HSNO Accepted Bill Types and Frequencies

Bill Type	Must be	Frequency Code	Claim Type	Description
11	A	1 / 7 / 8	IP	Hospital Inpatient
13	A	1 / 7 / 8	OP	Hospital Outpatient

HSNO Accepted Admit Source Codes

Code	Definition
1	Physician Referral
2	Clinic Referral
3	HMO Referral
4	Transfer from a Hospital (different facility)
5	Transfer from a Skilled Nursing Facility
6	Transfer from Another Health Care Facility
7	Emergency Room
8	Court / Law Enforcement
A	Transfer From a Critical Access Hospital
B	Transfer From Another Home Health Agency
C	Readmission To Same Home Helath Agency
D	Transfer from Hospital Inpatient in the Same Facility Resulting in a Separate Claim to the Payer
Newborn Structure *	
1	Normal Delivery
2	Premature Delivery
3	Sick Baby
4	Extramural Birth

***** ***These codes only apply to newborn claims coming into HSNO***

HSNO Accepted Admit Type Codes

Code	Definition
1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Trauma

HSNO Accepted Discharge Status Codes

Code	Definition
1	Discharged to Home or Self Care
2	Discharged / Transferred to a Short Term General Hospital for Inpatient Care
3	Discharged / Transferred to SNF with Medicare Certification in Anticipation of Covered Skilled Care
4	Discharged / Transferred to an Intermediate Car Facility
5	Discharged / Transferred to another type of Health Care Institution not Defined Elsewhere in this Code List
6	Discharged / Transferred to Home Under Care of Home Health Svc in Anticipation of Covered Skill Care
7	Left Against Medical Advice or Discontinued Care
9	Admitted as an Inpatient to this Hospital
20	Expired
43	Discharged / Transferred to a Federal Health Care Facility
50	Hospice - Home
51	Hospice - Medical Facility (Certified) Providing Hospice Level of Care
61	Discharged / Transferred to a Hospital-Based Medicare Approved Swing Bed
62	Discharged / Transferred to an Inpatient Rehab Facility including Rehab Distinct Part Units of a Hospital
63	Discharged / Transferred to a Medicare Certified Long Term Care Hospital (LTHC)
64	Discharged / Transferred to a Nursing Facility Certified under Medicaid but not Certified under Medicare
65	Discharged / Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital
66	Discharged / Transferred to a Critical Access Hospital
70	Discharged / Transferred to another type of Health Care Institution not Defined Elsewhere in this Code List

HSNO Accepted Condition Codes

Code	Definition
01	Military Service Related
02	Condition is Employment Related
03	Patient Covered by Insurance Not Reflected Here
05	Lien Has Been Filed
06	ESRD Patient in First 18 Months of Entitlement Covered by EGHI
08	Beneficiary Would Not Provide Information Concerning Other Insurance Coverage
09	Neither Patient Nor Spouse is Employed
10	Patient and/or Spouse is Employed but No EGHP Exists
11	Disabled Beneficiary but No LGHP
17	Patient is Homeless
18	Maiden Name Retained
19	Child Retains Mother's Name
22	Patient on Multiple Drug Regimen
25	Patient is Non-US Resident
26	VA Eligible Patient Chooses to Receive Services in a Medicare Certified Facility
27	Patient Referred to a Sole Community Hospital for a Diagnostic Laboratory Test
28	Patient and/or Spouse's EGHP is Secondary to Medicare
29	Disabled Beneficiary and/or Family Member's LGHP is Secondary to Medicare
31	Patient is Student (Full Time - Day)
32	Patient is Student (Coop / Work Study Program)
33	Patient is Student (Full Time - Night)
34	Patient is Student (Part Time)
36	General Care Patient in a Special Unity
37	Ward Accommodation at Patient Request
38	Semi-Private Room Not Available
39	Private Room Medically Necessary
40	Same Day Transfer
41	Partial Hospitalization
42	Continuing Care Not Related to Inpatient Admission
43	Continuing Care Not Provided Within Prescribed Post-discharge window
44	Inpatient Admission Changed to Outpatient
45	Ambiguous Gender Category
46	Non-Availability Statement on File
49	Product Replacement within Product Lifecycle
50	Product Replacement for Known Recall of a Product
58	Terminated Medicare Advantage Enrollee
59	Non-primary ESRD Facility
60	Day Outlier
61	Cost Outlier
68	Beneficiary Elects to use Life Time Reserve Days
69	IME / DGME / N&AH Payment Only
70	Self Adminstered Anemia Management Drug
71	Full Care in Unit
72	Self Care in Unit
73	Self Care Training
76	Back-up in Facility Dialysis
77	Provider Accepts or is Obligated / Required due to accept Payment in Full
78	New Coverage Not Implemented by Management Care Plan
A0	TRICARE External Partnership Program
A1	EPSDT / CHAP
A2	Physically Handicapped Children's Program
A3	Special Federal Funding
A4	Family Planning
A5	Disability
A6	Vaccines / Medicare 100% Payment

