TEXAS Department of State Health Services

CENTER FOR HEALTH STATISTICS

Health Care Information

USER MANUAL - 2004 to 3Q2015

TEXAS HOSPITAL INPATIENT DISCHARGE RESEARCH DATA FILE (RDF)

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BACKGROUND

The Texas Health Care Information Council (THCIC) was created by Chapter 108 of the Texas Health and Safety Code (THSC) and was responsible, under Sections 108.011 through 108.0135, for collecting hospital discharge data from all state licensed hospitals except those that are statutorily exempt from the reporting requirement. Exempt hospitals include those located in a county with a population less than 35,000, or those located in a county with a population more than 35,000 and with fewer than 100 licensed hospital beds and not located in an area that is delineated as an urbanized area by the United States Bureau of the Census (Section 108.0025). Exempt hospitals also include hospitals that do not seek insurance payment or government reimbursement (Section 108.009). THCIC became part of the Texas Department of State Health Services (DSHS) effective September 1, 2004 and the DSHS Center for Health Statistics is now responsible for the collection and release of hospital discharge data.

PUBLIC USE DATA FILE (PUDF AND RDF)

Sections 108.011(a) and 108.012 of the THSC requires DSHS to provide public use data for computer-to-computer access. It also permits DSHS to charge the data requestor a standard fee for using the Public Use Data File (PUDF). The PUDF contains patient-level information for inpatient hospital stays. These data are extracted from DSHS's Hospital Discharge Database (HDD) PUDF and pulled into the Research Data File (RDF) for research purposes.

The RDF Base Data File contains the Base Data files and the addition of the 25 diagnosis present on admission indicator codes (POA, available beginning 2011) and the 10 POA indicators for the external cause of injury codes (available beginning 2012). The Base data file contains the required data elements and most of the situationally required data elements and some calculated fields. The Record ID allows for linking the base file and charges file together.

The Charges File is also included. This contains 13 variables including the RECORD_ID and HCPCS code variables.

Additionally, the provider Comments File is included. This contains any comments that were included by the provider when the respective data was certified from a given facility.

The RDF is available in three fixed length format text files, Base Data (logical record length of 950 bytes), and Charges (logical record length of 80 bytes) files. The files are also available in tab-delimited or SAS format.

The data must be imported into a software package. No software is included with the RDF. The data file has been tested with several software packages, including Microsoft Access, 2010 Microsoft Excel (one quarter), SAS, and SPSS.

The RDF, beginning with data collected for 2004, is formatted to accommodate additional data elements available with the collection of data from hospitals using the THCIC 837 format. The following data elements are available in the RDF beginning with data for 2004 and are not comparable to data collected in years prior to 2004:

BASE DATA FILE	
FAC_LONG_TERM_AC_IND	Added 2004
PAT_COUNTRY	Added 2004
FIRST_PAYMENT_SRC	Replaces PAYMENT_SOURCE_1 and SOURCE_PAYMENT_CODE_1
SECOND_PAYMENT_SRC	Replaces PAYMENT_SOURCE_2 and SOURCE_PAYMENT_CODE_2
REVENUE_CODE_23	No longer available
TOTAL_CHARGES	Replaces TOTAL_CHARGES_23
TOTAL_CHARGES_ACCOMM	Replaces CLAIM_CHARGES_ACCOMM
TOTAL_NON_COV_CHARGES_ACCOMM	Replaces CLAIM_NON_COV_CHARGES_ACCOMM
TOTAL_CHARGES_ANCIL	Replaces CLAIM_CHARGES_ANCIL
TOTAL_NON_COV_CHARGES_ANCIL	Replaces CLAIM_NON_COV_CHARGES_ANCIL
EXTERNAL_CAUSE_OF_INJURY_1	Replaces EXTNAL_CAUSE_OF_INJURY
EXTERNAL_CAUSE_OF_INJURY_2 to EXTERNAL_CAUSE_OF_INJURY_10	Added 2004
OTH_DIAG_CODE_9 to OTH_DIAG_CODE_25	Added 2004
OTH_SURG_PROC_CODE_6 to OTH_SURG_PROC_CODE_25	Added 2004
OTH_SURG_PROC_DAY_6 to OTH_SURG_PROC_DAY_25	Added 2004
OTH_ICD9_CODE_6 to OTH_ICD9_CODE_25	Added 2004
MS_MDC name changed from CMS_MDC (2011)	Added 2004
INBOUND_INDICATOR	Added 2004
POA_PRINC_DIAG _CODE	Added 2011
POA_OTH_DIAG_CODE_1 to POA_OTH_DIAG_CODE_24	Added 2011
POA_E_CODE_1 to POA_ E_CODE_10	Added 2012
MS_GROUPER_ ERROR _CODE	Added 2011
APR_GROUPER_ERROR_CODE	Added 2011
SITUATIONAL DATA IN THE BASE FILE	
CONDITION_CODE_1 to CONDITION_CODE_8	Added 2004
OCCUR_CODE_1 to OCCUR_CODE_12	Added 2004
OCCUR_DAY_1 to OCCUR_DAY_12	Added 2004
OCCUR_SPAN_CODE_1 to OCCUR_SPAN_CODE_4	Added 2004
OCCUR_SPAN_FROM_1 to OCCUR_SPAN_FROM_4	Added 2004
OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_4	Added 2004
VALUE_CODE_1 to VALUE_CODE_12	Added 2004
VALUE_AMOUNT_1 to VALUE_AMOUNT_12	Added 2004
CHARGES FILE	
REVENUE_CODE	Added 2004
HCPCS_QUALIFIER	Added 2004
HCPCS_PROCEDURE_CODE	Added 2004
MODIFIER_1 to MODIFIER_4	Added 2004
UNIT_MEASUREMENT_CODE	Added 2004
UNITS_OF_SERVICE	Added 2004
UNIT_RATE	Added 2004
CHRGS_LINE_ITEM	Added 2004
CHRGS_NON_COV	Added 2004

DATA PROCESSING AND QUALITY

Beginning with data submitted for 2004 discharges hospitals required to submit discharged inpatient claims data, moved from the submission of data in the uniform bill (UB-92) format to

the THCIC 837 format. The data are validated through a process of automated auditing and verification. Each individual hospital is responsible for the accuracy and completeness of its data. Even so, each record is subjected by DSHS to a series of audits that check for consistency and conformity with the definitions stated in the data specification manual. Records failing an audit check are returned to the hospital for correction and resubmission. Following the correction process, DSHS uses valid claims data to build files of "encounters" where one encounter contains the final discharge and all related interim claims information for a patient. Then, each submitting hospital has an opportunity to review, to make additional corrections, and to certify the encounter data with or without comments. Finally, DSHS builds a final encounter file that includes all corrections submitted by the hospitals. DSHS staff checks and adjusts for missing values and invalid codes in this file before the PUDF is generated. Users are advised to examine every data element to be used for missing values and invalid codes and to read accompanying notes, comments, and other descriptive text.

PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the Hospital Discharge Database (HDD) was that the data and resulting information be used for the benefit of the public. This is specified in Section 108.013 of the Texas Health and Safety Code (THSC). The THSC also stipulates that DSHS may not release and a person or entity may not gain access to any data that could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates the THSC. In addition, under Section 108.013(e) and (f) of the THSC, patient and/or physician information in the HDD cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding. Pursuant to the THSC, DSHS excludes all direct personal and demographic identifiers (e.g., name, address, social security number, patient identifiers, admission and discharge dates) that might lead to the identification of a specific patient from the RDF.

To protect physician identities, the THSC requires creation of a uniform identification number for physicians in practice. Uniform physician identifiers are available except when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.

It may be possible in rare instances, or through complex analysis and with outside information, to ascertain from the RDF the identity of individual patients of physicians or other health practitioners. Considerable harm could result if this were done. RDF users are required to sign and comply with the DSHS Hospital Discharge Data Use Agreement in the Application before shipment of the RDF. The Data Use Agreement prohibits attempts to identify individual patients or physicians.

RESTRICTIONS ON DATA USE

Section 108.010(c) of the THSC prohibits DSHS from releasing provider quality reports until one year of data is available. Users of the PUDF are cautioned about using less than a year of data to make any hospital quality assumptions.

Sections 108.013(c)(1) and (2) and 108.013 (g) of the Texas Health and Safety Code (THSC) prohibit the DSHS from releasing, and a person or entity from gaining access to, any data that could reveal the identity of a patient or the identity of a physician unless specifically authorized by the Act. Any effort to determine the identity of any person or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the THSC and the Data Use Agreement. By virtue of the Agreement, the signer agrees that the data will not be used to identify an individual patient or physician. Because of these restrictions, under no circumstances will users of the data contact an individual patient or physician or hospital for the purpose of verifying information supplied in the DSHS Hospital Discharge Data sets. Any questions about the data must be referred to DSHS only. Data analysis assistance is not provided by DSHS. The data are protected by United States copyright laws and international treaty provisions.

In the Data Use Agreement, the purchaser and end-user of the data are referred to as the "licensee". To acquire the data the licensee must give the following assurances with respect to the use of DSHS Hospital Discharge Data sets:

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;
- The licensee will not attempt to link nor permit others to attempt to link the hospital stay records of patients in this data set with personally identifiable records from any other source**, including any THCIC PUDF or other data files;**
- The licensee will not release nor permit others to release any information that identifies persons, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by this Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:

  Texas Hospital Inpatient Discharge Research Data File, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];

- The licensee will indemnify, defend, and hold the DSHS, its members, employees, and the Department's contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and
- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

The licensee understands that these assurances are collected by DSHS to assure compliance with its statutory confidentiality requirement. The signature on behalf of the licensee indicates the

licensee's agreement to comply with the above-stated requirements with the knowledge that under Sections 108.014 and 108.0141 of the Texas Health and Safety Code to knowingly or negligently access or release data in violation of this agreement is punishable by a fine of up to $10,000 and an offense is a state jail felony. By signing the Data Use Agreement, the PUDF user has been informed that the potential for both civil and criminal penalties exists.

Users of report generating software to access the RDF are required to purchase a license to use the data.

DATA LIMITATIONS

(Users are advised to become familiar with the data limitations.)

- Section 108.009(h), THSC requires that a uniform submission format be used for reporting purposes. Before 2004 data were collected in the UB-92 format. Data for 2004 were collected in both UB-92 and THCIC 837 formats. Because these are billing forms, the data collected are administrative data and not clinical data.
- Records with MDC codes of 15 (newborns and other neonates with conditions originating in the perinatal period), 20 (alcohol/drug induced organic mental disorders), or 22 (burns) and Patient Status codes of 62 (discharged/transferred to inpatient rehabilitation), 71 (discharged/transferred to other outpatient service), or 72 (discharged/transferred to institution outpatient service) contain an APR-DRG of 956 (ungroupable). These Patient Status codes were not valid when version 15 of the 3M APR-DRG Grouper was developed. A valid Patient Status code is required for these MDC codes for APR-DRG assignment and Risk of Mortality and Severity of Illness scoring. Patient status codes 71 and 72 are no longer valid as of October 2003. After October 2003 records with MDC codes of 15, 20, or 22 and Patient Status code of 62 contain an APR-DRG of 956.
- Hospital charges data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Secondary source of payment data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Hospitals must submit data no later than 60 days after the close of a calendar quarter. Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid or other payment sources.
- Beginning with data for 2004 discharges, up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 E-codes can be submitted. For earlier years the number of diagnosis codes collected per patient is limited to 9 and the number of procedure codes to 6. Because of these limitations, sicker patients and the hospitals that treat them may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.
- Race and ethnicity data are generally not collected by hospitals and may be subjectively captured.
- Inaccuracies in the data and incompleteness of the data are addressed in the hospitals' comments.

- County of residence is not collected by hospitals. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Comparability of length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of LOS at the hospital level should consider the above factors.
- Length of stay is limited to 999 days prior to 2004 discharges.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
- Conditions present at time of admission cannot be distinguished from those occurring during hospitalization prior to 2011 discharges. Diagnosis present on admission indicator codes (POA) were required for all hospitals, except Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals, and Long Term Care Hospitals. Some acute care hospitals that have special units similar to the hospitals exempted from reporting POA may not include POA codes for those patients.
- DSHS collects data from all hospitals in the state not specifically exempted by statute. This hospital mix should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and normal clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

HOSPITAL COMMENTS

(Users are advised to consider hospital comments in any analysis of the data.)

Included with the RDF is a separate file containing the unedited comments submitted by hospitals at the time of data certification. Comments relating to individual data elements should be considered in any analysis of those data elements. These comments express the opinions of individual hospitals and are not necessarily the views of the DSHS. Hospitals that submitted comments are identified in 'Reporting Status of Texas Hospitals'.

CITATION

Any statistical reporting or analysis based on the data shall cite the source as the following:

Texas Hospital Inpatient Discharge Research Data File, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication].

Texas Hospital Inpatient Discharge Data

Research Data File

2004 - present

IP-RDF Base Data File

Field 1:	**RECORD_ID** Record Identification Number. Unique number to identify the record within the research data file. Does not match or link to PUDF Record ID. Does match with RECORD_ID in other Inpatient RDF files				
Length:	12	**Type:**	Alphanumeric	**Data Source:**	Assigned
Field 2:	**THCIC_ID** Provider ID. Unique identifier assigned to the provider by THCIC.				
Length:	6	**Type:**	Alphanumeric	**Data Source:**	Assigned
Field 3:	**PROVIDER_NAME** Hospital name provided by the hospital.				
Length:	55	**Type:**	Alphanumeric	**Data Source:**	Provider
Field 4:	**PROVIDER_ADDR** Hospital address provided by the hospital.				
Length:	50	**Type:**	Alphanumeric	**Data Source:**	Provider
Field 5:	**PROVIDER_CITY** Hospital city provided by the hospital.				
Length:	20	**Type:**	Alphanumeric	**Data Source:**	Provider
Field 6:	**PROVIDER_STATE** Hospital state provided by the hospital.				
Length:	2	**Type:**	Alphanumeric	**Data Source:**	Provider
Field 7:	**PROVIDER_ZIP** Hospital ZIP code provided by the hospital.				
Length:	9	**Type:**	Alphanumeric	**Data Source:**	Provider
Field 8:	**FAC_TEACHING_IND** Teaching Facility Indicator.				
Coding Scheme:	A Member, Council of Teaching Hospitals Y Teaching facility				
Length:	1	**Type:**	Alphanumeric	**Data Source:**	Provider
Field 9:	**FAC_PSYCH_IND** Psychiatric Facility Indicator.				
Length:	1	**Type:**	Alphanumeric	**Data Source:**	Provider

Field 10:	**FAC_REHAB_IND** Rehabilitation Facility Indicator.				
Length:	1	**Type:**	Alphanumeric	**Data Source:**	Provider
Field 11:	**FAC_ACUTE_CARE_IND** Acute Care Facility Indicator.				
Length:	1	**Type:**	Alphanumeric	**Data Source:**	Provider
Field 12:	**FAC_SNF_IND** Skilled Nursing Facility Indicator. Hospital facility type indicator provided by the hospital.				
Length:	1	**Type:**	Alphanumeric	**Data Source:**	Provider
Field 13:	**FAC_LONG_TERM_AC_IND** Long Term Acute Care Facility Indicator.				
Length:	1	**Type:**	Alphanumeric	**Data Source:**	Provider
Field 14:	**FAC_OTHER_LTC_IND** Other Long Term Care Facility Indicator.				
Length:	1	**Type:**	Alphanumeric	**Data Source:**	Provider
Field 15:	**FAC_PEDS_IND** Pediatric Facility Indicator.				
Coding Scheme:	C Member, Council of Teaching Hospitals Y Teaching facility				
Length:	1	**Type:**	Alphanumeric	**Data Source:**	Provider
Field 16:	**SPEC_UNIT_1** Specialty Unit in which most days stay occurred based on number of days by Type of Bill or Revenue Code.				
Coding Scheme:	C Coronary Care Unit D Detoxification Unit I Intensive Care Unit H Hospice Unit N Nursery B Obstetric Unit O Oncology Unit			P Pediatric Unit Y Psychiatric Unit R Rehabilitation Unit U Sub-acute Care Unit S Skilled Nursing Unit Blank Acute Care	
Length:	1	**Type:**	Alphanumeric	**Data Source:**	Calculated
Field 17:	**SPEC_UNIT_2** Specialty Unit in which 2nd most days stay occurred based on number of days by Type of Bill or Revenue Code.				
Coding Scheme:	Same as Field 16.				
Length:	1	**Type:**	Alphanumeric	**Data Source:**	Calculated
Field 18:	**SPEC_UNIT_3** Specialty Unit in which 3rd most days stay occurred based on number of days by Type of Bill or Revenue Code.				
Coding Scheme:	Same as Field 16.				
Length:	1	**Type:**	Alphanumeric	**Data Source:**	Calculated
Field 19:	**SPEC_UNIT_4** Specialty Unit in which 4th most days stay occurred based on number of days by Type of Bill or Revenue Code.				
Coding	Same as Field 16.				

