South Carolina Department of Health and Human Services

Medicaid Management Information System (MMIS) Table

Reference Files

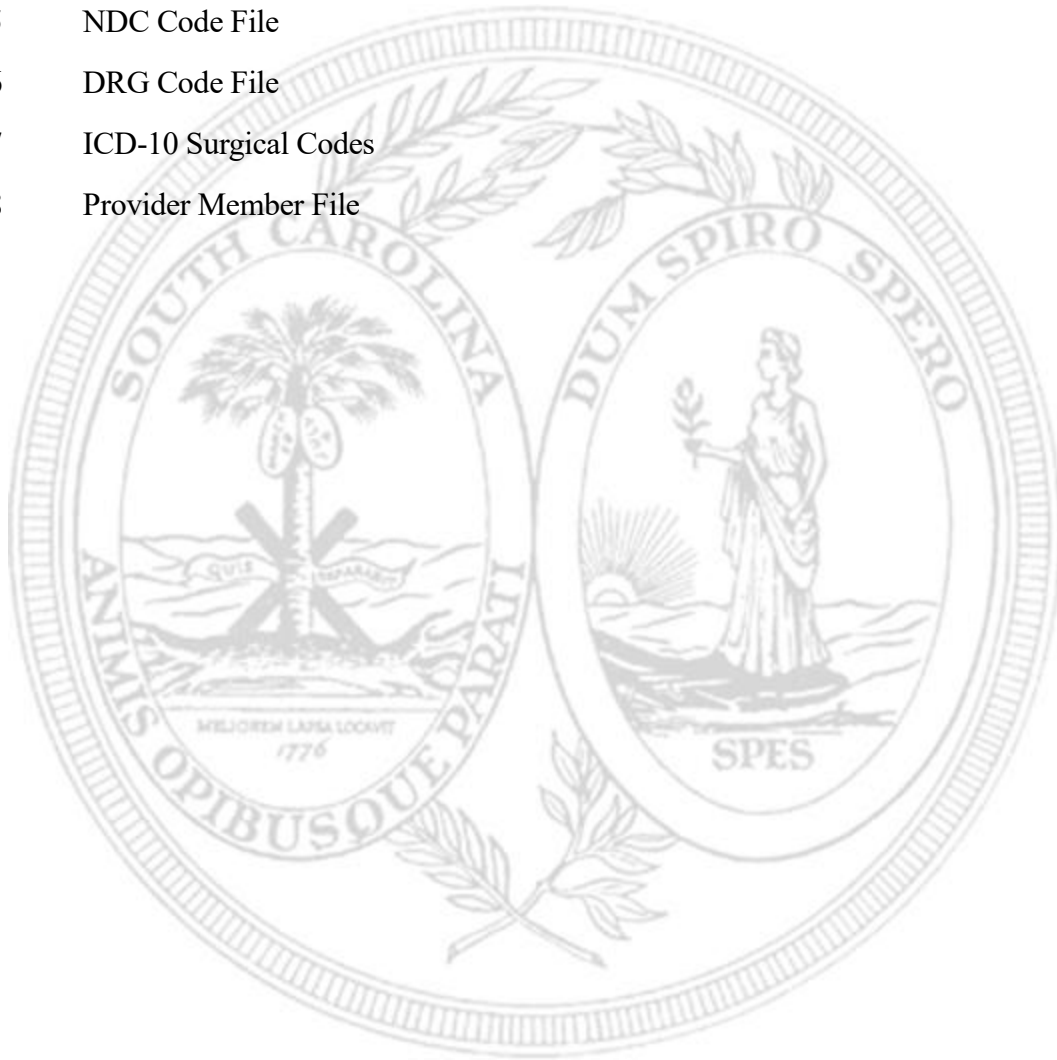**Last Updated: January 01, 2025**

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TABLE 1- Assistance Payment Category
Last Validated: 11/01/2024
Description: Code utilized for the category in which recipient was determined eligible for.

CODE	DESCRIPTION	CODE	DESCRIPTION
10	MAO NURSING HOME	55	FAMILY PLANNING WAIVER
11	MAO EXTENDED TRANSITIONAL	56	ISCEDC COSY CHILDREN
12	OCWI INFANTS	57	KATIE BECKETT TEFRA FAMILY
13	MAO FOSTER CARE ADOPTION	58	FAMILY INDEPENDENCE SANCTIONED
14	MAO GENERAL HOSPITAL	59	LOW INCOME FAMILIES
15	MAO WAIVERS HOME COMMUNITY	60	REGULAR FOSTER CARE
16	PASS-ALONG ELIGIBLES	61	FORMER FOSTER CARE
17	EARLY WIDOWS WIDOWERS	68	FAMILY INDEPENDENCE WORK SUPP.
18	DISABLED WIDOWS WIDOWERS	70	REFUGE ENTRANT
19	DISABLED ADULT CHILDREN	71	BREAST AND CERVICAL CANCER
20	PASS ALONG CHILDREN	80	SSI
30	AFDC (FAMILY INDEPENDENCE)	81	SSI WITH ESSENTIAL SPOUSE
31	TITLE IV-E FOSTER CARE	85	OPTIONAL SUPPLEMENT
32	AGED, BLIND, DISABLED ABD	86	OPTIONAL SUPPLEMENT & SSI
33	ABD NURSING HOME	87	OCWI PREGNANT WOMEN INFANTS
40	WORKING DISABLED	88	OCWI PARTNERS FOR HEALTHY PHC
41	MEDICAID REINSTATEMENT	89	BABYNET NON-MEDICAID
42	SILVERXCARD SLMB ENDED 1205	90	QUALIFIED MEDICARE BENEFICIARY
43	SILVERXCARD SLMB2 ENDED 1205	91	RIBICOFF CHILDREN
48	SLMB2 HIGH INC LIM THAN SLMB	92	SLVCRD END 1205 GAPS EFF 0106
49	SLMB 3	99	HEALTHY CONNECTION KIDS
50	QUAL DISABLED WORKING INDIV	C	EMERGENCY INMATE SERVICES
51	TITLE IV E ADOPTION ASSISTANCE	E	EMERGENCY SERVICES
52	SLMB SPEC LOW INC MCARE BENE	I	INMATE SERVICES

TABLE 2- RSP (Recipient Special Program) Codes

Last Validated: 11/01/2024

Description: Code used to indicate the waiver/special program the patient is eligible under.

4 BYTE CODE	1 BYTE CODE	DESCRIPTION
AUTS	Y	Non-Waiver Autism Spectrum Disorder
AUTW	8	Pervasive Developmental Disorder Waiver
BNET	4	BABYNET (NHTR to 12/11)
CHPC	H	CLTC Children's PCA
CLTC	A	CLTC Elderly Disabled
COCP	P	Continuum of Care
CSWE	D	Community Supports Waiver Wvr / Estab (HRLO to 6/05)
CSWN	C	Community Supports Waiver Wvr / New (HREX to 6/05)
DMRE	M	DMR Waiver/Established
DMRN	L	DMR Waiver/New
FOST	E	Foster Care Under Age 18 (HRHI to 6/05)
HIVA	F	CLTC HIV AIDS
HRLO	~	High Risk/LO (to 6/05)
HSCE	S	Head and Spinal Cord/Established
HSCN	T	Head and Spinal Cord/New
ISED	I	Interagency Sys Care Em Dist Ch
MCCM	5	Primary Care Case Management/MHN
MCFC	U	Medically Fragile Children's Program
MCHM	N	Managed Care / HCK
MCHS	K	Hospice
MCPC	Z	Integrated Personal Care Svcs
MCPP	G	Physicians Enhanced Program (to 8/07)
MCPR	R	PRIME (MCRH to 1/06)
MFPP	W	Money Follows Person (MCNF to 10/09)
PRTF	9	Alt Psychiatric RTF Demo Project
SCCH		SC Choice (to 6/06)
STCM		Specialized Targeted Case Management
TBBH	Q	Tuberculosis Bio Hazard
TBRS	2	Tuberculosis Related Services
TFCP	B	Therapeutic Foster Care
VENT	V	CLTC Ventilator Waiver
WMCC	3	Medically Complex Children Waiver (SCCH to 6/06)

TABLE 3-County Codes and Names

Last Validated: 11/01/2024

Description: Code used to indicate which county the patient resides in at time of claim and used for the county that the provider practices in at time of claim.

