSIS-OUTPATIENT OR HOME-HOME SUPPLIES

**HCCI Standard Lookup Table**

<b>RVNU_CD</b>	<b>RVNU_CD_SUB</b>	<b>RVNU_CD_DESC</b>
0823	ANCILLARY SERVICES	HEMODIALYSIS-OUTPATIENT OR HOME-HOME EQUIPMENT
0824	ANCILLARY SERVICES	HEMODIALYSIS-OUTPATIENT OR HOME-MAINTENANCE-100%
0825	ANCILLARY SERVICES	HEMODIALYSIS-OUTPATIENT OR HOME-SUPPORT SERVICES
0826	ANCILLARY SERVICES	RESERVED
0827	ANCILLARY SERVICES	RESERVED
0828	ANCILLARY SERVICES	RESERVED
0829	ANCILLARY SERVICES	HEMODIALYSIS-OUTPATIENT OR HOME-OTHER OP HEMODIALYSIS
082X	ANCILLARY SERVICES	CATEGORY TITLE: HEMODIALYSIS-OUTPATIENT OR HOME
0830	ANCILLARY SERVICES	PERITONEAL DIALYSIS-OUTPATIENT OR HOME-GENERAL
0831	ANCILLARY SERVICES	PERITONEAL DIALYSIS-OUTPATIENT OR HOME-PERITONEAL/COMPOSITE OR OTHER RATE
0832	ANCILLARY SERVICES	PERITONEAL DIALYSIS-OUTPATIENT OR HOME-HOME SUPPLIES
0833	ANCILLARY SERVICES	PERITONEAL DIALYSIS-OUTPATIENT OR HOME-HOME EQUIPMENT
0834	ANCILLARY SERVICES	PERITONEAL DIALYSIS-OUTPATIENT OR HOME-MAINTENANCE-100%
0835	ANCILLARY SERVICES	PERITONEAL DIALYSIS-OUTPATIENT OR HOME-SUPPORT SERVICES
0836	ANCILLARY SERVICES	RESERVED
0837	ANCILLARY SERVICES	RESERVED
0838	ANCILLARY SERVICES	RESERVED
0839	ANCILLARY SERVICES	PERITONEAL DIALYSIS-OUTPATIENT OR HOME-OTHER OUTPATIENT PERITONEAL DIALYSIS
083X	ANCILLARY SERVICES	CATEGORY TITLE: PERITONEAL DIALYSIS-OUTPATIENT OR HOME
0840	ANCILLARY SERVICES	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD)-OUTPATIENT OR HOME-GENERAL
0841	ANCILLARY SERVICES	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD)-OUTPATIENT OR HOME-CAPD/COMPOSITE OR OTHER RATE
0842	ANCILLARY SERVICES	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD)-OUTPATIENT OR HOME-HOME SUPPLIES
0843	ANCILLARY SERVICES	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD)-OUTPATIENT OR HOME-HOME EQUIPMENT
0844	ANCILLARY SERVICES	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD)-OUTPATIENT OR HOME-MAINTENANCE-100%
0845	ANCILLARY SERVICES	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD)-OUTPATIENT OR HOME-SUPPORT SERVICES
0846	ANCILLARY SERVICES	RESERVED

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0847	ANCILLARY SERVICES	RESERVED
0848	ANCILLARY SERVICES	RESERVED
0849	ANCILLARY SERVICES	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD)-OUTPATIENT OR HOME-OTHER OUTPATIENT CAPD
084X	ANCILLARY SERVICES	CATEGORY TITLE: CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD)-OUTPATIENT OR HOME
0850	ANCILLARY SERVICES	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD)-OUTPATIENT OR HOME-GENERAL
0851	ANCILLARY SERVICES	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD)-OUTPATIENT OR HOME-CCPD/COMPOSITE OR OTHER RATE
0852	ANCILLARY SERVICES	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD)-OUTPATIENT OR HOME-HOME SUPPLIES
0853	ANCILLARY SERVICES	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD)-OUTPATIENT OR HOME-HOME EQUIPMENT
0854	ANCILLARY SERVICES	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD)-OUTPATIENT OR HOME-MAINTENANCE-100%
0855	ANCILLARY SERVICES	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD)-OUTPATIENT OR HOME-SUPPORT SERVICES
0856	ANCILLARY SERVICES	RESERVED
0857	ANCILLARY SERVICES	RESERVED
0858	ANCILLARY SERVICES	RESERVED
0859	ANCILLARY SERVICES	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD)-OUTPATIENT OR HOME-OTHER OUTPATIENT CCPD
085X	ANCILLARY SERVICES	CATEGORY TITLE: CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD)-OUTPATIENT OR HOME
0860	ANCILLARY SERVICES	MAGNETOENCEPHALOGRAPHY (MEG) - GENERAL
0861	ANCILLARY SERVICES	MAGNETOENCEPHALOGRAPHY (MEG) - MEG
0862	ANCILLARY SERVICES	RESERVED
0863	ANCILLARY SERVICES	RESERVED
0864	ANCILLARY SERVICES	RESERVED
0865	ANCILLARY SERVICES	RESERVED
0866	ANCILLARY SERVICES	RESERVED
0867	ANCILLARY SERVICES	RESERVED
0868	ANCILLARY SERVICES	RESERVED
0869	ANCILLARY SERVICES	RESERVED
086X	ANCILLARY SERVICES	CATEGORY TITLE: MAGNETOENCEPHALOGRAPHY (MEG)
087X	ANCILLARY SERVICES	CATEGORY RESERVED
0880	ANCILLARY SERVICES	MISCELLANEOUS DIALYSIS-GENERAL

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0881	ANCILLARY SERVICES	MISCELLANEOUS DIALYSIS- ULTRAFILTRATION
0882	ANCILLARY SERVICES	MISCELLANEOUS DIALYSIS-HOME DIALYSIS AID VISIT
0883	ANCILLARY SERVICES	RESERVED
0884	ANCILLARY SERVICES	RESERVED
0885	ANCILLARY SERVICES	RESERVED
0886	ANCILLARY SERVICES	RESERVED
0887	ANCILLARY SERVICES	RESERVED
0888	ANCILLARY SERVICES	RESERVED
0889	ANCILLARY SERVICES	MISCELLANEOUS DIALYSIS-OTHER MISCELLANEOUS DIALYSIS
088X	ANCILLARY SERVICES	CATEGORY RESERVED
089X	ANCILLARY SERVICES	CATEGORY RESERVED
0900	ANCILLARY SERVICES	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X; AN EXTENSION OF 090X)-GENERAL
0901	ANCILLARY SERVICES	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X; AN EXTENSION OF 090X)-ELECTROSHOCK TREATMENT
0902	ANCILLARY SERVICES	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X; AN EXTENSION OF 090X)-MILIEU THERAPY
0903	ANCILLARY SERVICES	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X; AN EXTENSION OF 090X)-PLAY THERAPY
0904	ANCILLARY SERVICES	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X; AN EXTENSION OF 090X)-ACTIVITY THERAPY
0905	ANCILLARY SERVICES	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X; AN EXTENSION OF 090X)-INTENSIVE OUTPATIENT SERVICES-PSYCHIATRIC
0906	ANCILLARY SERVICES	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X; AN EXTENSION OF 090X)-INTENSIVE OUTPATIENT SERVICES-CHEMICAL DEPENDENCY
0907	ANCILLARY SERVICES	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X; AN EXTENSION OF 090X)-COMMUNITY BEHAVIORAL HEALTH PROGRAM (DAY TREATMENT)
0908	ANCILLARY SERVICES	RESERVED
0909	ANCILLARY SERVICES	RESERVED
090X	ANCILLARY SERVICES	CATEGORY TITLE: BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X; AN EXTENSION OF 090X)
0910	ANCILLARY SERVICES	RESERVED

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0911	ANCILLARY SERVICES	BEHAVIORAL HEALTH TREATMENTS/SERVICES-EXTENSION OF 090X-REHABILITATION
0912	ANCILLARY SERVICES	BEHAVIORAL HEALTH TREATMENTS/SERVICES-EXTENSION OF 090X-PARTIAL HOSPITALIZATION-LESS INTENSIVE
0913	ANCILLARY SERVICES	BEHAVIORAL HEALTH TREATMENTS/SERVICES-EXTENSION OF 090X-PARTIAL HOSPITALIZATION-INTENSIVE
0914	ANCILLARY SERVICES	BEHAVIORAL HEALTH TREATMENTS/SERVICES-EXTENSION OF 090X-INDIVIDUAL THERAPY
0915	ANCILLARY SERVICES	BEHAVIORAL HEALTH TREATMENTS/SERVICES-EXTENSION OF 090X-GROUP THERAPY
0916	ANCILLARY SERVICES	BEHAVIORAL HEALTH TREATMENTS/SERVICES-EXTENSION OF 090X-FAMILY THERAPY
0917	ANCILLARY SERVICES	BEHAVIORAL HEALTH TREATMENTS/SERVICES-EXTENSION OF 090X-BIO FEEDBACK
0918	ANCILLARY SERVICES	BEHAVIORAL HEALTH TREATMENTS/SERVICES-EXTENSION OF 090X-TESTING
0919	ANCILLARY SERVICES	BEHAVIORAL HEALTH TREATMENTS/SERVICES-EXTENSION OF 090X-OTHER BEHAVIORAL HEALTH TREATMENTS/SERVICES
091X	ANCILLARY SERVICES	CATEGORY TITLE:BEHAVIORAL HEALTH TREATMENTS/SERVICES-EXTENSION OF 090X
0920	ANCILLARY SERVICES	OTHER DIAGNOSTIC SERVICES-GENERAL
0921	ANCILLARY SERVICES	OTHER DIAGNOSTIC SERVICES-PERIPHERAL VASCULAR LAB
0922	ANCILLARY SERVICES	OTHER DIAGNOSTIC SERVICES-ELECTROMYOGRAM
0923	ANCILLARY SERVICES	OTHER DIAGNOSTIC SERVICES-PAP SMEAR
0924	ANCILLARY SERVICES	OTHER DIAGNOSTIC SERVICES-ALLERGY TEST
0925	ANCILLARY SERVICES	OTHER DIAGNOSTIC SERVICES-PREGNANCY TEST
0926	ANCILLARY SERVICES	RESERVED
0927	ANCILLARY SERVICES	RESERVED
0928	ANCILLARY SERVICES	RESERVED
0929	ANCILLARY SERVICES	OTHER DIAGNOSTIC SERVICES-OTHER DIAGNOSTIC SERVICE
092X	ANCILLARY SERVICES	CATEGORY TITLE: OTHER DIAGNOSTIC SERVICES
0930	ANCILLARY SERVICES	RESERVED
0931	ANCILLARY SERVICES	MEDICAL REHABILITATION DAY PROGRAM-HALF DAY
0932	ANCILLARY SERVICES	MEDICAL REHABILITATION DAY PROGRAM-FULL DAY

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0933	ANCILLARY SERVICES	RESERVED
0934	ANCILLARY SERVICES	RESERVED
0935	ANCILLARY SERVICES	RESERVED
0936	ANCILLARY SERVICES	RESERVED
0937	ANCILLARY SERVICES	RESERVED
0938	ANCILLARY SERVICES	RESERVED
0939	ANCILLARY SERVICES	RESERVED
093X	ANCILLARY SERVICES	CATEGORY TITLE: MEDICAL REHABILITATION DAY PROGRAM
0940	ANCILLARY SERVICES	OTHER THERAPEUTIC SERVICES (SEE ALSO 095X; AN EXTENSION OF 094X)-GENERAL
0941	ANCILLARY SERVICES	OTHER THERAPEUTIC SERVICES (SEE ALSO 095X; AN EXTENSION OF 094X)-RECREATIONAL THERAPY
0942	ANCILLARY SERVICES	OTHER THERAPEUTIC SERVICES (SEE ALSO 095X; AN EXTENSION OF 094X)-EDUCATION/TRAINING
0943	ANCILLARY SERVICES	OTHER THERAPEUTIC SERVICES (SEE ALSO 095X; AN EXTENSION OF 094X)-CARDIAC REHABILITATION
0944	ANCILLARY SERVICES	OTHER THERAPEUTIC SERVICES (SEE ALSO 095X; AN EXTENSION OF 094X)-DRUG REHABILITATION
0945	ANCILLARY SERVICES	OTHER THERAPEUTIC SERVICES (SEE ALSO 095X; AN EXTENSION OF 094X)-ALCOHOL REHABILITATION
0946	ANCILLARY SERVICES	OTHER THERAPEUTIC SERVICES (SEE ALSO 095X; AN EXTENSION OF 094X)-COMPLEX MEDICAL EQUIPMENT-ROUTINE
0947	ANCILLARY SERVICES	OTHER THERAPEUTIC SERVICES (SEE ALSO 095X; AN EXTENSION OF 094X)-COMPLEX MEDICAL EQUIPMENT-ANCILLARY
0948	ANCILLARY SERVICES	OTHER THERAPEUTIC SERVICES (SEE ALSO 095X; AN EXTENSION OF 094X)-PULMONARY REHABILITATION
0949	ANCILLARY SERVICES	OTHER THERAPEUTIC SERVICES (SEE ALSO 095X; AN EXTENSION OF 094X)-OTHER THERAPEUTIC SERVICES
094X	ANCILLARY SERVICES	CATEGORY TITLE: OTHER THERAPEUTIC SERVICES (SEE ALSO 095X; AN EXTENSION OF 094X)
0950	ANCILLARY SERVICES	RESERVED
0951	ANCILLARY SERVICES	OTHER THERAPEUTIC SERVICES (EXTENSION OF 094X)-ATHLETIC TRAINING
0952	ANCILLARY SERVICES	OTHER THERAPEUTIC SERVICES (EXTENSION OF 094X)-KINESIOTHERAPY
0953	ANCILLARY SERVICES	OTHER THERAPEUTIC SERVICES (EXTENSION OF 094X)-CHEMICAL DEPENDENCY (DRUG AND ALCOHOL)
0954	ANCILLARY SERVICES	RESERVED
0955	ANCILLARY SERVICES	RESERVED

