Provider Audit: FISS HCPCS Screen Detail

| Field | Description |
| --- | --- |
| CARRIER | Carrier Number - This field displays the identification number of the carrier that is associated with HCPC information required. This is a five digit field. |
| LOCALITY | Locality Code - This field displays the identification number for the area (or county) where the provider is located. This is a two digit field. |
| HCPC | Healthcare Common Procedure Coding System - This field is a code assigned by CMS to identify certain medical procedures or equipment for special pricing. This is a five position alphanumeric field. |
| MOD | Modifier Indicator - This field is not used by FISS. |
| IND | HCPC Indicator - This field is not used by FISS. |
| DRUG CD | If populated with an "E", it is a Drug HCPCS Code. |
| OXYGEN SYSTEM | Oxygen System - This field identifies oxygen claims. This is a one position field. The valid values are:  'A' Stationary oxygen system 'B' Stationary oxygen system contents 'C' Portable oxygen system add-on 'D' Portable oxygen system contents 'E' Accessories |
| OXYGEN TYPE | Oxygen Type - This field is not used by FISS. |
| NUM OF TESTS | Number of Tests - This field identifies the number of medical tests associated with this multi-channel HCPC code. This is a two position field. |
| ESRD HCPC NARR | End Stage Renal Disease HCFA Common Procedure Coding System Narrative - This is a short description to further define those HCPC codes that are related to ESRD. This is a six position alphanumeric field. |
| HCPC EFF DATE | Healthcare Common Procedure Coding System Effective Date - This field identifies the date this code became effective. The default for all HCPC codes is 07/01/66. This is a six digit field in MMDDYY format. |
| HCPC TERM DATE | Healthcare Common Procedure Coding System Termination Date - This field identifies the final date that this code should be used. This is a six digit field in MMDDYY format. |
| 60% RATE | 60% Reimbursement Rate - This field identifies the rate the system uses for calculating reimbursement for the HCPC codes. The system displays 60 percent of the total charge in a dollar figure. This is a nine digit field in 999999.999 format.  NOTE: This field is also used to identify the urban fee amount for ambulance fee schedule rates. |
| LAB 62% RATE | 62% Lab Reimbursement Rate - This field identifies the rate the system uses for calculating reimbursement for the lab HCPC codes. The system displays 62 percent of the total charge in a dollar figure. This is a nine digit field in the 999999.999 format.  NOTE: This field is also used to identify the rural fee amount for ambulance fee schedule rates. |
| EFF DATE | Effective Date - This field identifies the date the change in pricing went into effect. This is a six digit field in MMDDYY format. |
| TRM DATE | Termination Date - This field identifies the termination date for each rate listed for this HCPC. This is a six digit field in MMDDYY format. |
| EFF IND | Effective Date Indicator - The effective indicator instructs the system to either use the FROM and THRU dates on the claim or to use the system run date to perform edits for this particular HCPC code. This is a one position alphanumeric field. The valid values are:  'R' Claim receipt date 'F' Claim from date 'D' Discharge date |
| OVR CD | Override Code - This field instructs the system in applying the services to the beneficiary's deductible and to coinsurance. This is a one alphanumeric field. The valid values are:  '0' Both deductible and coinsurance apply '1' Deductible does not apply '2' Coinsurance does not apply '3' Neither deductible nor coinsurance applies '4' No need for total charges (used for multiple HCPCS for single revenue code center) '5' RHC or CORF psychiatric 'A' Voluntary Agreement (88888) 'H' HMO Cell Rate (55555) 'I' IRS/SSA/CMS Data Match Project (77777) 'L' Litigation (33333) 'M' EGHP (may only be used on the 001 total line for MSP) 'N' Non-EGHP (may only be used on the 001 total line for MSP) 'Q' Initial Enrollment Questionnaire [(IEQ)99999] 'Y' MSP cost avoided |
