File Layout
INTEGRATED OCE Data Files Version 20.2
July 1, 2019

Changes since last release:
1. Updated version identification and date to 20.2, July 2019
2. Updated version referenced to 76 = July 2019
3. Added 1 new field and description to the HcpcsMap and diff_HcpcsMap tables.
   a. BundledInBiological
4. Added 1 new field and description to the ValidRevenue and diff_ValidRevenue tables.
   a. BundledInBiological

Q_CD_ApcData.xlsx - contains the valid APCs for July 2019

Field	Description
APC	**APC value**
SI	Status Indicator
PI	Payment Indicator
ApcPayment	Payment assigned to the APC
APCDesc	APC description
VER	Current version **76 = July 2019**
Begindate	Effective date of "VER"

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

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

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

Field	Description
Addon	Addon procedure code
Primary	Primary procedure code
VER	Current version **76 = July 2019**
Begindate	Effective date of "VER"

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

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

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

Field	Description
Addon	Addon procedure code
Primary	Primary procedure code
VER	Current version **76 = July 2019**
Begindate	Effective date of "VER"

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

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

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

Field	Description
Addon	Addon procedure code
Primary	Primary procedure code
VER	Current version **76 = July 2019**
Begindate	Effective date of "VER"

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

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

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

Field	Description
HCPCS	HCPCS Code
Rank	Indicates numeric rank order for selection of primary comprehensive APC procedure when multiple comprehensive APC procedures are present on a claim

ComplexityAdjustment	Indicates code 1 of a complexity-adjusted comprehensive APC code pair
	    Values:
	    0 = no complexity adjustment
	    1 = complexity adjustment applies

Version	Current version **76 = July 2019**
BeginDate	Effective date of "VER"

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

Field	Description
ADM	A=Addition D=Deletion M=Modification
HCPCS	HCPCS Code
Rank	Indicates numeric rank order for selection of primary comprehensive APC procedure when multiple comprehensive APC procedures are present

ComplexityAdjustment	Indicates code 1 of a complexity-adjusted comprehensive APC code pair
	    Values:
	    0 = no complexity adjustment
	    1 = complexity adjustment applies
	    Blank = no change to code

Version Compared	Valid versions * Refer to the valid version table at end of document
BeginDate	Effective date of "Version Compared"

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

Field	Description
Code 1	1st code of a complexity-adjusted code pair under comprehensive APCs
Code 2	2nd code of a complexity-adjusted code pair under comprehensive APCs

Field	Description
APC	Comprehensive APC assignment for complexity-adjusted code pair
VER	Current version **76 = July 2019**
BeginDate	Effective date of "VER"

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

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

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

Field	Description
Code1	1st code in pair
Code2	2nd code in pair
AddOnCode	Add-on Code Pair Flag (Add-on code is flagged if a code for a required primary procedure is not present on the same date of service. (Edit 84) Values: 0 = not applicable to Add on code 1 = applicable to Add on code
FqhcQualifyingVisit	FQHC code pair flag (FQHC payment code [Code 1] is flagged if a code for the required qualifying visit [Code 2] is not present on the same date of service [Edit 89]) Values: 0 = not applicable to FQHC payment code pair 1 = applicable to FQHC payment code pair
DevicePair1	Procedure Code1 has a 1st required device Code2 (Edit 71 if an associated code2 is not present) Values: 0 = not applicable 1 = applicable
DevicePair2	Procedure Code1 has a 2nd required device Code2 (Edit 71 if an associated code 2 is not present) Values: 0 = not applicable 1 = applicable
VER	Current version **76 = July 2019**

