

PART B PHYSICIAN/SUPPLIER PROCEDURE SUMMARY MASTER RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
**** PART B PHYSICIAN/SUPPLIER PROCEDURE SUMMARY MASTER RECORD	REC	105	1	105	PART B PHYSICIAN/SUPPLIER PROCEDURE MASTER 1991 TO CURRENT. SYSTEM ALIAS: BMADPRO1 COBOL ALIAS: PROC-REC
**** PROCEDURE KEY	GROUP	21	1	21	THE PROCEDURE KEY GROUP COBOL ALIAS: PROC-KEY
1. HCFA COMMON PROCEDURE CODING SYSTEM CODE	CHAR	5	1	5	THE HEALTH CARE FINANCING ADMINISTRATION (HCFA) COMMON PROCEDURE CODING SYSTEM (HCPCS) IS A COLLECTION OF CODES THAT REPRESENT PROCEDURES, SUPPLIES, PRODUCTS AND SERVICES WHICH MAY BE PROVIDED TO MEDICARE BENEFICIARIES AND TO INDIVIDUALS ENROLLED IN PRIVATE HEALTH INSURANCE PROGRAMS. THE CODES ARE DIVIDED INTO THREE LEVELS, OR GROUPS, AS DESCRIBED BELOW: LEVEL I CODES AND DESCRIPTORS COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION'S CURRENT PROCEDURAL TERMINOLOGY, FOURTH EDITION (CPT-4). THESE ARE 5 POSITION NUMERIC CODES REPRESENTING PHYSICIAN AND NONPHYSICIAN SERVICES. **** NOTE: **** CPT-4 CODES INCLUDING BOTH LONG AND SHORT DESCRIPTIONS SHALL BE USED IN ACCORDANCE WITH THE HCFA/AMA AGREEMENT. ANY OTHER USE VIOLATES THE AMA COPYRIGHT. LEVEL II INCLUDES CODES AND DESCRIPTORS COPYRIGHTED BY THE AMERICAN DENTAL ASSOCIATION'S CURRENT DENTAL TERMINOLOGY, SECOND EDITION (CDT-2). THESE ARE 5 POSITION ALPHA-NUMERIC CODES COMPRISING THE D SERIES. ALL OTHER LEVEL II CODES AND DESCRIPTORS ARE APPROVED AND MAINTAINED JOINTLY BY THE ALPHA-NUMERIC EDITORIAL PANEL (CONSISTING OF HCFA, THE HEALTH INSURANCE ASSOCIATION OF AMERICA, AND THE BLUE CROSS AND BLUE SHIELD ASSOCIATION). THESE ARE 5 POSITION ALPHA-NUMERIC CODES REPRESENTING PRIMARILY ITEMS AND NONPHYSICIAN SERVICES THAT ARE NOT REPRESENTED IN THE LEVEL I CODES. LEVEL III CODES AND DESCRIPTORS DEVELOPED BY MEDICARE

CARRIERS OFOR USE AT THE LOCAL (CARRIER) LEVEL.
 THESE ARE 5 POSITION ALPHA-NUMERIC CODES IN THE
 W, X, Y OR Z SERIES REPRESENTING PHYSICIAN

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			BEG	END	
					PHYSICIAN AND NONPHYSICIAN SERVICES THAT ARE NOT REPRESENTED IN THE LEVEL I OR LEVEL II CODES. THESE CODES ARE USED FOR OUTPATIENT SERVICES ONLY. STANDARD ALIAS: HCPCS_CD SAS ALIAS: PROCCD SOURCE: UNIFORM BILL HCFA FORM 1450, 1500, 1491 (AMBULANCE SERVICES ONLY) ITEM 50 - DESCRIPTION
2. HCPCS MODIFIER CODE	CHAR	2	6	7	HCPCS MODIFIERS RECEIVED ON THE CLAIM ARE SHOWN. IF MULTIPLE MODIFIERS ARE REPORTED, THE INITIAL MODIFIER IS SHOWN. STANDARD ALIAS: HCPCS_MDFR_CD SAS ALIAS: MOD1 EDIT-RULES: IF NO MODIFIER USED, LEAVE BLANK. ALSO SHOW ANY MODIFIER ADDED BY CARRIER FOR ADMINISTRATIVE PURPOSES. ALSO SEE SECOND MODIFIER FIELD.
3. PHYSICIAN SUPPLIER SPECIALTY CODE	CHAR	2	8	9	THE HCFA CODE SHOWING THE TYPE OF PHYSICIAN/ SUPPLIER SPECIALTY PROVIDING THE SERVICE. STANDARD ALIAS: HCFA_PRVDR_SPCLTY_CD SAS ALIAS: SPECCODE CODES: **PRIOR TO 5/92** 01 = GENERAL PRACTICE 02 = GENERAL SURGERY 03 = ALLERGY (REVISED 10/91 TO MEAN ALLERGY/ IMMUNOLOGY) 04 = OTOLOGY, LARYNGOLOGY, RHINOLOGY (RE- VISED 10/91 TO MEAN OTOLARYNGOLOGY) 05 = ANESTHESIOLOGY 06 = CARDIOVASCULAR DISEASE (REVISED 10/91 TO MEAN CARDIOLOGY) 07 = DERMATOLOGY 08 = FAMILY PRACTICE