CODE	DESCRIPTION	CODE	DESCRIPTION
01	ABBEVILLE	27	JASPER
02	AIKEN	28	KERSHAW
03	ALLENDALE	29	LANCASTER
04	ANDERSON	30	LAURENS
05	BAMBERG	31	LEE
06	BARNWELL	32	LEXINGTON
07	BEAUFORT	33	MCCORMICK
08	BERKELEY	34	MARION
09	CALHOUN	35	MARLBORO
10	CHARLESTON	36	NEWBERRY
11	CHEROKEE	37	OCONEE
12	CHESTER	38	ORANGEBURG
13	CHESTERFIELD	39	PICKENS
14	CLARENDON	40	RICHLAND
15	COLLETON	41	SALUDA
16	DARLINGTON	42	SPARTANBURG
17	DILLON	43	SUMTER
18	DORCHESTER	44	UNION
19	EDGEFIELD	45	WILLIAMSBURG
20	FAIRFIELD	46	YORK
21	FLORENCE	47	CENTRAL ELIG PROCESSING
22	GEORGETOWN	60	GA WITHIN SC SVC AREA
23	GREENVILLE	61	GA OUTSIDE SC SVC AREA
24	GREENWOOD	62	NC WITHIN SC SVC AREA
25	HAMPTON	63	NC OUTSIDE SC SVC AREA
26	HORRY	64	OTHER

TABLE 4-Qualifying Category
Last Validated: 11/01/2024
Description: Category for which they qualify under Medicaid at the time of claim.

CODE	DESCRIPTION
10	AGED
20	BLIND
30	AFDC
31	TITLE IV-E
40	GDA
41	REINSTATEMENT
50	DISABLED
60	REGULAR FOSTER CARE
70	REFUGEES
71	CHILDREN

Table 5- Claim/Document Type
Last Validated: 11/01/2024
Description: Code for which the claim or document is being submitted.

CODE	DESCRIPTION
A	HIC/PHYSICIANS
B	DENTAL
C	MED-TRANS
D	DRUG
E	ENCOUNTER
G	NURSE-HOME
J	BUY-IN
U	ADJUSTMENT
Y	UB04
Z	UB92

TABLE 6- Procedure Code Subfile
Last Updated 1/20/06
Last Validated: 11/01/2024
Description: Specifies specific details of a CPT/HCPCS

CODE	DESCRIPTION
A	DENTAL
B	AUTISM STATE PLAN SERVICES
D	DSS HOM
E	PVT MENTAL
F	SC DMH
G	ALCHOL/SUB
H	MENTAL RET I SED CHILDR
J	AUDIOLOGY
K	NURSE
L	ANESTH
M	PSYCH
N	THERAPIST
O	OP HOSP
P	PHYSICIAN
Q	ESRD/CLIN
R	DHEC
S	AUDIO/CORF
T	AMB SURG
U	DIABETES
V	DR/SB/MFCP W FP M & CHD X OPT
Y	DME/AM/MIS
Z	PHYS ASST
1	E/D
2	VENT
3	HIV/AIDS
4	CHILD PCA
5	SC CHOICE
6	CLTC
7	PSC
8	DMR
9	HASCI

TABLE 7 (TABLE 1304 IN MMIS)-Procedure Code Modifiers
Last Updated In MMIS: 06/27/07
Last Validated: 11/01/24
Description: Procedure code modifiers are added to CPT/HCPCS codes to provide additional information or specificity.

CODE	CODE DESCRIPTION	CODE	CODE DESCRIPTION
01P	Excl Due to Medical Reason	QZ	CRNA Svc w/o Med Dir by MD
020	Microsurgery	RA	Residence-> Phys Office
021	Prolonged E&M Services	RC	Right Coronary Artery
022	Unusual Procedural Services	RD	Drug Adm Not Inc-to/Res->Dx/Tx
023	Unusual Anesthesia	RE	Residence-> ECF/Nurs Home
024	Unrelat E&M (Postop) Same Phys	RG	Residence->Hosp-based Dialysis
025	E&M Service Same Physician/Day	RH	Residence-> Hospital
026	Professional Component	RI	Residence->Transfer Site
027	Multiple OP E&M Same Day	RJ	Residence->N/Hosp-based Dialys
02P	Excl Due to Patient Choice	RN	Residence-> SNF (1819)
032	Mandated Services	RP	Replacement & Repair(DMEPOS)
03P	Excl Due to System Reason	RR	Rental (DME)
047	Anesthesia by Surgeon	RT	Right Side
050	Bilateral Procedure	RX	Residence-> Intermed Stop
051	Multiple Procedures	SA	Nurse Practitioner w Physici
052	Reduced Services	SB	Nurse Midwife
053	Discontinued Procedure	SC	Medically Necessary Serv/Sup
054	Surgical Care Only	SD	Serv by Home Infusion RN
055	Postoperative Management Only	SE	State/Fed Funded Program/Ser
056	Preoperative Management Only	SF	2nd Opinion Ordered by PRO
057	Decision for Surgery	SG	ASC Facility Service
058	Staged Proc (Postop) Same Phys	SH	2nd Concurrent Infusion Ther
059	Distinct Procedural Service	SI	Accident Scene->Transfer Site
060	Altered Surgical Field	SJ	3rd Concurrent Infusion Ther
062	Two Surgeons	SK	High Risk Population
063	Procedure Performed on Infants	SL	State Supplied Vaccine
066	Surgical Team	SM	Second Opinion
073	Discontin OP Proc Prior to Ane	SN	Accident->SNF/Third Opinion
074	Discontin OP Proc After Anesth	SP	Accident->Phys Office
076	Repeat Procedure Same Phys	SQ	Item Ordered by Home Health
077	Repeat Procedure Another Phys	SR	Accident-> Residence
078	Return to OR for Postop Proc	SS	HIT in Infusion Suite

079	Unrel Proc (Postop) Same Phys	ST	Related to Trauma or Injury
080	Assistant Surgeon	SU	Performed in Phys Office
081	Minimum Assistant Surgeon	SV	Drugs Delivered Not Used
082	Assistant Surgeon, Resident NA	SW	Serv by Cert Diab Educator
090	Reference (Outside) Laboratory	SX	Accident-> Intermed Stop
091	Repeat Clinical Diag Lab Test	SY	Contact w High-Risk Pop
099	Multiple Modifiers	T1	Left Foot, Second Digit
0A1	Dressing for One Wound	T2	Left Foot, Third Digit
0A2	Dressing for Two Wounds	T3	Left Foot, Fourth Digit
0A3	Dressing for Three Wounds	T4	Left Foot, Fifth Digit
0A4	Dressing for Four Wounds	T5	Right Foot, Great Toe
0A5	Dressing for Five Wounds	T6	Right Foot, Second Digit
0A6	Dressing for Six Wounds	T7	Right Foot, Third Digit
0A7	Dressing for Seven Wounds	T8	Right Foot, Fourth Digit
0A8	Dressing for Eight Wounds	T9	Right Foot, Fifth Digit
0A9	Dressing for 9 or More Wounds	TA	Left Foot, Great Toe
0AA	Anesthesia Perf by Anesgst	TC	Technical Component
0AB	Anesgst Dir Of Own Ees, <=4	TD	RN
0AC	Anesgst Dir Of Other Ees,<=4	TE	LPN/LVN
0AD	MD Supervision, >4 Anes Proc	TF	Intermediate Level of Care
0AE	Registered Dietician	TG	Complex/High Tech Level Care
0AF	Specialty Physician	TH	OB TX/Srvcs Prenatl/Postpart
0AG	Primary Physician	TJ	Child/Adolescent Program Gp
0AH	Clinical Psychologist	TK	Extra Patient or Passenger
0AJ	Clinical Social Worker	TL	Early Intervention IFSP
0AK	Non-Participating Physician	TM	Individualized Ed Prgrm(IEP)
0AL	Nurse Pract, Nonrural, Team	TN	Rural/Out of Service Area
0AM	Physician, Team Member Svc	TP	Med Transprt Unloaded Vehicl
0AN	PA Not Asst-At-Surg, Nonteam	TQ	BLS by Volunteer Amb Providr
0AP	No Dtmn of Refractive State	TR	School-based IEP Out of Dist
0AQ	Physician Service HPSA Area	TS	Follow-up Service
0AR	Physician Scarcity Area	TT	Additional Patient
0AS	Assistant At Surgery Service	TU	Overtime Payment Rate
0AT	Acute Treatment	TV	Holiday/Weekend Payment Rate
0AU	Uro, Ostomy or Trach Item	TW	Back-up Equipment
0AV	Item w Prosthetic/Orthotic	U1	M/Caid Care Lev 1 State Def
0AW	Item w a Surgical Dressing	U2	M/Caid Care Lev 2 State Def
0AX	Item w Dialysis Services	U3	M/Caid Care Lev 3 State Def

