

CHAPTER 6
ADDENDUM A

FIGURES

FIGURE 6-A-1 PROCEDURE CODE FOR TYPE OF SERVICE¹

TYPE OF SERVICE DESP.	CODE	PROCEDURE CODE		
		CPT-4	HCPCS	CHAMPUS ASSIGNED
AMBULANCE	I	93005 - 93014, 93040, 93041	A0021 - A0999, A4206 - A4629 C8890, C8891, C9000 - C9011, C9104 - C9107 J0120 - J8999 Q0186	98305 - 98318, 98330 - 98338
AMBULATORY SURGERY	C	00100 - 01999, 10040 - 69990, 70010 - 76999, 78000 - 79999, 80049 - 89399,	C8890, C8891, C9000 - C9011, C9104 - C9107, C9500 - C9505 G0168 - G0171 J0120 - J8999 P2028 - P9615 Q1001 - Q1005 R0070 - R0076 S0800 - S2351	84999, 90593, 90595 - 90597, 90599 - 94799, 99070, 99088 W0002 - W0019
ANESTHESIA	7	00100 - 01999, 99100, 99116, 99135, 99140 - 99142	C8890, C8891, C9000 - C9011, C9104 - C9107	
ASSIST AT SURGERY	8	10040 - 69999, 92982 - 92998	G0168 - G0171 J0120 - J8999 Q1001 - Q1005 S0800 - S2351	36526, 38298, 47150 W0002 - W0019
CONSULTATION	3	76140, 77336, 77370, 80500 - 80502, 88321 - 88332, 99241 - 99275		
DENTAL ²	G			00120 - 09999

¹ THIS TABLE IS USED IN EDIT 2-325-05 AND DOES NOT DETERMINE GOVERNMENT PAY STATUS.

² WE USE AMERICAN DENTAL ASSOC. [ADA] FOR DENTAL CODES.

³ EXCLUDE ALL CODES

⁴ THIS TYPE OF SERVICE (FIRST BYTE) IS REFERENCED IN EDIT 2-290-11.

FIGURE 6-A-1 PROCEDURE CODE FOR TYPE OF SERVICE¹ (CONTINUED)

TYPE OF SERVICE DESP.	CODE	PROCEDURE CODE		
		CPT-4	HCPCS	CHAMPUS ASSIGNED
DIAGNOSTIC LAB	5	80048 - 89399	C1009 - C1019, C1050, C9500 - C9505 G0001, G0026, G0027, G0101, G0103, G0107, G0123, G0124, G0141 - G0148 P2028 - P9615 Q0091, Q0111 - Q0115 S3620, S3645 - S3652	84999, 90593 W0002 - W0019
DIAGNOSTIC/ THERAPEUTIC X-RAY	4	70010 - 76999, 78000 - 79999	A9500 - A9605 B4034 - B9999 C1045 - C1079, C1087 - C1099, C1122, C9100 - C9104 G0030 - G0050, G0125, G0126, G0130 - G0132, G0161 - G0165, G0188, G0193, G0194 Q3004, Q3009 R0070 - R0076 S8035 - S8092, S9022 - S9024	76499 G0202 - G0207
DME RENTAL/PURCHASE	A		A9300 B9000 - B9006 C1000, C1001, C1007, C1008, C1028, C1036, C1043, C1048, C1063, C1068 - C1071, C1073, C1075 - C1078, C1101 - C1103, C1105, C1106, C1109 - C1121, C1123 - C1145, C1147 - C1163, C1170 - C1173, C1175 - C1177, C1179 - C1184, C1300 - C1303, C1306 - C1324, C1328 - C1333, C1335 - C1337, C1351 - C1359, C1361 - C1372, C1375 - C1379, C1420, C1421, C1500, C1811 - C1812, C2700 - C2704, C2801 - C2808, C3001 - C3004, C3400, C3401, C3500, C3510, C3800, C3801, C3851, C4000 - C4009, C4300 - C4317, C4600 - C4607, C6050, C6080, C6600, C6650 - C6652, C8099, C8103, C8501, C8504 - C8521, C8525, C8530,	

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³ EXCLUDE ALL CODES
⁴ THIS TYPE OF SERVICE (FIRST BYTE) IS REFERENCED IN EDIT 2-290-11.

