

Texas Department of State Health Services

TEXAS EMERGENCY DEPARTMENT RESEARCH DATA FILE USER MANUAL-2024

Center for Health Statistics Texas Health Care Information Collection

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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 currently collects inpatient and outpatient data from hospitals and ambulatory surgical centers. DSHS began collecting ED data from hospitals in January 1, 2015 per the rules established in 25 Texas Administrative Code (TAC), Sections 421.71-421.78, 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Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014.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.

TEXAS EMERGENCY DEPARTMENT RESEARCH DATA FILES

<u>THSC Section 108.0135(a)</u> permits DSHS to disclose data collected under this chapter that is not included in the Texas ED Public Use Data Files (PUDF) if the disclosure is reviewed and approved by the DSHS Institutional Review Board (IRB) under HSC Section 108.0135.

THSC Section 108.013(k) permits DSHS to disclose data collected under this chapter that is not included in the Texas ED Public Use Data Files to any department or commission program if the disclosure is reviewed and approved by the DSHS Institutional Review Board (IRB) under THSC Section 108.0135. These data are provided as Research Data Files (RDF) containing protected patient-level information and shall be used only for the benefit of the public subject to specific limitations defined by THSC Section 108.0135.

The ED RDF includes all the variables in the ED (PUDF) and the additional patient sensitive or confidential data variables only available to DSHS and HHSC programs under THSC Section 108.013(k). Only data elements approved by the DSHS IRB and DSHS Executive Steering Committee will be released to the requestor with their approved data elements in a custom-built RDF.

The ED RDF contains:

- Inpatient (IP) Base Data File This file contains the required data elements as well as situationally required elements and some calculated fields. For example, codes regarding: Facility Identifier; Principal Diagnosis; Other Diagnoses; External Cause of Injury; Principal Procedure; Other Procedures; 3M™ All-Payer Refined Diagnosis Related Group and Centers for Medicare and Medicaid Services (CMS) 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. Other elements in the Base Data file include 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.
- Outpatient (OP) Base Data File This file contains the required data elements. For example, codes regarding: Facility Identifier; Diagnoses; External Cause of Injury; Procedures; 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 Classification Data File This file contains calculated data elements and classifiers assigned by THCIC; Clinical Classification Software codes; and Clinical Risk Group codes, status and severity.
- 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 3M™ Enhanced Ambulatory Patient Grouping (EAPG) codes and Centers for Medicare and Medicaid Services (CMS) Ambulatory Payment Classification information.
- Facility Type Data File This file contains the information about specialty units or specific types of services provided at the hospitals or FEMCFs.

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

- Inpatient Comments File This PDF file contains any comments that hospitals, ASCs and FEMCFs 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 This document provides 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 ED RDF is available in fixed length format text files, tab-delimited format, or SAS format. The data must be imported into a software application. The ED RDF does not include software for analyzing the data. The data files have been tested with several software applications including Microsoft Access 2016 (Software limits may not allow all data to be loaded), Microsoft Excel 2016 (Software limits may not allow all data to be loaded), SAS 9.4, and IBM SPSS Statistics 24. Please note that files containing more than 1,048,576 records will not fit on a single Microsoft Excel 2016 worksheet.

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.

PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the ED RDF 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) 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 penalties as stated in THSC Sections 108.014 and 108.0141. In addition, under THSC Sections 108.013(e) and (f), patient and/or physician information in the ED RDF cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative,

or criminal proceeding.

To protect physician identities, the <u>THSC Sections 108.009(d)</u> and <u>108.013(h)</u> requires creation of a uniform identification number for physicians in practice. Uniform physician identifiers are available except when the number of physicians represented in a $3M^{TM}$ All-Payer Refined Diagnosis Related Group (DRG) code for a hospital, ASC or 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 RDF the identity of individual patients of physicians or other health practitioners. Considerable harm could result if this were done. ED RDF users are required to sign and comply with the DSHS Data Use Agreement in the Application before shipment of the RDF. The Data Use Agreement prohibits attempts to identify individual patients or physicians. Any effort to determine the identity of any person or to use the information for any purpose other than for analysis and aggregate statistical reporting violates HSC Chapter 108 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, physician, hospital, ASC or FEMCF for the purpose of verifying information supplied in the DSHS ED RDF.

RESTRICTIONS ON DATA USE

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

In the Data Use Agreement, the requestor 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 RDF:

- 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, ASC or FEMCF stay records of patients in this data set with personally identifiable records from any other source;

- The licensee will not release nor permit others to release any information that identifies persons, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the approved IRB request and the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee agrees to read the Data 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 Research 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 necessary for 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 and that the licensee has knowledge that under THSC Sections 108.014 and 108.0141 civil and criminal penalties may be assessed should the licensee or others that knowingly or negligently access or release data in violation of this agreement is punishable by a fine of up to \$10,000 and an offense is a state jail felony. By signing the Data Use Agreement, the ED RDF user (i.e., the licensee) has been informed that the potential for both civil and criminal penalties exists.

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

DATA LIMITATIONS

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

- THSC Section 108.009(h) requires that a uniform submission format be used for reporting purposes. Beginning with 2005, all data are collected in the THCIC 837 format.
- 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.
- Race and ethnicity data are required by law and rule to be submitted for each patient. Generally, these data are not collected by facilities and may be subjectively captured.
- Inaccuracies in the data and incompleteness of the data are addressed in the hospital, ASC or FEMCFs' 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.
- Diagnoses 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 like the hospitals exempted from reporting POA may not include POA codes for those patients. POA codes are not available for outpatient data.
- Comparability of length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of LOS at the hospital level should consider the above factors.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
- The data are a snapshot in time. Hospitals, ASC and FEMCFs must submit data no later than 60 days after the close of a calendar quarter.

- Depending on hospital, ASC and FEMCFs' collection and billing cycles, not all discharges may have been billed or reported. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid or other payment sources.
- Updates to the ED RDF manual, 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 not be sent.
- DSHS collects data from all hospitals, ASCs and FEMCFs in the state not specifically exempted. Some hospitals, ASCs, and FEMCFs may be exempted for certain situations (for example, natural or other disasters, or other unusual conditions) for limited time periods. This hospital, ASC and FEMCF mix should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the 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 RDF 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 FEMCFs) and are not necessarily the views of the DSHS. Hospitals and FEMCFs 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 Research Data Files, [quarter and year of data]. Texas Department of State Health Services, Center for Health

Statistics, Austin, Texas. [date of publication].

Emergency Department Data Dictionary

The purpose of this document is to provide the user with the necessary information to use and understand the data in the Hospital Emergency Department (ED) Research Data File (RDF).

The following information is provided:

www.dshs.texas.gov/THCIC

Field	Unique, abbreviated name of the data element.				
Description	Brief explanation of the data element. Descriptions of data elements are taken from specifications manuals				
Data Source	Provided by the health care facility on the claim form (Claim)				
	Provided to THCIC by the healthcare facility (Provider)				
	Assigned by DSHS (Assigned)				
	Calculated by DSHS (Calculated)				
Туре	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 scheme	Valid codes for a data field. Values taken from specifications manuals.				

Note a change: Any code provided by a facility that has been determined to be invalid has been assigned the 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 FILE

Field 1:		CORD_II				
	Rec	ord Identi	fication Number. I	Jniqu	e number to iden	tify the record within the research data file.
	Doe	es not mate	ch or link to PUDI	(Pub	lic Use Data File) Record ID. Each claim associated with a
	pati	ent's visit	generates a unique	e Reco	ord ID. Does ma	atch with RECORD ID in other Inpatient
	RD	F files.				
Length:	12	Type:	Alphanumeric	Dat	a Source:	Assigned
Field 2:	PA	ΓUNIQU	JE INDEX			
			_	l to th	e patient by THC	CIC.A patient unique index is assigned for
						can be multiple Record IDs associated with a
			Field # 1).			1
Length:	10	Type:	Alphanumeric	Dat	a Source:	Assigned
Field 3:	TH	CIC ID	•			
		_	Jnique identifier a	ssigne	ed to the provider	by THCIC.
Length:	6	Type:	Alphanumeric	_	a Source:	Assigned
Field 4:	-	EC UNIT		Dut	u source.	Tibbighea
riciu 4.		_		• • • • • • • • • • • • • • • • • • •	rr a a a summad ha a a d	on number of days by Type of Dill on
		enue Code		ys sta	y occurred based	on number of days by Type of Bill or
				_		
Coding Scheme:		Coronary		P	Pediatric Unit	
	D	Detoxifica		Y	Psychiatric Unit	
	I	Intensive (R	Rehabilitation Unit	
	Н	Hospice U	nıt	U	Sub-acute Care Un	
	N	Nursery		S	Skilled Nursing Un	it
	В	Obstetric 1		Blanl	k Acute Care	
	O	Oncology	Unit			
Length:	1	Type:	Alphanumeric	Dat	a Source:	Calculated
Field 5:	SPI	EC UNIT	2			
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	Specialty Unit in which 2 nd most days stay occurred based on number of days by Type of Bill or Revenue Code.
Coding Scheme:	
Length:	1 Type: Alphanumeric Data Source: Calculated
Field 6:	SPEC_UNIT_3
	Specialty Unit in which 3 rd most days stay occurred based on number of days by Type of Bill or Revenue Code.
Coding Scheme:	Same as SPEC_UNIT_1.
Length:	1 Type: Alphanumeric Data Source: Calculated
Field 7:	SPEC_UNIT_4
	Specialty Unit in which 4 th most days stay occurred based on number of days by Type of Bill or Revenue Code.
Coding Scheme:	Same as SPEC UNIT 1.
Length:	1 Type: Alphanumeric Data Source: Calculated
Field 8:	SPEC UNIT 5
riciu o.	Specialty Unit in which 5 th most days stay occurred based on number of days by Type of Bill or Revenue Code.
Coding Scheme:	Same as SPEC_UNIT_1.
Length:	1 Type: Alphanumeric Data Source: Calculated
Field 9:	ENCOUNTER_INDICATOR
	Indicates the number of claims used to create the encounter. The encounter refers to an electronic
	record that contains information on all services rendered for a patient episode of care (admission
	through discharge) by a provider in a patient care setting. Some non-acute care patients may have more than one claim that is consolidated for the record, such as patients in rehabilitation hospitals,
	long term care hospitals, or psychiatric hospitals.
Length:	2 Type: Alphanumeric Data Source: Calculated
Field 10:	SEX_CODE
ricia ro.	Gender of the patient as recorded at date of admission or start of care.
Coding Scheme:	<u>*</u>
- · · · · · · · · · · · · · · · · · · ·	F Female
	U Unknown
Length:	1 Type: Alphanumeric Data Source: Claim
Field 11:	BIRTH_DATE
	Birth date of the patient as recorded at date of admission or start of care.
Length:	8 Type: Alphanumeric Data Source: Claim
Field 12:	PAT_AGE_GROUP
Cadina Sahama	Code indicating age of patient in days or years on date of discharge. 00 1-28 days 10 35-39 20 85-89
Coding Scheme:	00 1-28 days 10 35-39 20 85-89 01 29-365 days 11 40-44 21 90+
	02 1-4 years 12 45-49 HIV and drug/alcohol use patients:
	03 5-9 13 50-54 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 18 75-79 ` Invalid
T	09 30-34 19 80-84
Length:	2 Type: Alphanumeric Data Source: Assigned
Field 13:	PAT_AGE_YEARS
T 41	Age of patient in years on date of discharge.
Length:	3 Type: Alphanumeric Data Source: Claim
Field 14:	PAT_AGE_DAYS Associated in days on data of discharge
	Age of patient in days on date of discharge.
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www.dshs.texa	s.gov/THCIC Last Updated: November 2024

Length:	5	Type:	Alphanur	neric	Data Sou	rce:	(Claim		
Field 15:	RAC	CE								
	Code	e indicating	the patie	nt's race	e.					
Coding Scheme:	1	American In	dian/Eskim	o/Aleut						
	2	Asian or Pac	ific Islande	r						
	3	Black								
	4 5	White Other								
Length:	1		Alphanur	neric	Data Sou	rce:	(Claim		
Field 16:	ETH	INICITY								
11014 101		e indicating	the Hisp	anic orig	in of the r	atier	ıt.			
Coding Scheme:		Hispanic Or			, I					
	2	Not of Hispa	-							
Length:	1	Type:	Alphanur	neric	Data Sou	rce:	(Claim		
Field 17:	PAT	ADDR (CENSUS	BLOC	K GROU	P				
	Cens	sus block g	roup of pa	– atient str	eet addres	s.				
Length:	14	Type:	Alphanur	neric	Data Sou	rce:	(Calculated		
Field 18:	PAT	_ADDR_0	CENSUS	BLOC	K					
	Cens	sus block o	f patient s	treet ado	dress.					
Length:	5	Type:	Alphanur	neric	Data Sou	rce:	(Calculated		
Field 19:	PAT	CCITY								
	Patie	ent address	city as pr	ovided b	y the patie	ent.				
Length:	30	Type:	Alphanur	neric	Data Sou	rce:]	Provider		
Field 20:	PAT	STATE								
		ent address	state as p	rovided	by the pati	ient.				
Length:	2	Type:	Alphanur	neric	Data Sou	rce:]	Provider		
Field 21:	PAT	ZIP								
	Patie	ent address	ZIP code	as provi	ded by the	e pati	ent.			
Length:	9	Type:	Alphanur	neric	Data Sou	rce:]	Provider		
Field 22:	PAT	_COUNT	RY							
	Cou	ntry of pati	ent's resid	dential a	ddress. Lis	st ma	intained	by the Inter	nat	tional Organization for
		dardization								
Coding scheme:	See 1	www.ISO.o	_	-						
Length:	2	• •	Alphanur	neric	Data Sou	rce:]	Provider		
Field 23:		_COUNT								
		s code of pa		-						
Coding scheme:		Anderson					Kaufman			Real
	003 005	Andrews Angelina	131 133	Duval Eastland	25 26		Kendall Kenedy	38 38		Red River Reeves
	007	Aransas	135	Ector	26		Kent	39		Refugio
	009	Archer	137	Edwards	26		Kerr	39		Roberts
	011	Armstrong		Ellis	26		Kimble	39		Robertson
	013 015	Atascosa Austin	141 143	El Paso Erath	26 27		King Kinney	39 39		Rockwall Runnels
	017	Bailey	145	Falls	27		Kleberg	40		Rusk
	019	Bandera	147	Fannin	27		Knox	40		Sabine
	021	Bastrop	149	Fayette	28		La Salle	40		San Augustine
	023 025	Baylor Bee	151 153	Fisher Floyd	27 27		Lamar Lamb	40 40		San Jacinto San Patricio
	023	Bell	155	Foard	28		Lampasas			San Saba
	029	Bexar	157	Fort Ben	d 28	35	Lavaca	41		Schleicher
	031	Blanco	159	Franklin	28		Lee	41		Scurry
	033 035	Borden Bosque	161 163	Freestone Frio	e 28 29		Leon Liberty	41 41		Shackelford Shelby
	033	Bowie	165	Gaines	29		Limestone			Sherman
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039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
041	Brazos	169	Garza	297	Live Oak	425	Somervell
043	Brewster	171	Gillespie	299	Llano	427	Starr
045	Briscoe	173	Glasscock	301	Loving	429	Stephens
047	Brooks	175	Goliad	303	Lubbock	431	Sterling
049	Brown	177	Gonzales	305	Lynn	433	Stonewall
051	Burleson	179	Gray	307	McCulloch	435	Sutton
053	Burnet	181	Grayson	309	McLennan	437	Swisher
055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
057	Calhoun	185	Grimes	313	Madison	441	Taylor
059	Callahan	187	Guadalupe	315	Marion	443	Terrell
061	Cameron	189	Hale	317	Martin	445	Terry
063	Camp	191	Hall	319	Mason	447	Throckmorton
065	Carson	193	Hamilton	321	Matagorda	449	Titus
067	Cass	195	Hansford	323	Maverick	451	Tom Green
069	Castro	197	Hardeman	325	Medina	453	Travis
071	Chambers	199	Hardin	327	Menard	455	Trinity
073	Cherokee	201	Harris	329	Midland	457	Tyler
075	Childress	203	Harrison	331	Milam	459	Upshur
077	Clay	205	Hartley	333	Mills	461	Upton
079	Cochran	207	Haskell	335	Mitchell	463	Uvalde
081	Coke	209	Hays	337	Montague	465	Val Verde
083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
085	Collin	213	Henderson		Moore	469	Victoria
087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
089	Colorado	217	Hill	345	Motley	473	Waller
091	Comal	219	Hockley	347	Nacogdoches	475	Ward
093	Comanche	221	Hood	349	Navarro	477	Washington
095	Concho	223	Hopkins	351	Newton	479	Webb
097	Cooke	225	Houston	353	Nolan	481	Wharton
099	Coryell	227	Howard	355	Nueces	483	Wheeler
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
105	Crockett	233	Hutchinson		Orange	489	Willacy
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
109	Culberson	237	Jack	365	Panola	493	Wilson
111	Dallam	239	Jackson	367	Parker	495	Winkler
113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
119	Delta	247	Jim Hogg	375	Potter	503	Young
121	Denton	249	Jim Wells	377	Presidio	505	Zapata
123	Dewitt	251	Johnson	379	Rains	507	Zavala
125	Dickens	253	Jones	381	Randall	507	
127	Dimmit	255	Karnes	383	Reagan		Invalid
					C	gned, based	
3	Type: Aln	hanıı	meric I	Data Source:	ASSI	gneu, based	OH

Length: 3 Type: Alphanumeric Data Source:

Assigned, based o patient ZIP code

Field 24: PUBLIC HEALTH REGION

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, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
- 2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- 3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties
- 4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
- 5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties

	6	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker,								
	7	Valler, Wharton counties astrop, 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,								
	9	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								
	10	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties								
	11	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties								
Length:	2	Type: Alphanumeric Data Source: Assigned								
Field 25:	TYP	PE OF ADMISSION								
		e indicating the type of admission								
Coding Scheme:	1	Emergency								
9	2	Urgent								
	3	Elective								
	4	Newborn								
	5	Trauma Center								
	9	Information not available								
Length:	1	Type: Alphanumeric Data Source: Claim								
Field 26:		URCE_OF_ADMISSION								
	Code	e indicating source of the admission.								
Coding Scheme:	1	Non-Healthcare Facility Point of Origin (Beginning July 1,								
coung seneme.		2010)								
	2	Clinic or Physician's Office								
	4	Transfer from a hospital Transfer from a skilled nursing facility, intermediate care								
	5	facility or assisted living facility								
	6	Transfer from another health care facility								
	8	Court/Law Enforcement								
	9	Information not available								
		Transfer from One distinct Unit of the Hospital to another								
	D	Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer								
	E	Transfer from Ambulatory Surgery Center								
	F	Transfer from a Hospice Facility								
		If Type of Admission=4 (Newborn) Transfer from a designated begainst discoston elternate core site.								
	G	Transfer from a designated hospital disaster alternate care site (Effective 7/1/2020)								
	5	Born inside this hospital								
T 41	6	Born outside this hospital								
Length:	<u>l</u>	Type: Alphanumeric Data Source: Claim								
Field 27:		ST_PAYMENT_SRC								
	Code	e indicating the expected primary source of payment.								
Coding Scheme:		Self-pay (Removed from 5010 format, use "ZZ" HM Health Maintenance Organization								
	10	Central Certification LI Liability								
	11 12	Other Non-federal Programs LM Liability Medical Preferred Provider Organization (PPO) MA Medicare Part A								
	13	Point of Service (POS) MB Medicare Part B								
	14	Exclusive Provider Organization (EPO) MC Medicaid Medicaid								
	15	Indemnity Insurance TV Title V								
	16	Health Maintenance Organization (HMO) Medicare OF Other Federal Program								
		RISK								
	AM	Automobile Medical VA Veteran Administration Plan Plan Grand Plan Shirida WG Washara Grand protein Harlet Claim								
	BL CH	Blue Cross/Blue Shield WC Workers Compensation Health Claim CHAMPUS ZZ Charity, Indigent or Unknown								
	CII	Chair, indigent of Chanown								
2024										

		cial Insurance		**	Codes 09 and ZZ, combined for 2004 & 2005			
T 41		y Insurance	D (C	`	Invalid			
Length:	2 Type:	Alphanumeric	Data So	ource:	Claim			
Field 28:	FIRST_PAYER_ID							
_		n Identifier (when i	-	•	,			
Length:	10 Type:	Alphanumeric	Data So	ource:	Claim			
Field 29:	_	YER_NAME						
	-	mary source of payı						
Length:	35 Type:	Alphanumeric	Data So	ource:	Claim			
Field 30:		RY_PAYMENT_S						
		ing the expected se	-	ource of payr	nent.			
Coding Scheme:	Same as FIR	ST_PAYMENT_S						
Length:	2 Type:	Alphanumeric	Data So	ource:	Claim			
Field 31:	SECONDA	RY_PAYER_ID						
	National Pla	n Identifier (when i	mplement	ted by federal	government).			
Length:	10 Type:	Alphanumeric	Data So	ource:	Claim			
Field 32:	SECONDA	RY PAYER NAM	1E					
	Name of sec	ondary source of pa	yment.					
Length:	35 Type:	Alphanumeric	Data So	ource:	Claim			
Field 33:	ADMIT ST	CART OF CARE						
	_		provider	for inpatient	care or other start of care. Entered as			
	YYYYMMI		1	1				
Length:	8 Type:	Alphanumeric	Data So	ource:	Claim			
Field 34:	ADMIT W	EEKDAY						
	Code indica	ing day of week pa	tient is ad	mitted				
Coding Scheme:	1 Monday			iday				
g	2 Tuesday		6 Sar	turday				
	3 Wednes		7 Su	nday				
[amath.	4 Thursda		Data Sa		Claim			
Length:	1 Type:	Alphanumeric	Data So	ource:	Claim			
Field 35:	ADMIT_H		. 1 41	· · · · · · · · · · · · · · · · · · ·	'44 1 C ' 4' 4			
G 1: G 1			-		nitted for inpatient care			
Coding Scheme:	00 12 midn 01 1:00 – 1	ight-12:59 a.m.		00 – 1:59 p.m.				
	01 1:00 - 1 02 2:00 - 2			00 – 2:59 p.m. 00 – 3:59 p.m.				
	03 3:00 - 3			00 – 4:59 p.m.				
	04 4:00-4			00 – 5:59 p.m.				
	05 5:00 – 5			00 – 6:59 p.m.				
	06 6:00 - 6 07 7:00 - 7			00 – 7:59 p.m. 00 – 8:59 p.m.				
	08 8:00 – 8			00 – 9:59 p.m.				
	09 9:00 – 9	:59 a.m.		:00 – 10:59 p.m.				
		10:59 a.m.		:00 – 11:59 p.m.				
		11:59 a.m. – 12:59 p.m.	99 Ho	our unknown				
Length:	2 Type:	Alphanumeric	Data So	nurce.	Claim			
Field 36:		RIOD FROM	Data St	ource.	Cium			
riciu 30.	_	_	riod rafta	octed on the at	atement. Entered as YYYYMMDD.			
[enath:	8 Type:	Alphanumeric	Data So		Claim			
Length:			Data St	Jui Ce.	Ciaiiii			
Field 37:	_	RIOD_THRU	d roflast-	d on the state:	ment Entered as VVVVMMDD			
Longth	-	-			ment. Entered as YYYYMMDD.			
Length:	8 Type:	Alphanumeric	Data So	ource:	Claim			
Field 38:	LENGTH_	OF_STAY						

Length of stay in days equals ending service date of the period reflected on the statement (STMT_PERIOD_THRU) minus admission/start of care date (ADMIT_START_OF_CARE). The minimum length of stay is 1 day. The maximum is 9999 days.

Length:	4	Type: Alphanumeric Data Source: Calculated
Field 39:		STATUS
ricia 57.		
G 12 G 1		e indicating patient status as of the ending date of service for the period of care reported
Coding Scheme:	01	Discharged to home or self-care (routine discharge)
	02 03	Discharged/transferred to a short term general hospital for inpatient care Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care
	03	Discharged/transferred to a facility that provides custodial or supportive care
	05	Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)
		Discharged/transferred to home under care of an organized home health service organization in anticipation of covered
	06	skilled care
	07	Left against medical advice
	09	Admitted as inpatient to this hospital
	20	Expired
	21	Discharged/transferred to Court/Law Enforcement
	30	Still patient
	40	Expired at home
	41 42	Expired in a medical facility Expired, place unknown
	43	Discharged/transferred to federal government operated health facility
	50	Hospice-home
	51	Hospice–medical facility (Certified) providing hospice level of care
	61	Discharged/transferred within this institution to Medicare-approved swing bed
	62	Discharged/transferred to inpatient rehabilitation facility
	63	Discharged/transferred to Medicare-certified long term care hospital
	64	Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare
	65	Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
	66	Discharged/transferred to Critical Access Hospital (CAH)
	69 70	Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
	70 81	Discharge/transfer to another type of health care institution not defined elsewhere in the code list 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
	82	Inpatient Readmission (effective 10-1-2013)
	83	Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care
	0.5	Hospital Inpatient Readmission (effective 10-1-2013)
	84	Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital
		Inpatient Readmission (effective 10-1-2013) Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital
	85	Inpatient Readmission (effective 10-1-2013)
	0.6	Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute
	86	Care Hospital Inpatient Readmission (effective 10-1-2013)
	87	Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission
		(effective 10-1-2013)
	88	Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
	0.0	Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital
	89	Inpatient Readmission (effective 10-1-2013)
	90	Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a
	, ,	Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
	91	Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
		Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a
	92	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
	93	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
	95	Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
Length:	2	Type: Alphanumeric Data Source: Claim
		Type: Tapaniumene Data Source: Ciami

Field 40:	DISCHARGE_HOUR							
			ng hour during wh			scharged fron	n inj	patient care
Coding Scheme:	00	_	ht-12:59 a.m.	13	1:00 – 1:59 p.m.			
	01	1:00 – 1:5		14	2:00 – 2:59 p.m.			
	02	2:00-2:5		15	3:00 – 3:59 p.m.			
	03 04	3:00 - 3:5 4:00 - 4:5		16 17	4:00 – 4:59 p.m. 5:00 – 5:59 p.m.			
	05	5:00-5:5		18	6:00 – 6:59 p.m.			
	06	6:00 – 6:5		19	7:00 – 7:59 p.m.			
	07	7:00-7:5	9 a.m.	20	8:00 – 8:59 p.m.			
	08	8:00 - 8:5	9 a.m.	21	9:00 – 9:59 p.m.			
	09	9:00 - 9:5	9 a.m.	22	10:00 – 10:59 p.n			
	10	10:00 - 10		23	11:00 – 11:59 p.n	n.		
	11	11:00 - 11		99	Hour unknown			
T 41	12		12:59 p.m.	ъ.	C	CI.:		
Length:	2	Type:	Alphanumeric	Dat	a Source:	Claim		
Field 41:		PE_OF_E						
							dıg	it = type of facility. Second
	_		f care. Third digit	-		ım.		
Coding Scheme:	1st dig	git–Type of I	Facility		igit–Type of Care		3^{ra}	digit–Sequence of claim
	1	Hospital			npatient, including		0	Non-payment/Zero claim
	2	Skilled nu	U		npatient, Medicare	Part B only	1	Admit through discharge claim
	3	Home hea	non-medical health		Outpatient Outpatient Other, M	adiaara Dart D	2	Interim-first claim Interim-continuing claim
	7	care-Hosp			only	iculcale I alt B	3	internii–continuing ciaim
	5		non-medical health		ntermediate Care–I	Level I	4	Interim-last claim
		care-Exte						
	6	Intermedia	ate care		ntermediate Care–I		5	Late charge(s) only claim
	7	Clinic		7 5	Sub-acute inpatient	– Level III	6	Adjustment of prior claim (Not used by Medicare)
	8	Special fa	cility	8 5	Swing bed		7	Replacement of prior claim
	Ü	Special la	omey	0 .	swing ocu		8	Void/cancel of prior claim
Length:	3	Type:	Alphanumeric	Dat	a Source:	Claim		•
Field 42:	ADN	MITTING	G DIAGNOSIS					
			_	sificat	ion of Diseases	- Revision 10-	- Cl	inical Modification) diagnosis
		,						4th, 5th, 6th and 7th digits if
			ecimal is implied f					
Length:	7	Type:	Alphanumeric		a Source:	Claim		
Field 43:			G CODE	Dut	a source.	Claim		
riciu 45.		_		sificat	ion of Diseases	_ Revision 10) _ (Clinical Modification)
								n established after study to be
								th, 6th and 7th digits if
			ecimal is implied f				11, 5	iii, oiii and 7th digits ii
Length:	7		Alphanumeric		a Source:	Claim		
		Type:		Dat	a Source.	Clailli		
Field 44:		_	C_DIAG_CODE	1 1		D: : 1D		. 1
						er Principai D	nag	nosis code was present at the
		-	nt was admitted to	the n	ospitai			
Coding Scheme:	Y	Yes						
	N U	No Unknown						
	W		Undetermined					
Length:	1	Type:	Alphanumeric	Dat	a Source:	Claim		
Field 45:			CODE 1	Dat	a source.	Ciuiiii		
riciu 43.		_		aifi aat	ion of Discoso	Davisian 10	1	Clinical Madification)
								Clinical Modification)
								s or develops subsequently
					g uie 4ui, 3ui, 6t	ın anu /ın ulgi	us I	f applicable. Decimal is
	шрі	160 10110V	wing the third char	acter.				
2024					Page 17			
www.dshs.texas	s.gov/	THCIC			Page 17	L	ast	Updated: November 2024

Length:	7 Type: Alp	hanumeric	Data Source:	Claim					
Field 46:	POA OTH DIAC								
	POA – Present on Admission 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_DIA	G_CODE						
Length:	1 Type: Alp	hanumeric	Data Source:	Claim					
Field 47:	OTH_DIAG_COI	DE_2							
	ICD-10-CM (Intern	national Classi	fication of Diseases -	Revision 10 – Clinical Modification)					
				ion that coexists with the principal diagnosis					
				ncluding the 4th, 5th, 6th and 7th digits if					
	• •	-	llowing the third char						
Length:			Data Source:	Claim					
Field 48:	POA_OTH_DIAG		1 :1 ::: 1 :1						
				Oth_Diag_Code_2 code was present at the					
Cading Sahama	time the patient wa Same as field POA_PRI		•						
Coding Scheme: Length:		hanumeric	Data Source:	Claim					
Field 49:	OTH DIAG COI		Data Source.	Claim					
riciu 47.		_	fication of Diseases _	Revision 10 – Clinical Modification)					
				tion that coexists with the principal diagnosis					
				including the 4th, 5th, 6th and 7th digits if					
			llowing the third char						
Length:	7 Type: Alp	hanumeric	Data Source:	Claim					
Field 50:	POA_OTH_DIAG	G_CODE_3							
				Oth_Diag_Code_3 code was present at the					
	time the patient wa		-						
Coding Scheme:	Same as field POA_PRI								
Length:		hanumeric	Data Source:	Claim					
Field 51:	OTH_DIAG_COI	_	or op:	D					
				Revision 10 – Clinical Modification)					
				tion that coexists with the principal diagnosis including the 4th, 5th, 6th and 7th digits if					
			llowing the third char						
Length:		_	Data Source:	Claim					
Field 52:	POA OTH DIAC		2						
11010 021			le identifving whether	Oth Diag Code 4 code was present at the					
	time the patient wa								
Coding Scheme:	Same as field POA_PRI	NC_DIAG_COD	E						
Length:		1							
	1 Type: Alp	hanumeric	Data Source:	Claim					
Field 53:	1 Type: Alp OTH_DIAG_COI		Data Source:	Claim					
	OTH_DIAG_COI ICD-10-CM (Intern	DE_5 national Classi	fication of Diseases –	Revision 10 – Clinical Modification)					
	OTH_DIAG_COI ICD-10-CM (Interr diagnosis code, tha	DE_5 national Classi t corresponds	fication of Diseases – to an additional condi	Revision 10 – Clinical Modification) tion that coexists with the principal diagnosis					
	OTH_DIAG_COI ICD-10-CM (Interr diagnosis code, tha or develops subseq	DE_5 national Classi t corresponds uently during	fication of Diseases – to an additional condi a patient's treatment,	Revision 10 – Clinical Modification) tion that coexists with the principal diagnosis including the 4th, 5th, 6th and 7th digits if					
Field 53:	OTH_DIAG_COI ICD-10-CM (Interr diagnosis code, tha or develops subseq applicable. Decima	DE_5 national Classi t corresponds uently during l is implied fo	fication of Diseases – to an additional condi a patient's treatment, llowing the third char	Revision 10 – Clinical Modification) tion that coexists with the principal diagnosis including the 4th, 5th, 6th and 7th digits if acter.					
Field 53: Length:	OTH_DIAG_COI ICD-10-CM (Interr diagnosis code, tha or develops subseq applicable. Decima 7 Type: Alp	DE_5 national Classi t corresponds uently during ll is implied fo hanumeric	fication of Diseases – to an additional condi a patient's treatment,	Revision 10 – Clinical Modification) tion that coexists with the principal diagnosis including the 4th, 5th, 6th and 7th digits if					
Field 53:	OTH_DIAG_COI ICD-10-CM (Interr diagnosis code, tha or develops subseq applicable. Decima 7 Type: Alp POA_OTH_DIAG	DE_5 national Classi t corresponds uently during l is implied fo hanumeric G_CODE_5	fication of Diseases – to an additional condi a patient's treatment, llowing the third char Data Source:	Revision 10 – Clinical Modification) tion that coexists with the principal diagnosis including the 4th, 5th, 6th and 7th digits if acter. Claim					
Field 53: Length:	OTH_DIAG_COI ICD-10-CM (Interr diagnosis code, tha or develops subseq applicable. Decima 7 Type: Alp POA_OTH_DIAG POA – Present on A	DE_5 national Classi t corresponds uently during l is implied fo hanumeric G_CODE_5 Admission coo	fication of Diseases – to an additional condia patient's treatment, illowing the third chara Data Source:	Revision 10 – Clinical Modification) tion that coexists with the principal diagnosis including the 4th, 5th, 6th and 7th digits if acter.					
Field 53: Length: Field 54:	OTH_DIAG_COI ICD-10-CM (Interr diagnosis code, tha or develops subseq applicable. Decima 7 Type: Alp POA_OTH_DIAG POA - Present on A time the patient wa	DE_5 national Classi t corresponds uently during l is implied fo hanumeric G_CODE_5 Admission coos s admitted to t	fication of Diseases – to an additional condia patient's treatment, illowing the third charance: Data Source: de identifying whether he hospital	Revision 10 – Clinical Modification) tion that coexists with the principal diagnosis including the 4th, 5th, 6th and 7th digits if acter. Claim					
Field 53: Length: Field 54: Coding Scheme:	OTH_DIAG_COI ICD-10-CM (Interr diagnosis code, tha or develops subseq applicable. Decima 7 Type: Alp POA_OTH_DIAG POA - Present on A time the patient wa Same as field POA_PRI	DE_5 national Classi t corresponds uently during l is implied fo hanumeric G_CODE_5 Admission code s admitted to t INC_DIAG_COD	fication of Diseases – to an additional condia patient's treatment, allowing the third charal Data Source: le identifying whether the hospital	Revision 10 – Clinical Modification) tion that coexists with the principal diagnosis including the 4th, 5th, 6th and 7th digits if acter. Claim Oth_Diag_Code_5 code was present at the					
Field 53: Length: Field 54: Coding Scheme: Length:	OTH_DIAG_COI ICD-10-CM (Interr diagnosis code, tha or develops subseq applicable. Decima 7 Type: Alp POA_OTH_DIAG POA – Present on A time the patient wa Same as field POA_PRI 1 Type: Alp	DE_5 national Classi t corresponds uently during l is implied fo hanumeric G_CODE_5 Admission coo s admitted to t INC_DIAG_COD hanumeric	fication of Diseases – to an additional condia patient's treatment, illowing the third charance: Data Source: de identifying whether he hospital	Revision 10 – Clinical Modification) tion that coexists with the principal diagnosis including the 4th, 5th, 6th and 7th digits if acter. Claim					
Field 53: Length: Field 54: Coding Scheme:	OTH_DIAG_COI ICD-10-CM (Interr diagnosis code, tha or develops subseq applicable. Decima 7 Type: Alp POA_OTH_DIAG POA - Present on A time the patient wa Same as field POA_PRI	DE_5 national Classi t corresponds uently during l is implied fo hanumeric G_CODE_5 Admission coo s admitted to t INC_DIAG_COD hanumeric	fication of Diseases – to an additional condia patient's treatment, allowing the third charal Data Source: le identifying whether the hospital	Revision 10 – Clinical Modification) tion that coexists with the principal diagnosis including the 4th, 5th, 6th and 7th digits if acter. Claim Oth_Diag_Code_5 code was present at the					
Field 53: Length: Field 54: Coding Scheme: Length: Field 55:	OTH_DIAG_COI ICD-10-CM (Interr diagnosis code, tha or develops subseq applicable. Decima 7 Type: Alp POA_OTH_DIAG POA – Present on A time the patient wa Same as field POA_PRI 1 Type: Alp	DE_5 national Classi t corresponds uently during l is implied fo hanumeric G_CODE_5 Admission coo s admitted to t INC_DIAG_COD hanumeric	fication of Diseases – to an additional condia patient's treatment, allowing the third charal Data Source: le identifying whether the hospital	Revision 10 – Clinical Modification) tion that coexists with the principal diagnosis including the 4th, 5th, 6th and 7th digits if acter. Claim Oth_Diag_Code_5 code was present at the					
Field 53: Length: Field 54: Coding Scheme: Length:	OTH_DIAG_COI ICD-10-CM (Interr diagnosis code, tha or develops subseq applicable. Decima 7 Type: Alp POA_OTH_DIAG POA - Present on A time the patient wa Same as field POA_PRI 1 Type: Alp OTH_DIAG_COI	DE_5 national Classi t corresponds uently during l is implied fo hanumeric G_CODE_5 Admission coo s admitted to t INC_DIAG_COD hanumeric	fication of Diseases – to an additional condia patient's treatment, allowing the third charal Data Source: le identifying whether the hospital	Revision 10 – Clinical Modification) tion that coexists with the principal diagnosis including the 4th, 5th, 6th and 7th digits if acter. Claim Oth_Diag_Code_5 code was present at the					

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: **Type:** Alphanumeric **Data Source:** Field 56: POA OTH DIAG CODE 6 POA – Present on Admission code identifying whether Oth Diag Code 6 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as field POA PRINC DIAG CODE Length: Type: Alphanumeric **Data Source:** Claim Field 57: OTH DIAG CODE 7 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source:** Length: Alphanumeric Field 58: POA OTH DIAG CODE 7 POA - Present on Admission code identifying whether Oth Diag Code 7 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: **Type:** Alphanumeric **Data Source:** Claim Field 59: OTH DIAG CODE 8 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: **Type:** Alphanumeric **Data Source:** Claim Field 60: POA OTH DIAG CODE 8 POA - Present on Admission 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 Length: Type: Alphanumeric **Data Source:** Claim Field 61: OTH DIAG CODE 9 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Type:** Alphanumeric **Data Source:** Length: Claim Field 62: POA OTH DIAG CODE 9 POA - Present on Admission 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 **Type:** Alphanumeric Claim Length: **Data Source:** OTH DIAG CODE 10 Field 63: ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source:** Length: Alphanumeric Field 64: POA OTH DIAG CODE 10 POA - Present on Admission code identifying whether Oth Diag Code 10 code was present at the time the patient was admitted to the hospital 2024

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Coding Scheme:	Same as field POA_PRINC_DIAG_CODE	Ξ	
Length:		Data Source:	Claim
Field 65:	OTH DIAG CODE 11		
		fication of Diseases –	Revision 10 – Clinical Modification)
			tion that coexists with the principal diagnosis
			including the 4th, 5th, 6th and 7th digits if
	applicable. Decimal is implied fol	_	acter.
Length:		Data Source:	Claim
Field 66:	POA_OTH_DIAG_CODE_11		
			Oth_Diag_Code_11 code was present at the
	time the patient was admitted to the		
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE		CI.
Length:		Data Source:	Claim
Field 67:	OTH_DIAG_CODE_12	w	
			Revision 10 – Clinical Modification)
			tion that coexists with the principal diagnosis
	1 1 .		including the 4th, 5th, 6th and 7th digits if
Length:	applicable. Decimal is implied fol 7 Type: Alphanumeric	Data Source:	Claim
Field 68:	POA OTH DIAG CODE 12	Data Source.	Claim
riciu oo.		e identifying whether	Oth_Diag_Code_12 code was present at the
	time the patient was admitted to the		Oth_Diag_Code_12 code was present at the
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE	-	
Length:		Data Source:	Claim
Field 69:	OTH DIAG CODE 13	Dutu Source.	CMINI
ricia oy.		fication of Diseases –	Revision 10 – Clinical Modification)
			tion that coexists with the principal diagnosis
			including the 4th, 5th, 6th and 7th digits if
	applicable. Decimal is implied fol		
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 70:	POA_OTH_DIAG_CODE_13		
			Oth_Diag_Code_13 code was present at the
	time the patient was admitted to the		
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE	Ξ	
Length:		Data Source:	Claim
Field 71:	OTH_DIAG_CODE_14		
			Revision 10 – Clinical Modification)
			tion that coexists with the principal diagnosis
			including the 4th, 5th, 6th and 7th digits if
T 41.	applicable. Decimal is implied fol	-	
Length:		Data Source:	Claim
Field 72:	POA_OTH_DIAG_CODE_14	- : 14:6 -:141	Oth Disc Code 14 and a second at the
			Oth_Diag_Code_14 code was present at the
Cading Sahama	time the patient was admitted to the	-	
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric		Claim
Length:	**	Data Source:	Claim
Field 73:	OTH_DIAG_CODE_15	Spation of Dis	Davision 10 Clinical Madification
			Revision 10 – Clinical Modification) tion that coexists with the principal diagnosis
			including the 4th, 5th, 6th and 7th digits if
	applicable. Decimal is implied fol		
Length:		Data Source:	Claim
<u></u>	. Types Implimination	z Sourter	
2024		— Page 20 ——	
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Field 74: POA OTH DIAG CODE 15 POA - Present on Admission 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:** Length: Claim Type: Alphanumeric **Data Source:** Field 75: **OTH DIAG CODE 16** ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: Type: Alphanumeric **Data Source:** Claim Field 76: POA OTH DIAG CODE 16 POA - Present on Admission 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 **Type:** Alphanumeric Length: **Data Source:** Claim Field 77: OTH DIAG CODE 17 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Alphanumeric **Data Source:** Length: Type: Field 78: POA OTH DIAG CODE 17 POA - Present on Admission code identifying whether Oth Diag_Code_17 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE **Coding Scheme:** Length: Type: Alphanumeric **Data Source:** Claim Field 79: **OTH DIAG CODE 18** ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Type:** Alphanumeric **Data Source:** Length: Claim Field 80: POA OTH DIAG CODE 18 POA - Present on Admission code identifying whether Oth Diag Code 18 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as field POA PRINC DIAG CODE Length: Alphanumeric **Data Source:** Claim Type: Field 81: **OTH DIAG CODE 19** ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source:** Length: Type: Alphanumeric Claim Field 82: POA OTH DIAG CODE 19 POA - Present on Admission code identifying whether Oth Diag Code 19 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as field POA PRINC DIAG CODE **Type:** Alphanumeric Length: **Data Source:** Claim Field 83: OTH DIAG CODE 20 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis 2024

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			including the 4th, 5th, 6th and 7th digits if			
I amostla	applicable. Decimal is implied following the third character.					
Length:	VI 1	Data Source:	Claim			
Field 84:	POA_OTH_DIAG_CODE_20	la idantifying whathar	Oth Diag Code 20 and a wag present at the			
	time the patient was admitted to the		Oth_Diag_Code_20 code was present at the			
Coding Scheme:	Same as field POA PRINC DIAG COD	•				
Length:		Data Source:	Claim			
Field 85:	OTH DIAG CODE 21					
		fication of Diseases –	Revision 10 – Clinical Modification)			
	diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis					
	or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if					
T4h	applicable. Decimal is implied fol	_				
Length:	**	Data Source:	Claim			
Field 86:	POA_OTH_DIAG_CODE_21	la idantifying whathar	Oth Diag Code 21 code was present at the			
	time the patient was admitted to the	, ,	Oui_Diag_Code_21 code was present at the			
Coding Scheme:	<u>*</u>	-				
Length:		Data Source:	Claim			
Field 87:	OTH_DIAG_CODE_22					
			Revision 10 – Clinical Modification)			
			tion that coexists with the principal diagnosis			
			including the 4th, 5th, 6th and 7th digits if			
Longth	applicable. Decimal is implied fol7 Type: Alphanumeric	Data Source:	acter. Claim			
Length:		Data Source:	Claim			
Field 88:	POA_OTH_DIAG_CODE_22	le identifying whether	Oth Diag Code 22 code was present at the			
	time the patient was admitted to the		Oth_Diag_Code_22 code was present at the			
Coding Scheme:	Same as field POA_PRINC_DIAG_COD					
Length:		Data Source:	Claim			
Field 89:	OTH_DIAG_CODE_23					
			Revision 10 – Clinical Modification)			
			tion that coexists with the principal diagnosis			
			including the 4th, 5th, 6th and 7th digits if			
Length:	applicable. Decimal is implied fol7 Type: Alphanumeric	Data Source:	acter. Claim			
Field 90:	POA_OTH_DIAG_CODE_23	Data Source.	Claim			
riciu 70.		le identifying whether	Oth Diag Code 23 code was present at the			
	time the patient was admitted to the		om_bing_code_25 code was present at the			
Coding Scheme:	<u>*</u>	-				
Length:	1 Type: Alphanumeric	Data Source:	Claim			
Field 91:	OTH_DIAG_CODE_24					
			Revision 10 – Clinical Modification)			
			tion that coexists with the principal diagnosis			
	applicable. Decimal is implied fol		including the 4th, 5th, 6th and 7th digits if			
Length:		Data Source:	Claim			
Field 92:	POA OTH DIAG CODE 24	Data Source.	Claim			
1 iciu /2.		le identifving whether	Oth Diag Code 24 code was present at the			
	time the patient was admitted to the					
Coding Scheme:	-	•				
Length:	1 Type: Alphanumeric	Data Source:	Claim			
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Field 93:	E_CODE_1		
			ICD-10-CM (International Classification
	of Diseases – Revision 10 – Clinical N		
			th, 5th, 6th and 7th digits if applicable, of
	an additional external cause of morbid	•	_
Length:		Source: C	Claim
Field 94:	POA_E_CODE_1		
	POA – Present on Admission code ide		
	Morbidity/Injury) code was present at	the time the patient	t was admitted to the hospital.
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE		
Length:		Source: C	Claim
Field 95:	E_CODE_2		
			ICD-10-CM (International Classification
	of Diseases – Revision 10 – Clinical N		
			th, 5th, 6th and 7th digits if applicable, of
Longtha	an additional external cause of morbid	-	Claim
Length:		Source: C	laim
Field 96:	POA_E_CODE_2	4:6:	C-1-2-1
		nuiying whether E	_Code_2 code was present at the time the
Coding Sahama	patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE		
Coding Scheme: Length:		Source: C	Claim
Field 97:		i source.	idilii
rieia 97:	E_CODE_3	/I: C - 1- :	ICD 10 CM (Intermedianal Classification
	of Diseases – Revision 10 – Clinical N		ICD-10-CM (International Classification
			th, 5th, 6th and 7th digits if applicable, of
	an additional external cause of morbid		
Length:		-	Claim
Field 98:	POA E CODE 3		
Ticia 70.		ntifving whether E	Code 3 code was present at the time the
	patient was admitted to the hospital	inity ing whether E	_cous_cous was present at the time the
Coding Scheme:	± -		
Length:		Source: C	Claim
Field 99:	E CODE 4		
110100 >> 0		v/Iniurv Code is an	ICD-10-CM (International Classification
	of Diseases – Revision 10 – Clinical N		· ·
		, .	th, 5th, 6th and 7th digits if applicable, of
	an additional external cause of morbid		
Length:	7 Type: Alphanumeric Data	Source: C	Claim
Field 100:	POA_E_CODE_4		
	POA – Present on Admission code ide	ntifying whether E	_Code_4 code was present at the time the
	patient was admitted to the hospital		
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE		
Length:	1 Type: Alphanumeric Data	Source: C	Claim
Field 101:	E_CODE_5		
			ICD-10-CM (International Classification
	of Diseases – Revision 10 – Clinical N		
			th, 5th, 6th and 7th digits if applicable, of
_	an additional external cause of morbid		
Length:		Source: C	Claim
Field 102:	POA_E_CODE_5		

