



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

TEXAS OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE

DATA

RESEARCH DATA FILE (RDF)

USER MANUAL – 2022

Center for Health Statistics

Texas Health Care Information Collection

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BACKGROUND

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

OUTPATIENT RESEARCH DATA FILE (RDF)

[Health and Safety Code §108.011\(k\)](#) of the HSC permits DSHS to disclose data collected under this chapter that is not included in public use data to any department or commission program if the disclosure is reviewed and approved by the DSHS Institutional Review Board (IRB) under [HSC, §108.0135](#). These data are provided as Research Data File (RDF) contains protected patient-level information for outpatient events occurring in hospitals or ambulatory surgery centers and shall be used only for the benefit of the public subjected to specific limitations defined by [HSC, §108.0135](#).

The outpatient RDF data elements list includes all the variables in Outpatient Public Use Data File (PUDF) (<https://www.dshs.texas.gov/thcic/OutpatientFacilities/OutpatientPUDF.shtm>) and the additional patient sensitive or confidential data variables. Only data elements approved by the DSHS IRB and DSHS Executive Steering Committee will be released to the requestor with their approved data elements in a custom-built RDF.

The RDF is available in fixed length format text files, tab-delimited or SAS format. The data must be imported into a software package. No software is included with the RDF. The data file has been tested with several software packages, including Microsoft Access 2010 Microsoft Excel (one quarter), SAS, R, and SPSS.

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

PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the outpatient RDF was that the data and resulting information be used for the benefit of the public. This is specified in [HSC, §108.013](#). The [HSC, §108.013](#) also stipulates that DSHS may not release and a person or entity may not gain access to any data that could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates the [HSC, §108.013](#). In addition, under [HSC, §§108.013\(e\) and \(f\)](#), patient and/or physician information in the RDF cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding.

To protect physician identities, the HSC, §§[108.009\(d\)](#) and [108.013\(h\)](#) requires creation of a uniform identification number for physicians in practice. Uniform physician identifiers are available except when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.

It may be possible in rare instances, or through complex analysis and with outside information, to ascertain from the RDF the identity of individual patients of physicians or other health practitioners. Considerable harm could result if this were done. RDF users are required to sign and comply with the DSHS Data Use Agreement in the Application before shipment of the RDF. The Data Use Agreement prohibits attempts to identify individual patients or physicians. Any effort to determine the identity of any person or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the [HSC, Chapter 108](#) and the Data Use Agreement. By virtue of the Agreement, the signer agrees that the data will not be used to identify an individual patient or physician. Because of these restrictions, under no circumstances will users of the data contact an individual patient or physician or hospital for the purpose of verifying information supplied in the DSHS Outpatient Surgical and Radiological Procedure Data sets.

RESTRICTIONS ON DATA USE

[Health and Safety Code §108.010\(c\)](#) prohibits DSHS from releasing provider quality reports until one year of data is available. Users of the RDF are cautioned about using less than a year of data to make any hospital quality assumptions.

In the Data Use Agreement, the requestor and end-user of the data are referred to as the "licensee". To acquire the data the licensee must give the following assurances with respect to the use of DSHS Outpatient Surgical and Radiological Procedure Data sets:

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;
- The licensee will not attempt to link nor permit others to attempt to link the outpatient event records of patients in this data set with personally identifiable records from any other source,
- The licensee will not release nor permit others to release any information that identifies persons, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the approved IRB request and the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee agrees to read the Outpatient Data User's 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 Outpatient Surgical and Radiological Procedure Public Use Data File, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];

- The licensee will indemnify (unless other laws prohibit indemnity), defend, and hold the DSHS, its members, employees, and the Department's contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and
- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

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

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

HOSPITAL COMMENTS

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

Included with the RDF is a separate file containing the unedited comments submitted by hospitals or ambulatory surgery centers 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 ambulatory surgery centers and are not necessarily the views of the DSHS. Hospitals or ambulatory surgery centers that submitted comments are identified in 'Reporting Status of Texas Hospitals'.

CITATION

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

Texas Outpatient Surgical and Radiological Procedure Public Use Data File, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication].

OUTPATIENT RDF DATA DICTIONARY

The following information is provided:

Field	Unique, abbreviated name of the data element and brief explanation of the data element.
Data Source	Provided by the health care facility on the claim form (Claim) Assigned by DSHS (Assigned) Calculated by DSHS (Calculated)
Type	Alphanumeric or numeric
Coding scheme	Valid codes for a data field. Values taken from specifications manuals.

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

BASE DATA FILE

Field 1:	SERVICE_QUARTER Quarter during which service occurred. Year and quarter of service. yyyyQn. 1st Quarter (YYYYQ1): 1st January-31st March of that corresponding year. 2nd Quarter (YYYYQ2): 1st April – 30th June of that corresponding year. 3rd Quarter (YYYYQ3): 1st July- 30th September of that corresponding year. 4th Quarter (YYYYQ4): 1st October-31st December of that corresponding year.																												
Length:	6 Type: Alphanumeric Data Source: Assigned																												
Field 2:	RECORD_ID Record Identification Number. Unique number to identify the record within the research data file. There will be a Record Identification Number for each claim associated with a patient’s visit. Does not match or link to Public Use Data File (PUDF) Record ID. Does match with RECORD_ID in other Inpatient and Outpatient RDFs (Research Data Files).																												
Length:	12 Type: Alphanumeric Data Source: Assigned																												
Field 3:	PAT_UNIQUE_INDEX (PUI) Unique identifier assigned to the patient by THCIC. A patient unique index is assigned for each uniquely identifiable patient in the data set. There can be multiple Record IDs associated with a one PUI (see Field # 2).																												
Length:	10 Type: Alphanumeric Data Source: Assigned																												
Field 4:	THCIC_ID Provider ID. Unique identifier assigned to the provider by THCIC.																												
Length:	6 Type: Alphanumeric Data Source: Assigned																												
Field 5:	SPEC_UNIT_1 Specialty Unit in which most days’ stay occurred based on number of days by Type of Bill (See Field # 38) or Revenue Code. For revenue code list see this document, section titled “Charges Data File” (Field # 2).																												
Coding Scheme:	<table border="0"> <tr> <td>C</td> <td>Coronary Care Unit</td> <td>P</td> <td>Pediatric Unit</td> </tr> <tr> <td>D</td> <td>Detoxification Unit</td> <td>Y</td> <td>Psychiatric Unit</td> </tr> <tr> <td>I</td> <td>Intensive Care Unit</td> <td>R</td> <td>Rehabilitation Unit</td> </tr> <tr> <td>H</td> <td>Hospice Unit</td> <td>U</td> <td>Sub-acute Care Unit</td> </tr> <tr> <td>N</td> <td>Nursery</td> <td>S</td> <td>Skilled Nursing Unit</td> </tr> <tr> <td>B</td> <td>Obstetric Unit</td> <td>Blank</td> <td>Acute Care</td> </tr> <tr> <td>O</td> <td>Oncology Unit</td> <td></td> <td></td> </tr> </table>	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		
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N	Nursery	S	Skilled Nursing Unit																										
B	Obstetric Unit	Blank	Acute Care																										
O	Oncology Unit																												
Length:	1 Type: Alphanumeric Data Source: Calculated																												

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Field 6:	SPEC_UNIT_2 Specialty Unit in which 2 nd most days' stay occurred based on number of days by Type of Bill (Field # 38) or Revenue Code (See Field # 5).
Coding Scheme:	Same as SPEC_UNIT_1.
Length:	1 Type: Alphanumeric Data Source: Calculated
Field 7:	SPEC_UNIT_3 Specialty Unit in which 3 rd most days' stay occurred based on number of days by Type of Bill (Field # 38) or Revenue Code (See Field # 5).
Coding Scheme:	Same as SPEC_UNIT_1.
Length:	1 Type: Alphanumeric Data Source: Calculated
Field 8:	SPEC_UNIT_4 Specialty Unit in which 4 th most days' stay occurred based on number of days by Type of Bill (Field # 38) or Revenue Code (See Field # 5).
Coding Scheme:	Same as SPEC_UNIT_1.
Length:	1 Type: Alphanumeric Data Source: Calculated
Field 9:	SPEC_UNIT_5 Specialty Unit in which 5 th most days' stay occurred based on number of days by Type of Bill (Field # 38) or Revenue Code (See Field # 5).
Coding Scheme:	Same as SPEC_UNIT_1.
Length:	1 Type: Alphanumeric Data Source: Calculated
Field 10:	ENCOUNTER_INDICATOR Indicates the number of claims used to create the encounter. The encounter refers to an electronic record that contains information on all services rendered for a patient episode of care (admission through discharge) by a provider in a patient care setting. Some non-acute care patients may have more than one claim that is consolidated for the record. For example, patients in rehabilitation hospitals, long-term care hospitals, or psychiatric hospitals.
Length:	2 Type: Alphanumeric Data Source: Calculated
Field 11:	SEX_CODE Gender of the patient as recorded at date of admission or start of care.
Coding Scheme:	M Male F Female U Unknown
Length:	1 Type: Alphanumeric Data Source: Claim
Field 12:	BIRTH_DATE Birth date of the patient as recorded at date of admission or start of care.
Length:	8 Type: Alphanumeric Data Source: Claim
Field 13:	PAT_AGE_GROUP 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 <i>HIV and drug/alcohol use patients:</i> 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
Length:	2 Type: Alphanumeric Data Source: Assigned
Field 14:	PAT_AGE_YEARS Age of patient in years on date of discharge.
Length:	3 Type: Alphanumeric Data Source: <u>Claim</u>

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Field 15:	PAT_AGE_DAYS							
	Age of patient in days on date of discharge.							
Length:	5	Type:	Alphanumeric	Data Source:	Claim			
Field 16:	RACE							
	Code indicating the patient's race.							
Coding Scheme:	1	American Indian/Eskimo/Aleut		2	Asian or Pacific Islander			
	3	Black		4	White			
	5	Other						
Length:	1	Type:	Alphanumeric	Data Source:	Claim			
Field 17:	ETHNICITY							
	Code indicating the Hispanic origin of the patient.							
Coding Scheme:	1	Hispanic Origin						
	2	Not of Hispanic Origin						
Length:	1	Type:	Alphanumeric	Data Source:	Claim			
Field 18:	PAT_ADDR_CENSUS_BLOCK_GROUP							
	Census block group of patient street address. A block group consists of clusters of blocks within the same census tract.							
Length:	14	Type:	Alphanumeric	Data Source:	Calculated			
Field 19:	PAT_ADDR_CENSUS_BLOCK							
	Census block of patient street address. A census block is a statistical area bounded by visible features and nonvisible boundaries. It is the geographical basis used by the Census Bureau to tabulate data							
Length:	5	Type:	Alphanumeric	Data Source:	Calculated			
Field 20:	PAT_CITY							
	Patient address city as provided by the patient.							
Length:	30	Type:	Alphanumeric	Data Source:	Provider			
Field 21:	PAT_STATE							
	Patient address state as provided by the patient.							
Length:	2	Type:	Alphanumeric	Data Source:	Provider			
Field 22:	PAT_ZIP							
	Patient address ZIP code as provided by the patient.							
Length:	9	Type:	Alphanumeric	Data Source:	Provider			
Field 23:	PAT_COUNTRY							
	Country of patient's residential address. List maintained by the International Organization for Standardization (ISO).							
Coding scheme:	See www.ISO.org for complete list.							
Length:	2	Type:	Alphanumeric	Data Source:	Provider			
Field 24:	PAT_COUNTY							
	FIPS code of patient's county.							
Coding scheme:	001	Anderson	129	Donley	257	Kaufman	385	Real
	003	Andrews	131	Duval	259	Kendall	387	Red River
	005	Angelina	133	Eastland	261	Kenedy	389	Reeves
	007	Aransas	135	Ector	263	Kent	391	Refugio
	009	Archer	137	Edwards	265	Kerr	393	Roberts
	011	Armstrong	139	Ellis	267	Kimble	395	Robertson
	013	Atascosa	141	El Paso	269	King	397	Rockwall
	015	Austin	143	Erath	271	Kinney	399	Runnels
	017	Bailey	145	Falls	273	Kleberg	401	Rusk
	019	Bandera	147	Fannin	275	Knox	403	Sabine
	021	Bastrop	149	Fayette	283	La Salle	405	San Augustine
	023	Baylor	151	Fisher	277	Lamar	407	San Jacinto
	025	Bee	153	Floyd	279	Lamb	409	San Patricio

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027	Bell	155	Foard	281	Lampasas	411	San Saba
029	Bexar	157	Fort Bend	285	Lavaca	413	Schleicher
031	Blanco	159	Franklin	287	Lee	415	Scurry
033	Borden	161	Freestone	289	Leon	417	Shackelford
035	Bosque	163	Frio	291	Liberty	419	Shelby
037	Bowie	165	Gaines	293	Limestone	421	Sherman
039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
041	Brazos	169	Garza	297	Live Oak	425	Somervell
043	Brewster	171	Gillespie	299	Llano	427	Starr
045	Briscoe	173	Glasscock	301	Loving	429	Stephens
047	Brooks	175	Goliad	303	Lubbock	431	Sterling
049	Brown	177	Gonzales	305	Lynn	433	Stonewall
051	Burleson	179	Gray	307	McCulloch	435	Sutton
053	Burnet	181	Grayson	309	McLennan	437	Swisher
055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
057	Calhoun	185	Grimes	313	Madison	441	Taylor
059	Callahan	187	Guadalupe	315	Marion	443	Terrell
061	Cameron	189	Hale	317	Martin	445	Terry
063	Camp	191	Hall	319	Mason	447	Throckmorton
065	Carson	193	Hamilton	321	Matagorda	449	Titus
067	Cass	195	Hansford	323	Maverick	451	Tom Green
069	Castro	197	Hardeman	325	Medina	453	Travis
071	Chambers	199	Hardin	327	Menard	455	Trinity
073	Cherokee	201	Harris	329	Midland	457	Tyler
075	Childress	203	Harrison	331	Milam	459	Upshur
077	Clay	205	Hartley	333	Mills	461	Upton
079	Cochran	207	Haskell	335	Mitchell	463	Uvalde
081	Coke	209	Hays	337	Montague	465	Val Verde
083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
085	Collin	213	Henderson	341	Moore	469	Victoria
087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
089	Colorado	217	Hill	345	Motley	473	Waller
091	Comal	219	Hockley	347	Nacogdoches	475	Ward
093	Comanche	221	Hood	349	Navarro	477	Washington
095	Concho	223	Hopkins	351	Newton	479	Webb
097	Cooke	225	Houston	353	Nolan	481	Wharton
099	Coryell	227	Howard	355	Nueces	483	Wheeler
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
105	Crockett	233	Hutchinson	361	Orange	489	Willacy
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
109	Culberson	237	Jack	365	Panola	493	Wilson
111	Dallam	239	Jackson	367	Parker	495	Winkler
113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
119	Delta	247	Jim Hogg	375	Potter	503	Young
121	Denton	249	Jim Wells	377	Presidio	505	Zapata
123	Dewitt	251	Johnson	379	Rains	507	Zavala
125	Dickens	253	Jones	381	Randall		
127	Dimmit	255	Karnes	383	Reagan		Invalid

Length: 3 **Type:** Alphanumeric **Data Source:** Assigned, based on patient ZIP code

Field 25: PUBLIC HEALTH REGION

Public Health Region of patient's address.

