

# **TEXAS HOSPITAL INPATIENT DISCHARGE DATA**

# **RESEARCH DATA FILE (RDF)**

## **USER MANUAL – 2022**

## **Center for Health Statistics**

## **Texas Health Care Information Collection**

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## BACKGROUND

The Texas Health Care Information Council (THCIC) was created by <u>Chapter</u> <u>108</u> of the Texas Health and Safety Code (HSC) and was responsible, under Sections 108.011 through 108.0135, for collecting hospital discharge data. THCIC became part of the Texas Department of State Health Services (DSHS) effective September 1, 2004, and the DSHS Center for Health Statistics is now responsible for the collection and release of hospital discharge data.

## **INPATIENT RESEARCH DATA FILE (RDF)**

<u>Health and Safety Code §108.011(k)</u> of the HSC permits DSHS to disclose data collected under this chapter that is not included in public use data to any department or commission program if the disclosure is reviewed and approved by the DSHS Institutional Review Board (IRB) under <u>HSC</u>, §108.0135. These data are provided as Research Data File (RDF) contains protected patient-level information inpatient hospital stays and shall be used only for the benefit of the public subjected to specific limitations defined by <u>HSC</u>, §108.0135.

The inpatient RDF includes all the variables in Inpatient Public Use Data File (PUDF) (<u>https://www.dshs.texas.gov/thcic/hospitals/Inpatientpudf.shtm</u>) and the additional patient sensitive or confidential data variables. 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 RDF is available in fixed length format text files, tab-delimited or SAS format.

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

Any questions about the data must be referred to DSHS only. Data analysis assistance is not provided by DSHS. The data are protected by United States copyright laws and international treaty provisions.

## PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the outpatient RDF was that the data and resulting information be used for the benefit of the public. This is specified in <u>HSC, §108.013</u>. The <u>HSC, §108.013</u> also stipulates that DSHS

may not release and a person or entity may not gain access to any data that could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates the <u>HSC</u>, <u>§108.013</u>. In addition, under <u>HSC</u>, <u>§§108.013(e)</u> and (f), patient and/or physician information in the 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 HSC,  $\S$ <u>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 DRG for a hospital is less than the minimum cell size of five.

It may be possible in rare instances, or through complex analysis and with outside information, to ascertain from the RDF the identity of individual patients of physicians or other health practitioners. Considerable harm could result if this were done. RDF users are required to sign and comply with the DSHS 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 the <u>HSC</u>, <u>Chapter 108</u> and the Data Use Agreement. By virtue of the Agreement, the signer agrees that the data will not be used to identify an individual patient or physician. Because of these restrictions, under no circumstances will users of the data contact an individual patient or physician or hospital for the purpose Data sets.

# **RESTRICTIONS ON DATA USE**

<u>Health and Safety Code §108.010(c)</u> 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 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 Inpatient Hospital Discharge Data sets:

• The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff

member of the organization that has acquired the data, except with the written approval of DSHS;

- The licensee will not attempt to link nor permit others to attempt to link the hospital stay records of patients in this data set with personally identifiable records from any other source,
- 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 Inpatient 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 Hospital Inpatient Discharge Research Data File, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];
- The licensee will indemnify, defend, and hold the DSHS, its members, employees, and the Department's contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and
- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

The licensee understands that these assurances are 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 HSC, §§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 RDF user has been informed that the potential for both civil and criminal penalties exists.

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

# DATA LIMITATIONS

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

- Section 108.009(h), THSC requires that a uniform submission format be used for reporting purposes. Before 2004 data were collected in the UB-92 format. Data for 2004 were collected in both UB-92 and THCIC 837 formats. Because these are billing forms, the data collected are administrative data and not clinical data.
- Records with MDC codes of 15 (newborns and other neonates with conditions originating in the perinatal period), 20 (alcohol/drug induced organic mental disorders), or 22 (burns) and Patient Status codes of 62 (discharged/transferred to inpatient rehabilitation), 71 (discharged/transferred to other outpatient service), or 72 (discharged/transferred to institution outpatient service) contain an APR-DRG of 956 (ungroupable). These Patient Status codes were not valid when version 15 of the 3M APR-DRG Grouper was developed. A valid Patient Status code is required for these MDC codes for APR-DRG assignment and Risk of Mortality and Severity of Illness scoring. Patient status codes 71 and 72 are no longer valid as of October 2003. After October 2003 records with MDC codes of 15, 20, or 22 and Patient Status code of 62 contain an APR-DRG of 956.
- Hospital charges data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Secondary source of payment data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Uniform identification numbers for physicians are available after first (1<sup>st</sup>) quarter 2000 except when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.
- The data are a snapshot in time. Hospitals must submit data no later than 60 days after the close of a calendar quarter. Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid or other payment sources.
- Beginning with data for 2004 discharges, up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 E-codes can be submitted. For earlier years the number of diagnosis codes collected per patient is limited to 9 and the number of procedure codes to 6. Because of these limitations, sicker patients and the hospitals that treat them may not be accurately

represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.

- Race and ethnicity data are required by law and rule to submit for each patient, generally not collected by hospitals and may be subjectively captured.
- Inaccuracies in the data and incompleteness of the data are addressed in the hospitals' comments.
- County of residence is not collected by hospitals. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Comparability of length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of LOS at the hospital level should consider the above factors.
- Length of stay is limited to 999 days prior to 2004 discharges.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
- Conditions present at time of admission cannot be distinguished from those occurring during hospitalization prior to 2011 discharges. Diagnosis present on admission indicator codes (POA) were required for all hospitals, except Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals, and Long-Term Care Hospitals. Some acute care hospitals that have special units similar to the hospitals exempted from reporting POA may not include POA codes for those patients.
- Updates to any RDF manual are available through the THCIC website, <u>http://www.dshs.texas.gov/thcic/</u>, which should be checked periodically as notifications of an update will not be sent.
- DSHS collects data from all hospitals in the state not specifically exempted by statute prior to January 1, 2015, services. Some hospitals maybe exempted for certain situations (for example, natural or other disasters or other unusual conditions) for limited time periods. This hospital mix should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and normal clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

## **HOSPITAL COMMENTS**

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

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

# CITATION

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

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

## **INPATIENT RDF DATA DICTIONARY**

The following information is provided:

Field
Data Source
Туре
Coding scheme
Data Source Type

Any data provided by a facility that has been determined to be invalid has been assigned the value ` (accent mark). Any data element that is blank should be interpreted as 'missing', no data provided, unless otherwise noted.

#### **BASE DATA FILE**

Field 1:	RE	CORD_I	D			
	Rec	ord Identi	fication Number.	Uniqu	e number to id	lentify the record within the research data file.
						File) Record ID. Each claim associated with a
	pati	ent's visit	generates a uniqu	e Reco	ord ID. Does	match with RECORD_ID in other Inpatient
	RD	F files.				
Length:	12	Type:	Alphanumeric	Dat	a Source:	Assigned
Field 2:	PA'	T_UNIQU	JE_INDEX			
	(PU	I) Unique	identifier assigned	d to th	e patient by T	HCIC.A patient unique index is assigned for
						ere can be multiple Record IDs associated with a
	one	PUI (see	Field # 1).			-
Length:	10	Type:	Alphanumeric	Dat	a Source:	Assigned
Field 3:	ТН	CIC ID				-
	Pro	vider ID. 1	Unique identifier a	ssigne	d to the provi	der by THCIC.
Length:	6	Type:	Alphanumeric	-	a Source:	Assigned
Field 4:	SPI	EC_UNIT				
				vs sta	v occurred ba	sed on number of days by Type of Bill or
	-	venue Cod		.j	,	
Coding Scheme:	С	Coronary	Care Unit	Р	Pediatric Unit	
	D	Detoxifica		Y	Psychiatric Uni	t
	Ι	Intensive	Care Unit	R	Rehabilitation	Unit
	Н	Hospice U	Jnit	U	Sub-acute Care	Unit
	Ν	Nursery		S	Skilled Nursing	; Unit
	B	Obstetric		Blan	Acute Care	
T on othe	0	Oncology Trunce		Dat	a Source:	Calculated
Length:		Type:	Alphanumeric	Dat	a Source:	Calculated
Field 5:		EC_UNIT				
	-			t days	stay occurred	based on number of days by Type of Bill or
~ ~ -		enue Cod				
Coding Scheme:	San		C_UNIT_1.			
Length:	1	Type:	Alphanumeric	Dat	a Source:	Calculated
Field 6:	SPI	EC_UNIT	_3			
2022				_ Pa	ge	
www.dshs.texa	s.go	v/THCIC		9		Updated: July, 2024

	Specialty Unit in Revenue Code.	n which 3 <sup>rd</sup> mos	t days stay occurred	l based on number of days by Type of Bill or
Coding Scheme:		UNIT 1		
Length:		Alphanumeric	Data Source:	Calculated
Field 7:	SPEC_UNIT_4	-	Data Source.	Culturated
riela /:			t dave stav occurra	l based on number of days by Type of Bill or
	Revenue Code.	n which + mos	t days stay occurred	based on number of days by Type of Diff of
Coding Scheme:		UNIT 1.		
Length:		Alphanumeric	Data Source:	Calculated
Field 8:	SPEC_UNIT_5	*		
			t days stay occurred	l based on number of days by Type of Bill or
	Revenue Code.			
Coding Scheme:	Same as SPEC_	UNIT_1.		
Length:	1 <b>Type:</b> <i>A</i>	Alphanumeric	Data Source:	Calculated
Field 9:	ENCOUNTER	_INDICATOR		
				ncounter. The encounter refers to an electronic
				dered for a patient episode of care (admission
				etting. Some non-acute care patients may have
				ord, such as patients in rehabilitation hospitals
Length:	-	Alphanumeric	chiatric hospitals. Data Source:	Calculated
8	ΰI	aphanumeric	Data Source:	Calculated
Field 10:	SEX_CODE	tiont on man 1	d at data of a low'	ion on start of some
Coding Sohomor	M Male	atient as recorde	d at date of admiss	ion or start of care.
Coding Scheme:	F Female			
	U Unknown			
Length:	1 <b>Type:</b> <i>A</i>	Alphanumeric	Data Source:	Claim
Field 11:	DIDTIL DATE			
	BIRTH_DATE			
			rded at date of adm	ission or start of care.
	Birth date of the 8 <b>Type:</b>	e patient as recon Alphanumeric	rded at date of adm Data Source:	ission or start of care. Claim
Length: Field 12:	Birth date of the 8 Type: 2 PAT_AGE_GR	e patient as recon Alphanumeric KOUP	Data Source:	Claim
Field 12:	Birth date of the 8 <b>Type:</b> PAT_AGE_GR Code indicating	e patient as recon Alphanumeric ROUP age of patient in	Data Source:	Claim late of discharge.
Field 12:	Birth date of the 8 Type: 4 PAT_AGE_GR Code indicating 00 1-28 days	e patient as recon Alphanumeric COUP age of patient in 10 35	Data Source:n days or years on c5-3920	Claim late of discharge. 85-89
Field 12:	Birth date of the 8 Type: 2 PAT_AGE_GF Code indicating 00 1-28 days 01 29-365 days	e patient as recon Alphanumeric ROUP age of patient in 10 35 11 40	Data Source:           n days or years on c           5-39         20           0-44         21	Claim late of discharge. 85-89 90+
Field 12:	Birth date of the 8 Type: 4 PAT_AGE_GR Code indicating 00 1-28 days	e patient as recon Alphanumeric ROUP age of patient in 10 35 11 40 12 45	Data Source:           n days or years on c           5-39         20           0-44         21	Claim late of discharge. 85-89
Field 12:	Birth date of the           8         Type:         2           PAT_AGE_GR         2         2           Code indicating         00         1-28 days           01         29-365 days         02           02         1-4 years         03           03         5-9         04	a patient as recon Alphanumeric ROUP age of patient in 10 35 11 40 12 45 13 50 14 55	Data Source:           n days or years on o           5-39         20           0-44         21           5-49         HI           0-54         22           5-59         23	Claim late of discharge. 85-89 90+ V and drug/alcohol use patients: 0-17 18-44
Field 12:	Birth date of the         8       Type:       2         PAT_AGE_GR       A         Code indicating       A         00       1-28 days         01       29-365 days         02       1-4 years         03       5-9         04       10-14         05       15-17	e patient as record Alphanumeric ROUP age of patient in 10 35 11 40 12 45 13 50 14 55 15 60	Data Source:           n days or years on or           5-39         20           0-44         21           5-49         HI           0-54         22           5-59         23           0-64         24	Claim late of discharge. 85-89 90+ V and drug/alcohol use patients: 0-17 18-44 45-64
Field 12:	Birth date of the         8       Type:       2         PAT_AGE_GR       A         Code       indicating         00       1-28 days         01       29-365 days         02       1-4 years         03       5-9         04       10-14         05       15-17         06       18-19	e patient as record Alphanumeric ROUP age of patient in 10 35 11 40 12 45 13 50 14 55 15 60 16 65	Data Source:           n days or years on or           5-39         20           0-44         21           5-49         HI           0-54         22           5-59         23           0-64         24           5-69         25	Claim late of discharge. 85-89 90+ V and drug/alcohol use patients: 0-17 18-44 45-64 65-74
Field 12:	Birth date of the         8       Type:       2         PAT_AGE_GR       A         Code indicating       A         00       1-28 days         01       29-365 days         02       1-4 years         03       5-9         04       10-14         05       15-17         06       18-19	e patient as record Alphanumeric ROUP age of patient in 10 35 11 40 12 45 13 50 14 55 15 60 16 65 17 70	Data Source:           n days or years on or           5-39         20           0-44         21           5-49         HI           0-54         22           5-59         23           0-64         24	Claim late of discharge. 85-89 90+ V and drug/alcohol use patients: 0-17 18-44 45-64
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Field 12: Coding Scheme: Length: Field 13: Length: Field 14: Length:	Birth date of the         8       Type:       2         PAT_AGE_GR         Code indicating         00       1-28 days         01       29-365 days         02       1-4 years         03       5-9         04       10-14         05       15-17         06       18-19         07       20-24         08       25-29         09       30-34         2       Type:       4         PAT_AGE_YE         Age of patient in       3         Type:       4         Age of patient in       5         Type:       4	age of patient as reconservations and the second se	Data Source:         n days or years on or         5-39       20         0-44       21         5-49       HI         0-54       22         5-59       23         0-64       24         5-69       25         0-74       26         5-79       20         0-84       Data Source:         Dof discharge.       Data Source:	Claim late of discharge. 85-89 90+ V and drug/alcohol use patients: 0-17 18-44 45-64 65-74 75+ Invalid Assigned
Field 12: Coding Scheme: Length: Field 13: Length: Field 14: Length:	Birth date of the         8       Type:       2         PAT_AGE_GR         Code indicating         00       1-28 days         01       29-365 days         02       1-4 years         03       5-9         04       10-14         05       15-17         06       18-19         07       20-24         08       25-29         09       30-34         2       Type:       2         PAT_AGE_YE         Age of patient in       3         Type:       4         PAT_AGE_DA         Age of patient in       4         Age of patient in       4         Type:       4         Age of patient in       5         Type:       4         Age of patient in       4         S       Type:       4         RACE       4	age of patient as recon Alphanumeric ROUP age of patient in 10 35 11 40 12 45 13 50 14 55 15 60 16 65 17 70 18 75 19 80 Alphanumeric ARS n years on date of Alphanumeric NS n days on date of Alphanumeric	Data Source:         n days or years on or         5-39       20         0-44       21         5-49       HI         0-54       22         5-59       23         0-64       24         5-69       25         0-74       26         5-79       20         0-84       Data Source:         Dof discharge.       Data Source:         of discharge.       Data Source:         f discharge.       Data Source:	Claim late of discharge. 85-89 90+ V and drug/alcohol use patients: 0-17 18-44 45-64 65-74 75+ Invalid Assigned Claim
Field 12: Coding Scheme: Length: Field 13: Length: Field 14: Length: Field 15:	Birth date of the         8       Type:       2         PAT_AGE_GR         Code indicating       2         00       1-28 days       2         01       29-365 days       2         02       1-4 years       3         03       5-9       04       10-14         05       15-17       06       18-19         07       20-24       08       25-29         09       30-34       2       Type:       4         Age of patient in       3       Type:       4         Age of patient in       5       Type:       4         BatCE       Code indicating       5       Code indicating	age of patient in Alphanumeric ROUP age of patient in 10 35 11 40 12 45 13 50 14 55 15 60 16 65 17 70 18 75 19 80 Alphanumeric Alphanumeric TS a days on date of Alphanumeric the patient's race	Data Source:         n days or years on or         5-39       20         0-44       21         5-49       HI         0-54       22         5-59       23         0-64       24         5-69       25         0-74       26         5-79       20         0-84       Data Source:         Dof discharge.       Data Source:         of discharge.       Data Source:         f discharge.       Data Source:	Claim late of discharge. 85-89 90+ V and drug/alcohol use patients: 0-17 18-44 45-64 65-74 75+ Invalid Assigned Claim
Field 12: Coding Scheme: Length: Field 13: Length: Field 14: Length:	Birth date of the         8       Type:       2         PAT_AGE_GR         Code indicating         00       1-28 days         01       29-365 days         02       1-4 years         03       5-9         04       10-14         05       15-17         06       18-19         07       20-24         08       25-29         09       30-34         2       Type:         Age of patient in         3       Type:         Age of patient in         5       Type:         Age of patient in         5       Type:         Age constraints         7       4000000000000000000000000000000000000	age of patient in Alphanumeric ROUP age of patient in 10 35 11 4( 12 45 13 5( 14 55 15 6( 16 65 17 7( 18 75 19 8( Alphanumeric Alphanumeric XS n days on date o Alphanumeric the patient's rac dian/Eskimo/Aleut	Data Source:         n days or years on or         5-39       20         0-44       21         5-49       HI         0-54       22         5-59       23         0-64       24         5-69       25         0-74       26         5-79       20         0-84       Data Source:         Dof discharge.       Data Source:         of discharge.       Data Source:         f discharge.       Data Source:	Claim late of discharge. 85-89 90+ V and drug/alcohol use patients: 0-17 18-44 45-64 65-74 75+ Invalid Assigned Claim
Field 12: Coding Scheme: Length: Field 13: Length: Field 14: Length: Field 15:	Birth date of the         8       Type:       2         PAT_AGE_GR         Code indicating       2         00       1-28 days       2         01       29-365 days       2         02       1-4 years       3         03       5-9       04       10-14         05       15-17       06       18-19         07       20-24       08       25-29         09       30-34       2       Type:       4         Age of patient in       3       Type:       4         Age of patient in       5       Type:       4         Batter       Code indicating       5       5       5	age of patient in Alphanumeric ROUP age of patient in 10 35 11 4( 12 45 13 5( 14 55 15 6( 16 65 17 7( 18 75 19 8( Alphanumeric Alphanumeric XS n days on date o Alphanumeric the patient's rac dian/Eskimo/Aleut	Data Source:         n days or years on or         5-39       20         0-44       21         5-49       HI         0-54       22         5-59       23         0-64       24         5-69       25         0-74       26         5-79       20         0-84       Data Source:         Dof discharge.       Data Source:         of discharge.       Data Source:         f discharge.       Data Source:	Claim late of discharge. 85-89 90+ V and drug/alcohol use patients: 0-17 18-44 45-64 65-74 75+ Invalid Assigned Claim
Field 12: Coding Scheme: Length: Field 13: Length: Field 14: Length: Field 15:	Birth date of the         8       Type:       2         PAT_AGE_GR         Code indicating       00       1-28 days         00       1-28 days       01       29-365 days         01       29-365 days       02       1-4 years         03       5-9       04       10-14         05       15-17       06       18-19         07       20-24       08       25-29         09       30-34       2       Type:       4         Age of patient in       3       Type:       4         PAT_AGE_DA       Age of patient in       5       Type:       4         RACE       Code       indicating       1         American Inc       2       Asian or Paci	age of patient in Alphanumeric ROUP age of patient in 10 35 11 4( 12 45 13 5( 14 55 15 6( 16 65 17 7( 18 75 19 8( Alphanumeric Alphanumeric XS n days on date o Alphanumeric the patient's rac dian/Eskimo/Aleut	Data Source:         n days or years on or         5-39       20         0-44       21         5-49       HI         0-54       22         5-59       23         0-64       24         5-69       25         0-74       26         5-79       20         0-84       Data Source:         Dof discharge.       Data Source:         of discharge.       Data Source:         f discharge.       Data Source:	Claim late of discharge. 85-89 90+ V and drug/alcohol use patients: 0-17 18-44 45-64 65-74 75+ Invalid Assigned Claim

2022	049 051 053	Burleson Burnet	179 181	Gray Grayson	307 309 Page	McCulloch McLennan	435 437	Sutton Swisher
	051	Burleson	179	•				
				Gray	307	McCulloch	435	Sutton
	049	DIOWII				-		
		Brown	175	Gonzales		Lynn	433	Stonewall
	045 047	Briscoe Brooks	173 175	Glasscocl Goliad	k 301 303	Loving Lubbock	429 431	Stephens Sterling
	043	Brewster	171	Gillespie		Llano Louing	427	Starr
	041	Brazos	169	Garza	297	Live Oak	425	Somervell
	039	Brazoria	167	Galvestor		Lipscomb	423	Smith
	037	Bowie	165	Gaines	293	Limestone	421	Sherman
	035	Bosque	163	Frio	289	Liberty	417	Shelby
	031 033	Blanco Borden	159 161	Franklin Freestone	287 289	Lee Leon	415 417	Scurry Shackelford
	029	Bexar	157	Fort Bend		Lavaca	413	Schleicher
	027	Bell	155	Foard	281	Lampasas	411	San Saba
	025	Bee	153	Floyd	279	Lamb	409	San Patricio
	023	Baylor	151	Fisher	277	Lamar	407	San Jacinto
	019	Bastrop	149	Fayette	283	La Salle	403	San Augustine
	017	Bailey Bandera	145 147	Falls Fannin	273 275	Kleberg Knox	401 403	Rusk Sabine
	015 017	Austin	143 145	Erath Falls	271 273	Kinney	399 401	Runnels Rusk
	013	Atascosa	141	El Paso	269	King	397	Rockwall
	011	Armstrong	139	Ellis	267	Kimble	395	Robertson
	009	Archer	137	Edwards	265	Kerr	393	Roberts
	007	Aransas	135	Ector	263	Kent	391	Refugio
	003	Andrews Angelina	131	Duval Eastland	259 261	Kendall Kenedy	387 389	Red River Reeves
Coung scheme:	001	Anderson Andrews	129	Donley Duval	257 259	Kaufman Kendall	385 387	Real Red River
Coding scheme:	001	Anderson	129	Donley	257	Kaufman	385	Real
		code of pati	ent's c	ountv				
Field 23:		_COUNTY	1					
Length:		-	phanu	-	Data Source:	Pro	ovider	
Coding scheme:		www.ISO.org		mplete lis	st.			
		lardization (I						- 8
-				dential ad	ldress. List ma	intained by	the Interna	tional Organization for
Field 22:		_COUNTRY	Y					
Length:	9	Type: Al	phanu	meric	Data Source:	Pro	ovider	
	Patier			-	ded by the pat	ient.		
Field 21:	PAT_	_						
Length:			phanu	meric	Data Source:	Pro	ovider	
T 4			-		by the patient.	F	• •	
Field 20:		_STATE	ata a :	1.1.1	her the method			
			phanu		Data Source:	r I(		
Length:			phanu		Data Source:	Pro	ovider	
			ty as m	rovided h	y the patient.			
Field 19:		CITY	•					
Length:		-	phanu		Data Source:	Ca	lculated	
		us block of p						
Field 18:	PAT	_ADDR_CE	NSUS	BLOC	K			
Length:	14	Type: Al	phanu	meric	Data Source:	Ca	lculated	
		us block grou						
Field 17:	-	_ADDR_CE		_	—			
Length:			phanu		Data Source:	Cla	aim	
	2	Not of Hispanie	e Origin					
Coding Scheme:	1	Hispanic Origin	n					
	Code	indicating th	ie Hisp	panic orig	in of the patie	nt.		
Field 16:	ETH	NICITY						
Dengen.	1	Type: Al	phanu	meric	<b>Data Source:</b>	Cla	aim	
Lenoth•		Other						
Length:	5	041						

2022		Upton, Ward, Wi	nkler (		age							
	9	McCulloch, Mart	in, Ma	son, Menard, N				cock, Howard, Irion, Kimble, Loving , Sterling, Sutton, Terrell, Tom Gree				
	8	Jackson, Karnes, Wilson, Zavala c	Kenda ountie	lll, Kerr, Kinne	y, La Salle, La	avaca, Maveric	k, Medina, Re	espie, Goliad, Gonzales, Guadalupe, al, Uvalde, Val Verde, Victoria,				
	1	1 · · ·	Hill, L	ampasas, Lee,	Leon, Limesto			, Fayette, Freestone, Grimes, on, Milam, Mills, Robertson, San				
	7	Waller, Wharton	counti	es								
	6	Shelby, Trinity, T Austin, Brazoria,			, Fort Bend, G	alveston, Harri	s, Liberty, Ma	tagorda, Montgomery, Walker,				
	5	Angelina, Hardin	, Hous	ton, Jasper, Jef		-		k, Sabine, San Augustine, San Jacin				
	4	Anderson, Bowie Morris, Panola, F						erson, Hopkins, Lamar, Marion, counties				
	3	Parker, Rockwall	, Some	ervell, Tarrant,	Wise counties		, ,					
	3	Throckmorton, V Collin, Cooke, D				Gravson Hood	Hunt Johnso	n, Kaufman, Navarro, Palo Pinto,				
	2	Jones, Kent, Kno	x, Mit	chell, Montagu	e, Nolan, Run			phens, Stonewall, Taylor,				
	2	Wheeler, Yoakur	n coun	ties				sher, Foard, Hardeman, Haskell, Jacl				
								lutchinson, King, Lamb, Lipscomb, erts, Sherman, Swisher, Terry,				
	1	Armstrong, Baile	y, Bris	coe, Carson, C	astro, Childre			Crosby, Dallam, Deaf Smith, Dickens				
1010 24.		ic Health Regi			dress.							
Field 24:		PUBLIC_HEALTH_REGION										
ength:	3				ita Source:	Ass	signed, based					
	125 127	Dickens Dimmit	253 255	Jones Karnes	381 383	Randall Reagan	د	Invalid				
	123	Dewitt	251	Johnson	379	Rains	507	Zavala				
	119 121	Delta Denton	247 249	Jim Hogg Jim Wells	375 377	Potter Presidio	503 505	Young Zapata				
	117 119	Deaf Smith	245 247	Jefferson	373 375	Polk Potter	501 503	Yoakum Young				
	115	Dawson	243	Jeff Davis	371	Pecos	499	Wood				
	111 113	Dallam Dallas	239 241	Jackson Jasper	367 369	Parker Parmer	495 497	Winkler Wise				
	109	Culberson	237	Jack	365	Panola	493	Wilson				
	105 107	Crockett Crosby	233 235	Hutchinson Irion	361 363	Orange Palo Pinto	489 491	Williamson				
	103 105	Crane Crockett	231 233	Hunt Hutchinson	359 361	Oldham Orange	487 489	Wilbarger Willacy				
	101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita				
	097 099	Cooke Coryell	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				
	089 091	Colorado Comal	217 219	Hill Hockley	345 347	Motley Nacogdoches	473 475	Waller Ward				
	087	Collingsworth	215	Hidalgo	343	Morris	471	Walker				
	085	Collin	211	Henderson	341	Moore	469	Victoria				
	081 083	Coke Coleman	209 211	Hays Hemphill	337 339	Montague Montgomery	465 467	Val Verde Van Zandt				
	079	Cochran	207	Haskell	335	Mitchell	463	Uvalde				
	075 077	Childress Clay	203 205	Hartley	331 333	Mills	459 461	Upshur Upton				
	073	Cherokee	201	Harris Harrison	329	Midland Milam	457	Tyler Upshur				
	071	Chambers	199	Hardin	327	Menard	455	Trinity				
	069	Castro	197	Hardeman	325	Medina	453	Travis				
	065 067	Carson Cass	193 195	Hamilton Hansford	321 323	Matagorda Maverick	449 451	Titus Tom Green				
	063	Camp	191	Hall	319	Mason	447	Throckmorton				
	061	Cameron	189	Hale	317	Martin	445	Terry				
	057 059	Calhoun Callahan	185 187	Grimes Guadalupe	313 315	Madison Marion	441 443	Taylor Terrell				

