**14 November 2018**

CPT Tables

for the

MHS Data Repository (MDR)

(Version 1.06.00)

Future Specification

Revision History

| Version | Date  | Originator | Para/Tbl/Fig | Description of Change |
| --- | --- | --- | --- | --- |
| 1.00.03 | 01/28/2010 | S. Rogers | * III
* Appendix E
* Appendix F
 | * Administrative documentation of existing MDR Reference file.
* Format for MDR Reference Table
* Renumbered Appendix E to Appendix F. Added MDR Reference file location.
 |
| 1.00.04 | 05/04/2010 | S. Rogers | * III
* IV
* Appendix A
* Appendix F
 | * Add unit of service substitution field (UOSSUB) to the CPT Master Table and Direct Care CPT format file.
* Add modifiers for lab/rad CPT codes to the Direct Care CPT format file.
* Add ‘CAPER’ to MDR Direct Care label.
 |
| 1.00.05 | 03/21/2011 | S. Rogers | * I
* III, Appendices B1, B2
* IV, Appendix B2
* Appendix A
 | * Added Source Information
* Separated the description of the Direct Care Tables into SADR and CAPER Interim Plus
* PSI converted to 2-char field for CAPER
* Added new fields for CAPER Interim Plus
	+ Bilateral Indicator
	+ Nurse Crediting Code
	+ Surgical Indicator
	+ Medicare Status
	+ Modifier Matching Code
* Clarified derivation of UOSSUB
* Removed Historical RVUs for CAPER tables
* Changed the key length for the CAPER character formats to 7
* Added a description of the Master Table development.
 |
| 1.00.06 | 08/08/2011 | S. Rogers | * Whole document
 | * Changed BEA to DHCAPE
* Collapsed the descriptions of files for CAPER Interim and Interim Plus
 |
| 1.00.07 | 02/23/2012 | S. Rogers | * III
* Appendix D
 | * Indication of last year for SADR
* Ancillary Rad RVU table values clarification and reduction to include only modifiers used in data (eliminate Blank and 00, PC, and 32).
 |
| 1.00.08 | 05/09/2012 | M. Martinez | * III, IV, Appendix A
* IV, Apps A and B2
* IV, App A
* IV
* App A
* App B2
 | * Noted that MHS unique codes are included in the RVU tables
* Dropped the CAPER Interim and Interim Plus distinction (no longer relevant)
* Dropped Historical RVUs for CY12+
* Corrected Unit of Service Substitute (UOSSUB) description.
* Noted the applicable time-frame for MODMATCH.
* Added MHS modifications to PSI and change to BILATERAL indicators for LASIK/PRK for CY12+ to accommodate unilateral RVUs.
* Updated description for 99024 in the MHS Weighted Code File
* Corrected description of CY03-CY05 CAPER table
 |
| 1.01.00 | 05/29/2013 | M. Martinez | * I
* II, III
* IV
* V
* IV, App A.I
* App A.I
* App A.II, A.III
* App C
* App D, E
 | * Update Data Sources
* Clarified information in footnotes.
* Identified defaults for NURSE and SURG
* Historical RVUs populated through CY11 only.
* Remove section on MDR DC Exclusion Table (no longer relevant).
* Add:
	+ Multiple Procedure Code
	+ CPT/HCPCS Code Description
	+ CCS HCPCS Single-Level Code
	+ CCS Code Description
	+ Anesthesia Base Units
* Updates to accommodate new ‘M’ CPT codes.
* Added modifications to fields for MHS weighted CPT codes.
* Added Direct Care Specific CPT file to the Master Table Input files (CY13+).
* Noted that Historical RVUs are kept through CY11
* Added default values for SURG and RVUs
* Exclude Direct Care Specific CPT from the TED CPT Table.
* Added new basis for Lab Mod 90 RVUs for Ancillary Lab and EAS RVU tables.
 |
| 1.02.00 | 02/18/2014 | M. Martinez | * I, IV, App A
* App B2, C
* Whole document
 | * Add to the MDR CPT Master Table:
	+ Evaluative Visit Flag
	+ Nurse/Tech Billable Flag
* Add to the MDR CAPER and TED CPT Tables:
	+ Evaluative Visit Flag
* Changed TMA to DHA and Ingenix to Optum/Ingenix throughout.
 |
| 1.03.00 | 04/10/2014 | M. Martinez | * I, IV, App A
 | * Add to the MDR CPT Master Table:
	+ Default Claim Form Indicator
	+ Institutional Billing Exclusion Flag
* Note that the Nurse/Tech Billable Flag is based on CPT/modifier combination.
 |
| 1.04.00 | 06/05/2014 | M. Martinez | * I, IV, App A
 | * Add to the MDR CPT Master Table:
	+ Anesthesia Flag
	+ Charge Available Flag
 |
| 1.05.00 | 06/08/2018 | D. Juckett | * I.1.14
 | * CBER file values will be blank CY18+
* Replace CHCS and EAS with SDD
 |
| 1.06.00 | 11/14/2018 | D. Juckett | * Appendix D
* Appendix E
 | * Change the assignment of weights for Lab coded modifiers to receive base level modifier values
* Change the assignment of weights for Lab coded modifiers to receive base level modifier values
 |

# CPT Tables for the MHS Data Repository (MDR)

1. Sources

The MDR Current Procedural Terminology (CPT) Reference Table files are prepared and provided by the Defense Health Agency (DHA) Office of Defense Health Cost Assessment and Program Evaluation (DHCAPE) from the source data files listed below. These tables, as delivered to the MDR and other systems, reflect a combination of Medicare, commercial, and military-unique procedure codes, modifiers, weights, and other processing requirements. The selection of weights modified for MHS use and policy on their development are documented separately and are external to central automation processes. The sources are:

* Relative Value Units (RVUs):
	+ - * *The Essential RBRVS* Data File, Optum/Ingenix
			* National Physician Fee Schedule Relative Value File, Centers for Medicare and Medicaid Services (CMS)
* Payment Status Indicator: Payment Status by HCPCS Code and Related Information: TRICARE Outpatient Prospective Payment System (OPPS)
* Units of Service Limits: DHA, Aurora
* Units of Service Substitutes: DHA/DHCAPE
* ASC Class: Ambulatory Surgical Center (ASC) Approved HCPCS Codes and Payment Rates (TRICARE Ambulatory Surgery)
* Bilateral Indicator, Surgical Indicator, Medicare Status and Multiple Procedure Code: *The Essential RBRVS* Data File, Optum/Ingenix
* Nurse Crediting Code: DHA/DHCAPE
* Clinical Classification Software for Services and Procedures (CCS): Healthcare Cost and Utilization Project (HCUP)
* Anesthesia Base Units: DHA/Uniform Business Office (UBO)
* Evaluative Visit Flag: DHA/DHCAPE
* Nurse/Tech Billable Flag: DHA/UBO
* Default Claim Form Indicator: DHA/UBO
* Inpatient Billing Exclusion Flag: DHA/UBO
* Charge Available Flag, DHA/UBO
* Anesthesia Flag, Optum/Ingenix (Anesthesia code file)
1. Transmission Frequency

The MDR CPT Tables are delivered twice a year. Shortly after January 1st, preliminary tables are delivered for use for that upcoming calendar year. Near June 1st, the final weight tables for the current and previous years (if altered) are delivered for use in both the annual retrofits of data and all subsequent routine data processing. The CHCS and EAS CPT Weight tables are delivered (external to the MDR) in November each year[[1]](#footnote-1).

