

File Layout
INTEGRATED OCE Data Files Version 20.3
October 1, 2019

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Changes since last release:

1. Updated version identification and date to 20.3, October 2019
2. Updated version reference to 77 = October 2019
3. Added 1 new field and description to the HcpcsMap and diff_HcpcsMap tables.
 - a. Edit92ModifierBypass

Q_CD_ApcData.xlsx - contains the valid APCs for October 2019

Field	Description
APC	APC value
SI	Status Indicator
PI	Payment Indicator
ApcPayment	Payment assigned to the APC
APCDesc	APC description
VER	Current version 77 = October 2019
BeginDate	Effective date of "VER"

Q_CD_diff_ApcData.xlsx - contains the APC differences between July 2019 and October 2019

Field	Description
ADM	A=Addition D=Deletion M=Modification
APC	APC value
SI	Status Indicator
PI	Payment Indicator
ApcPayment	Payment assigned to the APC
Description	APC description
Version Compared	Valid versions *Refer to the valid version table at end of document
BeginDate	Effective date of "Version Compared"

Q_CD_Addon_Code_Type_One.xlsx - contains the valid Type I add on procedure code pairings for October 2019

Field	Description
Addon	Addon procedure code
Primary	Primary procedure code
VER	Current version 77 = October 2019
BeginDate	Effective date of "VER"

Q_CD_Addon_Code_Type_One_DIFF.xlsx - contains the Type I add on procedure code pairing differences between **July 2019 and October 2019**

Field	Description
ADM	A=Addition D=Deletion M=Modification
Addon	Addon procedure code
Primary	Primary procedure code
Version Compared	Valid versions *Refer to the valid version table at end of document
BeginDate	Effective date of “Version Compared”

Q_CD_Addon_Code_Type_Two.xlsx - contains the valid Type II add on procedure code pairings for **October 2019**

Field	Description
Addon	Addon procedure code
Primary	Primary procedure code
VER	Current version 77 = October 2019
Begindate	Effective date of “VER”

Q_CD_Addon_Code_Type_Two_DIFF.xlsx - contains the Type II add on procedure code pairing differences between **July 2019 and October 2019**

Field	Description
ADM	A=Addition D=Deletion M=Modification
Addon	Addon procedure code
Primary	Primary procedure code
Version Compared	Valid versions *Refer to the valid version table at end of document
BeginDate	Effective date of “Version Compared”

Q_CD_Addon_Code_Type_Three.xlsx - contains the valid Type III add on procedure code pairings for **October 2019**

Field	Description
Addon	Addon procedure code
Primary	Primary procedure code
VER	Current version 77 = October 2019
Begindate	Effective date of “VER”

Q_CD_Addon_Code_Type_Three_DIFF.xlsx - contains the Type III add on procedure code pairing differences between **July 2019 and October 2019**

Field	Description
ADM	A=Addition D=Deletion M=Modification
Addon	Addon procedure code
Primary	Primary procedure code
Version Compared	Valid versions *Refer to the valid version table at end of document
BeginDate	Effective date of “Version Compared”

Q_CD_CapcMap.xlsx – contains the list of HCPCS that are comprehensive APC procedures for **October 2019**

Field	Description
HCPCS	HCPCS Code
Rank	Indicates numeric rank order for selection of primary comprehensive APC procedure when multiple comprehensive APC procedures are present on a claim
ComplexityAdjustment	Indicates code 1 of a complexity-adjusted comprehensive APC code pair Values: 0 = no complexity adjustment 1 = complexity adjustment applies
Version	Current version 77 = October 2019
BeginDate	Effective date of “VER”

Q_CD_diff_CapcMap.xlsx – contains the list of HCPCS that are comprehensive APC procedure differences for **October 2019**

Field	Description
ADM	A=Addition D=Deletion M=Modification
HCPCS	HCPCS Code
Rank	Indicates numeric rank order for selection of primary comprehensive APC procedure when multiple comprehensive APC procedures are present
ComplexityAdjustment	Indicates code 1 of a complexity-adjusted comprehensive APC code pair Values: 0 = no complexity adjustment 1 = complexity adjustment applies Blank = no change to code
Version Compared	Valid versions * Refer to the valid version table at end of document
BeginDate	Effective date of “Version Compared”

Q_CD_CapcPair.xlsx – contains the complexity adjusted HCPCS code pairs for **October 2019**

Field	Description
Code 1	1 st code of a complexity-adjusted code pair under comprehensive APCs
Code 2	2 nd code of a complexity-adjusted code pair under comprehensive APCs
APC	Comprehensive APC assignment for complexity-adjusted code pair
VER	Current version 77 = October 2019
BeginDate	Effective date of “VER”

Q_CD_diff_CapcPair.xlsx – contains the complexity adjusted HCPCS code pair differences between **July 2019 and October 2019**

Field	Description
ADM	A=Addition D=Deletion M=Modification
Code 1	1 st code of a complexity-adjusted code pair under comprehensive APCs
Code 2	2 nd code of a complexity-adjusted code pair under comprehensive APCs
APC	Comprehensive APC assignment for complexity-adjusted code pair
Version Compared	Valid versions * Refer to the valid version table at end of document
BeginDate	Effective date of “Version Compared”

Q_CD_CodePairs.xlsx - contains code pairs that should or should not be used together, effective **October 2019**

Field	Description
Code1	1 st code in pair
Code2	2 nd code in pair
AddOnCode	Add-on Code Pair Flag (Add-on code is flagged if a code for a required primary procedure is not present on the same date of service. (Edit 84) Values: 0 = not applicable to Add on code 1 = applicable to Add on code
FqhcQualifyingVisit	FQHC code pair flag (FQHC payment code [Code 1] is flagged if a code for the required qualifying visit [Code 2] is not present on the same date of service [Edit 89]) Values: 0 = not applicable to FQHC payment code pair 1 = applicable to FQHC payment code pair
DevicePair1	Procedure Code1 has a 1 st required device Code2 (Edit 71 if an associated code2 is not present) Values: 0 = not applicable 1 = applicable
DevicePair2	Procedure Code1 has a 2 nd required device Code2 (Edit 71 if an associated code 2 is not present) Values: 0 = not applicable 1 = applicable