	11		Bee, Brooks, Cameron, Refugio, San Patricio, S			im Wells, Kenedy, Kleberg, Live Oak, McMullen, counties
Length:	2	Type:	Alphanumeric	Data Source:	r	Assigned
Field 25:	ТҮР		ADMISSION			
			ng the type of adm	ission		
Coding Scheme:	1	Emergenc	• • • •	ibbioii		
bouing benefite.	2	Urgent	, <b>j</b>			
	3	Elective				
	4	Newborn				
	5	Trauma C	lenter			
	9	Information	on not available			
Length:	1	Type:	Alphanumeric	Data Source:		Claim
Field 26:	SOU	RCE_O	F_ADMISSION			
	Code	e indicati	ng source of the ad	lmission.		
Coding Scheme:	1	Non-Heal	thcare Facility Point of	Origin (Beginning J	uly 1,	
Jouing Scheme.		2010)				
	2		Physician's Office			
	4		rom a hospital	aility intermediate		
	5		rom a skilled nursing fassisted living facility	active, intermediate	lare	
	6	•	rom another health card	e facility		
	8		w Enforcement			
	9	Informatio	on not available			
			rom One distinct Unit			
	D		Init of the Same Hospit	al Resulting in a Sep	arate	
	Б	Claim to t		Comton		
	Е		rom Ambulatory Surge rom a Hospice Facility	ry Center		
	F		f Admission=4 (Newbo	rn)		
	G	• •	rom a designated hospi		care site	
		(Effective	7/1/2020)			
	5	Born insid	le this hospital			
	6	Born outs	ide this hospital			
Length:	1	Type:	Alphanumeric	Data Source:		Claim
Field 27:	FIR		MENT_SRC			
			ng the expected pr	imary source of	navmei	nf
			Removed from 5010 for	•	paymen	
Coding Scheme:	09	1.0	2Q2012 data)		HM	Health Maintenance Organization
	10		ertification		LI	Liability
	11	Other Nor	n-federal Programs		LM	Liability Medical
	12		Provider Organization	(PPO)	MA	Medicare Part A
	13		ervice (POS)		MB	Medicare Part B
	14		Provider Organization	(EPO)	MC	Medicaid
	15	•	Insurance	(HMO) Madiaara	TV	Title V
	16	Risk	aintenance Organization	(11010) Medicale	OF	Other Federal Program
	AM		ile Medical		VA	Veteran Administration Plan
	BL		s/Blue Shield		WC	Workers Compensation Health Claim
	CH	CHAMPU	JS		ZZ	Charity, Indigent or Unknown
	CI		ial Insurance			Codes 09 and ZZ, combined for 2004 & 2005
	DS	-	Insurance			Invalid
Length:	2	Type:	Alphanumeric	Data Source:		Claim
Field 28:	FIR	ST_PAY	ER_ID			
	Natio	onal Plan	Identifier (when i	mplemented by i	ederal	government).
Length:	10	Type:	Alphanumeric	Data Source:		Claim
Field 29:			TER_NAME			
L'ICIU #7.				nont		
F		-	hary source of pays			
Length:	35	Type:	Alphanumeric	Data Source:		Claim
Field 30:	SEC	ONDAR	RY_PAYMENT_S	SRC		
2022				Page		
		/THCIC				dated: July, 2024

Length: Field 39: Coding Scheme:	PAT_S7 Code ind 01 Dis 02 Dis 03 Dis	TATUS dicating scharged t scharged/t scharged/t	patient status as o home or self-care (r ransferred to a short to	of the outine erm gen ursing	discharge) neral hospital for inp facility (SNF) with N	Medicare certification in anticipation of skilled care
Field 39:	PAT_S Code ind 01 Dis 02 Dis	TATUS dicating scharged t	patient status as o home or self-care (r ransferred to a short to	of the outine erm ger	ending date of s discharge) neral hospital for inp	ervice for the period of care reported
Field 39:	PAT_ST Code ind	<b>TATUS</b> dicating	patient status as	of the	ending date of s	
	PAT_S	TATUS				
				Data	Source:	Calculated
Length:	4 <b>Ty</b>	vpe:	Alphanumeric	Data	Source:	Calculated
			• •			
			h of stay is 1 day.			
						re date (ADMIT_START_OF_CARE). The
	Length of	of stay i	n days equals end	ling se	ervice date of the	e period reflected on the statement
Field 38:	LENGT	TH_OF	STAY			
Length:			Alphanumeric	Data	Source:	Claim
	-		-			nent. Entered as YYYYMMDD.
Field 37:			D_THRU			
Length:			1	Data	Source:	Claim
	-					atement. Entered as YYYYMMDD.
Field 36:			D_FROM		<b>a b b b</b>	
Length:		•	Alphanumeric	Data	Source:	Claim
T (1		noon – 12		D ·	q	
		00-11:5		99	Hour unknown	
		00 - 10:5		23	11:00 – 11:59 p.m.	
		10 – 8:59 a 10 – 9:59 a		21	10:00 - 10:59 p.m.	
		0 – 7:59 a 0 – 8:59 a		20 21	8:00 – 8:59 p.m. 9:00 – 9:59 p.m.	
		0 - 6:59 a		19 20	7:00 – 7:59 p.m.	
		0 – 5:59 a		18	6:00 – 6:59 p.m.	
		0 - 4:59 a		17	5:00 – 5:59 p.m.	
		10 – 2.39 a 10 – 3:59 a		15 16	4:00 – 4:59 p.m.	
		0 – 1:59 a 0 – 2:59 a		14 15	2:00 – 2:59 p.m. 3:00 – 3:59 p.m.	
<b>Coding Scheme:</b>		0	-12:59 a.m.	13	1:00 – 1:59 p.m.	
		0	U		•	itted for inpatient care
Field 35:				1 .1		
Length:			Alphanumeric	Data	Source:	Claim
Longth		ursday	A lash an	D-4	Comment	
		ednesday		7	Sunday	
0	2 Tue	esday		6	Saturday	
<b>Coding Scheme:</b>		onday	-	5	Friday	
	Code inc	dicating	day of week pati	ent is	admitted	
Field 34:	ADMIT	WEE	KDAY			
Length:	8 Ty	v <b>pe:</b>	Alphanumeric	Data	Source:	Claim
	YYYYN				I	
				provia	ler for inpatient	care or other start of care. Entered as
Field 33:		-	RT_OF_CARE			
Length:			Alphanumeric		Source:	Claim
			lary source of pay			
Field 32:		-	_PAYER_NAM			
Length:			Alphanumeric	-	Source:	Claim
rielu 31.			lentifier (when in	nlem	ented by federal	government)
Field 31:			_PAYER_ID	Data	Source.	Claim
Length:			_PAYMENT_SR Alphanumeric		Source:	Claim
Coding Scheme:						

07	Left ag	gainst	medical	advice
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- 09 Admitted as inpatient to this hospital
- 20 Expired
- 21 Discharged/transferred to Court/Law Enforcement
- 30 Still patient
- 40 Expired at home
- 41 Expired in a medical facility
- 42 Expired, place unknown
- 43 Discharged/transferred to federal government operated health facility
- 50 Hospice-home

Length:

- 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 Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
- 70 Discharge/transfer to another type of health care institution not defined elsewhere in the code list
- Bischarged 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
- Bischarged/Transferred to a Short Term General Hospital for inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
   Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care
- Bischarged/Hansterfed to a Skrifed Foursing Pacificy (SNP) with Medicare Certification with a Planned Acute Care
   Hospital Inpatient Readmission (effective 10-1-2013)
- 84 Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 85 Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 86 Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 87 Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 88 Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 89 Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 90 Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 91 Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 92 Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 93 Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 94 Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 95 Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 2 Type: Alphanumeric Data Source: Claim

Field 40:	DIS	CHARGE_HOUR		
	Cod	e indicating hour during	which the	patient was discharged from inpatient care
<b>Coding Scheme:</b>	00	12 midnight-12:59 a.m.	13	1:00 – 1:59 p.m.
	01	1:00 – 1:59 a.m.	14	2:00 – 2:59 p.m.
	02	2:00 – 2:59 a.m.	15	3:00 – 3:59 p.m.
	03	3:00 – 3:59 a.m.	16	4:00 – 4:59 p.m.
	04	4:00 – 4:59 a.m.	17	5:00 – 5:59 p.m.
	05	5:00 – 5:59 a.m.	18	6:00 – 6:59 p.m.
	06	6:00 – 6:59 a.m.	19	7:00 – 7:59 p.m.
	07	7:00 – 7:59 a.m.	20	8:00 – 8:59 p.m.
	08	8:00 – 8:59 a.m.	21	9:00 – 9:59 p.m.
	09	9:00 – 9:59 a.m.	22	10:00 – 10:59 p.m.
	10	10:00 – 10:59 a.m.	23	11:00 – 11:59 p.m.
	11	11:00 – 11:59 a.m.	99	Hour unknown
	12	12 noon – 12:59 p.m.		
2022			Dec	

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	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 41:	TYPE_OF_	BILL			
	Provides spe	cific information al	pout the claim data su	ubmitted. First	digit = type of facility. Second
	digit = type	of care. Third digit	= sequence of the cla	im.	
<b>Coding Scheme:</b>	1 <sup>st</sup> digit–Type of	f Facility	2 <sup>nd</sup> digit–Type of Care		3 <sup>rd</sup> digit–Sequence of claim
	1 Hospital		1 Inpatient, including		0 Non-payment/Zero claim
	2 Skilled r	•	2 Inpatient, Medicare	Part B only	1 Admit through discharge claim
	3 Home he		3 Outpatient	(adiana Davit D	2 Interim-first claim
	4 Religiou care–Ho	s non-medical health spital	4 Outpatient Other, N only	ledicare Part B	3 Interim–continuing claim
	care–Ex	s non-medical health tended care	5 Intermediate Care–	Level I	4 Interim–last claim
		liate care	6 Intermediate Care–		5 Late charge(s) only claim
	7 Clinic		7 Sub-acute inpatient	– Level III	6 Adjustment of prior claim (Not used by Medicare)
	8 Special 1	facility	8 Swing bed		7 Replacement of prior claim
<b>T</b> (1	о <b>т</b>			<b>C1</b> ·	8 Void/cancel of prior claim
Length:	3 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 42:		G_DIAGNOSIS			
					Clinical Modification) diagnosis
					he 4th, 5th, 6th and 7th digits if
	applicable. I	Decimal is implied f	following the third ch	aracter.	
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 43:	PRINC_DL	AG_CODE			
	ICD-10-CM	(International Clas	sification of Diseases	s – Revision 10	– Clinical Modification)
					tion established after study to be
	0		1 1 0		n, 5th, 6th and 7th digits if
			ollowing the third ch		,,
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 44:		C_DIAG_CODE			
			de identifying wheth	er Principal D	iagnosis code was present at the
		ent was admitted to		ler i meipar D	agnosis code was present at the
<b>Coding Scheme:</b>	-	ent was admitted to	the hospital		
County Deneme.					
-					
-	N No U Unknow	n			
	N No U Unknow	n y Undetermined			
Length:	N No U Unknow		Data Source:	Claim	
-	N No U Unknow W Clinicall 1 <b>Type:</b>	y Undetermined Alphanumeric	Data Source:	Claim	
Length:	N No U Unknow W Clinical <u>1 <b>Type:</b></u> OTH_DIA(	y Undetermined Alphanumeric G_CODE_1			) – Clinical Modification)
Length:	N No U Unknow W Clinicall 1 <b>Type:</b> OTH_DIAC ICD-10-CM	y Undetermined Alphanumeric G_CODE_1 (International Clas	sification of Diseases	s – Revision 10	– Clinical Modification)
Length:	N No U Unknow W Clinicall 1 <b>Type:</b> OTH_DIAC ICD-10-CM diagnosis co	y Undetermined Alphanumeric <b>G_CODE_1</b> (International Clas de for a condition the	sification of Diseases hat coexists with the	s – Revision 10 principal diagn	osis or develops subsequently
Length:	NNoUUnknowWClinicall1 <b>Type:OTH_DIAC</b> ICD-10-CMdiagnosis coduring a pati	y Undetermined Alphanumeric G_CODE_1 (International Class de for a condition the tent's treatment, inc	sification of Diseases hat coexists with the luding the 4th, 5th, 6	s – Revision 10 principal diagn	
Length: Field 45:	N No U Unknow W Clinicall 1 <b>Type:</b> <b>OTH_DIAC</b> ICD-10-CM diagnosis co during a pati implied follo	y Undetermined Alphanumeric G_CODE_1 (International Clas de for a condition the ient's treatment, inco owing the third char	sification of Diseases hat coexists with the luding the 4th, 5th, 6 acter.	s – Revision 10 principal diagn th and 7th digi	osis or develops subsequently
Length: Field 45: Length:	N No U Unknow W Clinicall 1 <b>Type:</b> OTH_DIAC ICD-10-CM diagnosis co during a pati implied follo 7 <b>Type:</b>	y Undetermined Alphanumeric G_CODE_1 (International Clas de for a condition the ient's treatment, inco owing the third char Alphanumeric	sification of Diseases hat coexists with the luding the 4th, 5th, 6	s – Revision 10 principal diagn	osis or develops subsequently
Length: Field 45:	N         No           U         Unknow           W         Clinicall           1         Type:           OTH_DIAC         ICD-10-CM           diagnosis co         during a pati           implied follo         7           Type:         POA_OTH	y Undetermined Alphanumeric G_CODE_1 (International Clas de for a condition the ent's treatment, incoving the third char Alphanumeric DIAG_CODE_1	sification of Diseases hat coexists with the luding the 4th, 5th, 6 acter. <b>Data Source:</b>	s – Revision 10 principal diagn th and 7th digi Claim	osis or develops subsequently ts if applicable. Decimal is
Length: Field 45: Length:	NNoUUnknowWClinicall1 <b>Type:OTH_DIAC</b> ICD-10-CMdiagnosis coduring a patiimplied follo7 <b>Type:POA_OTH</b> POA – Prese	y Undetermined Alphanumeric G_CODE_1 (International Class de for a condition the ent's treatment, incoming the third char Alphanumeric DIAG_CODE_1 ent on Admission com	sification of Diseases hat coexists with the luding the 4th, 5th, 6 racter. <b>Data Source:</b> ode identifying wheth	s – Revision 10 principal diagn th and 7th digi Claim	osis or develops subsequently
Length: Field 45: Length: Field 46:	NNoUUnknowWClinicall1 <b>Type:OTH_DIAC</b> ICD-10-CMdiagnosis coduring a patiimplied follo7 <b>Type:POA_OTH</b> POA – Presetime the pati	y Undetermined Alphanumeric G_CODE_1 (International Class de for a condition the tent's treatment, incoving the third char Alphanumeric DIAG_CODE_1 ent on Admission co ent was admitted to	sification of Diseases hat coexists with the luding the 4th, 5th, 6 acter. <b>Data Source:</b> ode identifying wheth the hospital.	s – Revision 10 principal diagn th and 7th digi Claim	osis or develops subsequently ts if applicable. Decimal is
Length: Field 45: Length: Field 46: Coding Scheme:	NNoUUnknowWClinicall1 <b>Type:OTH_DIAC</b> ICD-10-CMdiagnosis coduring a pathimplied follor7 <b>Type:POA_OTH</b> POA – Presetime the pathSame as fiel	y Undetermined Alphanumeric G_CODE_1 (International Clas de for a condition the ient's treatment, incoving the third char Alphanumeric DIAG_CODE_1 ent on Admission co ent was admitted to d POA_PRINC_DI	sification of Diseases hat coexists with the luding the 4th, 5th, 6 acter. <b>Data Source:</b> ode identifying wheth the hospital. AG_CODE	s – Revision 10 principal diagn th and 7th digi Claim ner Oth_Diag_0	osis or develops subsequently ts if applicable. Decimal is
Length: Field 45: Length: Field 46: Coding Scheme: Length:	N No U Unknow W Clinicall 1 <b>Type:</b> OTH_DIAC ICD-10-CM diagnosis co during a patti implied follo 7 <b>Type:</b> POA_OTH POA – Prese time the patti Same as fiel 1 <b>Type:</b>	y Undetermined Alphanumeric G_CODE_1 (International Class de for a condition the ent's treatment, inco owing the third char Alphanumeric DIAG_CODE_1 ent on Admission co ent was admitted to d POA_PRINC_DI Alphanumeric	sification of Diseases hat coexists with the luding the 4th, 5th, 6 acter. <b>Data Source:</b> ode identifying wheth the hospital.	s – Revision 10 principal diagn th and 7th digi Claim	osis or develops subsequently ts if applicable. Decimal is
Length: Field 45: Length: Field 46: Coding Scheme:	NNoUUnknowWClinicall1Type:OTH_DIACICD-10-CMdiagnosis coduring a patiimplied follo7Type:POA_OTHPOA_OTHPOA – Presetime the patiSame as fiel1Type:OTH_DIAC	y Undetermined Alphanumeric G_CODE_1 (International Class de for a condition the ent's treatment, incoming the third char Alphanumeric DIAG_CODE_1 ent on Admission content was admitted to d POA_PRINC_DI Alphanumeric G_CODE_2	sification of Diseases hat coexists with the luding the 4th, 5th, 6 racter. <b>Data Source:</b> ode identifying wheth the hospital. AG_CODE <b>Data Source:</b>	s – Revision 10 principal diagn th and 7th digi Claim her Oth_Diag_( Claim	osis or develops subsequently ts if applicable. Decimal is Code_1 code was present at the
Length: Field 45: Length: Field 46: Coding Scheme: Length:	NNoUUnknowWClinicall1 <b>Type:OTH_DIAC</b> ICD-10-CMdiagnosis coduring a patiimplied follo7 <b>Type:POA_OTH</b> POA – Presetime the patiSame as fiel1 <b>Type:OTH_DIAC</b> ICD-10-CM	y Undetermined Alphanumeric G_CODE_1 (International Class de for a condition the ent's treatment, inco- owing the third char Alphanumeric DIAG_CODE_1 ent on Admission co- ent was admitted to d POA_PRINC_DI Alphanumeric G_CODE_2 (International Class	sification of Diseases hat coexists with the luding the 4th, 5th, 6 acter. <b>Data Source:</b> ode identifying wheth the hospital. AG_CODE <b>Data Source:</b> sification of Diseases	<ul> <li>Revision 10</li> <li>principal diagn</li> <li>th and 7th digi</li> <li>Claim</li> <li>ner Oth_Diag_0</li> <li>Claim</li> <li>Claim</li> </ul>	Code_1 code was present at the
Length: Field 45: Length: Field 46: Coding Scheme: Length:	NNoUUnknowWClinicall1 <b>Type:OTH_DIAC</b> ICD-10-CMdiagnosis coduring a patiimplied follo7 <b>Type:POA_OTH</b> POA – Presstime the patiSame as fiel1 <b>Type:OTH_DIAC</b> ICD-10-CMdiagnosis co	y Undetermined Alphanumeric G_CODE_1 (International Class de for a condition the tent's treatment, inco owing the third char Alphanumeric DIAG_CODE_1 ent on Admission co ent was admitted to d POA_PRINC_DI Alphanumeric G_CODE_2 (International Class de that corresponds	sification of Diseases hat coexists with the luding the 4th, 5th, 6 acter. <b>Data Source:</b> ode identifying wheth the hospital. AG_CODE <b>Data Source:</b> sification of Diseases to an additional cond	s – Revision 10 principal diagn th and 7th digi <u>Claim</u> her Oth_Diag_0 <u>Claim</u> s – Revision 10 dition that coex	Code_1 code was present at the - Clinical Modification) cists with the principal diagnosis
Length: Field 45: Length: Field 46: Coding Scheme: Length:	NNoUUnknowWClinicall1 <b>Type:OTH_DIAC</b> ICD-10-CMdiagnosis coduring a patiimplied follo7 <b>Type:POA_OTH</b> POA – Presetime the patiSame as fiel1 <b>Type:OTH_DIAC</b> ICD-10-CMdiagnosis coor develops	y Undetermined Alphanumeric G_CODE_1 (International Class de for a condition the tent's treatment, inco owing the third char Alphanumeric DIAG_CODE_1 ent on Admission co ent was admitted to d POA_PRINC_DI Alphanumeric G_CODE_2 (International Class de that corresponds subsequently during	sification of Diseases hat coexists with the luding the 4th, 5th, 6 acter. <b>Data Source:</b> ode identifying wheth the hospital. AG_CODE <b>Data Source:</b> sification of Diseases to an additional con- g a patient's treatmen	s – Revision 10 principal diagn th and 7th digi <u>Claim</u> ner Oth_Diag_0 <u>Claim</u> s – Revision 10 dition that coex t including the	osis or develops subsequently ts if applicable. Decimal is Code_1 code was present at the
Length: Field 45: Length: Field 46: Coding Scheme: Length: Field 47:	N No U Unknow W Clinicall 1 <b>Type:</b> OTH_DIAC ICD-10-CM diagnosis co during a pati implied follo 7 <b>Type:</b> POA_OTH POA – Prese time the pati Same as fiel 1 <b>Type:</b> OTH_DIAC ICD-10-CM diagnosis co or develops applicable. I	y Undetermined Alphanumeric G_CODE_1 (International Class de for a condition the tent's treatment, inco owing the third char Alphanumeric DIAG_CODE_1 ent on Admission co ent was admitted to d POA_PRINC_DI Alphanumeric G_CODE_2 (International Class de that corresponds subsequently during Decimal is implied for	sification of Diseases hat coexists with the luding the 4th, 5th, 6 acter. <b>Data Source:</b> ode identifying wheth the hospital. AG_CODE <b>Data Source:</b> sification of Diseases to an additional come g a patient's treatment following the third ch	s – Revision 10 principal diagn th and 7th digi <u>Claim</u> her Oth_Diag_( <u>Claim</u> s – Revision 10 dition that coex t including the haracter.	Code_1 code was present at the - Clinical Modification) cists with the principal diagnosis
Length: Field 45: Length: Field 46: Coding Scheme: Length: Field 47: Length:	N No U Unknow W Clinicall 1 <b>Type:</b> OTH_DIAC ICD-10-CM diagnosis co during a patri implied follo 7 <b>Type:</b> POA_OTH POA – Prese time the patri Same as fiel 1 <b>Type:</b> OTH_DIAC ICD-10-CM diagnosis co or develops applicable. I 7 <b>Type:</b>	y Undetermined Alphanumeric G_CODE_1 (International Class de for a condition the ent's treatment, inco owing the third char Alphanumeric DIAG_CODE_1 ent on Admission co ent was admitted to d POA_PRINC_DI Alphanumeric G_CODE_2 (International Class de that corresponds subsequently during Decimal is implied for Alphanumeric	sification of Diseases hat coexists with the luding the 4th, 5th, 6 acter. <b>Data Source:</b> ode identifying wheth the hospital. AG_CODE <b>Data Source:</b> sification of Diseases to an additional con- g a patient's treatmen	s – Revision 10 principal diagn th and 7th digi <u>Claim</u> ner Oth_Diag_0 <u>Claim</u> s – Revision 10 dition that coex t including the	Code_1 code was present at the - Clinical Modification) cists with the principal diagnosis
Length: Field 45: Length: Field 46: Coding Scheme: Length: Field 47:	N No U Unknow W Clinicall 1 <b>Type:</b> OTH_DIAC ICD-10-CM diagnosis co during a patri implied follo 7 <b>Type:</b> POA_OTH POA – Prese time the patri Same as fiel 1 <b>Type:</b> OTH_DIAC ICD-10-CM diagnosis co or develops applicable. I 7 <b>Type:</b>	y Undetermined Alphanumeric G_CODE_1 (International Class de for a condition the tent's treatment, inco owing the third char Alphanumeric DIAG_CODE_1 ent on Admission co ent was admitted to d POA_PRINC_DI Alphanumeric G_CODE_2 (International Class de that corresponds subsequently during Decimal is implied for	sification of Diseases hat coexists with the luding the 4th, 5th, 6 acter. <b>Data Source:</b> ode identifying wheth the hospital. AG_CODE <b>Data Source:</b> sification of Diseases to an additional come g a patient's treatment following the third ch	s – Revision 10 principal diagn th and 7th digi <u>Claim</u> her Oth_Diag_( <u>Claim</u> s – Revision 10 dition that coex t including the haracter.	Code_1 code was present at the - Clinical Modification) cists with the principal diagnosis
Length: Field 45: Length: Field 46: Coding Scheme: Length: Field 47: Length: Field 48:	N No U Unknow W Clinicall 1 <b>Type:</b> OTH_DIAC ICD-10-CM diagnosis co during a patri implied follo 7 <b>Type:</b> POA_OTH POA – Prese time the patri Same as fiel 1 <b>Type:</b> OTH_DIAC ICD-10-CM diagnosis co or develops applicable. I 7 <b>Type:</b>	y Undetermined Alphanumeric G_CODE_1 (International Class de for a condition the ent's treatment, inco owing the third char Alphanumeric DIAG_CODE_1 ent on Admission co ent was admitted to d POA_PRINC_DI Alphanumeric G_CODE_2 (International Class de that corresponds subsequently during Decimal is implied for Alphanumeric	sification of Diseases hat coexists with the luding the 4th, 5th, 6 acter. <b>Data Source:</b> ode identifying wheth the hospital. AG_CODE <b>Data Source:</b> sification of Diseases to an additional con- g a patient's treatmen following the third ch <b>Data Source:</b>	s – Revision 10 principal diagn th and 7th digi <u>Claim</u> her Oth_Diag_( <u>Claim</u> s – Revision 10 dition that coex t including the haracter.	Code_1 code was present at the - Clinical Modification) cists with the principal diagnosis
Length: Field 45: Length: Field 46: Coding Scheme: Length: Field 47: Length:	N No U Unknow W Clinicall 1 Type: OTH_DIAC ICD-10-CM diagnosis co during a pati implied follo 7 Type: POA_OTH POA – Prese time the pati Same as fiel 1 Type: OTH_DIAC ICD-10-CM diagnosis co or develops applicable. I 7 Type: POA_OTH	y Undetermined Alphanumeric G_CODE_1 (International Class de for a condition the tent's treatment, inco- owing the third char Alphanumeric DIAG_CODE_1 ent on Admission co- ent was admitted to d POA_PRINC_DI Alphanumeric G_CODE_2 (International Class de that corresponds subsequently during Decimal is implied for Alphanumeric DIAG_CODE_2	sification of Diseases hat coexists with the luding the 4th, 5th, 6 acter. <b>Data Source:</b> ode identifying wheth the hospital. AG_CODE <b>Data Source:</b> sification of Diseases to an additional con- g a patient's treatmen following the third ch <b>Data Source:</b>	s – Revision 10 principal diagn th and 7th digi <u>Claim</u> her Oth_Diag_( <u>Claim</u> s – Revision 10 dition that coex t including the haracter.	Code_1 code was present at the - Clinical Modification) cists with the principal diagnosis 4th, 5th, 6th and 7th digits if

