

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2041</b>	<b>Date: March 13, 2018</b>
	<b>Change Request 10415</b>

**Transmittal 2019, dated January 26, 2018, is being rescinded and replaced by Transmittal 2041, dated, March 13, 2018, to revise business requirement 10415.3. All other information remains the same.**

**SUBJECT: Redesign of Flu Vaccines in Fiscal Intermediary Shared System (FISS)**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to provide an alternative method to the implementation of Influenza/Pneumococcal vaccine Healthcare Common Procedure Coding System (HCPCS) codes received on a recurring basis. In addition, this suggestive alternative will provide a user controlled methodology as well as reduce the amount of hours required by FISS to implement the recurring HCPCS received for Influenza and Pneumococcal claims processing.

**EFFECTIVE DATE: July 1, 2018 - - BR10415.1 through BR10415.12.5 and October 1, 2018 BR10415.13 through BR10415.16**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: July 2, 2018 - – BR10415.1 through BR10415.12.5 and October 1, 2018 – BR10415.13 through BR10415.16**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**One Time Notification**

# Attachment - One-Time Notification

Pub. 100-20	Transmittal: 2041	Date: March 13, 2018	Change Request: 10415
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**IMPLEMENTATION DATE: July 2, 2018 - - BR10415.1 through BR10415.12.5 and October 1, 2018 – BR10415.13 through BR10415.16**

## I. GENERAL INFORMATION

**A. Background:** Routinely CMS distributes new HCPCS codes for the implementation of Influenza/Pneumococcal vaccines. As an example, CMS issued CR 10196 to implement new Influenza/Pneumococcal vaccines with an effective date of August 1, 2017. The new HCPCS included in this CR will also be included in the January 2018 recurring HCPCS update file. The FISS incorporates the new HCPCS into the standard system through the internal FISS HCPCS file and performs modifications to existing Reason Codes and/or new Reason Codes. There are approximately 30 FISS Reason Codes that are updated each time a new Influenza/Pneumococcal HCPCS is implemented or changed.

### Future State

FISS is proposing the implementation of a new online HCPCS Control (HCPCS CONTR) file (see Attachment A) to load all HCPCS including Influenza/Pneumococcal HCPCS with a Type of Service equal to ‘V’. Once the FISS logic changes are implemented, the system will utilize this file to verify and validate billing of Influenza/Pneumococcal HCPCS. The file will provide the ability for the MAC community to maintain new/changed Influenza/Pneumococcal HCPCS received during an off-annual basis without FISS system changes required. This design will eliminate the need to modify code associated with the Influenza/Pneumococcal related Reason Codes and reduce the amount of time required to implement recurring changes.

