



Provider Demographic Data Fee Schedule & Facility Rate Date Extract Implementation Guide Version 1.5

Rate Load Implementation Guide

Description & Purpose

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Viant
535 E. Diehl Road
Naperville, IL 60563

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Description & Purpose

This Implementation Guide is intended to provide you with the information you need to implement our Provider Demographic Data (PDDF), Fee Schedule (FS), and Facility Rate Data (FRD) formats. The new PDDF file will contain all needed information for professional, ancillary and facility providers along with the fields necessary to utilize the FS files. The FS and FRD formats provide you with the fee information you need to price all claim types.

The purpose of the PDDF extract is to provide Viant clients with the information they need to refer members, produce directories, populate web sites and determine in and out of network status. The FS and FRD file are provided to those clients who price their own professional claims and provides them with the information they need to accurately price these claims.

Contact Information

If you have any questions when reviewing this guide please contact:

Network Administration - Direct Contract Team

Phone: 423.855.9150

PDDF Production Information

Schedule

Both the full and add, change, termination (ACT) versions of the PDDF file are produced on a monthly basis.

The initial extract will be a full version of the PDDF files. In coordination with your Account Manager you can confirm whether subsequent files will be full or Add, Change, Terminations (ACT). The timing of the availability of your extract will also be determined at time of implementation.

Delivery

1. You will be able to access the PDDF files through the same website you currently use.
2. The PDDF files will also be available for FTP download.

Wrapper File Information

The Client-specific External Package uses the following file naming convention for the external wrapper zip file that contains all of a client's files:

Client ID]_ [Product Code] _ [File Type] _ [Date/Time Stamp].zip

Example: 14128_BEEPRI_DEMO_YYYYMMDDhhmmss.zip

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PDDF Production Information

The definition of each element of the External Wrapper naming convention is:

Client ID - Actual Client ID defined by both the old and new Viant/Beech Street systems. The database definition of Client ID from the Viant system is an 18 character ID that can be alpha/numeric and contain some symbols such as dashes or underscores.

Product Code - Refers to the Products contained in the extract package.

Product Code	Product Description
BEEPRI	This will be the Primary Beech network that will include the Health Benefits (HB) directs in the blend-logo'd providers.
BEEWRP	Beech Wrap network.
BEESUPP	This will be the Beech ACP Supplemental. It represents non logo'd providers.
BWC	Beech Workers Compensation.
BEEAM	Beech Auto Medical.
MNW	Beech Member Works, A.K.A-Consumer Card.
LTC	Beech Long Term Care.

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PDDF Production Information

File type-refers to the type of files contained in the package, viable values are:

File Type	File Type Description
DEMO	Indicates package only contains a Provider Demographic Extract.
DEMOFS	Indicates package contains a Provider Demographic Extract and Fee Schedule Extracts.
DEMOSFSRS	Indicates package contains a Provider Demographic Extract, Fee Schedule Extracts and Rate Sheet Extracts.

Date/Time Stamp - Based on our standard file naming conventions will stamp the file based on when “package” was created.

Extract Packaging

The Extract files will be packaged in the following manner:

Contained within the .zip file is the Client-specific extract based on the file naming convention defined in/by the Provider Demographic Standard Layout documentation.

Each provider extract will **contain both professional and institutional provider records**. The extract file will be in a zipped format with the following naming conventions.

Full Pop files:

Client.networkcode.FULL.YYYYMMDDHHMMSS.zip

Example: 14128.BEEPRI.FULL.20070804050544.zip

Add/Change/Term files:

Client.networkcode.ACT.YYYYMMDDHHMMSS.zip

Example: XXX.BEE.ACT. 20070804050544.zip

File Specifications

1. Files are in ASCII (ISO Latin-1) format.
2. Fields are delimited by a vertical bar: (here-after referred to as “pipe delimited”).
3. The file will contain all Provider types (Professionals and Facilities).
4. If you have contracted for multiple products, you will receive one file per product. The network code in the file naming convention will identify the product.
5. Reference tables will be provided for Facility code, Degree code, language code, address types and specialty code. These tables are described in the Appendix section of this document.
6. When multiple values occur within a field, the values are separated by a comma i.e. - IM, FP, OBG (see **Multiple Values** indicator in **Provider Record Layout** for fields where this occurs).
7. When no data exists for a given field to be extracted, the field will contain a Null.
8. Each file begins with a header record and ends with a trailer record (See **Header & Trailer Records** for layout).
9. Each record ends with a carriage return and line feed.
10. Date fields are 8 positions long and are formatted “YYYYMMDD”. For end dates the value “99991231” represents an open, or non-terminated, date.

PDDF File Information

PDDF File Header Record

Field Name	Format	Maximum Field Length	Multiple Values	Field Description
Record Type	Char	2	No	Constant "HD"- File Header Record
File Version	Char	3	No	Constant "001"
Extract Date	Date	8	No	Date the extract was pulled
Comments	Char	500	No	General Comments about File

Example: HD|001|20041230

PDDF File Trailer Record

Field Name	Format	Maximum Field Length	Multiple Values	Field Description
Record Type	Char	2	No	Constant "TR"-File Trailer Record
Record Count	Number	10	No	Total number of records in file. Includes file header and file trailer records.

Example: TR|738

Provider Demographic Data (PDDF) Extract Record Layout

Field Number	Field Name	Format	Max Field Length	Multiple Values	Compare Field	Field Description
1.	Record Type	Char	2	No	No	Constant "PR" - Provider Record
2.	Update Type	Char	1	No	No	Valid Values: "A": Add "C": Change "T": Termination A provider that was a part of the network and is now terminated "D": Deletion A provider that should not have been a part of the network at all "F": Full population
3.	Extract Date	Date	8	No	No	Date extract was performed.
4.	Viant Provider Id	Number	12	No	Yes	The unique id assigned to the provider by Viant.
5.	Provider Type	Char	1	No	Yes	Denotes type of provider. Valid Values: "F": Facility "A": Ancillary "G": Group "P": Professional

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Provider Demographic Data (PDDF) Extract Record Layout

Field Number	Field Name	Format	Max Field Length	Multiple Values	Compare Field	Field Description
6.	Facility Code	Char	4 (per Code)	Yes	Yes	<p>Viant facility codes. See Appendix B for codes.</p> <p>Note: This field is populated for “F” and “A” provider types only.</p> <p>Note: Values are returned in numerical order. No prioritization of Facility Codes is maintained within Viant systems.</p>
7.	Corporate Name	Char	65	No	Yes	Name of the Facility, Ancillary or Group as standardized by Viant.
8.	Alias Corporate Name	Char	65	No	Yes	Name of the Facility, Ancillary or Group as standardized by Viant.
9.	Last Name	Char	35	No	Yes	Professional’s last name, as standardized by Viant
10.	First Name	Char	25	No	Yes	Professional’s first name, as standardized by Viant.
11.	Middle Name	Char	25	No	Yes	Professional’s middle name, as standardized by Viant.
12.	Generational Suffix	Char	5	No	Yes	Professional’s generational suffix. (Jr, Sr, etc)

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Provider Demographic Data (PDDF) Extract Record Layout

Field Number	Field Name	Format	Max Field Length	Multiple Values	Compare Field	Field Description
13.	Degree	Char	6 (per Degree)	Yes	Yes	Professional's medical degree. See Appendix B for codes.
14.	Date Of Birth	Date	8	No	Yes	Professional's date of birth.
15.	Language Code	Char	3 (per Code)	Yes	Yes	The language(s) spoken by this provider. See Appendix B for codes. Note: No prioritization of Language Codes is maintained within Viant systems.
16.	Alias Last Name	Char	35	No	Yes	Professional's last name as standardized by Viant
17.	Alias First Name	Char	25	No	Yes	Professional's first name as standardized by Viant
18.	Alias Middle Name	Char	25	No	Yes	Professional's middle name as standardized by Viant
19.	Alias Generational Suffix	Char	5	No	Yes	Professional's generational suffix
20.	Tax Id Number	Number	9	No	Yes	Federal tax identification number.
21.	Tax Id Number Type	Char	1	No	Yes	The type of Federal Tax Id Number. See Appendix B for codes.

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Provider Demographic Data (PDDF) Extract Record Layout

Field Number	Field Name	Format	Max Field Length	Multiple Values	Compare Field	Field Description
22.	Address Type	Char	1	No	Yes	The type of address contained on this record.
23.	Address Line 1	Char	60	No	Yes	Street address line 1
24.	Address Line 2	Char	60	No	Yes	Street address line 2
25.	Suite/Apt	Char	20	No	Yes	Suite or Apartment
26.	City	Char	35	No	Yes	City name
27.	State	Char	2	No	Yes	State abbreviation
28.	Zip Code	Char	10	No	Yes	Zip Code. Zip + 4 if the address passes postal formatting. Format: 99999-9999
29.	County (**)	Char	25	No	Yes	County name. Will be available only if the address information passes the postal software edits
30.	Country	Char	3	No	Yes	Country abbreviation. See Appendix B for codes.
31.	MSA (**)	Char	4	No	Yes	The Metropolitan Statistical Area code of the address. Will be available only if the address information passes the postal software edits

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Provider Demographic Data (PDDF) Extract Record Layout

Field Number	Field Name	Format	Max Field Length	Multiple Values	Compare Field	Field Description
32.	Latitude (**)	Number	13	No	Yes	Geo. Coding of address. Format: "S99999.999999" where "S" is the sign (+ or -). Will be available only if the address information passes the postal software edits
33.	Longitude (**)	Number	13	No	Yes	Geo. Coding of address. Format: "S99999.999999" where "S" is the sign (+ or -). Will be available only if the address information passes the postal software edits
34.	Billing Address Line 1	Char	60	No	Yes	For Future Use
35.	Billing Address Line 2	Char	60	No	Yes	For Future Use
36.	Billing Suite/Apt	Char	20	No	Yes	For Future Use
37.	Billing City	Char	35	No	Yes	For Future Use
38.	Billing State	Char	2	No	Yes	For Future Use
39.	Billing Zip Code	Char	10	No	Yes	For Future Use
40.	Billing County (**)	Char	25	No	Yes	For Future Use
41.	Billing Country	Char	3	No	Yes	For Future Use

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Provider Demographic Data (PDDF) Extract Record Layout

Field Number	Field Name	Format	Max Field Length	Multiple Values	Compare Field	Field Description
42.	Billing MSA (**)	Char	4	No	Yes	For Future Use
43.	Billing Latitude (**)	Number	13	No	Yes	For Future Use
44.	Billing Longitude (**)	Number	13	No	Yes	For Future Use
45.	Location Id	Char	12	No	Yes	A Viant created number that uniquely identifies this provider location.
46.	Office Phone Number	Char	21 (per Phone Number)	Yes	Yes	<p>The phone number(s) defined for the location. Format is "T (999)999-9999x99999". Where "T" represents the phone number type. See Appendix B for codes.</p> <p>"x9999" will only appear if an extension is known for the phone number.</p> <p>Examples: O(555)232-7586x12 F(555)232-9845</p> <p>Note: Phone numbers are returned in no particular order as any prioritization of Phone Numbers is maintained within Viant systems.</p>

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Provider Demographic Data (PDDF) Extract Record Layout

Field Number	Field Name	Format	Max Field Length	Multiple Values	Compare Field	Field Description
47.	Viant Product Id	Char	8	No	Yes	Viant network abbreviation (BEE, BEEACP etc)
48.	Market Description	Char	65	No	Yes	Description for the market within the blended product
49.	Provider Effective Date	Date	8	No	Yes	Provider's earliest contracted effective date for the Product
50.	Provider Termination Date	Date	8	No	Yes	Provider's termination date for the Product.
51.	Specialty Code	Char	3 (per Code)	Yes	Yes	Provider's specialty code(s) for this location. See Appendix B for codes. Note: This field is populated for "G" and "P" provider types only.
52.	Role Code	Char	1	No	Yes	For Professionals only.
53.	Demographic SSN	Char	9	No	Yes	Demographic Social Security Number (for provider type = "P" only).
54.	National Provider ID	Char	10 (per ID)	Yes	Yes	National Provider Identification number
55.	Provider License Number	Char	10	No	Yes	For Future Use