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

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

Field	Description
ADM	A=Addition D=Deletion M=Modification
Code1	1st code in pair
Code2	2nd code in pair
AddOnCode	Add on Code Pair Flag (Add-on code is flagged if a code for a required primary procedure is not present on the same date of service. (Edit 84) Values: 0 = no longer applicable to Add on code 1 = applicable to Add on code Blank = no change to code
FqhcQualifyingVisit	FQHC code pair flag (FQHC payment code [code1] is flagged if a code for the required qualifying visit [code2] is not present on the same date of service [Edit 89]) Values: 0 = no longer applicable to FQHC payment code pair 1 = applicable to FQHC payment code pair Blank = no change to code
DevicePair1	Procedure Code1 has a 1st required device Code2 (Edit 71 if an associated code2 is not present) Values: 0 = no longer applicable 1 = applicable Blank = no change to code
DevicePair2	Procedure Code1 has a 2nd required device Code2 (Edit 71 if an associated code 2 is not present) Values: 0 = no longer applicable 1 = applicable Blank = no change to code

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

Q_CD_HcpcsMap.xlsx - contains the valid HCPCS codes for July 2019

Field	Description
HCPCS	HCPCS code
APC	APC assignment for HCPCS code
StatusIndicator	Status Indicator
PaymentIndicator	Payment Indicator
ValidSex	Code valid for this sex Values: 0 = not applicable to code 1 = male 2 = female
MaxUnitsAllowed	Maximum units allowed
QuestionableService	Questionable covered service (Edit 12) Values: 0 = not applicable to code 1 = applicable to code
ServiceNotPaidByMedicare	Service not paid by Medicare (Edit 13) Values: 0 = not applicable to code 1 = applicable to code
NotRecognizedByMedicare	Not recognized by Medicare for OPPS (Edit 28) Values: 0 = not applicable to code 1 = applicable to code

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

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

Field	Description
TraumaRevCodeRequired	Revenue code 068x is required for trauma response critical care services Values: 0 = not applicable to code 1 = applicable to code
CriticalCareRequiresTrauma	Critical care services required to be reported with trauma response services Values: 0 = not applicable to code 1 = applicable to code
STV-Packaged	Code packaged when S, T, or V procedure present Values: 0 = not applicable to code 1 = applicable to code
SeparateProcedure	Separate procedure code (Edit 45) Values: 0 = not applicable to code 1 = applicable to code
StatutoryExclusion	Statutory Exclusion code (Edit 50) Values: 0 = not applicable to code 1 = applicable to code
HourlyObservation	Observation code requiring reporting of number of hours in observation as units of service Values: 0 = not applicable to code 1 = applicable to code
NonReportableSite	HCPCS codes that are only reportable for OPPS claims (C-HCPCS codes) Values: 0 = not applicable to code 1 = applicable to code
DirectAdmitObs	Observation code for direct admission or referral to hospital observation Values: 0 = not applicable to code 1 = applicable to code
NotRecognizedByOPPS	Not recognized by OPPS (Edit 62) Values: 0 = not applicable to code 1 = applicable to code
DMEOnly	Bill to DMERC only (Edit 61) Values: 0 = not applicable to code 1 = applicable to code
UnclassifiedDrug	Unclassified Drug (Edit 66) Values: 0 = not applicable to code 1 = applicable to code

Field	Description

ApprovalDate	Indicates the effective mid-quarter date of approval for FDA, National Coverage Determination (NCD), or initial marketing date.
	    Values:
	    0 = not applicable to code
	    YYYYMMDD = approval date for code

T-Packaged	Code packaged when T procedure present
	    Values:
	    0 = not applicable to code
	    1 = applicable to code

RadiolabeledProduct	Radiolabeled products required for nuclear medicine procedure
	    Values:
	    0 = not applicable to code
	    1 = applicable to code

NuclearMedicine	Nuclear medicine procedure requires diagnostic radiopharmaceutical
	    Values:
	    0 = not applicable to code
	    1 = applicable to code

