

Addendum A - Prefix Registry

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[Prefix Registry](#)

Addendum B - Revenue Codes

Referenced by **M010** Most Prevalent Accommodation Revenue Code
Data Elements **R038** Revenue Code

000 - Total Charges: For use on paper or paper facsimile (e.g., print images) claims only. For electronic transactions, report the total charge in the appropriate data segment/field.

Subcategory	Standard Abbreviation	Revenue Type Code
0001		9

002 - Health Insurance: Prospective Payment System (HIPPS)

Subcategory	Standard Abbreviation	Revenue Type Code
0022 Skilled nursing facility prospective payment system	SNF PPS (RUG)	8
0023 Home health prospective payment system	HH PPS (HRG)	8
0024 Inpatient rehab facility prospective payment system	REHAB PPS (CMG)	8

010 - All Inclusive Rate: Flat fee charge incurred on either a daily or total stay basis for services rendered. Charge may cover room and board plus ancillary services or room and board only.

Subcategory	Standard Abbreviation	Revenue Type Code
0100 All inclusive room and board plus ancillary	ALL INCL R&B/ANC	1
0101 All inclusive room and board	ALL INCL R&B	1

Revenue Codes

011 - Room and Board - Private (medical or general): Routine service charges for single bed rooms. (Most third party payers require that private rooms be separately identified.)		
Subcategory	Standard Abbreviation	Revenue Type Code
0110 General classification	ROOM-BOARD/PVT	2
0111 Medical/surgical/GYN	MED-SUR-GY/PVT	2
0112 OB	OB/PVT	2
0113 Pediatric	PEDS/PVT	2
0114 Psychiatric	PSYCH/PVT	2
0115 Hospice	HOSPICE/PVT	2
0116 Detoxification	DETOX/PVT	2
0117 Oncology	ONCOLOGY/PVT	2
0118 Rehabilitation	REHAB/PVT	2
0119 Other	OTHER/PVT	2

012 - Room and Board - Semiprivate Two Bed (medical or general): Routine service charges incurred for accommodations with two beds. (Most third party payers require that semiprivate rooms be identified.)		
Subcategory	Standard Abbreviation	Revenue Type Code
0120 General classification	ROOM-BOARD/SEMI	1
0121 Medical/surgical/GYN	MED-SUR-GY/2BED	1
0122 OB	OB/2BED	1
0123 Pediatric	PEDS/2BED	1
0124 Psychiatric	PSYCH/2BED	1
0125 Hospice	HOSPICE/2BED	1
0126 Detoxification	DETOX/2BED	1
0127 Oncology	ONCOLOGY/2BED	1
0128 Rehabilitation	REHAB/2BED	1
0129 Other	OTHER/2BED	1

Revenue Codes

013 - Room and Board - Semiprivate - Three and Four Beds: Routine service charges incurred for accommodations with three and four beds.

Subcategory		Standard Abbreviation	Revenue Type Code
0130	General classification	ROOM-BOARD/3&4BED	1
0131	Medical/surgical/GYN	MED-SUR-GY/3&4BED	1
0132	OB	OB/3&4BED	1
0133	Pediatric	PEDS/3&4BED	1
0134	Psychiatric	PSYCH/3&4BED	1
0135	Hospice	HOSPICE/3&4BED	1
0136	Detoxification	DETOX/3&4BED	1
0137	Oncology	ONCOLOGY/3&4BED	1
0138	Rehabilitation	REHAB/3&4BED	1
0139	Other	OTHER/3&4BED	1

014 - Room and Board - Private (deluxe): Deluxe rooms are accommodations with amenities substantially in excess of those provided to other patients.

Subcategory		Standard Abbreviation	Revenue Type Code
0140	General classification	ROOM-BOARD/PVT/DLX	2
0141	Medical/surgical/GYN	MED-SUR-GY/DLX	2
0142	OB	OB/DLX	2
0143	Pediatric	PEDS/DLX	2
0144	Psychiatric	PSYCH/DLX	2
0145	Hospice	HOSPICE/DLX	2
0146	Detoxification	DETOX/DLX	2
0147	Oncology	ONCOLOGY/DLX	2
0148	Rehabilitation	REHAB/DLX	2
0149	Other	OTHER/DLX	2

Revenue Codes

015 - Room and Board - Ward - Medical or General: Routine service charge for accommodations with five or more beds. (Most third party payers require that ward accommodations be identified.)

Subcategory		Standard Abbreviation	Revenue Type Code
0150	General classification	ROOM-BOARD/WARD	1
0151	Medical/surgical/GYN	MED-SUR-GY/WARD	1
0152	OB	OB/WARD	1
0153	Pediatric	PEDS/WARD	1
0154	Psychiatric	PSYCH/WARD	1
0155	Hospice	HOSPICE/WARD	1
0156	Detoxification	DETOX/WARD	1
0157	Oncology	ONCOLOGY/WARD	1
0158	Rehabilitation	REHAB/WARD	1
0159	Other	OTHER/WARD	1

016 - Room and Board - Other: Any routine service charges for accommodations that cannot be included in the more specific revenue center codes. (Provides the ability to identify services as required by payers or individual institutions. Sterile environment is a room and board charge to be used by hospitals that currently are separating this charge for billing.)

Subcategory		Standard Abbreviation	Revenue Type Code
0160	General classification	R&B	1
0164	Sterile environment	R&B/STERILE	1
0167	Self care	R&B/SELF	1
0169	Other	R&B/OTHER	1

Revenue Codes

017 - Nursery: Accommodation charges for nursing care to newborn and premature infants in nurseries. (Provides a breakdown of various levels of nursery care. Tertiary care is a level of care between premature and regular nursery care.)

Subcategory		Standard Abbreviation	Revenue Type Code
0170	General classification	NURSERY	3
0171	Newborn - Level I	NURSERY/LEVEL I	3
0172	Newborn - Level II	NURSERY/LEVEL II	3
0173	Newborn - Level III	NURSERY/LEVEL III	3
0174	Newborn - Level IV	NURSERY/LEVEL IV	3
0175	NEONATAL ICU NURSERY/ICU	DELETED	3
0179	Other	NURSERY/OTHER	3

018 - Leave of Absence: Charges for holding a room while the patient is temporarily away from the provider

Subcategory		Standard Abbreviation	Revenue Type Code
0180	General classification	LEAVE OF ABSENCE OR LOA	1
0181	Reserved		
0182	Patient convenience	LOA/PT CONV	1
0183	Therapeutic leave	LOA/Therapeutic	1
0184	Reserved	(Reserved as of 4/1/2004)	
0185	Hospitalization	LOA/HOSPITALIZATION (Redefined 4/1/2004)	1
0189	Other leave of absence	LOA/OTHER	1

Revenue Codes

019 - Subacute Care: Accommodation charges for subacute care to inpatients in hospitals or skilled nursing facilities.

Level I - Skilled Care: Minimal nursing intervention. Comorbidities do not complicate treatment plan. Assessment of vitals and body systems required 1-2 times per day.

Level II - Comprehensive Care: Moderate nursing intervention. Active treatment of comorbidities. Assessment of vitals and body systems required 2-3 times per day.

Level III - Complex Care: Moderate to extensive nursing intervention. Active medical care and treatment of comorbidities. Potential for comorbidities to affect the treatment plan. Assessment of vitals and body system required 3-4 times per day.

Level IV - Intensive Care: Extensive nursing and technical intervention. Active medical care and treatment of comorbidities. Potential for comorbidities to affect treatment plan. Assessment of vitals and body systems required 4-6 times per day.

Subcategory		Standard Abbreviation	Revenue Type Code
0190	General classification	SUBACUTE	4
0191	Subacute care - Level I	SUBACUTE/LEVELI	4
0192	Subacute care - Level II	SUBACUTE/LEVELII	4
0193	Subacute care - Level III	SUBACUTE/LEVELIII	4
0194	Subacute care - Level IV	SUBACUTE/LEVELIV	4
0199	Other subacute care	SUBACUTE/OTHER	4

Revenue Codes

020 - Intensive Care: Routine service charge for medical or surgical care provided to patients who require a more intensive level of care than is rendered in the general medical or surgical unit. (Most third party payers require that charges for this service be identified.)

Subcategory		Standard Abbreviation	Revenue Type Code
0200	General classification	INTENSIVE CARE or ICU	1
0201	Surgical	ICU/SURGICAL	1
0202	Medical	ICU/MEDICAL	1
0203	Pediatric	ICU/PEDS	1
0204	Psychiatric	ICU/PSTAY	1
0206	Intermediate ICU	ICU/INTERMEDIATE	1
0207	Burn care	ICU/BURN CARE	1
0208	Trauma	ICU/TRAUMA	1
0209	Other intensive care	ICU/OTHER	1

021 - Coronary Care: Routine service charge for medical care provided to patients with coronary illness who require a more intensive level of care than is rendered in the general medical care unit. (If a discrete unit exists for rendering such services, the hospital or third party may wish to identify the service.)

Subcategory		Standard Abbreviation	Revenue Type Code
0210	General classification	CORONARY CARE or CCU	1
0211	Myocardial infarction	CCU/MYO INFARC	1
0212	Pulmonary care	CCU/PULMONARY	1
0213	Heart transplant	CCU/TRANSPLANT	1
0214	Intermediate - CCU	CCU/INTERMEDIATE	1
0219	Other coronary care	CCU/OTHER	1

Revenue Codes

022 - Special Charges: Charges incurred during an inpatient stay for certain services.		
Subcategory	Standard Abbreviation	Revenue Type Code
0220 General classification	SPECIAL CHARGES	8
0221 Admission charge	ADMIT CHARGE	8
0222 Technical support charge	TECH SUPPORT CHG	8
0223 U.R. service charge	UR CHARGE	8
0224 Late discharge, medically necessary	LATE DISCH/MED NEC	8
0229 Other special charges	OTHER SPEC CHG	8

023 - Incremental Nursing Charge Rate: Charge for nursing services assessed in addition to room and board.		
Subcategory	Standard Abbreviation	Revenue Type Code
0230 General classification	NURSING INCREM	8
0231 Nursery	NUR INCR/NURSERY	8
0232 OB	NUR INCR/OB	8
0233 ICU (includes transitional care)	NUR INCR/ICU	8
0234 CCU (includes transitional care)	NUR INCR/CCU	8
0235 Hospice	NUR INCR/HOSPICE	8
0239 Other	NUR INCR/OTHER	8

Revenue Codes

024 - All Inclusive Ancillary: Flat rate charge for ancillary services only, incurred either daily or for total stay.

Subcategory		Standard Abbreviation	Revenue Type Code
0240	General classification	ALL INCL ANCIL	8
0241	Basic	ALL INCL BASIC	8
0242	Comprehensive	ALL INCL COMP	8
0243	Specialty	ALL INCL SPECIAL	8
0249	Other all inclusive ancillary	ALL INCL ANCIL/OTHER	8

025 - Pharmacy: Charges for medication produced, manufactured, packaged, controlled, assayed, dispensed and distributed under the direction of a licensed pharmacist. Includes blood plasma, other components of blood and IV solutions.

Subcategory		Standard Abbreviation	Revenue Type Code
0250	General classification	PHARMACY	8
0251	Generic drugs	DRUGS/GENERIC	8
0252	Non-generic drugs	DRUGS/NONGENERIC	8
0253	Take home drugs	DRUGS/TAKEHOME	8
0254	Drugs incident to other diagnostic services	DRUGS/INCIDENT ODX	8
0255	Drugs incident to radiology	DRUGS/INCIDENT RAD	8
0256	Experimental drugs	DRUGS/EXPERIMT	8
0257	Non-prescription	DRGS/NONRSCRIPT	8
0258	IV solutions	IV SOLUTIONS	8
0259	Other pharmacy	DRGS/OTHER	8

Revenue Codes

026 - IV Therapy: Administration of intravenous solution by specially trained personnel to individuals requiring such treatment. Use only when a discrete service unit exists.

Subcategory		Standard Abbreviation	Revenue Type Code
0260	General classification	IV THERAPY	8
0261	Infusion pump	IV THER/INFSN PUMP	8
0262	IV therapy/pharmacy services	IV THER/PHARM/SVC	8
0263	IV therapy/drug/supply delivery	IV THER/DRUG/SUPPLY DELV	8
0264	IV therapy/supplies	IV THER/SUPPLIES	8
0269	Other IV therapy	IV THERAPY/OTHER	8

027 - Medical/Surgical Supplies and Devices: Charges for supply items required for patient care.

Subcategory		Standard Abbreviation	Revenue Type Code
0270	General classification	MED-SUR SUPPLIES	8
0271	Non-sterile supply	NON-STER SUPPLY	8
0272	Sterile supply	STERILE SUPPLY	8
0273	Take home supplies	TAKEHOME SUPPLY	8
0274	Prosthetic/orthotic devices	PROSTH/ORTH DEV	8
0275	Pacemaker	PACE MAKER	8
0276	Intraocular lens	INTRA OC LENS	8
0277	Oxygen - take home	O2/TAKEHOME	8
0278	Other implants	SUPPLY/IMPLANTS	8
0279	Other supplies/devices	SUPPLY/OTHER	8

028 - Oncology: Charges for treatment of tumors and related diseases.

Subcategory		Standard Abbreviation	Revenue Type Code
0280	General classification	ONCOLOGY	8
0289	Other oncology	ONCOLOGY/OTHER	8

Revenue Codes

029 - Durable Medical Equipment - Other than Renal: Charge for medical equipment than can withstand repeated use (excluding renal equipment).		
Subcategory	Standard Abbreviation	Revenue Type Code
0290 General classification	MED EQUIP/HURAB	8
0291 Rental	MED EQUIP/RENT	8
0292 Purchase of new DME	MED EQUIP/NEW	8
0293 Purchase of used DME	MED EQUIP/USED	8
0294 Supplies/drugs for DME effectiveness (home health agency only)	MED EQUIP/SUPPLIES/DRUGS	8
0299 Other equipment	MED EQUIP/OTHER	8

030 - Laboratory: Charges for performance of diagnostic and routine clinical laboratory tests.		
Subcategory	Standard Abbreviation	Revenue Type Code
0300 General classification	LABORATORY or (LAB)	8
0301 Chemistry	CHEMISTRY TESTS	8
0302 Immunology	IMMUNOLOGY TESTS	8
0303 Renal patient (home)	RENAL - HOME	8
0304 Non-routine dialysis	NON-RTNEDIALYSIS	8
0305 Hematology	HEMATOLOGY TESTS	8
0306 Bacteriology and microbiology	BACT & MICRO TESTS	8
0307 Urology	UROLOGY TESTS	8
0309 Other laboratory	OTHER LAB TESTS	8

Revenue Codes

031 - Laboratory Pathological: Charges for diagnostic and routine laboratory tests on tissues and culture.		
Subcategory	Standard Abbreviation	Revenue Type Code
0310 General classification	PATHOLOGY LAB or (PATH LAB)	8
0311 Cytology	PATHOL/CYTOLOGY	8
0312 Histology	PATHOL/HYSTOL	8
0314 Biopsy	PATHOL/BIOPSY	8
0319 Other	PATHOL/OTHER	8

032 - Radiology - Diagnostic: Charges for diagnostic radiology services provided for patient examination and care. Includes taking, processing, examining and interpreting radiographs and fluorographs.		
Subcategory	Standard Abbreviation	Revenue Type Code
0320 General classification	DX X-RAY	8
0321 Angiocardiology	DX X-RAY/ANGIO	8
0322 Arthrography	DX X-RAY/ARTH	8
0323 Arteriography	DX X-RAY/ARTER	8
0324 Chest X-ray	DX X-RAY/CHEST	8
0329 Other	DX X-RAY/OTHER	8

Revenue Codes

033 - Radiology - Therapeutic and/or Chemotherapy Administration: Charges for therapeutic radiology services and chemotherapy administration required for patient care and treatment. Includes therapy by injection or ingestion of radioactive substance. Excludes charges for chemotherapy drugs, which should be reported under the appropriate revenue code (025x / 063x).

Subcategory		Standard Abbreviation	Revenue Type Code
0330	General classification	RX X-RAY	8
0331	Chemotherapy administration - injected	CHEMOTHER/INJ	8
0332	Chemotherapy administration - oral	CHEMOTHER/ORAL	8
0333	Radiation therapy	RADIATION RX	8
0335	Chemotherapy administration - IV	CHEMOTHERP-IV	8
0339	Other radiology - therapeutic	RX X-RAY/OTHER	8

034 - Nuclear Medicine: Charges for procedures, tests and radiopharmaceuticals provided by a radioisotope laboratory using radioactive materials as required for diagnosis and treatment of patients.

Subcategory		Standard Abbreviation	Revenue Type Code
0340	General classification	NUCLEAR MEDICINE or (NUC MED)	8
0341	Diagnostic procedures	NUC MED/DX	8
0342	Therapeutic procedures	NUC MED/RX	8
0343	Diagnostic radiopharmaceuticals	NUC MED/DX RADIOPHARM (Effective 10/1/2004)	8
0344	Therapeutic radiopharmaceuticals	NUC MED RX RADIOPHARM (Effective 10/1/2004)	8
0349	Other nuclear medicine	NUC MED/OTHER	8

Revenue Codes

035 - CT Scan: Charges for computed tomographic scans of the head and other parts of the body.		
Subcategory	Standard Abbreviation	Revenue Type Code
0350 General classification	CT SCAN	8
0351 Head scan	CT SCAN/HEAD	8
0352 Body scan	CT SCAN/BODY	8
0359 Other CT scan	CT SCAN/OTHER	8

036 - Operating Room Services: Charges for services provided by specifically trained nursing personnel who provide assistance to physicians in the performance of surgical and related procedures during and immediately following surgery.		
Subcategory	Standard Abbreviation	Revenue Type Code
0360 General classification	OR SERVICES	8
0361 Minor surgery	OR/MINOR	8
0362 Organ transplant - other than kidney	OR/ORGAN TRANS	8
0367 Kidney transplant	OR/KIDNEY TRANS	8
0369 Other operating room services	OR/OTHER	8

037 - Anesthesia: Charges for anesthesia services in the hospital.		
Subcategory	Standard Abbreviation	Revenue Type Code
0370 General classification	ANESTHESIA	8
0371 Anesthesia incident to radiology	ANESTHE/INCIDENT RAD	8
0372 Anesthesia incident to other diagnostic services	ANESTHE/INCDNT OTHER DX	8
0374 Acupuncture	ANESTHE/ACUPUNC	8
0379 Other anesthesia	ANESTHE/OTHER	8

Revenue Codes

038 - Blood: Charges for blood must be separately identified for private payer purposes.		
Subcategory	Standard Abbreviation	Revenue Type Code
0380 General classification	BLOOD	8
0381 Packed red cells	BLOOD/PKD RED	8
0382 Whole blood	BLOOD/WHOLE	8
0383 Plasma	BLOOD/PLASMA	8
0384 Platelets	BLOOD/PLATELETS	8
0385 Leucocytes	BLOOD/LEUCOCYTES	8
0386 Other components	BLOOD/COMPONENTS	8
0387 Other derivatives (cryoprecipitates)	BLOOD/DERIVATIVES	8
0389 Other blood	BLOOD/OTHER	8

039 - Blood and Blood Component Administration, Processing and Storage: Charges for administration, processing and storage of whole blood, red blood cells, platelets and other blood components (for example, plasma and plasma derivatives).		
Subcategory	Standard Abbreviation	Revenue Type Code
0390 General classification	BLOOD/STOR-PROC	8
0391 Administration (e.g., transfusions)	BLOOD/ADMIN	8
0392 BLOOD STORAGE AND PROCESSING - BLOOD STORAGE	BLOOD/ADMIN	8
0399 Other processing and storage	BLOOD/OTHER STOR	8

Revenue Codes

040 - Other Imaging Services: n.a.		
Subcategory	Standard Abbreviation	Revenue Type Code
0400 General classification	IMAGE SERVICE	8
0401 Diagnostic mammography	DIAG MAMMOGRAPHY	8
0402 Ultrasound	ULTRASOUND	8
0403 Screening mammography	SCRN MAMMOGRAPHY	8
0404 Positron emission tomography	PET SCAN	8
0409 Other imaging services	OTHER IMAG SVS	8

041 - Respiratory Services: Charges for administration of oxygen and certain potent drugs through inhalation or positive pressure and other forms of rehabilitative therapy through the measurement of inhaled and exhaled gases, analysis of blood and evaluation of the patient's ability to exchange oxygen and other gases.		
Subcategory	Standard Abbreviation	Revenue Type Code
0410 General classification	RESPIRATORY SVC	8
0412 Inhalation services	INHALATION SVC	8
0413 Hyperbaric oxygen therapy	HYPERBARIC O2	8
0419 Other respiratory services	OTHER RESPIR SVS	8

Revenue Codes

042 - Physical Therapy: Charges for therapeutic exercises, massage and use of effective properties of light, heat, cold, water, electricity and assistive devices for diagnosis and rehabilitation of patients with neuromuscular, orthopedic and other disabilities.

Subcategory		Standard Abbreviation	Revenue Type Code
0420	General classification	PHYSICAL THERP	8
0421	Visit charge	PHYS THERP/VISIT	8
0422	Hourly charge	PHYS THERP/HOUR	8
0423	Group rate	PHYS THERP/GROUP	8
0424	Evaluation or reevaluation	PHYS THERP/EVAL	8
0429	Other physical therapy	OTHER PHYS THERP	8

043 - Occupational Therapy: Services provided by a qualified occupational therapy practitioner for therapeutic interventions to improve, sustain or restore an individual's level of function in the performance of activities of daily living and work, including therapeutic activities, therapeutic exercises, sensorimotor processing, psychosocial skills training, cognitive retraining, fabrication and application of orthotic devices, and training in the use of orthotic and prosthetic devices, adaptation of environments, and application of physical agent modalities.

Subcategory		Standard Abbreviation	Revenue Type Code
0430	General classification	OCCUPATION THER	8
0431	Visit charge	OCCUP THERP/VISIT	8
0432	Hourly charge	OCCUP THERP/HOUR	8
0433	Group rate	OCCUP THERP/GROUP	8
0434	Evaluation or reevaluation	OCCUP THERP/EVAL	8
0439	Other occupational therapy	OTHER OCCUP THER	8

Revenue Codes

044 - Speech Therapy/Language Pathology: Charges for services provided to persons with impaired functional communications skills.

Subcategory	Standard Abbreviation	Revenue Type Code
0440 General classification	SPEECH THERAPY	8
0441 Visit charge	SPEECH THERP/VISIT	8
0442 Hourly charge	SPEECH THERP/HOUR	8
0443 Group rate	SPEECH THERP/GROUP	8
0444 Evaluation or reevaluation	SPEECH THERP/EVAL	8
0449 Other speech-language pathology	OTHER SPEECH THERP	8

045 - Emergency Room: Charges for emergency treatment to ill and injured patients who require immediate unscheduled medical or surgical care.

Subcategory	Standard Abbreviation	Revenue Type Code
0450 General classification	EMERG ROOM	8
0451 EMTALA emergency medical screening services	ER/EMTALA	8
0452 ER beyond EMTALA screening	ER/BEYOND EMTALA	8
0456 Urgent care	URGENT CARE	8
0459 Other emergency room	OTHER EMER ROOM	8

046 - Pulmonary Function: Charges for tests that measure inhaled/exhaled gases, for analysis of blood and for tests that evaluate the patient's ability to exchange oxygen and other gases.

Subcategory	Standard Abbreviation	Revenue Type Code
0460 General classification	PULMONARY FUNC	8
0469 Other pulmonary function	OTHER PULMON FUNC	8

Revenue Codes

047 - Audiology: Charges for the detection and management of communication handicaps centering in whole or in part on the hearing function.

Subcategory		Standard Abbreviation	Revenue Type Code
0470	General classification	AUDIOLOGY	8
0471	Diagnostic	AUDIOLOGY/DX	8
0472	Treatment	AUDIOLOGY/RX	8
0479	Other audiology	OTHER AUDIOL	8

048 - Cardiology: Charges for cardiac procedures rendered in a separate hospital unit. Procedures include, but are not limited to: heart catheterization, coronary angiography, Swan- Ganz catheterization and exercise stress tests.

Subcategory		Standard Abbreviation	Revenue Type Code
0480	General classification	CARDIOLOGY	8
0481	Cardiac cath lab	CARDIAC CATH LAB	8
0482	Stress test	STRESS TEST	8
0483	Echocardiology	ECHOCARDIOLOGY	8
0489	Other cardiology	OTHER CARDIOL	8

049 - Ambulatory Surgical Care: Charges for ambulatory surgery that are not covered by other categories.

Subcategory		Standard Abbreviation	Revenue Type Code
0490	General classification	AMBUL SURG	8
0499	Other ambulatory surgical care	OTHER AMBL SURG	8

Revenue Codes

050 - Outpatient Services: Outpatient charges for services rendered to an outpatient who is admitted as an inpatient before midnight of the day following the date of service. (Note: this revenue code is no longer required by Medicare.)

Subcategory		Standard Abbreviation	Revenue Type Code
0500	General classification	OUTPATIENT SVS	8
0509	Other outpatient services	OUTPATIENT/OTHER	8

051 - Clinic: Clinic (non-emergency outpatient visit) charges for providing diagnostic, preventive, curative, rehabilitative and education services to ambulatory patients.

Subcategory		Standard Abbreviation	Revenue Type Code
0510	General classification	CLINIC	8
0511	Chronic pain center	CHRONIC PAIN CL	8
0512	Dental clinic	DENTAL CLINIC	8
0513	Psychiatric clinic	PSYCH CLINIC	8
0514	OB-GYN clinic	OB-GYN CLINIC	8
0515	Pediatric clinic	PEDS CLINIC	8
0516	Urgent care clinic	URGENT CLINIC	8
0517	Family practice clinic	FAMILY CLINIC	8
0519	Other clinic	OTHER CLINIC	8

Revenue Codes

052 - Freestanding Clinic Subcategory: n.a.		
Subcategory	Standard Abbreviation	Revenue Type Code
0520 General classification	FREESTAND CLINIC	8
0521 Clinic visit by member to RHC/FQHC	FS-RURAL/Clinic	8
0522 Home visit by RHC/FQHC/practitioner	FS-RURAL /HOME	8
0523 Family practice clinic	FS-FAMILY PRACT	8
0524 Visit by RHC/FQHC practitioner to a member in a covered part A stay at SNF	FS/STD FAMILY CLINIC	8
0525 Visit by RHC/FQHC practitioner to a member in a SNF (not in a covered part A stay) or NF or ICF MR or other residential facility	RHC/FQHC/SNF/NONCOVERED	8
0526 Urgent care clinic	FR/STD URGENT CLINIC	8
0527 Visiting nurse service(s) to a member's home when in a home health shortage area	RHC/FQHC/HOME/VIS NURSE	8
0528 Visit RHC/FQHC practitioner to other non- RHC/FQHC site (e.g. Scene of accident)	RHC/FQHC/OTHER SITE	8
0529 Other freestanding clinic	OTHER FS CLINIC	8

053 - Osteopathic Services: Charges for a structural evaluation of the cranium, entire cervical, dorsal and lumbar spine by a doctor of osteopathy.		
Subcategory	Standard Abbreviation	Revenue Type Code
0530 General classification	OSTEOPATH SVS	8
0531 Osteopathic therapy	OSTEOPATH RX	8
0539 Other osteopathic services	OTHER OSTEOPATH	8

Revenue Codes

054 - Ambulance: Charges for ambulance service, usually unscheduled, to the ill and injured who require immediate medical attention.

Subcategory		Standard Abbreviation	Revenue Type Code
0540	General classification	AMBULANCE	8
0541	Supplies	AMBUL/SUPPLY	8
0542	Medical transport	AMBUL/MED TRANS	8
0543	Heart mobile	AMBUL/HEARTMOBL	8
0544	Oxygen	AMBUL/OXY	8
0545	Air ambulance	AIR AMBULANCE	8
0546	Neonatal ambulance services	AMBUL/NEONAT	8
0547	Pharmacy	AMBUL/PHARMACY	8
0548	Telephone transmission EKG	AMBUL/TELEPHONIC EKG	8
0549	Other ambulance	OTHER AMBULANCE	8

055 - Skilled Nursing: Charges for nursing services that must be provided under direct supervision of a licensed nurse to ensure the patient's safety and to achieve the medically desired result. This code may be used for nursing home services, CORFS or a service charge for home health billing.

Subcategory		Standard Abbreviation	Revenue Type Code
0550	General classification	SKILLED NURSING	8
0551	Visit charge	SKILLED NURS/VISIT	8
0552	Hourly charge	SKILLED NURS/HOUR	8
0559	Other skilled nursing	SKILLED NURS/OTHER	8

Revenue Codes

056 - Medical Social Services: Charges for services (such as counseling and inter-viewing patients, and interpreting problems of social situation) rendered to patients on any basis.

Subcategory	Standard Abbreviation	Revenue Type Code
0560 General classification	MED SOCIAL SVS	8
0561 Visit charge	MED SOC SERVS/VISIT	8
0562 Hourly charge	MED SOC SERV/HOUR	8
0569 Other medical social services	MED SOC SERV/OTHER	8

057 - Home Health - Home Health Aide: Charges made by a home health agency for personnel who are primarily responsible for the patient's personal care.

Subcategory	Standard Abbreviation	Revenue Type Code
0570 General classification	AID/HOME HEALTH	8
0571 Visit charge	AIDE/HOME HLTH/VISIT	8
0572 Hourly charge	AIDE/HOME HLTH/HOUR	8
0579 Other home health aid	AIDE/HOME HLTH/OTHER	8

058 - Home Health (HH) - Other Visits: Charges by a home health agency for visits for other than physical therapy, occupational therapy or speech therapy, which must be specifically identified.

Subcategory	Standard Abbreviation	Revenue Type Code
0580 General classification	HH-OTH-VIS	8
0581 Visit charge	HH-OTH VIS/VISIT	8
0582 Hourly charge	HH-OTH VIS/HOUR	8
0583 Assessment	HH-OTH VIS/ASSES	8
0589 Other home health visits	HH-OTH VIS/OTHER	8

Revenue Codes

059 - Home Health - Units of Service: Revenue code used by a home health agency that bills based on units of service.

Subcategory		Standard Abbreviation	Revenue Type Code
0590	General classification	UNIT/HOME HEALTH	8
0599	Home health other units	UNIT/HOME HLTH/OTHER	8

060 - Home Health - Oxygen: Charges by a home health agency for oxygen equipment supplies or contents, excluding purchased equipment. If a beneficiary has purchased a stationary oxygen system, oxygen concentrator or portable equipment, current revenue codes 0292 or 0293 apply. DME (other than oxygen systems) is billed under revenue codes 0291, 0292 or 0293. (Medicare requires detailed revenue coding; therefore, codes for this series may not be summed at the zero level.)

Subcategory		Standard Abbreviation	Revenue Type Code
0600	General classification	02/HOME HEALTH	8
0601	Oxygen - state/equip/supp or cont	02/STAT EQUIP/SUPPLY/CONT	8
0602	Oxygen - state/equip/under 1 LPM	02/STAT EQUIP/UNDER 1 LPM	8
0603	Oxygen - state/equip/over 4 LPM	02/STAT EQUIP/OVER 4 LPM	8
0604	Oxygen - portable add-on	02/PORTABLE ADD-ON	8
0609	Other oxygen	02 - OTHER	8

Revenue Codes

061 - Magnetic Resonance Technology (MRT): Charges for magnetic resonance imaging (MRI) and magnetic resonance angiography (MRA) of the brain and other parts of body. (Due to coverage limitations, some third party payers require identification of the test.)

Subcategory		Standard Abbreviation	Revenue Type Code
0610	General classification	MRT	8
0611	MRI - brain (including brainstem)	MRI - BRAIN	8
0612	MRI - spinal cord (including spine)	MRI - SPINE	8
0613	Reserved		
0614	MRI - other	MRI - OTHER	8
0615	MRA - head and neck	MRA - HEAD AND NECK	8
0616	MRA - lower extremities	MRA - LOWER EXT	8
0617	Reserved		
0618	MRA - other	MRA - OTHER	8
0619	Other MRT	MRT - OTHER	8

062 - Medicare/Surgical Supplies - Extension of 027x: Charges for supply items required for patient care. Extension of 027x for reporting additional breakdown where needed. Subcode 1 is for providers who cannot bill supplies used for radiology procedures under radiology. Subcode 2 is for providers who cannot bill supplies used for other diagnostic procedures.

Subcategory		Standard Abbreviation	Revenue Type Code
0621	Supplies incident to radiology	MED-SUR SUPP/INCDNT RAD	8
0622	Supplies incident to other diagnostic services	MED-SUR SUPP/INCDNT ODX	8
0623	Surgical dressings	SURG DRESSING	8
0624	FDA investigational devices	FDA INVEST DEVICE	8

Revenue Codes

063 - Pharmacy - Extension of 025X: Charges for medication produced, manufactured, packaged, controlled, assayed, dispensed and distributed under the direction of a licensed pharmacist. The category is an extension of 025x for reporting additional breakdown where needed.

Subcategory		Standard Abbreviation	Revenue Type Code
0630	Reserved (effective 1/1/98)		
0631	Single source drug	DRUG/SINGLE	8
0632	Multiple source drug	DRUG/MULT	8
0633	Restrictive prescription	DRUG/RSTR	8
0634	Erythropoietin (EPO) less than 10,000 units	DRUG/EPO<=10,000 UNITS	8
0635	Erythropoietin (EPO) 10,000 or more units	DRUG/EPO>=10,000 UNITS	8
0636	Drugs requiring detailed coding	DRUGS/DETAIL CODE	8
0637	Self-administrable drugs	DRUGS/SELF ADMIN	8
0638	Reserved		
0639	Reserved		

Revenue Codes

064 - Home IV Therapy Services: Charge for intravenous drug therapy services performed at the patient's residence. For home IV providers, the HCPCS code must be entered for all equipment and all types of covered therapy.

Subcategory		Standard Abbreviation	Revenue Type Code
0640	General classification	IV THERAPY SVC	8
0641	Non-routine nursing, central line	NON RT NURSING/CENTRAL	8
0642	IV site care, central line	IV SITE CARE/CENTRAL	8
0643	IV start/change, peripheral line	IV STRT/CHNG/PERIPHRL	8
0644	Non-routine nursing, peripheral line	NONRT NURSING/PERIPHRL	8
0645	Training patient/caregiver, central line	TRNG PT/CAREGVR/CENTRL	8
0646	Training, disabled patient, central line	TRNG DSBLPT/CENTRAL	8
0647	Training, patient/caregiver, peripheral line	TRNG/PT/CARGVR/ PERIPHRL	8
0648	Training, disabled patient, peripheral line	TRNG/DSBLPAT/PERIPHRL	8
0649	Other IV therapy services	OTHER IV THERAPY SVC	8

Revenue Codes

065 - Hospice Services: Charges for hospice care services for a terminally ill patient if the patient elects these services in lieu of other services for the terminal condition.

Subcategory		Standard Abbreviation	Revenue Type Code
0650	General classification	HOSPICE	8
0651	Routine home care	HOSPICE/RTN HOME	8
0652	Continuous home care	HOSPICE/CTNS HOME	8
0653	Reserved		
0654	Reserved		
0655	Inpatient respite care	HOSPICE/IP RESPITE	8
0656	General inpatient care (non-respite)	HOSPICE/IP NON-RESPITE	8
0657	Physician services	HOSPICE/PHYSICIAN	8
0658	Hospice room and board - nursing facility	HOSPICE/R&B/NURS FAC	1
0659	Other hospice service	HOSPICE/OTHER	8

066 - Respite Care: Charges for non-hospice respite care.

Subcategory		Standard Abbreviation	Revenue Type Code
0660	General classification	RESPITE CARE	8
0661	Hourly charge/nursing	RESPITE/NURSE	8
0662	Hourly charge/aide/homemaker/companion	RESPITE/AIDE/HMEMKR/COMP	8
0663	Daily respite charge	RESPITE DAILY	8
0669	Other respite care	RESPITE OTHER	8

Revenue Codes

067 - Outpatient Special Residence Charges: Residence arrangements for patients requiring continuous outpatient care.		
Subcategory	Standard Abbreviation	Revenue Type Code
0670 General classification	OP SPEC RES	8
0671 Hospital-based	OP SPEC RES/HOSP BASED	8
0672 Contracted	OP SPEC RES/CONTRACTED	8
0679 Other special residence charge	OP SPEC RES/OTHER	8

068 - Trauma Response: Charges for trauma team activation.		
Subcategory	Standard Abbreviation	Revenue Type Code
0680 Not used		
0681 Level I	TRAUMA LEVEL I	8
0682 Level II	TRAUMA LEVEL II	8
0683 Level III	TRAUMA LEVEL III	8
0684 Level IV	TRAUMA LEVEL IV	8
0689 Other trauma response	TRAUMA OTHER	8

Revenue Codes

069 - :		
Subcategory	Standard Abbreviation	Revenue Type Code
0690 PRE-HOSPICE/PALLIATIVE CARE SERVICES - GENERAL CLASSIFICATION	PREHOSPICE	
0691 PRE-HOSPICE/PALLIATIVE CARE SERVICES - VISIT CHARGE	PREHOSPICE/VISIT	
0692 PRE-HOSPICE/PALLIATIVE CARE SERVICES - HOURLY CHARGE	PREHOSPICE/HOUR	
0693 PRE-HOSPICE/PALLIATIVE CARE SERVICES - EVALUATION	PREHOSPICE/EVAL	
0694 PRE-HOSPICE/PALLIATIVE CARE SERVICES - CONSULTATION AND EDUCATION	PREHOSPICE/CONS&ED	
0695 PRE-HOSPICE/PALLIATIVE CARE SERVICES - INPATIENT CARE	PREHOSPICE/IP	
0696 PRE-HOSPICE/PALLIATIVE CARE SERVICES - PHYSICIAN SERVICES	PREHOSPICE/PHYSICIAN	
0699 PRE-HOSPICE/PALLIATIVE CARE SERVICES - OTHER PREHOSPICE/PALLIATIVE CARE SERVICES	PREHOSPICE/OTHER	

070 - Cast Room: Charges for services related to the application, maintenance and removal of casts.		
Subcategory	Standard Abbreviation	Revenue Type Code
0700 General classification	CAST ROOM	8
0709 Other cast room	OTHER CAST ROOM	8

Revenue Codes

071 - Recovery Room: n.a.		
Subcategory	Standard Abbreviation	Revenue Type Code
0710 General classification	RECOVERY ROOM	8
0719 Other recovery room (Expired on 2008-02-04)	OTHER RECOV RM	8

072 - Labor Room/Delivery: Charges for labor and delivery room services provided by specially trained nursing personnel, including prenatal care during labor, assistance during delivery, postnatal care in the recovery room and minor gynecologic procedures if they are performed in the delivery suite.		
Subcategory	Standard Abbreviation	Revenue Type Code
0720 General classification	DELIVEROOM/LABOR	8
0721 Labor	LABOR	8
0722 Delivery	DELIVERY	8
0723 Circumcision	CIRCUMCISION	8
0724 Birthing center	BIRTHING CENTER	8
0729 Other labor room/delivery	OTHER/DELIV-LABOR	8

073 - EKG/ECG (Electrocardiogram): Charges for the operation of specialized equipment to record electromotive variations in heart muscle actions on an electrocardiograph for diagnosis of heart ailments.		
Subcategory	Standard Abbreviation	Revenue Type Code
0730 General classification	EKG/ECG	8
0731 Holter monitor	HOLTER MONT	8
0732 Telemetry	TELEMETRY	8
0739 Other EKG/ECG	OTHER EKG-ECG	8

Revenue Codes

074 - EEG (Electroencephalogram): Charges for operation of specialized equipment to measure impulse frequencies and differences in electrical potential in various areas of the brain to obtain data for diagnosing brain disorders.

Subcategory		Standard Abbreviation	Revenue Type Code
0740	General classification	EEG	8
0749	Other EEG	OTHER EEG	8

075 - Gastro-Intestinal Services: Procedure room charges for endoscopic procedures not performed in the operating room.