FIGURE 6-A-1 PROCEDURE CODE FOR TYPE OF SERVICE¹ (CONTINUED)

TYPE OF SERVICE DESP.	CODE	PROCEDURE CODE		
		CPT-4	HCPCS	CHAMPUS ASSIGNED
DME RENTAL/PURCHASE (CONTINUED)	A		C8534, C8540, C8543, C8650, C8724, C8725, C8748 - C8750, C8775 - C8777, C9702 E0100 - E1900 K0001 - K0547 L0100 - L9900 Q0101 - Q0105, Q0132, Q1001 - Q1005 S8095 - S8300 V2020 - V2799, V5030 - V5299	
DRUGS	B			98800 ³
HOSPICE	D	ALL PAYABLE CODES TO BE ACCEPTED		
MATERNITY CARE	F	59000 - 59899, 99201 - 99215		99590, 99591, 99592
MEDICAL CARE (EXCLUSIVE OF CONSULTATIONS, SECOND OPINION, MENTAL HEALTH, AMBULANCE, PPPWD)	1	01996, 90000 - 99239, 99281 - 99499	C1072, C1074, C1300, C8890, C8891, C8899 - C9011, C9104 - C9107 G0004 - G0025, G0102, G0108 - G0122, G0128, G0154 - G0156, G0166, G0167, G0172, G0174 - G0176, G0180, G0181, G0190 - G0192, G0195 - G9016 H0001 - H0030 J0120 - J9999 M0064 - M0302 Q0034, Q0035, Q0081, Q0083 - Q0085, Q0092, Q0136, Q0144, Q0160 - Q0185, Q0187, Q1001 - Q1005, Q9920 - Q9940 S0009 - S0630, S2120, S3620 - S5012, S8950 - S9001, S9015, S9025, S9055 - S9075, S9090 - S9127, S9140 - S9555 V2790, V5008 - V5020	90199, 90599, 92190, 94799, 98691, 99070, 99088
MENTAL HEALTH CARE	H	90801 - 90899, 96100	H0001 - H0030 Q0082 S9475 - S9495	90834, 90892 - 90896 92845 - 92899

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FIGURE 6-A-1 PROCEDURE CODE FOR TYPE OF SERVICE¹ (CONTINUED)

TYPE OF SERVICE DESP.	CODE	PROCEDURE CODE		
		CPT-4	HCPCS	CHAMPUS ASSIGNED
OTHER MEDICAL SERVICES & SUPPLIES	9	ANY CODE WHICH HAS NOT BEEN ASSIGNED A TYPE OF SERVICE CLASSIFICATION.		
OUTPATIENT CARE ⁴		99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99343, 99351 - 99353, 99432		
PPPWD CARE	J	ALL PAYABLE CODES TO BE ACCEPTED		
PHYSICAL/OCCUPATIONAL THERAPY	K	97001 - 97799	G0129, G0151, G0152 Q0086, Q0103, Q0104, Q0109, Q0110 S9129, S9033	92845
SECOND OPINION-ELECTIVE SURGERY	E	99271 - 99275		
SPEECH THERAPY	L	92506 - 92508	G0153 S9128 V5336, V5362 - V5364	
SURGERY	2	10040 - 69990, 92982 - 92998, 93015 - 93024	A4324, A4325 C1072, C1074, C1104, C1450, C8890, C8891, C9000 - C9011, C9104 - C9107 G0002, G0104 - G0106, G0120 - G0122, G0127, G0159, G0160, G0168 - G0171, G0173, G0183 - G0187, G0194 - G0201 J0120 - J8999 Q0068, Q0136, Q0156, Q0157, Q9920 - Q9940 S0630, S0800 - S2351, S8001, S9085, S9527, S9528	36526, 38298, 47150 W0002 - W0019
THERAPEUTIC RADIOLOGY	6	77261 - 77799	C1045, C1164, C1304, C1325, C1350, C1790 - C1806 G0173, G0174, G0178, G0179 J9000 - J9999 S8049	

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³ EXCLUDE ALL CODES

⁴ THIS TYPE OF SERVICE (FIRST BYTE) IS REFERENCED IN EDIT 2-290-11.

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 06/14/1993

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 ≥ 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