Field	Description
VER	Current version 77 = October 2019
DevReqProc	Device Code1 has a required procedure Code2 (Edit 77 if an associated code2 is not present) Values: 0 = not applicable 1 = applicable
DevProcBypass	Identifies code pairs that bypass code pair requirements for edits 71 and 77 Values: 0 = not applicable 1 = applicable
ComprehensiveApc	Complexity-adjusted comprehensive APC code pair flag Values: 0 = not applicable 1 = applicable
BeginDate	Effective date of “VER”

Q_CD_diff_CodePairs.xlsx - contains differences between **July 2019 and October 2019 that should or should not be used together**

Field	Description
ADM	A=Addition D=Deletion M=Modification
Code1	1 st code in pair
Code2	2 nd code in pair
AddOnCode	Add on Code Pair Flag (Add-on code is flagged if a code for a required primary procedure is not present on the same date of service. (Edit 84) Values: 0 = no longer applicable to Add on code 1 = applicable to Add on code Blank = no change to code
FqhcQualifyingVisit	FQHC code pair flag (FQHC payment code [code1] is flagged if a code for the required qualifying visit [code2] is not present on the same date of service [Edit 89]) Values: 0 = no longer applicable to FQHC payment code pair 1 = applicable to FQHC payment code pair Blank = no change to code
DevicePair1	Procedure Code1 has a 1 st required device Code2 (Edit 71 if an associated code2 is not present) Values: 0 = no longer applicable 1 = applicable Blank = no change to code

Field	Description
DevicePair2	Procedure Code1 has a 2 nd required device Code2 (Edit 71 if an associated code 2 is not present) Values: 0 = no longer applicable 1 = applicable Blank = no change to code
DevReqProc	Device Code1 has a required procedure Code2 (Edit 77 if an associated code2 is not present) Values: 0 = no longer applicable 1 = applicable Blank = no change to code
DevProcBypass	Identifies code pairs that bypass code pair requirements for edits 71 and 77 Values: 0 = not applicable 1 = applicable Blank = no change to code
ComprehensiveAPC	Complexity-adjusted comprehensive APC code pair flag Values: 0 = no longer applicable 1 = applicable Blank = no change to code
Version Compared	Valid versions *Refer to the valid version table at end of document
BeginDate	Effective date of "Version Compared"

Q_CD_HcpcsMap.xlsx - contains the valid HCPCS codes for **October 2019**

Field	Description
HCPCS	HCPCS code
APC	APC assignment for HCPCS code
StatusIndicator	Status Indicator
PaymentIndicator	Payment Indicator
ValidSex	Code valid for this sex Values: 0 = not applicable to code 1 = male 2 = female
MaxUnitsAllowed	Maximum units allowed
QuestionableService	Questionable covered service (Edit 12) Values: 0 = not applicable to code 1 = applicable to code
ServiceNotPaidByMedicare	Service not paid by Medicare (Edit 13) Values: 0 = not applicable to code 1 = applicable to code

Field	Description
NotRecognizedByMedicare	Not recognized by Medicare for OPPS (Edit 28) Values: 0 = not applicable to code 1 = applicable to code
ConditionalBilateral	Conditional bilateral code from Medicare physician fee schedule Values: 0 = not applicable to code 1 = applicable to code
IndependentBilateral	Independent bilateral code from Medicare physician fee schedule Values: 0 = not applicable to code 1 = applicable to code
InherentBilateral	Inherent bilateral code from Medicare physician fee schedule Values: 0 = not applicable to code 1 = applicable to code
Comprehensive	Code 1 of a code pair subject to NCCI editing Values: 0 = not applicable to code 1 = applicable to code
Component	Code 2 of a code pair subject to NCCI editing Values: 0 = not applicable to code 1 = applicable to code
ActivityTherapy	Activity service that is not payable outside of a partial hospitalization program Values: 0 = not applicable to code 1 = applicable to code
OccupationalTherapy	Occupational therapy service that is only billable on partial hospitalization claims Values: 0 = not applicable to code 1 = applicable to code
NonCoveredService	Non-covered service (Edit 9) Values: 0 = not applicable to code 1 = applicable to code
NotIncludedInOPPS	Not included in OPPS (Edit 14) Values: 0 = not applicable to code 1 = applicable to code
AddOn	Add on code (Edit 84) Values: 0 = not applicable to code 1 = applicable to code

Field	Description
Vaccine	Vaccine services that may be paid for Home Health or Hospice claims under OPPS Values: 0 = not applicable to code 1 = applicable to code
Antigen	Antigens for allergen immunotherapy services that may be paid for Home Health or Hospice claims under OPPS Values: 0 = not applicable to code 1 = applicable to code
Splint	Splint application services that may be paid for Home Health or Hospice claims under OPPS Values: 0 = not applicable to code 1 = applicable to code
Cast	Cast application services that may be paid for Home Health or Hospice claims under OPPS Values: 0 = not applicable to code 1 = applicable to code
DeductibleNA	Deductible not applicable Values: 0 = not applicable to code 1 = applicable to code
BloodService	Blood transfusion or exchange (Edit 43) Values: 0 = not applicable to code 1 = applicable to code
BloodProduct	Blood product (Edit 43) Values: 0 = not applicable to code 1 = applicable to code
PHPService	Partial hospitalization program service Values: 0 = not applicable to code 1 = applicable to code
Description	HCPCS description
RevCode762Required	Observation HCPCS codes requiring revenue code 762 Values: 0 = not applicable to code 1 = applicable to code
ExclusiveBilateral	Procedures that are identified as exclusively bilateral (edit 16, 17) Values: 0 = not applicable to code 1 = applicable to code
LabPath	Laboratory/Pathology codes (Edit 15) Values: 0 = not applicable to code 1 = applicable to code

