

Texas Department of State Health Services

Center for Health Statistics Texas Health Care Information Collection

TEXAS EMERGENCY DEPARTMENT PUBLIC USE DATA FILES USER MANUAL 2023

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BACKGROUND

The 2014-15 General Appropriations Act, S.B. 1, 83rd 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 Chapter 108, Texas Health and Safety Code (THSC).

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Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014.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 http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm. This means

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 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

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 2023 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:

First quarter, 847 facilities:

IP Base Data #1	443,443 records	156 variables	Fixed field format	329 MB	Tab-delimited	171 MB
IP Base Data #2	443,443 records	99 variables	Fixed field format	275 MB	Tab-delimited	117 MB
IP Charges Data	10,384,173 records	13 variables	Fixed field format	812 MB	Tab-delimited	499 MB
IP Grouper Data	443,443 records	21 variables	Fixed field format	28 MB	Tab-delimited	36 MB
OP Base Data	2,832,990 records	128 variables	Fixed field format	2,394 MB	Tab-delimited	1,135 MB
OP Classification Data	2,832,990 records	51 variables	Fixed field format	646 MB	Tab-delimited	297 MB
OP Charges Data	25,222,582 records	13 variables	Fixed field format	1,972 MB	Tab-delimited	1,296 MB
OP Grouper Data	25,222,582 records	18 variables	Fixed field format	2,766 MB	Tab-delimited	2,654 MB
Facility Type Data	847 records	33 variables	Fixed field format	80 KB	Tab-delimited	70 KB

Second quarter, 843 facilities:

IP Base Data #1	438,451 records	156 variables	Fixed field format	325 MB	Tab-delimited	169 MB
IP Base Data #2	438,451 records	99 variables	Fixed field format	272 MB	Tab-delimited	115 MB
IP Charges Data	10,136,349 records	13 variables	Fixed field format	793 MB	Tab-delimited	484 MB
IP Grouper Data	438,451 records	21 variables	Fixed field format	28 MB	Tab-delimited	36 MB
OP Base Data	2,899,136 records	128 variables	Fixed field format	2,450 MB	Tab-delimited	1,161 MB
OP Classification Data	2,899,136 records	51 variables	Fixed field format	661 MB	Tab-delimited	304 MB
OP Charges Data	25,633,620 records	13 variables	Fixed field format	2,005 MB	Tab-delimited	1,316 MB
OP Grouper Data	25,633,620 records	18 variables	Fixed field format	2,811 MB	Tab-delimited	2,699 MB
Facility Type Data	843 records	33 variables	Fixed field format	80 KB	Tab-delimited	70 KB

Third quarter, 822 facilities:

IP Base Data #1	448,014 records	156 variables	Fixed field format	332 MB	Tab-delimited	172 MB
IP Base Data #2	448,014 records	99 variables	Fixed field format	278 MB	Tab-delimited	118 MB
IP Charges Data	10,311,351 records	13 variables	Fixed field format	806 MB	Tab-delimited	491 MB
IP Grouper Data	448,014 records	21 variables	Fixed field format	28 MB	Tab-delimited	37 MB
OP Base Data	2,960,638 records	128 variables	Fixed field format	2,502 MB	Tab-delimited	1,194 MB
OP Classification Data	2,960,638 records	51 variables	Fixed field format	675 MB	Tab-delimited	310 MB
OP Charges Data	26,430,907 records	13 variables	Fixed field format	2,067 MB	Tab-delimited	1,357 MB
OP Grouper Data	26,430,907 records	18 variables	Fixed field format	2,899 MB	Tab-delimited	2,782 MB
Facility Type Data	822 records	33 variables	Fixed field format	78 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

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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 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 108.013. THSC Section 108.013(c) 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

108.013 and may incur civil or criminal penalties as stated in THSC Sections 108.014 and 108.0141, respectively. In addition, under THSC Sections 108.013(e) 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 108.013, 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 108.002 (17), 108.009, and 108.011 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 108.014 and 108.0141.

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 108.013(c)(1) and (2) and 108.013(g) 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 108.014 and 108.0141 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 108.009(h) 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.
- 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, http://www.dshs.texas.gov/thcic/, 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].

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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 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.
Alphanumeric or numeric

Coding Valid codes for a data field. Values taken from specifications manuals.

scheme

Type

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	Record Identification Number. Unique number assigned to identify the record. The				
	Record ID in the ED Inpatient PUDF is not linkable to the Record ID in the ED					
	Outpatient PUDF or ED F	Research Data Fil	les (RDFs).			
Beginning Position:	1	Data Source:	Assigned			
Length:	12	Type:	Alphanumeric			
Field 2:	DISCHARGE					
Description:	Discharge Quarter. Year an	d quarter of discha	irge. <i>yyyy</i> Qn.			
Beginning Position:	13	Data Source:	Assigned			
Length:	6	Туре:	Alphanumeric			
Field 3:	THCIC_ID					
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Description: Provider ID. Unique identifier assigned to the provider by DSHS. Suppression: Hospitals with fewer than 50 discharges have been aggregated into the Provider ID '999999'. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Provider ID is '999998'. **Beginning Position:** 19 **Data Source:** Assigned Length: Alphanumeric Type: Field 4: TYPE_OF_ADMISSION **Description:** Code indicating the type of admission **Coding Scheme:** Emergency 2 Urgent 3 Elective 4 Newborn 5 Trauma 9 Information not available Invalid **Beginning Position:** 25 **Data Source:** Claim Length: Type: Alphanumeric Field 5: SOURCE_OF_ADMISSION **Description:** Code indicating source of the admission. Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) **Coding Scheme:** Clinic or Physician's Office 2 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 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 Paver Е Transfer from Ambulatory Surgery Center Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) Born inside this hospital 6 Born outside this hospital **Beginning Position:** 26 **Data Source:** Claim Length: Alphanumeric Type: Field 6: SPEC_UNIT_1 **Description:** Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. **Coding Scheme:** Coronary Care Unit Р Pediatric Unit Detoxification Unit Psychiatric Unit D Υ Intensive Care Unit Rehabilitation Unit R Ι Н Hospice Unit U Sub-acute Care Unit Skilled Nursing Unit S Ν Nurserv В Obstetric Unit Blank Acute Care Oncology Unit **Beginning Position:** 27 **Data Source:** Calculated Length: Alphanumeric Type: Field 7: SPEC_UNIT_2 **Description:** Specialty Units in which 2nd most days during stay occurred based on number of days by Type of Bill or Revenue Code. **Coding Scheme:** Same as SPEC_UNIT_1. **Beginning Position:** 28 Data Source: Calculated Length: Type: Alphanumeric Field 8: SPEC UNIT 3 **Description:** Specialty Units in which 3rd most days during stay occurred based on number of days by Type of Bill or Revenue Code. Same as SPEC UNIT 1. **Coding Scheme: Beginning Position: Data Source:** Calculated Length: Alphanumeric Type: Field 9: SPEC_UNIT_4 **Description:** Specialty Units in which 4th most days during stay occurred based on number of days by Type of Bill or Revenue Code. **Coding Scheme:** Same as SPEC UNIT 1. Data Source: **Beginning Position:** Calculated DSHS/THCIC Page DSHS Document #25-15013

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Length: Type: Alphanumeric

Field 10: SPEC_UNIT_5

Description: Specialty Units in which 5th most days during stay occurred based on number of days

by Type of Bill or Revenue Code.

Coding Scheme: Same as SPEC_UNIT_1.

Beginning Position: Data Source: Calculated Length: Alphanumeric Type:

Field 11: PAT STATE

Description: State of the patient's mailing address in Texas and contiguous states. Standard 2-

character Postal Service abbreviation.

Coding Scheme: Arkansas

LA Louisiana New Mexico NM ΩK Oklahoma ΤX Texas

ZZ All other states and American Territories

FC Foreign country

XX Foreign country

Beginning Position: 32 **Data Source:** Claim

Length: Alphanumeric Type:

Field 12: PAT ZIP

Description: Patient's five-digit ZIP code.

Suppression: Last two digits are blank if a ZIP code has fewer than 30 discharges. If state equals

'ZZ', ZIP code equals '88888'. If state equals 'FC' (foreign country) ZIP code is blank. If ICD-10-CM indicates alcohol or drug use or an HIV-STD diagnosis the ZIP code is blank. 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 ZIP code is reported as "`" (back quote). If a hospital has fewer than fifty discharges the ZIP code is blank. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown',

the ZIP Code is blank.

Beginning Position: 34 Data Source: Claim Length: Alphanumeric Type:

Field 13: **PAT COUNTRY**

Description: Country of patient's residential address. List maintained by the International

> Organization for Standardization (ISO). 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 country is reported as "`" (back quote).

Suppressed if fewer than 5 patients from one country. Suppression:

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

Beginning Position: Data Source: 39 Claim

Length: Alphanumeric Type:

Field 14: PAT_COUNTY

Description: FIPS code of patient's county.

Coding scheme:

aning Schi	enie.								
001	Anderson	037	Bowie		073	Cherokee	109	Culberson	
003	Andrews	039	Brazoria		075	Childress	111	Dallam	
005	Angelina	041	Brazos		077	Clay	113	Dallas	
007	Aransas	043	Brewster		079	Cochran	115	Dawson	
009	Archer	045	Briscoe		081	Coke	117	Deaf Smith	
011	Armstrong	047	Brooks		083	Coleman	119	Delta	
013	Atascosa	049	Brown		085	Collin	121	Denton	
015	Austin	051	Burleson		087	Collingsworth	123	Dewitt	
017	Bailey	053	Burnet		089	Colorado	125	Dickens	
019	Bandera	055	Caldwell		091	Comal	127	Dimmit	
021	Bastrop	057	Calhoun		093	Comanche	129	Donley	
023	Baylor	059	Callahan		095	Concho	131	Duval	
025	Bee	061	Cameron		097	Cooke	133	Eastland	
027	Bell	063	Camp		099	Coryell	135	Ector	
029	Bexar	065	Carson		101	Cottle	137	Edwards	
031	Blanco	067	Cass		103	Crane	139	Ellis	
033	Borden	069	Castro		105	Crockett	141	El Paso	
035	Bosque	071	Chambers		107	Crosby	143	Erath	
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DS

145	Falls	239	Jackson	333	Mills	427	Starr
147	Fannin	241	Jasper	335	Mitchell	429	Stephens
149	Fayette	243	Jeff Davis	337	Montague	431	Sterling
151	Fisher	245	Jefferson	339	Montgomery	433	Stonewall
153	Floyd	247	Jim Hogg	341	Moore	435	Sutton
155	Foard	249	Jim Wells	343	Morris	437	Swisher
157	Fort Bend	251	Johnson	345	Motley	439	Tarrant
159	Franklin	253	Jones	347	Nacogdoches	441	Taylor
161	Freestone	255	Karnes	349	Navarro	443	Terrell
163	Frio	257	Kaufman	351	Newton	445	Terry
165	Gaines	259	Kendall	353	Nolan	447	Throckmorton
167	Galveston	261	Kenedy	355	Nueces	449	Titus
169	Garza	263	Kent	357	Ochiltree	451	Tom Green
171	Gillespie	265	Kerr	359	Oldham	453	Travis
173	Glasscock	267	Kimble	361	Orange	455	Trinity
175	Goliad	269	King	363	Palo Pinto	457	Tyler
177	Gonzales	271	Kinney	365	Panola	459	Upshur
179	Gray	273	Kleberg	367	Parker	461	Upton
181	Grayson	275	Knox	369	Parmer	463	Uvalde
183	Gregg	283	La Salle	371	Pecos	465	Val Verde
185	Grimes	277	Lamar	373	Polk	467	Van Zandt
187	Guadalupe	279	Lamb	375	Potter	469	Victoria
189	Hale	281	Lampasas	377	Presidio	471	Walker
191	Hall	285	Lavaca	379	Rains	473	Waller
193	Hamilton	287	Lee	381	Randall	475	Ward
195	Hansford	289	Leon	383	Reagan	477	Washington
197	Hardeman	291	Liberty	385	Real	479	Webb
199	Hardin	293	Limestone	387	Red River	481	Wharton
201	Harris	295	Lipscomb	389	Reeves	483	Wheeler
203	Harrison	297	Live Oak	391	Refugio	485	Wichita
205	Hartley	299	Llano	393	Roberts	487	Wilbarger
207	Haskell	301	Loving	395	Robertson	489	Willacy
209	Hays	303	Lubbock	397	Rockwall	491	Williamson
211	Hemphill	305	Lynn	399	Runnels	493	Wilson
213	Henderson	307	McCulloch	401	Rusk	495	Winkler
215	Hidalgo	309	McLennan	403	Sabine	497	Wise
217	Hill	311	McMullen	405	San Augustine	499	Wood
219	Hockley	313	Madison	407	San Jacinto	501	Yoakum
221	Hood	315	Marion	409	San Patricio	503	Young
223	Hopkins	317	Martin	411	San Saba	505	Zapata
225	Houston	319	Mason	413	Schleicher	507	Zavala
227	Howard	321	Matagorda	415	Scurry		
229	Hudspeth	323	Maverick	417	Shackelford	`	Invalid
231	Hunt	325	Medina	419	Shelby		
233	Hutchinson	327	Menard	421	Sherman		
235	Irion	329	Midland	423	Smith		
237	Jack	331	Milam	425	Somervell		

Beginning Position: 41 Data Source: Assigned; based on patient ZIP code

Length: Alphanumeric Type:

Field 15: **PUBLIC_HEALTH_REGION Description:**

Public Health Region of patient's address.

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

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

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

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- 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
- Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San 5 Augustine, San Jacinto, Shelby, Trinity, Tyler counties
- Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
- 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
- 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
- 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
- Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties 10
- Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, 11 McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties

Beginning Position: 44 Data Source: Assigned Length: Alphanumeric Type:

Field 16: **PAT_STATUS**

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

reported

Coding Scheme:

- Discharged/Transferred to a designated disaster 01 Discharged to home or self-care (routine 69 discharge) alternate care (effective 10-1-2013) 02 Discharged to other short term general hospital Discharge/transfer to another type of health care institution not defined elsewhere in the code list Discharged/transferred to other outpatient 71
 - 72 Discharged/transferred to institution outpatient
 - Discharged to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 - Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 - Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 - 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 Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 - Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 - 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 Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 - Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

	gen ge ge
03	Discharged to skilled nursing facility
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
80	Discharged to care of Home IV provider
09	Admitted as inpatient to this hospital
20	Expired
21	Discharged/transferred to Court/Law Enforcement
30	Still patient
40	Expired at home
41	Expired in a medical facility
42	Expired, place unknown
43	Discharged/transferred to federal health care facility
50	Discharged to hospice-home
51	Discharged to hospice-medical facility
61	Discharged/transferred within this institution to Medicare-approved swing bed
62	Discharged/transferred to inpatient rehabilitation facility
63	Discharged/transferred to Medicare-certified long term care hospital
64	Discharged/transferred to Medicaid-certified

Discharged/transferred to psychiatric hospital or

psychiatric distinct part of a hospital

Discharged/transferred to Critical Access

nursing facility

Hospital (CAH)

65

- 90 Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 91 Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 92 Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 93 Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 94 Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 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)

Tripatiei	nt Readinission (effective 10-1-2)	013)	2013)
			` Invalid
Beginning Position:	46	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 17:	SEX_CODE		<u> </u>
Description:	_	s recorded at dat	e of admission or start of care.
Suppression:			le indicates drug or alcohol use or an HIV-
• •			Icohol or drug use or an HIV diagnosis
			and 42 CFR Part 2 rules), the Gender of the
			f a hospital has fewer than 5 patients of a
			rovider ID is '999998' and Hospital Name and
	Patient ZIP Code are bla	-	·
Coding Scheme:	M Male	ink for those pat	icits.
county Scheme.	F Female		
	U Unknown		
	` Invalid		
Beginning Position:	48	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 18:	RACE		
Description:	Code indicating the patie		
Suppression:	If a hospital has fewer t	han ten patients	of one race that race is changed to 'Other'
	(code equals 5).		
Coding Scheme:	 American Indian/Esk 	kimo/Aleut	
	Asian or Pacific Islan	nder	
	3 Black		
	4 White		
	5 Other		
Beginning Position:	` Invalid 49	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 19:	ETHNICITY	Турсі	Aphanamene
Description:	Code indicating the Hisp	anic origin of the	e natient.
Suppression:			of one race the ethnicity of patients of that
	race is suppressed (code		or one race the cumility of patients of that
Coding Scheme:	1 Hispanic Origin	c is blatter.	
	2 Not of Hispanic Origi	in	
	` Invalid		
Beginning Position:	50	Data Source:	Claim

Beginning Position: 51
Length: 1

1

3

4

ADMIT_WEEKDAY

Monday

Tuesday

Thursday

LENGTH_OF_STAY

Wednesday

Length:

Field 20:

Field 21:

Description:

Coding Scheme:

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Data Source:

Type:

Type:

Code indicating day of week patient is admitted

Alphanumeric

Friday

Saturday

Sunday

Invalid

5

6

7

Assigned

Alphanumeric

Description:	Length of stay in days <i>equals</i> Statement covers period through date <i>minus</i> Admission/start of care date. The minimum length of stay is 1 day. The maximum is			
Beginning Position:	9999 days. 52	Data Source:	Calculated	
Length:	4	Туре:	Alphanumeric	
Field 22: Description:	PAT_AGE Code indicating age of page	atient in days or	years on date o	f discharge.
Coding Scheme:	00 1-28 days	10 35-39		20 85-89
	01 29-365 days 02 1-4 years	11 40-44 12 45-49		21 90+ HIV-STD and drug/alcohol use
	03 5-9	13 50-54		patients: 22 0-17
	04 10-14	14 55-59		23 18-44
	05 15-17	15 60-64		24 45-64
	06 18-19	16 65-69		25 65-74
	07 20-24	17 70-74		26 75+
	08 25-29 09 30-34	18 75-79 19 80-84		` Invalid
Beginning Position:	56	Data Source:	Assigned	
Length:	2	Type:	Alphanumeric	
Field 23:	FIRST_PAYMENT_SRC		7 ii pinananii cine	
Description:	Code indicating the expe		urce of navment	
Coding Scheme:	09 Self Pay (Removed from beginning 2Q2	n 5010 format,		Maintenance Organization
	10 Central Certification		LI Liability	
	11 Other Non-federal Progr12 Preferred Provider Orga		LM Liability MA Medicare	
	13 Point of Service (POS)	ilization (FFO)	MB Medicare	
	14 Exclusive Provider Orga	nization (EPO)	MC Medicaio	
	15 Indemnity Insurance		TV Title V	
	16 Health Maintenance Org	ganization (HMO)		ederal Program
	AM Automobile Medical BL Blue Cross/Blue Shield			Administration Plan Compensation Health Claim
	CH CHAMPUS			Indigent or Unknown
	CI Commercial Insurance			9 and ZZ, combined for 2004 & 2005
	DS Disability Insurance		` Invalid	
Beginning Position: Length:	58 2	Data Source: Type:	Claim Alphanumeric	
Field 24:	SECONDARY_PAYMEN	T_SRC		
Description:	Code indicating the expe	ected secondary	source of payme	ent.
Coding Scheme:	Same as field FIRST_PAYME	ENT_SRC		
Beginning Position:	60	Data Source:	Claim	
Length:	2	Туре:	Alphanumeric	
Field 25:	TYPE_OF_BILL			
Description:	Indicates the specific type of			
Coding Scheme:	1 st digit–Type of Facility 1 Hospital	2 nd digit–Typ 1 Inpatient Part A	e of Care , including Medicare	3 rd digit-Sequence of claim 0 Non-payment/Zero claim
	2 Skilled nursing		, Medicare Part B	Admit through discharge claim
	3 Home health	3 Outpatier		2 Interim-first claim
	4 Religious non-medical	•	nt Other, Medicare	3 Interim–continuing claim
	health care-Hospital 5 Religious non-medical		ly liate Care–Level I	4 Interim-last claim
	health care–Extended care 6 Intermediate care		iate Care-Level II	5 Late charge(s) only claim
	7 Clinic		e inpatient - Level	6 Adjustment of prior claim
		III		(Not used by Medicare)
	8 Special facility	8 Swing be	d	7 Replacement of prior claim
	63	D	CI. '	8 Void/cancel of prior claim
Beginning Position:	62	Data Source:	Claim	
Length: Field 26:	TOTAL CHARGES	Туре:	Alphanumeric	-
	TOTAL_CHARGES	characa re-	vored sees == == =	dation charges and III
Description:	Sum of accommodation charges, non-covered accommodation charges, ancillary			
Designation D 111	charges, non-covered ar		Claim	
Beginning Position:	65 12	Data Source:	Claim	
Length:	14	Туре:	Numeric	David D
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Field 27: TOTAL_NON_COV_CHARGES Description: Sum of non-covered accommodation charges, non-covered ancillary charges. **Beginning Position: Data Source:** Claim 12 Numeric Length: Type: Field 28: **TOTAL CHARGES ACCOMM Description:** Sum of covered and non-covered accommodation charges. **Beginning Position:** 89 **Data Source:** Claim Numeric Length: 12 Type: Field 29: TOTAL_NON_COV_CHARGES_ACCOMM **Description:** Sum of non-covered accommodations charges. **Beginning Position:** 101 **Data Source:** Claim Length: Type: Numeric 12 Field 30: TOTAL_CHARGES_ANCIL **Description:** Sum of covered and non-covered ancillary charges. **Beginning Position: Data Source:** 113 Claim Type: Numeric Length: 12 Field 31: TOTAL_NON_COV_CHARGES_ANCIL **Description:** Sum of non-covered ancillary charges. **Beginning Position:** 125 **Data Source:** Claim Length: 12 Type: Numeric Field 32: ADMITTING_DIAGNOSIS Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source: Beginning Position:** 137 Claim Length: 7 Type: **Alphanumeric** Field 33: PRINC_DIAG_CODE **Description:** ICD-10-CM diagnosis code for the principal diagnosis, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 144 **Data Source:** Claim Length: Type: Alphanumeric Field 34: POA_PRINC_DIAG_CODE **Description:** Code identifying whether Principal Diagnosis code was present at the time the patient was admitted to the hospital **Coding Scheme:** Yes Υ Ν No U Unknown W Clinically Undetermined Space (1st & 2nd Qtr. 2012 only) 1 Invalid 151 **Beginning Position: Data Source:** Claim Length: Alphanumeric Type: Field 35: OTH_DIAG_CODE_1 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 152 **Data Source:** Claim Length: Alphanumeric Type: Field 36: POA_OTH_DIAG_CODE_1 Description: Code identifying whether Oth_Diag_Code_1 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA_PRINC_DIAG_CODE **Beginning Position:** 159 Data Source: Claim Length: Type: Alphanumeric Field 37: OTH_DIAG_CODE_2 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source: Beginning Position:** 160 Claim Length: Type: Alphanumeric Field 38: POA OTH DIAG CODE 2 **Description:** Code identifying whether Oth Diag Code 2 code was present at the time the patient was admitted to the hospital DSHS/THCIC DSHS Document #25-15013 Page

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Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 167 **Data Source:** Claim Length: Type: Alphanumeric

Field 39: OTH_DIAG_CODE_3

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: Data Source: Claim

Length: Alphanumeric Type:

Field 40: POA_OTH_DIAG_CODE_3

Description: Code identifying whether Oth_Diag_Code_3 code was present at the time the patient

was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 175 **Data Source:** Claim Length: Alphanumeric Type:

Field 41: OTH_DIAG_CODE_4

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: Data Source: 176 Claim

Type: Length: Alphanumeric

Field 42: POA_OTH_DIAG_CODE_4

Description: Code identifying whether Oth_Diag_Code_4 code was present at the time the patient

was admitted to the hospital

Same as Field POA_PRINC_DIAG_CODE **Coding Scheme:**

Beginning Position: 183 **Data Source:** Claim Length: Alphanumeric Type:

Field 43: OTH_DIAG_CODE_5

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: Data Source: Claim

Length: Alphanumeric Type:

Field 44: POA_OTH_DIAG_CODE_5

Description: Code identifying whether Oth_Diag_Code_5 code was present at the time the patient

was admitted to the hospital

Same as Field POA_PRINC_DIAG_CODE **Coding Scheme:**

Data Source: Beginning Position: 191 Claim Length: Alphanumeric Type:

Field 45: OTH_DIAG_CODE_6

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: 192 **Data Source:**

Length: Alphanumeric Type:

Field 46: POA_OTH_DIAG_CODE_6

Description: Code identifying whether Oth_Diag_Code_6 code was present at the time the patient

Claim

was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Data Source: Beginning Position: 199 Claim Length: Type: Alphanumeric

Field 47: OTH_DIAG_CODE_7

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Data Source: **Beginning Position:** 200 Claim

Length: Type: Alphanumeric

Field 48: POA_OTH_DIAG_CODE_7

Description: Code identifying whether Oth_Diag_Code_7 code was present at the time the patient

was admitted to the hospital

Same as Field POA_PRINC_DIAG_CODE **Coding Scheme:**

Beginning Position: 207 **Data Source:** Claim

Length: Alphanumeric Type:

Field 49: OTH DIAG CODE 8

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

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Beginning Position:208Data Source:ClaimLength:7Type:Alphanumeric

Field 50: POA_OTH_DIAG_CODE_8

Description: Code identifying whether Oth Diag Code 8 code was present at the time the patient

was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 215 **Data Source:** Claim

Length: 1 Type: Alphanumeric

Field 51: OTH_DIAG_CODE_9

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: 216 Data Source: Claim

Length: 7 **Type:** Alphanumeric

Field 52: POA_OTH_DIAG_CODE_9

Description: Code identifying whether Oth Diag Code 9 code was present at the time the patient

was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 223 **Data Source:** Claim

Length: 1 **Type:** Alphanumeric

Field 53: OTH DIAG CODE 10

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: 224 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 54: POA_OTH_DIAG_CODE_10

Description: Code identifying whether Oth_Diag_Code_10 code was present at the time the

patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 231 **Data Source:** Claim

Length: 1 **Type:** Alphanumeric

Field 55: OTH_DIAG_CODE_11

Coding Scheme:

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: 232 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 56: POA_OTH_DIAG_CODE_11

Description: Code identifying whether Oth_Diag_Code_11 code was present at the time the

patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 239 Data Source: Claim

Length: 1 **Type:** Alphanumeric

Field 57: OTH DIAG CODE 12

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: 240 Data Source: Claim

Length: 7 **Type:** Alphanumeric

Field 58: POA_OTH_DIAG_CODE_12

Description: Code identifying whether Oth_Diag_Code_12 code was present at the time the

patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position:247Data Source:ClaimLength:1Type:Alphanumeric

Field 59: OTH_DIAG_CODE_13

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: 248 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 60: POA_OTH_DIAG_CODE_13

Description: Code identifying whether Oth_Diag_Code_13 code was present at the time the

patient was admitted to the hospital

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Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 255 **Data Source:** Claim

Length: Type: Alphanumeric

Field 61: OTH_DIAG_CODE_14

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: Data Source: Claim

Length: Alphanumeric Type:

Field 62: POA_OTH_DIAG_CODE_14

Description: Code identifying whether Oth_Diag_Code_14 code was present at the time the

patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 263 **Data Source:** Claim

Length: Alphanumeric Type:

Field 63: OTH_DIAG_CODE_15

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: Data Source: Claim 264

Length: Type: Alphanumeric

Field 64: POA_OTH_DIAG_CODE_15

Description: Code identifying whether Oth_Diag_Code_15 code was present at the time the

> patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE

Coding Scheme: Beginning Position: 271 **Data Source:** Claim

Length: Alphanumeric Type:

Field 65: OTH_DIAG_CODE_16

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: Data Source: Claim

Length: Type: Alphanumeric

Field 66: POA_OTH_DIAG_CODE_16

Description: Code identifying whether Oth_Diag_Code_16 code was present at the time the

patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Data Source: Beginning Position: 279 Claim

Length: Alphanumeric Type:

Field 67: OTH_DIAG_CODE_17

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Beginning Position:

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Data Source:

Claim

Alphanumeric

Decimal is implied following the third character.

Length: Type:

Field 68: POA_OTH_DIAG_CODE_17 **Description:** Code identifying whether Oth_Diag_Code_17 code was present at the time the

patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Data Source: **Beginning Position:** 287 Claim

Length: Type: Alphanumeric

Field 69: OTH_DIAG_CODE_18

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Data Source: Beginning Position: 288 Claim

Length: Type: Alphanumeric

Field 70: POA_OTH_DIAG_CODE_18

Description: Code identifying whether Oth_Diag_Code_18 code was present at the time the

patient was admitted to the hospital

Same as Field POA_PRINC_DIAG_CODE **Coding Scheme:**

Beginning Position: 295 **Data Source:** Claim

Length: Alphanumeric Type:

Field 71: OTH DIAG CODE 19

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

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Beginning Position: 296 **Data Source:** Claim Length: Type: Alphanumeric Field 72: POA OTH DIAG CODE 19 **Description:** Code identifying whether Oth_Diag_Code_19 code was present at the time the patient was admitted to the hospital Same as Field POA PRINC DIAG CODE **Coding Scheme: Beginning Position:** 303 **Data Source:** Claim Length: Alphanumeric Type: Field 73: OTH_DIAG_CODE_20 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 304 **Data Source:** Claim Length: Alphanumeric Type: Field 74: POA_OTH_DIAG_CODE_20 **Description:** Code identifying whether Oth Diag Code 20 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA_PRINC_DIAG_CODE **Beginning Position: Data Source:** Claim 311 Length: Alphanumeric Type: Field 75: OTH_DIAG_CODE_21 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** 312 Claim Lenath: Type: Alphanumeric Field 76: POA_OTH_DIAG_CODE_21 **Description:** Code identifying whether Oth_Diag_Code_21 code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE **Coding Scheme: Beginning Position:** 319 **Data Source:** Claim Length: Alphanumeric Type: Field 77: OTH_DIAG_CODE_22 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** 320 Claim Length: Type: Alphanumeric Field 78: **POA OTH DIAG CODE 22 Description:** Code identifying whether Oth_Diag_Code_22 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA PRINC DIAG CODE **Beginning Position:** 327 Data Source: Claim Length: Alphanumeric Type: Field 79: OTH DIAG CODE 23 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** Claim Length: Type: Alphanumeric Field 80: POA_OTH_DIAG_CODE_23 **Description:** Code identifying whether Oth Diag Code 23 code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE **Coding Scheme: Data Source: Beginning Position:** 335 Claim Length: Type: Alphanumeric Field 81: OTH_DIAG_CODE_24 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 336 Data Source: Claim Lenath: Alphanumeric Type: Field 82: POA_OTH_DIAG_CODE_24 **Description:** Code identifying whether Oth_Diag_Code_24 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA_PRINC_DIAG_CODE

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Beginning Position:343Data Source:ClaimLength:1Type:Alphanumeric

Field 83: E_CODE_1

Description: ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if

applicable, of the primary external cause of injury. A decimal is implied following the

third character.

