

**State of Michigan  
Michigan Department of Community Health**

**Medicaid Health Plans**

**Supplemental Instructions for  
Encounter Data Submission**

**ANSI ASC X12 837 Transactions**

*The information provided in this document supplements information contained in the ANSI ASC X12 837 HIPAA Implementation Guides. The Implementation Guides must be adhered to for creating all 837 transactions.*

Prepared for:  
Michigan Department of Community Health  
Quality Management and Customer Services Administration  
Lansing, Michigan

Prepared by:  
The Medstat Group, Inc.  
777 E. Eisenhower Parkway  
Ann Arbor, Michigan 48104

September 18, 2002  
Revised February 18, 2003

## **Supplemental Instructions for Encounter Data Submission Manual February 18, 2003 Revisions**

### Table of Contents

- Appendix H added

### Section 1

- “Implementation Timeline”, page 3 – Direct web link to MIHealth site included

### Section 2

- “Overview of 837 Implementation Guides”, page 1 – Direct web links to WPC-EDI and SNIP.WEDI sites included
- “Data Clarifications”, page 2 – Direct web link to MDCH site included

### Section 3 – Institutional Crosswalk

- Revision in text for Detail Record, Field 11, page 4
- Revision in text for Detail Record, Fields 48 & 49, page 10

### Section 3 – Professional Crosswalk

- Revision in text for Detail Record, Field 11, page 4

### Section 4

- Revision in paragraph heading and text addressing financial and adjudication fields, pages 1 – 3.
- Addition of paragraph on “Contract Information”, page 3

### Section 5

- “Transaction Testing and Certification”, page 1 – Direct web link to MDCH site included
- “HIPAA Validator”, page 1 – Direct web link to BCBS MI site included
- “Claredi Certification”, page 1 – Direct web link to Claredi contacts included
- “Business-to-Business Testing”, page 2 – Direct web link to MDCH web site and SNIP.WEDI Web site included

### Section 6

- Revision in text under “Data Submission Process”, page 1. Also, direct web link to MDCH web site included.

### Section 7

- Revision in text under “Encounter Data Edits”

### Section 10

- List of “Frequently Asked Questions” replaced by direct web link to MDCH site

Appendix A

- Institutional Data Clarification document replaced by direct web link MDCH site

Appendix B

- Professional Data Clarification document replaced by direct web link MDCH site

Appendix F

- Text regarding “Zero Charge Services” added

Appendix G

- Revised Edit Catalog included

Appendix H

- 837 Error Return Record File Layout included

# Supplemental Instructions for Encounter Data Submission

## TABLE OF CONTENTS

<u>Section</u>	<u>Contents</u>
1	Introduction HIPAA Background New Encounter Data Reporting Format Transition Overview
2	Overview of 837 Implementation Guides Data Clarifications Crosswalks
3	Crosswalk of Encounter Data Format to 837 Transaction Sets Institutional Professional
4	New Data Elements Claim/Encounter Indicator Financial Fields Type of Bill Diagnosis Code Pointers Additional Diagnosis Codes Provider Identifiers Inpatient Surgical Procedure Codes Home Health Services
5	Transaction Testing and Certification HIPAA Validator™ Claredi Certification Business-to-Business Testing
6	Data Submission Process
7	Encounter Data Edits
8	Data Management Process Proprietary Format ASC X12 837 Transactions
9	Continuous Quality Improvement
10	Frequently Asked Questions
Appendix A	Data Clarification - Institutional
Appendix B	Data Clarification – Professional
Appendix C	MUPC Procedure Codes for Encounters
Appendix D	Provider Taxonomy Crosswalk
Appendix E	Select Adjustment Reason Codes
Appendix F	Zero Charge Services
Appendix G	Encounter Data Edits
Appendix H	Error Report File Record Layout

# Section 1

## Introduction

The Michigan Department of Community Health (MDCH) requires that Medicaid health plans report all encounters that each participating health plan's providers have with the Michigan Medicaid and MICHild recipients enrolled with them. Encounters include all services delivered to enrolled recipients, whether the services are provided through a capitation or fee-for-service arrangement. Historically this reporting occurred using a proprietary format for encounter data submission. HIPAA legislation requires the adoption of national standards for health care transactions, including claim submission and encounter reporting. All health care plans, including all Medicaid programs, are affected by this legislation.

## HIPAA Background

In August 1996, the United States Congress adopted the Health Insurance Portability and Accountability Act. The Act, known as HIPAA, includes Administrative Simplification components. The intent of the Administrative Simplification provisions of HIPAA is to improve the efficiency and effectiveness of the health care system by establishing standards for the electronic exchange of certain administrative and financial transactions and to protect the security and privacy of transmitted health information.

The regulation pertaining to transaction standards and code sets was adopted in August 2000. This regulation mandates the use of electronic data interchange (EDI) standard transactions for many of the more common communications used in health care administration as well as the use of standard code sets. The transaction standards and code sets regulation has an effective date of October 2002. Subsequent legislation allows the effective date to be extended to provide more time to covered entities to be fully compliant. Entities that request extensions to the effective date for transactions and code sets will have until October 2003 to implement the regulation.

## New Encounter Data Reporting Format

Under the current process for reporting encounters, health plans submit a proprietary format through the Data Exchange Gateway (DEG) on a monthly or more frequent basis. The timing, frequency, and mode of transmission will not change. What will change is the format in which the encounters are to be reported.

Beginning with submissions in February 2003, health plans will report their encounters to MDCH using the transaction sets developed by the American National Standards Institute (ANSI) Accredited Standards Committee (ASC) for EDI and mandated in the HIPAA transaction and code set regulations.

Many EDI transaction sets are known by numeric designations and the designation for claim and encounter transactions is 837. There may also be numerous versions of an EDI transaction and the version mandated by HIPAA is version 4010. Health plans reporting encounters to MDCH must use the HIPAA implementations of the ANSI ASC X12 837 Version 4010 transactions. More specifically, health plans should use the Provider-to-Payer-to-Payer COB Model of the 837 transactions for encounter data reporting.

There are three HIPAA-compliant 837 transactions, one each for institutional, professional, and dental services. The transactions health plans will use depends on the type of service being reported. Health plans will use institutional and professional 837 transactions for reporting their encounters. The table below shows some examples of specific types of encounters and the appropriate transaction health plans should use for reporting:

<u>Type of Service</u>	<u>837 Transaction</u>
Acute Care Hospital	Institutional
Ambulance	Professional
Chiropractor	Professional
DME	Professional
Home Health	Institutional
Hospice Services	Institutional
Long Term Care	Institutional
Nurse Practitioner	Professional
Physician	Professional

As seen in the table above, long-term care no longer has its own “category” and these services should be reported using the 837 institutional transaction. Home health services should also be reported using 837 institutional transactions, not the professional transaction.

### **Transition Overview**

**Effective Date:** All services incurred on or after January 1, 2003 must be submitted in the new 837 formats. Services incurred in 2002 may be submitted using the 837 formats starting in November 2002 or health plans may continue to submit these 2002 encounters using the proprietary format until May 1, 2003.

Any replacement or void of an encounter that was accepted into the MDCH data warehouse must be done using the same format as the original submission. Replacements or voids to encounters originally submitted in the proprietary format will only be allowed through May 1, 2003. Please see Section 8 for complete details on voids and replacements.

**Clearinghouses:** Health plans that do not have in-house capability for EDI translations may want to explore contracting with a clearinghouse. One of the services that

clearinghouses typically offer is to take data in an entity's proprietary format or a non-standard national format, reformat or map the data to the appropriate EDI format, and forward the data to another entity, in this case MDCH. There are numerous clearinghouse vendors and you may find the Internet useful in identifying a vendor to meet your needs. Industry conferences are another good source of information.

**Testing and Certification:** Whether the data are coming directly from a health plan or are submitted through a clearinghouse, the entity submitting the data should first test its transactions for HIPAA compliance and receive certification. MDCH has arranged for testing through both Blue Cross Blue Shield of Michigan (HIPAA Validator testing) and Claredi certification to assist the health plans with their testing and certification. These services are free to MDCH participating health plans; Section 5 contains more information on testing and certification.

**Prescription Drug Records:** The format for prescription drug records mandated by HIPAA is the National Council for Prescription Drug Programs (NCPDP) Version 5.1. MDCH will provide information regarding the NCPDP format to health plans by January 2003. In the meantime, health plans should continue to submit prescription drug encounters using the proprietary format.

**Dental Records:** Routine dental services for Medicaid managed care or MICHild recipients are provided through a carve-out program. The contracted dental provider will report encounters for dental services using the 837 dental transaction. Health plans should report dental services that are provided under the medical program using the 837 professional transaction for physician and other professional services or 837 institutional transaction for facility services.

**Implementation Timeline:** Health plans will be required to submit non-pharmacy encounter data to MDCH in the 837 formats starting with their February 2003 submission. MDCH will be prepared to accept data in the 837 formats starting in November 2002. The testing and certification programs are in place and health plans may start testing transactions as soon as the plan is ready. The current MDCH timeline for HIPAA implementation is available at <http://www.mihealth.org/HIPAA/timeframe.htm>.

**Phase Out of Proprietary Format:** MDCH will accept encounter data for medical and dental services (both institutional and professional) in the proprietary format through May 1, 2003, **only** if the service was incurred prior to January 1, 2003. All medical and dental services incurred on or after January 1, 2003 must be reported using the new 837 formats. Any replacements or voids of medical and dental encounters that were submitted in the proprietary format must be accomplished by May 1, 2003 using the proprietary format. At this time, prescription drug encounters and corrections to prescription drug encounters can continue to be made using the proprietary format.

## Section 2

### Overview of 837 Implementation Guides

The HIPAA transaction and code set regulation requires that covered entities exchanging specified transactions electronically must do so using the appropriate ANSI ASC X12 EDI formats. Further, HIPAA has defined how each of these transactions is to be implemented. Implementation instructions are contained in detailed instruction manuals known as implementation guides or IGs. The IGs provide specific instructions on how each loop, segment, and data element in the specified transaction sets should be used.

The 837 implementations to be used are the Provider-to-Payer-to-Payer COB Model as defined in the HIPAA implementation guides.

This data submission manual will not provide detailed instructions on how to map encounters from the health plans' systems to the 837 transactions. The 837 IGs contain most of the information the health plans will need to complete this mapping. Section 3 of this manual does contain crosswalks showing how the information in the MDCH proprietary encounter data format relates to both the professional and institutional 837 claim transactions.

Health plans should create their 837 transactions for MDCH using the HIPAA implementation guides for Version 4010 of the ASC X12 837 transactions published in May 2000. These guides are available from the Washington Publishing Company. You can order these guides by contacting:

Washington Publishing Company  
PMB 161  
5284 Randolph Road  
Rockville MD 20852-2116  
Phone (301) 949-9740

The guides may also be ordered on line or downloaded at no charge at [http://www.wpc-edi.com/hipaa/HIPAA\\_40.asp](http://www.wpc-edi.com/hipaa/HIPAA_40.asp). Note that the guides are quite large (the Professional guide is over 700 pages) and could take some time to download.

Health plan institutional and professional encounters will be reported to MDCH using the Provider-to-Payer-to-Payer COB Model of the 837 transaction sets as defined in the corresponding HIPAA IGs.

For health plans that opt to prepare their own outbound EDI files (as opposed to using a clearinghouse), the Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Plan (SNIP) Web site may prove helpful. The Web site, at <http://snip.wedi.org> is an excellent source for information on implementing transaction sets. The site contains information on several workgroups, white papers on various

topics related to HIPAA, and list serves that have been set up to assist the health care industry in EDI implementation.

### **Data Clarifications**

MDCH has published Data Clarifications for Version 4010 of the 837 institutional and professional IGs. These documents are companion documents to the IGs; they supplement and clarify the information contained therein. The Data Clarifications specify the codes to use when a national standard has not been adopted and clarify parameters when the IG provides options or “situations”. There are two sets of Data Clarifications, one set for claims and another for encounters. The Data Clarifications that health plans should use are the Data Clarifications for encounters.

The information contained in these clarifications will be helpful when the health plan is developing its outbound transaction sets. These clarifications can be found at <http://www.michigan.gov/mdch>. Click on “Providers” on the left side of the screen. Next click on the “HIPAA Implementation” link on the right side. Then click on the “Data Clarification Documents” link either in the center of the page or on the right side. Finally select the data clarification document you wish to review. Health plans should check the MDCH web site regularly for updates or changes to these documents.

The information in the Data Clarifications is intended to supplement information contained in the IGs. The IGs are the primary source of information on how to implement the 837 Provider-to-Payer-to-Payer COB Model.

### **Crosswalks (Proprietary Format to 837)**

Another tool to help you with your implementation of the 837 transaction sets are the crosswalks showing how the data elements in the proprietary format health plans have been submitting relate to the 837 transaction sets. There are separate crosswalks for the institutional and professional transactions. For each field in the proprietary format, the crosswalks show the corresponding 837 loop, segment, and data element. The crosswalks also contain important information about the situational data elements MDCH wants the health plans to provide. Please see Section 3 for these crosswalks.

## Section 3

### Crosswalk of Encounter Data Format to 837 Transaction Sets

To assist health plans in their mapping of the 837 transaction sets, MDCH is providing crosswalks that show how the data elements in the proprietary format the health plans have been submitting relate to the 837 Provider-to-Payer-to-Payer COB Model for institutional and professional encounters. Crosswalks for professional encounters and institutional encounters follow. *The information provided in the crosswalks is intended to support use of the 837 IGs. Instructional information contained in the 837 IGs is not repeated in this crosswalk and must be adhered to as the single source for creating all outbound transactions.*

The header and trailer records in the proprietary format are superseded by the X12 EDI structure where there is a transaction set header and trailer record for each transaction as well as header and trailer records at the Interchange Control level. Please see the HIPAA implementation guides for information on interchange control structures (Appendix A of the IGs). We have provided a crosswalk for the proprietary format header record for information purposes only.

The institutional and professional crosswalks are to be used with the IGs available from Washington Publishing Company and with the Data Clarifications available from the State of Michigan Web site (see Section 2). They are not stand-alone documents and do not contain all the information needed to create HIPAA-compliant transaction sets. The crosswalks and Data Clarifications have been reviewed to assure there are no contradictory instructions contained in these documents. If you think you have identified any discrepancies between these documents, please contact Marilyn Kenyon at [KenyonMar@michigan.gov](mailto:KenyonMar@michigan.gov) or 517-335-5242.

**The crosswalks should be carefully reviewed** as they contain information on some of the data elements and codes that MDCH will expect to see in the 837s. Information in the “MDCH Requirements/Comments” column that may differ from practices in the proprietary format is **highlighted**.

**Michigan Department of Community Health  
Quality Management and Customer Services Administration**

**837 Institutional Crosswalk  
Provider-to-Payer-to-Payer COB Model**

In addition to all institutional or facility services rendered to Medicaid and MICHild beneficiaries, use the institutional implementation guide for long-term care (LTC), home health, and hospice services.

**Header**

<b>Field #</b>	<b>Name</b>	<b>Description</b>	<b>837 Institutional Source</b>	<b>MDCH Requirements/Comments</b>
1	Record Identifier	Identifies the type of record; e.g., H = Header, etc.	This information is defined by the X12 structure. Each transaction set has a header (ST) and trailer (SE) record and each transmission has an interchange control header (ISA) and trailer (ISE) record.	
2	Health Plan Identifier	The Medicaid ID Number of the Health Plan	Loop 2330B, Other Payer Segment, NM109	Until the National Plan ID is implemented, the value in NM108 should be "PI" with the Health Plan's Medicaid ID in NM109
3	Autobiller ID	A code identifying the entity submitting data	Loop 1000A, Submitter Name, NM109	The Autobiller ID for transactions within an ISA and ISE must be the same ID.
4	Submission Number	Inventory control number of the transmission assigned by the submitter's system	Table 1 Header (No Loop ID), BHT03	MDCH can accommodate a 20-digit value for the Submission Number.
5	Receiver Identification	Used to identify the receiver of the information (MDCH)	Loop 1000B, Receiver Name, NM109	Default to "D00111". Note the extra "0" in this identifier. This is the correct designation for MDCH.

<b>Field #</b>	<b>Name</b>	<b>Description</b>	<b>837 Institutional Source</b>	<b>MDCH Requirements/Comments</b>
6	Submitter Contact Last Name	Last name of the individual responsible for issues that may arise concerning submission	Loop 1000A, Submitter EDI Contact Information; PER02	
7	Submitter Contact First name	First name of submitter contact	Same as above	
8	Submitter Telephone Number	Telephone number for submitter contact	Loop 1000A, Submitter EDI Contact Information; PER04	
9	Creation Date	Date when the submitter created the file	Table 1 Header (No Loop ID), BHT04	
10	Version Code	Version number of the data format being used	Table 1 Header (No Loop ID), REF02	The first six positions of the Transmission Type Code contain the version number for the transaction set. MDCH requires version 004010 for the initial submissions. The Addenda version should not be used unless notified to do so by MDCH.
11	Process From Date	For detail records in file, the earliest date on which a record was processed	N/A	Not used in 837
12	Process Through Date	For detail records in file, the latest date on which a record was processed	N/A	Not used in 837
13	Filler	N/A	N/A	N/A

## Institutional Detail Record

Field #	Name	Description	837 Institutional Source	MDCH Requirements/Comments
1	Record Identifier	Identifies the type of record; e.g., H = Header, etc.	See Field #1 in the Header section above.	
2	Health Plan Identifier	The Medicaid ID Number of the Health Plan	Loop 2330B, Other Payer Segment, NM109	Until the National Plan ID is implemented, the value in NM108 should be "PI" with the Health Plan's Medicaid ID in NM109.
3	Autobiller ID	A code identifying the entity submitting data	Loop 1000A, Submitter Name, NM109	The Autobiller ID for transactions within an ISA and ISE must be the same ID.
4	Submission Number	Inventory control number of the transmission assigned by the submitter's system	Table 1 Header (No Loop ID), BHT03	MDCH can accommodate a 20-digit value for the Submission Number.
5	Record Category	A code identifying the service category reported on this record (e.g., F = Facility)	Table 1 Header (No Loop ID), REF02	The Transmission Type Code includes a value to distinguish between institutional (096) and professional (098) services. LTC services should be reported using the institutional format and will be identified by MDCH using Type of Bill Code (first position = 2).
6	Encounter/Claim Reference Number	A unique reference or control number assigned by the administrator to this encounter or claim (e.g., TCN)	Loop 2330B, Other Payer Secondary Identifier, REF02	REF01 should contain the value "F8" and REF02 should contain the Health Plan's claim number. <b>As with the proprietary format, this value should be no larger than 17 characters.</b>
7	Encounter/Claim Line Number	A sequential number used to identify the detail lines within a claim	Loop 2400, Service Line, LX01	<b>The Implementation Guide (IG) requires that the first Line Number be numbered "1" and that following service lines be numbered sequentially.</b>
8	Filler	N/A	N/A	N/A
9	Filler	N/A	N/A	N/A

Field #	Name	Description	837 Institutional Source	MDCH Requirements/Comments
10	Record Type	Code indicating whether this record is an original, void or replacement record	Loop 2300, Claim Information, CLM05-3	<b>Consult the 837 Institutional IG for allowed values. They differ from the proprietary values for this data element.</b>
11	Recipient ID	Medicaid ID or Client Identification Number (CIN)of recipient	Loop 2010BA, Subscriber Name, NM109	NM109 should contain the Medicaid ID for recipients enrolled in the Medicaid program or the Client Identification Number (CIN) assigned by the enrollment broker for children enrolled in the MICHild program. The data warehouse programs will use enrollment files to determine type and check for validity.
12	Recipient ID Type	The type of ID provided in field #11.	Loop 2010BA, Subscriber Name, NM108	Value is “MI” for both Medicaid ID and CIN. See note for field #11 above.
13	Filler			
14	Filler			
15	Recipient ZIP Code	The ZIP code for the recipient’s residence as of the date of service.	Loop 2010BA, Subscriber City/ State/ZIP Code, N403	
16	Filler	N/A	N/A	N/A
17	Filler	N/A	N/A	N/A
18	Admission Date	For inpatient institutional and LTC institutional services, the date the patient was admitted to the facility.	Loop 2300, Admission Date/ Hour, DTP03	The value in DTP01 for this segment should be “435”. MDCH will use the first eight positions of the value in DTP03. This data element will be used only for inpatient admissions and LTC encounters.

<b>Field #</b>	<b>Name</b>	<b>Description</b>	<b>837 Institutional Source</b>	<b>MDCH Requirements/Comments</b>
19	Discharge Date	For inpatient institutional and LTC institutional services, the date the patient was discharged from the facility.	Loop 2300, Date – Statement Dates, DTP03	MDCH will use Statement To Date to derive discharge date. Only used for inpatient admissions and LTC encounters.
20	Discharge Status	The UB-92 patient discharge status.	Loop 2300, Institutional Claim Code, CL103	
21	From Service Date	Actual date the service was rendered or the date of the first service if a range.	Outpatient: Loop 2400, Date – Service Date, DTP03  Inpatient: Loop 2300, Statement Dates, DTP03	DTP01 in Loop 2400 should be coded to “472”. DTP01 in Loop 2300 should be coded to “434”.
22	To Service Date	The last date on which a service was rendered for this line item.	Outpatient: Loop 2400, Date – Service Date, DTP03  Inpatient: Loop 2300, Statement Dates, DTP03	If there is a range of dates for this line item, code DTP02 to RD8 and show the date in DTP03 as a range (e.g., 20020602-20020608). If no range is provided, MDCH will copy the from service date to populate this data element in the warehouse.
23	Primary Diagnosis	The ICD-9-CM diagnosis code chiefly responsible or the service provided.	Loop 2300, Principal, Admitting, E-code etc. Diagnosis Information, HI01-2	HI01-1 in this segment = BK for principal diagnosis code.
24	Secondary Diagnosis	The ICD-9-CM diagnosis code explaining a secondary or other complicating condition for the service.	Loop 2300, Other Diagnosis Information, HI01-2	MDCH will collect up to 12 additional diagnosis codes, if present, in HI01 through HI12.
25	Tertiary Diagnosis	The ICD-9-CM diagnosis code explaining a tertiary or other complicating condition for the service.	Loop 2300, Other Diagnosis Information, HI02-2	See above

<b>Field #</b>	<b>Name</b>	<b>Description</b>	<b>837 Institutional Source</b>	<b>MDCH Requirements/Comments</b>
26	Other Diagnosis 4	The ICD-9-CM diagnosis code explaining a fourth or other complicating condition for the service.	Loop 2300, Other Diagnosis Information, HI03-2	See above
27	E Code or Other Diagnosis 5		Loop 2300, Principal, Admitting, E-code etc. Diagnosis Information, HI03-2 Or Other Diagnosis Information, HI04-2	When an E-code is available, HI03-1 should be coded to BN and HI03-2 should contain the E-code. Otherwise MDCH will use any diagnosis code found in Other Diagnosis Information HI04-2 corresponding to a type of "BF".
28	Filler	N/A	N/A	N/A

Field #	Name	Description	837 Institutional Source	MDCH Requirements/Comments
29	Procedure Code	A code explaining the procedure performed.	Loop 2400, Institutional Service Line, SV202-2 or Loop 2430, Service Line Adjudication Information, SVD03-2	<p>If available, report HCPCS procedure codes (Level I, II and III) here.</p> <p>Note 1: The 837 requires both a procedure code and Revenue Code for outpatient institutional services, which include Home Health services. To the extent that both are available for inpatient institutional services, plans are encouraged to report both.</p> <p><b>Note 2: For Home Health services both a Revenue Code and a HCPCS procedure code must be present or the service will be rejected.</b></p> <p>Note 3: MDCH will accept MUPC codes on services incurred before 10/16/03 if they appear on the encounter data procedure code list in Appendix C. If you report an MUPC code, the value of the ID qualifier in SV202-1 should be "ZZ" for Mutually Defined.</p>
		For inpatient institutional services, the ICD-9-CM surgical procedure code(s) should also be reported.	Loop 2300, Principal Procedure Information, HI01-2	For inpatient institutional encounters that include a surgical procedure(s) or home health IV therapy encounters, report the ICD-9-CM procedure as follows: in Principal Procedure Information (segment where HI01-1 = BR) and in Other Procedure Information (segment where HI0x-1 = BQ).

