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

TEXAS HOSPITAL INPATIENT DISCHARGE DATA

RESEARCH DATA FILE (RDF)

USER MANUAL – 2022

Center for Health Statistics

Texas Health Care Information Collection

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BACKGROUND

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

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.texas.gov/thcic/, which should be checked periodically as notifications of an update will not be sent.
- DSHS collects data from all hospitals in the state not specifically exempted 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 (Public Use Data File) Record ID. Each claim associated with a patient's visit generates a unique Record ID. Does match with RECORD_ID in other Inpatient RDF files.

Length: 12 **Type:** Alphanumeric **Data Source:** Assigned

Field 2: **PAT_UNIQUE_INDEX**

(PUI) Unique identifier assigned to the patient by THCIC.A patient unique index is assigned for each uniquely identifiable patient in the data set. There can be multiple Record IDs associated with a one PUI (see Field # 1).

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 2nd 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 6: **SPEC_UNIT_3**

Specialty Unit in which 3rd 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 4th 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 5th 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. The encounter refers to an electronic record that contains information on all services rendered for a patient episode of care (admission through discharge) by a provider in a patient care setting. Some non-acute care patients may have more than one claim that is consolidated for the record, such as patients in rehabilitation hospitals, 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:

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

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:

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

055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
057	Calhoun	185	Grimes	313	Madison	441	Taylor
059	Callahan	187	Guadalupe	315	Marion	443	Terrell
061	Cameron	189	Hale	317	Martin	445	Terry
063	Camp	191	Hall	319	Mason	447	Throckmorton
065	Carson	193	Hamilton	321	Matagorda	449	Titus
067	Cass	195	Hansford	323	Maverick	451	Tom Green
069	Castro	197	Hardeman	325	Medina	453	Travis
071	Chambers	199	Hardin	327	Menard	455	Trinity
073	Cherokee	201	Harris	329	Midland	457	Tyler
075	Childress	203	Harrison	331	Milam	459	Upshur
077	Clay	205	Hartley	333	Mills	461	Upton
079	Cochran	207	Haskell	335	Mitchell	463	Uvalde
081	Coke	209	Hays	337	Montague	465	Val Verde
083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
085	Collin	213	Henderson	341	Moore	469	Victoria
087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
089	Colorado	217	Hill	345	Motley	473	Waller
091	Comal	219	Hockley	347	Nacogdoches	475	Ward
093	Comanche	221	Hood	349	Navarro	477	Washington
095	Concho	223	Hopkins	351	Newton	479	Webb
097	Cooke	225	Houston	353	Nolan	481	Wharton
099	Coryell	227	Howard	355	Nueces	483	Wheeler
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
105	Crockett	233	Hutchinson	361	Orange	489	Willacy
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
109	Culberson	237	Jack	365	Panola	493	Wilson
111	Dallam	239	Jackson	367	Parker	495	Winkler
113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
119	Delta	247	Jim Hogg	375	Potter	503	Young
121	Denton	249	Jim Wells	377	Presidio	505	Zapata
123	Dewitt	251	Johnson	379	Rains	507	Zavala
125	Dickens	253	Jones	381	Randall		
127	Dimmit	255	Karnes	383	Reagan	‘	Invalid

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

Field 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, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties

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

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

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

6 Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties

7 Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties

8 Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties

9 Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties

	10	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
	11	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties

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	Non-Healthcare Facility Point of Origin (Beginning July 1, 2010)
2	Clinic or Physician's Office
4	Transfer from a hospital
5	Transfer from a skilled nursing facility, intermediate care facility or assisted living facility
6	Transfer from another health care facility
8	Court/Law Enforcement
9	Information not available
D	Transfer from One distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer
E	Transfer from Ambulatory Surgery Center
F	Transfer from a Hospice Facility If Type of Admission=4 (Newborn)
G	Transfer from a designated hospital disaster alternate care site (Effective 7/1/2020)
5	Born inside this hospital
6	Born outside this hospital

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

Field 27: **FIRST_PAYMENT_SRC**

Code indicating the expected primary source of payment.

Coding Scheme:

09	Self-pay (Removed from 5010 format, use "ZZ" beginning 2Q2012 data)	HM	Health Maintenance Organization
10	Central Certification	LI	Liability
11	Other Non-federal Programs	LM	Liability Medical
12	Preferred Provider Organization (PPO)	MA	Medicare Part A
13	Point of Service (POS)	MB	Medicare Part B
14	Exclusive Provider Organization (EPO)	MC	Medicaid
15	Indemnity Insurance	TV	Title V
16	Health Maintenance Organization (HMO) Medicare Risk	OF	Other Federal Program
AM	Automobile Medical	VA	Veteran Administration Plan
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 secondary 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.