Field	Description
SometimesTherapy	Wound care services that may be payable under fee schedule if performed by a therapist Values: 0 = not applicable to code 1 = applicable to code
TraumaRevCodeRequired	Revenue code 068x is required for trauma response critical care services Values: 0 = not applicable to code 1 = applicable to code
CriticalCareRequiresTrauma	Critical care services required to be reported with trauma response services Values: 0 = not applicable to code 1 = applicable to code
STV-Packaged	Code packaged when S, T, or V procedure present Values: 0 = not applicable to code 1 = applicable to code
SeparateProcedure	Separate procedure code (Edit 45) Values: 0 = not applicable to code 1 = applicable to code
StatutoryExclusion	Statutory Exclusion code (Edit 50) Values: 0 = not applicable to code 1 = applicable to code
HourlyObservation	Observation code requiring reporting of number of hours in observation as units of service Values: 0 = not applicable to code 1 = applicable to code
NonReportableSite	HCPCS codes that are only reportable for OPPS claims (C-HCPCS codes) Values: 0 = not applicable to code 1 = applicable to code
DirectAdmitObs	Observation code for direct admission or referral to hospital observation Values: 0 = not applicable to code 1 = applicable to code
NotRecognizedByOPPS	Not recognized by OPPS (Edit 62) Values: 0 = not applicable to code 1 = applicable to code
DMEOnly	Bill to DMERC only (Edit 61) Values: 0 = not applicable to code 1 = applicable to code

Field	Description
UnclassifiedDrug	Unclassified Drug (Edit 66) Values: 0 = not applicable to code 1 = applicable to code
ApprovalDate	Indicates the effective mid-quarter date of approval for FDA, National Coverage Determination (NCD), or initial marketing date. Values: 0 = not applicable to code YYYYMMDD = approval date for code
T-Packaged	Code packaged when T procedure present Values: 0 = not applicable to code 1 = applicable to code
RadiolabeledProduct	Radiolabeled products required for nuclear medicine procedure Values: 0 = not applicable to code 1 = applicable to code
NuclearMedicine	Nuclear medicine procedure requires diagnostic radiopharmaceutical Values: 0 = not applicable to code 1 = applicable to code
ApprovalDateEdit	The edit number returned Values: 0 = not applicable to code 67 = Service provided prior to FDA approval 68 = Service provided prior to date of NCD approval 69 = Service provided outside approval period 83 = Service provided on or after effective date of NCD noncoverage 110 = Service provided prior to initial marketing date
TerminationDate	Indicates the mid-quarter date when a code approval period becomes inactive. Values: 0 = not applicable to code YYYYMMDD = termination date for code
ServNotBillableFI	Service not billable to Fiscal Intermediary (Edit 72) Values: 0 = not applicable to code 1 = applicable to code
PHPPrimaryServices	Primary PHP services applicable to Partial Hospitalization logic Values: 0 = not applicable to code 1 = applicable to code
AllPHPService	Code applicable for Partial Hospitalization logic Values: 0 = not applicable to code 1 = applicable to code

Field	Description
DailyMentalHealthService	Code included in the count of Daily Mental Health services Values: 0 = not applicable to code 1 = applicable to code
MHNotPH	Mental health service that is not payable under the partial hospitalization program Values: 0 = not applicable to code 1 = applicable to code
RedBloodCells	Packed red blood cells reported with revenue code 381 Values: 0 = not applicable to code 1 = applicable to code
WholeBloodCells	Whole blood reported with revenue code 382 Values: 0 = not applicable to code 1 = applicable to code
TokenChargeLimit	Radiolabeled product provided during an inpatient stay under Medicare Part B that may have a line item charge reported as \$1.01 or less Values: 0 = not applicable to code 1 = applicable to code
PHNotMH	Partial hospitalization service that is not payable on a mental health claim Values: 0 = not applicable to code 1 = applicable to code
CriticalCareAncillary	Critical care ancillary service Values: 0 = not applicable to code 1 = applicable to code
DeductibleCoinsuranceNA	Deductible and Coinsurance not applicable for code Values: 0 = not applicable to code 1 = applicable to code
CoinsuranceNA	Coinsurance not applicable for code Values: 0 = not applicable to code 1 = applicable to code
SkinSubstituteProc	Code included as skin substitute application procedure (v13.0-v14.3) Values: 0 = not applicable to code 1 = applicable to code
SkinSubstitute	Code included as skin substitute product (v13.0-v14.3) Values: 0 = not applicable to code 1 = applicable to code

Field	Description
ComprehensiveAPCExclusion	Code included as a comprehensive APC exclusion Values: 0 = not applicable to code 1 = applicable to code
DeviceProcedure	Code included as a device-dependent procedure (Edit 92) Values: 0 = not applicable to code 1 = applicable to code
Device	Code included as a device for a device-dependent procedure (Edit 92) Values: 0 = not applicable to code 1 = applicable to code
SkinSubstituteProcLow	Code included as a low-cost skin substitute procedure (Edit 87) Values: 0 = not applicable to code 1 = applicable to code
SkinSubstituteLow	Code included as a low-cost skin substitute product (Edit 87) Values: 0 = not applicable to code 1 = applicable to code
SkinSubstituteProcHigh	Code included as a high cost skin substitute procedure (Edit 87) Values: 0 = not applicable to code 1 = applicable to code
SkinSubstituteHigh	Code included as a high cost skin substitute product (Edit 87) Values: 0 = not applicable to code 1 = applicable to code
LabService	Code included as a non-packaged laboratory service for bill type 14X Values: 0 = not applicable to code 1 = applicable to code
FQHCPreventive	Code included as FQHC PPS preventive service for bill type 77X Values: 0 = not applicable to code 1 = applicable to code
FQHCFluPpv	Code included as FQHC PPS influenza/PPV vaccine service for bill type 77X Values: 0 = not applicable to code 1 = applicable to code
FQHCNonCovered	Code included as FQHC PPS non-covered service for bill type 77X Values: 0 = not applicable to code 1 = applicable to code