Coding Scheme:	time the patie	nt on Admission control on Admission control on the state of the state	the hospital	ther Oth_Diag_Code_2 code was present at the	
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 49:	OTH_DIAG				
			sification of Disease	es – Revision 10 – Clinical Modification)	
				ndition that coexists with the principal diagnosis	
				nt, including the 4th, 5th, 6th and 7th digits if	
			following the third c		
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 50:	POA_OTH_	DIAG_CODE_3			
	POA – Preser	nt on Admission co	ode identifying whet	ther Oth_Diag_Code_3 code was present at the	
	time the patie	nt was admitted to	the hospital		
Coding Scheme:	Same as field PO	A_PRINC_DIAG_CC	DDE		
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 51:	OTH_DIAG	_CODE_4			
				es – Revision 10 – Clinical Modification)	
				ndition that coexists with the principal diagnosis	
				nt, including the 4th, 5th, 6th and 7th digits if	
			following the third c		
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 52:		DIAG_CODE_4			
				ther Oth_Diag_Code_4 code was present at the	
	-	nt was admitted to	-		
Coding Scheme:		A_PRINC_DIAG_CC			
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 53:	OTH_DIAG				
	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				
			following the third c		
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 54:	POA_OTH_	DIAG_CODE_5			
			ssion code identifying whether Oth_Diag_Code_5 code was present at the		
	time the patie	nt was admitted to	the hospital		
Coding Scheme:	Same as field PO	A_PRINC_DIAG_CC	DE		
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 55:	OTH_DIAG	_CODE_6			
	ICD-10-CM (	International Clas	sification of Disease	es – Revision 10 – Clinical Modification)	
	diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis				
				nt, including the 4th, 5th, 6th and 7th digits if	
	applicable. De	-	following the third c	haracter.	
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 56:		DIAG_CODE_6			
	POA – Present on Admission code identifying whether Oth_Diag_Code_6 code was present at the				
	-	nt was admitted to	-		
Coding Scheme:	Same as field PO	A_PRINC_DIAG_CC			
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 57:	OTH_DIAG				
	diagnosis cod or develops su	e, that correspond ubsequently during	s to an additional co	es – Revision 10 – Clinical Modification) ndition that coexists with the principal diagnosis nt, including the 4th, 5th, 6th and 7th digits if haracter.	
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Length:	7 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 58:	POA_OTH_DIAG_CODE_7		
		le identifving whethe	Oth_Diag_Code_7 code was present at the
	time the patient was admitted to t		
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE		
Length:		Data Source:	Claim
Field 59:	OTH_DIAG_CODE_8		
		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 for	-	racter.
Length:		Data Source:	Claim
Field 60:	POA_OTH_DIAG_CODE_8		
			Coth_Diag_Code_8 code was present at the
~ ~ ~ ~ ~ ~	time the patient was admitted to t	-	
Coding Scheme:	Same as field POA_PRINC_DIAG_COD		~ .
Length:		Data Source:	Claim
Field 61:	OTH_DIAG_CODE_9		
			Revision 10 – Clinical Modification)
	• •		tion that coexists with the principal diagnosis including the 4th, 5th, 6th and 7th digits if
	applicable. Decimal is implied for		
Length:		Data Source:	Claim
Field 62:	POA_OTH_DIAG_CODE_9	Duiu Sourcer	
1 1010 02.		le identifving whethe	Oth_Diag_Code_9 code was present at the
	time the patient was admitted to t		our_brug_code_, code was present at the
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_COD	-	
Length:		Data Source:	Claim
Field 63:	OTH_DIAG_CODE_10		
		fication of Diseases -	Revision 10 – Clinical Modification)
	diagnosis code, that corresponds	to an additional condi	tion that coexists with the principal diagnosis
			including the 4th, 5th, 6th and 7th digits if
	applicable. Decimal is implied for	-	
Length:		Data Source:	Claim
Field 64:	POA_OTH_DIAG_CODE_10		
			Coth_Diag_Code_10 code was present at the
	time the patient was admitted to t	-	
Coding Scheme:	Same as field POA_PRINC_DIAG_COD		
Length:		Data Source:	Claim
Field 65:	OTH_DIAG_CODE_11	fightion of Disapson	Devicion 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 for		
Length:		Data Source:	Claim
Field 66:	POA_OTH_DIAG_CODE_11		
		le identifying whether	Oth_Diag_Code_11 code was present at the
	time the patient was admitted to t		- C I
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_COD	E	
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 67:	OTH_DIAG_CODE_12		
			Revision 10 – Clinical Modification)
	diagnosis code, that corresponds t	to an additional condi	tion that coexists with the principal diagnosis
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		's treatment, including the 4th, 5th, 6th and 7th digits if
I ongth.	applicable. Decimal is implied following 7 <b>Type:</b> Alphanumeric <b>Data S</b>	
Length: Field 68:	POA_OTH_DIAG_CODE_12	Jurce: Claim
riela oo:		fying whether Oth_Diag_Code_12 code was present at the
	time the patient was admitted to the hosp	
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE	itai
Length:	1 Type: Alphanumeric Data S	ource: Claim
Field 69:	OTH_DIAG_CODE_13	
Field 09:	ICD-10-CM (International Classification	of Diseases – Revision 10 – Clinical Modification) ditional condition that coexists with the principal diagnosis
	or develops subsequently during a patien applicable. Decimal is implied following	's treatment, including the 4th, 5th, 6th and 7th digits if the third character.
Length:	7 Type: Alphanumeric Data S	
Field 70:	POA_OTH_DIAG_CODE_13	
Coding Scheme:	POA – Present on Admission code identitient time the patient was admitted to the hosp	fying whether Oth_Diag_Code_13 code was present at the ital
-		ource: Claim
Length: Field 71:	1 Type: Alphanumeric Data S OTH DIAG CODE 14	
		of Diseases – Revision 10 – Clinical Modification)
		ditional condition that coexists with the principal diagnosis
	0 1	's treatment, including the 4th, 5th, 6th and 7th digits if
	applicable. Decimal is implied following	
Length:	7 Type: Alphanumeric Data S	
Field 72:	POA_OTH_DIAG_CODE_14	
		fying whether Oth_Diag_Code_14 code was present at the
	time the patient was admitted to the hosp	
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE	
Length:	1 Type: Alphanumeric Data S	ource: Claim
Field 73:	OTH_DIAG_CODE_15	
	ICD-10-CM (International Classification	of Diseases – Revision 10 – Clinical Modification)
		ditional condition that coexists with the principal diagnosis
		's treatment, including the 4th, 5th, 6th and 7th digits if
	applicable. Decimal is implied following	
Length:	7 <b>Type:</b> Alphanumeric <b>Data S</b>	ource: Claim
Field 74:	POA_OTH_DIAG_CODE_15	
		fying whether Oth_Diag_Code_15 code was present at the
~ . ~ .	time the patient was admitted to the hosp	Ital
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE	
Length:	1 Type: Alphanumeric Data S	ource: Claim
Field 75:	OTH_DIAG_CODE_16	
		of Diseases – Revision 10 – Clinical Modification)
	0	ditional condition that coexists with the principal diagnosis
	applicable. Decimal is implied following	's treatment, including the 4th, 5th, 6th and 7th digits if
Length:		
Field 76:	• •	Jurce: Claim
riela /0:	POA_OTH_DIAG_CODE_16	fring whether Oth Diag. Code, 16 and a was present at the
	time the patient was admitted to the hosp	fying whether Oth_Diag_Code_16 code was present at the
Coding Scheme:	same as field POA_PRINC_DIAG_CODE	itai
-		ource: Claim
Length: Field 77:	1 Type: Alphanumeric Data S OTH_DIAG_CODE_17	
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#### INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE 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. 7 Type: Alphanumeric **Data Source:** Claim Length: 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 Coding Scheme: Same as field POA\_PRINC\_DIAG\_CODE 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. **Data Source:** Length: Type: Alphanumeric Claim 7 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 Same as field POA\_PRINC\_DIAG\_CODE **Coding Scheme:** Length: **Type:** Alphanumeric **Data Source:** Claim 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. Length: Type: Alphanumeric **Data Source:** 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 Length: Type: Alphanumeric **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 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. 7 Alphanumeric **Data Source:** Type: Claim Length: Field 84: POA\_OTH\_DIAG\_CODE\_20 POA – Present on Admission code identifying whether Oth Diag Code 20 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA\_PRINC\_DIAG\_CODE Length: Type: Alphanumeric **Data Source:** Claim Field 85: **OTH DIAG CODE 21** 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: Alphanumeric **Data Source:** 7 Type: Claim Field 86: POA OTH DIAG CODE 21 POA – Present on Admission code identifying whether Oth Diag Code 21 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA\_PRINC\_DIAG\_CODE 2022 Page www.dshs.texas.gov/THCIC Last Updated: July, 2024 20

Length:	1 Type: Alphanumeric Data Source: Claim
Field 87:	OTH_DIAG_CODE_22
	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:	7 Type: Alphanumeric Data Source: Claim
Field 88:	POA_OTH_DIAG_CODE_22
	POA – Present on Admission code identifying whether Oth_Diag_Code_22 code was present at the
Cadina Sahamaa	time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE
Coding Scheme:	
Length: Field 89:	1     Type:     Alphanumeric     Data Source:     Claim       OTH_DIAG_CODE_23     Claim     Claim     Claim
riela 89:	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:	7 Type: Alphanumeric Data Source: Claim
Field 90:	POA_OTH_DIAG_CODE_23
	POA – Present on Admission code identifying whether Oth_Diag_Code_23 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: Claim
Field 91:	OTH_DIAG_CODE_24
	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:	7 Type: Alphanumeric Data Source: Claim
Field 92:	POA_OTH_DIAG_CODE_24
	POA – Present on Admission code identifying whether Oth_Diag_Code_24 code was present at the time the patient was admitted to the hospital
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE
Length:	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 93:	E CODE 1
reiu 95.	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:	7 Type: Alphanumeric Data Source: Claim
Field 94:	POA_E_CODE_1
	POA – Present on Admission code identifying whether E_Code_1 (External Cause of
	Morbidity/Injury) 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: Claim
Field 95:	E_CODE_2
	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
F	an additional external cause of morbidity. Decimal is implied following the third character
Length:	7 Type: Alphanumeric Data Source: Claim
Field 96:	POA_E_CODE_2
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Coding Scheme:	patient was ac	nt on Admission co lmitted to the hosp A_PRINC_DIAG_CO	vital	ther E_Code_2 code was present at the time the
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 97:	E_CODE_3	Thphananene	Duiu Boureer	Chuim
	E -Code – Ext of Diseases – events by med an additional	Revision 10 – Clin chanism and intent external cause of n	nical Modification) of injury, including norbidity. Decimal	e is an ICD-10-CM (International Classification diagnosis code that is used to classify injury g the 4th, 5th, 6th and 7th digits if applicable, of is implied following the third character
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 98: Coding Scheme:	patient was ac		oital	ther E_Code_3 code was present at the time the
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 99:	E_CODE_4			
	E -Code – Ext of Diseases – events by med	Revision 10 – Clin chanism and intent external cause of n	nical Modification) of injury, including norbidity. Decimal	e is an ICD-10-CM (International Classification diagnosis code that is used to classify injury g the 4th, 5th, 6th and 7th digits if applicable, of is implied following the third character
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 100:	patient was ac	nt on Admission co dmitted to the hosp	vital	ther E_Code_4 code was present at the time the
Coding Scheme:	Same as field PO	A_PRINC_DIAG_CO	DE	
Length:	1         Type:           E_CODE_5	Alphanumeric	Data Source:	Claim
	of Diseases – events by med	Revision 10 – Clin chanism and intent	nical Modification) of injury, including	e is an ICD-10-CM (International Classification diagnosis code that is used to classify injury g the 4th, 5th, 6th and 7th digits if applicable, of is implied following the third character
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 102: Coding Scheme:	patient was ac	nt on Admission co lmitted to the hosp	vital	ther E_Code_5 code was present at the time the
Length:	1 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
Field 103: Length:	of Diseases – events by med	Revision 10 – Clin chanism and intent	nical Modification) of injury, including	e is an ICD-10-CM (International Classification diagnosis code that is used to classify injury g the 4th, 5th, 6th and 7th digits if applicable, of is implied following the third character Claim
Length: Field 104:			Data Source:	Ciaiiii
rieiu 104;	POA_E_COI POA – Presen		de identifving whe	ther E_Code_6 code was present at the time the
Coding Scheme:	patient was ac	lmitted to the hosp A_PRINC_DIAG_CO	oital	
Coding Scheme: Length:	patient was ac	lmitted to the hosp	oital	Claim
•	patient was ad Same as field PO 1 Type: E_CODE_7 E -Code – Ext of Diseases – events by med	Imitted to the hosp A_PRINC_DIAG_CO Alphanumeric ternal Cause of Mo Revision 10 – Clin chanism and intent	ital DE <b>Data Source:</b> orbidity/Injury Code nical Modification) of injury, including	
Length:	patient was ad Same as field PO 1 Type: E_CODE_7 E -Code – Ext of Diseases – events by med	Imitted to the hosp A_PRINC_DIAG_CO Alphanumeric ternal Cause of Mo Revision 10 – Clin chanism and intent	bital DE Data Source: orbidity/Injury Code nical Modification) of injury, including norbidity. Decimal Page	Claim e is an ICD-10-CM (International Classification diagnosis code that is used to classify injury g the 4th, 5th, 6th and 7th digits if applicable, of

Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 106:	POA_E_COD				
				her E_Code_7 code was present at the time the	
	patient was admitted to the hospital				
Coding Scheme:	Same as field POA	A_PRINC_DIAG_CO			
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 107:	E_CODE_8				
				is an ICD-10-CM (International Classification	
				liagnosis code that is used to classify injury	
				the 4th, 5th, 6th and 7th digits if applicable, of	
			-	s implied following the third character	
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 108:	POA_E_COD				
				her E_Code_8 code was present at the time the	
	-	mitted to the hosp			
Coding Scheme:	Same as field POA	A_PRINC_DIAG_CO	DE		
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 109:	E_CODE_9				
	E -Code – Exte	ernal Cause of Mo	orbidity/Injury Code	is an ICD-10-CM (International Classification	
	of Diseases – H	Revision 10 – Clin	nical Modification) d	liagnosis code that is used to classify injury	
	events by mech	hanism and intent	t of injury, including	the 4th, 5th, 6th and 7th digits if applicable, of	
	an additional e	xternal cause of r	norbidity. Decimal is	s implied following the third character	
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 110:	POA_E_COD	)E_9			
	POA - Present	t on Admission co	ode identifying wheth	her E_Code_9 code was present at the time the	
	patient was admitted to the hospital				
	patient was adu	mitted to the hosp	oital		
Coding Scheme:	-	-			
Coding Scheme: Length:	Same as field POA	A_PRINC_DIAG_CO	DE	Claim	
Length:	Same as field POA 1 <b>Type:</b>	-		Claim	
•	Same as field POA 1 Type: E_CODE_10	A_PRINC_DIAG_CO Alphanumeric	DE Data Source:		
Length:	Same as field POA 1 <b>Type:</b> <b>E_CODE_10</b> E -Code – External	A_PRINC_DIAG_CO Alphanumeric ernal Cause of Mo	DE Data Source: orbidity/Injury Code	is an ICD-10-CM (International Classification	
Length:	Same as field POA 1 Type: E_CODE_10 E -Code – External of Diseases – H	A_PRINC_DIAG_CO Alphanumeric ernal Cause of Mo Revision 10 – Clin	DE Data Source: orbidity/Injury Code nical Modification) d	is an ICD-10-CM (International Classification liagnosis code that is used to classify injury	
Length:	Same as field POA 1 Type: E_CODE_10 E -Code – External of Diseases – H events by mecl	A_PRINC_DIAG_CO Alphanumeric ernal Cause of Mo Revision 10 – Clin hanism and intent	DE Data Source: orbidity/Injury Code nical Modification) d t of injury, including	is an ICD-10-CM (International Classification liagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of	
Length: Field 111:	Same as field POA 1 Type: E_CODE_10 E -Code – External of Diseases – F events by mech an additional e	A_PRINC_DIAG_CO Alphanumeric ernal Cause of Mo Revision 10 – Clin hanism and intent external cause of r	DE Data Source: orbidity/Injury Code nical Modification) d t of injury, including norbidity. Decimal is	is an ICD-10-CM (International Classification liagnosis code that is used to classify injury	
Length: Field 111: Length:	Same as field POA 1 Type: E_CODE_10 E -Code – Externation of Diseases – Hereit events by mech an additional ef 7 Type:	A_PRINC_DIAG_CO Alphanumeric ernal Cause of Mo Revision 10 – Clin hanism and intent external cause of r Alphanumeric	DE Data Source: orbidity/Injury Code nical Modification) d t of injury, including	is an ICD-10-CM (International Classification liagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of s implied following the third character	
Length:	Same as field POA 1 Type: E_CODE_10 E -Code – Externation of Diseases – Hevents by mechanical an additional er 7 Type: POA_E_COD	A_PRINC_DIAG_CO Alphanumeric ernal Cause of Mo Revision 10 – Clin hanism and intent external cause of r Alphanumeric DE_10	DE Data Source: orbidity/Injury Code nical Modification) d t of injury, including norbidity. Decimal is Data Source:	is an ICD-10-CM (International Classification liagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of s implied following the third character Claim	
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Length: Field 111: Length: Field 112:	Same as field POA 1 Type: E_CODE_10 E -Code – Externation of Diseases – Hevents by mechan an additional er 7 Type: POA_E_COD POA – Present patient was additional	A_PRINC_DIAG_CO Alphanumeric ernal Cause of Mo Revision 10 – Clin hanism and intent external cause of r Alphanumeric DE_10 t on Admission co mitted to the hosp	DE Data Source: orbidity/Injury Code nical Modification) d t of injury, including norbidity. Decimal is Data Source: ode identifying wheth pital	is an ICD-10-CM (International Classification liagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of s implied following the third character Claim	
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Length: Field 111: Length: Field 112:	Same as field POA         1       Type:         E_CODE_10         E -Code – Externation of Diseases – Hevents by mechan additional e         7       Type:         POA_E_COD         POA – Presente         patient was addressed	A_PRINC_DIAG_CO Alphanumeric ernal Cause of Me Revision 10 – Clin hanism and intent external cause of r Alphanumeric DE_10 t on Admission co mitted to the hosp A_PRINC_DIAG_CO Alphanumeric G_PROC_CODI	DE Data Source: orbidity/Injury Code nical Modification) d t of injury, including norbidity. Decimal is Data Source: ode identifying wheth bital DE Data Source: E	is an ICD-10-CM (International Classification liagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of s implied following the third character Claim her E_Code_10 code was present at the time the Claim	
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Length: Field 111: Length: Field 112: Coding Scheme: Length: Field 113: Length: Field 114: Length:	Same as field POA         1       Type:         E_CODE_10         E -Code – Externation of Diseases – Hevents by meel an additional error of Diseases – Hevents by meel an additional error of the composition of the comp	A_PRINC_DIAG_CO Alphanumeric ernal Cause of Mo Revision 10 – Clin hanism and intent external cause of r Alphanumeric DE_10 t on Admission co mitted to the hosp A_PRINC_DIAG_CO Alphanumeric G_PROC_CODI International Class principal surgica Alphanumeric G_PROC_DATE ipal surgical proce Alphanumeric G_PROC_DAY	DE Data Source: orbidity/Injury Code nical Modification) d t of injury, including norbidity. Decimal is Data Source: ode identifying wheth bital DE Data Source: E ssification System - F l procedure performed Data Source: E edure was performed Data Source:	is an ICD-10-CM (International Classification liagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of s implied following the third character <u>Claim</u> ner E_Code_10 code was present at the time the <u>Claim</u> Revision 10 - Procedure Coding System) code ed. <u>Claim</u> I. Entered as <i>YYYYMMDD</i> . <u>Claim</u>	
Length: Field 111: Length: Field 112: Coding Scheme: Length: Field 113: Length: Field 114: Length: Field 115:	Same as field POA         1       Type:         E_CODE_10         E -Code – Externation of Diseases – Hevents by meel an additional error of Diseases – Hevents by meel an additional error of Diseases – Hevents by meel an additional error of DoA – Present patient was addited and a sine as field POA – POA – POE (ICD-10-PCS (ICD-10-PCS (ICD-10-PCS (ICD-10-PCS – POA – P	A_PRINC_DIAG_CO Alphanumeric ernal Cause of Me Revision 10 – Clin hanism and intent external cause of r Alphanumeric DE_10 t on Admission co mitted to the hosp A_PRINC_DIAG_CO Alphanumeric G_PROC_CODI International Class principal surgica Alphanumeric G_PROC_DATE ipal surgical proced	DE Data Source: orbidity/Injury Code nical Modification) d t of injury, including morbidity. Decimal is Data Source: ode identifying wheth bital DE Data Source: E ssification System - F il procedure performed Data Source: E edure was performed.	is an ICD-10-CM (International Classification liagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of s implied following the third character Claim ner E_Code_10 code was present at the time the Claim Revision 10 - Procedure Coding System) code ed. Claim I. Entered as <i>YYYYMMDD</i> . Claim Date minus Admission/Start of Care Date	
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Length: Field 111: Length: Field 112: Coding Scheme: Length: Field 113: Length: Field 114: Length: Field 115:	Same as field POA         1       Type:         E_CODE_10         E -Code - Externation of Diseases - Hernation of Diseaseses - Hernation of Diseases - Hernation of Diseaseses	A_PRINC_DIAG_CO Alphanumeric ernal Cause of Me Revision 10 – Clin hanism and intent external cause of r Alphanumeric DE_10 t on Admission co mitted to the hosp A_PRINC_DIAG_CO Alphanumeric G_PROC_CODI International Class principal surgica Alphanumeric G_PROC_DATE ipal surgical proced	DE Data Source: orbidity/Injury Code nical Modification) d t of injury, including norbidity. Decimal is Data Source: ode identifying wheth bital DE Data Source: E ssification System - F il procedure performed Data Source: E edure was performed. I Data Source:	is an ICD-10-CM (International Classification liagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of s implied following the third character Claim ner E_Code_10 code was present at the time the Claim Revision 10 - Procedure Coding System) code ed. Claim I. Entered as <i>YYYYMMDD</i> . Claim Date minus Admission/Start of Care Date	
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Length: Field 111: Length: Field 112: Coding Scheme: Length: Field 113: Length: Field 114: Length: Field 115: Length:	Same as field POA 1 Type: E_CODE_10 E -Code – Exte of Diseases – H events by mech an additional e 7 Type: POA_E_COD POA – Present patient was add Same as field POA 1 Type: PRINC_SURG Date the princi 8 Type: PRINC_SURG Daty of princip 4 Type: Code for surgio	A_PRINC_DIAG_CO Alphanumeric ernal Cause of Me Revision 10 – Clin hanism and intent external cause of r Alphanumeric <b>DE_10</b> t on Admission co mitted to the hosp A_PRINC_DIAG_CO Alphanumeric <b>G_PROC_CODI</b> International Class e principal surgica Alphanumeric <b>G_PROC_DATH</b> ipal surgical proced Alphanumeric <b>G_PROC_DAY</b> oal surgical proced Alphanumeric <b>G_PROC_DAY</b>	DE Data Source: orbidity/Injury Code nical Modification) d t of injury, including norbidity. Decimal is Data Source: ode identifying wheth bital DE Data Source: E ssification System - F l procedure performed Data Source: edure was performed. Data Source: 1 dure was performed. 1 dure other than the p	is an ICD-10-CM (International Classification liagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of s implied following the third character Claim ner E_Code_10 code was present at the time the Claim Revision 10 - Procedure Coding System) code ed. Claim I. Entered as <i>YYYYMMDD</i> . Claim Date minus Admission/Start of Care Date	
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Length: Field 111: Length: Field 112: Coding Scheme: Length: Field 113: Length: Field 114: Length: Field 115: Length:	Same as field POA         1       Type:         E_CODE_10         E -Code – Externation of Diseases – Hevents by meel an additional error of Diseases – Hevents by meel an additional error of DoA – Present patient was address field POA         POA_E_COD         POA_E_COD         POA_FE_COD         POA_E_COD         POA_FE_COD         POA_FE_COU         POA_FE_COD         POA_FE_COD         POA_FE_COU         PERINC_SURG         OTH_SURG_COU         OVER of or surgic         Covered by the	A_PRINC_DIAG_CO Alphanumeric ernal Cause of Me Revision 10 – Clin hanism and intent external cause of r Alphanumeric <b>DE_10</b> t on Admission co mitted to the hosp A_PRINC_DIAG_CO Alphanumeric <b>G_PROC_CODI</b> International Class principal surgical proce Alphanumeric <b>G_PROC_DATE</b> ipal surgical proced Alphanumeric <b>G_PROC_DAY</b> val surgical proced Alphanumeric <b>G_PROC_DAY</b> val surgical proced Alphanumeric <b>PROC_CODE_</b> cal or other proce	DE Data Source: orbidity/Injury Code nical Modification) d t of injury, including norbidity. Decimal is Data Source: ode identifying wheth bital DE Data Source: E ssification System - F l procedure performed Data Source: edure was performed. Data Source: 1 dure was performed. 1 dure other than the p S code. Page	is an ICD-10-CM (International Classification liagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of simplied following the third character Claim her E_Code_10 code was present at the time the Claim Revision 10 - Procedure Coding System) code ed. Claim L Entered as <i>YYYYMMDD</i> . Claim Date minus Admission/Start of Care Date Calculated	

Length:	7 Type: Alphanumeric Data Source: Claim
Field 117:	OTH_SURG_PROC_DATE_1
	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 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:	4 Type: Alphanumeric Data Source: Calculated
Field 119:	OTH_SURG_PROC_CODE_2
	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 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 120:	OTH_SURG_PROC_DATE_2
	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .
Length:	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 121:	OTH_SURG_PROC_DAY_2
	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 122:	OTH_SURG_PROC_CODE_3
	Code for surgical or other procedure other than the principal procedure performed during the period
I on othe	covered by the bill. ICD-10-PCS code.
Length: Field 123:	7 Type: Alphanumeric Data Source: Claim
Fleid 125:	OTH_SURG_PROC_DATE_3
	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 124:	OTH_SURG_PROC_DAY_3
	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
T	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 <i>YYYYMDD</i> .
Length:	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 127:	OTH_SURG_PROC_DAY_4
rielu 127:	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 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
Field 128:	OTH_SURG_PROC_CODE_5
11010 1201	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> .
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Length:	8 Type: Alphanumeric Data Source: Claim				
Field 130:	OTH_SURG_PROC_DAY_5				
	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				
	Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .				
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 minus Admission/Start of Care Date				
Length:	4 Type: Alphanumeric Data Source: Calculated				
Field 134:	OTH SURG PROC CODE 7				
	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 <i>minus</i> Admission/Start of Care Date				
Length:	4 Type: Alphanumeric Data Source: Calculated				
Field 137:	OTH_SURG_PROC_CODE_8				
	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 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim				
Field 138:	OTH_SURG_PROC_DATE_8				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .				
Length:	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim				
Field 139:	OTH_SURG_PROC_DAY_8				
	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 140:	OTH_SURG_PROC_CODE_9				
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.				
	covered by the bill. ICD-10-PCS code.				
Length:	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim				
Length: Field 141:	•				
	7 Type: Alphanumeric Data Source: Claim				
	7       Type:       Alphanumeric       Data Source:       Claim         OTH_SURG_PROC_DATE_9       Date the surgical or other procedure other than the principal procedure was performed. Entered as				