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Provider Demographic Data (PDDF) Extract Record Layout

Field Number	Field Name	Format	Max Field Length	Multiple Values	Compare Field	Field Description
56.	Provider Board Certification Indicator	Char	1 (per Indicator)	Yes	Yes	There will be one indicator per Specialty; There will be a one-one correspondence between specialty and board certification indicator.
57.	Medicare UPIN	Char	6	No	Yes	For Future Use
58.	Leased Network Code/Group Id	Char	8	No	Yes	For Future Use
59.	Patient Acceptance Indicator	Char	1	No	Yes	
For Rate Load Clients Only						
60.	Hospital Affiliation	Char	101 (per Affiliation)	Yes	Yes	
61.	Filler	Number	6	No	Yes	For future use
62.	Contract Effective Date	Date	8	No	Yes	Effective date of current rates
63.	Contract Term Date	Date	8	No	Yes	Termination date of current rates
64.	Contract Id	Char	30	No	Yes	Links the provider to a specific Contract.
65.	Fee Schedule Id	Char	30	No	Yes	Links the provider to a specific Fee Schedule
66.	Inpatient Percent	Num	6	No	Yes	Discount off of billed charges for inpatient services. (Facilities only)

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Provider Demographic Data (PDDF) Extract Record Layout

Field Number	Field Name	Format	Max Field Length	Multiple Values	Compare Field	Field Description
67.	Outpatient Percent	Num	6	No	Yes	Discount off of billed charges for outpatient services (Facilities / Ancillary only)
68.	U&C Percentile	Num	6	No	Yes	Pointer to a Usual and Customary percentile.
69.	Straight Discount Percent	Num	6	No	Yes	Apply straight discount percent off of billed charges for all services.
70.	Steerage Identifier	Char	10	No	Yes	Benefit differential defined by the network.
71.	Lesser of Code	Char	6	No	Yes	
72.	Lesser of Code-Inpatient	Char	6	No	Yes	Lesser of Code that would be used on Facility and Ancillary provider types or IP services.
73.	Lesser of Code-Outpatient	Char	6	No	Yes	
74.	State Mandated Fee Schedule Discount-Inpatient	Number (5,4)	5	No	Yes	Discount off of State Fee Schedule for the IP services that are mandated by the State.

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Provider Demographic Data (PDDF) Extract Record Layout

Field Number	Field Name	Format	Max Field Length	Multiple Values	Compare Field	Field Description
75.	State Mandated Fee Schedule Discount-Outpatient	Number (5,4)	5	No	Yes	Discount off of State Fee Schedule for the OP services that are mandated by the State.
76.	Network Fee Schedule Discount-Inpatient	Number (5,4)	5	No	Yes	Discount off of Network Fee Schedule for the IP services based on a Beech schedule.
77.	Network Fee Schedule Discount-Outpatient	Number (5,4)	5	No	Yes	Discount off of Network Fee Schedule for the OP services based on a Beech schedule.

PDDF Business Rules

1. Each file is sorted in ascending Tax & Update Type order.
2. Each file will contain all provider types, i.e., Facility, Ancillary, Group, and Professionals.
3. Full extract files will represent all of the active providers within the given product along with all of those provider's associated addresses.
4. Provider records are Viant ID, Tax ID, Location ID, and Product ID dependent on the Provider Reporting Extract. This means the combination of Viant ID/Tax/Location will create a unique record for the provider in the extract.
5. Data flagged with an (**) shows data elements that are available if the address information passes the postal software edits.
6. The "Max Field Length" column is based on the length of a single value field. If the field is used as a multiple value field then the length will expand to accommodate all valid values.

PDDF Add, Change, Term, Delete (ACT) Logic

Provider Reporting Extract

Each month a full pop file for each product is generated. These full pop files can be viewed as a snapshot of how the network's provider data exists within Viant's database at the point in time when the extract is pulled. Viant then compares these two full pop files and generates a third file which captures all the differences that exist in the Compare Fields (see **Provider Reporting Extract Record Layout** above). This third file (here-after referred to as the "ACT" file) is what Viant will be providing on a monthly basis. Full pop files are available upon request.

What constitutes an ADD?

The ACT program retrieves a list of keys from both full pop files and compares them to see if one key exists in the new full pop file that did not exist in the previous full pop file. If this condition is met, the new record is placed in the ACT file and the Update Type is set to "A".

What constitutes a Change?

The ACT program compiles a list of all the keys that existed on the first full pop that also exist on the second full pop. It then matches these records up and checks to see if there have been any changes in the Compare Fields. If this condition is met, the

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PDDF Add, Change, Term, Delete (ACT) Logic

new record is placed in the ACT file and the Update Type is set to "C".

Note: There is one exception to this process. If the change has occurred in the Provider Term Date field, the record will not be flagged as a change if on the first full pop the term date was 99991231 and on the second full pop the field contains a different value.

Changes associated with Postal Updates

Viant receives quarterly updates to its Postal Cleansing software. Upon receiving these updates we re-cleanse every address in our database to ensure that they have the most up to date address information available. This will result in numerous changes appearing in any ACT that is run during the time span that we re-cleanse our database.

What constitutes a Delete?

The delete record is utilized when we have consolidated duplicate providers in our database to one provider. We use the delete record to communicate which provider record is being consolidated so that our clients can take the same action in their database, which keeps our two databases aligned. Otherwise the duplicate provider record is left open in the client's database and it would never be updated by Viant.

The ACT program again retrieves the afore-mentioned list of keys. It then compares them to see if a key existed on the first full pop that does not appear on the second full pop. If this condition is

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PDDF Add, Change, Term, Delete (ACT) Logic

met, the old record is placed in the ACT file, the Update Type is set to “D” and the Provider Term Date is set equal to the Provider Effective Date. This condition can occur for various reasons, which include:

- Viant has determined that two providers meet the criteria to be consolidated into one provider and thus all of the information is moved off of one provider record and on to the other, eliminating the first record from our system.
- Provider record is specifically deleted.

Processing a “D” record should result in removing the provider information for this unique key (Viant id/tax id/location id) from your database.

What constitutes a Termination?

The ACT program compiles a list of all the keys that existed on the first full pop that also exist on the second full pop. It then matches these records up and checks to see if an open term date of 99991231 has been replaced with an actual provider term date. If this condition is met, the new record is placed in the ACT file and the Update Type is set to “T”.

Processing a termination should result in changing the provider termination date to the actual date provided in the file for that unique key (Viant id/tax id/location id). The provider’s relationship with the network terminates on that day.

FS Production Information

Schedule

FS files are produced and sent to clients on a weekly, monthly or quarterly basis based on the client's requirements.

Delivery

1. You will be able to access the FS files through the same website you currently use.
2. The FS files will also be available for FTP download.

File Naming Conventions

Viant typically provides demographic provider extracts on a monthly basis for the Viant network products that a customer has access. The initial extract is comprised of a complete listing of every provider in the given network product (here-after referred to as "full pop"). The demographic extract will drive the fulfillment of a fee schedule extract for a customer. All fee schedules associated with a customer's demographic file will be provided in a fee schedule extract. Following the initial population, subsequent updates to a customer will contain the changed existing data and new data additions of any updated schedules (here-after referred to as "ACT") or full schedules of any new fee

schedules. **Files will continue to be made available for download off of the Viant Beech Street website.**

The fee schedule Zip File contains the .txt files following the Fee Schedule Standard Layout provided in the Implementation Guide. The naming convention accounts for full pop extract vs. ACT extract of all appropriate Fee Schedules.

Fee Schedule Zip Naming Convention:

NETWORK_FS_YYYYMMDDhhmmss.zip

Example: BEEPRI_FS_YYYYMMDDhhmmss.zip

NETWORK will be the real network name. FS indicates that this is a fee schedule file type in the zip file.

Fee Schedule FULL POP TXT File Naming Convention:

{NTID}_{FSID}_{FULLV1}}_fileCreationTime.txt

Where

NTID is the network ID.

FSID is the fee schedule ID.

FULL indicates that it is a full FS extract and V1 is the version number for this full pop.

FileCreationTime is in the format of YYYYMMDDhhmmss.

Example:

BEE_IL01_FULLLV3_20080116103012.txt

Fee Schedule ACT TXT File Naming Convention:

{NTID}_{FSID}_{V1}_{V2}_[retro[{partition_type}*]{retroactive_date}]_fileCreationTime.txt*

Where

NTID is the Network ID.

FSID is the fee schedule ID.

V1 and V2 are version numbers. V1 is the previous version sent to the client. V2 is the current version being sent to the client.

Retro with *partition_type* and *retroactive_date* are optional and if included specifies that this version is a retroactive load.

Partition types is the type that needs retroactive loading. Options are DFLT|LESS|MULT|MODI|ANES|AMNT. Partition type and retroactive date have to exist in pairs. Multiple pairs are used if more than one partition types need retroactive load. Up to 6 pairs are allowed.

Retroactive date is the retroactive date that the associated partition type should be loaded to. It is in the format of YYYYMMDD. If a partition type does not need retroactive loading, no partition type nor retroactive date should be specified.

FileCreationTime is in the format of YYYYMMDDhhmmss.

Examples:

BEE_AK01_V3_V4_retroDFLT20080101LESS20080103_20080116103012.txt

BEE_IL01_V3_V4_20080116103012.txt

BEE_CA01_V3_V4_retroMULT20080104.txt

BEE_CA02_V3_V4_retroDFLT20080104LESS20080105AMNT20080106MULT20080107MODI20080110ANES20080109.txt

File Specifications

1. Fields are delimited by a vertical bar: (here-after referred to as “pipe delimited”).
2. Each record ends with a carriage return and line feed.
3. Data is stored using the ASCII (ISO Latin-1) display character set.
4. When no data exists for a given field to be extracted the field will be Null (empty). See the note section below.
5. Each fee schedule begins with a header record (See **File Header Record** for layout).
6. Each fee schedule extract file also contains an overall File Trailer Record that denotes how many fee schedules were passed in transmission.
7. Date fields are 8 positions long and are formatted “YYYYMMDD”. For end dates the value “99991231” represents an open, or non-terminated, date.
8. The **AMNT - Fee Schedule Codes and Amounts Record** is sorted ascending by effective date followed by procedure code followed by modifier.
9. Format type of number represents an integer value.
10. If format type of number (*N.M*) this represents decimal data where N is the maximum number of digits left of the decimal and M is the maximum number of digits to the right of decimal. The decimal will be included; no further formatting (such as comma or dollar signs) will be included.

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File Specifications

Note: Each line will begin with field number one, the “Record Type”, followed by the pipe character (Technical note: the pipe character is ASCII character decimal 124) and then the next field. If there is no value in the next field the pipe would be followed by another pipe character indicating no value for that field. The last field of the line will end with the pipe character and carriage return line feed combination. This indicates the end of a record.

FS File Information

FS File Layout High Level View

01 - FS Extract File Header Record				Required
	F	HR - Fee Schedule Header Record		Required
E	S	D	DFLT - Default Percentage record, repeatable	Optional
X	R	E	LESS - Lesser Of record, repeatable	Optional
T	E	T	MULT - Multiple Surgery record, repeatable	Optional
R	C	A	MODI - Modifiers Record, repeatable	Optional
A	O	I	ANES - Anesthesia Record, repeatable	Optional
C	R	L	AMNT - Codes and Amounts Record, repeatable	Optional
T	D			
99 - FS Extract File Trailer Record				Required

FS File Header Record-01

Field Number	Field name	Format	Max Field Length	REQ	Field Description
1	Record Type	Char	2	REQ	Must contain constant "01"
2	File Description	Char	30	OPT	
3	File Create Date	Char	8	REQ	Must be valid Y

Rate Load Implementation Guide

FS File Information

Fee Schedule Header Record - HR

Field Number	Field name	Format	Max Field Length	REQ	Field Description
1	Record Type	Char	2	REQ	If the record is header details for the fee schedule will be marked with the literal of "HR"
2	Fee Schedule ID	Char	30	REQ	A unique identifier within a Network, Line of Business, and Network type by which a Fee Schedule is known.
3	Viant Product ID	Char	8	REQ	Description of the Viant Product the fee schedule is designated for. At this time fee schedules are not delineated by product code but capabilities are being built in case the future business processes need the delineation.
4	Effective Date	Date	8	REQ	Effective Date of the fee schedule YYYYMMDD format.
5	Termination Date	Date	8	REQ	Termination date of the fee schedule YYMMDD format.