ApprovalDateEdit	The edit number returned
	    Values:
	    0 = not applicable to code
	    67 = Service provided prior to FDA approval
	    68 = Service provided prior to date of NCD approval
	    69 = Service provided outside approval period
	    83 = Service provided on or after effective date of NCD noncoverage
	    110 = Service provided prior to initial marketing date

TerminationDate	Indicates the mid-quarter date when a code approval period becomes inactive.
	    Values:
	    0 = not applicable to code
	    YYYYMMDD = termination date for code

ServNotBillableFI	Service not billable to Fiscal Intermediary (Edit 72)
	    Values:
	    0 = not applicable to code
	    1 = applicable to code

PHPPrimaryServices	Primary PHP services applicable to Partial Hospitalization logic
	    Values:
	    0 = not applicable to code
	    1 = applicable to code

AllPHPService	Code applicable for Partial Hospitalization logic
	    Values:
	    0 = not applicable to code
	    1 = applicable to code

DailyMentalHealthService	Code included in the count of Daily Mental Health services
	    Values:
	    0 = not applicable to code
	    1 = applicable to code

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

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

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

Field	Description

TerminatedDeviceProcedure	Device intensive procedures that may be subject to payment offset for the following conditions:
	• Terminated procedures reported with modifier 73
	• Procedures subject to full or partial device credit due to the presence of condition code 49, 50 or 53
	    Values:
	    0 = not applicable to code
	    1 = applicable to code

PassThroughRadiopharm	Code listed as a pass-through radiopharmaceutical which may be subject to payment offset for nuclear medicine procedures
	    Values:
	    0 = not applicable to code
	    1 = applicable to code

PassThroughSkinProduct	Code listed as pass-through skin substitute product which may be subject to payment offset for skin substitute implantation procedures
	    Values:
	    0 = not applicable to code
	    1 = applicable to code

PassThroughContrast	Code listed as pass-through contrast agent which may be subject to payment offset for radiological procedures
	    Values:
	    0 = not applicable to code
	    1 = applicable to code

PassThroughStressAgent	Code listed as pass-through pharmacologic stress agent which may be subject to payment offset for myocardial perfusion imaging procedures
	    Values:
	    0 = not applicable to code
	    1 = applicable to code

PHPDuration	Numeric value representing the unit of time included in the code description for use in counting towards weekly criteria for PHP services
	    Values:
	    0 = 1 hour or not applicable to code
	    1 = 0.25 hour
	    2 = 0.5 hour
	    3 = 0.75 hour

NegativePressureWoundTherapy	Identifies NPWT services separately payable on HHA claims with bill type 34x
	    Values:
	    0 = not applicable to code
	    1 = applicable to code

FilmXRay	Identifies film x-ray codes subject to payment reduction if reported with modifier FX
	    Values:
	    0 = not applicable to code
	    1 = applicable to code

AllogeneicTransplant	Identifies allogeneic transplant procedure (edit 100)
	    Values:
	    0 = not applicable to code
	    1 = applicable to code

Field	Description
E99Exclusion	Identifies blood clotting factor HCPCS that are excluded from edit 99 requirements Values: 0 = not applicable to code 1 = applicable to code
Section603Override	Identifies HCPCS that are not subject to payment reduction under Section 603 requirements Values: 0 = not applicable to code 1 = applicable to code
AddonTypeOne	Identifies HCPCS that are Type I add-on codes Values: 0 = not applicable to code 1 = applicable to code
AddonTypeTwo	Identifies HCPCS that are Type II add-on codes Values: 0 = not applicable to code 1 = applicable to code
AddonTypeThree	Identifies HCPCS that are Type III add-on codes Values: 0 = not applicable to code 1 = applicable to code
Biosimilar	Identifies Biosimilar HCPCS codes that are required to be reported with an applicable Manufacturer Modifier Values: 0 = not applicable to code 1 = applicable to code
RhcModifierEdit	Identifies HCPCS procedure codes that are not eligible for the all-inclusive rate under RHC Values: 0 = not applicable to code 1 = applicable to code
FQHCChronicCare	Identifies FQHC Chronic Care Management codes Values: 0 = not applicable to code 1 = applicable to code
FqhcRhcE72Bypass	Identifies HCPCS codes applicable to the edit 72 bypass under FQHC and RHC Values: 0 = not applicable to code 1 = applicable to code
BundledInBiological	Identifies HCPCS codes applicable to edit 111 Values: 0 = not applicable to code 1 = applicable to code
Version	Current version identification number **76 = July 2019**
BeginDate	Effective date of "VER"