Subcategory		Standard Abbreviation	Revenue Type Code
0750	General classification	GASTR-INST SVS	8
0759	Other gastro-intestinal	OTHER GASTRO-INTS	8

076 - Treatment/Observation Room: Charges for the use of a treatment room or for the room charge associated with outpatient observation services.

Subcategory		Standard Abbreviation	Revenue Type Code
0760	General classification	TREATMENT/OBSERVATION RM	8
0761	Treatment room	TREATMENT RM	8
0762	Observation room	OBSERVATION RM	8
0769	Other treatment/observation room	OTHER TREAT/OBSERV RM	8

077 - Preventive Care Services: Revenue code used to capture preventive care services established by the payers.

Subcategory		Standard Abbreviation	Revenue Type Code
0770	General classification	PREVENT CARE SVS	8
0771	Vaccine administration	VACCINE ADMIN	8
0779	Other preventive care services	OTHER PREVENT	8

Revenue Codes

078 - Telemedicine: Reserved for facility telemedicine charges related to a three-year Medicare demonstration project commencing October 1, 1996.

Subcategory	Standard Abbreviation	Revenue Type Code
0780 General classification	TELEMEDICINE	8
0789 Other telemedicine	TELEMEDICINE/OTHER	8

079 - Extra-Corporeal Shock Wave Therapy (formerly Lithotripsy): Charges related to extra-corporeal shock wave therapy (ESWT).

Subcategory	Standard Abbreviation	Revenue Type Code
0790 General classification	ESWT	8
0799 Other ESWT	ESWT/OTHER	8

080 - Inpatient Renal Dialysis: A waste removal process performed in an inpatient setting that uses an artificial kidney when the body's kidneys have failed. The waste may be removed directly from the blood (hemodialysis) or indirectly from the blood by flushing a special solution between the abdominal covering and the tissue (peritoneal dialysis).

Subcategory	Standard Abbreviation	Revenue Type Code
0800 General classification	RENAL DIALYSIS	8
0801 Inpatient hemodialysis	DIALY/INPT	8
0802 Inpatient peritoneal dialysis (NON-CAPD)	DIALY/INPT/PER	8
0803 Inpatient continuous ambulatory peritoneal dialysis (CAPD)	DIALY/INPT/CAPD	8
0804 Inpatient continuous cycling peritoneal dialysis (CCPD)	DIALY/INPT/CCPD	8
0809 Other inpatient dialysis	DIALY/INPT/OTHER	8

Revenue Codes

081 - Acquisition of Body Components: Acquisition and storage costs of body tissue, bone marrow, organs and other body components not otherwise identified used for transplantation.		
Subcategory	Standard Abbreviation	Revenue Type Code
0810 General classification	ORGAN ACQUISIT	8
0811 Living donor	LIVING DONOR	8
0812 Cadaver donor	CADAVER DONOR	8
0813 Unknown donor	UNKNOWN DONOR	8
0814 Unsuccessful organ search - donor bank charges	UNSUCCESSFUL SEARCH	8
0815 Stem Cells-Allogeneic	STEM CELL	8
0819 Other Donor	OTHER DONOR	8

082 - Hemodialysis - Outpatient or Home: Waste removal process, performed in outpatient or home setting, necessary when the body's kidneys have failed. Waste is removed directly from the blood.		
Subcategory	Standard Abbreviation	Revenue Type Code
0820 General classification	HEMO/OP OR HOME	8
0821 Hemodialysis/composite or other rate	HEMO/COMPOSITE	8
0822 Home supplies	HEMO/HOME/SUPPL	8
0823 Home equipment	HEMO/HOME/EQUIP	8
0824 Maintenance/100%	HEMO/HOME/100%	8
0825 Support services	HEMO/HOME/SUPSERV	8
0829 Other outpatient hemodialysis	HEMO/HOME/OTHER	8

Revenue Codes

083 - Peritoneal Dialysis: Waste removal process, performed in an outpatient or home setting, necessary when the body's kidneys have failed. Waste is removed indirectly by flushing a special solution between the abdominal covering and the tissue.

Subcategory		Standard Abbreviation	Revenue Type Code
0830	General classification	PERITONEAL/OP OR HOME	8
0831	Peritoneal/composite or other rate	PERTNL/COMPOSITE	8
0832	Home supplies	PERTNL/HOME/SUPPL	8
0833	Home equipment	PERTNL/HOME/EQUIP	8
0834	Maintenance/100%	PERTNL/HOME/100%	8
0835	Support services	PERTNL/HOME/SUPSERV	8
0839	Other outpatient peritoneal dialysis	PERTNL/HOME/OTHER	8

084 - Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home: Continuous dialysis process performed in an outpatient or home setting that uses the patient's peritoneal membrane as a dialyzer.

Subcategory		Standard Abbreviation	Revenue Type Code
0840	General classification	CAPD/OP OR HOME	8
0841	CAPD/Composite or Other rate	CAPD/COMPOSITE	8
0842	Home supplies	CAPD/HOME/SUPPL	8
0843	Home equipment	CAPD/HOME/EQUIP	8
0844	Maintenance 100%	CAPD/HOME/100%	8
0845	Support services	CAPD/HOME/SUPSERV	8
0849	Other outpatient CAPD	CAPD/HOME/OTHER	8

Revenue Codes

085 - Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home: Continuous dialysis process performed in an outpatient or home setting that uses a machine to make automatic exchanges at night.

Subcategory		Standard Abbreviation	Revenue Type Code
0850	General classification	CCPD/OP OR HOME	8
0851	CCPD/composite or other rate	CCPD/COMPOSITE	8
0852	Home supplies	CCPD/HOME/SUPPL	8
0853	Home equipment	CCPD/HOME/EQUIP	8
0854	Maintenance 100%	CCPD/HOME/100%	8
0855	Support services	CCPD/HOME/SUPSERV	8
0859	Other outpatient CCPD	CCPD/HOME/OTHER	8

086 - Magnetoencephalography (MEG): n.a.

Subcategory		Standard Abbreviation	Revenue Type Code
0860	General classification	MAGNETOENCEPH	8
0861	MEG	MEG	8

087 - Reserved for Dialysis (National Assignment): n.a.

Subcategory		Standard Abbreviation	Revenue Type Code
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088 - Miscellaneous Dialysis: Charges for dialysis services not identified elsewhere.

Subcategory		Standard Abbreviation	Revenue Type Code
0880	General classification	DIALY/MISC	8
0881	Ultrafiltration	DIALY/ULTRAFILT	8
0882	Home dialysis aid visit	HOME DIALYSIS AID VISIT	8
0889	Other miscellaneous dialysis	DIALY/MISC/OTHER	8

Revenue Codes

089 - Reserved for National Assignment: n.a.		
Subcategory	Standard Abbreviation	Revenue Type Code
090 - Behavioral Health Treatments/Services: (See also 091X and extension of 090X.)		
Subcategory	Standard Abbreviation	Revenue Type Code
0900 General classification	BH	8
0901 Electroshock treatment	BH/ELECTROSHOCK	8
0902 Milieu therapy	BH/MILIEU THERAPY	8
0903 Play therapy	BH/PLAY THERAPY	8
0904 Activity therapy	BH/PLAY THERAPY	8
0905 Intensive outpatient services - psychiatric	BH/INTENS OP/PSYCH	8
0906 Intensive outpatient services - chemical dependency	BH/INTENS OP/CHEM DEP	8
0907 Community behavioral health program (day treatment)	BH/COMMUNITY	8
0908 Reserved	(Reserved as of 4/1/2004)	
0909 Reserved	(Reserved as of 4/1/2004)	

Revenue Codes

091 - Behavioral Health Treatment/Services - Extension of 090X: n.a.		
Subcategory	Standard Abbreviation	Revenue Type Code
0910 Reserved	(Reserved as of 10/16/2003)	
0911 Rehabilitation	BH/REHAB	8
0912 Partial hospitalization - less intensive	BH/PARTIAL HOSP	8
0913 Partial hospitalization - intensive	BH/PARTIAL INTENS	8
0914 Individual therapy	BH/INDIV RX	8
0915 Group therapy	BH/GROUP RX	8
0916 Family therapy	BH/FAMILY RX	8
0917 Bio feedback	BH/BIOFEED	8
0918 Testing	BH/TESTING	8
0919 Other behavioral health treatments/ services	BH/OTHER	8

092 - Other Diagnostic Services: n.a.		
Subcategory	Standard Abbreviation	Revenue Type Code
0920 General classification	OTHER DX SVS	8
0921 Peripheral vascular lab	PERI VASCUL LAB	8
0922 Electromyelgram	EMG	8
0923 Pap smear	PAP SMEAR	8
0924 Allergy test	ALLERGY TEST	8
0925 Pregnancy test	PREG TEST	8
0929 Other diagnostic services	ADDITIONAL DX SVS	8

Revenue Codes

093 - Medical Rehabilitation Day Program: Medical rehabilitation services as contracted with a payer and/or certified by the state. Services may include physical therapy, occupational therapy and speech therapy. The subcategories of 93X are designed as zero-billed revenue codes to be used as a vehicle for supplying program information as defined in the provider/payer contract. Zero would be reported in total charges (FL47) and the number of hours provided would be reported in units of service (FL46). The specific rehabilitation services would be reported under the applicable therapy revenue codes as normal.

Subcategory	Standard Abbreviation	Revenue Type Code
0931 Half day	HALF DAY	8
0932 Full day	FULL DAY	8

094 - Other Therapeutic Services: Charges for therapeutic services not categorized.

Subcategory	Standard Abbreviation	Revenue Type Code
0940 General classification	OTHER RX SVS	8
0941 Recreational therapy	RECREATION RX	8
0942 Education/Training	EDUC/TRAINING	8
0943 Cardiac rehabilitation	CARDIAC REHAB	8
0944 Drug rehabilitation	DRUG REHAB	8
0945 Alcohol rehabilitation	ALCOHOL REHAB	8
0946 Complex medical equipment - routine	CMPLX MED EQUIP-ROUT	8
0947 Complex medical equipment - ancillary	CMPLX MED EQUIP-ANC	8
0948 OTHER THERAPEUTIC SERVICES - PULMONARY REHAB	CMPLX MED EQUIP-AN	8
0949 Other therapeutic services	ADDITIONAL RX SVS	8

Revenue Codes

095 - Other Therapeutic Services-Extension of 094X: Charges for other therapeutic services not otherwise categorized.		
Subcategory	Standard Abbreviation	Revenue Type Code
0950 Reserved		
0951 Athletic Training	Athletic Training	8
0952 Kinesiotherapy	Kinesiotherapy	8
0953 OTHER THERAPEUTIC SERVICES - CHEMICAL DEPENDENCY (DRUG & ALC.)	OTH THER SVC/CHEM DEP	8

096 - Professional Fees: Charges for medical professionals that hospitals or third party payers require be identified separately on the billing form.		
Subcategory	Standard Abbreviation	Revenue Type Code
0960 General classification	PRO FEE	8
0961 Psychiatric	PRO FEE/PSYCH	8
0962 Ophthalmology	PRO FEE/EYE	8
0963 Anesthesiologist (MD)	PRO FEE/ANES MD	8
0964 Anesthetist (CRNA)	PRO FEE/ANES CRNA	8
0969 Other professional fees	OTHER PRO FEE	8

Revenue Codes

097 - Professional Fees (Continued): n.a.		
Subcategory	Standard Abbreviation	Revenue Type Code
0971 Laboratory	PRO FEE/LAB	8
0972 Radiology - diagnosis	PRO FEE/RAD/DX	8
0973 Radiology - therapeutic	PRO FEE/RAD/RX	8
0974 Radiology - nuclear medicine	PRO FEE/NUC MED	8
0975 Operating room	PRO FEE/OR	8
0976 Respiratory therapy	PRO FEE/RESPIR	8
0977 Physical therapy	PRO FEE/PHYSI	8
0978 Occupational therapy	PRO FEE/OCCUPA	8
0979 Speech pathology	PRO FEE/SPEECH	8

098 - Professional Fees (Continued): n.a.		
Subcategory	Standard Abbreviation	Revenue Type Code
0981 Emergency room	PRO FEE/ER	8
0982 Outpatient services	PRO FEE/OUTPT	8
0983 Clinic	PRO FEE/CLINIC	8
0984 Medical social services	PRO FEE/SOC SVC	8
0985 EKG	PRO FEE/EKG	8
0986 EEG	PRO FEE/EEG	8
0987 Hospital visit	PRO FEE/HOS VIS	8
0988 Consultation	PRO FEE/CONSULT	8
0989 Private duty nurse	PRO FEE/PVT NURSE	8

Revenue Codes

099 - Patient Convenience Items: Charges for items generally considered by third party payers to be convenience items and typically not covered.

Subcategory		Standard Abbreviation	Revenue Type Code
0990	General classification	PT CONVENIENCE	8
0991	Cafeteria/guest tray	CAFETERIA	8
0992	Private linen service	LINEN	8
0993	Telephone/telegraph	TELEPHONE	8
0994	TV/radio	TV/RADIO	8
0995	Non-patient room rentals	NONPT ROOM RENT	8
0996	Late discharge charge	LATE DISCHARGE	8
0997	Admission kits	ADMIT KITS	8
0998	Beauty shop/barber	BARBER/BEAUTY	8
0999	Other patient convenience items	PT CONVENIENCE/OTH	8

100 - Behavioral Health Accommodations: Routine service charges incurred for accommodations at specified behavior health facilities.

Subcategory		Standard Abbreviation	Revenue Type Code
1000	General classification	BH R&B	1
1001	Residential treatment - psychiatric	BH R&B RES/PSYCH	1
1002	Residential treatment - chemical dependency	BH R&B RES/CHEM DEP	1
1003	Supervised living	BH R&B SUP LIVING	1
1004	Halfway house	BH R&B HALFWAY HOUSE	1
1005	Group home	BH R&B GROUP HOME	1
1006	Outdoor/Wilderness Behavioral Healthcare	BH R&B OUT/WILD	1

Revenue Codes

210 - Alternative Therapy Services: Charges for therapies not categorized under other therapeutic service revenue codes (024x, 043x, 044x, 091x, 095x) or services such as anesthesia or clinic (0374, 0511). Alternative therapy is intended to enhance and improve standard medical treatment. Use the following revenue code(s) to report services in a separately designated alternative inpatient/outpatient unit.

Subcategory		Standard Abbreviation	Revenue Type Code
2100	General classification	ALTOTHERAPY	8
2101	Acupuncture	ACUPUNCTURE	8
2102	Accupressure	ACUPRESSURE	8
2103	Massage	MASSAGE	8
2104	Reflexology	REFLEXOLOGY	8
2105	Biofeedback	BIOFEEDBACK	8
2106	Hypnosis	HYPNOSIS	8
2109	Other alternative therapy services	OTHER ALTOTHERAPY	8

310 - Adult Care: Charges for personal, medical, psychosocial and/or therapeutic services in a special community setting for adults needing supervision and/or assistance with activities of daily living (ADLs).

Subcategory		Standard Abbreviation	Revenue Type Code
3100	Not used		
3101	Adult day care, medical and social - hourly	ADULT MED/SOC HRL	8
3102	Adult day care, social - hourly	ADULT SOC HR	8
3103	Adult day care, medical and social - daily	ADULT MED/SOC DAY	8
3104	Adult day care, social - daily	ADULT SOC DAY	8
3105	Adult foster care - daily	ADULT FOSTER DAY	8
3109	Other adult care	OTHER ADULT	8

Addendum C - Disposition Format Message Codes

Referenced by C235 Claim Appeal DF Message Code
Data Elements D017 DF Message Code-Claim
D024 DF Message Code-Line
D026 DF Message Code-Additional Line of Business

Value	Description	Notes
0001	Expenses incurred prior to coverage	For use when the date of service is prior to the beginning date of the member's contract.
0006	Dependent not eligible per contract age limit	For use when the dependent is not eligible for coverage per the contract age limit.
0009	Patient not enrolled at time of service	It is suggested that Plans use 0001, 0010 or 0706, as they are more specific. This code may be deleted at some point in the future. For use when the Home Plan cannot determine if the dates of service are before or after the member's coverage dates.
0010	Expenses incurred after coverage termination	For use when the date of service is after the end date of the member's contract.
0012	Payment adjusted because coverage/program guidelines were not met or were exceeded	For use when member contract has benefit restrictions that were not met or were exceeded
0033	Care was deemed not medically necessary	For use when the service is deemed not medically necessary by the Home Plan. Members are held liable up to charges.
0037	Anesthesia service rendered by the surgeon is not covered per the subscriber's contract	For use only when there is an explicit member contract exclusions.
0039	Procedure does not warrant the services of an anesthesiologist per the subscriber's contract	For use only when there is an explicit member contract exclusions.
0051	Per the member's contract, multiple physicians and/or assistants are not covered in this case.	For use only when there is an explicit member contract exclusions.
0053	Original claim processed incorrectly	For use when the original claim was processed incorrectly.
0055	Services by an immediate relative or member of the same household are not covered	For use when a member receives services from an immediate relative or member of the same household. Host Plan's may want to refer this issue for investigation.
0067	Payment adjusted because charges have been paid by another carrier	For use when charges are paid by another carrier.
0085	We have requested other coverage information regarding the patient. Our file has been closed and services denied. Claims will be reconsidered when we receive the requested information.	Use when the Home Plan sends an inquiry about other insurance and the member has not responded.

Disposition Format Message Codes

Value	Description	Notes
0106	Charges are eligible for processing via existing crossover arrangements.	Medicare payment information is not present. Home/Control Plan expects claim from Medicare. (Note: No AEA calculated)
0188	No benefits payable when services are related to Worker's Compensation.	For use when the Home Plan has identified that the service are/may be eligible for Worker's Compensation.
0189	Duplicate claim/service.	For use when the services rendered were considered/processed under a previous claim submission. No AEA is paid when this DFMC is used. (NOTE: No AEA calculated.)
0205	Services for diagnosis reported are not a benefit.	For use only when there is an explicit member contract exclusions.
0213	These are non-covered services because this is a routine exam or screening procedure done in conjunction with a routine exam.	For use only when there is an explicit member contract exclusions.
0230	The timely filing limit as outlined in the member's contract/benefit has expired.	For use when the member's contractual timely filing has expired. Host Plans must ensure that they clearly communicate that this is a member timely filing has expired and that the member is liable.
0243	Benefit maximum for this time period has been reached per the member's benefit plan or policy.	When a time-sensitive/specific benefit maximum has been reached.
0249	Maximum number of days has been allowed.	For use when a lifetime benefit maximum has been reached.
0261	Claim file closed until predetermination obtained by provider.	For use only Blue2 General Inquiry has been sent and information has not been received and when a more specific code is not available. This code may be phased out over time. Removed with Release 14.0.
0263	Services denied at the time authorization/precertification was requested.	Claim payment was reduced because pre-certification/pre-authorization was denied when requested. Effective 7/1/2014, this becomes provider financial responsibility. When an account mandates that the member be held responsible for obtaining and complying with preservice review requirements use DF message 1297.

Disposition Format Message Codes

Value	Description	Notes
0264	Medical visits on the day of surgery are not covered.	For use only when there is an explicit member contract exclusions.
0278	Maternity payable only for subscriber or spouse.	For use when there is an explicit benefit limitation. Home Plans may want to ensure that their CSRs are communicating this limitation, when appropriate.
0291	Benefit maximum has been reached.	For use when any of the following conditions apply: Covered benefit maximum has been reached. Payment maximum has been reached when price is greater than charge. Certain conditions when a covered maximum is used in a non-par pricing situation.
0347	Payment is being adjusted when performed/billed by this type of provider, by this type of provider in this type facility, or by a provider of this specialty.	For use when there is an explicit member contract exclusions.
0425	Non-covered charge(s).	For use when a procedure is not covered by the member's benefit contract only when a more specific message code is not available.
0531	These are non-covered services because this is a pre-existing condition.	For use when services are not covered but they are determined to be related to a pre-existing condition.
0561	Investigative procedure not a benefit.	For use only when the procedure is considered investigational by the Home Plan and not covered under the member's benefit contract.
0706	No record of membership.	For use when there isn't a record of membership for the patient. (Note: No AEA calculated.)
0712	No dependent coverage.	Used in situations in which the Subscribers coverage does not allow for dependent coverage.
0740	The procedure code/bill type is inconsistent with the place of service.	The members benefits do not cover this procedure in this place of service. Will have an equivalent that is provider liability.
0745	The procedure code is inconsistent with the patient's gender.	The members benefits do not cover this procedure based on the patient's gender. Will have an equivalent that is provider liability.
0749	This provider is not eligible to bill for these services.	Removed with Release 8.9.

Disposition Format Message Codes

Value	Description	Notes
0756	Patient has dental coverage only.	For use when the patient only has dental coverage
0762	Invalid CPT code (service referred to Par Plan for correction).	Removed with Release 8.9.
0809	The diagnosis is inconsistent with the procedure.	The members benefits do not cover this this procedure for the reported diagnosis. Will have an equivalent that is provider liability.
0826	The procedure code is inconsistent with the patient's age.	The members benefits do not cover this procedure code based on the patient's age. Will have an equivalent that is provider liability.
0851	The procedure is not covered because the patient's contract contains a specific exclusion for the condition/services reported.	For use in situations when the service is not covered due to a member contract exclusion for the specific condition or service reported. Only use this code when a more specific code is not available.
0894	Benefits are not provided for services obtained from non-participating providers per the member's benefit plan or policy.	For use in situations when there are no benefits/coverage when services are rendered by a non-participating provider (e.g. EPO)
0947	The service is not covered because the charges do not meet qualifications for emergency/urgent care.	For use in situations when the services rendered do not meet the qualification requirements for emergency or urgent care by the Home Plan. Typically used by HMO or Smaller Affiliates.
0969	These charges are not payable because the contract does not cover these services during the waiting period specified in the patient's contract.	For use when the member benefit has a waiting period during which no benefits are eligible. If services are received during the waiting period, the services are not eligible for benefit and are denied.
0992	Rental charge exceeds purchase price of the durable medical equipment or cost for purchase has been paid on a prior claim.	For use when rental DME charge has exceeded the price of purchasing the DME. Also for use when the purchase price of the claim was previously paid. For use when the Host Plan does not have a contract with the provider for DME purchases (as identified by SF Message Codes) or non-participating providers.
0999	The diagnosis is inconsistent with the provider type.	The members benefits do not cover this diagnosis when treatment is provider by a provider of this type or specialty. Will have an equivalent that is provider liability.
1006	The service is not covered because the service was not provided by and/or ordered by the primary care physician or medical group.	For use when the benefits are limited to services rendered by PCP or primary medical group. Typically for HMO or POS.

Disposition Format Message Codes

Value	Description	Notes
1027	Our records indicate this dependant is not an eligible dependant as defined.	To be used when the dependent information submitted on the claim is incorrect or does not meet the benefit definition for a dependant.
1029	Blue Shield coverage only.	For use when only professional benefits/coverage is available.
1033	Blue Cross coverage only.	For use when only institutional or outpatient benefits/coverage is available.
1036	Inpatient Blue Cross coverage only.	For use when no outpatient benefits/coverage is available.
1038	The date of death precedes the date of service.	For use on claims when the date of death precedes the date of service.
1050	Misrouted claim.	Do not use on member EOB or Provider Remittance. For use when a claim is routed to incorrect Home; Not for use on claims with an incorrect prefix (use DF message code 1083). Claims closed with this DF Message Code may not be adjusted. (Note: No AEA calculated).
1051	Close out claim.	Do not use on member EOB or Provider Remittance. For use when a claim needs to be closed. This code should be used at the claim level or on all lines. (Note: No AEA calculated).
1052	Yearly benefit maximum has been reached.	For use when a yearly benefit maximum in the member's coverage has been reached.
1053	Reimbursement for this service is considered to be a portion of another service that has been allowed. Therefore, no payment can be made for this service.	For use only when no payment is being made due to an explicit member contract exclusions.
1054	Payment for this procedure is included in our payment for other services performed on the same day by the same provider.	For use only when there is an explicit member contract exclusions.
1055	This provider is not eligible.	Removed with Release 8.9.
1056	The date of birth follows the date of service.	For use on claims when the date of services rendered precedes the patient's date of birth.

Disposition Format Message Codes

Value	Description	Notes
1057	This service is ineligible in the reported place of service.	Removed with Release 8.9.
1058	Handle direct and pay provider directly.	<p>For use in handling Host/Home contractual conflicts when agreed to by the Host Plan. No discount available.</p> <p>No equivalent CARC/RARC mapping for 835, but can be sent on a paper remit.</p> <p>Claims closed with this DF Message Code may not be adjusted.</p> <p>(Note: Not for use on EOB.)</p>
1059	Handle direct and pay subscriber directly.	<p>For use in handling Host/Home contractual conflicts when agreed to by the Host Plan. No discount available.</p> <p>No equivalent CARC/RARC mapping for 835, but can be sent on a paper remit.</p> <p>Claims closed with this DF Message Code may not be adjusted.</p> <p>(Note: Not for use on EOB.)</p>
1062	Close out for adjustment SF.	<p>No AEA applies. For use to close out a cross reference SF. This DF Message Code is claim level only and always a full claim reject as of Release 14.5.</p> <p>(Note: No AEA calculated.)</p>
1063	Home Plan requests Host Plan to split claim.	<p>For use when the Home Plan would like the Host Plan to split a claim. Host Plans are not required to comply and must not ask a provider to split a claim.</p> <p>Does not eliminate the need for a corresponding Blue&#178; message.</p> <p>(Note: Not for use on EOB.)</p>
1065	Policyholder's premiums not paid to date.	For use when the policy holder's premiums are not paid.
1067	Payment has been denied because Medicare did not cover the charges on the claim.	For use on Medigap or other contracts that are limited to paying what Medicare pays.
1068	The charges have been reduced or denied because the member's benefit plan or policy are limited to semiprivate room.	For use when private room is not covered.

Disposition Format Message Codes

Value	Description	Notes
1069	Provider contracts with both the Home and Host Plans. Close out claim and Host Plan should instruct provider to bill Home Plan directly.	Addresses the situation in which a provider contracts with both the Host and Home Plans due to contiguous county and/or ancillary participation. This DF Message Code is claim level only and always a full claim reject as of Release 14.5. (Note: No AEA calculated.)
1070	Close out claim and reprocess it locally under national account arrangement.	Addresses national account servicing Plan agreements. This DF Message Code is claim level only and always a full claim reject as of Release 14.5. NOT FOR USE ON THE EOB. (Note: No AEA calculated.)
1071	Duplicate service line.	For use when one or more service lines of the claim are the same.
1072	Member's primary care physician missing/invalid.	For use when member is enrolled in a managed care arrangement and PCP is missing or invalid.
1073	Claim reviewed.	THIS CODE DOES NOT GET PASSED ON THE EOB. For use on fraud investigation claims
1074	Services not provided or authorized by designated (network) provider.	Addresses national account servicing Plan agreements.
1075	Payment adjusted because this procedure/service is not paid separately.	For use only when there is an explicit member contract exclusions.
1076	Not a benefit under this line of business. Reimbursement to the subscriber will be considered under another line of business.	For use when the services rendered are not eligible for benefit for the line of business for which the services are being considered. However, the member may have benefits available under another line of business.
1077	This is an Erisa account. Application of state mandate is optional.	For use in response to the U300 SF message code, when the Home Plan is not honoring the state mandate.
1078	Not eligible for BlueCard Program/ITS Delivery.	This code is no longer valid as of ITS Release 11.0.
1079	Another insurance carrier handles these services. Please handle directly with other carrier.	For use when an account has standalone business. Do not use for OPL/COB. When available, Home Plans must provide the name of the other carrier on a Blue2 Informational Message.

Disposition Format Message Codes

Value	Description	Notes
1082	Claim denied because this injury/illness is the liability of the no-fault carrier.	For use when the claim is denied because the illness or injury is the liability of the nofault carrier. (e.g.auto accidents).
1083	SF submitted under incorrect prefix.	<p>When the Host Plan receives this message code on the DF, the Host Plan should send a new SF under a new SCCF# with the Subscriber ID contained in the Actual Subscriber ID field on the rejected DF.</p> <p>Claims closed with this DF Message Code may not be adjusted.</p> <p>(NOTE: No AEA calculated.)</p> <p>Not allowed on Global Core claims effective with Release 18.0.</p>
1084	Claim submitted under Inter-Plan Business traditional processing; claim should be submitted under BlueCard POS program.	<p>When the Host Plan receives this message code on the DF, the Host Plan should send a new SF under a new SCCF# with the Subscriber ID contained in the Actual Subscriber ID field on the rejected DF.</p> <p>(Note: No AEA calculated.)</p>
1085	Claim submitted as BlueCard POS, but member is not enrolled in the Par Plan network.	Control Licensee must send the DF Message Code 1085 if the SF record reflects a Product Type of "P" and the Control determined that the Member was not enrolled in the Par network.
1086	Claim part of global fee pricing arrangement. Payment has been made on claim with SF message code U700.	<p>If it is paid claim with DFMC 1086, then the result is as expected, no PRRC 'OA' set.</p> <p>The PRRC 'OA' will be set for fully rejected claim with DFMC 1086 at claim level.</p> <p>These are the expected results for claim with DFMC 1086.</p> <p>For SF with U701/U702, if claim is fully rejected (adjud stat ind = '2') with DFMC 1086 manually entered at claim level, 'OA' PPRC is set with non-covered amount associated with it.</p> <p>For SF with U701/U702, if paid claim, DFMC 1086 is system generated at claim level on the DF, no 'OA' PPRC/associated amount.</p>

Disposition Format Message Codes

Value	Description	Notes
1087	Handle direct. Do not send paper claim. Home Plan will make payment from SF received.	For use when the Home Plan will make a payment directly from the SF received. No paper claim necessary. Claims closed with this DF Message Code may not be adjusted.
1089	SF submitted with incorrect Payment Disposition Code.	Do Not Use on member EOB or Provider Remittance. For use when the Home gets the claim and need the payment direction changed. The Host must create a new SF with a changed payment direction. Used Primarily for Medicare claims only.
1090	High dollar claim - reviewed and approved.	For use when a high dollar claim has been reviewed and approved by the Home Plan.
1091	High dollar claim - reviewed and rejected.	Home Plans must investigate all high dollar claims. Each Home is able to determine what it considers "high dollar." This requirement was established because an occasional error (e.g., entering 1,000 units instead of 10) can result in an unusually high and inaccurate price for a claim. This DF Message Code alerts the Host that this type of error condition exists for a claim. Stopping CFA settlements is not acceptable. The Host is expected to fix the error and resubmit the claim. This message code is not intended to be a denial that would be reported to the provider or subscriber. Not for EOB. Control/Home Plans should only use this code when they have determined that a high dollar claim was incorrectly priced because of an error in reporting the claim details (e.g., 10 units of service reported as 1,000). The Par/Host Plan must correct the error and resubmit the claim. The denial is not intended to be reported to the provider.
1092	The procedure code is inconsistent with the modifier used or a required modifier is missing.	The members benefits do not cover this procedure code and modifier combination. Will have an equivalent that is provider liability.
1093	The diagnosis is inconsistent with the patient's age.	The members benefits do not cover this diagnosis based on the patient's age. Will have an equivalent that is provider liability.

Disposition Format Message Codes

Value	Description	Notes
1094	The diagnosis is inconsistent with the patient's gender.	The members benefits do not cover this diagnosis based on the reported patient's gender. Will have an equivalent that is provider liability.
1095	Charges for outpatient services with this proximity to inpatient services are not allowed.	For use only when there is an explicit member contract exclusions.
1096	Not covered unless the provider accepts assignment.	For use only when there is an explicit member contract exclusions.
1097	Payment denied because service/procedure was provided as a result of war.	For use when the service/procedure was provided of as a result of war and member's benefit contract doesn't cover services provided as a result of a war.
1098	The service is denied or payment reduced because transportation is covered only to the closest facility that can provide necessary care per the member's benefit plan or policy.	For use only when there is explicit member contract exclusions.
1100	Claim/service denied. Appeal procedures not followed or time limits not met.	For use when the appeal procedures and/or time limits were not followed/met. Appeal procedures not followed or time limits not met as outlined in the member benefit plan or policy.
1101	Contracted funding agreement - subscriber is employed by the provider of services.	For use when the subscriber is employed by the rendering provider, and there is a contractual agreement in place that prohibits the provider from receiving reimbursement.
1102	Non-covered service because member prior hospitalization or 30-day transfer requirement not met.	For use when the prior hospitalization and/or 30-day transfer requirement is not met (typically skilled nursing claims).
1103	Claim/service not covered/reduced because alternative services were available and should have been used.	For use when there is an explicit benefit limitation.
1104	Services not covered because patient is enrolled in a hospice.	For situations when the services rendered are not coverage when the patient is enrolled in a hospice program.
1105	The service is not covered because the service is not documented in patient's medical records.	For use when medical records have been requested, reviewed and the services performed were not documented in the medical records.
1106	Payment adjusted because new patient qualifications were not met.	For use when the services are billed as new patient, but actually current patient; or billed as new patient but actually a current patient. When eventually billed correctly, services when denied would become member liability.

Disposition Format Message Codes

Value	Description	Notes
1107	Services are part of a global fee. Please submit with global fee message code and pricing.	For use when the Host Plan transmitted a claim that should have been part of a global fee. Host Plan needs to transmit a new claim with global fee message code and pricing. (Note: Not for use on EOB.)
1108	Claim incorrectly submitted as being part of a global fee. Please resend with normal pricing.	For use when the Host Plan incorrectly transmitted a claim with global fee pricing. Host Plan needs to transmit new claim with appropriate pricing.
1109	Intermediary arrangement in place. File claim with intermediary.	For use when the Provider must refile claim with intermediary.
1110	This claim/service is a duplicate of a claim that has been processed and paid to the member directly.	Preferred message code to be used for duplicate claim submissions when claim has been processed and paid to the member directly. (NOTE: No AEA calculated.)
1111	This claim/service is a duplicate of a claim that has been processed and paid to the provider directly.	Preferred message code to be used for duplicate claim submissions when claim has been processed and paid to the provider directly. (NOTE: No AEA calculated.)
1112	This is a Medicare Advantage Type claim. Medicare charge limitations may apply.	For use when it is a Medicare Advantage claim and the fee may have been cut back. Members should not be balanced billed.
1113	The payment on this claim includes a PSA (personal savings account) amount that is being made on behalf of the member.	This amount may include funds to cover a portion of the member's deductible, co-insurance or co-payment. For PSA amounts on fully normally non-covered claims, see 1256.
1114	Benefits reduced because a National Specialty Center provider was not utilized for the procedure performed.	For use when the member benefits only provides full benefits when a National Specialty Provider is used.
1115	Benefits not available because a National Specialty Center provider was not utilized for the procedure performed.	For use when the member benefits only provides benefits when a National Specialty Provider is used.
1116	Certificate or letter of medical necessity needed before a final benefit determination can be made.	For use when medical necessity needs to be established (e.g., cosmetic surgery, DME).
1117	Emergency services records needed before a final benefit determination can be made.	For use when emergency service is needed to process the claim.

Disposition Format Message Codes

Value	Description	Notes
1118	Accident date and/or onset date needed before a final benefit determination can be made.	For use when the onset date of an illness/inquiry is needed to determine benefits/coverage; can wording be changed to accident or onset date.
1119	Progress notes/report needed before a final benefit determination can be made.	For use to evaluate the medical necessity of ongoing treatments (e.g., physical or speech therapy) by the Home Plan.
1120	Student certification information needed/need full-time student status information before a final benefit determination can be made.	For use when the full time student status information is not on file.
1121	Completed subrogation/workers compensation questionnaire needed from member before a final benefit determination can be made.	For use when there is a possible work related accident, auto accident or other incident in which another party may assume liability for services rendered.
1122	Discharge summary needed before a final benefit determination can be made.	For use when the discharge notes are needed to determine benefits/coverage.
1123	Medicare payment information needed before a final benefit determination can be made.	For use when payment has been or should have been made by Medicare and additional information is needed to determine remaining Home Plan liability.
1124	Other carrier payment information needed before a final benefit determination can be made.	For use when the member's other carrier payment information is needed to process the claim.
1125	Laboratory report needed before claim can be processed.	For use when the lab report is needed to determine benefits/coverage.
1126	Operative/surgical report needed before a final benefit determination can be made.	For use when the operative/surgical report is needed to determine benefits/coverage.
1127	Pathology report needed before a final benefit determination can be made.	For use when the pathology report is needed to determine benefits/coverage.
1128	Claim Payment was reduced because required pre-certification/pre-authorization is not on file.	For use on claims when the require preauthorization was not obtained prior to services being rendered. Effective 7/1/2014, this becomes provider financial responsibility. When an account mandates that the member be held responsible for obtaining and complying with preservice review requirements use DF message 1298.
1129	Radiology report needed before a final benefit determination can be made.	For use when the radiology report is needed to determine benefits/coverage.
1130	Treatment plan needed before a final benefit determination can be made.	For use when a treatment plan is needed to determine benefits/coverage.

Disposition Format Message Codes

Value	Description	Notes
1131	The payment direction has been changed from pay subscriber to pay provider due to account or legal/regulatory requirements.	(NOTE: Not for use on EOB.)
1132	The payment direction has been changed from pay provider to pay subscriber due to account or legal/regulatory requirements.	(NOTE: Not for use on EOB.)
1133	The claim has been paid using a price negotiated directly with a non-par provider.	
1134	The claim has been paid up to the full charge or other amount due to account requirements.	The claim has been paid up to the full charge or other amount (such as usual and customary) that was not negotiated directly with the non-Par provider due to account requirements.
1135	The claim has been paid up to the full charge amount because the billed charge is less than the Par/Host Licensee's allowance.	Not to be used on the member EOB or Provider Remittance. (NOTE: Not for use on EOB.)
1136	The claim has been paid up to the Control/Home Licensee's allowance because it is less than the Par/Host Licensee allowance.	Not to be used on the member EOB or Provider Remittance. (NOTE: Not for use on EOB.)
1137	The claim has been paid up to the full charge because the Provider was hospital based.	Not to be used on the member EOB or Provider Remittance. (NOTE: Not for use on EOB.)
1138	The claim has been paid up to the full charge because the services were due to an emergency.	Not to be used on the member EOB or Provider Remittance. (NOTE: Not for use on EOB.)
1139	The claim has been paid up to the full charge because a participating provider was not accessible.	(NOTE: Not for use on EOB.)
1140	The claim has been paid up to the full charge due to continuity of care or UM/care management.	(NOTE: Not for use on EOB.)
1141	Benefits for these services cannot be determined at this time. When records for this group have been properly reconciled, these services will be reconsidered for payment determination.	For use only when the membership files have not been reconciled. Once the files are loaded appropriately, and reconciled with the group records, the Home Plan should adjust the claim to reflect adjudication results.
1142	These services are not covered because they were provided in an inpatient setting which was determined to be not medically necessary. These charges are the member's responsibility.	For use when services provided in an inpatient setting are determined to be not medically necessary by the Home Plan.