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0956	ANCILLARY SERVICES	RESERVED
0957	ANCILLARY SERVICES	RESERVED
0958	ANCILLARY SERVICES	RESERVED
0959	ANCILLARY SERVICES	RESERVED
095X	ANCILLARY SERVICES	CATEGORY TITLE: OTHER THERAPEUTIC SERVICES (EXTENSION OF 094X)
0960	ANCILLARY SERVICES	PROFESSIONAL FEES (SEE ALSO 097X AND 098X)-GENERAL
0961	ANCILLARY SERVICES	PROFESSIONAL FEES (SEE ALSO 097X AND 098X)-PSYCHIATRIC
0962	ANCILLARY SERVICES	PROFESSIONAL FEES (SEE ALSO 097X AND 098X)-OPHTHALMOLOGY
0963	ANCILLARY SERVICES	PROFESSIONAL FEES (SEE ALSO 097X AND 098X)-ANESTHESIOLOGIST (MD)
0964	ANCILLARY SERVICES	PROFESSIONAL FEES (SEE ALSO 097X AND 098X)-ANESTHETIST (CRNA)
0965	ANCILLARY SERVICES	RESERVED
0966	ANCILLARY SERVICES	RESERVED
0967	ANCILLARY SERVICES	RESERVED
0968	ANCILLARY SERVICES	RESERVED
0969	ANCILLARY SERVICES	PROFESSIONAL FEES (SEE ALSO 097X AND 098X)-OTHER PROFESSIONAL FEES
096X	ANCILLARY SERVICES	CATEGORY TITLE: PROFESSIONAL FEES (SEE ALSO 097X AND 098X)
0970	ANCILLARY SERVICES	RESERVED
0971	ANCILLARY SERVICES	PROFESSIONAL FEES (EXTENSION OF 096X)-LABORATORY
0972	ANCILLARY SERVICES	PROFESSIONAL FEES (EXTENSION OF 096X)-RADIOLOGY-DIAGNOSTIC
0973	ANCILLARY SERVICES	PROFESSIONAL FEES (EXTENSION OF 096X)-RADIOLOGY-THERAPEUTIC
0974	ANCILLARY SERVICES	PROFESSIONAL FEES (EXTENSION OF 096X)-RADIOLOGY-NUCLEAR
0975	ANCILLARY SERVICES	PROFESSIONAL FEES (EXTENSION OF 096X)-OPERATING ROOM
0976	ANCILLARY SERVICES	PROFESSIONAL FEES (EXTENSION OF 096X)-RESPIRATORY THERAPY
0977	ANCILLARY SERVICES	PROFESSIONAL FEES (EXTENSION OF 096X)-PHYSICAL THERAPY
0978	ANCILLARY SERVICES	PROFESSIONAL FEES (EXTENSION OF 096X)-OCCUPATIONAL THERAPY
0979	ANCILLARY SERVICES	PROFESSIONAL FEES (EXTENSION OF 096X)-SPEECH PATHOLOGY
097X	ANCILLARY SERVICES	CATEGORY TITLE: PROFESSIONAL FEES (EXTENSION OF 096X)
0980	ANCILLARY SERVICES	RESERVED
0981	ANCILLARY SERVICES	PROFESSIONAL FEES (EXTENSION OF 096X AND 097X)-EMERGENCY ROOM
0982	ANCILLARY SERVICES	PROFESSIONAL FEES (EXTENSION OF 096X AND 097X)-OUTPATIENT SERVICES
0983	ANCILLARY SERVICES	PROFESSIONAL FEES (EXTENSION OF 096X AND 097X)-CLINIC

HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
0984	ANCILLARY SERVICES	PROFESSIONAL FEES (EXTENSION OF 096X AND 097X)-MEDICAL SOCIAL SERVICES
0985	ANCILLARY SERVICES	PROFESSIONAL FEES (EXTENSION OF 096X AND 097X)-EKG
0986	ANCILLARY SERVICES	PROFESSIONAL FEES (EXTENSION OF 096X AND 097X)-EEG
0987	ANCILLARY SERVICES	PROFESSIONAL FEES (EXTENSION OF 096X AND 097X)-HOSPITAL VISIT
0988	ANCILLARY SERVICES	PROFESSIONAL FEES (EXTENSION OF 096X AND 097X)-CONSULTATION
0989	ANCILLARY SERVICES	PROFESSIONAL FEES (EXTENSION OF 096X AND 097X)-PRIVATE-DUTY NURSE
098X	ANCILLARY SERVICES	CATEGORY TITLE: PROFESSIONAL FEES (EXTENSION OF 096X AND 097X)
0990	ANCILLARY SERVICES	PATIENT CONVENIENCE ITEMS-GENERAL
0991	ANCILLARY SERVICES	PATIENT CONVENIENCE ITEMS-CAFETERIA/GUEST TRAY
0992	ANCILLARY SERVICES	PATIENT CONVENIENCE ITEMS-PRIVATE LINEN SERVICE
0993	ANCILLARY SERVICES	PATIENT CONVENIENCE ITEMS-TELEPHONE/TELECOM
0994	ANCILLARY SERVICES	PATIENT CONVENIENCE ITEMS-TV/RADIO
0995	ANCILLARY SERVICES	PATIENT CONVENIENCE ITEMS-NONPATIENT ROOM RENTALS
0996	ANCILLARY SERVICES	PATIENT CONVENIENCE ITEMS-LATE DISCHARGE
0997	ANCILLARY SERVICES	PATIENT CONVENIENCE ITEMS-ADMISSION KITS
0998	ANCILLARY SERVICES	PATIENT CONVENIENCE ITEMS-BEAUTY SHOP/BARBER
0999	ANCILLARY SERVICES	PATIENT CONVENIENCE ITEMS-OTHER CONVENIENCE ITEMS
099X	ANCILLARY SERVICES	CATEGORY TITLE: PATIENT CONVENIENCE ITEMS
1000	ANCILLARY SERVICES	BEHAVIORAL HEALTH ACCOMMODATIONS-GENERAL
1001	ANCILLARY SERVICES	BEHAVIORAL HEALTH ACCOMMODATIONS-RESIDENTIAL -PSYCHIATRIC
1002	ANCILLARY SERVICES	BEHAVIORAL HEALTH ACCOMMODATIONS-RESIDENTIAL-CHEMICAL DEPENDENCY
1003	ANCILLARY SERVICES	BEHAVIORAL HEALTH ACCOMMODATIONS-SUPERVISED LIVING
1004	ANCILLARY SERVICES	BEHAVIORAL HEALTH ACCOMMODATIONS-HALFWAY HOUSE
1005	ANCILLARY SERVICES	BEHAVIORAL HEALTH ACCOMMODATIONS-GROUP HOME
1006	ANCILLARY SERVICES	RESERVED
1007	ANCILLARY SERVICES	RESERVED
1008	ANCILLARY SERVICES	RESERVED
1009	ANCILLARY SERVICES	RESERVED
100X	ANCILLARY SERVICES	CATEGORY TITLE: BEHAVIORAL HEALTH ACCOMMODATIONS
2100	ANCILLARY SERVICES	ALTERNATIVE THERAPY SERVICES-GENERAL



HCCI Standard Lookup Table		
RVNU_CD	RVNU_CD_SUB	RVNU_CD_DESC
2101	ANCILLARY SERVICES	ALTERNATIVE THERAPY SERVICES-ACUPUNCTURE
2102	ANCILLARY SERVICES	ALTERNATIVE THERAPY SERVICES-ACCUPRESSURE
2103	ANCILLARY SERVICES	ALTERNATIVE THERAPY SERVICES-MASSAGE
2104	ANCILLARY SERVICES	ALTERNATIVE THERAPY SERVICES-REFLEXOLOGY
2105	ANCILLARY SERVICES	ALTERNATIVE THERAPY SERVICES-BIOFEEDBACK
2106	ANCILLARY SERVICES	ALTERNATIVE THERAPY SERVICES-HYPNOSIS
2107	ANCILLARY SERVICES	RESERVED
2108	ANCILLARY SERVICES	RESERVED
2109	ANCILLARY SERVICES	ALTERNATIVE THERAPY SERVICES-OTHER ALTERNATIVE THERAPY SERVICES
210X	ANCILLARY SERVICES	CATEGORY TITLE: ALTERNATIVE THERAPY SERVICES
3100	ANCILLARY SERVICES	NOT USED
3101	ANCILLARY SERVICES	ADULT CARE-ADULT DAY CARE; MEDICAL AND SOCIAL-HOURLY
3102	ANCILLARY SERVICES	ADULT CARE-ADULT DAY CARE; SOCIAL-HOURLY
3103	ANCILLARY SERVICES	ADULT CARE-ADULT DAY CARE; MEDICAL AND SOCIAL-DAILY
3104	ANCILLARY SERVICES	ADULT CARE-ADULT DAY CARE; SOCIAL-DAILY
3105	ANCILLARY SERVICES	ADULT CARE-ADULT FOSTER CARE-DAILY
3106	ANCILLARY SERVICES	RESERVED
3107	ANCILLARY SERVICES	RESERVED
3108	ANCILLARY SERVICES	RESERVED
3109	ANCILLARY SERVICES	ADULT CARE-OTHER ADULT CARE
310X	ANCILLARY SERVICES	CATEGORY TITLE: ADULT CARE

HCCI Standard Lookup Table	
PROCMOD	PROCMOD_DESC
0A	BRCA1 (HEREDITARY BREAST/OVARIAN CANCER)
0B	BRCA2 (HEREDITARY BREAST CANCER)
0C	NEUROFIBROMIN (NEUROFIBROMATOSIS; TYPE 1)
0D	MERLIN (NEUROFIBROMATOSIS; TYPE 2)
0E	C-RET (MULTIPLE ENDOCRINE NEOPLASIA; TYPES 2A/B; FAMILIAL MEDULLARY THYROID CARCINOMA)
0F	VHL (VON HIPPEL LINDAU DISEASE; RENAL CARCINOMA)
0G	SDHD (HEREDITARY PARAGANGLIOMA)
0H	SDHB (HEREDITARY PARAGANGLIOMA)
0I	ERRB2; COMMONLY CALLED HER-2/NEU
0J	MLH1 (HNPCC; MISMATCH REPAIR GENES)

**HCCI Standard Lookup Table**

PROCMOD	PROCMOD_DESC
0K	MSH2; MSH6; OR PMS2 (HNPCC; MISMATCH REPAIR GENES)
0L	APC (HEREDITARY POLYPOSIS COLI)
0M	RB (RETINOBLASTOMA)
0N	TP53; COMMONLY CALLED P53
0O	PTEN (COWDEN'S SYNDROME)
0P	KIT; ALSO CALLED CD117 (GASTROINTESTINAL STROMAL TUMOR)
0Z	SOLID TUMOR GENE; NOT OTHERWISE SPECIFIED
1A	WT1 OR WT2 (WILM'S TUMOR)
1B	PAX3; PAX7; OR FOXO1A (ALVEOLAR RHABDOMYOSARCOMA)
1C	FLI1; ERG; ETV1; OR EWSR1 (EWING'S SARCOMA; DESMOPLASTIC ROUND CELL)
1D	DDIT3 OR FUS (MYXOID LIPOSARCOMA)
1E	NR4A3; RBF56; OR TCF12 (MYXOID CHONDROSARCOMA)
1F	SSX1; SSX2; OR SYT (SYNOVIAL SARCOMA)
1G	MYCN (NEUROBLASTOMA)
1H	COL1A1 OR PDGFB (DERMATOFIBROSARCOMA PROTRUBERANS)
1I	TFE3 OR ASPSCR1 (ALVEOLAR SOFT PARTS SARCOMA)
1J	JAZF1 OR JJAZ1 (ENDOMETRIAL STROMAL SARCOMA)
1P	PERFORMANCE MEASURE EXCLUSION MODIFIER DUE TO MEDICAL REASONS:~~INCLUDES:~NOT INDICATED (ABSENCE OF ORGAN/LIMB); ALREADY RECEIVED/PERFORMED;OTHER)--CONTRAINDICATED (PATIENT ALLERGIC HISTORY; POTENTIAL
1Z	SARCOMA GENE; NOT OTHERWISE SPECIFIED
21	PROLONGED EVALUATION AND MANAGEMENT SERVICES
22	INCREASED PROCEDURAL SERVICES
23	UNUSUAL ANESTHESIA
24	UNRELATED EVALUATION AND MANAGEMENT SERVICE BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL DURING A POSTOPERATIVE PERIOD
25	SIGNIFICANT; SEPARATELY IDENTIFIABLE EVALUATION AND MANAGEMENT SERVICE BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ON THE SAME DAY OF THE PROCEDURE OR OTHER SERVICE
26	PROFESSIONAL COMPONENT
27	MULTIPLE OUTPATIENT HOSPITAL E/M ENCOUNTERS ON THE SAME DATE
2A	RUNX1 OR CBFA2T1; COMMONLY CALLED AML1 OR ETO; GENES ASSOCIATED WITH T(8;21) AML1 - ALSO ETO (ACUTE MYELOGENOUS LEUKEMIA)
2B	BCR OR ABL1; GENES ASSOCIATED WITH T(9;22) (CHRONIC MYELOGENOUS OR ACUTE LEUKEMIA) BCR- ALSO ABL (CHRONIC MYELOID; ACUTE LYMPHOID LEUKEMIA)
2C	PBX1 OR TCF3; GENES ASSOCIATED WITH T(1;19) (ACUTE LYMPHOBLASTIC LEUKEMIA) CGF1
2D	CBFB OR MYH11; GENES ASSOCIATED WITH INV 16 (ACUTE MYELOGENOUS LEUKEMIA) CBF BETA (LEUKEMIA)
2E	MLL (ACUTE LEUKEMIA)
2F	PML OR RARA; GENES ASSOCIATED WITH T(15;17) (ACUTE PROMYELOCYTIC LEUKEMIA) PML/RAR ALPHA (PROMYELOCYTIC LEUKEMIA)
2G	ETV6; COMMONLY CALLED TEL; GENE ASSOCIATED WITH T(12;21) (ACUTE LEUKEMIA) TEL (LEUKEMIA)
2H	BCL2 (B CELL LYMPHOMA; FOLLICLE CENTER CELL ORIGIN) BCL-2 (LYMPHOMA)
2I	CCND1; COMMONLY CALLED BCL1; CYCLIN D1 (MANTLE CELL LYMPHOMA; MYELOMA) BCL-1 (LYMPHOMA)
2J	MYC (BURKITT LYMPHOMA) C-MYC (LYMPHOMA)
2K	IGH (LYMPHOMA/LEUKEMIA)

**HCCI Standard Lookup Table**

<b>PROCMOD</b>	<b>PROCMOD_DESC</b>
2L	IGK (LYMPHOMA/LEUKEMIA)
2M	TRB; T CELL RECEPTOR BETA (LYMPHOMA/LEUKEMIA)
2N	TRG; T CELL RECEPTOR GAMMA (LYMPHOMA/LEUKEMIA)
2O	SIL OR TAL1 (T CELL LEUKEMIA)
2P	PERFORMANCE MEASURE EXCLUSION MODIFIER DUE TO PATIENT REASONS:~INCLUDES:~~PATIENT DECLINED~ECONOMIC; SOCIAL; OR RELIGIOUS REASONS~OTHER PATIENT REASONS
2Q	API1 OR MALT1 (MALT LYMPHOMA)
2R	NPM OR ALK; GENES ASSOCIATED WITH T(2;5) (ANAPLASTIC LARGE CELL LYMPHOMA)
2S	FLT3 (ACUTE MYELOGENOUS LEUKEMIA)
2T	BCL6 (B CELL LYMPHOMA)
2Z	LYMPHOID/HEMATOPOETIC NEOPLASIA; NOT OTHERWISE SPECIFIED
32	MANDATED SERVICES
33	PREVENTIVE SERVICES
3A	F5; COMMONLY CALLED FACTOR V (LEIDEN; OTHERS) (HYPERCOAGULABLE STATE)
3B	FACC (FANCONI ANEMIA)
3C	FACD (FANCONI ANEMIA)
3D	HBB; BETA GLOBIN (THALASSEMIA; SICKLE CELL ANEMIA; OTHER HEMOGLOBINOPATHIES)
3E	HBA; COMMONLY CALLED ALPHA GLOBIN (THALASSEMIA)
3F	MTHFR (ELEVATED HOMOCYSTEINE)
3G	F2; COMMONLY CALLED PROTHROMBIN (20210; OTHERS) (HYPERCOAGULABLE STATE) PROTHROMBIN (FACTOR II; 20210A) (HYPERCOAGULABLE STATE)
3H	F8; COMMONLY CALLED FACTOR VIII (HEMOPHILIA A/VWF)
3I	F9; COMMONLY CALLED FACTOR IX (HEMOPHILIA B)
3J	BETA GLOBIN: GENETIC TESTING CODE MODIFIER. FIRST DIGIT IS THE DISEASE CATEGORY AND THE SECOND IS THE GENE TYPE
3K	F13; COMMONLY CALLED FACTOR XIII (BLEEDING OR HYPERCOAGULABLE STATE) BETA GLOBIN
3P	PERFORMANCE MEASURE EXCLUSION MODIFIER DUE TO SYSTEM REASONS:~INCLUDES:~~RESOURCES TO PERFORM THE SERVICES NOT AVAILABLE~INSURANCE COVERAGE/PAYOR-RELATED LIMITATIONS~OTHER REASONS ATTRIBUTABLE TO HEAL
3Z	NON-NEOPLASTIC HEMATOLOGY/COAGULATION; NOT OTHERWISE SPECIFIED
47	ANESTHESIA BY SURGEON
4A	HLA-A
4B	HLA-B*
4C	HLA-CI
4D	HLA-D
4E	HLA-DR
4F	HLA-DQ*
4G	HLA-DP
4H	KELL
4I	FINGERPRINT FOR ENGRAFTMENT (POST ALLOGENEIC PROGENITOR CELL TRANSPLANT)
4J	FINGERPRINT FOR DONOR ALLELOTYPE (ALLOGENEIC TRANSPLANT)
4K	FINGERPRINT FOR RECIPIENT ALLELOTYPE (ALLOGENEIC TRANSPLANT)
4L	FINGERPRINT FOR LEUKOCYTE CHIMERISM (ALLOGENEIC SOLID ORGAN TRANSPLANT)
4M	FINGERPRINT FOR MATERNAL VERSUS FETAL ORIGIN
4N	MICROSATELLITE INSTABILITY
4O	MICROSATELLITE LOSS (LOSS OF HETEROZYGOSITY)

