Disease cohort definition criteria

Diabetes and/or CHF cohort

CHF

Eligibility inclusions:

Eligibility span for inclusion is CY2002
In Medicare A&B fee-for-service in December, 2002.

Eligibility exclusions:

In ESRD finder file (ESRD status at any time in CY2002)
In a hospice at any time in CY2002 (EDB/MBD hospice flag)
M+C enrollee in December, 2002.

Diagnostic inclusions:

Acute care hospital principal discharge diagnosis, any of the following:
398.91
402.01
402.11
402.91
404.01
404.03
404.11
404.13
404.91
404.93
428.x

OR

Two or more ambulatory physician E&M visits with different dates of service with any of the above diagnoses, defined as
1. Ambulatory place of service

AND

2. E&M procedure codes = 99201—99215 (office), 99241—99245 (office consultation), 99281—99285 (ED)

AND

3. A diagnosis from the list above.

Claims inclusions:

Claims span for inclusion is incurred CY2002
Approved services only
Include Part A, Part B, and DMERC claims
Include claims with allowed amount > $0, note that payment amount may equal $0.

Claims exclusions:

Exclude claims and member months for any month of M+C enrollment.

Diabetes

Eligibility inclusions:

Eligibility span for inclusion is CY2002
In Medicare A&B fee-for-service in December, 2002.

Eligibility exclusions:

In ESRD finder file (ESRD status at any time in CY2002)
In a hospice at any time in CY2002 (EDB/MBD hospice flag)
M+C enrollee in December, 2002.

Diagnostic inclusions:

Two or more ambulatory physician E&M visits with different dates of service with any of diagnoses below, defined as

1. Ambulatory place of service

AND

2. E&M procedure codes = 99201—99215 (office), 99241—99245 (office consultation), 99281—99285 (ED)

AND

3. A diagnosis of 250.xx.

Claims inclusions:

Claims span for inclusion is incurred CY2002
Approved services only
Include Part A, Part B, and DMERC claims
Include claims with allowed amount > $0, note that payment amount may equal $0.

Claims exclusions:

Exclude claims and member months for any month of M+C enrollment.

COPD Cohort

Eligibility inclusions:

Eligibility span for inclusion is CY2002
In Medicare A&B fee-for-service in December, 2002.

Eligibility exclusions:

In ESRD finder file (ESRD status at any time in CY2002)
In a hospice at any time in CY2002 (EDB/MBD hospice flag)
M+C enrollee in December, 2002.

Diagnostic inclusions:

Acute care hospital principal discharge diagnosis, any of the following:
491.1
491.2x
491.8
491.9
492.x
494.x
496

OR

Two or more ambulatory physician E&M visits with different dates of service with any of the above diagnoses, defined as
1. Ambulatory place of service

AND

2. E&M procedure codes = 99201—99215 (office), 99241—99245 (office consultation), 99281—99285 (ED)

AND

3. A diagnosis from the list above.

Claims inclusions:

Claims span for inclusion is incurred CY2002
Approved services only
Include Part A, Part B, and DMERC claims
Include claims with allowed amount > $0, note that payment amount may equal $0.

Claims exclusions:

Exclude claims and member months for any month of M+C enrollment.

Part A claims file

File Field	Description	Length	Field Type	Precision
ICN	Unique claim identifier.	15	Character	n/a
ACTION_CODE	Action code – reason for reduction or denial of charges on the line item. Values are contained in the action code table.	1	Character	n/a
ALLOWED_AMT	Amount allowed for service(s) on this line item (before deductible and coinsurance).	17	Float	4 decimals
amt_paid_clm	Amt Paid Claim/Total amount paid for this claim across all revenue lines.	17	Float	4 decimals
diag_prin	Principal diagnosis code (primary diagnosis) for the service(s) on this line item.	5	Character	n/a
CLM_PRCDR_CD_1	Proc Code ICD9/ICD9 procedure code for principal procedure for this claim.	5	Character	n/a
hic_key	Unique beneficiary identifier; links across claim types.	11	Integer	n/a
CLM_ADMTG_DGNS_CD	ICD-9 code for the patient's initial diagnosis at the time of admission.	5	Character	n/a
COVERED_DAYS	Number of covered days of care in a facility that are chargeable to Medicare facility utilization that includes full days, coinsurance days, and lifetime reserve days.	11	Integer	n/a
CLM_DRG_CD	Diagnosis related group code.	3	Character	n/a
PTNT_DSCHRG_STUS	Indication of the patient's status (destination) at time of discharge. Codes are defined in the discharge status code table.	2	Character	n/a
TYPE_BILL	Code that indicates the type of UB-92 bill submitted. Values are contained in the type of bill code table.	3	Character	n/a
IP_ADMSN_TYPE_CD	Type of admission (emergency, urgent, elective, newborn, or unknown). Values are defined in the admission type code table.	1	Character	n/a

Part A other procedure codes file

Note: the Part A file contains the principal procedure code. Other procedure codes from the claim are contained in this file, linked to the original Part A record by ICN.