Disposition Format Message Codes

Value	Description	Notes
1143	These charges are not covered. Treatment, services or supplies that do not meet our guidelines are not covered under the member's plan.	For use when the treatment, services or supplies do not meet the guidelines of the member's plan.
1144	Your dental contract does not cover charges for treatment, services or supplies that do not meet our criteria for medical necessity or are not normally provided for the treatment of this condition.	For use when the member's dental contract excludes services that do not meet medical necessity criteria or are not normally provided for the treatment of this condition.
1145	Incidental appendectomies performed without evidence of related illness or injury is not covered.	For use when a surgery is performed without a payable diagnosis and such services are not covered by the member's benefit plan.
1146	These charges are not covered. As a result of arbitration, these services are the responsibility of the member's automobile insurance carrier.	For use when arbitration has determined that the services are the responsibility of member's automobile insurance carrier.
1147	The coordination of benefits information received is incomplete. Other carrier payment information is needed before claim be can processed.	Plans were advised to not use this code with 12.0, but it was never deleted. Removed with Release 15.0. Use DF message code 1124 in its place.
1148	Our records indicate this patient has no other health coverage; however this claim was received with another carrier's payment information. These charges will be processed when the other carrier information is verified by the member.	For use when the claim has been submitted as a COB and the member's records do not indicate other health coverage. The member must verify other carrier information prior to processing the claim.
1149	Based upon the indication that these services are work related, this claim has been denied.	For use when the member's benefit plan or policy excludes coverage of work related services.
1150	These charges are not covered because the patient has exceeded the number of visits authorized.	For use when the number of visits exceeds the member's contract provisions for specific services.
1151	These maternity charges may not be payable as the member's maximum benefit has been reached.	For use when the charges exceed the member's contract benefit maximum for maternity services.
1152	These charges are not eligible because they exceed the maximum number of units authorized.	For use when the services exceed the number of authorized units allowed.
1153	These charges are not covered. The services exceed the maximum number of visits allowed per the member's benefit plan or policy.	For use when the services exceed the maximum number of visits as specified by the benefit plan or policy.

Disposition Format Message Codes

Value	Description	Notes
1154	This service has been paid as an exception to this patient's contract. This exception applies to this claim only.	For use when a non-benefit service is paid under a non-precedent setting circumstance. There are no non-covered dollars associated with this DF Message Code.
1155	These charges cannot be processed because a detailed description of the service is missing or invalid. This information is needed to determine benefits per the member's benefit plan or policy. These charges will be considered when the requested information is received.	For use when the charges cannot be processed because a detailed description of the service is missing or invalid. These charges will be considered when the requested information is received.
1156	These charges cannot be processed until we receive the hospital charges, that relate to the professional fee. These charges will be considered when the requested information is received.	For use when the charges cannot be processed until we receive the hospital charges that relate to the professional fee. These charges will be considered when the requested information is received.
1157	Final benefit determination cannot be made until we receive health history information from the member.	For use when the member's health history information is needed to determine benefits per the member's benefit plan or policy.
1158	Final benefit determination cannot be made until we receive medical history information requested from another provider.	For use when the member's medical history information is needed to determine benefits per the member's benefit plan or policy.
1159	These charges cannot be processed until we receive additional information requested from you. Your patient has not signed the authorization you require to release the information. These charges will be considered when the completed form and necessary medical records are received.	For use when the medical records have not been sent due to not having the required signed authorization form.
1160	These charges cannot be processed because a referral from the patient's primary care provider has not been received. These charges will be considered if a referral is submitted.	For use when the member's benefit plan or policy excludes coverage of a service without a referral from the primary care physician.
1161	The maximum benefit for services relating to a preexisting condition has been met.	For use when the charges for services relating to a preexisting condition exceed the maximum allowed amount as specified by the benefit plan or policy.
1162	These charges for maternity care are not payable because the patient was not continuously covered by the contract from the date of conception through the completion of pregnancy.	For use when maternity services are excluded from payment because the member was not continuously covered by the contract from the estimated date of conception through the date of delivery.
1163	These charges are not covered. Based upon the information submitted this service is cosmetic.	For use when the member's contract excludes payment for cosmetic services.

Disposition Format Message Codes

Value	Description	Notes
1164	These charges are not covered. A surgical room is not covered for this type of surgery performed.	Per the member's contract, for use when the surgical procedures occurs in a non-payable location.
1165	These charges are not covered. Custodial care is excluded under the patient's benefit plan or policy.	For use when the member's benefit plan or policy excludes payment for custodial care.
1166	These charges are not covered. The primary care provider did not authorize the services and the condition treated did not meet urgent care guidelines.	For use when the services must be authorized by a primary care physician and did not meet the Home Plan's urgent care guidelines and neither situation was met.
1167	These charges are not covered. The patient's primary physician has not approved this out-of-area care.	For use when the member's benefit plan or policy excludes coverage of a service rendered out of area without the primary physician's approval.
1168	These charges are not covered because the patient's contract does not allow a second surgical opinion from this type of provider.	For use when the patient's contract does not allow for this type of provider to bill second surgical opinion.
1169	The Medicare Part A deductible is not covered under this patient's plan.	For use when the member's contract excludes payment for the Medicare Part A deductible.
1170	The Medicare Part B deductible is not covered under this patient's plan.	For use when the member's contract excludes payment for the Medicare Part B deductible.
1171	These charges are not covered. These services are subject to prior approval under the member's benefit plan or policy.	For use when the member's benefit plan or policy excludes services rendered without prior approval. Removed with Release 14.0.
1172	This payment represents the global rate made to the transplant center as a part of the transplant payment allowance.	For use when the payment represents the global rate for the transplant center as a part of the payment allowance.
1173	This payment represents the global rate for this patient's organ or bone marrow transplant.	For use when the payment represents the global rate for the organ or bone marrow transplant.
1174	Payment for these services has been previously made to the transplant center as part of the transplant payment allowance.	For use when the transplant services has been previously processed and/or bundled as part of the transplant payment allowance.
1175	These charges are not covered. Services rendered in connection with dental injury are ineligible.	For use when the member's benefit plan excludes services related to a dental injury.
1176	This service could not be covered. The maximum amount allowed for the facility fee for this surgical procedure was paid on a previous claim.	For use when the facility fee charges exceed the maximum allowed amount for a specific surgical procedure because it was paid on a previous claim.

Disposition Format Message Codes

Value	Description	Notes
1177	These charges are not covered. Home health services are subject to prior approval under the member's benefit plan or policy.	For use when the members contract does not cover Home Health Services without prior approval. Removed with Release 14.0.
1178	The bill type submitted on the claim is not compatible with the patient billed status.	The members benefits do not cover this bill type when billed with the reported patient status.
1179	No benefits are payable for this service. The primary carrier has paid more than or up to 100% of the allowance.	For use when the primary carrier has more than or up to the allowance amount. The actual amount the other carrier paid is reflected in Payment Reduction Reason Code '9'.
1180	A description of the services rendered or an itemized listing of charges is needed before the claim can be considered.	For use when a description of the services rendered or an itemized listing of the charges is required to process the claim.
1181	The charges shown on the claim do not match those on the EOMB. Resubmit the claim with the corrected charges or return additional claims information.	For use when there is a difference in the charges on the claim and the charges on the EOMB.
1182	This charge is not covered. Services related to experimental procedures are excluded under the patient's benefit plan or policy.	For use when the member's benefit plan or policy excludes experimental procedures.
1183	Counseling services are excluded under the patient's benefit plan or policy.	For use when the member's benefit plan or policy excludes payment for counseling services.
1184		DO NOT USE. This is a duplicate of 1165.
1185	Routine vision is not covered under this contract. These charges are the member's responsibility.	For use when the member's benefit plan or policy excludes routine vision.
1186	The line level date of service is invalid for the HCPCS/revenue code combination.	For use when the code combinations are invalid. This DFMC is a provider billing error. While Core indicates this is provider responsibility, ITS will continue to indicate it is patient responsibility until a detailed analysis of the DF Message Code usage is conducted after the implementation of this release.
1187	Any outlier days and associated ancillaries should be billed on one claim and approved days and approved ancillaries should be billed on another claim per the member's benefit plan or policy..	For use only when there is explicit member contract exclusion. Removed with Release 14.0.

Disposition Format Message Codes

Value	Description	Notes
1188	The services submitted exceed the number of visits previously approved.	For use when the services submitted exceed the approved number of visits. Removed with Release 14.0.
1189	Well-baby care is excluded under the patient's benefit plan or policy.	For use when the member's benefit plan or policy excludes well-baby care.
1190	This charge could not be covered; routine physicals are excluded under the patient's benefit plan or policy.	For use when the member's benefit plan or policy excludes routine physicals.
1191	Home health care is not covered under the patient's benefit plan or policy.	For use when the member's benefit plan or policy does not cover home health care.
1192	Electroshock therapy services are not covered under the benefit plan or policy.	For use when there is explicit member contract exclusion.
1193	Convenience items are excluded under the patient's benefit plan or policy.	For use when the member's benefit plan or policy excludes convenience items.
1194	This type of dental service is excluded under the patient's benefit plan or policy.	For use when the member's benefit plan or policy excludes a specific type of dental service.
1195	Fluoride treatment is not covered under the patient's benefit plan or policy.	For use when the member's benefit plan or policy excludes fluoride treatment.
1196	This Request for Anticipated Payment (RAP) cannot be processed due to a future date at the claim level.	Plans using this should use 1191.
1197	Charges submitted during a leave of absence from the hospital are not covered.	For use when the member's benefit plan or policy excludes payment for services from a hospital when the member is on a leave of absence from the hospital.
1198	Hearing examinations, tests, hearing aids, and related supplies are excluded under your benefit plan or policy.	For use when the member's benefit plan or policy excludes hearing examinations, hearing tests, hearing aids, and related supplies.
1199	This charge could not be covered, since routine immunizations are excluded under your benefit plan or policy.	For use when the member's benefit plan or policy excludes routine immunizations.
1200	Non-covered orthopedic supplies, shoes or routine foot care under base and major medical.	For use when the member's base and major medical does not cover orthopedic supplies, shoes or routine foot care.
1201	Non-covered orthopedic supplies, shoes are not covered under the patient's benefit plan or policy.	For use when the member's benefit plan or policy excludes non-covered orthopedic supplies or shoes.
1202	Acupuncture services are excluded under the patient's benefit plan or policy.	For use when there is explicit member contract exclusion.

Disposition Format Message Codes

Value	Description	Notes
1203	Biofeedback is excluded under the benefit plan or policy.	For use when there is explicit member contract exclusion.
1204	The procedure code submitted on this claim is no longer valid.	For use when an invalid procedure code is submitted on a claim. This DFMC is a provider billing error. While Core indicates this is provider responsibility, ITS will continue to indicate it is patient responsibility until a detailed analysis of the DF Message Code usage is conducted after the implementation of this release.
1205	We have received an EOMB from Medicare. However, we also require an EOB from the patient's other insurance carrier.	For use when the member has Medicare as primary and another insurance carrier as secondary. The EOMB information is available; however, the EOB from the other insurance carrier is needed to process the claim.
1206	A copy of the ambulance report is needed before the claim can be considered.	For use when the ambulance report is needed to process the claim.
1207	A copy of the Anesthesia report is needed before the claim can be considered.	For use when the anesthesia report is needed to process the claim.
1208	We need the physician's office records, the patient's history and physician and/or plan of treatment.	For use when the physician's office records, patient's history and physical and/or plan of treatment are needed to process the claim.
1209	A copy of the current blood gases report is needed before the claim can be considered. RPRE-X113	For use when the current gases report is needed to process the claim.
1210	Information about the ordering or referring physician (name/address) is needed before the claim can be considered.	For use when the ordering or referring physician information is needed to process the claim.
1211	A copy of the psychiatric evaluation, along with the length of session, is needed before claim can be considered.	For use when the adjudication of a claim requires a copy of the psychiatric evaluation, along with the length of session.
1212	The name, dosage, quantity and related NDC number of this drug are needed before this claim can be considered.	For use when the name, dosage, quantity and related NDC number of the drug are needed to process the claim.
1213	Height, weight, and frame of the patient are needed before the claim can be considered.	For use when the height, weight, and frame of the patient are needed to process the claim.
1214	We do not have a valid name and date of birth for this newborn.	For use when the newborn's name and date of birth are invalid.
1215	A copy of the manufacturer's description of this supply/equipment is needed before the claim can be considered.	For use when the manufacturer's description of the supply/equipment is needed to process the claim.

Disposition Format Message Codes

Value	Description	Notes
1216	A copy of the sleep study report is needed before the claim can be considered.	For use when a copy of the sleep study report is needed to process the claim.
1217	A copy of the vein study report is needed before the claim can be processed.	For use when a copy of the vein study report is needed to process the claim.
1218	A copy of the delivery report is needed before the claim can be processed.	For use when a copy of the delivery report is needed to process the claim.
1219	A separate charge for venipuncture/arterial puncture is not covered.	For use when the venipuncture/arterial puncture is bundled into the payment for another service. If the Host does not allow for this service, the charge will be bundled. This is being denied as it is not allowed in the member's contract.
1220	Only the professional component qualifies for reimbursement for this procedure.	For use when the member's benefit plan or policy requires reimbursement of only the professional component of a procedure.
1221	Coverage of this item is only considered when the item is purchased.	For use when the member's benefit plan or policy only covers the item if purchased.
1222	This service is primarily educational and therefore excluded under the patient's benefit plan or policy.	For use when the member's benefit plan or policy excludes services that are primarily educational.
1223	Artificial conception and/or in-vitro fertilization services are excluded under the member's benefit plan or policy.	For use when the member's benefit plan or policy excludes artificial conception and/or invitro fertilization.
1224	These charges are not covered. Pre-authorization of hospice care is required per the member's benefit plan or policy.	For use when the member's benefit plan or policy excludes hospice care services rendered without pre-authorization. Removed with Release 14.0.
1225	These charges are not covered. The services exceed the maximum number of visits allowed for home health care per the member's benefit play or policy.	For use when the maximum visits allowed for home health care have been exhausted.
1226	These charges are not covered. The maximum number of surgical procedures in a single surgical session has been exceeded, according to the member's benefit plan or policy.	For use when the number of surgical procedures in a single surgical session exceeds the maximum allowed amount as specified by the benefit plan or policy.
1227	Coverage under the patient's benefit plan or policy is limited to one medical visit per day for the same condition.	For use when there is explicit member contract exclusion.
1228	This claim has default paid at 100% allowable.	For use on original claims that are Default Paid.

Disposition Format Message Codes

Value	Description	Notes
1229	The original claim default paid at 100% allowable.	For use on adjustment claims when the original claim was processed with a DF Message Code of 1228.
1230	Charges for partial upper or lower dentures are not covered when the same provider has already billed for complete upper or lower dentures.	For use when the complete upper or lower dentures has already been paid to a provider that is billing partial upper or partial lower dentures.
1231	These charges are not covered. The maximum number of lesion surgical procedures in a single surgical session has been exceeded.	For use when the number of lesion surgical procedures in a single surgical session exceeds the maximum allowed amount as specified by the benefit plan or policy.
1232	These charges are not covered because the dates on the treatment plan do not match the date(s) of service on this claim. These charges are member's responsibility.	For use when dates of service on the treatment Plan does not match the date(s) of service billed on the claim.
1233	Services performed utilizing interactive audio and video telecommunication systems are not covered under the patient's benefit plan or policy.	For use when the member's benefit plan or policy excludes services utilizing interactive audio and/or video telecommunication systems.
1234	These charges are not covered. This anesthesia service is covered when the provider has received the appropriate certification. According to our records, you have not received this certification.	For use when the provider has not received the appropriate certification to render the anesthesia service.
1235	Modifier TF identifies this as an intermediate level of care which is not listed as a covered service.	For use when the member's benefit plan or policy excludes intermediate level of care.
1236	These charges are not covered. This procedure is one that can only be received once in a patient's lifetime per the member's benefit plan or policy. Our records show that we have already processed a claim for this type of procedure for this patient.	For use when the member has already received a service that is only allowed once in a patient's lifetime as specified by the benefit plan or policy.
1237	Newborn hearing tests are only covered under the member's benefit plan or policy when services are rendered by the hospital.	For use when the member's benefit plan or policy covers newborn hearings tests only when rendered at the location of a hospital.
1238	Speech therapy is covered under this benefit plan or policy for correction of a speech impairment due to disease, surgery, injury, or congenital anatomical anomaly. Based on the information submitted, this service does not meet this criteria; therefore, this charge cannot be covered.	For use when the information submitted for the service does not meet the criteria required by the member's benefit plan or policy.

Disposition Format Message Codes

Value	Description	Notes
1239	This service is denied because the waiting period for transplant services has not been fulfilled.	For use when the waiting period for transplant services has not been fulfilled per the member's benefit contract.
1240	We need the first consultation date about this condition.	For use when the first consultation for a specific condition is needed from the provider to process the claim.
1241	Maternity benefits not available for the dependent.	For use when the member's benefit plan or policy excludes maternity benefits for a dependent.
1242	Home health care services are excluded under your benefit plan or policy when the services are received from a non-contracting home health care agency.	For use when the member's benefit plan or policy excludes coverage of home health care services when rendered by a non-contracting home health care agency.
1243	Services received in a non-contracting skilled nursing facility are not covered under the patient's benefit plan or policy.	For use when the member's benefit plan or policy excludes coverage of services rendered by a non-contracting skilled nursing facility.
1244	This service could not be covered because it is related to a maternity or pregnancy condition. Your benefit plan or policy excludes coverage for maternity or pregnancy related conditions.	For use when the member's benefit plan or policy excludes services that are maternity or pregnancy related.
1245	Routine well baby care not covered on an inpatient basis.	For use when the member's benefit plan or policy excludes routine well baby care on an inpatient basis.
1246	This service could not be covered. The patient is not within the age limit for well child benefits under your benefit plan or policy.	For use when the member's benefit plan or policy excludes well child benefits for patients not within the specified age limit.
1247	Private duty nursing services are not covered for this place of treatment.	For use when the member's benefit plan or policy excludes coverage of private duty nursing for this place of treatment.
1248	Claim was automatically crossed over to the member's Personal Savings Account. The provider may be receiving payment for the claim from a 3rd party. These charges are the member's responsibility.	For use when the charges on a claim crosses over to the member's Personal Savings Account for payment.
1249	The claim has been paid using a price negotiated directly with the Blue Distinction Centers for Transplants (BDCT).	For use when the Home Plan is not paying based on the Host Plan's negotiated rates. but based on the Blue Distinction Centers for Transplant negotiated rates.

Disposition Format Message Codes

Value	Description	Notes
1250	Diagnosis or surgical procedure code is not in effect or is incomplete for the Date of Service. Please resubmit with a valid HIPAA Compliant Code for the Date of Service.	For use when the diagnosis and/or procedure codes are not in effect (not activated or terminated) at the time of service. This code should only be used when the Home Plan cannot get to the detail to know if it is the procedure code or diagnosis code that is in error. This DFMC is a provider billing error. While Core indicates this is provider responsibility, ITS will continue to indicate it is patient responsibility until a detailed analysis of the DF Message Code usage is conducted after the implementation of this release.
1251	Per group benefits, as secondary insurer, our liability under this contract is zero.	For use when the group benefits has determined that the secondary insurer has zero liability
1252	Claim payment was reduced because an authorization was approved for an observation stay only.	For use only when there is an explicit member contract exclusions. Effective 7/1/2014, this becomes provider financial responsibility. Claim payment was reduced because an authorization was approved for an observation stay only.
1253	These charges are not covered. The services exceed the maximum number of units allowed per the member's benefit plan or policy.	For use when the services exceed the maximum number of units as specified by the benefit plan or policy.
1254	Claim Payment was reduced because it exceeds the maximum number of days authorized.	For use when the services exceed the maximum number of authorized days allowed. Effective 7/1/2014, this becomes provider financial responsibility. When an account mandates that the member be held responsible for obtaining and complying with preservice review requirements use DF message 1303.
1255	We are the member's tertiary insurance carrier. Please submit claim to member's primary and secondary coverage carriers. Once claims processed by other carriers please submit claim with both primary and secondary EOB's to your Local Plan.	For use when there is a primary and secondary insurance carrier for the member and the EOB's were not submitted with the claim to the local plan.
1256	The payment on this claim includes a PSA (personal savings account) amount that is being made on behalf of the member for claims that are normally non-covered under the members healthcare benefits.	This amount includes funds to cover claims that are normally fully non-covered under the member's healthcare benefits, but are allowed as eligible 123(d) expenses per the Internal Revenue Service (IRS). For PSA amounts on covered or partially covered items see 1113.

Disposition Format Message Codes

Value	Description	Notes
1257	Home Plan pricing used.	For use when Home Plan pricing was used in processing the claim.
1258	Member is Held Harmless for the amount above the maximum allowance.	The DME providers contract specifies limits on rentals that has been met or exceeded and the member is deemed to be held harmless for the amount above the maximum allowance. This is an informational message and the excess is included in payment reduction C, D, K or 3.
1259	Coverage of this item is only considered when the item is purchased.	The member's benefits do not allow for rental, but only allow for purchase of the item.
1260	Coverage of this item is only considered when the item is rented.	The member's benefits do not allow for purchase, but only allow for rental of the item.
1261	Procedure/treatment has not been deemed 'proven to be effective' by the payer.	For use when the procedure or treatment has been deemed proven to be effective and such procedures are not covered per the member's benefit contract.
1262	Processed based on multiple or concurrent procedure rules.	For use when a claim or service has processed based on multiple or concurrent procedure rules. Removed with Release 15.0.
1263	The procedure code is inconsistent with the provider type/specialty	For use when the procedure code on the claim is inconsistent with the provider type or specialty based on the specific language or requirements in the member's contract.
1264	The related or qualifying claim/service was not identified on this claim.	For use when a related claim or service was not identified on the claim. This is a Provider billing error. While Core indicates this is provider responsibility, ITS will continue to indicate it is patient responsibility until a detailed analysis of the DF Message Code usage is conducted after the implementation of this release.
1265	Rental/purchase guidelines were not met.	For use when the rental or purchase guidelines per the member's benefit contract were not met.
1266	Payer deems the information submitted does not support this length of service.	For use when the supporting documentation submitted with the claim does not support the length of the service.
1267	The referring provider is not eligible to refer the service billed.	For use when the referring provider is not eligible to refer the patient for the service based on the specific language or requirements in the member's contract.

Disposition Format Message Codes

Value	Description	Notes
1268	The prescribing/ordering provider is not eligible to prescribe/order the service billed	For use when the prescribing or ordering provider is not eligible to prescribe or order the service billed, based on the specific language or requirements in the member's contract.
1269	The rendering provider is not eligible to perform the service billed.	For use when the rendering provider is not eligible to perform the service billed based on the specific language or requirements in the member's contract.
1270	Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific.	For use when the contract maximum for the number of hours/days/units for a provider has been met for the provider. Removed with Release 15.0.
1271	This provider was not certified/ eligible to be paid for this procedure/service on this date of service.	For use when the provider is not certified or eligible to be paid for the procedure or service billed on the date of service on the claim based on the specific language or requirements in the member's contract.
1272	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated.	For use when the service of procedure performed requires that a qualifying service or procedure be received and covered first based on the specific language or requirements in the member's contract.
1273	Penalty for failure to obtain second surgical opinion	For use when there is a member penalty for failing to obtain a second surgical opinion based on the specific language or requirements in the member's contract.
1274	Final benefit determination cannot be made until we receive medical records that were previously requested on a related claim. No additional information is needed from you at this time.	One specific code advising providers that records have been previously requested from the same provider and that they do not have to take any further action.
1275	Final benefit determination cannot be made until we receive a tooth number.	For use when benefit determination cannot be made until the Home Plan receives the tooth number.
1276	Maximum visits for Physical therapy have been reached. To request additional visits, we need the referring physician's prescription, initial evaluation, and treatment plan and progress notes from start of care thru last visit.	For use when physical therapy benefits have been exhausted, per the member's benefit contract, but additional visits can be requested.
1277	Maximum visits for Speech therapy have been reached. To request additional visits, we need the referring physician's prescription, initial evaluation, and treatment plan and progress notes from start of care thru last visit.	For use when speech therapy benefits have been exhausted, per the member's benefit contract, but additional visits can be requested.

Disposition Format Message Codes

Value	Description	Notes
1278	Final benefit determination cannot be made until we receive complete medical records.	For use when benefit determination cannot be made until the Home Plan receives complete medical records from this provider for this member.
1279	Final benefit determination cannot be made until we receive x-rays/photos.	For use when benefit determination cannot be made until the Home Plan receives complete x-rays/photos from this provider for this member.
1280	Final benefit determination cannot be made until we receive the entire psychiatric record with the exception of psychotherapy notes.	For use when benefit determination cannot be made until the Home Plan receives complete psychiatric record, except psychotherapy notes from this provider for this member.
1281	Final benefit determination cannot be made until we receive the psychiatric assessment/evaluation.	For use when benefit determination cannot be made until the Home Plan receives complete psychiatric assessment/evaluation, from this provider for this member.
1282	Final benefit determination cannot be made until we receive the results of psychiatric testing.	For use when benefit determination cannot be made until the Home Plan receives results of psychiatric testing from this provider for this member.
1283	Final benefit determination cannot be made until we receive the psychiatric progress notes or psychiatric team conference notes.	For use when benefit determination cannot be made until the Home Plan receives psychiatric progress notes from this provider for this member.
1284	Final benefit determination cannot be made until we receive the substance abuse record with the exception of substance abuse therapy notes.	For use when benefit determination cannot be made until the Home Plan receives the substance abuse record, except substance abuse therapy notes, from this provider for this member.
1285	Final benefit determination cannot be made until we receive specific requested medical information.	For use when final benefit determination cannot be made until specific requested medical record information has been received. This should only be used in situations where more than 5 medical record types, other than complete medical records, have been requested and more than 5 DFMCs cannot be applied at the claim level.
1286	This claim is a duplicate to a Medicare Crossover Claim.	This should be used when a claim is being denied by the Home Plan because it is a duplicate to a Medicare Crossover Claim.

Disposition Format Message Codes

Value	Description	Notes
1287	This claim is rejected do to an invalid diagnosis code.	The diagnosis is invalid for the date(s) of service being billed. This is a Provider billing error. While Core indicates this is provider responsibility, ITS will continue to indicate it is patient responsibility until a detailed analysis of the DF Message Code usage is conducted after the implementation of this release.
1288	This claim reviewed at the request of the Host Plan.	This code cannot be used when SF Message Code 1039 is present.
1289	Medical Records have been requested from a local provider.	This informational DF Message Code is valid at the claim and line level and will convey to Host Plans that they are denying the DF pending receipt of Medical Records from a local provider. No BlueSquared Medical Records Message is sent for this DF Message Code.
1290	Claim needs to be filed to the Plan in whose service area the specimen was drawn.	No AEA is payable.
1291	Claim needs to be filed to the Plan in whose service area the DME equipment was shipped to or purchased at a retail store.	No AEA is payable.
1292	Specialty Pharmacy Claim needs to be filed to the Plan in whose service area the ordering physician is located.	No AEA is payable.
1293	Claim has been pended for non-payment of premium during the 2nd or 3rd month of the Exchange individual grace period. Claim has not been finalized.	For use when the Home Plan pends the claim until the premium has been paid or the 3rd month of non-payment has expired. This is informational only. (Note: Not for use on the member EOB.)
1294	Medicare-like Rate Applied.	A Medicare-like Rate has been applied to this claim for a Native American member that saw a non-IHS Provider and has an approved Purchase Order. This informational DF Message Code is only valid at the claim level and is Release Sensitive.
1295	The ICD code version submitted by the provider is not compliant with Federal Regulation for the service/discharge date reported on this claim. If the provider participates, the Host Plan must ensure that the member is held harmless.	For use when the Home Plan does not accept non-compliant ICD values. The member is held harmless. No AEA or Access Fee is payable.

Disposition Format Message Codes

Value	Description	Notes
1296	Claim file closed until predetermination obtained by provider.	For use when an approved account exception requires the member be held financially responsible, or when the provider is non-participating per Provider Financial Responsibility guidelines, when prior authorization is required and not obtained.
1297	Services denied at the time pre-authorization/pre-certification was requested.	For use when an approved account exception requires the member be held financially responsible, or when the provider is non-participating per Provider Financial Responsibility guidelines, when prior authorization is required and not obtained.
1298	Claim denied because required pre-authorization is not on file.	For use when an approved account exception requires the member be held financially responsible, or when the provider is non-participating per Provider Financial Responsibility guidelines, when prior authorization is required and not obtained.
1299	These charges are not covered. Services are subject to prior approval under the member's benefit plan or policy.	For use when an approved account exception requires the member be held financially responsible, or when the provider is non-participating per Provider Financial Responsibility guidelines, when prior authorization is required and not obtained.
1300	The services submitted exceed the number of visits previously approved.	For use when an approved account exception requires the member be held financially responsible, or when the provider is non-participating per Provider Financial Responsibility guidelines, when prior authorization is required and not obtained.
1301	These charges are not covered. Pre-authorization is required per the member's benefit plan or policy.	For use when an approved account exception requires the member be held financially responsible, or when the provider is non-participating per Provider Financial Responsibility guidelines, when prior authorization is required and not obtained.
1302	Per member's benefit plan or policy, services were denied because an authorization was approved for an observation stay only.	For use when an approved account exception requires the member be held financially responsible, or when the provider is non-participating per Provider Financial Responsibility guidelines, when prior authorization is required and not obtained.

Disposition Format Message Codes

Value	Description	Notes
1303	These charges are not eligible because they exceed the maximum number of days authorized.	For use when an approved account exception requires the member be held financially responsible, or when the provider is non-participating per Provider Financial Responsibility guidelines, when prior authorization is required and not obtained.
1304	SF Submitted with Unknown Excess Day Sanction.	Used when the Host Plan has indicated that the penalty for Excess Days is unknown.
1305	A copy of all diagnostic reports for the patient is needed before the claim can be considered.	To be used when the Home Plan is asking for a copy of diagnostic reports from the provider that submitted the claim.
1306	A copy of the PET/MRI/CT scan report/results is needed before the claim can be considered.	To be used when the Home Plan is asking for the PET/MRI/CT report/results from the provider that submitted the claim.
1307	A copy of the EEG report with analysis is needed before the claim can be considered.	To be used when the Home Plan is asking for the EEG report from the provider that submitted the claim.
1308	Provider timely filing has been exceeded.	For use when the Host Plan has indicated on the SF (SF Message Code 1011) that the providers timely filing limit has been exceeded.
1309	Care coordination Fees are not payable.	Control/Home Plans that receive CCF claims for non-attributed members should reject the claim using DF Message Code 1309. If the maintenance/ongoing care coordination fee is billed independently, but billed incorrectly; e.g., duplicate billing by provider of CCF for same member and same month, the Control/Home Plan should reject the claim or line with DF Message Code, 1309. This DF Message Code will identify the associated non-covered dollars as provider liability.
1310	Payment denied because service/procedure was provided outside the US.	For use when the service/procedure was provided outside the US and the member's benefit contract doesn't cover these services.
1311	The procedure code/bill type is inconsistent with the place of service.	For use only when there are provider billing errors not identified by the Host Plan. This is a Provider billing error. While Core indicates this is provider responsibility, ITS will continue to indicate it is patient responsibility until a detailed analysis of the DF Message Code usage is conducted after the implementation of this release. Equivalent of 0740.

Disposition Format Message Codes

Value	Description	Notes
1312	The procedure code is inconsistent with the patient's gender	<p>For use when there are provider billing errors not identified by the Host Plan.</p> <p>This is a Provider billing error. While Core indicates this is provider responsibility, ITS will continue to indicate it is patient responsibility until a detailed analysis of the DF Message Code usage is conducted after the implementation of this release. Equivalent of 0745.</p>
1313	The diagnosis is inconsistent with the procedure.	<p>For use when there are provider billing errors not identified by the Host Plan.</p> <p>This is a Provider billing error. While Core indicates this is provider responsibility, ITS will continue to indicate it is patient responsibility until a detailed analysis of the DF Message Code usage is conducted after the implementation of this release. Equivalent of 0809.</p>
1314	The procedure code is inconsistent with the patient's age.	<p>For use only when there is an explicit member contract exclusions or when there are provider billing errors not identified by the Host Plan.</p> <p>This is a Provider billing error. While Core indicates this is provider responsibility, ITS will continue to indicate it is patient responsibility until a detailed analysis of the DF Message Code usage is conducted after the implementation of this release. Equivalent of 0826.</p>
1315	The diagnosis is inconsistent with the provider type.	<p>For use only when there are provider billing errors not identified by the Host Plan.</p> <p>This is a Provider billing error. While Core indicates this is provider responsibility, ITS will continue to indicate it is patient responsibility until a detailed analysis of the DF Message Code usage is conducted after the implementation of this release. Equivalent of 0999.</p>

Disposition Format Message Codes

Value	Description	Notes
1316	The procedure code is inconsistent with the modifier used or a required modifier is missing.	<p>For use only when there are provider billing errors not identified by the Host Plan.</p> <p>This is a Provider billing error. While Core indicates this is provider responsibility, ITS will continue to indicate it is patient responsibility until a detailed analysis of the DF Message Code usage is conducted after the implementation of this release. Equivalent of 1092.</p>
1317	The diagnosis is inconsistent with the patient's age.	<p>For use when there are provider billing errors not identified by the Host Plan.</p> <p>This is a Provider billing error. While Core indicates this is provider responsibility, ITS will continue to indicate it is patient responsibility until a detailed analysis of the DF Message Code usage is conducted after the implementation of this release. Equivalent of 1093.</p>
1318	The diagnosis is inconsistent with the patient's gender.	<p>For use when there are provider billing errors not identified by the Host Plan.</p> <p>This is a Provider billing error. While Core indicates this is provider responsibility, ITS will continue to indicate it is patient responsibility until a detailed analysis of the DF Message Code usage is conducted after the implementation of this release. Equivalent of 1094.</p>
1319	The bill type submitted on the claim is not compatible with the patient billed status.	<p>For use when there are provider billing errors not identified by the Host Plan.</p> <p>This is a Provider billing error. While Core indicates this is provider responsibility, ITS will continue to indicate it is patient responsibility until a detailed analysis of the DF Message Code usage is conducted after the implementation of this release. Equivalent of 1178.</p>

Disposition Format Message Codes

Value	Description	Notes
1320	Potential Fraud suspected on Blue Cross Blue Shield Global Core Claim.	When the Home Plan suspects a fraud on International Claims they can indicate the same to the Host Plans by the use of this DF Message Code. This can be used at Claim and Line Level. THIS CODE DOES NOT GET PASSED ON THE EOB and should be used only on International Claims. This DF Message Code can be used without a SF Message Code of U600.
1321	Claim has been pended for non-payment of premium during the 31 days of the Exchange SHOP grace period. Claim has not been finalized.	The 1321 DF Message Code must always roll up to the claim level and remain on each line.
1322	CARE COORDINATION FEE. NO AEA APPLIED.	This is a Claim level only DF Message Code and is information only. When present, AEA for the claim is waived. This DF message Code can be present (at claim level) only if all the lines of the claim have SF Message Code of 1040 (Care Coordination fee).
1323	Claim rejected due to member's Medicare eligibility status, unable to apply surcharge.	This DF Message Code will enable Home Plans to reject the DF due to surcharge amounts being applied to a claim where the member is eligible for Medicare.
1324	The local provider is required to enroll in the Medicaid Program where the member resides.	The 1324 DF Message Code must be adjustable. It will only be used when the Delivery Method is '8' (Medicaid). It will always be a full claim reject.
1325	Required Medicaid Encounter Data Elements Missing	The 1325 DF Message Code must be adjustable. It will only be used when the Delivery Method is '8' (Medicaid).

Addendum D - Payment Reduction Reason Codes

Referenced by **P032** Payment Reduction Reason Code 1
Data Elements **P033** Payment Reduction Reason Code 2
P034 Payment Reduction Reason Code 3
P035 Payment Reduction Reason Code 4
P036 Payment Reduction Reason Code 5
P157 Payment Reduction Reason Code 1 - Additional Line of Business
P159 Payment Reduction Reason Code 2 - Additional Line of Business
P161 Payment Reduction Reason Code 3 - Additional Line of Business
P163 Payment Reduction Reason Code 4 - Additional Line of Business
P165 Payment Reduction Reason Code 5 - Additional Line of Business
P264 Payment Reduction Reason Code 6
P265 Payment Reduction Reason Code 7
P266 Payment Reduction Reason Code 8
P267 Payment Reduction Reason Code 9
P268 Payment Reduction Reason Code 10
P274 Payment Reduction Reason Code 6 - Additional Line of Business
P275 Payment Reduction Reason Code 7 - Additional Line of Business
P276 Payment Reduction Reason Code 8 - Additional Line of Business
P277 Payment Reduction Reason Code 9 - Additional Line of Business
P278 Payment Reduction Reason Code 10 - Additional Line of Business
T034 Total Payment Reduction Reason Code 1
T035 Total Payment Reduction Reason Code 2
T036 Total Payment Reduction Reason Code 3
T037 Total Payment Reduction Reason Code 4
T038 Total Payment Reduction Reason Code 5
T066 Total Payment Reduction Reason Code 6
T067 Total Payment Reduction Reason Code 7
T068 Total Payment Reduction Reason Code 8
T069 Total Payment Reduction Reason Code 9
T070 Total Payment Reduction Reason Code 10

Value	Description	Notes
0	Allocated No Fault Savings - Negative (FEP Only)	Used exclusively by FEP (Federal Employee Program) when the allocation of no-fault savings to a particular line within a claim results in a negative number. This amount is an implied negative number.
1	Applied Medicare Reduction Amount	Savings resulting from the reduction of benefits under contracts because of Medicare payments.
2	Sequestration Reduction Applied	Can be used at the claim and line level.

Payment Reduction Reason Codes

Value	Description	Notes
3	Provider Discount Not Eligible for an Access Fee, Subscriber Held Harmless	<p>Use this payment reduction reason code in the following situations: Medicare claims, claims with pricing rule 013 and claims with SF message code U951.</p> <p>On a Medicare claim, this amount should include the difference between the Medicare allowed amount and charges if the provider accepts Medicare assignment or the Medicare limiting charges if the provider does not accept Medicare assignment. This amount is not eligible for an access fee.</p> <p>On a claim with pricing rule 013, this amount is the discount dollars associated with non-covered dollars. The non-covered dollars for partial non-covered and fully noncovered claims MUST have an associated DF message code that does not invalidate the discount. This amount is not eligible for an access fee. See the UPF User Manual Addendum D, for a list of DF message codes that invalidate the discount on the claim.</p> <p>On a claim with SF message code U951, this amount is the billed charges present on the line(s) with SF message code U951. These charges will be billed separately by the Host Plan. This amount is not eligible for an access fee.</p> <p>When optional host pricing is used with SF Message Code '1022' (Hold Harmless) the difference between the charge and the price should be populated with PRRC = '3'.</p> <p>When SF Message Code '1040' (Care Coordinator) is present and there is a difference between the billed and priced amounts, Payment Reduction Reason Code value 3 must be assigned to the discount dollars. No Access Fee will apply.</p>

Payment Reduction Reason Codes

Value	Description	Notes
4	Discount Savings - Capitated Claims	<p>Savings resulting from the difference between negotiated pricing with the provider and the amount billed on the claim. The subscriber will be held harmless for this amount. The Net Liability Determination Module (NLDM) will recognize this amount as not eligible for an access fee for both institutional and professional claims.</p> <p>This code can be used on capitated lines or claims only.</p>
6	Workers' Compensation	<p>Net dollar savings resulting when Workers' Compensation liability is determined. Savings result from reimbursements received, withdrawal of payments or benefit approvals and payments not made. Workers' Compensation savings are as follows:</p> <p>Reimbursements received: Savings that result when the liability carrier settles a claim a Plan has already paid and the Plan is reimbursed.</p> <p>Withdrawals of payments or benefit approvals: Savings that result when a Plan extends and then withdraws approval for care paid by the Workers' Compensation Insurer.</p> <p>Payments not made: Savings that result when a Plan determines that Workers' Compensation is applicable before payment and, therefore, does not pay the claim.</p>
7	Subrogation	<p>Net dollar savings resulting from the recovery of Plan payments for subscribers whose personal injuries were reimbursed via an outside insurance source (e.g., homeowners' insurance).</p> <p>Plans located in states where subrogation is illegal will not have savings.</p>

Payment Reduction Reason Codes

Value	Description	Notes
8	No Fault	<p>Net dollar savings resulting when no fault liability is determined. Savings result from reimbursements received, withdrawal of payments or benefit approvals, and payments not made. Plans located in states in which no fault insurance does not exist will not have savings. No fault savings are as follows:</p> <p>Reimbursements received: Savings that result when a Plan receives and pays a claim later determined to fall under no fault liability.</p> <p>Withdrawals of payments or benefit approvals: Savings that result when a Plan extends and then withdraws approval for care paid by the automobile liability carrier or subscriber.</p> <p>Payments not made: Savings that result when reduced payment or no payment is made, such as when the Plan rejects all payments for care that result from motor vehicle accidents.</p>
9	Applied Other Carrier Reduction Amount	Amount of other carrier payment applied to the claim to reduce the BCBS liability amount.
A	Out-of-Network Savings/Penalty	The reduction in benefits levied against a subscriber for voluntary use of a provider other than the selected point-of-service network provider or referred provider.
B	Dual Membership (Intra-Plan)	Savings resulting from the intra-Plan coordination of contract benefits between two accounts covered by the same Blue Cross and/or Blue Shield (BCBS) Plan (e.g., two Plan contracts for two different group accounts). Only one contract - the account determined as secondary - realizes the savings.
C	CPR (Customary, Prevailing and Reasonable) Reduction / UCR (Usual, Customary, and Reasonable) Reduction	Savings that result from reducing a professional provider's billed charges for covered services by matching them against pricing schedules established in accordance with the definition of the provider's usual charge. The amount of CPR/UCR reduction is the difference between the billed charges for covered services and the allowance on professional claims. The subscriber will be held harmless for this amount. The Net Liability Determination Module (NLDM) will recognize this amount as eligible for an access fee.

