

## **CENTER FOR HEALTH STATISTICS**

## **Health Care Information**

**USER MANUAL - 2004 to 3Q2015** 

## TEXAS HOSPITAL INPATIENT DISCHARGE RESEARCH DATA FILE (RDF)

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#### **BACKGROUND**

The Texas Health Care Information Council (THCIC) was created by Chapter 108 of the Texas Health and Safety Code (THSC) and was responsible, under Sections 108.011 through 108.0135, for collecting hospital discharge data from all state licensed hospitals except those that are statutorily exempt from the reporting requirement. Exempt hospitals include those located in a county with a population less than 35,000, or those located in a county with a population more than 35,000 and with fewer than 100 licensed hospital beds and not located in an area that is delineated as an urbanized area by the United States Bureau of the Census (Section 108.0025). Exempt hospitals also include hospitals that do not seek insurance payment or government reimbursement (Section 108.009). THCIC became part of the Texas Department of State Health Services (DSHS) effective September 1, 2004 and the DSHS Center for Health Statistics is now responsible for the collection and release of hospital discharge data.

#### PUBLIC USE DATA FILE (PUDF AND RDF)

Sections 108.011(a) and 108.012 of the THSC requires DSHS to provide public use data for computer-to-computer access. It also permits DSHS to charge the data requestor a standard fee for using the Public Use Data File (PUDF). The PUDF contains patient-level information for inpatient hospital stays. These data are extracted from DSHS's Hospital Discharge Database (HDD) PUDF and pulled into the Research Data File (RDF) for research purposes.

The RDF Base Data File contains the Base Data files and the addition of the 25 diagnosis present on admission indicator codes (POA, available beginning 2011) and the 10 POA indicators for the external cause of injury codes (available beginning 2012). The Base data file contains the required data elements and most of the situationally required data elements and some calculated fields. The Record ID allows for linking the base file and charges file together.

The Charges File is also included. This contains 13 variables including the RECORD\_ID and HCPCS code variables.

Additionally, the provider Comments File is included. This contains any comments that were included by the provider when the respective data was certified from a given facility.

The RDF is available in three fixed length format text files, Base Data (logical record length of 950 bytes), and Charges (logical record length of 80 bytes) files. The files are also available in tab-delimited or SAS format.

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

The RDF, beginning with data collected for 2004, is formatted to accommodate additional data elements available with the collection of data from hospitals using the THCIC 837 format. The following data elements are available in the RDF beginning with data for 2004 and are not comparable to data collected in years prior to 2004:

BASE DATA FILE	
FAC_LONG_TERM_AC_IND	Added 2004
PAT COUNTRY	Added 2004
FIRST_PAYMENT_SRC	Replaces PAYMENT_SOURCE_1 and
	SOURCE_PAYMENT_CODE_1
SECOND PAYMENT SRC	Replaces PAYMENT SOURCE 2 and
	SOURCE PAYMENT CODE 2
REVENUE CODE 23	No longer available
TOTAL CHARGES	Replaces TOTAL_CHARGES_23
TOTAL CHARGES ACCOMM	Replaces CLAIM_CHARGES_ACCOMM
TOTAL_NON_COV_CHARGES_ACCOMM	Replaces CLAIM_NON_COV_CHARGES_ACCOMM
TOTAL_CHARGES_ANCIL	Replaces CLAIM_CHARGES_ANCIL
TOTAL_NON_COV_CHARGES_ANCIL	Replaces CLAIM NON COV CHARGES ANCIL
EXTERNAL CAUSE OF INJURY 1	Replaces EXTNAL CAUSE OF INJURY
EXTERNAL CAUSE OF INJURY 2 to	Added 2004
EXTERNAL_CAUSE_OF_INJURY_10	
OTH_DIAG_CODE_9 to OTH_DIAG_CODE_25	Added 2004
OTH_SURG_PROC_CODE_6 to OTH_SURG_PROC_CODE_25	Added 2004
OTH_SURG_PROC_DAY_6 to OTH_SURG_PROC_DAY_25	Added 2004
OTH ICD9 CODE 6 to OTH ICD9 CODE 25	Added 2004
MS_MDC name changed from CMS_MDC (2011)	Added 2004 Added 2004
INBOUND INDICATOR	Added 2004
POA_PRINC_DIAG_CODE	Added 2011
POA_OTH_DIAG_CODE_1 to POA_OTH_DIAG_CODE_24	Added 2011 Added 2011
POA_E_CODE_1 to POA_E_CODE_10	Added 2012
MS_GROUPER_ ERROR _CODE	Added 2012 Added 2011
APR GROUPER ERROR CODE	Added 2011 Added 2011
AI K_OKOOI EK_EKKOK_CODE	Added 2011
CITILATIONAL DATA IN THE DACE EILE	
SITUATIONAL DATA IN THE BASE FILE	
CONDITION_CODE_1 to CONDITION_CODE_8	Added 2004
OCCUR_CODE_1 to OCCUR_CODE_12	Added 2004
OCCUR_DAY_1 to OCCUR_DAY_12	Added 2004
OCCUR_SPAN_CODE_1 to OCCUR_SPAN_CODE_4	Added 2004
OCCUR_SPAN_FROM_1 to OCCUR_SPAN_FROM_4	Added 2004
OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_4	Added 2004
VALUE_CODE_1 to VALUE_CODE_12	Added 2004
VALUE_AMOUNT_1 to VALUE_AMOUNT_12	Added 2004
CHARGES FILE	
REVENUE_CODE	Added 2004
HCPCS_QUALIFIER	Added 2004
HCPCS_PROCEDURE_CODE	Added 2004
MODIFIER_1 to MODIFIER_4	Added 2004
UNIT_MEASUREMENT_CODE	Added 2004
UNITS_OF_SERVICE	Added 2004
UNIT_RATE	Added 2004
CHRGS_LINE_ITEM	Added 2004
CHRGS_NON_COV	Added 2004

## DATA PROCESSING AND QUALITY

Beginning with data submitted for 2004 discharges hospitals required to submit discharged inpatient claims data, moved from the submission of data in the uniform bill (UB-92) format to

the THCIC 837 format. The data are validated through a process of automated auditing and verification. Each individual hospital is responsible for the accuracy and completeness of its data. Even so, each record is subjected by DSHS to a series of audits that check for consistency and conformity with the definitions stated in the data specification manual. Records failing an audit check are returned to the hospital for correction and resubmission. Following the correction process, DSHS uses valid claims data to build files of "encounters" where one encounter contains the final discharge and all related interim claims information for a patient. Then, each submitting hospital has an opportunity to review, to make additional corrections, and to certify the encounter data with or without comments. Finally, DSHS builds a final encounter file that includes all corrections submitted by the hospitals. DSHS staff checks and adjusts for missing values and invalid codes in this file before the PUDF is generated. Users are advised to examine every data element to be used for missing values and invalid codes and to read accompanying notes, comments, and other descriptive text.

#### PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the Hospital Discharge Database (HDD) was that the data and resulting information be used for the benefit of the public. This is specified in Section 108.013 of the Texas Health and Safety Code (THSC). The THSC also stipulates that DSHS may not release and a person or entity may not gain access to any data that could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates the THSC. In addition, under Section 108.013(e) and (f) of the THSC, patient and/or physician information in the HDD cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding. Pursuant to the THSC, DSHS excludes all direct personal and demographic identifiers (e.g., name, address, social security number, patient identifiers, admission and discharge dates) that might lead to the identification of a specific patient from the RDF.

To protect physician identities, the THSC requires creation of a uniform identification number for physicians in practice. Uniform physician identifiers are available except when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.

It may be possible in rare instances, or through complex analysis and with outside information, to ascertain from the RDF the identity of individual patients of physicians or other health practitioners. Considerable harm could result if this were done. RDF users are required to sign and comply with the DSHS Hospital Discharge Data Use Agreement in the Application before shipment of the RDF. The Data Use Agreement prohibits attempts to identify individual patients or physicians.

#### RESTRICTIONS ON DATA USE

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

Sections 108.013(c)(1) and (2) and 108.013 (g) of the Texas Health and Safety Code (THSC) prohibit the 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 person or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the THSC and the Data Use Agreement. By virtue of the Agreement, the signer agrees that the data will not be used to identify an individual patient or physician. Because of these restrictions, under no circumstances will users of the data contact an individual patient or physician or hospital for the purpose of verifying information supplied in the DSHS Hospital Discharge Data sets. Any questions about the data must be referred to DSHS only. Data analysis assistance is not provided by DSHS. The data are protected by United States copyright laws and international treaty provisions.

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

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;
- The licensee will not attempt to link nor permit others to attempt to link the hospital stay records of patients in this data set with personally identifiable records from any other source, including any THCIC PUDF or other data files;
- The licensee will not release nor permit others to release any information that identifies persons, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by this Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data:
- The licensee will use the following citation in any publication of information from this file:
  - Texas Hospital Inpatient Discharge Research Data File, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];
- The licensee will indemnify, defend, and hold the DSHS, its members, employees, and the Department's contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and
- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

The licensee understands that these assurances are 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 Sections 108.014 and 108.0141 of the Texas Health and Safety Code to knowingly or negligently access or release data in violation of this agreement is punishable by a fine of up to \$10,000 and an offense is a state jail felony. By signing the Data Use Agreement, the PUDF user has been informed that the potential for both civil and criminal penalties exists.

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

#### **DATA LIMITATIONS**

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

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

- County of residence is not collected by hospitals. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Comparability of length of stay (LOS) across hospitals is affected by factors such as casemix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of LOS at the hospital level should consider the above factors.
- Length of stay is limited to 999 days prior to 2004 discharges.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
- Conditions present at time of admission cannot be distinguished from those occurring during hospitalization prior to 2011 discharges. Diagnosis present on admission indicator codes (POA) were required for all hospitals, except Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals, and Long Term Care Hospitals. Some acute care hospitals that have special units similar to the hospitals exempted from reporting POA may not include POA codes for those patients.
- DSHS collects data from all hospitals in the state not specifically exempted by statute. This hospital mix should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and normal clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

#### HOSPITAL COMMENTS

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

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

#### **CITATION**

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

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

# State Health Services

# **Texas Hospital Inpatient Discharge Data**

## **Research Data File**

## **2004 - present**

### **IP-RDF** Base Data File

Field 1:				atch with RECORD	hin the research data file.  O_ID in other Inpatient RDF
Length:	12	Type:	Alphanumeric	Data Source:	Assigned
Field 2:	THCIC_ID Provider ID. Uni	ique identifier	assigned to the provide	er by THCIC.	
Length:	6	Type:	Alphanumeric	Data Source:	Assigned
Field 3:	PROVIDER_N Hospital name p		hospital.		
Length:	55	Type:	Alphanumeric	Data Source:	Provider
Field 4:	PROVIDER_A Hospital address		he hospital.		
Length:	50	Type:	Alphanumeric	Data Source:	Provider
Field 5:	PROVIDER_C: Hospital city pro		nospital.		
Length:	20	Type:	Alphanumeric	Data Source:	Provider
Field 6:	PROVIDER_ST Hospital state pro		hospital.		
Length:	2	Type:	Alphanumeric	Data Source:	Provider
Field 7:	PROVIDER_ZI Hospital ZIP cod		the hospital.		
Length:	9	Type:	Alphanumeric	Data Source:	Provider
Field 8:	FAC_TEACHING Teaching Facility	y Indicator.			
Coding	A Member, Cour		ng Hospitals		
Scheme: Length:	Y Teaching facil	Type:	Alphanumeric	Data Source:	Provider
Field 9:	FAC_PSYCH_I				
Length:	Psychiatric Facil	ity Indicator. <b>Type:</b>	Alphanumeric	Data Source:	Provider

Field 10:	FAC_REHAB_IND Rehabilitation Facility Ind	i aatam		
Length:	1 Type		Data Source:	Provider
Field 11:	FAC_ACUTE_CARE_II Acute Care Facility Indica		2002	
Length:	1 <b>Typ</b> e	e: Alphanumeric	Data Source:	Provider
Field 12:	FAC_SNF_IND Skilled Nursing Facility In	ndicator. Hospital facility ty	pe indicator provided	by the hospital.
Length:	1 <b>Typ</b>	e: Alphanumeric	Data Source:	Provider
Field 13:	FAC_LONG_TERM_A			
Length:	Long Term Acute Care Fa	•	Data Source:	Provider
Field 14:	FAC_OTHER_LTC_IN Other Long Term Care Fa			
Length:	1 <b>Typ</b> e	e: Alphanumeric	Data Source:	Provider
Field 15:	FAC_PEDS_IND			
Coding Scheme:	Pediatric Facility Indicato C Member, Council of Te Y Teaching facility			
Length:	1 <b>Typ</b> e	e: Alphanumeric	Data Source:	Provider
Field 16: Coding Scheme:	SPEC_UNIT_1 Specialty Unit in which m Revenue Code. C Coronary Care U D Detoxification U I Intensive Care U H Hospice Unit N Nursery B Obstetric Unit O Oncology Unit	Jnit	P Pedia Y Psych R Rehal U Sub-a S Skille	by Type of Bill or  tric Unit hiatric Unit bilitation Unit houte Care Unit d Nursing Unit e Care
Length:	1 <b>Typ</b> e	e: Alphanumeric	Data Source:	Calculated
Field 17:	SPEC_UNIT_2 Specialty Unit in which 2 <sup>r</sup> Revenue Code.	d most days stay occurred b		ys by Type of Bill or
Coding Scheme:	Same as Field 16.			
Length:	1 <b>Typ</b> e	e: Alphanumeric	Data Source:	Calculated
Field 18:	SPEC_UNIT_3 Specialty Unit in which 3 <sup>r</sup> Revenue Code.	d most days stay occurred b	ased on number of da	ys by Type of Bill or
Coding Scheme:	Same as Field 16.		Doto	
Length:	1 <b>Typ</b>	e: Alphanumeric	Data Source:	Calculated
Field 19: Coding	SPEC_UNIT_4 Specialty Unit in which 4 <sup>th</sup> Revenue Code. Same as Field 16.	h most days stay occurred b		ys by Type of Bill or

Scheme: Length:	1	Туре:	Alphanumeric		Data	Calculated
Field 20:		_5 in which 5 <sup>th</sup> mo		ed based	Source:	lays by Type of Bill or
Coding	Revenue Code Same as Field					
Scheme: Length:	1	Type:	Alphanumeric		Data Source:	Calculated
Field 21:	Indicates the n more than one	claim that is con	used to create the	ecord. Fo	er. Some non-ac or example patie	eute care patients may ha ents in Rehabilitation
Length:	2	Type:	Alphanumeric		Data Source:	Calculated
Field 22:	PAT_UNIQU Unique identif		he patient by THC	IC.		
Length:	10	Type:	Alphanumeric		Data Source:	Assigned
Field 23:	SEX_CODE Gender of the	natient as record	ed at date of admi	ssion or s		
Coding Scheme:	M Male F Female U Unknown	panon ao roo			,	
Length:	1	Туре:	Alphanumeric		Data Source:	Claim
Field 24:	BIRTH_DAT Birth date of the		orded at date of ad	mission o	or start of care.	
Length:	8	Type:	Alphanumeric		Data Source:	Claim
Field 25: Description: Coding Scheme:	00 1 01 2 03 5 04 1 05 1 06 1 07 2 08 2		of patient in days of 10 11 13 14 15 16 17 18 19	35-39 40-44 50-54 55-59 60-64 65-69 70-74 75-79 80-84	on date of discha	20 85-89 21 90+ HIV and drug/alcohol Use patients 22 0-17 23 18-44 24 45-64 25 65-74 26 75+
Beginning Position:	105		Data So	urce:	Assigned	
Length:	2		Type:		Alphanumeric	2
Field 26:	PAT_AGE_Y Age of patient	<b>EARS</b> in years on date	of discharge.			
Length:	3	Type:	Alphanumeric		Data Source:	Claim
Field 27:	PAT_AGE_D Age of patient	AYS in days on date	of discharge.			
Length:	5	Type:	Alphanumeric		Data Source:	Claim
Field 28: Coding	RACE Code indicatin 1 America	g the patient's ra	ace. leut			

Scheme:	2 3 4 5	Asian or Pacif Black White Other	ic Islander						
Length:	1		Type:	Alphar	numeric	Data Source	:	Claim	
Field 29:	ETHNI Code in		Hismonia	omiorin of th	ha matiant				
C. P.	Code in	dicating the		origin of the	ne patient.				
Coding	2	Hispanic Origi Not of Hispan	ii ic Origin						
Scheme:	-	rvot or riispan	ic origin						
Length:	1		Type:	Alphar	numeric	Data Source	:	Claim	
Field 30:		DDR_CEN block group							
Length:	Census	block group	or patient	street add	11033.	Data			
Length.	14		Type:		numeric	Source	:	Calculated	[
Field 31:	_	DDR_CEN	_						
	Census	block of pat	ient street	address.					
Length:	5		Type:	Alnhar	numeric	Data		Calculated	
			Type.	7 HpHui	rannerie	Source	:	Culculatee	•
Field 32:	PAT_C								
	Patient	address city	as provide	d by the p	oatient.				
Length:	30		Type:	Alphar	numeric	Data		Provider	
			-J P	r		Source	:		
Field 33:	PAT_S								
	Patient	address state	e as provid	ed by the	patient.	_			
Length:	2		Type:	Alphar	numeric	Data		Provider	
			J I	r		Source	:		
Field 34:	PAT_Z				41				
	Panem	address ZIP	code as pr	ovidea by	the patient.				
T a == a=4 la +	1 diletti		1	,		Data			
Length:	9		Type:	•	numeric	Data Source		Provider	
	9		-	•	numeric	Data Source	:	Provider	
Length: Field 35:	9 <b>PAT_C</b>	COUNTRY	Type:	Alphar		Source	<u>:</u>		tion for
	9 PAT_C Country	COUNTRY y of patient's	Type:	Alphar	numeric  List maintaine	Source	<u>:</u>		tion for
Field 35:	9 PAT_C Country Standar	COUNTRY  y of patient's dization (IS	Type:	Alphar		Source	<u>:</u>		tion for
Field 35:	9 PAT_C Country Standar	COUNTRY y of patient's	Type:	Alphar		Source	<u>:</u>		tion for
Field 35:  Coding scheme:	PAT_C Country Standar See ww	COUNTRY  y of patient's dization (IS	Type: s residentia O). or complete	Alphar	List maintaine	Source ed by the Inter	: nationa	l Organiza	tion for
Field 35:	9 PAT_C Country Standar	COUNTRY  y of patient's dization (IS	Type: s residentia O). or complete	Alphar	List maintaine	Source ed by the Inter	: nationa		tion for
Field 35:  Coding scheme: Length:	9 PAT_C Country Standar See ww	COUNTRY y of patient's dization (ISo w.ISO.org fo	Type: s residentia O). or complete	Alphar	List maintaine	Source ed by the Inter	: nationa	l Organiza	tion for
Field 35:  Coding scheme:	9 PAT_C Country Standar See ww 2 COUN	COUNTRY y of patient's dization (ISO w.ISO.org fo	Type: s residentia O). or complet Type:	Alphar l address. e list. Alphar	List maintaine	Source ed by the Inter	: nationa	l Organiza	tion for
Field 35:  Coding scheme: Length:  Field 36:	9 PAT_C Country Standar See ww 2 COUN	COUNTRY y of patient's dization (ISo w.ISO.org fo	Type: s residentia O). or complet Type:	Alphar l address. e list. Alphar	List maintaine	Source ed by the Inter	: nationa	l Organiza Provider	
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Field 35:  Coding scheme: Length:  Field 36: Coding	PAT_C Country Standar See ww 2 COUN' FIPS co	COUNTRY y of patient's dization (ISO w.ISO.org for  TY ode of patien Anderson Andrews Angelina	Type: s residentia O). or complet Type:	Alphar  l address.  e list.  Alphar  129 131 133	List maintaine numeric  Donley Duval Eastland	Data Source  257 259 261	: rnationa : : Kaufman Kendall Kenedy	l Organiza Provider  385 387 389	Real Red River Reeves Refugio Roberts
Field 35:  Coding scheme: Length:  Field 36: Coding	9  PAT_C Country Standar See ww  2  COUNT FIPS co 001 003 005 007 009 011 013	country y of patient's dization (ISo w.ISO.org fo  TY  Ode of patien Anderson Andrews Angelina Aransas Archer Armstrong Atascosa	Type: s residentia O). or complet Type:	Alphar  I address.  e list.  Alphar  129 131 133 135 137 139 141	List maintaine numeric  Donley Duval Eastland Ector Edwards Ellis El Paso	257 259 261 263 265 267 269	: Kaufman Kendall Kenedy Kent Kerr Kimble King	Provider  385 387 389 391 393 395 397	Real Red River Reeves Refugio Roberts Robertson Rockwall
Field 35:  Coding scheme: Length:  Field 36: Coding	9  PAT_C Country Standar See ww  2  COUNT FIPS co 001 003 005 007 009 011 013 015	y of patient's dization (ISO w.ISO.org for the control of the cont	Type: s residentia O). or complet Type:	Alphar  I address.  e list.  Alphar  129 131 133 135 137 139 141 143	Donley Duval Eastland Ector Edwards Ellis El Paso Erath	257 259 261 263 265 267 269 271	: Kaufman Kendall Kenedy Kent Kerr Kimble King Kinney	Provider  385 387 389 391 393 395 397 399	Real Red River Reeves Refugio Roberts Robertson Rockwall Runnels
Field 35:  Coding scheme: Length:  Field 36: Coding	9  PAT_C Country Standar See ww  2  COUN' FIPS co 001 003 005 007 009 011 013 015 017	country y of patient's dization (ISO w.ISO.org for  TY ode of patien Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey	Type: s residentia O). or complet Type:	Alphar  I address.  e list.  Alphar  129 131 133 135 137 139 141 143 145	Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls	257 259 261 263 265 267 269 271 273	Kaufman Kendall Kenedy Kent Kerr Kimble King Kinney Kleberg	Provider  385 387 389 391 393 395 397 399 401	Real Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk
Field 35:  Coding scheme: Length:  Field 36: Coding	9  PAT_C Country Standar See ww  2  COUNT FIPS co 001 003 005 007 009 011 013 015	y of patient's dization (ISO w.ISO.org for the control of the cont	Type: s residentia O). or complet Type:	Alphar  I address.  e list.  Alphar  129 131 133 135 137 139 141 143	Donley Duval Eastland Ector Edwards Ellis El Paso Erath	257 259 261 263 265 267 269 271	: Kaufman Kendall Kenedy Kent Kerr Kimble King Kinney	Provider  385 387 389 391 393 395 397 399	Real Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine
Field 35:  Coding scheme: Length:  Field 36: Coding	9  PAT_C Country Standar See ww  2  COUN FIPS co 001 003 005 007 009 011 013 015 017 019 021 023	COUNTRY y of patient's dization (ISO w.ISO.org for  TY ode of patien Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor	Type: s residentia O). or complet Type:	Alphar  Il address.  e list.  Alphar  129 131 133 135 137 139 141 143 145 147 149 151	List maintaine  numeric  Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher	257 259 261 263 265 267 269 271 273 275 283 277	Kaufmar Kendall Kenedy Kent Kerr Kimble King Kinney Kleberg Kleberg Knox La Salle Lamar	Provider  385 387 389 391 393 395 397 399 401 403 405 407	Real Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto
Field 35:  Coding scheme: Length:  Field 36: Coding	9  PAT_C Country Standar See ww  2  COUNT FIPS co 001 003 005 007 009 011 013 015 017 019 021 023 025	COUNTRY y of patient's dization (ISO w.ISO.org for  TY ode of patien Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee	Type: s residentia O). or complet Type:	Alphar  I address.  e list.  Alphar  129 131 133 135 137 139 141 143 145 147 149 151 153	Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd	257 259 261 263 265 267 269 271 273 275 283 277 279	Kaufman Kendall Kenedy Kent Kent Kent King Kinney Kleberg Knox La Salle Lamar Lamb	Provider  385 387 389 391 393 395 397 401 403 405 407 409	Real Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio
Field 35:  Coding scheme: Length:  Field 36: Coding	9  PAT_C Country Standar See ww  2  COUNT FIPS co 001 003 005 007 009 011 013 015 017 019 021 023 025 027	COUNTRY y of patient's dization (ISO w.ISO.org for  TY ode of patien Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell	Type: s residentia O). or complet Type:	Alphar  Il address.  e list.  Alphar  129 131 133 135 137 139 141 143 145 147 149 151 153 155	Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard	257 259 261 263 265 267 269 271 273 275 283 277 279 281	Kaufman Kendall Kenedy Kent Kerr Kimble King Kinney Kleberg Knox La Salle Lamar Lamar	Provider  385 387 389 391 393 395 397 401 403 405 407 409 s 411	Real Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba
Field 35:  Coding scheme: Length:  Field 36: Coding	9  PAT_C Country Standar See ww  2  COUN' FIPS co 001 003 005 007 009 011 013 015 017 019 021 023 025 027 029	TY Ode of patient Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar	Type: s residentia O). or complet Type:	Alphar  Il address.  e list.  Alphar  129 131 133 135 137 139 141 143 145 147 149 151 153 155 157	Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bend	257 259 261 263 265 267 269 271 273 275 283 277 279 281 285	Kaufman Kendall Kenedy Kent Kerr Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasa Lavaca	Provider  385 387 389 391 393 395 397 401 403 405 407 409 s 411	Real Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba Schleicher
Field 35:  Coding scheme: Length:  Field 36: Coding	9  PAT_C Country Standar See ww  2  COUNT FIPS co 001 003 005 007 009 011 013 015 017 019 021 023 025 027	COUNTRY y of patient's dization (ISO w.ISO.org for  TY ode of patien Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell	Type: s residentia O). or complet Type:	Alphar  Il address.  e list.  Alphar  129 131 133 135 137 139 141 143 145 147 149 151 153 155	Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard	257 259 261 263 265 267 269 271 273 275 283 277 279 281	Kaufman Kendall Kenedy Kent Kerr Kimble King Kinney Kleberg Knox La Salle Lamar Lamar	Provider  385 387 389 391 393 395 397 401 403 405 407 409 s 411	Real Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry
Field 35:  Coding scheme: Length:  Field 36: Coding	9  PAT_C Country Standar See ww  2  COUN' FIPS co 001 003 005 007 009 011 013 015 017 019 021 023 025 027 029 031	TY Ode of patient Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco	Type: s residentia O). or complet Type:	Alphar  Il address.  e list.  Alphar  129 131 133 135 137 139 141 143 145 147 149 151 153 155 157 159	Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bend Franklin	257 259 261 263 265 267 269 271 273 275 283 277 279 281 285 287	Kaufman Kendall Kenedy Kent Kent Kent King Kinney Kleberg Knox La Salle Lamar Lamb Lampasa Lavaca Lee Liberty	Provider  385 387 389 391 393 395 397 401 403 405 407 409 s 411 413 415 417 419	Real Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford
Field 35:  Coding scheme: Length:  Field 36:  Coding	9  PAT_C Country Standar See ww  2  COUN' FIPS co 001 003 005 007 009 011 013 015 017 019 021 023 025 027 029 031 033	TY Ode of patien Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Borden	Type: s residentia O). or complet Type:	Alphar  Il address.  e list.  Alphar  129 131 133 135 137 139 141 143 145 147 149 151 153 155 157 159 161	Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bend Franklin Freestone	257 259 261 263 265 267 269 271 273 275 283 277 279 281 285 287 289	Kaufman Kendall Kenedy Kent Kerr Kimble Kinng Kinney Kleberg Knox La Salle Lamar Lamb Lampasa Lavaca Lee	Provider  385 387 389 391 393 395 397 401 403 405 407 409 s 411 413 415 417 419	Real Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford Shelby

039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
041	Brazos	169	Garza	297	Live Oak	425	Somervell
043	Brewster	171	Gillespie	299	Llano	427	Starr
045	Briscoe	173	Glasscock	301	Loving	429	Stephens
047	Brooks	175	Goliad	303	Lubbock	431	Sterling
049	Brown	177	Gonzales	305	Lynn	433	Stonewall
051	Burleson	179	Gray	307	McCulloch	435	Sutton
053	Burnet	181	Grayson	309	McLennan	437	Swisher
055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
057	Calhoun	185	Grimes	313	Madison	441	Taylor
059	Callahan	187	Guadalupe	315	Marion	443	Terrell
061	Cameron	189	Hale	317	Martin	445	Terry
063	Camp	191	Hall	319	Mason	447	Throckmorton
065	Carson	193	Hamilton	321	Matagorda	449	Titus
067	Cass	195	Hansford	323	Maverick	451	Tom Green
069	Castro	197	Hardeman	325	Medina	453	Travis
071	Chambers	199	Hardin	327	Menard	455	Trinity
073	Cherokee	201	Harris	329	Midland	457	Tyler
075	Childress	203	Harrison	331	Milam	459	Upshur
077	Clay	205	Hartley	333	Mills	461	Upton
079	Cochran	207	Haskell	335	Mitchell	463	Uvalde
081	Coke	209	Hays	337	Montague	465	Val Verde
083	Coleman	211	Hemphill	339	Montgomery	467	Van Verde Van Zandt
085	Collin	213	Henderson	341	Moore	469	Victoria
087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
089	Colorado	217	Hill	345	Motley	473	Waller
091	Comal	219	Hockley	347	Nacogdoches	475	Ward
093	Comanche	221	Hood	349	Navarro	477	Washington
095	Concho	223	Hopkins	351	Newton	479	Webb
097	Cooke	225	Houston	353	Nolan	481	Wharton
099	Coryell	227	Howard	355	Nueces	483	Wheeler
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
105	Crockett	233	Hutchinson	361	Orange	489	Willacy
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
109	Culberson	237	Jack	365	Panola	493	Wilson
111	Dallam	239	Jackson	367	Parker	495	Winkler
113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
119	Delta	247	Jim Hogg	375	Potter	503	Young
121	Denton	249	Jim Wells	377	Presidio	505	Zapata
123	Dewitt	251	Johnson	379	Rains	507	Zavala
125	Dickens	253	Jones	381	Randall	307	Zuvuiu
127	Dimmit	255	Karnes	383	Reagan	4	Invalid
				Data	-	ad bas	ed on patient
	Type:	Alphanuı	neric		1 100151		eu on panem
		*		Sou	rce: ZIP cod	е	

#### Field 37: PUBLIC\_HEALTH\_REGION

3

Length:

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

- Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
- 2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, 3 Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties
- Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, 4 Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
- Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San 5 Augustine, San Jacinto, Shelby, Trinity, Tyler counties
- Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, 6 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
- Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, 8 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 Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
- 10
- Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties 11

