

Texas Department of State Health Services

Center for Health Statistics Texas Health Care Information Collection

TEXAS EMERGENCY DEPARTMENT PUBLIC USE DATA FILES USER MANUAL 2021

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BACKGROUND

The 2014-15 General Appropriations Act, S.B. 1, 83rd Texas Legislature, Regular Session, 2013 (Article II, Department of State Health Services [DSHS], Rider 93) specified that DSHS shall collect hospital emergency department (ED) data as set forth in Chapter 108, Texas Health and Safety Code (THSC).

DSHS began collecting ED data from hospitals on January 1, 2015 per 25 Texas Administrative Code (TAC) Sections 421.71-421.79, and in conjunction with the collection of inpatient and outpatient data.

Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014. Rules were adopted implementing the rural provider requirements to begin with January 1, 2015, data.

The Freestanding Emergency Medical Care Facilities (FEMCF) data collection began on October 1, 2020, under the amended rules in 25 TAC Sections 421.71 - 421.79.

THSC Section 108.012 authorizes DSHS to charge the data requestor a standard fee to recoup funds for sustaining the program processing the data.

TEXAS EMERGENCY DEPARTMENT PUBLIC USE DATA FILES

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

The providers/submitters must submit, correct and certify their data according to the schedule specified in 25 TAC Sections 421.1, 421.6 and 421.7, for inpatient ED records and <u>421.73</u>, <u>421.75</u> and <u>421.76</u> for outpatient ED records (which references 25 TAC Sections 421.63, 421.65 and 421.66). The reporting schedules are also posted on the DSHS/THCIC webpage at http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm. This means

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that the Hospital PUDF and FEMCF ED PUDF reflect a snapshot in time and each quarter may contain some inpatient encounter records or outpatient event records dated in the previous quarter (i.e., for a complete calendar year of data, be sure to check the first quarter of the following year).

The ED PUDF contains:

- Inpatient (IP) Base Data #1 File This file contains the required data elements. For example, codes regarding: Facility Identifier; Principal Diagnosis; Other Diagnoses; External Cause of Injury; Principal Procedure; Other Procedures; Diagnosis Related Group; Type of Admission; Source of Admission; Length of Stay; Patient Ethnicity; Patient Race; Patient Residence City, County, ZIP code, Patient Status, Primary Payment Source and other data used for most research topics.
- IP Base Data #2 File This file contains most of the situationally required data elements and some calculated fields. For example, codes regarding: Condition Code; Value Code; Occurrence Code, Occurrence Day, Charge amounts for Service Pay Groups; and other information that may be useful regarding the inpatient stay research.
- IP Charges File This file contains charges data. This file can be linked with the other IP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products.
- Outpatient (OP) Base Data File This file contains the required data elements. For example, codes regarding: Facility Identifier; Diagnoses; External Cause of Injury; Procedures; Diagnosis Related Group; Charge amounts for Service Pay Groups; Patient Ethnicity; Patient Race; Patient Residence City, County, ZIP code; Patient Status, Source of Admission; Primary Payment Source, and other data used for most research topics.
- OP Classification Data File This file contains calculated data elements and classifiers assigned by THCIC. Clinical Classification Software codes; and, Clinical Risk Group codes, status and severity.
- OP Charges File -This file contains charges data. This file can be linked with the other OP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products. This file also contains Enhanced Ambulatory Patient Grouping codes and Ambulatory Payment Classification information.

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

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

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

The 2021 ED PUDF is available in seven fixed length or tab-delimited format text files: Inpatient Base Data #1, Inpatient Base Data #2, Inpatient Charges, Outpatient Base Data, Outpatient Classification Data, Outpatient Charges, and Facility Type Data files. The sizes of the files are as follows:

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

DATA PROCESSING AND QUALITY

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

First quarter, 809 facilities:

IP Base Data #1	410,049 records	166 variables	Fixed field format	314 MB	Tab-delimited	172 MB
IP Base Data #2	410,049 records	99 variables	Fixed field format	254 MB	Tab-delimited	108 MB
IP Charges	11,323,735 records	13 variables	Fixed field format	886 MB	Tab-delimited	547 MB
OP Base Data	2,385,430 records	128 variables	Fixed field format	2,013 MB	Tab-delimited	950 MB
OP Classification Data	2,385,430 records	83 variables	Fixed field format	644 MB	Tab-delimited	324 MB
OP Charges	20,991,869 records	19 variables	Fixed field format	2,142 MB	Tab-delimited	1,668 MB
Facility Type Data	809 records	33 variables	Fixed field format	72 KB	Tab-delimited	61 KB

Second quarter, 813 facilities:

IP Base Data #1	411,152 records	166 variables	Fixed field format	315 MB	Tab-delimited	171 MB
IP Base Data #2	411,152 records	99 variables	Fixed field format	255 MB	Tab-delimited	108 MB
IP Charges	9,681,691 records	13 variables	Fixed field format	757 MB	Tab-delimited	464 MB
OP Base Data	2,625,684 records	128 variables	Fixed field format	2,216 MB	Tab-delimited	1,048 MB
OP Classification Data	2,625,684 records	83 variables	Fixed field format	709 MB	Tab-delimited	357 MB
OP Charges	23,156,146 records	19 variables	Fixed field format	2,363 MB	Tab-delimited	1,838 MB
Facility Type Data	813 records	33 variables	Fixed field format	72 KB	Tab-delimited	61 KB

Third quarter, 817 facilities:

IP Base Data #1	439,293 records	166 variables	Fixed field format	337 MB	Tab-delimited	182 MB
IP Base Data #2	439,293 records	99 variables	Fixed field format	272 MB	Tab-delimited	115 MB
IP Charges	10,137,933 records	13 variables	Fixed field format	793 MB	Tab-delimited	485 MB
OP Base Data	3,068,522 records	128 variables	Fixed field format	2,590 MB	Tab-delimited	1,207 MB
OP Classification Data	3,068,522 records	83 variables	Fixed field format	828 MB	Tab-delimited	408 MB
OP Charges	24,591,264 records	19 variables	Fixed field format	2,509 MB	Tab-delimited	1,955 MB
Facility Type Data	817 records	34 variables	Fixed field format	73 KB	Tab-delimited	62 KB

Fourth quarter, 817 facilities:

IP Base Data #1	414,199 records	166 variables	Fixed field format	318 MB	Tab-delimited	172 MB
IP Base Data #2	414,199 records	99 variables	Fixed field format	257 MB	Tab-delimited	109 MB
IP Charges	9,584,088 records	13 variables	Fixed field format	749 MB	Tab-delimited	459 MB
OP Base Data	2,896,344 records	128 variables	Fixed field format	2,445 MB	Tab-delimited	1,146 MB
OP Classification Data	2,896,344 records	83 variables	Fixed field format	782 MB	Tab-delimited	388 MB
OP Charges	23,976,539 records	19 variables	Fixed field format	2,447 MB	Tab-delimited	1,905 MB
Facility Type Data	817 records	34 variables	Fixed field format	73 KB	Tab-delimited	62 KB

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

that did not get mapped properly, or whether the facility could not submit corrections before the deadline for corrections ends.

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

PATIENT/PHYSICIAN CONFIDENTIALITY

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

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

- The last two digits of the patient's ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code.
- The ZIP code is changed to '88888' for patients from states other than Texas and the adjacent states (i.e., Arkansas, Louisiana, New Mexico, and Oklahoma).
- The entire ZIP code and gender code are suppressed if the ICD-10-CM code indicates alcohol use, drug use, or an HIV-STD diagnosis.
- The entire ZIP code and provider name are suppressed if a hospital, or FEMCF has fewer than five discharges for a hospital or five visits to a FEMCF of a particular gender, including 'unknown'. The provider ID is changed to '999998'.
- The entire ZIP code is suppressed if a hospital or FEMCF has fewer than fifty discharges in a quarter. The provider ID is changed to `999999'. DSHS/THCIC Page DSHS Document #25-15013

- The country code is suppressed if the country field has fewer than five discharges for that quarter.
- The county code is suppressed if a county has fewer than five discharges for that quarter.
- Age is represented by 22 age group codes for the general patient population and 5 age group codes for patients with one or more diagnosis codes indicating an HIV-STD diagnosis, alcohol use, or drug use.
- Race is changed to 'Other' and ethnicity is suppressed if a hospital, an ASC, or an FEMCF has fewer than ten discharges of a particular race code.

Substance Abuse and Mental Health Services Administration (SAMHSA) new rules:

On January 18, 2017, Substance Abuse and Mental Health Services Administration (SAMHSA) passed rules for the protection of patients covered under 42 USC §290dd-2 and 42 CFR Part 2 rules (Mental Health and Substance Abuse patients and HIV patients).

The federal rules require that patients' names, identifiers (ZIP code, city, address, county, and any geographic identifiers below the state level), sex and dates (date of birth, statement from dates, statement through dates and procedure dates) be modified and/or masked in the THCIC Public Use Data Files (PUDF) and Research Data Files (RDF).

Texas Department of State Health Services (DSHS) proposed rules regarding the collection and release of the data regarding those patients covered by the federal rules, which were adopted, published in the January 25, 2019, Texas Register on page 44 TexReg 429 and became effective January 30, 2019.

Beginning with second quarter 2018, the inpatient, outpatient and emergency department public use datasets and any research datasets approved by the DSHS IRB will be appropriately masked for protection.

To protect physician identities in inpatient data provided by hospitals, and FEMCFs, THSC Sections <u>108.002 (17)</u>, <u>108.009</u>, and <u>108.011</u> require creation of a uniform identification number for physicians in practice. Uniform physician identifiers are available except when the number of physicians represented in a Diagnosis-Related Group (DRG) or Enhanced Ambulatory Patient Grouping (EAPG) for a hospital or an FEMCF is less than the minimum cell size of five.

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

RESTRICTIONS ON DATA USE

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

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

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

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;
- The licensee will not attempt to link nor permit others to attempt to link the hospital, or FEMCF stay records of patients in this data set with personally identifiable records from any other source, including any THCIC research data files;
- The licensee will not release nor permit others to release any information that identifies patients, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;

- The licensee will not permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:

Texas Emergency Department Public Use Data Files, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];

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

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

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

DATA LIMITATIONS

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

• THSC Section <u>108.009(h)</u> requires that a uniform submission format be used for reporting purposes. Beginning with 2005, all data are collected from the THCIC 837 format (a modified version of the American National Standards Institutes, Accredited Standards Committee X12, National Electronic Data Interchange Transaction Set Implementation Guide,

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Health Care Claim: Institutional, 837, ASC X12N 837 and Professional, ASC X12N, and the addenda).

- Up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 external cause of injury codes can be submitted. Sicker patients may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.
- Gender is suppressed for patients with an ICD-10-CM code that indicates drug use, alcohol use, or an HIV-STD diagnosis. Suppression of this data element is applied separately within inpatient and outpatient data sets.
- The last two digits of the ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code. The entire ZIP code is suppressed for patients with an ICD-10-CM code that indicates drug use, alcohol use, an HIV-STD diagnosis, or if a hospital, or an FEMCF has fewer than five discharges of a particular gender, including 'unknown'. ZIP code is changed to '88888' for patients from a state other than Texas and not from an adjacent state. If the ZIP code is changed to '88888' the state abbreviation is changed to 'ZZ'. Suppression of the ZIP code is applied separately within inpatient and outpatient data sets.
- Patient race and ethnicity data are required by law and rule to be submitted for each patient. Generally, these data are not collected by facilities directly from the patient and may be subjectively captured and reported by the facilities.
- Inaccuracies in the data and incompleteness of the data would be addressed in the hospital, or FEMCF's comments if submitted by the providing facilities.
- County of residence is not collected by provider facilities. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- For hospital emergency department patient visits that are admitted to the hospital and included in the inpatient discharge data, DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Diagnosis present on admission indicator codes (POA) are required for all hospitals submitting inpatient discharge data, except Critical Access Hospitals, inpatient rehabilitation hospitals, inpatient psychiatric hospitals, children's or pediatric hospitals, and long-term care hospitals. Some acute care hospitals that have special units similar to the hospitals exempted from reporting POA may not include POA codes for those patients. POA codes are not required and therefore not available for outpatient data.

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- Admission Source as reported by hospitals and FEMCFs is suppressed, as recommended by the previous THCIC Council, when the Admission Type is 'newborn'. Data users can use ICD-10-CM codes to correctly identify the clinical status of newborns.
- Comparability of inpatient length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of inpatient LOS at the hospital level should consider the above factors.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital, or FEMCF and not those who died after discharge from the hospital, or FEMCF.
- The data are a snapshot in time. Hospitals, and FEMCFs must submit data no later than 60 days after the close of a calendar quarter. Depending on hospital, and FEMCFs' collection and billing cycles, not all inpatient discharge encounters from ED visits or outpatient ED visits may have been billed or reported during the particular quarter the patient received the services. Those services may appear in the following quarter's data. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid, Medicare, or other payment sources.
- Updates to PUDF records, if any, are available through the THCIC website, http://www.dshs.texas.gov/thcic/, which should be checked periodically as notifications of an update will be posted on it.
- DSHS collects data from all hospitals, and FEMCFs in the state not specifically exempted (and not owned by the United States of America). Some hospitals may be exempted for certain situations (for example, natural or other disasters, or other unusual conditions) for limited time periods.
- The healthcare facility patient mix (the types of patients treated at healthcare facilities vary, due to the healthcare facility's interest and specialty services availability) should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the facility to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and clerical error. The data are submitted by providers as their best effort to meet statutory requirements.

HOSPITAL COMMENTS FILE & OUTPATIENT FACILITY COMMENTS FILE

(Users are advised to consider hospital, and freestanding emergency medical care facilities (FEMCF) comments in any analysis of the data.)

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Included with the ED PUDF are two separate files ("Hospital Comments File" and (Outpatient Facility Comments File") containing the unedited comments (except for removal of individual identifying information) submitted by hospitals, and FEMCFs at the time of data certification. Comments relating to individual data elements should be considered in any analysis of those data elements. These comments express the opinions of individual hospitals, and FEMCFs (or physicians or healthcare practitioners within those hospitals) and are not necessarily the views of the DSHS. Hospitals that submitted comments are identified in two separate files called the 'Hospital Comments' (for inpatient data) and 'Outpatient Facility Comments' (for outpatient data).

CITATION

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

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



Texas Department of State Health Services

Texas Emergency Department Data Set

DATA DICTIONARY

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

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

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

INPATIENT BASE DATA #1 FILE

Field 1:	RECORD ID				
Description:	Record Identification Numb	Record Identification Number. Unique number assigned to identify the record. The			
	Record_ID in the ED Inpatient PUDF is not linkable to the Record_ID in the ED				
	Outpatient PUDF or ED Rese				
Beginning Position:	•	ata Source:	Assigned		
Length:	12 T	ype:	Alphanumeric		
Field 2:	DISCHARGE				
Description:	Discharge Quarter. Year and qu	uarter of discha	rge. <i>yyyy</i> Qn.		
Beginning Position:	13 D	ata Source:	Assigned		
Length:	6 T	ype:	Alphanumeric		
Field 3:	THCIC_ID				
Description:	Provider ID. Unique identifier a	ssigned to the	provider by DSHS.		
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Suppression:	a hospital	vith fewer than 50 discharges have l has fewer than 5 discharges of a pai		
Roginning Docition	is '999998 19		Accianad	
Beginning Position: Length:	19 6	Data Source: Type:	Assigned Alphanumeric	
Field 4:			Aphanamene	
Description:		cating the type of admission		
Coding Scheme:		mergency		
county contented		rgent		
		lective		
	4 N	ewborn		
		rauma		
		nformation not available		
Beginning Position:	Ir 25	valid Data Source:	Claim	
Length:	1	Type:	Alphanumeric	
Field 5:	SOURCE	_OF_ADMISSION	·	
Description:		cating source of the admission.		
Coding Scheme:		on-Healthcare Facility Point of Origin (Beg	jinning July 1, 2010)
		inic or Physician's Office		
		ransfer from a hospital ransfer from a skilled nursing facility, inte	rmediate care facilit	v or assisted living facility
		ansfer from another health care facility		, accided in ing facility
	8 Co	ourt/Law Enforcement		
		formation not available		
		ransfer from One Distinct Unit of the Hosp esulting in a Separate Claim to the Payer	oital to another Disti	nct Unit of the Same Hospital
		ansfer from Ambulatory Surgery Center		
		ansfer from a Hospice Facility		
		valid		
		Admission=4 (Newborn)		
		orn inside this hospital		
Posinning Desition		orn outside this hospital	Claim	
Beginning Position: Length:	26 1	Data Source: Type:	Claim Alphanumeric	
Field 6:	SPEC_U	<i>/</i> ·	Alphanumenc	
Description:		Units in which most days during	stay occurred	based on number of days b
		sill or Revenue Code.	g stay occurred	bused on number of duys b
Coding Scheme:	C	Coronary Care Unit	Р	Pediatric Unit
county beneficial	D	Detoxification Unit	Ŷ	Psychiatric Unit
	I	Intensive Care Unit	R	Rehabilitation Unit
	H	Hospice Unit	U	Sub-acute Care Unit
	N B	Nursery Obstetric Unit	S Blank	Skilled Nursing Unit Acute Care
	0	Oncology Unit	Dialik	Acute Care
Beginning Position:	27	Data Source:	Calculated	
Length:	1	Туре:	Alphanumeric	
Field 7:	SPEC_U			
Description:		Units in which 2 nd most days du	iring stay occuri	red based on number of day
	, ,,	of Bill or Revenue Code.		
Coding Scheme:		PEC_UNIT_1.		
Beginning Position:	28	Data Source:	Calculated	
Length:	1	Туре:	Alphanumeric	
Field 8:	SPEC_U			
Description:		Units in which 3 rd most days du	ring stay occurr	ed based on number of day
		of Bill or Revenue Code.		
Coding Scheme:		PEC_UNIT_1.	Calavia	
Beginning Position:	29 1	Data Source:	Calculated	
Length: Field 9:		Туре:	Alphanumeric	
	SPEC_UI		ring stay assure	ad bacad on number of day
Description:		Units in which 4 th most days du	ing stay occurr	eu baseu on number of day
Coding Echamor		of Bill or Revenue Code.		
Coding Scheme: Beginning Position:	Same as S 30	PEC_UNIT_1. Data Source:	Calculated	
Length:	1	Type:	Alphanumeric	
DSHS/THCIC		Page		DSHS Document #25-15013

Description	:	SPEC_UNIT_! Specialty Units		^h most davs du	ring stay occurred	based on	number of day
-		by Type of Bill					
Coding Sch	eme:	Same as SPEC_L					
Beginning		31		Data Source:	Calculated		
Length:		1		Туре:	Alphanumeric		
Field 11:		PAT_STATE					
Description	1:				exas and contigue	ous states	s. Standard 2-
		character Post	al Service al	obreviation.			
Coding Sch	eme:	AR Arkansas LA Louisiana					
		NM New Mexico					
		OK Oklahoma TX Texas					
			es and America	an Territories			
		FC Foreign coun					
Beginning	Position	XX Foreign coun 32		Data Source:	Claim		
Length:	- OSICIOII.	2		Type:	Alphanumeric		
Field 12:		PAT_ZIP					
Description	:	Patient's five-d	ligit ZIP cod	e.			
Suppressio					s fewer than 30 dis	scharges.	If state equals
		`ZZ', ZIP code	equals `888	88'. If state equ	uals 'FC' (foreign c	ountry) Z	IP code is blan
		If ICD-10-CM i	ndicates alc	ohol or drug us	e or an HIV-STD o	liagnosis	the ZIP code is
		blank. If ICD-1	0-CM indica	ites alcohol or d	lrug use or an HIV	diagnosi	s (patients
					Part 2 rules) the		
					than fifty discharg		
				n 5 discharges	of a particular ger	der, inclu	ıding `unknown
		the ZIP Code is					
Beginning Length:	Position:	34 5		Data Source:	Claim Alphanumeric		
Length:		J		Туре:	Alphanumenc		
	:	Organization for	ient's reside or Standardi	zation (ISO). If	ist maintained by ICD-10-CM indica USC §290dd-2 ar	ates alcoh	ol or drug use
Description Suppressio	n:	Country of pat Organization for an HIV diagnos the country is	ient's reside or Standardi sis (patients reported as wer than 5 pa	zation (ISO). If covered by 42 "`" (back quote atients from one c	FICD-10-CM indica USC §290dd-2 ar e).	ates alcoh	ol or drug use
Description Suppressio Coding sch Beginning	n: eme:	Country of pat Organization for an HIV diagnos the country is Suppressed if fer See www.ISO.or 39	ient's reside or Standardi sis (patients reported as wer than 5 pa g for complet	zation (ISO). If covered by 42 "`" (back quote atients from one c e list. Data Source:	FICD-10-CM indica USC §290dd-2 ar e). country. Claim	ates alcoh	ol or drug use
Description Suppressio Coding sch Beginning Length:	n: eme:	Country of pat Organization for an HIV diagnos the country is Suppressed if fer See www.ISO.or 39 2	ient's reside or Standardi sis (patients reported as wer than 5 pa g for complet	zation (ISO). If covered by 42 "`" (back quote tients from one c list.	f ICD-10-CM indica USC §290dd-2 ar e). country.	ates alcoh	ol or drug use
Description Suppressio Coding sch Beginning Length: Field 14:	n: eme: Position:	Country of pat Organization for an HIV diagnos the country is Suppressed if fer See www.ISO.or 39 2 PAT_COUNTY	ient's reside or Standardi sis (patients reported as wer than 5 pa g for complet	zation (ISO). If covered by 42 "`" (back quote atients from one c e list. Data Source: Type:	FICD-10-CM indica USC §290dd-2 ar e). country. Claim	ates alcoh	ol or drug use
Description Suppressio Coding sch Beginning Length: Field 14: Description	n: eme: Position:	Country of pat Organization for an HIV diagnos the country is Suppressed if fer See www.ISO.or 39 2	ient's reside or Standardi sis (patients reported as wer than 5 pa g for complet	zation (ISO). If covered by 42 "`" (back quote atients from one c e list. Data Source: Type:	FICD-10-CM indica USC §290dd-2 ar e). country. Claim	ates alcoh	ol or drug use
Description Suppressio Coding sch Beginning I Length: Field 14: Description Coding sch	n: eme: Position: : eme:	Country of pat Organization for an HIV diagnos the country is Suppressed if fer See www.ISO.or 39 2 PAT_COUNTY FIPS code of pat	ient's reside or Standardi sis (patients reported as wer than 5 pa g for complet	zation (ISO). If covered by 42 "`" (back quote tients from one c re list. Data Source: Type:	f ICD-10-CM indica USC §290dd-2 ar e). country. Claim Alphanumeric	ates alcoh Id 42 CFR	ol or drug use Part 2 rules),
Description Suppressio Coding sch Beginning Length: Field 14: Description Coding sch 001	n: eme: Position: : eme: Anderson	Country of pat Organization for an HIV diagnos the country is Suppressed if fer See www.ISO.or 39 2 PAT_COUNTY FIPS code of pat	ient's reside or Standardi sis (patients reported as wer than 5 pa g for complet g for complet ient's county. Bowie	zation (ISO). If covered by 42 "`" (back quote tients from one c re list. Data Source: Type: 073	f ICD-10-CM indica USC §290dd-2 ar e). country. Claim Alphanumeric Cherokee	ates alcoh id 42 CFR	ol or drug use Part 2 rules), Culberson
Description Suppressio Coding sche Beginning Length: Field 14: Description Coding sche 001 003	n: eme: Position: : eme: Anderson Andrews	Country of pat Organization for an HIV diagnos the country is Suppressed if fer See www.ISO.or 39 2 PAT_COUNTY FIPS code of pat	ient's reside or Standardi sis (patients reported as wer than 5 pa g for complet	zation (ISO). If covered by 42 "`" (back quote tients from one c re list. Data Source: Type: 073 075	f ICD-10-CM indica USC §290dd-2 ar e). country. Claim Alphanumeric Cherokee Childress	ates alcoh Id 42 CFR	ol or drug use Part 2 rules),
Description Suppressio Coding sch Beginning Length: Field 14: Description Coding sch 001	n: eme: Position: : eme: Anderson	Country of pat Organization for an HIV diagnos the country is Suppressed if fer See www.ISO.or 39 2 PAT_COUNTY FIPS code of pat	ient's reside or Standardi sis (patients reported as wer than 5 pa g for complet g for complet ient's county. Bowie Brazoria	zation (ISO). If covered by 42 "`" (back quote tients from one c re list. Data Source: Type: 073	f ICD-10-CM indica USC §290dd-2 ar e). country. Claim Alphanumeric Cherokee	ates alcoh id 42 CFR 109 111	ol or drug use Part 2 rules), Culberson Dallam
Description Suppressio Coding sche Beginning Length: Field 14: Description Coding sche 001 003 005	n: eme: Position: : eme: Anderson Andrews Angelina	Country of pat Organization for an HIV diagnos the country is Suppressed if fer See www.ISO.or 39 2 PAT_COUNTY FIPS code of pat 037 039 041	ient's reside or Standardi sis (patients reported as wer than 5 pa g for complet g for complet ient's county. Bowie Brazoria Brazos	zation (ISO). If covered by 42 "`" (back quote tients from one c e list. Data Source: Type: 073 075 077	f ICD-10-CM indica USC §290dd-2 ar e). country. Claim Alphanumeric Cherokee Childress Clay	109 111 113	Culberson Dallam Dallas
Description Suppressio Coding sch Beginning Length: Field 14: Description Coding sch 001 003 005 007	n: eme: Position: : eme: Anderson Andrews Angelina Aransas	Country of pat Organization for an HIV diagnos the country is Suppressed if fer See www.ISO.or 39 2 PAT_COUNTY FIPS code of pat 037 039 041 043	ient's reside or Standardi sis (patients reported as wer than 5 pa g for complet g for complet d g for county. Bowie Brazoria Brazos Brewster	zation (ISO). If covered by 42 "`" (back quote tients from one c e list. Data Source: Type: 073 075 077 079	f ICD-10-CM indica USC §290dd-2 ar e). country. Claim Alphanumeric Cherokee Childress Clay Cochran	109 111 113 115	Culberson Dallam Dallas Dawson
Description Suppressio Coding sch Beginning Length: Field 14: Description Coding sch 001 003 005 007 009	n: eme: Position: : eme: Anderson Andrews Angelina Aransas Archer	Country of pat Organization for an HIV diagnos the country is Suppressed if fer See www.ISO.or 39 2 PAT_COUNTY FIPS code of pat 037 039 041 043 045	ient's reside or Standardi sis (patients reported as wer than 5 pa g for complet g for complet seators brazos Brazos Brewster Briscoe	zation (ISO). If covered by 42 "`" (back quote tients from one c e list. Data Source: Type: 073 073 075 077 079 081	f ICD-10-CM indica USC §290dd-2 ar e). country. Claim Alphanumeric Cherokee Childress Clay Cochran Coke	109 111 113 115 117	Culberson Dallam Dallas Dawson Deaf Smith
Description Suppressio Coding sche Beginning I Length: Field 14: Description Coding sche 001 003 005 007 009 011	n: eme: Position: : eme: Anderson Andrews Angelina Aransas Archer Armstrong	Country of pat Organization for an HIV diagnos the country is Suppressed if fer See www.ISO.or 39 2 PAT_COUNTY FIPS code of pat 037 039 041 043 045 047	ient's reside or Standardi sis (patients reported as wer than 5 pa g for complet g for complet ient's county. Bowie Brazoria Brazos Brewster Briscoe Brooks	zation (ISO). If covered by 42 "`" (back quote tients from one c e list. Data Source: Type: 073 075 077 079 081 083	f ICD-10-CM indica USC §290dd-2 ar e). country. Claim Alphanumeric Cherokee Childress Clay Cochran Coke Coleman	109 111 113 115 117 119	Culberson Dallam Dallas Dawson Deaf Smith Delta
Description Suppressio Coding sch Beginning I Length: Field 14: Description Coding sch 001 003 005 007 009 011 013 015 017	n: eme: Position: : eme: Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey	Country of pat Organization fo an HIV diagnos the country is Suppressed if fee See www.ISO.or 39 2 PAT_COUNTY FIPS code of pat 037 039 041 043 045 047 049 051 053	ient's reside or Standardi sis (patients reported as wer than 5 pa g for complet g for complet ient's county. Bowie Brazoria Brazos Brewster Briscoe Brooks Brown Burleson Burnet	zation (ISO). If covered by 42 "`" (back quote itients from one c e list. Data Source: Type: 073 075 077 079 081 083 085 087 089	f ICD-10-CM indica USC §290dd-2 ar e). country. Claim Alphanumeric Cherokee Childress Clay Cochran Coke Coleman Collin Collingsworth Colorado	109 111 113 115 117 119 121 123 125	Culberson Dallam Dallas Dawson Deaf Smith Delta Denton Dewitt Dickens
Description Suppressio Coding sch Beginning I Length: Field 14: Description Coding sch 001 003 005 007 009 011 013 015 017 019	n: eme: Position: : eme: Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera	Country of pat Organization for an HIV diagnos the country is Suppressed if fer See www.ISO.or 39 2 PAT_COUNTY FIPS code of pat 037 039 041 043 045 047 049 051 053 055	ient's reside or Standardi sis (patients reported as wer than 5 pa g for complet g for complet ient's county. Bowie Brazoria Brazos Brewster Briscoe Brooks Brown Burleson Burnet Caldwell	zation (ISO). If covered by 42 "`" (back quote itients from one c e list. Data Source: Type: 073 075 077 079 081 083 085 087 089 091	f ICD-10-CM indica USC §290dd-2 ar e). country. Claim Alphanumeric Cherokee Childress Clay Cochran Coke Coleman Collin Collingsworth Colorado Comal	109 111 113 115 117 119 121 123 125 127	Culberson Dallam Dallas Dawson Deaf Smith Delta Denton Dewitt Dickens Dimmit
Description Suppressio Coding sch Beginning Length: Field 14: Description Coding sch 001 003 005 007 009 011 013 015 017 019 021	n: eme: Position: : eme: Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop	Country of pat Organization for an HIV diagnos the country is Suppressed if fer See www.ISO.or 39 2 PAT_COUNTY FIPS code of pat 037 039 041 043 045 047 049 051 053 055 057	ient's reside or Standardi sis (patients reported as wer than 5 pa g for complet g for complet ient's county. Bowie Brazoria Brazos Brewster Briscoe Brooks Brown Burleson Burnet Caldwell Calhoun	zation (ISO). If covered by 42 "`" (back quote itients from one c e list. Data Source: Type: 073 075 077 079 081 083 085 087 089 091 093	f ICD-10-CM indica USC §290dd-2 ar e). country. Claim Alphanumeric Cherokee Childress Clay Cochran Coke Coleman Collin Collingsworth Colorado Comal Comal Comanche	109 111 113 115 117 119 121 123 125 127 129	Culberson Dallam Dallas Dawson Deaf Smith Delta Denton Dewitt Dickens Dimmit Donley
Description Suppressio Coding sch Beginning Length: Field 14: Description Coding sch 001 003 005 007 009 011 013 015 017 019 021 023	n: eme: Position: : eme: Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor	Country of pat Organization fo an HIV diagnos the country is Suppressed if fer See www.ISO.or 39 2 PAT_COUNTY FIPS code of pat 037 039 041 043 045 047 049 051 053 055 057 059	ient's reside or Standardi sis (patients reported as wer than 5 pa g for complet g for complet ient's county. Bowie Brazoria Brazos Brewster Briscoe Brooks Brown Burleson Burleson Burnet Caldwell Calhoun Callahan	zation (ISO). If covered by 42 "`" (back quote itients from one c e list. Data Source: Type: 073 075 077 079 081 083 085 087 089 091 093 095	f ICD-10-CM indica USC §290dd-2 ar e). country. Claim Alphanumeric Cherokee Childress Clay Cochran Coke Coleman Collin Collingsworth Colorado Comal Comanche Concho	109 111 113 115 117 119 121 123 125 127 129 131	Culberson Dallam Dallas Dawson Deaf Smith Delta Denton Dewitt Dickens Dimmit Donley Duval
Description Suppressio Coding sch Beginning Length: Field 14: Description Coding sch 001 003 005 007 009 011 013 015 017 019 021 023 025	n: eme: Position: anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee	Country of pat Organization for an HIV diagnos the country is Suppressed if fer See www.ISO.or 39 2 PAT_COUNTY FIPS code of pat 037 039 041 043 045 047 049 051 053 055 057 059 061	ient's reside or Standardi sis (patients reported as wer than 5 pa g for complet g for complet ient's county. Bowie Brazoria Brazos Brewster Briscoe Brooks Brown Burleson Burleson Burnet Caldwell Calhoun Callahan Cameron	zation (ISO). If covered by 42 "`" (back quote itients from one c e list. Data Source: Type: 073 075 077 079 081 083 085 087 089 091 093 095 097	f ICD-10-CM indica USC §290dd-2 ar e). country. Claim Alphanumeric Cherokee Childress Clay Cochran Coke Coleman Collin Collingsworth Colorado Comal Comanche Concho Cooke	109 111 113 115 117 119 121 123 125 127 129 131 133	Culberson Dallam Dallas Dawson Deaf Smith Delta Denton Dewitt Dickens Dimmit Donley Duval Eastland
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Description Suppressio Coding sch Beginning Length: Field 14: Description Coding sch 001 003 005 007 009 011 013 015 017 019 021 023 025 027 029 031	n: eme: Position: Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco	Country of pat Organization for an HIV diagnos the country is Suppressed if fer See www.ISO.or 39 2 PAT_COUNTY FIPS code of pat 037 039 041 043 045 047 049 051 053 055 057 059 061 063 065 067	ient's reside or Standardi sis (patients reported as wer than 5 pa g for complet g for complet ient's county. Bowie Brazoria Brazos Brewster Briscoe Brooks Brown Burleson Burleson Burleson Burleson Callahan Cameron Camp Carson Cass	zation (ISO). If covered by 42 "`" (back quote tients from one c e list. Data Source: Type: 073 075 077 079 081 083 085 087 089 091 093 095 097 099 101 103	F ICD-10-CM indica USC §290dd-2 ar e). country. Claim Alphanumeric Cherokee Childress Clay Cochran Coke Coleman Collin Collingsworth Colorado Comal Comal Comanche Concho Cooke Coryell Cottle Crane	109 111 113 115 117 119 121 123 125 127 129 131 133 135 137 139	Culberson Dallam Dallas Dawson Deaf Smith Delta Denton Dewitt Dickens Dimmit Donley Duval Eastland Ector Edwards Ellis
003 005 007 011 013 015 017 019 021 023 025 027 029 031 033	n: eme: Position: Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Borden	Country of pat Organization for an HIV diagnos the country is Suppressed if fer See www.ISO.or 39 2 PAT_COUNTY FIPS code of pat 037 039 041 043 045 047 049 051 053 055 057 059 061 063 065 067 069	ient's reside or Standardi sis (patients reported as wer than 5 pa g for complet g for complet ient's county. Bowie Brazoria Brazos Brewster Briscoe Brooks Brown Burleson Burleson Burleson Burnet Caldwell Calhoun Callahan Cameron Carson Cass Castro	zation (ISO). If covered by 42 "`" (back quote tients from one c e list. Data Source: Type: 073 075 077 079 081 083 085 087 089 091 093 095 097 099 101 103 105	F ICD-10-CM indica USC §290dd-2 ar e). country. Claim Alphanumeric Cherokee Childress Clay Cochran Coleman Collin Collingsworth Colorado Comal Comanche Concho Cooke Coryell Cottle Crane Crockett	109 111 113 115 117 119 121 123 125 127 129 131 133 135 137 139 141	Culberson Dallam Dallas Dawson Deaf Smith Delta Denton Dewitt Dickens Dimmit Donley Duval Eastland Ector Edwards Ellis El Paso
Description Suppressio Coding sch Beginning Length: Field 14: Description Coding sch 001 003 005 007 009 011 013 015 017 019 021 023 025 027 029 031	n: eme: Position: Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco	Country of pat Organization for an HIV diagnos the country is Suppressed if fer See www.ISO.or 39 2 PAT_COUNTY FIPS code of pat 037 039 041 043 045 047 049 051 053 055 057 059 061 063 065 067	ient's reside or Standardi sis (patients reported as wer than 5 pa g for complet g for complet ient's county. Bowie Brazoria Brazos Brewster Briscoe Brooks Brown Burleson Burleson Burleson Burleson Callahan Cameron Camp Carson Cass	zation (ISO). If covered by 42 "`" (back quote tients from one c e list. Data Source: Type: 073 075 077 079 081 083 085 087 089 091 093 095 097 099 101 103	F ICD-10-CM indica USC §290dd-2 ar e). country. Claim Alphanumeric Cherokee Childress Clay Cochran Coke Coleman Collin Collingsworth Colorado Comal Comal Comanche Concho Cooke Coryell Cottle Crane	109 111 113 115 117 119 121 123 125 127 129 131 133 135 137 139	Culberson Dallam Dallas Dawson Deaf Smith Delta Denton Dewitt Dickens Dimmit Donley Duval Eastland Ector Edwards Ellis
Description Suppressio Coding sch Beginning Length: Field 14: Description Coding sch 001 003 005 007 009 011 013 015 017 019 021 023 025 027 029 031 033	n: eme: Position: Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Borden Bosque	Country of pat Organization for an HIV diagnos the country is Suppressed if fer See www.ISO.or 39 2 PAT_COUNTY FIPS code of pat 037 039 041 043 045 047 049 051 053 055 057 059 061 063 065 067 069	ient's reside or Standardi sis (patients reported as wer than 5 pa g for complet g for complet ient's county. Bowie Brazoria Brazos Brewster Briscoe Brooks Brown Burleson Burleson Burleson Burnet Caldwell Calhoun Callahan Cameron Carson Cass Castro	zation (ISO). If covered by 42 "`" (back quote tients from one c e list. Data Source: Type: 073 075 077 079 081 083 085 087 089 091 093 095 097 099 101 103 105	f ICD-10-CM indica USC §290dd-2 ar e). country. Claim Alphanumeric Cherokee Childress Clay Cochran Colin Collin Collingsworth Colorado Comal Comanche Concho Cooke Coryell Cottle Crane Crockett Crosby	109 111 113 115 117 119 121 123 125 127 129 131 133 135 137 139 141 143	Culberson Dallam Dallas Dawson Deaf Smith Delta Denton Dewitt Dickens Dimmit Donley Duval Eastland Ector Edwards Ellis El Paso

145	Falls	2	239	Jackson	3	333	Mills	427	Starr
147	Fannin	2		Jasper		335	Mitchell	429	Stephens
149	Fayette	2		Jeff Davis		337	Montague	431	Sterling
151	Fisher	2	245	Jefferson	3	339	Montgomery	433	Stonewall
153	Floyd	2	247	Jim Hogg	3	341	Moore	435	Sutton
155	Foard	2	249	Jim Wells	3	343	Morris	437	Swisher
157	Fort Bend	2	251 .	Johnson	3	345	Motley	439	Tarrant
159	Franklin	2	253	Jones	3	347	Nacogdoches	441	Taylor
161	Freestone	2	255	Karnes	3	349	Navarro	443	Terrell
163	Frio	2	257	Kaufman	3	351	Newton	445	Terry
165	Gaines	2	259	Kendall	3	353	Nolan	447	Throckmorton
167	Galveston	2	261	Kenedy	3	355	Nueces	449	Titus
169	Garza	2	263	Kent	3	357	Ochiltree	451	Tom Green
171	Gillespie	2	265	Kerr	3	359	Oldham	453	Travis
173	Glasscock	2	267	Kimble	3	861	Orange	455	Trinity
175	Goliad	2	269	King	3	863	Palo Pinto	457	Tyler
177	Gonzales	2	271	Kinney	3	865	Panola	459	Upshur
179	Gray	2	273	Kleberg	3	367	Parker	461	Upton
181	Grayson	2	275	Knox	3	369	Parmer	463	Uvalde
183	Gregg	2	283	La Salle	3	371	Pecos	465	Val Verde
185	Grimes	2	277	Lamar		373	Polk	467	Van Zandt
187	Guadalupe	2	279	Lamb	3	375	Potter	469	Victoria
189	Hale	2	281	Lampasas		377	Presidio	471	Walker
191	Hall	2	285	Lavaca		379	Rains	473	Waller
193	Hamilton	2	287	Lee		881	Randall	475	Ward
195	Hansford			Leon		383	Reagan	477	Washington
197	Hardeman			Liberty		885	Real	479	Webb
199	Hardin			Limestone		387	Red River	481	Wharton
201	Harris			Lipscomb		389	Reeves	483	Wheeler
203	Harrison			Live Oak		891	Refugio	485	Wichita
205	Hartley			Llano		393	Roberts	487	Wilbarger
207	Haskell			Loving		395	Robertson	489	Willacy
209	Hays			Lubbock		397	Rockwall	491	Williamson
211	Hemphill			Lynn		399	Runnels	493	Wilson
213	Henderson			McCulloch		401	Rusk	495	Winkler
215	Hidalgo			McLennan		103	Sabine	497	Wise
217	Hill			McMullen		105 107	San Augustine	499 501	Wood
219 221	Hockley			Madison Marion		107 109	San Jacinto San Patricio	501	Yoakum
221	Hood Hopkins			Martin		109 111	San Saba	505	Young Zapata
225	Houston			Mason		+11 +13	Schleicher	505	Zavala
225	Howard			Matagorda		15 15	Scurry	507	Zavala
229	Hudspeth			Maverick		+15 +17	Shackelford	•	Invalid
231	Hunt			Medina		19	Shelby		Invalid
233	Hutchinson			Menard		121	Sherman		
235	Irion			Midland		123	Smith		
235	Jack			Milam		125	Somervell		
								tiont 71	'P codo
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Field 15:		PUBLIC_H	EALT	H REGIO					
Description	:	Public Healt				SS			
Coding Sch							ldress, Cochran, Collingsw	orth, Cro	osby, Dallam, Deaf
	-						le Hall Hansford Hartley		

	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	Archar Baular Brown Callahan Clay Calaman Camanaha Cattle Eastland Fisher Foord

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

 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 Anapling Haudin Hauston Jacoba Jefferran Nacadashar Newton Orange Bally Cabing Can
	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,
	0	Walker, Waller, Wharton counties
	7	Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone,
		Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam,
	_	Mills, Robertson, San Saba, Travis, Washington, Williamson counties
	8	Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad,
		Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties
	9	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion,
		Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher,
		Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties
	10	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
	11	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak,
	,	McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties
		Invalid
Beginning Position:	44	Data Source: Assigned
Length:	2	Type: Alphanumeric
Field 16:	PAT	STATUS

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

Page

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Coding Scheme:

- 01 Discharged to home or self-care (routine discharge)
- 02 Discharged to other short term general hospital
- 03 Discharged to skilled nursing facility
- 04 Discharged to intermediate care facility
- 05 Discharged/transferred to a Designated Cancer Center or Children's Hospital
- 06 Discharged to care of home health service
- 07 Left against medical advice
- 08 Discharged to care of Home IV provider
- 09 Admitted as inpatient to this hospital
- 20 Expired
- 21 Discharged/transferred to Court/Law Enforcement
- 30 Still patient
- 40 Expired at home
- 41 Expired in a medical facility
- 42 Expired, place unknown
- 43 Discharged/transferred to federal health care facility
- 50 Discharged to hospice-home
- 51 Discharged to hospice-medical facility
- 61 Discharged/transferred within this institution to Medicare-approved swing bed
- 62 Discharged/transferred to inpatient rehabilitation facility
- 63 Discharged/transferred to Medicare-certified long term care hospital
- 64 Discharged/transferred to Medicaid-certified nursing facility
- 65 Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
- 66 Discharged/transferred to Critical Access Hospital (CAH)

- 69 Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
- 70 Discharge/transfer to another type of health care institution not defined elsewhere in the code list
- 71 Discharged/transferred to other outpatient service
- 72 Discharged/transferred to institution outpatient
- 81 Discharged to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 82 Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 83 Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 84 Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 85 Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 86 Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 87 Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 88 Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 89 Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