Rate Load Implementation Guide

FS File Information

Fee Schedule Default Percentage Record - DFLT

Field Number	Field Name	Format	Max Field Length	REQ	Field Description
1	Record Type	Char	4	REQ	Must contain "DFLT"
2	Effective Date	Char	8	REQ	Effective date of the Default Percentage. Must be valid YYYYMMDD.
3	Termination Date	Char	8	REQ	Termination date of the Default Percentage. Must be valid YYYYMMDD.
4	Procedure Code From	Char	5	REQ	A five-digit code that is used by a provider to bill for services rendered.
5	Procedure Code To	Char	5	REQ	A five-digit code that is used by a provider to bill for services rendered.
6	Modifier Code From	Char	2	OPT	A two-digit code (alpha numeric) that can be attached to a procedure code being billed by a provider.
7	Modifier Code To	Char	2	OPT	A two-digit code (alpha numeric) that can be attached to a procedure code being billed by a provider.
8	Default Percentage (Percentage of allowed of billed charges when procedure code is not on the fee schedule-example by report)	Number (1,3)	5	REQ	The percentage allowed of 0.625 would be equivalent to 62.5%

Rate Load Implementation Guide

FS File Information

Fee Schedule Lesser Of Record - LESS

Field Number	Field name	Format	Max Field Length	REQ	Field Description
1	Record Type	Char	4	REQ	Must contain "LESS"
2	Effective Date	Char	8	REQ	Effective date of the Lesser of Record. Must be valid YYYYMMDD.
3	Termination Date	Char	8	REQ	Termination date of the Lesser of Record. Must be valid YYYYMMDD
4	Lesser of Percentage for the Fee Schedule	Number (1,3)	5	REQ	The percentage would be passed as 0.025 which would translate to 02.5%. The contracted rules, as denoted by the Network, with a provider for the maximum payment that can be reimbursed no matter how the charge was billed.

Rate Load Implementation Guide

FS File Information

Fee Schedule Multiple Surgery Information - MULT

FIELD NUMBER	FIELD NAME	FORMAT	MAX FIELD LENGTH	REQ	FIELD DESCRIPTION
1.	Record Type	Char	4	REQ	Must contain "MULT".
2.	Effective Date	Char	8	REQ	Effective date of the Multiple Surgery record. Must be valid YYYYMMDD
3.	Termination Date	Char	8	REQ	Termination date of the Multiple Surgery record. Must be valid YYYYMMDD
4.	1st Multiple Surgery Percentage Allowance	Number (1.3)	5	OPT	The percentage applied for the first surgical procedure following MSR guidelines.
5.	2nd Multiple Surgery Percentage Allowance	Number (1.3)	5	OPT	The percentage applied for the second surgical procedure following MSR guidelines.
6.	3rd Multiple Surgery Percentage Allowance	Number (1.3)	5	OPT	The percentage applied for the third surgical procedure following MSR guidelines
7.	Bilateral Surgery Procedure Percentage	Number (1.3)	5	OPT	The percentage applied for bilateral surgery procedures.

Rate Load Implementation Guide

FS File Information

Fee Schedule Modifiers Information - MODI

FIELD NUMBER	FIELD NAME	FORMAT	MAX FIELD LENGTH	REQ	FIELD DESCRIPTION
1.	Record Type	Char	4	REQ	Must contain "MODI".
2.	Effective Date	Char	8	REQ	Effective date of the Modifiers record. Must be valid YYYYMMDD
3.	Termination Date	Char	8	REQ	Termination date of the Modifiers record. Must be valid YYYYMMDD
4.	Modifier	Char	2	REQ	Specific modifiers that should result in a reduction or additional allowance of the global allowed amount for a procedure code.
5.	Modifier Percentage Allowed	Number (1.3)	5	OPT	The specific percentage of reduction or additional allowance for the modifier denoted in "Modifier" field
6.	Modifier Unit Value	Number (5.2)	4	OPT	The additional unit value allowed for the modifier denoted in "Modifier" field

Fee Schedule Anesthesia Information - ANES

FIELD NUMBER	FIELD NAME	FORMAT	MAX FIELD LENGTH	REQ	FIELD DESCRIPTION
1.	Record Type	Char	4	REQ	Must contain "ANES".
2.	Effective Date	Char	8	REQ	Effective date of the Anesthesia record. Must be valid YYYYMMDD
3.	Termination Date	Char	8	REQ	Termination date of the Anesthesia record. Must be valid YYYYMMDD
4.	Anesthesia Conversion Factor	Number (7.2)	10	OPT	The dollar amount for anesthesia conversion factor for the schedule
5.	Anesthesia Time Definition	Number	3	OPT	The number of minutes making up the hour sequence. Example if time is defined as 15 minutes per unit, this field will contain 15.

Rate Load Implementation Guide

FS File Information

Fee Schedule Codes and Amounts Record - AMNT

FIELD NUMBER	FIELD NAME	FORMAT	MAX FIELD LENGTH	REQ	FIELD DESCRIPTION
1.	Record Type	Char	4	REQ	Must contain "AMNT"
2.	Effective Date	Date	8	REQ	Effective date of the detail procedure code/ modifier information for the fee schedule YYYYMMDD Format
3.	Termination Date	Date	8	REQ	Termination date of the detail procedure code/modifier information for the fee schedule YYYYMMDD Format
4.	Procedure Code	Char	5	REQ	A five-digit code that is used by a provider to bill for services rendered. This can be a HCPCS code, CPT code or ASA code.
5.	Modifier Code	Char	2	OPT	A two-digit code (alpha numeric) that can be attached to a procedure code being billed by a provider. The code can be used to indicate special circumstances that can result in an addition or reduction on the allowable on the services being billed.
6.	Allowed Amount	Number (7.2)	10	OPT	The allowed amount for the Procedure Code or Procedure Code and Modifier Combination. If schedule is based on RBRVS, this value will represent the non-facility allowed amount. Formatted
7.	Facility Allowed Amount	Number (7.2)	10	OPT	If schedule is based on RBRVS and facility allowed amount applies this field can be completed for the Procedure Code or Procedure Code and Modifier Combination
8.	Unit Value	Number	4	OPT	If the schedule contains any special anesthesia qualifying circumstances that are not based on ASA that should result in additional value to the calculation process of the anesthesia allowed.
9.	Allowed Percent	Number (1.3)	5	OPT	The allowed percent for the procedure code or procedure code and Modifier combo.

Rate Load Implementation Guide

FS File Information

Fee Schedule Total File Trailer Record - 99

FIELD NUMBER	FIELD NAME	TYPE	MAX FIELD LENGTH	REQ	FIELD DESCRIPTION
1.	Record Type	Char	2	Yes	Must contain "99"
2.	Record Count	Number	10	Yes	Total number of fee schedules pasted in file for a given extract file.

FS Business Rules

All fee schedules associated with the demographic files will be provided in a fee schedule extract. The initial files will contain Full Pop files for all the fee schedules. Following the initial population, subsequent updates will contain only added or changed portions of any updated schedules or full schedules of any newly added fee schedules.

1. **ACT Files vs. Full Pop Files**-Should there be a change in a fee schedule a new “generation” of the fee schedule is created. Please terminate the previous generation of rates a day prior to the new generation effective date.

Note: The ACT File will include only added or changed information (e.g. codes, lessor of percents, etc.) for the specific fee schedule, whereas Full Pop Files will include all the information for the specific fee schedule. Changes to a fee schedule can be either existing data changes or new data additions.

If a load contains changes, it will be marked as a retroactive load. The filename will contain the word retro and information concerning which existing data is changed. For a retroactive load, the specified partition types need to be reloaded and replaces the existing data for the specified retroactive dates. For a add load, the new data needs to be loaded.

2. **Provider Fee Schedule Changes**-Should a provider have a change to the fee schedule, the new fee schedule pointer will be included in the provider demographic file along with the effective date.

3. **Modifier Percentages stored at the Fee Schedule Detail Level in the MODI Record Type**-The indicated percentages stored at this level reflect the allowed percent that should be applied to the global allowance found at the detail level in the fee schedule

- **Assistant Surgeon.** An example would be modifier 80, 81, 82 and AS. The Viant contract standard is that modifier 80, 81, 82 and AS that delineates that the claim is for an assistant surgeon claims should allow 20% of the global allowed amount found within the detail level of the fee schedule. The percentage should be multiplied by the allowance for the surgery. Please **note** that the “multiple surgery rule” (industry standard - i.e., 100% of the highest allowance, 50% second highest, 50% third highest), unless otherwise specified in the fee schedule, applies to assistant surgeon claims. Effective 10/1/2009; Modifier 81 and AS will populate in all Beech Network Fee Schedules with an allowed percent = 10.
- **Two Surgeons** (modifier 62). Reimburse the claim according to the allowance/percentage indicated within the fee schedule file for Modifier 62 at the header level of the fee schedule file if present.
- **Surgical Care Only** (modifier 54): Reimburse the claim according to the allowance/percentage indicate within the fee schedule file for Modifier 54 at the header level of the fee schedule file if present.
- **Distinct Procedural Service** (modifier 59): Dates of service 10/1/2009 or greater are reimbursed at 100%

allowed for lines with Modifier 59 and that line is exempt from Multiple Service Reduction.

- **Postoperative Management Only** (modifier 55): Reimburse the claim according to the allowance/percentage indicate within the fee schedule file for Modifier 55 at the header level of the fee schedule file if present.
- **Preoperative Management Only** (modifier 56): Reimburse the claim according to the allowance/percentage indicate within the fee schedule file for Modifier 56 at the header level of the fee schedule file if present

4. **Place of Service Payment Differential**-Under certain fee schedules, some procedure codes have a separate reimbursement value for professional services when such services are rendered at a facility or a non-facility location. Where applicable, both reimbursement fees will be found in the fee schedule extract. Non-facility reimbursements may be found in the fee schedule extract in field 6- Allowed Amount of the detail record (Record Type 'AMNT'), while facility reimbursements may be found in the fee schedule extract in field 7- Facility Allowed Amount of the detail record (Record Type 'AMNT').

For your reference, the Place of Service code (POS), is found in box 24b of the HCFA-1500 form. This code should be used to identify where the procedure was performed. Note that each POS code will be defined as either applying to a facility or a non-facility value.

The list of Place of Service codes (POS) and the rules can be found in Appendix A.

For example POS code 11 (Office) applies to a non-facility reimbursement. Therefore a CPT code on the HCFA-1500, with value 11 in box 24b would utilize the reimbursement found in the fee schedule extract field 6- Allowed Amount of the detail record (Record Type 'AMNT') for that particular CPT code.

For POS code 21 (Inpatient Hospital) the facility reimbursements should be applied. Therefore a CPT code on the HCFA-1500, with value 21 in box 24b would utilize the reimbursement found in field 7- Facility Allowed Amount of the detail record (Record Type 'AMNT') for that particular CPT code.

If the POS code is not provided on the claim then the default value of 11 (Office) may be used to price the claim at the non-facility rate, using the reimbursement found in field 6- Allowed Amount of the detail record (Record Type 'AMNT').

If field 7 - Facility Allowed Amount field has no value and the procedure code is valued in the field 6 - Allowed Amount this value should be utilized.

If the procedure code is not found in the fee schedule file it should be reimbursed at the default allowable of billed charges that are denoted in the Fee Schedule Header file (Record Type 'DFLT'). The default allowable percentage may differ by fee schedule.