Beginning Position: 344 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 84: POA_E_CODE_1

Description: Code identifying whether E_Code_1 external cause of injury code was present at the

time the patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 351 **Data Source:** Claim

Length: 1 **Type:** Alphanumeric

Field 85: E_CODE_2

Description: ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if

applicable, of an additional external cause of injury. Decimal is implied following the

third character.

Beginning Position: 352 Data Source: Claim

Length: 7 **Type:** Alphanumeric

Field 86: POA_E_CODE_2

Description: Code identifying whether external cause of injury E_Code_2 code was present at the

time the patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 359 Data Source: Claim

Length: 1 **Type:** Alphanumeric

Field 87: E_CODE_3

Description: ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if

applicable, of an additional external cause of injury. Decimal is implied following the

third character.

Beginning Position: 360 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 88: POA_E_CODE_3

Description: Code identifying whether E_Code_3 external cause of injury code was present at the

time the patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 367 **Data Source:** Claim

Length: 1 Type: Alphanumeric

Field 89: E_CODE_4

Description: ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if

applicable, of an additional external cause of injury. Decimal is implied following the

third character.

Beginning Position: 368 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 90: POA_E_CODE_4

Description: Code identifying whether E Code 4 external cause of injury code was present at the

time the patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 375 **Data Source:** Claim

Length: 1 **Type:** Alphanumeric

Field 91: E_CODE_5

Description: ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if

applicable, of an additional external cause of injury. Decimal is implied following the

third character.

Beginning Position: 376 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 92: POA_E_CODE_5

Description: Code identifying whether E_Code_5 external cause of injury code was present at the

time the patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 383 **Data Source:** Claim

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Length: Alphanumeric Type: Field 93: E_CODE_6 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 384 **Data Source:** Claim Length: Alphanumeric Type: Field 94: POA_E_CODE_6 **Description:** Code identifying whether E Code 6 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA PRINC DIAG CODE **Coding Scheme: Beginning Position:** 391 **Data Source:** Claim Alphanumeric Length: Type: Field 95: E_CODE_7 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 392 **Data Source:** Claim Lenath: Alphanumeric Type: Field 96: POA_E_CODE_7 **Description:** Code identifying whether E_Code_7 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE **Coding Scheme: Beginning Position:** 399 **Data Source:** Claim Length: Type: Alphanumeric Field 97: E_CODE_8 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Data Source: Beginning Position:** 400 Claim Length: Alphanumeric Type: Field 98: POA E CODE 8 **Description:** Code identifying whether E_Code_8 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA PRINC DIAG CODE **Coding Scheme: Beginning Position:** 407 **Data Source:** Claim Alphanumeric Length: Type: Field 99: E CODE 9 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 408 **Data Source:** Claim Length: Type: Alphanumeric Field 100: POA E CODE 9 **Description:** Code identifying whether E Code 9 external cause of injury code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA PRINC DIAG CODE **Beginning Position:** 415 **Data Source:** Claim Length: Alphanumeric Type: Field 101: E_CODE_10 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position: Data Source:** 416 Claim Alphanumeric Length: Type: Field 102: POA E CODE 10 **Description:** Code identifying whether E Code 10 external cause of injury code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA_PRINC_DIAG_CODE **Data Source: Beginning Position:** 423 Claim Length: Type: Alphanumeric DSHS/THCIC **DSHS** Document #25-15013 Page

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Field 103: PRINC_SURG_PROC_CODE **Description:** Code for the principal surgical or other B performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position: Data Source:** 424 Claim Length: 7 Alphanumeric Type: Field 104: PRINC_SURG_PROC_DAY **Description:** Day of principal surgical or other procedure equals Principal Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 431 **Data Source:** Calculated Length: Alphanumeric 4 Type: Field 105: OTH SURG PROC CODE 1 **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: Data Source:** 435 Claim Alphanumeric Length: Type: Field 106: OTH_SURG_PROC_DAY_1 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position: Data Source:** 442 Calculated Length: 4 Type: Alphanumeric Field 107: OTH_SURG_PROC_CODE_2 **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:** 446 **Data Source:** Claim Length: Alphanumeric Type: Field 108: OTH_SURG_PROC_DAY_ 2 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 453 **Data Source:** Calculated Length: 4 Alphanumeric Type: Field 109: OTH_SURG_PROC_CODE_3 **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:** 457 **Data Source:** Claim Length: Alphanumeric Type: Field 110: OTH SURG PROC DAY 3 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position: Data Source:** 464 Calculated Length: Alphanumeric 4 Type: Field 111: OTH_SURG_PROC_CODE_4 **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: Data Source:** 468 Claim Lenath: Type: Alphanumeric Field 112: OTH_SURG_PROC_DAY_4 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position: Data Source:** 475 Calculated Length: 4 Type: Alphanumeric Field 113: OTH_SURG_PROC_CODE_5 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. 479 **Data Source: Beginning Position:** Claim Length: Type: Alphanumeric Field 114: OTH_SURG_PROC_DAY_5 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 486 Data Source: Calculated Lenath: Type: Alphanumeric Field 115: OTH_SURG_PROC_CODE_6 DSHS/THCIC DSHS Document #25-15013 Page

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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. **Data Source: Beginning Position:** 490 Claim Length: 7 Alphanumeric Type: Field 116: OTH_SURG_PROC_DAY_6 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Data Source: Beginning Position:** 497 Calculated Alphanumeric Length: Type: Field 117: OTH SURG PROC CODE 7 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Data Source: Beginning Position:** Claim 501 Length: Type: Alphanumeric Field 118: OTH SURG PROC DAY 7 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 508 **Data Source:** Calculated Lenath: Alphanumeric Type: Field 119: OTH_SURG_PROC_CODE_8 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Data Source: Beginning Position:** 512 Claim Length: Type: Alphanumeric Field 120: OTH SURG PROC DAY 8 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Data Source: Beginning Position:** 519 Calculated Length: Type: Alphanumeric Field 121: OTH_SURG_PROC_CODE_9 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:** 523 **Data Source:** Claim Alphanumeric

Length: 7 Type: Field 122: OTH SURG PROC DAY 9

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:530Data Source:CalculatedLength:4Type:Alphanumeric

Field 123: OTH_SURG_PROC_CODE_10

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: 534 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 124: OTH_SURG_PROC_DAY_10

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:541Data Source:CalculatedLength:4Type:Alphanumeric

Field 125: OTH_SURG_PROC_CODE_11

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: 545 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 126: OTH SURG PROC DAY 11

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:552Data Source:CalculatedLength:4Type:Alphanumeric

Field 127: OTH SURG PROC CODE 12

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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: 556 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 128: OTH_SURG_PROC_DAY_12

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:563Data Source:CalculatedLength:4Type:Alphanumeric

Field 129: OTH_SURG_PROC_CODE_13

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: 567 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 130: OTH_SURG_PROC_DAY_13

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:574Data Source:CalculatedLength:4Type:Alphanumeric

Field 131: OTH_SURG_PROC_CODE_14

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: 578 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 132: OTH_SURG_PROC_DAY_14

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:585Data Source:CalculatedLength:4Type:Alphanumeric

Field 133: OTH_SURG_PROC_CODE_15

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: 589 Data Source: Claim

Length: 7 **Type:** Alphanumeric

Field 134: OTH SURG PROC DAY 15

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:596Data Source:CalculatedLength:4Type:Alphanumeric

Field 135: OTH_SURG_PROC_CODE_16

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: 600 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 136: OTH_SURG_PROC_DAY_16

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:607Data Source:CalculatedLength:4Type:Alphanumeric

Field 137: OTH_SURG_PROC_CODE_17

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: 611 Data Source: Claim

Length: 7 **Type:** Alphanumeric

Field 138: OTH SURG PROC DAY 17

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:618Data Source:CalculatedLength:4Type:Alphanumeric

Field 139: OTH_SURG_PROC_CODE_18

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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: 622 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 140: OTH_SURG_PROC_DAY_18

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:629Data Source:CalculatedLength:4Type:Alphanumeric

Field 141: OTH_SURG_PROC_CODE_19

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: 633 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 142: OTH_SURG_PROC_DAY_19

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:640Data Source:CalculatedLength:4Type:Alphanumeric

Field 143: OTH_SURG_PROC_CODE_20

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: 644 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 144: OTH_SURG_PROC_DAY_20

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:651Data Source:CalculatedLength:4Type:Alphanumeric

Field 145: OTH_SURG_PROC_CODE_21

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:655Data Source:ClaimLength:7Type:Alphanumeric

Field 146: OTH SURG PROC DAY 21

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:662Data Source:CalculatedLength:4Type:Alphanumeric

Field 147: OTH_SURG_PROC_CODE_22

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: 666 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 148: OTH_SURG_PROC_DAY_22

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:673Data Source:CalculatedLength:4Type:Alphanumeric

Field 149: OTH_SURG_PROC_CODE_23

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: 677 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 150: OTH SURG PROC DAY 23

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:684Data Source:CalculatedLength:4Type:Alphanumeric

Field 151: OTH SURG PROC CODE 24

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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 **Type:** 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:695Data Source:CalculatedLength:4Type: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: 9999999998 Cell size less than 5

999999999 Temporary license or license number could not be matched

Beginning Position:699Data Source:AssignedLength:10Type: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. 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: 999999999 Cell size less than 5

999999999 Temporary license or license number could not be matched

Beginning Position:709Data Source:AssignedLength:10Type:Alphanumeric

Field 155: ENCOUNTER INDICATOR

Description: Indicates the number of claims used to create the encounter

Beginning Position:719Data Source:CalculatedLength:2Type:Alphanumeric

Field 166: PROVIDER NAME

Description: Hospital name provided by the hospital.

Suppression: 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.

Beginning Position:721Data Source:ProviderLength:55Type:Alphanumeric

INPATIENT BASE DATA #2 FILE

Field 1: RECORD_ID

Description: Record Identification Number. Unique number assigned to identify the record. The

Record_ID in the ED Inpatient PUDF is not linkable to the Record_ID in the ED

Outpatient PUDF or ED Research Data Files (RDFs).

Beginning Position:1Data Source:AssignedLength:12Type:Alphanumeric

Field 2: PRIVATE_AMOUNT

Description: Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR

algorithm. Sum of charges associated with revenue codes 0100-0219, revenue

center 011X, 014X

Beginning Position:13Data Source:CalculatedLength:12Type:Numeric

Field 3: SEMI PRIVATE AMOUNT

Description: Accommodation Charge, Semi-private Room Charge Amount. Calculated using

MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219,

revenue center 010X, 012X-014X, 016X-019X

Beginning Position:25Data Source:CalculatedLength:12Type:Numeric

Field 4: WARD AMOUNT

Description: Accommodation Charge, Ward Charge Amount. Calculated using MEDPAR algorithm.

Sum of charges associated with revenue codes 0100-0219, revenue center 015X.

Beginning Position:37Data Source:CalculatedLength:12Type:Numeric

Field 5: ICU AMOUNT

Description: Accommodation Charge, Intensive Care Unit Charge Amount. Calculated using

MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219,

revenue center 020X.

Beginning Position:49Data Source:CalculatedLength:12Type:Numeric

Field 6: CCU AMOUNT

Description: Accommodation Charge, Coronary Care Unit Charge Amount. Calculated using

MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219,

revenue center 021X.

Beginning Position:61Data Source:CalculatedLength:12Type:Numeric

Field 7: OTHER AMOUNT

Description: Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm.

Sum of charges associated with revenue codes other than 0100-0219, revenue center 0002-0099, 022X-024X, 052X-053X, 055X-060X, 064X-070X, 076X-078X,

090X-095X, 099X.

Beginning Position:73Data Source:CalculatedLength:12Type:Numeric

Field 8: PHARM_AMOUNT

Description: Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR

algorithm. Sum of charges associated with revenue codes other than 0100-0219,

revenue center 025X, 026X, and 063X.

Beginning Position:85Data Source:CalculatedLength:12Type:Numeric

Field 9: MEDSURG_AMOUNT

Description: Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using

MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-

0219, revenue center 027X, 062X.

Beginning Position:97Data Source:CalculatedLength:12Type:Numeric

Field 10: DME_AMOUNT **Description:** Ancillary Service Charge, Durable Medical Equipment Charge Amount, Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue centers 0290-0292, 0294-0299. **Beginning Position:** Data Source: Calculated Length: Numeric 12 Type: Field 11: **USED DME AMOUNT Description:** Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0293. **Beginning Position: Data Source:** Calculated 121 Length: Numeric 12 Type: Field 12: PT AMOUNT **Description:** Ancillary Service Charge, Physical Therapy Charge Amount, Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 042X. **Beginning Position:** 133 **Data Source:** Calculated Length: Numeric 12 Type: Field 13: **OT AMOUNT Description:** Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 043X. **Beginning Position:** 145 **Data Source:** Calculated Length: Numeric 12 Type: SPEECH AMOUNT Field 14: **Description:** Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 044X, 047X. **Beginning Position:** 157 Data Source: Calculated Length: 12 Type: Numeric IT_AMOUNT Field 15: **Description:** Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 041X, 046X. **Beginning Position:** 169 **Data Source:** Calculated Length: 12 Type: Numeric Field 16: **BLOOD_AMOUNT Description:** Ancillary Service Charge for blood provided during the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 038X. **Beginning Position:** 181 **Data Source:** Calculated Length: Numeric Type: 12 Field 17: **BLOOD ADMIN AMOUNT Description:** Ancillary Service Charge for blood storage and processing related to the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 039X. **Beginning Position:** 193 **Data Source:** Calculated Length: Numeric 12 Type: OR_AMOUNT Field 18: **Description:** Ancillary Service Charge, Operating Room Charge amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 036X, 071X-072X. **Beginning Position:** 205 **Data Source:** Calculated Numeric Length: 12 Type: Field 19: LITH AMOUNT **Description:** Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 079X. **Beginning Position: Data Source:** Calculated 217 Length: 12 Type: Numeric

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Field 20: CARD_AMOUNT **Description:** Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X. **Beginning Position:** 229 **Data Source:** Calculated Length: Type: Numeric Field 21: **ANES AMOUNT** Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR **Description:** algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X. **Beginning Position:** 241 **Data Source:** Calculated Length: Numeric Type: Field 22: LAB AMOUNT **Description:** Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X. **Beginning Position:** 253 Data Source: Calculated Lenath: 12 Type: Numeric Field 23: RAD AMOUNT **Description:** Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X. Data Source: Calculated **Beginning Position:** 265 Length: Numeric 12 Type: Field 24: MRI_AMOUNT Description: Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X. **Beginning Position:** Data Source: 277 Calculated Numeric Length: 12 Type: Field 25: OP_AMOUNT Description: Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X. **Beginning Position:** 289 **Data Source:** Calculated Length: 12 Type: Numeric Field 26: **ER_AMOUNT Description:** Ancillary Service Charge, Emergency Room Charge Amount, Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 045X. **Beginning Position: Data Source:** Calculated Length: Numeric 12 Type: Field 27: AMBULANCE AMOUNT **Description:** Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 054X. **Beginning Position: Data Source:** Calculated 313 Length: Type: Numeric Field 28: PRO FEE AMOUNT **Description:** Ancillary Service Charge, Professional Fee Charge Amount, Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X. **Beginning Position:** 325 **Data Source:** Calculated Length: Numeric 12 Type: Field 29: **ORGAN AMOUNT Description:** Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X. **Beginning Position:** Data Source: Calculated

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Length: 12 Numeric Type: Field 30: ESRD_AMOUNT 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. **Beginning Position:** Data Source: Calculated 349 Length: 12 Numeric Type: Field 31: **CLINIC AMOUNT** 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 Data Source: Calculated Length: 12 Type: Numeric Field 32: OCCUR_CODE_1 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Auto accident 01 27 Date Home Health Plan 47 Date cost outlier status begins Established or Last Reviewed 02 No Fault Insurance Involved -Birthdate - Insured A Α1 28 Date Comprehensive Outpatient Including Auto Accident/Other Α2 Effective Date - Insured A Rehabilitation Plan Established 03 Accident/ Tort Liability Policy or Last Reviewed Accident/ Employment Related 04 Payer A benefits exhausted Α3 29 Date Outpatient PT Plan established or last reviewed 05 Other accident Α4 Split Bill Date 30 Date Outpatient ST Plan 06 Crime Victim В1 Birthdate - Insured B established or last reviewed 09 Start of Infertility Treatment 31 Date beneficiary notified of B2 Effective date - Insured B Policy Cycle intent to bill (accommodations) ВЗ Payer B benefits exhausted 32 Date beneficiary notified of Last Menstrual Period 10 C1 Birthdate - Insured C intent to bill (procedures or 11 Onset of Symptoms/ Illness treatments) C2 Effective date - Insured C Policy 12 Date of Onset for a Chronically 37 Date of inpatient hospital C3 Payer C benefits exhausted Dependent Individual discharge for non-covered transplant patients Date of Last Therapy 16 DR Katrina disaster related 38 Date treatment started for Date Outpatient OT Plan 17 E1 Birthdate - Insured D home IV therapy Established or Last Reviewed E2 Effective date - Insured D 39 Date discharged on a 18 Date of Retirement continuous course if IV therapy Policy Patient/Beneficiary E3 Payer D benefits exhausted 40 Scheduled date of admission 19 Date of Retirement - Spouse 41 Date of first test of pre-F1 Birthdate - Insured E 20 Date Guarantee of Payment admission testing F2 Effective date - Insured E Policy Began 42 Date of discharge (hospice Date UR Notice Received 21 F3 Payer E benefits exhausted 22 Date Active Care Ended 43 Scheduled date of canceled G1 Birthdate - Insured F surgery 24 Date Insurance Denied Effective date - Insured F Policy G2 44 Date treatment started - OT Date Benefits Terminated by 25 G3 Payer F benefits exhausted 45 Primary Payer Date treatment started - ST Date SNF Bed Became Available 26 46 Date treatment started Cardiac rehabilitation **Beginning Position:** 373 Data Source: Claim Length: Type: Alphanumeric Field 33: OCCUR_DAY_1 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 375 **Data Source:** Calculated Length: Type: Alphanumeric Field 34: OCCUR CODE 2 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR_CODE_1. **Beginning Position:** 379 Data Source: Claim Length: Alphanumeric Type: Field 35: OCCUR DAY 2 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. DSHS/THCIC **Page** DSHS Document #25-15013

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Beginning Position: 381 **Data Source:** Calculated Length: Alphanumeric Type: Field 36: OCCUR CODE 3 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR CODE 1. **Beginning Position:** 385 **Data Source:** Claim Length: Alphanumeric Type: Field 37: OCCUR_DAY_3 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** Data Source: Calculated 387 Length: Alphanumeric Type: Field 38: OCCUR_CODE_4 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR CODE 1. **Beginning Position:** 391 **Data Source:** Claim Length: Alphanumeric Type: Field 39: OCCUR_DAY_4 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated Length: Alphanumeric Type: Field 40: OCCUR_CODE_5 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR_CODE_1. **Coding Scheme: Beginning Position: Data Source:** 397 Claim Length: Type: Alphanumeric Field 41: OCCUR_DAY_5 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 399 Data Source: Calculated Length: Type: Alphanumeric Field 42: OCCUR CODE 6 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR CODE 1. Coding Scheme: **Beginning Position:** 403 **Data Source:** Claim Length: Type: Alphanumeric Field 43: OCCUR_DAY_6 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 405 **Data Source:** Calculated Length: Type: Alphanumeric Field 44: OCCUR_CODE_7 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR_CODE_1. **Beginning Position:** 409 Data Source: Claim Length: Alphanumeric Type: Field 45: OCCUR DAY 7 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated 411 Length: 4 Type: Alphanumeric OCCUR_CODE_8 Field 46: **Description:** Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position:** 415 **Data Source:** Claim Alphanumeric Length: Type: Field 47: OCCUR_DAY_8 Description: Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 417 **Data Source:** Calculated Length: Type: Alphanumeric Field 48: OCCUR CODE 9 Description: Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR CODE 1. **Beginning Position:** 421 **Data Source:** Alphanumeric Length: Type: Field 49: OCCUR_DAY_9 DSHS/THCIC DSHS Document #25-15013 Page

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Description: Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated 423 Length: Alphanumeric Type: Field 50: OCCUR CODE 10 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR CODE 1. Coding Scheme: **Beginning Position:** 427 Data Source: Claim Length: Alphanumeric Type: Field 51: OCCUR_DAY_10 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** Data Source: Calculated Length: Alphanumeric Type: Field 52: OCCUR_CODE_11 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR_CODE 1. **Coding Scheme: Beginning Position:** 433 **Data Source:** Claim Length: Type: Alphanumeric Field 53: OCCUR_DAY_11 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Data Source: Beginning Position:** 435 Calculated Length: Type: Alphanumeric Field 54: OCCUR CODE 12 **Description:** Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position: Data Source:** 439 Claim Length: Alphanumeric Type: Field 55: OCCUR_DAY_12 Description: Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated 441 Length: **Alphanumeric** Type: Field 56: OCCUR SPAN CODE 1 Description: Code describing a significant event relating to the claim that may affect payer processing. Oualifying stay dates (for SNF use only) 78 **Coding Scheme:** 70 SNF prior stay dates 80 Prior Same SNF prior stay dates for Payment 71 Prior stay dates Ban Purposes 72 First/Last Visit 81 Antepartum Days at Reduced Level of Care 73 Benefit eligibility period M0 QIO/UR approved stay dates 74 Noncovered level of care/Leave of absence М1 Provider liability - no utilization 75 SNF level of care M2 Inpatient respite dates 76 Patient Liability Period М3 ICF level of care 77 Provider Liability - Utilization Charged Μ4 Residential level of care **Beginning Position:** 445 **Data Source:** Claim Length: Alphanumeric Type: Field 57: OCCUR SPAN FROM 1 **Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. Data Source: **Beginning Position:** 447 Calculated Length: Alphanumeric Type: Field 58: OCCUR_SPAN_THRU_1 Description: Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. **Beginning Position:** 453 **Data Source:** Calculated Lenath: Alphanumeric 6 Type: Field 59: OCCUR_SPAN_CODE_2 **Description:** Code describing a significant event relating to the claim that may affect payer processing. **Coding Scheme:** Same as Field OCCUR_CODE_SPAN_1. **Beginning Position:** 459 **Data Source:** Claim Length: Type: Alphanumeric Field 60: OCCUR_SPAN_FROM_2 **Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. DSHS/THCIC DSHS Document #25-15013 Page

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Beginning Position: 461 **Data Source:** Calculated Length: Alphanumeric Type: Field 61: **OCCUR SPAN THRU 2 Description:** Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. **Beginning Position:** 467 **Data Source:** Calculated Lenath: Alphanumeric Type: Field 62: OCCUR SPAN CODE 3 **Description:** Code describing a significant event relating to the claim that may affect payer processing. **Coding Scheme:** Same as Field OCCUR_CODE_SPAN_1. **Beginning Position:** 473 **Data Source:** Claim Length: Alphanumeric Type: Field 63: OCCUR_SPAN_FROM_3 **Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. **Beginning Position:** 475 Data Source: Calculated Alphanumeric Length: Type: Field 64: OCCUR SPAN THRU 3 **Description:** Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care **Beginning Position:** 481 Data Source: Calculated Length: Alphanumeric 6 Type: Field 65: OCCUR_SPAN_CODE_4 **Description:** Code describing a significant event relating to the claim that may affect payer processina. **Coding Scheme:** Same as Field OCCUR_CODE_SPAN_1. **Beginning Position:** 487 **Data Source:** Claim Length: Type: Alphanumeric Field 66: **OCCUR SPAN FROM 4 Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. **Beginning Position:** 489 **Data Source:** Calculated Length: Type: Alphanumeric Field 67: **OCCUR SPAN THRU 4 Description:** Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. **Beginning Position:** 495 Data Source: Calculated Lenath: **Alphanumeric** Type: Field 68: CONDITION_CODE_1 **Description:** Code describing a condition relating to the claim. **Coding Scheme:** 01 Military service related 11 Disabled beneficiary but no 27 Patient referred to a sole community hospital for a LGHP coverage exists Condition is employment 02 diagnostic laboratory test 17 Patient is homeless related 28 Patient and/or spouse's EGHP is 03 Patient covered by insurance 18 Maiden name retained secondary to Medicare not reflected here 19 Child retains mother's name 29 Disabled beneficiary and/or 04 Information only bill. family member's LGHP is 20 Beneficiary requested billing secondary to Medicare 05 Lien has been filed 21 Billing for denial notice 30 Non-research services provided 06 ESRD patient in first 18 months to patients enrolled in a 22 Patient on multiple drug of entitlement covered by EGHP qualified clinical trial regimen 07 Treatment of non-terminal 31 Patient is student (full time -23 Home care giver available condition for hospice patient day) 80 Beneficiary would not provide Home IV patient also receiving 24 Patient is student 32 information concerning other **HHA** services (cooperative/work study insurance coverage 25 Patient is non-US resident program) Neither patient or spouse is 09 33 Patient is student (full time -VA eligible patient chooses to 26 employed night) receive services in a Medicare 10 Patient and/or spouse is certified facility 34 Patient is student (part-time) employed but no EGHP exists DSHS/THCIC DSHS Document #25-15013 Page