A9	Second Opinion Surgery
AA	Abortion Performed due to Rape
AB	Abortion Performed due to Incest
AC	Abortion Performed due to Serious Fetal Genetic Defect, Deformity, or Abnormality
AD	Abortion Performed due to Life Endangering Physical Condition
AE	Abortion Performed due to Physical Health of Mother that is not Life Endangering
AF	Abortion Performed due to Emotional / Psychological Health of Mother
AG	Abortion Performed due to Social or Economic Reasons
AH	Elective Abortion
AI	Sterilization
AJ	Payer Responsible for Co-payment
AN	Preadmission Screening Not Required
B0	Medicare Coordinated Care Demonstration Claim
B1	Beneficiary is Ineligible for Demonstration Program
B3	Pregnancy Indicator
B4	Admission Unrelated to Discharge on Same Day
C1	Approved as Billed
C2	Automatic Approval as Billed Based on Focused Review
C3	Partial Approval
C4	Admission / Services Denied
C5	Post Payment Review Applicable
C6	Admission Preauthorization
C7	Extended Authorization
D0	Changes to Service Dates
D1	Changes to Charges
D2	Changes in Revenue Codes / HCPCS / HIPPS Rate Codes
D4	Changed in Clincal Codes (ICD) for Diagnosis and/or Procedure
D5	Cancel to Correct Insured's ID or Provider ID
D6	Cancel Only to Repay a Duplicate or OIG Overpayment
D8	Change to Make Medicare the Primary Payer
D9	Any Other Change
DR	Disaster Related
E0	Change in Patient Status
G0	Distinct Medical Visit
H0	Delayed Filing Statement of Intent Submitted
P1	Do Not Resuscitate Order (DNR)
W0	United Mine Workers of America Demonstration Indicator

HSNO Accepted Modifiers

Code	Definition
21	Prolonged evaluation and management services
22	Unusual procedural services
23	Unusual anesthesia
24	Unrelated E&M service by the same physician during a postoperative period
25	Significant, separately identfiable E&M service by the same physician on the same day
26	Professional component
27	Multiple OP Hospital E&M encounters on the same date
32	Mandated services
47	Anesthesia by surgeon
50	Bilateral procedure
51	Multiple procedures
52	Reduced services
53	Discontinued Procedure
54	Surgical care only
55	Postoperative management only
56	Preoperative management only
57	Decision for surgery
58	Staged or related procedure or service by the same physician during the postoperative period