Length:	2		Type:	Alphanum	eric Data Source:	Assigned
Field 38:	TYPE	OF_ADMISSION				
	Code ii	ndicating the type of admi	ssion			
Coding	1	Emergency				
Scheme:	2	Urgent				
	3	Elective				
	4	Newborn				
	5	Trauma Center				
	9	Information not available				
Length:	1	T Al-al-au		Data	Claim.	
	1	Type: Alphan	umeric	Source:	Claim	
Field 39:		CE_OF_ADMISSION				
	Code ii	ndicating source of the ad-	mission.			
Coding	1	Physician referral				
Scheme:	2	Clinic referral				
	3 4	HMO referral				
	5	Transfer from a hospital Transfer from a skilled no	rsing facility			
	6	Transfer from another he				
	7	Emergency Room				
	8	Court/Law Enforcement				
	9	Information not available				
	0	Transfer from psychiatric		ab hospital		
	A	Transfer from a critical ac	ccess hospital			
Length:				<b>D</b> 4		
Lengui.		PP 41.1		Data	C1 !	
Lengui.	1	<b>Type:</b> Alphan	umeric	Data Source:	Claim	
Field 40:			umeric		Claim	
	ADMI	T_START_OF_CARE		Source:		ered as
	ADMI Date pa			Source:		ered as
Field 40:	ADMI Date pa	T_START_OF_CARE atient was admitted to the MMDD.	provider for inpat	Source:	er start of care. Ente	ered as
Field 40:	ADMI Date pa	T_START_OF_CARE attient was admitted to the	provider for inpat	Source: tient care or oth  Data		ered as
Field 40: Length:	ADMI Date pa YYYY	T_START_OF_CARE atient was admitted to the MMDD.  Type: Alphan	provider for inpat	Source:	er start of care. Ente	ered as
Field 40: Length:	ADMI Date pa YYYY 8 ADMI	T_START_OF_CARE atient was admitted to the MMDD.  Type: Alphan T_WEEKDAY	provider for inpat umeric	Source: tient care or oth  Data	er start of care. Ente	ered as
Field 40: Length: Field 41:	ADMI Date pa YYYY 8 ADMI	T_START_OF_CARE atient was admitted to the MMDD.  Type: Alphan T_WEEKDAY adicating day of week pat	provider for inpat umeric	Source: tient care or oth  Data	er start of care. Ente	ered as
Field 40: Length: Field 41: Coding	ADMI Date pa YYYY 8 ADMI Code in	T_START_OF_CARE atient was admitted to the MMDD.  Type: Alphan T_WEEKDAY	provider for inpat umeric	Source: tient care or oth  Data Source:	er start of care. Ente	ered as
	ADMI Date pa YYYYY 8  ADMI Code ii 1 2 3	T_START_OF_CARE atient was admitted to the MMDD.  Type: Alphan T_WEEKDAY adicating day of week pat Monday Tuesday Wednesday	provider for inpat umeric	Source: tient care or oth  Data Source:	er start of care. Ente	ered as
Field 40: Length: Field 41: Coding Scheme:	ADMI Date pa YYYYY 8  ADMI Code ii 1 2	T_START_OF_CARE atient was admitted to the MMDD.  Type: Alphan T_WEEKDAY adicating day of week pat Monday Tuesday	provider for inpat umeric	Source: tient care or oth  Data Source:  5 6 7	er start of care. Ente Claim Friday Saturday	ered as
Field 40: Length: Field 41: Coding	ADMI Date pa YYYYY 8  ADMI Code ii 1 2 3 4	T_START_OF_CARE atient was admitted to the MMDD.  Type: Alphan T_WEEKDAY adicating day of week pat Monday Tuesday Wednesday Thursday	provider for inpatumeric	Source: tient care or oth  Data Source:  5 6 7  Data	er start of care. Ente Claim Friday Saturday Sunday	ered as
Field 40: Length: Field 41: Coding Scheme: Length:	ADMI Date pa YYYY 8  ADMI Code in 1 2 3 4 1	T_START_OF_CARE atient was admitted to the MMDD.  Type: Alphan T_WEEKDAY adicating day of week pat Monday Tuesday Wednesday Wednesday Thursday  Type: Alphan	provider for inpatumeric	Source: tient care or oth  Data Source:  5 6 7	er start of care. Ente Claim Friday Saturday	ered as
Field 40: Length: Field 41: Coding Scheme:	ADMI Date pa YYYY 8  ADMI Code in 1 2 3 4 1  ADMI	T_START_OF_CARE atient was admitted to the MMDD.  Type: Alphan T_WEEKDAY adicating day of week pat Monday Tuesday Wednesday Thursday  Type: Alphan T_HOUR	provider for inpatumeric ient is admitted umeric	Source: tient care or oth  Data Source:  5 6 7  Data Source:	er start of care. Ente Claim Friday Saturday Sunday Claim	ered as
Field 40: Length: Field 41: Coding Scheme: Length: Field 42:	ADMI Date pa YYYYY 8  ADMI Code ii 1 2 3 4 1  ADMI Code ii	T_START_OF_CARE atient was admitted to the MMDD.  Type: Alphan T_WEEKDAY adicating day of week pat Monday Tuesday Wednesday Thursday  Type: Alphan T_HOUR adicating hour during whi	provider for inpatumeric ient is admitted umeric	Source: tient care or oth  Data Source:  5 6 7  Data Source:	er start of care. Enter Claim  Friday Saturday Sunday  Claim	ered as
Field 40: Length: Field 41: Coding Scheme: Length: Field 42:	ADMI Date pa YYYYY 8  ADMI Code in 1 2 3 4 1  ADMI Code in 00	T_START_OF_CARE atient was admitted to the MMDD.  Type: Alphan T_WEEKDAY adicating day of week pat Monday Tuesday Wednesday Thursday  Type: Alphan T_HOUR adicating hour during whi 12 midnight-12:59	provider for inpatumeric ient is admitted umeric	Source: tient care or oth  Data Source:  5 6 7 Data Source: s admitted for in	Claim  Friday Saturday Sunday  Claim  npatient care 1:00 – 1:59 p.m.	ered as
Field 40: Length: Field 41: Coding Scheme: Length: Field 42: Coding	ADMI Date pa YYYYY 8  ADMI Code in 1 2 3 4 1  ADMI Code in 00 01	T_START_OF_CARE atient was admitted to the MMDD.  Type: Alphan T_WEEKDAY adicating day of week pat Monday Tuesday Wednesday Thursday  Type: Alphan T_HOUR adicating hour during whi 12 midnight-12:59 1:00 - 1:59 a.m.	provider for inpatumeric ient is admitted umeric	Source: tient care or oth  Data Source:  5 6 7  Data Source: s admitted for ir 13 14	Claim  Friday Saturday Sunday  Claim  npatient care 1:00 – 1:59 p.m. 2:00 – 2:59 p.m.	ered as
Field 40: Length: Field 41: Coding Scheme: Length: Field 42: Coding	ADMI Date pa YYYY 8  ADMI Code in 1 2 3 4 1  ADMI Code in 00 01 02	T_START_OF_CARE atient was admitted to the MMDD.  Type: Alphan T_WEEKDAY adicating day of week pat Monday Tuesday Wednesday Thursday  Type: Alphan T_HOUR adicating hour during whi 12 midnight-12:59 1:00 - 1:59 a.m. 2:00 - 2:59 a.m.	provider for inpatumeric ient is admitted umeric	Source: tient care or oth  Data Source:  5 6 7  Data Source: s admitted for ir 13 14 15	Claim  Friday Saturday Sunday  Claim  npatient care 1:00 – 1:59 p.m. 2:00 – 2:59 p.m. 3:00 – 3:59 p.m.	ered as
Field 40: Length: Field 41: Coding Scheme: Length: Field 42: Coding	ADMI Date pa YYYY 8  ADMI Code in 1 2 3 4 1  ADMI Code in 00 01 02 03	T_START_OF_CARE atient was admitted to the MMDD.  Type: Alphan T_WEEKDAY adicating day of week pat Monday Tuesday Wednesday Thursday  Type: Alphan T_HOUR adicating hour during whi 12 midnight-12:59 1:00 - 1:59 a.m. 2:00 - 2:59 a.m. 3:00 - 3:59 a.m.	provider for inpatumeric ient is admitted umeric	Source: tient care or oth  Data Source:  5 6 7  Data Source: s admitted for ir 13 14 15 16	Claim  Friday Saturday Sunday  Claim  Papatient care  1:00 – 1:59 p.m. 2:00 – 2:59 p.m. 3:00 – 3:59 p.m. 4:00 – 4:59 p.m.	ered as
Field 40: Length: Field 41: Coding Scheme: Length: Field 42: Coding	ADMI Date pa YYYY 8  ADMI Code in 1 2 3 4 1  ADMI Code in 00 01 02 03 04	T_START_OF_CARE atient was admitted to the MMDD.  Type: Alphan  T_WEEKDAY adicating day of week pat Monday Tuesday Wednesday Thursday  Type: Alphan  T_HOUR adicating hour during whi 12 midnight-12:59 1:00 - 1:59 a.m. 2:00 - 2:59 a.m. 3:00 - 3:59 a.m. 4:00 - 4:59 a.m.	provider for inpatumeric ient is admitted umeric	Source: tient care or oth  Data Source:  5 6 7  Data Source: s admitted for ir 13 14 15 16 17	Claim  Friday Saturday Sunday  Claim  Papatient care  1:00 – 1:59 p.m. 2:00 – 2:59 p.m. 3:00 – 3:59 p.m. 4:00 – 4:59 p.m. 5:00 – 5:59 p.m.	ered as
Field 40: Length: Field 41: Coding Scheme: Length:	ADMI Date pa YYYYY 8  ADMI Code in 1 2 3 4 1  ADMI Code in 00 01 02 03 04 05	T_START_OF_CARE atient was admitted to the MMDD.  Type: Alphan T_WEEKDAY adicating day of week pat Monday Tuesday Wednesday Thursday  Type: Alphan T_HOUR adicating hour during whi 12 midnight-12:59 1:00 - 1:59 a.m. 2:00 - 2:59 a.m. 3:00 - 3:59 a.m. 4:00 - 4:59 a.m. 5:00 - 5:59 a.m.	provider for inpatumeric ient is admitted umeric	Source: tient care or oth  Data Source:  5 6 7  Data Source: s admitted for ir 13 14 15 16 17 18	Claim  Friday Saturday Sunday  Claim  Claim  npatient care  1:00 – 1:59 p.m. 2:00 – 2:59 p.m. 3:00 – 3:59 p.m. 4:00 – 4:59 p.m. 5:00 – 5:59 p.m. 6:00 – 6:59 p.m.	ered as
Field 40: Length: Field 41: Coding Scheme: Length: Field 42: Coding	ADMI Date pa YYYYY 8  ADMI Code ii 1 2 3 4 1  ADMI Code ii 00 01 02 03 04 05 06	T_START_OF_CARE atient was admitted to the MMDD.  Type: Alphan T_WEEKDAY adicating day of week pat Monday Tuesday Wednesday Thursday  Type: Alphan T_HOUR adicating hour during whi 12 midnight-12:59 1:00 - 1:59 a.m. 2:00 - 2:59 a.m. 3:00 - 3:59 a.m. 4:00 - 4:59 a.m. 5:00 - 5:59 a.m. 6:00 - 6:59 a.m.	provider for inpatumeric ient is admitted umeric	Source: tient care or oth  Data Source:  5 6 7  Data Source:  s admitted for ir 13 14 15 16 17 18 19	Claim  Friday Saturday Sunday  Claim  Claim  Apatient care  1:00 - 1:59 p.m. 2:00 - 2:59 p.m. 3:00 - 3:59 p.m. 4:00 - 4:59 p.m. 5:00 - 5:59 p.m. 6:00 - 6:59 p.m. 7:00 - 7:59 p.m.	ered as
Field 40: Length: Field 41: Coding Scheme: Length: Field 42: Coding	ADMI Date pa YYYYY 8  ADMI Code ii 1 2 3 4 1  ADMI Code ii 00 01 02 03 04 05 06 07	T_START_OF_CARE atient was admitted to the MMDD.  Type: Alphan T_WEEKDAY adicating day of week pat Monday Tuesday Wednesday Thursday  Type: Alphan T_HOUR adicating hour during whi 12 midnight-12:59 1:00 - 1:59 a.m. 2:00 - 2:59 a.m. 3:00 - 3:59 a.m. 4:00 - 4:59 a.m. 5:00 - 5:59 a.m. 6:00 - 6:59 a.m. 7:00 - 7:59 a.m.	provider for inpatumeric ient is admitted umeric	Source: tient care or oth  Data Source:  5 6 7  Data Source:  s admitted for ir 13 14 15 16 17 18 19 20	Claim  Friday Saturday Sunday  Claim  Claim  npatient care  1:00 – 1:59 p.m. 2:00 – 2:59 p.m. 3:00 – 3:59 p.m. 4:00 – 4:59 p.m. 5:00 – 5:59 p.m. 6:00 – 6:59 p.m. 7:00 – 7:59 p.m. 8:00 – 8:59 p.m.	ered as
Field 40: Length: Field 41: Coding Scheme: Length: Field 42: Coding	ADMI Date pa YYYYY 8  ADMI Code ii 1 2 3 4 1  ADMI Code ii 00 01 02 03 04 05 06	T_START_OF_CARE atient was admitted to the MMDD.  Type: Alphan T_WEEKDAY adicating day of week pat Monday Tuesday Wednesday Thursday  Type: Alphan T_HOUR adicating hour during whi 12 midnight-12:59 1:00 - 1:59 a.m. 2:00 - 2:59 a.m. 3:00 - 3:59 a.m. 4:00 - 4:59 a.m. 5:00 - 5:59 a.m. 6:00 - 6:59 a.m.	provider for inpatumeric ient is admitted umeric	Source: tient care or oth  Data Source:  5 6 7  Data Source:  s admitted for ir 13 14 15 16 17 18 19	Claim  Friday Saturday Sunday  Claim  Claim  Apatient care  1:00 - 1:59 p.m. 2:00 - 2:59 p.m. 3:00 - 3:59 p.m. 4:00 - 4:59 p.m. 5:00 - 5:59 p.m. 6:00 - 6:59 p.m. 7:00 - 7:59 p.m.	ered as
Field 40: Length: Field 41: Coding Scheme: Length: Field 42: Coding	ADMI Date pa YYYYY 8  ADMI Code ii 1 2 3 4 1  ADMI Code ii 00 01 02 03 04 05 06 07	T_START_OF_CARE atient was admitted to the MMDD.  Type: Alphan T_WEEKDAY adicating day of week pat Monday Tuesday Wednesday Thursday  Type: Alphan T_HOUR adicating hour during whi 12 midnight-12:59 1:00 - 1:59 a.m. 2:00 - 2:59 a.m. 3:00 - 3:59 a.m. 4:00 - 4:59 a.m. 5:00 - 5:59 a.m. 6:00 - 6:59 a.m. 7:00 - 7:59 a.m.	provider for inpatumeric ient is admitted umeric	Source: tient care or oth  Data Source:  5 6 7  Data Source:  s admitted for ir 13 14 15 16 17 18 19 20	Claim  Friday Saturday Sunday  Claim  Claim  npatient care  1:00 – 1:59 p.m. 2:00 – 2:59 p.m. 3:00 – 3:59 p.m. 4:00 – 4:59 p.m. 5:00 – 5:59 p.m. 6:00 – 6:59 p.m. 7:00 – 7:59 p.m. 8:00 – 8:59 p.m.	ered as

	11	11:00 – 11:59 a.m	1.	99	Hour unknown
	12	12 noon – 12:59 p	o.m.		
Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 43:	STMT_	PERIOD_FRC	)M		
	Beginnin	ng service date	of the period reflected on the	statement. E	ntered as YYYYMMDD.
Length:	8	Type:	Alphanumeric	Data	Claim
				Source:	
Field 44:		PERIOD_THE			
T 41	Ending	service date of the	he period reflected on the sta		red as YYYYMMDD.
Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 45:	LENGT	TH_OF_STAY			
			quals Statement covers period		
	care date	e. The minimum	length of stay is 1 day. The	maximum is	9999 days.
Length:	4	Type:	Alphanumeric	Data Source:	Calculated
Field 46:	PAT_S	<b>FATUS</b>			
			status as of the ending date of	of service for	the period of care reported
Coding	1	_	ne or self-care (routine discharge)		
Scheme:	2	-	er short term general hospital		
	3 4	-	lled nursing facility ermediate care facility		
	5	-	er inpatient care facility		
	6		e of home health service		
	7	Left against medi			
	8	-	e of Home IV provider		
	9	-	ient to this hospital		
	20	Expired			
	21 30	Still patient	erred to Court/Law Enforcement		
	40	Expired at home			
	41	Expired in a medi	cal facility		
	42	Expired, place un	known		
	43	-	erred to federal health care facility		
	50	Discharged to hos			
	51 61	_	spice—medical facility ferred within this institution to Med	ioaro approved a	wing had
	62	-	erred to inpatient rehabilitation faci	* *	wing bed
	63		Ferred to Medicare-certified long ter		
	64		erred to Medicaid-certified nursing		
	65	_	erred to psychiatric hospital or psyc		art of a hospital
	66		ferred to Critical Access Hospital (C		10.1.2010
	69 70	_	ferred to a designated disaster alter r to another type of health care inst	,	
	70	(effective 10-1-20		itution not define	d elsewhere in the code list
	71	*	erred to other outpatient service (ef	fective 10-1-201	3)
	72		erred to institution outpatient (effect		
	81	Discharged to Ho 10-1-2013)	me or Self Care with a Planned Act	ite. Care Hospita	l Inpatient Readmission (effective
	82		ferred to a Short Term General Hos Readmission (effective 10-1-2013		at Care with a Planned Acute Care
	83	0	ferred to a Skilled Nursing Facility tal Inpatient Readmission (effective	` '	licare certification with a Planned
	84		ferred to a Facility that Provides Cu atient Readmission (effective 10-1-		ortive Care with a Planned Acute
	85	Discharged/transf Hospital Inpatient	erred to a Designated Cancer Center Readmission (effective 10-1-2013	er or Children's H	•
	86	Planned Acute Ca	ferred to Home under Care of Orga are Hospital Inpatient Readmission	(effective 10-1-2	013)
	87	Discharged/Trans Readmission (effe	ferred to Court/Law Enforcement vective 10-1-2013)	vith a Planned Ac	cute Care Hospital Inpatient

3	Type:	Alphanumeric		Data Source:	Cla	im	
8 Sp	ecial facility		8	Swing bed		7 8	Replacement of prior claim Void/cancel of prior claim
7 Cl	inic		7	Sub-acute inpatient –	Level III	6	prior claim (Not used by Medicard
6 Int	termediate care		6	Intermediate Care–Le	vel II	5	Late charge(s) only claim Adjustment of
		neann care-	5	Intermediate Care-Le	vel I	4	Interim-last clair
4 Ho	ospital		4	B only		3	continuing claim
R.e		health care		•	dicare Dart		claim Interim–
				-	art B only		discharge claim Interim–first
	•		1	Part A			payment/Zero claim Admit through
					<b>l</b> edicare	,	claim Non-
Second	digit = type of c		seque	ence of the claim.		$3^{rd}$	digts–Sequence
		nation about the c	laim (	data submitted. Firs	st digit = t	vpe (	of facility.
		Aiphanumeric		Source:	Cli	11111	
	•			Data	Cle	im	
11				99	Hour unk	nown	
10		n.		23		-	
08	9:00 – 9:59 a.m.			22		-	
06	6:00 – 6:59 a.m.			19		-	
05	5:00 – 5:59 a.m.			18			
04	4:00 – 4:59 a.m.			17			
01	1:00 – 1:59 a.m.			14	2:00-2:5	9 p.n	1.
Code in			atient	was discharged fro 13			
2	Type:	Alphanumeric		Data Source:	Cla	im	
95				ient Readmission (effec			ere in this Code
94	Inpatient Readmi	ssion (effective 10-1-2	2013)				•
93						of a I	Hospital with a
92	Discharged/Trans	sferred to a Nursing Fa	acility (	Certified Under Medica		rtifie	d Under Medicare
91	Discharged/Trans	sferred to a Medicare	Certifie	d Long Term Care Hos			
90	Discharged/Trans	sferred to an Inpatient	Rehab	ilitation Facility (IRF) in			
89	Discharged/Trans	sferred to a Hospital-b			g Bed with	a Plar	nned Acute Care
	Readmission (effe	ective 10-1-2013)					
	90 91 92 93 94 95 2  DISCH Code ir 00 01 02 03 04 05 06 07 08 09 10 11 12 1  TYPE_ Provide Second Ist digts=  1 He 2 Sk 3 He 4 Re 5 Ex 6 Int 7 CI 8 Sp	B9 Discharged/Trans Hospital Inpatien 90 Discharged/Trans Part Units of a Ho 91 Discharged/Trans Care Hospital Inp 92 Discharged/Trans with a Planned A Gare Hospital Inp 93 Discharged/Trans Planned Acute Care Hospital Inp 94 Discharged/Trans Inpatient Readmi 95 Discharged/Trans List with a Planned 96 Discharged/Trans Inpatient Readmi 97 Discharged/Trans List with a Planned 98 Discharged/Trans Planned Acute Care 99 Discharged/Trans Inpatient Readmi 99 Discharged/Trans List with a Planned 10 12 midnight-12:5 11 1:00 - 1:59 a.m. 12 2:00 - 2:59 a.m. 13 3:00 - 3:59 a.m. 14 4:00 - 4:59 a.m. 15 5:00 - 5:59 a.m. 16 6:00 - 6:59 a.m. 17 7:00 - 7:59 a.m. 18 8:00 - 8:59 a.m. 19 9:00 - 9:59 a.m. 10 10:00 - 10:59 a.m. 11 11:00 - 11:59 a.m. 12 12 noon - 12:59 g.m. 13 Type:  TYPE_OF_BILL Provides specific inform Second digit = type of care 1st digts-Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical Hospital 5 Religious non-medical Extended care 6 Intermediate care 7 Clinic 8 Special facility	Discharged/Transferred to a Hospital-Hospital Inpatient Readmission (effection part Units of a Hospital with a Planned Discharged/Transferred to a Medicare Care Hospital Inpatient Readmission (effection part Units of a Hospital with a Planned Plant Units of a Hospital Inpatient Readmission (effective 10-12 Discharged/Transferred to a Nursing Fewith a Planned Acute Care Hospital Inpatient Planned Acute Care Hospital Inpatient Planned Acute Care Hospital Inpatient Readmission (effective 10-12 Discharged/Transferred to Another Type List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-12 Discharged/Transferred to Another Type List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-12 Discharged/Transferred to Another Type List with a Planned Acute Care Hospital 1:00 – 1:59 a.m.  2	Discharged/Transferred to a Hospital-based Mospital Inpatient Readmission (effective 10-Discharged/Transferred to an Inpatient Rehabing Part Units of a Hospital with a Planned Acute 11-Discharged/Transferred to a Medicare Certific Care Hospital Inpatient Readmission (effective with a Planned Acute Care Hospital Inpatient Planned Acute Care Hospital Inpatient Planned Acute Care Hospital Inpatient Readmission (effective with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)	Discharged/Transferred to a Hospital-based Medicare Approved Swin Hospital Inpatient Readmission (effective 10-1-2013)   Poscharged/Transferred to an Inpatient Rehabilitation Facility (IRF) in Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Discharged/Transferred to a Medicare Certified Long Term Care Hospital Inpatient Readmission (effective 10-1-2013)   Discharged/Transferred to a Nursing Facility Certified Under Medica with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)   Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distin Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)   Discharged/Transferred To a Critical Access Hospital (CAR) with a Inpatient Readmission (effective 10-1-2013)   Discharged/Transferred To a Critical Access Hospital (CAR) with a Inpatient Readmission (effective 10-1-2013)   Discharged/Transferred To a Critical Access Hospital (CAR) with a Inpatient Readmission (effective 10-1-2013)   Discharged/Transferred To a Critical Access Hospital (CAR) with a Inpatient Readmission (effective 10-1-2013)   Discharged/Transferred To a Critical Access Hospital (CAR) with a Inpatient Readmission (effective 10-1-2013)   Discharged/Transferred To a Critical Access Hospital (CAR) with a Inpatient Readmission (effective 10-1-2013)   Discharged/Transferred To a Critical Access Hospital (CAR) with a Inpatient Readmission (effective 10-1-2013)   Data Scource:	Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with:	Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Plan Hospital Inpatient Readmission (effective 10-1-2013)   Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabili Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)   Discharged/Transferred to Austria Facility (Care Hospital Inpatient Readmission (effective 10-1-2013)   Discharged/Transferred to Austria Facility Certified Under Medicaid but not Certific with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)   Discharged/Transferred to Austria Facility (Care Hospital Inpatient Readmission (effective 10-1-2013)   Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewh List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)   Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewh List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)   Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewh List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)   Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewh List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)   Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewh List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)   Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewh List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)   Discharged/Transferred to Another Type of Health Care Instituted (Part Instituted

		diagnosis co		and 5th digits if applica	able. Decimal is implied
Length:	6	Type:	Alphanumeric	Data Source:	Claim
Field 50:	ICD-9-CM	IAG_CODE diagnosis co he third chara	de, including the 4th	and 5th digits if applica	able. Decimal is implied
Length:	6	Type:	Alphanumeric	Data Source:	Claim
Field 51: Coding Scheme:	Code ident was admitt Y Yes N No U Unkn	NC_DIAG_0 ifying whether ed to the hosp nown ically Undeterminates	er Principal Diagnosis pital	Availa code was present at the	able beginning 2011  e time the patient
Length:	1		Type:	Alphanumeric Claim	Data Source:
Field 52:	ICD-9-CM	G_CODE_1 diagnosis co	de, including the 4th	and 5th digits if applica	able. Decimal is implied
Length:	6	Type:	Alphanumeric	Data Source:	Claim
Field 53:	POA_OTI	H_DIAG_CO	DDE_1	Avai 2011	lable beginning
Coding Scheme:	was admitt Y Yes N No U Unki	of to the hosp nown ically Undetermi	pital	code was present at the	e time the patient
Length:	1		Type:	Alphanumeric Claim	<b>Data Source:</b>
Field 54:	ICD-9-CM	G_CODE_2 diagnosis co	de, including the 4th	and 5th digits if applica	able. Decimal is implied
Length:	6	Type:	Alphanumeric	Data Source:	Claim
Field 55:	POA_OTI	H_DIAG_CO	DDE_2	Avai 2011	lable beginning
Coding Scheme:	was admitt Y Yes N No U Unki	ifying whether ed to the hosp  nown ically Undetermi	pital	code was present at the	
Length:	1		Type:	Alphanumeric Claim	<b>Data Source:</b>
T1 11 # /	OTH_DIA				
Field 56:		diagnosis co	de, including the 4th a dird character.	and 5th digits if application	able. Decimal is
Field 56: Length:		diagnosis co	de, including the 4th a dird character.	and 5th digits if applica  Data  Source:	able. Decimal is  Claim

Coding	Code identifying whether Oth_Diag_Code_3 was admitted to the hospital Y Yes N No	3 code was present at the time the patient
Scheme:	U Unknown W Clinically Undetermined	
Length:	<b>Type:</b>	Alphanumeric <b>Data Source:</b> Claim
Field 58:	OTH_DIAG_CODE_4	
	ICD-9-CM diagnosis code, including the 4th	and 5th digits if applicable. Decimal is
T 41	implied following the third character.	Data Carres Citation
Length: Field 59:	6 Type: Alphanumeric POA_OTH_DIAG_CODE_4	Data Source: Claim Available beginning 2011
Field 39.		ode was present at the time the patient was admitted
	to the hospital	was present at the time the patient was admitted
Coding	Y Yes	
Scheme:	N No U Unknown	
	W Clinically Undetermined	
Length:	1 <b>Type:</b>	Alphanumeric Data Source: Claim
Field 60:	OTH_DIAG_CODE_5	Alphanumenc Data Source. Claim
11010 001	ICD-9-CM diagnosis code, including the 4th an	d 5th digits if applicable. Decimal is implied
	following the third character.	
Length:	6 <b>Type:</b> Alphanumeric	Data Source: Claim
Field 61:	POA_OTH_DIAG_CODE_5	Available beginning 2011
	Code identifying whether Oth_Diag_Code_5 co	ode was present at the time the patient was
Coding	admitted to the hospital Y Yes	
Scheme:	N No	
	U Unknown	
	W Clinically Undetermined	
	W Clinically Undetermined	
Length:	1 <b>Type:</b> A	lphanumeric Data Source: Claim
Length: Field 62:	1 Type: A OTH_DIAG_CODE_6	•
	1 Type: A OTH_DIAG_CODE_6 ICD-9-CM diagnosis code, including the 4th an	•
	1 Type: A OTH_DIAG_CODE_6	•
Field 62:	1 Type: A  OTH_DIAG_CODE_6 ICD-9-CM diagnosis code, including the 4th an following the third character. 6 Type: Alphanumeric POA_OTH_DIAG_CODE_6	d 5th digits if applicable. Decimal is implied  Data Source: Claim  Available beginning 2011
Field 62: Length:	1 Type: A  OTH_DIAG_CODE_6 ICD-9-CM diagnosis code, including the 4th an following the third character. 6 Type: Alphanumeric POA_OTH_DIAG_CODE_6 Code identifying whether Oth_Diag_Code_6 code	d 5th digits if applicable. Decimal is implied  Data Source: Claim  Available beginning 2011
Field 62: Length: Field 63:	1 Type: A OTH_DIAG_CODE_6 ICD-9-CM diagnosis code, including the 4th an following the third character. 6 Type: Alphanumeric POA_OTH_DIAG_CODE_6 Code identifying whether Oth_Diag_Code_6 coadmitted to the hospital	d 5th digits if applicable. Decimal is implied  Data Source: Claim  Available beginning 2011
Field 62:  Length: Field 63:  Coding	1 Type: A  OTH_DIAG_CODE_6 ICD-9-CM diagnosis code, including the 4th an following the third character. 6 Type: Alphanumeric POA_OTH_DIAG_CODE_6 Code identifying whether Oth_Diag_Code_6 code	d 5th digits if applicable. Decimal is implied  Data Source: Claim  Available beginning 2011
Field 62: Length: Field 63:	1 Type: A OTH_DIAG_CODE_6 ICD-9-CM diagnosis code, including the 4th an following the third character. 6 Type: Alphanumeric POA_OTH_DIAG_CODE_6 Code identifying whether Oth_Diag_Code_6 co admitted to the hospital Y Yes N No U Unknown	d 5th digits if applicable. Decimal is implied  Data Source: Claim  Available beginning 2011
Field 62:  Length: Field 63:  Coding	1 Type: A  OTH_DIAG_CODE_6 ICD-9-CM diagnosis code, including the 4th an following the third character. 6 Type: Alphanumeric  POA_OTH_DIAG_CODE_6 Code identifying whether Oth_Diag_Code_6 coadmitted to the hospital Y Yes N No	d 5th digits if applicable. Decimal is implied  Data Source: Claim  Available beginning 2011
Field 62:  Length: Field 63:  Coding Scheme:  Length:	1 Type: A  OTH_DIAG_CODE_6 ICD-9-CM diagnosis code, including the 4th an following the third character. 6 Type: Alphanumeric  POA_OTH_DIAG_CODE_6 Code identifying whether Oth_Diag_Code_6 coadmitted to the hospital Y Yes N No U Unknown W Clinically Undetermined  1 Type: A	d 5th digits if applicable. Decimal is implied  Data Source: Claim  Available beginning 2011
Field 62: Length: Field 63: Coding Scheme:	1 Type: A  OTH_DIAG_CODE_6 ICD-9-CM diagnosis code, including the 4th an following the third character. 6 Type: Alphanumeric  POA_OTH_DIAG_CODE_6 Code identifying whether Oth_Diag_Code_6 coadmitted to the hospital Y Yes N No U Unknown W Clinically Undetermined  1 Type: A  OTH_DIAG_CODE_7	Data Source: Claim  Available beginning 2011 ode was present at the time the patient was  Alphanumeric Data Source: Claim
Field 62:  Length: Field 63:  Coding Scheme:  Length:	1 Type: A  OTH_DIAG_CODE_6 ICD-9-CM diagnosis code, including the 4th an following the third character. 6 Type: Alphanumeric  POA_OTH_DIAG_CODE_6 Code identifying whether Oth_Diag_Code_6 coadmitted to the hospital Y Yes N No U Unknown W Clinically Undetermined  1 Type: A  OTH_DIAG_CODE_7 ICD-9-CM diagnosis code, including the 4th an	Data Source: Claim  Available beginning 2011 ode was present at the time the patient was  Alphanumeric Data Source: Claim
Field 62:  Length: Field 63:  Coding Scheme:  Length: Field 64:	1 Type: A  OTH_DIAG_CODE_6 ICD-9-CM diagnosis code, including the 4th an following the third character. 6 Type: Alphanumeric  POA_OTH_DIAG_CODE_6 Code identifying whether Oth_Diag_Code_6 coadmitted to the hospital Y Yes N No U Unknown W Clinically Undetermined  1 Type: A  OTH_DIAG_CODE_7 ICD-9-CM diagnosis code, including the 4th an following the third character.	Data Source: Claim  Available beginning 2011 ode was present at the time the patient was  Alphanumeric Data Source: Claim  d 5th digits if applicable. Decimal is implied
Field 62:  Length: Field 63:  Coding Scheme:  Length: Field 64:	1 Type: A OTH_DIAG_CODE_6 ICD-9-CM diagnosis code, including the 4th an following the third character. 6 Type: Alphanumeric POA_OTH_DIAG_CODE_6 Code identifying whether Oth_Diag_Code_6 co admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined  1 Type: OTH_DIAG_CODE_7 ICD-9-CM diagnosis code, including the 4th an following the third character. 6 Type: Alphanumeric	Data Source: Claim  Available beginning 2011 ode was present at the time the patient was  Alphanumeric Data Source: Claim  d 5th digits if applicable. Decimal is implied  Data Source: Claim
Field 62:  Length: Field 63:  Coding Scheme:  Length: Field 64:	1 Type: A  OTH_DIAG_CODE_6 ICD-9-CM diagnosis code, including the 4th an following the third character. 6 Type: Alphanumeric  POA_OTH_DIAG_CODE_6 Code identifying whether Oth_Diag_Code_6 coadmitted to the hospital Y Yes N No U Unknown W Clinically Undetermined  1 Type: A  OTH_DIAG_CODE_7 ICD-9-CM diagnosis code, including the 4th an following the third character.	Data Source: Claim  Available beginning 2011  Ode was present at the time the patient was  Alphanumeric Data Source: Claim  d 5th digits if applicable. Decimal is implied  Data Source: Claim  Available beginning 2011
Field 62:  Length: Field 63:  Coding Scheme:  Length: Field 64:  Length: Field 65:	Type: A  OTH_DIAG_CODE_6 ICD-9-CM diagnosis code, including the 4th an following the third character. 6	Data Source: Claim  Available beginning 2011  Ode was present at the time the patient was  Alphanumeric Data Source: Claim  d 5th digits if applicable. Decimal is implied  Data Source: Claim  Available beginning 2011
Field 62:  Length: Field 63:  Coding Scheme:  Length: Field 64:  Length: Field 65:	Type: A  OTH_DIAG_CODE_6 ICD-9-CM diagnosis code, including the 4th an following the third character. 6	Data Source: Claim  Available beginning 2011  Ode was present at the time the patient was  Alphanumeric Data Source: Claim  d 5th digits if applicable. Decimal is implied  Data Source: Claim  Available beginning 2011
Field 62:  Length: Field 63:  Coding Scheme:  Length: Field 64:  Length: Field 65:	1 Type: A  OTH_DIAG_CODE_6 ICD-9-CM diagnosis code, including the 4th an following the third character. 6 Type: Alphanumeric  POA_OTH_DIAG_CODE_6 Code identifying whether Oth_Diag_Code_6 coadmitted to the hospital Y Yes N No U Unknown W Clinically Undetermined  1 Type: A  OTH_DIAG_CODE_7 ICD-9-CM diagnosis code, including the 4th an following the third character. 6 Type: Alphanumeric  POA_OTH_DIAG_CODE_7 Code identifying whether Oth_Diag_Code_7 coadmitted to the hospital Y Yes N No U Unknown	Data Source: Claim  Available beginning 2011  Ode was present at the time the patient was  Alphanumeric Data Source: Claim  d 5th digits if applicable. Decimal is implied  Data Source: Claim  Available beginning 2011
Field 62:  Length: Field 63:  Coding Scheme:  Length: Field 64:  Length: Field 65:	Type: A  OTH_DIAG_CODE_6 ICD-9-CM diagnosis code, including the 4th an following the third character. 6 Type: Alphanumeric  POA_OTH_DIAG_CODE_6 Code identifying whether Oth_Diag_Code_6 coadmitted to the hospital Y Yes N No U Unknown W Clinically Undetermined  1 Type: A  OTH_DIAG_CODE_7 ICD-9-CM diagnosis code, including the 4th an following the third character. 6 Type: Alphanumeric  POA_OTH_DIAG_CODE_7 Code identifying whether Oth_Diag_Code_7 coadmitted to the hospital Y Yes N No	Data Source: Claim  Available beginning 2011  Ode was present at the time the patient was  Alphanumeric Data Source: Claim  d 5th digits if applicable. Decimal is implied  Data Source: Claim  Available beginning 2011