5. Professional/Technical Components - Any professional or technical valued procedure codes will be denoted in the detail level of the fee schedule with the appropriate procedure code and modifier (Record Type 'AMNT'). If there is not a value found at the detail level of the fee schedule file, the default discount

(Record Type 'DFLT') should be applied to modifier 26 and TC claim lines.

6. **Multiple Surgeries-** are usually reimbursed at 100% of the highest allowance, 50% second highest 50%, third highest. However, each fee schedule indicates the correct breakdown in the multiple surgery percent allowed field on the record type of 'MULT'.

7. **Bilateral Surgery-** is usually reimbursed at 150% of the amount allowed for the single procedure. Each fee schedule indicates the correct bilateral percent allowed field at the record type of 'MULT' of the fee schedule file.

8. **Default Percentage** - Percentage allowed of billed charges when the procedure code is not on the fee schedule- example- By Report procedure codes (DFLT Record Type). This field will also be utilized to communicate the allowed percentage of billed charges for straight discount fee schedules. Straight discount fee schedules will not contain any records at the detail 'AMNT' record level.

9. **Anesthesia processing rules** - Viant utilizes standard ASA processing for anesthesia claims. The conversion factor and time definition for time unit calculation will be found in the Fee Schedule file in the record type denoted as 'ANES' that should be utilized in your calculation of anesthesia allowed amounts.

Note: One minute or more would count as an additional unit in your time calculations.

Viant identifies anesthesia claims using the following criteria:

If there is a presence of one or more of the following modifiers on the incoming claim data (box 24D of the HCFA):

Rate Load Implementation Guide

FS Business Rules

AA	AD	QK	QS	QX
QY	QZ	QW	47	30
31	33	34	35	36
37	38	39	P1	P2
P3	P4	P5	P6	G8
G9				

Additionally, the line can be determined as anesthesia if time is present on the claim or the Procedure Code (box 24D of the HCFA 1500) contains a '0' (zero) of the first character or if the TYPE OF SERVICE (box 24C of the HCFA 1500) is equal to '07' or '7', then the line is considered to be for anesthesia.

Should the provider bill using a CPT code, convert the surgical CPT to an ASA code, using your own up to date ASA file. Using the ASA to determine the base units, and the fee schedule header information to determine the appropriate units per hour, multiply the anesthesia conversion factor to get the base reimbursement allowance.

Note: Additional units may be required if the anesthesia claim is billed with modifier P1 through P6. The number of units is as follows:

P1 = 0 units

P2 = 0 units

P3 = 1 units

P4 = 2 units

P5 = 3 units

P6 = 0 units

Additionally qualifying circumstances allow for additional time units as follows:

Rate Load Implementation Guide

FS Business Rules

Procedure Code 99110 = 1 units

Procedure Code 99116 = 5 units

Procedure Code 99135 = 5 units

Procedure Code 99140 = 2 units

The formula for the calculation will be:

$$\begin{aligned} & \text{Base value for the procedure} \\ + & \text{ Physical Status and Qualifying Circumstances} \\ + & \text{ Time Units (number of minutes divided by the time definition} \\ & \text{ provided in the fee schedule header file)} \\ = & \text{ Total units} \\ \times & \text{ Conversion Factor (as found in the fee schedule header file)} \\ = & \text{ Allowance.} \end{aligned}$$

10. Viant reimbursement methodologies standards for DME purchase vs. rental are such that unless the provider bills with the appropriate modifier for purchase, it is assumed the charge is for rental.

11. Procedures with modifiers not specifically covered within the fee schedule header file section (MODI Record Type) should be reimbursed based on the client's Usual Claim Payment Guidelines.

FRD Production Information

Schedule

FRD files are produced on a monthly basis at the same time the Provider Demographic file is produced.

Delivery

You will be able to access the FRD files through the same website you currently use.

The FRD files will also be available for FTP download.

File Naming Conventions

The Rate Sheet zip file contains the .txt files in the Rate Sheet Standard Layout of all appropriate Rate Sheets.

Each FRD extract will contain the Facility Rate Data associated with the demographic files. The following is the naming convention for the zip file that will contain all of the facility rate files.

FRD Zip Naming Convention:

CLIENT.FR.D.YYYYMMDDHHMMSS.zip

The zip file will contain a text file for each Contract ID.

FRD TXT File Naming Convention:

FRD_YYYYMMDDHHMMSS.txt

File Specifications

1. Fields are delimited by a vertical bar: | (here-after referred to as “pipe delimited”).
2. Each record ends with a carriage return and line feed.
3. Data is stored using the ASCII (ISO Latin-1) display character set.
4. A Contract Record includes a Header Record, and may contain multiple Contract Section Records, Pricing Method Records, and Qualifier Records.
5. Each Pricing Method Record includes the effective and termination dates applicable to the individual Pricing Method which may not be equal to the overall contract effective/termination dates.
6. All date fields are 8 positions long and are formatted ‘YYYYMMDD’. For end dates the value “99991231” represents an open or non-terminated date.

Note: Each line will begin with field number one, the “Record Type”, followed by the pipe character (Technical note: the pipe character is ASCII character decimal 124) and then the next field. If there is no value in the next field the pipe would be followed by another pipe character indicating no value for that field. The last field of the line will end with the pipe character and carriage return line feed combination. This indicates the end of a record.

FRD File Information

FRD File Layout High Level View

01 Contract Extract File Header Record					Required
	C	HD – Contra			Required
E	O	D		SE – Section Record, repeatable	Required
X	N	E			
T	T	T		PM – Pricing Method Record, repeatable	Required
R	R	A			Required
A	A	I		QU – Qualifier Record, repeatable	
C	C	L			
T	T				
99 – Contract Extract File Trailer Record					Required

File Header Record - 01

FIELD NUMBER	FIELD NAME	FORMAT	MAX FIELD LENGTH	REQ	FIELD DESCRIPTION
1.	Record Type	Char	2	REQ	Must contain constant "01"
2.	File Description	Char	30	OPT	
3.	File Create Date	Char	8	REQ	Must be valid YYYYMMDD

Contract Header Record - HD

FIELD NUMBER	FIELD NAME	FORMAT TYPE	REQ	COMMENTS
1.	Record Type	Char	REQ	If the record is header detail for the contract it will be marked with the literal of 'HD'.
2.	Contract ID	Char	REQ	Contract ID that links to the provider.
3.	Provider Name	Char	REQ	Provider associated with the contract.
4.	Contract Effective Date	Date	REQ	Effective date of contract.
5.	Contract Termination Date	Date	REQ	Termination date of the contract.

Rate Load Implementation Guide

FRD File Information

Section Record - SE

FIELD NUMBER	FIELD NAME	FORMAT TYPE	REQ	COMMENTS
1.	Record Type	Char	REQ	Section record of the contract marked with the literal of 'SE'.
2.	Contract ID	Char	REQ	Contract ID that links to the provider
3.	Section Number	Number	REQ	Contract section number. Valid values are: 01 (Inpatient Exclusion) 02 (Inpatient Per Diem) 03 (Inpatient Case Rate) 04 (Inpatient Services) 05 (Inpatient Stop Loss) 06 (Outpatient Exclusion) 07 (Outpatient Per Diem) 08 (Outpatient Case Rate) 09 (Outpatient Services) 10 (Outpatient Stop Loss)
4.	Section Order	Number	REQ	Represents contract section term hierarchy. Example: 1st Term in the Exclusion section (01) would display: 01 001 2nd term in the Exclusion section (01) would display: 02 3rd term in the Exclusion section (01) with multiple Pricing methods would display as: 01 003 01 003001 01 003001001 01 003001001001 A record may include up to 4 section descriptions.
5.	Service Description	Char	REQ	Contract section pricing term description. Examples: Prosthetics Implants Cardiac Catheterization

Rate Load Implementation Guide

FRD File Information

Pricing Method Record - PM

FIELD NUMBER	FIELD NAME	FORMAT TYPE	REQ	COMMENTS
1	Record Type	Char	REQ	Pricing Method record of the calculation marked with the literal of PM
2	Contract ID	Char	REQ	Contract ID that links to the provider
3	Section Number	Number	REQ	Contract section number. Valid values are: 01 (Inpatient Exclusion) 02 (Inpatient Per Diem) 03 (Inpatient Case Rate) 04 (Inpatient Services) 05 (Inpatient Stop Loss) 06 (Outpatient Exclusion) 07 (Outpatient Per Diem) 08 (Outpatient Case Rate) 09 (Outpatient Services) 10 (Outpatient Stop Loss)
4	Section Order	Number	REQ	Represents contract section term hierarchy Example: 1 st Term in the Exclusion section (01) would display: 01 001 2 nd term in the Exclusion section (01) would display: 01 002 3 rd term in the Exclusion section (01) with multiple pricing methods would display as: 01 003 01 003001 01 003001001 01 003001001001 A record may include up to 4 section descriptions.
5	PM Record Number	Number	REQ	Each payment method within a payment method section is numbered starting at 001. If additional payment methods are used within a section, they will be numbered sequentially.
6	Effective Date	Date	REQ	Effective date of the calculation.
7	Termination Date	Date	REQ	Termination date of the calculation.
8	Pricing Method	Char	REQ	Calculation statement
9	Continue Pricing	Char	REQ	Valid values are 0, Y or N. 0 is used when the Pricing Method is for qualification purposes only - i.e. The following terms in this section will be used to price claims/items that qualify for this term - This pricing method does NOT include actual pricing rules. Y = a claim/line that qualified for this pricing method may qualify for another. N = a claim/line that qualified for this pricing method cannot qualify for another.

Rate Load Implementation Guide

FRD File Information

Qualifier Record -QU

FIELD NUMBER	FIELD NAME	FORMAT TYPE	REQ	COMMENTS
1.	Record Type	Char	REQ	Qualifier record of the pricing term marked with the literal of QU.
2.	Contract ID	Char	REQ	Contract ID that links to the provider
3.	Section Number	Number	REQ	Contract section number. Valid values are: 01 (Inpatient Exclusion) 02 (Inpatient Per Diem) 03 (Inpatient Case Rate) 04 (Inpatient Services) 05 (Inpatient Stop Loss) 06 (Outpatient Exclusion) 07 (Outpatient Per Diem) 08 (Outpatient Case Rate) 09 (Outpatient Services) 10 (Outpatient Stop Loss)
4.	Section Order	Number	REQ	Represents contract section term hierarchy Example: 1st Term in the Exclusion section (01) would display: 01 001 2nd term in the Exclusion section (01) would display: 01 002 3rd term in the Exclusion section (01) with multiple pricing methods would display as: 01 003 01 003001 01 003001001 01 003001001001 A record may include up to 4 section descriptions.
5.	PM Record Number	Number	REQ	Each payment method within a payment method Section is numbered starting at 001. If additional payment methods are used within a section, they will be numbered sequentially.
6.	Qualifying Circumstance Record Number	Number	REQ	Represents qualifying code value/group. When more than one code value/group is present numbering is sequential with each unique code value/group creating a new record.
7.	Qualifying Circumstance	Number	REQ	Defines if a single code or group of codes is required for qualification purposes or may not be present for qualification purposes.
8.	Qualifier Type	Char	REQ	Defines the type of code use to qualify for the pricing method. Examples: Revenue Code CPT/HCPCS Type of Bill
9.	Qualifiers	Char	REQ	List of qualifying codes for the pricing method. Multiple code values are separated by a space.

Rate Load Implementation Guide

FRD File Information

Contract Total File Trailer Record - 99

FIELD NUMBER	FIELD NAME	TYPE	REQ	FIELD DESCRIPTION
1	Record Type	Char	Yes	Must contain "99".
2	Record Count	Number	Yes	Total number of contracts pasted in file based on number of contract header records (HD).

FRD Business Rules

All Facility Rate Data associated with the demographic files will be provided in a FRD extract. Following the initial population, subsequent updates will contain full Facility Rate Data of any updated Facility rates or full Facility Rates of any new ones.