- 09 = GYNECOLOGY--OSTEOPATHS ONLY (DELETED 10/91; CHANGED TO '16')
- 10 = GASTROENTEROLOGY
- 11 = INTERNAL MEDICINE
- 12 = MANIPULATIVE THERAPY (OSTEOPATHS ONLY) (REVISED 10/91 TO MEAN OSTEOPATHIC

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			BEG	END	
					MANIPULATIVE THERAPY)
					13 = NEUROLOGY
					14 = NEUROLOGICAL SURGERY (REVISED 10/91 TO MEAN NEUROSURGERY)
					15 = OBSTETRICS--OSTEOPATHS ONLY (DELETED 10/91; CHANGED TO '16')
					16 = OB-GYNECOLOGY
					17 = OPHTHALMOLOGY, OTOLOGY, LARYNGOLOGY RHINOLOGY--OSTEOPATHS ONLY (DELETED 10/91; CHANGED TO '18' IF PHYSICIANS PRACTICE IS MORE THAN 50% OPHTHALMOLOGY OR TO '04' IF PHYSICIAN'S PRACTICE IS MORE THAN 50% OTOLARYNGOLOGY. IF PRACTICE IS 50/50, CHOOSE SPECIALTY WITH GREATER ALLOWED CHARGES.
					18 = OPHTHALMOLOGY
					19 = ORAL SURGERY (DENTISTS ONLY)
					20 = ORTHOPEDIC SURGERY
					21 = PATHOLOGIC ANATOMY, CLINICAL PATHOLOGY-OSTEOPATHS ONLY (DELETED 10/91; CHANGED TO '22')
					22 = PATHOLOGY
					23 = PERIPHERAL VASCULAR DISEASE OR SURGERY (DELETED 10/91; CHANGED TO '76')
					24 = PLASTIC SURGERY (REVISED TO MEAN PLASTIC AND RECONSTRUCTIVE SURGERY).
					25 = PHYSICAL MEDICINE AND REHABILITATION
					26 = PSYCHIATRY
					27 = PSYCHIATRY, NEUROLOGY (OSTEOPATHS ONLY) (DELETED 10/91; CHANGED TO '86')
					28 = PROCTOLOGY (REVISED 10/91 TO MEAN COLORECTAL SURGERY).
					29 = PULMONARY DISEASE
					30 = RADIOLOGY (REVISED 10/91 TO MEAN DIAGNOSTIC RADIOLOGY)
					31 = ROENTGENOLOGY, RADIOLOGY (OSTEOPATHS) (DELETED 10/91; CHANGED TO '30')
					32 = RADIATION THERAPY--OSTEOPATHS (DELETED 10/91; CHANGED TO '92')
					33 = THORACIC SURGERY
					34 = UROLOGY
					35 = CHIROPRACTOR, LICENSED (REVISED 10/91 TO MEAN CHIROPRACTIC)
					36 = NUCLEAR MEDICINE
					37 = PEDIATRICS (REVISED 10/91 TO MEAN PEDI-

- 38 = GERIATRICS (REVISED 10/91 TO MEAN GERI-
ATRIC MEDICINE)
- 39 = NEPHROLOGY
- 40 = HAND SURGERY
- 41 = OPTOMETRIST - SERVICES RELATED TO
CONDITION OF APHAKIA (REVISED 10/91 TO
MEAN OPTOMETRIST)
- 42 = CERTIFIED NURSE MIDWIFE (ADDED 7/88)

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NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				43 = CERTIFIED REGISTERED NURSE ANESTHETIST (REVISED 10/91 TO MEAN CRNA, ANESTHESIA ASSISTANT)
				44 = INFECTIOUS DISEASE
				46 = ENDOCRINOLOGY (ADDED 10/91)
				48 = PODIATRY - SURGERY CHIROPODY (REVISED 10/91 TO MEAN PODIATRY)
				49 = MISCELLANEOUS (INC ASCS)
				51 = MEDICAL SUPPLY COMPANY WITH C.O. CER- TIFICATION (CERTIFIED ORTHOTIST - CERTIFIED BY AMERICAN BOARD FOR CER- TIFICATION IN PROSTHETICS AND ORTHO- TICS.
				52 = MEDICAL SUPPLY COMPANY WITH C.P. CERTI- FICATION (CERTIFIED PROSTHETIST - CER- TIFIED BY AMERICAN BOARD FOR CERTIFI- CATION IN PROSTHETICS AND ORTHOTICS).
				53 = MEDICAL SUPPLY COMPANY WITH C.P.O. CER- TIFICATION (CERTIFIED PROSTHETICS - ORTHOTIST - CERTIFIED BY AMERICAN BOARD FOR CERTIFICATION IN PROSTHETICS AND ORTHOTICS).
				54 = MEDICAL SUPPLY COMPANY NOT INCLUDED IN 51, 52, OR 53.
				55 = INDIVIDUAL CERTIFIED ORTHOTIST
				56 = INDIVIDUAL CERTIFIED PROSTHETIST
				57 = INDIVIDUAL CERTIFIED PROSTHETICS - ORTHOTIST
				58 = INDIVIDUALS NOT INCLUDED IN 55,56 OR 57
				59 = AMBULANCE SERVICE SUPPLIER (E.G. PRI- VATE AMBULANCE COMPANIES, FUNERAL HOMES, ETC.)
				60 = PUBLIC HEALTH OR WELFARE AGENCIES (FEDERAL, STATE, AND LOCAL)
				61 = VOLUNTARY HEALTH OR CHARITABLE AGENCIES (E.G. NATIONAL CANCER SOCIETY, NATION- AL HEART ASSOCIATION, CATHOLIC CHAR- ITIES)
				62 = PSYCHOLOGIST--BILLING INDEPENDENTLY
				63 = PORTABLE X-RAY SUPPLIER--BILLING IN- DEPENDENTLY (REVISED 10/91 TO MEAN PORTABLE X-RAY SUPPLIER)