POA – Present on Admission code identifying whether E Code 5 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: Type: Alphanumeric **Data Source:** Claim **Field 103:** E CODE 6 E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Alphanumeric **Data Source:** Length: Type: Claim **Field 104:** POA E CODE 6 POA – Present on Admission code identifying whether E_Code_6 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: Type: Alphanumeric **Data Source:** Claim **Field 105:** E CODE 7 E -Code - External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Alphanumeric Length: Type: **Data Source:** Claim **Field 106:** POA E CODE 7 POA – Present on Admission code identifying whether E Code 7 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA PRINC DIAG CODE Alphanumeric Length: Type: **Data Source:** Claim **Field 107:** E CODE 8 E -Code - External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Length: Type: Alphanumeric **Data Source:** Claim **Field 108:** POA E CODE 8 POA - Present on Admission code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as field POA_PRINC_DIAG_CODE Length: Type: Alphanumeric **Data Source:** Claim **Field 109:** E CODE 9 E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Alphanumeric **Data Source:** Claim Length: Type: **Field 110:** POA E CODE 9 POA - Present on Admission code identifying whether E Code 9 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: Alphanumeric Claim Type: **Data Source: Field 111:** E CODE 10 E -Code - External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury

		including the 4th, 5th, 6th and 7th digits if applicable, of			
Longth		Decimal is implied following the third character character. Claim			
Length: Field 112:	7 Type: Alphanumeric Data So POA E CODE 10	urce: Claim			
rieid 112;		ying whether E Code 10 code was present at the time the			
	patient was admitted to the hospital	ying whether L_code_10 code was present at the time the			
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE				
Length:	1 Type: Alphanumeric Data So	ource: Claim			
Field 113:	PRINC SURG PROC CODE				
		System - Revision 10 - Procedure Coding System) code			
	identifying the principal surgical procedu				
Length:	7 Type: Alphanumeric Data So	ource: Claim			
Field 114:	PRINC_SURG_PROC_DATE				
	Date the principal surgical procedure was	<u>*</u>			
Length:	8 Type: Alphanumeric Data So	ource: Claim			
Field 115:	PRINC_SURG_PROC_DAY				
T 41		erformed. Date minus Admission/Start of Care Date			
Length:	4 Type: Alphanumeric Data So	ource: Calculated			
Field 116:	OTH_SURG_PROC_CODE_1	than the principal procedure performed during the period			
	covered by the bill. ICD-10-PCS code.	than the principal procedure performed during the period			
Length:	7 Type: Alphanumeric Data So	ource: Claim			
Field 117:	OTH SURG PROC DATE 1	diec.			
11014 117.		than the principal procedure was performed. Entered as			
	YYYYMMDD.	I I I I			
Length:	8 Type: Alphanumeric Data So	ource: Claim			
Field 118:	OTH_SURG_PROC_DAY_1				
	Day of surgical or other procedure other than the principal procedure was performed. Date of the				
	surgical was performed minus Admission	Start of Care Date			
Length:	surgical was performed <i>minus</i> Admission 4 Type: Alphanumeric Data So	Start of Care Date			
Length: Field 119:	surgical was performed <i>minus</i> Admission 4 Type: Alphanumeric Data So OTH_SURG_PROC_CODE_2	/Start of Care Date ource: Calculated			
	surgical was performed <i>minus</i> Admission 4	Start of Care Date			
Field 119:	surgical was performed <i>minus</i> Admission 4 Type: Alphanumeric Data So OTH_SURG_PROC_CODE_2 Code for surgical or other procedure other covered by the bill. ICD-10-PCS code.	/Start of Care Date ource: Calculated than the principal procedure performed during the period			
Field 119: Length:	surgical was performed minus Admission 4 Type: Alphanumeric Data So OTH_SURG_PROC_CODE_2 Code for surgical or other procedure other covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data So	/Start of Care Date ource: Calculated than the principal procedure performed during the period			
Field 119:	surgical was performed minus Admission 4 Type: Alphanumeric Data So OTH_SURG_PROC_CODE_2 Code for surgical or other procedure other covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data So OTH_SURG_PROC_DATE_2	Start of Care Date ource: Calculated than the principal procedure performed during the period ource: Claim			
Field 119: Length:	surgical was performed minus Admission 4 Type: Alphanumeric Data So OTH_SURG_PROC_CODE_2 Code for surgical or other procedure other covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data So OTH_SURG_PROC_DATE_2 Date the surgical or other procedure other	/Start of Care Date ource: Calculated than the principal procedure performed during the period			
Field 119: Length:	surgical was performed minus Admission 4 Type: Alphanumeric Data So OTH_SURG_PROC_CODE_2 Code for surgical or other procedure other covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data So OTH_SURG_PROC_DATE_2	/Start of Care Date ource: Calculated Than the principal procedure performed during the period ource: Claim than the principal procedure was performed. Entered as			
Field 119: Length: Field 120:	surgical was performed minus Admission 4 Type: Alphanumeric Data So OTH_SURG_PROC_CODE_2 Code for surgical or other procedure other covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data So OTH_SURG_PROC_DATE_2 Date the surgical or other procedure other YYYYMMDD.	/Start of Care Date ource: Calculated Than the principal procedure performed during the period ource: Claim than the principal procedure was performed. Entered as			
Field 119: Length: Field 120: Length:	surgical was performed minus Admission 4 Type: Alphanumeric Data So OTH_SURG_PROC_CODE_2 Code for surgical or other procedure other covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data So OTH_SURG_PROC_DATE_2 Date the surgical or other procedure other yyyyMMDD. 8 Type: Alphanumeric Data So OTH_SURG_PROC_DAY_2 Day of surgical or other procedure other to the surgical or other procedure	Start of Care Date ource: Calculated than the principal procedure performed during the period ource: Claim than the principal procedure was performed. Entered as ource: Claim han the principal procedure was performed. Date of the			
Field 119: Length: Field 120: Length: Field 121:	surgical was performed minus Admission 4 Type: Alphanumeric Data So OTH_SURG_PROC_CODE_2 Code for surgical or other procedure other covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data So OTH_SURG_PROC_DATE_2 Date the surgical or other procedure other yyyymmDD. 8 Type: Alphanumeric Data So OTH_SURG_PROC_DAY_2 Day of surgical or other procedure other truly surgical was performed minus Admission.	Start of Care Date ource: Calculated than the principal procedure performed during the period ource: Claim than the principal procedure was performed. Entered as ource: Claim han the principal procedure was performed. Date of the Start of Care Date			
Field 119: Length: Field 120: Length: Field 121: Length:	surgical was performed minus Admission 4 Type: Alphanumeric Data So OTH_SURG_PROC_CODE_2 Code for surgical or other procedure other covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data So OTH_SURG_PROC_DATE_2 Date the surgical or other procedure other YYYYMMDD. 8 Type: Alphanumeric Data So OTH_SURG_PROC_DAY_2 Day of surgical or other procedure other to surgical was performed minus Admission 4 Type: Alphanumeric Data So Other Surgical Source Surgical Source Surgical Was Source Surgical Surgi	Start of Care Date ource: Calculated than the principal procedure performed during the period ource: Claim than the principal procedure was performed. Entered as ource: Claim han the principal procedure was performed. Date of the Start of Care Date			
Field 119: Length: Field 120: Length: Field 121:	surgical was performed minus Admission 4 Type: Alphanumeric Data So OTH_SURG_PROC_CODE_2 Code for surgical or other procedure other covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data So OTH_SURG_PROC_DATE_2 Date the surgical or other procedure other YYYYMMDD. 8 Type: Alphanumeric Data So OTH_SURG_PROC_DAY_2 Day of surgical or other procedure other to surgical was performed minus Admission 4 Type: Alphanumeric Data So OTH_SURG_PROC_CODE_3	/Start of Care Date ource: Calculated Than the principal procedure performed during the period ource: Claim than the principal procedure was performed. Entered as ource: Claim than the principal procedure was performed. Date of the /Start of Care Date ource: Calculated			
Field 119: Length: Field 120: Length: Field 121: Length:	surgical was performed minus Admission 4 Type: Alphanumeric Data So OTH_SURG_PROC_CODE_2 Code for surgical or other procedure other covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data So OTH_SURG_PROC_DATE_2 Date the surgical or other procedure other YYYYMMDD. 8 Type: Alphanumeric Data So OTH_SURG_PROC_DAY_2 Day of surgical or other procedure other to surgical was performed minus Admission 4 Type: Alphanumeric Data So OTH_SURG_PROC_CODE_3 Code for surgical or other procedure other Code for surgical or other procedure other OTH_SURG_PROC_CODE_3	Start of Care Date ource: Calculated than the principal procedure performed during the period ource: Claim than the principal procedure was performed. Entered as ource: Claim than the principal procedure was performed. Date of the Start of Care Date			
Field 119: Length: Field 120: Length: Field 121: Length: Field 122:	surgical was performed minus Admission 4 Type: Alphanumeric Data So OTH_SURG_PROC_CODE_2 Code for surgical or other procedure other covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data So OTH_SURG_PROC_DATE_2 Date the surgical or other procedure other YYYYMMDD. 8 Type: Alphanumeric Data So OTH_SURG_PROC_DAY_2 Day of surgical or other procedure other to surgical was performed minus Admission 4 Type: Alphanumeric Data So OTH_SURG_PROC_CODE_3 Code for surgical or other procedure other covered by the bill. ICD-10-PCS code.	Start of Care Date ource: Calculated than the principal procedure performed during the period ource: Claim than the principal procedure was performed. Entered as ource: Claim than the principal procedure was performed. Date of the Start of Care Date ource: Calculated than the principal procedure performed during the period			
Field 119: Length: Field 120: Length: Field 121: Length: Field 122: Length:	surgical was performed minus Admission 4 Type: Alphanumeric Data So OTH_SURG_PROC_CODE_2 Code for surgical or other procedure other covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data So OTH_SURG_PROC_DATE_2 Date the surgical or other procedure other yyyymmDD. 8 Type: Alphanumeric Data So OTH_SURG_PROC_DAY_2 Day of surgical or other procedure other tsurgical was performed minus Admission 4 Type: Alphanumeric Data So OTH_SURG_PROC_CODE_3 Code for surgical or other procedure other covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data So OTH_SURG_PROC_CODE_3	Start of Care Date ource: Calculated than the principal procedure performed during the period ource: Claim than the principal procedure was performed. Entered as ource: Claim than the principal procedure was performed. Date of the Start of Care Date ource: Calculated than the principal procedure performed during the period			
Field 119: Length: Field 120: Length: Field 121: Length: Field 122:	surgical was performed minus Admission 4 Type: Alphanumeric Data So OTH_SURG_PROC_CODE_2 Code for surgical or other procedure other covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data So OTH_SURG_PROC_DATE_2 Date the surgical or other procedure other YYYYMMDD. 8 Type: Alphanumeric Data So OTH_SURG_PROC_DAY_2 Day of surgical or other procedure other surgical was performed minus Admission 4 Type: Alphanumeric Data So OTH_SURG_PROC_CODE_3 Code for surgical or other procedure other covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data So OTH_SURG_PROC_DATE_3	Start of Care Date Ource: Calculated Than the principal procedure performed during the period Ource: Claim Than the principal procedure was performed. Entered as Ource: Claim Than the principal procedure was performed. Date of the Start of Care Date Ource: Calculated Than the principal procedure performed during the period Ource: Claim Than the principal procedure performed during the period Ource: Claim			
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	Day of surgical or other procedure other than the principal procedure was performed. Date of the
	surgical was performed minus Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Calculated
Field 125:	OTH_SURG_PROC_CODE_4
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 126:	OTH SURG PROC DATE 4
	Date the surgical or other procedure other than the principal procedure was performed. Entered as
	YYYYMMDD.
Length:	8 Type: Alphanumeric Data Source: Claim
Field 127:	OTH_SURG_PROC_DAY_4
	Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Calculated
Field 128:	OTH SURG PROC CODE 5
	Code for surgical or other procedure other than the principal procedure performed during the period
	covered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 129:	OTH_SURG_PROC_DATE_5
	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .
Length:	8 Type: Alphanumeric Data Source: Claim
Field 130:	OTH SURG PROC DAY 5
11014 1001	Day of surgical or other procedure other than the principal procedure was performed. Date of the
	surgical was performed minus Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Calculated
Field 131:	OTH_SURG_PROC_CODE_6
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 132:	OTH SURG PROC DATE 6
110111110111	Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered
	as YYYYMMDD.
Length:	8 Type: Alphanumeric Data Source: Claim
Field 133:	OTH_SURG_PROC_DAY_6
	Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Calculated
Field 134:	OTH SURG PROC CODE 7
11ciu 134.	Code for surgical or other procedure other than the principal procedure performed during the period
	covered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 135:	OTH_SURG_PROC_DATE_7
	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .
Length:	8 Type: Alphanumeric Data Source: Claim
Field 136:	OTH_SURG_PROC_DAY_7
	Day of surgical or other procedure other than the principal procedure was performed. Date of the
	surgical was performed minus Admission/Start of Care Date

	4 Type:	Alphanumeric	Data Source:	Calculated	
Field 137:		PROC_CODE_			
				principal procedure performed during the period	
	•	e bill. ICD-10-PC			
Length:	7 Type:	Alphanumeric	Data Source:	Claim	
Field 138:		PROC_DATE_			
	-	ical or other proce	dure other than the	principal procedure was performed. Entered as	
T 41	YYYYMMDD.	.1.1	D 4 C	OI.	
Length:	8 Type:	Alphanumeric	Data Source:	Claim	
Field 139:		S_PROC_DAY_8	4 4 4		
			ure other than the pr Admission/Start of C	rincipal procedure was performed. Date of the	
Length:	4 Type:	Alphanumeric	Data Source:	Calculated	
Field 140:		PROC CODE		Carculated	
riciu 140.				principal procedure performed during the period	
		ne bill. ICD-10-PC		principal procedure performed during the period	
Length:	7 Type:	Alphanumeric	Data Source:	Claim	
Field 141:		PROC DATE			
				principal procedure was performed. Entered as	
	YYYYMMDD.	1	,		
Length:	8 Type:	Alphanumeric	Data Source:	Claim	
Field 142:	OTH_SURG	PROC_DAY_9			
	Day of surgical or other procedure other than the principal procedure was performed. Date of the				
	surgical was	performed <i>minus A</i>	Admission/Start of C	Care Date	
Length:	4 Type:	Alphanumeric	Data Source:	Calculated	
Field 143:	OTH_SURG_PROC_CODE_10				
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	Code for surg	gical or other proce	edure other than the	principal procedure performed during the period	
	Code for surg	ical or other processe bill. ICD-10-PC	edure other than the S code.		
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11clu 150.				ncipal procedure was performed. Entered as
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Field 151:	OTH_SURG_PRO	OC_DAY_12	}	
				ipal procedure was performed. Date of the
	-		dmission/Start of Care	
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Field 152:	OTH_SURG_PRO			
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riciu 133.				ncipal procedure was performed. Entered as
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Length:		hanumeric	Data Source:	Claim
Field 154:	OTH SURG PRO			
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	surgical was perfor	med <i>minus</i> A	dmission/Start of Care	e Date
Length:		hanumeric	Data Source:	Calculated
Field 155:	OTH_SURG_PRO			
				ncipal procedure performed during the period
	covered by the bill.			ert 1
Length:		hanumeric	Data Source:	Claim
Field 156:	OTH_SURG_PRO			· 1
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Length:		hanumeric	Data Source:	Claim
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110101 1011				cipal procedure was performed. Date of the
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Field 158:	OTH_SURG_PRO	OC_CODE_1	15	
				ncipal procedure performed during the period
	covered by the bill.			
Length:		hanumeric	Data Source:	Claim
Field 159:	OTH_SURG_PRO			
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Length:	surgical was perfor	med <i>minus</i> A	dmission/Start of Care	e Date
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Field 162:	OTH SURG PROC DATE 16
rieid 102.	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .
Length:	8 Type: Alphanumeric Data Source: Claim
Field 163:	OTH SURG PROC DAY 16
	Day of surgical or other procedure other than the principal procedure was performed. Date of the
	surgical was performed minus Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Calculated
Field 164:	OTH_SURG_PROC_CODE_17
	Code for surgical or other procedure other than the principal procedure performed during the pericovered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 165:	OTH_SURG_PROC_DATE_17
	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .
Length:	8 Type: Alphanumeric Data Source: Claim
Field 166:	OTH_SURG_PROC_DAY_17
	Day of surgical or other procedure other than the principal procedure was performed. Date of the
	surgical was performed minus Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Calculated
Field 167:	OTH_SURG_PROC_CODE_18
	Code for surgical or other procedure other than the principal procedure performed during the pericovered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 168:	OTH_SURG_PROC_DATE_18
	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .
Length:	8 Type: Alphanumeric Data Source: Claim
Field 169:	OTH_SURG_PROC_DAY_18
	Day of surgical or other procedure other than the principal procedure was performed. Date of the
	surgical was performed minus Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Calculated
Field 170:	OTH_SURG_PROC_CODE_19 Code for surgical or other procedure other than the principal procedure performed during the pericovered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 171:	OTH_SURG_PROC_DATE_19
	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .
Length:	8 Type: Alphanumeric Data Source: Claim
Field 172:	OTH_SURG_PROC_DAY_19
	Day of surgical or other procedure other than the principal procedure was performed. Date of the
	surgical was performed minus Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Calculated
Field 173:	OTH_SURG_PROC_CODE_20
	Code for surgical or other procedure other than the principal procedure performed during the pericovered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 174:	OTH_SURG_PROC_DATE_20 Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
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Length:	8 Type: Alphanui	meric Data Source:	Claim		
Field 175:	OTH SURG PROC D				
			incipal procedure was performed. Date of the		
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Field 176:	OTH SURG PROC O	CODE 21			
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Length:	7 Type: Alphanui	meric Data Source:	Claim		
Field 177:	OTH_SURG_PROC_D				
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	Day of surgical or other	procedure other than the pr	incipal procedure was performed. Date of the		
		minus Admission/Start of C			
Length:	4 Type: Alphanu		Calculated		
Field 179:	OTH_SURG_PROC_C				
			principal procedure performed during the period		
Longth	covered by the bill. ICD-7 Type: Alphanu		Claim		
Length: Field 180:	OTH SURG PROC D		Ciallii		
riciu 100.			principal procedure was performed. Entered as		
	YYYYMMDD.	i procedure omer man me p	officipal procedure was performed. Efficied as		
Length:	8 Type: Alphanu	meric Data Source:	Claim		
Field 181:	OTH_SURG_PROC_D				
11014 1011			incipal procedure was performed. Date of the		
		minus Admission/Start of C			
Length:	4 Type: Alphanui		Calculated		
Field 182:	OTH SURG PROC C	CODE 23			
		er procedure other than the	nringinal procedure performed during the period		
	Code for surgical or other		principal procedure performed during the period		
	Code for surgical or othe covered by the bill. ICD-	-10-PCS code.	principal procedure performed during the period		
Length:			Claim		
Length: Field 183:	covered by the bill. ICD- 7 Type: Alphanus OTH_SURG_PROC_D	meric Data Source: DATE_23	Claim		
	covered by the bill. ICD- 7 Type: Alphanus OTH_SURG_PROC_D	meric Data Source: DATE_23			
Field 183:	covered by the bill. ICD-7 Type: Alphanur OTH_SURG_PROC_D Date the surgical or othe <i>YYYYMMDD</i> .	meric Data Source: DATE_23 or procedure other than the procedure	Claim orincipal procedure was performed. Entered as		
Field 183: Length:	covered by the bill. ICD- 7 Type: Alphanus OTH_SURG_PROC_D Date the surgical or othe YYYYMMDD. 8 Type: Alphanus	meric Data Source: DATE_23 or procedure other than the parenic Data Source:	Claim		
Field 183:	covered by the bill. ICD- 7 Type: Alphanus OTH_SURG_PROC_D Date the surgical or othe YYYYMMDD. 8 Type: Alphanus OTH_SURG_PROC_D	meric Data Source: DATE_23 or procedure other than the parenic Data Source: DAY_23	Claim orincipal procedure was performed. Entered as Claim		
Field 183: Length:	covered by the bill. ICD- 7 Type: Alphanus OTH_SURG_PROC_E Date the surgical or othe YYYYMMDD. 8 Type: Alphanus OTH_SURG_PROC_E Day of surgical or other	meric Data Source: DATE_23 or procedure other than the procedure DAY_23 procedure other than the procedure other than	Claim Claim Claim Claim incipal procedure was performed. Date of the		
Field 183: Length: Field 184:	covered by the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_D Date the surgical or othe YYYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other surgical was performed in	meric Data Source: DATE_23 or procedure other than the prominus Admission/Start of C	Claim orincipal procedure was performed. Entered as Claim incipal procedure was performed. Date of the lare Date		
Field 183: Length: Field 184: Length:	covered by the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_D Date the surgical or othe YYYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other surgical was performed to 4 Type: Alphanum	meric Data Source: DATE_23 or procedure other than the prominus Admission/Start of Comeric Data Source:	Claim Claim Claim Claim incipal procedure was performed. Date of the		
Field 183: Length: Field 184:	covered by the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_D Date the surgical or othe YYYYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other surgical was performed to 4 Type: Alphanum OTH_SURG_PROC_O	meric Data Source: DATE_23 or procedure other than the procedure Data Source: CODE_24	Claim Claim Claim Claim incipal procedure was performed. Date of the Care Date Calculated		
Field 183: Length: Field 184: Length:	covered by the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_E Date the surgical or othe YYYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_E Day of surgical or other surgical was performed of 4 Type: Alphanum OTH_SURG_PROC_C Code for surgical or other	meric Data Source: DATE_23 For procedure other than the procedure Data Source: DODE_24 For procedure other than the p	Claim orincipal procedure was performed. Entered as Claim incipal procedure was performed. Date of the lare Date		
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Field 183: Length: Field 184: Length: Field 185: Length:	COVERED BY the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_D Date the surgical or othe YYYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other surgical was performed by 4 Type: Alphanum OTH_SURG_PROC_O Code for surgical or other covered by the bill. ICD- 7 Type: Alphanum	meric Data Source: DATE_23 or procedure other than the procedure Data Source: DODE_24 or procedure other than the pro	Claim orincipal procedure was performed. Entered as Claim incipal procedure was performed. Date of the lare Date Calculated		
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Field 183: Length: Field 184: Length: Field 185: Length:	COVERED BY the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_D Date the surgical or othe YYYYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other surgical was performed by 4 Type: Alphanum OTH_SURG_PROC_O Code for surgical or other covered by the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_D Date the surgical or other	meric Data Source: DATE_23 For procedure other than the procedure oth	Claim Claim Claim Claim incipal procedure was performed. Date of the Care Date Calculated principal procedure performed during the period Claim		

Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date **Type:** Alphanumeric **Data Source:** Calculated Length: **Field 188:** ATTENDING PHYSICIAN UNIF ID Attending Physician Uniform Identifier. Unique identifier assigned to the licensed physician expected to certify medical necessity of services rendered, with primary responsibility for the patient's medical care and treatment. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients. 999999999 Temporary license or license number could not be matched **Coding Scheme:** Length: Alphanumeric **Data Source:** Type: Assigned **Field 189:** OPERATING PHYSICIAN UNIF ID Operating or other Physician Uniform Identifier (if applicable). Unique identifier assigned to the operating physician or physician other than the attending physician who performed the principal or surgical procedure most closely related to the principal diagnosis. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients Coding Scheme: 9999999999 Temporary license or license number could not be matched Type: Alphanumeric **Data Source:** Length: Assigned **Field 190:** OCCUR CODE_1 Code describing a significant event relating to the claim. 40 **Coding Scheme:** Auto accident Scheduled date of admission No Fault Insurance Involved - Including 41 Date of first test of pre-admission testing Auto Accident/Other 03 42 Accident/ Tort Liability Date of discharge (hospice only) 04 Accident/ Employment Related 43 Scheduled date of canceled surgery 05 Other accident 44 Date treatment started - OT 45 06 Crime Victim Date treatment started - ST 09 Start of Infertility Treatment Cycle 46 Date treatment started - Cardiac rehabilitation 10 Last Menstrual Period 47 Date cost outlier status begins 11 Onset of Symptoms/ Illness A1 Birthdate - Insured A 12 Date of Onset for a Chronically A2 Effective Date - Insured A Policy Dependent Individual Date of Last Therapy A3 Payer A benefits exhausted 17 Date Outpatient OT Plan Established or A4 Split Bill Date Last Reviewed В1 Birthdate - Insured B 18 Date of Retirement - Patient/Beneficiary 19 Date of Retirement - Spouse B2 Effective date - Insured B Policy 20 Date Guarantee of Payment Began В3 Payer B benefits exhausted Birthdate - Insured C 2.1 Date UR Notice Received C1Date Active Care Ended C2 Effective date - Insured C Policy 24 Date Insurance Denied C3 Payer C benefits exhausted 25 DR Date Benefits Terminated by Primary Katrina disaster related Paver 26 Date SNF Bed Became Available Ε1 Birthdate - Insured D 27 Date Home Health Plan Established or E2 Effective date - Insured D Policy Last Reviewed 28 Date Comprehensive Outpatient E3 Rehabilitation Plan Established or Last Payer D benefits exhausted Date Outpatient PT Plan established or F1 29 Birthdate - Insured E last reviewed Date Outpatient ST Plan established or F2. Effective date - Insured E Policy last reviewed

	31 Date beneficiary notified of intent to bill F3 (accommodations)	Payer E benefits exhausted
	32 Date beneficiary notified of intent to bill (procedures or treatments)	Birthdate - Insured F
	37 Date of inpatient hospital discharge for non-covered transplant patients	Effective date - Insured F Policy
	38 Date treatment started for home IV G3 therapy	Payer F benefits exhausted
	39 Date discharged on a continuous course if IV therapy	
Length:	2 Type: Alphanumeric Data Source:	Claim
Field 191:	OCCUR DATE 1	
	Date of occurrence, as YYYYMMDD.	
Length:	8 Type: Alphanumeric Data Source:	Claim
Field 192:	OCCUR_DAY_1	
	Occurrence Day equals Occurrence Date minus Adm	ission/Start of Care Date.
Length:	4 Type: Alphanumeric Data Source:	Calculated
Field 193:	OCCUR_CODE_2	
	Code describing a significant event relating to the cla	im.
Coding Scheme:	Same as OCCUR_CODE_1.	
Length:	2 Type: Alphanumeric Data Source:	Claim
Field 194:	OCCUR_DATE_2	
	Date of occurrence, as YYYYMMDD.	
Length:	8 Type: Alphanumeric Data Source:	Claim
Field 195:	OCCUR_DAY_2	
	Occurrence Day equals Occurrence Date minus Adm	
Length:	4 Type: Alphanumeric Data Source:	Calculated
Field 196:	OCCUR_CODE_3	
~ ~ .	Code describing a significant event relating to the cla	im.
('adima b'ahamaa	Same as OCCUR CODE 1	
Coding Scheme:	= =	CI :
Length:	2 Type: Alphanumeric Data Source:	Claim
~	2 Type: Alphanumeric Data Source: OCCUR_DATE_3	Claim
Length: Field 197:	2 Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD.	
Length: Field 197: Length:	2 Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD. 8 Type: Alphanumeric Data Source:	Claim
Length: Field 197:	2 Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD. 8 Type: Alphanumeric Data Source: OCCUR_DAY_3	Claim
Length: Field 197: Length: Field 198:	2 Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD. 8 Type: Alphanumeric Data Source: OCCUR_DAY_3 Occurrence Day equals Occurrence Date minus Adm	Claim ission/Start of Care Date.
Length: Field 197: Length: Field 198: Length:	2 Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD. 8 Type: Alphanumeric Data Source: OCCUR_DAY_3 Occurrence Day equals Occurrence Date minus Adm. 4 Type: Alphanumeric Data Source:	Claim
Length: Field 197: Length: Field 198:	2 Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD. 8 Type: Alphanumeric Data Source: OCCUR_DAY_3 Occurrence Day equals Occurrence Date minus Adm 4 Type: Alphanumeric Data Source: OCCUR_CODE_4	Claim ission/Start of Care Date. Calculated
Length: Field 197: Length: Field 198: Length: Field 199:	2 Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD. 8 Type: Alphanumeric Data Source: OCCUR_DAY_3 Occurrence Day equals Occurrence Date minus Adm 4 Type: Alphanumeric Data Source: OCCUR_CODE_4 Code describing a significant event relating to the cla	Claim ission/Start of Care Date. Calculated
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme:	2 Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD. 8 Type: Alphanumeric Data Source: OCCUR_DAY_3 Occurrence Day equals Occurrence Date minus Adm 4 Type: Alphanumeric Data Source: OCCUR_CODE_4 Code describing a significant event relating to the classame as OCCUR_CODE_1.	Claim ission/Start of Care Date. Calculated im.
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length:	Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD. Type: Alphanumeric Data Source: OCCUR_DAY_3 Occurrence Day equals Occurrence Date minus Adm 4 Type: Alphanumeric Data Source: OCCUR_CODE_4 Code describing a significant event relating to the classame as OCCUR_CODE_1. Type: Alphanumeric Data Source:	Claim ission/Start of Care Date. Calculated
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme:	Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD. Type: Alphanumeric Data Source: OCCUR_DAY_3 Occurrence Day equals Occurrence Date minus Adm 4 Type: Alphanumeric Data Source: OCCUR_CODE_4 Code describing a significant event relating to the classame as OCCUR_CODE_1. Type: Alphanumeric Data Source: OCCUR_DATE_4	Claim ission/Start of Care Date. Calculated im.
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200:	2 Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD. 8 Type: Alphanumeric Data Source: OCCUR_DAY_3 Occurrence Day equals Occurrence Date minus Adm 4 Type: Alphanumeric Data Source: OCCUR_CODE_4 Code describing a significant event relating to the classame as OCCUR_CODE_1. 2 Type: Alphanumeric Data Source: OCCUR_DATE_4 Date of occurrence, as YYYYMMDD.	Claim ission/Start of Care Date. Calculated im. Claim
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200: Length:	2 Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD. 8 Type: Alphanumeric Data Source: OCCUR_DAY_3 Occurrence Day equals Occurrence Date minus Adm. 4 Type: Alphanumeric Data Source: OCCUR_CODE_4 Code describing a significant event relating to the classame as OCCUR_CODE_1. 2 Type: Alphanumeric Data Source: OCCUR_DATE_4 Date of occurrence, as YYYYMMDD. 8 Type: Alphanumeric Data Source:	Claim ission/Start of Care Date. Calculated im.
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200:	2 Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD. 8 Type: Alphanumeric Data Source: OCCUR_DAY_3 Occurrence Day equals Occurrence Date minus Adm 4 Type: Alphanumeric Data Source: OCCUR_CODE_4 Code describing a significant event relating to the classame as OCCUR_CODE_1. 2 Type: Alphanumeric Data Source: OCCUR_DATE_4 Date of occurrence, as YYYYMMDD. 8 Type: Alphanumeric Data Source: OCCUR_DAY_4	Claim ission/Start of Care Date. Calculated im. Claim Claim
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200: Length: Field 201:	Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD. Type: Alphanumeric Data Source: OCCUR_DAY_3 Occurrence Day equals Occurrence Date minus Adm 4 Type: Alphanumeric Data Source: OCCUR_CODE_4 Code describing a significant event relating to the classame as OCCUR_CODE_1. Type: Alphanumeric Data Source: OCCUR_DATE_4 Date of occurrence, as YYYYMMDD. Type: Alphanumeric Data Source: OCCUR_DAY_4 Occurrence Day equals Occurrence Date minus Adm	Claim ission/Start of Care Date. Calculated im. Claim Claim
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200: Length:	Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD. Type: Alphanumeric Data Source: OCCUR_DAY_3 Occurrence Day equals Occurrence Date minus Adm 4 Type: Alphanumeric Data Source: OCCUR_CODE_4 Code describing a significant event relating to the classame as OCCUR_CODE_1. Type: Alphanumeric Data Source: OCCUR_DATE_4 Date of occurrence, as YYYYMMDD. Type: Alphanumeric Data Source: OCCUR_DATE_4 Date of occurrence, as YYYYMMDD. Type: Alphanumeric Data Source: OCCUR_DAY_4 Occurrence Day equals Occurrence Date minus Adm	Claim ission/Start of Care Date. Calculated im. Claim Claim Claim
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200: Length: Field 201: Length:	Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD. Type: Alphanumeric Data Source: OCCUR_DAY_3 Occurrence Day equals Occurrence Date minus Adm 4 Type: Alphanumeric Data Source: OCCUR_CODE_4 Code describing a significant event relating to the classame as OCCUR_CODE_1. Type: Alphanumeric Data Source: OCCUR_DATE_4 Date of occurrence, as YYYYMMDD. Type: Alphanumeric Data Source: OCCUR_DAY_4 Occurrence Day equals Occurrence Date minus Adm 4 Type: Alphanumeric Data Source:	Claim ission/Start of Care Date. Calculated im. Claim Claim ission/Start of Care Date. Calculated
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200: Length: Field 201: Length:	Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD. 8 Type: Alphanumeric Data Source: OCCUR_DAY_3 Occurrence Day equals Occurrence Date minus Adm 4 Type: Alphanumeric Data Source: OCCUR_CODE_4 Code describing a significant event relating to the classame as OCCUR_CODE_1. 2 Type: Alphanumeric Data Source: OCCUR_DATE_4 Date of occurrence, as YYYYMMDD. 8 Type: Alphanumeric Data Source: OCCUR_DAY_4 Occurrence Day equals Occurrence Date minus Adm 4 Type: Alphanumeric Data Source: OCCUR_CODE_5	Claim ission/Start of Care Date. Calculated im. Claim Claim ission/Start of Care Date. Calculated
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200: Length: Field 201: Length: Field 202:	2 Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD. 8 Type: Alphanumeric Data Source: OCCUR_DAY_3 Occurrence Day equals Occurrence Date minus Adm. 4 Type: Alphanumeric Data Source: OCCUR_CODE_4 Code describing a significant event relating to the classame as OCCUR_CODE_1. 2 Type: Alphanumeric Data Source: OCCUR_DATE_4 Date of occurrence, as YYYYMMDD. 8 Type: Alphanumeric Data Source: OCCUR_DAY_4 Occurrence Day equals Occurrence Date minus Adm. 4 Type: Alphanumeric Data Source: OCCUR_CODE_5 Code describing a significant event relating to the classaments.	Claim ission/Start of Care Date. Calculated im. Claim Claim ission/Start of Care Date. Calculated
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200: Length: Field 201: Length: Field 202: Coding Scheme:	Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD. Type: Alphanumeric Data Source: OCCUR_DAY_3 Occurrence Day equals Occurrence Date minus Adm 4 Type: Alphanumeric Data Source: OCCUR_CODE_4 Code describing a significant event relating to the classame as OCCUR_CODE_1. Type: Alphanumeric Data Source: OCCUR_DATE_4 Date of occurrence, as YYYYMMDD. Type: Alphanumeric Data Source: OCCUR_DAY_4 Occurrence Day equals Occurrence Date minus Adm 4 Type: Alphanumeric Data Source: OCCUR_CODE_5 Code describing a significant event relating to the classame as OCCUR_CODE_1.	Claim ission/Start of Care Date. Calculated im. Claim Claim ission/Start of Care Date. Calculated im.

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T amouth.		rence, as YYYYMM		Claim		
Length:	8 Type:	Alphanumeric	Data Source:	Claim		
Field 204:	OCCUR_DA	_	D-4 A J	::/C44 - f C D-4-		
Longth				ission/Start of Care Date.		
Length:	4 Type:	Alphanumeric	Data Source:	Calculated		
Field 205:	OCCUR_CC		41.4 4 41 1	·		
Cading Sahama		ing a significant ev CUR CODE 1.	ent relating to the cla	IIII.		
Coding Scheme: Length:		Alphanumeric	Data Source:	Claim		
Field 206:	OCCUR DA	•	Data Source.	Ciaiiii		
rieiu 200:	_	rence, as <i>YYYYMM</i>	MDD			
Length:	8 Type:	Alphanumeric	Data Source:	Claim		
Field 207:			Data Source.	Ciaini		
riciu 207.	OCCUR_DAY_6 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.					
Length:	4 Type:	Alphanumeric	Data Source:	Calculated		
Field 208:	OCCUR CO		Data Source.	Carounated		
ricia 200.	_	_	ent relating to the cla	im		
Coding Scheme:		CUR CODE 1.	ent relating to the ela			
Length:	2 Type:	Alphanumeric	Data Source:	Claim		
Field 209:	OCCUR DA	-	2 to a source.	-		
		rence, as YYYYMM	IDD.			
Length:	8 Type:	Alphanumeric	Data Source:	Claim		
Field 210:	OCCUR DA	•				
	_	_	nce Date <i>minus</i> Adm	ission/Start of Care Date.		
Length:	4 Type:	Alphanumeric	Data Source:	Calculated		
Field 211:	OCCUR CO	DDE 8				
	Code describi	ing a significant ev	ent relating to the cla	im.		
Coding Scheme:		CUR_CODE_1.				
Length:	2 Type:	Alphanumeric	Data Source:	Claim		
Field 212:	OCCUR_DA	TE_8				
	Date of occur	rence, as YYYYMM	IDD.			
Length:	8 Type:	Alphanumeric	Data Source:	Claim		
Field 213:	OCCUR_DA	_				
				ission/Start of Care Date.		
Length:	4 Type:	Alphanumeric	Data Source:	Calculated		
Field 214:	OCCUR_CC					
		0 0	ent relating to the cla	im.		
Coding Scheme:		CUR_CODE_1.	T			
Length:	2 Type:	Alphanumeric	Data Source:	Claim		
Field 215:	OCCUR_DA	_	(D.D.			
T (1		rence, as YYYYMM		CI.		
Length:	8 Type:	Alphanumeric	Data Source:	Claim		
Field 216:	OCCUR_DA	_	D 4 : 41	· · /6		
T		• •		ission/Start of Care Date.		
Length:	4 Type:	Alphanumeric	Data Source:	Calculated		
Field 217:	OCCUR_CC	_	ant valating to the -1-	im		
Coding Sahaman			ent relating to the cla	IIII .		
Coding Scheme:		CUR_CODE_1.	Data Cauraa	Claim		
Length:	2 Type:	Alphanumeric	Data Source:	Claim		
Field 218:	OCCUR_DA	ALE_IV				
2024						
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	-			<u> </u>		

	Date of occurrence, as YYYYM	<i>M</i> MDD	
Length:	8 Type: Alphanumeric		Claim
Field 219:	OCCUR DAY 10		
11014 2171	Occurrence Day equals Occur	rrence Date minus Adı	mission/Start of Care Date.
Length:	4 Type: Alphanumeric		Calculated
Field 220:	OCCUR CODE 11		
	Code describing a significant	event relating to the c	laim.
Coding Scheme:	Same as OCCUR CODE 1.	Č	
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 221:	OCCUR DATE 11		_
	Date of occurrence, as YYYYM	MMDD.	
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 222:	OCCUR_DAY_11		
	Occurrence Day equals Occur	rrence Date minus Adı	mission/Start of Care Date.
Length:	4 Type: Alphanumeric	Data Source:	Calculated
Field 223:	OCCUR_CODE_12		
	Code describing a significant	event relating to the c	laim.
Coding Scheme:	Same as OCCUR_CODE_1.	_	
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 224:	OCCUR_DATE_12		
	Date of occurrence, as YYYYM	MMDD.	
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 225:	OCCUR_DAY_12		
	Occurrence Day equals Occur	rrence Date minus Adı	mission/Start of Care Date.
Length:	4 Type: Alphanumeric	Data Source:	Calculated
Field 226:	OCCUR_SPAN_CODE_1		
			laim that may affect payer processing.
Coding Scheme:	70 Qualifying stay dates (for SNI	* ·	SNF prior stay dates
	71 Prior stay dates 72 First/Last Visit	80 81	Prior Same SNF prior stay dates for Payment Ban Purposes
	73 Benefit eligibility period	M0	Antepartum Days at Reduced Level of Care QIO/UR approved stay dates
	74 Noncovered level of care/Lea		Provider liability - no utilization
	75 SNF level of care	M2	Inpatient respite dates
			TOTAL 1 C
	76 Patient Liability Period 77 Provider Liability Utilization	M3 Charged M4	ICF level of care
Length:	77 Provider Liability - Utilization	n Charged M4	Residential level of care
Length:	77 Provider Liability - Utilization2 Type: Alphanumeric	n Charged M4	
Length: Field 227:	77 Provider Liability - Utilization 2 Type: Alphanumeric OCCUR_SPAN_FROM_1	Charged M4 Data Source:	Residential level of care Claim
Field 227:	77 Provider Liability - Utilization 2 Type: Alphanumeric OCCUR_SPAN_FROM_1 Occurrence Span From is the	Data Source: Beginning Date of Oc	Residential level of care Claim currence Event.
Field 227: Length:	77 Provider Liability - Utilization 2 Type: Alphanumeric OCCUR_SPAN_FROM_1 Occurrence Span From is the 8 Type: Alphanumeric	Data Source: Beginning Date of Oc	Residential level of care Claim
Field 227:	77 Provider Liability - Utilization 2 Type: Alphanumeric OCCUR_SPAN_FROM_1 Occurrence Span From is the 8 Type: Alphanumeric OCCUR_SPAN_THRU_1	Data Source: Beginning Date of Oc Data Source:	Residential level of care Claim currence Event. Claim
Field 227: Length: Field 228:	77 Provider Liability - Utilization 2 Type: Alphanumeric OCCUR_SPAN_FROM_1 Occurrence Span From is the 8 Type: Alphanumeric OCCUR_SPAN_THRU_1 Occurrence Span Thru is the	Data Source: Beginning Date of Ocurre Ending Date of Occurr	Residential level of care Claim currence Event. Claim
Field 227: Length: Field 228: Length:	77 Provider Liability - Utilization 2 Type: Alphanumeric OCCUR_SPAN_FROM_1 Occurrence Span From is the 8 Type: Alphanumeric OCCUR_SPAN_THRU_1 Occurrence Span Thru is the 18 Type: Alphanumeric	Data Source: Beginning Date of Ocurre Ending Date of Occurr	Residential level of care Claim currence Event. Claim rence Event.
Field 227: Length: Field 228:	77 Provider Liability - Utilization 2 Type: Alphanumeric OCCUR_SPAN_FROM_1 Occurrence Span From is the 8 Type: Alphanumeric OCCUR_SPAN_THRU_1 Occurrence Span Thru is the 1 8 Type: Alphanumeric OCCUR_SPAN_CODE_2	Data Source: Beginning Date of Oc Data Source: Ending Date of Occurr Data Source:	Residential level of care Claim currence Event. Claim rence Event. Claim
Field 227: Length: Field 228: Length:	77 Provider Liability - Utilization 2 Type: Alphanumeric OCCUR_SPAN_FROM_1 Occurrence Span From is the 8 Type: Alphanumeric OCCUR_SPAN_THRU_1 Occurrence Span Thru is the 1 8 Type: Alphanumeric OCCUR_SPAN_CODE_2 Code describing a significant	Data Source: Beginning Date of Oc Data Source: Ending Date of Occurr Data Source: event relating to the comparison of	Residential level of care Claim currence Event. Claim rence Event.
Field 227: Length: Field 228: Length: Field 229:	77 Provider Liability - Utilization 2 Type: Alphanumeric OCCUR_SPAN_FROM_1 Occurrence Span From is the 8 Type: Alphanumeric OCCUR_SPAN_THRU_1 Occurrence Span Thru is the 1 8 Type: Alphanumeric OCCUR_SPAN_CODE_2	Beginning Date of Oc Data Source: Ending Date of Occurre Data Source: event relating to the correct.	Residential level of care Claim currence Event. Claim rence Event. Claim
Field 227: Length: Field 228: Length: Field 229: Coding Scheme:	77 Provider Liability - Utilization 2 Type: Alphanumeric OCCUR_SPAN_FROM_1 Occurrence Span From is the 8 Type: Alphanumeric OCCUR_SPAN_THRU_1 Occurrence Span Thru is the 8 Type: Alphanumeric 0CCUR_SPAN_CODE_2 Code describing a significant Same as OCCUR_SPAN_CO	Beginning Date of Oc Data Source: Ending Date of Occurre Data Source: event relating to the correct.	Residential level of care Claim currence Event. Claim rence Event. Claim laim that may affect payer processing.
Field 227: Length: Field 228: Length: Field 229: Coding Scheme: Length:	77 Provider Liability - Utilization 2 Type: Alphanumeric OCCUR_SPAN_FROM_1 Occurrence Span From is the 8 Type: Alphanumeric OCCUR_SPAN_THRU_1 Occurrence Span Thru is the 8 Type: Alphanumeric OCCUR_SPAN_CODE_2 Code describing a significant Same as OCCUR_SPAN_CO 2 Type: Alphanumeric	Beginning Date of Oc Data Source: Ending Date of Occurred Data Source: event relating to the code Data Source: DE_1. Data Source:	Residential level of care Claim currence Event. Claim rence Event. Claim laim that may affect payer processing. Claim
Field 227: Length: Field 228: Length: Field 229: Coding Scheme: Length: Field 230:	77 Provider Liability - Utilization 2 Type: Alphanumeric OCCUR_SPAN_FROM_1 Occurrence Span From is the 8 Type: Alphanumeric OCCUR_SPAN_THRU_1 Occurrence Span Thru is the 8 Type: Alphanumeric OCCUR_SPAN_CODE_2 Code describing a significant Same as OCCUR_SPAN_CO 2 Type: Alphanumeric OCCUR_SPAN_FROM_2	Beginning Date of Oc Data Source: Ending Date of Occurr Data Source: event relating to the corp. Data Source: Beginning Date of Occurr Data Source:	Residential level of care Claim currence Event. Claim rence Event. Claim laim that may affect payer processing. Claim
Field 227: Length: Field 228: Length: Field 229: Coding Scheme: Length:	77 Provider Liability - Utilization 2 Type: Alphanumeric OCCUR_SPAN_FROM_1 Occurrence Span From is the 8 Type: Alphanumeric OCCUR_SPAN_THRU_1 Occurrence Span Thru is the 8 Type: Alphanumeric OCCUR_SPAN_CODE_2 Code describing a significant Same as OCCUR_SPAN_CO 2 Type: Alphanumeric OCCUR_SPAN_FROM_2 OCCUR_SPAN_FROM_2 Occurrence Span From is the	Beginning Date of Oc Data Source: Ending Date of Occurr Data Source: event relating to the corp. Data Source: Beginning Date of Occurr Data Source:	Residential level of care Claim currence Event. Claim rence Event. Claim laim that may affect payer processing. Claim currence Event.
Field 227: Length: Field 228: Length: Field 229: Coding Scheme: Length: Field 230: Length:	77 Provider Liability - Utilization 2 Type: Alphanumeric OCCUR_SPAN_FROM_1 Occurrence Span From is the 8 Type: Alphanumeric OCCUR_SPAN_THRU_1 Occurrence Span Thru is the 8 Type: Alphanumeric OCCUR_SPAN_CODE_2 Code describing a significant Same as OCCUR_SPAN_CO 2 Type: Alphanumeric OCCUR_SPAN_FROM_2 OCCUR_SPAN_FROM_2 Occurrence Span From is the 8 Type: Alphanumeric	Beginning Date of Oc Data Source: Ending Date of Occurred Data Source: event relating to the compata Source: DE_1. Data Source: Beginning Date of Occurred Data Source:	Residential level of care Claim currence Event. Claim rence Event. Claim laim that may affect payer processing. Claim currence Event. Claim
Field 227: Length: Field 228: Length: Field 229: Coding Scheme: Length: Field 230: Length:	77 Provider Liability - Utilization 2 Type: Alphanumeric OCCUR_SPAN_FROM_1 Occurrence Span From is the 8 Type: Alphanumeric OCCUR_SPAN_THRU_1 Occurrence Span Thru is the 8 Type: Alphanumeric OCCUR_SPAN_CODE_2 Code describing a significant Same as OCCUR_SPAN_CO 2 Type: Alphanumeric OCCUR_SPAN_FROM_2 Occurrence Span From is the 8 Type: Alphanumeric OCCUR_SPAN_THRU_2	Beginning Date of Oc Data Source: Ending Date of Occurred Data Source: event relating to the compata Source: Beginning Date of Occurred Data Source: Beginning Date of Occurred Data Source: Ending Date of Occurred Data Source:	Residential level of care Claim currence Event. Claim rence Event. Claim laim that may affect payer processing. Claim currence Event. Claim
Field 227: Length: Field 228: Length: Field 229: Coding Scheme: Length: Field 230: Length: Field 231: Length:	77 Provider Liability - Utilization 2 Type: Alphanumeric OCCUR_SPAN_FROM_1 Occurrence Span From is the 8 Type: Alphanumeric OCCUR_SPAN_THRU_1 Occurrence Span Thru is the 8 Type: Alphanumeric OCCUR_SPAN_CODE_2 Code describing a significant Same as OCCUR_SPAN_CO 2 Type: Alphanumeric OCCUR_SPAN_FROM_2 Occurrence Span From is the 8 Type: Alphanumeric OCCUR_SPAN_THRU_2 OCCUR_SPAN_THRU_2 OCCUR_SPAN_THRU_2 OCCUR_SPAN_THRU_2	Beginning Date of Occurre Data Source: Ending Date of Occurre Data Source: event relating to the condition Data Source: Beginning Date of Occurre Data Source: Ending Date of Occurre Data Source: Ending Date of Occurre Data Source:	Residential level of care Claim currence Event. Claim rence Event. Claim laim that may affect payer processing. Claim currence Event. Claim currence Event. Claim
Field 227: Length: Field 228: Length: Field 229: Coding Scheme: Length: Field 230: Length: Field 231:	77 Provider Liability - Utilization 2 Type: Alphanumeric OCCUR_SPAN_FROM_1 Occurrence Span From is the 8 Type: Alphanumeric OCCUR_SPAN_THRU_1 Occurrence Span Thru is the 8 Type: Alphanumeric OCCUR_SPAN_CODE_2 Code describing a significant Same as OCCUR_SPAN_CO 2 Type: Alphanumeric OCCUR_SPAN_FROM_2 Occurrence Span From is the 8 Type: Alphanumeric OCCUR_SPAN_THRU_2 Occurrence Span Thru is the 8 Type: Alphanumeric OCCUR_SPAN_THRU_2 Occurrence Span Thru is the	Beginning Date of Oc Data Source: Ending Date of Occurred Data Source: event relating to the compata Source: Beginning Date of Occurred Data Source: Beginning Date of Occurred Data Source: Ending Date of Occurred Data Source:	Residential level of care Claim currence Event. Claim rence Event. Claim laim that may affect payer processing. Claim currence Event. Claim currence Event. Claim