HCCI Standard Lookup Table	
PROCMOD	PROCMOD_DESC
4P	HLA-DRB1*
4Q	HLA-DRB3*
4R	HLA-DRB4*
4S	HLA-DRB5*
4T	HLA-DQA1*
4U	HLA-DPA1*
4Z	HISTOCOMPATIBILITY/TYPING; NOT OTHERWISE SPECIFIED
50	BILATERAL PROCEDURE
51	MULTIPLE PROCEDURES
52	REDUCED SERVICES
53	DISCONTINUED PROCEDURE
54	SURGICAL CARE ONLY
55	POSTOPERATIVE MANAGEMENT ONLY
56	PREOPERATIVE MANAGEMENT ONLY
57	DECISION FOR SURGERY
58	STAGED OR RELATED PROCEDURE OR SERVICE BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL DURING THE POSTOPERATIVE PERIOD
59	DISTINCT PROCEDURAL SERVICE
5A	ASPA; COMMONLY CALLED ASPARTOACYLASE A (CANAVAN DISEASE)
5B	FMR-1 (FRAGILE X; FRAXA; SYNDROME)
5C	FRDA; COMMONLY CALLED FRATAXIN (FREIDREICH ATAXIA)
5D	HD; COMMONLY CALLED HUNTINGTON (HUNTINGTON'S DISEASE)
5E	GABRA5; NIPA1; UBE3A; OR ANCR GABRA (PRADER WILLI-ANGELMAN SYNDROME)
5F	GJB2; COMMONLY CALLED CONNEXIN-26 (HEREDITARY HEARING LOSS) CONNEXIN-32 (GJB2) (HEREDITARY DEAFNESS)
5G	GJB1; COMMONLY CALLED CONNEXIN-32 (X-LINKED CHARCOT-MARIE-TOOTH DISEASE)
5H	SNRPN (PRADER WILLI-ANGELMAN SYNDROME)
5I	SCA1; COMMONLY CALLED ATAXIN-1 (SPINOCEREBELLAR ATAXIA; TYPE 1)
5J	SCA2; COMMONLY CALLED ATAXIN-2 (SPINOCEREBELLAR ATAXIA; TYPE 2)
5K	MJD; COMMONLY CALLED ATAXIN-3 (SPINOCEREBELLAR ATAXIA; TYPE 3; MACHADO-JOSEPH DISEASE)
5L	CACNA1A (SPINOCEREBELLAR ATAXIA; TYPE 6)
5M	ATXN7 ATAXIN-7 (SPINOCEREBELLAR ATAXIA; TYPE 7)
5N	PMP-22 (CHARCOT-MARIE-TOOTH DISEASE; TYPE 1A)
5O	MECP2 (RETT SYNDROME)
5Z	NEUROLOGIC; NON-NEOPLASTIC; NOT OTHERWISE SPECIFIED
62	TWO SURGEONS
63	PROCEDURE PERFORMED ON INFANTS LESS THAN 4 KG
66	SURGICAL TEAM
6A	DMD; COMMONLY CALLED DYSTROPHIN (DUCHENNE/BECKER MUSCULAR DYSTROPHY)
6B	DMPK (MYOTONIC DYSTROPHY; TYPE 1)
6C	ZNF-9 (MYOTONIC DYSTROPHY; TYPE 2)
6D	SMN1/SMN2 (AUTOSOMAL RECESSIVE SPINAL MUSCULAR ATROPHY)
6E	MTTK; COMMONLY CALLED TRNALYS (MYOTONIC EPILEPSY; MERRF)
6F	MTTL1; COMMONLY CALLED TRNALEU (MITOCHONDRIAL ENCEPHALOMYOPATHY; MELAS)
6Z	MUSCULAR; NOT OTHERWISE SPECIFIED
73	DISCONTINUED OUTPATIENT HOSPITAL/AMBULATORY SURGERY CENTER (ASC) PROCEDURE PRIOR TO THE ADMINISTRATION OF ANESTHESIA

HCCI Standard Lookup Table	
PROCMOD	PROCMOD_DESC
74	DISCONTINUED OUTPATIENT HOSPITAL/AMBULATORY SURGERY CENTER (ASC) PROCEDURE AFTER ADMINISTRATION OF ANESTHESIA
76	REPEAT PROCEDURE OR SERVICE BY SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
77	REPEAT PROCEDURE BY ANOTHER PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
78	UNPLANNED RETURN TO THE OPERATING/PROCEDURE ROOM BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FOLLOWING INITIAL PROCEDURE FOR A RELATED PROCEDURE DURING THE POSTOPERATIVE PERIOD
79	UNRELATED PROCEDURE OR SERVICE BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL DURING THE POSTOPERATIVE PERIOD
7A	APOE; COMMONLY CALLED APOLIPOPROTEIN E (CARDIOVASCULAR DISEASE OR ALZHEIMER'S DISEASE)
7B	NPC1 OR NPC2; COMMONLY CALLED SPHINGOMYELIN PHOSPHODIESTERASE (NIEMAN-PICK DISEASE)
7C	GBA; COMMONLY CALLED ACID BETA GLUCOSIDASE (GAUCHER DISEASE)
7D	HFE (HEMOCHROMATOSIS)
7E	HEXA; COMMONLY CALLED HEXOSAMINIDASE A (TAY-SACHS DISEASE)
7F	ACADM (MEDIUM CHAIN ACYL COA DEHYDROGENASE DEFICIENCY)
7Z	METABOLIC; OTHER; NOT OTHERWISE SPECIFIED
80	ASSISTANT SURGEON
81	MINIMUM ASSISTANT SURGEON
82	ASSISTANT SURGEON (WHEN QUALIFIED RESIDENT SURGEON NOT AVAILABLE)
8A	CFTR (CYSTIC FIBROSIS)
8B	PRSS1 (HEREDITARY PANCREATITIS)
8C	LONG QT SYNDROME; KCN (JERVELL AND LANGE-NIELSEN SYNDROMES; TYPES 1; 2; 5; AND 6) AND SCN (BRUGADA SYNDROME; SIDS AND TYPE 3)
8P	PERFORMANCE MEASURE REPORTING MODIFIER - ACTION NOT PERFORMED; REASON NOT OTHERWISE SPECIFIED
8Z	METABOLIC; TRANSPORT; NOT OTHERWISE SPECIFIED
90	REFERENCE (OUTSIDE) LABORATORY
91	REPEAT CLINICAL DIAGNOSTIC LABORATORY TEST
92	ALTERNATIVE LABORATORY PLATFORM TESTING
99	MULTIPLE MODIFIERS
9A	TPMT; COMMONLY CALLED (THIOPURINE METHYLTRANSFERASE) (PATIENTS ON ANTIMETABOLITE THERAPY)
9B	CYP2 GENES; COMMONLY CALLED CYTOCHROME P450 (DRUG METABOLISM)
9C	ABCB1; COMMONLY CALLED MDR1 OR P-GLYCOPROTEIN (DRUG TRANSPORT)
9D	NAT2 (DRUG METABOLISM)
9L	METABOLIC-PHARMACOGENETICS; NOT OTHERWISE SPECIFIED
9M	FGFR1 (PFEIFFER AND KALLMANN SYNDROMES)
9N	FGFR2 (CROUZON; JACKSON-WEISS; APERT; SAETHRE-CHOTZEN SYNDROMES)
9O	FGFR3 (ACHONDROPLASIA; HYPOCHONDROPLASIA; THANATOPHORIC DYSPLASIA; TYPES I AND II; CROUZON SYNDROME WITH ACANTHOSIS NIGRICANS; MUENCKE SYNDROMES)
9P	TWIST (SAETHRE-CHOTZEN SYNDROME)
9Q	DGCR; COMMONLY CALLED CATCH-22 (DIGEORGE AND 22Q11 DELETION SYNDROMES)
9Z	DYSMORPHOLOGY; NOT OTHERWISE SPECIFIED
A1	DRESSING FOR ONE WOUND
A2	DRESSING FOR 2 WOUNDS
A3	DRESSING FOR 3 WOUNDS

**HCCI Standard Lookup Table**

**PROCMOD    PROCMOD\_DESC**

A4	DRESSING FOR 4 WOUNDS
A5	DRESSING FOR 5 WOUNDS
A6	DRESSING FOR 6 WOUNDS
A7	DRESSING FOR 7 WOUNDS
A8	DRESSING FOR 8 WOUNDS
A9	DRESSING FOR 9 OR MORE WOUNDS
AA	ANESTHESIA SERVICES PERFORMED PERSONALLY BY ANESTHESIOLOGIST
AD	MEDICAL SUPERVISION BY A PHYSICIAN: MORE THAN 4 CONCURRENT ANESTHESIA PROCEDURES
AE	REGISTERED DIETICIAN
AF	SPECIALTY PHYSICIAN
AG	PRIMARY PHYSICIAN
AH	CLINICAL PSYCHOLOGIST
AI	PRINCIPAL PHYSICIAN OF RECORD
AJ	CLINICAL SOCIAL WORKER
AK	NONPARTICIPATING PHYSICIAN
AM	PHYSICIAN; TEAM MEMBER SERVICE
AN	PHYSICIAN ASSISTANT NON-SURGICAL NON TEAM
AO	ALTERNATE PAYMENT METHOD DECLINED BY PROVIDER OF SERVICE
AP	DETERMINATION OF REFRACTIVE STATE WAS NOT PERFORMED IN THE COURSE OF DIAGNOSTIC OPHTHALMOLOGICAL EXAMINATION
AQ	PHYSICIAN PROVIDING A SERVICE IN AN UNLISTED HEALTH PROFESSIONAL SHORTAGE AREA (HPSA)
AR	PHYSICIAN PROVIDER SERVICES IN A PHYSICIAN SCARCITY AREA
AS	PHYSICIAN ASSISTANT; NURSE PRACTITIONER; OR CLINICAL NURSE SPECIALIST SERVICES FOR ASSISTANT AT SURGERY
AT	ACUTE TREATMENT (THIS MODIFIER SHOULD BE USED WHEN REPORTING SERVICE 98940; 98941; 98942)
AU	ITEM FURNISHED IN CONJUNCTION WITH A UROLOGICAL; OSTOMY; OR TRACHEOSTOMY SUPPLY
AV	ITEM FURNISHED IN CONJUNCTION WITH A PROSTHETIC DEVICE; PROSTHETIC OR ORTHOTIC
AW	ITEM FURNISHED IN CONJUNCTION WITH A SURGICAL DRESSING
AX	ITEM FURNISHED IN CONJUNCTION WITH DIALYSIS SERVICES
AY	ITEM OR SERVICE FURNISHED TO AN ESRD PATIENT THAT IS NOT FOR THE TREATMENT OF ESRD
AZ	PHYSICIAN PROVIDING A SERVICE IN A DENTAL HEALTH PROFESSIONAL SHORTAGE AREA FOR THE PURPOSE OF AN ELECTRONIC HEALTH RECORD INCENTIVE PAYMENT
BA	ITEM FURNISHED IN CONJUNCTION WITH PARENTERAL ENTERAL NUTRITION (PEN) SERVICES
BL	SPECIAL ACQUISITION OF BLOOD AND BLOOD PRODUCTS
BO	ORALLY ADMINISTERED NUTRITION; NOT BY FEEDING TUBE
BP	THE BENEFICIARY HAS BEEN INFORMED OF THE PURCHASE AND RENTAL OPTIONS AND HAS ELECTED TO PURCHASE THE ITEM
BR	THE BENEFICIARY HAS BEEN INFORMED OF THE PURCHASE AND RENTAL OPTIONS AND HAS ELECTED TO RENT THE ITEM
BU	THE BENEFICIARY HAS BEEN INFORMED OF THE PURCHASE AND RENTAL OPTIONS AND AFTER 30 DAYS HAS NOT INFORMED THE SUPPLIER OF HIS/HER DECISION
CA	PROCEDURE PAYABLE ONLY IN THE INPATIENT SETTING WHEN PERFORMED EMERGENTLY ON AN OUTPATIENT WHO EXPIRES PRIOR TO ADMISSION