Update Files vs. Full Load Files:

Should there be a change in a facility rate; a new “generation” of the Facilities Rate Data is created. Note that the update file will include all facility rate data for a specific facility contract, whereas full load files will include all data for all facility contract rates.

Facility Rate Data Changes:

Should a provider have a change to its facility rates, the new Facility Rate Contract pointer will be included in the provider demographic file along with the effective date.

Record Type Information

The goal of this file is to enable clients to price a service by utilizing all the records for the contract ID, read in sequential order, in order to correctly apply the contract terms to the service. The following paragraphs provide additional information on each record type contained in the FRD extract.

Header Record - HD

The Header Record includes the Contract ID that links directly to the contract listed in the Provider Demographic Record. This record includes the facility name and the overall Effective and termination date of the contract. The HD record displays once per unique Contract Id.

Contract ID may start with 3-6 alpha characters or end in **.doc** and is directly linked to a specific provider demographic record

The Contract ID is carried through in field 2 in each Record Type (E.g. BEE00000078989 OR 00000078888.DOC)

Contract Section Record - SE

Contract Section Record represents a facility place of service type (Inpatient/Outpatient) and the reimbursement type (Exclusion, Per Diem, Case Rate, Services, and Stop Loss).

The following definitions apply to both Inpatient and Outpatient Services:

Exclusion - Services generally paid in addition to other reimbursement methods. An example of this in a contract would be: "Orthotics, Prosthetics & Implants (Revenue codes 274,275,276,278) are excluded from the negotiated per diems and case rates as well shall be reimbursed at the discount from billed charges".

Per Diem - Services generally priced at a per day or per procedure rate.

Case Rate - Services generally priced at an all inclusive rate.

Services -Services generally reimbursed using a reimbursement method other than Per Diem or Case Rate methodology.

Stop Loss - Generally means a provision in a facility provider agreement that changes the level of reimbursement when certain thresholds are reached on an episode of care. Usually payment is affected when a day or dollar charge limit is met on this single episode of care.

The Contract Section record includes the Contract ID in Field 2.

The contract facility place of service and reimbursement type is represented in Field 3 - Section Number - of this record. Valid values are found in the Section Number column in the table below:

Section Number	Contract Section Name
01	Inpatient Exclusion
02	Inpatient Per Diem
03	Inpatient Case Rate
04	Inpatient Services
05	Inpatient Stop Loss
06	Outpatient Exclusion
07	Outpatient Per Diem
08	Outpatient Case Rate
09	Outpatient Services
10	Outpatient Stop Loss

Field 4 of this record represents the relationship between each record. Examples of the Service Descriptions in Field 5 are:

- Cardiology Services/Cardiovascular Surgery
- Cardiac Catheterization
- CT Scans
- Durable Medical Equipment - Rental
- Obstetrics
- IV Therapy
- Pharmacy
- Prosthetics

Pricing Method - PM

Pricing Method states the pricing language for the qualifying services (see QU Record information below) along with effective and termination dates for the individual methods. The effective and termination dates of the Pricing Method might not be equal to the overall contract effective or termination dates. There may be multiple pricing method records for a single Contract Section Record. The PM record includes the Contract ID, Section Number, Section Order and Section Description in addition to the effective and termination dates, Pricing Method (description stating how qualifying claims/lines should be priced) and a Continue Pricing Indicator.

Each Pricing Method (Main, 1st, 2nd, and 3rd) will include one or more Qualifier Records (see QU Record Information below) that together with the Pricing Method description indicates how a qualifying line/claim should be priced.

When there is more than one Pricing Method used to reprice qualifying services the PM Record Number (field 5) it will be displayed as follows:

- Pricing Method 1 001
- Pricing Method 2 002
- Pricing Method 3 003
- Pricing Method 4 004

When a service qualifies for a complex Pricing Method, all methods (1, 2, 3, and 4 when present) must be used in order to correctly reprice the service. Complex pricing methods are typically used to allow or disallow payment for specific services when they are billed with other service types.

Listed below are some Pricing Method terminology examples. This list is not all-inclusive and is meant only to demonstrate a few types of Pricing Method language common in a contract.

The following terms in this section will be used to price the claim/items that qualify for this term:

- a. Pricing is 80% of the Charge.
- b. Pricing is a Case Rate of \$1150 for up to 1 day and \$600 per diem for each additional day. Limit the allowed to the mother and the baby's claims total charge.
- c. Pricing is the lesser of a 35% discount of the charge or \$5000.

The Continue Pricing field (Field 9) valid values are 0, Yes or No, indicating if a claim/line qualifies for a pricing method whether it can qualify for another Pricing Method that is present further down in the contract. As stated previously, in order to correctly

determine how to price a particular service, each record in the contract must be examined in the order it appears. The Continue Pricing field is meant as a guide to help determine if additional Pricing Methods should be examined for any particular service.

The Pricing Method terminology “THE FOLLOWING TERMS IN THIS SECTION WILL BE USED TO REPRICE CLAIMS/ITEMS THAT QUALIFY FOR THIS TERM” does not include a Continue Pricing Indicator and when this method is listed the Continue Pricing field will be “0”

If the Continue Pricing field is Yes (Y), then even though a service may be priced by a particular Pricing Method, it may qualify for another Pricing Method further down in the contract and the remaining Pricing Methods should be reviewed to determine the most appropriate Pricing Method for the service.

If the field indicates No (N) then the pricing method is the final pricing that will apply to the claim/line, no other pricing will apply.

Note: When a Pricing Method includes direct reference to a Fee Schedule the Fee Schedule Extract File will need to be referenced for the actual Fee Schedule.

Pricing Method terminology example:

Pricing is based on a pre-calculated fee schedule. The fee schedule will be determined via specific Fee Schedule ID. Fee Schedule ID: AK19

Qualifier Record - QU

The Qualifier Record includes the Contract ID, Section Number, Section Order and Pricing Method Record along with unique Qualifying Circumstance Record Number, Qualifying Circumstance, Qualifier Type and specific Qualifier codes. The purpose of this record is to list not only the specific codes that are priced in each Pricing Method but how they are to be used (Must be Present, Cannot Be Present, etc). Each Pricing Method Record includes at least one Qualifier Record.

The Qualifying Circumstance Record Number field is used to separate the different Qualifier Types and there may be more than one qualifying circumstance record for a single Pricing Method.

The Qualifying Circumstance field is used to indicate if one or all codes in the Qualifier fields must be present, may be present, or cannot be present.

Valid Values and Descriptions:

1. Within the Code Type ALL the codes listed for that code type/value must be present on the claim to qualify, unless the record includes a RANGE of codes - then 1 code per record is required to qualify for the term.
2. Within the Code Type record(s) at least one code must be matched.
3. Multiple Code Types - Within each Code Type, at least 1 code must be matched. If the record includes a range of codes then one within the range for that record must be matched.
4. Multiple Code Types - Within at least 1 Code Type, at least 1 Code must be matched.

5. Multiple Code Types - Within at least 1 Code Type all the codes listed for that code type/value must be present on the claim to qualify, unless the record includes a RANGE of codes - then only 1 code within the range is required to qualify for the term.
6. Multiple Code Types - Within each Code Type all the codes listed for that code type/value must be on the claim to qualify, unless the record includes a RANGE of codes - then one 1 code within the range is required to qualify for the term.
7. This includes a Single NonQualifying Code Type value for all records (i.e. all Non-Qualifying CPT or all Non-Qualifying HCPCS or all Non-Qualifying REVENUE). If ANY Non-qualifying Code is present the claim CANNOT qualify for this term.
8. This includes Multiple Non-Qualifying Code Types. If ONE Non-Qualifying Code is present on the claim from EACH Code type the claim CANNOT qualify for this term.
9. This includes Multiple Non-Qualifying Code Types. If ANY single value is present the claim CANNOT qualify for this term.
10. Multiple Non-Qualifying Code Types - Embedded code groups. This type of code group type is displayed as the “main” code group will have Field 8 (Qualifier Type) equal to Code Group and Field 9 (Qualifiers) = “Code Group Name” (i.e. BEE-HACKOPSU). This type of list includes additional Code Types (qualifiers) and these will be displayed in the records immediately following a record with this indicator (10).

For these code groups, the codes from the embedded code groups are also extracted and the Qualifier Process Type from each non-qualifying embedded code group will be used to indicate the qualifications using the values and definitions from values 7, 8

and 9 above.

11. Embedded code group - One from Each Code Type must be present. This type of code group is a method used to combine multiple qualifier types in order to correctly identify those codes that, if present, will qualify a service for a given payment term. In this case at least one from each of the code types must be present on the claim for it to qualify. The “main” code group will have Field 8 (Qualifier Type) equal to Code Group and Field 9 (Qualifiers Embedded code group - Any ONE Code Type must be present) = “Code Group Name” (i.e. BEE-HACKOPSU) This type of list includes additional Code Types (qualifiers) and these will be displayed in the records immediately following a record with this indicator (11). For these code groups, the codes from the embedded code groups are also extracted and the Qualifier Process Type from each embedded code group will be used to indicate the qualifications using the values and definitions from values 1 - 6 above. These embedded code group names will display in field 9 (Qualifiers) of the QU Record for the ‘main’ code group. The values in the embedded code groups will display immediately following.

12. Embedded code group-Any ONE Code Type must be present. This type of code group is a method used to combine multiple qualifier types in order to correctly identify those codes that, if present, will qualify a service for a given payment term. For this type of qualifier at least ONE of the qualifiers must be present on the claim in order for it to qualify. The “main” code group will have Field 8 (Qualifier Type) equal to Code Group and Field 9 (Qualifiers) = “Code Group Name” (i.e. BEE-HACKOPSU). This type of list includes additional Code Types (qualifiers) and

these will be displayed in the records immediately following a record with this indicator (12). For these code groups, the codes from the embedded code groups are also extracted and the Qualifier Process Type from each embedded code group will be used to indicate the qualifications using the values and definitions from values.

The Qualifier Type field displays the type of codes included in the Qualifier Field (i.e. CPT, HCPCS, Revenue, etc)

The Qualifiers Field is a list of all codes used in the pricing method.

Contract Language and File Layout Example

Contract Language:

1. Orthotics, Prosthetics & Implants (Revenue codes 274,275,276,278) are excluded from the negotiated per diems and case rates and shall be reimbursed at 75% of the charge.
2. Cardiac Catheterization is priced at 80% of the charge.
3. Intensive Care services are reimbursed at a per diem rate of \$2000

In this contract language example, an additional payment for Prosthetics and Implants is allowed when the other services that are billed are reimbursed with a Per Diem or Case Rate amount. These services (Per Diem and Case Rate) typically include all ancillary services. This contract language specifically states that services that are billed with Revenue Codes 274,275, 276, 278 should be reimbursed at a discount off billed charges. Additionally, the contract language also includes reimbursement at a percent of charge for services related to Cardiac Catheterization.

In order to allow payment for Revenue Codes 274-276, 278 in addition to the Intensive Care Services AND to exclude payment for these revenue codes when they are billed with Cardiac Catheterization services a multilevel pricing method is created.

The first qualifying Pricing Method (01/001/001) lists DRG, CPT and ICD9 Procedure Codes representing Cardiac Catheterization services - These would be considered Non-Qualifying codes. So if a claim/line including these DRG codes and one of the Prosthetic/Implant Revenue codes is received it will not qualify for this Pricing method and will be eligible for pricing in another Pricing method. The Prosthetic/Implant Revenue Codes would not be priced using this particular Pricing method.