Field #	Name	Description	837 Institutional Source	MDCH Requirements/Comments
30	Procedure Code Modifier 1	Procedure code modifier corresponding to the procedure coding system used.	Loop 2400, Institutional Line Information, SV202-3	Modifiers apply only to procedure codes at the service level, not the ICD-9-CM surgical procedure codes.
31	Procedure Code Modifier 2	See above.	Loop 2400, Institutional Line Information, SV202-4	See above.
32	Procedure Code Modifier 3	See above.	Loop 2400, Institutional Line Information, SV202-5	See above.
33	Procedure Indicator	A code identifying the type of procedure code used in Field #29.	Outpatient Institutional - Loop 2400, Institutional Line Information, SV202-1 Or Inpatient Institutional – Loop 2300, Principal Procedure and Other Procedure Information segments, HI01-1	For outpatient institutional service line procedures, the indicator should be HC for HCPCS codes or ZZ for MUPC codes.  For inpatient institutional surgical procedures, the indicator should be BR (Principal ICD-9-CM procedure) or BQ (other ICD-9-CM procedure)
34	Revenue Code	For institutional services, the UB-92 Revenue Code associated with the service.	Loop 2400, Institutional Line Information, SV201	<b>The 837 requires both a Revenue Code and procedure code for outpatient institutional services. A Home Health service is considered an outpatient institutional service.</b>
35	Place of Service	UB-92 Place of Service codes.	Loop 2300, Claim Information, CLM05-1	MDCH will use CLM05-1, which is the first two positions of Type of Bill code, to map place of service. <b>For hospital Emergency Room services, the place value '10' is no longer acceptable; plans should use the value '3' for the second position of the Type of Bill code for hospital emergency room services.</b>

Field #	Name	Description	837 Institutional Source	MDCH Requirements/Comments
36	Quantity	Inpatient – number of days of confinement.  Outpatient – the number of units.	Inpatient – Loop 2300, Claim Information, QTY02  Inpatient and Outpatient – Loop 2400, Service Line Number, SV205	For inpatient admissions and LTC encounters, MDCH will collect the covered and non-covered days at the claim level.  For both inpatient and outpatient institutional services, you must also report the number of units at the service level for each Revenue Code and/or procedure code.  <b>Note: The IG requires anesthesia services to be reported as minutes. This is a change from the proprietary format where units were reported.</b>
37	NDC Number	N/A	N/A	Does not apply to Institutional
38	Metric Quantity	N/A	N/A	Does not apply to Institutional
39	Days Supply	N/A	N/A	Does not apply to Institutional
40	Compound Code	N/A	N/A	Does not apply to Institutional
41	Prior Authorization	A code indicating if prior authorization or medical certification occurred.	Loop 2330B, Other Payer Prior Authorization or Referral Number, REF02	
42	Dental Quadrant	N/A	N/A	Does not apply to Institutional
43	Tooth Number	N/A	N/A	Does not apply to Institutional
44	Filler	N/A	N/A	N/A
45	Process/Paid Date	The date on which the record was processed or paid in the Health Plan's system.	Loop 2430, Line Adjudication Date, DTP03	DTP01 of this segment is "573" – Date Claim Paid.

Field #	Name	Description	837 Institutional Source	MDCH Requirements/Comments
46	PCP ID	The Primary Care Physician assigned to or selected by the Recipient as of the date of service.	N/A	Not available.
47	PCP ID Type	The type of ID provided in PCP ID above.	N/A	Not available.
48	Referring Provider ID	For services resulting from a referral, the ID of the physician making the referral.	N/A	Not Available.
49	Referring Provider ID Type	A code identifying the type of ID provided in #48 above.	N/A	Not Available.
50	Servicing Provider ID	The unique ID of the provider performing the service.	Loops 2310E Service Facility Name or 2010AB Pay-To Provider or 2010AA Billing Provider, NM109 <b>AND</b> REF02	The IG requires that NM109 contain the SSN, EIN or National Provider Identifier for each provider entity. In addition, MDCH requires either the Medicaid Provider ID (REF01 = 1D) or State License Number (REF01 = 0B) for all in-state providers.
51	Servicing Provider ID Type	A code identifying the type of ID provided in #50 above.	Same loops as above, REF01	
52	Servicing Entity ID	The Tax ID number of the entity through which the service was rendered.	2010AB Pay-To Provider Name or 2010AA Billing Provider Name, NM109	The NM108 value should be 24.
53	Servicing Provider Class	A code indicating the class for the provider identified in Field #50 (e.g., PCP, in-plan non-PCP, out of plan)	N/A	Not available.

<b>Field #</b>	<b>Name</b>	<b>Description</b>	<b>837 Institutional Source</b>	<b>MDCH Requirements/Comments</b>
54	Servicing Provider Type	A code indicating the type of provider rendering the service.	Loops 2310E Service Facility Name or 2000A Billing/Pay-To Provider, Provider Specialty Information, PRV03	See Appendix D for a crosswalk from the national Provider Taxonomy Codes to the proprietary Provider Type values. MDCH requires that the Provider Taxonomy Code be reported for all encounters.
55	Servicing Provider ZIP Code	The ZIP Code where the service occurred.	Loop 2310E Service Facility or 2010AB Pay-To Provider or 2010AA Billing Provider, City/State/ZIP, N403	
56	Servicing Provider County	The County where the service occurred.	N/A	Not available.
57	Prescribing Provider ID	N/A	N/A	Does not apply to Institutional encounters.
58	Prescribing Provider ID Type	N/A	N/A	Does not apply to Institutional encounters.
59	Tooth Surface 1–7	N/A	N/A	Does not apply to Institutional encounters.
60	Payment Arrangement	A code to identify records for services that were unauthorized or performed under a global billing arrangement.	Loop 2430, Line Adjudication Information, CAS Claims Adjustment segment	MDCH is considering using the CAS segment to identify services paid under a global billing arrangement or that were denied because authorization was not obtained. See Appendix E for a list of Adjustment Reason Codes that meet these criteria.

**Michigan Department of Community Health  
Quality Management and Customer Services Administration**

**837 Professional Crosswalk  
Provider-to-Payer-to-Payer COB Model**

The 837 Professional Provider-to-Payer-to-Payer COB format should be used for all services normally reported on a HCFA 1500 form. These include physician, ambulance, nursing and DME services.

**Header**

<b>Field #</b>	<b>Name</b>	<b>Description</b>	<b>837 Professional Source*</b>	<b>MDCH Requirements/Comments</b>
1	Record Identifier	Identifies the type of record; e.g., H = Header, etc.	This information is defined by the X12 structure. Each transaction set has a header (ST) and trailer (SE) record and each transmission has an interchange control header (ISA) and trailer (ISE) record.	
2	Health Plan Identifier	The Medicaid ID Number of the Health Plan	Loop 2330B, Other Payer Segment, NM109	Until the National Plan ID is implemented, the value in NM108 should be PI with the Health Plan's Medicaid ID in NM109
3	Autobiller ID	A code identifying the entity submitting data	Loop 1000A, Submitter Name, NM109	The Autobiller ID for transactions within an ISA and ISE must be the same ID.
4	Submission Number	Inventory control number of the transmission assigned by the submitter's system	Table 1 Header (No Loop ID), BHT03	MDCH can accommodate a 20-digit value for the Submission Number.

\* The Loop, Segment, and Data Element of the 837 Professional transaction.

<b>Field #</b>	<b>Name</b>	<b>Description</b>	<b>837 Professional Source*</b>	<b>MDCH Requirements/Comments</b>
5	Receiver Identification	Used to identify the receiver of the information (MDCH)	Loop 1000B, Receiver Name, NM109	Default to "D00111". Note the extra "0" in this identifier. This is the correct designation for MDCH.
6	Submitter Contact Last Name	Last name of individual responsible for issues that may arise concerning submission	Loop 1000A, Submitter EDI Contact Information; PER02	
7	Submitter Contact First name	First name of submitter contact	Same as above	
8	Submitter Telephone Number	Telephone number for submitter contact	Loop 1000A, Submitter EDI Contact Information; PER04	
9	Creation Date	Date when the submitter created the file	Table 1 Header (No Loop ID), BHT04	
10	Version Code	Version number of the data format being used	Table 1 Header (No Loop ID), REF02	The first six positions of the Transmission Type Code contain the version number for the transaction set. MDCH requires version 004010 for the initial submissions. The Addenda version should not be used unless notified to do so by MDCH.
11	Process From Date	For detail records in file, the earliest date on which a record was processed	N/A	Not used in 837
12	Process Through Date	For detail records in file, the latest date on which a record was processed	N/A	Not used in 837
13	Filler	N/A	N/A	N/A

## Professional Detail Record

Field #	Name	Description	837 Professional Source	Comments
1	Record Identifier	Identifies the type of record; e.g., H = Header, etc.	This information is defined by the X12 structure. Each transaction set has a header (ST) and trailer (SE) record and each transmission has an interchange control header (ISA) and trailer (ISE) record.	
2	Health Plan Identifier	The Medicaid ID Number of the Health Plan	Loop 2330B, Other Payer Segment, NM109	Until the National Plan ID is implemented, the value in NM108 should be PI with the Health Plan's Medicaid ID in NM109
3	Autobiller ID	A code identifying the entity submitting data	Loop 1000A, Submitter Name, NM109	The Autobiller ID for transactions within an ISA and ISE must be the same ID.
4	Submission Number	Inventory control number of the transmission assigned by the submitter's system	Table 1 Header (No Loop ID), BHT03	MDCH can accommodate a 20-digit value for the Submission Number.
5	Record Category	A code identifying the service category reported on this record (e.g., P = Professional)	Table 1 Header (No Loop ID), REF02	The Transmission Type Code includes a value to distinguish between facility (096) and professional (098) services.
6	Encounter/Claim Reference Number	A unique reference or control number assigned by the administrator to this encounter or claim (e.g., TCN)	Loop 2330B, Other Payer Secondary Identifier, REF02	REF01 should contain the value "F8" and REF02 should contain the Health Plan's claim number. <b>As with the proprietary format, this value should be no larger than 17 characters.</b>

Field #	Name	Description	837 Professional Source	Comments
7	Encounter/Claim Line Number	A sequential number used to identify the detail lines within a claim	Loop 2400, Service Line, LX01	The 837 allows a maximum of 50 detail lines for each professional transaction claim. <b>The Implementation Guide (IG) requires that the first Line Number be numbered “1” and that following service lines be numbered sequentially.</b>
8	Filler	N/A	N/A	N/A
9	Filler	N/A	N/A	N/A
10	Record Type	Code indicating whether this record is an original, void or replacement record	Loop 2300, Claim Information, CLM05-3	<b>For encounters reported on the 837 professional transaction, MDCH will accept only records with values of 1, 7 or 8.</b>
11	Recipient ID	Medicaid ID or Client Identification Number (CIN)of recipient	Loop 2010BA, Subscriber Name, NM109	NM109 should contain the Medicaid ID for recipients enrolled in the Medicaid program or the Client Identification Number (CIN) assigned by the enrollment broker for children enrolled in the MIChild program. The data warehouse programs will use enrollment files to determine type and check for validity.
12	Recipient ID Type	The type of ID provided in field #11	Loop 2010BA, Subscriber Name, NM108	Value is “MI” for both Medicaid ID and CIN. See note for field #11 above.
13	Filler			
14	Filler			
15	Recipient ZIP Code	The ZIP code for the recipient’s residence as of the date of service	Loop 2010BA, Subscriber City/ State/ZIP Code, N403	
16	Filler	N/A	N/A	N/A
17	Filler	N/A	N/A	N/A
18	Admission Date	N/A	N/A	Does not apply to Professional

<b>Field #</b>	<b>Name</b>	<b>Description</b>	<b>837 Professional Source</b>	<b>Comments</b>
19	Discharge Date	N/A	N/A	Does not apply to Professional
20	Discharge Status	N/A	N/A	Does not apply to Professional
21	From Service Date	Actual date the service was rendered or the date of the first service if a range.	Loop 2400, Date – Service Date, DTP03	DTP01 should be coded to “472”
22	To Service Date	The last date on which a service was rendered for this line item.	Loop 2400, Date – Service Date, DTP03	If there is a range of dates for this line item, code the value DTP02 to RD8 and show the date in DTP03 as a range (e.g., 20020602-20020608). If no range is provided, MDCH will copy the from service date to populate this data element in the warehouse.
23	Primary Diagnosis	The ICD-9-CM diagnosis code chiefly responsible or the service provided.	Loop 2300, Health Care Diagnosis Code, HI01-2	There are eight possible diagnosis codes at the claim level and MDCH will collect all eight if coded.
24	Secondary Diagnosis	The ICD-9-CM diagnosis code explaining a secondary or other complicating condition for the service.	Loop 2300, Health Care Diagnosis Code, HI02-2	See above
25	Tertiary Diagnosis	The ICD-9-CM diagnosis code explaining a tertiary or other complicating condition for the service.	Loop 2300, Health Care Diagnosis Code, HI03-2	See above
26	Other Diagnosis 4	The ICD-9-CM diagnosis code explaining a fourth or other complicating condition for the service.	Loop 2300, Health Care Diagnosis Code, HI04-2	See above

Field #	Name	Description	837 Professional Source	Comments
27	E Code or Other Diagnosis Code 5	The ICD-9-CM "E" code diagnosis or other complicating condition for the service.	Loop 2300, Health Care Diagnosis Code, HI05-2	See above
N/A	Diagnosis Code Pointers	At the service level, a value 1 through 8 that "points" to the diagnosis code provided at the claim level that is appropriate as the primary, secondary, tertiary, and other diagnosis for this service line.	Loop 2400, Professional Service, SV107-1 through SV107-4	The diagnosis pointer is not part of the proprietary format but will be used in the 837 to determine which of the eight possible diagnosis codes relate directly to the procedure performed. This is similar to how the HCFA 1500 paper form is structured, with four additional diagnosis codes possible.
28	Filler	N/A	N/A	N/A
29	Procedure Code	A code explaining the procedure performed.	Loop 2400, Professional Service, SV101-2	MDCH will continue to accept specified <b>MUPC</b> or local codes for services incurred prior to October 16, 2003 if the code appears on Appendix C. These <b>codes should be designated with a value of "ZZ" in SV101-1</b> . All other procedure codes should be designated as "HC", which covers both CPT and HCPCS codes.  <b>Note: MUPC codes will be accepted only if they appear on the encounter procedure code list in Appendix C and only for services incurred prior to 10/16/03.</b>

Field #	Name	Description	837 Professional Source	Comments
30	Procedure Code Modifier 1	Procedure code modifier corresponding to the procedure coding system used.	Loop 2400, Professional Service, SV101-3	The 837 allows for up to four procedure code modifiers. MDCH will collect all four if coded.
31	Procedure Code Modifier 2		Loop 2400, Professional Service, SV101-4	See field #30 above.
32	Procedure Code Modifier 3		Loop 2400, Professional Service, SV101-5	See field #30 above.
33	Procedure Indicator	A code identifying the type of procedure code used in field #29 above.	Loop 2400, Professional Service, SV101-1	Use the value "HC" for CPT and HCPCS Level II codes; for HCPCS Level III (otherwise known as local codes or MUPC codes) use the value "ZZ".
34	Revenue Code	N/A	N/A	Does not apply to Professional
35	Place of Service	HCFA 1500 place of service code.	Loop 2300, Claim Information, CLM05-1 or Loop 2400, Professional Service, SV105	If the same place of service applies to all service lines, use CLM05-1 in the 2300 Loop, otherwise use SV105 in the 2400 Loop to indicate the place of service that differs from CLM05-1.
36	Quantity	The number of units performed for this procedure or the number of minutes for anesthesia.	Loop 2400, Professional Service, SV104	<b>Unlike the proprietary format where anesthesia was reported as units, the 837 data element reports the number of minutes of anesthesia.</b> (See SV103 in the Professional IG.)
37	NDC Number			Does not apply to Professional
38	Metric Quantity	N/A	N/A	Does not apply to Professional
39	Days Supply	N/A	N/A	Does not apply to Professional
40	Compound Code	N/A	N/A	Does not apply to Professional
41	Prior Authorization	A code indicating if prior authorization or medical certification occurred.	Loop 2330B, Other Payer Prior Authorization or Referral Number, REF02	

Field #	Name	Description	837 Professional Source	Comments
42	Dental Quadrant	N/A	N/A	Does not apply to Professional
43	Tooth Number	N/A	N/A	Does not apply to Professional
44	Filler	N/A	N/A	N/A
45	Process/Paid Date	The date on which the record was processed or paid in the Health Plan's system.	Loop 2430, Line Adjudication Date, DTP03	DTP01 of this segment is "573" – Date Claim Paid.
46	PCP ID	The Primary Care Physician assigned to or selected by the Recipient as of the date of service.	N/A	Not available.
47	PCP ID Type	The type of ID provided in PCP ID above.	N/A	Not available.
48	Referring Provider ID	For services resulting from a referral, the ID of the physician making the referral.	Loop 2310A, Referring Provider Secondary Identification, REF02	The Medicaid Provider ID (REF01 = 1D) or State License Number (REF01 = 0B) is preferred.  Note: The provider's SSN or EIN should be sent in the 2310A, NM1 segment (NM109).
49	Referring Provider ID Type	A code identifying the type of ID provided in field #48 above.	Loop 2310A, Referring Provider Secondary Identification, REF01	
50	Servicing Provider ID	The unique ID of the provider performing the service.	Loops 2420A Rendering Provider (Service) or 2310B Rendering Provider (Claim) or 2010AB Pay-To Provider or 2010AA Billing Provider, NM109 <b>AND</b> REF02	The IG requires that NM109 contain the SSN, EIN or National Provider Identifier for each provider entity. In addition, MDCH requires that you provide either the Medicaid Provider ID (REF01 = 1D) or State License Number (REF01 = 0B) for all in-state providers in REF02.

<b>Field #</b>	<b>Name</b>	<b>Description</b>	<b>837 Professional Source</b>	<b>Comments</b>
51	Servicing Provider ID Type	A code identifying the type of ID provided in field #50 above.	Same loops as above, NM108 and REF01	
52	Servicing Entity ID	The Tax ID number of the entity through which the service was rendered.	2010AB Pay-To Provider Name or 2010AA Billing Provider Name, NM109	The NM108 value should be 24.
53	Servicing Provider Class	A code indicating the class for the provider identified in field #50 (e.g., PCP, in-plan non-PCP, out of plan)	N/A	Not available in the 837.
54	Servicing Provider Type	A code indicating the type of provider rendering the service.	Loops 2420A Rendering Provider (Service) or 2310B Rendering Provider (Claim) or 2000A Billing/Pay-To Provider, Provider Specialty, PRV03	See Appendix D for a crosswalk from the national Provider Taxonomy Codes to the proprietary Provider Type values. MDCH requires that the Provider Taxonomy Code be reported for all encounters.
55	Servicing Provider ZIP Code	The ZIP Code where the service occurred.	2420C Service Facility Location (Service) or 2310D Service Facility Location (Claim) or 2010AB Pay-To Provider or 2010AA Billing Provider, City/State/ZIP, N403	
56	Servicing Provider County	The County where the service occurred.	N/A	Not available in the 837.
57	Prescribing Provider ID	N/A	N/A	Does not apply to Professional
58	Prescribing Provider ID Type	N/A	N/A	Does not apply to Professional

<b>Field #</b>	<b>Name</b>	<b>Description</b>	<b>837 Professional Source</b>	<b>Comments</b>
59	Tooth Surface 1-7	N/A	N/A	Does not apply to Professional
60	Payment Arrangement	A code to identify records for services that were unauthorized or performed under a global billing arrangement.	Loop 2430, Line Adjudication Information, CAS Claims Adjustment segment	MDCH is considering using the CAS segment to identify services paid under a global billing arrangement or that were denied because authorization was not obtained. See Appendix E for a list of Adjustment Reason Codes that meet these criteria.

## Section 4

### New Data Elements

The 837 transactions contain a number of required data elements that are not included in the existing proprietary data format for encounter data. It is MDCH's intention to use many of these data elements to enhance the information available in the data warehouse. This section outlines the data elements that are of particular interest to MDCH or that will be used by MDCH in the processing and/or translation of the 837 transaction sets.

This submission manual does not cover all of the data elements in the 837 that are not part of the proprietary format, only a select few of particular interest to MDCH. The 837 IGs contain a large number of data elements that are not part of the proprietary format; some of them are required and others are situational. Your implementation of the 837 transaction sets must include all required and applicable situational data elements in order to be HIPAA compliant, not just those mentioned in this Section 4.

#### Claim or Encounter Indicator

All 837 transactions require the coding of a claim or encounter indicator. Transaction Type Code, which performs this function, appears in the Header Table 1 portion of the transaction set. Specifically the BHT or Beginning Hierarchical Transaction segment must include data element BHT06. **All Health plans must code this data element to a value of "RP" for all encounter data reporting.** The value of "RP" should be reported whether the plan reimburses the provider on a capitation or fee-for-service basis. This is the value that the MDCH translator will use to determine how the transaction set is interpreted. Transactions with a value of "RP" will be sent through the encounter data edits rather than to the more stringent fee-for-service edits.

#### Financial/Adjudication Fields

The Provider-to-Payer-to-Payer COB Model of the 837 is being used in order to provide MDCH with expanded financial information on encounter records. The loops in the 837 HIPAA implementations that are used to convey information regarding adjudication are the 2320 (Other Subscriber Information) and 2430 (Service Line Adjudication Information).

Health plans should report adjudication information for professional and outpatient institutional encounters at the service level. Inpatient institutional encounters may be reported at the claim level.

The reporting of financial data elements will be voluntary for encounter submissions January 1, 2003 through September 30, 2003. Plans are encouraged to report this information, but are not required to do so. Reporting of financial data will be required effective October 1, 2003.

The financial fields that MDCH requests the health plans to report include:

- Submitted Line Item Charge Amount (Provider Billed Amount)
- Approved Amount (Allowable Amount)
- Paid Amount
- Adjustment Amounts

When reporting financial data the following guidelines should be used.

**Submitted Line Item Charge Amount** – Health plans should report the provider’s charge or billed amount. The value may be “0” if the health plan contract with the provider is subcapitated and the health plan contract permits zero as a charged amount. A value other than zero is required when the contract arrangement is fee-for-service. There may be situations in a fee-for-service arrangement where an encounter does not have an associated charge. The services currently recognized by MDCH as having no associated charges are listed in Appendix F. For these services, the amount coded in the Submitted Line Item Charge Amount data element may be “0”.

**Approved (Allowed) Amount** - Health plans should report their fee schedule amount or maximum allowed amount. If the health plan never covers the specific service reported, the Approved (Allowed) Amount may be “0”. MDCH will populate this field with the Medicaid fee screen amount when the contract arrangement between the health plan and the provider is subcapitated. The Health plan should report their fee screen amount when the contract arrangement with the provider is fee-for-service.

**Paid Amount** - If the health plan paid the provider for the service, the Paid Amount should reflect the amount paid. If the service was not covered by the health plan or was covered under a capitation arrangement, “0” (zero dollars) is an appropriate Paid Amount.

**Adjustment Amount** - If the Paid Amount reflects any adjustment to the billed amount, the adjustment amounts must be reported. Following are two examples.

Example A: Health Plan A has a capitated arrangement with Dr. Jane Smith to provide primary care services to Medicaid recipients enrolled with Dr. Smith. Dr. Smith sees John Doe for an annual check up and reports the encounter.

Submitted Charge	Approved Amount	Paid Amount	Adjustment Reason	Adjustment Amount
\$0	\$80	\$0	Not Applicable	\$0

Example B: Health Plan A pays all providers on a fee-for-service basis for all services. The health plan uses a fee schedule to determine its allowed amount and also takes a prompt payment discount. John Doe sees Dr. Jane Smith for a cough and she submits the claim for that service to Health Plan A.

<b>Submitted Charge</b>	<b>Approved Amount</b>	<b>Paid Amount</b>	<b>Adjustment Reason</b>	<b>Adjustment Amount</b>
\$100	\$80	\$72	42 (charges exceed our fee schedule or maximum allowable amount)	\$20
			44 (Prompt Pay Discount)	\$8

Any time the charge amount does not equal the paid amount; the health plan is required to report the adjustment amount and the adjustment reason.

When reporting financial data health plans must heed the balancing requirements outlined in the Implementation Guides.

### **Contract Information**

The 837 Encounter contains a segment that accommodates reporting contract arrangements between the health plan and the provider. The CN1 can be reported for the entire claim in Loop 2300 or for each service line of the 837 Professional encounter in Loop 2400. The Contract Information segment helps explain monetary amounts and adjudication information reported by the health plan. Reporting contract information is optional at this time.

### **Type of Bill**

For institutional services, Type of Bill is a standard field that has been required on the UB-92 form and that provides several different pieces of information. The first digit of this data element identifies the type of facility (hospital, SNF, home health, etc.). The second digit is called bill classification and conveys information on the place of service. The third digit is the frequency code and identifies the type of billing (e.g., original, interim, final, adjustment, void). MDCH will be using the components of Type of Bill to identify Record Type (original, void, replacement), Record Category for LTC services, and institutional place of service codes. Examples of Type of Bill as it might be coded in an 837 Institutional encounter:

**Loop 2300, Claim Information (CLM) Segment, CLM05 Type of Bill**

<b>CLM05-1 (Facility Type Code)</b>	<b>Description</b>	<b>CLM05-3 (Claim Frequency Code)</b>	<b>Description</b>	<b>UB-92 Type of Bill</b>
11	Hospital Inpatient	1	Admit through Discharge	111
21	SNF Inpatient	3	Interim billing continuing claim	213
11	Hospital Inpatient	7	Replacement of prior claim	117
13	Hospital Outpatient	8	Void/Cancel of prior claim	138
33	Home Health Outpatient	4	Interim billing last claim	334

**Diagnosis Code Pointers (Professional Only)**

Diagnosis codes for both institutional and professional transactions are provided at the claim level in the 837 transactions. For professional services, the 2400 service loop provides segments that contain diagnosis code pointers. These pointer data elements contain a value of one through eight. These values “point to” the diagnoses coded at the claim level that most closely correspond to each service line. Each service line can have up to four diagnosis pointers, or four separate diagnosis codes for each service. Each service may point to a different set of four diagnosis codes. Following is an example for a professional service transaction:

*Claim Diagnosis Codes*

- 1 = 715.16 Osteoarthritis, localized, primary, lower leg
- 2 = 428.0 Congestive heart failure
- 3 = 440.0 Atherosclerosis of aorta
- 4 = 402.01 Hypertensive heart disease with congestive heart failure
- 5 = 350.00 Diabetes mellitus without mention of complication

*Service Line Procedures and Diagnosis Pointers*

- Line 1 Procedure = 29871 Arthroscopy, knee, surgical  
Diagnosis Pointers: Primary = 1, Secondary = 2, Tertiary = 5
- Line 2 Procedure = 93000 Routine electrocardiogram  
Diagnosis Pointers: Primary = 2, Secondary = 4, Tertiary = 3
- Line 3 Procedure = 80422 Glucagon tolerance panel  
Diagnosis Pointers: Primary = 5, Secondary = 4

## **Additional Diagnosis Codes**

The 837 transaction sets allow a large number of diagnosis codes to be reported – over 14 on institutional encounters and eight on professional encounters. MDCH will collect up to 14 diagnosis codes for institutional encounters (the primary diagnosis, the admitting diagnosis, and twelve additional diagnosis codes) and up to eight diagnosis codes for professional encounters.

