

Texas Department of State Health Services

# Center for Health Statistics Texas Health Care Information Collection

# TEXAS EMERGENCY DEPARTMENT PUBLIC USE DATA FILES USER MANUAL 2024

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#### BACKGROUND

The 2014-15 General Appropriations Act, S.B. 1, 83<sup>rd</sup> Texas Legislature, Regular Session, 2013 (Article II, Department of State Health Services [DSHS], Rider 93) specified that DSHS shall collect hospital emergency department (ED) data as set forth in <u>Chapter 108, Texas Health and Safety Code (THSC)</u>.

DSHS began collecting ED data from hospitals on January 1, 2015 per <u>25</u> <u>Texas Administrative Code (TAC)</u> <u>Sections 421.71-421.79</u>, and in conjunction with the collection of inpatient and outpatient data.

Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014. Rules were adopted implementing the rural provider requirements to begin with January 1, 2015, data.

The Freestanding Emergency Medical Care Facilities (FEMCF) data collection began on October 1, 2020, under the amended rules in 25 TAC Sections 421.71 – 421.79.

THSC Section <u>108.012</u> authorizes DSHS to charge the data requestor a standard fee to recoup funds for sustaining the program processing the data.

#### **TEXAS EMERGENCY DEPARTMENT Public Use DATA FILES**

The Texas Emergency Department Public Use Data Files include data from Inpatient "Public Use Data Files" (PUDF) and the Outpatient PUDF. The Inpatient PUDF contains patient-level information for patients which were admitted into the hospital for care. The inpatient hospital stay may last several hours to days, weeks or years, depending upon the condition or status of the patient before being discharged; the Outpatient PUDF contains patient-level information for outpatient services that does not go more than twenty-four (24) hours from the time they are being treated in the hospital or freestanding emergency medical care facility (FEMCF). DSHS only collect data from these hospitals and FEMCFs in which patient's received one or more procedures that included invasive surgical procedures or imaging/radiological procedures and all hospital emergency department (ED) visits.

The providers/submitters must submit, correct and certify their data according to the schedule specified in 25 TAC Sections <u>421.1</u>, <u>421.6</u> and <u>421.7</u>, for inpatient ED records and <u>421.73</u>, <u>421.75</u> and <u>421.76</u> for outpatient ED records (which references 25 TAC Sections <u>421.63</u>, <u>421.65</u> and <u>421.66</u>). The reporting schedules are also posted on the DSHS/THCIC webpage at <u>http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm</u>. This means

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that the Hospital PUDF and FEMCF ED PUDF reflect a snapshot in time and each quarter may contain some inpatient encounter records or outpatient event records dated in the previous quarter (i.e., for a complete calendar year of data, be sure to check the first quarter of the following year).

The ED PUDF contains:

- Inpatient (IP) Base Data #1 File This file contains the required data elements. For example, codes regarding facility identifier, principal diagnosis, other diagnoses, external cause of injury, principal procedure, other procedures, diagnosis related group, type of admission, source of admission, length of stay, patient ethnicity, patient race, patient residence city, county, ZIP code, patient status, primary payment source and other data used for most research topics.
- IP Base Data #2 File This file contains most of the situationally required data elements and some calculated fields. For example, codes regarding condition code, value code, occurrence code, occurrence day, charge amounts for service pay groups, and other information that may be useful regarding the inpatient stay research.
- IP Charges File This file contains charges data. This file can be linked with the other IP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products.
- IP Grouper File This file contains grouper variables that were previously included in the IP base #1 file as well as their dynamic counterparts. This file can be linked with the other IP data files via the Record ID. This file contains information regarding the 3M grouper variables, such as FROZEN\_MS\_DRG, FROZEN\_RISK\_MORTALITY, MS\_DRG, and RISK\_MORTALITY. Any variables with the suffix "frozen" are those included in the IP base #1 file of previously years but without the "frozen" prefix in the field name; variables without the suffix "frozen" in the OP Grouper File are the dynamic groupers newly added for 2022 and beyond. Frozen grouper calculations are updated yearly; dynamic grouper calculations are updated quarterly.
- Outpatient (OP) Base Data File This file contains the required data elements. For example, codes regarding facility identifier, diagnoses, external cause of injury, procedures, diagnosis related group, charge amounts for service pay groups, patient ethnicity, patient race, patient

residence city, county, ZIP code, patient status, source of admission, primary payment source, and other data used for most research topics.

- OP Charges File -This file contains charges data. This file can be linked with the other OP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products. This file also contains Enhanced Ambulatory Patient Grouping codes and Ambulatory Payment Classification information.
- OP Classification Data File This file contains calculated data elements and classifiers assigned by THCIC. Clinical Classification Software Refined (CCSR) codes for diagnoses and Clinical Classification Software (CCS) codes for procedures.
- OP Grouper File This file contains groupers variables that were previously included in the OP charges and classification files. This file can be linked with the other OP data files via the Record ID. This file contains information regarding the 3M grouper variables, such as FROZEN\_EAPG\_GRP\_VER, FROZEN\_APC\_WEIGHT, EAPG\_GRP\_VER, and APC\_WEIGHT. Any variables with the suffix "frozen" are those included in the OP charges and classification files previously but without the "frozen" prefix in the field name; variables without the suffix "frozen" in the OP Grouper File are the dynamic groupers newly added for 2022 and beyond. Frozen grouper calculations are updated yearly; dynamic grouper calculations are updated quarterly.
- Facility Type Data File This file contains the information about specialty units or specific types of services provided at the hospitals or FEMCFs.

The following supplementary information is provided along with the ED PUDF:

- Hospital/ASC/FEMCF Comments File This PDF file contains any comments that the facilities included when they submitted and certified their inpatient data.
- Outpatient Facility Comments File This PDF file contains any comments that the hospitals, ASCs and FEMCFs included when they reviewed and certified their outpatient data.
- Facility Reporting Status Document (Inpatient and Outpatient) These documents provide information about whether the hospitals, ASCs or FEMCFs reported any data. It also indicates whether they reported low

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numbers and their identification was masked in the data, reported no discharges, or if they closed or were out of compliance, and whether they submitted any comments about their data.

The 2024 ED PUDF is available in nine fixed length or tab-delimited format text files: Inpatient Base Data #1, Inpatient Base Data #2, Inpatient Charges, Inpatient Grouper Data, Outpatient Base Data, Outpatient Classification Data, Outpatient Charges Data, Outpatient Grouper Data, and Facility Type Data files. The sizes of the files are as follows:

IP Base Data #1	470,906 records	156 variables	Fixed field format	349 MB	Tab-delimited	181 MB
IP Base Data #2	470,906 records	99 variables	Fixed field format	292 MB	Tab-delimited	124 MB
IP Charges Data	11,075,337 records	13 variables	Fixed field format	866 MB	Tab-delimited	528 MB
IP Grouper Data	470,906 records	21 variables	Fixed field format	30 MB	Tab-delimited	39 MB
OP Base Data	3,076,648 records	128 variables	Fixed field format	2,600 MB	Tab-delimited	1,235 MB
OP Classification Data	3,076,648 records	51 variables	Fixed field format	701 MB	Tab-delimited	321 MB
OP Charges Data	27,229,433 records	13 variables	Fixed field format	2,129 MB	Tab-delimited	1,399 MB
OP Grouper Data	27,229,433 records	17 variables	Fixed field format	2,986 MB	Tab-delimited	2,868 MB
Facility Type Data	848 records	33 variables	Fixed field format	80 KB	Tab-delimited	70 KB

#### Second quarter, 831 facilities:

IP Base Data #1	454,507 records	156 variables	Fixed field format	337 MB	Tab-delimited	175 MB
IP Base Data #2	454,507 records	99 variables	Fixed field format	282 MB	Tab-delimited	120 MB
IP Charges Data	10,634,627 records	13 variables	Fixed field format	832 MB	Tab-delimited	507 MB
IP Grouper Data	454,507 records	21 variables	Fixed field format	29 MB	Tab-delimited	37 MB
OP Base Data	2,954,547 records	128 variables	Fixed field format	2,496 MB	Tab-delimited	1,190 MB
OP Classification Data	2,954,547 records	51 variables	Fixed field format	673 MB	Tab-delimited	309 MB
OP Charges Data	26,593,363 records	13 variables	Fixed field format	2,080 MB	Tab-delimited	1,368 MB
OP Grouper Data	26,593,363 records	17 variables	Fixed field format	2,917 MB	Tab-delimited	2,801 MB
Facility Type Data	831 records	33 variables	Fixed field format	79 KB	Tab-delimited	69 KB

The data must be imported into a software application. The ED PUDF does not include software for analyzing the data. The data files have been tested with several software applications including Microsoft Access 2016 (software limits may not allow all data to be loaded), Microsoft Excel 2016 (software limits may not allow all data to be loaded), SAS 9.4, and IBM SPSS Statistics 24. Please note that files containing more than 1,048,576 records will not fit on a single Microsoft Excel 2016 worksheet.

## DATA PROCESSING AND QUALITY

Each hospital, and FEMCF is responsible for the accuracy and completeness of its data. Even so, DSHS' vendor uses an automated process to audit each record for consistency and conformity with the definitions stated in the data

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specification manual. Records failing an audit are marked as errors and the hospital, and FEMCF is notified of the errors. The hospital and FEMCF may either correct and upload the data, or accept the data as is submitted.

Following the correction process, DSHS uses valid claims data to build files of "encounters"; one encounter contains the final discharge and all related interim claims information for a patient. Then, each submitting hospital and FEMCF has an opportunity to review its data and correct any known or previously unidentified errors, such as mapping errors (codes that had valid code responses but were not correct for the patient record). Hospitals and FEMCFs may certify the encounter data with or without comments. The comments may provide information about the hospital, and FEMCF's data submission or correction process. For example, a hospital or FEMCF comment may indicate whether the facility changed vendors during the quarter and there are codes that did not get mapped properly, or whether the facility could not submit corrections before the deadline for corrections ends.

Finally, DSHS builds a final inpatient encounter and separate outpatient event file that includes all data for those datasets, including the corrected data submitted by the hospitals and FEMCFs. DSHS staff checks and adjusts for missing values and invalid codes in this file before the ED 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 ED PUDF was that the data and resulting information be used for the benefit of the public. This is specified in THSC Section <u>108.013</u>. THSC Section <u>108.013(c)</u> 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 THSC Section <u>108.013</u> and may incur civil or criminal penalties as stated in THSC Sections <u>108.014</u> and <u>108.0141</u>, respectively. In addition, under THSC Sections <u>108.013(e)</u> and (f), data and information collected by the DSHS under this statute that identifies a patient and/or physician in the ED PUDF cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding. Pursuant to THSC Section <u>108.013</u>, DSHS excludes all direct personal and demographic identifiers (e.g., names, address, patient identifiers, admission and discharge dates) that might lead to the identification of a specific patient from the PUDF. Additionally, to protect patient identities, DSHS has suppressed these data elements in this release of the PUDF (suppression procedures were applied separately within inpatient and outpatient data):

- The last two digits of the patient's ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code.
- The ZIP code is changed to '88888' for patients from states other than Texas and the adjacent states (i.e., Arkansas, Louisiana, New Mexico, and Oklahoma).
- The entire ZIP code and gender code are suppressed if the ICD-10-CM code indicates alcohol use, drug use, or an HIV-STD diagnosis.
- The entire ZIP code and provider name are suppressed if a hospital, or FEMCF has fewer than five discharges for a hospital or five visits to a FEMCF of a particular gender, including 'unknown'. The provider ID is changed to '999998'.
- The entire ZIP code is suppressed if a hospital or FEMCF has fewer than fifty discharges in a quarter. The provider ID is changed to '999999'.
- The country code is suppressed if the country field has fewer than five discharges for that quarter.
- The county code is suppressed if a county has fewer than five discharges for that quarter.
- Age is represented by 22 age group codes for the general patient population and 5 age group codes for patients with one or more diagnosis codes indicating an HIV-STD diagnosis, alcohol use, or drug use.
- Race is changed to 'Other' and ethnicity is suppressed if a hospital, an ASC, or an FEMCF has fewer than ten discharges of a particular race code.

Substance Abuse and Mental Health Services Administration (SAMHSA) new rules:

On January 18, 2017, Substance Abuse and Mental Health Services Administration (SAMHSA) passed rules for the protection of patients covered under 42 USC §290dd-2 and 42 CFR Part 2 rules (Mental Health and Substance Abuse patients and HIV patients).

The federal rules require that patients' names, identifiers (ZIP code, city, address, county, and any geographic identifiers below the state level), sex and dates (date of birth, statement from dates, statement through dates and procedure dates) be modified and/or masked in the THCIC Public Use Data Files (PUDF) and Research Data Files (RDF).

Texas Department of State Health Services (DSHS) proposed rules regarding the collection and release of the data regarding those patients covered by the

federal rules, which were adopted, published in the January 25, 2019, Texas Register on page 44 TexReg 429 and became effective January 30, 2019.

Beginning with second quarter 2018, the inpatient, outpatient and emergency department public use datasets and any research datasets approved by the DSHS IRB will be appropriately masked for protection.

To protect physician identities in inpatient data provided by hospitals, and FEMCFs, THSC Sections <u>108.002 (17)</u>, <u>108.009</u>, and <u>108.011</u> require creation of a uniform identification number for physicians in practice. Uniform physician identifiers are available except when the number of physicians represented in a Diagnosis-Related Group (DRG) or Enhanced Ambulatory Patient Grouping (EAPG) for a hospital or an FEMCF 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 PUDF the identity of individual patients. Considerable harm could result if this were done. PUDF users are required to sign and comply with the DSHS Emergency Department Data Use Agreement in the Application before shipment of the PUDF. The Data Use Agreement prohibits attempts to identify individual patients or physicians. A person who knowingly or negligently releases or accesses this data with criminal intent may incur a penalty. Civil and/or criminal penalties may be assessed under THSC Sections <u>108.014</u> and <u>108.0141</u>.

## **RESTRICTIONS ON DATA USE**

Users of the ED PUDF are cautioned about using less than a year of data to make any hospital, or FEMCF quality assumptions.

THSC Sections <u>108.013(c)(1)</u> and (2) and <u>108.013(g)</u> prohibit 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 patient or physician or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the <u>Chapter 108, THSC</u> protection processes 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, or FEMCF for the purpose of verifying information supplied in the DSHS ED PUDF. Any questions about the data must be referred to DSHS only. DSHS does not assist with data analysis. The data are protected by United States copyright laws and international treaty provisions. In the Texas Emergency Department PUDF 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 ED PUDF:

- 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, or FEMCF stay records of patients in this data set with personally identifiable records from any other source, including any THCIC research data files;
- The licensee will not release nor permit others to release any information that identifies patients, 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 permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the Data Use 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 Emergency Department Public Use Data Files,* [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 THSC Sections <u>108.014</u> and <u>108.0141</u> to knowingly or negligently 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 licensee (or PUDF user) has been informed that the potential for both civil and criminal penalties exist.

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

## DATA LIMITATIONS

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

- THSC Section <u>108.009(h)</u> requires that a uniform submission format be used for reporting purposes. Beginning with 2005, all data are collected from the THCIC 837 format (a modified version of the American National Standards Institutes, Accredited Standards Committee X12, National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Institutional, 837, ASC X12N 837 and Professional, ASC X12N, and the addenda).
- Up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 external cause of injury codes can be submitted. Sicker patients 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.
- Gender is suppressed for patients with an ICD-10-CM code that indicates drug use, alcohol use, or an HIV-STD diagnosis. Suppression of this data element is applied separately within inpatient and outpatient data sets.
- The last two digits of the ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code. The entire ZIP code is suppressed for patients with an ICD-10-CM code that indicates drug use, alcohol use, an HIV-STD diagnosis, or if a hospital, or an FEMCF has fewer than five discharges of a particular gender, including `unknown'. ZIP code is changed to '88888' for patients from a state other than Texas and not from an adjacent state. If the ZIP code is changed to '88888' the state abbreviation is changed to 'ZZ'. Suppression of the ZIP code is applied separately within inpatient and outpatient data sets.
- Patient race and ethnicity data are required by law and rule to be submitted for each patient. Generally, these data are not collected by facilities directly from the patient and may be subjectively captured and reported by the facilities.
- Inaccuracies in the data and incompleteness of the data would be addressed in the hospital, or FEMCF's comments if submitted by the providing facilities.

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- County of residence is not collected by provider facilities. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- For hospital emergency department patient visits that are admitted to the hospital and included in the inpatient discharge data, 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.
- Diagnosis present on admission indicator codes (POA) are required for all hospitals submitting inpatient discharge data, except Critical Access Hospitals, inpatient rehabilitation hospitals, inpatient psychiatric 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. POA codes are not required and therefore not available for outpatient data.
- Admission Source as reported by hospitals and FEMCFs is suppressed, as recommended by the previous THCIC Council, when the Admission Type is 'newborn'. Data users can use ICD-10-CM codes to correctly identify the clinical status of newborns.
- Comparability of inpatient 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 inpatient LOS at the hospital level should consider the above factors.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital, or FEMCF and not those who died after discharge from the hospital, or FEMCF.
- The data are a snapshot in time. Hospitals, and FEMCFs must submit data no later than 60 days after the close of a calendar quarter. Depending on hospital, and FEMCFs' collection and billing cycles, not all inpatient discharge encounters from ED visits or outpatient ED visits may have been billed or reported during the particular quarter the patient received the services. Those services may appear in the following quarter's data. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid, Medicare, or other payment sources.
- Updates to PUDF records, if any, are available through the THCIC website, <a href="http://www.dshs.texas.gov/thcic/">http://www.dshs.texas.gov/thcic/</a>, which should be checked periodically as notifications of an update will be posted on it.
- DSHS collects data from all hospitals, and FEMCFs in the state not specifically exempted (and not owned by the United States of America). Some hospitals may be exempted for certain situations (for example,

natural or other disasters, or other unusual conditions) for limited time periods.

- The healthcare facility patient mix (the types of patients treated at healthcare facilities vary, due to the healthcare facility's interest and specialty services availability) 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 facility to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and clerical error. The data are submitted by providers as their best effort to meet statutory requirements.

## HOSPITAL COMMENTS FILE & OUTPATIENT FACILITY COMMENTS FILE

#### (Users are advised to consider hospital, and freestanding emergency medical care facilities (FEMCF) comments in any analysis of the data.)

Included with the ED PUDF are two separate files ("Hospital Comments File" and (Outpatient Facility Comments File") containing the unedited comments (except for removal of individual identifying information) submitted by hospitals, and FEMCFs 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 FEMCFs (or physicians or healthcare practitioners within those hospitals) and are not necessarily the views of the DSHS. Hospitals that submitted comments are identified in two separate files called the 'Hospital Comments' (for inpatient data) and 'Outpatient Facility Comments' (for outpatient data).

#### CITATION

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

*Texas Emergency Department Data Set*, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication].



Texas Department of State Health Services

# **Texas Emergency Department Data Set**

#### DATA DICTIONARY

The purpose of this document is to provide the user with the necessary information to use and understand the data in the Texas Emergency Department (ED) Data Set. The following information is provided:

Field	Unique, abbreviated name of the data element.
Description	Brief explanation of the data element. Descriptions of data elements are taken from specifications manuals
Data Source	Provided by the health care facility on the claim form (Claim)
Source	Provided to THCIC by the healthcare facility (Provider)
	Assigned by DSHS (Assigned)
	Calculated by DSHS (Calculated)
	Note: For those data elements that have been temporarily suppressed, the quarter of data for which the data element will be released is noted following the Data Source.
Туре	Alphanumeric or numeric
Coding scheme	Valid codes for a data field. Values taken from specifications manuals.

Note a change: Any code provided by a facility that has been determined to be invalid has been assigned the "back quote" value ` (Backtick, Back quote, Grave accent mark). Any data element that is blank should be interpreted as 'missing', no data provided, unless otherwise noted.

#### **INPATIENT BASE DATA #1 FILE**

Field 1:	RECORD_ID		
Description:	Record Identification Nu	ımber. Unique nu	mber assigned to identify the record. The
	Record_ID in the ED Inp	patient PUDF is no	ot linkable to the Record_ID in the ED
	Outpatient PUDF or ED	Research Data Fil	es (RDFs).
<b>Beginning Position:</b>	1	Data Source:	Assigned
Length:	12	Туре:	Alphanumeric
Field 2:	DISCHARGE		
Description:	Discharge Quarter. Year ar	nd quarter of discha	rge. yyyyQn.
Beginning Position:	13	Data Source:	Assigned
Length:	6	Туре:	Alphanumeric
Field 3:	THCIC_ID		
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Suppression:		ID. Unique identifier assigned to the p with fewer than 50 discharges have I has fewer than 5 discharges of a pa		
Beginning Position: Length:	19 6	Data Source: Type:	Assigned Alphanumeric	
Field 4:		OF_ADMISSION		
Description:		licating the type of admission		
Coding Scheme:		Emergency		
coung senence		Urgent		
		Elective		
		Newborn		
	5	Trauma		
	9	Information not available		
		Invalid		
Beginning Position:	25	Data Source:	Claim	
Length:	1	Туре:	Alphanumeric	
Field 5:		E_OF_ADMISSION		
Description:		licating source of the admission.		
Coding Scheme:		Non-Healthcare Facility Point of Origin (Beg	ginning July 1, 2010)	
		Clinic or Physician's Office Transfer from a hospital		
		Transfer from a skilled nursing facility, inte	rmediate care facility or	assisted living facility
	6	Transfer from another health care facility		- '
		Court/Law Enforcement		
		Information not available	sitel to suction Distinct I	
		Transfer from One Distinct Unit of the Hos Resulting in a Separate Claim to the Payer		Unit of the Same Hospital
		Transfer from Ambulatory Surgery Center		
		Transfer from a Hospice Facility		
		Invalid		
		f Admission=4 (Newborn)		
		Born inside this hospital		
Poginning Desition	6 26	Born outside this hospital Data Source:	Claim	
Beginning Position: Length:	1	Type:	Alphanumeric	
Field 6:	SPEC_U		Aphanamene	
Description:		y Units in which most days during	stay occurred has	ed on number of days h
		Bill or Revenue Code.	g stay occurred bus	
Coding Scheme:	C	Coronary Care Unit	Р	Pediatric Unit
county contents	D	Detoxification Unit	Y	Psychiatric Unit
	I	Intensive Care Unit	R	Rehabilitation Unit
	Н	Hospice Unit	U	Sub-acute Care Unit
	N	Nursery	S	Skilled Nursing Unit
	B O	Obstetric Unit Oncology Unit	Blank	Acute Care
Beginning Position:	27	Data Source:	Calculated	
Length:	1	Type:	Alphanumeric	
Field 7:	SPEC_U			
Description:		y Units in which 2 <sup>nd</sup> most days du	ring stay occurred	based on number of da
		of Bill or Revenue Code.		
Coding Scheme:		SPEC_UNIT_1.		
		Data Source:	Calculated	
	28		Calculated	
Beginning Position: Length:	28 1	Туре:	Alphanumeric	
Beginning Position:				
Beginning Position: Length:	1 SPEC_U	JNIT_3	Alphanumeric	based on number of da
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Field 10:		SPEC_UNIT_5					
Description				oct dave dur	ing stay occurred	bacod on	number of day
sescription		by Type of Bill c			ing stay occurred	nased on	number of day
Coding Sch	eme:	Same as SPEC UI					
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Length:		1	Туре	:	Alphanumeric		
Field 11:		PAT_STATE					
Description	1:	State of the pat character Posta			exas and contigue	ous states	. Standard 2-
Coding Sch	eme:	AR Arkansas					
		LA Louisiana					
		NM New Mexico OK Oklahoma					
		TX Texas					
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Beginning I	Position:	32		Source:	Claim		
.ength:		2	Туре	:	Alphanumeric		
ield 12:		PAT_ZIP					
Description		Patient's five-di			с н ос.::		<b>.</b>
Suppressio	n:				fewer than 30 di		
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Beainnina I	Position:	34	Data	Source:	Claim		
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15:		PUBLIC_H	IEAL <sub>1</sub>	H_REGIO	N				
th:		3			Туре:		Alphanumeric		
nning	Position:	41			Data Sourc	e: /	Assigned; based on pa	atient Z	IP code
237	Jack		331	Milam	4	25	Somervell		
235	Irion		329	Midland		23	Smith		
233	Hutchinson		327	Menard		21	Sherman		
231	Hunt		325	Medina		19	Shelby		
229	Hudspeth		323	Maverick		17	Shackelford	`	Invalid
227	Howard		321	Matagorda	4	15	Scurry		
225	Houston		319	Mason	4	13	Schleicher	507	Zavala
223	Hopkins		317	Martin	4	11	San Saba	505	Zapata
221	Hood		315	Marion	4	109	San Patricio	503	Young
219	Hockley		313	Madison	4	107	San Jacinto	501	Yoakum
217	Hill		311	McMullen	4	105	San Augustine	499	Wood
215	Hidalgo		309	McLennan	4	103	Sabine	497	Wise
213	Henderson		307	McCulloch	4	101	Rusk	495	Winkler
211	Hemphill		305	Lynn	3	399	Runnels	493	Wilson
209	Hays		303	Lubbock	3	897	Rockwall	491	Williamson
207	Haskell		301	Loving	3	395	Robertson	489	Willacy
205	Hartley		299	Llano	3	393	Roberts	487	Wilbarger
203	Harrison		297	Live Oak	З	391	Refugio	485	Wichita
201	Harris		295	Lipscomb	З	389	Reeves	483	Wheeler
199	Hardin		293	Limestone	3	87	Red River	481	Wharton
197	Hardeman		291	Liberty	З	885	Real	479	Webb
195	Hansford		289	Leon	З	383	Reagan	477	Washington
193	Hamilton		287	Lee	З	381	Randall	475	Ward
191	Hall		285	Lavaca	3	379	Rains	473	Waller
189	Hale		281	Lampasas	3	377	Presidio	471	Walker
187	Guadalupe		279	Lamb	3	875	Potter	469	Victoria
185	Grimes		277	Lamar	3	373	Polk	467	Van Zandt
183	Gregg		283	La Salle	3	371	Pecos	465	Val Verde
181	Grayson		275	Knox	3	369	Parmer	463	Uvalde
179	Gray		273	Kleberg		367	Parker	461	Upton
177	Gonzales		271	Kinney		865	Panola	459	Upshur
175	Goliad		269	King	3	363	Palo Pinto	457	Tyler
173	Glasscock		267	Kimble	3	861	Orange	455	Trinity
171	Gillespie		265	Kerr		359	Oldham	453	Travis
169	Garza		263	Kent		357	Ochiltree	451	Tom Green
167	Galveston		261	Kenedy	3	355	Nueces	449	Titus
165	Gaines		259	Kendall		353	Nolan	447	Throckmorton
163	Frio		257	Kaufman		851	Newton	445	Terry
161	Freestone		255	Karnes		349	Navarro	443	Terrell
159	Franklin		253	Jones		847	Nacogdoches	441	Taylor
157	Fort Bend		251	Johnson		845	Motley	439	Tarrant
155	Foard		249	Jim Wells		343	Morris	437	Swisher
153	Floyd		247	Jim Hogg		341	Moore	435	Sutton
151	Fisher		245	Jefferson		339	Montgomery	433	Stonewall
149	Fayette		243	Jeff Davis		37	Montague	431	Sterling
147	Fannin		241	Jasper		335	Mitchell	429	Stephens
145	Falls		239	Jackson	3	333	Mills	427	Starr

Beginning Position: Length:	41 3	Data Source: Type:	Assigned; based on patient ZIP code Alphanumeric
Field 15:	PUBLIC_HEALTH_REG	ION	
Description:	Public Health Region of p	patient's address.	
Coding Scheme:	<ol> <li>Armstrong, Bailey, Briscons, Smith, Dickens, Donley, Hutchinson, King, Lamb Randall, Roberts, Shern</li> <li>Archer, Baylor, Brown, Chardeman, Haskell, Jacu Stephens, Stonewall, Ta</li> </ol>	coe, Carson, Castro, C , Floyd, Garza, Gray, H , Lipscomb, Lubbock, nan, Swisher, Terry, V Callahan, Clay, Colem k, Jones, Kent, Knox, aylor, Throckmorton, V	hildress, Cochran, Collingsworth, Crosby, Dallam, Deaf Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, /heeler, Yoakum counties an, Comanche, Cottle, Eastland, Fisher, Foard, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Vichita, Wilbarger, Young counties nin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro,
	Palo Pinto, Parker, Rock	, , ,	
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	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
	`	Invalid
<b>Beginning Position:</b>	44	Data Source: Assigned
Length:	2	Type: Alphanumeric
Field 16:	PAT	STATUS

PAT\_STATUS **Description:** Code indicating patient status as of the ending date of service for the period of care reported

#### **Coding Scheme:**

- 01 Discharged to home or self-care (routine discharge)
- 02 Discharged to other short term general hospital
- Discharged to skilled nursing facility 03
- 04 Discharged to intermediate care facility
- 05 Discharged/transferred to a Designated Cancer Center or Children's Hospital
- 06 Discharged to care of home health service
- 07 Left against medical advice
- 08 Discharged to care of Home IV provider
- 09 Admitted as inpatient to this hospital
- 20 Expired
- Discharged/transferred to Court/Law 21 Enforcement
- 30 Still patient

- 40 Expired at home
- 41 Expired in a medical facility
- Expired, place unknown 42
- 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
- Discharged/transferred to Medicaid-certified 64 nursing facility
- Discharged/transferred to psychiatric hospital or 65 psychiatric distinct part of a hospital
- Discharged/transferred to Critical Access 66 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
- Discharged/transferred to other outpatient 71 service
- Discharged/transferred to institution outpatient 72
- Discharged to Home or Self Care with a Planned 81 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)
- Discharged/transferred to a Designated Cancer 85 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)
- Discharged/Transferred to a Federal Health Care 88 Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- Discharged/Transferred to a Hospital-based 89 Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

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90	Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient
	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 (CAH) 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)
   ` Invalid

<b>Beginning Position:</b>	46 Data Source: Claim
Length:	2 Type: Alphanumeric
Field 17:	SEX_CODE
Description:	Gender of the patient as recorded at date of admission or start of care.
Suppression:	Code is suppressed if an ICD-10-CM code indicates drug or alcohol use or an HIV-
	STD diagnosis. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis
	(patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules), the Gender of the
	patient is reported as "U" (Unknown). If a hospital has fewer than 5 patients of a
	particular gender, including unknown, Provider ID is '999998' and Hospital Name and
	Patient ZIP Code are blank for those patients.
Coding Scheme:	M Male
	F Female
	U Unknown
	) Invalid
Beginning Position:	48 Data Source: Claim
Length: Field 18:	1 Type: Alphanumeric
	RACE
Description:	Code indicating the patient's race.
Suppression:	If a hospital has fewer than ten patients of one race that race is changed to 'Other'
	(code equals 5).
Coding Scheme:	1 American Indian/Eskimo/Aleut
	2 Asian or Pacific Islander 3 Black
	4 White
	5 Other
	) Invalid
<b>Beginning Position:</b>	49 Data Source: Claim
Length:	1 <b>Type:</b> Alphanumeric
Field 19:	ETHNICITY
Description:	Code indicating the Hispanic origin of the patient.
Suppression:	If a hospital has fewer than ten patients of one race the ethnicity of patients of that
	race is suppressed (code is blank).
Coding Scheme:	1 Hispanic Origin
-	2 Not of Hispanic Origin
	` Invalid
<b>Beginning Position:</b>	50 Data Source: Claim
Length:	1 Type: Alphanumeric
Field 20:	ADMIT_WEEKDAY
Description:	Code indicating day of week patient is admitted
Coding Scheme:	1 Monday 5 Friday
	2 Tuesday 6 Saturday
	3 Wednesday 7 Sunday
De ala ala a De akt	4 Thursday ` Invalid
Beginning Position:	51 Data Source: Assigned
Length:	1 Type: Alphanumeric
Field 21:	LENGTH_OF_STAY

		-	late. Th	e minim	um lengt	h of stay	y is 1	day. The maximum is
Beginning Position:	9999 52	) days.	Data S	ourco	Calculat	od		
Length:	4		Type:	ource.	Alphanu			
Field 22:		AGE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7 apriaria			
Description:		indicating age of pa	atient in	days or	vears o	n date of	- discl	harge
Coding Scheme:	00	1-28 days	10	35-39	years of	i date oi	20	85-89
boung benefici	01	29-365 days	11	40-44			21	90+
	02	1-4 years	12	45-49			HI	V-STD and drug/alcohol use
	0.2	F 0	10				22	patients:
	03 04	5-9 10-14	13 14	50-54 55-59			22 23	0-17 18-44
	05	15-17	15	60-64			23	45-64
	06	18-19	16	65-69			25	65-74
	07	20-24	17	70-74			26	75+
	08	25-29	18	75-79			`	Invalid
Poginning Desition	09 56	30-34	19 Data 6	80-84	Acciano	4		
Beginning Position: .ength:	2 2		Data S Type:	ource:	Assigned Alphanu			
ield 23:		ST_PAYMENT_SRC	Type.		Арнани	menc		
Description:		e indicating the expe	ctad nri	mary so	urce of r	avmont		
Coding Scheme:	09	Self Pay (Removed from	5010 for	mat,	HM			ance Organization
county benefici		beginning 2Q20						
	10	Central Certification			LI	Liability		
	11 12	Other Non-federal Progra Preferred Provider Organ			LM MA	Liability I Medicare		
	12	Point of Service (POS)		·FO)	MA	Medicare		
	14	Exclusive Provider Organ	nization (E	PO)	MC	Medicaid		
	15	Indemnity Insurance			TV	Title V		
	16	Health Maintenance Orga Medicare Risk	anization	(HMO)	OF	Other Fe	deral P	rogram
	AM	Automobile Medical			VA	Veteran	Admini	stration Plan
	BL	Blue Cross/Blue Shield			WC			ensation Health Claim
	CH	CHAMPUS			ZZ	Charity,	Indiger	nt or Unknown
	CI DS	Commercial Insurance Disability Insurance			、	Invalid	and z	ZZ, combined for 2004 & 200
Beginning Position:	58	Disability Insurance	Data S	ource	Claim	Invaliu		
Length:	2		Type:	ource.	Alphanu	meric		
Field 24:		ONDARY_PAYMEN						
Description:		indicating the expe		condary	source o	f pavme	nt.	
Coding Scheme:		e as field FIRST_PAYME				. ,		
Beginning Position:	60		Data S	ource:	Claim			
ength:	2		Type:		Alphanu	meric		
ield 25:		E_OF_BILL	c L :II					
Description:		ates the specific type of		diait Typ	a of Caro		ord a	digit Sequence of claim
Coding Scheme:		<i>git–Type of Facility</i> Hospital	2 0	digit-Type Innatient	including	Medicare	0	<i>ligit–Sequence of claim</i> Non-payment/Zero claim
	- ·	lospital	1	Part A	including	rieulcare	0	Non payment/Zero claim
	2 9	Skilled nursing	2	Inpatient,	Medicare	Part B	1	Admit through discharge
	- ·	lawa haalut	~	only			2	claim Tataving first slains
		Home health Religious non-medical	3 4	Outpatien	it It Other, M	adicare	2 3	Interim-first claim Interim-continuing claim
		realth care-Hospital	4	Part B onl	,		5	
		Religious non-medical	5		ate Care-L	evel I	4	Interim-last claim
		nealth care-Extended care		<b>_</b> .			_	
		Intermediate care	6		ate Care-L		5	Late charge(s) only claim
	7 (	Clinic	7	Sub-acute	e inpatient	- Level	6	Adjustment of prior claim (Not used by Medicare)
	8 9	Special facility	8	Swing be	t		7	Replacement of prior claim
		-		-			8	Void/cancel of prior claim
Beginning Position:	62		Data S	ource:	Claim			
ength:	3		Type:		Alphanu	meric		
ield 26:		AL_CHARGES						
Description:		of accommodation of			vered ac	commod	ation	cnarges, ancillary
Dealante - De l''		ges, non-covered and			Clair			
Beginning Position:	65		Data S	ource:	Claim			
_ength:	12		<u> </u>		Numeric		<b>P</b> <i>C</i> <sup>-</sup>	IS Document #25-15013
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Field 27:	TOTAL_NON_COV_CH	ARGES	
Description:			arges, non-covered ancillary charges.
Beginning Position:	77	Data Source:	Claim
Length:	12	Type:	Numeric
Field 28:	TOTAL_CHARGES_AC	СОММ	
Description:	Sum of covered and non		modation charges.
Beginning Position:	89	Data Source:	Claim
Length:	12	Type:	Numeric
Field 29:	TOTAL_NON_COV_CH		1M
Description:	Sum of non-covered acc		
<b>Beginning Position:</b>	101	Data Source:	Claim
Length:	12	Туре:	Numeric
Field 30:	TOTAL_CHARGES_AN		
Description:	Sum of covered and non		
Beginning Position:	113	Data Source:	Claim
Length:	12	Туре:	Numeric
Field 31:	TOTAL_NON_COV_CH		
Description:	Sum of non-covered and		
Beginning Position:	125	Data Source:	Claim
Length: Field 32:		Туре:	Numeric
	ADMITTING_DIAGNO		Ath Eth Chhand 7th diaits if annliashla
Description:			e 4th, 5th, 6th and 7th digits if applicable.
Designing Desitions	Decimal is implied follow		
Beginning Position: Length:	137 7	Data Source: Type:	Claim Alphanumeric
Field 33:	PRINC_DIAG_CODE	туре.	Alphanamene
Description:		de for the princi	pal diagnosis, including the 4th, 5th, 6th and
Description			d following the third character.
<b>Beginning Position:</b>	144	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 34:	POA_PRINC_DIAG_CO		
Description:			
Description	Code identitvind whethe	r Principal Diadr	osis code was present at the time the
Description.			osis code was present at the time the
Coding Scheme:	patient was admitted to Y Yes		osis code was present at the time the
•	patient was admitted to		osis code was present at the time the
	patient was admitted to Y Yes N No U Unknown	the hospital	osis code was present at the time the
	patient was admitted to Y Yes N No U Unknown W Clinically Undetermin	the hospital	osis code was present at the time the
•	patient was admitted to Y Yes N No U Unknown W Clinically Undetermir 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr.	the hospital	osis code was present at the time the
Coding Scheme:	patient was admitted to Y Yes N No U Unknown W Clinically Undetermir 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr. ` Invalid	the hospital ned 2012 only)	
Coding Scheme: Beginning Position:	patient was admitted to Y Yes N No U Unknown W Clinically Undetermir 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr. Nnvalid	the hospital ned 2012 only) Data Source:	Claim
Coding Scheme:	patient was admitted to Y Yes N No U Unknown W Clinically Undetermir 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr. Nrvalid 151	the hospital ned 2012 only)	
Coding Scheme: Beginning Position: Length:	patient was admitted to Y Yes N No U Unknown W Clinically Undetermir 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr. Invalid 151 1 OTH_DIAG_CODE_1	the hospital ed 2012 only) Data Source: Type:	Claim Alphanumeric
Coding Scheme: Beginning Position: Length: Field 35:	patient was admitted to Y Yes N No U Unknown W Clinically Undetermir 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr. Invalid 151 1 <b>OTH_DIAG_CODE_1</b> ICD-10-CM diagnosis co	the hospital 2012 only) Data Source: Type: de, including the	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable.
Coding Scheme: Beginning Position: Length: Field 35:	patient was admitted to Y Yes N No U Unknown W Clinically Undetermir 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr. Invalid 151 1 OTH_DIAG_CODE_1	the hospital 2012 only) Data Source: Type: de, including the	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable.
Coding Scheme: Beginning Position: Length: Field 35: Description:	patient was admitted to Y Yes N No U Unknown W Clinically Undetermin 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr. Invalid 151 1 <b>OTH_DIAG_CODE_1</b> ICD-10-CM diagnosis co Decimal is implied follow	the hospital ed 2012 only) <b>Data Source:</b> Type: de, including the <i>t</i> ing the third ch	Claim Alphanumeric 4 4th, 5th, 6th and 7th digits if applicable. aracter.
Coding Scheme: Beginning Position: Length: Field 35: Description: Beginning Position:	patient was admitted to Y Yes N No U Unknown W Clinically Undetermin 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr. Invalid 151 1 <b>OTH_DIAG_CODE_1</b> ICD-10-CM diagnosis co Decimal is implied follow 152	the hospital 2012 only) Data Source: Type: de, including the ving the third ch Data Source: Type:	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Coding Scheme: Beginning Position: Length: Field 35: Description: Beginning Position: Length:	patient was admitted to Y Yes N No U Unknown W Clinically Undetermin 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr. Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 152 7 POA_OTH_DIAG_COD Code identifying whethe	the hospital and 2012 only) <b>Data Source:</b> <b>Type:</b> de, including the <i>i</i> ng the third chi <b>Data Source:</b> <b>Type:</b> <b>E_1</b> r Oth_Diag_Cod	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
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Coding Scheme: Beginning Position: Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme:	patient was admitted to Y Yes N No U Unknown W Clinically Undetermin 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr. Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 152 7 POA_OTH_DIAG_COD Code identifying whethe	the hospital and 2012 only) <b>Data Source:</b> <b>Type:</b> de, including the ving the third chird <b>Data Source:</b> <b>Type:</b> <b>E_1</b> r Oth_Diag_Cod pital	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Coding Scheme: Beginning Position: Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position:	patient was admitted to Y Yes N No U Unknown W Clinically Undetermin 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr. Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 152 7 POA_OTH_DIAG_COD Code identifying whethe was admitted to the hos	the hospital and 2012 only) <b>Data Source:</b> <b>Type:</b> de, including the ving the third chird <b>Data Source:</b> <b>Type:</b> <b>E_1</b> r Oth_Diag_Cod pital	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_1 code was present at the time the patient Claim
Coding Scheme: Beginning Position: Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position: Length:	patient was admitted to Y Yes N No U Unknown W Clinically Undetermin 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr. Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 152 7 POA_OTH_DIAG_COD Code identifying whethe was admitted to the hos Same as Field POA_PRINC_ 159 1	the hospital and 2012 only) <b>Data Source:</b> <b>Type:</b> de, including the ving the third chird <b>Data Source:</b> <b>Type:</b> <b>E_1</b> r Oth_Diag_Cod pital _DIAG_CODE	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_1 code was present at the time the patient
Coding Scheme: Beginning Position: Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position: Length: Field 37:	patient was admitted to Y Yes N No U Unknown W Clinically Undetermin 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr. Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 152 7 POA_OTH_DIAG_CODE Code identifying whethe was admitted to the hos Same as Field POA_PRINC_ 159 1 OTH_DIAG_CODE_2	the hospital and 2012 only) Data Source: Type: de, including the ing the third chird Data Source: Type: E_1 r Oth_Diag_Cod pital DIAG_CODE Data Source: Type: Type:	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_1 code was present at the time the patient Claim Alphanumeric
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Beginning Position:       167       Data Source:       Claim         Length:       1       Type:       Alphanumeric         Field 39:       OTH_DIAG_CODE_3       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits         Description:       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits       Decimal is implied following the third character.         Beginning Position:       168       Data Source:       Claim         Length:       7       Type:       Alphanumeric         Field 40:       POA_OTH_DIAG_CODE_3       Code identifying whether Oth_Diag_Code_3 code was present at the was admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE       Beginning Position:       175       Data Source:       Claim         Length:       1       Type:       Alphanumeric       Field 41:       DTH_DIAG_CODE_4         Description:       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits       Decimal is implied following the third character.         Beginning Position:       176       Data Source:       Claim         Length:       7       Type:       Alphanumeric         Field 41:       OTH_DIAG_CODE_4       Decimal is implied following the third character.       Beginning Position:         Beginning Position:       I26	
Field 39:       OTH_DIAG_CODE_3         Description:       ICD-10-CM diagnosis code, including the third character.         Beginning Position:       168       Data Source:       Claim         Length:       7       Type:       Alphanumeric         Field 40:       POA_OTH_DIAG_CODE_3       Code identifying whether Oth_Diag_Code_3 code was present at the was admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE       Gaim and the second admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE       Alphanumeric         Field 41:       OTH_DIAG_CODE_4       Alphanumeric         Field 41:       OTH_DIAG_CODE_4       Alphanumeric         Description:       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits         Decimal is implied following the third character.       Beginning Position:       I76         Poata Source:       Claim       Claim       Poata Source:       Claim         Length:       7       Type:       Alphanumeric       Field 42:         Description:       Code identifying whether Oth_Diag_Code_4       Code was present at the was admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE       Claim         Beginning Position:       ICD-10-CM diagnosis code, including the 4th,	
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Decimal is implied following the third character.         Beginning Position:       168       Data Source:       Claim         Field 40:       POA_OTH_DIAG_CODE_3       Code identifying whether Oth_Diag_Code_3 code was present at the was admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE       Beginning Position:       175       Data Source:       Claim         Length:       1       Type:       Alphanumeric       Highanumeric         Field 41:       OTH_DIAG_CODE_4       Decimal is implied following the third character.       Beginning Position:       176       Data Source:       Claim         Beginning Position:       176       Data Source:       Claim       Claim       Ediam         Field 42:       POA_OTH_DIAG_CODE_4       Decimal is implied following the third character.       Ediam	
Beginning Position:       168       Data Source:       Claim         Length:       7       Type:       Alphanumeric         Field 40:       POA_OTH_DIAG_CODE_3       Code identifying whether Oth_Diag_Code_3 code was present at the was admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE       Bata Source:       Claim         Length:       175       Data Source:       Claim         Length:       1       Type:       Alphanumeric         Field 41:       OTH_DIAG_CODE_4       Data Source:       Claim         Description:       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits       Decimal is implied following the third character.         Beginning Position:       176       Data Source:       Claim         Length:       7       Type:       Alphanumeric         Field 42:       POA_OTH_DIAG_CODE_4       Description:       Code identifying whether Oth_Diag_Code_4 code was present at the was admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE       Beginning Position:       183       Data Source:       Claim         Length:       1       Type:       Alphanumeric       Field 43:       DC1H_DIAG_CODE_5       Description:       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits       Decimal	if applicable.
Length:7Type:AlphanumericField 40:POA_OTH_DIAG_CODE_3Description:Code identifying whether Oth_Diag_Code_3 code was present at the was admitted to the hospitalCoding Scheme:Same as Field POA_PRINC_DIAG_CODEBeginning Position:175Data Source:ClaimCDTH_DIAG_CODE_4Description:ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position:176Data Source:Length:7Type:AlphanumericField 41:OTH_DIAG_CODE_4Decimal is implied following the third character.Beginning Position:176Length:7Type:AlphanumericField 42:POA_OTH_DIAG_CODE_4Description:Code identifying whether Oth_Diag_Code_4 code was present at the was admitted to the hospitalSame as Field POA_PRINC_DIAG_CODEBeginning Position:183Data Source:ClaimField 43:OTH_DIAG_CODE_5Description:ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position:184Data Source:ClaimLength:7Type:AlphanumericField 43:OTH_DIAG_CODE_5Description:Code identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospitalCoding Scheme:Same as Field POA_PRINC_DIAG_CODE_5Description:Code identifying w	
Field 40:       POA_OTH_DIAG_CODE_3         Description:       Code identifying whether Oth_Diag_Code_3 code was present at the was admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE         Beginning Position:       1       Type:         Field 41:       OTH_DIAG_CODE_4         Description:       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.         Beginning Position:       176       Data Source:       Claim         Length:       7       Type:       Alphanumeric         Field 42:       POA_OTH_DIAG_CODE_4       Alphanumeric         Description:       Code identifying whether Oth_Diag_Code_4 code was present at the was admitted to the hospital         Same as Field POA_PRINC_DIAG_CODE       Bata Source:       Claim         Length:       1       Type:       Alphanumeric         Field 43:       OTH_DIAG_CODE_5       Data Source:       Claim         Length:       7       Type:       Alphanumeric         Field 44:       POA_OTH_DIAG_CODE_5       Decimal is implied following the third character.         Beginning Position:       184       Data Source:       Claim         Length:       7       Type:       Alphanumeric         Field 44:<	
Description:       Code identifying whether Oth_Diag_Code_3 code was present at the was admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE         Beginning Position:       175       Data Source:       Claim         Length:       1       Type:       Alphanumeric         Field 41:       OTH_DIAG_CODE_4       Decimal is implied following the third character.         Beginning Position:       176       Data Source:       Claim         Length:       7       Type:       Alphanumeric         Field 42:       POA_OTH_DIAG_CODE_4       Decimal is implied following the third character.         Description:       Code identifying whether Oth_Diag_Code_4 code was present at the was admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE         Beginning Position:       183       Data Source:       Claim         Length:       1       Type:       Alphanumeric         Field 43:       OTH_DIAG_CODE_5       Decimal is implied following the third character.       Beginning Position:         Length:       7       Type:       Alphanumeric         7       Type:       Alphanumeric       Type:         Field 43:       OTH_DIAG_CODE_5       Decimal is implied following the third character.       Alphanumeric     <	
Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE         Beginning Position:       175       Data Source:       Claim         Length:       1       Type:       Alphanumeric         Field 41:       OTH_DIAG_CODE_4       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits         Description:       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits         Description:       176       Data Source:       Claim         Length:       7       Type:       Alphanumeric         Field 42:       POA_OTH_DIAG_CODE_4       Code identifying whether Oth_Diag_Code_4 code was present at the was admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE       Beginning Position:       183       Data Source:       Claim         Length:       1       Type:       Alphanumeric       Field 43:       Data Source:       Claim         Length:       1       Type:       Alphanumeric       Field 44:       Data Source:       Claim         Description:       1CD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits       Decimal is implied following the third character.         Beginning Position:       184       Data Source:       Claim         Length:       7       Type:       Alphanumeric	time the nationt
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Beginning Position:       175       Data Source:       Claim         Length:       1       Type:       Alphanumeric         Field 41:       OTH_DIAG_CODE_4       Alphanumeric         Description:       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.         Beginning Position:       176       Data Source:       Claim         Length:       7       Type:       Alphanumeric         Field 42:       POA_OTH_DIAG_CODE_4       Alphanumeric         Description:       Code identifying whether Oth_Diag_Code_4 code was present at the was admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE       Eaginning Position:       Ito Type:       Alphanumeric         Field 43:       OTH_DIAG_CODE_5       Decimal is implied following the third character.       Beginning Position:       ItoD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.         Beginning Position:       184       Data Source:       Claim         Field 44:       POA_OTH_DIAG_CODE_5       Code identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospital         Field 44:       POA_OTH_DIAG_CODE_5       Code identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospital         Codin	
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Field 41:       OTH_DIAG_CODE_4         Description:       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.         Beginning Position:       176       Data Source:       Claim         Length:       7       Type:       Alphanumeric         Field 42:       POA_OTH_DIAG_CODE_4         Description:       Code identifying whether Oth_Diag_Code_4 code was present at the was admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE         Beginning Position:       183       Data Source:       Claim         Length:       1       Type:       Alphanumeric         Field 43:       OTH_DIAG_CODE_5       Description:       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.         Beginning Position:       184       Data Source:       Claim         Length:       7       Type:       Alphanumeric         Field 44:       POA_OTH_DIAG_CODE_5       Code identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE       Same as Field POA_PRINC_DIAG_CODE       Scode identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_	
Beginning Position:       176       Data Source:       Claim         Length:       7       Type:       Alphanumeric         Field 42:       POA_OTH_DIAG_CODE_4       Alphanumeric         Description:       Code identifying whether Oth_Diag_Code_4 code was present at the was admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE         Beginning Position:       183       Data Source:       Claim         Length:       1       Type:       Alphanumeric         Field 43:       OTH_DIAG_CODE_5       Claim       Interpret and the preteined following the third character.         Beginning Position:       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digites Decimal is implied following the third character.       Claim         Beginning Position:       184       Data Source:       Claim         Itength:       7       Type:       Alphanumeric         Field 44:       POA_OTH_DIAG_CODE_5       Same as Field POA_PRINC_DIAG_CODE       Same as Field POA_PRINC_DIAG_CODE         Description:       Code identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospital       Same as Field POA_PRINC_DIAG_CODE         Description:       Code identifying whether Oth_Diag_Code_5       Code was present at the was admitted to the hospital         Coding Scheme: <td< th=""><th></th></td<>	
Beginning Position:       176       Data Source:       Claim         Length:       7       Type:       Alphanumeric         Field 42:       POA_OTH_DIAG_CODE_4       Alphanumeric         Description:       Code identifying whether Oth_Diag_Code_4 code was present at the was admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE         Beginning Position:       183       Data Source:       Claim         Length:       1       Type:       Alphanumeric         Field 43:       OTH_DIAG_CODE_5       Claim       Interpret and the preteined following the third character.         Beginning Position:       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digites Decimal is implied following the third character.       Claim         Beginning Position:       184       Data Source:       Claim         Itength:       7       Type:       Alphanumeric         Field 44:       POA_OTH_DIAG_CODE_5       Same as Field POA_PRINC_DIAG_CODE       Same as Field POA_PRINC_DIAG_CODE         Description:       Code identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospital       Same as Field POA_PRINC_DIAG_CODE         Description:       Code identifying whether Oth_Diag_Code_5       Code was present at the was admitted to the hospital         Coding Scheme: <td< th=""><th>; if applicable.</th></td<>	; if applicable.
Beginning Position:176Data Source:ClaimLength:7Type:AlphanumericField 42:POA_OTH_DIAG_CODE_4Description:Code identifying whether Oth_Diag_Code_4 code was present at the was admitted to the hospitalCoding Scheme:Same as Field POA_PRINC_DIAG_CODEBeginning Position:183Data Source:Length:1Type:AlphanumericField 43:OTH_DIAG_CODE_5Description:ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position:184Length:7Type:AlphanumericField 44:POA_OTH_DIAG_CODE_5Description:Code identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospitalCoding Scheme:Same as Field POA_PRINC_DIAG_CODEBeginning Position:1Type:AlphanumericField 44:POA_OTH_DIAG_CODE_5Description:Code identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospitalCoding Scheme:Same as Field POA_PRINC_DIAG_CODEBeginning Position:1191Data Source:ClaimLength:1Field 45:OTH_DIAG_CODE_6Description:ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position:1IDData Source:ClaimID-10-CM diagnosis code, including the 4	
Field 42:POA_OTH_DIAG_CODE_4Description:Code identifying whether Oth_Diag_Code_4 code was present at the was admitted to the hospitalCoding Scheme:Same as Field POA_PRINC_DIAG_CODEBeginning Position:1Length:1Type:AlphanumericField 43:OTH_DIAG_CODE_5Description:ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position:184Length:7Type:AlphanumericField 44:POA_OTH_DIAG_CODE_5Description:Code identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospitalCoding Scheme:Same as Field POA_PRINC_DIAG_CODEBeginning Position:1Type:AlphanumericField 44:POA_OTH_DIAG_CODE_5Code identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospitalCoding Scheme:Same as Field POA_PRINC_DIAG_CODEBeginning Position:1Type:AlphanumericField 45:OTH_DIAG_CODE_6Description:1Codi is implied following the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position:192Data Source:Claim	
Description:       Code identifying whether Oth_Diag_Code_4 code was present at the was admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE         Beginning Position:       1       Type:       Alphanumeric         I       Type:       Alphanumeric         Field 43:       OTH_DIAG_CODE_5       Alphanumeric         Description:       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.         Beginning Position:       184       Data Source:       Claim         Length:       7       Type:       Alphanumeric         Field 44:       POA_OTH_DIAG_CODE_5       Code identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospital         Same as Field POA_PRINC_DIAG_CODE       Same as Field POA_PRINC_DIAG_CODE       Same as Field POA_PRINC_DIAG_CODE         Beginning Position:       191       Data Source:       Claim         Length:       1       Type:       Alphanumeric         Field 45:       OTH_DIAG_CODE_6       Claim       Intervention         Beginning Position:       10CD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits       Data Source:       Claim         Icded 45:       OTH_DIAG_CODE_6       Alphanumeric       Alphanumeric         Field 45:<	
Coding Scheme: Beginning Position: Length:was admitted to the hospitalIData Source: Type:ClaimIType:AlphanumericField 43: Description:OTH_DIAG_CODE_5Description:ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position: Length:184 7 7 Type:Data Source: Claim AlphanumericField 44: Description:POA_OTH_DIAG_CODE_5 Code identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospitalCoding Scheme: Beginning Position:Same as Field POA_PRINC_DIAG_CODE Same as Field POA_PRINC_DIAG_CODESame as Field POA_PRINC_DIAG_CODE Same as Field POA_PRINC_DIAG_CODEClaim AlphanumericField 45: Description:OTH_DIAG_CODE_6 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position:12Data Source: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position:192Data Source: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.	
Coding Scheme: Beginning Position:Same as Field POA_PRINC_DIAG_CODEIs3Data Source: AlphanumericClaim AlphanumericField 43:OTH_DIAG_CODE_5Description:ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position:184Data Source: ClaimLength:7Type:AlphanumericField 44:POA_OTH_DIAG_CODE_5Description:Code identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospitalCoding Scheme:Same as Field POA_PRINC_DIAG_CODEBeginning Position:191Data Source: ClaimCoding Scheme:Same as Field POA_PRINC_DIAG_CODEBeginning Position:101Data Source: ClaimCoding Scheme:Same as Field POA_PRINC_DIAG_CODEBeginning Position:191Data Source:Claim ClaimICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position:ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position:192Data Source:ClaimClaim	time the patient
Beginning Position:183Data Source:ClaimLength:1Type:AlphanumericField 43:OTH_DIAG_CODE_5Description:ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position:184Data Source:Icangth:7Type:Field 44:POA_OTH_DIAG_CODE_5Description:Code identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospitalCoding Scheme:Same as Field POA_PRINC_DIAG_CODEBeginning Position:1Type:191Data Source:Field 45:OTH_DIAG_CODE_6Description:ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position:191Data Source:ClaimICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position:192Data Source:Claim	
Length:1Type:AlphanumericField 43:OTH_DIAG_CODE_5Description:ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position:184Data Source:Length:7Type:Field 44:POA_OTH_DIAG_CODE_5Description:Code identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospitalCoding Scheme:Same as Field POA_PRINC_DIAG_CODEBeginning Position:11Type:AlphanumericField 45:OTH_DIAG_CODE_6Description:ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position:192Data Source:ClaimCoding Scheme:ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.	
Field 43:OTH_DIAG_CODE_5Description:ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position:184Data Source: Type:Length:7Type:Field 44:POA_OTH_DIAG_CODE_5Description:Code identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospitalCoding Scheme:Same as Field POA_PRINC_DIAG_CODEBeginning Position:1Length:1Type:AlphanumericField 45:OTH_DIAG_CODE_6Description:ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position:I92Data Source:ClaimCoding Scheme:Image: Code identifying whether Code identify identifying whether Code	
Description:ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position:184Data Source:ClaimLength:7Type:AlphanumericField 44:POA_OTH_DIAG_CODE_5 Code identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospitalCoding Scheme:Same as Field POA_PRINC_DIAG_CODE 191Data Source:Claim AlphanumericField 45:OTH_DIAG_CODE_6 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position:ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.	
Beginning Position:       184       Data Source:       Claim         Length:       7       Type:       Alphanumeric         Field 44:       POA_OTH_DIAG_CODE_5       Alphanumeric         Description:       Code identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE         Beginning Position:       191       Data Source:       Claim         Length:       1       Type:       Alphanumeric         Field 45:       OTH_DIAG_CODE_6       IcD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits         Description:       ICD-10-CM diagnosis code, including the third character.         Beginning Position:       192       Data Source:       Claim	if applicable
Beginning Position:       184       Data Source:       Claim         Length:       7       Type:       Alphanumeric         Field 44:       POA_OTH_DIAG_CODE_5       Code identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospital         Description:       Code identifying whether Oth_DIAG_CODE       Same as Field POA_PRINC_DIAG_CODE         Beginning Position:       191       Data Source:       Claim         Length:       1       Type:       Alphanumeric         Field 45:       OTH_DIAG_CODE_6       Claim         Description:       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits         Decimal is implied following the third character.       Beginning Position:       192       Data Source:       Claim	, ii applicable.
Length:       7       Type:       Alphanumeric         Field 44:       POA_OTH_DIAG_CODE_5	
Field 44:       POA_OTH_DIAG_CODE_5         Description:       Code identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE         Beginning Position:       191       Data Source:         Length:       1       Type:         Field 45:       OTH_DIAG_CODE_6         Description:       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits         Decimal is implied following the third character.         Beginning Position:       192	
Description:       Code identifying whether Oth_Diag_Code_5 code was present at the was admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE         Beginning Position:       1         Length:       1         Field 45:       OTH_DIAG_CODE_6         Description:       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits         Decimal is implied following the third character.       Beginning Position:         Beginning Position:       192	
Coding Scheme:       was admitted to the hospital         Beginning Position:       Same as Field POA_PRINC_DIAG_CODE         Length:       1         Type:       Claim         Alphanumeric         Field 45:       OTH_DIAG_CODE_6         Description:       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits         Decimal is implied following the third character.         Beginning Position:       192         Data Source:       Claim	time the patient
Beginning Position:       191       Data Source:       Claim         Length:       1       Type:       Alphanumeric         Field 45:       OTH_DIAG_CODE_6       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.         Beginning Position:       192       Data Source:       Claim	•
Length:       1       Type:       Alphanumeric         Field 45:       OTH_DIAG_CODE_6       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.         Beginning Position:       192       Data Source:       Claim	
Field 45:       OTH_DIAG_CODE_6         Description:       ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits         Decimal is implied following the third character.         Beginning Position:       192         Data Source:       Claim	
Description:ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits Decimal is implied following the third character.Beginning Position:192Data Source:Claim	
Decimal is implied following the third character.Beginning Position:192Data Source:Claim	
Beginning Position: 192 Data Source: Claim	if applicable.
Field 46: POA_OTH_DIAG_CODE_6	
<b>Description:</b> Code identifying whether Oth_Diag_Code_6 code was present at the	time the natient
was admitted to the hospital	time the patient
Coding Scheme: Same as Field POA_PRINC_DIAG_CODE	
Beginning Position: 199 Data Source: Claim	
Length: 1 Type: Alphanumeric	
Field 47: OTH_DIAG_CODE_7	
<b>Description:</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits	; if applicable.
Decimal is implied following the third character.	
Beginning Position: 200 Data Source: Claim	
Length:     7     Type:     Alphanumeric       Field 48:     POA OTH DIAG CODE 7	
	tions the matient
<b>Description:</b> Code identifying whether Oth_Diag_Code_7 code was present at the	time the patient
Coding Scheme:       was admitted to the hospital         Same as Field POA_PRINC_DIAG_CODE	
Beginning Position: 207 Data Source: Claim	
Length: 1 Type: Alphanumeric	
Field 49: OTH_DIAG_CODE_8	
<b>Description:</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits	; if applicable.
Decimal is implied following the third character.	
	ument #25-15013
www.dshs.texas.gov/THCIC 22 Last Update	d: February, 2025