	Day of surgical or other procedure other than the principal procedure was performed. Date of the
Longth	surgical was performed <i>minus</i> Admission/Start of Care Date 4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
Length: Field 143:	4     Type:     Alphanumeric     Data Source:     Calculated       OTH_SURG_PROC_CODE_10
rielu 145:	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 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 144:	OTH_SURG_PROC_DATE_10
	Date the surgical or other procedure other than the principal procedure was performed. Entered as
	YYYYMMDD.
Length:	8 Type: Alphanumeric Data Source: Claim
Field 145:	OTH_SURG_PROC_DAY_10
	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 146:	OTH_SURG_PROC_CODE_11
	Code for surgical or other procedure other than the principal procedure performed during the period
Longth	covered by the bill. ICD-10-PCS code. 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Length: Field 147:	7     Type:     Alphanumeric     Data Source:     Claim       OTH SURG PROC DATE 11
rielu 147;	Date the surgical or other procedure other than the principal procedure was performed. Entered as
	YYYYMDD.
Length:	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 148:	OTH SURG PROC DAY 11
	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 149:	OTH_SURG_PROC_CODE_12
	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 150:	OTH_SURG_PROC_DATE_12
	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .
Length:	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 151:	OTH_SURG_PROC_DAY_12
11010 1011	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 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
Field 152:	OTH_SURG_PROC_CODE_13
	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 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 153:	OTH_SURG_PROC_DATE_13
	Date the surgical or other procedure other than the principal procedure was performed. Entered as
т ()	YYYYMMDD.
Length:	8 Type: Alphanumeric Data Source: Claim
Field 154:	OTH_SURG_PROC_DAY_13 Day of surgical or other measure other than the mineinal procedure was performed. Data of the
	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 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
Field 155:	OTH_SURG_PROC_CODE_14
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	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 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 156:	OTH_SURG_PROC_DATE_14
1 ku 150.	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 157:	OTH_SURG_PROC_DAY_14
	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 158:	OTH_SURG_PROC_CODE_15
	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 159:	OTH_SURG_PROC_DATE_15
	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 160:	OTH_SURG_PROC_DAY_15
	Day of surgical or other procedure other than the principal procedure was performed. Date of the
Longth	surgical was performed <i>minus</i> Admission/Start of Care Date 4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
Length: Field 161:	OTH SURG PROC CODE 16
riciu 101.	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 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 162:	OTH_SURG_PROC_DATE_16
	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 <i>minus</i> Admission/Start of Care Date
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
Field 164:	OTH_SURG_PROC_CODE_17
	Code for surgical or other procedure other than the principal procedure performed during the period
Length:	covered by the bill. ICD-10-PCS code. 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 165:	OTH SURG PROC DATE 17
Field 105.	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:	<b>OTH_SURG_PROC_CODE_18</b> 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 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 168:	OTH_SURG_PROC_DATE_18
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	Date the surgical or other procedure other than the prin <i>YYYYMMDD</i> .	ncipal procedure was performed. Entered as			
Length:	8 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim			
Field 169:	OTH_SURG_PROC_DAY_18				
	Day of surgical or other procedure other than the princ	ipal procedure was performed. Date of the			
	surgical was performed <i>minus</i> Admission/Start of Care				
Length:	4 Type: Alphanumeric Data Source:	Calculated			
Field 170:	OTH_SURG_PROC_CODE_19				
	Code for surgical or other procedure other than the princovered by the bill. ICD-10-PCS code.	ncipal procedure performed during the period			
Length:	7 Type: Alphanumeric Data Source:	Claim			
Field 171:	OTH_SURG_PROC_DATE_19				
	Date the surgical or other procedure other than the prin <i>YYYYMMDD</i> .	ncipal procedure was performed. Entered as			
Length:	8 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim			
Field 172:	OTH_SURG_PROC_DAY_19				
	Day of surgical or other procedure other than the princ				
	surgical was performed minus Admission/Start of Care	e Date			
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Calculated			
Field 173:	OTH_SURG_PROC_CODE_20				
	Code for surgical or other procedure other than the print	ncipal procedure performed during the period			
	covered by the bill. ICD-10-PCS code.	~			
length:	7 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim			
Field 174:	OTH_SURG_PROC_DATE_20				
	Date the surgical or other procedure other than the prin <i>YYYYMMDD</i> .				
Length:	8 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim			
Field 175:	OTH_SURG_PROC_DAY_20				
	Day of surgical or other procedure other than the princ				
	surgical was performed minus Admission/Start of Care				
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Calculated			
Field 176:	OTH_SURG_PROC_CODE_21 Code for surgical or other procedure other than the print	ncipal procedure performed during the period			
	covered by the bill. ICD-10-PCS code.				
Length:	7 Type: Alphanumeric Data Source:	Claim			
Field 177:	OTH_SURG_PROC_DATE_21				
	Date the surgical or other procedure other than the prin	ncipal procedure was performed. Entered as			
	YYYYMMDD.				
Length:	8 Type: Alphanumeric Data Source:	Claim			
Field 178:	<b>OTH_SURG_PROC_DAY_21</b> 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				
Length:					
Field 179:	4         Type:         Alphanumeric         Data Source:           OTH SURG PROC CODE 22	Calculated			
rielu 179:	Code for surgical or other procedure other than the principal procedure performed during the period				
anath	covered by the bill. ICD-10-PCS code.	Claim			
Length:	7 Type: Alphanumeric Data Source:	Ciailli			
Field 180:	OTH_SURG_PROC_DATE_22 Date the surgical or other procedure other than the prin <i>YYYYMMDD</i> .	ncipal procedure was performed. Entered as			
Length:	8 <b>Ivpe:</b> Alphanumeric Data Source:	Claim			
Length: Field 181:	8 Type: Alphanumeric Data Source: OTH SURG PROC DAY 22	Claim			
Length: Field 181: 2022	8       Type:       Alphanumeric       Data Source:         OTH_SURG_PROC_DAY_22        Page	Claim			

• •	-		principal procedure was performed. Date of the	
νı	· · · · · · · · · · · · · · · · · · ·		Calculated	
			a principal procedure performed during the period	
			e principal procedure performed during the period	
•			Claim	
	· · · · · · · · · · · · · · · · · · ·		Chum	
			e principal procedure was performed Entered as	
YYYYMMDD.	iour of outer proces		principal procedure was performed. Entered as	
8 Type:	Alphanumeric	Data Source:	Claim	
	_PROC_DAY_23	3		
Day of surgic	al or other procedu	are other than the	principal procedure was performed. Date of the	
surgical was p	performed minus A	dmission/Start of	Care Date	
4 <b>Type:</b>	Alphanumeric	Data Source:	Calculated	
			e principal procedure performed during the period	
•				
			Claim	
_				
-	ical or other procee	dure other than the	e principal procedure was performed. Entered as	
	Alphonumorio	Data Sourcou	Claim	
· -	1		Claim	
			principal procedure was performed. Date of the	
• •	-			
			Calculated	
	· · · · · · · · · · · · · · · · · · ·		Cultured	
			dentifier assigned to the licensed physician	
-		-	· · · ·	
			tioners, nurse midwives, and podiatrists authorized	
			Assigned	
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				
0 1	•	1		
physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to				
inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and				
-	•	-	•	
99999999999 Ten			e matched	
10 <b>Type:</b>		Data Source:	Assigned	
	ing a significant ev	-		
01 Auto accid	Jent	40	Scheduled date of admission	
		aludina 41		
02 No Fault I	Insurance Involved - In ident/Other	cluding 41	Date of first test of pre-admission testing	
02 No Fault I Auto Acci	Insurance Involved - In ident/Other Tort Liability	41 42	Date of first test of pre-admission testing Date of discharge (hospice only)	
02 No Fault I Auto Acci 03 Accident/	ident/Other	-		
	4       Type:         OTH_SURG         Code for surg         covered by tha         7       Type:         OTH_SURG         Date the surgi         YYYMMDD.         8       Type:         OTH_SURG         Date the surgi         YYYMMDD.         8       Type:         OTH_SURG         Day of surgic         surgical was p         4       Type:         OTH_SURG         Date the surgi         YYYMMDD.         8       Type:         OTH_SURG         Date the surgi         YYYYMMDD.         8       Type:         OTH_SURG         Date the surgi         YYYYMMDD.         8       Type:         OTH_SURG         Date the surgi         YYYMMDD.         8       Type:         OTH_SURG         Date the surgi         Surgical was p         4       Type:         ATTENDING         Attending Phy         expected to cce         patient's med         the Medical Phospita<	4       Type:       Alphanumeric         OTH_SURG_PROC_CODE_       Code for surgical or other proce         covered by the bill. ICD-10-PCS       7       Type:       Alphanumeric         OTH_SURG_PROC_DATE_S       Date the surgical or other proces       PROC_DATE_S         Date the surgical or other proces       PROC_DAY_S       Stype:       Alphanumeric         OTH_SURG_PROC_DAY_S       Date of surgical or other proces       Surgical or other proces         OTH_SURG_PROC_CODE_       Code for surgical or other proces       Covered by the bill. ICD-10-PCS         7       Type:       Alphanumeric         OTH_SURG_PROC_DAY_SC       Date the surgical or other proces         covered by the bill. ICD-10-PCS       7       Type:         Alphanumeric       OTH_SURG_PROC_DAY_24         Date the surgical or other proces       YYYMMDD.         8       Type:       Alphanumeric         OTH_SURG_PROC_DAY_24       Day of surgical or other proces         Surgical was performed minus A       4       Type:         Alphanumeric       OTH_SURG_PROC_DAY_24         Day of surgical or other proces       surgical was performed minus A         4       Type:       Alphanumeric         OTH_SURG_PROC_DAY_24       Day of surgical or other proces       surgical	OTH_SURG_PROC_CODE_23         Code for surgical or other procedure other than the covered by the bill. ICD-10-PCS code.         7       Type: Alphanumeric Data Source:         OTH_SURG_PROC_DATE_23         Date the surgical or other procedure other than the <i>YYYMMDD</i> .         8       Type: Alphanumeric Data Source:         OTH_SURG_PROC_DAY_23         Day of surgical or other procedure other than the surgical was performed minus Admission/Start of 4         Type: Alphanumeric Data Source:         OTH_SURG_PROC_CODE_24         Code for surgical or other procedure other than the covered by the bill. ICD-10-PCS code.         7       Type: Alphanumeric Data Source:         OTH_SURG_PROC_DAY_24         Date the surgical or other procedure other than the covered by the bill. ICD-10-PCS code.         7       Type: Alphanumeric Data Source:         OTH_SURG_PROC_DAY_24         Date the surgical or other procedure other than the covered by the bill. ICD-10-PCS code.         7       Type: Alphanumeric Data Source:         OTH_SURG_PROC_DAY_24         Date the surgical or other procedure other than the fourgical was performed minus Admission/Start of 4         Type: Alphanumeric Data Source:         ATTENDING_PHYSICIAN_UNIF_ID         Attending Physician Uniform Identifier. Unique is expected to certify medical necessity of services r patient's medical care and treatment. Physician is t	

	05 Other accident	44	Data treatment started OT			
	06 Crime Victim	44 45	Date treatment started - OT Date treatment started - ST			
	09 Start of Infertility Treatment Cyc		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 Dependent Individual	A2	Effective Date - Insured A Policy			
	16 Date of Last Therapy	A3	Payer A benefits exhausted			
	17 Date Outpatient OT Plan Establis Last Reviewed		Split Bill Date			
	18 Date of Retirement - Patient/Bend	eficiary B1	Birthdate - Insured B			
	19 Date of Retirement - Spouse	B2	Effective date - Insured B Policy			
	20 Date Guarantee of Payment Bega	n B3	Payer B benefits exhausted			
	21 Date UR Notice Received	C1	Birthdate - Insured C			
	22 Date Active Care Ended	C2	Effective date - Insured C Policy			
	24 Date Insurance Denied	C3	Payer C benefits exhausted			
	25 Date Benefits Terminated by Prin	nary DR	Katrina disaster related			
	Payer 26 Date SNF Bed Became Available	E1	Birthdate - Insured D			
	20 Date SNF Bed Became Available 27 Date Home Health Plan Establish		Bitudate - Insured D			
	Last Reviewed		Effective date - Insured D Policy			
	28 Date Comprehensive Outpatient	E3				
	Rehabilitation Plan Established o Reviewed	r Last	Payer D benefits exhausted			
	29 Date Outpatient PT Plan establish last reviewed	ned or F1	Birthdate - Insured E			
	30 Date Outpatient ST Plan establish last reviewed	ned or F2	Effective date - Insured E Policy			
	31 Date beneficiary notified of inten (accommodations)	t to bill F3	Payer E benefits exhausted			
	32 Date beneficiary notified of inten (procedures or treatments)	t to bill G1	Birthdate - Insured F			
	37 Date of inpatient hospital dischar non-covered transplant patients	ge for G2	Effective date - Insured F Policy			
	38 Date treatment started for home I	V G3	Payer F benefits exhausted			
	<ul><li>therapy</li><li>39 Date discharged on a continuous</li></ul>	course	rayer r benefits exhausted			
Length:	if IV therapy 2 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 191:	OCCUR_DATE_1					
	Date of occurrence, as YYYYMM	IDD.				
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 192:		Dutu Source	- Chulm			
Ficiu 192.	OCCUR_DAY_1					
<b>T</b> (1	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.					
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Calculated			
Field 193:	OCCUR_CODE_2					
	Code describing a significant ev	ent relating to the clai	im.			
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.					
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 194:	OCCUR_DATE_2					
	Date of occurrence, as <i>YYYYMM</i>	מח				
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim			
		Data Source.	Claim			
Field 195:	OCCUR_DAY_2					
	Occurrence Day equals Occurre					
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Calculated			
Field 196:	OCCUR_CODE_3					
	Code describing a significant event relating to the claim.					
<b>Coding Scheme:</b>						
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 197:	OCCUR_DATE_3					
	UUUUN_DAIE_J	Dest				
2022		Page				
www.dshs.texa	s.gov/THCIC	<b>30</b> Last U	pdated: July, 2024			

	Date of occurrence, as YYYYMMDD.					
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 198:	OCCUR_DAY_3	Dutu Sourcer	Chulm			
11010 1901	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.					
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Calculated			
Field 199:	OCCUR CODE 4					
	Code describing a significant e	vent relating to the	claim.			
<b>Coding Scheme:</b>						
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 200:	OCCUR_DATE_4					
	Date of occurrence, as <i>YYYYM</i>	MDD.				
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 201:	OCCUR_DAY_4					
	Occurrence Day <i>equals</i> Occurr	ence Date minus A	lmission/Start of Care Date.			
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Calculated			
Field 202:	OCCUR CODE 5					
	Code describing a significant e	vent relating to the	claim.			
Coding Scheme:	Same as OCCUR_CODE_1.					
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 203:	OCCUR_DATE_5					
11010 2000	Date of occurrence, as <i>YYYYM</i>	MDD.				
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 204:	OCCUR_DAY_5					
	Occurrence Day <i>equals</i> Occurr	ence Date minus A	lmission/Start of Care Date.			
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Calculated			
Field 205:	OCCUR CODE 6					
	Code describing a significant event relating to the claim.					
<b>Coding Scheme:</b>						
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 206:	OCCUR_DATE_6					
	Date of occurrence, as <i>YYYYM</i>	MDD.				
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 207:	OCCUR_DAY_6					
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.					
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Calculated			
Field 208:	OCCUR_CODE_7					
	Code describing a significant e	vent relating to the	claim.			
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.					
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 209:	OCCUR_DATE_7					
	Date of occurrence, as YYYYM	MDD.				
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 210:	OCCUR_DAY_7					
	Occurrence Day equals Occurr	ence Date minus A	lmission/Start of Care Date.			
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Calculated			
Field 211:	OCCUR_CODE_8					
	Code describing a significant e	vent relating to the	claim.			
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.					
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 212:	OCCUR_DATE_8					
	Date of occurrence, as YYYYMMDD.					
2022		Daga				
www.dshs.texa	s gov/THCIC	Page 31 Las	t Updated: July, 2024			
w w w.u3113.tCXd		31 LdS	i opuaicu. july, 2027			

Length:	8 Type:	Alphanumeric	Data Sou	rce:	Claim	
Field 213:	OCCUR_DAY					
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.					
Length:	4 <b>Type:</b>	Alphanumeric	Data Sou		Calculated	
Field 214:	OCCUR CODE 9					
	Code describing a significant event relating to the claim.					
<b>Coding Scheme:</b>						
Length:		Alphanumeric	Data Sou	rce:	Claim	
Field 215:	OCCUR_DAT					
	Date of occurrence, as <i>YYYYMMDD</i> .					
Length:	8 Type:	Alphanumeric	Data Sou	rce:	Claim	
Field 216:	OCCUR_DAY_9					
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.					
Length:	4 <b>Type:</b>	Alphanumeric	Data Sou	rce:	Calculated	
Field 217:	OCCUR_CO	DE_10				
	Code describir	ng a significant ev	ent relating	to the c	laim.	
<b>Coding Scheme:</b>	Same as OCCU	UR_CODE_1.				
Length:	2 <b>Type:</b>	Alphanumeric	Data Sou	rce:	Claim	
Field 218:	OCCUR_DAT	ГЕ_10				
	Date of occurr	ence, as YYYYMM	1DD.			
Length:	8 Type:	Alphanumeric	Data Sou	rce:	Claim	
Field 219:	OCCUR_DAY	Y_10				
	Occurrence Da	ay equals Occurre	ence Date m	<i>inus</i> Ad	mission/Start of Care Date.	
Length:	4 <b>Type:</b>	Alphanumeric	Data Sou	rce:	Calculated	
Field 220:	OCCUR_CODE_11					
		ng a significant ev	ent relating	to the c	elaim.	
<b>Coding Scheme:</b>	Same as OCCU					
Length:	2 <b>Type:</b>	Alphanumeric	Data Sou	rce:	Claim	
Field 221:	OCCUR_DATE_11					
		ence, as YYYYMM				
Length:	8 <b>Type:</b>	Alphanumeric	Data Sou	rce:	Claim	
Field 222:	OCCUR_DAY_11 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.					
T		• •				
Length:	4 Type:	Alphanumeric	Data Sou	rce:	Calculated	
Field 223:	OCCUR_CODE_12 Code describing a significant event relating to the claim.					
Cadina Sahamaa			ent relating	to the c	aim.	
Coding Scheme:	Same as OCCU	Alphanumeric	Data Sou	<b>n</b> 000	Claim	
Length: Field 224:	2 Type:		Data Sou	rce:	Ciailli	
r iela 224:	OCCUR_DAT	ence, as <i>YYYYMM</i>	ממ <i>ו</i>			
Longth:			Data Sou	r00.	Claim	
Length: Field 225:	8 Type: OCCUR_DAY	Alphanumeric	Data Sou	ite.	Claim	
r ielu 225:			nco Doto m	inus Ad	mission/Start of Care Date.	
Length:	4 <b>Type:</b>	Alphanumeric	Data Sou		Calculated	
Field 226:	OCCUR_SPA		Data Sou	1	Calculated	
Ficiu 220.			ont rolating	to the c	laim that may affect payer processing.	
		stay dates (for SNF us		78	SNF prior stay dates	
Coding Scheme		-	57	80	Prior Same SNF prior stay dates for Payment Ban Purposes	
Coding Scheme:	71 Prior stav d			81		
Coding Scheme:	<ul><li>71 Prior stay d</li><li>72 First/Last V</li></ul>			01	Antepartum Days at Reduced Level of Care	
Coding Scheme:	<ul><li>72 First/Last V</li><li>73 Benefit elig</li></ul>	Visit gibility period		<b>M</b> 0	QIO/UR approved stay dates	
Coding Scheme:	<ul><li>72 First/Last V</li><li>73 Benefit elig</li><li>74 Noncovered</li></ul>	/isit gibility period d level of care/Leave of	of absence	M0 M1	QIO/UR approved stay dates Provider liability - no utilization	
Coding Scheme:	<ul><li>72 First/Last V</li><li>73 Benefit elig</li></ul>	/isit gibility period d level of care/Leave of	of absence	<b>M</b> 0	QIO/UR approved stay dates	
Coding Scheme: 2022 www.dshs.texa	<ul> <li>72 First/Last V</li> <li>73 Benefit elig</li> <li>74 Noncovered</li> <li>75 SNF level of</li> </ul>	/isit gibility period d level of care/Leave of	of absence <b>Page</b>	M0 M1 M2	QIO/UR approved stay dates Provider liability - no utilization	

	76 Patient Liability Period	M3	ICF level of care			
	<ul> <li>Provider Liability - Utilization Char</li> </ul>		Residential level of care			
Length:	•	Data Source:	Claim			
Field 227:	OCCUR_SPAN_FROM_1					
	Occurrence Span From is the Beginning Date of Occurrence Event.					
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 228:	OCCUR_SPAN_THRU_1					
	Occurrence Span Thru is the Endi	ng Date of Occurre	ence Event.			
Length:	8 Type: Alphanumeric Data Source: Claim					
Field 229:	OCCUR_SPAN_CODE_2					
	Code describing a significant event relating to the claim that may affect payer processing.					
<b>Coding Scheme:</b>	Same as OCCUR_SPAN_CODE_	_1.				
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 230:	OCCUR_SPAN_FROM_2					
	Occurrence Span From is the Beg	inning Date of Occ	currence Event.			
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 231:	OCCUR_SPAN_THRU_2					
	Occurrence Span Thru is the Endi	ng Date of Occurre	ence Event.			
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 232:	OCCUR_SPAN_CODE_3					
	Code describing a significant ever	nt relating to the cla	aim that may affect payer processing.			
Coding Scheme:	Same as OCCUR_SPAN_CODE_	_1.				
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 233:	OCCUR_SPAN_FROM_3					
	Occurrence Span From is the Beg	inning Date of Occ	currence Event.			
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 234:	OCCUR_SPAN_THRU_3					
	Occurrence Span Thru is the Endi	ng Date of Occurre	ence Event.			
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 235:	OCCUR_SPAN_CODE_4					
			aim that may affect payer processing.			
Coding Scheme:	Same as OCCUR_SPAN_CODE_					
Length:	<b>2 T</b>	Data Source:	Claim			
	2 <b>Type:</b> Alphanumeric	OCCUR_SPAN_FROM_4				
Field 236:	OCCUR_SPAN_FROM_4					
	OCCUR_SPAN_FROM_4 Occurrence Span From is the Beg	-				
Field 236: Length:	OCCUR_SPAN_FROM_4 Occurrence Span From is the Beg 8 Type: Alphanumeric	inning Date of Occ Data Source:				
	OCCUR_SPAN_FROM_4 Occurrence Span From is the Beging 8 Type: Alphanumeric OCCUR_SPAN_THRU_4	Data Source:	currence Event. Claim			
Length: Field 237:	OCCUR_SPAN_FROM_4 Occurrence Span From is the Begi 8 Type: Alphanumeric D OCCUR_SPAN_THRU_4 Occurrence Span Thru is the Endi	Data Source:	currence Event. Claim ence Event.			
Length: Field 237: Length:	OCCUR_SPAN_FROM_4 Occurrence Span From is the Begi 8 Type: Alphanumeric D OCCUR_SPAN_THRU_4 Occurrence Span Thru is the Endi 8 Type: Alphanumeric D	Data Source:	currence Event. Claim			
Length: Field 237: Length:	OCCUR_SPAN_FROM_4 Occurrence Span From is the Beg 8 Type: Alphanumeric OCCUR_SPAN_THRU_4 Occurrence Span Thru is the Endi 8 Type: Alphanumeric CONDITION_CODE_1	Data Source: ing Date of Occurre Data Source:	currence Event. Claim ence Event.			
Length: Field 237: Length: Field 238:	OCCUR_SPAN_FROM_4 Occurrence Span From is the Beg 8 Type: Alphanumeric OCCUR_SPAN_THRU_4 Occurrence Span Thru is the Endi 8 Type: Alphanumeric CONDITION_CODE_1 Code describing a condition relation	Data Source: ing Date of Occurre Data Source:	currence Event. Claim ence Event. Claim			
Length: Field 237:	OCCUR_SPAN_FROM_4 Occurrence Span From is the Beg 8 Type: Alphanumeric OCCUR_SPAN_THRU_4 Occurrence Span Thru is the Endi 8 Type: Alphanumeric CONDITION_CODE_1 Code describing a condition relation 01 Military service related	Data Source: ing Date of Occurre Data Source: ng to the claim. 83	currence Event. Claim ence Event. Claim C-section/Inductions 39 weeks or greater			
Length: Field 237: Length: Field 238:	OCCUR_SPAN_FROM_4 Occurrence Span From is the Beg 8 Type: Alphanumeric D OCCUR_SPAN_THRU_4 Occurrence Span Thru is the Endi 8 Type: Alphanumeric D CONDITION_CODE_1 Code describing a condition relation 01 Military service related 02 Condition is employment related	Data Source: ing Date of Occurre Data Source: ng to the claim.	currence Event. Claim ence Event. Claim			
Length: Field 237: Length: Field 238:	OCCUR_SPAN_FROM_4 Occurrence Span From is the Beg 8 Type: Alphanumeric OCCUR_SPAN_THRU_4 Occurrence Span Thru is the Endi 8 Type: Alphanumeric CONDITION_CODE_1 Code describing a condition relation 01 Military service related 02 Condition is employment related 03 Patient covered by insurance not	Data Source: ing Date of Occurre Data Source: ng to the claim. 83	currence Event. Claim ence Event. Claim C-section/Inductions 39 weeks or greater Dialysis for Acute Kidney Injury (AKI)			
Length: Field 237: Length: Field 238:	OCCUR_SPAN_FROM_4         Occurrence Span From is the Begi         8       Type: Alphanumeric         OCCUR_SPAN_THRU_4         Occurrence Span Thru is the Endi         8       Type: Alphanumeric         10       CONDITION_CODE_1         Code describing a condition relation         01       Military service related         02       Condition is employment related         03       Patient covered by insurance not reflected here	Data Source: ing Date of Occurre Data Source: ng to the claim. 83 84 85	currence Event. Claim ence Event. Claim C-section/Inductions 39 weeks or greater Dialysis for Acute Kidney Injury (AKI)			
Length: Field 237: Length: Field 238:	OCCUR_SPAN_FROM_4         Occurrence Span From is the Beg         8       Type: Alphanumeric         OCCUR_SPAN_THRU_4         Occurrence Span Thru is the Endi         8       Type: Alphanumeric         10       CONDITION_CODE_1         Code describing a condition relation         01       Military service related         02       Condition is employment related         03       Patient covered by insurance not reflected here         04       Information only bill.	Data Source: Ing Date of Occurre Data Source: ng to the claim. 83 84 85 86	currence Event. Claim ence Event. Claim C-section/Inductions 39 weeks or greater Dialysis for Acute Kidney Injury (AKI) Delayed Recertification of Hospice Terminal Illness Additional Hemodialysis Treatment with Medical Justification			
Length: Field 237: Length: Field 238:	OCCUR_SPAN_FROM_4         Occurrence Span From is the Beg         8       Type: Alphanumeric         OCCUR_SPAN_THRU_4         Occurrence Span Thru is the Endi         8       Type: Alphanumeric         10       CONDITION_CODE_1         Code describing a condition related         01       Military service related         02       Condition is employment related         03       Patient covered by insurance not reflected here         04       Information only bill.         05       Lien has been filed	Data Source: Ing Date of Occurre Data Source: ng to the claim. 83 84 85 86 A0	currence Event. <u>Claim</u> ence Event. <u>Claim</u> C-section/Inductions 39 weeks or greater Dialysis for Acute Kidney Injury (AKI) Delayed Recertification of Hospice Terminal Illness Additional Hemodialysis Treatment with Medical Justification TRICARE external partnership program			
Length: Field 237: Length: Field 238:	OCCUR_SPAN_FROM_4         Occurrence Span From is the Beg         8       Type: Alphanumeric         OCCUR_SPAN_THRU_4         Occurrence Span Thru is the Endi         8       Type: Alphanumeric         1       Occurrence Span Thru is the Endi         0       CONDITION_CODE_1         Code describing a condition related         01       Military service related         02       Condition is employment related         03       Patient covered by insurance not reflected here         04       Information only bill.         05       Lien has been filed         06       ESRD patient in first 18 months of	Data Source: Ing Date of Occurre Data Source: ng to the claim. 83 84 85 86 A0	currence Event. Claim ence Event. Claim C-section/Inductions 39 weeks or greater Dialysis for Acute Kidney Injury (AKI) Delayed Recertification of Hospice Terminal Illness Additional Hemodialysis Treatment with Medical Justification			
Length: Field 237: Length: Field 238:	OCCUR_SPAN_FROM_4         Occurrence Span From is the Beg         8       Type: Alphanumeric         OCCUR_SPAN_THRU_4         Occurrence Span Thru is the Endi         8       Type: Alphanumeric         OCCUR_SPAN_THRU_4         Occurrence Span Thru is the Endi         8       Type: Alphanumeric         1       CONDITION_CODE_1         Code describing a condition relation         01       Military service related         02       Condition is employment related         03       Patient covered by insurance not reflected here         04       Information only bill.         05       Lien has been filed         06       ESRD patient in first 18 months of entitlement covered by EGHP         07       Treatment of non-terminal condition	Data Source: ing Date of Occurre Data Source: ng to the claim. 83 84 85 86 A0 A1	currence Event. Claim ence Event. Claim C-section/Inductions 39 weeks or greater Dialysis for Acute Kidney Injury (AKI) Delayed Recertification of Hospice Terminal Illness Additional Hemodialysis Treatment with Medical Justification TRICARE external partnership program EPSDT/CHAP			
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Length: Field 237: Length: Field 238:	OCCUR_SPAN_FROM_4         Occurrence Span From is the Begi         8       Type:       Alphanumeric       Display         OCCUR_SPAN_THRU_4         Occurrence Span Thru is the Endi         8       Type:       Alphanumeric       Display         OCCUR_SPAN_THRU_4       Occurrence Span Thru is the Endi       Bit State       Display         8       Type:       Alphanumeric       Display       Display       Display         CONDITION_CODE_1       Code describing a condition relation       Display       Display <thdisplay< th="">       Display       <thdi< td=""><td>Data Source: ing Date of Occurre Data Source: ng to the claim. 83 84 85 86 A0 A1 on for A2</td><td>currence Event. Claim ence Event. Claim C-section/Inductions 39 weeks or greater Dialysis for Acute Kidney Injury (AKI) Delayed Recertification of Hospice Terminal Illness Additional Hemodialysis Treatment with Medical Justification TRICARE external partnership program EPSDT/CHAP</td></thdi<></thdisplay<>	Data Source: ing Date of Occurre Data Source: ng to the claim. 83 84 85 86 A0 A1 on for A2	currence Event. Claim ence Event. Claim C-section/Inductions 39 weeks or greater Dialysis for Acute Kidney Injury (AKI) Delayed Recertification of Hospice Terminal Illness Additional Hemodialysis Treatment with Medical Justification TRICARE external partnership program EPSDT/CHAP			
Length: Field 237: Length: Field 238:	OCCUR_SPAN_FROM_4         Occurrence Span From is the Beg         8       Type: Alphanumeric         OCCUR_SPAN_THRU_4         Occurrence Span Thru is the Endi         8       Type: Alphanumeric         Image: Alphanumeric         CONDITION_CODE_1         Code describing a condition relation         01       Military service related         02       Condition is employment related         03       Patient covered by insurance not reflected here         04       Information only bill.         05       Lien has been filed         06       ESRD patient in first 18 months of entitlement covered by EGHP         07       Treatment of non-terminal condition hospice patient         Beneficiary would not provide       08	Data Source: ing Date of Occurre Data Source: ng to the claim. 83 84 85 86 A0 A1 on for A2	currence Event. <u>Claim</u> ence Event. <u>Claim</u> C-section/Inductions 39 weeks or greater Dialysis for Acute Kidney Injury (AKI) Delayed Recertification of Hospice Terminal Illness Additional Hemodialysis Treatment with Medical Justification TRICARE external partnership program EPSDT/CHAP Physically handicapped children's program			