## **Provider Identifiers**

With the implementation of the 837 transaction sets, health plans will need to report at least two identifiers for servicing (or rendering) and referring providers. For both servicing and referring providers, the NM1 segment is required and will be used to report either the Employer Identification Number (EIN) or Social Security Number (SSN) of the provider. Note that this will be the case until the National Provider Identifier or NPI is adopted and all NM1 provider segments will then require the use of the NPI.

Secondary identifiers are carried in the REF segment and MDCH requires all health plans to report either the Medicaid ID or State License Number for all in-state providers.

## **Inpatient Surgical Procedure Codes**

Inpatient surgical procedure codes were reported on the proprietary format, but were reported at the service level. In the 837 Institutional transactions, this data element is reported at the claim level, as it is on the UB-92 format. All encounters for inpatient admissions that include a surgical procedure should include the ICD-9-CM procedure code. These procedures are reported in the 2300 loop in the HI segment for Principal Procedure Information.

## **Home Health Services**

Home Health services are not new, but MDCH will require both Revenue Codes and HCPCS Level I or II procedure codes on these services, which is new for encounter data reporting. Currently a home health encounter can contain one or the other; both will be required when encounters are submitted using the new formats. If both Revenue Code and procedure code are not present on home health encounters, the encounter will be rejected.

## Section 5

### Transaction Testing and Certification

Because of the large number of entities covered by the HIPAA Administrative Simplification regulations, transaction testing is critical. Effective testing can significantly reduce the time and effort it will take for numerous organizations to exchange transactions with trading partners. Without thorough testing during the development phase of inbound and outbound transaction sets, the process for implementing HIPAA transactions would be extremely long and tedious. If each entity covered under HIPAA must test its transactions each time a new entity becomes involved in an exchange, the effort would soon overwhelm the health care industry.

In order to simplify this process and reduce the effort involved, MDCH has adopted a testing and certification process. The process is described in the MDCH “Certification Manual for HIPAA Transactions” and is available on line at [www.michigan.gov/mdch](http://www.michigan.gov/mdch). Choose the “Provider” link on the left side of the page, and then the “HIPAA Implementation” link on the right side. Then select the “Testing and Certification” link, also on the right. MDCH has arranged to make testing and certification services available to the Medicaid health plans.

#### HIPAA Validator™

While a health plan is developing its outbound 837 transaction sets, testing will ensure that the transactions meet the basic criteria for a HIPAA-compliant transaction set. This is the first step in the testing process and MDCH has made arrangements with Blue Cross Blue Shield of Michigan for all of its participating health plans to perform testing using the Foresight HIPAA Validator™ tool. This tool is available at no charge to the health plans at [http://www.bcbsmi.com/providers/trans\\_test.shtml](http://www.bcbsmi.com/providers/trans_test.shtml). User names and passwords have been set up for each of the health plans and that information has been sent to a representative for each health plan. If you have not received the communication, you may obtain your user name and password from the Blue Cross Blue Shield of Michigan Administrator link at the Web site.

#### Claredi Certification

Once the health plan has successfully completed testing of their outbound transactions, they will next need to receive certification. Certification assures MDCH that health plan transaction sets comply with the HIPAA IGs, that they are HIPAA compliant. This process uses Claredi testing protocols and certification tells all of the health plan trading partners that they are able to create HIPAA-compliant transactions. MDCH is making this service available to health plans at no charge through the Department for a limited period of time. The process is outlined in detail in the “Certification Manual for HIPAA Transactions” referenced above. Or you may contact the staff identified below:

Jake Mazur – [jmazur@govconnect.com](mailto:jmazur@govconnect.com) or telephone 517-241-8628  
Max Bumbalough – [mbumbalough@govconnect.com](mailto:mbumbalough@govconnect.com)

### **Business-to-Business Testing**

After receiving Claredi certification, health plan can complete trading partner or business-to-business testing to assure that their transmissions are accepted through the Data Exchange Gateway or DEG.

The business-to-business testing of health plan encounter transactions will be available starting in September 2002. Health plans will receive detailed instructions regarding how such test transactions are to be loaded to the MDCH DEG. Instructions will include FTP commands to be issued for sending the transactions, Email instructions to be followed in order to initiate the processing of the test file by MDCH, and instructions for retrieving 997 acknowledgments from the DEG or otherwise checking for the status of the data translation and transaction processing operations at MDCH. These instructions will also be posted on the State of Michigan web site, at [www.michigan.gov/mdch](http://www.michigan.gov/mdch).

Note that when preparing test files, health plans will be asked to reference active Medicaid recipients, not “fake” Medicaid numbers. The encounter volume should be 100 transactions or less; ideally, and include a wide variety of provider types and procedure codes in that test set of transactions.

If health plans would like more information on testing, there is a white paper written by the SNIP Transactions Work Group that may be helpful. The paper is called “Transaction Compliance and Certification” and is available at the SNIP/WEDI Web Site at <http://snip.wedi.org/public/articles/testing2.0.pdf>. The paper outlines the rationale behind testing, explains the different types of testing that need to occur, and outlines the levels of testing that can be completed as part of a certification.

## Section 6

### Data Submission Process

The frequency and mode of transmission for encounter data will not change. Encounters submitted in the 837 formats will still be submitted through the Data Exchange Gateway or DEG on a monthly basis, at a minimum. You may submit your encounters more frequently if needed.

There are some changes in the process and you should review the MDCH Electronic Submission Manual available at: [www.michigan.gov/mdch](http://www.michigan.gov/mdch). This manual includes information on using the DEG and specific instructions on headers and trailers for EDI transactions. Section 4 discusses Preparing Electronic Claim Files. It is important to note that all ANSI X12 files have header and trailer data built into them.

Professional, institutional and dental encounters may be combined in one file, or may be transmitted in separate files. Each file must include an Interchange Envelope, containing various ISA elements as specified in the Implementation Guides. The encounter file must specify **ENCOUNTER** in the Interchange Receiver ID (ISA08) element and **P** in the Usage Indicator (ISA15) element.

The Interchange Envelope may contain one or more Functional Groups. Each Functional Group will specify whether that Functional Group contains institutional, dental or professional encounter transactions. In the Application Receiver's Code (GS03) element of each Functional Group, you must specify **ENCOUNTER**. The Version/Release/Industry Identifier Code (GS08) element of each Functional Group must contain **004010X096**, **004010X097**, or **004010X098**, indicating whether that group contains institutional, dental, or professional encounter transactions, respectively.

To submit the 837 v4010 production file, log onto the Data Exchange Gateway (DEG) using the connection information supplied by MDCH, then enter the following information:

PUT {your drive\directory\filename} [4951@DCHEDI](mailto:4951@DCHEDI). The drive, directory and filename combination should be the full path to the location on your PC (or network) where the production file to be submitted is located on your computer. The following example illustrates this command:

PUT C:\CATALOG\productionfile.txt [4951@DCHEDI](mailto:4951@DCHEDI)

After issuing the PUT command and transferring the 837 encounter file it should be immediately translated. As noted in the Electronic Submission Manual, the health plan can enter a DIR command with the name of the file sent to see the 997 Functional Acknowledgement. The Functional Acknowledgment contains segments that can identify the acceptance or rejection of the functional group, transaction sets or segments.

It is important that the health plan retrieve the 997 Acknowledgements to determine if MDCH has received the ASC X12 837 transaction sets, and identifies transmissions that have not been acknowledged. The 997 Functional Acknowledgement can be downloaded by entering a GET command; be careful to change the file name for the destination system so the file you sent is not written over.

Health plans should copy transferred files immediately as a back up for their site. It is the agent's responsibility to retain back-up files until the party at the final destination has verified and backed up the files. Should the file not be received in its entirety, it may have to be resent using the back up.

## Section 7

### Encounter Data Edits

In order for data to be useful, the data must meet minimum thresholds of data quality. One of the most basic tests of data quality is editing. All encounter data currently submitted to MDCH are subjected to numerous edits and that will continue when the 837 formats are used. Some of the edits that were performed on encounters submitted in the proprietary format will be discontinued and some new edits will be added.

Encounter data edits can have one of the following results:

- (1) The data passes all edits and is accepted into the data warehouse,
- (2) The data contains a minor error(s); an informational report is generated and the data is accepted into the data warehouse, or
- (3) The data contains a fatal error that results in its rejection.

Output from the edit process is a report that will be available to the health plan via the DEG. The report will advise of the status of the records submitted in a particular file. If the records encounter any errors in the edit process, the report will specify the records that contain errors and the nature of the errors. This report is different than the 997 Functional Acknowledgement.

Because of the way in which MDCH processes submissions through the DEG, health plans will need to track their data submission numbers. All error reports will reference the data submission number.

When retrieving the Error Return File from the DEG, the health plan must use the GET command. Once the health plan's logon has been accepted, the prompt ftp> appears, type DIR to select the directory of files available. From the list of files that may be shown, look at the column labeled APPL; these are the files ready to be retrieved. The 837 Encounter Error Return File APPL ID is 4950. Therefore the health plan would type:

```
GET 4950 C:\DOWNLOAD\4950
```

This will move the oldest 4950 files to the sender's PC. The file will be downloaded to the C drive, in the "download" directory to file 4950.

Appendix G is a list of all the edits that apply to encounter data, including a description of the action to be taken.

Appendix H is the Error Return File Layout, including header and trailer records.

## **Section 8**

### **Data Management Process**

As with the proprietary encounter data format, the submission of 837 transactions may result in a rejection of the entire file, individual claims, or specific service lines. When an EDI file, a claim or service fails to meet specified criteria, the file, claim or service will be rejected.

Occasionally a health plan may need to initiate a correction to an encounter that it previously submitted to MDCH. This situation might occur when a provider sends a correction to a claim or encounter to the health plan, which in turn must correct the information in the MDCH data warehouse.

Because of significant differences in the file and claim structure between the proprietary format and the 837 transactions, corrections are handled differently and the processes are addressed separately below.

#### **Proprietary Format**

The criteria for rejection of encounter records submitted in the proprietary format will not change before that format is discontinued. Please consult the “Encounter Data Submission Manual” published in July 1998 as updated for information on rejection criteria and processes. Health plans may submit medical and dental encounters incurred prior to January 1, 2003 in the proprietary format until May 1, 2003. MDCH will provide information to the health plans by January 2003 regarding timelines for discontinuation of the proprietary format for prescription drug encounters.

If a health plan initiates a void and/or replacement of an accepted record that it submitted in the proprietary format, the void or replacement record must also be submitted in the proprietary format. MDCH will allow health plans to make corrections to medical and dental encounters initially submitted in the proprietary format through May 1, 2003 only. At this time, health plans can continue to make corrections to prescription drug records using the proprietary format.

#### **ASC X12 837 Transactions**

In the proprietary format, each record contains complete information for every service performed. Information about the provider and recipient are physically present on each service line. With 837 transactions, the structure allows for a more efficient submission of information. Each transaction can contain information for multiple billing providers, who have provided services to multiple beneficiaries, who can have multiple claims, which can have multiple service lines. The information is tied together by the looping

structure of the EDI files. The result of this structure is that editing can occur at several different levels.

MDCH will perform some edits at the file level, others at the claim level, and still others will be evaluated at the service level. The edit program may reject a record at any of these levels if the data do not meet minimum criteria.

## ***I. Rejection Criteria***

With the change to the 837 transactions, MDCH will continue to reject encounters that fail to meet specified edit criteria; the rejection criteria are changing slightly. The following is an outline of the situations that will result in the rejection of an entire file, an individual claim, or a specific service line.

### **A. Entire File**

As with the proprietary format, there are minimum structural requirements that must be met to allow an entire file to be properly read and interpreted. If a transmitted file fails to meet any of the following criteria, the entire file will be rejected:

1. Header and trailer records for the entire transmission (ISA and IEA) contain the same control number
2. The number of functional groups in the IEA record balances to the number of functional groups contained in the transmission
3. The functional group header and trailer records (GS and GE) contain the same group control number
4. The number of transactions in the GE record balances to the number of transactions contained in the transmission
5. File contains readable characters
6. Submitter Identifier is valid and consistent across all transactions
7. Submission Number is alphanumeric and unique to this file
8. Transaction Type Code is "RP"

Unlike with the proprietary format, MDCH will no longer reject an entire file based on the contents of individual records within the file. With the proprietary format, MDCH rejected an entire file if more than 30% of the records in a file met the individual record rejection criteria. This will no longer occur.

### **B. Claim**

Rejections below the file level may occur for an entire claim. A claim is defined as all of the services incurred under the same claim identifier assigned by the provider or the health plan. The following situations will result in the rejection of a claim, including all of the services that are part of that claim:

1. The data in any of the following fields is missing or invalid (837 Data Element/Proprietary Field Name):
  - a. Other Payer Primary ID/Health plan ID
  - b. Submitter Primary ID/Autobiller ID is not valid for the Other Payer Primary ID/Health plan ID
  - c. Transmission Type Code (valid values are 004010X096 and 004010X098)/Record Category
  - d. Other Payer Original Reference Number/Encounter Reference Number
  - e. Service Line Number/Encounter Detail Line Number
  - f. Claim Frequency Type Code/Record Type (Original, Void, Replacement)
  - g. Subscriber Primary ID/Recipient ID
  - h. Admission Date/Admission Date (for inpatient Institutional transactions only)
  - i. Statement From Data (for Institutional transactions only)/From Service Date
  - j. Statement Through Date (for inpatient Institutional transactions only)/Discharge Date
  - k. Principal Diagnosis Code (for Institutional transactions only)/Primary Diagnosis
  - l. Billing, Pay-to or Rendering Provider ID/Servicing Provider ID
2. The claim is a duplicate of a previously submitted claim.
3. The claim is a void or replacement of a claim that does not already exist in the data warehouse.
4. Service Line Numbers are not sequentially numbered.
5. All service lines associated with the encounter were rejected.

#### C. Service Line

As noted above, it is possible that MDCH will reject only a service line from a claim. The reason for this is that MDCH would like to keep the data warehouse as complete as possible while awaiting corrected claims. So if an edit fails at the service level, only the failing service line will be rejected. The following are the situations in which a service line will be rejected. If there is only one service line on a claim and that service line is rejected, the entire claim will be rejected:

1. Service Date/From Service Date is missing or invalid
2. For Professional transactions only – The first Diagnosis Code Pointer “points” to an invalid diagnosis code

3. For Professional transactions – Procedure Code is missing or invalid
4. For Institutional transactions – Revenue Code is missing or invalid
5. For Home Health services (which should be submitted using the Institutional transaction) – both Revenue Code and HCPCS Procedure Codes must be present and valid
6. Units/Quantity is missing or invalid

## ***II. Correction Process***

### **A. Entire File**

When MDCH rejects an entire file, the health plan must make the necessary corrections and resubmit the file. The individual transactions in the resubmitted file must have the same Claim Frequency Code/Record Type designation (e.g., original, void, or replacement) as they had on the rejected file. They should not be designated as replacement records. Since the contents of a rejected file are not retained in the data warehouse, there is no record to replace in the warehouse.

### **B. Claim**

As used in this discussion, the term “claim” refers to a group of services reported as a unit, not a fee-for-service claim. Using the UB-92 and CMS 1500 paper forms as an analogy, the “claim” is the entire form that may contain individual lines of service (procedures and/or Revenue Codes).

If an entire claim is rejected during the edit process, the health plan will need to correct the error and resubmit the claim. As with an entire file, a rejected claim is not stored in the data warehouse, so the corrected claim should be submitted with the same Claim Frequency Code/Record Type designation as was coded on the first submission. If the rejected claim was an original claim, the “corrected” claim should also be an original claim.

### **C. Service Line**

Corrections to encounters submitted in the 837 formats may not be made to a specific service line, only to an entire claim. In the proprietary format health plans could correct erroneous data at the record or service line levels. In 837 transactions, the Claim Frequency Type Code (which corresponds to Record Type in the proprietary format) is a claim level code, which means the entire claim is designated as an original, void or replacement; this designation cannot be applied only to a specific service line. Consequently, the process for voiding or replacing a service will change.

### ***Services Accepted by MDCH***

If a health plan must replace or void a service that has been accepted into the data warehouse, it must do so by replacing or voiding the entire claim on which the service originally appeared. The claim number for the replacement or void claim must be the same as the original claim number.

### ***Services Rejected by MDCH***

If MDCH rejects a service line and there are multiple service lines on the claim, the service lines that pass the edits will be retained in the data warehouse. While MDCH may reject only one service line on a claim that contains multiple services, health plans may not correct a single service line on an 837 claim. The health plan has two options:

1. The health plan may resubmit the entire claim once the erroneous service line has been corrected. The entire claim (and all associated services) is voided and/or replaced. The replacement or void claim number must be the same as the claim number on the original claim.

As noted above, the Claim Frequency Type Code can only apply to an entire claim. In addition, line numbers within a claim must begin at “1” and increment by “1”. Any attempt to correct a single line in a previously submitted and accepted claim that contained multiple services would result in the replacement claim deleting all of the previously accepted services.

2. The health plan may leave the original claim minus the rejected service(s) “as is” in the warehouse and create a new claim containing only the corrected service line. The new claim should contain a different claim number and should have a Claim Frequency Type Code of “Original”. Health plans should NOT use this approach for correcting a service that is already in the data warehouse as it would result in the service being duplicated.

## **Section 9**

### **Continuous Quality Improvement**

Continuous quality improvement focuses on measuring and improving the quality of data available to MDCH. Data from the health plans, whether received in the proprietary format or in the new 837 formats, will continue to undergo data quality checks beyond the minimum criteria used in the edit process. The results of both the edits and the ongoing data quality monitoring will be combined to develop plan-specific data quality improvements plans or DQIPs.

The DQIP is designed to provide MDCH and the health plans with a comprehensive list of data quality issues present in the data for a given time period. It also includes backup information to support the identified issues.

A DQIP meeting is held every six months with each health plan. A DQIP packet is sent to the health plan for review prior to a scheduled face-to-face site visit. The health plan is asked to bring all relevant accompanying source documents to the meeting.

At the site visit, the health plan is expected to have investigated the findings and be prepared to explain the underlying reasons for the identified data quality issue(s) and what it expects it can do to remedy the problem. All health plan stakeholders (e.g. management, information services, reporting, claims, quality management) are expected to attend the DQIP and contribute to the resolution of issues. As data issues are discussed, a corrective action plan (CAP) is agreed upon with a corresponding timeline for each of the actions the health plan will take to resolve the issues.

Interim monitoring and follow up on identified data quality problem areas between the DQIP meetings is an integral component of the process.

## **Section 10**

### **Frequently Asked Questions**

Health Plans are encouraged to frequently visit the Michigan Department of Community Health HIPAA Frequently Asked Questions (FAQs) page of the MDCH web site for updated information.

Frequently Asked Questions may be found at [www.michigan.gov/mdch](http://www.michigan.gov/mdch). Select the “Providers” option on the left side of the page; next select “HIPAA Implementation” option on the right of the page. Finally select “Frequently Asked Questions” either from the center of the page or the right

## **Appendix A**

### **Data Clarifications for the 837 Institutional Version 4010 Encounter**

The most up-to-date Data Clarifications for the 837 Institutional Version 4010 Encounter document can be found at <http://www.michigan.gov/mdch>. Once you have reached the web site, click “Providers”, then “Information for Providers”, followed by “HIPAA for Medicaid Providers” and then “Data Clarification Documents.”

There are Data Clarification documents for 837 Claims and 837 Encounters available. Health Plans should make certain they are using the Data Clarifications for encounters when developing their 837 encounter transaction. In addition, health plans should check the web site regularly for updates or changes to these documents.

## **Appendix B**

### **Data Clarifications for the 837 Professional Version 4010 Encounter**

The most up-to-date Data Clarifications for the 837 Professional Version 4010 Encounter document can be found at <http://www.michigan.gov/mdch>. Once you have reached the web site, click “Providers”, then “Information for Providers”, followed by “HIPAA for Medicaid Providers” and then “Data Clarification Documents.”

There are Data Clarification documents for 837 Claims and 837 Encounters available. Health Plans should make certain they are using the Data Clarifications for encounters when developing their 837 encounter transaction. In addition, health plans should check the web site regularly for updates or changes to these documents.

## Appendix C

### Maternal Support Services Codes

Z0001	MSS Screening	1/1/2000	8/31/2000
Z0002	MSS Assessment	1/1/2000	8/31/2000
Z0003	MSS Visit	1/1/2000	8/31/2000
Z0001	MSS-ASSESSMENT IN OFFICE	9/1/2000	12/31/3001
Z0002	MSS-PROFESSIONAL VISIT OFFICE	9/1/2000	12/31/3001
Z0003	MSS-PROFESSIONAL VISIT IN HOME	9/1/2000	12/31/3001
Z0004	MSS-ASSESSMENT IN HOME	9/1/2000	12/31/3001
Z0005	MSS-CHILDBIRTH EDUCATION	9/1/2000	12/31/3001
Z0006	MSS-SCREENING (Health Plan Clients Only)	9/1/2000	12/31/3001
Z0010	MSS-TRANSPORTATION BUS/VAN	9/1/2000	12/31/3001
Z0011	MSS-TRANSPORTATION TAXI	9/1/2000	12/31/3001
Z0012	MSS-TRANSPORTATION-VOLUNTEER	9/1/2000	12/31/3001
Z0013	MSS-TRANSPORTATION/OTHER	9/1/2000	12/31/3001

### Infant Support Services Codes

Z0021	ISS Screening	1/1/2000	8/31/2000
Z0022	ISS Assessment	1/1/2000	8/31/2000
Z0023	ISS Visit	1/1/2000	8/31/2000
Z0020	ISS-ASSESSMENT IN HOME	9/1/2000	12/31/3001
Z0021	ISS-PROFESSIONAL VISIT HOME	9/1/2000	12/31/3001
Z0022	ISS-PROFESSIONAL VISIT	9/1/2000	12/31/3001
Z0024	ISS-PROF. VISIT/DRUG EXPOSED	9/1/2000	12/31/3001
Z0025	ISS-PARENTING EDUCATION	9/1/2000	12/31/3001
Z0030	ISS-TRANSPORTATION BUS/VAN	9/1/2000	12/31/3001
Z0031	ISS-TRANSPORTATION TAXI	9/1/2000	12/31/3001
Z0032	ISS-TRANSPORTATION VOLUNTEER	9/1/2000	12/31/3001
Z0033	ISS-TRANSPORTATION OTHER	9/1/2000	12/31/3001

### Children's Multidisciplinary Specialty Clinic Codes

168020	CMS CLINIC COMP AIDS	1/1/1900	3/31/2001
168025	CMS CLIN.COMP.AMPUTEE/LIM	1/1/1900	3/31/2001
168030	CMS CLINIC COMP. APNEA	1/1/1900	3/31/2001
168035	CMS CLINIC COMP. CARDIOLO	1/1/1900	3/31/2001
168038	CMS CLINIC COMP CHRONIC I	1/1/1900	3/31/2001
168040	CMS CLINIC COMP CLEFT LIP	1/1/1900	3/31/2001
168045	CMS CLINIC COMP CYSTIC FI	1/1/1900	3/31/2001
168050	CMS CLINIC COMP.DIABETES	1/1/1900	3/31/2001
168055	CMS CLINIC COMP ENDOCRINO	1/1/1900	3/31/2001
168060	CMS CLINIC COMP.GASTRO/NU	1/1/1900	3/31/2001
168065	CMS CLINIC COMP GENETICS	1/1/1900	3/31/2001
168070	CMS CLINIC COMP HEMAT/ONC	1/1/1900	3/31/2001
168075	CMS CLINIC COMP HEMOPHILI	1/1/1900	3/31/2001
168080	CMS CLINIC COMP.IMMUN/RHE	1/1/1900	3/31/2001
168083	CMS CLINIC COMP LEAD TOXI	1/1/1900	3/31/2001
168085	CMS CLINIC COMP.METABOLIC	1/1/1900	3/31/2001
168090	CMS CLIN.COMP.MULT.HD./CH	1/1/1900	3/31/2001