DSHS/THCIC	
www.dshs.texas.gov/THCIC	

DSHS Document #25-15013 Last Updated: August, 2022

- 90 Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 91 Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 92 Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 93 Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 94 Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 95 Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 ` Invalid

	16 Data Carrier	
Beginning Position: Length:	46Data Source:2Type:	Claim Alphanumeric
Field 17:	SEX CODE	Aphanumene
Description:	Gender of the patient as recorded at da	ate of admission or start of care
Suppression:		de indicates drug or alcohol use or an HIV-
Suppression		alcohol or drug use or an HIV diagnosis
		and 42 CFR Part 2 rules), the Gender of the
		If a hospital has fewer than 5 patients of a
		Provider ID is '999998' and Hospital Name and
	Patient ZIP Code are blank for those pa	
Coding Scheme:	M Male	itients.
coung scheme:	F Female	
	U Unknown	
	` Invalid	
Beginning Position:	48 Data Source:	Claim
Length:	1 Type:	Alphanumeric
Field 18:	RACE	
Description:	Code indicating the patient's race.	
Suppression:		s of one race that race is changed to 'Other'
	(code equals 5).	2
Coding Scheme:	1 American Indian/Eskimo/Aleut	
-	2 Asian or Pacific Islander	
	3 Black	
	4 White	
	5 Other	
	` Invalid	
Beginning Position: Length:	49 Data Source: 1 Type:	Claim Alphanumeric
Field 19:	1 Type: ETHNICITY	Aphanumenc
Description:	Code indicating the Hispanic origin of t	he nationt
Suppression:		is of one race the ethnicity of patients of that
Suppression	race is suppressed (code is blank).	is of one face the ethnicity of patients of that
Coding Scheme:	1 Hispanic Origin	
county scheme.	2 Not of Hispanic Origin	
	` Invalid	
Beginning Position:	50 Data Source:	Claim
Length:	1 Type:	Alphanumeric
Field 20:	ADMIT_WEEKDAY	k
Description:	Code indicating day of week patient is	admitted
Coding Scheme:	1 Monday	5 Friday
-	2 Tuesday	6 Saturday
	3 Wednesday	7 Sunday
	4 Thursday	` Invalid
Beginning Position:	51 Data Source:	Assigned
Length:	1 Type:	Alphanumeric
Field 21:	LENGTH_OF_STAY	

Description:	5 , ,	'	t covers period through date <i>minus</i> num length of stay is 1 day. The maximum is
Beginning Position:	52	Data Source:	Calculated
Length:	4	Type:	Alphanumeric

		_AGE						
Description:		e indicating age of pa			years or	n date of		
Coding Scheme:	00	1-28 days	10				20	85-89
	01	29-365 days	11				21	90+
	02	1-4 years	12	45-49			HIV	-STD and drug/alcohol use
	03	5-9	13	50-54			22	<i>patients:</i> 0-17
	04	10-14	14				23	18-44
	05	15-17	15				24	45-64
	06	18-19	16	65-69			25	65-74
	07	20-24	17	70-74			26	75+
	08	25-29	18				`	Invalid
	09	30-34	19					
Beginning Position:	56			Source:	Assigned			
Length:	2		Type:		Alphanur	meric		
Field 23:		ST_PAYMENT_SRC			<i>.</i>			
Description:		e indicating the expe	cted pr	imary so				
Coding Scheme:	09	Self Pay (Removed from beginning 2Q2			HM		aintenar	nce Organization
	10	Central Certification			LI	Liability		
	11	Other Non-federal Progr		יטמס	LM	Liability Medicare		
	12 13	Preferred Provider Orgar Point of Service (POS)	nzation (I	rru)	MA MB	Medicare		
	13	Exclusive Provider Organ	nization (I	EPO)	MC	Medicaid		
	15	Indemnity Insurance	-		TV	Title V		
	16	Health Maintenance Org Medicare Risk	anization	(HMO)	OF	Other Fe	deral Pro	ogram
	AM	Automobile Medical			VA			tration Plan
	BL	Blue Cross/Blue Shield			WC			nsation Health Claim
	CH CI	CHAMPUS Commercial Insurance			ZZ			t or Unknown Z, combined for 2004 & 200
	DS	Disability Insurance			、	Invalid		
Beginning Position:	58	Disability Trisul alle	Data 9	Source:	Claim	Invallu		
Length:	2		Type:		Alphanur	meric		
Field 24:		CONDARY_PAYMEN			p.iaiiai			
Description:		e indicating the expe	_	condany	SOURCE OF	fnavme	nt	
Coding Scheme:		e as field FIRST_PAYME				payine		
Beginning Position:	60			Source:	Claim			
Length:	2		Type:		Alphanur	neric		
Field 25:		PE_OF_BILL						
Description:		cates the specific type o	f bill.					
	Indi	cates the specific type o <i>ligit-Type of Facility</i>		digit–Typ	e of Care		3 rd di	igit–Sequence of claim
Description:	Indi			5 / /	<i>e of Care</i> , including N	Medicare		<i>git-Sequence of claim</i> Non-payment/Zero claim
Description:	Indio 1 st d	ligit–Type of Facility	2 nd	Inpatient Part A Inpatient			0 I 1 /	Non-payment/Zero claim Admit through discharge
Description:	Indio 1 st d 1	<i>ligit–Type of Facility</i> Hospital	2 nd 1	Inpatient Part A	, including N , Medicare F			Non-payment/Zero claim
Description:	India 1 st d 1 2	<i>ligit-Type of Facility</i> Hospital Skilled nursing	2 nd 1 2	Inpatient Part A Inpatient only Outpatier Outpatier	, including N , Medicare F nt nt Other, Me	Part B		Non-payment/Zero claim Admit through discharge claim
Description:	India 1 st d 1 2 3 4	<i>ligit–Type of Facility</i> Hospital Skilled nursing Home health Religious non-medical health care–Hospital	2 nd 1 2 3 4	Inpatient, Part A Inpatient, only Outpatier Outpatier Part B on	, including N , Medicare F nt nt Other, Me ly	Part B edicare	0 1 1 2 2 1 3 1	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim
Description:	India 1 st d 1 2	<i>ligit-Type of Facility</i> Hospital Skilled nursing Home health Religious non-medical	2 nd 1 2 3 4 5	Inpatient, Part A Inpatient, only Outpatier Outpatier Part B on	, including N , Medicare F nt nt Other, Me	Part B edicare	0 1 1 2 2 1 3 1	Non-payment/Zero claim Admit through discharge claim Interim-first claim
Description:	India 1 st a 1 2 3 4 5 6	ligit-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care	2 nd 1 2 3 4 5 5	Inpatient, Part A Inpatient, only Outpatier Outpatier Part B on Intermed	, including N , Medicare F nt t Other, Me ly iate Care-L iate Care-L	Part B edicare evel I evel II	0 1 1 7 2 1 3 1 4 1 5 1	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim
Description:	India 1 st d 1 2 3 4 5	ligit-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care	2 nd 1 2 3 4 5	Inpatient Part A Inpatient only Outpatier Part B on Intermed Intermed Sub-acuto	, including N , Medicare F nt Other, Me ly iate Care-L	Part B edicare evel I evel II	0 1 1 2 2 1 3 1 4 1 5 1 6 2	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim Adjustment of prior claim
Description:	India 1 st d 1 2 3 4 5 6 7	ligit-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic	2 nd 1 2 3 4 5 6 7	Inpatient, Part A Inpatient, only Outpatier Outpatier Part B on Intermed Intermed Sub-acut III	, including N , Medicare F nt t Other, Me ly iate Care-L iate Care-L e inpatient -	Part B edicare evel I evel II	0 1 2 1 3 1 4 1 5 1 6 2	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare)
Description:	India 1 st a 1 2 3 4 5 6	ligit-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care	2 nd 1 2 3 4 5 5	Inpatient Part A Inpatient only Outpatier Part B on Intermed Intermed Sub-acuto	, including N , Medicare F nt t Other, Me ly iate Care-L iate Care-L e inpatient -	Part B edicare evel I evel II	0 1 // 2 3 4 5 6 // 7	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim
Description:	India 1 st d 1 2 3 4 5 6 7	ligit-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic	2 nd 1 2 3 4 5 6 7 8	Inpatient, Part A Inpatient, only Outpatier Outpatier Part B on Intermed Intermed Sub-acut III	, including N , Medicare F nt t Other, Me ly iate Care-L iate Care-L e inpatient - d Claim	Part B edicare evel I evel II - Level	0 1 // 2 3 4 5 6 // 7	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare)
Description: Coding Scheme: Beginning Position: Length:	India 1 st d 1 2 3 4 5 6 7 8 62 3	ligit-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic Special facility	2 nd 1 2 3 4 5 6 7 8	Inpatient Part A Inpatient, only Outpatier Part B on Intermed Sub-acut III Swing be	, including N , Medicare F nt t Other, Me ly iate Care-L iate Care-L e inpatient - d	Part B edicare evel I evel II - Level	0 1 // 2 3 4 5 6 // 7	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim
Description: Coding Scheme:	India 1 st d 1 2 3 4 5 6 7 8 62 3	ligit-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic	2 nd 1 2 3 4 5 6 7 8 8 Data S	Inpatient Part A Inpatient, only Outpatier Part B on Intermed Sub-acut III Swing be	, including N , Medicare F nt t Other, Me ly iate Care-L iate Care-L e inpatient - d Claim	Part B edicare evel I evel II - Level	0 1 // 2 3 4 5 6 // 7	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim
Description: Coding Scheme: Beginning Position: Length:	India 1 st d 1 2 3 4 5 6 7 8 62 3 TO	ligit-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic Special facility	2 nd 1 2 3 4 5 6 7 8 Data S Type:	Inpatient Part A Inpatient, only Outpatier Part B on Intermed Sub-acut: III Swing be	, including N , Medicare F nt t Other, Me ly iate Care-L e inpatient - d Claim Alphanur	Part B edicare evel I evel II - Level meric	0 1 2 1 3 1 4 1 5 1 6 / 7 1 8 1 7	Non-payment/Zero claim Admit through discharge claim Interim–first claim Interim–continuing claim Interim–last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim
Description: Coding Scheme: Beginning Position: Length: Field 26:	India 1 st a 1 2 3 4 5 6 7 8 62 3 TOT Sum	ligit-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic Special facility	2 nd 1 2 3 4 5 6 7 8 Data S Type:	Inpatient Part A Inpatient, only Outpatier Part B on Intermed Sub-acut: III Swing be Source:	, including N , Medicare F nt t Other, Me ly iate Care-L e inpatient - d Claim Alphanur	Part B edicare evel I evel II - Level meric	0 1 2 1 3 1 4 1 5 1 6 / 7 1 8 1 7	Non-payment/Zero claim Admit through discharge claim Interim–first claim Interim–continuing claim Interim–last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim
Description: Coding Scheme: Beginning Position: Length: Field 26:	India 1 st a 1 2 3 4 5 6 7 8 62 3 TOT Sum	ligit-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic Special facility	2 nd 1 2 3 4 5 6 7 8 Data S Type: charges	Inpatient Part A Inpatient, only Outpatier Part B on Intermed Sub-acut: III Swing be Source:	, including N , Medicare F nt t Other, Me ly iate Care-L e inpatient - d Claim Alphanur	Part B edicare evel I evel II - Level meric	0 1 2 1 3 1 4 1 5 1 6 / 7 1 8 1 7	Non-payment/Zero claim Admit through discharge claim Interim–first claim Interim–continuing claim Interim–last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim
Description: Coding Scheme: Beginning Position: Length: Field 26: Description: Beginning Position:	India 1 st a 1 2 3 4 5 6 7 8 62 3 TO1 Sun chai	ligit-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic Special facility	2 nd 1 2 3 4 5 6 7 8 Data S Type: charges	Inpatient Part A Inpatient only Outpatier Part B on Intermed Sub-acut III Swing be Source: 5, non-co charges.	, including N , Medicare F nt Other, Me ly iate Care-L iate Care-L e inpatient - d Claim Alphanur vered acc	Part B edicare evel I evel II - Level meric	0 1 2 1 3 1 4 1 5 1 6 / 7 1 8 1 7	Non-payment/Zero claim Admit through discharge claim Interim–first claim Interim–continuing claim Interim–last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim
Description: Coding Scheme: Beginning Position: Length: Field 26: Description: Beginning Position: Length:	India 1 st d 1 2 3 4 5 6 7 8 62 3 TOT Sun chai 65 12	ligit-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic Special facility	2 nd 1 2 3 4 5 6 7 8 Data S Type: charges cillary (Data S Type:	Inpatient Part A Inpatient, only Outpatier Part B on Intermed Intermed Sub-acut: III Swing be Source: S, non-co charges.	, including N , Medicare F nt t Other, Me ly iate Care-L e inpatient - d Claim Alphanur vered acc Claim	Part B edicare evel I evel II - Level meric	0 1 2 1 3 1 4 1 5 1 6 / 7 1 8 1 7	Non-payment/Zero claim Admit through discharge claim Interim–first claim Interim–continuing claim Interim–last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim
Description: Coding Scheme: Beginning Position: Length: Field 26: Description:	India 1 st a 1 2 3 4 5 6 7 8 62 3 TO1 Sun chai 65 12 TO1	ligit-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic Special facility FAL_CHARGES n of accommodation of rges, non-covered an	2 nd 1 2 3 4 5 6 7 8 Data S Type: charges cillary (Data S Type:	Inpatient Part A Inpatient, only Outpatier Part B on Intermed Intermed Sub-acut: III Swing be Source: S, non-co charges. Source:	, including N , Medicare F nt t Other, Me ly iate Care-L e inpatient - d Claim Alphanur vered acc Claim Numeric	Part B edicare evel I evel II - Level <u>meric</u>	0 1 1 / (2 1 3 1 4 1 5 1 6 / 7 1 8 1 1 8 1 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim Charges, ancillary
Description: Coding Scheme: Beginning Position: Length: Field 26: Description: Beginning Position: Length: Field 27: Description:	India 1 st a 1 2 3 4 5 6 7 8 62 3 TO1 5 12 TO1 5 12 TO1 5 12 Sum	ligit-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic Special facility FAL_CHARGES n of accommodation of rges, non-covered an	2 nd 1 2 3 4 5 6 7 8 Data S Type: charges cillary of Data S Type:	Inpatient Part A Inpatient, only Outpatier Part B on Intermed Intermed Sub-acut: III Swing be Source: S, non-co charges. Source:	, including N , Medicare F nt t Other, Me ly iate Care-L e inpatient - d Claim Alphanur vered acc Claim Numeric	Part B edicare evel I evel II - Level <u>meric</u>	0 1 1 / (2 1 3 1 4 1 5 1 6 / 7 1 8 1 1 8 1 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim Charges, ancillary
Description: Coding Scheme: Beginning Position: Length: Field 26: Description: Beginning Position: Length: Field 27:	India 1 st a 1 2 3 4 5 6 7 8 62 3 TO1 Sun chai 65 12 TO1	ligit-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic Special facility FAL_CHARGES n of accommodation of rges, non-covered an	2 nd 1 2 3 4 5 6 7 8 Data S Type: charges cillary of Data S Type:	Inpatient Part A Inpatient, only Outpatier Part B on Intermed Intermed Sub-acut: III Swing be Source: S, non-co charges. Source:	, including N , Medicare F nt t Other, Me ly iate Care-L iate Care-L e inpatient - d Claim Alphanur vered aco Claim Numeric	Part B edicare evel I evel II - Level <u>meric</u> commod	0 1 1 / (2 1 3 1 4 1 5 1 6 / 7 1 8 1 1 8 1 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim Charges, ancillary
Description: Coding Scheme: Beginning Position: Length: Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position:	India 1 st d 1 2 3 4 5 6 7 8 62 3 TOI Sun 65 12 TOI Sun 77	ligit-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic Special facility FAL_CHARGES n of accommodation of rges, non-covered an	2 nd 1 2 3 4 5 6 7 8 Data S Type: charges cillary of Data S Type: ARGES ommod Data S	Inpatient Part A Inpatient, only Outpatier Part B on Intermed Intermed Sub-acut: III Swing be Source: S, non-co charges. Source:	, including N , Medicare F nt t Other, Me ly iate Care-L e inpatient - d Claim Alphanur vered acc Claim Numeric arges, nou Claim	Part B edicare evel I evel II - Level <u>meric</u> commod	0 1 1 / (2 1 3 1 4 1 5 1 6 / 7 1 8 1 1 8 1 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim Charges, ancillary
Description: Coding Scheme: Beginning Position: Length: Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position:	India 1 st d 1 2 3 4 5 6 7 8 62 3 TOI Sun 65 12 TOI Sun 77	ligit-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic Special facility FAL_CHARGES n of accommodation of rges, non-covered an	2 nd 1 2 3 4 5 6 7 8 Data S Type: charges cillary of Data S Type: ARGES ommod Data S	Inpatient Part A Inpatient, only Outpatier Outpatier Part B on Intermed Intermed Sub-acut III Swing be Source: Source: ation cha Source:	, including N , Medicare F nt t Other, Me ly iate Care-L e inpatient - d Claim Alphanur vered acc Claim Numeric arges, noi Claim	Part B edicare evel I evel II - Level <u>meric</u> commod	0 1 1 / 2 1 3 1 4 1 5 1 6 / 7 1 8 1 lation (Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim Charges, ancillary

Field 28:	TOTAL_CHARGES_A		
Description:	Sum of covered and n		
Beginning Position: Length:	89 12	Data Source:	Claim Numeric
Field 29:	TOTAL_NON_COV_C		
Description:	Sum of non-covered a		-
Beginning Position:	101	Data Source:	Claim
Length: Field 30:	12	Туре:	Numeric
	TOTAL_CHARGES_A		
Description:	Sum of covered and n		
Beginning Position:	113 12	Data Source:	Claim
Length: Field 31:			Numeric
	TOTAL_NON_COV_C	_	
Description:	Sum of non-covered a		Claim
Beginning Position:	125	Data Source:	Claim
Length: Field 32:	12	Туре:	Numeric
	ADMITTING_DIAGN		
Description:			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied foll		
Beginning Position:	137	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 33:	PRINC_DIAG_CODE		
Description:			pal diagnosis, including the 4th, 5th, 6th and
			ed following the third character.
	144	Data Source:	Claim
Beginning Position:			
Length:	7	Туре:	Alphanumeric
Length: Field 34:	7 POA_PRINC_DIAG_	CODE	·
Length:	7 POA_PRINC_DIAG_ Code identifying whet patient was admitted Y Yes N No	CODE her Principal Diag	Alphanumeric
Length: Field 34: Description:	7 POA_PRINC_DIAG_ Code identifying whet patient was admitted Y Yes N No U Unknown W Clinically Undeterr 1 Space (1 st & 2 nd Q	CODE her Principal Diagi to the hospital nined	· ·
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Length: Field 34: Description: Coding Scheme: Beginning Position:	7 POA_PRINC_DIAG_ Code identifying whet patient was admitted Y Yes N No U Unknown W Clinically Undeterr 1 Space (1 st & 2 nd Q ` Invalid 151	CODE her Principal Diag to the hospital nined tr. 2012 only) Data Source:	nosis code was present at the time the Claim
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Field 39:	OTH_DIAG_CODE_3	
Description:		g the 4th, 5th, 6th and 7th digits if applicable.
Dealanina Dealtia	Decimal is implied following the thir	
Beginning Position: Length:	168 Data Source 7 Type:	
Field 40:	7 Type: POA_OTH_DIAG_CODE_3	Alphanumeric
Description:		Code_3 code was present at the time the patient
	was admitted to the hospital	at the time the patient
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE	
Beginning Position:	175 Data Sour	ce: Claim
Length:	1 Type:	Alphanumeric
Field 41:	OTH_DIAG_CODE_4	
Description:	ICD-10-CM diagnosis code, including	g the 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied following the thir	
Beginning Position:	176 Data Sour	
Length:	7 Type:	Alphanumeric
Field 42:	POA_OTH_DIAG_CODE_4	Code A and a second state the time the action
Description:		Code_4 code was present at the time the patient
Coding Cohomos	was admitted to the hospital	
Coding Scheme: Beginning Position:	Same as Field POA_PRINC_DIAG_CODE 183 Data Source	ce: Claim
Length:	1 Type:	Alphanumeric
Field 43:	OTH_DIAG_CODE_5	L
Description:		g the 4th, 5th, 6th and 7th digits if applicable.
-	Decimal is implied following the thir	
Beginning Position:	184 Data Source	
Length:	7 Type:	Alphanumeric
Field 44:	POA_OTH_DIAG_CODE_5	
Description:		Code_5 code was present at the time the patient
	was admitted to the hospital	
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE	
Beginning Position:	191 Data Sourc	
ength: Field 45:	1 Type: OTH_DIAG_CODE_6	Alphanumeric
Description:		g the 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied following the third	
Beginning Position:	192 Detiniar is implied following the time	
Length:	7 Type:	Alphanumeric
Field 46:	POA_OTH_DIAG_CODE_6	•
Description:		Code_6 code was present at the time the patient
	was admitted to the hospital	
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE	
Beginning Position:	199 Data Sour	
Length:	1 Type:	Alphanumeric
Field 47:	OTH_DIAG_CODE_7	
Description:		g the 4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	Decimal is implied following the third 200 Data Source	
Length:	7 Data Source 7 Type:	Alphanumeric
Field 48:	POA_OTH_DIAG_CODE_7	Aphanamene
Description:		Code_7 code was present at the time the patient
	was admitted to the hospital	, ever me present at the time the patient
Coding Scheme:	Same as Field POA PRINC DIAG CODE	
Beginning Position:	207 Data Source	ce: Claim
ength:	1 Type:	Alphanumeric
Field 49:	OTH_DIAG_CODE_8	
Description:		g the 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied following the thir	
Beginning Position:	208 Data Sourc	
Length:	7 Type:	Alphanumeric
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Field 50:	POA_OTH_DIAG_C		
Description:			e_8 code was present at the time the patient
	was admitted to the		
Coding Scheme:	Same as Field POA_PRI	NC_DIAG_CODE	
Beginning Position:	215	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 51:	OTH_DIAG_CODE_	9	
Description:	ICD-10-CM diagnosis	code, including the	e 4th, 5th, 6th and 7th digits if applicable.
•	Decimal is implied fo	llowing the third ch	aracter.
Beginning Position:	216	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 52:	POA_OTH_DIAG_C	<i>/</i> ·	Aphanamene
Description:			e_9 code was present at the time the patient
Description.			le_9 code was present at the time the patient
	was admitted to the		
Coding Scheme:	Same as Field POA_PRI		Claim
Beginning Position:	223	Data Source:	Claim
ength:	1	Туре:	Alphanumeric
Field 53:	OTH_DIAG_CODE_		
Description:			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied for	lowing the third ch	aracter.
Beginning Position:	224	Data Source:	Claim
ength:	7	Туре:	Alphanumeric
Field 54:	POA_OTH_DIAG_C	ODE_10	
Description:			e_10 code was present at the time the
-	patient was admitted		
Coding Scheme:	Same as Field POA_PRI		
Beginning Position:	231	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 55:	OTH_DIAG_CODE_	<u> </u>	Aphanamene
Description:			a 4th Eth Cth and 7th diaita if annliaghla
Description:			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied for		
Beginning Position:	232	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 56:	POA_OTH_DIAG_C		
Description:	Code identifying whe	ther Oth_Diag_Cod	e_11 code was present at the time the
	patient was admitted	to the hospital	
Coding Scheme:	Same as Field POA_PRI	NC_DIAG_CODE	
Beginning Position:	239	Data Source:	Claim
Length:	1	Type:	Alphanumeric
	-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Alphandmenc
			Alphanumenc
Field 57:	OTH_DIAG_CODE_	12	· ·
Field 57:	OTH_DIAG_CODE_ ICD-10-CM diagnosis	12 code, including the	e 4th, 5th, 6th and 7th digits if applicable.
Field 57: Description:	OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for	12 code, including the llowing the third ch	e 4th, 5th, 6th and 7th digits if applicable. aracter.
Field 57: Description: Beginning Position:	OTH_DIAG_CODE_ ICD-10-CM diagnosis	12 code, including the llowing the third ch Data Source:	e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Field 57: Description: Beginning Position: Length:	OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 240 7	12 code, including the llowing the third ch Data Source: Type:	e 4th, 5th, 6th and 7th digits if applicable. aracter.
Field 57: Description: Beginning Position: Length: Field 58:	OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 240 7 POA_OTH_DIAG_C	12 code, including the llowing the third ch Data Source: Type: ODE_12	e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Field 57: Description: Beginning Position: Length: Field 58:	OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 240 7 POA_OTH_DIAG_C Code identifying whe	12 code, including the llowing the third ch Data Source: Type: ODE_12 ther Oth_Diag_Cod	e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
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Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme:	OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 240 7 POA_OTH_DIAG_C Code identifying whe patient was admitted Same as Field POA_PRI	12 code, including the llowing the third ch Data Source: Type: ODE_12 ther Oth_Diag_Cod to the hospital NC_DIAG_CODE	e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric le_12 code was present at the time the
Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position:	OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 240 7 POA_OTH_DIAG_C Code identifying whe patient was admitted Same as Field POA_PRI 247	12 code, including the llowing the third ch Data Source: Type: ODE_12 ther Oth_Diag_Cod to the hospital NC_DIAG_CODE Data Source:	e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric le_12 code was present at the time the Claim
Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length:	OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 240 7 POA_OTH_DIAG_C Code identifying whe patient was admitted Same as Field POA_PRI 247 1	12 code, including the llowing the third ch Data Source: Type: ODE_12 ther Oth_Diag_Cod to the hospital NC_DIAG_CODE Data Source: Type:	e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric le_12 code was present at the time the
Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59:	OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 240 7 POA_OTH_DIAG_C Code identifying whe patient was admitted Same as Field POA_PRI 247 1 OTH_DIAG_CODE_	12 code, including the llowing the third ch Data Source: Type: ODE_12 ther Oth_Diag_Cod to the hospital NC_DIAG_CODE Data Source: Type: 13	e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric le_12 code was present at the time the Claim Alphanumeric
Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59:	OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 240 7 POA_OTH_DIAG_C Code identifying whe patient was admitted Same as Field POA_PRI 247 1 OTH_DIAG_CODE_ ICD-10-CM diagnosis	12 code, including the llowing the third ch Data Source: Type: ODE_12 ther Oth_Diag_Cod to the hospital NC_DIAG_CODE Data Source: Type: 13 code, including the	e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric le_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable.
Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59: Description:	OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 240 7 POA_OTH_DIAG_C Code identifying whe patient was admitted Same as Field POA_PRI 247 1 OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for	12 a code, including the llowing the third ch Data Source: Type: ODE_12 ther Oth_Diag_Cod to the hospital NC_DIAG_CODE Data Source: Type: 13 a code, including the llowing the third ch	e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric le_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter.
Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59: Description: Beginning Position:	OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 240 7 POA_OTH_DIAG_C Code identifying whe patient was admitted Same as Field POA_PRI 247 1 OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 248	12 a code, including the llowing the third chi Data Source: Type: ODE_12 ther Oth_Diag_Cod to the hospital NC_DIAG_CODE Data Source: Type: 13 a code, including the llowing the third chi Data Source: Data Source:	e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric le_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59: Description: Beginning Position: Length:	OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 240 7 POA_OTH_DIAG_C Code identifying whe patient was admitted Same as Field POA_PRI 247 1 OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 248 7	12 a code, including the llowing the third chi Data Source: Type: ODE_12 ther Oth_Diag_Cod to the hospital NC_DIAG_CODE Data Source: Type: 13 a code, including the llowing the third chi Data Source: Type:	e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric le_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter.
Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59: Description: Beginning Position: Length:	OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 240 7 POA_OTH_DIAG_C Code identifying whe patient was admitted Same as Field POA_PRI 247 1 OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 248	12 a code, including the llowing the third chi Data Source: Type: ODE_12 ther Oth_Diag_Cod to the hospital NC_DIAG_CODE Data Source: Type: 13 a code, including the llowing the third chi Data Source: Type:	e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric le_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59: Description: Beginning Position: Length: Field 60:	OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 240 7 POA_OTH_DIAG_C Code identifying whe patient was admitted Same as Field POA_PRI 247 1 OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 248 7 POA_OTH_DIAG_C	12 a code, including the llowing the third chi Data Source: Type: ODE_12 ther Oth_Diag_Cod to the hospital NC_DIAG_CODE Data Source: Type: 13 a code, including the llowing the third chi Data Source: Type: ODE_13	e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric le_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59: Description: Beginning Position: Length: Field 60:	OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 240 7 POA_OTH_DIAG_C Code identifying whe patient was admitted Same as Field POA_PRI 247 1 OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 248 7 POA_OTH_DIAG_C Code identifying whe	12 a code, including the llowing the third chi Data Source: Type: ODE_12 ther Oth_Diag_Cod to the hospital NC_DIAG_CODE Data Source: Type: 13 a code, including the llowing the third chi Data Source: Type: ODE_13 ther Oth_Diag_Cod	e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric le_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Field 57: Description: Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59: Description: Beginning Position: Length: Field 60: Description:	OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 240 7 POA_OTH_DIAG_C Code identifying whe patient was admitted Same as Field POA_PRI 247 1 OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 248 7 POA_OTH_DIAG_C Code identifying whe patient was admitted	12 a code, including the llowing the third chi Data Source: Type: ODE_12 ther Oth_Diag_Cod to the hospital NC_DIAG_CODE Data Source: Type: 13 a code, including the llowing the third chi Data Source: Type: ODE_13 ther Oth_Diag_Cod to the hospital	e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric le_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59: Description: Beginning Position: Length: Field 60: Description: Coding Scheme:	OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 240 7 POA_OTH_DIAG_C Code identifying whe patient was admitted Same as Field POA_PRI 247 1 OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 248 7 POA_OTH_DIAG_C Code identifying whe patient was admitted Same as Field POA_PRI	12 a code, including the llowing the third chi Data Source: Type: ODE_12 ther Oth_Diag_Cod to the hospital NC_DIAG_CODE Data Source: Type: 13 a code, including the llowing the third chi Data Source: Type: ODE_13 ther Oth_Diag_Cod to the hospital NC_DIAG_CODE	e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric le_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59: Description: Beginning Position: Length: Field 60: Description: Coding Scheme: Beginning Position: DSHS/THCIC	OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 240 7 POA_OTH_DIAG_C Code identifying whe patient was admitted Same as Field POA_PRI 247 1 OTH_DIAG_CODE_ ICD-10-CM diagnosis Decimal is implied for 248 7 POA_OTH_DIAG_C Code identifying whe patient was admitted	12 a code, including the llowing the third chi Data Source: Type: ODE_12 ther Oth_Diag_Cod to the hospital NC_DIAG_CODE Data Source: Type: 13 a code, including the llowing the third chi Data Source: Type: ODE_13 ther Oth_Diag_Cod to the hospital	e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric le_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric

Length:	1	Type:	Alphanumeric
Field 61:	OTH_DIAG_CODE_14		
Description:			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	256	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 62:	POA_OTH_DIAG_COD	E_14	
Description:			e_14 code was present at the time the
	patient was admitted to		
Coding Scheme:	Same as Field POA_PRINC_	_DIAG_CODE	
Beginning Position:	263	Data Source:	Claim
_ength:	1	Туре:	Alphanumeric
Field 63:	OTH_DIAG_CODE_15		
Description:			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	ving the third cha	aracter.
Beginning Position:	264	Data Source:	Claim
_ength:	7	Туре:	Alphanumeric
ield 64:	POA_OTH_DIAG_COD		
Description:	Code identifying whethe	r Oth_Diag_Cod	e_15 code was present at the time the
	patient was admitted to		
Coding Scheme:	Same as Field POA_PRINC_		
Beginning Position:	271	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 65:	OTH_DIAG_CODE_16		
Description:	ICD-10-CM diagnosis co	ae, including the	e 4th, 5th, 6th and 7th digits if applicable.
. .	Decimal is implied follow		
Beginning Position:	272	Data Source:	Claim
Length: Field 66:		Type:	Alphanumeric
	POA_OTH_DIAG_COD		a 10 and a way way and at the time the
Description:			e_16 code was present at the time the
Coding Schomor	patient was admitted to		
Coding Scheme: Beginning Position:	Same as Field POA_PRINC_ 279	DIAG_CODE Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 67:	OTH_DIAG_CODE_17		p
Description:			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	280	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
ield 68:	POA_OTH_DIAG_COD		
Description:			e_17 code was present at the time the
Description.	Code identifying whethe	a oui_biag cou	e_17 code was present at the time the
Description.	patient was admitted to		e_17 code was present at the time the
Coding Scheme:	, 2	the hospital	e_17 code was present at the time the
Coding Scheme: Beginning Position:	patient was admitted to	the hospital	Claim
Coding Scheme: Beginning Position: Length:	patient was admitted to Same as Field POA_PRINC_ 287 1	the hospital DIAG_CODE Data Source: Type:	
Coding Scheme: Beginning Position: Length: Field 69:	patient was admitted to Same as Field POA_PRINC_ 287 1 OTH_DIAG_CODE_18	the hospital DIAG_CODE Data Source: Type:	Claim Alphanumeric
Coding Scheme: Beginning Position: Length: Field 69:	patient was admitted to Same as Field POA_PRINC_ 287 1 OTH_DIAG_CODE_18 ICD-10-CM diagnosis co	the hospital DIAG_CODE Data Source: Type: de, including the	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable.
Coding Scheme: Beginning Position: Length: Field 69: Description:	patient was admitted to Same as Field POA_PRINC_ 287 1 OTH_DIAG_CODE_18 ICD-10-CM diagnosis co Decimal is implied follow	the hospital DIAG_CODE Data Source: Type: de, including the ving the third character	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter.
Coding Scheme: Beginning Position: Length: Field 69: Description: Beginning Position:	patient was admitted to Same as Field POA_PRINC_ 287 1 OTH_DIAG_CODE_18 ICD-10-CM diagnosis co Decimal is implied follow 288	the hospital DIAG_CODE Data Source: Type: de, including the ving the third char Data Source:	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Coding Scheme: Beginning Position: Length: Field 69: Description: Beginning Position: Length:	patient was admitted to Same as Field POA_PRINC_ 287 1 OTH_DIAG_CODE_18 ICD-10-CM diagnosis co Decimal is implied follow 288 7	the hospital DIAG_CODE Data Source: Type: de, including the ving the third cha Data Source: Type:	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter.
Coding Scheme: Beginning Position: Length: Field 69: Description: Beginning Position: Length: Field 70:	patient was admitted to Same as Field POA_PRINC_ 287 1 OTH_DIAG_CODE_18 ICD-10-CM diagnosis co Decimal is implied follow 288 7 POA_OTH_DIAG_COD	the hospital DIAG_CODE Data Source: Type: de, including the ving the third cha Data Source: Type: PE_18	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Coding Scheme: Beginning Position: Length: Field 69: Description: Beginning Position: Length: Field 70:	patient was admitted to Same as Field POA_PRINC_ 287 1 OTH_DIAG_CODE_18 ICD-10-CM diagnosis co Decimal is implied follow 288 7 POA_OTH_DIAG_COD Code identifying whethe	the hospital DIAG_CODE Data Source: Type: de, including the ving the third cha Data Source: Type: DE_18 er Oth_Diag_Cod	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Coding Scheme: Beginning Position: Length: Field 69: Description: Beginning Position: Length: Field 70: Description:	patient was admitted to Same as Field POA_PRINC_ 287 1 OTH_DIAG_CODE_18 ICD-10-CM diagnosis co Decimal is implied follow 288 7 POA_OTH_DIAG_COD Code identifying whethe patient was admitted to	the hospital DIAG_CODE Data Source: Type: de, including the ving the third cha Data Source: Type: DE_18 er Oth_Diag_Cod the hospital	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Coding Scheme: Beginning Position: Ength: Field 69: Description: Beginning Position: Ength: Field 70: Description: Coding Scheme:	patient was admitted to Same as Field POA_PRINC_ 287 1 OTH_DIAG_CODE_18 ICD-10-CM diagnosis co Decimal is implied follow 288 7 POA_OTH_DIAG_COD Code identifying whethe patient was admitted to Same as Field POA_PRINC_	the hospital DIAG_CODE Data Source: Type: ode, including the ving the third char Data Source: Type: DE_18 er Oth_Diag_Cod the hospital DIAG_CODE	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_18 code was present at the time the
Coding Scheme: Beginning Position: Ength: Field 69: Description: Beginning Position: Ength: Field 70: Description: Coding Scheme: Beginning Position:	patient was admitted to Same as Field POA_PRINC_ 287 1 OTH_DIAG_CODE_18 ICD-10-CM diagnosis co Decimal is implied follow 288 7 POA_OTH_DIAG_COD Code identifying whethe patient was admitted to Same as Field POA_PRINC_ 295	the hospital DIAG_CODE Data Source: Type: ode, including the ving the third char Data Source: Type: DE_18 er Oth_Diag_Cod the hospital DIAG_CODE Data Source:	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_18 code was present at the time the Claim
Coding Scheme: Beginning Position: Length: Field 69: Description: Beginning Position: Length: Field 70: Description: Coding Scheme: Beginning Position: Length:	patient was admitted to Same as Field POA_PRINC_ 287 1 OTH_DIAG_CODE_18 ICD-10-CM diagnosis co Decimal is implied follow 288 7 POA_OTH_DIAG_COD Code identifying whethe patient was admitted to Same as Field POA_PRINC_ 295 1	the hospital DIAG_CODE Data Source: Type: ode, including the ving the third char Data Source: Type: DE_18 er Oth_Diag_Cod the hospital DIAG_CODE	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_18 code was present at the time the
Coding Scheme: Beginning Position: Length: Field 69: Description: Beginning Position: Length: Field 70: Description: Coding Scheme: Beginning Position: Length: Field 71:	patient was admitted to Same as Field POA_PRINC_ 287 1 OTH_DIAG_CODE_18 ICD-10-CM diagnosis co Decimal is implied follow 288 7 POA_OTH_DIAG_COD Code identifying whethe patient was admitted to Same as Field POA_PRINC_ 295 1 OTH_DIAG_CODE_19	the hospital DIAG_CODE Data Source: Type: ode, including the ving the third char Data Source: Type: DE_18 er Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type:	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_18 code was present at the time the Claim Alphanumeric
Coding Scheme: Beginning Position: Length: Field 69: Description: Beginning Position: Length: Field 70: Description: Coding Scheme: Beginning Position: Length:	patient was admitted to Same as Field POA_PRINC_ 287 1 OTH_DIAG_CODE_18 ICD-10-CM diagnosis co Decimal is implied follow 288 7 POA_OTH_DIAG_COD Code identifying whethe patient was admitted to Same as Field POA_PRINC_ 295 1 OTH_DIAG_CODE_19 ICD-10-CM diagnosis co	the hospital DIAG_CODE Data Source: Type: de, including the ving the third chi Data Source: Type: DE_18 er Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type: de, including the	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_18 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable.
Coding Scheme: Beginning Position: Length: Field 69: Description: Beginning Position: Length: Field 70: Description: Coding Scheme: Beginning Position: Length: Field 71: Description:	patient was admitted to Same as Field POA_PRINC_ 287 1 OTH_DIAG_CODE_18 ICD-10-CM diagnosis co Decimal is implied follow 288 7 POA_OTH_DIAG_COD Code identifying whethe patient was admitted to Same as Field POA_PRINC_ 295 1 OTH_DIAG_CODE_19 ICD-10-CM diagnosis co Decimal is implied follow	the hospital DIAG_CODE Data Source: Type: ode, including the ving the third chi Data Source: Type: PE_18 er Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type: ode, including the ving the third chi	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_18 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter.
Coding Scheme: Beginning Position: Length: Field 69: Description: Beginning Position: Length: Field 70: Description: Coding Scheme: Beginning Position: Length: Field 71: Description: Beginning Position:	patient was admitted to Same as Field POA_PRINC_ 287 1 OTH_DIAG_CODE_18 ICD-10-CM diagnosis co Decimal is implied follow 288 7 POA_OTH_DIAG_COD Code identifying whethe patient was admitted to Same as Field POA_PRINC_ 295 1 OTH_DIAG_CODE_19 ICD-10-CM diagnosis co Decimal is implied follow 296	the hospital DIAG_CODE Data Source: Type: ode, including the ving the third chi Data Source: Type: PE_18 er Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type: ode, including the ving the third chi Data Source:	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_18 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Coding Scheme: Beginning Position: Length: Field 69: Description: Beginning Position: Length: Field 70: Description: Coding Scheme: Beginning Position: Length: Field 71: Description: Beginning Position:	patient was admitted to Same as Field POA_PRINC_ 287 1 OTH_DIAG_CODE_18 ICD-10-CM diagnosis co Decimal is implied follow 288 7 POA_OTH_DIAG_COD Code identifying whethe patient was admitted to Same as Field POA_PRINC_ 295 1 OTH_DIAG_CODE_19 ICD-10-CM diagnosis co Decimal is implied follow	the hospital DIAG_CODE Data Source: Type: ode, including the ving the third chi Data Source: Type: PE_18 er Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type: ode, including the ving the third chi	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_18 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter.
Coding Scheme: Beginning Position: Length: Field 69: Description: Beginning Position: Length: Field 70: Description: Coding Scheme: Beginning Position: Length: Field 71:	patient was admitted to Same as Field POA_PRINC_ 287 1 OTH_DIAG_CODE_18 ICD-10-CM diagnosis co Decimal is implied follow 288 7 POA_OTH_DIAG_COD Code identifying whethe patient was admitted to Same as Field POA_PRINC_ 295 1 OTH_DIAG_CODE_19 ICD-10-CM diagnosis co Decimal is implied follow 296	the hospital DIAG_CODE Data Source: Type: ode, including the ving the third chi Data Source: Type: PE_18 er Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type: ode, including the ving the third chi Data Source:	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_18 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim

Field 72:			
	POA_OTH_DIAG_CO		
Description:			e_19 code was present at the time the
	patient was admitted t		
Coding Scheme:	Same as Field POA_PRING		
Beginning Position:	303	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 73:	OTH_DIAG_CODE_2		
Description:			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follo	owing the third ch	aracter.
Beginning Position:	304	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 74:	POA_OTH_DIAG_CO	DE_20	
Description:	Code identifying wheth	ner Oth_Diag_Cod	e_20 code was present at the time the
	patient was admitted t	o the hospital	
Coding Scheme:	Same as Field POA_PRING	C_DIAG_CODE	
Beginning Position:	311	Data Source:	Claim
_ength:	1	Туре:	Alphanumeric
Field 75:	OTH_DIAG_CODE_2	1	
Description:	ICD-10-CM diagnosis c	code, including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follo		
Beginning Position:	312	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 76:	POA_OTH_DIAG_CO	DE_21	
Description:			e_21 code was present at the time the
	patient was admitted t		
Coding Scheme:	Same as Field POA_PRING		
Beginning Position:	319	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 77:	OTH_DIAG_CODE_2	2	· ·
Description:			e 4th, 5th, 6th and 7th digits if applicable.
•	Decimal is implied follo		
Beginning Position:	320	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 78:	POA OTH DIAG CO		Aphanamene
	POA_OTH_DIAG_CO Code identifying wheth	DE_22	· · ·
	Code identifying wheth	DE_22 ner Oth_Diag_Cod	e_22 code was present at the time the
Description:	Code identifying wheth patient was admitted t	DE_22 ner Oth_Diag_Cod to the hospital	· · ·
Description: Coding Scheme:	Code identifying wheth patient was admitted t Same as Field POA_PRING	DE_22 ner Oth_Diag_Cod o the hospital C_DIAG_CODE	e_22 code was present at the time the
Description: Coding Scheme: Beginning Position:	Code identifying wheth patient was admitted t Same as Field POA_PRING 327	DE_22 ner Oth_Diag_Cod the hospital C_DIAG_CODE Data Source:	e_22 code was present at the time the Claim
Description: Coding Scheme: Beginning Position: Length:	Code identifying wheth patient was admitted t Same as Field POA_PRING 327 1	DE_22 ner Oth_Diag_Cod the hospital C_DIAG_CODE Data Source: Type:	e_22 code was present at the time the
Description: Coding Scheme: Beginning Position: Length: Field 79:	Code identifying wheth patient was admitted t Same as Field POA_PRING 327 1 OTH_DIAG_CODE_23	DE_22 ner Oth_Diag_Cod the hospital C_DIAG_CODE Data Source: Type: 3	e_22 code was present at the time the Claim Alphanumeric
Field 78: Description: Coding Scheme: Beginning Position: Length: Field 79: Description:	Code identifying wheth patient was admitted t Same as Field POA_PRING 327 1 OTH_DIAG_CODE_23 ICD-10-CM diagnosis c	DE_22 ner Oth_Diag_Cod to the hospital C_DIAG_CODE Data Source: Type: 3 code, including the	e_22 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable.
Description: Coding Scheme: Beginning Position: Length: Field 79: Description:	Code identifying wheth patient was admitted t Same as Field POA_PRING 327 1 OTH_DIAG_CODE_23 ICD-10-CM diagnosis of Decimal is implied fold	DE_22 ner Oth_Diag_Cod o the hospital C_DIAG_CODE Data Source: Type: 3 code, including the pwing the third ch	e_22 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter.
Description: Coding Scheme: Beginning Position: Length: Field 79: Description: Beginning Position:	Code identifying wheth patient was admitted t Same as Field POA_PRING 327 1 OTH_DIAG_CODE_22 ICD-10-CM diagnosis c Decimal is implied follo 328	DE_22 ner Oth_Diag_Cod o the hospital C_DIAG_CODE Data Source: Type: 3 code, including the pwing the third ch Data Source:	e_22 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Description: Coding Scheme: Beginning Position: Length: Field 79: Description: Beginning Position: Length:	Code identifying wheth patient was admitted t Same as Field POA_PRING 327 1 OTH_DIAG_CODE_22 ICD-10-CM diagnosis c Decimal is implied follo 328 7	DE_22 ner Oth_Diag_Cod o the hospital C_DIAG_CODE Data Source: Type: 3 code, including the wing the third ch Data Source: Type:	e_22 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter.
Description: Coding Scheme: Beginning Position: Length: Field 79: Description: Beginning Position: Length: Field 80:	Code identifying wheth patient was admitted t Same as Field POA_PRING 327 1 OTH_DIAG_CODE_23 ICD-10-CM diagnosis of Decimal is implied follo 328 7 POA_OTH_DIAG_CO	DE_22 her Oth_Diag_Cod to the hospital C_DIAG_CODE Data Source: Type: 3 code, including the bwing the third ch Data Source: Type: DE_23	e_22 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Description: Coding Scheme: Beginning Position: Length: Field 79: Description: Beginning Position: Length: Field 80:	Code identifying wheth patient was admitted t Same as Field POA_PRING 327 1 OTH_DIAG_CODE_23 ICD-10-CM diagnosis of Decimal is implied follo 328 7 POA_OTH_DIAG_CO Code identifying wheth	DE_22 her Oth_Diag_Cod to the hospital C_DIAG_CODE Data Source: Type: 3 code, including the pwing the third ch Data Source: Type: DE_23 her Oth_Diag_Cod	e_22 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Description: Coding Scheme: Beginning Position: Length: Field 79: Description: Beginning Position: Length: Field 80: Description:	Code identifying wheth patient was admitted t Same as Field POA_PRING 327 1 OTH_DIAG_CODE_23 ICD-10-CM diagnosis of Decimal is implied follo 328 7 POA_OTH_DIAG_CO Code identifying wheth patient was admitted t	DE_22 her Oth_Diag_Cod to the hospital C_DIAG_CODE Data Source: Type: 3 code, including the bwing the third ch Data Source: Type: DE_23 her Oth_Diag_Cod to the hospital	e_22 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Description: Coding Scheme: Beginning Position: Length: Field 79: Description: Beginning Position: Length: Field 80: Description: Coding Scheme:	Code identifying wheth patient was admitted t Same as Field POA_PRING 327 1 OTH_DIAG_CODE_23 ICD-10-CM diagnosis of Decimal is implied follo 328 7 POA_OTH_DIAG_CO Code identifying wheth patient was admitted t Same as Field POA_PRING	DE_22 her Oth_Diag_Cod to the hospital C_DIAG_CODE Data Source: Type: 3 code, including the bwing the third ch Data Source: Type: DE_23 her Oth_Diag_Cod to the hospital C_DIAG_CODE	e_22 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_23 code was present at the time the
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Description: Coding Scheme: Beginning Position: Length: Field 79: Description: Beginning Position: Length: Field 80: Description: Coding Scheme: Beginning Position: Length:	Code identifying wheth patient was admitted t Same as Field POA_PRING 327 1 OTH_DIAG_CODE_23 ICD-10-CM diagnosis of Decimal is implied follo 328 7 POA_OTH_DIAG_CO Code identifying wheth patient was admitted t Same as Field POA_PRING 335 1	DE_22 her Oth_Diag_Cod to the hospital C_DIAG_CODE Data Source: Type: 3 code, including the owing the third ch Data Source: Type: DE_23 her Oth_Diag_Cod to the hospital C_DIAG_CODE Data Source: Type: Type:	e_22 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_23 code was present at the time the
Description: Coding Scheme: Beginning Position: Length: Field 79: Description: Beginning Position: Length: Field 80: Description: Coding Scheme: Beginning Position: Length: Field 81:	Code identifying wheth patient was admitted t Same as Field POA_PRING 327 1 OTH_DIAG_CODE_23 ICD-10-CM diagnosis of Decimal is implied follo 328 7 POA_OTH_DIAG_CO Code identifying wheth patient was admitted t Same as Field POA_PRING 335 1 OTH_DIAG_CODE_24	DE_22 her Oth_Diag_Cod to the hospital C_DIAG_CODE Data Source: Type: 3 code, including the owing the third ch Data Source: Type: DE_23 her Oth_Diag_Code to the hospital C_DIAG_CODE Data Source: Type: 4	e_22 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_23 code was present at the time the Claim Alphanumeric
Description: Coding Scheme: Beginning Position: Length: Field 79: Description: Beginning Position: Length: Field 80: Description: Coding Scheme: Beginning Position: Length: Field 81:	Code identifying wheth patient was admitted t Same as Field POA_PRING 327 1 OTH_DIAG_CODE_23 ICD-10-CM diagnosis of Decimal is implied follo 328 7 POA_OTH_DIAG_COD Code identifying wheth patient was admitted t Same as Field POA_PRING 335 1 OTH_DIAG_CODE_24 ICD-10-CM diagnosis of	DE_22 her Oth_Diag_Cod to the hospital C_DIAG_CODE Data Source: Type: 3 code, including the owing the third ch Data Source: Type: DE_23 her Oth_Diag_Code to the hospital C_DIAG_CODE Data Source: Type: 4 code, including the	e_22 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_23 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable.
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Description: Coding Scheme: Beginning Position: Length: Field 79: Description: Beginning Position: Length: Field 80: Description: Coding Scheme: Beginning Position: Length: Field 81: Description: Beginning Position:	Code identifying wheth patient was admitted t Same as Field POA_PRING 327 1 OTH_DIAG_CODE_22 ICD-10-CM diagnosis of Decimal is implied follo 328 7 POA_OTH_DIAG_COD Code identifying wheth patient was admitted t Same as Field POA_PRING 335 1 OTH_DIAG_CODE_22 ICD-10-CM diagnosis of Decimal is implied follo 336	DE_22 her Oth_Diag_Cod to the hospital C_DIAG_CODE Data Source: Type: 3 code, including the bwing the third ch Data Source: Type: DE_23 her Oth_Diag_Code o the hospital C_DIAG_CODE Data Source: Type: 4 code, including the bwing the third ch Data Source:	e_22 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_23 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Description: Coding Scheme: Beginning Position: Length: Field 79: Description: Beginning Position: Length: Field 80: Description: Coding Scheme: Beginning Position: Length: Field 81: Description: Beginning Position: Length:	Code identifying wheth patient was admitted t Same as Field POA_PRING 327 1 OTH_DIAG_CODE_22 ICD-10-CM diagnosis of Decimal is implied follo 328 7 POA_OTH_DIAG_COD Code identifying wheth patient was admitted t Same as Field POA_PRING 335 1 OTH_DIAG_CODE_22 ICD-10-CM diagnosis of Decimal is implied follo 336 7	DE_22 her Oth_Diag_Cod to the hospital C_DIAG_CODE Data Source: Type: 3 code, including the owing the third ch Data Source: Type: DE_23 her Oth_Diag_Code o the hospital C_DIAG_CODE Data Source: Type: 4 code, including the bwing the third ch Data Source: Type: 4	e_22 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_23 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter.
Description: Coding Scheme: Beginning Position: Length: Field 79: Description: Beginning Position: Length: Field 80: Description: Coding Scheme: Beginning Position: Length: Field 81: Description: Beginning Position: Length: Field 82:	Code identifying wheth patient was admitted t Same as Field POA_PRING 327 1 OTH_DIAG_CODE_22 ICD-10-CM diagnosis of Decimal is implied follo 328 7 POA_OTH_DIAG_CODE_24 Code identifying wheth patient was admitted t Same as Field POA_PRING 335 1 OTH_DIAG_CODE_24 ICD-10-CM diagnosis of Decimal is implied follo 336 7 POA_OTH_DIAG_CO	DE_22 her Oth_Diag_Cod to the hospital C_DIAG_CODE Data Source: Type: 3 code, including the bwing the third ch Data Source: Type: DE_23 her Oth_Diag_Code to the hospital C_DIAG_CODE Data Source: Type: 4 code, including the bwing the third ch Data Source: Type: DE_24	e_22 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_23 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Description: Coding Scheme: Beginning Position: Length: Field 79: Description: Beginning Position: Length: Field 80: Description: Coding Scheme: Beginning Position: Length: Field 81: Description: Beginning Position: Length: Field 82:	Code identifying wheth patient was admitted t Same as Field POA_PRING 327 1 OTH_DIAG_CODE_23 ICD-10-CM diagnosis of Decimal is implied follo 328 7 POA_OTH_DIAG_COD Code identifying wheth patient was admitted t Same as Field POA_PRING 335 1 OTH_DIAG_CODE_24 ICD-10-CM diagnosis of Decimal is implied follo 336 7 POA_OTH_DIAG_CO Code identifying wheth	DE_22 her Oth_Diag_Cod to the hospital C_DIAG_CODE Data Source: Type: 3 code, including the bwing the third ch Data Source: Type: DE_23 her Oth_Diag_Code to the hospital C_DIAG_CODE Data Source: Type: 4 code, including the bwing the third ch Data Source: Type: DE_24 her Oth_Diag_Cod	e_22 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_23 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Description: Coding Scheme: Beginning Position: Length: Field 79: Description: Beginning Position: Length: Field 80: Description: Coding Scheme: Beginning Position: Length: Field 81: Description: Beginning Position: Length: Field 82: Description:	Code identifying wheth patient was admitted t Same as Field POA_PRING 327 1 OTH_DIAG_CODE_23 ICD-10-CM diagnosis of Decimal is implied follo 328 7 POA_OTH_DIAG_COD Code identifying wheth patient was admitted t Same as Field POA_PRING 335 1 OTH_DIAG_CODE_24 ICD-10-CM diagnosis of Decimal is implied follo 336 7 POA_OTH_DIAG_CO Code identifying wheth patient was admitted t	DE_22 her Oth_Diag_Cod to the hospital C_DIAG_CODE Data Source: Type: 3 code, including the bwing the third ch Data Source: Type: DE_23 her Oth_Diag_Code to the hospital C_DIAG_CODE Data Source: Type: 4 code, including the bwing the third ch Data Source: Type: DE_24 her Oth_Diag_Cod to the hospital	e_22 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_23 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Description: Coding Scheme: Beginning Position: Length: Field 79: Description: Beginning Position: Length: Field 80: Description: Coding Scheme: Beginning Position: Length: Field 81: Description: Beginning Position: Length: Field 82: Description: Coding Scheme:	Code identifying wheth patient was admitted t Same as Field POA_PRING 327 1 OTH_DIAG_CODE_23 ICD-10-CM diagnosis of Decimal is implied fold 328 7 POA_OTH_DIAG_CODE_3 Code identifying wheth patient was admitted t Same as Field POA_PRING 335 1 OTH_DIAG_CODE_24 ICD-10-CM diagnosis of Decimal is implied fold 336 7 POA_OTH_DIAG_CODE_36 Code identifying wheth patient was admitted t Same as Field POA_PRING	DE_22 her Oth_Diag_Cod to the hospital C_DIAG_CODE Data Source: Type: 3 code, including the bwing the third ch Data Source: Type: DE_23 her Oth_Diag_Code to the hospital C_DIAG_CODE Data Source: Type: 4 code, including the bwing the third ch Data Source: Type: DE_24 her Oth_Diag_Code to the hospital C_DIAG_CODE DE_24 her Oth_Diag_Code to the hospital C_DIAG_CODE	e_22 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_23 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_24 code was present at the time the
Description: Coding Scheme: Beginning Position: Length: Field 79:	Code identifying wheth patient was admitted t Same as Field POA_PRING 327 1 OTH_DIAG_CODE_23 ICD-10-CM diagnosis of Decimal is implied follo 328 7 POA_OTH_DIAG_COD Code identifying wheth patient was admitted t Same as Field POA_PRING 335 1 OTH_DIAG_CODE_24 ICD-10-CM diagnosis of Decimal is implied follo 336 7 POA_OTH_DIAG_CO Code identifying wheth patient was admitted t	DE_22 her Oth_Diag_Cod to the hospital C_DIAG_CODE Data Source: Type: 3 code, including the bwing the third ch Data Source: Type: DE_23 her Oth_Diag_Code to the hospital C_DIAG_CODE Data Source: Type: 4 code, including the bwing the third ch Data Source: Type: DE_24 her Oth_Diag_Cod to the hospital	e_22 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_23 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric

Length:	1	Туре:	Alphanumeric
Field 83:	E_CODE_1		
Description:		as of intum and	a including the 1th Eth Cth and 7th digits if
Description:			e, including the 4th, 5th, 6th and 7th digits if
	· · · · ·	ry external caus	e of injury. A decimal is implied following the
	third character.		
Beginning Position:	344	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 84:	POA_E_CODE_1		
Description:			ernal cause of injury code was present at the
	time the patient was adr	mitted to the ho	spital
Coding Scheme:	Same as Field POA_PRINC_		
Beginning Position:	351	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 85:	E_CODE_2		
Description:			e, including the 4th, 5th, 6th and 7th digits if
	applicable, of an addition	nal external cau	se of injury. Decimal is implied following the
	third character.		
Beginning Position:	352	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 86:	POA_E_CODE_2		
Description:	Code identifying whethe	r external cause	e of injury E_Code_2 code was present at the
	time the patient was adr		
Coding Scheme:	Same as Field POA PRINC		-F
Beginning Position:	359	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 87:	E_CODE_3		·
Description:		se of iniurv cod	e, including the 4th, 5th, 6th and 7th digits if
•			se of injury. Decimal is implied following the
	third character.		se of injuly. Beennal is implied following the
Beginning Position:	360	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 88:	POA_E_CODE_3	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Description:		r F Code 3 evt	ernal cause of injury code was present at the
Description	time the patient was adr		
Coding Scheme:	Same as Field POA_PRINC_		spital
Beginning Position:	367	Data Source:	Claim
Length:	1	Type:	Alphanumeric
		iype:	Aphanancia
Field 89.			
Field 89:	E_CODE_4	co of injuny cod	a including the 4th Eth 6th and 7th digits if
Field 89: Description:	ICD-10-CM external caus		e, including the 4th, 5th, 6th and 7th digits if
	ICD-10-CM external cause applicable, of an addition		e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Description:	ICD-10-CM external cause applicable, of an addition third character.	nal external cau	se of injury. Decimal is implied following the
Description: Beginning Position:	ICD-10-CM external cause applicable, of an addition third character. 368	nal external cau Data Source:	se of injury. Decimal is implied following the Claim
Description: Beginning Position: Length:	ICD-10-CM external cause applicable, of an addition third character. 368 7	nal external cau	se of injury. Decimal is implied following the
Description: Beginning Position: Length: Field 90:	ICD-10-CM external causes applicable, of an addition third character. 368 7 POA_E_CODE_4	nal external cau Data Source: Type:	se of injury. Decimal is implied following the Claim Alphanumeric
Description: Beginning Position: Length:	ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whethe	nal external cau Data Source: Type: r E_Code_4 exte	se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the
Description: Beginning Position: Length: Field 90: Description:	ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether time the patient was add	nal external cau Data Source: Type: r E_Code_4 externitted to the ho	se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the
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Description: Beginning Position: Length: Field 90: Description: Coding Scheme: Beginning Position:	ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whethe time the patient was addr Same as Field POA_PRINC_ 375	nal external cau Data Source: Type: r E_Code_4 extended mitted to the ho DIAG_CODE Data Source:	se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim
Description: Beginning Position: Length: Field 90: Description: Coding Scheme: Beginning Position: Length:	ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether time the patient was addr Same as Field POA_PRINC_ 375 1	nal external cau Data Source: Type: r E_Code_4 extention mitted to the ho DIAG_CODE	se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital
Description: Beginning Position: Length: Field 90: Description: Coding Scheme: Beginning Position: Length: Field 91:	ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whethe time the patient was adm Same as Field POA_PRINC_ 375 1 E_CODE_5	nal external cau Data Source: Type: r E_Code_4 extentited to the ho DIAG_CODE Data Source: Type:	se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric
Description: Beginning Position: Length: Field 90: Description: Coding Scheme: Beginning Position: Length:	ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whethe time the patient was adr Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external cause	nal external cau Data Source: Type: r E_Code_4 extended mitted to the ho DIAG_CODE Data Source: Type: se of injury code	se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if
Description: Beginning Position: Length: Field 90: Description: Coding Scheme: Beginning Position: Length: Field 91:	ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whethe time the patient was adr Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external cause applicable, of an addition	nal external cau Data Source: Type: r E_Code_4 extended mitted to the ho DIAG_CODE Data Source: Type: se of injury code	se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric
Description: Beginning Position: Length: Field 90: Description: Coding Scheme: Beginning Position: Length: Field 91: Description:	ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whethe time the patient was addr Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external cause applicable, of an addition third character.	nal external cau Data Source: Type: r E_Code_4 extended mitted to the ho DIAG_CODE Data Source: Type: se of injury codenal external cau	se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
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Description: Beginning Position: Length: Field 90: Description: Coding Scheme: Beginning Position: Length: Field 91: Description: Beginning Position: Length: Field 92:	ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whethe time the patient was adr Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external cause applicable, of an addition third character. 376 7 POA_E_CODE_5	nal external cau Data Source: Type: r E_Code_4 extended mitted to the ho DIAG_CODE Data Source: Type: se of injury codenal nal external cau Data Source: Type:	se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric
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Description: Beginning Position: Length: Field 90: Description: Coding Scheme: Beginning Position: Length: Field 91: Description: Beginning Position: Length: Field 92:	ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whethe time the patient was adr Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external cause applicable, of an addition third character. 376 7 POA_E_CODE_5	Data Source: Type: r E_Code_4 extended to the ho DIAG_CODE Data Source: Type: se of injury codenal external cau Data Source: Type: r E_Code_5 extended	se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the
Description: Beginning Position: Length: Field 90: Description: Coding Scheme: Beginning Position: Length: Field 91: Description: Beginning Position: Length: Field 92:	ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whethe time the patient was addr Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external cause applicable, of an addition third character. 376 7 POA_E_CODE_5 Code identifying whethe	Data Source: Type: r E_Code_4 extended to the ho DIAG_CODE Data Source: Type: se of injury codenal external cau Data Source: Type: r E_Code_5 extended to the ho	se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the
Description: Beginning Position: Length: Field 90: Description: Coding Scheme: Beginning Position: Length: Field 91: Description: Beginning Position: Length: Field 92: Description:	ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whethe time the patient was addr Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external cause applicable, of an addition third character. 376 7 POA_E_CODE_5 Code identifying whethe time the patient was addr	Data Source: Type: r E_Code_4 extended to the ho DIAG_CODE Data Source: Type: se of injury codenal external cau Data Source: Type: r E_Code_5 extended to the ho	se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the
Description: Beginning Position: Length: Field 90: Description: Coding Scheme: Beginning Position: Length: Field 91: Description: Beginning Position: Length: Field 92: Description:	ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whethe time the patient was addr Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external cause applicable, of an addition third character. 376 7 POA_E_CODE_5 Code identifying whethe time the patient was addr	Data Source: Type: r E_Code_4 extended to the ho DIAG_CODE Data Source: Type: se of injury codenal external cau Data Source: Type: r E_Code_5 extended to the ho DIAG_CODE	se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the
Description: Beginning Position: Length: Field 90: Description: Coding Scheme: Beginning Position: Length: Field 91: Description: Beginning Position: Length: Field 92: Description: Coding Scheme:	ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whethe time the patient was addr Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external cause applicable, of an addition third character. 376 7 POA_E_CODE_5 Code identifying whethe time the patient was addr Same as Field POA_PRINC_	Data Source: Type: r E_Code_4 extended to the ho DIAG_CODE Data Source: Type: se of injury codenal external cau Data Source: Type: r E_Code_5 extended to the ho	se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital

Beginning Position: Length:	383 1	Data Source: Type:	Claim Alphanumeric
Field 93:			
	E_CODE_6	ice of intum cod	a including the 1th Eth (the and 7th digits i
Description:			e, including the 4th, 5th, 6th and 7th digits i se of injury. Decimal is implied following the
Beginning Position: Length:	384 7	Data Source: Type:	Claim Alphanumeric
Field 94:	POA_E_CODE_6		
Description: Coding Scheme:		mitted to the ho	ernal cause of injury code was present at the spital
Beginning Position:	391	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 95:	E_CODE_7	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Description:	ICD-10-CM external cau		e, including the 4th, 5th, 6th and 7th digits i se of injury. Decimal is implied following the
Beginning Position: Length:	392 7	Data Source: Type:	Claim Alphanumeric
Field 96:	POA_E_CODE_7		
Description:	time the patient was ad	mitted to the ho	ernal cause of injury code was present at the spital
Coding Scheme: Beginning Position:	Same as Field POA_PRINC 399	DIAG_CODE Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 97:	E_CODE_8	iype.	Aphanamene
Description:	ICD-10-CM external cau		e, including the 4th, 5th, 6th and 7th digits i se of injury. Decimal is implied following the
Beginning Position:	400	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 98:	POA_E_CODE_8		·
Description:	time the patient was ad	mitted to the ho	ernal cause of injury code was present at the spital
Coding Scheme:	Same as Field POA_PRINC		
Beginning Position:	407	Data Source:	Claim
Length:		Туре:	Alphanumeric
	E_CODE_9		
	applicable, of an additio		
Description: Beginning Position:	applicable, of an additio third character. 408	Data Source:	se of injury. Decimal is implied following the Claim
Description: Beginning Position: Length:	applicable, of an additio third character. 408 7	onal external cau	se of injury. Decimal is implied following the
Description: Beginning Position: Length: Field 100:	applicable, of an additio third character. 408 7 POA_E_CODE_9	Data Source: Type:	se of injury. Decimal is implied following the Claim Alphanumeric
Description: Beginning Position: Length: Field 100:	applicable, of an addition third character. 408 7 POA_E_CODE_9 Code identifying whether	Data Source: Type: Type: Pr E_Code_9 exte	se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the
Description: Beginning Position: Length: Field 100: Description:	applicable, of an addition third character. 408 7 POA_E_CODE_9 Code identifying whether time the patient was ad	Data Source: Type: Type: er E_Code_9 extended to the ho	se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the
Description: Beginning Position: Length: Field 100: Description: Coding Scheme:	applicable, of an addition third character. 408 7 POA_E_CODE_9 Code identifying whether	Data Source: Type: Type: er E_Code_9 extended to the ho	se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the
Description: Beginning Position: Length: Field 100: Description: Coding Scheme: Beginning Position:	applicable, of an addition third character. 408 7 POA_E_CODE_9 Code identifying whether time the patient was ad Same as Field POA_PRINC_	Data Source: Type: Type: er E_Code_9 extended mitted to the ho _DIAG_CODE	Se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital
Field 99: Description: Beginning Position: Length: Field 100: Description: Coding Scheme: Beginning Position: Length: Field 101:	applicable, of an addition third character. 408 7 POA_E_CODE_9 Code identifying whether time the patient was ad Same as Field POA_PRINC_ 415 1	Data Source: Type: Type: er E_Code_9 extended mitted to the ho _DIAG_CODE Data Source:	Alphanumeric ernal cause of injury code was present at the spital Claim
Description: Beginning Position: Length: Field 100: Description: Coding Scheme: Beginning Position: Length: Field 101:	applicable, of an addition third character. 408 7 POA_E_CODE_9 Code identifying whether time the patient was ad Same as Field POA_PRINC_ 415 1 E_CODE_10 ICD-10-CM external case applicable, of an addition	Data Source: Type: er E_Code_9 externated to the ho _DIAG_CODE Data Source: Type: use of injury code	Se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits i
Description: Beginning Position: Length: Field 100: Description: Coding Scheme: Beginning Position: Length: Field 101: Description: Beginning Position:	applicable, of an addition third character. 408 7 POA_E_CODE_9 Code identifying whether time the patient was ad Same as Field POA_PRINC_ 415 1 E_CODE_10 ICD-10-CM external case applicable, of an addition third character. 416	Data Source: Type: Type: er E_Code_9 extended to the ho DIAG_CODE Data Source: Type: Use of injury code onal external cause Data Source:	Se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits i se of injury. Decimal is implied following the Claim
Description: Beginning Position: Length: Field 100: Description: Coding Scheme: Beginning Position: Length: Field 101: Description: Beginning Position: Length:	applicable, of an addition third character. 408 7 POA_E_CODE_9 Code identifying whether time the patient was ad Same as Field POA_PRINC_ 415 1 E_CODE_10 ICD-10-CM external case applicable, of an addition third character. 416 7	Data Source: Type: Type: er E_Code_9 extended to the ho DIAG_CODE Data Source: Type: Use of injury code onal external cause	Se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits i se of injury. Decimal is implied following the
Description: Beginning Position: Length: Field 100: Description: Coding Scheme: Beginning Position: Length: Field 101: Description: Beginning Position: Length: Field 102:	applicable, of an addition third character. 408 7 POA_E_CODE_9 Code identifying whether time the patient was ad Same as Field POA_PRINC_ 415 1 E_CODE_10 ICD-10-CM external cau applicable, of an addition third character. 416 7 POA_E_CODE_10	Data Source: Type: er E_Code_9 extended to the ho _DIAG_CODE Data Source: Type: use of injury code onal external cause Data Source: Type: er E_Code_10 external external external cause	se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits i se of injury. Decimal is implied following the Claim Alphanumeric ternal cause of injury code was present at
Description: Beginning Position: Length: Field 100: Description: Coding Scheme: Beginning Position: Length: Field 101: Description: Beginning Position:	applicable, of an addition third character. 408 7 POA_E_CODE_9 Code identifying whether time the patient was ad Same as Field POA_PRINC_ 415 1 E_CODE_10 ICD-10-CM external cau applicable, of an addition third character. 416 7 POA_E_CODE_10 Code identifying whether	Data Source: Type: er E_Code_9 extended to the ho _DIAG_CODE Data Source: Type: use of injury code onal external cause Data Source: Type: er E_Code_10 external external external cause	se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits i se of injury. Decimal is implied following the Claim Alphanumeric ternal cause of injury code was present at

Coding Scheme: Beginning Position:	Same as Field POA_PRINC_ 423	DIAG_CODE Data Source:	Claim
ength:	1	Туре:	Alphanumeric
ield 103:	PRINC_SURG_PROC_	CODE	
Description:			B performed during the period covered by th
	bill. ICD-10-PCS code.		
Beginning Position:	424 7	Data Source:	Claim
Length: Field 104:	PRINC_SURG_PROC_	Type:	Alphanumeric
Description:			lure equals Principal Surgical Procedure Date
•	minus Admission/Start of		
Beginning Position:	431	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 105:	OTH_SURG_PROC_CO		
Description:			ner than the principal procedure performed
	during the period covere		D-10-PCS code.
Beginning Position:	435	Data Source:	Claim
Length:		Туре:	Alphanumeric
Field 106:	OTH_SURG_PROC_DA		a sure/s Others Councileral Duran days Data
Description:	Day of other surgical or	other procedure	e equals Other Surgical Procedure Date minu
Beginning Position:	Admission/Start of Care 442	Date Data Source:	Calculated
Length:	442	Type:	Alphanumeric
Field 107:	OTH_SURG_PROC_CO		Aphanamene
Description:			ner than the principal procedure performed
	during the period covere		
Beginning Position:	446	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 108:	OTH_SURG_PROC_DA		•
Description:			e equals Other Surgical Procedure Date minu
	Admission/Start of Care		, 2
Beginning Position:	453	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 109:	OTH_SURG_PROC_CO		
Description:			her than the principal procedure performed
	during the period covere	,	
Beginning Position:	457	Data Source:	Claim
Length:		Туре:	Alphanumeric
Field 110:	OTH_SURG_PROC_DA		a sevela Other Curries Presedure Data minu
Description:	Admission/Start of Care		e equals Other Surgical Procedure Date minu
Beginning Position:		Date Date Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 111:	OTH_SURG_PROC_CO		
Description:			ner than the principal procedure performed
•	during the period covere		
Beginning Position:	468	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 112:	OTH_SURG_PROC_DA	Y_4	
Description:	Day of other surgical or	other procedure	e equals Other Surgical Procedure Date minu
	Admission/Start of Care	Date	
Beginning Position:	475	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 113:	OTH_SURG_PROC_CO		
Description:			ner than the principal procedure performed
	during the period covere		
Beginning Position:	479	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 114:	OTH_SURG_PROC_DA	Y_5	
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Description:			e equals Other Surgical Procedure Date minus
Beginning Position: Length:	Admission/Start of Care 486 4	Date Data Source: Type:	Calculated Alphanumeric
Field 115:	OTH_SURG_PROC_CO		Aphanamene
Description:		r procedure oth	er than the principal procedure performed
Beginning Position: Length:	490 7	Data Source: Type:	Claim Alphanumeric
Field 116:	OTH_SURG_PROC_DA	Y_6	
Description:	Day of other surgical or Admission/Start of Care		equals Other Surgical Procedure Date minus
Beginning Position: Length:	497 4	Data Source: Type:	Calculated Alphanumeric
Field 117:	OTH_SURG_PROC_CO		•
Description:		r procedure oth	er than the principal procedure performed D-10-PCS code.
Beginning Position: Length:	501 7	Data Source: Type:	Claim Alphanumeric
Field 118:	OTH_SURG_PROC_DA		
Description:	Admission/Start of Care	Date	equals Other Surgical Procedure Date minus
Beginning Position:	508	Data Source:	Calculated
Length: Field 119:	4 OTH_SURG_PROC_CO	Туре:	Alphanumeric
Description:			or than the principal precedure performed
Beginning Position:	during the period covere		er than the principal procedure performed D-10-PCS code. Claim
Length:	7	Туре:	Alphanumeric
Field 120:	OTH_SURG_PROC_DA		
Description:	Admission/Start of Care	Date	e equals Other Surgical Procedure Date minus
Beginning Position:	519	Data Source:	Calculated
Length: Field 121:		Туре:	Alphanumeric
Description:		r procedure oth	er than the principal procedure performed
Beginning Position: Length:	523 7	Data Source: Type:	Claim Alphanumeric
Field 122:	OTH_SURG_PROC_DA		Aphanamene
Description:		other procedure	e equals Other Surgical Procedure Date minus
Beginning Position: Length:	530 4	Data Source: Type:	Calculated Alphanumeric
Field 123:	 OTH_SURG_PROC_CO		Alphaliumenc
Description:		r procedure oth	er than the principal procedure performed D-10-PCS code.
Beginning Position: Length:	534 7	Data Source: Type:	Claim Alphanumeric
Field 124:	OTH_SURG_PROC_DA	Y_10	
Description:	Day of other surgical or Admission/Start of Care		e equals Other Surgical Procedure Date minus
Beginning Position: Length:	541 4	Data Source: Type:	Calculated Alphanumeric
Field 125:	OTH_SURG_PROC_CO	DE_11	
Description:	Code for surgical or othe during the period covere		er than the principal procedure performed D-10-PCS code.
Beginning Position:	545	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 126:	OTH_SURG_PROC_DA	Y_11	
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Description:			e equals Other Surgical Procedure Date minus
	Admission/Start of Care		
Beginning Position: Length:	552 4	Data Source: Type:	Calculated Alphanumeric
Field 127:	OTH_SURG_PROC_CO		Aphanamene
Description:			er than the principal procedure performed
	during the period covere		
Beginning Position:	556	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 128: Description:	OTH_SURG_PROC_DA		e equals Other Surgical Procedure Date minus
Description	Admission/Start of Care		e equais Other Surgical Procedure Date minus
Beginning Position:	563	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 129:	OTH_SURG_PROC_CO		
Description:			er than the principal procedure performed
Posinning Desition	during the period covere 567	d by the bill. IC Data Source:	D-10-PCS code. Claim
Beginning Position: Length:	7	Type:	Alphanumeric
Field 130:	OTH_SURG_PROC_DA		Aphanamene
Description:			e equals Other Surgical Procedure Date minus
	Admission/Start of Care		
Beginning Position:	574	Data Source:	Calculated
Length: Field 131:		Type:	Alphanumeric
Description:	OTH_SURG_PROC_CO		er than the principal procedure performed
Description	during the period covere		
Beginning Position:	578	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 132:	OTH_SURG_PROC_DA		
Description:			e equals Other Surgical Procedure Date minus
Desimulus Desitions	Admission/Start of Care 585		Calculated
Beginning Position: Length:	585 4	Data Source: Type:	Calculated Alphanumeric
Field 133:	OTH_SURG_PROC_CO		Aphanamene
Description:			er than the principal procedure performed
	during the period covere	d by the bill. IC	D-10-PCS code.
Beginning Position:	589	Data Source:	Claim
Length: Field 134:		Type:	Alphanumeric
Description:	OTH_SURG_PROC_DA		e equals Other Surgical Procedure Date minus
Description	Admission/Start of Care		e equais Other Surgical Frocedure Date minus
Beginning Position:	596	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 135:	OTH_SURG_PROC_CO		
Description:			er than the principal procedure performed
Beginning Position:	during the period covere 600	d by the bill. IC Data Source:	D-10-PCS code. Claim
Length:	7	Type:	Alphanumeric
Field 136:	OTH_SURG_PROC_DA		
Description:			e equals Other Surgical Procedure Date minus
	Admission/Start of Care	Date.	
Beginning Position:	607	Data Source:	Calculated
Length: Field 137:		Type:	Alphanumeric
Description:	OTH_SURG_PROC_CO		er than the principal procedure performed
	during the period covere		
Beginning Position:	611	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 138:	OTH_SURG_PROC_DA	Y_17	
		Ð	
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Beginning Position: Length:	618 4	Data Source: Type:	Calculated Alphanumeric
		<u> </u>	
Field 139:	OTH_SURG_PROC_CO	DE_18	
Description:	Code for surgical or othe during the period covere		er than the principal procedure performed D-10-PCS code.
Beginning Position: Length:	622 7	Data Source: Type:	Claim Alphanumeric
Field 140:	OTH_SURG_PROC_DA	Y_18	·
Description:	Day of other surgical or Admission/Start of Care		e equals Other Surgical Procedure Date minus
Beginning Position:	629	Data Source:	Calculated
Length: Field 141:	4 OTH_SURG_PROC_CO		Alphanumeric
Description:			er than the principal procedure performed
	during the period covere		
Beginning Position:	633	Data Source:	Claim
ength:	7	Туре:	Alphanumeric
Field 142:	OTH_SURG_PROC_DA		
Description:	Admission/Start of Care	Date.	e equals Other Surgical Procedure Date minus
Beginning Position: Length:	640 4	Data Source: Type:	Calculated Alphanumeric
Field 143:	OTH_SURG_PROC_CO		Aprianamene
Description:		er procedure oth	er than the principal procedure performed D-10-PCS code.
Beginning Position:	644	Data Source:	Claim
Length:		Туре:	Alphanumeric
Field 144: Description:	OTH_SURG_PROC_DA		aquale Other Surgical Procedure Data minut
Description:	Admission/Start of Care		e equals Other Surgical Procedure Date minus
Beginning Position:	651	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 145:	OTH_SURG_PROC_CO		
Description:			er than the principal procedure performed
Beginning Position:	during the period covere	Data Source:	D-10-PCS code. Claim
Length:	7	Type:	Alphanumeric
Field 146:	OTH_SURG_PROC_DA		Aprenditiene
Description:		other procedure	e equals Other Surgical Procedure Date minus
Beginning Position:	662	Data Source:	Calculated
Length: Field 147:			Alphanumeric
Field 147: Description:	OTH_SURG_PROC_CO		er than the principal procedure performed
	during the period covere	ed by the hill TC	D-10-PCS code
Beginning Position: Length:	666 7	Data Source: Type:	Claim Alphanumeric
Field 148:	OTH_SURG_PROC_DA		
Description:	Admission/Start of Care	Date.	e equals Other Surgical Procedure Date minus
Beginning Position:	673	Data Source:	Calculated
Length: Field 149:	4 OTH_SURG_PROC_CO	Type:	Alphanumeric
Description:		er procedure oth	er than the principal procedure performed D-10-PCS code.
Beginning Position:	677	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
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Field 150:	OTH_SURG_PROC_	DAY 23		
Description:			equals Other Surgical Pro	cedure Date minus
•	Admission/Start of Ca			
Beginning Position:	684	Data Source	Calculated	
Length:	4	Туре:	Alphanumeric	
Field 151:	OTH_SURG_PROC_			
Description:			er than the principal proce	edure performed
	during the period cov			
Beginning Position:	688	Data Source	Claim Alphanumeric	
Length: Field 152:	7 OTH_SURG_PROC_	Type:	Alphanumenc	
Description:			equals Other Surgical Pro	coduro Doto <i>minu</i>
Description	Admission/Start of Ca		equals Other Surgical Pro	
Beginning Position:	695	Data Source	Calculated	
Length:	4	Type:	Alphanumeric	
Field 153:	MS MDC	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Description:		gory (MDC) as a	gned by Centers for Medi	care and Medicaid
•			ancing Administration (H	
	payment for Medicare			,,
Beginning Position:	699	Data Source	Assigned	
Length:	2	Type:	Alphanumeric	
Field 154:	MS_DRG			
Description:			ces (CMS) Diagnosis Relat	ed Group (DRG),
	as assigned for hospit			
Beginning Position:	701	Data Source	Assigned	
Length:	3	Туре:	Alphanumeric	
Field 155:	MS_GROUPER_VER			
Description:			Grouper (formerly CMS	
			VERSION_NBR) version u	sed to assign MS
	DRG and, MS MDC co			
Beginning Position: Length:	704 5	Data Source	Assigned Alphanumeric	
Field 156:	 MS_GROUPER_ERR		Alphanumenc	
Description:			vith MS DRG code assignr	mont
Coding Scheme:			DisableHac = 0 and at least	
county Scheme.		ssfully assigned.		
	00 No errors. DRG succe		or exempt	
	Diagnosis code canno	t be used as	or exempt DisableHac is invalid and at	least one HAC POA is N
	01 Diagnosis code canno principal diagnosis		or exempt DisableHac is invalid and at or U	
	01 Diagnosis code canno principal diagnosis 02 Record does not meet		or exempt DisableHac is invalid and at	
	01 Diagnosis code canno principal diagnosis		or exempt DisableHac is invalid and at or U DisableHac is invalid and at invalid or exempt DisableHac = 0 and at least	least one HAC POA is one HAC POA is exempt
	01 Diagnosis code canno principal diagnosis 02 Record does not meet DRG		or exempt DisableHac is invalid and at or U DisableHac is invalid and at invalid or exempt DisableHac = 0 and at least DisableHac is invalid and at	least one HAC POA is one HAC POA is exempt
	01 Diagnosis code canno principal diagnosis 02 Record does not meet DRG 03 Invalid Age		or exempt DisableHac is invalid and at or U DisableHac is invalid and at invalid or exempt DisableHac = 0 and at least DisableHac is invalid and at exempt	least one HAC POA is one HAC POA is exempt least one HAC POA is
	01 Diagnosis code canno principal diagnosis 02 Record does not meet DRG 03 Invalid Age	criteria for any	or exempt DisableHac is invalid and at or U DisableHac is invalid and at invalid or exempt DisableHac = 0 and at least DisableHac is invalid and at	least one HAC POA is one HAC POA is exempt least one HAC POA is e multiple HACs that
	 Diagnosis code canno principal diagnosis Record does not meet DRG Invalid Age Invalid Sex 	criteria for any	or exempt DisableHac is invalid and at or U DisableHac is invalid and at invalid or exempt DisableHac = 0 and at least DisableHac is invalid and at exempt DisableHac = 0 and there ar have different HAC POA valu U	least one HAC POA is one HAC POA is exempt least one HAC POA is e multiple HACs that es that are not Y, W, N,
	 Diagnosis code canno principal diagnosis Record does not meet DRG Invalid Age Invalid Sex Invalid Discharge Stat 	: criteria for any tus	or exempt DisableHac is invalid and at or U DisableHac is invalid and at invalid or exempt DisableHac = 0 and at least DisableHac is invalid and at exempt DisableHac = 0 and there ar have different HAC POA valu U DisableHac is invalid and the	least one HAC POA is one HAC POA is exempt least one HAC POA is e multiple HACs that es that are not Y, W, N, ere are multiple HACs
	 Diagnosis code canno principal diagnosis Record does not meet DRG Invalid Age Invalid Sex 	: criteria for any tus	or exempt DisableHac is invalid and at or U DisableHac is invalid and at invalid or exempt DisableHac = 0 and at least DisableHac is invalid and at exempt DisableHac = 0 and there ar have different HAC POA valu U	least one HAC POA is one HAC POA is exempt least one HAC POA is e multiple HACs that es that are not Y, W, N, ere are multiple HACs
	 Diagnosis code canno principal diagnosis Record does not meet DRG Invalid Age Invalid Sex Invalid Discharge Stat Illogical Principal Diago Invalid Principal Diago 	: criteria for any tus nosis (CMS only) nosis	or exempt DisableHac is invalid and at or U DisableHac is invalid and at invalid or exempt DisableHac = 0 and at least DisableHac is invalid and at exempt DisableHac = 0 and there ar have different HAC POA valu U DisableHac is invalid and the that have different HAC POA W	least one HAC POA is one HAC POA is exempt least one HAC POA is e multiple HACs that es that are not Y, W, N, ere are multiple HACs
	01Diagnosis code canno principal diagnosis02Record does not meet DRG03Invalid Age04Invalid Sex05Invalid Discharge Stat10Illogical Principal Diagnosis11Invalid Principal Diagnosis709Invalid Principal Diagnosis	tus Inosis (CMS only) Data Source	or exempt DisableHac is invalid and at or U DisableHac is invalid and at invalid or exempt DisableHac = 0 and at least DisableHac is invalid and at exempt DisableHac = 0 and there ar have different HAC POA valu U DisableHac is invalid and the that have different HAC POA W	least one HAC POA is one HAC POA is exempt least one HAC POA is e multiple HACs that es that are not Y, W, N, ere are multiple HACs
Length:	01Diagnosis code canno principal diagnosis02Record does not meet DRG03Invalid Age04Invalid Sex05Invalid Discharge Stat10Illogical Principal Diagno 70922	: criteria for any tus nosis (CMS only) nosis	or exempt DisableHac is invalid and at or U DisableHac is invalid and at invalid or exempt DisableHac = 0 and at least DisableHac is invalid and at exempt DisableHac = 0 and there ar have different HAC POA valu U DisableHac is invalid and the that have different HAC POA W	least one HAC POA is one HAC POA is exempt least one HAC POA is e multiple HACs that es that are not Y, W, N, ere are multiple HACs
Length: Field 157:	01 Diagnosis code canno principal diagnosis 02 Record does not meet DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Stat 10 Illogical Principal Diagnosis 709 2 APRMDC	tus Inosis (CMS only) Data Source Type:	or exempt DisableHac is invalid and at or U DisableHac is invalid and at invalid or exempt DisableHac = 0 and at least DisableHac is invalid and at exempt DisableHac = 0 and there ar have different HAC POA valu U DisableHac is invalid and the that have different HAC POA W Assigned Alphanumeric	least one HAC POA is one HAC POA is exempt least one HAC POA is e multiple HACs that es that are not Y, W, N, ere are multiple HACs values that are not Y o
Length: Field 157: Description:	01 Diagnosis code canno principal diagnosis 02 Record does not meet DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Stat 10 Illogical Principal Diagnosis 709 2 APR_MDC Major Diagnostic Cate	tus nosis (CMS only) Data Source Type:	or exempt DisableHac is invalid and at or U DisableHac is invalid and at invalid or exempt DisableHac = 0 and at least DisableHac is invalid and at exempt DisableHac = 0 and there ar have different HAC POA valu U DisableHac is invalid and the that have different HAC POA W Assigned Alphanumeric gned by 3M [™] APR-DRG G	least one HAC POA is one HAC POA is exempt least one HAC POA is e multiple HACs that es that are not Y, W, N, ere are multiple HACs values that are not Y o
Length: Field 157: Description: Beginning Position:	01 Diagnosis code canno principal diagnosis 02 Record does not meet DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Stat 10 Illogical Principal Diagnostic 709 2 APR_MDC Major Diagnostic Categories	tus nosis (CMS only) nosis Data Source Type: egory (MDC) as a Data Source	or exempt DisableHac is invalid and at or U DisableHac is invalid and at invalid or exempt DisableHac = 0 and at least DisableHac is invalid and at exempt DisableHac = 0 and there ar have different HAC POA valu U DisableHac is invalid and the that have different HAC POA W Assigned Alphanumeric gned by 3M [™] APR-DRG G Assigned	least one HAC POA is one HAC POA is exempt least one HAC POA is e multiple HACs that es that are not Y, W, N, ere are multiple HACs values that are not Y o
Beginning Position: Length: Field 157: Description: Beginning Position: Length: Field 158:	01 Diagnosis code canno principal diagnosis 02 Record does not meet DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Stat 10 Illogical Principal Diagnostic 709 2 APR_MDC Major Diagnostic Categorial	tus nosis (CMS only) Data Source Type:	or exempt DisableHac is invalid and at or U DisableHac is invalid and at invalid or exempt DisableHac = 0 and at least DisableHac is invalid and at exempt DisableHac = 0 and there ar have different HAC POA valu U DisableHac is invalid and the that have different HAC POA W Assigned Alphanumeric gned by 3M [™] APR-DRG G	least one HAC POA is one HAC POA is exempt least one HAC POA is e multiple HACs that es that are not Y, W, N, ere are multiple HACs values that are not Y o
Length: Field 157: Description: Beginning Position: Length: Field 158:	01 Diagnosis code canno principal diagnosis 02 Record does not meet DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Stat 10 Illogical Principal Diagnostic 709 2 APR_MDC Major Diagnostic Categorial 711 2	tus nosis (CMS only) nosis Data Source Type: egory (MDC) as a Data Source Type:	or exempt DisableHac is invalid and at or U DisableHac is invalid and at invalid or exempt DisableHac = 0 and at least DisableHac is invalid and at exempt DisableHac = 0 and there ar have different HAC POA valu U DisableHac is invalid and the that have different HAC POA W Assigned Alphanumeric Assigned Alphanumeric	least one HAC POA is one HAC POA is exempt least one HAC POA is e multiple HACs that es that are not Y, W, N, ere are multiple HACs values that are not Y o
Length: Field 157: Description: Beginning Position: Length: Field 158:	01 Diagnosis code canno principal diagnosis 02 Record does not meet DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Stat 10 Illogical Principal Diagnostic 709 2 APR_MDC Major Diagnostic Cate 711 2 APR_DRG All Patient Refined (All	tus nosis (CMS only) nosis Data Source Type: egory (MDC) as a Data Source Type:	or exempt DisableHac is invalid and at or U DisableHac is invalid and at invalid or exempt DisableHac = 0 and at least DisableHac is invalid and at exempt DisableHac = 0 and there ar have different HAC POA valu U DisableHac is invalid and the that have different HAC POA W Assigned Alphanumeric gned by 3M [™] APR-DRG G Assigned	least one HAC POA is one HAC POA is exempt least one HAC POA is e multiple HACs that es that are not Y, W, N, ere are multiple HACs values that are not Y o
Length: Field 157: Description: Beginning Position: Length: Field 158: Description:	01 Diagnosis code canno principal diagnosis 02 Record does not meet DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Stat 10 Illogical Principal Diagnostic 709 2 APR_MDC Major Diagnostic Cate 711 2 APR_DRG All Patient Refined (All DRG Grouper)	tus nosis (CMS only) nosis Data Source Type: egory (MDC) as a Data Source Type: PR) Diagnosis Re	or exempt DisableHac is invalid and at or U DisableHac is invalid and at invalid or exempt DisableHac = 0 and at least DisableHac is invalid and at exempt DisableHac = 0 and there ar have different HAC POA valu U DisableHac is invalid and the that have different HAC POA W Assigned Alphanumeric gned by 3M [™] APR-DRG G Assigned Alphanumeric ed Group (DRG) as assign	least one HAC POA is one HAC POA is exempt least one HAC POA is e multiple HACs that es that are not Y, W, N, ere are multiple HACs values that are not Y o
Length: Field 157: Description: Beginning Position: Length:	01 Diagnosis code canno principal diagnosis 02 Record does not meet DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Stat 10 Illogical Principal Diagnostic 709 2 APR_MDC Major Diagnostic Cate 711 2 APR_DRG All Patient Refined (All	tus nosis (CMS only) nosis Data Source Type: egory (MDC) as a Data Source Type:	or exempt DisableHac is invalid and at or U DisableHac is invalid and at invalid or exempt DisableHac = 0 and at least DisableHac is invalid and at exempt DisableHac = 0 and there ar have different HAC POA valu U DisableHac is invalid and the that have different HAC POA W Assigned Alphanumeric Assigned Alphanumeric	least one HAC POA is one HAC POA is exempt least one HAC POA is e multiple HACs that es that are not Y, W, N, ere are multiple HACs values that are not Y o