Payment Reduction Reason Codes

Value	Description	Notes
D	Provider Payment Differential (lower payment than charges)	<p>Savings resulting from arrangements between the Plan and the institutional provider to reimburse on other than a 100 percent basis (e.g., cost-based or prospective-rate reimbursement). The subscriber will be held harmless for this amount. The Net Liability Determination Module (NLDM) will recognize this amount as eligible for an access fee.</p> <p>Use code D with a positive dollar amount when the actual payment is lower than charges. Use code D with a negative dollar amount or E when the actual payment is higher than charges. See also code Q for supplemental provider payment differential savings.</p>
E	Provider Payment Differential (higher payment than charges)	<p>See definition for code D, above.</p> <p>Note: This amount is an implied negative number.</p> <p>Do not use this value on Inter-Plan Business claims when using the Net Liability Determination Module (NLDM) to calculate an access fee. The NLDM does not recognize E as a discount code to calculate an access fee from the associated amount. If the discount amount is negative, use code D with a negative dollar amount.</p> <p>The value E can be used on national account claims. The NLDM will calculate an access fee on any dollars associated with code E on national account claims only. (Note: The amount associated with code E will be treated as a negative amount for purposes of determining an access fee amount.)</p>

Payment Reduction Reason Codes

Value	Description	Notes
F	Utilization Review (Level of Care Not Required)	<p>Savings that result from reducing the provider's billed charges for services considered in excess of the time and services required for the prevention, diagnosis and treatment of the illness and promotion of optimal health. Such reductions primarily concern the number or length of visits.</p> <p>This amount is assessed against the provider and does not result in subscriber liability. The subscriber will be held harmless for this amount.</p> <p>Currently, the Host Plan cannot send provider penalties at the service line level on the SF and for the UPF calculator to recognize and process. Under Inter-Plan Business, the Home Plan should not assign a provider penalty. The value F cannot be used in Inter-Plan Business; it can be used on national account claims. The Net Liability Determination Module (NLDM) will calculate an access fee on any dollars associated with the code F on national account claims only.</p>
FR	Fraud Savings	<p>Savings captured for claims that are under fraud and abuse investigation. Use it at the claim or line level</p> <p>a) with DF message code 1073 and an SF message code of either U600 zero-priced or U602 zero-priced OR</p> <p>b) with DF Message Code of 1320 if the Claim is Blue Cross Blue Shield Global Core. The amount associated with this code cannot be a negative value.</p>

Payment Reduction Reason Codes

Value	Description	Notes
G	Utilization Review (Procedure/Service Not Medically Necessary) / Utilization Review - Medical Necessity	<p>Savings resulting from reducing the provider's billed charges for services considered:</p> <p>Not medically appropriate for the symptoms and diagnosis or treatment of the illness, condition, disease or injury.</p> <p>Not provided for the diagnosis, or the direct care and treatment of the member's condition, illness, disease or injury.</p> <p>Not in accordance with standards of good medical practice.</p> <p>Primarily for the convenience of the member or the member's provider.</p> <p>Not the most appropriate supply or level of service that can safely be provided to the members.</p> <p>This amount is assessed against the provider and does not result in subscriber liability. The subscriber will be held harmless for this amount.</p> <p>The value G cannot be used in Inter-Plan Business; it can be used on national account claims. The Net Liability Determination Module (NLDM) will calculate an access fee on any dollars associated with code G on national account claims only.</p>
H	Preadmission Review	<p>Program to review all non-emergency and non-obstetrical admissions before they occur to certify the medical necessity and appropriateness of each proposed hospital admission. Most preadmission review programs require that a proposed admission be certified before it occurs. Otherwise, benefits are reduced.</p> <p>The reduction in benefits is the amount levied against a subscriber in accordance with contract provisions for noncompliance with preadmission review requirements.</p>

Payment Reduction Reason Codes

Value	Description	Notes
I	Mandatory Second Surgical Opinion	<p>Program in which a consulting opinion is required for specified (named) procedures to receive full contract benefits or additional contract benefits.</p> <p>The reduction in benefits is the amount levied against a subscriber for noncompliance with contract requirements for a second consulting opinion for the specified elective surgical procedures.</p>
J	Mandatory Ambulatory Surgery	<p>Program in which specified (named) procedures must be performed in an outpatient setting to receive full contract benefits or additional contract benefits.</p> <p>The reduction in benefits is the amount levied against a subscriber for noncompliance with recommendations as to the site considered appropriate for the procedure.</p>
K	Preferred Provider or Network Provider-Negotiated Savings	<p>The amount by which the reimbursement to a provider (determined by a preferred provider or point of service network provider contract) is less than the amount of billed charges for covered services. The subscriber will be held harmless for this amount. The Net Liability Determination Module (NLDM) will recognize this amount as eligible for an access fee.</p> <p>This does not include benefit reductions levied against a subscriber for obtaining services from a non-preferred or out-of-network provider (see code A or code R) or other payment reductions appropriately reported in other savings/benefit reduction categories.</p> <p>For a professional claim, the amount reported should be the difference between the amount billed for covered services and the amount paid to the provider under a preferred or network provider contract. Do not split savings data between code C (CPR/UCR Reduction) and this code.</p>
L	Hospital Bill Audit - Positive	The dollar amount of savings resulting from the adjustment of a claim as a result of the audit of the hospital bill. Use code L or M as appropriate.
M	Hospital Bill Audit - Negative	<p>See definition of code L, above.</p> <p>This amount is an implied negative number.</p>

Payment Reduction Reason Codes

Value	Description	Notes
N	Continued Stay Review	<p>This program is designed to monitor the appropriateness of the admission throughout the hospital stay. It focuses on the need for continued hospitalization and promotes the use of appropriate alternative treatment settings.</p> <p>The reduction in benefits is the amount levied against a subscriber in accordance with contract provisions for noncompliance with recommendations.</p>
NH	Subscriber not held harmless	<p>The difference between the charges and the non-par pricing applied to a claim.</p> <p>The amount is included in the member liability.</p>
O	Member Liability for not medically necessary when there is a Provider Sanction on the same DF.	
OA	Neither Member or Provider Liability (OA)	<p>This code represents the non covered amount that is neither member or provider liability.</p> <p>It would be used with an informational DF Message Code at the claim or line level.</p>
OC	Difference between Other Carrier Paid Amount and Charges	<p>The difference between the amount paid by the other carrier and charges when the amount paid by the other carrier is greater than charges.</p> <p>Because patient liability cannot be greater than charges and the amount paid by other carrier is captured in the patient liability amount, this will capture the difference between the amount paid by other carrier and charges and will be used in balancing the DF.</p>
OI	Portion of Secondary Claims for which an Access Fee is Not Allowed	<p>The amount that cannot be used by BCBS when calculating an access fee.</p> <p>If coordinating to the other carrier's price or allowance when paying a claim as secondary, an access fee may not be calculated on the reduction amount associated with the difference between the other carrier's price and charges.</p>

Payment Reduction Reason Codes

Value	Description	Notes
P	PPO/UCR Payment Rate (FEP only)	The amount by which the reimbursement to a professional provider (determined by a preferred provider contract) exceeds the amount that would have been paid for the same service using a UCR (usual, customary and reasonable) charge screen. This amount is an implied negative number.
PL	Provider Sanction	This code represents the Provider Sanction amount resulting from the Home Plan applying a Provider Sanction.
PM	Payment Maximum	The dollar amount that is added to the subscriber's liability as a result of applying a payment maximum.
PP	Provider Penalty	This code represents the Provider Penalty amount resulting from the use of a reclassified DF Message Code or DF message Code "1295", where the provider is par and the line or claim is not covered.
PS	Personal Savings Account Payment	The dollar amount that is being applied as a Payment on behalf of the member and is included in the Total Amount Approved for Payment. This amount may include funds to cover a portion of the member's deductible, coinsurance, or co-payment. It may also include amounts for items that are normally non-covered under the member's healthcare benefits, but are allowed as eligible 213(d) expenses as per the Internal Revenue Service (IRS).
Q	Supplemental Provider Payment Differential	Incremental savings (either positive or negative) achieved by applying a supplemental percentage factor. These factors are determined by the Host Plan and generally are used to support prospective provider settlements.
R	Non-preferred Provider or Out-of-Network Provider	The reduction in benefits levied against a subscriber for voluntary use of a provider other than an available preferred provider within the area in which the services were obtained. (Used in national accounts and Inter-Plan Business.)
S	Allocated Other Carrier Liability Savings - Negative (FEP only)	Used exclusively by FEP when the allocation of other carrier savings (code 9) to a particular line within a claim results in a negative number. This amount is an implied negative number.

Payment Reduction Reason Codes

Value	Description	Notes
S1	Surcharge Amount	The discount amount does not include a surcharge amount. Surcharges are a form of taxes imposed by the state in which the Host Plan is operating. Surcharge percentage factors are determined by the Host Plan on the SF. The Net Liability Determination Module (NLDM) will not recognize this amount as eligible for an access fee.
S2	Surcharge Amount	The discount amount does include a surcharge amount. Surcharges are a form of taxes imposed by the state in which the Host Plan is operating. Surcharge percentage factors are determined by the Host Plan on the SF. The Net Liability Determination Module (NLDM) will not recognize this amount as eligible for an access fee.
T	Weekend Admission	<p>Program in which weekend admissions are not eligible for full contract benefits except when specified conditions are met.</p> <p>The reduction in benefits is the amount levied against a subscriber for noncompliance with contract restriction on weekend admissions.</p>
U	Provider Sanction	<p>Assessment against providers for noncompliance with the managed care requirements in their contract with the Plan. May include requirements for preauthorization, second surgical opinion, timing of admissions or appropriate places of service for designated procedures. The subscriber will be held harmless for this amount.</p> <p>The value U cannot be used in Inter-Plan Business. It can be used on national account claims. The Net Liability Determination Module (NLDM) will calculate an access fee on any dollars associated with code U on national account claims only.</p>
V	Admission Review	<p>Program comparable to preadmission review. It is initiated for all nonelective acute care hospital admissions to review the need for and level of hospital care. It includes both emergency and maternity admissions.</p> <p>The reduction in benefits is the amount levied against a subscriber in accordance with contract provisions for noncompliance with admission review requirements.</p>

Payment Reduction Reason Codes

Value	Description	Notes
W	Encounter Savings	Amount of savings realized from payment of an encounter claim. The approved for payment field will be \$0 and the calculated payment amount will be placed in encounter savings.
X	Prior COB Savings	The amount of savings from prior claims used to calculate the current claim. This amount is an implied negative number.
Y	Hold Medicaid Member Harmless	On Medicaid claims, this amount should include the difference between the Medicaid Fee schedule and total charges. Member is held harmless from difference. Provider must write off savings as part of Federal regulations as a Medicaid contractor. Applicable only if Delivery Method = '8' (Medicaid) If difference in paid from billed results in savings, assign Y to show difference as provider liability, regardless of contracting status. No access fee applies.
Z	Allocated Dual Membership Savings - Negative (FEP only)	Used exclusively by FEP when the allocation of dual membership savings (code B) to a particular line within a claim results in a negative number. This amount is an implied negative number.

Addendum E - Place of Service Codes

Referenced by **A033** Approved Treatment Setting
Data Elements **P049** Place of Service

Value	Description
01	Pharmacy
02	Telehealth
03	School
04	Homeless Shelter
05	Indian Health Service Free-Standing Facility
06	Indian Health Service Provider-Based Facility
07	Tribal 638 Free-Standing Facility
08	Tribal 638 Provider-Based Facility
09	Prison-Correctional Facility
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16	Temporary Lodging
17	Walk In Retail Health Clinic
18	Place of Employment / Worksite
19	Off Campus-Outpatient Hospital
20	Urgent Care Facility
21	Inpatient Hospital
22	On Campus-Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice

Place of Service Codes

Value	Description
41	Ambulance - Land
42	Ambulance - Air or Water
49	Independent Clinic
50	Federally Qualified Health Center Qualified Health Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility - Partial Hospitalization
53	Community Mental Health Center
54	Intermediate care Facility/Mentally Retarded
55	Resident Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
57	Non-residential Substance Abuse Treatment Facility
60	Mass Immunization Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End-Stage Renal Disease Treatment Facility
71	Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other Place of Service
UN	Unknown (NDW only)

Addendum F - Type of Service Codes

Referenced by **T058** Type of Service
Data Elements

Value	Description
200	Surgery
2M0	Oral Surgery
2P0	Professional Component (Diagnostic Surgical Procedure)
2R0	Donor Surgery (Hospital Care and Operative or Cutting Procedure)
2R1	Transplant Recipient (Hospital Care and Operative or Cutting Procedure)
2T0	Assistant at Surgery
2U0	Supplemental Accident (Surgical Services)
2V0	Technical Component (Diagnostic Surgical Procedure)
300	Maternity
3A0	Maternity - Except Nursery Care
3Q0	Elective Abortion
400	Anesthesia
4R0	Donor Surgery (Anesthesia Services)
4R1	Transplant Recipient (Anesthesia) Services)
4U0	Supplemental Accident (Anesthesia) Services)
500	Diagnostic Radiology, Nuclear Medicine Ultrasound, Magnetic Resonance Imaging and Photon Absorptiometry
5A0	Emergency Medical Care
5I0	Digital Subtraction Angiography
5K0	Preadmission Testing
5N0	Emergency Accident Care
5P0	Professional Component (Diagnostic Radiological Procedure)
5R0	Donor Surgery (Radiological Services)
5R1	Transplant Recipient (Radiological Services)
5U0	Supplemental Accident (Diagnostic Radiological Services)
5V0	Technical Component (Radiological Services)
530	Diagnostic Radiology/Maternity Care
600	Medical Care
6A0	Emergency Medical Care

Type of Service Codes

Value	Description
6B0	Concurrent Medical Care
6C0	Routine Newborn Care
6J0	Medical Care/Home Health Care Program
6K0	Pre-admission Testing
6L0	EKG, EEG and Other Electronic Diagnostic Medical Procedures
6N0	Emergency Accident Care (Nonsurgical)
6P0	Professional Component (Diagnostic Medical Procedures Service)
6R0	Donor Surgery (Medical Care)
6R1	Transplant Recipient (Medical Care)
6S0	Psychiatric Care
6U0	Supplemental Accident (Medical Services)
6V0	Technical Component (Medical Procedure)
6W0	Second Surgical Opinion
6X0	Alcohol Rehabilitation
6X1	Alcohol and/or Drug Detoxification
6Y0	Consultation
6Z0	Drug Rehabilitation
6Z1	Smoking Cessation Treatment
7B0	Cardiac Rehabilitation
7C0	Chemotherapy
7D0	Physical Medical (Therapy)
7E0	Therapeutic Radiology
7F0	Occupational Therapy
7G0	Speech Therapy
7H0	Respiratory Therapy
7P0	Professional Component for Therapeutic Radiology
7V0	Technical Component for Therapeutic Radiology
740	Hemodialysis
750	Hyperthermia Therapy
800	Diagnostic Pathology/Laboratory
8A0	Emergency Medical Care (Diagnostic Pathology Services)

Type of Service Codes

Value	Description
8K0	Preadmission Testing (Diagnostic Pathology)
8N0	Emergency Accident Care (Diagnostic Pathology Services)
8P0	Professional Component (Diagnostic Pathology Services)
8R0	Donor Surgery (Diagnostic Pathology)
8R1	Transplant Recipient (Diagnostic Pathology)
8U0	Supplemental Accident (Diagnostic Pathology)
8V0	Technical Component (Pathology)
830	Diagnostic Pathology/Maternity Care
L00	Not Medically Necessary Admission
L10	Admission Primarily for Diagnostic Studies (Diagnostic Admission)
L20	Admission Primarily for Custodial/Domiciliary Care
L30	Admission Primarily for Physical Therapy
9A0	Well-baby/Well-child Care
9B0	Blood
9C0	Hospice Care Program
9D0	Dental Care Program
9F0	Ambulance
9G0	Physical Accessories - Purchase
9H0	Physical Accessories - Rental
9J0	Home Health Care Program Services
9J1	Home Infusion Therapy
9K0	Prescription Drug Program
9L0	Prescription Drug Medicine
9M0	Vision Care Program
9N0	Visiting Nurse Services
9P0	Private Duty Nursing
9R0	Major Human Organ Transplant - Transportation
9R1	Major Human Organ Transplant - Lodging
9T0	Individual Benefits Management
9V0	Hearing Care Program

Addendum G - Submission Format Message Codes

Referenced by **S012** SF Message Code - Claim
Data Elements **S060** SF Message Code - Line

Note: The types of SF message code values are: A = Action, B = Inter-Plan Business, C = Conditional, I = Informational, N = National Account and U = Unconditional.

Code	Type	Description	Notes	Claim Level	Line Level
U001	U	Specific timeliness criteria that affect the discount applied to this claim.	For use at the claim level only. (This is not enforced with an ITS edit.)	Y	N
U100	U	The Host Plan's discount is valid for secondary payments. The total provider payment from all sources should be up to the Host Plan's priced amount.	<p>For use at the claim level only. (This is not enforced with an ITS edit.)</p> <p>The presence of message code U100 allows the Home Plan either to use the Host Plan's discount when the Home Plan is the secondary payer or to coordinate to charges. Home Plans should not apply the Host discount when they are secondary unless they have received this message code.</p> <p>This value no longer will be valid after the October 2000 release except:</p> <ol style="list-style-type: none"> 1. If the Host/Home indicator in the SF edits = 1, U100 is not valid. 2. If the Host/Home indicator in the SF edits = 2, U100 is valid if Julian date &lt; 2000303. 	Y	N
U150	U	The charge data on the multiple surgeries on this claim are negotiated rates. If any part of the multiple surgeries is non-covered or if benefit maximums apply, contact the Host Plan.	For use at the claim and line levels.	Y	Y

Submission Format Message Codes

Code	Type	Description	Notes	Claim Level	Line Level
U200	I	A state-mandated surcharge applies to this claim. The charge and priced amounts on this claim include the surcharge value specified in the special pricing conditions percent-claim field only when the Host Plan is the payer of the claim.	<p>Valid at the claim level only. (This is enforced with an ITS edit.)</p> <p>This is an informational SF message code.</p> <p>This is only currently used by New York Plans but is not limited for use by these Plans only.</p> <p>NY state claims: When the NY Host Plan sets the payment direction as Host Plan Pay Provider, the price and charge have been inflated to include the appropriate surcharge amount. The entire claim is subject to the surcharge. The local NY State Plan remains responsible for imbedding the applicable surcharge amount in the price and charge that it forwards to Control/Home Plans and for remitting the surcharge payment to the state pool for these claims.</p> <p>When the NY Host Plan sets the payment direction as Home Plan Pay Subscriber or Provider, the price and charge have not been inflated to include the surcharge. The entire claim is subject to the surcharge. The Control/Home Plan remains responsible for calculating the applicable surcharge amount, for determining the appropriate recipient of the surcharge amount and for determining the appropriate recipient of the surcharge payment for claims.</p>	Y	N

Submission Format Message Codes

Code	Type	Description	Notes	Claim Level	Line Level
U201	I	A state-mandated surcharge applies to this claim. The surcharge value is reflected in the special pricing conditions percent-claim field.	<p>For use at the claim and line level only.</p> <p>This is an informational SF message code.</p> <p>This is only currently used by New York Plans but is not limited for use by these Plans only.</p> <p>NY state claims: When the NY Host Plan sets the payment direction's Host Plan Pay Provider, the price and charge have been inflated to include the appropriate surcharge amount. If the entire claim is subject to the surcharge, then the U201 SF message code is used at the claim level. If the claim is a mixed bill, then the U201 SF message code is used at the line level. The local NY State Plan remains responsible for imbedding the applicable surcharge amount in the price and charge that it forwards to Control/Home Plans and for remitting the surcharge payment to the state pool for these claims.</p> <p>When the NY Host Plan sets the payment direction as Home Plan Pay Subscriber or Provider, the price and charge have not been inflated to include the surcharge. If the entire claim is subject to the surcharge, then the U201 SF message code is used at the claim level. If the claim is a mixed bill, then the U201 SF message code is used at the line level. The Control/Home Plan remains responsible for calculating the applicable surcharge amount, for determining the appropriate recipient of the surcharge amount and for determining the appropriate recipient of the</p>	Y	Y

Submission Format Message Codes

Code	Type	Description	Notes	Claim Level	Line Level
			surcharge payment for claims.		
U250	A	A supplemental percentage amount applies to this claim. The supplemental amount is reflected in the special pricing conditions percent - claim or line field. This is an action SF message code. A supplemental percentage modifies the price to accommodate additional payments or refunds.		Y	Y
U270	A	This SF message code is used when there is a provider whole claim or excess days sanction indicated on the SF. The sanction amount and excess days amounts are reflected in the Special Pricing Conditions Amount and/or Percent - claim fields.	For use at the claim level only. This change is date sensitive and cannot be used before July 1, 2014. Edits will verify the date against: Admission Date (II) Statement Covers From Date (IO) Earliest Date of Service (P)	Y	N
U280	A	A state-mandated surcharge applies when used on an institutional claim. Additional contractual claim reimbursement applies when used on a professional claim. The surcharge/additional claim reimbursement amount is reflected in the special pricing conditions percent - claim or line field. This is an action SF message code.	This is only currently used by Massachusetts but this is not limited for use by this Plan only. This SFMC can be used on Claim level only for Institutional claims.	Y	Y
U290	A	DME Rental to Purchase (dollar amount)		N	Y
U291	A	DME Rental to Purchase (days)		N	Y
U292	A	DME Rental to Purchase (months)		N	Y
U293	A	DME Rental to Purchase (units)		N	Y
U294	A	DME Rental to Purchase (dollar amount and days whichever is reached first)	Lesser of	N	Y

Submission Format Message Codes

Code	Type	Description	Notes	Claim Level	Line Level
U295	A	DME Rental to Purchase (dollar amount and months whichever is reached first)	Lesser of	N	Y
U296	A	DME Rental to Purchase (dollar amount and units whichever is reached first)	Lesser of	N	Y
U297	I	DME Rental only	As is, no threshold	N	Y
U298	I	DME Purchase only	As is, no threshold	N	Y
U299	I	DME no contract exists	As is, no threshold	N	Y
U300	U	<p>A state mandate applies to this claim.</p> <p>The Host Plan also should send a Blue2 Message that identifies the day that applies to the state mandate.</p>	For use at the claim and line levels.	Y	Y

Submission Format Message Codes

Code	Type	Description	Notes	Claim Level	Line Level
U350	C	The application of a deductible of more than \$\$\$\$\$\$.00, a daily copayment of more than \$\$\$\$\$\$.00 per day (Host Plan calculated total or aggregate amount), or any percentage coinsurance will invalidate the discount on this claim.	Valid at the claim level only. (This is enforced with an ITS edit.) Used for hospital claims. Must be used with SF message code 1005 or 1006. This is a conditional SF message code. Conditional message codes are valid only at the claim level and only one of these message codes (with the exception of U200) is allowed per claim. These codes may be present with other SF message codes, but not with each other. Use of these codes requires that the special pricing conditions code and the value (\$\$\$\$\$\$.00) of these amounts are specified in the special pricing conditions amount/percent field. UPF will process these conditional message codes only at the claim level. When these codes are used, the Host Plan also must use SF message code 1005 or 1006 on the claim to instruct how the claim should be handled if the special pricing condition is not met.	Y	N
U400	C	The application of a deductible of more than \$\$\$\$\$\$.00 or a copayment of more than \$\$\$\$\$\$.00 will invalidate the discount on this claim.	Valid at the claim level only. (This is enforced with an ITS edit.) Must be used with SF message code 1005 or 1006.	Y	N

Submission Format Message Codes

Code	Type	Description	Notes	Claim Level	Line Level
U450	C	The application of a deductible of more than \$\$\$\$\$\$.00 or a copayment of more than \$\$\$\$\$\$.00 will invalidate the discount on this claim.	<p>Valid at the claim level only. (This is enforced with an ITS edit.) Used for professional claims.</p> <p>Must be used with SF message code 1005 or 1006.</p> <p>This is a conditional SF message code. Conditional message codes are valid only at the claim level and only one message code (with the exception of U200) is allowed per claim. These codes may be present with other SF message codes, but not with each other. Use of these codes requires a special pricing conditions code, and the value (\$\$\$\$\$\$.00) of these amounts is specified in the special pricing conditions amount/percent field. UPF will process these conditional message codes at the claim level only. When these codes are used, the Host Plan also must use SF message code 1005 or 1006 on the claim to explain how to handle the claim if the special pricing condition is not met.</p>	Y	N
U600	U	Recommendation for SIU review has been identified. The Home Plan determines how to proceed with this claim/service.	For use at the claim and line levels for international claims. Restricted for use on Blue Cross Blue Shield Global Core claims.	Y	Y
U601	I	Pay: claim/service review is complete.	<p>For use at the claim and line levels.</p> <p>The Host Plan has completed a fraudulent investigation on the claim or service line and it was determined to be not fraudulent.</p>	Y	Y

Submission Format Message Codes

Code	Type	Description	Notes	Claim Level	Line Level
U602	U	Claim/service review is complete. Host Plan has determined this is a fraudulent claim / line and has appended the U602 and zero priced the claim/line.	For use at the claim and line levels. The Host Plan has completed a fraudulent investigation on the claim or service line and it was determined to be fraudulent. The Home Plan should set the claim / line to a covered in full status and append the DF message code 1073 for each line.	Y	Y
U603	I	Pay: additional information is required.	For use at the claim and line levels.	Y	Y
U604	I	Reject: additional information is required.	For use at the claim and line levels.	Y	Y
U650	U	This claim is part of a larger claim that has been split because the total charges exceed the Plan's capacity for processing as a single claim.	For use at the claim level only. (This is not enforced with an ITS edit.) This code is informational to the Home Plan only.	Y	N
U700	U	Identifies the primary claim under which the global fee is charged.	Subject to the \$2,000 access fee for non-BQCT claims. No access fee is taken for BQCT claims.	Y	Y
U701	U	Identifies a claim for which the charges are included under the primary global fee amount. This claim is passed to the Home Plan to permit proper adjudication of the global fee claim.	This claim is priced at \$0. No access fee is applied.	Y	Y
U702	U	Identifies a claim for which the charges have not been included under the primary claim global fee amount. These claims are "stragglers" submitted to the Plan after the SF for the primary claim has been sent to the Home Plan.	This claim is priced at \$0. No access fee is applied.	Y	Y

Submission Format Message Codes

Code	Type	Description	Notes	Claim Level	Line Level
U703	U	Identifies a claim not previously identified as part of a global fee, but for a service for which the Host Plan has negotiated a global fee. This claim will be populated with the Host price and will be subject to the access fee. This message code will alert the Home Plan that a global fee is available if it wishes to seek an adjustment.		Y	Y
U750	U	Sequestration Reduction May Be Applied.		Y	Y
U800	C	The application of any deductible to this claim will invalidate the discount.	<p>Valid at the claim level only. (This is enforced with an ITS edit.)</p> <p>Must be used with SF message code 1005 or 1006.</p> <p>This is a conditional SF message code. Conditional message codes are valid only at the claim level and only one of these message codes (with the exception of U200) is allowed per claim. These codes may be present with other SF message codes, but not with each other. Use of these codes requires a special pricing conditions code and the values (\$\$\$\$\$\$.cc) of these amounts are specified in the special pricing conditions amount/percent field. UPF will process these conditional message codes only at the claim level. When these codes are used, the Host Plan also must use SF message code 1005 or 1006 on the claim to instruct how the claim should be handled if the special pricing condition is not met.</p>	Y	N

Submission Format Message Codes

Code	Type	Description	Notes	Claim Level	Line Level
U850	C	The application of a managed care penalty that exceeds the total accommodation charges on the claim invalidates the discount.	<p>Valid at the claim level only. (This is enforced with an ITS edit.) Must be used with SF message code 1005 or 1006.</p> <p>Must be used with SF message code 1005 or 1006.</p> <p>This is a conditional SF message code. Conditional message codes are valid only at the claim level and only one message code (with the exception of U200) is allowed per claim. These codes may be present with other SF message codes, but not with each other. Use of these codes requires a special pricing conditions code, and the value (\$\$\$\$\$\$.00) of these amounts is specified in the special pricing conditions amount/percent field. UPF will process these conditional message codes at the claim level only. When these codes are used, the Host Plan also must use SF message code 1005 or 1006 on the claim to explain how to handle the claim if the special pricing condition is not met.</p>	Y	N
U900	U	The application of any subscriber, managed care penalty, or cost sharing (deductible, copayment, or coinsurance) will invalidate the discount. If any subscriber liability must be assessed, change the pricing method to 01 and adjudicate the claim at charges (with no discount).	For use at the claim level only. (This is not enforced with an ITS edit.)	Y	N

Submission Format Message Codes

Code	Type	Description	Notes	Claim Level	Line Level
U951	U	This line should not be adjudicated. Home Plans should not pay these lines, nor should they hold the subscriber liable for the line. The Host will rebill this line separately.	For use at the line level only. (This is not enforced with an ITS edit.) Ordinarily, this code is used in cases where professional lines are billed on an institutional claim, or institutional lines are billed on a professional claim.	N	Y
U952	C	Payment may be reduced only by a copayment not to exceed \$\$\$\$\$\$.00.	Valid at the claim level only. (This is enforced with an ITS edit.) Must be used with SF message code 1005 or 1006. This is a conditional SF message code. Conditional message codes are valid only at the claim level and only one of these message codes (with the exception of U200) is allowed per claim. These codes may be present with other SF message codes, but not with each other. Use of these codes requires a special pricing conditions code and the values (\$\$\$\$\$\$.00) of these amounts are specified in the special pricing conditions amount/percent field. UPF will process these conditional message codes only at the claim level. When these codes are used, the Host Plan also must use SF message code 1005 or 1006 on the claim to instruct how the claim should be handled if the special pricing condition is not met.	Y	N
U953	U	This service must be paid at 100 percent of the PPO allowance or total charge.	For use at the claim and line levels. (This is not enforced with an ITS edit.) Must be used with SF message code 1005 or 1006.	Y	Y

Submission Format Message Codes

Code	Type	Description	Notes	Claim Level	Line Level
U954	U	This service must be paid at 100 percent of the PPO allowance.	For use at the claim and line levels. (This is not enforced with an ITS edit.) Must be used with SF message code 1005 or 1006.	Y	Y
U955	I	Do not change the pricing method to 01.	For use at the claim level. Host Plan should not use this code if it never pays a non-contractual amount to its providers. No override capabilities.	Y	N
U956	I	This claim cannot be adjusted without approval from the Host Plan via a Blue2 Adjustment Message.	For use at the claim level only.	Y	N
P301	I	Prompt pay legislation applies to insured and ASO business.	If claim is not paid within the time frame, prompt pay penalties will be assessed on insured and ASO business. For use at the claim level only.	Y	N
P302	I	Prompt pay legislation applies to insured business only.	If claim is not paid within the time frame, prompt pay penalties will be assessed on insured business only. For use at the claim level only.	Y	N
P303	I	Prompt pay applies to international claims.	International claims for which there may be a discount if the claim is paid within the time frame. For use at the claim level only.	Y	N
P304	I	Approved GOP for International Claims	International Claims which have an Approved Guarantee of Payment. Used at Claim and Line levels	Y	Y
1000	I	Priced amount reflects multiple surgery cutbacks already taken (for multiple surgery claims).	For use at the claim and line levels.	Y	Y
1001	I	Priced amount reflects multiple surgery cutbacks already taken (for multiple surgery claims).	For use at the line level.	N	Y

Submission Format Message Codes

Code	Type	Description	Notes	Claim Level	Line Level
1002	I	The Provider is not eligible to receive reimbursement for these services, per provider contract.	For use at the line level only. This code is informational to the Home Plan to identify why the service is zero-priced.	N	Y
1003	I	Reimbursement for this service is considered to be a portion of another service that has been allowed.	For use at the line level only. This code is informational to the Home Plan to identify why the service is zero-priced or that another service(s) has been bundled with the line containing this SF Message Code.	N	Y
1004	I	Payment for this procedure contains another service(s) or is included in our payment for other services performed on the same day by the same provider.	For use at the line level only. This code is informational to the Home Plan to identify why the service is zero-priced or that another service(s) has been bundled with the line containing this SF Message Code.	N	Y
1005	I	If special pricing conditions are not met, reject the claim as a handle direct. (DF message code 1058, 1059 or 1087.)	For use at the claim level only.	Y	N
1006	I	If special pricing conditions are not met, change the pricing method to 01 (charges) and return the adjudication results to the local Plan.	For use at the claim level only.	Y	N
1007	I	Provider accepted Medicare assignment for this service line.	For use at the line level only.	N	Y
1008	I	No membership found at Par Plan for this BlueCard POS subscriber/dependent.	For use at the claim level.	Y	N
1009	I	The service has not been approved by the Host/Par Plan because it is deemed to be experimental.	For use at the claim and line levels. Discontinue use as of Release 10.2	Y	Y
1010	I	Never Event Identified on claim.	For use at the claim level.	Y	N
1011	I	Claim was received after timely filing limit.	For use at the claim level and the line level.	Y	Y

Submission Format Message Codes

Code	Type	Description	Notes	Claim Level	Line Level
1012	I	Procedure code does not warrant the services of an assistant surgeon.	For use at the claim and line levels.	Y	Y
1013	I	The Host Plan intended to send a participating classification of provider with pricing that indicates the subscriber is not held harmless.	Use this code at the claim level with classification of the following provider values on a charge when no discount is being sent: 1 (Participating Provider) 4 (POS Participating Provider) 5 (Preferred Provider Organization) M (HMO Participating/Designated Provider)	Y	N
1014	I	The service provider has opted out of Medicare.	For use at the claim and line levels	Y	Y
1015	I	Due to rolling-up/bundling of service lines, only claim-level Medicare or other carrier payment data are being sent. Line-level data are available on request.	For use at the claim level only.	Y	N
1016	I	Part of larger claim that was split. Claim-level other carrier or Medicare information is modified from original info due to split.	For use at the claim level only.	Y	N
1017	I	Provider participates in a comprehensive high performance network.	For use at the claim and line levels	Y	Y
1018	I	Bariatric Surgery Procedures BDC	Valid at the claim level only. This is an informational SF message code.	Y	N
1019	I	BDC Cardiac Care Provider		Y	N
1020	I	BDC Complex and Rare Cancers Provider		Y	N

Submission Format Message Codes

Code	Type	Description	Notes	Claim Level	Line Level
1021	I	The service on this Medicare Advantage PPO claim line is not reimbursable under the Local Coverage Determinations (LCDs) or National Coverage Determinations (NCDs)		N	Y
1022	I	Subscriber is held harmless on non-participating provider Inter-Plan Business claim	For use at the claim level only.	Y	N
1023	I	Subscriber is not held harmless on non-participating provider Inter-Plan Business claim	For use at the claim level only.	Y	N
1024	I	Claim is priced at charges because no non-participating provider pricing is available for this provider. Note: For Medigap claims (DM6), the claim is priced at charges because no non participating provider pricing where member is held harmless is available for this provider.	For use at the claim level only.	Y	N
1025	I	State Mandate exists that requires the provider of service to be paid directly	For use at the claim level only.	Y	N
1026	I	Partial Hospitalization		Y	N
1027	I	Observation Services		Y	N
1028	I	Bariatric Surgery Procedures BDC+	Valid at the claim level only. This is an informational SF message code.	Y	N
1029	I	BDC+ Cardiac Care Provider		Y	N
1030	I	BDC Spine Surgery Provider		Y	N
1031	I	BDC+ Complex and Rare Cancers Provider		Y	N
1032	I	BDC Knee and Hip Replacement Provider		Y	N
1034	I	BDC+ Spine Surgery Provider		Y	N
1035	I	BDC+ Knee and Hip Replacement Provider		Y	N

Submission Format Message Codes

Code	Type	Description	Notes	Claim Level	Line Level
1036	I	BDC+ Transplants - Alternate Model Provider		Y	N
1037	I	BDC Transplants - Alternate Model Provider		Y	N
1038	I	Zero pricing has been applied, as the provider needs to submit additional information for corrected pricing. An adjustment will follow when information has been received		N	Y
1039	C	Medical Necessity Alert. Review may be Needed	SF Message Code 1039 Cannot Be Used With U600, U602 and U604. SF Message Code 1039 Cannot Be Used if Claim is Blue Card Worldwide.	Y	Y
1040	I	Care Coordinator Fee billed on the SF	Valid at the line level for professional SF only. Not valid on an institutional SF. (This is enforced with an ITS edit.) Used for claims for ACO or PCMH Care Coordinator fees.	N	Y
1042	I	BD Total Care - Broad		Y	N
1043	I	BD Total Care - Target		Y	N
1044	I	BD Total Care + -- Broad		Y	N
1045	I	BD Total Care + -- Target		Y	N
1046	I	PCMH BD Total Care - Broad (placeholder for future program)		Y	Y
1047	I	PCMH BD Total Care - Target (placeholder for future program)		Y	Y
1048	I	ACO BD Total Care - Broad (placeholder for future program)		Y	Y
1049	I	ACO BD Total Care - Target (placeholder for future program)		Y	Y
1050	I	BDC for Maternity Care	Valid at the claim level only. This is an informational SF message code.	Y	N

Submission Format Message Codes

Code	Type	Description	Notes	Claim Level	Line Level
1051	I	BDC+ for Maternity Care	Valid at the claim level only. This is an informational SF message code.	Y	N
1052	I	BDC Bariatric Surgery - Comprehensive Center	Valid at the claim level only. This is an informational SF message code.	Y	N
1053	I	BDC+ Bariatric Surgery - Comprehensive Center	Valid at the claim level only. This is an informational SF message code.	Y	N
1054	I	BDC Bariatric Surgery - Ambulatory Surgery Center	Valid at the claim level only. This is an informational SF message code.	Y	N
1055	I	BDC+ Bariatric Surgery - Ambulatory Surgery Center	Valid at the claim level only. This is an informational SF message code.	Y	N
1056	I	Blue Distinction Cancer Care	Valid at the claim level only. This is an informational SF message code.	Y	N
1057	I	Reserved for future BDC program		N	N
1058	I	Reserved for future BDC program		N	N
1059	I	Reserved for future BDC program		N	N
1060	I	Reserved for future BDC program		N	N
1061	I	Reserved for future BDC program		N	N
1063	I	Episode Based Payment Final Settlement	SF Message Code which identifies that the charges are for the final settlement of an Episode Based Payment arrangement.	Y	Y

Submission Format Message Codes

Code	Type	Description	Notes	Claim Level	Line Level
1064	I	Medigap/Medicare Comp (DM = 6) claim is priced at charges because no non participating provider pricing where member is held harmless is available for this provider.	SF Message Code which identifies that it is a non-par Medigap/Medicare Comp Claim (DM=6) and host pricing is not available. Member is to be held harmless.	Y	N