File Field	Description	Length	Field Type	Precision
ICN	Unique claim identifier.	15	Character	n/a
OTHER_PROC_CODE	ICD-9 procedure code for the principal or other procedure on the claim (occurs up to 6 times).	5	Character	n/a

Part A other diagnosis codes file

Note: the Part A file contains the principal procedure code. Other procedure codes from the claim are contained in this file, linked to the original Part A

File Field	Description	Length	Field Type	Precision
ICN	Unique claim identifier.	15	Character	n/a
OTHER_DIAG	ICD-9 code(s) for the patient's diagnosis (occurs up to 10 times).	5	Character	n/a

Part B (professional) claims file

File Field	Description	Length	Field Type	Precision
ICN	Unique claim identifier.	15	Character	n/a
ICN_LINE_NO	A unique number assigned to each line item of the claim. There can be up to 13 line items. Note that line numbers need not be consecutive, e.g. lines 1, 3, and 6 may appear in the sample without there being a line 2, 4, or 5.	11	Integer	n/a
amt_allwd_line	Amount allowed for service(s) on this line item (before deductible and coinsurance).	17	Float	4 decimals
amt_paid_line	Amount paid for services on this claim line.	17	Float	4 decimals
diag_prin	Principal diagnosis code (primary diagnosis) for the service(s) on this line item.	5	Character	n/a
proc_cd	Procedure code (CPT-4, HCPCS, or local code assigned by the Carrier). Note: codes beginning with W, X, Y, or Z are locally assigned by Carriers and may not be unique when analyzed at a national level.	5	Character	n/a
LINE_PRVDR_TYPE_CD	Type of provider. See provider type code table for values.	1	Character	n/a
hic_key	Unique beneficiary identifier; links across claim types.	11	Integer	n/a
UNITS_ALLOWED	A count of the number of services on this line item that were not denied.	17	Float	4 decimals
spec	Provider specialty code. See provider specialty code table for value labels.	2	Character	
svcs	Number of services billed on the line item.	17	Float	4 decimals
pos	Place of service code. See place of service code table for value labels.	2	Character	n/a
tos	Type of service code. See type of service code table for value labels.	1	Character	n/a
CLM_DGNS_CD_1	The diagnosis (ICD-9-CM) code in the first Diagnosis Trailer represents the primary (or principal) condition for which the service(s) on the claim were performed. Each subsequent occurrence of the diagnosis code trailer represents the secondary, tertiary, and fourth-level diagnoses (respectively) for this claim.	5	Character	n/a

File Field	Description	Length	Field Type	Precision
CLM_DGNS_CD_2	The diagnosis (ICD-9-CM) code in the first Diagnosis Trailer represents the primary (or principal) condition for which the service(s) on the claim were performed. Each subsequent occurrence of the diagnosis code trailer represents the secondary, tertiary, and fourth-level diagnoses (respectively) for this claim.	5	Character	n/a
CLM_DGNS_CD_3	The diagnosis (ICD-9-CM) code in the first Diagnosis Trailer represents the primary (or principal) condition for which the service(s) on the claim were performed. Each subsequent occurrence of the diagnosis code trailer represents the secondary, tertiary, and fourth-level diagnoses (respectively) for this claim.	5	Character	n/a
CLM_DGNS_CD_4	The diagnosis (ICD-9-CM) code in the first Diagnosis Trailer represents the primary (or principal) condition for which the service(s) on the claim were performed. Each subsequent occurrence of the diagnosis code trailer represents the secondary, tertiary, and fourth-level diagnoses (respectively) for this claim.	5	Character	n/a
LINE_NCH_BETOS_CD	Berenson-Eggers type of service code for clinically meaningful groupings of HCPCS codes. See BETOS code table for value labels.	3	Character	n/a