HCCI Standard Lookup Table	
PROCMOD	PROCMOD_DESC
CB	SERVICE ORDERED BY A RENAL DIALYSIS FACILITY (RDF) PHYSICIAN AS PART OF THE ESRD BENEFICIARY'S DIALYSIS BENEFIT; IS NOT PART OF THE COMPOSITE RATE; AND IS SEPARATELY REIMBURSABLE
CC	PROCEDURE CODE CHANGE (USE CC WHEN THE PROCEDURE CODE SUBMITTED WAS CHANGED EITHER FOR ADMINISTRATIVE REASONS OR BECAUSE AN INCORRECT CODE WAS FILED)
CD	AMCC TEST HAS BEEN ORDERED BY AN ESRD FACILITY OR MCP PHYSICIAN THAT IS PART OF THE COMPOSITE RATE AND IS NOT SEPARATELY BILLABLE
CE	AMCC TEST HAS BEEN ORDERED BY AN ESRD FACILITY OR MCP PHYSICIAN THAT IS A COMPOSITE RATE TEST BUT IS BEYOND THE NORMAL FREQUENCY COVERED UNDER THE RATE AND IS SEPARATELY REIMBURSABLE BASED ON MEDICAL
CF	AMCC TEST HAS BEEN ORDERED BY AN ESRD FACILITY OR MCP PHYSICIAN THAT IS NOT PART OF THE COMPOSITE RATE AND IS SEPARATELY BILLABLE
CG	POLICY CRITERIA APPLIED
CH	0 PERCENT IMPAIRED; LIMITED OR RESTRICTED
CI	AT LEAST 1 PERCENT BUT LESS THAN 20 PERCENT IMPAIRED; LIMITED OR RESTRICTED
CJ	AT LEAST 20 PERCENT BUT LESS THAN 40 PERCENT IMPAIRED; LIMITED OR RESTRICTED
CK	AT LEAST 40 PERCENT BUT LESS THAN 60 PERCENT IMPAIRED; LIMITED OR RESTRICTED
CL	AT LEAST 60 PERCENT BUT LESS THAN 80 PERCENT IMPAIRED; LIMITED OR RESTRICTED
CM	AT LEAST 80 PERCENT BUT LESS THAN 100 PERCENT IMPAIRED; LIMITED OR RESTRICTED
CN	100 PERCENT IMPAIRED; LIMITED OR RESTRICTED
CP	ADJUNCTIVE SERVICE RELATED TO A PROCEDURE ASSIGNED TO A COMPREHENSIVE AMBULATORY PAYMENT CLASSIFICATION (C-APC) PROCEDURE; BUT REPORTED ON A DIFFERENT CLAIM
CR	CATASTROPHE/DISASTER RELATED
CS	ITEM OR SERVICE RELATED; IN WHOLE OR IN PART; TO AN ILLNESS; INJURY; OR CONDITION THAT WAS CAUSED BY OR EXACERBATED BY THE EFFECTS; DIRECT OR INDIRECT; OF THE 2010 OIL SPILL IN THE GULF OF MEXICO; INC
CT	COMPUTED TOMOGRAPHY SERVICES FURNISHED USING EQUIPMENT THAT DOES NOT MEET EACH OF THE ATTRIBUTES OF THE NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION (NEMA) XR-29-2013 STANDARD
DA	ORAL HEALTH ASSESSMENT BY A LICENSED HEALTH PROFESSIONAL OTHER THAN A DENTIST
E1	UPPER LEFT; EYELID
E2	LOWER LEFT; EYELID
E3	UPPER RIGHT; EYELID
E4	LOWER RIGHT; EYELID
EA	ERYTHROPOETIC STIMULATING AGENT (ESA) ADMINISTERED TO TREAT ANEMIA DUE TO ANTICANCER CHEMOTHERAPY
EB	ERYTHROPOETIC STIMULATING AGENT (ESA) ADMINISTERED TO TREAT ANEMIA DUE TO ANTICANCER RADIOTHERAPY
EC	ERYTHROPOETIC STIMULATING AGENT (ESA) ADMINISTERED TO TREAT ANEMIA NOT DUE TO ANTICANCER RADIOTHERAPY OR ANTICANCER CHEMOTHERAPY
ED	HEMATOCRIT LEVEL HAS EXCEEDED 39% (OR HEMOGLOBIN LEVEL HAS EXCEEDED 13.0 G/DL) FOR 3 OR MORE CONSECUTIVE BILLING CYCLES IMMEDIATELY PRIOR TO AND INCLUDING THE CURRENT CYCLE
EE	HEMATOCRIT LEVEL HAS NOT EXCEEDED 39% (OR HEMOGLOBIN LEVEL HAS NOT EXCEEDED 13.0 G/DL) FOR 3 OR MORE CONSECUTIVE BILLING CYCLES IMMEDIATELY PRIOR TO AND INCLUDING THE CURRENT CYCLE
EG	AMBULANCE TRANSPORTATION FROM RESIDENTIAL; DOMICILIARY; CUSTODIAL FACILITY (NURSING HOME; NOT SKILLED NURSING FACILITY) TO HOSPITAL-BASED DIALYSIS FACILITY (HOSPITAL OR HOSPITAL-RELATED)

**HCCI Standard Lookup Table**

**PROCMOD    PROCMOD\_DESC**

EH	AMBULANCE TRANSPORTATION FROM RESIDENTIAL; DOMICILIARY; CUSTODIAL FACILITY (NURSING HOME; NOT SKILLED NURSING FACILITY) TO HOSPITAL
EI	AMBULANCE TRANSPORTATION FROM RESIDENTIAL; DOMICILIARY; CUSTODIAL FACILITY (NURSING HOME; NOT SKILLED NURSING FACILITY) TO SITE OF TRANSFER (FOR EXAMPLE; AIRPORT OR HELICOPTER PAD) BETWEEN DIFFERENT T
EJ	SUBSEQUENT CLAIMS FOR A DEFINED COURSE OF THERAPY; E.G.; EPO; SODIUM HYALURONATE; INFlixIMAB
EM	EMERGENCY RESERVE SUPPLY (FOR ESRD BENEFIT ONLY)
EN	AMBULANCE TRANSPORTATION FROM RESIDENTIAL; DOMICILIARY; CUSTODIAL FACILITY (NURSING HOME; NOT SKILLED NURSING FACILITY) TO SKILLED NURSING FACILITY (SNF)
EP	SERVICE PROVIDED AS PART OF MEDICAID EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT) PROGRAM
ER	AMBULANCE TRANSPORTATION FROM RESIDENTIAL; DOMICILIARY; CUSTODIAL FACILITY (NURSING HOME; NOT SKILLED NURSING FACILITY) TO RESIDENCE
ET	EMERGENCY SERVICES
EX	AMBULANCE TRANSPORTATION FROM RESIDENTIAL; DOMICILIARY; CUSTODIAL FACILITY (NURSING HOME; NOT SKILLED NURSING FACILITY) TO INTERMEDIATE STOP AT PHYSICIAN'S OFFICE ENROUTE TO THE HOSPITAL (INCLUDES HMO
EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE
F1	LEFT HAND; 2ND DIGIT
F2	LEFT HAND; THIRD DIGIT
F3	LEFT HAND; 4TH DIGIT
F4	LEFT HAND; FIFTH DIGIT
F5	RIGHT HAND; THUMB
F6	RIGHT HAND; 2ND DIGIT
F7	RIGHT HAND; THIRD DIGIT
F8	RIGHT HAND; 4TH DIGIT
F9	RIGHT HAND; 5TH DIGIT
FA	LEFT HAND; THUMB
FB	ITEM PROVIDED WITHOUT COST TO PROVIDER; SUPPLIER OR PRACTITIONER; OR FULL CREDIT RECEIVED FOR REPLACED DEVICE (EXAMPLES; BUT NOT LIMITED TO; COVERED UNDER WARRANTY; REPLACED DUE TO DEFECT; FREE SAMPLE
FC	PARTIAL CREDIT RECEIVED FOR REPLACED DEVICE
FP	SERVICE PROVIDED AS PART OF FAMILY PLANNING PROGRAM
G1	MOST RECENT URR READING OF LESS THAN 60
G2	MOST RECENT URR READING OF 60 TO 64.9
G3	MOST RECENT URR READING OF 65 TO 69.9
G4	MOST RECENT URR READING OF 70 TO 74.9
G5	MOST RECENT URR READING OF 75 OR GREATER
G6	ESRD PATIENT FOR WHOM LESS THAN 6 DIALYSIS SESSIONS HAVE BEEN PROVIDED IN A MONTH
G7	PREGNANCY RESULTED FROM RAPE OR INCEST OR PREGNANCY CERTIFIED BY PHYSICIAN AS LIFE THREATENING
G8	MONITORED ANESTHESIA CARE (MAC) FOR DEEP COMPLEX; COMPLICATED; OR MARKEDLY INVASIVE SURGICAL PROCEDURE
G9	MONITORED ANESTHESIA CARE FOR PATIENT WHO HAS HISTORY OF SEVERE CARDIOPULMONARY CONDITION
GA	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYER POLICY; INDIVIDUAL CASE
GB	CLAIM BEING RESUBMITTED FOR PAYMENT BECAUSE IT IS NO LONGER COVERED UNDER A GLOBAL PAYMENT DEMONSTRATION



HCCI Standard Lookup Table	
PROCMOD	PROCMOD_DESC
GC	THIS SERVICE HAS BEEN PERFORMED IN PART BY A RESIDENT UNDER THE DIRECTION OF A TEACHING PHYSICIAN
GD	UNITS OF SERVICE EXCEEDS MEDICALLY UNLIKELY EDIT VALUE AND REPRESENTS REASONABLE AND NECESSARY SERVICES
GE	THIS SERVICE HAS BEEN PERFORMED BY A RESIDENT WITHOUT THE PRESENCE OF A TEACHING PHYSICIAN UNDER THE PRIMARY CARE EXCEPTION
GF	NONPHYSICIAN (E.G.; NURSE PRACTITIONER (NP); CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA); CERTIFIED REGISTERED NURSE (CRN); CLINICAL NURSE SPECIALIST (CNS); PHYSICIAN ASSISTANT (PA)) SERVICES IN A C
GG	PERFORMANCE AND PAYMENT OF A SCREENING MAMMOGRAM AND DIAGNOSTIC MAMMOGRAM ON THE SAME PATIENT; SAME DAY
GH	DIAGNOSTIC MAMMOGRAM CONVERTED FROM SCREENING MAMMOGRAM ON SAME DAY
GI	AMBULANCE TRANSPORTATION FROM HOSPITAL BASED DIALYSIS FACILITY (HOSPITAL OR HOSPITAL RELATED) TO SITE OF TRANSFER (FOR EXAMPLE; AIRPORT OR HELICOPTER PAD) BETWEEN TYPES OF AMBULANCE
GJ	*****OPT OUT***** PHYSICIAN OR PRACTITIONER EMERGENCY OR URGENT SERVICE*****
GK	REASONABLE AND NECESSARY ITEM/SERVICE ASSOCIATED WITH GA OR GZ MODIFIER
GL	MEDICALLY UNNECESSARY UPGRADE PROVIDED INSTEAD OF NONUPGRADED ITEM; NO CHARGE; NO ADVANCE BENEFICIARY NOTICE (ABN)
GM	MULTIPLE PATIENTS ON ONE AMBULANCE TRIP
GN	SERVICES DELIVERED UNDER AN OUTPATIENT SPEECH LANGUAGE PATHOLOGY PLAN OF CARE
GO	SERVICES DELIVERED UNDER AN OUTPATIENT OCCUPATIONAL THERAPY PLAN OF CARE
GP	SERVICES DELIVERED UNDER AN OUTPATIENT PHYSICAL THERAPY PLAN OF CARE
GQ	VIA ASYNCHRONOUS TELECOMMUNICATIONS SYSTEM
GR	THIS SERVICE WAS PERFORMED IN WHOLE OR IN PART BY A RESIDENT IN A DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER OR CLINIC; SUPERVISED IN ACCORDANCE WITH VA POLICY
GS	DOSAGE OF ERYTHROPOIETIN STIMULATING AGENT HAS BEEN REDUCED AND MAINTAINED IN RESPONSE TO HEMATOCRIT OR HEMOGLOBIN LEVEL
GT	VIA INTERACTIVE AUDIO AND VIDEO TELECOMMUNICATION SYSTEMS
GU	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYER POLICY; ROUTINE NOTICE
GV	ATTENDING PHYSICIAN NOT EMPLOYED OR PAID UNDER ARRANGEMENT BY THE PATIENT'S HOSPICE PROVIDER
GW	SERVICE NOT RELATED TO THE HOSPICE PATIENT'S TERMINAL CONDITION
GX	NOTICE OF LIABILITY ISSUED; VOLUNTARY UNDER PAYER POLICY
GY	ITEM OR SERVICE STATUTORILY EXCLUDED; DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT OR FOR NON-MEDICARE INSURERS; IS NOT A CONTRACT BENEFIT
GZ	ITEM OR SERVICE EXPECTED TO BE DENIED AS NOT REASONABLE AND NECESSARY
H9	COURT-ORDERED
HA	CHILD/ADOLESCENT PROGRAM
HB	ADULT PROGRAM; NONGERIATRIC
HC	ADULT PROGRAM; GERIATRIC
HD	PREGNANT/PARENTING WOMEN'S PROGRAM
HE	MENTAL HEALTH PROGRAM
HF	SUBSTANCE ABUSE PROGRAM
HG	OPIOID ADDICTION TREATMENT PROGRAM
HH	INTEGRATED MENTAL HEALTH/SUBSTANCE ABUSE PROGRAM
HI	INTEGRATED MENTAL HEALTH AND MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES PROGRAM

HCCI Standard Lookup Table	
PROCMOD	PROCMOD_DESC
HJ	EMPLOYEE ASSISTANCE PROGRAM
HK	SPECIALIZED MENTAL HEALTH PROGRAMS FOR HIGH-RISK POPULATIONS
HL	INTERN
HM	LESS THAN BACHELOR DEGREE LEVEL
HN	BACHELORS DEGREE LEVEL
HO	MASTERS DEGREE LEVEL
HP	DOCTORAL LEVEL
HQ	GROUP SETTING
HR	FAMILY/COUPLE WITH CLIENT PRESENT
HS	FAMILY/COUPLE WITHOUT CLIENT PRESENT
HT	MULTI-DISCIPLINARY TEAM
HU	FUNDED BY CHILD WELFARE AGENCY
HV	FUNDED STATE ADDICTIONS AGENCY
HW	FUNDED BY STATE MENTAL HEALTH AGENCY
HX	FUNDED BY COUNTY/LOCAL AGENCY
HY	FUNDED BY JUVENILE JUSTICE AGENCY
HZ	FUNDED BY CRIMINAL JUSTICE AGENCY
IE	AMBULANCE TRANSPORTATION FROM SITE OF TRANSFER FOR EXAMPLE; AIRPORT OR HELICOPTER PAD) BETWEEN DIFFERENT TYPES OF AMBULANCE TO RESIDENTIAL; DOMICILIARY; CUSTODIAL FACILITY (NURSING HOME; NOT SKILLED N
IG	AMBULANCE TRANSPORTATION FROM SITE OF TRANSFER FOR EXAMPLE; AIRPORT OR HELICOPTER PAD) BETWEEN DIFFERENT TYPES OF AMBULANCE TO HOSPITAL BASED DIALYSIS FACILITY (HOSPITAL OR HOSPITAL RELATED)
IH	AMBULANCE TRANSPORTATION FROM SITE OF TRANSFER FOR EXAMPLE; AIRPORT OR HELICOPTER PAD) BETWEEN DIFFERENT TYPES OF AMBULANCE TO HOSPITAL
II	AMBULANCE TRANSPORTATION FROM SITE OF TRANSFER FOR EXAMPLE; AIRPORT OR HELICOPTER PAD) BETWEEN DIFFERENT TYPES OF AMBULANCE TO SITE OF TRANSFER FOR EXAMPLE; AIRPORT OR HELICOPTER PAD) BETWEEN DIFFEREN
IJ	AMBULANCE TRANSPORTATION FROM SITE OF TRANSFER FOR EXAMPLE; AIRPORT OR HELICOPTER PAD) BETWEEN DIFFERENT TYPES OF AMBULANCE TO NON-HOSPITAL-BASED DIALYSIS FACILITY
IN	AMBULANCE TRANSPORTATION FROM SITE OF TRANSFER FOR EXAMPLE; AIRPORT OR HELICOPTER PAD) BETWEEN DIFFERENT TYPES OF AMBULANCE TO SKILLED NURSING FACILITY (SNF)
IP	AMBULANCE TRANSPORTATION FROM SITE OF TRANSFER FOR EXAMPLE; AIRPORT OR HELICOPTER PAD) BETWEEN DIFFERENT TYPES OF AMBULANCE TO PHYSICIAN'S OFFICE (INCLUDES HMO NON-HOSPITAL FACILITY; CLINIC; ETC.)
IR	AMBULANCE TRANSPORTATION FROM SITE OF TRANSFER FOR EXAMPLE; AIRPORT OR HELICOPTER PAD) BETWEEN DIFFERENT TYPES OF AMBULANCE TO RESIDENCE
IX	AMBULANCE TRANSPORTATION FROM SITE OF TRANSFER FOR EXAMPLE; AIRPORT OR HELICOPTER PAD) BETWEEN DIFFERENT TYPES OF AMBULANCE TO
J1	COMPETITIVE ACQUISITION PROGRAM NO-PAY SUBMISSION FOR A PRESCRIPTION NUMBER
J2	COMPETITIVE ACQUISITION PROGRAM; RESTOCKING OF EMERGENCY DRUGS AFTER EMERGENCY ADMINISTRATION
J3	COMPETITIVE ACQUISITION PROGRAM (CAP); DRUG NOT AVAILABLE THROUGH CAP AS WRITTEN; REIMBURSED UNDER AVERAGE SALES PRICE METHODOLOGY
J4	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM THAT IS FURNISHED BY A HOSPITAL UPON DISCHARGE
JA	ADMINISTERED INTRAVENOUSLY
JB	ADMINISTERED SUBCUTANEOUSLY