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36	General care patient in a	74	Home	AM	Non-emergency medically
37	special unit Ward accommodation at patient	75	Home - 100% reimbursement		necessary stretcher transport required
	request	76	Back-up in facility dialysis	AN	Pre-admission screening not required
38	Semi-private room not available	77	Provider accepts or is obligated/required due to a	В0	Medicare coordinated care demonstration claim
39	Private room medically necessary		contractual arrangement or law to accept payment by a primary payer as payment	В1	Beneficiary is ineligible for demonstration program
40 41	Same day transfer Partial hospitalization	78	New coverage not implemented	B4	Admission unrelated to
42	Continuing care not related to	79	by HMO CORF services provided offsite	ВР	discharge on same day Gulf Oil Spill of 2010
	inpatient admission	80	Home dialysis - nursing facility	C1	Approved as billed
43	Continuing care not provided within prescribed postdischarge window	81	C-section/Inductions <39 weeks-Medical Necessity	C2	Automatic approval as billed based on focused review
44	Inpatient admission changed to	82	C-section/Inductions <39 weeks-Elective	C3	Partial approval
45	outpatient Ambiguous Gender Category	83	C-section/Inductions 39 weeks	C4	Admission/services denied
46	Non-availability statement on		or greater	C5	Postpayment review applicable
40	file	84	Dialysis for Acute Kidney Injury (AKI)	C6	Admission Preauthorization
47	Transfer from another Home	85	Delayed Recertification of	C7	Extended Authorization
48	Health Agency Psychiatric residential		Hospice Terminal Illness	D0	Changes to Service Dates
10	treatment centers for children and adolescents (RTCs)	86	Additional Hemodialysis Treatment with Medical	D1	Changes to Charges
49	Product replacement within product lifecycle	Α0	Justification TRICARE external partnership	D3	Second or Subsequent Interim PPS Bill
50	Product Replacement for Known Recall of a Product	A1	program EPSDT/CHAP	D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.
51	Attestation of Unrelated Outpatient Nondiagnostic	A2	Physically handicapped children's program	D5	Cancel to correct Insured's ID or Provider ID
	Services	А3	Special Federal Funding	D6	Cancel Only to Repay a
52	Out of Hospice Service Area	A4	Family planning		Duplicate or OIG Overpaymer
53	Initial placement of a medical device provided as part of a	A5	Disability	D7	Change to Make Medicare the Secondary Payer
54	clinical trial or a free sample No Skilled Home Health Visits in	A6	Vaccines/Medicare 100% payment	D8	Change to Make Medicare the Primary Payer
	Billing Period. Policy Exception Documented at the Home	A9	Second opinion surgery	D9	Any Other Change
	Health Agency	AA	Abortion performed due to rape	DR	Disaster related
55	SNF bed not available	AB	Abortion performed due to incest	E0	Changes in Patient Status
56	Medical appropriateness	AC	Abortion performed due to	G0	Distinct Medical Visit
57 58	SNF readmission Terminated Medicare+Choice		serious fatal genetic defect, deformity, or abnormality	H0	Delayed Filing, Statement of Intent Submitted
59	organization enrollee Non-primary ESRD facility	AD	Abortion performed due to life endangering physical condition	H2	Discharge by a Hospice Provider for Cause
60	Day outlier	AE	Abortion performed due to physical health of mother that	Н3	Reoccurrence of GI Bleed
61	Cost outlier		is not life endangering	H4	Comorbid Category Reoccurrence of Pneumonia
66	Provider does not wish cost outlier payment	AF	Abortion performed due to emotional/psychological health	н5	Comorbid Category Recurrence of Pericarditis
67	Beneficiary elects not to use life	AG	of mother Abortion performed due to		Comorbid Category
68	time reserve (LTR) days Beneficiary elects to use life	АН	social or economic reasons Elective abortion	P1 P7	Do not Resuscitate Order (DN Direct Inpatient Admission fro
	time reserve (LTR) days	AI	Sterilization		Emergency Room
69 70	IME/DGME/N&AH Payment Only Self-administered anemia	AJ	Payer responsible for co- payment	R1	Request for reopening Reason Code - Mathematical or Computational Mistake
71	management drug Full care in unit	AK	Air ambulance required	R2	Request for reopening Reason
71 72		AL	Specialized treatment/bed		Code -Inaccurate Data Entry
72 73	Self-care in unit Self-care training		unavailable	R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
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R4	Request for re	eopening Reason	R7	Request for reopening Code - Corrections of		WO	United Mine Workers of America (UMWA) Demonstration
R5	Request for re	eopening Reason	D.O.	clerical errors		W2	Ìndicator
	Duplicate Clai	ectly Identified m	R8	Request for reopening Code - New and Mate		W2 W3	Duplicate of Original Bill Level I Appeal
R6		eopening Reason Clerical Errors or	R9	Evidence Request for reopening	a Reason	W4	Level II Appeal
		and Omissions not		Code - Faulty Evidend		W5	Level III Appeal
Beginnin Length:	g Position:	501 2		Data Source: Type:	Claim Alphanum	eric	
Field 69:		CONDITION_					
Descripti		Code describine Same as Field Co		dition relating to t	the claim.		
Coding S Beainnin	g Position:	503	אוונטאכ	Data Source:	Claim		
Length:	.9 . 05	2		Type:	Alphanum	eric	
Field 70:		CONDITION_	CODE_	_3	•		
Descripti				idition relating to t	the claim.		
Coding S		Same as Field 68 505	3.	Data Carres	Clains		
Beginnin Length:	g Position:	2		Data Source: Type:	Claim Alphanum	eric	
Field 71:		CONDITION_	CODE		, upriariarii	Citc	
Descripti	ion:	Code describin	g a con	dition relating to t	he claim.		
Coding S		Same as Field Co	ONDITIO				
Beginnin Length:	g Position:	507 2		Data Source:	Claim Alphanum	oric	
Field 72).	CONDITION_	CODE	Type:	Aiphanum	eric	
Descrip				_ _ dition relating to t	he claim.		
Coding S		Same as Field CO			and claimin		
	g Position:	509		Data Source:	Claim		
Length: Field 73:		2	60DE	Type:	Alphanum	eric	
rieia 73: Descripti		Code describin		_ 6 Idition relating to t	ho claim		
Coding S		Same as Field Co			ne ciaiii.		
	g Position:	511		Data Source:	Claim		
Length:		2		Туре:	Alphanum	eric	
Field 74:		CONDITION_			da a saladaa		
Descripti Coding S		Same as Field Co		dition relating to t	ne ciaim.		
	g Position:	513	JNDITIC	Data Source:	Claim		
Length:		2		Туре:	Alphanum	eric	
Field 75:		CONDITION_	_				
Descripti			_	dition relating to t	the claim.		
Coding S Beginnin	cneme: g Position:	Same as Field CO 515	אוונטאכ	Data Source:	Claim		
Length:	9 . 05.6.0	2		Type:	Alphanum	eric	
ield 76:		VALUE_CODE	_1				
Descripti		Code describin	g inforr	mation that may a	ffect payer	proces	ssing.
Coding S 01		n semi-private rate	09	Coinsurance amount	in the first	15	Worker's compensation
02	Hospital has r	no semi-private	10	calendar year Lifetime reserve amo		16	Public health service (PHS) or other federal agency
04	Inpatient prof	fessional narges which are	11	second calendar year Coinsurance amount	in the	21	Catastrophic
	combined bille		4.5	second calendar year	-	22	Surplus
05		arges and also	12	Working aged beneficiary/spouse w employer group healt		23	Recurring monthly income
	hilled congrat	ci, to cullici	10	ESRD beneficiary in a	Medicare	24	Medicaid Rate Code
06	billed separat Blood deducti	ble	13	coordination period w			
06 08	Blood deducti	rve amount in the	14		th plan	25	Offset to the patient - payment amount - prescription drugs
	Blood deducti Life time rese first calendar	rve amount in the		coordination period w employer group healt	th plan	25	

jinnin	g Position: 517		Data Source: Claim		
52	Speech Therapy visits	A9	Patient height	Y5	Part B Deductible
51	Occupational Therapy visits	A8	Patient weight	Y4	Conventional Provider Payment
50	Physical Therapy visits	Α7	Co-payment payer A	Y3	Part B Coinsurance
49	Hematocrit reading	A6	Covered self-administrable drugs - diagnostic study and other	Y1 Y2	Part A Demonstration Payment Part B Demonstration Payment
47 48	Any liability insurance Hemoglobin reading	-	drugs - administrable in form and situation furnished to patient	G8	Device Facility where Inpatient Hospice Service is Delivered
46	Number of grace days	A5	drugs - emergency Covered self-administrable	FD	Credit Received from the Manufacturer for a Medical
45	Accident hour	A4	Covered self-administrable		
	when this amount is less than charges but higher than payment received	А3	Estimated responsibility payer	D5 FC	Last Kt/V Reading Patient Paid Amount
44	Amount provider agreed to accept from primary payer	A1 A2	Coinsurance payer A	D4	Clinical Trial Number Assigned by NLM/NIH
43	Disabled beneficiary under age 65 with LGHP	A0 A1	Special zip code reporting Deductible payer A	D3	Patient estimated responsibility
42	VA	84	Shorter Duration Hemodialysis	СВ	Other assessments or allowances (e.g., medical education) - payer C
41	Black lung	83	Lifetime Reserve Days		payer C
40	New coverage not implemented by HMO	82	Co-insurance Days	CA	Regulatory surcharges, assessments, allowances or health care related taxes -
39	Units of blood replaced	81	Non-covered Days	C7	Co-payment payer C
38	Blood deductible units	80	Covered Days	C3	Estimated responsibility payer C
37	premiums Units of blood furnished	69	State charity care percentage	C2	Coinsurance payer C
35	Offset to the patient - payment amount - health insurance	68	EPO-drug	C1	Deductible payer C
34	Offset to the patient - payment amount - other medical services	66 67	Medicaid spend down amount Peritoneal dialysis	ВВ	Other assessments or allowances (e.g., medical education) - payer B
33	transport Offset to the patient - payment amount - podiatric services	61	Place of Residence where service is furnished (HHA and hospice)		assessments, allowances or health care related taxes - payer B
32	Multiple patient ambulance	60	HHA branch MSA	BA	Regulatory surcharges,
31	Patient Liability Amount	59	Oxygen saturation	В7	B Co-payment payer B
30	Preadmission testing	58	Arterial blood gas	В3	Estimated responsibility payer
29	Offset to the patient - payment amount - chiropractic services	57	Home health aide - home visit hours	B2	Coinsurance payer B
28	Offset to the patient - payment amount - dental services	56	Skilled nurse - home visit hours	B1	education) - payer A Deductible payer B
27	Offset to the patient - payment amount - vision and eye services	55	Eligibility threshold for charity care	AB	payer A Other assessments or allowances (e.g., medical
26	Offset to the patient - payment amount - hearing and ear services	53 54	Cardiac rehab visits Newborn birth weight in grams	AA	Regulatory surcharges, assessments, allowances or health care related taxes -
2.5	0.55		6 1: 1 1 : ::		5

Beginning Position: Claim

Length: Alphanumeric Type:

Field 77: VALUE_AMOUNT_1

Description: Dollar amount that may be affected.

Beginning Position: Data Source: 519 Claim

Length: Type: Alphanumeric

Field 78: VALUE_CODE_2

Description: Code describing information that may affect payer processing.

Coding Scheme: Same as Field VALUE_CODE_1. **Beginning Position:** 528 **Data Source:** Claim Length: Type: Alphanumeric Field 79: **VALUE AMOUNT 2 Description:** Dollar amount that may be affected. **Beginning Position:** 530 **Data Source:** Claim Length: Alphanumeric Type: Field 80: VALUE_CODE_3 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE CODE 1. **Beginning Position: Data Source:** Claim Length: Type: Alphanumeric **VALUE AMOUNT 3** Field 81: **Description:** Dollar amount that may be affected. **Beginning Position: Data Source:** Claim Length: Type: Alphanumeric Field 82: VALUE_CODE_4 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE_CODE_1. **Beginning Position: Data Source:** 550 Claim Length: Alphanumeric Type: Field 83: **VALUE AMOUNT 4 Description:** Dollar amount that may be affected. **Beginning Position:** 552 **Data Source:** Claim Length: Type: Alphanumeric Field 84: VALUE_CODE_5 **Description:** Code describing information that may affect payer processing. Same as Field VALUE_CODE_1. Coding Scheme: **Beginning Position:** 561 **Data Source:** Alphanumeric Length: Type: Field 85: VALUE_AMOUNT_5 **Description:** Dollar amount that may be affected. **Beginning Position:** 563 **Data Source:** Claim Length: Type: Alphanumeric Field 86: VALUE_CODE_6 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE_CODE_1. **Beginning Position:** 572 **Data Source:** Claim Length: Alphanumeric Type: Field 87: **VALUE AMOUNT 6 Description:** Dollar amount that may be affected. **Beginning Position:** 574 **Data Source:** Claim Length: Alphanumeric Type: VALUE CODE 7 Field 88: **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE CODE 1. **Beginning Position:** 583 **Data Source:** Claim Lenath: Alphanumeric Type: Field 89: VALUE_AMOUNT_7 **Description:** Dollar amount that may be affected. **Beginning Position:** 585 **Data Source:** Claim Length: Alphanumeric Type: Field 90: VALUE_CODE_8 Description: Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE_CODE_1. **Beginning Position:** 594 **Data Source:** Length: Type: Alphanumeric Field 91: **VALUE AMOUNT 8 Description:** Dollar amount that may be affected. **Beginning Position: Data Source:** Claim Alphanumeric Length: Type:

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Field 92:

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VALUE_CODE_9

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 **Type:** Alphanumeric

Field 93: VALUE_AMOUNT_9

Description: Dollar amount that may be affected.

Beginning Position: 607 **Data Source:** Claim

Length: 9 **Type:** Alphanumeric

Field 94: VALUE_CODE_10

Description: Code describing information that may affect payer processing.

Coding Scheme: Same as Field VALUE_CODE_1.

Beginning Position: 616 **Data Source:** Claim

Length: 2 **Type:** Alphanumeric

Field 95: VALUE_AMOUNT_10

Description: Dollar amount that may be affected.

Beginning Position: 618 **Data Source:** Claim

Length: 9 **Type:** Alphanumeric

Field 96: VALUE_CODE_11

Description: Code describing information that may affect payer processing.

Coding Scheme: Same as Field VALUE_CODE_1.

Beginning Position: 627 **Data Source:** Claim

Length: 2 **Type:** Alphanumeric

Field 97: VALUE_AMOUNT_11

Description: Dollar amount that may be affected.

Beginning Position: 629 **Data Source:** Claim

Length: 9 **Type:** Alphanumeric

Field 98: VALUE_CODE_12

Description: Code describing information that may affect payer processing.

Coding Scheme: Same as Field VALUE_CODE_1.

Beginning Position: 638 **Data Source:** Claim

Length: 2 **Type:** Alphanumeric

Field 99: VALUE_AMOUNT_12

Description: Dollar amount that may be affected.

Beginning Position: 640 **Data Source:** Claim

Length: 9 **Type:** Alphanumeric

INPATIENT CHARGES DATA FILE

Field 1: RECORD_ID

Description: Record Identification Number. Unique number assigned to identify the record. First

available 1st quarter 2002. Does NOT match the RECORD_ID in THCIC Research

Data Files (RDF's).

Beginning Position:1Data Source:AssignedLength:12Type:Alphanumeric

Field 2: REVENUE_CODE

Description: Code corresponding to each specific accommodation, ancillary service or billing

calculation related to the services being billed.

Coding Scheme:

0100	All-inclusive room charges plus ancillary	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0155	Room charges for ward rooms - hospice
0101	All-inclusive room charges	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0156	Room charges for ward rooms - detoxification
0110	Room charges for private rooms - general	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0157	Room charges for ward rooms - oncology
0111	Room charges for private rooms - medical/surgical/GYN	0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0158	Room charges for ward rooms rehabilitation
0112	Room charges for private rooms - obstetrics	0136	Room charges for semi-private	0159	Room charges for ward rooms - other
0113	Room charges for private rooms - pediatric	0137	detoxification Room charges for semi-private	0160	Room charges for other rooms - general
0114	Room charges for private rooms - psychiatric	0138	- 3/4 beds - rooms - oncology Room charges for semi-private	0164	Room charges for other rooms – Sterile Environment
0115	Room charges for private rooms - hospice		- 3/4 beds - rooms - rehabilitation	0167	Room charges for other rooms – self care
0116	Room charges for private rooms - detoxification	0139	Room charges for semi-private - 3/4 beds - rooms - other	0169	Room charges for other rooms - other
0117	Room charges for private rooms - oncology	0140	Room charges for private (deluxe) rooms - general	0170	Room charges for nursery - general
0118	Room charges for private rooms - rehabilitation	0141	Room charges for private (deluxe) rooms -	0171	Room charges for nursery - newborn level I
0119	Room charges for private rooms - other	0142	medical/surgical/GYN Room charges for private (deluxe) rooms - obstetrics	0172	Room charges for nursery - newborn level II
0120	Room charges for semi-private rooms - general	0143	Room charges for private (deluxe) rooms - pediatric	0173	Room charges for nursery - newborn level III
0121	Room charges for semi-private rooms - medical/surgical/GYN	0144	Room charges for private (deluxe) rooms - psychiatric	0174	Room charges for nursery - newborn level IV
0122	Room charges for semi-private rooms - obstetrics	0145	Room charges for private (deluxe) rooms - hospice	0179	Room charges for nursery - other
0123	Room charges for semi-private rooms - pediatric	0146	Room charges for private (deluxe) rooms - detoxification	0180	Room charges for LOA - general
0124	Room charges for semi-private rooms - psychiatric	0147	Room charges for private (deluxe) rooms - oncology	0182	Room charges for LOA - patient convenience-charges billable
0125	Room charges for semi-private rooms - hospice	0148	Room charges for private (deluxe) rooms - rehabilitation	0183	Room charges for LOA - therapeutic leave
0126	Room charges for semi-private rooms - detoxification	0149	Room charges for private (deluxe) rooms - other	0185	Room charges for LOA – nursing home (for hospitalization)
0127	Room charges for semi-private rooms - oncology	0150	Room charges for ward rooms -	0189	Room charges for LOA - other
0128	Room charges for semi-private rooms - rehabilitation	0151	Room charges for ward rooms - medical/surgical/GYN	0190	Room charges for subacute care - general
0129	Room charges for semi-private rooms - other	0152	Room charges for ward rooms - obstetrics	0191	Room charges for subacute care - Level I (skilled care)
0130	Room charges for semi-private - 3/4 beds - rooms - general	0153	Room charges for ward rooms -	0192	Room charges for subacute care - Level II (comprehensive
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0154	Room charges for ward rooms - psychiatric		care)
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0193	Room charges for subacute care - Level III (complex care)	0239	Incremental nursing care - other	0289	Oncology - other
0194	Room charges for subacute care - Level IV (intensive care)	0240	All-inclusive ancillary - general	0290	DME - general
0199	Room charges for subacute care - other	0241	All-inclusive ancillary - basic	0291	DME - rental
0200	Room charges for intensive	0242	All-inclusive ancillary - comprehensive	0292	DME - purchase of new
0201	care - general Room charges for intensive	0243	All-inclusive ancillary - specialty	0293	DME - purchase of used
0202	care - surgical Room charges for intensive	0249	All-inclusive ancillary - other	0294	DME - supplies/drugs for DME effectiveness
	care - medical	0250	Pharmacy - general	0299	DME - other equipment
0203	Room charges for intensive care - pediatric	0251	Pharmacy - generic drugs	0300	Laboratory - general
0204	Room charges for intensive care - psychiatric	0252	Pharmacy - nongeneric drugs	0301	Laboratory - chemistry
0206	Room charges for intensive care - intermediate intensive	0253	Pharmacy - take-home drugs	0302	Laboratory - immunology
0207	care unit (ICU) Room charges for intensive	0254	Pharmacy - drugs incident to other diagnostic services	0303	Laboratory - renal patient (home)
	care - burn care	0255	Pharmacy - drugs incident to radiology	0304	Laboratory - nonroutine dialysis
0208	Room charges for intensive care - trauma	0256	Pharmacy - experimental drugs	0305	Laboratory - hematology
0209	Room charges for intensive care - other	0257	Pharmacy - nonprescription	0306	Laboratory - bacteriology and microbiology
0210	Room charges for coronary care - general	0258	Pharmacy - IV solutions	0307	Laboratory - urology
0211	Room charges for coronary care - myocardial infarction	0259	Pharmacy - other	0309	Laboratory - other
0212	Room charges for coronary care - pulmonary care	0260	IV Therapy - general	0310	Laboratory pathological - general
0213	Room charges for coronary care	0261	IV Therapy - infusion pump	0311	Laboratory pathological - cytology
0214	 heart transplant Room charges for coronary care 	0262	IV Therapy - pharmacy services	0312	Laboratory pathological -
	 intermediate coronary care unit (CCU) 	0263	IV Therapy - drug/supply delivery	0314	histology Laboratory pathological -
0219	Room charges for coronary care - other	0264	IV Therapy - supplies	0319	biopsy Laboratory pathological - other
0220	Special charges - general	0269	IV Therapy - other	0320	Radiology - diagnostic - general
0221	Special charges - admission	0270	Medical surgical supplies and devices - general	0321	Radiology - diagnostic -
0222	charge Special charges - technical	0271	Medical surgical supplies and devices - nonsterile	0322	angiocardiography Radiology - diagnostic -
0223	support charge Special charges - UR service	0272	Medical surgical supplies and		arthrography
	charge	0273	devices - sterile Medical surgical supplies and	0323	Radiology - diagnostic - arteriography
0224	Special charges - late discharge, medically necessary	0274	devices - take-home Medical surgical supplies and	0324	Radiology - diagnostic - chest x-ray
0229	Special charges - other		devices - prosthetic/orthotic	0329	Radiology - diagnostic - other
0230	Incremental nursing care - general	0275	Medical surgical supplies and devices - pacemaker	0330	Radiology - therapeutic and/or chemotherapy administration -
0231	Incremental nursing care - nursery	0276	Medical surgical supplies and devices - intraocular lens (IOL)	0331	general Radiology - therapeutic and/or
0232	Incremental nursing care - OB	0277	Medical surgical supplies and devices - oxygen - take-home		chemotherapy administration - chemotherapy - injected
0233	Incremental nursing care - ICU (includes transitional care)	0278	Medical surgical supplies and devices - other implants	0332	Radiology - therapeutic and/or chemotherapy administration -
0234	Incremental nursing care - CCU (includes transitional care)	0279	Medical surgical supplies and devices - other	0333	chemotherapy - oral Radiology - therapeutic and/or
0235	Incremental nursing care - hospice	0280	Oncology - general		chemotherapy administration - radiation therapy

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otic/	TUCIC		Dogo		by Member to RHC/FQHC
0389	Blood - other	0442	Speech-language pathology - hourly charge	0520 0521	Freestanding Clinic - general Freestanding Clinic - Clinic Vis
0387	Blood - other derivatives (cryoprecipitate)	0441	Speech-language pathology - visit charge	0519	Clinic - other
386	Blood - other components	0440	Speech-language pathology - general	0517	Clinic - family practice
385	Blood - leukocytes	0439	Occupational therapy - other	0516	Clinic - urgent care
384	Blood - platelets	0434	Occupational therapy - evaluation	0515	Clinic - pediatric
)383	Blood - plasma	0433	Occupational therapy - group rate	0514	Clinic - OB/GYN
)382	Blood - whole blood	0432	Occupational therapy - hourly charge	0513	Clinic - psychiatric
0380	Blood - general Blood - packed red cells	0431	Occupational therapy - visit charge	0512	Clinic - dental
379	Anesthesia - other	0430	Occupational therapy - general	0510	Clinic - general Clinic - chronic pain
)374	Anesthesia - acupuncture	0429	Physical therapy - other	0509 0510	Outpatient services - other
)372	Anesthesia - incident to other diagnostic services	0424	Physical therapy - evaluation or reevaluation	0500	Outpatient services - genera
)371	Anesthesia - incident to radiology	0423	Physical therapy - group rate	0499	Ambulatory surgical care - other
370	Anesthesia - general	0422	Physical therapy - hourly charge	0490	Ambulatory surgical care - general
369	Operating room services - other	0421	Physical therapy - visit charge	0489	Cardiology - other
367	Operating room services - kidney transplant	0420	Physical therapy - general	0483	Cardiology - echocardiology
1267	kidney	0419	Respiratory services - other	0482	Cardiology - stress test
362	Operating room services - organ transplant other than	0413	Respiratory services - hyperbaric oxygen therapy	0481	Cardiology - cardiac cath lab
361	Operating room services - minor surgery	0412	Respiratory services - inhalation	0480	Cardiology - general
360	Operating room services - general	0410	Respiratory services - general	0479	Audiology - other
359	CT scan - other	0409	Other imaging services - other	0472	Audiology - treatment
352	CT scan - body	0404	Other imaging services - PET	0471	Audiology - diagnostic
0351	CT scan - head	0403	Other imaging services - screening mammography	0470	Audiology - general
0350	CT scan - general	0402	Other imaging services - ultrasound	0469	Pulmonary function - other
0349	radiopharmaceuticals Nuclear medicine - other	0401	Other imaging services - diagnostic mammography	0459 0460	Emergency room - other Pulmonary function - general
344	Nuclear medicine - therapeutic		general		, ,
)343	Nuclear medicine - diagnostic radiopharmaceuticals	0400	processing - other Other imaging services -	0456	EMTALA screening Emergency room - urgent ca
342	Nuclear medicine - therapeutic procedures	0399	Blood and blood component administration, storage and	0452	services Emergency room - beyond
341	Nuclear medicine - diagnostic		processing – processing and storage	0451	Emergency room - EMTALA emergency medical screening
0340	Nuclear medicine - general	0392	Blood and blood component administration, storage and	0450	other Emergency room - general
0339	Radiology - therapeutic and/or chemotherapy administration - other	0391	Blood and blood component administration, storage and processing - administration	0449	evaluation or reevaluation Speech-language pathology
	chemotherapy - IV	0201	processing - general	0444	Speech-language pathology
0335	Radiology - therapeutic and/or chemotherapy administration -	0390	Blood and blood component administration, storage and	0443	Speech-language pathology - group rate

0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	0562	Medical social services - hourly charge	0622	Medical/surgical supplies - incident to other diagnostic
0523	Freestanding Clinic - family practice	0569	Medical social services - other	0623	services Medical/surgical supplies -
0524	Freestanding Clinic - Visit by	0570	Home health aide - general		surgical dressings
	RHC/FQHC Practitioner to a Member in a Covered Part A	0571	Home health aide - visit charge	0624	Medical/surgical supplies - FDA investigational devices
0525	Stay at SNF Freestanding Clinic - Visit by	0572	Home health aide - hourly charge	0631	Drugs requiring specific identification - single source
	RHC/FQHC Practitioner to a Member in a SNF (not Covered	0579	Home health aide - other	0632	Drugs requiring specific identification - multiple source
	Part A Stay) or NF or ICF MR or Other Residential Facility	0580	Other visits (home health) - general	0633	Drugs requiring specific identification - restrictive
0526	Freestanding Clinic - urgent care	0581	Other visits (home health) - visit charge	0634	prescription Drugs requiring specific
		0582	Other visits (home health) - hourly charge	0054	identification - EPO, less than 10,000 units
0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a	0583	Other visits (home health) - assessment	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0528	Home Health Shortage Area Freestanding Clinic – Visit by	0589	Other visits (home health) - other	0636	Drugs requiring specific identification - requiring
0526	RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene	0590	Units of service (home health) - general	0637	detailed coding Drugs requiring specific
0529	of Accident)	0600	Oxygen (home health) - general	0037	identification - self- administrable
0329	Freestanding Clinic - other	0601	Oxygen (home health) - stat/equip/supply or contents	0640	Home IV therapy services - general
0530	Osteopathic service - general	0602	Oxygen (home health) - stat/equip/supply under 1 liter	0641	Home IV therapy services - nonroutine nursing, central line
0531	Osteopathic service - therapy	0603	per minute Oxygen (home health) -	0642	Home IV therapy services - IV site care, central line
0539	Osteopathic service - other		stat/equip/supply over 4 liters per minute	0643	Home IV therapy services - IV start/change, peripheral line
0540	Ambulance service - general	0604	Oxygen (home health) - portable add-in	0644	Home IV therapy services - nonroutine nursing, peripheral
0541	Ambulance service - supplies	0609	Oxygen (home health) - other	0645	line Home IV therapy services -
0542	Ambulance service - medical transport	0610	Magnetic Resonance	0043	training patient/caregiver, central line
0543	Ambulance service - heart mobile		Technology (MRT) - MRI - general	0646	Home IV therapy services - training, disabled patient,
0544	Ambulance service - oxygen	0611	Magnetic Resonance Technology (MRT) - MRI - brain	0647	central line Home IV therapy services -
0545	Ambulance service - air ambulance	0612	(including brain stem) Magnetic Resonance		training, patient/caregiver, peripheral
0546	Ambulance service - neonatal		Technology (MRT) - MRI - spinal cord (including spine)	0648	Home IV therapy services - training, disabled patient,
0547	Ambulance service - pharmacy	0614	Magnetic Resonance Technology (MRT) - MRI - other	0649	peripheral Home IV therapy services -
0548	Ambulance service - telephone transmission EKG	0615	Magnetic Resonance	0650	other Hospice services - general
0549	Ambulance service - other		Technology (MRT) - MRA – head and neck	0651	Hospice services - routine home
0550	Skilled nursing - general	0616	Magnetic Resonance Technology (MRT) - MRA -	0652	care Hospice services - continuous
0551	Skilled nursing - visit charge	0618	lower extremities Magnetic Resonance		home care
0552	Skilled nursing - hourly charge		Technology (MRT) - MRA – other	0655	Hospice services - inpatient respite care
0559	Skilled nursing - other	0619	Magnetic Resonance Technology (MRT) - Other MRT	0656	Hospice services - general inpatient care (nonrespite)
0560	Medical social services - general	0621	Medical/surgical supplies - incident to radiology	0657	Hospice services - physician services
0561	Medical social services - visit charge			0658	Hospice services - room and board - nursing facility
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0659	Hospice services - other	0730	EKG/ECG services - general	0821	Hemodialysis - outpatient or home - composite or other rate
0660	Respite care - general	0731	EKG/ECG services - holter monitor	0822	Hemodialysis - outpatient or home – home supplies
0661	Respite care - hourly charge/skilled nursing	0732	EKG/ECG services - telemetry	0823	Hemodialysis - outpatient or home – home equipment
0662	Respite care - hourly charge/aide/homemaker/compa	0739	EKG/ECG services - other	0824	Hemodialysis - outpatient or home - maintenance 100%
0663	nion Respite care - daily charge	0740	EEG services - general	0825	Hemodialysis - outpatient or
0660		0750	Gastrointestinal services - general	0826	home - support services Hemodialysis - outpatient or
0669	Respite care - other	0760	Treatment or observation room services - general		home – shorter duration (effective 7/1/17)
0670	Outpatient special residence - general	0761	Specialty Room - Treatment/ Observation Room - Treatment	0829	Hemodialysis - outpatient or home - other
0671	Outpatient special residence - hospital based	0762	Room Specialty Room - Treatment/	0830	Peritoneal dialysis - outpatient
0672	Outpatient special residence - contracted	0702	Observation Room - Observation Room	0831	or home - general Peritoneal dialysis - outpatient
0679	Outpatient special residence - other	0769	Treatment or observation room services - other		or home - composite or other rate
0681	Trauma response - level I			0832	Peritoneal dialysis - outpatient or home - home supplies
0682	Trauma response - level II	0770	Preventive care services - general	0833	Peritoneal dialysis - outpatient or home - home equipment
0683	Trauma response - level III	0771	Preventive care services - vaccine administration	0834	Peritoneal dialysis - outpatient
0684	Trauma response - level IV	0780	Telemedicine services - general	0835	or home – maintenance 100% Peritoneal dialysis - outpatient
0689	Trauma response - other	0790	Extra-corporeal shockwave therapy - general	0839	or home - support services Peritoneal dialysis - outpatient
0690	Pre-hospice/Palliative Care Services - general	0800	Inpatient renal dialysis services - general	0840	or home - other CAPD - outpatient or home -
0691	Pre-hospice/Palliative Care Services – visit charge	0801	Inpatient renal dialysis services		general
0692	Pre-hospice/Palliative Care	0802	 hemodialysis Inpatient renal dialysis services 	0841	CAPD - outpatient or home - composite or other rate
0693	Services – hourly charge Pre-hospice/Palliative Care	0803	 peritoneal (non-CAPD) Inpatient renal dialysis services 	0842	CAPD - outpatient or home - home supplies
0694	Services - evaluation Pre-hospice/Palliative Care		- continuous ambulatory peritoneal dialysis (CAPD)	0843	CAPD - outpatient or home – home equipment
	Services – consultation and education	0804	Inpatient renal dialysis services - continuous cycling peritoneal	0844	CAPD - outpatient or home - maintenance 100%
0695	Pre-hospice/Palliative Care Services – inpatient care	0809	dialysis (CAPD) Inpatient renal dialysis services	0845	CAPD - outpatient or home - support services
0696	Pre-hospice/Palliative Care Services – physician services	0003	- other	0849	CAPD - outpatient or home -
0699	Pre-hospice/Palliative Care Services - other	0810	Acquisition of body components- general	0850	CCPD - outpatient or home -
0700	Cast Room services - general	0811	Acquisition of body components - living donor	0851	general CCPD - outpatient or home -
0710	Recovery Room services -	0812	Acquisition of body components - cadaver donor	0852	composite or other rate CCPD - outpatient or home -
0720	general Labor/Delivery Room services -	0813	Acquisition of body components	0853	home supplies CCPD - outpatient or home -
0721	general Labor/Delivery Room services -	0814	 unknown donor Acquisition of body components 	0854	home equipment CCPD - outpatient or home -
0722	labor Labor/Delivery Room services -		 unsuccessful organ search- donor bank charges 	0855	maintenance 100% CCPD - outpatient or home -
0723	delivery Labor/Delivery Room services -	0815	Acquisition of body components – stem cells- allogeneic		support services
	circumcision Labor/Delivery Room services -	0819	Acquisition of body components	0859	CCPD - outpatient or home - other
0724	birthing center		- other donor	0860	Magnetoencephalography (MEG) - General
0729	Labor/Delivery Room services - other	0820	Hemodialysis - outpatient or home - general	0861	Magnetoencephalography (MEG) - MEG
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0880	Miscellaneous dialysis - general	0924	Other diagnostic services - allergy test	0977	Professional fees - physical therapy
0881	Miscellaneous dialysis - ultrafiltration	0925	Other diagnostic services - pregnancy test	0978	Professional fees - occupational therapy
0882	Miscellaneous dialysis - home aide visit	0929	Other diagnostic services - other	0979	Professional fees - speech therapy
0889	Miscellaneous dialysis - other	0931	Medical rehabilitation day program - half day	0981	Professional fees - emergency room
0900	Behavior health treatments/services - general	0932	Medical rehabilitation day program - full day	0982	Professional fees - outpatient services
0901	Behavior health treatments/services -	0940	Other therapeutic services - general	0983	Professional fees - clinic
0902	electroshock Behavior health	0941	Other therapeutic services - recreational therapy	0984	Professional fees - medical social services
	treatments/services - milieu therapy	0942	Other therapeutic services - education/training	0985	Professional fees - EKG
0903	Behavioral health treatments/services - play	0943	Other therapeutic services - cardiac rehabilitation	0986	Professional fees - EEG
0904	therapy Behavior health	0944	Other therapeutic services -	0987	Professional fees - hospital visit
050.	treatments/services - activity		drug rehabilitation	0988	Professional fees - consultation
0905	therapy Behavior health	0945	Other therapeutic services - alcohol rehabilitation	0989	Professional fees - private duty
0,000	treatments/services - intensive	0946	Other therapeutic services -	0303	nurse
0906	outpatient services - psychiatric Behavior health		complex medical equipment - routine	0990	Patient convenience items - general
	treatments/services - intensive outpatient services - chemical dependency	0947	Other therapeutic services - complex medical equipment -	0991	Patient convenience items - cafeteria/guest tray
0907	Behavior health treatments/services -	0948	ancillary Other therapeutic services –	0992	Patient convenience items - private linen service
	community behavioral health program	0949	pulmonary rehabilitation Other therapeutic services -	0993	Patient convenience items - telephone/telegraph
0911	Behavior health treatment/services -	0951	other Other therapeutic services –	0994	Patient convenience items - TV/radio
	rehabilitation		athletic training	0995	Patient convenience items -
0912	Behavior health treatment/services - partial	0952	Other therapeutic services - kinesiotherapy	0996	nonpatient room rentals Patient convenience items - late
0913	hospitalization - less intensive Behavior health	0953	Other therapeutic services – chemical dependency (drug and	0997	discharge charge Patient convenience items -
	treatment/services - partial hospitalization - intensive	0960	alcohol) Professional fees - general		admission kits
0914	Behavior health treatment/services - individual	0961	Professional fees - psychiatric	0998	Patient convenience items - beauty shop/barber
0015	therapy		• ,	0999	Patient convenience items - other
0915	Behavior health treatment/services - group therapy	0962	Professional fees - ophthalmology	1000	Behavior health
0916	Behavior health	0963	Professional fees - anesthesiologist (MD)	1001	accommodations - general Behavior health
	treatment/services - family therapy	0964	Professional fees - anesthetist (CRNA)		accommodations - residential treatment - psychiatric
0917	Behavior health treatment/services - biofeedback	0969	Professional fees - other	1002	Behavior health accommodations - residential
0918	Behavior health treatment/services - testing	0971	Professional fees - laboratory	1000	treatment - chemical dependency
0919	Behavior health	0972	Professional fees - radiology - diagnostic	1003	Behavior health accommodations - supervised living
0920	treatment/services - other Other diagnostic services -	0973	Professional fees - radiology - therapeutic	1004	Behavior health accommodations - halfway
0921	general Other diagnostic services -	0974	Professional fees - radiology - nuclear medicine	1005	house Behavior health
0922	peripheral vascular lab Other diagnostic services -	0975	Professional fees - operating room		accommodations - group home
0923	electromyogram Other diagnostic services - pap	0976	Professional fees - respiratory therapy	2100	Alternative therapy services - general
	smear		. ,		