168095	CMS CLINIC COMP.MUSCULAR	1/1/1900	3/31/2001
168100	CMS CLIN.COMP.MYELO/SPINB	1/1/1900	3/31/2001
168105	CMS CLIN.COMP.NEPHRO/UROL	1/1/1900	3/31/2001
168110	CMS CLINIC COMP.NEUROLOGY	1/1/1900	3/31/2001
168115	CMS CLIN.COMP.PULMON./SEV	1/1/1900	3/31/2001
168120	CMS CLINIC COMP. SEIZURES	1/1/1900	3/31/2001
168125	SICKLE CELL CMS CLINIC CO	1/1/1900	3/31/2001
168200	CMS CLINIC F/UP AIDS	1/1/1900	3/31/2001
168205	CMS CLINIC F/UP AMP/LIMB	1/1/1900	3/31/2001
168210	CMS CLINIC F/UP APNEA	1/1/1900	3/31/2001
168215	CMS CLINIC F/UP CARDIOLOG	1/1/1900	3/31/2001
168218	CMS CLINIC F/UP CHRONIC I	1/1/1900	3/31/2001
168220	CMS CLINIC F/UP CLEFT LIP	1/1/1900	3/31/2001
168225	CMS CLINIC F/UP CYSTIC FI	1/1/1900	3/31/2001
168230	CMS CLINIC F/UP DIABETES	1/1/1900	3/31/2001
168235	CMS CLINIC F/UP ENDOCRINO	1/1/1900	3/31/2001
168240	CMS CLINIC F/UP GASTRO/NU	1/1/1900	3/31/2001
168245	CMS CLINIC F/UP GENETICS	1/1/1900	3/31/2001
168250	CMS CLINIC F/UP HEMAT/ONC	1/1/1900	3/31/2001
168255	CMS CLINIC F/UP HEMOPHILI	1/1/1900	3/31/2001
168260	CMS CLINIC F/UP IMMUN./RH	1/1/1900	3/31/2001
168263	CMS CLINIC F/UP LEAD TOXI	1/1/1900	3/31/2001
168265	CMS CLINIC F/UP METABOLIC	1/1/1900	3/31/2001
168270	CMS CLIN.F/UP MULT.HD/CHR	1/1/1900	3/31/2001
168275	CMS CLIN.F/UP MUSCULAR DY	1/1/1900	3/31/2001
168280	CMS CLIN.F/UP MYELO/SPINA	1/1/1900	3/31/2001
168285	CMS CLIN.F/UP NEPHRO/UROL	1/1/1900	3/31/2001
168290	CMS CLIN.F/UP NEUROLOGY	1/1/1900	3/31/2001
168295	CMS CLIN.F/UP PULMON/SEV.	1/1/1900	3/31/2001
168300	CMS CLIN.F/UP SEIZURES	1/1/1900	3/31/2001
168305	"SICKLE CELL CMS CLINIC, FU"	1/1/1900	3/31/2001
168400	CMS CLINIC SUPPORT SVS.	1/1/1900	3/31/2001

MS002	CMS CLINIC COMP AIDS	7/1/2000	12/31/3001
MS003	CMS CLIN.COMP.AMPUTEE/LIMBDEF.	7/1/2000	12/31/3001
MS004	CMS CLINIC COMP. APNEA	7/1/2000	12/31/3001
MS005	CMS CLINIC COMP. CARDIOLOGY	7/1/2000	12/31/3001
MS006	CMS CLINIC COMP. CHRONIC ILLN	7/1/2000	12/31/3001
MS007	CMS CLINIC COMP. CLEFT LIP/PAL	7/1/2000	12/31/3001
MS008	CMS CLINIC COMP. CYSTIC FIBROS	7/1/2000	12/31/3001
MS009	CMS CLINIC COMP. DIABETES	7/1/2000	12/31/3001
MS010	CMS CLINIC COMP. ENDOCRINOLOGY	7/1/2000	12/31/3001
MS011	CMS CLINIC COMP. GASTRO/NUTRIT	7/1/2000	12/31/3001
MS012	CMS CLINIC COMP GENETICS	7/1/2000	12/31/3001
MS013	CMS CLINIC COMP HEMAT/ONCOLOGY	7/1/2000	12/31/3001
MS014	CMS CLINIC COMP HEMOPHILIA	7/1/2000	12/31/3001
MS015	CMS CLINIC COMP IMMUN/RHEUM	7/1/2000	12/31/3001
MS016	CMS CLINIC COMP LEAD TOXICITY	7/1/2000	12/31/3001
MS017	CMS CLINIC COMP METABOLIC DIS.	7/1/2000	12/31/3001
MS018	CMS CLINIC COMP MULT.HD./CHRN.	7/1/2000	12/31/3001
MS019	CMS CLINIC COMP MUSCULAR DYSTR	7/1/2000	12/31/3001
MS020	CMS CLINIC COMP MYELO/SPINBF	7/1/2000	12/31/3001
MS021	CMS CLINIC COMP NEPHRO/UROLOGY	7/1/2000	12/31/3001
MS022	CMS CLINIC COMP NEUROLOGY	7/1/2000	12/31/3001
MS023	CMS CLINIC COMP PULM/ASTHMA	7/1/2000	12/31/3001

MS024	CMS CLINIC COMP SEIZURES	7/1/2000	12/31/3001
MS025	CMS CLINIC COMP SICKLE CELL	7/1/2000	12/31/3001
MS026	CMS CLINIC F/UP AIDS	7/1/2000	12/31/3001
MS027	CMS CLINIC F/UP AMP/LIMB DEF	7/1/2000	12/31/3001
MS028	CMS CLINIC F/UP APNEA	7/1/2000	12/31/3001
MS029	CMS CLINIC F/UP CARDIOLOGY	7/1/2000	12/31/3001
MS030	CMS CLINIC F/UP CHRONIC ILLNES	7/1/2000	12/31/3001
MS031	CMS CLINIC F/UP CLEFT LIP/PAL.	7/1/2000	12/31/3001
MS032	CMS CLINIC F/UP CYSTIC FIBROSI	7/1/2000	12/31/3001
MS033	CMS CLINIC F/UP DIABETES	7/1/2000	12/31/3001
MS034	CMS CLINIC F/UP ENDOCRINOLOGY	7/1/2000	12/31/3001
MS035	CMS CLINIC F/UP GASTRO/NUTRIT	7/1/2000	12/31/3001
MS036	CMS CLINIC F/UP GENETICS	7/1/2000	12/31/3001
MS037	CMS CLINIC F/UP HEMAT/ONCOLOGY	7/1/2000	12/31/3001
MS038	CMS CLINIC F/UP HEMOPHILIA	7/1/2000	12/31/3001
MS039	CMS CLINIC F/UP IMMUN./RHEUM.	7/1/2000	12/31/3001
MS040	CMS CLINIC F/UP LEAD TOXICITY	7/1/2000	12/31/3001
MS041	CMS CLINIC F/UP METABOLIC DIS	7/1/2000	12/31/3001
MS042	CMS CLINIC F/UP MULT. HD/CHRON	7/1/2000	12/31/3001
MS043	CMS CLINIC F/UP MYELO/SPINABIF	7/1/2000	12/31/3001
MS044	CMS CLINIC F/UP MYELO/SPINABIF	7/1/2000	12/31/3001
MS045	CMS CLINIC F/UP NEPHRO/UROLOGY	7/1/2000	12/31/3001
MS046	CMS CLINIC F/UP NEUROLOGY	7/1/2000	12/31/3001
MS047	CMS CLINIC F/UP PULMON/ASTHMA	7/1/2000	12/31/3001
MS048	CMS CLINIC F/UP SEIZURES	7/1/2000	12/31/3001
MS049	CMS CLINIC F/UP SICKLE CELL	7/1/2000	12/31/3001
MS050	CMS CLINIC SUPPORT SERVICE	7/1/2000	12/31/3001

### Additional HCPC Level III Codes

Y3802	ENT FORMULA;FORMULA W/UNI	1/1/1900	4/30/2002
Y3803	ENT FORMULA;STAN LIQ FORM	1/1/1900	4/30/2002
Y3812	FORM ADMIN ORALLY;FORM W/	1/1/1900	12/31/3001
Y3953	STERILE GLOVES	2/1/2002	12/31/3001
Y3954	SPHYG/BP APP W CUFF AND STET	2/1/2002	12/31/3001
Y3955	BLOOD PRESSURE CUFF	2/1/2002	12/31/3001
Y3956	AUTOMATIC BP MONITOR	2/1/2002	12/31/3001
Y4006	"BATH SLING,E.G.,TLC"	1/1/1987	12/31/3001
Y4007	"WRAP AROUND BATH SUPPORT, EACH"	4/1/1999	12/31/3001
Y4008	"TOILET SUPPORT, LARGE, EACH"	4/1/1999	12/31/3001
Y4009	"TOILET SUPPORT, HI BACK, EACH"	4/1/1999	12/31/3001
Y4010	"POSITIONING COMMODE, MED, EA"	4/1/1999	12/31/3001
Y4011	POSITIONING COMMODE W/HI BACK	4/1/1999	12/31/3001
Y4012	RECLINING BATH CHAIR	4/1/1999	12/31/3001
Y4013	"LG BATH CH W/STRAPS/BLOCKS,EA"	4/1/1999	12/31/3001
Y4014	"LG BATH CH W/EXTRAS, EA"	4/1/1999	12/31/3001
Y4015	"CONVER KITS/BATH CH, SM TO MED"	4/1/1999	12/31/3001
Y4016	"CONVER KITS/BATH CH, MED TO LG"	4/1/1999	12/31/3001
Y4017	SHOWER COMMODE CHAIR	4/1/1999	12/31/3001
Y4030	FEEDER SEAT W/STRAPS/PAD LG EA	4/1/1999	12/31/3001
Y4031	"TRAY FOR FEEDER SEAT, EA"	4/1/1999	12/31/3001
Y4032	"LG BOLSTER CHAIR W/TRAY, EA"	4/1/1999	12/31/3001
Y4033	LG BOLSTER CH W/TRAY/CAST EA	4/1/1999	12/31/3001
Y4034	"LG BOLSTER CH W/EXTRAS,EA"	4/1/1999	12/31/3001
Y4035	LG CORNER CH W/TRAY EA	4/1/1999	12/31/3001
Y4036	LG CORNER CHAIR W/TRAY/CAST EA	4/1/1999	12/31/3001

Y4037	LG MOBILE FLOOR SITTER	4/1/1999	12/31/3001
Y4038	FLOOR SITTER (INC FEEDER/SEAT/	4/1/1999	12/31/3001
Y4050	SIDE LYER	4/1/1999	12/31/3001
Y4051	BLOCK MODS FOR SIDE LYER	4/1/1999	12/31/3001
Y4163	AIR CUSHION RING	1/1/1987	12/31/3001
Y4164	SKIN INSPECTION MIRROR	4/1/1999	12/31/3001
Y4250	"CRIB W/O MATTRESS, LG"	4/1/1999	12/31/3001
Y4251	"MANUAL CRIB, LG"	4/1/1999	12/31/3001
Y4252	"MANUAL CRIB W/TOP, LG"	4/1/1999	12/31/3001
Y4253	"INNERSPRING MATTRESS, LG"	4/1/1999	12/31/3001
Y4254	"FOAM MATTRESS, LG"	1/1/1987	12/31/3001
Y4255	"HOSP BED W/SIDE RAILS,S.E. NM"	1/1/1987	12/31/3001
Y4258	BED BUMPER FOR CRIB	4/1/1988	12/31/3001
Y4259	CANOPY BED	4/1/1999	12/31/3001
Y4260	SLING FOR ELECTRIC LIFT	4/1/1999	12/31/3001
Y4270	NECK REST DESIGN.TO PRO. NECK	5/1/1990	12/31/3001
Y4271	"HEAD REST E.G.,OTTOBACK 2 STEP"	5/1/1990	12/31/3001
Y4272	HEAD AND NECK REST W/FOREHEAD	5/1/1990	12/31/3001
Y4273	BASIC FOUNDATION SYSTEM	5/1/1990	12/31/3001
Y4274	LATERAL TRUNK SUPPORT	5/1/1990	12/31/3001
Y4275	CONTOURED THORACIC/TRUNK	5/1/1990	12/31/3001
Y4276	CONT. THORA./TRUNK/W/SWING	5/1/1990	12/31/3001
Y4277	CUSTOM FAB. CONT. TRUNK	5/1/1990	12/31/3001
Y4278	CHEST AND SHOULDER HARNESS	5/1/1990	12/31/3001
Y4279	SHOULDER RETRACTION SYSTEM	5/1/1990	12/31/3001
Y4280	HIP GUIDE PADS	5/1/1990	12/31/3001
Y4281	HIP LATERAL SUPPORTS	5/1/1990	12/31/3001
Y4282	ABDUCTOR SUPPORT PAD/SYS	5/1/1990	12/31/3001
Y4283	ABDUCTOR SUPPORT-FLIP DOWN	5/1/1990	12/31/3001
Y4284	ANGLE ADJUSTABILITY	5/1/1990	12/31/3001
Y4285	ANGLE ADJUSTABILITY-SEAT-TO-BK	5/1/1990	12/31/3001
Y4286	WEDGE SEATING INSERT-DENSE	5/1/1990	12/31/3001
Y4287	ABDUCTOR SUPPORT-SWING	5/1/1990	12/31/3001
Y4288	VACUUM MOLDED ALL FOAM	5/1/1990	12/31/3001
Y4289	VACUUM MOLDED ALL FOAM CUSTOM	5/1/1990	12/31/3001
Y4290	VAC MOLD ALL FOAM CUST SEAT	5/1/1990	12/31/3001
Y4291	VAC.MOLD.FOAM CUST.BACK	5/1/1990	12/31/3001
Y4292	VAC MOLDED FORM CUST SEAT	5/1/1990	12/31/3001
Y4293	BEAD SEAT-RIGID MOLD. SYSTEM	5/1/1990	12/31/3001
Y4294	BEAD SEAT-RIGID SEAT ONLY	5/1/1990	12/31/3001
Y4295	BEAD SEAT-RIGID BACK	5/1/1990	12/31/3001
Y4296	SEATING SYSTEM FAB.BY VENDOR	5/1/1990	12/31/3001
Y4297	ALL FOAM BACK ONLY FAB	5/1/1990	12/31/3001
Y4298	"ALL FOAM SEAT ONLY, FAB"	5/1/1990	12/31/3001
Y4299	VACUUM FORMED POLYPROPLENE	5/1/1990	12/31/3001
Y4300	PEDIATRIC TENT	1/1/1987	12/31/3001
Y4302	Y BAG WITH WATERTRAP	4/1/1988	12/31/3001
Y4304	RESPIRATORY THERMOMETER	4/1/1988	12/31/3001
Y4305	AEROSOL CORRUGATED TUBING P.FT	4/1/1988	12/31/3001
Y4308	AEROSOL MASK	4/1/1988	12/31/3001
Y4317	VALVE FOR NASAL C-PAP DEVICE	3/1/1987	12/31/3001
Y4320	REL ACCESS FOR NASAL C-PAP DEV	3/1/1987	12/31/3001
Y4326	TRANSTRACHAEL CLEANING KIT	4/1/1991	12/31/3001
Y4345	"DISP.NEBULIZER OR MED.CUP,EACH"	1/1/1987	12/31/3001
Y4346	HEAT/MOISTURE EXCHANGER	4/1/1988	12/31/3001
Y4347	MUCUS TRAP	4/1/1988	12/31/3001
Y4348	Y CONNECTOR	4/1/1988	12/31/3001

Y4349	"SUCTION INSTRUMENT, YANKAUER"	4/1/1988	12/31/3001
Y4360	"COMPRESSOR, STANDARD"	1/1/1987	12/31/3001
Y4455	STETHOSCOPE	1/1/1987	12/31/3001
Y4461	APNEA MONITOR ENHANCED MODEL	4/1/1991	12/31/3001
Y4462	RESUSCITATION BAG	1/1/1987	12/31/3001
Y4463	PNEUMOGRAM	10/1/1987	12/31/3001
Y4470	"AMB UT AC MON W NUR SR, PER DAY"	1/1/1988	12/31/3001
Y4560	"WEIGHT, SM., REP., TRACTION"	1/1/1987	12/31/3001
Y4561	"SAND BAG, REP., TRACTION"	1/1/1987	12/31/3001
Y4562	"WATER BAG, REP., TRACTION"	1/1/1987	12/31/3001
Y4563	"ANKLE STRAP, EACH"	4/1/1988	12/31/3001
Y4600	"TRANSPORT STROLLER, E.G., POGAN"	1/1/1987	12/31/3001
Y4601	SEAT INSERT FOR TRANS STROLLER	1/1/1987	12/31/3001
Y4602	FOOTREST FOR TRANS STROLLER	1/1/1987	12/31/3001
Y4610	POSITION MOBIL SYS W/TILT:N SP	4/1/1999	12/31/3001
Y4611	POSITION MOBIL SYS W/TILT:N RE	4/1/1999	12/31/3001
Y4612	NON-POSITION MOBILE SYS FRAME	4/1/1999	12/31/3001
Y4613	NON-POSITION MOBILE SYS FRAME	4/1/1999	12/31/3001
Y4614	NON-POSITION MOBILE SYS FRAME	4/1/1999	12/31/3001
Y4615	NON-POSITION MOBILE SYS	4/1/1999	12/31/3001
Y4616	NON-POSITION MOBILE SYS	4/1/1999	12/31/3001
Y4617	NON-POSITION MOBILE SYS	4/1/1999	12/31/3001
Y4618	NON-POSITION MOBIL SM ADULT	4/1/1999	12/31/3001
Y4619	TRANSIT OPTION FOR MOBILE SYS	4/1/1999	12/31/3001
Y4620	SEAT CUSHION	4/1/1999	12/31/3001
Y4621	BACK CUSHION	4/1/1999	12/31/3001
Y4622	LAT HIP PADS/POS MOBIL SYS PR	4/1/1999	12/31/3001
Y4623	LAT TRUNK SUPP/POS MOBIL SYS P	4/1/1999	12/31/3001
Y4624	HEAD SUPP/POSIT MOBIL SYS EA	4/1/1999	12/31/3001
Y4625	ABDUCT KNEE BL/POS MOBIL SYS E	4/1/1999	12/31/3001
Y4626	PADDED SEAT	4/1/1999	12/31/3001
Y4627	FOOT STRAPS	4/1/1999	12/31/3001
Y4628	CHEST SUPPORT	4/1/1999	12/31/3001
Y4629	TRAY	4/1/1999	12/31/3001
Y4630	SUN VISOR OR CANOPY	4/1/1999	12/31/3001
Y5000	IV DRUG INFUSION ONE MED	4/1/1999	12/31/3001
Y5001	IV DRUG INFUSION PUMP	4/1/1999	12/31/3001
Y5002	IV DRUG INFUSION PUSH	4/1/1999	12/31/3001
Y5003	IV DRUG INFUSION 2 MED	4/1/1999	12/31/3001
Z3001	EYEGLASS CASE	8/1/2001	12/31/3001
Z3002	FRAME FRONT	8/1/2001	12/31/3001
Z3003	REPLACE TEMPLES	8/1/2001	12/31/3001
Z3004	REPLACE NOSE PADS	8/1/2001	12/31/3001
Z6001	ALD EVAL & SEL 21 YR AND OLDER	2/1/2002	12/31/3001
Z6002	MONAURAL PROBE-MIC MEAS PEREAR	2/1/2002	12/31/3001
Z6004	COC IMP SPEECH PROC MAP 16&UP	2/1/2002	12/31/3001
Z6005	COC IMP SPEEC PROC MAP UNDER16	2/1/2002	12/31/3001
Z6006	COC IMP SPEEC PROC TECH CALB	2/1/2002	12/31/3001
Z6007	COC IMP SPEEC PROC BHAVE CALB	2/1/2002	12/31/3001
Z6008	COCHLEAR IMPL REPAIRS	2/1/2002	12/31/3001
Z6010	COCHLEAR PROCESSOR REPLACEMENT	2/1/2002	12/31/3001
Z6011	COCHLEAR HEADSET	2/1/2002	12/31/3001
Z6012	COCHLEAR COIL	2/1/2002	12/31/3001
Z6013	COCHLEAR MICROPHONE	2/1/2002	12/31/3001
Z6015	COCHLAR TRANS CABLE OR CORD	2/1/2002	12/31/3001
Z6016	COCHLEAR HEADSET CABLE/CORD	2/1/2002	12/31/3001
Z6017	COCHLAR MAGNET	2/1/2002	12/31/3001

Z6018	DRI AID KIT	2/1/2002	12/31/3001
Z6019	EARHOOK	2/1/2002	12/31/3001
Z6021	COCHLEAR POUCH PAD OR UNPAD	2/1/2002	12/31/3001
Z6022	COCHLEAR MICROPHONE COVER	2/1/2002	12/31/3001
Z6025	COCHLEAR HARNESS	2/1/2002	12/31/3001
Z6026	COCHLEAR HARNESS EXT/ADAPTER	2/1/2002	12/31/3001
Z6027	COCHLEAR BELT CLIP	2/1/2002	12/31/3001
Z6028	COCHLEAR AUXILIARY CABLE ADAP	2/1/2002	12/31/3001
Z6029	COCHLEAR SIGNAL CHECKER	2/1/2002	12/31/3001
Z6031	STETHOSCOPE UNDER AGE 21 ONLY	2/1/2002	12/31/3001
Z6032	COCHLEAR BATTERY CHARGER KIT	2/1/2002	12/31/3001
Z6033	BATTERY TESTER	2/1/2002	12/31/3001
Z6035	EARMOLD BLOWERS	2/1/2002	12/31/3001
Z6036	SUPERSEALS	2/1/2002	12/31/3001
Z6037	HOLSTER/HUGGIES	2/1/2002	12/31/3001
Z6039	COCHLEAR RECHARGE BATTERY	2/1/2002	12/31/3001
Z6044	HEAR AID REPAIR/MOD; UNDER \$40	2/1/2002	12/31/3001
Z6045	REPAIR	2/1/2002	12/31/3001
Z6200	EPIDEMIOLOGICAL INVESTIGATION	8/1/2001	12/31/3001
Z6210	FOLLOW UP EPIDEMIOLOGICAL INVE	8/1/2001	12/31/3001
Z6220	BLOOD LEAD POISONING NURSE EDUCATION VISIT	8/1/2001	12/31/3001
Z8003	MONISTAT CREAM	8/1/2001	12/31/3001
Z8004	SULTRIN CREAM	8/1/2001	12/31/3001
Z8005	TERAZOL CREAM	8/1/2001	12/31/3001
Z8006	NYSTATIN CREAM	8/1/2001	12/31/3001
Z8050	AMOXICILLIN 250MG - 30 CAPS	8/1/2001	12/31/3001
Z8051	AMOXICILLIN 250 MG-40 CAPS	8/1/2001	12/31/3001
Z8052	AMOXICILLIN 500MG-40 CAPS	8/1/2001	12/31/3001
Z8053	AMPICILLIN 250MG-40 CAPS	8/1/2001	12/31/3001
Z8054	AMPICILLIN 500 MG - 28 CAPS	8/1/2001	12/31/3001
Z8055	AMPICILLIN 500MG-7 TABS	8/1/2001	12/31/3001
Z8056	AMPICILLIN 500MG-20 TABS	8/1/2001	12/31/3001
Z8057	BAC/SEP 400/80MG 40 TABS	8/1/2001	12/31/3001
Z8058	BAC/SEP 800/160 MG	8/1/2001	12/31/3001
Z8059	BENEMID 500MG-28 TABS	8/1/2001	12/31/3001
Z8060	DIFLUCAN 150 MG-1 TAB	8/1/2001	12/31/3001
Z8061	ERYTHROMYCIN 250 MG 40 TABS	8/1/2001	12/31/3001
Z8062	ERYTHROMYCIN 500 MG 28 TABS	8/1/2001	12/31/3001
Z8063	KEFLEX 250 MG- 40 CAPS	8/1/2001	12/31/3001
Z8064	KEFLEX 500 MG- 28 CAPS	8/1/2001	12/31/3001
Z8065	SUPRAX 200 MG- 20 CAPS	8/1/2001	12/31/3001
Z8066	SUPRAX 400 MG- 1 CAPS	8/1/2001	12/31/3001
Z8067	SUPRAX 400 MG- 10 CAPS	8/1/2001	12/31/3001
Z8068	TETRACYCLINE 250 MG-40 CAPS	8/1/2001	12/31/3001
Z8069	TETRACYCLINE 500 MG-28 CAPS	8/1/2001	12/31/3001
Z8070	TMP-SMZ-DS-28 TABS	8/1/2001	12/31/3001
Z8071	TRIMETHOPRIM 100 MG-6 TABS	8/1/2001	12/31/3001
Z8072	TRIMETHOPRIM 100 MG-28 TABS	8/1/2001	12/31/3001
Z8073	TRIMETHOPRIM 200 MG-28 TABS	8/1/2001	12/31/3001
Z8074	VIBRAMYCIN 50 MG - 20 CAPS	8/1/2001	12/31/3001
Z8075	VIBRAMYCIN 100 MG-14 CAPS	8/1/2001	12/31/3001
Z8076	ZITHROMAX 250 MG-6 CAPS	8/1/2001	12/31/3001
Z8077	ZITHROMAX 1 GM-SUSPENSION	8/1/2001	12/31/3001
Z8080	TERAZOL INSERTS - 3	8/1/2001	12/31/3001
Z8081	TERAZOL INSERTS - 7	8/1/2001	12/31/3001
Z8082	MONISTAT INSERTS - 7	8/1/2001	12/31/3001
Z8090	FLAGYL - 4TABS	8/1/2001	12/31/3001