1. Organization and batching

MDR CPT Tables are organized by calendar year. Tables for each of the following types are created for each year. The MDR Master CPT table for a year, beginning in CY03, contains all of the codes, weights and application factors that are in the narrower application weight tables.

* MDR Master CPT Table: This is stored as both a SAS Data Set and as a flat ASCII file as described in Section IV. The table and the values in the table are derived as described in Appendix A. The remaining files are created from it, or from its source. Direct Care weights are reduced for global surgical periods; Purchased Care weights are not. The Master CPT Table contains rows for valid calendar year Optum/Ingenix code/modifier combinations plus MHS unique codes and codes and modifiers deleted in that year (deleted CPT codes are kept for one year).[[2]](#footnote-2)
* MDR Direct Care SADR (CY02-CY11) and CAPER (CY03-CY05) CPT Tables: These are SAS Proc FORMAT datasets that include only the columns indicated in Section IV. The retained rows consist of the following (where the value is non-zero or non-blank):
	+ CPT codes beginning with 7 or 8: All rows without modifiers as well as rows with modifiers 26 and TC.
	+ All other CPT codes: Only rows without modifiers. If a CPT code does not appear in the MDR Master CPT Table in a row without a modifier but does occur in a row with modifer NU or RR, the values from the row with modifier NU (or RR if there is no NU) will be used.

The file description for the SADR table is provided in Appendix B1 and for the CAPER (CY03-CY05) table in Appendix B2.

* MDR Direct Care (CAPER) CPT Tables: These are SAS Proc FORMAT datasets that include only the columns indicated in Section IV and all CPT/modifier combinations in the Master CPT Table that have non-zero or non-blank values. The file description is provided in Appendix B2.
* MDR Purchased Care (TED) CPT Table: This is a SAS Proc FORMAT file that includes only the columns indicated in Section IV, and only the rows that have at least one non-zero/non-blank value. The file description is provided in Appendix C.
* MDR Ancillary CPT Table: This is a SAS dataset that includes only the columns indicated in Section IV and rows for all modifiers applicable to Ancillary data. The file description is provided in Appendix D.
* MDR Reference Table: This is a flat ASCII file as described in Appendix F.

External to the MDR, the following calendar year tables are provided each year:

* CHCS CPT Weight Table: This file is delivered for use in CHCS, AHLTA, and other CHCS systems, if desired. CHCS specifies the rows and columns desired. Since the table is required before the new weights are available for a calendar year, the weights used come from the previous calendar year’s Master CPT Table. The file description and business rules used to create the table are in Appendix E.
* EAS CPT Weight Table: This file is developed in the same manner and timeframe as the CHCS CPT Weight table. It is delivered to EAS for use in EAS and other EAS systems, if desired. EAS specifies the columns desired but uses the same rows as the CHCS CPT Weight Table. The file description and business rules used to create the table are in Appendix E.

File locations for all MDR tables are provided in Appendix G.

1. Field Layout for the MDR RVU Weight Tables

The table below shows the field layout for every record in the Master CPT Table. There is one record for every CPT/HCPCS code and modifier combination in the Optum/Ingenix source file for the calendar year, the MHS-unique codes, plus codes and modifiers deleted in that year (deleted codes are kept for one year[[3]](#footnote-3)). Those columns that are included in the Direct Care (DC), Purchased Care (PC) and Ancillary (Anc) table extracts are indicated by checkmarks under the respective column headings. The calendar year of the table is in the file name rather than in any field.