Length:	1		Type:	Alphanumeric	<b>Data Source:</b>	Claim
Field 66:	OTH_DIAG_CO					
			uding the 4th and 5th d	igits if applicable	. Decimal is imp	olied
T 41	following the third		.1		D-4- C	Clair.
Length:			ohanumeric	A:	Data Source:	
Field 67:	POA_OTH_DIA		Diag Code 9 anda was		lable beginning	
	the hospital	whether Oth_i	Diag_Code_8 code was	present at the till	ie tile patient wa	as admitted to
Coding	Y Yes					
Scheme:	N No					
2011011101	U Unknown W Clinically Un	datarminad				
	w Chincany On	determined				
Length:	1		Type:	Alphanumeric	Data Sources	: Claim
Field 68:	OTH_DIAG_CO	DE_9				_
			uding the 4th and 5th d	igits if applicable	. Decimal is imp	olied
	following the third	l character.			_	
Length:	6	Type: A	Alphanumeric		Data	Claim
E: 11.00			1		Source:	
Field 69:	POA_OTH_DIA		Diag_Code_9 code was		vailable beginn	
	the hospital	viieniei Oni_I	Jiag_Cout_9 cout was	present at the till	ic me panem wa	as aummited to
Coding	Y Yes					
Scheme:	N No					
2	U Unknown W Clinically Un	determined				
	w Chincany On	determined				
Length:	1		Type:	Alphanumer	c Data Sour	ce: Claim
Field 70:	OTH_DIAG_CO					
			uding the 4th and 5th d	igits if applicable	. Decimal is imp	olied
	following the third	l character.				
T 41	following the time				<b>T</b>	
Length:	· ·		Alphanumeric		Data	Claim
	6	Type: A		Δ	Source:	
Length: Field 71:	6 POA_OTH_DIA	Type: A	)		Source: vailable beginn	ing 2011
	6  POA_OTH_DIAC Code identifying v	Type: A			Source: vailable beginn	ing 2011
Field 71:	POA_OTH_DIAG Code identifying v to the hospital Y Yes	Type: A	)		Source: vailable beginn	ing 2011
	POA_OTH_DIAG Code identifying v to the hospital Y Yes N No	Type: A	)		Source: vailable beginn	ing 2011
Field 71:	POA_OTH_DIAC Code identifying v to the hospital Y Yes N No U Unknown	Type: A G_CODE_10 whether Oth_I	)		Source: vailable beginn	ing 2011
Field 71: Coding Scheme:	POA_OTH_DIAG Code identifying v to the hospital Y Yes N No	Type: A G_CODE_10 whether Oth_I	)	as present at the ti	Source: vailable beginn me the patient v	ing 2011 vas admitted
Field 71: Coding Scheme: Length:	POA_OTH_DIAC Code identifying v to the hospital Y Yes N No U Unknown W Clinically Unc	Type: A G_CODE_10 whether Oth_I determined	)		Source: vailable beginn me the patient v	ing 2011
Field 71: Coding Scheme:	POA_OTH_DIAC Code identifying v to the hospital Y Yes N No U Unknown W Clinically Unc  1 OTH_DIAG_CO	Type: A G_CODE_10 whether Oth_I determined  DE_11	Diag_Code_10 code wa	as present at the ti Alphanun	Source: vailable beginn me the patient v	ing 2011 vas admitted  ource: Claim
Field 71: Coding Scheme: Length:	POA_OTH_DIAC Code identifying v to the hospital Y Yes N No U Unknown W Clinically Unc  1 OTH_DIAG_CO ICD-9-CM diagno	Type: A G_CODE_10 whether Oth_I determined  DE_11 sis code, incli	Diag_Code_10 code wa	as present at the ti Alphanun	Source: vailable beginn me the patient v	ing 2011 vas admitted  ource: Claim
Field 71:  Coding Scheme:  Length: Field 72:	POA_OTH_DIAC Code identifying v to the hospital Y Yes N No U Unknown W Clinically Unc  1 OTH_DIAG_CO	Type: A G_CODE_10 whether Oth_I determined  DE_11 sis code, incli	Diag_Code_10 code wa	as present at the ti Alphanun	Source: vailable beginn me the patient v  meric Data So	ing 2011 vas admitted  ource: Claim
Field 71: Coding Scheme: Length:	POA_OTH_DIAC Code identifying v to the hospital Y Yes N No U Unknown W Clinically Unc  1 OTH_DIAG_CO ICD-9-CM diagno	Type: A G_CODE_10 whether Oth_I determined  DE_11 sis code, incli	Diag_Code_10 code wa	as present at the ti Alphanun	Source: vailable beginn me the patient v  meric Data So  Decimal is imp	ing 2011 vas admitted  ource: Claim
Field 71:  Coding Scheme:  Length: Field 72:  Length:	POA_OTH_DIAC Code identifying v to the hospital Y Yes N No U Unknown W Clinically Unc  1 OTH_DIAG_CO ICD-9-CM diagnor following the third	Type: A G_CODE_10 whether Oth_I  determined  DE_11 sis code, included the character.  Type:	Diag_Code_10 code wa  Type:  uding the 4th and 5th d  Alphanumeric	Alphanun	Source: vailable beginnme the patient value of the	ing 2011 vas admitted  ource: Claim  olied  Claim
Field 71:  Coding Scheme:  Length: Field 72:	POA_OTH_DIAG Code identifying we to the hospital Y Yes N No U Unknown W Clinically Und  OTH_DIAG_CO ICD-9-CM diagnor following the third  POA_OTH_DIAG	Type: A G_CODE_10 whether Oth_I  determined  DE_11 sis code, included the code of the code	Type:  uding the 4th and 5th d  Alphanumeric	Alphanun igits if applicable	Source: vailable beginnme the patient value of the	ource: Claim  Claim  ing 2011
Field 71:  Coding Scheme:  Length: Field 72:  Length:	POA_OTH_DIAG Code identifying we to the hospital Y Yes N No U Unknown W Clinically Und  OTH_DIAG_CO ICD-9-CM diagnor following the third  POA_OTH_DIAG	Type: A G_CODE_10 whether Oth_I  determined  DE_11 sis code, included the code of the code	Diag_Code_10 code wa  Type:  uding the 4th and 5th d  Alphanumeric	Alphanun igits if applicable	Source: vailable beginnme the patient value of the	ource: Claim  Claim  ing 2011
Field 71:  Coding Scheme:  Length: Field 72:  Length:	POA_OTH_DIAG Code identifying was to the hospital Y Yes N No U Unknown W Clinically Und  OTH_DIAG_CO ICD-9-CM diagnor following the third  POA_OTH_DIAG Code identifying was to the hospital Y Yes	Type: A G_CODE_10 whether Oth_I  determined  DE_11 sis code, included the code of the code	Type:  uding the 4th and 5th d  Alphanumeric	Alphanun igits if applicable	Source: vailable beginnme the patient value of the	ource: Claim  Claim  ing 2011
Field 71:  Coding Scheme:  Length: Field 72:  Length: Field 73:	POA_OTH_DIAG Code identifying we to the hospital Y Yes N No U Unknown W Clinically Und  OTH_DIAG_CO ICD-9-CM diagnor following the third  POA_OTH_DIAG Code identifying we to the hospital Y Yes N No	Type: A G_CODE_10 whether Oth_I  determined  DE_11 sis code, included the code of the code	Type:  uding the 4th and 5th d  Alphanumeric	Alphanun igits if applicable	Source: vailable beginnme the patient value of the	ource: Claim  Claim  ing 2011
Field 71:  Coding Scheme:  Length: Field 72:  Length:  Coding	POA_OTH_DIAG Code identifying watto the hospital Y Yes N No U Unknown W Clinically Und  OTH_DIAG_CO ICD-9-CM diagnor following the third  POA_OTH_DIAG Code identifying watto the hospital Y Yes	Type: A G_CODE_10 whether Oth_I  determined  DE_11 esis code, included the character. Type: G_CODE_11 whether Oth_I	Type:  uding the 4th and 5th d  Alphanumeric	Alphanun igits if applicable	Source: vailable beginnme the patient value of the	ource: Claim  Claim  ing 2011
Field 71:  Coding Scheme:  Length: Field 72:  Length:  Coding Scheme:	POA_OTH_DIAG Code identifying v to the hospital Y Yes N No U Unknown W Clinically Und  OTH_DIAG_CO ICD-9-CM diagnor following the third  POA_OTH_DIAG Code identifying v to the hospital Y Yes N No U Unknown W Clinically Und	Type: A G_CODE_10 whether Oth_I  determined  DE_11 esis code, included the character. Type: G_CODE_11 whether Oth_I	Type:  Unding the 4th and 5th description  Alphanumeric  Diag_Code_11 code was	Alphanum igits if applicable  As present at the ti	Source: vailable beginnme the patient value of the	ource: Claim  Died  Claim  ing 2011  vas admitted
Field 71:  Coding Scheme:  Length: Field 72:  Length:  Coding	POA_OTH_DIAG Code identifying v to the hospital Y Yes N No U Unknown W Clinically Und  OTH_DIAG_CO ICD-9-CM diagnor following the third  POA_OTH_DIAG Code identifying v to the hospital Y Yes N No U Unknown	Type: A G_CODE_10 whether Oth_I  determined  DE_11 esis code, included the character. Type: G_CODE_11 whether Oth_I	Type:  uding the 4th and 5th d  Alphanumeric	Alphanum igits if applicable  As present at the ti	Source: vailable beginnme the patient value of the	ource: Claim  Claim  ing 2011
Field 71:  Coding Scheme:  Length: Field 72:  Length:  Coding Scheme:	POA_OTH_DIAG Code identifying v to the hospital Y Yes N No U Unknown W Clinically Und  OTH_DIAG_CO ICD-9-CM diagnor following the third  POA_OTH_DIAG Code identifying v to the hospital Y Yes N No U Unknown W Clinically Und	Type: A G_CODE_10 whether Oth_I  determined  DE_11 sis code, included the character. Type: G_CODE_11 whether Oth_I  determined	Type:  Unding the 4th and 5th description  Alphanumeric  Diag_Code_11 code was	Alphanum igits if applicable  As present at the ti	Source: vailable beginnme the patient value of the	ource: Claim  Died  Claim  ing 2011  vas admitted

			osis code, inded character.	cluding the 4th	and 5th digits if a	pplicable. Decima	al is imp	lied
Length:	6		Type:	Alphanumer	ic		ata ource:	Claim
Field 75:	POA	OTH_DIA	G_CODE_	12				nning 2011
Coding Scheme:		hospital Yes No Unknown	whether Oth	_Diag_Code_1	2 code was preser	nt at the time the p	oatient w	as admitted
Length:	1			,	Гуре:	Alphanume Claim	eric <b>D</b> a	ata Source:
Field 76:		_DIAG_C						
				cluding the 4th	and 5th digits if a	pplicable. Decima	al is imp	lied
Length:		ving the thii	rd character.	41.1		Da	ata	CI. :
	6		Type:	Alphanume	ric		urce:	Claim
Field 77:			G_CODE_1		3 code was presen			inning 2011
		hospital	whether Oth	_Diag_Code_i	5 code was presen	t at the time the p	anem w	as adminied
Coding	Y	Yes						
Scheme:	N U	No Unknown						
	W	Clinically U	ndetermined					
Length:	1		ı	Type:	Alphanumeric <b>Source:</b> Claim			
Field 78:		_DIAG_C						
					and 5th digits if a	pplicable.		
Length:	6	nai is implie <b>Type</b>	_	the third charac Alphanumeric	eter.	Data Source:		Claim
Field 79:			G_CODE_1	_		Available be	ginning	
			whether Oth_	Diag_Code_14	code was present	at the time the pa	tient wa	s admitted
Coding	to the l	hospital Yes						
Scheme:	N	No						
2011011101	U W	Unknown Clinically Un	ndetermined					
		,				GI .		
Length: Field 80:	1 OTH	DIAG_CO	Type:	Alphan	umeric Data So	ource: Claim		
rieiu ov:				luding the 4th a	and 5th digits if ap	plicable. Decima	l is impli	ied following
		rd character	•	C	<i>C</i> 1	•	•	C
Length:	6	Type:	Alphanume		1.1 : : 2011	Data Source:	Claim	
Field 81:			G_CODE_1 whether Oth		le beginning 2011 code was present		ntient wa	s admitted
		hospital	vinether on_	Diug_code_ic	code was present	at the time the pe	tticiit wa	is definited
Coding	Y N	Yes No						
Scheme:	U	Unknown						
	W	Clinically Un	ndetermined					
Length:	1		Type:	Alphan	umeric Data So	ource: Claim		
Field 82:		DIAG_CO		1 12 4.4	1 54. 11 14 16	.111.1. B . 1 . 1		. 1 C-11
		-CM diagno rd character		luding the 4th a	and 5th digits if ap	piicable. Decima	ı ıs ımpli	ied following
Length:	6	Type:	Alphanume	eric		Data Source:	Claim	

POA OTH DIAG CODE 16 Field 83: Available beginning 2011 Code identifying whether Oth Diag Code 16 code was present at the time the patient was admitted to the hospital Y Yes Coding N No **Scheme:** U Unknown W Clinically Undetermined Length: Alphanumeric Data Source: Claim Type: Field 84: OTH DIAG CODE 17 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. Length: Type: Alphanumeric **Data Source:** Field 85: POA OTH DIAG CODE 17 Available beginning 2011 Code identifying whether Oth Diag Code 17 code was present at the time the patient was admitted to the hospital Y Yes Coding N No **Scheme:** U Unknown W Clinically Undetermined Alphanumeric Data Source: Claim Length: Type: Field 86: OTH DIAG CODE 18 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. Length: 6 Type: Alphanumeric **Data Source:** Claim POA OTH DIAG CODE 18 Available beginning 2011 Field 87: Code identifying whether Oth\_Diag\_Code\_18 code was present at the time the patient was admitted to the hospital Y Yes Coding N Nο **Scheme:** Unknown U W Clinically Undetermined Length: Alphanumeric **Data Source:** Claim Type: Field 88: OTH DIAG CODE 19 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. Alphanumeric Length: Type: **Data Source:** Claim Field 89: POA OTH DIAG CODE 19 Available beginning 2011 Code identifying whether Oth Diag Code 19 code was present at the time the patient was admitted to the hospital Y Yes Coding N No **Scheme:** U Unknown W Clinically Undetermined Type: Alphanumeric Data Source: Claim Length: Field 90: OTH DIAG CODE 20 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. Length: Type: Alphanumeric **Data Source:** Claim Field 91: POA\_OTH\_DIAG\_CODE\_20 Available beginning 2011 Code identifying whether Oth\_Diag\_Code\_20 code was present at the time the patient was admitted to the hospital Yes **Coding** Y N No Scheme: U Unknown

	w Chineany Ondetermined
Length:	1 Type: Alphanumeric Data Source: Claim
Field 92:	OTH_DIAG_CODE_21
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.
Length:	6 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 93:	POA_OTH_DIAG_CODE_21 Available beginning 2011
Ticla >5.	Code identifying whether Oth_Diag_Code_21 code was present at the time the patient was admitted
	to the hospital
Coding	Y Yes
Scheme:	N No U Unknown
	W Clinically Undetermined
<b>T</b> 41	
Length:	1 Type: Alphanumeric Data Source: Claim
Field 94:	OTH_DIAG_CODE_22 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following
	the third character.
Length:	6 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 95:	POA_OTH_DIAG_CODE_22 Available beginning 2011
	Code identifying whether Oth_Diag_Code_22 code was present at the time the patient was admitted
	to the hospital
Coding	Y Yes N No
Scheme:	U Unknown
	W Clinically Undetermined
Length:	1 Type: Alphanumeric Data Source: Claim
Field 96:	OTH_DIAG_CODE_23
ricia 70.	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following
	the third character.
Length:	6 Type: Alphanumeric Data Source: Claim
Field 97:	POA_OTH_DIAG_CODE_23 Available beginning 2011
	Code identifying whether Oth_Diag_Code_23 code was present at the time the patient was admitted
Codina	to the hospital Y Yes
Coding Scheme:	N No
seneme.	U Unknown W Clinically Undetermined
	W Clinically Undetermined
Length:	1 Type: Alphanumeric Data Source: Claim
Field 98:	OTH_DIAG_CODE_24
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following
T41	the third character.
Length: Field 99:	6 Type: Alphanumeric Data Source: Claim POA_OTH_DIAG_CODE_24 Available beginning 2011
rieiu 99.	Code identifying whether Oth_Diag_Code_24 code was present at the time the patient was admitted
	to the hospital
Coding	Y Yes
Scheme:	N No U Unknown
	W Clinically Undetermined
<b>.</b>	
Length:	1 Type: Alphanumeric Data Source: Claim
Field 100:	E_CODE_1 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of the primary external cause
	of injury. A decimal is implied following the third character.
Length:	6 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 101:	POA_E_CODE_1 Available beginning 2012

Coding Scheme:	Code identifying whether E_Code_1 code was present at the time the patient was admitted to the hospital  Y Yes N No U Unknown W Clinically Undetermined
Length:	1 Type: Alphanumeric Data Source: Claim
Field 102:	E_CODE_2 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.
Length:	6 Type: Alphanumeric Data Source: Claim
Field 103:  Coding Scheme:	POA_E_CODE_2 Available beginning 2012  Code identifying whether E_Code_2 code was present at the time the patient was admitted to the hospital  Y Yes N No
Length:	U Unknown W Clinically Undetermined  1 Type: Alphanumeric Data Source: Claim
Field 104:	E_CODE_3
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.
Length:	6 Type: Alphanumeric Data Source: Claim
Field 105: Coding Scheme:	POA_E_CODE_3 Available beginning 2012  Code identifying whether E_Code_3 code was present at the time the patient was admitted to the hospital  Y Yes N No U Unknown W Clinically Undetermined
Length:	1 Type: Alphanumeric Data Source: Claim
Field 106:	E_CODE_4
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.
Beginning	395 <b>Data Source:</b> Claim
Position:	Dum Bources Camin
Length:	6 Type: Alphanumeric Data Source: Claim
Field 107:	POA_E_CODE_4 Available beginning 2012
	Code identifying whether E_Code_4 code was present at the time the patient was admitted to the hospital
Coding	Y Yes
Scheme:	N No U Unknown W Clinically Undetermined
Length:	1 Type: Alphanumeric Data Source: Claim
Field 108:	E_CODE_5 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external
Length:	cause of injury. Decimal is implied following the third character.  6
Field 109:	POA_E_CODE_5 Available beginning 2012
Coding Scheme:	Code identifying whether E_Code_5 code was present at the time the patient was admitted to the hospital  Y Yes N No U Unknown W Clinically Undetermined

Length:	1 <b>Type:</b>	Alphanumeric	Data Source: Claim
Field 110:	E_CODE_6		
			ligits if applicable, of an additional external
	cause of injury. Decimal is implied f	•	l character.
Beginning	409 <b>Data Source:</b>	Claim	
Position:	_		<b>5</b>
Length:	6 Type:	Alphanumeric	Data Source: Claim
Field 111:	POA_E_CODE_6	Available begin	
	• •	code was presen	at at the time the patient was admitted to the
Coding	hospital Y Yes		
Scheme:	N No		
seneme.	U Unknown		
	W Clinically Undetermined		
Length:	1 <b>Type:</b>	Alphanumeric	Data Source: Claim
Field 112:	E_CODE_7		
			ligits if applicable, of an additional external
T 41	cause of injury. Decimal is implied f		l character.
Length: Field 113:	6 Type:	Alphanumeric Available begin	-i 2012
rieia 113:	POA_E_CODE_7 Code identifying whether F. Code 7		at at the time the patient was admitted to the
	hospital	code was presen	it at the time the patient was admitted to the
Coding	Y Yes		
Scheme:	N No		
	U Unknown W Clinically Undetermined		
	W Chincary Orderermined		
Length:	1 <b>Type:</b>	Alphanumeric	Data Source: Claim
Field 114:	E_CODE_8		
			ligits if applicable, of an additional external
Danimuima	cause of injury. Decimal is implied f 423 <b>Data Source:</b>	Claim	i character.
Beginning Position:	423 Data Source:	Claiiii	
Length:	6 <b>Type:</b>	Alphanumeric	Data Source: Claim
Field 115:	POA E CODE 8	Available begin	
			at at the time the patient was admitted to the
	hospital	•	-
Coding	Y Yes		
Scheme:	N No U Unknown		
	W Clinically Undetermined		
T41	1 70	A 11	Data Carriage Claire
Length: Field 116:	1 Type: E_CODE_9	Alphanumeric	Data Source: Claim
rieia 110:		the 4th and 5th o	ligits if applicable, of an additional external
	cause of injury. Decimal is implied f		
Length:	6 <b>Type:</b>	Alphanumeric	Data Source: Claim
Field 117:	POA_E_CODE_9	Available begin	
			at at the time the patient was admitted to the
	hospital		
Coding	Y Yes		
Scheme:	N No U Unknown		
	W Clinically Undetermined		
T 41	1 75	A 1 1	Data Carres Chair
Length:	Type:	Alphanumeric	Data Source: Claim
Field 118:	E_CODE_10		

		1122 1			
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of cause of injury. Decimal is implied following the third character.	an additional external			
Length:	6 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim				
Field 119:	POA_E_CODE_10 Available beginning 2012	·			
11010 1151	Code identifying whether E_Code_10 code was present at the time the patie	nt was admitted to the			
	hospital	THE WAS ASSISTED TO THE			
Coding	Y Yes				
Scheme:	N No				
	U Unknown W Clinically Undetermined				
	W Chineany Ondeermined				
Length:	1 Type: Alphanumeric Data Source: Claim				
<b>Field 120:</b>	PRINC_SURG_PROC_CODE				
	Code for the principal surgical or obstetrical procedure performed during the	period covered by the			
	bill. ICD-9, HCPCS, or CPT code.				
Length:	7 Type: Alphanumeric Data Source	e: Claim			
<b>Field 121:</b>	PRINC_SURG_PROC_DATE				
_	Date the principal surgical or obstetrical procedure was performed. Entered				
Length:	8 Type: Alphanumeric Data Source	e: Claim			
<b>Field 122:</b>	PRINC_SURG_PROC_DAY				
	Day of principal surgical or obstetrical procedure <i>equals</i> Principal Surgical I	rocedure Date minus			
T	Admission/Start of Care Date	Claim			
Length: Field 123:	4 Type: Alphanumeric Data Source	e: Claim			
Field 123:	PRINC_ICD9_CODE ICD-9-CM diagnosis code for principal surgical procedure, including the 4th	and 5th digits if			
	applicable. Decimal is implied following the third character.	rand 3th dights if			
Length:	5 <b>Type:</b> Alphanumeric <b>Data Source</b>	e: Claim			
Field 124:	OTH_SURG_PROC_CODE_1	c. Claim			
Field 124.	Code for surgical or obstetrical procedure other than the principal procedure	nerformed during the			
	period covered by the bill. ICD-9, HCPCS, or CPT code.	performed during the			
Length:	7 <b>Type:</b> Alphanumeric <b>Data Source</b>	e: Claim			
Field 125:	OTH_SURG_PROC_DATE_1				
	Date the surgical or obstetrical procedure other than the principal procedure	was performed. Entered			
	as YYYYMMDD.				
Length:	8 Type: Alphanumeric Data Source	e: Claim			
<b>Field 126:</b>	OTH_SURG_PROC_DAY_1				
	Day of other surgical or obstetrical procedure equals Other Surgical Procedu	re Date minus			
	Admission/Start of Care Date	~.			
Length:		e: Claim			
<b>Field 127:</b>	OTH_ICD9_CODE_1				
	ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the				
Length:	including the 4th and 5th digits if applicable. Decimal is implied following t  5 <b>Type:</b> Alphanumeric <b>Data Source</b>				
Field 128:	OTH_SURG_PROC_CODE_2	c. Claiiii			
riciu 120.	Code for surgical or obstetrical procedure other than the principal procedure	nerformed during the			
	period covered by the bill. ICD-9, HCPCS, or CPT code.	performed during the			
Length:	7 <b>Type:</b> Alphanumeric <b>Data Source</b>	e: Claim			
Field 129:	OTH_SURG_PROC_DATE_2				
	Date the surgical or obstetrical procedure other than the principal procedure	was performed. Entered			
	as YYYYMMDD.	•			
Length:	8 Type: Alphanumeric Data Source	e: Claim			
Field 130:	OTH_SURG_PROC_DAY_2				
	Day of other surgical or obstetrical procedure equals Other Surgical Procedu	re Date minus			
	Admission/Start of Care Date				
Length:	4 Type: Alphanumeric Data Source	e: Claim			
Field 131:	OTH_ICD9_CODE_2				

	ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the	he principal procedure			
	including the 4th and 5th digits if applicable. Decimal is implied following				
Length:	5 <b>Type:</b> Alphanumeric <b>Data Sour</b>				
Field 132:	OTH_SURG_PROC_CODE_3				
	Code for surgical or obstetrical procedure other than the principal procedure performed during the				
	period covered by the bill. ICD-9, HCPCS, or CPT code.				
Length:	7 <b>Type:</b> Alphanumeric <b>Data Sour</b>	ce: Claim			
<b>Field 133:</b>	OTH_SURG_PROC_DATE_3				
	Date the surgical or obstetrical procedure other than the principal procedure	e was performed. Entered			
T (1	as YYYYMMDD.	CI.:			
Length:	8 Type: Alphanumeric Data Sour	ce: Claim			
Field 134:	OTH_SURG_PROC_DAY_3  Day of other surgical or obstetrical procedure <i>equals</i> Other Surgical Procedure	lura Data minus			
	Admission/Start of Care Date	fule Date minus			
Length:	4 <b>Type:</b> Alphanumeric <b>Data Sour</b>	ce: Claim			
Field 135:	OTH_ICD9_CODE_3				
	ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the	he principal procedure,			
	including the 4th and 5th digits if applicable. Decimal is implied following				
Length:	5 <b>Type:</b> Alphanumeric <b>Data Sour</b>	ce: Claim			
<b>Field 136:</b>	OTH_SURG_PROC_CODE_4				
	Code for surgical or obstetrical procedure other than the principal procedur	e performed during the			
I om odk.	period covered by the bill. ICD-9, HCPCS, or CPT code.	ce: Claim			
Length: Field 137:	7 Type: Alphanumeric Data Sour OTH_SURG_PROC_DATE_4	ce: Claim			
riciu 137.	Date the surgical or obstetrical procedure other than the principal procedure	e was performed. Entered			
	as YYYYMMDD.	was performed. Emered			
Length:	8 Type: Alphanumeric Data Sour	ce: Claim			
Field 138:	OTH_SURG_PROC_DAY_4				
	Day of other surgical or obstetrical procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i>				
		lure Date minus			
	Admission/Start of Care Date				
Length:	Admission/Start of Care Date 4 Type: Alphanumeric Data Sour				
Length: Field 139:	Admission/Start of Care Date 4 Type: Alphanumeric Data Sour OTH_ICD9_CODE_4	ce: Claim			
	Admission/Start of Care Date  4	rce: Claim he principal procedure,			
Field 139:	Admission/Start of Care Date  4	he principal procedure, the third character.			
Field 139: Length:	Admission/Start of Care Date  4	he principal procedure, the third character.			
Field 139:	Admission/Start of Care Date  4	he principal procedure, the third character.			
Field 139: Length:	Admission/Start of Care Date  4	he principal procedure, the third character.			
Field 139: Length: Field 140: Length:	Admission/Start of Care Date  4	he principal procedure, the third character. Ce: Claim e performed during the			
Field 139: Length: Field 140:	Admission/Start of Care Date  4	he principal procedure, the third character. Claim e performed during the Claim			
Field 139: Length: Field 140: Length:	Admission/Start of Care Date  4	he principal procedure, the third character. Claim e performed during the Claim			
Field 139:  Length: Field 140:  Length: Field 141:	Admission/Start of Care Date  4	he principal procedure, the third character.  ce: Claim e performed during the ce: Claim e was performed. Entered			
Field 139: Length: Field 140: Length: Field 141: Length:	Admission/Start of Care Date  4	he principal procedure, the third character.  ce: Claim e performed during the ce: Claim e was performed. Entered			
Field 139:  Length: Field 140:  Length: Field 141:	Admission/Start of Care Date  4	he principal procedure, the third character.  The performed during the third character.  The performance during the third character during the third character.  The performance during the third character during			
Field 139: Length: Field 140: Length: Field 141: Length:	Admission/Start of Care Date  4	he principal procedure, the third character.  The performed during the third character.  The performance during the third character during the third character.  The performance during the third character during			
Field 139: Length: Field 140: Length: Field 141: Length:	Admission/Start of Care Date  4	he principal procedure, the third character.  ce: Claim  e performed during the  ce: Claim  e was performed. Entered  ce: Claim			
Field 139: Length: Field 140: Length: Field 141: Length: Field 142:	Admission/Start of Care Date  4	he principal procedure, the third character.  ce: Claim  e performed during the  ce: Claim  e was performed. Entered  ce: Claim  dure Date minus  ce: Claim			
Field 139: Length: Field 140: Length: Field 141: Length: Field 142: Length:	Admission/Start of Care Date  4	he principal procedure, the third character.  ce: Claim  e performed during the  ce: Claim  e was performed. Entered  ce: Claim  lure Date minus  ce: Claim  he principal procedure,			
Field 139: Length: Field 140: Length: Field 141: Length: Field 142: Length: Field 143:	Admission/Start of Care Date  4	he principal procedure, the third character.  ce: Claim  e performed during the  ce: Claim  e was performed. Entered  ce: Claim  dure Date minus  ce: Claim  he principal procedure, the third character.			
Field 139: Length: Field 140: Length: Field 141: Length: Field 142: Length: Field 143:	Admission/Start of Care Date  4	he principal procedure, the third character.  ce: Claim  e performed during the  ce: Claim  e was performed. Entered  ce: Claim  dure Date minus  ce: Claim  he principal procedure, the third character.			
Field 139: Length: Field 140: Length: Field 141: Length: Field 142: Length: Field 143:	Admission/Start of Care Date  4	he principal procedure, the third character.  ce: Claim  e performed during the  ce: Claim  e was performed. Entered  ce: Claim  dure Date minus  ce: Claim  he principal procedure, the third character.  ce: Claim			
Field 139: Length: Field 140: Length: Field 141: Length: Field 142: Length: Field 143:	Admission/Start of Care Date  4	he principal procedure, the third character.  ce: Claim  e performed during the  ce: Claim  e was performed. Entered  ce: Claim  dure Date minus  ce: Claim  he principal procedure, the third character.  ce: Claim			
Field 139: Length: Field 140: Length: Field 141: Length: Field 142: Length: Field 143:	Admission/Start of Care Date  4	he principal procedure, the third character.  ree: Claim  e performed during the  ree: Claim  e was performed. Entered  ree: Claim  dure Date minus  ree: Claim  he principal procedure, the third character.  ree: Claim  e performed during the			