DME claims file

File Field	Description	Length	Field Type	Precision
ICN	Unique claim identifier.	15	Character	n/a
ICN_LINE_NO	Claim line number. Note that line numbers need not be consecutive, e.g. lines 1, 3, and 6 may appear in the sample without there being a line 2, 4, or 5.	11	Integer	n/a
amt_allwd_line	Amt Allowed/Amount of charges allowed for this claim line.	17	Float	4 decimals
amt_paid_line	Amt Paid/Amount paid for services on this claim line.	17	Float	4 decimals
proc_cd	Proc Code/HCPCs procedure code for services on this claim line.	5	Character	n/a
PROC_MOD_1	Proc Mod 1 /1st HCPCs modifier; refer to HCPC or CPT manual for value labels.	2	Character	n/a
PROC_MOD_2	Proc Mod 2 /2nd HCPCs modifier; refer to HCPC or CPT manual for value labels.	2	Character	n/a
PROV_TYPE	Prov Type/Code indicating the type of provider that performed the service on this claim line.	1	Character	n/a
hic_key	Unique beneficiary identifier; links across claim types.	11	Integer	n/a
UNITS_ALLOWED	Number of services allowed for this claim line.	17	Float	4 decimals
PROC_MOD_3	Proc Mod 3 /3rd HCPCs modifier; refer to HCPC or CPT manual for value labels.	2	Character	n/a
PROC_MOD_4	Proc Mod 4 /4th HCPCs modifier; refer to HCPC or CPT manual for value labels.	2	Character	n/a
SPEC	Specialty of the provider/supplier that provided the DME, prosthetic, orthotic, or other supply on this claim line.	2	Character	n/a
svcs	Srvcs Billed/Number of services billed on this claim line.	17	Float	4 decimals
pos	Place of Service/Code for place where service/supply wa. provided	2	Character	n/a
tos	Type of Service/Code for type of service/supply provided.	1	Character	n/a

File Field	Description	Length	Field Type	Precision
CLM_DGNS_CD_1	Diagnosis 1/1st Diagnosis code from claim header.	5	Character	n/a
CLM_DGNS_CD_2	Diagnosis 2/2nd Diagnosis code from claim header.	5	Character	n/a
CLM_DGNS_CD_3	Diagnosis 3/3rd Diagnosis code from claim header.	5	Character	n/a
CLM_DGNS_CD_4	Diagnosis 4/4th Diagnosis code from claim header.	5	Character	n/a
LINE_NCH_BETOS_CD	BETOS Code/Berenson-Eggers Type Of Service code for procedure code on this claim line. See code table for value labels.	3	Character	n/a
diag_prin	Diag Princ/Principal diagnosis related to services on this claim line.	5	Character	n/a

Member demographics file

Field	Field Description	Length	Field Type	Precision	Notes
hic_key	Unique beneficiary identifier; links across claim types.	11	Integer	n/a	
Age Roll Up; computed age as of 1/1/2002	1 = 0 - 64 2 = 65 - 74 3 = 75 - 84 4 = 85+	6	Small Integer	n/a	
BENE_SEX_CD	0 = Unknown 1 = Male 2 = Female	1	Character	n/a	
RACE	0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native.	1	Character	n/a	
Medicare_Status_code	A code that indicates whether the beneficiary is aged, disabled, or ESRD: 10 = Aged without ESRD 11 = Aged with ESRD 20 = Disabled without ESRD 21 = Disabled with ESRD 31 = ESRD only	2	Character	n/a	This code is assigned as of 10/2003. No members of the sample cohort had status 11, 21, or 31 during 2002. Those who have those code values in the database were first assigned the status during 2003.
BUY_IN_IND_B	Medicaid Buy-in for Part B Eligibility Flag. Flag = 1 if the beneficiary was eligible for Medicare Part B State Buy-in by Medicaid.	1	Character	n/a	
BUY_IN_IND_A	Medicaid Buy-in for Part A Eligibility Flag.	1	Character	n/a	

Field	Field Description	Length	Field Type	Precision	Notes
	Flag = 1 if the beneficiary was eligible for Medicare Part A State Buy-in by Medicaid.				
ENTLMT_RSN_CD (original Reason for Medicare)	0 = Old Age and Survivors Insurance (OASI) 1 = Disability Insurance Benefits (DIB) 2 = ESRD 3 = both DIB and ESRD	1	Character	n/a	
Count of Months	Count of Months in Which the Medicard Beneficiary had Part A and Part B coverage, was not in M+C, was not in ESRD, was not in hospice.	6	Small Integer	n/a	
HCC Score Range	For COPD cohort: L = HCC score >= 1.34 and < 1.96 M = HCC score >= 1.96 and < 3.11 H = HCC score >= 3.11 and < 17.99 For diabetes/CHF cohort: L = HCC score >= 1.35 and < 2.00 M = HCC score >= 2.00 and < 3.10 H = HCC score >= 3.10 and < 18.90	1	Character	n/a	