2101	Alternative thera acupuncture	py services -	2105	Alternative therapy service biofeedback	ces -	3102	Adult day care, social - hourly
2102	Alternative thera acupressure	py services -	2106	Alternative therapy services - hypnosis		3103	Adult day care, medical and social - daily
2103	Alternative thera massage	py services -	2109	Alternative therapy service other	ces -	3104	Adult day care, social - daily
2104	Alternative thera reflexology	py services -	3101	Adult day care, medical a social - hourly	ind	3105	Adult foster care - daily
	· circitority			,		3109	Adult foster care - other
Dogin	mina Docition.	12		Data Course	Claim		
Lengt	ining Position: th:	13 4		Data Source: Type:	Alphani	ımerio	
Field		HCPCS_QUA	LIFI				
Desci	ription:	Code identify HCPCS_PROC		e type/source of the de RE CODE	escriptiv	e nu	mber used in
_	ning Position:	17		Data Source:	Claim		
Lengt Field		2	CEDI	Type:	Alphani	umerio	
	4 ription:	HCEA Commo			(HCDC	S) co/	de applicable to ancillary
Desci	iption.	services or ac			(HCFC.	3) (0)	de applicable to afficilially
Codin	g Scheme:				odeSets/	ANHC	PCS/list.asp for complete list.
	ning Position:	19		Data Source:	Claim		, ,
Lengt		5		Туре:	Alphani	umerio	
Field		MODIFIER_					
	ription:	Identifies spe	cial ci	rcumstances related to	the pe	rform	nance of the service
	g Scheme:						
22	Increased procedur		59	Distinct Procedural Service		91	Repeat Clinical Diagnostic Laboratory Test
23	Unusual Anesthesia	l	62	Two Surgeons		92	Alternative Laboratory Platform
24	Unrelated Evaluation Management Service		63	Procedure Performed on Infales than 4kg	ants		Testing
	Physician or Other		66	Surgical Team		95	Synchronous Telemedicine Service Rendered Via a Real-Time
	Care Professional d Postoperative Perio		73	3			Interactive Audio and Video
25	Significant, Separat		, 3	Hospital/Ambulatory Surgery		00	Telecommunications System
	Evaluation and Man	agement .		Center (ASC) Procedure prior the Administration of Anesth		99	Multiple Modifiers
	Service by the Sam Other Qualified Hea		74	Discontinued Outpatient		1P	Performance Measure Exclusion Modifier due to Medical Reasons
	Professional on the the Procedure or Ot	Same Day of		Hospital/Ambulatory Surgery Center (ASC) Procedure after		2P	Performance Measure Exclusion
26	Professional Compo			Administration of Anesthesia			Modifier due to Patient Reasons
27	Multiple Outpatient	Hospital E/M	76	Repeat Procedure by Same Physician or Other Qualified	Health	3P	Performance Measure Exclusion Modifier due to System Reasons
22	Encounters on the S Mandated Services	Same Date		Care Professional		8P	Performance Measure Reporting Modifier- Action not performed,
32			77	Repeat Procedure by Anothe Physician or Other Qualified			reason not otherwise specified
33	Preventive Service			Care Professional	ricular	P1	A normal healthy patient
47	Anesthesia by Surg	eon	78	Unplanned Return to the Operating/Procedure Room I	by the	P2	A patient with mild systemic
50 E1	Bilateral Procedure			Same Physician or Other Qu	alified	Р3	disease A patient with severe systemic
51	Multiple Procedures	•		Health Care Professional Foll Initial Procedure for a Relate			disease
52 52	Reduced Services Discontinued Procee	dura		Procedure During the		P4	A patient with severe systemic disease that is a constant threat to
53		uure	79	Postoperative Period Unrelated Procedure or Serv	vice by		life
54	Surgical Care Only	and Only	, ,	the Same Physician or Other	r	P5	A moribund patient who is not expected to survive without the
55	Postoperative Mana	,		Qualified Health Care Profes During the Postoperative Per			operation
56	Preoperative Manag	•	80	Assistant Surgeon		P6	A declared brain-dead patient
57	Decision for Surger	•	81	Minimum Assistant Surgeon			whose organs are being removed for donor purposes
58	Staged or Related F Service by the Sam		82	Repeat procedure by same		E1	Upper left eyelid
	Other Qualified Hea	ilth Ćare		physician		E2	Lower left eyelid
	Professional During Postoperative Period		90	Reference (Outside) Laborat	ory	E3	Upper right eyelid
i ostoperative renot		=					- r r

E4	Lower right eyelid		GH	Diagnostic mammogram		T1	Left foot, second digit
F1	F1 Left hand, second digit			converted from screening mammogram on same da	у	T2	Left foot, third digit
F2	Left hand, third digit	t	LC	Left circumflex coronary a	rtery	T3	Left foot, fourth digit
F3	Left hand, fourth dig	git	LD	Left anterior descending of	oronary	T4	Left foot, fifth digit
F4	Left hand, fifth digit			artery		T5	Right foot, great toe
F5	Right hand, thumb		LM	Left main coronary artery		T6	Right foot, second digit
F6	Right hand, second	digit	LT	Left side of the body proc		T7	Right foot, third digit
F7	Right hand, third dig	git	Q M	Ambulance service provide arrangement by a provide		T8	Right foot, fourth digit
F8	Right hand, fourth d	ligit		services		T9	Right foot, fifth digit
F9	Right hand, fifth digi	it	QN	Ambulance service furnish directly by a provider of s		TA	Left foot, great toe
FA	Left hand, thumb		RC	Right coronary artery		XE	Separate Encounter
GG	Performance and pa		RI	Ramus intermedius coron	ary	XS	Separate Structure
	screening mammogr diagnostic mammog			artery		XP	Separate Practitioner
	same patient, same		RT	Right side of the body pro	cedure	XU	Unusual Non-Overlapping Service
Begi: Leng	nning Position:	24 2		Data Source: Type:		n anume	ric
Field		MODIFIER	2	туре.	Alphi	illullle	TIC
	ription:			circumstances related	to the	nerfoi	mance of the service.
	ng Scheme:	Same as Field			i to the	perior	mance of the service.
	nning Position:	26	1100	Data Source:	Clain	ı	
Leng	_	2		Type:		nume	ric
Field	7:	MODIFIER	_3				_
Desc	ription:	Identifies sp	ecial	circumstances related	to the	perfor	mance of the service.
	ng Scheme:	Same as Field	OM t	DIFIER_1			
	nning Position:	28		Data Source:			
Leng		2	_	Туре:	Alpha	nume	ric
Field		MODIFIER		aire maatanaaa ralata	4 + 4 + 4 - 4	-	managa of the comice
	ription: ng Scheme:	Same as Field			i to the	perioi	rmance of the service.
	nning Position:	30	11100	Data Source: Claim		ı	
Leng		2		Type:	Alpha	anume	ric
Field	9:	UNIT_MEA	SUR	EMENT_CODE			
Desc	ription:	Code specify	ying t	the units in which a va	lue is be	eing e	xpressed.
Codi	ng Scheme:	DA Days					
		F2 Inter		nal unit			
Begi	nning Position:	32		Data Source:	Clain	ı	
Leng		2		Type:	Alpha	nume	ric
Field	ription:	UNITS_OF					
	nning Position:	Numeric val	ue oi	Data Source:	Clain	,	
Leng		7		Type:	Num		
Field	11:	UNIT_RAT	E				
	ription:	Rate per un	it				
	nning Position:	41		Data Source:			
Leng		12		Type:	Num	eric	
Field		CHRGS_LI	_				
_	-	Total amour	nt of	_	A a a i a	لممط	
Desc		ng Position: 53		Data Source:	Assig Num		
Begi	•	14		I VNG-		eric	
	th:	14 CHRGS NO	א כ	Type:	Nulli	eric	
Begin Leng Field	th:	CHRGS_NC		COV		eric	
Leng Field Desc	th: 13:	CHRGS_NC			je		
Leng Field Desc	th: 13: ription: nning Position:	CHRGS_NC Total non-co		C OV ed amount of the charg	je	ned	

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INPATIENT GROUPER DATA FILE

E' 114	DECOND ID
Field 1:	RECORD_ID
Description:	Record Identification Number. Unique number assigned to identify the record. First available
D ' ' D ''	1st 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
5 1 1 5 W	assigned for hospital payment for Medicare beneficiaries.
Beginning Position:	Data Source: Assigned
Length:	3 Type: Alphanumeric
Field 3:	FROZEN_MS_MDC
Description:	Major Diagnostic Category (MDC) as assigned by Centers for Medicare and Medicaid Services
	(CMS) (formerly Health Care Financing Administration (HCFA)) for hospital payment for
	Medicare beneficiaries. First available 2004.
Beginning Position:	Data Source: Assigned
Length:	2 Type: 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
Beginning Position:	18 Data Source: Assigned
Length:	5 Type: Alphanumeric
Field 5:	FROZEN_MS_GRP_ERROR_CODE
Description:	Error codes identify potential variations with MS DRG code assignment
Coding Scheme:	No errors. DRG successfully assigned. 19 DisableHac = 0 and at least one HAC POA is invalid or
	exempt 10 Diagnosis code cannot be used as principal 20 DisableHac is invalid and at least one HAC POA is N or
	diagnosis U Diagnosis U Disableriae is invalid and at least one FAC FOA is N of
	02 Record does not meet criteria for any DRG 21 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 DisableHac is invalid and at least one HAC POA is
	Invalid Sex Invalid Sex Invalid Sex Invalid Sex
	O5 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
Beginning Position:	Data Source: Assigned
Length:	2 Type: Alphanumeric
Field 6:	FROZEN_APR_DRG
Description:	All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG
•	Grouper
Beginning Position:	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 [™] APR-DRG Grouper. Indicates the likelihood of dying.
Coding Scheme:	1 Minor
O	2 Moderate
	3 Major
Reginning Desition:	4 Extreme 28 Data Source: Assigned
Beginning Position:	· · · · · · · · · · · · · · · · · · ·
Length:	1 Type: Alphanumeric
Field 8:	FROZEN_ILLNESS_SEVERITY
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Description:	Group (DRG) from the 3M		n the All Patient Refined (APR) Diagnosis Related ouper. Indicates the extent of physiologic
	decompensation.		
Coding Scheme:	1 Minor		
	2 Moderate		
	3 Major 4 Extreme		
	0 No class specified		
Beginning Position:	29	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 9:	FROZEN_APR_MDC	<u> </u>	•
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	CR	
Description:			d Grouper version used to assign APR DRG codes,
-	APR MDC codes, Risk of M	Mortality rankings	s and, Severity of Illness rankings
Beginning Position:	32	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 11:	FROZEN_APR_GRP_ER	ROR_CODE	
Description:			n APR DRG code assignment
Coding Scheme:	00 No errors. DRG successfull		Gestational age/birth weight conflict (APR only)
coung seneme.	01 Diagnosis code cannot be u		DisableHac = 0 and at least one HAC POA is invalid or
	principal diagnosis		exempt
	02 Record does not meet criter DRG	ia for any 20	DisableHac is invalid and at least one HAC POA is N or U
	03 Invalid Age	21	DisableHac is invalid and at least one HAC POA is invalid
	04 Invalid Sex	22	Or exempt
	05 Invalid Discharge Status	23	DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt
	06 Invalid birthweight (AP & A		DisableHac = 0 and there are multiple HACs that have
			different HAC POA values that are not Y, W, N, U
	09 Invalid discharge age in day APR only)		DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
Beginning Position:	11 Invalid Principal Diagnosis37	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 12:	MS DRG	турс.	Amphanameric
Description:	_	Medicaid Services	(CMS) Diagnosis Related Group (DRG), as
Description.	assigned for hospital payme		1 , , ,
Beginning Position:		in for Miculcare t	Michelanes.
Desimine i osidon.	30	Data Source	
	39 3	Data Source:	Assigned
Length:	3	Data Source: Type:	
Length: Field 13:	3 MS_MDC	Type:	Assigned Alphanumeric
Length:	3 MS_MDC Major Diagnostic Category	Type: (MDC) as assign	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services
Length: Field 13:	3 MS_MDC Major Diagnostic Category (CMS) (formerly Health Ca	Type: (MDC) as assign are Financing Adr	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for
Length: Field 13: Description:	MS_MDC Major Diagnostic Category (CMS) (formerly Health Ca Medicare beneficiaries. First	Type: (MDC) as assign are Financing Adrest available 2004.	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for
Length: Field 13: Description: Beginning Position:	MS_MDC Major Diagnostic Category (CMS) (formerly Health Ca Medicare beneficiaries. First 42	Type: (MDC) as assign are Financing Adrest available 2004. Data Source:	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned
Length: Field 13: Description: Beginning Position: Length:	MS_MDC Major Diagnostic Category (CMS) (formerly Health Ca Medicare beneficiaries. First 42 2	Type: (MDC) as assign are Financing Adrest available 2004.	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for
Length: Field 13: Description: Beginning Position: Length: Field 14:	MS_MDC Major Diagnostic Category (CMS) (formerly Health Ca Medicare beneficiaries. First 42 2 MS_GRP_VER	Type: (MDC) as assign are Financing Adrest available 2004. Data Source: Type:	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric
Length: Field 13: Description: Beginning Position: Length:	MS_MDC Major Diagnostic Category (CMS) (formerly Health Ca Medicare beneficiaries. First 42 2 MS_GRP_VER CMS Medicare Severity Di	Type: (MDC) as assign are Financing Adrest available 2004. Data Source: Type:	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric Grouper (formerly CMS DRG Grouper and
Length: Field 13: Description: Beginning Position: Length: Field 14:	MS_MDC Major Diagnostic Category (CMS) (formerly Health Ca Medicare beneficiaries. Firs 42 2 MS_GRP_VER CMS Medicare Severity Di previously reported as HCF	Type: (MDC) as assign are Financing Adrest available 2004. Data Source: Type:	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric
Length: Field 13: Description: Beginning Position: Length: Field 14: Description:	MS_MDC Major Diagnostic Category (CMS) (formerly Health Ca Medicare beneficiaries. Firs 42 2 MS_GRP_VER CMS Medicare Severity Di previously reported as HCF and, MS MDC codes	Type: (MDC) as assign are Financing Adrest available 2004. Data Source: Type: agnosis Related CA_GROUPER_V	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric Grouper (formerly CMS DRG Grouper and VERSION_NBR) version used to assign MS DRG
Length: Field 13: Description: Beginning Position: Length: Field 14: Description: Beginning Position:	MS_MDC Major Diagnostic Category (CMS) (formerly Health Ca Medicare beneficiaries. Firs 42 2 MS_GRP_VER CMS Medicare Severity Di previously reported as HCF and, MS MDC codes 44	Type: (MDC) as assign are Financing Adrest available 2004. Data Source: Type: agnosis Related CA_GROUPER_V	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric Grouper (formerly CMS DRG Grouper and VERSION_NBR) version used to assign MS DRG Assigned
Length: Field 13: Description: Beginning Position: Length: Field 14: Description: Beginning Position: Length:	MS_MDC Major Diagnostic Category (CMS) (formerly Health Ca Medicare beneficiaries. Firs 42 2 MS_GRP_VER CMS Medicare Severity Di previously reported as HCF and, MS MDC codes 44 5	Type: (MDC) as assign are Financing Adrest available 2004. Data Source: Type: agnosis Related CA_GROUPER_V Data Source: Type:	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric Grouper (formerly CMS DRG Grouper and VERSION_NBR) version used to assign MS DRG
Length: Field 13: Description: Beginning Position: Length: Field 14: Description: Beginning Position: Length: Field 15:	MS_MDC Major Diagnostic Category (CMS) (formerly Health Ca Medicare beneficiaries. First 42 2 MS_GRP_VER CMS Medicare Severity Di previously reported as HCF and, MS MDC codes 44 5 MS_GRP_ERROR_COD	Type: (MDC) as assign are Financing Adrest available 2004. Data Source: Type: agnosis Related CA_GROUPER_V Data Source: Type:	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric Grouper (formerly CMS DRG Grouper and /ERSION_NBR) version used to assign MS DRG Assigned Alphanumeric
Length: Field 13: Description: Beginning Position: Length: Field 14: Description: Beginning Position: Length: Field 15: Description:	MS_MDC Major Diagnostic Category (CMS) (formerly Health Ca Medicare beneficiaries. First 42 2 MS_GRP_VER CMS Medicare Severity Di previously reported as HCF and, MS MDC codes 44 5 MS_GRP_ERROR_COD Error codes identify potenti	Type: (MDC) as assign are Financing Adrest available 2004. Data Source: Type: agnosis Related CA_GROUPER_V Data Source: Type: Example 2004.	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric Grouper (formerly CMS DRG Grouper and VERSION_NBR) version used to assign MS DRG Assigned Alphanumeric MS DRG code assignment
Length: Field 13: Description: Beginning Position: Length: Field 14: Description: Beginning Position: Length: Field 15:	MS_MDC Major Diagnostic Category (CMS) (formerly Health Ca Medicare beneficiaries. First 42 2 MS_GRP_VER CMS Medicare Severity Di previously reported as HCF and, MS MDC codes 44 5 MS_GRP_ERROR_COD	Type: (MDC) as assign are Financing Adrest available 2004. Data Source: Type: agnosis Related CA_GROUPER_V Data Source: Type: Example 2004.	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric Grouper (formerly CMS DRG Grouper and VERSION_NBR) version used to assign MS DRG Assigned Alphanumeric MS DRG code assignment
Length: Field 13: Description: Beginning Position: Length: Field 14: Description: Beginning Position: Length: Field 15: Description: Coding Scheme:	MS_MDC Major Diagnostic Category (CMS) (formerly Health Ca Medicare beneficiaries. First 42 2 MS_GRP_VER CMS Medicare Severity Di previously reported as HCF and, MS MDC codes 44 5 MS_GRP_ERROR_COD Error codes identify potenti	Type: (MDC) as assign are Financing Adrest available 2004. Data Source: Type: agnosis Related Ca_GROUPER_V Data Source: Type: DE al variations with y assigned.	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric Grouper (formerly CMS DRG Grouper and /ERSION_NBR) version used to assign MS DRG Assigned Alphanumeric MS DRG code assignment 9 DisableHac = 0 and at least one HAC POA is invalid or exempt
Length: Field 13: Description: Beginning Position: Length: Field 14: Description: Beginning Position: Length: Field 15: Description:	MS_MDC Major Diagnostic Category (CMS) (formerly Health Ca Medicare beneficiaries. Firs 42 2 MS_GRP_VER CMS Medicare Severity Di previously reported as HCF and, MS MDC codes 44 5 MS_GRP_ERROR_COD Error codes identify potenti 00 No errors. DRG successfull	Type: (MDC) as assign are Financing Adrest available 2004. Data Source: Type: agnosis Related CA_GROUPER_V Data Source: Type: Example 2004.	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric Grouper (formerly CMS DRG Grouper and VERSION_NBR) version used to assign MS DRG Assigned Alphanumeric MS DRG code assignment 9 DisableHac = 0 and at least one HAC POA is invalid or

		code cannot be used as principal	20	DisableHac is invalid and at least one HAC POA is N or
	diagnosis		21	U DisableHac is invalid and at least one HAC POA is
	Record do	es not meet criteria for any DRG	21	invalid or exempt
	03 Invalid Ag	ge	22	DisableHac = 0 and at least one HAC POA is exempt
	04 Invalid Se	x	23	DisableHac is invalid and at least one HAC POA is
		A	2.4	exempt
	05 Invalid Di	scharge Status	24	DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
	10		25	DisableHac is invalid and there are multiple HACs that
	Illogical P	rincipal Diagnosis (CMS only)		have different HAC POA values that are not Y or W
		ncipal Diagnosis		
Beginning Position:	49	Data Sour		Assigned
Length:	2	Type:	1	Alphanumeric
Field 16:	APR_DRG			
Description:		efined (APR) Diagnosis Re	elated C	Group (DRG) as assigned by 3M APR-DRG
	Grouper			
Beginning Position:	51	Data Sour	ce:	Assigned
Length:	3	Type:	1	Alphanumeric
Field 17:	RISK_MOR	TALITY		
Description:	Assignment o	f a risk of mortality score f	from th	ne All Patient Refined (APR) Diagnosis Related
•				per. Indicates the likelihood of dying.
Coding Scheme:	1 Minor			T
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2 Mode	rate		
	3 Major			
D 1 1 D 1/1	4 Extre			
Beginning Position:	54	Data Sour		Assigned
Length:	1	Type:	1	Alphanumeric
Field 18:	ILLNESS_SI			
Description:				the All Patient Refined (APR) Diagnosis Related
			Grou	per. Indicates the extent of physiologic
	decompensati			
Coding Scheme:	1 Minor			
	2 Mode	rate		
	2 Mode			
	3 Major			
	3 Major 4 Extre	ne		
Beginning Position:	3 Major 4 Extrer 0 No cla	ne nss specified	ce: 1	Assigned
Beginning Position: Length:	3 Major 4 Extre	ne ass specified Data Sour		Assigned Alphanumeric
Length:	3 Major 4 Extrer 0 No cla 55	ne nss specified		Assigned Alphanumeric
Length: Field 19:	3 Major 4 Extret 0 No cla 55 1 APR_MDC	ne nss specified Data Sour Type:	1	Alphanumeric
Length: Field 19: Description:	3 Major 4 Extret 0 No cla 55 1 APR_MDC Major Diagno	ne ass specified Data Sour Type: ostic Category (MDC) as as	ssigned	Alphanumeric 1 by 3M [™] APR-DRG Grouper.
Length: Field 19: Description: Beginning Position:	3 Major 4 Extret 0 No cla 55 1 APR_MDC Major Diagno 56	ne ass specified Data Sour Type: estic Category (MDC) as as Data Sour	ssigned	Alphanumeric d by 3M [™] APR-DRG Grouper. Assigned
Length: Field 19: Description: Beginning Position: Length:	3 Major 4 Extrer 0 No cla 55 1 APR_MDC Major Diagno 56 2	ne ass specified Data Sour Type: estic Category (MDC) as as Data Sour Type:	ssigned	Alphanumeric 1 by 3M [™] APR-DRG Grouper.
Length: Field 19: Description: Beginning Position: Length: Field 20:	3 Major 4 Extrer 0 No cla 55 1 APR_MDC Major Diagno 56 2 APR_GRP_V	Data Sour Type: Ostic Category (MDC) as as Data Sour Type: Type:	ssigned	Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric
Length: Field 19: Description: Beginning Position: Length:	3 Major 4 Extrer 0 No cla 55 1 APR_MDC Major Diagno 56 2 APR_GRP_V 3M TM All Pat	ne ass specified Data Sour Type: ostic Category (MDC) as as Data Sour Type: VER tient Refined Diagnosis Re	ssigned	Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes,
Length: Field 19: Description: Beginning Position: Length: Field 20: Description:	3 Major 4 Extret 0 No cla 55 1 APR_MDC Major Diagno 56 2 APR_GRP_V 3M TM All Pat APR MDC co	Data Sour Type: ostic Category (MDC) as as Data Sour Type: VER tient Refined Diagnosis Reduces, Risk of Mortality rank	ssigned a second a se	Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and Severity of Illness rankings
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position:	3 Major 4 Extret 0 No cla 55 1 APR_MDC Major Diagno 56 2 APR_GRP_V 3M TM All Pat APR MDC co 58	Data Sour Type: Ostic Category (MDC) as as Data Sour Type: VER tient Refined Diagnosis Recodes, Risk of Mortality rank Data Sour Data Sour Data Sour Data Sour Data Sour	elated Ckings,	Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and Severity of Illness rankings Assigned
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length:	3 Major 4 Extret 0 No cla 55 1 APR_MDC Major Diagno 56 2 APR_GRP_V 3M TM All Pat APR MDC co 58 5	Data Sour Type: Ostic Category (MDC) as as Data Sour Type: VER tient Refined Diagnosis Resolves, Risk of Mortality rank Data Sour Type:	elated Ckings,	Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and Severity of Illness rankings
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Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description: Coding Scheme:	3 Major 4 Extrer 0 No cla 55 1 APR_MDC Major Diagnor 56 2 APR_GRP_V 3MTM All Pat APR MDC co 58 5 APR_GRP_I Error codes is 00 No errors. 01 Diagnosis principal of 02 Record do DRG 03 Invalid Ag 04 Invalid Se 05 Invalid Di 06 Invalid bir	Data Sour Type: Ostic Category (MDC) as as Data Sour Type: OSTIC	elated Ckings, a ce: 12 19 20 21 22 23	Alphanumeric I by 3M TM APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, 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 U 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 = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U

	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	
Beginning Position:	63	Data Source:	Assigned
Length:	2	Type:	Alphanumeric

OUTPATIENT BASE DATA FILE

Field 1:	SERVICE_QUARTER			
Description:	Quarter during which se	rvice occurred	Year and quarter of ser	vice vvvvOn
Beginning Position:	1	Data Source:	Assigned	vice. yyyyQii.
Length:	6	Type:	Alphanumeric	
Field 2:	RECORD ID	<i>'</i> '	•	
Description:	Record Identification Nu	ımber. Unique nı	umber assigned to ident	ify the record. The
-	Record_ID in the ED Ou			
	Inpatient PUDF or ED Re			
Beginning Position:	7	Data Source:	Assigned	
Length:	12	Туре:	Alphanumeric	
Field 3:	THCIC_ID			
Description:	Provider ID. Unique ider	ntifier assigned t	o the provider by DSHS	
Suppression:	Facilities reporting fewe	r than 50 events	have been aggregated	into the Provider ID
	'999999'. If a facility rep		n 5 events for a particul	lar gender, including
	`unknown', Provider ID i	is '999998'.		
Beginning Position:	19	Data Source:	Assigned	
Length:	6	Туре:	Alphanumeric	
Field 4:	SPEC_UNIT_1			
Description:	Specialty Units in which			
	Type of Bill or Revenue			
Coding Scheme:		Coronary Care Unit Detoxification Unit	P Y	Pediatric Unit Psychiatric Unit
		Intensive Care Unit	R	Rehabilitation Unit
	н	Hospice Unit	U	Sub-acute Care Unit
		Nursery	S	Skilled Nursing Unit
		Obstetric Unit	Blank	Acute Care
Beginning Position:	25	Oncology Unit Data Source:	Calculated	
Length:	1	Type:	Alphanumeric	
Field 5:	SPEC_UNIT_2		•	
Description:	Specialty Unit in which 2	2 nd most days du	iring stay occurred base	d on number of days
	by Type of Bill or Reven		- <i>'</i>	•
	by Type of Dill of Reven	ue Coae.		
Coding Scheme:	Same as SPEC_UNIT_1	ue Code.		
Beginning Position:	Same as SPEC_UNIT_1 26	Data Source:	Calculated	
Beginning Position: Length:	Same as SPEC_UNIT_1 26 1		Calculated Alphanumeric	
Beginning Position: Length: Field 6:	Same as SPEC_UNIT_1 26 1 SPEC_UNIT_3	Data Source: Type:	Alphanumeric	d an growth an af darra
Beginning Position: Length:	Same as SPEC_UNIT_1 26 1 SPEC_UNIT_3 Specialty Unit in which 3	Data Source: Type: 3 rd most days du	Alphanumeric	d on number of days
Beginning Position: Length: Field 6: Description:	Same as SPEC_UNIT_1 26 1 SPEC_UNIT_3 Specialty Unit in which 3 by Type of Bill or Reven	Data Source: Type: 3 rd most days du	Alphanumeric	d on number of days
Beginning Position: Length: Field 6: Description: Coding Scheme:	Same as SPEC_UNIT_1 26 1 SPEC_UNIT_3 Specialty Unit in which 3 by Type of Bill or Reven Same as SPEC_UNIT_1.	Data Source: Type: 3 rd most days du ue Code.	Alphanumeric ring stay occurred base	d on number of days
Beginning Position: Length: Field 6: Description: Coding Scheme: Beginning Position:	Same as SPEC_UNIT_1 26 1 SPEC_UNIT_3 Specialty Unit in which 3 by Type of Bill or Reven Same as SPEC_UNIT_1. 27	Data Source: Type: 3 rd most days du ue Code. Data Source:	Alphanumeric ring stay occurred base Calculated	d on number of days
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§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.