HCCI Standard Lookup Table	
PROCMOD	PROCMOD_DESC
JC	SKIN SUBSTITUTE USED AS A GRAFT
JD	SKIN SUBSTITUTE NOT USED AS A GRAFT
JE	AMBULANCE TRANSPORTATION FROM NON-HOSPITAL-BASED DIALYSIS FACILITY RESIDENTIAL; TO DOMICILIARY; CUSTODIAL FACILITY (NURSING HOME; NOT SKILLED NURSING FACILITY)
JG	AMBULANCE TRANSPORTATION FROM NON-HOSPITAL-BASED DIALYSIS FACILITY TO HOSPITAL BASED DIALYSIS FACILITY (HOSPITAL OR HOSPITAL RELATED)
JH	AMBULANCE TRANSPORTATION FROM NON-HOSPITAL-BASED DIALYSIS FACILITY TO HOSPITAL
JI	AMBULANCE TRANSPORTATION FROM NON-HOSPITAL-BASED DIALYSIS FACILITY TO SITE OF TRANSFER FOR EXAMPLE; AIRPORT OR HELICOPTER PAD) BETWEEN DIFFERENT TYPES OF AMBULANCE
JJ	AMBULANCE TRANSPORTATION FROM NON-HOSPITAL-BASED DIALYSIS FACILITY TO NON-HOSPITAL-BASED DIALYSIS FACILITY
JN	AMBULANCE TRANSPORTATION FROM NON-HOSPITAL-BASED DIALYSIS FACILITY TO SKILLED NURSING FACILITY (SNF)
JP	AMBULANCE TRANSPORTATION FROM NON-HOSPITAL-BASED DIALYSIS FACILITY TO PHYSICIAN'S OFFICE (INCLUDES HMO NON-HOSPITAL FACILITY; CLINIC; ETC.)
JR	AMBULANCE TRANSPORTATION FROM NON-HOSPITAL-BASED DIALYSIS FACILITY TO RESIDENCE
JW	DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT
JX	AMBULANCE TRANSPORTATION FROM NON-HOSPITAL-BASED DIALYSIS FACILITY TO INTERMEDIATE STOP AT PHYSICIAN'S OFFICE ENROUTE TO THE HOSPITAL (INCLUDES HMO NO-HOSPITAL FACILITY; CLINIC; ETC.)
K0	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 0-DOES NOT HAVE THE ABILITY OR POTENTIAL TO AMBULATE OR TRANSFER SAFELY WITH OR WITHOUT ASSISTANCE AND A PROSTHESIS DOES NOT ENHANCE THEIR QUALITY OF LIFE O
K1	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 1 - HAS THE ABILITY OR POTENTIAL TO USE A PROSTHESIS FOR TRANSFERS OR AMBULATION ON LEVEL SURFACES AT FIXED CADENCE; TYPICAL OF THE LIMITED AND UNLIMITED HO
K2	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 2 - HAS THE ABILITY OR POTENTIAL FOR AMBULATION WITH THE ABILITY TO TRAVERSE LOW LEVEL ENVIRONMENTAL BARRIERS SUCH AS CURBS; STAIRS OR UNEVEN SURFACES. TYPI
K3	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 3-HAS THE ABILITY OR POTENTIAL FOR AMBULATION WITH VARIABLE CADENCE; TYPICAL OF THE COMMUNITY AMBULATOR WHO HAS THE ABILITY TO TRAVERSE MOST ENVIRONMENTAL B
K4	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 4 - HAS THE ABILITY OR POTENTIAL FOR PROSTHETIC AMBULATION THAT EXCEEDS THE BASIC AMBULATION SKILLS; EXHIBITING HIGH IMPACT; STRESS; OR ENERGY LEVELS; TYPIC
KA	ADD ON OPTION/ACCESSORY FOR WHEELCHAIR
KB	BENEFICIARY REQUESTED UPGRADE FOR ABN; MORE THAN 4 MODIFIERS IDENTIFIED ON CLAIM
KC	REPLACEMENT OF SPECIAL POWER WHEELCHAIR INTERFACE
KD	DRUG OR BIOLOGICAL INFUSED THROUGH DME
KE	BID UNDER ROUND ONE OF THE DMEPOS COMPETITIVE BIDDING PROGRAM FOR USE WITH NONCOMPETITIVE BID BASE EQUIPMENT
KF	ITEM DESIGNATED BY FDA AS CLASS III DEVICE
KG	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 1
KH	DMEPOS ITEM; INITIAL CLAIM; PURCHASE OR FIRST MONTH RENTAL
KI	DMEPOS ITEM; 2ND OR 3RD MONTH RENTAL
KJ	DMEPOS ITEM; PARENTERAL ENTERAL NUTRITION (PEN) PUMP OR CAPPED RENTAL; MONTHS 4 TO 15
KK	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 2

**HCCI Standard Lookup Table**

**PROCMOD    PROCMOD\_DESC**

KL	DMEPOS ITEM DELIVERED VIA MAIL
KM	REPLACEMENT OF FACIAL PROSTHESIS INCLUDING NEW IMPRESSION/MOULAGE
KN	REPLACEMENT OF FACIAL PROSTHESIS USING PREVIOUS MASTER MODEL
KO	SINGLE DRUG UNIT DOSE FORMULATION
KP	FIRST DRUG OF A MULTIPLE DRUG UNIT DOSE FORMULATION
KQ	SECOND OR SUBSEQUENT DRUG OF A MULTIPLE DRUG UNIT DOSE FORMULATION
KR	RENTAL ITEM; BILLING FOR PARTIAL MONTH
KS	GLUCOSE MONITOR SUPPLY FOR DIABETIC BENEFICIARY NOT TREATED WITH INSULIN
KT	BENEFICIARY RESIDES IN A COMPETITIVE BIDDING AREA AND TRAVELS OUTSIDE THAT COMPETITIVE BIDDING AREA AND RECEIVES A COMPETITIVE BID ITEM.
KU	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 3
KV	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM THAT IS FURNISHED AS PART OF A PROFESSIONAL SERVICE
KW	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 4
KX	REQUIREMENTS SPECIFIED IN THE MEDICAL POLICY HAVE BEEN MET
KY	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 5
KZ	NEW COVERAGE NOT IMPLEMENTED BY MANAGED CARE
L1	PROVIDER ATTESTATION THAT THE HOSPITAL LABORATORY TEST(S) IS NOT PACKAGED UNDER THE HOSPITAL OPSS
LC	LEFT CIRCUMFLEX CORONARY ARTERY
LD	LEFT ANTERIOR DESCENDING CORONARY ARTERY
LL	LEASE/RENTAL (USE THE LL MODIFIER WHEN DME EQUIPMENT RENTAL IS TO BE APPLIED AGAINST THE PURCHASE PRICE)
LM	LEFT MAIN CORONARY ARTERY
LR	LABORATORY ROUND TRIP
LS	FDA-MONITORED INTRAOCULAR LENS IMPLANT
LT	LEFT SIDE (USED TO IDENTIFY PROCEDURES PERFORMED ON THE LEFT SIDE OF THE BODY)
M2	MEDICARE SECONDARY PAYER (MSP)
MS	SIX MONTH MAINTENANCE AND SERVICING FEE FOR REASONABLE AND NECESSARY PARTS AND LABOR WHICH ARE NOT COVERED UNDER ANY MANUFACTURER OR SUPPLIER WARRANTY
NB	NEBULIZER SYSTEM; ANY TYPE; FDA-CLEARED FOR USE WITH SPECIFIC DRUG
NE	AMBULANCE TRANSPORTATION FROM SKILLED NURSING FACILITY (SNF) TO DOMICILIARY; CUSTODIAL FACILITY (NURSING HOME; NOT SKILLED NURSING FACILITY)
NG	AMBULANCE TRANSPORTATION FROM SKILLED NURSING FACILITY (SNF) TO HOSPITAL BASED DIALYSIS FACILITY (HOSPITAL OR HOSPITAL RELATED)
NH	AMBULANCE TRANSPORTATION FROM SKILLED NURSING FACILITY (SNF) TO HOSPITAL
NI	AMBULANCE TRANSPORTATION FROM SKILLED NURSING FACILITY (SNF) TO SITE OF TRANSFER FOR EXAMPLE; AIRPORT OR HELICOPTER PAD) BETWEEN DIFFERENT TYPES OF AMBULANCE
NJ	AMBULANCE TRANSPORTATION FROM SKILLED NURSING FACILITY (SNF) TO NON-HOSPITAL-BASED DIALYSIS FACILITY
NN	AMBULANCE TRANSPORTATION FROM SKILLED NURSING FACILITY (SNF) TO SKILLED NURSING FACILITY (SNF)
NP	AMBULANCE TRANSPORTATION FROM SKILLED NURSING FACILITY (SNF) TO PHYSICIAN'S OFFICE (INCLUDES HMO NON-HOSPITAL FACILITY; CLINIC; ETC.)
NR	NEW WHEN RENTED (USE THE NR MODIFIER WHEN DME WHICH WAS NEW AT THE TIME OF RENTAL IS SUBSEQUENTLY PURCHASED)
NU	NEW EQUIPMENT

HCCI Standard Lookup Table	
PROCMOD	PROCMOD_DESC
NX	AMBULANCE TRANSPORTATION FROM SKILLED NURSING FACILITY (SNF) TO INTERMEDIATE STOP AT PHYSICIAN'S OFFICE ENROUTE TO THE HOSPITAL (INCLUDES HMO NO-HOSPITAL FACILITY; CLINIC; ETC.)
ON	TP53; COMMONLY CALLED P53
P1	A NORMAL HEALTHY PATIENT
P2	A PATIENT WITH MILD SYSTEMIC DISEASE
P3	A PATIENT WITH SEVERE SYSTEMIC DISEASE
P4	A PATIENT WITH SEVERE SYSTEMIC DISEASE THAT IS A CONSTANT THREAT TO LIFE
P5	A MORIBUND PATIENT WHO IS NOT EXPECTED TO SURVIVE WITHOUT THE OPERATION
P6	A DECLARED BRAIN-DEAD PATIENT WHOSE ORGANS ARE BEING REMOVED FOR DONOR PURPOSES
PA	SURGICAL OR OTHER INVASIVE PROCEDURE ON WRONG BODY PART
PB	SURGICAL OR OTHER INVASIVE PROCEDURE ON WRONG PATIENT
PC	WRONG SURGERY OR OTHER INVASIVE PROCEDURE ON PATIENT
PD	DIAGNOSTIC OR RELATED NONDIAGNOSTIC ITEM OR SERVICE PROVIDED IN A WHOLLY OWNED OR OPERATED ENTITY TO A PATIENT WHO IS ADMITTED AS AN INPATIENT WITHIN 3 DAYS
PE	AMBULANCE TRANSPORTATION FROM PHYSICIAN'S OFFICE (INCLUDES HMO NON-HOSPITAL FACILITY; CLINIC; ETC.) TO DOMICILIARY; CUSTODIAL FACILITY (NURSING HOME; NOT SKILLED NURSING FACILITY)
PG	AMBULANCE TRANSPORTATION FROM PHYSICIAN'S OFFICE (INCLUDES HMO NON-HOSPITAL FACILITY; CLINIC; ETC.) TO HOSPITAL BASED DIALYSIS FACILITY (HOSPITAL OR HOSPITAL RELATED)
PH	AMBULANCE TRANSPORTATION FROM PHYSICIAN'S OFFICE (INCLUDES HMO NON-HOSPITAL FACILITY; CLINIC; ETC.) TO HOSPITAL
PI	POSITRON EMISSION TOMOGRAPHY (PET) OR PET/COMPUTED TOMOGRAPHY (CT) TO INFORM THE INITIAL TREATMENT STRATEGY OF TUMORS THAT ARE BIOPSY PROVEN OR STRONGLY SUSPECTED OF BEING CANCEROUS BASED ON OTHER DIA
PJ	AMBULANCE TRANSPORTATION FROM PHYSICIAN'S OFFICE (INCLUDES HMO NON-HOSPITAL FACILITY; CLINIC; ETC.) TO NON-HOSPITAL-BASED DIALYSIS FACILITY
PL	PROGRESSIVE ADDITION LENSES
PM	POST MORTEM
PN	AMBULANCE TRANSPORTATION FROM PHYSICIAN'S OFFICE (INCLUDES HMO NON-HOSPITAL FACILITY; CLINIC; ETC.) SKILLED NURSING FACILITY (SNF)
PO	SERVICES; PROCEDURES AND/OR SURGERIES PROVIDED AT OFF-CAMPUS PROVIDER-BASED OUTPATIENT DEPARTMENTS
PP	AMBULANCE TRANSPORTATION FROM PHYSICIAN'S OFFICE (INCLUDES HMO NON-HOSPITAL FACILITY; CLINIC; ETC.) TO PHYSICIAN'S OFFICE (INCLUDES HMO NON-HOSPITAL FACILITY; CLINIC; ETC.)
PR	AMBULANCE TRANSPORTATION FROM PHYSICIAN'S OFFICE (INCLUDES HMO NON-HOSPITAL FACILITY; CLINIC; ETC.) TO RESIDENCE
PS	POSITRON EMISSION TOMOGRAPHY (PET) OR PET/COMPUTED TOMOGRAPHY (CT) TO INFORM THE SUBSEQUENT TREATMENT STRATEGY OF CANCEROUS TUMORS WHEN THE BENEFICIARY'S TREATING PHYSICIAN DETERMINES THAT THE PET STU
PT	COLORECTAL CANCER SCREENING TEST; CONVERTED TO DIAGNOSTIC TEST OR OTHER PROCEDURE
PX	AMBULANCE TRANSPORTATION FROM PHYSICIAN'S OFFICE (INCLUDES HMO NON-HOSPITAL FACILITY; CLINIC; ETC.) TO INTERMEDIATE STOP AT PHYSICIAN'S OFFICE ENROUTE TO THE HOSPITAL (INCLUDES HMO NO-HOSPITAL FACILITY
Q0	INVESTIGATIONAL CLINICAL SERVICE PROVIDED IN A CLINICAL RESEARCH STUDY THAT IS IN AN APPROVED CLINICAL RESEARCH STUDY
Q1	ROUTINE CLINICAL SERVICE PROVIDED IN A CLINICAL RESEARCH STUDY THAT IS IN AN APPROVED CLINICAL RESEARCH STUDY

