Appendix for SEER-Medicare 2/2003 Claims Files

BIC

(BENE_IDENT_CD)

Beneficiary Identification Code (BIC) Table

Social Security Administration:

```
 A  = Primary claimant
 B  = Aged wife, age 62 or over (1st
      claimant)
 B1 = Aged husband, age 62 or over (1st
      claimant)
 B2 = Young wife, with a child in her care
      (1st claimant)
 B3 = Aged wife (2nd claimant)
 B4 = Aged husband (2nd claimant)
 B5 = Young wife (2nd claimant)
 B6 = Divorced wife, age 62 or over (1st
      claimant)
 B7 = Young wife (3rd claimant)
 B8 = Aged wife (3rd claimant)
 B9 = Divorced wife (2nd claimant)
 BA = Aged wife (4th claimant)
 BD = Aged wife (5th claimant)
 BG = Aged husband (3rd claimant)
 BH = Aged husband (4th claimant)
 BJ = Aged husband (5th claimant)
 BK = Young wife (4th claimant)
 BL = Young wife (5th claimant)
 BN = Divorced wife (3rd claimant)
 BP = Divorced wife (4th claimant)
 BQ = Divorced wife (5th claimant)
 BR = Divorced husband (1st claimant)
 BT = Divorced husband (2nd claimant)
 BW = Young husband (2nd claimant)
 BY = Young husband (1st claimant)
 C1-C9,CA-CZ = Child (includes minor, student
               or disabled child)
 D  = Aged widow, 60 or over (1st claimant)
 D1 = Aged widower, age 60 or over (1st
      claimant)
 D2 = Aged widow (2nd claimant)
 D3 = Aged widower (2nd claimant)
 D4 = Widow (remarried after attainment of
      age 60) (1st claimant)
 D5 = Widower (remarried after attainment of
      age 60) (1st claimant)
 D6 = Surviving divorced wife, age 60 or over
      (1st claimant)
 D7 = Surviving divorced wife (2nd claimant)
 D8 = Aged widow (3rd claimant)
 D9 = Remarried widow (2nd claimant)
 DA = Remarried widow (3rd claimant)
 DD = Aged widow (4th claimant)
 DG = Aged widow (5th claimant)
 DH = Aged widower (3rd claimant)
 DJ = Aged widower (4th claimant)
 DK = Aged widower (5th claimant)
 DL = Remarried widow (4th claimant)
 DM = Surviving divorced husband (2nd
      claimant)
 DN = Remarried widow (5th claimant)
 DP = Remarried widower (2nd claimant)
 DQ = Remarried widower (3rd claimant)
 DR = Remarried widower (4th claimant)
 DS = Surviving divorced husband (3rd
      claimant)
 DT = Remarried widower (5th claimant)
 DV = Surviving divorced wife (3rd claimant)
 DW = Surviving divorced wife (4th claimant)
 DX = Surviving divorced husband (4th
      claimant)
 DY = Surviving divorced wife (5th claimant)
 DZ = Surviving divorced husband (5th
      claimant)
 E  = Mother (widow) (1st claimant)
 E1 = Surviving divorced mother (1st claimant)
 E2 = Mother (widow) (2nd claimant)
 E3 = Surviving divorced mother (2nd
      claimant)
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BIC                               Beneficiary Identification Code (BIC) Table
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(BENE_IDENT_CD)                    E4 = Father (widower) (1st claimant)
                                   E5 = Surviving divorced father (widower)
                                        (1st claimant)
                                   E6 = Father (widower) (2nd claimant)
                                   E7 = Mother (widow) (3rd claimant)
                                   E8 = Mother (widow) (4th claimant)
                                   E9 = Surviving divorced father (widower)
                                        (2nd claimant)
                                   EA = Mother (widow) (5th claimant)
                                   EB = Surviving divorced mother (3rd
                                        claimant)
                                   EC = Surviving divorced mother (4th
                                        claimant)
                                   ED = Surviving divorced mother (5th
                                        claimant
                                   EF = Father (widower) (3rd claimant)
                                   EG = Father (widower) (4th claimant)
                                   EH = Father (widower) (5th claimant)
                                   EJ = Surviving divorced father (3rd
                                        claimant)
                                   EK = Surviving divorced father (4th
                                        claimant)
                                   EM = Surviving divorced father (5th
                                        claimant)
                                   F1 = Father
                                   F2 = Mother
                                   F3 = Stepfather
                                   F4 = Stepmother
                                   F5 = Adopting father
                                   F6 = Adopting mother
                                   F7 = Second alleged father
                                   F8 = Second alleged mother
                                   J1 = Primary prouty entitled to HIB
                                        (less than 3 Q.C.) (general fund)
                                   J2 = Primary prouty entitled to HIB
                                        (over 2 Q.C.) (RSI trust fund)
                                   J3 = Primary prouty not entitled to HIB
                                        (less than 3 Q.C.) (general fund)
                                   J4 = Primary prouty not entitled to HIB
                                        (over 2 Q.C.) (RSI trust fund)
                                   K1 = Prouty wife entitled to HIB (less than
                                        3 Q.C.) (general fund) (1st claimant)
                                   K2 = Prouty wife entitled to HIB (over 2
                                        Q.C.) (RSI trust fund) (1st claimant)
                                   K3 = Prouty wife not entitled to HIB (less
                                        than 3 Q.C.) (general fund) (1st
                                        claimant)
                                   K4 = Prouty wife not entitled to HIB (over
                                        2 Q.C.) (RSI trust fund) (1st
                                        claimant)
                                   K5 = Prouty wife entitled to HIB (less than
                                        3 Q.C.) (general fund) (2nd claimant)
                                   K6 = Prouty wife entitled to HIB (over 2
                                        Q.C.) (RSI trust fund) (2nd claimant)
                                   K7 = Prouty wife not entitled to HIB (less
                                        than 3 Q.C.) (general fund) (2nd
                                        claimant)
                                   K8 = Prouty wife not entitled to HIB (over
                                        2 Q.C.) (RSI trust fund) (2nd
                                        claimant)
                                   K9 = Prouty wife entitled to HIB (less than
                                        3 Q.C.) (general fund) (3rd claimant)
                                   KA = Prouty wife entitled to HIB (over 2
                                        Q.C.) (RSI trust fund) (3rd claimant)
                                   KB = Prouty wife not entitled to HIB (less
                                        than 3 Q.C.) (general fund) (3rd
                                        claimant)
                                   KC = Prouty wife not entitled to HIB (over
                                        2 Q.C.) (RSI trust fund) (3rd
                                        claimant)
                                   KD = Prouty wife entitled to HIB (less than
                                        3 Q.C.) (general fund) (4th claimant)
                                   KE = Prouty wife entitled to HIB (over 2 Q.C
                                        (4th claimant)
                                   KF = Prouty wife not entitled to HIB (less
                                        than 3 Q.C.)(4th claimant)
                                   KG = Prouty wife not entitled to HIB (over
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BIC                              Beneficiary Identification Code (BIC) Table
---                              ------------------------------------------
(BENE_IDENT_CD)                        2 Q.C.)(4th claimant)
                                  KH = Prouty wife entitled to HIB (less than
                                       3 Q.C.)(5th claimant)
                                  KJ = Prouty wife entitled to HIB (over 2
                                       Q.C.) (5th claimant)
                                  KL = Prouty wife not entitled to HIB (less
                                       than 3 Q.C.)(5th claimant)
                                  KM = Prouty wife not entitled to HIB (over
                                       2 Q.C.) (5th claimant)
                                  M  = Uninsured-not qualified for deemed HIB
                                  M1 = Uninsured-qualified but refused HIB
                                  T  = Uninsured-entitled to HIB under deemed
                                       or renal provisions
                                  TA = MQGE (primary claimant)
                                  TB = MQGE aged spouse (first claimant)
                                  TC = MQGE disabled adult child (first claimant)
                                  TD = MQGE aged widow(er) (first claimant)
                                  TE = MQGE young widow(er) (first claimant)
                                  TF = MQGE parent (male)
                                  TG = MQGE aged spouse (second claimant)
                                  TH = MQGE aged spouse (third claimant)
                                  TJ = MQGE aged spouse (fourth claimant)
                                  TK = MQGE aged spouse (fifth claimant)
                                  TL = MQGE aged widow(er) (second claimant)
                                  TM = MQGE aged widow(er) (third claimant)
                                  TN = MQGE aged widow(er) (fourth claimant)
                                  TP = MQGE aged widow(er) (fifth claimant)
                                  TQ = MQGE parent (female)
                                  TR = MQGE young widow(er) (second claimant)
                                  TS = MQGE young widow(er) (third claimant)
                                  TT = MQGE young widow(er) (fourth claimant)
                                  TU = MQGE young widow(er) (fifth claimant)
                                  TV = MQGE disabled widow(er) fifth claimant
                                  TW = MQGE disabled widow(er) first claimant
                                  TX = MQGE disabled widow(er) second claimant
                                  TY = MQGE disabled widow(er) third claimant
                                  TZ = MQGE disabled widow(er) fourth claimant
                                  T2-T9 = Disabled child (second to ninth
                                          claimant)
                                  W  = Disabled widow, age 50 or over (1st
                                       claimant)
                                  W1 = Disabled widower, age 50 or over (1st
                                       claimant)
                                  W2 = Disabled widow (2nd claimant)
                                  W3 = Disabled widower (2nd claimant)
                                  W4 = Disabled widow (3rd claimant)
                                  W5 = Disabled widower (3rd claimant)
                                  W6 = Disabled surviving divorced wife (1st
                                       claimant)
                                  W7 = Disabled surviving divorced wife (2nd
                                       claimant)
                                  W8 = Disabled surviving divorced wife (3rd
                                       claimant)
                                  W9 = Disabled widow (4th claimant)
                                  WB = Disabled widower (4th claimant)
                                  WC = Disabled surviving divorced wife (4th
                                       claimant)
                                  WF = Disabled widow (5th claimant)
                                  WG = Disabled widower (5th claimant)
                                  WJ = Disabled surviving divorced wife (5th
                                       claimant)
                                  WR = Disabled surviving divorced husband
                                       (1st claimant)
                                  WT = Disabled surviving divorced husband
                                       (2nd claimant)

                                  Railroad Retirement Board:
                                     NOTE:
                                     Employee:  a Medicare beneficiary who is
                                                still working or a worker who
                                                died before retirement
                                     Annuitant: a person who retired under the
                                                railroad retirement act on or
                                                after 03/01/37
                                     Pensioner: a person who retired prior to
                                                03/01/37 and was included in the
                                                railroad retirement act
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BIC                           Beneficiary Identification Code (BIC) Table
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(BENE_IDENT_CD)                10 = Retirement - employee or annuitant
                               80 = RR pensioner (age or disability)
                               14 = Spouse of RR employee or annuitant
                                    (husband or wife)
                               84 = Spouse of RR pensioner
                               43 = Child of RR employee
                               13 = Child of RR annuitant
                               17 = Disabled adult child of RR annuitant
                               46 = Widow/widower of RR employee
                               16 = Widow/widower of RR annuitant
                               86 = Widow/widower of RR pensioner
                               43 = Widow of employee with a child in her care
                               13 = Widow of annuitant with a child in her care
                               83 = Widow of pensioner with a child in her care
                               45 = Parent of employee
                               15 = Parent of annuitant
                               85 = Parent of pensioner
                               11 = Survivor joint annuitant
                                    (reduced benefits taken to insure benefits
                                    for surviving spouse)

 PRPAY_CD                     Beneficiary Primary Payer Table
 --------                     -------------------------------
 (BENE_PRMRY_PYR_CD)

                               A = Working aged bene/spouse with employer
                                   group health plan (EGHP)
                               B = End stage renal disease (ESRD) beneficiary
                                   in the 18 month coordination period with
                                   an employer group health plan
                               C = Conditional payment by Medicare; future
                                   reimbursement expected
                               D = Automobile no-fault (eff. 4/97; Prior
                                   to 3/94, also included any liability
                                   insurance)
                               E = Workers' compensation
                               F = Public Health Service or other federal
                                   agency (other than Dept. of Veterans
                                   Affairs)
                               G = Working disabled bene (under age 65
                                   with LGHP)
                               H = Black Lung
                               I = Dept. of Veterans Affairs
                               J = Any liability insurance
                                   (eff. 3/94 - 3/97)
                               L = Any liability insurance (eff. 4/97)
                                   (eff. 12/90 for carrier claims and 10/93
                                   for FI claims; obsoleted for all claim
                                   types 7/1/96)

                               M = Override code:  EGHP services involved
                                   (eff. 12/90 for carrier claims and 10/93
                                   for FI claims; obsoleted for all claim
                                   types 7/1/96)

                               N = Override code:  non-EGHP services involved
                                   (eff. 12/90 for carrier claims and 10/93
                                   for FI claims; obsoleted for all claim
                                   types 7/1/96)

                               BLANK = Medicare is primary payer (not sure
                                       of effective date: in use 1/91, if
                                       not earlier)

                               T = MSP cost avoided - IEQ contractor
                                   (eff. 7/96 carrier claims only)
                               U = MSP cost avoided - HMO rate cell adjust-
                                   ment contractor (eff. 7/96 carrier claims
                                   only)
                               V = MSP cost avoided - litigation settlement
                                   contractor (eff. 7/96 carrier claims
                                   only)

                               X = MSP cost avoided override code (eff.
                                   12/90 for carrier claims and 10/93 for
                                   FI claims; obsoleted for all claim types
                                   7/1/96)
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PRPAY_CD                      Beneficiary Primary Payer Table
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(BENE_PRMRY_PYR_CD)
                                    ***Prior to 12/90***

                               Y = Other secondary payer investigation
                                   shows Medicare as primary payer

                               Z = Medicare is primary payer

                               NOTE:  Values C, M, N, Y, Z and BLANK
                                      indicate Medicare is primary payer.
                                      (values Z and Y were used prior to
                                      12/90.  BLANK was suppose to be
                                      effective after 12/90, but may have
                                      been used prior to that date.)


PMTDNLCD                      Carrier Claim Payment Denial Table
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(CARR_CLM_PMT_DNL_CD)
                               0 = Denied
                               1 = Physician/supplier
                               2 = Beneficiary
                               3 = Both physician/supplier and beneficiary
                               4 = Hospital (hospital based physicians)
                               5 = Both hospital and beneficiary
                               6 = Group practice prepayment plan
                               7 = Other entries (e.g. Employer, union)
                               8 = Federally funded
                               9 = PA service
                               A = Beneficiary under limitation of
                                   liability
                               B = Physician/supplier under limitation of
                                   liability
                               D = Denied due to demonstration involvement
                                   (eff. 5/97)
                               E = MSP cost avoided IRS/SSA/HCFA Data