Scheme:					
Length:	1	**Type:**	Alphanumeric	**Data Source:**	Calculated

Field 20: **SPEC_UNIT_5**

Specialty Unit in which 5th most days stay occurred based on number of days by Type of Bill or Revenue Code.

Coding Scheme:	Same as Field 16.				
Length:	1	**Type:**	Alphanumeric	**Data Source:**	Calculated

Field 21: **ENCOUNTER_INDICATOR**

Indicates the number of claims used to create the encounter. Some non-acute care patients may have more than one claim that is consolidated for the record. For example patients in Rehabilitation Hospitals or Long Term Care Hospitals or Psychiatric hospitals.

Length:	2	**Type:**	Alphanumeric	**Data Source:**	Calculated

Field 22: **PAT_UNIQUE_INDEX**

Unique identifier assigned to the patient by THCIC.

Length:	10	**Type:**	Alphanumeric	**Data Source:**	Assigned

Field 23: **SEX_CODE**

Gender of the patient as recorded at date of admission or start of care.

Coding Scheme:

M	Male
F	Female
U	Unknown

Length:	1	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 24: **BIRTH_DATE**

Birth date of the patient as recorded at date of admission or start of care.

Length:	8	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 25: **PAT_AGE_GROUP**

Description: Code indicating age grouping of patient in days or years on date of discharge.

Coding Scheme:

00	1-28 days	10	35-39	20	85-89
01	29-365 days	11	40-44	21	90+
03	5-9	13	50-54	*HIV and drug/alcohol*	
04	10-14	14	55-59	*Use patients*	
05	15-17	15	60-64	22	0-17
06	18-19	16	65-69	23	18-44
07	20-24	17	70-74	24	45-64
08	25-29	18	75-79	25	65-74
09	30-34	19	80-84	26	75+

Beginning Position:	105	**Data Source:**	Assigned
Length:	2	**Type:**	Alphanumeric

Field 26: **PAT_AGE_YEARS**

Age of patient in years on date of discharge.

Length:	3	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 27: **PAT_AGE_DAYS**

Age of patient in days on date of discharge.

Length:	5	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 28: **RACE**

Code indicating the patient's race.

Coding

1	American Indian/Eskimo/Aleut

Scheme:

2	Asian or Pacific Islander
3	Black
4	White
5	Other

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 29: **ETHNICITY**

Code indicating the Hispanic origin of the patient.

Coding Scheme:

1	Hispanic Origin
2	Not of Hispanic Origin

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 30: **PAT_ADDR_CENSUS_BLOCK_GROUP**

Census block group of patient street address.

Length: 14 **Type:** Alphanumeric **Data Source:** Calculated

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Field 31: **PAT_ADDR_CENSUS_BLOCK**

Census block of patient street address.

Length: 5 **Type:** Alphanumeric **Data Source:** Calculated

Field 32: **PAT_CITY**

Patient address city as provided by the patient.

Length: 30 **Type:** Alphanumeric **Data Source:** Provider

Field 33: **PAT_STATE**

Patient address state as provided by the patient.

Length: 2 **Type:** Alphanumeric **Data Source:** Provider

Field 34: **PAT_ZIP**

Patient address ZIP code as provided by the patient.

Length: 9 **Type:** Alphanumeric **Data Source:** Provider

Field 35: **PAT_COUNTRY**

Country of patient's residential address. List maintained by the International Organization for Standardization (ISO).

Coding scheme: See *www.ISO.org* for complete list.

Length: 2 **Type:** Alphanumeric **Data Source:** Provider

Field 36: **COUNTY**

FIPS code of patient's county.

Coding scheme:

001	Anderson	129	Donley	257	Kaufman	385	Real
003	Andrews	131	Duval	259	Kendall	387	Red River
005	Angelina	133	Eastland	261	Kenedy	389	Reeves
007	Aransas	135	Ector	263	Kent	391	Refugio
009	Archer	137	Edwards	265	Kerr	393	Roberts
011	Armstrong	139	Ellis	267	Kimble	395	Robertson
013	Atascosa	141	El Paso	269	King	397	Rockwall
015	Austin	143	Erath	271	Kinney	399	Runnels
017	Bailey	145	Falls	273	Kleberg	401	Rusk
019	Bandera	147	Fannin	275	Knox	403	Sabine
021	Bastrop	149	Fayette	283	La Salle	405	San Augustine
023	Baylor	151	Fisher	277	Lamar	407	San Jacinto
025	Bee	153	Floyd	279	Lamb	409	San Patricio
027	Bell	155	Foard	281	Lampasas	411	San Saba
029	Bexar	157	Fort Bend	285	Lavaca	413	Schleicher
031	Blanco	159	Franklin	287	Lee	415	Scurry
033	Borden	161	Freestone	289	Leon	417	Shackelford
035	Bosque	163	Frio	291	Liberty	419	Shelby
037	Bowie	165	Gaines	293	Limestone	421	Sherman

039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
041	Brazos	169	Garza	297	Live Oak	425	Somervell
043	Brewster	171	Gillespie	299	Llano	427	Starr
045	Briscoe	173	Glasscock	301	Loving	429	Stephens
047	Brooks	175	Goliad	303	Lubbock	431	Sterling
049	Brown	177	Gonzales	305	Lynn	433	Stonewall
051	Burleson	179	Gray	307	McCulloch	435	Sutton
053	Burnet	181	Grayson	309	McLennan	437	Swisher
055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
057	Calhoun	185	Grimes	313	Madison	441	Taylor
059	Callahan	187	Guadalupe	315	Marion	443	Terrell
061	Cameron	189	Hale	317	Martin	445	Terry
063	Camp	191	Hall	319	Mason	447	Throckmorton
065	Carson	193	Hamilton	321	Matagorda	449	Titus
067	Cass	195	Hansford	323	Maverick	451	Tom Green
069	Castro	197	Hardeman	325	Medina	453	Travis
071	Chambers	199	Hardin	327	Menard	455	Trinity
073	Cherokee	201	Harris	329	Midland	457	Tyler
075	Childress	203	Harrison	331	Milam	459	Upshur
077	Clay	205	Hartley	333	Mills	461	Upton
079	Cochran	207	Haskell	335	Mitchell	463	Uvalde
081	Coke	209	Hays	337	Montague	465	Val Verde
083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
085	Collin	213	Henderson	341	Moore	469	Victoria
087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
089	Colorado	217	Hill	345	Motley	473	Waller
091	Comal	219	Hockley	347	Nacogdoches	475	Ward
093	Comanche	221	Hood	349	Navarro	477	Washington
095	Concho	223	Hopkins	351	Newton	479	Webb
097	Cooke	225	Houston	353	Nolan	481	Wharton
099	Coryell	227	Howard	355	Nueces	483	Wheeler
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
105	Crockett	233	Hutchinson	361	Orange	489	Willacy
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
109	Culberson	237	Jack	365	Panola	493	Wilson
111	Dallam	239	Jackson	367	Parker	495	Winkler
113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
119	Delta	247	Jim Hogg	375	Potter	503	Young
121	Denton	249	Jim Wells	377	Presidio	505	Zapata
123	Dewitt	251	Johnson	379	Rains	507	Zavala
125	Dickens	253	Jones	381	Randall		
127	Dimmit	255	Karnes	383	Reagan	‘	Invalid

Length: 3 **Type:** Alphanumeric **Data Source:** Assigned, based on patient ZIP code

Field 37: **PUBLIC_HEALTH_REGION**

Description: Public Health Region of patient’s address.

1 Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties

2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties

3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties

4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties

5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties

6 Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties

7 Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties

8 Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties

9	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties
10	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
11	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties

Length: 2 **Type:** Alphanumeric **Data Source:** Assigned

Field 38: **TYPE_OF_ADMISSION**

Code indicating the type of admission

Coding Scheme:

1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Trauma Center
9	Information not available

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 39: **SOURCE_OF_ADMISSION**

Code indicating source of the admission.

Coding Scheme:

1	Physician referral
2	Clinic referral
3	HMO referral
4	Transfer from a hospital
5	Transfer from a skilled nursing facility
6	Transfer from another health care facility
7	Emergency Room
8	Court/Law Enforcement
9	Information not available
0	Transfer from psychiatric, substance abuse, rehab hospital
A	Transfer from a critical access hospital

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 40: **ADMIT_START_OF_CARE**

Date patient was admitted to the provider for inpatient care or other start of care. Entered as YYYYMMDD.

Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 41: **ADMIT_WEEKDAY**

Code indicating day of week patient is admitted

Coding Scheme:

1	Monday	5	Friday
2	Tuesday	6	Saturday
3	Wednesday	7	Sunday
4	Thursday		

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 42: **ADMIT_HOUR**

Code indicating hour during which the patient was admitted for inpatient care

Coding Scheme:

00	12 midnight-12:59	13	1:00 – 1:59 p.m.
01	1:00 – 1:59 a.m.	14	2:00 – 2:59 p.m.
02	2:00 – 2:59 a.m.	15	3:00 – 3:59 p.m.
03	3:00 – 3:59 a.m.	16	4:00 – 4:59 p.m.
04	4:00 – 4:59 a.m.	17	5:00 – 5:59 p.m.
05	5:00 – 5:59 a.m.	18	6:00 – 6:59 p.m.
06	6:00 – 6:59 a.m.	19	7:00 – 7:59 p.m.
07	7:00 – 7:59 a.m.	20	8:00 – 8:59 p.m.
08	8:00 – 8:59 a.m.	21	9:00 – 9:59 p.m.
09	9:00 – 9:59 a.m.	22	10:00 – 10:59 p.m.
10	10:00 – 10:59 a.m.	23	11:00 – 11:59 p.m.

11	11:00 – 11:59 a.m.	99	Hour unknown
12	12 noon – 12:59 p.m.		

Length:	1	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 43: **STMT_PERIOD_FROM**

Beginning service date of the period reflected on the statement. Entered as YYYYMMDD.

Length:	8	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 44: **STMT_PERIOD_THRU**

Ending service date of the period reflected on the statement. Entered as YYYYMMDD.

Length:	8	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 45: **LENGTH_OF_STAY**

Length of stay in days *equals* Statement covers period through date *minus* Admission/start of care date. The minimum length of stay is 1 day. The maximum is 9999 days.

Length:	4	**Type:**	Alphanumeric	**Data Source:**	Calculated

Field 46: **PAT_STATUS**

Code indicating patient status as of the ending date of service for the period of care reported

Coding Scheme:

1	Discharged to home or self-care (routine discharge)
2	Discharged to other short term general hospital
3	Discharged to skilled nursing facility
4	Discharged to intermediate care facility
5	Discharged to other inpatient care facility
6	Discharged to care of home health service
7	Left against medical advice
8	Discharged to care of Home IV provider
9	Admitted as inpatient to this hospital
20	Expired
21	Discharged/transferred to Court/Law Enforcement
30	Still patient
40	Expired at home
41	Expired in a medical facility
42	Expired, place unknown
43	Discharged/transferred to federal health care facility
50	Discharged to hospice–home
51	Discharged to hospice–medical facility
61	Discharged/transferred within this institution to Medicare-approved swing bed
62	Discharged/transferred to inpatient rehabilitation facility
63	Discharged/transferred to Medicare-certified long term care hospital
64	Discharged/transferred to Medicaid-certified nursing facility
65	Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
66	Discharged/transferred to Critical Access Hospital (CAH)
69	Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
70	Discharge/transfer to another type of health care institution not defined elsewhere in the code list (effective 10-1-2013)
71	Discharged/transferred to other outpatient service (effective 10-1-2013)
72	Discharged/transferred to institution outpatient (effective 10-1-2013)
81	Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)
82	Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
83	Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
84	Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
85	Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
86	Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
87	Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

88	Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
89	Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
90	Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
91	Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
92	Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
93	Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
94	Discharged/Transferred To a Critical Access Hospital (CAR) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
95	Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 47: **DISCHARGE_HOUR**

Code indicating hour during which the patient was discharged from inpatient care

Coding Scheme:

00	12 midnight-12:59	13	1:00 – 1:59 p.m.
01	1:00 – 1:59 a.m.	14	2:00 – 2:59 p.m.
02	2:00 – 2:59 a.m.	15	3:00 – 3:59 p.m.
03	3:00 – 3:59 a.m.	16	4:00 – 4:59 p.m.
04	4:00 – 4:59 a.m.	17	5:00 – 5:59 p.m.
05	5:00 – 5:59 a.m.	18	6:00 – 6:59 p.m.
06	6:00 – 6:59 a.m.	19	7:00 – 7:59 p.m.
07	7:00 – 7:59 a.m.	20	8:00 – 8:59 p.m.
08	8:00 – 8:59 a.m.	21	9:00 – 9:59 p.m.
09	9:00 – 9:59 a.m.	22	10:00 – 10:59 p.m.
10	10:00 – 10:59 a.m.	23	11:00 – 11:59 p.m.
11	11:00 – 11:59 a.m.	99	Hour unknown
12	12 noon – 12:59 p.m.		

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 48: **TYPE_OF_BILL**

Provides specific information about the claim data submitted. First digit = type of facility. Second digit = type of care. Third digit = sequence of the claim.