- 64 = AUDIOLOGIST (BILLING INDEPENDENTLY)
- 65 = PHYSICAL THERAPIST (INDEPENDENT PRACTICE)
- 66 = RHEUMATOLOGY (ADDED 10/91)
- 67 = OCCUPATIONAL THERAPIST--INDEPENDENT PRACTICE
- 68 = CLINICAL PSYCHOLOGIST
- 69 = INDEPENDENT LABORATORY--BILLING INDEPENDENTLY (REVISED 10/91 TO MEAN INDEPENDENT CLINICAL LABORATORY -- BILLING INDEPENDENTLY)
- 70 = CLINIC OR OTHER GROUP PRACTICE, EXCEPT

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PART B PHYSICIAN/SUPPLIER PROCEDURE SUMMARY MASTER RECORD

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				GROUP PRACTICE PREPAYMENT PLAN (GPPP)
				71 = GROUP PRACTICE PREPAYMENT PLAN - DIAGNOSTIC X-RAY (DO NOT USE AFTER 1/92)
				72 = GROUP PRACTICE PREPAYMENT PLAN - DIAGNOSTIC LABORATORY (DO NOT USE AFTER 1/92)
				73 = GROUP PRACTICE PREPAYMENT PLAN - PHYSIOTHERAPY (DO NOT USE AFTER 1/92)
				74 = GROUP PRACTICE PREPAYMENT PLAN - OCCUPATIONAL THERAPY (DO NOT USE AFTER 1/92)
				75 = GROUP PRACTICE PREPAYMENT PLAN - OTHER MEDICAL CARE (DO NOT USE AFTER 1/92)
				76 = PERIPHERAL VASCULAR DISEASE (ADDED 10/91)
				77 = VASCULAR SURGERY (ADDED 10/91)
				78 = CARDIAC SURGERY (ADDED 10/91)
				79 = ADDICTION MEDICINE (ADDED 10/91)
				80 = CLINICAL SOCIAL WORKER (1991)
				81 = CRITICAL CARE-INTENSIVISTS (ADDED 10/91)
				82 = OPHTHALMOLOGY, CATARACTS SPECIALTY (ADDED 10/91; USED ONLY UNTIL 5/92)
				83 = HEMATOLOGY/ONCOLOGY (ADDED 10/91)
				84 = PREVENTIVE MEDICINE (ADDED 10/91)
				85 = MAXILLOFACIAL SURGERY (ADDED 10/91)
				86 = NEUROPSYCHIATRY (ADDED 10/91)
				87 = ALL OTHER (E.G. DRUG AND DEPARTMENT STORES) (REVISED 10/91 TO MEAN ALL OTHER SUPPLIERS)
				88 = UNKNOWN (REVISED 10/91 TO MEAN PHYSICIAN ASSISTANT)
				90 = MEDICAL ONCOLOGY (ADDED 10/91)
				91 = SURGICAL ONCOLOGY (ADDED 10/91)
				92 = RADIATION ONCOLOGY (ADDED 10/91)
				93 = EMERGENCY MEDICINE (ADDED 10/91)
				94 = INTERVENTIONAL RADIOLOGY (ADDED 10/91)
				95 = INDEPENDENT PHYSIOLOGICAL LABORATORY (ADDED 10/91)
				96 = UNKNOWN PHYSICIAN SPECIALTY (ADDED 10/91)
				99 = UNKNOWN--INCL. SOCIAL WORKER'S PSY-

CHIATRIC SERVICES (REVISED 10/91 TO
MEAN UNKNOWN SUPPLIER/PROVIDER)

EFFECTIVE 5/92

- 00 = CARRIER WIDE
- 01 = GENERAL PRACTICE
- 02 = GENERAL SURGERY
- 03 = ALLERGY/IMMUNOLOGY
- 04 = OTOLARYNGOLOGY
- 05 = ANESTHESIOLOGY
- 06 = CARDIOLOGY
- 07 = DERMATOLOGY
- 08 = FAMILY PRACTICE
- 09 = GYNECOLOGY (OSTEOPATHS ONLY)