                                   Match (eff. 7/3/00)
                               F = MSP cost avoided HMO Rate Cell
                                   (eff. 7/3/00)
                               G = MSP cost avoided Litigation Settlement
                                   (eff. 7/3/00)
                               H = MSP cost avoided Employer Voluntary
                                   Reporting (eff. 7/3/00)
                               J = MSP cost avoided Insurer Voluntary
                                   Reporting (eff. 7/3/00)
                               K = MSP cost avoided Initial Enrollment
                                   Questionnaire (eff. 7/3/00)
                               P = Physician ownership denial (eff 3/92)
                               Q = MSP cost avoided - (Contractor #88888)
                                   voluntary agreement (eff. 1/98)
                               T = MSP cost avoided - IEQ contractor
                                   (eff. 7/96) (obsolete 6/30/00)
                               U = MSP cost avoided - HMO rate cell
                                   adjustment (eff. 7/96) (obsolete 6/30/00)
                               V = MSP cost avoided - litigation
                                   settlement (eff. 7/96) (obsolete 6/30/00)
                               X = MSP cost avoided - generic
                               Y = MSP cost avoided - IRS/SSA data
                                   match project (obsolete 6/30/00)

PRV_TYPE                      Carrier Line Provider Type Table
--------                      --------------------------------
(CARR_LINE_PRVDR_TYPE_CD)
                               For Physician/Supplier (RIC O) Claims:

                               0 = Clinics, groups, associations,
                                   partnerships, or other entities
                               1 = Physicians or suppliers reporting as
                                   solo practitioners
                               2 = Suppliers (other than sole proprietorship)
                               3 = Institutional provider
                               4 = Independent laboratories
                               5 = Clinics (multiple specialties)
                               6 = Groups (single specialty)
                               7 = Other entities
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  PRV_TYPE                      Carrier Line Provider Type Table
  --------                      --------------------------------
  (CARR_LINE_PRVDR_TYPE_CD)
                                For DMERC (RIC M) Claims - PRIOR TO VERSION H:

                                 0 = Clinics, groups, associations,
                                     partnerships, or other entities
                                     for whom the carrier's own ID number
                                     has been assigned.
                                 1 = Physicians or suppliers billing as
                                     solo practitioners for whom SSN's are
                                     shown in the physician ID code field.
                                 2 = Physicians or suppliers billing as
                                     solo practitioners for whom the carrier's
                                     own physician ID code is shown.
                                 3 = Suppliers (other than sole proprietorship)
                                     for whom EI numbers are used in coding the
                                     ID field.
                                 4 = Suppliers (other than sole proprietorship)
                                     for whom the carrier's own code has been
                                     shown.
                                 5 = Institutional providers and
                                     independent laboratories for whom EI
                                     numbers are used in coding the ID field.
                                 6 = Institutional providers and
                                     independent laboratories for whom the
                                     carrier's own ID number is shown.
                                 7 = Clinics, groups, associations, or
                                     partnerships for whom EI numbers
                                     are used in coding the ID field.
                                 8 = Other entities for whom EI numbers
                                     are used in coding the ID field or
                                     proprietorship for whom EI numbers are
                                     used in coding the ID field.

ASTNT_CD                        Carrier Line Part B Reduced Physician Assistant Table
--------                        -----------------------------------------------------
(CARR_LINE_RDCD_PHYSN_ASTNT_CD)
                                 BLANK = Adjustment situation (where
                                         CLM_DISP_CD equal 3)
                                 0 = N/A
                                 1 = 65%
                                     A) Physician assistants assisting in
                                        surgery
                                     B) Nurse midwives
                                 2 = 75%
                                     A) Physician assistants performing
                                        services in a hospital (other than
                                        assisting surgery)
                                     B) Nurse practitioners and clinical
                                        nurse specialists performing
                                        services in rural areas
                                     C) Clinical social worker services
                                 3 = 85%
                                     A) Physician assistant services for
                                        other than assisting surgery
                                     B) Nurse practitioners services

  FI_NUM (IN NCH, DME)          Carrier Number Table
  ---------------               --------------------
  (CARR_NUM_CD)
                                 00510 = Alabama BS (eff. 1983)
                                 00511 = Georgia - Alabama BS (eff. 1998)
                                 00512 = Mississippi - Alabama BS (eff. 2000)
                                 00520 = Arkansas BS (eff. 1983)
                                 00521 = New Mexico - Arkansas BS (eff. 1998)
                                 00522 = Oklahoma - Arkansas BS (eff. 1998)
                                 00523 = Missouri - Arkansas BS (eff. 1999)
                                 00528 = Louisianna - Arkansas BS (eff. 1984)
                                 00542 = California BS (eff. 1983; term. 1996)
                                 00550 = Colorado BS (eff. 1983; term. 1994)
                                 00570 = Delaware - Pennsylvania BS (eff. 1983;
                                           term. 1997)
                                 00580 = District of Columbia - Pennsylvania BS
                                         (eff. 1983; term. 1997)
                                 00590 = Florida BS (eff. 1983)
                                 00591 = Connecticut - Florida BS (eff. 2000)
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FI_NUM (IN NCH, DME)           Carrier Number Table
---------------                --------------------
(CARR_NUM_CD)                   00621 = Illinois BS - HCSC (eff. 1983; term. 1998)
                                00623 = Michigan - Illinois Blue Shield (eff. 1995)
                                        (term. 1998)
                                00630 = Indiana - Administar (eff. 1983)
                                00635 = DMERC-B (Administar Federal, Inc.)
                                        (eff. 1993)
                                00640 = Iowa - Wellmark, Inc. (eff. 1983; term. 1998)
                                00645 = Nebraska - Iowa BS (eff. 1985; term. 1987)
                                00650 = Kansas BS (eff. 1983)
                                00655 = Nebraska - Kansas BS (eff. 1988)
                                00660 = Kentucky - Administar (eff. 1983)
                                00690 = Maryland BS (eff. 1983; term. 1994)
                                00700 = Massachusetts BS (eff. 1983; term. 1997)
                                00710 = Michigan BS (eff. 1983; term. 1994)
                                00720 = Minnesota BS (eff. 1983; term. 1995)
                                00740 = Missouri - BS Kansas City (eff. 1983)
                                00751 = Montana BS (eff. 1983)
                                00770 = New Hampshire/Vermont Physician Services
                                        (eff. 1983; term. 1984)
                                00780 = New Hampshire/Vermont - Massachusetts BS
                                        (eff. 1985; term. 1997)
                                00801 = New York - Western BS (eff. 1983)
                                00803 = New York - Empire BS (eff. 1983)
                                00805 = New Jersey - Empire BS (eff. 3/99)
                                00811 = DMERC (A) - Western New York BS (eff. 2000)
                                00820 = North Dakota - North Dakota BS (eff. 1983)
                                00824 = Colorado - North Dakota BS (eff. 1995)
                                00825 = Wyoming - North Dakota BS (eff. 1990)
                                00826 = Iowa - North Dakota BS (eff. 1999)
                                00831 = Alaska - North Dakota BS (eff. 1998)
                                00832 = Arizona -  North Dakota BS (eff. 1998)
                                00833 = Hawaii - North Dakota BS (eff. 1998)
                                00834 = Nevada - North Dakota BS (eff. 1998)
                                00835 = Oregon - North Dakota BS (eff. 1998)
                                00836 = Washington - North Dakota BS (eff. 1998)
                                00860 = New Jersey - Pennsylvania BS (eff. 1988;
                                        term. 1999)
                                00865 = Pennsylvania BS (eff. 1983)
                                00870 = Rhode Island BS (eff. 1983)
                                00880 = South Carolina BS (eff. 1983)
                                00882 = RRB - South Carolina PGBA (eff. 2000)
                                00885 = DMERC C - Palmetto (eff. 1993)
                                00900 = Texas BS (eff. 1983)
                                00901 = Maryland - Texas BS (eff. 1995)
                                00902 = Delaware - Texas BS (eff. 1998)
                                00903 = District of Columbia - Texas BS (eff. 1998)
                                00904 = Virginia - Texas BS (eff. 2000)
                                00910 = Utah  BS (eff. 1983)
                                00951 = Wisconsin - Wisconsin Phy Svc (eff. 1983)
                                00952 = Illinois - Wisconsin Phy Svc (eff. 1999)
                                00953 = Michigan - Wisconsin Phy Svc (eff. 1999)
                                00954 = Minnesota - Wisconsin Phy Svc (eff. 2000)
                                00973 = Triple-S, Inc. - Puerto Rico (eff. 1983)
                                00974 = Triple-S, Inc. - Virgin Islands
                                01020 = Alaska - AETNA (eff. 1983; term. 1997)
                                01030 = Arizona - AETNA (eff. 1983; term. 1997)
                                01040 = Georgia - AETNA (eff. 1988; term. 1997)
                                01120 = Hawaii - AETNA (eff. 1983; term. 1997)
                                01290 = Nevada - AETNA (eff. 1983; term. 1997)
                                01360 = New Mexico - AETNA (eff. 1986; term. 1997)
                                01370 = Oklahoma - AETNA (eff. 1983; term. 1997)
                                01380 = Oregon - AETNA (eff. 1983; term. 1997
                                01390 = Washington - AETNA (eff. 1994; term. 1997)
                                02050 = California - TOLIC (eff. 1983)
                                        (term. 2000)
                                03070 = Connecticut General Life Insurance Co.
                                        (eff. 1983; term. 1985)
                                05130 = Idaho - Connecticut General (eff. 1983)
                                05320 = New Mexico - Equitable Insurance
                                        (eff. 1983; term. 1985)
                                05440 = Tennessee - Connecticut General (eff. 1983)
                                05530 = Wyoming - Equitable Insurance (eff. 1983)
                                        (term. 1989)
                                05535 = North Carolina - Connecticut General
                                        (eff. 1988)
                                05655 = DMERC-D - Connecticut General (eff. 1993)
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 FI_NUM (IN NCH, DME)          Carrier Number Table
 ---------------               --------------------
 (CARR_NUM_CD)                  10071 = Railroad Board Travelers (eff. 1983)
                                        (term. 2000)
                                10230 = Connecticut - Metra Health (eff. 1986)
                                        (term. 2000)
                                10240 = Minnesota - Metra Health (eff. 1983)
                                        (term. 2000)
                                10250 = Mississippi - Metra Health (eff. 1983)
                                        (term. 2000)
                                10490 = Virginia - Metra Health (eff. 1983)
                                        (term. 2000)
                                10555 = Travelers Insurance Co. (eff. 1993)
                                        (term. 2000)
                                11260 = Missouri - General American Life
                                        (eff. 1983; term. 1998)
                                14330 = New York - GHI (eff. 1983)
                                16360 = Ohio - Nationwide Insurance Co.
                                16510 = West Virginia - Nationwide Insurance Co.
                                21200 = Maine - BS of Massachusetts
                                31140 = California - National Heritage Ins.
                                31142 = Maine - National Heritage Ins.
                                31143 = Massachusetts - National Heritage Ins.
                                31144 = New Hampshire - National Heritage Ins.
                                31145 = Vermont - National Heritage Ins.
                                31146 = So. California - NHIC (eff. 2000)

 DISP_CD                       Claim Disposition Table
 -----------                   -----------------------
 (CLM_DISP_CD)
                                01 = Debit accepted
                                02 = Debit accepted (automatic adjustment)
                                     applicable through 4/4/93
                                03 = Cancel accepted
                                61 = *Conversion code: debit accepted
                                62 = *Conversion code: debit accepted
                                      (automatic adjustment)
                                63 = *Conversion code: cancel accepted

                                   *Used only during conversion period:
                                         1/1/91 - 2/21/91

FAC_TYPE                       Claim Facility Type Table
---------                      -------------------------
(CLM_FAC_TYPE_CD)
                                1 = Hospital
                                2 = Skilled nursing facility (SNF)
                                3 = Home health agency (HHA)
                                4 = Religious Nonmedical (Hospital)
                                    (eff. 8/1/00); prior to 8/00 referenced Christian
                                    Science (CS)
                                5 = Religious Nonmedical (Extended Care)
                                    (eff. 8/1/00); prior to 8/00 referenced CS
                                6 = Intermediate care
                                7 = Clinic or hospital-based renal dialysis facility
                                8 = Special facility or ASC surgery
                                9 = Reserved

 FREQ_CD                        Claim Frequency Table
 -----------                    ---------------------
 (CLM_FREQ_CD)
                                0 = Non-payment/zero claims
                                1 = Admit thru discharge claim
                                2 = Interim - first claim
                                3 = Interim - continuing claim
                                4 = Interim - last claim
                                5 = Late charge(s) only claim
                                6 = Adjustment of prior claim
                                7 = Replacement of prior claim;
                                    eff 10/93, provider debit
                                8 = Void/cancel prior claim.
                                    eff 10/93, provider cancel
                                9 = Final claim -- used in an HH PPS
                                    episode to indicate the claim
                                    should be processed like debit/
                                    credit adjustment to RAP (initial
                                    claim) (eff. 10/00)
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FREQ_CD — Claim Frequency Table

(CLM_FREQ_CD)

A = Admission notice - used when hospice is submitting the HCFA-1450 as an admission notice - hospice NOE only
B = Hospice termination/revocation notice - hospice NOE only (eff 9/93)
C = Hospice change of provider notice - hospice NOE only (eff 9/93)
D = Hospice election void/cancel - hospice NOE only (eff 9/93)
E = Hospice change of ownership - hospice NOE only (eff 1/97)
F = Beneficiary initiated adjustment (eff 10/93)
G = CWF generated adjustment (eff 10/93)
H = HCFA generated adjustment (eff 10/93)
I = Misc adjustment claim (other than PRO or provider) - used to identify a debit adjustment initiated by HCFA or an intermediary - eff 10/93, used to identify intermediary initiated adjustment only
J = Other adjustment request (eff 10/93)
K = OIG initiated adjustment (eff 10/93)
M = MSP adjustment (eff 10/93)
P = Adjustment required by peer review organization (PRO)
X = Special adjustment processing - used for QA editing (eff 8/92)
Z = Hospital Encounter Data alternate sub-mission (TOB '11Z') used for MCO enrollee hospital discharges 7/1/97-12/31/98; not stored in NCH. Exception: Problem in startup months may have resulted in this abbreviated UB-92 being erroneously stored in NCH.

TYPESRVC — Claim Service Classification Type Table

(CLM_SRVC_CLSFCTN_TYPE_CD)

For facility type code 1 thru 6, and 9

1 = Inpatient (including Part A)
2 = Hospital based or Inpatient (Part B only) or home health visits under Part B
3 = Outpatient (HHA-A also)
4 = Other (Part B)
5 = Intermediate care - level I
6 = Intermediate care - level II
7 = Subacute Inpatient (formerly Intermediate care - level III)
8 = Swing beds (used to indicate billing for SNF level of care in a hospital with an approved swing bed agreement)
9 = Reserved for national assignment

For facility type code 7

1 = Rural health
2 = Hospital based or independent renal dialysis facility
3 = Free-standing provider based federally qualified health center (eff 10/91)
4 = Other Rehabilitation Facility (ORF) and Community Mental Health Center (CMHC) (eff 10/91 - 3/97); ORF only (eff. 4/97)
5 = Comprehensive Rehabilitation Center (CORF)
6 = Community Mental Health Center (CMHC) (eff 4/97)
7-8 = Reserved for national assignment
9 = Other

For facility type code 8

1 = Hospice (non-hospital based)
2 = Hospice (hospital based)