0AY	Clin Nurse Spcst, Team	U4	M/Caid Care Lev 4 State Def
0BA	Item w Pen Services	U5	M/Caid Care Lev 5 State Def
0BL	Spec Acquisition Blood Prods	U6	M/Caid Care Lev 6 State Def
0BO	Nutrition Oral Admin No Tube	U7	M/Caid Care Lev 7 State Def
0BP	Bene Electd to Purchase Item	U8	M/Caid Care Lev 8 State Def
0BR	Bene Elected to Rent Item	U9	M/Caid Care Lev 9 State Def
0BU	Bene Undecided on Purch/Rent	UA	M/Caid Care Lev 10 State Def
0CA	Procedure Payable Inpatient	UB	M/Caid Care Lev 11 State Def
0CB	ESRD Bene Part A SNF-Sep Pay	UC	M/Caid Care Lev 12 State Def
0CC	Procedure Code Change	UD	M/Caid Care Lev 13 State Def
0CD	AMCC Test for ESRD or MCP MD	UE	Used Durable Med Equipment
0CE	Med Neces AMCC Test Sep Reimb	UF	Services Provided, Morning
0CF	AMCC Test Not Composite Rate	UG	Services Provided, Afternoon
0CR	Catastrophe/Disaster Related	UH	Services Provided, Evening
0DD	Diag/Ther Site-> Diag Site	UJ	Services Provided, Night
0DE	Diag/Ther Site-> ECF/Nurs Home	UK	Svc on Behalf Client-Collat
0DG	Diag Site-> Hosp-based Dialysi	UN	Two Patients Served
0DH	Diag/Ther Site-> Hospital	UP	Three Patients Served
0DI	Diag Site-> Transfer Site	UQ	Four Patients Served
0DJ	Diag Site-> Non-hosp-base Dial	UR	Five Patients Served
0DN	Diag/Ther Site-> SNF (1819)	US	Six or More Patients Served
0DP	Diag/Ther Site-> Phys Office	VP	Aphakic Patient
0DR	Diag/Ther Site-> Residence	YY	Second Surgical Opinion
0DX	Diag/Ther Site-> Intermed Stop	ZZ	Third Surgical Opinion
0E1	Upper Left Eyelid	59	Distinct Procedural Service
0E2	Lower Left Eyelid	60	Altered Surgical Field
0E3	Upper Right Eyelid	62	Two Surgeons
0E4	Lower Right Eyelid	63	Procedure Performed on Infants
0ED	ECF/Nurs Home-> Diag/Ther Site	66	Surgical Team
0EE	ECF/Nurs Home-> Another ECF	73	Discontin OP Proc Prior to Ane
0EG	Custod Facil-> Hosp-based Dial	74	Discontin OP Proc After Anesth
0EH	ECF/Nurs Home-> Hospital	76	Repeat Procedure Same Phys
0EI	Custod Facil-> Transfer Site	77	Repeat Procedure Another Phys
0EJ	Subsequent Claim	78	Return to OR for Postop Proc
0EM	Emer Reserve Supply (ESRD)	79	Unrel Proc (Postop) Same Phys
0EN	ECF/Nurs Home-> SNF (1819)	80	Assistant Surgeon
0EP	ECF->Phys/Mcaid EPSDT Pgm Svc	81	Minimum Assistant Surgeon
0ER	ECF/Nurs Home-> Residence	82	Assistant Surgeon, Resident NA

0ET	Emergency Services	90	Reference (Outside) Laboratory
0EX	ECF/Nurs Home-> Intermed Stop	91	Repeat Clinical Diag Lab Test
0EY	No MD Order for Item/Service	99	Multiple Modifiers
0F1	Left Hand, Second Digit	A1	Dressing for One Wound
0F2	Left Hand, Third Digit	A2	Dressing for Two Wounds
0F3	Left Hand, Fourth Digit	A3	Dressing for Three Wounds
0F4	Left Hand, Fifth Digit	A4	Dressing for Four Wounds
0F5	Right Hand, Thumb	A5	Dressing for Five Wounds
0F6	Right Hand, Second Digit	A6	Dressing for Six Wounds
0F7	Right Hand, Third Digit	A7	Dressing for Seven Wounds
0F8	Right Hand, Fourth Digit	A8	Dressing for Eight Wounds
0F9	Right Hand, Fifth Digit	A9	Dressing for 9 or More Wounds
0FA	Left Hand, Thumb	AA	Anesthesia Perf by Anesgst
0FB	Item Provided Without Cost	AB	Anesgst Dir Of Own Ees, <=4
0FP	Svc Part of Family Plan Prg	AC	Anesgst Dir Of Other Ees,<=4
0G1	URR Reading of Less Than 60	AD	MD Supervision, >4 Anes Proc
0G2	URR Reading of 60 to 64.9	AE	Registered Dietician
0G3	URR Reading of 65 to 69.9	AF	Specialty Physician
0G4	URR Reading of 70 to 74.9	AG	Primary Physician
0G5	URR Reading of 75 or Greater	AH	Clinical Psychologist
0G6	ESRD Patient <6 Dialysis/Mth	AJ	Clinical Social Worker
0G7	Payment Limits Do Not Apply	AK	Non-Participating Physician
0G8	Monitored Anesthesia Care	AL	Nurse Pract, Nonrural, Team
0G9	MAC for At Risk Patient	AM	Physician, Team Member Svc
0GA	Waiver of Liability on File	AN	PA Not Asst-At-Surg, Nonteam
0GB	Claim Resubmitted	AP	No Dtmn of Refractive State
0GC	Resident/Teaching Phys Serv	AQ	Physician Service HPSA Area
0GD	Hosp-based Dialysis->Diag Site	AR	Physician Scarcity Area
0GE	Resident Prim Care Exception	AS	Assistant At Surgery Service
0GF	Nonphysician Serv C A Hosp	AT	Acute Treatment
0GG	Payment Screen Mam + Diagmam	AU	Uro, Ostomy or Trach Item
0GH	Diag Mamm from Screening Mamm	AV	Item w Prosthetic/Orthotic
0GI	Hosp-based Dialysis->Transfer	AW	Item w a Surgical Dressing
0GJ	Opt Out Provider of ER Srvc	AX	Item w Dialysis Services
0GK	Actual Item/Service Ordered	AY	Clin Nurse Spcst, Team
0GL	Upgraded Item, No Charge	BA	Item w Pen Services
0GM	Multiple Transports	BL	Spec Acquisition Blood Prods
0GN	Hosp Dial->SNF/OP Speech Svc	BO	Nutrition Oral Admin No Tube

0GO	OP Occupational Therapy Serv	BP	Bene Electd to Purchase Item
0GP	Hosp Dial->Phys/OP PT Services	BR	Bene Elected to Rent Item
0GQ	Telehealth Store and Forward	BU	Bene Undecided on Purch/Rent
0GR	Hosp Dial->Res/Svc by VA Res	CA	Procedure Payable Inpatient
0GS	Epo/Darbepoietin Reduced 25%	CB	ESRD Bene Part A SNF-Sep Pay
0GT	Interactive Telecommunication	CC	Procedure Code Change
0GU	Non Fee Schedule Pos	CD	AMCC Test for ESRD or MCP MD
0GV	Attending Phys not Hospice	CE	Med Neces AMCC Test Sep Reimb
0GW	Service Unrelated to Term Co	CF	AMCC Test Not Composite Rate
0GX	Hos Dial->Phy Stop/Svc Not Cov	CR	Catastrophe/Disaster Related
0GY	Statutorily Excluded	DD	Diag/Ther Site-> Diag Site
0GZ	Not Reasonable and Necessary	DE	Diag/Ther Site-> ECF/Nurs Home
0H9	Court-ordered	DG	Diag Site-> Hosp-based Dialysi
0HA	Child/Adolescent Program	DH	Diag/Ther Site-> Hospital
0HB	Adult Program Non-geriatric	DI	Diag Site-> Transfer Site
0HC	Adult Program Geriatric	DJ	Diag Site-> Non-hosp-base Dial
0HD	Pregnant/Parenting Program	DN	Diag/Ther Site-> SNF (1819)
0HE	Mental Health Program	DP	Diag/Ther Site-> Phys Office
0HF	Substance Abuse Program	DR	Diag/Ther Site-> Residence
0HG	Opioid Addiction Tx Program	DX	Diag/Ther Site-> Intermed Stop
0HH	Mental Hlth/Substance Abs Pr	E1	Upper Left Eyelid
0HI	M Hlth/M Retrdtn/Dev Dis Pro	E2	Lower Left Eyelid
0HJ	Employee Assistance Program	E3	Upper Right Eyelid
0HK	Spec Hgh Rsk Mntl Hlth Pop P	E4	Lower Right Eyelid
0HL	Intern	ED	ECF/Nurs Home-> Diag/Ther Site
0HM	Less than Bachelor Degree Lv	EE	ECF/Nurs Home-> Another ECF
0HN	Bachelors Degree Level	EG	Custod Facil-> Hosp-based Dial
0HO	Masters Degree Level	EH	ECF/Nurs Home-> Hospital
0HP	Doctoral Level	EI	Custod Facil-> Transfer Site
0HQ	Group Setting	EJ	Subsequent Claim
0HR	Family/Couple w Client Prsnt	EM	Emer Reserve Supply (ESRD)
0HS	Family/Couple w/o Client Prs	EN	ECF/Nurs Home-> SNF (1819)
0HT	Multi-disciplinary Team	EP	ECF->Phys/Mcaid EPSDT Pgm Svc
0HU	Child Welfare Agency Funded	ER	ECF/Nurs Home-> Residence
0HV	Funded State Addiction Agncy	ET	Emergency Services
0HW	State Mntl Hlth Agncy Funded	EX	ECF/Nurs Home-> Intermed Stop
0HX	County/Local Agency Funded	EY	No MD Order for Item/Service
0HY	Funded by Juvenile Justice	F1	Left Hand, Second Digit