Part A action code table

Action Code	Action Code Explanation
A	Covered worker's compensation (Obsolete)
B	Benefit exhausted
C	Custodial care - noncovered care (includes all 'beneficiary at fault' waiver cases) (Obsolete)
E	HMO out-of-plan services not emergency or urgently needed (Obsolete)
F	MSP cost avoid HMO Rate Cell
G	MSP cost avoided Litigation Settlement
H	MSP cost avoided Employer Voluntary Reporting
J	MSP cost avoid Insurer Voluntary Reporting
K	MSP cost avoid Initial Enrollment Questionnaire
N	All other reasons for nonpayment
P	Payment requested
Q	MSP cost avoided Voluntary Agreement
R	Benefits refused, or evidence not submitted
T	MSP cost avoided - IEQ contractor
U	MSP cost avoided - HMO rate cell adjustment
V	MSP cost avoided - litigation settlement
W	Worker's compensation (Obsolete)
X	MSP cost avoided - generic
Y	MSP cost avoided - IRS/SSA data match project (obsolete 6/30/00)
Z	Zero reimbursement RAPs --

Discharge status code table

Field: PTNT_DSCHRG_STUS

Code	Label
01	Discharged to home/self care (routine charge).
02	Discharged/transferred to other short term general hospital for inpatient care.
03	Discharged/transferred to skilled nursing facility (SNF)
04	Discharged/transferred to intermediate care facility (ICF).
05	Discharged/transferred to another type of institution for inpatient care (including distinct parts).
06	Discharged/transferred to home care of organized home health service organization.
07	Left against medical advice or discontinued care.
08	Discharged/transferred to home under care of a home IV drug therapy provider.
09	Admitted as an inpatient to this hospital (effective 3/1/91).
20	Expired (did not recover - Christian Science patient).
30	Still patient.
40	Expired at home (hospice claims only)
41	Expired in a medical facility such as hospital, SNF, ICF, or freestanding hospice. (Hospice claims only)
42	Expired - place unknown (Hospice claims only)
50	Hospice - home (eff. 10/96)
51	Hospice - medical facility (eff. 10/96)
61	Discharged/transferred within this insti- tution to a hospital-based Medicare approved swing bed (to be implemented in 1999)
71	Discharged/transferred/referred to another institution for outpatient services as specified by the discharge plan of care (to be implemented in 1999).
72	Discharged/transferred/referred to this institution for outpatient services as specified by the discharge plan of care (to be implemented in 1999).

Part A type of bill code table

There are three tables below:

1. **Key to the first two digits of the type of bill code**
2. **Key to the third digit of the type of bill code**
3. **Type of bill code by category**

First 2 digits	Key to first two digits
11	Hospital-inpatient (including Part A)
12	Hospital-inpatient or home health visits (Part B only)
13	Hospital-outpatient (HHA-A also) (under OPPS 13X must be used for ASC claims submitted for OPPS payment -- eff. 7/00)
14	Hospital-other (Part B)
15	Hospital-intermediate care - level I
16	Hospital-intermediate care - level II
17	Hospital-intermediate care - level III
18	Hospital-swing beds
19	Hospital-reserved for national assignment
21	SNF-inpatient (including Part A)
22	SNF-inpatient or home health visits (Part B only)
23	SNF-outpatient (HHA-A also)
24	SNF-other (Part B)
25	SNF-intermediate care - level I
26	SNF-intermediate care - level II
27	SNF-intermediate care - level III
28	SNF-swing beds
29	SNF-reserved for national assignment
31	HHA-inpatient (including Part A)
32	HHA-inpatient or home health visits (Part B only)
33	HHA-outpatient (HHA-A also)
34	HHA-other (Part B)
35	HHA-intermediate care - level I
36	HHA-intermediate care - level II
37	HHA-intermediate care - level III

38	HHA-swing beds
39	HHA-reserved for national assignment
41	Religious Nonmedical Health Care Institution (RNHCI) hospital-inpatient (including Part A)
42	RNHCI hospital-inpatient or home health visits (Part B only)
43	RNHCI hospital-outpatient (HHA-A also)
44	RNHCI hospital-other (Part B)
45	RNHCI hospital-intermediate care - level I
46	RNHCI hospital-intermediate care - level II
47	RNHCI hospital-intermediate care - level III
48	RNHCI hospital-swing beds
49	RNHCI hospital-reserved for national assignment
51	CS extended care-inpatient (including Part A) OBSOLETE eff. 7/00 - implementation of Religious Nonmedical Health Care Institutions (RNHCI)
52	RNHCI extended care-inpatient or home health visits (Part B only) (eff. 7/00); prior to 7/00 Christian Science (CS)
53	RNHCI extended care-outpatient (HHA-A also) (eff. 7/00); prior to 7/00 referenced CS
54	RNHCI extended care-other (Part B)(eff. 7/00); prior to 7/00 referenced CS
55	RNHCI extended care-intermediate care - level I (eff. 7/00) prior to 7/00 referenced CS
56	RNHCI extended care-intermediate care - level II (eff. 7/00) prior to 7/00 referenced CS
57	RNHCI extended care-intermediate care - level III (eff. 7/00) prior to 7/00 referenced CS
58	RNHCI extended care-swing beds (eff. 7/00) prior to 7/00 referenced CS
59	RNHCI extended care-reserved for national assignment (eff. 7/00); prior to 7/00 referenced CS
61	Intermediate care-inpatient (including Part A)
62	Intermediate care-inpatient or home health visits (Part B only)
63	Intermediate care-outpatient (HHA-A also)
64	Intermediate care-other (Part B)
65	Intermediate care-intermediate care - level I
66	Intermediate care-intermediate care - level II
67	Intermediate care-intermediate care - level III
68	Intermediate care-swing beds
69	Intermediate care-reserved for national assignment
71	Clinic-rural health
72	Clinic-hospital based or independent renal dialysis facility
73	Clinic-independent provider based FQHC (eff 10/91)
74	Clinic-ORF only (eff 4/97); ORF and CMHC (10/91 - 3/97)
75	Clinic-CORF
76	Clinic-CMHC (eff 4/97)