```
TYPESRVC                      Claim Service Classification Type Table
--------                      ---------------------------------------
(CLM_SRVC_CLSFCTN_TYPE_CD)
                                3 = Ambulatory surgical center in hospital
                                    outpatient department
                                4 = Freestanding birthing center
                                5 = Critical Access Hospital (eff. 10/99)
                                    formerly Rural primary care hospital
                                    (eff. 10/94)
                                6-8 = Reserved for national use
                                9 = Other

TRANS_CD                      Claim Transaction Table
------------                  -----------------------
(CLM_TRANS_CD)
                                0 = Religious NonMedical Health Care Institutions (RNHCI)
                                    bill (prior to 8/00, Christian Science bill), SNF bill,
                                    or state buy-in
                                1 = Psychiatric hospital facility bill or dummy psychiatric
                                2 = Tuberculosis hospital facility bill
                                3 = General care hospital facility bill or dummy LRD
                                4 = Regular SNF bill
                                5 = Home health agency bill (HHA)
                                6 = Outpatient hospital bill
                                C = CORF bill - type of OP bill in the HHA bill format
                                    (obsoleted 7/98)
                                H = Hospice bill

Last Two digits in the HIC    Category Equatable Beneficiary Identification Code (BIC) Table
-------------------------     --------------------------------------------------------------
(CTGRY_EQTBL_BENE_IDENT_CD)
                                       NCH BIC              SSA Categories
                                -------              --------------
                                A  = A;J1;J2;J3;J4;M;M1;T;TA
                                B  = B;B2;B6;D;D4;D6;E;E1;K1;K2;K3;K4;W;W6;TB(F);TD(F);TE(F);TW(F)
                                B1 = B1;BR;BY;D1;D5;DC;E4;E5;W1;WR;TB(M);TD(M);TE(M);TW(M)
                                B3 = B3;B5;B9;D2;D7;D9;E2;E3;K5;K6;K7;K8;W2
                                     W7;TG(F);TL(F);TR(F);TX(F)
                                B4 = B4;BT;BW;D3;DM;DP;E6;E9;W3;WT;TG(M)
                                     TL(M);TR(M);TX(M)
                                B8 = B8;B7;BN;D8;DA;DV;E7;EB;K9;KA;KB;KC;W4
                                     W8;TH(F);TM(F);TS(F);TY(F)
                                BA = BA;BK;BP;DD;DL;DW;E8;EC;KD;KE;KF;KG;W9
                                     WC;TJ(F);TN(F);TT(F);TZ(F)
                                BD = BD;BL;BQ;DG;DN;DY;EA;ED;KH;KJ;KL;KM;WF
                                     WJ;TK(F);TP(F);TU(F);TV(F)
                                BG = BG;DH;DQ;DS;EF;EJ;W5;TH(M);TM(M);TS(M);TY(M)
                                BH = BH;DJ;DR;DX;EG;EK;WB;TJ(M);TN(M);TT(M);TZ(M)
                                BJ = BJ;DK;DT;DZ;EH;EM;WG;TK(M);TP(M);TU(M);TV(M)
                                C1 = C1;TC
                                C2 = C2;T2
                                C3 = C3;T3
                                C4 = C4;T4
                                C5 = C5;T5
                                C6 = C6;T6
                                C7 = C7;T7
                                C8 = C8;T8
                                C9 = C9;T9
                                F1 = F1;TF
                                F2 = F2;TQ
                                F3-F8 = Equatable only to itself (e.g., F3 IS
                                        equatable to F3)
                                CA-CZ = Equatable only to itself.  (e.g., CA is
                                        only equatable to CA)
                                     ---------------------------------------
                                                RRB Categories
                                10 = 10
                                11 = 11
                                13 = 13;17
                                14 = 14;16
                                15 = 15
                                43 = 43
                                45 = 45
                                46 = 46
                                80 = 80
                                83 = 83
                                84 = 84;86
                                85 = 85
```

```
ACTIONCD                      Fiscal Intermediary Claim Action Table
--------                      --------------------------------------
(FI_CLM_ACTN_CD)
                               1 = Original debit action (includes non-
                                   adjustment RTI correction items) - it
                                   will always be a 1 in regular bills.
                               2 = Cancel by credit adjustment - used
                                   only in credit/debit pairs (under HHPPS,
                                   updates the RAP).
                               3 = Secondary debit adjustment - used only
                                   in credit/debit pairs (under HHPPS, would
                                   be the final claim or an adjustment on
                                   a LUPA).
                               4 = Cancel only adjustment (under HHPPS,
                                   RAP/final claim/LUPA).
                               5 = Force action code 3
                               6 = Force action code 2
                               8 = Benefits refused (for inpatient bills,
                                   an 'R' nonpayment code must also be
                                   present
                               9 = Payment requested (used on bills that
                                   replace previously-submitted benefits-
                                   refused bills, action code 8.  In such
                                   cases a debit/credit pair is not re-
                                   quired.  For inpatient bills, a 'P'
                                   should be entered in the nonpayment
                                   code.)

FI_NUM(In Outpat.,HHA,Hosp)   Fiscal Intermediary Number Table
---------                     --------------------------------
(FI_NUM_CD)
                               00010 = Alabama BC
                               00020 = Arkansas BC
                               00030 = Arizona BC
                               00040 = California BC (term. 12/00)
                               00050 = New Mexico BC/CO
                               00060 = Connecticut BC
                               00070 = Delaware BC - terminated 2/98
                               00080 = Florida BC
                               00090 = Florida BC
                               00101 = Georgia BC
                               00121 = Illinois - HCSC
                               00123 = Michigan - HCSC
                               00130 = Indiana BC/Administar Federal
                               00131 = Illinois - Administar
                               00140 = Iowa - Wellmark (term. 6/2000)
                               00150 = Kansas BC
                               00160 = Kentucky/Administar
                               00180 = Maine BC
                               00181 = Maine BC - Massachusetts
                               00190 = Maryland BC
                               00200 = Massachusetts BC - terminated 7/97
                               00210 = Michigan BC - terminated 9/94
                               00220 = Minnesota BC
                               00230 = Mississippi BC
                               00231 = Mississippi BC/LA
                               00232 = Mississippi BC
                               00241 = Missouri BC - terminated 9/92
                               00250 = Montana BC
                               00260 = Nebraska BC
                               00270 = New Hampshire/VT BC
                               00280 = New Jersey BC (term. 8/2000)
                               00290 = New Mexico BC - terminated 11/95
                               00308 = Empire BC
                               00310 = North Carolina BC
                               00320 = North Dakota BC
                               00332 = Community Mutual Ins Co; Ohio-Administar
                               00340 = Oklahoma BC
                               00350 = Oregon BC
                               00351 = Oregon BC/ID.
                               00355 = Oregon-CWF
                               00362 = Independence BC - terminated 8/97
                               00363 = Veritus, Inc (PITTS)
                               00370 = Rhode Island BC
                               00380 = South Carolina BC
                               00390 = Tennessee BC
                               00400 = Texas BC
                               00410 = Utah BC
                               00423 = Virginia BC; Trigon
```

```
  FI_NUM(In Outpat.,HHA,Hosp)   Fiscal Intermediary Number Table
  ---------                     --------------------------------
  (FI_NUM_CD)                    00430 = Washington/Alaska BC
                                 00450 = Wisconsin BC
                                 00452 = Michigan - Wisconsin BC
                                 00454 = United Government Services -
                                         Wisconsin BC (eff. 12/00)
                                 00460 = Wyoming BC
                                 00468 = N Carolina BC/CPRTIVA
                                 00993 = BC/BS Assoc.
                                 17120 = Hawaii Medical Service
                                 50333 = Travelers; Connecticut United Healthcare
                                         (terminated - date unknown)
                                 51051 = Aetna California - terminated 6/97
                                 51070 = Aetna Connecticut - terminated 6/97
                                 51100 = Aetna Florida - terminated 6/97
                                 51140 = Aetna Illinois - terminated 6/97
                                 51390 = Aetna Pennsylvania - terminated 6/97
                                 52280 = Mutual of Omaha
                                 57400 = Cooperative, San Juan, PR
                                 61000 = Aetna

CANCELCD                        Claim Cancel Reason Code Table
--------                        ------------------------------
(FI_RQST_CLM_CNCL_RSN_CD)
                                 C = Coverage Transfer
                                 D = Duplicate Billing
                                 H = Other or blank
                                 L = Combining two beneficiary master records
                                 P = Plan Transfer
                                 S = Scramble
                                 ************For Action Code 4 *******************
                                 *********Effective with HHPPS - 10/00************
                                 A = RAP/Final claim/LUPA is cancelled by Interme-
                                     diary.  Does not delete episode.  Do not set
                                     cancellation indicator.
                                 B = RAP/Final claim/LUPA is cancelled by Interme-
                                     diary.  Does not delete episode.  Set
                                     cancellation indicator to 1.
                                 E = RAP/Final claim/LUPA is cancelled by Interme-
                                     diary.  Remove episode.
                                 F = RAP/Final claim/LUPA is cancelled by Provider.
                                     Remove episode.