Addendum H - Provider Specialty Codes

Referenced by **F036** Functional Specialty Code
Data Elements **P044** Performing Provider Specialty - Claim
P109 Performing Provider Specialty - Line
P198 Provider Network Specialty 1
P199 Provider Network Specialty 2
P200 Provider Network Specialty 3
P201 Provider Network Specialty 4
P388 Provider Specialty Code Description

Value	Description
01	General Practice
02	General Surgery
03	Allergy
04	Otology, Laryngology, Rhinology
05	Anesthesiology
06	Cardiovascular Disease
07	Dermatology
08	Family Practice
09	Gynecology (Osteopaths only)
10	Gastroenterology
11	Internal Medicine
12	Manipulative Therapy (Osteopaths only)
13	Neurology
14	Neurological Surgery
15	Obstetrics (Osteopaths only)
16	Ob-Gynecology
17	Ophthalmology, Otology, Laryngology, Rhinology (Osteopaths only)
18	Ophthalmology
19	Oral Surgery (Dentists only)
20	Orthopedic Surgery
21	Pathologic Anatomy, Clinical Pathology
22	Pathology
23	Peripheral Vascular Disease or Surgery (Osteopaths only)
24	Plastic Surgery
25	Physical Medicine and Rehabilitation
26	Psychiatry

Provider Specialty Codes

27	Psychiatry, Neurology (Osteopaths only)
28	Proctology
29	Pulmonary Diseases
30	Radiology
31	Roentgenology, Radiology (Osteopaths only)
32	Radiation Therapy (Osteopaths only)
33	Thoracic Surgery
34	Urology
35	Chiropractor, licensed (effective 7/73)
36	Nuclear Medicine
37	Pediatrics
38	Geriatrics
39	Nephrology
40	Hand Surgery
41	Optometrist
48	Podiatry-Surgical Chiropody
49	Miscellaneous
70	Multi-Specialty Clinic or other Group Practice (Not valid at Performing Provider Specialty-Line (P109))
1A	Clinic/Center - Pain
1B	Clinic/Center - Physical Therapy
1C	Clinic/Center - Podiatric
1D	Clinic/Center - Primary Care
1E	Clinic/Center - Prison Health
1F	Clinic/Center - Public Health, Federal
1G	Clinic/Center - Public Health, State or Local
1H	Clinic/Center - Radiology
1I	Clinic/Center - Radiology, Mobile
1J	Clinic/Center - Radiology, Mobile Mammography
1K	Clinic/Center - Recovery Care
1L	Clinic/Center - Rehabilitation
1M	Clinic/Center - Rehabilitation: Cardiac Facilities
1N	Clinic/Center - Research
1O	Clinic/Center - Sleep Disorder Diagnostic

Provider Specialty Codes

1P	Clinic/Center - Student Health
1Q	Clinic/Center - VA
1R	Medicare Defined Swing Bed Unit
1S	Rehabilitation Unit
1T	Rehabilitation, Substance User Disorder Unit
1U	Chronic Disease Hospital
1V	General Acute Care Hospital - Children
1W	General Acute Care Hospital - Critical Access
1X	General Acute Care Hospital - Rural
1Y	General Acute Care Hospital - Women
1Z	Military Hospital
2A	Military Hospital - Community Health
2B	Military Hospital - Medical Center
2C	Military Hospital - Operational Component Facility
2D	Rehabilitation Hospital
2E	Special Hospital
2F	Dental Laboratory
2G	Exclusive Provider Organization
2H	Health Maintenance Organization
2I	Point of Service
2J	Preferred Provider Organization
2K	Alzheimer Center/Dementia Center/Dementia Special Care Unit
2L	Assisted Living Facility
2M	Assisted Living Facility - Assisted Living, Behavioral Disturbances
2N	Assisted Living Facility - Assisted Living, Mental Illness
2O	Custodial Care Facility
2P	Custodial Care Facility - Adult Care Home
2Q	Intermediate Care Facility, Mentally Retarded
2R	Intermediate Care, Mental Illness
2S	Nursing Facility/Intermediate Care Facility
2T	Skilled Nursing Facility - Nursing Care, Pediatric
2U	Community Based Residential Treatment Facility, Mental Illness
2V	Community Based Residential Treatment Facility, Mental Retardation and/or Developmental Disabilities

Provider Specialty Codes

2W	Residential Treatment Facility, Mental Retardation and/or Development Disabilities
2X	Residential Treatment Facility, Physical Disabilities
2Y	Substance Abuse Disorder Rehabilitation Facility
2Z	Substance Abuse Disorder Rehabilitation Facility - Substance Abuse Treatment, Children
3A	Respite Care
3B	Respite Care - Respite Care Camp
3C	Respite Care - Respite Care, Mental Illness, Child
3D	Respite Care - Respite Care, Mental Retardation and/or Developmental Disabilities, Child
3E	Respite Care - Respite Care, Physical Disabilities, Child
3G	Durable Medical Equipment & Medical Supplies - Customized Equipment
3H	Durable Medical Equipment & Medical Supplies - Dialysis Equipment & Supplies
3I	Durable Medical Equipment & Medical Supplies - Nursing Facility Supplies
3J	Durable Medical Equipment & Medical Supplies - Oxygen Equipment & Supplies
3K	Durable Medical Equipment & Medical Supplies - Parenteral & Enteral Nutrition
3L	Eye Bank
3M	Eyewear Supplier
3N	Home Delivered Meals
3O	Organ Procurement Organization
3P	Prosthetic/Orthotic Supplier
3Q	Bus
3R	Non-emergency Medical Transport (VAN)
3S	Private Vehicle
3T	Secured Medical Transport (VAN)
3U	Taxi
3V	Train
3W	Transportation Broker
3X	Diabetes Clinic
3Y	Retail Health Center
3Z	Sleep Medicine
4A	Advanced registered nurse practitioner
4B	Specialty Pharmacy
4C	Female Pelvic Medicine and Reconstructive Surgery
4D	Neuropsychiatry

Provider Specialty Codes

4E	Perinatology
4F	Cardiac Event Monitor
4G	Neuro-Ophthalmology
4H	Pediatric Internal Medicine
4I	Tertiary Care Hospitals
4J	Long Term Acute Care Hospitals
4K	Hospice & Palliative Medicine
4L	Long Term Care
4M	Athletic Trainer
4N	Behavioral
4P	Naprapathy
4Q	VA Hospital
4R	Phlebology
4S	Immediate Care Center
4T	Pediatric Anesthesiology
4U	Emergency Medicine - Critical Care Medicine
4V	Emergency Medicine - Undersea and Hyperbaric Medicine
4W	Advanced Heart Failure and Transplant Cardiology
4X	Internal Medicine - Geriatric Medicine
4Y	Medical Oncology
4Z	Transplant Hepatology
5A	Child Abuse Pediatrics
5B	Neonatal-Perinatal Medicine
5C	Pediatric Transplant Hepatology
5D	Pediatric Sports Medicine
5E	Brain Injury Medicine
5F	Neuromuscular Medicine
5G	Epilepsy
5H	Neurology with Special Qualifications in Child Neurology - Pain Medicine
5I	Psychosomatic Medicine
5J	Complex General Surgical Oncology
5K	Eating Disorder Facility
5L	Congenital Cardiac Surgery

Provider Specialty Codes

5M	Registered Nurse, Primary Care Medical Home Care Coordinator
5N	Lactation Consultant, Non-RN
AA	Oncology
AB	Endocrinology
AC	Hematology
AD	Rheumatology
AE	Immunology
AF	Infectious Diseases
AG	Emergency Medicine
AH	Neonatology
AI	Vascular Surgery
AJ	Maxillo-Facial Surgery
AK	Anesthesiology Critical Care Medicine
AL	Dermatology Dermatopathology
AM	Dermatological Immunology/Diagnostic Laboratory Immunology
AN	Family Practice Geriatric Medicine
AO	Internal Medicine Critical Care Medicine
AP	Internal Medicine Diagnostic Laboratory Immunology
AQ	Neurological Surgery Critical Care Medicine
AR	Nuclear Radiology (with AB Radiology)
AS	Radioisotopic Pathology (with AB Pathology)
AT	Obstetrics and Gynecology Critical Care Medicine
AU	Gynecologic Oncology
AV	Maternal and Fetal Medicine
AW	Reproductive Endocrinology
AX	Orthopedic Hand Surgery
AY	Anatomic Pathology
AZ	Clinical Pathology
BA	Orthodontics
BB	Prostodontics
BC	Periodontics
BD	Pedodontics
BE	Endodontics

Provider Specialty Codes

BF	Public Health Dentistry
BG	General Practice Dentistry
BH	Home Health Care Agency
BI	Licensed Professional Counselor
BJ	Professional Counselor
BK	Chemical Dependency Counselor
BL	Hypnotist
BM	Massage Therapist
BN	Physiological Laboratory
BP	Optician
CA	Cardiac Pump Technician
CB	Independent Laboratory
CC	Nurse Anesthetist
CD	Nurse Midwife
CF	Physical Therapist
CG	Practical Nurse
CH	Professional Nurse
CI	Psychiatric Nurse
CJ	Psychiatric Social Worker
CK	Psychologist
CL	Licensed Nurse Practitioner
CM	Nurse Clinical Specialist
CN	Durable Medical Equipment Supplier
CO	Ambulance Service
CP	Ambulatory Surgical Center
CQ	Pharmacy/DME Supplier
CR	Occupational Therapist
CS	Speech Therapist
CT	Nursing School Administered Clinic
CU	Laboratory Technician
CV	Home Infusion Therapy Supplier
CW	Acupuncturist
CX	Audiologist

Provider Specialty Codes

CY	Nutritionist
CZ	Physician Assistant
DA	Blood Banking
DB	Chemical Pathology
DC	Pathology Dermatopathology
DD	Forensic Pathology
DE	Immunopathology
DF	Medical Microbiology
DG	Neuropathology
DH	Radioscopic Pathology
DI	Pediatric Diagnostic Laboratory
DJ	Pediatric Cardiology
DK	Pediatric Critical Care Medicine
DL	Pediatric Endocrinology
DM	Pediatric Hematology-Oncology
DN	Pediatric Pulmonology
DO	Plastic Surgery Hand Surgery
DP	Aerospace Medicine
DQ	Occupational Medicine
DR	Public Health and General Preventive Medicine
DS	Neurology with Special Qualifications in Child Neurology
DT	Child Psychiatry
DU	Diagnostic Radiology
DV	Therapeutic Radiology
DW	Radiation Oncology
DX	Radiological Physics
DY	Nuclear Radiology
DZ	Pediatric Surgery
EA	Surgical Critical Care
EB	ABC Certified Orthodontic Prosthetics
EC	Non-ABC Certified Orthodontic Prosthetics
ED	Cardiac Electrophysiology
EE	Obstetrics

Provider Specialty Codes

EF	Gynecology
EG	Cytopathology
EH	Pediatric Pathology
EI	Pediatric Gastroenterology
EJ	Pediatric Sports and Fitness Medicine
EK	Underseas Occupational Medicine
EL	Geriatric Psychiatry
EM	Clinical Neurophysiology
EN	Anesthesiology Pain Management
EO	Pediatric Emergency Medicine
EP	Emergency Sports Medicine
EQ	Family Practice Sports Medicine
ER	Clinical Molecular Genetics
ES	Pediatric Rheumatology
ET	Internal Sports Medicine
EU	Cardiovascular Surgery
EV	Genetics Specialist
EW	Health Club
EX	Health Education
EY	Locum Tenens
EZ	Mammography Screening Center
FA	Mental Health Clinician
FB	Mental Health Resident
FC	Naturopath
FD	Pastoral Counselor
FE	Pediatric Allergy
FF	Pediatric Immunology
FG	Pediatric Nephrology
FH	Pediatric Ophthalmology
FI	Pediatric Urology
FJ	Preventive Medicine
FK	Registered Dietician
FM	Portable X-ray Supply

Provider Specialty Codes

FN	Hearing Aid Dealer
FO	Hearing Aid Fitter/Dealer
FP	Respiratory Therapist
FQ	Supplemental Staffing Agency
FR	Paramedic
FS	65 Special Provider
FT	Enterostomal Therapy Nurse
FU	Registered Pharmacist certified in Diabetic Education
FV	Home Hospice Care
FW	Adolescent Medicine
FX	Alcohol Rehab
FY	Bariatrics
FZ	Certified Diabetic Educator
GA	Christian Science
GB	Clinical Biochemical Genetics
GC	Clinical Biochemical/Molecular Genetics
GD	Clinical Cytogenetics
GE	Clinical Genetics (MD Only)
GF	Critical Care Medicine
GG	Dental Anesthesiologist
GH	Electrodiagnostic Medicine
GI	Enterostomal Therapy
GJ	Family Planning
GK	Family Practice (Obstetrics only)
GL	General/Acute Care Hospital
GM	Inpatient Psychiatric
GN	Medical Genetics
GO	Nursing Home
GP	Outpatient Psychiatric
GQ	Pathology-Oral
GR	Radiology-Pediatric
GS	Renal Dialysis Center
GT	Rural Health Clinic

Provider Specialty Codes

GU	Skilled Nursing Facility
GV	Substance Abuse Rehab
GW	Surgery-Head and Neck
GX	Urgent Care Center
HA	Adolescent - Internal Medicine
HB	Reproductive Endocrinology/Infertility
HC	Infertility
HD	Otolaryngology (ENT)
HE	Pediatric Otolaryngology (ENT)
HF	Primary Podiatric Medicine
HG	Pediatric Neurology
HI	Radiology, Vascular and Interventional
HK	Surgery, General Vascular
HL	Surgery, Thoracic Cardiovascular
HM	Rehabilitation, Comprehensive Outpatient Facility
HN	Hospice, Inpatient
HO	Hospice Care, Community Based
HP	Licensed Marriage/Family Therapist
HQ	Pharmacology, Clinical
HR	Residential Treatment Facility for Emotionally Disturbed Children
HS	Psychiatric Residential Treatment Facility
HT	Rehabilitation, Occupational
HU	Sports Medicine
IA	Doctor of Oriental Medicine
IB	Registered Nurse First Assistant
IC	Surgical Assistant
ID	Addiction Medicine
IE	Neuropsychologist
IF	Orthotics and Prosthetics Fitter
IG	Sleep Disorder Diagnostic
IH	Birthing Center
II	Cardiac Rehab Center
IJ	Lithotripsy Center

Provider Specialty Codes

IK	Licensed Perfusionist
IL	Hyperbaric Medicine
IM	Air Ambulance
IN	Sea Ambulance
IO	Orthopedic (Non-Surgical)
IP	Speech-Language Pathologist
IQ	Allergy & Immunology
IR	Colon & Rectal Surgery
IS	Allergy & Immunology - Clinical & Laboratory Immunology
IT	Hospitalist
IU	Dermatology - Dermatological Surgery
IV	Dermatology - MOHS-Micrographic Surgery
IW	Dermatology - Pediatric Dermatology
IX	Emergency Medicine - Emergency Medical Services
IY	Emergency Medicine - Medical Toxicology
IZ	Orthopaedic Surgery - Foot and Ankle Orthopaedics
JA	Pediatrics - Clinical & Laboratory Immunology
JB	Family Practice - Adult Medicine
JC	Preventive Medicine - Preventive Medicine/Occupational Environmental-Medicine
JD	Counselor - Mental Health
JE	Internal Medicine - Hematology & Oncology
JF	Internal Medicine - Hepatology
JG	Internal Medicine - Interventional Cardiology
JH	Internal Medicine - Magnetic Resonance Imaging (MRI)
JI	Legal Medicine
JJ	Medical Genetics - Molecular Genetic Pathology
JK	Neuromusculoskeletal Medicine & OMM
JL	Neuromusculoskeletal Medicine, Sports Medicine
JM	Nuclear Medicine - In Vivo & In Vitro Nuclear Medicine
JN	Nuclear Medicine - Nuclear Cardiology
JO	Nuclear Medicine - Nuclear Imaging & Therapy
JP	Orthopaedic Surgery - Adult Reconstructive Orthopaedic Surgery
JQ	Orthopaedic Surgery - Orthopaedic Surgery of the Spine

Provider Specialty Codes

JR	Orthopaedic Surgery - Orthopaedic Trauma
JS	Psychologist - Educational
JT	Otolaryngology - Facial Plastic Surgery
JU	Otolaryngology - Otolaryngic Allergy
JV	Chiropractor - Nutrition
JW	Otolaryngology - Otology & Neurotology
JX	Otolaryngology - Plastic Surgery within the Head & Neck
JY	Pain Medicine - Interventional Pain Medicine
JZ	Pain Medicine
KA	Technician/Technologist - Optometric Technician
KB	Pathology - Molecular Genetic Pathology
KC	Pediatrics - Developmental - Behavioral Pediatrics
KD	Pediatrics - Medical Toxicology
KE	Pediatrics - Neurodevelopmental Disabilities
KF	Pediatrics - Pediatric Infectious Diseases
KG	Licensed Vocational Nurse
KH	Physical Medicine & Rehabilitation - Pediatric Rehabilitation Medicine
KI	Physical Medicine & Rehabilitation - Spinal Cord Injury Medicine
KJ	Registered Nurse - Nutrition Support
KK	Preventive Medicine - Medical Toxicology
KL	Nurse Practitioner - Neonatal, Critical Care
KM	Preventive Medicine - Undersea and Hyperbaric Medicine
KN	Psychiatry & Neurology - Addiction Medicine
KO	Psychiatry & Neurology - Addiction Psychiatry
KP	Psychiatry & Neurology - Forensic Psychiatry
KQ	Psychiatry & Neurology - Neurodevelopmental Disabilities
KR	Psychiatry & Neurology - Pain Medicine
KS	Psychiatry & Neurology - Sports Medicine
KT	Psychiatry & Neurology - Vascular Neurology
KU	Radiology - Body Imaging
KV	Radiology - Diagnostic Ultrasound
KW	Radiology - Neuroradiology
KX	Surgery - Plastic & Reconstructive Surgery

Provider Specialty Codes

KY	Surgery - Surgical Oncology
KZ	Surgery - Trauma Surgery
LA	Transplant Surgery
LB	Podiatrist - Surgery, Foot
LC	Counselor - School
LD	Prosthetist
LE	Neuropsychologist - Clinical
LF	Psychologist - Addiction (Substance Use Disorder)
LG	Psychologist - Adult Development & Aging
LH	Psychologist - Behavioral
LI	Psychologist - Child, Youth & Family
LJ	Psychologist - Clinical
LK	Psychologist - Counseling
LL	Psychologist - Exercise & Sports
LM	Psychologist - Family
LN	Psychologist - Forensic
LO	Psychologist - Health
LP	Psychologist - Men & Masculinity
LQ	Psychologist - Mental Retardation & Developmental Disabilities
LR	Radiologic Technologist - Cardiac-Interventional Technology
LS	Psychologist - Psychoanalysis
LT	Psychologist - Psychotherapy
LU	Psychologist - Psychotherapy, Group
LV	Psychologist - Rehabilitation
LW	Psychologist - School
LX	Psychologist - Women
LY	Social Worker - Clinical
LZ	Social Worker - School
MA	Chiropractor - Internist
MB	Chiropractor - Neurology
MC	Chiropractor - Occupational Medicine
MD	Chiropractor - Orthopedic
ME	Chiropractor - Radiology

Provider Specialty Codes

MF	Chiropractor - Sports Physician
MG	Chiropractor - Thermography
MH	Dental Assistant
MI	Dental Hygienist
MJ	Specialist/Technologist, Pathology - Medical Technologist
MK	Clinic/Center - Ambulatory Family Planning Facility
ML	Dentist - Oral & Maxillofacial Radiology
MM	Denturist
MN	Dietary Manager
MO	Dietetic Technician, Registered
MP	Dietician, Registered - Nutrition, Metabolic
MQ	Dietician, Registered - Nutrition, Pediatric
MR	Dietician, Registered - Nutrition, Renal
MS	Nutritionist - Nutrition, Education
MT	Emergency Medical Technician, Basic
MU	Emergency Medical Technician, Intermediate
MV	Personal Emergency Response Attendant
MW	Clinic/Center - End-Stage Renal Disease (ESRD) Treatment
MX	Optometrist - Corneal and Contact Management
MY	Optometrist - Low Vision Rehabilitation
MZ	Optometrist - Occupational Vision
NA	Optometrist - Pediatrics
NB	Optometrist - Sports Vision
NC	Optometrist - Vision Therapy
ND	Technician/Technologist
NE	Technician/Technologist - Contact Lens
NF	Technician/Technologist - Contact Lens Fitter
NG	Technician/Technologist - Ocularist
NH	Technician/Technologist - Ophthalmic
NI	Technician/Technologist - Ophthalmic Assistant
NJ	Technician/Technologist - Optometric Assistant
NK	Technician/Technologist - Orthoptist
NL	Licensed Psychiatric Technician

Provider Specialty Codes

NM	Registered Nurse - Addiction (Substance Use Disorder)
NN	Registered Nurse - Administrator
NO	Registered Nurse - Ambulatory Care
NP	Registered Nurse - Cardiac Rehabilitation
NQ	Registered Nurse - Case Management
NR	Registered Nurse - College Health
NS	Registered Nurse - Continence Care
NT	Registered Nurse - Continuing Education/Staff Development
NU	Registered Nurse - Critical Care Medicine
NV	Registered Nurse - Dialysis, Peritoneal
NW	Registered Nurse - Emergency
NX	Registered Nurse - Flight
NY	Registered Nurse - Gastroenterology
NZ	Registered Nurse - General Practice
OA	Registered Nurse - Gerontology
OB	Registered Nurse - Hemodialysis
OC	Registered Nurse - Home Health
OD	Registered Nurse - Infection Control
OE	Registered Nurse - Infusion Therapy
OF	Registered Nurse - Lactation Consultant
OG	Registered Nurse - Maternal Newborn
OH	Registered Nurse - Medical-Surgical
OI	Registered Nurse - Neonatal Intensive Care
OJ	Registered Nurse - Neonatal, Low-Risk
OK	Registered Nurse - Nephrology
OL	Registered Nurse - Neuroscience
OM	Registered Nurse - Nurse Massage Therapist (NMT)
ON	Registered Nurse - Obstetric, High-Risk
OP	Registered Nurse - Obstetric, Inpatient
OQ	Registered Nurse - Occupational Health
OR	Registered Nurse - Ophthalmic
OS	Registered Nurse - Orthopedic
OT	Registered Nurse - Ostomy Care

Provider Specialty Codes

OU	Registered Nurse - Otorhinolayngology & Head-Neck
OV	Registered Nurse - Pain Management
OW	Registered Nurse - Pediatric Oncology
OX	Registered Nurse - Pediatrics
OY	Registered Nurse - Perinatal
OZ	Registered Nurse - Plastic Surgery
PA	Registered Nurse - Psychiatric/Mental Health, Adult
PB	Registered Nurse - Psychiatric/Mental Health, Child & Adolescent
PC	Registered Nurse - Rehabilitation
PD	Registered Nurse - Reproductive Endocrinology/Infertility
PE	Registered Nurse - School
PF	Registered Nurse - Urology
PG	Registered Nurse - Women's Health Care, Ambulatory
PH	Registered Nurse - Wound Care
PI	Adult Companion
PJ	Chore Provider
PK	Clinic/Center - Federally Qualified Health Center (FQHC)
PL	Day Training/Habilitation Specialist
PM	Home Health Aide
PN	Homemaker
PO	Nurse's Aide
PP	Nursing Home Administrator
PQ	Technician
PR	Technician - Attendant Care Provider
PS	Technician - Personal Care Attendant
PT	Contractor
PU	Contractor - Home Modifications
PV	Contractor - Vehicle Modifications
PW	Driver
PX	Funeral Director
PY	Homeopath
PZ	Legal Medicine
QA	Lodging

Provider Specialty Codes

QB	Midwife, Certified
QC	Midwife, Lay
QD	Specialist
QE	Specialist - Graphics Designer
QF	Specialist - Prosthetics Case Management
QG	Specialist - Research Data Abstractor/Coder
QH	Specialist - Research Study
QI	Veterinarian
QJ	Veterinarian - Medical Research
QK	Pharmacist
QL	Pharmacist - General Practice
QM	Pharmacist - Nuclear Pharmacy
QN	Pharmacist - Nutrition Support
QO	Pharmacist - Pharmacotherapy
QP	Pharmacist - Psychopharmacy
QQ	Pharmacy Technician
QR	Anesthesiologist Assistant
QS	Clinical Nurse Specialist
QT	Clinical Nurse Specialist - Acute Care
QU	Clinical Nurse Specialist - Adult Health
QV	Clinical Nurse Specialist - Chronic Care
QW	Clinical Nurse Specialist - Community Health/Public Health
QX	Clinical Nurse Specialist - Critical Care Medicine
QY	Clinical Nurse Specialist - Emergency
QZ	Clinical Nurse Specialist - Ethics
RA	Clinical Nurse Specialist - Family Health
RB	Clinical Nurse Specialist - Gerontology
RC	Clinical Nurse Specialist - Holistic
RD	Clinical Nurse Specialist - Informatics
RE	Clinical Nurse Specialist - Long-Term Care
RF	Clinical Nurse Specialist - Medical-Surgical
RG	Clinical Nurse Specialist - Neonatal
RH	Clinical Nurse Specialist - Occupational Health

Provider Specialty Codes

RI	Clinical Nurse Specialist - Oncology
RJ	Clinical Nurse Specialist - Oncology, Pediatrics
RK	Clinical Nurse Specialist - Pediatrics
RL	Clinical Nurse Specialist - Perinatal
RM	Clinical Nurse Specialist - Perioperative
RN	Clinical Nurse Specialist - Psychiatric/Mental Health
RO	Clinical Nurse Specialist - Psychiatric/Mental Health, Adult
RP	Clinical Nurse Specialist - Psychiatric/Mental Health, Child & Adolescent
RQ	Clinical Nurse Specialist - Psychiatric/Mental Health, Child & Family
RR	Clinical Nurse Specialist - Psychiatric/Mental Health, Chronically III
RS	Clinical Nurse Specialist - Psychiatric/Mental Health, Community
RT	Clinical Nurse Specialist - Psychiatric/Mental Health, Geropsychiatric
RU	Clinical Nurse Specialist - Rehabilitation
RV	Clinical Nurse Specialist - Transplantation
RW	Clinical Nurse Specialist - Women's Health
RX	Nurse Practitioner
RY	Nurse Practitioner - Acute Care
RZ	Nurse Practitioner - Adult Health
SA	Nurse Practitioner - Community Health
SB	Nurse Practitioner - Critical Care Medicine
SC	Nurse Practitioner - Family
SD	Nurse Practitioner - Gerontology
SE	Nurse Practitioner - Neonatal
SF	Nurse Practitioner - Obstetrics & Gynecology
SG	Nurse Practitioner - Occupational Health
SH	Nurse Practitioner - Pediatrics
SI	Nurse Practitioner - Pediatrics, Critical Care
SJ	Nurse Practitioner - Perinatal
SK	Nurse Practitioner - Primary Care
SL	Nurse Practitioner - Psychiatric/Mental Health
SM	Nurse Practitioner - School
SN	Nurse Practitioner - Women's Health
SO	Physician Assistant - Medical

Provider Specialty Codes

SP	Assistant, Podiatric
SQ	Clinic/Center - Health
SR	Podiatrist - Surgery, Foot & Ankle
SS	Podiatrist - General Practice
ST	Podiatrist - Public Health
SU	Podiatrist - Radiology
SV	Podiatrist - Sports Medicine
SW	Art Therapist
SX	Dance Therapist
SY	Kinesiotherapist
SZ	Music Therapist
TA	Occupational Therapist - Ergonomics
TB	Occupational Therapist - Hand
TC	Occupational Therapist - Human Factors
TD	Occupational Therapist - Neurorehabilitation
TE	Occupational Therapist - Pediatrics
TF	Occupational Therapist - Rehabilitation, Driver
TG	Occupational Therapy Assistant
TH	Orthotist
TI	Physical Therapist - Cardiopulmonary
TJ	Physical Therapist - Electrophysiology, Clinical
TK	Physical Therapist - Ergonomics
TL	Physical Therapist - Geriatrics
TM	Physical Therapist - Hand
TN	Physical Therapist - Human Factors
TO	Physical Therapist - Neurology
TP	Physical Therapist - Orthopedic
TQ	Physical Therapist - Pediatrics
TR	Physical Therapist - Sports
TS	Physical Therapist Assistant
TT	Pulmonary Function Technologist
TU	Recreation Therapist
TV	Rehabilitation Counselor

Provider Specialty Codes

TW	Rehabilitation Counselor - Assistive Technology Practitioner
TX	Rehabilitation Counselor - Assistive Technology Supplier
TY	Rehabilitation Practitioner
TZ	Respiratory Therapist, Certified - Critical Care
UA	Respiratory Therapist, Certified - Patient Education
UB	Respiratory Therapist, Certified - Emergency Care
UC	Respiratory Therapist, Certified - General Care
UD	Respiratory Therapist, Certified - Geriatric Care
UE	Respiratory Therapist, Certified - Home Care
UF	Respiratory Therapist, Certified - Neonatal/Pediatrics
UG	Respiratory Therapist, Certified - Palliative/Hospice
UH	Respiratory Therapist, Certified - Patient Transport
UI	Respiratory Therapist, Certified - Pulmonary Diagnostics
UJ	Respiratory Therapist, Certified - Pulmonary Function Technologist
UK	Respiratory Therapist, Certified - Pulmonary Rehabilitation
UL	Respiratory Therapist, Certified - SNF/Subacute Care
UM	Respiratory Therapist, Registered - Critical Care
UN	Respiratory Therapist, Registered - Patient Education
UO	Respiratory Therapist, Registered - Emergency Care
UP	Respiratory Therapist, Registered - General Care
UQ	Respiratory Therapist, Registered - Geriatric Care
UR	Respiratory Therapist, Registered - Home Care
US	Respiratory Therapist, Registered - Neonatal/Pediatrics
UT	Respiratory Therapist, Registered - Palliative/Hospice
UU	Respiratory Therapist, Registered - Patient Transport
UV	Respiratory Therapist, Registered - Pulmonary Diagnostics
UW	Respiratory Therapist, Registered - Pulmonary Function Technologist
UX	Respiratory Therapist, Registered - Pulmonary Rehabilitation
UY	Respiratory Therapist, Registered - SNF/Subacute Care
UZ	Specialist/Technologist
WA	Specialist/Technologist - Athletic Trainer
WB	Specialist/Technologist - Rehabilitation, Blind
WC	Audiologist - Assistive Technology Practitioner

Provider Specialty Codes

WD	Audiologist - Assistive Technology Supplier
WE	Hearing Instrument Specialist
WF	Clinic/Center - Mental Health (Including Community Mental Health Center)
WG	Specialist/Technologist - Audiologist Assistant
WH	Specialist/Technologist - Speech-Language Assistant
WI	Radiologic Technologist
WJ	Radiologic Technologist - Bone Densitometry
WK	Radiologic Technologist - Cardiovascular-Interventional Technology
WL	Radiologic Technologist - Computed Tomography
WM	Radiologic Technologist - Magnetic Resonance Imaging (MRI)
WN	Radiologic Technologist - Mammography
WO	Radiologic Technologist - Nuclear Medicine Technology
WP	Radiologic Technologist - Quality Management
WQ	Radiologic Technologist - Radiation Therapy
WR	Radiologic Technologist - Radiography
WS	Radiologic Technologist - Radiologic Technologist, Sonography
WT	Radiologic Technologist - Vascular Sonography
WU	Radiologic Technologist - Vascular Interventional Technology
WV	Specialist/Technologist Cardiovascular
WW	Specialist/Technologist Cardiovascular - Cardiovascular Invasive Specialist
WX	Specialist/Technologist Cardiovascular - Specialist/Technologist Cardiovascular, Sonography
WY	Specialist/Technologist Cardiovascular - Vascular Specialist
WZ	Specialist/Technologist, Health Information
XA	Specialist/Technologist, Health Information - Coding Specialist, Hospital Based
XB	Specialist/Technologist, Health Information - Coding Specialist, Physician Office Based
XC	Specialist/Technologist, Health Information - Registered Record Administrator
XD	Specialist/Technologist, Other
XE	Specialist/Technologist, Other - Art, Medical
XF	Specialist/Technologist, Other - Biochemist
XG	Specialist/Technologist, Other - Biomedical Engineering
XH	Specialist/Technologist, Other - Biomedical Photographer
XI	Specialist/Technologist, Other - Biostatistician
XJ	Specialist/Technologist, Other - EEG

Provider Specialty Codes

XL	Specialist/Technologist, Other - Electroneurodiagnostic
XM	Specialist/Technologist, Other - Geneticist, Medical (PhD)
XN	Specialist/Technologist, Other - Graphics Methods
XO	Specialist/Technologist, Other - Illustration, Medical
XP	Specialist/Technologist, Other - Nephrology
XQ	Specialist/Technologist, Other - Surgical
XR	Specialist/Technologist, Pathology
XS	Specialist/Technologist, Pathology - Blood Banking
XT	Specialist/Technologist, Pathology - Chemistry
XU	Specialist/Technologist, Pathology - Cytotechnology
XV	Specialist/Technologist, Pathology - Hemapheresis Practitioner
XW	Specialist/Technologist, Pathology - Hematology
XX	Specialist/Technologist, Pathology - Histology
XY	Specialist/Technologist, Pathology - Immunology
XZ	Specialist/Technologist, Pathology - Laboratory Management
YA	Specialist/Technologist, Pathology - Laboratory Management, Diplomate
YB	Specialist/Technologist, Pathology - Microbiology
YC	Technician, Cardiology
YD	Technician, Health Information
YE	Technician, Health Information - Assistant Record Technician
YF	Technician, Other
YG	Technician, Other - Biomedical Engineering
YH	Technician, Other - Darkroom
YI	Technician, Other - EEG
YJ	Technician, Other - Renal Dialysis
YK	Technician, Other - Veterinary
YL	Technician, Pathology
YM	Technician, Pathology - Histology
YN	Technician, Pathology - Medical Laboratory
YO	Technician, Pathology - Phlebotomy
YP	Agency - Case Management
YQ	Agency - Day Training, Developmentally Disabled Services
YR	Agency - Nursing Care

Provider Specialty Codes

YS	Agency - Public Health or Welfare
YT	Agency - Voluntary or Charitable
YU	Psychiatric Hospital
YV	Clinic/Center - Adolescent and Children Mental Health
YW	Clinic/Center - Adult Day Care
YX	Clinic/Center - Adult Mental Health
YY	Clinic/Center - Ambulatory Fertility Facility
YZ	Clinic/Center - Amputee
ZA	Clinic/Center - Augmentative Communication
ZC	Clinic/Center - Community Health
ZD	Clinic/Center - Corporate Health
ZE	Clinic/Center - Dental
ZF	Clinic/Center - Developmental Disabilities
ZG	Clinic/Center - Emergency Care
ZH	Clinic/Center - Endoscopy
ZI	Clinic/Center - Family Planning, Non-Surgical
ZJ	Clinic/Center - Genetics
ZK	Clinic/Center - Hearing and Speech
ZL	Clinic/Center - Infusion Therapy
ZM	Clinic/Center - Magnetic Resonance Imaging (MRI)
ZN	Clinic/Center - Medical Specialty
ZO	Clinic/Center - Medically Fragile Infants and Children Day Care
ZP	Clinic/Center - Methadone
ZQ	Clinic/Center - Migrant Health
ZR	Clinic/Center - Military
ZS	Clinic/Center - Military Expanded Services
ZT	Clinic/Center - Military Operational Component
ZV	Clinic/Center - Occupational Medicine
ZW	Clinic/Center - Oncology
ZX	Clinic/Center - Oncology, Radiation
ZY	Clinic/Center - Ophthalmologic Surgery
ZZ	Clinic/Center - Oral and Maxillofacial Surgery

Addendum I - Classification of Provider Codes

Referenced by C023 Classification of Provider - Claim
Data Elements C052 Classification of Provider - Line

Value	Description	Notes
1	Participating Provider	<p>A traditional participating provider with a contract/agreement with the local BCBS Plan to submit claims and accept reimbursement based on a specified method. When reimbursement results in a discount, the subscriber is held harmless.</p> <p>Exception: If a BlueCard PPO Host Plan has the situation in which hold harmless does not apply when a BlueCard PPO member obtains services from a non-PPO provider, even though it is a participating Plan provider. In this case, the Host Plan should use class of provider 1 along with the pricing method 01 or pricing method 10, rule 003 at 100 percent.</p> <p>This exception is one example in which hold harmless may not apply. Other situations also may fall under this exception.</p>
3	Non-Participating Provider	<p>An individual provider who does not have a contract with the local BCBS Plan. The provider may, but is not required to, file claims for subscribers. The provider is not required to hold the subscriber harmless when payments received are less than billed charges.</p>
4	POS Participating Provider	<p>A provider in a Plan's POS network or a provider in another network that has been designated as POS by allowing member access as routine network practice.</p> <p>Exception: If a BlueCard POS Host Plan has the situation in which hold harmless does not apply when a BlueCard POS member obtains services outside the rules of the network, even though it is a participating Plan provider. In this case, the Host Plan should use class of provider 4 along with pricing method 01 or pricing method 10, rule 003 at 100 percent.</p>

Classification of Provider Codes

Value	Description	Notes
5	Preferred Provider Organization	<p>A PPO provider with a contract/ agreement with the local BCBS Plan to submit claims and accept reimbursement. When reimbursement results in a discount, the subscriber is held harmless.</p> <p>Exception: If a BlueCard PPO Host Plan has the situation in which hold harmless does not apply when a BlueCard PPO member obtains services outside the rules of the network, even though it is a participating Plan provider. In this case, the Host Plan should use class of provider 5 along with the pricing method 01 or pricing method 10, rule 003 at 100%.</p> <p>This exception is one example in which hold harmless may not apply. Other situations also may fall under this exception.</p>
9	Unsolicited Provider	A provider whose provider specialty or provider type has not been solicited by the local BCBS Plan.
D	Veteran's Administration Provider - Participating	Veterans Administration provider with a contract with the local BCBS Plan that includes a reimbursement method. When reimbursement results in a discount, the subscriber is held harmless. Processing standard 4.14.
E	Veteran's Administration Provider - Non-participating	A Veterans Administration provider that does not have an agreement with the local BCBS Plan. The provider may, but is not required to, file claims for subscribers. The provider is not required to hold the subscriber harmless when payments received are less than billed charges. Processing standard 4.14.
F	Military Facility - Participating	A military facility with a contract with the local BCBS Plan that includes a reimbursement method. When reimbursement results in a discount, the subscriber is held harmless.
G	Military Facility - Non-Participating	A military facility that does not have a contract with the local BCBS Plan. The provider may, but is not required to, file claims for subscribers. The provider is not required to hold the subscriber harmless when payments received are less than billed charges.
J	AltNet Network Provider	AltNet is an internal name that refers to networks being made available for Custom Network arrangements as a result of the implementation of Inter-Plan Policy 2.18.