59	Distinct procedural service
62	Two surgeons
63	Procedure performed on infants
66	Surgical team
73	Discontinued outpatient procedure prior to anesthesia administration
74	Discontinued outpatient procedure after anesthesia administration
76	Repeat procedure by same physician
77	Repeat procedure by another physician
78	Return to operating room for a related procedure during the postoperative period
79	Unrelated procedure or service by the same physician during the postoperative period
80	Assistant surgeon
81	Minimum assistant surgeon
82	Assistant surgeon (when qualified resident surgeon not available)
90	Reference (outside) laboratory
91	Repeat clinical diagnostic laboratory test
99	Multiple modifiers
A1	Wound Dressing Count
A2	Wound Dressing Count
A3	Wound Dressing Count
A4	Wound Dressing Count
A5	Wound Dressing Count
A6	Wound Dressing Count
A7	Wound Dressing Count
A8	Wound Dressing Count
A9	Wound Dressing Count
AA	Anesthesia by Anesthesiologist
AD	MD Supervision, > 4 procedures
AE	Registered Dietician
AF	Specialty Physician
AG	Primary Physician
AH	Clinical Psychologist
AJ	Clinical Social Worker
AK	Non participating Physician
AM	Physician Team Member
AP	No determination of refractive state
AQ	Physician service HPSA area
AR	Physician Scarcity Area
AS	Assistant at Surgery Service
AT	Acute Treatment
AU	Uro, ostomy or trach item
AV	Item w prosthetic/ orthotic
AW	Items w a surgical dressing
AX	Item w dialysis services
BA	Item w pen services
BL	Spec acquisition blood prods
BO	Nutrition oral admin no tube
CA	Procedure payable inpatient
CC	Procedure code range
CD	AMCC test for ESRD/MCP/MD
CR	Catastrophe/disaster related
E1	Eye Related Modifiers
E2	Eye Related Modifiers
E3	Eye Related Modifiers
E4	Eye Related Modifiers
EM	Emergency reserve supply (ESRD)
EP	Medicaid EPSDT programs svc
ET	Emergency Services
EY	No MD order for item/service
F1	Hand Related Modifiers

F2	Hand Related Modifiers
F3	Hand Related Modifiers
F4	Hand Related Modifiers
F5	Hand Related Modifiers
F6	Hand Related Modifiers
F7	Hand Related Modifiers
F8	Hand Related Modifiers
F9	Hand Related Modifiers
FA	Hand Related Modifiers
FB	Item Provided Without Cost
FP	Family Planning Program
G1	Dialysis Urea Reduction Readings
G2	Dialysis Urea Reduction Readings
G3	Dialysis Urea Reduction Readings
G4	Dialysis Urea Reduction Readings
G5	Dialysis Urea Reduction Readings
G6	ESRD patient <6 Dialysis/month
G7	Pregnancy by rape/incest
G8	Monitored Anesthesia care
G9	MAC for Risk Patient
GA	Waiver of Liability on file
GC	Provider Type Modifier
GE	Provider Type Modifier
GF	Provider Type Modifier
GG	Payment screen mamm + mam
GH	Diag screen mamm + diag mam
GJ	Opt out provider of ER srvc
GK	Actual item / svc rendered
GL	Upgraded item / service ordered
GM	Upgraded item, not necess
GN	OP Speech language srvc
GO	OP occupational therapy serv
GP	OP PT Services
GR	Provider Type Modifier
GS	Epo/darbepoietin reduced 25%
GT	Interactive communication
GV	Provider Type Modifier
GW	Service unrealted to term cond
GY	Statutorily excluded
GZ	Not reasonable or necessary
H9	Court Ordered
HA	Child/adolescent program
HB	Adult program non-geriatric
HC	Adult program geriatric
HD	Pregnant / parenting program
HE	Mental health program
HF	Substance abuse program
HG	Opioid addiction program
HH	Mental hlth / substance abs prg
HI	Ment hlth / m retrdtn / dev dis prog
HK	Spec high risk mngl helth pop
HL	Provider Type Modifier
HM	Less than bachelor degree lv
HN	Bachelors degree level
HO	Masters degree level
HP	Doctoral degree level
HQ	Group setting
HR	Family / couple w client prsnt
HS	Family / couple wo client prst

