TEXAS Health and Human Services | Texas Department of State Health Services

# Center for Health Statistics
# Texas Health Care Information Collection

# TEXAS HOSPITAL EMERGENCY DEPARTMENT PUBLIC USE DATA FILES

## USER MANUAL

## 2020

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## BACKGROUND

The 2014-15 General Appropriations Act, S.B. 1, 83rd Texas Legislature, Regular Session, 2013 (Article II, Department of State Health Services [DSHS], Rider 93) specified that DSHS shall collect hospital emergency department (ED) data as set forth in Chapter 108, Texas Health and Safety Code (THSC). DSHS currently collects inpatient and outpatient data from hospitals and ambulatory surgical centers. DSHS began collecting ED data from hospitals on January 1, 2015 per 25 Texas Administrative Code (TAC), Sections 421.71-421.78, and in conjunction with the collection of inpatient and outpatient data.

Sections 108.011(a) and 108.013 of the THSC require DSHS to provide public use data promptly and to protect patient and physician privacy and confidentiality. Also, THSC, Section 108.012 authorizes DSHS to charge the data requestor a standard fee to recoup funds for sustaining the program processing the data.

## HOSPITAL EMERGENCY DEPARTMENT PUBLIC USE DATA FILES

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

The providers/submitters must submit their data according to the schedule specified in 25 TAC, Sections 421.73, 421.75 and 421.76 (which references 25 TAC, Sections 421.63, 421.65 and 421.66). The reporting schedules are also posted on the DSHS/THCIC webpage http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm. This means that the Hospital ED PUDF reflects a snapshot in time and each quarter may contain some inpatient encounter records or outpatient event records dated in the previous quarter (i.e. for a complete calendar year of data, be sure to check the first quarter of the following year).

The Hospital ED PUDF contains:

- Inpatient (IP) Base Data #1 File – This file contains the required data elements. For example, codes regarding: Facility Identifier; Principal Diagnosis; Other Diagnoses; External Cause of Injury; Principal Procedure; Other Procedures; Diagnosis Related Group; Type of Admission; Source of Admission; Length of Stay; Patient Ethnicity; Patient Race; Patient Residence City, County, ZIP code, Patient Status, Primary Payment Source and other data used for most research topics.

- IP Base Data #2 File – This file contains most of the situationally required data elements and some calculated fields. For example, codes regarding: Condition Code; Value Code; Occurrence Code, Occurrence Day, Charge amounts for Service Pay Groups; and other information that may be useful regarding the inpatient stay research.

- IP Charges File - This file contains charges data. This file can be linked with the other IP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products.

- Outpatient (OP) Base Data File – This file contains the required data elements. For example, codes regarding: Facility Identifier; Diagnoses; External Cause of Injury; Procedures; Diagnosis Related Group; Charge amounts for Service Pay Groups; Patient Ethnicity; Patient Race; Patient Residence City, County, ZIP code; Patient Status, Source of Admission; Primary Payment Source, and other data used for most research topics.

- OP Classification Data File – This file contains calculated data elements and classifiers assigned by THCIC. Clinical Classification Software codes; and, Clinical Risk Group codes, status and severity;

- OP Charges File -This file contains charges data. This file can be linked with the other OP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products. This file also contains Enhanced Ambulatory Patient Grouping codes and Ambulatory Payment Classification information.

- Facility Type Data File – This file contains the information about specialty units or specific types of services provided at the hospitals.

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

- Hospital Comments File – This PDF file contains any comments that the facilities included when they submitted and certified their inpatient data.
- Outpatient Facility Comments File – This PDF file contains any comments that the hospitals included when they reviewed and certified their outpatient data.
- Facility Reporting Status Document (Inpatient and Outpatient) – These documents provide information about whether the hospitals reported any data. It also indicates whether they reported low numbers and their identification was masked in the data, reported no discharges, or if they closed or were out of compliance, and whether they submitted any comments about their data.

The 2020 Hospital ED PUDF is available in seven fixed length or tab-delimited format text files: Inpatient Base Data #1, Inpatient Base Data #2, Inpatient Charges, Outpatient Base Data, Outpatient Classification Data, Outpatient Charges, and Facility Type Data files. The sizes of the files are as follows:

**First quarter, 503 facilities:**

| | | | | | | |
|---|---|---|---|---|---|---|
| IP Base Data #1 | 410,367 records | 166 variables | Fixed field format | 315 MB | Tab-delimited | 171 MB |
| IP Base Data #2 | 410,367 records | 99 variables | Fixed field format | 254 MB | Tab-delimited | 110 MB |
| IP Charges | 8,803,361 records | 13 variables | Fixed field format | 688 MB | Tab-delimited | 414 MB |
| OP Base Data | 2,483,855 records | 128 variables | Fixed field format | 2,096 MB | Tab-delimited | 981 MB |
| OP Classification Data | 2,483,855 records | 83 variables | Fixed field format | 670 MB | Tab-delimited | 336 MB |
| OP Charges | 20,397,393 records | 19 variables | Fixed field format | 2,081 MB | Tab-delimited | 1,611 MB |
| Facility Type Data | 503 records | 31 variables | Fixed field format | 45 KB | Tab-delimited | 40 KB |

**Second quarter, 489 facilities:**

| | | | | | | |
|---|---|---|---|---|---|---|
| IP Base Data #1 | 347,806 records | 166 variables | Fixed field format | 267 MB | Tab-delimited | 145 MB |
| IP Base Data #2 | 347,806 records | 99 variables | Fixed field format | 216 MB | Tab-delimited | 93 MB |
| IP Charges | 7,484,854 records | 13 variables | Fixed field format | 585 MB | Tab-delimited | 352 MB |
| OP Base Data | 1,612,607 records | 128 variables | Fixed field format | 1,361 MB | Tab-delimited | 649 MB |
| OP Classification Data | 1,612,607 records | 83 variables | Fixed field format | 435 MB | Tab-delimited | 223 MB |
| OP Charges | 14,724,511 records | 19 variables | Fixed field format | 1,503 MB | Tab-delimited | 1,164 MB |
| Facility Type Data | 489 records | 31 variables | Fixed field format | 43 KB | Tab-delimited | 39 KB |

**Third quarter, 497 facilities:**

| | | | | | | |
|---|---|---|---|---|---|---|
| IP Base Data #1 | 386,828 records | 166 variables | Fixed field format | 297 MB | Tab-delimited | 161 MB |
| IP Base Data #2 | 386,828 records | 99 variables | Fixed field format | 240 MB | Tab-delimited | 102 MB |
| IP Charges | 10,290,344 records | 13 variables | Fixed field format | 805 MB | Tab-delimited | 497 MB |
| OP Base Data | 1,849,868 records | 128 variables | Fixed field format | 1,561 MB | Tab-delimited | 744 MB |
| OP Classification Data | 1,849,868 records | 83 variables | Fixed field format | 499 MB | Tab-delimited | 256 MB |
| OP Charges | 17,068,467 records | 19 variables | Fixed field format | 1,742 MB | Tab-delimited | 1,352 MB |
| Facility Type Data | 497 records | 31 variables | Fixed field format | 44 KB | Tab-delimited | 40 KB |

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

## DATA PROCESSING AND QUALITY

Each hospital is responsible for the accuracy and completeness of its data. Even so, DSHS' vendor uses an automated process to audit each record for consistency and conformity with the definitions stated in the data specification manual. Records failing an audit are marked as errors and the hospital is notified of the errors. The hospital may either correct and upload the data, or accept the data as is submitted.

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

Finally, DSHS builds a final inpatient encounter and separate outpatient event file that includes all data for those datasets, including the corrected data submitted by the hospitals. DSHS staff checks and adjusts for missing values and invalid codes in this file before the Hospital ED PUDF is generated. Users are advised to examine every data element to be used for missing values and invalid codes, and to read accompanying notes, comments, and other descriptive text.

## PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the Hospital ED PUDF was that the data and resulting information be used for the benefit of the public. This is specified in THSC, Section 108.013. THSC, Section 108.013(c) also stipulates

that DSHS may not release and a person or entity may not gain access to any data that could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates THSC, Section 108.013 and may incur civil or criminal penalties as stated in THSC, Sections 108.014 and 108.0141, respectively. In addition, under THSC, Sections 108.013(e) and (f), data and information collected by the DSHS under this statute that identifies a patient and/or physician in the Hospital ED PUDF cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding. Pursuant to THSC, Section 108.013, DSHS excludes all direct personal and demographic identifiers (e.g., names, address, patient identifiers, admission and discharge dates) that might lead to the identification of a specific patient from the PUDF.

Additionally, to protect patient identities, DSHS has suppressed these data elements in this release of the PUDF (suppression procedures were applied separately within inpatient and outpatient data):

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

To protect physician identities in inpatient data provided by hospitals, THSC, Sections 108.002 (17), 108.009, and 108.011 require creation of a uniform identification number for physicians in practice. Uniform physician identifiers are available except when the number of physicians represented in a

Diagnosis-Related Group (DRG) or Enhanced Ambulatory Patient Grouping (EAPG) for a hospital is less than the minimum cell size of five.

It may be possible in rare instances, or through complex analysis and with outside information, to ascertain from the PUDF the identity of individual patients. Considerable harm could result if this were done. PUDF users are required to sign and comply with the DSHS Hospital Emergency Department Data Use Agreement in the Application before shipment of the PUDF. The Data Use Agreement prohibits attempts to identify individual patients or physicians. A person who knowingly or negligently releases or accesses this data with criminal intent may incur a penalty. Civil and/or criminal penalties may be assessed under THSC Sections 108.014 and 108.0141.

## RESTRICTIONS ON DATA USE

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

THSC, Sections 108.013(c)(1) and (2) and 108.013(g) prohibit DSHS from releasing, and a person or entity from gaining access to, any data that could reveal the identity of a patient or the identity of a physician unless specifically authorized by the Act. Any effort to determine the identity of any patient or physician or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the Chapter 108, THSC protection processes and the Data Use Agreement. By virtue of the Agreement, the signer agrees that the data will not be used to identify an individual patient or physician. Because of these restrictions, under no circumstances will users of the data contact an individual patient or physician or hospital for the purpose of verifying information supplied in the DSHS Hospital ED PUDF. Any questions about the data must be referred to DSHS only. DSHS does not assist with data analysis. The data are protected by United States copyright laws and international treaty provisions.

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

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;
- The licensee will not attempt to link nor permit others to attempt to link the hospital stay records of patients in this data set with personally

identifiable records from any other source, including any THCIC research data files;

- The licensee will not release nor permit others to release any information that identifies patients, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:

  *Texas Hospital Emergency Department Public Use Data Files,* [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];
- The licensee will indemnify, defend, and hold the DSHS, its members, employees, and the Department's contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and
- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

The licensee understands that these assurances are collected by DSHS to assure compliance with its statutory confidentiality requirement. The signature on behalf of the licensee indicates the licensee's agreement to comply with the above-stated requirements with the knowledge that under THSC, Sections 108.014 and 108.0141 to knowingly or negligently release data in violation of this agreement is punishable by a fine of up to $10,000 and an offense is a state jail felony. By signing the Data Use Agreement, the licensee (or PUDF user) has been informed that the potential for both civil and criminal penalties exists.

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

## DATA LIMITATIONS

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

- THSC, Section 108.009(h) requires that a uniform submission format be used for reporting purposes. Beginning with 2005, all data are collected from the THCIC 837 format (a modified version of the American National Standards Institutes, Accredited Standards Committee X12, National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Institutional, 837, ASC X12N 837 and Professional, ASC X12N, and the addenda).
- Up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 external cause of injury codes can be submitted. Sicker patients may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.
- Gender is suppressed for patients with an ICD-10-CM code that indicates drug use, alcohol use, or an HIV-STD diagnosis. Suppression of this data element is applied separately within inpatient and outpatient data sets.
- The last two digits of the ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code. The entire ZIP code is suppressed for patients with an ICD-10-CM code that indicates drug use, alcohol use, an HIV-STD diagnosis, or if a hospital has fewer than five discharges of a particular gender, including 'unknown'. ZIP code is changed to '88888' for patients from a state other than Texas and not from an adjacent state. If the ZIP code is changed to '88888' the state abbreviation is changed to 'ZZ'. Suppression of the ZIP code is applied separately within inpatient and outpatient data sets.
- Patient race and ethnicity data are required by law and rule to be submitted for each patient. Generally, these data are not collected by facilities directly from the patient, and may be subjectively captured and reported by the facilities.
- Inaccuracies in the data and incompleteness of the data would be addressed in the hospitals' comments if submitted by the providing facilities.
- County of residence is not collected by provider facilities. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- For hospital emergency department patient visits that are admitted to the hospital and included in the inpatient discharge data, DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.

- Diagnosis present on admission indicator codes (POA) are required for all hospitals submitting inpatient discharge data, except Critical Access Hospitals, inpatient rehabilitation hospitals, inpatient psychiatric hospitals, children's or pediatric hospitals, and long term care hospitals. Some acute care hospitals that have special units similar to the hospitals exempted from reporting POA may not include POA codes for those patients. POA codes are not required and therefore not available for outpatient data.
- Admission Source as reported by hospitals is suppressed, as recommended by the previous THCIC Council, when the Admission Type is 'newborn'. Data users can use ICD-10-CM codes to correctly identify the clinical status of newborns.
- Comparability of inpatient length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of inpatient LOS at the hospital level should consider the above factors.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
- 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 inpatient discharge encounters from ED visits or outpatient ED visits may have been billed or reported during the particular quarter the patient received the services. Those services may appear in the following quarter's data. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid, Medicare, or other payment sources.
- Updates to PUDF CD records, if any, are available through the THCIC website, http://www.dshs.texas.gov/thcic/, which should be checked periodically as notifications of an update will not be sent.
- DSHS collects data from all hospitals in the state not specifically exempted (and not owned by the United States of America). Some hospitals may be exempted for certain situations (for example, natural or other disasters, or other unusual conditions) for limited time periods.
- The hospital patient mix (the types of patients treated at hospitals vary, due to the hospital's interest and specialty services availability) should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the facility to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and clerical error. The data are submitted by providers as their best effort to meet statutory requirements.

## HOSPITAL COMMENTS FILE & OUTPATIENT FACILITY COMMENTS FILE

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

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

## CITATION

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

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

# Texas Hospital Emergency Department Data Set

## DATA DICTIONARY

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

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

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

## INPATIENT BASE DATA #1 FILE

| | | | |
|---|---|---|---|
| **Field 1:** | **RECORD_ID** | | |
| **Description:** | Record Identification Number. Unique number assigned to identify the record. The Record_ID in the ED Inpatient PUDF is not linkable to the Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs). | | |
| **Beginning Position:** | 1 | **Data Source:** | Assigned |
| **Length:** | 12 | **Type:** | Alphanumeric |
| **Field 2:** | **DISCHARGE** | | |
| **Description:** | Discharge Quarter. Year and quarter of discharge. *yyyyQn*. | | |
| **Beginning Position:** | 13 | **Data Source:** | Assigned |
| **Length:** | 6 | **Type:** | Alphanumeric |
| **Field 3:** | **THCIC_ID** | | |
| **Description:** | Provider ID. Unique identifier assigned to the provider by DSHS. | | |

| | | | |
|---|---|---|---|
| **Suppression:** | Hospitals with fewer than 50 discharges have been aggregated into the Provider ID '999999'. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Provider ID is '999998'. | | |
| **Beginning Position:** | 19 | **Data Source:** | Assigned |
| **Length:** | 6 | **Type:** | Alphanumeric |

**Field 4:** **TYPE_OF_ADMISSION**

**Description:** Code indicating the type of admission

**Coding Scheme:**

| | |
|---|---|
| 1 | Emergency |
| 2 | Urgent |
| 3 | Elective |
| 4 | Newborn |
| 5 | Trauma |
| 9 | Information not available |
| ` | Invalid |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 25 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |

**Field 5:** **SOURCE_OF_ADMISSION**

**Description:** Code indicating source of the admission.

**Coding Scheme:**

| | |
|---|---|
| 1 | Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) |
| 2 | Clinic or Physician's Office |
| 4 | Transfer from a hospital |
| 5 | Transfer from a skilled nursing facility, intermediate care facility or assisted living facility |
| 6 | Transfer from another health care facility |
| 8 | Court/Law Enforcement |
| 9 | Information not available |
| D | Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer |
| E | Transfer from Ambulatory Surgery Center |
| F | Transfer from a Hospice Facility |
| ` | Invalid |

If Type of Admission=4 (Newborn)

| | |
|---|---|
| 5 | Born inside this hospital |
| 6 | Born outside this hospital |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 26 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |

**Field 6:** **SPEC_UNIT_1**

**Description:** Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code.

**Coding Scheme:**

| | | | |
|---|---|---|---|
| C | Coronary Care Unit | P | Pediatric Unit |
| D | Detoxification Unit | Y | Psychiatric Unit |
| I | Intensive Care Unit | R | Rehabilitation Unit |
| H | Hospice Unit | U | Sub-acute Care Unit |
| N | Nursery | S | Skilled Nursing Unit |
| B | Obstetric Unit | Blank | Acute Care |
| O | Oncology Unit | | |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 27 | **Data Source:** | Calculated |
| **Length:** | 1 | **Type:** | Alphanumeric |

**Field 7:** **SPEC_UNIT_2**

**Description:** Specialty Units in which 2nd most days during stay occurred based on number of days by Type of Bill or Revenue Code.

**Coding Scheme:** Same as SPEC_UNIT_1.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 28 | **Data Source:** | Calculated |
| **Length:** | 1 | **Type:** | Alphanumeric |

**Field 8:** **SPEC_UNIT_3**

**Description:** Specialty Units in which 3rd most days during stay occurred based on number of days by Type of Bill or Revenue Code.

**Coding Scheme:** Same as SPEC_UNIT_1.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 29 | **Data Source:** | Calculated |
| **Length:** | 1 | **Type:** | Alphanumeric |

**Field 9:** **SPEC_UNIT_4**

**Description:** Specialty Units in which 4th most days during stay occurred based on number of days by Type of Bill or Revenue Code.

**Coding Scheme:** Same as SPEC_UNIT_1.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 30 | **Data Source:** | Calculated |
| **Length:** | 1 | **Type:** | Alphanumeric |

| | | | |
|---|---|---|---|
| **Field 10:** | **SPEC_UNIT_5** | | |
| **Description:** | Specialty Units in which 5th most days during stay occurred based on number of days by Type of Bill or Revenue Code. | | |
| **Coding Scheme:** | Same as SPEC_UNIT_1. | | |
| **Beginning Position:** | 31 | **Data Source:** | Calculated |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 11:** | **PAT_STATE** | | |
| **Description:** | State of the patient's mailing address in Texas and contiguous states. Standard 2-character Postal Service abbreviation. | | |
| **Coding Scheme:** | AR Arkansas<br>LA Louisiana<br>NM New Mexico<br>OK Oklahoma<br>TX Texas<br>ZZ All other states and American Territories<br>FC Foreign country<br>XX Foreign country | | |
| **Beginning Position:** | 32 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 12:** | **PAT_ZIP** | | |
| **Description:** | Patient's five-digit ZIP code. | | |
| **Suppression:** | Last two digits are blank if a ZIP code has fewer than 30 discharges. If state equals 'ZZ', ZIP code equals '88888'. If state equals 'FC' (foreign country) ZIP code is blank. If ICD-10-CM indicates alcohol or drug use or an HIV-STD diagnosis the ZIP code is blank. If a hospital has fewer than fifty discharges the ZIP code is blank. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', the ZIP Code is blank. | | |
| **Beginning Position:** | 34 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 13:** | **PAT_COUNTRY** | | |
| **Description:** | Country of patient's residential address. List maintained by the International Organization for Standardization (ISO). | | |
| **Suppression:** | Suppressed if fewer than 5 patients from one country. | | |
| **Coding scheme:** | See *www.ISO.org* for complete list. | | |
| **Beginning Position:** | 39 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 14:** | **PAT_COUNTY** | | |
| **Description:** | FIPS code of patient's county. | | |
| **Coding scheme:** | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 001 | Anderson | 045 | Briscoe | 089 | Colorado | 133 | Eastland |
| 003 | Andrews | 047 | Brooks | 091 | Comal | 135 | Ector |
| 005 | Angelina | 049 | Brown | 093 | Comanche | 137 | Edwards |
| 007 | Aransas | 051 | Burleson | 095 | Concho | 139 | Ellis |
| 009 | Archer | 053 | Burnet | 097 | Cooke | 141 | El Paso |
| 011 | Armstrong | 055 | Caldwell | 099 | Coryell | 143 | Erath |
| 013 | Atascosa | 057 | Calhoun | 101 | Cottle | 145 | Falls |
| 015 | Austin | 059 | Callahan | 103 | Crane | 147 | Fannin |
| 017 | Bailey | 061 | Cameron | 105 | Crockett | 149 | Fayette |
| 019 | Bandera | 063 | Camp | 107 | Crosby | 151 | Fisher |
| 021 | Bastrop | 065 | Carson | 109 | Culberson | 153 | Floyd |
| 023 | Baylor | 067 | Cass | 111 | Dallam | 155 | Foard |
| 025 | Bee | 069 | Castro | 113 | Dallas | 157 | Fort Bend |
| 027 | Bell | 071 | Chambers | 115 | Dawson | 159 | Franklin |
| 029 | Bexar | 073 | Cherokee | 117 | Deaf Smith | 161 | Freestone |
| 031 | Blanco | 075 | Childress | 119 | Delta | 163 | Frio |
| 033 | Borden | 077 | Clay | 121 | Denton | 165 | Gaines |
| 035 | Bosque | 079 | Cochran | 123 | Dewitt | 167 | Galveston |
| 037 | Bowie | 081 | Coke | 125 | Dickens | 169 | Garza |
| 039 | Brazoria | 083 | Coleman | 127 | Dimmit | 171 | Gillespie |
| 041 | Brazos | 085 | Collin | 129 | Donley | 173 | Glasscock |
| 043 | Brewster | 087 | Collingsworth | 131 | Duval | 175 | Goliad |

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

**Beginning Position:** 41 **Data Source:** Assigned; based on patient ZIP code
**Length:** 3 **Type:** Alphanumeric

**Field 15:** **PUBLIC_HEALTH_REGION**

**Description:** Public Health Region of patient's address.

**Coding Scheme:**

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

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

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

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

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

| | |
|---|---|
| 6 | Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties |
| 7 | Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties |
| 8 | Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties |
| 9 | Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties |
| 10 | Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties |
| 11 | Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties |
| ` | Invalid |

**Beginning Position:** 44 **Data Source:** Assigned
**Length:** 2 **Type:** Alphanumeric

**Field 16:** **PAT_STATUS**
**Description:** Code indicating patient status as of the ending date of service for the period of care reported

**Coding Scheme:**

| | |
|---|---|
| 01 | Discharged to home or self-care (routine discharge) |
| 02 | Discharged to other short term general hospital |
| 03 | Discharged to skilled nursing facility |
| 04 | Discharged to intermediate care facility |
| 05 | Discharged/transferred to a Designated Cancer Center or Children's Hospital |
| 06 | Discharged to care of home health service |
| 07 | Left against medical advice |
| 08 | Discharged to care of Home IV provider |
| 09 | Admitted as inpatient to this hospital |
| 20 | Expired |
| 21 | Discharged/transferred to Court/Law Enforcement |
| 30 | Still patient |
| 40 | Expired at home |
| 41 | Expired in a medical facility |
| 42 | Expired, place unknown |
| 43 | Discharged/transferred to federal health care facility |
| 50 | Discharged to hospice–home |
| 51 | Discharged to hospice–medical facility |
| 61 | Discharged/transferred within this institution to Medicare-approved swing bed |
| 62 | Discharged/transferred to inpatient rehabilitation facility |
| 63 | Discharged/transferred to Medicare-certified long term care hospital |
| 64 | Discharged/transferred to Medicaid-certified nursing facility |
| 65 | Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital |
| 66 | Discharged/transferred to Critical Access Hospital (CAH) |
| 69 | Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013) |
| 70 | Discharge/transfer to another type of health care institution not defined elsewhere in the code list |
| 71 | Discharged/transferred to other outpatient service |
| 72 | Discharged/transferred to institution outpatient |
| 81 | Discharged to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 82 | Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 83 | Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 84 | Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 85 | Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 86 | Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 87 | Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 88 | Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 89 | Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 90 | Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 91 | Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |

92 Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

93 Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

94 Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

95 Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

` Invalid

| | | | |
|---|---|---|---|
| **Beginning Position:** | 46 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

**Field 17:** **SEX_CODE**

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

**Suppression:** Code is suppressed if an ICD-10-CM code indicates drug or alcohol use or an HIV-STD diagnosis. If a hospital has fewer than 5 patients of a particular gender, including unknown, Provider ID is '999998' and Hospital Name and Patient ZIP Code are blank for those patients.

**Coding Scheme:**

M Male
F Female
U Unknown
` Invalid

| | | | |
|---|---|---|---|
| **Beginning Position:** | 48 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |

**Field 18:** **RACE**

**Description:** Code indicating the patient's race.

**Suppression:** If a hospital has fewer than ten patients of one race that race is changed to 'Other' (code equals 5).

**Coding Scheme:**

1 American Indian/Eskimo/Aleut
2 Asian or Pacific Islander
3 Black
4 White
5 Other
` Invalid

| | | | |
|---|---|---|---|
| **Beginning Position:** | 49 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |

**Field 19:** **ETHNICITY**

**Description:** Code indicating the Hispanic origin of the patient.

**Suppression:** If a hospital has fewer than ten patients of one race the ethnicity of patients of that race is suppressed (code is blank).