**B. Policy:** There are no regulatory, legislative, or statutory requirements related to this CR.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10415.1	FISS shall create a new online Virtual Storage Access Method HCPCS CONTR file accessible via the File Maintenance (05).					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10415.1.1	FISS shall Include the following FISS standard screen headings: <ol style="list-style-type: none"> <li>1. MAP Number</li> <li>2. MAP Heading</li> <li>3. Transaction Date</li> <li>4. Operator ID</li> <li>5. Release Version Number</li> </ol>					X				
10415.2	FISS shall include the following data elements on the online HCPCS CONTR : <ol style="list-style-type: none"> <li>1. HCPCS/Modifier (5 Positions)</li> <li>2. Short Description (28 Positions)</li> <li>3. HCPCS XREF (5 Positions) – Occurs 5 times</li> <li>4. HCPCS Pricing Indicator Code (2 Positions) – Occurs 4 times</li> <li>5. HCPCS Multiple Pricing Indicator Code (1 Position)</li> <li>6. HCPCS Lab Certification Code (3 Positions) - Occurs 8 times</li> <li>7. HCPCS Coverage Code (1 Position)</li> <li>8. HCPCS ASC Payment Group Code ( 2 Positions)</li> <li>9. HCPCS MOG Payment Group Code (3 Positions)</li> <li>10. HCPCS MOG Payment Policy Indicator ( 1 Position)</li> <li>11. HCPCS Processing Note Number (4 Positions)</li> </ol>					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	12. HCPCS Type of Service Code (1 Position) – Occurs 5 times 13. HCPCS Berenson-Eggers Type of Service Code (3 Positions) 14. HCPCS Code Added Date (MM/DD/YY) 15. HCPCS Termination Date (MM/DD/YY) 16. HCPCS Action Code (1 Position) 17. HCPCS ASC Effective Date (MM/DD/YY) 18. HCPCS MOG Effective Date (MM/DD/YY) 19. HCPCS Action Effective Date (MM/DD/YY) 20. Coverage Issues Manual Reference (6 Positions) – Occurs 3 times 21. Carrier Manual Reference (8 Positions) – Occurs 3 times 22. Statute (10 Positions) 23. Anesthesia Unit Quantity (3 Positions)									
10415.3	FISS shall perform the initial load and any subsequent updates to the HCPCS CONTR file on an annual basis.					X				
10415.3.1	FISS shall perform the annual yearly update function to add new data and replace existing data with new data received					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	while retaining any unmatched updates.									
10415.4	FISS shall add a new online option for the HCPCS CONTR file to MAP1025					X				
10415.4.1	FISS shall include a transaction type equal to E (Entry), U (Update) or I (Inquiry).					X				
10415.4.1.1	FISS shall set the default value to equal N (No).					X				
10415.5	FISS shall add the HCPCS CONTR file to the Operator Control file on MAP128C.					X				
10415.5.1	FISS shall include the Access value of Y (Yes), N (No) or I (Inquiry).					X				
10415.5.1.1	FISS shall display a message "NOT AUTH" when an Operator is not authorized.					X				
10415.6	FISS shall allow entry, inquiry and update to the HCPCS CONTR file based on authority in the Operator Control file.					X				
10415.7	FISS shall modify the 092-Report, Operator Control File Maintenance report to include the new HCPCS CONTR file.					X				
10415.8	FISS shall modify the 692, Operator Control File Validation – Operators with Operator Control File Update or PF12 Capabilities, report to include the new HCPCS CONTR file.					X				
10415.9	FISS shall modify the 693, Operator Control File					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Validation – Operators without Operator Control File Update or PF12 Capabilities, report to include the new HCPCS CONTR file.									
10415.10	FISS shall add the HCPCS CONTR file to the In-house Security and Logging file on MAP189D					X				
10415.10.1	FISS shall include the values of Y (Yes), N (No) and V (Validate).					X				
10415.10.2	FISS shall set the default value to equal V (Validate).					X				
10415.11	FISS shall create new file maintenance edits to assign on the HCPCS CONTR file when invalid information is entered.					X				
10415.11.1	FISS shall create a new file maintenance edit to assign when the HCPCS pricing indicator is not equal to spaces, 00 and 11 through 13, 21, 22 and 31 through 39, 45, 46 and 51 through 57 or 99.					X				
10415.11.2	FISS shall create a new file maintenance edit to assign when the HCPCS multiple pricing indicator is not equal to spaces, 9 or A through G.					X				
10415.11.3	FISS shall create a new file maintenance edit to assign when the HCPCS lab certification code is not equal to spaces, 010, 100, 110, 115, 120, 130, 140, 150, 200, 210, 220, 300, 310, 320, 330, 340, 350, 400, 500, 510, 520, 530, 540, 550, 560, 600, 610,					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	620, 630 800 or 900.									
10415.11.4	FISS shall create a new file maintenance edit to assign when the HCPCS coverage code is not equal to spaces, C, D, I, M or S.					X				
10415.11.5	FISS shall create a new file maintenance edit to assign when the HCPCS MOG Payment Group Code is not equal to spaces, 000, 102, 112, 132, 142, 143, 151, 152, 153, 160, 169, 201, 202, 211, 212, 221, 222, 231 through 233, 241, 242, 260, 269, 270, 279, 280, 289, 290, 302 through 304, 309, 310, 319, 322, 323, 329, 330, 350, 359, 360, 369, 370, 379, 400, 410, 421, 422, 429, 430, 439, 440, 449, 450, 460, 472, 473, 480, 490, 501, 502, 509, 511 through 513, 521, 522, 530, 539, 540, 549, 550, 562, 563, 570, 579, 580, 589, 602, 609, 610, 619, 621, 622, 629, 639, 640, 649, 651, 652, 659, 660, 669, 673, 674. 680 or 689.					X				
10415.11.6	FISS shall create a new file maintenance edit to assign when the HCPCS Medicare Outpatient Group (MOG) Payment Policy Indicator is not equal to spaces, 1 through 4, 6, 7 or 9.					X				
10415.11.7	FISS shall create a new file maintenance edit to assign when the HCPCS action code is not equal to spaces, A through D, F, N, P or R through T.					X				
10415.11.8	FISS shall create a new file maintenance edit to assign					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	when the HCPCS Type of Service Code (TOS) is not equal to a value present in Attachment B.									
10415.11.9	FISS shall create a new file maintenance edit to assign when the HCPCS Berenson-Eggers TOS is not equal to spaces or a value in Attachment C.					X				
10415.11.10	FISS shall create a new file maintenance edit to assign when the HCPCS ASC payment group code is not equal to spaces, YY or Blank.					X				
10415.12	FISS shall create a new daily report to capture activity performed on the HCPCS CONTR file for added or updated HCPCS.					X				
10415.12.1	<p>FISS shall include the following standard FISS report headings:</p> <ul style="list-style-type: none"> <li>- Run Date</li> <li>- Report Number</li> <li>- Intermediary Number</li> <li>- Page</li> <li>- Report heading equal to: HCPCS Contractor Add/Updates</li> </ul>					X				
10415.12.2	<p>FISS shall include the following fields on the report:</p> <ul style="list-style-type: none"> <li>- Operator ID <ul style="list-style-type: none"> <li>1. HCPCS/Modifier (5 Positions)</li> <li>2. Short Description (28 Positions)</li> </ul> </li> </ul>					X				





Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	19. HCPCS Action Effective Date(MM/DD/YY) 20. Coverage Issues Manual Reference (6 Positions) – Occurs 3 times 21. Carrier Manual Reference (8 Positions) – Occurs 3 times 22. Statute (10 Positions) 23. Anesthesia Unit Quantity (3 Positions)									
10415.12.3	FISS shall identify adds/updates on the FISS CONTR file by comparing the run date to the maintenance date, and when matched, select the HCPCS record and include in the report.					X				
10415.12.4	FISS shall for daily reports containing no add/updates, include the message “no data met the report selection criteria” on the report generated.					X				
10415.12.5	FISS shall utilize this report to identify yearly/annual adds/updates that are performed as part of the recurring HCPCS load process.					X				
10415.13	FISS shall modify the logic for the following existing Influenza/Pneumococcal reason codes to verify and validate using the HCPCS CONTR file: <ul style="list-style-type: none"> <li>• 31026</li> <li>• 31438</li> <li>• 31490</li> </ul>					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	<ul style="list-style-type: none"> <li>• 31491</li> <li>• 31498</li> <li>• 31499</li> <li>• 31539</li> <li>• 31590</li> <li>• 31596</li> <li>• 31744</li> <li>• 32066</li> <li>• 32149</li> <li>• 32287</li> <li>• 32408</li> <li>• 32415</li> <li>• 32416</li> <li>• 36106</li> <li>• 36136</li> <li>• 36220</li> <li>• 38022</li> <li>• 38111</li> <li>• 38113</li> </ul>									
10415.13.1	FISS shall modify the Influenza/Pneumococcal Reason Code narratives (identified in BR10415.13) to remove the specific Influenza/Pneumococcal HCPCS and replace with a Type Code of V.					X				
10415.14	FISS shall create a new revenue code line item, one position, TOS field in the FISS online claim.					X				
10415.14.1	FISS shall populate the claim TOS field to equal a 'V' when the revenue code line item contains a HCPCS equal to Influenza or Pneumococcal.					X				
10415.15	FISS shall modify the Integrated Data Repository (IDR) to add the new TOS field.					X				
10415.16	FISS shall modify the Expert Claims Processing System (ECPS) to add the					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	new TOS field.									

**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: N/A**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Valeri Ritter, 410-786-8652 or valeri.ritter@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

**VI. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 3**

# A – FISS ONLINE HCPCS CONTR VSAM File

-----1-----2-----3-----4-----5-----6-----7-----  
MAP1XXX                    REGRFSSA CICSTRG REGRESSION TESTING                    APLCITRG 06/14/17  
NZ3SYP            SC                    CONTRACTOR HCPC DATA FILE                    C201724P 07:22:56

HCPC/MOD: 12345    SHORT DESC: 1234567890123456789012345678

TYPE-SERV: 1 2 3 4 5  
BE-TYP-SERV: 123    XXX  
PRICING IND: 12 22 32 42  
MLT-PRICING: 1    XXX  
LAB CERT: 123 223 323 423 523 623 723 823  
COVERAGE: 1    XXX  
ASC-PAY-GRP: 12    XXX  
MOG-PAY-GRP: 123    XXX  
MOG-POL-IND: 1    XXX

PROC-NOTE: 1234 ANES-BS-UNT-QTY: 123 HCPC XREF: 12345 22345 32345 42345 52345

ADDED-DT: MM/DD/YY    ASC-EFF-DT: MM/DD/YY    COV-MAN: 123456    223456    323456  
TERM-DT: MM/DD/YY    MOG-EFF-DT: MM/DD/YY    CAR-MAN: 12345678    22345678    32345678  
ACTION: 1            ACT-EFF-DT: MM/DD/YY    STATUTE: 1234567890

PRESS PF3-EXIT    PF8-DOWN

## **B - HCPCS Type of Service Code**

- 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)

## **C - HCPCS Berenson-Eggers Type of Service Code**

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 - ophthalmology  
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 - hysterectomy  
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, cardiovascular-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 of retinal lesions  
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 (medicare fee schedule)  
P9B = Dialysis services (non-medicare fee schedule)  
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/CT/CTA: brain/head/neck  
I2B = Advanced imaging - CAT/CT/CTA: other  
I2C = Advanced imaging - MRI/MRA: brain/head/neck  
I2D = Advanced imaging - MRI/MRA: other  
I3A = Echography/ultrasonography - eye  
I3B = Echography/ultrasonography - abdomen/pelvis  
I3C = Echography/ultrasonography - heart  
I3D = Echography/ultrasonography - carotid arteries  
I3E = Echography/ultrasonography - prostate, transrectal  
I3F = Echography/ultrasonography - other  
I4A = Imaging/procedure - heart including cardiac catheterization  
I4B = Imaging/procedure - other  
T1A = Lab tests - routine venipuncture (non Medicare fee schedule)  
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 = Prosthetic/Orthotic devices  
D1G = Drugs Administered through DME  
O1A = Ambulance  
O1B = Chiropractic  
O1C = Enteral and parenteral  
O1D = Chemotherapy  
O1E = Other drugs  
O1F = Hearing and speech services  
O1G = Immunizations/Vaccinations  
Y1 = Other - Medicare fee schedule  
Y2 = Other - non-Medicare fee schedule  
Z1 = Local codes  
Z2 = Undefined codes