77	Clinic-reserved for national assignment
78	Clinic-reserved for national assignment
79	Clinic-other
81	Special facility or ASC surgery-hospice (non-hospital based)
82	Special facility or ASC surgery-hospice (hospital based)
83	Special facility or ASC surgery-ambulatory surgical center
84	Special facility or ASC surgery-freestanding birthing center
85	Special facility or ASC surgery-rural primary care hospital
86	Special facility or ASC surgery-reserved for national use
87	Special facility or ASC surgery-reserved for national use
88	Special facility or ASC surgery-reserved for national use
89	Special facility or ASC surgery-other
91	Reserved-inpatient (including Part A)
92	Reserved-inpatient or home health visits (Part B only)
93	Reserved-outpatient (HHA-A also)
94	Reserved-other (Part B)
95	Reserved-intermediate care - level I
96	Reserved-intermediate care - level II
97	Reserved-intermediate care - level III
98	Reserved-swing beds
99	Reserved-reserved for national assignment

Key to the third digit of the type of bill code

0	Non-payment / Zero claim
1	Admit through discharge claim
2	Interim - first claim
3	Interim - second claim
4	Interim - last claim
5	Late Charge Only (outpatient claims)
7	Replacement of Prior Claim (See Adjustment third digit)
8	Void/Cancel of Prior Claim (See Adjustment third digit)
9	Home Health PPS Final Claim
A	Admission Notice for Hospice (HCFA 1450) / NOA (UB92)
B	Hospice Termination/Revocation Notice
C	Hospice Change of Provider Notice
D	Hospice Election Void/Cancel or NOA Cancel (UB92)
F-P	Adjustment Claims

Z	Temporary for Encounter Claims (Only applicable to 11)

Type of bill codes by category

Category	Bill Type
Ancillary	12X, 22X, 42X, 52X
ASC	83X
CMHC	76X
CORF	75X
ESRD	72X
FQHC	73X
Home Health	32X, 33X, 34X
Hospice	81X, 82X
Inpatient	11X, (11Z - Temporary for Encounter), 41X
NCD	12X, 13X, 14X, 22X, 23X, 72X, 74X, 76X, 83X, 85X
OPPS	12X, 13X, 14X, 34X, 75X, 76X
ORF	74X
Outpatient	13X, 14X, 23X, 24X, 71X, 72X, 73X, 83X, 85X
Religious Non-Medical Healthcare Institution	41X, 51X
RPHC	85X
Rural Health Clinic	71X
SNF	18X, 21X, 22X, 23X, 24X, 28X, 51X

Admission type code table

Field: IP_ADMSN_TYPE_CD

Code	Label
0	Blank
1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Reserved
6	Reserved
7	Reserved
8	Reserved
9	Unknown

Provider type code label

Code	Code label
0	Clinics, groups, associations, partnerships, or other entities
1	Physicians or suppliers reporting as solo practitioners
2	Suppliers (other than sole proprietorship)
3	Institutional provider
4	Independent laboratories
5	Clinics (multiple specialties)
6	Groups (single specialty)
7	Other entities

Provider specialty code table

Code	Specialty
00	Carrier wide
01	General practice
02	General surgery
03	Allergy/immunology
04	Otolaryngology
05	Anesthesiology
06	Cardiology
07	Dermatology
08	Family practice
09	Gynecology
10	Gastroenterology
11	Internal medicine
12	Osteopathic manipulative therapy
13	Neurology
14	Neurosurgery
15	Obstetrics
16	Obstetrics/gynecology
17	Ophthalmology, otology, laryngology, rhinology
18	Ophthalmology
19	Oral surgery (dentists only)
20	Orthopedic surgery
21	Pathologic anatomy, clinical pathology
22	Pathology
23	Peripheral vascular disease, medical or surgical
24	Plastic and reconstructive surgery
25	Physical medicine and rehabilitation
26	Psychiatry
27	Psychiatry, neurology
28	Colorectal surgery (formerly proctology)
29	Pulmonary disease
30	Diagnostic radiology
31	Roentgenology, radiology
32	Radiation therapy
33	Thoracic surgery