**Coding Scheme:**

1 Hispanic Origin
2 Not of Hispanic Origin
` Invalid

| | | | |
|---|---|---|---|
| **Beginning Position:** | 50 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |

**Field 20:** **ADMIT_WEEKDAY**

**Description:** Code indicating day of week patient is admitted

**Coding Scheme:**

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

| | | | |
|---|---|---|---|
| **Beginning Position:** | 51 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |

**Field 21:** **LENGTH_OF_STAY**

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

| | | | |
|---|---|---|---|
| **Beginning Position:** | 52 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |

**Field 22:** **PAT_AGE**

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

**Coding Scheme:**

| | | | | | |
|---|---|---|---|---|---|
| 00 | 1-28 days | 10 | 35-39 | 20 | 85-89 |
| 01 | 29-365 days | 11 | 40-44 | 21 | 90+ |
| 02 | 1-4 years | 12 | 45-49 | *HIV-STD and drug/alcohol use patients:* | |
| 03 | 5-9 | 13 | 50-54 | 22 | 0-17 |
| 04 | 10-14 | 14 | 55-59 | 23 | 18-44 |
| 05 | 15-17 | 15 | 60-64 | 24 | 45-64 |
| 06 | 18-19 | 16 | 65-69 | 25 | 65-74 |
| 07 | 20-24 | 17 | 70-74 | 26 | 75+ |
| 08 | 25-29 | 18 | 75-79 | ` | Invalid |
| 09 | 30-34 | 19 | 80-84 | | |

**Beginning Position:** 56 **Data Source:** Assigned

**Length:** 2 **Type:** Alphanumeric

**Field 23:** **FIRST_PAYMENT_SRC**

**Description:** Code indicating the expected primary source of payment.

**Coding Scheme:**

| | | | |
|---|---|---|---|
| 09 | Self Pay (Removed from 5010 format, beginning 2Q2012 data) | HM | Health Maintenance Organization |
| 10 | Central Certification | LI | Liability |
| 11 | Other Non-federal Programs | LM | Liability Medical |
| 12 | Preferred Provider Organization (PPO) | MA | Medicare Part A |
| 13 | Point of Service (POS) | MB | Medicare Part B |
| 14 | Exclusive Provider Organization (EPO) | MC | Medicaid |
| 15 | Indemnity Insurance | TV | Title V |
| 16 | Health Maintenance Organization (HMO) Medicare Risk | OF | Other Federal Program |
| AM | Automobile Medical | VA | Veteran Administration Plan |
| BL | Blue Cross/Blue Shield | WC | Workers Compensation Health Claim |
| CH | CHAMPUS | ZZ | Charity, Indigent or Unknown |
| CI | Commercial Insurance | `` | Codes 09 and ZZ, combined for 2004 & 2005 |
| DS | Disability Insurance | ` | Invalid |

**Beginning Position:** 58 **Data Source:** Claim

**Length:** 2 **Type:** Alphanumeric

**Field 24:** **SECONDARY_PAYMENT_SRC**

**Description:** Code indicating the expected secondary source of payment.

**Coding Scheme:** Same as field FIRST_PAYMENT_SRC

**Beginning Position:** 60 **Data Source:** Claim

**Length:** 2 **Type:** Alphanumeric

**Field 25:** **TYPE_OF_BILL**

**Description:** Indicates the specific type of bill.

**Coding Scheme:**

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

**Beginning Position:** 62 **Data Source:** Claim

**Length:** 3 **Type:** Alphanumeric

**Field 26:** **TOTAL_CHARGES**

**Description:** Sum of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges.

**Beginning Position:** 65 **Data Source:** Claim

**Length:** 12 **Type:** Numeric

**Field 27:** **TOTAL_NON_COV_CHARGES**

**Description:** Sum of non-covered accommodation charges, non-covered ancillary charges.

**Beginning Position:** 77 **Data Source:** Claim

**Length:** 12 **Type:** Numeric

| | | | |
|---|---|---|---|
| **Field 28:** | **TOTAL_CHARGES_ACCOMM** | | |
| **Description:** | Sum of covered and non-covered accommodation charges. | | |
| **Beginning Position:** | 89 | **Data Source:** | Claim |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 29:** | **TOTAL_NON_COV_CHARGES_ACCOMM** | | |
| **Description:** | Sum of non-covered accommodations charges. | | |
| **Beginning Position:** | 101 | **Data Source:** | Claim |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 30:** | **TOTAL_CHARGES_ANCIL** | | |
| **Description:** | Sum of covered and non-covered ancillary charges. | | |
| **Beginning Position:** | 113 | **Data Source:** | Claim |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 31:** | **TOTAL_NON_COV_CHARGES_ANCIL** | | |
| **Description:** | Sum of non-covered ancillary charges. | | |
| **Beginning Position:** | 125 | **Data Source:** | Claim |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 32:** | **ADMITTING_DIAGNOSIS** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 137 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 33:** | **PRINC_DIAG_CODE** | | |
| **Description:** | ICD-10-CM diagnosis code for the principal diagnosis, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 144 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 34:** | **POA_PRINC_DIAG_CODE** | | |
| **Description:** | Code identifying whether Principal Diagnosis code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Y Yes<br>N No<br>U Unknown<br>W Clinically Undetermined<br>1 Space (1st & 2nd Qtr. 2012 only)<br>` Invalid | | |
| **Beginning Position:** | 151 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 35:** | **OTH_DIAG_CODE_1** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 152 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 36:** | **POA_OTH_DIAG_CODE_1** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_1 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 159 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 37:** | **OTH_DIAG_CODE_2** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 160 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 38:** | **POA_OTH_DIAG_CODE_2** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_2 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 167 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |

| | | | |
|---|---|---|---|
| **Field 39:** | **OTH_DIAG_CODE_3** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 168 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 40:** | **POA_OTH_DIAG_CODE_3** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_3 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 175 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 41:** | **OTH_DIAG_CODE_4** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 176 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 42:** | **POA_OTH_DIAG_CODE_4** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_4 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 183 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 43:** | **OTH_DIAG_CODE_5** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 184 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 44:** | **POA_OTH_DIAG_CODE_5** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_5 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 191 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 45:** | **OTH_DIAG_CODE_6** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 192 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 46:** | **POA_OTH_DIAG_CODE_6** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_6 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 199 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 47:** | **OTH_DIAG_CODE_7** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 200 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 48:** | **POA_OTH_DIAG_CODE_7** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_7 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 207 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 49:** | **OTH_DIAG_CODE_8** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 208 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

| | | | |
|---|---|---|---|
| **Field 50:** | **POA_OTH_DIAG_CODE_8** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_8 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 215 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 51:** | **OTH_DIAG_CODE_9** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 216 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 52:** | **POA_OTH_DIAG_CODE_9** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 223 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 53:** | **OTH_DIAG_CODE_10** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 224 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 54:** | **POA_OTH_DIAG_CODE_10** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_10 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 231 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 55:** | **OTH_DIAG_CODE_11** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 232 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 56:** | **POA_OTH_DIAG_CODE_11** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_11 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 239 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 57:** | **OTH_DIAG_CODE_12** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 240 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 58:** | **POA_OTH_DIAG_CODE_12** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_12 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 247 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 59:** | **OTH_DIAG_CODE_13** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 248 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 60:** | **POA_OTH_DIAG_CODE_13** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_13 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 255 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |

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| **Field 61:** | **OTH_DIAG_CODE_14** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 256 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 62:** | **POA_OTH_DIAG_CODE_14** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_14 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 263 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 63:** | **OTH_DIAG_CODE_15** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 264 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 64:** | **POA_OTH_DIAG_CODE_15** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_15 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 271 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 65:** | **OTH_DIAG_CODE_16** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 272 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 66:** | **POA_OTH_DIAG_CODE_16** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_16 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 279 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 67:** | **OTH_DIAG_CODE_17** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 280 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 68:** | **POA_OTH_DIAG_CODE_17** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_17 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 287 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 69:** | **OTH_DIAG_CODE_18** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 288 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 70:** | **POA_OTH_DIAG_CODE_18** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_18 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 295 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 71:** | **OTH_DIAG_CODE_19** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 296 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

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| **Field 72:** | **POA_OTH_DIAG_CODE_19** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_19 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 303 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 73:** | **OTH_DIAG_CODE_20** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 304 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 74:** | **POA_OTH_DIAG_CODE_20** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_20 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 311 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 75:** | **OTH_DIAG_CODE_21** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 312 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 76:** | **POA_OTH_DIAG_CODE_21** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_21 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 319 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 77:** | **OTH_DIAG_CODE_22** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 320 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 78:** | **POA_OTH_DIAG_CODE_22** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_22 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 327 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 79:** | **OTH_DIAG_CODE_23** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 328 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 80:** | **POA_OTH_DIAG_CODE_23** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_23 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 335 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 81:** | **OTH_DIAG_CODE_24** | | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 336 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 82:** | **POA_OTH_DIAG_CODE_24** | | |
| **Description:** | Code identifying whether Oth_Diag_Code_24 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 343 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |

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| **Field 83:** | **E_CODE_1** | | |
| **Description:** | ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of the primary external cause of injury. A decimal is implied following the third character. | | |
| **Beginning Position:** | 344 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 84:** | **POA_E_CODE_1** | | |
| **Description:** | Code identifying whether E_Code_1 external cause of injury code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 351 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 85:** | **E_CODE_2** | | |
| **Description:** | ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| **Beginning Position:** | 352 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 86:** | **POA_E_CODE_2** | | |
| **Description:** | Code identifying whether external cause of injury E_Code_2 code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 359 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 87:** | **E_CODE_3** | | |
| **Description:** | ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| **Beginning Position:** | 360 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 88:** | **POA_E_CODE_3** | | |
| **Description:** | Code identifying whether E_Code_3 external cause of injury code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 367 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 89:** | **E_CODE_4** | | |
| **Description:** | ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| **Beginning Position:** | 368 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 90:** | **POA_E_CODE_4** | | |
| **Description:** | Code identifying whether E_Code_4 external cause of injury code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 375 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 91:** | **E_CODE_5** | | |
| **Description:** | ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| **Beginning Position:** | 376 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 92:** | **POA_E_CODE_5** | | |
| **Description:** | Code identifying whether E_Code_5 external cause of injury code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 383 | **Data Source:** | Claim |

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| **Length:** | 1 | **Type:** | Alphanumeric |

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| **Field 93:** | **E_CODE_6** | | |
| **Description:** | ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| **Beginning Position:** | 384 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 94:** | **POA_E_CODE_6** | | |
| **Description:** | Code identifying whether E_Code_6 external cause of injury code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 391 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 95:** | **E_CODE_7** | | |
| **Description:** | ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| **Beginning Position:** | 392 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 96:** | **POA_E_CODE_7** | | |
| **Description:** | Code identifying whether E_Code_7 external cause of injury code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 399 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 97:** | **E_CODE_8** | | |
| **Description:** | ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| **Beginning Position:** | 400 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 98:** | **POA_E_CODE_8** | | |
| **Description:** | Code identifying whether E_Code_8 external cause of injury code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 407 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 99:** | **E_CODE_9** | | |
| **Description:** | ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| **Beginning Position:** | 408 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 100:** | **POA_E_CODE_9** | | |
| **Description:** | Code identifying whether E_Code_9 external cause of injury code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |
| **Beginning Position:** | 415 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 101:** | **E_CODE_10** | | |
| **Description:** | ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| **Beginning Position:** | 416 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 102:** | **POA_E_CODE_10** | | |
| **Description:** | Code identifying whether E_Code_10 external cause of injury code was present at the time the patient was admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA_PRINC_DIAG_CODE | | |

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| **Beginning Position:** | 423 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |

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| **Field 103:** | **PRINC_SURG_PROC_CODE** | | |
| **Description:** | Code for the principal surgical or other procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 424 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 104:** | **PRINC_SURG_PROC_DAY** | | |
| **Description:** | Day of principal surgical or other procedure *equals* Principal Surgical Procedure Date *minus* Admission/Start of Care Date | | |
| **Beginning Position:** | 431 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 105:** | **OTH_SURG_PROC_CODE_1** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 435 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 106:** | **OTH_SURG_PROC_DAY_1** | | |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date | | |
| **Beginning Position:** | 442 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 107:** | **OTH_SURG_PROC_CODE_2** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 446 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 108:** | **OTH_SURG_PROC_DAY_2** | | |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date | | |
| **Beginning Position:** | 453 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 109:** | **OTH_SURG_PROC_CODE_3** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 457 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 110:** | **OTH_SURG_PROC_DAY_3** | | |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date | | |
| **Beginning Position:** | 464 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 111:** | **OTH_SURG_PROC_CODE_4** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 468 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 112:** | **OTH_SURG_PROC_DAY_4** | | |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date | | |
| **Beginning Position:** | 475 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 113:** | **OTH_SURG_PROC_CODE_5** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 479 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 114:** | **OTH_SURG_PROC_DAY_5** | | |

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| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date | | |
| **Beginning Position:** | 486 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 115:** | **OTH_SURG_PROC_CODE_6** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 490 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 116:** | **OTH_SURG_PROC_DAY_6** | | |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date | | |
| **Beginning Position:** | 497 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 117:** | **OTH_SURG_PROC_CODE_7** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 501 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 118:** | **OTH_SURG_PROC_DAY_7** | | |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date | | |
| **Beginning Position:** | 508 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 119:** | **OTH_SURG_PROC_CODE_8** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 512 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 120:** | **OTH_SURG_PROC_DAY_8** | | |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date | | |
| **Beginning Position:** | 519 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 121:** | **OTH_SURG_PROC_CODE_9** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 523 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 122:** | **OTH_SURG_PROC_DAY_9** | | |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 530 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 123:** | **OTH_SURG_PROC_CODE_10** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 534 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 124:** | **OTH_SURG_PROC_DAY_10** | | |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 541 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 125:** | **OTH_SURG_PROC_CODE_11** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 545 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 126:** | **OTH_SURG_PROC_DAY_11** | | |

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| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 552 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 127:** | **OTH_SURG_PROC_CODE_12** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 556 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 128:** | **OTH_SURG_PROC_DAY_12** | | |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 563 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 129:** | **OTH_SURG_PROC_CODE_13** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 567 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 130:** | **OTH_SURG_PROC_DAY_13** | | |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 574 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 131:** | **OTH_SURG_PROC_CODE_14** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 578 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 132:** | **OTH_SURG_PROC_DAY_14** | | |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 585 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 133:** | **OTH_SURG_PROC_CODE_15** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 589 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 134:** | **OTH_SURG_PROC_DAY_15** | | |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 596 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 135:** | **OTH_SURG_PROC_CODE_16** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 600 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 136:** | **OTH_SURG_PROC_DAY_16** | | |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 607 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 137:** | **OTH_SURG_PROC_CODE_17** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 611 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 138:** | **OTH_SURG_PROC_DAY_17** | | |

| | | | |
|---|---|---|---|
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 618 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |

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|---|---|---|---|
| **Field 139:** | **OTH_SURG_PROC_CODE_18** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 622 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 140:** | **OTH_SURG_PROC_DAY_18** | | |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 629 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 141:** | **OTH_SURG_PROC_CODE_19** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 633 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 142:** | **OTH_SURG_PROC_DAY_19** | | |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 640 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 143:** | **OTH_SURG_PROC_CODE_20** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 644 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 144:** | **OTH_SURG_PROC_DAY_20** | | |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 651 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 145:** | **OTH_SURG_PROC_CODE_21** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 655 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 146:** | **OTH_SURG_PROC_DAY_21** | | |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 662 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 147:** | **OTH_SURG_PROC_CODE_22** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 666 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 148:** | **OTH_SURG_PROC_DAY_22** | | |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 673 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 149:** | **OTH_SURG_PROC_CODE_23** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 677 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

| | | | |
|---|---|---|---|
| **Field 150:** | **OTH_SURG_PROC_DAY_23** | | |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 684 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 151:** | **OTH_SURG_PROC_CODE_24** | | |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 688 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 152:** | **OTH_SURG_PROC_DAY_24** | | |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 695 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 153:** | **MS_MDC** | | |
| **Description:** | Major Diagnostic Category (MDC) as assigned by Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) for hospital payment for Medicare beneficiaries. First available 2004. | | |
| **Beginning Position:** | 699 | **Data Source:** | Assigned |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 154:** | **MS_DRG** | | |
| **Description:** | Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group (DRG), as assigned for hospital payment for Medicare beneficiaries. | | |
| **Beginning Position:** | 701 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 155:** | **MS_GROUPER_VERSION_NBR** | | |
| **Description:** | CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and previously reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS DRG and, MS MDC codes | | |
| **Beginning Position:** | 704 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 156:** | **MS_GROUPER_ERROR_CODE** | | |
| **Description:** | Error codes identify potential variations with MS DRG code assignment | | |

**Coding Scheme:**

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

| | | | |
|---|---|---|---|
| **Beginning Position:** | 709 | **Data Source:** | Assigned |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 157:** | **APR_MDC** | | |
| **Description:** | Major Diagnostic Category (MDC) as assigned by 3M™ APR-DRG Grouper. | | |
| **Beginning Position:** | 711 | **Data Source:** | Assigned |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 158:** | **APR_DRG** | | |
| **Description:** | All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M™ APR-DRG Grouper | | |
| **Beginning Position:** | 713 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 159:** | **RISK_MORTALITY** | | |

**Description:** Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the likelihood of dying.

**Coding Scheme:**

| | |
|---|---|
| 1 | Minor |
| 2 | Moderate |
| 3 | Major |
| 4 | Extreme |

**Beginning Position:** 717 **Data Source:** Assigned
**Length:** 1 **Type:** Alphanumeric

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**Field 160:** **ILLNESS_SEVERITY**

**Description:** Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the extent of physiologic decompensation.

**Coding Scheme:**

| | |
|---|---|
| 1 | Minor |
| 2 | Moderate |
| 3 | Major |
| 4 | Extreme |
| 0 | No class specified |

**Beginning Position:** 718 **Data Source:** Assigned
**Length:** 1 **Type:** Alphanumeric

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**Field 161:** **APR_GROUPER_VERSION_NBR**

**Description:** 3M™ All Patient Refined Diagnosis Related Grouper version used to assign APR DRG codes, APR MDC codes, Risk of Mortality rankings, and Severity of Illness rankings

**Beginning Position:** 719 **Data Source:** Assigned
**Length:** 5 **Type:** Alphanumeric

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**Field 162:** **APR_GROUPER_ERROR_CODE**

**Description:** Error codes identify potential variations with APR DRG code assignment

**Coding Scheme:**

| | | | |
|---|---|---|---|
| 00 | No errors. DRG successfully assigned. | 12 | Gestational age/birth weight conflict (APR only) |
| 01 | Diagnosis code cannot be used as principal diagnosis | 19 | DisableHac = 0 and at least one HAC POA is invalid or exempt |
| 02 | Record does not meet criteria for any DRG | 20 | DisableHac is invalid and at least one HAC POA is N or U |
| 03 | Invalid Age | 21 | DisableHac is invalid and at least one HAC POA is invalid or exempt |
| 04 | Invalid Sex | 22 | DisableHac = 0 and at least one HAC POA is exempt |
| 05 | Invalid Discharge Status | 23 | DisableHac is invalid and at least one HAC POA is exempt |
| 06 | Invalid birthweight (AP & APR only) | 24 | DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U |
| 09 | Invalid discharge age in days (AP & APR only) | 25 | DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W |
| 11 | Invalid Principal Diagnosis | | |

**Beginning Position:** 724 **Data Source:** Assigned
**Length:** 2 **Type:** Alphanumeric

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**Field 163:** **ATTENDING_PHYSICIAN_UNIF_ID**

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

**Suppression:** Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.

**Coding Scheme:**

| | |
|---|---|
| 9999999998 | Cell size less than 5 |
| 9999999999 | Temporary license or license number could not be matched |

**Beginning Position:** 726 **Data Source:** Assigned
**Length:** 10 **Type:** Alphanumeric

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**Field 164:** **OPERATING_PHYSICIAN_UNIF_ID**

| | | | |
|---|---|---|---|
| **Description:** | Operating or other Physician Uniform Identifier (if applicable). Unique identifier assigned to the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients. | | |
| **Suppression:** | Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five. | | |
| **Coding Scheme:** | 9999999998 Cell size less than 5<br>9999999999 Temporary license or license number could not be matched | | |
| **Beginning Position:** | 736 | **Data Source:** | Assigned |
| **Length:** | 10 | **Type:** | Alphanumeric |
| **Field 165:** | **ENCOUNTER_INDICATOR** | | |
| **Description:** | Indicates the number of claims used to create the encounter | | |
| **Beginning Position:** | 746 | **Data Source:** | Calculated |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 166:** | **PROVIDER_NAME** | | |
| **Description:** | Hospital name provided by the hospital. | | |
| **Suppression:** | Hospitals with fewer than 50 discharges (Provider ID equals '999999') are assigned the name 'Low Discharge Volume Hospital'. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Hospital Name is blank. | | |
| **Beginning Position:** | 748 | **Data Source:** | Provider |
| **Length:** | 55 | **Type:** | Alphanumeric |

# INPATIENT BASE DATA #2 FILE

| | | | |
|---|---|---|---|
| **Field 1:** | **RECORD_ID** | | |
| **Description:** | Record Identification Number. Unique number assigned to identify the record. The Record_ID in the ED Inpatient PUDF is not linkable to the Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs). | | |
| **Beginning Position:** | 1 | **Data Source:** | Assigned |
| **Length:** | 12 | **Type:** | Alphanumeric |
| **Field 2:** | **PRIVATE_AMOUNT** | | |
| **Description:** | Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 011X, 014X | | |
| **Beginning Position:** | 13 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 3:** | **SEMI_PRIVATE_AMOUNT** | | |
| **Description:** | Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 010X, 012X-014X, 016X-019X | | |
| **Beginning Position:** | 25 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 4:** | **WARD_AMOUNT** | | |
| **Description:** | Accommodation Charge, Ward Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 015X. | | |
| **Beginning Position:** | 37 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 5:** | **ICU_AMOUNT** | | |
| **Description:** | Accommodation Charge, Intensive Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 020X. | | |
| **Beginning Position:** | 49 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 6:** | **CCU_AMOUNT** | | |
| **Description:** | Accommodation Charge, Coronary Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 021X. | | |
| **Beginning Position:** | 61 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 7:** | **OTHER_AMOUNT** | | |
| **Description:** | Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0002-0099, 022X-024X, 052X-053X, 055X-060X, 064X-070X, 076X-078X, 090X-095X, 099X. | | |
| **Beginning Position:** | 73 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 8:** | **PHARM_AMOUNT** | | |
| **Description:** | Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 025X, 026X, and 063X. | | |
| **Beginning Position:** | 85 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 9:** | **MEDSURG_AMOUNT** | | |
| **Description:** | Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 027X, 062X. | | |
| **Beginning Position:** | 97 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |

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| **Field 10:** | **DME_AMOUNT** | | |
| **Description:** | Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue centers 0290-0292, 0294-0299. | | |
| **Beginning Position:** | 109 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 11:** | **USED_DME_AMOUNT** | | |
| **Description:** | Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0293. | | |
| **Beginning Position:** | 121 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 12:** | **PT_AMOUNT** | | |
| **Description:** | Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 042X. | | |
| **Beginning Position:** | 133 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 13:** | **OT_AMOUNT** | | |
| **Description:** | Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 043X. | | |
| **Beginning Position:** | 145 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 14:** | **SPEECH_AMOUNT** | | |
| **Description:** | Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 044X, 047X. | | |
| **Beginning Position:** | 157 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 15:** | **IT_AMOUNT** | | |
| **Description:** | Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 041X, 046X. | | |
| **Beginning Position:** | 169 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 16:** | **BLOOD_AMOUNT** | | |
| **Description:** | Ancillary Service Charge for blood provided during the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 038X. | | |
| **Beginning Position:** | 181 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 17:** | **BLOOD_ADMIN_AMOUNT** | | |
| **Description:** | Ancillary Service Charge for blood storage and processing related to the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 039X. | | |
| **Beginning Position:** | 193 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 18:** | **OR_AMOUNT** | | |
| **Description:** | Ancillary Service Charge, Operating Room Charge amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 036X, 071X-072X. | | |
| **Beginning Position:** | 205 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 19:** | **LITH_AMOUNT** | | |
| **Description:** | Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 079X. | | |
| **Beginning Position:** | 217 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |

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|---|---|---|---|
| **Field 20:** | **CARD_AMOUNT** | | |
| **Description:** | Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X. | | |
| **Beginning Position:** | 229 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 21:** | **ANES_AMOUNT** | | |
| **Description:** | Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X. | | |
| **Beginning Position:** | 241 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 22:** | **LAB_AMOUNT** | | |
| **Description:** | Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X. | | |
| **Beginning Position:** | 253 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 23:** | **RAD_AMOUNT** | | |
| **Description:** | Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X. | | |
| **Beginning Position:** | 265 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 24:** | **MRI_AMOUNT** | | |
| **Description:** | Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X. | | |
| **Beginning Position:** | 277 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 25:** | **OP_AMOUNT** | | |
| **Description:** | Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X. | | |
| **Beginning Position:** | 289 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 26:** | **ER_AMOUNT** | | |
| **Description:** | Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 045X. | | |
| **Beginning Position:** | 301 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 27:** | **AMBULANCE_AMOUNT** | | |
| **Description:** | Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 054X. | | |
| **Beginning Position:** | 313 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 28:** | **PRO_FEE_AMOUNT** | | |
| **Description:** | Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X. | | |
| **Beginning Position:** | 325 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 29:** | **ORGAN_AMOUNT** | | |
| **Description:** | Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X. | | |
| **Beginning Position:** | 337 | **Data Source:** | Calculated |

| | | | |
|---|---|---|---|
| **Length:** | 12 | **Type:** | Numeric |

**Field 30:** **ESRD_AMOUNT**

**Description:** Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 349 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |

**Field 31:** **CLINIC_AMOUNT**

**Description:** Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 051X.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 361 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |

**Field 32:** **OCCUR_CODE_1**

**Description:** Code describing a significant event relating to the claim.

**Coding Scheme:**

| | | | | | |
|---|---|---|---|---|---|
| 01 | Auto accident | 27 | Date Home Health Plan Established or Last Reviewed | 47 | Date cost outlier status begins |
| 02 | No Fault Insurance Involved - Including Auto Accident/Other | 28 | Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed | A1 | Birthdate - Insured A |
| 03 | Accident/ Tort Liability | 29 | Date Outpatient PT Plan established or last reviewed | A2 | Effective Date - Insured A Policy |
| 04 | Accident/ Employment Related | 30 | Date Outpatient ST Plan established or last reviewed | A3 | Payer A benefits exhausted |
| 05 | Other accident | 31 | Date beneficiary notified of intent to bill (accommodations) | A4 | Split Bill Date |
| 06 | Crime Victim | 32 | Date beneficiary notified of intent to bill (procedures or treatments) | B1 | Birthdate - Insured B |
| 09 | Start of Infertility Treatment Cycle | 37 | Date of inpatient hospital discharge for non-covered transplant patients | B2 | Effective date - Insured B Policy |
| 10 | Last Menstrual Period | 38 | Date treatment started for home IV therapy | B3 | Payer B benefits exhausted |
| 11 | Onset of Symptoms/ Illness | 39 | Date discharged on a continuous course if IV therapy | C1 | Birthdate - Insured C |
| 12 | Date of Onset for a Chronically Dependent Individual | 40 | Scheduled date of admission | C2 | Effective date - Insured C Policy |
| 16 | Date of Last Therapy | 41 | Date of first test of pre-admission testing | C3 | Payer C benefits exhausted |
| 17 | Date Outpatient OT Plan Established or Last Reviewed | 42 | Date of discharge (hospice only) | DR | Katrina disaster related |
| 18 | Date of Retirement - Patient/Beneficiary | 43 | Scheduled date of canceled surgery | E1 | Birthdate - Insured D |
| 19 | Date of Retirement - Spouse | 44 | Date treatment started - OT | E2 | Effective date - Insured D Policy |
| 20 | Date Guarantee of Payment Began | 45 | Date treatment started - ST | E3 | Payer D benefits exhausted |
| 21 | Date UR Notice Received | 46 | Date treatment started - Cardiac rehabilitation | F1 | Birthdate - Insured E |
| 22 | Date Active Care Ended | | | F2 | Effective date - Insured E Policy |
| 24 | Date Insurance Denied | | | F3 | Payer E benefits exhausted |
| 25 | Date Benefits Terminated by Primary Payer | | | G1 | Birthdate - Insured F |
| 26 | Date SNF Bed Became Available | | | G2 | Effective date - Insured F Policy |
| | | | | G3 | Payer F benefits exhausted |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 373 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

**Field 33:** **OCCUR_DAY_1**

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

| | | | |
|---|---|---|---|
| **Beginning Position:** | 375 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |

**Field 34:** **OCCUR_CODE_2**

**Description:** Code describing a significant event relating to the claim.

**Coding Scheme:** Same as Field OCCUR_CODE_1.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 379 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

