



TEXAS HOSPITAL INPATIENT DISCHARGE DATA

RESEARCH DATA FILE (RDF)

USER MANUAL – 4Q2015 to Present

Center for Health Statistics

Texas Health Care Information Collection

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BACKGROUND

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

INPATIENT RESEARCH DATA FILE (RDF)

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

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

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

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

PATIENT/PHYSICIAN CONFIDENTIALITY

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

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

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

RESTRICTIONS ON DATA USE

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

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

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;
- The licensee will not attempt to link nor permit others to attempt to link the hospital stay records of patients in this data set with personally identifiable records from any other source,
- The licensee will not release nor permit others to release any information that identifies persons, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the approved IRB request and the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;

- The licensee agrees to read the Inpatient Data User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:

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

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

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

DATA LIMITATIONS

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

- Section 108.009(h), THSC requires that a uniform submission format be used for reporting purposes. Before 2004 data were collected in the UB-92 format. Data for 2004 were collected in both UB-92 and THCIC 837 formats. Because these are billing forms, the data collected are administrative data and not clinical data.
- Records with MDC codes of 15 (newborns and other neonates with conditions originating in the perinatal period), 20 (alcohol/drug induced organic mental disorders), or 22 (burns) and Patient Status codes of 62 (discharged/transferred to inpatient rehabilitation), 71 (discharged/transferred to other outpatient service), or 72 (discharged/transferred to institution outpatient service) contain an APR-DRG of 956 (ungroupable). These Patient Status codes were not valid when version 15 of the 3M APR-DRG Grouper was developed. A valid Patient Status code is required for these MDC codes for APR-DRG assignment and Risk of Mortality and Severity of Illness scoring. Patient status codes 71 and 72 are no longer valid as of October 2003. After

October 2003 records with MDC codes of 15, 20, or 22 and Patient Status code of 62 contain an APR-DRG of 956.

- Hospital charges data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Secondary source of payment data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Uniform identification numbers for physicians are available after first (1st) quarter 2000 except when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.
- The data are a snapshot in time. Hospitals must submit data no later than 60 days after the close of a calendar quarter. Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid or other payment sources.
- Beginning with data for 2004 discharges, up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 E-codes can be submitted. For earlier years the number of diagnosis codes collected per patient is limited to 9 and the number of procedure codes to 6. Because of these limitations, sicker patients and the hospitals that treat them may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.
- Race and ethnicity data are required by law and rule to submit for each patient, generally not collected by hospitals and may be subjectively captured.
- Inaccuracies in the data and incompleteness of the data are addressed in the hospitals' comments.
- County of residence is not collected by hospitals. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Comparability of length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of LOS at the hospital level should consider the above factors.
- Length of stay is limited to 999 days prior to 2004 discharges.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
- Conditions present at time of admission cannot be distinguished from those occurring during hospitalization prior to 2011 discharges. Diagnosis present on admission indicator codes (POA) were required for all hospitals, except Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals, and Long Term Care Hospitals. Some acute care hospitals that have special units similar to the hospitals exempted from reporting POA may not include POA codes for those patients.

- Updates to any RDF manual are available through the THCIC website, <http://www.dshs.state.tx.us/thcic/>, which should be checked periodically as notifications of an update will not be sent.
- DSHS collects data from all hospitals in the state not specifically exempted by statute prior to January 1, 2015 services. Some hospitals maybe exempted for certain situations (for example, natural or other disasters or other unusual conditions) for limited time periods. This hospital mix should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and normal clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

HOSPITAL COMMENTS

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

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

CITATION

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

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

INPATIENT RDF DATA DICTIONARY

The following information is provided:

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

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

BASE DATA FILE

Field 1:	RECORD_ID			
	Record Identification Number. Unique number to identify the record within the research data file. Does not match or link to PUDF Record ID. Does match with RECORD_ID in other Inpatient RDF files			
Length:	12	Type:	Alphanumeric	Data Source: Assigned
Field 2:	PAT_UNIQUE_INDEX			
	Unique identifier assigned to the patient by THCIC			
Length:	10	Type:	Alphanumeric	Data Source: Assigned
Field 3:	THCIC_ID			
	Provider ID. Unique identifier assigned to the provider by THCIC.			
Length:	6	Type:	Alphanumeric	Data Source: Assigned
Field 4:	SPEC_UNIT_1			
	Specialty Unit in which most days stay occurred based on number of days by Type of Bill or Revenue Code.			
Coding Scheme:	C	Coronary Care Unit	P	Pediatric Unit
	D	Detoxification Unit	Y	Psychiatric Unit
	I	Intensive Care Unit	R	Rehabilitation Unit
	H	Hospice Unit	U	Sub-acute Care Unit
	N	Nursery	S	Skilled Nursing Unit
	B	Obstetric Unit	Blank	Acute Care
	O	Oncology Unit		
Length:	1	Type:	Alphanumeric	Data Source: Calculated
Field 5:	SPEC_UNIT_2			
	Specialty Unit in which 2 nd most days stay occurred based on number of days by Type of Bill or Revenue Code.			
Coding Scheme:	Same as SPEC_UNIT_1.			



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Length:	1	Type:	Alphanumeric	Data Source:	Calculated	
Field 6:	SPEC_UNIT_3					
	Specialty Unit in which 2 nd most days stay occurred based on number of days by Type of Bill or Revenue Code.					
Coding Scheme:	Same as SPEC_UNIT_1.					
Length:	1	Type:	Alphanumeric	Data Source:	Calculated	
Field 7:	SPEC_UNIT_4					
	Specialty Unit in which 2 nd most days stay occurred based on number of days by Type of Bill or Revenue Code.					
Coding Scheme:	Same as SPEC_UNIT_1.					
Length:	1	Type:	Alphanumeric	Data Source:	Calculated	
Field 8:	SPEC_UNIT_5					
	Specialty Unit in which 5 th most days stay occurred based on number of days by Type of Bill or Revenue Code.					
Coding Scheme:	Same as SPEC_UNIT_1.					
Length:	1	Type:	Alphanumeric	Data Source:	Calculated	
Field 9:	ENCOUNTER_INDICATOR					
	Indicates the number of claims used to create the encounter. Some non-acute care patients may have more than one claim that is consolidated for the record. For example patients in Rehabilitation Hospitals or Long Term Care Hospitals or Psychiatric hospitals.					
Length:	2	Type:	Alphanumeric	Data Source:	Calculated	
Field 10:	SEX_CODE					
	Gender of the patient as recorded at date of admission or start of care.					
Coding Scheme:	M Male F Female U Unknown					
Length:	1	Type:	Alphanumeric	Data Source:	Claim	
Field 11:	BIRTH_DATE					
	Birth date of the patient as recorded at date of admission or start of care.					
Length:	8	Type:	Alphanumeric	Data Source:	Claim	
Field 12:	PAT_AGE_GROUP					
	Code indicating age of patient in days or years on date of discharge.					
Coding Scheme:	0	1-28 days	10	35-39	20	85-89
	1	29-365 days	11	40-44	21	90+
	2	1-4 years	12	45-49	<i>HIV and drug/alcohol use patients:</i>	
	3	5-9	13	50-54	22	0-17
	4	10-14	14	55-59	23	18-44
	5	15-17	15	60-64	24	45-64
	6	18-19	16	65-69	25	65-74
	7	20-24	17	70-74	26	75+
	8	25-29	18	75-79	`	Invalid
	9	30-34	19	80-84		
Length:	2	Type:	Alphanumeric	Data Source:	Assigned	
Field 13:	PAT_AGE_YEARS					

	Age of patient in years on date of discharge.							
Length:	3	Type:	Alphanumeric	Data Source:	Claim			
Field 14:	PAT_AGE_DAYS							
	Age of patient in days on date of discharge.							
Length:	5	Type:	Alphanumeric	Data Source:	Claim			
Field 15:	RACE							
	Code indicating the patient's race.							
Coding Scheme:	1	American Indian/Eskimo/Aleut						
	2	Asian or Pacific Islander						
	3	Black						
	4	White						
	5	Other						
Length:	1	Type:	Alphanumeric	Data Source:	Claim			
Field 16:	ETHNICITY							
	Code indicating the Hispanic origin of the patient.							
Coding Scheme:	1	Hispanic Origin						
	2	Not of Hispanic Origin						
Length:	1	Type:	Alphanumeric	Data Source:	Claim			
Field 17:	PAT_ADDR_CENSUS_BLOCK_GROUP							
	Census block group of patient street address.							
Length:	14	Type:	Alphanumeric	Data Source:	Calculated			
Field 18:	PAT_ADDR_CENSUS_BLOCK							
	Census block of patient street address.							
Length:	5	Type:	Alphanumeric	Data Source:	Calculated			
Field 19:	PAT_CITY							
	Patient address city as provided by the patient.							
Length:	30	Type:	Alphanumeric	Data Source:	Provider			
Field 20:	PAT_STATE							
	Patient address state as provided by the patient.							
Length:	2	Type:	Alphanumeric	Data Source:	Provider			
Field 21:	PAT_ZIP							
	Patient address ZIP code as provided by the patient.							
Length:	9	Type:	Alphanumeric	Data Source:	Provider			
Field 22:	PAT_COUNTRY							
	Country of patient's residential address. List maintained by the International Organization for Standardization (ISO).							
Coding scheme:	See www.ISO.org for complete list.							
Length:	2	Type:	Alphanumeric	Data Source:	Provider			
Field 23:	PAT_COUNTY							
	FIPS code of patient's county.							
Coding scheme:	1	Anderson	129	Donley	257	Kaufman	385	Real
	3	Andrews	131	Duval	259	Kendall	387	Red River
	5	Angelina	133	Eastland	261	Kenedy	389	Reeves



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7	Aransas	135	Ector	263	Kent	391	Refugio
9	Archer	137	Edwards	265	Kerr	393	Roberts
11	Armstrong	139	Ellis	267	Kimble	395	Robertson
13	Atascosa	141	El Paso	269	King	397	Rockwall
15	Austin	143	Erath	271	Kinney	399	Runnels
17	Bailey	145	Falls	273	Kleberg	401	Rusk
19	Bandera	147	Fannin	275	Knox	403	Sabine
21	Bastrop	149	Fayette	283	La Salle	405	San Augustine
23	Baylor	151	Fisher	277	Lamar	407	San Jacinto
25	Bee	153	Floyd	279	Lamb	409	San Patricio
27	Bell	155	Foard	281	Lampasas	411	San Saba
29	Bexar	157	Fort Bend	285	Lavaca	413	Schleicher
31	Blanco	159	Franklin	287	Lee	415	Scurry
33	Borden	161	Freestone	289	Leon	417	Shackelford
35	Bosque	163	Frio	291	Liberty	419	Shelby
37	Bowie	165	Gaines	293	Limestone	421	Sherman
39	Brazoria	167	Galveston	295	Lipscomb	423	Smith
41	Brazos	169	Garza	297	Live Oak	425	Somervell
43	Brewster	171	Gillespie	299	Llano	427	Starr
45	Briscoe	173	Glasscock	301	Loving	429	Stephens
47	Brooks	175	Goliad	303	Lubbock	431	Sterling
49	Brown	177	Gonzales	305	Lynn	433	Stonewall
51	Burleson	179	Gray	307	McCulloch	435	Sutton
53	Burnet	181	Grayson	309	McLennan	437	Swisher
55	Caldwell	183	Gregg	311	McMullen	439	Tarrant
57	Calhoun	185	Grimes	313	Madison	441	Taylor
59	Callahan	187	Guadalupe	315	Marion	443	Terrell
61	Cameron	189	Hale	317	Martin	445	Terry
63	Camp	191	Hall	319	Mason	447	Throckmorton
65	Carson	193	Hamilton	321	Matagorda	449	Titus
67	Cass	195	Hansford	323	Maverick	451	Tom Green
69	Castro	197	Hardeman	325	Medina	453	Travis
71	Chambers	199	Hardin	327	Menard	455	Trinity
73	Cherokee	201	Harris	329	Midland	457	Tyler
75	Childress	203	Harrison	331	Milam	459	Upshur
77	Clay	205	Hartley	333	Mills	461	Upton
79	Cochran	207	Haskell	335	Mitchell	463	Uvalde
81	Coke	209	Hays	337	Montague	465	Val Verde
83	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
85	Collin	213	Henderson	341	Moore	469	Victoria
87	Collingsworth	215	Hidalgo	343	Morris	471	Walker
89	Colorado	217	Hill	345	Motley	473	Waller
91	Comal	219	Hockley	347	Nacogdoches	475	Ward
93	Comanche	221	Hood	349	Navarro	477	Washington
95	Concho	223	Hopkins	351	Newton	479	Webb
97	Cooke	225	Houston	353	Nolan	481	Wharton
99	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



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113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
119	Delta	247	Jim Hogg	375	Potter	503	Young
121	Denton	249	Jim Wells	377	Presidio	505	Zapata
123	Dewitt	251	Johnson	379	Rains	507	Zavala
125	Dickens	253	Jones	381	Randall		
127	Dimmit	255	Karnes	383	Reagan		Invalid

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

Field 24: PUBLIC_HEALTH_REGION

Public Health Region of patient's address.

- 1 Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
- 2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- 3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties
- 4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
- 5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties
- 6 Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
- 7 Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties
- 8 Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties
- 9 Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties
- 10 Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
- 11 Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties

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

Field 25: TYPE_OF_ADMISSION

Code indicating the type of admission

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

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

Field 26: SOURCE_OF_ADMISSION

Code indicating source of the admission.

- Coding Scheme:**
- 1 Physician referral
 - 2 Clinic referral
 - 3 HMO referral



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- 4 Transfer from a hospital
- 5 Transfer from a skilled nursing facility
- 6 Transfer from another health care facility
- 7 Emergency Room
- 8 Court/Law Enforcement
- 9 Information not available
- 0 Transfer from psychiatric, substance abuse, rehab hospital
- A Transfer from a critical access hospital

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

Field 27: **FIRST_PAYMENT_SRC**

Code indicating the expected primary source of payment.