Coding Scheme:

Μ Male Female U Unknown Invalid

30 **Beginning Position: Data Source:** Claim

Length:		1	Т	уре:		Alphanumeric		
Field 10:		PAT_COUNTY						
Description	:	FIPS code of pat	ient's coun	ity.				
Coding sche	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	177	Gonzales		273	Kleberg	369	Parmer
083	Coleman	179	Gray		275	Knox	371	Pecos
085	Collin	181	Grayson		283	La Salle	373	Polk
087	Collingswor		Gregg		277	Lamar	375	Potter
089	Colorado	185	Grimes		279	Lamb	377	Presidio
091	Comal	187	Guadalupe		281	Lampasas	379	Rains
093	Comanche	189	Hale		285	Lavaca	381	Randall
095	Concho	191	Hall		287	Lee	383	Reagan
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Last Updated: May, 2024

385 Rea	eal		419	Shelby	453	Travis	487	Wilbarger	
387 Re	d River		421	Sherman	455	Trinity	489	Willacy	
389 Re	eves		423	Smith	457	Tyler	491	Williamson	
391 Ref	fugio		425	Somervell	459	Upshur	493	Wilson	
393 Ro	berts		427	Starr	461	Upton	495	Winkler	
395 Ro	bertson		429	Stephens	463	Uvalde	497	Wise	
397 Ro	ckwall		431	Sterling	465	Val Verde	499	Wood	
399 Ru	ınnels		433	Stonewall	467	Van Zandt	501	Yoakum	
401 Rus	ısk		435	Sutton	469	Victoria	503	Young	
403 Sal	bine		437	Swisher	471	Walker	505	Zapata	
405 Sa	ın August	ine	439	Tarrant	473	Waller	507	Zavala	
	ın Jacinto		441	Taylor	475	Ward			
409 Sa	ın Patricio)	443	Terrell	477	Washington	`	Invalid	
411 Sa	ın Saba		445	Terry	479	Webb			
413 Scl	hleicher		447	Throckmorton	481	Wharton			
415 Sci	urry		449	Titus	483	Wheeler			
	ackelford	i	451	Tom Green	485	Wichita			
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		TX Te	xas						
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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
- 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
- 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

Beginning Position:43Data Source:AssignedLength:2Type:Alphanumeric

Field 15: LENGTH_OF_SERVICE

Description: Length of service in days *equals* Statement From Date through Statement Thru Date.

The minimum length of service is 1 day. The maximum is 30 days.

Beginning Position: 45 **Data Source:** Calculated Lenath: Alphanumeric Type: Field 16: PAT_AGE **Description:** Code indicating age of patient in days or years on date of service. 35-39 85-89 **Coding Scheme:** 00 1-28 days 10 20 29-365 days 40-44 01 21 90 +11 02 1-4 years 12 45-49 HIV-STD and drug/alcohol use patients: nз 5-9 13 50-54 22 0-17 04 10-14 55-59 23 18-44 14 05 15-17 15 60-64 24 45-64 06 18-19 16 65-69 25 65-74 07 20-24 17 70-74 26 75+ 08 25-29 75-79 18 Invalid 30-34 80-84 09 19 **Beginning Position:** 47 **Data Source:** Assigned Length: Alphanumeric 2 Type:

Field 17: RACE

Description: Code indicating the patient's race.

Suppression: If a facility 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 Black4 White

5 OtherInvalid

Beginning Position:49Data Source:ClaimLength:1Type:Alphanumeric

Field 18: ETHNICITY

Description: Code indicating the Hispanic origin of the patient.

Suppression: If a facility 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

Not of Hispanic Origin

Invalid

Beginning Position:50Data Source:ClaimLength:1Type:Alphanumeric

Field 19: FIRST PAYMENT SRC

Description: Code indicating the expected primary source of payment.

Coding Scheme: 09 Self Pay (Removed from 5010 format, beginning 2Q2012 data) HM Health Maintenance Organization

10 Central Certification LI Liability Liability Medical 11 Other Non-federal Programs LM Preferred Provider Organization (PPO) MΑ Medicare Part A 12 Point of Service (POS) MB Medicare Part B 13 14 Exclusive Provider Organization (EPO) MC Medicaid

14 Exclusive Provider Organization (EPO) MC Medicaid 15 Indemnity Insurance TV Title V

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		16 Health Main Medicare Ri		rganization (HMO) OF	Other Fe	deral Program
		AM Automobile BL Blue Cross/ CH CHAMPUS	Medical Blue Shield	ZZ	Workers Charity,	Administration Plan Compensation Health Claim Indigent or Unknown
		CI Commercial DS Disability In		•	Invalid	
Beginnin	g Position:	51		Data Source: Claim		
ength:		2	D 4 3 / 2 / 2	<i>7</i> • • • • • • • • • • • • • • • • • • •	umeric	
ield 20: escripti	on:	SECONDARY_		NI_SRC ected secondary source (of navmer	nt
oding S		Same as field 16			л рауппет	16.
_	g Position:	53		Data Source: Claim		
ength:		2 TYPE_OF_BIL		Type: Alphan	umeric	
escripti	on:			ation about the claim da	ta submit	ted. First digit = type of
•				type of care. Third digit =		
oding S	cheme:	1 st digit-Type of	Facility	2 nd digit-Type of Care		3 rd digit–Sequence of claim
		1 Hospital		 Inpatient, including Part A 	Medicare	0 Non-payment/Zero claim
		2 Skilled nursing	g	2 Inpatient, Medicare only	Part B	1 Admit through discharge claim
		3 Home health4 Religious non-	-medical	3 Outpatient4 Outpatient Other, N	1edicare	2 Interim-first claim3 Interim-continuing claim
		health care-H	ospital	Part B only		5
		5 Religious non- health care-E		5 Intermediate Care- re	Level I	4 Interim-last claim
		6 Intermediate 7 Clinic	care	6 Intermediate Care- 7 Sub-acute inpatien		5 Late charge(s) only claim6 Adjustment of prior claim
		7 Clinic		7 Sub-acute inpatien III	. – Levei	(Not used by Medicare)
		8 Special facility	/	8 Swing bed		7 Replacement of prior clain8 Void/cancel of prior claim
_	g Position:	55		Data Source: Claim		
ength:		CONDITION_	CODE 1		umeric	
iciu 22.				ition relating to the claim		
Coding S	cheme:		,			
01 02	Military servi		22	Patient on multiple drug regimen	36	General care patient in a special unit
02	related	p.:0 ;cc	23	Home care giver available	37	Ward accommodation at patier request
03	Patient cover not reflected	ed by insurance here	24	Home IV patient also receiving HHA services	38	Semi-private room not available
04	Information	only bill.	25	Patient is non-US resident	39	Private room medically
05	Lien has bee		26	VA eligible patient chooses to receive services in a Medicare		necessary
06		t in first 18 months at covered by EGHP		certified facility	40	Same day transfer
		it covered by Lair	27	Patient referred to a sole	41	Partial hospitalization
07		non-terminal				•
	condition for	hospice patient	_,	community hospital for a diagnostic laboratory test	42	Continuing care not related to innationt admission
07 08	condition for Beneficiary w information of	hospice patient would not provide concerning other	28	community hospital for a	42	inpatient admission Continuing care not provided
	condition for Beneficiary w information of insurance co	hospice patient would not provide concerning other		community hospital for a diagnostic laboratory test Patient and/or spouse's EGHP secondary to Medicare Disabled beneficiary and/or family member's LGHP is	42	inpatient admission Continuing care not provided within prescribed postdischarg window Inpatient admission changed t
08	condition for Beneficiary winformation consurance con Neither patient employed Patient and/o	hospice patient vould not provide concerning other verage nt or spouse is	28 29	community hospital for a diagnostic laboratory test Patient and/or spouse's EGHP secondary to Medicare Disabled beneficiary and/or family member's LGHP is secondary to Medicare	42 is 43	inpatient admission Continuing care not provided within prescribed postdischarg window Inpatient admission changed toutpatient
08 09 10	condition for Beneficiary winformation coinsurance co Neither patie employed Patient and/oemployed bu	hospice patient rould not provide concerning other everage int or spouse is or spouse is t no EGHP exists	28	community hospital for a diagnostic laboratory test Patient and/or spouse's EGHP secondary to Medicare Disabled beneficiary and/or family member's LGHP is secondary to Medicare Non-research services provide to patients enrolled in a	42 is 43 44 d 45	inpatient admission Continuing care not provided within prescribed postdischarg window Inpatient admission changed to outpatient Ambiguous Gender Category
08 09	condition for Beneficiary winformation coinsurance co Neither patie employed Patient and/oemployed bu	hospice patient rould not provide concerning other verage nt or spouse is or spouse is t no EGHP exists eficiary but no	28 29	community hospital for a diagnostic laboratory test Patient and/or spouse's EGHP secondary to Medicare Disabled beneficiary and/or family member's LGHP is secondary to Medicare Non-research services provide	42 is 43	inpatient admission Continuing care not provided within prescribed postdischarg window Inpatient admission changed toutpatient
08 09 10	condition for Beneficiary winformation coinsurance co Neither patie employed Patient and/cemployed bu Disabled ben	hospice patient rould not provide concerning other verage nt or spouse is or spouse is t no EGHP exists eficiary but no ge exists	28 29 30 31	community hospital for a diagnostic laboratory test Patient and/or spouse's EGHP secondary to Medicare Disabled beneficiary and/or family member's LGHP is secondary to Medicare Non-research services provide to patients enrolled in a qualified clinical trial Patient is student (full time - day)	42 is 43 44 d 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 winformation of insurance co Neither patie employed Patient and/of employed bu Disabled ben LGHP covera	hospice patient yould not provide concerning other werage int or spouse is to EGHP exists eficiary but no ge exists meless	28 29 30	community hospital for a diagnostic laboratory test Patient and/or spouse's EGHP secondary to Medicare Disabled beneficiary and/or family member's LGHP is secondary to Medicare Non-research services provide to patients enrolled in a qualified clinical trial Patient is student (full time - day) Patient is student	42 is 43 44 d 45 46 47	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 Health Agency
08 09 10 11	condition for Beneficiary winformation of insurance co Neither patie employed Patient and/of employed bu Disabled ben LGHP covera Patient is hou Maiden name	hospice patient yould not provide concerning other werage int or spouse is to EGHP exists eficiary but no ge exists meless	28 29 30 31	community hospital for a diagnostic laboratory test Patient and/or spouse's EGHP secondary to Medicare Disabled beneficiary and/or family member's LGHP is secondary to Medicare Non-research services provide to patients enrolled in a qualified clinical trial Patient is student (full time - day)	42 is 43 44 d 45 46	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 Health Agency Psychiatric residential treatment centers for children
08 09 10 11 17 18	condition for Beneficiary winformation of insurance co Neither patie employed Patient and/of employed but Disabled ben LGHP covera Patient is how Maiden name	hospice patient rould not provide concerning other verage nt or spouse is or spouse is t no EGHP exists eficiary but no ge exists meless e retained	28 29 30 31	community hospital for a diagnostic laboratory test Patient and/or spouse's EGHP secondary to Medicare Disabled beneficiary and/or family member's LGHP is secondary to Medicare Non-research services provide to patients enrolled in a qualified clinical trial Patient is student (full time -day) Patient is student (cooperative/work study program) Patient is student (full time -	42 is 43 44 d 45 46 47 48	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 Health Agency Psychiatric residential treatment centers for children and adolescents (RTCs)
08 09 10 11 17 18 19	condition for Beneficiary winformation of insurance co Neither patie employed Patient and/of employed but Disabled ben LGHP covera Patient is how Maiden name	hospice patient rould not provide concerning other verage nt or spouse is or spouse is t no EGHP exists eficiary but no ge exists meless e retained mother's name equested billing	28 29 30 31 32	community hospital for a diagnostic laboratory test Patient and/or spouse's EGHP secondary to Medicare Disabled beneficiary and/or family member's LGHP is secondary to Medicare Non-research services provide to patients enrolled in a qualified clinical trial Patient is student (full time -day) Patient is student (cooperative/work study program)	42 is 43 44 d 45 46 47	inpatient admission Continuing care not provided within prescribed postdischarge window Inpatient admission changed to outpatient Ambiguous Gender Category Non-availability statement on file Transfer from another Home Health Agency Psychiatric residential treatment centers for children
08 09 10 11 17 18 19 20 21	condition for Beneficiary winformation of insurance co Neither patie employed Patient and/of employed but Disabled ben LGHP covera Patient is how Maiden name Child retains Beneficiary re	hospice patient rould not provide concerning other verage nt or spouse is or spouse is t no EGHP exists eficiary but no ge exists meless e retained mother's name equested billing	28 29 30 31 32	community hospital for a diagnostic laboratory test Patient and/or spouse's EGHP secondary to Medicare Disabled beneficiary and/or family member's LGHP is secondary to Medicare Non-research services provide to patients enrolled in a qualified clinical trial Patient is student (full time -day) Patient is student (cooperative/work study program) Patient is student (full time -night)	42 is 43 44 d 45 46 47 48	inpatient admission Continuing care not provided within prescribed postdischarge window Inpatient admission changed to outpatient Ambiguous Gender Category Non-availability statement on file Transfer from another Home Health Agency Psychiatric residential treatment centers for children and adolescents (RTCs) Product replacement within

50	Product Replacement for Known Recall of a Product	A0	TRICARE external partnership program	D4	Change in clinical codes (ICD) for diagnosis and/or procedure
51	Attestation of Unrelated	A1	EPSDT/CHAP		codes.
	Outpatient Nondiagnostic Services	A2	Physically handicapped children's program	D5	Cancel to correct Insured's ID or Provider ID
52	Out of Hospice Service Area	А3	Special Federal Funding	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
53	Initial placement of a medical device provided as part of a	A4	Family planning	D7	Change to Make Medicare the Secondary Payer
54	clinical trial or a free sample No Skilled Home Health Visits in	A5	Disability	D8	Change to Make Medicare the
34	Billing Period. Policy Exception Documented at the Home	A6	Vaccines/Medicare 100% payment	D9	Primary Payer Any Other Change
	Health Agency	Α9	Second opinion surgery		
55	SNF bed not available	AA	Abortion performed due to rape	DR	Disaster related
56	Medical appropriateness	AB	Abortion performed due to	E0	Changes in Patient Status
57	SNF readmission		incest	G0	Distinct Medical Visit
58	Terminated Medicare+Choice organization enrollee	AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality	H0	Delayed Filing, Statement of Intent Submitted
59	Non-primary ESRD facility	AD	Abortion performed due to life	H2	Discharge by a Hospice Provider for Cause
60	Day outlier		endangering physical condition	Н3	Reoccurrence of GI Bleed
61	Cost outlier	AE	Abortion performed due to physical health of mother that	H4	Comorbid Category Reoccurrence of Pneumonia
66	Provider does not wish cost outlier payment	AF	is not life endangering Abortion performed due to		Comorbid Category
67	Beneficiary elects not to use life time reserve (LTR) days	Ai	emotional/psychological health of mother	H5	Reoccurrence of Pericarditis Comorbid Category
68	Beneficiary elects to use life	AG	Abortion performed due to	P1	Do not Resuscitate Order (DNR)
	time reserve (LTR) days	АН	social or economic reasons Elective abortion	P7	Direct Inpatient Admission from Emergency Room
69	IME/DGME/N&AH Payment Only			R1	Request for reopening Reason
70	Self-administered anemia management drug	AI AJ	Sterilization Payer responsible for co-		Code - Mathematical or Computational Mistake
71	Full care in unit		payment	R2	Request for reopening Reason
72	Self-care in unit	AK	Air ambulance required	פח	Code -Inaccurate Data Entry
73	Self-care training	AL	Specialized treatment/bed unavailable	R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
74	Home	AM	Non-emergency medically	R4	Request for reopening Reason
75	Home - 100% reimbursement		necessary stretcher transport required		Code - Computer Errors
76 77	Back-up in facility dialysis Provider accepts or is	AN	Pre-admission screening not required	R5	Request for reopening Reason Code - Incorrectly Identified
,,	obligated/required due to a contractual arrangement or law	В0	Medicare coordinated care	R6	Duplicate Claim Request for reopening Reason
	to accept payment by a primary	В1	demonstration claim		Code - Other Clerical Errors or
70	payer as payment	DI	Beneficiary is ineligible for demonstration program		Minor Errors and Omissions not Specified in R1-R5 above
78	New coverage not implemented by HMO	B4	Admission unrelated to discharge on same day	R7	Request for reopening Reason Code - Corrections other than
79	CORF services provided offsite	ВР	Gulf Oil Spill of 2010		clerical errors
80	Home dialysis - nursing facility	C1	Approved as billed	R8	Request for reopening Reason
81	C-section/Inductions <39 weeks-Medical Necessity	C2	Automatic approval as billed based on focused review		Code - New and Material Evidence
82	C-section/Inductions <39 weeks-Elective	C3	Partial approval	R9	Request for reopening Reason Code - Faulty Evidence
83	C-section/Inductions 39 weeks	C4	Admission/services denied	WO	United Mine Workers of America (UMWA) Demonstration
84	or greater Dialysis for Acute Kidney Injury	C5	Post-payment review applicable		Indicator
0.1	(AKI)	C6	Admission Preauthorization	W2	Duplicate of Original Bill
85	Delayed Recertification of Hospice Terminal Illness	C7	Extended Authorization	W3	Level I Appeal
86	Additional Hemodialysis	D0	Changes to Service Dates	W4	Level II Appeal
	Treatment with Medical	D1	Changes to Charges	W5	Level III Appeal
	Justification	D3	Second or Subsequent Interim PPS Bill		

Beginning Position: 58 **Data Source:** Claim Length: Alphanumeric Type: Field 23: **CONDITION CODE 2** Code describing a condition relating to the claim. **Coding Scheme:** Same as Field CONDITION CODE 1. **Beginning Position: Data Source:** Claim Length: Alphanumeric Type: Field 24: CONDITION_CODE_3 Code describing a condition relating to the claim. **Coding Scheme:** Same as Field CONDITION_CODE_1. **Beginning Position:** 62 **Data Source:** Claim Length: Type: Alphanumeric Field 25: CONDITION_CODE_4 Code describing a condition relating to the claim. **Coding Scheme:** Same as Field 22. **Beginning Position:** 64 **Data Source:** Claim Length: Type: Alphanumeric Field 26: **CONDITION CODE 5** Code describing a condition relating to the claim. Same as Field CONDITION CODE 1. **Coding Scheme: Beginning Position: Data Source:** Claim Length: Alphanumeric Type: Field 27: CONDITION_CODE_6 Code describing a condition relating to the claim. Same as Field CONDITION CODE 1. **Coding Scheme: Beginning Position: Data Source:** 68 Claim Length: Alphanumeric 2 Type: Field 28: **CONDITION CODE 7** Code describing a condition relating to the claim. Same as Field CONDITION CODE 1. **Coding Scheme: Beginning Position:** 70 **Data Source:** Claim Alphanumeric Length: Type: Field 29: CONDITION_CODE_8 Code describing a condition relating to the claim. **Coding Scheme:** Same as Field CONDITION_CODE_1. **Beginning Position:** 72 **Data Source:** Claim Length: Type: Alphanumeric Field 30: PAT_REASON_FOR_VISIT ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 74 **Data Source:** Claim Alphanumeric Length: Type: Field 31: PRINC DIAG CODE ICD-10-CM diagnosis code for the principal diagnosis, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source: Beginning Position:** Claim Lenath: Type: **Alphanumeric** Field 32: OTH DIAG CODE 1 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. 88 **Data Source: Beginning Position:** Claim Alphanumeric Length: Type: Field 33: OTH_DIAG_CODE_2 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** Claim Length: Alphanumeric Type: Field 34: OTH DIAG CODE 3 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 102 **Data Source:** Claim Length: Type: Alphanumeric DSHS/THCIC **DSHS** Document #25-15013 Page

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Field 35:	OTH_DIAG_CODE_4		
		de, including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	109	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 36:	OTH_DIAG_CODE_5		
			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	116 7	Data Source:	Claim Alphanumeric
Length: Field 37:	OTH_DIAG_CODE_6	Туре:	Alphanumenc
11010 571		de including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	123	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 38:	OTH_DIAG_CODE_7		·
	ICD-10-CM diagnosis co		4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	ing the third ch	aracter.
Beginning Position:	130	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 39:	OTH_DIAG_CODE_8	الماسة	Ash Esh Cah and Tab distant Countries
			e 4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	Decimal is implied follow 137	nng the third ch Data Source:	aracter. Claim
Length:	7	Type:	Alphanumeric
Field 40:	OTH_DIAG_CODE_9	.,,,.	Alphanamene
		de, including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	144	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 41:	OTH_DIAG_CODE_10		
			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	-	
Beginning Position: Length:	151 7	Data Source:	Claim Alphanumeric
Field 42:	OTH_DIAG_CODE_11	Туре:	Alphanumenc
i iciu 42.		de including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	158	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 43:	OTH_DIAG_CODE_12		
			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	165	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 44:	OTH_DIAG_CODE_13	المالية المالية المالية	Ath Eth Oth and 7th digitalifaction
			e 4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	Decimal is implied follow 172	Ing the third character Data Source:	aracter. Claim
Beginning Position: Length:	7	Type:	Alphanumeric
Field 45:	OTH_DIAG_CODE_14	- , , ,	. up.ramamorra
		de, includina the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	179	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 46:	OTH_DIAG_CODE_15		
			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	186	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 47:	OTH_DIAG_CODE_16	.	D0110 D
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	ICD-10-CM diagnosis co Decimal is implied follow		e 4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	193	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 48:	OTH_DIAG_CODE_17	• •	•
		de, including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	200	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 49:	OTH_DIAG_CODE_18		
	ICD-10-CM diagnosis co	de, including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	207	Data Source:	Claim
Length: Field 50:	OTH DIAC CODE 10	Туре:	Alphanumeric
rieia 50:	OTH_DIAG_CODE_19	do including the	Ath Eth 6th and 7th digits if applicable
	Decimal is implied follow		4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	214	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 51:	OTH_DIAG_CODE_20	турсі	Aphanamene
		de, including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	221	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 52:	OTH_DIAG_CODE_21		
	ICD-10-CM diagnosis co	de, including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	228	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 53:	OTH_DIAG_CODE_22	ماه داد داد داد داد داد داد داد داد داد د	Alb The Chand 7th digitalif and inch
			4th, 5th, 6th and 7th digits if applicable.
Paginning Dagitians	Decimal is implied follow 235	Data Source:	Claim
Beginning Position: Length:	7	Type:	Alphanumeric
Field 54:	OTH_DIAG_CODE_23	. , , ,	Aphanamene
		de, including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	242	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 55:	OTH_DIAG_CODE_24		
			4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	249	Data Source:	Claim
Length: Field 56:	7 RELATED_CAUSE_COD	Type:	Alphanumeric
rieiu 50.	<u> </u>	_	of an illness, injury or an accident.
Coding Scheme:	AA Auto accident	inpanying cause	or an inness, injury or an accident.
county Scheme.	AB Abuse		
	AP Another party responsible	e	
	EM Employment		
	OA Other accident		
Beginning Position:	256	Data Source:	Claim
Length: Field 57:	DELATED CAUSE COL	Type:	Alphanumeric
rielu 3/:	RELATED_CAUSE_COL		of an illnoss, injury or an assident
Coding Scheme:	Same as Field RELATED_CA	Mine Cone 1	of an illness, injury or an accident.
Beginning Position:	258	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 58:	RELATED_CAUSE_COL		•
			of an illness, injury or an accident.
Coding Scheme:	Same as Field RELATED_CA		. ,
		D	DGIIG D
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www.dshs.texas.gov	/THCIC	66	Last Updated: May, 202