**Field 35:** **OCCUR_DAY_2**

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

| | | | |
|---|---|---|---|
| **Beginning Position:** | 381 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 36:** | **OCCUR_CODE_3** | | |
| **Description:** | Code describing a significant event relating to the claim. | | |
| **Coding Scheme:** | Same as Field OCCUR_CODE_1. | | |
| **Beginning Position:** | 385 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 37:** | **OCCUR_DAY_3** | | |
| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 387 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 38:** | **OCCUR_CODE_4** | | |
| **Description:** | Code describing a significant event relating to the claim. | | |
| **Coding Scheme:** | Same as Field OCCUR_CODE_1. | | |
| **Beginning Position:** | 391 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 39:** | **OCCUR_DAY_4** | | |
| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 393 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 40:** | **OCCUR_CODE_5** | | |
| **Description:** | Code describing a significant event relating to the claim. | | |
| **Coding Scheme:** | Same as Field OCCUR_CODE_1. | | |
| **Beginning Position:** | 397 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 41:** | **OCCUR_DAY_5** | | |
| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 399 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 42:** | **OCCUR_CODE_6** | | |
| **Description:** | Code describing a significant event relating to the claim. | | |
| **Coding Scheme:** | Same as Field OCCUR_CODE_1. | | |
| **Beginning Position:** | 403 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 43:** | **OCCUR_DAY_6** | | |
| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 405 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 44:** | **OCCUR_CODE_7** | | |
| **Description:** | Code describing a significant event relating to the claim. | | |
| **Coding Scheme:** | Same as Field OCCUR_CODE_1. | | |
| **Beginning Position:** | 409 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 45:** | **OCCUR_DAY_7** | | |
| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 411 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 46:** | **OCCUR_CODE_8** | | |
| **Description:** | Code describing a significant event relating to the claim. | | |
| **Coding Scheme:** | Same as Field OCCUR_CODE_1. | | |
| **Beginning Position:** | 415 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 47:** | **OCCUR_DAY_8** | | |
| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 417 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 48:** | **OCCUR_CODE_9** | | |
| **Description:** | Code describing a significant event relating to the claim. | | |
| **Coding Scheme:** | Same as Field OCCUR_CODE_1. | | |
| **Beginning Position:** | 421 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 49:** | **OCCUR_DAY_9** | | |

| | | | |
|---|---|---|---|
| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 423 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 50:** | **OCCUR_CODE_10** | | |
| **Description:** | Code describing a significant event relating to the claim. | | |
| **Coding Scheme:** | Same as Field OCCUR_CODE_1. | | |
| **Beginning Position:** | 427 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 51:** | **OCCUR_DAY_10** | | |
| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 429 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 52:** | **OCCUR_CODE_11** | | |
| **Description:** | Code describing a significant event relating to the claim. | | |
| **Coding Scheme:** | Same as Field OCCUR_CODE_1. | | |
| **Beginning Position:** | 433 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 53:** | **OCCUR_DAY_11** | | |
| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 435 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 54:** | **OCCUR_CODE_12** | | |
| **Description:** | Code describing a significant event relating to the claim. | | |
| **Coding Scheme:** | Same as Field OCCUR_CODE_1. | | |
| **Beginning Position:** | 439 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 55:** | **OCCUR_DAY_12** | | |
| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 441 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 56:** | **OCCUR_SPAN_CODE_1** | | |
| **Description:** | Code describing a significant event relating to the claim that may affect payer processing. | | |
| **Coding Scheme:** | 70 Qualifying stay dates (for SNF use only)<br>71 Prior stay dates<br>72 First/Last Visit<br>73 Benefit eligibility period<br>74 Noncovered level of care/Leave of absence<br>75 SNF level of care<br>76 Patient Liability Period<br>77 Provider Liability - Utilization Charged | | 78 SNF prior stay dates<br>80 Prior Same SNF prior stay dates for Payment Ban Purposes<br>81 Antepartum Days at Reduced Level of Care<br>M0 QIO/UR approved stay dates<br>M1 Provider liability - no utilization<br>M2 Inpatient respite dates<br>M3 ICF level of care<br>M4 Residential level of care |
| **Beginning Position:** | 445 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 57:** | **OCCUR_SPAN_FROM_1** | | |
| **Description:** | Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 447 | **Data Source:** | Calculated |
| **Length:** | 6 | **Type:** | Alphanumeric |
| **Field 58:** | **OCCUR_SPAN_THRU_1** | | |
| **Description:** | Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 453 | **Data Source:** | Calculated |
| **Length:** | 6 | **Type:** | Alphanumeric |
| **Field 59:** | **OCCUR_SPAN_CODE_2** | | |
| **Description:** | Code describing a significant event relating to the claim that may affect payer processing. | | |
| **Coding Scheme:** | Same as Field OCCUR_CODE_SPAN_1. | | |
| **Beginning Position:** | 459 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 60:** | **OCCUR_SPAN_FROM_2** | | |
| **Description:** | Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date. | | |

**Beginning Position:** 461 **Data Source:** Calculated
**Length:** 6 **Type:** Alphanumeric

**Field 61:** **OCCUR_SPAN_THRU_2**
**Description:** Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.
**Beginning Position:** 467 **Data Source:** Calculated
**Length:** 6 **Type:** Alphanumeric

**Field 62:** **OCCUR_SPAN_CODE_3**
**Description:** Code describing a significant event relating to the claim that may affect payer processing.
**Coding Scheme:** Same as Field OCCUR_CODE_SPAN_1.
**Beginning Position:** 473 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 63:** **OCCUR_SPAN_FROM_3**
**Description:** Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.
**Beginning Position:** 475 **Data Source:** Calculated
**Length:** 6 **Type:** Alphanumeric

**Field 64:** **OCCUR_SPAN_THRU_3**
**Description:** Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.
**Beginning Position:** 481 **Data Source:** Calculated
**Length:** 6 **Type:** Alphanumeric

**Field 65:** **OCCUR_SPAN_CODE_4**
**Description:** Code describing a significant event relating to the claim that may affect payer processing.
**Coding Scheme:** Same as Field OCCUR_CODE_SPAN_1.
**Beginning Position:** 487 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 66:** **OCCUR_SPAN_FROM_4**
**Description:** Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.
**Beginning Position:** 489 **Data Source:** Calculated
**Length:** 6 **Type:** Alphanumeric

**Field 67:** **OCCUR_SPAN_THRU_4**
**Description:** Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.
**Beginning Position:** 495 **Data Source:** Calculated
**Length:** 6 **Type:** Alphanumeric

**Field 68:** **CONDITION_CODE_1**
**Description:** Code describing a condition relating to the claim.
**Coding Scheme:**

| | | | | | |
|---|---|---|---|---|---|
| 01 | Military service related | 11 | Disabled beneficiary but no LGHP coverage exists | 27 | Patient referred to a sole community hospital for a diagnostic laboratory test |
| 02 | Condition is employment related | 17 | Patient is homeless | 28 | Patient and/or spouse's EGHP is secondary to Medicare |
| 03 | Patient covered by insurance not reflected here | 18 | Maiden name retained | 29 | Disabled beneficiary and/or family member's LGHP is secondary to Medicare |
| 04 | Information only bill. | 19 | Child retains mother's name | 30 | Non-research services provided to patients enrolled in a qualified clinical trial |
| 05 | Lien has been filed | 20 | Beneficiary requested billing | 31 | Patient is student (full time - day) |
| 06 | ESRD patient in first 18 months of entitlement covered by EGHP | 21 | Billing for denial notice | 32 | Patient is student (cooperative/work study program) |
| 07 | Treatment of non-terminal condition for hospice patient | 22 | Patient on multiple drug regimen | 33 | Patient is student (full time - night) |
| 08 | Beneficiary would not provide information concerning other insurance coverage | 23 | Home care giver available | 34 | Patient is student (part-time) |
| 09 | Neither patient or spouse is employed | 24 | Home IV patient also receiving HHA services | | |
| 10 | Patient and/or spouse is employed but no EGHP exists | 25 | Patient is non-US resident | | |
| | | 26 | VA eligible patient chooses to receive services in a Medicare certified facility | | |

| | |
|---|---|
| 36 | General care patient in a special unit |
| 37 | Ward accommodation at patient request |
| 38 | Semi-private room not available |
| 39 | Private room medically necessary |
| 40 | Same day transfer |
| 41 | Partial hospitalization |
| 42 | Continuing care not related to inpatient admission |
| 43 | Continuing care not provided within prescribed postdischarge window |
| 44 | Inpatient admission changed to outpatient |
| 45 | Ambiguous Gender Category |
| 46 | Non-availability statement on file |
| 47 | Transfer from another Home Health Agency |
| 48 | Psychiatric residential treatment centers for children and adolescents (RTCs) |
| 49 | Product replacement within product lifecycle |
| 50 | Product Replacement for Known Recall of a Product |
| 51 | Attestation of Unrelated Outpatient Nondiagnostic Services |
| 52 | Out of Hospice Service Area |
| 53 | Initial placement of a medical device provided as part of a clinical trial or a free sample |
| 54 | No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency |
| 55 | SNF bed not available |
| 56 | Medical appropriateness |
| 57 | SNF readmission |
| 58 | Terminated Medicare+Choice organization enrollee |
| 59 | Non-primary ESRD facility |
| 60 | Day outlier |
| 61 | Cost outlier |
| 66 | Provider does not wish cost outlier payment |
| 67 | Beneficiary elects not to use life time reserve (LTR) days |
| 68 | Beneficiary elects to use life time reserve (LTR) days |
| 69 | IME/DGME/N&AH Payment Only |
| 70 | Self-administered anemia management drug |
| 71 | Full care in unit |
| 72 | Self-care in unit |
| 73 | Self-care training |
| 74 | Home |
| 75 | Home - 100% reimbursement |
| 76 | Back-up in facility dialysis |
| 77 | Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment |
| 78 | New coverage not implemented by HMO |
| 79 | CORF services provided offsite |
| 80 | Home dialysis - nursing facility |
| 81 | C-section/Inductions <39 weeks-Medical Necessity |
| 82 | C-section/Inductions <39 weeks-Elective |
| 83 | C-section/Inductions 39 weeks or greater |
| 84 | Dialysis for Acute Kidney Injury (AKI) |
| 85 | Delayed Recertification of Hospice Terminal Illness |
| 86 | Additional Hemodialysis Treatment with Medical Justification |
| A0 | TRICARE external partnership program |
| A1 | EPSDT/CHAP |
| A2 | Physically handicapped children's program |
| A3 | Special Federal Funding |
| A4 | Family planning |
| A5 | Disability |
| A6 | Vaccines/Medicare 100% payment |
| A9 | Second opinion surgery |
| AA | Abortion performed due to rape |
| AB | Abortion performed due to incest |
| AC | Abortion performed due to serious fatal genetic defect, deformity, or abnormality |
| AD | Abortion performed due to life endangering physical condition |
| AE | Abortion performed due to physical health of mother that is not life endangering |
| AF | Abortion performed due to emotional/psychological health of mother |
| AG | Abortion performed due to social or economic reasons |
| AH | Elective abortion |
| AI | Sterilization |
| AJ | Payer responsible for co-payment |
| AK | Air ambulance required |
| AL | Specialized treatment/bed unavailable |
| AM | Non-emergency medically necessary stretcher transport required |
| AN | Pre-admission screening not required |
| B0 | Medicare coordinated care demonstration claim |
| B1 | Beneficiary is ineligible for demonstration program |
| B4 | Admission unrelated to discharge on same day |
| BP | Gulf Oil Spill of 2010 |
| C1 | Approved as billed |
| C2 | Automatic approval as billed based on focused review |
| C3 | Partial approval |
| C4 | Admission/services denied |
| C5 | Postpayment review applicable |
| C6 | Admission Preauthorization |
| C7 | Extended Authorization |
| D0 | Changes to Service Dates |
| D1 | Changes to Charges |
| D3 | Second or Subsequent Interim PPS Bill |
| D4 | Change in clinical codes (ICD) for diagnosis and/or procedure codes. |
| D5 | Cancel to correct Insured's ID or Provider ID |
| D6 | Cancel Only to Repay a Duplicate or OIG Overpayment |
| D7 | Change to Make Medicare the Secondary Payer |
| D8 | Change to Make Medicare the Primary Payer |
| D9 | Any Other Change |
| DR | Disaster related |
| E0 | Changes in Patient Status |
| G0 | Distinct Medical Visit |
| H0 | Delayed Filing, Statement of Intent Submitted |
| H2 | Discharge by a Hospice Provider for Cause |
| H3 | Reoccurrence of GI Bleed Comorbid Category |
| H4 | Reoccurrence of Pneumonia Comorbid Category |
| H5 | Recurrence of Pericarditis Comorbid Category |
| P1 | Do not Resuscitate Order (DNR) |
| P7 | Direct Inpatient Admission from Emergency Room |
| R1 | Request for reopening Reason Code - Mathematical or Computational Mistake |
| R2 | Request for reopening Reason Code -Inaccurate Data Entry |
| R3 | Request for reopening Reason Code - Misapplication of a Fee Schedule |

| | | | | | |
|---|---|---|---|---|---|
| R4 | Request for reopening Reason Code - Computer Errors | R7 | Request for reopening Reason Code - Corrections other than clerical errors | WO | United Mine Workers of America (UMWA) Demonstration Indicator |
| R5 | Request for reopening Reason Code - Incorrectly Identified Duplicate Claim | R8 | Request for reopening Reason Code - New and Material Evidence | W2 | Duplicate of Original Bill |
| R6 | Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above | R9 | Request for reopening Reason Code - Faulty Evidence | W3 | Level I Appeal |
| | | | | W4 | Level II Appeal |
| | | | | W5 | Level III Appeal |

**Beginning Position:** 501 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 69:** **CONDITION_CODE_2**
**Description:** Code describing a condition relating to the claim.
**Coding Scheme:** Same as Field CONDITION_CODE_1.
**Beginning Position:** 503 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 70:** **CONDITION_CODE_3**
**Description:** Code describing a condition relating to the claim.
**Coding Scheme:** Same as Field 68.
**Beginning Position:** 505 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 71:** **CONDITION_CODE_4**
**Description:** Code describing a condition relating to the claim.
**Coding Scheme:** Same as Field CONDITION_CODE_1.
**Beginning Position:** 507 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 72:** **CONDITION_CODE_5**
**Description:** Code describing a condition relating to the claim.
**Coding Scheme:** Same as Field CONDITION_CODE_1.
**Beginning Position:** 509 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 73:** **CONDITION_CODE_6**
**Description:** Code describing a condition relating to the claim.
**Coding Scheme:** Same as Field CONDITION_CODE_1.
**Beginning Position:** 511 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 74:** **CONDITION_CODE_7**
**Description:** Code describing a condition relating to the claim.
**Coding Scheme:** Same as Field CONDITION_CODE_1.
**Beginning Position:** 513 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 75:** **CONDITION_CODE_8**
**Description:** Code describing a condition relating to the claim.
**Coding Scheme:** Same as Field CONDITION_CODE_1.
**Beginning Position:** 515 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 76:** **VALUE_CODE_1**
**Description:** Code describing information that may affect payer processing.
**Coding Scheme:**

| | | | | | |
|---|---|---|---|---|---|
| 01 | Most common semi-private rate | 09 | Coinsurance amount in the first calendar year | 15 | Worker's compensation |
| 02 | Hospital has no semi-private rooms | 10 | Lifetime reserve amount in the second calendar year | 16 | Public health service (PHS) or other federal agency |
| 04 | Inpatient professional component charges which are combined billed | 11 | Coinsurance amount in the second calendar year | 21 | Catastrophic |
| 05 | Professional component included in charges and also billed separately to carrier | 12 | Working aged beneficiary/spouse with employer group health plan | 22 | Surplus |
| 06 | Blood deductible | 13 | ESRD beneficiary in a Medicare coordination period with an employer group health plan | 23 | Recurring monthly income |
| 08 | Life time reserve amount in the first calendar year | 14 | No fault, including auto/other | 24 | Medicaid Rate Code |
| | | | | 25 | Offset to the patient - payment amount - prescription drugs |

| | |
|---|---|
| 26 | Offset to the patient - payment amount - hearing and ear services |
| 27 | Offset to the patient - payment amount - vision and eye services |
| 28 | Offset to the patient - payment amount - dental services |
| 29 | Offset to the patient - payment amount - chiropractic services |
| 30 | Preadmission testing |
| 31 | Patient Liability Amount |
| 32 | Multiple patient ambulance transport |
| 33 | Offset to the patient - payment amount - podiatric services |
| 34 | Offset to the patient - payment amount - other medical services |
| 35 | Offset to the patient - payment amount - health insurance premiums |
| 37 | Units of blood furnished |
| 38 | Blood deductible units |
| 39 | Units of blood replaced |
| 40 | New coverage not implemented by HMO |
| 41 | Black lung |
| 42 | VA |
| 43 | Disabled beneficiary under age 65 with LGHP |
| 44 | Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received |
| 45 | Accident hour |
| 46 | Number of grace days |
| 47 | Any liability insurance |
| 48 | Hemoglobin reading |
| 49 | Hematocrit reading |
| 50 | Physical Therapy visits |
| 51 | Occupational Therapy visits |
| 52 | Speech Therapy visits |
| 53 | Cardiac rehab visits |
| 54 | Newborn birth weight in grams |
| 55 | Eligibility threshold for charity care |
| 56 | Skilled nurse - home visit hours |
| 57 | Home health aide - home visit hours |
| 58 | Arterial blood gas |
| 59 | Oxygen saturation |
| 60 | HHA branch MSA |
| 61 | Place of Residence where service is furnished (HHA and hospice) |
| 66 | Medicaid spend down amount |
| 67 | Peritoneal dialysis |
| 68 | EPO-drug |
| 69 | State charity care percentage |
| 80 | Covered Days |
| 81 | Non-covered Days |
| 82 | Co-insurance Days |
| 83 | Lifetime Reserve Days |
| 84 | Shorter Duration Hemodialysis |
| A0 | Special zip code reporting |
| A1 | Deductible payer A |
| A2 | Coinsurance payer A |
| A3 | Estimated responsibility payer A |
| A4 | Covered self-administrable drugs - emergency |
| A5 | Covered self-administrable drugs - administrable in form and situation furnished to patient |
| A6 | Covered self-administrable drugs - diagnostic study and other |
| A7 | Co-payment payer A |
| A8 | Patient weight |
| A9 | Patient height |
| AA | Regulatory surcharges, assessments, allowances or health care related taxes - payer A |
| AB | Other assessments or allowances (e.g., medical education) - payer A |
| B1 | Deductible payer B |
| B2 | Coinsurance payer B |
| B3 | Estimated responsibility payer B |
| B7 | Co-payment payer B |
| BA | Regulatory surcharges, assessments, allowances or health care related taxes - payer B |
| BB | Other assessments or allowances (e.g., medical education) - payer B |
| C1 | Deductible payer C |
| C2 | Coinsurance payer C |
| C3 | Estimated responsibility payer C |
| C7 | Co-payment payer C |
| CA | Regulatory surcharges, assessments, allowances or health care related taxes - payer C |
| CB | Other assessments or allowances (e.g., medical education) - payer C |
| D3 | Patient estimated responsibility |
| D4 | Clinical Trial Number Assigned by NLM/NIH |
| D5 | Last Kt/V Reading |
| FC | Patient Paid Amount |
| FD | Credit Received from the Manufacturer for a Medical Device |
| G8 | Facility where Inpatient Hospice Service is Delivered |
| Y1 | Part A Demonstration Payment |
| Y2 | Part B Demonstration Payment |
| Y3 | Part B Coinsurance |
| Y4 | Conventional Provider Payment |
| Y5 | Part B Deductible |

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|---|---|---|---|
| **Beginning Position:** | 517 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

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| **Field 77:** | **VALUE_AMOUNT_1** |
| **Description:** | Dollar amount that may be affected. |

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| **Beginning Position:** | 519 | **Data Source:** | Claim |
| **Length:** | 9 | **Type:** | Alphanumeric |

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| **Field 78:** | **VALUE_CODE_2** | | |
| **Description:** | Code describing information that may affect payer processing. | | |
| **Coding Scheme:** | Same as Field VALUE_CODE_1. | | |
| **Beginning Position:** | 528 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 79:** | **VALUE_AMOUNT_2** | | |
| **Description:** | Dollar amount that may be affected. | | |
| **Beginning Position:** | 530 | **Data Source:** | Claim |
| **Length:** | 9 | **Type:** | Alphanumeric |
| **Field 80:** | **VALUE_CODE_3** | | |
| **Description:** | Code describing information that may affect payer processing. | | |
| **Coding Scheme:** | Same as Field VALUE CODE_1. | | |
| **Beginning Position:** | 539 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 81:** | **VALUE_AMOUNT_3** | | |
| **Description:** | Dollar amount that may be affected. | | |
| **Beginning Position:** | 541 | **Data Source:** | Claim |
| **Length:** | 9 | **Type:** | Alphanumeric |
| **Field 82:** | **VALUE_CODE_4** | | |
| **Description:** | Code describing information that may affect payer processing. | | |
| **Coding Scheme:** | Same as Field VALUE_CODE_1. | | |
| **Beginning Position:** | 550 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 83:** | **VALUE_AMOUNT_4** | | |
| **Description:** | Dollar amount that may be affected. | | |
| **Beginning Position:** | 552 | **Data Source:** | Claim |
| **Length:** | 9 | **Type:** | Alphanumeric |
| **Field 84:** | **VALUE_CODE_5** | | |
| **Description:** | Code describing information that may affect payer processing. | | |
| **Coding Scheme:** | Same as Field VALUE_CODE_1. | | |
| **Beginning Position:** | 561 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 85:** | **VALUE_AMOUNT_5** | | |
| **Description:** | Dollar amount that may be affected. | | |
| **Beginning Position:** | 563 | **Data Source:** | Claim |
| **Length:** | 9 | **Type:** | Alphanumeric |
| **Field 86:** | **VALUE_CODE_6** | | |
| **Description:** | Code describing information that may affect payer processing. | | |
| **Coding Scheme:** | Same as Field VALUE_CODE_1. | | |
| **Beginning Position:** | 572 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 87:** | **VALUE_AMOUNT_6** | | |
| **Description:** | Dollar amount that may be affected. | | |
| **Beginning Position:** | 574 | **Data Source:** | Claim |
| **Length:** | 9 | **Type:** | Alphanumeric |
| **Field 88:** | **VALUE_CODE_7** | | |
| **Description:** | Code describing information that may affect payer processing. | | |
| **Coding Scheme:** | Same as Field VALUE_CODE_1. | | |
| **Beginning Position:** | 583 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 89:** | **VALUE_AMOUNT_7** | | |
| **Description:** | Dollar amount that may be affected. | | |
| **Beginning Position:** | 585 | **Data Source:** | Claim |
| **Length:** | 9 | **Type:** | Alphanumeric |
| **Field 90:** | **VALUE_CODE_8** | | |
| **Description:** | Code describing information that may affect payer processing. | | |
| **Coding Scheme:** | Same as Field VALUE_CODE_1. | | |
| **Beginning Position:** | 594 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 91:** | **VALUE_AMOUNT_8** | | |
| **Description:** | Dollar amount that may be affected. | | |
| **Beginning Position:** | 596 | **Data Source:** | Claim |

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| **Length:** | 9 | **Type:** | Alphanumeric |
| **Field 92:** | **VALUE_CODE_9** | | |
| **Description:** | Code describing information that may affect payer processing. | | |
| **Coding Scheme:** | Same as Field VALUE_CODE_1. | | |
| **Beginning Position:** | 605 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 93:** | **VALUE_AMOUNT_9** | | |
| **Description:** | Dollar amount that may be affected. | | |
| **Beginning Position:** | 607 | **Data Source:** | Claim |
| **Length:** | 9 | **Type:** | Alphanumeric |
| **Field 94:** | **VALUE_CODE_10** | | |
| **Description:** | Code describing information that may affect payer processing. | | |
| **Coding Scheme:** | Same as Field VALUE_CODE_1. | | |
| **Beginning Position:** | 616 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 95:** | **VALUE_AMOUNT_10** | | |
| **Description:** | Dollar amount that may be affected. | | |
| **Beginning Position:** | 618 | **Data Source:** | Claim |
| **Length:** | 9 | **Type:** | Alphanumeric |
| **Field 96:** | **VALUE_CODE_11** | | |
| **Description:** | Code describing information that may affect payer processing. | | |
| **Coding Scheme:** | Same as Field VALUE_CODE_1. | | |
| **Beginning Position:** | 627 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 97:** | **VALUE_AMOUNT_11** | | |
| **Description:** | Dollar amount that may be affected. | | |
| **Beginning Position:** | 629 | **Data Source:** | Claim |
| **Length:** | 9 | **Type:** | Alphanumeric |
| **Field 98:** | **VALUE_CODE_12** | | |
| **Description:** | Code describing information that may affect payer processing. | | |
| **Coding Scheme:** | Same as Field VALUE_CODE_1. | | |
| **Beginning Position:** | 638 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 99:** | **VALUE_AMOUNT_12** | | |
| **Description:** | Dollar amount that may be affected. | | |
| **Beginning Position:** | 640 | **Data Source:** | Claim |
| **Length:** | 9 | **Type:** | Alphanumeric |

# INPATIENT CHARGES DATA FILE

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

**Field 2:** **REVENUE_CODE**
**Description:** Code corresponding to each specific accommodation, ancillary service or billing calculation related to the services being billed.