00			T '1 1 '
09	Neither patient or spouse is employed Patient and/or spouse is employed but no	A4	Family planning
10	EGHP exists	A5	Disability
11	Disabled beneficiary but no LGHP coverage exists	A6	Vaccines/Medicare 100% payment
17	Patient is homeless	A9	Second opinion surgery
18	Maiden name retained	AA	Abortion performed due to rape
19	Child retains mother's name	AB	Abortion performed due to incest
20	Beneficiary requested billing	AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality
21	Billing for denial notice	AD	Abortion performed due to life endangering physical condition
22	Patient on multiple drug regimen	AE	Abortion performed due to physical health of mother that is not life endangering
23	Home care giver available	AF	Abortion performed due to emotional/psychological health of mother
24	Home IV patient also receiving HHA services	AG	Abortion performed due to social or economic reasons
25	Patient is non-US resident	AH	Elective abortion
	VA eligible patient chooses to receive		
26	services in a Medicare certified facility Patient referred to a sole community	AI	Sterilization
27	hospital for a diagnostic laboratory test	AJ	Payer 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 in a qualified clinical	AM	Non-emergency medically necessary stretcher transport required
~ .	trial		•
31	Patient is student (full time - day) Patient is student (cooperative/work	AN	Pre-admission screening not required
32	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	D1	Changes to Charges
46	Non-availability statement on file	D3	Second or Subsequent Interim PPS Bill
47	Transfer from another Home Health	D.I	Change in clinical codes (ICD) for diagnosis and/or
47	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	D7	Change to Make Medicare the Secondary Payer
50	of a Product Attestation of Unrelated Outpatient	DI	Change to Wake Wedicate the Secondary Payer
51	Nondiagnostic Services	D8	Change to Make Medicare the Primary Payer
52	Out of Hospice Service Area	D9	Any Other Change
	Initial placement of a medical device		
53	provided as part of a clinical trial or a free sample	DR	Disaster related
54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency	E0	Changes in Patient Status
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	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 Day outlier	H5	Reoccurrence of Pericarditis Comorbid Category		
	61 Cost outlier Provider does not wish cost outli	P1	Do not Resuscitate Order (DNR)		
	66 payment	P7	Direct Inpatient Admission from Emergency Room		
	67 Beneficiary elects not to use life reserve (LTR) days	time R1	Request for reopening Reason Code - Mathematical or Computational Mistake		
	68 Beneficiary elects to use life time (LTR) days	e reserve R2	Request for reopening Reason Code -Inaccurate Data Entry		
	69 IME/DGME/N&AH Payment Or	nly R3	Request for reopening Reason Code - Misapplication of a Fee Schedule		
	70 Self-administered anemia manag drug	ement R4	Request for reopening Reason Code - Computer Errors		
	71 Full care in unit	R5	Request for reopening Reason Code - Incorrectly Identified Duplicate Claim		
	72 Self care in unit	R6	Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above		
	73 Self care training	R7	Request for reopening Reason Code - Corrections other than clerical errors		
	74 Home	R8	Request for reopening Reason Code - New and Material Evidence		
	75 Home - 100% reimbursement	R9	Request for reopening Reason Code - Faulty Evidence		
	76 Back-up in facility dialysis	WO	United Mine Workers of America (UMWA) Demonstration Indicator		
	Provider accepts or is obligated/r				
	77 due to a contractual arrangement to accept payment by a primary p payment		Duplicate of Original Bill		
	<ul><li>78 New coverage not implemented 1</li></ul>	by HMO W3	Level I Appeal		
	79 CORF services provided offsite	W4	Level II Appeal		
	<ul> <li>80 Home dialysis - nursing facility</li> <li>81 C-section/Inductions &lt;39 Weeks</li> <li>Medical Necessity</li> </ul>	- W5	Level III Appeal		
	82 C-section/Inductions <39 Weeks Elective	-			
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim		
Field 239:	CONDITION_CODE_2				
	Code describing a condition relating to the claim.				
Coding Scheme:	Same as CONDITION_CODE_	1.			
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim		
<b>Field 240:</b>	CONDITION_CODE_3				
a 11 a 1	Code describing a condition rela	-			
Coding Scheme:	Same as CONDITION_CODE_				
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim		
Field 241:	CONDITION_CODE_4				
Cadina Sahamar	Code describing a condition rela				
Coding Scheme:	Same as CONDITION_CODE_		Claim		
Length:	2 Type: Alphanumeric	Data Source:	Claim		
Field 242:	CONDITION_CODE_5 Code describing a condition rela	ting to the alaim			
Coding Scheme:	Same as CONDITION_CODE_	-			
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim		
Field 243:	CONDITION_CODE_6	Data Source.	Chann		
1 ICIU <b>24</b> 3.	Code describing a condition rela	ating to the claim			
Coding Scheme•	Same as CONDITION_CODE_	-			
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		JJ 10300	Panton July = 0 = 1		

Length:	2	Type:	Alphanumeric	Data Sou	rce:	Claim
Field 244:			N_CODE_7			
	Code describing a condition relating to the claim.					
Coding Scheme:						
Length:		2 <b>Type:</b> Alphanumeric <b>Data Source:</b>				Claim
		CONDITION_CODE_8				Claim
Field 245:	Code describing a condition relating to the claim.					
C. P. C.L.			-	-	claim.	
Coding Scheme:			DITION_CODE_			
Length:		Type:	Alphanumeric	Data Sou	rce:	Claim
Field 246:	VALUE_CODE_1 Code describing information that may affect payer processing.					
~ ~ .				at may affec		
Coding Scheme:			mon semi-private rate		58	Arterial blood gas
		-	as no semi-private roo		59	Oxygen saturation
	04	charges wl	rofessional componen hich are combined bill	ed	60	HHA branch MSA
	05		al component included d also billed separately		61	Place of Residence where service is furnished (HHA and hospice)
		Blood ded	uctible		66	Medicaid spend down amount
	08	Life time r calendar y	reserve amount in the f	ïrst	67	Peritoneal dialysis
	09	•	ce amount in the first c	calendar	68	EPO-drug
		Lifetime re calendar y	eserve amount in the se	econd	69	State charity care percentage
		Coinsuran calendar y	ce amount in the secon ear	ıd	80	Covered Days
			ged beneficiary/spouse group health plan	e with	81	Non-covered Days
	13		eficiary in a Medicare on period with an empty th plan		82	Co-insurance Days
			ncluding auto/other		83	Lifetime Reserve Days
			compensation		84	Shorter Duration Hemodialysis
	10		lth service (PHS) or ot	her	A0	Special zip code reporting
		federal age Catastroph	•		A1	Deductible payer A
		Surplus	lie		A2	Coinsurance payer A
			monthly income		A3	Estimated responsibility payer A
		Medicaid I			A4	Covered self-administrable drugs - emergency
	2.7	Offset to the prescription	he patient - payment a n drugs	mount -	A5	Covered self-administrable drugs - administrable in forr and situation furnished to patient
			he patient - payment and d ear services	mount -	A6	Covered self-administrable drugs - diagnostic study and other
			he patient - payment a eye services	mount -	A7	Co-payment payer A
	/X	Offset to the dental server	he patient - payment an vices	mount -	A8	Patient weight
		Offset to the chiropraction	he patient - payment an ic services	mount -	A9	Patient height
	30	Preadmiss	ion testing		AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A
	31	Patient Lia	bility Amount		AB	Other assessments or allowances (e.g., medical education) - payer A
			atient ambulance trans	-	B1	Deductible payer B
	33	podiatric s			B2	Coinsurance payer B
	54	other medi	he patient - payment an ical services		B3	Estimated responsibility payer B
			he patient - payment an rance premiums	mount -	B7	Co-payment payer B
	37	Units of bl	ood furnished		BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
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	38 Blood o	deductible units	BB	Other assessments or allowances (e.g., medical
				education) - payer B
		f blood replaced	C1	Deductible payer C
		overage not implemented by		Coinsurance payer C
	41 Black I	ung	C3	Estimated responsibility payer C
	42 VA	11 (* 1 ) (*	C7	Co-payment payer C
	43 LGHP	ed beneficiary under age 65	CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C
	44 primary	It provider agreed to accept y payer when this amount is arges but higher than paym d	s less CB	Other assessments or allowances (e.g., medical education) - payer C
	45 Accide		D3	Patient estimated responsibility
	46 Numbe	r of grace days	D4	Clinical Trial Number Assigned by NLM/NIH
	47 Any lia	bility insurance	D5	Last Kt/V Reading
	48 Hemog	lobin reading	FC	Patient Paid Amount
	49 Hemato	ocrit reading	FD	Credit Received from the Manufacturer for a Medical Device
	•	al Therapy visits	G8	Facility where Inpatient Hospice Service is Delivered
	-	tional Therapy visits	Y1	Part A Demonstration Payment
		Therapy visits	Y2	Part B Demonstration Payment
		rehab visits	Y3	Part B Coinsurance
		rn birth weight in grams lity threshold for charity car	re Y5	Conventional Provider Payment Part B Deductible
	-	nurse - home visit hours	10 15	Fait B Deductible
		nealth aide - home visit hours	irs	
Length:	2 Type:		Data Source:	Claim
Field 247:	¥ *		Dutu Source.	Cium
riela 247:		MOUNT_1	• • • • • • • • •	
		cents, no decimal poi		-
Length:	9 Type:		Data Source:	Claim
Field 248:	VALUE_C	CODE_2		
	Code descri	ibing information that	may affect payer p	processing.
<b>Coding Scheme:</b>		ALUE_CODE_1.		C C
Length:	2 Type:		Data Source:	Claim
Field 249:	<i>5</i> <b>1</b>	MOUNT_2	2444 204200	
rielu 249:			• • • • • • • •	
		cents, no decimal poi	int included) that m	lay be affected.
Length:		NT '	D / C	-
	9 Type:		Data Source:	Claim
Field 250:	VALUE_C	CODE_3		Claim
	VALUE_C	CODE_3		Claim
Field 250:	VALUE_C Code descri	CODE_3 ibing information that		Claim
Field 250: Coding Scheme:	VALUE_C Code descri Same as VA	CODE_3 ibing information that ALUE_CODE_1.	may affect payer p	Claim processing.
Field 250: Coding Scheme: Length:	VALUE_C Code descri Same as VA 2 Type:	CODE_3 ibing information that ALUE_CODE_1. : Alphanumeric		Claim
Field 250: Coding Scheme:	VALUE_C Code descri Same as VA 2 Type: VALUE_A	CODE_3 ibing information that ALUE_CODE_1. Alphanumeric MOUNT_3	may affect payer p Data Source:	Claim processing.
Field 250: Coding Scheme: Length: Field 251:	VALUE_C Code descri Same as VA 2 Type: VALUE_A Amount (in	CODE_3 ibing information that ALUE_CODE_1. Alphanumeric MOUNT_3 a cents) that may be af	may affect payer p Data Source: fected.	Claim processing. Claim
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Field 250:Coding Scheme:Length:Field 251:Length:Field 252:Coding Scheme:	VALUE_C Code descri Same as VA 2 Type: VALUE_A Amount (in 9 Type: VALUE_C Code descri Same as VA 2 Type: VALUE_A	CODE_3 ibing information that ALUE_CODE_1. Alphanumeric MOUNT_3 cents) that may be af cents) that may be af CODE_4 ibing information that ALUE_CODE_1. Alphanumeric MOUNT_4	may affect payer p Data Source: fected. Data Source: may affect payer p Data Source:	Claim rocessing. Claim Claim rocessing. Claim Claim
Field 250:Coding Scheme:Length:Field 251:Length:Field 252:Coding Scheme:Length:Field 253:	VALUE_C Code descri Same as VA 2 Type: VALUE_A Amount (in 9 Type: VALUE_C Code descri Same as VA 2 Type: VALUE_A Amount (in	CODE_3 ibing information that ALUE_CODE_1. Alphanumeric MOUNT_3 cents) that may be af CODE_4 ibing information that ALUE_CODE_1. Alphanumeric MOUNT_4 cents, no decimal point	may affect payer p Data Source: fected. Data Source: may affect payer p Data Source: int included) that m	Claim         Orocessing.         Claim         Orocessing.         Orocessing.         Claim         ay be affected.
Field 250:Coding Scheme:Length:Field 251:Length:Field 252:Coding Scheme:Length:	VALUE_C Code descri Same as VA 2 Type: VALUE_A Amount (in 9 Type: VALUE_C Code descri Same as VA 2 Type: VALUE_A	CODE_3 ibing information that ALUE_CODE_1. Alphanumeric MOUNT_3 cents) that may be af CODE_4 ibing information that ALUE_CODE_1. Alphanumeric MOUNT_4 cents, no decimal point	may affect payer p Data Source: fected. Data Source: may affect payer p Data Source:	Claim rocessing. Claim Claim rocessing. Claim Claim
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Field 250:Coding Scheme:Length:Field 251:Length:Field 252:Coding Scheme:Length:Field 253:Length:Field 254:Coding Scheme:	VALUE_C Code descri Same as VA 2 Type: VALUE_A Amount (in 9 Type: VALUE_C Code descri Same as VA 2 Type: VALUE_A Amount (in 9 Type: VALUE_C Code descri Same as VA	CODE_3 ibing information that ALUE_CODE_1. Alphanumeric MOUNT_3 cents) that may be af cents) that may be af CODE_4 ibing information that ALUE_CODE_1. MOUNT_4 cents, no decimal points NUMERIC CODE_5 ibing information that ALUE_CODE_1.	may affect payer p Data Source: fected. Data Source: may affect payer p Data Source: int included) that m Data Source: may affect payer p	Claim         claim         Claim         processing.         Claim         vorcessing.         Claim         ay be affected.         Claim         processing.
Field 250:Coding Scheme:Length:Field 251:Length:Field 252:Coding Scheme:Length:Field 253:Length:Field 254:Coding Scheme:Length:Field 254:Coding Scheme:Length:	VALUE_C Code descri Same as VA 2 Type: VALUE_A Amount (in 9 Type: VALUE_C Code descri Same as VA 2 Type: VALUE_A Amount (in 9 Type: VALUE_C Code descri Same as VA 2 Type: VALUE_C	CODE_3 ibing information that ALUE_CODE_1. Alphanumeric MOUNT_3 cents) that may be af CODE_4 ibing information that ALUE_CODE_1. MOUNT_4 a cents, no decimal points MOUNT_4 a cents, no decimal points CODE_5 ibing information that ALUE_CODE_1. ALUE_CODE_1. ALUE_CODE_1. ALUE_CODE_1. ALUE_CODE_1.	may affect payer p Data Source: fected. Data Source: may affect payer p Data Source: int included) that m Data Source:	Claim Claim Claim Claim Claim rocessing. Claim rocessing. Claim ay be affected. Claim
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Length:	9 <b>Type:</b>	Numeric	Data Source:	Claim
Field 256:	VALUE CO		Dutu Source.	Ciuin
Ficia 250.	—	—	at may affect payer pro	ocessing
<b>Coding Scheme:</b>		LUE_CODE_1.	at may affect payer pro	Jeessing.
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 257:	VALUE_AN	· · · · · · · · · · · · · · · · · · ·	Data Source.	Ciaini
riela 257:			oint included) that may	v be affected
Longth	9 <b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
Length:	VALUE CO		Data Source:	Claini
Field 258:	_	_		
Cadina Cahamaa		U U	at may affect payer pro	ocessing.
Coding Scheme:		LUE_CODE_1.	Data Sauraa	Claim
Length:	J 1	Alphanumeric	Data Source:	Claim
Field 259:	VALUE_AN		· '	
T		-	oint included) that may	-
Length:	9 <b>Type:</b>	Numeric	Data Source:	Claim
Field 260:	VALUE_CO		<u> </u>	
		U	at may affect payer pro	ocessing.
Coding Scheme:		LUE_CODE_1.		
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 261:	VALUE_AN			
		-	oint included) that may	-
Length:	9 <b>Type:</b>	Numeric	Data Source:	Claim
<b>Field 262:</b>	VALUE_CO	_		
			at may affect payer pro	ocessing.
Coding Scheme:		LUE_CODE_1.		
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 263:	VALUE_AN			
		-	oint included) that may	
Length:	9 <b>Type:</b>	Numeric	Data Source:	Claim
Field 264:	VALUE_CO			
			at may affect payer pro	ocessing.
Coding Scheme:		LUE_CODE_1.		
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 265:	VALUE_AN			
		, <b>1</b>	oint included) that ma	-
Length:	9 <b>Type:</b>	Numeric	Data Source:	Claim
Field 266:	VALUE_CO			
			at may affect payer pro	ocessing.
<b>Coding Scheme:</b>		LUE_CODE_1.		
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 267:	VALUE_AN			
		-	oint included) that ma	-
Length:	9 <b>Type:</b>	Numeric	Data Source:	Claim
Field 268:	VALUE_CO			
		-	at may affect payer pro	ocessing.
Coding Scheme:		LUE_CODE_1.		
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 269:	VALUE_AN			
	Amount (in c	-	oint included) that may	y be affected
Length:	9 <b>Type:</b>	Numeric	Data Source:	Claim
Field 270:	PRIVATE_A	AMOUNT		
2022			Dage	
www.dshs.texa		,	Page	pdated: July, 2024
www.usiis.texa	is.gov/ i ficit		38 Last U	pualeu. july, 2024

			ount. Calculated using MEDPAR algorithm.
Length:	12 <b>Type:</b> Numeric	Data Source:	odes 0100-0219, revenue center 011X, 014X Calculated
Field 271:	SEMI_PRIVATE_AMOUN		Calculated
Field 271.			ge Amount. Calculated using MEDPAR
			n revenue codes 0100-0219, revenue center
	010X, 012X, 013X, 016X-01	-	
Length:	12 <b>Type:</b> Numeric	Data Source:	Calculated
Field 272:	WARD_AMOUNT		
			lculated using MEDPAR algorithm. Sum (in
	cents) of charges associated v		00-0219, revenue center 015X.
Length:	12 <b>Type:</b> Numeric	Data Source:	Calculated
Field 273:	ICU_AMOUNT		
			e Amount. Calculated using MEDPAR
		charges associated with	n revenue codes 0100-0219, revenue center
T	020X.	Dete Commen	
Length:	12 <b>Type:</b> Numeric	Data Source:	Calculated
Field 274:	CCU_AMOUNT	on a sure Course Unaite Change	Amount Calculated using MEDDAD
			ge Amount. Calculated using MEDPAR n revenue codes 0100-0219, revenue center
	021X.	larges associated with	revenue codes 0100-0219, revenue center
Length:	12 <b>Type:</b> Numeric	Data Source:	Calculated
Field 275:	OTHER AMOUNT	2 2	Curtoniuou
11010 2701	—	her Charge Amount. C	alculated using MEDPAR algorithm. Sum (in
			er than 0100-0219, revenue center 0002-0099,
			, 076X-078X, 090X-095X, 099X.
Length:	12 <b>Type:</b> Numeric	<b>Data Source:</b>	Calculated
Field 276:	PHARM_AMOUNT		
	Ancillary Service Charge, Ph	armacy Charge Amou	nt. Calculated using MEDPAR algorithm. Sum
		ed with revenue codes	other than 0100-0219, revenue center 025X,
	026X, 063X.	_ ~	
Length:	12 <b>Type:</b> Numeric	Data Source:	Calculated
Field 277:	MEDSURG_AMOUNT		
		0 11 7	Charge Amount. Calculated using MEDPAR
	center 027X, 062X.	marges associated with	n revenue codes other than 0100-0219, revenue
Length:	12 <b>Type:</b> Numeric	Data Source:	Calculated
Field 278:	DME_AMOUNT	Data Source.	Calculated
r iciu 270.		rable Medical Equipm	ent Charge Amount. Calculated using MEDPAR
			n revenue codes other than 0100-0219, revenue
	centers 0290-0292, 0294-029	-	··· ·· · · · · · · · · · · · · · · · ·
Length:	12 <b>Type:</b> Numeric	<b>Data Source:</b>	Calculated
Field 279:	USED_DME_AMOUNT		
	Ancillary Service Charge, Us	ed Durable Medical E	quipment Charge Amount. Calculated using
		n cents) of charges asso	ociated with revenue codes other than 0100-
	0219, revenue center 0293.		
Length:	12 <b>Type:</b> Numeric	Data Source:	Calculated
Field 280:	PT_AMOUNT		
			Amount. Calculated using MEDPAR algorithm.
		ociated with revenue c	odes other than 0100-0219, revenue center
T and A	042X.	D-4- C	
Length:	12 Type: Numeric	Data Source:	Calculated
Field 281:	OT_AMOUNT		
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				rge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue
	center 043X.	×	0	
Length:	<i>.</i> .	Jumeric	Data Source:	Calculated
Field 282:	SPEECH_AMC			
				Amount. Calculated using MEDPAR
			ges associated with re	evenue codes other than 0100-0219, revenue
Length:	center 044X, 047 12 <b>Type:</b> N	VA. Jumeric	Data Source:	Calculated
Field 283:	IT AMOUNT	umenc	Data Source.	Calculated
Field 203.	—	e Charge Inhala	tion Therapy Charge	Amount. Calculated using MEDPAR
				evenue codes other than 0100-0219, revenue
	center 041X, 046	· /	6	······································
Length:	12 <b>Type:</b> N	Jumeric	Data Source:	Calculated
Field 284:	BLOOD_AMO	UNT		
				patient's stay. Calculated using MEDPAR
		(in cents) of char	ges associated with re	evenue codes other than 0100-0219, revenue
<b>T</b> (1	center 038X.	<b>.</b> .		
Length:		Jumeric	Data Source:	Calculated
Field 285:	BLOOD_ADM_			a selete d to the setiont's store Colorlete d using
				ng related to the patient's stay. Calculated using ated with revenue codes other than 0100-
	0219, revenue ce		ints) of charges associ	accu with revenue codes other than 0100-
Length:		Jumeric	Data Source:	Calculated
Field 286:	OR AMOUNT			
	Ancillary Service	e Charge, Operat	ting Room Charge Ar	mount. Calculated using MEDPAR algorithm.
			ted with revenue cod	es other than 0100-0219, revenue center
	036X, 071X-072			
Length:	V A	Jumeric	Data Source:	Calculated
Field 287:	LITH_AMOUN			
				t. Calculated using MEDPAR algorithm. Sum her than 0100-0219, revenue center 079X.
Length:		Jumeric	Data Source:	Calculated
Field 288:	CARD_AMOU		Dutu Bource.	Cultured
<b>Field 200</b> .			logy Charge Amount	t. Calculated using MEDPAR algorithm. Sum
				her than 0100-0219, revenue center 048X,
	073X.	e		
Length:	<u>12 <b>Type:</b></u> N	Jumeric	Data Source:	Calculated
Field 289:	ANES_AMOUN	NT		
				. Calculated using MEDPAR algorithm. Sum
		-		her than 0100-0219, revenue center 037X.
Length:	11	lumeric	Data Source:	Calculated
Field 290:	LAB_AMOUN			
				t. Calculated using MEDPAR algorithm. Sum
	031X, 074X-075	-	and revenue codes ou	her than 0100-0219, revenue center 030X-
Length:		Jumeric	Data Source:	Calculated
Field 291:	RAD_AMOUN		- atu 2001.001	
			ogy Charge Amount.	. Calculated using MEDPAR algorithm. Sum
				her than 0100-0219, revenue center 028X,
	(in cents) of char	rges associated w	in revenue coues ou	her than 0100-0219, levenue center 028A,
	(in cents) of char 032X-035X, 040			ther than 0100-0219, revenue center 028X,
Length:	032X-035X, 040		Data Source:	Calculated
Length: Field 292:	032X-035X, 040	X. Jumeric		
Field 292: 2022	032X-035X, 040 12 <b>Type:</b> N	X. Jumeric	Data Source:	