Coding Scheme:	9	Self Pay (Removed from 5010 format, use "ZZ" beginning 2Q2012 data)	HM	Health Maintenance Organization
	10	Central Certification	LI	Liability
	11	Other Non-federal Programs	LM	Liability Medical
	12	Preferred Provider Organization (PPO)	MA	Medicare Part A
	13	Point of Service (POS)	MB	Medicare Part B
	14	Exclusive Provider Organization (EPO)	MC	Medicaid
	15	Indemnity Insurance	TV	Title V
	16	Health Maintenance Organization (HMO) Medicare Risk	OF	Other Federal Program
	AM	Automobile Medical	VA	Veteran Administration Plan
	BL	Blue Cross/Blue Shield	WC	Workers Compensation Health Claim
	CH	CHAMPUS	ZZ	Charity, Indigent or Unknown
	CI	Commercial Insurance	..	Codes 09 and ZZ, combined for 2004 & 2005
	DS	Disability Insurance	`	Invalid

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

Field 28: **FIRST_PAYER_ID**

National Plan Identifier (when implemented by federal government).

Length: 10 **Type:** Alphanumeric **Data Source:** Claim

Field 29: **FIRST_PAYER_NAME**

Name of primary source of payment.

Length: 35 **Type:** Alphanumeric **Data Source:** Claim

Field 30: **SECONDARY_PAYMENT_SRC**

Code indicating the expected secondary source of payment.

Coding Scheme: Same as FIRST_PAYMENT_SRC

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

Field 31: **SECONDARY_PAYER_ID**

National Plan Identifier (when implemented by federal government).

Length: 10 **Type:** Alphanumeric **Data Source:** Claim

Field 32: **SECONDARY_PAYER_NAME**

Name of primary source of payment.

Length: 35 **Type:** Alphanumeric **Data Source:** Claim

Field 33: **ADMIT_START_OF_CARE**

Date patient was admitted to the provider for inpatient care or other start of care. Entered as YYYYMMDD.



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Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 34:	ADMIT_WEEKDAY				
	Code indicating day of week patient is admitted				
Coding Scheme:	1	Monday	5	Friday	
	2	Tuesday	6	Saturday	
	3	Wednesday	7	Sunday	
	4	Thursday			
Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 35:	ADMIT_HOUR				
	Code indicating hour during which the patient was admitted for inpatient care				
Coding Scheme:	0	12 midnight-12:59	13	1:00 – 1:59 p.m.	
	1	1:00 – 1:59 a.m.	14	2:00 – 2:59 p.m.	
	2	2:00 – 2:59 a.m.	15	3:00 – 3:59 p.m.	
	3	3:00 – 3:59 a.m.	16	4:00 – 4:59 p.m.	
	4	4:00 – 4:59 a.m.	17	5:00 – 5:59 p.m.	
	5	5:00 – 5:59 a.m.	18	6:00 – 6:59 p.m.	
	6	6:00 – 6:59 a.m.	19	7:00 – 7:59 p.m.	
	7	7:00 – 7:59 a.m.	20	8:00 – 8:59 p.m.	
	8	8:00 – 8:59 a.m.	21	9:00 – 9:59 p.m.	
	9	9:00 – 9:59 a.m.	22	10:00 – 10:59 p.m.	
	10	10:00 – 10:59 a.m.	23	11:00 – 11:59 p.m.	
	11	11:00 – 11:59 a.m.	99	Hour unknown	
	12	12 noon – 12:59 p.m.			
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 36:	STMT_PERIOD_FROM				
	Beginning service date of the period reflected on the statement. Entered as YYYYMMDD.				
Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 37:	STMT_PERIOD_THRU				
	Ending service date of the period reflected on the statement. Entered as YYYYMMDD.				
Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 38:	LENGTH_OF_STAY				
	Length of stay in days <i>equals</i> Statement covers period through date <i>minus</i> Admission/start of care date. The minimum length of stay is 1 day. The maximum is 9999 days.				
Length:	4	Type:	Alphanumeric	Data Source:	Calculated
Field 39:	PAT_STATUS				
	Code indicating patient status as of the ending date of service for the period of care reported				
Coding Scheme:	1	Discharged to home or self-care (routine discharge)			
	2	Discharged to other short term general hospital			
	3	Discharged to skilled nursing facility			
	4	Discharged to intermediate care facility			
	5	Discharged to other inpatient care facility			
	6	Discharged to care of home health service			
	7	Left against medical advice			
	8	Discharged to care of Home IV provider			
	9	Admitted as inpatient to this hospital			
	20	Expired			



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

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

Field 40: DISCHARGE_HOUR

Code indicating hour during which the patient was discharged from inpatient care

Coding Scheme:	0	12 midnight-12:59	13	1:00 – 1:59 p.m.
	1	1:00 – 1:59 a.m.	14	2:00 – 2:59 p.m.
	2	2:00 – 2:59 a.m.	15	3:00 – 3:59 p.m.
	3	3:00 – 3:59 a.m.	16	4:00 – 4:59 p.m.
	4	4:00 – 4:59 a.m.	17	5:00 – 5:59 p.m.
	5	5:00 – 5:59 a.m.	18	6:00 – 6:59 p.m.

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6	6:00 – 6:59 a.m.	19	7:00 – 7:59 p.m.
7	7:00 – 7:59 a.m.	20	8:00 – 8:59 p.m.
8	8:00 – 8:59 a.m.	21	9:00 – 9:59 p.m.
9	9:00 – 9:59 a.m.	22	10:00 – 10:59 p.m.
10	10:00 – 10:59 a.m.	23	11:00 – 11:59 p.m.
11	11:00 – 11:59 a.m.	99	Hour unknown
12	12 noon – 12:59 p.m.		

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

Field 41: **TYPE_OF_BILL**

Provides specific information about the claim data submitted. First digit = type of facility. Second digit = type of care. Third digit = sequence of the claim.

Coding Scheme:

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

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

Field 42: **ADMITTING_DIAGNOSIS**

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

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

Field 43: **PRINC_DIAG_CODE**

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

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

Field 44: **POA_PRINC_DIAG_CODE**

Code identifying whether Principal Diagnosis code was present at the time the patient was admitted to the hospital

Coding Scheme:

Y	Yes
N	No
U	Unknown
W	Clinically Undetermined

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

Field 45: **OTH_DIAG_CODE_1**

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

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

Field 46: **POA_OTH_DIAG_CODE_1**

Code identifying whether Oth_Diag_Code_1 code was present at the time the patient was admitted to the hospital

Coding Scheme:	Y	Yes		
	N	No		
	U	Unknown		
	W	Clinically Undetermined		
Length:	1	Type:	Alphanumeric	Data Source: Claim
Field 47:	OTH_DIAG_CODE_2			
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.			
Length:	7	Type:	Alphanumeric	Data Source: Claim
Field 48:	POA_OTH_DIAG_CODE_2			
	Code identifying whether Oth_Diag_Code_2 code was present at the time the patient was admitted to the hospital			
Coding Scheme:	Y	Yes		
	N	No		
	U	Unknown		
	W	Clinically Undetermined		
Length:	1	Type:	Alphanumeric	Data Source: Claim
Field 49:	OTH_DIAG_CODE_3			
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.			
Length:	7	Type:	Alphanumeric	Data Source: Claim
Field 50:	POA_OTH_DIAG_CODE_3			
	Code identifying whether Oth_Diag_Code_3 code was present at the time the patient was admitted to the hospital			
Coding Scheme:	Y	Yes		
	N	No		
	U	Unknown		
	W	Clinically Undetermined		
Length:	1	Type:	Alphanumeric	Data Source: Claim
Field 51:	OTH_DIAG_CODE_4			
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.			
Length:	7	Type:	Alphanumeric	Data Source: Claim
Field 52:	POA_OTH_DIAG_CODE_4			
	Code identifying whether Oth_Diag_Code_4 code was present at the time the patient was admitted to the hospital			
Coding Scheme:	Y	Yes		
	N	No		
	U	Unknown		
	W	Clinically Undetermined		
Length:	1	Type:	Alphanumeric	Data Source: Claim
Field 53:	OTH_DIAG_CODE_5			
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.			
Length:	7	Type:	Alphanumeric	Data Source: Claim
Field 54:	POA_OTH_DIAG_CODE_5			

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Coding Scheme:	Code identifying whether Oth_Diag_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	Type: Alphanumeric	Data Source: Claim
Field 55:	OTH_DIAG_CODE_6		
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Length:	7	Type: Alphanumeric	Data Source: Claim
Field 56:	POA_OTH_DIAG_CODE_6		
	Code identifying whether Oth_Diag_Code_6 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Y	Yes	
	N	No	
	U	Unknown	
	W	Clinically Undetermined	
Length:	1	Type: Alphanumeric	Data Source: Claim
Field 57:	OTH_DIAG_CODE_7		
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Length:	7	Type: Alphanumeric	Data Source: Claim
Field 58:	POA_OTH_DIAG_CODE_7		
	Code identifying whether Oth_Diag_Code_7 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Y	Yes	
	N	No	
	U	Unknown	
	W	Clinically Undetermined	
Length:	1	Type: Alphanumeric	Data Source: Claim
Field 59:	OTH_DIAG_CODE_8		
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Length:	7	Type: Alphanumeric	Data Source: Claim
Field 60:	POA_OTH_DIAG_CODE_8		
	Code identifying whether Oth_Diag_Code_8 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Y	Yes	
	N	No	
	U	Unknown	
	W	Clinically Undetermined	
Length:	1	Type: Alphanumeric	Data Source: Claim
Field 61:	OTH_DIAG_CODE_9		
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Length:	7	Type: Alphanumeric	Data Source: Claim

Field 62:	POA_OTH_DIAG_CODE_9			
	Code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital			
Coding Scheme:	Y	Yes		
	N	No		
	U	Unknown		
	W	Clinically Undetermined		
Length:	1	Type:	Alphanumeric	Data Source: Claim
Field 63:	OTH_DIAG_CODE_10			
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.			
Length:	7	Type:	Alphanumeric	Data Source: Claim
Field 64:	POA_OTH_DIAG_CODE_10			
	Code identifying whether Oth_Diag_Code_10 code was present at the time the patient was admitted to the hospital			
Coding Scheme:	Y	Yes		
	N	No		
	U	Unknown		
	W	Clinically Undetermined		
Length:	1	Type:	Alphanumeric	Data Source: Claim
Field 65:	OTH_DIAG_CODE_11			
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.			
Length:	7	Type:	Alphanumeric	Data Source: Claim
Field 66:	POA_OTH_DIAG_CODE_11			
	Code identifying whether Oth_Diag_Code_11 code was present at the time the patient was admitted to the hospital			
Coding Scheme:	Y	Yes		
	N	No		
	U	Unknown		
	W	Clinically Undetermined		
Length:	1	Type:	Alphanumeric	Data Source: Claim
Field 67:	OTH_DIAG_CODE_12			
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.			
Length:	7	Type:	Alphanumeric	Data Source: Claim
Field 68:	POA_OTH_DIAG_CODE_12			
	Code identifying whether Oth_Diag_Code_12 code was present at the time the patient was admitted to the hospital			
Coding Scheme:	Y	Yes		
	N	No		
	U	Unknown		
	W	Clinically Undetermined		
Length:	1	Type:	Alphanumeric	Data Source: Claim
Field 69:	OTH_DIAG_CODE_13			
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.			

Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 70:	POA_OTH_DIAG_CODE_13				
	Code identifying whether Oth_Diag_Code_13 code was present at the time the patient was admitted to the hospital				
Coding Scheme:	Y Yes N No U Unknown W Clinically Undetermined				
Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 71:	OTH_DIAG_CODE_14				
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 72:	POA_OTH_DIAG_CODE_14				
	Code identifying whether Oth_Diag_Code_14 code was present at the time the patient was admitted to the hospital				
Coding Scheme:	Y Yes N No U Unknown W Clinically Undetermined				
Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 73:	OTH_DIAG_CODE_15				
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 74:	POA_OTH_DIAG_CODE_15				
	Code identifying whether Oth_Diag_Code_15 code was present at the time the patient was admitted to the hospital				
Coding Scheme:	Y Yes N No U Unknown W Clinically Undetermined				
Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 75:	OTH_DIAG_CODE_16				
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 76:	POA_OTH_DIAG_CODE_16				
	Code identifying whether Oth_Diag_Code_16 code was present at the time the patient was admitted to the hospital				
Coding Scheme:	Y Yes N No U Unknown W Clinically Undetermined				
Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 77:	OTH_DIAG_CODE_17				



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

Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 78:	POA_OTH_DIAG_CODE_17				
	Code identifying whether Oth_Diag_Code_17 code was present at the time the patient was admitted to the hospital				
Coding Scheme:	Y	Yes			
	N	No			
	U	Unknown			
	W	Clinically Undetermined			
Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 79:	OTH_DIAG_CODE_18				
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 80:	POA_OTH_DIAG_CODE_18				
	Code identifying whether Oth_Diag_Code_18 code was present at the time the patient was admitted to the hospital				
Coding Scheme:	Y	Yes			
	N	No			
	U	Unknown			
	W	Clinically Undetermined			
Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 81:	OTH_DIAG_CODE_19				
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 82:	POA_OTH_DIAG_CODE_19				
	Code identifying whether Oth_Diag_Code_19 code was present at the time the patient was admitted to the hospital				
Coding Scheme:	Y	Yes			
	N	No			
	U	Unknown			
	W	Clinically Undetermined			
Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 83:	OTH_DIAG_CODE_20				
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 84:	POA_OTH_DIAG_CODE_20				
	Code identifying whether Oth_Diag_Code_20 code was present at the time the patient was admitted to the hospital				
Coding Scheme:	Y	Yes			
	N	No			
	U	Unknown			
	W	Clinically Undetermined			
Length:	1	Type:	Alphanumeric	Data Source:	Claim

Field 85: **OTH_DIAG_CODE_21**
ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

