U.S. Office of Personnel Management
Office of the Inspector General

Attachment 2: Mandatory Medical and Pharmacy Claim Code Sets

Claim Disposition Status Code – (See Field # 25)

1	Original Claim
2	Adjustment of Original, Adjusted or Split Billed Claim
3	Reversal of Original, Adjusted or Split Billed Claim
4	Void of Original, Adjusted or Split Billed Claim
5	Final Claim All value equal to 5 = Final version of claim at the time of data extract
6	Extension to original facility claim (split bill)
9	Denied Claim
A	Refund Request record
B	Refund Received record
C	Manual Adjustment of Original, Adjusted or Split Billed Claim

Service Unit Code (HIPAA codes) – (See Field # 29)

DA	Days
DH	Miles (Ambulance)
MA	Modalities (Therapeutic Agents)
MJ	Minutes (Anesthesia, etc.)
MO	Month (DME Certification Loop)
UN	Units (Default Value)
VS	Visits
WK	Week (DME Certification Loop)
YR	Year (DME Certification Loop)
Blank	Unknown – *(Do not add the actual word "blank". Please fill the fields with spaces.)*

Patient Discharge Status Code (UB-04 codes) – (See Field # 49)

00	Unknown or not applicable (not an inpatient facility claim)
01	Discharged/Transferred to Home or self-care (routine discharge)
02	Discharged/Transferred to another short-term general hospital for inpatient care
03	Discharged/Transferred to SNF (Skilled Nursing Facility)
04	Discharged/Transferred to ICF (Intermediate Care Facility)
05	Discharged/Transferred to another type of facility (e.g. Cancer Hospital, Children's Hospital) or referred for outpatient services to another facility
06	Discharged/Transferred to Home under care of Home Health Service
07	Left against medical advice or discontinued care
08	Discharged/Transferred to Home under care of Home IV Service [deleted 10/1/2005]
09	Admitted as an inpatient to this hospital (more than 3 days after related outpatient services or admission is unrelated to outpatient services)
20	Died
21	Discharged/Transferred to Court/Law Enforcement [added 10/1/2009]
30	Still a patient or expected to return for Outpatient Services
40	Died at home (Hospice claims only)
41	Died in a medical facility (Hospice claims only)
42	Died at unknown location (Hospice claims only)
43	Discharged/Transferred to Federal Health Care Facility (e.g. DOD, VA) [added 10/1/2003]
50	Discharged/Transferred to Hospice care- Home
51	Discharged/Transferred to Hospice care - Medical Facility
61	Discharged/Transferred to Hospital-based Medicare approved Swing Bed [added 10/1/2001]

62 Discharged/Transferred to Inpatient Rehabilitation Facility or Hospital Rehabilitation Unit [added 10/1/2001]

63 Discharged/Transferred to LTC (Long Term Care) Hospital [added 10/1/2001]

64 Discharged/Transferred to Nursing Facility - Medicaid Certified [added 10/1/2002]

65 Discharged/Transferred to Psychiatric Hospital or Hospital Psychiatric Unit [added 10/1/2003]

66 Discharged/Transferred to CAH (Critical Access Hospital) [effective 1/1/2006]

70 Discharged/Transferred to another type of health care institution not defined elsewhere in the code list [effective 4/1/2008]

71 Discharged/Transferred for Outpatient Services - another Facility [10/1/2001 - 9/30/2003 only]

72 Discharged/Transferred for Outpatient Services - this Facility [10/1/2001 - 9/30/2003 only]

Debarred Provider - Payment Reason Code– (See Field # 60)

C OPM has approved payment. Member is receiving continuing care.

D Denied [no payment, after 15 day grace period]

G Claim is within 15 day grace period.

M OPM has approved payment. Member resides in a Medically Underserved Area.

U Claim was paid, unknown reason.

X OPM has approved payment. Other/unspecified reason.