The second qualifying Pricing Method (01/001/002) lists the Revenue Codes for Prosthetics and Implants. This allows a claim/line that does NOT include the codes from Pricing Method (01/001/001) to be priced based on the contract - 75% of the charge

File Layout demonstrating above Contract Language:

The following layout demonstrates how Orthotic and Prosthetic services would be displayed if they were allowed in addition to a Per Diem or Case Rate reimbursement, but included with other types of services reimbursed at a percent of charge, using the above contract language:

HD|BEE00000047093|ST JOSEPHS HOSPITAL|20050701|99991231

SE|BEE00000047093|01|001|PROSTHETICS IMPLANTS

PM|BEE00000047093|01|001001000000|001|20050701|99991231|THE FOLLOWING TERMS IN THIS SECTION WILL BE USED TO REPRICE CLAIMS/ITEMS THAT QUALIFY FOR THIS TERM|0

QU|BEE00000047093|01|001001000000|001|001|MAY NOT BE PRESENT|DRG|104 105 106 107 108 110 111 117 118 120 121 122 123 124 125 479 493|

QU|BEE00000047093|01|001001000000|001|002|MAY NOT BE PRESENT|CPT|93501 93502 93503

QU|BEE00000047093|01|001001000000|001|003|MAY NOT BE PRESENT|ICD9 PRIMARY PROC|37.21 37.22 37.33

PM|BEE00000047093|01|001001001000|002|20050701|99991231|PRICING IS 75% OF THE CHARGE|Y

QU|BEE00000047093|01|001001001000|002|001|ONE IS REQUIRED|REVENUE|274 275 276 278

Modification History

Date	Name	Section Affected	Description
10/30/07	Diane Berg	PFS - File Specification	<ol style="list-style-type: none"> 1. Removed reference to Fee Schedule Trailer Record 2. Change sort order of AMNT records in paragraph 8.
10/30/07	Diane Berg	PFS - MODI Record	<ol style="list-style-type: none"> 1. Made Modifier field REQ instead of OPT. 2. Changed Modifier Unit Value to decimal size 5.2 instead of integer size 4.
10/30/07	Diane Berg	PFS - AMNT Record	<ol style="list-style-type: none"> 1. Made Allowed Amount OPT instead of REQ.
10/30/07	Laurie Carter	FRD - Business Rules	<ol style="list-style-type: none"> 1. Updated information on page 32 - Field 7. 2. Updated pages 37 through 39 - Pricing Method and Qualifier Record sections.
11/08/07	Brit Maxwell	FRD File Naming Conventions	<ol style="list-style-type: none"> 1. Corrected information on Contract ID file content on page 27.
01/02/08	K. Kellogg	PDDF - File Naming Conventions	Replaced the File Naming Conventions section with External Wrapper File Information and Extract Packaging section 1.
01/07/08	K. Kellogg	PFS - File Naming	Updated entire section.
01/07/08	K. Kellogg	FRD File Naming Conventions	Updated entire section.
02/26/08	K. Kellogg	FS - Schedule & File Naming Conventions	Updated entire sections.
02/26/08	K. Kellogg	FS - Fee Schedule Default Percentage Record - DFLT	Added fields 4 - 7.

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Modification History

Date	Name	Section Affected	Description
02/26/08	K. Kellogg	FS - Business Rules	Modified opening paragraph and section 1.
04/12/08	K. Kellogg	PDDF Extract Layout	<ol style="list-style-type: none"> 1. Updated Field length on Contract ID. 2. Changed Multiple Values to Yes on National Provider ID.
04/12/08	K. Kellogg	PFS File Naming Convention	Updated Fee Schedule naming convention.
04/12/08	K. Kellogg	Appendix B	Added all reference codes.
09/14/09	Viant Training	FS Business Rules	Mod AS - Rule update (pg41) Mod 51 - Rule update (pg41)

Appendix A

Place of Service Codes Determination of Facility Allowed vs. Non-Facility Allowed

Claims submitted with the following places of service codes will look for a Facility Allowed Amount first and if available will use that amount on HCFA claim submissions:

Place of Service Code	Description
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room Hospital
24	Ambulatory Surgical Center
26	Military Treatment Facility
31	Skilled Nursing Facility
34	Hospice
41	Ambulance - Land
42	Ambulance - Air or Water
51	Inpatient Psychiatric Facility
52	Psychiatric Facility - Partial Hospitalization
53	Community Mental Health Center
56	Psychiatric Residential Treatment Center
61	Comprehensive Inpatient Rehabilitation Center

Any other places of service codes submitted on the HCFA claim submission will look for a non facility allowed amount.

Appendix B - Reference Tables

Address Types

Address Type	Description
B	Billing
D	Dual
S	Service

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Appendix B - Reference Tables

Degrees

Degree Code	Description
AA	Associate of Arts
AAEM	American Association of Emergency Physicians
AAO	American Academy of Ophthalmology
AAPA	American Academy of Physician Assistants
AAS	Associate of Applied Science
ACNP	Acute Care Nurse Practitioner
ACRN	Aids Certified Registered Nurse
ACSW	Academy of Certified Social Workers
ADN	Associate Degree of Nursing
ANP	Adult Nurse Practitioner
AOCN	Advanced Oncology Certified Nurse
APN	Advanced Practice Nurse
APRN	Advanced Practice Registered Nurse
APSW	Advanced Practice Social Work
ARNP	Advanced Registered Nurse Practitioner
ASN	Associate in Science of Nursing
ASPN	Associate Science of Practical Nursing
AT	Art or Activity Therapist
ATC	Athletic Trainer Certified
AUD	Audiologist
BA	Bachelor of Arts
BED	Bachelor of Education
BOC	Board of Orthotics Prostheses Certification
BS	Bachelor of Science
BSN	Bachelor of Science - Nursing
BSW	Bachelor in Social Work
CA	Certified Acupuncturist
CARN	Certified Addictions Registered Nurse
CBE	Certified Breastfeeding Educator
CCC	Certified Community Counselor

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Appendix B - Reference Tables

Degree Code	Description
CCCA	Certified Community Counseling Administrator
CCCS	Certified Community Counseling Services
CCDC	Certified Chemical Dependency Counselor
CCDCT	Certified Chemical Dependency Counselor Trainee
CCM	Certified Case Manager
CCMHC	Certified Clinical Mental Health Counselor Licensed
CCP	Pediatric Cardiology
CCRN	Certified Critical Care Registered Nurse
CD	Counselor Without Degree (CIGNA only for exclusion purposes)
CDAC	Certified Drug and Alcohol Counselor
CDE	Certified Diabetes Educator
CDMS	Certified Disability Management Specialist
CEAP	Certified Employee Assistance Professional
CFA	Certified First Assistant
CFNP	Certified Nurse Practitioner
CHT	Certified Hemodialysis Technician / Hyperbaric Technologist
CM	Certified Midwife
CMT	Certified Massage Therapist
CN	Clinical Nurse
CNA	Certified Nurse Anesthetist
CNM	Certified Nurse Midwife
CNP	Certified Nurse Practitioner
CNS	Clinic Nutritionist Specialist
CNSP	Clinical Nurse Specialist
CO	Certified Orthotist
COHN	Certified Health Nurse
COTA	Certified Occupational Therapy Assistant
CP	Clinical Psychologist
CPC	Certified Professional Counselor
CPED	Certified Pedorthist
CPNP	Certified Pediatric Nurse Practitioner

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Appendix B - Reference Tables

Degree Code	Description
CPO	Certified Prosthetist and Orthotist
CPR	Certified Prosthetist
CRC	Certified Rehabilitation Counselor
CRN	Certified Radiology Nurse
CRNA	Certified Registered Nurse Anesthetists
CRNFA	Certified Registered Nurse First Assistant
CRNP	Certified Registered Nurse Practitioner
CS	Certified Surgical Assistant
CST	Certified Surgical Technician
CSW	Certified Social Worker
DC	Doctor of Chiropractic
DCSW	Diplomate in Clinical Social Work
DDS	Doctor of Dental Surgery
DMD	Doctor of Dental Medicine
DMIN	Doctor of Ministry
DN	Doctor of Naprapathy/Neuromyologist
DO	Doctor of Osteopathic Medicine
DOM	Doctor of Oriental Medicine
DPM	Doctor of Podiatry
DPT	Doctor of Physical Therapy
DRPH	Doctor of Public Health
DS	Doctor of Science
DSN	Doctor of Science in Nursing
DSW	Doctor of Social Work
EDD	Doctor of Education
EDS	Education Specialist
FAAFP	Fellow American Academy of Family Practice
FAAP	Fellow of the American Academy of Pediatrics
FACFA	Fellow American College of Foot and Ankle Surgery
FACP	Fellow of American College of Physicians
FACS	Fellow American Colleges of Surgeons
FNP	Family Nurse Practitioner

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Appendix B - Reference Tables

Degree Code	Description
FRCS	Fellow of the Royal College of Surgeons
GNP	Gerontological Nurse Practitioner
JD	Doctor of Jurisprudence
LAC	Licensed Acupuncturist
LADAC	Licensed Alcohol and Drug Abuse Counselor
LCDC	Licensed Chemical Dependency Counselor
LCSW	Licensed Clinical Social Worker
LISW	Licensed Social Worker
LMFT	Licensed Marriage & Family Therapist
LMHC	Licensed Mental Health Clinician
LMHP	Licensed Mental Health Professional
LMP	Licensed Massage Therapist
LMSW	Licensed Master Social Worker
LPC	Licensed Professional Counselor
LPE	Licensed Psychological Examiner
LPN	Licensed Practical Nurse
LPT	Licensed Professional Therapist
LSW	Licensed Social Worker
LVN	Licensed Vocational Nurse
MA	Master of Arts
MAC	Master Addictions Counselor
MBBS	Bachelor of Medicine/Bachelor of Surgery
MC	Master of Counseling
MD	Doctor of Medicine
MDIV	Master of Divinity
ME	Medical Examiner
MED	Master of Education
MFCC	Marriage, Family & Child Counseling
MFT	Marriage & Family Therapist
MHA	Masters in Health Care Administration
MHC	Mental Health Counselor
MHSRD	Master of Health/Science Registered Dietician

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Appendix B - Reference Tables

Degree Code	Description
MPH	Masters of Public Health
MRC	Masters of Rehabilitation Counseling
MS	Master of Science
MSC	Master of Science Counseling
MSN	Master of Science in Nursing
MSP	Master of Psychology
MSPT	Master of Science in Physical Therapy
MSSA	Master of Science in Social Assistance
MSSE	Master of Science in Science Education
MST	Therapeutic Massage Therapist
MSW	Master of Social Work
NBCC	National Board for Certified Counselors
NBCCH	National Board Certified Clinical Hypno-Therapist
NCC	Nationally Certified Counselor
NCSP	Nationally Certified School Psychologist
ND	Doctor in Naturopathy
NNP	Neonatal Nurse Practitioner
NP	Nurse Practitioner
NPP	Psychiatric Nurse Practitioner
NSC	Certified Nutritional Specialist
OD	Doctor of Optometry
OGNP	Obstetrical Gynecological Nurse Practitioner
OT	Occupational Therapy
OTC	Certified Orthopedic Technologist
OTR	Registered Occupational Therapy
PA	Physician Assistant
PAC	Physician Assistant Certified
PC	Personal Care
PHD	Doctorate Degree
PNP	Pediatric Nurse Practitioner
PSD	Doctor of Psychology
PSYD	Doctor of Psychiatry

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Appendix B - Reference Tables

Degree Code	Description
PT	Physical Therapist
PTA	Physical Therapist Assistant
QRC	Qualified Rehabilitation Counselor
QRCI	Qualified Rehabilitation Counselor Intern
RD	Registered Dietician
RDCS	Registered Diagnostic Certified Sonographer
RMHC	Registered Mental Health Counselor
RN	Registered Nurse
RNC	Registered Nurse Certified
RNFA	Registered Nurse First Assistant
RNP	Registered Nurse Practitioner
ROT	Registered Orthotics Technician
ROTL	Registered Occupational Therapist Licensed
RPH	Registered Pharmacist
RPN	Registered Professional Nurse
RPT	Registered Physical Therapist
RRT	Registered Respiratory Therapist
RST	Registered Speech Therapist
RTP	Registered Prosthetics Technician
SA	Surgical Assistant
SLP	Speech Language Therapist
SW	Social Worker
THD	Doctor of Theology
THM	Master of Theology
WHNP	Womens Health Nurse Practitioner
XLB	Xray and Lab Technician

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Appendix B - Reference Tables