Code	Specialty
34	Urology
35	Chiropractic
36	Nuclear medicine
37	Pediatric medicine
38	Geriatric medicine
39	Nephrology
40	Hand surgery
41	Optometry (revised 10/93 to mean optometrist)
42	Certified nurse midwife (eff 1/87)
43	Crna, anesthesia assistant (eff 1/87)
44	Infectious disease
45	Mammography screening center
46	Endocrinology (eff 5/92)
47	Independent Diagnostic Testing Facility (IDTF) (eff. 6/98)
48	Podiatry
49	Ambulatory surgical center (formerly miscellaneous)
50	Nurse practitioner
51	Medical supply company with certified orthotist (certified by American Board for Certification in Prosthetics And Orthotics)
52	Medical supply company with certified prosthetist (certified by American Board for Certification In Prosthetics And Orthotics)
53	Medical supply company with certified prosthetist-orthotist (certified by American Board for Certification in Prosthetics and Orthotics)
54	Medical supply company not included in 51, 52, or 53. (Revised 10/93 to mean medical supply company for DMERC)
55	Individual certified orthotist
56	Individual certified prosthetist
57	Individual certified prosthetist- orthotist
58	Individuals not included in 55, 56, or 57 (revised 10/93 to mean medical supply company with registered pharmacist)
59	Ambulance service supplier, e.G., private ambulance companies, funeral homes, etc.
60	Public health or welfare agencies (federal, state, and local)
61	Voluntary health or charitable agencies (e.G., National Cancer Society, National Heart Associiation, Catholic Charities)
62	Psychologist (billing independently)
63	Portable X-ray supplier

Code	Specialty
64	Audiologist (billing independently)
65	Physical therapist (independently practicing)
66	Rheumatology (eff 5/92) Note: during 93/94 DMERC also used this to mean medical supply company with respiratory therapist
67	Occupational therapist (independently practicing)
68	Clinical psychologist
69	Clinical laboratory (billing independently)
70	Multispecialty clinic or group practice
71	Diagnostic X-ray (GPPP) (not to be assigned after 5/92)
72	Diagnostic laboratory (GPPP) (not to be assigned after 5/92)
73	Physiotherapy (GPPP) (not to be assigned after 5/92)
74	Occupational therapy (GPPP) (not to be assigned after 5/92)
75	Other medical care (GPPP) (not to assigned after 5/92)
76	Peripheral vascular disease (eff 5/92)
77	Vascular surgery (eff 5/92)
78	Cardiac surgery (eff 5/92)
79	Addiction medicine (eff 5/92)
80	Licensed clinical social worker
81	Critical care (intensivists) (eff 5/92)
82	Hematology (eff 5/92)
83	Hematology/oncology (eff 5/92)
84	Preventive medicine (eff 5/92)
85	Maxillofacial surgery (eff 5/92)
86	Neuropsychiatry (eff 5/92)
87	All other suppliers
88	Unknown supplier/provider specialty
89	Certified clinical nurse specialist
90	Medical oncology (eff 5/92)
91	Surgical oncology (eff 5/92)
92	Radiation oncology (eff 5/92)
93	Emergency medicine (eff 5/92)
94	Interventional radiology (eff 5/92)
95	Independent physiological laboratory (eff 5/92)
96	Optician (eff 10/93)
97	Physician assistant (eff 5/92)
98	Gynecologist/oncologist (eff 10/94)

Code	Specialty
99	Unknown physician specialty
A0	Hospital (eff 10/93) (DMERCs only)
A1	SNF (eff 10/93) (DMERCs only)
A2	Intermediate care nursing facility (eff 10/93) (DMERCs only)
A3	Nursing facility, other (eff 10/93) (DMERCs only)
A4	HHA (eff 10/93) (DMERCs only)
A5	Pharmacy (eff 10/93) (DMERCs only)
A6	Medical supply company with respiratory therapist (eff 10/93) (DMERCs only)
A7	Department store (for DMERC use: eff 10/94, but cross-walked from code 87 eff 10/93)
A8	Grocery store (for DMERC use: eff 10/94, but cross-walked from code 88 eff 10/93)

Place of service code table

Code	Label
11	Providers office
12	Patients home
21	Inpatient Hospital
22	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
41	Ambulance-land
42	Ambulance-Air or Water
51	Inpatient Psychiatric Facility
52	Psych Facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance Abuse Treatment Center
56	Psych Residential Treatment Center
61	Comprehensive Inpatient Rehab Facility
62	Comprehensive Outpatient Rehab Facility
65	End Stage Renal Disease Treatment Facility
71	State or local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other Unlisted Facility