| ESRD PR | End Stage Renal Disease Pricing Indicator - If the revenue code table requires a HCPC, then the system prices the HCPC based on the value that is entered in this field. This is a one-position alphanumeric field. The valid values are:  'A' Validate the HCPC only, not subject to the fee amount 'B' Pay the lower of the fee amount or billed charge 'C' Pay the fee amount 'D' Free standing facilities subject to fee amount. Hospital based price according to the billed charge (\*subject to the deductible and coinsurance) 'E' Free standing facilities pay the lower for the fee amount or billed charge. Hospital based price according to the billed charge (subject to the deductible and coinsurance) 'F' Revenue Code '31X' price according to the billed charge. This value is used for blood HCPCs. Revenue Code '30X', price according to the fee amount. This value is used for blood HCPCs. 'G' Revenue Code '30X', price according to the billed charge. Revenue Code '31X', price according to the fee amount. This value is used for blood HCPCs. 'V' Valid Influenza/PPV HCPC |
| ESRD OV | End Stage Renal Disease Override Code - This field identifies if the deductible or coinsurance is applied. If the override code for ESRD is the same as the override code previously entered in the OVR CD field, then this field can remain blank. The system defaults to the override code in the OVR CD field. This is a one-position alphanumeric field. The valid values are:  'A' Validate the HCPC only, not subject to the fee amount 'B' Pay the lower of the fee amount or billed charge 'C' Pay the fee amount 'D' Free standing facilities subject to fee amount. Hospital based price according to the billed charge (\*subject to the deductible and coinsurance) 'E' Free standing facilities pay the lower for the fee amount or billed charge. Hospital based price according to the billed charge (subject to the deductible and coinsurance) 'F' Revenue Code '31X' price according to the billed charge. This value is used for blood HCPCs. Revenue Code '30X', price according to the fee amount. This value is used for blood HCPCs. 'G' Revenue Code '30X', price according to the billed charge. Revenue Code '31X', price according to the fee amount. This value is used for blood HCPCs. 'V' Valid Influenza/PPV HCPC |
| FEE IND | Fee Indicator - This field identifies the fee indicator that is received from CMS in the physician fee schedule abstract test file. This is a one position field, with six occurrences. The valid values are:  ' ' Default value 'B' Bundled procedure 'R' Rehab/audiology function test/CORF services |
| OPH IND | Outpatient Hospital Indicator - This field identifies the outpatient hospital indicator that is received from CMS in the physician fee schedule abstract test file. This is a one position field, with six occurrences. The valid values are:  ' ' Default value 'O' Fee is applicable '1' Fee is not applicable |
| TYP | HCPC Type - This field identifies whether the HCPCS originated from the MPFS database files and it paid off the fee rate. This is a one-position alphanumeric field. The valid values are:  'M' - Originated from MPFS database files  ' ' - Did not originate from the MPFS database files. |
| NFACPE | NFACPE - This field identifies the Non-Facility PE RVU Rate. |
| REHAB RATE | Rehabilitation Rate - This field identifies the rate the system uses for calculating reimbursement for the HCPCS code when rehabilitation services are billed. |
| PROF RATE | Professional Service Rate - This field identifies the rate the system uses for calculating reimbursement for the HCPCS when professional services (revenue codes 96X, 97X, or 98X) are billed for dates of service on or after 07/01/01 by critical access providers that have selected provider reimbursement method 'J'. |
| ALLOWABLE REVENUE CODES | Allowable Revenue Codes - This field identifies the allowable revenue code(s) that this particular HCPC code may use in billing. This is a four position alphanumeric field. The fourth digit of the revenue code may be stored with an 'X' indicating that it is a variable. For example, by storing the revenue code '029X', the system allows this HCPC code with any revenue code that begins with '029'. By leaving this field blank, the system allows a HCPC code on any revenue code. |
| HCPC DESCRIPTION | Healthcare Common Procedure Coding System Description - This field identifies the narrative description of the HCPC code. There are three occurrences of 77 alphanumeric positions per occurrence. |