Classification of Provider Codes

Value	Description	Notes
K	VA AltNet Network Provider	Veterans Administration Alternative Network (Custom Network) Provider who has a contract/agreement with a local BCBS Plan to submit claims and accept reimbursement.
L	Military Facility AltNet	A Military Facility Alternative Network (Custom Network) Provider who has a contract/agreement with a local BCBS Plan to submit claims and accept reimbursement.
M	HMO Participating / Designated Provider	A provider in a Plan's HMO network or a provider in another network that has been designated as an HMO by allowing member access as routine network practice.
P	Custom Network Provider	A Blue Precision (Custom Network) Provider with a contract/agreement with the local BCBS Plan to submit claims and accept reimbursement. When reimbursement results in a discount, the subscriber is held harmless.
Q	VA Blue Precision	Veterans Administration Blue Precision (Custom Network) Provider who has a contract/agreement with local BCBS Plan to submit claim and accept reimbursement.
R	Military Blue Precision	Military Facility Blue Precision (Custom Network) Provider who has a contract/agreement with local BCBS Plan to submit claim and accept reimbursement.
S	VA Preferred Provider Organization	Veterans Administration PPO (Preferred Provider Organization) Provider who has a contract/agreement with a local BCBS Plan to submit claims and accept reimbursement. When reimbursement results in a discount, the subscriber is held harmless.
T	Military Facility Preferred Provider Organization	A Military Facility who has a contract/agreement with a local BCBS Plan to submit claims and accept reimbursement. When reimbursement results in a discount, the subscriber is held harmless.
U	Qualified PPO Provider	
V	Veteran's Administration Qualified PPO Provider	
W	Military Facility Qualified PPO Provider	
X	Qualified PPO Custom Provider	
Y	Veteran's Administration Qualified PPO Custom Provider	

Classification of Provider Codes

Value	Description	Notes
Z	Military Facility Qualified PPO Custom Provider	

Addendum J - RF/CBF System-Generated Fields

With the rollout of ECRP, RF generation software was distributed. If Plans are using this software to create RFs for their ECRP claims, please click on the link below to see the system generated fields:

[RF/CBF System-Generated Fields](#)

Addendum K - Provider Type Codes

Referenced by **P045** Performing Provider Type - Claim
Data Elements **P110** Performing Provider Type - Line

Value	Description
AC	Ambulance
AD	Prosthetics/Orthotics
AF	Optometrist
AG	Optician
AH	Hearing Aid Supplier
AI	Audiologist
AJ	Christian Science Practitioner
AK	Emergency Medical Service Provider
AL	Psychiatric Social Worker
AM	Pharmacy
AN	Coordinated Home Health Care Specialist
AP	Pastoral Counselor
AQ	Dietary and Nutritional Service Provider
AR	Licensed Physician Assistant
AS	Occupational Therapist
AT	Speech Therapist
AU	Transportation Care
AV	Marriage and Family Counselor
A1	M.D.
A2	Podiatrist
A3	Dentist
A4	Laboratory
A6	Osteopath
A7	Physical Therapist
A8	Clinical Psychologist
A9	Skilled Nurse
A0	Chiropractor
BA	Respiratory Therapist
BB	DME Supplier

Provider Type Codes

Value	Description
BC	Blood Supplier
BD	Licensed Practical Nurse
BE	Nurse Midwife
BF	DME/Pharmacy
BG	Registered Nurse
BH	Naturopath
BI	Homeopath
BJ	IV Therapist
BK	Other "or Multiple Provider Types"
BL	CRNA (Certified Registered Nurse Anesthetist)
BM	Clinic or Provider Group
BN	Dental Group
BO	Podiatry Group
BP	Osteopath Group
BQ	Clinical Psychiatry Group
BR	Skilled Nursing Group
BS	Chiropractor Group
BT	Nurse's Aid
BU	Hospice Nurse
BV	Social Worker
BW	Massage Therapist
BY	Doctor of Oriental Medicine
BZ	Ambulatory Surgical Center
CA	Behavioral Health Provider - Outpatient Only
CB	Diagnostic Imaging
CC	Dialysis Center
CD	Extended Care Facility
CE	Home Health
CF	Hospice
CG	Hospital
CH	Physician Extender

Provider Type Codes

Value	Description
CI	Rehabilitation Facility
CJ	Nursing and Custodial Care Facility
CK	Urgent Care Center
CL	Assistant Podiatric
CM	Hospice, Inpatient
CN	Hospice Care, Community Based
CO	Licensed Marriage/Family Therapist
CP	Residential Treatment Facility for Emotionally Disturbed Children
CQ	Psychiatric Residential Treatment Facility
CR	Counselor
CS	Speech, Language & Hearing Service
CT	Dental Provider
CU	Respiratory, Rehabilitative, Restorative Service
CV	Ambulatory Health Care Facility
CW	Hospital Unit
CX	Respite Care Facility
CY	Transportation Services
CZ	Specialty Pharmacy
DA	Retail Health Center
DB	Athletic Trainer/Athletic Trainer
DC	Naprapath
DD	Technologist-Technician & Other Technical Service
DE	Board Certified Behavior Analyst

Addendum L - Taxonomy Codes

Referenced by **P286** Performing Provider Taxonomy Code - Claim
Data Elements **P288** Performing Provider Taxonomy Code - Line
T084 Taxonomy Code

Value	Description	Notes
101Y00000X	Behavioral Health & Social Service Providers : Counselor	
101YA0400X	Behavioral Health & Social Service Providers : Counselor : Addiction (Substance Use Disorder)	
101YM0800X	Behavioral Health & Social Service Providers : Counselor : Mental Health	
101YP1600X	Behavioral Health & Social Service Providers : Counselor : Pastoral	
101YP2500X	Behavioral Health & Social Service Providers : Counselor : Professional	
101YS0200X	Behavioral Health & Social Service Providers : Counselor : School	
102L00000X	Behavioral Health & Social Service Providers : Psychoanalyst	
102X00000X	Behavioral Health & Social Service Providers : Poetry Therapist	
103G00000X	Behavioral Health & Social Service Providers : Clinical Neuropsychologist	
103GC0700X	Behavioral Health & Social Service Providers : Clinical Neuropsychologist : Clinical	1/1/2007: marked inactive, use 103G00000X
103K00000X	Behavioral Health & Social Service Providers : Behavior Analyst	New Since 7/1/2008, Effective 10/1/2008
103T00000X	Behavioral Health & Social Service Providers : Psychologist	
103TA0400X	Behavioral Health & Social Service Providers : Psychologist : Addiction (Substance Use Disorder)	

Taxonomy Codes

Value	Description	Notes
103TA0700X	Behavioral Health & Social Service Providers : Psychologist : Adult Development & Aging	
103TB0200X	Behavioral Health & Social Service Providers : Psychologist : Cognitive & Behavioral	
103TC0700X	Behavioral Health & Social Service Providers : Psychologist : Clinical	
103TC1900X	Behavioral Health & Social Service Providers : Psychologist : Counseling	
103TC2200X	Behavioral Health & Social Service Providers : Psychologist : Clinical Child & Adolescent	
103TE1000X	Behavioral Health & Social Service Providers : Psychologist : Educational	1/1/2007: marked inactive
103TE1100X	Behavioral Health & Social Service Providers : Psychologist : Exercise & Sports	
103TF0000X	Behavioral Health & Social Service Providers : Psychologist : Family	
103TF0200X	Behavioral Health & Social Service Providers : Psychologist : Forensic	
103TH0004X	Behavioral Health & Social Service Providers : Psychologist : Health	
103TH0100X	Behavioral Health & Social Service Providers : Psychologist : Health Service	
103TM1700X	Behavioral Health & Social Service Providers : Psychologist : Men & Masculinity	1/1/2007: marked inactive
103TM1800X	Behavioral Health & Social Service Providers : Psychologist : Mental Retardation & Developmental Disabilities	

Taxonomy Codes

Value	Description	Notes
103TP0016X	Behavioral Health & Social Service Providers : Psychologist : Prescribing (Medical)	
103TP0814X	Behavioral Health & Social Service Providers : Psychologist : Psychoanalysis	
103TP2700X	Behavioral Health & Social Service Providers : Psychologist : Psychotherapy	1/1/2007: marked inactive
103TP2701X	Behavioral Health & Social Service Providers : Psychologist : Group Psychotherapy	
103TR0400X	Behavioral Health & Social Service Providers : Psychologist : Rehabilitation	
103TS0200X	Behavioral Health & Social Service Providers : Psychologist : School	
103TW0100X	Behavioral Health & Social Service Providers : Psychologist : Women	1/1/2007: marked inactive
104100000X	Behavioral Health & Social Service Providers : Social Worker	
1041C0700X	Behavioral Health & Social Service Providers : Social Worker : Clinical	
1041S0200X	Behavioral Health & Social Service Providers : Social Worker : School	
106E00000X	Behavioral Health & Social Service Providers : Assistant Behavior Analyst	New Since 7/1/2016, Effective 10/1/2016
106H00000X	Behavioral Health & Social Service Providers : Marriage & Family Therapist	
106S00000X	Behavioral Health & Social Service Providers : Behavior Technician	New Since 7/1/2016, Effective 10/1/2016
111N00000X	Chiropractic Providers : Chiropractor	

Taxonomy Codes

Value	Description	Notes
111NI0013X	Chiropractic Providers : Chiropractor : Independent Medical Examiner	
111NI0900X	Chiropractic Providers : Chiropractor : Internist	
111NN0400X	Chiropractic Providers : Chiropractor : Neurology	
111NN1001X	Chiropractic Providers : Chiropractor : Nutrition	
111NP0017X	Chiropractic Providers : Chiropractor : Pediatric Chiropractor	
111NR0200X	Chiropractic Providers : Chiropractor : Radiology	
111NR0400X	Chiropractic Providers : Chiropractor : Rehabilitation	
111NS0005X	Chiropractic Providers : Chiropractor : Sports Physician	
111NT0100X	Chiropractic Providers : Chiropractor : Thermography	
111NX0100X	Chiropractic Providers : Chiropractor : Occupational Health	
111NX0800X	Chiropractic Providers : Chiropractor : Orthopedic	
122300000X	Dental Providers : Dentist	
1223D0001X	Dental Providers : Dentist : Dental Public Health	
1223D0004X	Dental Providers : Dentist : Dentist Anesthesiologist	
1223E0200X	Dental Providers : Dentist : Endodontics	
1223G0001X	Dental Providers : Dentist : General Practice	
1223P0106X	Dental Providers : Dentist : Oral and Maxillofacial Pathology	
1223P0221X	Dental Providers : Dentist : Pediatric Dentistry	
1223P0300X	Dental Providers : Dentist : Periodontics	

Taxonomy Codes

Value	Description	Notes
1223P0700X	Dental Providers : Dentist : Prosthodontics	
1223S0112X	Dental Providers : Dentist : Oral and Maxillofacial Surgery	
1223X0008X	Dental Providers : Dentist : Oral and Maxillofacial Radiology	
1223X0400X	Dental Providers : Dentist : Orthodontics and Dentofacial Orthopedics	
122400000X	Dental Providers : Denturist	
124Q00000X	Dental Providers : Dental Hygienist	
125J00000X	Dental Providers : Dental Therapist	
125K00000X	Dental Providers : Advanced Practice Dental Therapist	
125Q00000X	Dental Providers : Oral Medicinist	New Since 1/1/2015, Effective 4/1/2015
126800000X	Dental Providers : Dental Assistant	
126900000X	Dental Providers : Dental Laboratory Technician	
132700000X	Dietary & Nutritional Service Providers : Dietary Manager	
133N00000X	Dietary & Nutritional Service Providers : Nutritionist	
133NN1002X	Dietary & Nutritional Service Providers : Nutritionist : Nutrition, Education	
133V00000X	Dietary & Nutritional Service Providers : Dietitian, Registered	
133VN1004X	Dietary & Nutritional Service Providers : Dietitian, Registered : Nutrition, Pediatric	
133VN1005X	Dietary & Nutritional Service Providers : Dietitian, Registered : Nutrition, Renal	
133VN1006X	Dietary & Nutritional Service Providers : Dietitian, Registered : Nutrition, Metabolic	

Taxonomy Codes

Value	Description	Notes
136A00000X	Dietary & Nutritional Service Providers : Dietetic Technician, Registered	
146D00000X	Emergency Medical Service Providers : Personal Emergency Response Attendant	
146L00000X	Emergency Medical Service Providers : Emergency Medical Technician, Paramedic	
146M00000X	Emergency Medical Service Providers : Emergency Medical Technician, Intermediate	
146N00000X	Emergency Medical Service Providers : Emergency Medical Technician, Basic	
152W00000X	Eye and Vision Services Providers : Optometrist	
152WC0802X	Eye and Vision Services Providers : Optometrist : Corneal and Contact Management	
152WL0500X	Eye and Vision Services Providers : Optometrist : Low Vision Rehabilitation	
152WP0200X	Eye and Vision Services Providers : Optometrist : Pediatrics	
152WS0006X	Eye and Vision Services Providers : Optometrist : Sports Vision	
152WV0400X	Eye and Vision Services Providers : Optometrist : Vision Therapy	
152WX0102X	Eye and Vision Services Providers : Optometrist : Occupational Vision	
156F00000X	Eye and Vision Services Providers : Technician/Technologist	
156FC0800X	Eye and Vision Services Providers : Technician/Technologist : Contact Lens	
156FC0801X	Eye and Vision Services Providers : Technician/Technologist : Contact Lens Fitter	

Taxonomy Codes

Value	Description	Notes
156FX1100X	Eye and Vision Services Providers : Technician/Technologist : Ophthalmic	
156FX1101X	Eye and Vision Services Providers : Technician/Technologist : Ophthalmic Assistant	
156FX1201X	Eye and Vision Services Providers : Technician/Technologist : Optometric Assistant	
156FX1202X	Eye and Vision Services Providers : Technician/Technologist : Optometric Technician	
156FX1700X	Eye and Vision Services Providers : Technician/Technologist : Ocularist	
156FX1800X	Eye and Vision Services Providers : Technician/Technologist : Optician	
156FX1900X	Eye and Vision Services Providers : Technician/Technologist : Orthoptist	
163W00000X	Nursing Service Providers : Registered Nurse	
163WA0400X	Nursing Service Providers : Registered Nurse : Addiction (Substance Use Disorder)	
163WA2000X	Nursing Service Providers : Registered Nurse : Administrator	
163WC0200X	Nursing Service Providers : Registered Nurse : Critical Care Medicine	
163WC0400X	Nursing Service Providers : Registered Nurse : Case Management	
163WC1400X	Nursing Service Providers : Registered Nurse : College Health	
163WC1500X	Nursing Service Providers : Registered Nurse : Community Health	
163WC1600X	Nursing Service Providers : Registered Nurse : Continuing Education/Staff Development	

Taxonomy Codes

Value	Description	Notes
163WC2100X	Nursing Service Providers : Registered Nurse : Continence Care	
163WC3500X	Nursing Service Providers : Registered Nurse : Cardiac Rehabilitation	
163WD0400X	Nursing Service Providers : Registered Nurse : Diabetes Educator	
163WD1100X	Nursing Service Providers : Registered Nurse : Dialysis, Peritoneal	
163WE0003X	Nursing Service Providers : Registered Nurse : Emergency	
163WE0900X	Nursing Service Providers : Registered Nurse : Enterostomal Therapy	
163WF0300X	Nursing Service Providers : Registered Nurse : Flight	
163WG0000X	Nursing Service Providers : Registered Nurse : General Practice	
163WG0100X	Nursing Service Providers : Registered Nurse : Gastroenterology	
163WG0600X	Nursing Service Providers : Registered Nurse : Gerontology	
163WH0200X	Nursing Service Providers : Registered Nurse : Home Health	
163WH0500X	Nursing Service Providers : Registered Nurse : Hemodialysis	
163WH1000X	Nursing Service Providers : Registered Nurse : Hospice	
163WI0500X	Nursing Service Providers : Registered Nurse : Infusion Therapy	
163WI0600X	Nursing Service Providers : Registered Nurse : Infection Control	

Taxonomy Codes

Value	Description	Notes
163WL0100X	Nursing Service Providers : Registered Nurse : Lactation Consultant	
163WM0102X	Nursing Service Providers : Registered Nurse : Maternal Newborn	
163WM0705X	Nursing Service Providers : Registered Nurse : Medical- Surgical	
163WM1400X	Nursing Service Providers : Registered Nurse : Nurse Massage Therapist (NMT)	
163WN0002X	Nursing Service Providers : Registered Nurse : Neonatal Intensive Care	
163WN0003X	Nursing Service Providers : Registered Nurse : Neonatal, Low- Risk	
163WN0300X	Nursing Service Providers : Registered Nurse : Nephrology	
163WN0800X	Nursing Service Providers : Registered Nurse : Neuroscience	
163WN1003X	Nursing Service Providers : Registered Nurse : Nutrition Support	
163WP0000X	Nursing Service Providers : Registered Nurse : Pain Management	
163WP0200X	Nursing Service Providers : Registered Nurse : Pediatrics	
163WP0218X	Nursing Service Providers : Registered Nurse : Pediatric Oncology	
163WP0807X	Nursing Service Providers : Registered Nurse : Psych/Mental Health, Child & Adolescent	
163WP0808X	Nursing Service Providers : Registered Nurse : Psych/Mental Health	
163WP0809X	Nursing Service Providers : Registered Nurse : Psych/Mental Health, Adult	

Taxonomy Codes

Value	Description	Notes
163WP1700X	Nursing Service Providers : Registered Nurse : Perinatal	
163WP2201X	Nursing Service Providers : Registered Nurse : Ambulatory Care	
163WR0006X	Nursing Service Providers : Registered Nurse : Registered Nurse First Assistant	
163WR0400X	Nursing Service Providers : Registered Nurse : Rehabilitation	
163WR1000X	Nursing Service Providers : Registered Nurse : Reproductive Endocrinology/Infertility	
163WS0121X	Nursing Service Providers : Registered Nurse : Plastic Surgery	
163WS0200X	Nursing Service Providers : Registered Nurse : School	
163WU0100X	Nursing Service Providers : Registered Nurse : Urology	
163WW0000X	Nursing Service Providers : Registered Nurse : Wound Care	
163WW0101X	Nursing Service Providers : Registered Nurse : Women's Health Care, Ambulatory	
163WX0002X	Nursing Service Providers : Registered Nurse : Obstetric, High-Risk	
163WX0003X	Nursing Service Providers : Registered Nurse : Obstetric, Inpatient	
163WX0106X	Nursing Service Providers : Registered Nurse : Occupational Health	
163WX0200X	Nursing Service Providers : Registered Nurse : Oncology	
163WX0601X	Nursing Service Providers : Registered Nurse : Otorhinolaryngology & Head-Neck	
163WX0800X	Nursing Service Providers : Registered Nurse : Orthopedic	

Taxonomy Codes

Value	Description	Notes
163WX1100X	Nursing Service Providers : Registered Nurse : Ophthalmic	
163WX1500X	Nursing Service Providers : Registered Nurse : Ostomy Care	
164W00000X	Nursing Service Providers : Licensed Practical Nurse	
164X00000X	Nursing Service Providers : Licensed Vocational Nurse	
167G00000X	Nursing Service Providers : Licensed Psychiatric Technician	
170100000X	Other Service Providers : Medical Genetics, Ph.D. Medical Genetics	
170300000X	Other Service Providers : Genetic Counselor, MS	
171000000X	Other Service Providers : Military Health Care Provider	
1710I1002X	Other Service Providers : Military Health Care Provider : Independent Duty Corpsman	
1710I1003X	Other Service Providers : Military Health Care Provider : Independent Duty Medical Technicians	
171100000X	Other Service Providers : Acupuncturist	
171M00000X	Other Service Providers : Case Manager/Care Coordinator	
171R00000X	Other Service Providers : Interpreter	
171W00000X	Other Service Providers : Contractor	
171WH0202X	Other Service Providers : Contractor : Home Modifications	
171WV0202X	Other Service Providers : Contractor : Vehicle Modifications	
172A00000X	Other Service Providers : Driver	
172M00000X	Other Service Providers : Mechanotherapist	

Taxonomy Codes

Value	Description	Notes
172P00000X	Other Service Providers : Naprath	
172V00000X	Other Service Providers : Community Health Worker	
173000000X	Other Service Providers : Legal Medicine	
173C00000X	Other Service Providers : Reflexologist	
173F00000X	Other Service Providers : Sleep Specialist, PhD	
174200000X	Other Service Providers : Meals	
174400000X	Other Service Providers : Specialist	
1744G0900X	Other Service Providers : Specialist : Graphics Designer	
1744P3200X	Other Service Providers : Specialist : Prosthetics Case Management	
1744R1102X	Other Service Providers : Specialist : Research Study	
1744R1103X	Other Service Providers : Specialist : Research Data Abstracter/Coder	
174H00000X	Other Service Providers : Health Educator	
174M00000X	Other Service Providers : Veterinarian	
174MM1900X	Other Service Providers : Veterinarian : Medical Research	
174N00000X	Other Service Providers : Lactation Consultant, Non-RN	
174V00000X	Other Service Providers : Clinical Ethicist	
175F00000X	Other Service Providers : Naturopath	
175L00000X	Other Service Providers : Homeopath	
175M00000X	Other Service Providers : Midwife, Lay	

Taxonomy Codes

Value	Description	Notes
175T00000X	Other Service Providers : Peer Specialist	New Since 7/1/2014, Effective 10/1/2014
176B00000X	Other Service Providers : Midwife	
176P00000X	Other Service Providers : Funeral Director	
177F00000X	Other Service Providers : Lodging	
405300000X	Other Service Providers : Prevention Professional	New Since 1/1/2016, Effective 4/1/2016
183500000X	Pharmacy Service Providers : Pharmacist	
1835C0205X	Pharmacy Service Providers : Pharmacist : Critical Care	New Since 1/1/2016, Effective 4/1/2016
1835G0000X	Pharmacy Service Providers : Pharmacist : General Practice	1/1/2006: marked inactive, use value 183500000X
1835G0303X	Pharmacy Service Providers : Pharmacist : Geriatric	
1835N0905X	Pharmacy Service Providers : Pharmacist : Nuclear	
1835N1003X	Pharmacy Service Providers : Pharmacist : Nutrition Support	
1835P0018X	Pharmacy Service Providers : Pharmacist : Pharmacist Clinician (PhC)/ Clinical Pharmacy Specialist	
1835P0200X	Pharmacy Service Providers : Pharmacist : Pediatrics	New Since 1/1/2016, Effective 4/1/2016
1835P1200X	Pharmacy Service Providers : Pharmacist : Pharmacotherapy	
1835P1300X	Pharmacy Service Providers : Pharmacist : Psychiatric	
1835P2201X	Pharmacy Service Providers : Pharmacist : Ambulatory Care	New Since 7/1/2015, Effective 10/1/2015
1835X0200X	Pharmacy Service Providers : Pharmacist : Oncology	
183700000X	Pharmacy Service Providers : Pharmacy Technician	
193200000X	Group : Multi-Specialty	
193400000X	Group : Single Specialty	

Taxonomy Codes

Value	Description	Notes
202C00000X	Allopathic & Osteopathic Physicians : Independent Medical Examiner	
202K00000X	Allopathic & Osteopathic Physicians : Phlebology	
204C00000X	Allopathic & Osteopathic Physicians : Neuromusculoskeletal Medicine, Sports Medicine	
204D00000X	Allopathic & Osteopathic Physicians : Neuromusculoskeletal Medicine & OMM	<p>Definition Added: 7/1/2017</p> <p>Neuromusculoskeletal Medicine & OMM The Neuromusculoskeletal Medicine and Osteopathic Manipulative Medicine physician directs special attention to the neuromusculoskeletal system and its interaction with other body systems. Neuromusculoskeletal Medicine and Osteopathic Manipulative Medicine encompasses increased knowledge and understanding of osteopathic principles and practice and heightened technical skills of osteopathic manipulative medicine, and integrates each of these into the management of pediatric, adolescent, adult, and geriatric patients.</p>
204E00000X	Allopathic & Osteopathic Physicians : Oral & Maxillofacial Surgery	
204F00000X	Allopathic & Osteopathic Physicians : Transplant Surgery	
204R00000X	Allopathic & Osteopathic Physicians : Electrodiagnostic Medicine	
207K00000X	Allopathic & Osteopathic Physicians : Allergy & Immunology	
207KA0200X	Allopathic & Osteopathic Physicians : Allergy & Immunology : Allergy	

Taxonomy Codes

Value	Description	Notes
207KI0005X	Allopathic & Osteopathic Physicians : Allergy & Immunology : Clinical & Laboratory Immunology	
207L00000X	Allopathic & Osteopathic Physicians : Anesthesiology	
207LA0401X	Allopathic & Osteopathic Physicians : Anesthesiology : Addiction Medicine	
207LC0200X	Allopathic & Osteopathic Physicians : Anesthesiology : Critical Care Medicine	
207LH0002X	Allopathic & Osteopathic Physicians : Anesthesiology : Hospice and Palliative Medicine	
207LP2900X	Allopathic & Osteopathic Physicians : Anesthesiology : Pain Medicine	
207LP3000X	Allopathic & Osteopathic Physicians : Anesthesiology : Pediatric Anesthesiology	
207N00000X	Allopathic & Osteopathic Physicians : Dermatology	
207ND0101X	Allopathic & Osteopathic Physicians : Dermatology : MOHS-Micrographic Surgery	
207ND0900X	Allopathic & Osteopathic Physicians : Dermatology : Dermatopathology	
207NI0002X	Allopathic & Osteopathic Physicians : Dermatology : Clinical & Laboratory Dermatological Immunology	
207NP0225X	Allopathic & Osteopathic Physicians : Dermatology : Pediatric Dermatology	
207NS0135X	Allopathic & Osteopathic Physicians : Dermatology : Procedural Dermatology	
207P00000X	Allopathic & Osteopathic Physicians : Emergency Medicine	

Taxonomy Codes

Value	Description	Notes
207PE0004X	Allopathic & Osteopathic Physicians : Emergency Medicine : Emergency Medical Services	
207PE0005X	Allopathic & Osteopathic Physicians : Emergency Medicine : Undersea and Hyperbaric Medicine	
207PH0002X	Allopathic & Osteopathic Physicians : Emergency Medicine : Hospice and Palliative Medicine	
207PP0204X	Allopathic & Osteopathic Physicians : Emergency Medicine : Pediatric Emergency Medicine	
207PS0010X	Allopathic & Osteopathic Physicians : Emergency Medicine : Sports Medicine	
207PT0002X	Allopathic & Osteopathic Physicians : Emergency Medicine : Medical Toxicology	
207Q00000X	Allopathic & Osteopathic Physicians : Family Medicine	Definition Modified: 7/1/2017 Family Medicine Family Medicine is the medical specialty which is concerned with the total health care of the individual and the family. It is the specialty in breadth which integrates the biological, clinical, and behavioral sciences. The scope of family medicine is not limited by age, sex, organ system, or disease entity.
207QA0000X	Allopathic & Osteopathic Physicians : Family Medicine : Adolescent Medicine	
207QA0401X	Allopathic & Osteopathic Physicians : Family Medicine : Addiction Medicine	
207QA0505X	Allopathic & Osteopathic Physicians : Family Medicine : Adult Medicine	
207QB0002X	Allopathic & Osteopathic Physicians : Family Medicine : Obesity Medicine	Title and Definition Modified: 7/1/2015

Taxonomy Codes

Value	Description	Notes
207QG0300X	Allopathic & Osteopathic Physicians : Family Medicine : Geriatric Medicine	
207QH0002X	Allopathic & Osteopathic Physicians : Family Medicine : Hospice and Palliative Medicine	
207QS0010X	Allopathic & Osteopathic Physicians : Family Medicine : Sports Medicine	
207QS1201X	Allopathic & Osteopathic Physicians : Family Medicine : Sleep Medicine	
207R00000X	Allopathic & Osteopathic Physicians : Internal Medicine	
207RA0000X	Allopathic & Osteopathic Physicians : Internal Medicine : Adolescent Medicine	
207RA0001X	Allopathic & Osteopathic Physicians : Internal Medicine : Advanced Heart Failure and Transplant Cardiology	New Since 7/1/2015, Effective 10/1/2015
207RA0201X	Allopathic & Osteopathic Physicians : Internal Medicine : Allergy & Immunology	
207RA0401X	Allopathic & Osteopathic Physicians : Internal Medicine : Addiction Medicine	
207RB0002X	Allopathic & Osteopathic Physicians : Internal Medicine : Obesity Medicine	Title and Definition Modified: 7/1/2015
207RC0000X	Allopathic & Osteopathic Physicians : Internal Medicine : Cardiovascular Disease	
207RC0001X	Allopathic & Osteopathic Physicians : Internal Medicine : Clinical Cardiac Electrophysiology	
207RC0200X	Allopathic & Osteopathic Physicians : Internal Medicine : Critical Care Medicine	

Taxonomy Codes

Value	Description	Notes
207RE0101X	Allopathic & Osteopathic Physicians : Internal Medicine : Endocrinology, Diabetes & Metabolism	
207RG0100X	Allopathic & Osteopathic Physicians : Internal Medicine : Gastroenterology	
207RG0300X	Allopathic & Osteopathic Physicians : Internal Medicine : Geriatric Medicine	
207RH0000X	Allopathic & Osteopathic Physicians : Internal Medicine : Hematology	
207RH0002X	Allopathic & Osteopathic Physicians : Internal Medicine : Hospice and Palliative Medicine	
207RH0003X	Allopathic & Osteopathic Physicians : Internal Medicine : Hematology & Oncology	
207RH0005X	Allopathic & Osteopathic Physicians : Internal Medicine : Hypertension Specialist	
207RI0001X	Allopathic & Osteopathic Physicians : Internal Medicine : Clinical & Laboratory Immunology	
207RI0008X	Allopathic & Osteopathic Physicians : Internal Medicine : Hepatology	
207RI0011X	Allopathic & Osteopathic Physicians : Internal Medicine : Interventional Cardiology	
207RI0200X	Allopathic & Osteopathic Physicians : Internal Medicine : Infectious Disease	
207RM1200X	Allopathic & Osteopathic Physicians : Internal Medicine : Magnetic Resonance Imaging (MRI)	
207RN0300X	Allopathic & Osteopathic Physicians : Internal Medicine : Nephrology	

Taxonomy Codes

Value	Description	Notes
207RP1001X	Allopathic & Osteopathic Physicians : Internal Medicine : Pulmonary Disease	
207RR0500X	Allopathic & Osteopathic Physicians : Internal Medicine : Rheumatology	
207RS0010X	Allopathic & Osteopathic Physicians : Internal Medicine : Sports Medicine	
207RS0012X	Allopathic & Osteopathic Physicians : Internal Medicine : Sleep Medicine	
207RT0003X	Allopathic & Osteopathic Physicians : Internal Medicine : Transplant Hepatology	
207RX0202X	Allopathic & Osteopathic Physicians : Internal Medicine : Medical Oncology	
207SC0300X	Allopathic & Osteopathic Physicians : Medical Genetics : Clinical Cytogenetic	
207SG0201X	Allopathic & Osteopathic Physicians : Medical Genetics : Clinical Genetics (M.D.)	
207SG0202X	Allopathic & Osteopathic Physicians : Medical Genetics : Clinical Biochemical Genetics	
207SG0203X	Allopathic & Osteopathic Physicians : Medical Genetics : Clinical Molecular Genetics	
207SG0205X	Allopathic & Osteopathic Physicians : Medical Genetics : Ph.D. Medical Genetics	
207SM0001X	Allopathic & Osteopathic Physicians : Medical Genetics : Molecular Genetic Pathology	
207T00000X	Allopathic & Osteopathic Physicians : Neurological Surgery	
207U00000X	Allopathic & Osteopathic Physicians : Nuclear Medicine	

Taxonomy Codes

Value	Description	Notes
207UN0901X	Allopathic & Osteopathic Physicians : Nuclear Medicine : Nuclear Cardiology	
207UN0902X	Allopathic & Osteopathic Physicians : Nuclear Medicine : Nuclear Imaging & Therapy	
207UN0903X	Allopathic & Osteopathic Physicians : Nuclear Medicine : In Vivo & In Vitro Nuclear Medicine	
207V00000X	Allopathic & Osteopathic Physicians : Obstetrics & Gynecology	
207VB0002X	Allopathic & Osteopathic Physicians : Obstetrics & Gynecology : Obesity Medicine	Title and Definition Modified: 7/1/2015
207VC0200X	Allopathic & Osteopathic Physicians : Obstetrics & Gynecology : Critical Care Medicine	
207VE0102X	Allopathic & Osteopathic Physicians : Obstetrics & Gynecology : Reproductive Endocrinology	
207VF0040X	Allopathic & Osteopathic Physicians : Obstetrics & Gynecology : Female Pelvic Medicine and Reconstructive Surgery	
207VG0400X	Allopathic & Osteopathic Physicians : Obstetrics & Gynecology : Gynecology	
207VH0002X	Allopathic & Osteopathic Physicians : Obstetrics & Gynecology : Hospice and Palliative Medicine	
207VM0101X	Allopathic & Osteopathic Physicians : Obstetrics & Gynecology : Maternal & Fetal Medicine	
207VX0000X	Allopathic & Osteopathic Physicians : Obstetrics & Gynecology : Obstetrics	

Taxonomy Codes

Value	Description	Notes
207VX0201X	Allopathic & Osteopathic Physicians : Obstetrics & Gynecology : Gynecologic Oncology	
207W00000X	Allopathic & Osteopathic Physicians : Ophthalmology	
207WX0009X	Allopathic & Osteopathic Physicians : Ophthalmology : Glaucoma Specialist	An ophthalmologist who specializes in the treatment of glaucoma and other disorders related to increased intraocular pressure and optic nerve damage. This specialty involves the medical and surgical treatment of these conditions.
207WX0107X	Allopathic & Osteopathic Physicians : Ophthalmology : Retina Specialist	An ophthalmologist who specializes in the diagnosis and treatment of vitreoretinal diseases.
207WX0108X	Allopathic & Osteopathic Physicians : Ophthalmology : Uveitis and Ocular Inflammatory Disease	An ophthalmologist who specializes in the treatment of intraocular inflammation, scleritis, keratitis and infectious disorders affecting the eye and inflammatory disorders of the adnexa and/or orbit.
207WX0109X	Allopathic & Osteopathic Physicians : Ophthalmology : Neuro-ophthalmology	New Since 7/1/2017, Effective 10/1/2017 Neuro-ophthalmology A neuro-ophthalmologist is a subspecialist of ophthalmology. This physician evaluates, treats, and studies disorders of the eye, orbit and nervous system having to do with interactions of the visual motor and visual sensory systems with the central nervous system. Neuro-ophthalmologists manage patients with complex and severe neuro-ophthalmological disorders.

Taxonomy Codes

Value	Description	Notes
207WX0110X	Allopathic & Osteopathic Physicians : Ophthalmology : Pediatric Ophthalmology and Strabismus Specialist	<p>New Since 7/1/2017, Effective 10/1/2017</p> <p>Pediatric Ophthalmology and Strabismus Specialist An ophthalmologist who specializes in pediatric ophthalmology and strabismus management. The subspecialty includes the medical and surgical management of eye disorders found in children. Some of the more common disorders include amblyopia, strabismus, refractive error, cataract and glaucoma. These disorders may be related to neurological and endocrinological diseases, trauma, or aging changes in the extraocular muscles requiring medical, optical and surgical management.</p>
207WX0120X	Allopathic & Osteopathic Physicians : Ophthalmology : Cornea and External Diseases Specialist	<p>New Since 1/1/2018, Effective 4/1/2018</p> <p>An ophthalmologist who specializes in diseases of the cornea, sclera, eyelids, conjunctiva, and anterior segment of the eye.</p>
207WX0200X	Allopathic & Osteopathic Physicians : Ophthalmology : Ophthalmic Plastic and Reconstructive Surgery	New Since 1/1/2016, Effective 4/1/2016
207X00000X	Allopathic & Osteopathic Physicians : Orthopaedic Surgery	
207XP3100X	Allopathic & Osteopathic Physicians : Orthopaedic Surgery : Pediatric Orthopaedic Surgery	
207XS0106X	Allopathic & Osteopathic Physicians : Orthopaedic Surgery : Hand Surgery	
207XS0114X	Allopathic & Osteopathic Physicians : Orthopaedic Surgery : Adult Reconstructive Orthopaedic Surgery	

Taxonomy Codes

Value	Description	Notes
207XS0117X	Allopathic & Osteopathic Physicians : Orthopaedic Surgery : Orthopaedic Surgery of the Spine	
207XX0004X	Allopathic & Osteopathic Physicians : Orthopaedic Surgery : Foot and Ankle Surgery	
207XX0005X	Allopathic & Osteopathic Physicians : Orthopaedic Surgery : Sports Medicine	
207XX0801X	Allopathic & Osteopathic Physicians : Orthopaedic Surgery : Orthopaedic Trauma	
207Y00000X	Allopathic & Osteopathic Physicians : Otolaryngology	
207YP0228X	Allopathic & Osteopathic Physicians : Otolaryngology : Pediatric Otolaryngology	
207YS0012X	Allopathic & Osteopathic Physicians : Otolaryngology : Sleep Medicine	
207YS0123X	Allopathic & Osteopathic Physicians : Otolaryngology : Facial Plastic Surgery	
207YX0007X	Allopathic & Osteopathic Physicians : Otolaryngology : Plastic Surgery within the Head & Neck	
207YX0602X	Allopathic & Osteopathic Physicians : Otolaryngology : Otolaryngic Allergy	
207YX0901X	Allopathic & Osteopathic Physicians : Otolaryngology : Otology & Neurotology	
207YX0905X	Allopathic & Osteopathic Physicians : Otolaryngology : Otolaryngology/Facial Plastic Surgery	
207ZB0001X	Allopathic & Osteopathic Physicians : Pathology : Blood Banking & Transfusion Medicine	

Taxonomy Codes

Value	Description	Notes
207ZC0006X	Allopathic & Osteopathic Physicians : Pathology : Clinical Pathology	
207ZC0008X	Allopathic & Osteopathic Physicians : Pathology : Clinical Informatics	
207ZC0500X	Allopathic & Osteopathic Physicians : Pathology : Cytopathology	
207ZD0900X	Allopathic & Osteopathic Physicians : Pathology : Dermatopathology	
207ZF0201X	Allopathic & Osteopathic Physicians : Pathology : Forensic Pathology	
207ZH0000X	Allopathic & Osteopathic Physicians : Pathology : Hematology	
207ZI0100X	Allopathic & Osteopathic Physicians : Pathology : Immunopathology	
207ZM0300X	Allopathic & Osteopathic Physicians : Pathology : Medical Microbiology	
207ZN0500X	Allopathic & Osteopathic Physicians : Pathology : Neuropathology	
207ZP0007X	Allopathic & Osteopathic Physicians : Pathology : Molecular Genetic Pathology	
207ZP0101X	Allopathic & Osteopathic Physicians : Pathology : Anatomic Pathology	
207ZP0102X	Allopathic & Osteopathic Physicians : Pathology : Anatomic Pathology & Clinical Pathology	
207ZP0104X	Allopathic & Osteopathic Physicians : Pathology : Chemical Pathology	
207ZP0105X	Allopathic & Osteopathic Physicians : Pathology : Clinical Pathology/Laboratory Medicine	

Taxonomy Codes

Value	Description	Notes
207ZP0213X	Allopathic & Osteopathic Physicians : Pathology : Pediatric Pathology	
208000000X	Allopathic & Osteopathic Physicians : Pediatrics	
2080A0000X	Allopathic & Osteopathic Physicians : Pediatrics : Adolescent Medicine	
2080B0002X	Allopathic & Osteopathic Physicians : Pediatrics : Obesity Medicine	New Since 7/1/2015, Effective 10/1/2015
2080C0008X	Allopathic & Osteopathic Physicians : Pediatrics : Child Abuse Pediatrics	
2080H0002X	Allopathic & Osteopathic Physicians : Pediatrics : Hospice and Palliative Medicine	
2080I0007X	Allopathic & Osteopathic Physicians : Pediatrics : Clinical & Laboratory Immunology	
2080N0001X	Allopathic & Osteopathic Physicians : Pediatrics : Neonatal-Perinatal Medicine	
2080P0006X	Allopathic & Osteopathic Physicians : Pediatrics : Developmental - Behavioral Pediatrics	
2080P0008X	Allopathic & Osteopathic Physicians : Pediatrics : Neurodevelopmental Disabilities	
2080P0201X	Allopathic & Osteopathic Physicians : Pediatrics : Pediatric Allergy/Immunology	
2080P0202X	Allopathic & Osteopathic Physicians : Pediatrics : Pediatric Cardiology	
2080P0203X	Allopathic & Osteopathic Physicians : Pediatrics : Pediatric Critical Care Medicine	
2080P0204X	Allopathic & Osteopathic Physicians : Pediatrics : Pediatric Emergency Medicine	