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

Field 86: **POA_OTH_DIAG_CODE_21**
Code identifying whether Oth_Diag_Code_21 code was present at the time the patient was admitted to the hospital

Coding Scheme:
Y Yes
N No
U Unknown
W Clinically Undetermined

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

Field 87: **OTH_DIAG_CODE_22**
ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

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

Field 88: **POA_OTH_DIAG_CODE_22**
Code identifying whether Oth_Diag_Code_22 code was present at the time the patient was admitted to the hospital

Coding Scheme:
Y Yes
N No
U Unknown
W Clinically Undetermined

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

Field 89: **OTH_DIAG_CODE_23**
ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

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

Field 90: **POA_OTH_DIAG_CODE_23**
Code identifying whether Oth_Diag_Code_23 code was present at the time the patient was admitted to the hospital

Coding Scheme:
Y Yes
N No
U Unknown
W Clinically Undetermined

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

Field 91: **OTH_DIAG_CODE_24**
ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

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

Field 92: **POA_OTH_DIAG_CODE_24**
Code identifying whether Oth_Diag_Code_24 code was present at the time the patient was admitted to the hospital

Coding Scheme:
Y Yes
N No
U Unknown
W Clinically Undetermined

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Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 93:	E_CODE_1				
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 94:	POA_E_CODE_1				
	Code identifying whether E_Code_1 code was present at the time the patient was admitted to the hospital				
Coding Scheme:	Y Yes N No U Unknown W Clinically Undetermined				
Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 95:	E_CODE_2				
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 96:	POA_E_CODE_2				
	Code identifying whether E_Code_2 code was present at the time the patient was admitted to the hospital				
Coding Scheme:	Y Yes N No U Unknown W Clinically Undetermined				
Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 97:	E_CODE_3				
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 98:	POA_E_CODE_3				
	Code identifying whether E_Code_3 code was present at the time the patient was admitted to the hospital				
Coding Scheme:	Y Yes N No U Unknown W Clinically Undetermined				
Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 99:	E_CODE_4				
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 100:	POA_E_CODE_4				
	Code identifying whether E_Code_4 code was present at the time the patient was admitted to the hospital				
Coding Scheme:	Y Yes N No U Unknown				



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	W	Clinically Undetermined		
Length:	1	Type: Alphanumeric	Data Source:	Claim
Field 101:	E_CODE_5			
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character			
Length:	7	Type: Alphanumeric	Data Source:	Claim
Field 102:	POA_E_CODE_5			
	Code identifying whether E_Code_5 code was present at the time the patient was admitted to the hospital			
Coding Scheme:	Y	Yes		
	N	No		
	U	Unknown		
	W	Clinically Undetermined		
Length:	1	Type: Alphanumeric	Data Source:	Claim
Field 103:	E_CODE_6			
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character			
Length:	7	Type: Alphanumeric	Data Source:	Claim
Field 104:	POA_E_CODE_6			
	Code identifying whether E_Code_6 code was present at the time the patient was admitted to the hospital			
Coding Scheme:	Y	Yes		
	N	No		
	U	Unknown		
	W	Clinically Undetermined		
Length:	1	Type: Alphanumeric	Data Source:	Claim
Field 105:	E_CODE_7			
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character			
Length:	7	Type: Alphanumeric	Data Source:	Claim
Field 106:	POA_E_CODE_7			
	Code identifying whether E_Code_7 code was present at the time the patient was admitted to the hospital			
Coding Scheme:	Y	Yes		
	N	No		
	U	Unknown		
	W	Clinically Undetermined		
Length:	1	Type: Alphanumeric	Data Source:	Claim
Field 107:	E_CODE_8			
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character			
Length:	7	Type: Alphanumeric	Data Source:	Claim
Field 108:	POA_E_CODE_8			
	Code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital			
Coding Scheme:	Y	Yes		
	N	No		



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	U	Unknown		
	W	Clinically Undetermined		
Length:	1	Type: Alphanumeric	Data Source:	Claim
Field 109:	E_CODE_9			
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character			
Length:	7	Type: Alphanumeric	Data Source:	Claim
Field 110:	POA_E_CODE_9			
	Code identifying whether E_Code_9 code was present at the time the patient was admitted to the hospital			
Coding Scheme:	Y	Yes		
	N	No		
	U	Unknown		
	W	Clinically Undetermined		
Length:	1	Type: Alphanumeric	Data Source:	Claim
Field 111:	E_CODE_10			
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character			
Length:	7	Type: Alphanumeric	Data Source:	Claim
Field 112:	POA_E_CODE_10			
	Code identifying whether E_Code_10 code was present at the time the patient was admitted to the hospital			
Coding Scheme:	Y	Yes		
	N	No		
	U	Unknown		
	W	Clinically Undetermined		
Length:	1	Type: Alphanumeric	Data Source:	Claim
Field 113:	PRINC_SURG_PROC_CODE			
	Code for the principal surgical or other procedure performed during the period covered by the bill. ICD-10-PCS code.			
Length:	7	Type: Alphanumeric	Data Source:	Claim
Field 114:	PRINC_SURG_PROC_DATE			
	Date the principal surgical or other procedure equals Principal Surgical Procedure was performed. Entered as YYYYMMDD.			
Length:	8	Type: Alphanumeric	Data Source:	Claim
Field 115:	PRINC_SURG_PROC_DAY			
	Day of principal surgical or other procedure equals Principal Surgical Procedure Date minus Admission/Start of Care Date			
Length:	4	Type: Alphanumeric	Data Source:	Claim
Field 116:	OTH_SURG_PROC_CODE_1			
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.			
Length:	7	Type: Alphanumeric	Data Source:	Claim
Field 117:	OTH_SURG_PROC_DATE_1			
	Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.			
Length:	8	Type: Alphanumeric	Data Source:	Claim

Field 118:	OTH_SURG_PROC_DAY_1 Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Claim
Field 119:	OTH_SURG_PROC_CODE_2 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 120:	OTH_SURG_PROC_DATE_2 Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .
Length:	8 Type: Alphanumeric Data Source: Claim
Field 121:	OTH_SURG_PROC_DAY_2 Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Claim
Field 122:	OTH_SURG_PROC_CODE_3 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 123:	OTH_SURG_PROC_DATE_3 Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .
Length:	8 Type: Alphanumeric Data Source: Claim
Field 124:	OTH_SURG_PROC_DAY_3 Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Claim
Field 125:	OTH_SURG_PROC_CODE_4 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 126:	OTH_SURG_PROC_DATE_4 Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .
Length:	8 Type: Alphanumeric Data Source: Claim
Field 127:	OTH_SURG_PROC_DAY_4 Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Claim
Field 128:	OTH_SURG_PROC_CODE_5 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 129:	OTH_SURG_PROC_DATE_5

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Date the surgical or other procedure other than the principal procedure was performed.
Entered as YYYYMMDD.

Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 130:	OTH_SURG_PROC_DAY_5				
	Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date				
Length:	4	Type:	Alphanumeric	Data Source:	Claim
Field 131:	OTH_SURG_PROC_CODE_6				
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 132:	OTH_SURG_PROC_DATE_6				
	Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as YYYYMMDD.				
Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 133:	OTH_SURG_PROC_DAY_6				
	Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date				
Length:	4	Type:	Alphanumeric	Data Source:	Claim
Field 134:	OTH_SURG_PROC_CODE_7				
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 135:	OTH_SURG_PROC_DATE_7				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.				
Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 136:	OTH_SURG_PROC_DAY_7				
	Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date				
Length:	4	Type:	Alphanumeric	Data Source:	Claim
Field 137:	OTH_SURG_PROC_CODE_8				
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 138:	OTH_SURG_PROC_DATE_8				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.				
Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 139:	OTH_SURG_PROC_DAY_8				
	Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date				
Length:	4	Type:	Alphanumeric	Data Source:	Claim
Field 140:	OTH_SURG_PROC_CODE_9				
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.				



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Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 141:	OTH_SURG_PROC_DATE_9				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.				
Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 142:	OTH_SURG_PROC_DAY_9				
	Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date				
Length:	4	Type:	Alphanumeric	Data Source:	Claim
Field 143:	OTH_SURG_PROC_CODE_10				
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 144:	OTH_SURG_PROC_DATE_10				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.				
Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 145:	OTH_SURG_PROC_DAY_10				
	Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date				
Length:	4	Type:	Alphanumeric	Data Source:	Claim
Field 146:	OTH_SURG_PROC_CODE_11				
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 147:	OTH_SURG_PROC_DATE_11				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.				
Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 148:	OTH_SURG_PROC_DAY_11				
	Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date				
Length:	4	Type:	Alphanumeric	Data Source:	Claim
Field 149:	OTH_SURG_PROC_CODE_12				
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 150:	OTH_SURG_PROC_DATE_12				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.				
Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 151:	OTH_SURG_PROC_DAY_12				
	Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date				
Length:	4	Type:	Alphanumeric	Data Source:	Claim

Field 152:	OTH_SURG_PROC_CODE_13 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 153:	OTH_SURG_PROC_DATE_13 Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .
Length:	8 Type: Alphanumeric Data Source: Claim
Field 154:	OTH_SURG_PROC_DAY_13 Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Claim
Field 155:	OTH_SURG_PROC_CODE_14 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 156:	OTH_SURG_PROC_DATE_14 Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .
Length:	8 Type: Alphanumeric Data Source: Claim
Field 157:	OTH_SURG_PROC_DAY_14 Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Claim
Field 158:	OTH_SURG_PROC_CODE_15 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 159:	OTH_SURG_PROC_DATE_15 Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .
Length:	8 Type: Alphanumeric Data Source: Claim
Field 160:	OTH_SURG_PROC_DAY_15 Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Claim
Field 161:	OTH_SURG_PROC_CODE_16 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 162:	OTH_SURG_PROC_DATE_16 Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .
Length:	8 Type: Alphanumeric Data Source: Claim
Field 163:	OTH_SURG_PROC_DAY_16

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	Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date		
Length:	4	Type: Alphanumeric	Data Source: Claim
Field 164:	OTH_SURG_PROC_CODE_17 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Length:	7	Type: Alphanumeric	Data Source: Claim
Field 165:	OTH_SURG_PROC_DATE_17 Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 166:	OTH_SURG_PROC_DAY_17 Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date		
Length:	4	Type: Alphanumeric	Data Source: Claim
Field 167:	OTH_SURG_PROC_CODE_18 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Length:	7	Type: Alphanumeric	Data Source: Claim
Field 168:	OTH_SURG_PROC_DATE_18 Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 169:	OTH_SURG_PROC_DAY_18 Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date		
Length:	4	Type: Alphanumeric	Data Source: Claim
Field 170:	OTH_SURG_PROC_CODE_19 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Length:	7	Type: Alphanumeric	Data Source: Claim
Field 171:	OTH_SURG_PROC_DATE_19 Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 172:	OTH_SURG_PROC_DAY_19 Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date		
Length:	4	Type: Alphanumeric	Data Source: Claim
Field 173:	OTH_SURG_PROC_CODE_20 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Length:	7	Type: Alphanumeric	Data Source: Claim
Field 174:	OTH_SURG_PROC_DATE_20 Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.		



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Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 175:	OTH_SURG_PROC_DAY_20				
	Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date				
Length:	4	Type:	Alphanumeric	Data Source:	Claim
Field 176:	OTH_SURG_PROC_CODE_21				
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 177:	OTH_SURG_PROC_DATE_21				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .				
Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 178:	OTH_SURG_PROC_DAY_21				
	Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date				
Length:	4	Type:	Alphanumeric	Data Source:	Claim
Field 179:	OTH_SURG_PROC_CODE_22				
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 180:	OTH_SURG_PROC_DATE_22				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .				
Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 181:	OTH_SURG_PROC_DAY_22				
	Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date				
Length:	4	Type:	Alphanumeric	Data Source:	Claim
Field 182:	OTH_SURG_PROC_CODE_23				
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 183:	OTH_SURG_PROC_DATE_23				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .				
Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 184:	OTH_SURG_PROC_DAY_23				
	Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date				
Length:	4	Type:	Alphanumeric	Data Source:	Claim
Field 185:	OTH_SURG_PROC_CODE_24				
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim

Field 186:	OTH_SURG_PROC_DATE_24 Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .
Length:	8 Type: Alphanumeric Data Source: Claim
Field 187:	OTH_SURG_PROC_DAY_24 Day of surgical or other procedure other than the principal procedure Date <i>minus</i> Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Claim
Field 188:	MS_MDC Major Diagnostic Category (MDC) as assigned by Health Care Financing Administration (HCFA) for hospital payment for Medicare beneficiaries. First available 2004.
Length:	2 Type: Alphanumeric Data Source: Assigned
Field 189:	APR_MDC Major Diagnostic Category (MDC) as assigned by 3M APR-DRG Grouper, version 20.
Length:	2 Type: Alphanumeric Data Source: Assigned
Field 190:	MS_DRG Health Care Financing Administration (HCFA) Diagnosis Related Group (DRG) as assigned for hospital payment for Medicare beneficiaries.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 191:	APR_DRG All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG Grouper.
Length:	4 Type: Alphanumeric Data Source: Assigned
Field 192:	RISK_MORTALITY Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M APR-DRG Grouper. Indicates the likelihood of dying.
Coding Scheme:	1 Minor 2 Moderate 3 Major 4 Extreme
Length:	1 Type: Alphanumeric Data Source: Assigned
Field 193:	ILLNESS_SEVERITY Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M APR-DRG Grouper. Indicates the extent of physiologic decompensation
Coding Scheme:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified
Length:	1 Type: Alphanumeric Data Source: Assigned
Field 194:	APR_GROUPEr_VERSION_NBR Version number of the 3M APR-DRG Grouper used.
Length:	5 Type: Alphanumeric Data Source: Assigned
Field 195:	APR_GROUPEr_ERROR_CODE



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Error code assigned by the 3M APR-DRG Grouper.