Blank not applicable - not a debarred provider *(Do not add the actual "blank". Please fill the fields with spaces.)*

Medicare Payment Disposition Code – (See Field # 65)

A Medicare Part A or Medicare Prepaid/Advantage Plan payment

B Medicare Part B or Medicare Prepaid/Advantage Plan payment

C Medicare Part A and Part B payments [ended 12/31/2005]

C Medicare Part D Prescription Drug Coverage payment [effective 1/1/2006]

D all charges applied to Medicare Part B Deductible, no Medicare payment

E Medicare Part A Benefit Period is Exhausted, no Medicare payment

F Not a Medicare Part A or Part B or Medicare Prepaid/Advantage Plan Benefit, no Medicare payment

G all charges applied to Medicare Part A Deductible, no Medicare payment

H Provider is not covered by the Medicare Prepaid/Advantage Plan, no Medicare payment

J Medicare Part A or Part B multi-line pricing; Medicare payment is indicated on another charge line

K No Medicare Part A benefit available, Medicare Part B provided payment

N Not enrolled in the Part of Medicare that would cover this service, no Medicare payment

P Speculative Medicare

U Medicare Part A and/or Part B payment (Unable to distinguish)

X Medicare Part A and/or Part B priced the claim but the carrier is unable to determine why there was no Medicare payment.

blank not enrolled in Medicare *(Do not add the actual word "blank". Please fill the fields with spaces.)*

Carrier – Paid Indicator (HIPAA codes) – (See Fields #66,68)

blank	this carrier paid as primary (Do not add the actual word "blank". Please fill the fields with spaces.)
16	Medicare Fee-for-Service/Advantage Plan
BL	Other BlueCross BlueShield
C1	Other Commercial Care
MA	Traditional Medicare (Part A)
MB	Traditional Medicare (Part B)
MU	Traditional Medicare (Unable to determine whether Part A and/or Part B)
NF	No Fault Insurance
SP	Speculative
SU	Subrogation
WC	Workers Compensation
Blank	this carrier paid as primary *(Do not add the actual word "blank". Please fill the fields with spaces.)*

Pricing Method– (See Fields #71, 72)

4	**Percentage of Technical Amount Paid -** applied after appropriate savings have been deducted from the Total Covered Charges, but prior to the application of any deductible and/or coinsurance.
5	**Dental Fee Schedule Allowance** (Rate X the Number of Services)
6	**Maximum Allowable Charge (MAC) -** deductible and/or coinsurance applied to the MAC Amount.
B	**Percentage of FEP Allowable Charges -** applied after appropriate savings have been deducted from the Total Covered Charges, but prior to the application of any deductible and/or coinsurance.

D **Percentage of Total Covered Charges -** applied directly to the Total Covered Charges prior to the application of appropriate savings, deductible and/or coinsurance.

E **Per Diem (Rate X the Number of Days) -** deductible and/or coinsurance applied to the lesser of the Per Diem Amount or the Total Covered Charges. Applies only to Inpatient claims.

F **Medical Fee Schedule Allowance** (Rate X the Number of Services)

G **Diagnostic Related Group (DRG) Price Amount -** deductible and/or coinsurance applied to the lesser of the DRG Amount or the Total Covered Charges. Applies only to Inpatient claims.

I **Encounter/Capitated Service -** the service reported on this charge is considered encounter data as it is covered by a set fee paid to the provider regardless of whether or not services are rendered. No disbursement will occur as a result of this charge.

K **Per Diem** (Rate X the Number of Days) plus any deductible and/or coinsurance - Deductible and/or coinsurance is calculated on the Per Diem allowance to determine the amount the provider agreed to accept as payment in full. Applies only to Inpatient claims.

L **Percentage of Total Charges All Services -** applied directly to the Total Charges All Services prior to the application of appropriate savings, deductible and/or coinsurance.

M **Percentage of Negotiated Allowance -** applied after the primary pricing method has been used to reduce the Total Covered Charges, but prior to the application of any other savings, deductible and/or coinsurance amounts.

N **Percentage of Amount Paid Special Formula -** the Pricing Percentage is applied after any non-covered amount, deductible and/or coinsurance has been deducted from the Billed Charges.

U **Unspecified -** the specific pricing method is not available.

V **Priced by the Vendor -** such as a PPO Provider Network, etc. This should be used if it was priced by a vendor and the carrier doesn't know what method the vendor used.

Facility Type of Bill Code (1st digit = zero)

2nd Digit - Claim Type

1 Hospital

2 SNF (Skilled Nursing Facility)

3 Home Health

4 Religious Nonmedical – Hospital

5 Religious Nonmedical - Ext Care

6 Intermediate Care

7 Clinic or Hospital Renal Dialysis

8 Special Facility or Hospital ASC Surg

3rd Digit (when 2nd digit does not equal 7 or 8)

1 Inpatient (Medicare Part A)

2 Inpatient (Medicare Part B Only)

3 Outpatient

4 Other (For Medicare Part B Use Only)

5 Intermediate Care - Level I

6 Intermediate Care - Level II

7 Intermediate Care - Level III [discontinued eff 10/1/2005]

8 Swing Bed

3rd Digit (when 2nd digit equals 7)