**Coding Scheme:**

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|---|---|---|---|---|---|
| 0100 | All-inclusive room charges plus ancillary | 0132 | Room charges for semi-private - 3/4 beds - rooms - obstetrics | 0155 | Room charges for ward rooms - hospice |
| 0101 | All-inclusive room charges | 0133 | Room charges for semi-private - 3/4 beds - rooms - pediatric | 0156 | Room charges for ward rooms - detoxification |
| 0110 | Room charges for private rooms - general | 0134 | Room charges for semi-private - 3/4 beds - rooms - psychiatric | 0157 | Room charges for ward rooms - oncology |
| 0111 | Room charges for private rooms - medical/surgical/GYN | 0135 | Room charges for semi-private - 3/4 beds - rooms - hospice | 0158 | Room charges for ward rooms rehabilitation |
| 0112 | Room charges for private rooms - obstetrics | 0136 | Room charges for semi-private - 3/4 beds - rooms - detoxification | 0159 | Room charges for ward rooms - other |
| 0113 | Room charges for private rooms - pediatric | 0137 | Room charges for semi-private - 3/4 beds - rooms - oncology | 0160 | Room charges for other rooms - general |
| 0114 | Room charges for private rooms - psychiatric | 0138 | Room charges for semi-private - 3/4 beds - rooms - rehabilitation | 0164 | Room charges for other rooms – Sterile Environment |
| 0115 | Room charges for private rooms - hospice | 0139 | Room charges for semi-private - 3/4 beds - rooms - other | 0167 | Room charges for other rooms – self care |
| 0116 | Room charges for private rooms - detoxification | 0140 | Room charges for private (deluxe) rooms - general | 0169 | Room charges for other rooms - other |
| 0117 | Room charges for private rooms - oncology | 0141 | Room charges for private (deluxe) rooms - medical/surgical/GYN | 0170 | Room charges for nursery - general |
| 0118 | Room charges for private rooms - rehabilitation | 0142 | Room charges for private (deluxe) rooms - obstetrics | 0171 | Room charges for nursery - newborn level I |
| 0119 | Room charges for private rooms - other | 0143 | Room charges for private (deluxe) rooms - pediatric | 0172 | Room charges for nursery - newborn level II |
| 0120 | Room charges for semi-private rooms - general | 0144 | Room charges for private (deluxe) rooms - psychiatric | 0173 | Room charges for nursery - newborn level III |
| 0121 | Room charges for semi-private rooms - medical/surgical/GYN | 0145 | Room charges for private (deluxe) rooms - hospice | 0174 | Room charges for nursery - newborn level IV |
| 0122 | Room charges for semi-private rooms - obstetrics | 0146 | Room charges for private (deluxe) rooms - detoxification | 0179 | Room charges for nursery - other |
| 0123 | Room charges for semi-private rooms - pediatric | 0147 | Room charges for private (deluxe) rooms - oncology | 0180 | Room charges for LOA - general |
| 0124 | Room charges for semi-private rooms - psychiatric | 0148 | Room charges for private (deluxe) rooms - rehabilitation | 0182 | Room charges for LOA - patient convenience-charges billable |
| 0125 | Room charges for semi-private rooms - hospice | 0149 | Room charges for private (deluxe) rooms - other | 0183 | Room charges for LOA - therapeutic leave |
| 0126 | Room charges for semi-private rooms - detoxification | 0150 | Room charges for ward rooms - general | 0185 | Room charges for LOA – nursing home (for hospitalization) |
| 0127 | Room charges for semi-private rooms - oncology | 0151 | Room charges for ward rooms - medical/surgical/GYN | 0189 | Room charges for LOA - other |
| 0128 | Room charges for semi-private rooms - rehabilitation | 0152 | Room charges for ward rooms - obstetrics | 0190 | Room charges for subacute care - general |
| 0129 | Room charges for semi-private rooms - other | 0153 | Room charges for ward rooms - pediatric | 0191 | Room charges for subacute care - Level I (skilled care) |
| 0130 | Room charges for semi-private - 3/4 beds - rooms - general | 0154 | Room charges for ward rooms - psychiatric | 0192 | Room charges for subacute care - Level II (comprehensive care) |
| 0131 | Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN | | | | |

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| 0193 | Room charges for subacute care - Level III (complex care) |
| 0194 | Room charges for subacute care - Level IV (intensive care) |
| 0199 | Room charges for subacute care - other |
| 0200 | Room charges for intensive care - general |
| 0201 | Room charges for intensive care - surgical |
| 0202 | Room charges for intensive care - medical |
| 0203 | Room charges for intensive care - pediatric |
| 0204 | Room charges for intensive care - psychiatric |
| 0206 | Room charges for intensive care - intermediate intensive care unit (ICU) |
| 0207 | Room charges for intensive care - burn care |
| 0208 | Room charges for intensive care - trauma |
| 0209 | Room charges for intensive care - other |
| 0210 | Room charges for coronary care - general |
| 0211 | Room charges for coronary care - myocardial infarction |
| 0212 | Room charges for coronary care - pulmonary care |
| 0213 | Room charges for coronary care - heart transplant |
| 0214 | Room charges for coronary care - intermediate coronary care unit (CCU) |
| 0219 | Room charges for coronary care - other |
| 0220 | Special charges - general |
| 0221 | Special charges - admission charge |
| 0222 | Special charges - technical support charge |
| 0223 | Special charges - UR service charge |
| 0224 | Special charges - late discharge, medically necessary |
| 0229 | Special charges - other |
| 0230 | Incremental nursing care - general |
| 0231 | Incremental nursing care - nursery |
| 0232 | Incremental nursing care - OB |
| 0233 | Incremental nursing care - ICU (includes transitional care) |
| 0234 | Incremental nursing care - CCU (includes transitional care) |
| 0235 | Incremental nursing care - hospice |
| 0239 | Incremental nursing care - other |
| 0240 | All-inclusive ancillary - general |
| 0241 | All-inclusive ancillary - basic |
| 0242 | All-inclusive ancillary - comprehensive |
| 0243 | All-inclusive ancillary - specialty |
| 0249 | All-inclusive ancillary - other |
| 0250 | Pharmacy - general |
| 0251 | Pharmacy - generic drugs |
| 0252 | Pharmacy - nongeneric drugs |
| 0253 | Pharmacy - take-home drugs |
| 0254 | Pharmacy - drugs incident to other diagnostic services |
| 0255 | Pharmacy - drugs incident to radiology |
| 0256 | Pharmacy - experimental drugs |
| 0257 | Pharmacy - nonprescription |
| 0258 | Pharmacy - IV solutions |
| 0259 | Pharmacy - other |
| 0260 | IV Therapy - general |
| 0261 | IV Therapy - infusion pump |
| 0262 | IV Therapy - pharmacy services |
| 0263 | IV Therapy - drug/supply delivery |
| 0264 | IV Therapy - supplies |
| 0269 | IV Therapy - other |
| 0270 | Medical surgical supplies and devices - general |
| 0271 | Medical surgical supplies and devices - nonsterile |
| 0272 | Medical surgical supplies and devices - sterile |
| 0273 | Medical surgical supplies and devices - take-home |
| 0274 | Medical surgical supplies and devices - prosthetic/orthotic |
| 0275 | Medical surgical supplies and devices - pacemaker |
| 0276 | Medical surgical supplies and devices - intraocular lens (IOL) |
| 0277 | Medical surgical supplies and devices - oxygen - take-home |
| 0278 | Medical surgical supplies and devices - other implants |
| 0279 | Medical surgical supplies and devices - other |
| 0280 | Oncology - general |
| 0289 | Oncology - other |
| 0290 | DME - general |
| 0291 | DME - rental |
| 0292 | DME - purchase of new |
| 0293 | DME - purchase of used |
| 0294 | DME - supplies/drugs for DME effectiveness |
| 0299 | DME - other equipment |
| 0300 | Laboratory - general |
| 0301 | Laboratory - chemistry |
| 0302 | Laboratory - immunology |
| 0303 | Laboratory - renal patient (home) |
| 0304 | Laboratory - nonroutine dialysis |
| 0305 | Laboratory - hematology |
| 0306 | Laboratory - bacteriology and microbiology |
| 0307 | Laboratory - urology |
| 0309 | Laboratory - other |
| 0310 | Laboratory pathological - general |
| 0311 | Laboratory pathological - cytology |
| 0312 | Laboratory pathological - histology |
| 0314 | Laboratory pathological - biopsy |
| 0319 | Laboratory pathological - other |
| 0320 | Radiology - diagnostic - general |
| 0321 | Radiology - diagnostic - angiocardiography |
| 0322 | Radiology - diagnostic - arthrography |
| 0323 | Radiology - diagnostic - arteriography |
| 0324 | Radiology - diagnostic - chest x-ray |
| 0329 | Radiology - diagnostic - other |
| 0330 | Radiology - therapeutic and/or chemotherapy administration - general |
| 0331 | Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected |
| 0332 | Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral |
| 0333 | Radiology - therapeutic and/or chemotherapy administration - radiation therapy |

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| 0335 | Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV |
| 0339 | Radiology - therapeutic and/or chemotherapy administration - other |
| 0340 | Nuclear medicine - general |
| 0341 | Nuclear medicine - diagnostic procedures |
| 0342 | Nuclear medicine - therapeutic procedures |
| 0343 | Nuclear medicine - diagnostic radiopharmaceuticals |
| 0344 | Nuclear medicine - therapeutic radiopharmaceuticals |
| 0349 | Nuclear medicine - other |
| 0350 | CT scan - general |
| 0351 | CT scan - head |
| 0352 | CT scan - body |
| 0359 | CT scan - other |
| 0360 | Operating room services - general |
| 0361 | Operating room services - minor surgery |
| 0362 | Operating room services - organ transplant other than kidney |
| 0367 | Operating room services - kidney transplant |
| 0369 | Operating room services - other |
| 0370 | Anesthesia - general |
| 0371 | Anesthesia - incident to radiology |
| 0372 | Anesthesia - incident to other diagnostic services |
| 0374 | Anesthesia - acupuncture |
| 0379 | Anesthesia - other |
| 0380 | Blood - general |
| 0381 | Blood - packed red cells |
| 0382 | Blood - whole blood |
| 0383 | Blood - plasma |
| 0384 | Blood - platelets |
| 0385 | Blood - leukocytes |
| 0386 | Blood - other components |
| 0387 | Blood - other derivatives (cryoprecipitate) |
| 0389 | Blood - other |
| 0390 | Blood and blood component administration, storage and processing - general |
| 0391 | Blood and blood component administration, storage and processing - administration |
| 0392 | Blood and blood component administration, storage and processing – processing and storage |
| 0399 | Blood and blood component administration, storage and processing - other |
| 0400 | Other imaging services - general |
| 0401 | Other imaging services - diagnostic mammography |
| 0402 | Other imaging services - ultrasound |
| 0403 | Other imaging services - screening mammography |
| 0404 | Other imaging services - PET |
| 0409 | Other imaging services - other |
| 0410 | Respiratory services - general |
| 0412 | Respiratory services - inhalation |
| 0413 | Respiratory services - hyperbaric oxygen therapy |
| 0419 | Respiratory services - other |
| 0420 | Physical therapy - general |
| 0421 | Physical therapy - visit charge |
| 0422 | Physical therapy - hourly charge |
| 0423 | Physical therapy - group rate |
| 0424 | Physical therapy - evaluation or reevaluation |
| 0429 | Physical therapy - other |
| 0430 | Occupational therapy - general |
| 0431 | Occupational therapy - visit charge |
| 0432 | Occupational therapy - hourly charge |
| 0433 | Occupational therapy - group rate |
| 0434 | Occupational therapy - evaluation or reevaluation |
| 0439 | Occupational therapy - other |
| 0440 | Speech-language pathology - general |
| 0441 | Speech-language pathology - visit charge |
| 0442 | Speech-language pathology - hourly charge |
| 0443 | Speech-language pathology - group rate |
| 0444 | Speech-language pathology - evaluation or reevaluation |
| 0449 | Speech-language pathology - other |
| 0450 | Emergency room - general |
| 0451 | Emergency room - EMTALA emergency medical screening services |
| 0452 | Emergency room - beyond EMTALA screening |
| 0456 | Emergency room - urgent care |
| 0459 | Emergency room - other |
| 0460 | Pulmonary function - general |
| 0469 | Pulmonary function - other |
| 0470 | Audiology - general |
| 0471 | Audiology - diagnostic |
| 0472 | Audiology - treatment |
| 0479 | Audiology - other |
| 0480 | Cardiology - general |
| 0481 | Cardiology - cardiac cath lab |
| 0482 | Cardiology - stress test |
| 0483 | Cardiology - echocardiology |
| 0489 | Cardiology - other |
| 0490 | Ambulatory surgical care - general |
| 0499 | Ambulatory surgical care - other |
| 0500 | Outpatient services - general |
| 0509 | Outpatient services - other |
| 0510 | Clinic - general |
| 0511 | Clinic - chronic pain |
| 0512 | Clinic - dental |
| 0513 | Clinic - psychiatric |
| 0514 | Clinic - OB/GYN |
| 0515 | Clinic - pediatric |
| 0516 | Clinic - urgent care |
| 0517 | Clinic - family practice |
| 0519 | Clinic - other |
| 0520 | Freestanding Clinic - general |
| 0521 | Freestanding Clinic - Clinic Visit by Member to RHC/FQHC |

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| 0522 | Freestanding Clinic - Home Visit by RHC/FQHC Practitioner |
| 0523 | Freestanding Clinic - family practice |
| 0524 | Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF |
| 0525 | Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility |
| 0526 | Freestanding Clinic - urgent care |
| 0527 | Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area |
| 0528 | Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident) |
| 0529 | Freestanding Clinic - other |
| 0530 | Osteopathic service - general |
| 0531 | Osteopathic service - therapy |
| 0539 | Osteopathic service - other |
| 0540 | Ambulance service - general |
| 0541 | Ambulance service - supplies |
| 0542 | Ambulance service - medical transport |
| 0543 | Ambulance service - heart mobile |
| 0544 | Ambulance service - oxygen |
| 0545 | Ambulance service - air ambulance |
| 0546 | Ambulance service - neonatal |
| 0547 | Ambulance service - pharmacy |
| 0548 | Ambulance service - telephone transmission EKG |
| 0549 | Ambulance service - other |
| 0550 | Skilled nursing - general |
| 0551 | Skilled nursing - visit charge |
| 0552 | Skilled nursing - hourly charge |
| 0559 | Skilled nursing - other |
| 0560 | Medical social services - general |
| 0561 | Medical social services - visit charge |
| 0562 | Medical social services - hourly charge |
| 0569 | Medical social services - other |
| 0570 | Home health aide - general |
| 0571 | Home health aide - visit charge |
| 0572 | Home health aide - hourly charge |
| 0579 | Home health aide - other |
| 0580 | Other visits (home health) - general |
| 0581 | Other visits (home health) - visit charge |
| 0582 | Other visits (home health) - hourly charge |
| 0583 | Other visits (home health) - assessment |
| 0589 | Other visits (home health) - other |
| 0590 | Units of service (home health) - general |
| 0600 | Oxygen (home health) - general |
| 0601 | Oxygen (home health) - stat/equip/supply or contents |
| 0602 | Oxygen (home health) - stat/equip/supply under 1 liter per minute |
| 0603 | Oxygen (home health) - stat/equip/supply over 4 liters per minute |
| 0604 | Oxygen (home health) - portable add-in |
| 0609 | Oxygen (home health) - other |
| 0610 | Magnetic Resonance Technology (MRT) - MRI - general |
| 0611 | Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem) |
| 0612 | Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine) |
| 0614 | Magnetic Resonance Technology (MRT) - MRI - other |
| 0615 | Magnetic Resonance Technology (MRT) - MRA – head and neck |
| 0616 | Magnetic Resonance Technology (MRT) - MRA – lower extremities |
| 0618 | Magnetic Resonance Technology (MRT) - MRA – other |
| 0619 | Magnetic Resonance Technology (MRT) - Other MRT |
| 0621 | Medical/surgical supplies - incident to radiology |
| 0622 | Medical/surgical supplies - incident to other diagnostic services |
| 0623 | Medical/surgical supplies - surgical dressings |
| 0624 | Medical/surgical supplies - FDA investigational devices |
| 0631 | Drugs requiring specific identification - single source |
| 0632 | Drugs requiring specific identification - multiple source |
| 0633 | Drugs requiring specific identification - restrictive prescription |
| 0634 | Drugs requiring specific identification - EPO, less than 10,000 units |
| 0635 | Drugs requiring specific identification - EPO, 10,000 or more units |
| 0636 | Drugs requiring specific identification - requiring detailed coding |
| 0637 | Drugs requiring specific identification - self-administrable |
| 0640 | Home IV therapy services - general |
| 0641 | Home IV therapy services - nonroutine nursing, central line |
| 0642 | Home IV therapy services - IV site care, central line |
| 0643 | Home IV therapy services - IV start/change, peripheral line |
| 0644 | Home IV therapy services - nonroutine nursing, peripheral line |
| 0645 | Home IV therapy services - training patient/caregiver, central line |
| 0646 | Home IV therapy services - training, disabled patient, central line |
| 0647 | Home IV therapy services - training, patient/caregiver, peripheral |
| 0648 | Home IV therapy services - training, disabled patient, peripheral |
| 0649 | Home IV therapy services - other |
| 0650 | Hospice services - general |
| 0651 | Hospice services - routine home care |
| 0652 | Hospice services - continuous home care |
| 0655 | Hospice services - inpatient respite care |
| 0656 | Hospice services - general inpatient care (nonrespite) |
| 0657 | Hospice services - physician services |
| 0658 | Hospice services - room and board - nursing facility |

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| 0659 | Hospice services - other |
| 0660 | Respite care - general |
| 0661 | Respite care - hourly charge/skilled nursing |
| 0662 | Respite care - hourly charge/aide/homemaker/companion |
| 0663 | Respite care - daily charge |
| 0669 | Respite care - other |
| 0670 | Outpatient special residence - general |
| 0671 | Outpatient special residence - hospital based |
| 0672 | Outpatient special residence - contracted |
| 0679 | Outpatient special residence - other |
| 0681 | Trauma response - level I |
| 0682 | Trauma response - level II |
| 0683 | Trauma response - level III |
| 0684 | Trauma response - level IV |
| 0689 | Trauma response - other |
| 0690 | Pre-hospice/Palliative Care Services - general |
| 0691 | Pre-hospice/Palliative Care Services – visit charge |
| 0692 | Pre-hospice/Palliative Care Services – hourly charge |
| 0693 | Pre-hospice/Palliative Care Services - evaluation |
| 0694 | Pre-hospice/Palliative Care Services – consultation and education |
| 0695 | Pre-hospice/Palliative Care Services – inpatient care |
| 0696 | Pre-hospice/Palliative Care Services – physician services |
| 0699 | Pre-hospice/Palliative Care Services - other |
| 0700 | Cast Room services - general |
| 0710 | Recovery Room services - general |
| 0720 | Labor/Delivery Room services - general |
| 0721 | Labor/Delivery Room services - labor |
| 0722 | Labor/Delivery Room services - delivery |
| 0723 | Labor/Delivery Room services - circumcision |
| 0724 | Labor/Delivery Room services - birthing center |
| 0729 | Labor/Delivery Room services - other |
| 0730 | EKG/ECG services - general |
| 0731 | EKG/ECG services - holter monitor |
| 0732 | EKG/ECG services - telemetry |
| 0739 | EKG/ECG services - other |
| 0740 | EEG services - general |
| 0750 | Gastrointestinal services - general |
| 0760 | Treatment or observation room services - general |
| 0761 | Specialty Room - Treatment/ Observation Room - Treatment Room |
| 0762 | Specialty Room - Treatment/ Observation Room - Observation Room |
| 0769 | Treatment or observation room services - other |
| 0770 | Preventive care services - general |
| 0771 | Preventive care services - vaccine administration |
| 0780 | Telemedicine services - general |
| 0790 | Extra-corporeal shockwave therapy - general |
| 0800 | Inpatient renal dialysis services - general |
| 0801 | Inpatient renal dialysis services - hemodialysis |
| 0802 | Inpatient renal dialysis services - peritoneal (non-CAPD) |
| 0803 | Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD) |
| 0804 | Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD) |
| 0809 | Inpatient renal dialysis services - other |
| 0810 | Acquisition of body components- general |
| 0811 | Acquisition of body components - living donor |
| 0812 | Acquisition of body components - cadaver donor |
| 0813 | Acquisition of body components - unknown donor |
| 0814 | Acquisition of body components - unsuccessful organ search-donor bank charges |
| 0815 | Acquisition of body components – stem cells- allogeneic |
| 0819 | Acquisition of body components - other donor |
| 0820 | Hemodialysis - outpatient or home - general |
| 0821 | Hemodialysis - outpatient or home - composite or other rate |
| 0822 | Hemodialysis - outpatient or home – home supplies |
| 0823 | Hemodialysis - outpatient or home – home equipment |
| 0824 | Hemodialysis - outpatient or home – maintenance 100% |
| 0825 | Hemodialysis - outpatient or home - support services |
| 0826 | Hemodialysis - outpatient or home – shorter duration (effective 7/1/17) |
| 0829 | Hemodialysis - outpatient or home - other |
| 0830 | Peritoneal dialysis - outpatient or home - general |
| 0831 | Peritoneal dialysis - outpatient or home - composite or other rate |
| 0832 | Peritoneal dialysis - outpatient or home – home supplies |
| 0833 | Peritoneal dialysis - outpatient or home – home equipment |
| 0834 | Peritoneal dialysis - outpatient or home – maintenance 100% |
| 0835 | Peritoneal dialysis - outpatient or home - support services |
| 0839 | Peritoneal dialysis - outpatient or home - other |
| 0840 | CAPD - outpatient or home - general |
| 0841 | CAPD - outpatient or home - composite or other rate |
| 0842 | CAPD - outpatient or home – home supplies |
| 0843 | CAPD - outpatient or home – home equipment |
| 0844 | CAPD - outpatient or home – maintenance 100% |
| 0845 | CAPD - outpatient or home - support services |
| 0849 | CAPD - outpatient or home - other |
| 0850 | CCPD - outpatient or home - general |
| 0851 | CCPD - outpatient or home - composite or other rate |
| 0852 | CCPD - outpatient or home - home supplies |
| 0853 | CCPD - outpatient or home - home equipment |
| 0854 | CCPD - outpatient or home - maintenance 100% |
| 0855 | CCPD - outpatient or home - support services |
| 0859 | CCPD - outpatient or home - other |
| 0860 | Magnetoencephalography (MEG) - General |
| 0861 | Magnetoencephalography (MEG) - MEG |

| | |
|---|---|
| 0880 | Miscellaneous dialysis - general |
| 0881 | Miscellaneous dialysis - ultrafiltration |
| 0882 | Miscellaneous dialysis - home aide visit |
| 0889 | Miscellaneous dialysis - other |
| 0900 | Behavior health treatments/services - general |
| 0901 | Behavior health treatments/services - electroshock |
| 0902 | Behavior health treatments/services - milieu therapy |
| 0903 | Behavioral health treatments/services - play therapy |
| 0904 | Behavior health treatments/services - activity therapy |
| 0905 | Behavior health treatments/services - intensive outpatient services - psychiatric |
| 0906 | Behavior health treatments/services - intensive outpatient services - chemical dependency |
| 0907 | Behavior health treatments/services - community behavioral health program |
| 0911 | Behavior health treatment/services - rehabilitation |
| 0912 | Behavior health treatment/services - partial hospitalization - less intensive |
| 0913 | Behavior health treatment/services - partial hospitalization - intensive |
| 0914 | Behavior health treatment/services - individual therapy |
| 0915 | Behavior health treatment/services - group therapy |
| 0916 | Behavior health treatment/services - family therapy |
| 0917 | Behavior health treatment/services - biofeedback |
| 0918 | Behavior health treatment/services - testing |
| 0919 | Behavior health treatment/services - other |
| 0920 | Other diagnostic services - general |
| 0921 | Other diagnostic services - peripheral vascular lab |
| 0922 | Other diagnostic services - electromyogram |
| 0923 | Other diagnostic services - pap smear |
| 0924 | Other diagnostic services - allergy test |
| 0925 | Other diagnostic services - pregnancy test |
| 0929 | Other diagnostic services - other |
| 0931 | Medical rehabilitation day program - half day |
| 0932 | Medical rehabilitation day program - full day |
| 0940 | Other therapeutic services - general |
| 0941 | Other therapeutic services - recreational therapy |
| 0942 | Other therapeutic services - education/training |
| 0943 | Other therapeutic services - cardiac rehabilitation |
| 0944 | Other therapeutic services - drug rehabilitation |
| 0945 | Other therapeutic services - alcohol rehabilitation |
| 0946 | Other therapeutic services - complex medical equipment - routine |
| 0947 | Other therapeutic services - complex medical equipment - ancillary |
| 0948 | Other therapeutic services – pulmonary rehabilitation |
| 0949 | Other therapeutic services - other |
| 0951 | Other therapeutic services – athletic training |
| 0952 | Other therapeutic services - kinesiotherapy |
| 0953 | Other therapeutic services – chemical dependency (drug and alcohol) |
| 0960 | Professional fees - general |
| 0961 | Professional fees - psychiatric |
| 0962 | Professional fees - ophthalmology |
| 0963 | Professional fees - anesthesiologist (MD) |
| 0964 | Professional fees - anesthetist (CRNA) |
| 0969 | Professional fees - other |
| 0971 | Professional fees - laboratory |
| 0972 | Professional fees - radiology - diagnostic |
| 0973 | Professional fees - radiology - therapeutic |
| 0974 | Professional fees - radiology - nuclear medicine |
| 0975 | Professional fees - operating room |
| 0976 | Professional fees - respiratory therapy |
| 0977 | Professional fees - physical therapy |
| 0978 | Professional fees - occupational therapy |
| 0979 | Professional fees - speech therapy |
| 0981 | Professional fees - emergency room |
| 0982 | Professional fees - outpatient services |
| 0983 | Professional fees - clinic |
| 0984 | Professional fees - medical social services |
| 0985 | Professional fees - EKG |
| 0986 | Professional fees - EEG |
| 0987 | Professional fees - hospital visit |
| 0988 | Professional fees - consultation |
| 0989 | Professional fees - private duty nurse |
| 0990 | Patient convenience items - general |
| 0991 | Patient convenience items - cafeteria/guest tray |
| 0992 | Patient convenience items - private linen service |
| 0993 | Patient convenience items - telephone/telegraph |
| 0994 | Patient convenience items - TV/radio |
| 0995 | Patient convenience items - nonpatient room rentals |
| 0996 | Patient convenience items - late discharge charge |
| 0997 | Patient convenience items - admission kits |
| 0998 | Patient convenience items - beauty shop/barber |
| 0999 | Patient convenience items - other |
| 1000 | Behavior health accommodations - general |
| 1001 | Behavior health accommodations - residential treatment - psychiatric |
| 1002 | Behavior health accommodations - residential treatment - chemical dependency |
| 1003 | Behavior health accommodations - supervised living |
| 1004 | Behavior health accommodations - halfway house |
| 1005 | Behavior health accommodations - group home |
| 2100 | Alternative therapy services - general |

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

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

**Field 3:** **HCPCS_QUALIFIER**
**Description:** Code identifying the type/source of the descriptive number used in HCPCS_PROCEDURE_CODE
**Beginning Position:** 17 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 4** **HCPCS_PROCEDURE_CODE**
**Description:** HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.
**Coding Scheme:** See *http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp* for complete list.
**Beginning Position:** 19 **Data Source:** Claim
**Length:** 5 **Type:** Alphanumeric

**Field 5:** **MODIFIER_1**
**Description:** Identifies special circumstances related to the performance of the service
**Coding Scheme:**

| | | | | | |
|---|---|---|---|---|---|
| 22 | Increased procedural services | 59 | Distinct Procedural Service | 91 | Repeat Clinical Diagnostic Laboratory Test |
| 23 | Unusual Anesthesia | 62 | Two Surgeons | 92 | Alternative Laboratory Platform Testing |
| 24 | Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period | 63 | Procedure Performed on Infants less than 4kg | 95 | Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System |
| 25 | Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service | 66 | Surgical Team | 99 | Multiple Modifiers |
| 26 | Professional Component | 73 | Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the Administration of Anesthesia | 1P | Performance Measure Exclusion Modifier due to Medical Reasons |
| 27 | Multiple Outpatient Hospital E/M Encounters on the Same Date | 74 | Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after Administration of Anesthesia | 2P | Performance Measure Exclusion Modifier due to Patient Reasons |
| 32 | Mandated Services | 76 | Repeat Procedure by Same Physician or Other Qualified Health Care Professional | 3P | Performance Measure Exclusion Modifier due to System Reasons |
| 33 | Preventive Service | 77 | Repeat Procedure by Another Physician or Other Qualified Health Care Professional | 8P | Performance Measure Reporting Modifier- Action not performed, reason not otherwise specified |
| 47 | Anesthesia by Surgeon | 78 | Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period | P1 | A normal healthy patient |
| 50 | Bilateral Procedure | | | P2 | A patient with mild systemic disease |
| 51 | Multiple Procedures | | | P3 | A patient with severe systemic disease |
| 52 | Reduced Services | | | P4 | A patient with severe systemic disease that is a constant threat to life |
| 53 | Discontinued Procedure | 79 | Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period | P5 | A moribund patient who is not expected to survive without the operation |
| 54 | Surgical Care Only | 80 | Assistant Surgeon | P6 | A declared brain-dead patient whose organs are being removed for donor purposes |
| 55 | Postoperative Management Only | 81 | Minimum Assistant Surgeon | E1 | Upper left eyelid |
| 56 | Preoperative Management Only | 82 | Repeat procedure by same physician | E2 | Lower left eyelid |
| 57 | Decision for Surgery | 90 | Reference (Outside) Laboratory | E3 | Upper right eyelid |
| 58 | Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period | | | | |

| | | | | | |
|---|---|---|---|---|---|
| E4 | Lower right eyelid | GH | Diagnostic mammogram converted from screening mammogram on same day | T1 | Left foot, second digit |
| F1 | Left hand, second digit | LC | Left circumflex coronary artery | T2 | Left foot, third digit |
| F2 | Left hand, third digit | LD | Left anterior descending coronary artery | T3 | Left foot, fourth digit |
| F3 | Left hand, fourth digit | LM | Left main coronary artery | T4 | Left foot, fifth digit |
| F4 | Left hand, fifth digit | LT | Left side of the body procedure | T5 | Right foot, great toe |
| F5 | Right hand, thumb | QM | Ambulance service provided under arrangement by a provider of services | T6 | Right foot, second digit |
| F6 | Right hand, second digit | QN | Ambulance service furnished directly by a provider of services | T7 | Right foot, third digit |
| F7 | Right hand, third digit | RC | Right coronary artery | T8 | Right foot, fourth digit |
| F8 | Right hand, fourth digit | RI | Ramus intermedius coronary artery | T9 | Right foot, fifth digit |
| F9 | Right hand, fifth digit | RT | Right side of the body procedure | TA | Left foot, great toe |
| FA | Left hand, thumb | | | XE | Separate Encounter |
| GG | Performance and payment of a screening mammography and diagnostic mammography on same patient, same day. | | | XS | Separate Structure |
| | | | | XP | Separate Practitioner |
| | | | | XU | Unusual Non-Overlapping Service |