**MDR Master CPT Table**

| **Field** | **Format** | **SAS Name** | **Position** | **Included in Extract** |  |
| --- | --- | --- | --- | --- | --- |
| **DC[[4]](#footnote-4)** | **PC** | **Anc** | **Definition/Derivation** |
| CPT/HCPCS Code | Char(5) | PROC | 1-5 | X | X | X | Code used for reporting medical services and procedures. |
| Modifier | Char(2) | MOD | 6-7 | X[[5]](#footnote-5) | X | X | Code used to indicate that a service or procedure was altered by specific circumstances but not changed in its definition or code. |
| Direct Care Clinician Work RVUs | NNN.NN | WORKDC | 8-13 | X |  | X | Reflects the relative value or cost of the provider’s time and skill, with global reduction where applicable. |
| Direct Care Facility Practice Expense RVUs | NNN.NN | PEXPFADC | 14-19 | X |  | X | Reflects the relative value or cost of the provider’s rent, staff, supplies, equipment and other overhead associated with the service when provided in a hospital, ambulatory surgery center or skilled nursing facility, with global reduction where applicable. |
| Direct Care Non-Facility Practice Expense RVUs | NNN.NN | PEXPNFDC | 20-25 | X |  | X | Reflects the relative value or cost of the provider’s rent, staff, supplies, equipment and other overhead associated with the service when provided in the physician’s office, with global reduction where applicable. |
| Direct Care Malpractice Expense RVUs | NNN.NN | MALEXPDC | 26-31 | X |  |  | Reflects the relative risk or professional liability associated with the service, with global reduction where applicable. |
| Direct Care Historical Work RVUs | NNN.NN | HISTDC | 32-37 | S |  |  | For trending purposes, CY06 Direct Care Work RVUs are used for CY07-CY11 tables. For codes without CY06 weights, the current weight is used.For CY06 and prior years, this field contains Direct Care work weights for that year. For CY12+, this field is not populated. |
| Global Days | NNN | GLOBAL | 38-40 |  |  |  | The number of days for which related services are included in the global work. If not a global procedure, this field is blank in the ASCII file and missing in the SAS Data Set. |
| Purchased Care Clinician Work RVUs | NNN.NN | WORKPC | 41-46 |  | X |  | Reflects the relative value or cost of the provider’s time and skill.  |
| Purchased Care Facility Practice Expense RVUs | NNN.NN | PEXPFAPC | 47-52 |  | X |  | Reflects the relative value or cost of the provider’s rent, staff, supplies, equipment and other overhead associated with the service when provided in a hospital, ambulatory surgery center or skilled nursing facility. |
| Purchased Care Non-Facility Practice Expense RVUs | NNN.NN | PEXPNFPC | 53-58 |  | X |  | Reflects the relative value or cost of the provider’s rent, staff, supplies, equipment and other overhead associated with the service when provided in the physician’s office. |
| Purchased Care Malpractice Expense RVUs | NNN.NN | MALEXPPC | 59-64 |  | X |  | Reflects the relative risk or professional liability associated with the service. |
| Purchased Care Historical Work RVUs | NNN.NN | HISTPC | 65-70 |  | X |  | For trending purposes, CY06 Purchased Care Work RVUs are used for CY07-CY11 tables. For codes without CY06 weights, the current weight is used.For CY06 and prior years, this field contains Purchased Care work weights for that year. For CY12+, this field is not populated. |
| Payment Status Indicator | Char(2) | PSI[[6]](#footnote-6) | 71-72 | X | X |  | Outpatient Prospective Payment System code identifying payment and discounting rules. |
| Unit of Service Limit | NNN | UOSLIM | 73-75 | X | X |  | Maximum number of units that can be credited for a CPT code. If there is no defined limit, the value is set to blank in the ASCII file and missing in the SAS data set. Most limits come from data provided by DHA, Aurora; some are calculated by DHCAPE. |
| Ambulatory Surgical Center Class | Char(2) | ASC | 76-77 | X | X |  | ASC Payment Group. Populated for FY07+ only. CY06 has 9 defined groups; CY07+ has 56 defined groups.  |
| Unit of Service Substitute | NNN | UOSSUB | 78-80 | X |  |  | Value to be substituted for a CPT code’s Unit of Service in the event that UOS for the CPT exceeds the UOSLIM. Substitutes are generally the modal values from Direct Care Data and will be updated annually. If UOSLIM >0 then UOSSUB must contain a positive value less than or equal to UOSLIM (0 < UOSSUB <= UOSLIM) |
| Bilateral Indicator | Char(1) | BILATERAL | 81 | C |  |  | Bilateral Surg code from the Optum/Ingenix Table. Indicates whether the service is subject to payment adjustment. Populated for CY06+ only.0,3,9 – Bilateral not applicable (9 is default)1 – Bilateral impact applies2 – Inherently bilateral |
| Nurse Crediting Code | Char(1) | NURSE | 82 | C |  |  | Identifies whether and under what conditions a nurse or tech (Skill Type 3 or 4) is eligible for RVU credit. Values are provided by DHA/DHCAPE. Populated for CY06+ only.Y – Yes (default for TC row)N – No (default)C – Yes, in case managementQ – Yes, with Mod QW |
| Surgical Indicator | Char(1) | SURG | 83 | C |  |  | Identifies a procedure as surgical based on the global period from the Optum/Ingenix Table. Codes with global periods of 10 or 90 days are considered surgical, as are some additional cases (described in Appendix A). Populated for CY06+ only.0 - not a surgical code (default)1 - surgical code |
| Medicare Status | Char(1) | MEDSTAT | 84 | C |  |  | Status code developed by Medicare (from the Optum/Ingenix table). Populated for CY06+ only. |
| Modifier Matching Code | Char(1) | MODMATCH | 85 | C |  |  | A code used to create the CPT||MOD key for matching CAPER data to the available rows in the CPT tables. A – Only base level (blank) modifier is available (default)B – Blank and modifiers 26 and TC are availableC – NU, UE, and RR modifiers are available (but not blank)D – NU and UE modifiers are available (but not RR or blank)E – Only modifier RR is availableF – Blank and modifier 53 are availablePopulated for CY06+ only.  |
| Multiple Procedure Code | Char(1) | MULTPROC | 86 |  |  |  | Multiple Procedure code (from the Optum/Ingenix table) used to indicate payment adjustment rules for multiple procedures. Populated for CY07+ only. |
| CPT/HCPCS Code Description | Char(35) | DESC | 87-121 |  |  |  | CPT / HCPCS Code Description from the Optum/Ingenix Table. Populated for CY07+ only. |
| CCS HCPCS Single-Level | Char(3) | CCS | 122-124 |  |  |  | Clinical Classification Software (CCS) for Services and Procedures classifies CPT codes into clinically meaningful procedure categories. Populated for CY07+ only. |
| CCS Description | Char(96) | CCSDESC | 125-220 |  |  |  | CCS HCPCS Single-Level Code label. Populated for CY07+ only. |
| Anesthesia Base Units | NNN | BASE\_UNITS | 221-223 |  |  |  | Anesthesia base units are used to compute allowable amounts for anesthesia services under CPT codes 00100 to 01999 and 99100, 99116, 99135, 99140 (base unit values provided by UBO). CY13+ only. |
| Evaluative Visit Flag | Char(1) | EVALVISFLG | 224 | C | X |  | Visits of an evaluative nature – involving history, exam or decision making which is not included in a separately codable procedure, and is not incrementally time-based, and is not a treatment session following an evaluation, management or assessment. Y=presence of this CPT indicates the visit was of an evaluative natureN=does not indicate an evaluative visit (default)CY07+ only. |
| Nurse/Tech Billable Flag | Char(1) | NURSE\_BILL | 225 |  |  |  | CY18+ value will be set to blank.CY13 – CY17:Identifies CPT/modifier combinations that are billable for services that can be done independently by a nurse or technician. Y=allowed for billingN=not allowed for billing (default) |
| Default Claim Form Indicator | Char(1) | DFLTCLM | 226 |  |  |  | CY18+ value will be set to blank.CY13 – CY17:Identifies which CPT/modifier combinations are billable on an Institutional or Professional claim. Based on information from the CMAC rate table.I=Institutional P=Professional (default) |
| Inpatient Billing Exclusion Flag | Char(1) | BILLEXCL\_IP | 227 |  |  |  | CY18+ value will be set to blank.CY13 – CY17:Identifies whether the CPT/modifier combination can be billed for Inpatients.Y=Yes (default)N=No |
| Charge Available Flag | Char(1) | CHGAVAIL | 228 |  |  |  | Identifies whether there is a charge associated with a CPT/modifier combination needed to create a claim. If there is no charge available, a claim would not be created.Y=Yes, a charge exists, generate a claim N=No, a charge does not exist, do not generate a claim (default).CY13+only. |
| Anesthesia Flag | Char(1) | ANESTH | 228 |  |  |  | Identifies whether the CPT code is anesthesia-related (from the anesthesia code file provided by Optum/Ingenix).0=Not anesthesia-related (default)1=Anesthesia-relatedCY13+ only. |

**Appendix A: Development of the Master RVU Table**

The MDR Master CPT Table is a table with a row for every CPT/HCPCS code and modifier combination in the Optum/Ingenix source file for a calendar year plus MHS unique codes and codes deleted effective that year and kept one additional year. The RVU values in this table are generally based on RVUs from the Optum/Ingenix source file with modifications to address MHS-specific use of the CPT codes in direct and/or purchased care.

The development of the MDR Master CPT Table is described below. Part I identifies all input files developed to support the creation of the Master RVU table and modifications to all except for the MHS Mod file. Part II looks in more detail at the creation of the MHS Mod file. Part III describes how the source files are combined to create the preliminary and final Master RVU tables.