Taxonomy Codes

Value	Description	Notes
2080P0205X	Allopathic & Osteopathic Physicians : Pediatrics : Pediatric Endocrinology	
2080P0206X	Allopathic & Osteopathic Physicians : Pediatrics : Pediatric Gastroenterology	
2080P0207X	Allopathic & Osteopathic Physicians : Pediatrics : Pediatric Hematology-Oncology	
2080P0208X	Allopathic & Osteopathic Physicians : Pediatrics : Pediatric Infectious Diseases	
2080P0210X	Allopathic & Osteopathic Physicians : Pediatrics : Pediatric Nephrology	
2080P0214X	Allopathic & Osteopathic Physicians : Pediatrics : Pediatric Pulmonology	
2080P0216X	Allopathic & Osteopathic Physicians : Pediatrics : Pediatric Rheumatology	
2080S0010X	Allopathic & Osteopathic Physicians : Pediatrics : Sports Medicine	
2080S0012X	Allopathic & Osteopathic Physicians : Pediatrics : Sleep Medicine	
2080T0002X	Allopathic & Osteopathic Physicians : Pediatrics : Medical Toxicology	
2080T0004X	Allopathic & Osteopathic Physicians : Pediatrics : Pediatric Transplant Hepatology	
208100000X	Allopathic & Osteopathic Physicians : Physical Medicine & Rehabilitation	
2081H0002X	Allopathic & Osteopathic Physicians : Physical Medicine & Rehabilitation : Hospice and Palliative Medicine	

Taxonomy Codes

Value	Description	Notes
2081N0008X	Allopathic & Osteopathic Physicians : Physical Medicine & Rehabilitation : Neuromuscular Medicine	
2081P0004X	Allopathic & Osteopathic Physicians : Physical Medicine & Rehabilitation : Spinal Cord Injury Medicine	
2081P0010X	Allopathic & Osteopathic Physicians : Physical Medicine & Rehabilitation : Pediatric Rehabilitation Medicine	
2081P0301X	Allopathic & Osteopathic Physicians : Physical Medicine & Rehabilitation : Brain Injury Medicine	New Since 1/1/2016, Effective 4/1/2016
2081P2900X	Allopathic & Osteopathic Physicians : Physical Medicine & Rehabilitation : Pain Medicine	
2081S0010X	Allopathic & Osteopathic Physicians : Physical Medicine & Rehabilitation : Sports Medicine	
208200000X	Allopathic & Osteopathic Physicians : Plastic Surgery	
2082S0099X	Allopathic & Osteopathic Physicians : Plastic Surgery : Plastic Surgery Within the Head and Neck	
2082S0105X	Allopathic & Osteopathic Physicians : Plastic Surgery : Surgery of the Hand	
2083A0100X	Allopathic & Osteopathic Physicians : Preventive Medicine : Aerospace Medicine	
2083B0002X	Allopathic & Osteopathic Physicians : Preventive Medicine : Obesity Medicine	New Since 7/1/2015, Effective 10/1/2015
2083C0008X	Allopathic & Osteopathic Physicians : Preventive Medicine : Clinical Informatics	

Taxonomy Codes

Value	Description	Notes
2083P0011X	Allopathic & Osteopathic Physicians : Preventive Medicine : Undersea and Hyperbaric Medicine	
2083P0500X	Allopathic & Osteopathic Physicians : Preventive Medicine : Preventive Medicine/Occupational Environmental Medicine	
2083P0901X	Allopathic & Osteopathic Physicians : Preventive Medicine : Public Health & General Preventive Medicine	
2083S0010X	Allopathic & Osteopathic Physicians : Preventive Medicine : Sports Medicine	
2083T0002X	Allopathic & Osteopathic Physicians : Preventive Medicine : Medical Toxicology	
2083X0100X	Allopathic & Osteopathic Physicians : Preventive Medicine : Occupational Medicine	
2084A0401X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Addiction Medicine	
2084A2900X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Neurocritical Care	New Since 7/1/2016, Effective 10/1/2016
2084B0002X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Obesity Medicine	Title and Definition Modified: 7/1/2015
2084B0040X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Behavioral Neurology & Neuropsychiatry	
2084D0003X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Diagnostic Neuroimaging	
2084F0202X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Forensic Psychiatry	

Taxonomy Codes

Value	Description	Notes
2084H0002X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Hospice and Palliative Medicine	
2084N0008X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Neuromuscular Medicine	
2084N0400X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Neurology	
2084N0402X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Neurology with Special Qualifications in Child Neurology	
2084N0600X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Clinical Neurophysiology	
2084P0005X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Neurodevelopmental Disabilities	
2084P0015X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Psychosomatic Medicine	
2084P0301X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Brain Injury Medicine	New Since 1/1/2016, Effective 4/1/2016
2084P0800X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Psychiatry	
2084P0802X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Addiction Psychiatry	
2084P0804X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Child & Adolescent Psychiatry	
2084P0805X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Geriatric Psychiatry	

Taxonomy Codes

Value	Description	Notes
2084P2900X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Pain Medicine	
2084S0010X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Sports Medicine	
2084S0012X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Sleep Medicine	
2084V0102X	Allopathic & Osteopathic Physicians : Psychiatry & Neurology : Vascular Neurology	
2085B0100X	Allopathic & Osteopathic Physicians : Radiology : Body Imaging	
2085D0003X	Allopathic & Osteopathic Physicians : Radiology : Diagnostic Neuroimaging	
2085H0002X	Allopathic & Osteopathic Physicians : Radiology : Hospice and Palliative Medicine	
2085N0700X	Allopathic & Osteopathic Physicians : Radiology : Neuroradiology	
2085N0904X	Allopathic & Osteopathic Physicians : Radiology : Nuclear Radiology	
2085P0229X	Allopathic & Osteopathic Physicians : Radiology : Pediatric Radiology	
2085R0001X	Allopathic & Osteopathic Physicians : Radiology : Radiation Oncology	
2085R0202X	Allopathic & Osteopathic Physicians : Radiology : Diagnostic Radiology	
2085R0203X	Allopathic & Osteopathic Physicians : Radiology : Therapeutic Radiology	
2085R0204X	Allopathic & Osteopathic Physicians : Radiology : Vascular & Interventional Radiology	

Taxonomy Codes

Value	Description	Notes
2085R0205X	Allopathic & Osteopathic Physicians : Radiology : Radiological Physics	
2085U0001X	Allopathic & Osteopathic Physicians : Radiology : Diagnostic Ultrasound	
208600000X	Allopathic & Osteopathic Physicians : Surgery	
2086H0002X	Allopathic & Osteopathic Physicians : Surgery : Hospice and Palliative Medicine	
2086S0102X	Allopathic & Osteopathic Physicians : Surgery : Surgical Critical Care	
2086S0105X	Allopathic & Osteopathic Physicians : Surgery : Surgery of the Hand	
2086S0120X	Allopathic & Osteopathic Physicians : Surgery : Pediatric Surgery	
2086S0122X	Allopathic & Osteopathic Physicians : Surgery : Plastic and Reconstructive Surgery	
2086S0127X	Allopathic & Osteopathic Physicians : Surgery : Trauma Surgery	
2086S0129X	Allopathic & Osteopathic Physicians : Surgery : Vascular Surgery	
2086X0206X	Allopathic & Osteopathic Physicians : Surgery : Surgical Oncology	
208800000X	Allopathic & Osteopathic Physicians : Urology	
2088F0040X	Allopathic & Osteopathic Physicians : Urology : Female Pelvic Medicine and Reconstructive Surgery	
2088P0231X	Allopathic & Osteopathic Physicians : Urology : Pediatric Urology	

Taxonomy Codes

Value	Description	Notes
208C00000X	Allopathic & Osteopathic Physicians : Colon & Rectal Surgery	
208D00000X	Allopathic & Osteopathic Physicians : General Practice	
208G00000X	Allopathic & Osteopathic Physicians : Thoracic Surgery (Cardiothoracic Vascular Surgery)	
208M00000X	Allopathic & Osteopathic Physicians : Hospitalist	
208U00000X	Allopathic & Osteopathic Physicians : Clinical Pharmacology	
208VP0000X	Allopathic & Osteopathic Physicians : Pain Medicine : Pain Medicine	
208VP0014X	Allopathic & Osteopathic Physicians : Pain Medicine : Interventional Pain Medicine	
209800000X	Allopathic & Osteopathic Physicians : Legal Medicine	
211D00000X	Podiatric Medicine & Surgery Service Providers : Assistant, Podiatric	
213E00000X	Podiatric Medicine & Surgery Service Providers : Podiatrist	
213EG0000X	Podiatric Medicine & Surgery Service Providers : Podiatrist : General Practice	7/1/2006: marked inactive, use value 213E00000X
213EP0504X	Podiatric Medicine & Surgery Service Providers : Podiatrist : Public Medicine	
213EP1101X	Podiatric Medicine & Surgery Service Providers : Podiatrist : Primary Podiatric Medicine	
213ER0200X	Podiatric Medicine & Surgery Service Providers : Podiatrist : Radiology	
213ES0000X	Podiatric Medicine & Surgery Service Providers : Podiatrist : Sports Medicine	

Taxonomy Codes

Value	Description	Notes
213ES0103X	Podiatric Medicine & Surgery Service Providers : Podiatrist : Foot & Ankle Surgery	
213ES0131X	Podiatric Medicine & Surgery Service Providers : Podiatrist : Foot Surgery	
221700000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Art Therapist	
222Q00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Developmental Therapist	
222Z00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Orthotist	
224900000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Mastectomy Fitter	
224L00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Pedorthist	
224P00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Prosthetist	
224Y00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Clinical Exercise Physiologist	
224Z00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Occupational Therapy Assistant	
224ZE0001X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Occupational Therapy Assistant : Environmental Modification	
224ZF0002X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Occupational Therapy Assistant : Feeding, Eating & Swallowing	

Taxonomy Codes

Value	Description	Notes
224ZL0004X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Occupational Therapy Assistant : Low Vision	
224ZR0403X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Occupational Therapy Assistant : Driving and Community Mobility	
2250000000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Orthotic Fitter	
2251000000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Physical Therapist	
2251C2600X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Physical Therapist : Cardiopulmonary	
2251E1200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Physical Therapist : Ergonomics	
2251E1300X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Physical Therapist : Electrophysiology, Clinical	
2251G0304X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Physical Therapist : Geriatrics	
2251H1200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Physical Therapist : Hand	
2251H1300X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Physical Therapist : Human Factors	
2251N0400X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Physical Therapist : Neurology	

Taxonomy Codes

Value	Description	Notes
2251N0400X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Physical Therapist : Neurology	
2251P0200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Physical Therapist : Pediatrics	
2251S0007X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Physical Therapist : Sports	
2251X0800X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Physical Therapist : Orthopedic	
225200000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Physical Therapy Assistant	
225400000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Rehabilitation Practitioner	
225500000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Specialist/Technologist	
2255A2300X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Specialist/Technologist : Athletic Trainer	
2255R0406X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Specialist/Technologist : Rehabilitation, Blind	
225600000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Dance Therapist	

Taxonomy Codes

Value	Description	Notes
225700000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Massage Therapist	
225800000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Recreation Therapist	
225A00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Music Therapist	
225B00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Pulmonary Function Technologist	
225C00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Rehabilitation Counselor	
225CA2400X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Rehabilitation Counselor : Assistive Technology Practitioner	
225CA2500X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Rehabilitation Counselor : Assistive Technology Supplier	
225CX0006X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Rehabilitation Counselor : Orientation and Mobility Training Provider	
225X00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Occupational Therapist	
225XE0001X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Occupational Therapist : Environmental Modification	

Taxonomy Codes

Value	Description	Notes
225XE1200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Occupational Therapist : Ergonomics	
225XF0002X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Occupational Therapist : Feeding, Eating & Swallowing	
225XG0600X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Occupational Therapist : Gerontology	
225XH1200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Occupational Therapist : Hand	
225XH1300X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Occupational Therapist : Human Factors	
225XL0004X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Occupational Therapist : Low Vision	
225XM0800X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Occupational Therapist : Mental Health	
225XN1300X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Occupational Therapist : Neurorehabilitation	
225XP0019X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Occupational Therapist : Physical Rehabilitation	
225XP0200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Occupational Therapist : Pediatrics	

Taxonomy Codes

Value	Description	Notes
225XR0403X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Occupational Therapist : Driving and Community Mobility	
226000000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Recreational Therapist Assistant	New Since 1/1/2016, Effective 4/1/2016
226300000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Kinesiotherapist	
227800000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Certified	
2278C0205X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Certified : Critical Care	
2278E0002X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Certified : Emergency Care	
2278E1000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Certified : Educational	
2278G0305X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Certified : Geriatric Care	
2278G1100X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Certified : General Care	
2278H0200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Certified : Home Health	

Taxonomy Codes

Value	Description	Notes
2278P1004X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Certified : Pulmonary Diagnostics	
2278P1005X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Certified : Pulmonary Rehabilitation	
2278P1006X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Certified : Pulmonary Function Technologist	
2278P3800X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Certified : Palliative/Hospice	
2278P3900X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Certified : Neonatal/Pediatrics	
2278P4000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Certified : Patient Transport	
2278S1500X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Certified : SNF/Subacute Care	
2279000000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Registered	
2279C0205X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Registered : Critical Care	

Taxonomy Codes

Value	Description	Notes
2279E0002X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Registered : Emergency Care	
2279E1000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Registered : Educational	
2279G0305X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Registered : Geriatric Care	
2279G1100X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Registered : General Care	
2279H0200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Registered : Home Health	
2279P1004X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Registered : Pulmonary Diagnostics	
2279P1005X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Registered : Pulmonary Rehabilitation	
2279P1006X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Registered : Pulmonary Function Technologist	
2279P3800X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Registered : Palliative/Hospice	

Taxonomy Codes

Value	Description	Notes
2279P3900X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Registered : Neonatal/Pediatrics	
2279P4000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Registered : Patient Transport	
2279S1500X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Respiratory Therapist, Registered : SNF/Subacute Care	
229N00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers : Anaplastologist	
231H00000X	Speech, Language and Hearing Service Providers : Audiologist	
231HA2400X	Speech, Language and Hearing Service Providers : Audiologist : Assistive Technology Practitioner	
231HA2500X	Speech, Language and Hearing Service Providers : Audiologist : Assistive Technology Supplier	
235500000X	Speech, Language and Hearing Service Providers : Specialist/Technologist	
2355A2700X	Speech, Language and Hearing Service Providers : Specialist/Technologist : Audiology Assistant	
2355S0801X	Speech, Language and Hearing Service Providers : Specialist/Technologist : Speech-Language Assistant	
235Z00000X	Speech, Language and Hearing Service Providers : Speech-Language Pathologist	Modified definition 1/1/2014
237600000X	Speech, Language and Hearing Service Providers : Audiologist-Hearing Aid Fitter	

Taxonomy Codes

Value	Description	Notes
237700000X	Speech, Language and Hearing Service Providers : Hearing Instrument Specialist	
242T00000X	Technologists, Technicians & Other Technical Service Providers : Perfusionist	
243U00000X	Technologists, Technicians & Other Technical Service Providers : Radiology Practitioner Assistant	
246Q00000X	Technologists, Technicians & Other Technical Service Providers : Spec/Tech, Pathology	
246QB0000X	Technologists, Technicians & Other Technical Service Providers : Spec/Tech, Pathology : Blood Banking	
246QC1000X	Technologists, Technicians & Other Technical Service Providers : Spec/Tech, Pathology : Chemistry	
246QC2700X	Technologists, Technicians & Other Technical Service Providers : Spec/Tech, Pathology : Cytotechnology	
246QH0000X	Technologists, Technicians & Other Technical Service Providers : Spec/Tech, Pathology : Hematology	
246QH0401X	Technologists, Technicians & Other Technical Service Providers : Spec/Tech, Pathology : Hemapheresis Practitioner	
246QH0600X	Technologists, Technicians & Other Technical Service Providers : Spec/Tech, Pathology : Histology	
246QI0000X	Technologists, Technicians & Other Technical Service Providers : Spec/Tech, Pathology : Immunology	
246QL0900X	Technologists, Technicians & Other Technical Service Providers : Spec/Tech, Pathology : Laboratory Management	

Taxonomy Codes

Value	Description	Notes
246QL0901X	Technologists, Technicians & Other Technical Service Providers : Spec/Tech, Pathology : Laboratory Management, Diplomate	
246QM0706X	Technologists, Technicians & Other Technical Service Providers : Spec/Tech, Pathology : Medical Technologist	
246QM0900X	Technologists, Technicians & Other Technical Service Providers : Spec/Tech, Pathology : Microbiology	
246R00000X	Technologists, Technicians & Other Technical Service Providers : Technician, Pathology	
246RH0600X	Technologists, Technicians & Other Technical Service Providers : Technician, Pathology : Histology	
246RM2200X	Technologists, Technicians & Other Technical Service Providers : Technician, Pathology : Medical Laboratory	
246RP1900X	Technologists, Technicians & Other Technical Service Providers : Technician, Pathology : Phlebotomy	
246W00000X	Technologists, Technicians & Other Technical Service Providers : Technician, Cardiology	
246X00000X	Technologists, Technicians & Other Technical Service Providers : Spec/Tech, Cardiovascular	
246XC2901X	Technologists, Technicians & Other Technical Service Providers : Spec/Tech, Cardiovascular : Cardiovascular Invasive Specialist	
246XC2903X	Technologists, Technicians & Other Technical Service Providers : Spec/Tech, Cardiovascular : Vascular Specialist	

Taxonomy Codes

Value	Description	Notes
246XS1301X	Technologists, Technicians & Other Technical Service Providers : Spec/Tech, Cardiovascular : Sonography	
246Y00000X	Technologists, Technicians & Other Technical Service Providers : Spec/Tech, Health Info	
246YC3301X	Technologists, Technicians & Other Technical Service Providers : Spec/Tech, Health Info : Coding Specialist, Hospital Based	
246YC3302X	Technologists, Technicians & Other Technical Service Providers : Spec/Tech, Health Info : Coding Specialist, Physician Office Based	
246YR1600X	Technologists, Technicians & Other Technical Service Providers : Spec/Tech, Health Info : Registered Record Administrator	
246Z00000X	Technologists, Technicians & Other Technical Service Providers : Specialist/Technologist, Other	
246ZA2600X	Technologists, Technicians & Other Technical Service Providers : Specialist/Technologist, Other : Art, Medical	
246ZB0301X	Technologists, Technicians & Other Technical Service Providers : Specialist/Technologist, Other : Biomedical Engineering	
246ZB0302X	Technologists, Technicians & Other Technical Service Providers : Specialist/Technologist, Other : Biomedical Photographer	
246ZB0500X	Technologists, Technicians & Other Technical Service Providers : Specialist/Technologist, Other : Biochemist	
246ZB0600X	Technologists, Technicians & Other Technical Service Providers : Specialist/Technologist, Other : Biostatistician	

Taxonomy Codes

Value	Description	Notes
246ZC0007X	Technologists, Technicians & Other Technical Service Providers : Specialist/Technologist, Other : Surgical Assistant	Title Modified, Defintion Modified: 7/1/2014
246ZE0500X	Technologists, Technicians & Other Technical Service Providers : Specialist/Technologist, Other : EEG	
246ZE0600X	Technologists, Technicians & Other Technical Service Providers : Specialist/Technologist, Other : Electroneurodiagnostic	
246ZG0701X	Technologists, Technicians & Other Technical Service Providers : Specialist/Technologist, Other : Graphics Methods	
246ZG1000X	Technologists, Technicians & Other Technical Service Providers : Specialist/Technologist, Other : Geneticist, Medical (PhD)	
246ZI1000X	Technologists, Technicians & Other Technical Service Providers : Specialist/Technologist, Other : Illustration, Medical	
246ZN0300X	Technologists, Technicians & Other Technical Service Providers : Specialist/Technologist, Other : Nephrology	
246ZS0410X	Technologists, Technicians & Other Technical Service Providers : Specialist/Technologist, Other : Surgical Technologist	Code Modified, Title Modified, Defintion Added: 7/1/2014. Under the Technologists, Technicians & Other Technical Service Providers and Specialist/Technologist, Other code was changed from 246ZS0400X and name changed to Surgical Technologist
246ZX2200X	Technologists, Technicians & Other Technical Service Providers : Specialist/Technologist, Other : Orthopedic Assistant	New Since 7/1/2014, Effective 10/1/2014
247000000X	Technologists, Technicians & Other Technical Service Providers : Technician, Health Information	

Taxonomy Codes

Value	Description	Notes
2470A2800X	Technologists, Technicians & Other Technical Service Providers : Technician, Health Information : Assistant Record Technician	
247100000X	Technologists, Technicians & Other Technical Service Providers : Radiologic Technologist	
2471B0102X	Technologists, Technicians & Other Technical Service Providers : Radiologic Technologist : Bone Densitometry	
2471C1101X	Technologists, Technicians & Other Technical Service Providers : Radiologic Technologist : Cardiovascular-Interventional Technology	
2471C1106X	Technologists, Technicians & Other Technical Service Providers : Radiologic Technologist : Cardiac-Interventional Technology	
2471C3401X	Technologists, Technicians & Other Technical Service Providers : Radiologic Technologist : Computed Tomography	
2471C3402X	Technologists, Technicians & Other Technical Service Providers : Radiologic Technologist : Radiography	
2471M1202X	Technologists, Technicians & Other Technical Service Providers : Radiologic Technologist : Magnetic Resonance Imaging	
2471M2300X	Technologists, Technicians & Other Technical Service Providers : Radiologic Technologist : Mammography	
2471N0900X	Technologists, Technicians & Other Technical Service Providers : Radiologic Technologist : Nuclear Medicine Technology	
2471Q0001X	Technologists, Technicians & Other Technical Service Providers : Radiologic Technologist : Quality Management	

Taxonomy Codes

Value	Description	Notes
2471R0002X	Technologists, Technicians & Other Technical Service Providers : Radiologic Technologist : Radiation Therapy	
2471S1302X	Technologists, Technicians & Other Technical Service Providers : Radiologic Technologist : Sonography	
2471V0105X	Technologists, Technicians & Other Technical Service Providers : Radiologic Technologist : Vascular Sonography	
2471V0106X	Technologists, Technicians & Other Technical Service Providers : Radiologic Technologist : Vascular-Interventional Technology	
247200000X	Technologists, Technicians & Other Technical Service Providers : Technician, Other	
2472B0301X	Technologists, Technicians & Other Technical Service Providers : Technician, Other : Biomedical Engineering	
2472D0500X	Technologists, Technicians & Other Technical Service Providers : Technician, Other : Darkroom	
2472E0500X	Technologists, Technicians & Other Technical Service Providers : Technician, Other : EEG	
2472R0900X	Technologists, Technicians & Other Technical Service Providers : Technician, Other : Renal Dialysis	
2472V0600X	Technologists, Technicians & Other Technical Service Providers : Technician, Other : Veterinary	
247ZC0005X	Technologists, Technicians & Other Technical Service Providers : Pathology : Clinical Laboratory Director, Non-physician	
251300000X	Agencies : Local Education Agency (LEA)	

Taxonomy Codes

Value	Description	Notes
251B00000X	Agencies : Case Management	
251C00000X	Agencies : Day Training, Developmentally Disabled Services	
251E00000X	Agencies : Home Health	
251F00000X	Agencies : Home Infusion	
251G00000X	Agencies : Hospice Care, Community Based	
251J00000X	Agencies : Nursing Care	
251K00000X	Agencies : Public Health or Welfare	
251S00000X	Agencies : Community/Behavioral Health	
251T00000X	Agencies : PACE Provider Organization	
251V00000X	Agencies : Voluntary or Charitable	
251X00000X	Agencies : Supports Brokerage	
252Y00000X	Agencies : Early Intervention Provider Agency	
253J00000X	Agencies : Foster Care Agency	
253Z00000X	Agencies : In Home Supportive Care	
261Q00000X	Ambulatory Health Care Facilities : Clinic/Center	
261QA0005X	Ambulatory Health Care Facilities : Clinic/Center : Ambulatory Family Planning Facility	
261QA0006X	Ambulatory Health Care Facilities : Clinic/Center : Ambulatory Fertility Facility	
261QA0600X	Ambulatory Health Care Facilities : Clinic/Center : Adult Day Care	
261QA0900X	Ambulatory Health Care Facilities : Clinic/Center : Amputee	
261QA1903X	Ambulatory Health Care Facilities : Clinic/Center : Ambulatory Surgical	

Taxonomy Codes

Value	Description	Notes
261QA3000X	Ambulatory Health Care Facilities : Clinic/Center : Augmentative Communication	
261QB0400X	Ambulatory Health Care Facilities : Clinic/Center : Birthing	
261QC0050X	Ambulatory Health Care Facilities : Clinic/Center : Critical Access Hospital	
261QC1500X	Ambulatory Health Care Facilities : Clinic/Center : Community Health	
261QC1800X	Ambulatory Health Care Facilities : Clinic/Center : Corporate Health	
261QD0000X	Ambulatory Health Care Facilities : Clinic/Center : Dental	
261QD1600X	Ambulatory Health Care Facilities : Clinic/Center : Developmental Disabilities	
261QE0002X	Ambulatory Health Care Facilities : Clinic/Center : Emergency Care	
261QE0700X	Ambulatory Health Care Facilities : Clinic/Center : End-Stage Renal Disease (ESRD) Treatment	
261QE0800X	Ambulatory Health Care Facilities : Clinic/Center : Endoscopy	
261QF0050X	Ambulatory Health Care Facilities : Clinic/Center : Family Planning, Non-Surgical	
261QF0400X	Ambulatory Health Care Facilities : Clinic/Center : Federally Qualified Health Center (FQHC)	
261QG0250X	Ambulatory Health Care Facilities : Clinic/Center : Genetics	
261QH0100X	Ambulatory Health Care Facilities : Clinic/Center : Health Service	
261QH0700X	Ambulatory Health Care Facilities : Clinic/Center : Hearing and Speech	
261QI0500X	Ambulatory Health Care Facilities : Clinic/Center : Infusion Therapy	

Taxonomy Codes

Value	Description	Notes
261QL0400X	Ambulatory Health Care Facilities : Clinic/Center : Lithotripsy	
261QM0801X	Ambulatory Health Care Facilities : Clinic/Center : Mental Health (Including Community Mental Health Center)	
261QM0850X	Ambulatory Health Care Facilities : Clinic/Center : Adult Mental Health	
261QM0855X	Ambulatory Health Care Facilities : Clinic/Center : Adolescent and Children Mental Health	
261QM1000X	Ambulatory Health Care Facilities : Clinic/Center : Migrant Health	
261QM1100X	Ambulatory Health Care Facilities : Clinic/Center : Military/U.S. Coast Guard Outpatient	
261QM1101X	Ambulatory Health Care Facilities : Clinic/Center : Military and U.S. Coast Guard Ambulatory Procedure	
261QM1102X	Ambulatory Health Care Facilities : Clinic/Center : Military Outpatient Operational (Transportable) Component	
261QM1103X	Ambulatory Health Care Facilities : Clinic/Center : Military Ambulatory Procedure Visits Operational (Transportable)	
261QM1200X	Ambulatory Health Care Facilities : Clinic/Center : Magnetic Resonance Imaging (MRI)	
261QM1300X	Ambulatory Health Care Facilities : Clinic/Center : Multi-Specialty	
261QM2500X	Ambulatory Health Care Facilities : Clinic/Center : Medical Specialty	
261QM2800X	Ambulatory Health Care Facilities : Clinic/Center : Methadone Clinic	
261QM3000X	Ambulatory Health Care Facilities : Clinic/Center : Medically Fragile Intants and Children Day Care	

Taxonomy Codes

Value	Description	Notes
261QP0904X	Ambulatory Health Care Facilities : Clinic/Center : Public Health, Federal	
261QP0905X	Ambulatory Health Care Facilities : Clinic/Center : Public Health, State or Local	
261QP1100X	Ambulatory Health Care Facilities : Clinic/Center : Podiatric	
261QP2000X	Ambulatory Health Care Facilities : Clinic/Center : Physical Therapy	
261QP2300X	Ambulatory Health Care Facilities : Clinic/Center : Primary Care	
261QP2400X	Ambulatory Health Care Facilities : Clinic/Center : Prison Health	
261QP3300X	Ambulatory Health Care Facilities : Clinic/Center : Pain	
261QR0200X	Ambulatory Health Care Facilities : Clinic/Center : Radiology	
261QR0206X	Ambulatory Health Care Facilities : Clinic/Center : Radiology, Mammography	
261QR0207X	Ambulatory Health Care Facilities : Clinic/Center : Radiology, Mobile Mammography	
261QR0208X	Ambulatory Health Care Facilities : Clinic/Center : Radiology, Mobile	
261QR0400X	Ambulatory Health Care Facilities : Clinic/Center : Rehabilitation	
261QR0401X	Ambulatory Health Care Facilities : Clinic/Center : Rehabilitation, Comprehensive Outpatient Rehabilitation Facility (CORF)	
261QR0404X	Ambulatory Health Care Facilities : Clinic/Center : Rehabilitation, Cardiac Facilities	
261QR0405X	Ambulatory Health Care Facilities : Clinic/Center : Rehabilitation, Substance Use Disorder	
261QR0800X	Ambulatory Health Care Facilities : Clinic/Center : Recovery Care	

Taxonomy Codes

Value	Description	Notes
261QR1100X	Ambulatory Health Care Facilities : Clinic/Center : Research	
261QR1300X	Ambulatory Health Care Facilities : Clinic/Center : Rural Health	
261QS0112X	Ambulatory Health Care Facilities : Clinic/Center : Oral and Maxillofacial Surgery	
261QS0132X	Ambulatory Health Care Facilities : Clinic/Center : Ophthalmologic Surgery	
261QS1000X	Ambulatory Health Care Facilities : Clinic/Center : Student Health	
261QS1200X	Ambulatory Health Care Facilities : Clinic/Center : Sleep Disorder Diagnostic	
261QU0200X	Ambulatory Health Care Facilities : Clinic/Center : Urgent Care	
261QV0200X	Ambulatory Health Care Facilities : Clinic/Center : VA	
261QX0100X	Ambulatory Health Care Facilities : Clinic/Center : Occupational Medicine	
261QX0200X	Ambulatory Health Care Facilities : Clinic/Center : Oncology	
261QX0203X	Ambulatory Health Care Facilities : Clinic/Center : Oncology, Radiation	
273100000X	Hospital Units : Epilepsy Unit	
273R00000X	Hospital Units : Psychiatric Unit	
273Y00000X	Hospital Units : Rehabilitation Unit	
275N00000X	Hospital Units : Medicare Defined Swing Bed Unit	
276400000X	Hospital Units : Rehabilitation, Substance Use Disorder Unit	
281P00000X	Hospitals : Chronic Disease Hospital	
281PC2000X	Hospitals : Chronic Disease Hospital : Children	

Taxonomy Codes

Value	Description	Notes
282E00000X	Hospitals : Long Term Care Hospital	
282J00000X	Hospitals : Religious Nonmedical Health Care Institution	
282N00000X	Hospitals : General Acute Care Hospital	
282NC0060X	Hospitals : General Acute Care Hospital : Critical Access	
282NC2000X	Hospitals : General Acute Care Hospital : Children	
282NR1301X	Hospitals : General Acute Care Hospital : Rural	
282NW0100X	Hospitals : General Acute Care Hospital : Women	
283Q00000X	Hospitals : Psychiatric Hospital	
283X00000X	Hospitals : Rehabilitation Hospital	
283XC2000X	Hospitals : Rehabilitation Hospital : Children	
284300000X	Hospitals : Special Hospital	
286500000X	Hospitals : Military Hospital	
2865C1500X	Hospitals : Military Hospital : Community Health	1/1/2005: marked inactive
2865M2000X	Hospitals : Military Hospital : Military General Acute Care Hospital	
2865X1600X	Hospitals : Military Hospital : Military General Acute Care Hospital. Operational (Transportable)	
287300000X	Hospitals : Christian Science Sanitorium	7/1/2009: marked inactive
291900000X	Laboratories : Military Clinical Medical Laboratory	
291U00000X	Laboratories : Clinical Medical Laboratory	
292200000X	Laboratories : Dental Laboratory	
293D00000X	Laboratories : Physiological Laboratory	

Taxonomy Codes

Value	Description	Notes
302F00000X	Managed Care Organizations : Exclusive Provider Organization	
302R00000X	Managed Care Organizations : Health Maintenance Organization	
305R00000X	Managed Care Organizations : Preferred Provider Organization	
305S00000X	Managed Care Organizations : Point of Service	
310400000X	Nursing & Custodial Care Facilities : Assisted Living Facility	
3104A0625X	Nursing & Custodial Care Facilities : Assisted Living Facility : Assisted Living, Mental Illness	
3104A0630X	Nursing & Custodial Care Facilities : Assisted Living Facility : Assisted Living, Behavioral Disturbances	
310500000X	Nursing & Custodial Care Facilities : Intermediate Care Facility, Mental Illness	
311500000X	Nursing & Custodial Care Facilities : Alzheimer Center (Dementia Center)	
311Z00000X	Nursing & Custodial Care Facilities : Custodial Care Facility	
311ZA0620X	Nursing & Custodial Care Facilities : Custodial Care Facility : Adult Care Home	
313M00000X	Nursing & Custodial Care Facilities : Nursing Facility/Intermediate Care Facility	
314000000X	Nursing & Custodial Care Facilities : Skilled Nursing Facility	
3140N1450X	Nursing & Custodial Care Facilities : Skilled Nursing Facility : Nursing Care, Pediatric	
315D00000X	Nursing & Custodial Care Facilities : Hospice, Inpatient	
315P00000X	Nursing & Custodial Care Facilities : Intermediate Care Facility, Mentally Retarded	

Taxonomy Codes

Value	Description	Notes
317400000X	Nursing & Custodial Care Facilities : Christian Science Facility	7/1/2009: marked inactive
320600000X	Residential Treatment Facilities : Residential Treatment Facility, Mental Retardation and/or Developmental Disabilities	
320700000X	Residential Treatment Facilities : Residential Treatment Facility, Physical Disabilities	
320800000X	Residential Treatment Facilities : Community Based Residential Treatment Facility, Mental Illness	
320900000X	Residential Treatment Facilities : Community Based Residential Treatment, Mental Retardation and/or Developmental Disabilities	
322D00000X	Residential Treatment Facilities : Residential Treatment Facility, Emotionally Disturbed Children	
323P00000X	Residential Treatment Facilities : Psychiatric Residential Treatment Facility	
324500000X	Residential Treatment Facilities : Substance Abuse Rehabilitation Facility	
3245S0500X	Residential Treatment Facilities : Substance Abuse Rehabilitation Facility : Substance Abuse Treatment, Children	
331L00000X	Suppliers : Blood Bank	
332000000X	Suppliers : Military/U.S. Coast Guard Pharmacy	
332100000X	Suppliers : Department of Veterans Affairs (VA) Pharmacy	
332800000X	Suppliers : Indian Health Service/Tribal/Urban Indian Health (I/T/U) Pharmacy	
332900000X	Suppliers : Non-Pharmacy Dispensing Site	
332B00000X	Suppliers : Durable Medical Equipment & Medical Supplies	

Taxonomy Codes

Value	Description	Notes
332BC3200X	Suppliers : Durable Medical Equipment & Medical Supplies : Customized Equipment	
332BD1200X	Suppliers : Durable Medical Equipment & Medical Supplies : Dialysis Equipment & Supplies	
332BN1400X	Suppliers : Durable Medical Equipment & Medical Supplies : Nursing Facility Supplies	
332BP3500X	Suppliers : Durable Medical Equipment & Medical Supplies : Parenteral & Enteral Nutrition	
332BX2000X	Suppliers : Durable Medical Equipment & Medical Supplies : Oxygen Equipment & Supplies	
332G00000X	Suppliers : Eye Bank	
332H00000X	Suppliers : Eyewear Supplier (Equipment, not the service)	
332S00000X	Suppliers : Hearing Aid Equipment	
332U00000X	Suppliers : Home Delivered Meals	
333300000X	Suppliers : Emergency Response System Companies	
333600000X	Suppliers : Pharmacy	
3336C0002X	Suppliers : Pharmacy : Clinic Pharmacy	
3336C0003X	Suppliers : Pharmacy : Community/Retail Pharmacy	
3336C0004X	Suppliers : Pharmacy : Compounding Pharmacy	
3336H0001X	Suppliers : Pharmacy : Home Infusion Therapy Pharmacy	
3336I0012X	Suppliers : Pharmacy : Institutional Pharmacy	
3336L0003X	Suppliers : Pharmacy : Long Term Care Pharmacy	
3336M0002X	Suppliers : Pharmacy : Mail Order Pharmacy	

Taxonomy Codes

Value	Description	Notes
3336M0003X	Suppliers : Pharmacy : Managed Care Organization Pharmacy	
3336N0007X	Suppliers : Pharmacy : Nuclear Pharmacy	
3336S0011X	Suppliers : Pharmacy : Specialty Pharmacy	
335E00000X	Suppliers : Prosthetic/Orthotic Supplier	
335G00000X	Suppliers : Medical Foods Supplier	
335U00000X	Suppliers : Organ Procurement Organization	
335V00000X	Suppliers : Portable X-ray and/or Other Portable Diagnostic Imaging Supplier	Modified title and definition 1/1/2016
341600000X	Transportation Services : Ambulance	
3416A0800X	Transportation Services : Ambulance : Air Transport	
3416L0300X	Transportation Services : Ambulance : Land Transport	
3416S0300X	Transportation Services : Ambulance : Water Transport	
341800000X	Transportation Services : Military/U.S. Coast Guard Transport	
3418M1110X	Transportation Services : Military/U.S. Coast Guard Transport : Military or U.S. Coast Guard Ambulance, Ground Transport	
3418M1120X	Transportation Services : Military/U.S. Coast Guard Transport : Military or U.S. Coast Guard Ambulance, Air Transport	
3418M1130X	Transportation Services : Military/U.S. Coast Guard Transport : Military or U.S. Coast Guard Ambulance, Water Transport	

Taxonomy Codes

Value	Description	Notes
343800000X	Transportation Services : Secured Medical Transport (VAN)	
343900000X	Transportation Services : Non-emergency Medical Transport (VAN)	
344600000X	Transportation Services : Taxi	
344800000X	Transportation Services : Air Carrier	
347B00000X	Transportation Services : Bus	
347C00000X	Transportation Services : Private Vehicle	
347D00000X	Transportation Services : Train	
347E00000X	Transportation Services : Transportation Broker	
363A00000X	Physician Assistants & Advanced Practice Nursing Providers : Physician Assistant	
363AM0700X	Physician Assistants & Advanced Practice Nursing Providers : Physician Assistant : Medical	
363AS0400X	Physician Assistants & Advanced Practice Nursing Providers : Physician Assistant : Surgical	
363L00000X	Physician Assistants & Advanced Practice Nursing Providers : Nurse Practitioner	
363LA2100X	Physician Assistants & Advanced Practice Nursing Providers : Nurse Practitioner : Acute Care	
363LA2200X	Physician Assistants & Advanced Practice Nursing Providers : Nurse Practitioner : Adult Health	
363LC0200X	Physician Assistants & Advanced Practice Nursing Providers : Nurse Practitioner : Critical Care Medicine	
363LC1500X	Physician Assistants & Advanced Practice Nursing Providers : Nurse Practitioner : Community Health	