HT	Multi disciplinary team
HU	Child welfare agency fund
HV	Funded state addiction agency
HW	State mntl hlth agcy funded
HX	County / local agency funded
HY	Funded by juvenile justice
HZ	Criminal justice agncy fund
JA	Administered Intravenously
JB	Administered Subcutaneously
JW	Discarded drug not administered
K0	Lower Extremity Modifier
K1	Lower Extremity Modifier
K2	Lower Extremity Modifier
K3	Lower Extremity Modifier
K4	Lower Extremity Modifier
KA	DME Add On
KB	>4 modifiers on claim
KC	Repl special pwr wc interface
KD	Drug/biological DME infused
KF	FDA Class III Device
KH	DMEPOS ini clm, pur/1 mo rnt
KI	DMEPOS 2nd or 3rd mo rental
KJ	DMEPOS Pen pmp or 4-15 mo rnt
KM	Rplc facial prosth new imp
KN	Rplc facial prosth old mod
KO	Single drug unit dose form
KP	First drug of multi drug u d
KQ	2nd/subsqnt drg multi drug ud
KR	Rental item partial month
KS	Glucose monitor supply
KX	Documentation on File
KZ	New cov not implement by m+c
LC	Left circum coronary artery
LD	Left ant des coronary artery
LL	Lease/Rental (appld to pur)
LS	FDA-monitored IOL implant
LT	Left Side
M2	Medicare Secondary Payer
MS	6 month service fee parts
NR	New when rented
NU	New equipment
P1	Anesthesia Only
P2	Anesthesia Only
P3	Anesthesia Only
P4	Anesthesia Only
P5	Anesthesia Only
P6	Anesthesia Only
PL	Progressive addition lenses
Q2	HCFA / ORD demo procedure/ svc
Q3	Liver Donor surgery / services
Q4	Svc exempt - ordg/ rfng MD
Q5	Subst MD svc, recip bill arr
Q6	Locum tenens MD service
Q7	One Class A Finding
Q8	Two Class B Findings
Q9	1 Class B & 2 Class C Findings
QA	FDA investig device exempt
QC	Single channel monitoring
QD	Rcrdg/strg in sld st memory

QE	Oxygen Related Modifiers
QF	Oxygen Related Modifiers
QG	Oxygen Related Modifiers
QH	Oxygen Related Modifiers
QJ	Patient in state/local custody
QK	Med dir 2-4 concrnt anes proc
QP	Individually ordered lab test
QR	Item/serv in medicare study
QS	Monitored Anesthesia care
QT	Rcrdg/strg in analog memory
QV	Item or service provided
QW	CLIA waived test
QX	CRNA Services - Anesthesia
QY	CRNA Services - Anesthesia
QZ	CRNA Services - Anesthesia
RC	Coronary Related Modifiers
RD	Drug admin not incident to
RP	Replace or Repare DMEOPS
RR	Rental DME
RT	Right Side
SA	Nurse Practitioner w/ Physician
SB	Midwife
SC	Medically Necessary Service
SE	State/fed funded program
SF	2nd opinion ordered by PRO
SG	ASC facility service
SH	2nd concurrent infusion ther
SJ	3rd concurrent infustion ther
SK	High Risk population
SL	State Supplied Vaccine
SM	Second surg opinion
SN	Third surg opinion
SS	HIT in infusion suite
ST	Related to trauma or injury
SU	Performed in phys office
SV	Drugs delivered not used
SW	Serv by cert diab educator
SY	Contact w high risk population
T1	Foot Related Modifiers
T2	Foot Related Modifiers
T3	Foot Related Modifiers
T4	Foot Related Modifiers
T5	Foot Related Modifiers
T6	Foot Related Modifiers
T7	Foot Related Modifiers
T8	Foot Related Modifiers
T9	Foot Related Modifiers
TA	Foot Related Modifiers
TC	Technical Component
TD	RN
TE	LPN / LVN
TF	Intermediate level of care
TG	Complex/High Tech level of care
TH	OB TX/Srvcs prenatl/postpart
TJ	Child/adolescent program gp
TK	Early intervention IFSP
TN	Rural/out of service area
TS	Follow up service
TT	Additional patient