**I. Master RVU Table Input Files**

1. **Optum/Ingenix RVU File.** The following actions should be taken with this file:
* Begin with the current year Optum/Ingenix RVU file.
* Through CY12 only, remove all anesthesia codes. Anesthesia codes are identified as those where the first digit is ‘0’ (zero) and the last digit is not ‘F’, ‘M’ or ‘T’.
* Keep only the following variables: CPT procedure code (PROC, Char(5)), CPT modifier (MOD, Char(2)), work RVU, facility practice expense RVU, non-facility practice expense RVU, malpractice expense RVU, global days (GLOBAL), Optum/Ingenix gap methodology indicator (GAP), intraoperative percentage (INTRAOP), Medicare Status (MEDSTAT, Char(1)), Bilateral Indicator (BILATERAL, Char(1)), Multiple Procedure Code (MULTPROC, Char(1)), and Description (DESC, Char(35)).
* Create separate work, facility and non-facility practice expense, and malpractice expense RVU variables for direct care (WORKDC, PEXPFADC, PEXPNFDC, MALEXPDC) and purchased care (WORKPC, PEXPFAPC, PEXPNFPC, MALEXPPC) for all PROC/MOD combinations in the current CY Optum/Ingenix RVU file.
	1. Purchased care RVU variable values are set to the corresponding Optum/Ingenix RVU variable values.
	2. Direct care RVU variables assume the values of corresponding Optum/Ingenix RVU variables with the following adjustments:
		+ If INTRAOP=0 and GLOBAL in(10,90) set INTRAOP = 0.80. [[7]](#footnote-7)
		+ For codes where GLOBAL > 0, multiply RVU variables WORKDC, PEXPFADC, PEXPNFDC, and MALEXPDC by the INTRAOP value.
	3. Create Surgical Indicator (SURG (Char(1)) to identify surgical procedures. Populated for CY06+.
		+ If GLOBAL in(10,90) then SURG=’1’ (Surgical code).
		+ Else SURG=’0’ (Not a surgical code)
		+ Effective all years, SURG=1 for the following MHS-weighted surgical CPT[[8]](#footnote-8) codes:
		+ S0800
		+ S0810
		+ 66999
		+ S2066
		+ S2067
		+ S2079
	4. Modify BILATERAL as required by policy for the following MHS-weighted CPT codes.
		+ Through CY11, BILATERAL=2 for the following CPT codes:
		+ S0800
		+ S0810
		+ 66999
		+ For CY12+, BILATERAL=1 for the following CPT codes:
		+ S0800
		+ S0810
		+ 66999
		+ For all applicable years, BILATERAL=1 for the following CPT codes:
		+ S2066
		+ S2067
	5. Drop INTRAOP and GAP.
1. **Historical RVU File (through CY11 only)**. The historical RVU file contains both the direct care and purchased care work RVUs from the CY06 Master RVU table (rvumast06.sas7bdat).
* Keep the CPT code (PROC), modifier (MOD), direct care work RVU and purchased care work RVU variables from the CY06 Master RVU table.
* Rename the direct care work RVU variable to HISTDC and the purchased care work RVU variable to HISTPC.
1. **PSI File**. Create the Payment Status Indicator file as a two-variable SAS dataset with CPT code (PROC, Char(5)) and Payment Status Indicator (PSI, Char(2)) from the current file Payment Status by HCPCS Code – Quarterly file (PaymentStatus\_CY*yy*Q*n*.xls,where *yy* = current calendar year and *n* = current quarter) on the TRICARE OPPS web site http://www.tricare.mil/opps/.[[9]](#footnote-9) Changes to PSI values per DHA policy are implemented here.
* Effective all years, PSI = T for the following CPT codes:
	+ - S0800
		- S0810
		- 66999
		- S2066
		- S2067
		- S2079
1. **ASC File.** Create the Ambulatory Surgery Center file as a two variable SAS dataset with CPT code (PROC, Char(5)) and the Ambulatory Surgical Center payment group (ASC, Char(2)) using values obtained from the most recent generation of codes in the current TRICARE Ambulatory Surgery Center file (Ambulatory.mdb from http://www.tricare.mil/Ambulatory/). Changes to ASC values per DHA policy are implemented here.
2. **UOS Limit/Substitute File**. Create the Unit of Service (UOS) limit and substitute file as a three-variable SAS dataset with CPT Code (PROC, Char(5)), UOS Limit (UOSLIM, (8.0)), and UOS Substitute (UOSSUB, (8.0)).
* UOSLIM is obtained from DHA/DHCAPE (Aurora). This file is updated annually. CPT codes without TRICARE limits and other codes per policy are reviewed for Direct Care use and may be assigned UOSLIM. Limits will be supplied by DHA/DHCAPE and will supplement the TRICARE file.
	1. Effective CY11+, UOSLIM=1 for Case Management codes (G9002, G9005, G9009, G9010, G9011).
	2. Effective CY08+, UOSLIM=2 for LASIK and PRK (S0800, S0810 and 66999).
* UOS Substitutes (generally the modal values) are developed and supplied by DHA/DHCAPE.
* CPT codes not specified in the above file are considered to have no quantity limits applicable to their use in encounter data.
* Any code with a non-zero UOS limit must have a non-zero UOS substitute with value <= UOSLIM. In the absence of a non-zero UOSSUB, set UOSSUB=UOSLIM.
1. **Deleted Code File**. The annual update to direct care systems for deleted and new CPT codes sometimes extends into the new calendar year; therefore, MHS policy is to continue support for deleted codes for one year beyond the date of deletion, retaining them and corresponding weights in the Master CPT Table. Create the Deleted Code file as follows:
* Deleted codes are identified as non-anesthesia (through CY12) codes (PROC) in the previous year Optum/Ingenix RVU file that do not appear in the current year Optum/Ingenix RVU file. Modifiers are not considered in identifying codes to be retained.
* If a code is identified for retention, all prior year PROC/MOD combinations are retained.
* Supplement each deleted PROC/MOD combination with values from the prior year Master CPT table as listed in IV. Field Layout for the MDR RVU Weight Tables “MDR Master CPT Table.”
* Drop PROC/MOD combinations with zero values for Direct Care work, facility practice expense and non-facility practice expense RVU.
1. **MHS Weighted Codes File**. See Section II below for a discussion of the creation of the MHS Weighted Codes file.
2. **Purchased Care Specific CPT File**. Create the Purchased Care Specific File as a two-variable SAS dataset with CPT Code (PROC, Char(5)) and Short Description (DESC, Char(35)) based on information from DHA/DHCAPE.
3. **Direct Care Specific CPT File (CY13+).** Create the Direct Care Specific File as a two-variable SAS dataset with CPT Code (PROC, Char(5)) and Short Description (DESC, Char(35)) based on information from DHA/DHCAPE.
4. **Nurse Crediting File**. Create the Nurse Crediting file as a three-variable SAS dataset with CPT code (PROC, Char(5)), MOD (Char(2)), and NURSE (Char(1)) based on information from DHA/DHCAPE.
5. **CCS Code File.** Create a Proc Format CCS Code file to add CCS Code (CCS, Char(3)), and CCS Description (CCSDESC, Char(96)) by CPT code (PROC, Char(5)) from the CCS (CPT/HCPCS) list from the Healthcare Cost and Utilization Project (HCUP) website.
6. **Anesthesia Base Units.** For CY13+, create a Anesthesia file to add Anesthesia Base Units (BASE\_UNITS, Num(3)) by CPT Code (PROC, Char(5)) from the file provided by the UBO.
7. **Evaluative Visit Flag File.** For CY08+, create the Evaluative Visit file as a two-variable SAS dataset with CPT Code (PROC, Char(5) and EVALVISFLG (Char(1)) based on information from DHA/DHCAPE.
8. **CBER Flag File (Nurse/Tech Billable Flag, Default Claim Form Indicator, Inpatient Billing Exclusion Flag and Charge Available Flag).**
	1. For CY18 values will be replaced by a blank.
	2. For CY13 - CY17, create the six-variable SAS data set with CPT Code (PROC Char(5), MOD Char(2), NURSE\_BILL Char(1), DFLTCLM Char(1), BILLEXCL\_IP Char(1), CHGAVAIL Char(1)) based on information from DHA/UBO.
9. **Anesthesia Flag.** For CY13+, create the Anesthesia Flag file as a two-variable SAS dataset with CPT Code (PROC, Char(5) and ANESTH (Char(1)) based on the Optum/Ingenix Anesthesia Code file. The codes included in the Optum/Ingenix will be flagged as ‘1’ (anesthesia-related).

**II. MHS Weighted Codes File**

In general, the Optum/IngenixRVU File in Part I is the basis for direct and purchased care RVU values for use in the MHS. This section describes modifications to the Optum/Ingenix values that are generated through a policy review process conducted early in the calendar year and captured in the MHS Weighted Codes file.

Based on the review process and supplemented as detailed in the remainder of this section, the MHS Weighted Codes file contains values to overwrite all of the following variables for every identified CPT/MOD combination: WORKDC, PEXPFADC, PEXPNFDC, MALEXPDC, HISTDC (through CY11), WORKPC, PEXPFAPC, PEXPNFPC, MALEXPPC, HISTPC (through CY11).Because these values will replace RVUs from any other source, they must be adjusted for any RVU action described in Part I, most notably for the Direct Care INTRAOP surgical adjustment.