Beginning Position: Length:	260 2	Data Source: Type:	Claim Alphanumeric
Field 59:	E_CODE_1	71	p
			e, including the 4th, 5th, 6th and 7th digits if e of injury. A decimal is implied following the
Beginning Position: Length:	262 7	Data Source: Type:	Claim Alphanumeric
Field 60:			e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: Length:	269 7	Data Source: Type:	Claim Alphanumeric
Field 61:			e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: Length:	276 7	Data Source: Type:	Claim Alphanumeric
Field 62:	E_CODE_4		·
			e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: Length:	283 7	Data Source: Type:	Claim Alphanumeric
Field 63:	E_CODE_5 ICD-10-CM external caus applicable, of an addition	se of injury code	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: Length:	third character. 290 7	Data Source: Type:	Claim Alphanumeric
Field 64:		se of injury code	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
	297	Data Source:	Claima
Beginning Position: Length:	7		Claim Alphanumeric
Beginning Position: Length: Field 65:	7 E_CODE_7 ICD-10-CM external caus applicable, of an addition	Type: se of injury code	Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Length:	7 E_CODE_7 ICD-10-CM external caus	Type: se of injury code	Alphanumeric e, including the 4th, 5th, 6th and 7th digits if
Length: Field 65: Beginning Position:	7 E_CODE_7 ICD-10-CM external caus applicable, of an addition third character. 304 7 E_CODE_8 ICD-10-CM external caus applicable, of an addition	Type: se of injury code tal external caus Data Source: Type: se of injury code	Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim
Length: Field 65: Beginning Position: Length: Field 66: Beginning Position:	F_CODE_7 ICD-10-CM external causapplicable, of an addition third character. 304 7 E_CODE_8 ICD-10-CM external causapplicable, of an addition third character. 311	Type: Se of injury code all external cause Data Source: Type: Se of injury code all external cause Data Source:	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
Length: Field 65: Beginning Position: Length: Field 66:	F_CODE_7 ICD-10-CM external cause applicable, of an addition third character. 304 7 E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311 7 E_CODE_9 ICD-10-CM external cause applicable, of an addition	Type: Ge of injury code lal external cause Data Source: Type: Ge of injury code lal external cause Data Source: Type: Ge of injury code lal external cause Data Source: Type:	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
Length: Field 65: Beginning Position: Length: Field 66: Beginning Position: Length: Field 67:	F_CODE_7 ICD-10-CM external cause applicable, of an addition third character. 304 7 E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311 7 E_CODE_9 ICD-10-CM external cause	Type: Ge of injury code lal external cause Data Source: Type: Ge of injury code lal external cause Data Source: Type: Ge of injury code lal external cause Data Source: Data Source: Data Source: Data Source:	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 se of injury. Decimal is implied following the Claim Claim Claim Claim
Length: Field 65: Beginning Position: Length: Field 66: Beginning Position: Length: Field 67:	F_CODE_7 ICD-10-CM external cause applicable, of an addition third character. 304 7 E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311 7 E_CODE_9 ICD-10-CM external cause applicable, of an addition third character. 318 7 E_CODE_10 ICD-10-CM external cause applicable, of an addition third character.	Type: Ge of injury code lal external cause Data Source: Type: Ge of injury code lal external cause Data Source: Type: Ge of injury code lal external cause Data Source: Type: Ge of injury code lal external cause Data Source: Type:	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 se of injury. Decimal is implied following the
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Length: Field 69: Beginning Position: Length:	PROC_CODE_1	Туре:	Alphanumeric
Beginning Position: Length:			
Length:	Lode for the surgical or of	ther procedure	with the highest charge performed during
Length:	the period covered by the		
Length:	332	Data Source:	Claim
	5	Type:	Alphanumeric
Field 70:	PROC_CODE_2		
		procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	337	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 71:	PROC_CODE_3		
	Code for surgical or other	procedure with	the next highest charge performed during
	the period covered by the	bill. HCPCS or	CPT code.
Beginning Position:	342	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 72:	PROC_CODE_4		
			the next highest charge performed during
	the period covered by the	bill. HCPCS or	CPT code.
Beginning Position:	347	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 73:	PROC_CODE_5		
			the next highest charge performed during
	the period covered by the		
Beginning Position:	352	Data Source:	Claim
Length: Field 74:	5	Туре:	Alphanumeric
rieia /4:	PROC_CODE_6		the court blab act above a conformal during
			the next highest charge performed during
	the period covered by the		
Beginning Position:	357	Data Source:	Claim
Length: Field 75:	DDOC CODE 7	Туре:	Alphanumeric
rieiu 75.	PROC_CODE_7	nrocoduro with	the next highest sharge performed during
			the next highest charge performed during
Beginning Position:	the period covered by the 362	Data Source:	Claim
Length:		Type:	Alphanumeric
Field 76:	PROC_CODE_8	.,,,.	Apriamente
		nrocedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	367	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 77:	PROC_CODE_9	- /	
		procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	372	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 78:	PROC_CODE_10		
	Code for surgical or other	procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	377	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 79:	PROC_CODE_11		
			the next highest charge performed during
	the period covered by the	bill. HCPCS or	CPT code.
Beginning Position:	382	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 80:	PROC_CODE_12		
			the next highest charge performed during
	the period covered by the		
Beginning Position:	387	Data Source:	Claim
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Length:	5	Type:	Alphanumeric	
Field 81:	PROC_CODE_13		•	
	Code for surgical or other	procedure with	the next highest c	harge performed during
	the period covered by the			.
Beginning Position:	392	Data Source:	Claim	
Length:	5	Type:	Alphanumeric	
Field 82:	PROC_CODE_14		•	
	Code for surgical or other	procedure with	the next highest o	harge performed during
	the period covered by the			. y- p aa
Beginning Position:	397	Data Source:	Claim	
Length:	5	Type:	Alphanumeric	
Field 83:	PROC_CODE_15	, F = -		
	Code for surgical or other	nrocedure with	the next highest o	harge performed during
	the period covered by the			marge periormed dufing
Beginning Position:	402	Data Source:	CP1 Code. Claim	
Length:	5	Type:	Alphanumeric	
Field 84:	PROC_CODE_16	. ypc.	/ apriariument	
c.u 07.		nrocodura with	the port highest a	hargo performed during
	Code for surgical or other			narge periormed during
Danimula - Da 111	the period covered by the			
Beginning Position:	407	Data Source:	Claim	
Length:	5 DD06 60DF 47	Туре:	Alphanumeric	
Field 85:	PROC_CODE_17		the constitution	h
	Code for surgical or other			narge performed during
	the period covered by the			
Beginning Position:	412	Data Source:	Claim	
Length:	5	Туре:	Alphanumeric	
Field 86:	PROC_CODE_18			
	Code for surgical or other			harge performed during
	the period covered by the			
Beginning Position:	417	Data Source:	Claim	
Length:	5	Type:	Alphanumeric	
Field 87:	PROC_CODE_19			
	Code for surgical or other	procedure with	the next highest o	harge performed during
	the period covered by the			5 - p 200 200 000 000
Beginning Position:	422	Data Source:	Claim	
Length:	5	Type:	Alphanumeric	
Field 88:	PROC_CODE_20	, <u>, ,</u>	r	
	Code for surgical or other	nrocedure with	the next highest c	harge performed during
	the period covered by the			marge periormed during
Reginning Desition:	the period covered by the	Data Source:	CPI code. Claim	
Beginning Position:	42 <i>7</i> 5		Claim Alphanumeric	
Length: Field 89:	PROC_CODE_21	Туре:	Aiphanument	
i ielu ozi			المناه إلما المنام مطالح	house parts are did to
	Code for surgical or other			narge perrormed 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			harge performed during
	the period covered by the	bill. HCPCS or	CPT code.	
Beginning Position:	437	Data Source:	Claim	
Length:	5	Type:	Alphanumeric	
Field 91:	PROC_CODE_23			
	Code for surgical or other	procedure with	the next highest o	harge performed during
	the period covered by the			
Beginning Position:	442	Data Source:	Cri code. Claim	
Length:	5	Type:	Alphanumeric	
Field 92:	PROC_CODE_24	. , pc.	, apriariament	
c.u 72.		nrocodura with	the port highest a	hargo performed during
	Code for surgical or other			narge periormed during
	the period covered by the			
	447	Data Source:	Claim	
	_		A	
	5	Туре:	Alphanumeric	
Beginning Position: Length: DSHS/THCIC	5	Type: Page	•	OSHS Document #25-1501

Field 93:	PROC_CODE_25		-
		er procedure with	n the next highest charge performed during
	the period covered by th		
Beginning Position:	452	Data Source:	Claim
Length: Field 94:	OTHER AMOUNT	Туре:	Alphanumeric
riela 94:	OTHER_AMOUNT	Other Charge	Amount. Calculated using MEDPAR algorithm.
			codes other than 0100-0219, revenue
			3X, 055X-060X, 064X-070X, 076X-078X,
	090X-095X, 099X.	,	,
Beginning Position:	457	Data Source:	Calculated
Length: Field 95:	DUADM AMOUNT	Туре:	Numeric
rielu 95.	PHARM_AMOUNT Ancillary Service Charge	Pharmacy Cha	rge Amount. Calculated using MEDPAR
			th revenue codes other than 0100-0219,
	revenue center 026X, 06		
Beginning Position:	469	Data Source:	Calculated
Length: Field 96:	MEDSUDG AMOUNT	Туре:	Numeric
rieiu 90:	MEDSURG_AMOUNT Ancillary Service Charge	Medical/Surgic	al Supply Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
	0219, revenue center 02		volucion men revenue esces ounci unan orso
Beginning Position:	481	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 97:	DME_AMOUNT	Durable Medic	al Equipment Charge Amount. Calculated
			es associated with revenue codes other than
	0100-0219, revenue cen		
Beginning Position:	493	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 98:	USED_DME_AMOUNT	Head Durable	Madical Equipment Change Amount
			Medical Equipment Charge Amount. n of charges associated with revenue codes
	other than 0100-0219, r		
Beginning Position:	505	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 99:	PT_AMOUNT Ancillary Sorvice Charge	Physical Thora	py Charge Amount. Calculated using MEDPAR
			th revenue codes other than 0100-0219,
	revenue center 042X.	es associated W	in revenue codes series chair sites series,
Beginning Position:	517	Data Source:	Calculated
Length: Field 100:	12	Туре:	Numeric
rieia 100:	OT_AMOUNT Ancillary Sorvice Charge	Occupational T	herapy Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
	0219, revenue center 04		
Beginning Position:	529	Data Source:	Calculated
Length: Field 101:	SPEECH AMOUNT	Туре:	Numeric
rieia 101:	SPEECH_AMOUNT Ancillary Service Charge	Speech Patholo	ogy Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
	0219, revenue center 04		voluced With Tevenue education of the Francisco
Beginning Position:	541	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 102:	IT_AMOUNT Ancillary Service Charge	Inhalation Tho	rapy Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
	0219, revenue center 04		
Beginning Position:	553	Data Source:	Calculated
Length:	12	Туре:	Numeric
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Field 103:	BLOOD_AMOUNT		
	_	ge for blood provid	ded during the patient's stay. Calculated
	using MEDPAR algorith	nm. Sum of charge	es associated with revenue codes other than
	0100-0219, revenue o	enter 038X.	
Beginning Position:	565	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 104:	BLOOD_ADMIN_AM		
			ge and processing related to the patient's
			n. Sum of charges associated with revenue
Daniumium Danitiam	codes other than 0100		
Beginning Position: Length:	577 12	Data Source: Type:	Calculated Numeric
Field 105:	OR AMOUNT	i ype.	Numeric
		ge. Operating Roo	m Charge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
	revenue center 036X,		ich revenue codes other than 0100 0215,
Beginning Position:	589	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 106:	LITH_AMOUNT		
	Ancillary Service Char	ge, Lithotripsy Cha	arge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
	revenue center 079X.		
Beginning Position:	601	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 107:	CARD_AMOUNT		
			arge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
	revenue center 048X,		
Beginning Position:	613	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 108:	ANES_AMOUNT		
	_	A	anna Amazont Calaulatad usina MEDDAD
	Ancillary Service Char		arge Amount. Calculated using MEDPAR
	Ancillary Service Charalgorithm. Sum of cha		arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Reginning Position	Ancillary Service Charalgorithm. Sum of charevenue center 037X.	rges associated w	ith revenue codes other than 0100-0219,
	Ancillary Service Charalgorithm. Sum of charevenue center 037X.	rges associated wi	ith revenue codes other than 0100-0219, Calculated
Length:	Ancillary Service Charalgorithm. Sum of charevenue center 037X. 625	rges associated w	ith revenue codes other than 0100-0219,
Length:	Ancillary Service Charalgorithm. Sum of charevenue center 037X. 625 12 LAB_AMOUNT	rges associated winder Data Source: Type:	ith revenue codes other than 0100-0219, Calculated Numeric
Beginning Position: Length: Field 109:	Ancillary Service Charalgorithm. Sum of charevenue center 037X. 625 12 LAB_AMOUNT Ancillary Service Chara	Data Source: Type: ge, Laboratory Cha	Calculated Numeric Arge Amount. Calculated using MEDPAR
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Length: Field 109:	Ancillary Service Charalgorithm. Sum of charevenue center 037X. 625 12 LAB_AMOUNT Ancillary Service Chara	Data Source: Type: ge, Laboratory Charges associated with	Calculated Numeric Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Length: Field 109: Beginning Position:	Ancillary Service Charalgorithm. Sum of charevenue center 037X. 625 12 LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-	Data Source: Type: ge, Laboratory Charges associated with the source of	Calculated Numeric Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Length: Field 109: Beginning Position: Length:	Ancillary Service Charalgorithm. Sum of charevenue center 037X. 625 12 LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637	Data Source: Type: ge, Laboratory Charges associated wide of the control of the	Calculated Numeric Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Calculated
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Length: Field 109: Beginning Position: Length:	Ancillary Service Charalgorithm. Sum of charevenue center 037X. 625 12 LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12 RAD_AMOUNT Ancillary Service Charalgorithm.	Data Source: Type: ge, Laboratory Charges associated wide of the control of the	Calculated Numeric Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric
Length: Field 109: Beginning Position: Length:	Ancillary Service Charalgorithm. Sum of charevenue center 037X. 625 12 LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12 RAD_AMOUNT Ancillary Service Charalgorithm.	Data Source: Type: ge, Laboratory Charges associated wide of the control of the	Calculated Numeric Talculated Sith revenue codes other than 0100-0219, Calculated Using MEDPAR Sith revenue codes other than 0100-0219, Calculated Numeric Talculated Using MEDPAR Sith revenue codes other than 0100-0219,
Length: Field 109: Beginning Position: Length: Field 110: Beginning Position:	Ancillary Service Charalgorithm. Sum of charevenue center 037X. 625 12 LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12 RAD_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 028X, 649	Data Source: Type: ge, Laboratory Charges associated wide of the control of the	Calculated Numeric Talculated Sith revenue codes other than 0100-0219, Calculated Using MEDPAR Sith revenue codes other than 0100-0219, Calculated Numeric Talculated Using MEDPAR Sith revenue codes other than 0100-0219,
Length: Field 109: Beginning Position: Length: Field 110: Beginning Position: Length:	Ancillary Service Charalgorithm. Sum of charevenue center 037X. 625 12 LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12 RAD_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 028X, 649 12	pata Source: Type: ge, Laboratory Chairges associated with the source: Type: ge, Radiology Chairges associated with the source: Type: ge, Radiology Chairges associated with the source wit	Calculated Numeric Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, .
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Field 113:	ER_AMOUNT	_	
			om Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
	0219, revenue center 04	5X.	
Beginning Position:	685	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 114:	AMBULANCE_AMOUNT		
			arge Amount. Calculated using MEDPAR
	algorithm. Sum of charge	es associated w	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		
	Ancillary Service Charge,	, Professional Fe	ee Charge Amount. Calculated using MEDPAR
	algorithm. Sum of charge	es associated w	ith revenue codes other than 0100-0219,
	revenue center 096X-098	8X.	
Beginning Position:	709	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 116:	ORGAN_AMOUNT		
	Ancillary Service Charge	, Organ Acquisit	ion Charge Amount. Calculated using
	MEDPAR algorithm. Sum	of charges asso	ociated with revenue codes other than 0100-
	0219, revenue center 08		
Beginning Position:	721	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 117:	ESRD_AMOUNT		
		. Fnd Stage Ren	al Dialysis Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
	0219, revenue center 08	0X. 082X-085X	
Beainnina Position:	0219, revenue center 08		, 088X.
	0219, revenue center 08 733 12	Data Source:	
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Length:	733 12 CLINIC_AMOUNT	Data Source: Type:	, 088X. Calculated Numeric
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Description: 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 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: 9999999998 Cell size less than 5

9999999999 Temporary license or license number could not be matched

Beginning Position:805Data Source:AssignedLength:10Type: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,

authorized by the facility to treat patients.

Suppression: Suppressed when the number of physicians reported for a facility or the number of physicians

represented for CCS PROC CODE 1 for a facility is less than five.

Coding Scheme: 9999999998 Cell size less than 5

9999999999 Temporary license or license number could not be matched

Beginning Position:815Data Source:AssignedLength:10Type:Alphanumeric

Field 125: INPUT_FORMAT

Format in which the outpatient data file was submitted by the facility

Coding Scheme: 0 837 Professional 1 837 Institutional

Beginning Position:825Data Source:AssignedLength:1Type:Alphanumeric

Field 126: SOURCE_OF_ADMISSION

Description: Code indicating source of the admission.

Coding Scheme: 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010)

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

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

Claim

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

Beginning 826

Position:
Length: 1 Type: Alphanumeric

Field 127: PAT STATUS

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

Data Source:

reported

Coding Scheme:

01 Discharged to home or self-care (routine

discharge)

02 Discharged/transferred to a short term general

hospital for inpatient care

03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care

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Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)	04	Discharged/transferred to a facility that provides custodial or supportive care		Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
an organized home health service organization in anticipation of covered skilled care 10 Left against medical advice 10 Expired 10 Admitted as inpatient to this hospital 10 Expired 11 Discharged/transferred to Court/Law Enforcement 12 Still patient 13 Expired at home 14 Expired in a medical facility 15 Expired, place unknown 16 Expired, place unknown 17 Discharged/transferred to federal government operated health facility 18 Hospice-medical facility (Certified) providing hospice level of care 19 Discharged/transferred to indicare-certified long term care hospital 10 Discharged/transferred to Medicare-certified long term care hospital 10 Discharged/transferred to Medicare-certified long term care hospital 10 Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital or psychiatric distinct part of a hospital or psychiatric distinct part of a hospital or psychiatric institution not defined elsewhere in the code list 10 Discharged/transferred to a Short Term General Hospital for Inpatient Readmission (effective 10-1-2013) 10 Discharged/transferred to a Short Term General Hospital for Inpatient Readmission (effective 10-1-2013) 10 Discharged/transferred to a Short Term General Hospital for Inpatient Readmission (effective 10-1-2013) 10 Discharged/transferred to a Short Term General Hospital for Inpatient Readmission (effective 10-1-2013) 10 Discharged/transferred to a Short Term General Hospital for Inpatient Readmission (effective 10-1-2013) 10 Discharged/transferred to a Short Term General Hospital for Inpatient Readmission (effective 10-1-2013) 10 Discharged/transferred to a Short Term General Hospital for Inpatient Readmission (effective 10-1-2013) 10 Discharged/transferred to a Skilled Nursing 10 Discharged/transferred to a Short Term General Hospital for Inpatient Readmission (effective 10-1-2013) 11 Discharged/transferred to a Skilled Nursing 12 Discharged/transferred to Another Type of Health Care Institution not befined Elsewhere in the Code list wi		Center or Children's Hospital (effective 10-1-2007)	83	Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient
198 Admitted as inpatient to this hospital 209 Expired 200 Discharged/transferred to Court/Law Enforcement 210 Discharged/transferred to Expired at home 210 Discharged/transferred to Expired at home 210 Discharged/transferred to Expired Inpatient Readmission (effective 10-1-2013) 210 Discharged/transferred to Federal government operated health facility 210 Discharged/transferred to Federal Government operated health Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/transferred to Amedicare Pederal Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/trans	06	an organized home health service organization	84	Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned
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long term care hospital Ceffective 10-1-2013 (effective 10-1-2013)		rehabilitation facility	90	Long Term Care Hospital (LTCH) with a Planned
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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 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	64		02	
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Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Skilled Nursing 2013) Discharged to home or self-care (routine discharge) Invalid	70	Acute. Care Hospital Inpatient Readmission	94	Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care
Care Hospital Inpatient Readmission (effective 10-1-2013) 82 Discharged/Transferred to a Skilled Nursing	81			
82 Discharged/Transferred to a Skilled Nursing		Care Hospital Inpatient Readmission (effective	95	discharge)
	82	Discharged/Transferred to a Skilled Nursing	`	Invalid

Beginning Position:827Data Source:ClaimLength:2Type: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

'unknown', Provider Name is blank.

Beginning Position:829Data Source:ProviderLength:55Type:Alphanumeric

OUTPATIENT CHARGES DATA FILE

Field 1: RECORD_ID

Description: Record Identification Number. Unique number assigned to identify the record. The

Record_ID in the ED Outpatient PUDF is not linkable to the Record_ID in the ED

Inpatient PUDF or ED Research Data Files (RDFs).

Beginning Position:1Data Source:AssignedLength:12Type:Alphanumeric

Field 2: REVENUE_CODE

Description: Code corresponding to each specific accommodation, ancillary service or billing

calculation related to the services being billed.

Coding Scheme:

0100	All-inclusive room charges plus ancillary	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0155	Room charges for ward rooms - hospice
0101	All-inclusive room charges	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0156	Room charges for ward rooms - detoxification
0110	Room charges for private rooms - general	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0157	Room charges for ward rooms - oncology
0111	Room charges for private rooms - medical/surgical/GYN	0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0158	Room charges for ward rooms - rehabilitation
0112	Room charges for private rooms - obstetrics	0136	Room charges for semi-private	0159	Room charges for ward rooms - other
0113	Room charges for private rooms - pediatric	0137	detoxification Room charges for semi-private	0160	Room charges for other rooms - general
0114	Room charges for private rooms - psychiatric	0138	- 3/4 beds - rooms - oncology Room charges for semi-private	0164	Room charges for other rooms – Sterile Environment
0115	Room charges for private rooms - hospice		- 3/4 beds - rooms - rehabilitation	0167	Room charges for other rooms – self care
0116	Room charges for private rooms - detoxification	0139	Room charges for semi-private - 3/4 beds - rooms - other	0169	Room charges for other rooms - other
0117	Room charges for private rooms - oncology	0140	Room charges for private (deluxe) rooms - general	0170	Room charges for nursery - general
0118	Room charges for private rooms - rehabilitation	0141	Room charges for private (deluxe) rooms -	0171	Room charges for nursery - newborn level I
0119	Room charges for private rooms - other	0142	medical/surgical/GYN Room charges for private (deluxe) rooms - obstetrics	0172	Room charges for nursery - newborn level II
0120	Room charges for semi-private rooms - general	0143	Room charges for private (deluxe) rooms - pediatric	0173	Room charges for nursery - newborn level III
0121	Room charges for semi-private rooms - medical/surgical/GYN	0144	Room charges for private (deluxe) rooms - psychiatric	0174	Room charges for nursery - newborn level IV
0122	Room charges for semi-private rooms - obstetrics	0145	Room charges for private (deluxe) rooms - hospice	0179	Room charges for nursery - other
0123	Room charges for semi-private rooms - pediatric	0146	Room charges for private (deluxe) rooms - detoxification	0180	Room charges for LOA - general
0124	Room charges for semi-private rooms - psychiatric	0147	Room charges for private (deluxe) rooms - oncology	0182	Room charges for LOA - patient convenience-charges billable
0125	Room charges for semi-private rooms - hospice	0148	Room charges for private (deluxe) rooms - rehabilitation	0183	Room charges for LOA - therapeutic leave
0126	Room charges for semi-private rooms - detoxification	0149	Room charges for private (deluxe) rooms - other	0185	Room charges for LOA – nursing home (for hospitalization)
0127	Room charges for semi-private rooms - oncology	0150	Room charges for ward rooms - general	0189	Room charges for LOA - other
0128	Room charges for semi-private rooms - rehabilitation	0151	Room charges for ward rooms - medical/surgical/GYN	0190	Room charges for subacute care - general
0129	Room charges for semi-private rooms - other	0152	Room charges for ward rooms - obstetrics	0191	Room charges for subacute care - Level I (skilled care)
0130	Room charges for semi-private - 3/4 beds - rooms - general	0153	Room charges for ward rooms - pediatric	0192	Room charges for subacute care - Level II (comprehensive
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0154	Room charges for ward rooms - psychiatric		care)
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0193	Room charges for subacute care - Level III (complex care)	0239	Incremental nursing care -	0289	Oncology - other
0194	Room charges for subacute care - Level IV (intensive care)	0240	All-inclusive ancillary - general	0290	DME - general
0199	Room charges for subacute care - other	0241	All-inclusive ancillary - basic	0291	DME - rental
0200	Room charges for intensive	0242	All-inclusive ancillary - comprehensive	0292	DME - purchase of new
0201	care - general Room charges for intensive	0243	All-inclusive ancillary - specialty	0293	DME - purchase of used
0202	care - surgical	0249	All-inclusive ancillary - other	0294	DME - supplies/drugs for DME effectiveness
0202	Room charges for intensive care - medical	0250	Pharmacy - general	0299	DME - other equipment
0203	Room charges for intensive care - pediatric	0251	Pharmacy - generic drugs	0300	Laboratory - general
0204	Room charges for intensive care - psychiatric	0252	Pharmacy – non-generic drugs	0301	Laboratory - chemistry
0206	Room charges for intensive care - intermediate intensive	0253	Pharmacy - take-home drugs	0302	Laboratory - immunology
0207	care unit (ICU) Room charges for intensive	0254	Pharmacy - drugs incident to other diagnostic services	0303	Laboratory - renal patient (home)
	care - burn care	0255	Pharmacy - drugs incident to radiology	0304	Laboratory – non-routine dialysis
0208	Room charges for intensive care - trauma	0256	Pharmacy - experimental drugs	0305	Laboratory - hematology
0209	Room charges for intensive care - other	0257	Pharmacy - nonprescription	0306	Laboratory - bacteriology and microbiology
0210	Room charges for coronary care - general	0258	Pharmacy - IV solutions	0307	Laboratory - urology
0211	Room charges for coronary care - myocardial infarction	0259	Pharmacy - other	0309	Laboratory - other
0212	Room charges for coronary care - pulmonary care	0260	IV Therapy - general	0310	Laboratory pathological - general
0213	Room charges for coronary care	0261	IV Therapy - infusion pump	0311	Laboratory pathological -
0214	 heart transplant Room charges for coronary care 	0262	IV Therapy - pharmacy services	0312	cytology Laboratory pathological -
	 intermediate coronary care unit (CCU) 	0263	IV Therapy - drug/supply delivery	0314	histology Laboratory pathological -
0219	Room charges for coronary care - other	0264	IV Therapy - supplies	0319	biopsy Laboratory pathological - other
0220	Special charges - general	0269	IV Therapy - other	0320	Radiology - diagnostic - general
0221	Special charges - admission	0270	Medical surgical supplies and devices - general	0321	Radiology - diagnostic -
0222	charge Special charges - technical	0271	Medical surgical supplies and devices - nonsterile	0322	angiocardiography
0223	support charge Special charges - UR service	0272	Medical surgical supplies and	0322	Radiology - diagnostic - arthrography
	charge	0273	devices - sterile Medical surgical supplies and	0323	Radiology - diagnostic - arteriography
0224	Special charges - late discharge, medically necessary	0274	devices - take-home Medical surgical supplies and	0324	Radiology - diagnostic - chest x-ray
0229	Special charges - other		devices - prosthetic/orthotic	0329	Radiology - diagnostic - other
0230	Incremental nursing care - general	0275	Medical surgical supplies and devices - pacemaker	0330	Radiology - therapeutic and/or chemotherapy administration -
0231	Incremental nursing care - nursery	0276	Medical surgical supplies and devices - intraocular lens (IOL)	0331	general Radiology - therapeutic and/or
0232	Incremental nursing care - OB	0277	Medical surgical supplies and devices - oxygen - take-home		chemotherapy administration - chemotherapy - injected
0233	Incremental nursing care - ICU (includes transitional care)	0278	Medical surgical supplies and devices - other implants	0332	Radiology - therapeutic and/or chemotherapy administration -
0234	Incremental nursing care - CCU (includes transitional care)	0279	Medical surgical supplies and devices - other	0333	chemotherapy - oral Radiology - therapeutic and/or
0235	Incremental nursing care - hospice	0280	Oncology - general		chemotherapy administration - radiation therapy

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			hourly charge	0521	Freestanding Clinic - Clinic Vis by Member to RHC/FQHC
0387	Blood - other derivatives (cryoprecipitate) Blood - other	0441	visit charge Speech-language pathology -	0520	Freestanding Clinic - general
0386	Blood - other components	0440	Speech-language pathology - general Speech-language pathology -	0517 0519	Clinic - family practice Clinic - other
0385	Blood - leukocytes	0439	Occupational therapy - other	0516	Clinic - urgent care
0384	Blood - platelets	0434	Occupational therapy - evaluation or reevaluation	0515	Clinic - pediatric
0383	Blood - plasma	0433	Occupational therapy - group rate	0514	Clinic - OB/GYN
0382	Blood - whole blood	0432	Occupational therapy - hourly charge	0513	Clinic - psychiatric
0381	Blood - packed red cells	0431	Occupational therapy - visit charge	0512	Clinic - dental
0379	Blood - general	0430	Occupational therapy - general	0511	Clinic - chronic pain
0379	Anesthesia - other	0429	Physical therapy - other	0510	Clinic - general
0374	diagnostic services Anesthesia - acupuncture	0424	Physical therapy - evaluation or reevaluation	0509	Outpatient services - general
0371	radiology Anesthesia - incident to other	0423	Physical therapy - group rate	0499 0500	Ambulatory surgical care - other Outpatient services - general
0370	Anesthesia - general Anesthesia - incident to	0422	Physical therapy - hourly charge		Ambulatory surgical care - general
		0421	Physical therapy - visit charge	0489 0490	Cardiology - other
0369	kidney transplant Operating room services - other	0420	Physical therapy - general	0483	Cardiology - echocardiology
0367	kidney Operating room services -	0419	Respiratory services - other	0482	Cardiology - stress test
0362	Operating room services - organ transplant other than	0413	Respiratory services - hyperbaric oxygen therapy	0481	Cardiology - cardiac cath lab
0361	Operating room services - minor surgery	0412	Respiratory services - inhalation	0480	Cardiology - general
0360	Operating room services - general	0410	Respiratory services - general	0479	Audiology - other
0359	CT scan - other	0409	Other imaging services - other	0472	Audiology - treatment
0352	CT scan - body	0404	Other imaging services - PET	0471	Audiology - diagnostic
0351	CT scan - head	0403	Other imaging services - screening mammography	0470	Audiology - general
0350	CT scan - general	0402	Other imaging services - ultrasound	0469	Pulmonary function - other
0349	Nuclear medicine - other	0401	Other imaging services - diagnostic mammography	0459	Pulmonary function - general
0344	Nuclear medicine - therapeutic radiopharmaceuticals		general	0459	Emergency room - other
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0400	Other imaging services -	0456	EMTALA screening Emergency room - urgent ca
0342	Nuclear medicine - therapeutic procedures	0399	Blood and blood component administration, storage and processing - other	0452	services Emergency room - beyond
0341	Nuclear medicine - diagnostic procedures		processing – processing and storage	0451	Emergency room - EMTALA emergency medical screening
0340	Nuclear medicine - general	0392	Blood and blood component administration, storage and	0450	other Emergency room - general
0339	Radiology - therapeutic and/or chemotherapy administration - other	0391	Blood and blood component administration, storage and processing - administration	0449	evaluation or reevaluation Speech-language pathology
	chemotherapy administration - chemotherapy - IV		administration, storage and processing - general	0444	group rate Speech-language pathology -
0335	Radiology - therapeutic and/or	0390	Blood and blood component	0443	Speech-language pathology -