cents) of charges associated with revenue codes other than 0100-0219, revenue center 061X. Engli: 12 Type: Numeric Data Source: Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X. Length: 12 Type: Numeric Data Source: Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X. Length: 12 Type: Numeric Data Source: Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 045X. Length: 12 Type: Numeric Data Source: Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 045X. Length: 12 Type: Numeric Data Source: Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 054X. Length: 12 Type: Numeric Data Source: Calculated Field 296: PRO_FEE_AMOUNT Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X. Length: 12 Type: Numeric Data Source: Calculated Field 297: ORGAN_AMOUNT Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 083X. Length: 12 Type: Numeric Data Source: Calculated Field 298: ESRD_AMOUNT Ancillary Service Charge, Cigan Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 083X. Length: 12 Type: Numeric Data Source: Calculated Field 298: CLINIC_AMOUNT Ancillary Service Charge, Cigin Visit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219,				culated using MEDPAR algorithm. Sum (in
Field 293:       OP       AMOUNT         Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X.         Length:       12       Type: Numeric       Data Source:       Calculated         Field 294:       ER_AMOUNT       Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 045X.         Length:       12       Type: Numeric       Data Source:       Calculated         Field 295:       AMBULANCE AMOUNT       Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 054X.         Length:       12       Type: Numeric       Data Source:       Calculated         Field 296:       PRO_FEE_AMOUNT       Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X.         Length:       12       Type: Numeric       Data Source:       Calculated         Field 297:       ORGAN_AMOUNT       Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X. <t< th=""><th>Length:</th><th>-</th><th></th><th></th></t<>	Length:	-		
Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X. <b>Length:</b> 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated <b>Field 294: FR_AMOUNT</b> Ancillary Service Charge, Fmergency Room Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 045X. <b>Length:</b> 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated <b>MBULANCE_AMOUNT</b> Ancillary Service Charge, Ambulane Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 054X. <b>Length:</b> 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated <b>Field 296: PRO_FFE_AMOUNT</b> Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X. <b>Length:</b> 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated <b>Field 297: ORGAN_AMOUNT</b> Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X. <b>Length:</b> 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated <b>Field 297: ORGAN_AMOUNT</b> Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 083X. <b>Length:</b> 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated <b>Field 298: ESRD_AMOUNT</b> Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 083X. 085X. 085X. <b>Length:</b> 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated <b>Field 308: TOTAL_CHARGES</b> Sum (in cents) of non-covered accommodation charges				Cultured
algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X. Length: 12 Type: Numeric Data Source: Calculated Field 294: ER_AMOUNT Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 045X. Length: 12 Type: Numeric Data Source: Calculated Field 295: AMBULANCE_AMOUNT Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 054X. Length: 12 Type: Numeric Data Source: Calculated Field 296: PRO_FEE_AMOUNT Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X. Length: 12 Type: Numeric Data Source: Calculated Field 297: ORGAN_AMOUNT Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X. Length: 12 Type: Numeric Data Source: Calculated Field 297: ORGAN_AMOUNT Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X. Length: 12 Type: Numeric Data Source: Calculated Field 298: ESRD AMOUNT Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X.088X. Length: 12 Type: Numeric Data Source: Calculated Field 298: CLINIC_AMOUNT Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges. Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges. Stage Renal Dialysis C			ent Services Charg	e Amount. Calculated using MEDPAR
Length:       12       Type:       Numeric       Data Source:       Calculated         Field 294:       ER_AMOUNT         Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 045X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 295:       AMBULANCE_AMOUNT       Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 054X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 296:       PRO_FEE_AMOUNT       Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 297:       ORGAN AMOUNT       Ancillary Service Charge, Graga Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X.         Field 298:       SESRD AMOUNT       Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, reve				
Field 294:       ER_AMOUNT         Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 045X.         Length:       12       Type: Numeric       Data Source:       Calculated         Field 295:       AMBULANCE_AMOUNT       Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 054X.         Length:       12       Type: Numeric       Data Source:       Calculated         Field 296:       PRO FEE_AMOUNT       Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X.         Length:       12       Type: Numeric       Data Source:       Calculated         Field 297:       ORGAN AMOUNT       Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X.         Length:       12       Type: Numeric       Data Source:       Calculated         Field 298:       ESRD AMOUNT       Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X.         Lengt		center 049X-050X.		
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Length:       12       Type:       Numeric       Data Source:       Calculated         Field 295:       AMBULANCE_AMOUNT       Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 054X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 296:       PRO FEE_AMOUNT       Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 096K-098X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 297:       ORGAN_AMOUNT       Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 298:       ESRD AMOUNT       Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X. 085X, 085X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 299:       CLINIC_AMOUNT       Ancillary Service Charge,		algorithm. Sum (in cents) of charg		
Field 295:       AMBULANCE_AMOUNT         Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 054X.         Length:       12       Type: Numeric       Data Source:       Calculated         Field 296:       PRO_FEE_AMOUNT       Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X.         Length:       12       Type: Numeric       Data Source:       Calculated         Field 297:       ORGAN_AMOUNT       Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X.         Length:       12       Type: Numeric       Data Source:       Calculated         Field 298:       ESRD_AMOUNT       Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.         Length:       12       Type: Numeric       Data Source:       Calculated         Field 299:       CLINIC.AMOUNT       Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.	Length:		Data Source:	Calculated
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Length:       12       Type:       Numeric       Data Source:       Calculated         Field 296:       PRO_FEE_AMOUNT       Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 297:       ORGAN_AMOUNT       Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 298:       ESRD_AMOUNT       Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 309:       CLINIC_AMOUNT       Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 051X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 300:       TOTAL_CHARGES       Sum (in cents)				
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Length:       12       Type:       Numeric       Data Source:       Calculated         Field 297:       ORGAN_AMOUNT       Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 298:       ESRD_AMOUNT       Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 299:       CLINIC_AMOUNT       Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 051X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 300:       TOTAL_CHARGES       Sum (in cents) of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges.         Length:       12       Type:       Numeric       Data Source:       Claim         Field 301:       TOTAL_CHARGES_ACCOMM       Sum (in cents) of non-covered accommodation charges.       Length:		Ancillary Service Charge, Professi	ional Fee Charge A	mount. Calculated using MEDPAR algorithm.
Length:       12       Type:       Numeric       Data Source:       Calculated         Field 297:       ORGAN_AMOUNT       Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 298:       ESRD_AMOUNT       Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 299:       CLINIC_AMOUNT       Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 051X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 300:       TOTAL_CHARGES       Sum (in cents) of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges.       Sum (in cents) of non-covered accommodation charges, non-covered ancillary charges.         Length:       12       Type:       Numeric       Data Source:       Claim         Field 301:       TOTAL_NON_COV_CHARGES<			ed with revenue co	des other than 0100-0219, revenue center
Field 297:       ORGAN_AMOUNT         Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X.         Length:       12       Type: Numeric       Data Source:       Calculated         Field 298:       ESRD_AMOUNT       Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.         Length:       12       Type: Numeric       Data Source:       Calculated         Field 299:       CLINIC_AMOUNT       Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 051X.         Length:       12       Type: Numeric       Data Source:       Calculated         Field 300:       TOTAL_CHARGES       Sum (in cents) of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. Replaces TOTAL_CHARGES_23.       Length:       12       Type: Numeric       Data Source:       Claim         Field 301:       TOTAL_NON_COV_CHARGES       Sum (in cents) of non-covered accommodation charges, non-covered ancillary charges.       Length:       12       Type: Numeric       Data Source:       Claim         Field 302:       TOTAL_CHARGE				
Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X.         Length:       12       Type: Numeric       Data Source:       Calculated         Field 298:       ESRD_AMOUNT       Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.         Length:       12       Type: Numeric       Data Source:       Calculated         Field 299:       CLINIC_AMOUNT       Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.         Length:       12       Type: Numeric       Data Source:       Calculated         Field 300:       TOTAL_CHARGES       Sum (in cents) of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges.         Length:       12       Type: Numeric       Data Source:       Claim         Field 301:       TOTAL_NON_COV_CHARGES       Sum (in cents) of non-covered accommodation charges.       Length:       12       Type: Numeric       Data Source:       Claim         Field 302:       TOTAL_CHARGES_ACCOMM       Sum (in cents) of non-covered accommodation charges.       Len			Data Source:	Calculated
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center 081X, 089X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 298:       ESRD_AMOUNT       Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 299:       CLINIC_AMOUNT       Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 051X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 300:       TOTAL_CHARGES       Sum (in cents) of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges.       Sum (in cents) of non-covered accommodation charges, non-covered ancillary charges.         Length:       12       Type:       Numeric       Data Source:       Claim         Field 301:       TOTAL_CHARGES_ACCOMM       Sum (in cents) of covered and non-covered accommodation charges.       Length:       12       Type:       Numeric       Data Source:       Claim         Field 302:       TOTAL_CHARGES_ACCOMM       Sum (in cents) of covered and non-covered accommodation charges.       Len				
Length:       12       Type:       Numeric       Data Source:       Calculated         Field 298:       ESRD_AMOUNT       Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 299:       CLINIC_AMOUNT       Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 051X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 300:       TOTAL_CHARGES       Sum (in cents) of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. Replaces TOTAL_CHARGES_23.       Length:       12       Type:       Numeric       Data Source:       Claim         Field 301:       TOTAL_NON_COV_CHARGES       Sum (in cents) of non-covered accommodation charges, non-covered ancillary charges.       Length:       12       Type:       Numeric       Data Source:       Claim         Field 302:       TOTAL_CHARGES_ACCOMM       Sum (in cents) of non-covered accommodation charges.       Length:       12       Type:       Numeric       Data Source:       Claim      <			ges associated with	revenue codes other than 0100-0219, revenue
Field 298:       ESRD_AMOUNT         Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.         Length:       12       Type: Numeric       Data Source:       Calculated         Field 299:       CLINIC_AMOUNT       Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 051X.         Length:       12       Type: Numeric       Data Source:       Calculated         Field 300:       TOTAL_CHARGES       Sum (in cents) of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. Replaces TOTAL_CHARGES_23.       Length:       12       Type: Numeric       Data Source:       Claim         Field 301:       TOTAL_CHARGES       Sum (in cents) of non-covered accommodation charges, non-covered ancillary charges.       Length:       12       Type: Numeric       Data Source:       Claim         Field 302:       TOTAL_CHARGES_ACCOMM       Sum (in cents) of covered and non-covered accommodation charges.       Length:       12       Type: Numeric       Data Source:       Claim         Field 303:       TOTAL_CHARGES_ACCOMM       Sum (in cents) of non-covered accommodation charges.       Length:       12       Type: Numeric	Longth		Data Sauraa	Calavlatad
Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.         Length:       12       Type: Numeric       Data Source: Calculated         Field 299:       CLINIC_AMOUNT         Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 051X.         Length:       12       Type: Numeric       Data Source: Calculated         Field 300:       TOTAL_CHARGES         Sum (in cents) of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. Replaces TOTAL_CHARGES_23.         Length:       12       Type: Numeric       Data Source: Claim         Field 301:       TOTAL_NON_COV_CHARGES       Sum (in cents) of non-covered accommodation charges, non-covered ancillary charges.         Length:       12       Type: Numeric       Data Source: Claim         Field 302:       TOTAL_CHARGES_ACCOMM       Sum (in cents) of covered and non-covered accommodation charges.         Length:       12       Type: Numeric       Data Source: Claim         Field 303:       TOTAL_CHARGES_ACCOMM       Sum (in cents) of non-covered accommodation charges.         Length:       12       Type: Numeric       Data Source: Claim <td></td> <td>· ·</td> <td>Data Source:</td> <td>Calculated</td>		· ·	Data Source:	Calculated
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center 080X, 082X-085X, 088X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 299:       CLINIC_AMOUNT       Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 051X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 300:       TOTAL_CHARGES         Sum (in cents) of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges.       Length:       12       Type:       Numeric       Data Source:       Claim         Field 301:       TOTAL_NON_COV_CHARGES       Sum (in cents) of non-covered accommodation charges, non-covered ancillary charges.       Length:       12       Type:       Numeric       Data Source:       Claim         Field 302:       TOTAL_CHARGES_ACCOMM       Sum (in cents) of non-covered accommodation charges.       Length:       12       Type:       Numeric       Data Source:       Claim         Field 303:       TOTAL_CHARGES_ACCOMM       Sum (in cents) of non-covered accommodation charges.       Length:       12       Type:       Numeric       Data Source:       Claim         Field 303:       TOTAL_ON_COV_CHARGES_ACCOMM       Sum (in cents) of non-covered accommodat				
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Field 299:       CLINIC_AMOUNT         Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 051X.         Length:       12       Type:       Numeric       Data Source:       Calculated         Field 300:       TOTAL_CHARGES       Sum (in cents) of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. Replaces TOTAL_CHARGES_23.       Length:       12       Type:       Numeric       Data Source:       Claim         Field 301:       TOTAL_NON_COV_CHARGES       Sum (in cents) of non-covered accommodation charges, non-covered ancillary charges.         Length:       12       Type:       Numeric       Data Source:       Claim         Field 301:       TOTAL_CHARGES_ACCOMM       Sum (in cents) of covered and non-covered accommodation charges.       Length:       12       Type:       Numeric         Field 302:       TOTAL_CHARGES_ACCOMM       Sum (in cents) of non-covered accommodation charges.       Length:       12       Type:       Numeric       Data Source:       Claim         Field 303:       TOTAL_CHARGES_ACCOMM       Sum (in cents) of non-covered accommodation charges.       Length:       12       Type:       Numeric       Data Source:       Claim         Field 303:       TOTAL_CHARGES	Length:		Data Source:	Calculated
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Field 300:       TOTAL_CHARGES         Sum (in cents) of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. Replaces TOTAL_CHARGES_23.         Length:       12       Type:       Numeric       Data Source:       Claim         Field 301:       TOTAL_NON_COV_CHARGES         Sum (in cents) of non-covered accommodation charges, non-covered ancillary charges.         Length:       12       Type:       Numeric       Data Source:       Claim         Field 302:       TOTAL_CHARGES_ACCOMM       Sum (in cents) of covered and non-covered accommodation charges.         Length:       12       Type:       Numeric       Data Source:       Claim         Field 303:       TOTAL_CHARGES_ACCOMM       Sum (in cents) of covered and non-covered accommodation charges.       Length:       12       Type:       Numeric       Data Source:       Claim         Field 303:       TOTAL_NON_COV_CHARGES_ACCOMM       Sum (in cents) of non-covered accommodations charges.       Length:       12       Type:       Numeric       Data Source:       Claim         Field 304:       TOTAL_CHARGES_ANCIL       Sum (in cents) of covered and non-covered ancillary charges.       Length:       12       Type:       Numeric       Data Source:       Claim         2022       Page				
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Length:       12       Type:       Numeric       Data Source:       Claim         Field 304:       TOTAL_CHARGES_ANCIL       Sum (in cents) of covered and non-covered ancillary charges.         Length:       12       Type:       Numeric       Data Source:       Claim         2022       Page	Field 303:			
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Length:     12     Type:     Numeric     Data Source:     Claim       2022     Page	r 1ela 304:			
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	Length:	12 Type: Numeric I	Data Source:	Ciallii
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Field 305:	TO	TAL NO	N COV CHAR	SES ANCIL	
1 iciu 305.		TOTAL_NON_COV_CHARGES_ANCIL Sum (in cents) of non-covered ancillary charges.			
Length:	12	Type:	Numeric	Data Source:	Claim
Field 306:	INB	τı	NDICATOR		
			format of data as s	ubmitted.	
<b>Coding Scheme:</b>	8	837 forma	t		
C	D	Data entry	,		
	U	UB-04 format			
Length:	1	Type:	Alphanumeric	<b>Data Source:</b>	Claim
Field 307:	EM	ERGENO	CY_DEPT_FLAC	Ţ	
	Indi	cator of e	mergency departm	ent visit	
<b>Coding Scheme:</b>	Y	visit was e	emergency related		
	Ν	Visit was	not emergency related		
Length:	1	Type:	Alphanumeric	<b>Data Source:</b>	Assigned
Field 308:	DIS	CHARG	E		
	Discharge Quarter. Year and quarter of discharge. yyyyQn.				
	1st Quarter (YYYYQ1): 1st January-31st March of that corresponding year				
	2nd Quarter (YYYYQ2): 1st April – 30th June of that corresponding year				
	3rd	Quarter (	YYYYQ3): 1st Jul	y- 30th September	of that corresponding year
	4th	Quarter (Y	YYYQ4); 1st Oc	tober-31st Decemb	er of that corresponding year
Length:	6	Type:	Alphanumeric	Data Source:	Assigned

## CHARGES DATA FILE

Field 1:	Recor file. D	Does not match or link to PUDF		identify the record within the research data Does match with RECORD_ID in other
Length:	1112	ent RDF files <b>Type:</b> Alphanumeric <b>I</b>	Data Source	: Assigned
Field 2:		ENUE_CODE		• Tibbigilou
I ICIU 2.			acommodati	ion angillamy gamying or hilling galaulation
			ccommodati	ion, ancillary service or billing calculation
Coding Scheme:	0100	d to the services being billed. All-inclusive room charges plus ancill	ary 0527	Freestanding Clinic - Visiting Nurse Services(s) to Member's Home when in a Home Health Shortage
	0101	All-inclusive room charges	0528	Area Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
	0110	Room charges for private rooms - gen	eral 0529	Freestanding Clinic - other
	0111	Room charges for private rooms - medical/surgical/GYN	0530	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	0540	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 - rehabilitation	0544	Ambulance service - oxygen
	0119	Room charges for private rooms - othe		Ambulance service - air ambulance
	0120	Room charges for semi-private rooms general		Ambulance service - neonatal
	0121	Room charges for semi-private rooms medical/surgical/GYN		Ambulance service - pharmacy
	0122	Room charges for semi-private rooms obstetrics		Ambulance service - telephone transmission EKG
	0123	Room charges for semi-private rooms pediatric		Ambulance service - other
	0124 0125	Room charges for semi-private rooms psychiatric Room charges for semi-private rooms		Skilled nursing - general Skilled nursing - visit charge
	0125	hospice Room charges for semi-private rooms		Skilled nursing - hourly charge
	0127	detoxification Room charges for semi-private rooms	- 0559	Skilled nursing - other
	0128	oncology Room charges for semi-private rooms	- 0560	Medical social services - general
	0129	rehabilitation Room charges for semi-private rooms	- 0561	Medical social services - visit charge
	0130	other Room charges for semi-private - 3/4 b - rooms - general	eds 0562	Medical social services - hourly charge
	0131	Room charges for semi-private - 3/4 b - rooms - medical/surgical/GYN	eds 0569	Medical social services - other
	0132	Room charges for semi-private - 3/4 b - rooms - obstetrics	eds 0570	Home health aide - general
	0133	Room charges for semi-private - 3/4 b - rooms - pediatric	eds 0571	Home health aide - visit charge