0HZ	Criminal Justice Agncy Fund	F2	Left Hand, Third Digit
0ID	Transfer Site->Diagnostic Site	F3	Left Hand, Fourth Digit
0IE	Transfer Site->Custodial Facil	F4	Left Hand, Fifth Digit
0IG	Transfer Site->Hosp-based Dial	F5	Right Hand, Thumb
0IH	Transfer Site->Hospital	F6	Right Hand, Second Digit
0II	Transfer Site->Transfer Site	F7	Right Hand, Third Digit
0IJ	Transfer Site->N/Hosp-base Dia	F8	Right Hand, Fourth Digit
0IN	Transfer Site->Skilled Nursing	F9	Right Hand, Fifth Digit
0IP	Transfer Site->Phys Office	FA	Left Hand, Thumb
0IR	Transfer Site->Residence	FB	Item Provided Without Cost
0IX	Transfer Site->PhysO Then Hosp	FP	Svc Part of Family Plan Prg
0J1	CAP No-pay for Prescript Num	G1	URR Reading of Less Than 60
0J2	CAP Restock of Emerg Drugs	G2	URR Reading of 60 to 64.9
0J3	CAP Drug Unavail thru Cap	G3	URR Reading of 65 to 69.9
0JD	N/Hosp-based Dialys->Diag Site	G4	URR Reading of 70 to 74.9
0JE	N/Hosp-based Dialys->Custodial	G5	URR Reading of 75 or Greater
0JG	N/Hosp-based Dialys->Hosp Dial	G6	ESRD Patient <6 Dialysis/Mth
0JH	Non-Hosp Dialy-> Hospital	G7	Payment Limits Do Not Apply
0JI	N/Hosp-based Dialys->TransSite	G8	Monitored Anesthesia Care
0JJ	N/Hosp-based Dialys->N/HospDia	G9	MAC for At Risk Patient
0JN	N/Hosp-based Dialys->SNF	GA	Waiver of Liability on File
0JP	N/Hosp-based Dialys->PhysOffic	GB	Claim Resubmitted
0JR	N/Hosp-based Dialys->Residence	GC	Resident/Teaching Phys Serv
0JW	Discarded Drug Not Administer	GD	Hosp-based Dialysis->Diag Site
0JX	N/Hosp-based Dialys->PhysO/Hos	GE	Resident Prim Care Exception
0K0	Lwr Ext Prost Functnl Lvl 0	GF	Nonphysician Serv C A Hosp
0K1	Lwr Ext Prost Functnl Lvl 1	GG	Payment Screen Mam + Diagmam
0K2	Lwr Ext Prost Functnl Lvl 2	GH	Diag Mamm from Screening Mamm
0K3	Lwr Ext Prost Functnl Lvl 3	GI	Hosp-based Dialysis->Transfer
0K4	Lwr Ext Prost Functnl Lvl 4	GJ	Opt Out Provider of ER Srvc
0KA	Wheelchair Add-on Option/Acc	GK	Actual Item/Service Ordered
0KB	>4 Modifiers on Claim	GL	Upgraded Item, No Charge
0KC	Repl Special Pwr Wc Interface	GM	Multiple Transports
0KD	Drug/Biological DME Infused	GN	Hosp Dial->SNF/OP Speech Svc
0KE	1 Ounce	GO	OP Occupational Therapy Serv
0KF	FDA Class III Device	GP	Hosp Dial->Phys/OP PT Services
0KG	1 Cubic Centimeter	GQ	Telehealth Store and Forward
0KH	DMEPOS Ini Clm, Pur/1 Mo Rnt	GR	Hosp Dial->Res/Svc by VA Res

0KI	DMEPOS 2nd or 3rd Mo Rental	GS	Epo/Darbepoietin Reduced 25%
0KJ	DMEPOS PEN Pmp or 4-15mo Rnt	GT	Interactive Telecommunication
0KK	Compounded Inhalation Sol	GU	Non Fee Schedule Pos
0KL	Med Policy Product Chars Met	GV	Attending Phys not Hospice
0KM	Rplc Facial Prosth New Imp	GW	Service Unrelated to Term Co
0KN	Rplc Facial Prosth Old Mod	GX	Hos Dial->Phy Stop/Svc Not Cov
0KO	Single Drug Unit Dose Form	GY	Statutorily Excluded
0KP	First Drug of Multi Drug UD	GZ	Not Reasonable and Necessary
0KQ	2nd/Subsqnt Drg Multi Drg UD	H9	Court-ordered
0KR	Rental Item Partial Month	HA	Child/Adolescent Program
0KS	Glucose Monitor Supply	HB	Adult Program Non-geriatric
0KX	Documentation on File	HC	Adult Program Geriatric
0KZ	New Cov Not Implement by M+C	HD	Pregnant/Parenting Program
0LC	Lft Circum Coronary Artery	HE	Mental Health Program
0LD	Left Ant Des Coronary Artery	HF	Substance Abuse Program
0LL	Lease/Rental (Apply to Pur)	HG	Opioid Addiction Tx Program
0LR	Laboratory Round Trip	HH	Mental Hlth/Substance Abs Pr
0LS	FDA-Monitored IOL Implant	HI	M Hlth/M Retrdtn/Dev Dis Pro
0LT	Left Side	HJ	Employee Assistance Program
0MP	Multiple Patients Seen	HK	Spec Hgh Rsk Mntl Hlth Pop P
0MS	6-Mo Maint/Svc Fee Parts/Lbr	HL	Intern
0ND	SNF (1819)-> Diag/Ther Site	HM	Less than Bachelor Degree Lv
0NE	SNF (1819)-> ECF/Nurs Home	HN	Bachelors Degree Level
0NG	SNF-> Hosp-based Dialysis Fac	HO	Masters Degree Level
0NH	SNF (1819)-> Hospital	HP	Doctoral Level
0NI	SNF-> Transfer Site	HQ	Group Setting
0NJ	SNF (1819)-> Non-Hosp Dialy	HR	Family/Couple w Client Prsnt
0NN	SNF (1819)-> SNF (1819)	HS	Family/Couple w/o Client Prs
0NP	SNF (1819)-> Phys Office	HT	Multi-disciplinary Team
0NR	New When Rented	HU	Child Welfare Agency Funded
0NU	New Equipment	HV	Funded State Addiction Agncy
0NX	SNF (1819)-> Intermed Stop	HW	State Mntl Hlth Agncy Funded
0P1	Normal Healthy Patient	HX	County/Local Agency Funded
0P2	Mild Systemic Disease	HY	Funded by Juvenile Justice
0P3	Severe Systemic Disease	HZ	Criminal Justice Agncy Fund
0P4	Life-threat Systemic Disease	ID	Transfer Site->Diagnostic Site
0P5	Moribund	IE	Transfer Site->Custodial Facil
0P6	Declared Brain Dead	IG	Transfer Site->Hosp-based Dial