Field	Description
FQHCAddon	Code included as FQHC PPS mental health add-on service code requiring primary procedure code for bill type 77X Values: 0 = not applicable to code 1 = applicable to code
FQHCPrimary	Code included as FQHC PPS primary procedure service code to be reported with mental health add-on service code for bill type 77X Values: 0 = not applicable to code 1 = applicable to code
DeviceProcBypass	Device codes that bypass edit 71 and 77 for dates prior to 8/13/2013 Values: 0 = not applicable to code 1 = applicable to code
SRSPlanAndPrep	Code identified as Stereotactic Radiosurgery planning and preparation procedure Values: 0 = not applicable to code 1 = applicable to code
NonStandardCTScan	Code may be paired with modifier CT for non-standard NEMA equipment Values: 0 = not applicable to code 1 = applicable to code
CorneaTransplant	Code may be paired with cornea tissue processing code (Edit 93) Values: 0 = not applicable to code 1 = applicable to code
PassThroughDevice	Code identified as pass-through device Values: 0 = not applicable to code 1 = applicable to code
StereotacticRadiosurgery	Code identified as procedures assigned to SRS comprehensive APC Values: 0 = not applicable to code 1 = applicable to code
CorneaTissueProcessing	Code identified as cornea tissue processing (Edit 93) Values: 0 = not applicable to code 1 = applicable to code
AdvancedCarePlanning	Code identified as Advanced Care Planning Values: 0 = not applicable to code 1 = applicable to code
AnnualWellnessVisit	Identifies Medicare annual wellness visit codes Values: 0 = not applicable to code 1 = applicable to code

Field	Description
TerminatedDeviceProcedure	<p>Device intensive procedures that may be subject to payment offset for the following conditions:</p> <ul style="list-style-type: none"> Terminated procedures reported with modifier 73 Procedures subject to full or partial device credit due to the presence of condition code 49, 50 or 53 <p>Values: 0 = not applicable to code 1 = applicable to code</p>
PassThroughRadiopharm	<p>Code listed as a pass-through radiopharmaceutical which may be subject to payment offset for nuclear medicine procedures</p> <p>Values: 0 = not applicable to code 1 = applicable to code</p>
PassThroughSkinProduct	<p>Code listed as pass-through skin substitute product which may be subject to payment offset for skin substitute implantation procedures</p> <p>Values: 0 = not applicable to code 1 = applicable to code</p>
PassThroughContrast	<p>Code listed as pass-through contrast agent which may be subject to payment offset for radiological procedures</p> <p>Values: 0 = not applicable to code 1 = applicable to code</p>
PassThroughStressAgent	<p>Code listed as pass-through pharmacologic stress agent which may be subject to payment offset for myocardial perfusion imaging procedures</p> <p>Values: 0 = not applicable to code 1 = applicable to code</p>
PHPDuration	<p>Numeric value representing the unit of time included in the code description for use in counting towards weekly criteria for PHP services</p> <p>Values: 0 = 1 hour or not applicable to code 1 = 0.25 hour 2 = 0.5 hour 3 = 0.75 hour</p>
NegativePressureWoundTherapy	<p>Identifies NPWT services separately payable on HHA claims with bill type 34x</p> <p>Values: 0 = not applicable to code 1 = applicable to code</p>
FilmXRay	<p>Identifies film x-ray codes subject to payment reduction if reported with modifier FX</p> <p>Values: 0 = not applicable to code 1 = applicable to code</p>
AllogeneicTransplant	<p>Identifies allogeneic transplant procedure (edit 100)</p> <p>Values: 0 = not applicable to code 1 = applicable to code</p>

Field	Description
E99Exclusion	Identifies blood clotting factor HCPCS that are excluded from edit 99 requirements Values: 0 = not applicable to code 1 = applicable to code
Section603Override	Identifies HCPCS that are not subject to payment reduction under Section 603 requirements Values: 0 = not applicable to code 1 = applicable to code
AddonTypeOne	Identifies HCPCS that are Type I add-on codes Values: 0 = not applicable to code 1 = applicable to code
AddonTypeTwo	Identifies HCPCS that are Type II add-on codes Values: 0 = not applicable to code 1 = applicable to code
AddonTypeThree	Identifies HCPCS that are Type III add-on codes Values: 0 = not applicable to code 1 = applicable to code
Biosimilar	Identifies Biosimilar HCPCS codes that are required to be reported with an applicable Manufacturer Modifier Values: 0 = not applicable to code 1 = applicable to code
RhcModifierEdit	Identifies HCPCS procedure codes that are not eligible for the all-inclusive rate under RHC Values: 0 = not applicable to code 1 = applicable to code
FQHCChronicCare	Identifies FQHC Chronic Care Management codes Values: 0 = not applicable to code 1 = applicable to code
FqhcRhcE72Bypass	Identifies HCPCS codes applicable to the edit 72 bypass under FQHC and RHC Values: 0 = not applicable to code 1 = applicable to code
BundledInBiological	Identifies HCPCS codes applicable to edit 111 Values: 0 = not applicable to code 1 = applicable to code

Field	Description
Edit92ModifierBypass	Identifies HCPCS codes that are device procedures in which a bypass of edit 92 is applicable if the appropriate modifier is appended to the HCPCS procedure line. Values: 0 = not applicable to code 1 = applicable to code
Version	Current version identification number 77 = October 2019
BeginDate	Effective date of “VER”