STATE_CD                         State Table
----------------                -----------
(GEO_SSA_STATE_CD)
                                 01 = Alabama
                                 02 = Alaska
                                 03 = Arizona
                                 04 = Arkansas
                                 05 = California
                                 06 = Colorado
                                 07 = Connecticut
                                 08 = Delaware
                                 09 = District of Columbia
                                 10 = Florida
                                 11 = Georgia
                                 12 = Hawaii
                                 13 = Idaho
                                 14 = Illinois
                                 15 = Indiana
                                 16 = Iowa
                                 17 = Kansas
                                 18 = Kentucky
                                 19 = Louisiana
                                 20 = Maine
                                 21 = Maryland
                                 22 = Massachusetts
                                 23 = Michigan
                                 24 = Minnesota
                                 25 = Mississippi
                                 26 = Missouri
                                 27 = Montana
                                 28 = Nebraska
                                 29 = Nevada
                                 30 = New Hampshire
                                 31 = New Jersey
                                 32 = New Mexico
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STATE_CD                          State Table
----------------                 -----------
(GEO_SSA_STATE_CD)
                                  33 = New York
                                  34 = North Carolina
                                  35 = North Dakota
                                  36 = Ohio
                                  37 = Oklahoma
                                  38 = Oregon
                                  39 = Pennsylvania
                                  40 = Puerto Rico
                                  41 = Rhode Island
                                  42 = South Carolina
                                  43 = South Dakota
                                  44 = Tennessee
                                  45 = Texas
                                  46 = Utah
                                  47 = Vermont
                                  48 = Virgin Islands
                                  49 = Virginia
                                  50 = Washington
                                  51 = West Virginia
                                  52 = Wisconsin
                                  53 = Wyoming
                                  54 = Africa
                                  55 = Asia
                                  56 = Canada & Islands
                                  57 = Central America and West Indies
                                  58 = Europe
                                  59 = Mexico
                                  60 = Oceania
                                  61 = Philippines
                                  62 = South America
                                  63 = U.S. Possessions
                                  64 = American Samoa
                                  65 = Guam
                                  66 = Saipan
                                  97 = Northern Marianas
                                  98 = Guam
                                  99 = With 000 county code is American Samoa;
                                       otherwise unknown

 HCFASPEC                        HCFA Provider Specialty Table
 --------                        -----------------------------
 (HCFA_PRVDR_SPCLTY_CD)
                                              **Prior to 5/92**

                                  01 = General practice
                                  02 = General surgery
                                  03 = Allergy (revised 10/91 to mean allergy/
                                       immunology)
                                  04 = Otology, laryngology, rhinology
                                       revised 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
                                       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.
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HCFASPEC                      HCFA Provider Specialty Table
--------                      ----------------------------
(HCFA_PRVDR_SPCLTY_CD)
                               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
                                    pediatric medicine)
                               38 = Geriatrics (revised 10/91 to mean
                                    geriatric 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)
                               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 (include ASCS)
                               51 = Medical supply company with C.O.
                                    certification (certified orthotist -
                                    certified by American Board for
                                    Certification in Prosthetics and
                                    Orthotics.
                               52 = Medical supply company with C.P.
                                    certification (certified prosthetist -
                                    certified by American Board for
                                    Certification in Prosthetics and Orthotics).
                               53 = Medical supply company with C.P.O.
                                    certification (certified prosthetist -
                                    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 prosthetist -
                                    orthotist
                               58 = Individuals not included in 55,56 or 57
                               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)
```

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HCFASPEC                       HCFA Provider Specialty Table
--------                       -----------------------------
(HCFA_PRVDR_SPCLTY_CD)
                                62 = Psychologist--billing independently
                                63 = Portable X-ray supplier--billing
                                     independently (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
                                     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
                                     psychiatric 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)
                                     (discontinued 5/92 use code 16)
                                10 = Gastroenterology
                                11 = Internal medicine
                                12 = Osteopathic manipulative therapy
                                13 = Neurology
                                14 = Neurosurgery
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 HCFASPEC                           HCFA Provider Specialty Table
--------                           -----------------------------
(HCFA_PRVDR_SPCLTY_CD)
                                    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)
                                    47 = Independent Diagnostic Testing Facility
                                         (IDTF) (eff. 6/98)
                                    48 = Podiatry
                                    49 = Ambulatory surgical center
                                         (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)
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HCFASPEC                       HCFA Provider Specialty Table
--------                       -----------------------------
(HCFA_PRVDR_SPCLTY_CD)
                                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 Associiation,
                                     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)
                                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) (DMERCs only)
                                A1 = SNF (eff 10/93) (DMERCs only)
                                A2 = Intermediate care nursing facility
                                     (eff 10/93) (DMERCs only)
                                A3 = Nursing facility, other (eff 10/93)
                                     (DMERCs only)
```

```
HCFASPEC                       HCFA Provider Specialty Table
--------                       -----------------------------
(HCFA_PRVDR_SPCLTY_CD)
                                A4 = HHA (eff 10/93) (DMERCs only)
                                A5 = Pharmacy (eff 10/93) (DMERCs only)
                                A6 = Medical supply company with respiratory
                                     therapist (eff 10/93) (DMERCs only)
                                A7 = Department store (for DMERC use:
                                     eff 10/94, but cross-walked from
                                     code 87 eff 10/93)
                                A8 = Grocery store (for DMERC use:
                                     eff 10/94, but cross-walked from
                                     code 88 eff 10/93)

HCFATYPE                       HCFA Type of Service Table
--------                       --------------------------
(HCFA_TYPE_SRVC_CD)
                                1 = Medical care
                                2 = Surgery
                                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 only eff 01/96,
                                    whole blood or packed red cells before 01/96
                                A = Used durable medical equipment (DME)
                                B = High risk screening mammography
                                    (obsolete 1/1/98)
                                C = Low risk screening mammography
                                    (obsolete 1/1/98)
                                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 (term. 12/31/97)
                                    outpatient mental health limitation (eff. 1/1/98)
                                U = Occupational therapy
                                V = Pneumococcal/flu vaccine (eff 01/96),
                                    Pneumococcal/flu/hepatitis B vaccine (eff 04/95-12/95),
                                    Pneumococcal only before 04/95
                                W = Physical therapy
                                Y = Second opinion on elective surgery
                                    (obsoleted 1/97)
                                Z = Third opinion on elective surgery
                                    (obsoleted 1/97)

DOCINDCD                       Line Additional Claim Documentation Indicator Table
--------                       ---------------------------------------------------
(LINE_ADDTNL_CLM_DCMTN_IND_CD)  0 = No additional documentation
                                1 = Additional documentation submitted for non-DME EMC claim
                                2 = CMN/prescription/other documentation submitted
                                    which justifies medical necessity
                                3 = Prior authorization obtained and approved
                                4 = Prior authorization requested but not approved
                                5 = CMN/prescription/other documentation submitted
                                    but did not justify medical necessity
                                6 = CMN/prescription/other documentation submitted
                                    and approved after prior authorization rejected
                                7 = Recertification CMN/prescription/other documentation
```

PLCSRVC — Line Place Of Service Table
(LINE_PLC_SRVC_CD)

Prior To 1/92

1 = Office
2 = Home
3 = Inpatient hospital
4 = SNF
5 = Outpatient hospital
6 = Independent lab
7 = Other
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
35 = Adult living care facilities (ALCF) (eff. NYD - added 12/3/97)
41 = Ambulance - land
42 = Ambulance - air or water
50 = Federally qualified health centers (eff. 10/1/93)
51 = Inpatient psychiatric facility
52 = Psychiatric facility partial hospitalization
53 = Community mental health center
54 = Intermediate care facility/mentally retarded
55 = Residential substance abuse treatment facility
56 = Psychiatric residential treatment center
60 = Mass immunizations center (eff. 9/1/97)
61 = Comprehensive inpatient rehabilitation facility
62 = Comprehensive outpatient rehabilitation facility
65 = End stage renal disease treatment facility
71 = State or local public health clinic
72 = Rural health clinic
81 = Independent laboratory
99 = Other unlisted facility

PAYINDCD — Line Payment Indicator Table
(LINE_PMT_IND_CD)