Type of service code table

Code	Label
0	Whole blood only eff 01/96, whole blood or packed red cells before 01/96
1	Medical care
2	Surgery
3	Consultation
4	Diagnostic radiology
5	Diagnostic laboratory
6	Therapeutic radiology
7	Anesthesia
8	Assistant at surgery
9	Other medical items or services
A	Used durable medical equipment (DME)
B	High risk screening mammography (obsolete 1/1/98)
C	Low risk screening mammography (obsolete 1/1/98)
D	Ambulance (eff 04/95)
E	Enteral/parenteral nutrients/supplies (eff 04/95)
F	Ambulatory surgical center (facility usage for surgical services)
G	Immunosuppressive drugs
H	Hospice services (discontinued 01/95)
I	Purchase of DME (installment basis) (discontinued 04/95)
J	Diabetic shoes (eff 04/95)
K	Hearing items and services (eff 04/95)
L	ESRD supplies (eff 04/95) (renal supplier in the home before 04/95)
M	Monthly capitation payment for dialysis
N	Kidney donor
P	Lump sum purchase of DME, prosthetics, orthotics
Q	Vision items or services
R	Rental of DME
S	Surgical dressings or other medical supplies (eff 04/95)
T	Psychological therapy (term. 12/31/97) outpatient mental health limitation (eff. 1/1/98)
U	Occupational therapy
V	Pneumococcal/flu vaccine (eff 01/96), Pneumococcal/flu/hepatitis B vaccine (eff 04/95-12/95), Pneumococcal only before 04/95
W	Physical therapy
Y	Second opinion on elective surgery (obsoleted 1/97)
Z	Third opinion on elective surgery (obsoleted 1/97)

BETOS codes and descriptions table

1. EVALUATION AND MANAGEMENT

1. M1A OFFICE VISITS - NEW
2. M1B OFFICE VISITS - ESTABLISHED
3. M2A HOSPITAL VISIT - INITIAL
4. M2B HOSPITAL VISIT - SUBSEQUENT
5. M2C HOSPITAL VISIT - CRITICAL CARE
6. M3 EMERGENCY ROOM VISIT
7. M4A HOME VISIT
8. M4B NURSING HOME VISIT
9. M5A SPECIALIST - PATHOLOGY
10. M5B SPECIALIST - PSYCHIATRY
11. M5C SPECIALIST - OPHTHALMOLOGY
12. M5D SPECIALIST - OTHER
13. M6 CONSULTATIONS

2. PROCEDURES

1. P0 ANESTHESIA
2. P1A MAJOR PROCEDURE - BREAST
3. P1B MAJOR PROCEDURE - COLECTOMY
4. P1C MAJOR PROCEDURE - CHOLECYSTECTOMY
5. P1D MAJOR PROCEDURE - TURP
6. P1E MAJOR PROCEDURE - HYSTERECTOMY
7. P1F MAJOR PROCEDURE - EXPLOR/DECOMPR/EXCISDISC
8. P1G MAJOR PROCEDURE - OTHER
9. P2A MAJOR PROCEDURE, CARDIOVASCULAR - CABG
10. P2B MAJOR PROCEDURE, CARDIOVASCULAR - ANEURYSM REPAIR
11. P2C MAJOR PROCEDURE, CARDIOVASCULAR - THROMBOENDARTERECTOMY
12. P2D MAJOR PROCEDURE, CARDIOVASCULAR - CORONARY ANGIOPLASTY(PTCA)
13. P2E MAJOR PROCEDURE, CARDIOVASCULAR - PACEMAKER INSERTION
14. P2F MAJOR PROCEDURE, CARDIOVASCULAR - OTHER
15. P3A MAJOR PROCEDURE, ORTHOPEDIC - HIP FRACTURE REPAIR
16. P3B MAJOR PROCEDURE, ORTHOPEDIC - HIP REPLACEMENT
17. P3C MAJOR PROCEDURE, ORTHOPEDIC - KNEE REPLACEMENT
18. P3D MAJOR PROCEDURE, ORTHOPEDIC - OTHER
19. P4A EYE PROCEDURE - CORNEAL TRANSPLANT
20. P4B EYE PROCEDURE - CATARACT REMOVAL/LENS INSERTION