Facility Code Types

Facility Code	Description
0001	Adult Day Care Program
0002	Alcoholism-Drug Abuse or Dependency Outpatient Unit
0003	Alcoholism-Drug Abuse or Dependency Outpatient Services
0004	Angioplasty
0005	Arthritis Treatment Center
0006	Assisted Living
0007	Birthing Room - LDR Room - LDRP Room
0008	Breast Cancer Screening/Mammograms
0009	Burn Care Services
0010	Cardiac Catheterization
0011	Cardiac Intensive Care Services
0012	Case Management
0013	Children Wellness Program
0014	Community Health Reporting
0015	Community Health Status Assessment
0016	Community Health Status Based Service Planning
0017	Community Outreach
0018	Crisis Prevention
0019	CT Scanner
0020	Dental Services
0021	Diagnostic Radioisotope Facility
0022	Emergency Department
0023	Extracorporeal Shock Wave Lithotripter
0024	Fitness Center
0025	Freestanding Outpatient Care Center
0026	Geriatric Services
0027	Health Facility Transportation (to/from)
0028	Health Fair
0029	Health Information Center
0030	Health Screenings

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Appendix B - Reference Tables

Facility Code	Description
0031	HIV-AIDS Services
0032	Home Health Services
0033	Hospice
0034	Hospital-Based Outpatient Care Center-Services
0035	Magnetic Resonance Imaging (MRI)
0036	Meals on Wheels
0037	Medical Surgical Intensive Care Services
0038	Neonatal Intensive Care Services
0039	Nutrition Programs
0040	Obstetrics Services
0041	Occupational Health Services
0042	Oncology Services
0043	Open Heart Surgery
0044	Outpatient Surgery
0045	Patient Education Center
0046	Patient Representative Services
0047	Pediatric Intensive Care Services
0048	Physical Rehabilitation Inpatient Services
0049	Physical Rehabilitation Outpatient Services
0050	Positron Emission Tomography Scanner (PET)
0051	Primary Care Department
0052	Psychiatric Acute Inpatient Services
0053	Psychiatric Child Adolescent Services
0054	Psychiatric Consultation-Liaison Services
0055	Psychiatric Education Services
0056	Psychiatric Emergency Services
0057	Psychiatric Geriatric Services
0059	Psychiatric Partial Hospitalization Program
0060	Radiation Therapy
0061	Reproductive Health Services
0062	Retirement Housing

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Appendix B - Reference Tables

Facility Code	Description
0063	Single Photon Emission Computerized Tomography (SPECT)
0064	Skilled Nursing or Other Long-Term Care Services
0065	Social Work Services
0066	Sports Medicine
0067	Support Groups
0068	Teen Outreach Services
0069	Transplant Services
0070	Trauma Center (certified)
0071	Ultrasound
0072	Urgent Care Center
0073	Volunteer Services Department
0074	Women's Health Center/Services
0099	Other
0401	Chemical Dependency Rehab, Day Treatment
0402	Chemical Dependency, Intensive Outpatient
0403	Chemical Dependency Rehab, Outpatient
0404	Home Hospice Care
0405	High Risk OB/Gyn Care
0406	Outpatient Therapy
0407	Vocational Rehabilitation
0408	MD Practices
0409	Multi-Service Mental Health
0410	Multi-Service Psychiatric
0411	Inpatient Psychiatric
0412	Mental Health Day Treatment
0413	Psychiatric Day Treatment
0414	Mental Health Intensive Outpatient
0415	Psychiatric Intensive Outpatient
0416	Psychiatric Outpatient
0417	Child Birth Education Center
0418	Nursing Home

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Appendix B - Reference Tables

Facility Code	Description
0419	Drawing Station
0420	Eye Institute
0421	Eye Services, Outpatient
0422	Hematology
0423	Angiography-Intervention
0424	Clinical Chemistry
0425	Cytology
0426	Eval of Limited/Alt Activities
0427	Speech Therapy
0428	Immunohematology
0429	Injury Prevention
0430	Microbiology
0431	Radioimmunoassay
0432	Serology
0433	Medical Microbiology
0434	Diabetes, Outpatient
0435	Radiology & Lab Facility
0436	Imaging Center
0437	Neuroradiology
0438	X-Ray Facility
0439	Ground Ambulance
0440	Orthotics
0441	Prosthetics
0442	Residential Chem Dep Rehab
0443	Birthing Center
0444	Audiology Screening and Dispensing
0445	EKG - Electrocardiogram / Stress Test
0446	EMG Services
0480	Billing Service
0481	Foreign Providers
0482	Federally Funded Health Center
0484	Non Medicare Certified Rehab

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Appendix B - Reference Tables

Facility Code	Description
0485	Federal Quality Health Center
0486	Outpatient Child Development Services
0487	COE Trans Meal Lodge
0488	State Hospital
0489	Federal Hospital
0490	Christian Science Sanitarium
0491	Veterans Administration Hospital
0492	Military Hospital
0493	Institutional
0494	Home Infusion
0495	Ear, Nose, Throat Clinic Services
0500	Anesthesia Centers
0501	Cardiology Services
0502	Podiatry Services
0503	Pulmonary Medical Centers
0504	Neurological Medical Centers
0505	Allergy & Immunology Center
0864	Skilled Nursing Facility - Freestanding
0901	Acute Care General
0902	Acute Care General - Inpatient Only
0903	Acute Care General - Outpatient Only
0904	Acute Care General - Cancer
0905	Acute Care General - Transplant Only
0906	Specialty Facility
0907	Tuberculosis & Other Respiratory Diseases
0908	Orthopedic Facility
0909	Chronic Disease Facility
0910	Genetic Counseling/Screening Services Facility
0911	Dialysis or Hemodialysis Facility
0913	Acute Care General - Children
0920	Ambulatory
0921	Diagnostic Services - Laboratory

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Facility Code	Description
0922	Infusion Therapy
0923	Histopathology Laboratory Facility
0924	Radiology Facility
0932	Home Care - Visiting Nurse
0933	State LIC HHA Agency
0934	Department of Health Services
0935	PB Clinical Lab
0936	Portable X-Ray
0937	Int Med Diag Lab Imm
0938	Air Ambulance
0940	Transportation
0950	Durable Medical Equipment
0951	Orthotics and Prosthetics
0960	Pain Management
0961	Sleep Disorder Programs
0964	Skilled Nursing Facility - Hospital Based
0970	Ancillary Facility
0971	Nuclear Medicine
0972	Pharmacy
0973	Network Pharmacy
0974	Clinical Pharmacology
0975	Native American Clinic
0976	Physical Therapy Clinic
0978	School Based Clinic
0980	Cardiac Rehabilitation
0981	Inpatient Chemical Dependency Rehabilitation
0982	Residential Treatment Center for Mental Health
0983	Rural Health Clinic
0984	Home Health - Hospital Based
0985	Home Health - Freestanding
0986	Rehabilitation Facility
0987	Community Mental Health Center

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Appendix B - Reference Tables

Facility Code	Description
0992	Blood Bank
0993	Chiropractic Center
0994	Pediatric Urgent Care Center
0995	Wellness Center
0996	Surgery Center
0997	Emergency Rescue
0999	Hospital
9119	Unknown

Phone Number Types

Address Type	Description
A	Answering Service
B	Billing / Insurance
C	Cellular / Mobile
F	Fax
H	Home
O	Office
P	Payment Phone
S	Appointments / Scheduling
T	Testing / Monitoring line
Y	Pager

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Appendix B - Reference Tables

Specialty Codes

Specialty Code	Description
A	Allergy
AB	Surgery, Abdominal
ACU	Acupuncture
ADL	Pediatric and Adolescent Medicine (Internal Medicine)
ADM	Addiction Medicine
ADP	Addiction Medicine, Psychiatry
AI	Allergy and Immunology
ALI	Allergy and Immunology / Clinical and Laboratory Immunology
AM	Aerospace Medicine
AN	Anesthesiology
AP	Pathology, Anatomic
APM	Pain Management (Anesthesiology)
APY	Adolescent Psychology
AR	Radiology, Abdominal
ASL	Audiology, Speech and Language
ATP	Pathology, Anatomic Clinical
AUD	Audiology
BAR	Bariatric Medicine - Treatment of Obesity
BBK	Blood Banking / Transfusion Medicine
BCT	Burn Care Treatment
BIO	Biofeedback
C	Cardiology
CBG	Clinical Biochemical Genetics
CCA	Critical Care Medicine (Anesthesiology)
CCG	Clinical Cytogenetic
CCI	Critical Care Medicine (Internal Medicine)
CCM	Critical Care Medicine
CCP	Pediatric Cardiology

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Appendix B - Reference Tables

Specialty Code	Description
CCS	Surgical Critical Care (Surgery)
CD	Cardiovascular Disease
CDP	Chemical Dependency
CG	Clinical Genetics
CH	Chiropractic
CHN	Pediatric Neurology
CHP	Child and Adolescent Psychiatry
CL	Clinic
CLP	Pathology, Clinical
CMG	Clinical Molecular Genetics
CN	Clinical Neurophysiology
CP	Pathology, Chemical
CPF	Cardiovascular Perfusion
CPS	Child and Adolescent Psychology
CPY	Child Psychology
CR	Cardiac Rehabilitation
CRS	Surgery, Colon and Rectal
CRT	Cardiac Rehabilitation Therapist
CS	Surgery, Craniofacial
CSP	Christian Science Practitioner
CTS	Surgery, Cardiothoracic
CVS	Cardiovascular Surgery
D	Dermatology
DA	Dental Anesthesiology
DB	Donor Bank
DBP	Pediatric Developmental / Behavioral
DDL	Clinical and Laboratory Dermatological Immunology
DEN	Dentistry
DIA	Diabetes
DMP	Derma Pathology

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Appendix B - Reference Tables

Specialty Code	Description
DOM	Doctor of Oriental Medicine
DP	Pediatric Dermatology
DR	Radiology, Diagnostic
E	Epidemiology
EM	Emergency Medicine
EN	Endodontic
END	Endocrinology, Diabetes and Metabolism
ESM	Sports Medicine (Emergency Medicine)
ETX	Medical Toxicology (Emergency Medicine)
FOP	Pathology, Forensic
FP	Family Practice
FPG	Geriatric Medicine (Family Practice)
FPS	Surgery, Facial Plastic
FSM	Sports Medicine (Family Practice)
GE	Gastroenterology
GO	Gynecological Oncology
GP	General Practice
GPM	General Preventive Medicine
GS	Surgery, General
GYN	Gynecology
HEM	Hematology (Internal Medicine)
HEP	Pathology, Hematology
HHA	Home Health Agency
HNS	Surgery, Head and Neck
HO	Hematology / Oncology
HOS	Hospitalist
HPS	Pulmonary Specialist Hospital Based
HPT	Hepatology
HSO	Surgery, Hand (Orthopedic Surgery)
HSP	Surgery, Hand (Plastic Surgery)

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Appendix B - Reference Tables

Specialty Code	Description
HSS	Surgery, Hand (Surgery)
HT	Hand Therapy
IC	Interventional Cardiology
ICE	Cardiac Electrophysiology
ID	Infectious Disease
IG	Immunology
ILI	Clinical and Laboratory Immunology (Internal Medicine)
IM	Internal Medicine
IMC	Imaging Center
IMG	Geriatric Medicine (Internal Medicine)
INF	Infertility
INT	Infusion Therapy
ISM	Sports Medicine (Internal Medicine)
LAB	Laboratory
LM	Forensic / Legal Medicine
MFM	Maternal and Fetal Medicine
MG	Medical Genetics
MGP	Pathology, Molecular Genetic (Medical / Pathology)
MGR	Medical Groups
MGS	Surgery, Micrographic (Dermatology)
MM	Medical Microbiology
MPD	Pediatric Internal Medicine
MPH	Public Health and General Preventative Medicine
MSG	Multi-Specialty Group
MT	Massage Therapist
N	Neurology
NAM	Naprapathic Medicine
NAP	Naturopathic Physicians
NCC	Critical Care Medicine (Neurological Surgery)
NDR	Radiology, Neurology Diagnostic