1 = Actual charge
2 = Customary charge

3 = Prevailing charge (adjusted, unadjusted gap fill, etc)
4 = Other (ASC fees, radiology and outpatient limits, and non-payment because of denial.
5 = Lab fee schedule
6 = Physician fee schedule - full fee schedule amount
7 = Physician fee schedule - transition
8 = Clinical psychologist fee schedule
9 = DME and prosthetics/orthotics fee schedules (eff. 4/97)

```
PROINDCD                       Line Processing Indicator Table
--------                       ------------------------------
(LINE_PRCSG_IND_CD)
                                A = Allowed
                                B = Benefits exhausted
                                C = Noncovered care
                                D = Denied (existed prior to 1991; from
                                    BMAD)
                                I = Invalid data
                                L = CLIA (eff 9/92)
                                M = Multiple submittal--duplicate line item
                                N = Medically unnecessary
                                O = Other
                                P = Physician ownership denial (eff 3/92)
                                Q = MSP cost avoided (contractor #88888) -
                                    voluntary agreement (eff. 1/98)
                                R = Reprocessed--adjustments based on
                                    subsequent reprocessing of claim
                                S = Secondary payer
                                T = MSP cost avoided - IEQ contractor
                                    (eff. 7/76)
                                U = MSP cost avoided - HMO rate cell
                                    adjustment (eff. 7/96)
                                V = MSP cost avoided - litigation
                                    settlement (eff. 7/96)
                                X = MSP cost avoided - generic
                                Y = MSP cost avoided - IRS/SSA data
                                    match project
                                Z = Bundled test, no payment
                                    (eff. 1/1/98)

PRTCPTG                        Line Provider Participating Indicator Table
-------                        ------------------------------------------
(LINE_PRVDR_PRTGPTG_IND_CD)
                                1 = Participating
                                2 = All or some covered and allowed
                                    expenses applied to deductible Participating
                                3 = Assignment accepted/non-participating
                                4 = Assignment not accepted/non-participating
                                5 = Assignment accepted but all or some
                                    covered and allowed expenses applied
                                    to deductible Non-participating.
                                6 = Assignment not accepted and all covered
                                    and allowed expenses applied to deductible
                                    non-participating.
                                7 = Participating provider not accepting
                                    assignment.


RIC_CD                         NCH Near-Line Record Identification Code Table
------                         ---------------------------------------------
(NCH_NEAR_LINE_RIC_CD)

                                O = Part B physician/supplier claim
                                    record (processed by local carriers;
                                    can include DMEPOS services)
                                V = Part A institutional claim record
                                    (inpatient (IP), skilled nursing
                                    facility (SNF), christian science
                                    (CS), home health agency (HHA), or
                                    hospice)
                                W = Part B institutional claim record
                                    (outpatient (OP), HHA)
                                U = Both Part A and B institutional home
                                    health agency (HHA) claim records --
                                    due to HHPPS and HHA A/B split.
                                    (effective 10/00)
                                M = Part B DMEPOS claim record (processed
                                    by DME Regional Carrier) (effective 10/93)
```

```
  STUS_CD                         Patient Discharge Status Table
  -------                         ------------------------------
  (PTNT_DSCHRG_STUS_CD)
                                  01 = Discharged to home/self care (routine
                                       charge).
                                  02 = Discharged/transferred to other short term
                                       general hospital for inpatient care.
                                  03 = Discharged/transferred to skilled
                                       nursing facility (SNF) - (For hospitals
                                       with an approved swing bed arrangement,
                                       use Code 61 - swing bed.  For reporting
                                       discharges/transfers to a non-certified
                                       SNF, the hospital must use Code 04 - ICF.
                                  04 = Discharged/transferred to intermediate
                                       care facility (ICF).
                                  05 = Discharged/transferred to another type
                                       of institution for inpatient care (including
                                       distinct parts).
                                  06 = Discharged/transferred to home care of
                                       organized home health service organization.
                                  07 = Left against medical advice or discontinued
                                       care.
                                  08 = Discharged/transferred to home under
                                       care of a home IV drug therapy provider.
                                  09 = Admitted as an inpatient to this
                                       hospital (effective 3/1/91).  In situa-
                                       tions  where a patient is admitted before
                                       midnight of the third day following the
                                       day of an outpatient service, the out-
                                       patient services are considered inpatient.
                                  20 = Expired (did not recover - Christian
                                       Science patient).
                                  30 = Still patient.
                                  40 = Expired at home (hospice claims only)
                                  41 = Expired in a medical facility such as
                                       hospital, SNF, ICF, or freestanding
                                       hospice. (Hospice claims only)
                                  42 = Expired - place unknown (Hospice claims
                                       only)
                                  50 = Hospice - home (eff. 10/96)
                                  51 = Hospice - medical facility (eff. 10/96)
                                  61 = Discharged/transferred within this insti-
                                       tution to a hospital-based Medicare
                                       approved swing bed (to be implemented in
                                       1999)
                                  71 = Discharged/transferred/referred to another
                                       institution for outpatient services as
                                       specified by the discharge plan of care (to
                                       be implemented in 1999).
                                  72 = Discharged/transferred/referred to this
                                       institution for outpatient services as
                                       specified by the discharge plan of care
                                       (to be implemented in 1999).

DED                             Revenue Center Deductible Coinsurance Code
---                             ------------------------------------------
(REV_CNTR_DDCTBL_COINSRNC_CD)
                                  0 = Charges are subject to deductible
                                      and coinsurance
                                  1 = Charges are not subject to deductible
                                  2 = Charges are not subject to coinsurance
                                  3 = Charges are not subject to deductible
                                      or coinsurance
                                  4 = No charge or units associated with this
                                      revenue center code.  (For multiple
                                      HCPCS per single revenue center code)

                                  For revenue center code 0001, the following
                                  MSP override values may be present:

                                  M = Override code; EGHP services involved
                                      (eff 12/90 for non-institutional claims;
                                      10/93 for institutional claims)
                                  N = Override code; non-EGHP services involved
                                      (eff 12/90 for non-institutional claims;
                                      10/93 for institutional claims)
                                  X = Override code: MSP cost avoided
                                      (eff 12/90 for non-institutional claims;
                                      10/93 for institutional claims)
```

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CEN                           Revenue Center Table
---                           --------------------
(REV_CNTR_CD)
                                0001 = Total charge
                                0022 = SNF claim paid under PPS submitted as TOB 21X,
                                       effective for cost reporting periods begin-
                                       ning on or after 7/1/98 (dates of service after
                                       6/30/98).  NOTE:  This code may appear multiple
                                       times on a claim to identify different HIPPS
                                       Rate Code/assessment periods.
                                0023 = Home Health services paid under PPS submitted as
                                       TOB 32X and 33X, effective 10/00.  This code may
                                       appear multiple times on a claim to identify
                                       different HIPPS/Home Health Resource Groups (HRG).
                                0100 = All inclusive rate-room and board plus ancillary
                                0101 = All inclusive rate-room and board
                                0110 = Private medical or general-general classification
                                0111 = Private medical or general-medical/surgical/GYN
                                0112 = Private medical or general-OB
                                0113 = Private medical or general-pediatric
                                0114 = Private medical or general-psychiatric
                                0115 = Private medical or general-hospice
                                0116 = Private medical or general-detoxification
                                0117 = Private medical or general-oncology
                                0118 = Private medical or general-rehabilitation
                                0119 = Private medical or general-other
                                0120 = Semi-private 2 bed (medical or general)
                                       general classification
                                0121 = Semi-private 2 bed (medical or general)
                                       medical/surgical/GYN
                                0122 = Semi-private 2 bed (medical or general)-OB
                                0123 = Semi-private 2 bed (medical or general)-pediatric
                                0124 = Semi-private 2 bed (medical or general)-psychiatric
                                0125 = Semi-private 2 bed (medical or general)-hospice
                                0126 = Semi-private 2 bed (medical or general)
                                       detoxification
                                0127 = Semi-private 2 bed (medical or general)-oncology
                                0128 = Semi-private 2 bed (medical or general)
                                       rehabilitation
                                0129 = Semi-private 2 bed (medical or general)-other
                                0130 = Semi-private 3 and 4 beds-general classification
                                0131 = Semi-private 3 and 4 beds-medical/surgical/GYN
                                0132 = Semi-private 3 and 4 beds-OB
                                0133 = Semi-private 3 and 4 beds-pediatric
                                0134 = Semi-private 3 and 4 beds-psychiatric
                                0135 = Semi-private 3 and 4 beds-hospice
                                0136 = Semi-private 3 and 4 beds-detoxification
                                0137 = Semi-private 3 and 4 beds-oncology
                                0138 = Semi_private 3 and 4 beds-rehabilitation
                                0139 = Semi-private 3 and 4 beds-other
                                0140 = Private (deluxe)-general classification
                                0141 = Private (deluxe)-medical/surgical/GYN
                                0142 = Private (deluxe)-OB
                                0143 = Private (deluxe)-pediatric
                                0144 = Private (deluxe)-psychiatric
                                0145 = Private (deluxe)-hospice
                                0146 = Private (deluxe)-detoxification
                                0147 = Private (deluxe)-oncology
                                0148 = Private (deluxe)-rehabilitation
                                0149 = Private (deluxe)-other
                                0150 = Room&Board ward (medical or general)
                                       general classification
                                0151 = Room&Board ward (medical or general)
                                       medical/surgical/GYN
                                0152 = Room&Board ward (medical or general)-OB
                                0153 = Room&Board ward (medical or general)-pediatric
                                0154 = Room&Board ward (medical or general)-psychiatric
                                0155 = Room&Board ward (medical or general)-hospice
                                0156 = Room&Board ward (medical or general)-detoxification
                                0157 = Room&Board ward (medical or general)-oncology
                                0158 = Room&Board ward (medical or general)-rehabilitation
                                0159 = Room&Board ward (medical or general)-other
                                0160 = Other Room&Board-general classification
                                0164 = Other Room&Board-sterile environment
                                0167 = Other Room&Board-self care
                                0169 = Other Room&Board-other
                                0170 = Nursery-general classification
                                0171 = Nursery-newborn level I (routine)
                                0172 = Nursery-premature newborn-level II (continuing care)
```

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CEN                           Revenue Center Table
---                           --------------------
(REV_CNTR_CD)
                                0173 = Nursery-newborn-level III (intermediate care) (eff 10/96)
                                0174 = Nursery-newborn-level IV (intensive care) (eff 10/96)
                                0175 = Nursery-neonatal ICU (obsolete eff 10/96)
                                0179 = Nursery-other
                                0180 = Leave of absence-general classification
                                0182 = Leave of absence-patient convenience charges billable
                                0183 = Leave of absence-therapeutic leave
                                0184 = Leave of absence-ICF mentally retarded-any reason
                                0185 = Leave of absence-nursing home (hospitalization)
                                0189 = Leave of absence-other leave of absence
                                0190 = Subacute care - general classification (eff. 10/97)
                                0191 = Subacute care - level I (eff. 10/97)
                                0192 = Subacute care - level II (eff. 10/97)
                                0193 = Subacute care - level III (eff. 10/97)
                                0194 = Subacute care - level IV (eff. 10/97)
                                0199 = Subacute care - other (eff 10/97)
                                0200 = Intensive care-general classification
                                0201 = Intensive care-surgical
                                0202 = Intensive care-medical
                                0203 = Intensive care-pediatric
                                0204 = Intensive care-psychiatric
                                0206 = Intensive care-post ICU; redefined as
                                       intermediate ICU (eff 10/96)
                                0207 = Intensive care-burn care
                                0208 = Intensive care-trauma
                                0209 = Intensive care-other intensive care
                                0210 = Coronary care-general classification
                                0211 = Coronary care-myocardial infraction
                                0212 = Coronary care-pulmonary care
                                0213 = Coronary care-heart transplant
                                0214 = Coronary care-post CCU; redefined as
                                       intermediate CCU (eff 10/96)
                                0219 = Coronary care-other coronary care
                                0220 = Special charges-general classification
                                0221 = Special charges-admission charge
                                0222 = Special charges-technical support charge
                                0223 = Special charges-UR service charge
                                0224 = Special charges-late discharge, medically
                                       necessary
                                0229 = Special charges-other special charges
                                0230 = Incremental nursing charge rate-general
                                       classification
                                0231 = Incremental nursing charge rate-nursery
                                0232 = Incremental nursing charge rate-OB
                                0233 = Incremental nursing charge rate-ICU (include
                                       transitional care)
                                0234 = Incremental nursing charge rate-CCU (include
                                       transitional care)
                                0235 = Incremental nursing charge rate-hospice
                                0239 = Incremental nursing charge rate-other
                                0240 = All inclusive ancillary-general classification
                                0241 = All inclusive ancillary-basic
                                0242 = All inclusive ancillary-comprehensive
                                0243 = All inclusive ancillary-specialty
                                0249 = All inclusive ancillary-other inclusive ancillary
                                0250 = Pharmacy-general classification
                                0251 = Pharmacy-generic drugs
                                0252 = Pharmacy-nongeneric drugs
                                0253 = Pharmacy-take home drugs
                                0254 = Pharmacy-drugs incident to other diagnostic service-
                                       subject to payment limit
                                0255 = Pharmacy-drugs incident to radiology-
                                       subject to payment limit
                                0256 = Pharmacy-experimental drugs
                                0257 = Pharmacy-non-prescription
                                0258 = Pharmacy-IV solutions
                                0259 = Pharmacy-other pharmacy
                                0260 = IV therapy-general classification
                                0261 = IV therapy-infusion pump
                                0262 = IV therapy-pharmacy services (eff 10/94)
                                0263 = IV therapy-drug supply/delivery (eff 10/94)
                                0264 = IV therapy-supplies (eff 10/94)
                                0269 = IV therapy-other IV therapy
                                0270 = Medical/surgical supplies-general classification
                                       (also see 062X)
                                0271 = Medical/surgical supplies-nonsterile supply
```