0PD	Phys Office-> Diag/Ther Site	IH	Transfer Site->Hospital
0PE	Phys Office-> ECF/Nurs Home	II	Transfer Site->Transfer Site
0PG	Phys Office->Hosp-based Dialys	IJ	Transfer Site->N/Hosp-base Dia
0PH	Phys Office-> Hospital	IN	Transfer Site->Skilled Nursing
0PI	Phys Office->Transfer Site	IP	Transfer Site->Phys Office
0PJ	Phys Office->N/Hosp-based Dial	IR	Transfer Site->Residence
0PL	Progressive Addition Lenses	IX	Transfer Site->PhysO Then Hosp
0PN	Phys Office-> SNF (1819)	J1	CAP No-pay for Prescript Num
0PP	Phys Office-> Phys Office	J2	CAP Restock of Emerg Drugs
0PR	Phys Office-> Residence	J3	CAP Drug Unavail thru Cap
0PX	Phys Office-> Intermed Stop	JD	N/Hosp-based Dialys->Diag Site
0Q1	Mycosis/Dystrophy of Toenail	JE	N/Hosp-based Dialys->Custodial
0Q2	HCFA/ORD Demo Procedure/Svc	JG	N/Hosp-based Dialys->Hosp Dial
0Q3	Live Donor Surgery/Services	JH	Non-Hosp Dialy-> Hospital
0Q4	Svc Exempt - Ordrg/Rfrng MD	JI	N/Hosp-based Dialys->TransSite
0Q5	Subst MD Svc, Recip Bill Arr	JJ	N/Hosp-based Dialys->N/HospDia
0Q6	Locum Tenens MD Service	JN	N/Hosp-based Dialys->SNF
0Q7	One Class A Finding	JP	N/Hosp-based Dialys->PhysOffic
0Q8	Two Class B Findings	JR	N/Hosp-based Dialys->Residence
0Q9	1 Class B & 2 Class C Fndngs	JW	Discarded Drug Not Administer
0QA	FDA Investigational Device	JX	N/Hosp-based Dialys->PhysO/Hos
0QB	MD Prvdg Svc In Rural HPSA	K0	Lwr Ext Prost Functnl Lvl 0
0QC	Single Channel Monitoring	K1	Lwr Ext Prost Functnl Lvl 1
0QD	Rcrdg/Strg In Sld St Memory	K2	Lwr Ext Prost Functnl Lvl 2
0QE	Prescribed Oxygen < 1 LPM	K3	Lwr Ext Prost Functnl Lvl 3
0QF	Prscrbd Oxygen >4 LPM & Port	K4	Lwr Ext Prost Functnl Lvl 4
0QG	Prescribed Oxygen > 4 LPM	KA	Wheelchair Add-on Option/Acc
0QH	Oxygen Cnsrvg Dvc w Del Sys	KB	>4 Modifiers on Claim
0QI	Decision for Surgery	KC	Repl Special Pwr Wc Interface
0QJ	Patient in State/Locl Custod	KD	Drug/Biological DME Infused
0QK	Med Dir 2-4 Cncrnt Anes Proc	KE	1 Ounce
0QL	Patient Died After Amb Call	KF	FDA Class III Device
0QM	Ambulance Arr by Provider	KG	1 Cubic Centimeter
0QN	Ambulance Furn by Provider	KH	DMEPOS Ini Clm, Pur/1 Mo Rnt
0QO	Medically Directed 3 Procs	KI	DMEPOS 2nd or 3rd Mo Rental
0QP	Individually Ordered Lab Tst	KJ	DMEPOS PEN Pmp or 4-15mo Rnt
0QQ	SOI Submitted	KK	Compounded Inhalation Sol
0QR	Repeat Dx Lab Tst Same Day	KL	Med Policy Product Chars Met

0QS	Monitored Anesthesia Care	KM	Rplc Facial Prosth New Imp
0QT	Rcrdg/Strg Tape Analog Recdr	KN	Rplc Facial Prosth Old Mod
0QU	MD Providing Svc Urban HPSA	KO	Single Drug Unit Dose Form
0QV	Item or Service Provided	KP	First Drug of Multi Drug UD
0QW	CLIA Waived Test	KQ	2nd/Subsqnt Drg Multi Drg UD
0QX	CRNA Svc w/ MD Med Direction	KR	Rental Item Partial Month
0QY	Medically Directed CRNA	KS	Glucose Monitor Supply

TABLE 7Z-Bill Type Codes (Institutional Claims)
Last Updated 1/20/06
Last validated: 11/04/2024
Description: This is utilized to create a three-digit code used to indicate what type of bill is being filed from an institutional level.

Field: UZO-FACIL-TYPE	
VALUES FOR UB04	
FIRST DIGIT (OUT OF 3): TYPE OF FACILITY	
1	HOSPITAL
2	SKILLED NURSING FACILITY
3	HOME HEALTH
4	RELIGIOUS NONMEDICAL (HOSPITAL)
5	RELIGIOUS NONMEDICAL (EXTENDED CARE) (DISCONTINUED EFFECTIVE 10/1/2005)
6	INTERMEDIATE CARE
7	CLINIC OR HOSPITAL BASED ESRD FACILITY
8	SPECIAL FACILITY OR HOSPITAL (CAH) (ASC) SURGERY
SECOND DIGIT (OUT OF 3): BILL CLASSIFICATION	
VALUES NOT APPLICABLE FOR CLINICS & SPECIAL FACILITIES	
1	INPATIENT (MEDICARE PART A)
2	INPATIENT (MEDICARE PART B)
3	OUTPATIENT
4	OTHER (MEDICARE PART B)
5	INTERMEDIATE CARE - LEVEL I
6	INTERMEDIATE CARE - LEVEL II
7	SUB-ACUTE INPATIENT
8	SWING BEDS
VALUES APPLICABLE FOR CLINICS ONLY	
1	RURAL HEALTH CENTER (RHC)
2	HOSPITAL BASED OR INDEPENDENT RENAL DIALYSIS CENTER
3	OTHER REHABILITATION FACILITY (ORF)
4	COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY (CORF)
5	COMMUNITY MENTAL HEALTH CENTER (CMHC)
6	FREE STANDING/PROVIDER-BASED FEDERALLY QUALIFIED HEALTH CENTER (FQHC)
7	*RESERVED FOR NATIONAL ASSIGNMENT*
8	OTHER
VALUES APPLICABLE FOR SPECIAL FACILITIES ONLY	
1	HOSPICE (NON-HOSPITAL BASED)
2	HOSPICE (HOSPITAL BASED)
3	AMBULATORY SURGERY CENTER
4	FREE STANDING BIRTHING CENTER

5	CRITICAL ACCESS HOSPTIAL
6	*RESERVED FOR NATIONAL ASSIGNMENT*
7	*RESERVED FOR NATIONAL ASSIGNMENT*
8	*RESERVED FOR NATIONAL ASSIGNMENT*
9	OTHER
THIRD DIGIT (OUT OF 3): BILLING FREQUENCY	
0	NON-PAYMENT/ZERO CLAIM
1	ADMIT THROUGH DISCHARGE
2	INTERIM- FIRST CLAIM
3	INTERIM- CONTINUING CLAIMS
4	INTERIM- LAST CLAIM
5	LAST CHARGES ONLY CLAIM
7	REPLACEMENT OF PRIOR CLAIM
8	VOID/CANCEL OF PRIOR CLAIM
9	FINAL CLAIM FOR HOME HEALTH PPS EPISODE
A	ADMISSION/ELECTION NOTICE FOR HOSPICE
B	HOSPICE/MEDICARE COORDINATED DEMONSTRATION/RELIGIOUS NONMEDICAL HEALTH CARE INSTITUTION TERMINATION/REVOCATION NOTICE
C	HOSPICE CHANGE OF PROVIDER NOTICE
D	HOSPICE/MEDICARE COORDINATED CARE DEMONSTRATION/RELIGIOUS NONMEDICAL HEALTH CARE INSTITUTION VOID/CANCEL
E	HOSPICE CHANGE OF OWNERSHIP
FISCAL INTERMEDIARY USE ONLY	
F	Beneficiary Initiated
G	CWF Initiated Adjustment Claim
H	CMS Initiated Adjustment Claim
I	FI/MAC Adjustment Claim (Other than QIO or Provider)
J	Initiated Adjustment Claim – Other
K	OIG Initiated Adjustment Claim
M	MSP Initiated Adjustment Claim
P	QIO Initiated Adjustment Claim

TABLE 8 (MMIS Table # T1209)- Place Of Service
Last Updated 05/02/24 HHS.PROD.TABLES & CMS WEBSITE
Last Validated: 11/01/24
Description: Place in which service was rendered.