Coding Scheme:

1st digts–Type of Facility		*2nd digit–Type of Care*		*3rd digts–Sequence of claim*	
1	Hospital	1	Inpatient, including Medicare Part A	0	Non-payment/Zero claim
2	Skilled nursing	2	Inpatient, Medicare Part B only	1	Admit through discharge claim
3	Home health	3	Outpatient	2	Interim–first claim
4	Religious non-medical health care–Hospital	4	Outpatient Other, Medicare Part B only	3	Interim–continuing claim
5	Religious non-medical health care–Extended care	5	Intermediate Care–Level I	4	Interim–last claim
6	Intermediate care	6	Intermediate Care–Level II	5	Late charge(s) only claim
7	Clinic	7	Sub-acute inpatient – Level III	6	Adjustment of prior claim (Not used by Medicare)
8	Special facility	8	Swing bed	7	Replacement of prior claim
				8	Void/cancel of prior claim

Length: 3 **Type:** Alphanumeric **Data Source:** Claim

Field 49: **ADMITTING_DIAGNOSIS**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 50: **PRINC_DIAG_CODE**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 51: **POA_PRINC_DIAG_CODE** Available beginning 2011

Code identifying whether Principal Diagnosis code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y	Yes
N	No
U	Unknown
W	Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 52: **OTH_DIAG_CODE_1**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 53: **POA_OTH_DIAG_CODE_1** Available beginning 2011

Code identifying whether Oth_Diag_Code_1 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y	Yes
N	No
U	Unknown
W	Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 54: **OTH_DIAG_CODE_2**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 55: **POA_OTH_DIAG_CODE_2** Available beginning 2011

Code identifying whether Oth_Diag_Code_2 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y	Yes
N	No
U	Unknown
W	Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 56: **OTH_DIAG_CODE_3**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 57: **POA_OTH_DIAG_CODE_3** Available beginning 2011

Code identifying whether Oth_Diag_Code_3 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y Yes
N No
U Unknown
W Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 58: **OTH_DIAG_CODE_4**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 59: **POA_OTH_DIAG_CODE_4** Available beginning 2011

Code identifying whether Oth_Diag_Code_4 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y Yes
N No
U Unknown
W Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 60: **OTH_DIAG_CODE_5**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 61: **POA_OTH_DIAG_CODE_5** Available beginning 2011

Code identifying whether Oth_Diag_Code_5 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y Yes
N No
U Unknown
W Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 62: **OTH_DIAG_CODE_6**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 63: **POA_OTH_DIAG_CODE_6** Available beginning 2011

Code identifying whether Oth_Diag_Code_6 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y Yes
N No
U Unknown
W Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 64: **OTH_DIAG_CODE_7**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 65: **POA_OTH_DIAG_CODE_7** Available beginning 2011

Code identifying whether Oth_Diag_Code_7 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y Yes
N No
U Unknown
W Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 66: **OTH_DIAG_CODE_8**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 67: **POA_OTH_DIAG_CODE_8** Available beginning 2011

Code identifying whether Oth_Diag_Code_8 code was present at the time the patient was admitted to the hospital

Coding Scheme:

- Y Yes
- N No
- U Unknown
- W Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 68: **OTH_DIAG_CODE_9**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 69: **POA_OTH_DIAG_CODE_9** Available beginning 2011

Code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital

Coding Scheme:

- Y Yes
- N No
- U Unknown
- W Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 70: **OTH_DIAG_CODE_10**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 71: **POA_OTH_DIAG_CODE_10** Available beginning 2011

Code identifying whether Oth_Diag_Code_10 code was present at the time the patient was admitted to the hospital

Coding Scheme:

- Y Yes
- N No
- U Unknown
- W Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 72: **OTH_DIAG_CODE_11**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 73: **POA_OTH_DIAG_CODE_11** Available beginning 2011

Code identifying whether Oth_Diag_Code_11 code was present at the time the patient was admitted to the hospital

Coding Scheme:

- Y Yes
- N No
- U Unknown
- W Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 74: **OTH_DIAG_CODE_12**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 75: **POA_OTH_DIAG_CODE_12** Available beginning 2011

Code identifying whether Oth_Diag_Code_12 code was present at the time the patient was admitted to the hospital

Coding Scheme:
- Y Yes
- N No
- U Unknown
- W Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 76: **OTH_DIAG_CODE_13**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 77: **POA_OTH_DIAG_CODE_13** Available beginning 2011

Code identifying whether Oth_Diag_Code_13 code was present at the time the patient was admitted to the hospital

Coding Scheme:
- Y Yes
- N No
- U Unknown
- W Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 78: **OTH_DIAG_CODE_14**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 79: **POA_OTH_DIAG_CODE_14** Available beginning 2011

Code identifying whether Oth_Diag_Code_14 code was present at the time the patient was admitted to the hospital

Coding Scheme:
- Y Yes
- N No
- U Unknown
- W Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 80: **OTH_DIAG_CODE_15**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 81: **POA_OTH_DIAG_CODE_15** Available beginning 2011

Code identifying whether Oth_Diag_Code_15 code was present at the time the patient was admitted to the hospital

Coding Scheme:
- Y Yes
- N No
- U Unknown
- W Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 82: **OTH_DIAG_CODE_16**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 83: **POA_OTH_DIAG_CODE_16** Available beginning 2011

Code identifying whether Oth_Diag_Code_16 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y	Yes
N	No
U	Unknown
W	Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 84: **OTH_DIAG_CODE_17**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 85: **POA_OTH_DIAG_CODE_17** Available beginning 2011

Code identifying whether Oth_Diag_Code_17 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y	Yes
N	No
U	Unknown
W	Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 86: **OTH_DIAG_CODE_18**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 87: **POA_OTH_DIAG_CODE_18** Available beginning 2011

Code identifying whether Oth_Diag_Code_18 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y	Yes
N	No
U	Unknown
W	Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 88: **OTH_DIAG_CODE_19**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 89: **POA_OTH_DIAG_CODE_19** Available beginning 2011

Code identifying whether Oth_Diag_Code_19 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y	Yes
N	No
U	Unknown
W	Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 90:

OTH_DIAG_CODE_20

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 91: **POA_OTH_DIAG_CODE_20** Available beginning 2011

Code identifying whether Oth_Diag_Code_20 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y	Yes
N	No
U	Unknown

W Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 92: **OTH_DIAG_CODE_21**
ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 93: **POA_OTH_DIAG_CODE_21** Available beginning 2011
Code identifying whether Oth_Diag_Code_21 code was present at the time the patient was admitted to the hospital

Coding Scheme:
- Y Yes
- N No
- U Unknown
- W Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 94: **OTH_DIAG_CODE_22**
ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 95: **POA_OTH_DIAG_CODE_22** Available beginning 2011
Code identifying whether Oth_Diag_Code_22 code was present at the time the patient was admitted to the hospital

Coding Scheme:
- Y Yes
- N No
- U Unknown
- W Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 96: **OTH_DIAG_CODE_23**
ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 97: **POA_OTH_DIAG_CODE_23** Available beginning 2011
Code identifying whether Oth_Diag_Code_23 code was present at the time the patient was admitted to the hospital

Coding Scheme:
- Y Yes
- N No
- U Unknown
- W Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 98: **OTH_DIAG_CODE_24**
ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 99: **POA_OTH_DIAG_CODE_24** Available beginning 2011
Code identifying whether Oth_Diag_Code_24 code was present at the time the patient was admitted to the hospital

Coding Scheme:
- Y Yes
- N No
- U Unknown
- W Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 100: **E_CODE_1**
ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of the primary external cause of injury. A decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 101: **POA_E_CODE_1** Available beginning 2012

Code identifying whether E_Code_1 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y	Yes
N	No
U	Unknown
W	Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 102: **E_CODE_2**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 103: **POA_E_CODE_2** Available beginning 2012

Code identifying whether E_Code_2 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y	Yes
N	No
U	Unknown
W	Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 104: **E_CODE_3**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 105: **POA_E_CODE_3** Available beginning 2012

Code identifying whether E_Code_3 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y	Yes
N	No
U	Unknown
W	Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 106: **E_CODE_4**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.

Beginning Position: 395 **Data Source:** Claim

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 107: **POA_E_CODE_4** Available beginning 2012

Code identifying whether E_Code_4 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y	Yes
N	No
U	Unknown
W	Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 108: **E_CODE_5**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 109: **POA_E_CODE_5** Available beginning 2012

Code identifying whether E_Code_5 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y	Yes
N	No
U	Unknown
W	Clinically Undetermined

Length:	1	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 110: **E_CODE_6**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.

Beginning Position:	409	**Data Source:**	Claim		
Length:	6	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 111: **POA_E_CODE_6** Available beginning 2012

Code identifying whether E_Code_6 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y	Yes
N	No
U	Unknown
W	Clinically Undetermined

Length:	1	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 112: **E_CODE_7**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.

Length:	6	**Type:**	Alphanumeric

Field 113: **POA_E_CODE_7** Available beginning 2012

Code identifying whether E_Code_7 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y	Yes
N	No
U	Unknown
W	Clinically Undetermined

Length:	1	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 114: **E_CODE_8**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.

Beginning Position:	423	**Data Source:**	Claim		
Length:	6	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 115: **POA_E_CODE_8** Available beginning 2012

Code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y	Yes
N	No
U	Unknown
W	Clinically Undetermined

Length:	1	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 116: **E_CODE_9**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.

Length:	6	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 117: **POA_E_CODE_9** Available beginning 2012

Code identifying whether E_Code_9 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y	Yes
N	No
U	Unknown
W	Clinically Undetermined

Length:	1	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 118: **E_CODE_10**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 119: **POA_E_CODE_10** Available beginning 2012

Code identifying whether E_Code_10 code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y	Yes
N	No
U	Unknown
W	Clinically Undetermined

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 120: **PRINC_SURG_PROC_CODE**

Code for the principal surgical or obstetrical procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 121: **PRINC_SURG_PROC_DATE**

Date the principal surgical or obstetrical procedure was performed. Entered as *YYYYMMDD*.

Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 122: **PRINC_SURG_PROC_DAY**

Day of principal surgical or obstetrical procedure *equals* Principal Surgical Procedure Date *minus* Admission/Start of Care Date

Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 123: **PRINC_ICD9_CODE**

ICD-9-CM diagnosis code for principal surgical procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 124: **OTH_SURG_PROC_CODE_1**

Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 125: **OTH_SURG_PROC_DATE_1**

Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.

Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 126: **OTH_SURG_PROC_DAY_1**

Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date

Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 127: **OTH_ICD9_CODE_1**

ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 128: **OTH_SURG_PROC_CODE_2**

Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 129: **OTH_SURG_PROC_DATE_2**

Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.

Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 130: **OTH_SURG_PROC_DAY_2**

Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date

Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 131: **OTH_ICD9_CODE_2**

ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 132: **OTH_SURG_PROC_CODE_3**

Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 133: **OTH_SURG_PROC_DATE_3**

Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.

Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 134: **OTH_SURG_PROC_DAY_3**

Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date

Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 135: **OTH_ICD9_CODE_3**

ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 136: **OTH_SURG_PROC_CODE_4**

Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 137: **OTH_SURG_PROC_DATE_4**

Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.

Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 138: **OTH_SURG_PROC_DAY_4**

Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date

Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 139: **OTH_ICD9_CODE_4**

ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 140: **OTH_SURG_PROC_CODE_5**

Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 141: **OTH_SURG_PROC_DATE_5**

Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.

Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 142: **OTH_SURG_PROC_DAY_5**

Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date

Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 143: **OTH_ICD9_CODE_5**

ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 144: **OTH_SURG_PROC_CODE_6**

Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 145: **OTH_SURG_PROC_DATE_6**
Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.
Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 146: **OTH_SURG_PROC_DAY_6**
Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date
Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 147: **OTH_ICD9_CODE_6**
ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.
Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 148: **OTH_SURG_PROC_CODE_7**
Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.
Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 149: **OTH_SURG_PROC_DATE_7**
Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.
Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 150: **OTH_SURG_PROC_DAY_7**
Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date
Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 151: **OTH_ICD9_CODE_7**
ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.
Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 152: **OTH_SURG_PROC_CODE_8**
Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.
Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 153: **OTH_SURG_PROC_DATE_8**
Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.
Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 154: **OTH_SURG_PROC_DAY_8**
Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date
Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 155: **OTH_ICD9_CODE_8**
ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.
Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 156: **OTH_SURG_PROC_CODE_9**
Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.
Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 157: **OTH_SURG_PROC_DATE_9**
Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.
Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 158: **OTH_SURG_PROC_DAY_9**
Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 159: **OTH_ICD9_CODE_9**
ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.
Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 160: **OTH_SURG_PROC_CODE_10**
Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.
Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 161: **OTH_SURG_PROC_DATE_10**
Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.
Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 162: **OTH_SURG_PROC_DAY_10**
Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.
Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 163: **OTH_ICD9_CODE_10**
ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.
Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 164: **OTH_SURG_PROC_CODE_11**
Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.
Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 165: **OTH_SURG_PROC_DATE_11**
Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.
Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 166: **OTH_SURG_PROC_DAY_11**
Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.
Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 167: **OTH_ICD9_CODE_11**
ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.
Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 168: **OTH_SURG_PROC_CODE_12**
Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.
Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 169: **OTH_SURG_PROC_DATE_12**
Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.
Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 170: **OTH_SURG_PROC_DAY_12**
Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.
Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 171: **OTH_ICD9_CODE_12**
ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.
Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 172: **OTH_SURG_PROC_CODE_13**

Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 173: **OTH_SURG_PROC_DATE_13**

Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.

Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 174: **OTH_SURG_PROC_DAY_13**

Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 175: **OTH_ICD9_CODE_13**

ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 176: **OTH_SURG_PROC_CODE_14**

Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 177: **OTH_SURG_PROC_DATE_14**

Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.

Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 178: **OTH_SURG_PROC_DAY_14**

Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 179: **OTH_ICD9_CODE_14**

ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 180: **OTH_SURG_PROC_CODE_15**

Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 181: **OTH_SURG_PROC_DATE_15**

Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.

Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 182: **OTH_SURG_PROC_DAY_15**

Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 183: **OTH_ICD9_CODE_15**

ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 184: **OTH_SURG_PROC_CODE_16**

Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 185: **OTH_SURG_PROC_DATE_16**

Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.

Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 186: **OTH_SURG_PROC_DAY_16**
Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.
Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 187: **OTH_ICD9_CODE_16**
ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.
Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 188: **OTH_SURG_PROC_CODE_17**
Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.
Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 189: **OTH_SURG_PROC_DATE_17**
Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.
Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 190: **OTH_SURG_PROC_DAY_17**
Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.
Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 191: **OTH_ICD9_CODE_17**
ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.
Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 192: **OTH_SURG_PROC_CODE_18**
Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.
Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 193: **OTH_SURG_PROC_DATE_18**
Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.
Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 194: **OTH_SURG_PROC_DAY_18**
Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.
Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 195: **OTH_ICD9_CODE_18**
ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.
Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 196: **OTH_SURG_PROC_CODE_19**
Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.
Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 197: **OTH_SURG_PROC_DATE_19**
Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.
Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 198: **OTH_SURG_PROC_DAY_19**
Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.
Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 199: **OTH_ICD9_CODE_19**
ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 200: **OTH_SURG_PROC_CODE_20**
Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.
Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 201: **OTH_SURG_PROC_DATE_20**
Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.
Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 202: **OTH_SURG_PROC_DAY_20**
Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.
Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 203: **OTH_ICD9_CODE_20**
ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.
Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 204: **OTH_SURG_PROC_CODE_21**
Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.
Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 205: **OTH_SURG_PROC_DATE_21**
Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.
Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 206: **OTH_SURG_PROC_DAY_21**
Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.
Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 207: **OTH_ICD9_CODE_21**
ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.
Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 208: **OTH_SURG_PROC_CODE_22**
Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.
Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 209: **OTH_SURG_PROC_DATE_22**
Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.
Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 210: **OTH_SURG_PROC_DAY_22**
Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.
Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 211: **OTH_ICD9_CODE_22**
ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.
Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 212: **OTH_SURG_PROC_CODE_23**
Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.
Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 213: **OTH_SURG_PROC_DATE_23**

Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.

Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 214: **OTH_SURG_PROC_DAY_23**

Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 215: **OTH_ICD9_CODE_23**

ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 216: **OTH_SURG_PROC_CODE_24**

Code for surgical or obstetrical procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 217: **OTH_SURG_PROC_DATE_24**

Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as *YYYYMMDD*.

Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 218: **OTH_SURG_PROC_DAY_24**

Day of other surgical or obstetrical procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 219: **OTH_ICD9_CODE_24**

ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 220: **MS_MDC**

Major Diagnostic Category (MDC) as assigned by Health Care Financing Administration (HCFA) for hospital payment for Medicare beneficiaries. First available 2004.

Length: 2 **Type:** Alphanumeric **Data Source:** Assigned

Field 221: **APR_MDC**

Major Diagnostic Category (MDC) as assigned by 3M APR-DRG Grouper, version 20.

Length: 2 **Type:** Alphanumeric **Data Source:** Assigned

Field 222: **MS_DRG**

Health Care Financing Administration (HCFA) Diagnosis Related Group (DRG) as assigned for hospital payment for Medicare beneficiaries.

Length: 3 **Type:** Alphanumeric **Data Source:** Assigned

Field 223: **APR_DRG**

All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG Grouper, version 20.

Length: 3 **Type:** Alphanumeric **Data Source:** Assigned

Field 224: **RISK_MORTALITY**

Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M APR-DRG Grouper, version 20. Indicates the likelihood of dying.

Coding Scheme:

1 Minor
2 Moderate
3 Major
4 Extreme

Length: 1 **Type:** Alphanumeric **Data Source:** Assigned

Field 225: **ILLNESS_SEVERITY**

Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M APR-DRG Grouper, version 20. Indicates the extent of physiologic decompensation.

Coding

1 Minor

Scheme:	2	Moderate
	3	Major
	4	Extreme
	0	No class specified

Length: 1 **Type:** Alphanumeric **Data Source:** Assigned

Field 226: **APR_GROUPER_ VERSION_NBR**

Version number of the 3M APR-DRG Grouper used.

Length: 5 **Type:** Alphanumeric **Data Source:** Assigned

Field 227: **APR_GROUPER_ERROR_CODE**

Error code assigned by the 3M APR-DRG Grouper.

Length: 2 **Type:** Alphanumeric **Data Source:** Assigned

Field 228: **MS_GROUPER_VERSION_NBR** Available beginning 2011

CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and previously reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS DRG and, MS MDC codes

Length: 5 **Type:** Alphanumeric **Data Source:** Assigned

Field 229: **MS_GROUPER_ERROR_CODE** Available beginning 2011

Error codes identify potential variations with MS DRG code assignment

Coding Scheme:

00	No errors. DRG successfully assigned.	11	Invalid Principal Diagnosis
01	Diagnosis code cannot be used as principal diagnosis	19	DisableHac = 0 and at least one HAC POA is invalid or exempt
02	Record does not meet criteria for any DRG	20	DisableHac is invalid and at least one HAC POA is N or U
03	Invalid Age	21	DisableHac is invalid and at least one HAC POA is invalid or exempt
04	Invalid Sex	22	DisableHac = 0 and at least one HAC POA is exempt
05	Invalid Discharge Status	23	DisableHac is invalid and at least one HAC POA is exempt
10	Illogical Principal Diagnosis (CMS only)	24	DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
11	Invalid Principal Diagnosis	25	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
10	Illogical Principal Diagnosis (CMS only)		

Length: 2 **Type:** Alphanumeric **Data Source:** Assigned

Field 230: ATTENDING_PHYSICIAN_UNIF_ID

Attending Physician Uniform Identifier. Unique identifier assigned to the licensed physician expected to certify medical necessity of services rendered, with primary responsibility for the patient's medical care and treatment. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.

Coding Scheme: 9999999999 Temporary license or license number could not be matched

Length: 10 **Type:** Alphanumeric **Data Source:** Assigned

Field 231: **OPERATING_PHYSICIAN_UNIF_ID**

Operating or other Physician Uniform Identifier (if applicable). Unique identifier assigned to the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.

Coding Scheme: 9999999999 Temporary license or license number could not be matched

Length: 10 **Type:** Alphanumeric **Data Source:** Assigned

Field 232: **OCCUR_CODE_1**

Code describing a significant event relating to the claim.

Coding Scheme:

1	Auto accident	39	Date discharged on a continuous course if IV therapy
2	No Fault Insurance Involved - Including Auto Accident/Other	40	Scheduled date of admission
3	Accident/ Tort Liability	41	Date of first test of pre-admission testing
4	Accident/ Employment Related	42	Date of discharge (hospice only)
5	Other accident	43	Scheduled date of canceled surgery
6	Crime Victim	44	Date treatment started - OT
9	Start of Infertility Treatment Cycle	45	Date treatment started - ST
10	Last Menstrual Period	46	Date treatment started - Cardiac rehabiliation
11	Onset of Symptoms/ Illness	47	Date cost outlier status begins
12	Date of Onset for a Chronically Dependent Individual	A1	Birthdate - Insured A
16	Date of Last Therapy	A2	Effective Date - Insured A Policy
17	Date Outpatient OT Plan Established or Last Reviewed	A3	Payer A benefits exhausted
18	Date of Retirement - Patient/Beneficiary	A4	Split Bill Date
19	Date of Retirement - Spouse	B1	Birthdate - Insured B
20	Date Guarantee of Payment Began	B2	Effective date - Insured B Policy
21	Date UR Notice Received	B3	Payer B benefits exhausted
22	Date Active Care Ended	C1	Birthdate - Insured C
24	Date Insurance Denied	C2	Effective date - Insured C Policy
25	Date Benefits Terminated by Primary Payer	C3	Payer C benefits exhausted
26	Date SNF Bed Became Available	E1	Birthdate - Insured D
27	Date Home Health Plan Established or Last Reviewd	E2	Effective date - Insured D Policy
28	Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed	E3	Payer D benefits exhausted
29	Date Outpatient PT Plan established or last reviewed	F1	Birthdate - Insured E
30	Date Outpatient ST Plan established or last reviewed	F2	Effective date - Insured E Policy
31	Date beneficiary notified of intent to bill (accommodations)	F3	Payer E benefits exhausted
32	Date beneficiary notified of intent to bill (procedures or treatments)	G1	Birthdate - Insured F
37	Date of inpatient hospital discharge for non-covered transplant patients	G2	Effective date - Insured F Policy
38	Date treatment started for home IV therapy	G3	Payer F benefits exhausted

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 233: **OCCUR_DATE_1**

Date of occurrence, as *YYYYMMDD*.

Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 234:	**OCCUR_DAY_1** Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.				
Length:	4	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 235:	**OCCUR_CODE_2** Code describing a significant event relating to the claim.				
Coding Scheme:	Same as Field 232.				
Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 236:	**OCCUR_DATE_2** Date of occurrence, as *YYYYMMDD*.				
Length:	8	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 237:	**OCCUR_DAY_2** Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.				
Length:	4	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 238:	**OCCUR_CODE_3** Code describing a significant event relating to the claim.				
Coding Scheme:	Same as Field 232.				
Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 239:	**OCCUR_DATE_3** Date of occurrence, as *YYYYMMDD*.				
Length:	8	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 240:	**OCCUR_DAY_3** Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.				
Length:	4	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 241:	**OCCUR_CODE_4** Code describing a significant event relating to the claim.				
Coding Scheme:	Same as Field 232.				
Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 242:	**OCCUR_DATE_4** Date of occurrence, as *YYYYMMDD*.				
Length:	8	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 243:	**OCCUR_DAY_4** Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.				
Length:	4	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 244:	**OCCUR_CODE_5** Code describing a significant event relating to the claim.				
Coding Scheme:	Same as Field 232.				
Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 245:	**OCCUR_DATE_5** Date of occurrence, as *YYYYMMDD*.				
Length:	8	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 246:	**OCCUR_DAY_5** Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.				
Length:	4	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 247:	**OCCUR_CODE_6** Code describing a significant event relating to the claim.				
Coding Scheme:	Same as Field 232.				
Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 248:	**OCCUR_DATE_6** Date of occurrence, as *YYYYMMDD*.				
Length:	8	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 249:	**OCCUR_DAY_6** Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.				
Length:	4	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 250:	**OCCUR_CODE_7** Code describing a significant event relating to the claim.				
Coding Scheme:	Same as Field 232.				
Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 251:	**OCCUR_DATE_7** Date of occurrence, as *YYYYMMDD*.				
Length:	8	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 252:	**OCCUR_DAY_7** Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.				
Length:	4	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 253:	**OCCUR_CODE_8** Code describing a significant event relating to the claim.				
Coding Scheme:	Same as Field 232.				
Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 254:	**OCCUR_DATE_8** Date of occurrence, as *YYYYMMDD*.				
Length:	8	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 255:	**OCCUR_DAY_8** Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.				
Length:	4	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 256:	**OCCUR_CODE_9** Code describing a significant event relating to the claim.				
Coding Scheme:	Same as Field 232.				
Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 257:	**OCCUR_DATE_9** Date of occurrence, as *YYYYMMDD*.				
Length:	8	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 258:	**OCCUR_DAY_9** Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.				
Length:	4	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 259:	**OCCUR_CODE_10** Code describing a significant event relating to the claim.				
Coding Scheme:	Same as Field 232.				
Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 260:	**OCCUR_DATE_10** Date of occurrence, as *YYYYMMDD*.				
Length:	8	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 261:	**OCCUR_DAY_10** Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.				
Length:	4	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 262:	**OCCUR_CODE_11** Code describing a significant event relating to the claim.				
Coding Scheme:	Same as Field 232.				
Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 263:	**OCCUR_DATE_11** Date of occurrence, as *YYYYMMDD*.				
Length:	8	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 264: **OCCUR_DAY_11**

Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 265: **OCCUR_CODE_12**

Code describing a significant event relating to the claim.

Coding Scheme: Same as Field 232.

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 266: **OCCUR_DATE_12**

Date of occurrence, as *YYYYMMDD*.

Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 267: **OCCUR_DAY_12**

Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 268: **OCCUR_SPAN_CODE_1**

Code describing a significant event relating to the claim that may affect payer processing.

Coding Scheme:

70	Qualifying stay dates (for SNF use only)	78	SNF prior stay dates
71	Prior stay dates	79	Payer use codes
72	First/Last Visit	M0	PRO/UR approved stay dates
73	Benefit eligibility period	M1	Provider liability - no utilization
74	Noncovered level of care/Leave of absence	M2	Inpatient respite dates
75	SNF level of care	M3	ICF level of care
76	Patient Liability Period	M4	Residential level of care
77	Provider Liability - Utilization Charged	78	SNF prior stay dates

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 269: **OCCUR_SPAN_FROM_1**

Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 270: **OCCUR_SPAN_THRU_1**

Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 271: **OCCUR_SPAN_CODE_2**

Code describing a significant event relating to the claim that may affect payer processing.

Coding Scheme: Same as Field 268.

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 272: **OCCUR_SPAN_FROM_2**

Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 273: **OCCUR_SPAN_THRU_2**

Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 274: **OCCUR_SPAN_CODE_3**

Code describing a significant event relating to the claim that may affect payer processing.

Coding Scheme: Same as Field 268.

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 275: **OCCUR_SPAN_FROM_3**

Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 276: **OCCUR_SPAN_THRU_3**

Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.

Length: 6 **Type:** Alphanumeric **Data Source:** Claim

Field 277: **OCCUR_SPAN_CODE_4**

Code describing a significant event relating to the claim that may affect payer processing.

Coding Scheme: Same as Field 268.

Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 278: **OCCUR_SPAN_FROM_4**

Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.

Length:	6	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 279: **OCCUR_SPAN_THRU_4**

Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.

Length:	6	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 280: **CONDITION_CODE_1**

Code describing a condition relating to the claim.

Coding Scheme:

1	Military service related	77	Provider accepts or is obligated/required by a primary payer as payment due to a contractual arrangement or law to accept payment
2	Condition is employment related		
3	Patient covered by insurance not reflected here	78	New coverage not implemented by HMO
4	Information only bill.	79	CORF services provided offsite
4	Patient is HMO enrollee	80	Home dialysis - nursing facility
5	Lien has been filed	82	Gestation <39 weeks, elective C-section or induction
6	ESRD patient in first 18 months of entitlement covered by EGHP	83	Gestation >=39 weeks
7	Treatment of non-terminal condition for hospice patient	A0	CHAMPUS external partnership
8	Beneficiary would not provide information concerning other	A1	EPSDT/CHAP
9	Neither patient or spouse is employed	A2	Physically handicapped children's program
10	Patient and/or spouse is employed but no EGHP exists	A3	Special Federal Funding
11	Disabled beneficiary but no LGHP coverage exists	A4	Family planning
17	Patient is homeless	A5	Disability
18	Maiden name retained	A6	Vaccines/Medicare 100% payment
19	Child retains mother's name	A7	Induced abortion - danger to life
20	Beneficiary requested billing	A8	Induced abortion - victim rape/incest
21	Billing for denial notice	A9	Second opinion surgery
22	Patient on multiple drug regimen	AA	Abortion performed due to rape
23	Home care giver available	AB	Abortion performed due to incest
24	Home IV patient also receiving HHA services	AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality
25	Patient is non-US resident	AD	Abortion performed due to life endangering physical condition caused by, arising from or exacerbated by the pregnancy itself
26	VA eligible patient chooses to receive services in a Medicare certified facility	AE	Abortion performed due to physical health of mother that is not life endangering
27	Patient referred to a sole community hospital for a diagnostic laboratory test	AF	Abortion performed due to emotional/psychological health of mother
28	Patient and/or spouse's EGHP is secondary to Medicare	AG	Abortion performed due to social or economic reasons
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	AH	Elective abortion
30	Non-research services provided to patients enrolled in a qualified clinical trial	AI	Sterilization
31	Patient is student (full time - day)	AJ	Payer responsible for co-payment
32	Patient is student (cooperative/work study program)	AJ	Payer responsible for co-payment
33	Patient is student (full time - night)	AK	Air ambulance required
34	Patient is student (part-time)	AL	Specialized treatment/bed unavailable
36	General care patient in a special unit	AM	Non-emergency medically necessary stretcher transport required
37	Ward accommodation at patient request	AN	Pre-admission screening not required
38	Semi-private room not available	B0	Medicare coordinated care demonstration claim
39	Private room medically necessary	B1	Beneficiary is ineligible for demonstration program

40	Same day transfer	B2	Critical access hospital ambulance attestation
41	Partial hospitalization	B3	Pregnancy indicator
42	Continuing care not related to inpatient admission	B4	Admission unrelated to discharge on same day
43	Continuing care not provided within prescribed postdischarge window	C1	Approved as billed
44	Inpatient admission changed to outpatient	C2	Automatic approval as billed based on focused review
46	Non-availability statement on file	C3	Partial approval
47	Reserved for CHAMPUS	C4	Admission/services denied
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	C5	Postpayment review applicable
55	SNF bed not available	C6	Admission Preauthorization
56	Medical appropriateness	C7	Extended Authorization
57	SNF readmission	D0	Changes to Service Dates
58	Terminated Medicare+Choice organization enrollee	D1	Changes to Charges
59	Non-primary ESRD facility	D2	Changes in Revenue Codes/HCPCS/HIPPS rate code
60	Day outlier	D3	Second or Subsequent Interim PPS Bill
61	Cost outlier	D4	Change in ICD-9-CM diagnosis and/or procedure codes.
66	Provider does not wish cost outlier payment	D5	Cancel to correct HICN or Provider ID
67	Beneficiary elects not to use life time reserve (LTR) days	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
68	Beneficiary elects to use life time reserve (LTR) days	D7	Change to Make Medicare the Secondary Payer
69	IME payment only bill.	D8	Change to Make Medicare the Primary Payer
69	IME/DGME/N&AH Payment Only	D9	Any Other Change
69	IME/DGME/N&AH Payment Only	E0	Changes in Patient Status
70	Self-administered EPO	G0	Dinstince Medical Visit
71	Full care in unit	H0	Delayed Filing, Statement of Intent Submitted
72	Self care in unit	M0	All inclusive rate for outpatient services
73	Self care training	M1	Roster billed influenza virus vaccine or pneumoccal pneumonia vacine (PPV)
74	Home	M2	HHA payment significantly exceeds total charges
75	Home - 100% reimbursement	P1	Do not Resuscitate Order (DNR)

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 281: **CONDITION_CODE_2**

Code describing a condition relating to the claim.