Beginning Position:	208	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
ield 50:	POA_OTH_DIAG_COD	DE_8	
Description:	Code identifying whethe	er Oth_Diag_Cod	e_8 code was present at the time the patient
	was admitted to the hos	spital	
Coding Scheme:	Same as Field POA_PRINC		
Beginning Position:	215	Data Source:	Claim
Length:		Туре:	Alphanumeric
Field 51:	OTH_DIAG_CODE_9	alle the standard the second	All The Changed The distant for and include
Description:			e 4th, 5th, 6th and 7th digits if applicable.
Poginning Desition	Decimal is implied follov	-	
Beginning Position: Length:	7	Data Source: Type:	Claim Alphanumeric
Field 52:	POA_OTH_DIAG_COL		Aphanamene
Description:			e_9 code was present at the time the patien
	was admitted to the hos		e_s code was present at the time the patient
Coding Scheme:	Same as Field POA_PRINC		
Beginning Position:	223	Data Source:	Claim
ength:	1	Туре:	Alphanumeric
ield 53:	OTH_DIAG_CODE_10		
Description:			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	224	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 54:	POA_OTH_DIAG_CO		
Description:			e_10 code was present at the time the
	patient was admitted to		
Coding Scheme:	Same as Field POA_PRINC		
Beginning Position:	231	Data Source:	Claim
Length: Field 55:		Туре:	Alphanumeric
Description:	OTH_DIAG_CODE_11		Ath Eth (th and 7th digits if applicable
Description:			e 4th, 5th, 6th and 7th digits if applicable.
Poginning Desition	Decimal is implied follow 232	Data Source:	Claim
Beginning Position: Length:	7	Type:	Alphanumeric
Field 56:	POA_OTH_DIAG_COL		Aphanamene
Description:			e_11 code was present at the time the
	patient was admitted to		c_11 code was present at the time the
Coding Scheme:	Same as Field POA_PRINC		
Beginning Position:	239	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 57:	OTH_DIAG_CODE_12		
Description:			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	Decimal is implied follow 240		
Length:	Decimal is implied follow 240 7	wing the third ch Data Source: Type:	aracter.
Length: Field 58:	Decimal is implied follow 240 7 POA_OTH_DIAG_COD	wing the third ch Data Source: Type: DE_12	aracter. Claim Alphanumeric
Length: Field 58:	Decimal is implied follow 240 7 POA_OTH_DIAG_COU Code identifying whether	wing the third ch Data Source: Type: DE_12 er Oth_Diag_Cod	aracter. Claim
Length: Field 58: Description:	Decimal is implied follow 240 7 <b>POA_OTH_DIAG_COU</b> Code identifying whether patient was admitted to	wing the third ch Data Source: Type: DE_12 er Oth_Diag_Cod the hospital	aracter. Claim Alphanumeric
Length: Field 58: Description: Coding Scheme:	Decimal is implied follow 240 7 <b>POA_OTH_DIAG_COL</b> Code identifying whether patient was admitted to Same as Field POA_PRINC.	wing the third ch Data Source: Type: DE_12 er Oth_Diag_Cod the hospital _DIAG_CODE	aracter. Claim Alphanumeric e_12 code was present at the time the
ength: Field 58: Description: Coding Scheme: Beginning Position:	Decimal is implied follow 240 7 <b>POA_OTH_DIAG_COU</b> Code identifying whether patient was admitted to Same as Field POA_PRINC 247	wing the third ch Data Source: Type: DE_12 er Oth_Diag_Cod the hospital _DIAG_CODE Data Source:	aracter. Claim <u>Alphanumeric</u> e_12 code was present at the time the Claim
Length: Field 58: Description: Coding Scheme: Beginning Position: Length:	Decimal is implied follow 240 7 POA_OTH_DIAG_COM Code identifying whether patient was admitted to Same as Field POA_PRINC 247 1	wing the third ch Data Source: Type: DE_12 er Oth_Diag_Cod the hospital _DIAG_CODE Data Source: Type:	aracter. Claim Alphanumeric e_12 code was present at the time the
Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59:	Decimal is implied follow 240 7 POA_OTH_DIAG_COU Code identifying whether patient was admitted to Same as Field POA_PRINC 247 1 OTH_DIAG_CODE_13	wing the third ch Data Source: Type: DE_12 er Oth_Diag_Cod the hospital _DIAG_CODE Data Source: Type:	aracter. Claim <u>Alphanumeric</u> e_12 code was present at the time the Claim <u>Alphanumeric</u>
Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59:	Decimal is implied follow 240 7 POA_OTH_DIAG_COM Code identifying whether patient was admitted to Same as Field POA_PRINC 247 1 OTH_DIAG_CODE_13 ICD-10-CM diagnosis co	wing the third ch Data Source: Type: DE_12 er Oth_Diag_Cod the hospital _DIAG_CODE Data Source: Type: bode, including the	aracter. Claim Alphanumeric e_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable.
Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59: Description:	Decimal is implied follow 240 7 <b>POA_OTH_DIAG_COU</b> Code identifying whether patient was admitted to Same as Field POA_PRINC, 247 1 <b>OTH_DIAG_CODE_13</b> ICD-10-CM diagnosis co Decimal is implied follow	wing the third ch Data Source: Type: DE_12 er Oth_Diag_Cod the hospital _DIAG_CODE Data Source: Type: bode, including the wing the third ch	aracter. Claim Alphanumeric e_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter.
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Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59: Description: Beginning Position: Length: Field 60:	Decimal is implied follow 240 7 POA_OTH_DIAG_COU Code identifying whether patient was admitted to Same as Field POA_PRINC, 247 1 OTH_DIAG_CODE_13 ICD-10-CM diagnosis co Decimal is implied follow 248 7 POA_OTH_DIAG_COU	wing the third ch Data Source: Type: DE_12 er Oth_Diag_Code o the hospital _DIAG_CODE Data Source: Type: bode, including the wing the third ch Data Source: Type: DE_13	aracter. Claim Alphanumeric e_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
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Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59: Description: Beginning Position: Length: Field 60: Description:	Decimal is implied follow 240 7 POA_OTH_DIAG_COU Code identifying whether patient was admitted to Same as Field POA_PRINC, 247 1 OTH_DIAG_CODE_13 ICD-10-CM diagnosis co Decimal is implied follow 248 7 POA_OTH_DIAG_COU	wing the third ch Data Source: Type: DE_12 er Oth_Diag_Cod the hospital _DIAG_CODE Data Source: Type: de, including the wing the third ch Data Source: Type: DE_13 er Oth_Diag_Cod the hospital	aracter. Claim Alphanumeric e_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_13 code was present at the time the
Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59: Description: Beginning Position: Length: Field 60: Description: DSHS/THCIC www.dshs.texas.gov/	Decimal is implied follow 240 7 POA_OTH_DIAG_COU Code identifying whether patient was admitted to Same as Field POA_PRINC 247 1 OTH_DIAG_CODE_13 ICD-10-CM diagnosis co Decimal is implied follow 248 7 POA_OTH_DIAG_COU Code identifying whether patient was admitted to	wing the third ch Data Source: Type: DE_12 er Oth_Diag_Cod the hospital _DIAG_CODE Data Source: Type: bode, including the wing the third ch Data Source: Type: DE_13 er Oth_Diag_Cod	aracter. Claim Alphanumeric e_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric

Coding Scheme: Beginning Position:	Same as Field POA_PRINC. 255	_DIAG_CODE Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 61:	OTH_DIAG_CODE_14		
Description:			e 4th, 5th, 6th and 7th digits if applicable.
•	Decimal is implied follow		
Beginning Position:	256	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 62:	POA_OTH_DIAG_COD	DE 14	
Description:			e_14 code was present at the time the
•	patient was admitted to		
Coding Scheme:	Same as Field POA_PRINC		
<b>Beginning Position:</b>	263	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 63:	OTH_DIAG_CODE_15	5	
Description:	ICD-10-CM diagnosis co	de, including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	wing the third ch	aracter.
<b>Beginning Position:</b>	264	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 64:	POA_OTH_DIAG_COD	DE_15	
Description:	Code identifying whethe	er Oth_Diag_Cod	e_15 code was present at the time the
	patient was admitted to		
Coding Scheme:	Same as Field POA_PRINC	_DIAG_CODE	
Beginning Position:	271	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 65:	OTH_DIAG_CODE_16		
Description:			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
<b>Beginning Position:</b>	272	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 66:	POA_OTH_DIAG_COD		
Description:			e_16 code was present at the time the
	patient was admitted to		
Coding Scheme:	Same as Field POA_PRINC		
Beginning Position:	279	Data Source:	Claim
Length:		Туре:	Alphanumeric
Field 67:	OTH_DIAG_CODE_17		
Description:			e 4th, 5th, 6th and 7th digits if applicable.
De aleminer De altiere	Decimal is implied follow		
Beginning Position: Length:	280 7	Data Source: Type:	Claim Alphanumeric
Field 68:	 POA_OTH_DIAG_COD		Alphanumenc
Description:			e_17 code was present at the time the
Description.	patient was admitted to		le_17 code was present at the time the
Coding Schomo	Same as Field POA PRINC		
Coding Scheme: Beginning Position:	287	DIAG_CODE Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 69:	OTH_DIAG_CODE_18		Aphanamene
Description:			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
<b>Beginning Position:</b>	288	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 70:	POA_OTH_DIAG_COL		
Description:			e_18 code was present at the time the
• • • •	patient was admitted to		
Coding Scheme:	Same as Field POA_PRINC		
Beginning Position:	295	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 71:	OTH_DIAG_CODE_19		
Description:			e 4th, 5th, 6th and 7th digits if applicable.
-	Decimal is implied follow		
		-	
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Beginning Position: Length:	296 7	Data Source: Type:	Claim Alphanumeric
Field 72:	POA OTH DIAG COD		Alphanamene
Description:		_	e_19 code was present at the time the
	patient was admitted to		e_19 code was present at the time the
Coding Scheme:	Same as Field POA_PRINC_		
Beginning Position:	303	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 73:	OTH_DIAG_CODE_20		
Description:			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	ing the third ch	aracter.
Beginning Position:	304	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 74:	POA_OTH_DIAG_COD		
Description:			e_20 code was present at the time the
Coding Schomo	patient was admitted to Same as Field POA_PRINC_		
Coding Scheme: Beginning Position:	311 311	DIAG_CODE	Claim
Length:	1	Type:	Alphanumeric
Field 75:	OTH_DIAG_CODE_21	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Description:		de, includina the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
<b>Beginning Position:</b>	312	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 76:	POA_OTH_DIAG_COD		
Description:	, 5		e_21 code was present at the time the
	patient was admitted to		
Coding Scheme:	Same as Field POA_PRINC_		
Beginning Position:	319 1	Data Source:	Claim
Length: Field 77:	OTH_DIAG_CODE_22	Туре:	Alphanumeric
Description:		de including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
<b>Beginning Position:</b>	320	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 78:	POA_OTH_DIAG_COD		
Description:			e_22 code was present at the time the
	patient was admitted to		
Coding Scheme:	Same as Field POA_PRINC_	-	Claim
Beginning Position: Length:	327 1	Data Source: Type:	Claim Alphanumeric
Field 79:	OTH DIAG CODE 23	Typei	Aphanamene
Description:		de, includina the	e 4th, 5th, 6th and 7th digits if applicable.
•	Decimal is implied follow		
<b>Beginning Position:</b>	328	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 80:	POA_OTH_DIAG_COD		
Description:			e_23 code was present at the time the
	patient was admitted to		
Coding Scheme:	Same as Field POA_PRINC_		Claim
Beginning Position:	335 1	Data Source:	Claim
Length: Field 81:	OTH_DIAG_CODE_24	Туре:	Alphanumeric
Description:		de, including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	336	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 82:	POA_OTH_DIAG_COD		
Description:	, .		e_24 code was present at the time the
	patient was admitted to		
Coding Scheme:	Same as Field POA_PRINC_	DIAG_CODE	
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		<b>_</b>	Lust optition i obituity, 2025

Beginning Position: .ength:	343 1	Data Source: Type:	Claim Alphanumeric
ield 83:	E_CODE_1		
Description:	ICD-10-CM external caus		e, including the 4th, 5th, 6th and 7th digits if e of injury. A decimal is implied following the
Beginning Position: .ength:	344 7	Data Source: Type:	Claim Alphanumeric
ield 84:	POA_E_CODE_1		•
escription:	time the patient was adn	nitted to the ho	ernal cause of injury code was present at the spital
oding Scheme: eginning Position: ength:	Same as Field POA_PRINC_ 351 1	DIAG_CODE Data Source: Type:	Claim Alphanumeric
ield 85:	E_CODE_2	i ypei	Aphananene
escription:	ICD-10-CM external caus		e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: .ength:	352 7	Data Source: Type:	Claim Alphanumeric
ield 86:	POA_E_CODE_2		
escription:	Code identifying whether time the patient was adm Same as Field POA_PRINC_	nitted to the ho	of injury E_Code_2 code was present at the spital
Beginning Position:	359	Data Source:	Claim
ength:	1	Туре:	Alphanumeric
ield 87:	E_CODE_3		
escription:			e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
eginning Position:	360	Data Source:	Claim
	7	Туре:	Alphanumeric
eld 88:	POA_E_CODE_3		Alphanumeric
ield 88: Description:	<b>POA_E_CODE_3</b> Code identifying whether time the patient was adm	E_Code_3 extended to the ho	Alphanumeric ernal cause of injury code was present at the
ield 88: escription: oding Scheme: eginning Position:	<b>POA_E_CODE_3</b> Code identifying whether time the patient was adm Same as Field POA_PRINC_ 367	E_Code_3 extended nitted to the ho DIAG_CODE Data Source:	Alphanumeric ernal cause of injury code was present at the spital Claim
ield 88: escription: oding Scheme: eginning Position: ength:	POA_E_CODE_3 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 367 1	E_Code_3 extended nitted to the ho DIAG_CODE	Alphanumeric ernal cause of injury code was present at the spital
ield 88: pescription: coding Scheme: seginning Position: ength: ield 89:	POA_E_CODE_3 Code identifying whether time the patient was adn Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external caus	E_Code_3 extension nitted to the ho DIAG_CODE <b>Data Source:</b> <b>Type:</b> Se of injury code	Alphanumeric ernal cause of injury code was present at the spital Claim
ield 88: escription: oding Scheme: eginning Position: ength: ield 89: escription:	POA_E_CODE_3 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external cause applicable, of an addition	E_Code_3 extension nitted to the ho DIAG_CODE <b>Data Source:</b> <b>Type:</b> Se of injury code	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if
ield 88: escription: oding Scheme: eginning Position: ength: ield 89: escription: eginning Position: ength:	POA_E_CODE_3 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external caus applicable, of an addition third character. 368 7	E_Code_3 extension nitted to the ho DIAG_CODE Data Source: Type: Se of injury code nal external cau	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
ength: Field 88: Description: Coding Scheme: Beginning Position: ength: Field 89: Description: Beginning Position: ength: Field 90: Description:	POA_E_CODE_3 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external caus applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether time the patient was adm	E_Code_3 extension TE_Code_3 extension DIAG_CODE Data Source: Type: Type: Data Source: Type: E_Code_4 extension Data to the ho	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the
ield 88: escription: oding Scheme: eginning Position: ength: ield 89: escription: eginning Position: ength: ield 90: escription: oding Scheme: eginning Position:	POA_E_CODE_3 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external caus applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 375	E_Code_3 extentited to the ho DIAG_CODE Data Source: Type: Se of injury code al external cau Data Source: Type: E_Code_4 extentited to the ho DIAG_CODE Data Source:	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim
ield 88: escription: oding Scheme: eginning Position: ength: ield 89: escription: ength: ield 90: escription: oding Scheme: eginning Position: ength:	POA_E_CODE_3 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external caus applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 375 1	E_Code_3 extension E_Code_3 extension DIAG_CODE Data Source: Type: Type: Data Source: Type: E_Code_4 extension DIAG_CODE	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital
Field 88: Description: Coding Scheme: Beginning Position: ength: Field 89: Description: Beginning Position: ength: Field 90: Description: Coding Scheme: Beginning Position: ength: Field 91:	POA_E_CODE_3 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external caus applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external caus	E_Code_3 extentited to the ho DIAG_CODE Data Source: Type: Se of injury code aal external cau Data Source: Type: E_Code_4 extentited to the ho DIAG_CODE Data Source: Type: Se of injury code	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if
ield 88: Description: Coding Scheme: Coding Scheme: Coding Position: Coding Position: Coding Position: Coding Scheme: Coding Scheme: Coding Scheme: Coding Scheme: Coding Position: Coding Scheme: Coding	POA_E_CODE_3 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external caus applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external caus applicable, of an addition third character.	E_Code_3 extentited to the ho DIAG_CODE Data Source: Type: Se of injury code to al external cau Data Source: Type: E_Code_4 extentited to the ho DIAG_CODE Data Source: Type: Se of injury code to al external cau	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
ield 88: pescription: oding Scheme: eginning Position: ength: ield 89: pescription: eginning Position: ength: ield 90: pescription: oding Scheme: eginning Position: ength: ield 91: pescription:	POA_E_CODE_3 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external caus applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external caus applicable, of an addition third character. 376	E_Code_3 extentited to the ho DIAG_CODE Data Source: Type: Se of injury code al external cau Data Source: Type: E_Code_4 extentited to the ho DIAG_CODE Data Source: Type: Se of injury code al external cau Data Source:	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim
Field 88: Description: Coding Scheme: Beginning Position: ength: Field 89: Description: Beginning Position: ength: Field 90: Description: Coding Scheme: Beginning Position: ength: Field 91: Description: Seginning Position: ength:	POA_E_CODE_3 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external caus applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external caus applicable, of an addition third character. 376 7	E_Code_3 extentited to the ho DIAG_CODE Data Source: Type: Se of injury code to al external cau Data Source: Type: E_Code_4 extentited to the ho DIAG_CODE Data Source: Type: Se of injury code to al external cau	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Field 88: Description: Coding Scheme: Beginning Position: Length: Field 89: Description: Beginning Position: Length: Field 90: Description: Coding Scheme: Beginning Position: Length: Field 91: Description: Beginning Position: Length: Field 91: Description: Beginning Position: Length: Field 92: Description:	POA_E_CODE_3 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external caus applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external caus applicable, of an addition third character. 376 7 POA_E_CODE_5 Code identifying whether third character. 376 7 POA_E_CODE_5 Code identifying whether time the patient was adm	E_Code_3 extension E_Code_3 extension DIAG_CODE Data Source: Type: Type: Type: E_Code_4 extension DIAG_CODE Data Source: Type: E_Code_4 extension DIAG_CODE Data Source: Type: Data Source: Type: E_Code_5 extension E_Code_5 extension DIAG to the ho	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric enal cause of injury code was present at the claim Alphanumeric
Field 88: Description: Coding Scheme: Beginning Position: Ength: Field 89: Description: Beginning Position: Ength: Field 90:	POA_E_CODE_3 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external caus applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external caus applicable, of an addition third character. 376 7 POA_E_CODE_5 Code identifying whether	E_Code_3 extension E_Code_3 extension DIAG_CODE Data Source: Type: Type: Type: E_Code_4 extension DIAG_CODE Data Source: Type: E_Code_4 extension DIAG_CODE Data Source: Type: Data Source: Type: E_Code_5 extension E_Code_5 extension DIAG to the ho	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric enal cause of injury code was present at the claim Alphanumeric
Field 88: Description: Coding Scheme: Beginning Position: ength: Field 89: Description: Beginning Position: ength: Field 90: Description: Coding Scheme: Beginning Position: ength: Field 91: Description: Beginning Position: ength: Field 92: Description: Coding Scheme:	POA_E_CODE_3 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external caus applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether time the patient was adm Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external caus applicable, of an addition third character. 376 7 POA_E_CODE_5 Code identifying whether time the patient was adm Same as Field POA_PRINC_	E_Code_3 extentited to the ho DIAG_CODE Data Source: Type: Se of injury code aal external cau Data Source: Type: E_Code_4 extentited to the ho DIAG_CODE Data Source: Type: Se of injury code aal external cau Data Source: Type: E_Code_5 extentited to the ho DIAG_CODE	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric

Length: Field 93:	1 E_CODE_6	Туре:	Alphanumeric
Description:	ICD-10-CM external cause		e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: Length:	384 7	Data Source: Type:	Claim Alphanumeric
Field 94:	POA_E_CODE_6		
Description: Coding Scheme:	Code identifying whether time the patient was adr Same as Field POA PRINC	nitted to the ho	ernal cause of injury code was present at the spital
Beginning Position:	391	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 95:	E_CODE_7		
Description:	applicable, of an additior third character.	nal external caus	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: Length:	392 7	Data Source: Type:	Claim Alphanumeric
Field 96:	POA_E_CODE_7	туре:	Alphanumenc
Coding Scheme:		nitted to the ho	ernal cause of injury code was present at the spital
Beginning Position:	399	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 97:	E_CODE_8		
Description:	applicable, of an additior third character.		e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: Length:	400 7	Data Source: Type:	Claim Alphanumeric
Field 98:	POA_E_CODE_8		
Description: Coding Scheme:	Code identifying whether time the patient was adr Same as Field POA_PRINC_	nitted to the ho	ernal cause of injury code was present at the spital
<b>Beginning Position:</b>	407	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 99: Description:			e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position:	408	Data Source:	Claim
Length: Field 100:	7	Туре:	Alphanumeric
Coding Scheme:	<b>POA_E_CODE_9</b> Code identifying whether time the patient was adr Same as Field POA_PRINC_	nitted to the ho	ernal cause of injury code was present at the spital
Beginning Position:	415	Data Source:	Claim
	1	Type:	Alphanumeric
Length:		Type:	
Field 101:	E_CODE_10		·
	E_CODE_10 ICD-10-CM external cause	se of injury code	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Field 101:	<b>E_CODE_10</b> ICD-10-CM external cause applicable, of an addition	se of injury code	e, including the 4th, 5th, 6th and 7th digits if
Field 101: Description: Beginning Position:	<b>E_CODE_10</b> ICD-10-CM external cause applicable, of an addition third character. 416	se of injury code nal external caus Data Source:	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim
Field 101: Description: Beginning Position: Length: Field 102: Description:	E_CODE_10 ICD-10-CM external cause applicable, of an addition third character. 416 7 POA_E_CODE_10 Code identifying whether the time the patient was	se of injury code nal external caus <b>Data Source:</b> <b>Type:</b> r E_Code_10 ex	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ternal cause of injury code was present at
Field 101: Description: Beginning Position: Length: Field 102: Description: Coding Scheme: Beginning Position:	E_CODE_10 ICD-10-CM external cause applicable, of an addition third character. 416 7 POA_E_CODE_10 Code identifying whether the time the patient was Same as Field POA_PRINC_ 423	se of injury code nal external caus <b>Data Source:</b> <b>Type:</b> r E_Code_10 ex admitted to the DIAG_CODE <b>Data Source:</b>	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ternal cause of injury code was present at e hospital Claim
Field 101: Description: Beginning Position: Length: Field 102: Description: Coding Scheme: Beginning Position: Length:	E_CODE_10 ICD-10-CM external cause applicable, of an addition third character. 416 7 POA_E_CODE_10 Code identifying whether the time the patient was Same as Field POA_PRINC_	se of injury code nal external caus <b>Data Source:</b> <b>Type:</b> r E_Code_10 ex admitted to the DIAG_CODE <b>Data Source:</b> <b>Type:</b>	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ternal cause of injury code was present at e hospital Claim Alphanumeric
Field 101: Description: Beginning Position: Length: Field 102: Description: Coding Scheme: Beginning Position:	E_CODE_10 ICD-10-CM external cause applicable, of an addition third character. 416 7 POA_E_CODE_10 Code identifying whether the time the patient was Same as Field POA_PRINC_ 423 1	se of injury code nal external caus <b>Data Source:</b> <b>Type:</b> r E_Code_10 ex admitted to the DIAG_CODE <b>Data Source:</b>	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ternal cause of injury code was present at e hospital Claim

Field 103:	PRINC_SURG_PROC_C	ODE	
Description:			B performed during the period covered by the
	bill. ICD-10-PCS code.		pensimed during the period covered by the
Beginning Position:	424	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 104:	PRINC_SURG_PROC_D		
Description:			ure equals Principal Surgical Procedure Date
	minus Admission/Start o		
Beginning Position:	431	Data Source:	Calculated
_ength: Field 105:		Type:	Alphanumeric
Description:	OTH_SURG_PROC_CO		er than the principal procedure performed
Jescription.	during the period covere		
Beginning Position:	435	Data Source:	Claim
ength:	7	Туре:	Alphanumeric
ield 106:	OTH_SURG_PROC_DA	Y_1	
Description:	Day of other surgical or o	other procedure	equals Other Surgical Procedure Date minus
	Admission/Start of Care	Date	
Beginning Position:	442	Data Source:	Calculated
ength:	4	Туре:	Alphanumeric
ield 107: Description:	OTH_SURG_PROC_CO		on these the principal presedure performed
vescription:	during the period covere		er than the principal procedure performed
Beginning Position:	446	Data Source:	Claim
ength:	7	Type:	Alphanumeric
ield 108:	OTH_SURG_PROC_DA		
Description:			equals Other Surgical Procedure Date minus
	Admission/Start of Care		, ,
Beginning Position:	453	Data Source:	Calculated
ength:	4	Туре:	Alphanumeric
ield 109:	OTH_SURG_PROC_CO		
Description:			er than the principal procedure performed
a sin sin a Baainiana	during the period covere	,	
Beginning Position: .ength:	457 7	Data Source: Type:	Claim Alphanumeric
Field 110:	OTH_SURG_PROC_DA		Aphenaniene
Description:			equals Other Surgical Procedure Date minus
	Admission/Start of Care		
Beginning Position:	464	Data Source:	Calculated
ength:	4	Туре:	Alphanumeric
ield 111:	OTH_SURG_PROC_CO		
Description:	5		er than the principal procedure performed
a sin sin a Da sini a sa	during the period covere		
Beginning Position: .ength:	468	Data Source:	
	7		Claim Alphanumeric
	7 OTH SURG PROC DA	Туре:	Alphanumeric
ield 112:	OTH_SURG_PROC_DA	Туре: Y_4	Alphanumeric
Field 112:	OTH_SURG_PROC_DA Day of other surgical or o	Type: Y_4 other procedure	
ield 112: Description:	OTH_SURG_PROC_DA	Type: Y_4 other procedure	Alphanumeric
ield 112: Description: Beginning Position: .ength:	OTH_SURG_PROC_DAY Day of other surgical or of Admission/Start of Care 475 4	Type: Y_4 other procedure Date Data Source: Type:	Alphanumeric equals Other Surgical Procedure Date minus
ield 112: Description: Beginning Position: .ength: Field 113:	OTH_SURG_PROC_DAY Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_CO	Type: Y_4 other procedure Date Data Source: Type: DE_5	Alphanumeric equals Other Surgical Procedure Date minus Calculated Alphanumeric
Field 112: Description: Beginning Position: Length: Field 113:	OTH_SURG_PROC_DAY Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_CON Code for surgical or othe	Type: Y_4 other procedure Date Data Source: Type: DE_5 r procedure oth	Alphanumeric equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed
ield 112: Description: Beginning Position: Length: Field 113: Description:	OTH_SURG_PROC_DAY Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_CON Code for surgical or othe during the period covered	Type: Y_4 other procedure Date Data Source: Type: DE_5 r procedure oth d by the bill. IC	Alphanumeric equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code.
ield 112: Description: Beginning Position: Length: Field 113: Description: Beginning Position:	OTH_SURG_PROC_DAY Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_COM Code for surgical or othe during the period covered 479	Type: Y_4 other procedure Date Data Source: Type: DE_5 r procedure oth d by the bill. IC Data Source:	Alphanumeric equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim
ield 112: Description: Beginning Position: Bength: Field 113: Description: Beginning Position: Begth:	OTH_SURG_PROC_DAY Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_CON Code for surgical or othe during the period covered 479 7	Type: Y_4 other procedure Date Data Source: Type: DE_5 r procedure oth d by the bill. IC Data Source: Type:	Alphanumeric equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code.
Field 112: Description: Beginning Position: Length: Field 113: Description: Beginning Position: Length: Field 114:	OTH_SURG_PROC_DAY Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_CON Code for surgical or othe during the period covered 479 7 OTH_SURG_PROC_DAY	Type: Y_4 other procedure Date Data Source: Type: DE_5 r procedure oth d by the bill. IC Data Source: Type: Y_5	Alphanumeric equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric
Field 112: Description: Beginning Position: Length: Field 113: Description: Beginning Position: Length: Field 114:	OTH_SURG_PROC_DAY Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_CON Code for surgical or othe during the period covered 479 7 OTH_SURG_PROC_DAY Day of other surgical or of	Type: Y_4 other procedure Date Data Source: Type: DE_5 r procedure oth d by the bill. IC Data Source: Type: Y_5 other procedure	Alphanumeric equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim
Field 112: Description: Beginning Position: Length: Field 113: Description: Beginning Position: Length: Field 114: Description:	OTH_SURG_PROC_DAY Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_CON Code for surgical or othe during the period covered 479 7 OTH_SURG_PROC_DAY Day of other surgical or of Admission/Start of Care	Type: Y_4 other procedure Date Data Source: Type: DE_5 r procedure oth d by the bill. IC Data Source: Type: Y_5 other procedure Date	Alphanumeric equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric equals Other Surgical Procedure Date minus
Field 112: Description: Beginning Position: Length: Field 113: Description: Beginning Position: Length: Field 114: Description: Beginning Position:	OTH_SURG_PROC_DAY Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_CON Code for surgical or othe during the period covered 479 7 OTH_SURG_PROC_DAY Day of other surgical or of	Type: Y_4 other procedure Date Data Source: Type: DE_5 r procedure oth d by the bill. IC Data Source: Type: Y_5 other procedure	Alphanumeric equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric equals Other Surgical Procedure Date minus Calculated
Field 112: Description: Beginning Position: Length: Field 113: Description: Beginning Position: Length: Field 114: Description: Beginning Position: Length:	OTH_SURG_PROC_DAY Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_CON Code for surgical or othe during the period covered 479 7 OTH_SURG_PROC_DAY Day of other surgical or of Admission/Start of Care 486	Type: Y_4 other procedure Date Data Source: Type: DE_5 r procedure oth d by the bill. IC Data Source: Type: Y_5 other procedure Date Data Source: Type:	Alphanumeric equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric equals Other Surgical Procedure Date minus
Field 112: Description: Beginning Position: Length: Field 113: Description: Beginning Position: Length: Field 114: Description: Beginning Position: Length: Field 115: DSHS/THCIC	OTH_SURG_PROC_DAY Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_CON Code for surgical or othe during the period covered 479 7 OTH_SURG_PROC_DAY Day of other surgical or of Admission/Start of Care 486 4	Type: Y_4 other procedure Date Data Source: Type: DE_5 r procedure oth d by the bill. IC Data Source: Type: Y_5 other procedure Date Data Source: Type:	Alphanumeric equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric equals Other Surgical Procedure Date minus Calculated

Description:	Code for surgical or othe	r procedure oth	er than the principal procedure performed
	during the period covere	d by the bill. IC	D-10-PCS code.
Beginning Position:	490	Data Source:	Claim
Length: Field 116:		Туре:	Alphanumeric
Description:	OTH_SURG_PROC_DA		aquela Other Currical Presedure Data minus
	Admission/Start of Care	Date	equals Other Surgical Procedure Date minus
Beginning Position:	497	Data Source:	Calculated
Length: Field 117:		Туре:	Alphanumeric
Description:	OTH_SURG_PROC_CO		
Description:	during the period covere		er than the principal procedure performed
<b>Beginning Position:</b>	501	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 118:	OTH_SURG_PROC_DA		
Description:			equals Other Surgical Procedure Date minus
•	Admission/Start of Care		
<b>Beginning Position:</b>	508	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 119:	OTH_SURG_PROC_CO		
Description:			er than the principal procedure performed
	during the period covere	,	
Beginning Position:	512	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 120:	OTH_SURG_PROC_DA		
Description:			equals Other Surgical Procedure Date minus
	Admission/Start of Care		
Beginning Position:	519 4	Data Source:	Calculated Alphanumeric
Length: Field 121:	OTH_SURG_PROC_CO	Туре:	Alphanumenc
Description:			er than the principal procedure performed
Description	during the period covere		
<b>Beginning Position:</b>	523	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 122:	OTH_SURG_PROC_DA	Y_9	
Description:	Day of other surgical or o	other procedure	equals Other Surgical Procedure Date minus
	Admission/Start of Care	Date.	
<b>Beginning Position:</b>	530	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 123:	OTH_SURG_PROC_CO		
Description:			er than the principal procedure performed
Beginning Position:	during the period covere	<b>Data Source:</b>	Claim
Length:	7	Type:	Alphanumeric
Field 124:	OTH_SURG_PROC_DA		Aphanamene
Description:		_	equals Other Surgical Procedure Date minus
•	Admission/Start of Care		
<b>Beginning Position:</b>	541	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 125:	OTH_SURG_PROC_CO		
Description:	Code for surgical or othe	r procedure oth	er than the principal procedure performed
	during the period covere		
Beginning Position:	545	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 126:	OTH_SURG_PROC_DA		
Description:			equals Other Surgical Procedure Date minus
Dealaning Dealting	Admission/Start of Care		Colculated
Beginning Position: Length:	552 4	Data Source: Type:	Calculated Alphanumeric
Field 127:	OTH_SURG_PROC_CO		
		VL_12	
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Description:	Code for surgical or othe	r procedure oth	er than the principal procedure performed
	during the period covered		
<b>Beginning Position:</b>	556	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 128:	OTH_SURG_PROC_DA		
Description:	Day of other surgical or of Admission/Start of Care		equals Other Surgical Procedure Date minus
Beginning Position: Length:	563 4	Data Source: Type:	Calculated Alphanumeric
Field 129:	OTH_SURG_PROC_CO		Alphanamene
Description:			er than the principal procedure performed
2 00 01 1 0 00 0	during the period covered		
<b>Beginning Position:</b>	567	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 130:	OTH_SURG_PROC_DA	Y_13	
Description:	Day of other surgical or o	other procedure	equals Other Surgical Procedure Date minus
	Admission/Start of Care	Date.	
<b>Beginning Position:</b>	574	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 131:	OTH_SURG_PROC_CO	DE_14	
Description:			er than the principal procedure performed
	during the period covered	,	D-10-PCS code.
<b>Beginning Position:</b>	578	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 132:	OTH_SURG_PROC_DA		
Description:			equals Other Surgical Procedure Date minus
	Admission/Start of Care		
Beginning Position:	585	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 133:	OTH_SURG_PROC_CO		
Description:			er than the principal procedure performed
	during the period covered	•	
Beginning Position:	589 7	Data Source:	Claim
Length: Field 134:		Type:	Alphanumeric
Description:			equals Other Surgical Procedure Date minus
Description	Admission/Start of Care		equals other Surgical Procedure Date minus
<b>Beginning Position:</b>	596	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 135:	OTH_SURG_PROC_CO		
Description:		r procedure oth	er than the principal procedure performed
<b>Beginning Position:</b>	600	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 136:	OTH_SURG_PROC_DA		
Description:		_	equals Other Surgical Procedure Date minus
	Admission/Start of Care		
<b>Beginning Position:</b>	607	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 137:	OTH_SURG_PROC_CO	DE_17	
Description:			er than the principal procedure performed
	during the period covered		
<b>Beginning Position:</b>	611	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 138:	OTH_SURG_PROC_DA		
Description:	Day of other surgical or of Admission/Start of Care		equals Other Surgical Procedure Date minus
<b>Beginning Position:</b>	618	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 139:	OTH_SURG_PROC_CO	DE_18	
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Description:	Code for surgical or othe	r procedure oth	er than the principal procedure performed
-	during the period covered		
<b>Beginning Position:</b>	622	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 140:	OTH_SURG_PROC_DA		
Description:	Day of other surgical or of Admission/Start of Care		equals Other Surgical Procedure Date minus
Beginning Position:	629	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 141:	OTH_SURG_PROC_CO		
Description:			er than the principal procedure performed
	during the period covered		
Beginning Position:	633 7	Data Source:	Claim Alphanumeric
Length: Field 142:		Type: V 10	Alphanumenc
Description:			equals Other Surgical Procedure Date minus
Description.	Admission/Start of Care		equals Other Surgical Procedure Date minus
<b>Beginning Position:</b>	640	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 143:	OTH_SURG_PROC_CO		Aphananene
Description:			er than the principal procedure performed
	during the period covered		
<b>Beginning Position:</b>	644	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 144:	OTH_SURG_PROC_DA		r
Description:			equals Other Surgical Procedure Date minus
-	Admission/Start of Care		
<b>Beginning Position:</b>	651	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 145:	OTH_SURG_PROC_CO	DE_21	
Description:	Code for surgical or othe	r procedure oth	er than the principal procedure performed
	during the period covered	d by the bill. IC	D-10-PCS code.
<b>Beginning Position:</b>	655	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 146:	OTH_SURG_PROC_DA		
Description:	Day of other surgical or on Admission/Start of Care		equals Other Surgical Procedure Date minus
<b>Beginning Position:</b>	662	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 147:	OTH_SURG_PROC_CO		
Description:	Code for surgical or othe during the period covered		er than the principal procedure performed D-10-PCS code.
<b>Beginning Position:</b>	666	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 148:	OTH_SURG_PROC_DA		
Description:			equals Other Surgical Procedure Date minus
	Admission/Start of Care		
Beginning Position:	673	Data Source:	Calculated
Length: Field 149:		Туре:	Alphanumeric
	OTH_SURG_PROC_CO		and the second second second second second
Description:			er than the principal procedure performed
	during the period covered	•	
Beginning Position:	677 7	Data Source:	Claim Alphanumeric
Length: Field 150:	OTH_SURG_PROC_DA	Type:	Alphanumenc
Description:			equals Other Surgical Procedure Date minus
2000.1000	Admission/Start of Care		equals other Surgical Frocedure Date IIIIIUS
<b>Beginning Position:</b>		Date.	Calculated
Length:	4	Type:	Alphanumeric
Field 151:	OTH_SURG_PROC_CO		
	<u></u>		
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Description:	Code for surgical or other procedure other than the principal procedure performed
	during the period covered by the bill. ICD-10-PCS code.
Beginning Position:	688 Data Source: Claim
Length:	7 <b>Type:</b> Alphanumeric
Field 152:	OTH_SURG_PROC_DAY_24
Description:	Day of other surgical or other procedure equals Other Surgical Procedure Date minus
	Admission/Start of Care Date.
Beginning Position:	695 Data Source: Calculated
Length:	4 <b>Type:</b> Alphanumeric
Field 153:	ATTENDING_PHYSICIAN_UNIF_ID
Description:	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.
Suppression:	Suppressed when the number of physicians represented in a DRG for a hospital is less than the
	minimum cell size of five.
Coding Scheme:	999999998 Cell size less than 5
5	9999999999 Temporary license or license number could not be matched
Beginning Position:	699 Data Source: Assigned
Length:	10 <b>Type:</b> Alphanumeric
Field 154:	OPERATING_PHYSICIAN_UNIF_ID
Description:	Operating or other Physician Uniform Identifier (if applicable). Unique identifier
	assigned to the operating physician or physician other than the attending physician.
	assigned to the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice
	Physician is an individual licensed to practice medicine under the Medical Practice
	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
	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,
Suppression:	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.
Suppression:	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,
	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. Suppressed when the number of physicians represented in a DRG for a hospital is
Suppression: Coding Scheme:	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. Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.
	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. Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five. 9999999998 Cell size less than 5
Coding Scheme: Beginning Position: Length:	Physician is an individual licensed to practice medicine under the Medical PracticeAct. 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. Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five. 9999999998 Cell size less than 5 999999999999999999999999999999999999
Coding Scheme: Beginning Position:	Physician is an individual licensed to practice medicine under the Medical PracticeAct. 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. Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five. 9999999998 9999999998 Cell size less than 5 999999999999999999999999999999999999
Coding Scheme: Beginning Position: Length:	Physician is an individual licensed to practice medicine under the Medical PracticeAct. 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. Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five. 9999999998 Cell size less than 5 999999999999999999999999999999999999
Coding Scheme: Beginning Position: Length: Field 155:	Physician is an individual licensed to practice medicine under the Medical PracticeAct. Can include an individual other than a physician who admits patients tohospitals 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.Suppressed when the number of physicians represented in a DRG for a hospital isless than the minimum cell size of five.9999999998Cell size less than 599999999999Temporary license or license number could not be matched709Data Source:Assigned10Type:AlphanumericENCOUNTER_INDICATORIndicates the number of claims used to create the encounter719Data Source:Calculated
Coding Scheme: Beginning Position: Length: Field 155: Description: Beginning Position: Length:	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.         Suppressed when the number of physicians represented in a DRG for a hospital is         less than the minimum cell size of five.         9999999998       Cell size less than 5         9999999999       Temporary license or license number could not be matched         709       Data Source:         Alphanumeric         ENCOUNTER_INDICATOR         Indicates the number of claims used to create the encounter         719       Data Source:         2       Type:         Alphanumeric
Coding Scheme: Beginning Position: Length: Field 155: Description: Beginning Position:	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.         Suppressed when the number of physicians represented in a DRG for a hospital is         less than the minimum cell size of five.         9999999998       Cell size less than 5         99999999999       Temporary license or license         709       Data Source:         Alphanumeric         FUNCOUNTER_INDICATOR         Indicates the number of claims used to create the encounter         719       Data Source:         2       Type:         Alphanumeric         PROVIDER_NAME
Coding Scheme: Beginning Position: Length: Field 155: Description: Beginning Position: Length: Field 166: Description:	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.         Suppressed when the number of physicians represented in a DRG for a hospital is         less than the minimum cell size of five.         9999999998       Cell size less than 5         99999999999       Temporary license or license number could not be matched         709       Data Source:         Alphanumeric         Cell size less than 5         9999999999       Temporary license or license number could not be matched         709       Data Source:         Alphanumeric         Calculated         2       Type:         Alphanumeric         719       Data Source:         2       Type:         Alphanumeric         PROVIDER_NAME         Hospital name provided by the hospital.
Coding Scheme: Beginning Position: Length: Field 155: Description: Beginning Position: Length: Field 166:	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.         Suppressed when the number of physicians represented in a DRG for a hospital is         less than the minimum cell size of five.         9999999999         Gell size less than 5         9999999999         Temporary license or license number could not be matched         709       Data Source:         Assigned         10       Type:         Alphanumeric         FROCUNTER_INDICATOR         Indicates the number of claims used to create the encounter         719       Data Source:         2       Type:         Alphanumeric         PROVIDER_NAME         Hospital name provided by the hospital.         Hospitals with fewer than 50 discharges (Provider ID equals '999999') are assigned the name
Coding Scheme: Beginning Position: Length: Field 155: Description: Beginning Position: Length: Field 166: Description:	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.         Suppressed when the number of physicians represented in a DRG for a hospital is         less than the minimum cell size of five.         9999999998       Cell size less than 5         9999999999       Temporary license or license number could not be matched         709       Data Source:         Alphanumeric <b>ENCOUNTER_INDICATOR</b> Indicates the number of claims used to create the encounter         719       Data Source:         2       Type:         Alphanumeric         PROVIDER_NAME         Hospital name provided by the hospital.         Hospitals with fewer than 50 discharges (Provider ID equals '999999') are assigned the name         'Low Discharge Volume Hospital'. If a hospital has fewer than 5 discharges of a particular
Coding Scheme: Beginning Position: Length: Field 155: Description: Beginning Position: Length: Field 166: Description: Suppression:	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.         Suppressed when the number of physicians represented in a DRG for a hospital is         less than the minimum cell size of five.         9999999999         Cell size less than 5         9999999999         Temporary license or license         709         Data Source:         Alphanumeric <b>ENCOUNTER_INDICATOR</b> Indicates the number of claims used to create the encounter         719       Data Source:         2       Type:         Alphanumeric <b>PROVIDER_NAME</b> Hospital name provided by the hospital.         Hospitals with fewer than 50 discharges (Provider ID equals '999999') are assigned the name 'Low Discharge Volume Hospital'. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Hospital Name is blank.
Coding Scheme: Beginning Position: Length: Field 155: Description: Beginning Position: Length: Field 166: Description:	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.         Suppressed when the number of physicians represented in a DRG for a hospital is         less than the minimum cell size of five.         9999999998       Cell size less than 5         9999999999       Temporary license or license number could not be matched         709       Data Source:         Alphanumeric <b>ENCOUNTER_INDICATOR</b> Indicates the number of claims used to create the encounter         719       Data Source:         2       Type:         Alphanumeric         PROVIDER_NAME         Hospital name provided by the hospital.         Hospitals with fewer than 50 discharges (Provider ID equals '999999') are assigned the name         'Low Discharge Volume Hospital'. If a hospital has fewer than 5 discharges of a particular