Field 232:		_	AN_CODE_3			
					ng to the cla	aim that may affect payer processing.
Coding Scheme:	Sam		CUR_SPAN_CODI	_		
Length:	2	Type:	Alphanumeric	Data S	ource:	Claim
Field 233:			AN_FROM_3			
	Occ	urrence S	pan From is the Be	ginning l	Date of Occ	currence Event.
Length:	8	Type:	Alphanumeric	Data S	ource:	Claim
Field 234:	OC	CUR_SP.	AN_THRU_3			
	Occ	urrence S	pan Thru is the En	ding Date	e of Occurre	ence Event.
Length:	8	Type:	Alphanumeric	Data S	ource:	Claim
Field 235:	OC	OCCUR_SPAN_CODE_4				
	Code describing a significant event relating to the claim that may affect payer processing.					
Coding Scheme:	Same as OCCUR SPAN CODE 1.					
Length:	2	Type:	Alphanumeric	Data S	ource:	Claim
Field 236:	OC	CUR SP.	AN FROM 4			
		_	pan From is the Be	ginning l	Date of Occ	currence Event.
Length:	8	Type:	Alphanumeric	Data S	ource:	Claim
Field 237:	OC	CUR SP.	AN THRU 4			
		_	pan Thru is the En	ding Date	e of Occurre	ence Event.
Length:	8	Type:	Alphanumeric	Data S		Claim
Field 238:	CO	NDITION	N CODE 1			
			ing a condition rela	ting to th	e claim.	
Coding Scheme:	01	Military s	ervice related		83	C-section/Inductions 39 weeks or greater
Ü	02		is employment related		84	Dialysis for Acute Kidney Injury (AKI)
	03		vered by insurance not		85	Delayed Recertification of Hospice Terminal Illness
		reflected l				Additional Hemodialysis Treatment with Medical
	04	Information	on only bill.		86	Justification
	05	Lien has b			A0	TRICARE external partnership program
	06		tient in first 18 months on the covered by EGHP	of	A1	EPSDT/CHAP
	07		t of non-terminal condit	ion for	4.2	DI : 11 1 1: 1 1:11 1
	07	hospice pa			A2	Physically handicapped children's program
	00		ry would not provide on concerning other inst		A 2	Supplied Endough From ding
	08	coverage	on concerning other inst	urance	A3	Special Federal Funding
	09	Neither pa	atient or spouse is empl		A4	Family planning
	10		d/or spouse is employed	d but no	A5	Disability
		EGHP exi	ists beneficiary but no LGH	P		
	11	coverage			A6	Vaccines/Medicare 100% payment
	17	Patient is			A9	Second opinion surgery
	18		ame retained ins mother's name		AA	Abortion performed due to rape
	19				AB	Abortion performed due to incest Abortion performed due to serious fatal genetic defect,
	20	Beneficia	ry requested billing		AC	deformity, or abnormality
	21	Billing for	r denial notice		AD	Abortion performed due to life endangering physical
						condition Abortion performed due to physical health of mother tha
	22	Patient on	multiple drug regimen		AE	is not life endangering
	23	Home car	e giver available		AF	Abortion performed due to emotional/psychological
				ПГА		health of mother
	24	services	patient also receiving F	шИ	AG	Abortion performed due to social or economic reasons
	25		non-US resident		AH	Elective abortion
	26		le patient chooses to rec		AI	Sterilization
		services ii	n a Medicare certified fa	acility		

	D. C. C. L. L. L. C.		
27	Patient referred to a sole community hospital for a diagnostic laboratory test	AJ	Payer responsible for co-payment
20	Patient and/or spouse's EGHP is	A 17	A* 1.1 * 1.1
28	secondary to Medicare	AK	Air ambulance required
• •	Disabled beneficiary and/or family		
29	member's LGHP is secondary to Medicare	AL	Specialized treatment/bed unavailable
	Non-research services provided to		
30	patients enrolled in a qualified clinical	AM	Non-emergency medically necessary stretcher transport
	trial		required
31	Patient is student (full time - day)	AN	Pre-admission screening not required
32	Patient is student (cooperative/work study program)	В0	Medicare coordinated care demonstration claim
33	Patient is student (full time - night)	B1	Beneficiary is ineligible for demonstration program
34	Patient is student (run time inght)	B4	Admission unrelated to discharge on same day
36	General care patient in a special unit	BP	Gulf Oil Spill of 2010
37	Ward accommodation at patient request	C1	Approved as billed
38	Semi-private room not available	C2	Automatic approval as billed based on focused review
39	Private room medically necessary	C3	Partial approval
40	Same day transfer	C4	Admission/services denied
41	Partial hospitalization	C5	Post payment review applicable
42	Continuing care not related to inpatient	C6	Admission Preauthorization
42	admission	Co	Admission Fleatinonzation
43	Continuing care not provided within	C7	Extended Authorization
	prescribed post discharge window Inpatient admission changed to		
44	outpatient	D0	Changes to Service Dates
45	Ambiguous Gender Category	D1	Changes to Charges
46	Non-availability statement on file	D3	Second or Subsequent Interim PPS Bill
	Transfer from another Home Health		Change in clinical codes (ICD) for diagnosis and/or
47	Agency	D4	procedure codes.
48	Psychiatric residential treatment centers	D5	Cancel to correct Insured's ID or Provider ID
40	for children and adolescents (RTCs)	D3	Cancer to correct insured's 1D of 1 tovider 1D
49	Product replacement within product	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
	lifecycle Product Replacement for Known Recall		
50	of a Product	D7	Change to Make Medicare the Secondary Payer
51	Attestation of Unrelated Outpatient	D8	Change to Make Medicare the Primary Payer
	Nondiagnostic Services		• •
52	Out of Hospice Service Area Initial placement of a medical device	D9	Any Other Change
53	provided as part of a clinical trial or a	DR	Disaster related
33	free sample	DK	Disaster related
	No Skilled Home Health Visits in Billing		
54	Period. Policy Exception Documented at	E0	Changes in Patient Status
	the Home Health Agency		
55	SNF bed not available	G0	Distinct Medical Visit
56	Medical appropriateness	H0	Delayed Filing, Statement of Intent Submitted
57	SNF readmission	H2	Discharge by a Hospice Provider for Cause
58	Terminated Medicare+Choice	Н3	Reoccurrence of GI Bleed Comorbid Category
	organization enrollee		• •
59	Non-primary ESRD facility	H4	Reoccurrence of Pneumonia Comorbid Category
60	Day outlier	H5	Reoccurrence of Pericarditis Comorbid Category
61	Cost outlier Provider does not wish cost outlier	P1	Do not Resuscitate Order (DNR)
66	payment	P7	Direct Inpatient Admission from Emergency Room
67	Beneficiary elects not to use life time reserve (LTR) days	R1	Request for reopening Reason Code - Mathematical or Computational Mistake
68	Beneficiary elects to use life time reserve (LTR) days	R2	Request for reopening Reason Code -Inaccurate Data Entry
69	IME/DGME/N&AH Payment Only	R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
70	Self-administered anemia management	R4	
70	drug	K 4	Request for reopening Reason Code - Computer Errors

Coding Scheme: 2024	02 Hospital h	as no semi-private rooi	ms	59	Oxygen saturation
Couing Scheme:	02 Hospital b	as no semi-private root	ms	59	Oxygen saturation
	01 Most com	mon semi-private rate		58	Arterial blood gas
Cadina Cahamma		ng information tha	u may affe		_
Field 246:	VALUE_CO		ot mass - CC		ma a a a sin a
Length:	2 Type:	Alphanumeric DE 1	Data So	urce:	Claim
Coding Scheme:		DITION_CODE_		1111000	Claim
Codina Cal		ng a condition rela	_	e ciaim.	
Field 245:	CONDITION			1.	
Length:	2 Type:	Alphanumeric	Data So	urce:	Claim
Coding Scheme:		IDITION_CODE_	-		Claim
Coding Sahamas		ng a condition rela	_	e ciaim.	
Field 244:	CONDITION		الماء عسلو	a alai	
Length:	2 Type:	Alphanumeric	Data So	urce:	Claim
Coding Scheme:		DITION_CODE_	-		Claim
Coding Cal		ng a condition rela		e claim.	
Field 243:	CONDITION		,	1.	
Length:	2 Type:	Alphanumeric	Data So	urce:	Claim
Coding Scheme:		DITION_CODE_	-		at :
		ng a condition rela	_	e claim.	
Field 242:	CONDITION				
Length:	2 Type:	Alphanumeric	Data So	urce:	Claim
Coding Scheme:	Same as CON	DITION_CODE_	1.		
		ng a condition rela	ating to the	e claim.	
Field 241:	CONDITION				
Length:	2 Type:	Alphanumeric	Data So	urce:	Claim
Coding Scheme:		DITION CODE	_		
1 1010 2 10 1		ng a condition rela	ating to the	e claim.	
Field 240:	CONDITION	<u> </u>	Data 50	ui cc.	Cium
Length:	2 Type:	Alphanumeric	Data So	urce:	Claim
Coding Scheme:		ng a condition rela IDITION CODE	-	e Ciaiii.	
Field 239:	Codo describi		ting to the	a alaim	
Length:	2 Type:	Alphanumeric	Data So	urce:	Claim
Longth	Elective	A leals	Data C		Claim
	82 C-section	Inductions <39 Weeks	-		
	81 C-section/ Medical N				
	C-section	lysis - nursing facility Inductions <39 Weeks	_	W5	Level III Appeal
	79 CORF ser	vices provided offsite		W4	Level II Appeal
		rage not implemented b	оу НМО	W3	Level I Appeal
	to accept payment	payment by a primary p	bayer as	., 2	=
	due to a co	ontractual arrangement	or law	W2	Duplicate of Original Bill
	•	ccepts or is obligated/r	equired		Demonstration Indicator
	76 Back-up i	n facility dialysis		WO	United Mine Workers of America (UMWA)
	75 Home - 10	00% reimbursement		R9	Evidence Request for reopening Reason Code - Faulty Eviden
	74 Home			R8	Request for reopening Reason Code - New and Mate
	73 Self care t	raining		R7	Request for reopening Reason Code - Corrections of than clerical errors
	72 Self care i	n unit		R6	Errors or Minor Errors and Omissions not Specified R1-R5 above
					Identified Duplicate Claim Request for reopening Reason Code - Other Clerical

04	Inpatient professional component charges which are combined billed	60	HHA branch MSA
05	Professional component included in charges and also billed separately to	61	Place of Residence where service is furnished (HHA and hospice)
06	carrier Blood deductible	66	Medicaid spend down amount
08	Life time reserve amount in the first calendar year	67	Peritoneal dialysis
09	Coinsurance amount in the first calendar year	68	EPO-drug
10	Lifetime reserve amount in the second calendar year	69	State charity care percentage
11	Coinsurance amount in the second calendar year	80	Covered Days
12	Working aged beneficiary/spouse with employer group health plan	81	Non-covered Days
13	ESRD beneficiary in a Medicare coordination period with an employer group health plan	82	Co-insurance Days
14	No fault, including auto/other	83	Lifetime Reserve Days
15	Worker's compensation	84	Shorter Duration Hemodialysis
16	Public health service (PHS) or other	A0	Special zip code reporting
21	federal agency Catastrophic	A1	Deductible payer A
22	Surplus	A2	Coinsurance payer A
23	Recurring monthly income	A3	Estimated responsibility payer A
24	Medicaid Rate Code	A4	Covered self-administrable drugs - emergency
25	Offset to the patient - payment amount - prescription drugs	A5	Covered self-administrable drugs - administrable in form and situation furnished to patient
26	Offset to the patient - payment amount - hearing and ear services	A6	Covered self-administrable drugs - diagnostic study and other
27	Offset to the patient - payment amount - vision and eye services	A7	Co-payment payer A
28	Offset to the patient - payment amount - dental services	A8	Patient weight
29	Offset to the patient - payment amount - chiropractic services	A9	Patient height
30	Preadmission testing	AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A
31	Patient Liability Amount	AB	Other assessments or allowances (e.g., medical education) - payer A
32	Multiple patient ambulance transport	B1	Deductible payer B
33	Offset to the patient - payment amount - podiatric services	B2	Coinsurance payer B
34	Offset to the patient - payment amount - other medical services	В3	Estimated responsibility payer B
35	Offset to the patient - payment amount - health insurance premiums	В7	Co-payment payer B
37	Units of blood furnished	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
38	Blood deductible units	BB	Other assessments or allowances (e.g., medical education) - payer B
39	Units of blood replaced	C1	Deductible payer C
40	New coverage not implemented by HMO	C2	Coinsurance payer C
41	Black lung	C3	Estimated responsibility payer C
42	VA	C7	Co-payment payer C
43	Disabled beneficiary under age 65 with LGHP	CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer ${\bf C}$
44	Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment	СВ	Other assessments or allowances (e.g., medical education) - payer C
4.5	received	D2	Delta de la companya
45	Accident hour	D3	Patient estimated responsibility
46 47	Number of grace days Any liability insurance	D4 D5	Clinical Trial Number Assigned by NLM/NIH Last Kt/V Reading
7/	2 my naomity mourance	D)	Last Ro v Reading

	40 II 1.1		FC	D.C. (D.14
	•	oin reading	FC	Patient Paid Amount Credit Received from the Manufacturer for a Medical
	49 Hematocr	it reading	FD	Device
		Therapy visits	G8	Facility where Inpatient Hospice Service is Delivered
		onal Therapy visits nerapy visits	Y1 Y2	Part A Demonstration Payment Part B Demonstration Payment
		ehab visits	Y3	Part B Coinsurance
		birth weight in grams	Y4	Conventional Provider Payment
		threshold for charity c	are Y5	Part B Deductible
		ırse - home visit hours ılth aide - home visit ho	ours	
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 247:	VALUE AN	<u> </u>		
		-	oint included) that ma	y be affected.
Length:	9 Type:	Numeric	Data Source:	Claim
Field 248:	VALUE_CO	DE_2		_
	Code describ	ing information tha	nt may affect payer pro	ocessing.
Coding Scheme:		.UE_CODE_1.		
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 249:	VALUE_AN	IOUNT_2		
	Amount (in c	ents, no decimal po	oint included) that ma	y be affected.
Length:	9 Type:	Numeric	Data Source:	Claim
Field 250:	VALUE_CO			
		-	nt may affect payer pro	ocessing.
Coding Scheme:				
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 251:	VALUE_AN	_		
	Amount (in c	anta) that may be a	effected	
	,	ents) that may be a		
Length:	9 Type:	Numeric	Data Source:	Claim
Length: Field 252:	9 Type: VALUE_CO	Numeric DE_4	Data Source:	
Field 252:	9 Type: VALUE_CO Code describ	Numeric DE_4 ing information tha		
Field 252: Coding Scheme:	9 Type: VALUE_CO Code describ: Same as VAI	Numeric DE_4 ing information tha UE_CODE_1.	Data Source:	ocessing.
Field 252: Coding Scheme: Length:	9 Type: VALUE_CO Code describ Same as VAI 2 Type:	Numeric PDE_4 ing information that UE_CODE_1. Alphanumeric	Data Source:	
Field 252: Coding Scheme:	9 Type: VALUE_CO Code describ: Same as VAI 2 Type: VALUE_AM	Numeric PDE_4 ing information that LUE_CODE_1. Alphanumeric IOUNT_4	Data Source: at may affect payer pro Data Source:	ocessing. Claim
Field 252: Coding Scheme: Length: Field 253:	9 Type: VALUE_CO Code describ: Same as VAI 2 Type: VALUE_AM Amount (in c	Numeric DE_4 ing information that UE_CODE_1. Alphanumeric IOUNT_4 ents, no decimal po	Data Source: at may affect payer pro Data Source: Dint included) that ma	ocessing. Claim y be affected.
Field 252: Coding Scheme: Length: Field 253: Length:	9 Type: VALUE_CO Code describ: Same as VAI 2 Type: VALUE_AM Amount (in c 9 Type:	Numeric DE_4 ing information that UE_CODE_1. Alphanumeric IOUNT_4 ents, no decimal po	Data Source: at may affect payer pro Data Source:	ocessing. Claim
Field 252: Coding Scheme: Length: Field 253:	9 Type: VALUE_CO Code describ: Same as VAI 2 Type: VALUE_AM Amount (in c 9 Type: VALUE_CO	Numeric DE_4 ing information that UE_CODE_1. Alphanumeric IOUNT_4 ents, no decimal po Numeric DE_5	Data Source: It may affect payer pro Data Source: Dint included) that ma Data Source:	ocessing. Claim y be affected. Claim
Field 252: Coding Scheme: Length: Field 253: Length: Field 254:	9 Type: VALUE_CO Code describ: Same as VAI 2 Type: VALUE_AM Amount (in c 9 Type: VALUE_CO Code describ:	Numeric DE_4 ing information that LUE_CODE_1. Alphanumeric IOUNT_4 ents, no decimal po Numeric DE_5 ing information that	Data Source: at may affect payer pro Data Source: Dint included) that ma	ocessing. Claim y be affected. Claim
Field 252: Coding Scheme: Length: Field 253: Length: Field 254: Coding Scheme:	9 Type: VALUE_CO Code describ: Same as VAI 2 Type: VALUE_AM Amount (in c 9 Type: VALUE_CO Code describ: Same as VAI	Numeric DE_4 ing information that UE_CODE_1. Alphanumeric IOUNT_4 ents, no decimal po Numeric DE_5 ing information that UE_CODE_1.	Data Source: at may affect payer pro Data Source: Dint included) that ma Data Source: at may affect payer pro	ocessing. Claim y be affected. Claim ocessing.
Field 252: Coding Scheme: Length: Field 253: Length: Field 254: Coding Scheme: Length:	9 Type: VALUE_CO Code describ: Same as VAI 2 Type: VALUE_AM Amount (in c 9 Type: VALUE_CO Code describ: Same as VAI 2 Type:	Numeric DE_4 ing information that UE_CODE_1. Alphanumeric IOUNT_4 ents, no decimal por Numeric DE_5 ing information that UE_CODE_1. Alphanumeric	Data Source: It may affect payer pro Data Source: Dint included) that ma Data Source:	ocessing. Claim y be affected. Claim
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Length:	2 Type: Alphanum	_	Claim
Field 259:	VALUE AMOUNT 7	one Data Source.	Claim
Ficia 25).		mal point included) that ma	ay be affected
Length:	9 Type: Numeric	Data Source:	Claim
Field 260:	VALUE CODE 8	Data Source.	Cidilli
riciu 200.		on that may affect payer pr	ocessing
Coding Scheme:	Same as VALUE CODE		occising.
Length:	2 Type: Alphanum	=	Claim
Field 261:	VALUE AMOUNT 8	cric Data Source.	Ciaim
riciu 201.		mal point included) that ma	ay be affected
Length:	9 Type: Numeric	Data Source:	Claim
Field 262:	VALUE CODE 9	Data Source.	Ciaini
r ieiu 202:		on that may affect naver ne	coording
Cadina Sahama		on that may affect payer pr	ocessing.
Coding Scheme:		=	Claim
Length:		eric Data Source:	Claim
Field 263:	VALUE_AMOUNT_9		16541
F 41b -	· ·	mal point included) that ma	•
Length:	9 Type: Numeric	Data Source:	Claim
Field 264:	VALUE_CODE_10		
		on that may affect payer pr	rocessing.
Coding Scheme:	Same as VALUE_CODE_	=	
Length:	2 Type: Alphanum	eric Data Source:	Claim
Field 265:	VALUE_AMOUNT_10		
	Amount (in cents, no deci	mal point included) that ma	ny be affected.
Length:	9 Type: Numeric	Data Source:	Claim
Field 266:	VALUE_CODE_11		
	Code describing informati	on that may affect payer pr	rocessing.
Coding Scheme:	Same as VALUE_CODE_	_1.	
Length:	2 Type: Alphanum	eric Data Source:	Claim
Field 267 :	VALUE_AMOUNT_11		
	Amount (in cents, no deci	mal point included) that ma	ny be affected
Length:	9 Type: Numeric	Data Source:	Claim
Field 268:	VALUE CODE 12		
		on that may affect payer pr	ocessing.
Coding Scheme:	Same as VALUE CODE		č
Length:	2 Type: Alphanum	_	Claim
Field 269:	VALUE AMOUNT 12		
2 1014 2001		mal point included) that ma	ny be affected
Length:	9 Type: Numeric	Data Source:	Claim
Field 270:	PRIVATE AMOUNT	2 444 5 541 554	
1 iciu 270.	_	Private Room Charge Amo	unt. Calculated using MEDPAR algorithm.
			des 0100-0219, revenue center 011X, 014X
Length:	12 Type: Numeric	Data Source:	Calculated
Field 271:	SEMI PRIVATE AMO		Carcalatea
riciu 2/1.			Amount. Calculated using MEDPAR
			revenue codes 0100-0219, revenue center
	010X, 012X, 013X, 016X		10.011de codes 0100 0217, 10.011de contel
Length:	12 Type: Numeric	Data Source:	Calculated
Field 272:	**	Data Soulte.	Curvuiutou
riciu 4/4;	WARD_AMOUNT		
2024			
2024	/THOIC	Page 40 —	T (II 1 (1) 1 (2) 2 (2)
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			lculated using MEDPAR algorithm. Sum (in
Length:	12 Type: Numeric	Data Source:	0-0219, revenue center 015X. Calculated
Field 273:	ICU AMOUNT	Data Source.	Calculated
1 Kiu 270.	Accommodation Charge, In		e Amount. Calculated using MEDPAR revenue codes 0100-0219, revenue center
Length:	12 Type: Numeric	Data Source:	Calculated
Field 274:			ge Amount. Calculated using MEDPAR a revenue codes 0100-0219, revenue center
Length:	12 Type: Numeric	Data Source:	Calculated
Field 275:	cents) of charges associated 022X-024X, 052X-053X, 0	with revenue codes other 55X-060X, 064X-070X,	alculated using MEDPAR algorithm. Sum (in er than 0100-0219, revenue center 0002-0099, 076X-078X, 090X-095X, 099X.
Length:	12 Type: Numeric	Data Source:	Calculated
Field 276:	(in cents) of charges associated 026X, 063X.	ited with revenue codes	nt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 025X,
Length:	12 Type: Numeric	Data Source:	Calculated
Field 277:	algorithm. Sum (in cents) of center 027X, 062X.	f charges associated with	Charge Amount. Calculated using MEDPAR revenue codes other than 0100-0219, revenue
Length:	12 Type: Numeric	Data Source:	Calculated
Field 278:	DME AMOUNT		
1204 270	Ancillary Service Charge, D	f charges associated with	ent Charge Amount. Calculated using MEDPAR is revenue codes other than 0100-0219, revenue
Length:	Ancillary Service Charge, E algorithm. Sum (in cents) of centers 0290-0292, 0294-02 12 Type: Numeric	f charges associated with	
	Ancillary Service Charge, E algorithm. Sum (in cents) of centers 0290-0292, 0294-0212 Type: Numeric USED_DME_AMOUNT Ancillary Service Charge, UMEDPAR algorithm. Sum (0219, revenue center 0293.	Charges associated with 199. Data Source: Used Durable Medical Edin cents) of charges associated with 199.	Calculated Quipment Charge Amount. Calculated using ociated with revenue codes other than 0100-
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	12 Type:	Numeric	Data Source:	Calculated			
Field 283:	IT_AMOUN						
	Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR						
			charges associated with	n revenue codes other than 0100-0219, revenue			
.	center 041X,		D . C				
Length:	12 Type:	Numeric	Data Source:	Calculated			
Field 284:	BLOOD_AM			district Classic MEDDAD			
				e patient's stay. Calculated using MEDPAR			
	center 038X.	m (in cents) of o	charges associated with	n revenue codes other than 0100-0219, revenue			
Length:	12 Type:	Numeric	Data Source:	Calculated			
Field 285:		M_AMOUNT	Data Source.	Culculated			
Ficia 203.			and storage and process	sing related to the patient's stay. Calculated using			
				ociated with revenue codes other than 0100-			
		e center 039X.	r conne) er charges asse	00000 00000 00000 00000 00000			
Length:	12 Type:	Numeric	Data Source:	Calculated			
Field 286:	OR AMOU	NT					
	Ancillary Ser	vice Charge, Op	erating Room Charge	Amount. Calculated using MEDPAR algorithm.			
			ociated with revenue c	odes other than 0100-0219, revenue center			
	036X, 071X-0						
Length:	12 Type:	Numeric	Data Source:	Calculated			
Field 287:	LITH_AMO						
				unt. Calculated using MEDPAR algorithm. Sum			
		-		other than 0100-0219, revenue center 079X.			
Length:	12 Type:	Numeric	Data Source:	Calculated			
Field 288:	CARD_AMO	DUNT					
	Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum						
		vice Charge, Ca					
	(in cents) of c	vice Charge, Ca		unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 048X,			
Length:	(in cents) of c 073X.	vice Charge, Ca charges associate	ed with revenue codes	other than 0100-0219, revenue center 048X,			
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	(in cents) of c 073X. 12 Type: ANES_AMO	vice Charge, Ca harges associate Numeric DUNT	Data Source:	other than 0100-0219, revenue center 048X, Calculated			
	(in cents) of c 073X. 12 Type: ANES_AMO Ancillary Ser	vice Charge, Ca harges associate Numeric DUNT vice Charge, Ar	Data Source:	other than 0100-0219, revenue center 048X, Calculated unt. Calculated using MEDPAR algorithm. Sum			
Field 289:	(in cents) of c 073X. 12 Type: ANES_AMO Ancillary Ser (in cents) of c	Numeric PUNT vice Charge, Archarges associated	Data Source: Desthesia Charge Amound with revenue codes	other than 0100-0219, revenue center 048X, Calculated			
Field 289: Length:	(in cents) of control	Numeric OUNT vice Charge, Andrews associated to the control of t	Data Source:	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X.			
Field 289: Length:	(in cents) of control	Numeric OUNT vice Charge, Ar charges associate Numeric Numeric Numeric Numeric	Data Source: Desthesia Charge Amound with revenue codes Data Source:	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated			
Field 289: Length:	(in cents) of control	Numeric OUNT vice Charge, Archarges associate Numeric Numeric Numeric Numeric VINT vice Charge, La	Data Source: esthesia Charge Amound with revenue codes Data Source: boratory Charge Amound the control of the codes boratory Charge Amound the codes	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X.			
Field 289: Length:	(in cents) of control	Numeric Numeric OUNT vice Charge, Archarges associate Numeric Numeric Numeric VNT vice Charge, Lacharges associate vice Charge, Lacharges associate	Data Source: esthesia Charge Amound with revenue codes Data Source: boratory Charge Amound the control of the codes boratory Charge Amound the codes Data Source:	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum			
Field 289: Length: Field 290:	(in cents) of control	Numeric Numeric OUNT vice Charge, Archarges associate Numeric Numeric Numeric VNT vice Charge, Lacharges associate vice Charge, Lacharges associate	Data Source: esthesia Charge Amound with revenue codes Data Source: boratory Charge Amound the control of the codes boratory Charge Amound the codes Data Source:	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum			
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Field 289: Length: Field 290: Length:	(in cents) of control	Numeric Numeric Numeric OUNT vice Charge, Archarges associate Numeric JNT vice Charge, Lacharges associate JNT vice Charge, Lacharges associate JNT Numeric JNT JNT	Data Source: Data Source: Desthesia Charge Amounded with revenue codes Data Source: Data Source: Data Source:	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X-			
Field 289: Length: Field 290: Length:	(in cents) of control	Numeric Numeric OUNT vice Charge, Archarges associate Numeric UNT vice Charge, Lacharges associate O75X. Numeric UNT vice Charge, Lacharges associate O75X. Numeric UNT vice Charge, Racharges associate O75X. Numeric	Data Source: desthesia Charge Amounded with revenue codes Data Source: boratory Charge Amounded with revenue codes Data Source: diology Charge Amounded with revenue codes	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Calculated			
Field 289: Length: Field 290: Length: Field 291:	(in cents) of control	Numeric Numeric OUNT vice Charge, And tharges associated Numeric UNT vice Charge, Lactharges associated Numeric UNT vice Charge, Lactharges associated Numeric UNT vice Charge, Ractharges associated Numeric UNT vice Charge, Ractharges associated Numeric UNT vice Charge, Ractharges associated Numeric	Data Source: Desthesia Charge Amounded with revenue codes Data Source: Data Source: Data Source: Data Source: diology Charge Amounded with revenue codes diology Charge Amounded with revenue codes	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X,			
Field 289: Length: Field 290: Length: Field 291: Length:	(in cents) of control	Numeric Numeric Numeric OUNT vice Charge, Archarges associate Numeric INT vice Charge, Lacharges associate O75X. Numeric JNT vice Charge, Racharges associate O40X. Numeric	Data Source: desthesia Charge Amounded with revenue codes Data Source: boratory Charge Amounded with revenue codes Data Source: diology Charge Amounded with revenue codes	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated			
Field 289: Length: Field 290: Length: Field 291: Length:	(in cents) of control	Numeric Numeric Numeric OUNT vice Charge, Archarges associate Numeric JNT vice Charge, Lacharges associate O75X. Numeric JNT vice Charge, Racharges associate O40X. Numeric JNT	Data Source: Desthesia Charge Amounded with revenue codes Data Source: Doratory Charge Amounded with revenue codes Data Source: diology Charge Amounded with revenue codes Data Source:	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X, Calculated			
Field 289: Length: Field 290: Length: Field 291: Length:	(in cents) of control	Numeric Numeric OUNT vice Charge, Archarges associated Numeric UNT vice Charge, Lacharges associated Numeric UNT vice Charge, Lacharges associated Numeric UNT vice Charge, Racharges associated Numeric UNT vice Charge, Racharges associated Numeric UNT vice Charge, Racharges associated Numeric UNT vice Charge, Milliant Vice Char	Data Source: desthesia Charge Amount of with revenue codes Data Source: boratory Charge Amount of with revenue codes Data Source: diology Charge Amount of with revenue codes Data Source: RI Charge Amount. Ca	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X, Calculated			
Field 289: Length: Field 290: Length: Field 291: Length: Field 292:	(in cents) of control	Numeric Numeric OUNT vice Charge, Archarges associated Numeric UNT vice Charge, Lacharges associated Numeric UNT vice Charge, Lacharges associated Numeric UNT vice Charge, Racharges associated Numeric UNT vice Charge, Racharges associated Numeric UNT vice Charge, Milges associated vice Charge, Mi	Data Source: Desthesia Charge Amount of with revenue codes Data Source: Data Source: Data Source: Data Source: Data Source: Code with revenue codes Data Source: Data Source: Code with revenue codes Data Source: Code with revenue codes Data Source: Code S	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X, Calculated Ilculated using MEDPAR algorithm. Sum (in er than 0100-0219, revenue center 061X.			
Field 289: Length: Field 290: Length: Field 291: Length: Field 292: Length:	(in cents) of control	Numeric Numeric OUNT vice Charge, Archarges associated Numeric UNT vice Charge, Lacharges associated Numeric UNT vice Charge, Lacharges associated Numeric UNT vice Charge, Racharges associated Numeric UNT vice Charge, Racharges associated Numeric UNT vice Charge, Milges associated vice Charge, Milges associated vice Numeric	Data Source: desthesia Charge Amount of with revenue codes Data Source: boratory Charge Amount of with revenue codes Data Source: diology Charge Amount of with revenue codes Data Source: RI Charge Amount. Ca	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X, Calculated			
Length: Field 289: Length: Field 290: Length: Field 291: Length: Field 292: Length: Field 293:	(in cents) of control	Numeric Numeric Numeric OUNT vice Charge, Archarges associated Numeric JNT vice Charge, Lacharges associated O75X. Numeric JNT vice Charge, Racharges associated O40X. Numeric JNT vice Charge, Racharges associated O40X. Numeric JNT vice Charge, Miges associated was associated was associated was numeric NT	Data Source: Data Source: Desthesia Charge Amount of with revenue codes Data Source: Data Source: Data Source: Data Source: Data Source: Code with revenue codes Data Source: Code with revenue codes Data Source: Code With revenue codes Data Source: Code Charge Amount Can Charge Amount Can Code Codes Data Source: Code Charge Amount Can Charge Amount Can Code Codes Data Source:	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X, Calculated Idealized using MEDPAR algorithm. Sum (in er than 0100-0219, revenue center 061X. Calculated			
Field 289: Length: Field 290: Length: Field 291: Length: Field 292: Length:	(in cents) of control	Numeric Numeric Numeric PUNT vice Charge, Archarges associated Numeric NT vice Charge, Lacharges associated O75X. Numeric JNT vice Charge, Racharges associated O40X. Numeric JNT vice Charge, Miges associated with the properties of the	Data Source: Desthesia Charge Amount of with revenue codes Data Source: Data Source: Data Source: Data Source: Data Source: Data Source: Comparison of the codes of th	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X, Calculated Idealed using MEDPAR algorithm. Sum (in er than 0100-0219, revenue center 061X. Calculated Idealed using MEDPAR algorithm. Sum (in er than 0100-0219, revenue center 061X. Calculated Ige Amount. Calculated using MEDPAR			
Field 289: Length: Field 290: Length: Field 291: Length: Field 292: Length:	(in cents) of control	Numeric Numeric PUNT vice Charge, Archarges associated Numeric UNT vice Charge, Lacharges associated OTSX. Numeric Numeric NT vice Charge, Racharges associated OTSX. Numeric Numeric NT vice Charge, Miges associated vice Charge, Miges	Data Source: Desthesia Charge Amount of with revenue codes Data Source: Data Source: Data Source: Data Source: Data Source: Data Source: Comparison of the codes of th	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X, Calculated Idealized using MEDPAR algorithm. Sum (in er than 0100-0219, revenue center 061X. Calculated			
Field 289: Length: Field 290: Length: Field 291: Length: Field 292: Length:	(in cents) of control	Numeric Numeric PUNT vice Charge, Archarges associated Numeric UNT vice Charge, Lacharges associated OTSX. Numeric Numeric NT vice Charge, Racharges associated OTSX. Numeric Numeric NT vice Charge, Miges associated vice Charge, Miges	Data Source: Desthesia Charge Amount of with revenue codes Data Source: Data Source: Data Source: Data Source: Data Source: Data Source: Comparison of the codes of th	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X, Calculated Idealed using MEDPAR algorithm. Sum (in er than 0100-0219, revenue center 061X. Calculated Idealed using MEDPAR algorithm. Sum (in er than 0100-0219, revenue center 061X. Calculated Ige Amount. Calculated using MEDPAR			

Length:	12 Type:	Numeric	Data Source:	Calculated
Field 294:	ER_AMOUN			
	Ancillary Ser	vice Charge, Em	ergency Room Charge	e Amount. Calculated using MEDPAR
	algorithm. Su			n revenue codes other than 0100-0219, revenue
_	center 045X.			
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 295:		CE_AMOUNT		
				unt. Calculated using MEDPAR algorithm. Sum
Length:	12 Type:	narges associate Numeric	Data Source:	other than 0100-0219, revenue center 054X. Calculated
Field 296:	PRO FEE A		Data Source.	Calculated
Field 270.			fessional Fee Charge	Amount. Calculated using MEDPAR algorithm.
				odes other than 0100-0219, revenue center
	096X-098X.	.,		
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 297:	ORGAN_AN	MOUNT		
				e Amount. Calculated using MEDPAR
			harges associated with	n revenue codes other than 0100-0219, revenue
	center 081X,		.	~
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 298:	ESRD_AMC		1.G. D. 1.D. 1.	Cl. A. C. L. L. L. MEDDAD
				s Charge Amount. Calculated using MEDPAR
		082X-085X, 088		n revenue codes other than 0100-0219, revenue
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 299:	CLINIC AN		Duta Source	Carearatea
11014 255.			nic Visit Charge Amo	unt. Calculated using MEDPAR algorithm. Sum
				other than 0100-0219, revenue center 051X.
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 300:	TOTAL_CH	ARGES		
				ered accommodation charges, ancillary charges,
_			. Replaces TOTAL_C	_
Length:	12 Type:	Numeric	Data Source:	Claim
Field 301:		N_COV_CHAI		1 21 1
T41	,	·		rges, non-covered ancillary charges.
Length:	12 Type:	Numeric	Data Source:	Claim
Field 302:		ARGES_ACCO		andation abounces
Longth	12 Type:	Numeric	non-covered accomm Data Source:	Claim
Length: Field 303:			RGES_ACCOMM	Ciaiiii
rieiu 303:			l accommodations cha	raes
Length:	12 Type:	Numeric	Data Source:	Claim
Field 304:	• • •	ARGES ANCI		Cidiii
Ticia co i.		_	non-covered ancillary	v charges.
Length:	12 Type:	Numeric	Data Source:	Claim
Field 305:		N_COV_CHAI		
			l ancillary charges.	
Length:	12 Type:	Numeric	Data Source:	Claim
Field 306:		INDICATOR		
		format of data as	submitted.	
Coding Scheme:				
J				
2024	·		—— Page 43 —	
mmm daha tarra	THCIC		1 "SC TO	Last Undated, Newsman 2024

Last Updated: November 2024

www.dshs.texas.gov/THCIC

	D	Data entry			
	U	UB-04			
	U	format			
Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 307:	EM	ERGENO	CY_DEPT_FLAG	r r	
	Indi	cator of e	mergency departme	ent visit	
Coding Scheme:	Y	visit was e	mergency related		
	N	Visit was	not emergency related		
Length:	1	Type:	Alphanumeric	Data Source:	Assigned
Field 308:	DIS	CHARG	E		
	Disc	charge Qu	arter. Year and qua	arter of discharge. yyy	yQn.
	1st (Quarter (Y	YYYQ1): 1st Janı	uary-31st March of the	at corresponding year
	2nd Quarter (YYYYQ2): 1st April – 30th June of that corresponding year				
	3rd Quarter (YYYYQ3): 1st July- 30th September of that corresponding year				
	4th	Quarter (Y	YYYYQ4); 1st Oct	tober-31st December o	of that corresponding year
Length:	6	Type:	Alphanumeric	Data Source:	Assigned

INPATIENT CHARGES DATA FILE

Field 1:	RECO	ORD ID		
, ·		-	er to identif	y the record within the research data file. Does
		-		RECORD ID in other Inpatient RDF files
Length:	12		ta Source:	Assigned
Field 2:		ENUE CODE		8
i iciu 2.		-	nodation an	cillary service or billing calculation related to the
		es being billed.	iodation, un	emary service or omining eareuration related to the
Coding Scheme:	0100	All-inclusive room charges plus ancillary	0527	Freestanding Clinic - Visiting Nurse Services(s) to a
	0101	All-inclusive room charges	0528	Member's Home when in a Home Health Shortage Area Freestanding Clinic – Visit by RHC/FQHC Practitioner to
	0110	Room charges for private rooms - general	0529	Other non RHC/FQHC Site (e.g. Scene of Accident) Freestanding Clinic - other
	0110	Room charges for private rooms -	0529	Osteopathic service - general
	0111	medical/surgical/GYN	0330	Osteopathic Service general
	0112	Room charges for private rooms - obstetrics	0531	Osteopathic service - therapy
	0113	Room charges for private rooms - pediatric	0539	Osteopathic service - other
	0114	Room charges for private rooms - psychiatric		Ambulance service - general
	0115	Room charges for private rooms - hospice	0541	Ambulance service - supplies
	0116	Room charges for private rooms - detoxification	0542	Ambulance service - medical transport
	0117	Room charges for private rooms - oncology	0543	Ambulance service - heart mobile
	0118	Room charges for private rooms - rehabilitati		Ambulance service - oxygen
	0119	Room charges for private rooms - other	0545	Ambulance service - air ambulance
	0120	Room charges for semi-private rooms - gener	ral 0546	Ambulance service - neonatal
	0121	Room charges for semi-private rooms - medical/surgical/GYN	0547	Ambulance service - pharmacy
	0122	Room charges for semi-private rooms - obstetrics	0548	Ambulance service - telephone transmission EKG
	0123	Room charges for semi-private rooms - pediatric	0549	Ambulance service - other
	0124	Room charges for semi-private rooms - psychiatric	0550	Skilled nursing - general
	0125	Room charges for semi-private rooms - hospi		Skilled nursing - visit charge
	0126	Room charges for semi-private rooms - detoxification	0552	Skilled nursing - hourly charge
	0127	Room charges for semi-private rooms - oncology	0559	Skilled nursing - other
	0128	Room charges for semi-private rooms - rehabilitation	0560	Medical social services - general
	0129	Room charges for semi-private rooms - other	0561	Medical social services - visit charge
	0130	Room charges for semi-private - 3/4 beds - rooms - general	0562	Medical social services - hourly charge
	0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0569	Medical social services - other
	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0570	Home health aide - general
	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0571	Home health aide - visit charge
	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0572	Home health aide - hourly charge
	0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0579	Home health aide - other
	0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0580	Other visits (home health) - general
	0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0581	Other visits (home health) - visit charge
	0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0582	Other visits (home health) - hourly charge
	0139	Room charges for semi-private - 3/4 beds - rooms - other	0583	Other visits (home health) - assessment

0140	Room charges for private (deluxe) rooms - general	0589	Other visits (home health) - other
0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	0590	Units of service (home health) - general
0142	Room charges for private (deluxe) rooms - obstetrics	0600	Oxygen (home health) - general
0143	Room charges for private (deluxe) rooms - pediatric	0601	Oxygen (home health) - stat/equip/supply or contents
0144	Room charges for private (deluxe) rooms - psychiatric	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0145	Room charges for private (deluxe) rooms - hospice	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0146	Room charges for private (deluxe) rooms - detoxification	0604	Oxygen (home health) - portable add-in
0147	Room charges for private (deluxe) rooms - oncology	0609	Oxygen (home health) - other
0148	Room charges for private (deluxe) rooms - rehabilitation	0610	Magnetic Resonance Technology (MRT) - MRI - general
0149	Room charges for private (deluxe) rooms - other	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
0150	Room charges for ward rooms - general	0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
0151	Room charges for ward rooms - medical/surgical/GYN	0614	Magnetic Resonance Technology (MRT) - MRI - other
0152	Room charges for ward rooms - obstetrics	0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
0153	Room charges for ward rooms - pediatric	0616	Magnetic Resonance Technology (MRT) - MRA – lower extremities
0154	Room charges for ward rooms - psychiatric	0618	Magnetic Resonance Technology (MRT) - MRA - other
0155	Room charges for ward rooms - hospice	0619	Magnetic Resonance Technology (MRT) - Other MRT
0156	Room charges for ward rooms - detoxification	0621	Medical/surgical supplies - incident to radiology
0157	Room charges for ward rooms - oncology	0622	Medical/surgical supplies - incident to other diagnostic services
		0623	Medical/surgical supplies - surgical dressings
0158	Room charges for ward rooms - rehabilitation	0624	Medical/surgical supplies - FDA investigational devices
0159	Room charges for ward rooms - other	0631	Drugs requiring specific identification - single source
0160	Room charges for other rooms - general	0632	Drugs requiring specific identification - multiple source
0164	Room charges for other rooms – Sterile Environment	0633	Drugs requiring specific identification - restrictive prescription
0167	Room charges for other rooms – self care	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0169	Room charges for other rooms - other	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0170	Room charges for nursery - general	0636	Drugs requiring specific identification - requiring detailed coding
0171	Room charges for nursery - newborn level I	0637	Drugs requiring specific identification - self-administrable
0172	Room charges for nursery - newborn level II	0640	Home IV therapy services - general
0173	Room charges for nursery - newborn level III	0641	Home IV therapy services – non-routine nursing, central line
0174 0179	Room charges for nursery - newborn level IV	0642	Home IV therapy services - IV site care, central line
0179	Room charges for nursery - other Room charges for LOA - general	0643 0644	Home IV therapy services - IV start/change, peripheral line
0180	Room charges for LOA - patient convenience-	0645	Home IV therapy services – non-routine nursing, peripheral line Home IV therapy services - training patient/caregiver,
0182	charges billable Room charges for LOA - therapeutic leave	0646	central line Home IV therapy services - training patient caregiver, central line
0185	Room charges for LOA – nursing home (for	0647	line Home IV therapy services - training, disabled partent, central line
0189	hospitalization) Room charges for LOA - other	0648	peripheral Home IV therapy services - training, disabled patient,
	_		peripheral
0190	Room charges for subacute care - general	0649	Home IV therapy services - other
0191	Room charges for subacute care - Level I	0650	Hospice services - general
0192	(skilled care) Room charges for subacute care - Level II	0651	Hospice services - routine home care
0193	(comprehensive care) Room charges for subacute care - Level III	0652	Hospice services - continuous home care
0194	(complex care) Room charges for subacute care - Level IV (intensive care)	0655	Hospice services - inpatient respite care
0199	Room charges for subacute care - other	0656	Hospice services - general inpatient care (non-respite)