HCCI Standard Lookup Table	
PROCMOD	PROCMOD_DESC
Q2	HCFA/ORD DEMONSTRATION PROJECT PROCEDURE/SERVICE
Q3	LIVE KIDNEY DONOR SURGERY AND RELATED SERVICES
Q4	SERVICE FOR ORDERING/REFERRING PHYSICIAN QUALIFIES AS A SERVICE EXEMPTION
Q5	SERVICE FURNISHED BY A SUBSTITUTE PHYSICIAN UNDER A RECIPROCAL BILLING ARRANGEMENT
Q6	SERVICE FURNISHED BY A LOCUM TENENS PHYSICIAN
Q7	ONE CLASS A FINDING
Q8	TWO CLASS B FINDINGS
Q9	ONE CLASS B AND 2 CLASS C FINDINGS
QA	FDA INVESTIGATIONAL DEVICE EXEMPTION
QB	PHYSICIAN PROVIDING SERVICE IN A RURAL HPSA
QC	SINGLE CHANNEL MONITORING
QD	RECORDING AND STORAGE IN SOLID STATE MEMORY BY A DIGITAL RECORDER
QE	PRESCRIBED AMOUNT OF OXYGEN IS LESS THAN 1 LITER PER MINUTE (LPM)
QF	PRESCRIBED AMOUNT OF OXYGEN EXCEEDS 4 LITERS PER MINUTE (LPM) AND PORTABLE OXYGEN IS PRESCRIBED
QG	PRESCRIBED AMOUNT OF OXYGEN IS GREATER THAN 4 LITERS PER MINUTE (LPM)
QH	OXYGEN CONSERVING DEVICE IS BEING USED WITH AN OXYGEN DELIVERY SYSTEM
QJ	SERVICES/ITEMS PROVIDED TO A PRISONER OR PATIENT IN STATE OR LOCAL CUSTODY; HOWEVER THE STATE OR LOCAL GOVERNMENT; AS APPLICABLE; MEETS THE REQUIREMENTS IN 42 CFR 411.4(B)
QK	MEDICAL DIRECTION OF 2; 3; OR 4 CONCURRENT ANESTHESIA PROCEDURES INVOLVING QUALIFIED INDIVIDUALS
QL	PATIENT PRONOUNCED DEAD AFTER AMBULANCE CALLED
QM	AMBULANCE SERVICE PROVIDED UNDER ARRANGEMENT BY A PROVIDER OF SERVICES
QN	AMBULANCE SERVICE FURNISHED DIRECTLY BY A PROVIDER OF SERVICES
QP	DOCUMENTATION IS ON FILE SHOWING THAT THE LABORATORY TEST(S) WAS ORDERED INDIVIDUALLY OR ORDERED AS A CPT-RECOGNIZED PANEL OTHER THAN AUTOMATED PROFILE CODES
QQ	CLAIM SUBMITTED WITH A WRITTEN STATEMENT OF INTENT
QR	ITEM OR SERVICE PROVIDED IN A MEDICARE SPECIFIED STUDY
QS	MONITORED ANESTHESIA CARE SERVICE
QT	RECORDING AND STORAGE ON TAPE BY AN ANALOG TAPE RECORDER
QU	PHYSICIAN PROVIDING SERVICE IN AN URBAN HPSA
QV	ITEM OR SERVICE PROVIDED AS ROUTINE CARE IN A MEDICARE QUALIFYING CLINICAL TRIAL
QW	CLIA WAIVED TEST
QX	CRNA SERVICE: WITH MEDICAL DIRECTION BY A PHYSICIAN
QY	MEDICAL DIRECTION OF ONE CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) BY AN ANESTHESIOLOGIST
QZ	CRNA SERVICE: WITHOUT MEDICAL DIRECTION BY A PHYSICIAN
RA	REPLACEMENT OF A DME; ORTHOTIC OR PROSTHETIC ITEM
RB	REPLACEMENT OF A PART OF A DME; ORTHOTIC OR PROSTHETIC ITEM FURNISHED AS PART OF A REPAIR
RC	RIGHT CORONARY ARTERY
RD	*****DRUG PROVIDED TO BENEFICIARY; BUT NOT ADMINISTERED *****INCIDENT-TO*****
RE	FURNISHED IN FULL COMPLIANCE WITH FDA-MANDATED RISK EVALUATION AND MITIGATION STRATEGY (REMS)

**HCCI Standard Lookup Table**

**PROCMOD    PROCMOD\_DESC**

RG	AMBULANCE TRANSPORTATION FROM RESIDENCE TO HOSPITAL BASED DIALYSIS FACILITY (HOSPITAL OR HOSPITAL RELATED)
RH	AMBULANCE TRANSPORTATION FROM RESIDENCE TO HOSPITAL
RI	RAMUS INTERMEDIUS CORONARY ARTERY
RJ	AMBULANCE TRANSPORTATION FROM RESIDENCE TO NON-HOSPITAL-BASED DIALYSIS FACILITY
RN	AMBULANCE TRANSPORTATION FROM RESIDENCE TO SKILLED NURSING FACILITY (SNF)
RP	REPLACEMENT AND REPAIR -RP MAY BE USED TO INDICATE REPLACEMENT OF DME; ORTHOTIC AND PROSTHETIC DEVICES WHICH HAVE BEEN IN USE FOR SOMETIME. THE CLAIM SHOWS THE CODE FOR THE PART; FOLLOWED BY THE 'RP'
RR	RENTAL (USE THE RR MODIFIER WHEN DME IS TO BE RENTED)
RT	RIGHT SIDE (USED TO IDENTIFY PROCEDURES PERFORMED ON THE RIGHT SIDE OF THE BODY)
RX	AMBULANCE TRANSPORTATION FROM RESIDENCE TO INTERMEDIATE STOP AT PHYSICIAN'S OFFICE ENROUTE TO THE HOSPITAL (INCLUDES HMO NO-HOSPITAL FACILITY; CLINIC; ETC.)
SA	NURSE PRACTITIONER RENDERING SERVICE IN COLLABORATION WITH A PHYSICIAN
SB	NURSE MIDWIFE
SC	MEDICALLY NECESSARY SERVICE OR SUPPLY
SD	SERVICES PROVIDED BY REGISTERED NURSE WITH SPECIALIZED; HIGHLY TECHNICAL HOME INFUSION TRAINING
SE	STATE AND/OR FEDERALLY-FUNDED PROGRAMS/SERVICES
SF	SECOND OPINION ORDERED BY A PROFESSIONAL REVIEW ORGANIZATION (PRO) PER SECTION 9401; P.L. 99-272 (100% REIMBURSEMENT - NO MEDICARE DEDUCTIBLE OR COINSURANCE)
SG	AMBULATORY SURGICAL CENTER (ASC) FACILITY SERVICE
SH	SECOND CONCURRENTLY ADMINISTERED INFUSION THERAPY
SI	AMBULANCE TRANSPORTATION FROM SCENE OF ACCIDENT OR ACUTE EVENT TO SITE OF TRANSFER FOR EXAMPLE; AIRPORT OR HELICOPTER PAD) BETWEEN DIFFERENT TYPES OF AMBULANCE
SJ	THIRD OR MORE CONCURRENTLY ADMINISTERED INFUSION THERAPY
SK	MEMBER OF HIGH RISK POPULATION (USE ONLY WITH CODES FOR IMMUNIZATION)
SL	STATE SUPPLIED VACCINE
SM	SECOND SURGICAL OPINION
SN	THIRD SURGICAL OPINION
SQ	ITEM ORDERED BY HOME HEALTH
SR	AMBULANCE TRANSPORTATION FROM SCENE OF ACCIDENT OR ACUTE EVENT TO RESIDENCE
SS	HOME INFUSION SERVICES PROVIDED IN THE INFUSION SUITE OF THE IV THERAPY PROVIDER
ST	RELATED TO TRAUMA OR INJURY
SU	PROCEDURE PERFORMED IN PHYSICIAN'S OFFICE (TO DENOTE USE OF FACILITY AND EQUIPMENT)
SV	PHARMACEUTICALS DELIVERED TO PATIENT'S HOME BUT NOT UTILIZED
SW	SERVICES PROVIDED BY A CERTIFIED DIABETIC EDUCATOR
SX	AMBULANCE TRANSPORTATION FROM SCENE OF ACCIDENT OR ACUTE EVENT TO INTERMEDIATE STOP AT PHYSICIAN'S OFFICE ENROUTE TO THE HOSPITAL (INCLUDES HMO NO-HOSPITAL FACILITY; CLINIC; ETC.)
SY	PERSONS WHO ARE IN CLOSE CONTACT WITH MEMBER OF HIGH-RISK POPULATION (USE ONLY WITH CODES FOR IMMUNIZATION)
SZ	HABILITATIVE SERVICES

HCCI Standard Lookup Table	
PROCMOD	PROCMOD_DESC
T1	LEFT FOOT; 2ND DIGIT
T2	LEFT FOOT; 3RD DIGIT
T3	LEFT FOOT; 4TH DIGIT
T4	LEFT FOOT; 5TH DIGIT
T5	RIGHT FOOT; GREAT TOE
T6	RIGHT FOOT; 2ND DIGIT
T7	RIGHT FOOT; 3RD DIGIT
T8	RIGHT FOOT; 4TH DIGIT
T9	RIGHT FOOT; 5TH DIGIT
TA	LEFT FOOT; GREAT TOE
TC	TECHNICAL COMPONENT. UNDER CERTAIN CIRCUMSTANCES; A CHARGE MAY BE MADE FOR THE TECHNICAL COMPONENT ALONE. UNDER THOSE CIRCUMSTANCES THE TECHNICAL COMPONENT CHARGE IS IDENTIFIED BY ADDING MODIFIER 'TC'
TD	RN
TE	LPN/LVN
TF	INTERMEDIATE LEVEL OF CARE
TG	COMPLEX/HIGH TECH LEVEL OF CARE
TH	OBSTETRICAL TREATMENT/SERVICES; PRENATAL OR POSTPARTUM
TJ	PROGRAM GROUP; CHILD AND/OR ADOLESCENT
TK	EXTRA PATIENT OR PASSENGER; NONAMBULANCE
TL	EARLY INTERVENTION/INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)
TM	INDIVIDUALIZED EDUCATION PROGRAM (IEP)
TN	RURAL/OUTSIDE PROVIDERS' CUSTOMARY SERVICE AREA
TP	MEDICAL TRANSPORT; UNLOADED VEHICLE
TQ	BASIC LIFE SUPPORT TRANSPORT BY A VOLUNTEER AMBULANCE PROVIDER
TR	SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES PROVIDED OUTSIDE THE PUBLIC SCHOOL DISTRICT RESPONSIBLE FOR THE STUDENT
TS	FOLLOW-UP SERVICE
TT	INDIVIDUALIZED SERVICE PROVIDED TO MORE THAN ONE PATIENT IN SAME SETTING
TU	SPECIAL PAYMENT RATE; OVERTIME
TV	SPECIAL PAYMENT RATES; HOLIDAYS/WEEKENDS
TW	BACK-UP EQUIPMENT
U1	MEDICAID LEVEL OF CARE 1; AS DEFINED BY EACH STATE
U2	MEDICAID LEVEL OF CARE 2; AS DEFINED BY EACH STATE
U3	MEDICAID LEVEL OF CARE 3; AS DEFINED BY EACH STATE
U4	MEDICAID LEVEL OF CARE 4; AS DEFINED BY EACH STATE
U5	MEDICAID LEVEL OF CARE 5; AS DEFINED BY EACH STATE
U6	MEDICAID LEVEL OF CARE 6; AS DEFINED BY EACH STATE
U7	MEDICAID LEVEL OF CARE 7; AS DEFINED BY EACH STATE
U8	MEDICAID LEVEL OF CARE 8; AS DEFINED BY EACH STATE
U9	MEDICAID LEVEL OF CARE 9; AS DEFINED BY EACH STATE
UA	MEDICAID LEVEL OF CARE 10; AS DEFINED BY EACH STATE
UB	MEDICAID LEVEL OF CARE 11; AS DEFINED BY EACH STATE
UC	MEDICAID LEVEL OF CARE 12; AS DEFINED BY EACH STATE
UD	MEDICAID LEVEL OF CARE 13; AS DEFINED BY EACH STATE
UE	USED DURABLE MEDICAL EQUIPMENT
UF	SERVICES PROVIDED IN THE MORNING
UG	SERVICES PROVIDED IN THE AFTERNOON



HCCI Standard Lookup Table	
PROCMOD	PROCMOD_DESC
UH	SERVICES PROVIDED IN THE EVENING
UJ	SERVICES PROVIDED AT NIGHT
UK	SERVICES PROVIDED ON BEHALF OF THE CLIENT TO SOMEONE OTHER THAN THE CLIENT (COLLATERAL RELATIONSHIP)
UN	2 PATIENTS SERVED
UP	3 PATIENTS SERVED
UQ	4 PATIENTS SERVED
UR	5 PATIENTS SERVED
US	6 OR MORE PATIENTS SERVED
V5	VASCULAR CATHETER (ALONE OR WITH ANY OTHER VASCULAR ACCESS)
V6	ARTERIOVENOUS GRAFT (OR OTHER VASCULAR ACCESS NOT INCLUDING A VASCULAR CATHETER)
V7	ARTERIOVENOUS FISTULA ONLY (IN USE WITH 2 NEEDLES)
V8	INFECTION PRESENT
V9	NO INFECTION PRESENT
VP	APHAKIC PATIENT
XE	SEPARATE ENCOUNTER; A SERVICE THAT IS DISTINCT BECAUSE IT OCCURRED DURING A SEPARATE ENCOUNTER
XP	SEPARATE PRACTITIONER; A SERVICE THAT IS DISTINCT BECAUSE IT WAS PERFORMED BY A DIFFERENT PRACTITIONER
XS	SEPARATE STRUCTURE; A SERVICE THAT IS DISTINCT BECAUSE IT WAS PERFORMED ON A SEPARATE ORGAN/STRUCTURE
XU	UNUSUAL NON-OVERLAPPING SERVICE; THE USE OF A SERVICE THAT IS DISTINCT BECAUSE IT DOES NOT OVERLAP USUAL COMPONENTS OF THE MAIN SERVICE
ZA	NOVARTIS/SANDOZ

HCCI Standard Lookup Table	
PROVCAT_CD	PROV_CATGY_DESC
0001	ACUPUNCTURIST
0002	ADDICTION MEDICINE SPECIALIST
0003	ALLERGY & IMMUNOLOGY
0004	AMBULANCE PROVIDERS
0005	AMBULATORY SURGERY CENTERS
0006	ANESTHESIOLOGY
0007	AUDIOLOGIST
0008	BIRTHING CENTERS
0009	BLOOD SERVICES CENTER
0010	CARDIAC & MEDICAL REHAB FACILITIES
0011	CARDIOLOGY
0012	CHIROPRACTOR
0013	CLINIC/DAY CARE FACILITIES
0014	CLINICAL PSYCHOLOGY
0015	COLON & RECTAL SURGERY
0016	CRITICAL CARE MEDICINE
0017	DENTAL TECHNICIAN
0018	DENTIST
0019	DERMATOLOGY
0020	DIALYSIS FACILITY