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Appendix B - Reference Tables

Specialty Code	Description
NEP	Nephrology
NEU	Neurologist
NM	Nuclear Medicine
NMM	Neuromusculoskeletal Medicine
NON	Non Payable Provider
NP	Neuropathology
NPC	Neuropsychiatry
NPM	Neonate-Perinatal Medicine
NPS	Neuropsychology
NR	Radiology, Nuclear
NS	Surgery, Neurological
NSP	Pediatric Surgery, Neurological
NTR	Nutrition
OAR	Orthopedics, Adult Reconstructive
OBG	Obstetrics and Gynecology
OBS	Obstetrics
OBY	OB / GYN
OCC	Critical Care Medicine (Obstetrics and Gynecology)
OCT	Occupational Therapy
OD	Dental Oncology
OFA	Orthopedics, Foot and Ankle
OGS	Surgery, Obstetrics and Gynecology
OM	Occupational Medicine
OMO	Musculoskeletal Oncology
OMS	Surgery, Oral and Maxillofacial
ON	Medical Oncology
OP	Pediatric Orthopedics
OPH	Ophthalmology
OPS	Surgery, Ophthalmologic
OPT	Optometry

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Appendix B - Reference Tables

Specialty Code	Description
OR	Orthopedics
ORD	Orthodontics
ORP	Orthotics and Prosthetics
ORS	Surgery, Orthopedic
OS	Other
OSM	Sports Medicine (Orthopedic Surgery)
OSS	Surgery, Orthopedic of the Spine
OST	Osteopathic Medicine
OT	Otology
OTN	Otology and Neurology
OTO	Otolaryngology
OTR	Orthopedic Trauma
OUT	Outpatient Services, Hospital Based
P	Psychiatry
PA	Pediatric Anesthesiology
PAC	Surgery, Ankle / Foot
PAD	Psychology, Adult
PAM	Pediatric Adolescent Medicine
PAY	Payable Nonmed Provider
PBP	PBP Physical Therapy
PCC	Pulmonary Critical Care Medicine
PCH	Pediatric Pathology, Chemical
PCL	Psychology, Clinical
PCM	Pediatric Critical Care Medicine
PCP	Pathology, Cytopathology
PCS	Pediatric Surgery, Cardiothoracic
PCT	Proctology
PD	Pediatrics
PDA	Pediatric Allergy
PDE	Pediatric Endocrinology

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Appendix B - Reference Tables

Specialty Code	Description
PDG	Pediatric Genetics
PDI	Pediatric Infectious Diseases
PDN	Pediatric Dentistry
PDO	Pediatric Otolaryngology
PDP	Pediatric Pulmonology
PDS	Pediatric Surgery
PDT	Pediatric Medical Toxicology
PE	Pediatric Emergency Medicine
PED	Pedodontics
PEP	Pediatric Podiatry
PFP	Psychiatry, Forensic
PFS	Pediatric Surgery, Craniofacial
PG	Pediatric Gastroenterology
PGY	Pediatric Gynecology
PHD	Psychology
PHG	Psychology, Geriatric
PHM	Pharmacology
PHO	Pediatric Hematology / Oncology
PHY	Physiology
PI	Pediatric Immunology
PIP	Pathology, Immunopathology
PLI	Pediatric Clinical and Laboratory Immunology
PLM	Palliative Medicine
PM	Physical Medicine and Rehabilitation
PMD	Pain Medicine
PMM	Psychosomatic Medicine
PMR	Pain Management (Physical Medicine & Rehabilitation)
PN	Pediatric Nephrology
PNP	Pediatric Neuropsychology
PNR	Pediatric Nutrition

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Appendix B - Reference Tables

Specialty Code	Description
PO	Pediatric Ophthalmology
POD	Podiatry
POR	Pediatric Surgery, Orthopedic
POS	Pediatric Surgery, Otolaryngology
PP	Pediatric Pathology
PPM	Pediatric Physical Medicine and Rehabilitation
PPR	Pediatric Rheumatology
PPS	Pediatric Surgery, Plastic
PR	Pediatric Radiology
PRC	Surgery, Podiatry
PRD	Periodontics
PRM	Pediatric Rehabilitation Medicine
PRO	Prosthodontics
PRS	Pediatric Surgery, Colon and Rectal
PS	Surgery, Plastic
PSM	Pediatric Sports Medicine
PSP	Pediatric Audiology Speech and Language
PSU	Pediatric Surgery, Urology
PT	Physical Therapy
PTH	Pathology
PTS	Pediatric Surgery, Transplant
PTX	Medical Toxicology (Preventive Medicine)
PUD	Pulmonary Diseases
PYA	Psychoanalysis
PYG	Psychiatry, Geriatric
R	Radiology
RBG	Rehabilitation Group
REN	Reproductive Endocrinology
RHM	Rheumatology
RIP	Pathology, Radioisotopic

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Appendix B - Reference Tables

Specialty Code	Description
RNR	Neuroradiology
RO	Radiation Oncology
RP	Radiological Physics
RT	Respiratory Therapist
RVD	Retinal Vitro Disease
SCI	Spinal Cord Injury
SLP	Pathology, Speech and Language
SM	Sleep Medicine
SO	Surgery, Oncological
SP	Pathology, Selective
SPM	Sports Medicine
SPT	Pathology, Surgical
ST	Speech Therapy
SU	Surgery, Urological
SW	Social Worker
TRD	Radiology, Therapeutic
TRS	Surgery, Traumatic
TS	Surgery, Thoracic
TTS	Surgery, Transplantation
U	Urology
UGC	Urgent Care Clinic Based Physician
UM	Underseas and Hyperbaric Medicine
UON	Urologic Oncology
UP	Pediatric Urology
URO	Urogynecology
US	Unspecified
VIR	Radiology, Vascular and Interventional
VM	Vascular Medicine
VS	Surgery, Vascular
WOW	Work on Wellness

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Appendix B - Reference Tables

Specialty Code	Description
XAN	Adult Nurse Practitioner
XCS	Non Physician - Clinical Nurse Specialist
XGN	Geriatric / Gerontological Nurse Practitioner
XMC	Marriage Family (and) Child Counselor
XNA	CRNA
XNF	Family Nurse Practitioner
XNM	Nurse Midwife
XNN	Neonatal Nurse Practitioner
XNP	Non Physician - Nursing Related
XNQ	Womens Health Nurse Practitioner
XPA	Non Physician - Physician Assistant
XPC	Lic Prof Counselor
XPM	Psych Mental Health RN
XPN	Pediatric Nurse Practitioner
XRN	Registered Nurse
XSC	Non Physician - Clinical Social Worker
XSR	Christian Science RN
XSW	Non Physician - Social Worker / Counselor
ZZZ	Pseudo Provider

Tax ID Number Type

Tax Id Number Type	Description
C	Canadian SSN
E	U.S. EIN
F	Psuedo / Foreign
S	U.S. SSN

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Appendix B - Reference Tables

Language Codes

Language Code	Description
AFG	Afghani
AFK	Afrikaans
AK	Akan
ALB	Albanian
ALU	Aleut
AMH	Amharic
AND	Andhra
AP	Apache
ARB	Arabic
ARM	Armenian
AS	Asian
ASY	Assyrian
AUG	Augarati
AZ	Azeri
AZB	Azerbaijani
BAH	Bahasa
BEL	Belgian
BEN	Bengali
BON	Bonian
BRO	Brohi
BUL	Bulgarian
BUR	Burmese
CAJ	Cajun
CAM	Cambodian
CEB	Cebuano
CHE	Cherokee
CHI	Chinese
CHP	Chippewa

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Appendix B - Reference Tables

Language Code	Description
COE	Coeyrati
CRE	Creole
CRT	Croatian
CRW	Crow
CTN	Cantonese
CZH	Czech
DAN	Danish
DEB	Debuaro
DUT	Dutch
EGY	Egyptian
ENG	English
ESK	Eskimo
ETN	Ethiopian
FCC	French Canadian
FIJ	Fijian
FIL	Filippino
FIN	Finnish
FLM	Flemish
FRC	French
FSI	Farsi
FUK	Fukien
GAE	Gaelic
GER	German
GHA	Ghanian
GRG	Georgian
GRK	Greek
GUJ	Gujarati
HAI	Haitian Creole
HAL	Halian
HAW	Hawaiian

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Appendix B - Reference Tables

Language Code	Description
HEB	Hebrew
HID	Hindustani
HIN	Hindi
HMO	Hmong
HPI	Hopi
HUG	Hugenot
HUN	Hungarian
IBO	Igbo - Ibo
ICE	Icelandic - Igbo
IND	Indonesian
INN	Indian/Hindi
IRA	Iranian
IRS	Irish
ITL	Italian
JAM	Jamaican
JAP	Japanese
KAN	Kannada
KAU	Kaunnadu
KOR	Korean
KUR	Kurdish
LAO	Laotian
LAT	Latin
LAV	Latvian
LEB	Lebanese
LIR	Lirdu
LTH	Lithuanian
MAC	Macedonian
MAK	Mankon
MAL	Maltese
MAM	Malayalam

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Appendix B - Reference Tables

Language Code	Description
MAN	Mandarin
MAR	Marathi
MAS	Maasai
MIN	Mindi
MIX	Mixtec
MLN	Melanesian
MOH	Mohave
MON	Mongolian
NAM	Native American
NAV	Navaho
NIG	Nigerian
NOR	Norwegian
ORI	Oriya
OTU	Otjavati
PAK	Pakistani
PAN	PANGASIWAN
PAS	Pashto
PER	Persian
PNJ	Panjabi
POL	Polish
POR	Portuguese
PUN	Punjabi
PUS	Pushto
ROM	Romany
RUM	Romanian
RUS	Russian
SAM	Samalian
SAN	Sanskirt
SCR	Serbo-Croatian
SER	Serbian

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Appendix B - Reference Tables

Language Code	Description
SIN	Sinhalese
SIX	Sioux
SL	Sign Language
SLO	Slovak
SMN	Samoan
SOM	Somali
SPN	Spanish
SRI	Sri Lankan
SRM	Samaritan
SRN	Sranan
SWA	Swahili
SWD	Swedish
SWS	Swiss
SYR	Syrian
TAG	Tagalog
TAH	Tahitian
TAI	Taiwanese
TAM	Tamil
TEL	Telugu
TGI	Tegali
THI	Thai
TIB	Tibetan
TLA	Tlapanec
TMC	Tamic
TON	Tongan
TRK	Turkish
TWG	Tagawag
TWI	Twi
UKR	Ukrainian
URA	Urak

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Appendix B - Reference Tables

Language Code	Description
URD	Urdu
VET	Vietnamese
WEL	Welsh
YAN	Yanomami
YID	Yiddish
YOR	Yorbua
YUG	Yugoslavian
ZAP	Zapotec
ZU	Zulu
ZUK	Zulu-Kafir

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Appendix B - Reference Tables

Country Codes

Country Code	Description
USA	United States
CAN	Canada
PR	Puerto Rico

Lesser of Codes - InPatient

Lesser Of Code	Description
B	Billed Charges
M	Mandated Fee Schedule
S	Network Fee Schedule
MS	Mandated Fee Schedule or Network Fee Schedule
BM	Lesser of Billed Charges or Mandated Fee Schedule
BMS	Billed Charges, Mandated Fee Schedule or Network Fee Schedule
BS	Lesser of Billed Charges or Network Fee Schedule
BS1	Lesser of Billed Charges or Network Fee Schedule Alternate

Lesser of Codes - Outpatient

Lesser Of Code	Description
B	Billed Charges
M	Mandated Fee Schedule
S	Network Fee Schedule
MS	Mandated Fee Schedule or Network Fee Schedule
BM	Lesser of Billed Charges or Mandated Fee Schedule
BMS	Billed Charges, Mandated Fee Schedule or Network Fee Schedule
BS	Lesser of Billed Charges or Network Fee Schedule
BS1	Lesser of Billed Charges or Network Fee Schedule Alternate