Z8091	FLAGYL -14TABS	8/1/2001	12/31/3001
Z8092	FLOXIN 400 MG-1 TAB	8/1/2001	12/31/3001
Z8500	ORAL CONTRACEPTIVE CYCLE	8/1/2001	12/31/3001
Z8505	PREVEN (EMERGENCY CONTRACEPT	8/1/2001	12/31/3001
Z8506	PLAN B (EMERGENCY CONTRACEP)	8/1/2001	12/31/3001
Z8510	DIAPHRAGM	8/1/2001	12/31/3001
Z8511	"CONDOMS, MALE"	8/1/2001	12/31/3001
Z8512	"CONDOMS, FEMALE"	8/1/2001	12/31/3001
Z8513	FOAM/JELLY/CREAM	8/1/2001	12/31/3001

## Appendix D

### Crosswalk Provider Taxonomy to Proprietary Provider Type

<b>Taxonomy Co</b>	<b>Description</b>	<b>Proprietary</b>	<b>Description</b>
101Y00000X	Counselor	59	Counselor (NOS)
101YA0400X	Addiction (substance abuse) counselor	59	Counselor (NOS)
101YM0800X	Mental Health Counselor	59	Counselor (NOS)
101YP1600X	Pastoral Counselor	59	Counselor (NOS)
101YP2500X	Professional Counselor	59	Counselor (NOS)
101YS0200X	School Counselor	59	Counselor (NOS)
103G00000X	Neuropsychologist	53	Psychologist
103GC0700X	Clinical Neuropsychologist	53	Psychologist
103S00000X	Psychoanalyst	53	Psychologist
103SA1400X	Associate Psychoanalyst	53	Psychologist
103SA1800X	Affiliate Psychoanalyst	53	Psychologist
103T00000X	Psychologist	53	Psychologist
103TA0400X	Psychologist - Addication	53	Psychologist
103TA0700X	Psychologist - Adult Development & Ag	53	Psychologist
103TB0200X	Psychologist - Behavioral	53	Psychologist
103TC0700X	Psychologist - Clinical	53	Psychologist
103TC1900X	Psychologist - Counseling	53	Psychologist
103TC2200X	Psychologist - Child, Youth & Family	53	Psychologist
103TE1000X	Psychologist - Educational	53	Psychologist
103TE1100X	Psychologist - Exercise & Sports	53	Psychologist
103TF0000X	Psychologist - Family	53	Psychologist
103TF0200X	Psychologist - Forensic	53	Psychologist
103TH0100X	Psychologist - Health	53	Psychologist
103TM1700X	Psychologist - Men & Masculinity	53	Psychologist
103TM1800X	Psychologist - Mental Retardation & D	53	Psychologist
103TP2700X	Psychologist - Psychotherapy	53	Psychologist
103TP2701X	Psychologist - Psychotherapy - Group	53	Psychologist
103TR0400X	Psychologist - Rehabilitation	53	Psychologist
103TS0200X	Psychologist - School	53	Psychologist
103TW0100X	Psychologist - Women	53	Psychologist
104100000X	Social Worker	54	Social Worker - MSW/CSW/SW

1041C0700X	Social Worker - Clinical	54	Social Worker - MSW/CSW/SW
1041S0200X	Social Worker - School	54	Social Worker - MSW/CSW/SW
106H00000X	Marriage & Family Therapist	59	Counselor (NOS)
111N00000X	Chiropractor	41	Chiropractor
111NI0900X	Chiropractor - Internist	41	Chiropractor
111NN0400X	Chiropractor - Psychiatry & Neurology	41	Chiropractor
111NN1001X	Chiropractor - Nutrition	41	Chiropractor
111NR0200X	Chiropractor - Radiology	41	Chiropractor
111NS0005X	Chiropractor - Sports Physician	41	Chiropractor
111NT0100X	Chiropractor - Uncat Thermography	41	Chiropractor
111NX0100X	Chiropractor - Uncat Occupational Med	41	Chiropractor
111NX0800X	Chiropractor - Uncat Orthopedic	41	Chiropractor
122300000X	Dentist	42	Dentist
1223D0001X	Dentist - Dental Public Health	42	Dentist
1223E0200X	Dentist - Endodontics	42	Dentist
1223P0106X	Dentist - Pathology, Oral & maxillofc	42	Dentist
1223P0221X	Dentist - Pediatrics Dentistry (Pedod	42	Dentist
1223P0300X	Dentist - Periodontics	42	Dentist
1223P0700X	Dentist - Prosthodontics	42	Dentist
1223S0112X	Dentist - Surgery, Oral & Maxillofaci	43	Dentist Surgeon/DMD
1223X0400X	Dentist - Orthodontics	42	Dentist
124Q00000X	Dental Hygienist	58	Other Professional Provider N
126800000X	Dental Assistant	58	Other Professional Provider N
126900000X	Dental Laboratory Technician	60	Other Technical Provider NOS
132700000X	Dietary Manager	44	Dietician/Nutritionist
1327D0700X	Dietary Manager - Dietary Management	44	Dietician/Nutritionist
133N00000X	Nutritionist	44	Dietician/Nutritionist
133NN1002X	Nutritionist - Nutrition Education	44	Dietician/Nutritionist
133V00000X	Dietitian, Registered	44	Dietician/Nutritionist
133VN1004X	Dietitian, Registered - Nutrition, Pe	44	Dietician/Nutritionist
133VN1005X	Dietitian, Registered - Nutrition, Re	44	Dietician/Nutritionist
133VN1006X	Dietitian, Registered - Nutrition, Me	44	Dietician/Nutritionist
136A00000X	Dietetic Technician, Registered	60	Other Technical Provider NOS
146L00000X	Emergency Medical Technician, Paramed	60	Other Technical Provider NOS
146M00000X	Emergency Medical Technician, Interme	60	Other Technical Provider NOS
146N00000X	Emergency Medical Technician, Basic	60	Other Technical Provider NOS
152W00000X	Optometrist	49	Optometrist
152WC0800X	Optometrist - Contact Lens	49	Optometrist

152WL0500X	Optometrist - Low Vision	49	Optometrist
152WP0200X	Optometrist - Pediatrics	49	Optometrist
152WS0006X	Optometrist - Sports Vision	49	Optometrist
152WV0400X	Optometrist - Vision Therapy	49	Optometrist
152WX0102X	Optometrist - Occupational Vision	49	Optometrist
156F00000X	Eye & Vision Service Provider - Techn	60	Other Technical Provider NOS
156FC0800X	Technician/Technologist - Contact Len	60	Other Technical Provider NOS
156FC0801X	Technician/Technologist - Contact Len	60	Other Technical Provider NOS
156FX1100X	Technician/Technologist - Ophthalmic	60	Other Technical Provider NOS
156FX1101X	Technician/Technologist - Ophthalmic	60	Other Technical Provider NOS
156FX1201X	Technician/Technologist - Optometric	60	Other Technical Provider NOS
156FX1202X	Technician/Technologist - Optometric	60	Other Technical Provider NOS
156FX1700X	Technician/Technologist - Ocularist	60	Other Technical Provider NOS
156FX1800X	Technician/Technologist - Optician	60	Other Technical Provider NOS
156FX1900X	Technician/Technologist - Orthoptist	60	Other Technical Provider NOS
163W00000X	Registered Nurse	48	Nursing Service - RN/LPN
163WA0400X	RN - Addiction (substance use disorde	48	Nursing Service - RN/LPN
163WA2000X	RN - Administrator	48	Nursing Service - RN/LPN
163WC0200X	RN - Uncategorized: Critical Care	48	Nursing Service - RN/LPN
163WC0400X	RN - Case Management	48	Nursing Service - RN/LPN
163WC1400X	RN - College Health	48	Nursing Service - RN/LPN
163WC1500X	RN - Community Health	48	Nursing Service - RN/LPN
163WC1600X	RN - Continuing Education/Staff Devel	48	Nursing Service - RN/LPN
163WC2100X	RN - Continence Care	48	Nursing Service - RN/LPN
163WC3500X	RN - Cardiac Rehabilitation	48	Nursing Service - RN/LPN
163WD0400X	RN - Diabetes Educator	48	Nursing Service - RN/LPN
163WD1100X	RN - Dialysis Peritoneal	48	Nursing Service - RN/LPN
163WE0003X	RN - Emergency	48	Nursing Service - RN/LPN
163WF0300X	RN - Flight	48	Nursing Service - RN/LPN
163WG0000X	RN - Uncategorized: General Practice	48	Nursing Service - RN/LPN
163WG0100X	RN - Internal Medicine: Gastroenterol	48	Nursing Service - RN/LPN
163WG0600X	RN - Gerontology	48	Nursing Service - RN/LPN
163WH0200X	RN - Home Health	48	Nursing Service - RN/LPN
163WH0500X	RN - Hemodialysis	48	Nursing Service - RN/LPN
163WH1000X	RN - Hospice	48	Nursing Service - RN/LPN
163WI0500X	RN - Infusion Therapy	48	Nursing Service - RN/LPN
163WI0600X	RN - Infection Control	48	Nursing Service - RN/LPN
163WL0100X	RN - Lactation Consultant	48	Nursing Service - RN/LPN

163WM0102X	RN - Maternal Newborn	48	Nursing Service - RN/LPN
163WM0705X	RN - Medical-Surgical	48	Nursing Service - RN/LPN
163WM1400X	RN - Massage Therapy	48	Nursing Service - RN/LPN
163WN0002X	RN - Neonatal Intensive Care	48	Nursing Service - RN/LPN
163WN0003X	RN - Neonatal, Low-Risk	48	Nursing Service - RN/LPN
163WN0300X	RN - Internal Medicine: Nephrology	48	Nursing Service - RN/LPN
163WN0800X	RN - Neuroscience	48	Nursing Service - RN/LPN
163WN1003X	RN - Nutrition Support	48	Nursing Service - RN/LPN
163WP0000X	RN - Pain Management	48	Nursing Service - RN/LPN
163WP0200X	RN - Pediatrics	48	Nursing Service - RN/LPN
163WP0218X	RN - Pediatric Oncology	48	Nursing Service - RN/LPN
163WP0807X	RN - Psychiatric/Mental Health, Child	48	Nursing Service - RN/LPN
163WP0808X	RN - Psychiatric/Mental Health	48	Nursing Service - RN/LPN
163WP0809X	RN - Psychiatric/Mental Health, Adult	48	Nursing Service - RN/LPN
163WP1700X	RN - Perinatal	48	Nursing Service - RN/LPN
163WP2200X	RN - Post Anesthesia	48	Nursing Service - RN/LPN
163WP2201X	RN - Post Anesthesia, Ambulatory	48	Nursing Service - RN/LPN
163WR0400X	RN - Rehabilitation	48	Nursing Service - RN/LPN
163WR1000X	RN - Reproductive Endocrinology/Infer	48	Nursing Service - RN/LPN
163WS0121X	RN - Plastic Surgery	48	Nursing Service - RN/LPN
163WS0200X	RN - School	48	Nursing Service - RN/LPN
163WU0100X	RN - Urology	48	Nursing Service - RN/LPN
163WW0000X	RN - Wound Care	48	Nursing Service - RN/LPN
163WW0101X	RN - Women's Health Care, Ambulatory	48	Nursing Service - RN/LPN
163WX0002X	RN - Obstetric, High Risk	48	Nursing Service - RN/LPN
163WX0003X	RN - Obstetric, Inpatient	48	Nursing Service - RN/LPN
163WX0106X	RN - Occupational Health	48	Nursing Service - RN/LPN
163WX0200X	RN - Uncategorized: Oncology	48	Nursing Service - RN/LPN
163WX0601X	RN - Uncategorized: Otorhinolaryngolo	48	Nursing Service - RN/LPN
163WX0800X	RN - Uncategorized: Orthopedic	48	Nursing Service - RN/LPN
163WX1000X	RN - Operating Room	48	Nursing Service - RN/LPN
163WX1100X	RN - Ophthalmic	48	Nursing Service - RN/LPN
163WX1500X	RN - Ostomy Care	48	Nursing Service - RN/LPN
164W00000X	Licensed Practical Nurse	48	Nursing Service - RN/LPN
164X00000X	Licensed Vocational Nurse	48	Nursing Service - RN/LPN
170100000X	Medical Genetics: PhD Medical Genetic	58	Other Professional Provider N
171100000X	Acupuncturist	58	Other Professional Provider N
171W00000X	Contractor	58	Other Professional Provider N

171WH0202X	Contractor - Home Modification	58	Other Professional Provider	N
172A00000X	Driver	58	Other Professional Provider	N
173000000X	Legal Medicine	58	Other Professional Provider	N
173W00000X	Registered Nurse	48	Nursing Service - RN/LPN	
174400000X	Specialist	58	Other Professional Provider	N
1744G0900X	Specialist - Graphics Designer	58	Other Professional Provider	N
1744P3200X	Specialist - Prosthetics Case Managem	58	Other Professional Provider	N
1744R1102X	Specialist - Research Study	58	Other Professional Provider	N
1744R1103X	Specialist - Research Data Abstracter	58	Other Professional Provider	N
174M00000X	Veterinarian	58	Other Professional Provider	N
174MM1900X	Veterinarian - Medical Research	58	Other Professional Provider	N
175F00000X	Naturopath	58	Other Professional Provider	N
175L00000X	Homeopath	58	Other Professional Provider	N
175M00000X	Midwife, Lay	46	Nurse Midwife	
176B00000X	Midwife, Certified	46	Nurse Midwife	
176P00000X	Funeral Director	58	Other Professional Provider	N
183500000X	Pharmacist	58	Other Professional Provider	N
1835G0000X	Pharmacist - Uncategorized: General P	58	Other Professional Provider	N
1835N0905X	Pharmacist - Nuclear Pharmacy	58	Other Professional Provider	N
1835N1003X	Pharmacist - Nutrition Support	58	Other Professional Provider	N
1835P1200X	Pharmacist - Uncategorized: Pharmacot	58	Other Professional Provider	N
1835P1300X	Pharmacist - Uncategorized: Psychopha	58	Other Professional Provider	N
184700000X	Pharmacy Technician	60	Other Technical Provider	NOS
1847P3400X	Pharmacy Technician - Pharmacy	60	Other Technical Provider	NOS
203B00000X	Physician/Osteopath NOS	36	Physician/Specialist	NOS
203BA0000X	Uncategorized: Adolescent Medicine	26	Pediatric Specialty	
203BA0001X	Family Practice: Adolescent Medicine	26	Pediatric Specialty	
203BA0002X	Internal Medicine: Adolescent Medicin	26	Pediatric Specialty	
203BA0003X	Pediatrics: Adolescent Medicine	26	Pediatric Specialty	
203BA0004X	Anesthesiology: Pediatric Anesthesiol	7	Anesthesiology	
203BA0100X	Uncategorized: Aerospace Medicine	36	Physician/Specialist	NOS
203BA0101X	Preventive Medicine: Aerospace Medici	29	Preventative Medicine	
203BA0200X	Allergy & Immunology: Allergy	6	Allergy & Immunology	
203BA0202X	Internal Medicine: Allergy & Immunolo	6	Allergy & Immunology	
203BA0300X	Anesthesiology: Anesthesiology	7	Anesthesiology	
203BA0401X	Uncategorized: Addiction Medicine	36	Physician/Specialist	NOS
203BA0501X	Uncategorized: Adolescent Only, Under	26	Pediatric Specialty	
203BA0502X	Uncategorized: Adolescent Only, Under	26	Pediatric Specialty	

203BA0503X	Uncategorized: Age Specific, >1 Year	26	Pediatric Specialty
203BA0504X	Uncategorized: Age Specific, Newborns	26	Pediatric Specialty
203BB0000X	Pathology: Blood Banking	25	Pathology
203BB0001X	Pathology: Blood Banking & Transfusio	25	Pathology
203BB0100X	Radiology: Body Imaging	32	Radiology
203BC0000X	Internal Medicine: Cardiac Electrophy	8	Cardiology
203BC0001X	Internal Medicine: Clinical Cardiac E	8	Cardiology
203BC0100X	Internal Medicine: Cardiology	8	Cardiology
203BC0200X	Uncategorized: Critical Care Medicine	10	Critical Care
203BC0201X	Anesthesiology: Critical Care Medicin	7	Anesthesiology
203BC0202X	Internal Medicine: Critical Care Medi	10	Critical Care
203BC0203X	Obstetrics & Gynecology: Critical Car	4	Obstetrics/Gynecology
203BC0300X	Medical Genetics: Clinical Cytogeneti	36	Physician/Specialist NOS
203BC0500X	Pathology: Cytopathology	25	Pathology
203BC2500X	Internal Medicine: Cardiovascular Dis	8	Cardiology
203BD0002X	Dermatology: Pediatric Dermatology	11	Dermatology
203BD0100X	Dermatology: Dermatology	11	Dermatology
203BD0101X	Dermatology: Dermatologic Micrographi	11	Dermatology
203BD0300X	Internal Medicine: Diabetes	13	Endocrinology/Metabolic
203BD0900X	Pathology: Dermatopathology	25	Pathology
203BD0901X	Dermatology: Dermatopathology	11	Dermatology
203BE0004X	Emergency Medicine: Emergency Medicin	12	Emergency Medicine
203BE0005X	Emergency Medicine: Undersea & Hyperb	12	Emergency Medicine
203BE0100X	Internal Medicine: Endocrinology	13	Endocrinology/Metabolism
203BE0101X	Internal Medicine: Endocrinology, Dia	13	Endocrinology/Metabolism
203BE0102X	Obstetrics & Gynecology: Reproductive	4	Obstetrics/Gynecology
203BF0100X	Family Practice: Family Practice	1	Family Practice
203BF0201X	Pathology: Forensic Pathology	25	Pathology
203BF0202X	Psychiatry & Neurology: Forensic Psyc	30	Psychiatry
203BG0000X	Uncategorized: General Practice	2	General Practice
203BG0100X	Internal Medicine: Gastroenterology	14	Gastroenterology
203BG0200X	Medical Genetics: Medical Genetics	36	Physician/Specialist NOS
203BG0201X	Medical Genetics: Clinical Genetics (	36	Physician/Specialist NOS
203BG0202X	Medical Genetics: Clinical Biochemica	36	Physician/Specialist NOS
203BG0203X	Medical Genetics: Clinical Molecular	36	Physician/Specialist NOS
203BG0204X	Medical Genetics: Clinical Biochemica	36	Physician/Specialist NOS
203BG0300X	Uncategorized: Geriatric Medicine	15	Geriatric Medicine
203BG0301X	Family Practice: Geriatric Medicine	15	Geriatric Medicine

203BG0302X	Uncategorized: Geriatric Medicine: Ge	15	Geriatric Medicine
203BG0303X	Internal Medicine: Geriatric Medicine	15	Geriatric Medicine
203BG0400X	Obstetrics & Gynecology: Gynecology	4	Obstetrics/Gynecology
203BH0000X	Uncategorized: Hematology	16	Hematology
203BH0001X	Internal Medicine: Hematology	16	Hematology
203BH0002X	Pathology: Hematology	25	Pathology
203BH0003X	Uncategorized: Hematology & Oncology	16	Hematology
203BI0001X	Internal Medicine: Clinical & Laborat	6	Allergy & Immunology
203BI0002X	Dermatology: Clinical & Laoratory Der	11	Dermatology
203BI0003X	Dermatology: Dermatological Immunolog	11	Dermatology
203BI0004X	Uncategorized: Immunology: Laboratory	6	Allergy & Immunology
203BI0005X	Allergy & Immunology: Clinical & Labo	6	Allergy & Immunology
203BI0006X	Internal Medicine: Clinical & Laborat	6	Allergy & Immunology
203BI0007X	Pediatrics: Clinical & Laboratory Imm	26	Pediatric Specialty
203BI0008X	Internal Medicine: Hepatology	3	Internal Medicine
203BI0009X	Internal Medicine: Pediatrics	5	Pediatrics
203BI0010X	Internal Medicine: Pulmonary Critical	31	Pulmonary
203BI0011X	Internal Medicine: Interventional Car	8	Cardiology
203BI0100X	Pathology: Immunopathology	25	Pathology
203BI0200X	Internal Medicine: Infectious Disease	17	Infectious Disease
203BI0300X	Internal Medicine: Internal Medicine	3	Internal Medicine
203BI0400X	Uncategorized: Infertility	4	Obstetrics/Gynecology
203BL0000X	Uncategorized: Laboratory Medicine	36	Physician/Specialist NOS
203BL0001X	Legal Medicine	36	Physician/Specialist NOS
203BM0001X	Medical Genetics: Molecular Genetic P	36	Physician/Specialist NOS
203BM0101X	Obstetrics & Gynecology: Maternal & F	4	Obstetrics/Gynecology
203BM0200X	Uncategorized: Medical Diseases of th	31	Pulmonary
203BM0300X	Pathology: Medical Microbiology	25	Pathology
203BN0001X	Pediatrics: Neonatal-Perinatal Medici	26	Pediatric Specialty
203BN0006X	Neurological Surgery: Pediatric Neuro	34	Surgery
203BN0100X	Uncategorized: Neonatology	26	Pediatric Specialty
203BN0200X	Uncategorized: Neopathology	25	Pathology
203BN0300X	Internal Medicine: Nephrology	19	Nephrology
203BN0400X	Psychiatry & Neurology: Neurology	20	Neurology
203BN0402X	Psychiatry & Neurology: Child Neurolo	20	Neurology
203BN0500X	Pathology: Neuropathology	25	Pathology
203BN0600X	Psychiatry & Neurology: Clinical Neur	20	Neurology
203BN0700X	Radiology: Neuroradiology	32	Radiology

203BN0900X	Nuclear Medicine: Nuclear Medicine	21	Nuclear Medicine
203BN0901X	Nuclear Medicine: Nuclear Cardiology	21	Nuclear Medicine
203BN0902X	Nuclear Medicine: Nuclear Imaging & T	21	Nuclear Medicine
203BN0903X	Nuclear Medicine: In Vivo & In Vitro	21	Nuclear Medicine
203BN0904X	Radiology: Nuclear Radiology	32	Radiology
203BP0000X	Pain Management	36	Physician/Specialist NOS
203BP0001X	Anesthesiology: Pain Management	7	Anesthesiology
203BP0002X	Plastic Surgery: Craniofacial Surgery	28	Plastic & Maxillofacial Surge
203BP0003X	Pathology: Selective Pathology	25	Pathology
203BP0004X	Physical Medicine & Rehabilitation: S	27	Physical Medicine & Rehabilit
203BP0005X	Psychiatry & Neurology: Neurodevelopm	20	Neurology
203BP0006X	Pediatrics: Developmental - Behaviora	26	Pediatric Specialty
203BP0007X	Pathology: Molecular Genetic Patholog	25	Pathology
203BP0008X	Pediatrics: Neurodevelopmental Disabi	26	Pediatric Specialty
203BP0009X	Physical Medicine & Rehabilitation: P	27	Physical Medicine & Rehabilit
203BP0010X	Physical Medicine & Rehabilitation: P	27	Physical Medicine & Rehabilit
203BP0011X	Preventive Medicine: Undersea & Hyper	29	Preventative Medicine
203BP0013X	Plastic Surgery: Plastic Surgery With	28	Plastic & Maxillofacial Surge
203BP0014X	Psychiatry & Neurology: Pain Manageme	20	Neurology
203BP0100X	Pathology: Pathology	25	Pathology
203BP0101X	Pathology: Anatomic Pathology	25	Pathology
203BP0102X	Pathology: Anatomic Pathology & Clini	25	Pathology
203BP0103X	Pathology: Anatomic & Laboratory Medi	25	Pathology
203BP0104X	Pathology: Chemical Pathology	25	Pathology
203BP0105X	Pathology: Clinical Pathology	25	Pathology
203BP0107X	Pathology: Radioisotopic Pathology	25	Pathology
203BP0200X	Pediatrics: Pediatrics	5	Pediatrics
203BP0201X	Pediatrics: Allergy& Immunology	26	Pediatric Specialty
203BP0202X	Pediatrics: Pediatric Cardiology	26	Pediatric Specialty
203BP0203X	Pediatrics: Pediatric Critical Care M	26	Pediatric Specialty
203BP0204X	Pediatrics: Pediatric Emergency Medic	26	Pediatric Specialty
203BP0205X	Pediatrics: Pediatric Endocrinology	26	Pediatric Specialty
203BP0206X	Pediatrics: Pediatric Gastroenterolog	26	Pediatric Specialty
203BP0207X	Pediatrics: Pediatric Hematology-Onco	26	Pediatric Specialty
203BP0208X	Pediatrics: Pediatric Infectious Dise	26	Pediatric Specialty
203BP0209X	Pediatrics: Pediatric Intensive Care	26	Pediatric Specialty
203BP0210X	Pediatrics: Pediatric Nephrology	26	Pediatric Specialty
203BP0211X	Psychiatry & Neurology: Pediatric Neu	20	Neurology