- 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, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- 3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties

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- 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

Length: 2 **Type:** Alphanumeric **Data Source:** Assigned

Field 26: **TYPE_OF_ADMISSION**

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

- Coding Scheme:**
- 1 Emergency
 - 2 Urgent
 - 3 Elective
 - 4 Newborn
 - 5 Trauma Center
 - 9 Information not available

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 27: **SOURCE_OF_ADMISSION**

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

- 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
 - G Transfer from a designated hospital disaster alternate care site (Effective 7/1/2020)
 - If Type of Admission=4 (Newborn)
 - 5 Born inside this hospital
 - 6 Born outside this hospital

Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 28: **FIRST_PAYMENT_SRC**

Code indicating the expected primary source of payment.

- Coding Scheme:**
- | | | | |
|----|---------------------------------------------------------------------|----|---------------------------------|
| 09 | Self-Pay (Removed from 5010 format, use "ZZ" 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 |

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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

Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 29:	FIRST_PAYER_ID				
	National Plan Identifier (when implemented by federal government). CMS.gov has the following: National Payer ID: a system for uniquely identifying all organizations that pay for health care services. Also known as Health Plan ID, or Plan ID.				
Length:	10	Type:	Alphanumeric	Data Source:	Claim
Field 30:	FIRST_PAYER_NAME				
	Name of primary source of payment.				
Length:	35	Type:	Alphanumeric	Data Source:	Claim
Field 31:	SECONDARY_PAYMENT_SRC				
	Code indicating the expected secondary source of payment.				
Coding Scheme:	Same as FIRST_PAYMENT_SRC				
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 32:	SECONDARY_PAYER_ID				
	National Plan Identifier (when implemented by federal government).				
Length:	10	Type:	Alphanumeric	Data Source:	Claim
Field 33:	SECONDARY_PAYER_NAME				
	Name of secondary source of payment.				
Length:	35	Type:	Alphanumeric	Data Source:	Claim
Field 34:	STMT_PERIOD_FROM				
	Beginning service date of the period reflected on the statement. Entered as YYYYMMDD.				
Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 35:	STMT_PERIOD_THRU				
	Ending service date of the period reflected on the statement. Entered as YYYYMMDD.				
Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 36:	LENGTH_OF_SERVICE				
	Length of stay in days <i>equals</i> ending service date of the period reflected on the statement (STMT_PERIOD_THRU) <i>minus</i> admission/start of care date (STMT_PERIOD_FROM). The minimum length of stay is 1 day. The maximum is 30 days.				
Length:	4	Type:	Alphanumeric	Data Source:	Calculated
Field 37:	PAT_STATUS				
	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			
	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			
	09	Admitted as inpatient to this hospital			
	20	Expired			
	21	Discharged/transferred to Court/Law Enforcement			
	30	Still patient			
	40	Expired at home			
	41	Expired in a medical facility			
	42	Expired, place unknown			
	43	Discharged/transferred to federal government operated health facility			
	50	Hospice-home			
	51	Hospice-medical facility (Certified) providing hospice level of care			
	61	Discharged/transferred within this institution to Medicare-approved swing bed			

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- 62 Discharged/transferred to inpatient rehabilitation facility
- 63 Discharged/transferred to Medicare-certified long term care hospital
- 64 Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare
- 65 Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
- 66 Discharged/transferred to Critical Access Hospital (CAH)
- 69 Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
- 70 Discharge/transfer to another type of health care institution not defined elsewhere in the code list
- 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)

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 38: TYPE_OF_BILL

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:	<i>1st digit–Type of Facility</i>	<i>2nd digit–Type of Care</i>	<i>3rd digit–Sequence of claim</i>
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

Length: 3 **Type:** Alphanumeric **Data Source:** Claim

Field 39: PAT_REASON_FOR_VISIT

ICD-10-CM (International Classification of Diseases- Revision 10- Clinical Modification) diagnosis code describing the patient’s reason for visit at the time of outpatient registration,⁶to include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

*Note: As of January 1, 2022, THCIC is no longer collecting PAT_REASON_FOR_VISIT in Outpatient Professional claims.

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Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 40:	PRINC_DIAG_CODE ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that describes the principal diagnosis, i.e., the condition established after study to be chiefly responsible for causing the hospitalization. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 41:	OTH_DIAG_CODE_1 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th, and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 42:	OTH_DIAG_CODE_2 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 43:	OTH_DIAG_CODE_3 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 44:	OTH_DIAG_CODE_4 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 45:	OTH_DIAG_CODE_5 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 46:	OTH_DIAG_CODE_6 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 47:	OTH_DIAG_CODE_7 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 48:	OTH_DIAG_CODE_8				

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ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 49: **OTH_DIAG_CODE_9**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 50: **OTH_DIAG_CODE_10**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 51: **OTH_DIAG_CODE_11**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 52: **OTH_DIAG_CODE_12**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 53: **OTH_DIAG_CODE_13**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 54: **OTH_DIAG_CODE_14**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 55: **OTH_DIAG_CODE_15**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 56: **OTH_DIAG_CODE_16**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently

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during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 57:	OTH_DIAG_CODE_17 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 58:	OTH_DIAG_CODE_18 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 59:	OTH_DIAG_CODE_19 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 60:	OTH_DIAG_CODE_20 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 61:	OTH_DIAG_CODE_21 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 62:	OTH_DIAG_CODE_22 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 63:	OTH_DIAG_CODE_23 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 64:	OTH_DIAG_CODE_24 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim

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Field 65:	RELATED_CAUSE_CODE_1		
	Code identifying an accompanying cause of an illness, injury or an accident.		
Coding Scheme:	AA Auto accident AB Abuse AP Another party responsible EM Employment OA Other accident		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 66:	RELATED_CAUSE_CODE_2		
	Code identifying an accompanying cause of an illness, injury or an accident.		
Coding Scheme:	Same as RELATED_CAUSE_CODE_1		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 67:	RELATED_CAUSE_CODE_3		
	Code identifying an accompanying cause of an illness, injury or an accident.		
Coding Scheme:	Same as RELATED_CAUSE_CODE_1		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 68:	E_CODE_1		
	E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Length:	7	Type: Alphanumeric	Data Source: Claim
Field 69:	E_CODE_2		
	E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character (See Field # 68).		
Length:	7	Type: Alphanumeric	Data Source: Claim
Field 70:	E_CODE_3		
	E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character (See Field # 68).		
Length:	7	Type: Alphanumeric	Data Source: Claim
Field 71:	E_CODE_4		
	E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Length:	7	Type: Alphanumeric	Data Source: Claim
Field 72:	E_CODE_5		
	E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Length:	7	Type: Alphanumeric	Data Source: Claim
Field 73:	E_CODE_6		
	E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Length:	7	Type: Alphanumeric	Data Source: Claim

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Field 74:	E_CODE_7 E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 75:	E_CODE_8 E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 76:	E_CODE_9 E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 77:	E_CODE_10 E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 78:	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. HCPCS is a collection of standardized codes used to ensure healthcare claims are processed in an orderly and consistent manner. Divided into Level 1 (CPT – Current Procedural Terminology) codes and Level 2 (products, supplies, and services not included in CPT such as ambulance services and durable medical equipment).
Length:	5 Type: Alphanumeric Data Source: Claim
Field 79:	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.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 80:	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.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 81:	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.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 82:	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.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 83:	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.
Length:	5 Type: Alphanumeric Data Source: Claim

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Field 84:	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.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 85:	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.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 86:	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.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 87:	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.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 88:	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.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 89:	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.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 90:	PROC_CODE_13 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 91:	PROC_CODE_14 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 92:	PROC_CODE_15 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 93:	PROC_CODE_16 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 94:	PROC_CODE_17 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 95:	PROC_CODE_18 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 96:	PROC_CODE_19

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	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.			
Length:	5	Type: Alphanumeric	Data Source: Claim	
Field 97:	PROC_CODE_20			
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.			
Length:	5	Type: Alphanumeric	Data Source: Claim	
Field 98:	PROC_CODE_21			
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.			
Length:	5	Type: Alphanumeric	Data Source: Claim	
Field 99:	PROC_CODE_22			
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.			
Length:	5	Type: Alphanumeric	Data Source: Claim	
Field 100:	PROC_CODE_23			
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.			
Length:	5	Type: Alphanumeric	Data Source: Claim	
Field 101:	PROC_CODE_24			
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.			
Length:	5	Type: Alphanumeric	Data Source: Claim	
Field 102:	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.			
Length:	5	Type: Alphanumeric	Data Source: Claim	
Field 103:	PHYSICIAN1_INDEX_NUMBER			
	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.			
Length:	10	Type: Alphanumeric	Data Source: Assigned	
Field 104:	PHYSICIAN2_INDEX_NUMBER			
	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.			
Length:	10	Type: Alphanumeric	Data Source: Assigned	
Field 105:	OCCUR_CODE_1			
	Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.			
Coding Scheme:	01	Auto accident	40	Scheduled date of admission
	02	No Fault Insurance Involved - Including Auto Accident/Other	41	Date of first test of pre-admission testing

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03	Accident/ Tort Liability	42	Date of discharge (hospice only)
04	Accident/ Employment Related	43	Scheduled date of canceled surgery
05	Other accident	44	Date treatment started - OT
06	Crime Victim	45	Date treatment started - ST
09	Start of Infertility Treatment Cycle	46	Date treatment started - Cardiac rehabilitation
10	Last Menstrual Period	47	Date cost outlier status begins
11	Onset of Symptoms/ Illness	A1	Birthdate - Insured A
12	Date of Onset for a Chronically Dependent Individual	A2	Effective Date - Insured A Policy
16	Date of Last Therapy	A3	Payer A benefits exhausted
17	Date Outpatient OT Plan Established or Last Reviewed	A4	Split Bill Date
18	Date of Retirement - Patient/Beneficiary	B1	Birthdate - Insured B
19	Date of Retirement - Spouse	B2	Effective date - Insured B Policy
20	Date Guarantee of Payment Began	B3	Payer B benefits exhausted
21	Date UR Notice Received	C1	Birthdate - Insured C
22	Date Active Care Ended	C2	Effective date - Insured C Policy
24	Date Insurance Denied	C3	Payer C benefits exhausted
25	Date Benefits Terminated by Primary Payer	DR	Katrina disaster related
26	Date SNF Bed Became Available	E1	Birthdate - Insured D
27	Date Home Health Plan Established or Last Reviewed	E2	Effective date - Insured D Policy
28	Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed	E3	Payer D benefits exhausted
29	Date Outpatient PT Plan established or last reviewed	F1	Birthdate - Insured E
30	Date Outpatient ST Plan established or last reviewed	F2	Effective date - Insured E Policy
31	Date beneficiary notified of intent to bill (accommodations)	F3	Payer E benefits exhausted
32	Date beneficiary notified of intent to bill (procedures or treatments)	G1	Birthdate - Insured F
37	Date of inpatient hospital discharge for non-covered transplant patients	G2	Effective date - Insured F Policy
38	Date treatment started for home IV therapy	G3	Payer F benefits exhausted
39	Date discharged on a continuous course if IV therapy		

Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 106:	OCCUR_DATE_1				
	Date of occurrence, as YYYYMMDD.				
Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 107:	OCCUR_DAY_1				
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.				
Length:	4	Type:	Alphanumeric	Data Source:	Calculated
Field 108:	OCCUR_CODE_2				
	Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date				
Coding Scheme:	Same as OCCUR_CODE_1.				
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 109:	OCCUR_DATE_2				
	Date of occurrence, as YYYYMMDD.				
Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 110:	OCCUR_DAY_2				
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.				
Length:	4	Type:	Alphanumeric	Data Source:	Calculated
Field 111:	OCCUR_CODE_3				
	Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.				
Coding Scheme:	Same as OCCUR_CODE_1.				
Length:	2	Type:	Alphanumeric	Data Source:	Claim

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Field 112:	OCCUR_DATE_3 Date of occurrence, as YYYYMMDD.			
Length:	8	Type: Alphanumeric	Data Source:	Claim
Field 113:	OCCUR_DAY_3 Occurrence Day <i>equals</i> Occurrence <i>minus</i> STMT_PERIOD_FROM Date.			
Length:	4	Type: Alphanumeric	Data Source:	Calculated
Field 114:	OCCUR_CODE_4 Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.			
Coding Scheme:	Same as OCCUR_CODE_1.			
Length:	2	Type: Alphanumeric	Data Source:	Claim
Field 115:	OCCUR_DATE_4 Date of occurrence, as YYYYMMDD.			
Length:	8	Type: Alphanumeric	Data Source:	Claim
Field 116:	OCCUR_DAY_4 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.			
Length:	4	Type: Alphanumeric	Data Source:	Calculated
Field 117:	OCCUR_CODE_5 Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.			
Coding Scheme:	Same as OCCUR_CODE_1.			
Length:	2	Type: Alphanumeric	Data Source:	Claim
Field 118:	OCCUR_DATE_5 Date of occurrence, as YYYYMMDD.			
Length:	8	Type: Alphanumeric	Data Source:	Claim
Field 119:	OCCUR_DAY_5 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.			
Length:	4	Type: Alphanumeric	Data Source:	Calculated
Field 120:	OCCUR_CODE_6 Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.			
Coding Scheme:	Same as OCCUR_CODE_1.			
Length:	2	Type: Alphanumeric	Data Source:	Claim
Field 121:	OCCUR_DATE_6 Date of occurrence, as YYYYMMDD.			
Length:	8	Type: Alphanumeric	Data Source:	Claim
Field 122:	OCCUR_DAY_6 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.			
Length:	4	Type: Alphanumeric	Data Source:	Calculated
Field 123:	OCCUR_CODE_7 Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.			
Coding Scheme:	Same as OCCUR_CODE_1.			
Length:	2	Type: Alphanumeric	Data Source:	Claim
Field 124:	OCCUR_DATE_7 Date of occurrence, as YYYYMMDD.			
Length:	8	Type: Alphanumeric	Data Source:	Claim
Field 125:	OCCUR_DAY_7 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.			
Length:	4	Type: Alphanumeric	Data Source:	Calculated