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|---|---|---|---|
| **Beginning Position:** | 24 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 6:** | **MODIFIER_2** |
| **Description:** | Identifies special circumstances related to the performance of the service. |
| **Coding Scheme:** | Same as Field MODIFIER_1 |

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|---|---|---|---|
| **Beginning Position:** | 26 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

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|---|---|
| **Field 7:** | **MODIFIER_3** |
| **Description:** | Identifies special circumstances related to the performance of the service. |
| **Coding Scheme:** | Same as Field MODIFIER_1 |

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|---|---|---|---|
| **Beginning Position:** | 28 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

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| **Field 8:** | **MODIFIER_4** |
| **Description:** | Identifies special circumstances related to the performance of the service. |
| **Coding Scheme:** | Same as Field MODIFIER_1 |

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|---|---|---|---|
| **Beginning Position:** | 30 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

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|---|---|
| **Field 9:** | **UNIT_MEASUREMENT_CODE** |
| **Description:** | Code specifying the units in which a value is being expressed. |
| **Coding Scheme:** | DA Days<br>F2 International unit<br>UN Unit |

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|---|---|---|---|
| **Beginning Position:** | 32 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

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|---|---|
| **Field 10:** | **UNITS_OF_SERVICE** |
| **Description:** | Numeric value of quantity |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 34 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Numeric |

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|---|---|
| **Field 11:** | **UNIT_RATE** |
| **Description:** | Rate per unit |

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|---|---|---|---|
| **Beginning Position:** | 41 | **Data Source:** | Claim |
| **Length:** | 12 | **Type:** | Numeric |

| | |
|---|---|
| **Field 12:** | **CHRGS_LINE_ITEM** |
| **Description:** | Total amount of the charge |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 53 | **Data Source:** | Assigned |
| **Length:** | 14 | **Type:** | Numeric |

| | |
|---|---|
| **Field 13:** | **CHRGS_NON_COV** |
| **Description:** | Total non-covered amount of the charge |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 67 | **Data Source:** | Assigned |
| **Length:** | 14 | **Type:** | Numeric |

# OUTPATIENT BASE DATA FILE

| | | | |
|---|---|---|---|
| **Field 1:** | **SERVICE_QUARTER** | | |
| **Description:** | Quarter during which service occurred. Year and quarter of service. *yyyy*Q*n*. | | |
| **Beginning Position:** | 1 | **Data Source:** | Assigned |
| **Length:** | 6 | **Type:** | Alphanumeric |
| **Field 2:** | **RECORD_ID** | | |
| **Description:** | Record Identification Number. Unique number assigned to identify the record. The Record_ID in the ED Outpatient PUDF is not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs). | | |
| **Beginning Position:** | 7 | **Data Source:** | Assigned |
| **Length:** | 12 | **Type:** | Alphanumeric |
| **Field 3:** | **THCIC_ID** | | |
| **Description:** | Provider ID. Unique identifier assigned to the provider by DSHS. | | |
| **Suppression:** | Facilities reporting fewer than 50 events have been aggregated into the Provider ID '999999'. If a facility reported fewer than 5 events for a particular gender, including 'unknown', Provider ID is '999998'. | | |
| **Beginning Position:** | 19 | **Data Source:** | Assigned |
| **Length:** | 6 | **Type:** | Alphanumeric |
| **Field 4:** | **SPEC_UNIT_1** | | |
| **Description:** | Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. In order by number of days in the unit. | | |
| **Coding Scheme:** | C Coronary Care Unit<br>D Detoxification Unit<br>I Intensive Care Unit<br>H Hospice Unit<br>N Nursery<br>B Obstetric Unit<br>O Oncology Unit | P Pediatric Unit<br>Y Psychiatric Unit<br>R Rehabilitation Unit<br>U Sub-acute Care Unit<br>S Skilled Nursing Unit<br>Blank Acute Care | |
| **Beginning Position:** | 25 | **Data Source:** | Calculated |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 5:** | **SPEC_UNIT_2** | | |
| **Description:** | Specialty Unit in which 2nd most days during stay occurred based on number of days by Type of Bill or Revenue Code. | | |
| **Coding Scheme:** | Same as SPEC_UNIT_1 | | |
| **Beginning Position:** | 26 | **Data Source:** | Calculated |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 6:** | **SPEC_UNIT_3** | | |
| **Description:** | Specialty Unit in which 3rd most days during stay occurred based on number of days by Type of Bill or Revenue Code. | | |
| **Coding Scheme:** | Same as SPEC_UNIT_1. | | |
| **Beginning Position:** | 27 | **Data Source:** | Calculated |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 7:** | **SPEC_UNIT_4** | | |
| **Description:** | Specialty Unit in which 4th most days during stay occurred based on number of days by Type of Bill or Revenue Code. | | |
| **Coding Scheme:** | Same as SPEC_UNIT_1. | | |
| **Beginning Position:** | 28 | **Data Source:** | Calculated |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 8:** | **SPEC_UNIT_5** | | |
| **Description:** | Specialty Unit in which 5th most days during stay occurred based on number of days by Type of Bill or Revenue Code. | | |
| **Coding Scheme:** | Same as SPEC_UNIT_1. | | |
| **Beginning Position:** | 29 | **Data Source:** | Calculated |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 9:** | **SEX_CODE** | | |
| **Description:** | Gender of the patient as recorded at date of start of care. | | |
| **Suppression:** | Code is suppressed if an ICD-10-CM code indicates drug or alcohol use or an HIV diagnosis. If a facility reported fewer than 5 patients of a particular gender, including unknown, Provider ID is '999998' and Provider Name and Patient ZIP Code are blank for those patients. | | |
| **Coding Scheme:** | M Male | | |

| | |
|---|---|
| F | Female |
| U | Unknown |
| ` | Invalid |

**Beginning Position:** 30 **Data Source:** Claim
**Length:** 1 **Type:** Alphanumeric

**Field 10:** **PAT_COUNTY**
**Description:** FIPS code of patient's county.
**Coding scheme:**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 001 | Anderson | 105 | Crockett | 209 | Hays | 313 | Madison |
| 003 | Andrews | 107 | Crosby | 211 | Hemphill | 315 | Marion |
| 005 | Angelina | 109 | Culberson | 213 | Henderson | 317 | Martin |
| 007 | Aransas | 111 | Dallam | 215 | Hidalgo | 319 | Mason |
| 009 | Archer | 113 | Dallas | 217 | Hill | 321 | Matagorda |
| 011 | Armstrong | 115 | Dawson | 219 | Hockley | 323 | Maverick |
| 013 | Atascosa | 117 | Deaf Smith | 221 | Hood | 325 | Medina |
| 015 | Austin | 119 | Delta | 223 | Hopkins | 327 | Menard |
| 017 | Bailey | 121 | Denton | 225 | Houston | 329 | Midland |
| 019 | Bandera | 123 | Dewitt | 227 | Howard | 331 | Milam |
| 021 | Bastrop | 125 | Dickens | 229 | Hudspeth | 333 | Mills |
| 023 | Baylor | 127 | Dimmit | 231 | Hunt | 335 | Mitchell |
| 025 | Bee | 129 | Donley | 233 | Hutchinson | 337 | Montague |
| 027 | Bell | 131 | Duval | 235 | Irion | 339 | Montgomery |
| 029 | Bexar | 133 | Eastland | 237 | Jack | 341 | Moore |
| 031 | Blanco | 135 | Ector | 239 | Jackson | 343 | Morris |
| 033 | Borden | 137 | Edwards | 241 | Jasper | 345 | Motley |
| 035 | Bosque | 139 | Ellis | 243 | Jeff Davis | 347 | Nacogdoches |
| 037 | Bowie | 141 | El Paso | 245 | Jefferson | 349 | Navarro |
| 039 | Brazoria | 143 | Erath | 247 | Jim Hogg | 351 | Newton |
| 041 | Brazos | 145 | Falls | 249 | Jim Wells | 353 | Nolan |
| 043 | Brewster | 147 | Fannin | 251 | Johnson | 355 | Nueces |
| 045 | Briscoe | 149 | Fayette | 253 | Jones | 357 | Ochiltree |
| 047 | Brooks | 151 | Fisher | 255 | Karnes | 359 | Oldham |
| 049 | Brown | 153 | Floyd | 257 | Kaufman | 361 | Orange |
| 051 | Burleson | 155 | Foard | 259 | Kendall | 363 | Palo Pinto |
| 053 | Burnet | 157 | Fort Bend | 261 | Kenedy | 365 | Panola |
| 055 | Caldwell | 159 | Franklin | 263 | Kent | 367 | Parker |
| 057 | Calhoun | 161 | Freestone | 265 | Kerr | 369 | Parmer |
| 059 | Callahan | 163 | Frio | 267 | Kimble | 371 | Pecos |
| 061 | Cameron | 165 | Gaines | 269 | King | 373 | Polk |
| 063 | Camp | 167 | Galveston | 271 | Kinney | 375 | Potter |
| 065 | Carson | 169 | Garza | 273 | Kleberg | 377 | Presidio |
| 067 | Cass | 171 | Gillespie | 275 | Knox | 379 | Rains |
| 069 | Castro | 173 | Glasscock | 283 | La Salle | 381 | Randall |
| 071 | Chambers | 175 | Goliad | 277 | Lamar | 383 | Reagan |
| 073 | Cherokee | 177 | Gonzales | 279 | Lamb | 385 | Real |
| 075 | Childress | 179 | Gray | 281 | Lampasas | 387 | Red River |
| 077 | Clay | 181 | Grayson | 285 | Lavaca | 389 | Reeves |
| 079 | Cochran | 183 | Gregg | 287 | Lee | 391 | Refugio |
| 081 | Coke | 185 | Grimes | 289 | Leon | 393 | Roberts |
| 083 | Coleman | 187 | Guadalupe | 291 | Liberty | 395 | Robertson |
| 085 | Collin | 189 | Hale | 293 | Limestone | 397 | Rockwall |
| 087 | Collingsworth | 191 | Hall | 295 | Lipscomb | 399 | Runnels |
| 089 | Colorado | 193 | Hamilton | 297 | Live Oak | 401 | Rusk |
| 091 | Comal | 195 | Hansford | 299 | Llano | 403 | Sabine |
| 093 | Comanche | 197 | Hardeman | 301 | Loving | 405 | San Augustine |
| 095 | Concho | 199 | Hardin | 303 | Lubbock | 407 | San Jacinto |
| 097 | Cooke | 201 | Harris | 305 | Lynn | 409 | San Patricio |
| 099 | Coryell | 203 | Harrison | 307 | McCulloch | 411 | San Saba |
| 101 | Cottle | 205 | Hartley | 309 | McLennan | 413 | Schleicher |
| 103 | Crane | 207 | Haskell | 311 | McMullen | 415 | Scurry |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 417 | Shackelford | 441 | Taylor | 465 | Val Verde | 489 | Willacy |
| 419 | Shelby | 443 | Terrell | 467 | Van Zandt | 491 | Williamson |
| 421 | Sherman | 445 | Terry | 469 | Victoria | 493 | Wilson |
| 423 | Smith | 447 | Throckmorton | 471 | Walker | 495 | Winkler |
| 425 | Somervell | 449 | Titus | 473 | Waller | 497 | Wise |
| 427 | Starr | 451 | Tom Green | 475 | Ward | 499 | Wood |
| 429 | Stephens | 453 | Travis | 477 | Washington | 501 | Yoakum |
| 431 | Sterling | 455 | Trinity | 479 | Webb | 503 | Young |
| 433 | Stonewall | 457 | Tyler | 481 | Wharton | 505 | Zapata |
| 435 | Sutton | 459 | Upshur | 483 | Wheeler | 507 | Zavala |
| 437 | Swisher | 461 | Upton | 485 | Wichita | | |
| 439 | Tarrant | 463 | Uvalde | 487 | Wilbarger | ` | Invalid |

**Beginning Position:** 31 **Data Source:** Assigned; based on patient ZIP code
**Length:** 3 **Type:** Alphanumeric

**Field 11:** **PAT_STATE**
**Description:** State of the patient's mailing address in Texas and contiguous states. Standard 2-character Postal Service abbreviation.
**Coding Scheme:**
AR Arkansas
LA Louisiana
NM New Mexico
OK Oklahoma
TX Texas
ZZ All other states and American Territories
FC Foreign country
XX Foreign country
**Beginning Position:** 34 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 12:** **PAT_ZIP**
**Description:** Patient's five-digit ZIP code.
**Suppression:** Last two digits are blank if a ZIP code has fewer than 30 patients. If state equals 'ZZ', ZIP code equals '88888'. If state equals 'FC' (foreign country) ZIP code is blank. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis the ZIP code is blank. If a facility has fewer than fifty outpatient services reported for the quarter the ZIP code is blank. If a facility has fewer than 5 patients reported of a particular gender, including 'unknown', the ZIP Code is blank.
**Beginning Position:** 36 **Data Source:** Claim
**Length:** 5 **Type:** Alphanumeric

**Field 13:** **PAT_COUNTRY**
**Description:** Country of patient's residential address. List maintained by the International Organization for Standardization (ISO).
**Suppression:** Suppressed if fewer than 5 patients from one country.
**Coding scheme:** See *www.ISO.org* for complete list.
**Beginning Position:** 41 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 14:** **PUBLIC_HEALTH_REGION**
**Description:** Public Health Region of patient's address.
**Coding scheme:**
1 Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties
4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties
6 Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
7 Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties

| | | |
|---|---|---|
| 8 | Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties |
| 9 | Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties |
| 10 | Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties |
| 11 | Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties |
| ` | Invalid |

**Beginning Position:** 43 **Data Source:** Assigned
**Length:** 2 **Type:** Alphanumeric

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**Field 15:** **LENGTH_OF_SERVICE**

**Description:** Length of service in days *equals* Statement From Date through Statement Thru Date. The minimum length of service is 1 day. The maximum is 30 days.

**Beginning Position:** 45 **Data Source:** Calculated
**Length:** 2 **Type:** Alphanumeric

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**Field 16:** **PAT_AGE**

**Description:** Code indicating age of patient in days or years on date of service.

**Coding Scheme:**

| | | | | | |
|---|---|---|---|---|---|
| 00 | 1-28 days | 10 | 35-39 | 20 | 85-89 |
| 01 | 29-365 days | 11 | 40-44 | 21 | 90+ |
| 02 | 1-4 years | 12 | 45-49 | *HIV-STD and drug/alcohol use patients:* | |
| 03 | 5-9 | 13 | 50-54 | 22 | 0-17 |
| 04 | 10-14 | 14 | 55-59 | 23 | 18-44 |
| 05 | 15-17 | 15 | 60-64 | 24 | 45-64 |
| 06 | 18-19 | 16 | 65-69 | 25 | 65-74 |
| 07 | 20-24 | 17 | 70-74 | 26 | 75+ |
| 08 | 25-29 | 18 | 75-79 | ` | Invalid |
| 09 | 30-34 | 19 | 80-84 | | |

**Beginning Position:** 47 **Data Source:** Assigned
**Length:** 2 **Type:** Alphanumeric

---

**Field 17:** **RACE**

**Description:** Code indicating the patient's race.

**Suppression:** If a facility has fewer than ten patients of one race that race is changed to 'Other' (code equals 5).

**Coding Scheme:**

| | |
|---|---|
| 1 | American Indian/Eskimo/Aleut |
| 2 | Asian or Pacific Islander |
| 3 | Black |
| 4 | White |
| 5 | Other |
| ` | Invalid |

**Beginning Position:** 49 **Data Source:** Claim
**Length:** 1 **Type:** Alphanumeric

---

**Field 18:** **ETHNICITY**

**Description:** Code indicating the Hispanic origin of the patient.

**Suppression:** If a facility has fewer than ten patients of one race the ethnicity of patients of that race is suppressed (code is blank).

**Coding Scheme:**

| | |
|---|---|
| 1 | Hispanic Origin |
| 2 | Not of Hispanic Origin |
| ` | Invalid |

**Beginning Position:** 50 **Data Source:** Claim
**Length:** 1 **Type:** Alphanumeric

---

**Field 19:** **FIRST_PAYMENT_SRC**

**Description:** Code indicating the expected primary source of payment.

**Coding Scheme:**

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

| | | | |
|---|---|---|---|
| CI | Commercial Insurance | ` | Invalid |
| DS | Disability Insurance | | |

**Beginning Position:** 51 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 20:** **SECONDARY_PAYMENT_SRC**
**Description:** Code indicating the expected secondary source of payment.
**Coding Scheme:** Same as field 16, FIRST_PAYMENT_SRC
**Beginning Position:** 53 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 21:** **TYPE_OF_BILL**
**Description:** Provides specific information about the claim data submitted. First digit = type of facility. Second digit = type of care. Third digit = sequence of the claim.
**Coding Scheme:**

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

**Beginning Position:** 55 **Data Source:** Claim
**Length:** 3 **Type:** Alphanumeric

**Field 22:** **CONDITION_CODE_1**
Code describing a condition relating to the claim.

**Coding Scheme:**

| | | | | | |
|---|---|---|---|---|---|
| 01 | Military service related | 25 | Patient is non-US resident | 41 | Partial hospitalization |
| 02 | Condition is employment related | 26 | VA eligible patient chooses to receive services in a Medicare certified facility | 42 | Continuing care not related to inpatient admission |
| 03 | Patient covered by insurance not reflected here | 27 | Patient referred to a sole community hospital for a diagnostic laboratory test | 43 | Continuing care not provided within prescribed postdischarge window |
| 04 | Information only bill. | 28 | Patient and/or spouse's EGHP is secondary to Medicare | 44 | Inpatient admission changed to outpatient |
| 05 | Lien has been filed | 29 | Disabled beneficiary and/or family member's LGHP is secondary to Medicare | 45 | Ambiguous Gender Category |
| 06 | ESRD patient in first 18 months of entitlement covered by EGHP | 30 | Non-research services provided to patients enrolled in a qualified clinical trial | 46 | Non-availability statement on file |
| 07 | Treatment of non-terminal condition for hospice patient | 31 | Patient is student (full time - day) | 47 | Transfer from another Home Health Agency |
| 08 | Beneficiary would not provide information concerning other insurance coverage | 32 | Patient is student (cooperative/work study program) | 48 | Psychiatric residential treatment centers for children and adolescents (RTCs) |
| 09 | Neither patient or spouse is employed | 33 | Patient is student (full time - night) | 49 | Product replacement within product lifecycle |
| 10 | Patient and/or spouse is employed but no EGHP exists | 34 | Patient is student (part-time) | 50 | Product Replacement for Known Recall of a Product |
| 11 | Disabled beneficiary but no LGHP coverage exists | 36 | General care patient in a special unit | 51 | Attestation of Unrelated Outpatient Nondiagnostic Services |
| 17 | Patient is homeless | 37 | Ward accommodation at patient request | 52 | Out of Hospice Service Area |
| 18 | Maiden name retained | 38 | Semi-private room not available | 53 | Initial placement of a medical device provided as part of a clinical trial or a free sample |
| 19 | Child retains mother's name | 39 | Private room medically necessary | 54 | No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency |
| 20 | Beneficiary requested billing | 40 | Same day transfer | 55 | SNF bed not available |
| 21 | Billing for denial notice | | | | |
| 22 | Patient on multiple drug regimen | | | | |
| 23 | Home care giver available | | | | |
| 24 | Home IV patient also receiving HHA services | | | | |

| | |
|---|---|
| 56 | Medical appropriateness |
| 57 | SNF readmission |
| 58 | Terminated Medicare+Choice organization enrollee |
| 59 | Non-primary ESRD facility |
| 60 | Day outlier |
| 61 | Cost outlier |
| 66 | Provider does not wish cost outlier payment |
| 67 | Beneficiary elects not to use life time reserve (LTR) days |
| 68 | Beneficiary elects to use life time reserve (LTR) days |
| 69 | IME/DGME/N&AH Payment Only |
| 70 | Self-administered anemia management drug |
| 71 | Full care in unit |
| 72 | Self-care in unit |
| 73 | Self-care training |
| 74 | Home |
| 75 | Home - 100% reimbursement |
| 76 | Back-up in facility dialysis |
| 77 | Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment |
| 78 | New coverage not implemented by HMO |
| 79 | CORF services provided offsite |
| 80 | Home dialysis - nursing facility |
| 81 | C-section/Inductions <39 weeks-Medical Necessity |
| 82 | C-section/Inductions <39 weeks-Elective |
| 83 | C-section/Inductions 39 weeks or greater |
| 84 | Dialysis for Acute Kidney Injury (AKI) |
| 85 | Delayed Recertification of Hospice Terminal Illness |
| 86 | Additional Hemodialysis Treatment with Medical Justification |
| A0 | TRICARE external partnership program |
| A1 | EPSDT/CHAP |
| A2 | Physically handicapped children's program |
| A3 | Special Federal Funding |
| A4 | Family planning |
| A5 | Disability |
| A6 | Vaccines/Medicare 100% payment |
| A9 | Second opinion surgery |
| AA | Abortion performed due to rape |
| AB | Abortion performed due to incest |
| AC | Abortion performed due to serious fatal genetic defect, deformity, or abnormality |
| AD | Abortion performed due to life endangering physical condition |
| AE | Abortion performed due to physical health of mother that is not life endangering |
| AF | Abortion performed due to emotional/psychological health of mother |
| AG | Abortion performed due to social or economic reasons |
| AH | Elective abortion |
| AI | Sterilization |
| AJ | Payer responsible for co-payment |
| AK | Air ambulance required |
| AL | Specialized treatment/bed unavailable |
| AM | Non-emergency medically necessary stretcher transport required |
| AN | Pre-admission screening not required |
| B0 | Medicare coordinated care demonstration claim |
| B1 | Beneficiary is ineligible for demonstration program |
| B4 | Admission unrelated to discharge on same day |
| BP | Gulf Oil Spill of 2010 |
| C1 | Approved as billed |
| C2 | Automatic approval as billed based on focused review |
| C3 | Partial approval |
| C4 | Admission/services denied |
| C5 | Post-payment review applicable |
| C6 | Admission Preauthorization |
| C7 | Extended Authorization |
| D0 | Changes to Service Dates |
| D1 | Changes to Charges |
| D3 | Second or Subsequent Interim PPS Bill |
| D4 | Change in clinical codes (ICD) for diagnosis and/or procedure codes. |
| D5 | Cancel to correct Insured's ID or Provider ID |
| D6 | Cancel Only to Repay a Duplicate or OIG Overpayment |
| D7 | Change to Make Medicare the Secondary Payer |
| D8 | Change to Make Medicare the Primary Payer |
| D9 | Any Other Change |
| DR | Disaster related |
| E0 | Changes in Patient Status |
| G0 | Distinct Medical Visit |
| H0 | Delayed Filing, Statement of Intent Submitted |
| H2 | Discharge by a Hospice Provider for Cause |
| H3 | Reoccurrence of GI Bleed Comorbid Category |
| H4 | Reoccurrence of Pneumonia Comorbid Category |
| H5 | Reoccurrence of Pericarditis Comorbid Category |
| P1 | Do not Resuscitate Order (DNR) |
| P7 | Direct Inpatient Admission from Emergency Room |
| R1 | Request for reopening Reason Code - Mathematical or Computational Mistake |
| R2 | Request for reopening Reason Code -Inaccurate Data Entry |
| R3 | Request for reopening Reason Code - Misapplication of a Fee Schedule |
| R4 | Request for reopening Reason Code - Computer Errors |
| R5 | Request for reopening Reason Code - Incorrectly Identified Duplicate Claim |
| R6 | Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above |
| R7 | Request for reopening Reason Code - Corrections other than clerical errors |
| R8 | Request for reopening Reason Code - New and Material Evidence |
| R9 | Request for reopening Reason Code - Faulty Evidence |
| WO | United Mine Workers of America (UMWA) Demonstration Indicator |
| W2 | Duplicate of Original Bill |
| W3 | Level I Appeal |
| W4 | Level II Appeal |
| W5 | Level III Appeal |

**Beginning Position:** 58 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 23:** **CONDITION_CODE_2**

Code describing a condition relating to the claim.

| | | | |
|---|---|---|---|
| **Coding Scheme:** | Same as Field CONDITION_CODE_1. | | |
| **Beginning Position:** | 60 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

**Field 24:** **CONDITION_CODE_3**

Code describing a condition relating to the claim.

| | | | |
|---|---|---|---|
| **Coding Scheme:** | Same as Field CONDITION_CODE_1. | | |
| **Beginning Position:** | 62 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

**Field 25:** **CONDITION_CODE_4**

Code describing a condition relating to the claim.

| | | | |
|---|---|---|---|
| **Coding Scheme:** | Same as Field 22. | | |
| **Beginning Position:** | 64 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

**Field 26:** **CONDITION_CODE_5**

Code describing a condition relating to the claim.

| | | | |
|---|---|---|---|
| **Coding Scheme:** | Same as Field CONDITION_CODE_1. | | |
| **Beginning Position:** | 66 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

**Field 27:** **CONDITION_CODE_6**

Code describing a condition relating to the claim.

| | | | |
|---|---|---|---|
| **Coding Scheme:** | Same as Field CONDITION_CODE_1. | | |
| **Beginning Position:** | 68 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

**Field 28:** **CONDITION_CODE_7**

Code describing a condition relating to the claim.

| | | | |
|---|---|---|---|
| **Coding Scheme:** | Same as Field CONDITION_CODE_1. | | |
| **Beginning Position:** | 70 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

**Field 29:** **CONDITION_CODE_8**

Code describing a condition relating to the claim.

| | | | |
|---|---|---|---|
| **Coding Scheme:** | Same as Field CONDITION_CODE_1. | | |
| **Beginning Position:** | 72 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

**Field 30:** **PAT_REASON_FOR_VISIT**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 74 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

**Field 31:** **PRINC_DIAG_CODE**

ICD-10-CM diagnosis code for the principal diagnosis, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 81 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

**Field 32:** **OTH_DIAG_CODE_1**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 88 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

**Field 33:** **OTH_DIAG_CODE_2**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 95 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

**Field 34:** **OTH_DIAG_CODE_3**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 102 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