203BP0212X	Otolaryngology: Pediatric Otolaryngol	24	Otolaryngology
203BP0213X	Pathology: Pediatric Pathology	25	Pathology
203BP0214X	Pediatrics: Pediatric Pulmonology	26	Pediatric Specialty
203BP0215X	Radiology: Pediatric Radiology	32	Radiology
203BP0216X	Pediatrics: Pediatric Rheumatology	26	Pediatric Specialty
203BP0220X	Pediatrics: Medical Toxicology	26	Pediatric Specialty
203BP0400X	Physical Medicine & Rehabilitation: P	27	Physical Medicine & Rehabilit
203BP0500X	Preventive Medicine: General Preventi	29	Preventative Medicine
203BP0600X	Uncategorized: Proctology	9	Colon & Rectal
203BP0800X	Psychiatry & Neurology: Psychiatry	30	Psychiatry
203BP0801X	Psychiatry & Neurology: Psychiatry &	30	Psychiatry
203BP0802X	Psychiatry & Neurology: Addiction Psy	30	Psychiatry
203BP0803X	Psychiatry & Neurology: Child Psychia	30	Psychiatry
203BP0804X	Psychiatry & Neurology: Child & Adole	30	Psychiatry
203BP0805X	Psychiatry & Neurology: Geriatric Psy	30	Psychiatry
203BP0806X	Psychiatry & Neurology: Pediatric Psy	30	Psychiatry
203BP0901X	Preventive Medicine: Public Health &	29	Preventative Medicine
203BP0903X	Preventive Medicine: Public Health &	29	Preventative Medicine
203BP1001X	Internal Medicine: Pulmonary Disease	31	Pulmonary
203BP1003X	Internal Medicine: Pulmonary Medicine	31	Pulmonary
203BP1200X	Uncategorized: Pharmacotherapy	36	Physician/Specialist NOS
203BP1300X	Uncategorized: Psychopharmacy	36	Physician/Specialist NOS
203BP2600X	Uncategorized: Pharmacology, Clinical	36	Physician/Specialist NOS
203BP2900X	Uncategorized: Pain Medicine	36	Physician/Specialist NOS
203BP3700X	Peripheral Vascular Disease	36	Physician/Specialist NOS
203BR0001X	Radiology: Radiation Oncology	32	Radiology
203BR0002X	Radiology: Radiation Therapy	32	Radiology
203BR0004X	Radiology: Abdominal Radiology	32	Radiology
203BR0005X	Radiology: Musculoskeletal Radiology	32	Radiology
203BR0200X	Radiology: Radiology	32	Radiology
203BR0201X	Radiology: Angiography & Intervention	32	Radiology
203BR0202X	Radiology: Diagnostic Radiology	32	Radiology
203BR0203X	Radiology: Therapeutic Radiology	32	Radiology
203BR0204X	Radiology: Vascular & Interventional	32	Radiology
203BR0205X	Radiology: Radiological Physics	32	Radiology
203BR0300X	Uncategorized: Radium Therapy	21	Nuclear Medicine
203BR0402X	Physical Medicine & Rehabilitation: R	27	Physical Medicine & Rehabilit
203BR0500X	Internal Medicine: Rheumatology	33	Rheumatology

203BR0600X	Uncategorized: Rhinology	24	Otolaryngology
203BR0700X	Uncategorized: Roentgenology	32	Radiology
203BR0701X	Uncategorized: Roentgenology, Diagnos	32	Radiology
203BS0000X	Uncategorized: Sports Medicine	36	Physician/Specialist NOS
203BS0001X	Emergency Medicine: Sports Medicine	12	Emergency Medicine
203BS0002X	Family Practice: Sports Medicine	1	Family Practice
203BS0003X	Internal Medicine: Sports Medicine	3	Internal Medicine
203BS0004X	Pediatrics: Sports Medicine	26	Pediatric Specialty
203BS0008X	Sports Medicine - OMM	36	Physician/Specialist NOS
203BS0009X	Sports Medicine - Preventive Medicine	29	Preventative Medicine
203BS0010X	Sports Medicine - Rehabilitation Medi	27	Physical Medicine & Rehabilit
203BS0100X	Surgery: General Surgery	34	Surgery
203BS0101X	Colon & Rectal Surgery: Colon & Recta	34	Surgery
203BS0102X	Surgery: Surgical Critical Care	34	Surgery
203BS0104X	Uncategorized: Surgery, Abdominal	34	Surgery
203BS0105X	Surgery: Surgery of the Hand	34	Surgery
203BS0106X	Orthopaedic Surgery: Hand Surgery	34	Surgery
203BS0107X	Plastic Surgery: Hand Surgery	34	Surgery
203BS0108X	Uncategorized: Surgery, Head & Neck	34	Surgery
203BS0110X	Neurological Surgery: Neurological Su	34	Surgery
203BS0111X	Uncategorized: Surgery, Obstetric & G	34	Surgery
203BS0113X	Orthopaedic Surgery: Orthopaedic Surg	34	Surgery
203BS0114X	Orthopaedic Surgery: Adult Reconstruc	34	Surgery
203BS0115X	Uncategorized: Surgery, Orthopedic, M	34	Surgery
203BS0116X	Orthopaedic Surgery: Pediatric Orthop	34	Surgery
203BS0117X	Orthopaedic Surgery: Orthopaedic Surg	34	Surgery
203BS0119X	Uncategorized: Surgery, Orthopedi, Tr	34	Surgery
203BS0120X	Surgery: Pediatric Surgery	34	Surgery
203BS0121X	Plastic Surgery: Plastic Surgery	28	Plastic & Maxillofacial Surge
203BS0122X	Plastic Surgery: Plastic & Reconstruc	28	Plastic & Maxillofacial Surge
203BS0123X	Plastic Surgery: Facial Plastic Surge	28	Plastic & Maxillofacial Surge
203BS0125X	Thoracic Surgery: Thoracic Surgery	34	Surgery
203BS0126X	Uncategorized: Surgery, Thoracic Card	34	Surgery
203BS0127X	Uncategorized: Surgery, Traumatic	34	Surgery
203BS0128X	Uncategorized: Surgery, Urological	34	Surgery
203BS0129X	Surgery: Vascular Surgery	34	Surgery
203BS0130X	Otolaryngology: Plastic Surgery withi	28	Plastic & Maxillofacial Surge
203BS0133X	Surgery: Cardiovascular Surgery	34	Surgery

203BS0134X	Surgery: Micrographic	34	Surgery
203BT0000X	Uncategorized: Toxicology, Medical	36	Physician/Specialist NOS
203BT0001X	Preventive Medicine: Medical Toxicolog	29	Preventative Medicine
203BT0002X	Emergency Medicine: Medical Toxicolog	12	Emergency Medicine
203BT0100X	Uncategorized: Thermography	36	Physician/Specialist NOS
203BU0001X	Radiology: Diagnostic Ultrasound	32	Radiology
203BU0002X	Urology: Pediatric Urology	35	Urology
203BU0100X	Urology: Urology	35	Urology
203BU0300X	Preventive Medicine: Underseas Medici	29	Preventative Medicine
203BX0000X	Obstetrics/Gynecology: Obstetrics	4	Obstetrics/Gynecology
203BX0001X	Obstetrics & Gynecology: Ob/Gyn	4	Obstetrics/Gynecology
203BX0004X	Orthopaedic Surgery: Foot & Ankle Ort	34	Surgery
203BX0005X	Orthopaedic Surgery: Sports Medicine	34	Surgery
203BX0006X	Ophthalmology: Pediatric Ophthalmolog	22	Ophthalmology
203BX0100X	Uncategorized: Occupational Medicine	36	Physician/Specialist NOS
203BX0104X	Preventive Medicine: Occupational Med	29	Preventative Medicine
203BX0105X	Preventive Medicine: Occupational-Env	29	Preventative Medicine
203BX0200X	Uncategorized: Oncology	18	Medical Oncology
203BX0201X	Uncategorized: Oncology, Gynecologic	18	Medical Oncology
203BX0202X	Uncategorized: Oncology, Medical	18	Medical Oncology
203BX0300X	Ophthalmology: Ophthalmology	22	Ophthalmology
203BX0500X	Otolaryngology: Otolaryngology	24	Otolaryngology
203BX0600X	Uncategorized: Otorhinolaryngology	24	Otolaryngology
203BX0601X	Uncategorized: Otorhinolaryngology &	24	Otolaryngology
203BX0800X	Uncategorized: Orthopedic	23	Orthopedics
203BX0900X	Otolaryngology: Otology	24	Otolaryngology
203BX0901X	Otolaryngology: Otology/Neurotology	24	Otolaryngology
203BX2100X	Uncategorized: Osteopathic Manipulati	36	Physician/Specialist NOS
213E00000X	Podiatrist	52	Podiatrist
213EG0000X	Podiatrist - Uncategorized: General P	52	Podiatrist
213EP0504X	Podiatrist - Preventive Medicine: Pub	52	Podiatrist
213EP1101X	Podiatrist - Primary Podiatric Medici	52	Podiatrist
213ER0200X	Podiatrist - Radiology	52	Podiatrist
213ES0000X	Podiatrist - Uncategorized: Sports Me	52	Podiatrist
213ES0103X	Podiatrist - Surgery, Foot & Ankle	52	Podiatrist
213ES0131X	Podiatrist - Surgery, Foot	52	Podiatrist
221700000X	Art Therapist	58	Other Professional Provider N
222Z00000X	Orthotist	50	Orthotist/Prosthetist

224P00000X	Prosthetist	50	Orthotist/Prosthetist
224Z00000X	Occupational Therapy Assistant	55	Therapist, Occupational
225000000X	Orthotics/Prosthetics Fitter	50	Orthotist/Prosthetist
225100000X	Physical Therapist	56	Therapist, Physical
2251C0400X	Physical Therapist - Case Management	56	Therapist, Physical
2251C2600X	Physical Therapist - Cardiopulmonary	56	Therapist, Physical
2251E1200X	Physical Therapist - Ergonomics	56	Therapist, Physical
2251E1300X	Physical Therapist - Electrophysiolog	56	Therapist, Physical
2251G0304X	Physical Therapist - Geriatrics	56	Therapist, Physical
2251H1200X	Physical Therapist - Hand	56	Therapist, Physical
2251H1300X	Physical Therapist - Human Factors	56	Therapist, Physical
2251N0400X	Physical Therapist - Psychiatry & Neu	56	Therapist, Physical
2251P0200X	Physical Therapist - Pediatrics	56	Therapist, Physical
2251S0007X	Physical Therapist - Sports	56	Therapist, Physical
2251X0800X	Physical Therapist - Uncategorized: O	56	Therapist, Physical
225200000X	Physical Therapy Assistant	56	Therapist, Physical
225400000X	Rehabilitation Practitioner	58	Other Professional Provider N
225500000X	Specialist/Technologist	60	Other Technical Provider NOS
2255A2300X	Specialist/Technologist - Athletic Tr	60	Other Technical Provider NOS
2255R0406X	Specialist/Technologist - Rehabilitat	60	Other Technical Provider NOS
225600000X	Dance Therapist	58	Other Professional Provider N
225700000X	Massage Therapist	58	Other Professional Provider N
225800000X	Recreation Therapist	58	Other Professional Provider N
225900000X	Respiratory Therapist	58	Other Professional Provider N
2259P1700X	Respiratory Therapist - Perinatal	58	Other Professional Provider N
225A00000X	Music Therapist	58	Other Professional Provider N
225B00000X	Pulmonary Function Technologist	60	Other Technical Provider NOS
225C00000X	Rehabilitation Counselor	59	Counselor NOS
225CA2400X	Rehabilitation Counselor - Assistive	58	Other Professional Provider N
225CA2500X	Rehabilitation Counselor - Assistive	74	Medical Supplier/DME
225X00000X	Occupational Therapist	55	Therapist, Occupational
225XC0400X	Occupational Therapist- Case Manageme	55	Therapist, Occupational
225XE1200X	Occupational Therapist - Ergonomics	55	Therapist, Occupational
225XH1200X	Occupational Therapist - Hand	55	Therapist, Occupational
225XH1300X	Occupational Therapist - Human Factor	55	Therapist, Occupational
225XN1300X	Occupational Therapist - Neurorehabil	55	Therapist, Occupational
225XP0200X	Occupational Therapist - Pediatrics	55	Therapist, Occupational
225XR0403X	Occupational Therapist - Rehabilitati	55	Therapist, Occupational

226300000X	Kinesiotherapist	58	Other Professional Provider N
227800000X	Respiratory Therapist	58	Other Professional Provider N
227900000X	Respiratory Therapist	58	Other Professional Provider N
231H00000X	Audiologist	40	Audiologist
231HA2400X	Audiologist - Assistive Technology Pr	40	Audiologist
231HA2500X	Audiologist - Assistive Technology Su	74	Medical Supplier/DME
235500000X	Specialist/Technologist (Speech/Langu	60	Other Technical Provider NOS
2355A2700X	Specialist/Technologist - Audiologist	60	Other Technical Provider NOS
2355S0801X	Specialist/Technologist - Speech-Lang	60	Other Technical Provider NOS
235Z00000X	Speech-Language Pathologist	57	Therapist, Speech
237600000X	Audiologist-Hearing Aid Fitter	40	Audiologist
237700000X	Hearing Instrument Specialist	40	Audiologist
246Q00000X	Specialist/Technologist, Pathology	60	Other Technical Provider NOS
246QB0000X	Specialist/Technologist, Pathology -	60	Other Technical Provider NOS
246QC1000X	Specialist/Technologist, Pathology -	60	Other Technical Provider NOS
246QC2700X	Specialist/Technologist, Pathology -	60	Other Technical Provider NOS
246QH0000X	Specialist/Technologist, Pathology -	60	Other Technical Provider NOS
246QH0401X	Specialist/Technologist, Pathology -	60	Other Technical Provider NOS
246QH0600X	Specialist/Technologist, Pathology -	60	Other Technical Provider NOS
246QI0000X	Specialist/Technologist, Pathology -	60	Other Technical Provider NOS
246QL0900X	Specialist/Technologist, Pathology -	60	Other Technical Provider NOS
246QL0901X	Specialist/Technologist, Pathology -	60	Other Technical Provider NOS
246QM0706X	Specialist/Technologist, Pathology -	60	Other Technical Provider NOS
246QM0900X	Specialist/Technologist, Pathology -	60	Other Technical Provider NOS
246R00000X	Technician, Pathology	60	Other Technical Provider NOS
246RH0600X	Technician, Pathology - Histology	60	Other Technical Provider NOS
246RM2200X	Technician, Pathology - Medical Labor	60	Other Technical Provider NOS
246RP1900X	Technician, Pathology - Phlebotomy	60	Other Technical Provider NOS
246V00000X	Specialist/Technologist, Cardiology	60	Other Technical Provider NOS
246VC0100X	Specialist/Technologist, Cardiology -	60	Other Technical Provider NOS
246VC2400X	Specialist/Technologist, Cardiology -	60	Other Technical Provider NOS
246VC2901X	Specialist/Technologist, Cardiology -	60	Other Technical Provider NOS
246VC2902X	Specialist/Technologist, Cardiology -	60	Other Technical Provider NOS
246VC2903X	Specialist/Technologist, Cardiology -	60	Other Technical Provider NOS
246VP3600X	Specialist/Technologist, Cardiology -	60	Other Technical Provider NOS
246VS1301X	Specialist/Technologist, Cardiology -	60	Other Technical Provider NOS
246VV0100X	Specialist/Technologist, Cardiology -	60	Other Technical Provider NOS
246W00000X	Technician, Cardiology	60	Other Technical Provider NOS

246WC3000X	Technician, Cardiology - Cardiographi	60	Other Technical Provider NOS
246WE0400X	Technician, Cardiology - ECG	60	Other Technical Provider NOS
246Y00000X	Specialist/Technologist, Health Infor	60	Other Technical Provider NOS
246YC3301X	Specialist/Technologist, Health Info:	60	Other Technical Provider NOS
246YC3302X	Specialist/Technologist, Health Info:	60	Other Technical Provider NOS
246YR1600X	Specialist/Technologist, Health Info:	60	Other Technical Provider NOS
246Z00000X	Specialist/Technologist, Other	60	Other Technical Provider NOS
246ZA2600X	Specialist/Technologist, Other - Art,	60	Other Technical Provider NOS
246ZB0301X	Specialist/Technologist, Other - Biom	60	Other Technical Provider NOS
246ZB0302X	Specialist/Technologist, Other - Biom	60	Other Technical Provider NOS
246ZB0500X	Specialist/Technologist, Other - Bioc	60	Other Technical Provider NOS
246ZB0600X	Specialist/Technologist, Other - Bios	60	Other Technical Provider NOS
246ZE0500X	Specialist/Technologist, Other - EEG	60	Other Technical Provider NOS
246ZE0600X	Specialist/Technologist, Other - Elec	60	Other Technical Provider NOS
246ZF0200X	Specialist/Technologist, Other - Fore	60	Other Technical Provider NOS
246ZG0701X	Specialist/Technologist, Other - Grap	60	Other Technical Provider NOS
246ZG1000X	Specialist/Technologist, Other - Gene	60	Other Technical Provider NOS
246ZI1000X	Specialist/Technologist, Other - Illu	60	Other Technical Provider NOS
246ZN0300X	Specialist/Technologist, Other - Inte	60	Other Technical Provider NOS
246ZS0400X	Specialist/Technologist, Other - Surg	60	Other Technical Provider NOS
246ZV0500X	Specialist/Technologist, Other - Viro	60	Other Technical Provider NOS
247000000X	Technician, Health Information	60	Other Technical Provider NOS
2470A2800X	Technician, Health Information - Assi	60	Other Technical Provider NOS
247100000X	Radiologic Technologist	60	Other Technical Provider NOS
2471C1101X	Radiologic Technologist - Cardiovascu	60	Other Technical Provider NOS
2471C3401X	Radiologic Technologist - Computed To	60	Other Technical Provider NOS
2471C3402X	Radiologic Technologist - Computed To	60	Other Technical Provider NOS
2471D1300X	Radiologic Technologist - Dosimetrist	60	Other Technical Provider NOS
2471M1201X	Radiologic Technologist - MRI: Radiat	60	Other Technical Provider NOS
2471M1202X	Radiologic Technologist - MRI: Radiog	60	Other Technical Provider NOS
2471M2300X	Radiologic Technologist - Mammography	60	Other Technical Provider NOS
2471N0900X	Radiologic Technologist - Nuclear Med	60	Other Technical Provider NOS
2471Q0001X	Radiologic Technologist - Quality Man	60	Other Technical Provider NOS
2471Q0002X	Radiologic Technologist - Quality Man	60	Other Technical Provider NOS
2471R0002X	Radiologic Technologist - Radiology:	60	Other Technical Provider NOS
2471R0003X	Radiologic Technologist - Radiation P	60	Other Technical Provider NOS
2471R1500X	Radiologic Technologist - Radiographe	60	Other Technical Provider NOS
2471S1302X	Radiologic Technologist - Sonography,	60	Other Technical Provider NOS

247200000X	Technician, Other	60	Other Technical Provider NOS
2472B0301X	Technician, Other - Biomedical Engine	60	Other Technical Provider NOS
2472D0500X	Technician, Other - Darkroom	60	Other Technical Provider NOS
2472E0500X	Technician, Other - EEG	60	Other Technical Provider NOS
2472R0900X	Technician, Other - Renal Dialysis	60	Other Technical Provider NOS
2472V0600X	Technician, Other - Veterinary	60	Other Technical Provider NOS
251400000X	Agency	86	Facility Provider NOS
2514C0400X	Agency - Case Management	86	Facility Provider NOS
2514H0200X	Agency - Home Health	69	Home Health Agency
2514H0201X	Agency - Home Infusion	69	Home Health Agency
2514H0300X	Hospice Care, Community Based	70	Hospice
2514N1101X	Agency - Nursing Care	86	Facility Provider NOS
2514P0906X	Public Health or Welfare	67	Health Department
2514V0001X	Agency - Voluntary or Charitable	86	Facility Provider NOS
261Q00000X	Clinic/Center - Ambulatory Health Car	73	Med Clinic/FQHC/RHC/IHC/HMO
261QA0005X	Clinic/Center - Ambulatory Family Pla	66	Family Planning Agency
261QA0006X	Clinic/Center - Ambulatory Fertility	86	Facility Provider NOS
261QA0600X	Clinic/Center - Adult Day Care	86	Facility Provider NOS
261QA1903X	Clinic/Center - Ambulatory Surgical	63	Ambulatory Surgery Center
261QB0400X	Clinic/Center - Birthing	86	Facility Provider NOS
261QC1500X	Clinic/Center - Community Health	67	Health Department
261QC1800X	Clinic/Center - Corporate Health	86	Facility Provider NOS
261QD0000X	Clinic/Center - Dental	65	Dental Clinic
261QE0002X	Clinic/Center - Emergency Care	84	Urgent Care Center
261QE0700X	Clinic/Center - End Stage Renal Disea	86	Facility Provider NOS
261QE0800X	Clinic/Center - Endoscopy	86	Facility Provider NOS
261QF0400X	Clinic/Center - FQHC	73	Med Clinic/FQHC/RHC/IHC/HMO
261QH0100X	Clinic/Center - Health	73	Med Clinic/FQHC/RHC/IHC/HMO
261QI0500X	Clinic/Center - Infusion Therapy	86	Facility Provider NOS
261QL0400X	Clinic/Center - Lithotripsy	86	Facility Provider NOS
261QM0801X	Clinic/Center - Mental Health (includ	75	Mental Health Agency
261QM1000X	Clinic/Center: Migrant Health	73	Med Clinic/FQHC/RHC/IHC/HMO
261QM1100X	Clinic/Center: Military	73	Med Clinic/FQHC/RHC/IHC/HMO
261QM1101X	Clinic/Center: Military Expanded Serv	73	Med Clinic/FQHC/RHC/IHC/HMO
261QM1102X	Clinic/Center: Military Operational C	73	Med Clinic/FQHC/RHC/IHC/HMO
261QM1200X	Clinic/Center: Magnetic Resonance Ima	86	Facility Provider NOS
261QM1300X	Clinic/Center: Multi-Specialty	73	Med Clinic/FQHC/RHC/IHC/HMO
261QP0904X	Clinic/Center: Public Health, Federal	67	Health Department

261QP0905X	Clinic/Center: Public Health, State o	67	Health Department
261QP1100X	Clinic/Center: Podiatric	86	Facility Provider NOS
261QP2000X	Clinic/Center: Physical Therapy	86	Facility Provider NOS
261QP2300X	Clinic/Center: Primary Care	73	Med Clinic/FQHC/RHC/IHC/HMO
261QP2400X	Clinic/Center: Prison Health	86	Facility Provider NOS
261QP3300X	Clinic/Center: Pain	86	Facility Provider NOS
261QR0200X	Clinic/Center: Radiology, Radiology	86	Facility Provider NOS
261QR0206X	Clinic/Center: Radiology, Mammography	86	Facility Provider NOS
261QR0207X	Clinic/Center: Radiology, Mobile Mamm	86	Facility Provider NOS
261QR0208X	Clinic/Center: Radiology, Mobile	86	Facility Provider NOS
261QR0400X	Clinic/Center: Rehabilitation	81	Rehabilitation Facility
261QR0401X	Clinic/Center: Rehab, Compreh Outpt R	81	Rehabilitation Facility
261QR0404X	Clinic/Center: Rehab, Cardiac Facilit	81	Rehabilitation Facility
261QR0405X	Clinic/Center: Rehab, Substance Use D	83	Substance Abuse Center
261QR0800X	Clinic/Center: Recovery Care	86	Facility Provider NOS
261QR1100X	Clinic/Center: Research	86	Facility Provider NOS
261QR1300X	Clinic/Center: Rural Health	73	Med Clinic/FQHC/RHC/IHC/HMO
261QS0112X	Clinic/Center: Surgery, Oral/Maxillof	63	Ambulatory Surgery Center
261QS0132X	Clinic/Center: Surgery, Ophthalmologi	63	Ambulatory Surgery Center
261QS1000X	Clinic/Center: Student Health	73	Med Clinic/FQHC/RHC/IHC/HMO
261QS1200X	Clinic/Center: Sleep Disorder Diagnos	86	Facility Provider NOS
261QU0200X	Clinic/Center: Urgent Care	84	Urgent Care Center
261QV0200X	Clinic/Center: VA	73	Med Clinic/FQHC/RHC/IHC/HMO
261QX0100X	Clinic/Center: Occupational Medicine	86	Facility Provider NOS
261QX0203X	Clinic/Center: Oncology, Radiation	86	Facility Provider NOS
273R00000X	Psychiatric Unit	71	Hospital
273Y00000X	Rehabilitation Unit	71	Hospital
275N00000X	Medicare Defined Swing Bed Unit	71	Hospital
276400000X	Rehabilitation, Substance Use Disorde	83	Substance Abuse Center
281P00000X	Chronic Disease Hospital	71	Hospital
281PC2000X	Chronic Disease Hospital - Children	71	Hospital
282N00000X	General Acute Care Hospital	71	Hospital
282NC2000X	General Acute Care Hospital, Children	71	Hospital
282NR1301X	General Acute Care Hospital, Rural	71	Hospital
282NW0100X	General Acute Care Hospital, Women	71	Hospital
283Q00000X	Psychiatric Hospital	71	Hospital
283X00000X	Rehabilitation Hospital	81	Rehabilitation Facility
283XC2000X	Rehabilitation Hospital, Children	81	Rehabilitation Facility