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

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

Field	Description
Comprehensive	Code 1 of a code pair subject to NCCI editing Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
Component	Code 2 of a code pair subject to NCCI editing Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
ActivityTherapy	Activity service that is not payable outside of a partial hospitalization program Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
OccupationalTherapy	Occupational therapy service that is only billable on partial hospitalization claims Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
NonCoveredService	Non-covered service (Edit 9) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
NotIncludedInOPPS	Not included in OPPS (Edit 14) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
AddOn	Add on code (Edit 84) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
Vaccine	Vaccine services that may be paid for Home Health or Hospice claims under OPPS Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
Antigen	Antigens for allergen immunotherapy services that may be paid for Home Health or Hospice claims under OPPS Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code

Field	Description
Splint	Splint application services that may be paid for Home Health or Hospice claims under OPPS Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
Cast	Cast application services that may be paid for Home Health or Hospice claims under OPPS Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
DeductibleNA	Deductible not applicable Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
BloodService	Blood transfusion or exchange (Edit 43) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
BloodProduct	Blood product (Edit 43) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
PHPService	Partial hospitalization program service Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
Description	HCPCS description
RevCode762Required	Observation HCPCS codes requiring revenue code 762 Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
ExclusiveBilateral	Procedures that are identified as exclusively bilateral (edit 16, 17) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
LabPath	Laboratory/Pathology codes (Edit 15) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code

Field	Description
SometimesTherapy	Wound care services that may be payable under fee schedule if performed by a therapist Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
TraumaRevCodeRequired	Revenue code 068x is required for trauma response critical care services Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
CriticalCareRequiresTrauma	Critical care services required to be reported with trauma response service Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
STV-Packaged	Code packaged when S, T, or V procedure present Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
SeparateProcedure	Separate procedure code (Edit 45) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
StatutoryExclusion	Statutory Exclusion code (Edit 50) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
HourlyObservation	Observation code requiring reporting of number of hours in observation as units of service Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
NonReportableSite	HCPCS codes that are only reportable for OPPS claims (C-HCPCS codes) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
DirectAdmitObs	Observation code for direct admission or referral to hospital observation Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code

Field	Description
NotRecognizedByOPPS	Not recognized by OPPS (Edit 62) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
DMEOnly	Bill to DMERC only (Edit 61) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
UnclassifiedDrug	Unclassified Drug (Edit 66) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
ApprovalDate	Indicates the effective mid-quarter date of approval for FDA or National Coverage Determination (NCD) Values: 0 = not applicable to code YYYYMMDD = approval date for code Blank = no change to code
T-Packaged	Code packaged when T procedure present Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
RadiolabeledProduct	Radiolabeled products required for nuclear medicine procedure Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
NuclearMedicine	Nuclear medicine procedure requires diagnostic radiopharmaceutical Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
ApprovalDateEdit	The edit number returned Values: 0 = not applicable to code 67 = Service provided prior to FDA approval 68 = Service provided prior to date of NCD approval 69 = Service provided outside approval period 83 = Service provided on or after effective date of NCD noncoverage 110 = Service provided prior to initial marketing date Blank = no change to code