**Field 35:** **OTH_DIAG_CODE_4**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 109 | **Data Source:** | Claim |

| | | | |
|---|---|---|---|
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 36:** | **OTH_DIAG_CODE_5**<br>ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 116 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 37:** | **OTH_DIAG_CODE_6**<br>ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 123 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 38:** | **OTH_DIAG_CODE_7**<br>ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 130 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 39:** | **OTH_DIAG_CODE_8**<br>ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 137 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 40:** | **OTH_DIAG_CODE_9**<br>ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 144 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 41:** | **OTH_DIAG_CODE_10**<br>ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 151 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 42:** | **OTH_DIAG_CODE_11**<br>ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 158 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 43:** | **OTH_DIAG_CODE_12**<br>ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 165 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 44:** | **OTH_DIAG_CODE_13**<br>ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 172 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 45:** | **OTH_DIAG_CODE_14**<br>ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 179 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 46:** | **OTH_DIAG_CODE_15**<br>ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 186 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 47:** | **OTH_DIAG_CODE_16**<br>ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 193 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

| | | | |
|---|---|---|---|
| **Field 48:** | **OTH_DIAG_CODE_17**<br>ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 200 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 49:** | **OTH_DIAG_CODE_18**<br>ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 207 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 50:** | **OTH_DIAG_CODE_19**<br>ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 214 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 51:** | **OTH_DIAG_CODE_20**<br>ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 221 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 52:** | **OTH_DIAG_CODE_21**<br>ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 228 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 53:** | **OTH_DIAG_CODE_22**<br>ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 235 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 54:** | **OTH_DIAG_CODE_23**<br>ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 242 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 55:** | **OTH_DIAG_CODE_24**<br>ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 249 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 56:** | **RELATED_CAUSE_CODE_1**<br>Code identifying an accompanying cause of an illness, injury or an accident. | | |
| **Coding Scheme:** | AA Auto accident<br>AB Abuse<br>AP Another party responsible<br>EM Employment<br>OA Other accident | | |
| **Beginning Position:** | 256 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 57:** | **RELATED_CAUSE_CODE _2**<br>Code identifying an accompanying cause of an illness, injury or an accident. | | |
| **Coding Scheme:** | Same as Field RELATED_CAUSE_CODE_1. | | |
| **Beginning Position:** | 258 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 58:** | **RELATED_CAUSE_CODE _3**<br>Code identifying an accompanying cause of an illness, injury or an accident. | | |
| **Coding Scheme:** | Same as Field RELATED_CAUSE_CODE_1. | | |
| **Beginning Position:** | 260 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

| | | | |
|---|---|---|---|
| **Field 59:** | **E_CODE_1**<br>ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of the primary external cause of injury. A decimal is implied following the third character. | | |
| **Beginning Position:** | 262 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 60:** | **E_CODE_2**<br>ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| **Beginning Position:** | 269 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 61:** | **E_CODE_3**<br>ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| **Beginning Position:** | 276 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 62:** | **E_CODE_4**<br>ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| **Beginning Position:** | 283 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 63:** | **E_CODE_5**<br>ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| **Beginning Position:** | 290 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 64:** | **E_CODE_6**<br>ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| **Beginning Position:** | 297 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 65:** | **E_CODE_7**<br>ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| **Beginning Position:** | 304 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 66:** | **E_CODE_8**<br>ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| **Beginning Position:** | 311 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 67:** | **E_CODE_9**<br>ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| **Beginning Position:** | 318 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 68:** | **E_CODE_10**<br>ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| **Beginning Position:** | 325 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

| | | | |
|---|---|---|---|
| **Field 69:** | **PROC_CODE_1** | | |
| | Code for the surgical or other procedure with the highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 332 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 70:** | **PROC_CODE_2** | | |
| | Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 337 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 71:** | **PROC_CODE_3** | | |
| | Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 342 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 72:** | **PROC_CODE_4** | | |
| | Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 347 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 73:** | **PROC_CODE_5** | | |
| | Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 352 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 74:** | **PROC_CODE_6** | | |
| | Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 357 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 75:** | **PROC_CODE_7** | | |
| | Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 362 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 76:** | **PROC_CODE_8** | | |
| | Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 367 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 77:** | **PROC_CODE_9** | | |
| | Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 372 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 78:** | **PROC_CODE_10** | | |
| | Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 377 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 79:** | **PROC_CODE_11** | | |
| | Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 382 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 80:** | **PROC_CODE_12** | | |
| | Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 387 | **Data Source:** | Claim |

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| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 81:** | **PROC_CODE_13**<br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 392 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 82:** | **PROC_CODE_14**<br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 397 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 83:** | **PROC_CODE_15**<br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 402 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 84:** | **PROC_CODE_16**<br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 407 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 85:** | **PROC_CODE_17**<br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 412 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 86:** | **PROC_CODE_18**<br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 417 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 87:** | **PROC_CODE_19**<br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 422 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 88:** | **PROC_CODE_20**<br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 427 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 89:** | **PROC_CODE_21**<br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 432 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 90:** | **PROC_CODE_22**<br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 437 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 91:** | **PROC_CODE_23**<br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 442 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 92:** | **PROC_CODE_24**<br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 447 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |

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| **Field 93:** | **PROC_CODE_25** | | |
| | Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| **Beginning Position:** | 452 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 94:** | **OTHER_AMOUNT** | | |
| | Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0002-0099, 022X-024X, 052X-053X, 055X-060X, 064X-070X, 076X-078X, 090X-095X, 099X. | | |
| **Beginning Position:** | 457 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 95:** | **PHARM_AMOUNT** | | |
| | Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 026X, 063X. | | |
| **Beginning Position:** | 469 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 96:** | **MEDSURG_AMOUNT** | | |
| | Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 027X, 062X. | | |
| **Beginning Position:** | 481 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 97:** | **DME_AMOUNT** | | |
| | Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue centers 0290-0292, 0294-0299. | | |
| **Beginning Position:** | 493 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 98:** | **USED_DME_AMOUNT** | | |
| | Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0293. | | |
| **Beginning Position:** | 505 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 99:** | **PT_AMOUNT** | | |
| | Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 042X. | | |
| **Beginning Position:** | 517 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 100:** | **OT_AMOUNT** | | |
| | Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 043X. | | |
| **Beginning Position:** | 529 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 101:** | **SPEECH_AMOUNT** | | |
| | Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 044X, 047X. | | |
| **Beginning Position:** | 541 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 102:** | **IT_AMOUNT** | | |
| | Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 041X, 046X. | | |
| **Beginning Position:** | 553 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |

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| **Field 103:** | **BLOOD_AMOUNT**<br>Ancillary Service Charge for blood provided during the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 038X. | | |
| **Beginning Position:** | 565 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 104:** | **BLOOD_ADMIN_AMOUNT**<br>Ancillary Service Charge for blood storage and processing related to the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 039X. | | |
| **Beginning Position:** | 577 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 105:** | **OR_AMOUNT**<br>Ancillary Service Charge, Operating Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 036X, 071X-072X. | | |
| **Beginning Position:** | 589 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 106:** | **LITH_AMOUNT**<br>Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 079X. | | |
| **Beginning Position:** | 601 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 107:** | **CARD_AMOUNT**<br>Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X. | | |
| **Beginning Position:** | 613 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 108:** | **ANES_AMOUNT**<br>Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X. | | |
| **Beginning Position:** | 625 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 109:** | **LAB_AMOUNT**<br>Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X. | | |
| **Beginning Position:** | 637 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 110:** | **RAD_AMOUNT**<br>Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X. | | |
| **Beginning Position:** | 649 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 111:** | **MRI_AMOUNT**<br>Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X. | | |
| **Beginning Position:** | 661 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 112:** | **OP_AMOUNT**<br>Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X. | | |
| **Beginning Position:** | 673 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |

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| **Field 113:** | **ER_AMOUNT**<br>Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 045X. | | |
| **Beginning Position:** | 685 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 114:** | **AMBULANCE_AMOUNT**<br>Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 054X. | | |
| **Beginning Position:** | 697 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 115:** | **PRO_FEE_AMOUNT**<br>Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X. | | |
| **Beginning Position:** | 709 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 116:** | **ORGAN_AMOUNT**<br>Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X. | | |
| **Beginning Position:** | 721 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 117:** | **ESRD_AMOUNT**<br>Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X. | | |
| **Beginning Position:** | 733 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 118:** | **CLINIC_AMOUNT**<br>Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 051X. | | |
| **Beginning Position:** | 745 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 119:** | **TOTAL_CHARGES**<br>Sum of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. | | |
| **Beginning Position:** | 757 | **Data Source:** | Claim |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 120:** | **TOTAL_NON_COV_CHARGES**<br>Sum of non-covered accommodation charges, non-covered ancillary charges. | | |
| **Beginning Position:** | 769 | **Data Source:** | Claim |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 121:** | **TOTAL_CHARGES_ANCIL**<br>Sum of covered and non-covered ancillary charges. | | |
| **Beginning Position:** | 781 | **Data Source:** | Claim |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 122:** | **TOTAL_NON_COV_CHARGES_ANCIL**<br>Sum of non-covered ancillary charges. | | |
| **Beginning Position:** | 793 | **Data Source:** | Claim |
| **Length:** | 12 | **Type:** | Numeric |

**Field 123:** **PHYSICIAN1_INDEX_NUMBER**

**Description:** Unique identifier assigned to the licensed physician reported as the Operating Physician, if reported in the 837 Institutional Guide format, or Rendering Physician 1, if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to the outpatient's surgical or radiological procedure, including a technician, psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist, authorized by the facility to treat patients.

**Suppression:** Suppressed when the number of physicians reported for a facility or the number of physicians reported for CCS_PROC_CODE_1 for the facility is less than five.

**Coding Scheme:**
9999999998 Cell size less than 5
9999999999 Temporary license or license number could not be matched

**Beginning Position:** 805 **Data Source:** Assigned
**Length:** 10 **Type:** Alphanumeric

**Field 124:** **PHYSICIAN2_INDEX_NUMBER**

**Description:** Unique identifier assigned to the licensed physician reported as the other provider, if reported in the 837 Institutional Guide format, or the Rendering Physician 2, if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to the outpatient's surgical or radiological procedure, including a technician, psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist, authorized by the facility to treat patients.

**Suppression:** Suppressed when the number of physicians reported for a facility or the number of physicians represented for CCS_PROC_CODE_1 for a facility is less than five.

**Coding Scheme:**
9999999998 Cell size less than 5
9999999999 Temporary license or license number could not be matched

**Beginning Position:** 815 **Data Source:** Assigned
**Length:** 10 **Type:** Alphanumeric

**Field 125:** **INPUT_FORMAT**

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

**Coding Scheme:**
0 837 Professional
1 837 Institutional

**Beginning Position:** 825 **Data Source:** Assigned
**Length:** 1 **Type:** Alphanumeric

**Field 126:** **SOURCE_OF_ADMISSION**

**Description:** Code indicating source of the admission.

**Coding Scheme:**
1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010)
2 Clinic or Physician's Office
4 Transfer from a hospital
5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility
6 Transfer from another health care facility
8 Court/Law Enforcement
9 Information not available
D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer
E Transfer from Ambulatory Surgery Center
F Transfer from a Hospice Facility
` Invalid

If Type of Admission=4 (Newborn)
5 Born inside this hospital
6 Born outside this hospital

**Beginning Position:** 826 **Data Source:** Claim
**Length:** 1 **Type:** Alphanumeric

**Field 127:** **PAT_STATUS**

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

**Coding Scheme:**
01 Discharged to home or self-care (routine discharge)
02 Discharged/transferred to a short term general hospital for inpatient care
03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care

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| 04 | Discharged/transferred to a facility that provides custodial or supportive care |
| 05 | Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007) |
| 06 | Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care |
| 07 | Left against medical advice |
| 08 | Admitted as inpatient to this hospital |
| 09 | Expired |
| 20 | Discharged/transferred to Court/Law Enforcement |
| 21 | Still patient |
| 30 | Expired at home |
| 40 | Expired in a medical facility |
| 41 | Expired, place unknown |
| 42 | Discharged/transferred to federal government operated health facility |
| 43 | Hospice–home |
| 50 | Hospice–medical facility (Certified) providing hospice level of care |
| 51 | Discharged/transferred within this institution to Medicare-approved swing bed |
| 61 | Discharged/transferred to inpatient rehabilitation facility |
| 62 | Discharged/transferred to Medicare-certified long term care hospital |
| 63 | Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare |
| 64 | Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital |
| 65 | Discharged/transferred to Critical Access Hospital (CAH) |
| 66 | Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013) |
| 69 | Discharge/transfer to another type of health care institution not defined elsewhere in the code list |
| 70 | Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 81 | Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 82 | Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 83 | Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 84 | Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 85 | Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 86 | Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 87 | Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 88 | Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 89 | Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 90 | Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 91 | Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 92 | Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 93 | Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 94 | Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 95 | Discharged to home or self-care (routine discharge) |
| ` | Invalid |

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| **Beginning Position:** | 827 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

**Field 128:** **PROVIDER_NAME**

**Description:** Name provided by the facility.

**Suppression:** Facilities reporting fewer than 50 events (Provider ID equals '999999') are assigned the name 'Low Volume Facility'. If a facility reported fewer than 5 events for a particular gender, including 'unknown', Provider Name is blank.

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| **Beginning Position:** | 829 | **Data Source:** | Provider |
| **Length:** | 55 | **Type:** | Alphanumeric |

# OUTPATIENT CLASSIFICATION DATA FILE

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| **Field 1:** | **RECORD_ID** | | |
| **Description:** | Record Identification Number. Unique number assigned to identify the record. The Record_ID in the ED Outpatient PUDF is not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs). | | |
| **Beginning Position:** | 1 | **Data Source:** | Assigned |
| **Length:** | 12 | **Type:** | Alphanumeric |
| **Field 2:** | **CCS_PRIN_DIAG_CODE** | | |
| | Clinical Classifications Software (CCS) classification of PRIN_DIAG_CODE into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 13 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 3:** | **CCS_OTH_DIAG_CODE_1** | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 17 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 4:** | **CCS_OTH_DIAG_CODE_2** | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_2 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 21 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 5:** | **CCS_OTH_DIAG_CODE_3** | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_3 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 25 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 6:** | **CCS_OTH_DIAG_CODE_4** | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_4 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 29 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 7:** | **CCS_OTH_DIAG_CODE_5** | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_5 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 33 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 8:** | **CCS_OTH_DIAG_CODE_6** | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_6 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 37 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 9:** | **CCS_OTH_DIAG_CODE_7** | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_7 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 41 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 10:** | **CCS_OTH_DIAG_CODE_8** | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_8 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 45 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 11:** | **CCS_OTH_DIAG_CODE_9** | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_9 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 49 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 12:** | **CCS_OTH_DIAG_CODE_10** | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_10 into clinically meaningful diagnosis category. | | |

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| **Beginning Position:** | 53 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 13:** | **CCS_OTH_DIAG_CODE_11**<br>Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_11 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 57 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 14:** | **CCS_OTH_DIAG_CODE_12**<br>Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_12 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 61 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 15:** | **CCS_OTH_DIAG_CODE_13**<br>Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_13 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 65 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 16:** | **CCS_OTH_DIAG_CODE_14**<br>Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_14 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 69 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 17:** | **CCS_OTH_DIAG_CODE_15**<br>Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_15 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 73 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 18:** | **CCS_OTH_DIAG_CODE_16**<br>Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_16 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 77 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 19:** | **CCS_OTH_DIAG_CODE_17**<br>Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_17 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 81 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 20:** | **CCS_OTH_DIAG_CODE_18**<br>Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_18 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 85 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 21:** | **CCS_OTH_DIAG_CODE_19**<br>Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_19 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 89 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 22:** | **CCS_OTH_DIAG_CODE_20**<br>Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_20 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 93 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 23:** | **CCS_OTH_DIAG_CODE_21**<br>Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_21 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 97 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 24:** | **CCS_OTH_DIAG_CODE_22**<br>Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_22 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 101 | **Data Source:** | Assigned |

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| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 25:** | **CCS_OTH_DIAG_CODE_23**<br>Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_23 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 105 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 26:** | **CCS_OTH_DIAG_CODE_24**<br>Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_24 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 109 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 27:** | **CCS_PROC_CODE_1**<br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_1 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 113 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 28:** | **CCS_PROC_CODE_2**<br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_2 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 116 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 29:** | **CCS_PROC_CODE_3**<br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_3 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 119 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 30:** | **CCS_PROC_CODE_4**<br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 122 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 31:** | **CCS_PROC_CODE_5**<br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 125 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 32:** | **CCS_PROC_CODE_6**<br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 128 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 33:** | **CCS_PROC_CODE_7**<br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 131 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 34:** | **CCS_PROC_CODE_8**<br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_8 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 134 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 35:** | **CCS_PROC_CODE_9**<br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 137 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 36:** | **CCS_PROC_CODE_10**<br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_10 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 140 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |

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| **Field 37:** | **CCS_PROC_CODE_11** | | |
| | Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_11 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 143 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 38:** | **CCS_PROC_CODE_12** | | |
| | Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_12 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 146 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 39:** | **CCS_PROC_CODE_13** | | |
| | Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_13 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 149 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 40:** | **CCS_PROC_CODE_14** | | |
| | Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_14 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 152 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 41:** | **CCS_PROC_CODE_15** | | |
| | Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_15 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 155 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 42:** | **CCS_PROC_CODE_16** | | |
| | Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_16 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 158 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 43:** | **CCS_PROC_CODE_17** | | |
| | Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_17 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 161 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 44:** | **CCS_PROC_CODE_18** | | |
| | Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_18 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 164 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 45:** | **CCS_PROC_CODE_19** | | |
| | Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 167 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 46:** | **CCS_PROC_CODE_20** | | |
| | Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_20 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 170 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 47:** | **CCS_PROC_CODE_21** | | |
| | Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 173 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 48:** | **CCS_PROC_CODE_22** | | |
| | Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_22 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 176 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |

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| **Field 49:** | **CCS_PROC_CODE_23**<br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_23 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 179 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 50:** | **CCS_PROC_CODE_24**<br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_24 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 182 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 51:** | **CCS_PROC_CODE_25**<br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_25 into clinically meaningful procedure category. | | |
| **Beginning Position:** | 185 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 52:** | **EAPG_GRP_VER**<br>Enhanced Ambulatory Patient Group Version Number, as assigned by 3M™ EAPG Grouper | | |
| **Beginning Position:** | 188 | | |
| **Length:** | 12 | **Type:** | Alphanumeric |
| **Field 53:** | **APC_GRP_VER**<br>Ambulatory Payment Classification (APC) Version Number as assigned by 3M™ APC Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 200 | **Data Source:** | Assigned |
| **Length:** | 12 | **Type:** | Alphanumeric |
| **Field 54:** | **CRG_STATUS_1**<br>Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 212 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 55:** | **CRG_STATUS_2**<br>Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 213 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 56:** | **CRG_STATUS_3**<br>Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 214 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 57:** | **CRG_STATUS_4**<br>Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 215 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 58:** | **CRG_STATUS_5**<br>Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 216 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 59:** | **CRG_STATUS_6**<br>Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 217 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 60:** | **CRG_STATUS_7**<br>Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 218 | **Data Source:** | Assigned |

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| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 61:** | **CRG_STATUS_8**<br>Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 219 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 62:** | **CRG_STATUS_9**<br>Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 220 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 63:** | **CRG_STATUS_10**<br>Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 221 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 64:** | **CRG_CODE_1**<br>Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 222 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 65:** | **CRG_CODE_2**<br>Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 227 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 66:** | **CRG_CODE_3**<br>Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 232 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 67:** | **CRG_CODE_4**<br>Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 237 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 68:** | **CRG_CODE_5**<br>Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 242 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 69:** | **CRG_CODE_6**<br>Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 247 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 70:** | **CRG_CODE_7**<br>Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 252 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 71:** | **CRG_CODE_8**<br>Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 257 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 72:** | **CRG_CODE_9**<br>Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 262 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |

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| **Field 73:** | **CRG_CODE_10**<br>Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 267 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 74:** | **CRG_SEVERITY_1**<br>Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 272 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 75:** | **CRG_SEVERITY_2**<br>Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 273 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 76:** | **CRG_SEVERITY_3**<br>Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 274 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 77:** | **CRG_SEVERITY_4**<br>Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 275 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 78:** | **CRG_SEVERITY_5**<br>Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 276 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 79:** | **CRG_SEVERITY_6**<br>Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 277 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 80:** | **CRG_SEVERITY_7**<br>Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 278 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 81:** | **CRG_SEVERITY_8**<br>Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 279 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 82:** | **CRG_SEVERITY_9**<br>Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 280 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 83:** | **CRG_SEVERITY_10**<br>Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 281 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |

# OUTPATIENT CHARGES DATA FILE

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| **Field 1:** | **RECORD_ID** |
| **Description:** | Record Identification Number. Unique number assigned to identify the record. The Record_ID in the ED Outpatient PUDF is not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs). |
| **Beginning Position:** | 1 **Data Source:** Assigned |
| **Length:** | 12 **Type:** Alphanumeric |

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| **Field 2:** | **REVENUE_CODE** |
| **Description:** | Code corresponding to each specific accommodation, ancillary service or billing calculation related to the services being billed. |

**Coding Scheme:**

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| 0100 | All-inclusive room charges plus ancillary |
| 0101 | All-inclusive room charges |
| 0110 | Room charges for private rooms - general |
| 0111 | Room charges for private rooms - medical/surgical/GYN |
| 0112 | Room charges for private rooms - obstetrics |
| 0113 | Room charges for private rooms - pediatric |
| 0114 | Room charges for private rooms - psychiatric |
| 0115 | Room charges for private rooms - hospice |
| 0116 | Room charges for private rooms - detoxification |
| 0117 | Room charges for private rooms - oncology |
| 0118 | Room charges for private rooms - rehabilitation |
| 0119 | Room charges for private rooms - other |
| 0120 | Room charges for semi-private rooms - general |
| 0121 | Room charges for semi-private rooms - medical/surgical/GYN |
| 0122 | Room charges for semi-private rooms - obstetrics |
| 0123 | Room charges for semi-private rooms - pediatric |
| 0124 | Room charges for semi-private rooms - psychiatric |
| 0125 | Room charges for semi-private rooms - hospice |
| 0126 | Room charges for semi-private rooms - detoxification |
| 0127 | Room charges for semi-private rooms - oncology |
| 0128 | Room charges for semi-private rooms - rehabilitation |
| 0129 | Room charges for semi-private rooms - other |
| 0130 | Room charges for semi-private - 3/4 beds - rooms - general |
| 0131 | Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN |
| 0132 | Room charges for semi-private - 3/4 beds - rooms - obstetrics |
| 0133 | Room charges for semi-private - 3/4 beds - rooms - pediatric |
| 0134 | Room charges for semi-private - 3/4 beds - rooms - psychiatric |
| 0135 | Room charges for semi-private - 3/4 beds - rooms - hospice |
| 0136 | Room charges for semi-private - 3/4 beds - rooms - detoxification |
| 0137 | Room charges for semi-private - 3/4 beds - rooms - oncology |
| 0138 | Room charges for semi-private - 3/4 beds - rooms - rehabilitation |
| 0139 | Room charges for semi-private - 3/4 beds - rooms - other |
| 0140 | Room charges for private (deluxe) rooms - general |
| 0141 | Room charges for private (deluxe) rooms - medical/surgical/GYN |
| 0142 | Room charges for private (deluxe) rooms - obstetrics |
| 0143 | Room charges for private (deluxe) rooms - pediatric |
| 0144 | Room charges for private (deluxe) rooms - psychiatric |
| 0145 | Room charges for private (deluxe) rooms - hospice |
| 0146 | Room charges for private (deluxe) rooms - detoxification |
| 0147 | Room charges for private (deluxe) rooms - oncology |
| 0148 | Room charges for private (deluxe) rooms - rehabilitation |
| 0149 | Room charges for private (deluxe) rooms - other |
| 0150 | Room charges for ward rooms - general |
| 0151 | Room charges for ward rooms - medical/surgical/GYN |
| 0152 | Room charges for ward rooms - obstetrics |
| 0153 | Room charges for ward rooms - pediatric |
| 0154 | Room charges for ward rooms - psychiatric |
| 0155 | Room charges for ward rooms - hospice |
| 0156 | Room charges for ward rooms - detoxification |
| 0157 | Room charges for ward rooms - oncology |
| 0158 | Room charges for ward rooms - rehabilitation |
| 0159 | Room charges for ward rooms - other |
| 0160 | Room charges for other rooms - general |
| 0164 | Room charges for other rooms – Sterile Environment |
| 0167 | Room charges for other rooms – self care |
| 0169 | Room charges for other rooms - other |
| 0170 | Room charges for nursery - general |
| 0171 | Room charges for nursery - newborn level I |
| 0172 | Room charges for nursery - newborn level II |
| 0173 | Room charges for nursery - newborn level III |
| 0174 | Room charges for nursery - newborn level IV |
| 0179 | Room charges for nursery - other |
| 0180 | Room charges for LOA - general |
| 0182 | Room charges for LOA - patient convenience-charges billable |
| 0183 | Room charges for LOA - therapeutic leave |
| 0185 | Room charges for LOA – nursing home (for hospitalization) |
| 0189 | Room charges for LOA - other |
| 0190 | Room charges for subacute care - general |
| 0191 | Room charges for subacute care - Level I (skilled care) |
| 0192 | Room charges for subacute care - Level II (comprehensive care) |

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| 0193 | Room charges for subacute care - Level III (complex care) |
| 0194 | Room charges for subacute care - Level IV (intensive care) |
| 0199 | Room charges for subacute care - other |
| 0200 | Room charges for intensive care - general |
| 0201 | Room charges for intensive care - surgical |
| 0202 | Room charges for intensive care - medical |
| 0203 | Room charges for intensive care - pediatric |
| 0204 | Room charges for intensive care - psychiatric |
| 0206 | Room charges for intensive care - intermediate intensive care unit (ICU) |
| 0207 | Room charges for intensive care - burn care |
| 0208 | Room charges for intensive care - trauma |
| 0209 | Room charges for intensive care - other |
| 0210 | Room charges for coronary care - general |
| 0211 | Room charges for coronary care - myocardial infarction |
| 0212 | Room charges for coronary care - pulmonary care |
| 0213 | Room charges for coronary care - heart transplant |
| 0214 | Room charges for coronary care - intermediate coronary care unit (CCU) |
| 0219 | Room charges for coronary care - other |
| 0220 | Special charges - general |
| 0221 | Special charges - admission charge |
| 0222 | Special charges - technical support charge |
| 0223 | Special charges - UR service charge |
| 0224 | Special charges - late discharge, medically necessary |
| 0229 | Special charges - other |
| 0230 | Incremental nursing care - general |
| 0231 | Incremental nursing care - nursery |
| 0232 | Incremental nursing care - OB |
| 0233 | Incremental nursing care - ICU (includes transitional care) |
| 0234 | Incremental nursing care - CCU (includes transitional care) |
| 0235 | Incremental nursing care - hospice |
| 0239 | Incremental nursing care - other |
| 0240 | All-inclusive ancillary - general |
| 0241 | All-inclusive ancillary - basic |
| 0242 | All-inclusive ancillary - comprehensive |
| 0243 | All-inclusive ancillary - specialty |
| 0249 | All-inclusive ancillary - other |
| 0250 | Pharmacy - general |
| 0251 | Pharmacy - generic drugs |
| 0252 | Pharmacy – non-generic drugs |
| 0253 | Pharmacy - take-home drugs |
| 0254 | Pharmacy - drugs incident to other diagnostic services |
| 0255 | Pharmacy - drugs incident to radiology |
| 0256 | Pharmacy - experimental drugs |
| 0257 | Pharmacy - nonprescription |
| 0258 | Pharmacy - IV solutions |
| 0259 | Pharmacy - other |
| 0260 | IV Therapy - general |
| 0261 | IV Therapy - infusion pump |
| 0262 | IV Therapy - pharmacy services |
| 0263 | IV Therapy - drug/supply delivery |
| 0264 | IV Therapy - supplies |
| 0269 | IV Therapy - other |
| 0270 | Medical surgical supplies and devices - general |
| 0271 | Medical surgical supplies and devices - nonsterile |
| 0272 | Medical surgical supplies and devices - sterile |
| 0273 | Medical surgical supplies and devices - take-home |
| 0274 | Medical surgical supplies and devices - prosthetic/orthotic |
| 0275 | Medical surgical supplies and devices - pacemaker |
| 0276 | Medical surgical supplies and devices - intraocular lens (IOL) |
| 0277 | Medical surgical supplies and devices - oxygen - take-home |
| 0278 | Medical surgical supplies and devices - other implants |
| 0279 | Medical surgical supplies and devices - other |
| 0280 | Oncology - general |
| 0289 | Oncology - other |
| 0290 | DME - general |
| 0291 | DME - rental |
| 0292 | DME - purchase of new |
| 0293 | DME - purchase of used |
| 0294 | DME - supplies/drugs for DME effectiveness |
| 0299 | DME - other equipment |
| 0300 | Laboratory - general |
| 0301 | Laboratory - chemistry |
| 0302 | Laboratory - immunology |
| 0303 | Laboratory - renal patient (home) |
| 0304 | Laboratory – non-routine dialysis |
| 0305 | Laboratory - hematology |
| 0306 | Laboratory - bacteriology and microbiology |
| 0307 | Laboratory - urology |
| 0309 | Laboratory - other |
| 0310 | Laboratory pathological - general |
| 0311 | Laboratory pathological - cytology |
| 0312 | Laboratory pathological - histology |
| 0314 | Laboratory pathological - biopsy |
| 0319 | Laboratory pathological - other |
| 0320 | Radiology - diagnostic - general |
| 0321 | Radiology - diagnostic - angiocardiography |
| 0322 | Radiology - diagnostic - arthrography |
| 0323 | Radiology - diagnostic - arteriography |
| 0324 | Radiology - diagnostic - chest x-ray |
| 0329 | Radiology - diagnostic - other |
| 0330 | Radiology - therapeutic and/or chemotherapy administration - general |
| 0331 | Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected |
| 0332 | Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral |
| 0333 | Radiology - therapeutic and/or chemotherapy administration - radiation therapy |