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

Field 196: MS_GROUPER_VERSION_NBR

CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and previously reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS DRG and, MS MDC codes

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

Field 197: MS_GROUPER_ERROR_CODE

Error codes identify potential variations with MS DRG code assignment

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

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

Field 198: 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: 999999999 Temporary license or license number could not be matched

Length: 10 **Type:** Alphanumeric **Data Source:** Assigned

Field 199: OPERATING_PHYSICIAN_UNIF_ID

Operating or other Physician Uniform Identifier (if applicable). Unique identifier assigned to the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.

Coding Scheme: 999999999 Temporary license or license number could not be matched

Length: 10 **Type:** Alphanumeric **Data Source:** Assigned

Field 200: OCCUR_CODE_1

Code describing a significant event relating to the claim.

Coding Scheme:	1	Auto accident	39	Date discharged on a continuous course if IV therapy
	2	No Fault Insurance Involved - Including Auto Accident/Other	40	Scheduled date of admission
	3	Accident/ Tort Liability	41	Date of first test of pre-admission testing
	4	Accident/ Employment Related	42	Date of discharge (hospice only)



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

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

Field 201: **OCCUR_DATE_1**
Date of occurrence, as YYYYMMDD.

Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 202: **OCCUR_DAY_1**
Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

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

Field 203: **OCCUR_CODE_2**
Code describing a significant event relating to the claim.

Coding Scheme: Same as OCCUR_CODE_1.

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

Field 204: **OCCUR_DATE_2**
Date of occurrence, as YYYYMMDD.

Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 205: **OCCUR_DAY_2**
Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

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

Field 206: **OCCUR_CODE_3**



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	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as OCCUR_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 207:	OCCUR_DATE_3		
	Date of occurrence, as YYYYMMDD.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 208:	OCCUR_DAY_3		
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.		
Length:	4	Type: Alphanumeric	Data Source: Claim
Field 209:	OCCUR_CODE_4		
	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as OCCUR_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 210:	OCCUR_DATE_4		
	Date of occurrence, as YYYYMMDD.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 211:	OCCUR_DAY_4		
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.		
Length:	4	Type: Alphanumeric	Data Source: Claim
Field 212:	OCCUR_CODE_5		
	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as OCCUR_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 213:	OCCUR_DATE_5		
	Date of occurrence, as YYYYMMDD.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 214:	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 215:	OCCUR_CODE_6		
	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as OCCUR_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 216:	OCCUR_DATE_6		
	Date of occurrence, as YYYYMMDD.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 217:	OCCUR_DAY_6		
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.		
Length:	4	Type: Alphanumeric	Data Source: Claim
Field 218:	OCCUR_CODE_7		



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	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as OCCUR_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 219:	OCCUR_DATE_7		
	Date of occurrence, as YYYYMMDD.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 220:	OCCUR_DAY_7		
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.		
Length:	4	Type: Alphanumeric	Data Source: Claim
Field 221:	OCCUR_CODE_8		
	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as OCCUR_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 222:	OCCUR_DATE_8		
	Date of occurrence, as YYYYMMDD.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 223:	OCCUR_DAY_8		
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.		
Length:	4	Type: Alphanumeric	Data Source: Claim
Field 224:	OCCUR_CODE_9		
	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as OCCUR_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 225:	OCCUR_DATE_9		
	Date of occurrence, as YYYYMMDD.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 226:	OCCUR_DAY_9		
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.		
Length:	4	Type: Alphanumeric	Data Source: Claim
Field 227:	OCCUR_CODE_10		
	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as OCCUR_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 228:	OCCUR_DATE_10		
	Date of occurrence, as YYYYMMDD.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 229:	OCCUR_DAY_10		
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.		
Length:	4	Type: Alphanumeric	Data Source: Claim
Field 230:	OCCUR_CODE_11		



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	Code describing a significant event relating to the claim.			
Coding Scheme:	Same as OCCUR_CODE_1.			
Length:	2	Type: Alphanumeric	Data Source: Claim	
Field 231:	OCCUR_DATE_11			
	Date of occurrence, as <i>YYYYMMDD</i> .			
Length:	8	Type: Alphanumeric	Data Source: Claim	
Field 232:	OCCUR_DAY_11			
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.			
Length:	4	Type: Alphanumeric	Data Source: Claim	
Field 233:	OCCUR_CODE_12			
	Code describing a significant event relating to the claim.			
Coding Scheme:	Same as OCCUR_CODE_1.			
Length:	2	Type: Alphanumeric	Data Source: Claim	
Field 234:	OCCUR_DATE_12			
	Date of occurrence, as <i>YYYYMMDD</i> .			
Length:	8	Type: Alphanumeric	Data Source: Claim	
Field 235:	OCCUR_DAY_12			
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.			
Length:	4	Type: Alphanumeric	Data Source: Claim	
Field 236:	OCCUR_SPAN_CODE_1			
	Code describing a significant event relating to the claim that may affect payer processing.			
Coding Scheme:	70	Qualifying stay dates (for SNF use only)	78	SNF prior stay dates
	71	Prior stay dates	79	Payer use codes
	72	First/Last Visit	M0	PRO/UR approved stay dates
	73	Benefit eligibility period	M1	Provider liability - no utilization
	74	Noncovered level of care/Leave of absence	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		
Length:	2	Type: Alphanumeric	Data Source: Claim	
Field 237:	OCCUR_SPAN_FROM_1			
	Occurrence Span From <i>equals</i> Beginning Date of Event <i>minus</i> Admission/Start of Care Date.			
Length:	8	Type: Alphanumeric	Data Source: Claim	
Field 238:	OCCUR_SPAN_THRU_1			
	Occurrence Span Thru <i>equals</i> Ending Date of Event <i>minus</i> Admission/Start of Care Date.			
Length:	8	Type: Alphanumeric	Data Source: Claim	
Field 239:	OCCUR_SPAN_CODE_2			
	Code describing a significant event relating to the claim that may affect payer processing.			
Coding Scheme:	Same as OCCUR_SPAN_CODE_1.			
Length:	2	Type: Alphanumeric	Data Source: Claim	
Field 240:	OCCUR_SPAN_FROM_2			



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	Occurrence Span From <i>equals</i> Beginning Date of Event <i>minus</i> Admission/Start of Care Date.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 241:	OCCUR_SPAN_THRU_2		
	Occurrence Span Thru <i>equals</i> Ending Date of Event <i>minus</i> Admission/Start of Care Date.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 242:	OCCUR_SPAN_CODE_3		
	Code describing a significant event relating to the claim that may affect payer processing.		
Coding Scheme:	Same as OCCUR_SPAN_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 243:	OCCUR_SPAN_FROM_3		
	Occurrence Span From <i>equals</i> Beginning Date of Event <i>minus</i> Admission/Start of Care Date.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 244:	OCCUR_SPAN_THRU_3		
	Occurrence Span Thru <i>equals</i> Ending Date of Event <i>minus</i> Admission/Start of Care Date.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 245:	OCCUR_SPAN_CODE_4		
	Code describing a significant event relating to the claim that may affect payer processing.		
Coding Scheme:	Same as OCCUR_SPAN_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 246:	OCCUR_SPAN_FROM_4		
	Occurrence Span From <i>equals</i> Beginning Date of Event <i>minus</i> Admission/Start of Care Date.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 247:	OCCUR_SPAN_THRU_4		
	Occurrence Span Thru <i>equals</i> Ending Date of Event <i>minus</i> Admission/Start of Care Date.		
Length:	8	Type: Alphanumeric	Data Source: Claim
Field 248:	CONDITION_CODE_1		
	Code describing a condition relating to the claim.		
Coding Scheme:	1	Military service related	76 Back-up in facility dialysis
	2	Condition is employment related	77 Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment
	3	Patient covered by insurance not reflected here	78 New coverage not implemented by HMO
	4	Information only bill.	79 CORF services provided offsite
	4	Patient is HMO enrollee	80 Home dialysis - nursing facility
	5	Lien has been filed	A0 CHAMPUS external partnership program
	6	ESRD patient in first 18 months of entitlement covered by EGHP	A1 EPSDT/CHAP
	7	Treatment of non-terminal condition for hospice patient	A2 Physically handicapped children's program
	8	Beneficiary would not provide information concerning other insurance coverage	A3 Special Federal Funding
	9	Neither patient or spouse is employed	A4 Family planning
	10	Patient and/or spouse is employed but no EGHP exists	A5 Disability

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11	Disabled beneficiary but no LGHP coverage exists	A6	Vaccines/Medicare 100% payment
17	Patient is homeless	A7	Induced abortion - danger to life
18	Maiden name retained	A8	Induced abortion - victim rape/incest
19	Child retains mother's name	A9	Second opinion surgery
20	Beneficiary requested billing	AA	Abortion performed due to rape
21	Billing for denial notice	AB	Abortion performed due to incest
22	Patient on multiple drug regimen	AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality
23	Home care giver available	AD	Abortion performed due to life endangering physical condition caused by, arising from or exacerbated by the pregnancy itself
24	Home IV patient also receiving HHA services	AE	Abortion performed due to physical health of mother that is not life endangering
25	Patient is non-US resident	AF	Abortion performed due to emotional/psychological health of mother
26	VA eligible patient chooses to receive services in a Medicare certified facility	AG	Abortion performed due to social or economic reasons
27	Patient referred to a sole community hospital for a diagnostic laboratory test	AH	Elective abortion
28	Patient and/or spouse's EGHP is secondary to Medicare	AI	Sterilization
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	AJ	Payer responsible for co-payment
30	Non-research services provided to patients enrolled in a qualified clinical trial	AJ	Payer responsible for co-payment
31	Patient is student (full time - day)	AK	Air ambulance required
32	Patient is student (cooperative/work study program)	AL	Specialized treatment/bed unavailable
33	Patient is student (full time - night)	AM	Non-emergency medically necessary stretcher transport required
34	Patient is student (part-time)	AN	Pre-admission screening not required
36	General care patient in a special unit	B0	Medicare coordinated care demonstration claim
37	Ward accommodation at patient request	B1	Beneficiary is ineligible for demonstration program
38	Semi-private room not available	B2	Critical access hospital ambulance attestation
39	Private room medically necessary	B3	Pregnancy indicator
40	Same day transfer	B4	Admission unrelated to discharge on same day
41	Partial hospitalization	C1	Approved as billed
42	Continuing care not related to inpatient admission	C2	Automatic approval as billed based on focused review
43	Continuing care not provided within prescribed postdischarge window	C3	Partial approval
44	Inpatient admission changed to outpatient	C4	Admission/services denied
46	Non-availability statement on file	C5	Postpayment review applicable
47	Reserved for CHAMPUS	C6	Admission Preauthorization
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	C7	Extended Authorization
55	SNF bed not available	D0	Changes to Service Dates
56	Medical appropriateness	D1	Changes to Charges
57	SNF readmission	D2	Changes in Revenue Codes/HCPSCS/HIPPS rate code
58	Terminated Medicare+Choice organization enrollee	D3	Second or Subsequent Interim PPS Bill
59	Non-primary ESRD facility	D4	Change in ICD-10-CM diagnosis and/or procedure codes.
60	Day outlier	D5	Cancel to correct HICN or Provider ID
61	Cost outlier	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
66	Provider does not wish cost outlier payment	D7	Change to Make Medicare the Secondary Payer
67	Beneficiary elects not to use life time reserve (LTR) days	D8	Change to Make Medicare the Primary Payer



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68	Beneficiary elects to use life time reserve (LTR) days	D9	Any Other Change
69	IME payment only bill.	E0	Changes in Patient Status
69	IME/DGME/N&AH Payment Only	G0	Dinstince Medical Visit
69	IME/DGME/N&AH Payment Only	H0	Delayed Filing, Statement of Intent Submitted
70	Self-administered EPO	M0	All inclusive rate for outpatient services
71	Full care in unit	M1	Roster billed influenza virus vaccine or pneumoccal pneumonia vacine (PPV)
72	Self care in unit	M2	HHA payment significantly exceeds total charges
73	Self care training	P1	Do not Resuscitate Order (DNR)
74	Home		
75	Home - 100% reimbursement		

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

Field 249: **CONDITION_CODE_2**

Code describing a condition relating to the claim.

Coding Scheme: Same as CONDITION_CODE_1.

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

Field 250: **CONDITION_CODE_3**

Code describing a condition relating to the claim.

Coding Scheme: Same as CONDITION_CODE_1.

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

Field 251: **CONDITION_CODE_4**

Code describing a condition relating to the claim.

Coding Scheme: Same as CONDITION_CODE_1.

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

Field 252: **CONDITION_CODE_5**

Code describing a condition relating to the claim.

Coding Scheme: Same as CONDITION_CODE_1.

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

Field 253: **CONDITION_CODE_6**

Code describing a condition relating to the claim.

Coding Scheme: Same as CONDITION_CODE_1.

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

Field 254: **CONDITION_CODE_7**

Code describing a condition relating to the claim.

Coding Scheme: Same as CONDITION_CODE_1.

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

Field 255: **CONDITION_CODE_8**

Code describing a condition relating to the claim.

Coding Scheme: Same as CONDITION_CODE_1.

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

Field 256: **VALUE_CODE_1**

Code describing information that may affect payer processing.