TU	Overtime payment rate
TV	Holiday/weekend payment rate
TW	Back up equipment
U1	Medicaid Codes
U2	Medicaid Codes
U3	Medicaid Codes
U4	Medicaid Codes
U5	Medicaid Codes
U6	Medicaid Codes
U7	Medicaid Codes
U8	Medicaid Codes
U9	Medicaid Codes
UA	Medicaid Codes
UB	Medicaid Codes
UC	Medicaid Codes
UD	Medicaid Codes
UE	Used DME Equipment
UF	Time of Service Modifiers
UG	Time of Service Modifiers
UH	Time of Service Modifiers
UJ	Time of Service Modifiers
VP	Eye Related Modifiers

HSNO Accepted Occurrence Codes

Code	Definition
01	Accident / Medical Coverage
02	No Fault Insurance Involved - Including Auto
03	Accident / Tort Liability
04	Accident / Employment Related
05	Accident / No Medical or Liability Coverage
06	Crime Victim
10	Last Menstrual Period
11	Onset of Symptoms / Illness
16	Date of Last Therapy
17	Date Outpatient Occupational Therapy Plan Established or Last Reviewed
18	Date of Retirement Patient / Beneficiary
19	Date of Retirement Spouse
20	Date Guarantee of Payment Began
21	Date UR Notice Received
22	Date Active Care Ended
24	Date Insurance Denied
25	Date Benefits Terminated by Primary Payer
26	Date SNF Bed Became Available
27	Date of Hospice Certification or Re-Certification
28	Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed
29	Date Outpatient Physical Therapy Plan Established or Last Reviewed
30	Date Outpatient Speech Pathology Plan Established or Last Reviewed
31	Date Beneficiary Notified of Intent to Bill (Accommodations)
32	Date Beneficiary Notified of Intent to Bill (Procedure or Treatments)
33	First Day of the Coordination Period for ESRD Beneficiaries Coveredy by EGHP
35	Date Treatment Started for Physical Therapy
36	Date of Inpatient Hospital Discharge for Covered Transplant Patients
37	Date of Inpatient Hospital Discharge for Non-covered Transplant Patients
39	Date Discharged on a Continuous Course of IV Therapy
40	Scheduled Date of Admission
41	Date of First Test Pre-admission Testing
43	Scheduled Date of Canceled Surgery
44	Date Treatment Started Occupational Therapy

45	Date Treatment Started Speech Therapy
46	Date Treatment Started for Cardiac Rehabilitation
47	Date Cost Outlier Status Begins
A1	Birth Date - Insured A
A2	Effective Date - Insured A Policy
A3	Benefits Exhausted - Payer A
A4	Split Bill Date
B1	Birth Date - Insured B
B2	Effective Date - Insured B Policy
B3	Benefits Exhausted - Payer B
C1	Birth Date - Insured C
C2	Effective Date - Insured C Policy
C3	Benefits Exhausted - Payer C
DR	Reserved for Disaster Related Occurrence Span Code

HSNO Accepted Occurrence Span Codes

Code	Definition
73	Benefit Eligibility Period
74	Non-covered Level of Care / Leave of Absence Dates
76	Patient Liability
77	Provider Liability Period
M0	QIO / UR Approved Stay Dates
M1	Provider Liability - No Utilization
M2	Inpatient Respite Dates
M3	ICF Level of Care
M4	Residential Level of Care
MR	Reserved for Disaster Related Occurrence Span Code