Coding Scheme: Same as Field 280.

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 282: **CONDITION_CODE_3**

Code describing a condition relating to the claim.

Coding Scheme: Same as Field 280.

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 283: **CONDITION_CODE_4**

Code describing a condition relating to the claim.

Coding Scheme: Same as Field 280.

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 284: **CONDITION_CODE_5**

Code describing a condition relating to the claim.

Coding Scheme: Same as Field 280.

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 285: **CONDITION_CODE_6**

Code describing a condition relating to the claim.

Coding Scheme: Same as Field 280.

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 286: **CONDITION_CODE_7**

Code describing a condition relating to the claim.

Coding Scheme: Same as Field 280.

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 287: **CONDITION_CODE_8**

Code describing a condition relating to the claim.

Coding Scheme: Same as Field 280.

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 288: **VALUE_CODE_1**

Code describing information that may affect payer processing.

Coding Scheme:

1	Most common semi-private rate	66	Medicaid spenddown amount
2	Hospital has no semi-private rooms	67	Peritoneal dialysis
4	Inpatient professional component charges which are combined billed	68	EPO-drug
5	Professional component included in charges and also billed separately to carrier	69	State charity care percentage
6	Medicare blood deductible	72	Flat rate surgery charge
8	Medicare life time reserve amount in the first calendar year	73	Drug deductible
9	Medicare coinsurance amount in the first calendar year	74	Drug coinsurance
10	Medicare lifetime reserve amount in the second calendar year	77	New technology add-on payment
11	Medicare coinsurance amount in the second calendar year	A0	Special zip code reporting
12	Working aged beneficiary/spouse with employer group health plan	A1	Deductible payer A
13	ESRD beneficiary in a Medicare coordination period with an employer group health plan	A2	Coinsurance payer A
14	No fault, including auto/other	A3	Estimated responsibility payer A
15	Worker's compensation	A4	Covered self-administrable drugs - emergency
16	Public health service (PHS) or other federal agency	A5	Covered self-administrable drugs - administrable in form and situation furnished to patient
21	Catastrophic	A6	Covered self-administrable drugs - diagnostic study and other
22	Surplus	A7	Co-payment payer A
23	Recurring monthly income	A8	Patient weight
24	Medicaid Rate Code	A9	Patient height
25	Offset to the patient - payment amount - prescription drugs	AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A
26	Offset to the patient - payment amount - hearing and ear services	AB	Other assessments or allowances (e.g., medical eduction) - payer A
27	Offset to the patient - payment amount - vision and eye services	B1	Deductible payer B
28	Offset to the patient - payment amount - dental services	B2	Coinsurance payer B
29	Offset to the patient - payment amount - chiropractic services	B3	Estimated responsibility payer B
30	Preadmission testing	B7	Co-payment payer B
31	Patient Liability Amount	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
32	Multiple patient ambulance transport	BB	Other assessments or allowances (e.g., medical eduction) - payer B

33	Offset to the patient - payment amount - podiatric services	C1	Deductible payer C
34	Offset to the patient - payment amount - other medical services	C2	Coinsurance payer C
35	Offset to the patient - payment amount - health insurance premiums	C3	Estimated responsibility payer C
37	Pints of blood furnished	C7	Co-payment payer C
38	Blood deductible pints	CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C
39	Pints of blood replaced	CB	Other assessments or allowances (e.g., medical eduction) - payer C
40	New coverage not implemented by HMO	D3	Patient estimated responsibility
41	Black lung	E1	Deductible Payer D
42	VA	E2	Coinsurance Payer D
43	Disabled beneficiary under age 65 with LGHP	E3	Coinsurance Payer D
44	Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received	E7	Co-payment payer D
45	Accident hour	EA	Regulatory surcharges, assessments, allowances or health care related taxes - payer D
46	Number of grace days	EB	Other assessments or allowances (e.g. medical education) - payer D
47	Any liability insurance	F1	Deductible Payer E
48	Hemoglobin reading	F2	Coinsurance Payer E
49	Hematocrit reading	F3	Coinsurance Payer E
50	PT visits	F7	Co-payment payer E
51	OT visits	FA	Regulatory surcharges, assessments, allowances or health care related taxes - payer E
52	ST visits	FB	Other assessments or allowances (e.g. medical education) - payer E
53	Cardiac rehab visits	G1	Deductible Payer F
54	Newborn birth weight in grams	G1	Deductible Payer F
55	Eligibility threshold for charity care	G2	Coinsurance Payer F
56	Skilled nurse - home visit hours	G3	Coinsurance Payer F
57	Home health aide - home visit hours	G7	Co-payment payer F
58	Arterial blood gas	GA	Regulatory surcharges, assessments, allowances or health care related taxes - payer F
59	Oxygen saturation	GB	Other assessments or allowances (e.g. medical education) - payer F
60	HHA branch MSA	P1	Do not resuscitate order (DNR)
61	Location where service is furnished (HHA and hospice)		

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 289: **VALUE_AMOUNT_1**

Amount (in cents) that may be affected.

Length: 9 **Type:** Alphanumeric **Data Source:** Claim

Field 290: **VALUE_CODE_2**

Code describing information that may affect payer processing.

Coding Scheme: Same as Field 288.

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 291: **VALUE_AMOUNT_2**

Amount (in cents) that may be affected.

Length: 9 **Type:** Alphanumeric **Data Source:** Claim

Field 292: **VALUE_CODE_3**

Code describing information that may affect payer processing.

Coding Scheme: Same as Field 288.

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 293: **VALUE_AMOUNT_3**

	Amount (in cents) that may be affected.				
Length:	9	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 294:	**VALUE_CODE_4**				
	Code describing information that may affect payer processing.				
Coding Scheme:	Same as Field 288.				
Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 295:	**VALUE_AMOUNT_4**				
	Amount (in cents) that may be affected.				
Length:	9	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 296:	**VALUE_CODE_5**				
	Code describing information that may affect payer processing.				
Coding Scheme:	Same as Field 288.				
Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 297:	**VALUE_AMOUNT_5**				
	Amount (in cents) that may be affected.				
Length:	9	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 298:	**VALUE_CODE_6**				
	Code describing information that may affect payer processing.				
Coding Scheme:	Same as Field 288.				
Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 299:	**VALUE_AMOUNT_6**				
	Amount (in cents) that may be affected.				
Length:	9	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 300:	**VALUE_CODE_7**				
	Code describing information that may affect payer processing.				
Coding Scheme:	Same as Field 288.				
Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 301:	**VALUE_AMOUNT_7**				
	Amount (in cents) that may be affected.				
Length:	9	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 302:	**VALUE_CODE_8**				
	Code describing information that may affect payer processing.				
Coding Scheme:	Same as Field 288.				
Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 303:	**VALUE_AMOUNT_8**				
	Amount (in cents) that may be affected.				
Length:	9	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 304:	**VALUE_CODE_9**				
	Code describing information that may affect payer processing.				
Coding Scheme:	Same as Field 288.				
Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 305:	**VALUE_AMOUNT_9**				
	Amount (in cents) that may be affected.				
Length:	9	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 306:	**VALUE_CODE_10**				
	Code describing information that may affect payer processing.				
Coding Scheme:	Same as Field 288.				
Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 307:	**VALUE_AMOUNT_10** Amount (in cents) that may be affected.				
Length:	9	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 308:	**VALUE_CODE_11** Code describing information that may affect payer processing.				
Coding Scheme:	Same as Field 288.				
Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 309:	**VALUE_AMOUNT_11** Amount (in cents) that may be affected.				
Length:	9	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 310:	**VALUE_CODE_12** Code describing information that may affect payer processing.				
Coding Scheme:	Same as Field 288.				
Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 311:	**VALUE_AMOUNT_12** Amount (in cents) that may be affected.				
Length:	9	**Type:**	Alphanumeric	**Data Source:**	Claim
Field 312:	**PRIVATE_AMOUNT** Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 11X, 14X				
Length:	12	**Type:**	Numeric	**Data Source:**	Calculated
Field 313:	**SEMI_PRIVATE_AMOUNT** Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 10X, 12X-14X, 16X-19X				
Length:	12	**Type:**	Numeric	**Data Source:**	Calculated
Field 314:	**WARD_AMOUNT** Accommodation Charge, Ward Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 15X.				
Length:	12	**Type:**	Numeric	**Data Source:**	Calculated
Field 315:	**ICU_AMOUNT** Accommodation Charge, Intensive Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 20X.				
Length:	12	**Type:**	Numeric	**Data Source:**	Calculated
Field 316:	**CCU_AMOUNT** Accommodation Charge, Coronary Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 21X.				
Length:	12	**Type:**	Numeric	**Data Source:**	Calculated
Field 317:	**OTHER_AMOUNT** Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 002-099, 22X-24X, 52X-53X, 55X-60X, 64X-70X, 76X-78X, 90X-95X, 99X.				
Length:	12	**Type:**	Numeric	**Data Source:**	Calculated
Field 318:	**PHARM_AMOUNT** Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 26X, 63X. 25??				
Length:	12	**Type:**	Numeric	**Data Source:**	Calculated
Field 319:	**MEDSURG_AMOUNT**				

Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using MEDPAR algorithm.
Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 27X, 62X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 320: **DME_AMOUNT**
Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue centers 290-292, 294-299.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 321: **USED_DME_AMOUNT**
Ancillary Service Charge. Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR
algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 293.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 322: **PT_AMOUNT**
Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR algorithm.
Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 42X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 323: **OT_AMOUNT**
Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm.
Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 42X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 324: **SPEECH_AMOUNT**
Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm.
Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 44X, 47X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 325: **IT_AMOUNT**
Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm.
Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 41X, 46X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 326: **BLOOD_AMOUNT**
Ancillary Service Charge. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 38X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 327: **BLOOD_ADMIN_AMOUNT**
Ancillary Service Charge. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 39X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 328: **OR_AMOUNT**
Ancillary Service Charge, Operating Room Charge amount. Calculated using MEDPAR algorithm.
Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 36X, 71X-72X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 329: **LITH_AMOUNT**
Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm.
Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 79X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 330: **CARD_AMOUNT**

Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm.
Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 48X, 73X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 331: **ANES_AMOUNT**
Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm.
Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 37X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 332: **LAB_AMOUNT**
Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm.
Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 30X-31X, 74X-75X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 333: **RAD_AMOUNT**
Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm.
Sum (in cents) of charges associated with revenue codes other than 0100-0219,
revenue center 28X, 32X-35X, 40X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 334: **MRI_AMOUNT**
Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm.
Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 61X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 335: **OP_AMOUNT**
Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm.
Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 49X-50X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 336: **ER_AMOUNT**
Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR algorithm.
Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 45X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 337: **AMBULANCE_AMOUNT**
Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm.
Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 54X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 338: **PRO_FEE_AMOUNT**
Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm.
Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 96X-98X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 339: **ORGAN_AMOUNT**
Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm.
Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 81X, 89X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 340: **ESRD_AMOUNT**
Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm.
Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 80X, 82X-88X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 341: **CLINIC_AMOUNT**
Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm.
Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 51X.

Length:	12	**Type:**	Numeric	**Data Source:**	Calculated

Field 342: **FIRST_PAYMENT_SRC**

Code indicating the expected primary source of payment.

Coding Scheme:

09	Selfpay (Removed from 5010 format, use "ZZ" beginning 2Q2012 data)	HM	Health Maintenance Organization
10	Central Certification	LI	Liability
11	Other Non-federal Programs	LM	Liability Medical
12	Preferred Provider Organization (PPO)	MA	Medicare Part A
13	Point of Service (POS)	MB	Medicare Part B
14	Exclusive Provider Organization (EPO)	MC	Medicaid
15	Indemnity Insurance	TV	Title V
16	Health Maintenance Organization (HMO) Medicare Risk	OF	Other Federal Program
AM	Automobile Medical	VA	Veteran Administration Plan
BL	Blue Cross/Blue Shield	WC	Workers Compensation Health Claim
CH	CHAMPUS	ZZ	Charity, Indigent or Unknown
CI	Commercial Insurance		
DS	Disability Insurance		

Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 343: **FIRST_PAYER_ID**

National Plan Identifier (when implemented by federal government).

Length:	10	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 344: **FIRST_PAYER_NAME**

Name of primary source of payment.

Length:	35	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 345: **SECONDARY_PAYMENT_SRC**

Code indicating the expected secondary source of payment.

Coding Scheme: Same as field 33, FIRST_PAYMENT_SRC

Length:	2	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 346: **SECONDARY_PAYER_ID**

National Plan Identifier (when implemented by federal government).

Length:	10	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 347: **SECONDARY_PAYER_NAME**

Name of primary source of payment.

Length:	35	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 348: **TOTAL_CHARGES**

Sum (in cents) of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. Replaces TOTAL_CHARGES_23.

Length:	12	**Type:**	Numeric	**Data Source:**	Claim

Field 349: **TOTAL_NON_COV_CHARGES**

Sum (in cents) of non-covered accommodation charges, non-covered ancillary charges.

Length:	12	**Type:**	Numeric	**Data Source:**	Claim

Field 350: **TOTAL_CHARGES_ACCOMM**

Sum (in cents) of covered and non-covered accommodation charges.