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| 0335 | Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV |
| 0339 | Radiology - therapeutic and/or chemotherapy administration - other |
| 0340 | Nuclear medicine - general |
| 0341 | Nuclear medicine - diagnostic procedures |
| 0342 | Nuclear medicine - therapeutic procedures |
| 0343 | Nuclear medicine - diagnostic radiopharmaceuticals |
| 0344 | Nuclear medicine - therapeutic radiopharmaceuticals |
| 0349 | Nuclear medicine - other |
| 0350 | CT scan - general |
| 0351 | CT scan - head |
| 0352 | CT scan - body |
| 0359 | CT scan - other |
| 0360 | Operating room services - general |
| 0361 | Operating room services - minor surgery |
| 0362 | Operating room services - organ transplant other than kidney |
| 0367 | Operating room services - kidney transplant |
| 0369 | Operating room services - other |
| 0370 | Anesthesia - general |
| 0371 | Anesthesia - incident to radiology |
| 0372 | Anesthesia - incident to other diagnostic services |
| 0374 | Anesthesia - acupuncture |
| 0379 | Anesthesia - other |
| 0380 | Blood - general |
| 0381 | Blood - packed red cells |
| 0382 | Blood - whole blood |
| 0383 | Blood - plasma |
| 0384 | Blood - platelets |
| 0385 | Blood - leukocytes |
| 0386 | Blood - other components |
| 0387 | Blood - other derivatives (cryoprecipitate) |
| 0389 | Blood - other |
| 0390 | Blood and blood component administration, storage and processing - general |
| 0391 | Blood and blood component administration, storage and processing - administration |
| 0392 | Blood and blood component administration, storage and processing – processing and storage |
| 0399 | Blood and blood component administration, storage and processing - other |
| 0400 | Other imaging services - general |
| 0401 | Other imaging services - diagnostic mammography |
| 0402 | Other imaging services - ultrasound |
| 0403 | Other imaging services - screening mammography |
| 0404 | Other imaging services - PET |
| 0409 | Other imaging services - other |
| 0410 | Respiratory services - general |
| 0412 | Respiratory services - inhalation |
| 0413 | Respiratory services - hyperbaric oxygen therapy |
| 0419 | Respiratory services - other |
| 0420 | Physical therapy - general |
| 0421 | Physical therapy - visit charge |
| 0422 | Physical therapy - hourly charge |
| 0423 | Physical therapy - group rate |
| 0424 | Physical therapy - evaluation or reevaluation |
| 0429 | Physical therapy - other |
| 0430 | Occupational therapy - general |
| 0431 | Occupational therapy - visit charge |
| 0432 | Occupational therapy - hourly charge |
| 0433 | Occupational therapy - group rate |
| 0434 | Occupational therapy - evaluation or reevaluation |
| 0439 | Occupational therapy - other |
| 0440 | Speech-language pathology - general |
| 0441 | Speech-language pathology - visit charge |
| 0442 | Speech-language pathology - hourly charge |
| 0443 | Speech-language pathology - group rate |
| 0444 | Speech-language pathology - evaluation or reevaluation |
| 0449 | Speech-language pathology - other |
| 0450 | Emergency room - general |
| 0451 | Emergency room - EMTALA emergency medical screening services |
| 0452 | Emergency room - beyond EMTALA screening |
| 0456 | Emergency room - urgent care |
| 0459 | Emergency room - other |
| 0460 | Pulmonary function - general |
| 0469 | Pulmonary function - other |
| 0470 | Audiology - general |
| 0471 | Audiology - diagnostic |
| 0472 | Audiology - treatment |
| 0479 | Audiology - other |
| 0480 | Cardiology - general |
| 0481 | Cardiology - cardiac cath lab |
| 0482 | Cardiology - stress test |
| 0483 | Cardiology - echocardiology |
| 0489 | Cardiology - other |
| 0490 | Ambulatory surgical care - general |
| 0499 | Ambulatory surgical care - other |
| 0500 | Outpatient services - general |
| 0509 | Outpatient services - other |
| 0510 | Clinic - general |
| 0511 | Clinic - chronic pain |
| 0512 | Clinic - dental |
| 0513 | Clinic - psychiatric |
| 0514 | Clinic - OB/GYN |
| 0515 | Clinic - pediatric |
| 0516 | Clinic - urgent care |
| 0517 | Clinic - family practice |
| 0519 | Clinic - other |
| 0520 | Freestanding Clinic - general |
| 0521 | Freestanding Clinic - Clinic Visit by Member to RHC/FQHC |

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

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

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

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| 2100 | Alternative therapy services - general | 2105 | Alternative therapy services - biofeedback | 3103 | Adult day care, medical and social - daily |
| 2101 | Alternative therapy services - acupuncture | 2106 | Alternative therapy services - hypnosis | 3104 | Adult day care, social - daily |
| 2102 | Alternative therapy services - acupressure | 2109 | Alternative therapy services - other | 3105 | Adult foster care - daily |
| 2103 | Alternative therapy services - massage | 3101 | Adult day care, medical and social - hourly | 3109 | Adult foster care - other |
| 2104 | Alternative therapy services - reflexology | 3102 | Adult day care, social - hourly | | |

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

**Field 3:** **HCPCS_QUALIFIER**
**Description:** Code identifying the type/source of the descriptive number used in HCPCS_PROCEDURE_CODE.
**Beginning Position:** 17 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 4** **HCPCS_PROCEDURE_CODE**
**Description:** HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.
**Coding Scheme:** See *http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp* for complete list of Level II HCPCS codes.
**Beginning Position:** 19 **Data Source:** Claim
**Length:** 5 **Type:** Alphanumeric

**Field 5:** **MODIFIER_1**
**Description:** Identifies special circumstances related to the performance of the service
**Coding Scheme:**

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| 22 | Increased procedural services | 58 | Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period | | Professional During the Postoperative Period |
| 23 | Unusual Anesthesia | | | 80 | Assistant Surgeon |
| 24 | Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period | 59 | Distinct Procedural Service | 81 | Minimum Assistant Surgeon |
| | | 62 | Two Surgeons | 82 | Repeat procedure by same physician |
| | | 63 | Procedure Performed on Infants less than 4kg | 90 | Reference (Outside) Laboratory |
| 25 | Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service | 66 | Surgical Team | 91 | Repeat Clinical Diagnostic Laboratory Test |
| | | 73 | Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the Administration of Anesthesia | 92 | Alternative Laboratory Platform Testing |
| | | | | 95 | Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System |
| 26 | Professional Component | 74 | Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after Administration of Anesthesia | 99 | Multiple Modifiers |
| 27 | Multiple Outpatient Hospital E/M Encounters on the Same Date | | | 1P | Performance Measure Exclusion Modifier due to Medical Reasons |
| 32 | Mandated Services | 76 | Repeat Procedure by Same Physician or Other Qualified Health Care Professional | 2P | Performance Measure Exclusion Modifier due to Patient Reasons |
| 33 | Preventive Service | | | 3P | Performance Measure Exclusion Modifier due to System Reasons |
| 47 | Anesthesia by Surgeon | 77 | Repeat Procedure by Another Physician or Other Qualified Health Care Professional | 8P | Performance Measure Reporting Modifier- Action not performed, reason not otherwise specified |
| 50 | Bilateral Procedure | | | | |
| 51 | Multiple Procedures | 78 | Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period | P1 | A normal healthy patient |
| 52 | Reduced Services | | | P2 | A patient with mild systemic disease |
| 53 | Discontinued Procedure | | | P3 | A patient with severe systemic disease |
| 54 | Surgical Care Only | | | P4 | A patient with severe systemic disease that is a constant threat to life |
| 55 | Postoperative Management Only | 79 | Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care | | |
| 56 | Preoperative Management Only | | | | |
| 57 | Decision for Surgery | | | | |

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| P5 | A moribund patient who is not expected to survive without the operation |
| P6 | A declared brain-dead patient whose organs are being removed for donor purposes |
| E1 | Upper left eyelid |
| E2 | Lower left eyelid |
| E3 | Upper right eyelid |
| E4 | Lower right eyelid |
| F1 | Left hand, second digit |
| F2 | Left hand, third digit |
| F3 | Left hand, fourth digit |
| F4 | Left hand, fifth digit |
| F5 | Right hand, thumb |
| F6 | Right hand, second digit |
| F7 | Right hand, third digit |
| F8 | Right hand, fourth digit |
| F9 | Right hand, fifth digit |
| FA | Left hand, thumb |
| GG | Performance and payment of a screening mammography and diagnostic mammography on same patient, same day. |
| GH | Diagnostic mammogram converted from screening mammogram on same day |
| LC | Left circumflex coronary artery |
| LD | Left anterior descending coronary artery |
| LM | Left main coronary artery |
| LT | Left side of the body procedure |
| QM | Ambulance service provided under arrangement by a provider of services |
| QN | Ambulance service furnished directly by a provider of services |
| RC | Right coronary artery |
| RI | Ramus intermedius coronary artery |
| RT | Right side of the body procedure |
| T1 | Left foot, second digit |
| T2 | Left foot, third digit |
| T3 | Left foot, fourth digit |
| T4 | Left foot, fifth digit |
| T5 | Right foot, great toe |
| T6 | Right foot, second digit |
| T7 | Right foot, third digit |
| T8 | Right foot, fourth digit |
| T9 | Right foot, fifth digit |
| TA | Left foot, great toe |
| XE | Separate Encounter |
| XS | Separate Structure |
| XP | Separate Practitioner |
| XU | Unusual Non-Overlapping Service |

**Beginning Position:** 24 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 6:** **MODIFIER_2**
**Description:** Identifies special circumstances related to the performance of the service.
**Coding Scheme:** Same as Field MODIFIER_1
**Beginning Position:** 26 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 7:** **MODIFIER_3**
**Description:** Identifies special circumstances related to the performance of the service.
**Coding Scheme:** Same as Field MODIFIER_1
**Beginning Position:** 28 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 8:** **MODIFIER_4**
**Description:** Identifies special circumstances related to the performance of the service.
**Coding Scheme:** Same as Field MODIFIER_1
**Beginning Position:** 30 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 9:** **UNIT_MEASUREMENT_CODE**
**Description:** Code specifying the units in which a value is being expressed.
**Coding Scheme:**
DA Days
F2 International unit
UN Unit
**Beginning Position:** 32 **Data Source:** Claim
**Length:** 2 **Type:** Alphanumeric

**Field 10:** **UNITS_OF_SERVICE**
**Description:** Numeric value of quantity
**Beginning Position:** 34 **Data Source:** Claim
**Length:** 7 **Type:** Numeric

**Field 11:** **UNIT_RATE**
**Description:** Rate per unit
**Beginning Position:** 41 **Data Source:** Claim
**Length:** 12 **Type:** Numeric

**Field 12:** **CHRGS_LINE_ITEM**
**Description:** Total amount of the charge
**Beginning Position:** 53 **Data Source:** Assigned
**Length:** 14 **Type:** Numeric

**Field 13:** **CHRGS_NON_COV**
**Description:** Total non-covered amount of the charge
**Beginning Position:** 67 **Data Source:** Assigned

| | | | |
|---|---|---|---|
| **Length:** | 14 | **Type:** | Numeric |
| **Field 14:** | **FINAL_EAPG_CATEGORY_CODE**<br>Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 81 | **Data Source:** | Assigned |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 15:** | **FINAL_EAPG_TYPE_CODE**<br>Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 83 | **Data Source:** | Assigned |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 16:** | **FINAL_EAPG**<br>Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 85 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 17:** | **APC_PROCEDURE_CODE**<br>Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 90 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 18:** | **APC_PX_STATUS_IND_CODE**<br>Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M™ APC Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 95 | **Data Source:** | Assigned |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 19:** | **APC_WEIGHT**<br>Ambulatory Payment Classification (APC) weighting as assigned by 3M™ APC Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 97 | **Data Source:** | Assigned |
| **Length:** | 9 | **Type:** | Alphanumeric |

# FACILITY TYPE INDICATOR FILE

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

| | | | |
|---|---|---|---|
| **Field 1:** | **THCIC_ID** | | |
| **Description:** | Provider ID. Unique identifier assigned to the provider by DSHS. The THCIC_ID is consistent throughout each quarter of data and generally throughout a full year. A THCIC_ID may change Provider_Name during the middle of a year. This will be noted in such cases in which we are aware of those mid-year name changes. | | |
| **Beginning Position:** | 1 | **Data Source:** | Assigned |
| **Length:** | 6 | **Type:** | Alphanumeric |
| **Field 2:** | **PROVIDER_NAME** | | |
| **Description:** | Hospital name provided by the hospital. | | |
| **Beginning Position:** | 7 | **Data Source:** | Provider |
| **Length:** | 55 | **Type:** | Alphanumeric |
| **Field 3:** | **FAC_TEACHING_IND** | | |
| **Description:** | Teaching Facility Indicator. | | |
| **Suppression:** | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| **Coding Scheme:** | A Member, Council of Teaching Hospitals<br>X Other teaching facility | | |
| **Beginning Position:** | 62 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 4:** | **FAC_PSYCH_IND** | | |
| **Description:** | Psychiatric Facility Indicator. | | |
| **Suppression:** | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| **Beginning Position:** | 63 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 5:** | **FAC_REHAB_IND** | | |
| **Description:** | Rehabilitation Facility Indicator. | | |
| **Suppression:** | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| **Beginning Position:** | 64 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 6:** | **FAC_ACUTE_CARE_IND** | | |
| **Description:** | Acute Care Facility Indicator. | | |
| **Suppression:** | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| **Beginning Position:** | 65 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 7:** | **FAC_SNF_IND** | | |
| **Description:** | Skilled Nursing Facility Indicator. | | |
| **Suppression:** | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| **Beginning Position:** | 66 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 8:** | **FAC_LONG_TERM_AC_IND** | | |
| **Description:** | Long Term Acute Care Facility Indicator. | | |
| **Suppression:** | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| **Beginning Position:** | 67 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 9:** | **FAC_OTHER_LTC_IND** | | |
| **Description:** | Other Long Term Care Facility Indicator. | | |
| **Suppression:** | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| **Beginning Position:** | 68 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 10:** | **FAC_PEDS_IND** | | |
| **Description:** | Pediatric Facility Indicator. | | |
| **Suppression:** | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| **Coding Scheme:** | C Member, National Association of Children's Hospitals and Related Institutions (NACHRI)<br>X Facilities that also treat children | | |
| **Beginning Position:** | 69 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |

| | | | |
|---|---|---|---|
| **Field 11:** | **FAC_CARDIOVASCULAR_IND** | | |
| **Description:** | Cardiovascular facility indicator. | | |
| **Beginning Position:** | 70 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 12:** | **FAC_CHIROPRACTIC_IND** | | |
| **Description:** | Chiropractic care facility indicator. | | |
| **Beginning Position:** | 71 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 13:** | **FAC_ENDOSCOPY_IND** | | |
| **Description:** | Endoscopy facility indicator. | | |
| **Beginning Position:** | 72 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 14:** | **FAC_FOOT_IND** | | |
| **Description:** | Foot care facility indicator. | | |
| **Beginning Position:** | 73 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 15:** | **FAC_GASTROENTEROLOGY_IND** | | |
| **Description:** | Gastroenterology facility indicator. | | |
| **Beginning Position:** | 74 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 16:** | **FAC_GENERAL_IND** | | |
| **Description:** | General care facility indicator. | | |
| **Beginning Position:** | 75 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 17:** | **FAC_NEUROLOGICAL_IND** | | |
| **Description:** | Neurological care facility indicator. | | |
| **Beginning Position:** | 76 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 18:** | **FAC_OB_GYN_IND** | | |
| **Description:** | Obstetric and gynecology facility indicator. | | |
| **Beginning Position:** | 77 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 19:** | **FAC_OPTHAMOLOGY_IND** | | |
| **Description:** | Ophthalmology facility indicator. | | |
| **Beginning Position:** | 78 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 20:** | **FAC_ORAL_IND** | | |
| **Description:** | Oral health care facility indicator. | | |
| **Beginning Position:** | 79 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 21:** | **FAC_ORTHOPEDIC_IND** | | |
| **Description:** | Orthopedic care facility indicator. | | |
| **Beginning Position:** | 80 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 22:** | **FAC_OTOLARYNGOLOGY_IND** | | |
| **Description:** | Otolaryngology facility indicator. | | |
| **Beginning Position:** | 81 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 23:** | **FAC_ PAIN_MNGMT _IND** | | |
| **Description:** | Pain management facility indicator. | | |
| **Beginning Position:** | 82 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 24:** | **FAC_PLASTIC_IND** | | |
| **Description:** | Plastic surgery facility indicator. | | |
| **Beginning Position:** | 83 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 25:** | **FAC_THORACIC_IND** | | |
| **Description:** | Thoracic care facility indicator. | | |
| **Beginning Position:** | 84 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |

| | | | |
|---|---|---|---|
| **Field 26:** | **FAC_UROLOGY_IND** | | |
| **Description:** | Urology care facility indicator. | | |
| **Beginning Position:** | 85 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 27:** | **FAC_OTHER_IND** | | |
| **Description:** | Other facility indicator. | | |
| **Beginning Position:** | 86 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 28:** | **POA_PROVIDER_INDICATOR** | | |
| **Description:** | Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC, Section 421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals and Long Term Care Hospitals. | | |
| **Coding Scheme:** | M Mixed (Facility has sections that would be exempted from reporting POA for those patients)<br>R Required<br>X Exempt<br>` Invalid | | |
| **Beginning Position:** | 87 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 29:** | **CERT_STATUS_IP** | | |
| **Description:** | Assignment of a code to indicate the certification of data (inpatient) and submission of comments by the hospital. | | |
| **Coding Scheme:** | 1 Certified, without comment<br>2 Certified, with comment<br>3 Certified, with comment, comment not received by deadline<br>4 Hospital elected not to certify<br>5 Hospital closed, data not certified<br>6 Hospital out of compliance, did not certify data<br>7 Data not certified. Facility affected by natural or man-made disaster (4Q2016)<br>8 No Emergency Department data submitted | | |
| **Beginning Position:** | 88 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 30:** | **CERT_STATUS_OP** | | |
| **Description:** | Assignment of a code to indicate the certification of data (outpatient) and submission of comments by the hospital. | | |
| **Coding Scheme:** | 1 Certified, without comment<br>2 Certified, with comment<br>3 Certified, with comment, comment not received by deadline<br>4 Hospital elected not to certify<br>5 Hospital closed, data not certified<br>6 Hospital out of compliance, did not certify data<br>7 Data not certified. Facility affected by natural or man-made disaster (4Q2016)<br>8 No Emergency Department data submitted | | |
| **Beginning Position:** | 89 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |



TEXAS Health and Human Services | Texas Department of State Health Services

# Texas Hospital Emergency Department Data Set

## DATA FILE LAYOUTS

### Inpatient Base Data #1 File

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

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

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

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

| Number | FIELD NAME *(IP Base Data #1 File)* | Position | Length | Field Type |
|---|---|---|---|---|
| 147 | OTH_SURG_PROC_CODE_22 | 666 | 7 | Alphanumeric |
| 148 | OTH_SURG_PROC_DAY_22 | 673 | 4 | Alphanumeric |
| 149 | OTH_SURG_PROC_CODE_23 | 677 | 7 | Alphanumeric |
| 150 | OTH_SURG_PROC_DAY_23 | 684 | 4 | Alphanumeric |
| 151 | OTH_SURG_PROC_CODE_24 | 688 | 7 | Alphanumeric |
| 152 | OTH_SURG_PROC_DAY_24 | 695 | 4 | Alphanumeric |
| 153 | MS_MDC | 699 | 2 | Alphanumeric |
| 154 | MS_DRG | 701 | 3 | Alphanumeric |
| 155 | MS_GROUPER_VERSION_NBR | 704 | 5 | Alphanumeric |
| 156 | MS_GROUPER_ERROR_CODE | 709 | 2 | Alphanumeric |
| 157 | APR_MDC | 711 | 2 | Alphanumeric |
| 158 | APR_DRG | 713 | 4 | Alphanumeric |
| 159 | RISK_MORTALITY | 717 | 1 | Alphanumeric |
| 160 | ILLNESS_SEVERITY | 718 | 1 | Alphanumeric |
| 161 | APR_GROUPER_VERSION_NBR | 719 | 5 | Alphanumeric |
| 162 | APR_GROUPER_ERROR_CODE | 724 | 2 | Alphanumeric |
| 163 | ATTENDING_PHYSICIAN_UNIF_ID | 726 | 10 | Alphanumeric |
| 164 | OPERATING_PHYSICIAN_UNIF_ID | 736 | 10 | Alphanumeric |
| 165 | ENCOUNTER_INDICATOR | 746 | 2 | Alphanumeric |
| 166 | PROVIDER_NAME | 748 | 55 | Alphanumeric |
| | **Record_Length** | | **802** | |

## Inpatient Base Data #2 File

| Number | Field Name *(IP Base Data #2 File)* | Position | Length | Field Type |
|---|---|---|---|---|
| 1 | RECORD_ID - not linkable to the Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs). | 1 | 12 | Alphanumeric |
| 2 | PRIVATE_AMOUNT | 13 | 12 | Numeric |
| 3 | SEMI_PRIVATE_AMOUNT | 25 | 12 | Numeric |
| 4 | WARD_AMOUNT | 37 | 12 | Numeric |
| 5 | ICU_AMOUNT | 49 | 12 | Numeric |
| 6 | CCU_AMOUNT | 61 | 12 | Numeric |
| 7 | OTHER_AMOUNT | 73 | 12 | Numeric |
| 8 | PHARM_AMOUNT | 85 | 12 | Numeric |
| 9 | MEDSURG_AMOUNT | 97 | 12 | Numeric |
| 10 | DME_AMOUNT | 109 | 12 | Numeric |
| 11 | USED_DME_AMOUNT | 121 | 12 | Numeric |
| 12 | PT_AMOUNT | 133 | 12 | Numeric |
| 13 | OT_AMOUNT | 145 | 12 | Numeric |

| Number | Field Name *(IP Base Data #2 File)* | Position | Length | Field Type |
|---|---|---|---|---|
| 14 | SPEECH_AMOUNT | 157 | 12 | Numeric |
| 15 | IT_AMOUNT | 169 | 12 | Numeric |
| 16 | BLOOD_AMOUNT | 181 | 12 | Numeric |
| 17 | BLOOD_ADM_AMOUNT | 193 | 12 | Numeric |
| 18 | OR_AMOUNT | 205 | 12 | Numeric |
| 19 | LITH_AMOUNT | 217 | 12 | Numeric |
| 20 | CARD_AMOUNT | 229 | 12 | Numeric |
| 21 | ANES_AMOUNT | 241 | 12 | Numeric |
| 22 | LAB_AMOUNT | 253 | 12 | Numeric |
| 23 | RAD_AMOUNT | 265 | 12 | Numeric |
| 24 | MRI_AMOUNT | 277 | 12 | Numeric |
| 25 | OP_AMOUNT | 289 | 12 | Numeric |
| 26 | ER_AMOUNT | 301 | 12 | Numeric |
| 27 | AMBULANCE_AMOUNT | 313 | 12 | Numeric |
| 28 | PRO_FEE_AMOUNT | 325 | 12 | Numeric |
| 29 | ORGAN_AMOUNT | 337 | 12 | Numeric |
| 30 | ESRD_AMOUNT | 349 | 12 | Numeric |
| 31 | CLINIC_AMOUNT | 361 | 12 | Numeric |
| 32 | OCCUR_CODE_1 | 373 | 2 | Alphanumeric |
| 33 | OCCUR_DAY_1 | 375 | 4 | Alphanumeric |
| 34 | OCCUR_CODE_2 | 379 | 2 | Alphanumeric |
| 35 | OCCUR_DAY_2 | 381 | 4 | Alphanumeric |
| 36 | OCCUR_CODE_3 | 385 | 2 | Alphanumeric |
| 37 | OCCUR_DAY_3 | 387 | 4 | Alphanumeric |
| 38 | OCCUR_CODE_4 | 391 | 2 | Alphanumeric |
| 39 | OCCUR_DAY_4 | 393 | 4 | Alphanumeric |
| 40 | OCCUR_CODE_5 | 397 | 2 | Alphanumeric |
| 41 | OCCUR_DAY_5 | 399 | 4 | Alphanumeric |
| 42 | OCCUR_CODE_6 | 403 | 2 | Alphanumeric |
| 43 | OCCUR_DAY_6 | 405 | 4 | Alphanumeric |
| 44 | OCCUR_CODE_7 | 409 | 2 | Alphanumeric |
| 45 | OCCUR_DAY_7 | 411 | 4 | Alphanumeric |
| 46 | OCCUR_CODE_8 | 415 | 2 | Alphanumeric |
| 47 | OCCUR_DAY_8 | 417 | 4 | Alphanumeric |
| 48 | OCCUR_CODE_9 | 421 | 2 | Alphanumeric |
| 49 | OCCUR_DAY_9 | 423 | 4 | Alphanumeric |
| 50 | OCCUR_CODE_10 | 427 | 2 | Alphanumeric |
| 51 | OCCUR_DAY_10 | 429 | 4 | Alphanumeric |
| 52 | OCCUR_CODE_11 | 433 | 2 | Alphanumeric |
| 53 | OCCUR_DAY_11 | 435 | 4 | Alphanumeric |

| Number | Field Name *(IP Base Data #2 File)* | Position | Length | Field Type |
|---|---|---|---|---|
| 54 | OCCUR_CODE_12 | 439 | 2 | Alphanumeric |
| 55 | OCCUR_DAY_12 | 441 | 4 | Alphanumeric |
| 56 | OCCUR_SPAN_CODE_1 | 445 | 2 | Alphanumeric |
| 57 | OCCUR_SPAN_FROM_1 | 447 | 6 | Alphanumeric |
| 58 | OCCUR_SPAN_THRU_1 | 453 | 6 | Alphanumeric |
| 59 | OCCUR_SPAN_CODE_2 | 459 | 2 | Alphanumeric |
| 60 | OCCUR_SPAN_FROM_2 | 461 | 6 | Alphanumeric |
| 61 | OCCUR_SPAN_THRU_2 | 467 | 6 | Alphanumeric |
| 62 | OCCUR_SPAN_CODE_3 | 473 | 2 | Alphanumeric |
| 63 | OCCUR_SPAN_FROM_3 | 475 | 6 | Alphanumeric |
| 64 | OCCUR_SPAN_THRU_3 | 481 | 6 | Alphanumeric |
| 65 | OCCUR_SPAN_CODE_4 | 487 | 2 | Alphanumeric |
| 66 | OCCUR_SPAN_FROM_4 | 489 | 6 | Alphanumeric |
| 67 | OCCUR_SPAN_THRU_4 | 495 | 6 | Alphanumeric |
| 68 | CONDITION_CODE_1 | 501 | 2 | Alphanumeric |
| 69 | CONDITION_CODE_2 | 503 | 2 | Alphanumeric |
| 70 | CONDITION_CODE_3 | 505 | 2 | Alphanumeric |
| 71 | CONDITION_CODE_4 | 507 | 2 | Alphanumeric |
| 72 | CONDITION_CODE_5 | 509 | 2 | Alphanumeric |
| 73 | CONDITION_CODE_6 | 511 | 2 | Alphanumeric |
| 74 | CONDITION_CODE_7 | 513 | 2 | Alphanumeric |
| 75 | CONDITION_CODE_8 | 515 | 2 | Alphanumeric |
| 76 | VALUE_CODE_1 | 517 | 2 | Alphanumeric |
| 77 | VALUE_AMOUNT_1 | 519 | 9 | Numeric |
| 78 | VALUE_CODE_2 | 528 | 2 | Alphanumeric |
| 79 | VALUE_AMOUNT_2 | 530 | 9 | Numeric |
| 80 | VALUE_CODE_3 | 539 | 2 | Alphanumeric |
| 81 | VALUE_AMOUNT_3 | 541 | 9 | Numeric |
| 82 | VALUE_CODE_4 | 550 | 2 | Alphanumeric |
| 83 | VALUE_AMOUNT_4 | 552 | 9 | Numeric |
| 84 | VALUE_CODE_5 | 561 | 2 | Alphanumeric |
| 85 | VALUE_AMOUNT_5 | 563 | 9 | Numeric |
| 86 | VALUE_CODE_6 | 572 | 2 | Alphanumeric |
| 87 | VALUE_AMOUNT_6 | 574 | 9 | Numeric |
| 88 | VALUE_CODE_7 | 583 | 2 | Alphanumeric |
| 89 | VALUE_AMOUNT_7 | 585 | 9 | Numeric |
| 90 | VALUE_CODE_8 | 594 | 2 | Alphanumeric |
| 91 | VALUE_AMOUNT_8 | 596 | 9 | Numeric |
| 92 | VALUE_CODE_9 | 605 | 2 | Alphanumeric |
| 93 | VALUE_AMOUNT_9 | 607 | 9 | Numeric |

| Number | Field Name *(IP Base Data #2 File)* | Position | Length | Field Type |
|---|---|---|---|---|
| 94 | VALUE_CODE_10 | 616 | 2 | Alphanumeric |
| 95 | VALUE_AMOUNT_10 | 618 | 9 | Numeric |
| 96 | VALUE_CODE_11 | 627 | 2 | Alphanumeric |
| 97 | VALUE_AMOUNT_11 | 629 | 9 | Numeric |
| 98 | VALUE_CODE_12 | 638 | 2 | Alphanumeric |
| 99 | VALUE_AMOUNT_12 | 640 | 9 | Numeric |
| | **Record_Length** | | **648** | |