Coding Scheme: 1 Most common semi-private rate 66 Medicaid spenddown amount



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2	Hospital has no semi-private rooms	67	Peritoneal dialysis
4	Inpatient professional component charges which are combined billed	68	EPO-drug
5	Professional component included in charges and also billed separately to carrier	69	State charity care percentage
6	Medicare blood deductible	72	Flat rate surgery charge
8	Medicare life time reserve amount in the first calendar year	73	Drug deductible
9	Medicare coinsurance amount in the first calendar year	74	Drug coinsurance
10	Medicare lifetime reserve amount in the second calendar year	77	New technology add-on payment
11	Medicare coinsurance amount in the second calendar year	A0	Special zip code reporting
12	Working aged beneficiary/spouse with employer group health plan	A1	Deductible payer A
13	ESRD beneficiary in a Medicare coordination period with an employer group health plan	A2	Coinsurance payer A
14	No fault, including auto/other	A3	Estimated responsibility payer A
15	Worker's compensation	A4	Covered self-administrable drugs - emergency
16	Public health service (PHS) or other federal agency	A5	Covered self-administrable drugs - administrable in form and situation furnished to patient
21	Catastrophic	A6	Covered self-administrable drugs - diagnostic study and other
22	Surplus	A7	Co-payment payer A
23	Recurring monthly income	A8	Patient weight
24	Medicaid Rate Code	A9	Patient height
25	Offset to the patient - payment amount - prescription drugs	AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A
26	Offset to the patient - payment amount - hearing and ear services	AB	Other assessments or allowances (e.g., medical education) - payer A
27	Offset to the patient - payment amount - vision and eye services	B1	Deductible payer B
28	Offset to the patient - payment amount - dental services	B2	Coinsurance payer B
29	Offset to the patient - payment amount - chiropractic services	B3	Estimated responsibility payer B
30	Preadmission testing	B7	Co-payment payer B
31	Patient Liability Amount	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
32	Multiple patient ambulance transport	BB	Other assessments or allowances (e.g., medical education) - payer B
33	Offset to the patient - payment amount - podiatric services	C1	Deductible payer C
34	Offset to the patient - payment amount - other medical services	C2	Coinsurance payer C
35	Offset to the patient - payment amount - health insurance premiums	C3	Estimated responsibility payer C
37	Pints of blood furnished	C7	Co-payment payer C
38	Blood deductible pints	CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C
39	Pints of blood replaced	CB	Other assessments or allowances (e.g., medical education) - payer C
40	New coverage not implemented by HMO	D3	Patient estimated responsibility
41	Black lung	E1	Deductible Payer D
42	VA	E2	Coinsurance Payer D
43	Disabled beneficiary under age 65 with LGHP	E3	Coinsurance 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-payment payer D
45	Accident hour	EA	Regulatory surcharges, assessments, allowances or health care related taxes - payer D
46	Number of grace days	EB	Other assessments or allowances (e.g. medical education) - payer D



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47	Any liability insurance	F1	Deductible Payer E
48	Hemoglobin reading	F2	Coinsurance Payer E
49	Hematocrit reading	F3	Coinsurance Payer E
50	PT visits	F7	Co-payment payer E
51	OT visits	FA	Regulatory surcharges, assessments, allowances or health care related taxes - payer E
52	ST visits	FB	Other assessments or allowances (e.g. medical education) - payer E
53	Cardiac rehab visits	G1	Deductible Payer F
54	Newborn birth weight in grams	G1	Deductible Payer F
55	Eligibility threshold for charity care	G2	Coinsurance Payer F
56	Skilled nurse - home visit hours	G3	Coinsurance Payer F
57	Home health aide - home visit hours	G7	Co-payment payer F
58	Arterial blood gas	GA	Regulatory surcharges, assessments, allowances or health care related taxes - payer F
59	Oxygen saturation	GB	Other assessments or allowances (e.g. medical education) - payer F
60	HHA branch MSA	P1	Do not resuscitate order (DNR)
61	Location where service is furnished (HHA and hospice)		

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

Field 257: **VALUE_AMOUNT_1**
Amount (in cents) that may be affected.

Length: 9 **Type:** Numeric **Data Source:** Claim

Field 258: **VALUE_CODE_2**
Code describing information that may affect payer processing.

Coding Scheme: Same as Field 256.

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

Field 259: **VALUE_AMOUNT_2**
Amount (in cents) that may be affected.

Length: 9 **Type:** Numeric **Data Source:** Claim

Field 260: **VALUE_CODE_3**
Code describing information that may affect payer processing.

Coding Scheme: Same as VALUE_CODE_1.

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

Field 261: **VALUE_AMOUNT_3**
Amount (in cents) that may be affected.

Length: 9 **Type:** Numeric **Data Source:** Claim

Field 262: **VALUE_CODE_4**
Code describing information that may affect payer processing.

Coding Scheme: Same as VALUE_CODE_1.

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

Field 263: **VALUE_AMOUNT_4**
Amount (in cents) that may be affected.

Length: 9 **Type:** Numeric **Data Source:** Claim

Field 264: **VALUE_CODE_5**

	Code describing information that may affect payer processing.		
Coding Scheme:	Same as VALUE_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 265:	VALUE_AMOUNT_5		
	Amount (in cents) that may be affected.		
Length:	9	Type: Numeric	Data Source: Claim
Field 266:	VALUE_CODE_6		
	Code describing information that may affect payer processing.		
Coding Scheme:	Same as VALUE_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 267:	VALUE_AMOUNT_6		
	Amount (in cents) that may be affected.		
Length:	9	Type: Numeric	Data Source: Claim
Field 268:	VALUE_CODE_7		
	Code describing information that may affect payer processing.		
Coding Scheme:	Same as VALUE_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 269:	VALUE_AMOUNT_7		
	Amount (in cents) that may be affected.		
Length:	9	Type: Numeric	Data Source: Claim
Field 270:	VALUE_CODE_8		
	Code describing information that may affect payer processing.		
Coding Scheme:	Same as VALUE_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 271:	VALUE_AMOUNT_8		
	Amount (in cents) that may be affected.		
Length:	9	Type: Numeric	Data Source: Claim
Field 272:	VALUE_CODE_9		
	Code describing information that may affect payer processing.		
Coding Scheme:	Same as VALUE_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 273:	VALUE_AMOUNT_9		
	Amount (in cents) that may be affected.		
Length:	9	Type: Numeric	Data Source: Claim
Field 274:	VALUE_CODE_10		
	Code describing information that may affect payer processing.		
Coding Scheme:	Same as VALUE_CODE_1.		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 275:	VALUE_AMOUNT_10		
	Amount (in cents) that may be affected.		



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Length:	9	Type:	Numeric	Data Source:	Claim
Field 276:	VALUE_CODE_11				
	Code describing information that may affect payer processing.				
Coding Scheme:	Same as VALUE_CODE_1.				
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 277:	VALUE_AMOUNT_11				
	Amount (in cents) that may be affected.				
Length:	9	Type:	Numeric	Data Source:	Claim
Field 278:	VALUE_CODE_12				
	Code describing information that may affect payer processing.				
Coding Scheme:	Same as VALUE_CODE_1.				
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 279:	VALUE_AMOUNT_12				
	Amount (in cents) that may be affected.				
Length:	9	Type:	Numeric	Data Source:	Claim
Field 280:	PRIVATE_AMOUNT				
	Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 11X, 14X				
Length:	12	Type:	Numeric	Data Source:	Claim
Field 281:	SEMI_PRIVATE_AMOUNT				
	Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 10X, 12X-14X, 16X-19X				
Length:	12	Type:	Numeric	Data Source:	Claim
Field 282:	WARD_AMOUNT				
	Accommodation Charge, Ward Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 15X.				
Length:	12	Type:	Numeric	Data Source:	Claim
Field 283:	ICU_AMOUNT				
	Accommodation Charge, Intensive Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 20X.				
Length:	12	Type:	Numeric	Data Source:	Claim
Field 284:	CCU_AMOUNT				
	Accommodation Charge, Coronary Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 21X.				
Length:	12	Type:	Numeric	Data Source:	Claim
Field 285:	OTHER_AMOUNT				
	Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 002-099, 22X-24X, 52X-53X, 55X-60X, 64X-70X, 76X-78X, 90X-95X, 99X.				
Length:	12	Type:	Numeric	Data Source:	Claim

Field 286:	PHARM_AMOUNT Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 26X, 63X. 25??
Length:	12 Type: Numeric Data Source: Claim
Field 287:	MEDSURG_AMOUNT 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, revenue center 27X, 62X.
Length:	12 Type: Numeric Data Source: Claim
Field 288:	DME_AMOUNT Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue centers 290-292, 294-299.
Length:	12 Type: Numeric Data Source: Claim
Field 289:	USED_DME_AMOUNT Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 293.
Length:	12 Type: Numeric Data Source: Claim
Field 290:	PT_AMOUNT Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 42X.
Length:	12 Type: Numeric Data Source: Claim
Field 291:	OT_AMOUNT Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 42X.
Length:	12 Type: Numeric Data Source: Claim
Field 292:	SPEECH_AMOUNT Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 44X, 47X.
Length:	12 Type: Numeric Data Source: Claim
Field 293:	IT_AMOUNT Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 41X, 46X.
Length:	12 Type: Numeric Data Source: Claim
Field 294:	BLOOD_AMOUNT Ancillary Service Charge. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 38X.
Length:	12 Type: Numeric Data Source: Claim
Field 295:	BLOOD_ADM_AMOUNT Ancillary Service Charge. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 39X.

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Length:	12	Type:	Numeric	Data Source:	Claim
Field 296:	OR_AMOUNT Ancillary Service Charge, Operating Room Charge amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 36X, 71X-72X.				
Length:	12	Type:	Numeric	Data Source:	Claim
Field 297:	LITH_AMOUNT Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 79X.				
Length:	12	Type:	Numeric	Data Source:	Claim
Field 298:	CARD_AMOUNT Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 48X, 73X.				
Length:	12	Type:	Numeric	Data Source:	Claim
Field 299:	ANES_AMOUNT Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 37X.				
Length:	12	Type:	Numeric	Data Source:	Claim
Field 300:	LAB_AMOUNT Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 30X-31X, 74X-75X.				
Length:	12	Type:	Numeric	Data Source:	Claim
Field 301:	RAD_AMOUNT Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 28X, 32X-35X, 40X.				
Length:	12	Type:	Numeric	Data Source:	Claim
Field 302:	MRI_AMOUNT Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 61X.				
Length:	12	Type:	Numeric	Data Source:	Claim
Field 303:	OP_AMOUNT Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 49X-50X.				
Length:	12	Type:	Numeric	Data Source:	Claim
Field 304:	ER_AMOUNT Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 45X.				
Length:	12	Type:	Numeric	Data Source:	Claim

Field 305:	AMBULANCE_AMOUNT Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 54X.
Length:	12 Type: Numeric Data Source: Claim
Field 306:	PRO_FEE_AMOUNT Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 96X-98X.
Length:	12 Type: Numeric Data Source: Claim
Field 307:	ORGAN_AMOUNT Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 81X, 89X.
Length:	12 Type: Numeric Data Source: Claim
Field 308:	ESRD_AMOUNT Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 80X, 82X-88X.
Length:	12 Type: Numeric Data Source: Claim
Field 309:	CLINIC_AMOUNT Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 51X.
Length:	12 Type: Numeric Data Source: Claim
Field 310:	TOTAL_CHARGES Sum (in cents) of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. Replaces TOTAL_CHARGES_23.
Length:	12 Type: Numeric Data Source: Claim
Field 311:	TOTAL_NON_COV_CHARGES Sum (in cents) of non-covered accommodation charges, non-covered ancillary charges.
Length:	12 Type: Numeric Data Source: Claim
Field 312:	TOTAL_CHARGES_ACCOMM Sum (in cents) of covered and non-covered accommodation charges.
Length:	12 Type: Numeric Data Source: Claim
Field 313:	TOTAL_NON_COV_CHARGES_ACCOMM Sum (in cents) of non-covered accommodations charges.
Length:	12 Type: Numeric Data Source: Claim
Field 314:	TOTAL_CHARGES Ancil Sum (in cents) of covered and non-covered ancillary charges.
Length:	12 Type: Numeric Data Source: Claim
Field 315:	TOTAL_NON_COV_CHARGES Ancil Sum (in cents) of non-covered ancillary charges.
Length:	12 Type: Numeric Data Source: Claim

Field 316: **INBOUND_INDICATOR**
Indicates the format of data as submitted.

Coding Scheme: 8 837 format
D Data entry
U UB-04 format

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

Field 317: **EMERGENCY_DEPT_FLAG**
Indicator of emergency department visit

Coding Scheme: Y visit was emergency related
N Visit was not emergency related

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

CHARGES DATA FILE

Field 1:	RECORD_ID																																																																																												
	Record Identification Number. Unique number to identify the record within the research data file. Does not match or link to PUDF Record ID. Does match with RECORD_ID in other Inpatient RDF files																																																																																												
Length:	12 Type: Alphanumeric Data Source: Assigned																																																																																												
Field 2:	REVENUE_CODE																																																																																												
	Code corresponding to each specific accommodation, ancillary service or billing calculation related to the services being billed.																																																																																												
Coding Scheme:	<table border="0"> <tr> <td>0100</td> <td>All-inclusive room charges plus ancillary</td> <td>0514</td> <td>Clinic - OB/GYN</td> </tr> <tr> <td>0101</td> <td>All-inclusive room charges</td> <td>0516</td> <td>Clinic - urgent care</td> </tr> <tr> <td>0110</td> <td>Room charges for private rooms - general</td> <td>0517</td> <td>Clinic - family practice</td> </tr> <tr> <td>0111</td> <td>Room charges for private rooms - medical/surgical/GYN</td> <td>0519</td> <td>Clinic - other</td> </tr> <tr> <td>0112</td> <td>Room charges for private rooms - obstetrics</td> <td>0520</td> <td>Freestanding Clinic - general</td> </tr> <tr> <td>0113</td> <td>Room charges for private rooms - pediatric</td> <td>0521</td> <td>Freestanding Clinic - Clinic Visit by Member to RHC/FQHC</td> </tr> <tr> <td>0114</td> <td>Room charges for private rooms - psychiatric</td> <td>0522</td> <td>Freestanding Clinic - Home Visit by RHC/FQHC Practitioner</td> </tr> <tr> <td>0115</td> <td>Room charges for private rooms - hospice</td> <td>0523</td> <td>Freestanding Clinic - family practice</td> </tr> <tr> <td>0116</td> <td>Room charges for private rooms - detoxification</td> <td>0524</td> <td>Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF</td> </tr> <tr> <td>0117</td> <td>Room charges for private rooms - oncology</td> <td>0525</td> <td>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</td> </tr> <tr> <td>0118</td> <td>Room charges for private rooms - rehabilitation</td> <td>0526</td> <td>Freestanding Clinic - urgent care</td> </tr> <tr> <td>0119</td> <td>Room charges for private rooms - other</td> <td>0527</td> <td>Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area</td> </tr> <tr> <td>0120</td> <td>Room charges for semi-private rooms - general</td> <td>0528</td> <td>Freestanding Clinic - Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)</td> </tr> <tr> <td>0121</td> <td>Room charges for semi-private rooms - 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heart mobile</td> </tr> <tr> <td>0129</td> <td>Room charges for semi-private rooms - other</td> <td>0544</td> <td>Ambulance service - oxygen</td> </tr> <tr> <td>0130</td> <td>Room charges for semi-private - 3/4 beds - rooms - general</td> <td>0545</td> <td>Ambulance service - air ambulance</td> </tr> </table>	0100	All-inclusive room charges plus ancillary	0514	Clinic - OB/GYN	0101	All-inclusive room charges	0516	Clinic - urgent care	0110	Room charges for private rooms - general	0517	Clinic - family practice	0111	Room charges for private rooms - medical/surgical/GYN	0519	Clinic - other	0112	Room charges for private rooms - obstetrics	0520	Freestanding Clinic - general	0113	Room charges for private rooms - pediatric	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC	0114	Room charges for private rooms - psychiatric	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	0115	Room charges for private rooms - hospice	0523	Freestanding Clinic - family practice	0116	Room charges for private rooms - 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Inpatient Hospital Discharge Research Data File