DSHS/THCIC	Page	DSHS Document #25-15013
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Description:	Assignment of a vial, of montali		rom the All Datient Defined (ADD) Discussio		
Description:	Related Group (DRG) from the		rom the All Patient Refined (APR) Diagnosis R-DRG Grouper. Indicates the likelihood of		
Coding Scheme:	dying. 1 Minor 2 Moderate				
	3 Major				
Beginning Position: Length:	4 Extreme 717 Data 1 Type:	Source:	Assigned Alphanumeric		
Field 160:	ILLNESS_SEVERITY		•		
Description:	Related Group (DRG) from the		from the All Patient Refined (APR) Diagnosis R-DRG Grouper. Indicates the extent of		
Coding Scheme:	physiologic decompensation. 1 Minor				
	2 Moderate				
	3 Major				
	4 Extreme 0 No class specified				
Beginning Position:	- ··· ···· ····	Source:	Assigned		
Length:	1 Type		Alphanumeric		
Field 161:	APR_GROUPER_VERSION_N				
Description:			ed Grouper version used to assign APR DRG		
Beginning Position:		Mortality Source:	rankings, and Severity of Illness rankings Assigned		
Length:	5 Type		Alphanumeric		
Field 162:	APR_GROUPER_ERROR_CO				
Description:	Error codes identify potential variation	tions with <i>i</i>	APR DRG code assignment		
Coding Scheme:	00 No errors. DRG successfully assigned.	12	Gestational age/birth weight conflict (APR only)		
	01 Diagnosis code cannot be used as principal diagnosis	5 19	DisableHac = 0 and at least one HAC POA is invalid or exempt		
	02 Record does not meet criteria for DRG	any 20	DisableHac is invalid and at least one HAC POA is N or U		
	03 Invalid Age 04 Invalid Sex	21	DisableHac is invalid and at least one HAC POA is invalid or exempt		
	04 Invalid Sex 05 Invalid Discharge Status	22 23	DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt		
	06 Invalid birthweight (AP & APR onl	y) 24	DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U		
	09 Invalid discharge age in days (AP APR only)	& 25	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W		
Paginning Desition	11 Invalid Principal Diagnosis	Courses	Assigned		
Beginning Position: Length:	724 Data 2 Type	Source:	Assigned Alphanumeric		
Field 163:	ATTENDING_PHYSICIAN_U				
Description:			Inique 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 a				
Suppression:	Suppressed when the number of pl		epresented in a DRG for a hospital is less than the		
Coding Colors	minimum cell size of five.	- -			
Coding Scheme:	99999999998 Cell size less tha 99999999999 Temporary licens		e number could not be matched		
Beginning Position:		Source:	Assigned		
Length:	10 Type :	1	Alphanumeric		
Field 164:	OPERATING_PHYSICIAN_U	NIF_ID			

Description:	assigned to th Physician is an Act. Can inclu hospitals or w including psyc	other Physician Uniform Identifies operating physician or p n individual licensed to pra de an individual other than tho provides diagnostic or t chologists, chiropractors, d s authorized by the hospite	hysician other than the ctice medicine under t a physician who adm herapeutic procedures entists, nurse practitio	e attending physician. he Medical Practice its patients to s to inpatients, ners, nurse midwives,
Suppression:	Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.			
Coding Scheme:	99999999998 99999999999	Cell size less than 5 Temporary license or licens	e number could not be m	atched
Beginning Position:	736	Data Source:	Assigned	
Length:	10	Type:	Alphanumeric	
Field 165:	ENCOUNTER	INDICATOR	·	
Description:		number of claims used to o	create the encounter	
Beginning Position:	746	Data Source:	Calculated	
Length:	2	Type:	Alphanumeric	
Field 166:	PROVIDER_I	NAME		
Description:	Hospital name provided by the hospital.			
Suppression:	Hospitals with fewer than 50 discharges (Provider ID equals '999999') are assigned the name			
	'Low Discharge	'Low Discharge Volume Hospital'. If a hospital has fewer than 5 discharges of a particular		
	gender, includin	ng `unknown', Hospital Name i	s blank.	
Beginning Position:	748	Data Source:	Provider	
Length:	55	Туре:	Alphanumeric	

INPATIENT BASE DATA #2 FILE

	RECORD_ID					
Field 1: Description:		mbor Uniquo nu	mbor assigned to identify the record. The			
Description	Record Identification Number. Unique number assigned to identify the record. The Record_ID in the ED Inpatient PUDF is not linkable to the Record_ID in the ED					
	Outpatient PUDF or ED Research Data Files (RDFs).					
Beginning Position:		Data Source:	Assigned			
Length:	12	Туре:	Alphanumeric			
Field 2:	PRIVATE_AMOUNT		· ·			
Description:	Accommodation Charge,	Private Room C	harge Amount. Calculated using MEDPAR			
	algorithm. Sum of charge	es associated wi	ith revenue codes 0100-0219, revenue			
	center 011X, 014X					
Beginning Position:	13	Data Source:	Calculated			
Length:	12	Туре:	Numeric			
Field 3:	SEMI_PRIVATE_AMOU					
Description:	Accommodation Charge, Semi-private Room Charge Amount. Calculated using					
		MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219,				
	revenue center 010X, 01					
Beginning Position:	25	Data Source:	Calculated			
Length:	12	Туре:	Numeric			
Field 4:	WARD_AMOUNT					
Description:			mount. Calculated using MEDPAR algorithm.			
Perinning Desition	Sum of charges associate	ed with revenue Data Source:	codes 0100-0219, revenue center 015X. Calculated			
Beginning Position: Length:	12	Type:	Numeric			
Field 5:	ICU_AMOUNT	Type.	Numenc			
Description:		Intensive Care	Unit Charge Amount, Calculated using			
Debenperoni	Accommodation Charge, Intensive Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 020X.					
Beginning Position:	49	Data Source:	Calculated			
Length:	12	Туре:	Numeric			
Field 6:	CCU_AMOUNT					
Description:	Accommodation Charge,		Unit Charge Amount. Calculated using			
Description:	Accommodation Charge, MEDPAR algorithm. Sum		Unit Charge Amount. Calculated using ociated with revenue codes 0100-0219,			
-	Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X.					
Beginning Position:	Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61	of charges asso	ociated with revenue codes 0100-0219, Calculated			
Beginning Position: Length:	Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12	of charges asso	ociated with revenue codes 0100-0219,			
Beginning Position: Length: Field 7:	Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT	of charges asso Data Source: Type:	ociated with revenue codes 0100-0219, Calculated Numeric			
Beginning Position: Length:	Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge,	of charges asso Data Source: Type:	Calculated Numeric Amount. Calculated using MEDPAR algorithm.			
Beginning Position: Length: Field 7:	Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge, Sum of charges associated	of charges asso Data Source: Type: , Other Charge A ed with revenue	Calculated Numeric Amount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue			
Beginning Position: Length: Field 7:	Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge, Sum of charges associate center 0002-0099, 022X	of charges asso Data Source: Type: , Other Charge A ed with revenue	Calculated Numeric Amount. Calculated using MEDPAR algorithm.			
Beginning Position: Length: Field 7: Description:	Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge, Sum of charges associate center 0002-0099, 022X 090X-095X, 099X.	of charges asso Data Source: Type: , Other Charge <i>J</i> ed with revenue -024X, 052X-05	Calculated Numeric Amount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X,			
Beginning Position: Length: Field 7: Description: Beginning Position:	Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge, Sum of charges associate center 0002-0099, 022X	of charges asso Data Source: Type: , Other Charge <i>J</i> ed with revenue -024X, 052X-05 Data Source:	Calculated Numeric Amount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X, Calculated			
Beginning Position: Length: Field 7: Description:	Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge, Sum of charges associate center 0002-0099, 022X 090X-095X, 099X. 73 12	of charges asso Data Source: Type: , Other Charge <i>J</i> ed with revenue -024X, 052X-05	Calculated Numeric Amount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X,			
Beginning Position: Length: Field 7: Description: Beginning Position: Length:	Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge, Sum of charges associate center 0002-0099, 022X 090X-095X, 099X. 73 12 PHARM_AMOUNT	of charges asso Data Source: Type: Other Charge / ed with revenue -024X, 052X-05 Data Source: Type:	Calculated Numeric Amount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric			
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Beginning Position: Length: Field 7: Description: Beginning Position: Length: Field 8:	Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge, Sum of charges associate center 0002-0099, 022X 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge,	of charges asso Data Source: Type: Other Charge / ed with revenue -024X, 052X-05 Data Source: Type: Pharmacy Cha es associated with	Calculated Numeric Amount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric			
Beginning Position: Length: Field 7: Description: Beginning Position: Length: Field 8:	Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge, Sum of charges associate center 0002-0099, 022X 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge, algorithm. Sum of charge	of charges asso Data Source: Type: Other Charge / ed with revenue -024X, 052X-05 Data Source: Type: Pharmacy Cha es associated with	Calculated Numeric Amount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue 33X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric rge Amount. Calculated using MEDPAR			
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Beginning Position: Length: Field 7: Description: Beginning Position: Length: Field 8: Description: Beginning Position: Length: Field 9:	Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge, Sum of charges associate center 0002-0099, 022X 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge, algorithm. Sum of charge revenue center 025X, 02 85 12 MEDSURG_AMOUNT	of charges asso Data Source: Type: Other Charge A ed with revenue -024X, 052X-05 Data Source: Type: Pharmacy Cha es associated wi 6X, and 063X. Data Source: Type:	Calculated Numeric Amount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue G3X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric			
Beginning Position: Length: Field 7: Description: Beginning Position: Length: Field 8: Description: Beginning Position: Length:	Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge, Sum of charges associate center 0002-0099, 022X 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge, algorithm. Sum of charge revenue center 025X, 02 85 12 MEDSURG_AMOUNT Ancillary Service Charge,	of charges asso Data Source: Type: Other Charge / ed with revenue -024X, 052X-05 Data Source: Type: , Pharmacy Cha es associated wi 6X, and 063X. Data Source: Type: , Medical/Surgic	Calculated Numeric Amount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue G3X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric al Supply Charge Amount. Calculated using			
Beginning Position: Length: Field 7: Description: Beginning Position: Length: Field 8: Description: Beginning Position: Length: Field 9:	Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge, Sum of charges associate center 0002-0099, 022X 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge, algorithm. Sum of charge revenue center 025X, 02 85 12 MEDSURG_AMOUNT Ancillary Service Charge, MEDPAR algorithm. Sum	of charges asso Data Source: Type: Other Charge A ed with revenue -024X, 052X-05 Data Source: Type: Pharmacy Cha es associated wi 6X, and 063X. Data Source: Type: Medical/Surgic of charges asso	Calculated Numeric Amount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue G3X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric			
Beginning Position: Length: Field 7: Description: Beginning Position: Length: Field 8: Description: Beginning Position: Length: Field 9: Description:	Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge, Sum of charges associate center 0002-0099, 022X 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge, algorithm. Sum of charge revenue center 025X, 02 85 12 MEDSURG_AMOUNT Ancillary Service Charge, MEDPAR algorithm. Sum 0219, revenue center 02	of charges asso Data Source: Type: Other Charge A ed with revenue -024X, 052X-05 Data Source: Type: Pharmacy Cha es associated wi 6X, and 063X. Data Source: Type: Medical/Surgic of charges asso 7X, 062X.	Calculated Numeric Amount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue 63X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric al Supply Charge Amount. Calculated using potated with revenue codes other than 0100-			
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DME_AMOUNT		
	e. Durable Medic	al Equipment Charge Amount. Calculated
		es associated with revenue codes other than
0100-0219, revenue cer		
109	Data Source:	Calculated
	Туре:	Numeric
		Calculated
		Numeric
PT_AMOUNT		
MEDPAR algorithm. Sun	n of charges ass	py Charge Amount. Calculated using ociated with revenue codes other than 0100
133	Data Source:	Calculated
12	Туре:	Numeric
—		
		ocialed with revenue codes other than 0100
		Calculated
		Numeric
—	e, Speech Pathol	ogy Charge Amount, Calculated using
		ociated with revenue codes other than 0100
157	Data Source:	Calculated
12	Туре:	Numeric
—		-
		ociated with revenue codes other than 0100
		Calculated
		Numeric
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	e for blood provi	ded during the patient's stay. Calculated
		es associated with revenue codes other than
181	Data Source:	Calculated
		Numeric
codes other than 0100-		
193	D219, revenue c Data Source:	Calculated
		Carculated
12		Numeric
12	Туре:	Numeric
12 OR_AMOUNT	Туре:	
12 OR_AMOUNT Ancillary Service Charge	Type: e, Operating Roo	m Charge amount. Calculated using MEDPA
12 OR_AMOUNT Ancillary Service Charge	Type: e, Operating Roo ges associated w	
12 OR_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 036X, 0 205	Type: e, Operating Roo ges associated w	m Charge amount. Calculated using MEDPA
12 OR_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 036X, 0 205 12	Type: e, Operating Roo ges associated w 71X-072X.	m Charge amount. Calculated using MEDPA ith revenue codes other than 0100-0219,
12 OR_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 036X, 0 205 12 LITH_AMOUNT	Type: e, Operating Roo ges associated w 71X-072X. Data Source: Type:	m Charge amount. Calculated using MEDPAI ith revenue codes other than 0100-0219, Calculated Numeric
12 OR_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 036X, 0 205 12 LITH_AMOUNT Ancillary Service Charge	Type: e, Operating Roo ges associated w 71X-072X. Data Source: Type: e, Lithotripsy Cha	m Charge amount. Calculated using MEDPA ith revenue codes other than 0100-0219, Calculated Numeric arge Amount. Calculated using MEDPAR
12 OR_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 036X, 0 205 12 LITH_AMOUNT Ancillary Service Charge algorithm. Sum of charge	Type: e, Operating Roo ges associated w 71X-072X. Data Source: Type: e, Lithotripsy Cha	m Charge amount. Calculated using MEDPA ith revenue codes other than 0100-0219, Calculated Numeric
12 OR_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 036X, 0 205 12 LITH_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 079X.	Type: e, Operating Roo ges associated w 71X-072X. Data Source: Type: e, Lithotripsy Cha ges associated w	m Charge amount. Calculated using MEDPA ith revenue codes other than 0100-0219, Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
12 OR_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 036X, 0 205 12 LITH_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 079X. 217	Type: e, Operating Roo ges associated w 71X-072X. Data Source: Type: e, Lithotripsy Cha ges associated w Data Source:	m Charge amount. Calculated using MEDPAI ith revenue codes other than 0100-0219, Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated
12 OR_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 036X, 0 205 12 LITH_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 079X.	Type: e, Operating Roo ges associated w 71X-072X. Data Source: Type: e, Lithotripsy Cha ges associated w	m Charge amount. Calculated using MEDPAI ith revenue codes other than 0100-0219, Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
	109 12 USED_DME_AMOUNT Ancillary Service Charge Calculated using MEDPA other than 0100-0219, 1 121 12 PT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun 0219, revenue center 0 133 12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun 0219, revenue center 0 145 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun 0219, revenue center 0 157 12 IT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun 0219, revenue center 0 157 12 IL_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun 0219, revenue center 0 157 12 IL_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun 0219, revenue center 0 169 12 BLOOD_AMOUNT Ancillary Service Charge using MEDPAR algorithm 0100-0219, revenue center 0 181 12 BLOOD_ADMIN_AMOUNT Ancillary Service Charge using MEDPAR algorithm 0100-0219, revenue center 0 181 12	109Data Source: Type:12Type:USED_DME_AMOUNTAncillary Service Charge, Used Durable Calculated using MEDPAR algorithm. Sur other than 0100-0219, revenue center 012Data Source: Type:12Type:PT_AMOUNTAncillary Service Charge, Physical Thera MEDPAR algorithm. Sum of charges asso 0219, revenue center 042X.133Data Source: Type:12Type:OT_AMOUNTAncillary Service Charge, Occupational T MEDPAR algorithm. Sum of charges asso 0219, revenue center 043X.145Data Source: Type:SPEECH_AMOUNTAncillary Service Charge, Speech Pathol MEDPAR algorithm. Sum of charges asso 0219, revenue center 044X, 047X.157Data Source: Type:12Type:IT_AMOUNTAncillary Service Charge, Speech Pathol MEDPAR algorithm. Sum of charges asso 0219, revenue center 044X, 047X.157Data Source: Type:12Type:IT_AMOUNTAncillary Service Charge, Inhalation The MEDPAR algorithm. Sum of charges asso 0219, revenue center 041X, 046X.169Data Source: Type:12Type:BLOOD_AMOUNTAncillary Service Charge for blood proviousing MEDPAR algorithm. Sum of charges using MEDPAR algorithm. Sum of charges asso 0219, revenue center 038X.181Data Source: Type:BLOOD_ADMIN_AMOUNTAncillary Service Charge for blood stora stay. Calculated using MEDPAR algorith

Field 20:	CARD_AMOUNT		
Description:			arge Amount. Calculated using MEDPAR
			th revenue codes other than 0100-0219,
	revenue center 048X, 07	'3X.	
Beginning Position:	229	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 21:	ANES_AMOUNT		
Description:			arge Amount. Calculated using MEDPAR
		es associated wi	th revenue codes other than 0100-0219,
	revenue center 037X.		
Beginning Position:	241	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 22:		Laboration Cha	
Description:			arge Amount. Calculated using MEDPAR
			th revenue codes other than 0100-0219,
Poginning Desition	revenue center 030X-032 253	Data Source:	Calculated
Beginning Position: Length:	12	Type:	Numeric
Field 23:	RAD AMOUNT	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Numene
Description:	—	Radiology Char	ge Amount. Calculated using MEDPAR
			th revenue codes other than 0100-0219,
	revenue center 028X, 03		
Beginning Position:	265	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 24:	MRI_AMOUNT		
Description:		, MRI Charge An	nount. Calculated using MEDPAR algorithm.
			codes other than 0100-0219, revenue
	center 061X.		
Beginning Position:	277	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 25:	OP_AMOUNT		
Description:			vices Charge Amount. Calculated using
			ciated with revenue codes other than 0100-
	0219, revenue center 04		
Beginning Position:	289	Data Source:	Calculated
Length: Field 26:	12 ER AMOUNT	Туре:	Numeric
Description:		Emorgonov Do	om Charge Amount, Calculated using
Description.			om Charge Amount. Calculated using ociated with revenue codes other than 0100-
	2		
Poginning Desition	0219, revenue center 04 301	Data Source:	Calculated
Beginning Position: Length:	12	Type:	Numeric
Field 27:	AMBULANCE_AMOUNT		Hamene
Description:			arge Amount. Calculated using MEDPAR
			th revenue codes other than 0100-0219,
	revenue center 054X.		
Beginning Position:			Calculated
	313	Data Source:	Calculateu
	313 12	Data Source: Type:	Numeric
Length:			
Length: Field 28:	12 PRO_FEE_AMOUNT Ancillary Service Charge,	Type: , Professional Fe	Numeric e Charge Amount. Calculated using MEDPAR
Length: Field 28:	12 PRO_FEE_AMOUNT Ancillary Service Charge,	Type: , Professional Fe	Numeric
Length: Field 28: Description:	12 PRO_FEE_AMOUNT Ancillary Service Charge, algorithm. Sum of charge revenue center 096X-098	Type: , Professional Fe es associated wi	Numeric The Charge Amount. Calculated using MEDPAR Th revenue codes other than 0100-0219,
Length: Field 28: Description: Beginning Position:	12 PRO_FEE_AMOUNT Ancillary Service Charge, algorithm. Sum of charge revenue center 096X-098 325	Type: , Professional Fe es associated wi 8X. Data Source:	Numeric The Charge Amount. Calculated using MEDPAR Th revenue codes other than 0100-0219, Calculated
Length: Field 28: Description: Beginning Position: Length:	12 PRO_FEE_AMOUNT Ancillary Service Charge, algorithm. Sum of charge revenue center 096X-098 325 12	Type: , Professional Fe es associated wi 8X.	Numeric The Charge Amount. Calculated using MEDPAR Th revenue codes other than 0100-0219,
Length: Field 28: Description: Beginning Position: Length: Field 29:	12 PRO_FEE_AMOUNT Ancillary Service Charge, algorithm. Sum of charge revenue center 096X-098 325 12 ORGAN_AMOUNT	Type: , Professional Fe es associated wi 8X. Data Source: Type:	Numeric The Charge Amount. Calculated using MEDPAR th revenue codes other than 0100-0219, Calculated Numeric
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Length: Field 28: Description: Beginning Position: Length: Field 29:	12 PRO_FEE_AMOUNT Ancillary Service Charge, algorithm. Sum of charge revenue center 096X-098 325 12 ORGAN_AMOUNT Ancillary Service Charge, MEDPAR algorithm. Sum	Type: , Professional Fe es associated wi 8X. Data Source: Type: , Organ Acquisit of charges asso	Numeric The Charge Amount. Calculated using MEDPAR th revenue codes other than 0100-0219, Calculated Numeric ion Charge Amount. Calculated using
Length: Field 28: Description: Beginning Position: Length: Field 29: Description:	12 PRO_FEE_AMOUNT Ancillary Service Charge, algorithm. Sum of charge revenue center 096X-098 325 12 ORGAN_AMOUNT Ancillary Service Charge, MEDPAR algorithm. Sum 0219, revenue center 08	Type: , Professional Fe es associated wi 8X. Data Source: Type: , Organ Acquisit of charges associated 1X, 089X.	Numeric e Charge Amount. Calculated using MEDPAR th revenue codes other than 0100-0219, Calculated Numeric ion Charge Amount. Calculated using ociated with revenue codes other than 0100-
Length: Field 28: Description: Beginning Position: Length: Field 29: Description:	12 PRO_FEE_AMOUNT Ancillary Service Charge, algorithm. Sum of charge revenue center 096X-098 325 12 ORGAN_AMOUNT Ancillary Service Charge, MEDPAR algorithm. Sum	Type: , Professional Fe es associated wi 8X. Data Source: Type: , Organ Acquisit of charges asso	Numeric The Charge Amount. Calculated using MEDPAR th revenue codes other than 0100-0219, Calculated Numeric ion Charge Amount. Calculated using
Length: Field 28: Description: Beginning Position: Length: Field 29: Description: Beginning Position: DSHS/THCIC	12 PRO_FEE_AMOUNT Ancillary Service Charge, algorithm. Sum of charge revenue center 096X-098 325 12 ORGAN_AMOUNT Ancillary Service Charge, MEDPAR algorithm. Sum 0219, revenue center 08	Type: , Professional Fe es associated wi 8X. Data Source: Type: , Organ Acquisit of charges associated 1X, 089X.	Numeric e Charge Amount. Calculated using MEDPAR th revenue codes other than 0100-0219, Calculated Numeric ion Charge Amount. Calculated using ociated with revenue codes other than 0100-

Length: Field 30:		12 ESRD_AMOUI	Т	Туре:	Numeric		
Description:				ae, End Stage	Renal Dialvsis	Charge	e Amount. Calculated using
		MEDPAR algori	thm. Su	im of charges a	ssociated with		nue codes other than 0100
		0219, revenue	center				
Beginnin Length:	g Position:	349 12		Data Sourc Type:	e: Calculated Numeric		
Field 31:		CLINIC_AMOL	INT	Typer	Numerie		
Descripti	on:	Ancillary Servi	ce Char				culated using MEDPAR
				rges associated	d with revenue	e codes	s other than 0100-0219,
Reginnin	q Position:	revenue center 361	- 051X.	Data Sourc	e: Calculated		
Length:	g i ositioni	12		Type:	Numeric		
Field 32:		OCCUR_CODE					
Descripti		Code describin	g a sigr	ificant event re	elating to the o	claim.	
Coding S 01	Auto accident		27	Date Home Health	Plan	47	Date cost outlier status begins
		anao Involvod	27	Established or Las			Birthdate - Insured A
02		ance Involved - Accident/Other	28	Date Comprehens		A1	
03	Accident/ Tort	Liability		Rehabilitation Plan or Last Reviewed	h Established	A2	Effective Date - Insured A Policy
04	Accident/ Emp	oloyment Related	29	Date Outpatient P		A3	Payer A benefits exhausted
05	Other accident	t		established or las		A4	Split Bill Date
06	Crime Victim		30	Date Outpatient S established or las		B1	Birthdate - Insured B
09		ility Treatment	31	Date beneficiary r		B2	Effective date - Insured B Policy
10	Cycle Last Menstrua	Poriod	32	intent to bill (acco Date beneficiary r	,	B3	Payer B benefits exhausted
10			52	intent to bill (proc		C1	Birthdate - Insured C
	Onset of Symp		27	treatments)	h :	C2	Effective date - Insured C Policy
12	Dependent In	for a Chronically dividual	37	Date of inpatient discharge for non		C3	Payer C benefits exhausted
16	Date of Last T	herapy		transplant patient		DR	Katrina disaster related
17	Date Outpatie	nt OT Plan Last Reviewed	38	Date treatment st home IV therapy	arted for	E1	Birthdate - Insured D
18	Date of Retire Patient/Benefi	ment -	39	Date discharged on a continuous course if IV therapy		E2	Effective date - Insured D Policy
19	-	ment - Spouse	40	Scheduled date of	fadmission	E3	Payer D benefits exhausted
20	Date Guarante	ee of Payment	41	Date of first test of admission testing	of pre-	F1	Birthdate - Insured E
	Began		42	Date of discharge	(hospice	F2	Effective date - Insured E Policy
21	Date UR Notic			only)	(F3	Payer E benefits exhausted
22	Date Active Ca		43	Scheduled date of surgery	fcanceled	G1	Birthdate - Insured F
24	Date Insuranc		44	Date treatment st	arted - OT	G2	Effective date - Insured F Policy
25	Date Benefits Primary Payer	Terminated by	45	Date treatment st		G3	Payer F benefits exhausted
26		Became Available	46	Date treatment st Cardiac rehabilita			
	g Position:	373		Data Sourc			
Length: Field 33:		2		Туре:	Alphanume	eric	
Descripti		OCCUR_DAY_		s Occurrence D	ate <i>minus</i> Adr	niccior	n/Start of Care Date.
-	g Position:	375	, cyuai	Data Sourc		1133101	
Length:		4		Туре:	Alphanume	eric	
Field 34: Descripti		OCCUR_CODE		ificant overt	lating to the	haim	
Coding S		Code describin Same as Field O	y a siyi CCUR CO	DDE 1.			
Beginnin	g Position:	379		Data Sourc			
Length: Field 35:			2	Туре:	Alphanume		
Field 35: Descripti		OCCUR_DAY_					/Start of Care Date.

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381 4	Data Source:	Calculated Alphanumeric
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	cant event relat	ing to the claim.
Same as Field OCCUR CODE	E 1.	
385	Data Source:	Claim
2	Туре:	Alphanumeric
OCCUR_DAY_3		
Occurrence Day equals C	Occurrence Date	minus Admission/Start of Care Date.
387	Data Source:	Calculated
4	Туре:	Alphanumeric
OCCUR_CODE_4		
Code describing a signific	cant event relat	ing to the claim.
	E_1.	
	Data Source:	Claim
	Туре:	Alphanumeric
	Occurrence Date	minus Admission/Start of Care Date.
	Data Source:	Calculated
	Туре:	Alphanumeric
		ing to the claim.
	_	
	Data Source:	Claim
	Туре:	Alphanumeric
		Calculated
	туре:	Alphanumeric
		to a the the state to a
		ing to the claim.
		Claim
		Alphanumeric
	iypei	Aphanancie
)ccurrence Date	minus Admission/Start of Care Date
		Calculated
		Alphanumeric
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	cant event relat	ing to the claim.
—	_	Claim
2	Туре:	Alphanumeric
OCCUR_DAY_7		
	Occurrence Date	minus Admission/Start of Care Date.
411	Data Source:	Calculated
4	Туре:	Alphanumeric
OCCUR_CODE_8		
	cant event relat	ing to the claim.
		-
415	Data Source:	Claim
2	Туре:	Alphanumeric
417	Data Source:	Calculated
4	Туре:	Alphanumeric
OCCUR_CODE_9		
	cant event relat	ing to the claim.
Code describing a signific		
Same as Field OCCUR_CODE	E_1.	
Same as Field OCCUR_CODE 421	E_1. Data Source:	Claim
Same as Field OCCUR_CODE 421 2	E_1.	
Same as Field OCCUR_CODE 421	E_1. Data Source:	Claim
	4 OCCUR_CODE_3 Code describing a signific Same as Field OCCUR_COD 385 2 OCCUR_DAY_3 Occurrence Day equals (387 4 OCCUR_CODE_4 Code describing a signific Same as Field OCCUR_COD 391 2 OCCUR_DAY_4 Occurrence Day equals (393 4 OCCUR_CODE_5 Code describing a signific Same as Field OCCUR_COD 397 2 OCCUR_DAY_5 Occurrence Day equals (399 4 OCCUR_CODE_6 Code describing a signific Same as Field OCCUR_COD 403 2 OCCUR_DAY_6 Occurrence Day equals (405 4 OCCUR_CODE_7 Code describing a signific Same as Field OCCUR_COD 403 2 OCCUR_CODE_7 Code describing a signific Same as Field OCCUR_COD 405 4 OCCUR_CODE_7 Code describing a signific Same as Field OCCUR_COD 405 4 OCCUR_CODE_7 Code describing a signific Same as Field OCCUR_COD 405 4 OCCUR_CODE_8 Code describing a signific Same as Field OCCUR_COD 405 4 OCCUR_CODE_8 Code describing a signific Same as Field OCCUR_COD 415 2 OCCUR_DAY_8 Occurrence Day equals (417	4 Type: OCCUR_CODE_3 Solution of the second s

Beginning Position: 423 Data Source: Calculated Field 50: OCCUR_CODE 10 Description: Code describing a significant event relating to the claim. Same as Field OCCUR_CODE 1. Beginning Position: 427 Description: CoCCUR_CODE 10 Description: 27 Type: Alphanumeric Field 51: OCCUR_CODE 11 Description: CoCCUR_CODE 11 Cocurrence Day equals Occurrence Date minus Admission/Start of Care Date. Beginning Position: 49 Type: Coding Scheme: Same as Field OCCUR_CODE 11 Description: Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR_CODE 1. Description: Cocurrence Day equals Occurrence Date minus Admission/Start of Care Date. Description: Cocurence Day equals Occurrence Date minus Admission/Start of Care Date. Description: Cocurence Day equals Occurrence Date minus Admission/Start of Care Date. Description: Cocurence Day equals Occurrence Date minus Admission/Start of Care Date. Description: Cocurrence Day equals Occurrence Date minus Admission/Start of Care Date. Description: Cocurrence Day equals Occurrence Date minus Admission/Start of Care Date. Description: Cocurrence Day equals Occurrence Date minus Admission/Start of Care Date. </th <th>Description:</th> <th>Occurrence Dav <i>equals</i></th> <th>Occurrence Date</th> <th>minus Admission/Start of Care Date.</th>	Description:	Occurrence Dav <i>equals</i>	Occurrence Date	minus Admission/Start of Care Date.
Field 50: OCCUR, CODE, 10 Description: Code describing a significant event relating to the claim. Same as Field OCCUR_CODE 1. Beginning Position: 427 Data Source: Calculated Description: OCCUR-DAY_10 Description: 0 Description: 0 Description: 49 Description: 49 Description: 49 Description: 49 Description: 49 Description: 49 Description: 49 Description: 49 Description: 49 Description: 5 Description: 43 Description: 44 Description: 5 Description: 5 Descrip	Beginning Position:			
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Beginning Position: 427 Data Source: Claim Description: OCCUR_DAY_10 Data Source: Calculated Beginning Position: 429 Data Source: Calculated Beginning Position: Same as Field OCCUR_CODE_1.1 Beginning for the claim. Beginning Position: Same as Field OCCUR_CODE_1.1 Beginning Source: Claim Beginning Position: 2 Type: Alphanumeric Field 53: OCCUR_DAY_11 Description: Decurrence Day equals Occurrence Date minus Admission/Start of Care Date. Beginning Position: 43 Type: Alphanumeric Field 54: OCCUR_CODE_12 Data Source: Claim Beginning Position: Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR_CODE_1 Description: Code describing a significant event relating to the claim. Coding Scheme: Code describing a significant event relating to the claim. Coding Scheme: 39 Data Source: Claim Beginning Position: 41 Type: Alphanumeric Field 55: OCCUR_DAY_12 Data Source: Claim Beginning Position: 42 Type: Alphanumeric Field 56: OCCUR_SAN_100E Mata Source: Claula	Description:	Code describing a signif	ficant event relat	ing to the claim.
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Description: Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. Beginning Position: 49 Data Source: Calculated Coding Scheme: Same as Field OCCUR_CODE_1. Description: Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR_CODE_1. Description: Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. Beginning Position: 43 Data Source: Calaim Description: Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. Beginning Position: 43 Description: Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. Beginning Position: 43 Description: Occurrence Date <i>minus</i> Admission/Start of Care Date. Beginning Position: 43 Description: Occurrence Date <i>minus</i> Admission/Start of Care Date. Beginning Position: 5 Beginning Position: 0 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. Beginning Position: 0 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. Beginning Position: 0 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. Beginning Position: 0 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. Beginning Position: 0 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. Description: 0 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. Beginning Position: 441 Data Source: Calculated 10 10 10 10 10 10 10 10 10 10	Length:		Type:	Alphanumeric
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73 Benefit eligibility period M0 Q10/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 Period M3 ICF level of care 78 Patient Liability Period M3 ICF level of care 79 Provider Liability Period M3 ICF level of care 77 Provider Liability Period M3 ICF level of care 78 SNF level of care M4 Residential level of care 1000000000000000000000000000000000000				
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75 SNF level of care Patient Liability Period M2 Inpatient respite dates M3 Beginning Position: 445 Data Source: 2 Claim Type: Length: 2 Type: Pield 57: OCCUR_SPAN_FROM_1 Description: Occurrence Span From equals Beginning Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. Beginning Position: 447 Data Source: Care Date. Beginning Position: 6 Type: Alphanumeric Field 58: OCCUR_SPAN_THRU_1 Description: Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. Beginning Position: 453 Data Source: Date. Beginning Position: 453 Data Source: Date. Beginning Position: 6 Type: Alphanumeric 6 Type: Field 59: OCCUR_SPAN_CODE_2 Description: Code describing a significant event relating to the claim that may affect payer processing. Coding Scheme: Same as Field OCCUR_CODE_SPAN_1. Beginning Position: 459 Data Source: Data Source: Claim Length: 2 Type: 2 Type: Alphanumeric Field 60: OCCUR_SPAN_FROM_2 Occurrence Span From equals Beginning D				
77 Provider Liability - Utilization Charged M4 Residential level of care Beginning Position: 2 Type: Alphanumeric Pield 57: OCCUR_SPAN_FROM_1 Alphanumeric Description: Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. Beginning Position: 447 Data Source: Calculated Length: 6 Type: Alphanumeric Field 58: OCCUR_SPAN_THRU_1 Data Source: Calculated Description: Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. Beginning Position: 453 Data Source: Calculated Length: 6 Type: Alphanumeric Field 59: OCCUR_SPAN_CODE_2 Data Source: Calculated Description: Code describing a significant event relating to the claim that may affect payer processing. Coding Scheme: Same as Field OCCUR_CODE_SPAN_1. Beginning Position: 459 Data Source: Claim Length: 2 Type: Alphanumeric Field 60: OCCUR_SPAN_FROM_2 Decurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. </th <th></th> <th></th> <th></th> <th>· · · · · · · · · · · · · · · · · · ·</th>				· · · · · · · · · · · · · · · · · · ·
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Coding Scheme: Same as Field OCCUR_CODE_SPAN_1. Beginning Position: 459 Data Source: Claim Length: 2 Type: Alphanumeric Field 60: OCCUR_SPAN_FROM_2 Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. DSHS/THCIC Page DSHS Document #25-15013	Description:	Code describing a signif	ficant event relat	ing to the claim that may affect payer
Beginning Position: 459 Data Source: Claim Length: 2 Type: Alphanumeric Field 60: OCCUR_SPAN_FROM_2 Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. DSHS/THCIC Page DSHS Document #25-15013				
Length: 2 Type: Alphanumeric Field 60: OCCUR_SPAN_FROM_2 Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. DSHS/THCIC Page DSHS Document #25-15013	Coding Scheme:			
Field 60: OCCUR_SPAN_FROM_2 Description: Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. DSHS/THCIC Page DSHS Document #25-15013	Beginning Position:		Data Source:	
Description: Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. DSHS/THCIC Page DSHS Document #25-15013	Length:			Alphanumeric
Care Date. DSHS/THCIC Page DSHS Document #25-15013				
Care Date. DSHS/THCIC Page DSHS Document #25-15013	Description:	Occurrence Span From	equals Beginning	Date of Event minus Admission/Start of
			. –	
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	www.dshs.texas.gov/	THUL	41	Last Updated: August, 2022