**HCCI Standard Lookup Table**

<b>PROVCAT_CD</b>	<b>PROV_CATGY_DESC</b>
0021	EMERGENCY CARE
0022	EMERGENCY MEDICINE
0023	ENDOCRINOLOGY
0024	ENDODONTIST
0025	EXTENDED CARE FACILITIES
0026	FAMILY PRACTICE
0027	GASTROENTEROLOGY
0028	GENERAL ACUTE-CARE HOSPITAL
0029	GENERAL SURGERY
0030	GENETICS
0031	GERIATRIC MEDICINE
0032	GOVERNMENT FACILITY
0033	GYNECOLOGY
0034	HEALTH RESORT
0035	HEMATOLOGY & ONCOLOGY
0036	HOME HEALTH AGENCY
0037	HOME HEALTH CARE
0038	HOSPICE
0039	HOSPICE AND PALLIATIVE MEDICINE
0040	INDEPENDENT LABORATORY
0041	INDEPENDENT RADIOLOGY
0042	INFECTIOUS DISEASES
0043	INFERTILITY CENTER
0044	INFIRMARY
0045	INFUSION CENTER
0046	INTERNAL MEDICINE
0047	LITHOTRIPSY CENTER
0048	MEDICAL SUPPLY HOUSE
0049	MENTAL HEALTH PROFESSIONAL
0050	MENTAL HEALTH/CHEMICAL DEPENDENCY FACILITIES
0051	NEONATOLOGY
0052	NEPHROLOGY
0053	NEUROLOGICAL SURGERY
0054	NEUROLOGY
0055	NUTRITIONIST
0056	OBSTETRICS
0057	OBSTETRICS & GYNECOLOGY
0058	OCCUPATIONAL THERAPY PROVIDER
0059	OPHTHALMOLOGY
0060	OPTICIAN/OPTOMETRIST
0061	ORTHODONTIST
0062	ORTHOPEDICS
0063	OSTEOPATHY
0064	OTHER DENTAL SPECIALIST
0065	OTHER FREE STANDING FACILITY
0066	OTHER NON-PHYSICIAN PROVIDER
0067	OTHER PHYSICIAN SPECIALTY

HCCI Standard Lookup Table	
PROVCAT_CD	PROV_CATGY_DESC
0068	OTOLARYNGOLOGY
0069	PATHOLOGY
0070	PEDIATRICS
0071	PEDODONTIST
0072	PERIODONTIST
0073	PHARMACY
0074	PHYSICAL MEDICINE & REHABILITATION
0075	PHYSICAL THERAPY PROVIDER
0076	PLASTIC & RECONSTRUCTIVE SURGERY
0077	PODIATRIST - NON-MD
0078	PODIATRY MD
0079	PREVENTIVE MEDICINE
0080	PROSTHODONTIST
0081	PSYCHIATRY
0082	PUBLIC HEALTH OR WELFARE AGENCY
0083	PULMONARY MEDICINE
0084	RADIOLOGY
0085	REGISTERED NURSE
0086	REGISTERED NURSE - ANESTHETIST
0087	REGISTERED NURSE - MIDWIFE
0088	REGISTERED NURSE - PRACTITIONER
0089	REGISTERED NURSE - PSYCHIATRIC
0090	RHEUMATOLOGY
0091	SCHOOL
0092	SOCIAL WORKER
0093	SPECIALTY ACUTE-CARE HOSPITAL
0094	SPEECH THERAPY PROVIDER
0095	THERAPEUTIC RADIOLOGY
0096	THORACIC SURGERY
0097	TRAINED NURSE
0098	UNKNOWN
0099	UNKNOWN FACILITY PROVIDER
0100	UNKNOWN PROVIDER CATEGORY
0101	UNKNOWN SPECIALTY PHYSICIAN
0102	UROLOGY
0103	VASCULAR SURGERY
0104	VISITING NURSE
0105	VOCATIONAL/PRACTICAL NURSE
0106	VOLUNTEER/CHARITABLE ORGANIZATION
0107	COMMUNITY SUPPORT SERVICES
0108	HEARING INSTRUMENT SPECIALIST
0109	HOMEMAKER AIDE
0110	LTAC - LONG TERM ACUTE CARE FACILITY

HCCI Standard Lookup Table	
CLAIM_TYPE_FLAG	CLAIM_TYPE_FLAG_DESC
F	FEE-FOR-SERVICE CLAIMS DATA
C	ENCOUNTER DATA
U	UNKNOWN

HCCI Standard Lookup Table	
PLAN_DRUG_STATUS	PLAN_DRUG_STATUS_DESC
F	FORMULARY
G	NON-FORMULARY
K	FORMULARY; NON-MAX-BENEFIT
L	NON-FORMULARY; NON-MAX-BENEFIT

HCCI Standard Lookup Table	
DAW	DAW_DESC
0	NOT DISPENSE AS WRITTEN
1	PHYSICIAN DISPENSE AS WRITTEN
2	PATIENT DISPENSE AS WRITTEN
3	PHARMACY DISPENSE AS WRITTEN
4	GENERIC NOT AVAILABLE
5	BRAND DISPENSED AS GENERIC
6	OVERRIDE
7	BRAND DRUG MANDATED BY LAW
8	GENERIC DRUG NOT AVAILABLE IN MARKETPLACE
9	OTHER
U	UNKNOWN

HCCI Standard Lookup Table	
SPCLT_IND	SPCLT_IND_DESC
0	NO
1	YES
U	UNKNOWN

HCCI Standard Lookup Table	
MAIL_IND	MAIL_IND_DESC
0	NO
1	YES
U	UNKNOWN

HCCI Standard Lookup Table	
CMPD_IND	CMPD_IND_DESC
0	NO
1	YES
U	UNKNOWN

HCCI Standard Lookup Table	
FORM_IND	FORM_IND_DESC
0	NO
1	YES
U	UNKNOWN

HCCI Standard Lookup Table	
FORM_TYP	FORM_TYP_DESC
1	OPEN
2	INCENTIVE
3	CLOSED
4	OPEN WITH EXCLUSIONS
5	INCENTIVE WITH EXCLUSIONS
6	CLOSED WITH EXCEPTIONS
7	VOLUNTARY
8	MULTI-TIER
U	UNKNOWN

## 10. Additional Data Validation

Each Payer should perform the following data validations to ensure that their data contributions meet expected quality and validity standards established by AHCA and the Vendor.

### Member Eligibility

1. Insurer-supplied control totals must match record counts provided in the file header and must match the record counts and distinct member counts of each monthly data file.
2. Monthly eligibility files must contain only one record per member per month.
3. All fields must be formatted per requirements itemized in the Data Dictionary. All dimensional fields must contain only those values itemized in the reference tables. Any data that does not conform to the reference tables should be represented as null values (empty set).
4. All records contain the E\_PATID (encrypted member identifier).
5. All records contain ELIGEFF and ELIGEND dates. ELIGEFF may not be greater than ELIGEND.
6. MBR\_ZIP\_5\_CD cannot contain more than 2% missing values. If any monthly file exceeds this threshold, please provide written explanation.

### Medical Claims

7. Insurer-supplied control totals must match record counts provided in the file header and must match the record counts, distinct member counts, distinct claim counts and sum of dollars for each monthly data file.
8. All fields must be formatted per requirements itemized in the Data Dictionary. All dimensional fields must contain only those values itemized in the reference tables. Any data that does not conform to the reference tables should be represented as null values (empty set).
9. All records contain the E\_PATID (encrypted member identifier).
10. All records contain the E\_CLMID (encrypted claim number).
11. All records contain the FST\_DT, LST\_DT and PAID\_DT. FST\_DT may not be greater than LST\_DT.
12. The following variables must not contain more than 2% missing/null values. If any monthly claims file exceeds this threshold for any of these variables, please provide written explanation.
  - a. HNPI (encrypted NPI)
  - b. HNPI BE (encrypted Billing Entity NPI)
  - c. POS
  - d. PROVCAT
  - e. PROV ZIP 5 CD
  - f. NTWRK IND

g. PRIMARY\_COV\_IND

13. Facility claims must have RVNU\_CDs and TOB.
14. Inpatient claims must have DRG codes, and distinct admissions should be grouped together via the CONF\_ID, ADMIT\_DT and DISCH\_DT.
15. Physician claims and Outpatient claims must have CPT and HCPCS codes (PROC\_CD), plus procedure code modifiers (PROCMOD) where applicable.
16. All currency fields (CHARGE, ALLWD\_AMT, AMT\_NET\_PAID, COINS, COPAY, DEDUCT) must be populated; default value will be 0.00.
17. UNITS must be populated; default value will be 0.000.

Pharmacy Claims

18. Insurer-supplied control totals must match record counts provided in the file header and must match the record counts and distinct member counts of each monthly data file.
19. All fields must be formatted per requirements itemized in the Data Dictionary. All dimensional fields must contain only those values itemized in the reference tables. Any data that does not conform to the reference tables should be represented as null values (empty set).
20. All records contain the E\_PATID (encrypted member identifier).
21. All records contain the E\_CLMID (encrypted claim number).
22. All records contain the FILL\_DT and CHK\_DT.

## 11. Sending Data

### a. Delivery Protocols

Files shall be submitted to NORC via SFTP using FIPS 140-2 compliant encryption to protect data in transit.

NORC will assign a secure file transfer protocol (SFTP) account to each Payer in order to connect and transmit files to the Florida health care claims database. The database has been named "FLCLAIMS" in Vertica. SFTP accounts will utilize key-based authentication rather than password authentication for increased security. Thus Payers will be expected to provide an SSH public key that meets the following criteria:

- o The key is based on the RSA encryption algorithm
- o The key length is at least 2048 bits
- o The key is formatted using the OpenSSH standard

PuTTYgen is a Windows program that may be used to generate a compliant SSH keypair. MacOS and Linux users may generate a keypair using the native ssh-keygen command on the terminal. A concise guide for creating an SSH keypair using either of the above

methods is available [online](#). Windows users may create an SSH key using puttygen. Instructions are available at this URL: <https://www.ssh.com/ssh/putty/windows/puttygen> Linux or Mac users may create an SSH key using the built-in ssh-keygen command line tool. Instructions for generating an SSH keypair using ssh-keygen are available at this URL: <https://www.ssh.com/ssh/keygen/>

Additional assistance with generating a compliant SSH keypair is available by request (see Section 1 for contact information).

Once Payers have received their SFTP account name and provided an SSH public key to associate with it, they may then connect to the SFTP server and submit files. WinSCP and FileZilla are two of the most popular SFTP clients – both are free and widely available. However, any SFTP client software may be used to connect to the server with the following information:

- **Hostname:** transfer.norc.org
- **Port:** 22
- **Server key fingerprint:** 89:31:b4:19:b6:35:cc:65:50:95:d2:7c:b0:0b:bc:1f

After the transfer completes, the incoming file(s) will go through an initial automated data quality assurance process to ensure structural and content compliance with file submission data dictionary specifications and other fundamental criteria. A report will be produced, documenting the findings and outcomes. Files that fail to meet the criteria or rules will need to be adjusted and resubmitted. Valid files will further progress through the ingestion pipeline. This initial process aims at rapidly identifying fundamental issues. Passing does not particularly imply acceptance as more stringent and complex QA procedures will be applied downstream. Nonetheless, identifying potential issues early in the process, in an automated fashion, greatly address timeliness issues, increase data quality, informs ingestion processes, and reduces the overall burden.

## b. Other Required Deliverables

**Sample Data Files:** As preparation for each production load, Payer will be expected to provide Vendor with a set of sample data per the dates set forth in the Delivery Timetable below. The sample data will consist of a single month of Member Eligibility, Medical Claims, Pharmacy Claims and Control Totals. Vendor and Payer will mutually determine the MMYYYY to be used for purposes of sample data – it will be a month contained in the full production load.

Sample files must comply with all requirements set forth in this Submission Guide.

**Control Totals and Checksums:** Each submitted data file shall have control totals and MD5 checksums supplied in the following manner.



Control Totals: Sent in a single pipe-delimited file accompanying each data delivery. File must be named <payer mnemonic>\_CONTROL\_TOTALS.DAT. The control totals file does NOT need to be compressed.

The file must include the following indicators, counts and sums for the Member Eligibility, Medical and Pharmacy file types:

Member Eligibility	Medical Claims	Pharmacy Claims
YYYY	YYYY	YYYY
MM	MM	MM
Source Indicator	Source Indicator	Source Indicator
Record Count	Record Count	Record Count
Distinct PATID Count	Distinct PATID Count	Distinct PATID Count
	Distinct CLMID Count	Distinct CLMID Count
	Sum CHARGE	Sum CHARGE
	Sum ALLWD_AMT	Sum ALLWD_AMT
	Sum AMT_NET_PAID	Sum AMT_NET_PAID
	Sum COINS	Sum COINS
	Sum COPAY	Sum COPAY
	Sum DEDUCT	Sum DEDUCT
		Sum AVGWHLSL
		Sum DISPFEE

A sample control totals file of three rows – one per file type – will be provided to the Payer. The file layout is a superset of all three file types – it aligns to the Pharmacy Claims layout shown above – and therefore will have more data elements included than relevant for Member or Medical alone. The header record will represent this combination of data elements; data must be sent per the order in the header record. In the data row(s) for each file type, any element that is not applicable for the Payer – or the Member and Medical file type – must be represented as a null value (consecutive delimiters with no spaces).

Checksums: Sent in a single pipe-delimited file accompanying each data delivery, MD5 checksums for each *compressed* data file must be computed for Vendor’s use in validating non-repudiation of the data. Checksums will be run and inserted into a single .DAT file with a pipe delimiter separating the file name from the checksum. Here is an example of five rows from a checksum file:

```
BCFL_MEDICAL_012015.DAT.GZ|a4645cf3cf9067d621b89642ce9a46e7
BCFL_MEDICAL_022015.DAT.GZ|386a4fcb2153a742154be1c04cced4b4
BCFL_MEDICAL_032015.DAT.GZ|21cc8617ba501106683db147a3867f9f
BCFL_MEDICAL_042015.DAT.GZ|659c861d007da4d32852f4d74cc8ffb8
BCFL_MEDICAL_052015.DAT.GZ|3522e6f3c6c7ecce86032b164ddde7d4
```

The checksum file must be named <payer mnemonic>\_CHECKSUMS.DAT. The

checksum file does NOT need to be compressed.

### c. Delivery Timetable

Unless other arrangements are made that are acceptable to AHCA and the Vendor, a Payer shall submit its Claims Data each year to the Vendor pursuant to the following schedule.

#### **Initial Year of Data Submission:**

File Type	Due Date	Incurred YRs	Claims Paid Date Cutoff
Sample	Effective Date of Final Rule and Plus 105 days	2015-2017	06/30/2018
Production	Effective Date of Final Rule and Plus 165 days	2015-2017	06/30/2018

#### **Subsequent Years of Data Submission(s):**

File Type	Due Date	Incurred YR	Claims Paid Date Cutoff
Sample	07/15/2019	2018	06/30/2019
Production	09/15/2019	2018	06/30/2019
Sample	07/15/2020	2019	06/30/2020
Production	09/15/2020	2019	06/30/2020

Subsequent years will follow the above schedule with samples submitted in July and production files submitted in September

### d. Payer Certification of Data

Contemporaneously with the submission of the production file and control total report, or its approved equivalent, each Payer shall certify to the Vendor that the data submitted is accurate, complete and verifiable using the Certification of Health Care Claims Data form in Exhibit A. Payers will also identify on the Certification of Health Care Claims Data form any class or classes of claims not submitted and note the legal basis asserted for not submitting these claims. The completed Certification of Health Care Claims Data form, signed by an authorized employee of the Payer, must be electronically mailed to the Vendor within two (2) business days of electronically submitting the health care Claims Data to the Vendor.