Q_CD_diff_HcpcsMap.xlsx - contains the HCPCS differences between July 2019 and October 2019

Field	Description
ADM	A=Addition, D=Deletion, M=Modification
HCPCS	HCPCS code
APC	APC assignment for HCPCS code
StatusIndicator	Status Indicator
PaymentIndicator	Payment Indicator
ValidSex	Code valid for this sex Values: 0 = not applicable to code 1 = male 2 = female Blank = no change to code
MaxUnitsAllowed	Maximum units allowed
QuestionableService	Questionable covered service (Edit 12) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
ServiceNotPaidByMedicare	Service not paid by Medicare (Edit 13) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
NotRecognizedByMedicare	Not recognized by Medicare for OPPS (Edit 28) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
ConditionalBilateral	Conditional bilateral code from Medicare physician fee schedule Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code

Field	Description
IndependentBilateral	Independent bilateral code from Medicare physician fee schedule Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
InherentBilateral	Inherent bilateral code from Medicare physician fee schedule Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
Comprehensive	Code 1 of a code pair subject to NCCI editing Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
Component	Code 2 of a code pair subject to NCCI editing Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
ActivityTherapy	Activity service that is not payable outside of a partial hospitalization program Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
OccupationalTherapy	Occupational therapy service that is only billable on partial hospitalization claims Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
NonCoveredService	Non-covered service (Edit 9) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
NotIncludedInOPPS	Not included in OPPS (Edit 14) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
AddOn	Add on code (Edit 84) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code

Field	Description
Vaccine	Vaccine services that may be paid for Home Health or Hospice claims under OPPS Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
Antigen	Antigens for allergen immunotherapy services that may be paid for Home Health or Hospice claims under OPPS Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
Splint	Splint application services that may be paid for Home Health or Hospice claims under OPPS Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
Cast	Cast application services that may be paid for Home Health or Hospice claims under OPPS Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
DeductibleNA	Deductible not applicable Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
BloodService	Blood transfusion or exchange (Edit 43) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
BloodProduct	Blood product (Edit 43) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
PHPService	Partial hospitalization program service Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
Description	HCPCS description

Field	Description
RevCode762Required	Observation HCPCS codes requiring revenue code 762 Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
ExclusiveBilateral	Procedures that are identified as exclusively bilateral (edit 16, 17) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
LabPath	Laboratory/Pathology codes (Edit 15) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
SometimesTherapy	Wound care services that may be payable under fee schedule if performed by a therapist Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
TraumaRevCodeRequired	Revenue code 068x is required for trauma response critical care services Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
CriticalCareRequiresTrauma	Critical care services required to be reported with trauma response service Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
STV-Packaged	Code packaged when S, T, or V procedure present Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
SeparateProcedure	Separate procedure code (Edit 45) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
StatutoryExclusion	Statutory Exclusion code (Edit 50) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code

Field	Description
HourlyObservation	Observation code requiring reporting of number of hours in observation as units of service Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
NonReportableSite	HCPCS codes that are only reportable for OPPS claims (C-HCPCS codes) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
DirectAdmitObs	Observation code for direct admission or referral to hospital observation Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
NotRecognizedByOPPS	Not recognized by OPPS (Edit 62) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
DMEOnly	Bill to DMERC only (Edit 61) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
UnclassifiedDrug	Unclassified Drug (Edit 66) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
ApprovalDate	Indicates the effective mid-quarter date of approval for FDA or National Coverage Determination (NCD) Values: 0 = not applicable to code YYYYMMDD = approval date for code Blank = no change to code
T-Packaged	Code packaged when T procedure present Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
RadiolabeledProduct	Radiolabeled products required for nuclear medicine procedure Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code

Field	Description
NuclearMedicine	Nuclear medicine procedure requires diagnostic radiopharmaceutical Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
ApprovalDateEdit	The edit number returned Values: 0 = not applicable to code 67 = Service provided prior to FDA approval 68 = Service provided prior to date of NCD approval 69 = Service provided outside approval period 83 = Service provided on or after effective date of NCD noncoverage 110 = Service provided prior to initial marketing date Blank = no change to code
TerminationDate	Indicates the mid-quarter date when a code approval period becomes inactive Values: 0 = not applicable to code YYYYMMDD = termination date for code Blank = no change to code
ServNotBillableFI	Service not billable to Fiscal Intermediary (Edit 72) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
PHPPrimaryServices	PHP Primary Services applicable to Partial Hospitalization logic Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
AllPHPService	Code applicable for Partial Hospitalization logic Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
DailyMentalHealthService	Code included in count of Daily Mental Health services Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
MHNotPH	Mental health service that is not payable under the partial hospitalization program Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code

Field	Description
RedBloodCells	Packed red blood cells reported with revenue code 381 Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
WholeBloodCells	Whole blood reported with revenue code 382 Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
TokenChargeLimit	Radiolabeled product provided during an inpatient stay under Medicare Part B that may have a line item charge reported as \$1.01 or less Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
PHNotMH	Partial hospitalization service that is not payable on a mental health claim Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
CriticalCareAncillary	Critical care ancillary service Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
DeductibleCoinsuranceNA	Deductible and Coinsurance not applicable Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
CoinsuranceNA	Coinsurance not applicable Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
SkinSubstituteProc	Code included as skin substitute application procedure (v13.0-v14.3) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
SkinSubstitute	Code included as skin substitute product (v13.0-v14.3) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code

Field	Description
ComprehensiveAPCExclusion	Code included as a comprehensive APC exclusion Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
DeviceProcedure	Code included as a device-dependent procedure (Edit 92) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
Device	Code included as a device for a device-dependent procedure (Edit 92) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
SkinSubstituteProcLow	Code included as a low-cost skin substitute procedure (Edit 87) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
SkinSubstituteLow	Code included as a low-cost skin substitute product (Edit 87) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
SkinSubstituteProcHigh	Code included as a high cost skin substitute procedure (Edit 87) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
SkinSubstituteHigh	Code included as a high cost skin substitute product (Edit 87) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
LabService	Code included as a non-packaged laboratory service for bill type 14X Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
FQHCPreventive	Code included as FQHC PPS preventive service for bill type 77X Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code