Field 145:	OTH_SURG_PROC_DATE_6					
	Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered					
T41	as YYYYMMDD.	D-4- C	Claim.			
Length:	8 Type: Alphanumeric	Data Source:	Claim			
Field 146:	OTH_SURG_PROC_DAY_6  Day of other surgical or obstetrical procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i>					
	Admission/Start of Care Date	ingical Procedure 1	Jate minus			
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 147:	OTH ICD9 CODE 6	Data Source.	Claim			
ricia 147.	ICD-9-CM diagnosis code for surgical or obstetrical procedur	e other than the pri	incipal procedure			
	including the 4th and 5th digits if applicable. Decimal is impli-					
Length:	5 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 148:	OTH_SURG_PROC_CODE_7	Duta Source:				
11010 1101	Code for surgical or obstetrical procedure other than the princ	inal procedure per	formed during the			
	period covered by the bill. ICD-9, HCPCS, or CPT code.	-F F F				
Length:	7 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 149:	OTH_SURG_PROC_DATE_7					
	Date the surgical or obstetrical procedure other than the principal control of the surgical or obstetrical procedure other than the principal control of the surgical or obstetrical procedure other than the principal control of the surgical or obstetrical procedure other than the principal control of the surgical or obstetrical procedure other than the principal control of the surgical or obstetrical procedure other than the principal control of the surgical or obstetrical procedure other than the principal control of the surgical or obstetrical procedure other than the principal control of the surgical or obstetrical procedure other than the principal control of the surgical control of the surgical or obstetrical procedure other than the principal control of the surgical control of the s	ipal procedure was	performed. Entered			
	as YYYYMMDD.		•			
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim			
<b>Field 150:</b>	OTH_SURG_PROC_DAY_7					
	Day of other surgical or obstetrical procedure equals Other Su	ırgical Procedure I	Date minus			
	Admission/Start of Care Date					
Length:	4 Type: Alphanumeric	Data Source:	Claim			
<b>Field 151:</b>	OTH_ICD9_CODE_7					
	ICD-9-CM diagnosis code for surgical or obstetrical procedur					
T 41	including the 4th and 5th digits if applicable. Decimal is implied	_				
Length: Field 152:	5 Type: Alphanumeric OTH SURG PROC CODE 8	Data Source:	Claim			
Field 152:	Code for surgical or obstetrical procedure other than the princ	inal procedure per	formed during the			
	period covered by the bill. ICD-9, HCPCS, or CPT code.	ipai procedure per	formed during the			
Length:	7 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 153:	OTH_SURG_PROC_DATE_8	Duta Source:				
11010 1001	Date the surgical or obstetrical procedure other than the principal of the	ipal procedure was	performed. Entered			
	as YYYYMMDD.	1 . 1	1			
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 154:	OTH_SURG_PROC_DAY_8					
	Day of other surgical or obstetrical procedure equals Other Su	ırgical Procedure I	Date minus			
	Admission/Start of Care Date					
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 155:	OTH_ICD9_CODE_8					
	ICD-9-CM diagnosis code for surgical or obstetrical procedur					
·	including the 4th and 5th digits if applicable. Decimal is impli	•				
Length:	5 Type: Alphanumeric	Data Source:	Claim			
<b>Field 156:</b>	OTH_SURG_PROC_CODE_9		C 1. 1 41			
	Code for surgical or obstetrical procedure other than the princ	ipai procedure per	formed during the			
Length:	period covered by the bill. ICD-9, HCPCS, or CPT code.  7 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 157:	OTH_SURG_PROC_DATE_9	Data Source:	Ciaiiii			
riciu 15/:	Date the surgical or obstetrical procedure other than the principal of the principal of the surgical or obstetrical procedure other than the principal of the p	inal procedure was	nerformed Entered			
	as YYYYMMDD.	ipai procedure was	performed. Littered			
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 158:	OTH_SURG_PROC_DAY_9	> 0	···			
<del></del>	Day of other surgical or obstetrical procedure <i>equals</i> Other Su	ırgical Procedure I	Date minus			
	Admission/Start of Care Date.	-				

Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Claim				
Field 159:	OTH_ICD9_CODE_9						
	ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure,						
	including the 4th and 5th digits if applicable. Decimal is in						
Length:	5 <b>Type:</b> Alphanumeric	Data Source:	Claim				
<b>Field 160:</b>	OTH_SURG_PROC_CODE_10						
		Code for surgical or obstetrical procedure other than the principal procedure performed during the					
	period covered by the bill. ICD-9, HCPCS, or CPT code.	- · ~	G1 1				
Length:	7 Type: Alphanumeric	Data Source:	Claim				
<b>Field 161:</b>	OTH_SURG_PROC_DATE_10		C				
	Date the surgical or obstetrical procedure other than the pr	incipal procedure was	performed. Entered				
Longth	as YYYYMMDD.	Data Carrage	Claim				
Length: Field 162:	8 Type: Alphanumeric OTH_SURG_PROC_DAY_10	Data Source:	Ciaiiii				
rieid 102:	Day of other surgical or obstetrical procedure <i>equals</i> Othe	r Surgical Procedure F	Ooto minus				
	Admission/Start of Care Date.	i Suigicai Fiocedule L	rate minus				
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Claim				
Field 163:	OTH ICD9 CODE 10	Data Source.	Ciaiiii				
riciu 103.	ICD-9-CM diagnosis code for surgical or obstetrical proce	edure other than the pri	ncinal procedure				
	including the 4th and 5th digits if applicable. Decimal is in						
Length:	5 <b>Type:</b> Alphanumeric	Data Source:	Claim				
Field 164:	OTH_SURG_PROC_CODE_11						
	Code for surgical or obstetrical procedure other than the p	rincipal procedure per	formed during the				
	period covered by the bill. ICD-9, HCPCS, or CPT code.	T. P. T. T.	8				
Length:	7 <b>Type:</b> Alphanumeric	Data Source:	Claim				
Field 165:	OTH_SURG_PROC_DATE_11						
	Date the surgical or obstetrical procedure other than the pr	rincipal procedure was	performed. Entered				
	as <i>YYYYMMDD</i> .						
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim				
<b>Field 166:</b>	OTH_SURG_PROC_DAY_11						
	Day of other surgical or obstetrical procedure <i>equals</i> Othe	r Surgical Procedure I	Date minus				
T 41	Admission/Start of Care Date.	<b>D</b> 4 G	CI :				
Length:	4 Type: Alphanumeric	Data Source:	Claim				
<b>Field 167:</b>	OTH_ICD9_CODE_11						
	ICD-9-CM diagnosis code for surgical or obstetrical proceincluding the 4th and 5th digits if applicable. Decimal is in						
Length:	5 <b>Type:</b> Alphanumeric	Data Source:	Claim				
Field 168:	OTH_SURG_PROC_CODE_12	Data Source.	Ciuiiii				
11010 1001	Code for surgical or obstetrical procedure other than the p	rincipal procedure per	formed during the				
	period covered by the bill. ICD-9, HCPCS, or CPT code.	rinospui proceduro per	iorinie a during tire				
Length:	7 <b>Type:</b> Alphanumeric	Data Source:	Claim				
Field 169:	OTH_SURG_PROC_DATE_12						
	Date the surgical or obstetrical procedure other than the pr	rincipal procedure was	performed. Entered				
	as <i>YYYYMMDD</i> .						
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim				
Field 170:	OTH_SURG_PROC_DAY_12						
	Day of other surgical or obstetrical procedure <i>equals</i> Othe	r Surgical Procedure I	Date minus				
	Admission/Start of Care Date.		~				
Length:	4 Type: Alphanumeric	Data Source:	Claim				
Field 171:	OTH_ICD9_CODE_12	1 d d d					
	ICD-9-CM diagnosis code for surgical or obstetrical processing by the state of the diagnosis code for surgical or obstetrical processing by the state of the stat						
Longth	including the 4th and 5th digits if applicable. Decimal is in	nplied following the the Data Source:	urd character. Claim				
Length: Field 172:	5 Type: Alphanumeric OTH_SURG_PROC_CODE_13	Data Source:	Ciaiiii				
riciu 1/2:	OTH_SUNG_I NOC_CODE_IS						

	Code for surgical or obstetric	al procedure other than the princip	oal procedure perf	Formed during the	
T 41	period covered by the bill. IC		<b>T</b>	CI.:	
Length:	7 Type: Alphanui		Data Source:	Claim	
<b>Field 173:</b>	OTH_SURG_PROC_DATE_13  Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered				
	as YYYYMMDD.	ar procedure other than the principa	ai procedure was	performed. Entered	
Length:	8 <b>Type:</b> Alphanui	neric	Data Source:	Claim	
Field 174:	OTH_SURG_PROC_DAY				
		etrical procedure <i>equals</i> Other Surg	gical Procedure D	Date minus	
	Admission/Start of Care Date				
Length:	4 <b>Type:</b> Alphanui	neric	<b>Data Source:</b>	Claim	
Field 175:	OTH_ICD9_CODE_13			_	
		r surgical or obstetrical procedure			
		ts if applicable. Decimal is implied	_		
Length:	5 <b>Type:</b> Alphanui		Data Source:	Claim	
<b>Field 176:</b>	OTH_SURG_PROC_COD				
		al procedure other than the princip	al procedure perf	formed during the	
T 41	period covered by the bill. IC		<b>D</b> 4 G	CI.	
Length:	7 Type: Alphanui		Data Source:	Claim	
Field 177:	OTH_SURG_PROC_DAT	E_14 al procedure other than the principa	al propadura uvas	norformed Entered	
	as YYYYMMDD.	ar procedure other than the principa	ai procedure was	performed. Entered	
Length:	8 <b>Type:</b> Alphanui	neric	Data Source:	Claim	
Field 178:	OTH_SURG_PROC_DAY		Data Source.	Ciaini	
ricia 170.		etrical procedure <i>equals</i> Other Surg	pical Procedure D	Date minus	
	Admission/Start of Care Date		51041 1 10004410 2	ace minus	
Length:	4 <b>Type:</b> Alphanui		Data Source:	Claim	
Field 179:	OTH_ICD9_CODE_14				
		r surgical or obstetrical procedure	other than the pri	ncipal procedure,	
	including the 4th and 5th dig	ts if applicable. Decimal is implied	d following the th	nird character.	
Length:	5 <b>Type:</b> Alphanui		Data Source:	Claim	
<b>Field 180:</b>	OTH_SURG_PROC_COD				
		al procedure other than the princip	al procedure perf	formed during the	
T	period covered by the bill. IC		Data Source:	Claim	
Length: Field 181:	7 Type: Alphanui OTH_SURG_PROC_DATI		Data Source:	Ciaiiii	
rieiu 101:		2_13 al procedure other than the principa	al procedure was	nerformed Entered	
	as YYYYMMDD.	if procedure other than the principal	ai procedure was	performed. Entered	
Length:	8 <b>Type:</b> Alphanui	neric	Data Source:	Claim	
Field 182:	OTH_SURG_PROC_DAY				
		etrical procedure <i>equals</i> Other Surg	gical Procedure D	Date minus	
	Admission/Start of Care Date				
Length:	4 <b>Type:</b> Alphanui	neric	Data Source:	Claim	
Field 183:	OTH_ICD9_CODE_15				
	C	r surgical or obstetrical procedure		* *	
T 41	-	ts if applicable. Decimal is implied	•		
Length: Field 184:	5 Type: Alphanui OTH SURG PROC COD		Data Source:	Claim	
rieia 184:		L_10 al procedure other than the princip	al procedure perf	Formad during the	
	period covered by the bill. IC		ai procedure peri	office during the	
Length:	7 <b>Type:</b> Alphanur		Data Source:	Claim	
Field 185:	OTH_SURG_PROC_DATE				
<del></del>		al procedure other than the principal	al procedure was	performed. Entered	
	as <i>YYYYMMDD</i> .		-	=	
Length:	8 <b>Type:</b> Alphanur	neric	Data Source:	Claim	

T1 11404	OWN GUDG BROG BAY 44					
<b>Field 186:</b>	OTH_SURG_PROC_DAY_16	/ Odan C 1 D . 1 . F	N. 4			
	Day of other surgical or obstetrical procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i>					
T41	Admission/Start of Care Date.	D-4- C	Claim			
Length:	4 Type: Alphanumeric OTH ICD9 CODE 16	Data Source:	Claim			
Field 187:						
	ICD-9-CM diagnosis code for surgical or obstetrical procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.					
Length:	5 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 188:	OTH SURG PROC CODE 17	Data Source.	Ciaiiii			
riciu 100.	Code for surgical or obstetrical procedure other tha	n the principal procedure per	formed during the			
	period covered by the bill. ICD-9, HCPCS, or CPT		office during the			
Length:	7 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 189:	OTH_SURG_PROC_DATE_17	Duta Source:				
11010 1071	Date the surgical or obstetrical procedure other than	the principal procedure was	performed. Entered			
	as YYYYMMDD.	r r r	1			
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 190:	OTH_SURG_PROC_DAY_17					
	Day of other surgical or obstetrical procedure equa	s Other Surgical Procedure I	Date minus			
	Admission/Start of Care Date.					
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 191:	OTH_ICD9_CODE_17					
	ICD-9-CM diagnosis code for surgical or obstetrica	l procedure other than the pri	ncipal procedure,			
	including the 4th and 5th digits if applicable. Decir	1				
Length:	5 Type: Alphanumeric	Data Source:	Claim			
<b>Field 192:</b>	OTH_SURG_PROC_CODE_18					
	Code for surgical or obstetrical procedure other tha		formed during the			
T41	period covered by the bill. ICD-9, HCPCS, or CPT		Claim			
Length: Field 193:	7 Type: Alphanumeric OTH_SURG_PROC_DATE_18	Data Source:	Claim			
riela 195:	Date the surgical or obstetrical procedure other than	the principal procedure was	performed Entered			
	as YYYYMMDD.	t the principal procedure was	performed. Efficied			
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 194:	OTH_SURG_PROC_DAY_18	Duta Bource.	Ciuiii			
21010 10 10	Day of other surgical or obstetrical procedure <i>equa</i>	ls Other Surgical Procedure I	Date minus			
	Admission/Start of Care Date.	2				
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 195:	OTH_ICD9_CODE_18					
	ICD-9-CM diagnosis code for surgical or obstetrica	l procedure other than the pri	ncipal procedure,			
	including the 4th and 5th digits if applicable. Decin	nal is implied following the th				
Length:	5 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 196:	OTH_SURG_PROC_CODE_19					
	Code for surgical or obstetrical procedure other tha		formed during the			
	period covered by the bill. ICD-9, HCPCS, or CPT		C1 1			
Length:	7 Type: Alphanumeric	Data Source:	Claim			
<b>Field 197:</b>	OTH_SURG_PROC_DATE_19		C 1 E . 1			
	Date the surgical or obstetrical procedure other than	the principal procedure was	performed. Entered			
T	as YYYYMMDD.	Data Carriage	Claim			
Length:	8 Type: Alphanumeric OTH_SURG_PROC_DAY_19	Data Source:	Claim			
Field 198:	Day of other surgical or obstetrical procedure <i>equa</i>	Is Other Surgical Procedure I	late minus			
	Admission/Start of Care Date.	o Onici Surgical Mocedule L	ac minus			
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 199:	OTH_ICD9_CODE_19	Data Source.	Ç1M1111			
11010 1//	ICD-9-CM diagnosis code for surgical or obstetrica	l procedure other than the pri	ncipal procedure.			
	including the 4th and 5th digits if applicable. Decir					

Length:	5 <b>Type:</b> Alphanumeric	Data Source:	Claim				
Field 200:	OTH_SURG_PROC_CODE_20						
	Code for surgical or obstetrical procedure other than the principal procedure performed during the						
	period covered by the bill. ICD-9, HCPCS, or CPT code.						
Length:	7 <b>Type:</b> Alphanumeric	Data Source:	Claim				
<b>Field 201:</b>	OTH_SURG_PROC_DATE_20	OTH_SURG_PROC_DATE_20					
	Date the surgical or obstetrical procedure other than the as <i>YYYYMMDD</i> .	e principal procedure was	performed. Entered				
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim				
Field 202:	OTH_SURG_PROC_DAY_20						
	Day of other surgical or obstetrical procedure equals O	ther Surgical Procedure I	Date minus				
	Admission/Start of Care Date.						
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Claim				
<b>Field 203:</b>	OTH_ICD9_CODE_20						
	ICD-9-CM diagnosis code for surgical or obstetrical pro-						
_	including the 4th and 5th digits if applicable. Decimal i	_					
Length:	5 <b>Type:</b> Alphanumeric	Data Source:	Claim				
Field 204:	OTH_SURG_PROC_CODE_21						
	Code for surgical or obstetrical procedure other than the		formed during the				
Longth	period covered by the bill. ICD-9, HCPCS, or CPT cod	e.  Data Source:	Claim				
Length: Field 205:	7 Type: Alphanumeric OTH SURG PROC DATE 21	Data Source:	Ciaiiii				
riela 205:	Date the surgical or obstetrical procedure other than the	nrincinal procedure was	performed Entered				
	as YYYYMMDD.	principal procedure was	performed. Entered				
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim				
Field 206:	OTH_SURG_PROC_DAY_21	Data Source.	Citiiii				
11010 2001	Day of other surgical or obstetrical procedure <i>equals</i> O	ther Surgical Procedure I	Date minus				
	Admission/Start of Care Date.						
Length:	4 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim				
Field 207:	OTH_ICD9_CODE_21						
	ICD-9-CM diagnosis code for surgical or obstetrical pro-						
	including the 4th and 5th digits if applicable. Decimal i	_					
Length:	5 <b>Type:</b> Alphanumeric	Data Source:	Claim				
<b>Field 208:</b>	OTH_SURG_PROC_CODE_22						
	Code for surgical or obstetrical procedure other than the		formed during the				
I amadh.	period covered by the bill. ICD-9, HCPCS, or CPT cod		Claim				
Length: Field 209:	7 Type: Alphanumeric OTH_SURG_PROC_DATE_22	Data Source:	Claim				
riela 209:	Date the surgical or obstetrical procedure other than the	principal procedure was	performed Entered				
	as YYYYMMDD.	principal procedure was	performed. Entered				
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim				
Field 210:	OTH_SURG_PROC_DAY_22	Data Source.	Ciuiii				
11010 2101	Day of other surgical or obstetrical procedure <i>equals</i> O	ther Surgical Procedure I	Date minus				
	Admission/Start of Care Date.	C					
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Claim				
Field 211:	OTH_ICD9_CODE_22						
	ICD-9-CM diagnosis code for surgical or obstetrical pro-	ocedure other than the pri	incipal procedure,				
	including the 4th and 5th digits if applicable. Decimal i	_	nird character.				
Length:	5 <b>Type:</b> Alphanumeric	Data Source:	Claim				
<b>Field 212:</b>	OTH_SURG_PROC_CODE_23						
	Code for surgical or obstetrical procedure other than the		formed during the				
T /1	period covered by the bill. ICD-9, HCPCS, or CPT cod		CI.				
Length:	7 Type: Alphanumeric	Data Source:	Claim				
<b>Field 213:</b>	OTH_SURG_PROC_DATE_23						

	Date the surgical or obstetrical procedure other than	an the principal procedure was	performed. Entered
Length:	as YYYYMMDD.  8 Type: Alphanumeric	Data Source:	Claim
Field 214:	OTH_SURG_PROC_DAY_23	Duta Source:	- Camini
11010 -1110	Day of other surgical or obstetrical procedure <i>equa</i>	als Other Surgical Procedure D	ate minus
	Admission/Start of Care Date.		
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 215:	OTH_ICD9_CODE_23		
	ICD-9-CM diagnosis code for surgical or obstetric	al procedure other than the pri	ncipal procedure,
	including the 4th and 5th digits if applicable. Deci	mal is implied following the th	ird character.
Length:	5 <b>Type:</b> Alphanumeric	Data Source:	Claim
<b>Field 216:</b>	OTH_SURG_PROC_CODE_24		
	Code for surgical or obstetrical procedure other th		formed during the
	period covered by the bill. ICD-9, HCPCS, or CPT		CI.
Length:	7 Type: Alphanumeric	Data Source:	Claim
<b>Field 217:</b>	OTH_SURG_PROC_DATE_24		C 1 F 1
	Date the surgical or obstetrical procedure other tha	in the principal procedure was	performed. Entered
Longth	as YYYYMMDD. 8 <b>Type:</b> Alphanumeric	Data Source:	Claim
Length: Field 218:	OTH_SURG_PROC_DAY_24	Data Source:	Ciaiiii
rielu 210.	Day of other surgical or obstetrical procedure <i>equa</i>	als Other Surgical Procedure F	Nate minus
	Admission/Start of Care Date.	iis Other Burgical Frocedure E	ace minus
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 219:	OTH_ICD9_CODE_24		
	ICD-9-CM diagnosis code for surgical or obstetric	al procedure other than the pri	ncipal procedure,
	including the 4th and 5th digits if applicable. Deci		
Length:	5 <b>Type:</b> Alphanumeric	Data Source:	Claim
<b>Field 220:</b>	MS_MDC		
	Major Diagnostic Category (MDC) as assigned by		nistration (HCFA) for
	hospital payment for Medicare beneficiaries. First		
Length:	2 Type: Alphanumeric	Data Source:	Assigned
<b>Field 221:</b>	APR_MDC Major Diagnostic Category (MDC) as assigned by	2M ADD DDG Grouper ware	ion 20
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Assigned
Field 222:	MS_DRG	Data Source.	Assigned
ricia 222.	Health Care Financing Administration (HCFA) Di	agnosis Related Group (DRG)	as assigned for
	hospital payment for Medicare beneficiaries.	g	
Length:	3 <b>Type:</b> Alphanumeric	Data Source:	Assigned
<b>Field 223:</b>	APR_DRG		
	All Patient Refined (APR) Diagnosis Related Gro	up (DRG) as assigned by 3M A	APR-DRG Grouper,
	version 20.		
Length:	3 <b>Type:</b> Alphanumeric	Data Source:	Assigned
<b>Field 224:</b>	RISK_MORTALITY	11.5	
	Assignment of a risk of mortality score from the A		
Codina	(DRG) from the 3M APR-DRG Grouper, version 1 Minor	20. Indicates the likelihood of	ayıng.
Coding Scheme:	2 Moderate		
Scheme.	3 Major		
T41	4 Extreme	Data Carrier	A
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Assigned
Field 225:	ILLNESS_SEVERITY		
11010 220	Assignment of a severity of illness score from the	All Patient Refined (APR) Dia	gnosis Related Group
	(DRG) from the 3M APR-DRG Grouper, version		
	decompensation.	r	S
Coding	1 Minor		
Counts	- 1 WIIIOI		

Scheme:	2	Moderate			
	3 4	Major Extreme			
	- · 0	No class specified			
Length:	1	Type: Alphanumeric	Data Sou	rce:	Assigned
Field 226:	APR	_GROUPER_ VERSION_NBR			
	Version	on number of the 3M APR-DRG Grouper used.			
Length:	5	Type: Alphanumeric	Data Sou	rce:	Assigned
<b>Field 227:</b>		_GROUPER_ERROR_CODE			
		code assigned by the 3M APR-DRG Grouper.			
Length:	2	Type: Alphanumeric	Data Sou		Assigned
<b>Field 228:</b>		_GROUPER_VERSION_NBR	Available		
		S Medicare Severity Diagnosis Related Grouper (formerly			
	codes	ted as HCFA_GROUPER_VERSION_NBR) version used	u to assign r	NIO DR	G and, MS MDC
Length:	5	Type:	Alphanum	neric I	Data Source:
Length.	3	Type.	Assigned	icric 1	Jata Source.
Field 229:	MS (	GROUPER_ERROR_CODE	Available	begini	ning 2011
11010> (		codes identify potential variations with MS DRG code as		o v g i i i	g = 011
Coding	00	No errors. DRG successfully assigned.	11	Inva	lid Principal
Scheme:				Diag	gnosis
	01	Diagnosis code cannot be used as principal diagnosis	19	Disa	bleHac = 0 and at
					one HAC POA is
					lid or exempt
	02	Record does not meet criteria for any DRG	20		bleHac is invalid and
					ast one HAC POA is
	03	T 1'1 A	21	N or	
	03	Invalid Age	21		bleHac is invalid and
					ast one HAC POA is lid or exempt
	04	Invalid Sex	22		bleHac = 0 and at
		Invalid Sex			one HAC POA is
				exer	
	05	Invalid Discharge Status	23		bleHac is invalid and
					ast one HAC POA is
				exer	
	10	Illogical Principal Diagnosis (CMS only)	24		bleHac = 0 and there
					nultiple HACs that
					different HAC POA
					es that are not Y, W,
	11	T 1/1D: : 1D: :		N, U	
	11	Invalid Principal Diagnosis	25		bleHac is invalid and
					e are multiple HACs have different HAC
					values that are not
				Yor	
	10	Illogical Principal Diagnosis (CMS only)			
Length:	2	Type:	Alphanun	neric	Data Source:
			Assigned		
Г			· · · · · · · · · · · · · · · · · · ·	_	

Field 230: ATTENDING\_PHYSICIAN\_UNIF\_ID

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

	treat	patients.		•	•
Coding Scheme:	99999	99999	Temporary license or license n	umber could not be matched	
Length:	10	Type:	Alphanumeric	Data Source:	Assigned
<b>Field 231:</b>	OPE	RATING_	PHYSICIAN_UNIF_ID		
	opera licens physi inpat	tting physicsed to pract cian who a ients, include	cian or physician other than tice medicine under the Me admits patients to hospitals	tifier (if applicable). Unique identifier the attending physician. Physician is dical Practice Act. Can include an ind or who provides diagnostic or therape actors, dentists, nurse practitioners, nu mit or treat patients.	an individual ividual other than a utic procedures to
Coding Scheme:	99999	99999	Temporary license or license n	umber could not be matched	
Length:	10	Type:	Alphanumeric	Data Source:	Assigned

Scheme:	10	TD.	A1.1	D 4	G A
Length:	10	Type:	Alphanumeric	Data	Source: Assigned
Field 232:		UR_CODE			
	Code	describing a	a significant event relating to the claim.		
Coding	1	Auto accide	ent	39	Date discharged on a continuous course if IV therapy
Scheme:	2	No Fault In	surance Involved - Including Auto Accident/Other	40	Scheduled date of admission
	3	Accident/ T	ort Liability	41	Date of first test of pre-admission testing
	4	Accident/ E	Employment Related	42	Date of discharge (hospice only)
	5	Other accid		43	Scheduled date of canceled surgery
	6	Crime Victi		44	Date treatment started - OT
	9	Start of Infe	ertility Treatment Cycle	45	Date treatment started - ST
	10	Last Menstr	rual Period	46	Date treatment started - Cardiac rehabiliation
	11	Onset of Sy	mptoms/ Illness	47	Date cost outlier status begins
	12		set for a Chronically Dependent Individual	A1	Birthdate - Insured A
	16	Date of Las	* *	A2	Effective Date - Insured A Policy
	17	Date Outpa	tient OT Plan Established or Last Reviewed	A3	Payer A benefits exhausted
	18	Date of Ret	irement - Patient/Beneficiary	A4	Split Bill Date
	19	Date of Ret	irement - Spouse	B1	Birthdate - Insured B
	20	Date Guara	ntee of Payment Began	B2	Effective date - Insured B Policy
	21	Date UR No	otice Received	В3	Payer B benefits exhausted
	22	Date Active	Care Ended	C1	Birthdate - Insured C
	24	Date Insura	nce Denied	C2	Effective date - Insured C Policy
	25	Date Benefi	its Terminated by Primary Payer	C3	Payer C benefits exhausted
	26	Date SNF E	Bed Became Available	E1	Birthdate - Insured D
	27	Date Home	Health Plan Established or Last Reviewd	E2	Effective date - Insured D Policy
	28	Date Comp Last Review	rehensive Outpatient Rehabilitation Plan Established or ved	E3	Payer D benefits exhausted
	29	Date Outpa	tient PT Plan established or last reviewed	F1	Birthdate - Insured E
	30	Date Outpa	tient ST Plan established or last reviewed	F2	Effective date - Insured E Policy
	31	Date benefi	ciary notified of intent to bill (accommodations)	F3	Payer E benefits exhausted
	32	treatments)	ciary notified of intent to bill (procedures or	G1	Birthdate - Insured F
	37	Date of inpa patients	atient hospital discharge for non-covered transplant	G2	Effective date - Insured F Policy
	38	Date treatm	ent started for home IV therapy	G3	Payer F benefits exhausted
Length:	2	Type:	Alphanumeric	Data	Source: Claim
Field 233:	OCC	UR_DATE	_1		
	Date	of occurrence	ce, as <i>YYYYMMDD</i> .		

Type:

Alphanumeric

Length:

**Data Source:** 

Claim

<b>Field 234:</b>	OCCUR_DAY_1	
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.	CI.
Length:	4 Type: Alphanumeric Data Source:	Claim
<b>Field 235:</b>	OCCUR_CODE_2	
	Code describing a significant event relating to the claim.	
Coding	Same as Field 232.	
Scheme:	Same as I reia 232.	
Length:	2 Type: Alphanumeric Data Source:	Claim
<b>Field 236:</b>	OCCUR_DATE_2	
	Date of occurrence, as YYYYMMDD.	
Length:	8 Type: Alphanumeric Data Source:	Claim
<b>Field 237:</b>	OCCUR_DAY_2	
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.	CI.
Length:	4 Type: Alphanumeric Data Source:	Claim
<b>Field 238:</b>	OCCUR_CODE_3	
Cadina	Code describing a significant event relating to the claim.	
Coding Scheme:	Same as Field 232.	
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
Field 239:	OCCUR_DATE_3	Ciaiiii
1 101u 237.	Date of occurrence, as YYYYMMDD.	
Length:	8 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
Field 240:	OCCUR_DAY_3	Citim
1 icia 240.	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.	
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
Field 241:	OCCUR_CODE_4	
	Code describing a significant event relating to the claim.	
Coding		
Scheme:	Same as Field 232.	
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
<b>Field 242:</b>	OCCUR_DATE_4	
	Date of occurrence, as YYYYMMDD.	
Length:	8 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
<b>Field 243:</b>	OCCUR_DAY_4	
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.	CI. I
Length:	4 Type: Alphanumeric Data Source:	Claim
<b>Field 244:</b>	OCCUR_CODE_5	
Codina	Code describing a significant event relating to the claim.	
Coding Scheme:	Same as Field 232.	
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
Field 245:	OCCUR_DATE_5	Cimini
riciu 475.	Date of occurrence, as YYYYMMDD.	
Length:	8 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
Field 246:	OCCUR_DAY_5	
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.	
Length:	4 Type: Alphanumeric Data Source:	Claim
Field 247:	OCCUR_CODE_6	
	Code describing a significant event relating to the claim.	
Coding	Same as Field 232.	
Scheme:		
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
Field 248:	OCCUR_DATE_6	
	Date of occurrence, as YYYYMMDD.	CI.:
Length:	8 Type: Alphanumeric Data Source:	Claim

Field 249:	OCCUR_DAY_6	
T41	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.	Clair.
Length:	4 Type: Alphanumeric Data Source:	Claim
<b>Field 250:</b>	OCCUR_CODE_7	
Codina	Code describing a significant event relating to the claim.	
Coding Scheme:	Same as Field 232.	
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
Field 251:	OCCUR_DATE_7	Ciaiii
Ticia 251.	Date of occurrence, as <i>YYYYMMDD</i> .	
Length:	8 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
Field 252:	OCCUR_DAY_7	Ciuiii
11010	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.	
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
Field 253:	OCCUR_CODE_8	_
	Code describing a significant event relating to the claim.	
Coding		
Scheme:	Same as Field 232.	
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
<b>Field 254:</b>	OCCUR_DATE_8	
	Date of occurrence, as YYYYMMDD.	~
Length:	8 Type: Alphanumeric Data Source:	Claim
<b>Field 255:</b>	OCCUR_DAY_8	
T 41	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.	Clair.
Length:	4 Type: Alphanumeric Data Source:	Claim
<b>Field 256:</b>	OCCUR_CODE_9 Code describing a significant event relating to the claim.	
Coding	Code describing a significant event relating to the claim.	
Scheme:	Same as Field 232.	
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
Field 257:	OCCUR_DATE_9	Ciuiii
	Date of occurrence, as <i>YYYYMMDD</i> .	
Length:	8 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
Field 258:	OCCUR_DAY_9	
	Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.	
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
Field 259:	OCCUR_CODE_10	
	Code describing a significant event relating to the claim.	
Coding	Same as Field 232.	
Scheme:		CI.:
Length:	2 Type: Alphanumeric Data Source:	Claim
<b>Field 260:</b>	OCCUR_DATE_10	
I anath.	Date of occurrence, as YYYYMMDD.	Claim
Length: Field 261:	8 Type: Alphanumeric Data Source: OCCUR_DAY_10	Ciaiiii
riciu 201:	171 3 3 1 1	
Length:	Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.	Claim
Length: Field 262:	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.  4 <b>Type:</b> Alphanumeric <b>Data Source:</b>	Claim
Length: Field 262:	Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  4 Type: Alphanumeric Data Source:  OCCUR_CODE_11	Claim
Field 262:	Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  4	Claim
	Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  4 Type: Alphanumeric Data Source:  OCCUR_CODE_11	Claim
Field 262: Coding	Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  4	Claim
Field 262: Coding Scheme:	Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  4 Type: Alphanumeric Data Source:  OCCUR_CODE_11  Code describing a significant event relating to the claim.  Same as Field 232.	
Field 262: Coding Scheme: Length:	Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  4	
Field 262: Coding Scheme: Length:	Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.  4	