1 Rural Health Clinic

2 Hospital-Based or Independent Renal Dialysis Center

3 Free-Standing Federally Qualified Health Center (FQHC)

4 Other Rehabilitation Facility (ORF)

5 Comprehensive Outpatient Rehabilitation Facility(CORF)

6 Community Mental Health Center

7 Any Federally Qualified Health Center (FQHC) [eff 4/2010]

9 Other

3rd Digit (when 2nd digit equals 8)

1 Hospice (Non-Hospital Based)

2 Hospice (Hospital Based)

3 Ambulatory Surgical Center Services to Hospital Outpatients

4 Free Standing Birthing Center

5 Critical Access Hospital (CAH)

6 Residential Facility

9 Other

4th Digit - Frequency

0 Non-Payment/Zero Claim

1	Admit thru Discharge Claim
2	Interim - First Claim
3	Interim - Continuing Claim
4	Interim - Last Claim
5	Late Charge Only Claim
6	Adjustment of Prior Claim
7	Replacement of Prior Claim
8	Void/Cancel of Prior Claim
9	Final Claim for Home Health PPS Episode
A	Admission/Election Notice
B	Termination/Revocation Notice
C	Hospice Change of Provider Notice
D	Void/Cancel
E	Hospice Change of Ownership
F	Beneficiary Initiated Adjustment Claim
G	CWF Initiated Adjustment Claim
H	CMS Initiated Adjustment Claim
I	Intermediary Initiated Adjustment Claim
J	Other Initiated Adjustment Claim
K	OIG Initiated Adjustment Claim
M	MSP Initiated Adjustment Claim

N QIO Initiated Adjustment Claim

P QIO Adjustment Claim

Q Claim Submit Untimely for Reconsideration

X Void/Cancel of Abbreviated Encounter

Y Replacement of Abbreviated Encounter

Z New Abbreviated Encounter Submission

CMS 1500 – Place of Service

Listed below are place of service codes and descriptions. These codes should be used on professional claims to specify the entity where service(s) were rendered.

Code(s)	Place of Service Name	Place of Service Description
1	Pharmacy**	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients. (effective 10/1/05)
2	Unassigned	N/A
3	School	A facility whose primary purpose is education.
4	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
5	Indian Health Service Free-standing Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.
6	Indian Health Service Provider-based Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
7	Tribal 638 Free-standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and nonsurgical), and rehabilitation services to tribal members who do not require hospitalization.
8	Tribal 638 Provider-based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and nonsurgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.
9-10	Prison/ Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders.

Code(s)	Place of Service Name	Place of Service Description
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services. (effective 10/1/03)
14	Group Home *	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration).
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
16	Temporary Lodging	A short term accommodation such as a hotel, campground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code. (effective 4/1/08)
17-19	Unassigned	N/A
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room - Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate postpartum care as well as immediate care of newborn infants.

Code(s)	Place of Service Name	Place of Service Description
26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).
27-30	Unassigned	N/A
31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
35-40	Unassigned	N/A
41	Ambulance - Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
42	Ambulance - Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
43-48	Unassigned	N/A
49	Independent Clinic	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only. (effective 10/1/03)
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.

Code(s)	Place of Service Name	Place of Service Description
52	Psychiatric Facility-Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
53	Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
54	Intermediate Care Facility/Mentally Retarded	A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
57	Non-residential Substance Abuse Treatment Facility	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing. (effective 10/1/03)
58-59	Unassigned	N/A
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.

Code(s)	Place of Service Name	Place of Service Description
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
63-64	Unassigned	N/A
65	End-Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.
66-70	Unassigned	N/A
71	Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician. (effective 10/1/03)
72	Rural Health Clinic	A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.
73-80	Unassigned	N/A
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
82-98	Unassigned	N/A
99	Other Place of Service	Other place of service not identified above.

* Revised, effective April 1, 2004.