284300000X	Special Hospital	71	Hospital
286500000X	Military Hospital	71	Hospital
2865C1500X	Military Hospital, Community Health	71	Hospital
2865M2000X	Military Hospital, Medical Center	71	Hospital
2865X1600X	Military Hospital, Operational Compon	71	Hospital
287300000X	Christian Science Sanitarium (hospita	86	Facility Provider NOS
291U00000X	Clinical Medical Laboratory	72	Independent Laboratory
292200000X	Dental Laboratory	74	Medical Supplier/DME
293D00000X	Physiological Laboratory (Independent	72	Independent Laboratory
302F00000X	Exclusive Provider Organization	86	Facility Provider NOS
302R00000X	Health Maintenance Organization	86	Facility Provider NOS
305R00000X	Preferred Provider Organization	86	Facility Provider NOS
305S00000X	Point of Service	86	Facility Provider NOS
311500000X	Alzheimer Center/Dementia Center/Deme	77	Nursing Facility
311Z00000X	Custodial Care Facility	77	Nursing Facility
313M00000X	Nursing Facility/Intermediate Care Fa	77	Nursing Facility
314000000X	Skilled Nursing Facility	82	Skilled Nursing Facility
315D00000X	Hospice, Inpatient	70	Hospice
315P00000X	Intermediate Care Facility, Mentally	77	Nursing Facility
317400000X	Christian Science Facility (Skilled n	82	Skilled Nursing Facility
322D00000X	Residential Treatment Center for Emot	86	Facility Provider NOS
323P00000X	Psychiatric Residential Treatment Cen	86	Facility Provider NOS
324500000X	Substance Use Disorder Rehabilitation	83	Substance Abuse Center
331L00000X	Blood Bank	72	Independent Laboratory
332B00000X	Durable Medicaid Equipment and Medica	74	Medical Supplier/DME
332BC3200X	DME/Medical Supplies, Customized Equi	74	Medical Supplier/DME
332BD1200X	DME/Medical Supplies, Dialysis Equipm	74	Medical Supplier/DME
332BN1400X	DME/Medical Supplies, Nursing Facilit	74	Medical Supplier/DME
332BP3500X	DME/Medical Supplies, Parenteral/Ente	74	Medical Supplier/DME
332BX2000X	DME/Medical Supplies, Oxygen Equipmen	79	Oxygen Supplier
332G00000X	Eye Bank	72	Independent Laboratory
332H00000X	Eyewear Supplier	85	Vision/Optical Supplier
332S00000X	Supplier - Hearing Aid Equipment	68	Hearing Aid Supplier
332U00000X	Home Delivered Meals	86	Facility Provider NOS
333600000X	Supplier - Pharmacy	80	Pharmacy
335E00000X	Prosthetic/Orthotic Supplier	74	Medical Supplier/DME
335U00000X	Organ Procurement Organization	86	Facility Provider NOS
335V00000X	Portable Xray Supplier	74	Medical Supplier/DME

341600000X	Ambulance	62	Ambulance
3416A0800X	Ambulance (Air)	62	Ambulance
3416L0300X	Ambulance (Land)	62	Ambulance
3416S0300X	Ambulance (Sea)	62	Ambulance
343900000X	Medical Transport (Van)	76	Non Emergency Transportation
344600000X	Taxi	76	Non Emergency Transportation
353B00000X	Physicians (Other Roles)	58	Other Professional Provider N
353BL0002X	Physicians (Other Roles), Lab Service	58	Other Professional Provider N
353BS0900X	Physicians (Other Roles), Supplier	58	Other Professional Provider N
363A00000X	Physician Assistant	51	Physician Assistant
363AM0700X	Physician Assistant, Medical	51	Physician Assistant
363AS0400X	Physician Assistant, Surgical	51	Physician Assistant
363L00000X	Nurse Practitioner	47	Nurse Practitioner
363LA2100X	Nurse Practitioner, Acute Care	47	Nurse Practitioner
363LA2200X	Nurse Practitioner, Adult Health	47	Nurse Practitioner
363LC0200X	Nurse Practitioner, Critical Care Med	47	Nurse Practitioner
363LC1500X	Nurse Practitioner, Community Health	47	Nurse Practitioner
363LF0000X	Nurse Practitioner, Family	47	Nurse Practitioner
363LG0600X	Nurse Practitioner, Gerontology	47	Nurse Practitioner
363LN0000X	Nurse Practitioner, Neonatal	47	Nurse Practitioner
363LN0005X	Nurse Practitioner, Neonatal: Critica	47	Nurse Practitioner
363LP0200X	Nurse Practitioner, Pediatrics: Pedia	47	Nurse Practitioner
363LP0222X	Nurse Practitioner, Pediatrics: Criti	47	Nurse Practitioner
363LP0223X	Nurse Practitioner, Pediatrics: Acute	47	Nurse Practitioner
363LP0808X	Nurse Practitioner, Psychiatric/Menta	47	Nurse Practitioner
363LP1700X	Nurse Practitioner, Perinatal	47	Nurse Practitioner
363LP2300X	Nurse Practitioner, Primary Care	47	Nurse Practitioner
363LS0200X	Nurse Practitioner, School	47	Nurse Practitioner
363LW0102X	Nurse Practitioner, Womens Health	47	Nurse Practitioner
363LX0001X	Nurse Practitioner, Obstetrics/Gyneco	47	Nurse Practitioner
363LX0106X	Nurse Practitioner, Occupational Heal	47	Nurse Practitioner
364S00000X	Clinical Nurse Specialist	47	Nurse Practitioner
364S00000X	Clinical Nurse Specialist	47	Nurse Practitioner
364SA2100X	Clinical Nurse Specialist, Acute Care	47	Nurse Practitioner
364SA2200X	Clinical Nurse Specialist, Adult Heal	47	Nurse Practitioner
364SC0200X	Clinical Nurse Specialist, Critical C	47	Nurse Practitioner
364SC1501X	Clinical Nurse Specialist, Community/	47	Nurse Practitioner
364SC2300X	Clinical Nurse Specialist, Chronic Ca	47	Nurse Practitioner

364SE0003X	Clinical Nurse Specialist, Emergency	47	Nurse Practitioner
364SE1400X	Clinical Nurse Specialist, Ethics	47	Nurse Practitioner
364SF0001X	Clinical Nurse Specialist, Family Hea	47	Nurse Practitioner
364SG0600X	Clinical Nurse Specialist, Gerontolog	47	Nurse Practitioner
364SH0200X	Clinical Nurse Specialist, Home Healt	47	Nurse Practitioner
364SH1100X	Clinical Nurse Specialist, Holistic	47	Nurse Practitioner
364SI0800X	Clinical Nurse Specialist, Informatic	47	Nurse Practitioner
364SL0600X	Clinical Nurse Specialist, Long-Term	47	Nurse Practitioner
364SM0705X	Clinical Nurse Specialist, Medical-Su	47	Nurse Practitioner
364SN0000X	Clinical Nurse Specialist, Neonatal	47	Nurse Practitioner
364SN0004X	Clinical Nurse Specialist, Neonatal,	47	Nurse Practitioner
364SN0800X	Clinical Nurse Specialist, Neuroscien	47	Nurse Practitioner
364SP0200X	Clinical Nurse Specialist, Pediatrics	47	Nurse Practitioner
364SP0807X	Clinical Nurse Specialist, Psych/Ment	47	Nurse Practitioner
364SP0808X	Clinical Nurse Specialist, Psych/Ment	47	Nurse Practitioner
364SP0809X	Clinical Nurse Specialist, Psych/Ment	47	Nurse Practitioner
364SP0810X	Clinical Nurse Specialist, Psych/Ment	47	Nurse Practitioner
364SP0811X	Clinical Nurse Specialist, Psych/Ment	47	Nurse Practitioner
364SP0812X	Clinical Nurse Specialist, Psych/Ment	47	Nurse Practitioner
364SP0813X	Clinical Nurse Specialist, Psych/Ment	47	Nurse Practitioner
364SP1700X	Clinical Nurse Specialist, Perinatal	47	Nurse Practitioner
364SP2800X	Clinical Nurse Specialist, Perioperat	47	Nurse Practitioner
364SR0400X	Clinical Nurse Specialist, Rehabilita	47	Nurse Practitioner
364SR1300X	Clinical Nurse Specialist, Rural Heal	47	Nurse Practitioner
364SS0200X	Clinical Nurse Specialist, School	47	Nurse Practitioner
364ST0500X	Clinical Nurse Specialist, Transplant	47	Nurse Practitioner
364SW0102X	Clinical Nurse Specialist, Womens Hea	47	Nurse Practitioner
364SX0106X	Clinical Nurse Specialist, Occupation	47	Nurse Practitioner
364SX0200X	Clinical Nurse Specialist, Oncology	47	Nurse Practitioner
364SX0204X	Clinical Nurse Specialist, Oncology,	47	Nurse Practitioner
367500000X	Nurse Anesthetist, Certified Register	45	Nurse Anesthetist
367A00000X	Midwife, Certified Nurse	46	Nurse Midwife
374700000X	Technician, Nursing Service	60	Other Technical Provider NOS
3747P1801X	Technician, Personal Care Attendent	60	Other Technical Provider NOS
374T00000X	Christian Science Practitioner/Nurse	48	Nursing Service - RN/LPN
374U00000X	Home Health Aide	58	Other Professional Provider N
376G00000X	Nursing Home Administrator	58	Other Professional Provider N
376J00000X	Homemaker	58	Other Professional Provider N

376K00000X Nurse's Aide

58

Other Professional Provider N

## Appendix E

### Select Payment Arrangement Adjustment Reason Codes

#### Global Billing Reason Codes:

- 60 Charges for outpatient services with this proximity to inpatient services are not covered
  - 97 **Payment is included in the allowance for another service/procedure**
  - 101 Predetermination: anticipated payment upon completion of services or claim adjudication
  - B15 Payment adjusted because this procedure/service is not paid separately.
- 

#### Unauthorized Service Reason Codes:

- 38 Services not provided or authorized by designated (network) providers
- 39 **Services denied at the time authorization/pre-certification was requested**
- 40 Charges do not meet qualifications for emergent/urgent care
- 49 These are non-covered services because this is a routine exam or screening procedure done in conjunction with a routine exam
- 61 Payment denied/reduced for absence of, or exceeded, precertification/authorization
- 96 Non-covered charge(s)
- 119 Benefit maximum for this time period has been reached
- 138 Claim/service denied. Appeal procedures not followed or time limits not met
- B8 Claim/service not covered/reduced because alternative services were available, and should have been utilized

## APPENDIX F

### Zero “Charge” Services

CPT Code	Vaccine Name	Covered under the Vaccines For Children Program if Medicaid Beneficiary and:
90718	Td (Adult)	Through 59 months of age.
90702	DT (Pediatric)	Through 59 months of age.
90700	DtaP	Through 59 months of age.
90721	DTaP-Hib	If 4th dose
90645	Hib-HibTITER (HbOC)	Through 59 months of age.
90647	Hib-PedvaxHIB (PRP-OMP)	Through 59 months of age.
90648	Hib-ActHIB/OmniHIB (PRP-T)	Through 59 months of age.
90748	Hib-Hepatitis B	Through 59 months of age.
90713	IPV	
90707	MMR	Through 59 months of age.
90371	HBIG	Exposure to Hep B
90744	Hepatitis B – Pediatric	Through 59 months of age.
90746	Hepatitis B – Adult	Through 59 months of age.
90747	Hepatitis B – Dialysis	Dialysis
90716	Varicella	
90632	Hepatitis A – Adult	High Risk
90633	Hepatitis A – Pediatric	High Risk
90658 or 90657	Influenza – Split	High Risk
90732	Pneumococcal Polysaccharide (PPV)	High Risk
90669	Pneumococcal Conjugate (PCV7)	Through 59 months of age.

## Appendix G

### Encounter Data Edits

#### Encounter Error Listing As Of 02/19/03

Error Number	Error Description	Msg Type	Msg Type Description	Loop, Data Element	D/I/P	Segment	Description
20000	File contains unreadable characters.	RB	Reject batch	General file edit	D/I/P		
20015	Submitter Identifier is missing (is spaces or blanks).	RB	Reject batch	1000A, NM109	D/I/P	Submitter Name	Submitter Primary Identification Number
20016	Submitter Identifier is not a valid submitter ID.						
20017	Submitter Identifier is inconsistent between ISA06 and 1000A NM109						
20020	Submission Number is missing (is spaces or blanks).	RB	Reject batch	HDR, BHT03	D/I/P	Beginning Of Hierarchical Transaction	Originator Application Transaction ID
20021	Submission Number is not an alphanumeric value.						
20022	Submission Number has already been used on a prior batch.						
20025	Transaction Type Code not for encounters.	RB	Reject batch	HDR, BHT06	D/I/P	Beginning Of Hierarchical Transaction	Claim or Encounter ID (Transaction Type Code)
20030	Transmission Type Code (Record Category) is missing (is spaces or blanks). Can not edit the remainder of the record.	RB	Reject batch	HDR, REF02	D/I/P	Transmission Type Identification	Transmission Type Code
20031	Transmission Type Code (Record Category) is not equal to 004010X096, 004010X097 or 004010X098 for record category D, I or P. Cannot edit the remainder of the record.						
20050	Other Payer Primary Identifier (e.g., Health Plan ID) is missing (is zero, spaces, blanks, or null) for record category D, I or P.	RE	Reject encounter	2330B, NM109	D/I/P	Other Payer Name	Other Payer Primary Identifier
20051	None of the Other Payer Primary Identifiers are valid Capitated Plans for record category D, I or P.						

Error Number	Error Description	Msg Type	Msg Type Description	Loop, Data Element	D/I/P	Segment	Description
20052	There is an invalid combination of Other Payer Primary Identifiers. The valid combinations are: <ul style="list-style-type: none"> <li>Exactly one MQHP, CA, or PHP</li> <li>Exactly one PHP and one CMHSP</li> </ul> Any other combination of Other Payer Primary Identifiers (including none or more than two) is ambiguous and will cause this error.						
20053	The Capitated Plan Identifier is not valid for the Submitter Identifier for record category D, I or P.						
20055	Other Payer Secondary Identifier (Encounter Reference Number) is missing (is spaces, blanks or zeroes) for record category D, I or P.	RE	Reject encounter	2330B, REF02	D/I/P	Other Payer Secondary Identification and Reference Number	Other Payer Secondary Identifier
20056	Other Payer Secondary Identifier (Encounter Reference Number) is not an alphanumeric value for record category D, I or P.						
20057	Service Line Counter (Encounter Detail Line Number) is missing (is spaces, blanks or zeroes) for record category D, I or P.	RE	Reject encounter	2400, LX01	D/I/P	Service Line Number	Line Counter
20058	If record category I, Service Line Counter (Encounter Detail Line Number) is not between 01 and 999. If record category D or P Encounter Detail Line Number is not between 01 and 50.						
20059	Service Line Counter(s) [Encounter Detail Line Number(s)] not started with one or not sequentially numbered.						
20060	Claim Frequency Code (Record Type) is missing (is spaces, blanks or zeroes) for record category D, I or P.	RE	Reject encounter	2300, CLM05-3	D/I/P	Claim Information	Claim Frequency Code
20061	Claim Frequency Code (Record Type) is invalid for record category D, I or P.						
20100	Subscriber Primary Identifier (Medicaid ID) is missing (is spaces, blanks or zeroes) and MQHP encounter for record category D, I or P.	RE	Reject encounter	2010BA, NM109	D/I/P	Subscriber Name	Subscriber Primary Identifier (Medicaid ID)
20101	Subscriber Primary Identifier (Medicaid ID) does not exist in the Medicaid eligibility file and MQHP encounter for record category D, I or P.						

Error Number	Error Description	Msg Type	Msg Type Description	Loop, Data Element	D/I/P	Segment	Description
20102	Subscriber Primary Identifier (Medicaid ID) is missing (is spaces, blanks or zeroes) and CMH or SA encounter for record category D, I or P.	IO	Info only				
20103	Subscriber Primary Identifier (Medicaid ID) does not exist in the Medicaid eligibility file and CMH or SA encounter for record category D, I or P.						
20104	Subscriber SSN ID present, not numeric and MQHP encounter for record category D, I or P.	RE	Reject encounter	2010BA, NM109 2010BA, REF02	D/I/P	Subscriber Name	Subscriber Primary Identifier/Supplemental Identifier (SSN ID)
20105	Batch is for CMH or SA and Other Insured Identifier (Submitter's Subscriber Unique ID) is missing (is spaces, blanks or zeroes) for record category D, I or P.	RE	Reject encounter	2330A, NM109	D/I/P	Other Subscriber Name	Other Insured Identifier
20106	Batch is for SA and Other Insured Identifier (Submitter's Subscriber Unique ID) present and does not exist in the applicable SA QI file for record category I, D or P.						
20107	Batch is for CMH and no match to the applicable CMH QI file for record category D, I or P can be made for the combination of: <ul style="list-style-type: none"> <li>Other Insured Identifier (Submitter's Subscriber Unique ID),</li> <li>Other Payer Primary Identifier equal to the QI PHP identifier,</li> <li>Other Payer Primary Identifier equal to the QI CMH identifier, and</li> <li>From Service Date falls within the fiscal year of the last reporting date QI data sent for the applicable fiscal year.</li> </ul>						
20108	Subscriber Primary Identifier ( Child Identification Number) is missing (is spaces, blanks or zeroes) and MICHild encounter for record category D, I or P.	RE	Reject encounter	2010BA, NM109	D/I/P	Subscriber Name	Subscriber Primary Identifier ( Child Identification Number)
20109	Subscriber Primary Identifier ( Child Identification Number) does not exist in the MICHild eligibility file and MQHP, BC/BS, or capitated dental MICHild encounter for record category D, I or P.						

Error Number	Error Description	Msg Type	Msg Type Description	Loop, Data Element	D/I/P	Segment	Description
20140	Admission Date is missing but yet the revenue code has a Room and Board Designation for record category I for Inpatient Type of Bill.	RE	Reject encounter	2300, DTP03 (P, D and I for inpatient encounters only)	I	Admission Date/Hour	Admission Date and Hour/ Related Hospitalization Admission Date
20141	Admission Date present - Invalid date or date is in an invalid format for record category I for Inpatient Type of Bill.						
20142	Admission Date present and is not less than or equal to the run date of this edit run for record category I for Inpatient Type of Bill.						
20143	Admission Date present and is greater than the Discharge date for record category I for Inpatient Type of Bill.						
20144	Admission date is not equal or less than run date for record category D or P.	IO	Info only		D/ P		
20145	Admission Date present but an invalid date or date is in an invalid format for record category D or P.						
20148	Statement Through Date/Related Hospitalization Discharge Date is missing but yet the Revenue Code indicates an admission with Room and Board charges and the Discharge Status indicates that a discharge occurred for record category I for Inpatient Type of Bill.	RE	Reject encounter	2300, DTP03 (I for inpatient encounters only)	I	Statement Dates	Statement Through Date/ Related Hospitalization Discharge Date
20149	Statement Through Date/ Related Hospitalization Discharge Date exists but yet Admission Date is missing for record category I for Inpatient Type of Bill.						
20150	Statement Through Date/ Related Hospitalization Discharge Date is an invalid date for record category I for Inpatient Type of Bill.						
20151	Statement Through Date/ Related Hospitalization Discharge Date is less than the Admission Date for record category I for Inpatient Type of Bill.						
20152	Statement Through Date/ Related Hospitalization Discharge Date is not less than or equal to the run date of this edit run for record category I for Inpatient Type of Bill.						
20155	Patient Status Code (Discharge Status) is not a valid code for record category I for Inpatient Type of Bill.	IO	Info only	2300, CL103 (I only)	I	Institutional Claim Code	Patient Status Code

Error Number	Error Description	Msg Type	Msg Type Description	Loop, Data Element	D/I/P	Segment	Description
20156	Patient Status Code (Discharge Status) is missing but yet the revenue code has a Room and Board Designation for record category I for Inpatient Type of Bill.						
20170	Service Date is missing (is spaces, blanks or zeroes) for record category D or P or I for Outpatient Type of Bill.	RL	Reject line	2300, DTP03 (D only) 2400, DTP03	D/I/P	Date - Service (D only) Service Line Date	Service Date
20171	Service Date - Invalid date or date is not in the format CCYYMMDD for record category D or P or I for Outpatient Type of Bill.						
20172	Service Date is not less than or equal to the run date of this Edit Run for record category D or P or I for Outpatient Type of Bill.						
20175	Statement From Date is missing (is spaces, blanks or zeroes) for record category I.	RE	Reject encounter	2300, DTP03 (I only)	I	Statement Dates	Statement From Date
20176	Statement From Date - Invalid date or date is not in the format CCYYMMDD for record category I.						
20177	Statement From Date is not less than or equal to the run date of this Edit Run for record category I.						
20190	Taxonomy Code is not a valid taxonomy code for record category I	IO	Info only	2000A, PRV03 2310E, PRV03 (I only)	I	Servicing Facility Provider Specialty Information	Servicing Facility Provider Taxonomy /Specialty Code
20191	Taxonomy Code is not a valid taxonomy code for record category D or P	IO	Info only	2000A, PRV03 (D and P only) 2310B, PRV03 (D and only) 2420A, PRV03 (D and only)	D/P	Billing/Rendering Provider Specialty Information	Rendering (Servicing) Provider Taxonomy /Specialty Code
20200	Primary Diagnosis Code is not a valid diagnosis code for record category I.	RE	Reject encounter	2300, HI01-2	I	Health Care/ Principle, Admitting, E-Code and Patient Reason For Visit Diagnosis Information	Diagnosis Code
20201	Primary Diagnosis Code is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.	IO	Info only				

Error Number	Error Description	Msg Type	Msg Type Description	Loop, Data Element	D/I/P	Segment	Description
20202	Primary Diagnosis Code is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.					Information	
20203	Primary Diagnosis Code is missing (is zeroes, blanks or spaces) for record category I.	RE	Reject encounter				
20204	Admission Diagnosis Code is present and the Revenue Code indicates an admission with Room and Board charges and admission diagnosis code is not valid for record category I.	IO	Info only	2300, HI02-2 (I only)	I	Principle, Admitting, E-Code and Patient Reason For Visit Diagnosis Information	Diagnosis Code
20205	Admission Diagnosis Code is missing (is zeroes, blanks or spaces) but the Revenue Code indicates an admission with Room and Board charges for record category I.						
20206	Admission Diagnosis Code is not appropriate for the subscriber's age on the applicable QI or Medicaid eligibility file for record category I.						
20207	Admission Diagnosis Code is not a valid diagnosis code for record category I.						
20208	Admission Diagnosis Code is not appropriate for the subscriber's gender for record category I according to the QI or Medicaid eligibility file.						
20209	Other Diagnosis Code 1 exists but yet Primary Diagnosis Code is missing for record category I.	IO	Info only	2300, HI01-2	I	Health Care/ Other Diagnosis Information	Diagnosis Code Other - 1
20210	Other Diagnosis 1 Code is not a valid diagnosis code for record category I.						
20211	Other Diagnosis Code 1 is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20212	Other Diagnosis Code 1 is not appropriate for the subscriber's gender for record category-I according to the applicable Medicaid Eligibility File or QI Files.						
20213	Other Diagnosis Code 2 exists but yet one of the previous Diagnosis Codes are missing for record category I.	IO	Info only	2300, HI02-2 (I only)	I	Health Care/ Other Diagnosis	Diagnosis Code Other - 2

Error Number	Error Description	Msg Type	Msg Type Description	Loop, Data Element	D/I/P	Segment	Description
20214	Other Diagnosis Code 2 is not a valid diagnosis code for record category I.					Information	
20215	Other Diagnosis Code 2 is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20216	Other Diagnosis Code 2 is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20217	Other Diagnosis Code 2 exists but yet, Primary Diagnosis Code is missing for record category I						
20218	Other Diagnosis Code 3 exists but yet one of the previous Diagnosis Codes are missing for record category I.	IO	Info only	2300, HI03-2 (I only)	I	Health Care/ Other Diagnosis Information	Diagnosis Code Other - 3
20219	Other Diagnosis Code 3 is not a valid diagnosis code for record category I.						
20220	Other Diagnosis Code 3 is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20221	Other Diagnosis Code 3 is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20222	Other Diagnosis Code 3 exists but yet, Primary Diagnosis Code is missing for record category I.						
20223	Other Diagnosis Code 4 exists but yet one of the previous Diagnosis Codes are missing for record category I.	IO	Info only	2300, HI04-2 (I only)	I	Health Care/ Other Diagnosis Information	Diagnosis Code Other - 4
20224	Other Diagnosis Code 4 is not a valid diagnosis code for record category I.						
20225	Other Diagnosis Code 4 is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files e.						

Error Number	Error Description	Msg Type	Msg Type Description	Loop, Data Element	D/I/P	Segment	Description
20226	Other Diagnosis Code 4 is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20227	Other Diagnosis Code 4 exists but yet, Primary Diagnosis Code is missing for record category I.						
20228	Other Diagnosis Code 5 exists but yet one of the previous Diagnosis Codes are missing for record category I.	IO	Info only	2300, HI05-2 (I only)	I	Health Care/ Other Diagnosis Information	Diagnosis Code Other - 5
20229	Other Diagnosis Code 5 is not a valid diagnosis code for record category I.						
20230	Other Diagnosis Code 5 is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20231	Other Diagnosis Code 5 is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20232	Other Diagnosis Code 5 exists but yet, Primary Diagnosis Code is missing for record category I.						
20233	Other Diagnosis Code 6 exists but yet one of the previous Diagnosis Codes are missing for record category I.	IO	Info only	2300, HI06-2 (I only)	I	Health Care/ Other Diagnosis Information	Diagnosis Code Other - 6
20234	Other Diagnosis Code 6 is not a valid diagnosis code for record category I.						
20235	Other Diagnosis Code 6 is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20236	Other Diagnosis Code 6 is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20237	Other Diagnosis Code 6 exists but yet, Primary Diagnosis Code is missing for record category I.						

