

FIGURES

FIGURE 6-A-1 PROCEDURE CODE FOR TYPE OF SERVICE

TYPE OF SERVICE	PROCEDURE CODE
AMBULANCE	A0030-A0050, A0225-A0424, A0999
AMBULATORY SURGERY	10000-69999 (SURGERY), 70000-76999, 84999, 90594, 90596, 90597, 90599, 99070, 99088, 94799
ANESTHESIA	00100-01999
ASSIST AT SURGERY	10000-69999, 92982, 92984, 92995, 92996
CONSULTATION	90600-90649, 99241-99275
DENTAL	00120-09999
DIAGNOSTIC LAB	80002-89399, W0002-W0019
DIAGNOSTIC/THERAPEUTIC X-RAY	01900-01922, 70000-76999, 78000-79999
DME RENTAL/PURCHASE	E0100-E1830, K0001-K0530, 09977
DRUGS	NONE EXCEPT 98800
EMERGENCY ROOM	99281-99285, 99288, 90599
HOSPICE	ALL
MATERNITY CARE	59000-59899, 99201 - 99215, 99590, 99591, 99592
MEDICAL CARE (EXCLUSIVE OF CONSULTATIONS, SECOND OPINION, MENTAL HEALTH, AMBULANCE, PFPWD)	90000-99090, 99141-99592
MENTAL HEALTH CARE	90800-90899, 92820, 92845-92899, 96100
OTHER MEDICAL SERVICE	ANY EXCEPT LAB (80002-89399) AND X-RAY (70000-79999)
OUTPATIENT CARE	99201-99205, 99211-99215, 99241-99245, 99341-99343, 99351-99353, 99432
PFPWD CARE	ALL
PHYSICAL/OCCUPATIONAL THERAPY	97001-97799
SECOND OPINION-ELECTIVE SURGERY	90650-90659, 99271-99275
SPEECH THERAPY	92506-92508
SURGERY	10000-69999
THERAPEUTIC RADIOLOGY	77261-77799

**FIGURE 6-A-2A MAJOR DIAGNOSTIC CATEGORY (MDC) AND CORRESPONDING PROCEDURE CODES FOR SERVICES PROVIDED IN 1991 (POLICY MANUAL REVISION NUMBER 11)**

MDC	CATEGORY DESCRIPTION	PROCEDURE CODES
61	GYN Laparoscopy	58980-58996, 58998
62	Cataract Removal	66830-66985, 66998
63	GI Endoscopy	43200-43272, 43299 45300-45385, Excludes 43215, 45307 and 45321
64	Myringotomy or Tympanostomy	69420-69436, 69438
65	Arthroscopy	29815-29898, 29900
66	Dilation and Curettage	58120, 58125
67	Tonsillectomy or Adenoidectomy	42820-42836, 42839
68	Cystoscopy	52000-52340, 52345
69	Hernia Repair	49500-49590, 49595 Excludes 49530 and 49535
70	Nose Repair	30400-30520, 30525
71	Ligation or Transection of Fallopian Tubes	58600-58615, 58625
72	Strabismus Repair	67311-67343 (67338 is used for facility charges)
73	Breast Mass or Tumor Excision	19120, 19125
74	Neuroplasty	64702-64727, 64730

**FIGURE 6-A-2B MAJOR DIAGNOSTIC CATEGORY (MDC) AND CORRESPONDING PROCEDURE CODES FOR SERVICES PROVIDED IN 1992**

MDC	CATEGORY DESCRIPTION	PROCEDURE CODES
61	GYN Laparoscopy	58980-58996, 58998
62	Cataract Removal	66830-66985, 66998
63	GI Endoscopy	43200-43272, 43299 45300-45385, Excludes 43215, 45307 and 45321
64	Myringotomy or Tympanostomy	69420-69436, 69438
65	Arthroscopy	29815-29898, 29900
66	Dilation and Curettage	58120, 58125
67	Tonsillectomy or Adenoidectomy	42820-42836, 42839
68	Cystoscopy	52000-52340, 52345
69	Hernia Repair	49500-49590, 49595 Excludes 49530, 49535, 49507, 49572, 49582, and 49587
70	Nose Repair	30400-30520, 30525
71	Ligation or Transection of Fallopian Tubes	58600-58615, 58625
72	Strabismus Repair	67311-67343 (67338 is used for facility charges)
73	Breast Mass or Tumor Excision	19120, 19125
74	Neuroplasty	64702-64727, 64730

**FIGURE 6-A-2C MAJOR DIAGNOSTIC CATEGORY (MDC) AND CORRESPONDING PROCEDURES FOR SERVICES PROVIDED IN 1993\* (POLICY MANUAL REVISION NUMBER 13)**

MDC	CATEGORY DESCRIPTION	PROCEDURE CODES
61	GYN Laparoscopy	56300-56356, 58998, (excludes 56355, 56340, and 56342)
62	Cataract Removal	66830-66984, 66998
63	GI Endoscopy	43200-43272, 43299 45300-45385, Excludes 43215, 45307 and 45321
64	Myringotomy or Tympanostomy	69420-69436, 69438
65	Arthroscopy	29815-29898, 29900
66	Dilation and Curettage	58120, 58125
67	Tonsillectomy or Adenoidectomy	42820-42836, 42839
68	Cystoscopy	52000-52340, 52345
69	Hernia Repair	49500-49590, 49595 Excludes 49530, 49535, 49507, 49572, 49582, and 49587
70	Nose Repair	30400-30520, 30525
71	Ligation or Transection of Fallopian Tubes	58600-58615, 58625
72	Strabismus Repair	67311-67340 (67338 is used for facility charges)
73	Breast Mass or Tumor Excision	19120, 19125
74	Neuroplasty	64702-64727, 64730