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Field 126:	OCCUR_CODE_8 Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.
Coding Scheme:	Same as OCCUR_CODE_1.
Length:	2 Type: Alphanumeric Data Source: Claim
Field 127:	OCCUR_DATE_8 Date of occurrence, as YYYYMMDD.
Length:	8 Type: Alphanumeric Data Source: Claim
Field 128:	OCCUR_DAY_8 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.
Length:	4 Type: Alphanumeric Data Source: Calculated
Field 129:	OCCUR_CODE_9 Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.
Coding Scheme:	Same as OCCUR_CODE_1.
Length:	2 Type: Alphanumeric Data Source: Claim
Field 130:	OCCUR_DATE_9 Date of occurrence, as YYYYMMDD.
Length:	8 Type: Alphanumeric Data Source: Claim
Field 131:	OCCUR_DAY_9 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.
Length:	4 Type: Alphanumeric Data Source: Calculated
Field 132:	OCCUR_CODE_10 Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.
Coding Scheme:	Same as OCCUR_CODE_1.
Length:	2 Type: Alphanumeric Data Source: Claim
Field 133:	OCCUR_DATE_10 Date of occurrence, as YYYYMMDD.
Length:	8 Type: Alphanumeric Data Source: Claim
Field 134:	OCCUR_DAY_10 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.
Length:	4 Type: Alphanumeric Data Source: Calculated
Field 135:	OCCUR_CODE_11 Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.
Coding Scheme:	Same as OCCUR_CODE_1.
Length:	2 Type: Alphanumeric Data Source: Claim
Field 136:	OCCUR_DATE_11 Date of occurrence, as YYYYMMDD.
Length:	8 Type: Alphanumeric Data Source: Claim
Field 137:	OCCUR_DAY_11 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.
Length:	4 Type: Alphanumeric Data Source: Calculated
Field 138:	OCCUR_CODE_12 Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.
Coding Scheme:	Same as OCCUR_CODE_1.
Length:	2 Type: Alphanumeric Data Source: Claim
Field 139:	OCCUR_DATE_12

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	Date of occurrence, as YYYYMMDD.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 140:	OCCUR_DAY_12		
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.		
Length:	4	Type: Alphanumeric	Data Source: Calculated
Field 141:	OCCUR_SPAN_CODE_1		
	Code describing a significant event relating to the claim that may affect payer processing that is related to a span of dates.		
Coding Scheme:	70	Qualifying stay dates (for SNF use only)	78 SNF prior stay dates
	71	Prior stay dates	80 Prior Same SNF prior stay dates for Payment Ban Purposes
	72	First/Last Visit	81 Antepartum Days at Reduced Level of Care
	73	Benefit eligibility period	M0 QIO/UR approved stay dates
	74	Noncovered level of care/Leave of absence	M1 Provider liability - no utilization
	75	SNF level of care	M2 Inpatient respite dates
	76	Patient Liability Period	M3 ICF level of care
	77	Provider Liability - Utilization Charged	M4 Residential level of care
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 142:	OCCUR_SPAN_FROM_1		
	Occurrence Span From is the Beginning Date of Occurrence Event.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 143:	OCCUR_SPAN_THRU_1		
	Occurrence Span Thru is the Ending Date of Occurrence Event.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 144:	OCCUR_SPAN_CODE_2		
	Code describing a significant event relating to the claim that may affect payer processing that is related to a span of dates.		
Coding Scheme:	Same as OCCUR_SPAN_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 145:	OCCUR_SPAN_FROM_2		
	Occurrence Span From is the Beginning Date of Occurrence Event.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 146:	OCCUR_SPAN_THRU_2		
	Occurrence Span Thru is the Ending Date of Occurrence Event.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 147:	OCCUR_SPAN_CODE_3		
	Code describing a significant event relating to the claim that may affect payer processing that is related to a span of dates.		
Coding Scheme:	Same as OCCUR_SPAN_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 148:	OCCUR_SPAN_FROM_3		
	Occurrence Span From is the Beginning Date of Occurrence Event.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 149:	OCCUR_SPAN_THRU_3		
	Occurrence Span Thru is the Ending Date of Occurrence Event.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 150:	OCCUR_SPAN_CODE_4		
	Code describing a significant event relating to the claim that may affect payer processing that is related to a span of dates.		
Coding Scheme:	Same as OCCUR_SPAN_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 151:	OCCUR_SPAN_FROM_4		

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Length: 8 **Type:** Alphanumeric **Data Source:** Claim
Field 152: OCCUR_SPAN_THRU_4

Occurrence Span From is the Beginning Date of Occurrence Event.
 Occurrence Span Thru is the Ending Date of Occurrence Event.
Length: 8 **Type:** Alphanumeric **Data Source:** Claim
Field 153: CONDITION_CODE_1

Code required when condition information applies to the claim or encounter. Condition Codes are designed to allow the collection of information related to the patient, particular services, service venue and billing parameters which impact the processing of an institutional claim. Codes are maintained by the National Uniform Billing Committee (NUBC) as part of the Universal Billing (UB) Code Set.

NUCC refers to the National Uniform Claim Committee.

Coding Scheme:	01 Military service related	83 C-section/Inductions 39 weeks or greater
	02 Condition is employment related	84 Dialysis for Acute Kidney Injury (AKI)
	03 Patient covered by insurance not reflected here	85 Delayed Recertification of Hospice Terminal Illness
	04 Information only bill.	86 Additional Hemodialysis Treatment with Medical Justification
	05 Lien has been filed	A0 TRICARE external partnership program
	06 ESRD patient in first 18 months of entitlement covered by EGHP	A1 EPSDT/CHAP
	07 Treatment of non-terminal condition for hospice patient	A2 Physically handicapped children's program
	08 Beneficiary would not provide information concerning other insurance coverage	A3 Special Federal Funding
	09 Neither patient or spouse is employed	A4 Family planning
	10 Patient and/or spouse is employed but no EGHP exists	A5 Disability
	11 Disabled beneficiary but no LGHP coverage exists	A6 Vaccines/Medicare 100% payment
	17 Patient is homeless	A9 Second opinion surgery
	18 Maiden name retained	AA Abortion performed due to rape
	19 Child retains mother's name	AB Abortion performed due to incest
	20 Beneficiary requested billing	AC Abortion performed due to serious fatal genetic defect, deformity, or abnormality
	21 Billing for denial notice	AD Abortion performed due to life endangering physical condition
	22 Patient on multiple drug regimen	AE Abortion performed due to physical health of mother that is not life endangering
	23 Home care giver available	AF Abortion performed due to emotional/psychological health of mother
	24 Home IV patient also receiving HHA services	AG Abortion performed due to social or economic reasons
	25 Patient is non-US resident	AH Elective abortion
	26 VA eligible patient chooses to receive services in a Medicare certified facility	AI Sterilization
	27 Patient referred to a sole community hospital for a diagnostic laboratory test	AJ Payer responsible for co-payment
	28 Patient and/or spouse's EGHP is secondary to Medicare	AK Air ambulance required
	29 Disabled beneficiary and/or family member's LGHP is secondary to Medicare	AL Specialized treatment/bed unavailable
	30 Non-research services provided to patients enrolled in a qualified clinical trial	A Non-emergency medically necessary stretcher transport required
	31 Patient is student (full time - day)	AN Pre-admission screening not required
	32 Patient is student (cooperative/work study program)	B0 Medicare coordinated care demonstration claim
	33 Patient is student (full time - night)	B1 Beneficiary is ineligible for demonstration program
	34 Patient is student (part-time)	B4 Admission unrelated to discharge on same day
	36 General care patient in a special unit	BP Gulf Oil Spill of 2010
	37 Ward accommodation at patient request	C1 Approved as billed
	38 Semi-private room not available	C2 Automatic approval as billed based on focused review
	39 Private room medically necessary	C3 Partial approval
	40 Same day transfer	C4 Admission/services denied
	41 Partial hospitalization	C5 Post payment review applicable

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42	Continuing care not related to inpatient admission	C6	Admission Preauthorization
43	Continuing care not provided within prescribed post discharge window	C7	Extended Authorization
44	Inpatient admission changed to outpatient	D0	Changes to Service Dates
45	Ambiguous Gender Category	D1	Changes to Charges
46	Non-availability statement on file	D3	Second or Subsequent Interim PPS Bill
47	Transfer from another Home Health Agency	D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	D5	Cancel to correct Insured's ID or Provider ID
49	Product replacement within product lifecycle	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
50	Product Replacement for Known Recall of a Product	D7	Change to Make Medicare the Secondary Payer
51	Attestation of Unrelated Outpatient Nondiagnostic Services	D8	Change to Make Medicare the Primary Payer
52	Out of Hospice Service Area	D9	Any Other Change
53	Initial placement of a medical device provided as part of a clinical trial or a free sample No Skilled Home Health Visits in Billing Period.	DR	Disaster related
54	Policy Exception Documented at the Home Health Agency	E0	Changes in Patient Status
55	SNF bed not available	G0	Distinct Medical Visit
56	Medical appropriateness	H0	Delayed Filing, Statement of Intent Submitted
57	SNF readmission	H2	Discharge by a Hospice Provider for Cause
58	Terminated Medicare+Choice organization enrollee	H3	Reoccurrence of GI Bleed Comorbid Category
59	Non-primary ESRD facility	H4	Reoccurrence of Pneumonia Comorbid Category
60	Day outlier	H5	Reoccurrence of Pericarditis Comorbid Category
61	Cost outlier	P1	Do not Resuscitate Order (DNR)
66	Provider does not wish cost outlier payment	P7	Direct Inpatient Admission from Emergency Room
67	Beneficiary elects not to use lifetime reserve (LTR) days	R1	Request for reopening Reason Code - Mathematical or Computational Mistake
68	Beneficiary elects to use lifetime reserve (LTR) days	R2	Request for reopening Reason Code -Inaccurate Data Entry
69	IME/DGME/N&AH Payment Only	R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
70	Self-administered anemia management drug	R4	Request for reopening Reason Code - Computer Errors
71	Full care in unit	R5	Request for reopening Reason Code - Incorrectly Identified Duplicate Claim
72	Self-care in unit	R6	Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above
73	Self-care training	R7	Request for reopening Reason Code - Corrections other than clerical errors
74	Home	R8	Request for reopening Reason Code - New and Material Evidence
75	Home - 100% reimbursement	R9	Request for reopening Reason Code - Faulty Evidence
76	Back-up in facility dialysis	W	United Mine Workers of America (UMWA)
77	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment	O	Demonstration Indicator
78	New coverage not implemented by HMO	W2	Duplicate of Original Bill
79	CORF services provided offsite	W3	Level I Appeal
80	Home dialysis - nursing facility	W4	Level II Appeal
81	C-section/Inductions <39 Weeks-Medical Necessity	W5	Level III Appeal
82	C-section/Inductions <39 Weeks-Elective		

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 154: **CONDITION_CODE_2**
Code required when condition information applies to the claim or encounter.

Coding Scheme: Same as CONDITION_CODE_1.

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 155: **CONDITION_CODE_3**
Code required when condition information applies to the claim or encounter.

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Coding Scheme:	Same as CONDITION_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 156:	CONDITION_CODE_4		
	Code required when condition information applies to the claim or encounter.		
Coding Scheme:	Same as CONDITION_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 157:	CONDITION_CODE_5		
	Code required when condition information applies to the claim or encounter.		
Coding Scheme:	Same as CONDITION_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 158:	CONDITION_CODE_6		
	Code required when condition information applies to the claim or encounter.		
Coding Scheme:	Same as CONDITION_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 159:	CONDITION_CODE_7		
	Code required when condition information applies to the claim or encounter.		
Coding Scheme:	Same as CONDITION_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 160:	CONDITION_CODE_8		
	Code required when condition information applies to the claim or encounter.		
Coding Scheme:	Same as CONDITION_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 161:	VALUE_CODE_1		
	Code indicating a monetary condition which was used by the intermediary to process an institutional claim		
Coding Scheme:	01	Most common semi-private rate	58 Arterial blood gas
	02	Hospital has no semi-private rooms	59 Oxygen saturation
	04	Inpatient professional component charges which are combined billed	60 HHA branch MSA
	05	Professional component included in charges and also billed separately to carrier	61 Place of Residence where service is furnished (HHA and hospice)
	06	Blood deductible	66 Medicaid spend down amount
	08	Lifetime reserve amount in the first calendar year	67 Peritoneal dialysis
	09	Coinsurance amount in the first calendar year	68 EPO-drug
	10	Lifetime reserve amount in the second calendar year	69 State charity care percentage
	11	Coinsurance amount in the second calendar year	80 Covered Days
	12	Working aged beneficiary/spouse with employer group health plan	81 Non-covered Days
	13	ESRD beneficiary in a Medicare coordination period with an employer group health plan	82 Co-insurance Days
	14	No fault, including auto/other	83 Lifetime Reserve Days
	15	Worker's compensation	84 Shorter Duration Hemodialysis
	16	Public health service (PHS) or another federal agency	A0 Special zip code reporting
	21	Catastrophic	A1 Deductible payer A
	22	Surplus	A2 Coinsurance payer A
	23	Recurring monthly income	A3 Estimated responsibility payer A
	24	Medicaid Rate Code	A4 Covered self-administrable drugs - emergency
	25	Offset to the patient - payment amount - prescription drugs	A5 Covered self-administrable drugs - administrable in form and situation furnished to patient
	26	Offset to the patient - payment amount - hearing and ear services	A6 Covered self-administrable drugs - diagnostic study and other
	27	Offset to the patient - payment amount - vision and eye services	A7 Co-payment payer A
	28	Offset to the patient - payment amount - dental services	A8 Patient weight

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29	Offset to the patient - payment amount - chiropractic services	A9	Patient height
30	Preadmission testing	AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A
31	Patient Liability Amount	AB	Other assessments or allowances (e.g., medical education) - payer A
32	Multiple patient ambulance transport	B1	Deductible payer B
33	Offset to the patient - payment amount - podiatric services	B2	Coinsurance payer B
34	Offset to the patient - payment amount - other medical services	B3	Estimated responsibility payer B
35	Offset to the patient - payment amount - health insurance premiums	B7	Co-payment payer B
37	Units of blood furnished	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
38	Blood deductible units	BB	Other assessments or allowances (e.g., medical education) - payer B
39	Units of blood replaced	C1	Deductible payer C
40	New coverage not implemented by HMO	C2	Coinsurance payer C
41	Black lung	C3	Estimated responsibility payer C
42	VA	C7	Co-payment payer C
43	Disabled beneficiary under age 65 with LGHP	CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C
44	Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received	CB	Other assessments or allowances (e.g., medical education) - payer C
45	Accident hour	D3	Patient estimated responsibility
46	Number of grace days	D4	Clinical Trial Number Assigned by NLM/NIH
47	Any liability insurance	D5	Last Kt/V Reading
48	Hemoglobin reading	FC	Patient Paid Amount
49	Hematocrit reading	FD	Credit Received from the Manufacturer for a Medical Device
50	Physical Therapy visits	G8	Facility where Inpatient Hospice Service is Delivered
51	Occupational Therapy visits	Y1	Part A Demonstration Payment
52	Speech Therapy visits	Y2	Part B Demonstration Payment
53	Cardiac rehab visits	Y3	Part B Coinsurance
54	Newborn birth weight in grams	Y4	Conventional Provider Payment
55	Eligibility threshold for charity care	Y5	Part B Deductible
56	Skilled nurse - home visit hours		
57	Home health aide - home visit hours		

Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 162:	VALUE_AMOUNT_1				
	Amount (in cents) that may be affected.				
Length:	9	Type:	Numeric	Data Source:	Claim
Field 163:	VALUE_CODE_2				
	Code indicating a monetary condition which was used by the intermediary to process an institutional claim.				
Coding Scheme:	Same as VALUE_CODE_1.				
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 164:	VALUE_AMOUNT_2				
	Amount (in cents) that may be affected.				
Length:	9	Type:	Numeric	Data Source:	Claim
Field 165:	VALUE_CODE_3				
	Code indicating a monetary condition which was used by the intermediary to process an institutional claim.				
Coding Scheme:	Same as VALUE_CODE_1.				
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 166:	VALUE_AMOUNT_3				
	Amount (in cents) that may be affected.				