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PART B PHYSICIAN/SUPPLIER PROCEDURE SUMMARY MASTER RECORD

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				(DISCONTINUED 5/92 USE CODE 16)
				10 = GASTROENTEROLOGY
				11 = INTERNAL MEDICINE
				12 = OSTEOPATHIC MANIPULATIVE THERAPY
				13 = NEUROLOGY
				14 = NEUROSURGERY
				15 = OBSTETRICS (OSTEOPATHS ONLY)
				(DISCONTINUED 5/92 USE CODE 16)
				16 = OBSTETRICS/GYNECOLOGY
				17 = OPHTHALMOLOGY, OTOLOGY, LARYNGOLOGY, RHINOLOGY (OSTEOPATHS ONLY)
				(DISCONTINUED 5/92 USE CODES 18 OR 04 DEPENDING ON PERCENTAGE OF PRACTICE)
				18 = OPHTHALMOLOGY
				19 = ORAL SURGERY (DENTISTS ONLY)
				20 = ORTHOPEDIC SURGERY
				21 = PATHOLOGIC ANATOMY, CLINICAL PATHOLOGY (OSTEOPATHS ONLY)
				(DISCONTINUED 5/92 USE CODE 22)
				22 = PATHOLOGY
				23 = PERIPHERAL VASCULAR DISEASE, MEDICAL OR SURGICAL (OSTEOPATHS ONLY)
				(DISCONTINUED 5/92 USE CODE 76)
				24 = PLASTIC AND RECONSTRUCTIVE SURGERY
				25 = PHYSICAL MEDICINE AND REHABILITATION
				26 = PSYCHIATRY
				27 = PSYCHIATRY, NEUROLOGY (OSTEOPATHS ONLY) (DISCONTINUED 5/92 USE CODE 86)
				28 = COLORECTAL SURGERY (FORMERLY PROCTOLOGY)
				29 = PULMONARY DISEASE
				30 = DIAGNOSTIC RADIOLOGY
				31 = ROENTGENOLOGY, RADIOLOGY (OSTEOPATHS ONLY) (DISCONTINUED 5/92 USE CODE 30)
				32 = RADIATION THERAPY (OSTEOPATHS ONLY) (DISCONTINUED 5/92 USE CODE 92)

- 33 = THORACIC SURGERY
- 34 = UROLOGY
- 35 = CHIROPRACTIC
- 36 = NUCLEAR MEDICINE
- 37 = PEDIATRIC MEDICINE
- 38 = GERIATRIC MEDICINE
- 39 = NEPHROLOGY
- 40 = HAND SURGERY
- 41 = OPTOMETRY (REVISED 10/93 TO
MEAN OPTOMETRIST)
- 42 = CERTIFIED NURSE MIDWIFE (EFF 1/87)
- 43 = CRNA, ANESTHESIA ASSISTANT
(EFF 1/87)
- 44 = INFECTIOUS DISEASE
- 45 = MAMMOGRAPHY SCREENING CENTER
- 46 = ENDOCRINOLOGY (EFF 5/92)
- 48 = PODIATRY
- 49 = AMBULATORY SURGICAL CENTER

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PART B PHYSICIAN/SUPPLIER PROCEDURE SUMMARY MASTER RECORD

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				(FORMERLY MISCELLANEOUS)
				50 = NURSE PRACTITIONER
				51 = MEDICAL SUPPLY COMPANY WITH CERTIFIED ORTHOTIST (CERTIFIED BY AMERICAN BOARD FOR CERTIFICATION IN PROSTHETICS AND ORTHOTICS)
				52 = MEDICAL SUPPLY COMPANY WITH CERTIFIED PROSTHETIST (CERTIFIED BY AMERICAN BOARD FOR CERTIFICATION IN PROSTHETICS AND ORTHOTICS)
				53 = MEDICAL SUPPLY COMPANY WITH CERTIFIED PROSTHETIST-ORTHOTIST (CERTIFIED BY AMERICAN BOARD FOR CERTIFICATION IN PROSTHETICS AND ORTHOTICS)
				54 = MEDICAL SUPPLY COMPANY NOT INCLUDED IN 51, 52, OR 53. (REVISED 10/93 TO MEAN MEDICAL SUPPLY COMPANY FOR DMERC)
				55 = INDIVIDUAL CERTIFIED ORTHOTIST
				56 = INDIVIDUAL CERTIFIED PROSTHETIST
				57 = INDIVIDUAL CERTIFIED PROSTHETIST- ORTHOTIST
				58 = INDIVIDUALS NOT INCLUDED IN 55, 56, OR 57 (REVISED 10/93 TO MEAN MEDICAL SUPPLY COMPANY WITH REGISTERED PHARMACIST)
				59 = AMBULANCE SERVICE SUPPLIER, E.G., PRIVATE AMBULANCE COMPANIES, FUNERAL HOMES, ETC.
				60 = PUBLIC HEALTH OR WELFARE AGENCIES (FEDERAL, STATE, AND LOCAL)
				61 = VOLUNTARY HEALTH OR CHARITABLE