## 12. Acceptance or Rejection of Data

Following receipt of the health care Claims Data, the Vendor will perform a series of quality assurance and control validation processes to ensure the data files delivered meet the expected quality and validity standards of the Florida Agency for Health Care Administration. Data files meeting the Data Dictionary requirements and satisfying the quality assurance and control validations will be accepted. Data files not meeting Data

Dictionary requirements or satisfying the quality assurance and control validations will be rejected on submission per the criteria outlined in Section 14. Payers will be notified via email of acceptance/rejection within 15 business days of their submission.

### a. Quality Review/Criteria for Acceptance of Data

A series of pre-validation analyses will be performed on data file to ensure they satisfy the data requirements. This includes structural validation, data content validation, rule validation. These validation processes will include data point and row level validations (e.g. value range, null checks, matching string patterns, date formats, valid codes, etc.), column level validations (e.g., min/max, averages, % missing values, frequencies, distribution), and data file level validations (e.g. expected record counts, checksums).

HCCI will perform the following quality assurance, validations, and edit checks on all submitted data.

- a. Pre-load data intake validation scripts will be implemented.
- b. For each data submission, quality audit/error reports will be provided to the data submitter, within 1 month of receiving each file. The audit will include at a minimum, the number of records processed, the records which need correcting, types and counts of data errors, and trending to historical submissions.
- c. Data submissions that require correction and request resubmission will be identified.
- d. Records will be replaced or deleted as needed.
- e. The status of each submitter will be tracked.

Upon receipt of the initial and/or subsequent data deliveries, a set of quality checks will be used to determine errors and deficiencies in the raw data received from the contributors.

- a. Data will be formally loaded to the hosting environment where control totals will be computed and compared to totals provided by each covered Payer.
- b. Full frequencies will be run on all dimensional fields and compared to benchmarks.
- c. Member month and record/dollar trends will be examined and compared to prior data delivery (if applicable).
- d. Minimums and maximum values for all numeric and currency fields will be computed and reviewed for reasonableness and compared to prior data delivery (if applicable).
- e. Incurred and paid claims patterns will be examined (claims triangles).

This set of quality checks will be used to determine errors and deficiencies in the raw data received from Payers. The Vendor will communicate findings of non-compliance or concern to the Payer via email. Payer will be expected to explain discrepancies and/or prepare resubmissions in the timeframe provided by the contract and data use agreement. See Section 14 for further details.

#### **b. Further Quality Control during Data Processing**

If data files pass the pre-validation analyses, the data files will be loaded into a staging data warehouse for post-validation analyses. The post-validations procedures require full data sets or involve more complex statistical processes (e.g., cost and utilization trends, paid claims patterns). The analysis will be performed directly in the staging data warehouse. Relevant outputs and outcomes will be shared with the data submitter and the Florida Agency for Health Care Administration. If the data passes the post- validations, the data submission will be “accepted”, and the data will be moved to the production data warehouse. Otherwise the package will be rejected and will need to be resubmitted.

## 13. Criteria for Rejecting Data and Requesting Resubmission

- Payer will comply with General File Specifications documented in Section 7.
- Payer will comply with Detailed File Specifications documented in Section 8.
- Payer will provide data files comprising all data elements specified in the Data Dictionary – Section 9 – in the order specified in the Data Dictionary. Furthermore, all individual data elements will conform to formatting specified in the Data Dictionary and the value sets itemized in the Reference Data (where applicable).

Payer will validate their data pre-submission consistent with the expectations documented in Section 11. If any individual data file does not comply with the above criteria, the data file will be rejected and the Payer will be expected to resubmit consistent with the timelines stipulated in Section 15.

## 14. Resubmissions

Any rejected files are to be resubmitted in the corrected form within ten (10) business days. Rejected files are resubmitted entirely and partial replacement files, record specific corrections, or specified adjustments will not be accepted.

## 15. Certification of Submission

Within seven (7) days following receipt of: 1) the data as required by Statute and associated rules, 2) the executed certification of claims form, 3) the control totals report, 4) quality review and acceptance of the data by the Vendor, the Vendor shall report to both AHCA and the Payer that that Payer has satisfied its statutory obligations to the State to provide its Claims Data for the reporting period.

16. Exhibit A



**Certification of Health Care Claims  
Data To  
State of Florida**

Florida Center for Health Information and Transparency Division of Health Quality Assurance Agency for Health Care Administration (AHCA) 2727 Mahan Drive, Bldg 3, MS 16 Tallahassee, FL 32308	Health Care Cost Institute, Inc. 1100 G Street NW Suite 600 Washington, DC 20005 Email: _____
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

\_\_\_\_\_  
Payer

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Email Address)

I represent that I have examined the health care Claims Data submitted to the State of Florida and, to the best of my knowledge and belief, the information transmitted to the State of Florida is true, accurate, complete, and in the required format and has been prepared from the books and records of the Payer noted above. To the extent that any health care Claims Data for any Florida Covered Lives has not been submitted, these classes of Covered Lives have been identified on additional pages and the legal basis for withholding these health care Claims Data noted. Finally, I represent that I am authorized to complete, execute, and deliver this certification.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

17. Exhibit B



**Florida Center for Health Information and Transparency  
Data Contribution Agreement**

This Data Contribution Agreement (the “Agreement”) is entered into on this \_\_\_ day \_\_\_\_\_ of 20\_\_ (the “Effective Date”) by and between Health Care Cost Institute, Inc., a Washington, DC corporation with offices located at 1100 G Street NW, Suite 600, Washington D.C. 20005 (“HCCI”) and \_\_\_\_\_, a \_\_\_\_\_ corporation with offices located at \_\_\_\_\_ (“Data Contributor”). Each of HCCI and Data Contributor may be referred to herein as a “party” and collectively, they may be referred to as the “parties.”

**Background:**

A. In 2016, the Florida Legislature enacted House Bill 1175 – An Act Relating to Transparency in Health Care (as amended, such Act, together with all rules and regulation promulgated thereunder, is referred to as the “Florida Act”). Among other things, the Florida Act requires the Florida Agency for Health Care Administration (“AHCA”) to establish and maintain the Florida Center for Health Information and Transparency (the “Florida Center”) and to contract with a vendor to collect and make available Florida-specific health care Claims Data and develop, implement, host and maintain an interactive consumer website that will display pricing information for defined bundles of health care services as derived from the claims data.

B. Additionally, the Florida Act requires certain health insurers, managed care plans and others to provide all claims data to the Vendor selected by AHCA.

C. Pursuant to a contract entered into on or near April 6, 2017 (the “Florida Contract”) HCCI has contracted with AHCA, among other things, (1) collect and make available Florida-specific claims data in accordance with Florida law and pursuant to the Florida Center’s instructions, and (2) develop, implement, host and maintain an interactive consumer website that will display pricing information for defined bundles of health care services.

D. Data Contributor is required by the Florida Act to make health care Claims Data available to HCCI for the purposes set forth in the Florida Act.

E. Subject to and in accordance with this Agreement and Florida law, Data Contributor agrees to provide certain data to HCCI.

NOW THEREFORE, in consideration of the mutual covenants and conditions set forth herein, the parties agree as follows:

**1. Data Delivery.**

1.1 “Contributed Data” means all data required by the Florida Act to be delivered by Data Contributor to HCCI. In accordance with the requirements set forth in the Florida Act, Data Contributor shall deliver or otherwise make available the Contributed Data to HCCI or a third party data custodian designated by HCCI (the “Authorized Custodian”). Additional terms governing delivery of Contributed Data are set forth in the Submission Guide made available by AHCA.

1.2 Each time Data Contributor delivers or makes available Contributed Data under this Agreement, HCCI or the Authorized Custodian will conduct reasonable and appropriate data quality evaluation queries to confirm the Contributed Data conforms to the requirements of the Florida Act. If any such evaluation reveals that the Contributed Data is defective, corrupt, unusable or otherwise unacceptable, Data Contributor will reasonably cooperate with HCCI and/or its Authorized Custodian to correct such issue and deliver acceptable and usable Contributed Data.

1.3 Neither HCCI nor its Authorized Custodian shall be responsible for errors in Contributed Data or for errors in services, programs, hardware, data files, or output HCCI provides or maintains, if such errors result from errors in the Contributed Data delivered or made available by Data Contributor. Data Contributor agrees that it has obtained any necessary permissions, consents, or releases and taken all other steps that are required by applicable federal, state or local laws and/or regulations, or any Data Contributor contracts, for (i) the delivery of and/or providing access to Contributed Data to HCCI, and (ii) HCCI to use and disclose such Contributed Data as set forth under this Agreement or required by law.

**2. Data Ownership.** As between Data Contributor, HCCI, and AHCA, Contributed Data is and shall remain the property of AHCA after it is in the possession or control of HCCI or its custodian. Data Contributor is fully responsible and liable for the Contributed Data (including any unauthorized access, use or disclosure) until the time at which it is securely delivered to HCCI or its Authorized Custodian. Other than as expressly set forth in Section 3 below, HCCI has no obligation to Data Contributor with respect to use or disclosure of such Contributed Data at any time. For example, in the event of any unauthorized access, use or disclosure of Contributed Data while in HCCI’s or its Authorized Custodian’s possession, HCCI’s data breach notification and other obligations, if any, shall be to AHCA in accordance with the Florida Contract, not to Data Contributor.

**3. Data Use.** Subject to all of the terms and conditions set forth in this Agreement, HCCI shall store, access, disclose and otherwise use the Contributed Data solely as required by the Florida Contract and in accordance with the Florida Act, as it may be amended from time to time (the “Permitted Use”). Any use of the Contributed Data other than for the Permitted Use will be deemed a material breach of this Agreement. Each party will at all times comply with all federal, state, or local laws or regulations applicable to its use and disclosure of the Contributed Data.

**4. Business Associate.** HCCI is a Business Associate to AHCA and, in connection with the Florida Contract, it has entered into a Business Associate Agreement with AHCA. HCCI is not a Business Associate to Data Contributor.



5. **Confidentiality.** The parties' respective confidentiality and non-disclosure obligations shall be consistent with the confidentiality and non-disclosure obligations set forth in the Florida Contract. If Data Contributor wishes to claim that any Contributed Data constitutes a trade secret or confidential information, it shall conspicuously identify such Contributed Data accordingly in accordance with Florida law. To the extent consistent with state and federal law, including 815.045 F.S., HCCI will maintain the confidentiality of such trade secret or confidential information.

6. **Term and Termination.**

6.1 **Term.** This Agreement commences on the Effective Date and will continue in full force and effect for as long as HCCI is contracted with AHCA to provide services and Data Contributor is required by the Florida Act or otherwise required by law to provide data to HCCI.

6.2 **Termination.** This Agreement will terminate if and when HCCI is no longer under contract to provide services to AHCA. Upon termination, Data Contributor shall cease delivering Contributed Data to HCCI, but HCCI shall have no obligation to Data Contributor to return or destroy Contributed Data. All terms of this Agreement that are reasonably intended to survive shall survive termination of this Agreement.

7. **Disclaimer of Warranties; Limitation of Liability.**

7.1 **Disclaimer.** Except as expressly set forth in Section 3, HCCI disclaims all representations, warranties and covenants of any kind, whether express or implied by law, course of dealing, course of performance or otherwise.

7.2 **Limitation of Liability.** Neither party will be liable to the other for monetary damages of any kind, including direct, special, indirect, incidental, consequential or other similar damages arising out of this Agreement, however caused, even if advised of the possibility of such damages. HCCI's sole liability and Data Contributor's sole remedy associated with HCCI's breach of its obligations under Section 3 will be for HCCI to promptly cure such breach.

8. **Miscellaneous.**

8.1 **Interpretation.** This Agreement constitutes the entire understanding between the parties and supersedes all prior proposals, communications and agreements between the parties relating to its subject matter. No amendment, change, or waiver of any provision of this Agreement will be binding unless in writing and signed by both parties. In the event one or more of the provisions of this Agreement are found to be invalid, illegal or unenforceable by a court with jurisdiction, the remaining provisions shall continue in full force and effect. HCCI may use subcontractors to perform under this Agreement, but HCCI shall remain responsible for its obligations under this Agreement.

8.2 **Relationship.** Each party will perform its obligations pursuant to this Agreement as an independent contractor. Nothing contained in this Agreement is intended to give rise to any agency, subcontractor, partnership, or joint venture relationship between the parties or to impose upon the parties any of the duties or responsibilities of any such relationship.

8.3 Third Party Beneficiaries. This Agreement does not, and no party intends that this Agreement will, confer any legal rights on any third party or be enforceable in any part by a third party.

8.4 Governing Law. The validity, construction, and interpretation of this Agreement, and the rights and duties of the parties, will be governed by the laws of the State of Florida. Each party hereby submits to the exclusive jurisdiction and venue of the federal and state courts in the State of Florida.

8.5 Notices. Except as otherwise provided in this Agreement, all notices, requests, consents, approvals, and other communications required or permitted under this Agreement will be in writing, which may include email or facsimile and will be deemed given: (a) on the date delivered, when delivered personally or by email or facsimile to the email address or facsimile number set forth below; (b) on the next business day when sent by overnight mail to the other party at the address set forth below (or to such other addresses as that party may have specified by notice given to the other party pursuant to this provision); or (c) upon receipt after being mailed when mailed by certified first class mail, return receipt requested, to each party at the following addresses (or to such other addresses as that party may have specified by notice given to the other pursuant to this provision):

If to HCCI:

Health Care Cost Institute, Inc.  
Attn: [INSERT]  
1100 G Street NW  
Suite 600  
Washington D.C. 20005

If to Data Contributor:

[INSERT]  
[INSERT]  
[INSERT]  
[INSERT]

8.6 Counterparts. This Agreement may be executed by facsimile signature and/or in counterparts, each of which will be deemed an original, but all of which together constitute one and the same instrument.

8.7 Headings. The division of this Agreement and any exhibits, schedules, or attachments into articles, sections, subsections, and schedules, and the insertion of any captions or headings, are for convenience of reference only and will not affect their construction or interpretation.

8.8 Interpretation. In this Agreement, words importing the singular number include the plural and vice versa, and words importing gender include all genders. References to “days” mean calendar days unless otherwise specified. The term “including” means; “including, without limitation” or “including, but not limited to.”

8.9 Waiver. No delay or omission by any party to exercise any right or power under this Agreement will impair that modification right or power, nor be construed to be a waiver of it. If any party waives any of the other party’s obligations under this Agreement, or waives any breach of this Agreement, then that waiver will not be construed to be a waiver of any succeeding breach nor of any other obligation under this Agreement.

IN WITNESS WHEREOF, the parties have caused their authorized signatories to execute this Agreement as of the Effective Date.

**HEALTH CARE COST INSTITUTE, INC.**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**DATA CONTRIBUTOR**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_