2024

0200	Room charges for intensive care - general	0657	Hospice services - physician services
0201	Room charges for intensive care - surgical	0658	Hospice services - room and board - nursing facility
0202	Room charges for intensive care - medical	0659	Hospice services - other
0203	Room charges for intensive care - pediatric	0660	Respite care - general
0204	Room charges for intensive care - psychiatric	0661	Respite care - hourly charge/skilled nursing
0206	Room charges for intensive care - intermediate	0662	Respite care - hourly charge/aide/homemaker/companion
0207	intensive care unit (ICU)	0662	Dogwita agus dailte sharas
0207	Room charges for intensive care - burn care Room charges for intensive care - trauma	0663 0669	Respite care - daily charge Respite care - other
0208	Room charges for intensive care - tradina Room charges for intensive care - other	0670	Outpatient special residence - general
0210	Room charges for coronary care - general	0671	Outpatient special residence - hospital based
0211	Room charges for coronary care - myocardial	0672	Outpatient special residence - contracted
0211	infarction	0072	Sulpation special residence contracted
0212	Room charges for coronary care - pulmonary	0679	Outpatient special residence - other
0212	care	0601	T 11 I
0213	Room charges for coronary care - heart	0681	Trauma response - level I
0214	transplant Room charges for coronary care - intermediate	0682	Trauma response - level II
0214	coronary care unit (CCU)	0082	Trauma response - level fi
0219	Room charges for coronary care - other	0683	Trauma response - level III
0220	Special charges - general	0684	Trauma response - level IV
0221	Special charges - admission charge	0689	Trauma response - other
0221	Special charges - technical support charge	0690	Pre-hospice/Palliative Care Services - general
0222	Special charges - UR service charge	0691	
	1 0		Pre-hospice/Palliative Care Services – visit charge
0224	Special charges - late discharge, medically necessary	0692	Pre-hospice/Palliative Care Services – hourly charge
0229	Special charges - other	0693	Pre-hospice/Palliative Care Services - evaluation
0229	Incremental nursing care - general	0694	Pre-hospice/Palliative Care Services – evaluation Pre-hospice/Palliative Care Services – consultation and
0230	meremental nursing care - general	0024	education
0231	Incremental nursing care nursery	0695	Pre-hospice/Palliative Care Services – inpatient care
0231	Incremental nursing care - nursery	0696	
0232	Incremental nursing care - OB	0699	Pre-hospice/Palliative Care Services – physician services
0233	Incremental nursing care - ICU (includes	0099	Pre-hospice/Palliative Care Services - other
0234	transitional care) Incremental nursing care - CCU (includes	0700	Cost Poom sorrious general
0234	transitional care)	0700	Cast Room services - general
0235	Incremental nursing care - hospice	0710	Pacovary Poom sarvicas ganaral
0233		0710	Recovery Room services - general
	Incremental nursing care - other		Labor/Delivery Room services - general
0240	All-inclusive ancillary - general	0721	Labor/Delivery Room services - labor
0241	All-inclusive ancillary - basic	0722	Labor/Delivery Room services - delivery
0242	All-inclusive ancillary - comprehensive	0723	Labor/Delivery Room services - circumcision
0243	All-inclusive ancillary - specialty	0724	Labor/Delivery Room services - birthing center
0249	All-inclusive ancillary - other	0729	Labor/Delivery Room services - other
0250	Pharmacy - general	0730	EKG/ECG services - general
0251	Pharmacy - generic drugs	0731	EKG/ECG services - Holter monitor
0252	Pharmacy – non-generic drugs	0732	EKG/ECG services - telemetry
0253	Pharmacy - take-home drugs	0739	EKG/ECG services - other
0254	Pharmacy - drugs incident to other diagnostic services	0740	EEG services - general
0255	Pharmacy - drugs incident to radiology	0750	Gastrointestinal services - general
0256	Pharmacy - experimental drugs	0760	Treatment or observation room services - general
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment
	• •		Room
0258	Pharmacy - IV solutions	0762	Specialty Room - Treatment/ Observation Room -
	•		Observation Room
0259	Pharmacy - other	0769	Treatment or observation room services - other
0260	IV Therapy - general	0770	Preventive care services - general
0261	IV Therapy - infusion pump	0771	Preventive care services - vaccine administration
0262	IV Therapy - pharmacy services	0780	Telemedicine services - general
0263	IV Therapy - drug/supply delivery	0790	Extra-corporeal shockwave therapy - general
0264	IV Therapy - supplies	0800	Inpatient renal dialysis services - general
0269	IV Therapy - other	0801	Inpatient renal dialysis services - hemodialysis
0270	Medical surgical supplies and devices - general	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0271	Medical surgical supplies and devices -	0803	Inpatient renal dialysis services - continuous ambulatory
V=/1	nonsterile	0000	peritoneal dialysis (CAPD)
0272	Medical surgical supplies and devices - sterile	0804	Inpatient renal dialysis services - continuous cycling
	S		peritoneal dialysis (CAPD)
			Defitorical dialysis (CALI)
	Medical surgical supplies and devices - take-	0809	Inpatient renal dialysis services - other
0273	Medical surgical supplies and devices - take- home	0809	Inpatient renal dialysis services - other
		0809 0810	Inpatient renal dialysis services - other Acquisition of body components- general
0273	home		Înpatient renal dialysis services - other

0275	Medical surgical supplies and devices - pacemaker	0811	Acquisition of body components - living donor
0276	Medical surgical supplies and devices - intraocular lens (IOL)	0812	Acquisition of body components - cadaver donor
0277	Medical surgical supplies and devices - oxygen - take-home	0813	Acquisition of body components - unknown donor
0278	Medical surgical supplies and devices - other implants	0814	Acquisition of body components - unsuccessful organ search-donor bank charges
0279	Medical surgical supplies and devices - other	0815	Acquisition of body components – stem cells- allogeneic
0279	Oncology - general	0819	Acquisition of body components – stem cens- anogenere Acquisition of body components - other donor
0289	Oncology - other	0820	Hemodialysis - outpatient or home - general
0290	DME - general	0821	Hemodialysis - outpatient or home - composite or other rate
0291	DME - rental	0821	Hemodialysis - outpatient or home - home supplies
0291	DME - purchase of new	0822	Hemodialysis - outpatient or home – home equipment
0292	DME - purchase of used	0823	Hemodialysis - outpatient or home – maintenance 100%
0293	DME - supplies/drugs for DME effectiveness	0825	Hemodialysis - outpatient of home - maintenance 100% Hemodialysis - outpatient or home - support services
0299	DME - other equipment	0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0300	Laboratory - general	0829	Hemodialysis - outpatient or home - other
0301	Laboratory - chemistry	0830	Peritoneal dialysis - outpatient or home - general
0302	Laboratory - immunology	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0303	Laboratory - renal patient (home)	0832	Peritoneal dialysis - outpatient or home – home supplies
0304	Laboratory – non-routine dialysis	0833	Peritoneal dialysis - outpatient or home – home equipment
0305	Laboratory - hemotology	0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0306	Laboratory - bacteriology and microbiology	0835	Peritoneal dialysis - outpatient or home - support services
0307	Laboratory - urology	0839	Peritoneal dialysis - outpatient or home - other
0309	Laboratory - other	0840	CAPD - outpatient or home - general
0310	Laboratory pathological - general	0841	CAPD - outpatient or home - composite or other rate
0311	Laboratory pathological - cytology	0842	CAPD - outpatient or home – home supplies
0312	Laboratory pathological - histology	0843	CAPD - outpatient or home – home equipment
0314	Laboratory pathological - biopsy	0844	CAPD - outpatient or home – maintenance 100%
0319	Laboratory pathological - other	0845	CAPD - outpatient or home - support services
0320	Radiology - diagnostic - general	0849	CAPD - outpatient or home - other
0321	Radiology - diagnostic - angiocardiography	0850	CCPD - outpatient or home - general
0322	Radiology - diagnostic - arthrography	0851	CCPD - outpatient or home - composite or other rate
0323	Radiology - diagnostic - arteriography	0852	CCPD - outpatient or home - home supplies
0324	Radiology - diagnostic - chest x-ray	0853	CCPD - outpatient or home - home equipment
0329	Radiology - diagnostic - other	0854	CCPD - outpatient or home - maintenance 100%
0330	Radiology - therapeutic and/or chemotherapy administration - general	0855	CCPD - outpatient or home - support services
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected	0859	CCPD - outpatient or home - other
0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral	0860	Magnetoencephalography (MEG) - General
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy	0861	Magnetoencephalography (MEG) - MEG
0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0880	Miscellaneous dialysis - general
0339	Radiology - therapeutic and/or chemotherapy administration - other	0881	Miscellaneous dialysis - ultrafiltration
0340	Nuclear medicine - general	0882	Miscellaneous dialysis - home aide visit
0341	Nuclear medicine - diagnostic procedures	0889	Miscellaneous dialysis - other
0342	Nuclear medicine - therapeutic procedures	0900	Behavior health treatments/services - general Behavior health treatments/services - electroshock
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0901	Benavior neatin treatments/services - electrosnock
0344	Nuclear medicine - therapeutic radiopharmaceuticals	0902	Behavior health treatments/services - milieu therapy
0349	Nuclear medicine - other	0903	Behavioral health treatments/services - play therapy
0350	CT scan - general	0904	Behavior health treatments/services - activity therapy
0351	CT scan - head	0905	Behavior health treatments/services - intensive outpatient services - psychiatric
0352	CT scan - body	0906	Behavior health treatments/services - intensive outpatient services - chemical dependency
0359	CT scan - other	0907	Behavior health treatments/services - community behavioral health program
0360	Operating room services - general	0911	Behavior health treatment/services - rehabilitation
0361	Operating room services - minor surgery	0912	Behavior health treatment/services - partial hospitalization - less intensive

0362	Operating room services - organ transplant	0913	Behavior health treatment/services - partial hospitalization -
0367	other than kidney Operating room services - kidney transplant	0914	intensive Behavior health treatment/services - individual therapy
0369	Operating room services - other	0915	Behavior health treatment/services - group therapy
0370	Anesthesia - general	0916	Behavior health treatment/services - family therapy
0371	Anesthesia - incident to radiology	0917	Behavior health treatment/services - biofeedback
0372	Anesthesia - incident to other diagnostic services	0918	Behavior health treatment/services - testing
0374	Anesthesia - acupuncture	0919	Behavior health treatment/services - other
0379	Anesthesia - other	0920	Other diagnostic services - general
0380	Blood - general	0921	Other diagnostic services - peripheral vascular lab
0381	Blood - packed red cells	0922	Other diagnostic services - electromyogram
0382	Blood - whole blood	0923	Other diagnostic services - pap smear
0383	Blood - plasma	0924	Other diagnostic services - allergy test
0384	Blood - platelets	0925 0929	Other diagnostic services - pregnancy test
0385 0386	Blood - leukocytes Blood - other components	0929	Other diagnostic services - other
0387	Blood - other components Blood - other derivatives (cryoprecipitate)	0931	Medical rehabilitation day program - half day Medical rehabilitation day program - full day
0387	Blood - other	0932	Other therapeutic services - general
0399	Blood and blood component administration,	0940	Other therapeutic services - general Other therapeutic services - recreational therapy
0370	storage and processing - general	0741	Other therapeutic services - recreational therapy
0391	Blood and blood component administration, storage and processing - administration	0942	Other therapeutic services - education/training
0392	Blood and blood component administration, storage and processing – processing and storage	0943	Other therapeutic services - cardiac rehabilitation
0399	Blood and blood component administration, storage and processing - other	0944	Other therapeutic services - drug rehabilitation
0400	Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
0401	Other imaging services - diagnostic	0946	Other therapeutic services - according renabilitation Other therapeutic services - complex medical equipment -
0401	mammography	0740	routine
0402	Other imaging services - ultrasound	0947	Other therapeutic services - complex medical equipment - ancillary
0403	Other imaging services - screening mammography	0948	Other therapeutic services – pulmonary rehabilitation
0404	Other imaging services - PET	0949	Other therapeutic services - other
0409	Other imaging services - other	0951	Other therapeutic services – athletic training
0410	Respiratory services - general	0952	Other therapeutic services - kinesiotherapy
0412	Respiratory services - inhalation	0953	Other therapeutic services – chemical dependency (drug and alcohol)
0413	Respiratory services - hyperbaric oxygen therapy	0960	Professional fees - general
0419	Respiratory services - other	0961	Professional fees - psychiatric
0420	Physical therapy - general	0962	Professional fees - ophthalmology
0421	Physical therapy - visit charge	0963	Professional fees - anesthesiologist (MD)
0422	Physical therapy - hourly charge	0964	Professional fees - anesthetist (CRNA)
0423	Physical therapy - group rate	0969	Professional fees - other
0424	Physical therapy - evaluation or reevaluation	0971	Professional fees - laboratory
0429	Physical therapy - other	0972	Professional fees - radiology - diagnostic
0430	Occupational therapy - general	0973	Professional fees - radiology - therapeutic
0431 0432	Occupational therapy - visit charge	0974 0975	Professional fees - radiology - nuclear medicine Professional fees - operating room
0432	Occupational therapy - hourly charge Occupational therapy - group rate	0973	Professional fees - operating room Professional fees - respiratory therapy
0434	Occupational therapy - evaluation or reevaluation	0977	Professional fees - respiratory incrapy
0439	Occupational therapy - other	0978	Professional fees - occupational therapy
0440	Speech-language pathology - general	0978	Professional fees - speech therapy
0441	Speech-language pathology - visit charge	0981	Professional fees - emergency room
0442	Speech-language pathology - hourly charge	0982	Professional fees - outpatient services
0443	Speech-language pathology - group rate	0983	Professional fees - clinic
0444	Speech-language pathology - evaluation or	0984	Professional fees - medical social services
0449	reevaluation Speech-language pathology - other	0985	Professional fees - EKG
0450	Emergency room - general	0986	Professional fees - EEG
0451	Emergency room - EMTALA emergency medical screening services	0987	Professional fees - hospital visit
0452	Emergency room - beyond EMTALA screening	0988	Professional fees - consultation
0456	Emergency room - urgent care	0989	Professional fees - private duty nurse
0459	Emergency room - other	0990	Patient convenience items - general
0460	Pulmonary function - general	0991	Patient convenience items - cafeteria/guest tray
0469	Pulmonary function - other	0992	Patient convenience items - private linen service

	0470	Audiology - general	0993	Patient convenience items - telephone/telegraph
	0471 0472	Audiology - diagnostic Audiology - treatment	0994 0995	Patient convenience items - TV/radio Patient convenience items - nonpatient room rentals
	0472	Audiology - treatment Audiology - other	0995	Patient convenience items - honpatient room remais Patient convenience items - late discharge charge
	0480	Cardiology - general	0997	Patient convenience items - admission kits
	0481	Cardiology - cardiac cath lab	0998	Patient convenience items - beauty shop/barber
	0482	Cardiology - stress test	0999	Patient convenience items - other
	0483	Cardiology - echocardiology	1000	Behavior health accommodations - general
	0489	Cardiology - other	1001	Behavior health accommodations - residential treatment -
	0.400		1000	psychiatric
	0490	Ambulatory surgical care - general	1002	Behavior health accommodations - residential treatment - chemical dependency
	0499	Ambulatory surgical care - other	1003	Behavior health accommodations - supervised living
	0500	Outpatient services - general	1004	Behavior health accommodations - halfway house
	0509	Outpatient services - other	1005	Behavior health accommodations - group home
	0510 0511	Clinic - general Clinic - chronic pain	2100 2101	Alternative therapy services - general
	0511	Clinic - dental	2101	Alternative therapy services - acupuncture Alternative therapy services - acupressure
	0512	Clinic - psychiatric	2102	Alternative therapy services - acapiessare Alternative therapy services - massage
	0514	Clinic - OB/GYN	2104	Alternative therapy services - reflexology
	0515	Clinic - pediatric	2105	Alternative therapy services - biofeedback
	0516	Clinic - urgent care	2106	Alternative therapy services - hypnosis
	0517	Clinic - family practice	2109	Alternative therapy services - other
	0519	Clinic - other	3101	Adult day care, medical and social - hourly
	0520	Freestanding Clinic - general	3102	Adult day care, social - hourly
	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC	3103	Adult day care, medical and social - daily
	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	3104	Adult day care, social - daily
	0523	Freestanding Clinic - family practice	3105	Adult foster care - daily
	0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A	3109	Adult foster care - other
	0525	Stay at SNF Freestanding Clinic - Visit by RHC/FQHC		
		Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or		
	0.526	Other Residential Facility		
T41	0526	Freestanding Clinic - urgent care	C	C1 :
Length:	4	VI I	Source:	Claim
Field 3:		ENUE_CODE_SEQUENCE_NUMBER		C41
T	_	nment of numbers to indicate the order of		
Length:	3	* * * * * * * * * * * * * * * * * * * *	Source:	Assigned
Field 4:		CS_QUALIFIER		
	HCFA	A Common Procedure Coding System (H	CPCS) Co	odes Indicator
Length:	2	Type: Alphanumeric Data	Source:	Claim
Field 5:	НСРО	CS_PROCEDURE_CODE		
		A Common Procedure Coding System (H	CPCS) co	de applicable to ancillary services or
		modations.	C1 C5) C 0	de applicable to allemary services of
C. P C.L			1.0 / //	NHCDCG/I: 4 C 1 4 1' 4
Coding Scheme:	_	tp://www.cms.hhs.gov/HCPCSReleaseCo		
Length:	5		Source:	Claim
Field 6:	MOD	IFIER_1		
	Identi	fies special circumstances related to the p	performan	ce of the service
Coding Scheme:	22	Increased procedural services	P4	A patient with severe systemic disease that is a constant threat to life
	23	Unusual Anesthesia	P5	A moribund patient who is not expected to survive without the operation
	24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Car		A declared brain-dead patient whose organs are being removed for donor purposes
	25	Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Ot Qualified Health Care Professional on the Same D	her	Upper left eyelid
	26	of the Procedure or Other Service Professional Component	E2	Lower left eyelid
	27	Multiple Outpatient Hospital E/M Encounters on t		Upper right eyelid
2024		Same Date		
2024		Page 50 —		

	33 47 50 51 52 53	Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures Reduced Services	F1 F2 F3 F4	Left hand, second digit Left hand, third digit Left hand, fourth digit Left hand, fifth digit
	50 51 52	Bilateral Procedure Multiple Procedures	F3 F4	Left hand, fourth digit
	51 52	Multiple Procedures	F4	
	52			Left hand, fifth digit
			E5	
		Discontinued Procedure	F5 F6	Right hand, thumb Right hand, second digit
	54	Surgical Care Only	F7	Right hand, third digit
	55	Postoperative Management Only	F8	Right hand, fourth digit
	56	Preoperative Management Only	F9	Right hand, fifth digit
	57	Decision for Surgery	FA	Left hand, thumb
	58	Staged or Related Procedure or Service by the Same	GG	Performance and payment of a screening mammography
		Physician or Other Qualified Health Care Professional During the Postoperative Period		and diagnostic mammography on same patient, same day
	59	Distinct Procedural Service	GH	Diagnostic mammogram converted from screening mammogram on same day
	62	Two Surgeons	LC	Left circumflex coronary artery
	63	Procedure Performed on Infants less than 4kg	LD	Left anterior descending coronary artery
	66	Surgical Team	LM	Left main coronary artery
	73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the Administration of Anesthesia	LT	Left side of the body procedure
	74	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after Administration of Anesthesia	QM	Ambulance service provided under arrangement by a provider of services
	76	Repeat Procedure by Same Physician or Other Qualified Health Care Professional	QN	Ambulance service furnished directly by a provider of services
	77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional	RC	Right coronary artery
	78	Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a	RI	Ramus intermedius coronary artery
	79	Related Procedure During the Postoperative Period Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period	RT	Right side of the body procedure
	80	Assistant Surgeon	T1	Left foot, second digit
	81	Minimum Assistant Surgeon	T2	Left foot, third digit
	82	Repeat procedure by same physician	T3	Left foot, fourth digit
	90	Reference (Outside) Laboratory	T4	Left foot, fifth digit
	91	Repeat Clinical Diagnostic Laboratory Test	T5	Right foot, great toe
	92	Alternative Laboratory Platform Testing	T6	Right foot, second digit
	95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System	T7	Right foot, third digit
	99	Multiple Modifiers	T8	Right foot, fourth digit
	1P	Performance Measure Exclusion Modifier due to Medical Reasons	Т9	Right foot, fifth digit
	2P	Performance Measure Exclusion Modifier due to Patient Reasons	TA	Left foot, great toe
	3P	Performance Measure Exclusion Modifier due to System Reasons	XE	Separate Encounter
	8P	Performance Measure Reporting Modifier- Action not performed, reason not otherwise specified	XS	Separate Structure
	P1	A normal healthy patient	XP	Separate Practitioner
	P2	A patient with mild systemic disease	XU	Unusual Non-Overlapping Service
	P3	A patient with severe systemic disease		
Length:	2	Type: Alphanumeric Data Sou	urce:	Claim
ield 7:	MO	DIFIER 2		
Coding Scheme:	Ident	tifies special circumstances related to the performance as MODIFIER 1	ormanc	ee of the service.
~	2	Type: Alphanumeric Data Sou	Irea.	Claim
Length:		* *	ui CC:	Ciaiiii
Field 8:	Ident	DIFIER_3 tifies special circumstances related to the perfo	ormanc	ee of the service.
	Same	e as MODIFIER_1		
Coding Scheme:		Type: Alphanumeric Data Sou	urce:	Claim
_	2	TYDE. Alphanumene izazanin		
Length:	2 MOI	V1 1		
Coding Scheme: Length: Field 9:		DIFIER_4		

	Identifies special circumstances related to the performance of the service.									
Coding Scheme:	Same as MODIFIER_1									
Length:	2	Type:	Alphanumeric	Data Source:	Claim					
Field 10:			REMENT_CODE							
	Code	specifying	the units in which a v	alue is being express	sed.					
Coding Scheme:	DA	Days								
Ü	F2	Internatio	nal unit							
	UN	Unit		TD 4 C	OI :					
Length:	2	Type:	Alphanumeric	Data Source:	Claim					
Field 11:	UNITS_OF_SERVICE									
	Nume	eric value c	of quantity							
Length:	7	Type:	Numeric	Data Source:	Claim					
Field 12:	UNIT	_RATE								
	Rate	per unit								
Length:	12	Type:	Numeric	Data Source:	Claim					
Field 13:	CHR	GS_LINE	ITEM							
	Total	amount of	the charge							
Length:	14	Type:	Numeric	Data Source:	Assigned					
Field 14:	CHR	GS_NON_	COV							
	Total	non-cover	ed amount of the char	ge						
Length:	14	Type:	Alphanumeric	Data Source:	Assigned					

INPATIENT FACILITY TYPE INDICATOR FILE

Field 1:	THCIC_ID		
T 0	Provider ID. Unique identifier ass		
Length:	6 Type: Alphanumeric	Data Source:	Assigned
Field 2:	PROVIDER_NAME		
	Hospital name provided by the ho	-	
Length:	55 Type: Alphanumeric	Data Source:	Provider
Field 3:	PROVIDER_ADDR		
_	Hospital address provided by the	-	
Length:	50 Type: Alphanumeric	Data Source:	Provider
Field 4:	PROVIDER_CITY		
	Hospital city provided by the hosp	•	
Length:	20 Type: Alphanumeric	Data Source:	Provider
Field 5:	PROVIDER_STATE		
	Hospital state provided by the hos	-	
Length:	2 Type: Alphanumeric	Data Source:	Provider
Field 6:	PROVIDER_ZIP		
	Hospital ZIP code provided by the		
Length:	9 Type: Alphanumeric	Data Source:	Provider
Field 7:	FAC_TEACHING_IND		
	Teaching Facility Indicator.		
Coding Scheme:	A Member, Council of Teaching	Hospitals	
	X Other Teaching facility		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 8:	FAC_PSYCH_IND		
	Psychiatric Facility Indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 9:	FAC_REHAB_IND		
	Rehabilitation Facility Indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 10:	FAC_ACUTE_CARE_IND		
	Acute Care Facility Indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 11:	FAC SNF IND		
	Skilled Nursing Facility Indicator	. Hospital facility type in	ndicator provided by the hospital.
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 12:	FAC_LONG_TERM_AC_IND	1	
	Long Term Acute Care Facility Ir	ndicator.	
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 13:	FAC_OTHER_LTC_IND		
	Other Long Term Care Facility In	dicator.	
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 14:	FAC PEDS IND		
	Pediatric Facility Indicator.		
Coding Scheme:	C Member, Council of Teaching 1	Hospitals	
S	X Facility also treat children	-	
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 15:	POA PROVIDER INDICATO		
			Diagnosis Present on Admission (POA) codes.
	-,	1	(=) ••••••

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department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals,

Cancer Hospitals Children's or Pediatric Hospitals and Long-Term Care Hospitals.

Coding Scheme: M Mixed (Facility has sections that would be exempted from reporting POA for those patients)

R Required X Exempt Invalid

Length: 1 Type: Alphanumeric Data Source: Assigned

Field 16: PROVIDER COUNTY

Hospital COUNTY provided by the hospital.

Length: 3 Type: Alphanumeric Data Source: Provider

INPATIENT GROUPER DATA FILE

Field 1:	RECORD_ID								
_	Provider ID. Unique identifier assigned to the provider by THCIC.								
Length:	6 Type: Alphanumeric Data Source: Assigned								
Field 2:	FROZEN_MS_DRG								
	Medicare Severity Diagnostic Related Group (MS DRG) as assigned by software developed for Centers for								
	Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) to								
	facilitate hospital payment for Medicare beneficiaries. The calculation for this field is updated annually.								
Length:	3 Type: Alphanumeric Data Source: Assigned								
Field 3:	FROZEN_MS_MDC								
	Medicare Severity (MS) Major Diagnostic Category MDC) is a three-digit numeric code that groups								
	beneficiary diagnosis codes into broad categories based on condition type and body region ¹³ as assigned b								
	software developed for the Centers for Medicare and Medicaid Services (CMS) (formerly Health Care								
	Financing Administration (HCFA)) It facilitates hospital payment for Medicare beneficiaries. First								
	available 2004. The calculation for this field is updated annually.								
Length:	2 Type: Alphanumeric Data Source: Assigned								
Field 4:	FROZEN_MS_GROUPER_VERSION_NBR								
	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.								
Langth	The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned								
Length:	V1 1								
Field 5:	FROZEN_MS_GROUPER_ERROR_CODE Error codes identify potential variations with MS DRG code assignment. The calculation for this field is								
Coding Scheme:	updated annually.								
coung scheme.	No errors DRG successfully								
	$\frac{19}{\text{assigned.}}$ DisableHac = 0 and at least one HAC POA is invalid or exempt								
	Diagnosis code cannot be used as 20 DisableHac is invalid and at least one HAC POA is N or U								
	principal diagnosis Pagard dags not meet criteria for								
	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 Invalid Sex 23 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								
	Illogical Principal Diagnosis (CMS DisableHae is invalid and there are multiple HACs that have different HAC PO								
	only) values that are not Y or W								
T 41	11 Invalid Principal Diagnosis								
Length:	2 Type: Alphanumeric Data Source: Assigned								
Field 6:	FROZEN_APR_DRG								
	All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG Grouper (3M								
	All Patient Refined Diagnostic Related Groups inpatient grouper). Incorporates risk of mortality (ROM)								
_	and severity of illness (SOI) scores into DRGs. The calculation for this field is updated annually.								
Length:	4 Type: Alphanumeric Data Source: Assigned								
Field 7:	FROZEN_RISK_MORTALITY								
	Assignment of a risk of mortality score from the 3M APR-DRG Grouper (3M All Patient Refined								
	Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four risk-of-mortality levels								
	for their specific base 3M APR DRG. Often correlated with the risk of mortality, however it is possible to								
	have an illness of high severity, but low mortality risk. The risk of mortality score indicates the likelihood								
	of dying. The calculation for this field is updated annually. Minor								
Coding Scheme:	2 Moderate								
Coung scheme:	3 Major								
	4 Extreme								
Length:	1 Type: Alphanumeric Data Source: Assigned								
Field 8:	FROZEN ILLNESS SEVERITY								

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	Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M APR-DRG Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four severity levels dependent upon the number and interaction of complications and comorbidities for their specific base 3M APR DRG. Indicates the extent of physiologic decompensation. The calculation for this field is updated annually.								
Coding Scheme:	1 Minor 2 Moderate								
coung seneme.	3 Major								
	4 Extreme 0 No class specified								
Length:	1 Type: Alphanumeric Data Source: Provider								
Field 9:	FROZEN_APR_MDC								
	All Patient Refined (APR) Major Diagnostic Category (MDC) is a three-digit numeric code that groups beneficiary diagnosis codes into broad categories based on condition type and body region as assigned by 3M APR-DRG Grouper, version 20. 3M All Patient Refined – Diagnostic Related Groups (3M APR-DRG) is a methodology that classifies hospital inpatients according to reasons for admission, severity of illness and risk of mortality. It is a proprietary product of the company 3M. A grouper refers to software or methodology to classify patients into groups for classification, payment and analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG Software), Outpatient Groupers (3M Enhanced Ambalatory Patient Groupers (EAPC) and Paralletics Health Groupers (Clinical Birls Grouper)								
	Enhanced Ambulatory Patient Groups – EAPGs) and Population Health Groupers (Clinical Risk Groups),								
Length:	among others. The calculation for this field is updated annually. 2 Type: Alphanumeric Data Source: Assigned								
Field 10:	FROZEN APR GROUPER								
	VERSION_NBR								
	Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually.								
Length:	5 Type: Alphanumeric Data Source: Assigned								
Field 11:	FROZEN_APR_GROUPER_ERROR_ CODE								
	Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition POA: Present on Admission DRG: Diagnostic Related Group 00 No errors. DRG successfully 12 Gestational age/birth weight conflict (APR only) assigned								
Coding Scheme:	Diagnosis code cannot be used as 19 DisableHac = 0 and at least one HAC POA is invalid or exempt								
	principal diagnosis Record does not meet criteria for any 20 DisableHac is invalid and at least one HAC POA is N or U DRG								
	03 Invalid Age 21 DisableHac is invalid and at least one HAC POA is invalid or exempt								
	04 Invalid Sex 22 DisableHac = 0 and at least one HAC POA is exempt 05 Invalid Discharge Status 23 DisableHac is invalid and at least one HAC POA is exempt								
	06 Invalid birthweight (AP & APR 24 DisableHac = 0 and there are multiple HACs that have different HAC POA values								
	only) that are not Y, W, N, U 109 Invalid discharge age in days (AP & 25 DisableHac is invalid and there are multiple HACs that have different HAC POA								
	APR only) values that are not Y or W								
Length:	11 Invalid Principal Diagnosis 2 Type: Alphanumeric Data Source: Assigned								
Field 12:	MS DRG								
	Medicare Severity Diagnostic Related Group (MS DRG) as assigned by software developed for Centers for								
	Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) to								
	facilitate hospital payment for Medicare beneficiaries. The calculation for this field is updated quarterly.								
Length:	3 Type: Alphanumeric Data Source: Assigned								
Field 13:	MS_MDC Medicare Severity (MS) Major Diagnostic Category MDC) is a three-digit numeric code that groups beneficiary diagnosis codes into broad categories based on condition type and body region ¹³ as assigned by software developed for the Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) It facilitates hospital payment for Medicare beneficiaries. First available 2004. The calculation for this field is updated quarterly.								
Length:	2 Type: Alphanumeric Data Source: Assigned								
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EMERGENCY DEPARTMENT RESEARCH DATA FILE Field 14: MS GROUPER VERSION NBR CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and reported as HCFA GROUPER VERSION NBR) version used to assign MS DRG and, MS MDC codes. The calculation for this field is updated quarterly. **Coding Scheme:** C Member, Council of Teaching Hospitals X Facility also treat children Alphanumeric Length: Type: **Data Source:** Assigned MS GROUPER ERROR CODE Field 15: Error codes identify potential variations with MS DRG code assignment. The calculation for this field is updated quarterly. **Coding Scheme:** No errors. DRG successfully 00 19 DisableHac = 0 and at least one HAC POA is invalid or exempt assigned. Diagnosis code cannot be used as 20 01 DisableHac is invalid and at least one HAC POA is N or U principal diagnosis Record does not meet criteria for 21 02 DisableHac is invalid and at least one HAC POA is invalid or exempt any DRG 03 Invalid Age 22 DisableHac = 0 and at least one HAC POA is exempt 04 Invalid Sex 23 DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that 05 Invalid Discharge Status 24 are not Y, W, N, U Illogical Principal Diagnosis DisableHac is invalid and there are multiple HACs that have different HAC POA 10 25 (CMS only) values that are not Y or W 11 Invalid Principal Diagnosis Length: Alphanumeric **Data Source:** Assigned Type: Field 16: APR DRG All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). Incorporates risk of mortality (ROM) and severity of illness (SOI) scores into DRGs. Alphanumeric Length: Type: **Data Source:** Assigned Field 17: RISK MORTALITY Assignment of a risk of mortality score from the 3M APR-DRG Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four risk-of-mortality levels for their specific base 3M APR DRG. Often correlated with the risk of mortality, however it is possible to have an illness of high severity, but low mortality risk. The risk of mortality score indicates the likelihood of dying. The calculation for this field is updated quarterly. Minor 2 Moderate **Coding Scheme:** 3 Major Extreme Length: Alphanumeric **Data Source:** Asigned Type: Field 18: **ILLNESS SEVERITY** Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M APR-DRG Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four severity levels dependent upon the number and interaction of complications and comorbidities for their specific base 3M APR DRG. Indicates the extent of physiologic decompensation. The calculation for this field is updated quarterly. Minor

Length: 1 Type:

2

3

4

APR MDC

Coding Scheme:

All Patient Refined (APR) Major Diagnostic Category (MDC) is a three-digit numeric code that groups beneficiary diagnosis codes into broad categories based on condition type and body region as assigned by 3M APR-DRG Grouper, version 20. 3M All Patient Refined – Diagnostic Related Groups (3M APR-DRG) is a methodology that classifies hospital inpatients according to reasons for admission, severity of illness and risk of mortality. It is a proprietary product of the company 3M.

Data Source:

Assigned

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Moderate

Major

Extreme No class specified

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Field 19:

Alphanumeric

	A grouper refers to software or methodology to classify patients into groups for classification, payment and analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG Software), Outpatient Groupers (3M									
	Enhanced Ambulatory Patient Groups – EAPGs) and Population Health Groupers (Clinical Risk Groups),									
			The calculation for this							
Length:	2	Type:	Alphanumeric	iiciu i	Data Source:	Assigned				
Field 20:	APR GROUPER VERSION NBR									
riciu 20.					1 771 1	1.4' C 41' C 11' 1.4 1 4 1-				
	_			Group		llation for this field is updated quarterly.				
Length:	5	Type:	Alphanumeric		Data Source:	Assigned				
Field 21:	APR GROUPER ERROR CODE									
	Erro	Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated quarterly.								
	HAC: Hospital Acquired Condition									
	POA: Present on Admission									
	DRG: Diagnostic Related Group									
	00				12 Gestational age/birth weight conflict (APR only)					
Cading Sahamas	01		code cannot be used as	19		at least one HAC POA is invalid or exempt				
Coding Scheme:		principal d				1				
	02		es not meet criteria for any	20	DisableHac is inval	id and at least one HAC POA is N or U				
		DRG								
	03	Invalid Ag		21	DisableHac is invalid and at least one HAC POA is invalid or exempt					
	04	Invalid Ser		22	DisableHac = 0 and at least one HAC POA is exempt					
	05		scharge Status	23		id and at least one HAC POA is exempt				
	06	Invalid bir	thweight (AP & APR only)	24	DisableHac = 0 and there are multiple HACs that have different HAC PO not Y, W, N, U					
	09	Invalid dis only)	charge age in days (AP & AI	PR 25						
	11		ncipal Diagnosis		are not 1 or W					
Length:	2	Type:	Alphanumeric		Data Source:	Assigned				

OUTPATIENT BASE FILE

Field 1:	SERVICE QUARTER									
·	Quarter during which service occurred. Year and quarter of service. yyyyQn.									
	1st Quarter (YYYYQ1): 1st January-31st March of that corresponding year.									
			th June of that correspo							
			September of that corre							
			1st December of that co							
Length:	6 Type:	Alphanumeric	Assigned							
Field 2:	RECORD ID	•								
	Record Identificat	tion Number. Unique	number to identify the r	ecord within the research data file.						
				ssociated with a patient's visit. Does						
				Does match with RECORD_ID in						
		d Outpatient RDFs (R		_						
Length:	12 Type:	Alphanumeric	Data Source:	Assigned						
Field 3:	PAT UNIQUE	INDEX	DEX							
			patient by THCIC. A pa	atient unique index is assigned for						
				multiple Record IDs associated with						
	a one PUI (see Fig			•						
Length:	10 Type:	Alphanumeric	Data Source:	Assigned						
Field 4:	THCIC ID	•		-						
		ue identifier assigned	l to the provider by THC	CIC.						
Length:	6 Type:	Alphanumeric	Data Source:	Assigned						
Field 5:	SPEC UNIT 1	-								
	Specialty Unit in which most days' stay occurred based on number of days by Type of Bill (See									
	Field # 38) or Revenue Code. For revenue code list see this document, section titled "Charges Data									
	File" (Field # 2).									
Coding Scheme:	C Coronary Car	e Unit	P Pediatric Unit							
9	D Detoxification	ı Unit	Y Psychiatric Unit							
	I Intensive Care	e Unit	R Rehabilitation Unit							
	H Hospice Unit N Nursery		U Sub-acute Car S Skilled Nursin							
	B Obstetric Unit	t	Blank Acute Care	ig Chit						
	O Oncology Uni									
Length:	1 Type:	Alphanumeric	Data Source:	Calculated						
Field 6:	SPEC_UNIT_2									
				number of days by Type of Bill						
		venue Code (See Fiel	ld # 5).							
Coding Scheme:	Same as SPEC_U	_								
Length:	1 Type:	Alphanumeric	Data Source:	Calculated						
Field 7:	SPEC_UNIT_3									
	1 "	-	•	number of days by Type of Bill						
		venue Code (See Fiel	ld # 5).							
Coding Scheme:	Same as SPEC_U									
Length:	1 Type:	Alphanumeric	Data Source:	Calculated						
Field 8:	SPEC_UNIT_4									
				number of days by Type of Bill						
	(Field # 38) or Revenue Code (See Field # 5).									
Coding Scheme:										
Length:	1 Type:	Alphanumeric	Data Source:	Calculated						
Field 9:	SPEC_UNIT_5									
	Specialty Unit in	which 5th most days'	stay occurred based on r	number of days by Type of Bill						
	(Field # 38) or Re	venue Code (See Fiel								
Coding Scheme:	Same as SPEC_U									
Length:	1 Type:	Alphanumeric	Data Source:	Calculated						
2024										
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Field 10:	ENCOUNTER IN	ENCOUNTER INDICATOR								
ricia ro.			reate the encounter. T	The encounter refers to an electronic						
				patient episode of care (admission						
	through discharge) by a provider in a patient care setting. Some non-acute care patients may have									
				xample, patients in rehabilitation						
		n care hospitals, or ps		1 71						
Length:	2 Type:	Alphanumeric	Data Source:	Calculated						
Field 11:	SEX CODE	•								
	_	nt as recorded at date	of admission or start	of care.						
Coding Scheme:	M Male									
8	F Female									
· .	U Unknown	.1.1	D + C	CI.						
Length:	1 Type:	Alphanumeric	Data Source:	Claim						
Field 12:	BIRTH_DATE			0						
		tient as recorded at d								
Length:	8 Type:	Alphanumeric	Data Source:	Claim						
Field 13:	PAT_AGE_GRO									
	Code indicating ag	e of patient in days or	years on date of disc	charge.						
	00 1-28 days	10 35-39	20	85-89						
Coding Scheme:	00 1-28 days 01 29-365 days	11 40-44	21	90+						
	02 1-4 years	12 45-49		nd drug/alcohol use patients:						
	03 5-9	13 50-54	22	0-17						
	04 10-14	14 55-59	23	18-44						
	05 15-17 06 18-19	15 60-64 16 65-69	24 25	45-64 65-74						
	07 20-24	17 70-74	26	75+						
	08 25-29	18 75-79	`	Invalid						
[09 30-34 2 T	19 80-84	Data Carrea	A: 1						
Length:	2 Type:	Alphanumeric	Data Source:	Assigned						
Field 14:	PAT_AGE_YEAR	cs ears on date of discha	***							
Length:	3 Type:	Alphanumeric	Data Source:	Claim						
Field 15:	PAT AGE DAYS		Data Source.	Cium						
ricia 13.		ys on date of dischar	roe							
Length:	5 Type:	Alphanumeric	Data Source:	Claim						
Field 16:	RACE									
1010 101	Code indicating the	e patient's race.								
Coding Scheme:		n/Eskimo/Aleut								
g	2 Asian or Pacific	Slander								
	3 Black									
	4 White 5 Other									
Length:	1 Type:	Alphanumeric	Data Source:	Claim						
Field 17:	ETHNICITY									
		Hispanic origin of th	ne patient.							
Coding Scheme:	1 Hispanic Origin		1							
8	2 Not of Hispanio									
Length:	1 Type:	Alphanumeric	Data Source:	Claim						
Field 18:		NSUS_BLOCK_GRO								
			ress. A block group c	onsists of clusters of blocks within						
	the same census tra	ct.								
Length:	14 Type:	Alphanumeric	Data Source:	Calculated						
Field 19:	PAT_ADDR_CEN									
	Census block of patient street address. A census block is a statistical area bounded by visible features and nonvisible boundaries. It is the geographical basis used by the Census Bureau to									
		note ocumenties. It is	s. It is the geographical basis used by the Census Bure							
	tabulate data									
Length:		Alphanumeric	Data Source:	Calculated						
Length:	tabulate data			Calculated						

Field 20:	PAT_CITY									
T	Patient address city as provided by the patient.									
Length:	30	V 1 1				rce:	Provider			
Field 21:		_STATE								
	Patient address state as provided by the patient.									
Length:	2	Type:	Alpha	numeric	Data Sou	rce:	Provider			
Field 22:	PAT									
		nt address ZIP			-					
Length:	9	Type:	Alpha	numeric	Data Sou	rce:	Provider			
Field 23:	PAT	_COUNTRY								
				ntial address.	List maintai	ned by the Inte	ernational O	rganization for		
		lardization (IS								
Coding scheme:		vww.ISO.org fo								
Length:	2	Type:	Alpha	numeric	Data Sou	rce:	Provider			
Field 24:		_COUNTY								
		code of patien		•						
Coding scheme:	001	Anderson	129	Donley	257	Kaufman	385	Real		
	003 005	Andrews	131	Duval Eastland	259 261	Kendall	387 389	Red River Reeves		
	003	Angelina Aransas	133 135	Eastland	263	Kenedy Kent	389	Refugio		
	009	Archer	137	Edwards	265	Kerr	393	Roberts		
	011	Armstrong	139	Ellis	267	Kimble	395	Robertson		
	013	Atascosa	141	El Paso	269	King	397	Rockwall		
	015 017	Austin Bailey	143 145	Erath Falls	271 273	Kinney Kleberg	399 401	Runnels Rusk		
	017	Bandera	143	Fannin	275	Knox	401	Sabine		
	021	Bastrop	149	Fayette	283	La Salle	405	San Augustine		
	023	Baylor	151	Fisher	277	Lamar	407	San Jacinto		
	025	Bee	153	Floyd	279	Lamb	409	San Patricio		
	027 029	Bell Bexar	155 157	Foard Fort Bend	281 285	Lampasas Lavaca	411 413	San Saba Schleicher		
	023	Blanco	159	Franklin	287	Lee	415	Scurry		
	033	Borden	161	Freestone	289	Leon	417	Shackelford		
	035	Bosque	163	Frio	291	Liberty	419	Shelby		
	037	Bowie	165	Gaines	293	Limestone	421	Sherman Smith		
	039 041	Brazoria Brazos	167 169	Galveston Garza	295 297	Lipscomb Live Oak	423 425	Somervell		
	043	Brewster	171	Gillespie	299	Llano	427	Starr		
	045	Briscoe	173	Glasscock	301	Loving	429	Stephens		
	047	Brooks	175	Goliad	303	Lubbock	431	Sterling		
	049 051	Brown Burleson	177 179	Gonzales	305 307	Lynn McCulloch	433 435	Stonewall Sutton		
	051	Burnet	181	Gray Grayson	307	McLennan	433	Swisher		
	055	Caldwell	183	Gregg	311	McMullen	439	Tarrant		
	057	Calhoun	185	Grimes	313	Madison	441	Taylor		
	059 061	Callahan	187	Guadalupe	315 317	Marion Martin	443 445	Terrell		
	063	Cameron Camp	189 191	Hale Hall	317	Martin Mason	445 447	Terry Throckmorton		
	065	Carson	193	Hamilton	321	Matagorda	449	Titus		
	067	Cass	195	Hansford	323	Maverick	451	Tom Green		
	069	Castro	197	Hardeman	325	Medina	453	Travis		
	071 073	Chambers Cherokee	199 201	Hardin Harris	327 329	Menard Midland	455 457	Trinity Tyler		
	075	Childress	201	Harrison	329	Milam	457 459	Tyler Upshur		
	077	Clay	205	Hartley	333	Mills	461	Upton		
	079	Cochran	207	Haskell	335	Mitchell	463	Uvalde		
	081	Coke	209	Hays	337	Montague	465	Val Verde		
	083 085	Coleman Collin	211 213	Hemphill Henderson	339 341	Montgomery Moore	467 469	Van Zandt Victoria		
	085 087	Collingsworth	213	Henderson Hidalgo	341	Morris	469 471	Victoria Walker		
	089	Colorado	217	Hill	345	Motley	473	Waller		
	091	Comal	219	Hockley	347	Nacogdoches	475	Ward		
	093	Comanche	221 223	Hood Hopkins	349	Navarro Newton	477 479	Washington		
	095	Concho			351			Webb		

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099	Coryell	227	Howard	355	Nueces	483	Wheeler
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
105	Crockett	233	Hutchinson	361	Orange	489	Willacy
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
109	Culberson	237	Jack	365	Panola	493	Wilson
111	Dallam	239	Jackson	367	Parker	495	Winkler
113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
119	Delta	247	Jim Hogg	375	Potter	503	Young
121	Denton	249	Jim Wells	377	Presidio	505	Zapata
123	Dewitt	251	Johnson	379	Rains	507	Zavala
125	Dickens	253	Jones	381	Randall		
127	Dimmit	255	Karnes	383	Reagan	•	Invalid
3	Type:	Alpha	numeric	Data Sour	rce:	Assigned	, based on patient ZIP code

Field 25: PUBLIC HEALTH REGION

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, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
- Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- 3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties
- 4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
- 5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties
- 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
- 11 Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties

Length: Alphanumeric **Data Source:**

Field 26: TYPE OF ADMISSION

Code indicating the type of admission. Hospital emergency department visits only.

Coding Scheme:

Length:

- Emergency
- Urgent
- Elective
- Newborn
- Trauma Center
- Information not available

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

Field 27: SOURCE OF ADMISSION

Code indicating source of the admission. Hospital emergency department visits only.