Field 264:	OCCUR_DAY_11	
	Occurrence Day equals Occurrence Date minus Admis	
Length:	4 <b>Type:</b> Alphanumeric	Data Source: Claim
<b>Field 265:</b>	OCCUR_CODE_12	
	Code describing a significant event relating to the clair	n.
Coding	Same as Field 232.	
Scheme:	Same as Field 252.	
Length:	2 <b>Type:</b> Alphanumeric	Data Source: Claim
Field 266:	OCCUR_DATE_12	
	Date of occurrence, as YYYYMMDD.	
Length:	8 <b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
Field 267:	OCCUR_DAY_12	
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admis	sion/Start of Care Date.
Length:	4 <b>Type:</b> Alphanumeric	Data Source: Claim
Field 268:	OCCUR_SPAN_CODE_1	
	Code describing a significant event relating to the clair	n that may affect payer processing.
Coding	70 Qualifying stay dates (for SNF use only)	78 SNF prior stay dates
Scheme:	71 Prior stay dates	79 Payer use codes
Scheme.	72 First/Last Visit	M0 PRO/UR approved stay dates
	73 Benefit eligibility period 74 Noncovered level of care/Leave of absence	M1 Provider liability - no utilization M2 Inpatient respite dates
	75 SNF level of care	M3 ICF level of care
	76 Patient Liability Period	M4 Residential level of care
	77 Provider Liability - Utilization Charged	78 SNF prior stay dates
Length:	2 Type: Alphanumeric	Data Source: Claim
<b>Field 269:</b>	OCCUR_SPAN_FROM_1	
	Occurrence Span From <i>equals</i> Beginning Date of Ever	
Length:	6 <b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 270:</b>	OCCUR_SPAN_THRU_1	
	Occurrence Span Thru <i>equals</i> Ending Date of Event <i>m</i>	
Length:	6 Type: Alphanumeric	Data Source: Claim
<b>Field 271:</b>		
	OCCUR_SPAN_CODE_2	
	Code describing a significant event relating to the clair	n that may affect payer processing.
Coding		n that may affect payer processing.
Coding Scheme:	Code describing a significant event relating to the clair Same as Field 268.	
Coding Scheme: Length:	Code describing a significant event relating to the clair Same as Field 268.  2 Type: Alphanumeric	n that may affect payer processing.  Data Source: Claim
Coding Scheme:	Code describing a significant event relating to the clair Same as Field 268.  2	Data Source: Claim
Coding Scheme: Length: Field 272:	Code describing a significant event relating to the clair Same as Field 268.  2	Data Source: Claim  at minus Admission/Start of Care Date.
Coding Scheme: Length: Field 272: Length:	Code describing a significant event relating to the clair Same as Field 268.  2	Data Source: Claim
Coding Scheme: Length: Field 272:	Code describing a significant event relating to the clair Same as Field 268.  2	Data Source: Claim  at minus Admission/Start of Care Date.  Data Source: Claim
Coding Scheme: Length: Field 272: Length: Field 273:	Code describing a significant event relating to the clair Same as Field 268.  2	Data Source: Claim  at minus Admission/Start of Care Date.  Data Source: Claim  inus Admission/Start of Care Date.
Coding Scheme: Length: Field 272: Length: Field 273: Length:	Code describing a significant event relating to the clair Same as Field 268.  2     Type: Alphanumeric  OCCUR_SPAN_FROM_2 Occurrence Span From equals Beginning Date of Event 6     Type: Alphanumeric  OCCUR_SPAN_THRU_2 Occurrence Span Thru equals Ending Date of Event m. 6     Type: Alphanumeric	Data Source: Claim  at minus Admission/Start of Care Date.  Data Source: Claim
Coding Scheme: Length: Field 272: Length: Field 273:	Code describing a significant event relating to the clair Same as Field 268.  2    Type: Alphanumeric  OCCUR_SPAN_FROM_2 Occurrence Span From equals Beginning Date of Event 6    Type: Alphanumeric  OCCUR_SPAN_THRU_2 Occurrence Span Thru equals Ending Date of Event m. 6    Type: Alphanumeric  OCCUR_SPAN_CODE_3	Data Source: Claim  at minus Admission/Start of Care Date. Data Source: Claim  inus Admission/Start of Care Date. Data Source: Claim
Coding Scheme: Length: Field 272: Length: Field 273: Length: Field 274:	Code describing a significant event relating to the clair Same as Field 268.  2     Type: Alphanumeric  OCCUR_SPAN_FROM_2 Occurrence Span From equals Beginning Date of Event 6     Type: Alphanumeric  OCCUR_SPAN_THRU_2 Occurrence Span Thru equals Ending Date of Event m. 6     Type: Alphanumeric	Data Source: Claim  at minus Admission/Start of Care Date. Data Source: Claim  inus Admission/Start of Care Date. Data Source: Claim
Coding Scheme: Length: Field 272: Length: Field 273: Length: Field 274: Coding	Code describing a significant event relating to the clair Same as Field 268.  2    Type: Alphanumeric  OCCUR_SPAN_FROM_2 Occurrence Span From equals Beginning Date of Event 6    Type: Alphanumeric  OCCUR_SPAN_THRU_2 Occurrence Span Thru equals Ending Date of Event m. 6    Type: Alphanumeric  OCCUR_SPAN_CODE_3	Data Source: Claim  at minus Admission/Start of Care Date. Data Source: Claim  inus Admission/Start of Care Date. Data Source: Claim
Coding Scheme: Length: Field 272: Length: Field 273: Length: Field 274: Coding Scheme:	Code describing a significant event relating to the clair Same as Field 268.  2	Data Source: Claim  It minus Admission/Start of Care Date. Data Source: Claim  Inus Admission/Start of Care Date. Data Source: Claim  In that may affect payer processing.
Coding Scheme: Length: Field 272: Length: Field 273: Length: Field 274: Coding Scheme: Length:	Code describing a significant event relating to the clair Same as Field 268.  2	Data Source: Claim  at minus Admission/Start of Care Date. Data Source: Claim  inus Admission/Start of Care Date. Data Source: Claim
Coding Scheme: Length: Field 272: Length: Field 273: Length: Field 274: Coding Scheme:	Code describing a significant event relating to the clair Same as Field 268.  2	Data Source: Claim  It minus Admission/Start of Care Date. Data Source: Claim  Inus Admission/Start of Care Date. Data Source: Claim  In that may affect payer processing.  Data Source: Claim
Coding Scheme: Length: Field 272: Length: Field 273: Length: Field 274: Coding Scheme: Length: Field 275:	Code describing a significant event relating to the clair Same as Field 268.  2     Type: Alphanumeric  OCCUR_SPAN_FROM_2 Occurrence Span From equals Beginning Date of Event 6     Type: Alphanumeric  OCCUR_SPAN_THRU_2 Occurrence Span Thru equals Ending Date of Event m. 6     Type: Alphanumeric  OCCUR_SPAN_CODE_3 Code describing a significant event relating to the clair Same as Field 268.  2     Type: Alphanumeric  OCCUR_SPAN_FROM_3 Occurrence Span From equals Beginning Date of Event	Data Source: Claim  It minus Admission/Start of Care Date. Data Source: Claim  In that may affect payer processing.  Data Source: Claim  In that may affect payer processing.
Coding Scheme: Length: Field 272: Length: Field 273: Length: Field 274: Coding Scheme: Length: Field 275: Length:	Code describing a significant event relating to the clair Same as Field 268.  2     Type: Alphanumeric  OCCUR_SPAN_FROM_2 Occurrence Span From equals Beginning Date of Event 6     Type: Alphanumeric  OCCUR_SPAN_THRU_2 Occurrence Span Thru equals Ending Date of Event m. 6     Type: Alphanumeric  OCCUR_SPAN_CODE_3 Code describing a significant event relating to the clair Same as Field 268.  2     Type: Alphanumeric  OCCUR_SPAN_FROM_3 Occurrence Span From equals Beginning Date of Event 6     Type: Alphanumeric	Data Source: Claim  It minus Admission/Start of Care Date. Data Source: Claim  Inus Admission/Start of Care Date. Data Source: Claim  In that may affect payer processing.  Data Source: Claim
Coding Scheme: Length: Field 272: Length: Field 273: Length: Field 274: Coding Scheme: Length: Field 275:	Code describing a significant event relating to the clair Same as Field 268.  2     Type: Alphanumeric  OCCUR_SPAN_FROM_2 Occurrence Span From equals Beginning Date of Event 6     Type: Alphanumeric  OCCUR_SPAN_THRU_2 Occurrence Span Thru equals Ending Date of Event m. 6     Type: Alphanumeric  OCCUR_SPAN_CODE_3 Code describing a significant event relating to the clair Same as Field 268.  2     Type: Alphanumeric  OCCUR_SPAN_FROM_3 Occurrence Span From equals Beginning Date of Event 6     Type: Alphanumeric OCCUR_SPAN_THRU_3	Data Source: Claim  In t minus Admission/Start of Care Date. Data Source: Claim  In that may affect payer processing.  Data Source: Claim  In that may affect payer processing.  Data Source: Claim  In thinus Admission/Start of Care Date. Data Source: Claim
Coding Scheme: Length: Field 272: Length: Field 273: Length: Field 274: Coding Scheme: Length: Field 275: Length: Field 275:	Code describing a significant event relating to the clair Same as Field 268.  2     Type: Alphanumeric  OCCUR_SPAN_FROM_2 Occurrence Span From equals Beginning Date of Event 6     Type: Alphanumeric  OCCUR_SPAN_THRU_2 Occurrence Span Thru equals Ending Date of Event m. 6     Type: Alphanumeric  OCCUR_SPAN_CODE_3 Code describing a significant event relating to the clair Same as Field 268.  2     Type: Alphanumeric  OCCUR_SPAN_FROM_3 Occurrence Span From equals Beginning Date of Event 6     Type: Alphanumeric  OCCUR_SPAN_THRU_3 Occurrence Span Thru equals Ending Date of Event m.	Data Source: Claim  In t minus Admission/Start of Care Date. Data Source: Claim  In that may affect payer processing.  Data Source: Claim  In that may affect payer processing.  Data Source: Claim  In that minus Admission/Start of Care Date. Data Source: Claim  In this Admission/Start of Care Date. Data Source: Claim
Coding Scheme: Length: Field 272: Length: Field 273: Length: Field 274: Coding Scheme: Length: Field 275: Length: Field 276: Length:	Code describing a significant event relating to the clair Same as Field 268.  2	Data Source: Claim  In timinus Admission/Start of Care Date.  Data Source: Claim  In that may affect payer processing.  Data Source: Claim  In that may affect payer processing.  Data Source: Claim  In timinus Admission/Start of Care Date.  Data Source: Claim
Coding Scheme: Length: Field 272: Length: Field 273: Length: Field 274: Coding Scheme: Length: Field 275: Length: Field 275:	Code describing a significant event relating to the clair Same as Field 268.  2	Data Source: Claim  In thinus Admission/Start of Care Date. Data Source: Claim  In that may affect payer processing.  Data Source: Claim  In that may affect payer processing.  Data Source: Claim  In thinus Admission/Start of Care Date. Data Source: Claim  In thinus Admission/Start of Care Date. Data Source: Claim  In thinus Admission/Start of Care Date. Data Source: Claim
Coding Scheme: Length: Field 272: Length: Field 273: Length: Field 274: Coding Scheme: Length: Field 275: Length: Field 276: Length: Field 277:	Code describing a significant event relating to the clair Same as Field 268.  2	Data Source: Claim  In timinus Admission/Start of Care Date.  Data Source: Claim  In that may affect payer processing.  Data Source: Claim  In that may affect payer processing.  Data Source: Claim  In timinus Admission/Start of Care Date.  Data Source: Claim  In timinus Admission/Start of Care Date.  Data Source: Claim  In timinus Admission/Start of Care Date.  Data Source: Claim
Coding Scheme: Length: Field 272: Length: Field 273: Length: Field 274: Coding Scheme: Length: Field 275: Length: Field 276: Length: Field 277: Coding	Code describing a significant event relating to the clair Same as Field 268.  2	Data Source: Claim  In timinus Admission/Start of Care Date.  Data Source: Claim  In that may affect payer processing.  Data Source: Claim  In that may affect payer processing.  Data Source: Claim  In timinus Admission/Start of Care Date.  Data Source: Claim  In timinus Admission/Start of Care Date.  Data Source: Claim  In timinus Admission/Start of Care Date.  Data Source: Claim
Coding Scheme: Length: Field 272: Length: Field 273: Length: Field 274: Coding Scheme: Length: Field 275: Length: Field 276: Length: Field 277:	Code describing a significant event relating to the clair Same as Field 268.  2	Data Source: Claim  In thinus Admission/Start of Care Date. Data Source: Claim  In that may affect payer processing.  Data Source: Claim  In that may affect payer processing.  Data Source: Claim  In thinus Admission/Start of Care Date. Data Source: Claim  In thinus Admission/Start of Care Date. Data Source: Claim  In thinus Admission/Start of Care Date. Data Source: Claim

Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 278:	OCCUR_SPAN_FROM_4	Duta Source.	
11010 2701	Occurrence Span From <i>equals</i> Beginning Date of Event <i>n</i>	ninus Admission/Start of Ca	are Date.
Length:	6 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 279:	OCCUR_SPAN_THRU_4	Duta Source.	
ricia 277.	Occurrence Span Thru equals Ending Date of Event minu	us Admission/Start of Care I	Date
Length:	6 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 280:	CONDITION_CODE_1	Data Source.	Ciaiii
riciu 200.	Code describing a condition relating to the claim.		
Coding		Provider accepts	s or is obligated/required
Scheme:	<ol> <li>Military service related</li> <li>Condition is employment related</li> </ol>	by a primary page	yer as payment tual arrangement or law
	3 Patient covered by insurance not reflected here		not implemented by
	4 Information only bill.		s provided offsite
	4 Patient is HMO enrollee		s - nursing facility
	5 Lien has been filed	× )	weeks, elective C-
	6 ESRD patient in first 18 months of entitlement covered by EG	section or indo GHP 83 Gestation >=3	
	6 ESRD patient in first 18 months of entitlement covered by EG 7 Treatment of non-terminal condition for hospice patient 8 Beneficiary would not provide information concerning other	A0 CHAMPUS e A1 EPSDT/CHAI	xternal partnership P
	9 Neither patient or spouse is employed	A2 Physically har program	ndicapped children's
	10 Patient and/or spouse is employed but no EGHP exists	A3 Special Federa	al Funding
	Disabled beneficiary but no LGHP coverage exists	A4 Family planni	-
	17 Patient is homeless	A5 Disability	
	Maiden name retained	A6 Vaccines/Med	licare 100% payment
	19 Child retains mother's name		ion - danger to life
	Beneficiary requested billing	A8 Induced abort rape/incest	ion - victim
	21 Billing for denial notice	A9 Second opinio	on surgery
	Patient on multiple drug regimen	AA Abortion perfe	ormed due to rape
	Home care giver available		ormed due to incest
	Home IV patient also receiving HHA services		ormed due to serious lefect, deformity,
	25 Patient is non-US resident	endangering p caused by, ari	
	VA eligible patient chooses to receive services in a Medicare of facility	AE Abortion perfe	
	Patient referred to a sole community hospital for a diagnostic laboratory test	AF Abortion performational/psy of mother	ormed due to chological health
	Patient and/or spouse's EGHP is secondary to Medicare	AG Abortion performance economic reas	ormed due to social or
	29 Disabled beneficiary and/or family member's LGHP is second Medicare		
	Non-research services provided to patients enrolled in a qualif clinical trial	fied AI Sterilization	
	Patient is student (full time - day)	AJ Payer respons	ible for co-payment
	Patient is student (cooperative/work study program)	AJ Payer respons	ible for co-payment
	Patient is student (full time - night)	AK Air ambulance	e required
	Patient is student (part-time)	AL Specialized tro unavailable	eatment/bed
	General care patient in a special unit	•	cy medically tcher transport
	Ward accommodation at patient request	required Pre-admission required	screening not
	Semi-private room not available	B0 Medicare coordemonstration	
	Private room medically necessary	B1 Beneficiary is demonstration	ineligible for

Length:	2	Type:	Alphanumeric		Data S	ource:	Claim
Scheme:	Same	as Field 280	).				
Coding		•	condition relating to the claim.				
<b>Field 283:</b>		DITION_C					
Length:	2	Type:	Alphanumeric		Data S	ource:	Claim
Scheme:							
Coding		as Field 280	•				
Field 282:		_	ODE_3 condition relating to the claim.				
Length:	CON	Type: DITION C	Alphanumeric ODE 3		Data S	ource:	Claim
Scheme:					D-4 C		Claim
Coding	Same	as Field 280	· ).				
		_	condition relating to the claim.				
Field 281:	CON	DITION C			- au D		
Length:	2	Type:	Alphanumeric		Data S	ource:	Claim
	75	Home - 100	% reimbursement		P1		Resuscitate Order (DNR)
	74	Home			M2	HHA pay	yment significantly exceeds rges
	, 3	Son care da	σ			pneumoi	nia vacine (PPV)
	73	Self care tra	ining		M1		illed influenza virus or pneumoccal
	72	Self care in	unit		M0	services	•
	71	Full care in			Н0	Submitte	
							Filing, Statement of Intent
	69 70	IME/DGME Self-adminis	N&AH Payment Only		E0 G0	_	in Patient Status e Medical Visit
	69 69		N&AH Payment Only		D9	•	er Change
		IME paymer	·		D8	Primary	Payer
	69	·	elects to use life time reserve (LTR) days			Seconda Change	ry Payer to Make Medicare the
	68	•		•	D7	Change	Overpayment to Make Medicare the
	67		elects not to use life time reserve (LTR) da	vs	D6		Only to Repay a Duplicate
	66	Provider doe	es not wish cost outlier payment		D5	Cancel to	o correct HICN or Provider
	61	Cost outlier			D4	Change	in ICD-9-CM diagnosis rocedure codes.
	60	Day outlier			D3	Second of Bill	or Subsequent Interim PPS
	59	Non-primar	y ESRD facility		D2	Codes/H	in Revenue CPCS/HIPPS rate code
	58	Terminated	Medicare+Choice organization enrollee		D1	_	to Charges
	57	SNF readmi	ssion		D0	Changes	to Service Dates
	56	Medical app	ropriateness		C7	Extended	d Authorization
	55	SNF bed no	t available		C6	Admissi	on Preauthorization
	48	Psychiatric 1 (RTCs)	residential treatment centers for children an	d adolescents	C5	Postpayr	ment review applicable
	47		r CHAMPUS		C4		on/services denied
	46	Non-availab	ility statement on file		C3	Partial a	
	44	Inpatient ad	mission changed to outpatient		C2		tic approval as billed based ed review
	43	Continuing of window	care not provided within prescribed postdis	charge	C1	Approve	d as billed
	42	•	care not related to inpatient admission		B4	on same	on unrelated to discharge day
	41	Partial hospi	italization		В3	_	cy indicator
		Same day tr	anster		В2	attestatio	on

Critical access hospital ambulance

B2

40

Same day transfer

<b>Field 284:</b>		DITION_C				
	Code	describing a	a condition relating to the claim.			
Coding	Samo	as Field 28	0			
Scheme:	Same	as Field 26	0.			
Length:	2	Type:	Alphanumeric	Data S	Source:	Claim
Field 285:	CON	DITION_C	CODE_6			
	Code	describing a	a condition relating to the claim.			
Coding		_	-			
Scheme:	Same	as Field 28	0.			
Length:	2	Type:	Alphanumeric	Data S	Source:	Claim
Field 286:		DITION C		2	7041000	
11010 2001		_	a condition relating to the claim.			
Coding		Ŭ	•			
Scheme:	Same	as Field 28	0.			
Length:	2	Type:	Alphanumeric	Data S	Source:	Claim
Field 287:		DITION_C		Data	ource.	Ciuiii
riciu 207.			a condition relating to the claim.			
Coding	Couc	describing a	a condition relating to the claim.			
Coding Scheme:	Same	as Field 28	0.			
	2	Trmos	A lash any mania	Doto 6	·	Claim
Length:	2	Type:	Alphanumeric	Data	Source:	Claim
Field 288:		UE_CODE				
G 11			information that may affect payer processing.		Madiani	d amonddown amount
Coding	1 2		on semi-private rate s no semi-private rooms	66 67		d spenddown amount al dialysis
Scheme:	4		ofessional component charges which are combined	68	EPO-dru	
		billed	1			
	5		l component included in charges and also billed	69	State cha	rity care percentage
	6	separately t	o carrier lood deductible	72	Elet rete	surgery charge
	6 8		fe time reserve amount in the first calendar year	73	Drug dec	
	9		oinsurance amount in the first calendar year	74	-	nsurance
	10	Medicare li	fetime reserve amount in the second calendar year	77		nnology add-on payment
	11		oinsurance amount in the second calendar year	A0		rip code reporting
	12 13		ed beneficiary/spouse with employer group health plan ficiary in a Medicare coordination period with an	A1 A2		ole payer A unce payer A
	13		roup health plan	AZ	Comsura	nice payer A
	14		cluding auto/other	A3	Estimate	d responsibility payer A
	15	Worker's co	ompensation	A4	Covered	self-administrable drugs -
					emergen	
	16	Public healt	th service (PHS) or other federal agency	A5	Covered administ	self-administrable drugs -
						rable in I situation furnished to
					patient	i situation rumished to
	21	Catastrophi	c	A6	Covered	self-administrable drugs -
		a .				ic study and other
	22	Surplus	41.1	A7		nent payer A
	23	_	nonthly income	A8	Patient w	•
	24	Medicaid R		A9	Patient h	•
	25	Offset to the	e patient - payment amount - prescription drugs	AA		ory surcharges, ents, allowances or health
						ted taxes - payer A
	26	Offset to the	e patient - payment amount - hearing and ear services	AB		sessments or allowances
						dical eduction) - payer A
	27		e patient - payment amount - vision and eye services	B1		ole payer B
	28		e patient - payment amount - dental services	B2		ince payer B
	29		e patient - payment amount - chiropractic services	В3		d responsibility payer B
	30	Preadmission	_	B7		nent payer B
	31	Patient Liab	pility Amount	BA	_	ory surcharges,
						ents, allowances or health ted taxes - payer B
	32	Multiple pa	tient ambulance transport	BB		sessments or allowances
	- <del>-</del>			_		dical eduction) - payer B
						-

	33	Offset to the patient - payment amount - podiatric services	C1	Deductib	le payer C
	34	Offset to the patient - payment amount - other medical services	C2	Coinsura	nce payer C
	35	Offset to the patient - payment amount - health insurance premiums	C3	Estimate	d responsibility payer C
	37	Pints of blood furnished	C7	Co-paym	nent payer C
	38	Blood deductible pints	CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C	
	39	Pints of blood replaced	СВ	Other ass	sessments or allowances dical eduction) - payer C
	40	New coverage not implemented by HMO	D3	Patient e	stimated responsibility
	41	Black lung	E1	Deductib	le Payer D
	42	VA	E2	Coinsura	nce Payer D
	43	Disabled beneficiary under age 65 with LGHP	E3		nce Payer D
	44	Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received	E7	Co-paym	nent payer D
	45	Accident hour	EA	assessme	ents, allowances or health
	46	Number of grace days	EB	Other ass	ted taxes - payer D sessments or allowances lical education) - payer D
	47	Any liability insurance	F1	` U	ole Payer E
	48	Hemoglobin reading	F2	Coinsura	nce Payer E
	49	Hematocrit reading	F3	Coinsura	nce Payer E
	50	PT visits	F7	Co-payment payer E	
	51	OT visits	FA	Regulatory surcharges, assessments, allowances or health	
	52	ST visits	FB	care related taxes - payer E Other assessments or allowances (e.g. medical education) - payer E	
	53	Cardiac rehab visits	G1	Deductib	le Payer F
	54	Newborn birth weight in grams	G1		le Payer F
	55	Eligibility threshold for charity care	G2		nce Payer F
	56	Skilled nurse - home visit hours	G3		nce Payer F
	57	Home health aide - home visit hours	G7		nent payer F
	58	Arterial blood gas	GA	assessme	ory surcharges, ents, allowances or health ted taxes - payer F
	59	Oxygen saturation	GB	Other ass (e.g. med	sessments or allowances lical education) - payer F
	60	HHA branch MSA	P1	Do not re	esuscitate order (DNR)
	61	Location where service is furnished (HHA and hospice)	<b>5</b> . 6		at .
Length:	2	Type: Alphanumeric	Data S	ource:	Claim
Field 289:		E_AMOUNT_1			
T 41		nt (in cents) that may be affected.	<b>D</b> 4 C		Cl. ' · ·
Length:	9	Type: Alphanumeric	Data So	ource:	Claim
Field 290:		TE_CODE_2 describing information that may affect payer processing.			
Coding Scheme:	Same a	as Field 288.			
Length:	2	Type: Alphanumeric	Data S	ource:	Claim
<b>Field 291:</b>		E_AMOUNT_2			
	Amou	nt (in cents) that may be affected.			
Length:	9	Type: Alphanumeric	Data Se	ource:	Claim
Field 292:		TE_CODE_3 lescribing information that may affect payer processing.			
Coding	Same	as Field 288.			
Scheme:					
Length:	2	Type: Alphanumeric	Data So	ource:	Claim
<b>Field 293:</b>	VALU	TE_AMOUNT_3			

	Amount (in cents) that may be affected.		
Length:	9 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 294:	VALUE_CODE_4		
	Code describing information that may affect payer processing.		
Coding	Same as Field 288.		
Scheme:	Same as Field 200.		
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim
<b>Field 295:</b>	VALUE_AMOUNT_4		
	Amount (in cents) that may be affected.	<b>-</b> . ~	~
Length:	9 Type: Alphanumeric	Data Source:	Claim
<b>Field 296:</b>	VALUE_CODE_5		
Coding	Code describing information that may affect payer processing.		
Scheme:	Same as Field 288.		
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 297:	VALUE AMOUNT 5	Data Source.	
11010 2571	Amount (in cents) that may be affected.		
Length:	9 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 298:	VALUE_CODE_6		
	Code describing information that may affect payer processing.		
Coding	Same as Field 288.		
Scheme:			
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim
<b>Field 299:</b>	VALUE_AMOUNT_6		
T 41	Amount (in cents) that may be affected.	D-4- C	Clair
Length: Field 300:	9 Type: Alphanumeric VALUE CODE 7	Data Source:	Claim
riela 300:	Code describing information that may affect payer processing.		
Coding			
Scheme:	Same as Field 288.		
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 301:	VALUE_AMOUNT_7		
	Amount (in cents) that may be affected.		
Length:	9 <b>Type:</b> Alphanumeric	Data Source:	Claim
<b>Field 302:</b>	VALUE_CODE_8		
<i>a</i>	Code describing information that may affect payer processing.		
Coding	Same as Field 288.		
Scheme:	2 Tymes Alphanymeric	Data Cauman	Claim
Length: Field 303:	2 Type: Alphanumeric VALUE_AMOUNT_8	Data Source:	Claim
riciu 303;	Amount (in cents) that may be affected.		
Length:	9 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 304:	VALUE CODE 9		
	Code describing information that may affect payer processing.		
Coding	Same as Field 288.		
Scheme:	Same as Field 288.		
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 305:	VALUE_AMOUNT_9		
T 41	Amount (in cents) that may be affected.	D 4 G	Cl. t
Length:	9 Type: Alphanumeric	Data Source:	Claim
<b>Field 306:</b>	VALUE_CODE_10  Code describing information that may affect payor processing		
Coding	Code describing information that may affect payer processing.		
Scheme:	Same as Field 288.		
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim
8	-0F		

Field 307:	VALUE_AMOUNT_10		
Ticia 307.	Amount (in cents) that may be affected.		
Length:	9 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 308:	VALUE_CODE_11		
	Code describing information that may affect	payer processing.	
Coding Scheme:	Same as Field 288.		
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim
<b>Field 309:</b>	VALUE_AMOUNT_11		
	Amount (in cents) that may be affected.		
Length:	9 <b>Type:</b> Alphanumeric	Data Source:	Claim
<b>Field 310:</b>	VALUE_CODE_12		
a 11	Code describing information that may affect p	payer processing.	
Coding	Same as Field 288.		
Scheme:	2 75 411	<b>D</b> 4 G	CI.:
Length:	2 Type: Alphanumeric	Data Source:	Claim
<b>Field 311:</b>	VALUE_AMOUNT_12		
Length:	Amount (in cents) that may be affected.  9 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 312:	PRIVATE AMOUNT	Data Source.	Ciaiiii
riciu 312.	Accommodation Charge, Private Room Charge	ge Amount Calculated using MED	PAR algorithm
	Sum (in cents) of charges associated with rev		
Length:	12 <b>Type:</b> Numeric	Data Source:	Calculated
Field 313:	SEMI PRIVATE AMOUNT		
	Accommodation Charge, Semi-private Room	Charge Amount. Calculated using	MEDPAR algorithm.
	Sum (in cents) of charges associated with rev		
	16X-19X		
Length:	16X-19X 12 <b>Type:</b> Numeric	Data Source:	Calculated
Length: Field 314:	12 <b>Type:</b> Numeric <b>WARD_AMOUNT</b>		
	12 <b>Type:</b> Numeric  WARD_AMOUNT  Accommodation Charge, Ward Charge Amou	unt. Calculated using MEDPAR alg	gorithm.
Field 314:	12 <b>Type:</b> Numeric  WARD_AMOUNT  Accommodation Charge, Ward Charge Amou Sum (in cents) of charges associated with revo	unt. Calculated using MEDPAR algenue codes 0100-0219, revenue cer	gorithm. hter 15X.
Field 314: Length:	12 Type: Numeric  WARD_AMOUNT  Accommodation Charge, Ward Charge Amou Sum (in cents) of charges associated with reve 12 Type: Numeric	unt. Calculated using MEDPAR alg	gorithm.
Field 314:	12 Type: Numeric  WARD_AMOUNT  Accommodation Charge, Ward Charge Amou Sum (in cents) of charges associated with review 12 Type: Numeric  ICU_AMOUNT	unt. Calculated using MEDPAR algenue codes 0100-0219, revenue cer  Data Source:	gorithm. nter 15X. Calculated
Field 314: Length:	12 Type: Numeric  WARD_AMOUNT  Accommodation Charge, Ward Charge Amou Sum (in cents) of charges associated with reverse 12 Type: Numeric  ICU_AMOUNT  Accommodation Charge, Intensive Care Unit	unt. Calculated using MEDPAR algenue codes 0100-0219, revenue cer  Data Source:  Charge Amount. Calculated using	gorithm. nter 15X. Calculated MEDPAR algorithm.
Field 314: Length: Field 315:	12 Type: Numeric  WARD_AMOUNT Accommodation Charge, Ward Charge Amou Sum (in cents) of charges associated with reveal 12 Type: Numeric  ICU_AMOUNT Accommodation Charge, Intensive Care Unit Sum (in cents) of charges associated with reveal 15 cm (in cents) of charges associated with reveal 15 cm (in cents)	nnt. Calculated using MEDPAR algenue codes 0100-0219, revenue cer  Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer	mediated Med
Field 314:  Length: Field 315:  Length:	12 Type: Numeric  WARD_AMOUNT Accommodation Charge, Ward Charge Amou Sum (in cents) of charges associated with reveal 2 Type: Numeric  ICU_AMOUNT Accommodation Charge, Intensive Care Unit Sum (in cents) of charges associated with reveal 2 Type: Numeric	unt. Calculated using MEDPAR algenue codes 0100-0219, revenue cer  Data Source:  Charge Amount. Calculated using	gorithm. nter 15X. Calculated MEDPAR algorithm.
Field 314: Length: Field 315:	12 Type: Numeric  WARD_AMOUNT  Accommodation Charge, Ward Charge Amou Sum (in cents) of charges associated with reveal 2 Type: Numeric  ICU_AMOUNT  Accommodation Charge, Intensive Care Unit Sum (in cents) of charges associated with reveal 2 Type: Numeric  CCU_AMOUNT	cont. Calculated using MEDPAR alguenue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:	morithm. The control of the control
Field 314:  Length: Field 315:  Length:	WARD_AMOUNT Accommodation Charge, Ward Charge Amou Sum (in cents) of charges associated with reve 12 Type: Numeric  ICU_AMOUNT Accommodation Charge, Intensive Care Unit Sum (in cents) of charges associated with reve 12 Type: Numeric  CCU_AMOUNT Accommodation Charge, Coronary Care Unit	cont. Calculated using MEDPAR alguenue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using	median description of the second specific content of the second s
Field 314: Length: Field 315: Length: Field 316:	WARD_AMOUNT Accommodation Charge, Ward Charge Amou Sum (in cents) of charges associated with reve 12 Type: Numeric  ICU_AMOUNT Accommodation Charge, Intensive Care Unit Sum (in cents) of charges associated with reve 12 Type: Numeric  CCU_AMOUNT Accommodation Charge, Coronary Care Unit Sum (in cents) of charges associated with reve 12 Type: Numeric	cont. Calculated using MEDPAR alguenue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer enue codes 0100-0219, revenue cer	mediated  MEDPAR algorithm.  Calculated  MEDPAR algorithm.  Calculated  MEDPAR algorithm.  MEDPAR algorithm.
Field 314:  Length: Field 315:  Length: Field 316:	WARD_AMOUNT Accommodation Charge, Ward Charge Amou Sum (in cents) of charges associated with revial Type: Numeric  ICU_AMOUNT Accommodation Charge, Intensive Care Unit Sum (in cents) of charges associated with revial Type: Numeric  CCU_AMOUNT Accommodation Charge, Coronary Care Unit Sum (in cents) of charges associated with revial Type: Numeric	cont. Calculated using MEDPAR alguenue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using	median dependence of the content of
Field 314: Length: Field 315: Length: Field 316:	WARD_AMOUNT Accommodation Charge, Ward Charge Amou Sum (in cents) of charges associated with reve 12 Type: Numeric  ICU_AMOUNT Accommodation Charge, Intensive Care Unit Sum (in cents) of charges associated with reve 12 Type: Numeric  CCU_AMOUNT Accommodation Charge, Coronary Care Unit Sum (in cents) of charges associated with reve 12 Type: Numeric	cont. Calculated using MEDPAR algenue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:	mediated  MEDPAR algorithm.  nter 20X.  Calculated  MEDPAR algorithm.  nter 21X.  Calculated
Field 314:  Length: Field 315:  Length: Field 316:	WARD_AMOUNT Accommodation Charge, Ward Charge Amou Sum (in cents) of charges associated with revisible Type: Numeric  ICU_AMOUNT Accommodation Charge, Intensive Care Unit Sum (in cents) of charges associated with revisible Type: Numeric  CCU_AMOUNT Accommodation Charge, Coronary Care Unit Sum (in cents) of charges associated with revisible Type: Numeric  CCU_AMOUNT Accommodation Charge, Coronary Care Unit Sum (in cents) of charges associated with revisible Type: Numeric  OTHER_AMOUNT	cont. Calculated using MEDPAR algenue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:  Data Source:	mediated  MEDPAR algorithm.  nter 20X.  Calculated  MEDPAR algorithm.  nter 21X.  Calculated  gorithm.
Field 314:  Length: Field 315:  Length: Field 316:	WARD_AMOUNT Accommodation Charge, Ward Charge Amou Sum (in cents) of charges associated with reveal 2 Type: Numeric  ICU_AMOUNT Accommodation Charge, Intensive Care Unit Sum (in cents) of charges associated with reveal 2 Type: Numeric  CCU_AMOUNT Accommodation Charge, Coronary Care Unit Sum (in cents) of charges associated with reveal 2 Type: Numeric  OTHER_AMOUNT Ancillary Service Charge, Other Charge Amount Sum (in cents) of charges associated with reveal 2 Type: Numeric	cont. Calculated using MEDPAR algenue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:  Data Source:  Cunt. Calculated using MEDPAR algenue codes other than 0100-0219, revenue cer Data Source:	mediated  MEDPAR algorithm.  nter 20X.  Calculated  MEDPAR algorithm.  nter 21X.  Calculated  gorithm.
Field 314: Length: Field 315: Length: Field 316: Length: Field 317:	WARD_AMOUNT Accommodation Charge, Ward Charge Amou Sum (in cents) of charges associated with reveal 2 Type: Numeric  ICU_AMOUNT Accommodation Charge, Intensive Care Unit Sum (in cents) of charges associated with reveal 2 Type: Numeric  CCU_AMOUNT Accommodation Charge, Coronary Care Unit Sum (in cents) of charges associated with reveal 2 Type: Numeric  OTHER_AMOUNT Ancillary Service Charge, Other Charge Amount Sum (in cents) of charges associated with reveal 2 Type: Numeric	cont. Calculated using MEDPAR algenue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:  Data Source:  Cunt. Calculated using MEDPAR algenue codes other than 0100-0219, revenue cer Data Source:	mediated  MEDPAR algorithm.  nter 20X.  Calculated  MEDPAR algorithm.  nter 21X.  Calculated  gorithm.
Field 314:  Length: Field 315:  Length: Field 316:  Length: Field 317:	WARD_AMOUNT Accommodation Charge, Ward Charge Amou Sum (in cents) of charges associated with reveal 2 Type: Numeric  ICU_AMOUNT Accommodation Charge, Intensive Care Unit Sum (in cents) of charges associated with reveal 2 Type: Numeric  CCU_AMOUNT Accommodation Charge, Coronary Care Unit Sum (in cents) of charges associated with reveal 2 Type: Numeric  OTHER_AMOUNT Ancillary Service Charge, Other Charge Amount Sum (in cents) of charges associated with reveal 2 Type: Numeric  OTHER_AMOUNT Ancillary Service Charge, Other Charge Amount Sum (in cents) of charges associated with reveal 999,  22X-24X, 52X-53X, 55X-60X, 64X-70X, 76, 12 Type: Numeric	cont. Calculated using MEDPAR algenue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:  Data Source:  Cunt. Calculated using MEDPAR algenue codes other than 0100-0219, revenue cer Data Source:	mediated  MEDPAR algorithm.  nter 20X.  Calculated  MEDPAR algorithm.  nter 21X.  Calculated  gorithm.
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Field 314:  Length: Field 315:  Length: Field 316:  Length: Field 317:	WARD_AMOUNT Accommodation Charge, Ward Charge Amou Sum (in cents) of charges associated with revial Type: Numeric  ICU_AMOUNT Accommodation Charge, Intensive Care Unit Sum (in cents) of charges associated with revial Type: Numeric  CCU_AMOUNT Accommodation Charge, Coronary Care Unit Sum (in cents) of charges associated with revial Type: Numeric  CCU_AMOUNT Accommodation Charge, Coronary Care Unit Sum (in cents) of charges associated with revial Type: Numeric  OTHER_AMOUNT Ancillary Service Charge, Other Charge Amount Sum (in cents) of charges associated with revial Sum (in cents) of charges, Other Charge Amount Sum (in cents) of charges associated with revial Sum (in cents) of charges associated with revial Sum (in cents) of charges, Other Charge Amount Sum (in cents) of charges, Other Charge Amount Sum (in cents) of charges, Pharmacy Charge Amount Sum (in cents) of charges associated with revial Sum	cont. Calculated using MEDPAR algenue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:  Ount. Calculated using MEDPAR alenue codes other than 0100-0219, revenue cer Data Source:	media for the form of the form
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Field 314:  Length: Field 315:  Length: Field 316:  Length: Field 317:  Length: Field 317:	WARD_AMOUNT Accommodation Charge, Ward Charge Amou Sum (in cents) of charges associated with revision ICU_AMOUNT Accommodation Charge, Intensive Care Unit Sum (in cents) of charges associated with revision ICU_AMOUNT Accommodation Charge, Intensive Care Unit Sum (in cents) of charges associated with revision ICU_AMOUNT Accommodation Charge, Coronary Care Unit Sum (in cents) of charges associated with revision ICU_AMOUNT Accommodation Charge, Coronary Care Unit Sum (in cents) of charges associated with revision ICU_AMOUNT Ancillary Service Charge, Other Charge Amount ICU_AMOUNT	cont. Calculated using MEDPAR algenue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:  Ount. Calculated using MEDPAR algenue codes other than 0100-0219, revenue cod	mediated  MEDPAR algorithm.  nter 20X.  Calculated  MEDPAR algorithm.  nter 21X.  Calculated  gorithm.  revenue center 002-  Calculated  R algorithm.  revenue center 26X,
Field 314:  Length: Field 315:  Length: Field 316:  Length: Field 317:	WARD_AMOUNT Accommodation Charge, Ward Charge Amou Sum (in cents) of charges associated with revial Type: Numeric  ICU_AMOUNT Accommodation Charge, Intensive Care Unit Sum (in cents) of charges associated with revial Type: Numeric  CCU_AMOUNT Accommodation Charge, Coronary Care Unit Sum (in cents) of charges associated with revial Type: Numeric  CCU_AMOUNT Accommodation Charge, Coronary Care Unit Sum (in cents) of charges associated with revial Type: Numeric  OTHER_AMOUNT Ancillary Service Charge, Other Charge Amount Sum (in cents) of charges associated with revial Sum (in cents) of charge, Pharmacy Charge Sum (in cents) of charges associated with revial Sum (in cen	cont. Calculated using MEDPAR algenue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:  Charge Amount. Calculated using enue codes 0100-0219, revenue cer Data Source:  Ount. Calculated using MEDPAR alenue codes other than 0100-0219, revenue cer Data Source:	media for the form of the form

	Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using MEDPAR			
	algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, re	evenue center 27X		
	62X.	evenue center 2771,		
Length:	12 <b>Type:</b> Numeric <b>Data Source:</b>	Calculated		
Field 320:	DME_AMOUNT			
	Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calcula			
	algorithm. Sum (in cents) of charges associated with revenue codes other than 01	100-0219, revenue		
T 41	centers 290-292, 294-299.	Calandatad		
Length: Field 321:	12 Type: Numeric Data Source: USED_DME_AMOUNT	Calculated		
rieid 321:	Ancillary Service Charge. Used Durable Medical Equipment Charge Amount. Ca	alculated using		
	MEDPAR	arculated using		
	algorithm. Sum (in cents) of charges associated with revenue codes other than 01	00-0219, revenue		
	center 293.	,		
Length:	12 <b>Type:</b> Numeric <b>Data Source:</b>	Calculated		
<b>Field 322:</b>	PT_AMOUNT			
	Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using M			
T 41	Sum (in cents) of charges associated with revenue codes other than 0100-0219, re			
Length:	12 Type: Numeric Data Source:	Calculated		
Field 323:	OT_AMOUNT Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated usi	ing MEDDAR		
	algorithm.	ilig MEDI AK		
	Sum (in cents) of charges associated with revenue codes other than 0100-0219, re	evenue center 42X.		
Length:	12 <b>Type:</b> Numeric <b>Data Source:</b>	Calculated		
Field 324:	SPEECH_AMOUNT			
	Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using M			
	Sum (in cents) of charges associated with revenue codes other than 0100-0219, respectively.	evenue center 44X,		
T 41	47X.	Calandatad		
Length: Field 325:	12 Type: Numeric Data Source: IT AMOUNT	Calculated		
Field 323.	Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using	MEDPAR algorithm		
	Sum (in cents) of charges associated with revenue codes other than 0100-0219, re			
	46X.			
Length:	12 <b>Type:</b> Numeric <b>Data Source:</b>	Calculated		
<b>Field 326:</b>	BLOOD_AMOUNT			
	Ancillary Service Charge. Calculated using MEDPAR algorithm. Sum (in cents)	of charges associated		
Longth	with revenue codes other than 0100-0219, revenue center 38X.  12 <b>Type:</b> Numeric <b>Data Source:</b>	Coloulated		
Length: Field 327:	12 Type: Numeric Data Source: BLOOD_ADMIN_AMOUNT	Calculated		
riciu 327.	Ancillary Service Charge. Calculated using MEDPAR algorithm. Sum (in cents)	of charges associated		
	with revenue codes other than 0100-0219, revenue center 39X.	or charges associated		
Length:	12 <b>Type:</b> Numeric <b>Data Source:</b>	Calculated		
Field 328:	OR_AMOUNT			
	Ancillary Service Charge, Operating Room Charge amount. Calculated using MI			
	Sum (in cents) of charges associated with revenue codes other than 0100-0219, respectively.	evenue center 36X,		
T 41	71X-72X.	0.1. 1.4.1		
Length:	12 Type: Numeric Data Source: LITH AMOUNT	Calculated		
Field 329:	Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPA	AR algorithm		
	Sum (in cents) of charges associated with revenue codes other than 0100-0219, re			
Length:	12 <b>Type:</b> Numeric <b>Data Source:</b>	Calculated		
Field 330:	CARD_AMOUNT	_		

	Ancillary Service Charge, Cardiology Charge Amount. Ca Sum (in cents) of charges associated with revenue codes of		
T 4	73X.	<b>D</b> ( G	
Length:	12 <b>Type:</b> Numeric	Data Source:	Calculated
<b>Field 331:</b>	ANES_AMOUNT	1 1 . 1 . MEDD	A.D. 1 1/1
	Ancillary Service Charge, Anesthesia Charge Amount. Ca		
T 41	Sum (in cents) of charges associated with revenue codes of		
Length:	12 Type: Numeric	Data Source:	Calculated
<b>Field 332:</b>	LAB_AMOUNT	-11-4- di MEDD	A.D. a.1 a. a.i.41
	Ancillary Service Charge, Laboratory Charge Amount. Ca Sum (in cents) of charges associated with revenue codes of		
	30X-31X, 74X-75X.	omer man 0100-0219, i	evenue center
Length:	12 <b>Type:</b> Numeric	Data Source:	Calculated
Field 333:	RAD_AMOUNT	Data Source.	Calculated
riciu 333.	Ancillary Service Charge, Radiology Charge Amount. Ca	lculated using MEDPA	AR algorithm
	Sum (in cents) of charges associated with revenue codes of		argoriumi.
	revenue center 28X, 32X-35X, 40X.	other than 0100 021),	
Length:	12 <b>Type:</b> Numeric	Data Source:	Calculated
Field 334:	MRI AMOUNT	Dutu Source.	
11010 00 11	Ancillary Service Charge, MRI Charge Amount. Calculat	ed using MEDPAR alg	orithm.
	Sum (in cents) of charges associated with revenue codes of		
Length:	12 <b>Type:</b> Numeric	Data Source:	Calculated
Field 335:	OP_AMOUNT		
	Ancillary Service Charge, Outpatient Services Charge An	nount. Calculated using	g MEDPAR
	algorithm.		
	Sum (in cents) of charges associated with revenue codes of	other than 0100-0219, r	evenue center 49X-
	50X.		
Length:	12 <b>Type:</b> Numeric	Data Source:	Calculated
Field 336:	ER_AMOUNT		
	Ancillary Service Charge, Emergency Room Charge Amo		
	Sum (in cents) of charges associated with revenue codes of		
Length:	12 <b>Type:</b> Numeric	Data Source:	Calculated
<b>Field 337:</b>	AMBULANCE_AMOUNT		
	Ancillary Service Charge, Ambulance Charge Amount. C		
T 41	Sum (in cents) of charges associated with revenue codes of		
Length:	12 Type: Numeric	Data Source:	Calculated
<b>Field 338:</b>	PRO_FEE_AMOUNT	t. Calandata dana'in a M	IEDDAD almanidana
	Ancillary Service Charge, Professional Fee Charge Amou Sum (in cents) of charges associated with revenue codes of		
	98X.	Julei ulali 0100-0219, i	evenue center 90A-
Length:	12 <b>Type:</b> Numeric	Data Source:	Calculated
Field 339:	ORGAN_AMOUNT	Data Source.	Calculated
Ticia 337.	Ancillary Service Charge, Organ Acquisition Charge Amo	ount Calculated using	MEDPAR algorithm
	Sum (in cents) of charges associated with revenue codes of		
	89X.		
Length:	12 <b>Type:</b> Numeric	Data Source:	Calculated
Field 340:	ESRD AMOUNT		
	Ancillary Service Charge, End Stage Renal Dialysis Char	ge Amount. Calculated	l using MEDPAR
			•
	algorithm.		
		other than 0100-0219, 1	revenue center 80X,
	algorithm.	other than 0100-0219, 1	revenue center 80X,
Length:	algorithm. Sum (in cents) of charges associated with revenue codes of 82X-88X.  12 <b>Type:</b> Numeric	other than 0100-0219, r	revenue center 80X,
Length: Field 341:	algorithm.  Sum (in cents) of charges associated with revenue codes of 82X-88X.  12 Type: Numeric  CLINIC_AMOUNT	Data Source:	Calculated
	algorithm. Sum (in cents) of charges associated with revenue codes of 82X-88X.  12 <b>Type:</b> Numeric	Data Source:	Calculated AR algorithm.

Length:	12	Type:	Numeric	Data Source:	Calculated		
Field 342:	FIRST_PAYMENT_SRC						
	Code	indicating t	the expected primary source of payment.				
Coding	09		Removed from 5010 format, use "ZZ"	HM	Health Maintenance		
Scheme:			2Q2012 data)		Organization		
	10	Central Cer		LI	Liability		
	11 12		-federal Programs	LM	Liability Medical		
		12 Preferred Provider Organization (PPO) 13 Point of Service (POS)		MA MB	Medicare Part A Medicare Part B		
	14		Provider Organization (EPO)	MC	Medicaid		
	15	Indemnity 1	č	TV	Title V		
	16		intenance Organization (HMO) Medicare Risk	OF	Other Federal Program		
	AM	Automobile		VA	Veteran Administration Plan		
	BL	Blue Cross	/Blue Shield	WC	Workers Compensation Health Claim		
	CH	CHAMPUS	S	ZZ	Charity, Indigent or Unknown		
	CI	Commercia	al Insurance		CHRIIOWII		
	DS	Disability I					
F 43	טט	Disability I	mountee	D-4			
Length:	2	Type:	Alphanumeric	Data	Claim		
				Source:	- <del></del>		
Field 343:		T_PAYER					
	Natio	nal Plan Ide	entifier (when implemented by federal gover	rnment).			
Length:	10	Т	A lmh amum ani -	Data	Claim		
Č	10	Type:	Alphanumeric	Source:	Claim		
Field 344:	FIRS'	T PAYER	NAME	<del></del> +			
			source of payment.				
Length:			• •	Data			
Length.	35	Type:	Alphanumeric	Source:	Claim		
Field 245.	SECC	NDADV	DAVMENT CDC	Source.			
Field 345:			PAYMENT_SRC	Source.			
			PAYMENT_SRC the expected secondary source of payment.	Source.			
Coding	Code	indicating t	the expected secondary source of payment.	Source.			
Coding Scheme:	Code	indicating t					
Coding Scheme:	Code Same	indicating t as field 33,	the expected secondary source of payment. , FIRST_PAYMENT_SRC	Data	Claim		
Coding Scheme:	Code	indicating t	the expected secondary source of payment.		Claim		
Coding Scheme: Length:	Code Same	indicating t as field 33, <b>Type:</b>	the expected secondary source of payment. , FIRST_PAYMENT_SRC	Data	Claim		
Field 345: Coding Scheme: Length: Field 346:	Code Same 2 SECO	indicating t as field 33, Type: DNDARY_	the expected secondary source of payment. FIRST_PAYMENT_SRC Alphanumeric PAYER_ID	Data Source:	Claim		
Coding Scheme: Length: Field 346:	Code Same 2 SECC Nation	as field 33,  Type:  DNDARY_ nal Plan Ide	the expected secondary source of payment.  FIRST_PAYMENT_SRC  Alphanumeric  PAYER_ID  entifier (when implemented by federal government)	Data Source:			
Coding Scheme: Length: Field 346:	Code Same 2 SECO	indicating t as field 33, Type: DNDARY_	the expected secondary source of payment. FIRST_PAYMENT_SRC Alphanumeric PAYER_ID	Data Source: rnment). Data	Claim Claim		
Coding Scheme: Length: Field 346: Length:	Code Same 2 SECC Nation 10	as field 33,  Type:  DNDARY_ nal Plan Ide  Type:	the expected secondary source of payment.  FIRST_PAYMENT_SRC  Alphanumeric  PAYER_ID  entifier (when implemented by federal government)  Alphanumeric	Data Source:			
Coding Scheme: Length: Field 346: Length:	Code Same 2 SECO Nation 10 SECO	as field 33,  Type:  DNDARY_ nal Plan Ide  Type:  DNDARY_	the expected secondary source of payment.  FIRST_PAYMENT_SRC  Alphanumeric  PAYER_ID  entifier (when implemented by federal government)  Alphanumeric  PAYER_NAME	Data Source: rnment). Data			
Coding Scheme: Length: Field 346: Length: Field 347:	Code Same 2 SECO Nation 10 SECO	as field 33,  Type:  DNDARY_ nal Plan Ide  Type:  DNDARY_	the expected secondary source of payment.  FIRST_PAYMENT_SRC  Alphanumeric  PAYER_ID  entifier (when implemented by federal government)  Alphanumeric	Data Source: rnment). Data Source:			
Coding Scheme: Length: Field 346: Length: Field 347:	Code Same 2 SECC Nation 10 SECC Name	as field 33,  Type:  DNDARY_ nal Plan Ide  Type:  DNDARY_ of primary	the expected secondary source of payment.  FIRST_PAYMENT_SRC  Alphanumeric  PAYER_ID  entifier (when implemented by federal government)  Alphanumeric  PAYER_NAME  y source of payment.	Data Source: rnment). Data Source:	Claim		
Coding Scheme: Length: Field 346: Length: Field 347: Length:	Code Same 2 SECC Nation 10 SECC Name 35	as field 33,  Type:  DNDARY_ nal Plan Ide  Type:  DNDARY_ of primary  Type:	the expected secondary source of payment.  FIRST_PAYMENT_SRC  Alphanumeric  PAYER_ID  entifier (when implemented by federal gover Alphanumeric  PAYER_NAME  of source of payment.  Alphanumeric	Data Source: rnment). Data Source:			
Coding Scheme: Length: Field 346: Length: Field 347: Length:	Code Same 2 SECC Nation 10 SECC Name 35	as field 33,  Type:  DNDARY_ nal Plan Ide  Type:  DNDARY_ of primary  Type:  AL_CHAR	The expected secondary source of payment.  FIRST_PAYMENT_SRC  Alphanumeric  PAYER_ID  entifier (when implemented by federal governable and phanumeric  PAYER_NAME  y source of payment.  Alphanumeric  RGES	Data Source:  rnment). Data Source:  Data Source:	Claim		
Coding Scheme: Length: Field 346: Length: Field 347: Length:	Code Same 2 SECC Nation 10 SECC Name 35	as field 33,  Type:  DNDARY_ nal Plan Ide  Type:  DNDARY_ of primary  Type:  AL_CHAR	the expected secondary source of payment.  FIRST_PAYMENT_SRC  Alphanumeric  PAYER_ID  entifier (when implemented by federal gover Alphanumeric  PAYER_NAME  of source of payment.  Alphanumeric	Data Source:  rnment). Data Source:  Data Source:	Claim		
Coding Scheme: Length: Field 346: Length:	Code Same 2 SECC Nation 10 SECC Name 35 TOTA Sum (	as field 33,  Type:  DNDARY_ nal Plan Ide  Type:  DNDARY_ of primary  Type:  AL_CHAR in cents) of	the expected secondary source of payment.  FIRST_PAYMENT_SRC  Alphanumeric  PAYER_ID  entifier (when implemented by federal government)  Alphanumeric  PAYER_NAME  y source of payment.  Alphanumeric  RGES  f accommodation charges, non-covered accommodation charges, non-covered accommodation.	Data Source:  rnment). Data Source:  Data Source:	Claim		
Coding Scheme: Length: Field 346: Length: Field 347: Length: Field 348:	Code Same  2  SECC Nation 10  SECC Name 35  TOTA Sum ( non-co	as field 33,  Type:  DNDARY_ nal Plan Ide  Type:  DNDARY_ of primary  Type:  AL_CHAR in cents) of overed ancie	the expected secondary source of payment.  FIRST_PAYMENT_SRC  Alphanumeric  PAYER_ID  entifier (when implemented by federal governous Alphanumeric  PAYER_NAME  of source of payment.  Alphanumeric  RGES  faccommodation charges, non-covered accountility charges. Replaces TOTAL_CHARGE	Data Source:  rnment). Data Source:  Data Source:	Claim Claim es, ancillary charges,		
Coding Scheme: Length: Field 346: Length: Field 347: Length: Field 348:	Code Same 2 SECC Nation 10 SECC Name 35 TOTA Sum (	as field 33,  Type:  DNDARY_ nal Plan Ide  Type:  DNDARY_ of primary  Type:  AL_CHAR in cents) of	the expected secondary source of payment.  FIRST_PAYMENT_SRC  Alphanumeric  PAYER_ID  entifier (when implemented by federal government)  Alphanumeric  PAYER_NAME  y source of payment.  Alphanumeric  RGES  f accommodation charges, non-covered accommodation charges, non-covered accommodation.	Data Source:  rnment). Data Source:  Data Source:  commodation charg SS_23. Data	Claim		
Coding Scheme: Length: Field 346: Length: Length: Field 347: Length: Length:	Code Same 2 SECC Nation 10 SECC Name 35 TOTA Sum ( non-co 12	as field 33,  Type:  DNDARY_ nal Plan Ide  Type:  DNDARY_ of primary  Type:  AL_CHAR in cents) of overed anci  Type:	the expected secondary source of payment.  FIRST_PAYMENT_SRC  Alphanumeric  PAYER_ID  entifier (when implemented by federal gover Alphanumeric  PAYER_NAME  of source of payment.  Alphanumeric  RGES  f accommodation charges, non-covered accommodation charges. Replaces TOTAL_CHARGE  Numeric	Data Source:  rnment). Data Source:  Data Source:	Claim  Claim es, ancillary charges,		
Coding Scheme: Length: Field 346: Length: Field 347: Length: Field 348: Length:	Code Same  2  SECC Nation 10  SECC Name 35  TOTA Sum ( non-col 12	Type:  ONDARY_ nal Plan Ide  Type: ONDARY_ of primary  Type: AL_CHAR (in cents) of overed anci  Type: AL_NON_ ONDARY_	the expected secondary source of payment.  FIRST_PAYMENT_SRC  Alphanumeric  PAYER_ID  entifier (when implemented by federal gover Alphanumeric  PAYER_NAME  v source of payment.  Alphanumeric  RGES  f accommodation charges, non-covered accommodation charges TOTAL_CHARGE  Numeric  COV_CHARGES	Data Source:  rnment). Data Source:  Data Source:  ommodation charg S_23. Data Source:	Claim  Claim es, ancillary charges, Claim		
Coding Scheme: Length: Field 346: Length: Field 347: Length: Field 348: Length: Field 348:	Code Same  2  SECC Nation 10  SECC Name 35  TOTA Sum ( non-col 12	Type:  ONDARY_ nal Plan Ide  Type: ONDARY_ of primary  Type: AL_CHAR (in cents) of overed anci  Type: AL_NON_ ONDARY_	the expected secondary source of payment.  FIRST_PAYMENT_SRC  Alphanumeric  PAYER_ID  entifier (when implemented by federal gover Alphanumeric  PAYER_NAME  of source of payment.  Alphanumeric  RGES  f accommodation charges, non-covered accommodation charges. Replaces TOTAL_CHARGE  Numeric	Data Source:  rnment). Data Source:  Data Source:  commodation charg S_23. Data Source:  -covered ancillary	Claim  Claim es, ancillary charges, Claim		
Coding Scheme: Length: Field 346: Length: Field 347: Length: Field 348: Length: Field 349:	Code Same  2  SECC Nation 10  SECC Name 35  TOTA Sum ( non-coll 12  TOTA Sum (	Type:  ONDARY_ nal Plan Ide  Type: ONDARY_ ref of primary  Type: AL_CHAR ref overed anci  Type: AL_NON_ ref in cents) of	The expected secondary source of payment.  FIRST_PAYMENT_SRC  Alphanumeric  PAYER_ID  entifier (when implemented by federal governable and payment)  Alphanumeric  PAYER_NAME  y source of payment.  Alphanumeric  RGES  f accommodation charges, non-covered accommodation charges. Replaces TOTAL_CHARGE  Numeric  COV_CHARGES  f non-covered accommodation charges, non-cov	Data Source:  rnment). Data Source:  Data Source:  commodation charg S_23. Data Source:  -covered ancillary Data	Claim  Claim es, ancillary charges, Claim charges.		
Coding Scheme: Length: Field 346: Length: Field 347: Length: Field 348: Length: Field 348:	Code Same  2  SECC Nation 10  SECC Name 35  TOTA Sum ( non-col 12	Type:  ONDARY_ nal Plan Ide  Type: ONDARY_ of primary  Type: AL_CHAR (in cents) of overed anci  Type: AL_NON_ ONDARY_	the expected secondary source of payment.  FIRST_PAYMENT_SRC  Alphanumeric  PAYER_ID  entifier (when implemented by federal gover Alphanumeric  PAYER_NAME  v source of payment.  Alphanumeric  RGES  f accommodation charges, non-covered accommodation charges TOTAL_CHARGE  Numeric  COV_CHARGES	Data Source:  rnment). Data Source:  Data Source:  commodation charg S_23. Data Source:  -covered ancillary	Claim  Claim  es, ancillary charges,  Claim		
Coding Scheme: Length: Field 346: Length: Field 347: Length: Field 348: Length: Field 349: Length:	Code Same  2  SECC Nation 10  SECC Name 35  TOTA Sum ( non-col 12  TOTA Sum ( 12	Type:  ONDARY_ nal Plan Ide  Type:  ONDARY_ of primary  Type:  AL_CHAR in cents) of overed anci  Type:  AL_NON_ in cents) of  Type:	The expected secondary source of payment.  FIRST_PAYMENT_SRC  Alphanumeric  PAYER_ID  entifier (when implemented by federal governable and payment)  Alphanumeric  PAYER_NAME  y source of payment.  Alphanumeric  RGES  f accommodation charges, non-covered accommodation charges. Replaces TOTAL_CHARGE  Numeric  COV_CHARGES  f non-covered accommodation charges, non-cov	Data Source:  rnment). Data Source:  Data Source:  commodation charg S_23. Data Source:  -covered ancillary Data	Claim  Claim es, ancillary charges, Claim charges.		
Coding Scheme: Length: Field 346: Length: Field 347: Length:	Code Same  2  SECC Nation 10  SECC Name 35  TOTA Sum ( non-coll 12  TOTA Sum ( 12	as field 33,  Type:  ONDARY_ nal Plan Ide  Type:  ONDARY_ of primary  Type:  AL_CHAR in cents) of overed anci  Type:  AL_NON_ in cents) of  Type:  AL_CHAR	The expected secondary source of payment.  FIRST_PAYMENT_SRC  Alphanumeric  PAYER_ID  entifier (when implemented by federal governous Alphanumeric  PAYER_NAME  y source of payment.  Alphanumeric  RGES  f accommodation charges, non-covered accomillary charges. Replaces TOTAL_CHARGE  Numeric  COV_CHARGES  f non-covered accommodation charges, non-  Numeric  RGES_ACCOMM	Data Source:  rnment). Data Source:  Data Source:  commodation charg S_23. Data Source:  -covered ancillary Data Source:	Claim  Claim es, ancillary charges, Claim charges.		
Coding Scheme: Length: Field 346: Length: Field 347: Length: Field 348: Length: Field 349: Length: Field 350:	Code Same  2  SECC Nation 10  SECC Name 35  TOTA Sum ( non-col 12  TOTA Sum ( 12  TOTA Sum (	Type:  ONDARY_ nal Plan Ide  Type:  ONDARY_ of primary  Type:  AL_CHAR in cents) of overed anci  Type:  AL_NON_ in cents) of  Type:  AL_CHAR in cents) of	the expected secondary source of payment.  FIRST_PAYMENT_SRC  Alphanumeric  PAYER_ID  entifier (when implemented by federal governous Alphanumeric  PAYER_NAME  y source of payment.  Alphanumeric  RGES  f accommodation charges, non-covered accommodation charges. Replaces TOTAL_CHARGE  Numeric  COV_CHARGES  f non-covered accommodation charges, non-  Numeric  RGES_ACCOMM  f covered and non-covered accommodation of	Data Source:  rnment). Data Source:  Data Source:  Data Source:  commodation charg S_23. Data Source:  -covered ancillary Data Source:  charges.	Claim  Claim es, ancillary charges, Claim charges. Claim		
Coding Scheme: Length: Field 346: Length: Field 347: Length: Field 348: Length: Length: Length: Length:	Code Same  2  SECC Nation 10  SECC Name 35  TOTA Sum ( non-coll 12  TOTA Sum ( 12	as field 33,  Type:  ONDARY_ nal Plan Ide  Type:  ONDARY_ of primary  Type:  AL_CHAR in cents) of overed anci  Type:  AL_NON_ in cents) of  Type:  AL_CHAR	The expected secondary source of payment.  FIRST_PAYMENT_SRC  Alphanumeric  PAYER_ID  entifier (when implemented by federal governous Alphanumeric  PAYER_NAME  y source of payment.  Alphanumeric  RGES  f accommodation charges, non-covered accomillary charges. Replaces TOTAL_CHARGE  Numeric  COV_CHARGES  f non-covered accommodation charges, non-  Numeric  RGES_ACCOMM	Data Source:  rnment). Data Source:  Data Source:  commodation charg S_23. Data Source:  -covered ancillary Data Source:	Claim  Claim es, ancillary charges, Claim charges.		