Length: Field 61:		461 6		Data Source: Type:	Calculate Alphanum				
		OCCUR_SPAN_THRU_2							
Descript	ion:	Occurrence Spa Date.	an Thru	equals Ending Da	ite of Ever	nt <i>minu</i>	s Admission/Start of Care		
Beginnin Length:	ng Position:	467 6		Data Source: Type:	Calculate Alphanum				
Field 62:	•	OCCUR_SPAN		_3					
Descript	ion:	Code describing	g a sign	ificant event relat	ing to the	claim t	hat may affect payer		
Coding S	Scheme:	Same as Field O	CCUR_CO	DDE_SPAN_1.					
	ng Position:	473		Data Source:	Claim				
Length: Field 63:				Туре:	Alphanum	heric			
Descript		OCCUR_SPAN Occurrence Spa Care Date.			g Date of E	Event <i>n</i>	ninus Admission/Start of		
Beainnir	ng Position:	475		Data Source:	Calculate	d			
Length:		6		Type:	Alphanum				
Field 64:		OCCUR_SPAN	_THRU	J_3					
Descript	ion:	Occurrence Spa Date.	an Thru	equals Ending Da	te of Ever	nt <i>minu</i>	s Admission/Start of Care		
	ng Position:	481		Data Source:	Calculate				
Length:		6		Туре:	Alphanum	neric			
Field 65: Descript	-	OCCUR_SPAN			ing to the	claim +	bat may affect naver		
rescript		processing.	y a siyr	incant event relat	ing to the		hat may affect payer		
Coding S	Scheme:	Same as Field O	CUR CO	DE SPAN 1.					
	ng Position:	487		Data Source:	Claim				
Length:		2	2 Type: Alphanumeric						
Field 66:		OCCUR_SPAN							
Descript		Care Date.	an From	n <i>equals</i> Beginning) Date of E	Event <i>n</i>	ninus Admission/Start of		
	ng Position:	489	Data Source: Calculated						
Length: Field 67:			Type: Alphanumeric						
Descript	-	OCCUR_SPAN_THRU_4 Occurrence Span Thru <i>equals</i> Ending Date of Event <i>minus</i> Admission/Start of Care							
bescript		Date.		Equals Lituting Da			s Admission/Start of Care		
Beginnir	ng Position:	495		Data Source: Calculat		ated			
Length:		6		Туре:	Alphanum	neric			
Field 68:		CONDITION_CODE_1							
Descript		Code describin	g a con	dition relating to t	he claim.				
Coding S	scheme:								
01 02	Military service Condition is er		11	Disabled beneficiary b LGHP coverage exists		27	Patient referred to a sole community hospital for a		
	related	17 Pa		Patient is homeless		28	diagnostic laboratory test		
03	Patient covere not reflected h	d by insurance here	18	Maiden name retained			Patient and/or spouse's EGHP is secondary to Medicare		
04	Information or	nly bill.	19	Child retains mother's		29	Disabled beneficiary and/or family member's LGHP is		
05	Lien has been	filed	20	Beneficiary requested	billing		secondary to Medicare		
06	ESRD patient	in first 18 months covered by EGHP	21 22	Billing for denial notic Patient on multiple dr		30	Non-research services provided to patients enrolled in a		
07	Treatment of		23	regimen Home care giver avail	-	31	qualified clinical trial Patient is student (full time -		
	Beneficiary wo	ould not provide ncerning other	24	Home IV patient also		32	day) Patient is student		
08	insurance cove		25	HHA services Patient is non-US resi	ident		(cooperative/work study program)		
08	09 Neither patient or spouse is		25 Patient is non-US resident26 VA eligible patient chooses to		33	Patient is student (full time -			
	Neither patien	t or spouse is	26	VA eligible patient cho	00303 10		•		
	Neither patien employed Patient and/or	spouse is	26	VA eligible patient cho receive services in a l certified facility		34	night) Patient is student (part-time)		
09	Neither patien employed Patient and/or		26	receive services in a l		34			

36	General care patient in a special unit
37	Ward accommodation at patient request
38	Semi-private room not available
39	Private room medically necessary
40	Same day transfer
41	Partial hospitalization
42	Continuing care not related to inpatient admission
43	Continuing care not provided within prescribed postdischarge window
44	Inpatient admission changed to outpatient
45	Ambiguous Gender Category
46	Non-availability statement on file
47	Transfer from another Home Health Agency
48	Psychiatric residential treatment centers for children and adolescents (RTCs)
49	Product replacement within product lifecycle
50	Product Replacement for Known Recall of a Product
51	Attestation of Unrelated Outpatient Nondiagnostic Services
52	Out of Hospice Service Area
53	Initial placement of a medical device provided as part of a clinical trial or a free sample
54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency
55	SNF bed not available
56	Medical appropriateness
57	SNF readmission
58	Terminated Medicare+Choice organization enrollee
59	Non-primary ESRD facility
60	Day outlier
61	Cost outlier
66	Provider does not wish cost outlier payment
67	Beneficiary elects not to use life time reserve (LTR) days
68	Beneficiary elects to use life time reserve (LTR) days
69	IME/DGME/N&AH Payment Only
70	Self-administered anemia management drug
71	Full care in unit
72	Self-care in unit
73	Self-care training
ר/פאפר	THCIC

of mother Sterilization payment unavailable Page

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73	Self-care training						
12	Self-Care in unit						

Home Home - 100% reimbursement Back-up in facility dialysis Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment New coverage not implemented by HMO CORF services provided offsite Home dialysis - nursing facility C-section/Inductions < 39 weeks-Medical Necessity C-section/Inductions < 39 weeks-Elective C-section/Inductions 39 weeks or greater Dialysis for Acute Kidney Injury (AKI) Delayed Recertification of Hospice Terminal Illness Additional Hemodialysis Treatment with Medical Justification TRICARE external partnership A0 program EPSDT/CHAP Physically handicapped children's program A3 Special Federal Funding Family planning Disability Vaccines/Medicare 100% A6 payment Second opinion surgery AA Abortion performed due to rape AB Abortion performed due to incest AC Abortion performed due to serious fatal genetic defect, deformity, or abnormality AD Abortion performed due to life endangering physical condition Abortion performed due to AF physical health of mother that is not life endangering Abortion performed due to emotional/psychological health Abortion performed due to AG social or economic reasons AH Elective abortion Payer responsible for co-Air ambulance required AK Specialized treatment/bed

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A1

A2

Α4

Α5

Α9

AF

ΑI

AJ

AL

- Non-emergency medically AM necessary stretcher transport required
- Pre-admission screening not AN required
- B0 Medicare coordinated care demonstration claim
- Beneficiary is ineligible for B1 demonstration program
- Admission unrelated to Β4 discharge on same day
- RΡ Gulf Oil Spill of 2010
- C1 Approved as billed
- C2 Automatic approval as billed based on focused review
- C3 Partial approval

C6

- C4 Admission/services denied
- C5 Postpayment review applicable
 - Admission Preauthorization
- C7 Extended Authorization
- D0 Changes to Service Dates
- Changes to Charges D1
- D3 Second or Subsequent Interim PPS Bill
- Change in clinical codes (ICD) D4 for diagnosis and/or procedure codes.
- D5 Cancel to correct Insured's ID or Provider ID
- Cancel Only to Repay a D6 Duplicate or OIG Overpayment
- D7 Change to Make Medicare the Secondary Payer
- D8 Change to Make Medicare the Primary Payer
- D9 Any Other Change
- DR Disaster related
- E0 Changes in Patient Status
- G0 **Distinct Medical Visit**
- H0 Delayed Filing, Statement of Intent Submitted
- Discharge by a Hospice H2 Provider for Cause
- H3 Reoccurrence of GI Bleed Comorbid Category
- Reoccurrence of Pneumonia H4 Comorbid Category
- H5 Recurrence of Pericarditis Comorbid Category
- Ρ1 Do not Resuscitate Order (DNR)
- Ρ7 Direct Inpatient Admission from Emergency Room
- Request for reopening Reason R1 Code - Mathematical or Computational Mistake
- R2 Request for reopening Reason Code -Inaccurate Data Entry
- R3 Request for reopening Reason Code - Misapplication of a Fee Schedule
 - DSHS Document #25-15013

(Code - Compu		R7	Request for reopening Code - Corrections oth clerical errors		WO	United Mine Workers of Americ (UMWA) Demonstration Indicator
		opening Reason ctly Identified	R8	Request for reopening	Reason	W2	Duplicate of Original Bill
	Suplicate Clair		-	Code - New and Mater		W3	Level I Appeal
		opening Reason	50	Evidence	Deers	W4	Level II Appeal
		Clerical Errors or nd Omissions not	R9	Request for reopening Code - Faulty Evidence			
	Specified in R1			,		W5	Level III Appeal
Beginning Length:	Position:	501 2		Data Source: Type:	Claim Alphanum	eric	
Field 69:		CONDITION_	CODE_	2			
Descriptio	n:			dition relating to the	ne claim.		
Coding Sch		Same as Field CO	ONDITIO				
Beginning Length:	Position:	503 2		Data Source: Type:	Claim Alphanum	oric	
Field 70:		CONDITION_	CODE		Alphanum	enc	
Descriptio	n:			dition relating to th	ne claim.		
Coding Sch	neme:	Same as Field 68	-				
Beginning	Position:	505		Data Source:	Claim		
Length:		2	COP5	Туре:	Alphanum	eric	
Field 71: Descriptio	n•	CONDITION_		_4 Idition relating to th	na claim		
Coding Sch		Same as Field C			ie ciaiiii.		
Beginning		507		Data Source:	Claim		
Length:		2		Туре:	Alphanum	eric	
Field 72:		CONDITION_		—			
Descripti				dition relating to th	ne claim.		
Coding Scł Beginning		Same as Field CO 509	JNDITIC	DN_CODE_1. Data Source:	Claim		
Length:	i ostuolli	2		Type:	Alphanum	eric	
Field 73:		CONDITION_	CODE			-	
Descriptio	n:	Code describin	g a con	dition relating to the	ne claim.		
Coding Sch		Same as Field CO	ONDITIO				
Beginning Length:	Position:	511 2		Data Source: Type:	Claim Alphanum	eric	
Field 74:		CONDITION_	CODE		, apriariari		
Descriptio	n:			dition relating to th	ne claim.		
Coding Sch		Same as Field CO		N_CODE_1.			
Beginning	Position:	513		Data Source:	Claim	oric	
Length: Field 75:		2 CONDITION		Type:	Alphanum	eric	
Descriptio	n:			_o Idition relating to th	ne claim		
Coding Sch		Same as Field C	-	-			
Beginning		515		Data Source:	Claim		
Length:		2		Туре:	Alphanum	eric	
Field 76:		VALUE_CODE_1 Code describing information that may affect payer processing.					
Description Coding Sch		coue describin	y inforr	nation that may af	rect payer	proces	sing.
		semi-private rate	09	Coinsurance amount i calendar year	n the first	15	Worker's compensation
	lospital has n ooms	o semi-private	10	Lifetime reserve amou second calendar year	int in the	16	Public health service (PHS) or other federal agency
C		arges which are	11	Coinsurance amount in second calendar year	n the	21	Catastrophic
	combined bille		12	Working aged		22	Surplus
i	Professional co ncluded in cha billed separate	arges and also		beneficiary/spouse wit employer group health		23	Recurring monthly income
	Blood deductib		13	ESRD beneficiary in a coordination period wi	ith an	24	Medicaid Rate Code
	ife time reser irst calendar y	ve amount in the year	14	employer group health No fault, including aut	-	25	Offset to the patient - paymen amount - prescription drugs
DSHS/TH	ICIC			Page			DSHS Document #25-1501

26	Offset to the patient - payment amount - hearing and ear	53	(
27	services Offset to the patient - payment	54	I
27	amount - vision and eye services	55	E
28	Offset to the patient - payment amount - dental services	56	
29	Offset to the patient - payment amount - chiropractic services	57	ł
30	Preadmission testing	58	1
31	Patient Liability Amount	59	(
32	Multiple patient ambulance transport	60 61	ł
33	Offset to the patient - payment amount - podiatric services	01	1 5 1
34	Offset to the patient - payment amount - other medical	66	ſ
	services	67	F
35	Offset to the patient - payment amount - health insurance premiums	68	E
37	Units of blood furnished	69	9
38	Blood deductible units	80	(
39	Units of blood replaced	81	ſ
40	New coverage not implemented by HMO	82	(
41	Black lung	83	l
42	VA	84	
43	Disabled beneficiary under age 65 with LGHP	A0 A1	
44	Amount provider agreed to accept from primary payer	A2	(
	when this amount is less than charges but higher than payment received	A3	E
45	Accident hour	Α4	(
46	Number of grace days	A5	(
47	Any liability insurance	110	6
48	Hemoglobin reading	A6	(
49	Hematocrit reading		0
50	Physical Therapy visits	A7	(
51	Occupational Therapy visits	A8	F
52	Speech Therapy visits	A9	F

	53	Cardiac rehab visits	AA	Regulatory surcharges, assessments, allowances or
	54	Newborn birth weight in grams		health care related taxes - payer A
	55	Eligibility threshold for charity care	AB	Other assessments or allowances (e.g., medical
	56	Skilled nurse - home visit hours	В1	education) - payer A
	57	Home health aide - home visit hours	B1 B2	Deductible payer B
	58	Arterial blood gas		Coinsurance payer B
	59	Oxygen saturation	B3	Estimated responsibility payer B
	60	HHA branch MSA	B7	Co-payment payer B
	61	Place of Residence where service is furnished (HHA and hospice)	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
	66	Medicaid spend down amount	BB	Other assessments or allowances (e.g., medical
	67	Peritoneal dialysis	C1	education) - payer B Deductible payer C
	68	EPO-drug		. ,
	69	State charity care percentage	C2	Coinsurance payer C
	80	Covered Days	C3	Estimated responsibility payer C
	81	Non-covered Days	C7	Co-payment payer C
l	82	Co-insurance Days	CA	Regulatory surcharges, assessments, allowances or
	83	Lifetime Reserve Days		health care related taxes - payer C
	84	Shorter Duration Hemodialysis	СВ	Other assessments or allowances (e.g., medical education) - payer C
	A0	Special zip code reporting	D3	Patient estimated responsibility
	A1	Deductible payer A	D4	Clinical Trial Number Assigned by NLM/NIH
	A2	Coinsurance payer A	D5	Last Kt/V Reading
	A3	Estimated responsibility payer A	FC	Patient Paid Amount
	A4	Covered self-administrable drugs - emergency	FD	Credit Received from the
	A5	Covered self-administrable drugs - administrable in form and situation furnished to	G8	Manufacturer for a Medical Device Facility where Inpatient Hospice
		patient		Service is Delivered
	A6	Covered self-administrable drugs - diagnostic study and other	Y1 Y2	Part A Demonstration Payment Part B Demonstration Payment
	A7	Co-payment payer A		Part B Coinsurance
	A8	Patient weight	Y3	
	A9	Patient height	Y4	Conventional Provider Payment
			Y5	Part B Deductible

Beginning Position:	517	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 77:	VALUE_AMOUNT_1		
Description:	Dollar amount that may	be affected.	
Beginning Position:	519	Data Source:	Claim
Length:	9	Туре:	Alphanumeric

Field 78:				
Description:	VALUE_CODE_2 Code describing informa	tion that may a	ffect naver proce	essina
Coding Scheme:	Same as Field VALUE_CODI			
Beginning Position:	528	Data Source:	Claim	
Length:	2	Туре:	Alphanumeric	
Field 79:	VALUE_AMOUNT_2			
Description:	Dollar amount that may	be affected.		
Beginning Position:	530	Data Source:	Claim	
Length:	9	Туре:	Alphanumeric	
Field 80:	VALUE_CODE_3			
Description:	Code describing informa Same as Field VALUE CODE	tion that may al	nect payer proce	essing.
Coding Scheme: Beginning Position:	539	Data Source:	Claim	
Length:	2	Type:	Alphanumeric	
Field 81:	VALUE_AMOUNT_3		·	
Description:	Dollar amount that may	be affected.		
Beginning Position:	541	Data Source:	Claim	
Length:	9	Туре:	Alphanumeric	
Field 82:	VALUE_CODE_4		C h	
Description:	Code describing informa		ffect payer proce	essing.
Coding Scheme: Beginning Position:	Same as Field VALUE_CODI 550	1. Data Source:	Claim	
Length:	2	Type:	Alphanumeric	
Field 83:	VALUE_AMOUNT_4			
Description:	Dollar amount that may	be affected.		
Beginning Position:	552	Data Source:	Claim	
Length:	9	Туре:	Alphanumeric	
Field 84:	VALUE_CODE_5			
Description:	Code describing informa		ffect payer proce	essing.
Coding Scheme:	Same as Field VALUE_CODI		Claim	
Beginning Position: Length:	561 2	Data Source: Type:	Claim Alphanumeric	
Field 85:	VALUE_AMOUNT_5	. 7801	Aprianamene	
Description:	Dollar amount that may	be affected.		
Beginning Position:	563	Data Source:	Claim	
Length:	9	Туре:	Alphanumeric	
Field 86:	VALUE_CODE_6			
Description:	Code describing informa		ffect payer proce	essing.
Coding Scheme:	Same as Field VALUE_CODE	—	Claire	
Beginning Position: Length:	572 2	Data Source:	Claim Alphanumeric	
Field 87:	Z VALUE_AMOUNT_6	Туре:	Alphanumenc	
Description:	Dollar amount that may	be affected		
Beginning Position:	574	Data Source:	Claim	
Length:	9	Туре:	Alphanumeric	
Field 88:	VALUE_CODE_7			
Description:	Code describing informa		ffect payer proce	essing.
Coding Scheme:	Same as Field VALUE_CODE	—		
Beginning Position:	583 2	Data Source:	Claim Alphanumeric	
Length: Field 89:	Z VALUE_AMOUNT_7	Туре:	Alphanumeric	
Description:	Dollar amount that may	he affected		
Beginning Position:	585	De anecteu. Data Source:	Claim	
Length:	9	Туре:	Alphanumeric	
Field 90:	VALUE_CODE_8			
Description:	Code describing informa		ffect payer proce	essing.
	Same as Field VALUE_CODE			
Coding Scheme:		Data Source:	Claim	
Beginning Position:	594	T		
Beginning Position: Length:	2	Туре:	Alphanumeric	
Beginning Position: Length: Field 91:	2 VALUE_AMOUNT_8		Alphanumeric	
Beginning Position: Length: Field 91: Description:	2 VALUE_AMOUNT_8 Dollar amount that may	be affected.		
Beginning Position: Length: Field 91:	2 VALUE_AMOUNT_8		Claim	DSHS Document #25-15013

Length:	9	Туре:	Alphanumeric			
Field 92:	VALUE_CODE_9					
Description:	Code describing informat	tion that may af	ffect payer processing.			
Coding Scheme:	Same as Field VALUE CODE 1.					
Beginning Position:	605 Data Source: Claim					
Length:	2	Туре:	Alphanumeric			
Field 93:	VALUE_AMOUNT_9					
Description:	Dollar amount that may	be affected.				
Beginning Position:	607	Data Source:	Claim			
Length:	9	Туре:	Alphanumeric			
Field 94:	VALUE_CODE_10					
Description:	Code describing informat		ffect payer processing.			
Coding Scheme:	Same as Field VALUE_CODE					
Beginning Position:	616	Data Source:	Claim			
Length:	2	Туре:	Alphanumeric			
Field 95:	VALUE_AMOUNT_10					
Description:	Dollar amount that may	be affected.				
Beginning Position:	618	Data Source:	Claim			
Length:	9	Туре:	Alphanumeric			
Field 96:	VALUE_CODE_11					
Description:	Code describing information that may affect payer processing.					
Coding Scheme:	Same as Field VALUE_CODE_1.					
Beginning Position:	627	Data Source:	Claim			
Length:	2	Туре:	Alphanumeric			
Field 97:	VALUE_AMOUNT_11					
Description:	Dollar amount that may					
Beginning Position:	629	Data Source:	Claim			
Length:	9	Туре:	Alphanumeric			
Field 98:	VALUE_CODE_12					
Description:	Code describing information that may affect payer processing.					
Coding Scheme:	Same as Field VALUE_CODE_1.					
Beginning Position:	638	Data Source:	Claim			
Length:	2	Туре:	Alphanumeric			
Field 99:	VALUE_AMOUNT_12					
Description:	Dollar amount that may					
Beginning Position:	640	Data Source:	Claim			
Length:	9	Туре:	Alphanumeric			

INPATIENT CHARGES DATA FILE

Field 1: Description:		available 1 st Data Files (R	ificatior quarter	2002. Does NOT ma	atch the	RECOF	to identify the record. Firs RD_ID in THCIC Research
Length		1 12		Data Source: Type:	Assigne Alphanu		
Field 2		REVENUE_C					
Descrip	Scheme:			to each specific acco o the services being b		ion, ar	ncillary service or billing
0100	All-inclusive roon ancillary	n charges plus	0132	Room charges for semi-p - 3/4 beds - rooms - obsi		0155	Room charges for ward rooms - hospice
0101	All-inclusive room	n charges	0133	Room charges for semi-p - 3/4 beds - rooms - ped		0156	Room charges for ward rooms - detoxification
0110	Room charges for rooms - general	r private	0134	Room charges for semi-p - 3/4 beds - rooms - psy		0157	Room charges for ward rooms - oncology
0111	Room charges for rooms - medical/		0135	Room charges for semi-p - 3/4 beds - rooms - hos		0158	Room charges for ward rooms rehabilitation
0112	Room charges for rooms - obstetric	s	0136	Room charges for semi-p - 3/4 beds - rooms -	orivate	0159	Room charges for ward rooms - other
0113	Room charges for rooms - pediatric	-	0137	detoxification Room charges for semi-p		0160	Room charges for other rooms - general
0114	Room charges for rooms - psychiat	ric	0138	- 3/4 beds - rooms - once Room charges for semi-p	• •	0164	Room charges for other rooms – Sterile Environment
0115	Room charges for rooms - hospice	r private	0120	- 3/4 beds - rooms - rehabilitation	rivete	0167	Room charges for other rooms – self care
0116	Room charges for rooms - detoxific		0139	Room charges for semi-p - 3/4 beds - rooms - other	er	0169	Room charges for other rooms - other
0117	Room charges for rooms - oncology	,	0140	Room charges for private (deluxe) rooms - general		0170	Room charges for nursery - general
0118	Room charges for rooms - rehabilita		0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	2	0171	Room charges for nursery - newborn level I
0119	Room charges for rooms - other	r private	0142	Room charges for private (deluxe) rooms - obstetri		0172	Room charges for nursery - newborn level II
0120	Room charges for rooms - general	r semi-private	0143	Room charges for private (deluxe) rooms - pediatri		0173	Room charges for nursery - newborn level III
0121	Room charges for rooms - medical/	surgical/GYN	0144	Room charges for private (deluxe) rooms - psychia		0174	Room charges for nursery - newborn level IV
0122	Room charges for rooms - obstetric	s	0145	Room charges for private (deluxe) rooms - hospice		0179	Room charges for nursery - other
0123	Room charges for rooms - pediatric		0146	Room charges for private (deluxe) rooms - detoxifi		0180 0182	Room charges for LOA - general Room charges for LOA - patient
0124	Room charges for rooms - psychiat	ric	0147	Room charges for private (deluxe) rooms - oncolog		0183	convenience-charges billable Room charges for LOA -
0125	Room charges for rooms - hospice	-	0148	Room charges for private (deluxe) rooms - rehabili		0185	therapeutic leave Room charges for LOA –
0126	Room charges for rooms - detoxific	ation	0149	Room charges for private (deluxe) rooms - other	2		nursing home (for hospitalization)
0127	Room charges for rooms - oncology	,	0150	Room charges for ward ro general	ooms -	0189	Room charges for LOA - other
0128	Room charges for rooms - rehability	ation	0151	Room charges for ward re medical/surgical/GYN	ooms -	0190	Room charges for subacute care - general
0129	Room charges for rooms - other	-	0152	Room charges for ward re obstetrics	ooms -	0191	Room charges for subacute care - Level I (skilled care)
0130	Room charges for - 3/4 beds - roon	ns - general	0153	Room charges for ward re pediatric	ooms -	0192	Room charges for subacute care - Level II (comprehensive care)
0131	Room charges for - 3/4 beds - roon medical/surgical/	ıs -	0154	Room charges for ward ro psychiatric	ooms -		
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0193	Room charges for subacute care - Level III (complex care)	02
0194	Room charges for subacute care - Level IV (intensive care)	02
0199	Room charges for subacute care - other	02
0200	Room charges for intensive care - general	02
0201	Room charges for intensive care - surgical	02
0202	Room charges for intensive care - medical	02 02
0203	Room charges for intensive care - pediatric	02
0204	Room charges for intensive care - psychiatric	02
0206	Room charges for intensive	02
	care - intermediate intensive care unit (ICU)	02
0207	Room charges for intensive care - burn care	02
0208	Room charges for intensive care - trauma	02
0209	Room charges for intensive care - other	02
0210	Room charges for coronary care - general	02
0211	Room charges for coronary care - myocardial infarction	02
0212	Room charges for coronary care - pulmonary care	02
0213	Room charges for coronary care - heart transplant	02 02
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	02
0219	Room charges for coronary care	02
0220	Special charges - general	02
0221	Special charges - admission charge	02
0222	Special charges - technical support charge	02
0223	Special charges - UR service	02
0224	charge Special charges - late	02
0229	discharge, medically necessary Special charges - other	02
0230	Incremental nursing care -	02
0231	general Incremental nursing care -	02
0232	nursery Incremental nursing care - OB	02
0233	Incremental nursing care - ICU (includes transitional care)	02
0234	Incremental nursing care - CCU (includes transitional care)	02
0235	Incremental nursing care - hospice	02

)239	Incremental nursing care - other
)240	All-inclusive ancillary - general
)241	All-inclusive ancillary - basic
)242	All-inclusive ancillary - comprehensive
)243	All-inclusive ancillary - specialty
)249	All-inclusive ancillary - other
0250	Pharmacy - general
0251	Pharmacy - generic drugs
)252	Pharmacy - nongeneric drugs
)253	Pharmacy - take-home drugs
)254	Pharmacy - drugs incident to other diagnostic services
0255	Pharmacy - drugs incident to radiology
0256	Pharmacy - experimental drugs
)257	Pharmacy - nonprescription
)258	Pharmacy - IV solutions
)259	Pharmacy - other
0260	IV Therapy - general
0261	IV Therapy - infusion pump
0262	IV Therapy - pharmacy services
0263	IV Therapy - drug/supply delivery
0264	IV Therapy - supplies
0269	IV Therapy - other
0270	Medical surgical supplies and devices - general
)271	Medical surgical supplies and devices - nonsterile
)272	Medical surgical supplies and devices - sterile
)273	Medical surgical supplies and devices - take-home
)274	Medical surgical supplies and devices - prosthetic/orthotic
)275	Medical surgical supplies and devices - pacemaker
0276	Medical surgical supplies and devices - intraocular lens (IOL)
)277	Medical surgical supplies and devices - oxygen - take-home
0278	Medical surgical supplies and devices - other implants
)279	Medical surgical supplies and devices - other
0280	Oncology - general

0289	Oncology - other
0290	DME - general
0291	DME - rental
0292	DME - purchase of new
0293	DME - purchase of used
0294	DME - supplies/drugs for DME effectiveness
0299	DME - other equipment
0300	Laboratory - general
0301	Laboratory - chemistry
0302	Laboratory - immunology
0303	Laboratory - renal patient (home)
0304	Laboratory - nonroutine dialysis
0305	Laboratory - hematology
0306	Laboratory - bacteriology and microbiology
0307	Laboratory - urology
0309	Laboratory - other
0310	Laboratory pathological - general
0311	Laboratory pathological - cytology
0312	Laboratory pathological - histology
0314	Laboratory pathological - biopsy
0319	Laboratory pathological - other
0320	Radiology - diagnostic - general
0321	Radiology - diagnostic - angiocardiography
0322	Radiology - diagnostic - arthrography
0323	Radiology - diagnostic - arteriography
0324	Radiology - diagnostic - chest x-ray
0329	Radiology - diagnostic - other
0330	Radiology - therapeutic and/or chemotherapy administration - general
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected
0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy

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0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0390	Blood and blood component administration, storage and processing - general
0339	Radiology - therapeutic and/or chemotherapy administration - other	0391	Blood and blood component administration, storage and processing - administration
0340	Nuclear medicine - general	0392	Blood and blood component administration, storage and
0341	Nuclear medicine - diagnostic procedures	0200	processing – processing and storage
0342	Nuclear medicine - therapeutic procedures	0399	Blood and blood component administration, storage and processing - other
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0400	Other imaging services - general
0344	Nuclear medicine - therapeutic radiopharmaceuticals		-
0349	Nuclear medicine - other	0401	Other imaging services - diagnostic mammography
0350	CT scan - general	0402	Other imaging services - ultrasound
0351	CT scan - head	0403	Other imaging services - screening mammography
0352	CT scan - body	0404	Other imaging services - PET
0359	CT scan - other	0409	Other imaging services - other
0360	Operating room services - general	0410	Respiratory services - general
0361	Operating room services - minor surgery	0412	Respiratory services - inhalation
0362	Operating room services - organ transplant other than	0413	Respiratory services - hyperbaric oxygen therapy
	kidney	0419	Respiratory services - other
0367	Operating room services - kidney transplant	0420	Physical therapy - general
0369	Operating room services - other	0421	Physical therapy - visit charge
0370	Anesthesia - general	0422	Physical therapy - hourly charge
0371	Anesthesia - incident to radiology	0423	Physical therapy - group rate
0372	Anesthesia - incident to other diagnostic services	0424	Physical therapy - evaluation of reevaluation
0374	Anesthesia - acupuncture	0429	Physical therapy - other
0379	Anesthesia - other	0430	Occupational therapy - general
0380	Blood - general	0431	Occupational therapy - visit charge
0381	Blood - packed red cells	0432	Occupational therapy - hourly
0382	Blood - whole blood	0433	charge Occupational therapy - group
0383	Blood - plasma	0434	rate Occupational therapy -
0384	Blood - platelets		evaluation or reevaluation
0385	Blood - leukocytes	0439	Occupational therapy - other
0386	Blood - other components	0440	Speech-language pathology - general
0387	Blood - other derivatives (cryoprecipitate)	0441	Speech-language pathology - visit charge
0389	Blood - other	0442	Speech-language pathology - hourly charge

phy s -	0460	Pulmonary function - general
	0469	Pulmonary function - other
s- ohy	0470	Audiology - general
s - PET	0471	Audiology - diagnostic
s - other	0472	Audiology - treatment
general	0479	Audiology - other
	0480	Cardiology - general
	0481	Cardiology - cardiac cath lab
rapy other	0482	Cardiology - stress test
eral	0483	Cardiology - echocardiology
t charge	0489	Cardiology - other
rly	0490	Ambulatory surgical care - general
up rate	0499	- Ambulatory surgical care - other
luation or	0500	Outpatient services - general
er	0509	Outpatient services - other
- general	0510	Clinic - general
- visit	0511	Clinic - chronic pain
- hourly	0512	Clinic - dental
	0513	Clinic - psychiatric
- group	0514	Clinic - OB/GYN
- tion	0515	Clinic - pediatric
- other	0516	Clinic - urgent care
ology -	0517	Clinic - family practice
ology -	0519	Clinic - other
ology -	0520	Freestanding Clinic - general
	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
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0443

0444

0449

0450

0451

0452

0456

0459

Speech-language pathology -

Speech-language pathology -

Speech-language pathology -

evaluation or reevaluation

Emergency room - general

Emergency room - EMTALA emergency medical screening

Emergency room - beyond EMTALA screening

Emergency room - other

Emergency room - urgent care

group rate

other

services

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0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner
0523	Freestanding Clinic - family practice
0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF
0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility
0526	Freestanding Clinic - urgent care
0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area
0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
0529	Freestanding Clinic - other
0530	Osteopathic service - general
0531	Osteopathic service - therapy
0539	Osteopathic service - other
0540	Ambulance service - general
0541	Ambulance service - supplies
0542	Ambulance service - medical transport
0543	Ambulance service - heart mobile
0544	Ambulance service - oxygen
0545	Ambulance service - air ambulance
0546	Ambulance service - neonatal
0547	Ambulance service - pharmacy
0548	Ambulance service - telephone transmission EKG
0549	Ambulance service - other
0550	Skilled nursing - general
0551	Skilled nursing - visit charge
0552	Skilled nursing - hourly charge
0559	Skilled nursing - other
0560	Medical social services - general
0561	Medical social services - visit charge
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0562	Medical social services - hourly charge
0569	Medical social services - other
0570	Home health aide - general
0571	Home health aide - visit charge
0572	Home health aide - hourly charge
0579	Home health aide - other
0580	Other visits (home health) - general
0581	Other visits (home health) - visit charge
0582	Other visits (home health) - hourly charge
0583	Other visits (home health) - assessment
0589	Other visits (home health) - other
0590	Units of service (home health) - general
0600	Oxygen (home health) - general
0601	Oxygen (home health) - stat/equip/supply or contents
0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0604	Oxygen (home health) - portable add-in
0609	Oxygen (home health) - other
0610	Magnetic Resonance Technology (MRT) - MRI - general
0611	- Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
0614	Magnetic Resonance Technology (MRT) - MRI - other
0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
0616	Magnetic Resonance Technology (MRT) - MRA – lower extremities
0618	Magnetic Resonance Technology (MRT) - MRA – other
0619	Magnetic Resonance Technology (MRT) - Other MRT
0621	Medical/surgical supplies - incident to radiology
	Daga

0622 Medical/surgical supplies incident to other diagnostic services Medical/surgical supplies -0623 surgical dressings Medical/surgical supplies - FDA 0624 investigational devices Drugs requiring specific 0631 identification - single source 0632 Drugs requiring specific identification - multiple source 0633 Drugs requiring specific identification - restrictive prescription 0634 Drugs requiring specific identification - EPO, less than 10,000 units Drugs requiring specific 0635 identification - EPO, 10,000 or more units 0636 Drugs requiring specific identification - requiring detailed coding Drugs requiring specific 0637 identification - selfadministrable 0640 Home IV therapy services general 0641 Home IV therapy services nonroutine nursing, central line Home IV therapy services - IV 0642 site care, central line Home IV therapy services - IV 0643 start/change, peripheral line Home IV therapy services -0644 nonroutine nursing, peripheral line 0645 Home IV therapy services training patient/caregiver, central line 0646 Home IV therapy services training, disabled patient, central line Home IV therapy services -0647 training, patient/caregiver, peripheral 0648 Home IV therapy services training, disabled patient, peripheral 0649 Home IV therapy services other 0650 Hospice services - general 0651 Hospice services - routine home care 0652 Hospice services - continuous home care 0655 Hospice services - inpatient respite care 0656 Hospice services - general inpatient care (nonrespite) 0657 Hospice services - physician services 0658 Hospice services - room and board - nursing facility DSHS Document #25-15013

0659	Hospice services - other
0660	Respite care - general
0661	Respite care - hourly charge/skilled nursing
0662	Respite care - hourly charge/aide/homemaker/compa nion
0663	Respite care - daily charge
0669	Respite care - other
0670	Outpatient special residence - general
0671	Outpatient special residence - hospital based
0672	Outpatient special residence - contracted
0679	Outpatient special residence - other
0681	Trauma response - level I
0682	Trauma response - level II
0683	Trauma response - level III
0684	Trauma response - level IV
0689	Trauma response - other
0690	Pre-hospice/Palliative Care Services - general
0691	Pre-hospice/Palliative Care Services – visit charge
0692	Pre-hospice/Palliative Care Services – hourly charge
0693	Pre-hospice/Palliative Care Services - evaluation
0694	Pre-hospice/Palliative Care Services – consultation and education
0695	Pre-hospice/Palliative Care Services – inpatient care
0696	Pre-hospice/Palliative Care Services – physician services
0699	Pre-hospice/Palliative Care Services - other
0700	Cast Room services - general
0710	Recovery Room services - general
0720	Labor/Delivery Room services - general
0721	Labor/Delivery Room services - labor
0722	Labor/Delivery Room services - delivery
0723	Labor/Delivery Room services - circumcision
0724	Labor/Delivery Room services - birthing center
0729	Labor/Delivery Room services - other

0730	EKG/ECG services - general
0731	EKG/ECG services - holter monitor
0732	EKG/ECG services - telemetry
0739	EKG/ECG services - other
0740	EEG services - general
0750	Gastrointestinal services - general
0760	Treatment or observation room services - general
0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0762	Specialty Room - Treatment/ Observation Room - Observation Room
0769	Treatment or observation room services - other
0770	Preventive care services - general
0771	Preventive care services - vaccine administration
0780	Telemedicine services - general
0790	Extra-corporeal shockwave therapy - general
0800	Inpatient renal dialysis services - general
0801	Inpatient renal dialysis services - hemodialysis
0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0809	Inpatient renal dialysis services - other
0810	Acquisition of body components- general
0811	Acquisition of body components - living donor
0812	Acquisition of body components - cadaver donor
0813	Acquisition of body components - unknown donor
0814	Acquisition of body components - unsuccessful organ search- donor bank charges
0815	Acquisition of body components – stem cells- allogeneic
0819	Acquisition of body components - other donor
0820	Hemodialysis - outpatient or home - general

0821	Hemodialysis - outpatient or home - composite or other rate
0822	Hemodialysis - outpatient or home – home supplies
0823	Hemodialysis - outpatient or home – home equipment
0824	Hemodialysis - outpatient or home – maintenance 100%
0825	Hemodialysis - outpatient or home - support services
0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0829	Hemodialysis - outpatient or home - other
0830	Peritoneal dialysis - outpatient or home - general
0831	Peritoneal dialysis - outpatient or home - composite or other rate
0832	Peritoneal dialysis - outpatient or home – home supplies
0833	Peritoneal dialysis - outpatient or home - home equipment
0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0835	Peritoneal dialysis - outpatient or home - support services
0839	Peritoneal dialysis - outpatient or home - other
0840	CAPD - outpatient or home - general
0841	CAPD - outpatient or home - composite or other rate
0842	CAPD - outpatient or home – home supplies
0843	CAPD - outpatient or home – home equipment
0844	CAPD - outpatient or home - maintenance 100%
0845	CAPD - outpatient or home - support services
0849	CAPD - outpatient or home - other
0850	CCPD - outpatient or home - general
0851	CCPD - outpatient or home - composite or other rate
0852	CCPD - outpatient or home - home supplies
0853	CCPD - outpatient or home - home equipment
0854	CCPD - outpatient or home - maintenance 100%
0855	CCPD - outpatient or home - support services
0859	CCPD - outpatient or home - other
0860	Magnetoencephalography (MEG) - General
0861	Magnetoencephalography (MEG) - MEG
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0880	Miscellaneous dialysis - general	0924
0881	Miscellaneous dialysis - ultrafiltration	0925
0882	Miscellaneous dialysis - home aide visit	0929
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0904	Behavior health treatments/services - activity	0944
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0918	Behavior health treatment/services - testing	0971
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0920	Other diagnostic services - general	0973
0921	Other diagnostic services - peripheral vascular lab	0974
0922	Other diagnostic services - electromyogram	0975
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924	Other diagnostic services - allergy test
925	Other diagnostic services - pregnancy test
929	Other diagnostic services - other
931	Medical rehabilitation day program - half day
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940	Other therapeutic services - general
941	Other therapeutic services - recreational therapy
942	Other therapeutic services - education/training
943	Other therapeutic services - cardiac rehabilitation
944	Other therapeutic services - drug rehabilitation
945	Other therapeutic services - alcohol rehabilitation
946	Other therapeutic services - complex medical equipment - routine
947	Other therapeutic services - complex medical equipment - ancillary
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949	Other therapeutic services - other
951	Other therapeutic services – athletic training
952	Other therapeutic services - kinesiotherapy
953	Other therapeutic services – chemical dependency (drug and alcohol)
960	Professional fees - general
961	Professional fees - psychiatric
962	Professional fees - ophthalmology
963	Professional fees - anesthesiologist (MD)
964	Professional fees - anesthetist (CRNA)
969	Professional fees - other
971	Professional fees - laboratory
972	Professional fees - radiology - diagnostic
973	Professional fees - radiology - therapeutic
974	Professional fees - radiology - nuclear medicine
975	Professional fees - operating room
976	Professional fees - respiratory therapy

0977	Professional fees - physical therapy
0978	Professional fees - occupational therapy
0979	Professional fees - speech therapy
0981	Professional fees - emergency room
0982	Professional fees - outpatient services
0983	Professional fees - clinic
0984	Professional fees - medical social services
0985	Professional fees - EKG
0986	Professional fees - EEG
0987	Professional fees - hospital visit
0988	Professional fees - consultation
0989	Professional fees - private duty nurse
0990	Patient convenience items - general
0991	Patient convenience items - cafeteria/guest tray
0992	Patient convenience items - private linen service
0993	Patient convenience items - telephone/telegraph
0994	Patient convenience items - TV/radio
0995	Patient convenience items - nonpatient room rentals
0996	Patient convenience items - late discharge charge
0997	Patient convenience items - admission kits
0998	Patient convenience items - beauty shop/barber
0999	Patient convenience items - other
1000	Behavior health accommodations - general
1001	Behavior health accommodations - residential treatment - psychiatric
1002	Behavior health accommodations - residential treatment - chemical dependency
1003	Behavior health accommodations - supervised living
1004	Behavior health accommodations - halfway house
1005	Behavior health accommodations - group home
2100	Alternative therapy services - general

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

Leng		4		Туре:	Alphar	numeri	IC			
Field	-	HCPCS_QU								
Desc	cription:	Code identif	Code identifying the type/source of the descriptive number used in HCPCS PROCEDURE CODE							
Begi	nning Position:	17	012 0	Data Source:	Claim					
Leng	jth:	2		Туре:	Alphar	numeri	ic			
Field		HCPCS_PR								
Desc	cription:				ו (HCPC	CS) co	de applicable to ancillary			
			services or accommodations.							
	ng Scheme:	See http://wv	See http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp for co							
	nning Position:	19		Data Source:	Claim					
Leng		5		Туре:	Alphar	numeri	ic			
Field	-	MODIFIER_		· · · · · · · · · · · · · · · · · · ·						
	ription:	Identifies sp	ecial	circumstances related t	o the p	erforr	mance of the service			
	ng Scheme:									
22	Increased procedur		59	Distinct Procedural Service		91	Repeat Clinical Diagnostic Laboratory Test			
23	Unusual Anesthesia		62	Two Surgeons		92	Alternative Laboratory Platform			
24	Unrelated Evaluation Management Servio		63	Procedure Performed on Inf less than 4kg	ants		Testing			
	Physician or Other		66	Surgical Team		95	Synchronous Telemedicine Servic			
	Care Professional d			-			Rendered Via a Real-Time Interactive Audio and Video			
	Postoperative Perio		73	Discontinued Outpatient Hospital/Ambulatory Surger	~v		Telecommunications System			
25	Significant, Separa Evaluation and Mar			Center (ASC) Procedure prio	or to	99	Multiple Modifiers			
	Service by the Sam			the Administration of Anest	hesia	1P	Performance Measure Exclusion			
	Other Qualified Hea			Discontinued Outpatient			Modifier due to Medical Reasons			
	Professional on the the Procedure or O			Hospital/Ambulatory Surger Center (ASC) Procedure after			Performance Measure Exclusion			
26	Professional Compo			Administration of Anesthesi		20	Modifier due to Patient Reasons			
27	Multiple Outpatient		76	Repeat Procedure by Same		3P	Performance Measure Exclusion Modifier due to System Reasons			
27	Encounters on the			Physician or Other Qualified Care Professional	Health	8P	Performance Measure Reporting			
32	Mandated Services		77	Repeat Procedure by Anoth	or		Modifier- Action not performed,			
33	Preventive Service		,,	Physician or Other Qualified			reason not otherwise specified			
		000		Care Professional		P1	A normal healthy patient			
47	Anesthesia by Surg	011	78	Unplanned Return to the Operating/Procedure Room	by the	P2	A patient with mild systemic			
50	Bilateral Procedure			Same Physician or Other Qu	ualified	P3	disease A patient with severe systemic			
51	Multiple Procedures	5		Health Care Professional Fo Initial Procedure for a Relat	5	. 5	disease			
52	Reduced Services			Procedure During the		P4	A patient with severe systemic			
53	Discontinued Proce	dure	70	Postoperative Period	vice by		disease that is a constant threat the life			
54	Surgical Care Only		79	Unrelated Procedure or Servente Same Physician or Othe		P5	A moribund patient who is not			
55	Postoperative Mana	-		Qualified Health Care Profes During the Postoperative Pe			expected to survive without the operation			
56	Preoperative Manag	gement Only	80	Assistant Surgeon	liou	P6	A declared brain-dead patient			
57	Decision for Surger	У	81	Minimum Assistant Surgeon	1		whose organs are being removed			
58	Staged or Related I			5	•	E1	for donor purposes Upper left eyelid			
	Service by the Sam Other Qualified Hea		82	Repeat procedure by same physician			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Professional During		90	Reference (Outside) Labora	tory	E2	Lower left eyelid			
	Postoperative Perio	stoperative Period				E3	Upper right eyelid			