#### **INPATIENT BASE DATA #2 FILE**

Field 1:	RECORD_ID		
Description:			umber assigned to identify the record. The
			not linkable to the Record_ID in the ED
	Outpatient PUDF or ED		
Beginning Position:	1	Data Source:	Assigned
Length:	12	Туре:	Alphanumeric
Field 2:	PRIVATE_AMOUNT		
Description:			Charge Amount. Calculated using MEDPAR
		ges associated w	ith revenue codes 0100-0219, revenue
	center 011X, 014X		
<b>Beginning Position:</b>	13	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 3:	SEMI_PRIVATE_AMO		
Description:			oom Charge Amount. Calculated using
			ociated with revenue codes 0100-0219,
	revenue center 010X, 0		2-019X
Beginning Position:	25	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 4:	WARD_AMOUNT		
Description:			mount. Calculated using MEDPAR algorithm.
			e codes 0100-0219, revenue center 015X.
Beginning Position:	37	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 5:	ICU_AMOUNT		
Description:	Accommodation Charge	e, Intensive Care	Unit Charge Amount. Calculated using
	MEDPAR algorithm. Sur	n of charges ass	ociated with revenue codes 0100-0219,
	revenue center 020X.		
Beginning Position:	49	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 6:	CCU_AMOUNT		
Description:			Unit Charge Amount. Calculated using
	MEDPAR algorithm. Sur	n of charges ass	ociated with revenue codes 0100-0219,
	revenue center 021X.		
Beginning Position:	61	Data Source:	Calavlatad
Length:			Calculated
	12	Туре:	Numeric
Field 7:	12 OTHER_AMOUNT	Туре:	Numeric
	12 OTHER_AMOUNT Ancillary Service Charge	<b>Type:</b> e, Other Charge	Numeric Amount. Calculated using MEDPAR algorithm.
Field 7:	12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associa	Type: e, Other Charge ted with revenue	Numeric Amount. Calculated using MEDPAR algorithm. e codes other than 0100-0219, revenue
Field 7:	12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associa center 0002-0099, 022	Type: e, Other Charge ted with revenue	Numeric Amount. Calculated using MEDPAR algorithm.
Field 7: Description:	12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associa center 0002-0099, 022 090X-095X, 099X.	Type: e, Other Charge ted with revenue	Numeric Amount. Calculated using MEDPAR algorithm. e codes other than 0100-0219, revenue
Field 7: Description: Beginning Position:	12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associa center 0002-0099, 022 090X-095X, 099X. 73	Type: e, Other Charge ted with revenue X-024X, 052X-05 Data Source:	Numeric Amount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X, Calculated
Field 7: Description: Beginning Position: Length:	12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associa center 0002-0099, 022 090X-095X, 099X. 73 12	Type: e, Other Charge ted with revenue X-024X, 052X-05	Numeric Amount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X,
Field 7: Description: Beginning Position: Length: Field 8:	12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associa center 0002-0099, 022 090X-095X, 099X. 73 12 PHARM_AMOUNT	Type: e, Other Charge ted with revenue X-024X, 052X-05 Data Source: Type:	Numeric Amount. Calculated using MEDPAR algorithm. e codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric
Field 7: Description: Beginning Position: Length:	12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associa center 0002-0099, 022 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge	Type: e, Other Charge ted with revenue X-024X, 052X-05 Data Source: Type: e, Pharmacy Cha	Numeric Amount. Calculated using MEDPAR algorithm. e codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric rge Amount. Calculated using MEDPAR
Field 7: Description: Beginning Position: Length: Field 8:	12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associa center 0002-0099, 022 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge algorithm. Sum of charge	Type: e, Other Charge ted with revenue X-024X, 052X-05 Data Source: Type: e, Pharmacy Cha ges associated w	Numeric Amount. Calculated using MEDPAR algorithm. e codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric
Field 7: Description: Beginning Position: Length: Field 8: Description:	12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associa center 0002-0099, 022 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge	Type: e, Other Charge ted with revenue X-024X, 052X-05 Data Source: Type: e, Pharmacy Cha ges associated w 26X, and 063X.	Numeric Amount. Calculated using MEDPAR algorithm. e codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Field 7: Description: Beginning Position: Length: Field 8: Description: Beginning Position:	12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associa center 0002-0099, 0222 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 025X, 0 85	Type: e, Other Charge ted with revenue X-024X, 052X-05 Data Source: Type: e, Pharmacy Cha ges associated w 26X, and 063X. Data Source:	Numeric         Amount. Calculated using MEDPAR algorithm.         a codes other than 0100-0219, revenue         53X, 055X-060X, 064X-070X, 076X-078X,         Calculated         Numeric         arge Amount. Calculated using MEDPAR         ith revenue codes other than 0100-0219,         Calculated
Field 7: Description: Beginning Position: Length: Field 8: Description: Beginning Position: Length:	12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associa center 0002-0099, 0222 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 025X, 0 85 12	Type: e, Other Charge ted with revenue X-024X, 052X-05 Data Source: Type: e, Pharmacy Cha ges associated w 26X, and 063X.	Numeric Amount. Calculated using MEDPAR algorithm. e codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Field 7: Description: Beginning Position: Length: Field 8: Description: Beginning Position: Length: Field 9:	12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associa center 0002-0099, 0222 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 025X, 0 85 12 MEDSURG_AMOUNT	Type: e, Other Charge ted with revenue X-024X, 052X-05 Data Source: Type: e, Pharmacy Cha ges associated w 26X, and 063X. Data Source: Type:	Numeric         Amount. Calculated using MEDPAR algorithm.         codes other than 0100-0219, revenue         53X, 055X-060X, 064X-070X, 076X-078X,         Calculated         Numeric         Irrge Amount. Calculated using MEDPAR         ith revenue codes other than 0100-0219,         Calculated         Numeric
Field 7: Description: Beginning Position: Length: Field 8: Description: Beginning Position: Length:	12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associa center 0002-0099, 0222 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 025X, 0 85 12 MEDSURG_AMOUNT Ancillary Service Charge	Type: e, Other Charge ted with revenue X-024X, 052X-05 Data Source: Type: e, Pharmacy Cha ges associated w 26X, and 063X. Data Source: Type: e, Medical/Surgio	Numeric         Amount. Calculated using MEDPAR algorithm.         codes other than 0100-0219, revenue         53X, 055X-060X, 064X-070X, 076X-078X,         Calculated         Numeric         arge Amount. Calculated using MEDPAR         ith revenue codes other than 0100-0219,         Calculated         Numeric         cal Supply Charge Amount. Calculated using
Field 7: Description: Beginning Position: Length: Field 8: Description: Beginning Position: Length: Field 9:	12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associa center 0002-0099, 022 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge algorithm. Sum of charge algorithm. Sum of charge revenue center 025X, 0 85 12 MEDSURG_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sur	Type: e, Other Charge ted with revenue X-024X, 052X-05 Data Source: Type: e, Pharmacy Cha ges associated w 26X, and 063X. Data Source: Type: e, Medical/Surgio n of charges asso	Numeric         Amount. Calculated using MEDPAR algorithm.         codes other than 0100-0219, revenue         53X, 055X-060X, 064X-070X, 076X-078X,         Calculated         Numeric         Irrge Amount. Calculated using MEDPAR         ith revenue codes other than 0100-0219,         Calculated         Numeric
Field 7: Description: Beginning Position: Length: Field 8: Description: Beginning Position: Length: Field 9: Description:	12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associa center 0002-0099, 022 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge algorithm. Sum of charge algorithm. Sum of charge revenue center 025X, 0 85 12 MEDSURG_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sur 0219, revenue center 0	Type: e, Other Charge ted with revenue X-024X, 052X-05 Data Source: Type: e, Pharmacy Cha ges associated w 26X, and 063X. Data Source: Type: e, Medical/Surgio n of charges asso	Numeric         Amount. Calculated using MEDPAR algorithm.         codes other than 0100-0219, revenue         53X, 055X-060X, 064X-070X, 076X-078X,         Calculated         Numeric         arge Amount. Calculated using MEDPAR         ith revenue codes other than 0100-0219,         Calculated         Numeric         calculated         Supply Charge Amount. Calculated using         coiated with revenue codes other than 0100-
Field 7: Description: Beginning Position: Length: Field 8: Description: Beginning Position: Length: Field 9:	12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associa center 0002-0099, 022 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge algorithm. Sum of charge algorithm. Sum of charge revenue center 025X, 0 85 12 MEDSURG_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sur	Type: e, Other Charge ted with revenue X-024X, 052X-05 Data Source: Type: e, Pharmacy Cha ges associated w 26X, and 063X. Data Source: Type: e, Medical/Surgio n of charges asso	Numeric         Amount. Calculated using MEDPAR algorithm.         codes other than 0100-0219, revenue         53X, 055X-060X, 064X-070X, 076X-078X,         Calculated         Numeric         rrge Amount. Calculated using MEDPAR         ith revenue codes other than 0100-0219,         Calculated         Numeric         cal Supply Charge Amount. Calculated using

	e, Durable Medic	al Equipment Charge Amount, Calculated
109	Data Source:	Calculated
12	Туре:	Numeric
USED_DME_AMOUNT		
Ancillary Service Charge	e, Used Durable	Medical Equipment Charge Amount.
		m of charges associated with revenue codes
121	Data Source:	Calculated
	Туре:	Numeric
		ociated with revenue codes other than 0100-
		C-laulate d
		Calculated
	Type.	Numeric
	Occupational 7	Therapy Charge Amount, Calculated using
5		
		Calculated
12		Numeric
		-
—	e, Speech Pathol	ogy Charge Amount. Calculated using
		ociated with revenue codes other than 0100-
157	Data Source:	Calculated
12	Туре:	Numeric
IT_AMOUNT		
		ociated with revenue codes other than 0100-
	Data Source:	Calculated
	Туре:	Numeric
	с. н.	
		es associated with revenue codes other than
•		
		Calculated
		Numeric
	AT 13 1	
Ancillary Service Charge		ne and processing related to the patient's
	e for blood storag	ge and processing related to the patient's
stay. Calculated using M	e for blood storag 1EDPAR algorithr	m. Sum of charges associated with revenue
stay. Calculated using M codes other than 0100-0	e for blood storag IEDPAR algorithr 0219, revenue c	n. Sum of charges associated with revenue enter 039X.
stay. Calculated using M codes other than 0100-0 193	e for blood storag 1EDPAR algorithr 0219, revenue co <b>Data Source:</b>	m. Sum of charges associated with revenue
stay. Calculated using M codes other than 0100-0	e for blood storag IEDPAR algorithr 0219, revenue c	n. Sum of charges associated with revenue enter 039X. Calculated
stay. Calculated using M codes other than 0100-0 193 12 OR_AMOUNT	e for blood storag 1EDPAR algorithr 0219, revenue co <b>Data Source:</b> <b>Type:</b>	n. Sum of charges associated with revenue enter 039X. Calculated Numeric
stay. Calculated using M codes other than 0100-( 193 12 <b>OR_AMOUNT</b> Ancillary Service Charge	e for blood storag IEDPAR algorithr 0219, revenue co <b>Data Source:</b> <b>Type:</b> e, Operating Roo	n. Sum of charges associated with revenue enter 039X. Calculated Numeric
stay. Calculated using M codes other than 0100-( 193 12 <b>OR_AMOUNT</b> Ancillary Service Charge	e for blood storag IEDPAR algorithr 0219, revenue co <b>Data Source:</b> <b>Type:</b> e, Operating Roo ges associated w	m. Sum of charges associated with revenue enter 039X. Calculated Numeric m Charge amount. Calculated using MEDPAF
stay. Calculated using M codes other than 0100-( 193 12 <b>OR_AMOUNT</b> Ancillary Service Charge algorithm. Sum of charge	e for blood storag IEDPAR algorithr 0219, revenue co <b>Data Source:</b> <b>Type:</b> e, Operating Roo ges associated w	m. Sum of charges associated with revenue enter 039X. Calculated Numeric m Charge amount. Calculated using MEDPAF
stay. Calculated using M codes other than 0100-0 193 12 <b>OR_AMOUNT</b> Ancillary Service Charge algorithm. Sum of charge revenue center 036X, 0 205 12	e for blood storag 1EDPAR algorithr 0219, revenue co <b>Data Source:</b> <b>Type:</b> e, Operating Roo ges associated w 71X-072X.	<ul> <li>n. Sum of charges associated with revenue enter 039X. Calculated Numeric</li> <li>m Charge amount. Calculated using MEDPAF ith revenue codes other than 0100-0219,</li> </ul>
stay. Calculated using M codes other than 0100-0 193 12 <b>OR_AMOUNT</b> Ancillary Service Charge algorithm. Sum of charge revenue center 036X, 0 205 12 <b>LITH_AMOUNT</b>	e for blood storag IEDPAR algorithr 0219, revenue co Data Source: Type: e, Operating Roo ges associated w 71X-072X. Data Source: Type:	<ul> <li>n. Sum of charges associated with revenue enter 039X. Calculated Numeric</li> <li>m Charge amount. Calculated using MEDPAF ith revenue codes other than 0100-0219, Calculated Numeric</li> </ul>
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stay. Calculated using M codes other than 0100-0 193 12 <b>OR_AMOUNT</b> Ancillary Service Charge algorithm. Sum of charge revenue center 036X, 0 205 12 <b>LITH_AMOUNT</b> Ancillary Service Charge	e for blood storag IEDPAR algorithr 0219, revenue co Data Source: Type: e, Operating Roo ges associated w 71X-072X. Data Source: Type: e, Lithotripsy Cha	<ul> <li>n. Sum of charges associated with revenue enter 039X. Calculated Numeric</li> <li>m Charge amount. Calculated using MEDPAF ith revenue codes other than 0100-0219, Calculated Numeric</li> </ul>
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stay. Calculated using M codes other than 0100-0 193 12 <b>OR_AMOUNT</b> Ancillary Service Charge algorithm. Sum of charge revenue center 036X, 0 205 12 <b>LITH_AMOUNT</b> Ancillary Service Charge algorithm. Sum of charge revenue center 079X. 217	e for blood storag IEDPAR algorithr 0219, revenue co Data Source: Type: e, Operating Roo ges associated w 71X-072X. Data Source: Type: e, Lithotripsy Cha ges associated w Data Source:	<ul> <li>n. Sum of charges associated with revenue enter 039X. Calculated Numeric</li> <li>m Charge amount. Calculated using MEDPAF ith revenue codes other than 0100-0219, Calculated Numeric</li> <li>arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated</li> </ul>
stay. Calculated using M codes other than 0100-0 193 12 <b>OR_AMOUNT</b> Ancillary Service Charge algorithm. Sum of charge revenue center 036X, 0 205 12 <b>LITH_AMOUNT</b> Ancillary Service Charge algorithm. Sum of charge revenue center 079X.	e for blood storag IEDPAR algorithr 0219, revenue co Data Source: Type: e, Operating Roo ges associated w 71X-072X. Data Source: Type: e, Lithotripsy Cha ges associated w	<ul> <li>n. Sum of charges associated with revenue enter 039X. Calculated Numeric</li> <li>m Charge amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric</li> <li>arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,</li> </ul>
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_	using MEDPAR algorithm 0100-0219, revenue cer 109 12 USED_DME_AMOUNT Ancillary Service Charge Calculated using MEDPA other than 0100-0219, f 121 12 PT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 133 12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 145 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 157 12 IT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 157 12 IT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 157 12 II_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 169 12 BLOOD_AMOUNT Ancillary Service Charge using MEDPAR algorithm 0100-0219, revenue center 04 181 12	Ancillary Service Charge, Durable Medic using MEDPAR algorithm. Sum of charge 0100-0219, revenue centers 0290-0292 109 Data Source: 12 Type: USED_DME_AMOUNT Ancillary Service Charge, Used Durable Calculated using MEDPAR algorithm. Su other than 0100-0219, revenue center of 121 Data Source: 12 Type: PT_AMOUNT Ancillary Service Charge, Physical Thera MEDPAR algorithm. Sum of charges asso 0219, revenue center 042X. 133 Data Source: 12 Type: OT_AMOUNT Ancillary Service Charge, Occupational T MEDPAR algorithm. Sum of charges asso 0219, revenue center 043X. 145 Data Source: 12 Type: SPEECH_AMOUNT Ancillary Service Charge, Occupational T MEDPAR algorithm. Sum of charges asso 0219, revenue center 043X. 145 Data Source: 12 Type: SPEECH_AMOUNT Ancillary Service Charge, Speech Pathol MEDPAR algorithm. Sum of charges asso 0219, revenue center 044X, 047X. 157 Data Source: 12 Type: SPEECH_AMOUNT Ancillary Service Charge, Inhalation The MEDPAR algorithm. Sum of charges asso 0219, revenue center 041X, 046X. 169 Data Source: 12 Type: BLOOD_AMOUNT Ancillary Service Charge for blood proviousing MEDPAR algorithm. Sum of charges asso 0219, revenue center 041X, 046X. 169 Data Source: 12 Type: BLOOD_AMOUNT Ancillary Service Charge for blood proviousing MEDPAR algorithm. Sum of charges asso 0219, revenue center 041X, 046X. 169 Data Source: 12 Type:

	CARD_AMOUNT	Candiala	Amount Caladated and MEDDAD
Description:			arge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
Doginaina Dosition	revenue center 048X, 07		Calculated
Beginning Position:	229	Data Source:	Calculated
ength: ield 21:	12 ANES_AMOUNT	Туре:	Numeric
escription:		Anasthasia Ch	arge Amount, Calculated using MEDDAD
escription.			arge Amount. Calculated using MEDPAR
	revenue center 037X.	es associated w	ith revenue codes other than 0100-0219,
eginning Position:	241	Data Source:	Calculated
ength:	12	Type:	Numeric
ield 22:	LAB_AMOUNT	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	numene
escription:		Laboratory Ch	arge Amount. Calculated using MEDPAR
/cscription:			ith revenue codes other than 0100-0219,
	revenue center 030X-03		
eginning Position:	253	Data Source:	Calculated
ength:	12	Type:	Numeric
ield 23:	RAD_AMOUNT	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
escription:		Radiology Cha	rge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
	revenue center 028X, 03		
eginning Position:	265	Data Source:	Calculated
ength:	12	Type:	Numeric
ield 24:	MRI_AMOUNT	4 F -	-
escription:	—	MRI Charae Ar	mount. Calculated using MEDPAR algorithm.
-			codes other than 0100-0219, revenue
	center 061X.		
eginning Position:	277	Data Source:	Calculated
ength:	12	Туре:	Numeric
		iypc:	Numeric
	OP_AMOUNT	Type:	Numeric
ield 25:	OP_AMOUNT		
ield 25:	<b>OP_AMOUNT</b> Ancillary Service Charge,	Outpatient Ser	vices Charge Amount. Calculated using
ield 25:	<b>OP_AMOUNT</b> Ancillary Service Charge, MEDPAR algorithm. Sum	Outpatient Ser of charges asso	
eld 25: escription:	<b>OP_AMOUNT</b> Ancillary Service Charge,	Outpatient Ser of charges asso	vices Charge Amount. Calculated using
eld 25: escription: eginning Position: ength:	<b>OP_AMOUNT</b> Ancillary Service Charge, MEDPAR algorithm. Sum 0219, revenue center 04 289 12	Outpatient Ser of charges asso 9X-050X.	vices Charge Amount. Calculated using ociated with revenue codes other than 0100-
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ield 25: Description: Deginning Position: ength: ield 26:	OP_AMOUNT Ancillary Service Charge, MEDPAR algorithm. Sum 0219, revenue center 04 289 12 ER_AMOUNT	Outpatient Ser of charges asso 9X-050X. Data Source: Type:	vices Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated
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Field 25: Description: Beginning Position: Length: Field 26:	OP_AMOUNT Ancillary Service Charge, MEDPAR algorithm. Sum 0219, revenue center 04 289 12 ER_AMOUNT Ancillary Service Charge,	<ul> <li>Outpatient Ser of charges asso 9X-050X.</li> <li>Data Source: Type:</li> <li>Emergency Ro of charges asso</li> </ul>	vices Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric om Charge Amount. Calculated using
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ield 25: Description: Description: Ength: Description: Description: Description: Description:	OP_AMOUNT Ancillary Service Charge, MEDPAR algorithm. Sum 0219, revenue center 04 289 12 ER_AMOUNT Ancillary Service Charge, MEDPAR algorithm. Sum 0219, revenue center 04 301 12	<ul> <li>Outpatient Ser of charges asso 9X-050X.</li> <li>Data Source: Type:</li> <li>Emergency Ro of charges asso 5X.</li> <li>Data Source: Type:</li> </ul>	ovices Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric om Charge Amount. Calculated using ociated with revenue codes other than 0100-
Field 25: Description: Beginning Position: ength: Field 26: Description: Beginning Position: ength: Field 27:	OP_AMOUNT Ancillary Service Charge, MEDPAR algorithm. Sum 0219, revenue center 04 289 12 ER_AMOUNT Ancillary Service Charge, MEDPAR algorithm. Sum 0219, revenue center 04 301 12 AMBULANCE_AMOUNT	<ul> <li>Outpatient Ser of charges asso 9X-050X.</li> <li>Data Source: Type:</li> <li>Emergency Ro of charges asso 5X.</li> <li>Data Source: Type:</li> </ul>	vices Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric om Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric
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Length:		12		Туре:	Numeric			
ield 30:		ESRD_AMOUN			nal Dialitie	Char	Amount Colouistadou	
Description:		Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.						
<b>Beginning Position:</b>		349	center	Data Source:	Calculated			
Length:		12		Туре:	Numeric			
Field 31:		CLINIC_AMOU	NT					
Description:		Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR						
		algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 051X.						
Beginning Position:		361 <b>Data Source:</b> Calculated						
Length:		12 000000 0000	-	Туре:	Numeric			
Field 32: Description:		<b>OCCUR_CODE_1</b> Code describing a significant event relating to the claim.						
•	Scheme:	Code describing	j a siyi	initiant event rela	iting to the c	Jaiii.		
01	Auto accident		27	Date Home Health P	lan	47	Data cast outlier status bagins	
			27	Established or Last F			Date cost outlier status begins	
02		rance Involved - o Accident/Other	28	Date Comprehensive		A1	Birthdate - Insured A	
03	Accident/ Tort	-	-	Rehabilitation Plan E or Last Reviewed		A2	Effective Date - Insured A Policy	
04	Accident/ Emp	ployment Related	29	Date Outpatient PT I		A3	Payer A benefits exhausted	
05	Other acciden	t	_	established or last re		A4	Split Bill Date	
06	Crime Victim		30	Date Outpatient ST I established or last re		B1	Birthdate - Insured B	
09		ility Treatment	31	Date beneficiary not		B2	Effective date - Insured B Policy	
10	Cycle		32	intent to bill (accom Date beneficiary not	modations)	B3	Payer B benefits exhausted	
	Last Menstrua		52	intent to bill (proced		C1	Birthdate - Insured C	
11	Onset of Sym	ptoms/ Illness		treatments)		C2	Effective date - Insured C Policy	
12	Date of Onset Dependent In	for a Chronically dividual	37	Date of inpatient hose discharge for non-co		C3	Payer C benefits exhausted	
16	Date of Last T	herapy	38	transplant patients		DR	Katrina disaster related	
17		Outpatient OT Plan blished or Last Reviewed		Date treatment start home IV therapy	ted for	E1	Birthdate - Insured D	
18	Date of Retire Patient/Benef		39	Date discharged on a continuous course if		E2	Effective date - Insured D Policy	
19	-	ment - Spouse	40	Scheduled date of a	dmission	E3	Payer D benefits exhausted	
20		ee of Payment	41	Date of first test of p	ore-	F1	Birthdate - Insured E	
	Began		42	admission testing		F2	Effective date - Insured E Policy	
21	Date UR Notic	e Received	42	Date of discharge (h only)	ospice	F3	Payer E benefits exhausted	
22	Date Active C	are Ended	43	Scheduled date of ca	anceled	G1	Birthdate - Insured F	
24	Date Insuranc	e Denied		surgery				
			44	Date treatment star	ted - OT	G2	Effective date - Insured F Policy	
25	Primary Payer	Terminated by	45	Date treatment star	ted - ST	G3	Payer F benefits exhausted	
26	, ,	Became Available	46	Date treatment start Cardiac rehabilitation	started -			
Beginning Position: Length:		373 2		Data Source: Type:	Claim Alphanume	eric		
Field 33:		OCCUR_DAY_1						
Description: Beginning Position: Length:		Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.						
		375Data Source:Calculated4Type:Alphanumeric			·			
Field 34:		OCCUR_CODE_2						
Description:		Code describing	Code describing a significant event relating to the claim.					
Coding Scheme:		Same as Field OCCUR_CODE_1.						
Beginning Position:		379		Data Source:	Claim			
Length: Field 35:			2	Туре:	Alphanume	ELIC		
Description:		OCCUR_DAY_2 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.						
			, equa		e minus Aul	1155101	DSHS Document #25-15013	
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www.dshs.texas.gov/THCIC	36	Last Updated: February, 2025

Length: Field 48: Description: Coding Scheme: Beginning Position: Length: Field 49:	OCCUR_CODE_9 Code describing a signif Same as Field OCCUR_COI 421 2 OCCUR_DAY_9	ficant event relat	·
ength: Field 48: Description: Coding Scheme: Beginning Position:	Code describing a signif Same as Field OCCUR_COL 421	icant event relat DE_1. Data Source:	ing to the claim. Claim
ength: Field 48: Description: Coding Scheme:	Code describing a signif Same as Field OCCUR_CO	ficant event relat DE_1.	ing to the claim.
ength: Field 48: Description:	Code describing a signif	ficant event relat	·
ength: ield 48:			·
ength:			
	4	Type:	Alphanumeric
Beginning Position:	417	Data Source:	Calculated
Description:		Occurrence Date	minus Admission/Start of Care Date.
Field 47:	OCCUR_DAY_8	<i></i>	
Length:	2	Type:	Alphanumeric
Coding Scheme: Beginning Position:	415	Data Source:	Claim
Description:	Code describing a signif Same as Field OCCUR COL		ing to the claim.
Field 46:	OCCUR_CODE_8		in a ta tha alaim
ength:		Туре:	Alphanumeric
Beginning Position:	411	Data Source:	Calculated
Description:	, ,		minus Admission/Start of Care Date.
Field 45:	OCCUR_DAY_7		
Length:	2	Туре:	Alphanumeric
Beginning Position:	409	Data Source:	Claim
Coding Scheme:	Same as Field OCCUR_CO		
Description:	Code describing a signif	ficant event relat	ing to the claim.
Field 44:	OCCUR_CODE_7	.,,,,,,	
ength:	405 4	Data Source: Type:	Alphanumeric
Beginning Position:	405	Deta Source:	<i>minus</i> Admission/Start of Care Date. Calculated
Description:	OCCUR_DAY_6	Occurronce Date	minus Admission/Start of Care Data
ength: ield 43:		Туре:	Alphanumeric
Beginning Position:	403	Data Source:	Claim
oding Scheme:	Same as Field OCCUR_CO	DE_1.	-
escription:	Code describing a signif		ing to the claim.
ield 42:	OCCUR_CODE_6		
ength:	4	Туре:	Alphanumeric
Beginning Position:	399	Data Source:	Calculated
Description:		Occurrence Date	<i>minus</i> Admission/Start of Care Date.
ield 41:	OCCUR_DAY_5	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Apranumene
eginning Position: .ength:	2	Data Source: Type:	Claim Alphanumeric
Coding Scheme: Beginning Position:	Same as Field OCCUR_COL 397	DE_1. Data Source:	Claim
•	Code describing a signif Same as Field OCCUR_CO		ing to the claim.
leid 40: Description:	OCCUR_CODE_5	icant avant ralat	ing to the claim
_ength: Field 40:		Туре:	Alphanumeric
Beginning Position:	393	Data Source:	Calculated
escription:			minus Admission/Start of Care Date.
ield 39:	OCCUR_DAY_4	-	
ength:	2	Туре:	Alphanumeric
Beginning Position:	391	Data Source:	Claim
Coding Scheme:	Same as Field OCCUR_CO	DE 1.	
Description:	Code describing a signif	ficant event relat	ing to the claim
Field 38:	OCCUR_CODE_4	Туре:	Alphanumenc
Beginning Position: _ength:	387 4	Data Source:	Calculated Alphanumeric
Description:			<i>minus</i> Admission/Start of Care Date.
ield 37:	OCCUR_DAY_3	-	
ength:	2	Туре:	Alphanumeric
Beginning Position:	385	Data Source:	Claim
Coding Scheme:	Same as Field OCCUR_CO	DE 1.	
Description:	Code describing a signif	ficant event relat	ing to the claim
ield 36:	OCCUR_CODE_3	Type.	Alphanumene
ength:	381 4	Data Source: Type:	Calculated Alphanumeric
Beginning Position:	201	Data Source	

Description:	Occurronco Dav aqualo	Occurronco Dato	minus Admission/Start of Caro Dato
Beginning Position:	423	Data Source:	<i>minus</i> Admission/Start of Care Date. Calculated
Length:	4	Type:	Alphanumeric
Field 50:	OCCUR_CODE_10	- /	
Description:	Code describing a signi	ficant event relat	ing to the claim.
Coding Scheme:	Same as Field OCCUR_CO	DE 1.	
Beginning Position:	427	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 51:	OCCUR_DAY_10		
Description:	Occurrence Day equals	Occurrence Date	minus Admission/Start of Care Date.
<b>Beginning Position:</b>	429	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 52:	OCCUR_CODE_11		
Description:	Code describing a signi		ing to the claim.
Coding Scheme:	Same as Field OCCUR_CO		
Beginning Position:	433	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 53:	OCCUR_DAY_11		
Description:			minus Admission/Start of Care Date.
Beginning Position:	435	Data Source:	Calculated
Length:	4 000000 0005 10	Туре:	Alphanumeric
Field 54:	OCCUR_CODE_12	Caracter 1 1	ing to the electro
Description:	Code describing a signi		ing to the claim.
Coding Scheme: Beginning Position:	Same as Field OCCUR_CO 439	DE_1. Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 55:	OCCUR_DAY_12	iype:	Alphanamene
Description:		Occurrence Date	<i>minus</i> Admission/Start of Care Date.
Beginning Position:	441	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 56:	OCCUR_SPAN_CODE		
Description:			ing to the claim that may affect payer
•	processing.		
Coding Scheme:	70 Qualifying stay dates	(for SNF use only)	78 SNF prior stay dates
5	71 Prior stay dates		80 Prior Same SNF prior stay dates for Payment
	72 First/Last Visit		Ban Purposes
	72 First/Last Visit 73 Benefit eligibility perio	bd	81 Antepartum Days at Reduced Level of Care M0 QIO/UR approved stay dates
	74 Noncovered level of ca		M1 Provider liability - no utilization
	75 SNF level of care		M2 Inpatient respite dates
	<ul><li>76 Patient Liability Period</li><li>77 Provider Liability - Util</li></ul>		M3 ICF level of care M4 Residential level of care
<b>Beginning Position:</b>	445	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 57:	OCCUR_SPAN_FROM		
Description:			Date of Event minus Admission/Start of
	Care Date.		,
<b>Beginning Position:</b>	447	Data Source:	Calculated
Length:	6	Туре:	Alphanumeric
Field 58:	OCCUR_SPAN_THRU	_1	
Description:	Occurrence Span Thru	<i>equals</i> Ending Da	te of Event minus Admission/Start of Care
	Date.	-	
<b>Beginning Position:</b>	453	Data Source:	Calculated
Length:	6	Туре:	Alphanumeric
Field 59:	OCCUR_SPAN_CODE		
Description:	Code describing a signi	ficant event relat	ing to the claim that may affect payer
	processing.		
Coding Scheme:	Same as Field OCCUR_CO		
Beginning Position:	459	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 60:	OCCUR_SPAN_FROM		
Description:	•	equals Beginning	J Date of Event minus Admission/Start of
	Care Date.		
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		50	Last opticide. I cortairy, 2025

Beginni Length:	ng Position:	461 6		Data Source: Type:	Calculate Alphanum			
ield 61			OCCUR_SPAN_THRU_2					
Descript					ate of Ever	nt <i>minu</i>	s Admission/Start of Care	
		Date.						
	ng Position:	467 6		Data Source:	Calculate			
Length: Field 62	:	6 OCCUR_SPAN		Туре: Е З	Alphanum	IENC		
Descript	-				ting to the	claim	that may affect payer	
•		processing.	55		- <b>J</b>			
	Scheme:	Same as Field O	CCUR_C					
Beginnii Length:	ng Position:	473 2		Data Source: Type:	Claim Alphanun	oric		
Field 63	:	OCCUR_SPAN	I FRO		Alphanun	lenc		
Descript	tion:				g Date of E	Event <i>n</i>	ninus Admission/Start of	
		Care Date.			-			
	ng Position:	475		Data Source:	Calculate			
Length: Field 64:		6 OCCUR SPAN		Туре:	Alphanum	IENC		
Descript	-	_	_	—	ate of Ever	nt <i>minu</i>	s Admission/Start of Care	
•		Date.						
-	ng Position:	481		Data Source:	Calculate			
Length: Field 65:		6 OCCUR_SPAN		Туре:	Alphanum	neric		
Descript	-				tina to the	claim	that may affect payer	
		processing.	g a 3igi	interne event rela		cianti	and may ance payer	
	Scheme:	Same as Field O	CCUR_C					
	ng Position:	487		Data Source:	Claim			
Length: Field 66	•			Туре: м 4	Alphanum	ieric		
Descript		OCCUR_SPAN_FROM_4 Occurrence Span From equals Beginning Date of Event minus Admission/Start of						
		Care Date.			L			
	ng Position:	489		Data Source:	Calculate			
Length: Field 67	-		Type: Alphanumeric					
Descript	-	OCCUR_SPAN		_	ate of Ever	nt minu	s Admission/Start of Care	
		Date.		Cquuis chung De				
	ng Position:	495		Data Source:	Calculate			
<u>Length:</u> Field 68		6 CONDITION		Туре:	Alphanun	neric		
Descript		CONDITION_		_ <b>1</b> Idition relating to I	the claim			
-	Scheme:		y a cui					
01	Military servic	e related	11	Disabled beneficiary	but no	27	Patient referred to a sole	
02	Condition is e			LGHP coverage exists			community hospital for a	
~~	related	,	17	Patient is homeless		20	diagnostic laboratory test Patient and/or spouse's EGHP is	
03		ed by insurance	18	Maiden name retaine	ed	28	secondary to Medicare	
04	not reflected h Information o		19	Child retains mother	s name	29	Disabled beneficiary and/or	
			20	Beneficiary requested	d billing		family member's LGHP is secondary to Medicare	
05	Lien has been		21	Billing for denial noti	ce	30	Non-research services provided	
06		in first 18 months covered by EGHP	22	Patient on multiple d	rug		to patients enrolled in a	
07	Treatment of			regimen	-	21	qualified clinical trial	
-		nospice patient	23	Home care giver ava	ilable	31	Patient is student (full time - day)	
08		ould not provide	24	Home IV patient also	receiving	32	Patient is student	
	insurance cov		25	HHA services Patient is non-US res	ident		(cooperative/work study	
09	Neither patien	t or spouse is				33	program) Patient is student (full time -	
	employed		26	VA eligible patient ch receive services in a		55	night)	
10	Patient and/or employed but	r spouse is no EGHP exists		certified facility		34	Patient is student (part-time)	
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36	General care patient in a special unit
37	Ward accommodation at patient request
38	Semi-private room not available
39	Private room medically necessary
40	Same day transfer
41	Partial hospitalization
42	Continuing care not related to inpatient admission
43	Continuing care not provided within prescribed postdischarge window
44	Inpatient admission changed to outpatient
45	Ambiguous Gender Category
46	Non-availability statement on file
47	Transfer from another Home Health Agency
48	Psychiatric residential treatment centers for children and adolescents (RTCs)
49	Product replacement within product lifecycle
50	Product Replacement for Known Recall of a Product
51	Attestation of Unrelated Outpatient Nondiagnostic Services
52	Out of Hospice Service Area
53	Initial placement of a medical device provided as part of a clinical trial or a free sample
54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency
55	SNF bed not available
56	Medical appropriateness
57	SNF readmission
58	Terminated Medicare+Choice organization enrollee
59	Non-primary ESRD facility
60	Day outlier
61	Cost outlier
66	Provider does not wish cost outlier payment
67	Beneficiary elects not to use life time reserve (LTR) days
68	Beneficiary elects to use life time reserve (LTR) days
69	IME/DGME/N&AH Payment Only
70	Self-administered anemia management drug
71	Full care in unit
72	Self-care in unit
73	Self-care training
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74	Home
75	Home - 100% reimbursement
76	Back-up in facility dialysis
77	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primar payer as payment
78	New coverage not implemented by HMO
79	CORF services provided offsite
80	Home dialysis - nursing facility
81	C-section/Inductions <39 weeks-Medical Necessity
82	C-section/Inductions <39 weeks-Elective
83	C-section/Inductions 39 weeks or greater
84	Dialysis for Acute Kidney Injury (AKI)
85	Delayed Recertification of Hospice Terminal Illness
86	Additional Hemodialysis Treatment with Medical Justification
A0	TRICARE external partnership program
A1	EPSDT/CHAP
A2	Physically handicapped children's program
A3	Special Federal Funding
A4	Family planning
A5	Disability
A6	Vaccines/Medicare 100% payment
A9	Second opinion surgery
AA	Abortion performed due to rape
AB	Abortion performed due to incest
AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality
AD	Abortion performed due to life endangering physical condition
AE	Abortion performed due to physical health of mother that is not life endangering
AF	Abortion performed due to emotional/psychological health of mother
AG	Abortion performed due to social or economic reasons
AH	Elective abortion
AI	Sterilization
AJ	Payer responsible for co- payment
AK	Air ambulance required
AL	Specialized treatment/bed unavailable

- Non-emergency medically AM necessary stretcher transport required
- Pre-admission screening not AN required
- B0 Medicare coordinated care demonstration claim
- Beneficiary is ineligible for B1 demonstration program
- Β4 Admission unrelated to discharge on same day
- ΒP Gulf Oil Spill of 2010
- Approved as billed C1
- C2 Automatic approval as billed based on focused review
- C3 Partial approval
- C4 Admission/services denied
- Postpayment review applicable C5
- C6 Admission Preauthorization
- C7 Extended Authorization
- D0 Changes to Service Dates
- D1 Changes to Charges
- D3 Second or Subsequent Interim PPS Bill
- Change in clinical codes (ICD) D4 for diagnosis and/or procedure codes.
- D5 Cancel to correct Insured's ID or Provider ID
- Cancel Only to Repay a D6 Duplicate or OIG Overpayment
- Change to Make Medicare the D7 Secondary Payer
- D8 Change to Make Medicare the Primary Payer
- D9 Any Other Change
- DR Disaster related
- E0 Changes in Patient Status
- G0 **Distinct Medical Visit**
- H0 Delayed Filing, Statement of Intent Submitted
- Discharge by a Hospice H2 Provider for Cause
- H3 Reoccurrence of GI Bleed Comorbid Category
- Reoccurrence of Pneumonia H4 Comorbid Category
- H5 Recurrence of Pericarditis Comorbid Category
- Ρ1 Do not Resuscitate Order (DNR)
- Ρ7 Direct Inpatient Admission from Emergency Room
- Request for reopening Reason R1 Code - Mathematical or **Computational Mistake**
- R2 Request for reopening Reason Code -Inaccurate Data Entry
- R3 Request for reopening Reason Code - Misapplication of a Fee Schedule

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R4	Code - Compu		R7	Request for reopening Code - Corrections ot clerical errors		WO	United Mine Workers of America (UMWA) Demonstration Indicator
R5		eopening Reason ectly Identified	R8	Request for reopening	Reason	W2	Duplicate of Original Bill
	Duplicate Clai		1.0	Code - New and Mate		W2 W3	
R6		eopening Reason		Evidence	_		Level I Appeal
		Clerical Errors or and Omissions not	R9	Request for reopening Code - Faulty Evidence		W4	Level II Appeal
	Specified in R				~	W5	Level III Appeal
eginnin	g Position:	501		Data Source:	Claim		
ength:	-	2		Туре:	Alphanum	eric	
ield 69:		CONDITION_					
escript	ion: Scheme:	Same as Field CC		dition relating to t	ne claim.		
	g Position:	503	MDIIIC	Data Source:	Claim		
ength:	-	2		Туре:	Alphanum	eric	
ield 70:		CONDITION_					
escript				dition relating to t	ne claim.		
	cheme: Ig Position:	Same as Field 68 505		Data Source:	Claim		
ength:		2		Type:	Alphanum	eric	
ield 71:		CONDITION_		_4	•		
escript				dition relating to t	he claim.		
	cheme:	Same as Field CC 507	INDITIC	DN_CODE_1. Data Source:	Claim		
ength:	g Position:	2		Type:	Alphanum	eric	
ield 72	2:	CONDITION_	CODE_				
Descrip		Code describing	g a con	dition relating to t	he claim.		
	cheme:	Same as Field CO	ONDITIC		Clain		
Beginnin .ength:	g Position:	509 2		Data Source: Type:	Claim Alphanum	eric	
ield 73:	1	CONDITION_	CODE		, apriariari		
Descript	ion:			dition relating to t	he claim.		
	cheme:	Same as Field CO	DNDITIC				
Beginnin .ength:	g Position:	511 2		Data Source: Type:	Claim Alphanum	oric	
ield 74:		CONDITION_	CODE		Alphanum	enc	
Descript				 dition relating to t	he claim.		
	cheme:	Same as Field CO		DN_CODE_1.			
	g Position:	513 2		Data Source:	Claim	oric	
ength: ield 75:		2 CONDITION_		Туре:	Alphanum	eric	
escript				<b>_o</b> Idition relating to t	he claim.		
Coding S	cheme:	Same as Field CC					
Beginnin	g Position:	515		Data Source:	Claim		
ength: ield 76:			-	Туре:	Alphanum	eric	
escript		VALUE_CODE		mation that may af	foct navor	nrocor	scina
-	Scheme:		9 111011	nation that may al	icci payer	proces	ong.
01		i semi-private rate	09	Coinsurance amount i calendar year	n the first	15	Worker's compensation
02	rooms	no semi-private	10	Lifetime reserve amou second calendar year	unt in the	16	Public health service (PHS) or other federal agency
04	Inpatient prof component ch combined bill	narges which are	11	Coinsurance amount i second calendar year	n the	21	Catastrophic
05	Professional c		12	Working aged		22	Surplus
00		arges and also		beneficiary/spouse wi employer group healt	h plan	23	Recurring monthly income
06	Blood deducti	ble	13	ESRD beneficiary in a coordination period w	ith an	24	Medicaid Rate Code
08	Life time rese first calendar	rve amount in the year	14	employer group healt No fault, including aut	•	25	Offset to the patient - payment amount - prescription drugs
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26	Offset to the patient - payment amount - hearing and ear	53
	services	54
27	Offset to the patient - payment amount - vision and eye services	55
28	Offset to the patient - payment amount - dental services	56
29	Offset to the patient - payment amount - chiropractic services	57
30	Preadmission testing	58
31	Patient Liability Amount	59
32	Multiple patient ambulance transport	60
33	Offset to the patient - payment amount - podiatric services	61
34	Offset to the patient - payment amount - other medical	66
35	services Offset to the patient - payment	67
55	amount - health insurance premiums	68
37	Units of blood furnished	69
38	Blood deductible units	80
39	Units of blood replaced	81
40	New coverage not implemented by HMO	82
41	Black lung	83
42	VA	84
43	Disabled beneficiary under age 65 with LGHP	A0
44	Amount provider agreed to	A1
	accept from primary payer when this amount is less than charges but higher than	A2
	payment received	A3
45	Accident hour	A4
46	Number of grace days	A5
47	Any liability insurance	
48	Hemoglobin reading	A6
49	Hematocrit reading	
50	Physical Therapy visits	A7
51	Occupational Therapy visits	A8
52	Speech Therapy visits	A9

53	Cardiac rehab visits	AA	Regulatory surcharges, assessments, allowances or
54	Newborn birth weight in grams		health care related taxes - payer A
55	Eligibility threshold for charity care	AB	Other assessments or allowances (e.g., medical
56	Skilled nurse - home visit hours	B1	education) - payer A Deductible payer B
57	Home health aide - home visit hours	B1 B2	Coinsurance payer B
58	Arterial blood gas	B3	
59	Oxygen saturation	53	Estimated responsibility payer B
60	HHA branch MSA	B7	Co-payment payer B
61	Place of Residence where service is furnished (HHA and hospice)	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
66	Medicaid spend down amount	BB	Other assessments or allowances (e.g., medical
67	Peritoneal dialysis	C1	education) - payer B Deductible payer C
68	EPO-drug	C2	Coinsurance payer C
69	State charity care percentage		
80	Covered Days	C3	Estimated responsibility payer C
81	Non-covered Days	C7	Co-payment payer C
82	Co-insurance Days	CA	Regulatory surcharges, assessments, allowances or
83	Lifetime Reserve Days		health care related taxes - payer C
84	Shorter Duration Hemodialysis	СВ	Other assessments or allowances (e.g., medical education) - payer C
A0	Special zip code reporting	D3	Patient estimated responsibility
A1	Deductible payer A	D4	Clinical Trial Number Assigned by NLM/NIH
A2	Coinsurance payer A	D5	Last Kt/V Reading
A3	Estimated responsibility payer A	FC	Patient Paid Amount
A4	Covered self-administrable drugs - emergency	FD	Credit Received from the
A5	Covered self-administrable drugs - administrable in form and situation furnished to	G8	Manufacturer for a Medical Device Facility where Inpatient Hospice
A6	patient Covered self-administrable	Y1	Service is Delivered Part A Demonstration Payment
AU	drugs - diagnostic study and other	Y2	Part B Demonstration Payment
A7	Co-payment payer A	Y3	Part B Coinsurance
A8	Patient weight	Y4	Conventional Provider Payment
A9	Patient height		
		Y5	Part B Deductible