AGENCIES (E.G., NATIONAL CANCER SOCIETY, NATIONAL HEART ASSOCIATION, CATHOLIC CHARITIES)
 62 = PSYCHOLOGIST (BILLING INDEPENDENTLY)
 63 = PORTABLE X-RAY SUPPLIER
 64 = AUDIOLOGIST (BILLING INDEPENDENTLY)
 65 = PHYSICAL THERAPIST (INDEPENDENTLY PRACTICING)
 66 = RHEUMATOLOGY (EFF 5/92)
 NOTE: DURING 93/94 DMERC ALSO USED THIS TO MEAN MEDICAL SUPPLY COMPANY WITH RESPIRATORY THERAPIST
 67 = OCCUPATIONAL THERAPIST (INDEPENDENTLY PRACTICING)
 68 = CLINICAL PSYCHOLOGIST
 69 = CLINICAL LABORATORY (BILLING INDEPENDENTLY)
 70 = MULTISPECIALTY CLINIC OR GROUP PRACTICE
 71 = DIAGNOSTIC X-RAY (GPPP) (NOT TO BE ASSIGNED AFTER 5/92)

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NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				72 = DIAGNOSTIC LABORATORY (GPPP) (NOT TO BE ASSIGNED AFTER 5/92)
				73 = PHYSIOTHERAPY (GPPP) (NOT TO BE ASSIGNED AFTER 5/92)
				74 = OCCUPATIONAL THERAPY (GPPP) (NOT TO BE ASSIGNED AFTER 5/92)
				75 = OTHER MEDICAL CARE (GPPP) (NOT TO ASSIGNED AFTER 5/92)
				76 = PERIPHERAL VASCULAR DISEASE (EFF 5/92)
				77 = VASCULAR SURGERY (EFF 5/92)
				78 = CARDIAC SURGERY (EFF 5/92)
				79 = ADDICTION MEDICINE (EFF 5/92)
				80 = LICENSED CLINICAL SOCIAL WORKER
				81 = CRITICAL CARE (INTENSIVISTS) (EFF 5/92)
				82 = HEMATOLOGY (EFF 5/92)
				83 = HEMATOLOGY/ONCOLOGY (EFF 5/92)
				84 = PREVENTIVE MEDICINE (EFF 5/92)
				85 = MAXILLOFACIAL SURGERY (EFF 5/92)
				86 = NEUROPSYCHIATRY (EFF 5/92)
				87 = ALL OTHER SUPPLIERS (E.G. DRUG AND DEPARTMENT STORES) (NOTE: DMERC USED 87 TO MEAN DEPARTMENT STORE FROM 10/93 THROUGH 9/94; RECODED EFF 10/94 TO A7; NCH CROSS-WALKED DMERC REPORTED 87 TO A7.)
				88 = UNKNOWN SUPPLIER/PROVIDER SPECIALTY (NOTE: DMERC USED 87 TO MEAN GROCERY STORE FROM 10/93 - 9/94; RECODED EFF 10/94 TO A8; NCH CROSS-WALKED DMERC

REPORTED 88 TO A8.
 89 = CERTIFIED CLINICAL NURSE SPECIALIST
 90 = MEDICAL ONCOLOGY (EFF 5/92)
 91 = SURGICAL ONCOLOGY (EFF 5/92)
 92 = RADIATION ONCOLOGY (EFF 5/92)
 93 = EMERGENCY MEDICINE (EFF 5/92)
 94 = INTERVENTIONAL RADIOLOGY (EFF 5/92)
 95 = INDEPENDENT PHYSIOLOGICAL
 LABORATORY (EFF 5/92)
 96 = OPTICIAN (EFF 10/93)
 97 = PHYSICIAN ASSISTANT (EFF 5/92)
 98 = GYNECOLOGIST/ONCOLOGIST (EFF 10/94)
 99 = UNKNOWN PHYSICIAN SPECIALTY
 A0 = HOSPITAL (EFF 10/93)
 A1 = SNF (EFF 10/93)
 A2 = INTERMEDIATE CARE NURSING FACILITY
 (EFF 10/93)
 A3 = NURSING FACILITY, OTHER (EFF 10/93)
 A4 = HHA (EFF 10/93)
 A5 = PHARMACY (EFF 10/93)
 A6 = MEDICAL SUPPLY COMPANY WITH RESPIRATORY
 THERAPIST (EFF 10/93)
 A7 = DEPARTMENT STORE (FOR DMERC USE:
 EFF 10/94, BUT CROSS-WALKED FROM

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					<p>CODE 87 EFF 10/93) A8 = GROCERY STORE (FOR DMERC USE: EFF 10/94, BUT CROSS-WALKED FROM CODE 88 EFF 10/93)</p> <p>COMMENT: INFORMATION ON PHYSICIAN SPECIALTY IS AVAILABLE FROM DIRECTORIES ISSUED BY THE AMERICAN MEDICAL ASSOCIATION AND STATE AND LOCAL MEDICAL SOCIETIES.</p> <p>PHYSICIANS ARE CONSIDERED SPECIALISTS IF THEY CONSIDER THEMSELVES SPECIALISTS AND SO CLASSIFY THEMSELVES REGARDLESS OF WHETHER OR NOT THEY ARE CERTIFIED BY SPECIALTY BOARDS OR ELIGIBLE FOR CERTIFICATION. FOR PHYSICIANS WITH MORE THAN ONE SPECIALTY, ENTER THE MAJOR SPECIALTY OF THE PHYSICIAN ON ALL HIS SUBMITTED SUMMARY RECORDS. DO NOT VARY THE SPECIALTY CODE WITH THE DIFFERENT TYPES OF SERVICE REPORTED BY THAT PHYSICIAN.</p>
4. CARRIER NUMBER	CHAR	5	10	14	<p>HCFA ASSIGNED IDENTIFICATION NUMBER</p> <p>STANDARD ALIAS: FICARR_IDENT_NUM SAS ALIAS: CARRIER</p>