0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0546	Ambulance service - neonatal
0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0547	Ambulance service - pharmacy
0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0548	Ambulance service - telephone transmission EKG
0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0549	Ambulance service - other
0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0550	Skilled nursing - general
0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0551	Skilled nursing - visit charge
0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0552	Skilled nursing - hourly charge
0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0559	Skilled nursing - other
0139	Room charges for semi-private - 3/4 beds - rooms - other	0560	Medical social services - general
0140	Room charges for private (deluxe) rooms - general	0561	Medical social services - visit charge
0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	0562	Medical social services - hourly charge
0142	Room charges for private (deluxe) rooms - obstetrics	0569	Medical social services - other
0143	Room charges for private (deluxe) rooms - pediatric	0570	Home health aide - general
0144	Room charges for private (deluxe) rooms - psychiatric	0571	Home health aide - visit charge
0145	Room charges for private (deluxe) rooms - hospice	0572	Home health aide - hourly charge
0146	Room charges for private (deluxe) rooms - detoxification	0579	Home health aide - other
0147	Room charges for private (deluxe) rooms - oncology	0580	Other visits (home health) - general
0148	Room charges for private (deluxe) rooms - rehabilitation	0581	Other visits (home health) - visit charge
0149	Room charges for private (deluxe) rooms - other	0582	Other visits (home health) - hourly charge
0150	Room charges for ward rooms - general	0583	Other visits (home health) - assessment
0151	Room charges for ward rooms - medical/surgical/GYN	0589	Other visits (home health) - other
0152	Room charges for ward rooms - obstetrics	0590	Units of service (home health) - general
0153	Room charges for ward rooms - pediatric	0599	Units of service (home health) - other
0154	Room charges for ward rooms - psychiatric	0600	Oxygen (home health) - general
0155	Room charges for ward rooms - hospice	0601	Oxygen (home health) - stat/equip/supply or contents
0156	Room charges for ward rooms - detoxification	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0157	Room charges for ward rooms - oncology	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0158	Room charges for ward rooms - rehabilitation	0604	Oxygen (home health) - portable add-in
0159	Room charges for ward rooms - other	0610	MRI - general
0160	Room charges for other rooms - general	0611	MRI - brain (including brain stem)
0161	Room charges for other rooms - medical/surgical/GYN	0612	MRI - spinal cord (including spine)
0162	Room charges for other rooms - obstetrics	0619	MRI - other
0163	Room charges for other rooms - pediatric	0621	Medical/surgical supplies - incident to radiology
0164	Room charges for other rooms - psychiatric	0622	Medical/surgical supplies - incident to other diagnostic services
0165	Room charges for other rooms - hospice	0623	Medical/surgical supplies - surgical dressings
0166	Room charges for other rooms - detoxification	0624	Medical/surgical supplies - FDA investigational devices



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0167	Room charges for other rooms - oncology	0630	Drugs requiring specific identification - general
0168	Room charges for other rooms - rehabilitation	0631	Drugs requiring specific identification - single source
0169	Room charges for other rooms - other	0632	Drugs requiring specific identification - multiple source
0170	Room charges for nursery - general	0633	Drugs requiring specific identification - restrictive prescription
0171	Room charges for nursery - newborn level I	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0172	Room charges for nursery - newborn level II	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0173	Room charges for nursery - newborn level III	0636	Drugs requiring specific identification - requiring detailed coding
0174	Room charges for nursery - newborn level IV	0637	Drugs requiring specific identification - self-adminstrable nto requiring detailed coding
0179	Room charges for nursery - other	0640	Home IV therapy services - general
0180	Room charges for LOA - general	0641	Home IV therapy services - nonroutine nursing, central line
0182	Room charges for LOA - patient convenice-charges billable	0642	Home IV therapy services - IV site care, central line
0183	Room charges for LOA - therapeutic leave	0643	Home IV therapy services - IV start/change, peripheral line
0184	Room charges for LOA - ICF mentally retarded - any reason	0644	Home IV therapy services - nonroutine nursing, peripheral line
0185	Room charges for LOA - hospitalization	0645	Home IV therapy services - training patient/caregiver, central line
0189	Room charges for LOA - other	0646	Home IV therapy services - traning, disabled patient, central line
0190	Room charges for subacute care - general	0647	Home IV therapy services - training, patient/caregiver, peripheral
0191	Room charges for subacute care - Level I (skilled care)	0648	Home IV therapy services - training, disabled patient, peripheral
0192	Room charges for subacute care - Level II (comprehensive care)	0649	Home IV therapy services - other
0193	Room charges for subacute care - Level III (complex care)	0650	Hospice services - general
0194	Room charges for subacute care - Level IV (intensive care)	0651	Hospice services - routine home care
0199	Room charges for subacute care - other	0652	Hospice services - continuous home care
0200	Room charges for intensive care - general	0655	Hospice services - inpatient respite care
0201	Room charges for intensive care - surgical	0656	Hospice services - general inpatient care (nonrespite)
0202	Room charges for intensive care - medical	0657	Hospice services - physician services
0203	Room charges for intensive care - pediatric	0658	Hospice services - room and board - nursing facility
0204	Room charges for intensive care - psychiatric	0659	Hospice services - other
0206	Room charges for intensive care - intermediate intensive care unit (ICU)	0660	Respite care - general
0207	Room charges for intensive care - burn care	0661	Respite care - hourly charge/skilled nursing
0208	Room charges for intensive care - trauma	0662	Respite care - hourly charge/aide/homemaker/companion
0209	Room charges for intensive care - other	0663	Respite care - daily charge
0210	Room charges for coronary care - general	0669	Respite care - other
0211	Room charges for coronary care - myocardial infarction	0670	Outpatient special residence - general
0212	Room charges for coronary care - pulmonary care	0671	Outpatient special residence - hospital based
0213	Room charges for coronary care - heart transplant	0672	Outpatient special residence - contracted
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0679	Outpatient special residence - other
0219	Room charges for coronary care - other	0681	Trauma response - level I

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0220	Special charges - general	0682	Trauma response - level II
0221	Special charges - admission charge	0683	Trauma response - level III
0222	Special charges - technical support charge	0684	Trauma response - level IV
0223	Special charges - UR service charge	0689	Trauma response - other
0224	Special charges - late discharge, medically necessary	0700	Cast Room services - general
0229	Special charges - other	0709	Cast Room services - other
0230	Incremental nursing care - general	0710	Recovery Room services - general
0231	Incremental nursing care - nursery	0719	Recovery Room services - other
0232	Incremental nursing care - OB	0720	Labor/Delivery Room services - general
0233	Incremental nursing care - ICU (includes transitional care)	0721	Labor/Delivery Room services - labor
0234	Incremental nursing care - CCU (includes transitional care)	0722	Labor/Delivery Room services - delivery
0235	Incremental nursing care - hospice	0723	Labor/Delivery Room services - circumcision
0239	Incremental nursing care - other	0724	Labor/Delivery Room services - birthing center
0240	All-inclusive ancillary - general	0729	Labor/Delivery Room services - other
0249	All-inclusive ancillary - other	0730	EKG/ECG services - general
0250	Pharmacy - general	0731	EKG/ECG services - holter monitor
0251	Pharmacy - generic drugs	0732	EKG/ECG services - telemetry
0252	Pharmacy - nongeneric drugs	0739	EKG/ECG services - other
0253	Pharmacy - take-home drugs	0740	EEG services - general
0254	Pharmacy - drugs incident to other diagnostic services	0749	EEG services - other
0255	Pharmacy - drugs incident to radiology	0750	Gastrointestinal services - general
0256	Pharmacy - experimental drugs	0759	Gastrointestinal services - other
0257	Pharmacy - nonprescription	0760	Treatment or observation room services - general
0258	Pharmacy - IV solutions	0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0259	Pharmacy - other	0762	Specialty Room - Treatment/ Observation Room - Observation Room
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
0269	IV Therapy - other	0789	Telemedicine services - other
0270	Medical surgical supplies and devices - general	0790	Extra-corporeal shockwave therapy - general
0271	Medical surgical supplies and devices - nonsterile	0799	Extra-corporeal shockwave therapy - other
0272	Medical surgical supplies and devices - sterile	0800	Inpatient renal dialysis services - general
0273	Medical surgical supplies and devices - take-home	0801	Inpatient renal dialysis services - hemodialysis
0274	Medical surgical supplies and devices - prosthetic/orthotic	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0275	Medical surgical supplies and devices - pacemaker	0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0276	Medical surgical supplies and devices - intraocular lens (IOL)	0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0277	Medical surgical supplies and devices - oxygen - take-home	0809	Inpatient renal dialysis services - other
0278	Medical surgical supplies and devices - other implants	0810	Organ acquisition - general
0279	Medical surgical supplies and devices - other	0811	Organ acquisition - living donor
0280	Oncology - general	0812	Organ acquisition - cadaver donor
0289	Oncology - other	0813	Organ acquisition - unknown donor
0290	DME - general	0814	Organ acquisition - unsuccessful organ search-donor bank charges

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0291	DME - rental	0819	Organ acquisition - other donor
0292	DME - purchase of new	0820	Hemodialysis - outpatient or home - general
0293	DME - purchase of used	0821	Hemodialysis - outpatient or home - composite or other rate
0294	DME - supplies/drugs for DME effectiveness	0825	Hemodialysis - outpatient or home - support services
0299	DME - other equipment	0829	Hemodialysis - outpatient or home - other
0300	Laboratory - general	0830	Peritoneal dialysis - outpatient or home - general
0301	Laboratory - chemistry	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0302	Laboratory - immunology	0835	Peritoneal dialysis - outpatient or home - support services
0303	Laboratory - renal patient (home)	0839	Peritoneal dialysis - outpatient or home - other
0304	Laboratory - nonroutine dialysis	0840	CAPD - outpatient or home - general
0305	Laboratory - hematology	0841	CAPD - outpatient or home - composite or other rate
0306	Laboratory - bacteriology and microbiology	0845	CAPD - outpatient or home - support services
0307	Laboratory - urology	0849	CAPD - outpatient or home - other
0309	Laboratory - other	0850	CCPD - outpatient or home - general
0310	Laboratory pathological - general	0851	CCPD - outpatient or home - composite or other rate
0311	Laboratory pathological - cytology	0855	CCPD - outpatient or home - support services
0312	Laboratory pathological - histology	0859	CCPD - outpatient or home - other
0313	Laboratory pathological - biopsy	0880	Miscellaneous dialysis - general
0319	Laboratory pathological - other	0881	Miscellaneous dialysis - ultrafiltration
0320	Radiology - diagnostic - general	0882	Miscellaneous dialysis - home aide visit
0321	Radiology - diagnostic - angiocardiology	0889	Miscellaneous dialysis - other
0322	Radiology - diagnostic - arthrography	0900	Behavior health treatments/services - general
0323	Radiology - diagnostic - arteriography	0901	Behavior health treatments/services - electroshock
0324	Radiology - diagnostic - chest x-ray	0902	Behavior health treatments/services - milieu therapy
0329	Radiology - diagnostic - other	0903	Behavioral health treatments/services - play therapy
0330	Radiology - therapeutic and/or chemotherapy administration - general	0904	Behavior health treatments/services - activity therapy
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected	0905	Behavior health treatments/services - intensive outpatient services - psychiatric
0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral	0906	Behavior health treatments/services - intensive outpatient services - chemical dependency
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy	0907	Behavior health treatments/services - community behavioral health program
0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0909	Behavior health treatments - other
0339	Radiology - therapeutic and/or chemotherapy administration - other	0910	Reserved
0340	Nuclear medicine - general	0911	Behavior health treatment/services - rehabilitation
0341	Nuclear medicine - diagnostic procedures	0912	Behavior health treatment/services - partial hospitalization - less intensive
0342	Nuclear medicine - therapeutic procedures	0913	Behavior health treatment/services - partial hospitalization - intensive
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0914	Behavior health treatment/services - individual therapy
0344	Nuclear medicine - therapeutic radiopharmaceuticals	0915	Behavior health treatment/services - group therapy
0349	Nuclear medicine - other	0916	Behavior health treatment/services - family therapy
0350	CT scan - general	0917	Behavior health treatment/services - biofeedback
0351	CT scan - head	0918	Behavior health treatment/services - testing
0352	CT scan - body	0919	Behavior health treatment/services - other
0359	CT scan - other	0920	Other diagnostic services - general
0360	Operating room services - general	0921	Other diagnostic services - peripheral vascular lab