** Revised, effective October 1, 2005

CMS 1500 – Type of Service

List of Type of Service Indicators

(updated Sep 24, 2013)

Indicator	Type of Service Name	Special Considerations/Exceptions
0	Whole Blood	
1	Medical Care	
2	Surgery	
3	Consultation	
4	Diagnostic Radiology	
6	Therapeutic Radiology	
7	Anesthesia	
8	Assistant at Surgery	Surgical services billed with an assistant-at-surgery modifier (80-82, AS,) must be reported with TOS 8. The 8 indicator does not appear on the TOS table because its use is dependent upon the use of the appropriate modifier. (See Pub. 100-04, Medicare Claims Processing Manual, Chapter 12, "Physician/Nonphysician Practitioner," for instructions on when assistant-at-surgery is allowable.)
9	Other Medical Items or Services	
A	Used DME	
B	High Risk Screening Mammography	
C	Low Risk Screening Mammography	
D	Ambulance	
E	Enteral/Parenteral Nutrients/Supplies	
F	Ambulatory Surgical Center (Facility Usage for Surgical Services)	Surgical services billed for dates of service through December 31, 2007, containing the ASC facility service modifier SG must be reported as TOS F. Effective for services on or after January 1, 2008, the SG modifier is no longer applicable for Medicare services. ASC providers should discontinue applying the SG modifier on ASC facility claims. The indicator 'F' does not appear in the TOS table because its use depends upon claims submitted with POS 24 (ASC Facility) from an ASC (specialty 49). This became effective for dates of service January 1, 2008, and after.

Indicator	Type of Service Name	Special Considerations/Exceptions
G	Immunosuppressive Drugs	For injection codes with more than one possible TOS designation, use the following guidelines when assigning the TOS: When the choice is G or 1: o Use TOS G when the drug is an immunosuppressive drug; or o Use TOS 1 when the drug is used for other than immunosuppression.
H	Hospice	TOS H appears in the list of descriptors. However, it does not appear in the table. In CWF, "H" is used only as an indicator for hospice. The carrier should not submit TOS H to CWF at this time.
J	Diabetic Shoes	
K	Hearing Items and Services	
L	ESRD Supplies	For injection codes with more than one possible TOS designation, use the following guidelines when assigning the TOS: When the choice is L or 1, o Use TOS L when the drug is used related to ESRD; or o Use TOS 1 when the drug is not related to ESRD and is administered in the office.
M	Monthly Capitation Payment for Dialysis	
N	Kidney Donor	
P	Lump Sum Purchase of DME, Prosthetics, Orthotics	For injection codes with more than one possible TOS designation, use the following guidelines when assigning the TOS: When the choice is P or 1, o Use TOS P if the drug is administered through durable medical equipment (DME); or o Use TOS 1 if the drug is administered in the office.
Q	Vision Items or Services	
R	Rental of DME	
S	Surgical Dressings or Other Medical Supplies	
T	Outpatient Mental Health Treatment Limitation	Psychiatric treatment services that are subject to the outpatient mental health treatment limitation should be reported with TOS T.
U	Occupational Therapy	
V	Pneumococcal/Flu Vaccine	
W	Physical Therapy	

Condition Codes Sets

1500 Health Care Claim Form and in the 837 Professional.

Condition Codes Source: http://www.nucc.org

The following is the list of the current Condition Codes for abortion valid for use on the 1500 Health Care Claim Form and in the 837 Professional.

Code(s):	***Description***
AA	Abortion Performed due to Rape
AB	Abortion Performed due to Incest
AC	Abortion Performed due to Serious Fetal Genetic Defect, Deformity, or Abnormality
AD	Abortion Performed due to a Life Endangering Physical Condition Caused by, Arising from or Exacerbated by the Pregnancy Itself
AE	Abortion Performed due to Physical Health of Mother that is not Life Endangering
AF	Abortion Performed due to Emotional/psychological Health of the Mother
AG	Abortion Performed due to Social or Economic Reasons
AH	Elective Abortion
AI	Sterilization

The following is a list of Condition Codes for worker's compensation claims that are valid for use on the 1500 Health Care Claim Form.

- W2 Duplicate of original bill
- W3 Level 1 appeal
- W4 Level 2 appeal
- W5 Level 3 appeal

UB04 Condition Codes (1450 CMS Form)

Code(s):	***Description***
1-34	Situational
35-99	Accommodations
A0-BZ	Special Program Indicator Codes Required
C1-CZ	QIO Approval Indicator Codes
D0-ZZ	Claim Change Reasons

POA Code Set

Present on Admission (POA) Codes:	Definition:
Y	Present at the time of inpatient admission
N	Not present at the time of inpatient admission
U	Documentation is insufficient to determine if condition is present on admission
W	Provider is unable to clinically determine whether condition was present on admission or not
1	Exempt from POA reporting. This code is the equivalent of a blank on the UB-04, however, it was determined that blanks were undesirable on Medicare claims when submitting this data via the 004010/00410A1.

NOTE: The number "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting.

Please refer to Transmittal R756OTN, Change Request (CR) 7024 at http://www.cms.gov/Transmittals/Downloads/R756OTN.pdf on the