<b>Error Number</b>	<b>Error Description</b>	<b>Msg Type</b>	<b>Msg Type Description</b>	<b>Loop, Data Element</b>	<b>D/I/P</b>	<b>Segment</b>	<b>Description</b>
20238	Other Diagnosis Code 7 exists but yet one of the previous Diagnosis is missing for record category I.	IO	Info only	2300, HI07-2 (I only)	I	Health Care/ Other Diagnosis Information	Diagnosis Code Other - 7
20239	Other Diagnosis Code 7 is not a valid diagnosis code for record category I.						
20240	Other Diagnosis Code 7 is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20241	Other Diagnosis Code 7 is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20242	Other Diagnosis Code 7 exists but yet, Primary Diagnosis Code is missing for record category I.						
20243	Other Diagnosis Code 8 exists but yet one of the previous Diagnosis is missing for record category I.	IO	Info only	2300, HI08-2 (I only)	I	Health Care/ Other Diagnosis Information	Diagnosis Code Other - 8
20244	Other Diagnosis Code 8 is not a valid diagnosis code for record category I.						
20245	Other Diagnosis Code 8 is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20246	Other Diagnosis Code 8 is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20247	Other Diagnosis Code 8 exists but yet, Primary Diagnosis Code is missing for record category I.						
20248	Other Diagnosis 9 Code exists but yet one of the previous Diagnosis Codes are missing for record category I.	IO	Info only	2300, HI09-2 (I only)	I	Health Care/ Other Diagnosis Information	Diagnosis Code Other - 9
20249	Other Diagnosis 9 Code is not a valid diagnosis code for record category I.						

<b>Error Number</b>	<b>Error Description</b>	<b>Msg Type</b>	<b>Msg Type Description</b>	<b>Loop, Data Element</b>	<b>D/I/P</b>	<b>Segment</b>	<b>Description</b>
20250	Other Diagnosis 9 Code is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20251	Other Diagnosis 9 Code is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20252	Other Diagnosis 9 Code exists but yet, Primary Diagnosis Code is missing for record category I.						
20253	Other Diagnosis 10 Code exists but yet one of the previous Diagnosis Codes are missing for record category I.	IO	Info only	2300, HI10-2 (I only)	I	Health Care/ Other Diagnosis Information	Diagnosis Code Other - 10
20254	Other Diagnosis 10 Code is not a valid diagnosis code for record category I.						
20255	Other Diagnosis 10 Code is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20256	Other Diagnosis 10 Code is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20257	Other Diagnosis 10 Code exists but yet, Primary Diagnosis Code is missing for record category I.						
20260	Other Diagnosis 11 Code exists but yet one of the previous Diagnosis Codes are missing for record category I.	IO	Info only	2300, HI11-2 (I only)	I	Health Care/ Other Diagnosis Information	Diagnosis Code Other - 11
20261	Other Diagnosis 11 Code is not a valid diagnosis code for record category I.						
20262	Other Diagnosis 11 Code is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20263	Other Diagnosis 11 Code is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						

Error Number	Error Description	Msg Type	Msg Type Description	Loop, Data Element	D/I/P	Segment	Description
20264	Other Diagnosis 11 Code exists but yet, Primary Diagnosis Code is missing for record category I.						
20270	Other Diagnosis 12 Code exists but yet one of the previous Diagnosis Codes are missing for record category I.	IO	Info only	2300, HI12-2 (I only)	I	Health Care/ Other Diagnosis Information	Diagnosis Code Other - 12
20271	Other Diagnosis 12 Code is not a valid diagnosis code for record category I.						
20272	Other Diagnosis 12 Code is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20273	Other Diagnosis 12 Code is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20274	Other Diagnosis 12 Code exists but yet, Primary Diagnosis Code is missing for record category I.						
20280	Diagnosis Code Pointer 1 missing or invalid (assumed to be primary diagnosis pointer for the line) for record category P.	RL	Reject line	2400, SV107-1 (P only)	P	Professional Service	Diagnosis Code Pointer 1
20281	Diagnosis Code Pointer 1 valid but points to invalid or missing diagnosis code.						
20282	Diagnosis Code Pointer 1 points to a diagnosis code that is not appropriate for the subscriber's age for record category P according to the applicable Medicaid Eligibility File or QI Files.	IO	Info only	2400, SV107-2 (P only)	P	Professional Service	Diagnosis Code Pointer 2
20283	Diagnosis Code Pointer 1 points to a diagnosis code that is not appropriate for the subscriber's gender for record category P according to the applicable Medicaid Eligibility File or QI Files.						
20284	Diagnosis Code Pointer 2 invalid pointer.	IO	Info only	2400, SV107-2 (P only)	P	Professional Service	Diagnosis Code Pointer 2
20285	Diagnosis Code Pointer 2 valid but points to invalid or missing diagnosis codes.						
20286	Diagnosis Code Pointer 2 points to a diagnosis code that is not appropriate for the subscriber's age for record category P according to the applicable Medicaid Eligibility File or QI Files.						

<b>Error Number</b>	<b>Error Description</b>	<b>Msg Type</b>	<b>Msg Type Description</b>	<b>Loop, Data Element</b>	<b>D/I/P</b>	<b>Segment</b>	<b>Description</b>
20287	Diagnosis Code Pointer 2 points to a diagnosis code that is not appropriate for the subscriber's gender for record category P according to the applicable Medicaid Eligibility File or QI Files.						
20288	Diagnosis Code Pointer 3 invalid pointer.	IO	Info only	2400, SV107-3 (P only)	P	Professional Service	Diagnosis Code Pointer 3
20289	Diagnosis Code Pointer 3 valid but points to invalid or missing diagnosis codes.						
20290	Diagnosis Code Pointer 3 points to a diagnosis code that is not appropriate for the subscriber's age for record category P according to the applicable Medicaid Eligibility File or QI Files.						
20291	Diagnosis Code Pointer 3 points to a diagnosis code that is not appropriate for the subscriber's gender for record category P according to the applicable Medicaid Eligibility File or QI Files.						
20292	Diagnosis Code Pointer 4 invalid pointer.	IO	Info only	2400, SV107-4 (P only)	P	Professional Service	Diagnosis Code Pointer 4
20293	Diagnosis Code Pointer 4 valid but points to invalid or missing diagnosis codes.						
20294	Diagnosis Code Pointer 4 points to a diagnosis code that is not appropriate for the subscriber's age for record category P according to the applicable Medicaid Eligibility File or QI Files.						
20295	Diagnosis Code Pointer 4 points to a diagnosis code that is not appropriate for the subscriber's gender for record category P according to the applicable Medicaid Eligibility File or QI Files.						
20301	Principal Procedure Code was not yet valid at time of service for record category I.	IO	Info only	2300, HI01-2 (I only)	I	Principal Procedure Information	Principal Procedure Code
20302	Principal Procedure Code was no longer valid at time of service for record category I.						
20310	Service Line Revenue Code is missing (is zeroes, blanks or spaces) for record category I.	RL	Reject line	2400, SV201 (I only)	I	Institutional Service Line	Service Line Revenue Code
20311	Service Line Revenue Code is invalid for record category I.						

<b>Error Number</b>	<b>Error Description</b>	<b>Msg Type</b>	<b>Msg Type Description</b>	<b>Loop, Data Element</b>	<b>D/I/P</b>	<b>Segment</b>	<b>Description</b>
20312	Service Line Revenue Code was not yet valid at time of service record category I.						
20313	Service Line Revenue Code was no longer valid at time of service record category I.						
20314	Record category I and hospital outpatient type-of-bill and Procedure Code (HCPCS or local procedure codes for CMH and CA data) not present and valid.	IO	Info only	2400, SV202-2 (I only)	I	Institutional Service Line	Procedure Code (HCPCS)
20315	Record category I and home health services type-of-bill, and Procedure Code (HCPCS or local procedure codes for CMH and CA data) not present and valid.	RL	Reject line				
20316	Procedure Code (HCPCS or local procedure codes for CMH and CA data) was not yet valid at time of service for record category I.	IO	Info only				
20317	Procedure Code (HCPCS or local procedure codes for CMH and CA data) was no longer valid at time of service for record category I.						
20319	Service Line Procedure Code is missing (is zeroes, blanks or spaces) for record category P.	RL	Reject line	2400, SV301-2 (D only) 2400, SV101-2 (P only)	D/P	Dental/Professional Service	Procedure Code
20320	Service Line Procedure Code is invalid for record category D or P.						
20321	Service Line Procedure Code was not yet valid at time of service record category D or P.						
20322	Service Line Procedure Code was no longer valid at time of service record category D or P.						
20330	Procedure Code Modifier 1 exists but yet Procedure Code is missing (is zeroes, blanks or spaces) for record category I or P.	IO	Info only	2400, SV202-3 (I only) 2400, SV101-3 (P only)	I/P	Institutional/Professional Service Line	Procedure Modifier 1
20331	Procedure Code Modifier 1 is not a valid HCPCS procedure code modifier for record category I or P.						
20334	Procedure Code Modifier 2 exists but yet Procedure Code is missing (is zeroes, blanks or spaces) for record category I or P.	IO	Info only	2400, SV202-4 (I only) 2400, SV101-4 (P only)	I/P	Institutional/Professional Service Line	Procedure Modifier 2
20335	Procedure Code Modifier 2 exists but yet Procedure Code Modifier 1 is missing (is zeroes, blanks or spaces) for record category I or P.						

Error Number	Error Description	Msg Type	Msg Type Description	Loop, Data Element	D/I/P	Segment	Description
20336	Procedure Code Modifier 2 is not a valid HCPCS procedure code modifier for record category I or P.						
20340	Procedure Code Modifier 3 exists but yet Procedure Code is missing (is zeroes, blanks or spaces) for record category I or P.	IO	Info only	2400, SV202-5 (I only) 2400, SV101-5 (P only)	I/P	Institutional/Professional Service Line	Procedure Modifier 3
20341	Procedure Code Modifier 3 exists but yet one of the prior Procedure Code Modifiers is missing (is zeroes, blanks or spaces) for record category I or P.						
20342	Procedure Code Modifier 3 is not a valid HCPCS procedure code modifier for record category I or P.						
20345	Procedure Code Modifier 4 exists but yet Procedure Code is missing (is zeroes, blanks or spaces) for record category I or P.	IO	Info only	2400, SV202-6 (I only) 2400, SV101-6 (P only)	I/P	Institutional/Professional Service Line	Procedure Modifier 4
20346	Procedure Code Modifier 4 exists but yet one of the prior Procedure Code Modifiers is missing (is zeroes, blanks or spaces) for record category I or P.						
20347	Procedure Code Modifier 4 is not a valid HCPCS procedure code modifier for record category I or P.						
20350	Product Or Service (Procedure) ID Qualifier missing and there is a procedure code for record category P or D.	IO	Info only	2400, SV202-1 (I only) 2400, SV301-1 (D only) 2400, SV101-1 (P only)	D/I/P	Institutional/Dental/Professional Service	Product/Service ID Qualifier
20351	Product Or Service (Procedure) ID Qualifier missing and there is a HCPCS Procedure Code for record category I.						
20400	Facility Type Code (Place of Service) is missing (is zeroes, blanks or spaces) for record category D or P.	IO	Info only	2300, CLM05-1 (D and P only) 2400, SV303 (D only) 2400, SV105 (P only)	D/P	Claim Information Dental/Professional Service	Facility Type Code
20401	Facility Type Code (First Two Digits of Type of Bill) is not a valid UB place of service code per the UB92 Type of Bill valid values for record category I.	IO	Info only	2300, CLM05-1 (I only) 2300, CLM05-3 (I only)	I	Claim Information	Facility Type Code

Error Number	Error Description	Msg Type	Msg Type Description	Loop, Data Element	D/I/P	Segment	Description
20402	Facility Type Code (Place of Service) is not a valid place of service code for record category D or P.	IO	Info only	2300, CLM05-1 (D and P only) 2400, SV303 (D only) 2400, SV105 (P only)	D/P	Claim Information Dental/Professional Service	Facility Type Code
20403	Facility Type Code (First Two Digits of Type of Bill) is missing (is zeros, blanks or spaces) for record category I.	IO	Info only	2300, CLM05-1 (I only) 2300, CLM05-3 (I only)	I	Claim Information	Facility Type Code
20410	Service Line Units (Quantity) is missing (is zeroes, blanks or spaces) for record category D, I or P.	RL	Reject line	2400, SV205 (I only) 2400, SV306 (D only) 2400, SV104 (P only)	D/I/P	Institutional/Dental/Professional Service Line	Service Line Units/Procedure Count
20411	Service Line Units (Quantity) is less than 0 or not numeric for record category D, I or P.						
20420	Adjudication Date is missing (is spaces, blanks or zeroes) for a payer at both the encounter and service line level for record category D, I or P. Value changed to null.	IO	Info only	2430, DTP03 2330B, DTP03	D/I/P	Service Line Adjudication Date Claim Adjudication Date	Adjudication Or Payment Date
20421	Claim Adjudication Date - Invalid date or date is not in the format CCYYMMDD for record category D, I or P. Value changed to null.			2330B, DTP03		Claim Adjudication Date	Adjudication Or Payment Date
20423	Service Line Adjudication Date - Invalid date or date is not in the format CCYYMMDD for record category D, I or P. Value changed to null.			2430, DTP03		Service Line Adjudication Date	Adjudication Or Payment Date
20471	Reference Identification/Billing Provider Secondary ID Number (Medicaid ID) is missing and a Medicaid encounter for record category D, I or P.	IO	Info only	2010AA, REF02	D/I/P	Billing Provider Secondary Identification	Reference Identification/Billing Provider Secondary ID Number (Medicaid ID)
20500	Billing Provider Qualifier (Billing Provider SSN or EIN ID) is missing (is spaces, blanks or zeroes) for record category D, I or P for MQHP or SA.	IO	Info only	2010AA, NM108	D/I/P	Billing Provider Name	Identification Code Qualifier
20501	Billing Provider Primary ID Number (SSN or EIN) missing for record category D, I or P for MQHP or SA.	RE	Reject encounter	2010AA, NM109	D/I/P	Billing Provider Name	Billing Provider Primary Identifier

<b>Error Number</b>	<b>Error Description</b>	<b>Msg Type</b>	<b>Msg Type Description</b>	<b>Loop, Data Element</b>	<b>D/I/P</b>	<b>Segment</b>	<b>Description</b>
20502	Laboratory or Facility Primary Identifier missing for record category I for MQHP.	RE	Reject encounter	2010AA, NM109 (I only) 2010AB, NM109 (I only) 2310E, NM109 (I only)	I	Service Facility Name	Laboratory or Facility Primary Identifier
20503	Rendering Provider Identification (SSN or EIN) missing for record category D or P for MQHP.	RL	Reject line	2010AA, NM109 (D and P only) 2010AB, NM109 (D and P only) 2310B, NM109 (D and P only) 2420A, NM109 (D and P only)	D/P	Rendering Provider Name	Rendering Provider Primary Identifier
20530	Rendering Provider Secondary Identification Number (State License Number or Medicaid ID) is missing and a Medicaid encounter for record category D or P.	IO	Info only	2010AA, REF02 (D and P only) 2010AB, REF02 (D and P only) 2310B, REF02 (D and P only) 2420A, REF02 (D and P only)	D/I/P	Billing/Pay-to/Rendering Provider Name	Reference Identification/Billing/Pay-to/Rendering Provider Secondary Identification Number (State License Number ID or Medicaid ID)
20531	Servicing Facility Provider Secondary Identification Number (State License Number or Medicaid ID) is missing and a Medicaid encounter for record category I.			2010AA, REF02 (I only) 2010AB, REF02 (I only) 2310E, REF02 (I only)		Billing/Pay-to Provider or Service Facility Name	Reference Identification/Billing/Pay-To/Service Facility Provider Secondary Identification Number (State License Number ID or Medicaid ID)
20570	Submitted Charge Amount (Monetary Amount) missing - blank or null for record category D or P.	IO	Info only	2400, SV302 (D only) 2400, SV102 (P only)	D/P	Dental/Professional Service	Submitted Charge Amount
20571	Line Item Charge Amount (Monetary Amount) missing - blank or	IO	Info only	2400, SV203 (I only)	I	Institutional Service	Line Item Charge

Error Number	Error Description	Msg Type	Msg Type Description	Loop, Data Element	D/I/P	Segment	Description
	null for record category I.					Line	Amount
20572	COB Payer Paid Amount and Service Line Paid Amount both missing (blank or null) for record category P or D.	IO	Info only	2320, AMT02 2430, SVD02	D/P	COB Payer Paid Amount Line Adjudication Information	Payer Paid Amount Service Line Paid Amount
20573	Other Payer Allowed Amount missing (blank or null) for record category I, P, or D.	IO	Info only	2320, AMT02	D/I/P	COB Allowed Amount	Allowed Amount
20574	Adjusted Amount missing (blank or null) at both the claim level and the service line level and the Total Submitted Charges do not equal the COB Payer Paid Amount for record category P, or D	IO	Info only	2320, CAS03 2430, CAS03	D/I/P	Claim Level Adjustments Line Adjustment	Adjusted Amount - Claim Level Adjusted Amount - Line Level
20590	Revenue Code equal 100-219 and Service Line Rate Amount (Unit Rate) blank or null for record category I.	IO	Info only	2400, SV206 (I only)	I/P	Institutional Service Line	Service Line Rate Amount
20610	Special Program Code not a valid value, value set to null for record category D or P.	IO	Info only	2300, CLM12 (D and P only)	D/P	Claim Information	Special Program Code
20611	EPSDT Indicator not a valid value (Y or N), value set to null for record category P.	IO	Info only	2400, SV111 (P only)	P	Claim Information	EPSDT Indicator
20612	Oral Cavity Designation Code is missing for record category D.	IO	Info only	2400, SV304	D	Dental Service	Oral Cavity Designation Code
20613	Oral Cavity Designation Code is not valid for record category D.						
20614	Tooth Number is present, but is not a valid value for record category D.	RL	Reject line	2400, TOO02	D	Tooth Information	Tooth Number
20615	Tooth Surface Code is present, but is not a valid value for record category D.	RL	Reject line	2400, TOO03	D	Tooth Information	Tooth Surface Code
20700	Original Other Payer Secondary Identifier (Encounter Reference Number) - encounter already exists for record category D, I or P.	RE	Reject encounter	2330B, REF02	D/I/P	Other Payer Secondary Identification and Reference Number	Other Payer Secondary Identifier (Encounter Reference Number)
20701	Replacement Other Payer Secondary Identifier (Encounter Reference Number) - no encounter exists to replace for record category D, I or P.						
20702	Void Other Payer Secondary Identifier (Encounter Reference Number) - no encounter exists to void for record category D, I or P.						

<b>Error Number</b>	<b>Error Description</b>	<b>Msg Type</b>	<b>Msg Type Description</b>	<b>Loop, Data Element</b>	<b>D/I/P</b>	<b>Segment</b>	<b>Description</b>
20703	All service lines for the encounter were rejected; therefore, encounter rejected for record category D, I or P.	RE	Reject encounter	General file edit	D/I/P		
20704	This record was superceded by another input record for record category D, I or P.	IO	Info only				
20801	SA Encounter HCPCS procedure code not compatible with admission service category	RE	Reject encounter	2400, SV202-2 (I only) 2400, SV101-2 (P only)	I/P	Institutional Service Line/ Professional Service	Procedure Code (HCPCS)
20802	SA Encounter reflect HCPCS of assessment and the service date not while subscriber was in an admitted status or within one month after SARF date of admission	RE	Reject encounter	2400, DTP03	I/P	Service Line Date	Service Date
20803	SA Encounter reflect HCPCS other than assessment and the service date not while subscriber was in an admitted status						
20807	Subscriber SSN ID present, not numeric and CMH or SA encounter for record category D, I or P.	IO	Info only	2010BA, NM109 2010BA, REF02	D/I/P	Subscriber Name	Subscriber Primary Identifier/Supplemental Identifier (SSN ID)
99999	This is the last message of your batch transmission.	IO	Info only	General file edit	D/I/P		

## Appendix H

### Error Return Record File Layout

#### ***837 Error Return File Header***

This 837 Error Return File EDI Header record precedes the errors detected by the Encounter Data Warehouse 837 edit process.

Field Name	Type	Size	Begin	End	Comments
EDI-HEADER-RECORD					
EDI-TYPE	X(4)	4	1	4	Value "HDDR"
EDI-APP	X(4)	2	5	6	Value "MA"
EDI-USER	X(4)	4	7	10	Value "MMIS"
EDI-USER-ID	X(4)	4	11	14	Value "00XX" ("XX" = Service Bureau Claim ID)
EDI-DATE-CYMD	X(8)	8	15	22	Creation Date (format is CCYYMMDD)
EDI TRANSFER DATE					Transfer date or use creation date
TRANSFER-YYYY	X(4)	4	23	26	
TRANSFER-MM	X(2)	2	27	28	
TRANSFER-DD	X(2)	2	29	30	
TRANSFER-HH	X(2)	2	31	32	
TRANSFER-MINUTE	X(2)	2	33	34	
EDI-FILE					
EDI-FILE-BEG	X(4)	4	35	38	Value "4950"
EDI-RUN-TYPE	X(1)	1	39	39	Value "P" for production or "T" for test
EDI-BATCH	X(3)	3	40	42	Not Used
FILLER	9(10)	10	43	52	
FILLER	X(101)	101	53	152	

### 837 Error Return File Data Element Errors

The following 837 data element error record reflects the errors detected by the Encounter Data Warehouse 837 edit process.

Field Name	Type	Size	Begin	End	Comments
ENCOUNTER-ERROR-RETURN-RECORD					
SUBMITTER-ID	X(4)	4	1	4	Also called "autobiller ID" or "service bureau" - identifier of the organization that physically transmits the data.
CAPITATED-PLAN-ID	X(20)	20	5	24	Also called "Health Plan ID" or "Payer Primary ID", this is the ID of the Qualified Health Plan, Community Mental Health Services Provider or Coordinating Agency, etc.
RELATED-PLAN-ID	X(20)	20	25	44	Plan ID of a related plan, if any (e.g. the Prepaid Health Plan corresponding to a CMHSP.)
SUBMISSION-NUMBER	X(20)	20	45	64	Number identifying a batch - may not be reused by the same capitated health plan.
ENCOUNTER-REFERENCE-NUMBER	X(30)	30	65	94	The Encounter Reference Number assigned by the capitated health plan.
ENCOUNTER-LINE-NUMBER	X(3)	3	95	97	The Encounter Line Number assigned by the capitated health plan.
RECORD-TYPE	X(1)	1	98	98	Values are: "O" = Original "R" = Replacement "V" = Void
RECORD-CATEGORY	X(1)	1	99	99	Values are: "P" = Professional "I" = Institutional "D" = Dental
ERROR-NUMBER	X(5)	5	100	104	Format is "20nnn". Reference 837 Encounter Edit Error List.
ERROR-SEVERITY	X(2)	2	105	106	Values are: "RB" = Reject batch "RE" = Reject encounter "RL" = Reject line "IO" = Information only
ERROR-FIELD	X(20)	20	107	126	First 20 positions of erroneous field
BATCH-SEQUENCE-NUMBER	X(8)	8	127	134	An internally generated number indicating the relative position of a batch within an input file
ASSIGNED-SEQ-ERN	X(13)	13	135	147	ASSIGNED-SEQ-ERN, ASSIGNED-

Field Name	Type	Size	Begin	End	Comments
					SEQ-TYPE and ASSIGNED-SEQ-ELN are internal Encounter Reference Numbers, Types and Line Numbers assigned by the edit program for its own use. However, the ASSIGNED-SEQ-ERN values will be assigned sequentially in the order in which the encounters appear in the input file, so it can also be used as a sequence number to sort the error results in that order.
ASSIGNED-SEQ-TYPE	X(2)	2	148	149	Type field indicating source of encounter: “60” = CMH “61” = SA “62” = MICHild “63” = Medicaid “64” = Delta Dental
ASSIGNED-SEQ-ELN	X(3)	3	150	152	Internal ELN assigned to this encounter line by the system

Note: The existing 4410 Error Return File will continue to be used for data received in the proprietary format.

### ***837 Error Return File Trailer***

This 837 Error Return File EDI Trailer record follows the errors detected by the Encounter Data Warehouse 837 edit process.

Field Name	Type	Size	Begin	End	Comments
EDI-HEADER-RECORD					
EDI-TYPE	X(4)	4	1	4	Value “TRLR”
EDI-APP	X(4)	2	5	6	Value “MA”
EDI-USER	X(4)	4	7	10	Value “MMIS”
EDI-USER-ID	X(4)	4	11	14	Value “00XX” (“XX” = Service Bureau Claim ID)
EDI-DATE-CYMD	X(8)	8	15	22	Creation Date (format is CCYYMMDD)
EDI TRANSFER DATE					Transfer date or use creation date
TRANSFER-YYYY	X(4)	4	23	26	
TRANSFER-MM	X(2)	2	27	28	
TRANSFER-DD	X(2)	2	29	30	
TRANSFER-HH	X(2)	2	31	32	
TRANSFER-MINUTE	X(2)	2	33	34	
EDI-FILE					
EDI-FILE-BEG	X(4)	4	35	38	Value "4950"

<b>Field Name</b>	<b>Type</b>	<b>Size</b>	<b>Begin</b>	<b>End</b>	<b>Comments</b>
EDI-RUN-TYPE	X(1)	1	39	39	Value "P" for production or "T" for test
EDI-BATCH	X(3)	3	40	42	Not Used
FILLER	9(10)	10	43	52	Record count including header and trailer (right-justified and zero-filled).
FILLER	X(101)	101	53	152	