Field	Description
FQHCFluPpv	Code included as FQHC PPS influenza/PPV vaccine service for bill type 77X Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
FQHCNonCovered	Code included as FQHC PPS non-covered service for bill type 77X Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
FQHCAddon	Code included as FQHC PPS mental health add-on service code requiring primary procedure code for bill type 77X Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
FQHCPrimary	Code included as FQHC PPS primary procedure service code to be reported with mental health add-on service code for bill type 77X Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
DeviceProcBypass	Device codes that bypass edit 71 and 77 for dates prior to 8/13/2013 Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
SRSPlanAndPrep	Code identified as Stereotactic Radiosurgery planning and preparation procedure Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
NonStandardCTScan	Code may be paired with modifier CT for non-standard NEMA equipment Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
CorneaTransplant	Code may be paired with cornea tissue processing code (Edit 93) 0 = not applicable to code 1 = applicable to code Blank = no change to code
PassThroughDevice	Code identified as pass-through device 0 = not applicable to code 1 = applicable to code Blank = no change to code

Field	Description
StereotacticRadiosurgery	Code identified as procedures assigned to SRS comprehensive APC Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
CorneaTissueProcessing	Code identified as cornea tissue processing (Edit 93) 0 = not applicable to code 1 = applicable to code Blank = no change to code
AdvancedCarePlanning	Code identified as Advanced Care Planning Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
AnnualWellnessVisit	Identifies Medicare annual wellness visit codes Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
TerminatedDeviceProcedure	Device intensive procedures that may be subject to payment offset for the following conditions: <ul style="list-style-type: none"> Terminated procedures reported with modifier 73 Procedures subject to full or partial device credit due to the presence of condition code 49, 50 or 53 Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
PassThroughRadiopharm	Code listed as a pass-through radiopharmaceutical which may be subject to payment offset for nuclear medicine procedures Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
PassThroughSkinProduct	Code listed as pass-through skin substitute product which may be subject to payment offset for skin substitute implantation procedures Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
PassThroughContrast	Code listed as pass-through contrast agent which may be subject to payment offset for radiological procedures Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code

Field	Description
PassThroughStressAgent	Code listed as pass-through pharmacologic stress agent which may be subject to payment offset for myocardial perfusion imaging procedures Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
PHPDuration	Numeric value representing the unit of time included in the code description for use in counting towards weekly criteria for PHP services Values: 0 = 1 hour or not applicable to code 1 = 0.25 hour 2 = 0.5 hour 3 = 0.75 hour Blank = no change to code
NegativePressureWoundTherapy	Identifies NPWT services separately payable on HHA claims with bill type 34x Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
FilmXRay	Identifies film x-ray codes subject to payment reduction if reported with modifier FX Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
AllogeneicTransplant	Identifies allogeneic transplant procedure (edit 100) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
E99Exclusion	Identifies blood clotting factor HCPCS that are excluded from edit 99 requirements Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
Section603Override	Identifies HCPCS that are not subject to payment reduction under Section 603 requirements Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
AddonTypeOne	Identifies HCPCS that are Type I add-on codes Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code

Field	Description
AddonTypeTwo	Identifies HCPCS that are Type II add-on codes Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
AddonTypeThree	Identifies HCPCS that are Type III add-on codes Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
Biosimilar	Identifies Biosimilar HCPCS codes that are required to be reported with an applicable Manufacturer Modifier Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
RhcModifierEdit	Identifies HCPCS procedure codes that are not eligible for the all-inclusive rate under RHC Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
FQHCChronicCare	Identifies FQHC Chronic Care Management codes Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
FqhcRhcE72Bypass	Identifies HCPCS codes applicable to the edit 72 bypass under FQHC and RHC Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
BundledInBiological	Identifies HCPCS codes applicable to edit 111 Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
Edit92ModifierBypass	Identifies HCPCS codes that are device procedures in which a bypass of edit 92 is applicable if the appropriate modifier is appended to the HCPCS procedure line. Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
Version Compared	Valid versions *Refer to the valid version table at end of document
Begin Date	Effective date of “Version Compared”

Q_CD_HcpcsModifier.xlsx – Contains the HCPCS that are tied to biosimilar modifiers for October 2019

Field	Description
HCPCS	HCPCS Code
Modifier	Modifier required for HCPCS reporting
Biosimilar	Identifies that the HCPCS code is a Biosimilar Values: 0 = not applicable to code 1 = applicable to code
RHC Modifier Edit	Identifies HCPCS not eligible for all-inclusive rate Values: 0 = not applicable to code 1 = applicable to code
VER	Current version identification number 77 = October 2019
Begin Date	Effective date of “VER”

Q_CD_DIFF_HcpcsModifier.xlsx – Contains the HCPCS biosimilar modifier differences between July 2019 and October 2019

Field	Description
ADM	A=Addition D=Deletion M=Modification
HCPCS	HCPCS Code
Modifier	Modifier
Biosimilar	Identifies that the HCPCS code is a Biosimilar Values: 0 = not applicable to code 1 = applicable to code
RHC Modifier Edit	Identifies HCPCS not eligible for all-inclusive rate Values: 0 = not applicable to code 1 = applicable to code
Version Compared	Valid versions *Refer to the valid version table at end of document
Begin Date	Effective date of “Version Compared”

Q_CD_ModifierPair.xlsx – Contains the modifier pairs that are identified as conflicts for October 2019

Field	Description
Modifier1	Modifier1 required for HCPCS reporting (code 1 of modifier conflict)
Modifier2	Modifier2 required for HCPCS reporting (code 2 of modifier conflict)
VER	Current version identification number 77 = October 2019
Begin Date	Effective date of “VER”