2 BYTE	1 BYTE	DESCRIPTION
01	0	PHARMACY
02	0	TELEHEALTH OTHER THAN IN PATIENT HOME
03	0	SCHOOL
04	3	HOMELESS SHELTER
05	3	INDIAN HLTH SVC FREE-STAND FAC
06	3	INDIAN HLTH SVC PROV-BASED FAC
07	3	TRIBAL 638 FREE-STANDING FAC
08	3	TRIBAL 638 PROVIDER-BASED FAC
09	0	PRISON-CORRECTIONAL FACILITY
10	0	TELEHEALTH IN PATIENT HOME
11	3	OFFICE
12	4	PATIENT HOME
13	0	ASSISSTED LIVING FACILITY
14	0	GROUP HOME
15	3	MOBILE UNIT
16	0	TEMPORARY LODGING
17	0	WALK-IN RETAIL HEALTH CLINIC
18	0	PLACE OF EMPLOYMENT WORKSITE
19	2	OFF CAMPUS OUTPATIENT HOSPITAL
20	3	URGENT CARE FACILITY
21	1	INPATIENT HOSPITAL
22	2	OUTPATIENT HOSPTIAL
23	2	EMERGENCY ROOM - HOSPITAL
24	B	AMBULATORY SURGICAL CENTER
25	3	BIRTHING CENTER

26	D	MILITARY TREATMENT FACILITY
27	0	OUTREACH SITE/STREET
31	8	SKILLED NURSING FACILITY
32	7	NURSING FACILITY
33	7	CUSTODIAL CARE FACILITY
34	4	HOSPICE
35		ADULT LIVING CARE FACILITY
41	9	AMBULANCE (LAND)
42	9	AMBULANCE (AIR OR WATER)
49	3	INDEPENDENT CLINIC
50	D	FEDERALLY QUALIFIED HEALTH CTR
51	1	INPATIENT PSYCHIATRIC FACILITY
52	D	PSYCHIATRIC FACILITY PARTIAL HOSP
53	D	COMMUNITY MENTAL HEALTH CENTER
54	7	INTERMED CARE /INDIVIDUALS WITH INTELLECTUAL DISABILITIES
55	1	RESIDENTAL SUBST ABUSE TREATMENT FACIL
56	1	PSYCH RESIDENTIAL TREATMNT CTR
57	D	NON-RESIDENTIAL SUBST ABUSE FACIL
58		NON-RESIDENTIAL OPIOID TREATMENT FACILITY
60	D	MASS IMMUNIZATION CENTER
61	2	COMPREHENSIVE INPT REHAB FAC
62	2	COMPREHENSIVE OUTPT REHAB FAC
65	F	END-STAGE RENAL DISEASE FACIL
71	D	PUBLIC HEALTH CLINIC
72	D	RURAL HEALTH CLINIC
81	A	INDEPENDENT LABORATORY
95		OUTPATIENT, NOS
99	0	~MISSING/OTHER

TABLE 08Z- Patient Discharge Status
Last Updated: 08/05/2024
Last Validated: 11/04/2024
Description: Place in which patient was discharged to at time of claim.

CODE	DECRIPTION
01	DISCHARGED TO HOME OR SELF-CARE -ROUTINE DISCHARGE
02	DISCHARGED/TRANSFERRED TO SHORT-TERM GENERAL HOSP
03	DISCHARGED/TRANSFERRED TO SNF (SKILLED NURSING)
04	DISCHARGED/TRANSFERRED TO ICF (INTERMEDIATE CARE)
05	DISCHARGED/TRANSFERRED TO ANOTHER FACILITY
06	DISCHARGED/TRANSFERRED TO HOME HEALTH SERVICE
07	LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE
08	DISCHARGED/TRANSFERRED TO HOME IV DRUG THERAPY
09	ADMITTED AS AN INPATIENT TO THIS HOSPITAL
20	EXPIRED
21	DISCHARGED/TRANSFERRED TO COURT/LAW ENFORCEMENT
30	STILL PATIENT
40	EXPIRED AT HOME (HOSPICE CLAIMS ONLY)
41	EXPIRED IN MEDICAL FACILITY (HOSPICE CLAIMS ONLY)
42	EXPIRED - PLACE UNKNOWN (HOSPICE CLAIMS ONLY)
43	DISCHARGED/TRANFERRED TO FEDERAL HOSPITAL
50	HOSPICE - HOME
51	HOSPICE - MEDICAL FACILITY
61	TRANSFERRED TO MEDICARE APPROVED SWING-BED
62	TRANSFERRED TO INPATIENT REHAB FACILITY (IRF)
63	TRANSFERRED TO LONG TERM CARE HOSPITAL (LTCH)
64	TRANSFERRED TO NURSING FACILITY MEDICAID-CERTIFIED
65	TRANSFERRED TO PSYCHIATRIC HOSPITAL OR UNIT
66	TRANSFERRED TO CRITICAL ACCESS HOSPITAL (CAH)
70	TRANSFER TO ANOTHER FACILITY NEC

TABLE 09- Provider Types
Last Updated: 08/05/2024
Last Validated: 11/01/2024
Description: Place in which provider works

CODE	DESCRIPTION
00	NURSING HOME
01	INPATIENT HOSP
02	OUTPATIENT HOSP
04	PVT MENTAL HEALTH
10	MENTAL HEALTH AND REHAB
15	HMO
16	EPSDT
19	MEDICAL PROFESSIONAL
20	PHYSICIAN INDIVIDUAL
21	PHYSICIAN GROUP
22	MEDICAL CLINICS
30	DENTIST INDIVIDUAL
31	DENTAL GROUP
32	OPTICIAN INDIVIDUAL
33	OPTOMETRIST INDIVIDUAL
34	OPTOMETRIST GROUP
35	PODIATRIST INDIVIDUAL
36	PODIATRIST GROUP
37	CHIROPRACTOR INDIVIDUAL
38	CHIROPRACTOR GROUP
41	OPTICIAN GROUP
60	HOME HEALTH/HOSPICE
61	CLTC INDIVIDUAL
62	CLTC GROUP
70	PHARMACY
76	DME
80	LAB
81	X-RAY
82	TRANSPORTATION AMBULANCE
84	TRANSPORTATION INDIVIDUAL
85	TRANSPORTATION CONTRACTUAL
89	INDIVIDUAL MCCA (QMB)
98	UNKNOWN PROVIDER

TABLE 10- Provider Specialty
Last Updated: 007/08/10
Last Validated: 11/01/2024
Description: Provider licensure/ specialty field

CODE	DESCRIPTION
AA	PEDIATRIC SUB-SPECIALIST
BA	BOARD CERTIFIED BEHAVIOR ANALYST
BB	BOARD CERTIFIED ASSISTANT BEHAVIOR ANALYST
DT	DIETICIAN
EN	DENTAL - ENDODONTIST
HC	HYBRID CLINICS
LT	LICENSED MARRIAGE AND FAMILY THERAPIST
LW	LICENSED MASTER SOCIAL WORKER
NN	NEONATOLOGIST
OB	OBSTETRICS
PA	PHYSICIAN ASSISTANT
PC	LICENSED PROFESSIONAL COUNSELOR
PE	DENTAL - PERIODONTIST
PS	LICENSED PSYCHO-EDUCATION SPEC
RX	RETAIL CLINIC GROUP
SW	LICENSED INDEPENDENT SOCIAL WORKER
00	NO SPECIFIC MEDICAL SPECIALTY
01	THERAPIST/MULTIPLE SPECIALTY GROUP
02	ALLERGY AND IMMUNOLOGY
03	ANESTHESIOLOGY
04	AUDIOLOGY
05	CARDIOVASCULAR DISEASES
06	MIDWIFE
07	CHIROPRACTIC
08	DENTISTRY
09	DERMATOLOGY
10	EMERGENCY MEDICINE
11	ENDOCRINOLOGY AND METAB.
12	FAMILY PRACTICE
13	GASTROENTEROLOGY
14	GENERAL PRACTICE
15	GERIATRICS
16	GYNECOLOGY
17	HEMATOLOGY
18	INFECTIOUS DISEASES
19	INTERNAL MEDICINE
20	PVT MENTAL HEALTH