HSNO Accepted Value Span Codes

Code	Definition
01	Most Common Semi-private Rate
02	Hospital has no Semi-private rooms
04	Professional Component Charges Which are Combined Billed
05	Professional Component included in Charges and also Billed Separate to Carrier
06	Blood Deductible
08	Lifetime Reserve Amount in the First Calendar Year
09	Coinsurance Amount in the First Calendar Year
10	Lifetime Reserve Amounts in the Second Caledar Year
11	Coinsurance Amount in the Second Calendar Year
12	Working Aged Beneficiary / Spouse with Employer Group Health Plan
13	ESRD Beneficiary in a Medicare Coordination Period with an Employer Group Health Plan
14	No-Fault, Including Auto / Other
15	Worker's Compensation
16	Public Health Service, or Other Federal Agency
21	Catastrophe
22	Surplus
23	Recurring Monthly Income
24	Medicaid Rate Code
25	Offset to the Patient-Payment Amount - Prescription
26	Offset to the Patient-Payment Amount - Hearing and Ear Services
27	Offset to the Patient-Payment Amount - Vision and Eye Services
28	Offset to the Patient-Payment Amount - Dental Services
29	Offset to the Patient-Payment Amount - Chiropractic Services
30	Preadmission Testing
31	Patient Liability Amount
33	Offset to the Patient-Payment Amount - Podiatric Services
34	Offset to the Patient-Payment Amount - Other Medical Services

35	Offset to the Patient-Payment Amount - Health Insurance Premiums
37	Pints of Blood Furnished
38	Blood Deductible Pints
39	Pints of Blood Replaced
40	New Coverage Not Implemented by HMO (for inpatient service only)
41	Black Lung
42	VA
43	Disabled Beneficiary Under Age 65 with LGHP
44	Amount Provider agreed to accept from primary payer
45	Accident Hour
46	Number of Grace Days
47	Any Liability Insurance
48	Hemoglobin Reading
49	Hematocrit Reading
50	Physical Therapy Visits
51	Occupational Therapy Visits
52	Speech Therapy Visits
53	Cardiac Rehab Visits
54	Newborn Birth Weight in Grams
55	Eligibility Threshold for Charity Care
58	Arterial Blood Gas (PO2/PA2)
59	Oxygen Satruation (O2 Sat Oximetry)
66	Medicaid Spend Down Amount
67	Peritoneal Dialysis
68	EPO-Drug
69	State Charity Care Patients
80	Covered Days
81	Non-covered Days
82	Co-Insurance Days
83	Lifetime Reserve Days
A1	Deductible Payer A
A2	Coinsurance Payer A
A3	Estimated Responsibility Payer A
A4	Covered Self-Administrable Drugs - Emergency
A5	Covered Self-Administrable Drugs / Not Self-Administrable in Form and Situation Furnished to Patient
A6	Covered Self-Administrable Drugs - Diagnostic Study and Other
A7	Co-payment Payer A
A8	Patient Weight
A9	Patient Height
AA	Regulatory Surcharges, Assessments, Allowances or Health Care Related Taxes Payer A
AB	Other Assessments or Allowances (e.g., Medical Education) Payer A
B1	Deductible Payer B
B2	Coinsurance Payer B
B3	Estimated Responsibility Payer B
B7	Copayment Payer B
BA	Regulatory Surcharges, Assessments, Allowances or Health Care Related Taxes Payer B
BB	Other Assessments or Allowances (e.g., Medical Education) Payer B
C1	Deductible Payer C
C2	Coinsurance Payer C
C3	Estimated Responsibility Payer C
C7	Copayment Payer B
CA	Regulatory Surcharges, Assessments, Allowances or Health Care Related Taxes Payer C
CB	Other Assessments or Allowances (e.g., Medical Education) Payer C
D3	Patient Estimated Responsibility
Y1	Part A Demonstration Payment
Y2	Part B Demonstration Payment
Y3	Part B Coinsurance
Y4	Conventional Provider Payment Amount for Non-Demonstration Claims

HSNO Accepted Place of Service Codes (Professional Claims)

Code	Definition
01	Pharmacy
03	School
11	Office
20	Urgent Care Facility
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
53	Community Mental Health Center