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Length:	9	Type:	Numeric	Data Source:	Claim
Field 167:	VALUE_CODE_4 Code indicating a monetary condition which was used by the intermediary to process an institutional claim.				
Coding Scheme:	Same as VALUE_CODE_1.				
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 168:	VALUE_AMOUNT_4 Amount (in cents) that may be affected.				
Length:	9	Type:	Numeric	Data Source:	Claim
Field 169:	VALUE_CODE_5 Code indicating a monetary condition which was used by the intermediary to process an institutional claim.				
Coding Scheme:	Same as VALUE_CODE_1.				
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 170:	VALUE_AMOUNT_5 Amount (in cents) that may be affected.				
Length:	9	Type:	Numeric	Data Source:	Claim
Field 171:	VALUE_CODE_6 Code indicating a monetary condition which was used by the intermediary to process an institutional claim.				
Coding Scheme:	Same as VALUE_CODE_1.				
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 172:	VALUE_AMOUNT_6 Amount (in cents) that may be affected.				
Length:	9	Type:	Numeric	Data Source:	Claim
Field 173:	VALUE_CODE_7 Code indicating a monetary condition which was used by the intermediary to process an institutional claim.				
Coding Scheme:	Same as VALUE_CODE_1.				
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 174:	VALUE_AMOUNT_7 Amount (in cents) that may be affected.				
Length:	9	Type:	Numeric	Data Source:	Claim
Field 175:	VALUE_CODE_8 Code indicating a monetary condition which was used by the intermediary to process an institutional claim.				
Coding Scheme:	Same as VALUE_CODE_1.				
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 176:	VALUE_AMOUNT_8 Amount (in cents) that may be affected.				
Length:	9	Type:	Numeric	Data Source:	Claim
Field 177:	VALUE_CODE_9 Code indicating a monetary condition which was used by the intermediary to process an institutional claim.				
Coding Scheme:	Same as VALUE_CODE_1.				
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 178:	VALUE_AMOUNT_9 Amount (in cents) that may be affected.				
Length:	9	Type:	Numeric	Data Source:	Claim
Field 179:	VALUE_CODE_10				

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	Code indicating a monetary condition which was used by the intermediary to process an institutional claim.		
Coding Scheme:	Same as VALUE_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 180:	VALUE_AMOUNT_10		
	Amount (in cents) that may be affected.		
Length:	9	Type: Numeric	Data Source: Claim
Field 181:	VALUE_CODE_11		
	Code indicating a monetary condition which was used by the intermediary to process an institutional claim.		
Coding Scheme:	Same as VALUE_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 182:	VALUE_AMOUNT_11		
	Amount (in cents) that may be affected.		
Length:	9	Type: Numeric	Data Source: Claim
Field 183:	VALUE_CODE_12		
	Code indicating a monetary condition which was used by the intermediary to process an institutional claim.		
Coding Scheme:	Same as VALUE_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 184:	VALUE_AMOUNT_12		
	Amount (in cents) that may be affected.		
Length:	9	Type: Numeric	Data Source: Claim
Field 185:	OTHER_AMOUNT		
	Ancillary Service Charge, Other Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. ¹⁹ Sum (in cents) 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. The provider-assigned revenue code identifies the department in which the service was given, the types of services provided, and the supplies used. They are noted in FL 42 (Form Locator 42) of the UB-04 (an electronic format of the CMS-1450 paper claim) and are found in Medicare and/or National Uniform Billing Committee (NUBC) manuals. For revenue code list see pages 49-54 of this document, section titled “Charges Data File”. The revenue cost center specifies a division or unit within a hospital (e.g., radiology, emergency room, pathology). Revenue cost center (revenue code groupings) can be found in the THCIC document, “Healthcare Facility Procedures and Technical Specifications 5010 Inpatient and Outpatient Appendices” Appendix A4, page 17.		
Length:	12	Type: Numeric	Data Source: Calculated
Field 186:	PHARM_AMOUNT		
	Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 026X, 063X.		
Length:	12	Type: Numeric	Data Source: Calculated
Field 187:	MEDSURG_AMOUNT		
	Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 027X, 062X.		
Length:	12	Type: Numeric	Data Source: Calculated
Field 188:	DME_AMOUNT		

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	Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue centers 0290-0292, 0294-0299.
Length:	12 Type: Numeric Data Source: Calculated
Field 189:	USED_DME_AMOUNT Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 0293.
Length:	12 Type: Numeric Data Source: Calculated
Field 190:	PT_AMOUNT Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 042X.
Length:	12 Type: Numeric Data Source: Calculated
Field 191:	OT_AMOUNT Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 043X.
Length:	12 Type: Numeric Data Source: Calculated
Field 192:	SPEECH_AMOUNT Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 044X, 047X.
Length:	12 Type: Numeric Data Source: Calculated
Field 193:	IT_AMOUNT Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 041X, 046X.
Length:	12 Type: Numeric Data Source: Calculated
Field 194:	BLOOD_AMOUNT Ancillary Service Charge, Blood provided during the patient's stay. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 038X.
Length:	12 Type: Numeric Data Source: Calculated
Field 195:	BLOOD_ADM_AMOUNT Ancillary Service Charge, blood storage and processing related to the patient's stay. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 039X.
Length:	12 Type: Numeric Data Source: Calculated
Field 196:	OR_AMOUNT Ancillary Service Charge, Operating Room Charge amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 036X, 071X-072X.
Length:	12 Type: Numeric Data Source: Calculated
Field 197:	LITH_AMOUNT Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 079X.
Length:	12 Type: Numeric Data Source: Calculated
Field 198:	CARD_AMOUNT

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	Ancillary Service Charge, Cardiology Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X.
Length:	12 Type: Numeric Data Source: Calculated
Field 199:	ANES_AMOUNT Ancillary Service Charge, Anesthesia Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 037X.
Length:	12 Type: Numeric Data Source: Calculated
Field 200:	LAB_AMOUNT Ancillary Service Charge, Laboratory Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X.
Length:	12 Type: Numeric Data Source: Calculated
Field 201:	RAD_AMOUNT Ancillary Service Charge, Radiology Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X.
Length:	12 Type: Numeric Data Source: Calculated
Field 202:	MRI_AMOUNT Ancillary Service Charge, MRI Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 061X.
Length:	12 Type: Numeric Data Source: Calculated
Field 203:	OP_AMOUNT Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X.
Length:	12 Type: Numeric Data Source: Calculated
Field 204:	ER_AMOUNT Ancillary Service Charge, Emergency Room Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 045X.
Length:	12 Type: Numeric Data Source: Calculated
Field 205:	AMBULANCE_AMOUNT Ancillary Service Charge, Ambulance Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 054X.
Length:	12 Type: Numeric Data Source: Calculated
Field 206:	PRO_FEE_AMOUNT Ancillary Service Charge, Professional Fee Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X.
Length:	12 Type: Numeric Data Source: Calculated
Field 207:	ORGAN_AMOUNT Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X.
Length:	12 Type: Numeric Data Source: Calculated
Field 208:	ESRD_AMOUNT

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	Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.		
Length:	12	Type: Numeric	Data Source: Calculated
Field 209:	CLINIC_AMOUNT Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 051X.		
Length:	12	Type: Numeric	Data Source: Calculated
Field 210:	CLAIM_TOTAL_CHARGES Sum (in cents) of all accommodation charges and all ancillary charges.. Replaces TOTAL_CHARGES_23.		
Length:	12	Type: Numeric	Data Source: Claim
Field 211:	CLAIM_NON_COV_CHARGES Sum (in cents) of non-covered accommodation charges, non-covered ancillary charges. Non-covered charges are services or benefits that are not paid for by a health plan.		
Length:	12	Type: Numeric	Data Source: Claim
Field 212:	CLAIM_CHARGES Ancil Sum (in cents) of covered and non-covered ancillary charges. Covered charges refer to service or benefits for which a health plan makes either partial or full payment. Non-covered charges are services or benefits that are not paid for by a health plan.		
Length:	12	Type: Numeric	Data Source: Claim
Field 213:	CLAIM_NON_COV_CHARGES Ancil Sum (in cents) of non-covered ancillary charges.		
Length:	12	Type: Numeric	Data Source: Claim
Field 214:	PROCESS_DATE Date record was processed and certified.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 215:	INST_PROF_INDICATOR (INPUT_FORMAT) Format in which the outpatient data file was submitted by the facility The outpatient THCIC 873 Professional and Institutional claim format refers to a modified version of American National Standards Institute (ANSI) electronic claims format for billing healthcare services.		
Coding Scheme:	0	837 Professional	
	1	837 Institutional	
Length:	1	Type: Alphanumeric	Data Source: Assigned
Field 216:	INBOUND_INDICATOR Indicates the format of data as submitted for the outpatient claim UB-04 is an electronic format of the CMS-1450 paper claim.		
Coding Scheme:	8	837 format	
	D	Data entry	
	U	UB-04 format	
Length:	1	Type: Alphanumeric	Data Source: Claim
Field 217:	EMERGENCY_DEPT_FLAG Indicator of emergency department visit.		
Coding Scheme:	Y	visit was emergency related	
	N	Visit was not emergency related	
Length:	1	Type: Alphanumeric	Data Source: Assigned
Field 218:	CCSR_PRIN_DIAG_CODE		

OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

Clinical Classifications Software Refined (CCSR) classification of PRIN_DIAG_CODE (the principal diagnosis, i.e., the condition established after study to be chiefly responsible for causing the hospitalization) into a clinically meaningful diagnosis category. Developed at the Agency for Healthcare Research and Quality (AHRQ) as part of the Healthcare Cost and Utilization Project (HCUP), Clinical Classifications software is a tool to cluster ICD-9/10 (International Classification of Diseases – Revision 9/10) coded patient diagnoses and procedures into a manageable number of clinically meaningful categories to aid in cost, utilization, and outcome analysis.

Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 219:	CCSR_OTH_DIAG_CODE_1				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 220:	CCSR_OTH_DIAG_CODE_2				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 221:	CCSR_OTH_DIAG_CODE_3				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 222:	CCSR_OTH_DIAG_CODE_4				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment.) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 223:	CCSR_OTH_DIAG_CODE_5				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 224:	CCSR_OTH_DIAG_CODE_6				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 225:	CCSR_OTH_DIAG_CODE_7				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 226:	CCSR_OTH_DIAG_CODE_8				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				

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Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 227:	CCSR_OTH_DIAG_CODE_9 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 228:	CCSR_OTH_DIAG_CODE_10 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 229:	CCSR_OTH_DIAG_CODE_11 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 230:	CCSR_OTH_DIAG_CODE_12 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 231:	CCSR_OTH_DIAG_CODE_13 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 232:	CCSR_OTH_DIAG_CODE_14 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 233:	CCSR_OTH_DIAG_CODE_15 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 234:	CCSR_OTH_DIAG_CODE_16 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 235:	CCSR_OTH_DIAG_CODE_17 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 236:	CCSR_OTH_DIAG_CODE_18 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				

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Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 237:	CCSR_ OTH_DIAG_CODE_19 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 238:	CCSR_ OTH_DIAG_CODE_20 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 239:	CCSR_ OTH_DIAG_CODE_21 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 240:	CCSR_ OTH_DIAG_CODE_22 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 241:	CCSR_ OTH_DIAG_CODE_23 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 242:	CCSR_ OTH_DIAG_CODE_24 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4	Type:	Alphanumeric	Data Source:	Assigned
Field 243:	CCSR_ PROC_CODE_1 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_1 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 244:	CCSR_ PROC_CODE_2 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_2 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 245:	CCSR_ PROC_CODE_3 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_3 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 246:	CCSR_ PROC_CODE_4 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_4 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				

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Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 247:	CCSR_PROC_CODE_5 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_5 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 248:	CCSR_PROC_CODE_6 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_6 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 249:	CCSR_PROC_CODE_7 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_7 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 250:	CCSR_PROC_CODE_8 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_8 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 251:	CCSR_PROC_CODE_9 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_9 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 252:	CCSR_PROC_CODE_10 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_10 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 253:	CCSR_PROC_CODE_11 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_11 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 254:	CCSR_PROC_CODE_12 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_12 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 255:	CCSR_PROC_CODE_13 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_13 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 256:	CCSR_PROC_CODE_14 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_14 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				

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Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 257:	CCSR_PROC_CODE_15 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_15(surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 258:	CCSR_PROC_CODE_16 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_16 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 259:	CCSR_PROC_CODE_17 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_17 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 260:	CCSR_PROC_CODE_18 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_18 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 261:	CCSR_PROC_CODE_19 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_19 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 262:	CCSR_PROC_CODE_20 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_20 (surgical or other procedure with the highest charge performed during the period covered by the bill – see Field # 78) into a clinically meaningful procedure category (See Field # 220).				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 263:	CCSR_PROC_CODE_21 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_21(surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 264:	CCSR_PROC_CODE_22 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_22 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 265:	CCSR_PROC_CODE_23 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_23 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 266:	CCSR_PROC_CODE_24 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_24 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				

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Length:	3	Type:	Alphanumeric	Data Source:	Assigned
Field 267:	CCSR_PROC_CODE_25 Clinical Classifications Software Refined (CCSR) for Services and Procedures classification of PROC_CODE_25 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.				
Length:	3	Type:	Alphanumeric	Data Source:	Assigned