Coding Scheme:

- Non-Healthcare Facility Point of Origin (Beginning July 1, 2010)
- Clinic or Physician's Office
- Transfer from a hospital
- Transfer from a skilled nursing facility, intermediate care facility or 5
- assisted living facility
- 6 Transfer from another health care facility
- 8 Court/Law Enforcement
- 9 Information not available
- Transfer from One distinct Unit of the Hospital to another Distinct Unit of
 - the Same Hospital Resulting in a Separate Claim to the Payer

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	E Transfer from Ambulatory Surgery Center		
	F Transfer from a Hospice Facility		
	G Transfer from a designated hospital disaster alternate	e care site	
	(Effective 7/1/2020) If Type of Admission=4 (Newborn)		
	5 Born inside this hospital		
	6 Born outside this hospital		
Length:	1	Source:	Claim
Field 28:	FIRST PAYMENT SRC	3041001	O Lami
11014 201	Code indicating the expected primary source of p	avment.	
Cadina Sahama	09 Self-Pay (Removed from 5010 format, use "ZZ"	HM	Health Maintenance Organization
Coding Scheme:	beginning 2Q2012 data)	* *	w + 4 Mil
	10 Central Certification 11 Other Non-federal Programs	LI LM	Liability Liability Medical
	12 Preferred Provider Organization (PPO)	MA	Medicare Part A
	13 Point of Service (POS)	MB	Medicare Part B
	14 Exclusive Provider Organization (EPO)	MC	Medicaid Tid N
	 Indemnity Insurance Health Maintenance Organization (HMO) Medicare 	TV OF	Title V Other Federal Program
	Risk	OI	Other redefair riogram
	AM Automobile Medical	VA	Veteran Administration Plan
	BL Blue Cross/Blue Shield CH CHAMPUS	WC ZZ	Workers Compensation Health Claim
	CI Commercial Insurance	<i>LL</i>	Charity, Indigent or Unknown Codes 09 and ZZ, combined for 2004 & 2005
	DS Disability Insurance	•	Invalid
Length:	2 Type: Alphanumeric Data	Source:	Claim
Field 29:	FIRST_PAYER_ID		
	National Plan Identifier (when implemented by f		
	National Payer ID: a system for uniquely identify		rganizations that pay for health care
	services. Also known as Health Plan ID, or Plan		
Length:		Source:	Claim
Field 30:	FIRST_PAYER_NAME		
	Name of primary source of payment.		
Length:	35 Type: Alphanumeric Data	Source:	Claim
	1		
Field 31:	SECONDARY_PAYMENT_SRC		
Field 31:	SECONDARY_PAYMENT_SRC Code indicating the expected secondary source or		nt.
Field 31: Coding Scheme:	SECONDARY_PAYMENT_SRC Code indicating the expected secondary source o Same as FIRST_PAYMENT_SRC	f paymer	
Field 31: Coding Scheme: Length:	SECONDARY_PAYMENT_SRC Code indicating the expected secondary source of Same as FIRST_PAYMENT_SRC 2 Type: Alphanumeric Data is		nt. Claim
Field 31: Coding Scheme:	SECONDARY_PAYMENT_SRC Code indicating the expected secondary source of Same as FIRST_PAYMENT_SRC 2 Type: Alphanumeric Data	f paymer	Claim
Field 31: Coding Scheme: Length: Field 32:	SECONDARY_PAYMENT_SRC Code indicating the expected secondary source of Same as FIRST_PAYMENT_SRC 2 Type: Alphanumeric Data of SECONDARY_PAYER_ID National Plan Identifier (when implemented by formal secondary in the secondary source of Secon	f paymer Source:	Claim overnment).
Field 31: Coding Scheme: Length: Field 32: Length:	SECONDARY_PAYMENT_SRC Code indicating the expected secondary source of Same as FIRST_PAYMENT_SRC 2 Type: Alphanumeric	f paymer	Claim
Field 31: Coding Scheme: Length: Field 32:	SECONDARY_PAYMENT_SRC Code indicating the expected secondary source of Same as FIRST_PAYMENT_SRC 2 Type: Alphanumeric Data of SECONDARY_PAYER_ID National Plan Identifier (when implemented by form 10 Type: Alphanumeric Data of SECONDARY_PAYER_NAME	f paymer Source:	Claim overnment).
Field 31: Coding Scheme: Length: Field 32: Length: Field 33:	SECONDARY_PAYMENT_SRC Code indicating the expected secondary source of Same as FIRST_PAYMENT_SRC 2 Type: Alphanumeric Data of SECONDARY_PAYER_ID National Plan Identifier (when implemented by from 10 Type: Alphanumeric Data of SECONDARY_PAYER_NAME Name of secondary source of payment.	f paymer Source: ederal go Source:	Claim evernment). Claim
Field 31: Coding Scheme: Length: Field 32: Length: Field 33: Length:	SECONDARY_PAYMENT_SRC Code indicating the expected secondary source of Same as FIRST_PAYMENT_SRC 2 Type: Alphanumeric	f paymer Source:	Claim overnment).
Field 31: Coding Scheme: Length: Field 32: Length: Field 33:	SECONDARY_PAYMENT_SRC Code indicating the expected secondary source of Same as FIRST_PAYMENT_SRC 2 Type: Alphanumeric Data of SECONDARY_PAYER_ID National Plan Identifier (when implemented by factorized to the secondary source of payment. SECONDARY_PAYER_NAME Name of secondary source of payment. 35 Type: Alphanumeric Data of STMT_PERIOD_FROM	f paymer Source: ederal go Source:	Claim Overnment). Claim Claim
Field 31: Coding Scheme: Length: Field 32: Length: Field 33: Length: Field 34:	SECONDARY_PAYMENT_SRC Code indicating the expected secondary source of Same as FIRST_PAYMENT_SRC 2 Type: Alphanumeric Data of SECONDARY_PAYER_ID National Plan Identifier (when implemented by factorized to the secondary source of payment. SECONDARY_PAYER_NAME Name of secondary source of payment. 35 Type: Alphanumeric Data of STMT_PERIOD_FROM Beginning service date of the period reflected on	f paymen Source: Source: Source:	Claim Overnment). Claim Claim ment. Entered as YYYYMMDD.
Field 31: Coding Scheme: Length: Field 32: Length: Field 33: Length: Field 34: Length:	SECONDARY_PAYMENT_SRC Code indicating the expected secondary source of Same as FIRST_PAYMENT_SRC 2 Type: Alphanumeric	f paymer Source: ederal go Source:	Claim Overnment). Claim Claim
Field 31: Coding Scheme: Length: Field 32: Length: Field 33: Length: Field 34:	SECONDARY_PAYMENT_SRC Code indicating the expected secondary source of Same as FIRST_PAYMENT_SRC 2 Type:	f paymer Source: Source: the state Source:	Claim Claim Claim Claim ment. Entered as YYYYMMDD. Claim
Field 31: Coding Scheme: Length: Field 32: Length: Field 33: Length: Field 34: Length: Field 35:	SECONDARY_PAYMENT_SRC Code indicating the expected secondary source of Same as FIRST_PAYMENT_SRC 2 Type: Alphanumeric Data of SECONDARY_PAYER_ID National Plan Identifier (when implemented by from 10 Type: Alphanumeric Data of SECONDARY_PAYER_NAME Name of secondary source of payment. 35 Type: Alphanumeric Data of STMT_PERIOD_FROM Beginning service date of the period reflected on 8 Type: Alphanumeric Data of STMT_PERIOD_THRU Ending service date of the period reflected on the serv	f paymer Source: Source: the state Source:	Claim Claim Claim Claim ment. Entered as YYYYMMDD. Claim nt. Entered as YYYYMMDD.
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Discharged/transferred to hom	ic under t	are of an organized nome nearm service	organization in anticipation of covered
		Cancer Center or Children's Hospital (efface of an organized home health service)	
		provides custodial or supportive care	

Length:	3 Type:	Alphanumeric	Data Source:	Claim
Field 39:	PAT_REASON_			
	ICD-10-CM (Inte	rnational Classification	on of Diseases- Revision	on 10- Clinical Modification)
	diagnosis code de	escribing the patient's	reason for visit at the	time of outpatient registration, ⁶ to
	include the 4th, 5	th, 6th and 7th digits i	if applicable. Decimal	is implied following the third
	character.			
	*Note: As of Janu	ary 1, 2022, THCIC	is no longer collecting	PAT_REASON_FOR_VISIT in
	Outpatient Profes			
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 40:	PRINC_DIAG_0			
				ion 10 – Clinical Modification)
				condition established after study to be
				e the 4th, 5th, 6th and 7th digits if
			ng the third character.	
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 41:	OTH_DIAG_CO			
				ion 10 – Clinical Modification)
				diagnosis or develops subsequently
			e the 4th, 5th, 6th, and	7th digits if applicable. Decimal is
		g the third character.		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 42:	OTH_DIAG_CO			
				ion 10 – Clinical Modification)
				diagnosis or develops subsequently
			e the 4th, 5th, 6th and 7	7th digits if applicable. Decimal is
		the third character.		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 43:	OTH_DIAG_CO			
				ion 10 – Clinical Modification)
				diagnosis or develops subsequently
			e the 4th, 5th, 6th and 7	7th digits if applicable. Decimal is
		g the third character.	T	CI.
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 44:	OTH_DIAG_CO	_	251	
				ion 10 – Clinical Modification)
				diagnosis or develops subsequently
			e the 4th, 5th, 6th and 7	7th digits if applicable. Decimal is
		the third character.	D . C	CI.
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 45:	OTH_DIAG_CO		an :	
				ion 10 – Clinical Modification)
				diagnosis or develops subsequently
	C I		e the 4th, 5th, 6th and 7	7th digits if applicable. Decimal is
		g the third character.	T	CI.
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 46:	OTH_DIAG_CO	_		
				ion 10 – Clinical Modification)
	_			diagnosis or develops subsequently
				h, 6th and 7th digits if applicable.
_	_	ed following the third		~. ·
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 47:	OTH DIAG CO	DDE 7		
	- -	-		
		rnational Classification		ion 10 – Clinical Modification) diagnosis or develops subsequently

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	during a patient's treatment. To include the 4th, 5th, 6th and 7t implied following the third character.	h digits if applicable. Decimal is
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 48:	OTH DIAG CODE 8	
	ICD-10-CM (International Classification of Diseases – Revision diagnosis code for a condition that coexists with the principal of during a patient's treatment. To include the 4th, 5th, 6th and 7th implied following the third character.	liagnosis or develops subsequently
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 49:	OTH_DIAG_CODE_9 ICD-10-CM (International Classification of Diseases – Revision diagnosis code for a condition that coexists with the principal of during a patient's treatment. To include the 4th, 5th, 6th and 7th implied following the third character.	liagnosis or develops subsequently
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 50:	OTH_DIAG_CODE_10 ICD-10-CM (International Classification of Diseases – Revisior diagnosis code for a condition that coexists with the principal of during a patient's treatment. To include the 4th, 5th, 6th and 7th implied following the third character.	liagnosis or develops subsequently
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 51:	OTH_DIAG_CODE_11 ICD-10-CM (International Classification of Diseases – Revision diagnosis code for a condition that coexists with the principal of during a patient's treatment. To include the 4th, 5th, 6th and 7th implied following the third character.	liagnosis or develops subsequently
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 52:	OTH_DIAG_CODE_12 ICD-10-CM (International Classification of Diseases – Revision diagnosis code for a condition that coexists with the principal of during a patient's treatment. To include the 4th, 5th, 6th and 7th include the 4th, 6th, 6th, 6th, 6th, 6th, 6th, 6th, 6	liagnosis or develops subsequently
Length:	implied following the third character. 7 Type: Alphanumeric Data Source:	Claim
Field 53:	OTH_DIAG_CODE_13 ICD-10-CM (International Classification of Diseases – Revision diagnosis code for a condition that coexists with the principal of during a patient's treatment. To include the 4th, 5th, 6th and 7th implied following the third character.	on 10 – Clinical Modification) liagnosis or develops subsequently h digits if applicable. Decimal is
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 54:	OTH_DIAG_CODE_14 ICD-10-CM (International Classification of Diseases – Revisio diagnosis code for a condition that coexists with the principal during a patient's treatment. To include the 4th, 5th, 6th and 7t implied following the third character.	liagnosis or develops subsequently
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 55:	OTH_DIAG_CODE_15 ICD-10-CM (International Classification of Diseases – Revision diagnosis code for a condition that coexists with the principal of during a patient's treatment. To include the 4th, 5th, 6th and 7th implied following the third character.	liagnosis or develops subsequently
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 56:	OTH_DIAG_CODE_16 ICD-10-CM (International Classification of Diseases – Revision diagnosis code for a condition that coexists with the principal of	on 10 – Clinical Modification)

Length:	implied following 7 Type:	the third character. Alphanumeric	Data Source:	Claim
Field 57:	OTH DIAG CO		Data Source.	Claim
ricia 57.			n of Diseases – Revisio	n 10 – Clinical Modification)
				liagnosis or develops subsequently
	during a patient's	treatment. To include	the 4th, 5th, 6th and 7th	h digits if applicable. Decimal is
		the third character.		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 58:	OTH_DIAG_CC			
				on 10 – Clinical Modification)
	_		1 1	liagnosis or develops subsequently h digits if applicable. Decimal is
		the third character.	me 4m, 5m, 6m and 7m	ii digits ii applicable. Deciliai is
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 59:	OTH DIAG CO		2 50 60.	o i willing
1014 67 1		_	n of Diseases – Revisio	n 10 – Clinical Modification)
				liagnosis or develops subsequently
	during a patient's	treatment. To include	the 4th, 5th, 6th and 7th	h digits if applicable. Decimal is
		the third character.		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 60:	OTH_DIAG_CC		(D: D ::	10 (1) 114 1'6 (1)
	ICD-10-CM (Inte	rnational Classificatio	n of Diseases – Revisio	n 10 – Clinical Modification)
				liagnosis or develops subsequently h digits if applicable. Decimal is
		the third character.	the 4th, 5th, 6th and 7th	if digits if applicable. Beefinal is
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 61:	OTH DIAG CO			
		-	n of Diseases – Revisio	n 10 – Clinical Modification)
	diagnosis code fo	r a condition that coex	ists with the principal d	liagnosis or develops subsequently
			the 4th, 5th, 6th and 7th	h digits if applicable. Decimal is
		the third character.	D	CI.
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 62:	OTH_DIAG_CO	_	n of Disassas Pavisio	n 10 – Clinical Modification)
				liagnosis or develops subsequently
	•			digits if applicable. Decimal is
		the third character.	une 1111, 2 111, 0 111 unu 7 11	angle is approved a communication
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 63:	OTH_DIAG_CC	DE_23		
				n 10 – Clinical Modification)
				liagnosis or develops subsequently
	U 1		the 4th, 5th, 6th and 7th	n digits if applicable. Decimal is
I anatha	-	the third character.	Data Cauraa	Claim
Length: Field 64:	7 Type: OTH DIAG CO	Alphanumeric	Data Source:	Claim
rieiu 04.		_	n of Diseases – Revisio	n 10 – Clinical Modification)
				liagnosis or develops subsequently
				h digits if applicable. Decimal is
		the third character.	,, / 11	5 11
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 65:	RELATED_CAU			
			se of an illness, injury of	r an accident.
Coding Scheme:	AA Auto accid	ent		
	AB Abuse			
2024				
2024				

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	AP Another party	responsible		
	EM Employment	responsible		
	OA Other accident			
Length:		Alphanumeric	Data Source:	Claim
Field 66:	RELATED_CAUSE	E_CODE_2		
	Code identifying an a	accompanying caus	e of an illness, injury of	or an accident.
Coding Scheme:	Same as RELATED_			
Length:		Alphanumeric	Data Source:	Claim
Field 67:	RELATED_CAUSE			
			e of an illness, injury of	or an accident.
Coding Scheme:	Same as RELATED_			Claim
Length: Field 68:		Alphanumeric	Data Source:	Claim
rieiu oo:	E_CODE_1	ause of Morbidity/I	niury Code is an ICD	10-CM (International Classification
				code that is used to classify injury
				5th, 6th and 7th digits if applicable.
	Decimal is implied for			5 11
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 69:	E_CODE_2			
				10-CM diagnosis code that is used
				o include the 4th, 5th, 6th and 7th
T (1		-	-	racter (See Field # 68).
Length:	VI	Alphanumeric	Data Source:	Claim
Field 70:	E_CODE_3	ouse of Marhidity/I	nium Code is on ICD	10-CM (International Classification
				code that is used to classify injury
				5th, 6th and 7th digits if applicable
			haracter (See Field # 6	
Length:		Alphanumeric	Data Source:	Claim
	, IJPC.			
Field 71:	E_CODE_4			
Field 71:	E_CODE_4 E-Code – External Ca			10-CM (International Classification
Field 71:	E_CODE_4 E-Code – External Ca of Diseases – Revision	on 10 – Clinical Mo	dification) diagnosis o	code that is used to classify injury
Field 71:	E_CODE_4 E-Code – External Ca of Diseases – Revision events by mechanism	on 10 – Clinical Mo and intent of injur	dification) diagnosis of the diffication. To include the 4th,	
	E_CODE_4 E-Code – External Ca of Diseases – Revisio events by mechanism Decimal is implied for	on 10 – Clinical Mo a and intent of injur ollowing the third c	dification) diagnosis of y. To include the 4th, haracter.	code that is used to classify injury 5th, 6th and 7th digits if applicable.
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Length: Field 72: Length: Field 73: Length: Field 74:	E_CODE_4 E-Code - External Carof Diseases - Revision events by mechanism Decimal is implied for 7 Type: E_CODE_5 E-Code - External Carof Diseases - Revision events by mechanism Decimal is implied for 7 Type: E_CODE_6 E-Code - External Carof Diseases - Revision events by mechanism Decimal is implied for 7 Type: E_CODE_6 E-Code - External Carof Diseases - Revision events by mechanism Decimal is implied for 7 Type: E_CODE_7 E-Code - External Carof Diseases - Revision events by mechanism Decimal is implied for formal in the	on 10 – Clinical Monand intent of injure ollowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injure ollowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injure ollowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injure ollowing the third of and intent of injure ollowing the third of and intent of injure ollowing the third of ollowing the third of ollowing the third of	diffication) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-diffication) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-diffication) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-diffication) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-diffication) diagnosis of y. To include the 4th, haracter.	Claim 10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable.
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	of Diseases – Revi	sion 10 – Clinical Mo	odification) diagnosis	-10-CM (International Classification code that is used to classify injury
				5th, 6th and 7th digits if applicable.
Langth		following the third c		Claim
Length: Field 76:	7 Type: E CODE 9	Alphanumeric	Data Source:	Claim
rieiu /o:		Cause of Morbidity/I	Injury Code is an ICD	-10-CM (International Classification
				code that is used to classify injury
				5th, 6th and 7th digits if applicable.
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Length:	7 Type: 1	Alphanumeric	Data Source:	Claim
Field 77:	E_CODE_10			
				-10-CM (International Classification
				code that is used to classify injury
				5th, 6th and 7th digits if applicable.
	-	following the third c		~
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 78:	PROC_CODE_1	1 .1 1	24 4 12 1 4 1	6 11: 4 : 1
				ge performed during the period
				ion of standardized codes used to
				istent manner. Divided into Level 1 products, supplies, and services not
			vices and durable med	
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 79:	PROC CODE 2		2 2041 000	CAMANA
11014 //		or other procedure wit	th the next highest cha	arge performed during the period
		. HCPCS or CPT cod		-8- t
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 80:	PROC CODE 3			
		or other procedure wit	th the next highest cha	rge performed during the period
	covered by the bill	. HCPCS or CPT cod	e.	
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 81:	PROC_CODE_4			
				rge performed during the period
F (3	•	. HCPCS or CPT cod		CI.
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 82:	PROC_CODE_5	.1 1 2	1.1 .1.1 . 1	6 11 1 1 1
				rge performed during the period
	covered by the bill	. HCPCS or CPT cod	e.	
Langth.	5 Tymos	Alphanumaria	Data Courses	Claim
	5 Type:	Alphanumeric	Data Source:	Claim
	PROC_CODE_6	•		
	PROC_CODE_6 Code for surgical of	or other procedure wit	h the next highest cha	Claim
Field 83:	PROC_CODE_6 Code for surgical covered by the bill	or other procedure wit . HCPCS or CPT cod	th the next highest cha	rge performed during the period
Field 83: Length:	PROC_CODE_6 Code for surgical of covered by the bill 5 Type:	or other procedure wit	h the next highest cha	
Field 83: Length:	PROC_CODE_6 Code for surgical of covered by the bill 5 Type: PROC_CODE_7	or other procedure wit . HCPCS or CPT cod Alphanumeric	th the next highest cha e. Data Source:	rge performed during the period Claim
Field 83: Length:	PROC_CODE_6 Code for surgical of covered by the bill 5 Type: PROC_CODE_7 Code for surgical of	or other procedure wit HCPCS or CPT cod- Alphanumeric or other procedure wit	th the next highest cha e. Data Source: th the next highest cha	rge performed during the period
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Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 87:	PROC_CODE_1	0		
				rge performed during the period
	covered by the bi	ll. HCPCS or CPT cod	e.	
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 88:	PROC CODE 1	1		
	Code for surgical	or other procedure wi	th the next highest char	rge performed during the period
		ll. HCPCS or CPT cod		
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 89:	PROC CODE 1	2		
	Code for surgical	or other procedure wi	th the next highest char	rge performed during the period
		ll. HCPCS or CPT cod		
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 90:	PROC CODE 1	3		
			th the next highest char	rge performed during the period
		ll. HCPCS or CPT cod		
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 91:	PROC CODE 1	4		
- •			th the next highest char	rge performed during the period
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Length:	5 Type:	Alphanumeric	Data Source:	Claim
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1 icia >2.			th the next highest char	rge performed during the period
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Field 93:	PROC CODE 1		Data Source.	Ciami
riciu /3.			th the next highest char	rge performed during the period
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Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 94:	PROC_CODE_1		Data Source.	Ciann
riciu 74.			th the next highest char	rge performed during the period
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rieiu 93.			th the mout biobest show	was manfanna ad damin a tha mani ad
		ll. HCPCS or CPT cod		rge performed during the period
Lanatha	•			Claim
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				rge performed during the period
T 41	•	II. HCPCS or CPT cod		CI :
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 97:	PROC_CODE_2		a a1:1 . 1	C 11: 4 : 1
				rge performed during the period
T (1	•	II. HCPCS or CPT cod		C1 :
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 98:	PROC_CODE_2			
				rge performed during the period
	•	II. HCPCS or CPT cod		~. ·
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 99:	PROC_CODE_2			
				rge performed during the period
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	covered by the bi			
Length:	5 Type:	Alphanumeric	Data Source:	Claim

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Established or Last Reviewed 29 Date Outpatient PT Plan established or last reviewed F1 Birthdate	oding Scheme:	associated with a specific date. O1 Auto accident O2 No Fault Insurance Involved - Including Auto Accident/Other O3 Accident/ Tort Liability O4 Accident/ Employment Related O5 Other accident O6 Crime Victim O9 Start of Infertility Treatment Cycle 10 Last Menstrual Period 11 Onset of Symptoms/ Illness 12 Date of Onset for a Chronically Dependent Individual 16 Date of Last Therapy 17 Date Outpatient OT Plan Established or Last Reviewed 18 Date of Retirement - Patient/Beneficiary 19 Date of Retirement - Spouse 20 Date Guarantee of Payment Began 21 Date UR Notice Received 22 Date Active Care Ended 24 Date Insurance Denied 25 Date Benefits Terminated by Primary Payer 26 Date SNF Bed Became Available 27 Date Home Health Plan Established or Last	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2 C3 DR E1 F2	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Effective date - Insured C Policy Payer C benefits exhausted Katrina disaster related
29 Date Outpatient PT Plan established or last reviewed F1 Birthdate	oding Scheme:	associated with a specific date. O1 Auto accident O2 No Fault Insurance Involved - Including Auto Accident/Other O3 Accident/ Tort Liability O4 Accident/ Employment Related O5 Other accident O6 Crime Victim O9 Start of Infertility Treatment Cycle 10 Last Menstrual Period 11 Onset of Symptoms/ Illness 12 Date of Onset for a Chronically Dependent Individual 16 Date of Last Therapy 17 Date Outpatient OT Plan Established or Last Reviewed 18 Date of Retirement - Patient/Beneficiary 19 Date of Retirement - Spouse 20 Date Guarantee of Payment Began 21 Date UR Notice Received 22 Date Active Care Ended 24 Date Insurance Denied 25 Date Benefits Terminated by Primary Payer 26 Date SNF Bed Became Available 27 Date Home Health Plan Established or Last Reviewed	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2 C3 DR E1 E2	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Policy Payer C benefits exhausted Katrina disaster related Birthdate - Insured D Effective date - Insured D
<u>.</u>	oding Scheme:	associated with a specific date. O1 Auto accident O2 No Fault Insurance Involved - Including Auto Accident/Other O3 Accident/ Tort Liability O4 Accident/ Employment Related O5 Other accident O6 Crime Victim O9 Start of Infertility Treatment Cycle 10 Last Menstrual Period 11 Onset of Symptoms/ Illness 12 Date of Onset for a Chronically Dependent Individual 16 Date of Last Therapy 17 Date Outpatient OT Plan Established or Last Reviewed 18 Date of Retirement - Patient/Beneficiary 19 Date of Retirement - Spouse 20 Date Guarantee of Payment Began 21 Date UR Notice Received 22 Date Active Care Ended 24 Date Insurance Denied 25 Date Benefits Terminated by Primary Payer 26 Date SNF Bed Became Available 27 Date Home Health Plan Established or Last Reviewed 28 Date Comprehensive Outpatient Rehabilitation Plan	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2 C3 DR E1 E2	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Policy Payer C benefits exhausted Katrina disaster related Birthdate - Insured D
-	oding Scheme:	associated with a specific date. 11	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2 C3 DR E1 E2 E3	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Policy Payer C benefits exhausted Katrina disaster related Birthdate - Insured D Effective date - Insured D
	oding Scheme:	associated with a specific date. 11	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2 C3 DR E1 E2 E3	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Policy Payer C benefits exhausted Katrina disaster related Birthdate - Insured D Effective date - Insured D Effective date - Insured D

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	31 Date beneficiary notified o	f intent to bill F3	Deves Elements and another
	(accommodations)	C: 4 44 1.11 C1	Payer E benefits exhausted
	Date beneficiary notified o (procedures or treatments)	f intent to bill G1	Birthdate - Insured F
	Date of inpatient hospital d transplant patients	ischarge for non-covered G2	Effective date - Insured F Policy
	38 Date treatment started for h	nome IV therapy G3	Payer F benefits exhausted
	Date discharged on a conti	nuous course if IV	
Length:	therapy 2 Type: Alphan	numeric Data Source:	Claim
Field 106:	OCCUR DATE 1	differie Duta Source.	Cium
11014 1004	Date of occurrence, as YYYY	MMDD.	
Length:		numeric Data Source:	Claim
Field 107:	OCCUR_DAY_1		
		urrence Date <i>minus</i> STMT_P	
Length:	** *	numeric Data Source:	Calculated
Field 108:	OCCUR_CODE_2		
			hat may affect payer processing and is
Cadina Sahama	associated with a specific da		
Coding Scheme: Length:	Same as OCCUR_CODE_1 2 Type: Alphar	umeric Data Source:	Claim
Field 109:	OCCUR DATE 2	unicite Data Source.	Ciaiiii
riciu 107.	Date of occurrence, as YYYY	MMDD	
Length:		numeric Data Source:	Claim
Field 110:	OCCUR DAY 2		
		urrence Date minus STMT F	PERIOD FROM Date.
Length:	• •	numeric Data Source:	_ Calculated
Field 111:	OCCUR_CODE_3		
			that may affect payer processing and is
	associated with a specific da	te.	
Coding Scheme:	Same as OCCUR_CODE_1		
Length:	Same as OCCUR_CODE_1 2 Type: Alphar		Claim
_	Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_3	numeric Data Source:	Claim
Length: Field 112:	Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY	Data Source:	
Length: Field 112: Length:	Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar	numeric Data Source:	Claim
Length: Field 112:	Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3	Data Source: MMDD. numeric Data Source:	Claim
Length: Field 112: Length: Field 113:	Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ	Data Source: MMDD. numeric Data Source: urrence minus STMT_PERIC	Claim
Length: Field 112: Length:	Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar	Data Source: MMDD. numeric Data Source:	Claim DD_FROM Date.
Length: Field 112: Length: Field 113: Length:	Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4	MMDD. Data Source: Data Source: University Data Source: University Data Source: Data Source: Data Source:	Claim DD_FROM Date.
Length: Field 112: Length: Field 113: Length: Field 114:	Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significant associated with a specific data	Data Source: TMMDD. Data Source: Unrence minus STMT_PERIC Data Source: It event relating to the claim to the.	Claim DD_FROM Date. Calculated
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme:	Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significant associated with a specific day Same as OCCUR_CODE_1	Data Source: TMMDD. Tumeric Data Source: Turrence minus STMT_PERIC Tumeric Data Source: It event relating to the claim to the clai	Claim DD_FROM Date. Calculated that may affect payer processing and is
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length:	Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significant associated with a specific da Same as OCCUR_CODE_1 2 Type: Alphar	Data Source: TMMDD. Data Source: Unrence minus STMT_PERIC Data Source: It event relating to the claim to the.	Claim DD_FROM Date. Calculated
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme:	Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significant associated with a specific da Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_4	Data Source: TMMDD. Turrence minus STMT_PERICA Turrence	Claim DD_FROM Date. Calculated that may affect payer processing and is
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Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length: Field 115: Length:	Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significant associated with a specific da Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_4 Date of occurrence, as YYYY 8 Type: Alphar	Data Source: TMMDD. Turrence minus STMT_PERICA Turrence	Claim DD_FROM Date. Calculated that may affect payer processing and is
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length: Field 115:	Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significant associated with a specific da Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_4 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_4	Data Source: TMMDD. Data Source: Unrence minus STMT_PERIC Data Source: It event relating to the claim to	Claim DD_FROM Date. Calculated chat may affect payer processing and is Claim Claim
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length: Field 115: Length: Field 116:	Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significant associated with a specific data same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_4 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_4 OCCUR_DAY_4 Occurrence Day equals Occ	Data Source: TMMDD. Data Source:	Claim DD_FROM Date. Calculated Chat may affect payer processing and is Claim Claim Claim PERIOD_FROM Date.
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length: Field 115: Length: Field 116: Length:	Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significant associated with a specific data Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_4 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DATE_4 OCCUR_DATE_4 OCCUR_DAY_4 Occurrence Day equals Occ 4 Type: Alphar	Data Source: TMMDD. Data Source: Unrence minus STMT_PERIC Data Source: It event relating to the claim to	Claim DD_FROM Date. Calculated chat may affect payer processing and is Claim Claim
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length: Field 115: Length: Field 116:	Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significant associated with a specific data Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_4 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_4 Occurrence Day equals Occ 4 Type: Alphar OCCUR_DAY_4 Occurrence Day equals Occ 4 Type: Alphar	Data Source: TMMDD. Turrence minus STMT_PERICA Turrence minus STMT_PERICA Turrence minus STMT_PERICA Turrence Data Source: TMMDD. Turrence Data Source: TMMDD. Turrence Data minus STMT_P Turrence Data Source: Turrence Data Source:	Claim DD_FROM Date. Calculated Chat may affect payer processing and is Claim Claim PERIOD_FROM Date. Calculated
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Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length: Field 115: Length: Field 116: Length:	Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significant associated with a specific data Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_4 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_4 Occurrence Day equals Occ 4 Type: Alphar OCCUR_DAY_4 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_5 Code describing a significant associated with a specific data same as OCCUR_CODE_1	Data Source:	Claim DD_FROM Date. Calculated Chat may affect payer processing and is Claim Claim PERIOD_FROM Date. Calculated
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length: Field 115: Length: Field 116: Length: Field 117:	Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significant associated with a specific day Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_4 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_4 Occurrence Day equals Occ 4 Type: Alphar OCCUR_DAY_4 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_5 Code describing a significant associated with a specific day associat	Data Source: TMMDD. Turrence minus STMT_PERICA Turrence minus STMT_PERICA Turrence minus STMT_PERICA Turrence Data Source: TMMDD. Turrence Data Source: TMMDD. Turrence Data minus STMT_Parence Data Source: Turrence Data minus STMT_Parence: Turrence Data minus STMT_Parence: Turrence Data source: Turrence Data source: Turrence Data source: Turrence Data source: Turrence Data minus STMT_Parence: Turrence Data source: Turrence Data source:	Claim DD_FROM Date. Calculated Chat may affect payer processing and is Claim Claim PERIOD_FROM Date. Calculated
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length: Field 115: Length: Field 116: Length: Field 117: Coding Scheme:	Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significant associated with a specific data Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_4 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_4 Occurrence Day equals Occ 4 Type: Alphar OCCUR_DAY_4 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_5 Code describing a significant associated with a specific data same as OCCUR_CODE_1 2 Type: Alphar OCCUR_CODE_1 2 Type: Alphar	Data Source: TMMDD. Turrence minus STMT_PERIC Turrence minus STMT_PERIC Turrence Data Source: TMMDD. Turrence Data Source: Turrence Data minus STMT_P Turrence Data minus STMT_P Turrence Data Source:	Claim DD_FROM Date. Calculated Chat may affect payer processing and is Claim Claim PERIOD_FROM Date. Calculated Chat may affect payer processing and is
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length: Field 115: Length: Field 116: Length: Field 117: Coding Scheme: Length: Field 117:	Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significant associated with a specific da Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_4 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_4 Occurrence Day equals Occ 4 Type: Alphar OCCUR_DAY_4 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_5 Code describing a significant associated with a specific da Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_CODE_5 Code describing a significant associated with a specific da Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_5 Date of occurrence, as YYYY	MMDD. The sumeric Data Source:	Claim DD_FROM Date. Calculated Chat may affect payer processing and is Claim Claim PERIOD_FROM Date. Calculated Chat may affect payer processing and is Claim
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Field 119:	OCCUR DAY 5					
	Occurrence Day equals Occurrence Date minus STMT PERIOD FROM Date.					
Length:	4 Type: Alphanumeric Data Source: Calculated					
Field 120:	OCCUR CODE 6					
	Code describing a significant event relating to the claim that may affect payer processing and is					
	associated with a specific date	e				
Coding Scheme:	Same as OCCUR_CODE_1.					
Length:	2 Type: Alphanu	meric Data Source:	Claim			
Field 121:	OCCUR_DATE_6					
	Date of occurrence, as YYYYM					
Length:	8 Type: Alphant	meric Data Source:	Claim			
Field 122:	OCCUR_DAY_6					
	• •	rrence Date minus STMT_PER				
Length:	4 Type: Alphant	meric Data Source:	Calculated			
Field 123:	OCCUR_CODE_7					
			may affect payer processing and is			
6 11 6 1	associated with a specific dat	2.				
Coding Scheme:	Same as OCCUR_CODE_1.	. D . C	CI.			
Length:	2 Type: Alphanu	meric Data Source:	Claim			
Field 124:	OCCUR_DATE_7	0.000				
I	Date of occurrence, as <i>YYYYY</i> 8 Type: Alphanu		Claim			
Length:	<u> </u>	meric Data Source:	Ciaim			
Field 125:	OCCUR_DAY_7	rrence Date minus STMT PER	VIOD EROM Data			
Length:	4 Type: Alphant		Calculated			
Field 126:	OCCUR CODE 8	mieric Data Source.	Calculated			
riciu 120.		event relating to the claim that	may affect payer processing and is			
			may affect payer processing and is			
Coding Scheme:	associated with a specific date.					
Country ochemic.	Same as OCCUR CODE 1.					
_	Same as OCCUR_CODE_1. 2 Type: Alphanu	meric Data Source:	Claim			
Length: Field 127:	2 Type: Alphant	meric Data Source:	Claim			
Length:			Claim			
Length:	2 Type: Alphant OCCUR_DATE_8	MMDD.	Claim Claim			
Length: Field 127:	2 Type: Alphant OCCUR_DATE_8 Date of occurrence, as YYYYM	MMDD.				
Length: Field 127: Length:	2 Type: Alphanu OCCUR_DATE_8 Date of occurrence, as YYYYM 8 Type: Alphanu OCCUR_DAY_8 Occurrence Day equals Occu	MMDD. Imeric Data Source: rrence Date minus STMT_PER	Claim			
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Length: Field 127: Length: Field 128:	2 Type: Alphant OCCUR_DATE_8 Date of occurrence, as YYYYM 8 Type: Alphant OCCUR_DAY_8 Occurrence Day equals Occu 4 Type: Alphant OCCUR_CODE_9	MMDD. Imeric Data Source: Trence Date minus STMT_PER Imeric Data Source:	Claim CIOD_FROM Date. Calculated			
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Length: Field 127: Length: Field 128: Length: Field 129:	2 Type: Alphanu OCCUR_DATE_8 Date of occurrence, as YYYYM 8 Type: Alphanu OCCUR_DAY_8 Occurrence Day equals Occu 4 Type: Alphanu OCCUR_CODE_9 Code describing a significant associated with a specific date	MMDD. Imeric Data Source: Trence Date minus STMT_PER Imeric Data Source: event relating to the claim that	Claim CIOD_FROM Date. Calculated			
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Length: Field 127: Length: Field 128: Length: Field 129: Coding Scheme: Length: Field 130: Length:	2 Type: Alphanu OCCUR_DATE_8 Date of occurrence, as YYYYM 8 Type: Alphanu OCCUR_DAY_8 Occurrence Day equals Occu 4 Type: Alphanu OCCUR_CODE_9 Code describing a significant associated with a specific dat Same as OCCUR_CODE_1. 2 Type: Alphanu OCCUR_DATE_9 Date of occurrence, as YYYYM 8 Type: Alphanu	MMDD. Imeric Data Source: Irrence Date minus STMT_PER Imeric Data Source: event relating to the claim that e. Immeric Data Source: MMDD.	Claim CIOD_FROM Date. Calculated may affect payer processing and is			
Length: Field 127: Length: Field 128: Length: Field 129: Coding Scheme: Length: Field 130:	2 Type: Alphanu OCCUR_DATE_8 Date of occurrence, as YYYYM 8 Type: Alphanu OCCUR_DAY_8 Occurrence Day equals Occu 4 Type: Alphanu OCCUR_CODE_9 Code describing a significant associated with a specific dat Same as OCCUR_CODE_1. 2 Type: Alphanu OCCUR_DATE_9 Date of occurrence, as YYYYM 8 Type: Alphanu OCCUR_DAY_9	MMDD. Imeric Data Source: Trence Date minus STMT_PER Imeric Data Source: event relating to the claim that is. Imeric Data Source: MMDD. Imeric Data Source:	Claim ClOD_FROM Date. Calculated may affect payer processing and is Claim Claim			
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Length: Field 127: Length: Field 128: Length: Field 129: Coding Scheme: Length: Field 130: Length: Field 131: Length: Field 132: Coding Scheme:	Date of occurrence, as YYYYM Type: Alphanu OCCUR_DAY_8 Occurrence Day equals Occu Type: Alphanu OCCUR_CODE_9 Code describing a significant associated with a specific date Same as OCCUR_CODE_1. Type: Alphanu OCCUR_DATE_9 Date of occurrence, as YYYYM Type: Alphanu OCCUR_DAY_9 Occurrence Day equals Occu Type: Alphanu OCCUR_DAY_9 Occurrence Day equals Occu Type: Alphanu OCCUR_CODE_10 Code describing a significant associated with a specific date same as OCCUR_CODE_1. Type: Alphanu OCCUR_CODE_10 Code describing a significant associated with a specific date same as OCCUR_CODE_1. Type: Alphanu OCCUR_DATE_10	mmeric Data Source: rrence Date minus STMT_PER meric Data Source: event relating to the claim that e. mmeric Data Source: mmeric Data Source: rrence Date minus STMT_PER meric Data Source: event relating to the claim that e. mmeric Data Source:	Claim CIOD_FROM Date. Calculated may affect payer processing and is Claim Claim Cloo_FROM Date. Calculated may affect payer processing and is			
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Length: Field 127: Length: Field 128: Length: Field 129: Coding Scheme: Length: Field 130: Length: Field 131: Length: Field 132:	OCCUR_DATE_9 Date of occurrence, as YYYYM 8	mmeric Data Source: rrence Date minus STMT_PER meric Data Source: event relating to the claim that e. mmeric Data Source: mmDD. meric Data Source: rrence Date minus STMT_PER meric Data Source: event relating to the claim that e. mmeric Data Source: event relating to the claim that e. mmeric Data Source:	Claim Clop_FROM Date. Calculated may affect payer processing and is Claim Claim Clop_FROM Date. Calculated may affect payer processing and is Claim Claim			

E: .l.J 124.	OCCUP DAY 10					
Field 134:	OCCUR_DAY_10 Occurrence Day equals Occurrence Date minus STMT_PERIOD_FROM Date.					
Length:	4 Type: Alphanumeric Data Source: Calculated					
Field 135:	OCCUR CODE 11					
i iciu 103.	Code describing a significant event relating to the claim that may affect payer processing and is					
	associated with a specific date.	8	J 1 J 1 &			
Coding Scheme:	Same as OCCUR CODE 1.					
Length:	2 Type: Alphanumeric	Data Source:	Claim			
Field 136:	OCCUR_DATE_11					
	Date of occurrence, as YYYYMMDD.					
Length:	8 Type: Alphanumeric	Data Source:	Claim			
Field 137:	OCCUR_DAY_11					
T (1	Occurrence Day equals Occurrence Date					
Length:	4 Type: Alphanumeric	Data Source:	Calculated			
Field 138:	OCCUR_CODE_12	ma ta tha alaim th	at many affect mayon muccossing and is			
	Code describing a significant event relational associated with a specific date.	ng to the claim th	at may affect payer processing and is			
Coding Scheme:	Same as OCCUR CODE 1.					
Length:	2 Type: Alphanumeric	Data Source:	Claim			
Field 139:	OCCUR DATE 12					
	Date of occurrence, as YYYYMMDD.					
Length:	8 Type: Alphanumeric	Data Source:	Claim			
Field 140:	OCCUR_DAY_12					
	Occurrence Day equals Occurrence Date	minus STMT_PE				
Length:	4 Type: Alphanumeric	Data Source:	Calculated			
Field 141:	OCCUR_SPAN_CODE_1					
	Code describing a significant event relati	ng to the claim th	at may affect payer processing that is			
C. P C. b	related to a span of dates.	78	SNF prior stay dates			
Coding Scheme:	Qualifying stay dates (for SNF use only)	80	Prior Same SNF prior stay dates for Payment			
	71 Prior stay dates	00	Ban Purposes			
	72 First/Last Visit	81	Antepartum Days at Reduced Level of Care			
	73 Benefit eligibility period 74 Noncovered level of care/Leave of absence	M0 M1	QIO/UR approved stay dates Provider liability - no utilization			
	75 SNF level of care	M2	Inpatient respite dates			
	 76 Patient Liability Period 77 Provider Liability - Utilization Charged 	M3 M4	ICF level of care Residential level of care			
Length:	2 Type: Alphanumeric	Data Source:	Claim			
Field 142:	OCCUR SPAN FROM 1					
	Occurrence Span From is the Beginning	Date of Occurren	ce Event.			
Length:	8 Type: Alphanumeric	Data Source:	Claim			
Field 143:	OCCUR_SPAN_THRU_1					
	Occurrence Span Thru is the Ending Date					
Length:	8 Type: Alphanumeric	Data Source:	Claim			
Field 144:	OCCUR_SPAN_CODE_2					
	Code describing a significant event relati	ng to the claim th	at may affect payer processing that is			
C. P C. b	related to a span of dates.					
Coding Scheme:	Same as OCCUR_SPAN_CODE_1. 2 Type: Alphanumeric	Data Source:	Claim			
Length: Field 145:	OCCUR SPAN FROM 2	Data Soulce.	Ciaiiii			
riciu 173.	Occurrence Span From is the Beginning	Date of Occurren	ce Event			
Length:	8 Type: Alphanumeric	Data Source:	Claim			
Field 146:	OCCUR SPAN THRU 2	Zum Source.	Cidilli			
- 1010 - 101	Occurrence Span Thru is the Ending Date	e of Occurrence F	event.			
Length:	8 Type: Alphanumeric	Data Source:	Claim			
Field 147:	OCCUR_SPAN_CODE_3					
	-					

2024

Coding Scheme:	Code describing a significant event relating to the claim that may affect payer processing that is related to a span of dates. Same as OCCUR_SPAN_CODE_1.				
Length:	2 Type: Alphanumeric Data	a Source:	Claim		
Field 148:	OCCUR_SPAN_FROM_3				
	Occurrence Span From is the Beginning Date of				
Length:	**	a Source:	Claim		
Field 149:	OCCUR_SPAN_THRU_3				
	Occurrence Span Thru is the Ending Date of O		vent. Claim		
Length:		Alphanumeric Data Source:			
Field 150:	OCCUR_SPAN_CODE_4	41 1 . : 41	4 £64		
	Code describing a significant event relating to related to a span of dates.	me ciaim ma	n may affect payer processing that is		
Coding Scheme:	Same as OCCUR_SPAN_CODE_1.				
Length:		a Source:	Claim		
Field 151:	OCCUR_SPAN_FROM_4				
	Occurrence Span From is the Beginning Date of	of Occurrenc	e Event.		
Length:		a Source:	Claim		
Field 152:	OCCUR_SPAN_THRU_4				
	Occurrence Span Thru is the Ending Date of O				
Length:		a Source:	Claim		
Field 153:	CONDITION_CODE_1	11 1			
	Code required when condition information app				
	designed to allow the collection of information venue and billing parameters which impact the				
	Codes are maintained by the National Uniform				
	Billing (UB) Code Set.	Diffing Con	minute (170BC) as part of the offiversal		
	NUCC refers to the National Uniform Claim C	ommittee.			
Coding Scheme:	01 Military service related		ection/Inductions 39 weeks or greater		
Ü	02 Condition is employment related		lysis for Acute Kidney Injury (AKI)		
	Patient covered by insurance not reflected here	A dd	ayed Recertification of Hospice Terminal Illness litional Hemodialysis Treatment with Medical		
	04 Information only bill.	80 Just	ification		
	05 Lien has been filed	A0 TRI	CARE external partnership program		
	06 ESRD patient in first 18 months of entitlement covered by EGHP	A1 EPS	SDT/CHAP		
	07 Treatment of non-terminal condition for hospice patient	A2 Phy	sically handicapped children's program		
	Beneficiary would not provide information	A3 Spec	cial Federal Funding		
	concerning other insurance coverage Neither patient or spouse is employed	•	nily planning		
	Patient and/or spouse is employed but no EGHP		ability		
	exists 11 Disabled beneficiary but no LGHP coverage exists		cines/Medicare 100% payment		
	17 Patient is homeless		ond opinion surgery		
	18 Maiden name retained		ortion performed due to rape		
	19 Child retains mother's name	Abo	ortion performed due to incest ortion performed due to serious fatal genetic defect,		
	20 Beneficiary requested billing	defo	ormity, or abnormality		
	21 Billing for denial notice	cone	ortion performed due to life endangering physical dition		
	22 Patient on multiple drug regimen	AE is no	ortion performed due to physical health of mother that of life endangering		
	Home care giver available		ortion performed due to emotional/psychological		
	Home IV patient also receiving HHA services	AG Abo	ortion performed due to social or economic reasons		
	25 Patient is non-US resident	AH Elec	ctive abortion		
	VA eligible patient chooses to receive services in a Medicare certified facility	AI Ster	ilization		
	Patient referred to a sole community hospital for a diagnostic laboratory test	AJ Pay	er responsible for co-payment		

28	Patient and/or spouse's EGHP is secondary to Medicare	AK	Air ambulance required
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	AL	Specialized treatment/bed unavailable
30	Non-research services provided to patients enrolled	A	Non-emergency medically necessary stretcher transport
	in a qualified clinical trial	M	required
31	Patient is student (full time - day)	AN	Pre-admission screening not required
32	Patient is student (cooperative/work study program)	B0	Medicare coordinated care demonstration claim
33	Patient is student (full time - night)	B1	Beneficiary is ineligible for demonstration program
34	Patient is student (part-time)	B4	Admission unrelated to discharge on same day
36	General care patient in a special unit	BP	Gulf Oil Spill of 2010
37	Ward accommodation at patient request	C1	Approved as billed
38	Semi-private room not available	C2	Automatic approval as billed based on focused review
39	Private room medically necessary	C3	Partial approval
40	Same day transfer	C4	Admission/services denied
41	Partial hospitalization	C5	Post payment review applicable
42	Continuing care not related to inpatient admission	C6	Admission Preauthorization
43	Continuing care not provided within prescribed post discharge window	C7	Extended Authorization
44	Inpatient admission changed to outpatient	D0	Changes to Service Dates
45	Ambiguous Gender Category	DI	Changes to Charges
46	Non-availability statement on file	D3	Second or Subsequent Interim PPS Bill
40	Non-availability statement on the	DS	Change in clinical codes (ICD) for diagnosis and/or
47	Transfer from another Home Health Agency	D4	procedure codes.
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	D5	Cancel to correct Insured's ID or Provider ID
49	Product replacement within product lifecycle	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
50	Product Replacement for Known Recall of a Product	D7	Change to Make Medicare the Secondary Payer
<i>5</i> 1	Attestation of Unrelated Outpatient Nondiagnostic	Do	
51	Services	D8	Change to Make Medicare the Primary Payer
52	Out of Hospice Service Area	D9	Any Other Change
50	Initial placement of a medical device provided as	DD	, , , , , , , , , , , , , , , , , , ,
53	part of a clinical trial or a free sample	DR	Disaster related
	No Skilled Home Health Visits in Billing Period.		
54	Policy Exception Documented at the Home Health	E0	Changes in Patient Status
٠.	Agency	20	changes in 1 attent status
55	SNF bed not available	G0	Distinct Medical Visit
56	Medical appropriateness	H0	Delayed Filing, Statement of Intent Submitted
57	SNF readmission	H2	Discharge by a Hospice Provider for Cause
58	Terminated Medicare+Choice organization enrollee	H3	Reoccurrence of GI Bleed Comorbid Category
59	Non-primary ESRD facility	H4	Reoccurrence of Pneumonia Comorbid Category
60		H5	
	Day outlier		Reoccurrence of Pericarditis Comorbid Category
61	Cost outlier	P1	Do not Resuscitate Order (DNR)
66	Provider does not wish cost outlier payment	P7	Direct Inpatient Admission from Emergency Room
67	Beneficiary elects not to use lifetime reserve (LTR)	R1	Request for reopening Reason Code - Mathematical or
	days		Computational Mistake
68	Beneficiary elects to use lifetime reserve (LTR)	R2	Request for reopening Reason Code -Inaccurate Data
00	days	102	Entry
69	IME/DGME/N&AH Payment Only	R3	Request for reopening Reason Code - Misapplication of a
	IVIL/DOIVIL/NEATITayment Only	KJ	Fee Schedule
70	Self-administered anemia management drug	R4	Request for reopening Reason Code - Computer Errors
71	Full care in unit	R5	Request for reopening Reason Code - Incorrectly
/ 1	ruii care in unii	K3	Identified Duplicate Claim
			Request for reopening Reason Code - Other Clerical
72	Self-care in unit	R6	Errors or Minor Errors and Omissions not Specified in
			R1-R5 above
			Request for reopening Reason Code - Corrections other
73	Self-care training	R7	than clerical errors
			Request for reopening Reason Code - New and Material
74	Home	R8	Evidence
75	Home - 100% reimbursement	R9	Request for reopening Reason Code - Faulty Evidence
76	Back-up in facility dialysis	W O	United Mine Workers of America (UMWA) Demonstration Indicator
	Provider accepts or is obligated/required due to a		
77	contractual arrangement or law to accept payment	W2	Duplicate of Original Bill
	by a primary payer as payment		
78	New coverage not implemented by HMO	W3	Level I Appeal
79	CORF services provided offsite	W4	Level II Appeal
80	Home dialysis - nursing facility	W5	Level III Appeal
81	C-section/Inductions <39 Weeks-Medical Necessity		**