	Sum	(in cents) of	non-covered acc	ommodations charg	ges.	
Length:	12	Type:	Numeric		Data Source:	Claim
<b>Field 352:</b>	TOT	AL_CHAR	GES_ANCIL			
	Sum	(in cents) of	covered and non-	-covered ancillary	charges.	
Length:	12	Type:	Numeric		Data Source:	Claim
<b>Field 353:</b>	TOT	AL_NON_	COV_CHARGE	S_ANCIL		
	Sum	(in cents) of	non-covered and	illary charges.		
Length:	12	Type:	Numeric		Data Source:	Claim
<b>Field 354:</b>	INB(	DUND_IND	ICATOR			
	Indic	ates the form	nat of data as sub	mitted.		
Coding	8	837 format				
Scheme:	D	Data entry				
	U	UB-92 form	nat		<b>7</b> 0. (	
Length:	1	Type:	Alphanumeric		Data Source:	Claim
<b>Field 355:</b>		T_STATUS				
					ata and submission of	comments by the
	hospi		ailable 3 <sup>rd</sup> quarter	1999.		
Coding	1		vithout comment			
Scheme:	2		vith comment			
	3 4		of the comment, comment to certify	nt not received by deadl	ine	
	5		osed, data not certified	1		
	6	1	t of compliance, did n			
Length:	1		Type:	Alphanumeric	Data Source: Assig	gned

## **CHARGES DATA FILE**

Field 1:	RECORD_ID							
<b>Description:</b>	Recor	d Identification Number. Unique number	er assigne	d to identify the record. First available				
•	1 <sup>st</sup> quarter 2002. Does NOT match the RECORD_ID in THCIC PUDF, but does match with							
		other inpatient Research Data Files (RDF's).						
<b>Beginning Position:</b>	1							
Length:	12	Type:	Alphanumeric					
Field 2:	REVI	ENUE CODE						
<b>Description:</b>		corresponding to each specific accomm	odation, a	ncillary service or billing calculation				
•		d to the services being billed.		,				
Coding Scheme:	0100	All-inclusive room charges plus ancillary	0516	Clinic - urgent care				
	0101	All-inclusive room charges	0517	Clinic - family practice				
	0110	Room charges for private rooms - general	0519	Clinic - other				
	0111	Room charges for private rooms - medical/surgical/GYN	0520	Freestanding Clinic - general				
	0112	Room charges for private rooms - obstetrics	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC				
	0113	Room charges for private rooms - pediatric	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner				
	0114	Room charges for private rooms - psychiatric	0523	Freestanding Clinic - family practice				
	0115	Room charges for private rooms - hospice	0524	Freestanding Clinic - Visit by RHC/FQHC				
		_		Practitioner to a Member in a Covered Part A				
				Stay at SNF				

0116	Room charges for private rooms - detoxification	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
0117	Room charges for private rooms - oncology	0526	Freestanding Clinic - urgent care
0118	Room charges for private rooms - rehabilitation	0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area
0119	Room charges for private rooms - other	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
0120	Room charges for semi-private rooms - general	0529	Freestanding Clinic - other
0121	Room charges for semi-private rooms - medical/surgical/GYN	0530	Osteopathic service - general
0122	Room charges for semi-private rooms - obstetrics	0531	Osteopathic service - therapy
0123	Room charges for semi-private rooms - pediatric	0539	Osteopathic service - other
0124	Room charges for semi-private rooms - psychiatric	0540	Ambulance service - general
0125	Room charges for semi-private rooms - hospice	0541	Ambulance service - supplies
0126	Room charges for semi-private rooms - detoxification	0542	Ambulance service - medical transport
0127	Room charges for semi-private rooms - oncology	0543	Ambulance service - heart mobile
0128	Room charges for semi-private rooms - rehabilitation	0544	Ambulance service - oxygen
0129	Room charges for semi-private rooms - other	0545	Ambulance service - air ambulance
0130	Room charges for semi-private - 3/4 beds - rooms - general	0546	Ambulance service - neonatal
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0547	Ambulance service - pharmacy
0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0548	Ambulance service - telephone transmission EKG
0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0549	Ambulance service - other
0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0550	Skilled nursing - general
0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0551	Skilled nursing - visit charge
0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0552	Skilled nursing - hourly charge
0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0559	Skilled nursing - other
0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0560	Medical social services - general
0139	Room charges for semi-private - 3/4 beds - rooms - other	0561	Medical social services - visit charge
0140	Room charges for private (deluxe) rooms - general	0562	Medical social services - hourly charge
0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	0569	Medical social services - other
0142	Room charges for private (deluxe) rooms - obstetrics	0570	Home health aide - general
0143	Room charges for private (deluxe) rooms - pediatric	0571	Home health aide - visit charge
0144	Room charges for private (deluxe) rooms - psychiatric	0572	Home health aide - hourly charge
0145	Room charges for private (deluxe) rooms - hospice	0579	Home health aide - other
0146	Room charges for private (deluxe) rooms - detoxification	0580	Other visits (home health) - general
0147	Room charges for private (deluxe) rooms - oncology	0581	Other visits (home health) - visit charge
0148	Room charges for private (deluxe) rooms - rehabilitation	0582	Other visits (home health) - hourly charge
0149	Room charges for private (deluxe) rooms - other	0583	Other visits (home health) - assessment
0150	Room charges for ward rooms - general	0589	Other visits (home health) - other

0151	Room charges for ward rooms - medical/surgical/GYN	0590	Units of service (home health) - general
0152	Room charges for ward rooms - obstetrics	0599	Units of service (home health) - other
0153	Room charges for ward rooms - pediatric	0600	Oxygen (home health) - general
0154	Room charges for ward rooms - psychiatric	0601	Oxygen (home health) - stat/equip/supply or contents
0155	Room charges for ward rooms - hospice	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0156	Room charges for ward rooms - detoxification	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0157	Room charges for ward rooms - oncology	0604	Oxygen (home health) - portable add-in
0158	Room charges for ward rooms - rehabilitation	0610	MRI - general
0159	Room charges for ward rooms - other	0611	MRI - brain (including brain stem)
0160	Room charges for other rooms - general	0612	MRI - spinal cord (including spine)
0161	Room charges for other rooms - medical/surgical/GYN	0619	MRI - other
0162	Room charges for other rooms - obstetrics	0621	Medical/surgical supplies - incident to radiology
0163	Room charges for other rooms - pediatric	0622	Medical/surgical supplies - incident to other diagnostic services
0164	Room charges for other rooms - psychiatric	0623	Medical/surgical supplies - surgical dressings
0165	Room charges for other rooms - hospice	0624	Medical/surgical supplies - FDA investigational devices
0166	Room charges for other rooms - detoxification	0630	Drugs requiring specific identification - general
0167	Room charges for other rooms - oncology	0631	Drugs requiring specific identification - single source
0168	Room charges for other rooms - rehabilitation	0632	Drugs requiring specific identification - multiple source
0169	Room charges for other rooms - other	0633	Drugs requiring specific identification - restrictive prescription
0170	Room charges for nursery - general	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0171	Room charges for nursery - newborn level I	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0172	Room charges for nursery - newborn level II	0636	Drugs requiring specific identification - requiring detailed coding
0173	Room charges for nursery - newborn level III	0637	Drugs requiring specific identification - self- adminstrable nto requiring detailed coding
0174	Room charges for nursery - newborn level IV	0640	Home IV therapy services - general
0179	Room charges for LOA general	0641	Home IV therapy services - nonroutine nursing, central line
0180 0182	Room charges for LOA - general	0642 0643	Home IV therapy services - IV site care, central line
0183	Room charges for LOA - patient convenice- charges billable Room charges for LOA - therapeutic leave	0644	Home IV therapy services - IV start/change, peripheral line Home IV therapy services - nonroutine nursing,
0184	Room charges for LOA - ICF mentally retarded	0645	peripheral line Home IV therapy services - training
0185	- any reason Room charges for LOA - hospitalization	0646	patient/caregiver, central line Home IV therapy services - traning, disabled
0189	Room charges for LOA - other	0647	patient, central line Home IV therapy services - training,
0190	Room charges for subacute care - general	0648	patient/caregiver, peripheral Home IV therapy services - training, disabled
0191	Room charges for subacute care - Level I	0649	patient, peripheral Home IV therapy services - other
0192	(skilled care) Room charges for subacute care - Level II	0650	Hospice services - general
0193	(comprehensive care) Room charges for subacute care - Level III	0651	Hospice services - routine home care
0194	(complex care) Room charges for subacute care - Level IV	0652	Hospice services - continuous home care
0199	(intensive care) Room charges for subacute care - other	0655	Hospica sarvicas - innatiant raspita cara
	•	0655	Hospice services - inpatient respite care
0200	Room charges for intensive care - general	0656	Hospice services - general inpatient care (nonrespite)
0201	Room charges for intensive care - surgical	0657	Hospice services - physician services

0202	Room charges for intensive care - medical	0658	Hospice services - room and board - nursing facility
0203	Room charges for intensive care - pediatric	0659	Hospice services - other
0204	Room charges for intensive care - psychiatric	0660	Respite care - general
0206	Room charges for intensive care - intermediate intensive care unit (ICU)	0661	Respite care - hourly charge/skilled nursing
0207	Room charges for intensive care - burn care	0662	Respite care - hourly charge/aide/homemaker/companion
0208	Room charges for intensive care - trauma	0663	Respite care - daily charge
0209	Room charges for intensive care - other	0669	Respite care - other
0210	Room charges for coronary care - general	0670	Outpatient special residence - general
0211	Room charges for coronary care - myocardial infarction	0671	Outpatient special residence - hospital based
0212	Room charges for coronary care - pulmonary care	0672	Outpatient special residence - contracted
0213	Room charges for coronary care - heart transplant	0679	Outpatient special residence - other
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0681	Trauma response - level I
0219	Room charges for coronary care - other	0682	Trauma response - level II
0220	Special charges - general	0683	Trauma response - level III
0221	Special charges - admission charge	0684	Trauma response - level IV
0222	Special charges - technical support charge	0689	Trauma response - other
0223	Special charges - UR service charge	0700	Cast Room services - general
0224	Special charges - late discharge, medically necessary	0709	Cast Room services - other
0229	Special charges - other	0710	Recovery Room services - general
0230	Incremental nursing care - general	0719	Recovery Room services - other
0231	Incremental nursing care - nursery	0720	Labor/Delivery Room services - general
0232	Incremental nursing care - OB	0721	Labor/Delivery Room services - labor
0233	Incremental nursing care - ICU (includes	0722	Labor/Delivery Room services - delivery
0234	transitional care) Incremental nursing care - CCU (includes transitional care)	0723	Labor/Delivery Room services - circumcision
0235	Incremental nursing care - hospice	0724	Labor/Delivery Room services - birthing center
0239	Incremental nursing care - other	0729	Labor/Delivery Room services - other
0240	All-inclusive ancillary - general	0730	EKG/ECG services - general
0249	All-inclusive ancillary - other	0731	EKG/ECG services - holter monitor
0250	Pharmacy - general	0732	EKG/ECG services - telemetry
0251	Pharmacy - generic drugs	0739	EKG/ECG services - other
0252	Pharmacy - nongeneric drugs	0740	EEG services - general
0253	Pharmacy - take-home drugs	0749	EEG services - other
0253	Pharmacy - drugs incident to other diagnostic services	0750	Gastrointestinal services - general
0255	Pharmacy - drugs incident to radiology	0759	Gastrointestinal services - other
0256	Pharmacy - experimental drugs	0760	Treatment or observation room services - general
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0258	Pharmacy - IV solutions	0762	Specialty Room - Treatment/ Observation Room - Observation Room
0259	Pharmacy – other		
0260	IV Therapy - general	0769	Treatment or observation room services - other
0261	IV Therapy - infusion pump	0770	Preventive care services - general
0262	IV Therapy - pharmacy services	0771	Preventive care services - vaccine administration
0263	IV Therapy - durg/supply delivery	0779	Preventive care services - other
0264	IV Therapy - supplies	0780	Telemedicine services - general
	IV Therapy - other	0789	Telemedicine services - other
0269	- ·		
0269 0270	Medical surgical supplies and devices - general	0790	Extra-corporeal shockwave therapy - general

0272	Medical surgical supplies and devices - sterile		
0273	Medical surgical supplies and devices - take- home		
0274	Medical surgical supplies and devices - prosthetic/orthotic	0800	Inpatient renal dialysis services - general
0275	Medical surgical supplies and devices - pacemaker	0801	Inpatient renal dialysis services - hemodialysis
0276	Medical surgical supplies and devices -	0802	Inpatient renal dialysis services - peritoneal
0277	intraocular lens (IOL) Medical surgical supplies and devices - oxygen	0803	(non-CAPD) Inpatient renal dialysis services - continuous
0278	- take-home Medical surgical supplies and devices - other	0804	ambulatory peritoneal dialysis (CAPD) Inpatient renal dialysis services - continuous
0279	implants Medical surgical supplies and devices - other	0809	cycling peritoneal dialysis (CAPD) Inpatient renal dialysis services - other
0280	Oncology - general	0810	Organ acquisition - general
0289	Oncology - other	0811	Organ acquisition - living donor
0290	DME - general	0812	Organ acquisition - cadaver donor
0291	DME - rental	0813	Organ acquisition - unknown donor
0292	DME - purchase of new	0814	Organ acquisition - unsuccessful organ search- donor bank charges
0293	DME - purchase of used	0819	Organ acquisition - other donor
0294	DME - supplies/drugs for DME effectiveness	0820	Hemodialysis - outpatient or home - general
0299	DME - other equipment	0821	Hemodialysis - outpatient or home - composite or other rate
0300	Laboratory - general	0825	Hemodialysis - outpatient or home - support services
0301	Laboratory - chemistry	0829	Hemodialysis - outpatient or home - other
0302	Laboratory - immunology	0830	Peritoneal dialysis - outpatient or home - general
0303	Laboratory - renal patient (home)	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0304	Laboratory - nonroutine dialysis	0835	Peritoneal dialysis - outpatient or home - support services
0305	Laboratory - hemotology	0839	Peritoneal dialysis - outpatient or home - other
0306	Laboratory - bacteriology and microbiology	0840	CAPD - outpatient or home - general
0307	Laboratory - urology	0841	CAPD - outpatient or home - composite or other rate
0309	Laboratory - other	0845	CAPD - outpatient or home - support services
0310	Laboratory pathological - general	0849	CAPD - outpatient or home - other
0311	Laboratory pathological - cytology	0850	CCPD - outpatient or home - general
0312	Laboratory pathological - histology	0851	CCPD - outpatient or home - composite or other rate
0313	Laboratory pathological - biopsy	0855	CCPD - outpatient or home - support services
0319	Laboratory pathological - other	0859	CCPD - outpatient or home - other
0320	Radiology - diagnostic - general	0880	Miscellaneous dialysis - general
0321	Radiology - diagnostic - angiocardiography	0881	Miscellaneous dialysis - ultrafiltration
0322	Radiology - diagnostic - arthrography	0882	Miscellaneous dialysis - home aide visit
0323	Radiology - diagnostic - arteriography	0889	Miscellaneous dialysis - other
0324	Radiology - diagnostic - chest x-ray	0900	Behavior health reatments/services - general
0329	Radiology - diagnostic - other	0901	Behavior health treatments/services - electroshock
0330	Radiology - therapeutic and/or chemotherapy adminstration - general	0902	Behavior health treatments/services - milieu therapy
0331	Radiology - therapeutic and/or chemotherapy adminstration - chemotherapy - injected	0903	Behavioral health treatments/services - play therapy
0332	Radiology - therapeutic and/or chemotherapy adminstration - chemotherapy - oral	0904	Behavior health treatments/services - activity therapy
0333	Radiology - therapeutic and/or chemotherapy adminstration - radiation therapy	0905	Behavior health treatments/services - intensive outpatient services - psychiatric
0335	Radiology - therapeutic and/or chemotherapy adminstration - chemotherapy - IV	0906	Behavior health treatments/services - intensive outpatient services - chemical dependency
0339	Radiology - therapeutic and/or chemotherapy adminstration - other	0907	Behavior health treatments/services - community behavioral health program
0340	Nuclear medicine - general	0909	Behavior health treatments - other

0341 Nuclear medicine - diagnostic procedures on 1911 Behavior health treatment/services - rehabilitation of the content of the process of the content of the process of th				
Nuclear medicine - diagnostic solutions and program control of the	0341	Nuclear medicine - diagnostic procedures	0910	Reserved
nadiopharmaceuticals Nuclear medicine-therapeutic nadiopharmaceuticals Nuclear medicine- other Nuclear	0342	Nuclear medicine - therapeutic procedures	0911	
O349 Nuclear medicine - therapeutic adiopharmaceuticals and adopharmaceuticals and apharmaceuticals and apharmaceuticals and pharmaceuticals and p	0343	ē .	0912	*
0349 Nuclear medicine - other 0350 CT scan - general 0351 CT scan - general 0352 CT scan - head 0353 CT scan - head 0353 CT scan - head 0354 GT scan - head 0355 CT scan - head 0356 Operating room services - general 0361 Operating room services - general 0362 Operating room services - general 0363 Operating room services - general 0364 Operating room services - general 0365 Operating room services - general 0366 Operating room services - general 0367 Operating room services - general 0368 Operating room services - general 0369 Operating room services - general 0360 Operating room services - general 0370 Anesthesia - general 0371 Anesthesia - incident to adiology 0372 Ober diagnostic services - pag sanear 0374 Anesthesia - acupuncture 0375 Ober diagnostic services - perganacy test 0374 Anesthesia - acupuncture 0375 Ober diagnostic services - pregnancy test 0376 Ober diagnostic services - pregnancy test 0377 Ober diagnostic services - operating room services - other diagnostic services - operating room services - operat	0344	Nuclear medicine - therapeutic	0913	Behavior health treatment/services - partial
0350 CT scan - peneral	0349		0914	Behavior health treatment/services - individual
Selavior health treatment/services - family therapy	0350	CT scan - general	0915	Behavior health treatment/services - group
O322 CT scan - body O339 CT scan - body O330 CT scan - other O330 Operating room services - general O360 Operating room services - minor surgery O361 Operating room services - organ transplant ober than kidney O367 Operating room services - organ transplant ober than kidney O368 Operating room services - organ transplant ober than kidney O369 Operating room services - organ transplant O360 Operating room organic - or	0351	CT scan - head	0916	Behavior health treatment/services - family
0359 CT scan - other 0360 Operating room services - general 0361 Operating room services - minor surgery 0362 Operating room services - organ transplant other than kidney 0367 Operating room services - organ transplant other than kidney 0369 Operating room services - stridney transplant 0369 Operating room services - organ transplant 0369 Operating room services - stridney transplant 0369 Operating room services - other 0370 Anesthesia - general 0371 Anesthesia - incident to radiology 0372 Anesthesia - incident to radiology 0372 Anesthesia - incident to radiology 0373 Anesthesia - incident to other diagnostic 0374 Anesthesia - acupuncture 0375 Anesthesia - other 0376 Anesthesia - other 0377 Anesthesia - other 0379 Anesthesia - other 0380 Blood - general 0391 Blood - general 0393 Blood - plasma 0393 Blood - plasma 0394 Other thrappeutic services - services - other 0395 Albood - plasma 0396 Blood - platelets 0397 Albood - platelets 0398 Blood - platelets 0398 Blood - other components 0398 Blood - other components 0398 Blood - other components 0399 Blood - other derivatives (cryoprecipitates) 0390 Blood - other derivatives (cryoprecipitates) 0390 Blood and blood component administration, storage and processing - general 0391 Blood and processing - general 0391 Blood and processing - general 0391 Blood and processing - general 0392 Other imaging services - general 0393 Blood - other derivatives (cryoprecipitates) 0399 Other thrappeutic services - complex medical equipment - ancillary 0400 Other imaging services - general 0401 Other imaging services - general 0402 Other imaging services - general 0403 Other imaging services - general 0404 Other imaging services - serven 0409 Other imaging services - other 0400 Other imaging services - serven 0401 Respiratory services - serven 0402 Other imaging services - other 0403 Respiratory services - other 0404 Other imaging service	0352	CT scan - body	0917	Behavior health treatment/services -
0360 Operating room services - general 0361 Operating room services - minor surgery 0362 Operating room services - minor surgery 0363 Operating room services - minor surgery 0364 Operating room services - general 0365 Operating room services - kidney transplant 0366 Operating room services - other 0370 Anesthesia - general 0371 Anesthesia - incident to radiology 0372 Anesthesia - incident to other diagnostic 0373 Anesthesia - incident to other diagnostic 0374 Anesthesia - incident to other diagnostic 0375 Anesthesia - incident to other diagnostic 0376 Anesthesia - incident to other diagnostic 0377 Anesthesia - incident to other diagnostic 0378 Anesthesia - incident to other diagnostic 0379 Operating room services - other 0370 Anesthesia - incident to other diagnostic 0370 Anesthesia - other 0371 Anesthesia - other 0372 Anesthesia - other 0373 Anesthesia - other 0374 Anesthesia - other 0375 Anesthesia - other 0376 Anesthesia - other 0377 Anesthesia - other 0380 Blood - packed red cells 0381 Blood - packed red cells 0381 Blood - packed red cells 0382 Blood - packed red cells 0383 Blood - packed red cells 0384 Blood - packed red cells 0385 Blood - packed red cells 0386 Blood - packed red cells 0386 Blood - packed red cells 0387 Blood - packed red cells 0388 Blood - packed red cells 0389 Blood - packed red cells 0380 Blood - packed red cells 0380 Blood - packed red cells 0381 Blood - packed red cells 0382 Blood - packed red cells 0383 Blood - packed red cells 0384 Blood - packed red cells 0385 Blood - packed red cells 0386 Blood - packed red cells 0387 Blood - packed red cells 0388 Blood - packed red cells 0389 Blood - packed red cells 0390 Blood - packed red cells 0391 Blood - packed red cells 0391 Blood - packed red cells 0392 Blood - packed red cells 0393 Blood - packed red cells 0394 Other therapeutic services - complex medical equipment - ancillary 0494 Other therapeutic services - other 0496 Other red red red red red red red red red r	0359	CT scan - other	0918	
Operating room services - organ transplant other than kidney operating room services - organ transplant other than kidney of the than kidney of th				
Operating room services - organ transplant operating room services - bripheral vascular other than kidney of the than kidney the than kidney the than kidney of the than kidney of the than kidney the				
other than kidney Operating room services - kidney transplant O367 Operating room services - other O368 Operating room services - other O370 Anesthesia - ageneral O371 Anesthesia - incident to radiology O372 Anesthesia - incident to radiology O373 Other diagnostic services - pap smear O374 Anesthesia - incident to other diagnostic services O374 Anesthesia - other O375 Anesthesia - other O376 Anesthesia - other O377 Anesthesia - other O378 Blood - general O380 Blood - general O380 Blood - general O381 Blood - placked red cells O382 Blood - plasma O383 Blood - plasma O383 Blood - plasma O384 Blood - platelets O385 Blood - blacked red operation of the threapeutic services - cerceational therapy O385 Blood - leukocytes O386 Blood - other components O387 Blood - other components O387 Blood other derivatives (cryoprecipitates) O389 Blood - other components O389 Blood - other O390 Blood amd blood component administration, storage and processing - general O391 Blood and processing - general O391 Blood and processing - deministration, storage and processing - other O400 Other imaging services - diagnostic mammography O401 Other imaging services - diagnostic mammography O402 Other imaging services - general O403 Other imaging services - diagnostic mammography O404 Other imaging services - diagnostic mammography O405 Other imaging services - diagnostic mammography O406 Other imaging services - servening mammography O407 Other imaging services - servening mammography O408 Other imaging services - servening mammography O409 Other imaging services - servening mammography O409 Other imaging services - servening mammography O400 Other imaging services - other O401 Other imaging services - other O402 Other imaging services - other O403 Other imaging services - other O404 Other imaging services - other O405 Other imaging services - other O406 Other imaging services - other O407 Other imaging services - other O408 Other imaging services - other O409 Other imaging services - other O409 Other imaging services - other O409 Other ima				
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0371 Anesthesia - incident to radiology 0372 Anesthesia - incident to other diagnostic services 0373 Anesthesia - incident to other diagnostic services 0374 Anesthesia - acupuncture 0379 Anesthesia - other 0379 Anesthesia - other 0380 Blood - general 0381 Blood - packed red cells 0381 Blood - packed red cells 0382 Blood - paked red cells 0383 Blood - paked red cells 0384 Blood - paked red cells 0385 Blood - paked red cells 0386 Blood - paked red cells 0387 Blood - paked red cells 0388 Blood - paked red cells 0389 Blood - other components 0380 Blood - other components 0380 Blood - other components 0381 Blood - other components 0382 Blood - other components 0383 Blood - other components 0384 Blood - other components 0385 Blood - other components 0386 Blood - other components 0387 Blood - other derivatives (cryoprecipitates) 0389 Blood - other derivatives (cryoprecipitates) 0390 Blood and blood component administration, storage and processing - general 0391 Blood and blood component administration, storage and processing - general 0391 Blood and blood component administration, storage and processing - other 0400 Other imaging services - general 0400 Other imaging services - general 0400 Other imaging services - diagnostic mammography 0401 Other imaging services - servening mammography 0402 Other imaging services - other 0403 Other imaging services - servening mammography 0404 Other imaging services - other 0405 Other imaging services - other 0406 Other imaging services - other 0407 Professional fees - naesthesiology - diagnostic professional fees - radiology - nuclear medicine medicine medicine medicine medicine professional fees - radiology - nuclear medicine professional fees - poperating room 0419 Respiratory services - other 0420 Physical therapy - sist charge 0421 Physical therapy - visit charge 0431 Professional fees - poperational therapy	0369	Operating room services - other	0923	Other diagnostic services - pap smear
Anesthesia - incident to other diagnostic services - other services services - other -	0370	Anesthesia - general	0924	Other diagnostic services - allergy test
Anesthesia - incident to other diagnostic services - other services services - other -	0371	•	0925	
O374   Anesthesia - acupuncture   O312   Medical rehabilitation day program - half day   O379   Anesthesia - other   O322   Medical rehabilitation day program - full day   O380   Blood - general   O940   Other therapeutic services - general   O381   Blood - packed red cells   O941   Other therapeutic services - general   O382   Blood - whole blood   O942   Other therapeutic services - education/training   O383   Blood - plasma   O943   Other therapeutic services - cardiac rehabilitation   O384   Blood - platelets   O944   Other therapeutic services - drug rehabilitation   O385   Blood - leukocytes   O945   Other therapeutic services - alcohol rehabilitation   O386   Blood - other components   O946   Other therapeutic services - alcohol rehabilitation   O387   Blood - other derivatives (cryoprecipitates)   O947   Other therapeutic services - complex medical equipment - routine   O389   Blood - other   O949   Other therapeutic services - other   O390   Blood and blood component administration, storage and processing - general   O391   Blood and blood component administration, storage and processing - administration, storage and processing - derived   O400   Other imaging services - general   O962   Professional fees - psychiatric   O400   Other imaging services - diagnostic   O964   O768   O768   O768   O401   O769   O769   O768		Anesthesia - incident to other diagnostic		
O379   Anesthesia - other   O932   Medical rehabilitation day program - full day	0374		0931	Medical rehabilitation day program - half day
0380 Blood - general   0940 Other therapeutic services - general   0381 Blood - packed red cells   0941 Other therapeutic services - recreational therapy   0382 Blood - whole blood   0942 Other therapeutic services - education/training   0383 Blood - plasma   0943 Other therapeutic services - education/training   0384 Blood - platelets   0944 Other therapeutic services - duration/training   0385 Blood - leukocytes   0945 Other therapeutic services - drug rehabilitation   0386 Blood - other components   0946 Other therapeutic services - aclohol rehabilitation   0387 Blood - other derivatives (cryoprecipitates)   0947 Other therapeutic services - complex medical equipment - routine   0389 Blood - other derivatives (cryoprecipitates)   0947 Other therapeutic services - complex medical equipment - ancillary   0389 Blood and blood component administration, storage and processing - general   0960 Professional fees - general   0960 Professional fees - general   0960 Professional fees - general   0961 Professional fees - psychiatric   0399 Blood and blood component administration, storage and processing - administration   0961 Professional fees - anesthesiologist (MD)   0401 Other imaging services - general   0963 Professional fees - anesthesiologist (MD)   0401 Other imaging services - diagnostic   0964 Professional fees - anesthetist (CRNA)   0402 Other imaging services - screening   0970 Professional fees - other   0400 Other imaging services - other   0971 Professional fees - radiology - diagnostic   0410 Respiratory services - general   0973 Professional fees - radiology - diagnostic   0411 Respiratory services - other   0972 Professional fees - radiology - diagnostic   0412 Respiratory services - other   0974 Professional fees - rediology - nuclear medicine   0413 Respiratory services - other   0975 Professional fees - rediology - nuclear medicine   0414 Respiratory services - other   0976 Professional fees - occupational therapy   0420 Physical therapy - general   0977 Professional fees - occupational therapy		-		* * * * * * * * * * * * * * * * * * * *
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0382   Blood - whole blood   0942   Other therapeutic services - education/training   0383   Blood - plasma   0943   Other therapeutic services - cardiac rehabilitation   0384   Blood - platelets   0944   Other therapeutic services - drug rehabilitation   0385   Blood - leukocytes   0945   Other therapeutic services - drug rehabilitation   0386   Blood - other components   0946   Other therapeutic services - alcohol rehabilitation   0387   Blood - other derivatives (cryoprecipitates)   0947   Other therapeutic services - complex medical equipment - routine   0406   Other therapeutic services - complex medical equipment - ancillary   0389   Blood and blood component administration, storage and processing - general   0960   Professional fees - general   0391   Blood and blood component administration   0960   Professional fees - psychiatric   0399   Blood and blood component administration   0961   Professional fees - ophthalmology   0490   Other imaging services - general   0963   Professional fees - anesthesiologist (MD)   0401   Other imaging services - diagnostic   0964   Professional fees - anesthetist (CRNA)   0402   Other imaging services - ultrasound   0969   Professional fees - anesthetist (CRNA)   0404   0404   Other imaging services - PET   0971   Professional fees - laboratory   0409   Other imaging services - PET   0971   Professional fees - laboratory   0409   Other imaging services - other   0972   Professional fees - radiology - diagnostic   0412   Respiratory services - other   0974   Professional fees - radiology - nuclear medicine   0413   Respiratory services - other   0974   Professional fees - respiratory therapeutic   0414   Professional fees - respiratory therapeutic   0415   Professional fees - respiratory therapeutic   0416   Professional fees - respiratory therapeutic   0417   0418   0418   0418   0419   0		•		
0383   Blood - plasma   0943   Other therapeutic services - cardiac rehabilitation		•		-
Blood - platelets				Other therapeutic services - cardiac
O385   Blood - leukocytes   O945   Other therapeutic services - alcohol rehabilitation   O386   Blood - other components   O946   Other therapeutic services - complex medical equipment - routine   Other therapeutic services - complex medical equipment - ancillary   Other therapeutic services - complex medical equipment - ancillary   Other therapeutic services - other   O949   Other therapeutic services - other   O940   Other therapeutic services - other   O960   O960   O960   O960   Ofter therapeutic services - other   O960	0384	Blood - platelets	0944	
O386   Blood - other components   O946   Other therapeutic services - complex medical equipment - routine   output		•		Other therapeutic services - alcohol
Os87   Blood - other derivatives (cryoprecipitates)   Os47   Other therapeutic services - complex medical equipment - ancillary	0386	Blood - other components	0946	Other therapeutic services - complex medical
Blood - other  0390 Blood amd blood component administration, storage and processing - general  0391 Blood and blood component administration, storage and processing - general  0391 Blood and blood component administration, storage and processing - administration  0399 Blood and blood component administration, storage and processing - administration  0399 Blood and blood component administration, storage and processing - other  0400 Other imaging services - general  0401 Other imaging services - diagnostic mammography  0402 Other imaging services - ultrasound  0403 Other imaging services - screening mammography  0404 Other imaging services - PET  0405 Other imaging services - Other  0406 Other imaging services - Other  0407 Other imaging services - Other  0408 Other imaging services - Other  0409 Other imaging services - Other  0410 Respiratory services - Inhalation  0411 Respiratory services - inhalation  0412 Respiratory services - hyperbaric oxygen therapy  0419 Respiratory services - other  0410 Physical therapy - general  0420 Physical therapy - visit charge  0430 Other otherapy  0441 Physical therapy - visit charge  0442 Professional fees - respiratory therapy  0452 Professional fees - physical therapy  0464 Professional fees - respiratory therapy  0475 Professional fees - respiratory therapy  0486 Professional fees - respiratory therapy  0497 Professional fees - respiratory therapy  0498 Professional fees - respiratory therapy  0409 Professional fees - respiratory therapy  0419 Professional fees - respiratory therapy  0420 Physical therapy - visit charge	0387	Blood - other derivatives (cryoprecipitates)	0947	Other therapeutic services - complex medical
Blood and blood component administration, storage and processing - general	0380	Pland other	0040	
storage and processing - general  0391 Blood and blood component administration, storage and processing - administration  0399 Blood and blood component administration, storage and processing - administration, opecations of the professional fees - ophthalmology storage and processing - other  0400 Other imaging services - general operations of the imaging services - diagnostic operations of the imaging services - diagnostic operations of the imaging services - ultrasound operations of the imaging services - screening operations of the imaging services - screening operations of the imaging services - screening operations of the imaging services - other operations operations of the imaging services - other operations oper				1
storage and processing - administration  0399 Blood and blood component administration, storage and processing - other  0400 Other imaging services - general  0963 Professional fees - ophthalmology  0401 Other imaging services - diagnostic mammography  0402 Other imaging services - ultrasound  0969 Professional fees - anesthetist (CRNA)  0403 Other imaging services - ultrasound  0969 Professional fees - other  0403 Other imaging services - screening mammography  0404 Other imaging services - PET  0971 Professional fees - laboratory  0409 Other imaging services - other  0972 Professional fees - radiology - diagnostic  0410 Respiratory services - general  0973 Professional fees - radiology - therapeutic  0412 Respiratory services - inhalation  0974 Professional fees - readiology - nuclear medicine  0413 Respiratory services - hyperbaric oxygen therapy  0419 Respiratory services - other  0976 Professional fees - respiratory therapy  0420 Physical therapy - general  0977 Professional fees - respiratory therapy  0421 Physical therapy - visit charge  0978 Professional fees - occupational therapy				
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Other imaging services - diagnostic mammography Other imaging services - ultrasound Other imaging services - ultrasound Other imaging services - screening mammography Other imaging services - screening mammography Other imaging services - PET Other imaging services - PET Other imaging services - PET Other imaging services - Other Other ima	0399	<u>.</u>	0962	Professional fees - ophthalmology
mammography  Other imaging services - ultrasound  Other imaging services - screening mammography  Other imaging services - screening mammography  Other imaging services - PET  Other imaging services - PET  Other imaging services - Other  Other imaging se	0400	Other imaging services - general	0963	Professional fees - anesthesiologist (MD)
Other imaging services - ultrasound  Other imaging services - screening mammography  Other imaging services - screening mammography  Other imaging services - PET  Other imaging services - PET  Other imaging services - PET  Other imaging services - Other	0401		0964	Professional fees - anesthetist (CRNA)
mammography  0404 Other imaging services - PET 0971 Professional fees - laboratory  0409 Other imaging services - other 0972 Professional fees - radiology - diagnostic  0410 Respiratory services - general 0973 Professional fees - radiology - therapeutic  0412 Respiratory services - inhalation 0974 Professional fees - readiology - nuclear medicine  0413 Respiratory services - hyperbaric oxygen therapy  0419 Respiratory services - other 0976 Professional fees - respiratory therapy  0420 Physical therapy - general 0977 Professional fees - physical therapy  0421 Physical therapy - visit charge 0978 Professional fees - occupational therapy	0402		0969	Professional fees - other
Other imaging services - PET Other imaging services - Other Other imaging services - radiology - diagnostic Other imaging services - radiology - other professional fees - radiology - therapeutic Other imaging services - inhalation Other imaging services - other Other imaging services - other Other imaging services - radiology - diagnostic Other imaging services - radiology - therapeutic Other imaging services - radiology - ruclear Other imaging services - radiolog	0403		0970	Professional fees - general
Other imaging services - other 0972 Professional fees - radiology - diagnostic 0410 Respiratory services - general 0973 Professional fees - radiology - therapeutic 0412 Respiratory services - inhalation 0974 Professional fees - readiology - nuclear medicine 0413 Respiratory services - hyperbaric oxygen therapy 0419 Respiratory services - other 0976 Professional fees - operating room 0420 Physical therapy - general 0977 Professional fees - physical therapy 0421 Physical therapy - visit charge 0978 Professional fees - occupational therapy	0404		0971	Professional fees - laboratory
0410Respiratory services - general0973Professional fees - radiology - therapeutic0412Respiratory services - inhalation0974Professional fees - readiology - nuclear medicine0413Respiratory services - hyperbaric oxygen therapy0975Professional fees - operating room0419Respiratory services - other0976Professional fees - respiratory therapy0420Physical therapy - general0977Professional fees - physical therapy0421Physical therapy - visit charge0978Professional fees - occupational therapy	0409		0972	•
0412Respiratory services - inhalation0974Professional fees - readiology - nuclear medicine0413Respiratory services - hyperbaric oxygen therapy0975Professional fees - operating room0419Respiratory services - other0976Professional fees - respiratory therapy0420Physical therapy - general0977Professional fees - physical therapy0421Physical therapy - visit charge0978Professional fees - occupational therapy				••
0413Respiratory services - hyperbaric oxygen therapy0975Professional fees - operating room0419Respiratory services - other0976Professional fees - respiratory therapy0420Physical therapy - general0977Professional fees - physical therapy0421Physical therapy - visit charge0978Professional fees - occupational therapy				Professional fees - readiology - nuclear
0419Respiratory services - other0976Professional fees - respiratory therapy0420Physical therapy - general0977Professional fees - physical therapy0421Physical therapy - visit charge0978Professional fees - occupational therapy	0413		0975	
<ul> <li>O420 Physical therapy - general</li> <li>O421 Physical therapy - visit charge</li> <li>O977 Professional fees - physical therapy</li> <li>O978 Professional fees - occupational therapy</li> </ul>	0419		0976	Professional fees - respiratory therapy
0421 Physical therapy - visit charge 0978 Professional fees - occupational therapy			0977	2 2 2
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UPAA THYNICAL HICKORY - HORITY CHAICE UM 19 PHOLOGIANTI LIPE - CHEPCH HIPPARY	0422	Physical therapy - hourly charge	0979	Professional fees - speech therapy