Length:	12	**Type:**	Numeric	**Data Source:**	Claim

Field 351: **TOTAL_NON_COV_CHARGES_ACCOMM**

	Sum (in cents) of non-covered accommodations charges.				
Length:	12	**Type:**	Numeric	**Data Source:**	Claim

Field 352:	**TOTAL_CHARGES_ANCIL**				
	Sum (in cents) of covered and non-covered ancillary charges.				
Length:	12	**Type:**	Numeric	**Data Source:**	Claim

Field 353:	**TOTAL_NON_COV_CHARGES_ANCIL**				
	Sum (in cents) of non-covered ancillary charges.				
Length:	12	**Type:**	Numeric	**Data Source:**	Claim

Field 354:	**INBOUND_INDICATOR**				
	Indicates the format of data as submitted.				
Coding Scheme:	8	837 format			
	D	Data entry			
	U	UB-92 format			
Length:	1	**Type:**	Alphanumeric	**Data Source:**	Claim

Field 355:	**CERT_STATUS**				
	Assignment of a code to indicate the certification of data and submission of comments by the hospital. First available 3rd quarter 1999.				
Coding Scheme:	1	Certified, without comment			
	2	Certified, with comment			
	3	Certified, with comment, comment not received by deadline			
	4	Hospital elected not to certify			
	5	Hospital closed, data not certified			
	6	Hospital out of compliance, did not certify data			
Length:	1	**Type:**	Alphanumeric	**Data Source:**	**Assigned**

CHARGES DATA FILE

Field 1:	**RECORD_ID**		
Description:	Record Identification Number. Unique number assigned to identify the record. First available 1st quarter 2002. Does NOT match the RECORD_ID in THCIC PUDF, but does match with other inpatient Research Data Files (RDF's).		
Beginning Position:	1	**Data Source:**	Assigned
Length:	12	**Type:**	Alphanumeric

Field 2:	**REVENUE_CODE**			
Description:	Code corresponding to each specific accommodation, ancillary service or billing calculation related to the services being billed.			
Coding Scheme:	0100	All-inclusive room charges plus ancillary	0516	Clinic - urgent care
	0101	All-inclusive room charges	0517	Clinic - family practice
	0110	Room charges for private rooms - general	0519	Clinic - other
	0111	Room charges for private rooms - medical/surgical/GYN	0520	Freestanding Clinic - general
	0112	Room charges for private rooms - obstetrics	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
	0113	Room charges for private rooms - pediatric	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner
	0114	Room charges for private rooms - psychiatric	0523	Freestanding Clinic - family practice
	0115	Room charges for private rooms - hospice	0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF

0116	Room charges for private rooms - detoxification	0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility
0117	Room charges for private rooms - oncology	0526	Freestanding Clinic - urgent care
0118	Room charges for private rooms - rehabilitation	0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area
0119	Room charges for private rooms - other	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
0120	Room charges for semi-private rooms - general	0529	Freestanding Clinic - other
0121	Room charges for semi-private rooms - medical/surgical/GYN	0530	Osteopathic service - general
0122	Room charges for semi-private rooms - obstetrics	0531	Osteopathic service - therapy
0123	Room charges for semi-private rooms - pediatric	0539	Osteopathic service - other
0124	Room charges for semi-private rooms - psychiatric	0540	Ambulance service - general
0125	Room charges for semi-private rooms - hospice	0541	Ambulance service - supplies
0126	Room charges for semi-private rooms - detoxification	0542	Ambulance service - medical transport
0127	Room charges for semi-private rooms - oncology	0543	Ambulance service - heart mobile
0128	Room charges for semi-private rooms - rehabilitation	0544	Ambulance service - oxygen
0129	Room charges for semi-private rooms - other	0545	Ambulance service - air ambulance
0130	Room charges for semi-private - 3/4 beds - rooms - general	0546	Ambulance service - neonatal
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0547	Ambulance service - pharmacy
0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0548	Ambulance service - telephone transmission EKG
0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0549	Ambulance service - other
0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0550	Skilled nursing - general
0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0551	Skilled nursing - visit charge
0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0552	Skilled nursing - hourly charge
0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0559	Skilled nursing - other
0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0560	Medical social services - general
0139	Room charges for semi-private - 3/4 beds - rooms - other	0561	Medical social services - visit charge
0140	Room charges for private (deluxe) rooms - general	0562	Medical social services - hourly charge
0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	0569	Medical social services - other
0142	Room charges for private (deluxe) rooms - obstetrics	0570	Home health aide - general
0143	Room charges for private (deluxe) rooms - pediatric	0571	Home health aide - visit charge
0144	Room charges for private (deluxe) rooms - psychiatric	0572	Home health aide - hourly charge
0145	Room charges for private (deluxe) rooms - hospice	0579	Home health aide - other
0146	Room charges for private (deluxe) rooms - detoxification	0580	Other visits (home health) - general
0147	Room charges for private (deluxe) rooms - oncology	0581	Other visits (home health) - visit charge
0148	Room charges for private (deluxe) rooms - rehabilitation	0582	Other visits (home health) - hourly charge
0149	Room charges for private (deluxe) rooms - other	0583	Other visits (home health) - assessment
0150	Room charges for ward rooms - general	0589	Other visits (home health) - other

0151	Room charges for ward rooms - medical/surgical/GYN	0590	Units of service (home health) - general
0152	Room charges for ward rooms - obstetrics	0599	Units of service (home health) - other
0153	Room charges for ward rooms - pediatric	0600	Oxygen (home health) - general
0154	Room charges for ward rooms - psychiatric	0601	Oxygen (home health) - stat/equip/supply or contents
0155	Room charges for ward rooms - hospice	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0156	Room charges for ward rooms - detoxification	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0157	Room charges for ward rooms - oncology	0604	Oxygen (home health) - portable add-in
0158	Room charges for ward rooms - rehabilitation	0610	MRI - general
0159	Room charges for ward rooms - other	0611	MRI - brain (including brain stem)
0160	Room charges for other rooms - general	0612	MRI - spinal cord (including spine)
0161	Room charges for other rooms - medical/surgical/GYN	0619	MRI - other
0162	Room charges for other rooms - obstetrics	0621	Medical/surgical supplies - incident to radiology
0163	Room charges for other rooms - pediatric	0622	Medical/surgical supplies - incident to other diagnostic services
0164	Room charges for other rooms - psychiatric	0623	Medical/surgical supplies - surgical dressings
0165	Room charges for other rooms - hospice	0624	Medical/surgical supplies - FDA investigational devices
0166	Room charges for other rooms - detoxification	0630	Drugs requiring specific identification - general
0167	Room charges for other rooms - oncology	0631	Drugs requiring specific identification - single source
0168	Room charges for other rooms - rehabilitation	0632	Drugs requiring specific identification - multiple source
0169	Room charges for other rooms - other	0633	Drugs requiring specific identification - restrictive prescription
0170	Room charges for nursery - general	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0171	Room charges for nursery - newborn level I	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0172	Room charges for nursery - newborn level II	0636	Drugs requiring specific identification - requiring detailed coding
0173	Room charges for nursery - newborn level III	0637	Drugs requiring specific identification - self-adminstrable nto requiring detailed coding
0174	Room charges for nursery - newborn level IV	0640	Home IV therapy services - general
0179	Room charges for nursery - other	0641	Home IV therapy services - nonroutine nursing, central line
0180	Room charges for LOA - general	0642	Home IV therapy services - IV site care, central line
0182	Room charges for LOA - patient convenice-charges billable	0643	Home IV therapy services - IV start/change, peripheral line
0183	Room charges for LOA - therapeutic leave	0644	Home IV therapy services - nonroutine nursing, peripheral line
0184	Room charges for LOA - ICF mentally retarded - any reason	0645	Home IV therapy services - training patient/caregiver, central line
0185	Room charges for LOA - hospitalization	0646	Home IV therapy services - traning, disabled patient, central line
0189	Room charges for LOA - other	0647	Home IV therapy services - training, patient/caregiver, peripheral
0190	Room charges for subacute care - general	0648	Home IV therapy services - training, disabled patient, peripheral
0191	Room charges for subacute care - Level I (skilled care)	0649	Home IV therapy services - other
0192	Room charges for subacute care - Level II (comprehensive care)	0650	Hospice services - general
0193	Room charges for subacute care - Level III (complex care)	0651	Hospice services - routine home care
0194	Room charges for subacute care - Level IV (intensive care)	0652	Hospice services - continuous home care
0199	Room charges for subacute care - other	0655	Hospice services - inpatient respite care
0200	Room charges for intensive care - general	0656	Hospice services - general inpatient care (nonrespite)
0201	Room charges for intensive care - surgical	0657	Hospice services - physician services

0202	Room charges for intensive care - medical	0658	Hospice services - room and board - nursing facility
0203	Room charges for intensive care - pediatric	0659	Hospice services - other
0204	Room charges for intensive care - psychiatric	0660	Respite care - general
0206	Room charges for intensive care - intermediate intensive care unit (ICU)	0661	Respite care - hourly charge/skilled nursing
0207	Room charges for intensive care - burn care	0662	Respite care - hourly charge/aide/homemaker/companion
0208	Room charges for intensive care - trauma	0663	Respite care - daily charge
0209	Room charges for intensive care - other	0669	Respite care - other
0210	Room charges for coronary care - general	0670	Outpatient special residence - general
0211	Room charges for coronary care - myocardial infarction	0671	Outpatient special residence - hospital based
0212	Room charges for coronary care - pulmonary care	0672	Outpatient special residence - contracted
0213	Room charges for coronary care - heart transplant	0679	Outpatient special residence - other
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0681	Trauma response - level I
0219	Room charges for coronary care - other	0682	Trauma response - level II
0220	Special charges - general	0683	Trauma response - level III
0221	Special charges - admission charge	0684	Trauma response - level IV
0222	Special charges - technical support charge	0689	Trauma response - other
0223	Special charges - UR service charge	0700	Cast Room services - general
0224	Special charges - late discharge, medically necessary	0709	Cast Room services - other
0229	Special charges - other	0710	Recovery Room services - general
0230	Incremental nursing care - general	0719	Recovery Room services - other
0231	Incremental nursing care - nursery	0720	Labor/Delivery Room services - general
0232	Incremental nursing care - OB	0721	Labor/Delivery Room services - labor
0233	Incremental nursing care - ICU (includes transitional care)	0722	Labor/Delivery Room services - delivery
0234	Incremental nursing care - CCU (includes transitional care)	0723	Labor/Delivery Room services - circumcision
0235	Incremental nursing care - hospice	0724	Labor/Delivery Room services - birthing center
0239	Incremental nursing care - other	0729	Labor/Delivery Room services - other
0240	All-inclusive ancillary - general	0730	EKG/ECG services - general
0249	All-inclusive ancillary - other	0731	EKG/ECG services - holter monitor
0250	Pharmacy - general	0732	EKG/ECG services - telemetry
0251	Pharmacy - generic drugs	0739	EKG/ECG services - other
0252	Pharmacy - nongeneric drugs	0740	EEG services - general
0253	Pharmacy - take-home drugs	0749	EEG services - other
0254	Pharmacy - drugs incident to other diagnostic services	0750	Gastrointestinal services - general
0255	Pharmacy - drugs incident to radiology	0759	Gastrointestinal services - other
0256	Pharmacy - experimental drugs	0760	Treatment or observation room services - general
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0258	Pharmacy - IV solutions	0762	Specialty Room - Treatment/ Observation Room - Observation Room
0259	Pharmacy – other		
0260	IV Therapy - general	0769	Treatment or observation room services - other
0261	IV Therapy - infusion pump	0770	Preventive care services - general
0262	IV Therapy - pharmacy services	0771	Preventive care services - vaccine administration
0263	IV Therapy - durg/supply delivery	0779	Preventive care services - other
0264	IV Therapy - supplies	0780	Telemedicine services - general
0269	IV Therapy - other	0789	Telemedicine services - other
0270	Medical surgical supplies and devices - general	0790	Extra-corporeal shockwave therapy - general
0271	Medical surgical supplies and devices - nonsterile	0799	Extra-corporeal shockwave therapy - other

0272	Medical surgical supplies and devices - sterile		
0273	Medical surgical supplies and devices - take-home		
0274	Medical surgical supplies and devices - prosthetic/orthotic	0800	Inpatient renal dialysis services - general
0275	Medical surgical supplies and devices - pacemaker	0801	Inpatient renal dialysis services - hemodialysis
0276	Medical surgical supplies and devices - intraocular lens (IOL)	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0277	Medical surgical supplies and devices - oxygen - take-home	0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0278	Medical surgical supplies and devices - other implants	0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0279	Medical surgical supplies and devices - other	0809	Inpatient renal dialysis services - other
0280	Oncology - general	0810	Organ acquisition - general
0289	Oncology - other	0811	Organ acquisition - living donor
0290	DME - general	0812	Organ acquisition - cadaver donor
0291	DME - rental	0813	Organ acquisition - unknown donor
0292	DME - purchase of new	0814	Organ acquisition - unsuccessful organ search-donor bank charges
0293	DME - purchase of used	0819	Organ acquisition - other donor
0294	DME - supplies/drugs for DME effectiveness	0820	Hemodialysis - outpatient or home - general
0299	DME - other equipment	0821	Hemodialysis - outpatient or home - composite or other rate
0300	Laboratory - general	0825	Hemodialysis - outpatient or home - support services
0301	Laboratory - chemistry	0829	Hemodialysis - outpatient or home - other
0302	Laboratory - immunology	0830	Peritoneal dialysis - outpatient or home - general
0303	Laboratory - renal patient (home)	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0304	Laboratory - nonroutine dialysis	0835	Peritoneal dialysis - outpatient or home - support services
0305	Laboratory - hemotology	0839	Peritoneal dialysis - outpatient or home - other
0306	Laboratory - bacteriology and microbiology	0840	CAPD - outpatient or home - general
0307	Laboratory - urology	0841	CAPD - outpatient or home - composite or other rate
0309	Laboratory - other	0845	CAPD - outpatient or home - support services
0310	Laboratory pathological - general	0849	CAPD - outpatient or home - other
0311	Laboratory pathological - cytology	0850	CCPD - outpatient or home - general
0312	Laboratory pathological - histology	0851	CCPD - outpatient or home - composite or other rate
0313	Laboratory pathological - biopsy	0855	CCPD - outpatient or home - support services
0319	Laboratory pathological - other	0859	CCPD - outpatient or home - other
0320	Radiology - diagnostic - general	0880	Miscellaneous dialysis - general
0321	Radiology - diagnostic - angiocardiography	0881	Miscellaneous dialysis - ultrafiltration
0322	Radiology - diagnostic - arthrography	0882	Miscellaneous dialysis - home aide visit
0323	Radiology - diagnostic - arteriography	0889	Miscellaneous dialysis - other
0324	Radiology - diagnostic - chest x-ray	0900	Behavior health reatments/services - general
0329	Radiology - diagnostic - other	0901	Behavior health treatments/services - electroshock
0330	Radiology - therapeutic and/or chemotherapy adminstration - general	0902	Behavior health treatments/services - milieu therapy
0331	Radiology - therapeutic and/or chemotherapy adminstration - chemotherapy - injected	0903	Behavioral health treatments/services - play therapy
0332	Radiology - therapeutic and/or chemotherapy adminstration - chemotherapy - oral	0904	Behavior health treatments/services - activity therapy
0333	Radiology - therapeutic and/or chemotherapy adminstration - radiation therapy	0905	Behavior health treatments/services - intensive outpatient services - psychiatric
0335	Radiology - therapeutic and/or chemotherapy adminstration - chemotherapy - IV	0906	Behavior health treatments/services - intensive outpatient services - chemical dependency
0339	Radiology - therapeutic and/or chemotherapy adminstration - other	0907	Behavior health treatments/services - community behavioral health program
0340	Nuclear medicine - general	0909	Behavior health treatments - other