Field	Description
TerminationDate	Indicates the mid-quarter date when a code approval period becomes inactive 　　　Values: 　　　0 = not applicable to code 　　　YYYYMMDD = termination date for code 　　　Blank = no change to code
ServNotBillableFI	Service not billable to Fiscal Intermediary (Edit 72) 　　　Values: 　　　0 = not applicable to code 　　　1 = applicable to code 　　　Blank = no change to code
PHPPrimaryServices	PHP Primary Services applicable to Partial Hospitalization logic 　　　Values: 　　　0 = not applicable to code 　　　1 = applicable to code 　　　Blank = no change to code
AllPHPService	Code applicable for Partial Hospitalization logic 　　　Values: 　　　0 = not applicable to code 　　　1 = applicable to code 　　　Blank = no change to code
DailyMentalHealthService	Code included in count of Daily Mental Health services 　　　Values: 　　　0 = not applicable to code 　　　1 = applicable to code 　　　Blank = no change to code
MHNotPH	Mental health service that is not payable under the partial hospitalization program 　　　Values: 　　　0 = not applicable to code 　　　1 = applicable to code 　　　Blank = no change to code
RedBloodCells	Packed red blood cells reported with revenue code 381 　　　Values: 　　　0 = not applicable to code 　　　1 = applicable to code 　　　Blank = no change to code
WholeBloodCells	Whole blood reported with revenue code 382 　　　Values: 　　　0 = not applicable to code 　　　1 = applicable to code 　　　Blank = no change to code
TokenChargeLimit	Radiolabeled product provided during an inpatient stay under Medicare Part B that may have a line item charge reported as $1.01 or less 　　　Values: 　　　0 = not applicable to code 　　　1 = applicable to code 　　　Blank = no change to code

Field	Description

PHNotMH	Partial hospitalization service that is not payable on a mental health claim
	    Values:
	    0 = not applicable to code
	    1 = applicable to code
	    Blank = no change to code

CriticalCareAncillary	Critical care ancillary service
	    Values:
	    0 = not applicable to code
	    1 = applicable to code
	    Blank = no change to code

DeductibleCoinsuranceNA	Deductible and Coinsurance not applicable
	    Values:
	    0 = not applicable to code
	    1 = applicable to code
	    Blank = no change to code

CoinsuranceNA	Coinsurance not applicable
	    Values:
	    0 = not applicable to code
	    1 = applicable to code
	    Blank = no change to code

SkinSubstituteProc	Code included as skin substitute application procedure (v13.0-v14.3)
	    Values:
	    0 = not applicable to code
	    1 = applicable to code
	    Blank = no change to code

SkinSubstitute	Code included as skin substitute product (v13.0-v14.3)
	    Values:
	    0 = not applicable to code
	    1 = applicable to code
	    Blank = no change to code

ComprehensiveAPCExclusion	Code included as a comprehensive APC exclusion
	    Values:
	    0 = not applicable to code
	    1 = applicable to code
	    Blank = no change to code

DeviceProcedure	Code included as a device-dependent procedure (Edit 92)
	    Values:
	    0 = not applicable to code
	    1 = applicable to code
	    Blank = no change to code

Device	Code included as a device for a device-dependent procedure (Edit 92)
	    Values:
	    0 = not applicable to code
	    1 = applicable to code
	    Blank = no change to code

Field	Description
SkinSubstituteProcLow	Code included as a low-cost skin substitute procedure (Edit 87) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
SkinSubstituteLow	Code included as a low-cost skin substitute product (Edit 87) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
SkinSubstituteProcHigh	Code included as a high cost skin substitute procedure (Edit 87) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
SkinSubstituteHigh	Code included as a high cost skin substitute product (Edit 87) Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
LabService	Code included as a non-packaged laboratory service for bill type 14X Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
FQHCPreventive	Code included as FQHC PPS preventive service for bill type 77X Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
FQHCFluPpv	Code included as FQHC PPS influenza/PPV vaccine service for bill type 77X Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
FQHCNonCovered	Code included as FQHC PPS non-covered service for bill type 77X Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
FQHCAddon	Code included as FQHC PPS mental health add-on service code requiring primary procedure code for bill type 77X Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code