<b>Beginning Position:</b>	517	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 77:	VALUE_AMOUNT_1		
Description:	Dollar amount that may	be affected.	
<b>Beginning Position:</b>	519	Data Source:	Claim
Length:	9	Туре:	Alphanumeric
Field 78:	VALUE_CODE_2		
Description:	Code describing informa	tion that may a	ffect payer processing.
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amount that may be affected. Data Source: Claim Type: Alphanumeric E_CODE_3 Bescribing information that may affect payer processing. is Field VALUE CODE_1. Data Source: Claim Type: Alphanumeric E_AMOUNT_3 amount that may be affected. Data Source: Claim Type: Alphanumeric E_CODE_4 Bescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_AMOUNT_4 amount that may be affected. Data Source: Claim Type: Alphanumeric E_CODE_5 Bescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_5 Bescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_5 Bescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_6 Bescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_6 Bescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_7 Bescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_AMOUNT_6 amount that may be affected. Data Source: Claim Type: Alphanumeric E_CODE_7 Bescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_AMOUNT_7 amount that may be affected. Data Source: Claim Type: Alphanumeric E_CODE_8 Bescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_AMOUNT_8 amount that may be affected. Data Source: Claim Type: Alphanumeric E_AMOUNT_8 amount that may be affected. Data Source: Claim Type: Alphanumeric E_AMOUNT_7 amount that may be affected. Data Source: Claim Type: Alphanumeric E_AMOUNT_7 amount that may be affected. Data Source: Claim Type: Alphanumeric	Coding Scheme:	Same as Field VALUE_COD	E_1.	
E_AMOUNT_2 amount that may be affected. Data Source: Claim Type: Alphanumeric E_CODE_3 lescribing information that may affect payer processing. s Field VALUE CODE_1. Data Source: Claim Type: Alphanumeric E_AMOUNT_3 amount that may be affected. Data Source: Claim Type: Alphanumeric E_CODE_4 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_5 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_5 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_5 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_6 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_6 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_6 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_6 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_7 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_7 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_7 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_7 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_8 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_8 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric	Beginning Position:	528	Data Source:	Claim
amount that may be affected.      Data Source: Claim     Type: Alphanumeric      CODE_3      Escribing information that may affect payer processing.     is Field VALUE CODE_1.      Data Source: Claim     Type: Alphanumeric      E_AMOUNT_3      amount that may be affected.      Data Source: Claim     Type: Alphanumeric      E_CODE_4      Isescribing information that may affect payer processing.     is Field VALUE CODE_1.      Data Source: Claim     Type: Alphanumeric      E_AMOUNT_4      amount that may be affected.      Data Source: Claim     Type: Alphanumeric      E_AMOUNT_4      amount that may be affected.      Data Source: Claim     Type: Alphanumeric      E_CODE_5      Isescribing information that may affect payer processing.     is Field VALUE_CODE_1.      Data Source: Claim     Type: Alphanumeric      E_CODE_5      Isescribing information that may affect payer processing.     is Field VALUE_CODE_1.      Data Source: Claim     Type: Alphanumeric      E_CODE_5      Isescribing information that may affect payer processing.     is Field VALUE_CODE_1.      Data Source: Claim     Type: Alphanumeric      E_CODE_6      Escribing information that may affect payer processing.     is Field VALUE_CODE_1.      Data Source: Claim     Type: Alphanumeric      E_CODE_6      Isescribing information that may affect payer processing.     is Field VALUE_CODE_1.      Data Source: Claim     Type: Alphanumeric      E_CODE_7      Isescribing information that may affect payer processing.     is Field VALUE_CODE_1.      Data Source: Claim     Type: Alphanumeric      E_CODE_7      Isescribing information that may affect payer processing.     is Field VALUE_CODE_1.      Data Source: Claim     Type: Alphanumeric      E_CODE_7      Isescribing information that may affect payer processing.     is Field VALUE_CODE_1.      Data Source: Claim     Type: Alphanumeric      E_CODE_8      Isescribing information that may affect payer processing.     is Field VALUE_CODE_1.      Data Source: Claim     Type: Alphanumeric      E_CODE_8      Isesc	Length:	2	Туре:	Alphanumeric
Data Source:       Claim         Type:       Alphanumeric         E_CODE_3         lescribing information that may affect payer processing.         is Field VALUE CODE_1.         Data Source:       Claim         Type:       Alphanumeric         E_CODE_4         lescribing information that may affect payer processing.         is Field VALUE_CODE_1.         Data Source:       Claim         Type:       Alphanumeric         E_CODE_4         lescribing information that may affect payer processing.         is Field VALUE_CODE_1.         Data Source:       Claim         Type:       Alphanumeric         E_CODE_5         lescribing information that may affect payer processing.         is Field VALUE_CODE_1.         Data Source:       Claim         Type:       Alphanumeric         E_CODE_6         lescribing information that may affect payer processing.         is Field VALUE_CODE_1.         Data Source:       Claim         Type:       Alphanumeric         E_CODE_6       Eaconteric         lescribing information that may affect payer processing.       is Field VALUE_CODE_1.         Data Source:       Claim <th>Field 79:</th> <th>VALUE_AMOUNT_2</th> <th></th> <th></th>	Field 79:	VALUE_AMOUNT_2		
Type:     Alphanumeric       E_CODE_3     Escribing information that may affect payer processing. is Field VALUE CODE_1.     Data Source:     Claim       Type:     Alphanumeric     Alphanumeric       E_AMOUNT_3     amount that may be affected.     Data Source:     Claim       Type:     Alphanumeric     E       E_CODE_4     Escribing information that may affect payer processing.     is Field VALUE_CODE_1.       Data Source:     Claim     Type:     Alphanumeric       E_CODE_5     Escribing information that may affect payer processing.     is Field VALUE_CODE_1.       Data Source:     Claim     Type:     Alphanumeric       E_CODE_5     Escribing information that may affect payer processing.     is Field VALUE_CODE_1.       Data Source:     Claim     Type:     Alphanumeric       E_CODE_6     Escribing information that may affect payer processing.     is Field VALUE_CODE_1.       Data Source:     Claim     Type:     Alphanumeric       E_CODE_6     Escribing information that may affect payer processing.     is Field VALUE_CODE_1.       Data Source:     Claim     Type:     Alphanumeric       E_CODE_6     Escribing information that may affect payer processing.     is Field VALUE_CODE_1.       Data Source:     Claim     Type:     Alphanumeric       E_CODE_7     Esc	Description:	Dollar amount that may	be affected.	
E_CODE_3 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_AMOUNT_3 amount that may be affected. Data Source: Claim Type: Alphanumeric E_CODE_4 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_AMOUNT_4 amount that may be affected. Data Source: Claim Type: Alphanumeric E_CODE_5 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_5 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_6 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_6 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_6 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_6 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_7 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_7 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_7 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_8 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_8 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_8 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_8 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type	<b>Beginning Position:</b>	530	Data Source:	Claim
lescribing information that may affect payer processing. s Field VALUE CODE_1. Data Source: Claim Type: Alphanumeric E_AMOUNT_3 amount that may be affected. Data Source: Claim Type: Alphanumeric E_CODE_4 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_AMOUNT_4 amount that may be affected. Data Source: Claim Type: Alphanumeric E_CODE_5 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_5 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_AMOUNT_5 amount that may be affected. Data Source: Claim Type: Alphanumeric E_CODE_6 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_AMOUNT_6 amount that may be affected. Data Source: Claim Type: Alphanumeric E_CODE_7 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_7 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_7 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_8 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_8 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_8 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_8 lescribing information that may affect payer processing. s Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CAMOUNT_8 amount that may be affected. Data Source: Claim Type: Alphanumeric E_CAMOUNT_8 amount that may be affected. Data Source: Claim Type: Alph	Length:	9	Туре:	Alphanumeric
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Type:       Alphanumeric         E_AMOUNT_3       amount that may be affected.         Data Source:       Claim         Type:       Alphanumeric         E_CODE_4       lescribing information that may affect payer processing.         is Field VALUE_CODE_1.       Data Source:       Claim         Type:       Alphanumeric         E_CODE_5       Lescribing information that may affect payer processing.         is Field VALUE_CODE_1.       Data Source:       Claim         Type:       Alphanumeric         E_CODE_5       Lescribing information that may affect payer processing.         is Field VALUE_CODE_1.       Data Source:       Claim         Type:       Alphanumeric         E_CODE_6       Lescribing information that may affect payer processing.         is Field VALUE_CODE_1.       Data Source:       Claim         Type:       Alphanumeric       Lescribing information that may affect payer processing.         is Field VALUE_CODE_1.       Data Source:       Claim         Type:       Alphanumeric       Lescribing information that may affect payer processing.         is Field VALUE_CODE_1.       Data Source:       Claim         Type:       Alphanumeric       Lescribing information that may affect payer processing.         is	Coding Scheme:	Same as Field VALUE CODE		
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amount that may be affected. Data Source: Claim Type: Alphanumeric E_CODE_4 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_5 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_5 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_6 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_6 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_6 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_7 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_7 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_7 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_8 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_8 amount that may be affected. Data Source: Claim Type: Alphanumeric E_AMOUNT_8 amount that may be affected. Data Source: Claim Type: Alphanumeric	Length:	2	Туре:	Alphanumeric
Data Source:       Claim         Type:       Alphanumeric         E_CODE_4         lescribing information that may affect payer processing.         is Field VALUE_CODE_1.         Data Source:       Claim         Type:       Alphanumeric         E_AMOUNT_4         amount that may be affected.         Data Source:       Claim         Type:       Alphanumeric         E_CODE_5         lescribing information that may affect payer processing.         is Field VALUE_CODE_1.         Data Source:       Claim         Type:       Alphanumeric         E_AMOUNT_5         amount that may be affected.         Data Source:       Claim         Type:       Alphanumeric         E_CODE_6       Eescribing information that may affect payer processing.         is Field VALUE_CODE_1.       Data Source:         Data Source:       Claim         Type:       Alphanumeric         E_AMOUNT_6       amount that may be affected.         Data Source:       Claim         Type:       Alphanumeric         E_CODE_7       Iss Field VALUE_CODE_1.         Bata Source:       Claim         Type:       Alpha	Field 81:	VALUE_AMOUNT_3		
Data Source:       Claim         Type:       Alphanumeric         E_CODE_4         lescribing information that may affect payer processing.         is Field VALUE_CODE_1.         Data Source:       Claim         Type:       Alphanumeric         E_AMOUNT_4         amount that may be affected.         Data Source:       Claim         Type:       Alphanumeric         E_CODE_5         lescribing information that may affect payer processing.         is Field VALUE_CODE_1.         Data Source:       Claim         Type:       Alphanumeric         E_AMOUNT_5         amount that may be affected.         Data Source:       Claim         Type:       Alphanumeric         E_CODE_6       Eescribing information that may affect payer processing.         is Field VALUE_CODE_1.       Data Source:         Data Source:       Claim         Type:       Alphanumeric         E_AMOUNT_6       amount that may be affected.         Data Source:       Claim         Type:       Alphanumeric         E_CODE_7       Iss Field VALUE_CODE_1.         Bata Source:       Claim         Type:       Alpha	Description:	Dollar amount that may	be affected.	
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lescribing information that may affect payer processing. bata Source: Claim Type: Alphanumeric E_AMOUNT_4 amount that may be affected. Data Source: Claim Type: Alphanumeric E_CODE_5 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_AMOUNT_5 amount that may be affected. Data Source: Claim Type: Alphanumeric E_CODE_6 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_6 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_6 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_AMOUNT_6 amount that may be affected. Data Source: Claim Type: Alphanumeric E_CODE_7 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_AMOUNT_7 amount that may be affected. Data Source: Claim Type: Alphanumeric E_CODE_7 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_3 lescribing information that may affect payer processing. is Field VALUE_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_3 amount that may be affected. Data Source: Claim Type: Alphanumeric E_CODE_3 amount that may be affected. Data Source: Claim Type: Alphanumeric E_AMOUNT_8 amount that may be affected. Data Source: Claim Type: Alphanumeric E_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_1. Data Source: Claim Type: Alphanumeric E_CODE_1. Data Source:	Field 82:	VALUE_CODE_4		
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E_CODE_7         describing information that may affect payer processing.         is Field VALUE_CODE_1.         Data Source:       Claim         Type:       Alphanumeric         E_AMOUNT_7         amount that may be affected.         Data Source:       Claim         Type:       Alphanumeric         E_CODE_8         describing information that may affect payer processing.         is Field VALUE_CODE_1.         Data Source:       Claim         Type:       Alphanumeric         E_AMOUNT_8         amount that may be affected.         Data Source:       Claim         Type:       Alphanumeric	Length:	574 9		
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E_AMOUNT_7         amount that may be affected.         Data Source:       Claim         Type:       Alphanumeric         E_CODE_8         describing information that may affect payer processing.         is Field VALUE_CODE_1.         Data Source:       Claim         Type:       Alphanumeric         E_AMOUNT_8         amount that may be affected.         Data Source:       Claim         Type:       Alphanumeric	Length:	2		
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Data Source:       Claim         Type:       Alphanumeric         E_AMOUNT_8       End of the second s	Description:			tect payer processing.
Type:     Alphanumeric       E_AMOUNT_8     amount that may be affected.       Data Source:     Claim       Type:     Alphanumeric	Coding Scheme:	—	—	Claim
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amount that may be affected. Data Source: Claim Type: Alphanumeric	Length:	2	туре:	Aipnanumeric
Data Source:     Claim       Type:     Alphanumeric	Field 91:	VALUE_AMOUNT_8		
Type: Alphanumeric	Description:			
	Beginning Position:	596		
	Length:	9	Туре:	Alphanumeric
E_CODE_9	Field 92:	VALUE_CODE_9		
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Description:	Code describing information that may affect payer processing.				
Coding Scheme:	Same as Field VALUE_CODE	_1.			
Beginning Position:	605	Data Source:	Claim		
Length:	2	Туре:	Alphanumeric		
Field 93:	VALUE_AMOUNT_9				
Description:	Dollar amount that may	be affected.			
<b>Beginning Position:</b>	607	Data Source:	Claim		
Length:	9	Туре:	Alphanumeric		
Field 94:	VALUE_CODE_10				
Description:	Code describing informat	tion that may a	ffect payer processing.		
Coding Scheme:	Same as Field VALUE_CODE				
<b>Beginning Position:</b>	616	Data Source:	Claim		
Length:	2	Туре:	Alphanumeric		
Field 95:	VALUE_AMOUNT_10				
Description:	Dollar amount that may	be affected.			
<b>Beginning Position:</b>	618	Data Source:	Claim		
Length:	9	Туре:	Alphanumeric		
Field 96:	VALUE_CODE_11				
Description:	Code describing informat	tion that may a	ffect payer processing.		
Coding Scheme:	Same as Field VALUE_CODE				
Beginning Position:	627	Data Source:	Claim		
Length:	2	Туре:	Alphanumeric		
Field 97:	VALUE_AMOUNT_11				
Description:	Dollar amount that may	be affected.			
<b>Beginning Position:</b>	629	Data Source:	Claim		
Length:	9	Туре:	Alphanumeric		
Field 98:	VALUE_CODE_12				
Description:	Code describing informat	tion that may a	ffect payer processing.		
Coding Scheme:	Same as Field VALUE_CODE	_1.			
Beginning Position:	638	Data Source:	Claim		
Length:	2	Туре:	Alphanumeric		
Field 99:	VALUE_AMOUNT_12				
Description:	Dollar amount that may	be affected.			
<b>Beginning Position:</b>	640	Data Source:	Claim		
Length:	9	Туре:	Alphanumeric		

# **INPATIENT CHARGES DATA FILE**

Field 1		RECORD_I			. –		
Description:							to identify the record. Firs
				2002. Does NOT ma	itch the R	ECOF	RD_ID in THCIC Research
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Field 2		REVENUE_	CODE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/ apriaria	liene	
Descri	ption:			to each specific accor	mmodatio	on, ar	cillary service or billing
	•			the services being b		, -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Coding	Scheme:			5			
0100	All-inclusive roor ancillary	n charges plus	0132	Room charges for semi-pi - 3/4 beds - rooms - obst		0155	Room charges for ward rooms - hospice
0101	All-inclusive roor	n charges	0133	Room charges for semi-pi - 3/4 beds - rooms - pedi		0156	Room charges for ward rooms - detoxification
0110	Room charges fo rooms - general	r private	0134	Room charges for semi-pi - 3/4 beds - rooms - psyc		0157	Room charges for ward rooms - oncology
0111	Room charges fo rooms - medical		0135	Room charges for semi-p - 3/4 beds - rooms - hosp		0158	Room charges for ward rooms rehabilitation
0112	Room charges fo rooms - obstetric		0136	Room charges for semi-p - 3/4 beds - rooms -	rivate	0159	Room charges for ward rooms - other
0113	Room charges fo rooms - pediatric		0137	detoxification Room charges for semi-p	rivate	0160	Room charges for other rooms - general
0114	Room charges fo rooms - psychiat	•	0138	- 3/4 beds - rooms - onco Room charges for semi-pu	•	0164	Room charges for other rooms – Sterile Environment
0115	Room charges fo rooms - hospice	r private		- 3/4 beds - rooms - rehabilitation		0167	Room charges for other rooms - self care
0116	Room charges fo rooms - detoxific		0139	Room charges for semi-pi - 3/4 beds - rooms - othe		0169	Room charges for other rooms - other
0117	Room charges fo rooms - oncology		0140	Room charges for private (deluxe) rooms - general		0170	Room charges for nursery - general
0118	Room charges fo rooms - rehabilit		0141	Room charges for private (deluxe) rooms - medical/surgical/GYN		0171	Room charges for nursery - newborn level I
0119	Room charges fo rooms - other	r private	0142	Room charges for private (deluxe) rooms - obstetrio		0172	Room charges for nursery - newborn level II
0120	Room charges fo rooms - general	r semi-private	0143	Room charges for private (deluxe) rooms - pediatric		0173	Room charges for nursery - newborn level III
0121	Room charges fo rooms - medical/		0144	Room charges for private (deluxe) rooms - psychiat		0174	Room charges for nursery - newborn level IV
0122	Room charges fo rooms - obstetric		0145	Room charges for private (deluxe) rooms - hospice		0179	Room charges for nursery - other
0123	Room charges fo rooms - pediatric		0146	Room charges for private (deluxe) rooms - detoxific	ration	0180	Room charges for LOA - general
0124	Room charges fo rooms - psychiat		0147	Room charges for private (deluxe) rooms - oncology		0182	Room charges for LOA - patient convenience-charges billable
0125	Room charges fo rooms - hospice	r semi-private	0148	Room charges for private (deluxe) rooms - rehabilit	, 	0183	Room charges for LOA - therapeutic leave
0126	Room charges fo rooms - detoxific		0149	Room charges for private (deluxe) rooms - other		0185	Room charges for LOA – nursing home (for hospitalization)
0127	Room charges fo rooms - oncology		0150	Room charges for ward ro general	ooms -	0189	Room charges for LOA - other
0128	Room charges fo rooms - rehabilit		0151	Room charges for ward ro medical/surgical/GYN	ooms -	0190	Room charges for subacute care - general
0129	Room charges fo rooms - other	r semi-private	0152	Room charges for ward ro obstetrics	ooms -	0191	Room charges for subacute care - Level I (skilled care)
0130	Room charges fo - 3/4 beds - roor		0153	Room charges for ward ro pediatric	ooms -	0192	Room charges for subacute care - Level II (comprehensive
0131	Room charges fo - 3/4 beds - roor medical/surgical/	ns -	0154	Room charges for ward ro psychiatric	ooms -		care)
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0252	Pharmacy - nongeneric drugs
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0271	Medical surgical supplies and devices - nonsterile
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0820	Hemodialysis - outpatient or home - general

0021	Homodialucia autratiant ar
0821	Hemodialysis - outpatient or home - composite or other rate
0822	Hemodialysis - outpatient or home – home supplies
0823	Hemodialysis - outpatient or home – home equipment
0824	Hemodialysis - outpatient or home – maintenance 100%
0825	Hemodialysis - outpatient or home - support services
0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0829	Hemodialysis - outpatient or home - other
0830	Peritoneal dialysis - outpatient or home - general
0831	Peritoneal dialysis - outpatient or home - composite or other rate
0832	Peritoneal dialysis - outpatient or home – home supplies
0833	Peritoneal dialysis - outpatient or home – home equipment
0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0835	Peritoneal dialysis - outpatient or home - support services
0839	Peritoneal dialysis - outpatient or home - other
0840	CAPD - outpatient or home - general
0841	CAPD - outpatient or home - composite or other rate
0842	CAPD - outpatient or home – home supplies
0843	CAPD - outpatient or home – home equipment
0844	CAPD - outpatient or home – maintenance 100%
0845	CAPD - outpatient or home - support services
0849	CAPD - outpatient or home - other
0850	CCPD - outpatient or home - general
0851	CCPD - outpatient or home - composite or other rate
0852	CCPD - outpatient or home - home supplies
0853	CCPD - outpatient or home - home equipment
0854	CCPD - outpatient or home - maintenance 100%
0855	CCPD - outpatient or home - support services
0859	CCPD - outpatient or home - other
0860	Magnetoencephalography (MEG) - General
0861	Magnetoencephalography (MEG) - MEG
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0880	Miscellaneous dialysis - general	0924
0881	Miscellaneous dialysis - ultrafiltration	0925
0882	Miscellaneous dialysis - home aide visit	0929
0889	Miscellaneous dialysis - other	0931
0900	Behavior health treatments/services - general	0932
0901	Behavior health treatments/services -	0940
0902	electroshock Behavior health	0941
	treatments/services - milieu therapy	0942
0903	Behavioral health treatments/services - play therapy	0943
0904	Behavior health treatments/services - activity	0944
0905	therapy Behavior health	0945
	treatments/services - intensive outpatient services - psychiatric	0946
0906	Behavior health treatments/services - intensive outpatient services - chemical dependency	0947
0907	Behavior health treatments/services -	0948
	community behavioral health program	0949
0911	Behavior health treatment/services - rehabilitation	0951
0912	Behavior health treatment/services - partial	0952
0913	hospitalization - less intensive Behavior health	0953
	treatment/services - partial hospitalization - intensive	0960
0914	Behavior health treatment/services - individual therapy	0961
0915	Behavior health treatment/services - group	0962
0916	therapy Behavior health	0963
0510	treatment/services - family therapy	0964
0917	Behavior health treatment/services - biofeedback	0969
0918	Behavior health treatment/services - testing	0971
0919	Behavior health treatment/services - other	0972
0920	Other diagnostic services -	0973
0921	general Other diagnostic services -	0974
0922	peripheral vascular lab Other diagnostic services -	0975
0923	electromyogram Other diagnostic services - pap	0976
	smear	

)924	Other diagnostic services - allergy test
)925	Other diagnostic services - pregnancy test
)929	Other diagnostic services - other
931	Medical rehabilitation day program - half day
)932	Medical rehabilitation day program - full day
)940	Other therapeutic services - general
941	Other therapeutic services - recreational therapy
)942	Other therapeutic services - education/training
)943	Other therapeutic services - cardiac rehabilitation
)944	Other therapeutic services - drug rehabilitation
)945	Other therapeutic services - alcohol rehabilitation
)946	Other therapeutic services - complex medical equipment - routine
)947	Other therapeutic services - complex medical equipment - ancillary
)948	Other therapeutic services – pulmonary rehabilitation
)949	Other therapeutic services - other
951	Other therapeutic services – athletic training
952	Other therapeutic services - kinesiotherapy
)953	Other therapeutic services – chemical dependency (drug and alcohol)
960	Professional fees - general
961	Professional fees - psychiatric
962	Professional fees - ophthalmology
963	Professional fees - anesthesiologist (MD)
)964	Professional fees - anesthetist (CRNA)
)969	Professional fees - other
971	Professional fees - laboratory
)972	Professional fees - radiology - diagnostic
)973	Professional fees - radiology - therapeutic
)974	Professional fees - radiology - nuclear medicine
)975	Professional fees - operating room
976	Professional fees - respiratory therapy

0977	Professional fees - physical therapy
0978	Professional fees - occupational therapy
0979	Professional fees - speech therapy
0981	Professional fees - emergency room
0982	Professional fees - outpatient services
0983	Professional fees - clinic
0984	Professional fees - medical social services
0985	Professional fees - EKG
0986	Professional fees - EEG
0987	Professional fees - hospital visit
0988	Professional fees - consultation
0989	Professional fees - private duty nurse
0990	Patient convenience items - general
0991	Patient convenience items - cafeteria/guest tray
0992	Patient convenience items - private linen service
0993	Patient convenience items - telephone/telegraph
0994	Patient convenience items - TV/radio
0995	Patient convenience items - nonpatient room rentals
0996	Patient convenience items - late discharge charge
0997	Patient convenience items - admission kits
0998	Patient convenience items - beauty shop/barber
0999	Patient convenience items - other
1000	Behavior health accommodations - general
1001	Behavior health accommodations - residential treatment - psychiatric
1002	Behavior health accommodations - residential treatment - chemical dependency
1003	Behavior health accommodations - supervised living
1004	Behavior health accommodations - halfway house
1005	Behavior health accommodations - group home
2100	Alternative therapy services - general

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2101	Alternative therapy services - acupuncture	2105	Alternative therapy services - biofeedback	3102	Adult day care, social - hourly
2102	Alternative therapy services - acupressure	2106	Alternative therapy services - hypnosis	3103	Adult day care, medical and social - daily
2103	Alternative therapy services - massage	2109	Alternative therapy services - other	3104	Adult day care, social - daily
2104	Alternative therapy services - reflexology	3101	Adult day care, medical and social - hourly	3105	Adult foster care - daily
			-	3109	Adult foster care - other

Length:		4		Туре:	Alphar	Iphanumeric			
Field 3:		HCPCS_QU	ALIF	[ER					
Desc	cription:		Code identifying the type/source of the descriptive number used in						
			HCPCS_PROCEDURE_CODE						
-	nning Position:	17		Data Source:	Claim				
Leng Field		2	0050	Туре:	Alphar	numeri	C		
	ription:	HCFA Comm					do applicable to applicable		
Dest			HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.						
Codi	ng Scheme:				CodeSets	ANH	CPCS/list.asp for complete list.		
	nning Position:	19		Data Source:	Claim	,,			
Leng	-	5		Type:	Alphar	numeri	c		
Field		MODIFIER	1				-		
Desc	cription:		_	circumstances related t	o the p	erforr	nance of the service		
Codi	ng Scheme:								
22	Increased procedu	al services	59	Distinct Procedural Service		91	Repeat Clinical Diagnostic		
23	Unusual Anesthesia	a	62	Two Surgeons			Laboratory Test		
24	Unrelated Evaluatio		63	Procedure Performed on In	fants	92	Alternative Laboratory Platform Testing		
2-T	Management Servi		55	less than 4kg		95	Synchronous Telemedicine Servic		
	Physician or Other		66	Surgical Team		95	Rendered Via a Real-Time		
	Care Professional d Postoperative Perio	5	73	Discontinued Outpatient			Interactive Audio and Video		
25	•	ately Identifiable inagement		Hospital/Ambulatory Surgery Center (ASC) Procedure prior t the Administration of Anesthes		~~	Telecommunications System		
	Evaluation and Mar					cia	Multiple Modifiers		
Service by the Sam Other Qualified Hea Professional on the				Discontinued Outpatient		1P	Performance Measure Exclusion		
				Hospital/Ambulatory Surge	ry	2P	Modifier due to Medical Reasons		
	the Procedure or O			Center (ASC) Procedure afte		r <sup>zr</sup>	Performance Measure Exclusion Modifier due to Patient Reasons		
26	Professional Compo	onent	76	Administration of Anesthesia		3P	Performance Measure Exclusion		
27	Multiple Outpatient	Hospital E/M	76	Repeat Procedure by Same Physician or Other Qualified			Modifier due to System Reasons		
	Encounters on the	Same Date		Care Professional		8P	Performance Measure Reporting		
32	Mandated Services		77	Repeat Procedure by Anoth			Modifier- Action not performed, reason not otherwise specified		
33	Preventive Service			Physician or Other Qualified Health Care Professional Unplanned Return to the		P1	A normal healthy patient		
47	Anesthesia by Surg	jeon	78			P2	A patient with mild systemic		
50	Bilateral Procedure		/0	Operating/Procedure Room		1 4	disease		
51	Multiple Procedures	5	Same Physician or (			P3	A patient with severe systemic		
52	Reduced Services	-		Health Care Professional For Initial Procedure for a Relat		_	disease		
		duno		Procedure During the		P4	A patient with severe systemic disease that is a constant threat		
53	Discontinued Proce	uure	70	Postoperative Period	wico hu		life		
54	Surgical Care Only		79	Unrelated Procedure or Ser the Same Physician or Othe	,	P5	A moribund patient who is not		
55	Postoperative Mana	agement Only		Qualified Health Care Profe	ssional		expected to survive without the		
56	Preoperative Manag	gement Only		During the Postoperative Po	eriod	P6	operation A declared brain-dead patient		
57	Decision for Surger	Т <b>у</b>	80	Assistant Surgeon		FU	whose organs are being removed		
58	Staged or Related		81	Minimum Assistant Surgeor	า		for donor purposes		
	Service by the Sam	ne Physician or	82	Repeat procedure by same		E1	Upper left eyelid		
	Other Qualified Hea Professional During			physician		E2	Lower left eyelid		
			90	Reference (Outside) Labora	tory				

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E4 L	_ower right eyelid		GH		stic mammogram		T1	Left foot, second digit
F1 L	Left hand, second digit				ed from screening ogram on same day		Т2	Left foot, third digit
F2 L	_eft hand, third digit	t	LC		umflex coronary arte	ery	Т3	Left foot, fourth digit
F3 L	_eft hand, fourth dig	jit	LD	Left ante	Left anterior descending coronary		T4	Left foot, fifth digit
F4 L	_eft hand, fifth digit			artery			Т5	Right foot, great toe
F5 R	Right hand, thumb		LM		n coronary artery		Т6	Right foot, second digit
F6 R	Right hand, second o	digit	LT		e of the body procedu		Т7	Right foot, third digit
F7 R	Right hand, third dig	iit	Q M		nce service provided ment by a provider o		Т8	Right foot, fourth digit
F8 R	Right hand, fourth di	igit		services	, ,		Т9	Right foot, fifth digit
	Right hand, fifth digi	-	QN		nce service furnished by a provider of serv		ТА	Left foot, great toe
	_eft hand, thumb		RC	-	ronary artery		XE	Separate Encounter
	Performance and pay	yment of a		-	ntermedius coronary	r	XS	Separate Structure
S	screening mammogr diagnostic mammogr	raphy and		artery			XP	Separate Practitioner
	same patient, same	• •	RT	Right sid	le of the body proce	dure	XU	Unusual Non-Overlapping Service
		<b>.</b> .			<b>-</b>	<u> </u>		
Beginn Length	ning Position:	24 2			Data Source: Type:	Claim Alphar	umer	ic
Field 6			FIER 2					
Descri				l circume	tances related t	o the n	erfor	mance of the service.
	g Scheme:		is Field MOI			le che p	5.101	
	ning Position:	26			Data Source:	Claim		
Length		20			Type:	Alphar	Jumer	ric
Field 7			FIER_3		- /		2.110	-
Descrij				l circums	tances related t	o the p	erfor	mance of the service.
Coding	, Scheme:	Same a	s Field MOI					
Beginn	ning Position:	28			Data Source:	Claim		-i-
_ength Field 8			ETED 4		Туре:	Alphar	numer	
-ieia 8 Descrij			FIER_4	Lcircumo	tances related t	o the r	orfor	mance of the service.
-	g Scheme:		ies specia is Field MOI			lo ule p	enur	
	ning Position:	30		· -/ · · ·	Data Source:	Claim		
ength	י- ו:	2			Туре:	Alphar	<u>ume</u> r	ric
Field 9		UNIT	MEASUR	REMENT	CODE			
Descrij	ption:				in which a valu	ie is bei	ng ex	<pre>xpressed.</pre>
Coding	g Scheme:	DA	Days				<u> </u>	
5		F2	Internatio	onal unit				
		UN	Unit					
3eginn	ning Position:	32			Data Source:	Claim		
Length	1:	2			Туре:	Alphar	numer	ric
Field 1								
		UNITS	5_OF_SEI	RVICE				
Descrij			<b>5_OF_SEI</b> ric value o		у			
	0:				y Data Source:	Claim		
Beginn	0: ption: 1ing Position:	Numer			,	Claim Numer	<u>ric</u>	
Beginn Length	l0: ption: ning Position: n:	Numer 34	ic value o		Data Source:		<u>ric</u>	
Beginn Length Field 1	.0: ption: ning Position: n: .1:	Numer 34 7 <b>UNIT</b>	ic value o		Data Source:		<u>ric</u>	
Beginn <u>Length</u> Field 1 Descrij	.0: ption: ning Position: n: .1:	Numer 34 7 <b>UNIT</b>	ic value o		Data Source:		<u>ric</u>	

	Rate per unit		
<b>Beginning Position:</b>	41	Data Source:	Claim
Length:	12	Туре:	Numeric
Field 12:	CHRGS_LINE_ITEM		
Description:	Total amount of the cha	rge	
<b>Beginning Position:</b>	53	Data Source:	Assigned
Length:	14	Туре:	Numeric
Field 13:	CHRGS_NON_COV		
Description:	Total non-covered amou	int of the charge	
<b>Beginning Position:</b>	67	Data Source:	Assigned
Length:	14	Type:	Numeric

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# **INPATIENT GROUPER DATA FILE**

T%-1.1.1.	DECODD ID
Field 1:	<b>RECORD_ID</b>
Description:	Record Identification Number. Unique number assigned to identify the record. First available
<b></b>	1 <sup>st</sup> quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).
Beginning Position:	1 Data Source: Assigned
Length:	12   Type:   Alphanumeric
Field 2:	FROZEN_MS_DRG
Description:	Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group (DRG), as
	assigned for hospital payment for Medicare beneficiaries.
<b>Beginning Position:</b>	13 Data Source: Assigned
Length:	3 <b>Type:</b> Alphanumeric
Field 3:	FROZEN_MS_MDC
Description:	Major Diagnostic Category (MDC) as assigned by Centers for Medicare and Medicaid Service
<b>F</b>	(CMS) (formerly Health Care Financing Administration (HCFA)) for hospital payment for
	Medicare beneficiaries. First available 2004.
<b>Beginning Position:</b>	16 <b>Data Source:</b> Assigned
Length:	2 <b>Type:</b> Alphanumeric
Field 4:	FROZEN MS GRP VER
Description:	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
<b>Beginning Position:</b>	18   Data Source:   Assigned
Length:	5 <b>Type:</b> Alphanumeric
Field 5:	FROZEN_MS_GRP_ERROR_CODE
Description:	Error codes identify potential variations with MS DRG code assignment
Coding Scheme:	10 DisableHac = 0 and at least one HAC POA is invalid or
B	No errors. DRG successfully assigned.
	01 Diagnosis code cannot be used as principal 20 DisableHac is invalid and at least one HAC POA is N or
	diagnosis U 02 Device the transformed and at least one HAC POA is
	<sup>02</sup> Record does not meet criteria for any DRG <sup>21</sup> DisableHac is invalid and at least one HAC POA is invalid or exempt
	03 Invalid Age 22 DisableHac = $0$ and at least one HAC POA is exempt
	04 Invalid Sex 23 DisableHac is invalid and at least one HAC POA is
	exempt
	05 Invalid Discharge Status 24 DisableHac = 0 and there are multiple HACs that have
	different HAC POA values that are not Y, w, N, U
	10 Illogical Principal Diagnosis (CMS only) 25 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
	11 Invalid Principal Diagnosis
<b>Beginning Position:</b>	23 Data Source: Assigned
Length:	2 <b>Type:</b> Alphanumeric
Field 6:	FROZEN_APR_DRG
Description:	All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG
Description.	Grouper
Doginaring Dogitions	
Beginning Position:	25 Data Source: Assigned
Length:	3 Type: Alphanumeric
Field 7:	FROZEN_RISK_MORTALITY
Description:	Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related
	Group (DRG) from the 3M <sup>™</sup> APR-DRG Grouper. Indicates the likelihood of dying.
Coding Scheme:	1 Minor
	2 Moderate
	3 Major 4 Extreme
<b>Beginning Position:</b>	28 <b>Data Source:</b> Assigned
0 0	0
Length:	1 Type: Alphanumeric
Field 8:	FROZEN_ILLNESS_SEVERITY
DOLLOW	
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		" APR-DRG Gro	ouper. Indicates the extent of physiologic
Coding Sohomor	decompensation.		
Coding Scheme:	2 Moderate		
	3 Major		
	4 Extreme		
Beginning Position:	0 No class specified 29	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 9:	FROZEN_APR_MDC	i jpe.	Tiphulullone
Description:		(MDC) as assign	ed by 3M™ APR-DRG Grouper.
Beginning Position:	30	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 10:	FROZEN_APR_GRP_VE	R	
Description:			l Grouper version used to assign APR DRG code
		• •	s and, Severity of Illness rankings
<b>Beginning Position:</b>	32	Data Source:	Assigned
Length:	5	Туре:	Alphanumeric
Field 11:	FROZEN_APR_GRP_ER		
Description:	• •		n APR DRG code assignment
Coding Scheme:	<ul><li>00 No errors. DRG successfully</li><li>01 Diagnosis code cannot be use</li></ul>		Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or
	principal diagnosis	cu as 19	exempt
	02 Record does not meet criteria	a for any 20	DisableHac is invalid and at least one HAC POA is N or
	DRG 03 Invalid Age	21	DisableHac is invalid and at least one HAC POA is inval
	05 Invalid Age	21	or exempt
	04 Invalid Sex	22	DisableHac = $0$ and at least one HAC POA is exempt
	<ul><li>05 Invalid Discharge Status</li><li>06 Invalid birthweight (AP &amp; A</li></ul>	.PR only) 23	DisableHac is invalid and at least one HAC POA is exem DisableHac $= 0$ and there are multiple HACs that have
		21 (in the only)	different HAC POA values that are not Y, W, N, U
	09 Invalid discharge age in days APR only)	s (AP & 25	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
Beginning Position:	<ol> <li>Invalid Principal Diagnosis</li> <li>37</li> </ol>	Data Source:	Assigned
Length:	2	Type:	Assigned Alphanumeric
Field 12:	MS_DRG	- , p • •	
Description:		edicaid Services	(CMS) Diagnosis Related Group (DRG), as
•	assigned for hospital paymer		
<b>Beginning Position:</b>	39	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 13:	MS_MDC		
Description:			ed by Centers for Medicare and Medicaid Service
			ninistration (HCFA)) for hospital payment for
<b>n i i n</b> ···	Medicare beneficiaries. First		
Beginning Position:	42	Data Source:	Assigned
Length:	2 MG CDD MED	Туре:	Alphanumeric
Field 14:	MS_GRP_VER		
Description:			Grouper (formerly CMS DRG Grouper and
	and, MS MDC codes	A_GKOUPER_V	ERSION_NBR) version used to assign MS DRC
Beginning Position:	44	Data Source:	Assigned
	5	Type:	Alphanumeric
0 0	5		/ iphuiumene
Length:	MS GRP ERROR COD		
Length: Field 15:	MS_GRP_ERROR_COD		MS DRG code assignment
Length: Field 15: Description:	Error codes identify potentia	al variations with	
Length: Field 15:		al variations with	-
Length: Field 15: Description:	Error codes identify potentia	al variations with	9 DisableHac = $0$ and at least one HAC POA is invalid or

Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3M APR 58 5 <b>APF</b>	R MDC codes, Risk of M	A ortality ranking         Data Source:         Type:         DE         al variations wig         y assigned.       12         yed as       19         a for any       20         21       22         23       23	ed ( gs, ith 2	Assigned Alphanumeric Grouper version used to assign APR DRG code and Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or DisableHac is invalid and at least one HAC POA is inva or exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 <b>APF</b> 3M <sup>7</sup> <b>APR</b> 58 5 <b>APF</b> Erro 00 01 02 03 04 05	<sup>TM</sup> All Patient Refined E R MDC codes, Risk of M <b>R_GRP_ERROR_COD</b> or codes identify potenti No errors. DRG successfully Diagnosis code cannot be us principal diagnosis Record does not meet criteric DRG Invalid Age Invalid Sex Invalid Discharge Status	Diagnosis Relate fortality ranking Data Source: Type: DE al variations wi y assigned. 12 wed as 19 a for any 20 21 22 23	ed ( gs, ith 2	Alphanumeric Grouper version used to assign APR DRG code and Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or DisableHac is invalid and at least one HAC POA is inva or exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt
Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 <b>APF</b> 3M' <b>APR</b> 58 5 <b>APF</b> Erro 00 01 02 03 04	<sup>TM</sup> All Patient Refined E R MDC codes, Risk of M <b>R_GRP_ERROR_COD</b> or codes identify potenti No errors. DRG successfully Diagnosis code cannot be us principal diagnosis Record does not meet criteric DRG Invalid Age Invalid Sex	Diagnosis Relate fortality ranking Data Source: Type: DE al variations wi y assigned. 12 wed as 19 a for any 20 21 22	ed ( gs, ith 2	Alphanumeric Grouper version used to assign APR DRG code and Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or DisableHac is invalid and at least one HAC POA is inva or exempt DisableHac = 0 and at least one HAC POA is exempt
Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21:	2 <b>APF</b> 3M <sup>7</sup> <b>APR</b> 58 5 <b>APF</b> Erro 00 01 02	<sup>TM</sup> All Patient Refined D R MDC codes, Risk of M <b>R_GRP_ERROR_COD</b> or codes identify potenti No errors. DRG successfully Diagnosis code cannot be us principal diagnosis Record does not meet criteric DRG	Diagnosis Relate Aortality ranking Data Source: Type: DE al variations wir y assigned. 12 leed as 19 a for any 20	ed ( gs, ith 2	Alphanumeric Grouper version used to assign APR DRG code and Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or DisableHac is invalid and at least one HAC POA is inva
Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 <b>APF</b> 3M <sup>7</sup> <b>APR</b> 58 5 <b>APF</b> Erro 00 01 02	<sup>TM</sup> All Patient Refined D R MDC codes, Risk of M <b>R_GRP_ERROR_COD</b> or codes identify potenti No errors. DRG successfully Diagnosis code cannot be us principal diagnosis Record does not meet criteric DRG	Diagnosis Relate Aortality ranking Data Source: Type: DE al variations wir y assigned. 12 leed as 19 a for any 20	ed ( gs, ith 2	Alphanumeric Grouper version used to assign APR DRG code and Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or
Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 <b>APF</b> 3M <sup>7</sup> APR 58 5 <b>APF</b> Erro 00 01	<sup>TM</sup> All Patient Refined D R MDC codes, Risk of M R_GRP_ERROR_COD or codes identify potenti No errors. DRG successfully Diagnosis code cannot be us principal diagnosis	Diagnosis Relate Aortality ranking Data Source: Type: DE al variations wi y assigned. 12 and as 19	ed ( gs, ith	Alphanumeric Grouper version used to assign APR DRG code and Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt
Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 <b>APF</b> 3M' APR 58 5 <b>APF</b> Erro 00	<ul> <li>™ All Patient Refined E MDC codes, Risk of M</li> <li>R_GRP_ERROR_COD or codes identify potenti No errors. DRG successfully</li> </ul>	Diagnosis Relate fortality ranking <b>Data Source:</b> <b>Type:</b> DE al variations wi y assigned. 12	ed ( gs,	Alphanumeric Grouper version used to assign APR DRG code and Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only)
Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 APF 3M APR 58 5 5 APF Erro	<sup>™</sup> All Patient Refined E MDC codes, Risk of M R_GRP_ERROR_COD or codes identify potenti	Diagnosis Relate fortality ranking <b>Data Source:</b> <b>Type:</b> DE al variations wi	ed ( gs,	Alphanumeric Grouper version used to assign APR DRG code and Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment
Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21:	2 APF 3M <sup>7</sup> APR 58 5 APF	<sup>TM</sup> All Patient Refined D R MDC codes, Risk of M R_GRP_ERROR_COD	Diagnosis Relate fortality ranking Data Source: Type: DE	ed ( gs,	Alphanumeric Grouper version used to assign APR DRG code and Severity of Illness rankings Assigned Alphanumeric
Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length:	2 APF 3M APR 58 5	<sup>™</sup> All Patient Refined E & MDC codes, Risk of M	Diagnosis Relate fortality ranking Data Source: Type:	ed ( gs,	Alphanumeric Grouper version used to assign APR DRG code and Severity of Illness rankings Assigned
Description: Beginning Position: Length: Field 20: Description: Beginning Position:	2 APF 3M APR 58	<sup>TM</sup> All Patient Refined D	Diagnosis Relate Iortality ranking Data Source:	ed ( gs,	Alphanumeric Grouper version used to assign APR DRG code and Severity of Illness rankings Assigned
Description: Beginning Position: Length: Field 20: Description:	2 APF 3M APR	<sup>TM</sup> All Patient Refined D	Diagnosis Relate	ed ( gs,	Alphanumeric Grouper version used to assign APR DRG code and Severity of Illness rankings
Description: Beginning Position: Length: Field 20:	2 APF 3M	<sup>TM</sup> All Patient Refined D	Diagnosis Relate	ed (	Alphanumeric Grouper version used to assign APR DRG code
Description: Beginning Position: Length: Field 20:	2 APF				Alphanumeric
Description: Beginning Position: Length:	2		Type:		•
Description: Beginning Position:					•
Description:			<b>Data Source:</b>		Assigned
rielu 19:	Maj	or Diagnostic Category		-	d by 3M™ APR-DRG Grouper.
Field 19:	APF	R_MDC			•
Length:	1		Type:		Alphanumeric
<b>Beginning Position:</b>	55	no class specified	Data Source:		Assigned
	4 0	Extreme No class specified			
	3	Major			
Couning Scheme:	2	Moderate			
Coding Scheme:		ompensation. Minor			
			" APR-DRG G	rou	per. Indicates the extent of physiologic
Description:					the All Patient Refined (APR) Diagnosis Relat
Field 18:		NESS_SEVERITY			
Length:	1		Туре:		Alphanumeric
<b>Beginning Position:</b>	54		Data Source:		Assigned
	4	Extreme			
	2 3	Moderate Major			
Coding Scheme:	1	Minor			
-		up (DRG) from the 3M <sup>T</sup>			per. Indicates the likelihood of dying.
Description:			tality score fror	n tł	he All Patient Refined (APR) Diagnosis Related
Field 17:		K_MORTALITY	±,pc.		
Length:	3		Type:		Alphanumeric
<b>Beginning Position:</b>	Grou 51	uper	Data Source:		Assigned
Description:			Diagnosis Relate	ed (	Group (DRG) as assigned by 3M APR-DRG
Field 16:		R_DRG			
Length:	2		Туре:		Alphanumeric
<b>Beginning Position:</b>	49	- *	Data Source:		Assigned
	11	Invalid Principal Diagnosis			nave unterent fract POA values that are not Y of W
	10	Illogical Principal Diagnosis	s (CMS only)	25	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
	05	Invalid Discharge Status		24	different HAC POA values that are not Y, W, N, U
	05	Invalid Sex		24	exempt DisableHac = 0 and there are multiple HACs that have
	04	Invalid Sex		23	DisableHac is invalid and at least one HAC POA is
	03	Invalid Age		22	invalid or exempt DisableHac = 0 and at least one HAC POA is exempt
		Record does not meet criteria	a for any DPG	21	U DisableHac is invalid and at least one HAC POA is
	02	diagnosis			

	09	Invalid discharge age in days (AP & 25 APR only)	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
	11	Invalid Principal Diagnosis	
<b>Beginning Position:</b>	63	Data Source:	Assigned
Length:	2	Туре:	Alphanumeric

# **OUTPATIENT BASE DATA FILE**

Field 1:				
Pleid 1: Description:	SERVICE_QUARTER		loar and quarter of co	
Beginning Position:		Data Source:	ear and quarter of se Assigned	a vice. yyyyQn.
Length:	6	Type:	Alphanumeric	
Field 2:	RECORD_ID	/	•	
Description:	Record Identification	Number. Unique nu	mber assigned to ide	ntify the record. The
			not linkable to the Re	
	Inpatient PUDF or ED	Research Data Files	s (RDFs).	
<b>Beginning Position:</b>	7	Data Source:	Assigned	
Length:	12	Туре:	Alphanumeric	
Field 3:	THCIC_ID	den l'Company' and le		6
Description: Suppression:			the provider by DSH	
Suppression				d into the Provider ID ular gender, including
	'unknown', Provider I		i 5 events for a partic	ular gender, including
Beginning Position:	19	Data Source:	Assigned	
Length:	6	Type:	Alphanumeric	
Field 4:	SPEC_UNIT_1			
Description:		ich most days during	g stay occurred based	on number of days by
			, number of days in t	
Coding Scheme:	c	Coronary Care Unit	P	Pediatric Unit
	D I	Detoxification Unit Intensive Care Unit	Y R	Psychiatric Unit Rehabilitation Unit
	I H	Hospice Unit	K U	Sub-acute Care Unit
	N	Nursery	S	Skilled Nursing Unit
	В	Obstetric Unit	Blank	Acute Care
Poginning Desition	0 25	Oncology Unit	Calculated	
Beginning Position: Length:	1	Data Source: Type:	Alphanumeric	
Field 5:	SPEC_UNIT_2		Alphanamene	
Description:		ch 2 <sup>nd</sup> most davs dur	ring stav occurred bas	ed on number of days
	by Type of Bill or Rev			
Coding Scheme:	Same as SPEC_UNIT_1			
Beginning Position:	26	Data Source:	Calculated	
Length:		Туре:	Alphanumeric	
Field 6:	SPEC_UNIT_3	ala Ord mana at alawa alaw		
Description:	by Type of Bill or Rev		ing stay occurred bas	ed on number of days
Coding Scheme:		/enue Coue.		
Beginning Position:				
Length:	Same as SPEC_UNIT_1.		Calculated	
Field 7:	27 1	Data Source:	Calculated Alphanumeric	
	27		Calculated Alphanumeric	
	27 1 <b>SPEC_UNIT_4</b>	Data Source: Type:	Alphanumeric	ed on number of days
Description:	27 1 <b>SPEC_UNIT_4</b> Specialty Unit in which by Type of Bill or Rev	Data Source: Type: ch 4 <sup>th</sup> most days dur venue Code.	Alphanumeric	ed on number of days
Description: Coding Scheme:	27 1 SPEC_UNIT_4 Specialty Unit in which by Type of Bill or Rev Same as SPEC_UNIT_1.	Data Source: Type: ch 4 <sup>th</sup> most days dur venue Code.	Alphanumeric ing stay occurred bas	ed on number of days
Description: Coding Scheme: Beginning Position:	27 1 SPEC_UNIT_4 Specialty Unit in which by Type of Bill or Rev Same as SPEC_UNIT_1, 28	Data Source: Type: ch 4 <sup>th</sup> most days dur venue Code. Data Source:	Alphanumeric ing stay occurred bas Calculated	ed on number of days
Description: Coding Scheme: Beginning Position: Length:	27 1 SPEC_UNIT_4 Specialty Unit in which by Type of Bill or Rev Same as SPEC_UNIT_1. 28 1	Data Source: Type: ch 4 <sup>th</sup> most days dur venue Code.	Alphanumeric ing stay occurred bas	ed on number of days
Description: Coding Scheme: Beginning Position: Length: Field 8:	27 1 SPEC_UNIT_4 Specialty Unit in which by Type of Bill or Rev Same as SPEC_UNIT_1. 28 1 SPEC_UNIT_5	Data Source: Type: ch 4 <sup>th</sup> most days dur venue Code. Data Source: Type:	Alphanumeric ing stay occurred bas Calculated Alphanumeric	
Description: Coding Scheme: Beginning Position: Length: Field 8:	27 1 SPEC_UNIT_4 Specialty Unit in whice by Type of Bill or Rev Same as SPEC_UNIT_1. 28 1 SPEC_UNIT_5 Specialty Unit in whice	Data Source: Type: ch 4 <sup>th</sup> most days dur venue Code. Data Source: Type: ch 5 <sup>th</sup> most days dur	Alphanumeric ing stay occurred bas Calculated Alphanumeric	ed on number of days ed on number of days
Description: Coding Scheme: Beginning Position: Length: Field 8: Description:	27 1 SPEC_UNIT_4 Specialty Unit in whice by Type of Bill or Rew Same as SPEC_UNIT_1. 28 1 SPEC_UNIT_5 Specialty Unit in whice by Type of Bill or Rew	Data Source: Type: ch 4 <sup>th</sup> most days dur venue Code.	Alphanumeric ing stay occurred bas Calculated Alphanumeric	
Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme:	27 1 SPEC_UNIT_4 Specialty Unit in whice by Type of Bill or Rev Same as SPEC_UNIT_1. 28 1 SPEC_UNIT_5 Specialty Unit in whice	Data Source: Type: ch 4 <sup>th</sup> most days dur venue Code.	Alphanumeric ing stay occurred bas Calculated Alphanumeric	
Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length:	27 1 SPEC_UNIT_4 Specialty Unit in whice by Type of Bill or Rev Same as SPEC_UNIT_1. 28 1 SPEC_UNIT_5 Specialty Unit in whice by Type of Bill or Rev Same as SPEC_UNIT_1.	Data Source: Type: ch 4 <sup>th</sup> most days dur venue Code. Data Source: Type: ch 5 <sup>th</sup> most days dur venue Code.	Alphanumeric ing stay occurred bas Calculated Alphanumeric ing stay occurred bas	
Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length:	27 1 SPEC_UNIT_4 Specialty Unit in whice by Type of Bill or Rev Same as SPEC_UNIT_1. 28 1 SPEC_UNIT_5 Specialty Unit in whice by Type of Bill or Rev Same as SPEC_UNIT_1. 29	Data Source: Type: ch 4 <sup>th</sup> most days dur venue Code. Data Source: Type: ch 5 <sup>th</sup> most days dur venue Code. Data Source:	Alphanumeric ing stay occurred bas Calculated Alphanumeric ing stay occurred bas Calculated	
Description: Coding Scheme: Beginning Position: Length:	27 1 SPEC_UNIT_4 Specialty Unit in whice by Type of Bill or Rev Same as SPEC_UNIT_1. 28 1 SPEC_UNIT_5 Specialty Unit in whice by Type of Bill or Rev Same as SPEC_UNIT_1. 29 1	Data Source: Type: ch 4 <sup>th</sup> most days dur venue Code. Data Source: Type: ch 5 <sup>th</sup> most days dur venue Code. Data Source: Type:	Alphanumeric ing stay occurred bas Calculated Alphanumeric ing stay occurred bas Calculated Alphanumeric	
Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9:	27 1 SPEC_UNIT_4 Specialty Unit in whice by Type of Bill or Rev Same as SPEC_UNIT_1. 28 1 SPEC_UNIT_5 Specialty Unit in whice by Type of Bill or Rev Same as SPEC_UNIT_1. 29 1 SEX_CODE Gender of the patient Code is suppressed if an	Data Source: Type: Type: Ch 4 <sup>th</sup> most days dur yenue Code. Data Source: Type: Ch 5 <sup>th</sup> most days dur yenue Code. Data Source: Type: t as recorded at date n ICD-10-CM code indic	Alphanumeric ing stay occurred bas Calculated Alphanumeric ing stay occurred bas Calculated Alphanumeric e of start of care. cates drug or alcohol use	ed on number of days
Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Suppression:	27 1 SPEC_UNIT_4 Specialty Unit in whice by Type of Bill or Rev Same as SPEC_UNIT_1. 28 1 SPEC_UNIT_5 Specialty Unit in whice by Type of Bill or Rev Same as SPEC_UNIT_1. 29 1 SEX_CODE Gender of the patient	Data Source: Type: ch 4 <sup>th</sup> most days dur venue Code. Data Source: Type: ch 5 <sup>th</sup> most days dur venue Code. Data Source: Type: t as recorded at date n ICD-10-CM code indic cohol or drug use or an	Alphanumeric ing stay occurred bas Calculated Alphanumeric ing stay occurred bas Calculated Alphanumeric e of start of care. cates drug or alcohol usion HIV diagnosis (patients	ed on number of days e or an HIV diagnosis. If s covered by 42 USC
Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description:	27 1 SPEC_UNIT_4 Specialty Unit in whice by Type of Bill or Rev Same as SPEC_UNIT_1. 28 1 SPEC_UNIT_5 Specialty Unit in whice by Type of Bill or Rev Same as SPEC_UNIT_1. 29 1 SEX_CODE Gender of the patient Code is suppressed if ar ICD-10-CM indicates alo	Data Source: Type: Type: Ch 4 <sup>th</sup> most days dur yenue Code. Data Source: Type: Ch 5 <sup>th</sup> most days dur yenue Code. Data Source: Type: t as recorded at date n ICD-10-CM code indic	Alphanumeric ing stay occurred bas Calculated Alphanumeric ing stay occurred bas Calculated Alphanumeric e of start of care. cates drug or alcohol usion HIV diagnosis (patients DSF	ed on number of days