0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	0562	Medical social services - hourly charge	0622	Medical/surgical supplies - incident to other diagnostic
0523	Freestanding Clinic - family practice	0569	Medical social services - other	0623	services Medical/surgical supplies -
0524	Freestanding Clinic - Visit by	0570	Home health aide - general		surgical dressings
	RHC/FQHC Practitioner to a Member in a Covered Part A	0571	Home health aide - visit charge	0624	Medical/surgical supplies - FDA investigational devices
0525	Stay at SNF Freestanding Clinic - Visit by	0572	Home health aide - hourly charge	0631	Drugs requiring specific identification - single source
	RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or	0579	Home health aide - other	0632	Drugs requiring specific identification - multiple source
0526	Other Residential Facility Freestanding Clinic - urgent	0580	Other visits (home health) - general	0633	Drugs requiring specific identification - restrictive
0320	care	0581	Other visits (home health) - visit charge	0634	prescription Drugs requiring specific
		0582	Other visits (home health) - hourly charge		identification - EPO, less than 10,000 units
0527	Freestanding Clinic - Visiting Nurse Services(s) to a	0583	Other visits (home health) - assessment	0635	Drugs requiring specific identification - EPO, 10,000 or more units
	Member's Home when in a Home Health Shortage Area	0589	Other visits (home health) - other	0636	Drugs requiring specific identification - requiring
0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other	0590	Units of service (home health) - general	0627	detailed coding
0529	non RHC/FQHC Site (e.g. Scene of Accident) Freestanding Clinic - other	0600	Oxygen (home health) - general	0637	Drugs requiring specific identification - self- administrable
0329	Treestanding Clinic - Other	0601	Oxygen (home health) - stat/equip/supply or contents	0640	Home IV therapy services - general
0530	Osteopathic service - general	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute	0641	Home IV therapy services – non-routine nursing, central line
0531	Osteopathic service - therapy	0603	Oxygen (home health) - stat/equip/supply over 4 liters	0642	Home IV therapy services - IV site care, central line
0539	Osteopathic service - other	0504	per minute	0643	Home IV therapy services - IV
0540	Ambulance service - general	0604	Oxygen (home health) - portable add-in	0644	start/change, peripheral line Home IV therapy services –
0541	Ambulance service - supplies	0609	Oxygen (home health) - other		non-routine nursing, peripheral line
0542	Ambulance service - medical transport	0610	Magnetic Resonance Technology (MRT) - MRI -	0645	Home IV therapy services - training patient/caregiver, central line
0543	Ambulance service - heart mobile	0644	general	0646	Home IV therapy services -
0544	Ambulance service - oxygen	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)		training, disabled patient, central line
0545	Ambulance service - air ambulance	0612	Magnetic Resonance Technology (MRT) - MRI -	0647	Home IV therapy services - training, patient/caregiver,
0546	Ambulance service - neonatal		spinal cord (including spine)	0648	peripheral Home IV therapy services -
0547	Ambulance service - pharmacy	0614	Magnetic Resonance Technology (MRT) - MRI - other		training, disabled patient, peripheral
0548	Ambulance service - telephone transmission EKG	0615	Magnetic Resonance	0649	Home IV therapy services - other
0549	Ambulance service - other		Technology (MRT) - MRA – head and neck	0650	Hospice services - general
0550	Skilled nursing - general	0616	Magnetic Resonance Technology (MRT) - MRA –	0651	Hospice services - routine home care
0551	Skilled nursing - visit charge	0618	lower extremities Magnetic Resonance	0652	Hospice services - continuous home care
0552	Skilled nursing - hourly charge		Technology (MRT) - MRA – other	0655	Hospice services - inpatient respite care
0559	Skilled nursing - other	0619	Magnetic Resonance Technology (MRT) - Other MRT	0656	Hospice services - general inpatient care (non-respite)
0560	Medical social services - general	0621	Medical/surgical supplies - incident to radiology	0657	Hospice services - physician services
0561	Medical social services - visit charge				Sei VICES

0658	Hospice services - room and board - nursing facility	0729	Labor/Delivery Room services - other	0820	Hemodialysis - outpatient or home - general
0659	Hospice services - other	0730	EKG/ECG services - general	0821	Hemodialysis - outpatient or home - composite or other rate
0660	Respite care - general	0731	EKG/ECG services - Holter monitor	0822	Hemodialysis - outpatient or home - home supplies
0661	Respite care - hourly charge/skilled nursing	0732	EKG/ECG services - telemetry	0823	Hemodialysis - outpatient or home – home equipment
0662	Respite care - hourly charge/aide/homemaker/compa	0739	EKG/ECG services - other	0824	Hemodialysis - outpatient or home - maintenance 100%
0663	nion Respite care - daily charge	0740 0750	EEG services - general Gastrointestinal services -	0825	Hemodialysis - outpatient or home - support services
0669	Respite care - other	0,00	general	0826	Hemodialysis - outpatient or
0670	Outpatient special residence -	0760	Treatment or observation room services - general		home – shorter duration (effective 7/1/17)
0671	general Outpatient special residence -	0761	Specialty Room - Treatment/ Observation Room - Treatment	0829	Hemodialysis - outpatient or home - other
0071	hospital based	0762	Room Specialty Room - Treatment/	0830	Peritoneal dialysis - outpatient
0672	Outpatient special residence - contracted	0702	Observation Room - Observation Room	0831	or home - general Peritoneal dialysis - outpatient
0679	Outpatient special residence - other	0769	Treatment or observation room services - other		or home - composite or other rate
0681	Trauma response - level I			0832	Peritoneal dialysis - outpatient or home - home supplies
0682	Trauma response - level II	0770	Preventive care services - general	0833	Peritoneal dialysis - outpatient or home - home equipment
0683	Trauma response - level III	0771	Preventive care services - vaccine administration	0834	Peritoneal dialysis - outpatient or home - maintenance 100%
0684	Trauma response - level IV	0780	Telemedicine services - general	0835	Peritoneal dialysis - outpatient or home - support services
0689	Trauma response - other	0790	Extra-corporeal shockwave therapy - general	0839	Peritoneal dialysis - outpatient
0690	Pre-hospice/Palliative Care Services - general	0800	Inpatient renal dialysis services - general	0840	or home - other CAPD - outpatient or home -
0691	Pre-hospice/Palliative Care Services – visit charge	0801	Inpatient renal dialysis services	0841	general
0692	Pre-hospice/Palliative Care Services – hourly charge	0802	 hemodialysis Inpatient renal dialysis services 		CAPD - outpatient or home - composite or other rate
0693	Pre-hospice/Palliative Care Services - evaluation	0803	peritoneal (non-CAPD)Inpatient renal dialysis services	0842	CAPD - outpatient or home - home supplies
0694	Pre-hospice/Palliative Care		 continuous ambulatory peritoneal dialysis (CAPD) 	0843	CAPD - outpatient or home – home equipment
	Services – consultation and education	0804	Inpatient renal dialysis services - continuous cycling peritoneal	0844	CAPD - outpatient or home - maintenance 100%
0695	Pre-hospice/Palliative Care Services – inpatient care	0809	dialysis (CAPD) Inpatient renal dialysis services	0845	CAPD - outpatient or home - support services
0696	Pre-hospice/Palliative Care Services – physician services	0003	- other	0849	CAPD - outpatient or home - other
0699	Pre-hospice/Palliative Care Services - other	0810	Acquisition of body components- general	0850	CCPD - outpatient or home - general
0700	Cast Room services - general	0811	Acquisition of body components - living donor	0851	CCPD - outpatient or home - composite or other rate
0710	Recovery Room services - general	0812	Acquisition of body components - cadaver donor	0852	CCPD - outpatient or home - home supplies
0720	Labor/Delivery Room services - general	0813	Acquisition of body components - unknown donor	0853	CCPD - outpatient or home - home equipment
0721	Labor/Delivery Room services - labor	0814	Acquisition of body components - unsuccessful organ search-	0854	CCPD - outpatient or home - maintenance 100%
0722	Labor/Delivery Room services - delivery	0815	donor bank charges Acquisition of body components	0855	CCPD - outpatient or home - support services
0723	Labor/Delivery Room services - circumcision		- stem cells- allogeneic	0859	CCPD - outpatient or home -
0724	Labor/Delivery Room services - birthing center	0819	Acquisition of body components - other donor	0860	other Magnetoencephalography (MEG) - General

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0861	Magnetoencephalography (MEG) - MEG	0923	Other diagnostic services - pap smear	0976	Professional fees - respiratory therapy
0880	Miscellaneous dialysis - general	0924	Other diagnostic services - allergy test	0977	Professional fees - physical therapy
0881	Miscellaneous dialysis - ultrafiltration	0925	Other diagnostic services - pregnancy test	0978	Professional fees - occupational therapy
0882	Miscellaneous dialysis - home aide visit	0929	Other diagnostic services - other	0979	Professional fees - speech therapy
0889	Miscellaneous dialysis - other	0931	Medical rehabilitation day program - half day	0981	Professional fees - emergency room
0900	Behavior health treatments/services - general	0932	Medical rehabilitation day program - full day	0982	Professional fees - outpatient services
0901	Behavior health treatments/services -	0940	Other therapeutic services - general	0983	Professional fees - clinic
0902	electroshock Behavior health	0941	Other therapeutic services - recreational therapy	0984	Professional fees - medical social services
0302	treatments/services - milieu therapy	0942	Other therapeutic services - education/training	0985	Professional fees - EKG
0903	Behavioral health treatments/services - play	0943	Other therapeutic services -	0986	Professional fees - EEG
0904	therapy Behavior health	0944	Other therapeutic services -	0987	Professional fees - hospital visit
	treatments/services - activity therapy	0945	drug rehabilitation Other therapeutic services -	0988	Professional fees - consultation
0905	Behavior health treatments/services - intensive	0946	alcohol rehabilitation Other therapeutic services -	0989	Professional fees - private duty nurse
0906	outpatient services - psychiatric Behavior health	0340	complex medical equipment - routine	0990	Patient convenience items - general
	treatments/services - intensive outpatient services - chemical dependency	0947	Other therapeutic services - complex medical equipment -	0991	Patient convenience items - cafeteria/guest tray
0907	Behavior health	0948	ancillary Other therapeutic services –	0992	Patient convenience items - private linen service
	treatments/services - community behavioral health	0949	pulmonary rehabilitation Other therapeutic services -	0993	Patient convenience items - telephone/telegraph
0011	program	0545	other	0994	
0911	Behavior health treatment/services - rehabilitation	0951	Other therapeutic services – athletic training		Patient convenience items - TV/radio
0912	Behavior health	0952	Other therapeutic services -	0995	Patient convenience items - nonpatient room rentals
0012	treatment/services - partial hospitalization - less intensive	0953	kinesiotherapy Other therapeutic services –	0996	Patient convenience items - late discharge charge
0913	Behavior health treatment/services - partial hospitalization - intensive	0060	chemical dependency (drug and alcohol)	0997	Patient convenience items - admission kits
0914	Behavior health treatment/services - individual	0960	Professional fees - general	0998	Patient convenience items - beauty shop/barber
0015	therapy	0961	Professional fees - psychiatric	0999	Patient convenience items - other
0915	Behavior health treatment/services - group	0962	Professional fees - ophthalmology	1000	Behavior health
0916	therapy Behavior health	0963	Professional fees -	4004	accommodations - general
0910	treatment/services - family therapy	0964	anesthesiologist (MD) Professional fees - anesthetist	1001	Behavior health accommodations - residential treatment - psychiatric
0917	Behavior health	0000	(CRNA)	1002	Behavior health
	treatment/services - biofeedback	0969	Professional fees - other		accommodations - residential treatment - chemical
0918	Behavior health treatment/services - testing	0971	Professional fees - laboratory	1003	dependency Behavior health
0919	Behavior health treatment/services - other	0972	Professional fees - radiology - diagnostic		accommodations - supervised living
0920	Other diagnostic services - general	0973	Professional fees - radiology - therapeutic	1004	Behavior health accommodations - halfway
0921	Other diagnostic services -	0974	Professional fees - radiology - nuclear medicine	1005	house Behavior health
0922	peripheral vascular lab Other diagnostic services - electromyogram	0975	Professional fees - operating room		accommodations - group home
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Alternative therapy services - general positions 2105 Alternative therapy services - 2106 Alternative therapy services - 2106 Alternative therapy services - 2109 Adult day care, social - hourly 2104 Alternative therapy services - 3102 Adult day care, social - hourly 2105 Alternative therapy services - 3102 Adult day care, social - hourly 2106 Alternative therapy services - 3102 Adult day care, social - hourly 2107 Alternative therapy services - 3102 Adult foster care - other 2108 Alternative therapy services - 3102 Adult foster care - other 2109 Alternative therapy services - 3102 Adult foster care - delity 2100 Alternative therapy services - 3102 Adult foster care - delity 2100 Alternative therapy services - 3102 Adult foster care - delity 2100 Alternative therapy services - 3102 Adult foster care - delity 2100 Alternative therapy services - 3102 Adult foster care - delity 2100 Alternative therapy services - 3102 Adult foster care - delity 2100 Alternative therapy services - 3102 Adult foster care - delity 2100 Alternative therapy services - 3102 Adult foster care - delity 2100 Alternative therapy services - 3102 Adult foster care - delity 2100 Alternative therapy services - 3102 Adult foster care - delity 2100 Alternative therapy services - 3102 Adult foster care - delity 2100 Alternative therapy services - 3102 Adult foster care - delity 2100 Alternative therapy services - 3102 Adult foster care - delity 2100 Alternative therapy services - 3102 Adult foster care - delity 2100 Alternative therapy services	general biofeedback social - daily Adult day care, social - dail								
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acupressure on ther massage surposers on the massage surposes of the service of	acupressure other massage acupressure other massage acupressure other massage acupressure of the description massage acupressure therapy services - 3101 Adult day care, medical and social - hourly social - hourly reflexology Beginning Position: 13 Data Source: Claim Alphanumeric Alphanumeric Alphanumeric Code identifying the type/source of the descriptive number used in HCPCS_PROCEDURE_CODE. Beginning Position: 17 Data Source: Claim HCPCS_PROCEDURE_CODE. Beginning Position: 17 Data Source: Claim Type: Alphanumeric Typ	2101		py services -	2106		ces -	3104	Adult day care, social - daily
Alternative therapy services - 3102 Adult day care, social - hourly reflexology Beginning Position: 13 Coci identifying the type/source of the descriptive number used in HCPCS_PROCEDURE_CODE. Beginning Position: 17 Length: 2 Data Source: Claim Alphanumeric Pield 3: HCPCS_PROCEDURE_CODE. Beginning Position: 17 Length: 2 Type: Alphanumeric Pield 4 HCPCS_PROCEDURE_CODE. HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations. Coding Scheme: See http://www.cms.hiss.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp for complete list of Level II HCPCs codes. Beginning Position: 19 Coding Scheme: See http://www.cms.hiss.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp for complete list of Level II HCPCs codes. Beginning Position: 19 Coding Scheme: John MoDIFIER_1 Description: Identifies special circumstances related to the performance of the service Coding Scheme: 22 Increased procedural services 23 Unusual Anesthesia Anagement Service by the Anagement Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period 63 Procedure Performed on Infants International Augustion and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Date Other Service Service 25 Significant, Separately General Code Professional on the Same Date Other Service Servic	Atternative therapy services - 3102 Adult day care, social - hourly reflex/olloy Beginning Position: 13 HCPCS_QUALIFIER Description: Code identifying the type/source of the descriptive number used in HCPCS_PROCEDURE_CODE. Beginning Position: 17 Length: 2 Beginning Position: 18 HCPCS_PROCEDURE_CODE. Beginning Position: 19 Length: 2 HCPA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations. Coding Scheme: See http://www.crns.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp for complete list of Level 11 HCPCS codes. Beginning Position: 19 Length: 7 Beginning Position: 19 Level 11 HCPCS codes. Beginning Position: 19 Level 1	2102		py services -	2109	• •	ces -	3105	Adult foster care - daily
Beginning Position: 13	Beginning Position: Length: HCPCS_QUALIFIER Type: Alphanumeric Alphanu	2103		py services -	3101		nd	3109	Adult foster care - other
Length:	Length:	2104		py services -	3102	Adult day care, social - h	ourly		
Length:	Length:	Beginn	ina Position:	13		Data Source:	Claim		
Field 3: HCPCS_QNALIFIER Description: Code identifying the type/source of the descriptive number used in HCPCS_PROCEDURE_CODE. Beginning Position: 17	Field 3: HCPCS_QNALIFIER Code identifying the type/source of the descriptive number used in HCPCS_PROCEDURE_CODE. Beginning Position: 17							umeric	
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HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations. Coding Scheme: Beginning Position: Level II HCPCS codes. Beginning Position: Length: 5	HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations. Coding Scheme: Beginning Position: Length: 5 MODIFIER_1 Description: Coding Scheme: 22 Increased procedural services 23 Unusual Anesthesia Amagement Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Amagement Service by the Same Physician or Other Qualified Health Care Professional on the Same Physician or Other Qualified Health Care Professional on the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Procedure or Other Qualified Health Care Professional Other Qualified Health Care Professional Other Qua	Length	:	2		Туре:	Alphani	umeric	
HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations. Coding Scheme: Beginning Position: Length: 5	HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations. See http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp for complete list of Level II HCPCS codes. Beginning Position: 19	Field 4							
Services or accommodations. Beginning Position: 19 Data Source: Claim Length: 5 Type: Alphanumeric Posscription: Identifies special circumstances related to the performance of the service Coding Scheme: 22 Increased procedural services 5 Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period or Other Qualified Health Care Professional Outling a Postoperative Period 63 Procedure Performed on Infants less than 4kg 19 Repeat Clinical Diagnostic Laboratory Test Management Service by the Same Physician or Other Qualified Health Care Professional Outling a Postoperative Period 64 Procedure Performed on Infants less than 4kg 19 Repeat Clinical Diagnostic Laboratory Test Management Physician or Other Qualified Health Care Professional Outling a Postoperative Period 65 Professional Omponent 74 Discontinued Outpatient Hospital FM Encounters on the Same Day of the Procedure or Other Sorvice Professional Omponent 74 Anesthesia by Surgeon 78 Repeat Procedure by Same Physician or Other Qualified Health Care Professional Procedure Professional Omponent 79 Repeat Procedure by Same Physician or Other Qualified Health Care Professional Procedure Professional Omponent 79 Repeat Procedure by Same Physician or Other Qualified Health Care Professional Procedure Professiona	Services or accommodations. Services or accommodations. Level II HCPCS codes. Beginning Position: Length: 5	Descrip	otion:				(HCPCS) code	applicable to ancillary
See http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp for complete list of Level II HCPCS codes.	See http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp for complete list of Level II HCPCS codes.	-					,		
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P5	A moribund pation		FA	Left hand, thumb		RT	Right side of the body
	expected to surv	vive without the	GG	' '		T-1	procedure
P6	A declared brain	-dead natient		screening mammograp	,	T1	Left foot, second digit
	whose organs ar	e being		diagnostic mammograp same patient, same da		T2	Left foot, third digit
removed for done			GH	Diagnostic mammogra	m	Т3	Left foot, fourth digit
E1	Upper left eyelid			converted from screeni		T4	Left foot, fifth digit
E2	Lower left eyelid		LC	mammogram on same Left circumflex coronar	-	T5	Right foot, great toe
E3	Upper right eyel	id	LD	Left anterior descendin		Т6	Right foot, second digit
E4	Lower right eyel	id	LD	coronary artery	9	T7	Right foot, third digit
F1	Left hand, secon	d digit	LM	Left main coronary arte	ery	Т8	Right foot, fourth digit
F2	Left hand, third	digit	LT	Left side of the body p	rocedure	Т9	Right foot, fifth digit
F3	Left hand, fourth	n digit	Q	Ambulance service pro		TA	Left foot, great toe
F4	Left hand, fifth o	ligit	М	under arrangement by provider of services	a	XE	Separate Encounter
F5	Right hand, thur	nb	QN	Ambulance service furn	nished	XS	Separate Structure
F6	Right hand, seco	ond digit		directly by a provider of services	of	XP	Separate Practitioner
F7	Right hand, third	d digit	RC	Right coronary artery		XU	Unusual Non-Overlapping
F8	Right hand, four	th digit	RI	Ramus intermedius cor	onarv	λο	Service
F9	Right hand, fifth	digit		artery	,		
Beginn	ing Position:	24		Data Source:	Claim		
Length	ı:	2		Type:	Alphan	umeric	
Field 6	:	MODIFIER_2					
Descrip				cumstances related	to the per	rforma	nce of the service.
_	Scheme:	Same as Field MO	ODIFIE	_			
_	ing Position:	26		Data Source:	Claim		
Length Field 7		MODIFIED 2		Туре:	Alphan	umeric	
Descrip		MODIFIER_3	al circ	numetanese related	to the new	rform o	nce of the comice
Descrip	puon.	Identifies speci	ai circ	Luiristarices relateu	to the bei	\square	
Coding	Schamer					1011114	rice of the service.
_	Scheme:	Same as Field MO		ER_1	•	1011110	nice of the service.
_	ing Position:				Claim Alphan		nee of the service.
Beginn	ing Position:	Same as Field MO 28		ER_1 Data Source:	Claim		THE OF THE SELVICE.
Beginn Length Field 8 Descrip	ling Position: : : ption:	Same as Field MC 28 2 MODIFIER_4 Identifies speci	al circ	Data Source: Type: cumstances related	Claim Alphan	<u>umeric</u>	
Beginn Length Field 8 Descrip Coding	ling Position: : : ption: Scheme:	Same as Field MC 28 2 MODIFIER_4 Identifies speci Same as Field MC	al circ	Data Source: Type: cumstances related ER_1	Claim Alphan to the per	<u>umeric</u>	
Beginn Length Field 8 Descrip Coding	ling Position: : : ption: Scheme: ling Position:	Same as Field MC 28 2 MODIFIER_4 Identifies speci	al circ	Data Source: Type: cumstances related	Claim Alphan	<u>umeric</u> rforma	
Beginn Length Field 8 Descrip Coding Beginn	ling Position: : : ption: Scheme: ling Position:	Same as Field MC 28 2 MODIFIER_4 Identifies speci Same as Field MC 30	al circ	Data Source: Type: cumstances related ER_1 Data Source: Type:	Claim Alphan to the per	<u>umeric</u> rforma	
Beginn Length Field 8 Descrip Coding Beginn Length	ling Position: :: :: ption: Scheme: ling Position: :	Same as Field MC 28 2 MODIFIER_4 Identifies speci Same as Field MC 30 2 UNIT_MEASU	al circ	Data Source: Type: cumstances related ER_1 Data Source: Type:	Claim Alphan to the per Claim Alphan	umeric rforma umeric	nce of the service.
Beginn Length Field 8 Descrip Coding Beginn Length Field 9 Descrip	ling Position: :: :: ption: Scheme: ling Position: :	Same as Field MG 28 2 MODIFIER_4 Identifies speci Same as Field MG 30 2 UNIT_MEASU Code specifying DA Days	al circodifie	Data Source: Type: cumstances related ER_1 Data Source: Type: ENT_CODE units in which a val	Claim Alphan to the per Claim Alphan	umeric rforma umeric	nce of the service.
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Beginn Length Field 8 Descrip Coding Beginn Length Field 9 Descrip Coding	ing Position: : : : : : : : : : : : : : : : : : :	Same as Field MG 28 2 MODIFIER_4 Identifies speci Same as Field MG 30 2 UNIT_MEASU Code specifying DA Days F2 Internat UN Unit	al circodifie	Data Source: Type: cumstances related ER_1 Data Source: Type: ENT_CODE units in which a valuanit	Claim Alphan to the per Claim Alphan lue is being	umeric rforma umeric	nce of the service.
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Lenath:	14	Type:	Numeric	

OUTPATIENT CLASSIFICATION DATA FILE

Field 1:	RECORD_ID	
Description:	Record Identification Number. Unique no	umber assigned to identify the record. The
	Record_ID in the ED Outpatient PUDF is	
	Inpatient PUDF or ED Research Data File	es (RDFs).
Beginning Position:	1 Data Source:	Assigned
Length:	12 Type:	Alphanumeric
Field 2:	CCSR_PRIN_DIAG_CODE	
		lassification of PRIN_DIAG_CODE into clinically
	meaningful diagnosis category.	
Beginning Position:	13 Data Source: Type:	Assigned
Length: Field 3:	4 Type: CCSR_OTH_DIAG_CODE_1	Alphanumeric
i iciu J.	Clinical Classifications Software (CCS) cl	lassification of OTH DIAG CODE 1 into
	clinically meaningful diagnosis category.	
Beginning Position:	17 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 4:	CCSR_OTH_DIAG_CODE_2	- Inprimitive in the second of
	Clinical Classifications Software (CCS) cl	lassification of OTH_DIAG_CODE_2 into
	clinically meaningful diagnosis category.	
Beginning Position:	21 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 5:	CCSR_OTH_DIAG_CODE_3	
	Clinical Classifications Software (CCS) cl	lassification of OTH_DIAG_CODE_3 into
	clinically meaningful diagnosis category.	
Beginning Position:	25 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 6:	CCSR_OTH_DIAG_CODE_4	
	Clinical Classifications Software (CCS) cl	
	clinically meaningful diagnosis category.	
Beginning Position:	29 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 7:	CCSR_OTH_DIAG_CODE_5	
	Clinical Classifications Software (CCS) cl	
	clinically meaningful diagnosis category.	
Beginning Position:	33 Data Source: 4 Type:	Assigned Alphanumeric
Length: Field 8:	4 Type: CCSR_OTH_DIAG_CODE_6	Aiphanumenc
i ieiu o.	Clinical Classifications Software (CCS) cl	lassification of OTH DIAC CODE 6 into
	clinical classifications software (CCS) clinically meaningful diagnosis category.	
Beginning Position:	37 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 9:	CCSR_OTH_DIAG_CODE_7	Aphanamene
	Clinical Classifications Software (CCS) cl	lassification of OTH DIAG CODE 7 into
	clinically meaningful diagnosis category.	
Beginning Position:	41 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 10:	CCSR_OTH_DIAG_CODE_8	F 2 2 2 2
	Clinical Classifications Software (CCS) cl	lassification of OTH_DIAG_CODE_8 into
	clinically meaningful diagnosis category.	
Beginning Position:	45 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 11:	CCSR_OTH_DIAG_CODE_9	
	Clinical Classifications Software (CCS) cl	lassification of OTH_DIAG_CODE_9 into
	clinically meaningful diagnosis category.	
Beginning Position:	49 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
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CCSR_OTH_DIAG_CODE_10	
Clinical Classifications Software (CCS) cla	assification of OTH_DIAG_CODE_10 into
clinically meaningful diagnosis category.	
53 Data Source:	Assigned
7 1 -	Alphanumeric
	and the second of the second s
· · ·	assification of OTH_DIAG_CODE_TT Into
	Assigned
	Alphanumeric
/1: -	7 aprilamente
	assification of OTH DIAG CODE 12 into
clinically meaningful diagnosis category.	
Data Source:	Assigned
4 Type:	Alphanumeric
	assification of OTH_DIAG_CODE_13 into
	Assissand
	Assigned Alphanumeric
- 7 F	/ upriditatione
	assification of OTH DIAG CODE 14 into
69 Data Source:	Assigned
4 Type:	Alphanumeric
	assification of OTH_DIAG_CODE_15 into
	Assigned
/1: -	Alphanumeric
	assification of OTH DIAG CODE 16 into
	assincation of OTH_DIAG_CODE_10 IIIt0
	Assigned
4 Type:	Alphanumeric
CCSR_OTH_DIAG_CODE_17	
Clinical Classifications Software (CCS) cla	assification of OTH_DIAG_CODE_17 into
	Assigned
7 1 -	Alphanumeric
	assification of OTH DIAC CODE 19 into
	assilication of OTT_DIAG_CODE_16 into
	Assigned
	Alphanumeric
CCSR_OTH_DIAG_CODE_19	
Clinical Classifications Software (CCS) cla	assification of OTH_DIAG_CODE_19 into
clinically meaningful diagnosis category.	
89 Data Source:	Assigned
/1: -	Alphanumeric
	ification of OTH DIAC CODE 20 : :
	assincation of OTH_DIAG_CODE_20 into
	Assigned
_	Alphanumeric
	assification of OTH DIAG CODE 21 into
97 Data Source:	Assigned
	Alphanumeric
4 Type:	Aiphanumenc
4 Type: CCSR_OTH_DIAG_CODE_22	Aiphanamenc
	Clinical Classifications Software (CCS) clainically meaningful diagnosis category. A Type: CCSR_OTH_DIAG_CODE_11 Clinical Classifications Software (CCS) clainically meaningful diagnosis category. A Type: CCSR_OTH_DIAG_CODE_12 Clinical Classifications Software (CCS) clainically meaningful diagnosis category. CCSR_OTH_DIAG_CODE_12 Clinical Classifications Software (CCS) clainically meaningful diagnosis category. CCSR_OTH_DIAG_CODE_13 Clinical Classifications Software (CCS) clainically meaningful diagnosis category. CCSR_OTH_DIAG_CODE_14 Clinical Classifications Software (CCS) clainically meaningful diagnosis category. Bata Source: Type: CCSR_OTH_DIAG_CODE_15 Clinical Classifications Software (CCS) clainically meaningful diagnosis category. A Type: CCSR_OTH_DIAG_CODE_15 Clinical Classifications Software (CCS) clainically meaningful diagnosis category. Bata Source: Type: CCSR_OTH_DIAG_CODE_16 Clinical Classifications Software (CCS) clainically meaningful diagnosis category. A Type: CCSR_OTH_DIAG_CODE_17 Clinical Classifications Software (CCS) clainically meaningful diagnosis category. Bata Source: Type: CCSR_OTH_DIAG_CODE_18 Clinical Classifications Software (CCS) clainically meaningful diagnosis category. Bata Source: Type: CCSR_OTH_DIAG_CODE_18 Clinical Classifications Software (CCS) clainically meaningful diagnosis category. Bata Source: Type: CCSR_OTH_DIAG_CODE_19 Clinical Classifications Software (CCS) clainically meaningful diagnosis category. Bata Source: Type: CCSR_OTH_DIAG_CODE_19 Clinical Classifications Software (CCS) clainically meaningful diagnosis category. Bata Source: Type: CCSR_OTH_DIAG_CODE_20 Clinical Classifications Software (CCS) clainically meaningful diagnosis category. Bata Source: Type: CCSR_OTH_DIAG_CODE_10 Clinical Classifications Software (CCS) clainically meaningful diagnosis category. CCSR_OTH_DIAG_CODE_10 Clinical Classifications Software (CCS) clainically meaningful diagnosis category.