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	Page		
0173	Room charges for nursery - newborn level III	0641	Home IV therapy services – non-routine nursing, central line
0172	Room charges for nursery - newborn level II	0640	Home IV therapy services - general
0171	Room charges for nursery - newborn level I	0637	Drugs requiring specific identification - self- administrable
0170	Room charges for nursery - general	0636	Drugs requiring specific identification - requiring detailed coding
0169	Room charges for other rooms - other	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0167	Room charges for other rooms – self care	0634	Drugs requiring specific identification - EPO, less than 10.000 units
0164	Room charges for other rooms – Sterile Environment	0633	Drugs requiring specific identification - restrictive prescription
0160	Room charges for other rooms - general	0632	Drugs requiring specific identification - multiple source
0159	Room charges for ward rooms - other	0631	Drugs requiring specific identification - single source
0158	Room charges for ward rooms - rehabilitation	0623 0624	Medical/surgical supplies - surgical dressings Medical/surgical supplies - FDA investigational devices
0157	Room charges for ward rooms - oncology	0622	Medical/surgical supplies - incident to other diagnostic services
0156	Room charges for ward rooms - detoxification	0621	MRT Medical/surgical supplies - incident to radiology
0155	psychiatric Room charges for ward rooms - hospice	0619	other Magnetic Resonance Technology (MRT) - Other
0154	Room charges for ward rooms -	0618	lower extremities Magnetic Resonance Technology (MRT) - MRA –
0153	obstetrics Room charges for ward rooms - pediatric	0616	head and neck Magnetic Resonance Technology (MRT) - MRA –
0152	medical/surgical/GYN Room charges for ward rooms -	0615	other Magnetic Resonance Technology (MRT) - MRA –
0151	Room charges for ward rooms -	0614	spinal cord (including spine) Magnetic Resonance Technology (MRT) - MRI -
0150	- other Room charges for ward rooms - general	0612	brain (including brain stem) Magnetic Resonance Technology (MRT) - MRI -
0149	- rehabilitation Room charges for private (deluxe) rooms	0611	general Magnetic Resonance Technology (MRT) - MRI -
0148	- oncology Room charges for private (deluxe) rooms	0610	Magnetic Resonance Technology (MRT) - MRI -
0140	- detoxification Room charges for private (deluxe) rooms	0609	Oxygen (home health) - other
0146	- hospice Room charges for private (deluxe) rooms	0604	liters per minute Oxygen (home health) - portable add-in
0144	<ul> <li>psychiatric</li> <li>Room charges for private (deluxe) rooms</li> </ul>	0602	liter per minute Oxygen (home health) - stat/equip/supply over 4
0143	<ul> <li>pediatric</li> <li>Room charges for private (deluxe) rooms</li> </ul>	0602	contents Oxygen (home health) - stat/equip/supply under 1
0142	- obstetrics Room charges for private (deluxe) rooms	0601	Oxygen (home health) - stat/equip/supply or
0141 0142	Room charges for private (deluxe) rooms - medical/surgical/GYN Room charges for private (deluxe) rooms	0590 0600	Units of service (home health) - general Oxygen (home health) - general
0140	Room charges for private (deluxe) rooms - general	0589	Other visits (home health) - other
	- rooms - other		× ,
0138 0139	Room charges for semi-private - 3/4 beds - rooms - rehabilitation Room charges for semi-private - 3/4 beds	0582 0583	Other visits (home health) - hourly charge Other visits (home health) - assessment
0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0581	Other visits (home health) - visit charge
	- rooms - detoxification		
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0.999     Outpatient services - other     1003     Behavior headth accommodations - group home       0511     Clinic - general     2100     Alternative therapy services - acuprosate       0511     Clinic - dental     2102     Alternative therapy services - acuprosate       0513     Clinic - dental     2102     Alternative therapy services - acuprosate       0513     Clinic - dontOr     2103     Alternative therapy services - acuprosate       0516     Clinic - fundy punctice     2106     Alternative therapy services - acuprosate       0517     Clinic - fundy punctice     2106     Alternative therapy services - other       0518     Clinic - fundy punctice     3102     Adult day care, social - duity       0529     Freestanding Clinic - fundy punctice     3103     Adult day care, social - duity       0521     Freestanding Clinic - fundy punctice     3103     Adult day care, social - duity       0522     Freestanding Clinic - fundy punctice     3103     Adult day care, social - duity       0523     Freestanding Clinic - fundy punctice     3103     Adult day care, social - duity       0524     Freestanding Clinic - fundy punctice     3103     Adult foster care - duity       0525     Freestanding Clinic - urgent care     3104     Adult foster care - duity       0525     Freestanding Clinic - urgent care     101					Behavior health accommodations - supervised living
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0611     Clinic - chorole pain     2101     Alternative therapy services - scapprosame       0613     Clinic - opschiatric     2102     Alternative therapy services - neaprosame       0613     Clinic - opschiatric     2105     Alternative therapy services - neaprosame       0613     Clinic - opschiatric     2105     Alternative therapy services - neaprosame       0615     Clinic - opschiatric     2105     Alternative therapy services - horpmosis       0619     Clinic - opschiatric     2107     Alternative therapy services - horpmosis       0619     Clinic - opschiatric     2100     Alternative therapy services - horpmosis       0619     Clinic - opschiatric     2100     Adult dy cars, social - duity       0620     Preestanding Clinic - lineary practice     3100     Adult dy cars, social - duity       0623     Freestanding Clinic - lineary practice     3109     Adult foster care - duity       0624     Preestanding Clinic - lineary practice     3109     Adult foster care - duity       0625     Freestanding Clinic - urgent care     3109     Adult foster care - duity       0626     Freestanding Clinic - urgent care     3109     Adult foster care - duity       0627     Freestanding Clinic - urgent care     3109     Adult foster care - duity       0628     Freestanding Clinic - urgent care     3109 <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
0512     Clinic - berdaric     2102     Alternative therapy services - massage       0513     Clinic - DKGYN     2104     Alternative therapy services - massage       0514     Clinic - OkGYN     2104     Alternative therapy services - biolecelback       0515     Clinic - Jordinic     2105     Alternative therapy services - biolecelback       0516     Clinic - Jordinic     2105     Alternative therapy services - biolecelback       0517     Clinic - Jordinic - Second     2106     Alternative therapy services - other       0518     Clinic - Jordinic - Second     2107     Alternative therapy services - other       0519     Clinic - Jordinic - Second     2107     Adult day care, social - daily       0521     Freestanding Clinic - Sindi y practice     3105     Adult day care, social - daily       0523     Freestanding Clinic - Visit by     3104     Adult foster care - other       0524     Freestanding Clinic - Wish by     3107     Adult foster care - other       0525     Freestanding Clinic - Usit by     3107     Adult foster care - other       0526     Freestanding Clinic - Usit by     3107     Adult foster care - other       18     ADPE-CPHC Partitioner to a Member in     a Source:     Claim       19     Corered Part A Stay at SNF     Freestanding Clinic - Usit by at Source:     Claim					
0913     Clinic - psychiatric     2103     Alternative therapy services - reflexology       0914     Clinic - opediatric     2104     Alternative therapy services - reflexology       0915     Clinic - urgent care     2106     Alternative therapy services - roflexology       0917     Clinic - ingent care     2106     Alternative therapy services - roflexology       0917     Clinic - other     3101     Adult day care, molecula and social - hourly       0921     Freestanding Clinic - general     3102     Adult day care, molecula and social - dualy       0922     Freestanding Clinic - former With by     3104     Adult day care, molecula and social - dualy       0923     Freestanding Clinic - Visit by     3104     Adult day care, molecula and social - dualy       0923     Freestanding Clinic - Visit by     3104     Adult foster care - dualy       0924     Freestanding Clinic - Visit by     RHOFPICP Creatitioner to a Member in a SNF (or Covered Part A Say) or NF     a SNF (or Covered Part A Say) or NF       0925     Freestanding Clinic - urgent care     Data Source:     Claim       1764     Type: Alphanumeric     Data Source:     Claim       1764     Type: Alphanumeric     Data Source:     Claim       1764     Type: Alphanumeric     Data Source:     Claim       1764     HCPEC CODE     Stegettee <t< th=""><th></th><th></th><th></th><th></th><th></th></t<>					
0514     Clinic - poliatric     2105     Alternative therapy services - bioleedback       0515     Clinic - poliatric     2105     Alternative therapy services - bioleedback       0517     Clinic - family practice     2106     Alternative therapy services - bioleedback       0519     Clinic - family practice     2109     Alternative therapy services - bioleedback       0520     Freestanding Clinic - general     3101     Adult day care, social - duly       0521     Freestanding Clinic - formity practice     3103     Adult day care, social - duly       0522     Freestanding Clinic - formity practice     3103     Adult day care, social - duly       0523     Freestanding Clinic - formity practice     3105     Adult foster care - duly       0524     Freestanding Clinic - instity practice     3105     Adult foster care - other       0525     Freestanding Clinic - urgent care     3105     Adult foster care - other       0526     Freestanding Clinic - urgent care     3105     Adult foster care - other       0526     Freestanding Clinic - urgent care     108     Adult foster care - other       0526     Freestanding Clinic - urgent care     108     Adult foster care - other       0526     Freestanding Clinic - urgent care     108     Adult foster care - other       0526     Freestanding Clinic - urgent care     10					
6515     Clinic - repetiarie     2105     Alternative therapy services - hyponosis       6516     Clinic - time in practice     2106     Alternative therapy services - hyponosis       6517     Clinic - time in practice     2109     Alternative therapy services - hyponosis       6519     Clinic - time - Clinic Visit by     3101     Adult day care, social - hourly       6520     Freestanding Clinic - general     3102     Adult day care, social - duily       6519     Clinic - time - Clinic Visit by     3104     Adult day care, social - duily       6521     Freestanding Clinic - Visit by     3105     Adult foster care - duily       6525     Freestanding Clinic - Visit by     3106     Adult foster care - other       7810CF0HC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Texility     0526     Freestanding Clinic - urgant care       Length:     4     Type: Alphanumeric     Data Source:     Claim       Field 3:     REVENUE_CODE_SEQUENCE_NUMBER     Assignment of numbers to indicate the order of submission of the revenue codes       Length:     3     Type: Alphanumeric     Data Source:     Claim       Field 4:     HCPCS COMALIFIER     HCPCS COME COODE     HCPCS COME Coone       Field 5:     HCPCS PROCEDURE_CODE     Codim System (HCPCS) code applicable to ancillary services or accommodations.			1 9		
<ul> <li>(6)16 Clinic - Linity nuclice</li> <li>2)106 Alternative therapy services - other</li> <li>6)17 Clinic - Inity functive</li> <li>2)19 Clinic - Inity functive</li> <li>2)10 Adult day care, medical and social - boardy</li> <li>4)10 Adult day care, medical and social - boardy</li> <li>4)10 Adult day care, social - daily</li> <li>4)10 Adult day</li> <li>4)10 Adult day</li> <li>4)10 Adult day</li> <li>4)10 Adult day</li>     &lt;</ul>					
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0519       Clinic - other <sup>1</sup> 3101       Adult day care, medical and social - hourly         0520       Freestanding Clinic - general       3102       Adult day care, medical and social - daily         0521       Freestanding Clinic - Wist by       3103       Adult day care, social - daily         0522       Freestanding Clinic - Insure Visit by       3104       Adult day care, social - daily         0523       Freestanding Clinic - Visit by       3109       Adult foster care - daily         0524       Freestanding Clinic - Visit by       3109       Adult foster care - daily         0525       Freestanding Clinic - Visit by       RICFOPIC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or CIF NR or Other Residential Pacitity       0526         0526       Freestanding Clinic - urgent care       Length:       4       Type: Alphanumeric       Data Source:       Claim         Field 3:       REVENUE_CODE_SEQUENCE_NUMBER       Assignment of numbers to indicate the order of submission of the revenue codes         Length:       3       Type: Alphanumeric       Data Source:       Claim         Field 4:       HCPCS_QUALIFIER       HCPA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.         Coding Scheme:       2       Type: Alphanumeric       Data Source:       Claim					
0520     Freestanding Clinic - general     3102     Adult day care, social - lourly       0521     Freestanding Clinic - Clinic Visit by     3103     Adult day care, social - daily       0522     Freestanding Clinic - Misit by     3104     Adult day care, social - daily       0523     Freestanding Clinic - Visit by     3105     Adult day care, social - daily       0524     Freestanding Clinic - Visit by     3107     Adult day care, social - daily       0525     Freestanding Clinic - Visit by     3109     Adult foster care - daily       0526     Freestanding Clinic - Visit by     3109     Adult foster care - daily       0526     Freestanding Clinic - Visit by     3109     Adult foster care - daily       0526     Freestanding Clinic - Visit by     3109     Adult foster care - other       811CFQHC Fractitioner to a Member in a SNF (on Covered Part A Say or NF or ICF NR or Other Residential Facility     Other Preschanding Clinic - User A Say and Source:     Claim       1     Type: Alphanumeric     Data Source:     Claim     Field 4:     HCPCS_QUALIFIER       1     HCFA Common Procedure Coding System (HCPCS) codes Indicator     Length:     Length:       1     Type: Alphanumeric     Data Source:     Claim       Field 5:     HCPCS_PROCEDURE_CODE     HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations. </th <th></th> <th></th> <th></th> <th></th> <th></th>					
0521     Freestanding Clinic - Visit by Member to RKIC/FQHC     3103     Adult day care, medical and social - daily MRIC/FQHC Practitioner       0522     Freestanding Clinic - Kinit by RKIC/FQHC Practitioner     3104     Adult foster care - daily       0523     Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF     3109     Adult foster care - other       0525     Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay at SNF     Adult foster care - other       0526     Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay at SNF     Adult foster care - other       0526     Freestanding Clinic - visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay at SNF     Adult foster care - other       0526     Freestanding Clinic - visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay at SNF     Adult foster care - other       0526     Freestanding Clinic - visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay at SNF     Adult foster care - other       1     Type: Alphanumeric     Data Source:     Claim       1     Type: Alphanumeric     Data Source:     Assigned       1     HCPSC Covered Part A Stay at SNF     Adult foster care - other       1     Gentrifies special circumstances related to the performance of the service or Accommodations.     Coding Schemet       2     Increased p					
Member to RHC/POHC       3104       Adult day care, social - daily         RHC/POHC Prestanding Clinic - Visit by       3104       Adult foster care - daily         0523       Freestanding Clinic - Visit by       3109       Adult foster care - other         RHC/POHC Practitioner to a Member in a Covered Part A Suay at SNF       3109       Adult foster care - other         0525       Freestanding Clinic - Visit by       RHC/POHC Practitioner to a Member in a SNF (not Covered Part A Suay at SNF         0526       Freestanding Clinic - urget rate       Data Source:       Claim         Field 3:       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 4:       HCPCS_QUALFIER       HCFA Common Procedure Coding System (HCPCS) Codes Indicator       Length:       Type:       Alphanumeric       Data Source:       Claim         Field 5:       HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.       Source:       Claim         Coding Scheme:       2       Type:       Alphanumeric       Data Source:       Claim         23       Unusal Anesthesia       PS       A patient with severe systemic disease that is a constant threat to life					
0522     Freestanding Clinic - Visit by     3104     Adult day care, social - daily       0523     Freestanding Clinic - Visit by     3109     Adult foster care - daily       0524     Freestanding Clinic - Visit by     3109     Adult foster care - other       0525     Freestanding Clinic - Visit by     3109     Adult foster care - other       0526     Freestanding Clinic - Visit by     800     Adult foster care - other       0527     Freestanding Clinic - Visit by     800     Adult foster care - other       0526     Freestanding Clinic - Visit by     800     800       0526     Freestanding Clinic - Visit by     800     800       0526     Freestanding Clinic - Visit by     800     800       161d 3:     REVENUE_CODE SEQUENCE_NUMBER     Assignment of numbers to indicate the order of submission of the revenue codes       Length:     3     Type: Alphanumeric     Data Source:     Claim       Field 4:     HCPCS_QUALIFIER     Data Source:     Claim       Field 5:     HCPCS_PROCEDURE_CODE     HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.       Coding Scheme:     5     Type: Alphanumeric     Data Source:     Claim       Field 6:     MODIFIER_1     Identifies special circumstances related to the performance of the service       Coding Sche			ę ,		
0323     Freestanding Clinic - Visit by     3109     Adult foster care - daily       0324     Freestanding Clinic - Visit by     3109     Adult foster care - other       RHC/POHC Practitioner to a Member in     a SNF (not Covered Part A Stay at SNF       0325     Freestanding Clinic - Visit by       RHC/POHC Practitioner to a Member in     a SNF (not Covered Part A Stay at SNF       0326     Freestanding Clinic - urgent care       Length:     4     Type: Alphanumeric       Data Source:     Claim       Field 3:     REVENUE_CODE_SEQUENCE_NUMBER       Assignment of numbers to indicate the order of submission of the revenue codes       Length:     3       17 Type:     Alphanumeric       Data Source:     Claim       Field 4:     HCPCS_QUALIFIER       HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.       Coding Scheme:     Sc http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp for complete list.       Ength:     5     Type: Alphanumeric       Data Source:     Claim       Field 6:     MODIFIER_1       Identifies special circumstances related to the performance of the service       Coding Scheme:     22       12     Increased procedural services       23     Unusual Aneshesia       24     Unrelated Evaluati		0522		3104	Adult day care, social - daily
0524     Preestanding Clinic - Visit by     3109     Adult foster care - other       RHCFQRC Practitioner to a Member in a Covered Part A Stay or NF or ICF MR or Other Residential Facility     0525     Freestanding Clinic - Visit by       0526     Freestanding Clinic - Visit by     RHCFQRC Practitioner to a Member in a SNF (on Covered Part A Stay) or NF or ICF MR or Other Residential Facility     0526       0527     Freestanding Clinic - urgent care     Claim       Field 3:     REVENUE CODE_SEQUENCE_NUMBER       Assignment of numbers to indicate the order of stubmission of the revenue codes       Length:     3     Type: Alphanumeric       Data Source:     Assignment of numbers to indicate the order of stubmission of the revenue codes       Length:     2     Type: Alphanumeric       Data Source:     Claim       Field 4:     HCPCS_PROCEDURE_CODE       HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.       Coding Scheme:     See http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp for complete list.       Length:     5     Type: Alphanumeric       21     Increased procedural services     P4       Field 6:     MODIFIER_1     Identifies special circumstances related to the performance of the service       23     Unusual Anesthesia     P5       24     Uncelated Evaluation and Management Service by the Same Physician or Other Pr		0523		3105	Adult foster care - daily
RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF         0525       Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF NR or Other Residential Facility         0526       Freestanding Clinic - urgent care         Length:       4       Type: Alphanumeric         Data Source:       Claim         Field 3:       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 4:       HCPCS_QUALIFIER         HCFA Common Procedure Coding System (HCPCS) Codes Indicator       Length:         2       Type:       Alphanumeric       Data Source:         Field 5:       HCPCS_PROCEDURE_CODE         HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.         Coding Scheme:       S       Type:       Alphanumeric       Data Source:       Claim         Field 6:       MODIFIER_1       Identifies special circumstances related to the performance of the service       Coding Scheme:       21       Increased procedural services       P4       A patient who is not expected to survive within the operation and Management Service by the Same Physician or Other Qualified Health C		0524		3109	•
0525       Freestanding Clinic - Visit by RHCFQRC Practitioner to Member in a SNF (not Covered Part A Stay) or NF         0526       Freestanding Clinic - urgent care         Length:       4       Type: Alphanumeric         Data Source:       Claim         Field 3:       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 4:       HCPCS_QUALIFIER         HCFA Common Procedure Coding System (HCPCS) Codes Indicator         Length:       2       Type: Alphanumeric         Data Source:       Claim         Field 5:       HCPCS_PROCEDURE_CODE         HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.         Coding Scheme:       S         S       Type: Alphanumeric       Data Source: Claim         Field 6:       MODIFIER_1         Identifies special circumstances related to the performance of the service         Coding Scheme:       12       Increased procedural services         21       Unsula Anesthesia       P5       A motibund patient who is not expected to survive without the operation dual Management Service by the Same Physician or Other Qualified Heath Care Professional during a Pos			RHC/FQHC Practitioner to a Member in		
RHC/TQHC Practitioner to a Member in a SNF (not CO vered Part A Suy) or NF or ICF MR or Other Residential Facility         0326       Freestanding Clinic - urgent care         Length:       4       Type: Alphanumeric       Data Source: Claim         Field 3:       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 4:       HCPCS_QUALIFIER         HCFA Common Procedure Coding System (HCPCS) Codes Indicator         Length:       2       Type: Alphanumeric       Data Source: Claim         Field 5:       HCPCS_PROCEDURE_CODE         HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.         Coding Scheme:       See http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp for complete list.         Length:       5       Type: Alphanumeric       Data Source: Claim         Field 6:       MODIFIER_1       Identifies special circumstances related to the performance of the service         Coding Scheme:       22       Increased procedural services       P4         23       Unusual Anesthesia       P5       A patient with serve systemic disease that is a constant threat to life         24       Unrelated Evaluation and Management Service by the Sam		0525			
a SNF foot Covered Part A Stay or NF or ICT KR or Other Residential Facility 0526 Freestanding Clinic - urgent care Length: 4 Type: Alphanumeric Data Source: Claim Field 3: 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 4: HCPCS_QUALIFIER HCFA Common Procedure Coding System (HCPCS) Codes Indicator Length: 2 Type: Alphanumeric Data Source: Claim Field 5: HCPCS_PROCEDURE_CODE HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations. Coding Scheme: See http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp for complete list. Length: 5 Type: Alphanumeric Data Source: Claim Field 6: MODIFIER_1 Identifies special circumstances related to the performance of the service Coding Scheme: 22 Increased procedural services OP A A patient with severe systemic disease that is a constant threat to life 23 Unusual Anesthesia P A patient with severe systemic disease that is a Service by the Same Physician or Other Qualified Health Care Professional during a Pootsperative Proid 24 Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service 26 Professional component E2 Lower left eyelid and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service 26 Professional Component E2 Lower left eyelid 33 Preventive Service F1 Left hand, field height 34 Mutiple Procedures F1 Left hand, field height 35 Discontinued Procedures F1 Left hand, field height 36 Biateral Procedures F1 Left hand, field height 36 Biateral Procedures F1 Left hand, field height 37 Mutiple Procedures F1 Left hand, field height 38 Discontinued Procedures F1 Left hand, field height 39 Discontinued Procedures F1 Left hand, field height 30 Discontinued Procedures F1 Left hand, field height 31 Mu					
or UCF WR or Other Residential Facility         0526       Freestanding Clinic - urgent care         Length:       4       Type: Alphanumeric       Data Source: Claim         Field 3:       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 4:       HCPCS_QUALIFIER         HCFA Common Procedure Coding System (HCPCS) Codes Indicator         Length:       2       Type: Alphanumeric       Data Source: Claim         Field 5:       HCPCS_PROCEDURE_CODE         HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.         Coding Scheme:       See http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp for complete list.         Length:       5       Type: Alphanumeric       Data Source: Claim         Field 6:       MODIFIER_I       Identifies special circumstances related to the performance of the service         1       Identifies special circumstances related to the performance of the service         23       Unusual Anesthesia       P5       A morbund patient whose organs are being removed for donor purposes on the Same Day of the Professional during a Postoperative Period         24       Unrelated Evaluation and Management Service by the Same Physician or Ot					
Length:       4       Type:       Alphanumeric       Data Source:       Claim         Field 3:       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 4:       HCPCS_QUALIFIER       HCPCS_QUALIFIER       HCPCS_PROCEDURE_CODE         Harder       Alphanumeric       Data Source:       Claim         Field 5:       HCPCS_PROCEDURE_CODE       HCPCS) code applicable to ancillary services or accommodations.         Coding Scheme:       See http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/ist.asp for complete list.         Length:       5       Type:       Alphanumeric       Data Source:       Claim         Field 6:       MODIFIER 1       Identifies special circumstances related to the performance of the service       Costant 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       A declared brain-dead patient whose organs are being removed for donor purposes         25       Significant, Separately Identifiable Evaluation E1       Upper left eyelid       23         26       Profesisonal Component			or ICF MR or Other Residential Facility		
Field 3:       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 4:       HCPCS_QUALIFIER         HCFA Common Procedure Coding System (HCPCS) Codes Indicator         Length:       2       Type: Alphanumeric       Data Source: Claim         Field 5:       HCPCS_PROCEDURE_CODE         HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.         Coding Scheme:       See http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp for complete list.         Length:       5       Type: Alphanumeric       Data Source: Claim         Field 6:       MODIFIER_1       Identifies special circumstances related to the performance 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 th operation         24       Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period       E1       Upper right cyclid         25       Significant, Separately Identifiable Evaluation E1       Upper right cyclid <th></th> <th>0526</th> <th>Freestanding Clinic - urgent care</th> <th></th> <th></th>		0526	Freestanding Clinic - urgent care		
Field 3:       REVENUE_CODE_SEQUENCE_NUMBER         Assignment of numbers to indicate the order of submission of the revenue codes         1       3       Type: Alphanumeric       Data Source: Assigned         Field 4:       HCPCS_QUALIFIER         HCFA Common Procedure Coding System (HCPCS) Codes Indicator         Length:       2       Type: Alphanumeric       Data Source: Claim         Field 5:       HCPCS_PROCEDURE_CODE         HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.         Coding Scheme:       See http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp for complete list.         Length:       5       Type: Alphanumeric       Data Source: Claim         Field 6:       MODIFIER_1       Identifies special circumstances related to the performance of the service         Coding Scheme:       22       Increased procedural services       P4       A patient with sort expected to survive without th operation         23       Unusual Anesthesia       P5       A moribund patient who is not expected to survive without th operation         24       Urrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period       E2       Lower left eyelid         25       Significant, Separately Identifiable Evaluation in and Management Service       E3 <td< th=""><th>Length:</th><th>4</th><th>Type: Alphanumeric Data</th><th>Source</th><th>: Claim</th></td<>	Length:	4	Type: Alphanumeric Data	Source	: Claim
Assignment of numbers to indicate the order of submission of the revenue codes         Length:       3       Type:       Alphanumeric       Data Source:       Assigned         Field 4:       HCPCS_QUALIFIER       HCFA Common Procedure Coding System (HCPCS) Codes Indicator       Length:       2       Type:       Alphanumeric       Data Source:       Claim         Field 5:       HCPCS_PROCEDURE_CODE       HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.         Coding Scheme:       See http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp for complete list.         Length:       5       Type:       Alphanumeric       Data Source:       Claim         Field 6:       MODIFIER 1       Identifies special circumstances related to the performance 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 motibund patient whose organs are being removed for donor purposes         24       Urrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period       E1       Upper left eyelid         25       Significant, Separately Identifiable Evaluation and Management Service       E2       Lower left eyelid         26	Field 3:	REV	ENUE CODE SEOUENCE NUN	IBER	
Length:       3       Type:       Alphanumeric       Data Source:       Assigned         Field 4:       HCPCS_QUALIFIER       HCFA Common Procedure Coding System (HCPCS) Codes Indicator         Length:       2       Type:       Alphanumeric       Data Source:       Claim         Field 5:       HCPCS_PROCEDURE_CODE       HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.         Coding Scheme:       See http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp for complete list.         Length:       5       Type:       Alphanumeric       Data Source:       Claim         Field 6:       MODIFIER 1       Identifies special circumstances related to the performance of the service       Coding Scheme:       21       Increased procedural services       P4       A patient with severe systemic disease that is a constant threat to life         23       Unusual Anesthesia       P5       A moribund patient whose organs are being removed for donor purposes         24       Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Prostoperative Period       25       Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional Component       E1       Loper right eyelid         26       Professional Component       E2       Lower right eyelid<					bmission of the revenue codes
Field 4:       HCPCS_QUALIFIER         HCFA Common Procedure Coding System (HCPCS) Codes Indicator         Length:       2       Type: Alphanumeric       Data Source: Claim         Field 5:       HCPCS_PROCEDURE_CODE         HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.         Coding Scheme:       See http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp for complete list.         Length:       5       Type: Alphanumeric       Data Source: Claim         Field 6:       MODIFIER_1       Identifies special circumstances related to the performance of the service         23       Unusual Anesthesia       P5       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       P6       A declared brain-dead patient whose organs are being removed for donor purposes         25       Significant, Separately Identifiable Evaluation       E1       Upper left eyelid         26       Professional on the Same Day of the Procedure or Other Same Day of th	Longth				
HCFA Common Procedure Coding System (HCPCS) Codes Indicator         Length:       2       Type:       Alphanumeric       Data Source:       Claim         Field 5:       HCPCS_PROCEDURE_CODE       HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.         Coding Scheme:       See http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp for complete list.         Length:       5       Type:       Alphanumeric       Data Source:       Claim         Field 6:       MODIFIER_1       Identifies special circumstances related to the performance of the service       Claim         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 Care Professional during a Postoperative Period       E1       Upper left eyelid         25       Significant, Separately Identifiable Evaluation et hesita E/M encluters on the Same Date       E2       Lower left eyelid         26       Professional component       E2       Lower left eyelid       E3       Professional Component         25       Bialateral Procedure       F1       L				Source	Assigned
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<ul> <li>Multiple Outpatient Hospital E/M Encounters on the Same Date</li> <li>Mandated Services</li> <li>Preventive Service</li> <li>Left hand, second digit</li> <li>Anesthesia by Surgeon</li> <li>Left hand, fourth digit</li> <li>Bilateral Procedure</li> <li>Multiple Procedures</li> <li>Reduced Services</li> <li>Sizentinued Procedure</li> <li>Surgical Care Only</li> <li>Preventive Management Only</li> <li>Right hand, fifth digit</li> <li>Right hand, fourth digit</li> <li>Right hand, fourth digit</li> <li>Right hand, fourth digit</li> <li>Right hand, fifth digit</li> <li>Right hand, fourth digit</li> <li>Right hand, fifth digit</li> <li>Right hand, fifth digit</li> <li>Right hand, fifth digit</li> </ul>	Length: Field 6:	acco See / 5 MOI Ident 22 23 24	mmodations. http://www.cms.hhs.gov/HCPCSRelect Type: Alphanumeric Data DIFIER_1 tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the	the perf P4 P5 P6	Sets/ANHCPCS/list.asp for complete list. Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes
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55Postoperative Management OnlyF8Right hand, fourth digit56Preoperative Management OnlyF9Right hand, fifth digit	Length: Field 6:	acco: See <i>I</i> 5 <b>MOI</b> Ident 22 23 24 25 26 27 32 33 47 50 51 52	mmodations. http://www.cms.hhs.gov/HCPCSRelect Type: Alphanumeric Data DIFIER_1 tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedures Reduced Services	the perf P4 P5 P6 n E1 s E2 E3 E4 F1 F2 F3 F4 F5	Sets/ANHCPCS/list.asp for complete list. : Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower right eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, firth digit Left hand, fifth digit Right hand, thumb
56 Preoperative Management Only F9 Right hand, fifth digit	Length: Field 6:	acco: See <i>I</i> 5 <b>MOI</b> Ident 22 23 24 25 26 27 32 33 47 50 51 52 53	mmodations. http://www.cms.hhs.gov/HCPCSRelect Type: Alphanumeric Data DIFIER_1 tifies special circumstances related to Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluatio and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures Reduced Services Discontinued Procedure	the perf P5 P6 n E1 s E2 s E3 E4 F1 F2 F3 F4 F5 F6	Sets/ANHCPCS/list.asp for complete list. : Claim Cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower right eyelid Lower right eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, firth digit Right hand, second digit Right hand, second digit
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Coding Scheme: Length:		ntifies special circumstant ne as MODIFIER_1 <b>Type:</b> Alphanume		e perfo ource:	
Field 9:		DIFIER_4	• • •	-	<u> </u>
Length:	2	Type: Alphanume	eric Data S	ource:	Claim
Coding Scheme:		ntifies special circumstance as MODIFIER_1		-	
Field 8:		DIFIER_3	noos rolatod to th	no norto	armance of the service
Length:	2	Type: Alphanume	eric Data S	ource:	Claim
Coding Scheme:		e as MODIFIER_1			
		ntifies special circumstan	nces related to th	ne perfo	ormance of the service.
Field 7:		DIFIER_2			
Length:	2	Type: Alphanume	eric Data S	ource:	Claim
	P3	A patient with severe system			The second s
	P1 P2	A normal healthy patient A patient with mild system	ic disease	XP XU	Separate Practitioner Unusual Non-Overlapping Service
	<b>D1</b>	specified		VD	Saparata Dragtition an
	or	Performance Measure Repo Action not performed, reas	•	XS	Separate Structure
	8P	to System Reasons		ve	Saparata Structure
	3P	to Patient Reasons Performance Measure Excl	usion Modifier due	XE	Separate Encounter
	2P	Performance Measure Excl	usion Modifier due	TA	Left foot, great toe
	1P	Performance Measure Excl to Medical Reasons	usion Modifier due	Т9	Right foot, fifth digit
	99	Multiple Modifiers		T8	Right foot, fourth digit
		Via a Real-Time Interactive Telecommunications System			
	95	Synchronous Telemedicine		T7	Right foot, third digit
	92	Alternative Laboratory Plat	form Testing	T6	Right foot, second digit
	90 91	Reference (Outside) Labora Repeat Clinical Diagnostic	•	T4 T5	Left foot, fifth digit Right foot, great toe
	82	Repeat procedure by same		T3	Left foot, fourth digit
	81	Minimum Assistant Surgeo		T2	Left foot, third digit
	80	Professional During the Pos Assistant Surgeon	stoperative Period	T1	Left foot, second digit
		Physician or Other Qualifie	ed Health Care		
	79	During the Postoperative Po Unrelated Procedure or Ser		RT	Right side of the body procedure
		Initial Procedure for a Rela	ted Procedure		
		Qualified Health Care Profe			
	78	Unplanned Return to the O Room by the Same Physici		RI	Ramus intermedius coronary artery
	11	Repeat Procedure by Anoth Other Qualified Health Car		RC	Right corollary altery
	77	Qualified Health Care Profe	essional	-	of services Right coronary artery
	76	Administration of Anesthes Repeat Procedure by Same		QN	Ambulance service furnished directly by a provide
		Surgery Center (ASC) Proc	edure after	M	a provider of services
	74	Administration of Anesthes Discontinued Outpatient He		Q	Ambulance service provided under arrangement by
		Surgery Center (ASC) Proc	edure prior to the		
	73	Discontinued Outpatient H	ospital/Ambulatorv	M LT	Left side of the body procedure
	66	Surgical Team		L	Left main coronary artery
	62 63	Two Surgeons Procedure Performed on In	fants less than 4kg	LC LD	Left circumflex coronary artery Left anterior descending coronary artery
					mammogram on same day
	59	Period Distinct Procedural Service		GH	Diagnostic mammogram converted from screening
		Same Physician or Other Q Care Professional During th			mammography and diagnostic mammography on same patient, same day.
			e or Service by the		Performance and payment of a screening

Coding Scheme:	Code specifying the units in which a value is being expressed. DA Days F2 International unit UN Unit						
Length:	2 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim			
Field 11:	UNITS_OF_S	ERVICE					
	Numeric value	of quantity					
Length:	7 <b>Type:</b>	Numeric	Data Source:	Claim			
Field 12:	UNIT_RATE						
	Rate per unit						
Length:	12 <b>Type:</b>	Numeric	Data Source:	Claim			
Field 13:	CHRGS_LINI	E_ITEM					
	Total amount of the charge						
Length:	14 <b>Type:</b>	Numeric	<b>Data Source:</b>	Assigned			
Field 14:	CHRGS_NON	COV					
	Total non-cove	red amount of the c	charge				
Length:	14 <b>Type:</b>	Alphanumeric	Data Source:	Assigned			