5. PRICING LOCALITY CODE CHAR 2 15 16 CODE THAT IDENTIFIES THE CARRIER PRICING LOCALITY.

STANDARD ALIAS: PRCNG_LCLTY_CD
SAS ALIAS: LOCALITY

LIMITATIONS:
FOR DME REGIONAL CARRIER (DMERC) PROCESSED SERVICES THIS IS THE BENEFICIARY RESIDENCE STATE CODE INDICATING WHERE THE SERVICE WAS PRICED. FOR SERVICES PROCESSED BY OTHER CARRIERS THE LOCALITY CODE IS BOTH THE PERFORMING AND PRICING LOCATION. TO DETERMINE THE PRICING AND PERFORMING LOCATION FOR DMERC PROCESSED SERVICES USE THE DME (RIC M) STANDARD ANALYTICAL FILES AND USE THE BENEFICIARY RESIDENCE STATE CODE FOR THE PRICING LOCATION AND THE PROVIDER STATE CODE FOR THE PERFORMING LOCATION.

6. TYPE OF SERVICE CODE CHAR 1 17 17 HCFA TYPE OF SERVICE CODES.

STANDARD ALIAS: HCFA_TYPE_SRVC_CD
SAS ALIAS: TYPESRV

CODES:
1 = MEDICAL CARE
2 = SURGERY

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			BEG	END	
-----	----	-----	-----	-----	-----
					3 = CONSULTATION
					4 = DIAGNOSTIC RADIOLOGY
					5 = DIAGNOSTIC LABORATORY
					6 = THERAPEUTIC RADIOLOGY
					7 = ANESTHESIA
					8 = ASSISTANT AT SURGERY
					9 = OTHER MEDICAL ITEMS OR SERVICES
					0 = WHOLE BLOOD OR PACKED RED CELLS
					A = USED DURABLE MEDICAL EQUIPMENT (DME)
					B = HIGH RISK SCREENING MAMMOGRAPHY
					C = LOW RISK SCREENING MAMMOGRAPHY
					D = AMBULANCE (EFF 04/95)
					E = ENTERAL/PARENTERAL NUTRIENTS/SUPPLIES (EFF 04/95)
					F = AMBULATORY SURGICAL CENTER (FACILITY USAGE FOR SURGICAL SERVICES)
					G = IMMUNOSUPPRESSIVE DRUGS
					H = HOSPICE SERVICES (DISCONTINUED 01/95)
					I = PURCHASE OF DME (INSTALLMENT BASIS) (DISCONTINUED 04/95)
					J = DIABETIC SHOES (EFF 04/95)
					K = HEARING ITEMS AND SERVICES (EFF 04/95)
					L = ESRD SUPPLIES (EFF 04/95) (RENAL SUPPLIER IN THE HOME BEFORE 04/95)

M = MONTHLY CAPITATION PAYMENT FOR DIALYSIS
 N = KIDNEY DONOR
 P = LUMP SUM PURCHASE OF DME, PROSTHETICS,
 ORTHOTICS
 Q = VISION ITEMS OR SERVICES
 R = RENTAL OF DME
 S = SURGICAL DRESSINGS OR OTHER MEDICAL SUPPLIES
 (EFF 04/95)
 T = PSYCHOLOGICAL THERAPY
 U = OCCUPATIONAL THERAPY
 V = PNEUMOCOCCAL/FLU/HEPATITIS B VACCINE (EFF 04/95)
 (PNEUMOCOCCAL ONLY BEFORE 04/95)
 W = PHYSICAL THERAPY
 Y = SECOND OPINION ON ELECTIVE SURGERY
 Z = THIRD OPINION ON ELECTIVE SURGERY

7. PLACE OF SERVICE CODE CHAR 2 18 19 PLACE OF SERVICE CODE.

SAS ALIAS: PLACESRV

CODES:

PRIOR TO 1/92

1 = OFFICE
 2 = HOME
 3 = INPATIENT HOSPITAL
 4 = SNF
 5 = OUTPATIENT HOSPITAL
 6 = INDEPENDENT LAB
 7 = OTHER

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PART B PHYSICIAN/SUPPLIER PROCEDURE SUMMARY MASTER RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
-----	-----	-----	-----	-----	-----
					8 = INDEPENDENT KIDNEY DISEASE TREATMENT CENTER
					9 = AMBULATORY
					A = AMBULANCE SERVICE
					H = HOSPICE
					M = MENTAL HEALTH, RURAL MENTAL HEALTH
					N = NURSING HOME
					R = RURAL CODES

EFFECTIVE 1/92

11 = OFFICE
 12 = HOME
 21 = INPATIENT HOSPITAL
 22 = OUTPATIENT HOSPITAL
 23 = EMERGENCY ROOM - HOSPITAL
 24 = AMBULATORY SURGICAL CENTER
 25 = BIRTHING CENTER
 26 = MILITARY TREATMENT FACILITY
 31 = SKILLED NURSING FACILITY