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CEN                            Revenue Center Table
---                            --------------------
(REV_CNTR_CD)
                                 0272 = Medical/surgical supplies-sterile supply
                                 0273 = Medical/surgical supplies-take home supplies
                                 0274 = Medical/surgical supplies-prosthetic/orthotic
                                        devices
                                 0275 = Medical/surgical supplies-pace maker
                                 0276 = Medical/surgical supplies-intraocular lens
                                 0277 = Medical/surgical supplies-oxygen-take home
                                 0278 = Medical/surgical supplies-other implants
                                 0279 = Medical/surgical supplies-other devices
                                 0280 = Oncology-general classification
                                 0289 = Oncology-other oncology
                                 0290 = DME (other than renal)-general classification
                                 0291 = DME (other than renal)-rental
                                 0292 = DME (other than renal)-purchase of new DME
                                 0293 = DME (other than renal)-purchase of used DME
                                 0294 = DME (other than renal)-related to and listed as DME
                                 0299 = DME (other than renal)-other
                                 0300 = Laboratory-general classification
                                 0301 = Laboratory-chemistry
                                 0302 = Laboratory-immunology
                                 0303 = Laboratory-renal patient (home)
                                 0304 = Laboratory-non-routine dialysis
                                 0305 = Laboratory-hematology
                                 0306 = Laboratory-bacteriology & microbiology
                                 0307 = Laboratory-urology
                                 0309 = Laboratory-other laboratory
                                 0310 = Laboratory pathological-general classification
                                 0311 = Laboratory pathological-cytology
                                 0312 = Laboratory pathological-histology
                                 0314 = Laboratory pathological-biopsy
                                 0319 = Laboratory pathological-other
                                 0320 = Radiology diagnostic-general classification
                                 0321 = Radiology diagnostic-angiocardiography
                                 0322 = Radiology diagnostic-arthrography
                                 0323 = Radiology diagnostic-arteriography
                                 0324 = Radiology diagnostic-chest X-ray
                                 0329 = Radiology diagnostic-other
                                 0330 = Radiology therapeutic-general classification
                                 0331 = Radiology therapeutic-chemotherapy injected
                                 0332 = Radiology therapeutic-chemotherapy oral
                                 0333 = Radiology therapeutic-radiation therapy
                                 0335 = Radiology therapeutic-chemotherapy IV
                                 0339 = Radiology therapeutic-other
                                 0340 = Nuclear medicine-general classification
                                 0341 = Nuclear medicine-diagnostic
                                 0342 = Nuclear medicine-therapeutic
                                 0349 = Nuclear medicine-other
                                 0350 = Computed tomographic (CT) scan-general
                                        classification
                                 0351 = CT scan-head scan
                                 0352 = CT scan-body scan
                                 0359 = CT scan-other CT scans
                                 0360 = Operating room services-general classification
                                 0361 = Operating room services-minor surgery
                                 0362 = Operating room services-organ transplant,
                                        other than kidney
                                 0367 = Operating room services-kidney transplant
                                 0369 = Operating room services-other operating room
                                        services
                                 0370 = Anesthesia-general classification
                                 0371 = Anesthesia-incident to RAD and
                                        subject to the payment limit
                                 0372 = Anesthesia-incident to other diagnostic service
                                        and subject to the payment limit
                                 0374 = Anesthesia-acupuncture
                                 0379 = Anesthesia-other anesthesia
                                 0380 = Blood-general classification
                                 0381 = Blood-packed red cells
                                 0382 = Blood-whole blood
                                 0383 = Blood-plasma
                                 0384 = Blood-platelets
                                 0385 = Blood-leukocytes
                                 0386 = Blood-other components
                                 0387 = Blood-other derivatives (cryopricipatates)
                                 0389 = Blood-other blood
```

CEN (REV_CNTR_CD) — Revenue Center Table

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CEN                              Revenue Center Table
---                              --------------------
(REV_CNTR_CD)
                                   0390 = Blood storage and processing-general
                                          classification
                                   0391 = Blood storage and processing-blood
                                          administration
                                   0399 = Blood storage and processing-other
                                   0400 = Other imaging services-general classification
                                   0401 = Other imaging services-diagnostic mammography
                                   0402 = Other imaging services-ultrasound
                                   0403 = Other imaging services-screening mammography
                                          (eff 1/1/91)
                                   0404 = Other imaging services-positron emission
                                          tomography (eff 10/94)
                                   0409 = Other imaging services-other
                                   0410 = Respiratory services-general classification
                                   0412 = Respiratory services-inhalation services
                                   0413 = Respiratory services-hyperbaric oxygen therapy
                                   0419 = Respiratory services-other
                                   0420 = Physical therapy-general classification
                                   0421 = Physical therapy-visit charge
                                   0422 = Physical therapy-hourly charge
                                   0423 = Physical therapy-group rate
                                   0424 = Physical therapy-evaluation or re-evaluation
                                   0429 = Physical therapy-other
                                   0430 = Occupational therapy-general classification
                                   0431 = Occupational therapy-visit charge
                                   0432 = Occupational therapy-hourly charge
                                   0433 = Occupational therapy-group rate
                                   0434 = Occupational therapy-evaluation or re-evaluation
                                   0439 = Occupational therapy-other (may include
                                          restorative therapy)
                                   0440 = Speech language pathology-general classification
                                   0441 = Speech language pathology-visit charge
                                   0442 = Speech language pathology-hourly charge
                                   0443 = Speech language pathology-group rate
                                   0444 = Speech language pathology-evaluation or
                                          re-evaluation
                                   0449 = Speech language pathology-other
                                   0450 = Emergency room-general classification
                                   0451 = Emergency room-emtala emergency medical screening
                                          services (eff 10/96)
                                   0452 = Emergency room-ER beyond emtala screening
                                          (eff 10/96)
                                   0456 = Emergency room-urgent care (eff 10/96)
                                   0459 = Emergency room-other
                                   0460 = Pulmonary function-general classification
                                   0469 = Pulmonary function-other
                                   0470 = Audiology-general classification
                                   0471 = Audiology-diagnostic
                                   0472 = Audiology-treatment
                                   0479 = Audiology-other
                                   0480 = Cardiology-general classification
                                   0481 = Cardiology-cardiac cath lab
                                   0482 = Cardiology-stress test
                                   0483 = Cardiology-Echocardiology
                                   0489 = Cardiology-other
                                   0490 = Ambulatory surgical care-general classification
                                   0499 = Ambulatory surgical care-other
                                   0500 = Outpatient services-general classification
                                          (deleted 9/93)
                                   0509 = Outpatient services-other (deleted 9/93)
                                   0510 = Clinic-general classification
                                   0511 = Clinic-chronic pain center
                                   0512 = Clinic-dental center
                                   0513 = Clinic-psychiatric
                                   0514 = Clinic-OB-GYN
                                   0515 = Clinic-pediatric
                                   0516 = Clinic-urgent care clinic (eff 10/96)
                                   0517 = Clinic-family practice clinic (eff 10/96)
                                   0519 = Clinic-other
                                   0520 = Free-standing clinic-general classification
                                   0521 = Free-standing clinic-rural health clinic
                                   0522 = Free-standing clinic-rural health home
                                   0523 = Free-standing clinic-family practice
                                   0526 = Free-standing clinic-urgent care (eff 10/96)
                                   0529 = Free-standing clinic-other
                                   0530 = Osteopathic services-general classification
```

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CEN                              Revenue Center Table
---                              --------------------
(REV_CNTR_CD)
                                   0531 = Osteopathic services-osteopathic therapy
                                   0539 = Osteopathic services-other
                                   0540 = Ambulance-general classification
                                   0541 = Ambulance-supplies
                                   0542 = Ambulance-medical transport
                                   0543 = Ambulance-heart mobile
                                   0544 = Ambulance-oxygen
                                   0545 = Ambulance-air ambulance
                                   0546 = Ambulance-neo-natal ambulance
                                   0547 = Ambulance-pharmacy
                                   0548 = Ambulance-telephone transmission EKG
                                   0549 = Ambulance-other
                                   0550 = Skilled nursing-general classification
                                   0551 = Skilled nursing-visit charge
                                   0552 = Skilled nursing-hourly charge
                                   0559 = Skilled nursing-other
                                   0560 = Medical social services-general classification
                                   0561 = Medical social services-visit charge
                                   0562 = Medical social services-hourly charges
                                   0569 = Medical social services-other
                                   0570 = Home health aid (home health)-general classification
                                   0571 = Home health aid (home health)-visit charge
                                   0572 = Home health aid (home health)-hourly charge
                                   0579 = Home health aid (home health)-other
                                   0580 = Other visits (home health)-general
                                          classification (under HHPPS, not allowed
                                          as covered charges)
                                   0581 = Other visits (home health)-visit charge
                                          (under HHPPS, not allowed as covered charges)
                                   0582 = Other visits (home health)-hourly charge
                                          (under HHPPS, not allowed as covered charges)
                                   0589 = Other visits (home health)-other
                                          (under HHPPS, not allowed as covered charges)
                                   0590 = Units of service (home health)-general
                                          classification (under HHPPS, not allowed
                                          as covered charges)
                                   0599 = Units of service (home health)-other
                                          (under HHPPS, not allowed as covered charges)
                                   0600 = Oxygen-general classification
                                   0601 = Oxygen-stat or port equip/supply or count
                                   0602 = Oxygen-stat/equip/under 1 LPM
                                   0603 = Oxygen-stat/equip/over 4 LPM
                                   0604 = Oxygen-stat/equip/portable add-on
                                   0610 = Magnetic resonance technology (MRT)-general
                                          classification
                                   0611 = MRT/MRI-brain (including brainstem)
                                   0612 = MRT/MRI-spinal cord (including spine)
                                   0614 = MRT/MRI-other
                                   0615 = MRT/MRA-Head and Neck
                                   0616 = MRT/MRA-Lower Extremities
                                   0618 = MRT/MRA-other
                                   0619 = MRT/Other MRI
                                   0621 = Medical/surgical supplies-incident to radiology-
                                          subject to the payment limit - extension of 027X
                                   0622 = Medical/surgical supplies-incident to other
                                          diagnostic service-subject to the payment limit -
                                          extension of 027X
                                   0623 = Medical/surgical supplies-surgical dressings
                                          (eff 1/95) - extension of 027X
                                   0624 = Medical/surgical supplies-medical investigational
                                          devices and procedures with FDA approved IDE's
                                          (eff 10/96) - extension of 027X
                                   0630 = Drugs requiring specific identification-general
                                          classification
                                   0631 = Drugs requiring specific identification-single drug
                                          source (eff 9/93)
                                   0632 = Drugs requiring specific identification-multiple drug
                                          source (eff 9/93)
                                   0633 = Drugs requiring specific identification-restrictive
                                          prescription (eff 9/93)
                                   0634 = Drugs requiring specific identification-EPO under 10,000 units
                                   0635 = Drugs requiring specific identification-EPO 10,000 units or more
                                   0636 = Drugs requiring specific identification-detailed coding (eff 3/92)
                                   0637 = Self-administered drugs administered in an
                                          emergency situation - not requiring detailed
                                          coding
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CEN                              Revenue Center Table
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(REV_CNTR_CD)
                                   0640 = Home IV therapy-general classification
                                          (eff 10/94)
                                   0641 = Home IV therapy-nonroutine nursing
                                          (eff 10/94)
                                   0642 = Home IV therapy-IV site care, central line
                                          (eff 10/94)
                                   0643 = Home IV therapy-IV start/change peripheral line
                                          (eff 10/94)
                                   0644 = Home IV therapy-nonroutine nursing, peripheral line
                                          (eff 10/94)
                                   0645 = Home IV therapy-train patient/caregiver, central
                                          line (eff 10/94)
                                   0646 = Home IV therapy-train disabled patient, central
                                          line (eff 10/94)
                                   0647 = Home IV therapy-train patient/caregiver, peripheral
                                          line (eff 10/94)
                                   0648 = Home IV therapy-train disabled patient, peripheral
                                          line (eff 10/94)
                                   0649 = Home IV therapy-other IV therapy services
                                          (eff 10/94)
                                   0650 = Hospice services-general classification
                                   0651 = Hospice services-routine home care
                                   0652 = Hospice services-continuous home care-1/2
                                   0655 = Hospice services-inpatient care
                                   0656 = Hospice services-general inpatient care
                                          (non-respite)
                                   0657 = Hospice services-physician services
                                   0659 = Hospice services-other
                                   0660 = Respite care (HHA)-general classification
                                          (eff 9/93)
                                   0661 = Respite care (HHA)-hourly charge/skilled nursing
                                          (eff 9/93)
                                   0662 = Respite care (HHA)-hourly charge/home health aide/
                                          homemaker (eff 9/93)
                                   0670 = OP special residence charges - general
                                          classification
                                   0671 = OP special residence charges - hospital based
                                   0672 = OP special residence charges - contracted
                                   0679 = OP special residence charges - other special
                                          residence charges
                                   0700 = Cast room-general classification
                                   0709 = Cast room-other
                                   0710 = Recovery room-general classification
                                   0719 = Recovery room-other
                                   0720 = Labor room/delivery-general classification
                                   0721 = Labor room/delivery-labor
                                   0722 = Labor room/delivery-delivery
                                   0723 = Labor room/delivery-circumcision
                                   0724 = Labor room/delivery-birthing center
                                   0729 = Labor room/delivery-other
                                   0730 = EKG/ECG-general classification
                                   0731 = EKG/ECG-Holter moniter
                                   0732 = EKG/ECG-telemetry (include fetal monitering until
                                          9/93)
                                   0739 = EKG/ECG-other
                                   0740 = EEG-general classification
                                   0749 = EEG (electroencephalogram)-other
                                   0750 = Gastro-intestinal services-general classification
                                   0759 = Gastro-intestinal services-other
                                   0760 = Treatment or observation room-general classification
                                   0761 = Treatment or observation room-treatment room
                                          (eff 9/93)
                                   0762 = Treatment or observation room-observation room
                                          (eff 9/93)
                                   0769 = Treatment or observation room-other
                                   0770 = Preventative care services-general classification
                                          (eff 10/94)
                                   0771 = Preventative care services-vaccine administration
                                          (eff 10/94)
                                   0779 = Preventative care services-other (eff 10/94)
                                   0780 = Telemedicine - general classification (eff 10/97)
                                   0789 = Telemedicine - telemedicine (eff 10/97)
                                   0790 = Lithotripsy-general classification
                                   0799 = Lithotripsy-other
                                   0800 = Inpatient renal dialysis-general classification
                                   0801 = Inpatient renal dialysis-inpatient hemodialysis
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CEN                            Revenue Center Table
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(REV_CNTR_CD)
                                 0802 = Inpatient renal dialysis-inpatient peritoneal
                                        (non-CAPD)
                                 0803 = Inpatient renal dialysis-inpatient CAPD
                                 0804 = Inpatient renal dialysis-inpatient CCPD
                                 0809 = Inpatient renal dialysis-other inpatient dialysis
                                 0810 = Organ acquisition-general classification
                                 0811 = Organ acquisition-living donor (eff 10/94);
                                        prior to 10/94, defined as living donor kidney
                                 0812 = Organ acquisition-cadaver donor (eff 10/94);
                                        prior to 10/94, defined as cadaver donor kidney
                                 0813 = Organ acquisition-unknown donor (eff 10/94)
                                        prior to 10/94, defined as unknown donor kidney
                                 0814 = Organ acquisition - unsuccessful organ search-
                                        donor bank charges (eff 10/94); prior to 10/94,
                                        defined as other kidney acquisition
                                 0815 = Organ acquisition-cadaver donor-heart
                                        (obsolete, eff 10/94)
                                 0816 = Organ acquisition-other heart acquisition
                                        (obsolete, eff 10/94)
                                 0817 = Organ acquisition-donor-liver
                                        (obsolete, eff 10/94)
                                 0819 = Organ acquisition-other donor (eff 10/94);
                                        prior to 10/94, defined as other
                                 0820 = Hemodialysis OP or home dialysis-general
                                        classification
                                 0821 = Hemodialysis OP or home dialysis-hemodialysis-
                                        composite or other rate
                                 0822 = Hemodialysis OP or home dialysis-home supplies
                                 0823 = Hemodialysis OP or home dialysis-home equipment
                                 0824 = Hemodialysis OP or home dialysis-maintenance/100%
                                 0825 = Hemodialysis OP or home dialysis-support services
                                 0829 = Hemodialysis OP or home dialysis-other
                                 0830 = Peritoneal dialysis OP or home-general
                                        classification
                                 0831 = Peritoneal dialysis OP or home-peritoneal-
                                        composite or other rate
                                 0832 = Peritoneal dialysis OP or home-home supplies
                                 0833 = Peritoneal dialysis OP or home-home equipment
                                 0834 = Peritoneal dialysis OP or home-maintenance/100%
                                 0835 = Peritoneal dialysis OP or home-support services
                                 0839 = Peritoneal dialysis OP or home-other
                                 0840 = CAPD outpatient-general classification
                                 0841 = CAPD outpatient-CAPD/composite or other rate
                                 0842 = CAPD outpatient-home supplies
                                 0843 = CAPD outpatient-home equipment
                                 0844 = CAPD outpatient-maintenance/100%
                                 0845 = CAPD outpatient-support services
                                 0849 = CAPD outpatient-other
                                 0850 = CCPD outpatient-general classification
                                 0851 = CCPD outpatient-CCPD/composite or other rate
                                 0852 = CCPD outpatient-home supplies
                                 0853 = CCPD outpatient-home equipment
                                 0854 = CCPD outpatient-maintenance/100%
                                 0855 = CCPD outpatient-support services
                                 0859 = CCPD outpatient-other
                                 0880 = Miscellaneous dialysis-general classification
                                 0881 = Miscellaneous dialysis-ultrafiltration
                                 0882 = Miscellaneous dialysis-home dialysis aide visit
                                        (eff 9/93)
                                 0889 = Miscellaneous dialysis-other
                                 0890 = Other donor bank-general classification; changed to
                                        reserved for national assignment (eff 4/94)
                                 0891 = Other donor bank-bone; changed to
                                        reserved for national assignment (eff 4/94)
                                 0892 = Other donor bank-organ (other than kidney); changed
                                        to reserved for national assignment (eff 4/94)
                                 0893 = Other donor bank-skin; changed to
                                        reserved for national assignment (eff 4/94)
                                 0899 = Other donor bank-other; changed to
                                        reserved for national assignment (eff 4/94)
                                 0900 = Psychiatric/psychological treatments-general
                                        classification
                                 0901 = Psychiatric/psychological treatments-electroshock
                                        treatment
                                 0902 = Psychiatric/psychological treatments-milieu therapy
                                 0903 = Psychiatric/psychological treatments-play therapy
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CEN                            Revenue Center Table
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(REV_CNTR_CD)
                                 0904 = Psychiatric/psychological treatments-activity
                                        therapy (eff 4/94)