0341	Nuclear medicine - diagnostic procedures	0910	Reserved
0342	Nuclear medicine - therapeutic procedures	0911	Behavior health treatment/services - rehabilitation
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0912	Behavior health treatment/services - partial hospitalization - less intensive
0344	Nuclear medicine - therapeutic radiopharmaceuticals	0913	Behavior health treatment/services - partial hospitalization - intensive
0349	Nuclear medicine - other	0914	Behavior health treatment/services - individual therapy
0350	CT scan - general	0915	Behavior health treatment/services - group therapy
0351	CT scan - head	0916	Behavior health treatment/services - family therapy
0352	CT scan - body	0917	Behavior health treatment/services - biofeedback
0359	CT scan - other	0918	Behavior health treatment/services - testing
0360	Operating room services - general	0919	Behavior health treatment/services - other
0361	Operating room services - minor surgery	0920	Other diagnostic services - general
0362	Operating room services - organ transplant other than kidney	0921	Other diagnostic services - peripheral vascular lab
0367	Operating room services - kidney transplant	0922	Other diagnostic services - electromyelogram
0369	Operating room services - other	0923	Other diagnostic services - pap smear
0370	Anesthesia - general	0924	Other diagnostic services - allergy test
0371	Anesthesia - incident to radiology	0925	Other diagnostic services - pregnancy test
0372	Anesthesia - incident to other diagnostic services	0929	Other diagnostic services - other
0374	Anesthesia - acupuncture	0931	Medical rehabilitation day program - half day
0379	Anesthesia - other	0932	Medical rehabilitation day program - full day
0380	Blood - general	0940	Other therapeutic services - general
0381	Blood - packed red cells	0941	Other therapeutic services - recreational therapy
0382	Blood - whole blood	0942	Other therapeutic services - education/training
0383	Blood - plasma	0943	Other therapeutic services - cardiac rehabilitation
0384	Blood - platelets	0944	Other therapeutic services - drug rehabilitation
0385	Blood - leukocytes	0945	Other therapeutic services - alcohol rehabilitation
0386	Blood - other components	0946	Other therapeutic services - complex medical equipment - routine
0387	Blood - other derivatives (cryoprecipitates)	0947	Other therapeutic services - complex medical equipment - ancillary
0389	Blood - other	0949	Other therapeutic services - other
0390	Blood amd blood component administration, storage and processing - general	0960	Professional fees - general
0391	Blood and blood component administration, storage and processing - administration	0961	Professional fees - psychiatric
0399	Blood and blood component administration, storage and processing - other	0962	Professional fees - ophthalmology
0400	Other imaging services - general	0963	Professional fees - anesthesiologist (MD)
0401	Other imaging services - diagnostic mammography	0964	Professional fees - anesthetist (CRNA)
0402	Other imaging services - ultrasound	0969	Professional fees - other
0403	Other imaging services - screening mammography	0970	Professional fees - general
0404	Other imaging services - PET	0971	Professional fees - laboratory
0409	Other imaging services - other	0972	Professional fees - radiology - diagnostic
0410	Respiratory services - general	0973	Professional fees - radiology - therapeutic
0412	Respiratory services - inhalation	0974	Professional fees - readiology - nuclear medicine
0413	Respiratory services - hyperbaric oxygen therapy	0975	Professional fees - operating room
0419	Respiratory services - other	0976	Professional fees - respiratory therapy
0420	Physical therapy - general	0977	Professional fees - physical therapy
0421	Physical therapy - visit charge	0978	Professional fees - occupational therapy
0422	Physical therapy - hourly charge	0979	Professional fees - speech therapy

0423	Physical therapy - group rate	0980	Professional fees - general
0424	Physical therapy - evaluation or reevaluation	0981	Professional fees - emergency room
0429	Physical therapy - other	0982	Professional fees - outpatient services
0430	Occupational therapy - general	0983	Professional fees - clinic
0431	Occupational therapy - visit charge	0984	Professional fees - medical social services
0432	Occupational therapy - hourly charge	0985	Professional fees - EKG
0433	Occupational therapy - group rate	0986	Professional fees - EEG
0434	Occupational therapy - evaluation or reevaluation	0987	Professional fees - hospital visit
0439	Occupational therapy - other	0988	Professional fees - consultation
0440	Speech-language pathology - general	0989	Professional fees - private duty nurse
0441	Speech-language pathology - visit charge	0990	Patient convenience items - general
0442	Speech-language pathology - hourly charge	0991	Patient convenience items - cafeteria/guest tray
0443	Speech-language pathology - group rate	0992	Patient convenience items - private linen service
0444	Speech-language pathology - evaluation or reevaluation	0993	Patient convenience items - telephone/telegraph
0449	Speech-language pathology - other	0994	Patient convenience items - TV/radio
0450	Emergency room - general	0995	Patient convenience items - nonpatient room rentals
0451	Emergency room - EMTALA emergency medical screening services	0996	Patient convenience items - late discharge charge
0452	Emergency room - beyond EMTALA screening	0997	Patient convenience items - admission kits
0456	Emergency room - urgent care	0998	Patient convenience items - beauty shop/barber
0459	Emergency room - other	0999	Patient convenience items - other
0460	Pulmonary function - general	1000	Behavior health accommodations - general
0469	Pulmonary function - other	1001	Behavior health accommodations - residential treatment - psychiatric
0470	Audiology - general	1002	Behavior health accommodations - residential treatment - chemical dependency
0471	Audiology - diagnostic	1003	Behavior health accommodations - supervised living
0472	Audiology - treatment	1004	Behavior health accommodations - halfway house
0479	Audiology - other	1005	Behavior health accommodations - group home
0480	Cardiology - general	2100	Alternative therapy services - general
0481	Cardiology - cardiac cath lab	2101	Alternative therapy services - acupuncture
0482	Cardiology - stress test	2102	Alternative therapy services - acupressure
0483	Cardiology - echocardiology	2103	Alternative therapy services - massage
0489	Cardiology - other	2104	Alternative therapy services - reflexology
0490	Ambulatory surgical care - general	2105	Alternative therapy services - biofeedback
0499	Ambulatory surgical care - other	2106	Alternative therapy services - hypnosis
0500	Outpatient services - general	2109	Alternative therapy services - other
0509	Outpatient services - other	3101	Adult day care, medical and social - hourly
0510	Clinic - general	3102	Adult day care, social - hourly
0511	Clinic - chronic pain	3103	Adult day care, medical and social - daily
0512	Clinic - dental	3104	Adult day care, social - daily
0513	Clinic - psychiatric	3105	Adult foster care - daily
0514	Clinic - OB/GYN	3109	Adult foster care - other

Beginning Position:	13	**Data Source:**	Claim
Length:	4	**Type:**	Alphanumeric

Field 3: **HCPCS_QUALIFIER**
Description:

Beginning Position:	17	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 4 **HCPCS_PROCEDURE_CODE**
Description: HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.
Coding Scheme: See *http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp* for complete list.

Beginning Position:	19	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric

Field 5: **MODIFIER_1**

Description: Identifies special circumstances related to the performance of the service

Coding Scheme:

0	No assessment completed	F2	Left hand, third digit
1	Medicare 5 day assessment (full)	F3	Left hand, fourth digit
2	Medicare 30 day assessment (full)	F4	Left hand, fifth digit
3	Medicare 60 day assessment (full)	F5	Right hand, thumb
4	Medicare 90 day assessment (full)	F6	Right hand, second digit
7	Medicare 14 day assessment (comprehensive or full)	F7	Right hand, third digit
8	Other Medicare required assessment (OMRA)	F8	Right hand, fourth digit
11	Admission assessment - Medicare 5 day assessment (comprehensive)	F9	Right hand, fifth digit
25	Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure o	FA	Left hand, thumb
31	SCSA or OMRA/Medicare 5 day assessment (replacement)	G1	Most recent URR of less than 60%
32	SCSA or OMRA/Medicare 30 day assessment (replacement)	G2	Most recent URR of 60% to 64%
33	SCSA or OMRA/Medicare 60 day assessment (replacement)	G3	Most recent URR of 65% to 69.9%
34	SCSA or OMRA/Medicare 90 day assessment (replacement)	G4	Most recent URR of 70% to 74.9%
37	SCSA or OMRA/Medicare 14 day assessment (replacement)	G5	Most recent URR of 75% or greater
38	Significant change in status assessment (SCSA)	GN	Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care.
41	Significant correction of prior full assessment/Medicare 5 day assessment	GO	Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care.
42	Significant correction of prior full assessment/Medicare 30 day assessment	GP	Service delivered personally by an physical therapist or under an outpatient physical therapy plan of care.
43	Significant correction of prior full assessment/Medicare 60 day assessment	LC	Left circulflex coronary artery
44	Significant correction of prior full assessment/Medicare 90 day assessment	LD	Left anterior descending coronary artery
47	Significant correction of prior full assessment/Medicare 14 day assessment	LT	Left side of the body procedure
48	Significant correction of prior full assessment/OMRA or SCSA	QM	Ambulance service provided under arrangement by a provider of services
50	Bilateral procedure	QN	Ambulance service furnished directly by a provider of services
52	Reduced services	QP	Documentation exists showing that the laboratory test(s) was ordered individually, or as CPT-recognized panel other than profil
53	Discontinued procedure	RC	Right coronary artery
54	Quarterly review assessment - Medicare 90 assessment (full)	RT	Right side of the body procedure
58	Staged or related procedure or service by the same physician during the postoperative period	T1	Left foot, second digit
59	Distinct procedural service	T2	Left foot, third digit
76	Repeat procedure by same physician	T3	Left foot, fourth digit
77	Repeat procedure by another physician	T4	Left foot, fifth digit
78	Return to the operating room for a related procedure during the postoperative period	T5	Right foot, great toe
79	Unrelated procedure of service by the same physician during the postoperative period	T6	Right foot, second digit
E1	Upper left eyelid	T7	Right foot, third digit
E2	Lower left eyelid	T8	Right foot, fourth digit
E3	Upper right eyelid	T9	Right foot, fifth digit
E4	Lower right eyelid	TA	Left foot, great toe
F1	Left hand, second digit		

Beginning Position:	24	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 6:	**MODIFIER_2**		
Description:	Identifies special circumstances related to the performance of the service.		
Coding Scheme:	Same as Field 5		
Beginning Position:	26	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 7:	**MODIFIER_3**		
Description:	Identifies special circumstances related to the performance of the service.		
Coding Scheme:	Same as Field 5		
Beginning Position:	28	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 8:	**MODIFIER_4**		
Description:	Identifies special circumstances related to the performance of the service.		
Coding Scheme:	Same as Field 5		
Beginning Position:	30	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 9:	**UNIT_MEASUREMENT_CODE**		
Description:	Code specifying the units in which a value is being expressed.		
Coding Scheme:	DA Days F2 International unit UN Unit		
Beginning Position:	32	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 10:	**UNITS_OF_SERVICE**		
Description:	Numeric value of quantity		
Beginning Position:	34	**Data Source:**	Claim
Length:	7	**Type:**	Numeric
Field 11:	**UNIT_RATE**		
Description:	Rate per unit		
Beginning Position:	41	**Data Source:**	Claim
Length:	12	**Type:**	Numeric
Field 12:	**CHRGS_LINE_ITEM**		
Description:	Total amount of the charge		
Beginning Position:	53	**Data Source:**	Assigned
Length:	14	**Type:**	Numeric
Field 13:	**CHRGS_NON_COV**		
Description:	Total non-covered amount of the charge		
Beginning Position:	67	**Data Source:**	Assigned
Length:	14	**Type:**	Numeric

DATA ELEMENTS AVAILABLE FOR TEXAS HOSPITAL INPATIENT DISCHARGE RESEARCH DATA FILE, 2004 - PRESENT

Base Data File

Data Dictionary #	RUDF Field Name 2004-present	Available in RDF
1	RECORD_ID (DOES NOT match to PUDF. Does match with unique RDF files. No charge for this field.)	Yes
2	THCIC_ID	Yes
3	PROVIDER_NAME	Yes
4	PROVIDER_ADDR	Yes
5	PROVIDER_CITY	Yes
6	PROVIDER_STATE	Yes
7	PROVIDER_ZIP	Yes
8	FAC_TEACHING_IND	Yes
9	FAC_PSYCH_IND	Yes
10	FAC_REHAB_IND	Yes
11	FAC_ACUTE_CARE_IND	Yes
12	FAC_SNF_IND	Yes
13	FAC_LONG_TERM_AC_IND	Yes
14	FAC_OTHER_LTC_IND	Yes
15	FAC_PEDS_IND	Yes
16	SPEC_UNIT_1	Yes
17	SPEC_UNIT_2	Yes
18	SPEC_UNIT_3	Yes
19	SPEC_UNIT_4	Yes
20	SPEC_UNIT_5	Yes
21	ENCOUNTER_INDICATOR	Yes
22	PAT_UNIQUE_INDEX	Yes
23	SEX_CODE	Yes
24	BIRTH_DATE	Yes
25	PAT_AGE_GROUP	Yes
26	PAT_AGE_YEARS	Yes
27	PAT_AGE_DAYS	Yes
28	RACE	Yes
29	ETHNICITY	Yes
30	PAT_ADDR_CENSUS_BLOCK_GROUP	Yes
31	PAT_ADDR_CENSUS_BLOCK	Yes
32	PAT_CITY	Yes
33	PAT_STATE	Yes
34	PAT_ZIP	Yes
35	PAT_COUNTRY	Yes
36	COUNTY	Yes

37	Public Health Region (PHR)	Yes
38	TYPE_OF_ADMISSION	Yes
39	SOURCE_OF_ADMISSION	Yes
40	ADMIT_START_OF_CARE	Yes
41	ADMIT_WEEKDAY	Yes
42	ADMIT_HOUR	Yes
43	STMT_PERIOD_FROM	Yes
44	STMT_PERIOD_THRU	Yes
45	LENGTH_OF_STAY	Yes
46	PAT_STATUS	Yes
47	DISCHARGE_HOUR	Yes
48	TYPE_OF_BILL	Yes
49	ADMITTING_DIAGNOSIS	Yes
50	PRINC_DIAG_CODE	Yes
51	POA_PRINC_DIAG_CODE	Beginning 2011
52	OTH_DIAG_CODE_1	Yes
53	POA_OTH_DIAG_CODE_1	Beginning 2011
54	OTH_DIAG_CODE_2	Yes
55	POA_OTH_DIAG_CODE_2	Beginning 2011
56	OTH_DIAG_CODE_3	Yes
57	POA_OTH_DIAG_CODE_3	Beginning 2011
58	OTH_DIAG_CODE_4	Yes
59	POA_OTH_DIAG_CODE_4	Beginning 2011
60	OTH_DIAG_CODE_5	Yes
61	POA_OTH_DIAG_CODE_5	Beginning 2011
62	OTH_DIAG_CODE_6	Yes
63	POA_OTH_DIAG_CODE_6	Beginning 2011
64	OTH_DIAG_CODE_7	Yes
65	POA_OTH_DIAG_CODE_7	Beginning 2011
66	OTH_DIAG_CODE_8	Yes
67	POA_OTH_DIAG_CODE_8	Beginning 2011
68	OTH_DIAG_CODE_9	Yes
69	POA_OTH_DIAG_CODE_9	Beginning 2011
70	OTH_DIAG_CODE_10	Yes
71	POA_OTH_DIAG_CODE_10	Beginning 2011
72	OTH_DIAG_CODE_11	Yes
73	POA_OTH_DIAG_CODE_11	Beginning 2011
74	OTH_DIAG_CODE_12	Yes
75	POA_OTH_DIAG_CODE_12	Beginning 2011
76	OTH_DIAG_CODE_13	Yes
77	POA_OTH_DIAG_CODE_13	Beginning 2011
78	OTH_DIAG_CODE_14	Yes
79	POA_OTH_DIAG_CODE_14	Beginning 2011
80	OTH_DIAG_CODE_15	Yes
81	POA_OTH_DIAG_CODE_15	Beginning 2011
82	OTH_DIAG_CODE_16	Yes
83	POA_OTH_DIAG_CODE_16	Beginning 2011
84	OTH_DIAG_CODE_17	Yes