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

Field	Description
AnnualWellnessVisit	Identifies Medicare annual wellness visit codes Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
TerminatedDeviceProcedure	Device intensive procedures that may be subject to payment offset for the following conditions: • Terminated procedures reported with modifier 73 • Procedures subject to full or partial device credit due to the presence of condition code 49, 50 or 53 Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
PassThroughRadiopharm	Code listed as a pass-through radiopharmaceutical which may be subject to payment offset for nuclear medicine procedures Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
PassThroughSkinProduct	Code listed as pass-through skin substitute product which may be subject to payment offset for skin substitute implantation procedures Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
PassThroughContrast	Code listed as pass-through contrast agent which may be subject to payment offset for radiological procedures Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
PassThroughStressAgent	Code listed as pass-through pharmacologic stress agent which may be subject to payment offset for myocardial perfusion imaging procedures Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
PHPDuration	Numeric value representing the unit of time included in the code description for use in counting towards weekly criteria for PHP services Values: 0 = 1 hour or not applicable to code 1 = 0.25 hour 2 = 0.5 hour 3 = 0.75 hour Blank = no change to code

Field	Description

NegativePressureWoundTherapy	Identifies NPWT services separately payable on HHA claims with bill type 34x
	    Values:
	    0 = not applicable to code
	    1 = applicable to code
	    Blank = no change to code

FilmXRay	Identifies film x-ray codes subject to payment reduction if reported with modifier FX
	    Values:
	    0 = not applicable to code
	    1 = applicable to code
	    Blank = no change to code

AllogeneicTransplant	Identifies allogeneic transplant procedure (edit 100)
	    Values:
	    0 = not applicable to code
	    1 = applicable to code
	    Blank = no change to code

E99Exclusion	Identifies blood clotting factor HCPCS that are excluded from edit 99 requirements
	    Values:
	    0 = not applicable to code
	    1 = applicable to code
	    Blank = no change to code

Section603Override	Identifies HCPCS that are not subject to payment reduction under Section 603 requirements
	    Values:
	    0 = not applicable to code
	    1 = applicable to code
	    Blank = no change to code

AddonTypeOne	Identifies HCPCS that are Type I add-on codes
	    Values:
	    0 = not applicable to code
	    1 = applicable to code
	    Blank = no change to code

AddonTypeTwo	Identifies HCPCS that are Type II add-on codes
	    Values:
	    0 = not applicable to code
	    1 = applicable to code
	    Blank = no change to code

AddonTypeThree	Identifies HCPCS that are Type III add-on codes
	    Values:
	    0 = not applicable to code
	    1 = applicable to code
	    Blank = no change to code

Field	Description
Biosimilar	Identifies Biosimilar HCPCS codes that are required to be reported with an applicable Manufacturer Modifier Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
RhcModifierEdit	Identifies HCPCS procedure codes that are not eligible for the all-inclusive rate under RHC Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
FQHCChronicCare	Identifies FQHC Chronic Care Management codes Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
FqhcRhcE72Bypass	Identifies HCPCS codes applicable to the edit 72 bypass under FQHC and RHC Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
BundledInBiological	Identifies HCPCS codes applicable to edit 111 Values: 0 = not applicable to code 1 = applicable to code Blank = no change to code
Version Compared	Valid versions *Refer to the valid version table at end of document
Begin Date	Effective date of "Version Compared"

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

Field	Description
HCPCS	HCPCS Code
Modifier	Modifier required for HCPCS reporting
Biosimilar	Identifies that the HCPCS code is a Biosimilar Values: 0 = not applicable to code 1 = applicable to code
RHC Modifier Edit	Identifies HCPCS not eligible for all-inclusive rate Values: 0 = not applicable to code 1 = applicable to code
VER	Current version identification number **76 = July 2019**

Field	Description
Begin Date	Effective date of "VER"