The following general guidance is used during the weight review and decision-making process:

* **Treatment of CPT Codes Previously MHS Weighted that Optum/Ingenix Weights in Current CY.** Previously MHS Weighted CPT codes will be reviewed individually to determine if the MHS weight should be replaced by the Optum/Ingenix weight. If a code is to be weighted with Optum/Ingenix RVUs, the code will be removed from the MHS Weighted Codes file.
* **Treatment of Consultation Codes (**99241-99245 & 99251-99255**).** In 2010, CMS stopped payment for consultation services reported with CPT codes 99241-99245 and 99251-99255 and increased the weights on office visit E&M codes yet maintained non-zero RVU weights for the consultation codes.

Effective CY11+, CPT codes 99241-99245 and 99251-99255 will be zero weighted in Direct Care.

* **Creation of Work RVUs.** Effective CY09 and forward, with exceptions, non-zero Work RVUs are not created when non-zero Practice Expense RVUs are published by CMS or Optum/Ingenix.[[10]](#footnote-10) Exceptions follow:
	+ CPT 99420 – Health Risk Assessment Test: A non-zero work RVU is retained for CY09 as a one-year transition period. Beginning in CY10, MHS-unique Work RVUs will not be provided.
* **Zero Weighted CPT Codes.** High frequency CPT codes will be reviewed annually to determine if they should be considered for weighting. If the policy decision is to weight the CPT, it will be added to this file with all necessary RVU fields.
* **Weighted CPT Codes to Receive Zero Weight.** When policy dictates that selected CPT codes with non-zero RVU values will receive 0 RVUs, the RVU change will be implemented here. [[11]](#footnote-11)
* **Treatment of Deleted MHS-Weighted CPT Codes.** Subject to a case-by-case, annual policy review, replacement codes for deleted temporary codes will be assigned the MHS weights from the temporary code’s last active year for one year.
* **Weights for Bundled Lab Codes.** Since CY05, RVU weights for CPT codes representing laboratory panels have been adjusted for application to ancillary records such that no additional RVU credit is obtained by unbundling the panels and reporting the CPT codes for individual tests separately. Effective CY10+, these modified weights are implemented for all Direct Care RVU values. Purchased Care RVUs are unaffected.
* **99024.** RVUs for surgical follow-ups are a calculated value provided by DHA/DHCAPE. Effective CY11+, Direct Care facility and non-facility RVUs will be identical. (PEXPFADC = PEXPNFDC)

**III. Creation of the Master CPT File**

1. Begin with the calendar year Optum/Ingenix RVU file (See I.1.). This will be referred to as the Current Year file.
2. Through CY11, add HISTDC and HISTPC from the Historical RVU File (rvumast06.sas7bdat) (See I.2) to the Current Year file by merging on PROC/MOD. Keep only records in the Current Year file. If a PROC/MOD combination in the Current Year file does not appear in the Historical RVU file, set HISTDC=WORKDC and HISTPC=WORKPC.
3. Add PSI (See I.3), ASC (See I.4), and UOSLIM and UOSSUB (See I.5) to the Current Year file by merging on PROC. Keep only records in the Current Year file. If a CPT code is not in one of the merged files, then the added variable(s) (PSI, ASC, UOS, and/or UOSSUB) will be blank or missing.
4. Merge the MHS Weighted Codes file (See II.) to the Current Year file by PROC/MOD, replacing the values of WORKDC, PEXPFADC, PEXPNFDC, MALEXPDC, HISTDC (through CY11), WORKPC, PEXPFAPC, PEXPNFPC, MALEXPPC, HISTPC (through CY11) in the Current Year file. Additional PROC/MOD combinations for any one PROC beyond those in the MHS Weighted Codes file will not be modified in this step.
5. For all global maternity codes, set *direct care* RVU variables WORKDC, PEXPFADC, PEXPNFDC, MALEXPDC, and HISTDC (through CY11) to zero. For CY06+, global maternity codes include 59400, 59410, 59425, 59426, 59510, 59515, 59610, 59614, 59618 and 59622.[[12]](#footnote-12)
6. Effective CY06+, set direct care RVU values (WORKDC, PEXPFADC, PEXPNFDC, MALEXPDC) for all J, K, and L-codes to 0.[[13]](#footnote-13)
7. Append the Purchased Care Specific CPT file (see I.8) to the Current Year file. Character variables (MOD, PSI, ASC, BILATERAL, SURG, MULTPROC, and MEDSTAT) default to blank. All numeric variables (UOSLIM, UOSSUB and all RVU variables) default to missing.
8. Add NURSE from the Nurse Crediting file to the Current Year file by merging on PROC/MOD. Keep only records in the Current Year file.
9. Apply MODMATCH logic by PROC per *IV. Field Layout for the MDR RVU Weight Tables “MDR Master CPT Table”.*
10. Add CCS and CCSDESC to the Current Year file by format based on PROC. Keep only the records in the Current Year file.
11. Add Anesthesia Base Units to the Current Year file by merging on PROC (default for BASE\_UNITS is missing).
12. Add Evaluative Visit Flags to the Current Year file by merging on PROC. Keep only records in the Current Year file.
13. Add the CBER Flag File fields to the Current Year file by merging on PROC and MOD. Keep only records in the Current Year file.
14. Add Anesthesia Flag to the Current Year file by merging on PROC. Keep only records in the Current Year file. Default flag (for codes not found in the Optum/Ingenix Anesthesia table) is ‘0’ – not anesthesia-related.
15. Append the Deleted Codes File (See I.6) to the Current Year file.
16. Assign default values to BILATERAL, NURSE, SURG, EVALVISFLG, , CHGAVAIL and MODMATCH and formats and labels to all variables in the Current Year file in accordance with *IV. Field Layout for the MDR RVU Weight Tables “MDR Master CPT Table”.* Save as MDR Master CPT Tables per *Appendix G: Location of MDR CPT Tables*. Set all missing weights to 0. CY18+ NURSE\_BILL, DFLTCLM, BILLEXCL\_IP will be set to blank.

**Appendix B1: MDR Direct Care SADR CPT Table Layout**

The MDR Master CPT Table is the source of all values for the Direct Care SADR CPT Table. The Direct Care SADR CPT table (through CY11 only) consists of two SAS Proc Format datasets: one for the numeric fields (rvufmt*yy*b) and one for the character fields (cptfmt*yy*b).