	0423	Physical therapy - group rate	0980	Professional fees - general
	0424	Physical therapy - evaluation or reevaluation	0981	Professional fees - emergency room
	0429	Physical therapy - other	0982	Professional fees - outpatient services
	0430	Occupational therapy - general	0983	Professional fees - clinic
	0431	Occupational therapy - visit charge	0984	Professional fees - medical social services
	0432	Occupational therapy - hourly charge	0985	Professional fees - EKG
	0433	Occupational therapy - group rate	0986	Professional fees - EEG
	0434	Occupational therapy - evaluation or reevaluation	0987	Professional fees - hospital visit
	0439	Occupational therapy - other	0988	Professional fees - consultation
	0440	Speech-language pathology - general	0989	Professional fees - private duty nurse
	0441	Speech-language pathology - visit charge	0990	Patient convenience items - general
	0442	Speech-language pathology - hourly charge	0991	Patient convenience items - cafeteria/guest tra
	0443	Speech-language pathology - group rate	0992	Patient convenience items - private linen servi
	0444	Speech-language pathology - evaluation or reevaluation	0993	Patient convenience items - telephone/telegrap
	0449	Speech-language pathology - other	0994	Patient convenience items - TV/radio
	0450	Emergency room - general	0995	Patient convenience items - nonpatient room rentals
	0451	Emergency room - EMTALA emergency medical screening services	0996	Patient convenience items - late discharge charge
	0452	Emergency room - beyond EMTALA screening	0997	Patient convenience items - admission kits
	0456	Emergency room - urgent care	0998	Patient convenience items - beauty shop/barbe
	0459	Emergency room - other	0999	Patient convenience items - other
	0460	Pulmonary function - general	1000	Behavior health accommodations - general
	0469	Pulmonary function - other	1001	Behavior health accommodations - residential treatment - psychiatric
	0470 0471	Audiology - general  Audiology - diagnostic	1002 1003	Behavior health accommodations - residential treatment - chemical dependency Behavior health accommodations - supervised
	0471	Audiology - treatment	1003	living Behavior health accommodations - halfway
	0479	Audiology - other	1005	house Behavior health accommodations - group hom
	0480	Cardiology - general	2100	Alternative therapy services - general
	0481	Cardiology - cardiac cath lab	2101	Alternative therapy services - acupuncture
	0482	Cardiology - stress test	2102	Alternative therapy services - acupressure
	0483	Cardiology - echocardiology	2103	Alternative therapy services - massage
	0489	Cardiology - other	2104	Alternative therapy services - reflexology
	0490	Ambulatory surgical care - general	2105	Alternative therapy services - biofeedback
	0499	Ambulatory surgical care - other	2106	Alternative therapy services - hypnosis
	0500	-	2109	**
	0509	Outpatient services - general Outpatient services - other	3101	Alternative therapy services - other Adult day care, medical and social - hourly
	0510	•	3101	•
		Clinic - general		Adult day care, social - hourly
	0511	Clinic - chronic pain	3103	Adult day care, medical and social - daily
	0512	Clinic - dental	3104	Adult day care, social - daily
	0513	Clinic - psychiatric	3105	Adult foster care - daily
	0514	Clinic - OB/GYN	3109	Adult foster care - other
Beginning Position: Length:	13 4	Data Source:	Claim Alphan	umeric
Field 3:		Type: CS_QUALIFIER	тырнан	u1110110
	псес	D_QUALIFIER		
Description:	17	D.4. C	C1	
Beginning Position:	17	Data Source:	Claim	
Length:	2	Type:	Alphan	umeric
Field 4		CS_PROCEDURE_CODE		
Description:		Common Procedure Coding System (Hamodations.	CPCS) c	ode applicable to ancillary services or

<b>Beginning Position:</b>	19	Data Source:	Claim			
Length:	5	Type:	Alphan	umeric		
Field 5:		DIFIER_1				
<b>Description:</b>	Identi	lentifies special circumstances related to the performance of the service				
<b>Coding Scheme:</b>	0	No assessment completed	F2	Left hand, third digit		
	1	Medicare 5 day assessment (full)	F3	Left hand, fourth digit		
	2	Medicare 30 day assessment (full)	F4	Left hand, fifth digit		
	3	Medicare 60 day assessment (full)	F5	Right hand, thumb		
	4 7	Medicare 90 day assessment (full)	F6 F7	Right hand, second digit		
	,	Medicare 14 day assessment (comprehensive or full)	Γ/	Right hand, third digit		
	8	Other Medicare required assessment (OMRA)	F8	Right hand, fourth digit		
	11	Admission assessment - Medicare 5 day	F9	Right hand, fifth digit		
		assessment (comprehensive)				
	25	Significant, separately identifiable evaluation and management service by the same physician on	FA	Left hand, thumb		
	31	the same day of the procedure o SCSA or OMRA/Medicare 5 day assessment	G1	Most recent URR of less than 60%		
	32	(replacement) SCSA or OMRA/Medicare 30 day assessment	G2	Most recent URR of 60% to 64%		
	33	(replacement) SCSA or OMRA/Medicare 60 day assessment (replacement)	G3	Most recent URR of 65% to 69.9%		
	34	SCSA or OMRA/Medicare 90 day assessment (replacement)	G4	Most recent URR of 70% to 74.9%		
	37	SCSA or OMRA/Medicare 14 day assessment (replacement)	G5	Most recent URR of 75% or greater		
	38	Significant change in status assessment (SCSA)	GN	Service delivered personally by a speech- language pathologist or under an outpatient speech-language pathology plan of care.		
	41	Significant correction of prior full assessment/Medicare 5 day assessment	GO	Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care.		
	42	Significant correction of prior full assessment/Medicare 30 day assessment	GP	Service delivered personally by an physical therapist or under an outpatient physical therapy plan of care.		
	43	Significant correction of prior full assessment/Medicare 60 day assessment	LC	Left circulflex coronary artery		
	44	Significant correction of prior full assessment/Medicare 90 day assessment	LD	Left anterior descending coronary artery		
	47	Significant correction of prior full assessment/Medicare 14 day assessment	LT	Left side of the body procedure		
	48	Significant correction of prior full assessment/OMRA or SCSA	QM	Ambulance service provided under arrangement by a provider of services		
	50	Bilateral procedure	QN	Ambulance service furnished directly by a provider of services		
	52	Reduced services	QP	Documentation exists showing that the laboratory test(s) was ordered individually, or as CPT-recognized panel other than profil		
	53	Discontinued procedure	RC	Right coronary artery		
	54	Quarterly review assessment - Medicare 90 assessment (full)	RT	Right side of the body procedure		
	58	Staged or related procedure or service by the same physician during the postoperative period	T1	Left foot, second digit		
	59	Distinct procedural service	T2	Left foot, third digit		
	76	Repeat procedure by same physician	T3	Left foot, fourth digit		
	77	Repeat procedure by another physician	T4	Left foot, fifth digit		
	78	Return to the operating room for a related procedure during the postoperative period	T5	Right foot, great toe		
	79	Unrelated procedure of service by the same physician during the postoperative period	T6	Right foot, second digit		
	E1	Upper left eyelid	T7	Right foot, third digit		
	E2	Lower left eyelid	Т8	Right foot, fourth digit		
	E3	Upper right eyelid	T9	Right foot, fifth digit		
	E4	Lower right eyelid	TA	Left foot, great toe		
	F1	Left hand, second digit				

<b>Beginning Position:</b>	24	Data Source:	Claim	
Length:	2	Type:	Alphanumeric	
Field 6:	MODIFIER_2			
<b>Description:</b>	Identifies special circumstances related to the performance of the service.			
Coding Scheme:	Same as Field 5			
<b>Beginning Position:</b>	26	<b>Data Source:</b>	Claim	
Length:	2	Type:	Alphanumeric	
Field 7:	MODIFIER_3			
<b>Description:</b>		nces related to the	performance of the service.	
Coding Scheme:	Same as Field 5			
<b>Beginning Position:</b>	28	Data Source:	Claim	
Length:	2	Type:	Alphanumeric	
Field 8:	MODIFIER_4			
Description:		nces related to the	performance of the service.	
Coding Scheme:	Same as Field 5			
<b>Beginning Position:</b>	30	Data Source:	Claim	
Length:	2	Type:	Alphanumeric	
Field 9:	UNIT_MEASUREMENT			
<b>Description:</b>	Code specifying the units in	which a value is	being expressed.	
Coding Scheme:	DA Days F2 International unit			
	UN Unit			
Beginning Position:	UN Unit 32	Data Source:	Claim	
Beginning Position: Length:			Claim Alphanumeric	
Beginning Position: Length: Field 10:	32 2	Data Source: Type:	0.14.1.1.	
Length: Field 10:	32		0.14.1.1.	
Length: Field 10: Description:	32 2 UNITS_OF_SERVICE		0.14.1.1.	
Length: Field 10: Description: Beginning Position:	32 2 UNITS_OF_SERVICE Numeric value of quantity	Type:	Alphanumeric	
Length: Field 10: Description:	32 2 UNITS_OF_SERVICE Numeric value of quantity 34	Type: Data Source:	Alphanumeric	
Length: Field 10: Description: Beginning Position: Length:	32 2 UNITS_OF_SERVICE Numeric value of quantity 34 7	Type: Data Source:	Alphanumeric	
Length: Field 10: Description: Beginning Position: Length: Field 11:	32 2 UNITS_OF_SERVICE Numeric value of quantity 34 7 UNIT_RATE	Type: Data Source:	Alphanumeric	
Length: Field 10: Description: Beginning Position: Length: Field 11: Description:	32 2 UNITS_OF_SERVICE Numeric value of quantity 34 7 UNIT_RATE Rate per unit 41 12	Type:  Data Source: Type:	Alphanumeric  Claim Numeric	
Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position:	32 2 UNITS_OF_SERVICE Numeric value of quantity 34 7 UNIT_RATE Rate per unit 41	Type:  Data Source: Type:  Data Source:	Alphanumeric  Claim Numeric  Claim	
Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length:	32 2 UNITS_OF_SERVICE Numeric value of quantity 34 7 UNIT_RATE Rate per unit 41 12	Type:  Data Source: Type:  Data Source:	Alphanumeric  Claim Numeric  Claim	
Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12:	32 2 UNITS_OF_SERVICE Numeric value of quantity 34 7 UNIT_RATE Rate per unit 41 12 CHRGS_LINE_ITEM	Type:  Data Source: Type:  Data Source:	Alphanumeric  Claim Numeric  Claim	
Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description:	32 2 UNITS_OF_SERVICE Numeric value of quantity 34 7 UNIT_RATE Rate per unit 41 12 CHRGS_LINE_ITEM Total amount of the charge	Type:  Data Source: Type:  Data Source: Type:	Alphanumeric  Claim Numeric  Claim Numeric	
Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Beginning Position:	32 2 UNITS_OF_SERVICE Numeric value of quantity 34 7 UNIT_RATE Rate per unit 41 12 CHRGS_LINE_ITEM Total amount of the charge 53	Type:  Data Source: Type:  Data Source: Type:	Alphanumeric  Claim Numeric  Claim Numeric  Assigned	
Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length: Field 13: Description:	32 2 UNITS_OF_SERVICE Numeric value of quantity 34 7 UNIT_RATE Rate per unit 41 12 CHRGS_LINE_ITEM Total amount of the charge 53 14	Type:  Data Source: Type:  Data Source: Type:  Data Source: Type:	Alphanumeric  Claim Numeric  Claim Numeric  Assigned	
Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length: Field 13:	JEAN SERVICE  Numeric value of quantity JEAN SERVICE  Numeric value of quantity JEAN SERVICE  Numeric value of quantity JEAN SERVICE  Rate per unit JEAN SERVICE  CHRIS_LINE_ITEM  Total amount of the charge JEAN SERVICE  Total amount of the charge JEAN SERVICE  CHRIS_LINE_ITEM  Total amount of the charge JEAN SERVICE  CHRIS_LINE_ITEM  Total amount of the charge JEAN SERVICE  Total amount of the charge	Type:  Data Source: Type:  Data Source: Type:  Data Source: Type:	Alphanumeric  Claim Numeric  Claim Numeric  Assigned	
Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length: Field 13: Description:	2 UNITS_OF_SERVICE Numeric value of quantity 34 7 UNIT_RATE Rate per unit 41 12 CHRGS_LINE_ITEM Total amount of the charge 53 14 CHRGS_NON_COV Total non-covered amount of	Type:  Data Source: Type:  Data Source: Type:  Data Source: Type:	Alphanumeric  Claim Numeric  Claim Numeric  Assigned Numeric	



## DATA ELEMENTS AVAILABLE **FOR** TEXAS HOSPITAL INPATIENT DISCHARGE **RESEARCH DATA FILE, 2004 - PRESENT**

## **Base Data File**

Data Dictionary #	RUDF Field Name 2004-present	Available in RDF
1	RECORD_ID (DOES NOT match to PUDF. Does match with unique RDF files. No charge for this field.)	Yes
2	THCIC_ID	Yes
3	PROVIDER_NAME	Yes
4	PROVIDER_ADDR	Yes
5	PROVIDER_CITY	Yes
6	PROVIDER_STATE	Yes
7	PROVIDER_ZIP	Yes
8	FAC_TEACHING_IND	Yes
9	FAC_PSYCH_IND	Yes
10	FAC_REHAB_IND	Yes
11	FAC_ACUTE_CARE_IND	Yes
12	FAC_SNF_IND	Yes
13	FAC_LONG_TERM_AC_IND	Yes
14	FAC_OTHER_LTC_IND	Yes
15	FAC_PEDS_IND	Yes
16	SPEC_UNIT_1	Yes
17	SPEC_UNIT_2	Yes
18	SPEC_UNIT_3	Yes
19	SPEC_UNIT_4	Yes
20	SPEC_UNIT_5	Yes
21	ENCOUNTER_INDICATOR	Yes
22	PAT_UNIQUE_INDEX	Yes
23	SEX_CODE	Yes
24	BIRTH_DATE	Yes
25	PAT_AGE_GROUP	Yes
26	PAT_AGE_YEARS	Yes
27	PAT_AGE_DAYS	Yes
28	RACE	Yes
29	ETHNICITY	Yes
30	PAT_ADDR_CENSUS_BLOCK_GROUP	Yes
31	PAT_ADDR_CENSUS_BLOCK	Yes
32	PAT_CITY	Yes
33	PAT_STATE	Yes
34	PAT_ZIP	Yes
35	PAT_COUNTRY	Yes
36	COUNTY	Yes

37	Public Health Region (PHR)	Yes
38	TYPE_OF_ADMISSION	Yes
39	SOURCE_OF_ADMISSION	Yes
40	ADMIT_START_OF_CARE	Yes
41	ADMIT_WEEKDAY	Yes
42	ADMIT_HOUR	Yes
43	STMT_PERIOD_FROM	Yes
44	STMT_PERIOD_THRU	Yes
45	LENGTH_OF_STAY	Yes
46	PAT_STATUS	Yes
47	DISCHARGE_HOUR	Yes
48	TYPE_OF_BILL	Yes
49	ADMITTING_DIAGNOSIS	Yes
50	PRINC_DIAG_CODE	Yes
51	POA_PRINC_DIAG_CODE	Beginning 2011
52	OTH_DIAG_CODE_1	Yes
53	POA_OTH_DIAG_CODE_1	Beginning 2011
54	OTH_DIAG_CODE_2	Yes
55	POA_OTH_DIAG_CODE_2	Beginning 2011
56	OTH_DIAG_CODE_3	Yes
57	POA_OTH_DIAG_CODE_3	Beginning 2011
58	OTH_DIAG_CODE_4	Yes
59	POA_OTH_DIAG_CODE_4	Beginning 2011
60	OTH_DIAG_CODE_5	Yes
61	POA_OTH_DIAG_CODE_5	Beginning 2011
62	OTH_DIAG_CODE_6	Yes
63	POA_OTH_DIAG_CODE_6	Beginning 2011
64	OTH_DIAG_CODE_7	Yes
65	POA_OTH_DIAG_CODE_7	Beginning 2011
66	OTH_DIAG_CODE_8	Yes
67	POA_OTH_DIAG_CODE_8	Beginning 2011
68	OTH_DIAG_CODE_9	Yes
69	POA_OTH_DIAG_CODE_9	Beginning 2011
70	OTH_DIAG_CODE_10	Yes
71	POA_OTH_DIAG_CODE_10	Beginning 2011
72	OTH_DIAG_CODE_11	Yes
73	POA_OTH_DIAG_CODE_11	Beginning 2011
74	OTH_DIAG_CODE_12	Yes
75	POA_OTH_DIAG_CODE_12	Beginning 2011
76	OTH_DIAG_CODE_13	Yes
77	POA_OTH_DIAG_CODE_13	Beginning 2011
78	OTH_DIAG_CODE_14	Yes
79	POA_OTH_DIAG_CODE_14	Beginning 2011
80	OTH_DIAG_CODE_15	Yes
81	POA_OTH_DIAG_CODE_15	Beginning 2011
82	OTH_DIAG_CODE_16	Yes
83	POA_OTH_DIAG_CODE_16	Beginning 2011
84	OTH_DIAG_CODE_17	Yes

85	POA_OTH_DIAG_CODE_17	Beginning 2011
86	OTH_DIAG_CODE_18	Yes
87	POA_OTH_DIAG_CODE_18	Beginning 2011
88	OTH_DIAG_CODE_19	Yes
89	POA_OTH_DIAG_CODE_19	Beginning 2011
90	OTH_DIAG_CODE_20	Yes
91	POA_OTH_DIAG_CODE_20	Beginning 2011
92	OTH_DIAG_CODE_21	Yes
93	POA_OTH_DIAG_CODE 21	Beginning 2011
94	OTH_DIAG_CODE_22	Yes
95	POA_OTH_DIAG_CODE_22	Beginning 2011
96	OTH_DIAG_CODE_23	Yes
97	POA_OTH_DIAG_CODE_23	Beginning 2011
98	OTH_DIAG_CODE_24	Yes
99	POA_OTH_DIAG_CODE_24	Beginning 2011
100	E_CODE_1	Yes
101	POA_E_CODE_1	Beginning 2012
102	E_CODE_2	Yes
103	POA_E_CODE_2	Beginning 2012
104	E_CODE_3	Yes
105	POA_E_CODE_3	Beginning 2012
106	E_CODE_4	Yes
107	POA_E_CODE_4	Beginning 2012
108	E_CODE_5	Yes
109	POA_E_CODE_5	Beginning 2012
110	E_CODE_6	Yes
111	POA_E_CODE_6	Beginning 2012
112	E_CODE_7	Yes
113	POA_E_CODE_7	Beginning 2012
114	E_CODE_8	Yes
115	POA_E_CODE_8	Beginning 2012
116	E_CODE_9	Yes
117	POA_E_CODE_9	Beginning 2012
118	E_CODE_10	Yes
119	POA_E_CODE_10	Beginning 2012
120	PRINC_SURG_PROC_CODE	Yes
121	PRINC_SURG_PROC_DATE	Yes
122	PRINC_SURG_PROC_DAY	Yes
123	PRINC_ICD9_CODE	Yes
124	OTH_SURG_PROC_CODE_1	Yes
125	OTH_SURG_PROC_DATE_1	Yes
126	OTH_SURG_PROC_DAY_1	Yes
127	OTH_ICD9_CODE_1	Yes
128	OTH_SURG_PROC_CODE_2	Yes
129	OTH_SURG_PROC_DATE_2	Yes
130	OTH_SURG_PROC_DAY_2	Yes
131	OTH_ICD9_CODE_2	Yes
132	OTH_SURG_PROC_CODE_3	Yes

133	OTH_SURG_PROC_DATE_3	Yes
134	OTH_SURG_PROC_DAY_3	Yes
135	OTH_ICD9_CODE_3	Yes
136	OTH_SURG_PROC_CODE_4	Yes
137	OTH_SURG_PROC_DATE_4	Yes
138	OTH_SURG_PROC_DAY_4	Yes
139	OTH_ICD9_CODE_4	Yes
140	OTH_SURG_PROC_CODE_5	Yes
141	OTH_SURG_PROC_DATE_5	Yes
142	OTH_SURG_PROC_DAY_5	Yes
143	OTH_ICD9_CODE_5	Yes
144	OTH_SURG_PROC_CODE_6	Yes
145	OTH_SURG_PROC_DATE_6	Yes
146	OTH_SURG_PROC_DAY_6	Yes
147	OTH_ICD9_CODE_6	Yes
148	OTH_SURG_PROC_CODE_7	Yes
149	OTH_SURG_PROC_DATE_7	Yes
150	OTH_SURG_PROC_DAY_7	Yes
151	OTH_ICD9_CODE_7	Yes
152	OTH_SURG_PROC_CODE_8	Yes
153	OTH_SURG_PROC_DATE_8	Yes
154	OTH_SURG_PROC_DAY_8	Yes
155	OTH_ICD9_CODE_8	Yes
156	OTH_SURG_PROC_CODE_9	Yes
157	OTH_SURG_PROC_DATE_9	Yes
158	OTH_SURG_PROC_DAY_9	Yes
159	OTH_ICD9_CODE_9	Yes
160	OTH_SURG_PROC_CODE_10	Yes
161	OTH_SURG_PROC_DATE_10	Yes
162	OTH_SURG_PROC_DAY_10	Yes
163	OTH_ICD9_CODE_10	Yes
164	OTH_SURG_PROC_CODE_11	Yes
165	OTH_SURG_PROC_DATE_11	Yes
166	OTH_SURG_PROC_DAY_11	Yes
167	OTH_ICD9_CODE_11	Yes
168	OTH_SURG_PROC_CODE_12	Yes
169	OTH_SURG_PROC_DATE_12	Yes
170	OTH_SURG_PROC_DAY_12	Yes
171	OTH_ICD9_CODE_12	Yes
172	OTH_SURG_PROC_CODE_13	Yes
173	OTH_SURG_PROC_DATE_13	Yes
174	OTH_SURG_PROC_DAY_13	Yes
175	OTH_ICD9_CODE_13	Yes
176	OTH_SURG_PROC_CODE_14	Yes
177	OTH_SURG_PROC_DATE_14	Yes
178	OTH_SURG_PROC_DAY_14	Yes
179	OTH_ICD9_CODE_14	Yes
180	OTH_SURG_PROC_CODE_15	Yes

181	OTH_SURG_PROC_DATE_15	Yes
182	OTH_SURG_PROC_DAY_15	Yes
183	OTH_ICD9_CODE_15	Yes
184	OTH_SURG_PROC_CODE_16	Yes
185	OTH SURG PROC DATE 16	Yes
186	OTH_SURG_PROC_DAY_16	Yes
187	OTH_ICD9_CODE_16	Yes
188	OTH_SURG_PROC_CODE_17	Yes
189	OTH_SURG_PROC_DATE_17	Yes
190	OTH_SURG_PROC_DAY_17	Yes
191	OTH_ICD9_CODE_17	Yes
192	OTH_SURG_PROC_CODE_18	Yes
193	OTH_SURG_PROC_DATE_18	Yes
194	OTH_SURG_PROC_DAY_18	Yes
195	OTH_ICD9_CODE_18	Yes
196	OTH_SURG_PROC_CODE_19	Yes
197	OTH_SURG_PROC_DATE_19	Yes
198	OTH_SURG_PROC_DAY_19	Yes
199	OTH_ICD9_CODE_19	Yes
200	OTH_SURG_PROC_CODE_20	Yes
201	OTH_SURG_PROC_DATE_20	Yes
202	OTH_SURG_PROC_DAY_20	Yes
203	OTH_ICD9_CODE_20	Yes
204	OTH_SURG_PROC_CODE_21	Yes
205	OTH_SURG_PROC_DATE_21	Yes
206	OTH_SURG_PROC_DAY_21	Yes
207	OTH_ICD9_CODE_21	Yes
208	OTH_SURG_PROC_CODE_22	Yes
209	OTH_SURG_PROC_DATE_22	Yes
210	OTH_SURG_PROC_DAY_22	Yes
211	OTH_ICD9_CODE_22	Yes
212	OTH_SURG_PROC_CODE_23	Yes
213	OTH_SURG_PROC_DATE_23	Yes
214	OTH_SURG_PROC_DAY_23	Yes
215	OTH_ICD9_CODE_23	Yes
216	OTH_SURG_PROC_CODE_24	Yes
217	OTH_SURG_PROC_DATE_24	Yes
218	OTH_SURG_PROC_DAY_24	Yes
219	OTH_ICD9_CODE_24	Yes
220	MS _MDC	Yes
221	APR_MDC	Yes
222	MS_DRG	Yes
223	APR_DRG	Yes
224	RISK_MORTALITY	Yes
225	ILLNESS_SEVERITY	Yes
226	APR_GROUPER_ VERSION_NBR	Yes
227	APR_GROUPER_ERROR_CODE	Yes
228	MS_GROUPER_ VERSION_NBR	Beginning 2011

229	MS_APR_GROUPER_ERROR_CODE	Beginning 2011
230	ATTENDING_PHYSICIAN_UNIF_ID	Yes
231	OPERATING_PHYSICIAN_UNIF_ID	Yes
232	OCCUR_CODE_1	Yes
233	OCCUR_DATE_1	Yes
234	OCCUR_DAY_1	Yes
235	OCCUR_CODE_2	Yes
236	OCCUR_DATE_2	Yes
237	OCCUR_DAY_2	Yes
238	OCCUR_CODE_3	Yes
239	OCCUR_DATE_3	Yes
240	OCCUR_DAY_3	Yes
241	OCCUR_CODE_4	Yes
242	OCCUR_DATE_4	Yes
243	OCCUR_DAY_4	Yes
244	OCCUR_CODE_5	Yes
245	OCCUR_DATE_5	Yes
246	OCCUR_DAY_5	Yes
247	OCCUR_CODE_6	Yes
248	OCCUR_DATE_6	Yes
249	OCCUR_DAY_6	Yes
250	OCCUR_CODE_7	Yes
251	OCCUR_DATE_7	Yes
252	OCCUR_DAY_7	Yes
253	OCCUR_CODE_8	Yes
254	OCCUR_DATE_8	Yes
255	OCCUR_DAY_8	Yes
256	OCCUR_CODE_9	Yes
257	OCCUR_DATE_9	Yes
258	OCCUR_DAY_9	Yes
259	OCCUR_CODE_10	Yes
260	OCCUR_DATE_10	Yes
261	OCCUR_DAY_10	Yes
262	OCCUR_CODE_11	Yes
263	OCCUR_DATE_11	Yes
264	OCCUR_DAY_11	Yes
265	OCCUR_CODE_12	Yes
266	OCCUR_DATE_12	Yes
267	OCCUR_DAY_12	Yes
268	OCCUR_SPAN_CODE_1	Yes
269	OCCUR_SPAN_FROM_1	Yes
270	OCCUR_SPAN_THRU_1	Yes
271	OCCUR_SPAN_CODE_2	Yes
272	OCCUR_SPAN_FROM_2	Yes
273	OCCUR_SPAN_THRU_2	Yes
274	OCCUR_SPAN_CODE_3	Yes
275	OCCUR_SPAN_FROM_3	Yes
276	OCCUR_SPAN_THRU_3	Yes

277	OCCUR_SPAN_CODE_4	Yes
278	OCCUR_SPAN_FROM_4	Yes
279	OCCUR_SPAN_THRU_4	Yes
280	CONDITION_CODE_1	Yes
281	CONDITION_CODE_2	Yes
282	CONDITION_CODE_3	Yes
283	CONDITION_CODE_4	Yes
284	CONDITION_CODE_5	Yes
285	CONDITION_CODE_6	Yes
286	CONDITION_CODE_7	Yes
287	CONDITION_CODE_8	Yes
288	VALUE_CODE_1	Yes
289	VALUE_AMOUNT_1	Yes
290	VALUE_CODE_2	Yes
291	VALUE_AMOUNT_2	Yes
292	VALUE_CODE_3	Yes
293	VALUE_AMOUNT_3	Yes
294	VALUE_CODE_4	Yes
295	VALUE_AMOUNT_4	Yes
296	VALUE_CODE_5	Yes
297	VALUE_AMOUNT_5	Yes
298	VALUE_CODE_6	Yes
299	VALUE_AMOUNT_6	Yes
300	VALUE_CODE_7	Yes
301	VALUE_AMOUNT_7	Yes
302	VALUE_CODE_8	Yes
303	VALUE_AMOUNT_8	Yes
304	VALUE_CODE_9	Yes
305	VALUE_AMOUNT_9	Yes
306	VALUE_CODE_10	Yes
307	VALUE_AMOUNT_10	Yes
308	VALUE_CODE_11	Yes
309	VALUE_AMOUNT_11	Yes
310	VALUE_CODE_12	Yes
311	VALUE_AMOUNT_12	Yes
312	PRIVATE_AMOUNT	Yes
313	SEMI_PRIVATE_AMOUNT	Yes
314	WARD_AMOUNT	Yes
315	ICU_AMOUNT	Yes
316	CCU_AMOUNT	Yes
317	OTHER_AMOUNT	Yes
318	PHARM_AMOUNT	Yes
319	MEDSURG_AMOUNT	Yes
320	DME_AMOUNT	Yes
321	USED_DME_AMOUNT	Yes
322	PT_AMOUNT	Yes
323	OT_AMOUNT	Yes
324	SPEECH_AMOUNT	Yes

325	IT_AMOUNT	Yes
326	BLOOD_AMOUNT	Yes
327	BLOOD_ADMIN_AMOUNT	Yes
328	OR_AMOUNT	Yes
329	LITH_AMOUNT	Yes
330	CARD_AMOUNT	Yes
331	ANES_AMOUNT	Yes
332	LAB_AMOUNT	Yes
333	RAD_AMOUNT	Yes
334	MRI_AMOUNT	Yes
335	OP_AMOUNT	Yes
336	ER_AMOUNT	Yes
337	AMBULANCE_AMOUNT	Yes
338	PRO_FEE_AMOUNT	Yes
339	ORGAN_AMOUNT	Yes
340	ESRD_AMOUNT	Yes
341	CLINIC_AMOUNT	Yes
342	FIRST_PAYMENT_SRC	Yes
343	FIRST_PAYER_ID	Yes
344	FIRST_PAYER_NAME	Yes
345	SECONDARY_PAYMENT_SRC	Yes
346	SECONDARY_PAYER_ID	Yes
347	SECONDARY_PAYER_NAME	Yes
348	TOTAL_CHARGES	Yes
349	TOTAL_NON_COV_CHARGES	Yes
350	TOTAL_CHARGES_ACCOMM	Yes
351	TOTAL_NON_COV_CHARGES_ACCOMM	Yes
352	TOTAL_CHARGES_ANCIL	Yes
353	TOTAL_NON_COV_CHARGES_ANCIL	Yes
354	INBOUND_INDICATOR	Yes

## **CHARGES FILE**

1	RECORD_ID (DOES NOT match with PUDF. Matches with RDF	Yes		
1	base. No charge for this field.)			
2	REVENUE_CODE	Yes		
3	HCPCS_QUALIFIER	Yes		
4	HCPCS_PROCEDURE_CODE	Yes		
5	MODIFIER_1	Yes		
6	MODIFIER_2	Yes		
7	MODIFIER_3	Yes		
8	MODIFIER_4	Yes		
9	UNIT_MEASUREMENT_CODE	Yes		
10	UNITS_OF_SERVICE	Yes		
11	UNIT_RATE	Yes		
12	CHRGS_LINE_ITEM	Yes		
13	CHRGS_NON_COV	Yes		