§290dd-2 and 42 CFR Part 2 rules), the Gender of the patient is reported as "U" (Unknown). If
a facility reported fewer than 5 patients of a particular gender, including unknown, Provider ID
is `999998' and Provider Name and Patient ZIP Code are blank for those patients.
M Male

Coding Sch	cine.	M F	Male Female						
		U	Unknown						
loginning I	Desition	、 30	Invalid	-	ata Source		Claim		
Beginning I .ength:	Position:	30 1			)ata Source 'ype:	:	Alphanumeric		
ield 10:			T_COUNTY						
Description	:		S code of pat	ient's coun	ty.				
oding sch	eme:								
001	Anderson		097	Cooke		193	Hamilton	289	Leon
003	Andrews		099	Coryell		195	Hansford	291	Liberty
005	Angelina		101	Cottle		197	Hardeman	293	Limestone
007	Aransas		103	Crane		199	Hardin	295	Lipscomb
009	Archer		105	Crockett		201	Harris	297	Live Oak
011	Armstrong		107	Crosby		203	Harrison	299	Llano
013	Atascosa		109	Culberson		205	Hartley	301	Loving
015	Austin		111	Dallam		207	Haskell	303	Lubbock
017	Bailey		113	Dallas		209	Hays	305	Lynn
019	Bandera		115	Dawson		211	Hemphill	307	McCulloch
021	Bastrop		117	Deaf Smith		213	Henderson	309	McLennan
023	Baylor		119	Delta		215	Hidalgo	311	McMullen
025	Bee		121	Denton		217	Hill	313	Madison
027	Bell		123	Dewitt		219	Hockley	315	Marion
029	Bexar		125	Dickens		221	Hood	317	Martin
031	Blanco		127	Dimmit		223	Hopkins	319	Mason
033	Borden		129	Donley		225	Houston	321	Matagorda
035	Bosque		131	Duval		227	Howard	323	Maverick
037	Bowie		133	Eastland		229	Hudspeth	325	Medina
039	Brazoria		135	Ector		231	Hunt	327	Menard
041	Brazos		137	Edwards		233	Hutchinson	329	Midland
043	Brewster		139	Ellis		235	Irion	331	Milam
045	Briscoe		141	El Paso		237	Jack	333	Mills
047	Brooks		143	Erath		239	Jackson	335	Mitchell
049	Brown		145	Falls		241	Jasper	337	Montague
051	Burleson		147	Fannin		243	Jeff Davis	339	Montgomery
053	Burnet		149	Fayette		245	Jefferson	341	Moore
055	Caldwell		151	Fisher		247	Jim Hogg	343	Morris
057	Calhoun		153	Floyd		249	Jim Wells	345	Motley
059	Callahan		155	Foard		251	Johnson	347	Nacogdoches
061	Cameron		157	Fort Bend		253	Jones	349	Navarro
063	Camp		159	Franklin		255	Karnes	351	Newton
065	Carson		161	Freestone		257	Kaufman	353	Nolan
067	Cass		163	Frio		259	Kendall	355	Nueces
069	Castro		165	Gaines		261	Kenedy	357	Ochiltree
071	Chambers		167	Galveston		263	Kent	359	Oldham
073	Cherokee		169	Garza		265	Kerr	361	Orange
075	Childress		171	Gillespie		267	Kimble	363	Palo Pinto
077	Clay		173	Glasscock		269	King	365	Panola
079	Cochran		175	Goliad		271	Kinney	367	Parker
081	Coke		175	Gonzales		273	Kleberg	369	Parmer
083	Coleman		179	Gray		275	Knox	371	Pecos
085	Collin		181	Grayson		283	La Salle	373	Polk
087	Collingswor	th	181	Gregg		205	Lamar	375	Potter
089	Colorado		185	Grimes		279	Lamb	375	Presidio
089	Comal		185	Guadalupe		275	Lampasas	379	Rains
091	Comanche		187	Hale		285	Lavaca	381	Randall
095	Concho		189	Hall		285	Lee	383	Reagan
0,5	concho		171	nun		207	200	202	Reugun

205 5								
385 F	Real		419	Shelby	453	Travis	487	Wilbarger
387 F	Red River		421	Sherman	455	Trinity	489	Willacy
389 F	Reeves		423	Smith	457	Tyler	491	Williamson
391 F	Refugio		425	Somervell	459	Upshur	493	Wilson
393 F	Roberts		427	Starr	461	Upton	495	Winkler
395 F	Robertson		429	Stephens	463	Uvalde	497	Wise
397 F	Rockwall		431	Sterling	465	Val Verde	499	Wood
	Runnels		433	Stonewall	467	Van Zandt	501	Yoakum
	Rusk		435	Sutton	469	Victoria	503	Young
	Sabine		437	Swisher	471	Walker	505	Zapata
	San August	ine	439	Tarrant	473	Waller	507	Zavala
	San Jacinto		441	Taylor	475	Ward	507	Zuvulu
	San Patricio		443	Terrell	477	Washington	、	Invalid
	San Saba	,	445	Terry	479	Webb		Invalia
	Schleicher		447	Throckmorton	481	Wharton		
	Scurry		449	Titus	483	Wheeler		
	Shackelford	1	449	Tom Green	485	Wichita		
			451					
Beginning Po	sition:	31			ata Source:	Assigned; based	l on patient Z	IP code
Length: Field 11:		3 DAT	CTATE		уре:	Alphanumeric		
			STATE	tiont's mailing	addross in T	over and contin		Ctandard 2
Description:			•	-		exas and contig	uous states	. Stanuaru Z-
				al Service abbi	eviation.			
Coding Schen	ne:	AR LA	Arkansas Louisiana					
		LA NM	New Mexico	<b>`</b>				
			Oklahoma	,				
		TX	Texas					
		ZZ		ates and Americ	an Territories			
		FC	Foreign cou					
		XX Foreign country						
Beginning Position:				- /				
	sition:	34		,	ta Source:	Claim		
Length:	sition:	2		,		Claim Alphanumeric		
Length: Field 12:	sition:	2 <b>PAT</b>	_ZIP	Dai Typ				
Length: Field 12: Description:		2 PAT Patie	_ ent's five-d	Dat Typ igit ZIP code.	De:	Alphanumeric		
Length: Field 12:		2 PAT Patie Last	ent's five-d two digits ar	Dai Typ igit ZIP code. re blank if a ZIP	code has fewe	Alphanumeric er than 30 patients		uals 'ZZ', ZIP code
Length: Field 12: Description:		2 PAT Patie Last equa	ent's five-d two digits an als `88888'. I	Dat Typ igit ZIP code. re blank if a ZIP f state equals `F	code has fewe C' (foreign cou	Alphanumeric er than 30 patients ntry) ZIP code is	blank. If ICD	-10-CM indicates
Length: Field 12: Description:		2 PAT Patie Last equa alcoh	ent's five-d two digits an als `88888'. I nol or drug u	Dat Typ igit ZIP code. re blank if a ZIP f state equals 'F ise or an HIV dia	code has fewe C' (foreign cou agnosis the ZIP	Alphanumeric er than 30 patients ntry) ZIP code is code is blank. If	blank. If ICD a facility has	-10-CM indicates fewer than fifty
Length: Field 12: Description:		2 Patie Last equa alcoh outp	ent's five-d two digits an als `88888'. I nol or drug u atient servic	Dat Typ igit ZIP code. re blank if a ZIP f state equals 'F se or an HIV dia es reported for	code has fewe C' (foreign cou agnosis the ZIP the quarter the	Alphanumeric er than 30 patients intry) ZIP code is code is blank. If ZIP code is blank	blank. If ICD a facility has <. If a facility	-10-CM indicates fewer than fifty has fewer than 5
Length: Field 12: Description: Suppression:		2 Patie Last equa alcoh outp patie	ent's five-d two digits an als `88888'. I nol or drug u atient servic	Dat Typ igit ZIP code. re blank if a ZIP f state equals 'F se or an HIV dia es reported for l of a particular	code has fewe C' (foreign cou agnosis the ZIP the quarter the gender, includi	Alphanumeric er than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ing `unknown', the	blank. If ICD a facility has <. If a facility	-10-CM indicates fewer than fifty has fewer than 5
Length: Field 12: Description: Suppression: Beginning Po		2 Patie Last equa alcoh outp patie 36	ent's five-d two digits an als `88888'. I nol or drug u atient servic	igit ZIP code. re blank if a ZIP f state equals 'F se or an HIV dia es reported for l of a particular Dat	code has fewe C' (foreign cou agnosis the ZIP the quarter the gender, includi ta Source:	Alphanumeric er than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ing `unknown', the Claim	blank. If ICD a facility has <. If a facility	-10-CM indicates fewer than fifty has fewer than 5
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	<ul> <li>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</li> </ul>					
	8	Atascosa, Bandera, Be	exar, Calhoun, Con	nal, DeWitt, D	Dimmit, Edwards	s, Frio, Gillespie, Goliad, e, Lavaca, Maverick, Medina,
	9	Real, Uvalde, Val Verd Andrews, Borden, Cok Kimble, Loving, McCul	le, Victoria, Wilson e, Concho, Crane, loch, Martin, Maso	, Zavala cour Crockett, Da n, Menard, M	nties wson, Ector, Ga lidland, Pecos, R	ines, Glasscock, Howard, Irion eagan, Reeves, Schleicher,
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Length: Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	2 <b>RACE</b> Code i If a fac 5). 1 2 3 4 5 4 9 1 <b>ETHN</b> Code i If a fac suppres 1 2 50 1 <b>FIRST</b> Code i 09 5 1 2 4 5 1 2 4 5 5 1 2 4 5 5 1 2 4 5 5 5 1 1 2 4 5 5 5 5 5 5 5 5 5 5 5 5 5	indicating the pat cility has fewer than American Indian/Es Asian or Pacific Isla Black White Other Invalid ICITY indicating the His cility has fewer than essed (code is blank Hispanic Origin Not of Hispanic Orig Invalid Invalid Invalid Invalid Invalid Invalid Invalid Invalid	Type: ient's race. ten patients of kimo/Aleut nder Data Source Type: panic origin of ten patients of ). gin Data Source Type: C pected primary m 5010 format, a) rams mization (PPO)	Alphan one race th Claim Alphan the patier one race th E Claim Alphan Source of HM LI LM MA MB MC	numeric numeric nt. he ethnicity of numeric payment. Health Maint Liability Liability Medi Medicare Par Medicare Par Medicare Par Medicare Par Medicare Par	patients of that race is enance Organization ical t A

		16 AM BL CH CI DS	Blue Cross/B	k 1edical lue Shield Insurance	ganizatioli	(1110)	OF VA WC ZZ	Veteran A Workers (	leral Program Administration Plan Compensation Health Claim ndigent or Unknown
Beginning Length:	9 Position:	51 2		urance	Data S Type:		laim Iphanum	peric	
Field 20:			CONDARY_F			F	ipnanun	lenc	
Descriptio	on:		de indicating			condary so	urce of	pavmen	ıt.
Coding So	cheme:		ne as field 16,						
	9 Position:	53					laim		
Length:		2			Type:	Α	Iphanum	neric	
Field 21:			PE_OF_BILL						and These distances of
Descriptio	on:								ed. First digit = type of
Coding So	homo		digit–Type of F			digit-Type o		equence	e of the claim. 3 <sup>rd</sup> digit-Sequence of claim
county se	lieme.	1	Hospital	aciiity	1	Inpatient, in Part A		edicare	0 Non-payment/Zero claim
		2	Skilled nursing		2	Inpatient, Me only	edicare Pa	rt B	1 Admit through discharge claim
		3	Home health	nodical	3	Outpatient	thor Med	icaro	2 Interim-first claim
		4	Religious non-n health care-Ho		4	Outpatient O Part B only	uier, Med	icare	3 Interim–continuing claim
		5	Religious non-n health care-Ext	nedical tended car		Intermediate			4 Interim-last claim
		6 7	Intermediate ca Clinic	are	6 7	Intermediate Sub-acute in III			<ul> <li>5 Late charge(s) only claim</li> <li>6 Adjustment of prior claim (Not used by Medicare)</li> </ul>
		8	Special facility		8	Swing bed			<ul> <li>(Not used by Medicare)</li> <li>7 Replacement of prior clain</li> <li>8 Void/cancel of prior claim</li> </ul>
Beginning Length:	g Position:	55 3			Data S Type:		laim Iphanum	neric	
Field 22:		CO	NDITION_C	ODE_1					
		Coo	de describing	a condi	tion rela	ting to the	claim.		
Coding So	cheme:								
01	Military servi	ce rel	ated	22		n multiple drug	l	36	General care patient in a
02	Condition is related	emplo	oyment	23	regimen Home car	e giver availat	le	37	special unit Ward accommodation at patier
03	Patient cover not reflected		insurance	24	Home IV HHA servi	patient also re ices	ceiving	38	request Semi-private room not available
04	Information	only t	bill.	25	Patient is	non-US reside	nt	39	Private room medically
05	Lien has bee	n fileo	t	26		e patient choo		55	necessary
06			rst 18 months		receive se certified f	ervices in a Me	dicare	40	Same day transfer
			ered by EGHP	27		ferred to a sol	ρ	41	Partial hospitalization
	The state state of the state		torminal			ty hospital for		42	
07	Treatment of condition for	hosp	ice patient			c laboratory te		42	Continuing care not related to inpatient admission
07 08		hosp vould conce	ice patient not provide rning other	28	diagnostic Patient ar secondary	a laboratory te nd/or spouse's y to Medicare	st EGHP is	42	inpatient admission Continuing care not provided within prescribed postdischarg
	condition for Beneficiary v information o	hosp vould conce verag	ice patient not provide rning other e	28 29	diagnostic Patient ar secondary Disabled I family me	c laboratory te nd/or spouse's y to Medicare beneficiary and ember's LGHP i	st EGHP is I/or		inpatient admission Continuing care not provided within prescribed postdischarg window Inpatient admission changed t
08	condition for Beneficiary v information o insurance co Neither patie	hosp vould conce verag ent or or spo	ice patient not provide rning other e spouse is ouse is		diagnostic Patient ar secondary Disabled I family me secondary Non-resea	c laboratory te nd/or spouse's y to Medicare beneficiary and ember's LGHP i y to Medicare arch services p	st EGHP is I/or s rovided	43	inpatient admission Continuing care not provided within prescribed postdischarg window
08 09	condition for Beneficiary v information o insurance co Neither patie employed Patient and/o	hosp vould conce verag ent or or spo t no f aeficia	ice patient not provide rning other e spouse is cuse is EGHP exists ry but no	29	diagnostic Patient ar secondary Disabled I family me secondary Non-resea to patient qualified o	c laboratory te nd/or spouse's y to Medicare beneficiary and ember's LGHP i y to Medicare arch services p is enrolled in a clinical trial	st EGHP is I/or s rovided	43 44	inpatient admission Continuing care not provided within prescribed postdischarg window Inpatient admission changed to outpatient
08 09 10	condition for Beneficiary v information of insurance co Neither patie employed Patient and/o employed bu Disabled ben	hosp vould conce verag ent or or spo t no l seficia ge ex	ice patient not provide rning other e spouse is EGHP exists ry but no ists	29 30	diagnostic Patient ar secondary Disabled I family me secondary Non-resea to patient qualified o	c laboratory te nd/or spouse's y to Medicare beneficiary and ember's LGHP i y to Medicare arch services p s enrolled in a	st EGHP is I/or s rovided	43 44 45	inpatient admission Continuing care not provided within prescribed postdischarg window Inpatient admission changed to outpatient Ambiguous Gender Category Non-availability statement on file Transfer from another Home
08 09 10 11	condition for Beneficiary v information of insurance co Neither patie employed Patient and/of employed bu Disabled ben LGHP covera	hosp vould conce verag ent or or spo it no f beficia ge ex meles	ice patient not provide rning other e spouse is EGHP exists ry but no ists	29 30	diagnostic Patient ar secondary Disabled I family me secondary Non-resea to patient qualified o Patient is day) Patient is	c laboratory te nd/or spouse's y to Medicare beneficiary and ember's LGHP i y to Medicare arch services p arch services p s enrolled in a clinical trial student (full t student	st EGHP is I/or s rovided ime -	43 44 45 46 47	inpatient admission Continuing care not provided within prescribed postdischarg window Inpatient admission changed t outpatient Ambiguous Gender Category Non-availability statement on file Transfer from another Home Health Agency
08 09 10 11 17	condition for Beneficiary v information of insurance co Neither patie employed Patient and/d employed bu Disabled ben LGHP covera Patient is ho	hosp vould conce verag ent or or spo t no f beficia ge ex meles e reta	ice patient not provide rning other e spouse is EGHP exists ry but no ists s ined	29 30 31	diagnostic Patient ar secondary Disabled I family me secondary Non-resea to patient qualified o Patient is day) Patient is	c laboratory te nd/or spouse's y to Medicare beneficiary and ember's LGHP i y to Medicare arch services p arch services p s enrolled in a clinical trial student (full t student ive/work study	st EGHP is I/or s rovided ime -	43 44 45 46	<ul> <li>inpatient admission</li> <li>Continuing care not provided within prescribed postdischarg window</li> <li>Inpatient admission changed to outpatient</li> <li>Ambiguous Gender Category</li> <li>Non-availability statement on file</li> <li>Transfer from another Home Health Agency</li> <li>Psychiatric residential treatment centers for children</li> </ul>
08 09 10 11 17 18	condition for Beneficiary v information of insurance co Neither patie employed Patient and/o employed bu Disabled ben LGHP covera Patient is ho Maiden name	hosp vould conce verag ent or or spo th no f deficia ge ex meles e reta moth	ice patient not provide rning other e spouse is EGHP exists ry but no ists is ined ner's name	29 30 31	diagnostic Patient ar secondary Disabled I family me secondary Non-resea to patient qualified o Patient is day) Patient is (cooperat program)	c laboratory te nd/or spouse's y to Medicare beneficiary and ember's LGHP i y to Medicare arch services p arch services p s enrolled in a clinical trial student (full t student ive/work study	st EGHP is I/or s rovided ime -	43 44 45 46 47 48	<ul> <li>inpatient admission</li> <li>Continuing care not provided within prescribed postdischarg window</li> <li>Inpatient admission changed to outpatient</li> <li>Ambiguous Gender Category</li> <li>Non-availability statement on file</li> <li>Transfer from another Home Health Agency</li> <li>Psychiatric residential treatment centers for children and adolescents (RTCs)</li> </ul>
08 09 10 11 17 18 19	condition for Beneficiary v information of insurance co Neither patie employed Patient and/of employed bu Disabled ben LGHP covera Patient is ho Maiden name Child retains	hosp vould conce verag ent or or spo t no f eficia ge ex meles e reta moth eques	ice patient not provide rning other e spouse is EGHP exists ry but no ists is ined er's name sted billing	29 30 31 32	diagnostic Patient ar secondary Disabled I family me secondary Non-resea to patient qualified o Patient is day) Patient is (cooperat program) Patient is night)	c laboratory te nd/or spouse's y to Medicare beneficiary and ember's LGHP i y to Medicare arch services p arch services p arch services p s enrolled in a clinical trial student (full t student ive/work study	st EGHP is I/or s rovided ime - / ime -	43 44 45 46 47	<ul> <li>inpatient admission</li> <li>Continuing care not provided within prescribed postdischarge window</li> <li>Inpatient admission changed to outpatient</li> <li>Ambiguous Gender Category</li> <li>Non-availability statement on file</li> <li>Transfer from another Home Health Agency</li> <li>Psychiatric residential treatment centers for children</li> </ul>

Last Updated: February, 2025

50	Product Replacement for Known Recall of a Product
51	Attestation of Unrelated Outpatient Nondiagnostic Services
52	Out of Hospice Service Area
53	Initial placement of a medical device provided as part of a clinical trial or a free sample
54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency
55	SNF bed not available
56	Medical appropriateness
57	SNF readmission
58	Terminated Medicare+Choice organization enrollee
59	Non-primary ESRD facility
60	Day outlier
61	Cost outlier
66	Provider does not wish cost outlier payment
67	Beneficiary elects not to use life time reserve (LTR) days
68	Beneficiary elects to use life time reserve (LTR) days
69	IME/DGME/N&AH Payment Only
70	Self-administered anemia management drug
71	Full care in unit
72	Self-care in unit
73	Self-care training
74	Home
75	Home - 100% reimbursement
76	Back-up in facility dialysis
77	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment
78	New coverage not implemented by HMO
79	CORF services provided offsite
80	Home dialysis - nursing facility
81	C-section/Inductions <39 weeks-Medical Necessity
82	C-section/Inductions <39 weeks-Elective
83	C-section/Inductions 39 weeks or greater
84	Dialysis for Acute Kidney Injury (AKI)
85	Delayed Recertification of Hospice Terminal Illness
86	Additional Hemodialysis Treatment with Medical Justification

#### A0 TRICARE external partnership program EPSDT/CHAP A1 A2 Physically handicapped children's program Α3 Special Federal Funding A4 Family planning Α5 Disability Vaccines/Medicare 100% A6 payment Α9 Second opinion surgery AA Abortion performed due to rape AB Abortion performed due to incest AC Abortion performed due to serious fatal genetic defect, deformity, or abnormality Abortion performed due to life AD endangering physical condition AE Abortion performed due to physical health of mother that is not life endangering AF Abortion performed due to emotional/psychological health of mother AG Abortion performed due to social or economic reasons AH Elective abortion Sterilization AI AJ Payer responsible for copayment AK Air ambulance required Specialized treatment/bed AL unavailable Non-emergency medically AM necessary stretcher transport required AN Pre-admission screening not required В0 Medicare coordinated care demonstration claim Β1 Beneficiary is ineligible for demonstration program Admission unrelated to Β4 discharge on same day ΒP Gulf Oil Spill of 2010 C1 Approved as billed C2 Automatic approval as billed based on focused review C3 Partial approval C4 Admission/services denied C5 Post-payment review applicable C6 Admission Preauthorization C7 Extended Authorization D0 Changes to Service Dates

- D4 Change in clinical codes (ICD) for diagnosis and/or procedure codes.
- D5 Cancel to correct Insured's ID or Provider ID
- D6 Cancel Only to Repay a Duplicate or OIG Overpayment
- D7 Change to Make Medicare the Secondary Payer
- D8 Change to Make Medicare the Primary Payer
- D9 Any Other Change
- DR Disaster related
- E0 Changes in Patient Status
- G0 Distinct Medical Visit
- H0 Delayed Filing, Statement of Intent Submitted
- H2 Discharge by a Hospice Provider for Cause
- H3 Reoccurrence of GI Bleed Comorbid Category
- H4 Reoccurrence of Pneumonia Comorbid Category
- H5 Reoccurrence of Pericarditis Comorbid Category
- P1 Do not Resuscitate Order (DNR)
- P7 Direct Inpatient Admission from Emergency Room
- R1 Request for reopening Reason Code - Mathematical or Computational Mistake
- R2 Request for reopening Reason Code -Inaccurate Data Entry
- R3 Request for reopening Reason Code - Misapplication of a Fee Schedule
- R4 Request for reopening Reason Code - Computer Errors
- R5 Request for reopening Reason Code - Incorrectly Identified Duplicate Claim
- R6 Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above
- R7 Request for reopening Reason Code - Corrections other than clerical errors
- R8 Request for reopening Reason Code - New and Material Evidence
- R9 Request for reopening Reason Code - Faulty Evidence
- WO United Mine Workers of America (UMWA) Demonstration Indicator
- W2 Duplicate of Original Bill
- W3 Level I Appeal
- W4 Level II Appeal
- W5 Level III Appeal

### DSHS/THCIC

PPS Bill

Changes to Charges

Second or Subsequent Interim

D1

D3

Beginning Position: Length:	58 2	Data Source: Type:	Claim Alphanumeric
Field 23:	CONDITION_CO		Aphanamene
		condition relating to th	ve claim
Coding Scheme:	Same as Field COND		
Beginning Position:	60	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 24:	CONDITION_CO		Alphandmenc
Field 24.			
	Code describing a	condition relating to th	ie claim.
Coding Scheme:	Same as Field COND		
Beginning Position:	62	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 25:	CONDITION_CO		
		ndition relating to the cla	im.
Coding Scheme:	Same as Field 22.		
Beginning Position:	64	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 26:	CONDITION_CO		
		condition relating to th	ne claim.
Coding Scheme:	Same as Field COND	ITION_CODE_1.	
Beginning Position:	66	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 27:	CONDITION_CO	DE 6	
		condition relating to th	ne claim.
Coding Scheme:	Same as Field COND		
Beginning Position:	68	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 28:	CONDITION_CO	,	
			a claim
Cadina Cabamas		condition relating to th	ie cialm.
Coding Scheme:	Same as Field COND		Claim
Beginning Position:	70	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 29:	CONDITION_CO		
		condition relating to th	ie claim.
Coding Scheme:	Same as Field COND		
Beginning Position:	72	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 30:	PAT_REASON_FO		
	ICD-10-CM diagno	sis code, including the	e 4th, 5th, 6th and 7th digits if applicable.
		following the third cha	
Beginning Position:	74	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 31:	PRINC_DIAG_CC		
			bal diagnosis, including the 4th, 5th, 6th a
Dealanina Dealti.			d following the third character.
Beginning Position:	81	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 32:	OTH_DIAG_COD		
			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied	following the third cha	aracter.
Beginning Position:	. 88	Data Source:	Claim
beginning i bornom	7	Туре:	Alphanumeric
Length:		F 2	
	OTH_DIAG COD	C_2	
Length:	OTH_DIAG_COD ICD-10-CM diagno		4th, 5th, 6th and 7th digits if applicable
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Length: Field 33:	ICD-10-CM diagno Decimal is implied	sis code, including the following the third cha	aracter.
Length: Field 33: Beginning Position:	ICD-10-CM diagno Decimal is implied 95	sis code, including the following the third cha Data Source:	aracter. Claim
Length: Field 33: Beginning Position: Length:	ICD-10-CM diagno Decimal is implied 95 7	sis code, including the following the third cha Data Source: Type:	aracter.
Length: Field 33:	ICD-10-CM diagno Decimal is implied 95 7 <b>OTH_DIAG_COD</b>	sis code, including the following the third cha Data Source: Type: E_3	aracter. Claim Alphanumeric
Length: Field 33: Beginning Position: Length:	ICD-10-CM diagno Decimal is implied 95 7 OTH_DIAG_COD ICD-10-CM diagno	sis code, including the following the third cha Data Source: Type: E_3 sis code, including the	aracter. Claim Alphanumeric 4th, 5th, 6th and 7th digits if applicable.
Length: Field 33: Beginning Position: Length: Field 34:	ICD-10-CM diagno Decimal is implied 95 7 OTH_DIAG_COD ICD-10-CM diagno Decimal is implied	sis code, including the following the third cha Data Source: Type: E_3 sis code, including the following the third cha	aracter. Claim Alphanumeric 4th, 5th, 6th and 7th digits if applicable.
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Length: Field 33: Beginning Position: Length: Field 34: Beginning Position:	ICD-10-CM diagno Decimal is implied 95 7 OTH_DIAG_COD ICD-10-CM diagno Decimal is implied 102	sis code, including the following the third cha Data Source: Type: E_3 sis code, including the following the third cha Data Source:	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim

OTH_DIAG CODE 4		
ICD-10-CM diagnosis cod		e 4th, 5th, 6th and 7th digits if applicable.
Decimal is implied follow	ing the third cha	aracter.
109	Data Source:	Claim
	туре:	Alphanumeric
	de including the	4th 5th 6th and 7th digits if applicable
		Claim
7	Туре:	Alphanumeric
•	5	
		Claim
	туре:	Alphanumeric
	de including the	4th 5th 6th and 7th digits if applicable
Decimal is implied follow	ing the third cha	aracter
130	Data Source:	Claim
7	Туре:	Alphanumeric
OTH_DIAG_CODE_8		
		e 4th, 5th, 6th and 7th digits if applicable.
		Claim
	туре:	Alphanumeric
	da including the	Ath 5th 6th and 7th digits if applicable
		Claim
7		Alphanumeric
OTH_DIAG_CODE_10		
	de, including the	e 4th, 5th, 6th and 7th digits if applicable.
151	Data Source:	Claim
7	Туре:	Alphanumeric
	de traduction d	
		aracter. Claim
158 7		Alphanumeric
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	de, including the	e 4th, 5th, 6th and 7th digits if applicable.
165	Data Source:	Claim
7	Туре:	Alphanumeric
		Claim Alphanumeric
	1990.	Aphanamene
	de, includina the	4th, 5th, 6th and 7th digits if applicable
179	Data Source:	Claim
7	Туре:	Alphanumeric
OTH_DIAG_CODE_15		
ICD-10-CM diagnosis coo	de, including the	e 4th, 5th, 6th and 7th digits if applicable.
		aracter
Decimal is implied follow	-	
Decimal is implied follow 186	Data Source:	Claim
Decimal is implied follow 186 7	-	
Decimal is implied follow 186	Data Source:	Claim
	Decimal is implied follow 109 7 OTH_DIAG_CODE_5 ICD-10-CM diagnosis cod Decimal is implied follow 116 7 OTH_DIAG_CODE_6 ICD-10-CM diagnosis cod Decimal is implied follow 123 7 OTH_DIAG_CODE_7 ICD-10-CM diagnosis cod Decimal is implied follow 130 7 OTH_DIAG_CODE_9 ICD-10-CM diagnosis cod Decimal is implied follow 137 7 OTH_DIAG_CODE_10 ICD-10-CM diagnosis cod Decimal is implied follow 144 7 OTH_DIAG_CODE_11 ICD-10-CM diagnosis cod Decimal is implied follow 151 7 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod Decimal is implied follow 151 7 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod Decimal is implied follow 158 7 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod Decimal is implied follow 158 7 OTH_DIAG_CODE_13 ICD-10-CM diagnosis cod Decimal is implied follow 158 7 OTH_DIAG_CODE_13 ICD-10-CM diagnosis cod Decimal is implied follow 158 7 OTH_DIAG_CODE_14 ICD-10-CM diagnosis cod Decimal is implied follow 172 7 OTH_DIAG_CODE_14 ICD-10-CM diagnosis cod Decimal is implied follow 172 7 OTH_DIAG_CODE_14 ICD-10-CM diagnosis cod Decimal is implied follow 172 7 OTH_DIAG_CODE_14 ICD-10-CM diagnosis cod Decimal is implied follow 172 7	ICD-10-CM diagnosis code, including the Decimal is implied following the third cha 109 Data Source: 7 Type: OTH_DIAG_CODE_5 ICD-10-CM diagnosis code, including the Decimal is implied following the third cha 116 Data Source: 7 Type: OTH_DIAG_CODE_6 ICD-10-CM diagnosis code, including the Decimal is implied following the third cha 123 Data Source: 7 Type: OTH_DIAG_CODE_7 ICD-10-CM diagnosis code, including the Decimal is implied following the third cha 130 Data Source: 7 Type: OTH_DIAG_CODE_8 ICD-10-CM diagnosis code, including the Decimal is implied following the third cha 137 Data Source: 7 Type: OTH_DIAG_CODE_9 ICD-10-CM diagnosis code, including the Decimal is implied following the third cha 137 Data Source: 7 Type: OTH_DIAG_CODE_9 ICD-10-CM diagnosis code, including the Decimal is implied following the third cha 134 Data Source: 7 Type: OTH_DIAG_CODE_10 ICD-10-CM diagnosis code, including the Decimal is implied following the third cha 151 Data Source: 7 Type: OTH_DIAG_CODE_11 ICD-10-CM diagnosis code, including the Decimal is implied following the third cha 158 Data Source: 7 Type: OTH_DIAG_CODE_12 ICD-10-CM diagnosis code, including the Decimal is implied following the third cha 158 Data Source: 7 Type: OTH_DIAG_CODE_13 ICD-10-CM diagnosis code, including the Decimal is implied following the third cha 155 Data Source: 7 Type: OTH_DIAG_CODE_14 ICD-10-CM diagnosis code, including the Decimal is implied following the third cha 155 Data Source: 7 Type: OTH_DIAG_CODE_14 ICD-10-CM diagnosis code, including the Decimal is implied following the third cha 155 Data Source: 7 Type: OTH_DIAG_CODE_14 ICD-10-CM diagnosis code, including the Decimal is implied following the third cha 172 Data Source: 7 Type: OTH_DIAG_CODE_14 ICD-10-CM diagnosis code, including the Decimal is implied following the third cha 179 Data Source: 7 Type:

	ICD-10-CM diagnosis co	te including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	193	Data Source:	Claim
ength: Field 48:	7 0TH DIAC CODE 17	Туре:	Alphanumeric
-ielu 40:	OTH_DIAG_CODE_17	do including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	200	Data Source:	Claim
ength:	7	Туре:	Alphanumeric
ield 49:	OTH_DIAG_CODE_18		
			4th, 5th, 6th and 7th digits if applicable.
Paginning Desition	Decimal is implied follow 207	ng the third cha Data Source:	aracter. Claim
Beginning Position: Length:	7	Type:	Alphanumeric
ield 50:	OTH_DIAG_CODE_19	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		de, including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	ing the third cha	aracter.
Beginning Position:	214	Data Source:	Claim
ength:	7	Туре:	Alphanumeric
ield 51:	OTH_DIAG_CODE_20	do including the	Ath Eth 6th and 7th digits if applicable
	Decimal is implied follow		e 4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	221	Data Source:	Claim
ength:	7	Туре:	Alphanumeric
ield 52:	OTH_DIAG_CODE_21		
	ICD-10-CM diagnosis coo	de, including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	228	Data Source:	Claim
.ength: Field 53:	7 OTH_DIAG_CODE_22	Туре:	Alphanumeric
ielu 55.		te including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	235	Data Source:	Claim
ength:	7	Туре:	Alphanumeric
ield 54:	OTH_DIAG_CODE_23		
			4th, 5th, 6th and 7th digits if applicable.
Desinging Desitions	Decimal is implied follow 242	Data Source:	aracter. Claim
Beginning Position: _ength:	7	Type:	Alphanumeric
ield 55:	OTH_DIAG_CODE_24	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		de, including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	· · · · ·	· · ·
Beginning Position:	249	Data Source:	Claim
ength:	7	Туре:	Alphanumeric
ield 56:	RELATED_CAUSE_COD		Constituence interview and exciting t
Coding Scheme:	AA Auto accident	mpanying cause	of an illness, injury or an accident.
county Scheme.	AB Abuse		
	AP Another party responsible	2	
	EM Employment		
)	OA Other accident	Data Car	Claim
Beginning Position: .ength:	256 2	Data Source: Type:	Claim Alphanumeric
ield 57:	RELATED_CAUSE_COD		Alphanamene
			of an illness, injury or an accident.
Coding Scheme:	Same as Field RELATED_CA		
Beginning Position:	258	Data Source:	Claim
Beginning Position: _ength:	258 2	Туре:	Claim Alphanumeric
Beginning Position: .ength:	258 2 RELATED_CAUSE_COD	Туре: DE _3	Alphanumeric
Beginning Position: .ength: Field 58:	258 2 <b>RELATED_CAUSE_COD</b> Code identifying an acco	Type: DE _3 mpanying cause	
Beginning Position: ength: Field 58:	258 2 RELATED_CAUSE_COD	Type: DE _3 mpanying cause	Alphanumeric
Coding Scheme: Beginning Position: Length: Field 58: Coding Scheme: DSHS/THCIC	258 2 <b>RELATED_CAUSE_COD</b> Code identifying an acco	Type: DE _3 mpanying cause	Alphanumeric

Length:	260 2	Data Source: Type:	Claim Alphanumeric
Field 59:	E_CODE_1		F
	ICD-10-CM external cau	use of injury code	e, including the 4th, 5th, 6th and 7th digits if
		ry external cause	e of injury. A decimal is implied following the
	third character.		
Beginning Position:	262	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 60:	E_CODE_2		
			e, including the 4th, 5th, 6th and 7th digits if
		onal external caus	se of injury. Decimal is implied following the
	third character.		
Beginning Position:	269	Data Source:	Claim
Length: Field 61:	7 E_CODE_3	Туре:	Alphanumeric
		ico of injuny code	including the 4th Eth 6th and 7th digits if
			e, including the 4th, 5th, 6th and 7th digits if see of injury. Decimal is implied following the
	third character.	inal external caus	se of injury. Decimal is implied following the
Beginning Position:	276	Data Source:	Claim
ength:	7	Type:	Alphanumeric
Field 62:	E_CODE_4	- 1	p
		use of injury code	e, including the 4th, 5th, 6th and 7th digits if
			se of injury. Decimal is implied following the
	third character.		, , , , , , , , , , , , , , , , , , ,
Beginning Position:	283	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 63:	E_CODE_5		
			e, including the 4th, 5th, 6th and 7th digits if
	applicable, of an additio	nal external caus	se of injury. Decimal is implied following the
	third character.		
Beginning Position:	290	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 64:	E_CODE_6	<b>.</b>	
			e, including the 4th, 5th, 6th and 7th digits if
	••	nal external caus	se of injury. Decimal is implied following the
	third character.		
Beginning Position: Length:	297 7	Data Source: Type:	Claim Alphanumeric
		I V DC:	
	F CODE 7	<i></i>	
	E_CODE_7 ICD-10-CM external cau		
	ICD-10-CM external cau	use of injury code	e, including the 4th, 5th, 6th and 7th digits if
	ICD-10-CM external cau	use of injury code	
Field 65:	ICD-10-CM external cau applicable, of an additio	use of injury code	e, including the 4th, 5th, 6th and 7th digits if
Field 65: Beginning Position:	ICD-10-CM external cau applicable, of an additio third character.	use of injury code anal external caus	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Field 65: Beginning Position: Length:	ICD-10-CM external cau applicable, of an additio third character. 304	use of injury code onal external caus Data Source:	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim
Field 65: Beginning Position: Length:	ICD-10-CM external cau applicable, of an additio third character. 304 7 E_CODE_8	use of injury code nal external caus Data Source: Type:	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim
Field 65: Beginning Position: Length:	ICD-10-CM external cau applicable, of an additio third character. 304 7 <b>E_CODE_8</b> ICD-10-CM external cau applicable, of an additio	use of injury code onal external caus Data Source: Type: use of injury code	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric
Field 65: Beginning Position: Length:	ICD-10-CM external cau applicable, of an additio third character. 304 7 <b>E_CODE_8</b> ICD-10-CM external cau	use of injury code onal external caus <b>Data Source:</b> <b>Type:</b> use of injury code onal external caus	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if
Field 65: Beginning Position: Length: Field 66: Beginning Position:	ICD-10-CM external cau applicable, of an additio third character. 304 7 <b>E_CODE_8</b> ICD-10-CM external cau applicable, of an additio third character. 311	Data Source: Type: Use of injury code Data Source: Type: Use of injury code Data Source:	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim
Field 65: Beginning Position: Length: Field 66: Beginning Position: Length:	ICD-10-CM external cau applicable, of an additio third character. 304 7 <b>E_CODE_8</b> ICD-10-CM external cau applicable, of an additio third character. 311 7	use of injury code onal external caus <b>Data Source:</b> <b>Type:</b> use of injury code onal external caus	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Field 65: Beginning Position: Length: Field 66: Beginning Position: Length:	ICD-10-CM external cau applicable, of an addition third character. 304 7 <b>E_CODE_8</b> ICD-10-CM external cau applicable, of an addition third character. 311 7 <b>E_CODE_9</b>	Data Source: Type: Use of injury code onal external cause Use of injury code onal external cause Data Source: Type:	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric
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Field 65: Beginning Position: Length: Field 66: Beginning Position: Length: Field 67:	ICD-10-CM external cau applicable, of an addition third character. 304 7 <b>E_CODE_8</b> ICD-10-CM external cau applicable, of an addition third character. 311 7 <b>E_CODE_9</b> ICD-10-CM external cau applicable, of an addition third character.	use of injury code onal external caus Data Source: Type: use of injury code onal external caus Data Source: Type: use of injury code onal external caus	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Field 65: Beginning Position: Length: Field 66: Beginning Position: Length: Field 67: Beginning Position:	ICD-10-CM external cau applicable, of an addition third character. 304 7 <b>E_CODE_8</b> ICD-10-CM external cau applicable, of an addition third character. 311 7 <b>E_CODE_9</b> ICD-10-CM external cau applicable, of an addition third character. 318	use of injury code onal external caus Data Source: Type: use of injury code onal external caus Data Source: Type: use of injury code onal external caus Data Source:	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim
Field 65: Beginning Position: Length: Field 66: Beginning Position: Length: Field 67: Beginning Position: Length:	ICD-10-CM external cau applicable, of an addition third character. 304 7 <b>E_CODE_8</b> ICD-10-CM external cau applicable, of an addition third character. 311 7 <b>E_CODE_9</b> ICD-10-CM external cau applicable, of an addition third character. 318 7	use of injury code onal external caus Data Source: Type: use of injury code onal external caus Data Source: Type: use of injury code onal external caus	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
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Field 65: Beginning Position: Length: Field 66: Beginning Position: Length: Field 67: Beginning Position: Length: Field 68:	ICD-10-CM external cau applicable, of an additio third character. 304 7 <b>E_CODE_8</b> ICD-10-CM external cau applicable, of an additio third character. 311 7 <b>E_CODE_9</b> ICD-10-CM external cau applicable, of an additio third character. 318 7 <b>E_CODE_10</b> ICD-10-CM external cau	use of injury code onal external caus Data Source: Type: use of injury code onal external caus Data Source: Type: use of injury code onal external caus Data Source: Type: use of injury code	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if
Field 65: Beginning Position: Length: Field 66: Beginning Position: Length: Field 67: Beginning Position: Length:	ICD-10-CM external cau applicable, of an additio third character. 304 7 <b>E_CODE_8</b> ICD-10-CM external cau applicable, of an additio third character. 311 7 <b>E_CODE_9</b> ICD-10-CM external cau applicable, of an additio third character. 318 7 <b>E_CODE_10</b> ICD-10-CM external cau applicable, of an additio	use of injury code onal external caus Data Source: Type: use of injury code onal external caus Data Source: Type: use of injury code onal external caus Data Source: Type: use of injury code	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric
Field 65: Beginning Position: Length: Field 66: Beginning Position: Length: Field 67: Beginning Position: Length:	ICD-10-CM external cau applicable, of an additio third character. 304 7 <b>E_CODE_8</b> ICD-10-CM external cau applicable, of an additio third character. 311 7 <b>E_CODE_9</b> ICD-10-CM external cau applicable, of an additio third character. 318 7 <b>E_CODE_10</b> ICD-10-CM external cau	use of injury code onal external caus Data Source: Type: use of injury code onal external caus Data Source: Type: use of injury code onal external caus Data Source: Type: use of injury code	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if
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Beginning Position: Length:	325 7	Data Source: Type:	Claim Alphanumeric
Field 69:	PROC_CODE_1		
		ther procedure	with the highest charge performed during
	the period covered by the		
<b>Beginning Position:</b>	332	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 70:	PROC_CODE_2		·
		r procedure with	the next highest charge performed during
	the period covered by the		
<b>Beginning Position:</b>	337	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 71:	PROC_CODE_3		r · · · ·
		r procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	342	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 72:	PROC_CODE_4	- /	
		r procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	347	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 73:	PROC_CODE_5		· · · · · · · · · · · · · · · · · · ·
		nrocedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	352	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 74:	PROC_CODE_6	Туре.	Alphanamene
		r procoduro with	the next highest charge performed during
Desinging Desitions	the period covered by the		
Beginning Position: Length:	357 5	Data Source:	Claim Alphanumeric
Field 75:	PROC_CODE_7	Туре:	Alphanumenc
FIEIU 73.			
		n na coduro with	the payt highest charge performed during
	Code for surgical or other		the next highest charge performed during
	Code for surgical or other the period covered by the	e bill. HCPCS or	CPT code.
Beginning Position:	Code for surgical or other the period covered by the 362	e bill. HCPCS or Data Source:	CPT code. Claim
Beginning Position: Length:	Code for surgical or other the period covered by the 362 5	e bill. HCPCS or	CPT code.
Beginning Position: Length:	Code for surgical or other the period covered by the 362 5 PROC_CODE_8	e bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric
Beginning Position: Length:	Code for surgical or other the period covered by the 362 5 PROC_CODE_8 Code for surgical or other	e bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric the next highest charge performed during
Beginning Position: Length: Field 76:	Code for surgical or other the period covered by the 362 5 <b>PROC_CODE_8</b> Code for surgical or other the period covered by the	e bill. HCPCS or Data Source: Type: procedure with e bill. HCPCS or	CPT code. Claim Alphanumeric the next highest charge performed during CPT code.
Beginning Position: Length: Field 76: Beginning Position:	Code for surgical or other the period covered by the 362 5 <b>PROC_CODE_8</b> Code for surgical or other the period covered by the 367	e bill. HCPCS or Data Source: Type: procedure with bill. HCPCS or Data Source:	CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim
Beginning Position: Length: Field 76: Beginning Position: Length:	Code for surgical or other the period covered by the 362 5 <b>PROC_CODE_8</b> Code for surgical or other the period covered by the 367 5	e bill. HCPCS or Data Source: Type: procedure with e bill. HCPCS or	CPT code. Claim Alphanumeric the next highest charge performed during CPT code.
Beginning Position: Length: Field 76: Beginning Position: Length:	Code for surgical or other the period covered by the 362 5 PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9	e bill. HCPCS or Data Source: Type: procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric
Beginning Position: Length: Field 76: Beginning Position: Length:	Code for surgical or other the period covered by the 362 5 <b>PROC_CODE_8</b> Code for surgical or other the period covered by the 367 5 <b>PROC_CODE_9</b> Code for surgical or other	e bill. HCPCS or Data Source: Type: procedure with bill. HCPCS or Data Source: Type: procedure with	CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during
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Beginning Position: Length: Field 76: Beginning Position: Length: Field 77: Beginning Position: Length:	Code for surgical or other the period covered by the 362 5 <b>PROC_CODE_8</b> Code for surgical or other the period covered by the 367 5 <b>PROC_CODE_9</b> Code for surgical or other the period covered by the 372 5	e bill. HCPCS or Data Source: Type: procedure with bill. HCPCS or Data Source: Type: procedure with bill. HCPCS or	CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code.
Beginning Position: Length: Field 76: Beginning Position: Length: Field 77: Beginning Position: Length:	Code for surgical or other the period covered by the 362 5 <b>PROC_CODE_8</b> Code for surgical or other the period covered by the 367 5 <b>PROC_CODE_9</b> Code for surgical or other the period covered by the 372 5 <b>PROC_CODE_10</b>	e bill. HCPCS or Data Source: Type: procedure with bill. HCPCS or Data Source: Type: procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric
Beginning Position: Length: Field 76: Beginning Position: Length: Field 77: Beginning Position: Length:	Code for surgical or other the period covered by the 362 5 <b>PROC_CODE_8</b> Code for surgical or other the period covered by the 367 5 <b>PROC_CODE_9</b> Code for surgical or other the period covered by the 372 5 <b>PROC_CODE_10</b> Code for surgical or other	e bill. HCPCS or Data Source: Type: procedure with bill. HCPCS or Data Source: Type: procedure with bill. HCPCS or Data Source: Type: procedure with	CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during Alphanumeric
Beginning Position: Length: Field 76: Beginning Position: Length: Field 77: Beginning Position: Length: Field 78:	Code for surgical or other the period covered by the 362 5 <b>PROC_CODE_8</b> Code for surgical or other the period covered by the 367 5 <b>PROC_CODE_9</b> Code for surgical or other the period covered by the 372 5 <b>PROC_CODE_10</b> Code for surgical or other the period covered by the	<ul> <li>bill. HCPCS or</li> <li>Data Source:</li> <li>Type:</li> <li>procedure with</li> <li>bill. HCPCS or</li> <li>Data Source:</li> <li>Type:</li> <li>procedure with</li> <li>bill. HCPCS or</li> <li>Data Source:</li> <li>Type:</li> <li>procedure with</li> <li>bill. HCPCS or</li> <li>bata Source:</li> <li>Type:</li> </ul>	CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code.
Beginning Position: Length: Field 76: Beginning Position: Length: Field 77: Beginning Position: Length: Field 78: Beginning Position:	Code for surgical or other the period covered by the 362 5 <b>PROC_CODE_8</b> Code for surgical or other the period covered by the 367 5 <b>PROC_CODE_9</b> Code for surgical or other the period covered by the 372 5 <b>PROC_CODE_10</b> Code for surgical or other the period covered by the 372	<ul> <li>bill. HCPCS or</li> <li>Data Source: Type:</li> <li>procedure with</li> <li>bill. HCPCS or</li> <li>Data Source: Type:</li> <li>procedure with</li> <li>bill. HCPCS or</li> <li>Data Source: Type:</li> <li>procedure with</li> <li>bill. HCPCS or</li> <li>Data Source:</li> <li>Type:</li> </ul>	CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric
Beginning Position: Length: Field 76: Beginning Position: Length: Field 77: Beginning Position: Length: Field 78: Beginning Position: Length:	Code for surgical or other the period covered by the 362 5 <b>PROC_CODE_8</b> Code for surgical or other the period covered by the 367 5 <b>PROC_CODE_9</b> Code for surgical or other the period covered by the 372 5 <b>PROC_CODE_10</b> Code for surgical or other the period covered by the 377 5	<ul> <li>bill. HCPCS or</li> <li>Data Source:</li> <li>Type:</li> <li>procedure with</li> <li>bill. HCPCS or</li> <li>Data Source:</li> <li>Type:</li> <li>procedure with</li> <li>bill. HCPCS or</li> <li>Data Source:</li> <li>Type:</li> <li>procedure with</li> <li>bill. HCPCS or</li> <li>bata Source:</li> <li>Type:</li> </ul>	CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code.
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Beginning Position: Length: Field 76: Beginning Position: Length: Field 77: Beginning Position: Length: Field 78: Beginning Position: Length: Field 79:	Code for surgical or other the period covered by the 362 5 <b>PROC_CODE_8</b> Code for surgical or other the period covered by the 367 5 <b>PROC_CODE_9</b> Code for surgical or other the period covered by the 372 5 <b>PROC_CODE_10</b> Code for surgical or other the period covered by the 377 5 <b>PROC_CODE_11</b> Code for surgical or other the period covered by the	<ul> <li>bill. HCPCS or</li> <li>Data Source: Type:</li> <li>procedure with</li> <li>bill. HCPCS or</li> <li>Data Source: Type:</li> </ul>	CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric
Beginning Position: Length: Field 76: Beginning Position: Length: Field 77: Beginning Position: Length: Field 78: Beginning Position: Length: Field 79: Beginning Position:	Code for surgical or other the period covered by the 362 5 <b>PROC_CODE_8</b> Code for surgical or other the period covered by the 367 5 <b>PROC_CODE_9</b> Code for surgical or other the period covered by the 372 5 <b>PROC_CODE_10</b> Code for surgical or other the period covered by the 377 5 <b>PROC_CODE_11</b> Code for surgical or other the period covered by the 377 5	<ul> <li>bill. HCPCS or</li> <li>Data Source: Type:</li> <li>procedure with</li> <li>bill. HCPCS or</li> <li>Data Source: Type:</li> </ul>	CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric
Beginning Position: Length: Field 76: Beginning Position: Length: Field 77: Beginning Position: Length: Field 78: Beginning Position: Length: Field 79: Beginning Position: Length:	Code for surgical or other the period covered by the 362 5 <b>PROC_CODE_8</b> Code for surgical or other the period covered by the 367 5 <b>PROC_CODE_9</b> Code for surgical or other the period covered by the 372 5 <b>PROC_CODE_10</b> Code for surgical or other the period covered by the 377 5 <b>PROC_CODE_11</b> Code for surgical or other the period covered by the 382 5	<ul> <li>bill. HCPCS or</li> <li>Data Source: Type:</li> <li>procedure with</li> <li>bill. HCPCS or</li> <li>Data Source: Type:</li> </ul>	CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric
Beginning Position: Length: Field 76: Beginning Position: Length: Field 77: Beginning Position: Length: Field 78: Beginning Position: Length: Field 79: Beginning Position: Length:	Code for surgical or other the period covered by the 362 5 PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other the period covered by the 372 5 PROC_CODE_10 Code for surgical or other the period covered by the 377 5 PROC_CODE_11 Code for surgical or other the period covered by the 382 5 PROC_CODE_12	<ul> <li>bill. HCPCS or Data Source: Type:</li> <li>procedure with</li> <li>bill. HCPCS or Data Source: Type:</li> <li>procedure with</li> <li>bill. HCPCS or</li> <li>Data Source: Type:</li> </ul>	CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric
Beginning Position: Length: Field 76: Beginning Position: Length: Field 77: Beginning Position: Length: Field 78: Beginning Position: Length: Field 79: Beginning Position: Length:	Code for surgical or other the period covered by the 362 5 <b>PROC_CODE_8</b> Code for surgical or other the period covered by the 367 5 <b>PROC_CODE_9</b> Code for surgical or other the period covered by the 372 5 <b>PROC_CODE_10</b> Code for surgical or other the period covered by the 377 5 <b>PROC_CODE_11</b> Code for surgical or other the period covered by the 382 5 <b>PROC_CODE_12</b> Code for surgical or other	<ul> <li>bill. HCPCS or</li> <li>Data Source: Type:</li> <li>procedure with</li> <li>bill. HCPCS or</li> <li>Data Source: Type:</li> </ul>	CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric
Beginning Position: Length: Field 76: Beginning Position: Length: Field 77: Beginning Position: Length: Field 78: Beginning Position: Length: Field 79: Beginning Position: Length: Field 80:	Code for surgical or other the period covered by the 362 5 PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other the period covered by the 372 5 PROC_CODE_10 Code for surgical or other the period covered by the 377 5 PROC_CODE_11 Code for surgical or other the period covered by the 382 5 PROC_CODE_12 Code for surgical or other the period covered by the 382 5	<ul> <li>bill. HCPCS or</li> <li>Data Source: Type:</li> <li>procedure with</li> <li>bill. HCPCS or</li> <li>Data Source: Type:</li> </ul>	CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric
Beginning Position: Length: Field 76: Beginning Position: Length: Field 77: Beginning Position: Length: Field 78: Beginning Position: Length: Field 79: Beginning Position: Length: Field 80: Beginning Position:	Code for surgical or other the period covered by the 362 5 <b>PROC_CODE_8</b> Code for surgical or other the period covered by the 367 5 <b>PROC_CODE_9</b> Code for surgical or other the period covered by the 372 5 <b>PROC_CODE_10</b> Code for surgical or other the period covered by the 377 5 <b>PROC_CODE_11</b> Code for surgical or other the period covered by the 382 5 <b>PROC_CODE_12</b> Code for surgical or other	<ul> <li>bill. HCPCS or</li> <li>Data Source: Type:</li> <li>procedure with</li> <li>bill. HCPCS or</li> <li>Data Source: Type:</li> </ul>	CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric
Beginning Position: Length: Field 76: Beginning Position: Length: Field 77: Beginning Position: Length: Field 78: Beginning Position: Length: Field 79: Beginning Position: Length: Field 80: Beginning Position: DSHS/THCIC	Code for surgical or other the period covered by the 362 5 PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other the period covered by the 372 5 PROC_CODE_10 Code for surgical or other the period covered by the 377 5 PROC_CODE_11 Code for surgical or other the period covered by the 382 5 PROC_CODE_12 Code for surgical or other the period covered by the 382 5	<ul> <li>bill. HCPCS or</li> <li>Data Source: Type:</li> <li>procedure with</li> <li>bill. HCPCS or</li> <li>Data Source: Type:</li> </ul>	CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric

Length: Field 81:		Туре:	Alphanumeric
riela 91;	PROC_CODE_13		the post highest shares parts and during
			the next highest charge performed during
Beginning Position:	the period covered by the 392	DIII. HCPCS or v	CPT code. Claim
Length:	5 5	Type:	Alphanumeric
Field 82:	PROC_CODE_14	i ypei	Aphanamene
		procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	397	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 83:	PROC_CODE_15		
			the next highest charge performed during
	the period covered by the	bill. HCPCS or	CPT code.
Beginning Position:	402	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 84:	PROC_CODE_16		
	Code for surgical or other	procedure with	the next highest charge performed during
<b>.</b>	the period covered by the		
Beginning Position:	407	Data Source:	Claim
Length: Field 85:	5 PROC_CODE_17	Туре:	Alphanumeric
		procedure with	the payt highest charge performed during
	the period covered by the		the next highest charge performed during
Beginning Position:		Dill. HCPCS OF	CPT code. Claim
Length:	5	Type:	Alphanumeric
Field 86:	PROC_CODE_18	1	p
		procedure with	the next highest charge performed during
	the period covered by the	bill, HCPCS or	CPT code.
Beginning Position:	417	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 87:	PROC_CODE_19		
			the next highest charge performed during
	the period covered by the		
Beginning Position:	422	Data Source:	Claim
Length: Field 88:		Туре:	Alphanumeric
rielu 00:	PROC_CODE_20		the payt highest shares parts and during
	the period several by the	bill HCDCC and	the next highest charge performed during
Beginning Position:	the period covered by the 427	DIII. HCPCS or Data Source:	CPT code. Claim
Length:		Type:	Alphanumeric
Field 89:	PROC CODE 21	- /	
		procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	432	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 90:	PROC_CODE_22		
	Code for surgical or other		the next highest charge performed during
	the period covered by the		
Beginning Position:	437	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 91:	PROC_CODE_23		
			the next highest charge performed during
<b>.</b>	the period covered by the		
Beginning Position:	442	Data Source:	Claim
Length: Field 92:		Туре:	Alphanumeric
FICIU 92:	PROC_CODE_24	procedure with	the next highest shares performed during
			the next highest charge performed during
Reginning Desition	the period covered by the		
Beginning Position: Length:	447 5	Data Source: Type:	Claim Alphanumeric
DSHS/THCIC		_ Page	DSHS Document #25-15013
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Field 93:	PROC_CODE_25 Code for surgical or othe	er procedure witl	h the next highest charge performed durin
	the period covered by th		
Beginning Position: Length:	452 5	Data Source: Type:	Claim Alphanumeric
Field 94:	OTHER_AMOUNT	Typei	Aphanamene
	—	Other Charge	Amount. Calculated using MEDPAR algorith
			codes other than 0100-0219, revenue
			53X, 055X-060X, 064X-070X, 076X-078X,
	090X-095X, 099X.		
Beginning Position:	457	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 95:	PHARM_AMOUNT		
			rge Amount. Calculated using MEDPAR
	algorithm. Sum of charg	es associated wi	ith revenue codes other than 0100-0219,
	revenue center 026X, 06		
Beginning Position:	469	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 96:	MEDSURG_AMOUNT		
			al Supply Charge Amount. Calculated usin
			ociated with revenue codes other than 010
	0219, revenue center 02		
Beginning Position: Length:	481 12	Data Source:	Calculated Numeric
Field 97:	DME_AMOUNT	Туре:	Numeric
		Durable Medic	al Equipment Charge Amount. Calculated
			es associated with revenue codes other that
	0100-0219, revenue cer		
Beginning Position:	493	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 98:	USED_DME_AMOUNT		
		, Used Durable I	Medical Equipment Charge Amount.
			m of charges associated with revenue code
	other than 0100-0219, r		
Beginning Position:	505	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 99:	PT_AMOUNT		
			py Charge Amount. Calculated using MEDF
		les associated wi	ith revenue codes other than 0100-0219,
	revenue center 042X.		
Beginning Position:	517	Data Source:	Calculated
Length: Field 100:	12 OT_AMOUNT	Туре:	Numeric
		Occupational T	herapy Charge Amount. Calculated using
			pciated with revenue codes other than 010
	0219, revenue center 04		
Beginning Position:	529	Data Source:	Calculated
	12	Type:	Numeric
Length:	SPEECH_AMOUNT		
Length: Field 101:			nav Charge Amount, Calculated using
		e, Speech Patholo	Jyy Charge Amount, Calculated using
	Ancillary Service Charge		
	Ancillary Service Charge	of charges asso	ociated with revenue codes other than 010
	Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 541	of charges asso	ociated with revenue codes other than 010 Calculated
Field 101: Beginning Position: Length:	Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 541 12	n of charges asso 14X, 047X.	ociated with revenue codes other than 010
Field 101: Beginning Position:	Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 541 12 <b>IT_AMOUNT</b>	n of charges asso 14X, 047X. Data Source: Type:	ociated with revenue codes other than 010 Calculated Numeric
Field 101: Beginning Position: Length:	Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 541 12 <b>IT_AMOUNT</b> Ancillary Service Charge	n of charges asso 44X, 047X. <b>Data Source:</b> <b>Type:</b> e, Inhalation The	Calculated Numeric Rapy Charge Amount. Calculated using
Field 101: Beginning Position: Length:	Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 541 12 <b>IT_AMOUNT</b> Ancillary Service Charge MEDPAR algorithm. Sum	n of charges asso 44X, 047X. Data Source: Type: a, Inhalation The of charges asso	Calculated Numeric Rapy Charge Amount. Calculated using
Field 101: Beginning Position: <u>Length:</u> Field 102:	Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 541 12 <b>IT_AMOUNT</b> Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04	n of charges asso 44X, 047X. <b>Data Source:</b> <b>Type:</b> e, Inhalation The n of charges asso 41X, 046X.	Calculated Numeric rapy Charge Amount. Calculated using pociated with revenue codes other than 010
Field 101: Beginning Position: Length: Field 102: Beginning Position:	Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 541 12 <b>IT_AMOUNT</b> Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 553	n of charges asso 44X, 047X. Data Source: Type: e, Inhalation The n of charges asso 41X, 046X. Data Source:	Calculated Numeric rapy Charge Amount. Calculated using ociated with revenue codes other than 010 Calculated
Field 101: Beginning Position: <u>Length:</u> Field 102:	Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 541 12 <b>IT_AMOUNT</b> Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04	n of charges asso 44X, 047X. <b>Data Source:</b> <b>Type:</b> e, Inhalation The n of charges asso 41X, 046X.	Calculated Numeric rapy Charge Amount. Calculated using pociated with revenue codes other than 010
Field 101: Beginning Position: Length: Field 102: Beginning Position:	Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 541 12 <b>IT_AMOUNT</b> Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 553	n of charges asso 44X, 047X. Data Source: Type: e, Inhalation The n of charges asso 41X, 046X. Data Source:	Calculated Numeric rapy Charge Amount. Calculated using ociated with revenue codes other than 010 Calculated

Field 103:			
	BLOOD_AMOUNT		
	Ancillary Service Cha	rge for blood provid	led during the patient's stay. Calculated
			s associated with revenue codes other tha
	0100-0219, revenue		
Beginning Position:	565	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 104:	BLOOD_ADMIN_AN		Numenc
riela 104:			
			ge and processing related to the patient's
			<ol> <li>Sum of charges associated with revenue</li> </ol>
	codes other than 010		enter 039X.
Beginning Position:	577	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 105:	OR_AMOUNT		
	Ancillary Service Cha	rge, Operating Rooi	m Charge Amount. Calculated using MEDP/
	algorithm. Sum of ch	arges associated wi	th revenue codes other than 0100-0219,
	revenue center 036X		
Beginning Position:	589	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 106:	LITH_AMOUNT	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Hamene
	_	rap Lithotrinov Cha	arge Amount. Calculated using MEDPAR
	-	-	th revenue codes other than 0100-0219,
<b></b>	revenue center 079X		
Beginning Position:	601	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 107:	CARD_AMOUNT		
			arge Amount. Calculated using MEDPAR
	algorithm. Sum of ch	arges associated wi	th revenue codes other than 0100-0219,
	revenue center 048X	. 073X.	
Beginning Position:	613	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 108:	ANES_AMOUNT	- /	
		rae Anesthesia Cha	arge Amount. Calculated using MEDPAR
			th revenue codes other than 0100-0219,
Desinging Desitions	revenue center 037X		Calculated
	625	Data Source: Type:	Calculated Numeric
Beginning Position:	12		NUTIETIC
Length:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Length:	LAB_AMOUNT		
Length: Field 109:	LAB_AMOUNT Ancillary Service Cha	rge, Laboratory Cha	arge Amount. Calculated using MEDPAR
Length:	LAB_AMOUNT Ancillary Service Cha algorithm. Sum of ch	rge, Laboratory Cha arges associated wi	arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Length:	LAB_AMOUNT Ancillary Service Cha	rge, Laboratory Cha arges associated wi	arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Length: Field 109: Beginning Position:	LAB_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 030X 637	rge, Laboratory Cha arges associated wi	arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Length: Field 109: Beginning Position: Length:	LAB_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 030X 637 12	rge, Laboratory Cha arges associated wi -031X, 074X-075X.	arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Length: Field 109:	LAB_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 030X 637 12 RAD_AMOUNT	rge, Laboratory Cha arges associated wi -031X, 074X-075X. Data Source: Type:	arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric
Length: Field 109: Beginning Position: Length:	LAB_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 030X 637 12 RAD_AMOUNT Ancillary Service Cha	rge, Laboratory Cha arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char	arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR
Length: Field 109: Beginning Position: Length:	LAB_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 030X 637 12 RAD_AMOUNT Ancillary Service Cha	rge, Laboratory Cha arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char	arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric
Length: Field 109: Beginning Position: Length:	LAB_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 030X 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of ch	rge, Laboratory Cha arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi	arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Length: Field 109: Beginning Position: Length: Field 110:	LAB_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 030X 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 028X	rge, Laboratory Cha arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi , 032X-035X, 040X.	arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Length: Field 109: Beginning Position: Length: Field 110: Beginning Position:	LAB_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 030X 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 028X 649	rge, Laboratory Cha arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi , 032X-035X, 040X. Data Source:	arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated
Length: Field 109: Beginning Position: Length: Field 110: Beginning Position: Length:	LAB_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 030X 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 028X 649 12	rge, Laboratory Cha arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi , 032X-035X, 040X.	arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
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Field 113:			
Field 115:	ER_AMOUNT	Emorgonou Do	om Chargo Amount, Calculated using
			om Charge Amount. Calculated using ociated with revenue codes other than 0100-
	0219, revenue center 04	-	
<b>Beginning Position:</b>	685	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 114:	AMBULANCE_AMOUNT		
	Ancillary Service Charge,	, Ambulance Cha	arge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
	revenue center 054X.		
Beginning Position:	697	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 115:	PRO_FEE_AMOUNT		
			e Charge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
	revenue center 096X-098		
Beginning Position:	709	Data Source:	Calculated
Length: Field 116:	12 ORGAN_AMOUNT	Туре:	Numeric
		Organ Acquisit	ion Charge Amount. Calculated using
			ciated with revenue codes other than 0100-
	0219, revenue center 08		
<b>Beginning Position:</b>	721	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 117:	ESRD_AMOUNT		
	Ancillary Service Charge,	, End Stage Ren	al Dialysis Charge Amount. Calculated using
			ciated with revenue codes other than 0100-
	0219, revenue center 08		
Beginning Position:	733	Data Source:	Calculated
Length: Field 118:		Туре:	Numeric
riela 118:	CLINIC_AMOUNT	Clinic Visit Cha	rge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
	revenue center 051X.		
<b>Beginning Position:</b>	745	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 119:	TOTAL_CHARGES	**	
	Sum of accommodation of	charges, non-co	vered accommodation charges, ancillary
	charges, non-covered an	cillary charges.	
Beginning Position:	757	Data Source:	Claim
Length:		Туре:	Numeric
Field 120:	TOTAL_NON_COV_CH		areas non sourced ancillary shares
<b>Beginning Position:</b>	Sum of non-covered accord	Data Source:	arges, non-covered ancillary charges. Claim
Length:	12	Type:	Numeric
Field 121:	TOTAL_CHARGES_ANC		
	Sum of covered and non-		rv charges.
<b>Beginning Position:</b>	781	Data Source:	Claim
Length:	12	Туре:	Numeric
Field 122:	TOTAL_NON_COV_CH		
	Sum of non-covered and		
Beginning Position:	793	Data Source:	Claim
Length: Field 123:	12 PHYSICIAN1_INDEX_	Туре:	Numeric

	Unique identifier assigned to the licensed physician reported as the Operating
	Physician, if reported in the 837 Institutional Guide format, or Rendering Physician 1, if reported in the 837 Professional Guide format. Physician is an individual licensed to
	if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner
	other than a physician who provides a diagnostic or therapeutic procedure related to
	the outpatient's surgical or radiological procedure, including a technician,
	psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist,
	authorized by the facility to treat patients.
Suppression:	Suppressed when the number of physicians reported for a facility or the number of physicians
	reported for CCS_PROC_CODE_1 for the facility is less than five.
Coding Scheme:	
Beginning Positi	
Length:	10 <b>Type:</b> Alphanumeric
Field 124:	PHYSICIAN2_INDEX_NUMBER
Description:	Unique identifier assigned to the licensed physician reported as the other provider, if
	reported in the 837 Institutional Guide format, or the Rendering Physician 2, if
	reported in the 837 Professional Guide format. Physician is an individual licensed to
	practice medicine under the Medical Practice Act. Can include a health practitioner
	other than a physician who provides a diagnostic or therapeutic procedure related to
	the outpatient's surgical or radiological procedure, including a technician,
	psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist,
Suppression:	authorized by the facility to treat patients. Suppressed when the number of physicians reported for a facility or the number of physicians
Sahhiession	represented for CCS PROC CODE 1 for a facility is less than five.
Coding Scheme:	$\cdot$ $   \cdot$
_	9999999999 Temporary license or license number could not be matched
Beginning Positi	
Length: Field 125:	10 Type: Alphanumeric INPUT_FORMAT
Field 125.	Format in which the outpatient data file was submitted by the facility
Coding Scheme:	
county benefici	1 837 Institutional
Beginning Positi	ion: 825 Data Source: Assigned
Length: Field 126:	1 Type: Alphanumeric
Description:	SOURCE_OF_ADMISSION Code indicating source of the admission.
Coding Scheme:	1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010)
county contented	2 Clinic or Physician's Office
	4 Transfer from a hospital
	5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility
	<ul> <li>Transfer from a skilled nursing facility, intermediate care facility or assisted living facility</li> <li>Transfer from another health care facility</li> <li>Court/Law Enforcement</li> </ul>
	<ul> <li>6 Transfer from another health care facility</li> <li>8 Court/Law Enforcement</li> <li>9 Information not available</li> </ul>
	<ul> <li>6 Transfer from another health care facility</li> <li>8 Court/Law Enforcement</li> <li>9 Information not available</li> <li>D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital</li> </ul>
	<ul> <li>6 Transfer from another health care facility</li> <li>8 Court/Law Enforcement</li> <li>9 Information not available</li> </ul>
	<ul> <li>6 Transfer from another health care facility</li> <li>8 Court/Law Enforcement</li> <li>9 Information not available</li> <li>D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer</li> <li>E Transfer from Ambulatory Surgery Center</li> <li>F Transfer from a Hospice Facility</li> </ul>
	<ul> <li>6 Transfer from another health care facility</li> <li>8 Court/Law Enforcement</li> <li>9 Information not available</li> <li>D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer</li> <li>E Transfer from Ambulatory Surgery Center</li> <li>F Transfer from a Hospice Facility</li> <li>` Invalid</li> </ul>
	<ul> <li>6 Transfer from another health care facility</li> <li>8 Court/Law Enforcement</li> <li>9 Information not available</li> <li>D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer</li> <li>E Transfer from Ambulatory Surgery Center</li> <li>F Transfer from a Hospice Facility</li> <li>` Invalid</li> <li>If Type of Admission=4 (Newborn)</li> </ul>
	<ul> <li>6 Transfer from another health care facility</li> <li>8 Court/Law Enforcement</li> <li>9 Information not available</li> <li>D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer</li> <li>E Transfer from Ambulatory Surgery Center</li> <li>F Transfer from a Hospice Facility</li> <li>` Invalid</li> </ul>
	<ul> <li>6 Transfer from another health care facility</li> <li>8 Court/Law Enforcement</li> <li>9 Information not available</li> <li>D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer</li> <li>E Transfer from Ambulatory Surgery Center</li> <li>F Transfer from a Hospice Facility Invalid</li> <li>If Type of Admission=4 (Newborn)</li> <li>5 Born inside this hospital</li> </ul>
Position:	<ul> <li>6 Transfer from another health care facility</li> <li>8 Court/Law Enforcement</li> <li>9 Information not available</li> <li>D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer</li> <li>E Transfer from Ambulatory Surgery Center</li> <li>F Transfer from a Hospice Facility</li> <li>Invalid</li> <li>If Type of Admission=4 (Newborn)</li> <li>5 Born inside this hospital</li> <li>6 Born outside this hospital</li> <li>826</li> </ul>
Position: Length:	<ul> <li>6 Transfer from another health care facility</li> <li>8 Court/Law Enforcement</li> <li>9 Information not available</li> <li>D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer</li> <li>E Transfer from Ambulatory Surgery Center</li> <li>F Transfer from a Hospice Facility Invalid</li> <li>If Type of Admission=4 (Newborn)</li> <li>5 Born inside this hospital</li> <li>6 Born outside this hospital</li> <li>826 Data Source: Claim</li> <li>1 Type: Alphanumeric</li> </ul>
Position: Length: Field 127:	<ul> <li>6 Transfer from another health care facility</li> <li>8 Court/Law Enforcement</li> <li>9 Information not available</li> <li>D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer</li> <li>E Transfer from Ambulatory Surgery Center</li> <li>F Transfer from a Hospice Facility</li> <li>Invalid</li> <li>If Type of Admission=4 (Newborn)</li> <li>5 Born inside this hospital</li> <li>6 Born outside this hospital</li> <li>826 Data Source: Claim</li> <li>1 Type: Alphanumeric</li> </ul>
Beginning Position: Length: Field 127: Description:	<ul> <li>6 Transfer from another health care facility</li> <li>8 Court/Law Enforcement</li> <li>9 Information not available</li> <li>D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer</li> <li>E Transfer from Ambulatory Surgery Center</li> <li>F Transfer from a Hospice Facility</li> <li>1 Invalid</li> <li>1 Type: Alphanumeric</li> <li>PAT_STATUS</li> <li>Code indicating patient status as of the ending date of service for the period of care</li> </ul>
Position: Length: Field 127: Description:	<ul> <li>6 Transfer from another health care facility</li> <li>8 Court/Law Enforcement</li> <li>9 Information not available</li> <li>D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer</li> <li>E Transfer from Ambulatory Surgery Center</li> <li>F Transfer from a Hospice Facility</li> <li>Invalid</li> <li>If Type of Admission=4 (Newborn)</li> <li>5 Born inside this hospital</li> <li>6 Born outside this hospital</li> <li>826 Data Source: Claim</li> <li>1 Type: Alphanumeric</li> </ul>
Position: Length: Field 127: Description: Coding Scheme:	<ul> <li>6 Transfer from another health care facility</li> <li>8 Court/Law Enforcement</li> <li>9 Information not available</li> <li>D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer</li> <li>E Transfer from Ambulatory Surgery Center</li> <li>F Transfer from a Hospice Facility</li> <li>Invalid</li> <li>If Type of Admission=4 (Newborn)</li> <li>5 Born inside this hospital</li> <li>6 Born outside this hospital</li> <li>826 Data Source: Claim</li> <li>1 Type: Alphanumeric</li> <li>PAT_STATUS</li> <li>Code indicating patient status as of the ending date of service for the period of care reported</li> </ul>
Position: Length: Field 127: Description: Coding Scheme: 01 Di	<ul> <li>6 Transfer from another health care facility</li> <li>8 Court/Law Enforcement</li> <li>9 Information not available</li> <li>D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer</li> <li>E Transfer from Ambulatory Surgery Center</li> <li>F Transfer from a Hospice Facility</li> <li>1 Invalid</li> <li>1 Type: Alphanumeric</li> <li>PAT_STATUS</li> <li>Code indicating patient status as of the ending date of service for the period of care</li> </ul>
Position: Length: Field 127: Description: Coding Scheme: 01 Di dis	6       Transfer from another health care facility         8       Court/Law Enforcement         9       Information not available         D       Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer         E       Transfer from Ambulatory Surgery Center         F       Transfer from a Hospice Facility         Invalid       If Type of Admission=4 (Newborn)         5       Born inside this hospital         6       Born outside this hospital         826       Data Source:         Claim         1       Type:         Alphanumeric         PAT_STATUS         Code indicating patient status as of the ending date of service for the period of care reported         vischarged to home or self-care (routine ischarge)       03       Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation
Position: Length: Field 127: Description: Coding Scheme: 01 Di dis 02 Di	<ul> <li>6 Transfer from another health care facility</li> <li>8 Court/Law Enforcement</li> <li>9 Information not available</li> <li>D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer</li> <li>E Transfer from Ambulatory Surgery Center</li> <li>F Transfer from a Hospice Facility</li> <li>Invalid</li> <li>If Type of Admission=4 (Newborn)</li> <li>5 Born inside this hospital</li> <li>6 Born outside this hospital</li> <li>826 Data Source: Claim</li> <li>1 Type: Alphanumeric</li> <li>PAT_STATUS</li> <li>Code indicating patient status as of the ending date of service for the period of care reported</li> <li>03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation</li> </ul>
Position: Length: Field 127: Description: Coding Scheme: 01 Di dis 02 Di	6       Transfer from another health care facility         8       Court/Law Enforcement         9       Information not available         D       Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer         E       Transfer from Ambulatory Surgery Center         F       Transfer from A Hospice Facility Invalid         If Type of Admission=4 (Newborn)       5         5       Born inside this hospital         6       Born outside this hospital         6       Born outside this hospital         826       Data Source:         Claim         1       Type:         Alphanumeric         PAT_STATUS         Code indicating patient status as of the ending date of service for the period of care reported         vischarged to home or self-care (routine ischarge)       03       Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care

- 04 Discharged/transferred to a facility that provides custodial or supportive care
- 05 Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)
- 06 Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care
- 07 Left against medical advice
- 08 Admitted as inpatient to this hospital
- 09 Expired
- 20 Discharged/transferred to Court/Law Enforcement
- 21 Still patient
- 30 Expired at home
- 40 Expired in a medical facility
- 41 Expired, place unknown
- 42 Discharged/transferred to federal government operated health facility
- 43 Hospice-home
- 50 Hospice-medical facility (Certified) providing hospice level of care
- 51 Discharged/transferred within this institution to Medicare-approved swing bed
- 61 Discharged/transferred to inpatient rehabilitation facility
- 62 Discharged/transferred to Medicare-certified long term care hospital
- 63 Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare
- 64 Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
- 65 Discharged/transferred to Critical Access Hospital (CAH)
- 66 Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
- 69 Discharge/transfer to another type of health care institution not defined elsewhere in the code list
- 70 Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)
- 81 Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 82 Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a

Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

- 83 Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 84 Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 85 Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 86 Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 87 Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 88 Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 89 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)
- 90 Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 91 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)
- 92 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)
- 93 Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 94 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)
- 95 Discharged to home or self-care (routine discharge)
  - Invalid

<b>Beginning Position:</b>	827	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 128:	PROVIDER_NAME		
Description:	Name provided by the	facility.	
Suppression:	Facilities reporting fewer than 50 events (Provider ID equals `999999') are assigned the name `Low Volume Facility'. If a facility reported fewer than 5 events for a particular gender, including		
<b>Beginning Position:</b>	'unknown', Provider Name 829	Data Source:	Provider
Length:	55	Type:	Alphanumeric

### **OUTPATIENT CHARGES DATA FILE**

Field 1: Description:		RECORD_II					
							to identify the record. The
							the Record_ID in the ED
		•	DF or El	D Research Data Files			
Beginn Length	ing Position:	1 12		Data Source:		Assigned Alphanumeric	
Field 2			CODE	Туре:	Аірпапі	umeric	
Descrip				to each specific acco	mmodati	ion ar	cillary service or billing
-				the services being l		ion, ui	lendry service of bining
Coding	Scheme:						
0100	All-inclusive roon ancillary	n charges plus	0132	Room charges for semi-p - 3/4 beds - rooms - obs		0155	Room charges for ward rooms - hospice
0101	All-inclusive roon	-	0133	Room charges for semi-p - 3/4 beds - rooms - ped		0156	Room charges for ward rooms - detoxification
0110	Room charges fo rooms - general	r private	0134	Room charges for semi-p - 3/4 beds - rooms - psy		0157	Room charges for ward rooms - oncology
0111	Room charges fo rooms - medical/		0135	Room charges for semi-p - 3/4 beds - rooms - hos		0158	Room charges for ward rooms - rehabilitation
0112	Room charges fo rooms - obstetric		0136	Room charges for semi-p - 3/4 beds - rooms -	orivate	0159	Room charges for ward rooms - other
0113	Room charges fo rooms - pediatric		0137	detoxification Room charges for semi-p		0160	Room charges for other rooms - general
0114	Room charges fo rooms - psychiat	•	0138	- 3/4 beds - rooms - onc Room charges for semi-p		0164	Room charges for other rooms – Sterile Environment
0115	Room charges fo rooms - hospice	r private		- 3/4 beds - rooms - rehabilitation		0167	Room charges for other rooms – self care
0116	Room charges fo rooms - detoxific		0139	Room charges for semi-p - 3/4 beds - rooms - oth		0169	Room charges for other rooms - other
0117	Room charges fo rooms - oncology		0140	Room charges for private (deluxe) rooms - general		0170	Room charges for nursery - general
0118	Room charges fo rooms - rehabilit	r private	0141	Room charges for private (deluxe) rooms -	2	0171	Room charges for nursery - newborn level I
0119	Room charges fo rooms - other	r private	0142	medical/surgical/GYN Room charges for private (deluxe) rooms - obstetr		0172	Room charges for nursery - newborn level II
0120	Room charges fo rooms - general	r semi-private	0143	Room charges for private (deluxe) rooms - pediatri	9	0173	Room charges for nursery - newborn level III
0121	Room charges fo rooms - medical/		0144	Room charges for private (deluxe) rooms - psychia	9	0174	Room charges for nursery - newborn level IV
0122	Room charges fo rooms - obstetric		0145	Room charges for private (deluxe) rooms - hospice	5	0179	Room charges for nursery - other
0123	Room charges fo rooms - pediatric		0146	Room charges for private (deluxe) rooms - detoxifi	2	0180	Room charges for LOA - general
0124	Room charges fo rooms - psychiat		0147	Room charges for private (deluxe) rooms - oncoloc	5	0182	Room charges for LOA - patient convenience-charges billable
0125	Room charges fo rooms - hospice	r semi-private	0148	Room charges for private (deluxe) rooms - rehabili	5	0183	Room charges for LOA - therapeutic leave
0126	Room charges fo rooms - detoxific		0149	Room charges for private (deluxe) rooms - other		0185	Room charges for LOA – nursing home (for hospitalization)
0127	Room charges fo rooms - oncology		0150	Room charges for ward r general	ooms -	0189	Room charges for LOA - other
0128	Room charges fo rooms - rehabilit		0151	Room charges for ward r medical/surgical/GYN	ooms -	0190	Room charges for subacute care - general
0129	Room charges fo rooms - other	r semi-private	0152	Room charges for ward r obstetrics	ooms -	0191	Room charges for subacute care - Level I (skilled care)
0130	Room charges fo - 3/4 beds - roor	•	0153	Room charges for ward r pediatric	ooms -	0192	Room charges for subacute care - Level II (comprehensive
0131	Room charges fo - 3/4 beds - roor medical/surgical/	ns -	0154	Room charges for ward r psychiatric	ooms -		care)
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0193	Room charges for subacute care - Level III (complex care)	0239
0194	Room charges for subacute care - Level IV (intensive care)	0240
0199	Room charges for subacute care - other	0241
0200	Room charges for intensive	0242
0201	care - general Room charges for intensive	0243
	care - surgical	0249
0202	Room charges for intensive care - medical	0250
0203	Room charges for intensive care - pediatric	0251
0204	Room charges for intensive care - psychiatric	0252
0206	Room charges for intensive care - intermediate intensive	0253
0207	care unit (ICU)	0254
0207	Room charges for intensive care - burn care	0255
0208	Room charges for intensive care - trauma	0256
0209	Room charges for intensive care - other	0257
0210	Room charges for coronary care - general	0258
0211	Room charges for coronary care - myocardial infarction	0259
0212	Room charges for coronary care	0260
0213	<ul> <li>pulmonary care</li> <li>Room charges for coronary care</li> </ul>	0261
0214	- heart transplant	0262
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0263
0219	Room charges for coronary care - other	0264
0220	Special charges - general	0269
0221	Special charges - admission	0270
0222	charge Special charges - technical	0271
0223	support charge Special charges - UR service	0272
	charge	0273
0224	Special charges - late discharge, medically necessary	0274
0229	Special charges - other	
0230	Incremental nursing care - general	0275
0231	Incremental nursing care - nursery	0276
0232	Incremental nursing care - OB	0277
0233	Incremental nursing care - ICU (includes transitional care)	0278
0234	Incremental nursing care - CCU (includes transitional care)	0279
0235	Incremental nursing care - hospice	0280

)239	Incremental nursing care - other
0240	All-inclusive ancillary - general
0241	All-inclusive ancillary - basic
0242	All-inclusive ancillary -
0243	comprehensive All-inclusive ancillary - specialty
)249	All-inclusive ancillary - other
0250	Pharmacy - general
0251	Pharmacy - generic drugs
0252	Pharmacy – non-generic drugs
0253	Pharmacy - take-home drugs
)254	Pharmacy - drugs incident to other diagnostic services
0255	Pharmacy - drugs incident to radiology
0256	Pharmacy - experimental drugs
0257	Pharmacy - nonprescription
0258	Pharmacy - IV solutions
0259	Pharmacy - other
0260	IV Therapy - general
0261	IV Therapy - infusion pump
0262	IV Therapy - pharmacy services
0263	IV Therapy - drug/supply delivery
0264	IV Therapy - supplies
0269	IV Therapy - other
0270	Medical surgical supplies and devices - general
0271	Medical surgical supplies and devices - nonsterile
)272	Medical surgical supplies and devices - sterile
)273	Medical surgical supplies and devices - take-home
0274	Medical surgical supplies and devices - prosthetic/orthotic
)275	Medical surgical supplies and devices - pacemaker
)276	Medical surgical supplies and devices - intraocular lens (IOL)
)277	Medical surgical supplies and devices - oxygen - take-home
0278	Medical surgical supplies and devices - other implants
)279	Medical surgical supplies and devices - other
0280	Oncology - general

0289	Oncology - other
0290	DME - general
0291	DME - rental
0292	DME - purchase of new
0293	DME - purchase of used
0294	DME - supplies/drugs for DME effectiveness
0299	DME - other equipment
0300	Laboratory - general
0301	Laboratory - chemistry
0302	Laboratory - immunology
0303	Laboratory - renal patient (home)
0304	Laboratory – non-routine dialysis
0305	Laboratory - hematology
0306	Laboratory - bacteriology and microbiology
0307	Laboratory - urology
0309	Laboratory - other
0310	Laboratory pathological - general
0311	Laboratory pathological - cytology
0312	Laboratory pathological - histology
0314	Laboratory pathological - biopsy
0319	Laboratory pathological - other
0320	Radiology - diagnostic - general
0321	Radiology - diagnostic - angiocardiography
0322	Radiology - diagnostic - arthrography
0323	Radiology - diagnostic - arteriography
0324	Radiology - diagnostic - chest x-ray
0329	Radiology - diagnostic - other
0330	Radiology - therapeutic and/or chemotherapy administration - general
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected
0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy
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0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0390	Blood and blood component administration, storage and	0443
0339	Radiology - therapeutic and/or	0391	processing - general Blood and blood component	0444
6229	chemotherapy administration - other	0001	administration, storage and processing - administration	0449
0340	Nuclear medicine - general	0392	Blood and blood component administration, storage and	0450
0341	Nuclear medicine - diagnostic procedures		processing – processing and storage	0451
0342	Nuclear medicine - therapeutic procedures	0399	Blood and blood component administration, storage and processing - other	0452
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0400	Other imaging services - general	0456
0344	Nuclear medicine - therapeutic radiopharmaceuticals			0459
0349	Nuclear medicine - other	0401	Other imaging services - diagnostic mammography	0460
0350	CT scan - general	0402	Other imaging services - ultrasound	
0351	CT scan - head	0403	Other imaging services -	0469
		0404	screening mammography Other imaging services - PET	0470
0352	CT scan - body			0471
0359	CT scan - other	0409	Other imaging services - other	0472
0360	Operating room services - general	0410	Respiratory services - general	0479
0361	Operating room services - minor surgery	0412	Respiratory services - inhalation	0480
0362	Operating room services -	0413	Respiratory services - hyperbaric oxygen therapy	0481
	organ transplant other than kidney	0419	Respiratory services - other	0482
0367	Operating room services - kidney transplant	0420	Physical therapy - general	0483
0369	Operating room services - other	0421	Physical therapy - visit charge	0489
0370	Anesthesia - general	0422	Physical therapy - hourly charge	0490
0371	Anesthesia - incident to radiology	0423	Physical therapy - group rate	0499
0372	Anesthesia - incident to other diagnostic services	0424	Physical therapy - evaluation or reevaluation	0500
0374	Anesthesia - acupuncture	0429	Physical therapy - other	0509
0379	Anesthesia - other	0430	Occupational therapy - general	0510
0380	Blood - general	0431	Occupational therapy - visit	0511
0381	Blood - packed red cells		charge	0512
0382	Blood - whole blood	0432	Occupational therapy - hourly charge	0513
0383	Blood - plasma	0433	Occupational therapy - group rate	0514
		0434	Occupational therapy -	0515
0384	Blood - platelets	0439	evaluation or reevaluation Occupational therapy - other	
0385	Blood - leukocytes			0516
0386	Blood - other components	0440	Speech-language pathology - general	0517
0387	Blood - other derivatives (cryoprecipitate)	0441	Speech-language pathology - visit charge	0519
0389	Blood - other	0442	Speech-language pathology - hourly charge	0520
				0521
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0520	Freestanding Clinic - Clinic Visit
0519	Freestanding Clinic - general
0517	Clinic - other
0516	Clinic - urgent care Clinic - family practice
0515	
0514	Clinic - pediatric
0515	Clinic - OB/GYN
0512	Clinic - psychiatric
0511	Clinic - dental
0510	Clinic - chronic pain
0510	Clinic - general
0509	Outpatient services - other
0500	other Outpatient services - general
0499	general Ambulatory surgical care -
0490	Ambulatory surgical care -
0489	Cardiology - other
0483	Cardiology - echocardiology
0482	Cardiology - stress test
0481	Cardiology - cardiac cath lab
0480	Cardiology - general
0479	Audiology - other
0472	Audiology - treatment
0471	Audiology - diagnostic
0470	Audiology - general
0469	Pulmonary function - other
0460	Pulmonary function - general
0459	Emergency room - other
0456	Emergency room - urgent care
0452	services Emergency room - beyond EMTALA screening
0451	Emergency room - EMTALA emergency medical screening
0450	Emergency room - general
0449	Speech-language pathology - other
	evaluation or reevaluation

Speech-language pathology group rate

Speech-language pathology - evaluation or reevaluation

0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner
0523	Freestanding Clinic - family practice
0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF
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
0526	Freestanding Clinic - urgent care
0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area
0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
0529	Freestanding Clinic - other
0530	Osteopathic service - general
0531	Osteopathic service - therapy
0539	Osteopathic service - other
0540	Ambulance service - general
0541	Ambulance service - supplies
0542	Ambulance service - medical transport
0543	Ambulance service - heart mobile
0544	Ambulance service - oxygen
0545	Ambulance service - air ambulance
0546	Ambulance service - neonatal
0547	Ambulance service - pharmacy
0548	Ambulance service - telephone
0549	transmission EKG Ambulance service - other
0550	Skilled nursing - general
0551	Skilled nursing - visit charge
0552	Skilled nursing - hourly charge
0559	Skilled nursing - other
0560	Medical social services - general
0561	Medical social services - visit charge

0562	Medical social services - hourly charge
0569	Medical social services - other
0570	Home health aide - general
0571	Home health aide - visit charge
0572	Home health aide - hourly charge
0579	Home health aide - other
0580	Other visits (home health) - general
0581	Other visits (home health) - visit charge
0582	Other visits (home health) - hourly charge
0583	Other visits (home health) - assessment
0589	Other visits (home health) - other
0590	Units of service (home health) - general
0600	Oxygen (home health) - general
0601	- Oxygen (home health) - stat/equip/supply or contents
0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0604	Oxygen (home health) - portable add-in
0609	Oxygen (home health) - other
0610	Magnetic Resonance Technology (MRT) - MRI - general
0611	- Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
0614	Magnetic Resonance Technology (MRT) - MRI - other
0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
0616	Magnetic Resonance Technology (MRT) - MRA – lower extremities
0618	Magnetic Resonance Technology (MRT) - MRA – other
0619	Magnetic Resonance Technology (MRT) - Other MRT
0621	Medical/surgical supplies - incident to radiology

0622	Medical/surgical supplies - incident to other diagnostic services
0623	Medical/surgical supplies - surgical dressings
0624	Medical/surgical supplies - FDA investigational devices
0631	Drugs requiring specific identification - single source
0632	Drugs requiring specific identification - multiple source
0633	Drugs requiring specific identification - restrictive prescription
0634	Drugs requiring specific identification - EPO, less than 10,000 units
0635	Drugs requiring specific identification - EPO, 10,000 or more units
0636	Drugs requiring specific identification - requiring detailed coding
0637	Drugs requiring specific identification - self- administrable
0640	Home IV therapy services - general
0641	Home IV therapy services – non-routine nursing, central line
0642	Home IV therapy services - IV site care, central line
0643	Home IV therapy services - IV start/change, peripheral line
0644	Home IV therapy services – non-routine nursing, peripheral line
0645	Home IV therapy services - training patient/caregiver, central line
0646	Home IV therapy services - training, disabled patient, central line
0647	Home IV therapy services - training, patient/caregiver, peripheral
0648	Home IV therapy services - training, disabled patient, peripheral
0649	Home IV therapy services - other
0650	Hospice services - general
0651	Hospice services - routine home care
0652	Hospice services - continuous home care
0655	Hospice services - inpatient respite care
0656	Hospice services - general inpatient care (non-respite)
0657	Hospice services - physician services

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0658	Hospice services - room and
0659	board - nursing facility Hospice services - other
0660	Respite care - general
0661	Respite care - hourly charge/skilled nursing
0662	Respite care - hourly charge/aide/homemaker/compa nion
0663	Respite care - daily charge
0669	Respite care - other
0670	Outpatient special residence - general
0671	Outpatient special residence - hospital based
0672	Outpatient special residence - contracted
0679	Outpatient special residence - other
0681	Trauma response - level I
0682	Trauma response - level II
0683	Trauma response - level III
0684	Trauma response - level IV
0689	Trauma response - other
0690	Pre-hospice/Palliative Care Services - general
0691	Pre-hospice/Palliative Care Services – visit charge
0692	Pre-hospice/Palliative Care Services – hourly charge
0693	Pre-hospice/Palliative Care Services - evaluation
0694	Pre-hospice/Palliative Care Services – consultation and education
0695	Pre-hospice/Palliative Care Services – inpatient care
0696	Pre-hospice/Palliative Care Services – physician services
0699	Pre-hospice/Palliative Care Services - other
0700	Cast Room services - general
0710	Recovery Room services - general
0720	Labor/Delivery Room services - general
0721	Labor/Delivery Room services - labor
0722	Labor/Delivery Room services - delivery
0723	Labor/Delivery Room services - circumcision
0724	Labor/Delivery Room services - birthing center

0729	Labor/Delivery Room services - other
0730	EKG/ECG services - general
0731	EKG/ECG services - Holter monitor
0732	EKG/ECG services - telemetry
0739	EKG/ECG services - other
0740	EEG services - general
0750	Gastrointestinal services - general
0760	Treatment or observation room services - general
0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0762	Specialty Room - Treatment/ Observation Room - Observation Room
0769	Treatment or observation room services - other
0770	Preventive care services - general
0771	Preventive care services - vaccine administration
0780	Telemedicine services - general
0790	Extra-corporeal shockwave therapy - general
0800	Inpatient renal dialysis services - general
0801	Inpatient renal dialysis services - hemodialysis
0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0809	Inpatient renal dialysis services - other
0810	Acquisition of body components- general
0811	Acquisition of body components - living donor
0812	Acquisition of body components - cadaver donor
0813	Acquisition of body components - unknown donor
0814	Acquisition of body components - unsuccessful organ search- donor bank charges
0815	Acquisition of body components – stem cells- allogeneic
0819	Acquisition of body components - other donor

0820	Hemodialysis - outpatient or home - general
0821	Hemodialysis - outpatient or home - composite or other rate
0822	Hemodialysis - outpatient or home – home supplies
0823	Hemodialysis - outpatient or home – home equipment
0824	Hemodialysis - outpatient or home – maintenance 100%
0825	Hemodialysis - outpatient or home - support services
0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0829	Hemodialysis - outpatient or home - other
0830	Peritoneal dialysis - outpatient or home - general
0831	Peritoneal dialysis - outpatient or home - composite or other rate
0832	Peritoneal dialysis - outpatient or home – home supplies
0833	Peritoneal dialysis - outpatient or home – home equipment
0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0835	Peritoneal dialysis - outpatient or home - support services
0839	Peritoneal dialysis - outpatient or home - other
0840	CAPD - outpatient or home - general
0841	CAPD - outpatient or home - composite or other rate
0842	CAPD - outpatient or home – home supplies
0843	CAPD - outpatient or home – home equipment
0844	CAPD - outpatient or home – maintenance 100%
0845	CAPD - outpatient or home - support services
0849	CAPD - outpatient or home - other
0850	CCPD - outpatient or home - general
0851	CCPD - outpatient or home - composite or other rate
0852	CCPD - outpatient or home - home supplies
0853	CCPD - outpatient or home - home equipment
0854	CCPD - outpatient or home - maintenance 100%
0855	CCPD - outpatient or home - support services
0859	CCPD - outpatient or home - other
0860	Magnetoencephalography (MEG) - General
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0861	Magnetoencephalography (MEG) - MEG	0
0880	Miscellaneous dialysis - general	0
0881	Miscellaneous dialysis - ultrafiltration	0
0882	Miscellaneous dialysis - home aide visit	0
0889	Miscellaneous dialysis - other	0
0900	Behavior health treatments/services - general	0
0901	Behavior health treatments/services - electroshock	0
0902	Behavior health treatments/services - milieu therapy	0
0903	Behavioral health treatments/services - play therapy	0
0904	Behavior health treatments/services - activity	0
0905	therapy Behavior health	0
	treatments/services - intensive outpatient services - psychiatric	0
0906	Behavior health treatments/services - intensive outpatient services - chemical dependency	0
0907	Behavior health treatments/services - community behavioral health	0
0911	program Behavior health	
	treatment/services - rehabilitation	0
0912	Behavior health treatment/services - partial hospitalization - less intensive	0
0913	Behavior health treatment/services - partial hospitalization - intensive	0
0914	Behavior health treatment/services - individual therapy	0
0915	Behavior health treatment/services - group	0
0916	therapy Behavior health	0
	treatment/services - family therapy	0
0917	Behavior health treatment/services - biofeedback	0
0918	Behavior health treatment/services - testing	0
0919	Behavior health treatment/services - other	0
0920	Other diagnostic services - general	0
0921	Other diagnostic services -	0
0922	peripheral vascular lab Other diagnostic services - electromyogram	0
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0923	Other diagnostic services - pap smear
0924	Other diagnostic services - allergy test
0925	Other diagnostic services - pregnancy test
0929	Other diagnostic services - other
0931	Medical rehabilitation day program - half day
0932	Medical rehabilitation day program - full day
0940	Other therapeutic services - general
0941	Other therapeutic services - recreational therapy
0942	Other therapeutic services - education/training
0943	Other therapeutic services - cardiac rehabilitation
0944	Other therapeutic services - drug rehabilitation
0945	Other therapeutic services - alcohol rehabilitation
0946	Other therapeutic services - complex medical equipment - routine
0947	Other therapeutic services - complex medical equipment - ancillary
0948	Other therapeutic services – pulmonary rehabilitation
0949	Other therapeutic services - other
0951	Other therapeutic services – athletic training
0952	Other therapeutic services - kinesiotherapy
0953	Other therapeutic services – chemical dependency (drug and alcohol)
0960	Professional fees - general
0961	Professional fees - psychiatric
0962	Professional fees - ophthalmology
0963	Professional fees - anesthesiologist (MD)
0964	Professional fees - anesthetist (CRNA)
0969	Professional fees - other
0971	Professional fees - laboratory
0972	Professional fees - radiology - diagnostic
0973	Professional fees - radiology - therapeutic
0974	Professional fees - radiology - nuclear medicine
0975	Professional fees - operating room
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0976	Professional fees - respiratory therapy
0977	Professional fees - physical therapy
0978	Professional fees - occupational therapy
0979	Professional fees - speech therapy
0981	Professional fees - emergency room
0982	Professional fees - outpatient services
0983	Professional fees - clinic
0984	Professional fees - medical social services
0985	Professional fees - EKG
0986	Professional fees - EEG
0987	Professional fees - hospital visit
0988	Professional fees - consultation
0989	Professional fees - private duty nurse
0990	Patient convenience items - general
0991	Patient convenience items - cafeteria/guest tray
0992	Patient convenience items - private linen service
0993	Patient convenience items - telephone/telegraph
0994	Patient convenience items - TV/radio
0995	Patient convenience items - nonpatient room rentals
0996	Patient convenience items - late discharge charge
0997	Patient convenience items - admission kits
0998	Patient convenience items - beauty shop/barber
0999	Patient convenience items - other
1000	Behavior health accommodations - general
1001	Behavior health accommodations - residential treatment - psychiatric
1002	Behavior health accommodations - residential treatment - chemical dependency
1003	Behavior health accommodations - supervised living
1004	Behavior health accommodations - halfway house
1005	Behavior health accommodations - group home