	82 C-section/Inductions <39 Weeks-Elective					
Length:	2 Type: Alphanumeric Data Source: Claim					
Field 154:	CONDITION_CODE_2					
	Code required when condition information applies to the claim or encounter.					
Coding Scheme:	Same as CONDITION_CODE_1.					
Length:	2 Type: Alphanumeric Data Source: Claim					
Field 155:	CONDITION_CODE_3					
	Code required when condition information applies to the claim or encounter.					
Coding Scheme:	Same as CONDITION_CODE_1.					
Length:	2 Type: Alphanumeric Data Source: Claim					
Field 156:	CONDITION_CODE_4					
	Code required when condition information applies to the claim or encounter.					
Coding Scheme:	Same as CONDITION_CODE_1.					
Length:	2 Type: Alphanumeric Data Source: Claim					
Field 157:	CONDITION_CODE_5					
	Code required when condition information applies to the claim or encounter.					
Coding Scheme:	Same as CONDITION_CODE_1.					
Length:	2 Type: Alphanumeric Data Source: Claim					
Field 158:	CONDITION_CODE_6					
	Code required when condition information applies to the claim or encounter.					
Coding Scheme:	Same as CONDITION_CODE_1.					
Length:	2 Type: Alphanumeric Data Source: Claim					
Field 159:	CONDITION_CODE_7					
Coding Schomor	Code required when condition information applies to the claim or encounter. Same as CONDITION_CODE_1.					
Coding Scheme:	2 Type: Alphanumeric Data Source: Claim					
Length: Field 160:	CONDITION CODE 8					
rieiu 100.						
Coding Scheme:	Code required when condition information applies to the claim or encounter.					
	Same as CONDITION CODE 1					
	Same as CONDITION_CODE_1. 2 Type: Alphanumeric Data Source: Claim					
Length:	2 Type: Alphanumeric Data Source: Claim					
	2 Type: Alphanumeric Data Source: Claim VALUE_CODE_1					
Length:	2 Type: Alphanumeric Data Source: Claim					
Length:	2 Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an					
Length: Field 161:	Z Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 01 Most common semi-private rate 58 Arterial blood gas 02 Hospital has no semi-private rooms 59 Oxygen saturation					
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 1 Most common semi-private rate 58 Arterial blood gas 102 Hospital has no semi-private rooms 59 Oxygen saturation 104 Inpatient professional component charges which 105 MSA					
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 01 Most common semi-private rate 58 Arterial blood gas 02 Hospital has no semi-private rooms 59 Oxygen saturation 04 Inpatient professional component charges which are combined billed Professional component included in charges and Professional component included in charges and Place of Residence where service is furnished (HHA and Professional component included in charges and Place of Residence where service is furnished (HHA and Professional component included in charges and Place of Residence where service is furnished (HHA and Professional component included in charges and Place of Residence where service is furnished (HHA and Professional component included in charges and Place of Residence where service is furnished (HHA and Professional component included in charges and Place of Residence where service is furnished (HHA and Professional component included in charges and Place of Residence where service is furnished (HHA and Professional component included in charges and Place of Residence where service is furnished (HHA and Professional component included in charges and Place of Residence where service is furnished (HHA and Professional component included in charges and Professional component include					
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 01 Most common semi-private rate 58 Arterial blood gas 02 Hospital has no semi-private rooms 59 Oxygen saturation 04 Inpatient professional component charges which are combined billed 05 Professional component included in charges and also billed separately to carrier On the professional component included in charges and also billed separately to carrier On the professional component included in charges and also billed separately to carrier On the professional component included in charges and also billed separately to carrier On the professional component included in charges and also billed separately to carrier					
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Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 01 Most common semi-private rate 58 Arterial blood gas 02 Hospital has no semi-private rooms 59 Oxygen saturation 04 Inpatient professional component charges which are combined billed 60 HHA branch MSA 05 Professional component included in charges and also billed separately to carrier 61 hospice) 06 Blood deductible 66 Medicaid spend down amount 08 Lifetime reserve amount in the first calendar year 67 Peritoneal dialysis 09 Coinsurance amount in the second calendar year 68 EPD-drug 11 Coinsurance amount in the second calendar year 80 Covered Days 12 Working aged beneficiary/spouse with employer group health plan 81 Non-covered Days 13 ESRD beneficiary in a Medicare coordination period with an employer group health plan 82 Co-insurance Days 14 No fault, including auto/other 83 Lifetime Reserve Days 15 Worker's compensation 84 Shorter Duration Hemodialysis 16 Public health service (PHS) or another federal agency 83 Lifetime Reserve Days 21 Catastrophic A1 Deductible payer A<					
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 01 Most common semi-private rate 58 Arterial blood gas 02 Hospital has no semi-private rooms 59 Oxygen saturation 04 Inpatient professional component charges which are combined billed are combined billed are combined billed are combined billed spragately to carrier 60 HHA branch MSA 05 Professional component included in charges and also billed separately to carrier 61 Place of Residence where service is furnished (HHA and hospice) 06 Blood deductible 66 Medicaid spend down amount 08 Lifetime reserve amount in the first calendar year 67 Peritoneal dialysis 09 Coinsurance amount in the second calendar year 68 EPO-drug 11 Coinsurance amount in the second calendar year 80 Covered Days 12 Working aged beneficiary/spouse with employer group health plan 82 Co-insurance Days 13 ESRD beneficiary in a Medicare coordination production in a multiple in a Medicare coordination production in a multiple in a Medicare coordination agency 82 Co-insurance Days 15 Worker's compensation					
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	27	Offset to the parand eye services	tient - payment amount - vi	ision	A7	Co-payment pay	er A
	28	Offset to the par	tient - payment amount - de	ental	A8	Patient weight	
	29	Services Offset to the parchiropractic ser	tient - payment amount -		A9	Patient height	
	30	Preadmission te			AA	Regulatory surch	narges, assessments, allowances or health s - payer A
	31	Patient Liability	Amount		AB	Other assessmen	ats or allowances (e.g., medical education) -
	32	•	ambulance transport		В1	payer A Deductible payer	r B
	33		tient - payment amount - po	odiatric	B2	Coinsurance pay	
	34		tient - payment amount - ot	thar	В3	Estimated respon	
	35		tient - payment amount - he	ealth	Б7	Co-payment pay	
	37	Units of blood f			BA	Regulatory surch	narges, assessments, allowances or health
	38				BB	care related taxe Other assessmen	s - payer B ats or allowances (e.g., medical education) -
		Blood deductibl				payer B	
	39 40	Units of blood r	replaced not implemented by HMO		C1 C2	Deductible paye Coinsurance pay	
	41	Black lung	iot implemented by ThviO		C2 C3	Estimated respon	
	42	VA			C7	Co-payment pay	
	43		ciary under age 65 with LC		CA	Regulatory surch care related taxe	narges, assessments, allowances or health s - payer C
	44		er agreed to accept from pr amount is less than charge		СВ	Other assessmen payer C	its or allowances (e.g., medical education) -
	45	Accident hour	ment received		D3	Patient estimated	d responsibility
	46	Number of grac	e days		D4		umber Assigned by NLM/NIH
	47	Any liability ins			D5	Last Kt/V Readi	
	48	Hemoglobin rea	ading		FC	Patient Paid Am	
	49	Hematocrit read	ling		FD	Device	from the Manufacturer for a Medical
	50	Physical Therap			G8		npatient Hospice Service is Delivered
	51	Occupational T			Y1	Part A Demonstr	
	52	Speech Therapy			Y2	Part B Demonstr	
	53 54	Cardiac rehab v Newborn birth v			Y3 Y4	Part B Coinsurar Conventional Pr	
	55		hold for charity care		Y5	Part B Deductible	
	56		nome visit hours				
·	57		de - home visit hours	5			CI.
Length:	2	Type:	Alphanumeric	Data S	our	ce:	Claim
Field 162:		UE_AMOUN					
T 41			that may be affected.	D			CI.
Length:	9		Numeric	Data S	our	ce:	Claim
Field 163:		UE_CODE_2				11 41 14	t' ·
		_	nonetary condition wh	nich was	usec	by the interm	ediary to process an
		utional claim.	CODE 1				
Coding Scheme:		as VALUE_0		D-4- 6	1		Cl.:
Length:	2	Type:	Alphanumeric	Data S	our	ce:	Claim
Field 164:		UE_AMOUN					
I			hat may be affected. Numeric	Data C	٠		Claim
Length:	9	Type: UE CODE 3		Data S	our	ce:	Ciaim
Field 165:			nonetary condition wh	محتجم وأدنوا		l berethe a intama	adiam, to mucasas an
	instit	utional claim.	•	ilicii was	usec	i by the interm	ediary to process an
Coding Scheme:		as VALUE_0	_	ъ			CI.
Length:	2	Type:	Alphanumeric	Data S	our	ce:	Claim
Field 166:		UE_AMOUN					
Ŧ			that may be affected.				CI.
Length:	9	Type:	Numeric	Data S	our	ce:	Claim
2024							

Field 167:	VALUE CODE 4				
ricia 107.	Code indicating a monetary condition which was used by the intermediary to process an				
	institutional claim.		men was asea sy m	o micrimediary to process an	
Coding Scheme:	Same as VALUE	CODE 1.			
Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Field 168:	VALUE AMOU		2444 8041 444		
11014 100.		that may be affected.			
Length:	9 Type:	Numeric	Data Source:	Claim	
Field 169:	VALUE CODE		Dutu Source.	Ciuiii	
ricia 107.			hich was used by the	e intermediary to process an	
	institutional claim.	•	men was asea by me	e intermediary to process an	
Coding Scheme:	Same as VALUE				
Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Field 170:	VALUE AMOU				
11014 170.		that may be affected.			
Length:	9 Type:	Numeric	Data Source:	Claim	
Field 171:	VALUE CODE		Dutu Source.	Ciuiii	
ricia 171.			hich was used by the	e intermediary to process an	
	institutional claim.	•	men about by the	e mormodiary to process an	
Coding Scheme:	Same as VALUE				
Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Field 172:	VALUE AMOU	<u> </u>	Dutu Source.	Ciuiii	
I IVIU I / #+		that may be affected.			
Length:	9 Type:	Numeric	Data Source:	Claim	
Field 173:	VALUE CODE		Data Source.	Clum	
riciu 175.			hich was used by the	e intermediary to process an	
	institutional claim.	•	men was used by the	e intermediary to process an	
Coding Scheme:	Same as VALUE				
Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Field 174:	VALUE AMOU		Data Source.	Ciaiiii	
riciu 174.		that may be affected.			
Length:	9 Type:	Numeric	Data Source:	Claim	
Field 175:	VALUE CODE		Data Source.	Claim	
riciu 175.			hich was used by the	e intermediary to process an	
	institutional claim.		men was used by the	e intermediary to process an	
Coding Scheme:	Same as VALUE				
Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Field 176:	VALUE AMOU		Data Source.	Clum	
ricia 170.		that may be affected.			
Length:	9 Type:	Numeric	Data Source:	Claim	
Field 177:	VALUE CODE		Data Source.	Ciami	
riciu 1//.			hich was used by the	e intermediary to process an	
	institutional claim.		men was used by the	e intermediary to process an	
Coding Scheme:	Same as VALUE				
Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Field 178:	VALUE AMOU	•	Data Source.	Clami	
riciu 1/o.		that may be affected.			
Length:	9 Type:	Numeric	Data Source:	Claim	
Field 179:			Data Source.	Claim	
rieid 1/9:	VALUE_CODE_		high was used by the	o intermediant to process on	
	institutional claim.		men was used by the	e intermediary to process an	
Cading Sahamas					
Coding Scheme:	Same as VALUE_	_	Data Co	Claim	
Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Field 180:	VALUE_AMOU				
	Amount (in cents)	that may be affected.			
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w w w.usiis.texas.	501/111010			Last Opaated, November 2024	

Length:	9 Type:	Numeric	Data Source:	Claim		
Field 181:	VALUE CODE 11					
	Code indicating a monetary condition which was used by the intermediary to process an					
	institutional clain		J	7 1		
Coding Scheme:	Same as VALUE					
Length:	2 Type:	Alphanumeric	Data Source:	Claim		
Field 182:	VALUE AMOU					
11010 1021		that may be affecte	d.			
Length:	9 Type:	Numeric	Data Source:	Claim		
Field 183:	VALUE CODE					
			which was used by the in	ntermediary to process an		
	institutional clain		•	J 1		
Coding Scheme:	Same as VALUE	CODE 1.				
Length:	2 Type:	_ Alphanumeric	Data Source:	Claim		
Field 184:	VALUE AMOU	JNT 12				
		that may be affecte	d.			
Length:	9 Type:	Numeric	Data Source:	Claim		
Field 185:	OTHER AMOU	JNT				
			ge Amount. Calculated u	sing Medicare Provider Analysis		
				ociated with revenue codes other		
				X-053X, 055X-060X, 064X-070X,		
				ie code identifies the department in		
	which the service	was given, the types	s of services provided, an	d the supplies used. They are noted		
	in FL 42 (Form I	Locator 42) of the UE	3-04 (an electronic forma	t of the CMS-1450 paper claim) and		
	are found in Med	icare and/or National	Uniform Billing Comm	ittee (NUBC) manuals.		
	For revenue code	list see pages 49-54	of this document, section	n titled "Charges Data File".		
	The revenue cost	center specifies a div	vision or unit within a ho	spital (e.g., radiology, emergency		
	room, pathology)					
				the THCIC document, "Healthcare		
			ecifications 5010 Inpatier	nt and Outpatient Appendices"		
	Appendix A4, pa	ge 17.				
Length:	12 Type:	Numeric	Data Source:	Calculated		
Field 186:	PHARM AMO		Data Source.	Calculated		
ricia roo.	_		rgical Supply Charge Ar	nount. Calculated using Medicare		
				ts) of charges associated with		
			revenue center 026X, 063			
Length:			Data Source:	Calculated		
Field 187:	MEDSURG AN					
11014 1071	_		rgical Supply Charge Ar	nount. Calculated using Medicare		
				ts) of charges associated with		
			revenue center 027X, 062			
Length:	12 Type:	Numeric	Data Source:	Calculated		
Field 188:	DME AMOUN					
110101 1001	_		edical Equipment Charge	Amount. Calculated using		
				ım (in cents) of charges associated		
			219, revenue centers 029			
Length:	12 Type:	Numeric	Data Source:	Calculated		
Field 189:	USED DME A					
			ole Medical Equipment C	Charge Amount. Calculated using		
				im (in cents) of charges associated		
			219, revenue center 0293			
Length:	12 Type:	Numeric	Data Source:	 Calculated		
	PT AMOUNT	1.01110110	z an Source.			
Field 190:	PI AMUUUNI					

			nt. Calculated using Medicare Provider			
	other than 0100-0219, revenue		charges associated with revenue codes			
Length:	12 Type: Numeric		Calculated			
Field 191:	OT AMOUNT	Data Source.	Carculated			
riciu 191.		cunational Therapy Charge A	mount. Calculated using Medicare			
			cents) of charges associated with			
	revenue codes other than 0100					
Length:	12 Type: Numeric		Calculated			
Field 192:	SPEECH AMOUNT					
		eech Pathology Charge Amou	nt. Calculated using Medicare Provider			
			charges associated with revenue codes			
	other than 0100-0219, revenue					
Length:	12 Type: Numeric	Data Source:	Calculated			
Field 193:	IT_AMOUNT					
	Ancillary Service Charge, Inh	alation Therapy Charge Amo	unt. Calculated using Medicare			
			cents) of charges associated with			
	revenue codes other than 0100	-				
Length:	12 Type: Numeric	Data Source:	Calculated			
Field 194:	BLOOD_AMOUNT					
			nt's stay. Calculated using Medicare			
			cents) of charges associated with			
	revenue codes other than 0100					
Length:	12 Type: Numeric	Data Source:	Calculated			
Field 195:	BLOOD_ADM_AMOUNT					
	Ancillary Service Charge, blood storage and processing related to the patient's stay. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges					
Longth	associated with revenue codes 12 Type: Numeric		Calculated			
Length: Field 196:	/ I'	Data Source:	Calculated			
Fleia 196:	OR_AMOUNT					
	Ancillary Service Charge, Operating Room Charge amount. Calculated using Medicare Provider Analysis Review (MEDPAR)algorithm. Sum (in cents) of charges associated with revenue codes					
	other than 0100-0219, revenue		charges associated with revenue codes			
Length:	12 Type: Numeric		Calculated			
Field 197:	LITH AMOUNT	Duta Source.	Carcalated			
ricia 177.		notripsy Charge Amount Cal	culated using Medicare Provider			
			charges associated with revenue codes			
	other than 0100-0219, revenue	` ,	onarges associated with revenue codes			
Length:	12 Type: Numeric		Calculated			
Field 198:	CARD AMOUNT					
	Ancillary Service Charge, Cardiology Charge Amount. Calculated using Medicare Provider					
			charges associated with revenue codes			
	other than 0100-0219, revenue					
Length:	12 Type: Numeric	Data Source:	Calculated			
Field 199:	ANES_AMOUNT					
	Ancillary Service Charge, Anesthesia Charge Amount. Calculated using Medicare Provider					
	Analysis Review (MEDPAR)	algorithm. Sum (in cents) of	charges associated with revenue codes			
	other than 0100-0219, revenue					
Length:	12 Type: Numeric	Data Source:	Calculated			
Field 200:	LAB_AMOUNT					
	Ancillary Service Charge, Lab	ooratory Charge Amount. Cal	culated using Medicare Provider			
			charges associated with revenue codes			
	other than 0100-0219, revenue					
Length:	12 Type: Numeric	Data Source:	Calculated			
Field 201:	RAD_AMOUNT					
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	Ancillary Service Charge, Radiology Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes				
Length:	other than 0100-0219, revenue center 028X, 032X-0 12 Type: Numeric Data Sou				
Field 202:	MRI AMOUNT	Tec. Culculated			
riciu 202.	Ancillary Service Charge, MRI Charge Amount. Cal	lculated using Medicare Provider Analysis			
	Review (MEDPAR) algorithm. Sum (in cents) of charges				
	0100-0219, revenue center 061X.	8			
Length:	12 Type: Numeric Data Sou	rce: Calculated			
Field 203:	OP_AMOUNT				
	Ancillary Service Charge, Outpatient Services Charge				
	Provider Analysis Review (MEDPAR) algorithm. Su				
	revenue codes other than 0100-0219, revenue center				
Length:	12 Type: Numeric Data Sou	rce: Calculated			
Field 204:	ER_AMOUNT	A CLIVI MI D II			
	Ancillary Service Charge, Emergency Room Charge				
	Analysis Review (MEDPAR) algorithm. Sum (in cerother than 0100-0219, revenue center 045X.	mis) of charges associated with revenue codes			
Length:	12 Type: Numeric Data Sou	rce: Calculated			
Field 205:	AMBULANCE AMOUNT	Tite. Culculated			
Ficia 203.	Ancillary Service Charge, Ambulance Charge Amou	unt. Calculated using Medicare Provider			
	Analysis Review (MEDPAR) algorithm. Sum (in cer				
	other than 0100-0219, revenue center 054X.				
Length:	12 Type: Numeric Data Sou	rce: Calculated			
Field 206:	PRO FEE AMOUNT				
	Ancillary Service Charge, Professional Fee Charge				
	Analysis Review (MEDPAR) algorithm. Sum (in cer	nts) of charges associated with revenue codes			
	other than 0100-0219, revenue center 096X-098X.				
Length:	12 Type: Numeric Data Sou	rce: Calculated			
Field 207:	ORGAN_AMOUNT	A (C1-1 (1-1) M 1 D 1			
	Ancillary Service Charge, Organ Acquisition Charge Analysis Review (MEDPAR) algorithm. Sum (in cer				
	other than 0100-0219, revenue center 081X, 089X.	ints) of charges associated with revenue codes			
Length:	12 Type: Numeric Data Sou	rce: Calculated			
Field 208:	ESRD AMOUNT	Culculated			
1 Icia 200.	Ancillary Service Charge, End Stage Renal Dialysis	Charge Amount, Calculated using Medicare			
	Provider Analysis Review (MEDPAR) algorithm. Su				
	revenue codes other than 0100-0219, revenue center				
Length:	12 Type: Numeric Data Sou	rce: Calculated			
Field 209:	CLINIC_AMOUNT				
	Ancillary Service Charge, Clinic Visit Charge Amou				
	Analysis Review (MEDPAR) algorithm. Sum (in cer	ents) of charges associated with revenue codes			
T 41	other than 0100-0219, revenue center 051X.				
Length:	12 Type: Numeric Data Sou	rce: Calculated			
Field 210:	TOTAL_CHARGES	l amaillame ahanaga Damlagaa			
	Sum (in cents) of all accommodation charges and all TOTAL CHARGES 23.	rancinary charges Replaces			
Length:	12 Type: Numeric Data Sou	rce: Claim			
Field 211:	TOTAL NON COV CHARGES				
- IVIU MIII	Sum (in cents) of non-covered accommodation charge	ges, non-covered ancillary charges. Non-			
	covered charges are services or benefits that are not				
Length:	12 Type: Numeric Data Sou				
Field 212:	TOTAL CHARGES ANCIL				
r ieiu 212:	TOTAL_CHARGES_ANCIL				

			vered ancillary charges. (s either partial or full pay	ment. Non-covered charges are		
Length:		its that are not paid for Numeric		Claim		
Field 213:				Claim		
rieiu 213:	TOTAL_NON_COV_CHARGES_ANCIL Sum (in cents) of non-covered ancillary charges.					
Length:	12 Type:	Numeric	Data Source:	Claim		
Field 214:	PROCESS DATE		Data Source.	Ciaiiii		
Ficiu 214.	_	processed and certifie	ьd			
Length:	8 Type:	Alphanumeric	Data Source:	Claim		
Field 215:		NDICATOR (INPUT		Ciami		
	Format in which Professional and	the outpatient data fil Institutional claim fo te (ANSI) electronic of	e was submitted by the	facility The outpatient THCIC 873 d version of American National healthcare services.		
Coding Scheme:	1 837 Institution					
Length:	1 Type:	Alphanumeric	Data Source:	Assigned		
Field 216:	INBOUND_IND					
Coding Scheme:	the CMS-1450 ps 8 837 format D Data entry U UB-04 forma	aper claim.	ed for the outpatient cla	im UB-04 is an electronic format of		
Length:	1 Type:	Alphanumeric	Data Source:	Claim		
Field 217:	EMERGENCY	DEPT FLAG				
Coding Scheme:	Indicator of emer	rgency department visergency related t emergency related	sit.			
Length:	1 Type:	Alphanumeric	Data Source:	Assigned		
Field 218:	CCSR PRIN D	IAG CODE				
	principal diagnos the hospitalizatio Healthcare Resea (HCUP), Clinica	sis, i.e., the condition on) into a clinically more and Quality (AH) I Classifications softw	established after study to eaningful diagnosis cate RQ) as part of the Healtl	on of PRIN_DIAG_CODE (the obe chiefly responsible for causing gory. Developed at the Agency for heare Cost and Utilization Project CD-9/10 (International Classification		
	clinically meaning			edures into a manageable number of		
Length:	•	igful categories to aid	tient diagnoses and proc	edures into a manageable number of		
Length: Field 219:	4 Type:	gful categories to aid Alphanumeric	tient diagnoses and proc in cost, utilization, and	redures into a manageable number of outcome analysis.		
Field 219:	4 Type: CCSR_OTH_D Clinical Classific for a condition the patient's treatment	Alphanumeric Alphanumeric AlAG_CODE_1 eations Software Refinat coexists with the p nt) into a clinically m	in cost, utilization, and Data Source: ned (CCSR) classification rincipal diagnosis or deveaningful diagnosis cate	Assigned on of OTH_DIAG_CODE_1 (code velops subsequently during a gory.		
Field 219: Length:	4 Type: CCSR_OTH_D Clinical Classific for a condition the patient's treatment 4 Type:	Alphanumeric PIAG_CODE_1 eations Software Refinat coexists with the position of the position o	in cost, utilization, and Data Source: ned (CCSR) classification rincipal diagnosis or device.	Assigned on of OTH_DIAG_CODE_1 (code velops subsequently during a		
Field 219: Length:	4 Type: CCSR_OTH_D Clinical Classific for a condition the patient's treatment a Type: CCSR_OTH_D Clinical Classific for a condition the condition the condition the condition the condition the condition the condition are condition to condition the condition that c	Alphanumeric PIAG_CODE_1 eations Software Refinent coexists with the punt) into a clinically management of the property of t	tient diagnoses and procin cost, utilization, and Data Source: ned (CCSR) classification rincipal diagnosis or deveningful diagnosis cate Data Source: ned (CCSR) classification rincipal diagnosis or deveningful diagnosis or deveningful diagnosis or devening dia	Assigned on of OTH_DIAG_CODE_1 (code velops subsequently during a gory. Assigned on of OTH_DIAG_CODE_1 (code velops subsequently during a gory. Assigned		
Field 219: Length: Field 220:	4 Type: CCSR_OTH_D Clinical Classific for a condition the patient's treatment 4 Type: CCSR_OTH_D Clinical Classific for a condition the patient's treatment	Alphanumeric AlAG_CODE_1 Altations Software Refinat coexists with the part into a clinically management of Alag_CODE_2 Alag_CODE_2 Alations Software Refinat coexists with the part into a clinically management of Alag_CODE_2 Alatations Software Refinat coexists with the part) into a clinically management of Alagament of Alag	tient diagnoses and procin cost, utilization, and Data Source: ned (CCSR) classification rincipal diagnosis or deveningful diagnosis cate Data Source: ned (CCSR) classification deveningful diagnosis cate Data Source:	Assigned on of OTH_DIAG_CODE_1 (code velops subsequently during a gory. Assigned on of OTH_DIAG_CODE_1 (code velops subsequently during a gory. Assigned		
Field 219: Length:	4 Type: CCSR_OTH_D Clinical Classific for a condition the patient's treatment 4 Type: CCSR_OTH_D Clinical Classific for a condition the patient's treatment 4 Type: CCSR_OTH_D Clinical Classific for a condition the patient's treatment 4 Type:	Alphanumeric PIAG_CODE_1 rations Software Refinat coexists with the post into a clinically management of the post int	tient diagnoses and procin cost, utilization, and Data Source: med (CCSR) classification rincipal diagnosis or development of the company o	Assigned on of OTH_DIAG_CODE_1 (code velops subsequently during a gory. Assigned on of OTH_DIAG_CODE_1 (code velops subsequently during a gory. Assigned on of OTH_DIAG_CODE_1 (code velops subsequently during a gory. Assigned on of OTH_DIAG_CODE_1 (code velops subsequently during a gory.		

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Field 222:	CCSR_OTH_DIAG_CC		fination of OTH DIAG CODE 1 (and			
			fication of OTH_DIAG_CODE_1 (code or develops subsequently during a			
		clinically meaningful diagnost				
Length:		anumeric Data Source:				
Field 223:	CCSR OTH DIAG CO	DDE 5				
	Clinical Classifications So	oftware Refined (CCSR) classi	fication of OTH_DIAG_CODE_1 (code			
			or develops subsequently during a			
		clinically meaningful diagnos	is category.			
Length:	<u> </u>	anumeric Data Source:	Assigned			
Field 224:	CCSR_ OTH_DIAG_CC					
			fication of OTH_DIAG_CODE_1 (code			
			or develops subsequently during a			
Length:	=	clinically meaningful diagnost anumeric Data Source :				
Field 225:	4 Type: Alph CCSR OTH DIAG CO		Assigned			
riela 225:			fication of OTH DIAG CODE 1 (code			
			or develops subsequently during a			
		clinically meaningful diagnosis				
Length:		anumeric Data Source:				
Field 226:	CCSR OTH DIAG CC		5			
			fication of OTH DIAG CODE 1 (code			
	for a condition that coexis	ts with the principal diagnosis	or develops subsequently during a			
	patient's treatment) into a	clinically meaningful diagnos	is category.			
Length:	4 Type: Alph	anumeric Data Source:	Assigned			
Field 227:	CCSR_OTH_DIAG_CC	DDE_9				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for					
			develops subsequently during a patient's			
		meaningful diagnosis categor				
Length:	<u> </u>	anumeric Data Source:	Assigned			
Field 228:	CCSR_OTH_DIAG_CC		C . COTH DIAC CODE 1/ 1 C			
			fication of OTH_DIAG_CODE_1(code for develops subsequently during a patient's			
		meaningful diagnosis categor				
Length:		anumeric Data Source :				
Field 229:	CCSR OTH DIAG CO		rissigned			
ricia 22).			fication of OTH_DIAG_CODE_1(code for			
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's					
		meaningful diagnosis categor				
Length:		anumeric Data Source:				
Field 230:	CCSR OTH DIAG CO		<u> </u>			
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for					
	a condition that coexists w	ith the principal diagnosis or o	develops subsequently during a patient's			
	,	meaningful diagnosis categor	•			
Length:	<u> </u>	anumeric Data Source:	Assigned			
Field 231:	CCSR_OTH_DIAG_CC					
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for					
			develops subsequently during a patient's			
		meaningful diagnosis categor				
ength:		anumeric Data Source:	Assigned			
Field 232:	CCSR_OTH_DIAG_CC		C . COTH DIAG CODE 1/ 1 C			
			fication of OTH_DIAG_CODE_1(code for			
			develops subsequently during a patient's			
Length:		meaningful diagnosis categor anumeric Data Source :	•			
Angui.	T Type. Alpii	anamene Data Suulce:	Assigned			
2024		D. 93				
	as.gov/THCIC	Page 82	Last Updated: November 2024			
			-			

Field 233:	CCSR_OTH_DIAG_CODE_15
	Clinical Classifications Software Refined (CCSR) classification of OTH DIAG CODE 1(code for
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's
	treatment) into a clinically meaningful diagnosis category.
Length:	4 Type: Alphanumeric Data Source: Assigned
Field 234:	CCSR_OTH_DIAG_CODE_16
	Clinical Classifications Software Refined (CCSR) classification of OTH DIAG CODE 1(code for
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's
	treatment) into a clinically meaningful diagnosis category.
Length:	4 Type: Alphanumeric Data Source: Assigned
Field 235:	CCSR_OTH_DIAG_CODE_17
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's
	treatment) into a clinically meaningful diagnosis category.
Length:	4 Type: Alphanumeric Data Source: Assigned
Field 236:	CCSR_OTH_DIAG_CODE_18
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's
	treatment) into a clinically meaningful diagnosis category.
Length:	4 Type: Alphanumeric Data Source: Assigned
Field 237:	CCSR_OTH_DIAG_CODE_19
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code
	for a condition that coexists with the principal diagnosis or develops subsequently during a
	patient's treatment) into a clinically meaningful diagnosis category.
Length:	4 Type: Alphanumeric Data Source: Assigned
Field 238:	CCSR_OTH_DIAG_CODE_20
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's
_	treatment) into a clinically meaningful diagnosis category.
Length:	4 Type: Alphanumeric Data Source: Assigned
Field 239:	CCSR_OTH_DIAG_CODE_21
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code
	for a condition that coexists with the principal diagnosis or develops subsequently during a
T 41	patient's treatment) into a clinically meaningful diagnosis category.
Length:	4 Type: Alphanumeric Data Source: Assigned
Field 240:	CCSR_OTH_DIAG_CODE_22
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's
T41	treatment) into a clinically meaningful diagnosis category.
Length:	4 Type: Alphanumeric Data Source: Assigned
Field 241:	CCSR_OTH_DIAG_CODE_23
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code
	for a condition that coexists with the principal diagnosis or develops subsequently during a
T	patient's treatment) into a clinically meaningful diagnosis category.
Length:	4 Type: Alphanumeric Data Source: Assigned
Field 242:	CCSR_OTH_DIAG_CODE_24
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's
[treatment) into a clinically meaningful diagnosis category.
Length:	4 Type: Alphanumeric Data Source: Assigned
Field 243:	CCS_PROC_CODE_1
	Clinical Classifications Software (CCS) for Services and Procedures classification of
	PROC_CODE_1 (surgical or other procedure with the highest charge performed during the period
	covered by the bill) into a clinically meaningful procedure category
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Length:	3 Type:	Alphanumeric	Data Source:	Assigned			
Field 244:	CCS_PROC_C						
				cedures classification of			
				st charge performed during the period			
	covered by the bi	ll) into a clinically me	eaningful procedure ca	tegory.			
Length:	3 Type:	Alphanumeric	Data Source:	Assigned			
Field 245:	CCS_PROC_C	ODE_3					
	Clinical Classific	ations Software (CCS) for Services and Pro	cedures classification of			
	PROC_CODE_3	(surgical or other pro	cedure with the highes	st charge performed during the period			
	covered by the bi	ll) into a clinically me	eaningful procedure ca	tegory.			
Length:	3 Type:	Alphanumeric	Data Source:	Assigned			
Field 246:	CCS PROC C	ODE 4					
	Clinical Classific	ations Software (CCS) for Services and Pro	cedures classification of			
				st charge performed during the period			
			eaningful procedure ca				
Length:	3 Type:	Alphanumeric	Data Source:	Assigned			
Field 247:	CCS PROC C						
- 1010 - 170) for Services and Pro	cedures classification of			
				st charge performed during the period			
			eaningful procedure ca				
Length:	3 Type:	Alphanumeric	Data Source:	Assigned			
Field 248:	CCS PROC C		Data Source.	1133151104			
1 101u 240.) for Services and Pro	cedures classification of			
				st charge performed during the period			
Longth			eaningful procedure ca Data Source:				
Length:	J 1	Alphanumeric	Data Source:	Assigned			
Field 249:	CCS_PROC_C) C C -: 1D	1 '6' 4' 6			
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC CODE 7 (surgical or other procedure with the highest charge performed during the period						
T 41	-		eaningful procedure ca				
Length:	3 Type:	Alphanumeric	Data Source:	Assigned			
Field 250:	CCS_PROC_C						
				cedures classification of			
				st charge performed during the period			
	•		eaningful procedure ca				
Length:	3 Type:	Alphanumeric	Data Source:	Assigned			
Field 251:	CCS_ PROC_C						
				cedures classification of			
				st charge performed during the period			
			eaningful procedure ca				
Length:	3 Type:	Alphanumeric	Data Source:	Assigned			
Field 252:	CCS_PROC_C	ODE_10					
	Clinical Classifications Software (CCS) for Services and Procedures classification of						
				est charge performed during the period			
			eaningful procedure ca				
Length:	3 Type:	Alphanumeric	Data Source:	Assigned			
Field 253:	CCS_ PROC_C	*					
1 101u 2JJ.) f f	41:£4: C			
		`	/	cedures classification of			
				est charge performed during the period			
			eaningful procedure ca				
Length:	3 Type:	Alphanumeric	Data Source:	Assigned			
Field 254:	CCS_ PROC_C						
	Clinical Classific	ations Software (CCS) for Services and Pro	cedures classification of			
	PROC_CODE 12	2 (surgical or other pr	ocedure with the high	est charge performed during the period			
			eaningful procedure ca				
2021	·	•	- ÷	-			
2024		Da	πο Q /1				

Length:	3 Type:	Alphanumeric	Data Source:	Assigned
Field 255:	CCS_PROC_C	CODE_13		
	Clinical Classific	cations Software (CCS) for Services and Pro-	cedures classification of
	PROC_CODE_1	3 (surgical or other pr	ocedure with the high	est charge performed during the period
	covered by the b	ill) into a clinically me	eaningful procedure ca	tegory.
Length:	3 Type:	Alphanumeric	Data Source:	Assigned
Field 256:	CCS_PROC_C			
	Clinical Classific	cations Software (CCS) for Services and Pro	cedures classification of
				est charge performed during the period
	•		eaningful procedure ca	e .
Length:	3 Type:	Alphanumeric	Data Source:	Assigned
Field 257:	CCS_PROC_C			
				cedures classification of
				st charge performed during the period
_			eaningful procedure ca	
Length:	3 Type:	Alphanumeric	Data Source:	Assigned
Field 258:	CCS_PROC_C			
				cedures classification of
				est charge performed during the period
T 41	•	,	eaningful procedure ca	~ *
Length:	3 Type:	Alphanumeric	Data Source:	Assigned
Field 259:	CCS_PROC_C) C G : 1D	1 1 10 11 10
				cedures classification of
				est charge performed during the period
Langth	3 Type:	Alphanumeric	eaningful procedure ca Data Source:	Assigned
Length: Field 260:	CCS PROC C	<u> </u>	Data Source.	Assigned
riciu 200.) for Services and Pro	cedures classification of
				est charge performed during the period
			eaningful procedure ca	
Length:	3 Type:	Alphanumeric	Data Source:	Assigned
Field 261:	CCS PROC C			
- 1014 - 017) for Services and Pro	cedures classification of
				est charge performed during the period
			eaningful procedure ca	
Length:	3 Type:	Alphanumeric	Data Source:	Assigned
Field 262:	CCS PROC C	<u> </u>		
) for Services and Pro	cedures classification of
				est charge performed during the period
	covered by the b	ill – see Field # 78) int	to a clinically meaning	ful procedure category (See Field #
	220).	,		
Length:	3 Type:	Alphanumeric	Data Source:	Assigned
Field 263:	CCS_PROC_C	CODE_21		
				cedures classification of
	PROC_CODE_2	l(surgical or other pro	ocedure with the highe	st charge performed during the period
			eaningful procedure ca	
Length:	3 Type:	Alphanumeric	Data Source:	Assigned
Field 264:	CCS_ PROC_C	CODE_22		
	Clinical Classific	cations Software (CCS) for Services and Pro	cedures classification of
				est charge performed during the period
	covered by the b	ill) into a clinically me	eaningful procedure ca	tegory.
Length:	covered by the b 3 Type:	ill) into a clinically me Alphanumeric	eaningful procedure ca Data Source:	tegory. Assigned

	Clinical Classifications Software (CCS) for Services and Procedures classification of						
	PROC_CODE_23 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.						
	covered by the	,	· ·	e ;			
Length:	3 Type:	Alphanumeric	Data Source:	Assigned			
Field 266:	CCS_ PROC_	CODE_24					
	Clinical Classi	fications Software (CCS	S) for Services and Pro	cedures classification of			
	PROC_CODE	_24 (surgical or other pr	ocedure with the high	est charge performed during	the period		
	covered by the	bill) into a clinically m	eaningful procedure ca	ntegory.			
Length:	3 Type:	Alphanumeric	Data Source:	Assigned			
Field 267:	CCS PROC CODE 25						
	Clinical Classifications Software (CCS) for Services and Procedures classification of						
	PROC CODE 25 (surgical or other procedure with the highest charge performed during the period						
	covered by the	bill) into a clinically m	eaningful procedure ca	ntegory.			
Length:	3 Type:	Alphanumeric	Data Source:	Assigned			

OUTPATIENT CHARGES FILE

Field 1:	REC	ORD ID							
	Record Identification Number. Unique number to identify the record within the research data file. There will be a Record Identification Number for each claim associated with a patient's visit. Does not match or								
	link to Public Use Data File PUDF Record ID. Does match with RECORD_ID in other Inpatient and								
		Outpatient Research Data Files RDF files.							
Length:	12	Type: Alphanumeric	Data Sourc	ee: Assigned					
Field 2:	REVENUE CODE								
	Code corresponding to each specific accommodation, ancillary service or billing calculation related								
		ces being billed.		, ,					
Coding Scheme:	0100	All-inclusive room charges plus	0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home					
coung seneme.		ancillary		when in a Home Health Shortage Area					
	0101	All-inclusive room charges	0528	Freestanding Clinic - Visit by RHC/FQHC Practitioner to Other non					
				RHC/FQHC Site (e.g. Scene of Accident)					
	0110	Room charges for private rooms	5 - 0529	Freestanding Clinic - other					
	0111	general	0.520						
	0111	Room charges for private rooms medical/surgical/GYN	0530	Osteopathic service - general					
	0112	Room charges for private rooms	- 0531	Osteopathic service - therapy					
	0112	obstetrics	0551	Osteopathic service - therapy					
	0113	Room charges for private rooms	- 0539	Osteopathic service - other					
		pediatric							
	0114	Room charges for private rooms	0540	Ambulance service - general					
		psychiatric							
	0115	Room charges for private rooms hospice	5 - 0541	Ambulance service - supplies					
	0116	Room charges for private rooms detoxification	0542	Ambulance service - medical transport					

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0117	Room charges for private rooms - oncology	0543	Ambulance service - heart mobile
0118	Room charges for private rooms - rehabilitation	0544	Ambulance service - oxygen
0119 0120	Room charges for private rooms - other Room charges for semi-private rooms -	0545 0546	Ambulance service - air ambulance Ambulance service - neonatal
0120	general Room charges for semi-private rooms -	0547	Ambulance service - pharmacy
0121	medical/surgical/GYN Room charges for semi-private rooms -	0548	Ambulance service - telephone transmission EKG
0122	obstetrics Room charges for semi-private rooms -	0549	Ambulance service - other
0123	pediatric Room charges for semi-private rooms -	0550	Skilled nursing - general
	psychiatric		
0125	Room charges for semi-private rooms - hospice	0551	Skilled nursing - visit charge
0126	Room charges for semi-private rooms - detoxification	0552	Skilled nursing - hourly charge
0127	Room charges for semi-private rooms - oncology	0559	Skilled nursing - other
0128	Room charges for semi-private rooms - rehabilitation	0560	Medical social services - general
0129	Room charges for semi-private rooms - other	0561	Medical social services - visit charge
0130	Room charges for semi-private - 3/4 beds - rooms - general	0562	Medical social services - hourly charge
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0569	Medical social services - other
0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0570	Home health aide - general
0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0571	Home health aide - visit charge
0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0572	Home health aide - hourly charge
0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0579	Home health aide - other
0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0580	Other visits (home health) - general
0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0581	Other visits (home health) - visit charge
0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0582	Other visits (home health) - hourly charge
0139	Room charges for semi-private - 3/4 beds - rooms - other	0583	Other visits (home health) - assessment
0140	Room charges for private (deluxe) rooms - general	0589	Other visits (home health) - other
0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	0590	Units of service (home health) - general
0142	Room charges for private (deluxe) rooms - obstetrics	0600	Oxygen (home health) - general
0143	Room charges for private (deluxe)	0601	Oxygen (home health) - stat/equip/supply or contents
0144	rooms - pediatric Room charges for private (deluxe)	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0145	rooms - psychiatric Room charges for private (deluxe)	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0146	rooms - hospice Room charges for private (deluxe)	0604	Oxygen (home health) - portable add-in
0147	rooms - detoxification Room charges for private (deluxe)	0609	Oxygen (home health) - other
0148	rooms - oncology Room charges for private (deluxe)	0610	Magnetic Resonance Technology (MRT) - MRI - general
0149	rooms - rehabilitation Room charges for private (deluxe)	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain
0150	rooms - other Room charges for ward rooms - general	0612	stem) Magnetic Resonance Technology (MRT) - MRI - spinal cord (including
0151	Room charges for ward rooms -	0614	spine) Magnetic Resonance Technology (MRT) - MRI - other
	medical/surgical/GYN		

0152	Room charges for ward rooms - obstetrics	0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
0153	Room charges for ward rooms - pediatric	0616	Magnetic Resonance Technology (MRT) - MRA – lower extremities
0154	Room charges for ward rooms -	0618	Magnetic Resonance Technology (MRT) - MRA – other
	psychiatric		
0155	Room charges for ward rooms - hospice	0619	Magnetic Resonance Technology (MRT) - Other MRT
0156	Room charges for ward rooms - detoxification	0621	Medical/surgical supplies - incident to radiology
0157	Room charges for ward rooms -	0622	Medical/surgical supplies - incident to other diagnostic services
0137	oncology		
		0623	Medical/surgical supplies - surgical dressings
0158	Room charges for ward rooms - rehabilitation	0624	Medical/surgical supplies - FDA investigational devices
0150		0621	D :: : :: :: :: : : : : : : : : : : : :
0159	Room charges for ward rooms - other	0631	Drugs requiring specific identification - single source
0160	Room charges for other rooms - general	0632	Drugs requiring specific identification - multiple source
0164	Room charges for other rooms – Sterile Environment	0633	Drugs requiring specific identification - restrictive prescription
0167	Room charges for other rooms – self care	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0169	Room charges for other rooms - other	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0109	Room charges for nursery - general	0636	Drugs requiring specific identification - requiring detailed coding
0171	Room charges for nursery - newborn level I	0637	Drugs requiring specific identification - self-administrable
0172	Room charges for nursery - newborn level II	0640	Home IV therapy services - general
0173	Room charges for nursery - newborn level III	0641	Home IV therapy services – non-routine nursing, central line
0174	Room charges for nursery - newborn level IV	0642	Home IV therapy services - IV site care, central line
0179	Room charges for nursery - other	0643	Home IV therapy services - IV start/change, peripheral line
0180	Room charges for LOA - general	0644	Home IV therapy services – non-routine nursing, peripheral line
0182	Room charges for LOA - patient	0645	Home IV therapy services - training patient/caregiver, central line
	convenience-charges billable		
0183	Room charges for LOA - therapeutic leave	0646	Home IV therapy services - training, disabled patient, central line
0185	Room charges for LOA – nursing home (for hospitalization)	0647	Home IV therapy services - training, patient/caregiver, peripheral
0189	Room charges for LOA - other	0648	Home IV therapy services - training, disabled patient, peripheral
0190	Room charges for subacute care -	0649	Home IV therapy services - other
0170	general	00.5	Tiome 1. Merupy services outer
0191	Room charges for subacute care - Level	0650	Hospice services - general
0191	I (skilled care)	0030	Hospice services - general
0100		0.651	TT 1
0192	Room charges for subacute care - Level II (comprehensive care)	0651	Hospice services - routine home care
0193	Room charges for subacute care - Level	0652	Hospice services - continuous home care
0.1.0.:	III (complex care)	0.5	· · · · · · · · · · · · · · · · · · ·
0194	Room charges for subacute care - Level IV (intensive care)	0655	Hospice services - inpatient respite care
0199	Room charges for subacute care - other	0656	Hospice services - general inpatient care (non-respite)
0200		0657	
0200	Room charges for intensive care -	003/	Hospice services - physician services
0201	general Room charges for intensive care -	0658	Hospice services - room and board - nursing facility
	surgical		
0202	Room charges for intensive care - medical	0659	Hospice services - other
0203		0660	Respite care - general
0203	Room charges for intensive care -	0000	Respite care - general
	pediatric		
0204	Room charges for intensive care -	0661	Respite care - hourly charge/skilled nursing
	psychiatric		
0206	Room charges for intensive care -	0662	Respite care - hourly charge/aide/homemaker/companion
0005	intermediate intensive care unit (ICU)	0.665	D 2 19 1
0207	Room charges for intensive care - burn care	0663	Respite care - daily charge
0208	Room charges for intensive care -	0669	Respite care - other
0200	•	0007	respire outer outer
0000	trauma	0.670	
0209	Room charges for intensive care - other	0670	Outpatient special residence - general
0210	Room charges for coronary care -	0671	Outpatient special residence - hospital based
	general		
0211	Room charges for coronary care -	0672	Outpatient special residence - contracted
	myocardial infarction		• •
	-		