		assification of OTH_DIAG_CODE_22 into
Doning Donition	clinically meaningful diagnosis category. 101 Data Source:	
Beginning Position: Length:	4 Type:	Assigned Alphanumeric
Field 25:	CCSR_OTH_DIAG_CODE_23	Aphanamene
		assification of OTH_DIAG_CODE_23 into
	clinically meaningful diagnosis category.	
Beginning Position:	Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 26:	CCSR_OTH_DIAG_CODE_24	
		assification of OTH_DIAG_CODE_24 into
	clinically meaningful diagnosis category.	
Beginning Position: Length:	109 Data Source: Type:	Assigned Alphanumeric
Field 27:	CCS_PROC_CODE_1	Alphanument
		or Services and Procedures classification of
	PROC_CODE_1 into clinically meaningful	
Beginning Position:	113 Data Source:	Assigned
Length:	3 Type:	Alphanumeric
Field 28:	CCS_PROC_CODE_2	
		or Services and Procedures classification of
	PROC_CODE_2 into clinically meaningful	
Beginning Position:	116 Data Source:	Assigned
Length: Field 29:	3 Type:	Alphanumeric
rieiu 29:	CCS_PROC_CODE_3	or Convices and Drasadures classification of
	PROC_CODE_3 into clinically meaningful	or Services and Procedures classification of
Beginning Position:	119 Data Source:	Assigned
Length:	3 Type:	Alphanumeric
Field 30:	CCS_PROC_CODE_4	
		or Services and Procedures classification of
	PROC_CODE_4 into clinically meaningful	
Danimalan Danikian	122 Data Course	Andread
Beginning Position:	122 Data Source:	Assigned
Length:	3 Type:	Assigned Alphanumeric
	3 Type: CCS_PROC_CODE_5	Alphanumeric
Length:	3 Type: CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for	Alphanumeric or Services and Procedures classification of
Length: Field 31:	3 Type: CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful	Alphanumeric or Services and Procedures classification of procedure category.
Length: Field 31: Beginning Position:	3 Type: CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 Data Source:	Alphanumeric or Services and Procedures classification of I procedure category. Assigned
Length: Field 31:	3 Type: CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 Data Source: 3 Type:	Alphanumeric or Services and Procedures classification of procedure category.
Length: Field 31: Beginning Position: Length:	Type: CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 Data Source: Type: CCS_PROC_CODE_6	Alphanumeric or Services and Procedures classification of I procedure category. Assigned Alphanumeric
Length: Field 31: Beginning Position: Length:	Type: CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 Data Source: Type: CCS_PROC_CODE_6	Alphanumeric or Services and Procedures classification of I procedure category. Assigned Alphanumeric or Services and Procedures classification of
Length: Field 31: Beginning Position: Length:	3 Type: CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125	Alphanumeric or Services and Procedures classification of I procedure category. Assigned Alphanumeric or Services and Procedures classification of
Length: Field 31: Beginning Position: Length: Field 32: Beginning Position: Length:	Type: CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 Data Source: Type: CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for PROC_CODE_6 into clinically meaningful 128 Data Source: Type:	Alphanumeric or Services and Procedures classification of procedure category. Assigned Alphanumeric or Services and Procedures classification of procedure category.
Length: Field 31: Beginning Position: Length: Field 32: Beginning Position:	Type: CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 Data Source: Type: CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for PROC_CODE_6 into clinically meaningful 128 Data Source: Type: CCS_PROC_CODE_7	Alphanumeric or Services and Procedures classification of procedure category. Assigned Alphanumeric or Services and Procedures classification of procedure category. Assigned Alphanumeric
Length: Field 31: Beginning Position: Length: Field 32: Beginning Position: Length:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 Data Source: Type: CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for PROC_CODE_6 into clinically meaningful 128 Data Source: Type: CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for PROC_CODE_7 Clinical Classifications Software (CCS) for PROC_CODE_7	Alphanumeric or Services and Procedures classification of procedure category. Assigned Alphanumeric or Services and Procedures classification of procedure category. Assigned Alphanumeric or Services and Procedures classification of alphanumeric
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	PROC_CODE_12 into clin		
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Length: Field 43: Beginning Position: Length: Field 44: Beginning Position: Length: Field 45: Beginning Position: Length: Field 46: Beginning Position: Length: Field 47: Beginning Position: Length: Field 47:	CCS_PROC_CODE_17 Clinical Classifications So PROC_CODE_17 into clin 161 3 CCS_PROC_CODE_18 Clinical Classifications So PROC_CODE_18 into clin 164 3 CCS_PROC_CODE_19 Clinical Classifications So PROC_CODE_19 into clin 167 3 CCS_PROC_CODE_20 Clinical Classifications So PROC_CODE_20 into clin 170 3 CCS_PROC_CODE_21 Clinical Classifications So PROC_CODE_21 into clin 170 3 CCS_PROC_CODE_21 Clinical Classifications So PROC_CODE_21 into clin 173 3	Data Source: Type: ftware (CCS) for ically meaningfu Data Source: Type:	Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric Services and Procedures classification of I procedure category. Services and Procedures classification of I procedure category.
Length: Field 43: Beginning Position: Length: Field 44: Beginning Position: Length: Field 45: Beginning Position: Length: Field 46: Beginning Position: Length: Field 47:	CCS_PROC_CODE_17 Clinical Classifications So PROC_CODE_17 into clin 161 3 CCS_PROC_CODE_18 Clinical Classifications So PROC_CODE_18 into clin 164 3 CCS_PROC_CODE_19 Clinical Classifications So PROC_CODE_19 into clin 167 3 CCS_PROC_CODE_20 Clinical Classifications So PROC_CODE_20 into clin 170 3 CCS_PROC_CODE_21 Clinical Classifications So PROC_CODE_21 into clin 170 3 CCS_PROC_CODE_21	Data Source: Type: ftware (CCS) for ically meaningfue Data Source: Type:	Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric
Length: Field 43: Beginning Position: Length: Field 44: Beginning Position: Length: Field 45: Beginning Position: Length: Field 46: Beginning Position: Length: Field 47: Beginning Position: Length: Field 47:	CCS_PROC_CODE_17 Clinical Classifications So PROC_CODE_17 into clin 161 3 CCS_PROC_CODE_18 Clinical Classifications So PROC_CODE_18 into clin 164 3 CCS_PROC_CODE_19 Clinical Classifications So PROC_CODE_19 into clin 167 3 CCS_PROC_CODE_20 Clinical Classifications So PROC_CODE_20 into clin 170 3 CCS_PROC_CODE_21 Clinical Classifications So PROC_CODE_21 into clin 170 3 CCS_PROC_CODE_21 Clinical Classifications So PROC_CODE_21 into clin 173 3	Data Source: Type: ftware (CCS) for ically meaningfue Data Source: Type:	Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric
Length: Field 43: Beginning Position: Length: Field 44: Beginning Position: Length: Field 45: Beginning Position: Length: Field 46: Beginning Position: Length: Field 47: Beginning Position: Length: Field 47:	CCS_PROC_CODE_17 Clinical Classifications So PROC_CODE_17 into clin 161 3 CCS_PROC_CODE_18 Clinical Classifications So PROC_CODE_18 into clin 164 3 CCS_PROC_CODE_19 Clinical Classifications So PROC_CODE_19 into clin 167 3 CCS_PROC_CODE_20 Clinical Classifications So PROC_CODE_20 into clin 170 3 CCS_PROC_CODE_21 Clinical Classifications So PROC_CODE_21 into clin 170 3 CCS_PROC_CODE_21 Clinical Classifications So PROC_CODE_21 into clin 173 3 CCS_PROC_CODE_22	Data Source: Type: ftware (CCS) for ically meaningfue Data Source: Type:	Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric Services and Procedures classification of I procedure category. Assigned Alphanumeric

Clinical Classifications Software (CCS) for Services and Procedures classification of

PROC_CODE_22 into clinically meaningful procedure category.

Beginning Position:176Data Source:AssignedLength:3Type:Alphanumeric

Field 49: CCS_PROC_CODE_23

Clinical Classifications Software (CCS) for Services and Procedures classification of

PROC_CODE_23 into clinically meaningful procedure category.

Beginning Position: 179
Length: 3
Data Source: Assigned
Type: Alphanumeric

Field 50: CCS_PROC_CODE_24

Clinical Classifications Software (CCS) for Services and Procedures classification of

PROC_CODE_24 into clinically meaningful procedure category.

Beginning Position: 182 Data Source: Assigned Length: 3 Type: Alphanumeric

Field 51: CCS_PROC_CODE_25

Clinical Classifications Software (CCS) for Services and Procedures classification of

PROC_CODE_25 into clinically meaningful procedure category.

Beginning Position:185Data Source:AssignedLength:3Type:Alphanumeric

OUTPATIENT GROUPER DATA FILE

Field 1:	RECORD_ID		
Description:			e number assigned to identify the record. First
	Data Files (RDF's).		Γ match the RECORD_ID in THCIC Research
Beginning	1	Data	Assigned
Position:		Source:	3
Length:	12	Type:	Alphanumeric
Field 2:	REVENUE_CODE_S	SEQUENCE_NUM	
	Assignment of numl	bers to indicate the	e order of submission of the revenue codes.
Beginning	13	Data	a Source: Assigned
Position:			-
Length:	3	Type:	Alphanumeric
Field 3:	FROZEN_EAPG_G	RP_VER	
	Enhanced Ambulato	ry Patient Group V	ersion Number, as assigned by 3M EAPG
	Grouper.		
Beginning	16	Data	Source: Assigned
Position:			
Length:	12	Type:	Alphanumeric
Field 4:	FROZEN_FINAL_		
			(EAPG) category code, as assigned by 3M [™]
	EAPG Grouper. Not	t available 4Q09.	
Beginning	28	Data	Assigned
Position:		Source:	
Length:	2	Туре:	Alphanumeric
Field 5:	FROZEN_FINAL_		
			(EAPG) type code, as assigned by 3M™ EAPG
	Grouper. Not avail	•	
Beginning	30	Data	Assigned
Position:		Source:	
Length:	2	Туре:	Alphanumeric
Field 6:	FROZEN_FINAL_		
			roup (EAPG), as assigned by 3M™ EAPG
	Grouper. Not avail	-	
Beginning	32	Data	Assigned
Position:		Source:	
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Length:	5	Type:	Alphanumeric
Field 7:	FROZEN_APC_GRP		
			PC) Version Number as assigned by 3M APC
	Grouper. Not availab	-	
Beginning	47	Data	Assigned
Position:		Source:	
Length:	12	Туре:	Alphanumeric
Field 8:	FROZEN_APC_PR		
			APC) procedure code as assigned by 3M [™] APC
	Grouper. Not availa	-	
Beginning	59	Data	Assigned
Position:	F	Source:	A lark a accordant
Length: Field 9:	5 FD07EN ADC DV	Type:	Alphanumeric
rieia 9:	FROZEN_APC_PX		
	3M [™] APC Grouper.		APC) procedure status indicator as assigned by
Beginning	64	Data	Assigned
Position:	04	Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 10:	FROZEN_APC_WE		, aprianamente
			APC) weighting as assigned by 3M™ APC
	Grouper. Not availa		
Beginning	66	Data	Assigned
Position:		Source:	-
Length:	9	Type:	Alphanumeric
Field 11:	EAPG_GRP_VER		
		y Patient Group \	Version Number, as assigned by 3M EAPG
	Grouper		
Beginning	80	Data	Source: Assigned
Position:	4.0	_	
Length:	12	Туре:	Alphanumeric
Field 12:	FINAL_EAPG_CAT		(FADC) entergamy and a programmed by 2MTM
	EAPG Grouper. Not		(EAPG) category code, as assigned by 3M [™]
Beginning	92	Data	Assigned
Position:	32	Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 13:	FINAL_EAPG_TYF		
			(EAPG) type code, as assigned by 3M [™] EAPG
	Grouper. Not availa		, , , , , , , , , , , , , , , , , , , ,
Beginning	94	Data	Assigned
Position:		Source:	
Length:	2	Type:	Alphanumeric
Field 14:	FINAL_EAPG		
			Group (EAPG), as assigned by 3M™ EAPG
	Grouper. Not availa	•	
Beginning	96	Data	Assigned
Position:	F	Source:	Alabaarraania
Length: Field 15:	5 APC_GRP_VER	Туре:	Alphanumeric
rieia 15:		· Classification (A	PC) Version Number as assigned by 3M APC
	Grouper. Not availab		i C, version ivaniber as assigned by 3M APC
Beginning	111	Data	Assigned
Position:		Source:	·
Length:	12	Type:	Alphanumeric
Field 16:	APC_PROCEDURE		•
			APC) procedure code as assigned by 3M [™] APC
	Grouper. Not availa		,
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Beginning	123	Data	Data Assigned			
Position:		Source:				
Length:	5	Туре:	Alphanumeric			
Field 17:	APC_PX_STA	TUS_IND_CODE				
	Ambulatory Pa	ayment Classification (A	APC) procedure status indicator as assigned by			
	3M [™] APC Gro	uper. Not available 4Q0	9.			
Beginning	128	Data	Assigned			
Position:		Source:	_			
Length:	2	Туре:	Alphanumeric			
Field 18:	APC_WEIGH	Т				
	Ambulatory Pa	ayment Classification (A	APC) weighting as assigned by 3M [™] APC			
	Grouper. Not	available 4Q09.				
Beginning	130	Data	Assigned			
Position:		Source:				
Length:	9	Type:	Alphanumeric			

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:	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. A				
	THCIC_ID may change Provider_Name during the middle of a year. This will be				
	noted in such cases in which we are aware of those mid-year name changes.				
Beginning Position:	1	Data Source:	Assigned		
Length:	6	Type:	Alphanumeric		
Field 2:	FACILITY_TYPE	Турсі	Auphanamene		
Description:	Types of healthcare fac	silition			
Beginning Position:		Data Source:	Duestiden		
5 5	7		Provider		
Length:	4	Туре:	Alphanumeric		
Field 3:	FAC_TEACHING_IND				
Description:	Teaching Facility Indica				
Suppression:			discharges (Provider ID equals '999999').		
Coding Scheme:	A Member, Council of Tea	ching Hospitals			
	X Other teaching facility				
Beginning Position:	11	Data Source:	Provider		
Length:	1	Туре:	Alphanumeric		
Field 4:	FAC_PSYCH_IND				
Description:	Psychiatric Facility Indi				
Suppression:			discharges (Provider ID equals '999999').		
Beginning Position:	12	Data Source:	Provider		
Length:	1	Туре:	Alphanumeric		
Field 5:	FAC_REHAB_IND				
Description:	Rehabilitation Facility I				
Suppression:			discharges (Provider ID equals '999999').		
Beginning Position:	13	Data Source:	Provider		
Length:	1	Туре:	Alphanumeric		
Field 6:	FAC_ACUTE_CARE_I				
Description:	Acute Care Facility Ind				
Suppression:			discharges (Provider ID equals '999999').		
Beginning Position:	14	Data Source:	Provider		
Length:	1	Туре:	Alphanumeric		
Field 7:	FAC_SNF_IND				
Description:	Skilled Nursing Facility				
Suppression:			discharges (Provider ID equals '999999').		
Beginning Position:	15	Data Source:	Provider		
Length:	1	Туре:	Alphanumeric		
Field 8:	FAC_LONG_TERM_A				
Description:	Long Term Acute Care				
Suppression:	• • •		discharges (Provider ID equals '999999').		
Beginning Position:	16	Data Source:	Provider		
Length:	1	Туре:	Alphanumeric		
Field 9:	FAC_OTHER_LTC_IN				
Description:	Other Long Term Care	•			
Suppression:	Suppressed for hospitals v	with fewer than 50	discharges (Provider ID equals '999999').		
Beginning Position:	17	Data Source:	Provider		
Length:	1	Туре:	Alphanumeric		
Field 10:	FAC_PEDS_IND				
Description:	Pediatric Facility Indica				
Suppression:			discharges (Provider ID equals '999999').		
Coding Scheme:	C Member, National Assoc	ciation of Children's	Hospitals and Related Institutions (NACHRI)		
Dalla milaia		•	Parra P		
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X Facilities that also treat children

Beginning Position: 18 **Data Source:** Provider Length: Type: Alphanumeric Field 11: FAC CARDIOVASCULAR IND **Description:** Cardiovascular facility indicator. **Beginning Position:** 19 **Data Source:** Provider Length: Alphanumeric Type: Field 12: FAC_CHIROPRACTIC_IND **Description:** Chiropractic care facility indicator. **Beginning Position: Data Source:** Provider Length: Type: Alphanumeric Field 13: FAC_ENDOSCOPY_IND **Description:** Endoscopy facility indicator. **Beginning Position: Data Source:** 21 Provider Lenath: Type: Alphanumeric Field 14: **FAC FOOT IND Description:** Foot care facility indicator. **Beginning Position:** 22 **Data Source:** Provider Length: Alphanumeric Type: FAC GASTROENTEROLOGY IND Field 15: **Description:** Gastroenterology facility indicator. **Beginning Position:** 23 **Data Source:** Provider Length: Type: Alphanumeric **FAC GENERAL IND** Field 16: **Description:** General care facility indicator. **Beginning Position: Data Source:** Provider Length: Type: Alphanumeric FAC_NEUROLOGICAL_IND Field 17: **Description:** Neurological care facility indicator. **Beginning Position:** 25 Data Source: Provider Length: Type: Alphanumeric Field 18: FAC_OB_GYN_IND **Description:** Obstetric and gynecology facility indicator. **Beginning Position:** 26 Data Source: Provider Lenath: Alphanumeric Type: Field 19: **FAC OPTHAMOLOGY IND** Description: Ophthalmology facility indicator. **Beginning Position:** 27 **Data Source:** Provider Type: Length: Alphanumeric Field 20: **FAC ORAL IND** Description: Oral health care facility indicator. **Beginning Position:** 28 **Data Source:** Provider Alphanumeric Length: Type: FAC ORTHOPEDIC IND Field 21: **Description:** Orthopedic care facility indicator. **Beginning Position:** 29 **Data Source:** Provider Length: Type: Alphanumeric FAC_OTOLARYNGOLOGY_IND Field 22: **Description:** Otolaryngology facility indicator. **Beginning Position:** 30 **Data Source:** Provider Alphanumeric Length: Type: Field 23: FAC_ PAIN_MNGMT _IND **Description:** Pain management facility indicator. **Beginning Position:** 31 **Data Source:** Provider Length: Type: Alphanumeric Field 24: **FAC PLASTIC IND** Plastic surgery facility indicator. **Description: Beginning Position: Data Source:** 32 Provider Length: Alphanumeric Type: Field 25: FAC_THORACIC_IND **Description:** Thoracic care facility indicator. DSHS/THCIC DSHS Document #25-15013 Page

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	33	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 26:	FAC_UROLOGY_IN		
Description: Beginning Position:	Urology care facility i 34	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 27:	FAC_OTHER_IND	.,,,.	Apriamente
Description:	Other facility indicato	ır.	
Beginning Position:	35	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 28:	FAC_EMERGENCY_I		
Description:			s, including Hospital-owned FEMCFs, starting
	with the 4 th Quarter 202	0 Facility Type Data	a File.
	Note:		
			'dshs.texas.gov/thcic/ (downloadable Excel
			er "Facility Reporting Requirement". The
			I sheet are more current than the ones in the
			mplementation, 4 th Quarter 2020, the facility
	indicator has incomplete	e data due to implen	nentation timing.
Designation De 111	26	D-t- C-	Drewiden
Beginning Position: Length:	36 1	Data Source: Type:	Provider Alphanumeric
Field 29:	FAC_ONCOLOGY_II		Alphanamenc
Description:	Oncology facility indic		
Beginning Position:	37	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 30:	PROVIDER_NAME		•
Description:	Hospital name provid	ed by the hospita	l.
Beginning Position:	38	Data Source:	Provider
Length:	55	Туре:	Alphanumeric
Field 31: Description:	POA_PROVIDER_IN		ired to submit Diagnosis Present on Admission
	from reporting POA to the Hospitals, Inpatient Psychological Psychologic	ne department: Crit	ntifies the following facility types as exempt ical Access Hospitals, Inpatient Rehabilitation ancer Hospitals, Children's or Pediatric
		n Care Hospitals.	
Coding Scheme:			d be exempted from reporting POA for those
Coding Scheme:	M Mixed (Facility has patients) R Required		
Coding Scheme: Beginning Position:	M Mixed (Facility has patients) R Required X Exempt		
Beginning Position: Length:	M Mixed (Facility has patients) R Required X Exempt ` Invalid 93 1	sections that would	d be exempted from reporting POA for those
Beginning Position: Length: Field 32:	M Mixed (Facility has patients) R Required X Exempt Invalid 93 1 CERT_STATUS_IP	Data Source: Type:	d be exempted from reporting POA for those Assigned Alphanumeric
Beginning Position: Length:	M Mixed (Facility has patients) R Required X Exempt Invalid 93 1 CERT_STATUS_IP Assignment of a code	Data Source: Type:	d be exempted from reporting POA for those Assigned Alphanumeric ertification of data (inpatient) and
Beginning Position: Length: Field 32: Description:	M Mixed (Facility has patients) R Required X Exempt Invalid 93 1 CERT_STATUS_IP Assignment of a code submission of comme	Data Source: Type: to indicate the cents by the hospit	d be exempted from reporting POA for those Assigned Alphanumeric ertification of data (inpatient) and
Beginning Position: Length: Field 32:	M Mixed (Facility has patients) R Required X Exempt Invalid 93 1 CERT_STATUS_IP Assignment of a code submission of commet	Data Source: Type: to indicate the cents by the hospit comment	d be exempted from reporting POA for those Assigned Alphanumeric ertification of data (inpatient) and
Beginning Position: Length: Field 32: Description:	M Mixed (Facility has patients) R Required X Exempt Invalid 93 1 CERT_STATUS_IP Assignment of a code submission of commet 1 Certified, without of the commet	Data Source: Type: to indicate the cents by the hospit comment	Assigned Alphanumeric ertification of data (inpatient) and al.
Beginning Position: Length: Field 32: Description:	M Mixed (Facility has patients) R Required X Exempt Invalid 93 1 CERT_STATUS_IP Assignment of a code submission of commet Certified, without of the commet of the commet of the commet of the commet of the certified, with commet of the certified of the cert	Data Source: Type: to indicate the control by the hospit comment ment ment, comment no	d be exempted from reporting POA for those Assigned Alphanumeric ertification of data (inpatient) and
Beginning Position: Length: Field 32: Description:	M Mixed (Facility has patients) R Required X Exempt Invalid 93 1 CERT_STATUS_IP Assignment of a code submission of commet Certified, without of the commet	Data Source: Type: to indicate the control by the hospit comment ament ament, comment no ot to certify	Assigned Alphanumeric ertification of data (inpatient) and al.
Beginning Position: Length: Field 32: Description:	M Mixed (Facility has patients) R Required X Exempt Invalid 93 1 CERT_STATUS_IP Assignment of a code submission of comme 1 Certified, without of 2 Certified, with comme 3 Certified, with comme 4 Hospital elected not 5 Hospital closed, date	Data Source: Type: to indicate the control by the hospit comment ament, comment no ot to certify at a not certified	Assigned Alphanumeric ertification of data (inpatient) and al. t received by deadline
Beginning Position: Length: Field 32: Description:	M Mixed (Facility has patients) R Required X Exempt Invalid 93 1 CERT_STATUS_IP Assignment of a code submission of comme 1 Certified, without of 2 Certified, with com 3 Certified, with com 4 Hospital elected no 5 Hospital closed, da 6 Hospital out of com	Data Source: Type: to indicate the control by the hospit comment ament, comment not to certify at a not certified appliance, did not ce	Assigned Alphanumeric ertification of data (inpatient) and al. t received by deadline
Beginning Position: Length: Field 32: Description:	M Mixed (Facility has patients) R Required X Exempt Invalid 93 1 CERT_STATUS_IP Assignment of a code submission of commed Certified, without of certified, with com Gertified, with com Hospital elected not Hospital closed, dat Hospital out of con Data not certified.	Data Source: Type: to indicate the control by the hospit comment ament, comment not to certify a not certified appliance, did not c	Assigned Alphanumeric ertification of data (inpatient) and al. t received by deadline rtify data natural or man-made disaster (4Q2016)
Beginning Position: Length: Field 32: Description:	M Mixed (Facility has patients) R Required X Exempt Invalid 93 1 CERT_STATUS_IP Assignment of a code submission of commed Certified, without of certified, with com Gertified, with com Hospital elected not Hospital closed, dat Hospital out of con Data not certified.	Data Source: Type: to indicate the contents by the hospit comment ament, comment no to certify at a not certified appliance, did no	Assigned Alphanumeric ertification of data (inpatient) and al. t received by deadline rtify data natural or man-made disaster (4Q2016)
Beginning Position: Length: Field 32: Description: Coding Scheme: Beginning Position: Length:	M Mixed (Facility has patients) R Required X Exempt Invalid 93 1 CERT_STATUS_IP Assignment of a code submission of commed Certified, without of confidence of the comment o	Data Source: Type: to indicate the control by the hospit comment of to certify the not certified opliance, did not certified opliance.	Assigned Alphanumeric ertification of data (inpatient) and al. t received by deadline rtify data natural or man-made disaster (4Q2016) nitted
Beginning Position: Length: Field 32: Description: Coding Scheme: Beginning Position: Length: Field 33:	M Mixed (Facility has patients) R Required X Exempt Invalid 93 1 CERT_STATUS_IP Assignment of a code submission of comme Certified, without of certified, with com Certified, with com Hospital elected not Hospital closed, date Hospital out of com Data not certified. No Emergency Deg 94 1 CERT_STATUS_OP	Data Source: Type: to indicate the contents by the hospit comment ament, comment no to certify a not certified appliance, did not certified appliance. Type:	Assigned Alphanumeric ertification of data (inpatient) and al. t received by deadline rtify data natural or man-made disaster (4Q2016) nitted Assigned Alphanumeric
Beginning Position: Length: Field 32: Description: Coding Scheme: Beginning Position: Length:	M Mixed (Facility has patients) R Required X Exempt Invalid 93 1 CERT_STATUS_IP Assignment of a code submission of comme Certified, without of certified, with com Certified, with com Hospital elected not Hospital closed, date Hospital out of com Data not certified. No Emergency Deg 94 1 CERT_STATUS_OP	Data Source: Type: to indicate the contents by the hospit comment ament, comment no ot to certify at a not certified appliance, did not certified appliance. Type:	Assigned Alphanumeric ertification of data (inpatient) and al. t received by deadline rtify data natural or man-made disaster (4Q2016) nitted Assigned Alphanumeric ertification of data (outpatient) and
Beginning Position: Length: Field 32: Description: Coding Scheme: Beginning Position: Length: Field 33:	M Mixed (Facility has patients) R Required X Exempt Invalid 93 1 CERT_STATUS_IP Assignment of a code submission of comme 1 Certified, without of certified, with comme 2 Certified, with comme 4 Hospital elected not for the comme of the comme of the comme of the comme of the certified. Hospital out of comme of the comme of the comme of the certified. No Emergency Degrey of the certified of the certified of the certified. Ro Emergency Degrey of the certified of t	Data Source: Type: to indicate the contents by the hospit comment ament, comment no ot to certify at a not certified appliance, did not certified appliance. Type:	Assigned Alphanumeric ertification of data (inpatient) and al. t received by deadline rtify data natural or man-made disaster (4Q2016) nitted Assigned Alphanumeric ertification of data (outpatient) and

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

Texas Department of State Health Services

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

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		13	12	•
	PRIVATE_AMOUNT			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

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

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	

Inpatient Grouper Data File

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	

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

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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

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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	

Outpatient Charges Data File

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 Classification 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

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	

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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	