\*Processed to completion date greater than or equal to 6/14/93

**FIGURE 6-A-2D MAJOR DIAGNOSTIC CATEGORY (MDC) AND CORRESPONDING PROCEDURES FOR SERVICES PROVIDED IN 1994\***

MDC	CATEGORY DESCRIPTION	PROCEDURE CODES
61	GYN Laparoscopy	56300-56399, 58998, (excludes 56355, 56340, 56341, 56342)
62	Cataract Removal	66830-66984, 66998
63	GI Endoscopy	43200-43272, 43299 45300-45385, Excludes 43215, 45307 and 45321
64	Myringotomy or Tympanostomy	69420-69436, 69438
65	Arthroscopy	29815-29898, 29900
66	Dilation and Curettage	58120, 58125
67	Tonsillectomy or Adenoidectomy	42820-42836, 42839
68	Cystoscopy	52000-52340, 52345
69	Hernia Repair	49495-49590, 49595 (excludes 49496, 49501, 49507, 49521, 49553, 49557, 49561, 49566, 49572, 49582, 49587)
70	Nose Repair	30400-30520, 30525
71	Ligation or Transection of Fallopian Tubes	58600-58615, 58620, 58625
72	Strabismus Repair	67311-67340, 67338 (67338 is used for facility charges)
73	Breast Mass or Tumor Excision	19120, 19125, 19126, 19135 (Effective Jan 1, 1994)
74	Neuroplasty	64702-64727, 64730

\*Date of service  $\geq$  6/1/94, not processed to completion.

**FIGURE 6-A-3 PLACE OF SERVICE/TYPE OF SERVICE ALLOWABLE RELATIONSHIPS**

PLACE OF SERVICE CODE	
2-DIGIT	TYPE OF SERVICE CODE(S) ALLOWED (SECOND POSITION VALUES)
21	1, 2, 3, 4, 5, 6, 7, 8, 9, E, F, G, H,
22	1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, E, F, G, H, J
11	1, 2, 3, 4, 5, 6, 7, 9, A, B, C, E, F, G, H, J
12	1, 2, 3, 7, 8, 9, A, D, F, J
52	None
52	None
32	1, 2, 3, 4, 5, 9, A, B, E, H, J
31	1, 2, 3, 4, 5, 9, A,B, E, H, J
41	F, I
99	None
81	1, 2, 5, F
24	1, 2, 3, 4, 5, 7, 8, 9, A, B, C, F, H
56	1, 3, 9, H
55	1, 3, 4,5, 9, B, H, J
25	1, 2, 3, 4, 5, 7, 9, F
65	1, 2, 3, 4, 5, 6, 9, B, E, J
99	9, B
23	1, 2, 3, 4, 5,7, 9, A, B, C, E, F, G, H, J
26	1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, E, F, G, H, I, J
33	1, 2, 3, 4, 5, 9, A, B, E, H, J
34	1, 2, 3, 9, A, B, D
51	1, 2, 3, 4, 5, 7, 9, B, H
52	1, 2, 3, 4, 5, 9, B, H, J
53	1, 3, 5, 9, B, H
54	1, 3, 4, 5, 9, A, B, H, J
62	1, 2, 3, 4, 5, 9, A, B, H, J
65	1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, E, J
71	1, 2, 3, 4, 5, 6, 7, 8, 9, B, E, F, G, H, J
72	1, 2, 3, 4, 5, 6, 7, 8, 9, B, E, F, G, H, J

PLACE OF SERVICE VALUES	
00; 10	Unassigned
11	Office
12	Home
13-20	Unassigned
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
27-30	Unassigned
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
35-40	Unassigned
41	Ambulance - Land
42	Ambulance - Air or Water
43-50	Unassigned
51	Inpatient Psychiatric Facility
52	Psychiatric Facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
57-60	Unassigned
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
63; 64	Unassigned
65	End Stage Renal Disease Treatment Facility
66-70	Unassigned
71	State or Local Public Health Clinic
72	Rural Health Clinic

PLACE OF SERVICE VALUES (CONTINUED)	
73-80	Unassigned
81	Independent Laboratory
82-98	Unassigned
99	Other Unlisted Facility
TYPE OF SERVICE SECOND POSITION VALUES :	
1	Medical Care
2	Surgery
3	Consultation
4	Diagnostic/Therapeutic X-Ray
5	Diagnostic Laboratory
6	Radiation Therapy
7	Anesthesia
8	Assistance at Surgery
9	Other Medical Service
A	DME Rental/Purchase
B	Drugs
C	Ambulatory Surgery
D	Hospice
E	Second Opinion on Elective Surgery
F	Maternity
G	Dental
H	Mental Health Care
I	Ambulance
J	Program for Persons with Disabilities