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E4	Lower right eyelid		GH		ostic mammogram rted from screening nogram on same day rcumflex coronary artery		Τ1	Left foot, second digit	
F1	Left hand, second di	igit					T2	Left foot, third digit	
F2	Left hand, third digit	t	LC	-			Т3	Left foot, fourth digit	
F3	Left hand, fourth dig	git	LD	Left anterior descending coro		nary	T4	Left foot, fifth digit	
F4	Left hand, fifth digit			artery			Т5	Right foot, great toe	
F5	Right hand, thumb		LM	Left main coro				Right foot, second digit	
F6	Right hand, second	digit	LT	Left side of the body procedure			Τ7	Right foot, third digit	
F7	Right hand, third dig	git	Q M	Ambulance ser arrangement b			Т8	Right foot, fourth digit	
F8	Right hand, fourth d	ligit		services			Т9	Right foot, fifth digit	
F9	Right hand, fifth dig	it	QN	Ambulance ser directly by a p		ires	ТА	Left foot, great toe	
FA	Left hand, thumb		RC	Right coronary			XE	Separate Encounter	
GG	Performance and pa	•	RI	Ramus interme	edius coronary		XS	Separate Structure	
	screening mammog diagnostic mammog			artery			XP	Separate Practitioner	
	same patient, same		RT	Right side of th	he body proced	lure	XU	Unusual Non-Overlapping Service	
Pog	inning Position:	24		Dat	a Source:	Claim			
Len	-	24		Тур		Alpha	nume	ric	
Field 6: MODIFIER			2			•			
	cription:	Identifies special circumstances related to the performance of the service.							
	ing Scheme:	Same as Field	d MOD	IFIER_1					
	inning Position:	26		Data Source: Claim			aim		
Len		2					ric		
Field 7: MODIF		MODIFIER							
					es related to	o the p	erfor	mance of the service.	
		Same as Field	d MOD		_				
5 5		28			a Source:	Claim			
		2		e:	Alphanumeric		riC		
Field 8: MODIFIER_									
					es related to	o the p	erfor	mance of the service.	
			s Field MODIFIER_1						
	inning Position:	30							
		•							
Fial	gth:	2		Тур		Alpha	nume	ric	
-	d 9:	UNIT_MEA		EMENT_COD)E				
Des	d 9: cription:	UNIT_MEA Code specif	ying t)E				
Des	d 9:	UNIT_MEA Code specif DA Days	ying t s	EMENT_COL)E				
Des	d 9: cription:	UNIT_MEA Code specif DA Days F2 Inte	ying t s rnatio	EMENT_COD)E				
Des	d 9: cription:	UNIT_MEA Code specif DA Days	ying t s rnatio	EMENT_COL)E				

Beginning Position:	32	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 10:	UNITS_OF_SERVICE		
Description:	Numeric value of quanti	ty	
Beginning Position:	34	Data Source:	Claim
Length:	7	Туре:	Numeric
Field 11:	UNIT_RATE		
Description:	Rate per unit		
Beginning Position:	41	Data Source:	Claim
Length:	12	Туре:	Numeric
Field 12:	CHRGS_LINE_ITEM		
Description:	Total amount of the cha	rge	
Beginning Position:	53	Data Source:	Assigned
Length:	14	Туре:	Numeric
Field 13:	CHRGS_NON_COV		
Description:	Total non-covered amou	int of the charge	
Beginning Position:	67	Data Source:	Assigned
Length:	14	Туре:	Numeric

OUTPATIENT BASE DATA FILE

Field 1:	SERVICE_QUARTE	R		
Description:	Quarter during which		ear and quarter of s	service. yyyyQn.
Beginning Position:	1	Data Source:	Assigned	,,,,, с
ength:	6	Type:	Alphanumeric	
ield 2:	RECORD_ID			
Description:		Number. Unique nu	mber assigned to ide	entify the record. The
•	Record_ID in the ED			
	Inpatient PUDF or El			
eginning Desition		Data Source:	Assigned	
Beginning Position:	12		Alphanumeric	
.ength: Field 3:		Туре:	Alphanumenc	
	THCIC_ID	·		
Description:	Provider ID. Unique			
Suppression:				ed into the Provider ID
			5 events for a parti	icular gender, including
	`unknown', Provider			
Beginning Position:	19	Data Source:	Assigned	
ength:	6	Туре:	Alphanumeric	
ield 4:	SPEC_UNIT_1			
Description:	Specialty Units in wh	nich most days during	g stay occurred base	ed on number of days by
	Type of Bill or Reven			
Coding Scheme:	C	Coronary Care Unit	P	Pediatric Unit
	D	Detoxification Unit	Y	Psychiatric Unit
	Ι	Intensive Care Unit	R	Rehabilitation Unit
	Н	Hospice Unit	U	Sub-acute Care Unit
	N	Nursery	S	Skilled Nursing Unit
	В	Obstetric Unit	Blank	Acute Care
Paginning Desition.	0 25	Oncology Unit Data Source:	Calculated	
Beginning Position:	1		Alphanumeric	
_ength: Field 5:	•	Туре:	Alphanumenc	
	SPEC_UNIT_2	-l- Opd	An an all and a second data	
Description:			ing stay occurred ba	ased on number of days
	by Type of Bill or Rev			
Coding Scheme:	Same as SPEC_UNIT_1			
Beginning Position:	26	Data Source:	Calculated	
ength:	1	Туре:	Alphanumeric	
ield 6:	SPEC_UNIT_3			
Description:			ing stay occurred ba	ased on number of days
	by Type of Bill or Re	venue Code.		
Coding Scheme:	Same as SPEC_UNIT_1			
Beginning Position:	27	Data Source:	Calculated	
ength:	1	Туре:	Alphanumeric	
Field 7:	SPEC_UNIT_4			
Description:		ch 4 th most davs dur	ing stay occurred ba	ased on number of days
-	by Type of Bill or Re		5,	
Coding Scheme:	Same as SPEC_UNIT_1			
Beginning Position:	28	Data Source:	Calculated	
Length:	1	Type:	Alphanumeric	
Field 8:	SPEC_UNIT_5	/ Г	r	
Description:		ch 5 th most dave dur	ing stay occurred be	ased on number of days
	by Type of Bill or Rev		ing stay occurred Da	isca on number of days
Coding Schemer				
Coding Scheme:	Same as SPEC_UNIT_1		Colculated	
Beginning Position:	29	Data Source:	Calculated	
ength:		Туре:	Alphanumeric	
ield 9:	SEX_CODE			
Description:	Gender of the patien			
Suppression:				se or an HIV diagnosis. If
	ICD-10-CM indicates al			
	§290dd-2 and 42 CFR F	Part 2 rules), the Gende	er of the patient is repo	orted as "U" (Unknown).
		P		
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a facility reported fewer than 5 patients of a particular gender, including unknown, Provider ID is '999998' and Provider Name and Patient ZIP Code are blank for those patients.

м	Male	

Coding Scheme:

Female

F U Unknown

Beginning I	Position	30	Invalid	Da	ata Source:	Claim		
Length:	0510011	1			pe:	Alphanumeri	с	
Field 10:			_COUNTY	,		,paa	•	
Description	:		code of pat	ient's count	v.			
Coding sch	eme:	-			,			
001	Anderson		099	Coryell	197	Hardeman	295	Lipscomb
003	Andrews		101	Cottle	199	Hardin	297	Live Oak
005	Angelina		103	Crane	201	Harris	299	Llano
007	Aransas		105	Crockett	203	Harrison	301	Loving
009	Archer		107	Crosby	205	Hartley	303	Lubbock
011	Armstrong		109	Culberson	207	Haskell	305	Lynn
013	Atascosa		111	Dallam	209	Hays	307	McCulloch
015	Austin		113	Dallas	211	, Hemphill	309	McLennan
017	Bailey		115	Dawson	213	Henderson	311	McMullen
019	Bandera		117	Deaf Smith	215	Hidalgo	313	Madison
021	Bastrop		119	Delta	217	Hill	315	Marion
023	Baylor		121	Denton	219	Hockley	317	Martin
025	Bee		123	Dewitt	221	Hood	319	Mason
027	Bell		125	Dickens	223	Hopkins	321	Matagorda
029	Bexar		127	Dimmit	225	Houston	323	Maverick
031	Blanco		129	Donley	227	Howard	325	Medina
033	Borden		131	Duval	229	Hudspeth	327	Menard
035	Bosque		133	Eastland	231	Hunt	329	Midland
037	Bowie		135	Ector	233	Hutchinson	331	Milam
039	Brazoria		137	Edwards	235	Irion	333	Mills
041	Brazos		139	Ellis	237	Jack	335	Mitchell
043	Brewster		141	El Paso	239	Jackson	337	Montague
045	Briscoe		143	Erath	235	Jasper	339	Montgomery
045	Brooks		145	Falls	243	Jeff Davis	341	Moore
049	Brown		145	Fannin	245	Jefferson	343	Morris
049	Burleson		149	Fayette	245	Jim Hogg	345	Motley
051	Burnet		145	Fisher	249	Jim Wells	345	Nacogdoches
055	Caldwell		151	Floyd	249	Johnson	349	Navarro
055	Calhoun		155	Foard	253	Jones	351	Newton
059	Callahan		155	Fort Bend	255	Karnes	353	Nolan
039			159	Franklin	255	Kaufman	355	Nueces
063	Cameron				259	Kendall	355	Ochiltree
	Camp		161	Freestone			359	Oldham
065	Carson		163	Frio	261	Kenedy		
067	Cass		165	Gaines	263	Kent	361	Orange Dala Dinta
069	Castro		167	Galveston	265	Kerr	363	Palo Pinto Papola
071 073	Chambers Cherokee		169 171	Garza	267 269	Kimble King	365 367	Panola Parker
073	Childress		171	Gillespie Glasscock	269	•	367	Parker Parmer
					271 273	Kinney		
077	Clay		175	Goliad		Kleberg	371	Pecos
079	Cochran Coko		177	Gonzales	275	Knox	373	Polk
081	Coke		179	Gray	283	La Salle	375	Potter
083	Coleman		181	Grayson	277	Lamar	377	Presidio
085	Collin	#h	183	Gregg	279	Lamb	379	Rains
087	Collingswor	I	185	Grimes	281	Lampasas	381	Randall
089	Colorado		187	Guadalupe	285	Lavaca	383	Reagan
091	Comal		189	Hale	287	Lee	385	Real
093	Comanche		191	Hall	289	Leon	387	Red River
095	Concho		193	Hamilton	291	Liberty	389	Reeves
097	Cooke		195	Hansford	293	Limestone	391	Refugio

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								M44
393 F	Roberts		423	Smith	453	Travis	483	Wheeler
395 F	Robertson		425	Somervell	455	Trinity	485	Wichita
397 F	Rockwall		427	Starr	457	Tyler	487	Wilbarger
399 F	Runnels		429	Stephens	459	Upshur	489	Willacy
	Rusk		431	Sterling	461	Upton	491	Williamson
	Sabine		433	Stonewall	463	Uvalde	493	Wilson
	San Augusti	ne	435	Sutton	465	Val Verde	495	Winkler
	San Jacinto	iic ii	437	Swisher	467	Van Zandt	497	Wise
	San Patricio		437	Tarrant	469	Victoria	499	Wood
	San Saba				409	Walker	501	Yoakum
			441	Taylor				
	Schleicher		443	Terrell	473	Waller	503	Young
	Scurry		445	Terry	475	Ward	505	Zapata
	Shackelford		447	Throckmorton	477	Washington	507	Zavala
	Shelby		449	Titus	479	Webb		
421 5	Sherman		451	Tom Green	481	Wharton		Invalid
Beginning Po Length:		31 3		Data Type	Source:	Assigned; based Alphanumeric	on patient Z	IP code
Field 11:		-	_STATE	1,150	•	Aphanamene		
Description:				ient's mailing add	Iress in T	exas and contigu	Inus states	Standard 2-
- sscription.				l Service abbrevia		chas and contry	Jous states	
Coding Schen		char AR	Arkansas					
county Schen		LA	Louisiana					
		NM	New Mexico					
		OK	Oklahoma					
		ТХ	Texas					
		ZZ	All other stat	tes and American T	erritories			
		FC	Foreign coun	ntry				
		FC	i oreigir cour					
		гС XX	Foreign coun	ntry				
	sition:	XX 34		Data S	ource:	Claim		
Length:	sition:	XX 34 2	Foreign coun	,	ource:	Claim Alphanumeric		
Length: Field 12:	sition:	XX 34 2		Data S	ource:			
Length: Field 12:	osition:	XX 34 <u>2</u> PAT	Foreign coun	Data S	ource:			
Length: Field 12: Description:	osition:	XX 34 <u>2</u> PAT Patie Last	Foreign coun _ZIP ent's five-dia two digits are	Data So Type: git ZIP code. e blank if a ZIP code	e has fewe	Alphanumeric r than 30 patients		
Length: Field 12: Description:	osition:	XX 34 2 PAT Patie Last equa alcoh outpa	Foreign coun ZIP ent's five-did two digits are ls `88888'. If nol or drug us atient service	Data So Type: git ZIP code. e blank if a ZIP code state equals `FC' (f e or an HIV diagno is reported for the c	e has fewe oreign cou sis the ZIP quarter the	Alphanumeric r than 30 patients ntry) ZIP code is b code is blank. If a ZIP code is blank	blank. If ICD facility has If a facility	-10-CM indicates fewer than fifty has fewer than 5
Length: Field 12: Description: Suppression:	osition:	XX 34 2 Patie Last equa alcoh outpa patie	Foreign coun ZIP ent's five-did two digits are ls `88888'. If nol or drug us atient service	Data So Type: git ZIP code. e blank if a ZIP code state equals 'FC' (f e or an HIV diagno s reported for the c of a particular geno	e has fewe oreign cou sis the ZIP quarter the ler, includi	Alphanumeric r than 30 patients ntry) ZIP code is b code is blank. If a ZIP code is blank	blank. If ICD facility has If a facility	-10-CM indicates fewer than fifty has fewer than 5
Length: Field 12: Description: Suppression: Beginning Po	osition:	XX 34 2 Patie Last equa alcoh outpa patie 36	Foreign coun ZIP ent's five-did two digits are ls `88888'. If nol or drug us atient service	Data So Type: git ZIP code. e blank if a ZIP code state equals `FC' (f e or an HIV diagno is reported for the c	e has fewe oreign cou sis the ZIP quarter the ler, includi	Alphanumeric r than 30 patients ntry) ZIP code is b code is blank. If a ZIP code is blank ng `unknown', the Claim	blank. If ICD facility has If a facility	-10-CM indicates fewer than fifty has fewer than 5
Length: Field 12: Description: Suppression: Beginning Po Length:	osition:	XX 34 2 Patie Last equa alcoh outpa patie 36 5	Foreign count Z_ZIP ent's five-dia two digits are ls `88888'. If hol or drug us atient service ents reported	Data So Type: git ZIP code. e blank if a ZIP code state equals 'FC' (f ie or an HIV diagno is reported for the c of a particular genc Data So Type:	e has fewe oreign cou sis the ZIP quarter the ler, includi	Alphanumeric r than 30 patients ntry) ZIP code is b code is blank. If a ZIP code is blank ng `unknown', the	blank. If ICD facility has If a facility	-10-CM indicates fewer than fifty has fewer than 5
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Beginning Position: Length:	43 2		Data So Type:	urce:	Assigne Alphan			
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Beginning Position:	45	in in in iterigen of e	Data So	-	Calcula		50 40	.,
Length:	2		Type:		Alphan			
Field 16:		_AGE	11					
Description:		e indicating age of pa	atient in d	davs or	vears o	n date of	servio	e.
Coding Scheme:	00	1-28 days	10	35-39	,		20	85-89
	01	29-365 days	11	40-44			21	90+
	02	1-4 years	12	45-49			HIV	-STD and drug/alcohol us
	03	5-9	13	50-54			22	<i>patients:</i> 0-17
	03	10-14	13	55-59			22	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+ Tagaint
	08 09	25-29 30-34	18 19	75-79 80-84			-	Invalid
Beginning Position:	09 47	JU-34	Data So		Assigne	he		
Length:	2		Type:		Alphan			
Field 17:	RAC	E	- /					
Description:		e indicating the patie	ent's race					
Suppression:		facility has fewer than t			race tha	t race is cl	nanged	to 'Other' (code equal
• •	5).	,					J = 4	(
Coding Scheme:	1	American Indian/Eski						
	2	Asian or Pacific Island	der					
	~	Black						
	3	\\/h:to						
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		Other						
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Length:	4 5 49 1	Other Invalid	Data So Type:	urce:	Claim Alphan	umeric		
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Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position:	4 5 1 ETH Code If a f supp 1 2 50	Other Invalid INICITY e indicating the Hispa facility has fewer than to pressed (code is blank). Hispanic Origin Not of Hispanic Origir	Type: anic origi en patient Data So	n of the s of one	Alphani e patient race the Claim	t. ethnicity	of patie	ents of that race is
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length:	4 5 1 ETH Code If a f supp 1 2 50 1	Other Invalid INICITY e indicating the Hispa facility has fewer than t pressed (code is blank). Hispanic Origin Not of Hispanic Origir Invalid	Type: anic origi en patient Data So Type:	n of the s of one	Alphan e patient race the	t. ethnicity	of patie	ents of that race is
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19:	4 5 1 ETH Code If a f supp 1 2 , 50 1 FIR	Other Invalid INICITY e indicating the Hispa facility has fewer than to ressed (code is blank). Hispanic Origin Not of Hispanic Origir Invalid ST_PAYMENT_SRC	Type: anic origi en patient Data So Type:	n of the s of one ource:	Alphan e patient race the Claim Alphan	t. ethnicity umeric	of patie	ents of that race is
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	4 5 1 ETH Code If a f supp 1 2 50 1 FIR Code	Other Invalid INICITY e indicating the Hispa facility has fewer than to pressed (code is blank). Hispanic Origin Not of Hispanic Origir Invalid ST_PAYMENT_SRC e indicating the expe	Type: anic origi en patient Data So Type: cted prin	n of the s of one ource: nary sou	Alphani e patient race the Claim Alphani	t. ethnicity umeric payment.		
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	4 5 1 ETH Code If a f supp 1 2 , 50 1 FIR	Other Invalid INICITY e indicating the Hispa facility has fewer than t bressed (code is blank). Hispanic Origin Not of Hispanic Origir Invalid ST_PAYMENT_SRC e indicating the expe Self Pay (Removed from	Type: anic origi en patient Data So Type: cted prin	n of the s of one ource: nary sou	Alphan e patient race the Claim Alphan	t. ethnicity umeric payment.		ents of that race is
Beginning Position: Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description: Coding Scheme:	4 5 1 ETH Code If a f supp 1 2 50 1 FIR Code 09	Other Invalid INICITY e indicating the Hispa facility has fewer than t pressed (code is blank). Hispanic Origin Not of Hispanic Origir Invalid ST_PAYMENT_SRC e indicating the expe Self Pay (Removed from beginning 2Q2012 data)	Type: anic origi en patient Data So Type: cted prin	n of the s of one ource: nary sou	Alphan e patient race the Claim Alphan urce of p	ethnicity umeric Dayment. Health Ma		
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	4 5 1 ETH Code If a f supp 1 2 50 1 FIR Code	Other Invalid INICITY e indicating the Hispa facility has fewer than t bressed (code is blank). Hispanic Origin Not of Hispanic Origir Invalid ST_PAYMENT_SRC e indicating the expe Self Pay (Removed from	Type: anic origi en patient Data So Type: cted prin 5010 forma	n of the s of one ource: nary sou	Alphani e patient race the Claim Alphani	t. ethnicity umeric payment.	intenan	
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	4 5 1 ETH Code If a f supp 1 2 50 1 FIR Code 09 10 11 12	Other Invalid INICITY e indicating the Hispa facility has fewer than to pressed (code is blank). Hispanic Origin Not of Hispanic Origin Invalid ST_PAYMENT_SRC e indicating the expe Self Pay (Removed from beginning 2Q2012 data) Central Certification Other Non-federal Progra Preferred Provider Organi	Type: anic origi en patient Data So Type: cted prin 5010 forma	n of the s of one purce: nary sou	Alphani e patient race the Claim Alphani urce of p HM LI LM MA	ethnicity umeric Dayment. Health Ma Liability Liability M Medicare I	intenan edical Part A	
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	4 5 1 ETH Code If a f supp 1 2 50 1 FIR Code 09 10 11 12 13	Other Invalid INICITY e indicating the Hispa facility has fewer than t pressed (code is blank). Hispanic Origin Not of Hispanic Origir Invalid ST_PAYMENT_SRC e indicating the expe Self Pay (Removed from beginning 2Q2012 data) Central Certification Other Non-federal Progra Preferred Provider Organi Point of Service (POS)	Type: anic origi en patient Data So Type: cted prin 5010 forma ms ization (PPC	n of the s of one ource: hary sou	Alphani e patient race the Claim Alphani urce of p HM LI LM MA MB	t. ethnicity umeric Dayment. Health Ma Liability Liability Medicare I Medicare I	intenan edical Part A	
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	4 5 1 ETH Code If a f supp 1 2 , 50 1 FIR Code 09 10 11 12 13 14	Other Invalid INICITY e indicating the Hispa facility has fewer than t pressed (code is blank). Hispanic Origin Not of Hispanic Origir Invalid ST_PAYMENT_SRC e indicating the expe Self Pay (Removed from beginning 2Q2012 data) Central Certification Other Non-federal Progra Preferred Provider Organi Point of Service (POS) Exclusive Provider Organi	Type: anic origi en patient Data So Type: cted prin 5010 forma ms ization (PPC	n of the s of one ource: hary sou	Alphan e patient race the Claim Alphan urce of p HM LI LM MA MB MC	ethnicity ethnicity umeric Dayment. Health Ma Liability Medicare I Medicare I Medicare I	intenan edical Part A	
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	4 5 1 ETH Code If a f supp 1 2 50 1 FIR Code 09 10 11 12 13	Other Invalid INICITY e indicating the Hispa facility has fewer than t pressed (code is blank). Hispanic Origin Not of Hispanic Origir Invalid ST_PAYMENT_SRC e indicating the expe Self Pay (Removed from beginning 2Q2012 data) Central Certification Other Non-federal Progra Preferred Provider Organi Point of Service (POS) Exclusive Provider Organi Indemnity Insurance	Type: anic origi en patient Data So Type: cted prin 5010 forma ms ization (PPC ization (EPC	n of the s of one ource: hary sou at,	Alphani e patient race the Claim Alphani urce of p HM LI LM MA MB	ethnicity ethnicity umeric Dayment. Health Ma Liability M Medicare I Medicare I Medicaid Title V	intenan edical Part A Part B	ce Organization
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	4 5 49 1 ETH Code If a f supp 1 2 50 1 FIR Code 09 10 11 12 13 14 15	Other Invalid INICITY e indicating the Hispa facility has fewer than t pressed (code is blank). Hispanic Origin Not of Hispanic Origir Invalid ST_PAYMENT_SRC e indicating the expe Self Pay (Removed from beginning 2Q2012 data) Central Certification Other Non-federal Progra Preferred Provider Organi Point of Service (POS) Exclusive Provider Organi	Type: anic origi en patient Data So Type: cted prin 5010 forma ms ization (PPC ization (EPC	n of the s of one ource: hary sou at,	Alphan Alphan race the Claim Alphan Urce of p HM LI LM MB MC TV	ethnicity ethnicity umeric Dayment. Health Ma Liability Medicare I Medicare I Medicare I	intenan edical Part A Part B	ce Organization
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	4 5 49 1 ETH Code If a f supp 1 2 50 1 FIR Code 09 10 11 12 13 14 15	Other Invalid INICITY e indicating the Hispa facility has fewer than t pressed (code is blank). Hispanic Origin Not of Hispanic Origin Invalid ST_PAYMENT_SRC e indicating the expe Self Pay (Removed from beginning 2Q2012 data) Central Certification Other Non-federal Progra Preferred Provider Organi Point of Service (POS) Exclusive Provider Organi Indemnity Insurance Health Maintenance Orga	Type: anic origi en patient Data So Type: cted prin 5010 forma ms ization (PPC ization (EPC	n of the s of one ource: hary sou at,)))) ()) ())	Alphan Alphan race the Claim Alphan Urce of p HM LI LM MB MC TV	ethnicity ethnicity umeric Dayment. Health Ma Liability M Medicare I Medicare I Medicaid Title V	intenan edical Part A Part B eral Pro	ce Organization

		AM BL CH CI	Automobile Blue Cross/I CHAMPUS Commercial	Blue Shield			VA WC ZZ	Workers (Administration Plan Compensation Health Claim Indigent or Unknown
		DS	Disability In	surance		_			
Beginnin Length:	g Position:	51 2			Data S Type:	Source:	Claim Alphanum	oric	
Field 20:			CONDARY_				Арнанин	lenc	
Descripti	on:		de indicating			condary	source of	paymer	nt.
Coding S			ne as field 16,	FIRST_P					
	g Position:	53				Source:	Claim		
Length: Field 21:		2 TV	PE_OF_BIL	1	Type:		Alphanum	ieric	
Descripti	on:	Pro	vides specifi	c inform					ted. First digit = type of the claim.
Coding S	cheme:		digit–Type of				e of Care		3 rd digit-Sequence of claim
		1	Hospital		1		, including Me	edicare	0 Non-payment/Zero claim
		2	Skilled nursing		2	Part A Inpatient only	, Medicare Pa	art B	1 Admit through discharge claim
		3	Home health		3	Outpatier			2 Interim-first claim
		4	Religious non- health care-H		4	Outpatier Part B on	nt Other, Med	licare	3 Interim–continuing claim
		5	Religious non- health care-Ex	medical ctended ca		Intermed	liate Care-Lev		4 Interim-last claim
		6 7	Intermediate o Clinic	are	6 7	Sub-acut	liate Care–Lev e inpatient –		 5 Late charge(s) only claim 6 Adjustment of prior claim (Net word by Mediana)
		8	Special facility		8	III Swing be	d		(Not used by Medicare) 7 Replacement of prior clain 8 Void/cancel of prior claim
Beginnin Length:	g Position:	55 3			Data S Type:	Source:	Claim Alphanum	neric	
Field 22:		-	NDITION_	CODE 1			/ upriariari		
			de describing			ting to t	he claim.		
Coding S	cheme:								
01	Military serv	ice rel	ated	23	Home car	e giver ava	ilable	38	Semi-private room not
02	Condition is related	emplo	yment	24	Home IV HHA servi		o receiving	39	available Private room medically necessary
03	Patient cove not reflected		insurance	25	Patient is	non-US re	sident	40	Same day transfer
04	Information		vill	26		e patient cl		41	Partial hospitalization
	Lien has bee	,			certified f	ervices in a acility	Medicare		
05				27		ferred to a	sole	42	Continuing care not related to inpatient admission
06 07		nt cov	st 18 months ered by EGHP		diagnostic	y hospital laboratory	y test	43	Continuing care not provided within prescribed postdischarg
07	condition for			28		nd/or spous / to Medica	se's EGHP is re		window
08	Beneficiary w			29		peneficiary		44	Inpatient admission changed to outpatient
	information of insurance co		5		family me	mber's LĠ	HP is	45	Ambiguous Gender Category
09	Neither patie	-		30		/ to Medica arch service	re es provided	46	Non-availability statement on
10	employed Patient and/ employed by				qualified of	s enrolled i clinical trial		47	file Transfer from another Home Health Agency
11	employed bu Disabled ber	neficia	ry but no	31	Patient is day)	student (fi	ull time -	48	Health Agency Psychiatric residential
17	LGHP covera Patient is ho	5		32	Patient is (cooperat	student ive/work sl	tudv		treatment centers for children and adolescents (RTCs)
17	Maiden nam				program)	.,	- /	49	Product replacement within
				33	Patient is night)	student (fi	ull time -	50	product lifecycle Product Replacement for Know
17 18 19	Child retains					student (p	art time)		Recall of a Product
18	Child retains Beneficiary r		ted billing	34	Patient is	oradione (p	art-time)		
18 19 20 21	Beneficiary r Billing for de	eques nial n	otice	34 36		are patient	-	51	Attestation of Unrelated Outpatient Nondiagnostic Services
18 19 20	Beneficiary r	eques nial n	otice		General c special ur	are patient iit	-	51 52	
18 19 20 21 22	Beneficiary r Billing for de Patient on m	eques nial n	otice	36	General c special ur Ward acco request	are patient iit	in a		Outpatient Nondiagnostic Services

53	Initial placement of a medical device provided as part of a clinical trial or a free sample	A A
54	No Skilled Home Health Visits in	А
	Billing Period. Policy Exception Documented at the Home Health Agency	A
55	SNF bed not available	A
56	Medical appropriateness	A
57	SNF readmission	A
58	Terminated Medicare+Choice organization enrollee	A
59	Non-primary ESRD facility	
60	Day outlier	A
61	Cost outlier	A
66	Provider does not wish cost outlier payment	
67	Beneficiary elects not to use life time reserve (LTR) days	A
68	Beneficiary elects to use life time reserve (LTR) days	А
69	IME/DGME/N&AH Payment Only	А
70	Self-administered anemia management drug	А
71	Full care in unit	A
72	Self-care in unit	А
73	Self-care training	A
74	Home	A
75	Home - 100% reimbursement	A
76	Back-up in facility dialysis	
77	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary	A B
78	payer as payment New coverage not implemented by HMO	В
79	CORF services provided offsite	В
80	Home dialysis - nursing facility	В
81	C-section/Inductions < 39	С
82	weeks-Medical Necessity C-section/Inductions < 39 weeks-Elective	С
83	C-section/Inductions 39 weeks or greater	с с
84	Dialysis for Acute Kidney Injury (AKI)	C
85	Delayed Recertification of Hospice Terminal Illness	C C
86	Additional Hemodialysis Treatment with Medical	D
	Justification	D
A0	TRICARE external partnership program	D
A1	EPSDT/CHAP	D
A2	Physically handicapped children's program	
Beginning ength:	y Position: 58 2	
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A3	Special Federal Funding
A4	Family planning
A5	Disability
A6	Vaccines/Medicare 100% payment
A9	Second opinion surgery
AA	Abortion performed due to rape
AB	Abortion performed due to incest
AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality
AD	Abortion performed due to life endangering physical condition
AE	Abortion performed due to physical health of mother that is not life endangering
AF	Abortion performed due to emotional/psychological health of mother
AG	Abortion performed due to social or economic reasons
AH	Elective abortion
AI	Sterilization
AJ	Payer responsible for co- payment
AK	Air ambulance required
AL	Specialized treatment/bed unavailable
AM	Non-emergency medically necessary stretcher transport required
AN	Pre-admission screening not required
B0	Medicare coordinated care demonstration claim
B1	Beneficiary is ineligible for demonstration program
B4	Admission unrelated to discharge on same day
BP	Gulf Oil Spill of 2010
C1	Approved as billed
C2	Automatic approval as billed based on focused review
C3	Partial approval
C4	Admission/services denied
C5	Post-payment review applicable
C6	Admission Preauthorization
C7	Extended Authorization
D0	Changes to Service Dates
D1	Changes to Charges
D3	Second or Subsequent Interim PPS Bill
D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.

- D5 Cancel to correct Insured's ID or Provider ID
- D6 Cancel Only to Repay a Duplicate or OIG Overpayment
- D7 Change to Make Medicare the Secondary Payer
- D8 Change to Make Medicare the Primary Payer
- D9 Any Other Change
- DR Disaster related
- E0 Changes in Patient Status
- G0 Distinct Medical Visit
- H0 Delayed Filing, Statement of Intent Submitted
- H2 Discharge by a Hospice Provider for Cause
- H3 Reoccurrence of GI Bleed Comorbid Category
- H4 Reoccurrence of Pneumonia Comorbid Category
- H5 Reoccurrence of Pericarditis Comorbid Category
- P1 Do not Resuscitate Order (DNR)
- P7 Direct Inpatient Admission from Emergency Room
- R1 Request for reopening Reason Code - Mathematical or Computational Mistake
- R2 Request for reopening Reason Code -Inaccurate Data Entry
- R3 Request for reopening Reason Code - Misapplication of a Fee Schedule
- R4 Request for reopening Reason Code - Computer Errors
- R5 Request for reopening Reason Code - Incorrectly Identified Duplicate Claim
- R6 Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above
- R7 Request for reopening Reason Code - Corrections other than clerical errors
- R8 Request for reopening Reason Code - New and Material Evidence
- R9 Request for reopening Reason Code - Faulty Evidence
- WO United Mine Workers of America (UMWA) Demonstration Indicator
- W2 Duplicate of Original Bill
- W3 Level I Appeal
- W4 Level II Appeal
- W5 Level III Appeal

Beginning Position: Length:	58 2	Data Source: Type:	Claim Alphanumeric	
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Field 23:	CONDITION_CODE_2		
	Code describing a condi		he claim.
Coding Scheme:	Same as Field CONDITION	_CODE_1.	
Beginning Position:	60	Data Source:	Claim
Length: Field 24:		Туре:	Alphanumeric
riela 24:	CONDITION_CODE_3 Code describing a condi		he claim
Coding Scheme:	Same as Field CONDITION		
Beginning Position:	62	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 25:	CONDITION_CODE_4 Code describing a condition		aim
Coding Scheme:	Same as Field 22.		
Beginning Position:	64	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 26:	CONDITION_CODE_5		ha claim
Coding Scheme:	Code describing a condi Same as Field CONDITION	CODF 1.	ne cidini.
Beginning Position:	66	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 27:	CONDITION_CODE_6		he deim
Coding Scheme:	Code describing a condi Same as Field CONDITION		ne ciaim.
Beginning Position:	68	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 28:	CONDITION_CODE_7		
Coding Scheme:	Code describing a condi Same as Field CONDITION		he claim.
Beginning Position:	70	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 29:	CONDITION_CODE_8		
Coding Schomo	Code describing a condi Same as Field CONDITION	tion relating to t	he claim.
Coding Scheme: Beginning Position:	72	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 30:	PAT_REASON_FOR_V		
			e 4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	Decimal is implied follow 74	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 31:	PRINC_DIAG_CODE		
			pal diagnosis, including the 4th, 5th, 6th and
Beginning Position:	7th digits if applicable. I	Decimal is implie Data Source:	d following the third character. Claim
Length:	7	Type:	Alphanumeric
Field 32:	OTH_DIAG_CODE_1		
			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position: Length:	88 7	Data Source: Type:	Claim Alphanumeric
Field 33:	OTH_DIAG_CODE_2	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ICD-10-CM diagnosis co		e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position: Length:	95 7	Data Source:	Claim
Field 34:	OTH_DIAG_CODE_3	Туре:	Alphanumeric
		de, including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	102	Data Source:	Claim
Length: Field 35:	7 OTH_DIAG_CODE_4	Туре:	Alphanumeric
	UIN_DIAG_CODE_4		
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Beginning Position:	ICD-10-CM diagnosis coo Decimal is implied follow 109			d 7th digits if applicable.
Length:	7	Туре:	Alphanumeric	
Field 36:	OTH_DIAG_CODE_5			
	ICD-10-CM diagnosis coo			d 7th digits if applicable.
Beginning Position:	Decimal is implied follow 116	Data Source:	claim	
Length:	7	Type:	Alphanumeric	
Field 37:	OTH_DIAG_CODE_6	- /		
	ICD-10-CM diagnosis cod	de, including the	4th, 5th, 6th an	d 7th digits if applicable.
	Decimal is implied follow	ing the third cha	aracter.	
Beginning Position:	123	Data Source:	Claim	
Length: Field 38:		Туре:	Alphanumeric	
riela 38:	OTH_DIAG_CODE_7 ICD-10-CM diagnosis cod	do including the	Ath Eth Ath an	d 7th digits if applicable
	Decimal is implied follow			u 7th digits il applicable.
Beginning Position:	130	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 39:	OTH_DIAG_CODE_8			
	ICD-10-CM diagnosis coo			d 7th digits if applicable.
	Decimal is implied follow			
Beginning Position:	137	Data Source:	Claim	
Length: Field 40:	7 OTH_DIAG_CODE_9	Туре:	Alphanumeric	
	ICD-10-CM diagnosis cod	de including the	4th 5th 6th an	d 7th digits if applicable
	Decimal is implied follow			
Beginning Position:	144	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 41:	OTH_DIAG_CODE_10			
	ICD-10-CM diagnosis coo			d 7th digits if applicable.
De aleminer De altiere	Decimal is implied follow			
Beginning Position: Length:	151 7	Data Source: Type:	Claim Alphanumeric	
Field 42:	OTH_DIAG_CODE_11	iype:	Alphanumenc	
	ICD-10-CM diagnosis cod	de, includina the	4th, 5th, 6th an	d 7th digits if applicable.
	Decimal is implied follow	ing the third cha	aracter.	
Beginning Position:	158	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 43:	OTH_DIAG_CODE_12			
	ICD-10-CM diagnosis coo			d 7th digits if applicable.
Beginning Position:	Decimal is implied follow 165	Data Source:	Claim	
Length:	7	Type:	Alphanumeric	
Field 44:	OTH_DIAG_CODE_13			
	ICD-10-CM diagnosis cod	de, including the	4th, 5th, 6th an	d 7th digits if applicable.
	Decimal is implied follow	ing the third cha	aracter.	
Beginning Position:	172	Data Source:	Claim	
Length: Field 45:		Туре:	Alphanumeric	
rielu 45:	OTH_DIAG_CODE_14	da inaludina tha	Ath Eth Cth an	d 7th digita if applicable
	ICD-10-CM diagnosis coor Decimal is implied follow			u 7th digits il applicable.
Beginning Position:	179	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 46:	OTH_DIAG_CODE_15		•	
	ICD-10-CM diagnosis cod			d 7th digits if applicable.
	Decimal is implied follow	ing the third cha	aracter.	
Beginning Position:	186	Data Source:	Claim	
Length:		Туре:	Alphanumeric	
Field 47:	OTH_DIAG_CODE_16			
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Beginning Position:	Decimal is implied follow 193	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 48:	OTH_DIAG_CODE_17		
		le, including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position: Length:	200 7	Data Source: Type:	Claim Alphanumeric
Field 49:	OTH_DIAG_CODE_18	iype:	Alphanamene
		le, including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	5	
Beginning Position: Length:	207 7	Data Source: Type:	Claim Alphanumeric
Field 50:	OTH_DIAG_CODE_19	туре.	Alphanamenc
		le, including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	ing the third cha	aracter.
Beginning Position:	214	Data Source:	Claim
Length: Field 51:	7 OTH DIAG CODE 20	Туре:	Alphanumeric
		le, includina the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	221	Data Source:	Claim
Length: Field 52:	7 OTH_DIAG_CODE_21	Туре:	Alphanumeric
Field 52.		le including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	228	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 53:	OTH_DIAG_CODE_22	to including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	235	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 54:	OTH_DIAG_CODE_23	la including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	242	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 55:	OTH_DIAG_CODE_24		
			e 4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	Decimal is implied follow 249	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 56:	RELATED_CAUSE_COD		
	, 5	mpanying cause	of an illness, injury or an accident.
Coding Scheme:	AA Auto accident AB Abuse		
	AP Another party responsible		
	EM Employment		
Poginning Desition	OA Other accident 256	Data Sauraa	Claim
Beginning Position: Length:	256	Data Source: Type:	Claim Alphanumeric
Field 57:	RELATED_CAUSE_COD		
	Code identifying an acco	mpanying cause	of an illness, injury or an accident.
Coding Scheme:	Same as Field RELATED_CA		Claim
Beginning Position: Length:	258 2	Data Source: Type:	Claim Alphanumeric
Field 58:	RELATED_CAUSE_COD		Aprandmene
			of an illness, injury or an accident.
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Coding Scheme: Beginning Position:	Same as Field RELATED_C. 260	AUSE_CODE_1. Data Source:	Claim			
Length:	2	Туре:	Alphanumeric			
ield 59:	E_CODE_1					
			e, including the 4th, 5th, 6th and 7th digits in			
		ry external cause	e of injury. A decimal is implied following the			
	third character.					
Beginning Position:	262	Data Source:	Claim			
_ength: Field 60:	7	Туре:	Alphanumeric			
	E_CODE_2	ico of injuny code	a including the 4th 5th 6th and 7th digits in			
	ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the					
	third character.	inal external caus	se of injury. Decimal is implied following the			
Beginning Position:	269	Data Source:	Claim			
ength:	7	Туре:	Alphanumeric			
ield 61:	E_CODE_3		I			
	ICD-10-CM external cau	use of injury code	e, including the 4th, 5th, 6th and 7th digits i			
			se of injury. Decimal is implied following the			
	third character.					
Beginning Position:	276	Data Source:	Claim			
ength:	7	Туре:	Alphanumeric			
ield 62:	E_CODE_4		- including the Athe Ether Chinesed 7th distribution			
		ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if				
		onal external caus	se of injury. Decimal is implied following the			
Posinning Desition	third character. 283	Data Source:	Claim			
Beginning Position: Length:	203 7	Type:	Alphanumeric			
Field 63:	E_CODE_5	iype:	Aphanamene			
		use of injury code	e, including the 4th, 5th, 6th and 7th digits i			
			se of injury. Decimal is implied following the			
	third character.					
Beginning Position:	290	Data Source:	Claim			
Length:	7	Туре:	Alphanumeric			
Field 64:	E_CODE_6					
	ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if					
		onal external caus	se of injury. Decimal is implied following the			
	third character.	Data Carrier	Claim			
Beginning Position: Length:	297 7	Data Source: Type:	Claim Alphanumeric			
Field 65:	E_CODE_7	Type:	Alphanamene			
		ise of injury code	e, including the 4th, 5th, 6th and 7th digits i			
			se of injury. Decimal is implied following the			
	third character.		se of lightly. Beennal is implied following the			
Beginning Position:	304	Data Source:	Claim			
Length:	7	Туре:	Alphanumeric			
Field 66:	E_CODE_8					
			e, including the 4th, 5th, 6th and 7th digits i			
	applicable, of an addition	onal external caus	se of injury. Decimal is implied following the			
	third character.					
Beginning Position:	311	Data Source:	Claim			
Length:	7	Туре:	Alphanumeric			
Field 67:	E_CODE_9	in a finition of the first second sec				
	ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the					
	••	onal external caus	se of injury. Decimal is implied following the			
Deginning Dealting	third character.	Data Course	Claim			
Beginning Position: Length:	318 7	Data Source: Type:	Claim Alphanumeric			
Field 68:	E_CODE_10	1998.	Aphanamene			
		_				
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	third character.		se of injuly. Decli	nal is implied following the
Beginning Position: Length:	325 7	Data Source: Type:	Claim Alphanumeric	
Length.	1	Type.	Alphanumenc	
Field 69:	PROC_CODE_1			
	Code for the surgical or o	ther procedure	with the highest	charge performed during
	the period covered by the	e bill. HCPCS or	CPT code.	
Beginning Position: Length:	332 5	Data Source: Type:	Claim Alphanumeric	
Field 70:	PROC_CODE_2	Type.	Alphandmene	
		procedure with	n the next highest	t charge performed during
	the period covered by the	e bill. HCPCS or	CPT code.	
Beginning Position: Length:	337 5	Data Source:	Claim Alphanumeric	
Field 71:	PROC_CODE_3	Туре:	Alphanumenc	
		procedure with	n the next highest	t charge performed during
	the period covered by the			5 1 5
Beginning Position:	342	Data Source:	Claim	
Length: Field 72:	5 PROC_CODE_4	Туре:	Alphanumeric	
-		procedure with	n the next highes	t charge performed during
	the period covered by the			
Beginning Position:	347	Data Source:	Claim	
Length: Field 73:	5 PROC_CODE_5	Туре:	Alphanumeric	
		procedure with	n the next highes	t charge performed during
	the period covered by the			5
Beginning Position:	352	Data Source:	Claim	
Length: Field 74:	5 PROC_CODE_6	Туре:	Alphanumeric	
		procedure with	n the next highest	t charge performed during
	the period covered by the			5 5 6 5 6 5 5
Beginning Position:	357 5	Data Source:	Claim	
Length: Field 75:	PROC_CODE_7	Туре:	Alphanumeric	
		procedure with	n the next highest	t charge performed during
	the period covered by the	bill. HCPCS or	CPT code.	
Beginning Position:	362 5	Data Source:	Claim	
Length: Field 76:	PROC_CODE_8	Туре:	Alphanumeric	
		procedure with	n the next highest	t charge performed during
	the period covered by the	bill. HCPCS or	CPT code.	<u> </u>
Beginning Position:	367 5	Data Source:	Claim Alphanumeric	
Length: Field 77:	PROC_CODE_9	Туре:	лірпанишенс	
		procedure with	n the next highest	t charge performed during
	the period covered by the			-
Beginning Position: Length:	372 5	Data Source: Type:	Claim Alphanumeric	
Field 78:	PROC_CODE_10	Type.	Alphandmene	
	Code for surgical or other			t charge performed during
	the period covered by the	bill. HCPCS or	CPT code.	-
Beginning Position: Length:	377 5	Data Source: Type:	Claim Alphanumeric	
Field 79:	PROC_CODE_11		Aphanamene	
		procedure with	n the next highest	t charge performed during
	the period covered by the	bill. HCPCS or	CPT code.	-
Beginning Position:	382	Data Source:	Claim	

ength:	5	Туре:	Alphanumeric
ield 80:	PROC_CODE_12	procedure with	the next highest charge performed during
	the period covered by the		the next highest charge performed during
eginning Position:	387	Data Source:	Claim
ength:	5	Туре:	Alphanumeric
ield 81:	PROC_CODE_13		
			the next highest charge performed during
Beginning Position:	the period covered by the 392	Dill. HCPCS or Data Source:	CPT code. Claim
ength:	5	Type:	Alphanumeric
ield 82:	PROC_CODE_14		
			the next highest charge performed during
	the period covered by the		
Beginning Position:	397 5	Data Source:	Claim
ength: ield 83:	PROC_CODE_15	Туре:	Alphanumeric
		procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	402	Data Source:	Claim
ength:	5	Туре:	Alphanumeric
ield 84:	PROC_CODE_16	procedure with	the post highest charge performed during
	the period covered by the	bill HCPCS or	the next highest charge performed during
eginning Position:	407	Data Source:	Claim
ength:	5	Туре:	Alphanumeric
ield 85:	PROC_CODE_17		
			the next highest charge performed during
	the period covered by the		
Beginning Position: .ength:	412 5	Data Source: Type:	Claim Alphanumeric
ield 86:	PROC_CODE_18	i ypei	Aphanamene
		procedure with	the next highest charge performed during
	the period covered by the		
eginning Position:	417	Data Source:	Claim
ength: ield 87:	5	Туре:	Alphanumeric
	PROC_CODE_19	procoduro with	the next highest charge performed during
	the period covered by the		
Beginning Position:	422	Data Source:	Claim
ength:	5	Туре:	Alphanumeric
ield 88:	PROC_CODE_20		
			the next highest charge performed during
Beginning Position:	the period covered by the 427	Dill. HCPCS or Data Source:	CPT code. Claim
ength:	5	Type:	Alphanumeric
ield 89:	PROC_CODE_21	/ 1	,
		procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	432	Data Source:	Claim
ength: Field 90:		Туре:	Alphanumeric
	PROC_CODE_22 Code for surgical or other	nrocedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	437	Data Source:	Claim
ength:	5	Туре:	Alphanumeric
ield 91:	PROC_CODE_23		
			the next highest charge performed during
a alamina Deeltie	the period covered by the		
Beginning Position:	442 5	Data Source: Type:	Claim Alphanumeric
onath	5	iype.	Alphandillenc
<u>ength:</u> DSHS/THCIC		Page	DSHS Document #25-15013