21. P4C EYE PROCEDURE - RETINAL DETACHMENT
22. P4D EYE PROCEDURE - TREATMENT OF RETINAL LESIONS
23. P4E EYE PROCEDURE - OTHER
24. P5A AMBULATORY PROCEDURES - SKIN
25. P5B AMBULATORY PROCEDURES - MUSCULOSKELETAL
26. P5C AMBULATORY PROCEDURES - INGUINAL HERNIA REPAIR
27. P5D AMBULATORY PROCEDURES - LITHOTRIPSY
28. P5E AMBULATORY PROCEDURES - OTHER
29. P6A MINOR PROCEDURES - SKIN
30. P6B MINOR PROCEDURES - MUSCULOSKELETAL
31. P6C MINOR PROCEDURES - OTHER (MEDICARE FEE SCHEDULE)
32. P6D MINOR PROCEDURES - OTHER (NON-MEDICARE FEE SCHEDULE)
33. P7A ONCOLOGY - RADIATION THERAPY
34. P7B ONCOLOGY - OTHER
35. P8A ENDOSCOPY - ARTHROSCOPY
36. P8B ENDOSCOPY - UPPER GASTROINTESTINAL
37. P8C ENDOSCOPY - SIGMOIDOSCOPY
38. P8D ENDOSCOPY - COLONOSCOPY
39. P8E ENDOSCOPY - CYSTOSCOPY
40. P8F ENDOSCOPY - BRONCHOSCOPY
41. P8G ENDOSCOPY - LAPAROSCOPIC CHOLECYSTECTOMY
42. P8H ENDOSCOPY - LARYNGOSCOPY
43. P8I ENDOSCOPY - OTHER
44. P9A DIALYSIS SERVICES (MEDICARE FEE SCHEDULE)
45. P9B DIALYSIS SERVICES (NON-MEDICARE FEE SCHEDULE)

3. IMAGING

1. I1A STANDARD IMAGING - CHEST
2. I1B STANDARD IMAGING - MUSCULOSKELETAL
3. I1C STANDARD IMAGING - BREAST
4. I1D STANDARD IMAGING - CONTRAST GASTROINTESTINAL
5. I1E STANDARD IMAGING - NUCLEAR MEDICINE
6. I1F STANDARD IMAGING - OTHER
7. I2A ADVANCED IMAGING - CAT: HEAD
8. I2B ADVANCED IMAGING - CAT: OTHER
9. I2C ADVANCED IMAGING - MRI: BRAIN
10. I2D ADVANCED IMAGING - MRI: OTHER
11. I3A ECHOGRAPHY - EYE

12. I3B ECHOGRAPHY - ABDOMEN/PELVIS
13. I3C ECHOGRAPHY - HEART
14. I3D ECHOGRAPHY - CAROTID ARTERIES
15. I3E ECHOGRAPHY - PROSTATE, TRANSRECTAL
16. I3F ECHOGRAPHY - OTHER
17. I4A IMAGING/PROCEDURE - HEART,INCLUDING CARDIAC CATHETERIZATION
18. I4B IMAGING/PROCEDURE - OTHER

4. TESTS

1. T1A LAB TESTS - ROUTINE VENIPUNCTURE (NON MEDICARE FEE SCHEDULE)
2. T1B LAB TESTS - AUTOMATED GENERAL PROFILES
3. T1C LAB TESTS - URINALYSIS
4. T1D LAB TESTS - BLOOD COUNTS
5. T1E LAB TESTS - GLUCOSE
6. T1F LAB TESTS - BACTERIAL CULTURES
7. T1G LAB TESTS - OTHER (MEDICARE FEE SCHEDULE)
8. T1H LAB TESTS - OTHER (NON-MEDICARE FEE SCHEDULE)
9. T2A OTHER TESTS - ELECTROCARDIOGRAMS
10. T2B OTHER TESTS - CARDIOVASCULAR STRESS TESTS
11. T2C OTHER TESTS - EKG MONITORING
12. T2D OTHER TESTS - OTHER

5. DURABLE MEDICAL EQUIPMENT

1. D1A MEDICAL/SURGICAL SUPPLIES
2. D1B HOSPITAL BEDS
3. D1C OXYGEN AND SUPPLIES
4. D1D WHEELCHAIRS
5. D1E OTHER DME
6. D1F ORTHOTIC DEVICES

6. OTHER

1. O1A AMBULANCE
2. O1B CHIROPRACTIC
3. O1C ENTERAL AND PARENTERAL
4. O1D CHEMOTHERAPY
5. O1E OTHER DRUGS
6. O1F VISION, HEARING AND SPEECH SERVICES
7. O1G INFLUENZA IMMUNIZATION

7. EXCEPTIONS/UNCLASSIFIED

1. Y1 OTHER - MEDICARE FEE SCHEDULE

2. Y2 OTHER - NON-MEDICARE FEE SCHEDULE
3. Z1 LOCAL CODES
4. Z2 UNDEFINED CODES

Source: www.cms.gov/data/betos/default.asp