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0361	Operating room services - minor surgery	0922	Other diagnostic services - electromyogram
0362	Operating room services - organ transplant other than kidney	0923	Other diagnostic services - pap smear
0367	Operating room services - kidney transplant	0924	Other diagnostic services - allergy test
0369	Operating room services - other	0925	Other diagnostic services - pregnancy test
0370	Anesthesia - general	0929	Other diagnostic services - other
0371	Anesthesia - incident to radiology	0931	Medical rehabilitation day program - half day
0372	Anesthesia - incident to other diagnostic services	0932	Medical rehabilitation day program - full day
0374	Anesthesia - acupuncture	0940	Other therapeutic services - general
0379	Anesthesia - other	0941	Other therapeutic services - recreational therapy
0380	Blood - general	0942	Other therapeutic services - education/training
0381	Blood - packed red cells	0943	Other therapeutic services - cardiac rehabilitation
0382	Blood - whole blood	0944	Other therapeutic services - drug rehabilitation
0383	Blood - plasma	0945	Other therapeutic services - alcohol rehabilitation
0384	Blood - platelets	0946	Other therapeutic services - complex medical equipment - routine
0385	Blood - leukocytes	0947	Other therapeutic services - complex medical equipment - ancillary
0386	Blood - other components	0949	Other therapeutic services - other
0387	Blood - other derivatives (cryoprecipitates)	0960	Professional fees - general
0389	Blood - other	0961	Professional fees - psychiatric
0390	Blood and blood component administration, storage and processing - general	0962	Professional fees - ophthalmology
0391	Blood and blood component administration, storage and processing - administration	0963	Professional fees - anesthesiologist (MD)
0399	Blood and blood component administration, storage and processing - other	0964	Professional fees - anesthetist (CRNA)
0400	Other imaging services - general	0969	Professional fees - other
0401	Other imaging services - diagnostic mammography	0970	Professional fees - general
0402	Other imaging services - ultrasound	0971	Professional fees - laboratory
0403	Other imaging services - screening mammography	0972	Professional fees - radiology - diagnostic
0404	Other imaging services - PET	0973	Professional fees - radiology - therapeutic
0409	Other imaging services - other	0974	Professional fees - radiology - nuclear medicine
0410	Respiratory services - general	0975	Professional fees - operating room
0412	Respiratory services - inhalation	0976	Professional fees - respiratory therapy
0413	Respiratory services - hyperbaric oxygen therapy	0977	Professional fees - physical therapy
0419	Respiratory services - other	0978	Professional fees - occupational therapy
0420	Physical therapy - general	0979	Professional fees - speech therapy
0421	Physical therapy - visit charge	0980	Professional fees - general
0422	Physical therapy - hourly charge	0981	Professional fees - emergency room
0423	Physical therapy - group rate	0982	Professional fees - outpatient services
0424	Physical therapy - evaluation or reevaluation	0983	Professional fees - clinic
0429	Physical therapy - other	0984	Professional fees - medical social services
0430	Occupational therapy - general	0985	Professional fees - EKG
0431	Occupational therapy - visit charge	0986	Professional fees - EEG
0432	Occupational therapy - hourly charge	0987	Professional fees - hospital visit
0433	Occupational therapy - group rate	0988	Professional fees - consultation
0434	Occupational therapy - evaluation or reevaluation	0989	Professional fees - private duty nurse
0439	Occupational therapy - other	0990	Patient convenience items - general
0440	Speech-language pathology - general	0991	Patient convenience items - cafeteria/guest tray
0441	Speech-language pathology - visit charge	0992	Patient convenience items - private linen service



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0442	Speech-language pathology - hourly charge	0993	Patient convenience items - telephone/telegraph
0443	Speech-language pathology - group rate	0994	Patient convenience items - TV/radio
0444	Speech-language pathology - evaluation or reevaluation	0995	Patient convenience items - nonpatient room rentals
0449	Speech-language pathology - other	0996	Patient convenience items - late discharge charge
0450	Emergency room - general	0997	Patient convenience items - admission kits
0451	Emergency room - EMTALA emergency medical screening services	0998	Patient convenience items - beauty shop/barber
0452	Emergency room - beyond EMTALA screening	0999	Patient convenience items - other
0456	Emergency room - urgent care	1000	Behavior health accommodations - general
0459	Emergency room - other	1001	Behavior health accommodations - residential treatment - psychiatric
0460	Pulmonary function - general	1002	Behavior health accommodations - residential treatment - chemical dependency
0469	Pulmonary function - other	1003	Behavior health accommodations - supervised living
0470	Audiology - general	1004	Behavior health accommodations - halfway house
0471	Audiology - diagnostic	1005	Behavior health accommodations - group home
0472	Audiology - treatment	2100	Alternative therapy services - general
0479	Audiology - other	2101	Alternative therapy services - acupuncture
0480	Cardiology - general	2102	Alternative therapy services - acupressure
0481	Cardiology - cardiac cath lab	2103	Alternative therapy services - massage
0482	Cardiology - stress test	2104	Alternative therapy services - reflexology
0483	Cardiology - echocardiology	2105	Alternative therapy services - biofeedback
0489	Cardiology - other	2106	Alternative therapy services - hypnosis
0490	Ambulatory surgical care - general	2109	Alternative therapy services - other
0499	Ambulatory surgical care - other	3101	Adult day care, medical and social - hourly
0500	Outpatient services - general	3102	Adult day care, social - hourly
0509	Outpatient services - other	3103	Adult day care, medical and social - daily
0510	Clinic - general	3104	Adult day care, social - daily
0511	Clinic - chronic pain	3105	Adult foster care - daily
0512	Clinic - dental	3109	Adult foster care - other
0513	Clinic - psychiatric		

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

Field 3: REVENUE_CODE_SEQUENCE_NUMBER

Assignment of numbers to indicate the order of submission of the revenue codes

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

Field 4: HCPCS_QUALIFIER

HCFA Common Procedure Coding System (HCPCS) Codes Indicator

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

Field 5: HCPCS_PROCEDURE_CODE

HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.

Coding Scheme: See <http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp> for complete list.

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

Field 6: MODIFIER_1

Identifies special circumstances related to the performance of the service

Coding Scheme:	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	Medicare 90 day assessment (full)	F6	Right hand, second digit



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7	Medicare 14 day assessment (comprehensive or full)	F7	Right hand, third digit
8	Other Medicare required assessment (OMRA)	F8	Right hand, fourth digit
11	Admission assessment - Medicare 5 day assessment (comprehensive)	F9	Right hand, fifth digit
25	Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure o	FA	Left hand, thumb
31	SCSA or OMRA/Medicare 5 day assessment (replacement)	G1	Most recent URR of less than 60%
32	SCSA or OMRA/Medicare 30 day assessment (replacement)	G2	Most recent URR of 60% to 64%
33	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 a physical therapist or under an outpatient physical therapy plan of care.
43	Significant correction of prior full assessment/Medicare 60 day assessment	LC	Left circumflex 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	T8	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		

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

Field 7: MODIFIER_2

Identifies special circumstances related to the performance of the service.

Coding Scheme:	Same as MODIFIER_1		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 8:	MODIFIER_3		
	Identifies special circumstances related to the performance of the service.		
Coding Scheme:	Same as MODIFIER_1		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 9:	MODIFIER_4		
	Identifies special circumstances related to the performance of the service.		
Coding Scheme:	Same as MODIFIER_1		
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 10:	UNIT_MEASUREMENT_CODE		
	Code specifying the units in which a value is being expressed.		
Coding Scheme:	DA	Days	
	F2	International unit	
	UN	Unit	
Length:	2	Type: Alphanumeric	Data Source: Claim
Field 11:	UNITS_OF_SERVICE		
	Numeric value of quantity		
Length:	7	Type: Numeric	Data Source: Claim
Field 12:	UNIT_RATE		
	Rate per unit		
Length:	12	Type: Numeric	Data Source: Claim
Field 13:	CHRG_LINE_ITEM		
	Total amount of the charge		
Length:	14	Type: Numeric	Data Source: Assigned
Field 14:	CHRG_NON_COV		
	Total non-covered amount of the charge		
Length:	14	Type: Alphanumeric	Data Source: Assigned

FACILITY TYPE INDICATOR FILE

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

Field 12:	FAC_LONG_TERM_AC_IND Long Term Acute Care Facility Indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 13:	FAC_OTHER_LTC_IND Other Long Term Care Facility Indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 14:	FAC_PEDS_IND Pediatric Facility Indicator.
Coding Scheme:	C Member, Council of Teaching Hospitals Y Teaching facility
Length:	1 Type: Alphanumeric Data Source: Provider
Field 15:	POA_PROVIDER_INDICATOR Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC §421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals and Long Term Care Hospitals.
Coding Scheme:	M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Required X Exempt ` Invalid
Length:	1 Type: Alphanumeric Data Source: Assigned