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

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

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

Field	Description
Modifier1	Modifier1 required for HCPCS reporting (code 1 of modifier conflict)
Modifier2	Modifier2 required for HCPCS reporting (code 2 of modifier conflict)
VER	Current version identification number **76 = July 2019**
Begin Date	Effective date of "VER"

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

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

Q_CD_dx10Map.xlsx - contains the valid Diagnoses for July 2019

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

Field	Description
	1 = applicable to code
CodeDesc	Diagnosis description
VER	Current version **76 = July 2019**
BeginDate	Effective date of "VER"

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

Field	Description
ADM	A=Addition D=Deletion M=Modification
Diagnosis	Diagnosis code

LoAge/HiAge	Code valid for this age in years
	    Valid Ranges:
	    0/0 = newborn
	    0/17= pediatric
	    0/124 = all ages
	    12/55 = maternity
	    15/124 = adult
	    Blank = no change to code

ValidSex	Code valid for this sex
	    Values:
	    0 = no longer applicable to code
	    1 = male
	    2 = female
	    Blank = no change to code

MspAlert	Medicare secondary payer alert
	    Values:
	    0 = no longer applicable to code
	    1 = applicable to code
	    Blank = no change to code

Ecode	External cause of morbidity code
	    Values:
	    0 = no longer applicable to code
	    1 = applicable to code
	    Blank = no change to code

IsMentalHealthDx	Mental Health diagnosis
	    Values:
	    0 = no longer applicable to code
	    1 = applicable to code
	    Blank = no change to code

IsMalignancy	Malignancy diagnosis
	    Values:
	    0 = no longer applicable to code
	    1 = applicable to code
	    Blank = no change to code

Manifestation	Manifestation diagnosis

Field	Description
	Values: 0 = no longer applicable to code 1 = applicable to code Blank = no change to code

CodeFirst	Code First diagnosis
	    Values:
	    0 = no longer applicable to code
	    1 = applicable to code
	    Blank = no change to code

Version Compared	Valid versions *Refer to the valid version table at end of document
BeginDate	Effective date of "Version Compared"

Q_CD_NCCIPairs.xlsx – contains valid CCI code pairs for July 2019

Field	Description
CodePair	Code Pairs (1st=code1 ; 2nd=code2)
Code1	**Code 1 of code pair**
Code2	Code 2 of code pair

MI	Modifier Indicator
	    Values:
	    0 = modifier not appropriate; services represented by code combination not paid separately
	    1 = modifier allowed; billed services may be justifiable for the code combination
	    9 = no longer an active NCCI edit; code combinations are billable; no modifier needed

VER	Current version **76 = July 2019**
BeginDate	Effective date of "VER"

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

Field	Description
List	Defines the list type for pass-through device codes paired with associated procedures subject to payment offset
Code1	Pass-through device HCPCS code
Code2	Device intensive procedure code
activationdate	Contains the effective date for the code pair
VER	Current version **76 = July 2019**
BeginDate	Effective date of "VER"

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

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

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

Field	Description
Group	Describes the type of pass-through item or service (radiopharmaceutical, drug/biological or skin substitute product)
List	Defines the specific list type subject to pass-through offset condition • Radiopharmaceutical • Skin Substitute • Radiological Contrast • Stress Agent
Procedure APC	Associated procedure APC for pairing with the pass-through item or service
Offset Amount	Dollar amount representing the payment offset amount for pass-through item or service
Version	Current version **76 = July 2019**
BeginDate	Effective date of "VER"

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

Field	Description
ADM	A=Addition D=Deletion M=Modification
Group	Describes the type of pass-through item or service (radiopharmaceutical, drug/biological or skin substitute product)
List	Defines the specific list type subject to pass-through offset condition • Radiopharmaceutical • Skin Substitute • Radiological Contrast • Stress Agent