Taxonomy Codes

Value	Description	Notes
363LF0000X	Physician Assistants & Advanced Practice Nursing Providers : Nurse Practitioner : Family	
363LG0600X	Physician Assistants & Advanced Practice Nursing Providers : Nurse Practitioner : Gerontology	
363LN0000X	Physician Assistants & Advanced Practice Nursing Providers : Nurse Practitioner : Neonatal	
363LN0005X	Physician Assistants & Advanced Practice Nursing Providers : Nurse Practitioner : Neonatal, Critical Care	
363LP0200X	Physician Assistants & Advanced Practice Nursing Providers : Nurse Practitioner : Pediatrics	
363LP0222X	Physician Assistants & Advanced Practice Nursing Providers : Nurse Practitioner : Pediatrics, Critical Care	
363LP0808X	Physician Assistants & Advanced Practice Nursing Providers : Nurse Practitioner : Psych/Mental Health	
363LP1700X	Physician Assistants & Advanced Practice Nursing Providers : Nurse Practitioner : Perinatal	
363LP2300X	Physician Assistants & Advanced Practice Nursing Providers : Nurse Practitioner : Primary Care	
363LS0200X	Physician Assistants & Advanced Practice Nursing Providers : Nurse Practitioner : School	
363LW0102X	Physician Assistants & Advanced Practice Nursing Providers : Nurse Practitioner : Women's Health	
363LX0001X	Physician Assistants & Advanced Practice Nursing Providers : Nurse Practitioner : Obstetrics & Gynecology	
363LX0106X	Physician Assistants & Advanced Practice Nursing Providers : Nurse Practitioner : Occupational Health	

Taxonomy Codes

Value	Description	Notes
364S00000X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist	
364SA2100X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Acute Care	
364SA2200X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Adult Health	
364SC0200X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Critical Care Medicine	
364SC1501X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Community Health/Public Health	
364SC2300X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Chronic Care	
364SE0003X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Emergency	
364SE1400X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Ethics	
364SF0001X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Family Health	
364SG0600X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Gerontology	
364SH0200X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Home Health	

Taxonomy Codes

Value	Description	Notes
364SH1100X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Holistic	
364SI0800X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Informatics	
364SL0600X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Long-Term Care	
364SM0705X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Medical-Surgical	
364SN0000X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Neonatal	
364SN0800X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Neuroscience	
364SP0200X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Pediatrics	
364SP0807X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Psych/Mental Health, Child & Adolescent	
364SP0808X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Psych/Mental Health	
364SP0809X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Psych/Mental Health, Adult	
364SP0810X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Psych/Mental Health, Child & Family	

Taxonomy Codes

Value	Description	Notes
364SP0810X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Psych/Mental Health, Child & Family	
364SP0811X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Psych/Mental Health, Chronically Ill	
364SP0812X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Psych/Mental Health, Community	
364SP0813X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Psych/Mental Health, Geropsychiatric	
364SP1700X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Perinatal	
364SP2800X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Perioperative	
364SR0400X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Rehabilitation	
364SS0200X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : School	
364ST0500X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Transplantation	
364SW0102X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Women's Health	

Taxonomy Codes

Value	Description	Notes
364SX0106X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Occupational Health	
364SX0200X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Oncology	
364SX0204X	Physician Assistants & Advanced Practice Nursing Providers : Clinical Nurse Specialist : Oncology, Pediatrics	
367500000X	Physician Assistants & Advanced Practice Nursing Providers : Nurse Anesthetist, Certified Registered	
367A00000X	Physician Assistants & Advanced Practice Nursing Providers : Advanced Practice Midwife	
367H00000X	Physician Assistants & Advanced Practice Nursing Providers : Anesthesiologist Assistant	
372500000X	Nursing Service Related Providers : Chore Provider	
372600000X	Nursing Service Related Providers : Adult Companion	
373H00000X	Nursing Service Related Providers : Day Training/Habilitation Specialist	
374700000X	Nursing Service Related Providers : Technician	
3747A0650X	Nursing Service Related Providers : Technician : Attendant Care Provider	
3747P1801X	Nursing Service Related Providers : Technician : Personal Care Attendant	
374J00000X	Nursing Service Related Providers : Doula	
374K00000X	Nursing Service Related Providers : Religious Nonmedical Practitioner	

Taxonomy Codes

Value	Description	Notes
374T00000X	Nursing Service Related Providers : Religious Nonmedical Nursing Personnel	
374U00000X	Nursing Service Related Providers : Home Health Aide	
376G00000X	Nursing Service Related Providers : Nursing Home Administrator	
376J00000X	Nursing Service Related Providers : Homemaker	
376K00000X	Nursing Service Related Providers : Nurse's Aide	
385H00000X	Respite Care Facility : Respite Care	
385HR2050X	Respite Care Facility : Respite Care : Respite Care Camp	
385HR2055X	Respite Care Facility : Respite Care : Respite Care, Mental Illness, Child	
385HR2060X	Respite Care Facility : Respite Care : Respite Care, Mental Retardation and/or Developmental Disabilities, Child	
385HR2065X	Respite Care Facility : Respite Care : Respite Care, Physical Disabilities, Child	
390200000X	Student, Health Care : Student in an Organized Health Care Education/Training Program	

Addendum M - Country Codes

Referenced by **C058** Country Code
Data Elements **C219** Contact Country Code
P085 Provider Country Code
P258 Provider Office Country Code

Value	Description	Notes
AF	Afghanistan	
AX	Aland Islands	
AL	Albania	
DZ	Algeria	
AS	American Samoa	
AD	Andorra	
AO	Angola	
AI	Anguilla	
AQ	Antarctica	
AG	Antigua and Barbuda	
AR	Argentina	
AM	Armenia	
AW	Aruba	
AU	Australia	
AT	Austria	
AZ	Azerbaijan	
BS	Bahamas	
BH	Bahrain	
BD	Bangladesh	
BB	Barbados	
BY	Belarus	
BE	Belgium	
BZ	Belize	
BJ	Benin	
BM	Bermuda	
BT	Bhutan	
BO	Bolivia, Plurinational State of	

Country Codes

Value	Description	Notes
BQ	Bonaire, Sint Eustatius and Saba	
BA	Bosnia and Herzegovina	
BW	Botswana	
BV	Bouvet Island	
BR	Brazil	
IO	British Indian Ocean Territory	
BN	Brunei Darussalam	
BG	Bulgaria	
BF	Burkina Faso	
BI	Burundi	
KH	Cambodia	
CM	Cameroon	
CA	Canada	
CV	Cape Verde	
KY	Cayman Islands	
CF	Central African Republic	
TD	Chad	
CL	Chile	
CN	China	
CX	Christmas Island	
CC	Cocos (Keeling) Islands	
CO	Columbia	
KM	Comoros	
CD	Congo, Democratic Republic of	
CG	Congo	
CK	Cook Islands	
CR	Costa Rica	
CI	Cote D'Ivoire	
HR	Croatia (local name: Hrvatska)	
CU	Cuba	
CW	Curacao	

Country Codes

Value	Description	Notes
CY	Cyprus	
CZ	Czechia	
DK	Denmark	
DJ	Djibouti	
DM	Dominica	
DO	Dominican Republic	
TP	East Timor	Removed with Release 13.5
EC	Ecuador	
EG	Egypt	
SV	El Salvador	
GQ	Equatorial Guinea	
ER	Eritrea	
EE	Estonia	
ET	Ethiopia	
FK	Falkland Islands (Malvinas)	
FO	Faroe Islands	
FJ	Fiji	
FI	Finland	
FR	France	
FX	France, Metropolitan	Removed with Release 13.5
GF	French Guiana	
PF	French Polynesia	
TF	French Southern Territories	
GA	Gabon	
GM	Gambia	
GE	Georgia	
DE	Germany	
GH	Ghana	
GI	Gibraltar	
GR	Greece	
GL	Greenland	

Country Codes

Value	Description	Notes
GD	Grenada	
GP	Guadeloupe	
GU	Guam	
GT	Guatemala	
GC	Guernsey	
GN	Guinea	
GW	Guinea-Bissau	
GY	Guyana	
HT	Haiti	
HM	Heard and McDonald Islands	
HN	Honduras	
HK	Hong Kong	
HU	Hungary	
IS	Iceland	
IN	India	
ID	Indonesia	
IR	Iran (Islamic Republic of)	
IQ	Iraq	
IE	Ireland	
IM	Isle of Man	
IL	Israel	
IT	Italy	
JM	Jamaica	
JP	Japan	
JE	Jersey	
JO	Jordan	
KZ	Kazakhstan	
KE	Kenya	
KI	Kiribati	
KP	Korea, Democratic Peoples Republic of	
KR	Korea, Republic of	

Country Codes

Value	Description	Notes
KW	Kuwait	
KG	Kyrgyzstan	
LA	Lao People's Democratic Republic	
LV	Latvia	
LB	Lebanon	
LS	Lesotho	
LR	Liberia	
LY	Libyan Arab Jamahiriya	
LI	Liechtenstein	
LT	Lithuania	
LU	Luxembourg	
MO	Macau	
MK	Macedonia, the former Yugoslav Republic of	
MG	Madagascar	
MW	Malawi	
MY	Malaysia	
MV	Maldives	
ML	Mali	
MT	Malta	
MH	Marshall Islands	
MQ	Martinique	
MR	Mauritania	
MU	Mauritius	
YT	Mayotte	
MX	Mexico	
FM	Micronesia, Federated State of	
MD	Moldova, Republic of	
MC	Monaco	
MN	Mongolia	
ME	Montenegro	
MS	Montserrat	

Country Codes

Value	Description	Notes
MA	Morocco	
MZ	Mozambique	
MM	Myanmar	
NA	Namibia	
NR	Nauru	
NP	Nepal	
NL	Netherlands	
AN	Netherlands Antilles	Removed with Release 13.5
NC	New Caledonia	
NZ	New Zealand	
NI	Nicaragua	
NE	Niger	
NG	Nigeria	
NU	Niue	
NF	Norfolk Island	
MP	Northern Mariana Islands	
NO	Norway	
OM	Oman	
PK	Pakistan	
PW	Palau	
PS	Palestine, State of	
PA	Panama	
PG	Papua New Guinea	
PY	Paraguay	
PE	Peru	
PH	Philippines	
PN	Pitcairn	
PL	Poland	
PT	Portugal	
PR	Puerto Rico	
QA	Qatar	

Country Codes

Value	Description	Notes
RE	Reunion	
RO	Romania	
RU	Russian Federation	
RW	Rwanda	
BL	Saint Barthelemy	
SH	Saint Helena	
KN	Saint Kitts and Nevis	
LC	Saint Lucia	
MF	Saint Martin (French Part)	
PM	Saint Pierre and Miquelon	
VC	Saint Vincent and the Grenadines	
WS	Samoa	
SM	San Marino	
ST	Sao Tome and Principe	
SA	Saudi Arabia	
SN	Senegal	
RS	Serbia	
SC	Seychelles	
SL	Sierra Leone	
SG	Singapore	
SX	Sint Maarten (Dutch Part)	
SK	Slovakia	
SI	Slovenia	
SB	Solomon Islands	
SO	Somalia	
ZA	South Africa	
GS	South Georgia and South Sandwich Islands	
SS	South Sudan	
ES	Spain	
LK	Sri Lanka	
SD	Sudan	

Country Codes

Value	Description	Notes
SR	Suriname	
SJ	Svalbard and Jan Mayen Islands	
SZ	Swaziland	
SE	Sweden	
CH	Switzerland	
SY	Syrian Arab Republic	
TW	Taiwan, Province of China	
TJ	Tajikistan	
TZ	Tanzania, United Republic of	
TH	Thailand	
TL	Timor-Leste	
TG	Togo	
TK	Tokelau	
TO	Tonga	
TT	Trinidad and Tobago	
TN	Tunisia	
TR	Turkey	
TM	Turkmenistan	
TC	Turks and Caicos Islands	
TV	Tuvalu	
UG	Uganda	
UA	Ukraine	
AE	United Arab Emirates	
GB	United Kingdom	
US	United States	
UM	United States Minor Outlying Islands	
UY	Uruguay	
UZ	Uzbekistan	
VU	Vanuatu	
VA	Vatican City State (Holy See)	
VE	Venezuela	

Country Codes

Value	Description	Notes
VN	Viet Nam	
VG	Virgin Islands (British)	
VI	Virgin Islands (United States)	
WF	Wallis and Futuna Islands	
EH	Western Sahara	
YE	Yemen	
YU	Yugoslavia	Removed with Release 13.5
ZR	Zaire	Removed with Release 13.5
ZM	Zambia	
ZW	Zimbabwe	

Addendum N - State Codes

Referenced by **A040** Accident State
Data Elements **A117** Ambulance Pick-up Location State
A122 Ambulance Drop off Location State
B017 Billing Provider State
C231 Contact State Or Province
M134 Member Primary Address - State
M139 Member Secondary Address - State
P020 Patient State
P090 Provider Office State
P122 Provider License State
P553 Purge Requester State Code

Value	Description
AK	Alaska
AL	Alabama
AR	Arkansas
AZ	Arizona
CA	California
CO	Colorado
CT	Connecticut
DC	Washington, DC
DE	Delaware
FL	Florida
GA	Georgia
HI	Hawaii
IA	Iowa
ID	Idaho
IL	Illinois
IN	Indiana
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota

State Codes

Value	Description
MO	Missouri
MS	Mississippi
MT	Montana
NC	North Carolina
ND	North Dakota
NE	Nebraska
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NV	Nevada
NY	New York
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
PR	Puerto Rico
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VA	Virginia
VI	Virgin Islands
VT	Vermont
WA	Washington
WI	Wisconsin
WV	West Virginia
WY	Wyoming

Addendum O - Language Codes

Referenced by **P139** Provider Office Language Code
Data Elements **P250** Provider Language Code

Value	Description
AAR	Afar
ABK	Abkhazian
ACE	Achinese
ACH	Acoli
ADA	Adangme
ADY	Adyghe; Adygei
AFA	Afro-Asiatic (Other)
AFH	Afrihili
AFR	Afrikaans
AIN	Ainu
AKA	Akan
AKK	Akkadian
ALB/SQI	Albanian
ALE	Aleut
ALG	Algonquian languages
ALT	Southern Altai
AMH	Amharic
ANG	English, Old (ca.450-1100)
ANP	Angika
APA	Apache languages
ARA	Arabic
ARC	Official Aramaic (700-300 BCE); Imperial Aramaic (700-300 BCE)
ARG	Aragonese
ARM/HYE	Armenian
ARN	Mapudungun; Mapuche
ARP	Arapaho
ART	Artificial (Other)
ARW	Arawak
ASM	Assamese

Language Codes

Value	Description
AST	Asturian; Bable
ATH	Athapascan languages
AUS	Australian languages
AVA	Avaric
AVE	Avestan
AWA	Awadhi
AYM	Aymara
AZE	Azerbaijani
BAD	Banda languages
BAI	Bamileke languages
BAK	Bashkir
BAL	Baluchi
BAM	Bambara
BAN	Balinese
BAQ/EUS	Basque
BAS	Basa
BAT	Baltic (Other)
BEJ	Beja
BEL	Belarusian
BEM	Bemba
BEN	Bengali
BER	Berber (Other)
BHO	Bhojpuri
BIH	Bihari
BIK	Bikol
BIN	Bini; Edo
BIS	Bislama
BLA	Siksika
BNT	Bantu (Other)
BOS	Bosnian
BRA	Braj

Language Codes

Value	Description
BRE	Breton
BTK	Batak languages
BUA	Buriat
BUG	Buginese
BUL	Bulgarian
BUR/MYA	Burmese
BYN	Blin; Bilin
CAD	Caddo
CAI	Central American Indian (Other)
CAR	Galibi Carib
CAT	Catalan; Valencian
CAU	Caucasian (Other)
CEB	Cebuano
CEL	Celtic (Other)
CHA	Chamorro
CHB	Chibcha
CHE	Chechen
CHG	Chagatai
CHI/ZHO	Chinese
CHK	Chuukese
CHM	Mari
CHN	Chinook jargon
CHO	Choctaw
CHP	Chipewyan
CHR	Cherokee
CHU	Church Slavic; Old Slavonic; Church Slavonic; Old Bulgarian;Old Church Slavonic
CHV	Chuvash
CHY	Cheyenne
CMC	Chamic languages
COP	Coptic
COR	Cornish

Language Codes

Value	Description
COS	Corsican
CPE	Creoles and pidgins, English based (Other)
CPF	Creoles and pidgins, French based (Other)
CPP	Creoles and pidgins, Portuguese-based (Other)
CRE	Cree
CRH	Crimean Tatar; Crimean Turkish
CRP	Creoles and pidgins (Other)
CSB	Kashubian
CUS	Cushitic (Other)
CZE/CES	Czech
DAK	Dakota
DAN	Danish
DAR	Dargwa
DAY	Land Dayak languages
DEL	Delaware
DEN	Slave (Athapaskan)
DGR	Dogrib
DIN	Dinka
DIV	Divehi; Dhivehi; Maldivian
DOI	Dogri
DRA	Dravidian (Other)
DSB	Lower Sorbian
DUA	Duala
DUM	Dutch, Middle (ca.1050-1350)
DUT/NLD	Dutch; Flemish
DYU	Dyula
DZO	Dzongkha
EFI	Efik
EGY	Egyptian (Ancient)
EKA	Ekajuk
ELX	Elamite

Language Codes

Value	Description
ENG	English
ENM	English, Middle (1100-1500)
EPO	Esperanto
EST	Estonian
EWE	Ewe
EWO	Ewondo
FAN	Fang
FAO	Faroese
FAT	Fanti
FIJ	Fijian
FIL	Filipino; Pilipino
FIN	Finnish
FIU	Finno-Ugrian (Other)
FON	Fon
FRE/FRA	French
FRM	French, Middle (ca.1400-1600)
FRO	French, Old (842-ca.1400)
FRR	Northern Frisian
FRS	Eastern Frisian
FRY	Western Frisian
FUL	Fulah
FUR	Friulian
GAA	Ga
GAY	Gayo
GBA	Gbaya
GEM	Germanic (Other)
GEO/KAT	Georgian
GER/DEU	German
GEZ	Geez
GIL	Gilbertese
GLA	Gaelic; Scottish Gaelic

Language Codes

Value	Description
GLE	Irish
GLG	Galician
GLV	Manx
GMH	German, Middle High (ca.1050-1500)
GOH	German, Old High (ca.750-1050)
GON	Gondi
GOR	Gorontalo
GOT	Gothic
GRB	Grebo
GRC	Greek, Ancient (to 1453)
GRE/ELL	Greek, Modern (1453-)
GRN	Guarani
GSW	Swiss German; Alemannic
GUJ	Gujarati
GWI	Gwich'in
HAI	Haida
HAT	Haitian; Haitian Creole
HAU	Hausa
HAW	Hawaiian
HEB	Hebrew
HER	Herero
HIL	Hiligaynon
HIM	Himachali
HIN	Hindi
HIT	Hittite
HMN	Hmong
HMO	Hiri Motu
HSB	Upper Sorbian
HUN	Hungarian
HUP	Hupa
IBA	Iban

Language Codes

Value	Description
IBO	Igbo
ICE/ISL	Icelandic
IDO	Ido
III	Sichuan Yi
IJO	Ijo languages
IKU	Inuktitut
ILE	Interlingue
ILO	Iloko
INA	Interlingua (International Auxiliary Language Association)
INC	Indic (Other)
IND	Indonesian
INE	Indo-European (Other)
INH	Ingush
IPK	Inupiaq
IRA	Iranian (Other)
IRO	Iroquoian languages
ITA	Italian
JAV	Javanese
JBO	Lojban
JPN	Japanese
JPR	Judeo-Persian
JRB	Judeo-Arabic
KAA	Kara-Kalpak
KAB	Kabyle
KAC	Kachin; Jingpho
KAL	Kalaallisut; Greenlandic
KAM	Kamba
KAN	Kannada
KAR	Karen languages
KAS	Kashmiri
KAU	Kanuri

Language Codes

Value	Description
KAW	Kawi
KAZ	Kazakh
KBD	Kabardian
KHA	Khasi
KHI	Khoisan (Other)
KHM	Central Khmer
KHO	Khotanese
KIK	Kikuyu; Gikuyu
KIN	Kinyarwanda
KIR	Kirghiz; Kyrgyz
KMB	Kimbundu
KOK	Konkani
KOM	Komi
KON	Kongo
KOR	Korean
KOS	Kosraean
KPE	Kpelle
KRC	Karachay-Balkar
KRL	Karelian
KRO	Kru languages
KRU	Kurukh
KUA	Kuanyama; Kwanyama
KUM	Kumyk
KUR	Kurdish
KUT	Kutenai
LAD	Ladino
LAH	Lahnda
LAM	Lamba
LAO	Lao
LAT	Latin
LAV	Latvian

Language Codes

Value	Description
LEZ	Lezghian
LIM	Limburgan; Limburger; Limburgish
LIN	Lingala
LIT	Lithuanian
LOL	Mongo
LOZ	Lozi
LTZ	Luxembourgish; Letzeburgesch
LUA	Luba-Lulua
LUB	Luba-Katanga
LUG	Ganda
LUI	Luiseno
LUN	Lunda
LUO	Luo (Kenya and Tanzania)
LUS	Lushai
MAC/MKD	Macedonian
MAD	Madurese
MAG	Magahi
MAH	Marshallese
MAI	Maithili
MAK	Makasar
MAL	Malayalam
MAN	Mandingo
MAO/MRI	Maori
MAP	Austronesian (Other)
MAR	Marathi
MAS	Masai
MAY/MSA	Malay
MDF	Moksha
MDR	Mandar
MEN	Mende
MGA	Irish, Middle (900-1200)

Language Codes

Value	Description
MIC	Mi'kmaq; Micmac
MIN	Minangkabau
MIS	Uncoded languages
MKH	Mon-Khmer (Other)
MLG	Malagasy
MLT	Maltese
MNC	Manchu
MNI	Manipuri
MNO	Manobo languages
MOH	Mohawk
MOL	Moldavian
MON	Mongolian
MOS	Mossi
MUL	Multiple languages
MUN	Munda languages
MUS	Creek
MWL	Mirandese
MWR	Marwari
MVE	Pakistan
MYN	Mayan languages
MYV	Erzya
NAH	Nahuatl languages
NAI	North American Indian
NAP	Neapolitan
NAU	Nauru
NAV	Navajo; Navaho
NBL	Ndebele, South; South Ndebele
NDE	Ndebele, North; North Ndebele
NDO	Ndonga
NDS	Low German; Low Saxon; German, Low; Saxon, Low
NEP	Nepali

Language Codes

Value	Description
NEW	Nepal Bhasa; Newari
NIA	Nias
NIC	Niger-Kordofanian (Other)
NIU	Niuean
NNO	Norwegian Nynorsk; Nynorsk, Norwegian
NOB	Bokmål, Norwegian; Norwegian Bokmål
NOG	Nogai
NON	Norse, Old
NOR	Norwegian
NQO	N'Ko
NSO	Pedi; Sepedi; Northern Sotho
NUB	Nubian languages
NWC	Classical Newari; Old Newari; Classical Nepal Bhasa
NYA	Chichewa; Chewa; Nyanja
NYM	Nyamwezi
NYN	Nyankole
NYO	Nyoro
NZI	Nzima
OCI	Occitan (post 1500); Provençal
OJI	Ojibwa
OMN	Mandarin
ORI	Oriya
ORM	Oromo
OSA	Osage
OSS	Ossetian; Ossetic
OTA	Turkish, Ottoman (1500-1928)
OTO	Otomian languages
PAA	Papuan (Other)
PAG	Pangasinan
PAL	Pahlavi
PAM	Pampanga

Language Codes

Value	Description
PAN	Panjabi; Punjabi
PAP	Papiamento
PAU	Palauan
PEO	Persian, Old (ca.600-400 B.C.)
PER/FAS	Persian
PES	Farsi
PHI	Philippine (Other)
PHN	Phoenician
PLI	Pali
POL	Polish
PON	Pohnpeian
POR	Portuguese
PRA	Prakrit languages
PRO	Provençal, Old (to 1500)
PUS	Pushto
QAA-QTZ	Reserved for local use
QUE	Quechua
RAJ	Rajasthani
RAP	Rapanui
RAR	Rarotongan; Cook Islands Maori
ROA	Romance (Other)
ROH	Romansh
ROM	Romany
RUM/RON	Romanian
RUN	Rundi
RUP	Aromanian; Arumanian; Macedo-Romanian
RUS	Russian
SAD	Sandawe
SAG	Sango
SAH	Yakut
SAI	South American Indian (Other)

Language Codes

Value	Description
SAL	Salishan languages
SAM	Samaritan Aramaic
SAN	Sanskrit
SAS	Sasak
SAT	Santali
SCC/SRP	Serbian
SCN	Sicilian
SCO	Scots
SCR/HRV	Croatian
SEL	Selkup
SEM	Semitic (Other)
SGA	Irish, Old (to 900)
SGN	Sign Languages
SHN	Shan
SID	Sidamo
SIN	Sinhala; Sinhalese
SIO	Siouan languages
SIT	Sino-Tibetan (Other)
SLA	Slavic (Other)
SLO/SLK	Slovak
SLV	Slovenian
SMA	Southern Sami
SME	Northern Sami
SMI	Sami languages (Other)
SMJ	Lule Sami
SMN	Inari Sami
SMO	Samoaan
SMS	Skolt Sami
SNA	Shona
SND	Sindhi
SNK	Soninke

Language Codes

Value	Description
SOG	Sogdian
SOM	Somali
SON	Songhai languages
SOT	Sotho, Southern
SPA	Spanish; Castilian
SRD	Sardinian
SRN	Sranan Tongo
SRR	Serer
SSA	Nilo-Saharan (Other)
SSW	Swati
SUK	Sukuma
SUN	Sundanese
SUS	Susu
SUX	Sumerian
SWA	Swahili
SWE	Swedish
SYC	Classical Syriac
SYR	Syriac
TAH	Tahitian
TAI	Tai (Other)
TAM	Tamil
TAT	Tatar
TEL	Telugu
TEM	Timne
TER	Tereno
TET	Tetum
TGK	Tajik
TGL	Tagalog
THA	Thai
TIB/BOD	Tibetan
TIG	Tigre

Language Codes

Value	Description
TIR	Tigrinya
TIV	Tiv
TKL	Tokelau
TLH	Klingon; tlhIngan-Hol
TLI	Tlingit
TMH	Tamashek
TOG	Tonga (Nyasa)
TON	Tonga (Tonga Islands)
TPI	Tok Pisin
TSI	Tsimshian
TSN	Tswana
TSO	Tsonga
TUK	Turkmen
TUM	Tumbuka
TUP	Tupi languages
TUR	Turkish
TUT	Altaic (Other)
TVL	Tuvalu
TWI	Twi
TYV	Tuvinian
UDM	Udmurt
UGA	Ugaritic
UIG	Uighur; Uyghur
UKR	Ukrainian
UMB	Umbundu
UND	Undetermined
URD	Urdu
UZB	Uzbek
VAI	Vai
VEN	Venda
VIE	Vietnamese

Language Codes

Value	Description
VOL	Volapük
VOT	Votic
WAK	Wakashan languages
WAL	Walamo
WAR	Waray
WAS	Washo
WEL/CYM	Welsh
WEN	Sorbian languages
WLN	Walloon
WOL	Wolof
XAL	Kalmyk; Oirat
XHO	Xhosa
YAO	Yao
YAP	Yapese
YID	Yiddish
YOR	Yoruba
YPK	Yupik languages
ZAP	Zapotec
ZBL	Blissymbols; Blissymbolics; Bliss
ZEN	Zenaga
ZHA	Zhuang; Chuang
ZND	Zande languages
ZUL	Zulu
ZUN	Zuni
ZXX	No linguistic content
ZZA	Zaza; Dimili; Dimli; Kirdki; Kirmanjki; Zazaki

Addendum P - Ancillary HCPCS Required Revenue Codes

Revenue Code	Description
0302	Immunology
0305	Hematology
0310	General classification
0311	Cytology
0312	Histology
0314	Biopsy
0319	Other
0320	General classification
0321	Angiocardiology
0322	Arthrography
0323	Arteriography
0324	Chest X-ray
0329	Other
0333	Radiation therapy
0340	General classification
0341	Diagnostic procedures
0342	Therapeutic procedures
0343	Diagnostic radiopharmaceuticals
0344	Therapeutic radiopharmaceuticals
0349	Other nuclear medicine
0360	General classification
0361	Minor surgery
0362	Organ transplant - other than kidney
0367	Kidney transplant
0369	Other operating room services
0413	Hyperbaric oxygen therapy
0450	General classification
0451	EMTALA emergency medical screening services
0452	ER beyond EMTALA screening
0456	Urgent care
0459	Other emergency room

Ancillary HCPCS Required Revenue Codes

Revenue Code	Description
0460	General classification
0469	Other pulmonary function
0480	General classification
0481	Cardiac cath lab
0482	Stress test
0483	Echocardiology
0510	General classification
0511	Chronic pain center
0512	Dental clinic
0513	Psychiatric clinic
0514	OB-GYN clinic
0515	Pediatric clinic
0516	Urgent care clinic
0517	Family practice clinic
0519	Other clinic
0530	General classification
0636	Drugs requiring detailed coding
0730	General classification
0731	Holter monitor
0732	Telemetry
0739	Other EKG/ECG
0740	General classification
0749	Other EEG
0771	Vaccine administration
0880	General classification
0881	Ultrafiltration
0882	Home dialysis aid visit
0889	Other miscellaneous dialysis
0900	General classification
0901	Electroshock treatment
0903	Play therapy

Ancillary HCPCS Required Revenue Codes

Revenue Code	Description
0909	Reserved
0910	Reserved
0914	Individual therapy
0915	Group therapy
0916	Family therapy
0917	Bio feedback
0918	Testing
0920	General classification
0921	Peripheral vascular lab
0922	Electromyelgram
0923	Pap smear
0924	Allergy test
0925	Pregnancy test
0929	Other diagnostic services
0940	General classification
0943	Cardiac rehabilitation

Addendum Q - Provider Professional Degree Codes

Referenced by **P236** Provider Professional Degrees
Data Elements

Value	Description
ACSW	Academy of Certified Social Workers
AA	Associate of Arts
AAC	Agency Affiliated Counselors
ACNP	Acute Care Nurse Practitioner
ANP	Advanced Nurse Practitioner
AODA	Alcohol and Other Drug Abuse
APN	Advance Practice Nurse
APNP	Advanced Practice Nurse Prescriber
APSW	Advanced Practice Social Worker
ARN	Advanced Registered Nurse
ARNP / APRN	Advanced Registered Nurse Practitioner
AS	Associate of Science
AT	Athletic Trainer
ATC	Athletic Trainer Certified
AUD	Audiologist
B.S.	Bachelor of Science
BA	Bachelor of Arts
BCIA	Board Certified Counselor
BSHS/B.S.H.S.	Bachelor of Science in Health Studies
BSN / B.S.N.	Bachelor of Science in Nursing
BSW / B.S.W.	Bachelor of Science and Social Worker
CA	Certified Advisor
CAADAC / C.A.A.D.A.C. / CADAC	Certified Alcohol and Drug Abuse Counselor
CAC	Certified Alcoholism Counselor
CADC	Certified Alcohol and Drug Counselor
CAP	College of American Pathologists
CAPA	Certified Ambulatory Post Anesthesia

Provider Professional Degree Codes

Value	Description
CAPSW	Certified Advanced Practice Social Worker
CAS / C.A.S.	Certificate of Advanced Study
CC	Certified Counselor
CCC	Certified Clinical Counselor
CCCA	Certificate of Clinical Competence in Audiology
CCCSLP	Certificate of Clinical Competence Speech & Language Pathology
CCDC	Certified Chemical Dependency Counselor
CDE	Certified Diabetic Educator
CDM	Certified Direct-Entry Midwives
CDP	Chemical Dependency Professional
CDPT	Certified Chemical Dependency Professional Trainee
CDS	Chemical Dependency Specialist
CFA	Certified Family Assistant
CFACHE	Certified Fellow American College of Healthcare Executives
CFY	Clinical Fellowship Year (Speech-Language Pathology education/jobs)
CG / C.G.	Certified Gastroenterology
CHC	Certified Health Consultant
CISW	Certified Independent Social Worker
CLD / C.L.D.	Clinical Laboratory Director
CM	Certified Midwife (This is different from CNM-Certified Nurse Midwife)
CMA	Certified Medical Assistant
CMHA / C.M.H.A.	Certified Mental Health Administrator
CMT	Certified Massage Therapist
CN	Certified Nutritionist
CNA	Certified Nursing Assistant, Certified Nurse's Aid; Certified in Nursing Administration
CNHA	Certified Nursing Home Administrator
CNM	Certified Nurse Midwife
CNOR	Certified Operating Room Nurse
CNP	Certified Nurse Practitioner
CNS / C.N.S.	Clinical Nurse Specialist

Provider Professional Degree Codes

Value	Description
CNSLR	Counselor
COA	Certified Ophthalmic Assistant
COMT / C.O.M.T.	Certified Ophthalmic Medical Technician
COT / C.O.T.	Certified Ophthalmic Technician
COTA	Certified Occupational Therapist Assistant
CP	Clinical Psychologist
CPHQ / C.P.H.Q.	Certified Professional in Health Care Quality
CPNP	Certified Pediatric Nurse Practitioner
CRC	Certified Rehabilitation Counselor
CRN	Certified Registered Nurse
CRNA	Certified Registered Nurse Anesthetist
CRNFA	Certified Registered Nurse First Assistant
CRNP	Certified Registered Nurse Anesthetist
CRT	Certified Respiratory Therapist
CSA	Certified Surgical Assistant
CST	Certified Surgical Technician
CSW	Certified Social Worker
CSWPIP	Certified Social Worker Private Independent Practitioner
DC	Chiropractor
DDS / D.D.S.	Doctor of Dental Surgery
DMD / D.M.D.	Doctor of Dental Medicine
DMIN	Doctor of Ministry
DMSc	Doctor of Medical Services
DNP	Doctor of Nursing Practice
DO	Doctor or Osteopathy
DOM	Doctor of Oriental Medicine
DPM / D.P.M.	Doctor of Podiatric Medicine
DPT	Doctorate-Physical Therapy
DRPH / DR.P.H / DrPh / Dr.P.h.	Doctor of Public Health

Provider Professional Degree Codes

Value	Description
DSW / D.S.W.	Doctor of Social Welfare
EAMP	East Asian Medicine Practitioner
EDD	Doctor of Education
EMT	Emergency Medical Technician
FAAN	Fellow of the American Academy of Nursing
FACATA	Fellow of the American College of Addiction Treatment Administrators
FACHE	Fellow of the American College of Healthcare Executives
FACMGA	Fellow of the American College of Medical Group Administrators
FACP	Fellow of the American College of Physicians
FACS	Fellow of the American College of Surgeons
FNP	Family Nurse Practitioner
FNPC	Family Nurse Practitioner Certified
FRCPSC	Fellow of the Royal College of Physicians and Surgeons of Canada
GNP	Geriatric Nurse Practitioner
HAS	Health System Administrator
HSA / H.S.A.	Health System Administrator
LAC	Licensed Acupuncturist
LADC	Licensed Alcohol and Drug Counselor
LAT	Licensed Athletic Trainer
LC	Licensed Counselor
LCMHC	Licensed Clinical Mental Health Counselor
LCPC	Licensed Clinical Professional Counselor
LCSW	Licensed Certified Social Worker
LCW	Licensed Clinical Worker
LD	Licensed Dietician
LICDC	Licensed Independent Chemical Dependency Counselor
LICSW	Licensed Independent Clinical Social Worker
LISW / L.I.S.W.	Licensed Independent Social Worker
LLP / L.L.P.	Limited Licensed Practitioner
LLT / L.L.T.	Limited License Psychologist

Provider Professional Degree Codes

Value	Description
LM	Licensed Midwife
LMFT / MFT	Licensed Marriage Family Therapist
LMFTA	Licensed Marriage and Family Therapist Associate
LMHC / L.M.H.C.	Licensed Master of Health Care
LMHCA	Licensed Mental Health Counselor Associate
LMHP	Licensed Mental Health Professional
LMP	Licensed Massage Practitioner
LMSW / L.M.S.W.	Licensed Master of Social Work
LMT	Licensed Massage Therapist
LMW	Licensed Midwife
LNHA / L.N.H.A.	Licensed Nursing Home Administrator
LO	Licensed Optician
LP	Licensed Psychologist
LPA	Licensed Psychological Associate
LPC / L.P.C.	Licensed Professional Counselor
LPCC	Licensed Professional Clinical Counselor
LPN / L.P.N	Licensed Practical Nurse
LPP	Licensed Pastoral Professional
LPT	Licensed Physical Therapist
LSW / L.S.W.	Licensed Social Worker
LSWAA	Licensed Social Work Associate-Advanced
LSWAIC	Licensed Social Work Associate-Independent Clinical
MA	Masters of Arts
MB / M.B.	Bachelor of Medicine
MD / M.D.	Doctor of Medicine
MDIV	Masters of Divinity
MED	Masters in Education
MFCC	Marriage/Family/Child Counselor
MHA	Mental Health Association

Provider Professional Degree Codes

Value	Description
MHC	Mental Health Counselor
MHS / M.H.S.	Masters in Health Science; Masters in Human Service
MNT	Medical Nutrition Therapy
MOT	Master in Occupational Therapy
MPH / M.P.H.	Master of Public Health
MPT	Masters of Physical Therapy
MS	Masters of Science
MSCC	Masters Certified
MSD / M.S.D.	Doctor of Medical Science
MSHSA	Master of Science Health Service Administration
MSLPC	Masters of Science Licensed Professional Counselor
MSN / M.S.N.	Master of Science in Nursing
MSOT	Master of Science in Occupational Therapy
MSPH / M.S.P.H.	Master of Science in Public Health
MSPT	Masters of Science Physical Therapy
MSRD	Master on Science Registered Dietician
MSSW / M.S.S.W.	Master of Science in Social Work
MSW / M.S.W.	Master of Social Work
MT	Massage Therapist
MW	Midwife
NCADC / N.C.A.D.C.	National Certification of Alcohol and Drug Counselors
ND	Doctor of Naturopathy
NHA	Nursing Home Administrator
NMNP	Nurse Midwife Nurse Practitioner
NMW	Nurse Mid Wife
NNP	Neonatal Nurse Practitioner
NP	Nurse Practitioner
NPA	National Perinatal Association
OCN	Oncology Certified Nurse

Provider Professional Degree Codes

Value	Description
OD / O.D.	Optometrist
OM	Oriental Medicine
OMD	Doctor of Oriental Medicine
OPAC	Orthopedic Physicians Assistant Certified
ORS / O.R.S.	Operating Room Supervisor
OT	Occupational Therapist
OTR	Occupational Therapist
OTR.L	Occupational Therapist Registered/Licensed
OTR/I	Occupational Therapist Registered/Licensed
PA	Physician's Assistant
PAC	Certified Physician's Assistant
PCC	Professional Clinical Counselor
PHARM.D. / PHARM.D. / PharmD / Pharm.D.	Doctor of Pharmacy
PHD / PHD. / PhD / PhD.	Doctor of Philosophy
PMHNP	Psychiatric Mental Health Nurse Practitioner
PNP	Doctor of Psychology
Pod D / POD.D / Pod.D. / PODD PodD /	Podiatry
PSY	Psychologist
PSYD	Doctor of Psychology
PT	Physical Therapist
QMHP	Qualified Mental Health Professional
RC	Registered Counselor
RD	Registered Dietician
RN	Registered Nurse
RNC	Registered Nurse or Board Certified
RNCS	Registered Nurse Clinical Specialist
RNFA	Registered Nurse First Assistant

Provider Professional Degree Codes

Value	Description
RNFN	Registered Nurse First-Family Nurse
RNNP	Registered Nurse Nurse Practitioner
RNP	Registered Nurse Practitioner
RPT	Registered Physical Therapist
RR	Registered Radiologist
RRT	Registered Respiratory Therapist
RSW	Registered Social Worker
RVT	Registered Vascular Technician
RXN	Psych Registered Nurse
SA	Surgical Assistant
SAC	Substance Abuse Counselor
SCAC	Senior Certified Addiction Counselor
SLP	Speech Language Pathologist
SNA	Surgical Nursing Assistant
SP	Speech Pathologist
ST	Speech Therapist
SW	Social Worker
WHCNP	Women's Health Care Nurse Practitioner
WHNP	Women's Health Nurse Practitioner