0212	Room charges for coronary care - pulmonary care	0679	Outpatient special residence - other
0213	Room charges for coronary care - heart transplant	0681	Trauma response - level I
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0682	Trauma response - level II
0219	Room charges for coronary care - other	0683	Trauma response - level III
0220	Special charges - general	0684	Trauma response - level IV
0221	Special charges - admission charge	0689	Trauma response - other
0222	Special charges - technical support charge	0690	Pre-hospice/Palliative Care Services - general
0223	Special charges - UR service charge	0691	Pre-hospice/Palliative Care Services – visit charge
0224	Special charges - late discharge, medically necessary	0692	Pre-hospice/Palliative Care Services – hourly charge
0229	Special charges - other	0693	Pre-hospice/Palliative Care Services - evaluation
0230	Incremental nursing care - general	0694	Pre-hospice/Palliative Care Services – consultation and education
0231	Incremental nursing care - nursery	0695	Pre-hospice/Palliative Care Services – inpatient care
		0696	•
0232	Incremental nursing care - OB		Pre-hospice/Palliative Care Services – physician services
0233	Incremental nursing care - ICU (includes transitional care)	0699	Pre-hospice/Palliative Care Services - other
0234	Incremental nursing care - CCU (includes transitional care)	0700	Cast Room services - general
0235	Incremental nursing care - hospice	0710	Recovery Room services - general
0239	Incremental nursing care - other	0720	Labor/Delivery Room services - general
0240	All-inclusive ancillary - general	0721	Labor/Delivery Room services - labor
0241	All-inclusive ancillary - basic	0722	Labor/Delivery Room services - delivery
0242	All-inclusive ancillary - comprehensive	0723	Labor/Delivery Room services - circumcision
0243	All-inclusive ancillary - specialty	0724	Labor/Delivery Room services - birthing center
0249	All-inclusive ancillary - other	0729	Labor/Delivery Room services - other
0250	Pharmacy - general	0730	EKG/ECG services - general
0251	Pharmacy - generic drugs	0731	EKG/ECG services - Holter monitor
0252	Pharmacy – non-generic drugs	0732	EKG/ECG services - telemetry
0253	Pharmacy - take-home drugs	0739	EKG/ECG services - other
0254	Pharmacy - drugs incident to other diagnostic services	0740	EEG services - general
0255	Pharmacy - drugs incident to radiology	0750	Gastrointestinal services - general
0256	Pharmacy - experimental drugs	0760	Treatment or observation room services - general
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0257		0762	
	Pharmacy - IV solutions		Specialty Room - Treatment/ Observation Room - Observation Room
0259	Pharmacy - other	0769	Treatment or observation room services - other
0260	IV Therapy - general	0770	Preventive care services - general
0261	IV Therapy - infusion pump	0771	Preventive care services - vaccine administration
0262	IV Therapy - pharmacy services	0780	Telemedicine services - general
0263	IV Therapy - drug/supply delivery	0790	Extra-corporeal shockwave therapy - general
0264	IV Therapy - supplies	0800	Inpatient renal dialysis services - general
0269	IV Therapy - other	0801	Inpatient renal dialysis services - hemodialysis
0270		0802	
	Medical surgical supplies and devices - general		Inpatient renal dialysis services - peritoneal (non-CAPD)
0271	Medical surgical supplies and devices - nonsterile	0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0272	Medical surgical supplies and devices - sterile	0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0273	Medical surgical supplies and devices - take-home	0809	Inpatient renal dialysis services - other
0274	Medical surgical supplies and devices - prosthetic/orthotic	0810	Acquisition of body components- general
0275	Medical surgical supplies and devices -	0811	Acquisition of body components - living donor
0276	Medical surgical supplies and devices - intraocular lens (IOL)	0812	Acquisition of body components - cadaver donor
0277	Medical surgical supplies and devices - oxygen - take-home	0813	Acquisition of body components - unknown donor
0278	Medical surgical supplies and devices - other implants	0814	Acquisition of body components - unsuccessful organ search-donor bank charges
0279	Medical surgical supplies and devices - other	0815	Acquisition of body components – stem cells- allogeneic
0280	Oncology - general	0819	Acquisition of body components - other donor
0289	Oncology - other	0820	Hemodialysis - outpatient or home - general
0290	DME - general	0821	Hemodialysis - outpatient or home - composite or other rate
0291	DME - rental	0822	Hemodialysis - outpatient or home – home supplies
0271	Divil Telliul	0022	Tremodulysis outputient of nome - nome supplies

0292	DME - purchase of new	0823	Hemodialysis - outpatient or home - home equipment
0293	DME - purchase of used	0824	Hemodialysis - outpatient or home – maintenance 100%
0294	DME - supplies/drugs for DME	0825	Hemodialysis - outpatient or home - support services
0000	effectiveness	0000	Y
0299	DME - other equipment	0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0300	Laboratory - general	0829	Hemodialysis - outpatient or home - other
0301	Laboratory - chemistry	0830	Peritoneal dialysis - outpatient or home - general
0302	Laboratory - immunology	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0303	Laboratory - renal patient (home)	0832	Peritoneal dialysis - outpatient or home – home supplies
0304	Laboratory – non-routine dialysis	0833	Peritoneal dialysis - outpatient or home – home equipment
0305	Laboratory - hematology	0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0306	Laboratory - bacteriology and microbiology	0835	Peritoneal dialysis - outpatient or home - support services
0307	Laboratory - urology	0839	Peritoneal dialysis - outpatient or home - other
0307	Laboratory - other	0840	CAPD - outpatient or home - general
0310	Laboratory pathological - general	0841	CAPD - outpatient or home - composite or other rate
0311	Laboratory pathological - cytology	0842	CAPD - outpatient or home – home supplies
0311	Laboratory pathological - cytology Laboratory pathological - histology	0843	CAPD - outpatient or home – home equipment
0314	Laboratory pathological - histology Laboratory pathological - biopsy	0844	CAPD - outpatient or home – maintenance 100%
0319	Laboratory pathological - other	0845	CAPD - outpatient or home - support services
0320	Radiology - diagnostic - general	0849	CAPD - outpatient or home - other
0321	Radiology - diagnostic -	0850	CCPD - outpatient or home - general
0021	angiocardiography	0000	corp companion or nome general
0322	Radiology - diagnostic - arthrography	0851	CCPD - outpatient or home - composite or other rate
0323	Radiology - diagnostic - arteriography	0852	CCPD - outpatient or home - home supplies
0324	Radiology - diagnostic - chest x-ray	0853	CCPD - outpatient or home - home equipment
0329	Radiology - diagnostic - other	0854	CCPD - outpatient or home - maintenance 100%
0330	Radiology - therapeutic and/or	0855	CCPD - outpatient or home - support services
	chemotherapy administration - general		1 11
0331	Radiology - therapeutic and/or	0859	CCPD - outpatient or home - other
	chemotherapy administration -		
	chemotherapy - injected		
0332	Radiology - therapeutic and/or	0860	Magnetoencephalography (MEG) - General
	chemotherapy administration -		
	chemotherapy - oral		
0333	Radiology - therapeutic and/or	0861	Magnetoencephalography (MEG) - MEG
	chemotherapy administration - radiation		
0005	therapy	0000	NO. 11. 12.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
0335	Radiology - therapeutic and/or	0880	Miscellaneous dialysis - general
	chemotherapy administration -		
0220	chemotherapy - IV	0001	Mr. II. I'. I'. I'. Ch'
0339	Radiology - therapeutic and/or	0881	Miscellaneous dialysis - ultrafiltration
0240	chemotherapy administration - other	0002	Micaellan agua dialtrais hama aida visit
0340	Nuclear medicine - general	0882	Miscellaneous dialysis - home aide visit
0341	Nuclear medicine - diagnostic procedures	0889	Miscellaneous dialysis - other
0342	Nuclear medicine - therapeutic	0900	Rahaviar haulth treatments/carvices general
0342	-	0900	Behavior health treatments/services - general
0343	procedures Nuclear medicine - diagnostic	0901	Behavior health treatments/services - electroshock
0343	radiopharmaceuticals	0901	Benavior heatin treatments/services - electrosnock
0344	Nuclear medicine - therapeutic	0902	Behavior health treatments/services - milieu therapy
0511	radiopharmaceuticals	0702	Behavior hearth treatments/services infined therapy
0349	Nuclear medicine - other	0903	Behavioral health treatments/services - play therapy
0350	CT scan - general	0904	Behavior health treatments/services - activity therapy
0351	CT scan - head	0905	Behavior health treatments/services - intensive outpatient services -
			psychiatric
0352	CT scan - body	0906	Behavior health treatments/services - intensive outpatient services -
	3		chemical dependency
0359	CT scan - other	0907	Behavior health treatments/services - community behavioral health
			program
0360	Operating room services - general	0911	Behavior health treatment/services - rehabilitation
0361	Operating room services - minor surgery	0912	Behavior health treatment/services - partial hospitalization - less
			intensive
0362	Operating room services - organ	0913	Behavior health treatment/services - partial hospitalization - intensive
	transplant other than kidney		-
0367	Operating room services - kidney	0914	Behavior health treatment/services - individual therapy
	transplant		
0369	Operating room services - other	0915	Behavior health treatment/services - group therapy
0370	Anesthesia - general	0916	Behavior health treatment/services - family therapy
0371	Anesthesia - incident to radiology	0917	Behavior health treatment/services - biofeedback

0372	Anesthesia - incident to other diagnostic services	0918	Behavior health treatment/services - testing
0374	Anesthesia - acupuncture	0919	Behavior health treatment/services - other
0379	Anesthesia - other	0920	Other diagnostic services - general
0380	Blood - general	0921	Other diagnostic services - peripheral vascular lab
0381	Blood - packed red cells	0922	Other diagnostic services - electromyogram
0382	Blood - whole blood	0923	Other diagnostic services - pap smear
0383	Blood - plasma	0924	Other diagnostic services - allergy test
0384	Blood - platelets	0925	Other diagnostic services - pregnancy test
0385	Blood - leukocytes	0929	Other diagnostic services - other
	Blood - other components		
0386		0931	Medical rehabilitation day program - half day
0387	Blood - other derivatives	0932	Medical rehabilitation day program - full day
	(cryoprecipitate)		
0389	Blood - other	0940	Other therapeutic services - general
0390	Blood and blood component	0941	Other therapeutic services - recreational therapy
	administration, storage and processing - general		
0391	Blood and blood component	0942	Other therapeutic services - education/training
0071	administration, storage and processing -	٠, ١٠	Siner inerapeutic services Couranier italiang
	administration		
0392	Blood and blood component	0943	Other therapeutic services - cardiac rehabilitation
	administration, storage and processing -		
	processing and storage		
0399	Blood and blood component	0944	Other therapeutic services - drug rehabilitation
0377	administration, storage and processing -	0711	Other therapeatic services and rendomation
	other		
0400	Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
0401	Other imaging services - diagnostic	0946	Other therapeutic services - complex medical equipment - routine
	mammography		1 1 1
0402	Other imaging services - ultrasound	0947	Other therapeutic services - complex medical equipment - ancillary
0403	Other imaging services - utrasound Other imaging services - screening	0948	Other therapeutic services – pulmonary rehabilitation
0403		0940	Other dicrapedite services – pullionary reliabilitation
	mammography		
0404	Other imaging services - PET	0949	Other therapeutic services - other
0409	Other imaging services - other	0951	Other therapeutic services – athletic training
0410	Respiratory services - general	0952	Other therapeutic services - kinesiotherapy
0412	Respiratory services - inhalation	0953	Other therapeutic services – chemical dependency (drug and alcohol)
0413	Respiratory services - hyperbaric oxygen	0960	Professional fees - general
0413		0700	1 totessional rees - general
0.410	therapy	0061	D C ' 1C 1' '
0419	Respiratory services - other	0961	Professional fees - psychiatric
0420	Physical therapy - general	0962	Professional fees - ophthalmology
0421	Physical therapy - visit charge	0963	Professional fees - anesthesiologist (MD)
0422	Physical therapy - hourly charge	0964	Professional fees - anesthetist (CRNA)
0423	Physical therapy - group rate	0969	Professional fees - other
0424	Physical therapy - evaluation or	0971	Professional fees - laboratory
0424		09/1	Professional fees - laboratory
	reevaluation		
0429	Physical therapy - other	0972	Professional fees - radiology - diagnostic
0430	Occupational therapy - general	0973	Professional fees - radiology - therapeutic
0431	Occupational therapy - visit charge	0974	Professional fees - radiology - nuclear medicine
0432	Occupational therapy - hourly charge	0975	Professional fees - operating room
0433	Occupational therapy - group rate	0976	Professional fees - respiratory therapy
0434	Occupational therapy - evaluation or	0977	Professional fees - physical therapy
	reevaluation		
0439	Occupational therapy - other	0978	Professional fees - occupational therapy
0440	Speech-language pathology - general	0979	Professional fees - speech therapy
0441	Speech-language pathology - visit	0981	Professional fees - emergency room
0111	1 6 6 1 62	0701	1 to tessional tees emergency from
0.4.42	charge	0002	D C : 1C
0442	Speech-language pathology - hourly	0982	Professional fees - outpatient services
	charge		
0443	Speech-language pathology - group rate	0983	Professional fees - clinic
0444	Speech-language pathology - evaluation	0984	Professional fees - medical social services
J	or reevaluation		
0440		0005	Desfessional fees EVC
0449	Speech-language pathology - other	0985	Professional fees - EKG
0450	Emergency room - general	0986	Professional fees - EEG
		0987	Professional fees - hospital visit
0451	Emergency room - EMTALA		
0451	emergency medical screening services		Professional fees - consultation
	emergency medical screening services Emergency room - beyond EMTALA	0988	Professional fees - consultation
0451 0452	emergency medical screening services Emergency room - beyond EMTALA screening	0988	
0451 0452 0456	emergency medical screening services Emergency room - beyond EMTALA screening Emergency room - urgent care	0988 0989	Professional fees - private duty nurse
0451 0452 0456 0459	emergency medical screening services Emergency room - beyond EMTALA screening Emergency room - urgent care Emergency room - other	0988 0989 0990	Professional fees - private duty nurse Patient convenience items - general
0451 0452 0456	emergency medical screening services Emergency room - beyond EMTALA screening Emergency room - urgent care	0988 0989	Professional fees - private duty nurse

	0469	Pulmonary function - other	0992	Patient convenience items - private linen service
	0470	Audiology - general	0993	Patient convenience items - telephone/telegraph
	0471	Audiology - diagnostic	0994	Patient convenience items - TV/radio
	0472	Audiology - treatment	0995 0996	Patient convenience items - nonpatient room rentals
	0479 Audiology - other 0480 Cardiology - general			Patient convenience items - late discharge charge
			0997	Patient convenience items - admission kits
	0481 Cardiology - cardiac cath lab		0998 0999	Patient convenience items - beauty shop/barber
	0482 Cardiology - stress test 0483 Cardiology - echocardiology		1000	Patient convenience items - other Behavior health accommodations - general
	0489	Cardiology - echocardiology Cardiology - other	1000	Behavior health accommodations - general Behavior health accommodations - residential treatment - psychiatric
	0490	Ambulatory surgical care - general	1001	Behavior health accommodations - residential treatment - psychiatric
	0470	Amountory surgical care - general	1002	dependency
	0499	Ambulatory surgical care - other	1003	Behavior health accommodations - supervised living
	0500	Outpatient services - general	1004	Behavior health accommodations - halfway house
	0509	Outpatient services - other	1005	Behavior health accommodations - group home
	0510	Clinic - general	2100	Alternative therapy services - general
	0511	Clinic - chronic pain	2101	Alternative therapy services - acupuncture
	0512	Clinic - dental	2102	Alternative therapy services - acupressure
	0513	Clinic - psychiatric	2103	Alternative therapy services - massage
	0514	Clinic - OB/GYN	2104	Alternative therapy services - reflexology
	0515	Clinic - pediatric	2105	Alternative therapy services - biofeedback
	0516	Clinic - urgent care	2106	Alternative therapy services - hypnosis
	0517	Clinic - family practice	2109	Alternative therapy services - other
	0519 0520	Clinic - other	3101	Adult day care, medical and social - hourly Adult day care, social - hourly
	0520	Freestanding Clinic - general Freestanding Clinic - Clinic Visit by	3102 3103	Adult day care, social - hourly Adult day care, medical and social - daily
	0321	Member to RHC/FQHC	3103	Adult day care, illedicar and social - daily
	0522	Freestanding Clinic - Home Visit by	3104	Adult day care, social - daily
	0322	RHC/FQHC Practitioner	3104	Addit day care, social dairy
	0523	Freestanding Clinic - family practice	3105	Adult foster care - daily
	0524	Freestanding Clinic - Visit by	3109	Adult foster care - other
		RHC/FQHC Practitioner to a Member i		
		a Covered Part A Stay at SNF		
	0525	Freestanding Clinic - Visit by		
		RHC/FQHC Practitioner to a Member i	n	
		a SNF (not Covered Part A Stay) or NF		
		or ICE MD or Other Decidential Facility		
		or ICF MR or Other Residential Facility	/	
	0526	Freestanding Clinic - urgent care		
Length:	4	Freestanding Clinic - urgent care Type: Alphanumeric	Data Sou	rce: Claim
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Field 3: Length: Field 4: Coding Scheme: Length:	A REV Assig 3 HCP Healt code A linl For an https: p 5 HCP Identi	Freestanding Clinic - urgent care Type: Alphanumeric ENUE_CODE_SEQUENCE_N Inment of numbers to indicate the Type: Alphanumeric D CS_QUALIFIER h Care Financing Administration applicable to ancillary services or k is provided at this site for post 2 dditional information see: //www.cms.gov/medicare/coding Type: Alphanumeric D CS_PROCEDURE_CODE ifies a special circumstance relate	Data Source UMBER order of s' ata Source (HCFA) H accommo 020 file up //hcpcsreles ata Source d to the pe	ubmission of the revenue codes e: Assigned Healthcare Common Procedure Coding System (HCPCS) odations. pdates. assecodesets?redirect=/hcpcsreleasecodesets/anhcpcs/list.as e: Claim erformance of the HCPCS-coded service. Required when
Field 3: Length: Field 4: Coding Scheme: Length:	A REV Assig 3 HCP Healt code A linl For an https: p 5 HCP Identi	Freestanding Clinic - urgent care Type: Alphanumeric ENUE_CODE_SEQUENCE_N Inment of numbers to indicate the Type: Alphanumeric D CS_QUALIFIER h Care Financing Administration applicable to ancillary services or k is provided at this site for post 2 dditional information see: //www.cms.gov/medicare/coding Type: Alphanumeric D CS_PROCEDURE_CODE ifies a special circumstance relate	Data Source UMBER order of s' ata Source (HCFA) H accommo 020 file up //hcpcsreles ata Source d to the pe	ubmission of the revenue codes e: Assigned Healthcare Common Procedure Coding System (HCPCS) odations. pdates. assecodesets?redirect=/hcpcsreleasecodesets/anhcpcs/list.as e: Claim
Field 3: Length: Field 4: Coding Scheme: Length: Field 5:	A REV Assig 3 HCP Healt code A linl For an https: p 5 HCP Identi	Freestanding Clinic - urgent care Type: Alphanumeric ENUE_CODE_SEQUENCE_N Inment of numbers to indicate the Type: Alphanumeric D CS_QUALIFIER h Care Financing Administration applicable to ancillary services or k is provided at this site for post 2 dditional information see: //www.cms.gov/medicare/coding Type: Alphanumeric D CS_PROCEDURE_CODE ifies a special circumstance relate	Data Source UMBER order of s' ata Source (HCFA) H accommo 020 file up //hcpcsreles ata Source d to the pe	ubmission of the revenue codes e: Assigned Healthcare Common Procedure Coding System (HCPCS) odations. pdates. assecodesets?redirect=/hcpcsreleasecodesets/anhcpcs/list.as e: Claim erformance of the HCPCS-coded service. Required when
Field 3: Length: Field 4: Coding Scheme: Length:	Assig 3 HCP Healt code A linl For a https: p THEP Identitie pr 22	Freestanding Clinic - urgent care Type: Alphanumeric ENUE_CODE_SEQUENCE_N Inment of numbers to indicate the Type: Alphanumeric D CS_QUALIFIER h Care Financing Administration applicable to ancillary services or k is provided at this site for post 2 dditional information see: //www.cms.gov/medicare/coding Type: Alphanumeric D CS_PROCEDURE_CODE ifies a special circumstance relate rovider needs to convey additional Increased procedural services	Data Source UMBER order of s' ata Source (HCFA) H accommo 020 file up //hcpcsreles ata Source d to the pe	ubmission of the revenue codes e: Assigned Healthcare Common Procedure Coding System (HCPCS) odations. pdates. assecodesets?redirect=/hcpcsreleasecodesets/anhcpcs/list.as e: Claim erformance of the HCPCS-coded service. Required when tion for the associated procedure code. P4 A patient with severe systemic disease that is a constant threat to life
Field 3: Length: Field 4: Coding Scheme: Length: Field 5:	A REV Assig 3 HCP Healt code A linl For au https: p 5 HCP Identithe pr	Freestanding Clinic - urgent care Type: Alphanumeric ENUE_CODE_SEQUENCE_N Inment of numbers to indicate the Type: Alphanumeric D CS_QUALIFIER The Care Financing Administration applicable to ancillary services or it is provided at this site for post 2 dditional information see: //www.cms.gov/medicare/coding Type: Alphanumeric D CS_PROCEDURE_CODE ifies a special circumstance relate rovider needs to convey additional	Data Source UMBER order of s' ata Source (HCFA) H accommo 020 file up //hcpcsreles ata Source d to the pe	ubmission of the revenue codes e: Assigned Healthcare Common Procedure Coding System (HCPCS) odations. pdates. assecodesets?redirect=/hcpcsreleasecodesets/anhcpcs/list.as e: Claim erformance of the HCPCS-coded service. Required when the tion for the associated procedure code. P4 A patient with severe systemic disease that is a constant threat to life P5 A moribund patient who is not expected to survive
Field 3: Length: Field 4: Coding Scheme: Length: Field 5:	Assig 3 HCPHealt code A linl For a https: p 5 HCPIdenti the pr 22 23	Freestanding Clinic - urgent care Type: Alphanumeric ENUE_CODE_SEQUENCE_N Imment of numbers to indicate the Type: Alphanumeric D CS_QUALIFIER The Care Financing Administration applicable to ancillary services or a sister for post 2 dditional information see: //www.cms.gov/medicare/coding Type: Alphanumeric D CS_PROCEDURE_CODE Iffies a special circumstance relate rovider needs to convey additional Increased procedural services Unusual Anesthesia	Data Sour UMBER order of stata Source (HCFA) Haccommo 020 file up hcpcsreled data Source d to the pell clarificat	de: Assigned Healthcare Common Procedure Coding System (HCPCS) odations. pdates. Healthcare Common Procedure Coding System (HCPCS) odations. pdates. Healthcare Common Procedure Coding System (HCPCS) odations. Pdates. Healthcare Common Procedure Coding System (HCPCS) Healthcare Common Procedure Codes easecodesets/anhcpcs/list.as Healthcare Common Procedure Codes easecodesets/anhcpcs/list.as Healthcare Common Procedure Coding System (HCPCS) Healthcare Co
Field 3: Length: Field 4: Coding Scheme: Length: Field 5:	Assig 3 HCP Healt code A linl For a https: p THEP Identitie pr 22	Freestanding Clinic - urgent care Type: Alphanumeric ENUE_CODE_SEQUENCE_N Imment of numbers to indicate the Type: Alphanumeric D CS_QUALIFIER The Care Financing Administration applicable to ancillary services or a size for post 2 dditional information see: //www.cms.gov/medicare/coding Type: Alphanumeric D CS_PROCEDURE_CODE Iffies a special circumstance relate revider needs to convey additional increased procedural services Unusual Anesthesia Unrelated Evaluation and Management S	Data Sour UMBER order of stata Source (HCFA) Haccommo 020 file up hcpcsrele d to the pel clarificat	de: Assigned Healthcare Common Procedure Coding System (HCPCS) odations. pdates. Healthcare Common Procedure Coding System (HCPCS) odations. pdates. Healthcare Common Procedure Coding System (HCPCS) odations. Pdates. Healthcare Common Procedure Coding System (HCPCS) Healthcare Common Procedure Codes easecodesets/anhcpcs/list.as Healthcare Common Procedure Codes easecodesets/anhcpcs/list.as Healthcare Common Procedure Codes easecodesets/anhcpcs/list.as Healthcare Common Procedure Coding System (HCPCS) Healthcare Coding
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Field 3: Length: Field 4: Coding Scheme: Length: Field 5:	Assig 3 HCPHealt code A linl For a https: p 5 HCPIdenti the pr 22 23	Freestanding Clinic - urgent care Type: Alphanumeric ENUE_CODE_SEQUENCE_N Inment of numbers to indicate the Type: Alphanumeric D CS_QUALIFIER The Care Financing Administration applicable to ancillary services or a sis provided at this site for post 2 dditional information see: //www.cms.gov/medicare/coding Type: Alphanumeric D CS_PROCEDURE_CODE Iffies a special circumstance relaterovider needs to convey additional increased procedural services Unusual Anesthesia Unrelated Evaluation and Management S Same Physician or Other Qualified Healt Professional during a Postoperative Peric Significant, Separately Identifiable Evaluations Here Type: Alphanumeric D CS_PROCEDURE_CODE Increased procedural services	Data Source UMBER order of seata Source (HCFA) Haccommo 020 file up //hcpcsrele. ata Source d to the pel clarificat ervice by the h Care de ation and	Healthcare Common Procedure Coding System (HCPCS) odations. pdates. Healthcare Common Procedure Coding System (HCPCS) odations. pdates. Healthcare Common Procedure Coding System (HCPCS) odations. pdates. Healthcare Common Procedure Coding System (HCPCS) Healthcare Common Procedure Codesets/anhcpcs/list.as Healthcare Common Procedure Codesets/anhcpcs/list.as Healthcare Common Procedure Codesets/anhcpcs/list.as Healthcare Common Procedure Codesets/anhcpcs/list.as Healthcare Common Procedure Coding System (HCPCS) Healthcare Coding System
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Field 3: Length: Field 4: Coding Scheme: Length: Field 5:	Assig 3 HCPHealt code A linl For au https: p 5 HCPI Identitite pr 22 23 24	Freestanding Clinic - urgent care Type: Alphanumeric ENUE_CODE_SEQUENCE_N Inment of numbers to indicate the Type: Alphanumeric D CS_QUALIFIER The Care Financing Administration applicable to ancillary services or a sis provided at this site for post 2 dditional information see: //www.cms.gov/medicare/coding Type: Alphanumeric D CS_PROCEDURE_CODE Iffies a special circumstance relaterovider needs to convey additional increased procedural services Unusual Anesthesia Unrelated Evaluation and Management S Same Physician or Other Qualified Healt Professional during a Postoperative Peric Significant, Separately Identifiable Evaluations Here Type: Alphanumeric D CS_PROCEDURE_CODE Increased procedural services	Data Source UMBER order of s' ata Source (HCFA) Haccommo 020 file up //hcpcsrele. ata Source d to the pel clarificat ervice by the h Care d ation and cian or Other	Healthcare Common Procedure Coding System (HCPCS) odations. pdates. Healthcare Common Procedure Coding System (HCPCS) odations. pdates. Healthcare Common Procedure Coding System (HCPCS) odations. pdates. Healthcare Common Procedure Coding System (HCPCS) Healthcare Common Procedure Codes easecodesets/anhcpcs/list.as Healthcare Common Procedure Codes easecodesets/anhcpcs/list.as Healthcare Common Procedure Codes easecodesets/anhcpcs/list.as Healthcare Common Procedure Coding System (HCPCS) Healthcare Coding System (HCPCS) Healthcare Common Procedure Coding System (HCPCS) Healthcare Coding System (HCPCS)
Field 3: Length: Field 4: Coding Scheme: Length: Field 5:	Assig 3 HCPHealt code A linl For au https: p 5 HCPI Identitite pr 22 23 24	Freestanding Clinic - urgent care Type: Alphanumeric ENUE_CODE_SEQUENCE_N Inment of numbers to indicate the Type: Alphanumeric D CS_QUALIFIER The Care Financing Administration applicable to ancillary services or a sis provided at this site for post 2 additional information see: //www.cms.gov/medicare/coding Type: Alphanumeric D CS_PROCEDURE_CODE If it is a special circumstance relate rovider needs to convey additional Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management S Same Physician or Other Qualified Healt Professional during a Postoperative Peric Significant, Separately Identifiable Evaluation and Management Service by the Same Physic Qualified Health Care Professional on the Control of the Contro	Data Source UMBER order of s' ata Source (HCFA) Haccommo 020 file up //hcpcsrele. ata Source d to the pel clarificat ervice by the h Care d ation and cian or Other	Healthcare Common Procedure Coding System (HCPCS) odations. pdates. Healthcare Common Procedure Coding System (HCPCS) odations. pdates. Healthcare Common Procedure Coding System (HCPCS) odations. pdates. Healthcare Common Procedure Coding System (HCPCS) Healthcare Common Procedure Codes easecodesets/anhcpcs/list.as Healthcare Common Procedure Codes easecodesets/anhcpcs/list.as Healthcare Common Procedure Codes easecodesets/anhcpcs/list.as Healthcare Common Procedure Coding System (HCPCS) Healthcare Coding System (HCPCS) Healthcare Common Procedure Coding System (HCPCS) Healthcare Coding System (HCPCS)
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	27	Multiple Outpatient	Hospital E/M E	ncounters on the	E3	Upper right eyelid
		Same Date				
	32	Mandated Services			E4	Lower right eyelid
	33	Preventive Service			F1	Left hand, second digit
	47	Anesthesia by Surge	eon		F2	Left hand, third digit
	50	Bilateral Procedure			F3	Left hand, fourth digit
	51	Multiple Procedures	3		F4	Left hand, fifth digit
	52	Reduced Services			F5	Right hand, thumb
	53	Discontinued Proce	dure		F6	Right hand, second digit
	54	Surgical Care Only			F7	Right hand, third digit
	55	Postoperative Mana			F8	Right hand, fourth digit
	56	Preoperative Manag			F9	Right hand, fifth digit
	57	Decision for Surger			FA	Left hand, thumb
	58	Staged or Related P Physician or Other 0			GG	Performance and payment of a screening mammography and diagnostic mammography on same patient, same day.
		During the Postoper		Cure i reressionar		and diagnostic maninography on same patient, same day.
	59	Distinct Procedural	Service		GH	Diagnostic mammogram converted from screening
						mammogram on same day
	62	Two Surgeons			LC	Left circumflex coronary artery
	63	Procedure Performe	d on Infants less	than 4kg	LD	Left anterior descending coronary artery
	66	Surgical Team		_	LM	Left main coronary artery
	73	Discontinued Outpa	tient Hospital/A	mbulatory Surgery	LT	Left side of the body procedure
		Center (ASC) Proce Anesthesia				
	74	Discontinued Outpa	tient Hospital/A	mbulatory Surgery	QM	Ambulance service provided under arrangement by a
	/ 4	Center (ASC) Proce			QIVI	provider of services
		Anesthesia				
	76	Health Care Profess		n or Other Qualified	QN	Ambulance service furnished directly by a provider of services
	77 Repeat Procedure by Another Physician or Other Qualified Health Care Professional					Right coronary artery
	78	Unplanned Return t		Procedure Room by	RI	Ramus intermedius coronary artery
	, 0	the Same Physician			111	Tumbus mooning as constantly according
		Professional Follow				
		Procedure During th				
	79			he Same Physician or	RT	Right side of the body procedure
	,,	Other Qualified Hea			111	rught stat of the oddy procedure
		Postoperative Period				
	80	Assistant Surgeon			T1	Left foot, second digit
	81	Minimum Assistant	Surgeon		T2	Left foot, third digit
	82	Repeat procedure by	y same physiciar	ı	T3	Left foot, fourth digit
	90	Reference (Outside)			T4	Left foot, fifth digit
	91	Repeat Clinical Dia		ory Test	T5	Right foot, great toe
	92	Alternative Laborat			T6	Right foot, second digit
	95			Rendered Via a Real-	T7	Right foot, third digit
		Time Interactive Au		Telecommunications		
	00	System			TEO.	Did of the state o
	99	Multiple Modifiers	D 1 : 14	1.0. 1 . 3.6 1. 1	T8	Right foot, fourth digit
	1P	Reasons	re Exclusion Mo	odifier due to Medical	Т9	Right foot, fifth digit
	2P		re Exclusion Mo	odifier due to Patient	TA	Left foot, great toe
		Reasons				
	3P	Performance Measu Reasons	re Exclusion Mo	odifier due to System	XE	Separate Encounter
	8P	Performance Measu	re Reporting Mo	odifier- Action not	XS	Separate Structure
		performed, reason n	ot otherwise spe	ecified		-
	P1	A normal healthy pa	atient		XP	Separate Practitioner
	P2	A patient with mild	systemic disease	e	XU	Unusual Non-Overlapping Service
	P3	A patient with sever	re systemic disea	ise		
Length:	2	Type: Alph	anumeric	Data Source:	C	Claim
Field 6:	MOI	DIFIER 1				-
i icia o.		-	acial airauma	tanga ralatad ta tha	narfai	manag of the HCDCS goded coming Dequired
						rmance of the HCPCS-coded service. Required
		-	•	additional clarific	ation fo	or the associated procedure code.
Coding Scheme:	Samo	e as MODIFIER_	.1			
Length:	2	Type: Alph	anumeric	Data Source:	C	Claim
Field 7:		DIFIER 2				
		_	al circumetar	nce related to the n	erform	ance of the HCPCS-coded service. Required
		-				or the associated precedure and

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when the provider needs to convey additional clarification for the associated procedure code.

Coding Scheme:	Same as MOD	_	D 4 G	CI.
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 8:	MODIFIER_3			C CALHODOG 11 ' D ' 1
				performance of the HCPCS-coded service. Required
			y additional clarificat	tion for the associated procedure code.
Coding Scheme:	Same as MOD		7	at :
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 9:	MODIFIER_4			
		g the units in which	i a value is being exp	pressed or a manner in which a measurement would
	be taken. DA Days			
Coding Scheme:	F2 Internation	onal unit		
	UN Unit			
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 10:	UNIT_MEAS	UREMENT_COD	E	
	Numeric value	of quantity.		
Length:	7 Type:	Numeric	Data Source:	Claim
Field 11:	UNITS_OF_S	ERVICE		
	Rate per unit.			
Length:	12 Type:	Numeric	Data Source:	Claim
Field 12:	UNIT_RATE			
	Total amount of	f the charge.		
Length:	14 Type:	Numeric	Data Source:	Assigned
Field 13:	CHRGS LIN	E ITEM		
	Total non-cove	red amount of the o	charge.	
Length:	14 Type:	Alphanumeric	Data Source:	Assigned
Field 14:	CHRGS_NON	_COV		
	Date the proceed	lure began on gene	rally is the same as "	Statement_Period_From" (STMT_PERIOD_FROM)
	date.			
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 15:	PROCEDURI	E_DATE		
	Date the proceed	dure finished on, ge	enerally is the same a	s the "Statement_Period_Thru"
	(STMT_PERIO	DD_THRU) date.		
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 16:		E_DATE_THRU		
				re different codes. An institutional provider refers to a
				home health agency, hospice or another similar
	institution prov	riding services to M	ledicare beneficiaries	s. Professional providers are non-institutional
				ups), other clinical professionals, freestanding
	laboratories an			durable medical equipment suppliers.
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 17:		ACILITY_CODE		
				ve different codes. An institutional provider refers to a
				a home health agency, hospice or another similar
				s. Professional providers are non-institutional
				ups), other clinical professionals, freestanding.
				durable medical equipment suppliers.
Length:	2 Type: Al	phanumeric	Data Source:	Claim

OUTPATIENT FACILITY TYPE INDICATOR FILE

A facility is a hospital or ambulatory surgical center required to report under the Health and Safety Code, Chapter 108, Facility type indicators are provided by the facilities. A facility type indicator provides information to the data use as to the type of facility or the primary health services delivered at that that facility (e.g., Hospital-based Ambulatory Surgical Unit, Hospitals with an Emergency Dept, or Ambulatory Surgical Centers) A facility may have more than one indicator.

Field 1:	THCIC_ID			
	-	ue identifier assigned to th	•	
Length:	6 Type:	Alphanumeric	Data Source:	Assigned
Field 2:	PROVIDER_NA			
	Hospital name pro	vided by the hospital.		
Length:	55 Type:	Alphanumeric	Data Source:	Provider
Field 3:	PROVIDER_AD			
		rovided by the hospital.		
Length:	50 Type:	Alphanumeric	Data Source:	Provider
Field 4:	PROVIDER_CIT			
		ded by the hospital.		
Length:	20 Type:	Alphanumeric	Data Source:	Provider
Field 5:	PROVIDER_STA			
		ided by the hospital.		
Length:	2 Type:	Alphanumeric	Data Source:	Provider
Field 6:	PROVIDER_ZIP			
		provided by the hospital.		
Length:	9 Type:	Alphanumeric	Data Source:	Provider
Field 7:	FAC_TEACHING			
	Teaching facility is			
Coding Scheme:		cil of Teaching Hospitals		
Length:	X Teaching facilit 1 Type:	y Alphanumeric	Data Source:	Provider
Field 8:	FAC PSYCH IN	1	Data Source.	Tiovidei
riciu o.	Psychiatric facility			
Length:	1 Type:	Alphanumeric	Data Source:	Provider
Field 9:	FAC REHAB IN	1	Data Source.	Tiovidei
riciu 7.	Rehabilitation faci			
Length:	1 Type:	Alphanumeric	Data Source:	Provider
Field 10:	FAC ACUTE C.		Data Source.	Tiovidei
riciu IV.	Acute care facility			
Length:	1 Type:	Alphanumeric	Data Source:	Provider
Field 11:	FAC SNF IND	2 Alphanumene	Data Soute.	11011001
riciu II.		vility type indicator Usani	tal facility type ind	licator provided by the hospital.
Length:	1 Type:	Alphanumeric	Data Source:	Provider
Field 12:	FAC LONG TE		Data South.	TIOVIGEI
riciu 12;		are facility type indicator.		
Length:	1 Type:		Data Source:	Provider
			Data South.	11011001
Field 13:	FAC_OTHER_L	re facility type indicator.		
Length:	1 Type:	Alphanumeric	Data Source:	Provider
Field 14:	FAC PEDS IND		Data Source:	11001001
riciu 14;	Pediatric facility ty			
	rediatric facility ty	pe maicator.		
2024		D 05		
www.dshs.texas.go	v/THCIC	Page 95	Last	Updated: November 2024

Coding Scheme:	C Member, Council of Teaching Hospitals X Facility also treats children		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 15:	FAC CARDIOVASCULAR IND		
11010 101	Cardiovascular facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 16:	FAC_CHIROPRACTIC_IND		
	Chiropractic care facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 17:	FAC_ENDOSCOPY_IND		
	Endoscopy facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 18:	FAC_FOOT_IND		
	Foot care facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 19:	FAC_GASTROENTEROLOGY_IND		
	Gastroenterology facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 20:	FAC_GENERAL_IND		
Ŧ	General care facility type indicator.	D	D 11
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 21:	FAC_NEUROLOGICAL_IND		
T (1	Neurological care facility type indicator.	D 4 G	D 11
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 22:	FAC_OB_GYN_IND	1.	
T /1	Obstetrics and gynecology facility type inc		D 11
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 23:	FAC_OPTHAMOLOGY_IND		
Longthi	Ophthalmology facility type indicator.	Data Source:	Provider
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 24:	FAC_ORAL_IND Oral health care facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 25:	FAC ORTHOPEDIC IND	Data Source.	Tiovidei
riciu 23.	Orthopedic care facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 26:	FAC OTOLARYNGOLOGY IND	Data Source.	Tiovidei
riciu 20.	Otolaryngology facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 27:	FAC PAIN MNGMT IND		
11014 271	Pain management facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 28:	FAC PLASTIC IND		
	Plastic surgery facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 29:	FAC THORACIC IND		
	Thoracic care facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 30:	FAC UROLOGY IND		
	Urology care facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 31:	FAC_OTHER_IND		
	Other facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 32:	POA_PROVIDER_INDICATOR		
2024	_		
2024	V/THCIC Page 96		Updated: November 2024

Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. Title 25 Texas Administrative Code, Chapter 421, Rule 421.9¹ (e) (25 TAC §421.9(e)) identifies the following facility types as exempt from reporting POA codes to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals and Long Term Care Hospitals.

Coding Scheme:

M Mixed (Facility has sections that would be exempted from reporting POA for those patients)

R Required

X Exempt Invalid

Length:	1	Type:	Δ	lphanumeric	Dat	a Source:	Assigned	
Field 33:		VIDER_COUN		ірнанашене	Dat	a source.	Assigned	
ricia 55.		code of provide		ints				
C 11 1		-		•	257	TZ C	205	D 1
Coding scheme:	001	Anderson	129	Donley	257	Kaufman	385	Real
	003	Andrews	131	Duval	259	Kendall	387	Red River
	005	Angelina	133	Eastland	261	Kenedy	389	Reeves
	007	Aransas	135	Ector	263	Kent	391	Refugio
	009	Archer	137	Edwards	265	Kerr	393	Roberts
	011	Armstrong	139	Ellis	267	Kimble	395	Robertson
	013	Atascosa	141	El Paso	269	King	397	Rockwall
	015	Austin	143	Erath	271	Kinney	399	Runnels
	017	Bailey	145	Falls	273	Kleberg	401	Rusk
	019	Bandera	147	Fannin	275	Knox	403	Sabine
	021	Bastrop	149	Fayette	283	La Salle	405	San Augustine
	023	Baylor	151	Fisher	277	Lamar	407	San Jacinto
	025	Bee	153	Floyd	279	Lamb	409	San Patricio
	027	Bell	155	Foard	281	Lampasas	411	San Saba
	029	Bexar	157	Fort Bend	285	Lavaca	413	Schleicher
	031	Blanco	159	Franklin	287	Lee	415	Scurry
	033	Borden	161	Freestone	289	Leon	417	Shackelford
	035	Bosque	163	Frio	291	Liberty	419	Shelby
	037	Bowie	165	Gaines	293	Limestone	421	Sherman
	039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
	041	Brazos	169	Garza	297	Live Oak	425	Somervell
	043	Brewster	171	Gillespie	299	Llano	427	Starr
	045	Briscoe	173	Glasscock	301	Loving	429	Stephens
	047	Brooks	175	Goliad	303	Lubbock	431	Sterling
	049	Brown	177	Gonzales	305	Lynn	433	Stonewall
	051	Burleson	179	Gray	307	McCulloch	435	Sutton
	053	Burnet	181	Grayson	309	McLennan	437	Swisher
	055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
	057	Calhoun	185	Grimes	313	Madison	441	Taylor
	059	Callahan	187	Guadalupe	315	Marion	443	Terrell
	061	Cameron	189	Hale	317	Martin	445	Terry
	063	Camp	191	Hall	319	Mason	447	Throckmorton
	065	Carson	193	Hamilton	321	Matagorda	449	Titus
	067	Cass	195	Hansford	323	Maverick	451	Tom Green
	069	Castro	197	Hardeman	325	Medina	453	Travis
	071	Chambers	199	Hardin	327	Menard	455	Trinity
	073	Cherokee	201	Harris	329	Midland	457	Tyler
	075	Childress	203	Harrison	331	Milam	459	Upshur
	073	Clay	205	Hartley	333	Mills	461	Upton
	077	Cochran	207	Haskell	335	Mitchell	463	Uvalde
	081	Coke	207	Hays	333	Montague	465	Val Verde
				Hays Hemphill		•		
	083	Collin	211	1	339	Montgomery	467	Van Zandt Victoria
	085	Collin	213	Henderson	341	Moore	469	
	087	Collingsworth Colorado	215	Hidalgo	343	Morris	471	Walker
	089	Colorado	217	Hill	345	Motley	473	Waller

riciu 33.		Oncology faci						
Field 35:	I F	AC ONCO		•	Data	i Bource.	TIOVIUCI	
Length:	u 1	Type:		phanumeric	Dote	Source:	Provider	
		or the first quata due to im			4ın Quarter	2020, the facili	iy indicator	nas incomplete
						t than the ones		
								e provider names
						exas.gov/thcic/		
		Note:			. //11	//1 · / /	(1 1 1 1	1.5
		-	r 2020 Fac	cility Type Dat	a File.			
						ıding Hospital-o	owned FEM	CFs, starting with
Field 34:				DEPARTME				
Length:	3		Alphanum		a Source:		der ZIP code	
T4h	2	Т	A 11	ania Da4	- C	Assi	gned, based o	n
	127	Dimmit	255	Karnes	383	Reagan	•	Invalid
	125	Dickens	253	Jones	381	Randall		
	123	Dewitt	251	Johnson	379	Rains	507	Zavala
	121	Denton	249	Jim Wells	377	Presidio	505	Zapata
	119	Delta	247	Jim Hogg	375	Potter	503	Young
	117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
	115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
	113	Dallas	241	Jasper	369	Parmer	497	Wise
	111	Dallam	239	Jackson	367	Parker	495	Winkler
	109	Culberson	237	Jack	365	Panola	493	Wilson
	107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
	105	Crockett	233	Hutchinson	361	Orange	489	Willacy
	101	Crane	231	Hunt	359	Oldham	487	Wilbarger
	101	Coryell Cottle	229	Hudspeth	355 357	Ochiltree	485	Wichita
	097 099	Cooke	225 227	Houston Howard	353 355	Nolan Nueces	481 483	Wharton Wheeler
	095	Concho	223	Hopkins	351	Newton	479	Webb
	093	Comanche	221	Hood	349	Navarro	477	Washington
	091	Comal	219	Hockley	347	Nacogdoches	475	Ward

Data Source:

Provider

Last Updated: November 2024

Length:

Alphanumeric

Type:

OUTPATIENT GROUPER FILE

Field 1:	RECORD_ID					
	Record Identification Number. Unique number to identify the record within the research data file.					
	There will be a Record Identification Number for each claim associated with a patient's visit. Doe					
	not match or link to Public Use Data File (PUDF) Record ID. Does match with RECORD_ID in					
	other Inpatient and Outpatient RDFs (Research Data Files).					
Length:	12 Type: Alphanumeric Data Source: Assigned					
Field 2:	REVENUE_CODE_SEQUENCE_NUMBER					
	Assignment of numbers to indicate the order of submission of the revenue codes.					
Length:	3 Type: Alphanumeric Data Source: Assigned					
Field 3:	FROZEN_EAPG_GRP_VER					
	Final Enhanced Ambulatory Patient Group (EAPG) as assigned by 3M EAPG Grouper. EAPGs are					
	logical groups of services put together for classification, payment, and reporting. A grouper refers					
	to software or methodology to classify patients into groups for classification, payment, and					
	analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG Software), Outpatient					
	Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and Population Health Groupers					
	(Clinical Risk Groups), among others. Not available 4Q09. The calculation for this field is updated					
	annually.					
Length:	12 Type: Alphanumeric Data Source: Assigned					
Field 4:	FROZEN_FINAL_EAPG_CAT_CODE					
	Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M EAPG					
	Grouper. The category code is a broad group (1 of 61 categories), i.e., 15 – Radiologic					
	Procedures. The 3M Enhanced Ambulatory Patient Grouping System is a methodology					
	developed by 3M designed to reflect the resources used in an ambulatory visit and classify					
	patients with similar clinical characteristics. It is a proprietary product of the company 3M.					
	A grouper refers to software or methodology to classify patients into groups for classification,					
	payment and analyzing i.e., 3M Groupers include Inpatient Groupers (3M APR DRG					
	Software), Outpatient Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and					
	Population Health Groupers (Clinical Risk Groups), among others. Not available 4Q09. The					
T 41	calculation for this field is updated annually.					
Length:	2 Type: Alphanumeric Data Source: Assigned					
Field 5:	FROZEN_FINAL_EAPG_TYPE_CODE					
	Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M EAPG grouper.					
	The type of code is a broader group code (1 of 13 types) describing the encounter, such as 2 –					
	Significant Procedure and 3 – Medical ¹¹ Not available 4Q09. The calculation for this field is					
T 41	updated annually.					
Length:	2 Type: Alphanumeric Data Source: Assigned					
Field 6:	FROZEN_FINAL_EAPG					
	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG. Not available					
_	4Q09. The calculation for this field is updated annually.					
Length:	5 Type: Alphanumeric Data Source: Assigned					
Field 7:	FROZEN_ADJUSTED_EAPG_WEIGHT					
	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG Grouper. Each					
	EAPG code has an assigned relative weight reflecting the average resource use for a patient in					
	that 3M EAPG relative to a subset of common ambulatory services Not available 4Q09. The					
	calculation for this field is updated annually.					
Length:	10 Type: Alphanumeric Data Source: Assigned					
Field 8:	FROZEN_APC_GRP_VER					
	Ambulatory Payment Classification (APC) as assigned by 3M APC Grouper. Not available					
	4Q09. The calculation for this field is updated annually.					
Length:	12 Type: Alphanumeric Data Source: Assigned					
2024	Page 99 Lost Undeted: Nevember 2024					
	rage 99 Last Undeted: November 2024					