85	POA_OTH_DIAG_CODE_17	Beginning 2011
86	OTH_DIAG_CODE_18	Yes
87	POA_OTH_DIAG_CODE_18	Beginning 2011
88	OTH_DIAG_CODE_19	Yes
89	POA_OTH_DIAG_CODE_19	Beginning 2011
90	OTH_DIAG_CODE_20	Yes
91	POA_OTH_DIAG_CODE_20	Beginning 2011
92	OTH_DIAG_CODE_21	Yes
93	POA_OTH_DIAG_CODE 21	Beginning 2011
94	OTH_DIAG_CODE_22	Yes
95	POA_OTH_DIAG_CODE_22	Beginning 2011
96	OTH_DIAG_CODE_23	Yes
97	POA_OTH_DIAG_CODE_23	Beginning 2011
98	OTH_DIAG_CODE_24	Yes
99	POA_OTH_DIAG_CODE_24	Beginning 2011
100	E_CODE_1	Yes
101	POA_E_CODE_1	Beginning 2012
102	E_CODE_2	Yes
103	POA_E_CODE_2	Beginning 2012
104	E_CODE_3	Yes
105	POA_E_CODE_3	Beginning 2012
106	E_CODE_4	Yes
107	POA_E_CODE_4	Beginning 2012
108	E_CODE_5	Yes
109	POA_E_CODE_5	Beginning 2012
110	E_CODE_6	Yes
111	POA_E_CODE_6	Beginning 2012
112	E_CODE_7	Yes
113	POA_E_CODE_7	Beginning 2012
114	E_CODE_8	Yes
115	POA_E_CODE_8	Beginning 2012
116	E_CODE_9	Yes
117	POA_E_CODE_9	Beginning 2012
118	E_CODE_10	Yes
119	POA_E_CODE_10	Beginning 2012
120	PRINC_SURG_PROC_CODE	Yes
121	PRINC_SURG_PROC_DATE	Yes
122	PRINC_SURG_PROC_DAY	Yes
123	PRINC_ICD9_CODE	Yes
124	OTH_SURG_PROC_CODE_1	Yes
125	OTH_SURG_PROC_DATE_1	Yes
126	OTH_SURG_PROC_DAY_1	Yes
127	OTH_ICD9_CODE_1	Yes
128	OTH_SURG_PROC_CODE_2	Yes
129	OTH_SURG_PROC_DATE_2	Yes
130	OTH_SURG_PROC_DAY_2	Yes
131	OTH_ICD9_CODE_2	Yes
132	OTH_SURG_PROC_CODE_3	Yes

133	OTH_SURG_PROC_DATE_3	Yes
134	OTH_SURG_PROC_DAY_3	Yes
135	OTH_ICD9_CODE_3	Yes
136	OTH_SURG_PROC_CODE_4	Yes
137	OTH_SURG_PROC_DATE_4	Yes
138	OTH_SURG_PROC_DAY_4	Yes
139	OTH_ICD9_CODE_4	Yes
140	OTH_SURG_PROC_CODE_5	Yes
141	OTH_SURG_PROC_DATE_5	Yes
142	OTH_SURG_PROC_DAY_5	Yes
143	OTH_ICD9_CODE_5	Yes
144	OTH_SURG_PROC_CODE_6	Yes
145	OTH_SURG_PROC_DATE_6	Yes
146	OTH_SURG_PROC_DAY_6	Yes
147	OTH_ICD9_CODE_6	Yes
148	OTH_SURG_PROC_CODE_7	Yes
149	OTH_SURG_PROC_DATE_7	Yes
150	OTH_SURG_PROC_DAY_7	Yes
151	OTH_ICD9_CODE_7	Yes
152	OTH_SURG_PROC_CODE_8	Yes
153	OTH_SURG_PROC_DATE_8	Yes
154	OTH_SURG_PROC_DAY_8	Yes
155	OTH_ICD9_CODE_8	Yes
156	OTH_SURG_PROC_CODE_9	Yes
157	OTH_SURG_PROC_DATE_9	Yes
158	OTH_SURG_PROC_DAY_9	Yes
159	OTH_ICD9_CODE_9	Yes
160	OTH_SURG_PROC_CODE_10	Yes
161	OTH_SURG_PROC_DATE_10	Yes
162	OTH_SURG_PROC_DAY_10	Yes
163	OTH_ICD9_CODE_10	Yes
164	OTH_SURG_PROC_CODE_11	Yes
165	OTH_SURG_PROC_DATE_11	Yes
166	OTH_SURG_PROC_DAY_11	Yes
167	OTH_ICD9_CODE_11	Yes
168	OTH_SURG_PROC_CODE_12	Yes
169	OTH_SURG_PROC_DATE_12	Yes
170	OTH_SURG_PROC_DAY_12	Yes
171	OTH_ICD9_CODE_12	Yes
172	OTH_SURG_PROC_CODE_13	Yes
173	OTH_SURG_PROC_DATE_13	Yes
174	OTH_SURG_PROC_DAY_13	Yes
175	OTH_ICD9_CODE_13	Yes
176	OTH_SURG_PROC_CODE_14	Yes
177	OTH_SURG_PROC_DATE_14	Yes
178	OTH_SURG_PROC_DAY_14	Yes
179	OTH_ICD9_CODE_14	Yes
180	OTH_SURG_PROC_CODE_15	Yes

181	OTH_SURG_PROC_DATE_15	Yes
182	OTH_SURG_PROC_DAY_15	Yes
183	OTH_ICD9_CODE_15	Yes
184	OTH_SURG_PROC_CODE_16	Yes
185	OTH_SURG_PROC_DATE_16	Yes
186	OTH_SURG_PROC_DAY_16	Yes
187	OTH_ICD9_CODE_16	Yes
188	OTH_SURG_PROC_CODE_17	Yes
189	OTH_SURG_PROC_DATE_17	Yes
190	OTH_SURG_PROC_DAY_17	Yes
191	OTH_ICD9_CODE_17	Yes
192	OTH_SURG_PROC_CODE_18	Yes
193	OTH_SURG_PROC_DATE_18	Yes
194	OTH_SURG_PROC_DAY_18	Yes
195	OTH_ICD9_CODE_18	Yes
196	OTH_SURG_PROC_CODE_19	Yes
197	OTH_SURG_PROC_DATE_19	Yes
198	OTH_SURG_PROC_DAY_19	Yes
199	OTH_ICD9_CODE_19	Yes
200	OTH_SURG_PROC_CODE_20	Yes
201	OTH_SURG_PROC_DATE_20	Yes
202	OTH_SURG_PROC_DAY_20	Yes
203	OTH_ICD9_CODE_20	Yes
204	OTH_SURG_PROC_CODE_21	Yes
205	OTH_SURG_PROC_DATE_21	Yes
206	OTH_SURG_PROC_DAY_21	Yes
207	OTH_ICD9_CODE_21	Yes
208	OTH_SURG_PROC_CODE_22	Yes
209	OTH_SURG_PROC_DATE_22	Yes
210	OTH_SURG_PROC_DAY_22	Yes
211	OTH_ICD9_CODE_22	Yes
212	OTH_SURG_PROC_CODE_23	Yes
213	OTH_SURG_PROC_DATE_23	Yes
214	OTH_SURG_PROC_DAY_23	Yes
215	OTH_ICD9_CODE_23	Yes
216	OTH_SURG_PROC_CODE_24	Yes
217	OTH_SURG_PROC_DATE_24	Yes
218	OTH_SURG_PROC_DAY_24	Yes
219	OTH_ICD9_CODE_24	Yes
220	MS _MDC	Yes
221	APR_MDC	Yes
222	MS _DRG	Yes
223	APR_DRG	Yes
224	RISK_MORTALITY	Yes
225	ILLNESS_SEVERITY	Yes
226	APR_GROUPER_ VERSION_NBR	Yes
227	APR_GROUPER_ERROR_CODE	Yes
228	MS_GROUPER_ VERSION_NBR	Beginning 2011

229	MS_APR_GROUPER_ERROR_CODE	Beginning 2011
230	ATTENDING_PHYSICIAN_UNIF_ID	Yes
231	OPERATING_PHYSICIAN_UNIF_ID	Yes
232	OCCUR_CODE_1	Yes
233	OCCUR_DATE_1	Yes
234	OCCUR_DAY_1	Yes
235	OCCUR_CODE_2	Yes
236	OCCUR_DATE_2	Yes
237	OCCUR_DAY_2	Yes
238	OCCUR_CODE_3	Yes
239	OCCUR_DATE_3	Yes
240	OCCUR_DAY_3	Yes
241	OCCUR_CODE_4	Yes
242	OCCUR_DATE_4	Yes
243	OCCUR_DAY_4	Yes
244	OCCUR_CODE_5	Yes
245	OCCUR_DATE_5	Yes
246	OCCUR_DAY_5	Yes
247	OCCUR_CODE_6	Yes
248	OCCUR_DATE_6	Yes
249	OCCUR_DAY_6	Yes
250	OCCUR_CODE_7	Yes
251	OCCUR_DATE_7	Yes
252	OCCUR_DAY_7	Yes
253	OCCUR_CODE_8	Yes
254	OCCUR_DATE_8	Yes
255	OCCUR_DAY_8	Yes
256	OCCUR_CODE_9	Yes
257	OCCUR_DATE_9	Yes
258	OCCUR_DAY_9	Yes
259	OCCUR_CODE_10	Yes
260	OCCUR_DATE_10	Yes
261	OCCUR_DAY_10	Yes
262	OCCUR_CODE_11	Yes
263	OCCUR_DATE_11	Yes
264	OCCUR_DAY_11	Yes
265	OCCUR_CODE_12	Yes
266	OCCUR_DATE_12	Yes
267	OCCUR_DAY_12	Yes
268	OCCUR_SPAN_CODE_1	Yes
269	OCCUR_SPAN_FROM_1	Yes
270	OCCUR_SPAN_THRU_1	Yes
271	OCCUR_SPAN_CODE_2	Yes
272	OCCUR_SPAN_FROM_2	Yes
273	OCCUR_SPAN_THRU_2	Yes
274	OCCUR_SPAN_CODE_3	Yes
275	OCCUR_SPAN_FROM_3	Yes
276	OCCUR_SPAN_THRU_3	Yes

277	OCCUR_SPAN_CODE_4	Yes
278	OCCUR_SPAN_FROM_4	Yes
279	OCCUR_SPAN_THRU_4	Yes
280	CONDITION_CODE_1	Yes
281	CONDITION_CODE_2	Yes
282	CONDITION_CODE_3	Yes
283	CONDITION_CODE_4	Yes
284	CONDITION_CODE_5	Yes
285	CONDITION_CODE_6	Yes
286	CONDITION_CODE_7	Yes
287	CONDITION_CODE_8	Yes
288	VALUE_CODE_1	Yes
289	VALUE_AMOUNT_1	Yes
290	VALUE_CODE_2	Yes
291	VALUE_AMOUNT_2	Yes
292	VALUE_CODE_3	Yes
293	VALUE_AMOUNT_3	Yes
294	VALUE_CODE_4	Yes
295	VALUE_AMOUNT_4	Yes
296	VALUE_CODE_5	Yes
297	VALUE_AMOUNT_5	Yes
298	VALUE_CODE_6	Yes
299	VALUE_AMOUNT_6	Yes
300	VALUE_CODE_7	Yes
301	VALUE_AMOUNT_7	Yes
302	VALUE_CODE_8	Yes
303	VALUE_AMOUNT_8	Yes
304	VALUE_CODE_9	Yes
305	VALUE_AMOUNT_9	Yes
306	VALUE_CODE_10	Yes
307	VALUE_AMOUNT_10	Yes
308	VALUE_CODE_11	Yes
309	VALUE_AMOUNT_11	Yes
310	VALUE_CODE_12	Yes
311	VALUE_AMOUNT_12	Yes
312	PRIVATE_AMOUNT	Yes
313	SEMI_PRIVATE_AMOUNT	Yes
314	WARD_AMOUNT	Yes
315	ICU_AMOUNT	Yes
316	CCU_AMOUNT	Yes
317	OTHER_AMOUNT	Yes
318	PHARM_AMOUNT	Yes
319	MEDSURG_AMOUNT	Yes
320	DME_AMOUNT	Yes
321	USED_DME_AMOUNT	Yes
322	PT_AMOUNT	Yes
323	OT_AMOUNT	Yes
324	SPEECH_AMOUNT	Yes

325	IT_AMOUNT	Yes
326	BLOOD_AMOUNT	Yes
327	BLOOD_ADMIN_AMOUNT	Yes
328	OR_AMOUNT	Yes
329	LITH_AMOUNT	Yes
330	CARD_AMOUNT	Yes
331	ANES_AMOUNT	Yes
332	LAB_AMOUNT	Yes
333	RAD_AMOUNT	Yes
334	MRI_AMOUNT	Yes
335	OP_AMOUNT	Yes
336	ER_AMOUNT	Yes
337	AMBULANCE_AMOUNT	Yes
338	PRO_FEE_AMOUNT	Yes
339	ORGAN_AMOUNT	Yes
340	ESRD_AMOUNT	Yes
341	CLINIC_AMOUNT	Yes
342	FIRST_PAYMENT_SRC	Yes
343	FIRST_PAYER_ID	Yes
344	FIRST_PAYER_NAME	Yes
345	SECONDARY_PAYMENT_SRC	Yes
346	SECONDARY_PAYER_ID	Yes
347	SECONDARY_PAYER_NAME	Yes
348	TOTAL_CHARGES	Yes
349	TOTAL_NON_COV_CHARGES	Yes
350	TOTAL_CHARGES_ACCOMM	Yes
351	TOTAL_NON_COV_CHARGES_ACCOMM	Yes
352	TOTAL_CHARGES_ANCIL	Yes
353	TOTAL_NON_COV_CHARGES_ANCIL	Yes
354	INBOUND_INDICATOR	Yes

CHARGES FILE

1	RECORD_ID (DOES NOT match with PUDF. Matches with RDF base. No charge for this field.)	Yes
2	REVENUE_CODE	Yes
3	HCPCS_QUALIFIER	Yes
4	HCPCS_PROCEDURE_CODE	Yes
5	MODIFIER_1	Yes
6	MODIFIER_2	Yes
7	MODIFIER_3	Yes
8	MODIFIER_4	Yes
9	UNIT_MEASUREMENT_CODE	Yes
10	UNITS_OF_SERVICE	Yes
11	UNIT_RATE	Yes
12	CHRGS_LINE_ITEM	Yes
13	CHRGS_NON_COV	Yes