#### DSHS/THCIC

2100	Alternative thera general	apy services -	2105	Alternative therapy servic biofeedback	ces -	3103	Adult day care, medical and social - daily
2101	Alternative thera acupuncture	apy services -	2106	Alternative therapy servic hypnosis	ces -	3104	Adult day care, social - daily
2102	Alternative thera acupressure	apy services -	2109	Alternative therapy servic	ces -	3105	Adult foster care - daily
2103	Alternative thera massage	apy services -	3101	Adult day care, medical a social - hourly	nd	3109	Adult foster care - other
2104	Alternative thera	apy services -	3102	Adult day care, social - ho	ourly		
Beginn Length	ing Position:	13 4		Data Source: Type:	Claim	numeric	
Field 3:					Арна	lumenc	
Descrip	otion:			type/source of the de	escriptiv	ve numl	per used in
		HCPCS_PRO	CEDURE	CODE.	•		
-	ing Position:	17		Data Source:	Claim		
Length	•	2		Туре:	Alphar	numeric	
Field 4 Descrip	tion	HCPCS_PRC					applicable to applicate
Sescut		services or a			(IICPC	s) coue	applicable to ancillary
Codina	Scheme:				odeSets/	ANHCPC	S/list.asp for complete list of
_		Level II HCPCS		5-,			,
-	ing Position:	19		Data Source:	Claim		
Length Field 5:			1	Туре:	Alphar	numeric	
Descrip		MODIFIER_		cumstances related to	he ne	rforma	ice of the service
-	Scheme:	racinines spe			s the pe	anormal	
22	Increased proce	dural services	58	Staged or Related Proced	ure or		Professional During the
23	Unusual Anesthe		50	Service by the Same Phys	sician		Postoperative Period
				or Other Qualified Health Professional During the	Care	80	Assistant Surgeon
24	Unrelated Evaluation Management Se			Postoperative Period		81	Minimum Assistant Surgeon
	Same Physician	or Other	59	Distinct Procedural Servic	e	82	Repeat procedure by same
	Qualified Health Professional dur		62	Two Surgeons			physician
	Postoperative Pe		63	Procedure Performed on I	Infants	90	Reference (Outside) Laboratory
25	Significant, Sep			less than 4kg		91	Repeat Clinical Diagnostic
	Identifiable Eval Management Se		66	Surgical Team		02	Laboratory Test
	Same Physician	or Other	73	Discontinued Outpatient		92	Alternative Laboratory Platform Testing
	Qualified Health Professional on			Hospital/Ambulatory Surg Center (ASC) Procedure p		95	Synchronous Telemedicine
	of the Procedure			the Administration of			Service Rendered Via a Real-
	Service			Anesthesia			Time Interactive Audio and Video Telecommunications
26	Professional Cor	nponent	74	Discontinued Outpatient Hospital/Ambulatory Surg	ierv		System
27	Multiple Outpati			Center (ASC) Procedure a	after	99	Multiple Modifiers
	E/M Encounters Date	on the Same		Administration of Anesthe		1P	Performance Measure Exclusion
32	Mandated Servio	ces	76	Repeat Procedure by Sam Physician or Other Qualifi		25	Modifier due to Medical Reasons
33	Preventive Serv	ice		Health Care Professional		2P	Performance Measure Exclusion Modifier due to Patient Reasons
47	Anesthesia by S		77	Repeat Procedure by Ano Physician or Other Qualifi		3P	Performance Measure Exclusion
50	Bilateral Procedu	ure		Health Care Professional	cu	8P	Modifier due to System Reasons
51	Multiple Procedu	ires	78	Unplanned Return to the Operating/Procedure Room	m by	or	Performance Measure Reporting Modifier- Action not performed,
52	Reduced Service	es		the Same Physician or Ot		P1	reason not otherwise specified A normal healthy patient
53	Discontinued Pro	ocedure		Qualified Health Care Professional Following Init	tial	P1 P2	A patient with mild systemic
54	Surgical Care Or	nly		Procedure for a Related Procedure During the		14	disease
55	Postoperative M Only	anagement		Postoperative Period		Р3	A patient with severe systemic disease
56	Preoperative Ma	nagement Only	79	Unrelated Procedure or Se by the Same Physician or		P4	A patient with severe systemic
57	Decision for Sur			Qualified Health Care	50101		disease that is a constant threat to life
57							
DSHS/1				Page			DSHS Document #25-15013

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P5	A moribund patie expected to surv		FA	Left hand, thumb		RT	Right side of the body procedure
	operation		GG	GG Performance and payment of screening mammography and		Τ1	Left foot, second digit
P6	A declared brain whose organs ar			diagnostic mammograp same patient, same da	phy on	Т2	Left foot, third digit
	removed for don		GH	Diagnostic mammogra		Т3	Left foot, fourth digit
E1	Upper left eyelid			converted from screen mammogram on same		T4	Left foot, fifth digit
E2	Lower left eyelid		LC	Left circumflex coronar		Т5	Right foot, great toe
E3	Upper right eyeli		LD	Left anterior descendin		Т6	Right foot, second digit
E4	Lower right eyeli	d		coronary artery	.9	Τ7	Right foot, third digit
F1	Left hand, secon	-	LM	Left main coronary arte	ery	Т8	Right foot, fourth digit
F2	Left hand, third o	•	LT	Left side of the body p	rocedure	Т9	Right foot, fifth digit
F3	Left hand, fourth	-	Q M	Ambulance service pro under arrangement by		TA	Left foot, great toe
F4	Left hand, fifth d	-		provider of services	u	XE	Separate Encounter
F5	Right hand, thun		QN	Ambulance service fur		XS	Separate Structure
F6	Right hand, seco	nd digit		directly by a provider on services	ונ	XP	Separate Practitioner
F7	Right hand, third	2	RC	Right coronary artery		XU	Unusual Non-Overlapping
F8	Right hand, four	-	RI	Ramus intermedius con	ronary		Service
F9	Right hand, fifth	digit		artery			
	ing Position:	24		Data Source:	Claim		
Length: Field 6:		2 MODIFIER	2	Туре:	Alphanu	umeric	
Descrip	otion:			cumstances related	to the per	forma	nce of the service.
	Scheme:	Same as Field		ER_1			
	ing Position: :	26 2		Data Source: Type:	Claim Alphani	umeric	
Length:	:	26 2 MODIFIER	3	Data Source: Type:	Claim Alphani	umeric	
Length: Field 7: Descrip	: btion:	2 <b>MODIFIER_</b> Identifies sp	ecial cir	Type: cumstances related	Alphan		nce of the service.
<u>Length:</u> Field 7: Descrip Coding	: btion: Scheme:	2 <b>MODIFIER_</b> Identifies sp Same as Field	ecial cir	Type: cumstances related ER_1	Alphani to the per		nce of the service.
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C	81		Last Updated: February, 2025
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Length:	14	Type:	Numeric	

### **OUTPATIENT CLASSIFICATION DATA FILE**

Field 1.	DECODD ID	
Field 1:	RECORD_ID	
Description:	Record Identification Number. Unique numl	
	Record_ID in the ED Outpatient PUDF is no	t linkable to the Record_ID in the ED
	Inpatient PUDF or ED Research Data Files (	RDFs).
Beginning Position:		Assigned
Length:		Alphanumeric
Field 2:	CCSR PRIN DIAG CODE	Aphanamene
		ification of DDINL DIAC CODE into alimically
		sification of PRIN_DIAG_CODE into clinically
	meaningful diagnosis category.	
Beginning Position:		ssigned
Length:	4 Type: Al	Iphanumeric
Field 3:	CCSR_OTH_DIAG_CODE_1	
	Clinical Classifications Software (CCS) class	sification of OTH_DIAG_CODE_1 into
	clinically meaningful diagnosis category.	
Beginning Position:		ssigned
Length:		Iphanumeric
Field 4:		iphandmenc
Field 4:	CCSR_OTH_DIAG_CODE_2	
	Clinical Classifications Software (CCS) class	sification of OTH_DIAG_CODE_2 into
	clinically meaningful diagnosis category.	
Beginning Position:	, , ,	ssigned
Length:	4 Type: Al	lphanumeric
Field 5:	CCSR_OTH_DIAG_CODE_3	
	Clinical Classifications Software (CCS) class	sification of OTH DIAG CODE 3 into
	clinically meaningful diagnosis category.	
Beginning Position:		ssigned
Length:		Iphanumeric
Field 6:	CCSR_OTH_DIAG_CODE_4	
	Clinical Classifications Software (CCS) class	sification of OTH DIAG CODE 4 into
	clinically meaningful diagnosis category.	
Beginning Position:		ssigned
Length:		Iphanumeric
Field 7:	CCSR_OTH_DIAG_CODE_5	phanamene
	Clinical Classifications Software (CCS) class	SINCATION OF OTH_DIAG_CODE_5 INTO
	clinically meaningful diagnosis category.	
Beginning Position:		ssigned
Length:		Iphanumeric
Field 8:	CCSR_OTH_DIAG_CODE_6	
	Clinical Classifications Software (CCS) class	sification of OTH DIAG CODE 6 into
	clinically meaningful diagnosis category.	
Beginning Position:		ssigned
		Iphanumeric
Length: Field 9:	4 Type: A	phanamenc
Field 9:		
	Clinical Classifications Software (CCS) class	SIFICATION OF UTH_DIAG_CODE_7 into
	clinically meaningful diagnosis category.	
Beginning Position:	41 Data Source: As	ssigned
Length:	4 <b>Type:</b> Al	Iphanumeric
Field 10:	CCSR_OTH_DIAG_CODE_8	
	Clinical Classifications Software (CCS) class	sification of OTH DIAG CODE 8 into
	clinically meaningful diagnosis category.	
Beginning Position:		ssigned
Length:		Iphanumeric
Field 11:	CCSR_OTH_DIAG_CODE_9	
	Clinical Classifications Software (CCS) class	sification of OTH_DIAG_CODE_9 into
	clinically meaningful diagnosis category.	
Beginning Position:		ssigned
Length:		Iphanumeric
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Field 12:	CCSR_OTH_DIAG_CODE_10	
	Clinical Classifications Software (CCS) cl	assification of OTH DIAG CODE 10 into
	clinically meaningful diagnosis category.	
Peginning Pegitier		
Beginning Position:	53 Data Source:	Assigned
Length:	4 <b>Type:</b>	Alphanumeric
Field 13:	CCSR_OTH_DIAG_CODE_11	
	Clinical Classifications Software (CCS) cl	assification of OTH_DIAG_CODE_11 into
	clinically meaningful diagnosis category.	<b>_</b>
<b>Beginning Position:</b>	57 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 14:	CCSR_OTH_DIAG_CODE_12	Alphanamene
		antification of OTH DIAC CODE 12 into
	Clinical Classifications Software (CCS) cl	assification of OTH_DIAG_CODE_12 into
	clinically meaningful diagnosis category.	
Beginning Position:	61 Data Source:	Assigned
Length:	4 <b>Type:</b>	Alphanumeric
Field 15:	CCSR_OTH_DIAG_CODE_13	
	Clinical Classifications Software (CCS) cl	assification of OTH_DIAG_CODE_13 into
	clinically meaningful diagnosis category.	
<b>Beginning Position:</b>	65 <b>Data Source:</b>	Assigned
		Assigned
Length:		Alphanumeric
Field 16:	CCSR_OTH_DIAG_CODE_14	
	Clinical Classifications Software (CCS) cl	assification of OTH_DIAG_CODE_14 into
	clinically meaningful diagnosis category.	
Beginning Position:	69 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 17:	CCSR_OTH_DIAG_CODE_15	
		accidication of OTH DIAC CODE 15 into
	Clinical Classifications Software (CCS) cl	
	clinically meaningful diagnosis category.	
Beginning Position:	73 Data Source:	Assigned
Length:	4 <b>Type:</b>	Alphanumeric
Field 18:	CCSR_OTH_DIAG_CODE_16	
	Clinical Classifications Software (CCS) cl	assification of OTH DIAG CODE 16 into
	clinically meaningful diagnosis category.	
<b>Beginning Position:</b>	77 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 19:	CCSR_OTH_DIAG_CODE_17	Alphanamene
Field 19.		A STANDARD CODE 17 Jak
	Clinical Classifications Software (CCS) cl	assification of OTH_DIAG_CODE_17 into
	clinically meaningful diagnosis category.	
Beginning Position:	81 Data Source:	Assigned
Length:	4 <b>Type:</b>	Alphanumeric
Field 20:	CCSR_OTH_DIAG_CODE_18	
	Clinical Classifications Software (CCS) cl	assification of OTH_DIAG_CODE_18 into
	clinically meaningful diagnosis category.	
Perinning Desition	85 <b>Data Source:</b>	Assigned
Beginning Position:		Assigned
Length:		Alphanumeric
Field 21:	CCSR_OTH_DIAG_CODE_19	
	Clinical Classifications Software (CCS) cl	
	clinically meaningful diagnosis category.	
Beginning Position:	89 Data Source:	Assigned
Length:	4 <b>Type:</b>	Alphanumeric
Field 22:	CCSR_OTH_DIAG_CODE_20	
		assification of OTH DIAG CODE 20 into
	Clinical Classifications Software (CCS) cl	assification of OTH_DIAG_CODE_20 into
	Clinical Classifications Software (CCS) cl clinically meaningful diagnosis category.	
Beginning Position:	Clinical Classifications Software (CCS) cl clinically meaningful diagnosis category. 93 Data Source:	Assigned
Beginning Position: Length:	Clinical Classifications Software (CCS) cl clinically meaningful diagnosis category. 93 <b>Data Source:</b> 4 <b>Type:</b>	
Beginning Position:	Clinical Classifications Software (CCS) cl clinically meaningful diagnosis category. 93 Data Source: 4 Type: CCSR_OTH_DIAG_CODE_21	Assigned Alphanumeric
Beginning Position: Length:	Clinical Classifications Software (CCS) cl clinically meaningful diagnosis category. 93 Data Source: 4 Type: CCSR_OTH_DIAG_CODE_21	Assigned Alphanumeric
Beginning Position: Length:	Clinical Classifications Software (CCS) cl clinically meaningful diagnosis category. 93 Data Source: 4 Type: CCSR_OTH_DIAG_CODE_21 Clinical Classifications Software (CCS) cl	Assigned Alphanumeric assification of OTH_DIAG_CODE_21 into
Beginning Position: Length: Field 23:	Clinical Classifications Software (CCS) cl clinically meaningful diagnosis category. 93 Data Source: 4 Type: CCSR_OTH_DIAG_CODE_21 Clinical Classifications Software (CCS) cl clinically meaningful diagnosis category.	Assigned Alphanumeric assification of OTH_DIAG_CODE_21 into
Beginning Position: Length: Field 23: Beginning Position:	Clinical Classifications Software (CCS) cl clinically meaningful diagnosis category. 93 Data Source: 4 Type: CCSR_OTH_DIAG_CODE_21 Clinical Classifications Software (CCS) cl clinically meaningful diagnosis category. 97 Data Source:	Assigned Alphanumeric assification of OTH_DIAG_CODE_21 into Assigned
Beginning Position: Length: Field 23: Beginning Position: Length:	Clinical Classifications Software (CCS) cl clinically meaningful diagnosis category. 93 Data Source: 4 Type: CCSR_OTH_DIAG_CODE_21 Clinical Classifications Software (CCS) cl clinically meaningful diagnosis category. 97 Data Source: 4 Type:	Assigned Alphanumeric assification of OTH_DIAG_CODE_21 into
Beginning Position: Length: Field 23: Beginning Position: Length: Field 24:	Clinical Classifications Software (CCS) cl clinically meaningful diagnosis category. 93 Data Source: 4 Type: CCSR_OTH_DIAG_CODE_21 Clinical Classifications Software (CCS) cl clinically meaningful diagnosis category. 97 Data Source: 4 Type: CCSR_OTH_DIAG_CODE_22	Assigned Alphanumeric assification of OTH_DIAG_CODE_21 into Assigned Alphanumeric
Beginning Position: Length: Field 23: Beginning Position: Length:	Clinical Classifications Software (CCS) cl clinically meaningful diagnosis category. 93 Data Source: 4 Type: CCSR_OTH_DIAG_CODE_21 Clinical Classifications Software (CCS) cl clinically meaningful diagnosis category. 97 Data Source: 4 Type: CCSR_OTH_DIAG_CODE_22 Page	Assigned Alphanumeric assification of OTH_DIAG_CODE_21 into Assigned

			assification of OTH_DIAG_CODE_22 into		
	clinically meaningful dia				
Beginning Position:	101	Data Source:	Assigned		
_ength: Field 25:	4 CCSR_OTH_DIAG_CO		Alphanumeric		
			assification of OTH_DIAG_CODE_23 into		
	clinically meaningful dia				
Beginning Position:	105	Data Source:	Assigned		
ength:	4	Type:	Alphanumeric		
ield 26:	CCSR_OTH_DIAG_CO				
			assification of OTH_DIAG_CODE_24 into		
	clinically meaningful dia				
Beginning Position:	109	Data Source:	Assigned		
ength:	4	Туре:	Alphanumeric		
ield 27:	CCS_PROC_CODE_1				
		Software (CCS) fo	or Services and Procedures classification of		
	PROC_CODE_1 into clin				
Beginning Position:	113	Data Source:	Assigned		
ength:	3	Туре:	Alphanumeric		
ield 28:	CCS_PROC_CODE_2				
		Software (CCS) fo	or Services and Procedures classification of		
	PROC_CODE_2 into clin				
Beginning Position:	116	Data Source:	Assigned		
ength:	3	Туре:	Alphanumeric		
ield 29:	CCS_PROC_CODE_3				
	Clinical Classifications S	Software (CCS) fo	or Services and Procedures classification of		
	PROC_CODE_3 into clin				
Beginning Position:	119	Data Source:	Assigned		
ength:	3	Туре:	Alphanumeric		
ield 30:	CCS_PROC_CODE_4				
	Clinical Classifications Software (CCS) for Services and Procedures classification of				
	PROC_CODE_4 into clin	ically meaningful			
Beginning Position:	122	Data Source:	Assigned		
ength:	3	Туре:	Alphanumeric		
ield 31:	CCS_PROC_CODE_5				
			or Services and Procedures classification of		
	PROC_CODE_5 into clin				
Beginning Position:	125	Data Source:	Assigned		
ength:	3	Туре:	Alphanumeric		
ield 32:	CCS_PROC_CODE_6				
			or Services and Procedures classification of		
	PROC_CODE_6 into clin	ically meaningful			
Beginning Position:	128	Data Source:	Assigned		
ength: ield 33:	3	Туре:	Alphanumeric		
ielu 55:	CCS_PROC_CODE_7		. Complete and Dupped upon place if institute of		
			or Services and Procedures classification of		
Dealanina Dealtion.	PROC_CODE_7 into clin				
Beginning Position: .ength:	131 3	Data Source: Type:	Assigned Alphanumeric		
ield 34:	 CCS_PROC_CODE_8	туре.	Alphanumenc		
		Coftware (CCC) fo	or Services and Procedures classification of		
	PROC_CODE_8 into clin				
Beginning Position:	134	Data Source:	Assianed		
ength:	3	Type:	Alphanumeric		
ield 35:	 CCS_PROC_CODE_9	туре.	Alphandmenc		
		Software (CCS) fo	or Sorvices and Precedures classification of		
			or Services and Procedures classification of		
Loginning Docition	PROC_CODE_9 into clin	Data Source:			
Beginning Position: .ength:	137 3	Type:	Assigned Alphanumeric		
ield 36:	 CCS_PROC_CODE_10		Aphanamene		
	CC3_FRUC_CODE_10	•			
Delle		<b>D</b>	DOLLO D		
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			r Services and Procedures classification of
<b>Beginning Position:</b>	PROC_CODE_10 into clin 140	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 37:	CCS_PROC_CODE_11		
		oftware (CCS) fo	r Services and Procedures classification of
	PROC_CODE_11 into clin	ically meaningfu	Il procedure category.
Beginning Position:	143	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 38:	CCS_PROC_CODE_12		· Commission and Dependence alongification of
	PROC_CODE_12 into clin		r Services and Procedures classification of
<b>Beginning Position:</b>	146	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 39:	CCS_PROC_CODE_13		
	Clinical Classifications Sc	oftware (CCS) fo	r Services and Procedures classification of
	PROC_CODE_13 into clin		
Beginning Position:	149	Data Source:	Assigned
Length: Field 40:	3	Туре:	Alphanumeric
riela 40:	CCS_PROC_CODE_14	ftware (CCE) fe	r Services and Procedures classification of
	PROC CODE 14 into clin		
<b>Beginning Position:</b>	152	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 41:	CCS_PROC_CODE_15		
			r Services and Procedures classification of
	PROC_CODE_15 into clin		
Beginning Position:	155 3	Data Source:	Assigned Alphanumeric
Length: Field 42:	CCS_PROC_CODE_16	Туре:	Aphandmene
		oftware (CCS) fo	r Services and Procedures classification of
	PROC_CODE_16 into clin		
<b>Beginning Position:</b>	158	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 43:	CCS_PROC_CODE_17		. Complete and Dress during all satisfications of
	PROC_CODE_17 into clin		r Services and Procedures classification of
<b>Beginning Position:</b>	161	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 44:	CCS_PROC_CODE_18		
			r Services and Procedures classification of
	PROC_CODE_18 into clin		
Beginning Position:	164	Data Source:	Assigned
Length: Field 45:	<u>3</u>	Туре:	Alphanumeric
Field 45:	CCS_PROC_CODE_19	oftware (CCS) fo	r Services and Procedures classification of
	PROC CODE 19 into clin		
Beginning Position:	167	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 46:	CCS_PROC_CODE_20		
			r Services and Procedures classification of
Designation Designations	PROC_CODE_20 into clin	, 5	
Beginning Position: Length:	170 3	Data Source: Type:	Assigned Alphanumeric
Field 47:	CCS_PROC_CODE_21	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Apronamene
		oftware (CCS) fo	r Services and Procedures classification of
	PROC_CODE_21 into clin		
<b>Beginning Position:</b>	173	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 48:	CCS_PROC_CODE_22		
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	Clinical Classifications Softwa PROC_CODE_22 into clinically		- Services and Procedures classification of
<b>Beginning Position:</b>		a Source:	Assigned
Length:	3 <b>Typ</b>	e:	Alphanumeric
Field 49:	CCS_PROC_CODE_23		
	Clinical Classifications Softwa	re (CCS) for	Services and Procedures classification of
	PROC_CODE_23 into clinically	, meaningfu	l procedure category.
<b>Beginning Position:</b>		a Source:	Assigned
Length:	3 <b>Typ</b>	e:	Alphanumeric
Field 50:	CCS_PROC_CODE_24		
	Clinical Classifications Softwa	re (CCS) for	Services and Procedures classification of
	PROC_CODE_24 into clinically		
<b>Beginning Position:</b>		a Source:	Assigned
Length:	3 <b>Тур</b>	e:	Alphanumeric
Field 51:	CCS_PROC_CODE_25		
	Clinical Classifications Softwa	re (CCS) for	Services and Procedures classification of
	PROC_CODE_25 into clinically		
<b>Beginning Position:</b>		a Source:	Assigned
Length:	3 <b>Typ</b>	e:	Alphanumeric

#### **OUTPATIENT GROUPER DATA FILE**

Field 1:	RECORD_ID				
Description:			number assigned to identify the record. First		
			match the RECORD_ID in THCIC Research		
	Data Files (RDF	2			
Beginning	1	Data	Assigned		
Position:		Source:			
Length:	12	Туре:	Alphanumeric		
Field 2:		E_SEQUENCE_NUME			
	Assignment of nu	imbers to indicate the	order of submission of the revenue codes.		
Beginning	13	Data	Source: Assigned		
Position:					
Length:	3	Туре:	Alphanumeric		
Field 3:	FROZEN_EAPG_				
		atory Patient Group Ve	ersion Number, as assigned by 3M EAPG		
		Grouper.			
Beginning	16	Data	Source: Assigned		
Position:					
Length:	12	Туре:	Alphanumeric		
Field 4:	FROZEN_FINAL_EAPG_CAT_CODE Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M <sup>™</sup>				
		Not available 4Q09.			
Beginning	28	Data	Assigned		
Position:		Source:			
Length:	2	Туре:	Alphanumeric		
Field 5:		L_EAPG_TYPE_COD			
		, , , , , , , , , , , , , , , , , , , ,	(EAPG) type code, as assigned by $3M^{TM}$ EAPG		
	Grouper. Not av	-			
Beginning	30	Data	Assigned		
Position:		Source:			
Length:	2	Туре:	Alphanumeric		
Field 6:	FROZEN_FINA				
	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by $3M^{TM}$ EAPG				
	Grouper. Not av				
Beginning	32	Data	Assigned		
Position:		Source:			
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Length:	5	Туре:	Alphanumeric
Field 7:		t Classification (A	PC) Version Number as assigned by 3M APC
	Grouper. Not availab		
Beginning	47	Data	Assigned
Position:		Source:	
Length:	12	Type:	Alphanumeric
Field 8:	FROZEN_APC_PR		
	Ambulatory Payme Grouper. Not availa		APC) procedure code as assigned by $3M^{TM}$ APC
Beginning	59	Data	Assigned
Position:		Source:	
Length:	5	Type:	Alphanumeric
Field 9:	FROZEN_APC_PX	_STATUS_IND_	CODE
	Ambulatory Payme 3M <sup>™</sup> APC Grouper.		APC) procedure status indicator as assigned by
Beginning	64	Data	Assigned
Position:	•	Source:	· · · ·····
Length:	2	Туре:	Alphanumeric
Field 10:	FROZEN_APC_W		•
		nt Classification (	APC) weighting as assigned by 3M <sup>™</sup> APC
Beginning	66	Data	Assigned
Position:	~~	Source:	
Length:	9	Type:	Alphanumeric
Field 11:	EAPG_GRP_VER		P
	Enhanced Ambulato	ry Patient Group \	/ersion Number, as assigned by 3M EAPG
Designing	Grouper	<b>D</b> _1-	Source, Accienced
Beginning	80	Data	Source: Assigned
Position: Length:	12	Turner	Alabaaumaria
			AUDDODUMORIC
			Alphanumeric
	FINAL_EAPG_CA	T_CODE	
	FINAL_EAPG_CA Enhanced Ambulat	T_CODE ory Patient Group	(EAPG) category code, as assigned by 3M <sup>™</sup>
Field 12:	FINAL_EAPG_CA Enhanced Ambulat EAPG Grouper. Not	T_CODE ory Patient Group available 4Q09.	(EAPG) category code, as assigned by 3M <sup>™</sup>
Field 12: Beginning	FINAL_EAPG_CA Enhanced Ambulat	T_CODE ory Patient Group available 4Q09. Data	
Field 12: Beginning Position:	FINAL_EAPG_CA Enhanced Ambulat EAPG Grouper. Not 92	T_CODE ory Patient Group available 4Q09. Data Source:	(EAPG) category code, as assigned by 3M <sup>™</sup> Assigned
Field 12: Beginning Position: Length:	FINAL_EAPG_CA Enhanced Ambulat EAPG Grouper. Not 92 2	T_CODE ory Patient Group available 4Q09. Data Source: Type:	(EAPG) category code, as assigned by 3M <sup>™</sup>
Field 12: Beginning Position: Length:	FINAL_EAPG_CA Enhanced Ambulat EAPG Grouper. Not 92 2 FINAL_EAPG_TY	T_CODE ory Patient Group : available 4Q09. Data Source: Type: PE_CODE	(EAPG) category code, as assigned by 3M <sup>™</sup> Assigned Alphanumeric
Field 12: Beginning Position: Length:	FINAL_EAPG_CA Enhanced Ambulat EAPG Grouper. Not 92 2 FINAL_EAPG_TY	T_CODE ory Patient Group : available 4Q09. Data Source: Type: PE_CODE ory Patient Group	(EAPG) category code, as assigned by 3M <sup>™</sup> Assigned
Field 12: Beginning Position: Length: Field 13:	FINAL_EAPG_CA Enhanced Ambulat EAPG Grouper. Not 92 2 FINAL_EAPG_TY Enhanced Ambulat	T_CODE ory Patient Group : available 4Q09. Data Source: Type: PE_CODE ory Patient Group	(EAPG) category code, as assigned by 3M <sup>™</sup> Assigned Alphanumeric
Field 12: Beginning Position: Length: Field 13: Beginning	FINAL_EAPG_CA Enhanced Ambulat EAPG Grouper. Not 92 2 FINAL_EAPG_TY Enhanced Ambulat Grouper. Not availa	T_CODE ory Patient Group : available 4Q09. Data Source: Type: PE_CODE ory Patient Group able 4Q09.	<ul> <li>(EAPG) category code, as assigned by 3M<sup>™</sup></li> <li>Assigned</li> <li>Alphanumeric</li> <li>(EAPG) type code, as assigned by 3M<sup>™</sup> EAPG</li> </ul>
Field 12: Beginning Position: Length: Field 13: Beginning Position:	FINAL_EAPG_CA Enhanced Ambulat EAPG Grouper. Not 92 2 FINAL_EAPG_TY Enhanced Ambulat Grouper. Not availa	T_CODE ory Patient Group : available 4Q09. Data Source: Type: PE_CODE ory Patient Group able 4Q09. Data	<ul> <li>(EAPG) category code, as assigned by 3M<sup>™</sup></li> <li>Assigned</li> <li>Alphanumeric</li> <li>(EAPG) type code, as assigned by 3M<sup>™</sup> EAPG</li> </ul>
Field 12: Beginning Position: Length: Field 13: Beginning Position: Length:	FINAL_EAPG_CA Enhanced Ambulat EAPG Grouper. Not 92 2 FINAL_EAPG_TY Enhanced Ambulat Grouper. Not availa 94 2 FINAL_EAPG	T_CODE ory Patient Group : available 4Q09. Data Source: Type: PE_CODE ory Patient Group able 4Q09. Data Source: Type:	<ul> <li>(EAPG) category code, as assigned by 3M<sup>™</sup></li> <li>Assigned</li> <li>Alphanumeric</li> <li>(EAPG) type code, as assigned by 3M<sup>™</sup> EAPG</li> <li>Assigned</li> <li>Alphanumeric</li> </ul>
Field 12: Beginning Position: Length: Field 13: Beginning Position: Length:	FINAL_EAPG_CA Enhanced Ambulate EAPG Grouper. Not 92 2 FINAL_EAPG_TY Enhanced Ambulate Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Am	T_CODE ory Patient Group : available 4Q09. Data Source: Type: PE_CODE ory Patient Group able 4Q09. Data Source: Type: bulatory Patient C	<ul> <li>(EAPG) category code, as assigned by 3M<sup>™</sup></li> <li>Assigned</li> <li>Alphanumeric</li> <li>(EAPG) type code, as assigned by 3M<sup>™</sup> EAPG</li> <li>Assigned</li> </ul>
Field 12: Beginning Position: Length: Field 13: Beginning Position: Length: Field 14:	FINAL_EAPG_CA Enhanced Ambulate EAPG Grouper. Not 92 2 FINAL_EAPG_TY Enhanced Ambulate Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Am Grouper. Not availa	T_CODE ory Patient Group : available 4Q09. Data Source: Type: PE_CODE ory Patient Group able 4Q09. Data Source: Type: bulatory Patient C able 4Q09.	<ul> <li>(EAPG) category code, as assigned by 3M<sup>™</sup></li> <li>Assigned</li> <li>Alphanumeric</li> <li>(EAPG) type code, as assigned by 3M<sup>™</sup> EAPG</li> <li>Assigned</li> <li>Alphanumeric</li> <li>Group (EAPG), as assigned by 3M<sup>™</sup> EAPG</li> </ul>
Field 12: Beginning Position: Length: Field 13: Beginning Position: Length: Field 14: Beginning	FINAL_EAPG_CA Enhanced Ambulate EAPG Grouper. Not 92 2 FINAL_EAPG_TY Enhanced Ambulate Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Am	T_CODE ory Patient Group : available 4Q09. Data Source: Type: PE_CODE ory Patient Group able 4Q09. Data Source: Type: bulatory Patient C able 4Q09. Data	<ul> <li>(EAPG) category code, as assigned by 3M<sup>™</sup></li> <li>Assigned</li> <li>Alphanumeric</li> <li>(EAPG) type code, as assigned by 3M<sup>™</sup> EAPG</li> <li>Assigned</li> <li>Alphanumeric</li> </ul>
Field 12: Beginning Position: Length: Field 13: Beginning Position: Length: Field 14: Beginning Position:	FINAL_EAPG_CA Enhanced Ambulate EAPG Grouper. Not 92 2 FINAL_EAPG_TY Enhanced Ambulate Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Am Grouper. Not availa 96	T_CODE ory Patient Group : available 4Q09. Data Source: Type: PE_CODE ory Patient Group able 4Q09. Data Source: Type: bulatory Patient C able 4Q09. Data Source: Data Source:	<ul> <li>(EAPG) category code, as assigned by 3M<sup>™</sup></li> <li>Assigned</li> <li>Alphanumeric</li> <li>(EAPG) type code, as assigned by 3M<sup>™</sup> EAPG</li> <li>Assigned</li> <li>Alphanumeric</li> <li>Group (EAPG), as assigned by 3M<sup>™</sup> EAPG</li> <li>Assigned</li> </ul>
Field 12: Beginning Position: Length: Field 13: Beginning Position: Length: Field 14: Beginning Position: Length:	FINAL_EAPG_CA Enhanced Ambulate EAPG Grouper. Not 92 2 FINAL_EAPG_TY Enhanced Ambulate Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Am Grouper. Not availa 96 5	T_CODE ory Patient Group : available 4Q09. Data Source: Type: PE_CODE ory Patient Group able 4Q09. Data Source: Type: bulatory Patient C able 4Q09. Data	<ul> <li>(EAPG) category code, as assigned by 3M<sup>™</sup></li> <li>Assigned</li> <li>Alphanumeric</li> <li>(EAPG) type code, as assigned by 3M<sup>™</sup> EAPG</li> <li>Assigned</li> <li>Alphanumeric</li> <li>Group (EAPG), as assigned by 3M<sup>™</sup> EAPG</li> </ul>
Field 12: Beginning Position: Length: Field 13: Beginning Position: Length: Field 14: Beginning Position:	FINAL_EAPG_CA Enhanced Ambulate EAPG Grouper. Not 92 2 FINAL_EAPG_TY Enhanced Ambulate Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Am Grouper. Not availa 96 5 APC_GRP_VER	T_CODE ory Patient Group : available 4Q09. Data Source: Type: PE_CODE ory Patient Group able 4Q09. Data Source: Type: bulatory Patient C able 4Q09. Data Source: Type:	<ul> <li>(EAPG) category code, as assigned by 3M<sup>™</sup></li> <li>Assigned</li> <li>Alphanumeric</li> <li>(EAPG) type code, as assigned by 3M<sup>™</sup> EAPG</li> <li>Assigned</li> <li>Alphanumeric</li> <li>Group (EAPG), as assigned by 3M<sup>™</sup> EAPG</li> <li>Assigned</li> <li>Alphanumeric</li> </ul>
Field 12: Beginning Position: Length: Field 13: Beginning Position: Length: Field 14: Beginning Position: Length:	FINAL_EAPG_CA Enhanced Ambulate EAPG Grouper. Not 92 2 FINAL_EAPG_TY Enhanced Ambulate Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Am Grouper. Not availa 96 5 APC_GRP_VER Ambulatory Paymen	T_CODE ory Patient Group : available 4Q09. Data Source: Type: PE_CODE ory Patient Group able 4Q09. Data Source: Type: bulatory Patient C able 4Q09. Data Source: Type: t Classification (A	(EAPG) category code, as assigned by 3M <sup>™</sup> Assigned Alphanumeric (EAPG) type code, as assigned by 3M <sup>™</sup> EAPG Assigned Alphanumeric Group (EAPG), as assigned by 3M <sup>™</sup> EAPG Assigned
Field 12: Beginning Position: Length: Field 13: Beginning Position: Length: Field 14: Beginning Position: Length: Field 15:	FINAL_EAPG_CA Enhanced Ambulate EAPG Grouper. Not 92 2 FINAL_EAPG_TY Enhanced Ambulate Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Am Grouper. Not availa 96 5 APC_GRP_VER Ambulatory Paymen Grouper. Not availab	T_CODE ory Patient Group : available 4Q09. Data Source: Type: PE_CODE ory Patient Group able 4Q09. Data Source: Type: bulatory Patient C able 4Q09. Data Source: Type: t Classification (A ble 4Q09.	<ul> <li>(EAPG) category code, as assigned by 3M<sup>™</sup></li> <li>Assigned</li> <li>Alphanumeric</li> <li>(EAPG) type code, as assigned by 3M<sup>™</sup> EAPG</li> <li>Assigned</li> <li>Alphanumeric</li> <li>Group (EAPG), as assigned by 3M<sup>™</sup> EAPG</li> <li>Assigned</li> <li>Alphanumeric</li> <li>PC) Version Number as assigned by 3M APC</li> </ul>
Field 12: Beginning Position: Length: Field 13: Beginning Position: Length: Field 14: Beginning Position: Length: Field 15: Beginning	FINAL_EAPG_CA Enhanced Ambulate EAPG Grouper. Not 92 2 FINAL_EAPG_TY Enhanced Ambulate Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Am Grouper. Not availa 96 5 APC_GRP_VER Ambulatory Paymen	T_CODE ory Patient Group : available 4Q09. Data Source: Type: PE_CODE ory Patient Group able 4Q09. Data Source: Type: bulatory Patient C able 4Q09. Data Source: Type: t Classification (A ble 4Q09. Data	<ul> <li>(EAPG) category code, as assigned by 3M<sup>™</sup></li> <li>Assigned</li> <li>Alphanumeric</li> <li>(EAPG) type code, as assigned by 3M<sup>™</sup> EAPG</li> <li>Assigned</li> <li>Alphanumeric</li> <li>Group (EAPG), as assigned by 3M<sup>™</sup> EAPG</li> <li>Assigned</li> <li>Alphanumeric</li> </ul>
Field 12: Beginning Position: Length: Field 13: Beginning Position: Length: Field 14: Beginning Position: Length: Field 15: Beginning Position:	FINAL_EAPG_CA Enhanced Ambulate EAPG Grouper. Not 92 2 FINAL_EAPG_TY Enhanced Ambulate Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Am Grouper. Not availa 96 5 APC_GRP_VER Ambulatory Paymen Grouper. Not availat 111	T_CODE ory Patient Group : available 4Q09. Data Source: Type: PE_CODE ory Patient Group able 4Q09. Data Source: Type: bulatory Patient C able 4Q09. Data Source: Type: t Classification (A ble 4Q09. Data Source: Type:	<ul> <li>(EAPG) category code, as assigned by 3M<sup>™</sup></li> <li>Assigned</li> <li>Alphanumeric</li> <li>(EAPG) type code, as assigned by 3M<sup>™</sup> EAPG</li> <li>Assigned</li> <li>Alphanumeric</li> <li>Group (EAPG), as assigned by 3M<sup>™</sup> EAPG</li> <li>Assigned</li> <li>Alphanumeric</li> <li>PC) Version Number as assigned by 3M APC</li> <li>Assigned</li> </ul>
Field 12: Beginning Position: Length: Field 13: Beginning Position: Length: Field 14: Beginning Position: Length: Field 15: Beginning Position: Length:	FINAL_EAPG_CA Enhanced Ambulate EAPG Grouper. Not 92 2 FINAL_EAPG_TY Enhanced Ambulate Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Am Grouper. Not availa 96 5 APC_GRP_VER Ambulatory Paymen Grouper. Not availat 111	T_CODE ory Patient Group : available 4Q09. Data Source: Type: PE_CODE ory Patient Group able 4Q09. Data Source: Type: bulatory Patient C able 4Q09. Data Source: Type: t Classification (A ble 4Q09. Data Source: Type:	<ul> <li>(EAPG) category code, as assigned by 3M<sup>™</sup></li> <li>Assigned</li> <li>Alphanumeric</li> <li>(EAPG) type code, as assigned by 3M<sup>™</sup> EAPG</li> <li>Assigned</li> <li>Alphanumeric</li> <li>Group (EAPG), as assigned by 3M<sup>™</sup> EAPG</li> <li>Assigned</li> <li>Alphanumeric</li> <li>PC) Version Number as assigned by 3M APC</li> </ul>
Field 12: Beginning Position: Length: Field 13: Beginning Position: Length: Field 14: Beginning Position: Length: Field 15: Beginning Position:	FINAL_EAPG_CA Enhanced Ambulate EAPG Grouper. Not 92 2 FINAL_EAPG_TY Enhanced Ambulate Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Am Grouper. Not availa 96 5 APC_GRP_VER Ambulatory Paymen Grouper. Not availat 111 12 APC_PROCEDURE	T_CODE ory Patient Group : available 4Q09. Data Source: Type: PE_CODE ory Patient Group able 4Q09. Data Source: Type: t Classification (A ble 4Q09. Data Source: Type: t Classification (A ble 4Q09. Data Source: Type: t Classification (A	<ul> <li>(EAPG) category code, as assigned by 3M<sup>™</sup></li> <li>Assigned</li> <li>Alphanumeric</li> <li>(EAPG) type code, as assigned by 3M<sup>™</sup> EAPG</li> <li>Assigned</li> <li>Alphanumeric</li> <li>Group (EAPG), as assigned by 3M<sup>™</sup> EAPG</li> <li>Assigned</li> <li>Alphanumeric</li> <li>PC) Version Number as assigned by 3M APC</li> <li>Assigned</li> <li>Alphanumeric</li> </ul>
Field 12: Beginning Position: Length: Field 13: Beginning Position: Length: Field 14: Beginning Position: Length: Field 15: Beginning Position: Length:	FINAL_EAPG_CA Enhanced Ambulate EAPG Grouper. Not 92 2 FINAL_EAPG_TY Enhanced Ambulate Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Am Grouper. Not availa 96 5 APC_GRP_VER Ambulatory Paymen Grouper. Not availat 111 12 APC_PROCEDURE Ambulatory Payme	T_CODE ory Patient Group : available 4Q09. Data Source: Type: PE_CODE ory Patient Group able 4Q09. Data Source: Type: t Classification (A ble 4Q09. Data Source: Type: t Classification (A ble 4Q09. Data Source: Type: t Classification (A	<ul> <li>(EAPG) category code, as assigned by 3M<sup>™</sup></li> <li>Assigned</li> <li>Alphanumeric</li> <li>(EAPG) type code, as assigned by 3M<sup>™</sup> EAPG</li> <li>Assigned</li> <li>Alphanumeric</li> <li>Group (EAPG), as assigned by 3M<sup>™</sup> EAPG</li> <li>Assigned</li> <li>Alphanumeric</li> <li>PC) Version Number as assigned by 3M APC</li> <li>Assigned</li> </ul>

Beginning Position:	123	Data Source:	Assigned	
Length:	5	Type:	Alphanumeric	
Field 17:	APC_PX_ST	ATUS_IND_CODE		
	Ambulatory P	ayment Classification (A	PC) procedure status indicator as assigned by	
	3M <sup>™</sup> APC Gro	uper. Not available 4Q0	19.	
Beginning	128	Data	Assigned	
Position:		Source:	-	
Length:	2	Туре:	Alphanumeric	
Field 18:	APC_WEIGH		·	
	Ambulatory P	ayment Classification (A	NPC) weighting as assigned by 3M <sup>™</sup> APC	
	Grouper. Not	available 4Q09.	, , , ,	
Beginning	130	Data	Assigned	
Position:		Source:	2	
Length:	9	Type:	Alphanumeric	
-		<i>2</i> •	·	

### **FACILITY TYPE DATA FILE**

Facility type indicators provided by the facilities. Provides the data user with information on the type of facility providing the service.

Field 1.	TU010 ID				
Field 1:	THCIC_ID				
Description:	Provider ID. Unique identifier assigned to the provider by DSHS. The THCIC_ID is				
	consistent throughout each quarter of data and generally throughout a full year.				
	THCIC_ID may change Provider_Name c				
	noted in such cases in which we are awa	re of those mid-year name changes.			
Beginning Position:	1 Data Source:	Assigned			
Length:	6 <b>Type:</b>	Alphanumeric			
Field 2:	FACILITY_TYPE				
Description:	Types of healthcare facilities.				
Beginning Position:	7 Data Source:	Provider			
Length:	4 <b>Туре:</b>	Alphanumeric			
Field 3:	FAC_TEACHING_IND				
Description:	Teaching Facility Indicator.				
Suppression:	Suppressed for hospitals with fewer than 50 d	discharges (Provider ID equals '999999')			
Coding Scheme:	A Member, Council of Teaching Hospitals	discharges (110vider 1D equals 999999).			
county seneme:	X Other teaching facility				
<b>Beginning Position:</b>		Provider			
Length:		Alphanumeric			
Field 4:	FAC_PSYCH_IND				
Description:	Psychiatric Facility Indicator.				
Suppression:	Suppressed for hospitals with fewer than 50 c	discharges (Provider ID equals '000000')			
Beginning Position:		Provider			
Length:		Alphanumeric			
Field 5:	FAC_REHAB_IND	Alphandmene			
Description:	Rehabilitation Facility Indicator.				
•	Suppressed for hospitals with fewer than 50 c	discharges (Provider ID equals '000000')			
Suppression:		Provider			
Beginning Position: Length:		Alphanumeric			
Field 6:	FAC_ACUTE_CARE_IND	Alphandmene			
Description:	Acute Care Facility Indicator.				
Suppression:	Suppressed for hospitals with fewer than 50 d	discharges (Provider ID equals '999999')			
Beginning Position:		Provider			
Length:		Alphanumeric			
Field 7:	FAC_SNF_IND				
Description:	Skilled Nursing Facility Indicator.				
Suppression:	Suppressed for hospitals with fewer than 50 c	discharges (Provider ID equals '000000')			
Beginning Position:		Provider			
Length:		Alphanumeric			
Field 8:	FAC_LONG_TERM_AC_IND	Aphanamene			
Description:	Long Term Acute Care Facility Indicator.				
Suppression:	Suppressed for hospitals with fewer than 50 c				
Beginning Position:		Provider			
		Alphanumeric			
Length: Field 9:	FAC_OTHER_LTC_IND	riphanamene			
Description:	Other Long Term Care Facility Indicator.				
Suppression:	Suppressed for hospitals with fewer than 50 of				
Beginning Position:		Provider			
Length:		Alphanumeric			
Field 10:	FAC_PEDS_IND	riphanamene			
Description:	Pediatric Facility Indicator.				
Suppression:	Suppressed for hospitals with fewer than 50 (	discharges (Provider ID equals 1000001)			
Coding Scheme:	C Member, National Association of Children's				
county scheme:		nospitais and Related Institutions (NACIRI)			
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www.usiis.texas.gov/1F	ICIC 90	Last Opulieu. February, 2025			

	X Facilities that also treat	children		
<b>Beginning Position:</b>	18	Data Source:	Provider	
Length:	1	Туре:	Alphanumeric	
Field 11:	FAC_CARDIOVASCU	LAR_IND		
Description:	Cardiovascular facility	indicator.		
<b>Beginning Position:</b>	19	Data Source:	Provider	
Length:	1	Туре:	Alphanumeric	
Field 12:	FAC_CHIROPRACTIC			
Description:	Chiropractic care facilit	ty indicator.		
Beginning Position:	20	Data Source:	Provider	
Length:	1	Туре:	Alphanumeric	
Field 13:	FAC_ENDOSCOPY_I			
Description:	Endoscopy facility indi			
Beginning Position:	21	Data Source:	Provider	
Length: Field 14:		Туре:	Alphanumeric	
	FAC_FOOT_IND			
Description:	Foot care facility indica		Duovidou	
Beginning Position: Length:	22 1	Data Source: Type:	Provider Alphanumeric	
Field 15:	FAC_GASTROENTER		Alphanumenc	
Description:	Gastroenterology facili			
Beginning Position:		Data Source:	Provider	
Length:	1	Type:	Alphanumeric	
Field 16:	FAC_GENERAL_IND			
Description:	General care facility in	dicator.		
Beginning Position:	24	Data Source:	Provider	
Length:	1	Туре:	Alphanumeric	
Field 17:	FAC_NEUROLOGICA	LIND	•	
Description:	Neurological care facili			
<b>Beginning Position:</b>	25	Data Source:	Provider	
Length:	1	Туре:	Alphanumeric	
Field 18:	FAC_OB_GYN_IND			
Description:	Obstetric and gynecold			
Beginning Position:	26	Data Source:	Provider	
Length:	1	Туре:	Alphanumeric	
Field 19:	FAC_OPTHAMOLOGY			
Description:	Ophthalmology facility		Dusuidau	
Beginning Position: Length:	27 1	Data Source:	Provider Alphanumeric	
Field 20:	 FAC_ORAL_IND	Туре:	Alphanumenc	
Description:	Oral health care facility	indicator		
Beginning Position:	28	Data Source:	Provider	
Length:	1	Type:	Alphanumeric	
Field 21:	FAC_ORTHOPEDIC_3			
Description:	Orthopedic care facility			
Beginning Position:	29	Data Source:	Provider	
Length:	1	Туре:	Alphanumeric	
Field 22:	FAC_OTOLARYNGOL			
Description:	Otolaryngology facility	indicator.		
<b>Beginning Position:</b>	30	Data Source:	Provider	
Length:	1	Туре:	Alphanumeric	
Field 23:	FAC_ PAIN_MNGMT			
Description:	Pain management facil			
Beginning Position:	31	Data Source:	Provider	
Length: Field 24:	1 EAC DIASTIC IND	Туре:	Alphanumeric	
	FAC_PLASTIC_IND	indicator		
Description: Beginning Position:	Plastic surgery facility 32	Data Source:	Provider	
Length:	32 1	Type:	Alphanumeric	
Field 25:	FAC_THORACIC_IN			
Description:	Thoracic care facility in			
	Thoracle care racinty if			
DSHS/THCIC		Page		DSHS Document #25-15013
www.dshs.texas.gov/TH	ICIC	 91		Last Updated: February, 2025
6		~ -		L

