

FIELD NAME	DESCRIPTION
CPT/HCPCS	HCPCS code
APC	APC assignment for HCPCS code
Gender	Gender Indicator M = male F = Female Null = Not Gender Specific
StatusIndicator	Status Indicator
PaymentIndicator	Payment Indicator
MaxUnitsAllowed	Maximum units allowed
QuestionableService	Questionable covered service (Edit 12) Values: 0 = not applicable to code 1 = applicable to code
ServiceNotPaidMcare	Service not paid by Medicare (Edit 13) Values: 0 = not applicable to code 1 = applicable to code
NotRecognizedMcare	Not recognized by Medicare for OPPS (Edit 28) Values: 0 = not applicable to code 1 = applicable to code
IsCondBilateral	Conditional bilateral code Values: 0 = not applicable to code 1 = applicable to code
IsIndBilateral	Independent bilateral code Values: 0 = not applicable to code 1 = applicable to code
IsInhBilateral	Inherent bilateral code 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
IsBloodSvc	Blood transfusion or exchange (Edit 43) Values: 0 = not applicable to code 1 = applicable to code
IsBloodProd	Blood product (Edit 43) Values: 0 = not applicable to code 1 = applicable to code
IsExcBilateral	Exclusively bilateral code (Edits 16 and 17) Values: 0 = not applicable to code 1 = applicable to code
LabPath	Laboratory/Pathology codes (Edit 15) Values: 0 = not applicable to code 1 = applicable to code

FIELD NAME	DESCRIPTION
SeparateProcedure	Separate procedure code (Edit 45) Values: 0 = not applicable to code 1 = applicable to code
StatutoryExclusion	StatutoryExclusion code (Edit 50) Values: 0 = not applicable to code 1 = applicable to code
DeductibleNA	Deductible not applicable Values: 0 = not applicable to code 1 = applicable to code
NotRecognizedOPPS	Not recognized by OPPS (Edit 62) Values: 0 = no longer applicable to code 1 = applicable to code Blank = no change to code
DMEOnly	Bill to DMERC only (Edit 61) Values: 0 = no longer applicable to code 1 = applicable to code Blank = no change to code
UnclassifiedDrug	Unclassified Drug (Edit 66) Values: 0 = no longer applicable to code 1 = applicable to code Blank = no change to code
Mod_51	Modifier -51 Indicates applicable payment adjustment rule for multiple procedures: 0 = No payment adjustment 1 = Standard payment adjustment 1995 2 = Standard payment adjustment 3 = Special rules for multiple endoscopic procedures 9 = Concept does not apply.
Mod_51_Ex	Modifier -51 Exempt Values: 0 = not applicable to code 1 = applicable to code
Asst_Surg	Modifier -80, -81, -82 Indicates services where an assistant at surgery is never paid for per Medicare Claims Manual. Values: 0=Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity. 1=Statutory payment restriction for assistants at surgery applies to this procedure. Assistant at surgery may not be paid. 2=Payment restriction for assistants at surgery does not apply to this procedure. Assistant at surgery may be paid. 9=Concept does not apply.
Co_Surg	Modifier -62 Indicates services for which two surgeons, each in a different specialty, may be paid. Values: 0=Co-surgeons not permitted for this procedure. 1=Co-surgeons could be paid, though supporting documentation is required to establish the medical necessity of two surgeons for the procedure. 2=Co-surgeons permitted and no documentation required if the two specialty requirement is met. 9=Concept does not apply.

FIELD NAME	DESCRIPTION
Team_Surg	Modifier -66 Values: Indicates services for which team surgeons may be paid. 0=Team surgeons not permitted for this procedure. 1=Team surgeons could be paid, though supporting documentation required to establish medical necessity of a team; pay by report. 2=Team surgeons permitted; pay by report. 9=Concept does not apply.
Mod_63_Ex	Modifier -63 Exempt Values: 0 = not applicable to code 1 = applicable to code
Sedation	Conscious Sedation Code Values: 0 = not applicable to code 1 = applicable to code
Add_on	Add on Code Values: 0 = not applicable to code 1 = applicable to code
ServNotBillableFI	Service not billable to Fiscal Intermediary (Edit 72) Values: 0 = no longer applicable to code 1 = applicable to code Blank = no change to code
ApprovalDt	Indicates the mid-quarter date of FDA approval for a drug, or the mid-quarter date of a new or changed code resulting from a National Coverage Determination (NCD). The Approval Date is the date the code becomes valid for use in the OCE. If the Approval Date is blank, then the effective date takes precedence.
ApprovalDtEdit	Values: Edit 67 Service provided prior to FDA approval Edit 68 Service provided prior to date of NCD approval Edit 69 Service provided outside approval period 0 = no longer applicable to code Blank = no change to code
TerminationDt	Termination Date (TermDate) indicates the mid-quarter date when a code or change becomes inactive. A code is not valid for use in the OCE after its termination date.
CodeDesc	HCPCS description
VER	Current version
BeginDate	Effective date of "VER"