32 = NURSING FACILITY
 33 = CUSTODIAL CARE FACILITY
 34 = HOSPICE
 41 = AMBULANCE - LAND
 42 = AMBULANCE - AIR OR WATER
 51 = INPATIENT PSYCHIATRIC FACILITY
 52 = PSYCHIATRIC FACILITY PARTIAL HOSPITAL-
 IZATION
 53 = COMMUNITY MENTAL HEALTH CENTER
 54 = INTERMEDIATE CARE FACILITY/MENTALLY
 RETARDED
 55 = RESIDENTIAL SUBSTANCE ABUSE TREATMENT
 FACILITY
 56 = PSYCHIATRIC RESIDENTIAL TREATMENT
 CENTER
 61 = COMPREHENSIVE INPATIENT REHABILITATION
 FACILITY
 62 = COMPREHENSIVE OUTPATIENT REHABILITATION
 FACILITY
 65 = END STAGE RENAL DISEASE TREATMENT
 71 = STATE OR LOCAL PUBLIC HEALTH CLINIC
 72 = RURAL HEALTH CLINIC
 81 = INDEPENDENT LABORATORY
 99 = OTHER UNLISTED FACILITY

8. SECOND MODIFIER CHAR 2 20 21 IF MULTIPLE MODIFIERS ARE USED TO DETERMINE
 ALLOWED CHARGES, THIS IS THE SECOND MODIFIER
 USED.

 STANDARD ALIAS: HCPCS_MDFR_CD
 SAS ALIAS: MOD2

EDIT-RULES:

PART B PHYSICIAN/SUPPLIER PROCEDURE SUMMARY MASTER RECORD

1

NAME	TYPE	LENGTH	BEG	END	POSITIONS	CONTENTS
						IF MULTIPLE MODIFIERS WERE USED TO DETERMINE PREVAILING CHARGE, SHOW THE SECOND MODIFIER USED. CODE MUST BE IN INITIAL MODIFIER IF SECOND MODIFIER IS USED. IF MORE THAN 2 MODIFIERS ARE USED, CODE THIS FIELD AS '99'. IF SECOND MODIFIER IS NOT USED, LEAVE BLANK.

EFFECTIVE WITH 1986 FILES.

9. REGION CHAR 2 22 23 THIS CODE IDENTIFIES HHS REGIONS.

 SAS ALIAS: REGION

CODES:
 01 = BOSTON
 02 = NEW YORK
 03 = PHILADELPHIA

04 = ATLANTA
 05 = CHICAGO
 06 = DALLAS
 07 = KANSAS CITY
 08 = DENVER
 09 = SAN FRANCISCO
 10 = SEATTLE
 11 = TRAVELERS RAILROAD

10. TOTAL SERVICES COUNT NUM 9 24 32 UNDUPLICATED COUNT OF THE TOTAL NUMBER OF TIMES THAT THIS PROCEDURE CODE/MODIFIER/SECOND MODIFIER OCCURRED WITHIN THIS CARRIER, LOCALITY, SPECIALTY, T/S, P/S SEQUENCE AS REPORTED BY, OR ON BEHALF OF A BENEFICIARY. DUPLICATES ARE NOT COUNTED.

8 DIGITS SIGNED

COBOL ALIAS: FREQ

COMMENT:
 FOR BILLS SUBMITTED FOR AN AMBULANCE, OXYGEN OR BLOOD PROCEDURE, THE FREQUENCY INDICATES THE NUMBER OF TIMES THAT PROCEDURE WAS SUBMITTED. THE NUMBER OF AMBULANCE MILES OR OXYGEN CUBIC FEET OR POUNDS (WHERE APPROPRIATE) OR PINTS OF BLOOD IS REFLECTED IN THE MTUS.

FOR ANESTHESIA BILLS, THE FREQUENCY REFLECTS THE NUMBER OF TIMES THAT PROCEDURE WAS SUBMITTED. THE MTUS FIELD INDICATES ONLY THE NUMBER OF TIME UNITS INVOLVED. SEE (MODIFIER UNITS) AND (BASE UNITS) FOR ADDITIONAL FIELDS RELATING TO ANESTHESIA ONLY.

1

PART B PHYSICIAN/SUPPLIER PROCEDURE SUMMARY MASTER RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
11. MILES TIME UNITS OR SERVICES (MTUS)	NUM	9	33	41	<p>THE TOTAL NUMBER OF MILES (OR UNITS) USED IN CALCULATING ALLOWED CHARGES FOR COVERED TRANSPORTATION, OR</p> <p>THE TOTAL NUMBER OF ANESTHESIA UNITS USED IN CALCULATING ALLOWED CHARGES FOR COVERED ANESTHESIA SERVICES, OR</p> <p>THE TOTAL NUMBER OF UNITS (PINTS) OF BLOOD ALLOWED, OR</p> <p>THE TOTAL NUMBER OF CUBIC FEET (OR POUNDS) OF OXYGEN USED IN CALCULATING ALLOWED CHARGES FOR COVERED OXYGEN SERVICES, OR</p>

THE NUMBER OF SERVICES USED IN CALCULATING
ALLOWED CHARGES FOR ALLOWED PHYSICIAN/
SUPPLIER SERVICES.