                                 0909 = Psychiatric/psychological treatments-other
                                 0910 = Psychiatric/psychological services-general
                                        classification
                                 0911 = Psychiatric/psychological services-rehabilitation
                                 0912 = Psychiatric/psychological services-day care-
                                        redefined 10/97 to less Intensive
                                 0913 = Psychiatric/psychological services-night care
                                        redefined 10/97 to Intensive
                                 0914 = Psychiatric/psychological services-individual
                                        therapy
                                 0915 = Psychiatric/psychological services-group therapy
                                 0916 = Psychiatric/psychological services-family therapy
                                 0917 = Psychiatric/psychological services-biofeedback
                                 0918 = Psychiatric/psychological services-testing
                                 0919 = Psychiatric/psychological services-other
                                 0920 = Other diagnostic services-general classification
                                 0921 = Other diagnostic services-peripheral vascular lab
                                 0922 = Other diagnostic services-electromyelogram
                                 0923 = Other diagnostic services-pap smear
                                 0924 = Other diagnostic services-allergy test
                                 0925 = Other diagnostic services-pregnancy test
                                 0929 = Other diagnostic services-other
                                 0940 = Other therapeutic services-general classification
                                 0941 = Other therapeutic services-recreational therapy
                                 0942 = Other therapeutic services-education/training
                                        (include diabetes diet training)
                                 0943 = Other therapeutic services-cardiac rehabilitation
                                 0944 = Other therapeutic services-drug rehabilitation
                                 0945 = Other therapeutic services-alcohol
                                        rehabilitation
                                 0946 = Other therapeutic services-routine complex
                                        medical equipment
                                 0947 = Other therapeutic services-ancillary complex
                                        medical equipment (eff 3/92)
                                 0949 = Other therapeutic services-other
                                 0951 = Professional Fees-athletic training
                                 0952 = Professional Fees-kinesiotherapy
                                 0960 = Professional fees-general classification
                                 0961 = Professional fees-psychiatric
                                 0962 = Professional fees-ophthalmology
                                 0963 = Professional fees-anesthesiologist (MD)
                                 0964 = Professional fees-anesthetist (CRNA)
                                 0969 = Professional fees-other
                                 0971 = Professional fees-laboratory
                                 0972 = Professional fees-radiology diagnostic
                                 0973 = Professional fees-radiology therapeutic
                                 0974 = Professional fees-nuclear medicine
                                 0975 = Professional fees-operating room
                                 0976 = Professional fees-respiratory therapy
                                 0977 = Professional fees-physical therapy
                                 0978 = Professional fees-occupational therapy
                                 0979 = Professional fees-speech pathology
                                 0981 = Professional fees-emergency room
                                 0982 = Professional fees-outpatient services
                                 0983 = Professional fees-clinic
                                 0984 = Professional fees-medical social services
                                 0985 = Professional fees-EKG
                                 0986 = Professional fees-EEG
                                 0987 = Professional fees-hospital visit
                                 0988 = Professional fees-consultation
                                 0989 = Professional fees-private duty nurse
                                 0990 = Patient convenience items-general classification
                                 0991 = Patient convenience items-cafeteria/guest tray
                                 0992 = Patient convenience items-private linen service
                                 0993 = Patient convenience items-telephone/telegraph
                                 0994 = Patient convenience items-tv/radio
                                 0995 = Patient convenience items-nonpatient room rentals
                                 0996 = Patient convenience items-late discharge charge
                                 0997 = Patient convenience items-admission kits
                                 0998 = Patient convenience items-beauty shop/barber
                                 0999 = Patient convenience items-other
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CEN                          Revenue Center Table
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(REV_CNTR_CD)                  NOTE: Following Revenue Codes reported
                               for NHCMQ (RUGS) demo claims effective 2/96.

                               9000 = RUGS-no MDS assessment available
                               9001 = Reduced physical functions- RUGS PA1/ADL index of 4-5
                               9002 = Reduced physical functions- RUGS PA2/ADL index of 4-5
                               9003 = Reduced physical functions- RUGS PB1/ADL index of 6-8
                               9004 = Reduced physical functions- RUGS PB2/ADL index of 6-8
                               9005 = Reduced physical functions- RUGS PC1/ADL index of 9-10
                               9006 = Reduced physical functions- RUGS PC2/ADL index of 9-10
                               9007 = Reduced physical functions- RUGS PD1/ADL index of 11-15
                               9008 = Reduced physical functions- RUGS PD2/ADL index of 11-15
                               9009 = Reduced physical functions- RUGS PE1/ADL index of 16-18
                               9010 = Reduced physical functions- RUGS PE2/ADL index of 16-18
                               9011 = Behavior only problems- RUGS BA1/ADL index of 4-5
                               9012 = Behavior only problems- RUGS BA2/ADL index of 4-5
                               9013 = Behavior only problems- RUGS BB1/ADL index of 6-10
                               9014 = Behavior only problems- RUGS BB2/ADL index of 6-10
                               9015 = Impaired cognition- RUGS IA1/ADL index of 4-5
                               9016 = Impaired cognition- RUGS IA2/ADL index of 4-5
                               9017 = Impaired cognition- RUGS IB1/ADL index of 6-10
                               9018 = Impaired cognition- RUGS IB2/ADL index of 6-10
                               9019 = Clinically complex- RUGS CA1/ADL index of 4-5
                               9020 = Clinically complex- RUGS CA2/ADL index of 4-5d
                               9021 = Clinically complex- RUGS CB1/ADL index of 6-10
                               9022 = Clinically complex- RUGS CB2/ADL index of 6-10d
                               9023 = Clinically complex- RUGS CC1/ADL index of 11-16
                               9024 = Clinically complex- RUGS CC2/ADL index of 11-16d
                               9025 = Clinically complex- RUGS CD1/ADL index of 17-18
                               9026 = Clinically complex- RUGS CD2/ADL index of 17-18d
                               9027 = Special care- RUGS SSA/ADL index of 7-13
                               9028 = Special care- RUGS SSB/ADL index of 14-16
                               9029 = Special care- RUGS SSC/ADL index of 17-18
                               9030 = Extensive services- RUGS SE1/1 procedure
                               9031 = Extensive services- RUGS SE2/2 procedures
                               9032 = Extensive services- RUGS SE3/3 procedures
                               9033 = Low rehabilitation- RUGS RLA/ADL index of 4-11
                               9034 = Low rehabilitation- RUGS RLB/ADL index of 12-18
                               9035 = Medium rehabilitation- RUGS RMA/ADL index of 4-7
                               9036 = Medium rehabilitation- RUGS RMB/ADL index of 8-15
                               9037 = Medium rehabilitation- RUGS RMC/ADL index of 16-18
                               9038 = High rehabilitation- RUGS RHA/ADL index of 4-7
                               9039 = High rehabilitation- RUGS RHB/ADL index of 8-11
                               9040 = High rehabilitation- RUGS RHC/ADL index of 12-14
                               9041 = High rehabilitation- RUGS RHD/ADL index of 15-18
                               9042 = Very high rehabilitation- RUGS RVA/ADL index of 4-7
                               9043 = Very high rehabilitation- RUGS RVB/ADL index of 8-13
                               9044 = Very high rehabilitation- RUGS RVC/ADL index of 14-18