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:

00	12 midnight-12:59 a.m.	13	1:00 – 1:59 p.m.
01	1:00 – 1:59 a.m.	14	2:00 – 2:59 p.m.
02	2:00 – 2:59 a.m.	15	3:00 – 3:59 p.m.
03	3:00 – 3:59 a.m.	16	4:00 – 4:59 p.m.
04	4:00 – 4:59 a.m.	17	5:00 – 5:59 p.m.
05	5:00 – 5:59 a.m.	18	6:00 – 6:59 p.m.
06	6:00 – 6:59 a.m.	19	7:00 – 7:59 p.m.
07	7:00 – 7:59 a.m.	20	8:00 – 8:59 p.m.
08	8:00 – 8:59 a.m.	21	9:00 – 9:59 p.m.
09	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 equals ending service date of the period reflected on the statement (STMT_PERIOD_THRU) minus admission/start of care date (ADMIT_START_OF_CARE). 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:

01	Discharged to home or self-care (routine discharge)
02	Discharged/transferred to a short term general hospital for inpatient care
03	Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care
04	Discharged/transferred to a facility that provides custodial or supportive care
05	Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)
06	Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care

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

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

Field 40: **DISCHARGE_HOUR**

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

Coding Scheme:

00	12 midnight-12:59 a.m.	13	1:00 – 1:59 p.m.
01	1:00 – 1:59 a.m.	14	2:00 – 2:59 p.m.
02	2:00 – 2:59 a.m.	15	3:00 – 3:59 p.m.
03	3:00 – 3:59 a.m.	16	4:00 – 4:59 p.m.
04	4:00 – 4:59 a.m.	17	5:00 – 5:59 p.m.
05	5:00 – 5:59 a.m.	18	6:00 – 6:59 p.m.
06	6:00 – 6:59 a.m.	19	7:00 – 7:59 p.m.
07	7:00 – 7:59 a.m.	20	8:00 – 8:59 p.m.
08	8:00 – 8:59 a.m.	21	9:00 – 9:59 p.m.
09	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:

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

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

Field 42: **ADMITTING_DIAGNOSIS**

ICD-10-CM (International Classification of Diseases- Revision 10- Clinical Modification) diagnosis code that indicates the patient's diagnosis on admission, 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 (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that describes the principal diagnosis, i.e., the condition established after study to be chiefly responsible for causing the hospitalization, 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**

POA – Present on Admission 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 (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_1 code was present at the time the patient was admitted to the hospital.

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 47: **OTH_DIAG_CODE_2**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_2 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 49: **OTH_DIAG_CODE_3**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_3 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 51: **OTH_DIAG_CODE_4**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_4 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 53: **OTH_DIAG_CODE_5**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_5 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 55: **OTH_DIAG_CODE_6**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_6 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 57: **OTH_DIAG_CODE_7**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_7 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 59: **OTH_DIAG_CODE_8**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_8 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 61: **OTH_DIAG_CODE_9**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 63: **OTH_DIAG_CODE_10**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_10 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 65: **OTH_DIAG_CODE_11**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_11 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 67: **OTH_DIAG_CODE_12**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis

or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_12 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 69: **OTH_DIAG_CODE_13**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_13 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 71: **OTH_DIAG_CODE_14**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_14 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 73: **OTH_DIAG_CODE_15**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_15 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 75: **OTH_DIAG_CODE_16**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_16 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 77: **OTH_DIAG_CODE_17**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_17 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 79: **OTH_DIAG_CODE_18**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_18 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 81: **OTH_DIAG_CODE_19**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_19 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 83: **OTH_DIAG_CODE_20**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_20 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 85: **OTH_DIAG_CODE_21**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_21 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 87: **OTH_DIAG_CODE_22**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_22 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 89: **OTH_DIAG_CODE_23**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_23 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 91: **OTH_DIAG_CODE_24**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, 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**

POA – Present on Admission code identifying whether Oth_Diag_Code_24 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 93: **E_CODE_1**

E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character

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

Field 94: **POA_E_CODE_1**

POA – Present on Admission code identifying whether E_Code_1 (External Cause of Morbidity/Injury) code was present at the time the patient was admitted to the hospital.