8 DIGITS SIGNED

SAS ALIAS: MTUS

ANESTHESIA UNITS NUM 9 33 41 REDEFINITION OF: MILES-TIME-UNITS

REDEFINITION MILES, TIME, UNITS OR SERVICES ALLOWED

ANESTHESIA TIME UNITS ONLY
(PROCEDURE FILE)

MTUS INDICATOR 2
- TOTAL NUMBER OF ANESTHESIA TIME UNITS
USED IN CALCULATING ALLOWED CHARGES
FOR ALLOWED ANESTHESIA SERVICES

7.1 DIGITS SIGNED

COBOL ALIAS: MTUS-ANES

12. MILES TIME UNITS INDICATOR CHAR 1 42 42 SAS ALIAS: MTUIND

CODES:
1 = AMBULANCE MILES
2 = ANESTHESIA TIME UNITS
3 = SERVICES
4 = OXYGEN UNITS
5 = UNITS OF BLOOD
0 = NO ALLOWED ACTIVITIES

13. SUBMITTED CHARGES AMOUNT NUM 10 43 52 TOTAL SUBMITTED CHARGES FROM ALL LINE
ITEMS FOR THIS SERVICE INCLUDED IN
'TOTAL SERVICES COUNT'.

9 DIGITS SIGNED

1 PART B PHYSICIAN/SUPPLIER PROCEDURE SUMMARY MASTER RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
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SAS ALIAS: SBMTCHRG

EDIT-RULES:
ROUNDED TO NEAREST DOLLAR

14. ALLOWED CHARGES AMOUNT NUM 10 53 62 TOTAL ALLOWED CHARGES FROM ALL ACCEPTED
LINE ITEMS (INCLUDING DEDUCTIBLE) FOR THIS
SERVICE.

9 DIGITS SIGNED

COBOL ALIAS: ALLWD-CHARGE
SAS ALIAS: ALOWCHRG

15. DENIED SERVICES COUNT NUM 8 63 70 THE TOTAL NUMBER OF TIMES THAT THE SERVICE
COUNTED IN 'TOTAL SERVICES COUNT' HAS
BEEN DENIED BECAUSE OF COVERAGE OR MEDICAL
NECESSITY.

7 DIGITS SIGNED

SAS ALIAS: DENSRV

EDIT-RULES:
IF NONE DENIED, SHOW ZERO. RIGHT JUSTIFY.

16. DENIED AMOUNT NUM 8 71 78 THE TOTAL SUBMITTED CHARGE FOR THE SERVICES
(SHOWN IN DENIED SERVICES) WHICH HAVE BEEN
DENIED.

7 DIGITS SIGNED

SAS ALIAS: DENAMT

EDIT-RULES:
RIGHT JUSTIFY.
ROUND TO NEAREST DOLLAR.
IF NONE DENIED, SHOW ZEROS.

17. ASSIGNED SERVICES COUNT NUM 9 79 87 THE NUMBER OF TIMES THE SERVICE SHOWN IN
'TOTAL SERVICES COUNT' WAS PROVIDED ON
ASSIGNMENT.

8 DIGITS SIGNED

SAS ALIAS: ASGNSRV

EDIT-RULES:
RIGHT JUSTIFY.
ZERO IS SHOWN IF THE SERVICE WAS NEVER
SUBMITTED ON AN ASSIGNED CLAIM.

18. PAYMENT AMOUNT NUM 10 88 97 THE AMOUNT PAID BY MEDICARE. PASS-THRU,
PART B PHYSICIAN/SUPPLIER PROCEDURE SUMMARY MASTER RECORD

1

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	

INTERIM LUMP SUM ADJUSTMENTS, AND COST STATEMENT SETTLEMENTS NOT INCLUDED.					
9 DIGITS SIGNED					
SAS ALIAS: PAYMTAMT COMMON ALIAS: REIMBURSEMENT					
EDIT-RULES:					

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ZEROS = DEDUCTIBLE HAS NOT BEEN MET.

19. HCPCS ASC PAYMENT GROUP CODE	CHAR	1	98	98	THE CODE WHICH REPRESENTS THE DOLLAR AMOUNT OF THE FACILITY CHARGE PAYABLE BY MEDICARE FOR THE PROCEDURE. THE PAYMENT GROUPS ARE UPDATED PERIODICALLY ON AN AD HOC BASIS.
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STANDARD ALIAS: HCPCS_ASC_PMT_GRP_CD
SAS ALIAS: ASCIND

EDIT-RULES:
RANGE: 1 TO 9
BLANK = NOT APPROVED FOR ASC

20. ERROR INDICATOR CODE	CHAR	1	99	99	SAS ALIAS: ERRORIND
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CODES:
BLANK = NO ERRORS
B = BOTH NUMERIC AND INDICATOR ERRORS
C = INDICATOR FIELDS IN ERROR
M = NUMERIC FIELDS IN ERROR

21. FILLER	CHAR	6	100	105	
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