CHARGES DATA FILE

Field 1:	RECORD_ID		
	Record Identification Number. Unique number to identify the record within the research data file. There will be a Record Identification Number for each claim associated with a patient's visit. Does not match or link to Public Use Data File PUDF Record ID. Does match with RECORD_ID in other Inpatient and Outpatient Research Data Files RDF files.		
Length:	12	Type: Alphanumeric	Data Source: Assigned
Field 2:	REVENUE_CODE		
	Code corresponding to each specific accommodation, ancillary service or billing calculation related to the services being billed.		
Coding Scheme:	0100	All-inclusive room charges plus ancillary	0527 Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area
	0101	All-inclusive room charges	0528 Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
	0110	Room charges for private rooms - general	0529 Freestanding Clinic - other
	0111	Room charges for private rooms - medical/surgical/GYN	0530 Osteopathic service - general
	0112	Room charges for private rooms - obstetrics	0531 Osteopathic service - therapy
	0113	Room charges for private rooms - pediatric	0539 Osteopathic service - other
	0114	Room charges for private rooms - psychiatric	0540 Ambulance service - general
	0115	Room charges for private rooms - hospice	0541 Ambulance service - supplies
	0116	Room charges for private rooms - detoxification	0542 Ambulance service - medical transport
	0117	Room charges for private rooms - oncology	0543 Ambulance service - heart mobile
	0118	Room charges for private rooms - rehabilitation	0544 Ambulance service - oxygen
	0119	Room charges for private rooms - other	0545 Ambulance service - air ambulance
	0120	Room charges for semi-private rooms - general	0546 Ambulance service - neonatal
	0121	Room charges for semi-private rooms - medical/surgical/GYN	0547 Ambulance service - pharmacy
	0122	Room charges for semi-private rooms - obstetrics	0548 Ambulance service - telephone transmission EKG
	0123	Room charges for semi-private rooms - pediatric	0549 Ambulance service - other
	0124	Room charges for semi-private rooms - psychiatric	0550 Skilled nursing - general
	0125	Room charges for semi-private rooms - hospice	0551 Skilled nursing - visit charge
	0126	Room charges for semi-private rooms - detoxification	0552 Skilled nursing - hourly charge
	0127	Room charges for semi-private rooms - oncology	0559 Skilled nursing - other
	0128	Room charges for semi-private rooms - rehabilitation	0560 Medical social services - general
	0129	Room charges for semi-private rooms - other	0561 Medical social services - visit charge
	0130	Room charges for semi-private - 3/4 beds - rooms - general	0562 Medical social services - hourly charge
	0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0569 Medical social services - other

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0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0570	Home health aide - general
0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0571	Home health aide - visit charge
0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0572	Home health aide - hourly charge
0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0579	Home health aide - other
0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0580	Other visits (home health) - general
0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0581	Other visits (home health) - visit charge
0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0582	Other visits (home health) - hourly charge
0139	Room charges for semi-private - 3/4 beds - rooms - other	0583	Other visits (home health) - assessment
0140	Room charges for private (deluxe) rooms - general	0589	Other visits (home health) - other
0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	0590	Units of service (home health) - general
0142	Room charges for private (deluxe) rooms - obstetrics	0600	Oxygen (home health) - general
0143	Room charges for private (deluxe) rooms - pediatric	0601	Oxygen (home health) - stat/equip/supply or contents
0144	Room charges for private (deluxe) rooms - psychiatric	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0145	Room charges for private (deluxe) rooms - hospice	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0146	Room charges for private (deluxe) rooms - detoxification	0604	Oxygen (home health) - portable add-in
0147	Room charges for private (deluxe) rooms - oncology	0609	Oxygen (home health) - other
0148	Room charges for private (deluxe) rooms - rehabilitation	0610	Magnetic Resonance Technology (MRT) - MRI - general
0149	Room charges for private (deluxe) rooms - other	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
0150	Room charges for ward rooms - general	0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
0151	Room charges for ward rooms - medical/surgical/GYN	0614	Magnetic Resonance Technology (MRT) - MRI - other
0152	Room charges for ward rooms - obstetrics	0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
0153	Room charges for ward rooms - pediatric	0616	Magnetic Resonance Technology (MRT) - MRA – lower extremities
0154	Room charges for ward rooms - psychiatric	0618	Magnetic Resonance Technology (MRT) - MRA – other
0155	Room charges for ward rooms - hospice	0619	Magnetic Resonance Technology (MRT) - Other MRT
0156	Room charges for ward rooms - detoxification	0621	Medical/surgical supplies - incident to radiology
0157	Room charges for ward rooms - oncology	0622	Medical/surgical supplies - incident to other diagnostic services
0158	Room charges for ward rooms - rehabilitation	0623	Medical/surgical supplies - surgical dressings
0159	Room charges for ward rooms - other	0624	Medical/surgical supplies - FDA investigational devices
0160	Room charges for other rooms - general	0631	Drugs requiring specific identification - single source
0164	Room charges for other rooms – Sterile Environment	0632	Drugs requiring specific identification - multiple source
0167	Room charges for other rooms – self care	0633	Drugs requiring specific identification - restrictive prescription
0169	Room charges for other rooms - other	0634	Drugs requiring specific identification - EPO, less than 10,000 units
		0635	Drugs requiring specific identification - EPO, 10,000 or more units

OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

0170	Room charges for nursery - general	0636	Drugs requiring specific identification - requiring detailed coding
0171	Room charges for nursery - newborn level I	0637	Drugs requiring specific identification - self-administrable
0172	Room charges for nursery - newborn level II	0640	Home IV therapy services - general
0173	Room charges for nursery - newborn level III	0641	Home IV therapy services – non-routine nursing, central line
0174	Room charges for nursery - newborn level IV	0642	Home IV therapy services - IV site care, central line
0179	Room charges for nursery - other	0643	Home IV therapy services - IV start/change, peripheral line
0180	Room charges for LOA - general	0644	Home IV therapy services – non-routine nursing, peripheral line
0182	Room charges for LOA - patient convenience-charges billable	0645	Home IV therapy services - training patient/caregiver, central line
0183	Room charges for LOA - therapeutic leave	0646	Home IV therapy services - training, disabled patient, central line
0185	Room charges for LOA – nursing home (for hospitalization)	0647	Home IV therapy services - training, patient/caregiver, peripheral
0189	Room charges for LOA - other	0648	Home IV therapy services - training, disabled patient, peripheral
0190	Room charges for subacute care - general	0649	Home IV therapy services - other
0191	Room charges for subacute care - Level I (skilled care)	0650	Hospice services - general
0192	Room charges for subacute care - Level II (comprehensive care)	0651	Hospice services - routine home care
0193	Room charges for subacute care - Level III (complex care)	0652	Hospice services - continuous home care
0194	Room charges for subacute care - Level IV (intensive care)	0655	Hospice services - inpatient respite care
0199	Room charges for subacute care - other	0656	Hospice services - general inpatient care (non-respite)
0200	Room charges for intensive care - general	0657	Hospice services - physician services
0201	Room charges for intensive care - surgical	0658	Hospice services - room and board - nursing facility
0202	Room charges for intensive care - medical	0659	Hospice services - other
0203	Room charges for intensive care - pediatric	0660	Respite care - general
0204	Room charges for intensive care - psychiatric	0661	Respite care - hourly charge/skilled nursing
0206	Room charges for intensive care - intermediate intensive care unit (ICU)	0662	Respite care - hourly charge/aide/homemaker/companion
0207	Room charges for intensive care - burn care	0663	Respite care - daily charge
0208	Room charges for intensive care - trauma	0669	Respite care - other
0209	Room charges for intensive care - other	0670	Outpatient special residence - general
0210	Room charges for coronary care - general	0671	Outpatient special residence - hospital based
0211	Room charges for coronary care - myocardial infarction	0672	Outpatient special residence - contracted
0212	Room charges for coronary care - pulmonary care	0679	Outpatient special residence - other
0213	Room charges for coronary care - heart transplant	0681	Trauma response - level I
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0682	Trauma response - level II
0219	Room charges for coronary care - other	0683	Trauma response - level III

OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

0220	Special charges - general	0684	Trauma response - level IV
0221	Special charges - admission charge	0689	Trauma response - other
0222	Special charges - technical support charge	0690	Pre-hospice/Palliative Care Services - general
0223	Special charges - UR service charge	0691	Pre-hospice/Palliative Care Services – visit charge
0224	Special charges - late discharge, medically necessary	0692	Pre-hospice/Palliative Care Services – hourly charge
0229	Special charges - other	0693	Pre-hospice/Palliative Care Services - evaluation
0230	Incremental nursing care - general	0694	Pre-hospice/Palliative Care Services – consultation and education
0231	Incremental nursing care - nursery	0695	Pre-hospice/Palliative Care Services – inpatient care
0232	Incremental nursing care - OB	0696	Pre-hospice/Palliative Care Services – physician services
0233	Incremental nursing care - ICU (includes transitional care)	0699	Pre-hospice/Palliative Care Services - other
0234	Incremental nursing care - CCU (includes transitional care)	0700	Cast Room services - general
0235	Incremental nursing care - hospice	0710	Recovery Room services - general
0239	Incremental nursing care - other	0720	Labor/Delivery Room services - general
0240	All-inclusive ancillary - general	0721	Labor/Delivery Room services - labor
0241	All-inclusive ancillary - basic	0722	Labor/Delivery Room services - delivery
0242	All-inclusive ancillary - comprehensive	0723	Labor/Delivery Room services - circumcision
0243	All-inclusive ancillary - specialty	0724	Labor/Delivery Room services - birthing center
0249	All-inclusive ancillary - other	0729	Labor/Delivery Room services - other
0250	Pharmacy - general	0730	EKG/ECG services - general
0251	Pharmacy - generic drugs	0731	EKG/ECG services - Holter monitor
0252	Pharmacy – non-generic drugs	0732	EKG/ECG services - telemetry
0253	Pharmacy - take-home drugs	0739	EKG/ECG services - other
0254	Pharmacy - drugs incident to other diagnostic services	0740	EEG services - general
0255	Pharmacy - drugs incident to radiology	0750	Gastrointestinal services - general
0256	Pharmacy - experimental drugs	0760	Treatment or observation room services - general
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0258	Pharmacy - IV solutions	0762	Specialty Room - Treatment/ Observation Room - Observation Room
0259	Pharmacy - other	0769	Treatment or observation room services - other
0260	IV Therapy - general	0770	Preventive care services - general
0261	IV Therapy - infusion pump	0771	Preventive care services - vaccine administration
0262	IV Therapy - pharmacy services	0780	Telemedicine services - general
0263	IV Therapy - drug/supply delivery	0790	Extra-corporeal shockwave therapy - general
0264	IV Therapy - supplies	0800	Inpatient renal dialysis services - general
0269	IV Therapy - other	0801	Inpatient renal dialysis services - hemodialysis
0270	Medical surgical supplies and devices - general	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0271	Medical surgical supplies and devices - nonsterile	0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0272	Medical surgical supplies and devices - sterile	0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0273	Medical surgical supplies and devices - take-home	0809	Inpatient renal dialysis services - other
0274	Medical surgical supplies and devices - prosthetic/orthotic	0810	Acquisition of body components- general
0275	Medical surgical supplies and devices - pacemaker	0811	Acquisition of body components - living donor
0276	Medical surgical supplies and devices - intraocular lens (IOL)	0812	Acquisition of body components - cadaver donor
0277	Medical surgical supplies and devices - oxygen - take-home	0813	Acquisition of body components - unknown donor
0278	Medical surgical supplies and devices - other implants	0814	Acquisition of body components - unsuccessful organ search-donor bank charges
0279	Medical surgical supplies and devices - other	0815	Acquisition of body components – stem cells- allogeneic

OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

0280	Oncology - general	0819	Acquisition of body components - other donor
0289	Oncology - other	0820	Hemodialysis - outpatient or home - general
0290	DME - general	0821	Hemodialysis - outpatient or home - composite or other rate
0291	DME - rental	0822	Hemodialysis - outpatient or home – home supplies
0292	DME - purchase of new	0823	Hemodialysis - outpatient or home – home equipment
0293	DME - purchase of used	0824	Hemodialysis - outpatient or home – maintenance 100%
0294	DME - supplies/drugs for DME effectiveness	0825	Hemodialysis - outpatient or home - support services
0299	DME - other equipment	0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0300	Laboratory - general	0829	Hemodialysis - outpatient or home - other
0301	Laboratory - chemistry	0830	Peritoneal dialysis - outpatient or home - general
0302	Laboratory - immunology	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0303	Laboratory - renal patient (home)	0832	Peritoneal dialysis - outpatient or home – home supplies
0304	Laboratory – non-routine dialysis	0833	Peritoneal dialysis - outpatient or home – home equipment
0305	Laboratory - hematology	0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0306	Laboratory - bacteriology and microbiology	0835	Peritoneal dialysis - outpatient or home - support services
0307	Laboratory - urology	0839	Peritoneal dialysis - outpatient or home - other
0309	Laboratory - other	0840	CAPD - outpatient or home - general
0310	Laboratory pathological - general	0841	CAPD - outpatient or home - composite or other rate
0311	Laboratory pathological - cytology	0842	CAPD - outpatient or home – home supplies
0312	Laboratory pathological - histology	0843	CAPD - outpatient or home – home equipment
0314	Laboratory pathological - biopsy	0844	CAPD - outpatient or home – maintenance 100%
0319	Laboratory pathological - other	0845	CAPD - outpatient or home - support services
0320	Radiology - diagnostic - general	0849	CAPD - outpatient or home - other
0321	Radiology - diagnostic - angiocardiology	0850	CCPD - outpatient or home - general
0322	Radiology - diagnostic - arthrography	0851	CCPD - outpatient or home - composite or other rate
0323	Radiology - diagnostic - arteriography	0852	CCPD - outpatient or home - home supplies
0324	Radiology - diagnostic - chest x-ray	0853	CCPD - outpatient or home - home equipment
0329	Radiology - diagnostic - other	0854	CCPD - outpatient or home - maintenance 100%
0330	Radiology - therapeutic and/or chemotherapy administration - general	0855	CCPD - outpatient or home - support services
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected	0859	CCPD - outpatient or home - other
0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral	0860	Magnetoencephalography (MEG) - General
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy	0861	Magnetoencephalography (MEG) - MEG
0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0880	Miscellaneous dialysis - general
0339	Radiology - therapeutic and/or chemotherapy administration - other	0881	Miscellaneous dialysis - ultrafiltration
0340	Nuclear medicine - general	0882	Miscellaneous dialysis - home aide visit
0341	Nuclear medicine - diagnostic procedures	0889	Miscellaneous dialysis - other
0342	Nuclear medicine - therapeutic procedures	0900	Behavior health treatments/services - general
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0901	Behavior health treatments/services - electroshock
0344	Nuclear medicine - therapeutic radiopharmaceuticals	0902	Behavior health treatments/services - milieu therapy
0349	Nuclear medicine - other	0903	Behavioral health treatments/services - play therapy
0350	CT scan - general	0904	Behavior health treatments/services - activity therapy

OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

0351	CT scan - head	0905	Behavior health treatments/services - intensive outpatient services - psychiatric
0352	CT scan - body	0906	Behavior health treatments/services - intensive outpatient services - chemical dependency
0359	CT scan - other	0907	Behavior health treatments/services - community behavioral health program
0360	Operating room services - general	0911	Behavior health treatment/services - rehabilitation
0361	Operating room services - minor surgery	0912	Behavior health treatment/services - partial hospitalization - less intensive
0362	Operating room services - organ transplant other than kidney	0913	Behavior health treatment/services - partial hospitalization - intensive
0367	Operating room services - kidney transplant	0914	Behavior health treatment/services - individual therapy
0369	Operating room services - other	0915	Behavior health treatment/services - group therapy
0370	Anesthesia - general	0916	Behavior health treatment/services - family therapy
0371	Anesthesia - incident to radiology	0917	Behavior health treatment/services - biofeedback
0372	Anesthesia - incident to other diagnostic services	0918	Behavior health treatment/services - testing
0374	Anesthesia - acupuncture	0919	Behavior health treatment/services - other
0379	Anesthesia - other	0920	Other diagnostic services - general
0380	Blood - general	0921	Other diagnostic services - peripheral vascular lab
0381	Blood - packed red cells	0922	Other diagnostic services - electromyogram
0382	Blood - whole blood	0923	Other diagnostic services - pap smear
0383	Blood - plasma	0924	Other diagnostic services - allergy test
0384	Blood - platelets	0925	Other diagnostic services - pregnancy test
0385	Blood - leukocytes	0929	Other diagnostic services - other
0386	Blood - other components	0931	Medical rehabilitation day program - half day
0387	Blood - other derivatives (cryoprecipitate)	0932	Medical rehabilitation day program - full day
0389	Blood - other	0940	Other therapeutic services - general
0390	Blood and blood component administration, storage and processing - general	0941	Other therapeutic services - recreational therapy
0391	Blood and blood component administration, storage and processing - administration	0942	Other therapeutic services - education/training
0392	Blood and blood component administration, storage and processing – processing and storage	0943	Other therapeutic services - cardiac rehabilitation
0399	Blood and blood component administration, storage and processing - other	0944	Other therapeutic services - drug rehabilitation
0400	Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
0401	Other imaging services - diagnostic mammography	0946	Other therapeutic services - complex medical equipment - routine
0402	Other imaging services - ultrasound	0947	Other therapeutic services - complex medical equipment - ancillary
0403	Other imaging services - screening mammography	0948	Other therapeutic services – pulmonary rehabilitation
0404	Other imaging services - PET	0949	Other therapeutic services - other
0409	Other imaging services - other	0951	Other therapeutic services – athletic training
0410	Respiratory services - general	0952	Other therapeutic services - kinesiotherapy
0412	Respiratory services - inhalation	0953	Other therapeutic services – chemical dependency (drug and alcohol)
0413	Respiratory services - hyperbaric oxygen therapy	0960	Professional fees - general
0419	Respiratory services - other	0961	Professional fees - psychiatric
0420	Physical therapy - general	0962	Professional fees - ophthalmology
0421	Physical therapy - visit charge	0963	Professional fees - anesthesiologist (MD)
0422	Physical therapy - hourly charge	0964	Professional fees - anesthetist (CRNA)
0423	Physical therapy - group rate	0969	Professional fees - other
0424	Physical therapy - evaluation or reevaluation	0971	Professional fees - laboratory
0429	Physical therapy - other	0972	Professional fees - radiology - diagnostic

OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

0430	Occupational therapy - general	0973	Professional fees - radiology - therapeutic
0431	Occupational therapy - visit charge	0974	Professional fees - radiology - nuclear medicine
0432	Occupational therapy - hourly charge	0975	Professional fees - operating room
0433	Occupational therapy - group rate	0976	Professional fees - respiratory therapy
0434	Occupational therapy - evaluation or reevaluation	0977	Professional fees - physical therapy
0439	Occupational therapy - other	0978	Professional fees - occupational therapy
0440	Speech-language pathology - general	0979	Professional fees - speech therapy
0441	Speech-language pathology - visit charge	0981	Professional fees - emergency room
0442	Speech-language pathology - hourly charge	0982	Professional fees - outpatient services
0443	Speech-language pathology - group rate	0983	Professional fees - clinic
0444	Speech-language pathology - evaluation or reevaluation	0984	Professional fees - medical social services
0449	Speech-language pathology - other	0985	Professional fees - EKG
0450	Emergency room - general	0986	Professional fees - EEG
0451	Emergency room - EMTALA emergency medical screening services	0987	Professional fees - hospital visit
0452	Emergency room - beyond EMTALA screening	0988	Professional fees - consultation
0456	Emergency room - urgent care	0989	Professional fees - private duty nurse
0459	Emergency room - other	0990	Patient convenience items - general
0460	Pulmonary function - general	0991	Patient convenience items - cafeteria/guest tray
0469	Pulmonary function - other	0992	Patient convenience items - private linen service
0470	Audiology - general	0993	Patient convenience items - telephone/telegraph
0471	Audiology - diagnostic	0994	Patient convenience items - TV/radio
0472	Audiology - treatment	0995	Patient convenience items - nonpatient room rentals
0479	Audiology - other	0996	Patient convenience items - late discharge charge
0480	Cardiology - general	0997	Patient convenience items - admission kits
0481	Cardiology - cardiac cath lab	0998	Patient convenience items - beauty shop/barber
0482	Cardiology - stress test	0999	Patient convenience items - other
0483	Cardiology - echocardiology	1000	Behavior health accommodations - general
0489	Cardiology - other	1001	Behavior health accommodations - residential treatment - psychiatric
0490	Ambulatory surgical care - general	1002	Behavior health accommodations - residential treatment - chemical dependency
0499	Ambulatory surgical care - other	1003	Behavior health accommodations - supervised living
0500	Outpatient services - general	1004	Behavior health accommodations - halfway house
0509	Outpatient services - other	1005	Behavior health accommodations - group home
0510	Clinic - general	2100	Alternative therapy services - general
0511	Clinic - chronic pain	2101	Alternative therapy services - acupuncture
0512	Clinic - dental	2102	Alternative therapy services - acupressure
0513	Clinic - psychiatric	2103	Alternative therapy services - massage
0514	Clinic - OB/GYN	2104	Alternative therapy services - reflexology
0515	Clinic - pediatric	2105	Alternative therapy services - biofeedback
0516	Clinic - urgent care	2106	Alternative therapy services - hypnosis
0517	Clinic - family practice	2109	Alternative therapy services - other
0519	Clinic - other	3101	Adult day care, medical and social - hourly
0520	Freestanding Clinic - general	3102	Adult day care, social - hourly
0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC	3103	Adult day care, medical and social - daily
0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	3104	Adult day care, social - daily
0523	Freestanding Clinic - family practice	3105	Adult foster care - daily
0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF	3109	Adult foster care - other

OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

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

Length: 4 **Type:** Alphanumeric **Data Source:** Claim

Field 3: **HCPCS_QUALIFIER**

Health Care Financing Administration (HCFA) Healthcare Common Procedure Coding System (HCPCS) Codes Indicator.³ Identifies the type/source of the descriptive number used in Product/Service ID.

HCPCS is a collection of standardized codes used to ensure healthcare claims are processed in an orderly and consistent manner. Divided into Level 1 (CPT – Current Procedural Terminology) codes and Level 2 (products, supplies, and services not included in CPT such as ambulance services and durable medical equipment).⁴

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 4: **HCPCS_PROCEDURE_CODE**

Health Care Financing Administration (HCFA) Healthcare Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.

A link is provided at this site for post 2020 file updates.

For additional information see:

Coding Scheme: <https://www.cms.gov/medicare/coding/hcpcsreleasecodesets?redirect=/hcpcsreleasecodesets/anhcpcs/list.asp>

Length: 5 **Type:** Alphanumeric **Data Source:** Claim

Field 5: **MODIFIER_1**

Identifies a special circumstance related to the performance of the HCPCS-coded service. Required when the provider needs to convey additional clarification for the associated procedure code.

Coding Scheme:	22 Increased procedural services	P4 A patient with severe systemic disease that is a constant threat to life
	23 Unusual Anesthesia	P5 A moribund patient who is not expected to survive without the operation
	24 Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period	P6 A declared brain-dead patient whose organs are being removed for donor purposes
	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	E1 Upper left eyelid
	26 Professional Component	E2 Lower left eyelid
	27 Multiple Outpatient Hospital E/M Encounters on the Same Date	E3 Upper right eyelid
	32 Mandated Services	E4 Lower right eyelid
	33 Preventive Service	F1 Left hand, second digit
	47 Anesthesia by Surgeon	F2 Left hand, third digit
	50 Bilateral Procedure	F3 Left hand, fourth digit
	51 Multiple Procedures	F4 Left hand, fifth digit
	52 Reduced Services	F5 Right hand, thumb
	53 Discontinued Procedure	F6 Right hand, second digit
	54 Surgical Care Only	F7 Right hand, third digit
	55 Postoperative Management Only	F8 Right hand, fourth digit
	56 Preoperative Management Only	F9 Right hand, fifth digit
	57 Decision for Surgery	FA Left hand, thumb
	58 Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period	GG Performance and payment of a screening mammography and diagnostic mammography on same patient, same day.
	59 Distinct Procedural Service	GH Diagnostic mammogram converted from screening mammogram on same day
	62 Two Surgeons	LC Left circumflex coronary artery

OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

63	Procedure Performed on Infants less than 4kg	LD	Left anterior descending coronary artery
66	Surgical Team	L	Left main coronary artery
		M	
73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the Administration of Anesthesia	LT	Left side of the body procedure
74	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after Administration of Anesthesia	Q	Ambulance service provided under arrangement by a provider of services
		M	
76	Repeat Procedure by Same Physician or Other Qualified Health Care Professional	QN	Ambulance service furnished directly by a provider of services
77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional	RC	Right coronary artery
78	Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period	RI	Ramus intermedius coronary artery
79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period	RT	Right side of the body procedure
80	Assistant Surgeon	T1	Left foot, second digit
81	Minimum Assistant Surgeon	T2	Left foot, third digit
82	Repeat procedure by same physician	T3	Left foot, fourth digit
90	Reference (Outside) Laboratory	T4	Left foot, fifth digit
91	Repeat Clinical Diagnostic Laboratory Test	T5	Right foot, great toe
92	Alternative Laboratory Platform Testing	T6	Right foot, second digit
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System	T7	Right foot, third digit
99	Multiple Modifiers	T8	Right foot, fourth digit
1P	Performance Measure Exclusion Modifier due to Medical Reasons	T9	Right foot, fifth digit
2P	Performance Measure Exclusion Modifier due to Patient Reasons	TA	Left foot, great toe
3P	Performance Measure Exclusion Modifier due to System Reasons	XE	Separate Encounter
8P	Performance Measure Reporting Modifier- Action not performed, reason not otherwise specified	XS	Separate Structure
P1	A normal healthy patient	XP	Separate Practitioner
P2	A patient with mild systemic disease	XU	Unusual Non-Overlapping Service
P3	A patient with severe systemic disease		

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 6: MODIFIER_2

Identifies a second special circumstance related to the performance of the HCPCS-coded service. Required when the provider needs to convey additional clarification for the associated procedure code.

Coding Scheme: Same as MODIFIER_1

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 7: MODIFIER_3

Identifies a third special circumstance related to the performance of the HCPCS-coded service. Required when the provider needs to convey additional clarification for the associated procedure code.

Coding Scheme: Same as MODIFIER_1

Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 8: MODIFIER_4

Identifies a fourth special circumstance related to the performance of the HCPCS-coded service. Required when the provider needs to convey additional clarification for the associated procedure code.

Coding Scheme: Same as MODIFIER_1

OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 9:	UNIT_MEASUREMENT_CODE				
	Code specifying the units in which a value is being expressed or a manner in which a measurement would be taken.				
Coding Scheme:	DA	Days			
	F2	International unit			
	UN	Unit			
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 10:	UNITS_OF_SERVICE				
	Numeric value of quantity.				
Length:	7	Type:	Numeric	Data Source:	Claim
Field 11:	UNIT_RATE				
	Rate per unit.				
Length:	12	Type:	Numeric	Data Source:	Claim
Field 12:	CHRG_LINE_ITEM				
	Total amount of the charge.				
Length:	14	Type:	Numeric	Data Source:	Assigned
Field 13:	CHRG_NON_COV				
	Total non-covered amount of the charge.				
Length:	14	Type:	Alphanumeric	Data Source:	Assigned
Field 14:	PROCEDURE_DATE				
	Date the procedure began on generally is the same as "Statement_Period_From" (STMT_PERIOD_FROM) date.				
Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 15:	PROCEDURE_DATE_THRU				
	Date the procedure finished on, generally is the same as the "Statement_Period_Thru" (STMT_PERIOD_THRU) date.				
Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 16:	SERVICE_FACILITY_CODE				
	Facility Type code – Institutional and Professional have different codes. An institutional provider refers to a hospital, critical care facility, skilled nursing facility, a home health agency, hospice or another similar institution providing services to Medicare beneficiaries. Professional providers are non-institutional providers such as physicians (both individuals and groups), other clinical professionals, freestanding laboratories and outpatient facilities, ambulances, and durable medical equipment suppliers.				
Length:	2	Type:	Alphanumeric	Data Source:	Claim

FACILITY TYPE INDICATOR FILE

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

Field 1:	THCIC_ID Provider ID. Unique identifier assigned to the provider by THCIC.
Length:	6 Type: Alphanumeric Data Source: Assigned
Field 2:	PROVIDER_NAME Hospital name provided by the hospital.
Length:	55 Type: Alphanumeric Data Source: Provider
Field 3:	PROVIDER_ADDR Hospital address provided by the hospital.
Length:	50 Type: Alphanumeric Data Source: Provider
Field 4:	PROVIDER_CITY Hospital city provided by the hospital.
Length:	20 Type: Alphanumeric Data Source: Provider
Field 5:	PROVIDER_STATE Hospital state provided by the hospital.
Length:	2 Type: Alphanumeric Data Source: Provider
Field 6:	PROVIDER_ZIP Hospital ZIP code provided by the hospital.
Length:	9 Type: Alphanumeric Data Source: Provider
Field 7:	FAC_TEACHING_IND Teaching facility indicator.
Coding Scheme:	A Member, Council of Teaching Hospitals X Teaching facility
Length:	1 Type: Alphanumeric Data Source: Provider
Field 8:	FAC_PSYCH_IND Psychiatric facility type indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 9:	FAC_REHAB_IND Rehabilitation facility type indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 10:	FAC_ACUTE_CARE_IND Acute care facility type indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 11:	FAC_SNF_IND Skilled nursing facility type indicator. Hospital facility type indicator provided by the hospital.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 12:	FAC_LONG_TERM_AC_IND Long term acute care facility type indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 13:	FAC_OTHER_LTC_IND Other long term care facility type indicator.
Length:	1 Type: Alphanumeric Data Source: Provider

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Field 14:	FAC_PEDS_IND Pediatric facility type indicator.
Coding Scheme:	C Member, Council of Teaching Hospitals X Facility also treats children
Length:	1 Type: Alphanumeric Data Source: Provider
Field 15:	FAC_CARDIOVASCULAR_IND Cardiovascular facility type indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 16:	FAC_CHIROPRACTIC_IND Chiropractic care facility type indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 17:	FAC_ENDOSCOPY_IND Endoscopy facility type indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 18:	FAC_FOOT_IND Foot care facility type indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 19:	FAC_GASTROENTEROLOGY_IND Gastroenterology facility type indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 20:	FAC_GENERAL_IND General care facility type indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 21:	FAC_NEUROLOGICAL_IND Neurological care facility type indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 22:	FAC_OB_GYN_IND Obstetrics and gynecology facility type indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 23:	FAC_OPTHAMOMOLOGY_IND Ophthalmology facility type indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 24:	FAC_ORAL_IND Oral health care facility type indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 25:	FAC_ORTHOPEDIC_IND Orthopedic care facility type indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 26:	FAC_OTOLARYNGOLOGY_IND Otolaryngology facility type indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 27:	FAC_PAIN_MNGMT_IND Pain management facility type indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 28:	FAC_PLASTIC_IND Plastic surgery facility type indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 29:	FAC_THORACIC_IND Thoracic care facility type indicator.
Length:	1 Type: Alphanumeric Data Source: Provider

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Field 30: **FAC_UROLOGY_IND**
Urology care facility type indicator.
Length: 1 **Type:** Alphanumeric **Data Source:** Provider

Field 31: **FAC_OTHER_IND**
Other facility type indicator.
Length: 1 **Type:** Alphanumeric **Data Source:** Provider

Field 32: **POA_PROVIDER_INDICATOR**
Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. Title 25 Texas Administrative Code, Chapter 421, Rule 421.9¹ (e) (25 TAC §421.9(e)) identifies the following facility types as exempt from reporting POA codes to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children’s or Pediatric Hospitals and Long Term Care Hospitals.