The table below shows the format layouts for the Proc Format datasets. fmtname (format name) for the numeric values are (where *yy* represents the calendar year):

* In rvufmt*yy*b (7-character PROC||MOD key):

wrk*yy*b – Work RVU

nfac*yy*b – Non Facility Practice Expense RVU

fac*yy*b – Facility Practice Expense RVU

mal*yy*b – Malpractice Expense RVU

uos*yy*b – Unit of Service Limit

hist*yy*b – Historical Work RVU

sub*yy*b – Unit of Service Substitute

fmtname for the character values are:

* In cptfmt*yy*b (5-character PROC key):

 $psi*yy*b – Payment Status Indicator

 $asc*yy*b – ASC Class

The key for the numeric formats is the CPT/HCPCS Code appended with the 2-character modifier (for a 7-character key) and the key for the character formats is the CPT/HCPCS Code (for a 5-character key). SAS uses an “Other” entry to assign values for codes not found in the format table. The “Other” entries are as follows:

* RVU values are set to 0
* Units of service limits are set to missing “.” and are interpreted as having no limit.
* Units of service substitutes are set to missing “.”
* Payment Status Indicator and ASC Class are set to blank

**MDR Direct Care SADR CPT Format Fields**

| **Variable Name** | **Format** | **Definition/Derivation** |
| --- | --- | --- |
| fmtname | Char(7) |  |
| PROC | Char(5) |  |
| PROC/MOD | Char(7) | If ‘70000’ <= PROC <=‘89999’ and MOD in (‘26’ ‘TC’) then, PROC||MOD;Else PROC||‘ ’. |
| WORKDC | NNN.NN |  |
| PEXPFADC | NNN.NN |  |
| PEXPNFDC | NNN.NN |  |
| MALEXPDC | NNN.NN |  |
| HISTDC | NNN.NN |  |
| UOSLIM | NNN |  |
| UOSSUB | NNN | If UOSLIM >0 then UOSSUB must contain a positive value less than or equal to UOSLIM (0 < UOSSUB <= UOSLIM) |
| PSI | Char(1) | Not in active use, retained for reference use.  |
| ASC  | Char(2) |  |

**Appendix B2: MDR Direct Care CAPER CPT Table Layout**

The MDR Master CPT Table is the source of all values for the Direct Care CAPER CPT Table. The Direct Care CAPER CPT table consists of two SAS Proc Format datasets: one for the numeric fields (rvu7fmt*yy*b) and one for the character fields (cpt7fmt*yy*b).

For CY03-CY05: The MDR Direct Care CAPER CPT Table is the same format and content as the CY06+ version except the character format (cpt7fmtyyb) file contains only the first two formats listed below (PSI and ASC codes).

For CY06+: The table below shows the format layouts for the Proc Format datasets. fmtname (format name) for the numeric values are (where *yy* represents the calendar year):

* In rvu7fmt*yy*b (7-character PROC||MOD key):

wrk*yy*b – Work RVU

nfac*yy*b – Non Facility Practice Expense RVU

fac*yy*b – Facility Practice Expense RVU

mal*yy*b – Malpractice Expense RVU

uos*yy*b – Unit of Service Limit

hist*yy*b – Historical Work RVU (through CY11)

sub*yy*b – Unit of Service Substitute

fmtname for the character values are:

* In cpt7fmt*yy*b (7-character PROC||MOD key):

 $psi*yy*b – Payment Status Indicator(use 2 blanks for MOD)

 $asc*yy*b – ASC Class (use 2 blanks for MOD)

 $bilateral*yy*b – Bilateral Indicator

 $nurse*yy*b – Nurse Crediting Code

 $surg*yy*b – Surgical Indicator

 $medstat*yy*b – Medicare Status Code

 $matchyyb – Modifier Match Code (use 2 blanks for MOD)

 $evalyyb – Evaluative Visit Flag

The key for the numeric and character formats is the CPT/HCPCS Code appended with the 2-character modifier (for a 7-character key). SAS uses an “Other” entry to assign values for codes not found in the format table. The “Other” entries are as follows:

* RVU values are set to 0
* Units of service limits are set to missing “.” and are interpreted as having no limit.
* Units of service substitutes are set to missing “.”
* Payment Status Indicator, ASC Class and Medicare Status Code are set to blank
* Bilateral Indicator is set to ‘9’ (Not Applicable)
* Surgical Indicator is set to ‘0’ (non-surgical)
* Nurse Crediting Code is set to ‘N’ (No)
* Modifier Matching Code is set to ‘A’ (Base Level)
* Evaluative Visit is set to ‘N’ (No)

**MDR Direct Care CAPER CPT Format Fields**

| **Variable Name** | **Format** | **Definition/Derivation** |
| --- | --- | --- |
| fmtname | Char(7) |  |
| PROC | Char(5) |  |
| PROC/MOD | Char(7) | =PROC||MOD |
| WORKDC | NNN.NN |  |
| PEXPFADC | NNN.NN |  |
| PEXPNFDC | NNN.NN |  |
| MALEXPDC | NNN.NN |  |
| UOSLIM | NNN |  |
| UOSSUB | NNN | If UOSLIM >0 then UOSSUB must contain a positive value less than or equal to UOSLIM (0 < UOSSUB <= UOSLIM) |
| PSI | Char(2) | Not in active use, retained for reference use.  |
| ASC  | Char(2) |  |
| BILATERAL | Char(1) |  |
| NURSE | Char(1) |  |
| SURG | Char(1) | See Appendix A |
| MEDSTAT | Char(1) |  |
| MODMATCH | Char(1) | See Appendix A |
| EVALVISFLG | Char(1) |  |

**Appendix C: MDR Purchased Care (TED) CPT Table Layout**

The MDR Master CPT Table is the source of all values for the Purchased Care CPT Table. The Purchased Care CPT table takes the form of a SAS Proc Format file and includes only the applicable fields as described in the table in Section IV above. The key for matching rows to Purchased Care data is CPT||Modifier.

The table below shows the format layout. The first line in the Format File is the statement “proc format”. The format value is $PRVU*yy*A, where *yy* represents the calendar year of the CPT||Modifier mapping keys. Each line thereafter consists of the CPT||Modifier and a concatenated string containing the following values, in order:

**MDR Purchased Care CPT Format Table**

| **Field** | **Format** | **Start Position** | **Length** |
| --- | --- | --- | --- |
| Purchased Care Malpractice Expense RVUs | NN.NN | 1 | 5 |
| Purchased Care Work RVUs | NN.NN | 6 | 5 |
| Purchased Care Facility Practice Expense RVUs | NN.NN | 11 | 5 |
| Purchased Care Non-Facility Practice Expense RVUs | NN.NN | 16 | 5 |
| Purchased Care Historical Work RVUs[[14]](#footnote-14) | NN.NN | 21 | 5 |
| Payment Status Indicator | Char(1) | 26 | 1 |
| Unit of Service Limits | NNN | 27 | 3 |
| Ambulatory Surgical Center Class | Char(2) | 30 | 2 |
| Evaluative Visit Flag | Char(1) | 32 | 1 |

Lines are excluded for CPT||Modifier combinations for which all RVU values are 0, Payment Status Indicator and Ambulatory Surgical Center Class are blank, and UOS is “.” (missing) or for codes that are MHS Unique for direct care only.

RVUs with values greater than 99.99 from the Master RVU table are capped at 99.99. Missing units of service limits are represented by a “.” and represent no limit on the numbers of services credited.

For example, the MDR Purchased Care CPT Table for a given year would resemble:

PROC FORMAT;

VALUE $PRVU07A

'0066T '=' 0.36 1.09 6.12 6.12 1.09E 1 '

'0066T26'=' 0.05 1.09 0.35 0.35 1.09E 1 '

'0066TTC'=' 0.31 0.00 5.77 5.77 0.00E 1 '

'0067T '=' 0.36 1.09 6.12 6.12 1.09E 1 '

'0067T26'=' 0.05 1.09 0.35 0.35 1.09E 1 '

'0067TTC'=' 0.31 0.00 5.77 5.77 0.00E 1 '

'0073T '=' 0.13 0.0016.8016.80 0.00E 4 '

.

.

.

other=' 0.00 0.00 0.00 0.00';run;

The last line in each format file is the SAS statement:

other=' 0.00 0.00 0.00 0.00';run;

which is used by SAS to assign values to CPT||Modifiers that are not found in the Purchased Care CPT Table.