Q_CD_DIFF_ModifierPair.xlsx – Contains the conflicting modifier pair differences between July 2019 and October 2019

Field	Description
ADM	A=Addition D=Deletion M=Modification
Modifier1	Modifier 1 required for hcpcs reporting (code 1 of modifier conflict)
Modifier2	Modifier2 required for HCPCS reporting (code 2 of modifier conflict)
Version Compared	Valid versions *Refer to the valid version table at end of document
Begin Date	Effective date of “Version Compared”

Q_CD_dx10Map.xlsx - contains the valid Diagnoses for October 2019

Field	Description
Diagnosis	Diagnosis code
LoAge	Code valid for this age in years. The first value indicates the low age restriction for the code. Valid Ranges: 0/0 = newborn 0/17= pediatric 0/124 = all ages 12/55 = maternity 15/124 = adult
HiAge	Code valid for this age in years. The second value indicates the high age restriction for the code. Valid Ranges: 0/0 = newborn 0/17= pediatric 0/124 = all ages 12/55 = maternity 15/124 = adult
ValidSex	Code valid for this sex Values: 0 = not applicable to code 1 = male 2 = female
MspAlert	Medicare secondary payer alert Values: 0 = not applicable to code 1 = applicable to code
Ecode	External cause of morbidity code Values: 0 = not applicable to code

Field	Description
	1 = applicable to code
IsMentalHealthDx	Mental Health diagnosis Values: 0 = not applicable to code 1 = applicable to code
IsMalignancy	Malignancy diagnosis Values: 0 = not applicable to code 1 = applicable to code
Manifestation	Manifestation diagnosis Values: 0 = not applicable to code 1 = applicable to code
CodeFirst	Code First diagnosis Values: 0 = not applicable to code 1 = applicable to code
CodeDesc	Diagnosis description
VER	Current version 77 = October 2019
BeginDate	Effective date of “VER”

Q_CD_diff_dx10Map.xlsx - contains the Diagnoses differences between July 2019 and October 2019

Field	Description
ADM	A=Addition D=Deletion M=Modification
Diagnosis	Diagnosis code
LoAge/HiAge	Code valid for this age in years Valid Ranges: 0/0 = newborn 0/17= pediatric 0/124 = all ages 12/55 = maternity 15/124 = adult Blank = no change to code
ValidSex	Code valid for this sex Values: 0 = no longer applicable to code 1 = male 2 = female Blank = no change to code
MspAlert	Medicare secondary payer alert Values: 0 = no longer applicable to code 1 = applicable to code Blank = no change to code

Field	Description
Ecode	External cause of morbidity code Values: 0 = no longer applicable to code 1 = applicable to code Blank = no change to code
IsMentalHealthDx	Mental Health diagnosis Values: 0 = no longer applicable to code 1 = applicable to code Blank = no change to code
IsMalignancy	Malignancy diagnosis Values: 0 = no longer applicable to code 1 = applicable to code Blank = no change to code
Manifestation	Manifestation diagnosis Values: 0 = no longer applicable to code 1 = applicable to code Blank = no change to code
CodeFirst	Code First diagnosis Values: 0 = no longer applicable to code 1 = applicable to code Blank = no change to code
Version Compared	Valid versions *Refer to the valid version table at end of document
BeginDate	Effective date of “Version Compared”

Q_CD_NCCIPairs.xlsx – contains valid CCI code pairs for **October 2019**

Field	Description
CodePair	Code Pairs (1st=code1 ; 2nd=code2)
Code1	Code 1 of code pair
Code2	Code 2 of code pair
MI	Modifier Indicator Values: 0 = modifier not appropriate; services represented by code combination not paid separately 1 = modifier allowed; billed services may be justifiable for the code combination 9 = no longer an active NCCI edit; code combinations are billable; no modifier needed
VER	Current version 77 = October 2019
BeginDate	Effective date of “VER”

Q_CD_OffsetCodepair.xlsx - contains the valid code pairs with offset values for **October 2019**

Field	Description
List	Defines the list type for pass-through device codes paired with associated procedures subject to payment offset
Code1	Pass-through device HCPCS code
Code2	Device intensive procedure code
activationdate	Contains the effective date for the code pair
VER	Current version 77 = October 2019
BeginDate	Effective date of “VER”

Q_CD_DIFF_OffsetCodepair.xlsx - contains valid code pairs with offset values that changed between **July 2019 and October 2019**

Field	Description
ADM	A=Addition D=Deletion M=Modification
List	Defines the list type for pass-through device codes paired with associated procedures subject to payment offset
Code1	Pass-through device HCPCS code
Code2	Device intensive procedure code
Activationdate	Contains the effective date for the code pair
Version Compared	Valid versions *Refer to the valid version table at end of document
BeginDate	Effective date of “VER”

Q_CD_OffsetApc.xlsx - contains valid procedure APC codes with offset values for **October 2019**

Field	Description
Group	Describes the type of pass-through item or service (radiopharmaceutical, drug/biological or skin substitute product)
List	Defines the specific list type subject to pass-through offset condition <ul style="list-style-type: none"> • Radiopharmaceutical • Skin Substitute • Radiological Contrast • Stress Agent

Field	Description
Procedure APC	Associated procedure APC for pairing with the pass-through item or service
Offset Amount	Dollar amount representing the payment offset amount for pass-through item or service
Version	Current version 77 = October 2019
BeginDate	Effective date of “VER”

Q_CD_DIFF_OffsetApc.xlsx - contains valid APC codes with offset values that changed between July 2019 and October 2019