Coding Scheme: M Mixed (Facility has sections that would be exempted from reporting POA for those patients)
R Required
X Exempt
, Invalid

Length: 1 **Type:** Alphanumeric **Data Source:** Assigned

Field 33: **PROVIDER_COUNTY**
FIPS code of provider’s county.

Coding scheme:	001	Anderson	129	Donley	257	Kaufman	385	Real
	003	Andrews	131	Duval	259	Kendall	387	Red River
	005	Angelina	133	Eastland	261	Kenedy	389	Reeves
	007	Aransas	135	Ector	263	Kent	391	Refugio
	009	Archer	137	Edwards	265	Kerr	393	Roberts
	011	Armstrong	139	Ellis	267	Kimble	395	Robertson
	013	Atascosa	141	El Paso	269	King	397	Rockwall
	015	Austin	143	Erath	271	Kinney	399	Runnels
	017	Bailey	145	Falls	273	Kleberg	401	Rusk
	019	Bandera	147	Fannin	275	Knox	403	Sabine
	021	Bastrop	149	Fayette	283	La Salle	405	San Augustine
	023	Baylor	151	Fisher	277	Lamar	407	San Jacinto
	025	Bee	153	Floyd	279	Lamb	409	San Patricio
	027	Bell	155	Foard	281	Lampasas	411	San Saba
	029	Bexar	157	Fort Bend	285	Lavaca	413	Schleicher
	031	Blanco	159	Franklin	287	Lee	415	Scurry
	033	Borden	161	Freestone	289	Leon	417	Shackelford
	035	Bosque	163	Frio	291	Liberty	419	Shelby
	037	Bowie	165	Gaines	293	Limestone	421	Sherman
	039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
	041	Brazos	169	Garza	297	Live Oak	425	Somervell
	043	Brewster	171	Gillespie	299	Llano	427	Starr
	045	Briscoe	173	Glasscock	301	Loving	429	Stephens
	047	Brooks	175	Goliad	303	Lubbock	431	Sterling
	049	Brown	177	Gonzales	305	Lynn	433	Stonewall
	051	Burleson	179	Gray	307	McCulloch	435	Sutton
	053	Burnet	181	Grayson	309	McLennan	437	Swisher
	055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
	057	Calhoun	185	Grimes	313	Madison	441	Taylor
	059	Callahan	187	Guadalupe	315	Marion	443	Terrell
	061	Cameron	189	Hale	317	Martin	445	Terry

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063	Camp	191	Hall	319	Mason	447	Throckmorton
065	Carson	193	Hamilton	321	Matagorda	449	Titus
067	Cass	195	Hansford	323	Maverick	451	Tom Green
069	Castro	197	Hardeman	325	Medina	453	Travis
071	Chambers	199	Hardin	327	Menard	455	Trinity
073	Cherokee	201	Harris	329	Midland	457	Tyler
075	Childress	203	Harrison	331	Milam	459	Upshur
077	Clay	205	Hartley	333	Mills	461	Upton
079	Cochran	207	Haskell	335	Mitchell	463	Uvalde
081	Coke	209	Hays	337	Montague	465	Val Verde
083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
085	Collin	213	Henderson	341	Moore	469	Victoria
087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
089	Colorado	217	Hill	345	Motley	473	Waller
091	Comal	219	Hockley	347	Nacogdoches	475	Ward
093	Comanche	221	Hood	349	Navarro	477	Washington
095	Concho	223	Hopkins	351	Newton	479	Webb
097	Cooke	225	Houston	353	Nolan	481	Wharton
099	Coryell	227	Howard	355	Nueces	483	Wheeler
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
105	Crockett	233	Hutchinson	361	Orange	489	Willacy
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
109	Culberson	237	Jack	365	Panola	493	Wilson
111	Dallam	239	Jackson	367	Parker	495	Winkler
113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
119	Delta	247	Jim Hogg	375	Potter	503	Young
121	Denton	249	Jim Wells	377	Presidio	505	Zapata
123	Dewitt	251	Johnson	379	Rains	507	Zavala
125	Dickens	253	Jones	381	Randall		
127	Dimmit	255	Karnes	383	Reagan		Invalid

Length: 3 **Type:** Alphanumeric **Data Source:** Assigned, based on provider ZIP code

Field 34: **FAC_EMERGENCY_DEPARTMENT_IND**
 Facility indicator for Hospitals and FEMCFs, including Hospital-owned FEMCFs, starting with the 4th Quarter 2020 Facility Type Data File.
 Note:
 The FEMCFs names are available at <https://dshs.texas.gov/thcic/> (downloadable Excel sheet named Current Facility Contact), under “Facility Reporting Requirement”. The provider names and THCIC IDs in the Excel sheet are more current than the ones in the provider file dataset. For the first quarterly implementation, 4th Quarter 2020, the facility indicator has incomplete data due to implementation timing.

Length: 1 **Type:** Alphanumeric **Data Source:** Provider

Field 35: **FAC_ONCOLOGY_IND**
 Oncology facility indicator.

Length: 1 **Type:** Alphanumeric **Data Source:** Provider

GROUPER FILE

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

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Field 8:	FROZEN_APC_GRP_VER Ambulatory Payment Classification (APC) as assigned by 3M APC Grouper. Not available 4Q09. The calculation for this field is updated annually.
Length:	12 Type: Alphanumeric Data Source: Assigned
Field 9:	FROZEN_APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M APC Grouper, the 3M version of the Medicare APC Grouper. The APC is used to define groupings of outpatient services under OPSS (Outpatient Prospective Payment System). Not available 4Q09. The calculation for this field is updated annually.
Length:	5 Type: Alphanumeric Data Source: Assigned
Field 10:	FROZEN_APC_PX_STATUS_IND_CODE Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M APC Grouper, the 3M version of the Medicare APC Grouper. Not available 4Q09. The calculation for this field is updated annually.
Length:	2 Type: Alphanumeric Data Source: Assigned
Field 11:	FROZEN_APC_WEIGHT Ambulatory Payment Classification (APC) weighting as assigned by 3M APC Grouper, the 3M version of the Medicare APC. Not available 4Q09. The calculation for this field is updated annually.
Length:	9 Type: Alphanumeric Data Source: Assigned
Field 12:	FROZEN_APC_PAYMENT_CODE APCs or "Ambulatory Payment Classifications" are the government's method of paying facilities for outpatient services for the Medicare program. The calculation for this field is updated annually.
Length:	5 Type: Alphanumeric Data Source: Assigned
Field 13:	EAPG_GRP_VER Final Enhanced Ambulatory Patient Group (EAPG) as assigned by 3M EAPG Grouper. EAPGs are logical groups of services put together for classification, payment, and reporting. A grouper refers to software or methodology to classify patients into groups for classification, payment, and analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG Software), Outpatient Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and Population Health Groupers (Clinical Risk Groups), among others. Not available 4Q09. The calculation for this field is updated quarterly.
Length:	12 Type: Alphanumeric Data Source: Assigned
Field 14:	FINAL_EAPG_CATEGORY_CODE Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M EAPG Grouper. The category code is a broad group (1 of 61 categories), i.e., 15 – Radiologic Procedures. The 3M Enhanced Ambulatory Patient Grouping System is a methodology developed by 3M designed to reflect the resources used in an ambulatory visit and classify patients with similar clinical characteristics. It is a proprietary product of the company 3M. A grouper refers to software or methodology to classify patients into groups for classification, payment and analyzing i.e., 3M Groupers include Inpatient Groupers (3M APR DRG Software), Outpatient Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and Population Health Groupers (Clinical Risk Groups), among others. Not available 4Q09. The calculation for this field is updated quarterly.
Length:	2 Type: Alphanumeric Data Source: Assigned
Field 15:	FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M EAPG grouper. The type of code is a broader group code (1 of 13 types) describing the encounter, such as 2 –

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	Significant Procedure and 3 – Medical ¹¹ Not available 4Q09. The calculation for this field is updated quarterly.
Length:	2 Type: Alphanumeric Data Source: Assigned
Field 16:	FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG. Not available 4Q09. The calculation for this field is updated quarterly.
Length:	5 Type: Alphanumeric Data Source: Assigned
Field 17:	ADJUSTED_EAPG_WEIGHT Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG Grouper. Each EAPG code has an assigned relative weight reflecting the average resource use for a patient in that 3M EAPG relative to a subset of common ambulatory services Not available 4Q09. The calculation for this field is updated quarterly.
Length:	10 Type: Alphanumeric Data Source: Assigned
Field 18:	APC_GRP_VER Ambulatory Payment Classification (APC) as assigned by 3M APC Grouper. Not available 4Q09. The calculation for this field is updated quarterly.
Length:	12 Type: Alphanumeric Data Source: Assigned
Field 19:	APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M APC Grouper, the 3M version of the Medicare APC Grouper. The APC is used to define groupings of outpatient services under OPSS (Outpatient Prospective Payment System). Not available 4Q09. The calculation for this field is updated quarterly.
Length:	5 Type: Alphanumeric Data Source: Assigned
Field 20:	APC_PX_STATUS_IND_CODE Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M APC Grouper, the 3M version of the Medicare APC Grouper. Not available 4Q09. The calculation for this field is updated quarterly.
Length:	2 Type: Alphanumeric Data Source: Assigned
Field 21:	APC_WEIGHT Ambulatory Payment Classification (APC) weighting as assigned by 3M APC Grouper, the 3M version of the Medicare APC. Not available 4Q09.
Length:	9 Type: Alphanumeric Data Source: Assigned
Field 22:	APC_PAYMENT_CODE APCs or "Ambulatory Payment Classifications" are the government's method of paying facilities for outpatient services for the Medicare program. The calculation for this field is updated annually.
Length:	5 Type: Alphanumeric Data Source: Assigned

DATA ELEMENTS

BASE DATA FILE

Number	OP RDF Field Name	Length	Field Type
1	SERVICE_QUARTER	6	Alphanumeric
2	RECORD_ID (DOES NOT match to RECORD_ID in PUDF. Does match with RDF Charges Files)	12	Alphanumeric
3	PAT_UNIQUE_INDEX	10	Alphanumeric
4	THCIC_ID	6	Alphanumeric
5	SPEC_UNIT_1	1	Alphanumeric
6	SPEC_UNIT_2	1	Alphanumeric
7	SPEC_UNIT_3	1	Alphanumeric
8	SPEC_UNIT_4	1	Alphanumeric
9	SPEC_UNIT_5	1	Alphanumeric
10	ENCOUNTER_INDICATOR	2	Alphanumeric
11	SEX_CODE	1	Alphanumeric
12	BIRTH_DATE	8	Alphanumeric
13	PAT_AGE_GROUP	2	Alphanumeric
14	PAT_AGE_YEARS	3	Alphanumeric
15	PAT_AGE_DAYS	5	Alphanumeric
16	RACE	1	Alphanumeric
17	ETHNICITY	1	Alphanumeric
18	PAT_ADDR_CENSUS_BLOCK_GROUP	14	Alphanumeric
19	PAT_ADDR_CENSUS_BLOCK	5	Alphanumeric
20	PAT_CITY	30	Alphanumeric
21	PAT_STATE	2	Alphanumeric
22	PAT_ZIP	9	Alphanumeric
23	PAT_COUNTRY	2	Alphanumeric
24	PAT_COUNTY	3	Alphanumeric
25	PUBLIC_HEALTH_REGION	2	Alphanumeric
26	TYPE_OF_ADMISSION	1	Alphanumeric
27	SOURCE_OF_ADMISSION	1	Alphanumeric
28	FIRST_PAYMENT_SRC	2	Alphanumeric
29	FIRST_PAYER_ID	10	Alphanumeric
30	FIRST_PAYER_NAME	35	Alphanumeric
31	SECONDARY_PAYMENT_SRC	2	Alphanumeric
32	SECONDARY_PAYER_ID	10	Alphanumeric
33	SECONDARY_PAYER_NAME	35	Alphanumeric