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 95: **E_CODE_2**

E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character

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

Field 96: **POA_E_CODE_2**

POA – Present on Admission code identifying whether E_Code_2 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 97: **E_CODE_3**

E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character

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

Field 98: **POA_E_CODE_3**

POA – Present on Admission code identifying whether E_Code_3 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 99: **E_CODE_4**

E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character

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

Field 100: **POA_E_CODE_4**

POA – Present on Admission code identifying whether E_Code_4 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 101: **E_CODE_5**

E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character

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

Field 102: **POA_E_CODE_5**

POA – Present on Admission code identifying whether E_Code_5 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 103: **E_CODE_6**

E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character

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

Field 104: **POA_E_CODE_6**

POA – Present on Admission code identifying whether E_Code_6 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 105: **E_CODE_7**

E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character

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

Field 106: **POA_E_CODE_7**

POA – Present on Admission code identifying whether E_Code_7 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 107: **E_CODE_8**

E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character

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

Field 108: **POA_E_CODE_8**

POA – Present on Admission code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 109: **E_CODE_9**

E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character

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

Field 110: **POA_E_CODE_9**

POA – Present on Admission code identifying whether E_Code_9 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 111: **E_CODE_10**

E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character

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

Field 112: **POA_E_CODE_10**

POA – Present on Admission code identifying whether E_Code_10 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as field POA_PRINC_DIAG_CODE

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

Field 113: **PRINC_SURG_PROC_CODE**

ICD-10-PCS (International Classification System - Revision 10 - Procedure Coding System) code identifying the principal surgical procedure performed.

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

Field 114: **PRINC_SURG_PROC_DATE**

Date the 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 procedure was performed. Date minus Admission/Start of Care Date

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

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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 *YYYYMMDD*.

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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 *YYYYMMDD*.

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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 *YYYYMMDD*.

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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**

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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.

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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 *YYYYMMDD*.

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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 *YYYYMMDD*.

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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 *YYYYMMDD*.

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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 *YYYYMMDD*.

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

Field 163: **OTH_SURG_PROC_DAY_16**

Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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*.

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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 *YYYYMMDD*.

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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 *YYYYMMDD*.

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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 *YYYYMMDD*.

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

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 *YYYYMMDD*.

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 was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

Field 188: **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: 9999999999 Temporary license or license number could not be matched

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

Field 189: **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 who performed the principal or surgical procedure most closely related to the principal diagnosis. 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: 9999999999 Temporary license or license number could not be matched

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

Field 190: **OCCUR_CODE_1**

Code describing a significant event relating to the claim.

Coding Scheme:

01	Auto accident	40	Scheduled date of admission
02	No Fault Insurance Involved - Including Auto Accident/Other	41	Date of first test of pre-admission testing
03	Accident/ Tort Liability	42	Date of discharge (hospice only)
04	Accident/ Employment Related	43	Scheduled date of canceled surgery

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

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

Field 191: **OCCUR_DATE_1**

Date of occurrence, as *YYYYMMDD*.

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

Field 192: **OCCUR_DAY_1**

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

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

Field 193: **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 194: **OCCUR_DATE_2**

Date of occurrence, as *YYYYMMDD*.

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

Field 195: **OCCUR_DAY_2**

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

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

Field 196: **OCCUR_CODE_3**

Code describing a significant event relating to the claim.

Coding Scheme: Same as OCCUR_CODE_1.

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

Field 197: **OCCUR_DATE_3**

Date of occurrence, as *YYYYMMDD*.

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

Field 198: **OCCUR_DAY_3**

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

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

Field 199: **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 200: **OCCUR_DATE_4**

Date of occurrence, as *YYYYMMDD*.

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

Field 201: **OCCUR_DAY_4**

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

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

Field 202: **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 203: **OCCUR_DATE_5**

Date of occurrence, as *YYYYMMDD*.

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

Field 204: **OCCUR_DAY_5**

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

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

Field 205: **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 206: **OCCUR_DATE_6**

Date of occurrence, as *YYYYMMDD*.

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

Field 207: **OCCUR_DAY_6**

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

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

Field 208: **OCCUR_CODE_7**

Code describing a significant event relating to the claim.

Coding Scheme: Same as OCCUR_CODE_1.

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

Field 209: **OCCUR_DATE_7**

Date of occurrence, as *YYYYMMDD*.

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

Field 210: **OCCUR_DAY_7**

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

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

Field 211: **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 212: **OCCUR_DATE_8**

Date of occurrence, as *YYYYMMDD*.

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

Field 213: **OCCUR_DAY_8**

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

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

Field 214: **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 215: **OCCUR_DATE_9**

Date of occurrence, as *YYYYMMDD*.

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

Field 216: **OCCUR_DAY_9**

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

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

Field 217: **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 218: **OCCUR_DATE_10**

Date of occurrence, as *YYYYMMDD*.

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

Field 219: **OCCUR_DAY_10**

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

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

Field 220: **OCCUR_CODE_11**

Code describing a significant event relating to the claim.

Coding Scheme: Same as OCCUR_CODE_1.

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

Field 221: **OCCUR_DATE_11**

Date of occurrence, as *YYYYMMDD*.

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

Field 222: **OCCUR_DAY_11**

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

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

Field 223: **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 224: **OCCUR_DATE_12**

Date of occurrence, as *YYYYMMDD*.