**Appendix D: MDR Lab-Rad Ancillary CPT Table**

The Ancillary CPT table is a SAS data file whose values are derived from the MDR Master CPT Table. The table consists of all CPT codes excluding HCPCS Level II codes and includes modifiers for codes that may not be found in the Master CPT Table. Additional rows are added, if needed, to provide for the following:

**Laboratory**

Each Laboratory code (8XXXX series) will have the following modified rows:

* Tests ordered and performed in-house (designated by both blank and 00 modifiers)
* Pathologist interpretation (professional component) (modifiers PC and 26)
* Tests performed for an outside facility (modifiers TC and 32)
* Tests referred to a reference laboratory (modifier 90)

Assignment of weights:

1. For the codes that Optum/Ingenix lists with only a blank (base level) modifier, the weights will be assigned as follows:
* Blank and 00 – assign the Optum/Ingenix weight for the base level modifier
* PC and 26 – assign the Optum/Ingenix weight for the base level modifier
* TC and 32 – assign the Optum/Ingenix weight for the base level modifier
* 90 – as follows:
	+ Work RVU = 0
	+ Both Non-Facility and Facility Practice Expense RVUs – assign the Work RVU for CPT 36415 (through CY12) or CPT 99000 (CY13+)
1. For the codes that Optum/Ingenix lists more than just the blank (base level) modifier, the weights will be assigned as follows:
* Blank and 00 – assign the Optum/Ingenix weight for the base level modifier
* PC and 26 – assign the Optum/Ingenix weight for the 26 modifier
* TC and 32 – assign the Optum/Ingenix weight for the base level modifier
* 90 – as follows:
	+ Work RVU = 0
	+ Both Non-Facility and Facility Practice Expense RVUs – assign the Work RVU for CPT 36415 (through CY12) or CPT 99000 (CY13+)
1. For the codes in laboratory panels:
	* The RVU value for the individual CPT codes (unbundled) is calculated as the weighted average RVU value for the laboratory codes occurring as part of a laboratory panel.
	* The RVUs for laboratory panel CPT codes (bundled) is the sum of the values of the individual CPT codes comprising the panel.
	* The distribution for the weighted average is based on the previous calendar year. The weighting is based on the current calendar year Optum/Ingenix weights.

**Radiology**

All other CPT codes (excluding anesthesiology and HCPCS Level II) will have 2 rows, one each with:

* Professional component (26 modifier)
* Technical component (TC modifier)[[15]](#footnote-15)

Assignment of weights:

1. For the codes that Optum/Ingenix lists with only a blank modifier, the weights will be assigned as follows:
* 26:
	+ Work RVU=base level Work RVU
	+ Both Non-Facility and Facility Practice Expense RVUs = 0
* TC:
	+ Work RVU=0
	+ Both Non-Facility and Facility Practice Expense RVUs=Respective base level Practice Expense RVUs
1. For the codes that Optum/Ingenix lists with 26 and TC modifiers, the weights will be the Direct Care values from the 26 and TC modifier rows.

The table below shows the layout of the MDR Ancillary CPT Table SAS dataset.

**MDR Ancillary CPT Table**

| **Variable Name** | **Format** | **SAS Name** |
| --- | --- | --- |
| CPT/HCPCS Code | Char(5) | PROC |
| Modifier | Char(2) | MOD |
| DC Work RVUs | NNN.NN | WORKDC |
| DC Fac. Pract Exp RVUs | NNN.NN | PEXPFADC |
| DC Non-Fac. Pract Exp RVUs | NNN.NN | PEXPNFDC |

**Appendix E: CHCS CPT Weight Table and the EAS CPT Weight Table**

The CHCS and EAS CPT Weight Tables are delivered annually and are created according to the following CHCS/EAS business rules for CPT/HCPCS codes:

1. All CPT codes have Ownership defined. Values are:

R = Radiology. Normally Category I 7XXXX CPT codes; can include CPT codes outside of this range.

L = Laboratory. Normally Category I 8XXXX CPT codes; can include CPT codes outside of this range.

A = AMA. CPT codes not “Owned” by Radiology and Laboratory.

1. If Owner = Laboratory (L), the following rules apply:
2. All Laboratory CPT codes will have PRINT NAMES defined. PRINT NAME will be unique across CPT codes, but need not be unique within the modifiers for a given CPT code. The Lab Tri-Service Working Group will develop the PRINT NAMES.
3. The Lab Tri-Service Working Group will provide the 60-character narratives for the Laboratory CPT codes. Each 60-character narrative must be unique down to the modifier level as follows:
* if the modifier is 00, the following is inserted at the end of the narrative: (I)
* if the modifier is 26, the following is inserted at the end of the narrative: (P)
* if the modifier is 32, the following is inserted at the end of the narrative: (R)
* if the modifier is 90, the following is inserted at the end of the narrative: (O)
1. All CPT codes/modifiers will have weighted values defined (weighted value may be zero)
2. By default, CMS Work and Non-facility Practice Expense RVUs will be assigned to the respective Laboratory CPT codes. RVUs from the Optum/Ingenix Gap Methodology will be used to assign RVUs to additional CPT code and modifier combinations not assigned in CMS.
3. All CPT codes will have the 00 (tests ordered and performed in-house), 32 (tests performed for an outside facility) and 90 (tests referred to a reference laboratory) modifiers. The 26 modifier (pathologist interpretation (professional component)) has no relationship to weighted value of other Laboratory modifiers.
4. Assignment of weights:
	* For the codes that Optum/Ingenix lists with only a blank (00) modifier and any new code added without modifiers, the weights will be assigned as follows:
* 00 – assign the Optum/Ingenix weight for the base level (00) modifier
* 26 – assign the Optum/Ingenix weight for the base level (00) modifier
* 32 – assign the Optum/Ingenix weight for the base level (00) modifier
* 90 – as follows:
	+ Work RVU = 0
	+ Non Facility Practice Expense RVU – assign the Work RVU for CPT 36415 (through CY12) or CPT 99000 (CY13+)
	+ For the codes that Optum/Ingenix lists more than just the 00 (blank) modifier, the weights will be assigned as follows:
* 00 – assign the Optum/Ingenix weight for the 00 (blank) modifier
* 26 – assign the Optum/Ingenix weight for the 26 modifier
* 32 – assign the Optum/Ingenix weight for the 00 (blank) modifier
* 90 – as follows:
	+ Work RVU = 0
	+ Non Facility Practice Expense RVU – assign the Work RVU for CPT 36415 (through CY12) or CPT 99000 (CY13+)
1. The CHCS CPT Weight Table will use only the Work RVUs. The EAS CPT Weight Table will use the total of the Work RVUs and the Non-Facility Practice Expense RVUs.
2. If Owner = Radiology (R), the following rules apply:
3. All CPT codes/modifiers will have weighted values defined (weighted value may be zero).
4. All CPT codes will have at least a 00 (base level), a 26 (Professional Component) and a 32 (Technical Component) modifiers regardless of whether Optum/Ingenix lists them.
5. Assignment of weights:
6. For the codes that Optum/Ingenix lists with only a blank (00) modifier and any new codes, the weights will be assigned as follows:
* 26 (Professional Component)
	+ Work RVU – assign the base level (00) Work RVU
	+ Non Facility Practice Expense = 0
* 32 (Technical Component)
	+ Work RVU = 0
	+ Non Facility Practice Expense RVU – assign the base level (00) Non Facility Practice Expense RVU
1. For all 7XXXX CPT codes, calculate the RVUs for additional radiology-defined modifiers as follows (R is Professional Component (26 modifier weight) and E is Technical Component (32 modifier weight)):
* 00 (Complete) = R+E
* 21 (Prolonged service) = R\*2
* 22 (Unusual service) = R+(E\*2)
* 50 (Bilateral, Complete) = (R\*2)+(E\*2)
* 51 (Bilateral, Exam only)= E\*2
* 99 (Bilateral and Portable) = (R\*2)+(E\*4)
1. Define 30, 60, and 199 character narratives for all Radiology CPT codes.
2. For all CPT codes:
3. DoD Descriptions (60 characters) should be unique.
4. For new HCPCS CPT codes, use the DoD Description (60 character) as the Long Description if necessary.
5. All CPT codes will have the three narratives (30, 60 and 199 characters) defined.
6. If ownership is AMA (A), CPT code will only have a 00 modifier (no other modifiers).
7. “A”-owned CPT codes will not have any weighted values in the CHCS Weight Table (CHCS RVU = 0).
8. CPT code/modifier rows are determined from the updated CHCS Table. New codes for the year are added and deleted codes are dropped from the previous year’s Baseline table to create the updated Baseline table. RVUs are assigned from the previous year’s MDR Master CPT Table (because the table is required before the new weights are available). Any new CPT codes added for the year will have weight = 0 for both CHCS and EAS RVUs.
9. Durable Medical Equipment (DME) CPT codes tend to have modifiers NU (new), UE (used), and/or RR (rental) in Optum/Ingenix with no associated Base CPT code (no blank modifier). DME codes with no Base CPT code are assigned a 00 modifier with the weight of the Optum/Ingenix modifier NU (or RR if NU is not an option). No other modifiers are used with DME codes.