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Number	OP RDF Field Name	Length	Field Type
34	STMT_PERIOD_FROM	8	Alphanumeric
35	STMT_PERIOD_THRU	8	Alphanumeric
36	LENGTH_OF_SERVICE	4	Alphanumeric
37	PAT_STATUS	2	Alphanumeric
38	TYPE_OF_BILL	3	Alphanumeric
39	PAT_REASON_FOR_VISIT	7	Alphanumeric
40	PRINC_DIAG_CODE	7	Alphanumeric
41	OTH_DIAG_CODE_1	7	Alphanumeric
42	OTH_DIAG_CODE_2	7	Alphanumeric
43	OTH_DIAG_CODE_3	7	Alphanumeric
44	OTH_DIAG_CODE_4	7	Alphanumeric
45	OTH_DIAG_CODE_5	7	Alphanumeric
46	OTH_DIAG_CODE_6	7	Alphanumeric
47	OTH_DIAG_CODE_7	7	Alphanumeric
48	OTH_DIAG_CODE_8	7	Alphanumeric
49	OTH_DIAG_CODE_9	7	Alphanumeric
50	OTH_DIAG_CODE_10	7	Alphanumeric
51	OTH_DIAG_CODE_11	7	Alphanumeric
52	OTH_DIAG_CODE_12	7	Alphanumeric
53	OTH_DIAG_CODE_13	7	Alphanumeric
54	OTH_DIAG_CODE_14	7	Alphanumeric
55	OTH_DIAG_CODE_15	7	Alphanumeric
56	OTH_DIAG_CODE_16	7	Alphanumeric
57	OTH_DIAG_CODE_17	7	Alphanumeric
58	OTH_DIAG_CODE_18	7	Alphanumeric
59	OTH_DIAG_CODE_19	7	Alphanumeric
60	OTH_DIAG_CODE_20	7	Alphanumeric
61	OTH_DIAG_CODE_21	7	Alphanumeric
62	OTH_DIAG_CODE_22	7	Alphanumeric
63	OTH_DIAG_CODE_23	7	Alphanumeric
64	OTH_DIAG_CODE_24	7	Alphanumeric
65	RELATED_CAUSE_CODE_1	2	Alphanumeric
66	RELATED_CAUSE_CODE_2	2	Alphanumeric
67	RELATED_CAUSE_CODE_3	2	Alphanumeric
68	E_CODE_1	7	Alphanumeric
69	E_CODE_2	7	Alphanumeric
70	E_CODE_3	7	Alphanumeric

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Number	OP RDF Field Name	Length	Field Type
71	E_CODE_4	7	Alphanumeric
72	E_CODE_5	7	Alphanumeric
73	E_CODE_6	7	Alphanumeric
74	E_CODE_7	7	Alphanumeric
75	E_CODE_8	7	Alphanumeric
76	E_CODE_9	7	Alphanumeric
77	E_CODE_10	7	Alphanumeric
78	PROC_CODE_1	5	Alphanumeric
79	PROC_CODE_2	5	Alphanumeric
80	PROC_CODE_3	5	Alphanumeric
81	PROC_CODE_4	5	Alphanumeric
82	PROC_CODE_5	5	Alphanumeric
83	PROC_CODE_6	5	Alphanumeric
84	PROC_CODE_7	5	Alphanumeric
85	PROC_CODE_8	5	Alphanumeric
86	PROC_CODE_9	5	Alphanumeric
87	PROC_CODE_10	5	Alphanumeric
88	PROC_CODE_11	5	Alphanumeric
89	PROC_CODE_12	5	Alphanumeric
90	PROC_CODE_13	5	Alphanumeric
91	PROC_CODE_14	5	Alphanumeric
92	PROC_CODE_15	5	Alphanumeric
93	PROC_CODE_16	5	Alphanumeric
94	PROC_CODE_17	5	Alphanumeric
95	PROC_CODE_18	5	Alphanumeric
96	PROC_CODE_19	5	Alphanumeric
97	PROC_CODE_20	5	Alphanumeric
98	PROC_CODE_21	5	Alphanumeric
99	PROC_CODE_22	5	Alphanumeric
100	PROC_CODE_23	5	Alphanumeric
101	PROC_CODE_24	5	Alphanumeric
102	PROC_CODE_25	5	Alphanumeric
103	PHYSICIAN1_INDEX_NUMBER	10	Alphanumeric
104	PHYSICIAN2_INDEX_NUMBER	10	Alphanumeric
105	OCCUR_CODE_1	2	Alphanumeric
106	OCCUR_DATE_1	8	Alphanumeric
107	OCCUR_DAY_1	4	Alphanumeric

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Number	OP RDF Field Name	Length	Field Type
108	OCCUR_CODE_2	2	Alphanumeric
109	OCCUR_DATE_2	8	Alphanumeric
110	OCCUR_DAY_2	4	Alphanumeric
111	OCCUR_CODE_3	2	Alphanumeric
112	OCCUR_DATE_3	8	Alphanumeric
113	OCCUR_DAY_3	4	Alphanumeric
114	OCCUR_CODE_4	2	Alphanumeric
115	OCCUR_DATE_4	8	Alphanumeric
116	OCCUR_DAY_4	4	Alphanumeric
117	OCCUR_CODE_5	2	Alphanumeric
118	OCCUR_DATE_5	8	Alphanumeric
119	OCCUR_DAY_5	4	Alphanumeric
120	OCCUR_CODE_6	2	Alphanumeric
121	OCCUR_DATE_6	8	Alphanumeric
122	OCCUR_DAY_6	4	Alphanumeric
123	OCCUR_CODE_7	2	Alphanumeric
124	OCCUR_DATE_7	8	Alphanumeric
125	OCCUR_DAY_7	4	Alphanumeric
126	OCCUR_CODE_8	2	Alphanumeric
127	OCCUR_DATE_8	8	Alphanumeric
128	OCCUR_DAY_8	4	Alphanumeric
129	OCCUR_CODE_9	2	Alphanumeric
130	OCCUR_DATE_9	8	Alphanumeric
131	OCCUR_DAY_9	4	Alphanumeric
132	OCCUR_CODE_10	2	Alphanumeric
133	OCCUR_DATE_10	8	Alphanumeric
134	OCCUR_DAY_10	4	Alphanumeric
135	OCCUR_CODE_11	2	Alphanumeric
136	OCCUR_DATE_11	8	Alphanumeric
137	OCCUR_DAY_11	4	Alphanumeric
138	OCCUR_CODE_12	2	Alphanumeric
139	OCCUR_DATE_12	8	Alphanumeric
140	OCCUR_DAY_12	4	Alphanumeric
141	OCCUR_SPAN_CODE_1	2	Alphanumeric
142	OCCUR_SPAN_FROM_1	8	Alphanumeric
143	OCCUR_SPAN_THRU_1	8	Alphanumeric
144	OCCUR_SPAN_CODE_2	2	Alphanumeric

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Number	OP RDF Field Name	Length	Field Type
145	OCCUR_SPAN_FROM_2	8	Alphanumeric
146	OCCUR_SPAN_THRU_2	8	Alphanumeric
147	OCCUR_SPAN_CODE_3	2	Alphanumeric
148	OCCUR_SPAN_FROM_3	8	Alphanumeric
149	OCCUR_SPAN_THRU_3	8	Alphanumeric
150	OCCUR_SPAN_CODE_4	2	Alphanumeric
151	OCCUR_SPAN_FROM_4	8	Alphanumeric
152	OCCUR_SPAN_THRU_4	8	Alphanumeric
153	CONDITION_CODE_1	2	Alphanumeric
154	CONDITION_CODE_2	2	Alphanumeric
155	CONDITION_CODE_3	2	Alphanumeric
156	CONDITION_CODE_4	2	Alphanumeric
157	CONDITION_CODE_5	2	Alphanumeric
158	CONDITION_CODE_6	2	Alphanumeric
159	CONDITION_CODE_7	2	Alphanumeric
160	CONDITION_CODE_8	2	Alphanumeric
161	VALUE_CODE_1	2	Alphanumeric
162	VALUE_AMOUNT_1	9	Numeric
163	VALUE_CODE_2	2	Alphanumeric
164	VALUE_AMOUNT_2	9	Numeric
165	VALUE_CODE_3	2	Alphanumeric
166	VALUE_AMOUNT_3	9	Numeric
167	VALUE_CODE_4	2	Alphanumeric
168	VALUE_AMOUNT_4	9	Numeric
169	VALUE_CODE_5	2	Alphanumeric
170	VALUE_AMOUNT_5	9	Numeric
171	VALUE_CODE_6	2	Alphanumeric
172	VALUE_AMOUNT_6	9	Numeric
173	VALUE_CODE_7	2	Alphanumeric
174	VALUE_AMOUNT_7	9	Numeric
175	VALUE_CODE_8	2	Alphanumeric
176	VALUE_AMOUNT_8	9	Numeric
177	VALUE_CODE_9	2	Alphanumeric
178	VALUE_AMOUNT_9	9	Numeric
179	VALUE_CODE_10	2	Alphanumeric
180	VALUE_AMOUNT_10	9	Numeric
181	VALUE_CODE_11	2	Alphanumeric

OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

Number	OP RDF Field Name	Length	Field Type
182	VALUE_AMOUNT_11	9	Numeric
183	VALUE_CODE_12	2	Alphanumeric
184	VALUE_AMOUNT_12	9	Numeric
185	OTHER_AMOUNT	12	Numeric
186	PHARM_AMOUNT	12	Numeric
187	MEDSURG_AMOUNT	12	Numeric
188	DME_AMOUNT	12	Numeric
189	USED_DME_AMOUNT	12	Numeric
190	PT_AMOUNT	12	Numeric
191	OT_AMOUNT	12	Numeric
192	SPEECH_AMOUNT	12	Numeric
193	IT_AMOUNT	12	Numeric
194	BLOOD_AMOUNT	12	Numeric
195	BLOOD_ADM_AMOUNT	12	Numeric
196	OR_AMOUNT	12	Numeric
197	LITH_AMOUNT	12	Numeric
198	CARD_AMOUNT	12	Numeric
199	ANES_AMOUNT	12	Numeric
200	LAB_AMOUNT	12	Numeric
201	RAD_AMOUNT	12	Numeric
202	MRI_AMOUNT	12	Numeric
203	OP_AMOUNT	12	Numeric
204	ER_AMOUNT	12	Numeric
205	AMBULANCE_AMOUNT	12	Numeric
206	PRO_FEE_AMOUNT	12	Numeric
207	ORGAN_AMOUNT	12	Numeric
208	ESRD_AMOUNT	12	Numeric
209	CLINIC_AMOUNT	12	Numeric
210	CLAIM_TOTAL_CHARGES	12	Numeric
211	CLAIM_NON_COV_CHARGES	12	Numeric
212	CLAIM_CHARGES Ancil	12	Numeric
213	CLAIM_NON_COV_CHARGES Ancil	12	Numeric
214	PROCESS_DATE	8	Alphanumeric
215	INST_PROF_INDICATOR (INPUT_FORMAT)	1	Alphanumeric
216	INBOUND_INDICATOR	1	Alphanumeric
217	EMERGENCY_DEPT_FLAG	1	Alphanumeric
218	CCSR_PRINC_DIAG_CODE	6	Alphanumeric

OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

Number	OP RDF Field Name	Length	Field Type
219	CCSR_OTH_DIAG_CODE_1	6	Alphanumeric
220	CCSR_OTH_DIAG_CODE_2	6	Alphanumeric
221	CCSR_OTH_DIAG_CODE_3	6	Alphanumeric
222	CCSR_OTH_DIAG_CODE_4	6	Alphanumeric
223	CCSR_OTH_DIAG_CODE_5	6	Alphanumeric
224	CCSR_OTH_DIAG_CODE_6	6	Alphanumeric
225	CCSR_OTH_DIAG_CODE_7	6	Alphanumeric
226	CCSR_OTH_DIAG_CODE_8	6	Alphanumeric
227	CCSR_OTH_DIAG_CODE_9	6	Alphanumeric
228	CCSR_OTH_DIAG_CODE_10	6	Alphanumeric
229	CCSR_OTH_DIAG_CODE_11	6	Alphanumeric
230	CCSR_OTH_DIAG_CODE_12	6	Alphanumeric
231	CCSR_OTH_DIAG_CODE_13	6	Alphanumeric
232	CCSR_OTH_DIAG_CODE_14	6	Alphanumeric
233	CCSR_OTH_DIAG_CODE_15	6	Alphanumeric
234	CCSR_OTH_DIAG_CODE_16	6	Alphanumeric
235	CCSR_OTH_DIAG_CODE_17	6	Alphanumeric
236	CCSR_OTH_DIAG_CODE_18	6	Alphanumeric
237	CCSR_OTH_DIAG_CODE_19	6	Alphanumeric
238	CCSR_OTH_DIAG_CODE_20	6	Alphanumeric
239	CCSR_OTH_DIAG_CODE_21	6	Alphanumeric
240	CCSR_OTH_DIAG_CODE_22	6	Alphanumeric
241	CCSR_OTH_DIAG_CODE_23	6	Alphanumeric
242	CCSR_OTH_DIAG_CODE_24	6	Alphanumeric
243	CCSR_PROC_CODE_1	6	Alphanumeric
244	CCSR_PROC_CODE_2	6	Alphanumeric
245	CCSR_PROC_CODE_3	6	Alphanumeric
246	CCSR_PROC_CODE_4	6	Alphanumeric
247	CCSR_PROC_CODE_5	6	Alphanumeric
248	CCSR_PROC_CODE_6	6	Alphanumeric
249	CCSR_PROC_CODE_7	6	Alphanumeric
250	CCSR_PROC_CODE_8	6	Alphanumeric
251	CCSR_PROC_CODE_9	6	Alphanumeric
252	CCSR_PROC_CODE_10	6	Alphanumeric
253	CCSR_PROC_CODE_11	6	Alphanumeric
254	CCSR_PROC_CODE_12	6	Alphanumeric
255	CCS_PROC_CODE_13	6	Alphanumeric

OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

Number	OP RDF Field Name	Length	Field Type
256	CCS_PROC_CODE_14	6	Alphanumeric
257	CCS_PROC_CODE_15	6	Alphanumeric
258	CCS_PROC_CODE_16	6	Alphanumeric
259	CCS_PROC_CODE_17	6	Alphanumeric
260	CCS_PROC_CODE_18	6	Alphanumeric
261	CCS_PROC_CODE_19	6	Alphanumeric
262	CCS_PROC_CODE_20	6	Alphanumeric
263	CCS_PROC_CODE_21	6	Alphanumeric
264	CCSR_PROC_CODE_22	3	Alphanumeric
265	CCSR_PROC_CODE_23	3	Alphanumeric
266	CCSR_PROC_CODE_24	3	Alphanumeric
267	CCSR_PROC_CODE_25	3	Alphanumeric

CHARGES DATA FILE

Number	OP RDF Field Name	Length	Field Type
1	RECORD_ID (DOES NOT match to RECORD_ID in PUDF. Does match with RDF Base Files)	12	Alphanumeric
2	REVENUE_CODE	4	Alphanumeric
3	HCPCS_QUALIFIER	2	Alphanumeric
4	HCPCS_PROCEDURE_CODE	5	Alphanumeric
5	MODIFIER_1	2	Alphanumeric
6	MODIFIER_2	2	Alphanumeric
7	MODIFIER_3	2	Alphanumeric
8	MODIFIER_4	2	Alphanumeric
9	UNIT_MEASUREMENT_CODE	2	Alphanumeric
10	UNITS_OF_SERVICE	7	Numeric
11	UNIT_RATE	12	Numeric
12	CHRG_LINE_ITEM	14	Numeric
13	CHRG_NON_COV	14	Numeric
14	PROCEDURE_DATE	8	Alphanumeric
15	PROCEDURE_DATE_THRU	8	Alphanumeric
16	SERVICE_FACILITY_CODE	2	Alphanumeric

FACILITY TYPE INDICATOR FILE

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

GROUPER FILE

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