21	NEPHROLOGY/ESRD
22	NEUROLOGY
23	NEUROPATHOLOGY
24	NUCLEAR MEDICINE
25	NURSE ANESTHETIST
26	OBSTETRICS
27	OBSTETRICS AND GYNECOLOGY
28	SCDMH
29	OCCUPATIONAL MEDICINE
30	ONCOLOGY
31	OPHTHALMOLOGY
32	OSTEOPATHY
33	OPTICIAN
34	OPTOMETRY
35	ORTHODONTICS
36	OTORHINOLARYNGOLOGY
37	HOSPITAL PATHOLOGY
38	PATHOLOGY
39	PATHOLOGY, CLINICAL
40	PEDIATRICS
41	PEDIATRICS, ALLERGY
42	PEDIATRICS, CARDIOLOGY
43	PEDODONTICS
44	INDEPENDENT LAB - PRICING ONLY
45	PHYSICAL MEDICINE & REHABILITATION
46	XRAY - LAB - PRICING ONLY
47	PODIATRY
48	PSYCHIATRY
49	PSYCHIATRY, CHILD
50	FEDERALLY QUALIFIED HEALTH CLINICS (FQHC)
51	DHEC
52	PULMONARY MEDICINE
53	NEONATOLOGY
54	RADIOLOGY
55	RADIOLOGY, DIAGNOSTIC
56	RADIOLOGY, THERAPEUTIC
57	RHEUMATOLOGY
58	FEDERALLY FUNDED HEALTH CLINICS (FFHC)
59	SUPPLIER (DME)
60	HOME HEALTH - PRICING ONLY
61	SURGERY, CARDIOVASCULAR

62	SURGERY, COLON AND RECTAL
63	SURGERY, GENERAL
64	AMBULANCE - PRICING ONLY
65	SURGERY, NEUROLOGICAL
66	SURGERY, ORAL (DENTAL ONLY)
67	SURGERY, ORTHOPEDIC
68	SURGERY, PEDIATRIC
69	SURGERY, PLASTIC
70	SURGERY, THORACIC
71	SURGERY, UROLOGICAL
72	CLINIC SCREENERS - PRICING ONLY
73	PHYSICIAN SCREENERS - PRICING ONLY
74	PROSTHETICS & ORTHOTICS PRICE ONLY
75	INDIVIDUAL TRANS - PRICING ONLY
76	CAP - PRICING ONLY
77	CLTC
78	MULTIPLE SPECIALTY GROUP
79	PHYSICIAN ASSISTANT (ENCOUNTER DATA ONLY)
80	OUTPATIENT-PRICING ONLY
81	OUTPATIENT-ALTERNATE PRICING SPECIA
82	PSYCHOLOGIST
83	SOCIAL WORKER
84	SPEECH THERAPIST
85	PHYSICAL/OCCUPATIONAL THERAPIST
86	NURSE PRACTITIONER & PHYSICIAN ASSISTANT
87	OCCUPATIONAL THERAPIST
88	HOSPICE
89	CORF
90	ALCOHOL & DRUG ABUSE
91	MENTAL RETARDATION
92	SC CONTINUUM OF CARE
93	AMBULATORY SURGERY
94	DIABETES EDUCATOR
95	DEVELOPMENTAL REHABILITATION
96	FAMILY PLANNING, MATERNAL & CHILD HEALTH
97	RURAL HEALTH CLINICS (RHC)
98	PRIVATE DUTY NURSING
99	PEDIATRIC NURSE PRACTITIONER

TABLE 11- Outpatient Visit Code

Last Updated: 1/27/06
Last Validated: 11/22/2024

CODE	DESCRIPTION
E	Outpatient Hospital Claim with ER revenue code
N or spaces	Either no Revenue code found or not an Outpatient Hospital Claim

TABLE 12- Gender
Last Updated: 1/27/06
Last Validated: 11/22/2024

CODE	DESCRIPTION
1	MALE
2	FEMALE
3	Unknown

TABLE 13-Recipient Race
Last Updated: 03/08/2011
Last Validated: 11/22/2024

CODE	DESCRIPTION
01	WHITE/CAUCASIAN
02	BLACK/AFRICAN AMERICAN
03	MULTI-RACE
04	FEDERALLY RECOGNIZED NATIVE AMERICAN
05	OTHER NATIVE AMERICAN
06	ALASKA NATIVE
07	ASIAN
08	OTHER/UNKNOWN
09	NATIVE HAWAIIAN/PACIFIC ISLANDER
10	HISPANIC

TABLE 14- Living Arrangement
Last Updated: 1/27/06
Last Validated: 11/22/2024
Description: Type of dwelling the recipient lives in.

CODE	DESCRIPTION
MED	MEDICAL FACILITY
INST	NON-MEDICAL FACILITY
COM	COMMUNITY CARE
A/DF	Alcohol Drug Trtmnt Facility
CMRS	Comm Res Mentall Ill Retarded
CORF	Comprehensive OP Rehab Facil
EMDH	Home for Emotionally Disturbed
FHOM	Foster Home
GHOM	Group Home
GHSP	Hospital
HOME	Client Live in Home
INST	Institution
NFCL	Nursing Facility
PRPS	Private Psychiatric Hospital
PRTF	Psychiatric Res Trtmnt Facil
RCF	Residential Care Facility
SCHL	Public Educ Vocational Train
SHSP	State Operated Psych Hospital
UNK	UNKNOWN
UNKN	Unknown

Table 15- Recipient Facility Type

Updated 1/27/06

Description: The type of facility the recipient lives in.

CODE	DESCRIPTION
AFC	ADULT FOSTER CARE BI BOARDING INSTITUTION
DIS	DISABLED AND HOME
ECF	EXTENDED CARE FACILITY
EMD	HOMES FOR EMOTIONALLY DISTURBED INDIVIDUALS
FOS	FOSTER CHILD
HH	CLIENT ACTS AS HEAD/JOINT HEAD OF HOUSEHOLD
HOS	HOSPITAL
HWH	HALFWAY HOMES
ICF	INTERMEDIATE CARE FACILITY
MAT	MATERNITY HOMES
OTH	OTHER
PRG	PREGNANT AND HOME
PAR	HOME OF PARENT
REL	HOME OF RELATIVE
SCH	SCHOOL
SNH	SKILLED NURSING HOME
STM	STATE HOSPITAL - MENTAL
STP	STATE PARK – TUBERCULOSIS
UNB	UNBORN CHILD

Table 16- Payment Message Indicator
Last Validated: 11/22/24
Description: Additional codes for payment purposes.

Values for Claim Type A (HIC): Payment Message Indicator	
0	LINE-FORCED
1	HIO-SURG-PERCENTAG 50%
2	HIO-SURG-PERCENTAG 100%
3	HIO-SURG-PERCENTAG 150%
4	MODIFIERS-080-081-OR-082
7	INDICATES SURGICAL PROC
X	HIO-FRAGMENTED-PROC-CODE (A-F)
A	HIO-THREE-PROC-CODES
B	HIO-FOUR-PROC-CODES
C	HIO-FIVE-PROC-CODES
D	HIO-SIX-PROC-CODES
E	HIO-SEVEN-PROC-CODES
F	HIO-EIGHT-PROC-CODES
N	HIO-ENCOUNTER-LINE
P	HIO-HCPC-PANEL-LINE
Z	CHIROPRACTOR-VISIT
Values for Claim Type A (Oral Surgeons): Surgical Indicator	
Y	INDICATES ORAL SURGEON
Values for Claim Type G: Level of Care	
1	NHO-SKILLED-NURSING
2	NHO-ICF
3	NHO-ICF-MR
4	NHO-RESPIRATORY
5	NHO-PSYCH-CARE
6	NHO-SKILL-EXTENDED
7	OSS-OPTIONAL-STATE-SUPPLEMENT
Values for Claim Type D (Drug)	
1	LEGEND DRUG
2	LEGEND MULT SRCE
3	OVER THE COUNTER
4	OTC MULT SOURCE
5	FED MAC LEGEND
6	STATE MAC LEGEND
7	DESI/IRS/LTE DRUG

Values for Claim Type J (BUYIN & PREMIUMS): NONE	
Values for Claim Type Z (HOSPITAL): UZO-REIMBURSE-TYPE	
B	Transfer No Outlier
C	Cost Outlier No Transfer
D	Day Outlier No Transfer
E	Transfer Cost Outlier
F	Transfer Day Outlier
G	Per Diem PPS
H	Per Diem DRG No Outlier
J	Per Diem DRG Cost Outlier
K	Per Diem DRG Day Outlier
L	Same Day Per Diem PPS
M	Same Day DRG No Outlier
N	Same Day DRG Cost Outlier
P	Per Diem Infreq DRG
Q	PDI DRG Over Thresh
R	PDI DRG Part Elig
S	PDI DRG Ovthrsh Prt Elig
T	PDI DRG Same Day Stay
U	One Day Stay DRG
1	Surgery Outfee
2	Emergency Outfee
3	Clinic Outfee
4	Treat Therapy Tests
5	Non Surgery Outfee
1	ESRD Claim

TABLE 17- Provider Status
Last Updated: 10/01/19
Last Validated: 11/22/24
Description: Medicaid status of the provider at time of claim.