The table below shows the layout of the CHCS CPT Weight Table.

**CHCS BASELINE/EAS CPT Weight Tables**

| **Variable Name** | **Format** | **Length** | **Comments** |
| --- | --- | --- | --- |
| CPT | Char(5) | 5 | Provided by CHCS BASELINE |
| MOD | Char(2) | 2 | Provided by CHCS BASELINE |
| 30 Char Desc | Char(30) | 30 | Provided by CHCS BASELINE |
| 60 Char Desc | Char(60) | 60 | Provided by CHCS BASELINE |
| CHCS RVU | NNNN.NN | 7 | Work RVUs only for L- and R-owned codes.Provided by DHCAPE |
| EAS RVU | NNNN.NN | 7 | Work + Non Facility Practice Expense RVUs for all codesProvided by DHCAPE |
| Owner | Char(1) | 1 | L-Lab, R-Rad, A-AMAProvided by CHCS BASELINE |
| Lab Print Name | Char(8) | 8 | Provided by Tri-Service Lab Workgroup |
| 199 Char Desc | Char(199) | 199 | Provided by CHCS BASELINE |

**Appendix F: MDR Reference Table**

The MDR Reference Table is delivered annually and in concert with updates to the MDR Master CPT Table. It is a single ASCII file with one record for each unique CPT/HCPCS value.

Fields are variable length and their contents are followed by the delimiter “|”. For example, a Short Description of fewer than 30 places will not be blank filled to a 30-character length. A null field will simply have an end of field delimiter “|” immediately following the previous field’s end of field delimiter.

**CPT/HCPCS Codes MDR Reference Table Layout**

| **Output Variable Name** | **Format** | **Format** |
| --- | --- | --- |
| CY | Char(4) |  |
| CPT/HCPCS | Char(5) |  |
| Short Description | Char(30) | Maximum length. |

**Appendix G: Location of MDR CPT Tables**

The MDR CPT Tables are placed in the MDR in the following file locations. Note: <yy> represents the calendar year of the table.

**MDR Master CPT Tables:**

SAS Data Set:

/mdr/ref/rvu.cy<yy>/rvumast.sas7bdat

Text file:

/mdr/ref/rvu.cy<yy>*.*txt

**MDR Direct Care (SADR/CAPER) CPT Tables:**

 Numeric formats:

/mdr/ref/sadr.rvu.cy<yy>/rvufmt.sas7bdat

/mdr/ref/caper.rvu.cy<yy>/rvu7fmt.sas7bdat

Character formats:

/mdr/ref/sadr.rvu.cy<yy>/cptfmt.sas7bdat

/mdr/ref/caper.rvu.cy<yy>/cpt7fmt.sas7bdat

**MDR Purchased Care (TED) CPT Table:**

 /mdr/ref/tedni.rvu.cy<yy>.txt

**MDR Ancillary CPT Table:**

 /mdr/ref/ancillary.rvu.cy<yy>/rvufmt.sas7bdat

**MDR Reference Table:**

 /mdr/ref/cptref.cy<yy>.txt

1. Due to the timeframe when they are needed, the previous year’s weights may be used in the CHCS BASELINE and EAS BASELINE tables. [↑](#footnote-ref-1)
2. Anesthesia codes 00100-01999 are excluded through CY12 (unless identified as MHS Unique). [↑](#footnote-ref-2)
3. If modifiers for a code are deleted but the code is not deleted, the dropped modifiers are NOT kept. [↑](#footnote-ref-3)
4. ‘C’ in this column indicates that the field is included only in the CAPER extract only; ‘S’ indicates that the field is included only in the SADR extract. [↑](#footnote-ref-4)
5. All modifiers provided in the Optum/Ingenix file will be included in the CAPER CY06+ versions. Modifiers are included in the SADR extract and CY03-05 CAPER only for CPT codes beginning with 7 and 8 and only modifiers 26 and TC. [↑](#footnote-ref-5)
6. TRICARE has converted PSI to a 2-place field with four 2-place values among the 17 possible values. For the TED-NI and SADR tables, those four values are converted to 1-place values as follows: TB=Y; Q1=1; Q2=2; Q3=3. [↑](#footnote-ref-6)
7. Through CY13, this adjustment affected codes 77750 – 77778 only. Additional codes meeting these criteria should be reviewed to determine whether policy indicates a change to the INTRAOP value. [↑](#footnote-ref-7)
8. The intraop value for these codes is determined by the weighting methodology. [↑](#footnote-ref-8)
9. For tables with PSI fields still limited to 1-character, convert PSI codes Q1, Q2 and Q3 to 1, 2 and 3 respectively. See Appendix B1: MDR Direct Care SADR CPT Table Layout and Appendix C. MDR Purchased Care (TED CPT Table Layout. [↑](#footnote-ref-9)
10. The goal is to ensure Total RVUs (Work + Practice Expense) are appropriate, with no artificially created Work RVUs, when the code represents activities designated as part of practice support or work that most appropriately would be performed by non-credentialed providers. [↑](#footnote-ref-10)
11. When policy dictates that a category of CPT codes with non-zero RVU values receive 0 RVUs, e.g. all J-codes, the implementation will take place in Section III processing where large ranges of codes can be handled more effectively. [↑](#footnote-ref-11)
12. Review the list of global maternity codes annually. [↑](#footnote-ref-12)
13. Because SADR data are not scheduled for retrofit to modify RVUs, SADR-specific RVU tables will contain non-zero RVUs for J, K, and L-codes for CY06-CY10. [↑](#footnote-ref-13)
14. Positions 21-25 will be blank for CY12+. [↑](#footnote-ref-14)
15. These code/modifier combinations are the only ones used in CY07+ data and will be the only ones maintained in CY11+ reference tables. Additional combinations exist in prior year reference tables but will not be removed and, in the case of Technical Component modifier 32 used in CY05 and CY06, should not be removed. [↑](#footnote-ref-15)