Field	Description
ADM	A=Addition D=Deletion M=Modification
Group	Describes the type of pass-through item or service (radiopharmaceutical, drug/biological or skin substitute product)
List	Defines the specific list type subject to pass-through offset condition <ul style="list-style-type: none"> • Radiopharmaceutical • Skin Substitute • Radiological Contrast • Stress Agent
Procedure APC	Associated procedure APC for pairing with the pass-through item or service
Offset Amount	Dollar amount representing the payment offset amount for pass-through item or service
Version Compared	Valid versions *Refer to the valid version table at end of document
BeginDate	Effective date of “VER”

Q_CD_OffsetHcpcs.xlsx - contains valid HCPCS codes with offset values for October 2019

Field	Description
List	Defines the specific offset list subject to pass-through device offset condition
Code	Procedure code subject to possible device credit
Version	Current version 77 = October 2019
BeginDate	Effective date of “VER”

Q_CD_DIFF_OffsetHcpcs.xlsx - contains valid HCPCS codes with offset values that changed between July 2019 and October 2019

Field	Description
ADM	A=Addition D=Deletion M=Modification
List	Defines the specific offset list subject to pass-through device offset condition

Field	Description
Code	Procedure code subject to possible device credit
Version Compared	Valid versions *Refer to the valid version table at end of document
BeginDate	Effective date of “VER”

Q_CD_Radiation.xlsx – contains the overriding APCs and radiation HCPCS codes under the section 603 logic for **October 2019**

Field	Description
HCPCS	Radiation treatment HCPCS codes that when reported with modifier PN are subject to Section 603 logic
APC	APC assignment for radiation treatment HCPCS codes subject to Section 603 logic
Version Compared	Valid versions *Refer to the valid version table at end of document
BeginDate	Effective date of “VER”

Q_CD_DIFF_Radiation.xlsx – contains the overriding APCs and radiation HCPCS codes under the section 603 logic for **October 2019**

Field	Description
ADM	A= Addition D= Deletion M= Modification
HCPCS	Radiation treatment HCPCS codes that when reported with modifier PN are subject to Section 603 logic
APC	APC assignment for radiation treatment HCPCS codes subject to Section 603 logic
Version Compared	Valid versions *Refer to the valid version table at end of document
BeginDate	Effective date of “VER”

Q_CD_ValidModif.xlsx - contains the valid modifiers for **October 2019**

Field	Description
Modif	Valid modifier
VER	Current version 77 = October 2019
ActivationDate	Mid-quarter date the modifier became valid (if applicable)
BeginDate	Effective date of “VER”

Q_CD_diff_ValidModif.xlsx - contains the valid modifiers differences between **July 2019 and **October 2019****

Field	Description
ADM	A=Addition D=Deletion M=Modification
modif	Valid modifier
Version Compared	Valid versions *Refer to the valid version table at end of document
ActivationDate	Mid-quarter date the modifier became valid (if applicable)
BeginDate	Effective date of “Version Compared”

Q_CD_ValidRevenue.xlsx - contains the valid revenue center codes for October 2019

Field	Description
RevenueCode	Valid revenue center code
BlankHcpcs_N	Status indicator (N) for revenue center, if no HCPCS present Values: 0 = not applicable to revenue center*** 1 = applicable to revenue center
BlankHcpcs_E	Status indicator (E) for revenue center, if no HCPCS present Values: 0 = not applicable to revenue center*** 1 = applicable to revenue center
BlankHcpcs_B	Status indicator (B) for revenue center, if no HCPCS present Values: 0 = not applicable to revenue center*** 1 = applicable to revenue center
BlankHcpcs_F	Status indicator (F) for revenue center, if no HCPCS present Values: 0 = not applicable to revenue center*** 1 = applicable to revenue center
BundledInBiological	Identifies revenue center codes applicable to edit 111 Values: 0 = not applicable to code 1 = applicable to code
VER	Current version 77 = October 2019
BeginDate	Effective date of “VER”

***A revenue center code with a zero (0) in BlankHcpcs_N, BlankHcpcs_E, BlankHcpcs_B and BlankHcpcs_F defaults to Status Indicator of Z, if no HCPCS is present.

Q_CD_diff_ValidRevenue.xlsx - contains the valid revenue center codes differences between July 2019 and October 2019

Field	Description
ADM	A=Addition D=Deletion M=Modification
RevenueCode	Valid revenue center code
BlankHcpcs_N	Status indicator (N) for revenue center, if no HCPCS present Values: 0 = no longer applicable to revenue center*** 1 = applicable to revenue center Blank = no change to code
BlankHcpcs_E	Status indicator (E) for revenue center, if no HCPCS present Values: 0 = no longer applicable to revenue center*** 1 = applicable to revenue center Blank = no change to code
BlankHcpcs_B	Status indicator (B) for revenue center, if no HCPCS present Values: 0 = no longer applicable to revenue center*** 1 = applicable to revenue center Blank = no change to code
BlankHcpcs_F	Status indicator (F) for revenue center, if no HCPCS present Values: 0 = no longer applicable to revenue center*** 1 = applicable to revenue center Blank = no change to code
BundledInBiological	Identifies revenue center codes applicable to edit 111 Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
Version Compared	Valid versions *Refer to the valid version table at end of document
BeginDate	Effective date of "Version Compared"

***A revenue center code with a zero (0) in BlankHcpcs_N, BlankHcpcs_E, BlankHcpcs_B and BlankHcpcs_F defaults to Status Indicator of Z, if no HCPCS is present.

***VERSION TABLE**

Valid Versions
50 = January 2013
51 = April 2013
52 = July 2013
53 = October 2013
54 = January 2014
55 = April 2014
56 = July 2014
57 = October 2014
58 = January 2015
59 = April 2015
60 = July 2015
61 = October 2015
62 = January 2016
63 = April 2016
64 = July 2016
65 = October 2016
66 = January 2017
67 = April 2017
68 = July 2017
69 = October 2017
70 = January 2018
71 = April 2018
72 = July 2018
73 = October 2018
74 = January 2019
75 = April 2019
76 = July 2019
77 = October 2019