                               ***Changes effective for providers entering***
                               **RUGS Demo Phase III as of 1/1/97 or later**
                               9019 = Clinically complex- RUGS CA1/ADL index of 11
                               9020 = Clinically complex- RUGS CA2/ADL index of 11D
                               9021 = Clinically complex- RUGS CB1/ADL index of 12-16
                               9022 = Clinically complex- RUGS CB2/ADL index of 12-16D
                               9023 = Clinically complex- RUGS CC1/ADL index of 17-18
                               9024 = Clinically complex- RUGS CC2/ADL index of 17-18D
                               9025 = Special care- RUGS SSA/ADL index of 14
                               9026 = Special care- RUGS SSB/ADL index of 15-16
                               9027 = Special care- RUGS SSC/ADL index of 17-18
                               9028 = Extensive services- RUGS SE1/ADL index 7-18/1 procedure
                               9029 = Extensive services- RUGS SE2/ADL index 7-18/2 procedures
                               9030 = Extensive services- RUGS SE3/ADL index 7-18/3 procedures
                               9031 = Low rehabilitation- RUGS RLA/ADL index of 4-13
                               9032 = Low rehabilitation- RUGS RLB/ADL index of 14-18
                               9033 = Medium rehabilitation- RUGS RMA/ADL index of 4-7
                               9034 = Medium rehabilitation- RUGS RMB/ADL index of 8-14
                               9035 = Medium rehabilitation- RUGS RMC/ADL index of 15-18
                               9036 = High rehabilitation- RUGS RHA/ADL index of 4-7
                               9037 = High rehabilitation- RUGS RHB/ADL index of 8-12
                               9038 = High rehabilitation- RUGS RHC/ADL index of 13-18
                               9039 = Very High rehabilitation- RUGS RVA/ADL index of 4-8
                               9040 = Very high rehabilitation- RUGS RVB/ADL index of 9-15
                               9041 = Very high rehabilitation- RUGS RVC/ADL index of 16
                               9042 = Very high rehabilitation- RUGS RUA/ADL index of 4-8
                               9043 = Very high rehabilitation- RUGS RUB/ADL index of 9-15
                               9044 = Ultra high rehabilitation- RUGS RUC/ADL index of 16-18
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BETOS                                BETOS Table
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(BETOS_TB)
                                M1A = Office visits - new
                                M1B = Office visits - established
                                M2A = Hospital visit - initial
                                M2B = Hospital visit - subsequent
                                M2C = Hospital visit - critical care
                                M3  = Emergency room visit
                                M4A = Home visit
                                M4B = Nursing home visit
                                M5A = Specialist - pathology
                                M5B = Specialist - psychiatry
                                M5C = Specialist - opthamology
                                M5D = Specialist - other
                                M6  = Consultations
                                P0  = Anesthesia
                                P1A = Major procedure - breast
                                P1B = Major procedure - colectomy
                                P1C = Major procedure - cholecystectomy
                                P1D = Major procedure - turp
                                P1E = Major procedure - hysterctomy
                                P1F = Major procedure - explor/decompr/excisdisc
                                P1G = Major procedure - Other
                                P2A = Major procedure, cardiovascular-CABG
                                P2B = Major procedure, cardiovascular-Aneurysm repair
                                P2C = Major Procedure, cardiovascular-Thromboendarterectomy
                                P2D = Major procedure, cardiovascualr-Coronary angioplasty (PTCA)
                                P2E = Major procedure, cardiovascular-Pacemaker insertion
                                P2F = Major procedure, cardiovascular-Other
                                P3A = Major procedure, orthopedic - Hip fracture repair
                                P3B = Major procedure, orthopedic - Hip replacement
                                P3C = Major procedure, orthopedic - Knee replacement
                                P3D = Major procedure, orthopedic - other
                                P4A = Eye procedure - corneal transplant
                                P4B = Eye procedure - cataract removal/lens insertion
                                P4C = Eye procedure - retinal detachment
                                P4D = Eye procedure - treatment
                                P4E = Eye procedure - other
                                P5A = Ambulatory procedures - skin
                                P5B = Ambulatory procedures - musculoskeletal
                                P5C = Ambulatory procedures - inguinal hernia repair
                                P5D = Ambulatory procedures - lithotripsy
                                P5E = Ambulatory procedures - other
                                P6A = Minor procedures - skin
                                P6B = Minor procedures - musculoskeletal
                                P6C = Minor procedures - other (Medicare fee schedule)
                                P6D = Minor procedures - other (non-Medicare fee schedule)
                                P7A = Oncology - radiation therapy
                                P7B = Oncology - other
                                P8A = Endoscopy - arthroscopy
                                P8B = Endoscopy - upper gastrointestinal
                                P8C = Endoscopy - sigmoidoscopy
                                P8D = Endoscopy - colonoscopy
                                P8E = Endoscopy - cystoscopy
                                P8F = Endoscopy - bronchoscopy
                                P8G = Endoscopy - laparoscopic cholecystectomy
                                P8H = Endoscopy - laryngoscopy
                                P8I = Endoscopy - other
                                P9A = Dialysis services
                                I1A = Standard imaging - chest
                                I1B = Standard imaging - musculoskeletal
                                I1C = Standard imaging - breast
                                I1D = Standard imaging - contrast gastrointestinal
                                I1E = Standard imaging - nuclear medicine
                                I1F = Standard imaging - other
                                I2A = Advanced imaging - CAT: head
                                I2B = Advanced imaging - CAT: other
                                I2C = Advanced imaging - MRI: brain
                                I2D = Advanced imaging - MRI: other
                                I3A = Echography - eye
                                I3B = Echography - abdomen/pelvis
                                I3C = Echography - heart
                                I3D = Echography - carotid arteries
                                I3E = Echography - prostate, transrectal
                                I3F = Echography - other
                                I4A = Imaging/procedure - heart including cardiac catheter
                                I4B = Imaging/procedure - other
                                T1A = Lab tests - routine venipuncture (non Medicare fee schedule)
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BETOS                                BETOS Table
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(BETOS_TB)                      T1B = Lab tests - automated general profiles
                                T1C = Lab tests - urinalysis
                                T1D = Lab tests - blood counts
                                T1E = Lab tests - glucose
                                T1F = Lab tests - bacterial cultures
                                T1G = Lab tests - other (Medicare fee schedule)
                                T1H = Lab tests - other (non-Medicare fee schedule)
                                T2A = Other tests - electrocardiograms
                                T2B = Other tests - cardiovascular stress tests
                                T2C = Other tests - EKG monitoring
                                T2D = Other tests - other
                                D1A = Medical/surgical supplies
                                D1B = Hospital beds
                                D1C = Oxygen and supplies
                                D1D = Wheelchairs
                                D1E = Other DME
                                D1F = Orthotic devices
                                O1A = Ambulance
                                O1B = Chiropractic
                                O1C = Enteral and parenteral
                                O1D = Chemotherapy
                                O1E = Other drugs
                                O1F = Vision, hearing and speech services
                                O1G = Influenza immunization
                                Y1  = Other - Medicare fee schedule
                                Y2  = Other - non-Medicare fee schedule
                                Z1  = Local codes
                                Z2  = Undefined codes


    SUP_TYPE                         DMERC Line Supplier Type Table
    ------------------------        ------------------------------
    DMERC_LINE_SUPLR_TYPE_TB


                                0 = Clinics, groups, associations,
                                    partnerships, or other entities
                                    for whom the carrier's own ID number
                                    has been assigned.
                                1 = Physicians or suppliers billing as
                                    solo practitioners for whom SSN's are
                                    shown in the physician ID code field.
                                2 = Physicians or suppliers billing as
                                    solo practitioners for whom the carrier's
                                    own physician ID code is shown.
                                3 = Suppliers (other than sole proprietorship)
                                    for whom EI numbers are used in coding the
                                    ID field.
                                4 = Suppliers (other than sole proprietorship)
                                    for whom the carrier's own code has been
                                    shown.
                                5 = Institutional providers and
                                    independent laboratories for whom EI
                                    numbers are used in coding the ID field.
                                6 = Institutional providers and
                                    independent laboratories for whom the
                                    carrier's own ID number is shown.
                                7 = Clinics, groups, associations, or
                                    partnerships for whom EI numbers
                                    are used in coding the ID field.
                                8 = Other entities for whom EI numbers
                                    are used in coding the ID field or
                                    proprietorship for whom EI numbers are
                                    used in coding the ID field.
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HCPCS                              Claim SNF & HHA Health Insurance       PPS Table
------------                       ------------------------------------------------
(CLM_HIPPS_TB)
                                    *******************  SNF PPS HIPPS *************************
                                    **************1st 3 positions (RUGS-III group)*************
                                    AAA = Default: No assessment

                                    BA1,BA2,BB1,BB2 = Behavior only problems (e.g.,
                                                      physical/verbal abuse)

                                    CA1,CA2,CB1,CB2 = Clinically-complex conditions
                                    CC1,CC2           (e.g., chemo, dialysis)

                                    IA1,IA2,IB1,IB2 = Impaired cognition (e.g., im-
                                                      paired cognition (e.g., short-
                                                      term memory)

                                    PA1,PA2,PB1,PB2 = Reduced physical functions
                                    PC1,PC2,PD1,PD2
                                    PE1,PE2

                                    RHA,RHB,RHC,RLA = Low/medium/high rehabilitation
                                    RLB,RMA,RMB,RMC

                                    RUA,RUB,RUC,RVA = Very high/ultra high rehabilita-
                                    RVB,RVC           tion: highest level

                                    SE1,SE2,SE3     = Extensive services; e.g.; IV feed
                                                      trach care

                                    SSA,SSB,SSC     = Special care; e.g.; coma, burns

                                    ***********Positions 4 & 5 represent HIPPS modifier/********
                                    *************** assessment type indicator ******************

                                    00 = No assessment completed
                                    01 = Medicare 5-day full assessment/not an initial
                                         admission assessment
                                    02 = Medicare 30-day full assessment
                                    03 = Medicare 60-day full assessment
                                    04 = Medicare 90-day full assessment
                                    05 = Medicare Readmission/Return required assessment
                                         (eff. 10/2000)
                                    07 = Medicare 14-day full or comprehensive assessment/
                                         not an initial admission assessment
                                    08 = Off-cycle Other Medicare Required Assessment (OMRA)
                                    11 = Admission assessment AND Medicare 5-day (or readmission/
                                         return) assessment
                                    17 = Medicare 14-day required assessment AND initial
                                         admission assessment (eff. 10/2000)
                                    18 = OMRA replacing Medicare 5-day required assessment
                                         (eff. 10/2000)
                                    28 = OMRA replacing Medicare 30-day required assessment
                                         (eff. 10/2000)
                                    30 = Off-cycle significant change assessment (outside
                                         assessment window) (eff. 10/2000)
                                    31 = Significant change assessment replaces Medicare
                                         5-day assessment (eff. 10/2000)
                                    32 = Significant change assessment replaces Medicare
                                         30-day assessment
                                    33 = Significant change assessment replaces Medicare
                                         6--day assessment
                                    34 = Significant change assessment replaces Medicare
                                         90-day assessment
                                    35 = Significant change assessment replaces a Medicare
                                         readmission/return assessment
                                    37 = Significant change assessment replaces Medicare
                                         14-day assessment
                                    38 = OMRA replacing Medicare 60-day required
                                         assessment
                                    40 = Off-cycle significant correction assessment of a
                                         prior assessment (outside assessment window)
                                         (eff. 10/2000)
                                    41 = Significant correction of prior full assessment
                                         replaces a Medicare 5-day assessment
                                    42 = Significant correction of prior full assessment
                                         replaces a Medicare 30-day assessment
                                    43 = Significant correction of prior full assessment
                                         replaces a Medicare 60-day assessment
```

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HCPCS                             Claim SNF & HHA Health Insurance        PPS Table
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(CLM_HIPPS_TB)
                                   44 = Significant correction of prior full assessment
                                        replaces a Medicare 90-day assessment
                                   45 = Significant correction of a prior assessment
                                        replaces a readmission/return assessment
                                        (eff. 10/2000)
                                   47 = Significant correction of prior full assessment
                                        replaces a Medicare 14-day required assessment
                                   48 = OMRA replacing Medicare 90-day required assessment
                                   54 = Quarterly review assessment - Medicare 90-day
                                        full assessment
                                   78 = OMRA replacing a Medicare 14-day assessment
                                        (eff. 10/2000)

                                   ***************************************************************
                                   ***************************************************************


                                   *************Claim Home Health PPS HIPPS Table****************
                                   ************************ KEY *******************************
                                   Position 1 = 'H'
                                   Position 2 = Clinical (A = MIN, B = LOW, C = MOD, D =HIGH)
                                   Position 3 = Functional (E = MIN, F = LOW, G = MOD, H = HIGH, I = MAX)
                                   Position 4 = Service (J = MIN, K = LOW, L = MOD, M = HIGH)
                                   Position 5 = identifies which elements of the code were
                                                computed or derived:
                                                1 = 2nd, 3rd, 4th positions computed
                                                2 = 2nd position derived
                                                3 = 3rd position derived
                                                4 = 4th position derived
                                                5 = 2nd & 3rd positions derived
                                                6 = 3rd & 4th positions derived
                                                7 = 2nd & 4th positions derived
                                                8 = 2nd, 3rd, 4th positions derived
                                   ***************************************************************
```