DATA ELEMENT

BASE DATA FILE

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

Data Dictionary #	RDF Field Name	Length	Field Type
38	LENGTH_OF_STAY	4	Alphanumeric
39	PAT_STATUS	2	Alphanumeric
40	DISCHARGE_HOUR	2	Alphanumeric
41	TYPE_OF_BILL	3	Alphanumeric
42	ADMITTING_DIAGNOSIS	7	Alphanumeric
43	PRINC_DIAG_CODE	7	Alphanumeric
44	POA_PRINC_DIAG_CODE	1	Alphanumeric
45	OTH_DIAG_CODE_1	7	Alphanumeric
46	POA_OTH_DIAG_CODE_1	1	Alphanumeric
47	OTH_DIAG_CODE_2	7	Alphanumeric
48	POA_OTH_DIAG_CODE_2	1	Alphanumeric
49	OTH_DIAG_CODE_3	7	Alphanumeric
50	POA_OTH_DIAG_CODE_3	1	Alphanumeric
51	OTH_DIAG_CODE_4	7	Alphanumeric
52	POA_OTH_DIAG_CODE_4	1	Alphanumeric
53	OTH_DIAG_CODE_5	7	Alphanumeric
54	POA_OTH_DIAG_CODE_5	1	Alphanumeric
55	OTH_DIAG_CODE_6	7	Alphanumeric
56	POA_OTH_DIAG_CODE_6	1	Alphanumeric
57	OTH_DIAG_CODE_7	7	Alphanumeric
58	POA_OTH_DIAG_CODE_7	1	Alphanumeric
59	OTH_DIAG_CODE_8	7	Alphanumeric
60	POA_OTH_DIAG_CODE_8	1	Alphanumeric
61	OTH_DIAG_CODE_9	7	Alphanumeric
62	POA_OTH_DIAG_CODE_9	1	Alphanumeric
63	OTH_DIAG_CODE_10	7	Alphanumeric
64	POA_OTH_DIAG_CODE_10	1	Alphanumeric
65	OTH_DIAG_CODE_11	7	Alphanumeric
66	POA_OTH_DIAG_CODE_11	1	Alphanumeric
67	OTH_DIAG_CODE_12	7	Alphanumeric
68	POA_OTH_DIAG_CODE_12	1	Alphanumeric
69	OTH_DIAG_CODE_13	7	Alphanumeric
70	POA_OTH_DIAG_CODE_13	1	Alphanumeric
71	OTH_DIAG_CODE_14	7	Alphanumeric
72	POA_OTH_DIAG_CODE_14	1	Alphanumeric
73	OTH_DIAG_CODE_15	7	Alphanumeric
74	POA_OTH_DIAG_CODE_15	1	Alphanumeric
75	OTH_DIAG_CODE_16	7	Alphanumeric
76	POA_OTH_DIAG_CODE_16	1	Alphanumeric
77	OTH_DIAG_CODE_17	7	Alphanumeric
78	POA_OTH_DIAG_CODE_17	1	Alphanumeric
79	OTH_DIAG_CODE_18	7	Alphanumeric
80	POA_OTH_DIAG_CODE_18	1	Alphanumeric
81	OTH_DIAG_CODE_19	7	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
82	POA_OTH_DIAG_CODE_19	1	Alphanumeric
83	OTH_DIAG_CODE_20	7	Alphanumeric
84	POA_OTH_DIAG_CODE_20	1	Alphanumeric
85	OTH_DIAG_CODE_21	7	Alphanumeric
86	POA_OTH_DIAG_CODE_21	1	Alphanumeric
87	OTH_DIAG_CODE_22	7	Alphanumeric
88	POA_OTH_DIAG_CODE_22	1	Alphanumeric
89	OTH_DIAG_CODE_23	7	Alphanumeric
90	POA_OTH_DIAG_CODE_23	1	Alphanumeric
91	OTH_DIAG_CODE_24	7	Alphanumeric
92	POA_OTH_DIAG_CODE_24	1	Alphanumeric
93	E_CODE_1	7	Alphanumeric
94	POA_E_CODE_1	1	Alphanumeric
95	E_CODE_2	7	Alphanumeric
96	POA_E_CODE_2	1	Alphanumeric
97	E_CODE_3	7	Alphanumeric
98	POA_E_CODE_3	1	Alphanumeric
99	E_CODE_4	7	Alphanumeric
100	POA_E_CODE_4	1	Alphanumeric
101	E_CODE_5	7	Alphanumeric
102	POA_E_CODE_5	1	Alphanumeric
103	E_CODE_6	7	Alphanumeric
104	POA_E_CODE_6	1	Alphanumeric
105	E_CODE_7	7	Alphanumeric
106	POA_E_CODE_7	1	Alphanumeric
107	E_CODE_8	7	Alphanumeric
108	POA_E_CODE_8	1	Alphanumeric
109	E_CODE_9	7	Alphanumeric
110	POA_E_CODE_9	1	Alphanumeric
111	E_CODE_10	7	Alphanumeric
112	POA_E_CODE_10	1	Alphanumeric
113	PRINC_SURG_PROC_CODE	7	Alphanumeric
114	PRINC_SURG_PROC_DATE	8	Alphanumeric
115	PRINC_SURG_PROC_DAY	4	Alphanumeric
116	OTH_SURG_PROC_CODE_1	7	Alphanumeric
117	OTH_SURG_PROC_DATE_1	8	Alphanumeric
118	OTH_SURG_PROC_DAY_1	4	Alphanumeric
119	OTH_SURG_PROC_CODE_2	7	Alphanumeric
120	OTH_SURG_PROC_DATE_2	8	Alphanumeric
121	OTH_SURG_PROC_DAY_2	4	Alphanumeric
122	OTH_SURG_PROC_CODE_3	7	Alphanumeric
123	OTH_SURG_PROC_DATE_3	8	Alphanumeric
124	OTH_SURG_PROC_DAY_3	4	Alphanumeric
125	OTH_SURG_PROC_CODE_4	7	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
126	OTH_SURG_PROC_DATE_4	8	Alphanumeric
127	OTH_SURG_PROC_DAY_4	4	Alphanumeric
128	OTH_SURG_PROC_CODE_5	7	Alphanumeric
129	OTH_SURG_PROC_DATE_5	8	Alphanumeric
130	OTH_SURG_PROC_DAY_5	4	Alphanumeric
131	OTH_SURG_PROC_CODE_6	7	Alphanumeric
132	OTH_SURG_PROC_DATE_6	8	Alphanumeric
133	OTH_SURG_PROC_DAY_6	4	Alphanumeric
134	OTH_SURG_PROC_CODE_7	7	Alphanumeric
135	OTH_SURG_PROC_DATE_7	8	Alphanumeric
136	OTH_SURG_PROC_DAY_7	4	Alphanumeric
137	OTH_SURG_PROC_CODE_8	7	Alphanumeric
138	OTH_SURG_PROC_DATE_8	8	Alphanumeric
139	OTH_SURG_PROC_DAY_8	4	Alphanumeric
140	OTH_SURG_PROC_CODE_9	7	Alphanumeric
141	OTH_SURG_PROC_DATE_9	8	Alphanumeric
142	OTH_SURG_PROC_DAY_9	4	Alphanumeric
143	OTH_SURG_PROC_CODE_10	7	Alphanumeric
144	OTH_SURG_PROC_DATE_10	8	Alphanumeric
145	OTH_SURG_PROC_DAY_10	4	Alphanumeric
146	OTH_SURG_PROC_CODE_11	7	Alphanumeric
147	OTH_SURG_PROC_DATE_11	8	Alphanumeric
148	OTH_SURG_PROC_DAY_11	4	Alphanumeric
149	OTH_SURG_PROC_CODE_12	7	Alphanumeric
150	OTH_SURG_PROC_DATE_12	8	Alphanumeric
151	OTH_SURG_PROC_DAY_12	4	Alphanumeric
152	OTH_SURG_PROC_CODE_13	7	Alphanumeric
153	OTH_SURG_PROC_DATE_13	8	Alphanumeric
154	OTH_SURG_PROC_DAY_13	4	Alphanumeric
155	OTH_SURG_PROC_CODE_14	7	Alphanumeric
156	OTH_SURG_PROC_DATE_14	8	Alphanumeric
157	OTH_SURG_PROC_DAY_14	4	Alphanumeric
158	OTH_SURG_PROC_CODE_15	7	Alphanumeric
159	OTH_SURG_PROC_DATE_15	8	Alphanumeric
160	OTH_SURG_PROC_DAY_15	4	Alphanumeric
161	OTH_SURG_PROC_CODE_16	7	Alphanumeric
162	OTH_SURG_PROC_DATE_16	8	Alphanumeric
163	OTH_SURG_PROC_DAY_16	4	Alphanumeric
164	OTH_SURG_PROC_CODE_17	7	Alphanumeric
165	OTH_SURG_PROC_DATE_17	8	Alphanumeric
166	OTH_SURG_PROC_DAY_17	4	Alphanumeric
167	OTH_SURG_PROC_CODE_18	7	Alphanumeric
168	OTH_SURG_PROC_DATE_18	8	Alphanumeric
169	OTH_SURG_PROC_DAY_18	4	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
170	OTH_SURG_PROC_CODE_19	7	Alphanumeric
171	OTH_SURG_PROC_DATE_19	8	Alphanumeric
172	OTH_SURG_PROC_DAY_19	4	Alphanumeric
173	OTH_SURG_PROC_CODE_20	7	Alphanumeric
174	OTH_SURG_PROC_DATE_20	8	Alphanumeric
175	OTH_SURG_PROC_DAY_20	4	Alphanumeric
176	OTH_SURG_PROC_CODE_21	7	Alphanumeric
177	OTH_SURG_PROC_DATE_21	8	Alphanumeric
178	OTH_SURG_PROC_DAY_21	4	Alphanumeric
179	OTH_SURG_PROC_CODE_22	7	Alphanumeric
180	OTH_SURG_PROC_DATE_22	8	Alphanumeric
181	OTH_SURG_PROC_DAY_22	4	Alphanumeric
182	OTH_SURG_PROC_CODE_23	7	Alphanumeric
183	OTH_SURG_PROC_DATE_23	8	Alphanumeric
184	OTH_SURG_PROC_DAY_23	4	Alphanumeric
185	OTH_SURG_PROC_CODE_24	7	Alphanumeric
186	OTH_SURG_PROC_DATE_24	8	Alphanumeric
187	OTH_SURG_PROC_DAY_24	4	Alphanumeric
188	MS_MDC	2	Alphanumeric
189	APR_MDC	2	Alphanumeric
190	MS_DRG	3	Alphanumeric
191	APR_DRG	4	Alphanumeric
192	RISK_MORTALITY	1	Alphanumeric
193	ILLNESS_SEVERITY	1	Alphanumeric
194	APR_GROUPER_VERSION_NBR	5	Alphanumeric
195	APR_GROUPER_ERROR_CODE	2	Alphanumeric
196	MS_GROUPER_VERSION_NBR	5	Alphanumeric
197	MS_GROUPER_ERROR_CODE	2	Alphanumeric
198	ATTENDING_PHYSICIAN_UNIF_ID	10	Alphanumeric
199	OPERATING_PHYSICIAN_UNIF_ID	10	Alphanumeric
200	OCCUR_CODE_1	2	Alphanumeric
201	OCCUR_DATE_1	8	Alphanumeric
202	OCCUR_DAY_1	4	Alphanumeric
203	OCCUR_CODE_2	2	Alphanumeric
204	OCCUR_DATE_2	8	Alphanumeric
205	OCCUR_DAY_2	4	Alphanumeric
206	OCCUR_CODE_3	2	Alphanumeric
207	OCCUR_DATE_3	8	Alphanumeric
208	OCCUR_DAY_3	4	Alphanumeric
209	OCCUR_CODE_4	2	Alphanumeric
210	OCCUR_DATE_4	8	Alphanumeric
211	OCCUR_DAY_4	4	Alphanumeric
212	OCCUR_CODE_5	2	Alphanumeric
213	OCCUR_DATE_5	8	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
214	OCCUR_DAY_5	4	Alphanumeric
215	OCCUR_CODE_6	2	Alphanumeric
216	OCCUR_DATE_6	8	Alphanumeric
217	OCCUR_DAY_6	4	Alphanumeric
218	OCCUR_CODE_7	2	Alphanumeric
219	OCCUR_DATE_7	8	Alphanumeric
220	OCCUR_DAY_7	4	Alphanumeric
221	OCCUR_CODE_8	2	Alphanumeric
222	OCCUR_DATE_8	8	Alphanumeric
223	OCCUR_DAY_8	4	Alphanumeric
224	OCCUR_CODE_9	2	Alphanumeric
225	OCCUR_DATE_9	8	Alphanumeric
226	OCCUR_DAY_9	4	Alphanumeric
227	OCCUR_CODE_10	2	Alphanumeric
228	OCCUR_DATE_10	8	Alphanumeric
229	OCCUR_DAY_10	4	Alphanumeric
230	OCCUR_CODE_11	2	Alphanumeric
231	OCCUR_DATE_11	8	Alphanumeric
232	OCCUR_DAY_11	4	Alphanumeric
233	OCCUR_CODE_12	2	Alphanumeric
234	OCCUR_DATE_12	8	Alphanumeric
235	OCCUR_DAY_12	4	Alphanumeric
236	OCCUR_SPAN_CODE_1	2	Alphanumeric
237	OCCUR_SPAN_FROM_1	8	Alphanumeric
238	OCCUR_SPAN_THRU_1	8	Alphanumeric
239	OCCUR_SPAN_CODE_2	2	Alphanumeric
240	OCCUR_SPAN_FROM_2	8	Alphanumeric
241	OCCUR_SPAN_THRU_2	8	Alphanumeric
242	OCCUR_SPAN_CODE_3	2	Alphanumeric
243	OCCUR_SPAN_FROM_3	8	Alphanumeric
244	OCCUR_SPAN_THRU_3	8	Alphanumeric
245	OCCUR_SPAN_CODE_4	2	Alphanumeric
246	OCCUR_SPAN_FROM_4	8	Alphanumeric
247	OCCUR_SPAN_THRU_4	8	Alphanumeric
248	CONDITION_CODE_1	2	Alphanumeric
249	CONDITION_CODE_2	2	Alphanumeric
250	CONDITION_CODE_3	2	Alphanumeric
251	CONDITION_CODE_4	2	Alphanumeric
252	CONDITION_CODE_5	2	Alphanumeric
253	CONDITION_CODE_6	2	Alphanumeric
254	CONDITION_CODE_7	2	Alphanumeric
255	CONDITION_CODE_8	2	Alphanumeric
256	VALUE_CODE_1	2	Alphanumeric
257	VALUE_AMOUNT_1	9	Numeric

Data Dictionary #	RDF Field Name	Length	Field Type
258	VALUE_CODE_2	2	Alphanumeric
259	VALUE_AMOUNT_2	9	Numeric
260	VALUE_CODE_3	2	Alphanumeric
261	VALUE_AMOUNT_3	9	Numeric
262	VALUE_CODE_4	2	Alphanumeric
263	VALUE_AMOUNT_4	9	Numeric
264	VALUE_CODE_5	2	Alphanumeric
265	VALUE_AMOUNT_5	9	Numeric
266	VALUE_CODE_6	2	Alphanumeric
267	VALUE_AMOUNT_6	9	Numeric
268	VALUE_CODE_7	2	Alphanumeric
269	VALUE_AMOUNT_7	9	Numeric
270	VALUE_CODE_8	2	Alphanumeric
271	VALUE_AMOUNT_8	9	Numeric
272	VALUE_CODE_9	2	Alphanumeric
273	VALUE_AMOUNT_9	9	Numeric
274	VALUE_CODE_10	2	Alphanumeric
275	VALUE_AMOUNT_10	9	Numeric
276	VALUE_CODE_11	2	Alphanumeric
277	VALUE_AMOUNT_11	9	Numeric
278	VALUE_CODE_12	2	Alphanumeric
279	VALUE_AMOUNT_12	9	Numeric
280	PRIVATE_AMOUNT	12	Numeric
281	SEMI_PRIVATE_AMOUNT	12	Numeric
282	WARD_AMOUNT	12	Numeric
283	ICU_AMOUNT	12	Numeric
284	CCU_AMOUNT	12	Numeric
285	OTHER_AMOUNT	12	Numeric
286	PHARM_AMOUNT	12	Numeric
287	MEDSURG_AMOUNT	12	Numeric
288	DME_AMOUNT	12	Numeric
289	USED_DME_AMOUNT	12	Numeric
290	PT_AMOUNT	12	Numeric
291	OT_AMOUNT	12	Numeric
292	SPEECH_AMOUNT	12	Numeric
293	IT_AMOUNT	12	Numeric
294	BLOOD_AMOUNT	12	Numeric
295	BLOOD_ADM_AMOUNT	12	Numeric
296	OR_AMOUNT	12	Numeric
297	LITH_AMOUNT	12	Numeric
298	CARD_AMOUNT	12	Numeric
299	ANES_AMOUNT	12	Numeric
300	LAB_AMOUNT	12	Numeric
301	RAD_AMOUNT	12	Numeric

Data Dictionary #	RDF Field Name	Length	Field Type
302	MRI_AMOUNT	12	Numeric
303	OP_AMOUNT	12	Numeric
304	ER_AMOUNT	12	Numeric
305	AMBULANCE_AMOUNT	12	Numeric
306	PRO_FEE_AMOUNT	12	Numeric
307	ORGAN_AMOUNT	12	Numeric
308	ESRD_AMOUNT	12	Numeric
309	CLINIC_AMOUNT	12	Numeric
310	TOTAL_CHARGES	12	Numeric
311	TOTAL_NON_COV_CHARGES	12	Numeric
312	TOTAL_CHARGES_ACCOMM	12	Numeric
313	TOTAL_NON_COV_CHARGES_ACCOMM	12	Numeric
314	TOTAL_CHARGES Ancil	12	Numeric
315	TOTAL_NON_COV_CHARGES Ancil	12	Numeric
316	INBOUND_INDICATOR	1	Alphanumeric
317	EMERGENCY_DEPT_FLAG	1	Alphanumeric
318	DISCHARGE	6	Alphanumeric

CHARGES FILE

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

FACILITY TYPE INDICATOR FILE

Data Dictionary #	RDF Field Name	Length	Field Type
1	THCIC_ID	6	Alphanumeric
2	PROVIDER_NAME	55	Alphanumeric
3	PROVIDER_ADDR	50	Alphanumeric
4	PROVIDER_CITY	20	Alphanumeric
5	PROVIDER_STATE	2	Alphanumeric
6	PROVIDER_ZIP	9	Alphanumeric
7	FAC_TEACHING_IND	1	Alphanumeric
8	FAC_PSYCH_IND	1	Alphanumeric
9	FAC_REHAB_IND	1	Alphanumeric
10	FAC_ACUTE_CARE_IND	1	Alphanumeric
11	FAC_SNF_IND	1	Alphanumeric
12	FAC_LONG_TERM_AC_IND	1	Alphanumeric
13	FAC_OTHER_LTC_IND	1	Alphanumeric
14	FAC_PEDS_IND	1	Alphanumeric
15	POA_PROVIDER_INDICATOR	1	Alphanumeric