Field	Description
Procedure APC	Associated procedure APC for pairing with the pass-through item or service
Offset Amount	Dollar amount representing the payment offset amount for pass-through item or service
Version Compared	Valid versions *Refer to the valid version table at end of document
BeginDate	Effective date of "VER"

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

Field	Description
List	Defines the specific offset list subject to pass-through device offset condition
Code	Procedure code subject to possible device credit
Version	Current version **76 = July 2019**
BeginDate	Effective date of "VER"

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

Field	Description
ADM	A=Addition D=Deletion M=Modification
List	Defines the specific offset list subject to pass-through device offset condition
Code	Procedure code subject to possible device credit
Version Compared	Valid versions *Refer to the valid version table at end of document
BeginDate	Effective date of "VER"

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

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

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

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

Q_CD_ValidModif.xlsx - contains the valid modifiers for July 2019

Field	Description
Modif	Valid modifier
VER	Current version **76 = July 2019**
ActivationDate	Mid-quarter date the modifier became valid (if applicable)
BeginDate	Effective date of "VER"

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

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

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

Field	Description
RevenueCode	Valid revenue center code

Field	Description

BlankHcpcs_N	Status indicator (N) for revenue center, if no HCPCS present
	      Values:
	      0 = not applicable to revenue center***
	      1 = applicable to revenue center

BlankHcpcs_E	Status indicator (E) for revenue center, if no HCPCS present
	      Values:
	      0 = not applicable to revenue center***
	      1 = applicable to revenue center

BlankHcpcs_B	Status indicator (B) for revenue center, if no HCPCS present
	      Values:
	      0 = not applicable to revenue center***
	      1 = applicable to revenue center

BlankHcpcs_F	Status indicator (F) for revenue center, if no HCPCS present
	      Values:
	      0 = not applicable to revenue center***
	      1 = applicable to revenue center

BundledInBiological	Identifies revenue center codes applicable to edit 111
	      Values:
	      0 = not applicable to code
	      1 = applicable to code

VER	Current version **76 = July 2019**
BeginDate	Effective date of "VER"

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

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

Field	Description
ADM	A=Addition D=Deletion M=Modification
RevenueCode	Valid revenue center code

BlankHcpcs_N	Status indicator (N) for revenue center, if no HCPCS present
	    Values:
	    0 = no longer applicable to revenue center***
	    1 = applicable to revenue center
	    Blank = no change to code

BlankHcpcs_E	Status indicator (E) for revenue center, if no HCPCS present
	    Values:
	    0 = no longer applicable to revenue center***
	    1 = applicable to revenue center
	    Blank = no change to code

BlankHcpcs_B	Status indicator (B) for revenue center, if no HCPCS present
	    Values:
	    0 = no longer applicable to revenue center***
	    1 = applicable to revenue center
	    Blank = no change to code

BlankHcpcs_F	Status indicator (F) for revenue center, if no HCPCS present
	    Values:
	    0 = no longer applicable to revenue center***
	    1 = applicable to revenue center
	    Blank = no change to code

BundledInBiological	Identifies revenue center codes applicable to edit 111
	    Values:
	    0 = not applicable to code
	    1 = applicable to code
	    Blank = no change to code

Version Compared	Valid versions *Refer to the valid version table at end of document
BeginDate	Effective date of "Version Compared"

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

*VERSION TABLE

Valid Versions
49 = October 2012
50 = January 2013
51 = April 2013
52 = July 2013
53 = October 2013
54 = January 2014
55 = April 2014
56 = July 2014
57 = October 2014
58 = January 2015
59 = April 2015
60 = July 2015
61 = October 2015
62 = January 2016
63 = April 2016
64 = July 2016
65 = October 2016
66 = January 2017
67 = April 2017
68 = July 2017
69 = October 2017
70 = January 2018
71 = April 2018
72 = July 2018
73 = October 2018
74 = January 2019
75 = April 2019
76 = July 2019