Code	Description
0	QA CONTROL HOLD (Enroll Status is for providers that are in the process of confirming tax-id and or Social Security Information with the IRS prior to provider payments)
1	ACTIVE ELIGIBLE (Enroll status is for providers that are located in the state of South Carolina and also for providers that are Out of State but within the South Carolina service area and the county code is 1-46, 60 or 62. (See attached file of the states that are considered within the South Carolina service area Medicaid Svc Aea Normal Practice_1.doc)
2	ACTIVE PRIOR AUTHOR (Enroll status is for providers that are Out of State and outside the South Carolina Service Area and the county code is 61, 63 or 64)
3	TERMINATED-INVOL (Enroll status is for internal use to identify providers that have been terminated due to returned mail/unable to locate provider, non-participation/file maintenance, NO NPI, etc.)
4	TERMINATED-VOL (Enroll status is for providers that have requested verbally or in writing to be terminated)
5	SUSPENDED-INVOL (Enroll status is for providers that have been placed on suspension by the Division of Program Integrity. Authorization to remove the status can only come from the Division of Program Integrity)
7	ACTIVE DO NOT PAY TITLE 18 (We do not use this enroll status for enrolling type 30 and 31 providers and I do not have policy and procedures that covered the enrollment for this status. As for the status description, it's means that the provider can only bill for straight Medicaid services reimbursement, Medicare reimbursement not allowed. However, we have nine instate providers that are currently enrolled effective 01/01/78 and one currently enrolled effective 06/01/88 with this status.
8	ACTIVE PA-NOT TITLE 18 (Enroll status not used for Type 30 and 31)
9	AC MEDICARE-NOT 19 (Enroll status not used for Type 30 and 31)

TABLE 18- Provider Ownership
Last Updated 06/25/08
Last validated: 11/22/24
Description: Entity in which owns the facility a provider works at.

CODE	DESCRIPTION
00A	MUSC - FED SHARE ONLY
00B	DISP SHARE-PUB-FED SHARE-CHECK
00C	DISP SHARE-PRI-FED&ST SHARE-CK
00D	PUB-FEDERAL SHARE ONLY-CHECK
001	NON-PROFIT ORG
002	PRIVATELY OWNED
003	PROPRIETARY (CHAIN)
004	HOSPITAL BASED
005	NURSING HOME BASED
006	STATE GOVT (NOT Paid by SC IDT)
007	PUBLIC NOT STATE GOVT
008	DISPENSING PHYSICIAN
009	DOE-FED SH ONLY-CHECK
010	DEPT MENTAL HEALTH
011	DEPT DISAB & SPECIAL NEED
012	DEPT HEALTH AND ENVIRO CONTROL
013	DHEC (SHHSFC State Share)
014	VOCATIONAL REHAB
015	U.S.C.
016	D.S.S.
017	DHEC (DHEC STATE SHARE)
018	GOVERNORS OFFICE
019	DEPT OF ALCOHOL & OTHER DA SER
020	CONTINUUM OF CARE
021	SCHOOL-DEAF & BLIND
024	DEPT. OF JUVENILE JUSTICE
025	COMMISSION FOR BLIND
026	CLEMSON UNIVERSITY
027	DOE - IDT
028	JOHN DE LA HOWE
029	WIL LOU GRAY
030	STATE HOUSING AUTHORITY

TABLE 19- Drug Therapeutic Class
Last Updated: 01/20/06
Last Validated: 11/22/24
Description: Code for general classification of drug

CODE	DESCRIPTION
XXXXXX	DRUG NOT ON FORMULARY
000001	ANTI-NEOPLASTIC PREPARATION
000002	BLOOD MODIFIERS
000003	CENTRAL NERVOUS SYSTEM
000004	DIURETICS AND CARDIOVASCULAR
000005	GASTROINTESTINAL DRUGS
000006	FAMILY PLANNING DRUGS
000007	HORMONES
000008	MISCELLANEOUS PRODUCTS
000009	NUTRITIONAL PRODUCTS
000010	RESPIRATORY DRUGS
000011	SYSTEMIC ANTI-INFECTIVES
000012	TOPICAL PREPARATIONS
999999	SPECIAL AUTHORIZATION

TABLE 20- Category of Service
Last validated: 11/22/24
Description: Code utilized for the category that the service falls under.

CODE	DESCRIPTION
01	INPATIENT HOSPITAL GENERAL
03	INPATIENT HOSPITAL MENTAL
04	RESIDENTIAL TREATMENT FACILITY
05	RESPITE CARE FACILITY
06	CLINIC SERVICES-MENTAL REHAB
07	OUTPATIENT HOSPITAL GENERAL
08	HMO
10	NH INST MENTAL DISEASE
11	SKILLED NURSING FACILITY
12	SNF TB
13	ICF MENTAL RETARDATION
16	INTERMED CARE FACILITY
19	CLTC SERVICE
20	HOME HEALTH SERVICES
21	MEDICAL HOME NETWORK BOARDS
22	BUY IN
23	INDEPENDENT LAB/X-RAY
27	FAMILY PLANNING SERVICES
30	PRESCRIBED DRUGS
32	DURABLE MEDICAL EQUIPMENT
37	AMBULANCE SERVICE
40	EPSDT SCREENING
41	EPSDT DIAGNOSIS & TREATMENT
43	PHYSICIAN & OSTEOPATH SERVICES
45	DENTAL SERVICES
47	OPTOMETRIC SERVICES
55	PODIATRIST SERVICES
57	CHIROPRACTIC SERVICES
61	MEDICAL TRANSPORTATION
70	CLINICAL SERVICES
71	PARAPROF SERVICES
72	MISCELLANEOUS
99	OTHER

TABLE 21- Language Code
Last validated: 11/22/24

3 BYTE	639-2 ISO DESCRIPTION	1 BYTE	LANGUAGE CODES (USED IN MLE)
ARA	ARABIC	E	ENGLISH
CHI	CHINESE	S	SPANISH
ENG	ENGLISH	M	MANDARIN
FRE	FRENCH	P	PORTUGUESE
GER	GERMAN	V	VIETNAMESE
GRE	GREEK	H	HINDI
GUJ	GUJARATI	K	KOREAN
HAT	HAITIAN-CREOLE	C	CANTONESE
HIN	HINDI	G	GUJARATI
HMN	HMONG	R	RUSSIAN
ITA	ITALIAN	A	ARABIC
JPN	JAPANESE	T	TURKISH
KHM	KHMER	B	POLISH
KOR	KOREAN	D	FARSI
LAO	LAOTIAN -LAO	F	FRENCH
MDR	MANDARIN (MANDAR)	I	ITALIAN
PER	FARSI - PERSIAN	J	JAPANESE
POL	POLISH	L	LAOTIAN
POR	PORTUGUESE	N	HMONG
RUS	RUSSIAN	O	OTHER
SGN	AMERICAN SIGN LANGUAGE	Q	GERMAN
SMO	SAMOAN	U	UKRANIAN
SPA	SPANISH	W	ARMENIAN
TGL	TAGALOG	X	KHMER
TUR	TURKISH	Y	YIDDISH
UKR	UKRANIAN	Z	GREEK
UND, ART OR MIS	*DEFAULT TO ENG	1	SAMOAN
VIE	VIETNAMESE	2	HAITIAN-CREOLE
YID	YIDDISH	3	AMERICAN SIGN LANGUAGE

TABLE 22- 834 Race Code
Last validated: 11/22/24
Description: Used for member enrollment 834 File.

CODE	DESCRIPTION
A	Asian or Pacific Islander
B	Black
C	Caucasian
E	Other Race or Ethnicity
G	Native American (so we can distinguish between Federally Recognized and others)
H	Hispanic
I	American Indian or Alaska Native
J	Native Hawaiian
7	Not Provided