Length:	33 1	Data Source: Type:	Provider Alphanumeric
Field 26:		ROLOGY_IND	
Description:		care facility indicator.	
Beginning Position:	34	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 27:	FAC_O	THER_IND	
Description:	Other fa	cility indicator.	
Beginning Position:	35	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 28:		IERGENCY_DEPARTMENT_I	
Description:			, including Hospital-owned FEMCFs, start
		4 <sup>th</sup> Quarter 2020 Facility Type Data	File.
	Note:		
	The FEM	ICFs names are available at <u>https://d</u>	<u>lshs.texas.gov/thcic/</u> (downloadable Excel
	sheet nar	ned Current Facility Contact), under	r "Facility Reporting Requirement". The
	provider	names and THCIC IDs in the Excel	sheet are more current than the ones in the
			nplementation, 4 <sup>th</sup> Quarter 2020, the facilit
		has incomplete data due to implem	
			-
Beginning Position:	36	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 29:		NCOLOGY_IND	
Description:		y facility indicator.	
Beginning Position:	37	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 30:		DER_NAME	
Description:		I name provided by the hospital	
Beginning Position:	38	Data Source:	Provider
Length: Field 31:	55	Type: ROVIDER_INDICATOR	Alphanumeric
Description:			red to submit Diagnosis Present on Admiss
			tifies the following facility types as exempt
	from rep Hospitals	orting POA to the department: Criti	ntifies the following facility types as exempt cal Access Hospitals, Inpatient Rehabilitatio Incer Hospitals, Children's or Pediatric
Coding Scheme:	from rep Hospitals Hospitals	orting POA to the department: Criti , Inpatient Psychiatric Hospitals, Ca and Long-Term Care Hospitals.	cal Access Hospitals, Inpatient Rehabilitatic ncer Hospitals, Children's or Pediatric
Coding Scheme:	from rep Hospitals Hospitals M Mix pat	orting POA to the department: Criti , Inpatient Psychiatric Hospitals, Ca and Long-Term Care Hospitals. ed (Facility has sections that would ients)	cal Access Hospitals, Inpatient Rehabilitatic ncer Hospitals, Children's or Pediatric
Coding Scheme:	from rep Hospitals Hospitals M Mix pat R Rec	orting POA to the department: Criti , Inpatient Psychiatric Hospitals, Ca and Long-Term Care Hospitals. ed (Facility has sections that would ients) quired	cal Access Hospitals, Inpatient Rehabilitatic ncer Hospitals, Children's or Pediatric
Coding Scheme:	from rep Hospitals Hospitals M Mix pat R Rec X Exe	orting POA to the department: Criti , Inpatient Psychiatric Hospitals, Ca and Long-Term Care Hospitals. ed (Facility has sections that would ients) guired mpt	cal Access Hospitals, Inpatient Rehabilitatic ncer Hospitals, Children's or Pediatric
-	from rep Hospitals Hospitals M Mix pat R Rec X Exe ` Inv	orting POA to the department: Criti , Inpatient Psychiatric Hospitals, Ca and Long-Term Care Hospitals. ed (Facility has sections that would ients) juired empt alid	cal Access Hospitals, Inpatient Rehabilitation incer Hospitals, Children's or Pediatric be exempted from reporting POA for those
Beginning Position:	from rep Hospitals Hospitals M Mix pat R Rec X Exe ` Inv 93	orting POA to the department: Criti , Inpatient Psychiatric Hospitals, Ca and Long-Term Care Hospitals. ed (Facility has sections that would ients) juired empt alid <b>Data Source:</b>	cal Access Hospitals, Inpatient Rehabilitation uncer Hospitals, Children's or Pediatric be exempted from reporting POA for those Assigned
Beginning Position: Length:	from rep Hospitals Hospitals M Mix pat R Rec X Exe ` Inv 93 1	orting POA to the department: Criti , Inpatient Psychiatric Hospitals, Ca and Long-Term Care Hospitals. ed (Facility has sections that would ients) juired empt alid Data Source: Type:	cal Access Hospitals, Inpatient Rehabilitation incer Hospitals, Children's or Pediatric be exempted from reporting POA for those
Beginning Position: Length: Field 32:	from rep Hospitals Hospitals M Mix pat R Rec X Exe ` Inv 93 1 <b>CERT_S</b>	orting POA to the department: Criti , Inpatient Psychiatric Hospitals, Ca and Long-Term Care Hospitals. ed (Facility has sections that would ients) juired empt alid Data Source: Type: STATUS_IP	cal Access Hospitals, Inpatient Rehabilitation incer Hospitals, Children's or Pediatric be exempted from reporting POA for those Assigned Alphanumeric
Beginning Position: Length: Field 32:	from rep Hospitals Hospitals M Mix pat R Rec X Exe N Inv 93 1 <b>CERT_S</b> Assignm	orting POA to the department: Criti , Inpatient Psychiatric Hospitals, Ca and Long-Term Care Hospitals. ed (Facility has sections that would ients) juired empt alid Data Source: Type: STATUS_IP nent of a code to indicate the ce	cal Access Hospitals, Inpatient Rehabilitation incer Hospitals, Children's or Pediatric be exempted from reporting POA for those Assigned Alphanumeric rtification of data (inpatient) and
Beginning Position: Length: Field 32: Description:	from rep Hospitals Hospitals M Mix pat R Rec X Exe ` Inv 93 1 <b>CERT_S</b> Assignm submiss	orting POA to the department: Criti , Inpatient Psychiatric Hospitals, Ca and Long-Term Care Hospitals. ed (Facility has sections that would ients) juired mpt alid Data Source: Type: STATUS_IP nent of a code to indicate the ce ion of comments by the hospita	cal Access Hospitals, Inpatient Rehabilitation incer Hospitals, Children's or Pediatric be exempted from reporting POA for those Assigned Alphanumeric rtification of data (inpatient) and
Beginning Position: Length: Field 32: Description:	from rep Hospitals Hospitals M Mix pat R Rec X Exe ` Inv 93 1 <b>CERT_S</b> Assignm submiss 1 Cer	orting POA to the department: Criti , Inpatient Psychiatric Hospitals, Ca and Long-Term Care Hospitals. ed (Facility has sections that would ients) juired mpt alid Data Source: Type: STATUS_IP ment of a code to indicate the ce ion of comments by the hospitat tified, without comment	cal Access Hospitals, Inpatient Rehabilitation incer Hospitals, Children's or Pediatric be exempted from reporting POA for those Assigned Alphanumeric rtification of data (inpatient) and
Beginning Position: Length: Field 32: Description:	from rep Hospitals Hospitals M Mix pat R Rec X Exe N Inv 93 1 CERT_S Assignm submiss 1 Cer 2 Cer	orting POA to the department: Critic , Inpatient Psychiatric Hospitals, Ca and Long-Term Care Hospitals. ed (Facility has sections that would ients) juired mpt alid <b>Data Source:</b> Type: STATUS_IP nent of a code to indicate the ce ion of comments by the hospita tified, without comment tified, with comment	cal Access Hospitals, Inpatient Rehabilitation incer Hospitals, Children's or Pediatric be exempted from reporting POA for those Assigned Alphanumeric rtification of data (inpatient) and II.
Beginning Position: Length: Field 32: Description:	from rep Hospitals Hospitals M Mix pat R Rec X Exe N Inv 93 1 CERT_S Assignm submiss 1 Cer 2 Cer 3 Cer	orting POA to the department: Critic , Inpatient Psychiatric Hospitals, Ca and Long-Term Care Hospitals. ed (Facility has sections that would ients) juired mpt alid <b>Data Source:</b> Type: <b>STATUS_IP</b> nent of a code to indicate the ce ion of comments by the hospita tified, without comment tified, with comment tified, with comment	cal Access Hospitals, Inpatient Rehabilitation incer Hospitals, Children's or Pediatric be exempted from reporting POA for those Assigned Alphanumeric rtification of data (inpatient) and II.
Beginning Position: Length: Field 32: Description:	from rep Hospitals Hospitals M Mix pat R Rec X Exe N Inv 93 1 CERT_S Assignm submiss 1 Cer 2 Cer 3 Cer 4 Hos	orting POA to the department: Critic , Inpatient Psychiatric Hospitals, Ca and Long-Term Care Hospitals. ed (Facility has sections that would ients) juired mpt alid <b>Data Source:</b> Type: <b>STATUS_IP</b> nent of a code to indicate the ce ion of comments by the hospita tified, without comment tified, with comment tified, with comment tified, with comment, comment not spital elected not to certify	cal Access Hospitals, Inpatient Rehabilitation uncer Hospitals, Children's or Pediatric be exempted from reporting POA for those Assigned Alphanumeric rtification of data (inpatient) and II.
Beginning Position: Length: Field 32: Description:	from rep Hospitals Hospitals M Mix pat R Rec X Exe N Inv 93 1 CERT_S Assignm submiss 1 Cer 2 Cer 3 Cer 4 Hos 5 Hos	orting POA to the department: Critic , Inpatient Psychiatric Hospitals, Ca and Long-Term Care Hospitals. ed (Facility has sections that would ients) juired mpt alid <b>Data Source:</b> Type: <b>STATUS_IP</b> nent of a code to indicate the ce ion of comments by the hospitat tified, without comment tified, with comment tified, with comment tified, with comment tified, with comment, comment not spital elected not to certify spital closed, data not certified	cal Access Hospitals, Inpatient Rehabilitation incer Hospitals, Children's or Pediatric be exempted from reporting POA for those Assigned Alphanumeric rtification of data (inpatient) and II. received by deadline
Beginning Position: Length: Field 32: Description:	from rep Hospitals Hospitals M Mix pat R Rec X Exe N Inv 93 1 CERT_S Assignm submiss 1 Cer 2 Cer 3 Cer 4 Hos 5 Hos 6 Hos	orting POA to the department: Critic , Inpatient Psychiatric Hospitals, Ca and Long-Term Care Hospitals. ed (Facility has sections that would ients) juired alid <b>Data Source:</b> Type: <b>STATUS_IP</b> nent of a code to indicate the ce ion of comments by the hospita tified, without comment tified, with comment tified and to certify spital closed, data not certified spital out of compliance, did not cer	cal Access Hospitals, Inpatient Rehabilitation incer Hospitals, Children's or Pediatric be exempted from reporting POA for those Assigned Alphanumeric rtification of data (inpatient) and II. received by deadline tify data
Beginning Position: Length: Field 32: Description:	from rep Hospitals Hospitals M Mix pat R Rec X Exe N Inv 93 1 CERT_S Assignm submiss 1 Cer 2 Cer 3 Cer 4 Hos 5 Hos 6 Hos 7 Dat	orting POA to the department: Critic , Inpatient Psychiatric Hospitals, Ca and Long-Term Care Hospitals. ed (Facility has sections that would ients) juired alid <b>Data Source:</b> Type: <b>STATUS_IP</b> nent of a code to indicate the ce ion of comments by the hospita tified, without comment tified, with comment tified and to certify spital closed, data not certified spital out of compliance, did not cer a not certified. Facility affected by	cal Access Hospitals, Inpatient Rehabilitation incer Hospitals, Children's or Pediatric be exempted from reporting POA for those Assigned Alphanumeric rtification of data (inpatient) and II. received by deadline tify data natural or man-made disaster (4Q2016)
Beginning Position: Length: Field 32: Description: Coding Scheme:	from rep Hospitals Hospitals M Mix pat R Rec X Exe N Inv 93 1 CERT_9 Assignm submiss 1 Cer 2 Cer 3 Cer 4 Hos 5 Hos 6 Hos 7 Dat 8 No	orting POA to the department: Critic , Inpatient Psychiatric Hospitals, Ca and Long-Term Care Hospitals. ed (Facility has sections that would ients) juired mpt alid <b>Data Source:</b> Type: <b>STATUS_IP</b> nent of a code to indicate the ce ion of comments by the hospitatified, without comment tified, with comment tified, with comment tified, with comment tified, with comment not spital elected not to certify spital closed, data not certified spital out of compliance, did not cer a not certified. Facility affected by a Emergency Department data submit	cal Access Hospitals, Inpatient Rehabilitation incer Hospitals, Children's or Pediatric be exempted from reporting POA for those Assigned Alphanumeric rtification of data (inpatient) and Il. received by deadline tify data natural or man-made disaster (4Q2016) tted
Beginning Position: Length: Field 32: Description: Coding Scheme: Beginning Position:	from rep Hospitals Hospitals M Mix pat R Rec X Exe N Inv 93 1 CERT_S Assignm submiss 1 Cer 2 Cer 3 Cer 4 Hos 5 Hos 6 Hos 7 Dat	orting POA to the department: Critic , Inpatient Psychiatric Hospitals, Ca and Long-Term Care Hospitals. ed (Facility has sections that would ients) juired mpt alid <b>Data Source:</b> Type: <b>STATUS_IP</b> nent of a code to indicate the ce ion of comments by the hospitatified, without comment tified, with comment tified, with comment tified, with comment tified, with comment tified, with comment not spital elected not to certify spital closed, data not certified spital out of compliance, did not cer a not certified. Facility affected by the Emergency Department data submit <b>Data Source:</b>	cal Access Hospitals, Inpatient Rehabilitation incer Hospitals, Children's or Pediatric be exempted from reporting POA for those Assigned Alphanumeric rtification of data (inpatient) and II. received by deadline tify data natural or man-made disaster (4Q2016)
Beginning Position: Length: Field 32: Description: Coding Scheme: Beginning Position: Length:	from rep Hospitals Hospitals M Mix pat R Rec X Exe N Inv 93 1 CERT_S Assignm submiss 1 Cer 2 Cer 3 Cer 4 Hos 5 Hos 6 Hos 7 Dat 8 No 94	orting POA to the department: Critic , Inpatient Psychiatric Hospitals, Ca and Long-Term Care Hospitals. ed (Facility has sections that would ients) juired mpt alid <b>Data Source:</b> Type: <b>STATUS_IP</b> nent of a code to indicate the ce ion of comments by the hospitatified, without comment tified, with comm	cal Access Hospitals, Inpatient Rehabilitation incer Hospitals, Children's or Pediatric be exempted from reporting POA for those Assigned Alphanumeric rtification of data (inpatient) and II. received by deadline tify data natural or man-made disaster (4Q2016) tted Assigned
Coding Scheme: Beginning Position: Length: Field 32: Description: Coding Scheme: Beginning Position: Length: Field 33: Description:	from rep Hospitals Hospitals M Mix pat R Rec X Exe N Inv 93 1 CERT_S Assignm submiss 1 Cer 2 Cer 3 Cer 4 Hos 5 Hos 6 Hos 7 Dat 8 No 94 1 CERT_S	orting POA to the department: Critic, Inpatient Psychiatric Hospitals, Cata and Long-Term Care Hospitals. ed (Facility has sections that would ients) quired impt alid <b>Data Source:</b> <b>Type:</b> <b>STATUS_IP</b> ment of a code to indicate the cert ion of comments by the hospitatified, without comment tified, with comment tified, with comment, comment not spital elected not to certify ispital closed, data not certified ispital closed, data not certified ispital out of compliance, did not cert a not certified. Facility affected by I Emergency Department data submit <b>Data Source:</b> <b>Type:</b>	cal Access Hospitals, Inpatient Rehabilitation incer Hospitals, Children's or Pediatric be exempted from reporting POA for those Assigned Alphanumeric rtification of data (inpatient) and II. received by deadline tify data natural or man-made disaster (4Q2016) tted Assigned
Beginning Position: ength: Field 32: Description: Coding Scheme: Beginning Position: ength: Field 33:	from rep Hospitals Hospitals M Mix pat R Rec X Exe N Inv 93 1 CERT_S Assignm submiss 1 Cer 2 Cer 3 Cer 4 Hos 5 Hos 6 Hos 7 Dat 8 No 94 1 CERT_S	orting POA to the department: Critic, Inpatient Psychiatric Hospitals, Cata and Long-Term Care Hospitals. ed (Facility has sections that would ients) quired impt alid <b>Data Source:</b> <b>Type:</b> <b>STATUS_IP</b> ment of a code to indicate the cert ion of comments by the hospitatified, without comment tified, with comment tified, with comment, comment not spital elected not to certify ispital closed, data not certified ispital closed, data not certified ispital out of compliance, did not cert a not certified. Facility affected by I Emergency Department data submit <b>Data Source:</b> <b>Type:</b>	cal Access Hospitals, Inpatient Rehabilitation incer Hospitals, Children's or Pediatric be exempted from reporting POA for those Assigned Alphanumeric rtification of data (inpatient) and il. received by deadline tify data natural or man-made disaster (4Q2016) tted Assigned Alphanumeric rtification of data (outpatient) and
Beginning Position: Length: Field 32: Description: Coding Scheme: Beginning Position: Length: Field 33:	from rep Hospitals Hospitals M Mix pat R Rec X Exe N Inv 93 1 CERT_S Assignm submiss 1 Cer 2 Cer 3 Cer 4 Hos 5 Hos 6 Hos 7 Dat 8 No 94 1 CERT_S	orting POA to the department: Critic, Inpatient Psychiatric Hospitals, Cata and Long-Term Care Hospitals. ed (Facility has sections that would ients) quired impt alid <b>Data Source:</b> <b>Type:</b> <b>STATUS_IP</b> ment of a code to indicate the ceta ion of comments by the hospitat tified, without comment tified, with comment tified, with comment, comment not spital elected not to certify spital closed, data not certified upital closed, data not certified spital closed, data not certified spital out of compliance, did not cert a not certified. Facility affected by a Emergency Department data submit <b>Data Source:</b> <b>Type:</b> <b>STATUS_OP</b> ment of a code to indicate the ceta <b>STATUS_OP</b>	cal Access Hospitals, Inpatient Rehabilitation incer Hospitals, Children's or Pediatric be exempted from reporting POA for those Assigned Alphanumeric rtification of data (inpatient) and il. received by deadline tify data natural or man-made disaster (4Q2016) tted Assigned Alphanumeric rtification of data (outpatient) and

Coding Scheme:	1	Certified, without comment				
2	2	Certified, with comment				
	3	Certified, with comment, comment no	t received by deadline			
	4	Hospital elected not to certify				
	5	Hospital closed, data not certified				
	6	Hospital out of compliance, did not certify data				
	7	Data not certified. Facility affected by	Data not certified. Facility affected by natural or man-made disaster (4Q2016)			
	8	No Emergency Department data subm	hitted			
<b>Beginning Position:</b>	95	Data Source:	Assigned			
Length:	1	Type:	Alphanumeric			



# **Texas Hospital Emergency Department Data Set**

#### DATA FILE LAYOUTS

#### Inpatient Base Data #1 File

Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	DISCHARGE	13	6	Alphanumeric
3	THCIC_ID	19	6	Alphanumeric
4	TYPE_OF_ADMISSION	25	1	Alphanumeric
5	SOURCE_OF_ADMISSION	26	1	Alphanumeric
6	SPEC_UNIT_1	27	1	Alphanumeric
7	SPEC_UNIT_2	28	1	Alphanumeric
8	SPEC_UNIT_3	29	1	Alphanumeric
9	SPEC_UNIT_4	30	1	Alphanumeric
10	SPEC_UNIT_5	31	1	Alphanumeric
11	PAT_STATE	32	2	Alphanumeric
12	PAT_ZIP	34	5	Alphanumeric
13	PAT_COUNTRY	39	2	Alphanumeric
14	PAT_COUNTY	41	3	Alphanumeric
15	PUBLIC_HEALTH_REGION	44	2	Alphanumeric
16	PAT_STATUS	46	2	Alphanumeric
17	SEX_CODE	48	1	Alphanumeric
18	RACE	49	1	Alphanumeric
19	ETHNICITY	50	1	Alphanumeric
20	ADMIT_WEEKDAY	51	1	Alphanumeric
21	LENGTH_OF_STAY	52	4	Alphanumeric
22	PAT_AGE	56	2	Alphanumeric
23	FIRST_PAYMENT_SRC	58	2	Alphanumeric
24	SECONDARY_PAYMENT_SRC	60	2	Alphanumeric
25	TYPE_OF_BILL	62	3	Alphanumeric
26	TOTAL_CHARGES	65	12	Numeric

Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
27	TOTAL_NON_COV_CHARGES	77	12	Numeric
28	TOTAL_CHARGES_ACCOMM	89	12	Numeric
29	TOTAL_NON_COV_CHARGES_ACCOMM	101	12	Numeric
30	TOTAL_CHARGES_ANCIL	113	12	Numeric
31	TOTAL_NON_COV_CHARGES_ANCIL	125	12	Numeric
32	ADMITTING_DIAGNOSIS	137	7	Alphanumeric
33	PRINC_DIAG_CODE	144	7	Alphanumeric
34	POA_PRINC_DIAG_CODE	151	1	Alphanumeric
35	OTH_DIAG_CODE_1	152	7	Alphanumeric
36	POA_OTH_DIAG_CODE_1	159	1	Alphanumeric
37	OTH_DIAG_CODE_2	160	7	Alphanumeric
38	POA_OTH_DIAG_CODE_2	167	1	Alphanumeric
39	OTH_DIAG_CODE_3	168	7	Alphanumeric
40	POA_OTH_DIAG_CODE_3	175	1	Alphanumeric
41	OTH_DIAG_CODE_4	176	7	Alphanumeric
42	POA_OTH_DIAG_CODE_4	183	1	Alphanumeric
43	OTH_DIAG_CODE_5	184	7	Alphanumeric
44	POA_OTH_DIAG_CODE_5	191	1	Alphanumeric
45	OTH_DIAG_CODE_6	192	7	Alphanumeric
46	POA_OTH_DIAG_CODE_6	199	1	Alphanumeric
47	OTH_DIAG_CODE_7	200	7	Alphanumeric
48	POA_OTH_DIAG_CODE_7	207	1	Alphanumeric
49	OTH_DIAG_CODE_8	208	7	Alphanumeric
50	POA_OTH_DIAG_CODE_8	215	1	Alphanumeric
51	OTH_DIAG_CODE_9	216	7	Alphanumeric
52	POA_OTH_DIAG_CODE_9	223	1	Alphanumeric
53	OTH_DIAG_CODE_10	224	7	Alphanumeric
54	POA_OTH_DIAG_CODE_10	231	1	Alphanumeric
55	OTH_DIAG_CODE_11	232	7	Alphanumeric
56	POA_OTH_DIAG_CODE_11	239	1	Alphanumeric
57	OTH_DIAG_CODE_12	240	7	Alphanumeric
58	POA_OTH_DIAG_CODE_12	247	1	Alphanumeric
59	OTH_DIAG_CODE_13	248	7	Alphanumeric
60	POA_OTH_DIAG_CODE_13	255	1	Alphanumeric
61	OTH_DIAG_CODE_14	256	7	Alphanumeric
62	POA_OTH_DIAG_CODE_14	263	1	Alphanumeric
63	OTH_DIAG_CODE_15	264	7	Alphanumeric
64	POA_OTH_DIAG_CODE_15	271	1	Alphanumeric
65	OTH_DIAG_CODE_16	272	7	Alphanumeric
66	POA_OTH_DIAG_CODE_16	279	1	Alphanumeric

Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
67	OTH_DIAG_CODE_17	280	7	Alphanumeric
68	POA_OTH_DIAG_CODE_17	287	1	Alphanumeric
69	OTH_DIAG_CODE_18	288	7	Alphanumeric
70	POA_OTH_DIAG_CODE_18	295	1	Alphanumeric
71	OTH_DIAG_CODE_19	296	7	Alphanumeric
72	POA_OTH_DIAG_CODE_19	303	1	Alphanumeric
73	OTH_DIAG_CODE_20	304	7	Alphanumeric
74	POA_OTH_DIAG_CODE_20	311	1	Alphanumeric
75	OTH_DIAG_CODE_21	312	7	Alphanumeric
76	POA_OTH_DIAG_CODE_21	319	1	Alphanumeric
77	OTH_DIAG_CODE_22	320	7	Alphanumeric
78	POA_OTH_DIAG_CODE_22	327	1	Alphanumeric
79	OTH_DIAG_CODE_23	328	7	Alphanumeric
80	POA_OTH_DIAG_CODE_23	335	1	Alphanumeric
81	OTH_DIAG_CODE_24	336	7	Alphanumeric
82	POA_OTH_DIAG_CODE_24	343	1	Alphanumeric
83	E_CODE_1	344	7	Alphanumeric
84	POA_E_CODE_1	351	1	Alphanumeric
85	E_CODE_2	352	7	Alphanumeric
86	POA_E_CODE_2	359	1	Alphanumeric
87	E_CODE_3	360	7	Alphanumeric
88	POA_E_CODE_3	367	1	Alphanumeric
89	E_CODE_4	368	7	Alphanumeric
90	POA_E_CODE_4	375	1	Alphanumeric
91	E_CODE_5	376	7	Alphanumeric
92	POA_E_CODE_5	383	1	Alphanumeric
93	E_CODE_6	384	7	Alphanumeric
94	POA_E_CODE_6	391	1	Alphanumeric
95	E_CODE_7	392	7	Alphanumeric
96	POA_E_CODE_7	399	1	Alphanumeric
97	E_CODE_8	400	7	Alphanumeric
98	POA_E_CODE_8	407	1	Alphanumeric
99	E_CODE_9	408	7	Alphanumeric
100	POA_E_CODE_9	415	1	Alphanumeric
101	E_CODE_10	416	7	Alphanumeric
102	POA_E_CODE_10	423	1	Alphanumeric
103	PRINC_SURG_PROC_CODE	424	7	Alphanumeric
104	PRINC_SURG_PROC_DAY	431	4	Alphanumeric
105	OTH_SURG_PROC_CODE_1	435	7	Alphanumeric
106	OTH_SURG_PROC_DAY_1	442	4	Alphanumeric

Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
107	OTH_SURG_PROC_CODE_2	446	7	Alphanumeric
108	OTH_SURG_PROC_DAY_2	453	4	Alphanumeric
109	OTH_SURG_PROC_CODE_3	457	7	Alphanumeric
110	OTH_SURG_PROC_DAY_3	464	4	Alphanumeric
111	OTH_SURG_PROC_CODE_4	468	7	Alphanumeric
112	OTH_SURG_PROC_DAY_4	475	4	Alphanumeric
113	OTH_SURG_PROC_CODE_5	479	7	Alphanumeric
114	OTH_SURG_PROC_DAY_5	486	4	Alphanumeric
115	OTH_SURG_PROC_CODE_6	490	7	Alphanumeric
116	OTH_SURG_PROC_DAY_6	497	4	Alphanumeric
117	OTH_SURG_PROC_CODE_7	501	7	Alphanumeric
118	OTH_SURG_PROC_DAY_7	508	4	Alphanumeric
119	OTH_SURG_PROC_CODE_8	512	7	Alphanumeric
120	OTH_SURG_PROC_DAY_8	519	4	Alphanumeric
121	OTH_SURG_PROC_CODE_9	523	7	Alphanumeric
122	OTH_SURG_PROC_DAY_9	530	4	Alphanumeric
123	OTH_SURG_PROC_CODE_10	534	7	Alphanumeric
124	OTH_SURG_PROC_DAY_10	541	4	Alphanumeric
125	OTH_SURG_PROC_CODE_11	545	7	Alphanumeric
126	OTH_SURG_PROC_DAY_11	552	4	Alphanumeric
127	OTH_SURG_PROC_CODE_12	556	7	Alphanumeric
128	OTH_SURG_PROC_DAY_12	563	4	Alphanumeric
129	OTH_SURG_PROC_CODE_13	567	7	Alphanumeric
130	OTH_SURG_PROC_DAY_13	574	4	Alphanumeric
131	OTH_SURG_PROC_CODE_14	578	7	Alphanumeric
132	OTH_SURG_PROC_DAY_14	585	4	Alphanumeric
133	OTH_SURG_PROC_CODE_15	589	7	Alphanumeric
134	OTH_SURG_PROC_DAY_15	596	4	Alphanumeric
135	OTH_SURG_PROC_CODE_16	600	7	Alphanumeric
136	OTH_SURG_PROC_DAY_16	607	4	Alphanumeric
137	OTH_SURG_PROC_CODE_17	611	7	Alphanumeric
138	OTH_SURG_PROC_DAY_17	618	4	Alphanumeric
139	OTH_SURG_PROC_CODE_18	622	7	Alphanumeric
140	OTH_SURG_PROC_DAY_18	629	4	Alphanumeric
141	OTH_SURG_PROC_CODE_19	633	7	Alphanumeric
142	OTH_SURG_PROC_DAY_19	640	4	Alphanumeric
143	OTH_SURG_PROC_CODE_20	644	7	Alphanumeric
144	OTH_SURG_PROC_DAY_20	651	4	Alphanumeric
145	OTH_SURG_PROC_CODE_21	655	7	Alphanumeric
146	OTH_SURG_PROC_DAY_21	662	4	Alphanumeric

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Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
147	OTH_SURG_PROC_CODE_22	666	7	Alphanumeric
148	OTH_SURG_PROC_DAY_22	673	4	Alphanumeric
149	OTH_SURG_PROC_CODE_23	677	7	Alphanumeric
150	OTH_SURG_PROC_DAY_23	684	4	Alphanumeric
151	OTH_SURG_PROC_CODE_24	688	7	Alphanumeric
152	OTH_SURG_PROC_DAY_24	695	4	Alphanumeric
153	ATTENDING_PHYSICIAN_UNIF_ID	699	10	Alphanumeric
154	OPERATING_PHYSICIAN_UNIF_ID	709	10	Alphanumeric
155	ENCOUNTER_INDICATOR	719	2	Alphanumeric
156	PROVIDER_NAME	721	55	Alphanumeric
	Record_Length		775	

### Inpatient Base Data #2 File

Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
	RECORD_ID - not linkable to the			
1	Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	PRIVATE AMOUNT	13	12	Numeric
3	SEMI PRIVATE AMOUNT	25	12	Numeric
4	WARD AMOUNT	37	12	Numeric
5	ICU AMOUNT	49	12	Numeric
6	CCU AMOUNT	61	12	Numeric
7	OTHER AMOUNT	73	12	Numeric
8	PHARM AMOUNT	85	12	Numeric
9	MEDSURG AMOUNT	97	12	Numeric
10	DME_AMOUNT	109	12	Numeric
11	USED DME AMOUNT	121	12	Numeric
12	PT AMOUNT	133	12	Numeric
13	OT AMOUNT	145	12	Numeric
14	SPEECH AMOUNT	157	12	Numeric
15	IT AMOUNT	169	12	Numeric
16	BLOOD_AMOUNT	181	12	Numeric
17	BLOOD_ADM_AMOUNT	193	12	Numeric
18	OR_AMOUNT	205	12	Numeric
19	LITH_AMOUNT	217	12	Numeric
20	CARD_AMOUNT	229	12	Numeric
21	ANES_AMOUNT	241	12	Numeric
22	LAB_AMOUNT	253	12	Numeric
23	RAD_AMOUNT	265	12	Numeric
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Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
24	MRI_AMOUNT	277	12	Numeric
25	OP_AMOUNT	289	12	Numeric
26	ER_AMOUNT	301	12	Numeric
27	AMBULANCE_AMOUNT	313	12	Numeric
28	PRO_FEE_AMOUNT	325	12	Numeric
29	ORGAN_AMOUNT	337	12	Numeric
30	ESRD_AMOUNT	349	12	Numeric
31	CLINIC_AMOUNT	361	12	Numeric
32	OCCUR_CODE_1	373	2	Alphanumeric
33	OCCUR_DAY_1	375	4	Alphanumeric
34	OCCUR_CODE_2	379	2	Alphanumeric
35	OCCUR_DAY_2	381	4	Alphanumeric
36	OCCUR_CODE_3	385	2	Alphanumeric
37	OCCUR_DAY_3	387	4	Alphanumeric
38	OCCUR_CODE_4	391	2	Alphanumeric
39	OCCUR_DAY_4	393	4	Alphanumeric
40	OCCUR_CODE_5	397	2	Alphanumeric
41	OCCUR_DAY_5	399	4	Alphanumeric
42	OCCUR_CODE_6	403	2	Alphanumeric
43	OCCUR_DAY_6	405	4	Alphanumeric
44	OCCUR_CODE_7	409	2	Alphanumeric
45	OCCUR_DAY_7	411	4	Alphanumeric
46	OCCUR_CODE_8	415	2	Alphanumeric
47	OCCUR_DAY_8	417	4	Alphanumeric
48	OCCUR_CODE_9	421	2	Alphanumeric
49	OCCUR_DAY_9	423	4	Alphanumeric
50	OCCUR_CODE_10	427	2	Alphanumeric
51	OCCUR_DAY_10	429	4	Alphanumeric
52	OCCUR_CODE_11	433	2	Alphanumeric
53	OCCUR_DAY_11	435	4	Alphanumeric
54	OCCUR_CODE_12	439	2	Alphanumeric
55	OCCUR_DAY_12	441	4	Alphanumeric
56	OCCUR_SPAN_CODE_1	445	2	Alphanumeric
57	OCCUR_SPAN_FROM_1	447	6	Alphanumeric
58	OCCUR_SPAN_THRU_1	453	6	Alphanumeric
59	OCCUR_SPAN_CODE_2	459	2	Alphanumeric
60	OCCUR_SPAN_FROM_2	461	6	Alphanumeric
61	OCCUR_SPAN_THRU_2	467	6	Alphanumeric
62	OCCUR_SPAN_CODE_3	473	2	Alphanumeric
63	OCCUR_SPAN_FROM_3	475	6	Alphanumeric

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Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
64	OCCUR_SPAN_THRU_3	481	6	Alphanumeric
65	OCCUR_SPAN_CODE_4	487	2	Alphanumeric
66	OCCUR_SPAN_FROM_4	489	6	Alphanumeric
67	OCCUR_SPAN_THRU_4	495	6	Alphanumeric
68	CONDITION_CODE_1	501	2	Alphanumeric
69	CONDITION_CODE_2	503	2	Alphanumeric
70	CONDITION_CODE_3	505	2	Alphanumeric
71	CONDITION_CODE_4	507	2	Alphanumeric
72	CONDITION_CODE_5	509	2	Alphanumeric
73	CONDITION_CODE_6	511	2	Alphanumeric
74	CONDITION_CODE_7	513	2	Alphanumeric
75	CONDITION_CODE_8	515	2	Alphanumeric
76	VALUE_CODE_1	517	2	Alphanumeric
77	VALUE_AMOUNT_1	519	9	Numeric
78	VALUE_CODE_2	528	2	Alphanumeric
79	VALUE_AMOUNT_2	530	9	Numeric
80	VALUE_CODE_3	539	2	Alphanumeric
81	VALUE_AMOUNT_3	541	9	Numeric
82	VALUE_CODE_4	550	2	Alphanumeric
83	VALUE_AMOUNT_4	552	9	Numeric
84	VALUE_CODE_5	561	2	Alphanumeric
85	VALUE_AMOUNT_5	563	9	Numeric
86	VALUE_CODE_6	572	2	Alphanumeric
87	VALUE_AMOUNT_6	574	9	Numeric
88	VALUE_CODE_7	583	2	Alphanumeric
89	VALUE_AMOUNT_7	585	9	Numeric
90	VALUE_CODE_8	594	2	Alphanumeric
91	VALUE_AMOUNT_8	596	9	Numeric
92	VALUE_CODE_9	605	2	Alphanumeric
93	VALUE_AMOUNT_9	607	9	Numeric
94	VALUE_CODE_10	616	2	Alphanumeric
95	VALUE_AMOUNT_10	618	9	Numeric
96	VALUE_CODE_11	627	2	Alphanumeric
97	VALUE_AMOUNT_11	629	9	Numeric
98	VALUE_CODE_12	638	2	Alphanumeric
99	VALUE_AMOUNT_12	640	9	Numeric
	Record_Length		648	

## **Inpatient Charges Data File**

Number	Field Name	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	REVENUE_CODE	13	4	Alphanumeric
3	HCPCS_QUALIFIER	17	2	Alphanumeric
4	HCPCS_PROCEDURE_CODE	19	5	Alphanumeric
5	MODIFIER_1	24	2	Alphanumeric
6	MODIFIER_2	26	2	Alphanumeric
7	MODIFIER_3	28	2	Alphanumeric
8	MODIFIER_4	30	2	Alphanumeric
9	UNIT_MEASUREMENT_CODE	32	2	Alphanumeric
10	UNITS_OF_SERVICE	34	7	Numeric
11	UNIT_RATE	41	12	Numeric
12	CHRGS_LINE_ITEM	53	14	Numeric
13	CHRGS_NON_COV	67	14	Numeric
	Record_Length		80	

Number	Field Name	Position	Length	Field Type
1	RECORD_ID	1	12	Alphanumeric
2	FROZEN_MS_DRG	13	3	Alphanumeric
3	FROZEN_MS_MDC	16	2	Alphanumeric
4	FROZEN_MS_GRP_VER	18	5	Alphanumeric
5	FROZEN_MS_GRP_ERROR_CODE	23	2	Alphanumeric
6	FROZEN_APR_DRG	25	3	Alphanumeric
7	FROZEN_RISK_MORTALITY	28	1	Alphanumeric
8	FROZEN_ILLNESS_SEVERITY	29	1	Alphanumeric
9	FROZEN_APR_MDC	30	2	Alphanumeric
10	FROZEN_APR_GRP_VER	32	5	Alphanumeric
11	FROZEN_APR_GRP_ERROR_CODE	37	2	Alphanumeric
12	MS_DRG	39	3	Alphanumeric
13	MS_MDC	42	2	Alphanumeric
14	MS_GRP_VER	44	5	Alphanumeric
15	MS_GRP_ERROR_CODE	49	2	Alphanumeric
16	APR_DRG	51	3	Alphanumeric
17	RISK_MORTALITY	54	1	Alphanumeric
18	ILLNESS_SEVERITY	55	1	Alphanumeric
19	APR_MDC	56	2	Alphanumeric
20	APR_GRP_VER	58	5	Alphanumeric
21	APR_GRP_ERROR_CODE	63	2	Alphanumeric
	Record_Length		64	

### **Inpatient Grouper Data File**

### **Outpatient Base Data File**

Number	Field Name (OP Base Data File)	Position	Length	Field Type
1	SERVICE_QUARTER	1	6	Alphanumeric
2	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	7	12	Alphanumeric
3	THCIC_ID	19	6	Alphanumeric
4	SPEC_UNIT_1	25	1	Alphanumeric
5	SPEC_UNIT_2	26	1	Alphanumeric
6	SPEC_UNIT_3	27	1	Alphanumeric
7	SPEC_UNIT_4	28	1	Alphanumeric
8	SPEC_UNIT_5	29	1	Alphanumeric
9	SEX_CODE	30	1	Alphanumeric
10	PAT_COUNTY	31	3	Alphanumeric
11	PAT_STATE	34	2	Alphanumeric
12	PAT_ZIP	36	5	Alphanumeric

Number	Field Name (OP Base Data File)	Position	Length	Field Type
13	PAT_COUNTRY	41	2	Alphanumeric
14	PUBLIC_HEALTH_REGION	43	2	Alphanumeric
15	LENGTH_OF_SERVICE	45	2	Alphanumeric
16	PAT_AGE	47	2	Alphanumeric
17	RACE	49	1	Alphanumeric
18	ETHNICITY	50	1	Alphanumeric
19	FIRST_PAYMENT_SRC	51	2	Alphanumeric
20	SECONDARY_PAYMENT_SRC	53	2	Alphanumeric
21	TYPE_OF_BILL	55	3	Alphanumeric
22	CONDITION_CODE_1	58	2	Alphanumeric
23	CONDITION_CODE_2	60	2	Alphanumeric
24	CONDITION_CODE_3	62	2	Alphanumeric
25	CONDITION_CODE_4	64	2	Alphanumeric
26	CONDITION_CODE_5	66	2	Alphanumeric
27	CONDITION_CODE_6	68	2	Alphanumeric
28	CONDITION_CODE_7	70	2	Alphanumeric
29	CONDITION_CODE_8	72	2	Alphanumeric
30	PAT_REASON_FOR_VISIT	74	7	Alphanumeric
31	PRINC_DIAG_CODE	81	7	Alphanumeric
32	OTH_DIAG_CODE_1	88	7	Alphanumeric
33	OTH_DIAG_CODE_2	95	7	Alphanumeric
34	OTH_DIAG_CODE_3	102	7	Alphanumeric
35	OTH_DIAG_CODE_4	109	7	Alphanumeric
36	OTH_DIAG_CODE_5	116	7	Alphanumeric
37	OTH_DIAG_CODE_6	123	7	Alphanumeric
38	OTH_DIAG_CODE_7	130	7	Alphanumeric
39	OTH_DIAG_CODE_8	137	7	Alphanumeric
40	OTH_DIAG_CODE_9	144	7	Alphanumeric
41	OTH_DIAG_CODE_10	151	7	Alphanumeric
42	OTH_DIAG_CODE_11	158	7	Alphanumeric
43	OTH_DIAG_CODE_12	165	7	Alphanumeric
44	OTH_DIAG_CODE_13	172	7	Alphanumeric
45	OTH_DIAG_CODE_14	179	7	Alphanumeric
46	OTH_DIAG_CODE_15	186	7	Alphanumeric
47	OTH_DIAG_CODE_16	193	7	Alphanumeric
48	OTH_DIAG_CODE_17	200	7	Alphanumeric
49	OTH_DIAG_CODE_18	207	7	Alphanumeric
50	OTH_DIAG_CODE_19	214	7	Alphanumeric
51	OTH_DIAG_CODE_20	221	7	Alphanumeric
52	OTH_DIAG_CODE_21	228	7	Alphanumeric

Number	Field Name (OP Base Data File)	Position	Length	Field Type
53	OTH_DIAG_CODE_22	235	7	Alphanumeric
54	OTH_DIAG_CODE_23	242	7	Alphanumeric
55	OTH_DIAG_CODE_24	249	7	Alphanumeric
56	RELATED_CAUSE_CODE_1	256	2	Alphanumeric
57	RELATED_CAUSE_CODE_2	258	2	Alphanumeric
58	RELATED_CAUSE_CODE_3	260	2	Alphanumeric
59	E_CODE_1	262	7	Alphanumeric
60	E_CODE_2	269	7	Alphanumeric
61	E_CODE_3	276	7	Alphanumeric
62	E_CODE_4	283	7	Alphanumeric
63	E_CODE_5	290	7	Alphanumeric
64	E_CODE_6	297	7	Alphanumeric
65	E_CODE_7	304	7	Alphanumeric
66	E_CODE_8	311	7	Alphanumeric
67	E_CODE_9	318	7	Alphanumeric
68	E_CODE_10	325	7	Alphanumeric
69	PROC_CODE_1	332	5	Alphanumeric
70	PROC_CODE_2	337	5	Alphanumeric
71	PROC_CODE_3	342	5	Alphanumeric
72	PROC_CODE_4	347	5	Alphanumeric
73	PROC_CODE_5	352	5	Alphanumeric
74	PROC_CODE_6	357	5	Alphanumeric
75	PROC_CODE_7	362	5	Alphanumeric
76	PROC_CODE_8	367	5	Alphanumeric
77	PROC_CODE_9	372	5	Alphanumeric
78	PROC_CODE_10	377	5	Alphanumeric
79	PROC_CODE_11	382	5	Alphanumeric
80	PROC_CODE_12	387	5	Alphanumeric
81	PROC_CODE_13	392	5	Alphanumeric
82	PROC_CODE_14	397	5	Alphanumeric
83	PROC_CODE_15	402	5	Alphanumeric
84	PROC_CODE_16	407	5	Alphanumeric
85	PROC_CODE_17	412	5	Alphanumeric
86	PROC_CODE_18	417	5	Alphanumeric
87	PROC_CODE_19	422	5	Alphanumeric
88	PROC_CODE_20	427	5	Alphanumeric
89	PROC_CODE_21	432	5	Alphanumeric
90	PROC_CODE_22	437	5	Alphanumeric
91	PROC_CODE_23	442	5	Alphanumeric
92	PROC_CODE_24	447	5	Alphanumeric

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Number	Field Name (OP Base Data File)	Position	Length	Field Type
93	PROC_CODE_25	452	5	Alphanumeric
94	OTHER_AMOUNT	457	12	Numeric
95	PHARM_AMOUNT	469	12	Numeric
96	MEDSURG_AMOUNT	481	12	Numeric
97	DME_AMOUNT	493	12	Numeric
98	USED_DME_AMOUNT	505	12	Numeric
99	PT_AMOUNT	517	12	Numeric
100	OT_AMOUNT	529	12	Numeric
101	SPEECH_AMOUNT	541	12	Numeric
102	IT_AMOUNT	553	12	Numeric
103	BLOOD_AMOUNT	565	12	Numeric
104	BLOOD_ADM_AMOUNT	577	12	Numeric
105	OR_AMOUNT	589	12	Numeric
106	LITH_AMOUNT	601	12	Numeric
107	CARD_AMOUNT	613	12	Numeric
108	ANES_AMOUNT	625	12	Numeric
109	LAB_AMOUNT	637	12	Numeric
110	RAD_AMOUNT	649	12	Numeric
111	MRI_AMOUNT	661	12	Numeric
112	OP_AMOUNT	673	12	Numeric
113	ER_AMOUNT	685	12	Numeric
114	AMBULANCE_AMOUNT	697	12	Numeric
115	PRO_FEE_AMOUNT	709	12	Numeric
116	ORGAN_AMOUNT	721	12	Numeric
117	ESRD_AMOUNT	733	12	Numeric
118	CLINIC_AMOUNT	745	12	Numeric
119	TOTAL_CHARGES	757	12	Numeric
120	TOTAL_NON_COV_CHARGES	769	12	Numeric
121	TOTAL_CHARGES_ANCIL	781	12	Numeric
122	TOTAL_NON_COV_CHARGES_ANCIL	793	12	Numeric
123	PHYSICIAN1_INDEX_NUMBER	805	10	Alphanumeric
124	PHYSICIAN2_INDEX_NUMBER	815	10	Alphanumeric
125	INPUT_FORMAT	825	1	Alphanumeric
126	SOURCE_OF_ADMISSION	826	1	Alphanumeric
127	PAT_STATUS	827	2	Alphanumeric
128	PROVIDER_NAME	829	55	Alphanumeric
	Record_Length		883	

Number	Field Name	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	REVENUE_CODE	13	4	Alphanumeric
3	HCPCS_QUALIFIER	17	2	Alphanumeric
4	HCPCS_PROCEDURE_CODE	19	5	Alphanumeric
5	MODIFIER_1	24	2	Alphanumeric
6	MODIFIER_2	26	2	Alphanumeric
7	MODIFIER_3	28	2	Alphanumeric
8	MODIFIER_4	30	2	Alphanumeric
9	UNIT_MEASUREMENT_CODE	32	2	Alphanumeric
10	UNITS_OF_SERVICE	34	7	Numeric
11	UNIT_RATE	41	12	Numeric
12	CHRGS_LINE_ITEM	53	14	Numeric
13	CHRGS_NON_COV	67	14	Numeric
	Record_Length		80	

## **Outpatient Charges Data File**

Number	Field Name (OP Classification File)	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	CCSR_PRINC_DIAG_CODE	13	4	Alphanumeric
3	CCSR_OTH_DIAG_CODE_1	17	4	Alphanumeric
4	CCSR_OTH_DIAG_CODE_2	21	4	Alphanumeric
5	CCSR_OTH_DIAG_CODE_3	25	4	Alphanumeric
6	CCSR_OTH_DIAG_CODE_4	29	4	Alphanumeric
7	CCSR_OTH_DIAG_CODE_5	33	4	Alphanumeric
8	CCSR_OTH_DIAG_CODE_6	37	4	Alphanumeric
9	CCSR_OTH_DIAG_CODE_7	41	4	Alphanumeric
10	CCSR_OTH_DIAG_CODE_8	45	4	Alphanumeric
11	CCSR_OTH_DIAG_CODE_9	49	4	Alphanumeric
12	CCSR_OTH_DIAG_CODE_10	53	4	Alphanumeric
13	CCSR_OTH_DIAG_CODE_11	57	4	Alphanumeric
14	CCSR_OTH_DIAG_CODE_12	61	4	Alphanumeric
15	CCSR_OTH_DIAG_CODE_13	65	4	Alphanumeric
16	CCSR_OTH_DIAG_CODE_14	69	4	Alphanumeric
17	CCSR_OTH_DIAG_CODE_15	73	4	Alphanumeric
18	CCSR_OTH_DIAG_CODE_16	77	4	Alphanumeric
19	CCSR_OTH_DIAG_CODE_17	81	4	Alphanumeric
20	CCSR_OTH_DIAG_CODE_18	85	4	Alphanumeric
21	CCSR_OTH_DIAG_CODE_19	89	4	Alphanumeric
22	CCSR_OTH_DIAG_CODE_20	93	4	Alphanumeric
23	CCSR_OTH_DIAG_CODE_21	97	4	Alphanumeric
24	CCSR_OTH_DIAG_CODE_22	101	4	Alphanumeric
25	CCSR_OTH_DIAG_CODE_23	105	4	Alphanumeric
26	CCSR_OTH_DIAG_CODE_24	109	4	Alphanumeric
27	CCS_PROC_CODE_1	113	3	Alphanumeric
28	CCS_PROC_CODE_2	116	3	Alphanumeric
29	CCS_PROC_CODE_3	119	3	Alphanumeric
30	CCS_PROC_CODE_4	122	3	Alphanumeric
31	CCS_PROC_CODE_5	125	3	Alphanumeric
32	CCS_PROC_CODE_6	128	3	Alphanumeric
33	CCS_PROC_CODE_7	131	3	Alphanumeric
34	CCS_PROC_CODE_8	134	3	Alphanumeric
35	CCS_PROC_CODE_9	137	3	Alphanumeric

### **Outpatient Classification Data File**

Number	Field Name (OP Classification File)	Position	Length	Field Type
36	CCS_PROC_CODE_10	140	3	Alphanumeric
37	CCS_PROC_CODE_11	143	3	Alphanumeric
38	CCS_PROC_CODE_12	146	3	Alphanumeric
39	CCS_PROC_CODE_13	149	3	Alphanumeric
40	CCS_PROC_CODE_14	152	3	Alphanumeric
41	CCS_PROC_CODE_15	155	3	Alphanumeric
42	CCS_PROC_CODE_16	158	3	Alphanumeric
43	CCS_PROC_CODE_17	161	3	Alphanumeric
44	CCS_PROC_CODE_18	164	3	Alphanumeric
45	CCS_PROC_CODE_19	167	3	Alphanumeric
46	CCS_PROC_CODE_20	170	3	Alphanumeric
47	CCS_PROC_CODE_21	173	3	Alphanumeric
48	CCS_PROC_CODE_22	176	3	Alphanumeric
49	CCS_PROC_CODE_23	179	3	Alphanumeric
50	CCS_PROC_CODE_24	182	3	Alphanumeric
51	CCS_PROC_CODE_25	185	3	Alphanumeric
	Record_Length		237	

### **Outpatient Grouper Data File**

Number	Field Name	Position	Length	Field Type
1	RECORD_ID - Does NOT match the THCIC RECORD_ID in Research Data Files (RDF's)	1	12	Alphanumeric
2	REVENUE_CODE_SEQUENCE_NUMBER	13	3	Alphanumeric
3	FROZEN_EAPG_GRP_VER	16	12	Alphanumeric
4	FROZEN_APC_GRP_VER	28	12	Alphanumeric
5	FROZEN_FINAL_EAPG_CATEGORY_CODE	40	2	Alphanumeric
6	FROZEN_FINAL_EAPG_TYPE_CODE	42	2	Alphanumeric
7	FROZEN_FINAL_EAPG	44	5	Alphanumeric
8	FROZEN_APC_PROCEDURE_CODE	49	5	Alphanumeric
9	FROZEN_APC_PX_STATUS_IND_CODE	54	2	Alphanumeric
10	FROZEN_APC_WEIGHT	56	9	Alphanumeric
11	EAPG_GRP_VER	65	12	Alphanumeric
12	APC_GRP_VER	77	12	Alphanumeric
13	FINAL_EAPG_CATEGORY_CODE	89	2	Alphanumeric
14	FINAL_EAPG_TYPE_CODE	91	2	Alphanumeric
15	FINAL_EAPG	93	5	Alphanumeric
16	APC_PROCEDURE_CODE	98	5	Alphanumeric
17	APC_PX_STATUS_IND_CODE	103	2	Alphanumeric
18	APC_WEIGHT	105	9	Alphanumeric
	Record_Length		113	

## Facility Type Data File

Number	Field Name	Position	Length	Field Type
1	THCIC_ID	1	6	Alphanumeric
2	FACILITY_TYPE	7	4	Alphanumeric
3	FAC_TEACHING_IND	11	1	Alphanumeric
4	FAC_PSYCH_IND	12	1	Alphanumeric
5	FAC_REHAB_IND	13	1	Alphanumeric
6	FAC_ACUTE_CARE_IND	14	1	Alphanumeric
7	FAC_SNF_IND	15	1	Alphanumeric
8	FAC_LONG_TERM_AC_IND	16	1	Alphanumeric
9	FAC_OTHER_LTC_IND	17	1	Alphanumeric
10	FAC_PEDS_IND	18	1	Alphanumeric
11	FAC_CARDIOVASCULAR_IND	19	1	Alphanumeric
12	FAC_CHIROPRACTIC_IND	20	1	Alphanumeric
13	FAC_ENDOSCOPY_IND	21	1	Alphanumeric
14	FAC_FOOT_IND	22	1	Alphanumeric
15	FAC_GASTROENTEROLOGY_IND	23	1	Alphanumeric
16	FAC_GENERAL_IND	24	1	Alphanumeric
17	FAC_NEUROLOGICAL_IND	25	1	Alphanumeric
18	FAC_OB_GYN_IND	26	1	Alphanumeric
19	FAC_OPTHAMOLOGY_IND	27	1	Alphanumeric
20	FAC_ORAL_IND	28	1	Alphanumeric
21	FAC_ORTHOPEDIC_IND	29	1	Alphanumeric
22	FAC_OTOLARYRGOLOGY_IND	30	1	Alphanumeric
23	FAC_PAIN_MNGMT_IND	31	1	Alphanumeric
24	FAC_PLASTIC_IND	32	1	Alphanumeric
25	FAC_THORACIC_IND	33	1	Alphanumeric
26	FAC_UROLOGY_IND	34	1	Alphanumeric
27	FAC_OTHER_IND	35	1	Alphanumeric
28	FAC_EMERGENCY_DEPARTMENT_IND	36	1	Alphanumeric
29	FAC_ONCOLOGY_IND	37	1	Alphanumeric
30	PROVIDER_NAME	38	55	Alphanumeric
31	POA_PROVIDER_INDICATOR	93	1	Alphanumeric
32	CERT_STATUS_IP	94	1	Alphanumeric
33	CERT_STATUS_OP	95	1	Alphanumeric
	Record_Length		95	