## Inpatient Charges Data File

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

## Outpatient Base Data File

| Number | Field Name *(OP Base Data File)* | Position | Length | Field Type |
|---|---|---|---|---|
| 1 | SERVICE_QUARTER | 1 | 6 | Alphanumeric |
| 2 | RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs). | 7 | 12 | Alphanumeric |
| 3 | THCIC_ID | 19 | 6 | Alphanumeric |
| 4 | SPEC_UNIT_1 | 25 | 1 | Alphanumeric |
| 5 | SPEC_UNIT_2 | 26 | 1 | Alphanumeric |
| 6 | SPEC_UNIT_3 | 27 | 1 | Alphanumeric |
| 7 | SPEC_UNIT_4 | 28 | 1 | Alphanumeric |

| Number | Field Name *(OP Base Data File)* | Position | Length | Field Type |
|---|---|---|---|---|
| 8 | SPEC_UNIT_5 | 29 | 1 | Alphanumeric |
| 9 | SEX_CODE | 30 | 1 | Alphanumeric |
| 10 | PAT_COUNTY | 31 | 3 | Alphanumeric |
| 11 | PAT_STATE | 34 | 2 | Alphanumeric |
| 12 | PAT_ZIP | 36 | 5 | Alphanumeric |
| 13 | PAT_COUNTRY | 41 | 2 | Alphanumeric |
| 14 | PUBLIC_HEALTH_REGION | 43 | 2 | Alphanumeric |
| 15 | LENGTH_OF_SERVICE | 45 | 2 | Alphanumeric |
| 16 | PAT_AGE | 47 | 2 | Alphanumeric |
| 17 | RACE | 49 | 1 | Alphanumeric |
| 18 | ETHNICITY | 50 | 1 | Alphanumeric |
| 19 | FIRST_PAYMENT_SRC | 51 | 2 | Alphanumeric |
| 20 | SECONDARY_PAYMENT_SRC | 53 | 2 | Alphanumeric |
| 21 | TYPE_OF_BILL | 55 | 3 | Alphanumeric |
| 22 | CONDITION_CODE_1 | 58 | 2 | Alphanumeric |
| 23 | CONDITION_CODE_2 | 60 | 2 | Alphanumeric |
| 24 | CONDITION_CODE_3 | 62 | 2 | Alphanumeric |
| 25 | CONDITION_CODE_4 | 64 | 2 | Alphanumeric |
| 26 | CONDITION_CODE_5 | 66 | 2 | Alphanumeric |
| 27 | CONDITION_CODE_6 | 68 | 2 | Alphanumeric |
| 28 | CONDITION_CODE_7 | 70 | 2 | Alphanumeric |
| 29 | CONDITION_CODE_8 | 72 | 2 | Alphanumeric |
| 30 | PAT_REASON_FOR_VISIT | 74 | 7 | Alphanumeric |
| 31 | PRINC_DIAG_CODE | 81 | 7 | Alphanumeric |
| 32 | OTH_DIAG_CODE_1 | 88 | 7 | Alphanumeric |
| 33 | OTH_DIAG_CODE_2 | 95 | 7 | Alphanumeric |
| 34 | OTH_DIAG_CODE_3 | 102 | 7 | Alphanumeric |
| 35 | OTH_DIAG_CODE_4 | 109 | 7 | Alphanumeric |
| 36 | OTH_DIAG_CODE_5 | 116 | 7 | Alphanumeric |
| 37 | OTH_DIAG_CODE_6 | 123 | 7 | Alphanumeric |
| 38 | OTH_DIAG_CODE_7 | 130 | 7 | Alphanumeric |
| 39 | OTH_DIAG_CODE_8 | 137 | 7 | Alphanumeric |
| 40 | OTH_DIAG_CODE_9 | 144 | 7 | Alphanumeric |
| 41 | OTH_DIAG_CODE_10 | 151 | 7 | Alphanumeric |
| 42 | OTH_DIAG_CODE_11 | 158 | 7 | Alphanumeric |
| 43 | OTH_DIAG_CODE_12 | 165 | 7 | Alphanumeric |
| 44 | OTH_DIAG_CODE_13 | 172 | 7 | Alphanumeric |
| 45 | OTH_DIAG_CODE_14 | 179 | 7 | Alphanumeric |
| 46 | OTH_DIAG_CODE_15 | 186 | 7 | Alphanumeric |
| 47 | OTH_DIAG_CODE_16 | 193 | 7 | Alphanumeric |

| Number | Field Name *(OP Base Data File)* | Position | Length | Field Type |
|---|---|---|---|---|
| 48 | OTH_DIAG_CODE_17 | 200 | 7 | Alphanumeric |
| 49 | OTH_DIAG_CODE_18 | 207 | 7 | Alphanumeric |
| 50 | OTH_DIAG_CODE_19 | 214 | 7 | Alphanumeric |
| 51 | OTH_DIAG_CODE_20 | 221 | 7 | Alphanumeric |
| 52 | OTH_DIAG_CODE_21 | 228 | 7 | Alphanumeric |
| 53 | OTH_DIAG_CODE_22 | 235 | 7 | Alphanumeric |
| 54 | OTH_DIAG_CODE_23 | 242 | 7 | Alphanumeric |
| 55 | OTH_DIAG_CODE_24 | 249 | 7 | Alphanumeric |
| 56 | RELATED_CAUSE_CODE_1 | 256 | 2 | Alphanumeric |
| 57 | RELATED_CAUSE_CODE_2 | 258 | 2 | Alphanumeric |
| 58 | RELATED_CAUSE_CODE_3 | 260 | 2 | Alphanumeric |
| 59 | E_CODE_1 | 262 | 7 | Alphanumeric |
| 60 | E_CODE_2 | 269 | 7 | Alphanumeric |
| 61 | E_CODE_3 | 276 | 7 | Alphanumeric |
| 62 | E_CODE_4 | 283 | 7 | Alphanumeric |
| 63 | E_CODE_5 | 290 | 7 | Alphanumeric |
| 64 | E_CODE_6 | 297 | 7 | Alphanumeric |
| 65 | E_CODE_7 | 304 | 7 | Alphanumeric |
| 66 | E_CODE_8 | 311 | 7 | Alphanumeric |
| 67 | E_CODE_9 | 318 | 7 | Alphanumeric |
| 68 | E_CODE_10 | 325 | 7 | Alphanumeric |
| 69 | PROC_CODE_1 | 332 | 5 | Alphanumeric |
| 70 | PROC_CODE_2 | 337 | 5 | Alphanumeric |
| 71 | PROC_CODE_3 | 342 | 5 | Alphanumeric |
| 72 | PROC_CODE_4 | 347 | 5 | Alphanumeric |
| 73 | PROC_CODE_5 | 352 | 5 | Alphanumeric |
| 74 | PROC_CODE_6 | 357 | 5 | Alphanumeric |
| 75 | PROC_CODE_7 | 362 | 5 | Alphanumeric |
| 76 | PROC_CODE_8 | 367 | 5 | Alphanumeric |
| 77 | PROC_CODE_9 | 372 | 5 | Alphanumeric |
| 78 | PROC_CODE_10 | 377 | 5 | Alphanumeric |
| 79 | PROC_CODE_11 | 382 | 5 | Alphanumeric |
| 80 | PROC_CODE_12 | 387 | 5 | Alphanumeric |
| 81 | PROC_CODE_13 | 392 | 5 | Alphanumeric |
| 82 | PROC_CODE_14 | 397 | 5 | Alphanumeric |
| 83 | PROC_CODE_15 | 402 | 5 | Alphanumeric |
| 84 | PROC_CODE_16 | 407 | 5 | Alphanumeric |
| 85 | PROC_CODE_17 | 412 | 5 | Alphanumeric |
| 86 | PROC_CODE_18 | 417 | 5 | Alphanumeric |
| 87 | PROC_CODE_19 | 422 | 5 | Alphanumeric |

| Number | Field Name *(OP Base Data File)* | Position | Length | Field Type |
|---|---|---|---|---|
| 88 | PROC_CODE_20 | 427 | 5 | Alphanumeric |
| 89 | PROC_CODE_21 | 432 | 5 | Alphanumeric |
| 90 | PROC_CODE_22 | 437 | 5 | Alphanumeric |
| 91 | PROC_CODE_23 | 442 | 5 | Alphanumeric |
| 92 | PROC_CODE_24 | 447 | 5 | Alphanumeric |
| 93 | PROC_CODE_25 | 452 | 5 | Alphanumeric |
| 94 | OTHER_AMOUNT | 457 | 12 | Numeric |
| 95 | PHARM_AMOUNT | 469 | 12 | Numeric |
| 96 | MEDSURG_AMOUNT | 481 | 12 | Numeric |
| 97 | DME_AMOUNT | 493 | 12 | Numeric |
| 98 | USED_DME_AMOUNT | 505 | 12 | Numeric |
| 99 | PT_AMOUNT | 517 | 12 | Numeric |
| 100 | OT_AMOUNT | 529 | 12 | Numeric |
| 101 | SPEECH_AMOUNT | 541 | 12 | Numeric |
| 102 | IT_AMOUNT | 553 | 12 | Numeric |
| 103 | BLOOD_AMOUNT | 565 | 12 | Numeric |
| 104 | BLOOD_ADM_AMOUNT | 577 | 12 | Numeric |
| 105 | OR_AMOUNT | 589 | 12 | Numeric |
| 106 | LITH_AMOUNT | 601 | 12 | Numeric |
| 107 | CARD_AMOUNT | 613 | 12 | Numeric |
| 108 | ANES_AMOUNT | 625 | 12 | Numeric |
| 109 | LAB_AMOUNT | 637 | 12 | Numeric |
| 110 | RAD_AMOUNT | 649 | 12 | Numeric |
| 111 | MRI_AMOUNT | 661 | 12 | Numeric |
| 112 | OP_AMOUNT | 673 | 12 | Numeric |
| 113 | ER_AMOUNT | 685 | 12 | Numeric |
| 114 | AMBULANCE_AMOUNT | 697 | 12 | Numeric |
| 115 | PRO_FEE_AMOUNT | 709 | 12 | Numeric |
| 116 | ORGAN_AMOUNT | 721 | 12 | Numeric |
| 117 | ESRD_AMOUNT | 733 | 12 | Numeric |
| 118 | CLINIC_AMOUNT | 745 | 12 | Numeric |
| 119 | TOTAL_CHARGES | 757 | 12 | Numeric |
| 120 | TOTAL_NON_COV_CHARGES | 769 | 12 | Numeric |
| 121 | TOTAL_CHARGES_ANCIL | 781 | 12 | Numeric |
| 122 | TOTAL_NON_COV_CHARGES_ANCIL | 793 | 12 | Numeric |
| 123 | PHYSICIAN1_INDEX_NUMBER | 805 | 10 | Alphanumeric |
| 124 | PHYSICIAN2_INDEX_NUMBER | 815 | 10 | Alphanumeric |
| 125 | INPUT_FORMAT | 825 | 1 | Alphanumeric |
| 126 | SOURCE_OF_ADMISSION | 826 | 1 | Alphanumeric |
| 127 | PAT_STATUS | 827 | 2 | Alphanumeric |

| Number | Field Name *(OP Base Data File)* | Position | Length | Field Type |
|---|---|---|---|---|
| 128 | PROVIDER_NAME | 829 | 55 | Alphanumeric |
| | **Record_Length** | | 883 | |

## Outpatient Classification File

| Number | Field Name *(OP Classification File)* | Position | Length | Field Type |
|---|---|---|---|---|
| 1 | RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs). | 1 | 12 | Alphanumeric |
| 2 | CCS_PRINC_DIAG_CODE | 13 | 4 | Alphanumeric |
| 3 | CCS_OTH_DIAG_CODE_1 | 17 | 4 | Alphanumeric |
| 4 | CCS_OTH_DIAG_CODE_2 | 21 | 4 | Alphanumeric |
| 5 | CCS_OTH_DIAG_CODE_3 | 25 | 4 | Alphanumeric |
| 6 | CCS_OTH_DIAG_CODE_4 | 29 | 4 | Alphanumeric |
| 7 | CCS_OTH_DIAG_CODE_5 | 33 | 4 | Alphanumeric |
| 8 | CCS_OTH_DIAG_CODE_6 | 37 | 4 | Alphanumeric |
| 9 | CCS_OTH_DIAG_CODE_7 | 41 | 4 | Alphanumeric |
| 10 | CCS_OTH_DIAG_CODE_8 | 45 | 4 | Alphanumeric |
| 11 | CCS_OTH_DIAG_CODE_9 | 49 | 4 | Alphanumeric |
| 12 | CCS_OTH_DIAG_CODE_10 | 53 | 4 | Alphanumeric |
| 13 | CCS_OTH_DIAG_CODE_11 | 57 | 4 | Alphanumeric |
| 14 | CCS_OTH_DIAG_CODE_12 | 61 | 4 | Alphanumeric |
| 15 | CCS_OTH_DIAG_CODE_13 | 65 | 4 | Alphanumeric |
| 16 | CCS_OTH_DIAG_CODE_14 | 69 | 4 | Alphanumeric |
| 17 | CCS_OTH_DIAG_CODE_15 | 73 | 4 | Alphanumeric |
| 18 | CCS_OTH_DIAG_CODE_16 | 77 | 4 | Alphanumeric |
| 19 | CCS_OTH_DIAG_CODE_17 | 81 | 4 | Alphanumeric |
| 20 | CCS_OTH_DIAG_CODE_18 | 85 | 4 | Alphanumeric |
| 21 | CCS_OTH_DIAG_CODE_19 | 89 | 4 | Alphanumeric |
| 22 | CCS_OTH_DIAG_CODE_20 | 93 | 4 | Alphanumeric |
| 23 | CCS_OTH_DIAG_CODE_21 | 97 | 4 | Alphanumeric |
| 24 | CCS_OTH_DIAG_CODE_22 | 101 | 4 | Alphanumeric |
| 25 | CCS_OTH_DIAG_CODE_23 | 105 | 4 | Alphanumeric |
| 26 | CCS_OTH_DIAG_CODE_24 | 109 | 4 | Alphanumeric |
| 27 | CCS_PROC_CODE_1 | 113 | 3 | Alphanumeric |
| 28 | CCS_PROC_CODE_2 | 116 | 3 | Alphanumeric |
| 29 | CCS_PROC_CODE_3 | 119 | 3 | Alphanumeric |
| 30 | CCS_PROC_CODE_4 | 122 | 3 | Alphanumeric |
| 31 | CCS_PROC_CODE_5 | 125 | 3 | Alphanumeric |
| 32 | CCS_PROC_CODE_6 | 128 | 3 | Alphanumeric |
| 33 | CCS_PROC_CODE_7 | 131 | 3 | Alphanumeric |
| 34 | CCS_PROC_CODE_8 | 134 | 3 | Alphanumeric |
| 35 | CCS_PROC_CODE_9 | 137 | 3 | Alphanumeric |
| 36 | CCS_PROC_CODE_10 | 140 | 3 | Alphanumeric |
| 37 | CCS_PROC_CODE_11 | 143 | 3 | Alphanumeric |

| Number | Field Name *(OP Classification File)* | Position | Length | Field Type |
|---|---|---|---|---|
| 38 | CCS_PROC_CODE_12 | 146 | 3 | Alphanumeric |
| 39 | CCS_PROC_CODE_13 | 149 | 3 | Alphanumeric |
| 40 | CCS_PROC_CODE_14 | 152 | 3 | Alphanumeric |
| 41 | CCS_PROC_CODE_15 | 155 | 3 | Alphanumeric |
| 42 | CCS_PROC_CODE_16 | 158 | 3 | Alphanumeric |
| 43 | CCS_PROC_CODE_17 | 161 | 3 | Alphanumeric |
| 44 | CCS_PROC_CODE_18 | 164 | 3 | Alphanumeric |
| 45 | CCS_PROC_CODE_19 | 167 | 3 | Alphanumeric |
| 46 | CCS_PROC_CODE_20 | 170 | 3 | Alphanumeric |
| 47 | CCS_PROC_CODE_21 | 173 | 3 | Alphanumeric |
| 48 | CCS_PROC_CODE_22 | 176 | 3 | Alphanumeric |
| 49 | CCS_PROC_CODE_23 | 179 | 3 | Alphanumeric |
| 50 | CCS_PROC_CODE_24 | 182 | 3 | Alphanumeric |
| 51 | CCS_PROC_CODE_25 | 185 | 3 | Alphanumeric |
| 52 | EAPG_GRP_VER | 188 | 12 | Alphanumeric |
| 53 | APC_GRP_VER | 200 | 12 | Alphanumeric |
| 54 | CRG_STATUS_1 | 212 | 1 | Alphanumeric |
| 55 | CRG_STATUS_2 | 213 | 1 | Alphanumeric |
| 56 | CRG_STATUS_3 | 214 | 1 | Alphanumeric |
| 57 | CRG_STATUS_4 | 215 | 1 | Alphanumeric |
| 58 | CRG_STATUS_5 | 216 | 1 | Alphanumeric |
| 59 | CRG_STATUS_6 | 217 | 1 | Alphanumeric |
| 60 | CRG_STATUS_7 | 218 | 1 | Alphanumeric |
| 61 | CRG_STATUS_8 | 219 | 1 | Alphanumeric |
| 62 | CRG_STATUS_9 | 220 | 1 | Alphanumeric |
| 63 | CRG_STATUS_10 | 221 | 1 | Alphanumeric |
| 64 | CRG_CODE_1 | 222 | 5 | Alphanumeric |
| 65 | CRG_CODE_2 | 227 | 5 | Alphanumeric |
| 66 | CRG_CODE_3 | 232 | 5 | Alphanumeric |
| 67 | CRG_CODE_4 | 237 | 5 | Alphanumeric |
| 68 | CRG_CODE_5 | 242 | 5 | Alphanumeric |
| 69 | CRG_CODE_6 | 247 | 5 | Alphanumeric |
| 70 | CRG_CODE_7 | 252 | 5 | Alphanumeric |
| 71 | CRG_CODE_8 | 257 | 5 | Alphanumeric |
| 72 | CRG_CODE_9 | 262 | 5 | Alphanumeric |
| 73 | CRG_CODE_10 | 267 | 5 | Alphanumeric |
| 74 | CRG_SEVERITY_1 | 272 | 1 | Alphanumeric |
| 75 | CRG_SEVERITY_2 | 273 | 1 | Alphanumeric |
| 76 | CRG_SEVERITY_3 | 274 | 1 | Alphanumeric |
| 77 | CRG_SEVERITY_4 | 275 | 1 | Alphanumeric |

| Number | Field Name *(OP Classification File)* | Position | Length | Field Type |
|---|---|---|---|---|
| 78 | CRG_SEVERITY_5 | 276 | 1 | Alphanumeric |
| 79 | CRG_SEVERITY_6 | 277 | 1 | Alphanumeric |
| 80 | CRG_SEVERITY_7 | 278 | 1 | Alphanumeric |
| 81 | CRG_SEVERITY_8 | 279 | 1 | Alphanumeric |
| 82 | CRG_SEVERITY_9 | 280 | 1 | Alphanumeric |
| 83 | CRG_SEVERITY_10 | 281 | 1 | Alphanumeric |
| | **Record_Length** | | 281 | |

## Outpatient Charges Data File

| Number | Field Name | Position | Length | Field Type |
|---|---|---|---|---|
| 1 | RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs). | 1 | 12 | Alphanumeric |
| 2 | REVENUE_CODE | 13 | 4 | Alphanumeric |
| 3 | HCPCS_QUALIFIER | 17 | 2 | Alphanumeric |
| 4 | HCPCS_PROCEDURE_CODE | 19 | 5 | Alphanumeric |
| 5 | MODIFIER_1 | 24 | 2 | Alphanumeric |
| 6 | MODIFIER_2 | 26 | 2 | Alphanumeric |
| 7 | MODIFIER_3 | 28 | 2 | Alphanumeric |
| 8 | MODIFIER_4 | 30 | 2 | Alphanumeric |
| 9 | UNIT_MEASUREMENT_CODE | 32 | 2 | Alphanumeric |
| 10 | UNITS_OF_SERVICE | 34 | 7 | Numeric |
| 11 | UNIT_RATE | 41 | 12 | Numeric |
| 12 | CHRGS_LINE_ITEM | 53 | 14 | Numeric |
| 13 | CHRGS_NON_COV | 67 | 14 | Numeric |
| 14 | FINAL_EAPG_CATEGORY_CODE | 81 | 2 | Alphanumeric |
| 15 | FINAL_EAPG_TYPE_CODE | 83 | 2 | Alphanumeric |
| 16 | FINAL_EAPG | 85 | 5 | Alphanumeric |
| 17 | APC_PROCEDURE_CODE | 90 | 5 | Alphanumeric |
| 18 | APC_PX_STATUS_IND_CODE | 95 | 2 | Alphanumeric |
| 19 | APC_WEIGHT | 97 | 9 | Alphanumeric |
| | **Record_Length** | | 105 | |

# Facility Type Indicator File

| Number | Field Name | Position | Length | Field Type |
|---|---|---|---|---|
| 1 | THCIC_ID | 1 | 6 | Alphanumeric |
| 2 | PROVIDER_NAME | 7 | 55 | Alphanumeric |
| 3 | FAC_TEACHING_IND | 62 | 1 | Alphanumeric |
| 4 | FAC_PSYCH_IND | 63 | 1 | Alphanumeric |
| 5 | FAC_REHAB_IND | 64 | 1 | Alphanumeric |
| 6 | FAC_ACUTE_CARE_IND | 65 | 1 | Alphanumeric |
| 7 | FAC_SNF_IND | 66 | 1 | Alphanumeric |
| 8 | FAC_LONG_TERM_AC_IND | 67 | 1 | Alphanumeric |
| 9 | FAC_OTHER_LTC_IND | 68 | 1 | Alphanumeric |
| 10 | FAC_PEDS_IND | 69 | 1 | Alphanumeric |
| 11 | FAC_CARDIOVASCULAR_IND | 70 | 1 | Alphanumeric |
| 12 | FAC_CHIROPRACTIC_IND | 71 | 1 | Alphanumeric |
| 13 | FAC_ENDOSCOPY_IND | 72 | 1 | Alphanumeric |
| 14 | FAC_FOOT_IND | 73 | 1 | Alphanumeric |
| 15 | FAC_GASTROENTEROLOGY_IND | 74 | 1 | Alphanumeric |
| 16 | FAC_GENERAL_IND | 75 | 1 | Alphanumeric |
| 17 | FAC_NEUROLOGICAL_IND | 76 | 1 | Alphanumeric |
| 18 | FAC_OB-GYN_IND | 77 | 1 | Alphanumeric |
| 19 | FAC_OPTHAMOLOGY_IND | 78 | 1 | Alphanumeric |
| 20 | FAC_ORAL_IND | 79 | 1 | Alphanumeric |
| 21 | FAC_ORTHOPEDIC_IND | 80 | 1 | Alphanumeric |
| 22 | FAC_OTOLARYRGOLOGY_IND | 81 | 1 | Alphanumeric |
| 23 | FAC_PAIN MNGMT_IND | 82 | 1 | Alphanumeric |
| 24 | FAC_PLASTIC_IND | 83 | 1 | Alphanumeric |
| 25 | FAC_THORACIC_IND | 84 | 1 | Alphanumeric |
| 26 | FAC_UROLOGY_IND | 85 | 1 | Alphanumeric |
| 27 | FAC_OTHER_IND | 86 | 1 | Alphanumeric |
| 28 | POA_PROVIDER_INDICATOR | 87 | 1 | Alphanumeric |
| 29 | CERT_STATUS_IP | 88 | 1 | Alphanumeric |
| 30 | CERT_STATUS_OP | 89 | 1 | Alphanumeric |
| | **Record_Length** | 89 | | |