# FACILITY TYPE INDICATOR FILE

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2022		Page	
	trom reporting POA to the dep	artment: Crit	ical Access Hospitals, Inpatient Rehabilitation
			lentifies the following facility types as exempt
			ired to submit Diagnosis Present on Admission
Field 15:	POA_PROVIDER_INDICAT		
Length:	1 <b>Type:</b> Alphanumeric	Data Sour	ce: Provider
8	X Facility also treat children	U r	
Coding Scheme:	C Member, Council of Teachin	ng Hospitals	
	Pediatric Facility Indicator.		
Field 14:	FAC_PEDS_IND		
Length:	1 <b>Type:</b> Alphanumeric		ce: Provider
	Other Long Term Care Facility	Indicator.	
Field 13:	FAC_OTHER_LTC_IND	2 5001	
Length:	1 <b>Type:</b> Alphanumeric		ce: Provider
	Long Term Acute Care Facility		
Field 12:	FAC_LONG_TERM_AC_IN		
Length:	1 <b>Type:</b> Alphanumeric		
		tor Hospital	facility type indicator provided by the hospital.
Field 11:	FAC_SNF_IND	Data Sour	
Length:	Acute Care Facility Indicator. 1 <b>Type:</b> Alphanumeric	Data Sour	ce: Provider
riela IV:	FAC_ACUTE_CARE_IND		
Length: Field 10:	1 Type: Alphanumeric	Data Sour	ce: Provider
I ongth:	Rehabilitation Facility Indicato		no. Provider
riela 9:	FAC_REHAB_IND	<b>.</b>	
Length: Field 9:	1 Type: Alphanumeric	Data Sour	ce: Provider
I ongth:	Psychiatric Facility Indicator.	Date Sour	no. Provider
Field 8:	FAC_PSYCH_IND		
Length:	1 Type: Alphanumeric	Data Sour	ce: Provider
Longth	X Other Teaching facility	Data Sam	no. Drowider
Coding Scheme:	A Member, Council of Teaching	ng Hospitals	
Codine Colores	Teaching Facility Indicator.	II <sup>1</sup> /- 1	
Field 7:	FAC_TEACHING_IND		
Length:	9 Type: Alphanumeric	Data Sour	ce: Provider
I ongth.	Hospital ZIP code provided by		Drovider
Field 6:	PROVIDER_ZIP	the hearital	
Length:	2 Type: Alphanumeric	Data Sour	ce: Provider
I ongth.	Hospital state provided by the l		no. Provider
Field 5:	PROVIDER_STATE	hoomital	
Length:	20 Type: Alphanumeric	Data Sour	ce: Provider
T	Hospital city provided by the h	-	Du llu
Field 4:	PROVIDER_CITY		
Length:	50 <b>Type:</b> Alphanumeric	Data Sour	ce: Provider
T an ath i	Hospital address provided by th		Durridan
Field 3:	PROVIDER_ADDR		
Length:	55 <b>Type:</b> Alphanumeric	Data Sour	ce: Provider
	Hospital name provided by the	-	
Field 2:	PROVIDER_NAME		
Length:	6 <b>Type:</b> Alphanumeric	Data Sour	
	Provider ID. Unique identifier	assigned to t	he provider by THCIC.
Field 1:	THCIC_ID		

	Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals Children's or Pediatric F and Long-Term Care Hospitals.							
Coding Scheme:	М	Mixed (Fa patients)	cility has sections tha	t would be exempted fi	rom reporting POA for those			
	R	Required						
	Х	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			

Field 1:	RECORD_ID						
T A	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 <sup>13</sup> 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 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. The calculation for this field is updated annually.						
Length:	5 Type: Alphanumeric Data Source: Assigned						
Field 5:	FROZEN_MS_GROUPER_ERROR_CODE						
C. P. C.L.	Error codes identify potential variations with MS DRG code assignment. The calculation for						
Coding Scheme:	this field is updated annually. 00 No errors. DRG successfully assigned. 19 DisableHac = 0 and at least one HAC POA is invalid or ex						
	Diagnosis code cannot be used as						
	01 DisableHac is invalid and at least one HAC POA is N or U						
	02 Record does not meet criteria for any 21 DisableHac is invalid and at least one HAC POA is invalid						
	02     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 exemption						
	05 Invalid Discharge Status $24$ DisableHac = 0 and there are multiple HACs that have difference of the there are multiple HACs that have difference of the theta are multipl						
	not Y, W, N, U DisableHac is invalid and there are multiple HACs that ha						
	10 Illogical Principal Diagnosis (CMS only) 25 are not Y or W						
	11 Invalid Principal Diagnosis						
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> 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.						
Coding Scheme:	1 Minor						
Sound Scheme.	2 Moderate						
	3 Major						
2022	4 Extreme						
2022	Page						

## **GROUPER FILE**

Initial and Group (DRG) from the 3M APR-lated Groups inpatient grouper). A patient opendent upon the number and interaction for this field is updated annual field is updated annual operation for this field is updated annual operation for the company 3M. Grouper refers to software or methodol operation for the company 3M. Groupers in fitware), Outpatient Groupers (3M Enhapped annually.         Type:       Alphanumeric       Da operation for the software operation for the software operation for the software operation operation operation for the software operation operation operation operation for the software operation opera	from the All Patient Refined (APR) Diagnosis DRG Grouper (3M All Patient Refined Diagnostic ent is assigned to one of four severity levels on of complications and comorbidities for their e extent of physiologic decompensation. The lly. Minor Moderate Major Extreme No class specified ata Source: Provider stic Category (MDC) is a three-digit numeric code to broad categories based on condition type and G Grouper, version 20. 3M All Patient Refined – G) is a methodology that classifies hospital sion, severity of illness and risk of mortality. It is a opy to classify patients into groups for classification, nclude Inpatient Groupers (3M APR DRG anced Ambulatory Patient Groups – EAPGs) and k Groups), among others. The calculation for this ata Source: Assigned
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CRSION_NBR         rsion number of the 3M APR-DRG Grown         nually.         Type:       Alphanumeric       Da         OZEN_APR_GRP_ERROR_C         DE	-
rsion number of the 3M APR-DRG Gro nually. <b>Type:</b> Alphanumeric <b>Da</b> <b>OZEN_APR_GRP_ERROR_C</b> <b>DE</b>	-
nually. <b>Type:</b> Alphanumeric <b>Da</b> <b>OZEN_APR_GRP_ERROR_C</b> DE	-
Type:AlphanumericDaOZEN_APR_GRP_ERROR_CDE	ata Source: Assigned
OZEN_APR_GRP_ERROR_C DE	au bourcer Assigned
DE	
	Common The coloration for this field is undeted
<b>.</b> .	G Grouper. The calculation for this field is updated
nually.	
C: Hospital Acquired Condition	
A: Present on Admission	
e	9 DisableHac = $0$ and at least one HAC POA is invalid or ex
	0 DisableHac is invalid and at least one HAC POA is N or U
	bisablemae is invalid and at least one mater of is it of t
Invalid Age 2	1 DisableHac is invalid and at least one HAC POA is invalid
Invalid Sex 22	
Invalid Discharge Status 2.	1
Invalid birthweight (AP & APR only) 24	1
Invalid discharge and in Jour (AD & ADD )	not Y, W, N, U Disable Use is invalid and there are multiple UACs that has
	5 DisableHac is invalid and there are multiple HACs that has are not Y or W
	ata Source: Assigned
	oun (MS DRG) as assigned by software developed
· · · · · ·	
· · · · ·	ata Source: Assigned
Page	
	Diagnosis code cannot be used as       1         principal diagnosis       Record does not meet criteria for any       2         DRG       Invalid Age       2         Invalid Sex       2       2         Invalid Discharge Status       2         Invalid birthweight (AP & APR only)       2         Invalid discharge age in days (AP & APR 2 only)       1         Invalid Principal Diagnosis       Type:         Alphanumeric       Das         S_DRG       2         edicare Severity Diagnostic Related Gree       2         Centers for Medicare and Medicaid Set       3         Iministration (HCFA)) to facilitate hosp       3         culation for this field is updated quarte       3         Type:       Alphanumeric       3

	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 <sup>13</sup> as assigned by software developed for the Centers for Medicare and Medicaid							
				inistration (HCFA)) It facilitates				
	hospital payment for Medicare beneficiaries. First available 2004. The calculation for							
	field is update							
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Assigned				
Field 14:		ER_VERSION_NBR						
				ormerly CMS DRG Grouper and				
				_NBR) version used to assign MS				
C. P. C.L.	DRG and, MS MDC codes The calculation for this field is updated quarterly. C Member, Council of Teaching Hospitals							
Coding Scheme:			spitals					
Longth		o treat children	Data Sauraa	Assigned				
Length:	5 Type:	Alphanumeric	Data Source:	Assigned				
Field 15:		ER_ERROR_CODE		code assignment. The calculation for				
		dated quarterly.	olis with wis DKG	code assignment. The calculation for				
Coding Scheme:	No among	. DRG successfully						
County Scheme.	00 assigned.		19 DisableHac =	0 and at least one HAC POA is invalid or exempt				
		s code cannot be used as	20 DisableHac is	invalid and at least one HAC POA is N or U				
	principal	diagnosis	20 Disableriae is	invalid and at least one first i of this is of 0				
	02 Record de DRG	oes not meet criteria for any	21 DisableHac is	invalid and at least one HAC POA is invalid or ex-				
	03 Invalid A	ge	22 DisableHac =	0 and at least one HAC POA is exempt				
	04 Invalid Se	ex		invalid and at least one HAC POA is exempt				
	05 Invalid D	vischarge Status	/4	0 and there are multiple HACs that have different 1				
	Illogical I	Principal Diagnosis (CMS	W, N, U DisableHac is	invalid and there are multiple HACs that have diff				
	10 integretaria	Thepai Diagnosis (CIVIS	25 not Y or W	invalue and there are multiple fraces that have diff				
	11 Invalid Pr	rincipal Diagnosis						
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Assigned				
Field 16:	APR_DRG							
	All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG							
				roups inpatient grouper). Incorporates				
		ity (ROM) and severity	· · ·					
			Data Sauroa	Assigned				
Length:	4 <b>Type:</b>	Alphanumeric	Data Source:	Assigned				
Length: Field 17:	4 Type: RISK_MOR	TALITY		<u>v</u>				
	4Type:RISK_MORAssignment of	<b>TALITY</b> f a risk of mortality sco	ore from the 3M A	PR-DRG Grouper (3M All Patient				
	4 Type: RISK_MOR Assignment o Refined Diagn	TALITY           f a risk of mortality sconstic           Related           Groups	ore from the 3M Al inpatient grouper).	PR-DRG Grouper (3M All Patient A patient is assigned to one of four				
	4 Type: RISK_MOR Assignment o Refined Diagn risk-of-mortal	TALITY         f a risk of mortality sconstic Related Groups         ity levels for their specified	ore from the 3M Alinpatient grouper).	PR-DRG Grouper (3M All Patient A patient is assigned to one of four DRG. Often correlated with the risk				
	4 Type: RISK_MOR' Assignment o Refined Diagn risk-of-mortal of mortality, h	<b>TALITY</b> f a risk of mortality sco nostic Related Groups lity levels for their spec nowever it is possible to	ore from the 3M A inpatient grouper). cific base 3M APR o have an illness of	PR-DRG Grouper (3M All Patient A patient is assigned to one of four DRG. Often correlated with the risk f high severity, but low mortality risk.				
	4 Type: RISK_MOR' Assignment o Refined Diagr risk-of-mortal of mortality, h The risk of mortal	<b>TALITY</b> f a risk of mortality sco nostic Related Groups lity levels for their spec nowever it is possible to ortality score indicates	ore from the 3M A inpatient grouper). cific base 3M APR o have an illness of	PR-DRG Grouper (3M All Patient A patient is assigned to one of four DRG. Often correlated with the risk				
Field 17:	4 Type: RISK_MOR Assignment o Refined Diagn risk-of-mortal of mortality, h The risk of mo updated quart	<b>TALITY</b> f a risk of mortality sco nostic Related Groups lity levels for their spec nowever it is possible to ortality score indicates	ore from the 3M Al inpatient grouper). cific base 3M APR o have an illness of the likelihood of d	PR-DRG Grouper (3M All Patient A patient is assigned to one of four DRG. Often correlated with the risk f high severity, but low mortality risk.				
	4 Type: RISK_MOR' Assignment o Refined Diagr risk-of-mortal of mortality, h The risk of mortal	<b>TALITY</b> f a risk of mortality sco nostic Related Groups lity levels for their spec nowever it is possible to ortality score indicates	ore from the 3M A inpatient grouper). cific base 3M APR o have an illness of	PR-DRG Grouper (3M All Patient A patient is assigned to one of four DRG. Often correlated with the risk f high severity, but low mortality risk.				
Field 17:	4 Type: <b>RISK_MOR'</b> Assignment o Refined Diagr risk-of-mortal of mortality, h The risk of mo updated quarter 1 2 3	<b>TALITY</b> f a risk of mortality sco nostic Related Groups lity levels for their spec nowever it is possible to ortality score indicates	ore from the 3M Al inpatient grouper). cific base 3M APR o have an illness of the likelihood of d Minor Moderate Major	PR-DRG Grouper (3M All Patient A patient is assigned to one of four DRG. Often correlated with the risk f high severity, but low mortality risk.				
Field 17: Coding Scheme:	4 Type: <b>RISK_MOR'</b> Assignment o Refined Diagr risk-of-mortal of mortality, h The risk of mo updated quarter 1 2 3 4	<b>TALITY</b> f a risk of mortality sco nostic Related Groups lity levels for their spec nowever it is possible to ortality score indicates erly.	ore from the 3M Al inpatient grouper). cific base 3M APR o have an illness of the likelihood of d Minor Moderate Major Extreme	PR-DRG Grouper (3M All Patient A patient is assigned to one of four DRG. Often correlated with the risk f high severity, but low mortality risk. lying. The calculation for this field is				
Field 17: Coding Scheme: Length:	4 Type: <b>RISK_MOR'</b> Assignment o Refined Diagr risk-of-mortal of mortality, h The risk of mo updated quarter 1 2 3 4 1 <b>Type:</b>	<b>TALITY</b> f a risk of mortality sco nostic Related Groups lity levels for their spec nowever it is possible to ortality score indicates erly. Alphanumeric	ore from the 3M Al inpatient grouper). cific base 3M APR o have an illness of the likelihood of d Minor Moderate Major	PR-DRG Grouper (3M All Patient A patient is assigned to one of four DRG. Often correlated with the risk f high severity, but low mortality risk.				
Field 17: Coding Scheme:	4Type:RISK_MOR'Assignment oRefined Diagnrisk-of-mortalof mortality, hThe risk of mortality, h1234ILLNESS_SI	TALITY         f a risk of mortality sconstic Related Groups         nostic Related Groups         lity levels for their spectromover it is possible to ortality score indicates         ortality score indicates         erly.         Alphanumeric         EVERITY	ore from the 3M Al inpatient grouper). cific base 3M APR o have an illness of the likelihood of d Minor Moderate Major Extreme <b>Data Source:</b>	PR-DRG Grouper (3M All Patient A patient is assigned to one of four DRG. Often correlated with the risk f high severity, but low mortality risk. lying. The calculation for this field is Asigned				
Field 17: Coding Scheme: Length:	4Type:RISK_MOR'Assignment oRefined Diagnrisk-of-mortalof mortality, hThe risk of moupdated quarted12341Type:ILLNESS_SIAssignment o	TALITY         f a risk of mortality sconstic Related Groups         nostic Related Groups         lity levels for their spectromover it is possible to ortality score indicates         ortality score indicates         erly.         Alphanumeric         EVERITY         f a severity of illness so	ore from the 3M Al inpatient grouper). cific base 3M APR o have an illness of the likelihood of d Minor Moderate Major Extreme <b>Data Source:</b> core from the All F	PR-DRG Grouper (3M All Patient A patient is assigned to one of four DRG. Often correlated with the risk f high severity, but low mortality risk. lying. The calculation for this field is Asigned Patient Refined (APR) Diagnosis				
Field 17: Coding Scheme: Length:	4       Type:         RISK_MOR'         Assignment o         Refined Diagn         risk-of-mortal         of mortality, h         The risk of mo         updated quarter         1         2         3         4         1         Type:         ILLNESS_SI         Assignment o         Related Group	TALITY         f a risk of mortality sconsoric Related Groups         nostic Related Groups         lity levels for their spectromover it is possible to ortality score indicates         ortality score indicates         erly.         Alphanumeric         EVERITY         f a severity of illness so p (DRG) from the 3M .	ore from the 3M Al inpatient grouper). cific base 3M APR o have an illness of the likelihood of d Minor Moderate Major Extreme <b>Data Source:</b> core from the All F APR-DRG Groupe	PR-DRG Grouper (3M All Patient A patient is assigned to one of four DRG. Often correlated with the risk f high severity, but low mortality risk. ying. The calculation for this field is Asigned Patient Refined (APR) Diagnosis er (3M All Patient Refined Diagnostic				
Field 17: Coding Scheme: Length:	4 Type: RISK_MOR' Assignment o Refined Diagn risk-of-mortal of mortality, h The risk of mo updated quarter 1 2 3 4 1 Type: ILLNESS_SI Assignment o Related Group Related Group	TALITY         f a risk of mortality sconsor         nostic Related Groups         lity levels for their spectromover         nowever it is possible to ortality score indicates         erly.         Alphanumeric         EVERITY         f a severity of illness sep         p (DRG) from the 3M         ps inpatient grouper). A	ore from the 3M Al inpatient grouper). cific base 3M APR o have an illness of the likelihood of d Minor Moderate Major Extreme <b>Data Source:</b> core from the All F APR-DRG Groupe	PR-DRG Grouper (3M All Patient A patient is assigned to one of four DRG. Often correlated with the risk f high severity, but low mortality risk. lying. The calculation for this field is <u>Asigned</u> Patient Refined (APR) Diagnosis or (3M All Patient Refined Diagnostic d to one of four severity levels				
Field 17: Coding Scheme: Length:	4       Type:         RISK_MOR'         Assignment o         Refined Diagn         risk-of-mortal         of mortality, h         The risk of mo         updated quarter         1         Type:         ILLNESS_SI         Assignment o         Related Group         Related Group         dependent upor	TALITY         f a risk of mortality sconsor         nostic Related Groups         lity levels for their spector         nowever it is possible to         ortality score indicates         erly.         Alphanumeric         EVERITY         f a severity of illness scope         p (DRG) from the 3M Apps inpatient grouper). Appn the number and inter	ore from the 3M Al inpatient grouper). cific base 3M APR o have an illness of the likelihood of d Minor Moderate Major Extreme <b>Data Source:</b> core from the All F APR-DRG Groupe A patient is assigned	PR-DRG Grouper (3M All Patient A patient is assigned to one of four DRG. Often correlated with the risk f high severity, but low mortality risk. lying. The calculation for this field is <u>Asigned</u> Patient Refined (APR) Diagnosis er (3M All Patient Refined Diagnostic d to one of four severity levels ations and comorbidities for their				
Field 17: Coding Scheme: Length:	4 Type: RISK_MOR' Assignment o Refined Diagn risk-of-mortal of mortality, h The risk of mo updated quarter 1 2 3 4 1 Type: ILLNESS_SI Assignment o Related Group Related Group dependent upo specific base 3	TALITY         f a risk of mortality sconsortic Related Groups         inostic Related Groups         lity levels for their spector         nowever it is possible to         ortality score indicates         erly.         Alphanumeric         EVERITY         f a severity of illness so         p (DRG) from the 3M Aps         ps inpatient grouper). App inpatient grouper). App App App App App CRG. Indicate	ore from the 3M Al inpatient grouper). cific base 3M APR o have an illness of the likelihood of d Minor Moderate Major Extreme <b>Data Source:</b> core from the All F APR-DRG Groupe A patient is assigne- raction of complica- es the extent of phy-	PR-DRG Grouper (3M All Patient A patient is assigned to one of four DRG. Often correlated with the risk f high severity, but low mortality risk. lying. The calculation for this field is <u>Asigned</u> Patient Refined (APR) Diagnosis or (3M All Patient Refined Diagnostic d to one of four severity levels				
Field 17: Coding Scheme: Length: Field 18:	4Type:RISK_MOR'Assignment oRefined Diagrrisk-of-mortalof mortality, hThe risk of moupdated quarter12341Type:ILLNESS_SIAssignment oRelated GroupRelated Groupdependent upospecific base 3calculation for	TALITY         f a risk of mortality sconsor         nostic Related Groups         lity levels for their spector         nowever it is possible to         ortality score indicates         erly.         Alphanumeric         EVERITY         f a severity of illness scope         p (DRG) from the 3M Apps inpatient grouper). Appn the number and inter	ore from the 3M Al inpatient grouper). cific base 3M APR o have an illness of the likelihood of d Minor Moderate Major Extreme <b>Data Source:</b> core from the All F APR-DRG Groupe A patient is assigned raction of complication es the extent of phy- juarterly.	PR-DRG Grouper (3M All Patient A patient is assigned to one of four DRG. Often correlated with the risk f high severity, but low mortality risk. lying. The calculation for this field is <u>Asigned</u> Patient Refined (APR) Diagnosis er (3M All Patient Refined Diagnostic d to one of four severity levels ations and comorbidities for their				
Field 17: Coding Scheme: Length:	4 Type: RISK_MOR' Assignment o Refined Diagn risk-of-mortal of mortality, h The risk of mo updated quarter 1 2 3 4 1 Type: ILLNESS_SI Assignment o Related Group Related Group dependent upo specific base 3	TALITY         f a risk of mortality sconsortic Related Groups         inostic Related Groups         lity levels for their spector         nowever it is possible to         ortality score indicates         erly.         Alphanumeric         EVERITY         f a severity of illness so         p (DRG) from the 3M Aps         ps inpatient grouper). App inpatient grouper). App App App App App CRG. Indicate	ore from the 3M Al inpatient grouper). cific base 3M APR o have an illness of the likelihood of d Minor Moderate Major Extreme <b>Data Source:</b> core from the All F APR-DRG Groupe A patient is assigne- raction of complica- es the extent of phy-	PR-DRG Grouper (3M All Patient A patient is assigned to one of four DRG. Often correlated with the risk f high severity, but low mortality risk. lying. The calculation for this field is <u>Asigned</u> Patient Refined (APR) Diagnosis er (3M All Patient Refined Diagnostic d to one of four severity levels ations and comorbidities for their				
Field 17: Coding Scheme: Length: Field 18: Coding Scheme:	4Type:RISK_MOR'Assignment oRefined Diagrrisk-of-mortalof mortality, hThe risk of moupdated quarter12341Type:ILLNESS_SIAssignment oRelated GroupRelated Groupdependent upospecific base 3calculation for	TALITY         f a risk of mortality sconsostic Related Groups         inostic Related Groups         lity levels for their spectromover it is possible to ortality score indicates         ortality score indicates         erly.         Alphanumeric         EVERITY         f a severity of illness so         p (DRG) from the 3M Aps inpatient grouper). Approach and inte         3M APR DRG. Indicate         r this field is updated q	ore from the 3M Al inpatient grouper). cific base 3M APR o have an illness of the likelihood of d Minor Moderate Major Extreme <b>Data Source:</b> core from the All F APR-DRG Groupe A patient is assigned raction of complica- tes the extent of phy- uarterly. Minor	PR-DRG Grouper (3M All Patient A patient is assigned to one of four DRG. Often correlated with the risk f high severity, but low mortality risk. lying. The calculation for this field is <u>Asigned</u> Patient Refined (APR) Diagnosis er (3M All Patient Refined Diagnostic d to one of four severity levels ations and comorbidities for their				
Field 17: Coding Scheme: Length: Field 18:	4Type:RISK_MOR'Assignment oRefined Diagrrisk-of-mortalof mortality, hThe risk of moupdated quarter12341Type:ILLNESS_SIAssignment oRelated GroupRelated Groupdependent upospecific base 3calculation for1	TALITY         f a risk of mortality sconsortic Related Groups         inostic Related Groups         lity levels for their spector         nowever it is possible to         ortality score indicates         erly.         Alphanumeric         EVERITY         f a severity of illness so         p (DRG) from the 3M Aps         ps inpatient grouper). App inpatient grouper). App App App App App CRG. Indicate	ore from the 3M Al inpatient grouper). cific base 3M APR o have an illness of the likelihood of d Minor Moderate Major Extreme <b>Data Source:</b> core from the All F APR-DRG Groupe A patient is assigne- raction of complica- es the extent of phy juarterly. Minor	PR-DRG Grouper (3M All Patient A patient is assigned to one of four DRG. Often correlated with the risk f high severity, but low mortality risk. lying. The calculation for this field is <u>Asigned</u> Patient Refined (APR) Diagnosis er (3M All Patient Refined Diagnostic d to one of four severity levels ations and comorbidities for their				

	2				Moderate			
	3 Major							
	4 Extreme							
<b>-</b> .	0	<b>T</b>			No class speci			
Length:	1	Type:	Alphanumeric	Data	Source:	Assigned		
Field 19:	API	R_MDC						
	All	Patient Re	efined (APR) Major Diag	gnostic	Category (	MDC) is a three-digit numeric code		
	that	groups be	eneficiary diagnosis code	s into	broad categ	ories 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							
					, seventy o	of filless and fisk of mortality. It is a		
			oduct of the company 31					
						patients into groups for classification,		
						nt Groupers (3M APR DRG		
	Soft	tware), Ou	tpatient Groupers (3M E	Enhanc	ed Ambulat	tory Patient Groups – EAPGs) and		
	Pop	ulation He	ealth Groupers (Clinical	Risk G	roups), am	ong others. The calculation for this		
	field is updated quarterly.							
Length:	2	Type:	Alphanumeric	Data	Source:	Assigned		
Field 20:	API	R GROU	PER VERSION NBR	2		<u></u>		
	Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated							
	quarterly.							
Length:	5	Type:	Alphanumeric	Data	Source:	Assigned		
Field 21:			PER ERROR CODE					
		_		RGG	rouper The	e calculation for this field is updated		
			signed by the SWI AI K-1		rouper. The	e calculation for this field is updated		
	quarterly.							
		-	al Acquired Condition					
			on Admission					
		0	stic Related Group					
Coding Scheme:	00		s. DRG successfully assigned	12		l age/birth weight conflict (APR only)		
	01	0	is code cannot be used as	19	DisableHa	c = 0 and at least one HAC POA is invalid or exer		
	02		l diagnosis loes not meet criteria for any	20	DisableHa	c is invalid and at least one HAC POA is N or U		
	02	DRG	loes not meet enterna for any	20	Disableria	e is invalid and at least one fract OA is Nor O		
	03	Invalid A	Age	21	DisableHa	c is invalid and at least one HAC POA is invalid (		
	04	Invalid S	6	22		c = 0 and at least one HAC POA is exempt		
	05	Invalid I	Discharge Status	23	DisableHa	c is invalid and at least one HAC POA is exempt		
	06	Invalid b	birthweight (AP & APR only)	24	DisableHa not Y, W, I	c = 0 and there are multiple HACs that have diffe		
	09	Invalid d only)	lischarge age in days (AP & Al	PR 25		c is invalid and there are multiple HACs that have		
	11		Principal Diagnosis					
Length:	2		Alphanumeric	Data	Source:	Assigned		
Length:	2	Type:	Alphanumeric	Data	Source:	Assigned		

# DATA ELEMENT

## **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

Data Dictionary #	RDF Field Name	Length	Field Type
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
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

Data Dictionary #	RDF Field Name	Length	Field Type
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
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

Data Dictionary #	RDF Field Name	Length	Field Type
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
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

Data Dictionary #	RDF Field Name	Length	Field Type
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
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

Data Dictionary #	RDF Field Name	Length	Field Type
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
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

Data Dictionary #	RDF Field Name	Length	Field Type
272	WARD_AMOUNT	12	Numeric
273	ICU_AMOUNT	12	Numeric
274	CCU_AMOUNT	12	Numeric
275	OTHER_AMOUNT	12	Numeric
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

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

## **CHARGES 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

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

## **GROUPER FILE**

## APPENDIX

## **History of Changes**

#### **2022 Revisions**

Field 318: DISCHARGE: Additional information regarding the breakdown of months into quarters added Added Fields: Fields 1-21 in the grouper data file.

## **External Code Sources**

https://www.census.gov/programs-surveys/geography/about/glossary.html#par\_textimage\_4 https://www.cms.gov/glossary?term=National+Payer&items\_per\_page=10 https://www.cms.gov/glossary?term=Admitting+Diagnosis+Code&items\_per\_page=30&viewmode=grid https://www.cms.gov/glossary?term=Diagnosis+Code&items\_per\_page=30&viewmode=grid https://www.3m.com/3M/en\_US/health-information-systems-us/drive-value-based-care/patient-classificationmethodologies/apr-drgs/\_ttps://resdac.org/cms-data/variables/principal-procedure-code https://www.ahrq.gov/hai/hac/tools.html#:~:text=Hospital%2DAcquired%20Conditions%20(HACs),conditions%20 cause%20harm%20to%20patients