Field 92:	PROC_CODE_24				
	Code for surgical or othe the period covered by the		h the next highest charge performed during		
Beginning Position:	447	Data Source:	Claim		
ength:	5	Туре:	Alphanumeric		
ield 93:	PROC_CODE_25				
			h the next highest charge performed during		
Beginning Position:	the period covered by th 452	Data Source:	Claim		
Length:	5	Туре:	Alphanumeric		
Field 94:	OTHER_AMOUNT				
			Amount. Calculated using MEDPAR algorithm		
	Sum of charges associated with revenue codes other than 0100-0219, revenue center 0002-0099, 022X-024X, 052X-053X, 055X-060X, 064X-070X, 076X-078X,				
	090X-095X, 099X.				
Beginning Position:	457	Data Source:	Calculated		
Length: Field 95:		Туре:	Numeric		
-ielu 95:	PHARM_AMOUNT	Pharmacy Cha	rge Amount. Calculated using MEDPAR		
			ith revenue codes other than 0100-0219,		
	revenue center 026X, 06				
Beginning Position:	469	Data Source:	Calculated		
Length: Field 96:		Туре:	Numeric		
lielu 90.	MEDSURG_AMOUNT Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using				
	MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-				
	0219, revenue center 02				
Beginning Position:	481	Data Source:	Calculated		
Length: Field 97:	12 DME_AMOUNT	Туре:	Numeric		
		. Durable Medica	al Equipment Charge Amount. Calculated		
			es associated with revenue codes other than		
	0100-0219, revenue cer				
Beginning Position: Length:	493 12	Data Source:	Calculated Numeric		
Field 98:	USED_DME_AMOUNT	Туре:	Numenc		
		, Used Durable I	Medical Equipment Charge Amount.		
			m of charges associated with revenue codes		
	other than 0100-0219, r				
Beginning Position: Length:	505 12	Data Source: Type:	Calculated Numeric		
Field 99:	PT AMOUNT	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Hamene		
	Ancillary Service Charge	, Physical Thera	py Charge Amount. Calculated using MEDPA		
	-	es associated w	ith revenue codes other than 0100-0219,		
Desinging Desitions	revenue center 042X. 517	Data Source:	Calculated		
Beginning Position: Length:	12	Type:	Numeric		
Field 100:	OT_AMOUNT				
			herapy Charge Amount. Calculated using		
			ociated with revenue codes other than 0100		
Beginning Position:	0219, revenue center 04 529	¹ 3X. Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 101:	SPEECH_AMOUNT				
			ogy Charge Amount. Calculated using		
			ociated with revenue codes other than 0100 \cdot		
Beginning Position:	0219, revenue center 04 541	14X, 047X. Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 102:	IT_AMOUNT				
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	MEDPAR algorithm. Sun	n of charges asso	rapy Charge Amount. Calculated using ociated with revenue codes other than 0100-
Beginning Position:	0219, revenue center 0 553	41X, 046X. Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 103:		n. Sum of charge	ded during the patient's stay. Calculated es associated with revenue codes other than
Beginning Position:	565	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 104:	stay. Calculated using N codes other than 0100-	e for blood storag IEDPAR algorithr 0219, revenue co	
Beginning Position:	577 12	Data Source:	Calculated
Length: Field 105:	OR_AMOUNT	Туре:	Numeric
Field 105.	Ancillary Service Charge	ges associated w	m Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Beginning Position:	589	Data Source:	Calculated
Length: Field 106:		Туре:	Numeric
	algorithm. Sum of charge revenue center 079X.	ges associated w	arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Beginning Position: Length:	601 12	Data Source: Type:	Calculated Numeric
Field 107:	CARD_AMOUNT	туре:	Numeric
	algorithm. Sum of charge revenue center 048X, 0	ges associated w 73X.	arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Beginning Position: Length:	613 12	Data Source:	Calculated Numeric
Field 108:	ANES_AMOUNT	Туре:	Numeric
	Ancillary Service Charge algorithm. Sum of charge revenue center 037X.	ges associated w	arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Beginning Position:	625	Data Source:	Calculated
Length: Field 109:	12 LAB_AMOUNT	Туре:	Numeric
	Ancillary Service Charge algorithm. Sum of charge revenue center 030X-02	ges associated w	arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Beginning Position:	637	Data Source:	Calculated
Length: Field 110:	12 RAD_AMOUNT	Туре:	Numeric
	Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 0	ges associated w	
Beginning Position:	649	Data Source:	Calculated
Length: Field 111:		Туре:	Numeric
	Sum of charges associa center 061X.		mount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue
Beginning Position:	661	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 112:	OP_AMOUNT		
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		of charges asso	vices Charge Amount. Calculated using ociated with revenue codes other than 0100-	
Beginning Position: Length:	673 12	Data Source: Type:	Calculated Numeric	
Field 113:	ER_AMOUNT			
Beginning Position:		of charges asso	om Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated	
Length:	12	Type:	Numeric	
Field 114:	AMBULANCE_AMOUNT		Numene	
	Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 054X.			
Beginning Position:	697 12	Data Source:	Calculated	
Length: Field 115:		Туре:	Numeric	
rielu 115.	PRO_FEE_AMOUNT Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X.			
Beginning Position:	709	Data Source:	Calculated	
Length: Field 116:	12	Туре:	Numeric	
Beginning Position:	ORGAN_AMOUNT Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100- 0219, revenue center 081X, 089X. 721 Data Source: Calculated			
Length:	12	Туре:	Numeric	
Field 117:	ESRD_AMOUNT Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.			
	Ancillary Service Charge MEDPAR algorithm. Sum	of charges asso	ociated with revenue codes other than 0100-	
Beginning Position:	Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 08 733	of charges asso	ociated with revenue codes other than 0100-	
Beginning Position: Length:	Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 08 733 12	of charges asso 30X, 082X-085X	ociated with revenue codes other than 0100-, 088X.	
Beginning Position: Length: Field 118:	Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 08 733 12 CLINIC_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 051X.	of charges asso 30X, 082X-085X Data Source: Type:	ociated with revenue codes other than 0100- , 088X. Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,	
Beginning Position: Length: Field 118: Beginning Position:	Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 08 733 12 CLINIC_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 051X. 745	of charges asso 30X, 082X-085X Data Source: Type: , Clinic Visit Cha es associated w Data Source:	ociated with revenue codes other than 0100- , 088X. Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated	
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Beginning Position: Length: Field 118: Beginning Position: Length: Field 119: Beginning Position: Length: Field 120: Beginning Position: Length: Field 121: Beginning Position: Length:	Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 08 733 12 CLINIC_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 051X. 745 12 TOTAL_CHARGES Sum of accommodation charges, non-covered ar 757 12 TOTAL_NON_COV_CH . Sum of non-covered acc 769 12 TOTAL_CHARGES_ANC Sum of covered and non 781 12	a of charges asso above the second s	ociated with revenue codes other than 0100- , 088X. Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric overed accommodation charges, ancillary Claim Numeric arges, non-covered ancillary charges. Claim Numeric	
Beginning Position: Length: Field 118: Beginning Position: Length: Field 119: Beginning Position: Length: Field 120: Beginning Position: Length: Field 121: Beginning Position:	Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 08 733 12 CLINIC_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 051X. 745 12 TOTAL_CHARGES Sum of accommodation charges, non-covered ar 757 12 TOTAL_NON_COV_CH Sum of non-covered acc 769 12 TOTAL_CHARGES_ANG Sum of covered and non 781 12 TOTAL_NON_COV_CH	a of charges asso 30X, 082X-085X Data Source: Type: c, Clinic Visit Cha es associated w Data Source: Type: charges, non-co ncillary charges. Data Source: Type: ARGES commodation cha Data Source: Type: CIL covered ancilla Data Source: Type: ARGES_ANCIL	ociated with revenue codes other than 0100- , 088X. Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric overed accommodation charges, ancillary Claim Numeric arges, non-covered ancillary charges. Claim Numeric	
Beginning Position: Length: Field 118: Beginning Position: Length: Field 119: Beginning Position: Length: Field 120: Beginning Position: Length: Field 121: Beginning Position: Length:	Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 08 733 12 CLINIC_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 051X. 745 12 TOTAL_CHARGES Sum of accommodation charges, non-covered ar 757 12 TOTAL_NON_COV_CH . Sum of non-covered acc 769 12 TOTAL_CHARGES_ANC Sum of covered and non 781 12	a of charges asso 30X, 082X-085X Data Source: Type: c, Clinic Visit Cha es associated w Data Source: Type: charges, non-co ncillary charges. Data Source: Type: ARGES commodation cha Data Source: Type: CIL covered ancilla Data Source: Type: ARGES_ANCIL	ociated with revenue codes other than 0100- , 088X. Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric overed accommodation charges, ancillary Claim Numeric arges, non-covered ancillary charges. Claim Numeric	

Field 123:						
	PHYSICIAN1_INDEX_NUMBER					
Deccription						
Description:	Unique identifier assigned to the licensed physician reported as the Operating					
	Physician, if reported in the 837 Institutional Guide format, or Rendering Physician 1					
	if reported in the 837 Professional Guide format. Physician is an individual licensed t					
	practice medicine under the Medical Practice Act. Can include a health practitioner					
	other than a physician who provides a diagnostic or therapeutic procedure related to					
	the outpatient's surgical or radiological procedure, including a technician,					
	psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist,					
~ ·	authorized by the facility to treat patients.					
Suppression:	Suppressed when the number of physicians reported for a facility or the number of physicians					
	reported for CCS_PROC_CODE_1 for the facility is less than five.					
Coding Scheme:	999999998 Cell size less than 5					
Perinning Desiti	99999999999999999999999999999999999999					
Beginning Positio						
Length:	10 Type: Alphanumeric					
Field 124:	PHYSICIAN2_INDEX_NUMBER					
Description:	Unique identifier assigned to the licensed physician reported as the other provider, it					
	reported in the 837 Institutional Guide format, or the Rendering Physician 2, if					
	reported in the 837 Professional Guide format. Physician is an individual licensed to					
	practice medicine under the Medical Practice Act. Can include a health practitioner					
	other than a physician who provides a diagnostic or therapeutic procedure related to					
	the outpatient's surgical or radiological procedure, including a technician,					
	psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist,					
	authorized by the facility to treat patients.					
Suppression:	Suppressed when the number of physicians reported for a facility or the number of physicians					
	represented for CCS_PROC_CODE_1 for a facility is less than five.					
Coding Scheme:	9999999998 Cell size less than 5					
	9999999999 Temporary license or license number could not be matched					
Beginning Positio						
Length:	10 Type: Alphanumeric					
Field 125:	INPUT_FORMAT					
	Format in which the outpatient data file was submitted by the facility					
Coding Scheme:	0 837 Professional					
county scheme.	1 837 Institutional					
Beginning Positio						
Length:	1 Type: Alphanumeric					
Field 126:						
	SOURCE_OF_ADMISSION					
Description:	Code indicating source of the admission.					
Coding Scheme:	1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010)					
	2 Clinic or Physician's Office					
	4 Transfer from a hospital					
	5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility					
	5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility					
	 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 					
	 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 					
	 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 					
	 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same 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 					
	 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 8 Court/Law Enforcement 9 Information not available D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer E Transfer from Ambulatory Surgery Center F Transfer from a Hospice Facility ` Invalid 					
	 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 					
	 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 8 Court/Law Enforcement 9 Information not available D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer E Transfer from Ambulatory Surgery Center F Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) 5 Born inside this hospital 					
	 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 8 Court/Law Enforcement 9 Information not available D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer E Transfer from Ambulatory Surgery Center F Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) 5 Born inside this hospital 6 Born outside this hospital 					
	 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 8 Court/Law Enforcement 9 Information not available D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer E Transfer from Ambulatory Surgery Center F Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) 5 Born inside this hospital 6 Born outside this hospital on: 826 					
Length:	 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 8 Court/Law Enforcement 9 Information not available D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer E Transfer from Ambulatory Surgery Center F Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) 5 Born inside this hospital 6 Born outside this hospital 					
Length:	5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 8 Court/Law Enforcement 9 Information not available D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer E Transfer from Ambulatory Surgery Center F Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) 5 Born inside this hospital 6 Data Source: 1 Type:					
Beginning Positio Length: Field 127: Description:	 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 8 Court/Law Enforcement 9 Information not available D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer E Transfer from Ambulatory Surgery Center F Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) 5 Born inside this hospital 6 Born outside this hospital 1 Type: Claim 1 Type: 					
Length: Field 127:	 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 8 Court/Law Enforcement 9 Information not available D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer E Transfer from Ambulatory Surgery Center F Transfer from a Hospice Facility 'Invalid If Type of Admission=4 (Newborn) 5 Born inside this hospital 6 Born outside this hospital 6 Born outside this hospital 7 Type: Claim 1 Type: Alphanumeric PAT_STATUS Code indicating patient status as of the ending date of service for the period of care					
Length: Field 127: Description:	 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 8 Court/Law Enforcement 9 Information not available D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer E Transfer from Ambulatory Surgery Center F Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) 5 Born inside this hospital 6 Born outside this hospital 1 Type: Claim 1 Type: 					
Length: Field 127: Description: Coding Scheme:	 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 8 Court/Law Enforcement 9 Information not available D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer E Transfer from Ambulatory Surgery Center F Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) 5 Born inside this hospital 6 Born outside this hospital 6 Born outside this hospital 6 Born outside this hospital 7 Type: Claim 1 Type: Alphanumeric PAT_STATUS Code indicating patient status as of the ending date of service for the period of care reported					
Length: Field 127: Description: Coding Scheme: 01 Dis	 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 8 Court/Law Enforcement 9 Information not available D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer E Transfer from Ambulatory Surgery Center F Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) 5 Born inside this hospital 6 Born outside this hospital 6 Born outside this hospital 6 Born outside this hospital 7 Type: Code indicating patient status as of the ending date of service for the period of care reported 9 Cate of the period of care 					
Length: Field 127: Description: Coding Scheme: 01 Dis	5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 8 Court/Law Enforcement 9 Information not available D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer E Transfer from Ambulatory Surgery Center F Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) 5 Born inside this hospital 6 Born outside this hospital 6 Born outside this hospital 7 Type: 1 Type: Alphanumeric PAT_STATUS Code indicating patient status as of the ending date of service for the period of care reported scharged to home or self-care (routine charge) 03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation					
Length: Field 127: Description: Coding Scheme: 01 Dis dis 02 Dis	5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 8 Court/Law Enforcement 9 Information not available D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer E Transfer from Ambulatory Surgery Center F Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) 5 Born nutside this hospital 6 Born outside this hospital 6 Data Source: Claim 1 Type: Alphanumeric PAT_STATUS Code indicating patient status as of the ending date of service for the period of care reported scharged to home or self-care (routine charge) 03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skill					
Length: Field 127: Description: Coding Scheme: 01 Dis dis 02 Dis	 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 8 Court/Law Enforcement 9 Information not available D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer E Transfer from Ambulatory Surgery Center F Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) 5 Born inside this hospital 6 Born outside this hospital 1 Type: Claim 1 Type: Alphanumeric PAT_STATUS Code indicating patient status as of the ending date of service for the period of care reported scharged to home or self-care (routine charge) 03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of care of chilled are of service for the skilled nursing facility (SNF) with Medicare certification in anticipation of chilled are of service for the skilled nursing facility (SNF) with Medicare certification in anticipation of chilled are of service for the skilled nursing facility (SNF) with Medicare certification in anticipation of chilled are of service for the skilled nursing facility (SNF) with Medicare certification in anticipation of chilled are of service for the skilled nursing facility (SNF) with Medicare certification in anticipation of chilled are of service for the skilled nursing facility (SNF) with Medicare certification in anticipation of chilled are of service for the skilled nursing facility (SNF) with Medicare certification in anticipation of chilled are of service for the skilled nursing facility (SNF) with Medicare certification in anticipation of chilled are of service for the ser					
Length: Field 127: Description: Coding Scheme: 01 Dis dis 02 Dis	5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 8 Court/Law Enforcement 9 Information not available D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer E Transfer from Ambulatory Surgery Center F Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) 5 Born nutside this hospital 6 Born outside this hospital 6 Data Source: Claim 1 Type: Alphanumeric PAT_STATUS Code indicating patient status as of the ending date of service for the period of care reported scharged to home or self-care (routine charge) 03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skill					

- 04 Discharged/transferred to a facility that provides custodial or supportive care
- 05 Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)
- 06 Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care
- 07 Left against medical advice
- 08 Admitted as inpatient to this hospital
- 09 Expired
- 20 Discharged/transferred to Court/Law Enforcement
- 21 Still patient
- 30 Expired at home
- 40 Expired in a medical facility
- 41 Expired, place unknown
- 42 Discharged/transferred to federal government operated health facility
- 43 Hospice-home
- 50 Hospice-medical facility (Certified) providing hospice level of care
- 51 Discharged/transferred within this institution to Medicare-approved swing bed
- 61 Discharged/transferred to inpatient rehabilitation facility
- 62 Discharged/transferred to Medicare-certified long term care hospital
- 63 Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare
- 64 Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
- 65 Discharged/transferred to Critical Access Hospital (CAH)
- 66 Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
- 69 Discharge/transfer to another type of health care institution not defined elsewhere in the code list
- 70 Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)
- 81 Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 82 Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a

Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

- 83 Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 84 Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 85 Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 86 Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 87 Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 88 Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 89 Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 90 Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 91 Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 92 Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 93 Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 94 Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 95 Discharged to home or self-care (routine discharge)
 - Invalid

Beginning Position:	827	Data Source:	Claim	
Length:	2	Туре:	Alphanumeric	
Field 128:	PROVIDER_NAME			
Description:	Name provided by the facility.			
Suppression:	Facilities reporting fewer than 50 events (Provider ID equals '999999') are assigned the name 'Low Volume Facility'. If a facility reported fewer than 5 events for a particular gender, including 'unknown', Provider Name is blank.			
Beginning Position:	829	Data Source:	Provider	
Length:	55	Туре:	Alphanumeric	

Field 1:	RECORD_ID			
Description:	Record Identification Number. Unique number assigned to identify the record. T			
			not linkable to the Record_ID in the ED	
		ED Research Data File		
Beginning Position:	1	Data Source:	Assigned	
Length:	12	Type:	Alphanumeric	
Field 2:	CCS_PRIN_DIAG	<i>.</i> .		
			lassification of PRIN_DIAG_CODE into clinica	
	meaningful diagnos	,		
Beginning Position:	13	Data Source:	Assigned	
Length:	4	Type:	Alphanumeric	
Field 3:	 CCS_OTH_DIAG_		Alphanumenc	
			lessification of OTH DIAC CODE 1 into	
			lassification of OTH_DIAG_CODE_1 into	
	, .	ul diagnosis category		
Beginning Position:	17	Data Source:	Assigned	
Length:	4	Туре:	Alphanumeric	
Field 4:	CCS_OTH_DIAG_			
			lassification of OTH_DIAG_CODE_2 into	
		ul diagnosis category		
Beginning Position:	21	Data Source:	Assigned	
Length:	4	Туре:	Alphanumeric	
Field 5:	CCS_OTH_DIAG_	CODE_3		
	Clinical Classification	ons Software (CCS) c	lassification of OTH_DIAG_CODE_3 into	
		ul diagnosis category		
Beginning Position:	25	Data Source:	Assigned	
Length:	4	Type:	Alphanumeric	
Field 6:	CCS_OTH_DIAG_	<i>,</i> ,	1	
			lassification of OTH_DIAG_CODE_4 into	
		ul diagnosis category		
Beginning Position:	29	Data Source:	Assigned	
Length:	4	Type:	Alphanumeric	
Field 7:	CCS_OTH_DIAG	<i>.</i> .	Alphanumenc	
Field 7.			lessification of OTH DIAC CODE E into	
			lassification of OTH_DIAG_CODE_5 into	
		ul diagnosis category		
Beginning Position:	33	Data Source:	Assigned	
Length:	4	Туре:	Alphanumeric	
Field 8:	CCS_OTH_DIAG_			
			lassification of OTH_DIAG_CODE_6 into	
	clinically meaningfu	ul diagnosis category		
Beginning Position:	37	Data Source:	Assigned	
Length:	4	Type:	Alphanumeric	
Field 9:	CCS_OTH_DIAG_	CODE_7		
			lassification of OTH_DIAG_CODE_7 into	
		ul diagnosis category		
Beginning Position:	41	Data Source:	Assigned	
Length:	4	Type:	Alphanumeric	
Field 10:	CCS_OTH_DIAG_	<i>,</i> ,	P	
			lassification of OTH_DIAG_CODE_8 into	
Dealanian Dealth		ul diagnosis category		
Beginning Position:	45	Data Source:	Assigned	
Length:	4	Туре:	Alphanumeric	
Field 11:	CCS_OTH_DIAG_			
			lassification of OTH_DIAG_CODE_9 into	
		ul diagnosis category		
	49	Data Source:	Assigned	
Beginning Position:	77	-	Alphanumeric	
	4	Туре:		
Beginning Position: Length: Field 12:			•	
Length:	4 CCS_OTH_DIAG_	CODE_10	lassification of OTH_DIAG_CODE_10 into	
Length:	4 CCS_OTH_DIAG_ Clinical Classificatio	CODE_10 ons Software (CCS) c	lassification of OTH_DIAG_CODE_10 into	
Length:	4 CCS_OTH_DIAG_ Clinical Classificatio	CODE_10		
Length:	4 CCS_OTH_DIAG_ Clinical Classificatio	CODE_10 ons Software (CCS) c		

Beginning Position: Length:	53 4	Data Source: Type:	Assigned Alphanumeric
Field 13:	CCS_OTH_DIAG_CODE		Aphanamene
			assification of OTH_DIAG_CODE_11 into
	clinically meaningful diag		
Beginning Position:	57	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 14:	CCS_OTH_DIAG_CODE		Aphanamene
			assification of OTH_DIAG_CODE_12 into
	clinically meaningful diag		
Beginning Position:	61	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 15:	CCS_OTH_DIAG_CODE		
			assification of OTH_DIAG_CODE_13 into
	clinically meaningful diag		
Beginning Position:	65	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 16:	CCS_OTH_DIAG_CODE		
			assification of OTH_DIAG_CODE_14 into
	clinically meaningful diag		
Beginning Position:	69	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 17:	CCS_OTH_DIAG_CODE		
			assification of OTH_DIAG_CODE_15 into
	clinically meaningful diag		
Beginning Position:	73	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 18:	CCS_OTH_DIAG_CODE	_16	
	Clinical Classifications So	ftware (CCS) cl	assification of OTH_DIAG_CODE_16 into
	clinically meaningful diag		
Beginning Position:	77	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 19:	CCS_OTH_DIAG_CODE		
	Clinical Classifications So	ftware (CCS) cl	assification of OTH_DIAG_CODE_17 into
	clinically meaningful diag	nosis category.	
Beginning Position:	81	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 20:	CCS_OTH_DIAG_CODE		
			assification of OTH_DIAG_CODE_18 into
	clinically meaningful diag		
Beginning Position:	85	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 21:	CCS_OTH_DIAG_CODE		antification of OTH DIAC CODE 10 int
			assification of OTH_DIAG_CODE_19 into
Designing Desitie	clinically meaningful diag		
Beginning Position:	89 4	Data Source:	Assigned
Length: Field 22:		Type:	Alphanumeric
	CCS_OTH_DIAG_CODE		accification of OTH DIAC CODE 20 inte
	clinically meaningful diag	nosis estador	assification of OTH_DIAG_CODE_20 into
Beginning Position:			
Length:	93 4	Data Source: Type:	Assigned Alphanumeric
Field 23:	CCS_OTH_DIAG_CODE		Aphanamene
			assification of OTH_DIAG_CODE_21 into
	clinically meaningful diag		
Beginning Position:	97	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 24:	CCS_OTH_DIAG_CODE		p
			assification of OTH_DIAG_CODE_22 into
	clinically meaningful diag		
		Data Source:	Assigned
Beginning Position	101		
Beginning Position: DSHS/THCIC	101	Page	DSHS Document #25-15013

Length: Field 25:	4 Typ CCS_OTH_DIAG_CODE_23		Alphanumeric
			ssification of OTH_DIAG_CODE_23 into
	clinically meaningful diagnosis		
Beginning Position:	, , ,	a Source:	Assigned
Length:	4 Typ	e:	Alphanumeric
Field 26:	CCS_OTH_DIAG_CODE_24		
			ssification of OTH_DIAG_CODE_24 into
	clinically meaningful diagnosis		
Beginning Position:			Assigned
Length: Field 27:	4 Typ	e:	Alphanumeric
Field 27:	CCS_PROC_CODE_1	ra (CCC) for	Services and Procedures classification of
	PROC_CODE_1 into clinically		
Beginning Position:			Assigned
Length:	3 Typ		Alphanumeric
Field 28:	CCS_PROC_CODE_2		·
	Clinical Classifications Softwa	re (CCS) for	Services and Procedures classification of
	PROC_CODE_2 into clinically	meaningful	procedure category.
Beginning Position:			Assigned
Length:	3 Тур	e:	Alphanumeric
Field 29:	CCS_PROC_CODE_3		Complete and Descendence of the state
			Services and Procedures classification of
Beginning Position:	PROC_CODE_3 into clinically 119 Dat		Assigned
Length:	3 Typ		Alphanumeric
Field 30:	CCS_PROC_CODE_4	-	P
		re (CCS) for	Services and Procedures classification of
	PROC_CODE_4 into clinically	meaningful	procedure category.
Beginning Position:			Assigned
Length:	З Тур	e:	Alphanumeric
Field 31:	CCS_PROC_CODE_5		Complete and Decendury and statistics for
			Services and Procedures classification of
Beginning Position:	PROC_CODE_5 into clinically 125 Dat		Assigned
Length:	3 Typ		Alphanumeric
Field 32:	CCS_PROC_CODE_6		· ·
	Clinical Classifications Softwa	re (CCS) for	Services and Procedures classification of
	PROC_CODE_6 into clinically		
Beginning Position:			Assigned
Length: Field 33:	3 Typ	e:	Alphanumeric
Field 33:	CCS_PROC_CODE_7	ra (CCE) for	Services and Procedures classification of
	PROC_CODE_7 into clinically		
Beginning Position:			Assigned
Length:	3 Typ		Alphanumeric
Field 34:	CCS_PROC_CODE_8		
			Services and Procedures classification of
	PROC_CODE_8 into clinically		
Beginning Position:			Assigned
Length: Field 35:		e:	Alphanumeric
rielu 35:	CCS_PROC_CODE_9	ro (CCC) for	Convisor and Drocaduras classification of
	PROC_CODE_9 into clinically		Services and Procedures classification of
Beginning Position:			Assigned
Length:	3 Typ		Alphanumeric
Field 36:	CCS_PROC_CODE_10		
	Clinical Classifications Softwa		Services and Procedures classification of
	PROC_CODE_10 into clinically	/ meaningful	procedure category.
Beginning Position:			Assigned
Length:	3 Тур		Alphanumeric
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Field 37:	CCS_PROC_CODE_11		r Services and Procedures classification of
	PROC_CODE_11 into cli		
Beginning Position:	143	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 38:	CCS_PROC_CODE_12		•
			r Services and Procedures classification of
	PROC_CODE_12 into cli		
Beginning Position:	146	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 39:	CCS_PROC_CODE_13		
			r Services and Procedures classification of
	PROC_CODE_13 into cli	, 5	
Beginning Position:	149 3	Data Source:	Assigned
Length: Field 40:	CCS_PROC_CODE_14	Туре:	Alphanumeric
rielu 40.			r Services and Procedures classification of
	PROC_CODE_14 into cli		
Beginning Position:	152	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 41:	CCS_PROC_CODE_15		
			r Services and Procedures classification of
	PROC_CODE_15 into cli		
Beginning Position:	155	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 42:	CCS_PROC_CODE_16		
			r Services and Procedures classification of
	PROC_CODE_16 into cli		
Beginning Position:	158	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 43:	CCS_PROC_CODE_17		
			r Services and Procedures classification of
	PROC_CODE_17 into cli		
Beginning Position: Length:	161 3	Data Source: Type:	Assigned Alphanumeric
Field 44:	 CCS_PROC_CODE_18		Alphanumenc
			r Services and Procedures classification of
	PROC_CODE_18 into cli		
Beginning Position:	164	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 45:	CCS_PROC_CODE_19		· · · · · · · · · · · · · · · · · · ·
			r Services and Procedures classification of
	PROC_CODE_19 into cli		
Beginning Position:	167	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 46:	CCS_PROC_CODE_20		
			r Services and Procedures classification of
	PROC_CODE_20 into cli		
Beginning Position:	170	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 47:	CCS_PROC_CODE_21		
			r Services and Procedures classification of
Designations Des 111	PROC_CODE_21 into cli		
Beginning Position:	173 3	Data Source:	Assigned
Length: Field 48:	CCS_PROC_CODE_22	Туре:	Alphanumeric
			r Services and Procedures classification of
			r Services and Procedures classification of
Beginning Position:	PROC_CODE_22 into cli 176	Data Source:	II procedure category. Assigned
Length:	3	Type:	Alphanumeric
	•	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Apronumente
		Domo	DSHS Document #25-15013
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Field 49:	CCS_PROC_CODE_23		
		ftware (CCS) fo	r Services and Procedures classification of
	PROC CODE 23 into clini		
Beginning Position:	179	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 50:	CCS_PROC_CODE_24		
	Clinical Classifications So	ftware (CCS) for	r Services and Procedures classification of
	PROC_CODE_24 into clini	ically meaningfu	Il procedure category.
Beginning Position:	182	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 51:	CCS_PROC_CODE_25		
			r Services and Procedures classification of
	PROC_CODE_25 into clini		
Beginning Position:	185	Data Source:	Assigned
Length: Field 52:	3	Туре:	Alphanumeric
riela 52:	EAPG_GRP_VER		
	-	tient Group vers	sion Number, as assigned by 3M™ EAPG
Poginning Desitions	Grouper		
Beginning Position: Length:	188 12	Type:	Alphanumeric
Field 53:	APC_GRP_VER	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Aphanumene
		ssification (APC)	Version Number as assigned by 3M [™] AP
	Grouper. Not available 40		Version Number as assigned by SH - Ar
Beginning Position:	200	Data Source:	Assigned
Length:	12	Type:	Alphanumeric
Field 54:	CRG_STATUS_1		1
		status code as	assigned by 3M [™] CRG Grouper. Not
	available 4Q09.		
Beginning Position:	212	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 55:	CRG_STATUS_2		
	Clinical Risk Group (CRG)	status code as	assigned by 3M [™] CRG Grouper. Not
	available 4Q09.		
Beginning Position:	213	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 56:	CRG_STATUS_3		
		status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	214	Data Source:	Assigned
Length: Field 57:	1 CRG_STATUS_4	Туре:	Alphanumeric
		ctatus sada sa	accident by 2MIM CDC Crawner Net
		status code as	assigned by 3M [™] CRG Grouper. Not
Beginning Position:	available 4Q09. 215	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 58:	CRG_STATUS_5		Aphanamene
		status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.	Status toue as	assigned by Shi Cito Orouper, Not
Beginning Position:	216	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 59:	CRG_STATUS_6	/ ·	, · · · ·
		status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.		5,
Beginning Position:	217	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 60:	CRG_STATUS_7		
		status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	218	Data Source:	Assigned
		D	
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4Q09. 252 5 CRG_CODE_8 Clinical Risk Group (CRG) 4Q09. 257 5 CRG_CODE_9	Data Source: Type: code as assigne Data Source: Type:	ed by 3M [™] CRG Grouper. Not available Assigned Alphanumeric ed by 3M [™] CRG Grouper. Not available Assigned Alphanumeric ed by 3M [™] CRG Grouper. Not available Assigned Alphanumeric DSHS Document #25-15013
4Q09. 252 5 CRG_CODE_8 Clinical Risk Group (CRG) 4Q09. 257 5 CRG_CODE_9 Clinical Risk Group (CRG) 4Q09. 262	Data Source: Type: code as assigne Data Source: Type: code as assigne Data Source:	Assigned Alphanumeric ed by 3M [™] CRG Grouper. Not available Assigned Alphanumeric ed by 3M [™] CRG Grouper. Not available Assigned
4Q09. 252 5 CRG_CODE_8 Clinical Risk Group (CRG) 4Q09. 257 5 CRG_CODE_9	Data Source: Type: code as assigne Data Source: Type:	Assigned Alphanumeric ed by 3M [™] CRG Grouper. Not available Assigned Alphanumeric
4Q09. 252 5 CRG_CODE_8 Clinical Risk Group (CRG) 4Q09. 257 5	Data Source: Type: code as assigne Data Source:	Assigned Alphanumeric ed by 3M [™] CRG Grouper. Not available Assigned
4Q09. 252 5 CRG_CODE_8 Clinical Risk Group (CRG) 4Q09.	Data Source: Type: code as assigne	Assigned Alphanumeric ed by 3M [™] CRG Grouper. Not available
4Q09. 252 5 CRG_CODE_8	Data Source: Type:	Assigned Alphanumeric
4Q09. 252 5	Data Source:	Assigned
4Q09. 252	Data Source:	Assigned
	code as assign	ed by 3M TM CRG Grouper. Not available
CRG_CODE_7	<i>.</i> .	
247 5	Data Source: Type:	Assigned Alphanumeric
4Q09.	-	eu by Smill CKG Grouper. Not available
CRG_CODE_6		·
	Data Source: Type:	Assigned Alphanumeric
4Q09.	_	
	code as assign	ed by 3M™ CRG Grouper. Not available
5	Туре:	Alphanumeric
4Q09. 237	Data Source:	Assigned
Clinical Risk Group (CRG)	code as assigned	ed by 3M™ CRG Grouper. Not available
5 CPC CODE 4	Туре:	Alphanumeric
232	Data Source:	Assigned
Clinical Risk Group (CRG)	code as assign	ed by 3M™ CRG Grouper. Not available
CRG_CODE_3	. 1 b	Apronumente
227	Data Source: Type:	Assigned Alphanumeric
Clinical Risk Group (CRG)	code as assigned	ed by 3M™ CRG Grouper. Not available
5	Туре:	Alphanumeric
4Q09. 222	Data Source:	Assigned
Clinical Risk Group (CRG)	code as assigned	ed by 3M™ CRG Grouper. Not available
1	Data Source: Type:	Assigned Alphanumeric
available 4Q09.		
CRG_STATUS_10	Туре:	Alphanumeric
220	Data Source:	Assigned
Clinical Risk Group (CRG)	status code as	assigned by 3M™ CRG Grouper. Not
1	Data Source: Type:	Assigned Alphanumeric
available 4Q09.		
CRG_STATUS_8		
	Clinical Risk Group (CRG) available 4Q09. 219 1 CRG_STATUS_9 Clinical Risk Group (CRG) available 4Q09. 220 1 CRG_STATUS_10 Clinical Risk Group (CRG) available 4Q09. 221 1 CRG_CODE_1 Clinical Risk Group (CRG) 4Q09. 222 5 CRG_CODE_2 Clinical Risk Group (CRG) 4Q09. 227 5 CRG_CODE_3 Clinical Risk Group (CRG) 4Q09. 232 5 CRG_CODE_4 Clinical Risk Group (CRG) 4Q09. 237 5 CRG_CODE_5 Clinical Risk Group (CRG) 4Q09. 237 5 CRG_CODE_5 Clinical Risk Group (CRG) 4Q09. 237 5 CRG_CODE_5 Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6 Clinical Risk Group (CRG) 4Q09. 242 5	CRG_STATUS_8Clinical Risk Group (CRG) status code as available 4Q09.219Data Source: Type:CRG_STATUS_9Clinical Risk Group (CRG) status code as available 4Q09.220Data Source: Type:CRG_STATUS_10Clinical Risk Group (CRG) status code as available 4Q09.221Data Source: Type:CRG_CODE_1Clinical Risk Group (CRG) code as assigned 4Q09.222Data Source: Type:CRG_CODE_2Clinical Risk Group (CRG) code as assigned 4Q09.227Data Source: Type:CRG_CODE_2Clinical Risk Group (CRG) code as assigned 4Q09.227Data Source: Type:CRG_CODE_3Clinical Risk Group (CRG) code as assigned 4Q09.223Data Source: Type:CRG_CODE_4Clinical Risk Group (CRG) code as assigned 4Q09.237Data Source: Type:CRG_CODE_5Clinical Risk Group (CRG) code as assigned 4Q09.237Data Source: Type:CRG_CODE_5Clinical Risk Group (CRG) code as assigned 4Q09.242Data Source: Type:CRG_CODE_6Clinical Risk Group (CRG) code as assigned 4Q09.242Data Source: Type:CRG_CODE_6Clinical Risk Group (CRG) code as assigned 4Q09.247Data Source: Type:CRG_CODE_6Clinical Risk Group (CRG) code as assigned 4Q09.247Data Source: Type:CRG_CODE_7

Field 73:	CRG_CODE_10		
		code as assig	ned by 3M™ CRG Grouper. Not available
	4Q09.		
Beginning Position:	267	Data Source:	Assigned
Length:	5	Туре:	Alphanumeric
Field 74:	CRG_SEVERITY_1		
	Clinical Risk Group (CRG)	severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.	,	5, 1
Beginning Position:	272	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 75:	CRG_SEVERITY_2		
	Clinical Risk Group (CRG)	severity code	as assigned by 3M [™] CRG Grouper. Not
	available 4009.	,	5, 1
Beginning Position:	273	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 76:	CRG_SEVERITY_3		
		severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	274	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 77:	CRG_SEVERITY_4		· · ·
		severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.	,	5
Beginning Position:	275	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 78:	CRG_SEVERITY_5		
	Clinical Risk Group (CRG)	severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.	,	5, 1
Beginning Position:	276	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 79:	CRG_SEVERITY_6		
	Clinical Risk Group (CRG)	severity code	as assigned by 3M [™] CRG Grouper. Not
	available 4Q09.		
Beginning Position:	277	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 80:	CRG_SEVERITY_7		
	Clinical Risk Group (CRG)	severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.	-	
Beginning Position:	278	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 81:	CRG_SEVERITY_8		
	Clinical Risk Group (CRG)	severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	279	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 82:	CRG_SEVERITY_9		
		severity code	as assigned by 3M [™] CRG Grouper. Not
	available 4Q09.		
Beginning Position:	280	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 83:	CRG_SEVERITY_10		
		severity code	as assigned by 3M [™] CRG Grouper. Not
	available 4Q09.		
Beginning Position:	281	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric

OUTPATIENT CHARGES DATA FILE

Field 1:		RECORD_ID						
Descri	ption:	Record Identification Number. Unique number assigned to identify the record. The						
							e Record_ID in the ED	
In		Inpatient PU	Inpatient PUDF or ED Research Data Files (RDFs).					
	ing Position:	1		Data Source:	Assigned			
Length Field 2		12 DEVENUE		Туре:	Alphanum	eric		
Descri		REVENUE_C		to oach crocific acco	mmodation	ancil	llary service or billing	
				o the services being l		, anci	nary service of binning	
	Scheme:							
0100	All-inclusive roon ancillary	5 .	0132	Room charges for semi-p - 3/4 beds - rooms - obs	tetrics	h	oom charges for ward rooms - ospice	
0101	All-inclusive roon	-	0133	Room charges for semi-p - 3/4 beds - rooms - ped			oom charges for ward rooms - etoxification	
0110	Room charges for rooms - general		0134	Room charges for semi-p - 3/4 beds - rooms - psy			oom charges for ward rooms - ncology	
0111	Room charges fo rooms - medical/		0135	Room charges for semi-p - 3/4 beds - rooms - hos		58 R	oom charges for ward rooms - rehabilitation	
0112	Room charges fo rooms - obstetric		0136	Room charges for semi-p - 3/4 beds - rooms -	orivate 01		oom charges for ward rooms - ther	
0113	Room charges for rooms - pediatric		0137	detoxification Room charges for semi-p	01 orivate		oom charges for other rooms - eneral	
0114	Room charges fo rooms - psychiat	•	0138	- 3/4 beds - rooms - onc Room charges for semi-p	<i>u</i> , 01		oom charges for other rooms Sterile Environment	
0115	Room charges for rooms - hospice	r private		- 3/4 beds - rooms - rehabilitation	01		oom charges for other rooms self care	
0116	Room charges fo rooms - detoxific		0139	Room charges for semi-r - 3/4 beds - rooms - oth			oom charges for other rooms - ther	
0117	Room charges fo rooms - oncology		0140	Room charges for private (deluxe) rooms - genera			oom charges for nursery - eneral	
0118	Room charges fo rooms - rehabilit	•	0141	Room charges for private (deluxe) rooms -	e 01	71 R	oom charges for nursery - ewborn level I	
0119	Room charges fo rooms - other	r private	0142	medical/surgical/GYN Room charges for private			oom charges for nursery - ewborn level II	
0120	Room charges fo rooms - general	r semi-private	0143	(deluxe) rooms - obstetr Room charges for private	e 01		oom charges for nursery - ewborn level III	
0121	Room charges fo rooms - medical/		0144	(deluxe) rooms - pediatr Room charges for private (deluxe) rooms - psychia	e 01		oom charges for nursery - ewborn level IV	
0122	Room charges fo rooms - obstetric	r semi-private	0145	(deluxe) rooms - psychia Room charges for private	e 01		oom charges for nursery - ther	
0123	Room charges fo rooms - pediatric	r semi-private	0146	(deluxe) rooms - hospice Room charges for private	e 01	80 R	oom charges for LOA - general	
0124	Room charges fo rooms - psychiat	r semi-private	0147	(deluxe) rooms - detoxifi Room charges for private	e 01		oom charges for LOA - patient onvenience-charges billable	
0125	Room charges for rooms - hospice		0148	(deluxe) rooms - oncolog Room charges for private	9		oom charges for LOA - nerapeutic leave	
0126	Room charges fo rooms - detoxific		0149	(deluxe) rooms - rehabili Room charges for private	01	n	oom charges for LOA – ursing home (for capitalization)	
0127	Room charges for rooms - oncology	r semi-private	0150	(deluxe) rooms - other Room charges for ward r	ooms - 01		ospitalization) oom charges for LOA - other	
0128	Room charges fo rooms - rehabilit	r semi-private	0151	general Room charges for ward r	ooms - 01		oom charges for subacute are - general	
0129	Room charges fo rooms - other		0152	medical/surgical/GYN Room charges for ward r	ooms - 01	91 R	are - generai oom charges for subacute are - Level I (skilled care)	
0130	Room charges for - 3/4 beds - room		0153	obstetrics Room charges for ward r	ooms - 01	92 R	oom charges for subacute are - Level II (comprehensive	
0131	Room charges for - 3/4 beds - room	r semi-private	0154	pediatric Room charges for ward r	ooms -		are)	
	medical/surgical/			psychiatric				
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019	93	Room charges for subacute care - Level III (complex care)	02
019	94	Room charges for subacute care - Level IV (intensive care)	02
019	99	Room charges for subacute care - other	02
020	00	Room charges for intensive care - general	02
020	01	Room charges for intensive care - surgical	02
020	02	Room charges for intensive care - medical	02
020	03	Room charges for intensive care - pediatric	02
020	04	Room charges for intensive care - psychiatric	02
020	06	Room charges for intensive care - intermediate intensive	02
		care unit (ICU)	02
020	07	Room charges for intensive care - burn care	02
020	08	Room charges for intensive care - trauma	02
020	09	Room charges for intensive care - other	02
02	10	Room charges for coronary care - general	02
02	11	Room charges for coronary care - myocardial infarction	02
02	12	Room charges for coronary care - pulmonary care	02
02	13	Room charges for coronary care - heart transplant	02
02	14	Room charges for coronary care - intermediate coronary care unit (CCU)	02
02	19	Room charges for coronary care - other	02
022	20	Special charges - general	02
022	21	Special charges - admission charge	02
022	22	Special charges - technical support charge	02
022	23	Special charges - UR service charge	02
02	24	Special charges - late discharge, medically necessary	02
022	29	Special charges - other	02
02	30	Incremental nursing care - general	02
02	31	Incremental nursing care - nursery	02
023	32	Incremental nursing care - OB	02
023	33	Incremental nursing care - ICU (includes transitional care)	02
02	34	Incremental nursing care - CCU (includes transitional care)	02
023	35	Incremental nursing care - hospice	02

0239	Incremental nursing care - other
0240	All-inclusive ancillary - general
0241	All-inclusive ancillary - basic
0242	All-inclusive ancillary - comprehensive
0243	All-inclusive ancillary - specialty
0249	All-inclusive ancillary - other
0250	Pharmacy - general
0251	Pharmacy - generic drugs
0252	Pharmacy – non-generic drugs
0253	Pharmacy - take-home drugs
0254	Pharmacy - drugs incident to other diagnostic services
0255	Pharmacy - drugs incident to radiology
0256	Pharmacy - experimental drugs
0257	Pharmacy - nonprescription
0258	Pharmacy - IV solutions
0259	Pharmacy - other
0260	IV Therapy - general
0261	IV Therapy - infusion pump
0262	IV Therapy - pharmacy services
0263	IV Therapy - drug/supply delivery
0264	IV Therapy - supplies
0269	IV Therapy - other
0270	Medical surgical supplies and devices - general
0271	Medical surgical supplies and devices - nonsterile
0272	Medical surgical supplies and devices - sterile
0273	Medical surgical supplies and devices - take-home
0274	Medical surgical supplies and devices - prosthetic/orthotic
0275	Medical surgical supplies and devices - pacemaker
0276	Medical surgical supplies and devices - intraocular lens (IOL)
0277	Medical surgical supplies and devices - oxygen - take-home
0278	Medical surgical supplies and devices - other implants
0279	Medical surgical supplies and devices - other
0280	Oncology - general

0289	Oncology - other
0290	DME - general
0291	DME - rental
0292	DME - purchase of new
0293	DME - purchase of used
0294	DME - supplies/drugs for DME effectiveness
0299	DME - other equipment
0300	Laboratory - general
0301	Laboratory - chemistry
0302	Laboratory - immunology
0303	Laboratory - renal patient (home)
0304	Laboratory – non-routine dialysis
0305	Laboratory - hematology
0306	Laboratory - bacteriology and microbiology
0307	Laboratory - urology
0309	Laboratory - other
0310	Laboratory pathological - general
0311	- Laboratory pathological - cytology
0312	Laboratory pathological - histology
0314	Laboratory pathological - biopsy
0319	Laboratory pathological - other
0320	Radiology - diagnostic - general
0321	Radiology - diagnostic - angiocardiography
0322	Radiology - diagnostic - arthrography
0323	Radiology - diagnostic - arteriography
0324	Radiology - diagnostic - chest x-ray
0329	Radiology - diagnostic - other
0330	Radiology - therapeutic and/or chemotherapy administration - general
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected
0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy
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0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0390	Blood and blood component administration, storage and processing - general
0339	Radiology - therapeutic and/or chemotherapy administration - other	0391	Blood and blood component administration, storage and processing - administration
0340	Nuclear medicine - general	0392	Blood and blood component administration, storage and
0341	Nuclear medicine - diagnostic procedures		processing – processing and storage
0342	Nuclear medicine - therapeutic procedures	0399	Blood and blood component administration, storage and processing - other
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0400	Other imaging services - general
0344	Nuclear medicine - therapeutic		general
0349	radiopharmaceuticals Nuclear medicine - other	0401	Other imaging services - diagnostic mammography
		0402	Other imaging services -
0350	CT scan - general	0.402	ultrasound
0351	CT scan - head	0403	Other imaging services - screening mammography
0352	CT scan - body	0404	Other imaging services - PET
0359	CT scan - other	0409	Other imaging services - other
0360	Operating room services - general	0410	Respiratory services - general
0361	Operating room services - minor surgery	0412	Respiratory services - inhalation
0362	Operating room services - organ transplant other than	0413	Respiratory services - hyperbaric oxygen therapy
	kidney	0419	Respiratory services - other
0367	Operating room services - kidney transplant	0420	Physical therapy - general
0369	Operating room services - other	0421	Physical therapy - visit charge
0370	Anesthesia - general	0422	Physical therapy - hourly charge
0371	Anesthesia - incident to radiology	0423	Physical therapy - group rate
0372	Anesthesia - incident to other diagnostic services	0424	Physical therapy - evaluation or reevaluation
0374	Anesthesia - acupuncture	0429	Physical therapy - other
0379	Anesthesia - other	0430	Occupational therapy - general
0380	Blood - general	0431	Occupational therapy - visit charge
0381	Blood - packed red cells	0432	Occupational therapy - hourly
0382	Blood - whole blood	0433	charge Occupational therapy - group
0383	Blood - plasma	0434	rate Occupational therapy -
0384	Blood - platelets		evaluation or reevaluation
0385	Blood - leukocytes	0439	Occupational therapy - other
0386	Blood - other components	0440	Speech-language pathology - general
0387	Blood - other derivatives (cryoprecipitate)	0441	Speech-language pathology - visit charge
0389	Blood - other	0442	Speech-language pathology - hourly charge
Dates =			

0443	Speech-language pathology - group rate
0444	Speech-language pathology - evaluation or reevaluation
0449	Speech-language pathology - other
0450	Emergency room - general
0451	Emergency room - EMTALA emergency medical screening services
0452	Emergency room - beyond EMTALA screening
0456	Emergency room - urgent care
0459	Emergency room - other
0460	Pulmonary function - general
0469	Pulmonary function - other
0470	Audiology - general
0471	Audiology - diagnostic
0472	Audiology - treatment
0479	Audiology - other
0480	Cardiology - general
0481	Cardiology - cardiac cath lab
0482	Cardiology - stress test
0483	Cardiology - echocardiology
0489	Cardiology - other
0490	Ambulatory surgical care - general
0499	Ambulatory surgical care - other
0500	Outpatient services - general
0509	Outpatient services - other
0510	Clinic - general
0511	Clinic - chronic pain
0512	Clinic - dental
0513	Clinic - psychiatric
0514	Clinic - OB/GYN
0515	Clinic - pediatric
0516	Clinic - urgent care
0517	Clinic - family practice
0519	Clinic - other
0520	Freestanding Clinic - general
0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
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0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner
0523	Freestanding Clinic - family practice
0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF
0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility
0526	Freestanding Clinic - urgent care
0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home whether in a
0528	Home Health Shortage Area Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
0529	Freestanding Clinic - other
0530	Osteopathic service - general
0531	Osteopathic service - therapy
0539	Osteopathic service - other
0540	Ambulance service - general
0541	Ambulance service - supplies
0542	Ambulance service - medical transport
0543	Ambulance service - heart mobile
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Coding	Scheme:						
22	Increased proce	dural services	58	Staged or Related Proced	ure or		Professional During the
23	Unusual Anesthe			Service by the Same Phys	sician		Postoperative Period
24				or Other Qualified Health Care Professional During the		80	Assistant Surgeon
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	Same Physician	or Other	59	Distinct Procedural Servic	e	82	Repeat procedure by same
	Qualified Health Professional duri		62	Two Surgeons			physician
	Postoperative Pe		63	Procedure Performed on I	infants	90	Reference (Outside) Laboratory
25	Significant, Sepa			less than 4kg		91	Repeat Clinical Diagnostic
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27	Multiple Outpatie			Center (ASC) Procedure a	fter	99	Multiple Modifiers
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32	Mandated Servic	es	76	Repeat Procedure by Sam Physician or Other Qualifi		. -	Modifier due to Medical Reasons
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47	Anesthesia by Su		77	Repeat Procedure by Anot Physician or Other Qualifi		3P	Performance Measure Exclusion
50	Bilateral Procedu	ire		Health Care Professional	cu	0.0	Modifier due to System Reasons
51	Multiple Procedu	res	78	Unplanned Return to the		8P	Performance Measure Reporting Modifier- Action not performed,
	Reduced Service			Operating/Procedure Room the Same Physician or Ot			reason not otherwise specified
24			Qualified Health Care			P1	A normal healthy patient
52 53	Discontinued Procedure			Professional Following Init Procedure for a Related	tial	P2	A patient with mild systemic
53				Procedure During the		כם	disease
53 54	Surgical Care Or	•				P3	A patient with severe systemic
53	Surgical Care Or Postoperative Ma Only	•	70	Postoperative Period	ervice		disease
53 54	Postoperative Ma	anagement	79	Postoperative Period Unrelated Procedure or Se by the Same Physician or		P4	A patient with severe systemic
53 54 55	Postoperative Ma Only	anagement nagement Only	79	Unrelated Procedure or Se		P4	
53 54 55 56	Postoperative Ma Only Preoperative Ma Decision for Surg	anagement nagement Only	79	Unrelated Procedure or Se by the Same Physician or		P4	A patient with severe systemic disease that is a constant

DE							
P5	A moribund patie expected to surv		FA	Left hand, thum		RT	Right side of the body procedure
	operation		GG	Performance and screening mamn		T1	Left foot, second digit
P6	A declared brain			diagnostic mammography or		Т2	Left foot, third digit
	whose organs ar removed for don			same patient, sa		Т3	Left foot, fourth digit
E1	Upper left eyelid		GH	Diagnostic mam converted from		T4	Left foot, fifth digit
E2	Lower left eyelid			mammogram or	-	T5	
E3 Upper right eyelic		d	LC	Left circumflex o	coronary artery		Right foot, great toe
E4 Lower right eyelin F1 Left hand, second F2 Left hand, third d			LD	Left anterior des	scending	T6	Right foot, second digit
		d diait	LM	coronary artery Left main corona	ary artery	T7	Right foot, third digit
		-	LT	Left side of the l		Т8	Right foot, fourth digit
F3	Left hand, fourth	-	Q	Ambulance servi		Т9	Right foot, fifth digit
F4	Left hand, fifth d	-	Q M	under arrangem		TA	Left foot, great toe
F5	Right hand, thun	-		provider of servi		XE	Separate Encounter
	-		QN	Ambulance servi directly by a pro		XS	Separate Structure
F6	Right hand, seco	-		services		XP	Separate Practitioner
F7	Right hand, third	-	RC	Right coronary a	artery	XU	Unusual Non-Overlapping
F8	Right hand, fourt	-	RI	Ramus intermed	lius coronary		Service
F9	Right hand, fifth	digit		artery			
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Descrip Coding Beginn Length Field 8: Descrip Coding Beginn Length Field 9: Descrip Coding Beginn Length Field 1: Descrip Beginn Length Field 1: Descrip Beginn Length Field 1:	ption: Scheme: ing Position: Scheme: Scheme: Scheme: Scheme: Scheme: Scheme: Scheme: Scheme: 1: ption: 1: ption: 1: ption: 2: 2:	Identifies sp Same as Field 28 2 MODIFIER_ Identifies sp Same as Field 30 2 UNIT_MEAS Code specify DA Days F2 Inter UN Unit 32 2 UNITS_OF_ Numeric valu 34 7 UNIT_RATE Rate per unit 41 12 CHRGS_LIN	ecial circ MODIFIE ecial circ MODIFIE SUREMI ing the national m SERVIC ue of qu	ER_1 Data Sou Type: cumstances re ER_1 Data Sou Type: ENT_CODE units in which unit Data Sou Type: CE antity Data Sou Type: M	urce: Claim Alpha elated to the p urce: Claim a value is be urce: Claim Alpha urce: Claim Nume	anumeric erforma anumeric ing expr anumeric anumeric	nce of the service.
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Descrip Coding Beginn Length Field 8: Descrip Coding Beginn Length Field 9: Descrip Coding Beginn Length Field 1: Descrip Beginn Length Field 1: Descrip Beginn Length Field 1: Descrip Beginn	ption: Scheme: ing Position: Scheme:	Identifies sp Same as Field 28 2 MODIFIER Identifies sp Same as Field 30 2 UNIT_MEAS Code specify DA Days F2 Inter UN Unit 32 2 UNITS_OF_ Numeric valu 34 7 UNIT_RATE Rate per unit 41 12 CHRGS_LIN Total amoun 53	ecial circ MODIFIE ecial circ MODIFIE SUREMI ing the national m SERVIC ue of qu	ER_1 Data Sou Type: cumstances re ER_1 Data Sou Type: ENT_CODE units in which unit Data Sou Type: CE antity Data Sou Type: M charge Data Sou	urce: Claim Alpha elated to the p urce: Claim a value is be urce: Claim Alpha urce: Claim Nume urce: Claim	anumeric erforma anumeric ing expr anumeric eric	nce of the service.
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Descrip Coding Beginn Length Field 8: Descrip Coding Beginn Length Field 9 Descrip Coding Beginn Length Field 1 Descrip Beginn Length Field 1 Descrip Beginn Length Field 1 Descrip Beginn Length Field 1 Descrip Beginn Length Field 1 Descrip	ption: Scheme: ing Position: Scheme:	Identifies sp Same as Field 28 2 MODIFIER_ Identifies sp Same as Field 30 2 UNIT_MEAS Code specify DA Days F2 Inter UN Unit 32 2 UNITS_OF_ Numeric valu 34 7 UNIT_RATE Rate per unit 41 12 CHRGS_LIN Total amoun 53 14 CHRGS_NO	ecial cire MODIFIE ecial cire MODIFIE SUREMI ing the national m sERVIE ue of qu E t IE_ITEI t of the N_COV	ER_1 Data Sou Type: cumstances re ER_1 Data Sou Type: ENT_CODE units in which unit Data Sou Type: CE antity Data Sou Type: M charge Data Sou Type:	urce: Claim Alpha elated to the p urce: Claim a value is be urce: Claim Alpha urce: Claim Nume urce: Claim	anumeric erforma anumeric ing expr anumeric eric	nce of the service.
Descrip Coding Beginn Length Field 8: Descrip Coding Beginn Length Field 9 Descrip Coding Beginn Length Field 1 Descrip Beginn Length Field 1 Descrip Beginn Length Field 1 Descrip Beginn Length Field 1 Descrip Beginn Length Field 1 Descrip	ption: Scheme: Sche	Identifies sp Same as Field 28 2 MODIFIER_ Identifies sp Same as Field 30 2 UNIT_MEAS Code specify DA Days F2 Inter UN Unit 32 2 UNITS_OF_ Numeric valu 34 7 UNIT_RATE Rate per unit 41 12 CHRGS_LIN Total amoun 53 14 CHRGS_NO	ecial cire MODIFIE ecial cire MODIFIE SUREMI ing the national m sERVIE ue of qu E t IE_ITEI t of the N_COV	ER_1 Data Sou Type: cumstances re ER_1 Data Sou Type: ENT_CODE units in which unit Data Sou Type: CE antity Data Sou Type: M charge Data Sou Type:	urce: Claim Alpha elated to the p urce: Claim a value is be urce: Claim Alpha urce: Claim Nume urce: Claim Nume urce: Assig Nume	anumeric erforma anumeric ing expr anumeric eric ned eric	nce of the service.
Descrip Coding Beginn Length Field 8: Descrip Coding Beginn Length Field 9 Descrip Coding Beginn Length Field 1 Descrip Beginn Length Field 1 Descrip Beginn Length Field 1 Descrip Beginn Length Field 1 Descrip Beginn Length Field 1 Descrip	ption: Scheme: Scheme: ption: Scheme: Schem	Identifies sp Same as Field 28 2 MODIFIER Identifies sp Same as Field 30 2 UNIT_MEAS Code specify DA Days F2 Inter UN Unit 32 2 UNITS_OF_ Numeric valu 34 7 UNIT_RATE Rate per unit 41 12 CHRGS_LIN Total amoun 53 14 CHRGS_NO Total non-co	ecial cire MODIFIE ecial cire MODIFIE SUREMI ing the national m sERVIE ue of qu E t IE_ITEI t of the N_COV	ER_1 Data Sou Type: cumstances re ER_1 Data Sou Type: ENT_CODE units in which unit Data Sou Type: CE antity Data Sou Type: M charge Data Sou Type: M	urce: Claim Alpha elated to the p urce: Claim a value is be urce: Claim Alpha urce: Claim Nume urce: Claim Nume urce: Assig	anumeric erforma anumeric ing expr anumeric eric ned eric	nce of the service.

Length:	14	Туре:	Numeric			
Field 14:	FINAL_EAPG_C	CATEGORY_CODE				
	Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M [™]					
	EAPG Grouper. N	Not available 4Q09.	, , , , , ,			
Beginning Position:	81	81 Data Source: Assigned				
Length:	2	Type:	Alphanumeric			
Field 15:	FINAL_EAPG_1	YPE_CODE				
	Enhanced Ambu	latory Patient Group (E	APG) type code, as assigned by 3M [™] EAPG			
	Grouper. Not ava	<i>i i i i i</i>	-, ,,, 5 , -			
Beginning Position:	83	Data Source:	Assigned			
Length:	2	Type:	Alphanumeric			
Field 16:	FINAL EAPG		·			
	Final Enhanced A	Ambulatory Patient Gro	up (EAPG), as assigned by 3M™ EAPG			
	Grouper. Not available 4009.					
Beginning Position:	85	Data Source:	Assigned			
Length:	5	Type:	Alphanumeric			
Field 17:	APC PROCEDU	RE CODE	·			
	Ambulatory Payment Classification (APC) procedure code as assigned by 3M [™] APC					
	Grouper. Not available 4Q09.					
Beginning Position:	90	Data Source:	Assigned			
Degining Fusicion.			Assigned			
Length:	5	Type:	Alphanumeric			
	5 APC_PX_STATU	71				
Length:	APC_PX_STATU	JS_IND_CODE				
Length:	APC_PX_STATU Ambulatory Payr	JS_IND_CODE ment Classification (AP	Alphanumeric C) procedure status indicator as assigned by			
Length:	APC_PX_STATU Ambulatory Payr	JS_IND_CODE	Alphanumeric C) procedure status indicator as assigned by			
Length: Field 18:	APC_PX_STATU Ambulatory Payr 3M™ APC Group	JS_IND_CODE ment Classification (APC er. Not available 4Q09.	Alphanumeric C) procedure status indicator as assigned by			
Length: Field 18: Beginning Position:	APC_PX_STATU Ambulatory Payr 3M™ APC Group 95	JS_IND_CODE ment Classification (APC er. Not available 4Q09. Data Source:	Alphanumeric C) procedure status indicator as assigned by Assigned			
Length: Field 18: Beginning Position: Length:	APC_PX_STATU Ambulatory Payr 3M™ APC Group 95 2 APC_WEIGHT	JS_IND_CODE ment Classification (APC er. Not available 4Q09. Data Source: Type:	Alphanumeric C) procedure status indicator as assigned by Assigned Alphanumeric			
Length: Field 18: Beginning Position: Length:	APC_PX_STATU Ambulatory Payr 3M™ APC Group 95 2 APC_WEIGHT Ambulatory Payr	JS_IND_CODE ment Classification (APG er. Not available 4Q09. Data Source: Type: ment Classification (APG	Alphanumeric C) procedure status indicator as assigned by Assigned			
Length: Field 18: Beginning Position: Length:	APC_PX_STATU Ambulatory Payr 3M™ APC Group 95 2 APC_WEIGHT	JS_IND_CODE ment Classification (APG er. Not available 4Q09. Data Source: Type: ment Classification (APG	Alphanumeric C) procedure status indicator as assigned by Assigned Alphanumeric			

FACILITY TYPE INDICATOR FILE

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

Field 1:	THCIC_ID	i de la li Cierco di di	
Description:			to the provider by DSHS. The THCIC_ID is
			data and generally throughout a full year.
			e during the middle of a year. This will be
	noted in such cases	in which we are av	ware of those mid-year name changes.
Beginning Position:	1	Data Source:	Assigned
Length:	6	Type:	Alphanumeric
Field 2:	PROVIDER_NAME	/1	•
Description:	Hospital name provi	ded by the bosnita	1
Beginning Position:	7	Data Source:	Provider
Length:	, 55	Type:	Alphanumeric
Field 3:	FAC_TEACHING_I	71	Aphanamene
Description:			
•	Teaching Facility Inc		0 diaskawaa (Duaviday ID arvala (000000))
Suppression:			0 discharges (Provider ID equals '999999').
Coding Scheme:	A Member, Council of T		
	X Other teaching facilit	•	Dura di da u
Beginning Position:	62	Data Source:	Provider
Length:		Туре:	Alphanumeric
Field 4:	FAC_PSYCH_IND		
Description:	Psychiatric Facility I		
Suppression:			0 discharges (Provider ID equals '999999').
Beginning Position:	63	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 5:	FAC_REHAB_IND		
Description:	Rehabilitation Facilit	y Indicator.	
Suppression:	Suppressed for hospita	als with fewer than 50	0 discharges (Provider ID equals '999999').
Beginning Position:	64	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 6:	FAC_ACUTE_CARE	_IND	
Description:	Acute Care Facility I		
Suppression:			0 discharges (Provider ID equals '999999').
Beginning Position:	65	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 7:	FAC_SNF_IND		
Description:	Skilled Nursing Facil	ity Indicator	
Suppression:			0 discharges (Provider ID equals '999999').
Beginning Position:	66	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 8:	FAC_LONG_TERM	71	Aphanamene
Description:	Long Term Acute Ca		
Suppression:			0 discharges (Provider ID equals '999999').
Beginning Position:	67	Data Source:	Provider
Length:		Туре:	Alphanumeric
Field 9:	FAC_OTHER_LTC_		
Description:	Other Long Term Ca		
Suppression:			0 discharges (Provider ID equals '999999').
Beginning Position:	68	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 10:	FAC_PEDS_IND		
Description:	Pediatric Facility Ind	licator.	
Suppression:			0 discharges (Provider ID equals '999999').
Coding Scheme:			's Hospitals and Related Institutions (NACHRI)
-	X Facilities that also tre		
Beginning Position:	69	Data Source:	Provider
Length:	1	Type:	Alphanumeric
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Field 11:	FAC_CARDIOVASCU		
Description:	Cardiovascular facility	indicator.	
Beginning Position:	70	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 12:	FAC_CHIROPRACTIC		
Description:	Chiropractic care facilit		
Beginning Position:	71	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 13:			Alphandmenc
	FAC_ENDOSCOPY_I		
Description:	Endoscopy facility indi		- ···
Beginning Position:	72	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 14:	FAC_FOOT_IND		
Description:	Foot care facility indica	ator.	
Beginning Position:	73	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 15:	FAC_GASTROENTER	OLOGY IND	÷
Description:	Gastroenterology facili		
Beginning Position:	74	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 16:	FAC_GENERAL_IND	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		dicator	
Description:	General care facility in		Dura didan
Beginning Position:	75	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 17:	FAC_NEUROLOGICA		
Description:	Neurological care facili	•	
Beginning Position:	76	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 18:	FAC_OB_GYN_IND		
Description:	Obstetric and gynecold	oav facility indic	ator.
Beginning Position:	77	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 19:	FAC_OPTHAMOLOGY		
Description:	Ophthalmology facility		
•			Ducy video
Beginning Position:	78	Data Source:	Provider
Length: Field 20:	1	Туре:	Alphanumeric
	FAC_ORAL_IND		
Description:	Oral health care facility		
Beginning Position:	79	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 21:	FAC_ORTHOPEDIC_	IND	
Description:	Orthopedic care facility		
Beginning Position:	80	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 22:	FAC_OTOLARYNGOL		
Description:	Otolaryngology facility		
Beginning Position:	81	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 23:			Aprianument
	FAC_ PAIN_MNGMT	_	
Description:	Pain management faci		
Beginning Position:	82	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 24:	FAC_PLASTIC_IND		
Description:	Plastic surgery facility	indicator.	
- · · ···	83	Data Source:	Provider
Beginning Position:		Type:	Alphanumeric
Beginning Position: Length:	1	i y p C i	
			r
Length: Field 25:	FAC_THORACIC_IN)	P
Length: Field 25: Description:	FAC_THORACIC_INE Thoracic care facility in) ndicator.	
Length: Field 25:	FAC_THORACIC_IN)	Provider Alphanumeric

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www.dshs.texas.gov/THCIC

		_	
Field 26:	FAC_UROLOGY_IN		
Description:	Urology care facility i		Drovidor
Beginning Position: Length:	85 1	Data Source: Type:	Provider Alphanumeric
Field 27:	FAC_OTHER_IND	Typei	Aphanamene
Description:	Other facility indicato	or.	
Beginning Position:	86	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 28:	FAC_EMERGENCY_I		
Description:			s, including Hospital-owned FEMCFs, starting
	with the 4 th Quarter 2020	0 Facility Type Data	a File.
	Note:		
			<u>dshs.texas.gov/thcic/</u> (downloadable Excel
			er "Facility Reporting Requirement". The
			l sheet are more current than the ones in the
			mplementation, 4 th Quarter 2020, the facility
	indicator has incomplete	e data due to implen	ientation timing.
Beginning Position:	87	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 29:	FAC_ONCOLOGY_I	ND	·
Description:	Oncology facility indic	cator.	
Beginning Position:	33	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 30:	POA_PROVIDER_IN		ired to submit Disgnasis Present on Admission
Description:			ired to submit Diagnosis Present on Admission ntifies the following facility types as exempt
			ical Access Hospitals, Inpatient Rehabilitation
			ancer Hospitals, Children's or Pediatric
	Hospitals and Long-Tern	n Care Hospitals.	
Coding Scheme:		sections that would	be exempted from reporting POA for those
	patients) R Required		
	X Exempt		
	` Invalid		
Beginning Position:	87	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 31:	CERT_STATUS_IP		
Description:			ertification of data (inpatient) and
	submission of comme	· · · · · · · · · · · · · · · · · · ·	al.
Coding Scheme:	1 Certified, without o		
	2 Certified, with com		the second law dependence
	3 Certified, with com4 Hospital elected no		t received by deadline
	5 Hospital closed, da		
		npliance, did not ce	rtify data
	-	•	natural or man-made disaster (4Q2016)
		partment data subm	
Beginning Position:	88		Assigned
Length:	1	Туре:	Alphanumeric
Field 32:	CERT_STATUS_OP		
Description:			ertification of data (outpatient) and
Cadima Cakerses	submission of comme		al.
Coding Scheme:	1 Certified, without o		
	2 Certified, with com 3 Certified, with com		t received by deadline
	4 Hospital elected no		LIECEIVEU DY UEAUIITE
	5 Hospital closed, da		
		npliance, did not ce	rtify data
DSHS/THCIC vww.dshs.texas.gov/Tl		Page	DSHS Document #25-1501
		01	Last Undated August 2022

7 Data not certified. Facility affected by natural or man-	ade disaster (4Q2016)
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	8	No Emergency Department data submitted				
Beginning Position:	89	Data Source:	Assigned			
Length:	1	Туре:	Alphanumeric			



Texas Hospital Emergency Department Data Set

DATA FILE LAYOUTS

Inpatient Base Data #1 File

Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	DISCHARGE	13	6	Alphanumeric
3	THCIC_ID	19	6	Alphanumeric
4	TYPE_OF_ADMISSION	25	1	Alphanumeric
5	SOURCE_OF_ADMISSION	26	1	Alphanumeric
6	SPEC_UNIT_1	27	1	Alphanumeric
7	SPEC_UNIT_2	28	1	Alphanumeric
8	SPEC_UNIT_3	29	1	Alphanumeric
9	SPEC_UNIT_4	30	1	Alphanumeric
10	SPEC_UNIT_5	31	1	Alphanumeric
11	PAT_STATE	32	2	Alphanumeric
12	PAT_ZIP	34	5	Alphanumeric
13	PAT_COUNTRY	39	2	Alphanumeric
14	PAT_COUNTY	41	3	Alphanumeric
15	PUBLIC_HEALTH_REGION	44	2	Alphanumeric
16	PAT_STATUS	46	2	Alphanumeric
17	SEX_CODE	48	1	Alphanumeric
18	RACE	49	1	Alphanumeric
19	ETHNICITY	50	1	Alphanumeric
20	ADMIT_WEEKDAY	51	1	Alphanumeric
21	LENGTH_OF_STAY	52	4	Alphanumeric
22	PAT_AGE	56	2	Alphanumeric
23	FIRST_PAYMENT_SRC	58	2	Alphanumeric
24	SECONDARY_PAYMENT_SRC	60	2	Alphanumeric
25	TYPE_OF_BILL	62	3	Alphanumeric
26	TOTAL_CHARGES	65	12	Numeric
			Dalla p	A arrest #25, 15012

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

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

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

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

Inpatient Base Data #2 File

Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
	RECORD_ID - not linkable to the Record_ID in the ED Outpatient PUDF			
1	or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	PRIVATE_AMOUNT	13	12	Numeric
3	SEMI_PRIVATE_AMOUNT	25	12	Numeric
4	WARD_AMOUNT	37	12	Numeric
5	ICU_AMOUNT	49	12	Numeric
6	CCU_AMOUNT	61	12	Numeric
7	OTHER_AMOUNT	73	12	Numeric
8	PHARM_AMOUNT	85	12	Numeric
9	MEDSURG_AMOUNT	97	12	Numeric
10	DME_AMOUNT	109	12	Numeric
11	USED_DME_AMOUNT	121	12	Numeric
12	PT_AMOUNT	133	12	Numeric
13	OT_AMOUNT	145	12	Numeric
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Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
14	SPEECH_AMOUNT	157	12	Numeric
15	IT_AMOUNT	169	12	Numeric
16	BLOOD_AMOUNT	181	12	Numeric
17	BLOOD_ADM_AMOUNT	193	12	Numeric
18	OR_AMOUNT	205	12	Numeric
19	LITH_AMOUNT	217	12	Numeric
20	CARD_AMOUNT	229	12	Numeric
21	ANES_AMOUNT	241	12	Numeric
22	LAB_AMOUNT	253	12	Numeric
23	RAD_AMOUNT	265	12	Numeric
24	MRI_AMOUNT	277	12	Numeric
25	OP_AMOUNT	289	12	Numeric
26	ER_AMOUNT	301	12	Numeric
27	AMBULANCE_AMOUNT	313	12	Numeric
28	PRO_FEE_AMOUNT	325	12	Numeric
29	ORGAN_AMOUNT	337	12	Numeric
30	ESRD_AMOUNT	349	12	Numeric
31	CLINIC_AMOUNT	361	12	Numeric
32	OCCUR_CODE_1	373	2	Alphanumeric
33	OCCUR_DAY_1	375	4	Alphanumeric
34	OCCUR_CODE_2	379	2	Alphanumeric
35	OCCUR_DAY_2	381	4	Alphanumeric
36	OCCUR_CODE_3	385	2	Alphanumeric
37	OCCUR_DAY_3	387	4	Alphanumeric
38	OCCUR_CODE_4	391	2	Alphanumeric
39	OCCUR_DAY_4	393	4	Alphanumeric
40	OCCUR_CODE_5	397	2	Alphanumeric
41	OCCUR_DAY_5	399	4	Alphanumeric
42	OCCUR_CODE_6	403	2	Alphanumeric
43	OCCUR_DAY_6	405	4	Alphanumeric
44	OCCUR_CODE_7	409	2	Alphanumeric
45	OCCUR_DAY_7	411	4	Alphanumeric
46	OCCUR_CODE_8	415	2	Alphanumeric
47	OCCUR_DAY_8	417	4	Alphanumeric
48	OCCUR_CODE_9	421	2	Alphanumeric
49	OCCUR_DAY_9	423	4	Alphanumeric
50	OCCUR_CODE_10	427	2	Alphanumeric
51	OCCUR_DAY_10	429	4	Alphanumeric
52	OCCUR_CODE_11	433	2	Alphanumeric
53	OCCUR_DAY_11	435	4	Alphanumeric

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

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

Inpatient Charges Data File

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

Outpatient Base Data File

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

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

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

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

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

Outpatient Classification File

Number	Field Name (OP Classification File)	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	CCS_PRINC_DIAG_CODE	13	4	Alphanumeric
3	CCS_OTH_DIAG_CODE_1	17	4	Alphanumeric
4	CCS_OTH_DIAG_CODE_2	21	4	Alphanumeric
5	CCS_OTH_DIAG_CODE_3	25	4	Alphanumeric
6	CCS_OTH_DIAG_CODE_4	29	4	Alphanumeric
7	CCS_OTH_DIAG_CODE_5	33	4	Alphanumeric
8	CCS_OTH_DIAG_CODE_6	37	4	Alphanumeric
9	CCS_OTH_DIAG_CODE_7	41	4	Alphanumeric
10	CCS_OTH_DIAG_CODE_8	45	4	Alphanumeric
11	CCS_OTH_DIAG_CODE_9	49	4	Alphanumeric
12	CCS_OTH_DIAG_CODE_10	53	4	Alphanumeric
13	CCS_OTH_DIAG_CODE_11	57	4	Alphanumeric
14	CCS_OTH_DIAG_CODE_12	61	4	Alphanumeric
15	CCS_OTH_DIAG_CODE_13	65	4	Alphanumeric
16	CCS_OTH_DIAG_CODE_14	69	4	Alphanumeric
17	CCS_OTH_DIAG_CODE_15	73	4	Alphanumeric
18	CCS_OTH_DIAG_CODE_16	77	4	Alphanumeric
19	CCS_OTH_DIAG_CODE_17	81	4	Alphanumeric
20	CCS_OTH_DIAG_CODE_18	85	4	Alphanumeric
21	CCS_OTH_DIAG_CODE_19	89	4	Alphanumeric
22	CCS_OTH_DIAG_CODE_20	93	4	Alphanumeric
23	CCS_OTH_DIAG_CODE_21	97	4	Alphanumeric
24	CCS_OTH_DIAG_CODE_22	101	4	Alphanumeric
25	CCS_OTH_DIAG_CODE_23	105	4	Alphanumeric
26	CCS_OTH_DIAG_CODE_24	109	4	Alphanumeric
27	CCS_PROC_CODE_1	113	3	Alphanumeric
28	CCS_PROC_CODE_2	116	3	Alphanumeric
29	CCS_PROC_CODE_3	119	3	Alphanumeric
30	CCS_PROC_CODE_4	122	3	Alphanumeric
31	CCS_PROC_CODE_5	125	3	Alphanumeric
32	CCS_PROC_CODE_6	128	3	Alphanumeric
33	CCS_PROC_CODE_7	131	3	Alphanumeric
34	CCS_PROC_CODE_8	134	3	Alphanumeric
35	CCS_PROC_CODE_9	137	3	Alphanumeric
36	CCS_PROC_CODE_10	140	3	Alphanumeric
37	CCS_PROC_CODE_11	143	3	Alphanumeric
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Number	Field Name (OP Classification File)	Position	Length	Field Type
38	CCS_PROC_CODE_12	146	3	Alphanumeric
39	CCS_PROC_CODE_13	149	3	Alphanumeric
40	CCS_PROC_CODE_14	152	3	Alphanumeric
41	CCS_PROC_CODE_15	155	3	Alphanumeric
42	CCS_PROC_CODE_16	158	3	Alphanumeric
43	CCS_PROC_CODE_17	161	3	Alphanumeric
44	CCS_PROC_CODE_18	164	3	Alphanumeric
45	CCS_PROC_CODE_19	167	3	Alphanumeric
46	CCS_PROC_CODE_20	170	3	Alphanumeric
47	CCS_PROC_CODE_21	173	3	Alphanumeric
48	CCS_PROC_CODE_22	176	3	Alphanumeric
49	CCS_PROC_CODE_23	179	3	Alphanumeric
50	CCS_PROC_CODE_24	182	3	Alphanumeric
51	CCS_PROC_CODE_25	185	3	Alphanumeric
52	EAPG_GRP_VER	188	12	Alphanumeric
53	APC_GRP_VER	200	12	Alphanumeric
54	CRG_STATUS_1	212	1	Alphanumeric
55	CRG_STATUS_2	213	1	Alphanumeric
56	CRG_STATUS_3	214	1	Alphanumeric
57	CRG_STATUS_4	215	1	Alphanumeric
58	CRG_STATUS_5	216	1	Alphanumeric
59	CRG_STATUS_6	217	1	Alphanumeric
60	CRG_STATUS_7	218	1	Alphanumeric
61	CRG_STATUS_8	219	1	Alphanumeric
62	CRG_STATUS_9	220	1	Alphanumeric
63	CRG_STATUS_10	221	1	Alphanumeric
64	CRG_CODE_1	222	5	Alphanumeric
65	CRG_CODE_2	227	5	Alphanumeric
66	CRG_CODE_3	232	5	Alphanumeric
67	CRG_CODE_4	237	5	Alphanumeric
68	CRG_CODE_5	242	5	Alphanumeric
69	CRG_CODE_6	247	5	Alphanumeric
70	CRG_CODE_7	252	5	Alphanumeric
71	CRG_CODE_8	257	5	Alphanumeric
72	CRG_CODE_9	262	5	Alphanumeric
73	CRG_CODE_10	267	5	Alphanumeric
74	CRG_SEVERITY_1	272	1	Alphanumeric
75	CRG_SEVERITY_2	273	1	Alphanumeric
76	CRG_SEVERITY_3	274	1	Alphanumeric
77	CRG_SEVERITY_4	275	1	Alphanumeric

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

Outpatient Charges Data File

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

Number	Field Name	Position	Length	Field Type
1	THCIC_ID	1	6	Alphanumeric
2	PROVIDER_NAME	7	55	Alphanumeric
3	FAC_TEACHING_IND	62	1	Alphanumeric
4	FAC_PSYCH_IND	63	1	Alphanumeric
5	FAC_REHAB_IND	64	1	Alphanumeric
6	FAC_ACUTE_CARE_IND	65	1	Alphanumeric
7	FAC_SNF_IND	66	1	Alphanumeric
8	FAC_LONG_TERM_AC_IND	67	1	Alphanumeric
9	FAC_OTHER_LTC_IND	68	1	Alphanumeric
10	FAC_PEDS_IND	69	1	Alphanumeric
11	FAC_CARDIOVASCULAR_IND	70	1	Alphanumeric
12	FAC_CHIROPRACTIC_IND	71	1	Alphanumeric
13	FAC_ENDOSCOPY_IND	72	1	Alphanumeric
14	FAC_FOOT_IND	73	1	Alphanumeric
15	FAC_GASTROENTEROLOGY_IND	74	1	Alphanumeric
16	FAC_GENERAL_IND	75	1	Alphanumeric
17	FAC_NEUROLOGICAL_IND	76	1	Alphanumeric
18	FAC_OB-GYN_IND	77	1	Alphanumeric
19	FAC_OPTHAMOLOGY_IND	78	1	Alphanumeric
20	FAC_ORAL_IND	79	1	Alphanumeric
21	FAC_ORTHOPEDIC_IND	80	1	Alphanumeric
22	FAC_OTOLARYRGOLOGY_IND	81	1	Alphanumeric
23	FAC_PAIN MNGMT_IND	82	1	Alphanumeric
24	FAC_PLASTIC_IND	83	1	Alphanumeric
25	FAC_THORACIC_IND	84	1	Alphanumeric
26	FAC_UROLOGY_IND	85	1	Alphanumeric
27	FAC_OTHER_IND	86	1	Alphanumeric
28	FAC_EMERGENCY_DEPARTMENT_IND 1	87	1	Alphanumeric
29	FAC_ONCOLOGY_IND ¹	88	1	Alphanumeric
30	POA_PROVIDER_INDICATOR	89	1	Alphanumeric
31	CERT_STATUS_IP	90	1	Alphanumeric
32	CERT_STATUS_OP	91	1	Alphanumeric
	Record_Length	91		

Facility Type Indicator File

¹ Facility Type Code added to the 4th Quarter 2020 Facility Type Data File DSHS/THCIC **Page**