Last Updated: November 2024

Field 9:	FROZEN APC PROCEDURE CODE						
riciu 7.	Ambulatory Payment Classification (APC) procedure code as assigned by 3M APC Grouper,						
	the 3M version of the Medicare APC Grouper. The APC is used to define groupings of						
	outpatient services under OPPS (Outpatient Prospective Payment System). Not available						
	4Q09. The calculation for this field is updated annually.						
Length:	5 Type: Alphanumeric Data Source: Assigned						
Field 10:	FROZEN APC PX STATUS IND CODE						
	Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M APC						
	Grouper, the 3M version of the Medicare APC Grouper. Not available 4Q09. The calculation						
	for this field is updated annually.						
Length:	2 Type: Alphanumeric Data Source: Assigned						
Field 11:	FROZEN_APC_WEIGHT						
	Ambulatory Payment Classification (APC) weighting as assigned by 3M APC Grouper, the						
	3M version of the Medicare APC. Not available 4Q09. The calculation for this field is						
	updated annually.						
Length:	9 Type: Alphanumeric Data Source: Assigned						
Field 12:	FROZEN_APC_PAYMENT_CODE						
	APCs or "Ambulatory Payment Classifications" are the government's method of paying						
	facilities for outpatient services for the Medicare program. The calculation for this field is updated annually.						
Longth							
Length:							
Field 13:	EAPG_GRP_VER						
	Final Enhanced Ambulatory Patient Group (EAPG) as assigned by 3M EAPG Grouper. EAPGs are						
	logical groups of services put together for classification, payment, and reporting. A grouper refers						
	to software or methodology to classify patients into groups for classification, payment, and						
	analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG Software), Outpatient						
	Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and Population Health Groupers						
	(Clinical Risk Groups), among others. Not available 4Q09. The calculation for this field is updated						
Longth	quarterly. 12 Type: Alphanumeric Data Source: Assigned						
Length: Field 14:	12 Type: Alphanumeric Data Source: Assigned FINAL EAPG CAT CODE						
riciu 14:	Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M EAPG						
	Grouper. The category code is a broad group (1 of 61 categories), i.e., 15 – Radiologic						
	Procedures. The 3M Enhanced Ambulatory Patient Grouping System is a methodology						
	developed by 3M designed to reflect the resources used in an ambulatory visit and classify						
	patients with similar clinical characteristics. It is a proprietary product of the company 3M.						
	A grouper refers to software or methodology to classify patients into groups for classification,						
	payment and analyzing i.e., 3M Groupers include Inpatient Groupers (3M APR DRG						
	Software), Outpatient Groupers (3M Enhanced Ambulatory Patient Groups - EAPGs) and						
	Population Health Groupers (Clinical Risk Groups), among others. Not available 4Q09. The						
	calculation for this field is updated quarterly.						
Length:	2 Type: Alphanumeric Data Source: Assigned						
Field 15:	FINAL_EAPG_TYPE_CODE						
	Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M EAPG grouper.						
	The type of code is a broader group code (1 of 13 types) describing the encounter, such as 2 –						
	Significant Procedure and 3 – Medical ¹¹ Not available 4Q09. The calculation for this field is						
T (1	updated quarterly.						
Length:	2 Type: Alphanumeric Data Source: Assigned						
Field 16:	FINAL_EAPG						
	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG. Not available						
Longth	4Q09. The calculation for this field is updated quarterly.						
Length:	5 Type: Alphanumeric Data Source: Assigned						
Field 17:	ADJUSTED_EAPG_WEIGHT Final Enhanced Ambulatory Patient Group (FARG), as assigned by 2M FARG Grouper, Each						
	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG Grouper. Each						
	EAPG code has an assigned relative weight reflecting the average resource use for a patient in						
2024							

	EMERGENCY DEPARTMENT RESEARCH DATA FILE
Length: Field 18:	that 3M EAPG relative to a subset of common ambulatory services Not available 4Q09. The calculation for this field is updated quarterly. 10 Type: Alphanumeric Data Source: Assigned APC_GRP_VER Ambulatory Payment Classification (APC) as assigned by 3M APC Grouper. Not available 4Q09. The calculation for this field is updated quarterly.
Length:	12 Type: Alphanumeric Data Source: Assigned
Field 19:	APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M APC Grouper, the 3M version of the Medicare APC Grouper. The APC is used to define groupings of outpatient services under OPPS (Outpatient Prospective Payment System). Not available 4Q09. The calculation for this field is updated quarterly.
Length:	5 Type: Alphanumeric Data Source: Assigned
Field 20:	APC_PX_STATUS_IND_CODE Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M APC Grouper, the 3M version of the Medicare APC Grouper. Not available 4Q09. The calculation for this field is updated quarterly.
Length:	2 Type: Alphanumeric Data Source: Assigned
Field 21:	APC_WEIGHT Ambulatory Payment Classification (APC) weighting as assigned by 3M APC Grouper, the 3M version of the Medicare APC. Not available 4Q09. The calculation for this field is updated quarterly.
Length:	9 Type: Alphanumeric Data Source: Assigned
Field 22:	APC_PAYMENT_CODE APCs or "Ambulatory Payment Classifications" are the government's method of paying facilities for outpatient services for the Medicare program. The calculation for this field is updated quarterly.
Length:	5 Type: Alphanumeric Data Source: Assigned

INPATIENT BASE DATA FILE

Data Dictionary #	RDF Field Name	Length	Field Type
1	RECORD_ID (DOES NOT match to RECORD_ID	12	
	in PUDF. Does match with RDF Charges Files)		Alphanumeric
2	PAT UNIQUE INDEX	10	Alphanumeric
3	THCIC_ID	6	Alphanumeric
4	SPEC_UNIT_1	1	Alphanumeric
5	SPEC_UNIT_2	1	Alphanumeric
6	SPEC_UNIT_3	1	Alphanumeric
7	SPEC_UNIT_4	1	Alphanumeric
8	SPEC_UNIT_5	1	Alphanumeric
9	ENCOUNTER INDICATOR	2	Alphanumeric
10	SEX CODE	1	Alphanumeric
11	BIRTH_DATE	8	Alphanumeric
12	PAT_AGE_GROUP	2	Alphanumeric
13	PAT_AGE_YEARS	3	Alphanumeric
14	PAT_AGE_DAYS	5	Alphanumeric
15	RACE	1	Alphanumeric
16	ETHNICITY	1	Alphanumeric
17	PAT ADDR CENSUS BLOCK GROUP	14	Alphanumeric
18	PAT ADDR CENSUS BLOCK	5	Alphanumeric
19	PAT_CITY	30	Alphanumeric
20	PAT_STATE	2	Alphanumeric
21	PAT_ZIP	9	Alphanumeric
22	PAT_COUNTRY	2	Alphanumeric
23	PAT_COUNTY	3	Alphanumeric
24	PUBLIC HEALTH REGION	2	Alphanumeric
25	TYPE OF ADMISSION	1	Alphanumeric
26	SOURCE_OF_ADMISSION	1	Alphanumeric
27	FIRST_PAYMENT_SRC	2	Alphanumeric
28	FIRST_PAYER_ID	10	Alphanumeric
29	FIRST_PAYER_NAME	35	Alphanumeric
30	SECONDARY_PAYMENT_SRC	2	Alphanumeric
31	SECONDARY PAYER ID	10	Alphanumeric
32	SECONDARY_PAYER_NAME	35	Alphanumeric
33	ADMIT_START_OF_CARE	8	Alphanumeric
34	ADMIT_WEEKDAY	1	Alphanumeric
35	ADMIT_HOUR	2	Alphanumeric
36	STMT_PERIOD_FROM	8	Alphanumeric
37	STMT PERIOD THRU	8	Alphanumeric
38	LENGTH OF STAY	4	Alphanumeric
39	PAT STATUS	2	Alphanumeric
40	DISCHARGE HOUR	2	Alphanumeric
41	TYPE OF BILL	3	Alphanumeric
42	ADMITTING DIAGNOSIS	7	Alphanumeric
43	PRINC_DIAG_CODE	7	Alphanumeric
44	POA_PRINC_DIAG_CODE	1	Alphanumeric
45	OTH DIAG CODE 1	7	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
46	POA OTH DIAG CODE 1	1	Alphanumeric
47	OTH DIAG CODE 2	7	Alphanumeric
48	POA OTH DIAG CODE 2	1	Alphanumeric
49	OTH DIAG CODE 3	7	Alphanumeric
50	POA OTH DIAG CODE 3	1	Alphanumeric
51	OTH_DIAG_CODE_4	7	Alphanumeric
52	POA_OTH_DIAG_CODE_4	1	Alphanumeric
53	OTH_DIAG_CODE_5	7	Alphanumeric
54	POA OTH DIAG CODE 5	1	Alphanumeric
55	OTH DIAG CODE 6	7	Alphanumeric
56	POA OTH DIAG CODE 6	1	Alphanumeric
57	OTH_DIAG_CODE_7	7	Alphanumeric
58	POA OTH DIAG CODE 7	1	Alphanumeric
59	OTH_DIAG_CODE_8	7	Alphanumeric
60	POA_OTH_DIAG_CODE_8	1	Alphanumeric
61	OTH_DIAG_CODE_9	7	Alphanumeric
62	POA OTH DIAG CODE 9	1	Alphanumeric
63	OTH DIAG CODE 10	7	Alphanumeric
64	POA OTH DIAG CODE 10	1	Alphanumeric
65	OTH DIAG CODE 11	7	Alphanumeric
66	POA_OTH_DIAG_CODE_11	1	Alphanumeric
67	OTH_DIAG_CODE_12	7	Alphanumeric
68	POA OTH DIAG CODE 12	1	Alphanumeric
69	OTH DIAG CODE 13	7	Alphanumeric
70	POA OTH DIAG CODE 13	1	Alphanumeric
71	OTH DIAG CODE 14	7	Alphanumeric
72	POA OTH DIAG CODE 14	1	Alphanumeric
73	OTH DIAG CODE 15	7	Alphanumeric
74	POA_OTH_DIAG_CODE_15	1	Alphanumeric
75	OTH_DIAG_CODE_16	7	Alphanumeric
76	POA OTH DIAG CODE 16	1	Alphanumeric
77	OTH DIAG CODE 17	7	Alphanumeric
78	POA OTH DIAG CODE 17	1	Alphanumeric
79	OTH DIAG CODE 18	7	Alphanumeric
80	POA_OTH_DIAG_CODE_18	1	Alphanumeric
81	OTH_DIAG_CODE_19	7	Alphanumeric
82	POA_OTH_DIAG_CODE_19	1	Alphanumeric
83	OTH_DIAG_CODE_20	7	Alphanumeric
84	POA_OTH_DIAG_CODE_20	1	Alphanumeric
85	OTH DIAG CODE 21	7	Alphanumeric
86	POA OTH DIAG CODE 21	1	Alphanumeric
87	OTH DIAG CODE 22	7	Alphanumeric
88	POA_OTH_DIAG_CODE_22	1	Alphanumeric
89	OTH_DIAG_CODE_23	7	Alphanumeric
90	POA_OTH_DIAG_CODE_23	1	Alphanumeric
91	OTH DIAG CODE 24	7	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
92	POA OTH DIAG CODE 24	1	Alphanumeric
93	E CODE 1	7	Alphanumeric
94	POA E CODE 1	1	Alphanumeric
95	E_CODE_2	7	Alphanumeric
96	POA E CODE 2	1	Alphanumeric
97	E_CODE_3	7	Alphanumeric
98	POA_E_CODE_3	1	Alphanumeric
99	E_CODE_4	7	Alphanumeric
100	POA E CODE 4	1	Alphanumeric
101	E CODE 5	7	Alphanumeric
102	POA E CODE 5	1	Alphanumeric
103	E_CODE_6	7	Alphanumeric
104	POA E CODE 6	1	Alphanumeric
105	E_CODE_7	7	Alphanumeric
106	POA_E_CODE_7	1	Alphanumeric
107	E_CODE_8	7	Alphanumeric
108	POA E CODE 8	1	Alphanumeric
109	E CODE 9	7	Alphanumeric
110	POA E CODE 9	1	Alphanumeric
111	E_CODE_10	7	Alphanumeric
112	POA_E_CODE_10	1	Alphanumeric
113	PRINC_SURG_PROC_CODE	7	Alphanumeric
114	PRINC SURG PROC DATE	8	Alphanumeric
115	PRINC SURG PROC DAY	4	Alphanumeric
116	OTH SURG PROC CODE 1	7	Alphanumeric
117	OTH SURG PROC DATE 1	8	Alphanumeric
118	OTH SURG PROC DAY 1	4	Alphanumeric
119	OTH SURG PROC CODE 2	7	Alphanumeric
120	OTH_SURG_PROC_DATE_2	8	Alphanumeric
121	OTH_SURG_PROC_DAY_2	4	Alphanumeric
122	OTH SURG PROC CODE 3	7	Alphanumeric
123	OTH SURG PROC DATE 3	8	Alphanumeric
124	OTH SURG PROC DAY 3	4	Alphanumeric
125	OTH SURG PROC CODE 4	7	Alphanumeric
126	OTH_SURG_PROC_DATE_4	8	Alphanumeric
127	OTH_SURG_PROC_DAY_4	4	Alphanumeric
128	OTH_SURG_PROC_CODE_5	7	Alphanumeric
129	OTH_SURG_PROC_DATE_5	8	Alphanumeric
130	OTH_SURG_PROC_DAY_5	4	Alphanumeric
131	OTH SURG PROC CODE 6	7	Alphanumeric
132	OTH SURG PROC DATE 6	8	Alphanumeric
133	OTH SURG PROC DAY 6	4	Alphanumeric
134	OTH_SURG_PROC_CODE_7	7	Alphanumeric
135	OTH_SURG_PROC_DATE_7	8	Alphanumeric
136	OTH_SURG_PROC_DAY_7	4	Alphanumeric
137	OTH SURG PROC CODE 8	7	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
138	OTH SURG PROC DATE 8	8	Alphanumeric
139	OTH SURG PROC DAY 8	4	Alphanumeric
140	OTH SURG PROC CODE 9	7	Alphanumeric
141	OTH SURG PROC DATE 9	8	Alphanumeric
142	OTH SURG PROC DAY 9	4	Alphanumeric
143	OTH_SURG_PROC_CODE_10	7	Alphanumeric
144	OTH SURG PROC DATE 10	8	Alphanumeric
145	OTH_SURG_PROC_DAY_10	4	Alphanumeric
146	OTH SURG PROC CODE 11	7	Alphanumeric
147	OTH_SURG_PROC_DATE_11	8	Alphanumeric
148	OTH_SURG_PROC_DAY_11	4	Alphanumeric
149	OTH_SURG_PROC_CODE_12	7	Alphanumeric
150	OTH SURG PROC DATE 12	8	Alphanumeric
151	OTH_SURG_PROC_DAY_12	4	Alphanumeric
152	OTH_SURG_PROC_CODE_13	7	Alphanumeric
153	OTH SURG PROC DATE 13	8	Alphanumeric
154	OTH SURG PROC DAY 13	4	Alphanumeric
155	OTH SURG PROC CODE 14	7	Alphanumeric
156	OTH_SURG_PROC_DATE_14	8	Alphanumeric
157	OTH_SURG_PROC_DAY_14	4	Alphanumeric
158	OTH_SURG_PROC_CODE_15	7	Alphanumeric
159	OTH_SURG_PROC_DATE_15	8	Alphanumeric
160	OTH SURG PROC DAY 15	4	Alphanumeric
161	OTH SURG PROC CODE 16	7	Alphanumeric
162	OTH SURG PROC DATE 16	8	Alphanumeric
163	OTH SURG PROC DAY 16	4	Alphanumeric
164	OTH SURG PROC CODE 17	7	Alphanumeric
165	OTH SURG PROC DATE 17	8	Alphanumeric
166	OTH_SURG_PROC_DAY_17	4	Alphanumeric
167	OTH_SURG_PROC_CODE_18	7	Alphanumeric
168	OTH SURG PROC DATE 18	8	Alphanumeric
169	OTH_SURG_PROC_DAY_18	4	Alphanumeric
170	OTH SURG PROC CODE 19	7	Alphanumeric
171	OTH SURG PROC DATE 19	8	Alphanumeric
172	OTH_SURG_PROC_DAY_19	4	Alphanumeric
173	OTH_SURG_PROC_CODE_20	7	Alphanumeric
174	OTH_SURG_PROC_DATE_20	8	Alphanumeric
175	OTH_SURG_PROC_DAY_20	4	Alphanumeric
176	OTH_SURG_PROC_CODE_21	7	Alphanumeric
177	OTH SURG PROC DATE 21	8	Alphanumeric
178	OTH SURG PROC DAY 21	4	Alphanumeric
179	OTH SURG PROC CODE 22	7	Alphanumeric
180	OTH_SURG_PROC_DATE_22	8	Alphanumeric
181	OTH_SURG_PROC_DAY_22	4	Alphanumeric
182	OTH_SURG_PROC_CODE_23	7	Alphanumeric
183	OTH SURG PROC DATE 23	8	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
184	OTH SURG PROC DAY 23	4	Alphanumeric
185	OTH_SURG_PROC_CODE_24	7	Alphanumeric
186	OTH SURG PROC DATE 24	8	Alphanumeric
187	OTH SURG PROC DAY 24	4	Alphanumeric
188	ATTENDING PHYSICIAN UNIF ID	10	Alphanumeric
189	OPERATING_PHYSICIAN_UNIF_ID	10	Alphanumeric
190	OCCUR_CODE_1	2	Alphanumeric
191	OCCUR_DATE_1	8	Alphanumeric
192	OCCUR_DAY_1	4	Alphanumeric
193	OCCUR_CODE_2	2	Alphanumeric
194	OCCUR_DATE_2	8	Alphanumeric
195	OCCUR_DAY_2	4	Alphanumeric
196	OCCUR_CODE_3	2	Alphanumeric
197	OCCUR_DATE_3	8	Alphanumeric
198	OCCUR_DAY_3	4	Alphanumeric
199	OCCUR_CODE_4	2	Alphanumeric
200	OCCUR DATE 4	8	Alphanumeric
201	OCCUR_DAY_4	4	Alphanumeric
202	OCCUR CODE 5	2	Alphanumeric
203	OCCUR_DATE_5	8	Alphanumeric
204	OCCUR_DAY_5	4	Alphanumeric
205	OCCUR_CODE_6	2	Alphanumeric
206	OCCUR_DATE_6	8	Alphanumeric
207	OCCUR DAY 6	4	Alphanumeric
208	OCCUR CODE 7	2	Alphanumeric
209	OCCUR_DATE_7	8	Alphanumeric
210	OCCUR_DAY_7	4	Alphanumeric
211	OCCUR CODE 8	2	Alphanumeric
212	OCCUR_DATE_8	8	Alphanumeric
213	OCCUR_DAY_8	4	Alphanumeric
214	OCCUR_CODE_9	2	Alphanumeric
215	OCCUR_DATE_9	8	Alphanumeric
216	OCCUR_DAY_9	4	Alphanumeric
217	OCCUR_CODE_10	2	Alphanumeric
218	OCCUR_DATE_10	8	Alphanumeric
219	OCCUR_DAY_10	4	Alphanumeric
220	OCCUR_CODE_11	2	Alphanumeric
221	OCCUR_DATE_11	8	Alphanumeric
222	OCCUR_DAY_11	4	Alphanumeric
223	OCCUR_CODE_12	2	Alphanumeric
224	OCCUR DATE 12	8	Alphanumeric
225	OCCUR_DAY_12	4	Alphanumeric
226	OCCUR_SPAN_CODE_1	2	Alphanumeric
227	OCCUR_SPAN_FROM_1	8	Alphanumeric
228	OCCUR_SPAN_THRU_1	8	Alphanumeric
229	OCCUR SPAN CODE 2	2	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
230	OCCUR SPAN FROM 2	8	Alphanumeric
231	OCCUR SPAN THRU 2	8	Alphanumeric
232	OCCUR SPAN CODE 3	2	Alphanumeric
233	OCCUR SPAN FROM 3	8	Alphanumeric
234	OCCUR SPAN THRU 3	8	Alphanumeric
235	OCCUR SPAN_CODE_4	2	Alphanumeric
236	OCCUR SPAN FROM 4	8	Alphanumeric
237	OCCUR SPAN_THRU_4	8	Alphanumeric
238	CONDITION CODE 1	2	Alphanumeric
239	CONDITION CODE 2	2	Alphanumeric
240	CONDITION CODE 3	2	Alphanumeric
241	CONDITION_CODE_4	2	Alphanumeric
242	CONDITION CODE 5	2	Alphanumeric
243	CONDITION_CODE_6	2	Alphanumeric
244	CONDITION_CODE_7	2	Alphanumeric
245	CONDITION_CODE_8	2	Alphanumeric
246	VALUE CODE 1	2	Alphanumeric
247	VALUE AMOUNT_1	9	Numeric
248	VALUE CODE 2	2	Alphanumeric
249	VALUE AMOUNT 2	9	Numeric
250	VALUE_CODE_3	2	Alphanumeric
251	VALUE_AMOUNT_3	9	Numeric
252	VALUE CODE 4	2	Alphanumeric
253	VALUE AMOUNT 4	9	Numeric
254	VALUE CODE 5	2	Alphanumeric
255	VALUE_AMOUNT_5	9	Numeric
256	VALUE CODE 6	2	Alphanumeric
257	VALUE AMOUNT 6	9	Numeric
258	VALUE_CODE_7	2	Alphanumeric
259	VALUE_AMOUNT_7	9	Numeric
260	VALUE CODE 8	2	Alphanumeric
261	VALUE AMOUNT 8	9	Numeric
262	VALUE CODE 9	2	Alphanumeric
263	VALUE_AMOUNT_9	9	Numeric
264	VALUE_CODE_10	2	Alphanumeric
265	VALUE_AMOUNT_10	9	Numeric
266	VALUE_CODE_11	2	Alphanumeric
267	VALUE_AMOUNT_11	9	Numeric
268	VALUE_CODE_12	2	Alphanumeric
269	VALUE_AMOUNT_12	9	Numeric
270	PRIVATE_AMOUNT	12	Numeric
271	SEMI PRIVATE AMOUNT	12	Numeric
272	WARD_AMOUNT	12	Numeric
273	ICU_AMOUNT	12	Numeric
274	CCU_AMOUNT	12	Numeric
275	OTHER AMOUNT	12	Numeric

Data Dictionary #	RDF Field Name	Length	Field Type
276	PHARM AMOUNT	12	Numeric
277	MEDSURG AMOUNT	12	Numeric
278	DME AMOUNT	12	Numeric
279	USED DME AMOUNT	12	Numeric
280	PT AMOUNT	12	Numeric
281	OT AMOUNT	12	Numeric
282	SPEECH AMOUNT	12	Numeric
283	IT AMOUNT	12	Numeric
284	BLOOD AMOUNT	12	Numeric
285	BLOOD ADM AMOUNT	12	Numeric
286	OR AMOUNT	12	Numeric
287	LITH AMOUNT	12	Numeric
288	CARD AMOUNT	12	Numeric
289	ANES AMOUNT	12	Numeric
290	LAB AMOUNT	12	Numeric
291	RAD AMOUNT	12	Numeric
292	MRI AMOUNT	12	Numeric
293	OP AMOUNT	12	Numeric
294	ER AMOUNT	12	Numeric
295	AMBULANCE AMOUNT	12	Numeric
296	PRO_FEE_AMOUNT	12	Numeric
297	ORGAN_AMOUNT	12	Numeric
298	ESRD_AMOUNT	12	Numeric
299	CLINIC_AMOUNT	12	Numeric
300	TOTAL_CHARGES	12	Numeric
301	TOTAL_NON_COV_CHARGES	12	Numeric
302	TOTAL CHARGES ACCOMM	12	Numeric
303	TOTAL NON COV CHARGES ACCOMM	12	Numeric
304	TOTAL_CHARGES_ANCIL	12	Numeric
305	TOTAL NON_COV_CHARGES_ANCIL	12	Numeric
306	INBOUND INDICATOR	1	Alphanumeric
307	EMERGENCY DEPT FLAG	1	Alphanumeric
308	DISCHARGE	6	Alphanumeric

INPATIENT CHARGES FILE

Data Dictionary #	RDF Field Name	Length	Field Type
1	RECORD_ID (DOES NOT match to RECORD_ID in PUDF. Does match with RDF Base Files)	12	Alphanumeric
2	REVENUE_CODE	4	Alphanumeric
3	REVENUE_CODE_SEQUENCE_NUMBER	3	Alphanumeric
4	HCPCS_QUALIFIER	2	Alphanumeric
5	HCPCS_PROCEDURE_CODE	5	Alphanumeric
6	MODIFIER_1	2	Alphanumeric
7	MODIFIER_2	2	Alphanumeric
8	MODIFIER_3	2	Alphanumeric
9	MODIFIER_4	2	Alphanumeric
10	UNIT_MEASUREMENT_CODE	2	Alphanumeric
11	UNITS_OF_SERVICE	7	Numeric
12	UNIT_RATE	12	Numeric
13	CHRGS_LINE_ITEM	14	Numeric
14	CHRGS_NON_COV	14	Alphanumeric

INPATIENT FACILITY TYPE INDICATOR FILE

Data Dictionary #	RDF Field Name	Length	Field Type
1	THCIC_ID	6	Alphanumeric
2	PROVIDER_NAME	55	Alphanumeric
3	PROVIDER_ADDR	50	Alphanumeric
4	PROVIDER_CITY	20	Alphanumeric
5	PROVIDER_STATE	2	Alphanumeric
6	PROVIDER_ZIP	9	Alphanumeric
7	FAC_TEACHING_IND	1	Alphanumeric
8	FAC_PSYCH_IND	1	Alphanumeric
9	FAC_REHAB_IND	1	Alphanumeric
10	FAC_ACUTE_CARE_IND	1	Alphanumeric
11	FAC_SNF_IND	1	Alphanumeric
12	FAC_LONG_TERM_AC_IND	1	Alphanumeric
13	FAC_OTHER_LTC_IND	1	Alphanumeric
14	FAC_PEDS_IND	1	Alphanumeric
15	POA_PROVIDER_INDICATOR	1	Alphanumeric
16	PROVIDER_COUNTY	3	Alphanumeric

INPATIENT GROUPER FILE

Data Dictionary #	RDF Field Name	Length	Field Type
1	RECORD_ID (DOES NOT match to RECORD_ID in PUDF. Does match with RDF Base Files)	12	Alphanumeric
2	FROZEN_MS_DRG	3	Alphanumeric
3	FROZEN_MS_MDC	2	Alphanumeric
4	FROZEN_MS_GROUPER_VERSION_NBR	5	Alphanumeric
5	FROZEN_MS_GROUPER_ERROR_CODE	2	Alphanumeric
6	FROZEN_APR_DRG	4	Alphanumeric
7	FROZEN_RISK_MORTALITY	1	Alphanumeric
8	FROZEN_ILLNESS_SEVERITY	1	Alphanumeric
9	FROZEN_APR_MDC	2	Alphanumeric
10	FROZEN_ APR_GROUPER_ VERSION_NBR	5	Alphanumeric
11	FROZEN_ APR_GROUPER_ERROR_CODE	2	Alphanumeric
12	MS_DRG	3	Alphanumeric
13	MS_MDC	2	Alphanumeric
14	MS_GROUPER_VERSION_NBR	5	Alphanumeric
15	MS_GROUPER_ERROR_CODE	2	Alphanumeric
16	APR_DRG	4	Alphanumeric
17	RISK_MORTALITY	1	Alphanumeric
18	ILLNESS_SEVERITY	1	Alphanumeric
19	APR_MDC	2	Alphanumeric
20	APR_GROUPER_ VERSION_NBR	5	Alphanumeric
21	APR_GROUPER_ERROR_CODE	2	Alphanumeric

OUTPATIENT BASE DATA FILE

Number	OP RDF Field Name	Length	Field Type
1	SERVICE QUARTER	6	Alphanumeric
2	RECORD_ID (DOES NOT match to RECORD_ID in		
	PUDF. Does match with RDF Charges Files)	12	Alphanumeric
3	PAT_UNIQUE_INDEX	10	Alphanumeric
4	THCIC_ID	6	Alphanumeric
5	SPEC_UNIT_1	1	Alphanumeric
6	SPEC UNIT 2	1	Alphanumeric
7	SPEC_UNIT_3	1	Alphanumeric
8	SPEC_UNIT_4	1	Alphanumeric
9	SPEC_UNIT_5	1	Alphanumeric
10	ENCOUNTER INDICATOR	2	Alphanumeric
11	SEX_CODE	1	Alphanumeric
12	BIRTH DATE	8	Alphanumeric
13	PAT_AGE_GROUP	2	Alphanumeric
14	PAT_AGE_YEARS	3	Alphanumeric
15	PAT_AGE_DAYS	5	Alphanumeric
16	RACE	1	Alphanumeric
17	ETHNICITY	1	Alphanumeric
18	PAT ADDR CENSUS BLOCK GROUP	14	Alphanumeric
19	PAT ADDR CENSUS BLOCK	5	Alphanumeric
20	PAT CITY	30	Alphanumeric
21	PAT STATE	2	Alphanumeric
22	PAT ZIP	9	Alphanumeric
23	PAT COUNTRY	2	Alphanumeric
24	PAT COUNTY	3	Alphanumeric
25	PUBLIC HEALTH REGION	2	Alphanumeric
26	TYPE OF ADMISSION	1	Alphanumeric
27	SOURCE OF ADMISSION	1	Alphanumeric
28	FIRST PAYMENT SRC	2	Alphanumeric
29	FIRST PAYER ID	10	Alphanumeric
30	FIRST PAYER NAME	35	Alphanumeric
31	SECONDARY PAYMENT SRC	2	Alphanumeric
32	SECONDARY PAYER ID	10	Alphanumeric
33	SECONDARY PAYER NAME	35	Alphanumeric
34	STMT PERIOD FROM	8	Alphanumeric
35	STMT PERIOD THRU	8	Alphanumeric
36	LENGTH OF SERVICE	4	Alphanumeric
37	PAT STATUS	2	Alphanumeric
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Number	OP RDF Field Name	Length	Field Type
38	TYPE_OF_BILL	3	Alphanumeric
39	PAT REASON FOR VISIT	7	Alphanumeric
40	PRINC_DIAG_CODE	7	Alphanumeric
41	OTH DIAG CODE 1	7	Alphanumeric
42	OTH DIAG CODE 2	7	Alphanumeric
43	OTH_DIAG_CODE_3	7	Alphanumeric
44	OTH_DIAG_CODE_4	7	Alphanumeric
45	OTH DIAG CODE 5	7	Alphanumeric
46	OTH_DIAG_CODE_6	7	Alphanumeric
47	OTH DIAG CODE 7	7	Alphanumeric
48	OTH DIAG CODE 8	7	Alphanumeric
49	OTH_DIAG_CODE_9	7	Alphanumeric
50	OTH_DIAG_CODE_10	7	Alphanumeric
51	OTH DIAG CODE 11	7	Alphanumeric
52	OTH_DIAG_CODE_12	7	Alphanumeric
53	OTH DIAG CODE 13	7	Alphanumeric
54	OTH DIAG CODE 14	7	Alphanumeric
55	OTH_DIAG_CODE_15	7	Alphanumeric
56	OTH_DIAG_CODE_16	7	Alphanumeric
57	OTH DIAG CODE 17	7	Alphanumeric
58	OTH_DIAG_CODE_18	7	Alphanumeric
59	OTH DIAG CODE 19	7	Alphanumeric
60	OTH DIAG CODE 20	7	Alphanumeric
61	OTH_DIAG_CODE_21	7	Alphanumeric
62	OTH_DIAG_CODE_22	7	Alphanumeric
63	OTH DIAG CODE 23	7	Alphanumeric
64	OTH_DIAG_CODE_24	7	Alphanumeric
65	RELATED CAUSE CODE 1	2	Alphanumeric
66	RELATED CAUSE CODE 2	2	Alphanumeric
67	RELATED_CAUSE_CODE_3	2	Alphanumeric
68	E_CODE_1	7	Alphanumeric
69	E CODE 2	7	Alphanumeric
70	E_CODE_3	7	Alphanumeric
71	E CODE 4	7	Alphanumeric
72	E CODE 5	7	Alphanumeric
73	E_CODE_6	7	Alphanumeric
74	E_CODE_7	7	Alphanumeric
75	E CODE 8	7	Alphanumeric
76	E_CODE_9	7	Alphanumeric
77	E CODE 10	7	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
78	PROC_CODE_1	5	Alphanumeric
79	PROC_CODE_2	5	Alphanumeric
80	PROC_CODE_3	5	Alphanumeric
81	PROC CODE 4	5	Alphanumeric
82	PROC_CODE_5	5	Alphanumeric
83	PROC_CODE_6	5	Alphanumeric
84	PROC_CODE_7	5	Alphanumeric
85	PROC CODE 8	5	Alphanumeric
86	PROC_CODE_9	5	Alphanumeric
87	PROC_CODE_10	5	Alphanumeric
88	PROC_CODE_11	5	Alphanumeric
89	PROC_CODE_12	5	Alphanumeric
90	PROC_CODE_13	5	Alphanumeric
91	PROC CODE 14	5	Alphanumeric
92	PROC_CODE_15	5	Alphanumeric
93	PROC CODE 16	5	Alphanumeric
94	PROC_CODE_17	5	Alphanumeric
95	PROC_CODE_18	5	Alphanumeric
96	PROC_CODE_19	5	Alphanumeric
97	PROC CODE 20	5	Alphanumeric
98	PROC_CODE_21	5	Alphanumeric
99	PROC_CODE_22	5	Alphanumeric
100	PROC CODE 23	5	Alphanumeric
101	PROC_CODE_24	5	Alphanumeric
102	PROC_CODE_25	5	Alphanumeric
103	PHYSICIAN1 INDEX NUMBER	10	Alphanumeric
104	PHYSICIAN2_INDEX_NUMBER	10	Alphanumeric
105	OCCUR CODE 1	2	Alphanumeric
106	OCCUR DATE 1	8	Alphanumeric
107	OCCUR_DAY_1	4	Alphanumeric
108	OCCUR_CODE_2	2	Alphanumeric
109	OCCUR DATE 2	8	Alphanumeric
110	OCCUR_DAY_2	4	Alphanumeric
111	OCCUR CODE 3	2	Alphanumeric
112	OCCUR DATE 3	8	Alphanumeric
113	OCCUR_DAY_3	4	Alphanumeric
114	OCCUR_CODE_4	2	Alphanumeric
115	OCCUR DATE 4	8	Alphanumeric
116	OCCUR_DAY_4	4	Alphanumeric
117	OCCUR CODE 5	2	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
118	OCCUR_DATE_5	8	Alphanumeric
119	OCCUR_DAY_5	4	Alphanumeric
120	OCCUR_CODE_6	2	Alphanumeric
121	OCCUR DATE 6	8	Alphanumeric
122	OCCUR DAY 6	4	Alphanumeric
123	OCCUR_CODE_7	2	Alphanumeric
124	OCCUR_DATE_7	8	Alphanumeric
125	OCCUR DAY_7	4	Alphanumeric
126	OCCUR_CODE_8	2	Alphanumeric
127	OCCUR DATE 8	8	Alphanumeric
128	OCCUR DAY 8	4	Alphanumeric
129	OCCUR_CODE_9	2	Alphanumeric
130	OCCUR_DATE_9	8	Alphanumeric
131	OCCUR_DAY_9	4	Alphanumeric
132	OCCUR_CODE_10	2	Alphanumeric
133	OCCUR_DATE_10	8	Alphanumeric
134	OCCUR DAY 10	4	Alphanumeric
135	OCCUR_CODE_11	2	Alphanumeric
136	OCCUR_DATE_11	8	Alphanumeric
137	OCCUR_DAY_11	4	Alphanumeric
138	OCCUR_CODE_12	2	Alphanumeric
139	OCCUR_DATE_12	8	Alphanumeric
140	OCCUR DAY 12	4	Alphanumeric
141	OCCUR_SPAN_CODE_1	2	Alphanumeric
142	OCCUR_SPAN_FROM_1	8	Alphanumeric
143	OCCUR SPAN THRU 1	8	Alphanumeric
144	OCCUR_SPAN_CODE_2	2	Alphanumeric
145	OCCUR SPAN FROM 2	8	Alphanumeric
146	OCCUR SPAN THRU 2	8	Alphanumeric
147	OCCUR_SPAN_CODE_3	2	Alphanumeric
148	OCCUR_SPAN_FROM_3	8	Alphanumeric
149	OCCUR SPAN THRU 3	8	Alphanumeric
150	OCCUR_SPAN_CODE_4	2	Alphanumeric
151	OCCUR SPAN FROM 4	8	Alphanumeric
152	OCCUR SPAN THRU 4	8	Alphanumeric
153	CONDITION_CODE_1	2	Alphanumeric
154	CONDITION_CODE_2	2	Alphanumeric
155	CONDITION CODE 3	2	Alphanumeric
156	CONDITION_CODE_4	2	Alphanumeric
157	CONDITION CODE 5	2	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
158	CONDITION_CODE_6	2	Alphanumeric
159	CONDITION CODE 7	2	Alphanumeric
160	CONDITION_CODE_8	2	Alphanumeric
161	VALUE CODE 1	2	Alphanumeric
162	VALUE AMOUNT_1	9	Numeric
163	VALUE_CODE_2	2	Alphanumeric
164	VALUE_AMOUNT_2	9	Numeric
165	VALUE CODE 3	2	Alphanumeric
166	VALUE_AMOUNT_3	9	Numeric
167	VALUE CODE 4	2	Alphanumeric
168	VALUE AMOUNT 4	9	Numeric
169	VALUE_CODE_5	2	Alphanumeric
170	VALUE_AMOUNT_5	9	Numeric
171	VALUE CODE_6	2	Alphanumeric
172	VALUE_AMOUNT_6	9	Numeric
173	VALUE CODE 7	2	Alphanumeric
174	VALUE_AMOUNT_7	9	Numeric
175	VALUE_CODE_8	2	Alphanumeric
176	VALUE_AMOUNT_8	9	Numeric
177	VALUE CODE 9	2	Alphanumeric
178	VALUE_AMOUNT_9	9	Numeric
179	VALUE CODE_10	2	Alphanumeric
180	VALUE AMOUNT_10	9	Numeric
181	VALUE_CODE_11	2	Alphanumeric
182	VALUE_AMOUNT_11	9	Numeric
183	VALUE CODE 12	2	Alphanumeric
184	VALUE_AMOUNT_12	9	Numeric
185	OTHER AMOUNT	12	Numeric
186	PHARM AMOUNT	12	Numeric
187	MEDSURG_AMOUNT	12	Numeric
188	DME_AMOUNT	12	Numeric
189	USED DME AMOUNT	12	Numeric
190	PT_AMOUNT	12	Numeric
191	OT AMOUNT	12	Numeric
192	SPEECH AMOUNT	12	Numeric
193	IT_AMOUNT	12	Numeric
194	BLOOD_AMOUNT	12	Numeric
195	BLOOD ADM AMOUNT	12	Numeric
196	OR_AMOUNT	12	Numeric
197	LITH AMOUNT	12	Numeric

Number	OP RDF Field Name	Length	Field Type
198	CARD_AMOUNT	12	Numeric
199	ANES AMOUNT	12	Numeric
200	LAB_AMOUNT	12	Numeric
201	RAD AMOUNT	12	Numeric
202	MRI AMOUNT	12	Numeric
203	OP_AMOUNT	12	Numeric
204	ER AMOUNT	12	Numeric
205	AMBULANCE AMOUNT	12	Numeric
206	PRO_FEE_AMOUNT	12	Numeric
207	ORGAN_AMOUNT	12	Numeric
208	ESRD AMOUNT	12	Numeric
209	CLINIC AMOUNT	12	Numeric
210	TOTAL CHARGES	12	Numeric
211	TOTAL NON COV CHARGES	12	Numeric
212	TOTAL CHARGES ANCIL	12	Numeric
213	TOTAL NON COV CHARGES ANCIL	12	Numeric
214	PROCESS DATE	8	Alphanumeric
215	INST PROF INDICATOR (INPUT FORMAT)	1	Alphanumeric
216	INBOUND INDICATOR	1	Alphanumeric
217	EMERGENCY DEPT FLAG	1	Alphanumeric
218	CCSR_PRINC_DIAG_CODE	6	Alphanumeric
219	CCSR_OTH_DIAG_CODE_1	6	Alphanumeric
220	CCSR_OTH_DIAG_CODE_2	6	Alphanumeric
221	CCSR_OTH_DIAG_CODE_3	6	Alphanumeric
222	CCSR_OTH_DIAG_CODE_4	6	Alphanumeric
223	CCSR_OTH_DIAG_CODE_5	6	Alphanumeric
224	CCSR_OTH_DIAG_CODE_6	6	Alphanumeric
225	CCSR_OTH_DIAG_CODE_7	6	Alphanumeric
226	CCSR_OTH_DIAG_CODE_8	6	Alphanumeric
227	CCSR_OTH_DIAG_CODE_9	6	Alphanumeric
228	CCSR_OTH_DIAG_CODE_10	6	Alphanumeric
229	CCSR_OTH_DIAG_CODE_11	6	Alphanumeric
230	CCSR_OTH_DIAG_CODE_12	6	Alphanumeric
231	CCSR_OTH_DIAG_CODE_13	6	Alphanumeric
232	CCSR_OTH_DIAG_CODE_14	6	Alphanumeric
233	CCSR_OTH_DIAG_CODE_15	6	Alphanumeric
234	CCSR_OTH_DIAG_CODE_16	6	Alphanumeric
235	CCSR_OTH_DIAG_CODE_17	6	Alphanumeric
236	CCSR_OTH_DIAG_CODE_18	6	Alphanumeric
237	CCSR_OTH_DIAG_CODE_19	6	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
238	CCSR_OTH_DIAG_CODE_20	6	Alphanumeric
239	CCSR_OTH_DIAG_CODE_21	6	Alphanumeric
240	CCSR_OTH_DIAG_CODE_22	6	Alphanumeric
241	CCSR_OTH_DIAG_CODE_23	6	Alphanumeric
242	CCSR_OTH_DIAG_CODE_24	6	Alphanumeric
243	CCS_PROC_CODE_1	6	Alphanumeric
244	CCS_PROC_CODE_2	6	Alphanumeric
245	CCS_PROC_CODE_3	6	Alphanumeric
246	CCS_PROC_CODE_4	6	Alphanumeric
247	CCS_PROC_CODE_5	6	Alphanumeric
248	CCS_PROC_CODE_6	6	Alphanumeric
249	CCS_PROC_CODE_7	6	Alphanumeric
250	CCS_PROC_CODE_8	6	Alphanumeric
251	CCS_PROC_CODE_9	6	Alphanumeric
252	CCS_PROC_CODE_10	6	Alphanumeric
253	CCS_PROC_CODE_11	6	Alphanumeric
254	CCS_PROC_CODE_12	6	Alphanumeric
255	CCS_PROC_CODE_13	6	Alphanumeric
256	CCS_PROC_CODE_14	6	Alphanumeric
257	CCS_PROC_CODE_15	6	Alphanumeric
258	CCS_PROC_CODE_16	6	Alphanumeric
259	CCS_PROC_CODE_17	6	Alphanumeric
260	CCS_PROC_CODE_18	6	Alphanumeric
261	CCS_PROC_CODE_19	6	Alphanumeric
262	CCS_PROC_CODE_20	6	Alphanumeric
263	CCS_PROC_CODE_21	6	Alphanumeric
264	CCS_PROC_CODE_22	3	Alphanumeric
265	CCS_PROC_CODE_23	3	Alphanumeric
266	CCS_PROC_CODE_24	3	Alphanumeric
267	CCS_PROC_CODE_25	3	Alphanumeric

OUTPATIENT CHARGES DATA FILE

Number	OP RDF Field Name	Length	Field Type
	RECORD_ID (DOES NOT match to RECORD_ID in		
1	PUDF. Does match with RDF Base Files)	12	Alphanumeric
2	REVENUE_CODE	4	Alphanumeric
3	REVENUE CODE SEQUENCE NUMBER	3	Alphanumeric
4	HCPCS_QUALIFIER	2	Alphanumeric
5	HCPCS PROCEDURE CODE	5	Alphanumeric
6	MODIFIER 1	2	Alphanumeric
7	MODIFIER_2	2	Alphanumeric
8	MODIFIER 3	2	Alphanumeric
9	MODIFIER_4	2	Alphanumeric
10	UNIT_MEASUREMENT_CODE	2	Numeric
11	UNITS OF SERVICE	7	Numeric
12	UNIT_RATE	12	Numeric
13	CHRGS_LINE_ITEM	14	Numeric
14	CHRGS NON COV	14	Alphanumeric
15	PROCEDURE DATE	8	Alphanumeric
16	PROCEDURE_DATE_THRU	8	Alphanumeric
17	SERVICE FACILITY CODE	2	Alphanumeric

OUTPATIENT FACILITY TYPE INDICATOR FILE

Number	OP RDF Field Name	Length	Field Type
1	THCIC_ID	6	Alphanumeric
2	PROVIDER_NAME	55	Alphanumeric
3	PROVIDER_ADDR	50	Alphanumeric
4	PROVIDER_CITY	20	Alphanumeric
5	PROVIDER_STATE	2	Alphanumeric
6	PROVIDER_ZIP	9	Alphanumeric
7	FAC_TEACHING_IND	1	Alphanumeric
8	FAC_PSYCH_IND	1	Alphanumeric
9	FAC_REHAB_IND	1	Alphanumeric
10	FAC_ACUTE_CARE_IND	1	Alphanumeric
11	FAC_SNF_IND	1	Alphanumeric
12	FAC_LONG_TERM_AC_IND	1	Alphanumeric
13	FAC_OTHER_LTC_IND	1	Alphanumeric
14	FAC_PEDS_IND	1	Alphanumeric
15	FAC_CARDIOVASCULAR_IND	1	Alphanumeric
16	FAC_CHIROPRACTIC_IND	1	Alphanumeric
17	FAC_ENDOSCOPY_IND	1	Alphanumeric
18	FAC_FOOT_IND	1	Alphanumeric
19	FAC_GASTROENTEROLOGY_IND	1	Alphanumeric
20	FAC_GENERAL_IND	1	Alphanumeric
21	FAC_NEUROLOGICAL_IND	1	Alphanumeric
22	FAC_OB_GYN_IND	1	Alphanumeric
23	FAC_OPTHAMOLOGY_IND	1	Alphanumeric
24	FAC_ORAL_IND	1	Alphanumeric
25	FAC_ORTHOPEDIC_IND	1	Alphanumeric
26	FAC_OTOLARYGOLOGY_IND	1	Alphanumeric
27	FAC_PAIN_MNGMT_IND	1	Alphanumeric
28	FAC_PLASTIC_IND	1	Alphanumeric
29	FAC_THORACIC_IND	1	Alphanumeric
30	FAC_UROOGY_IND	1	Alphanumeric
31	FAC_OTHER_IND	1	Alphanumeric
32	POA_PROVIDER_INDICATOR	1	Alphanumeric
33	PROVIDER_COUNTY	3	Alphanumeric
34	FAC_EMERGENCY_DEPARTMENT_IND	87	Alphanumeric
35	FAC_ONCOLOGY_IND	88	Alphanumeric

OUTPATIENT GROUPER FILE

Number	OP RDF Field Name	Length	Field Type
1	RECORD_ID	12	Alphanumeric
2	REVENUE_CODE_SEQUENCE_NUMBER	3	Alphanumeric
3	FROZEN_EAPG_GRP_VER	12	Alphanumeric
4	FROZEN_FINAL_EAPG_CAT_CODE	2	Alphanumeric
5	FROZEN_FINAL_EAPG_TYPE_CODE	2	Alphanumeric
6	FROZEN_FINAL_EAPG	5	Alphanumeric
7	FROZEN_ADJUSTED_EAPG_WEIGHT	10	Alphanumeric
8	FROZEN_APC_GRP_VER	12	Alphanumeric
9	FROZEN_APC_PROCEDURE_CODE	5	Alphanumeric
10	FROZEN_APC_PX_STATUS_IND_CODE	2	Alphanumeric
11	FROZEN_APC_WEIGHT	9	Alphanumeric
12	FROZEN_APC_PAYMENT_CODE	5	Alphanumeric
13	EAPG_GRP_VER	12	Alphanumeric
14	FINAL_EAPG_CAT_CODE	2	Alphanumeric
15	FINAL_EAPG_TYPE_CODE	2	Alphanumeric
16	FINAL_EAPG	5	Alphanumeric
17	ADJUSTED_EAPG_WEIGHT	10	Alphanumeric
18	APC_GRP_VER	12	Alphanumeric
19	APC_PROCEDURE_CODE	5	Alphanumeric
20	APC_PX_STATUS_IND_CODE	2	Alphanumeric
21	APC_WEIGHT	9	Alphanumeric
22	APC_PAYMENT_CODE	5	Alphanumeric