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

Field 225: **OCCUR_DAY_12**

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

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

Field 226: **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	80	Prior Same SNF prior stay dates for Payment Ban Purposes
72	First/Last Visit	81	Antepartum Days at Reduced Level of Care
73	Benefit eligibility period	M0	QIO/UR approved stay dates
74	Noncovered level of care/Leave of absence	M1	Provider liability - no utilization
75	SNF level of care	M2	Inpatient respite dates

	76	Patient Liability Period	M3	ICF level of care
	77	Provider Liability - Utilization Charged	M4	Residential level of care

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

Field 227: **OCCUR_SPAN_FROM_1**

Occurrence Span From is the Beginning Date of Occurrence Event.

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

Field 228: **OCCUR_SPAN_THRU_1**

Occurrence Span Thru is the Ending Date of Occurrence Event.

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

Field 229: **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 230: **OCCUR_SPAN_FROM_2**

Occurrence Span From is the Beginning Date of Occurrence Event.

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

Field 231: **OCCUR_SPAN_THRU_2**

Occurrence Span Thru is the Ending Date of Occurrence Event.

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

Field 232: **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 233: **OCCUR_SPAN_FROM_3**

Occurrence Span From is the Beginning Date of Occurrence Event.

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

Field 234: **OCCUR_SPAN_THRU_3**

Occurrence Span Thru is the Ending Date of Occurrence Event.

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

Field 235: **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 236: **OCCUR_SPAN_FROM_4**

Occurrence Span From is the Beginning Date of Occurrence Event.

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

Field 237: **OCCUR_SPAN_THRU_4**

Occurrence Span Thru is the Ending Date of Occurrence Event.

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

Field 238: **CONDITION_CODE_1**

Code describing a condition relating to the claim.

Coding Scheme:

01	Military service related	83	C-section/Inductions 39 weeks or greater
02	Condition is employment related	84	Dialysis for Acute Kidney Injury (AKI)
03	Patient covered by insurance not reflected here	85	Delayed Recertification of Hospice Terminal Illness
04	Information only bill.	86	Additional Hemodialysis Treatment with Medical Justification
05	Lien has been filed	A0	TRICARE external partnership program
06	ESRD patient in first 18 months of entitlement covered by EGHP	A1	EPSDT/CHAP
07	Treatment of non-terminal condition for hospice patient	A2	Physically handicapped children's program
08	Beneficiary would not provide information concerning other insurance coverage	A3	Special Federal Funding

09	Neither patient or spouse is employed	A4	Family planning
10	Patient and/or spouse is employed but no EGHP exists	A5	Disability
11	Disabled beneficiary but no LGHP coverage exists	A6	Vaccines/Medicare 100% payment
17	Patient is homeless	A9	Second opinion surgery
18	Maiden name retained	AA	Abortion performed due to rape
19	Child retains mother's name	AB	Abortion performed due to incest
20	Beneficiary requested billing	AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality
21	Billing for denial notice	AD	Abortion performed due to life endangering physical condition
22	Patient on multiple drug regimen	AE	Abortion performed due to physical health of mother that is not life endangering
23	Home care giver available	AF	Abortion performed due to emotional/psychological health of mother
24	Home IV patient also receiving HHA services	AG	Abortion performed due to social or economic reasons
25	Patient is non-US resident	AH	Elective abortion
26	VA eligible patient chooses to receive services in a Medicare certified facility	AI	Sterilization
27	Patient referred to a sole community hospital for a diagnostic laboratory test	AJ	Payer responsible for co-payment
28	Patient and/or spouse's EGHP is secondary to Medicare	AK	Air ambulance required
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	AL	Specialized treatment/bed unavailable
30	Non-research services provided to patients enrolled in a qualified clinical trial	AM	Non-emergency medically necessary stretcher transport required
31	Patient is student (full time - day)	AN	Pre-admission screening not required
32	Patient is student (cooperative/work study program)	B0	Medicare coordinated care demonstration claim
33	Patient is student (full time - night)	B1	Beneficiary is ineligible for demonstration program
34	Patient is student (part-time)	B4	Admission unrelated to discharge on same day
36	General care patient in a special unit	BP	Gulf Oil Spill of 2010
37	Ward accommodation at patient request	C1	Approved as billed
38	Semi-private room not available	C2	Automatic approval as billed based on focused review
39	Private room medically necessary	C3	Partial approval
40	Same day transfer	C4	Admission/services denied
41	Partial hospitalization	C5	Post payment review applicable
42	Continuing care not related to inpatient admission	C6	Admission Preauthorization
43	Continuing care not provided within prescribed post discharge window	C7	Extended Authorization
44	Inpatient admission changed to outpatient	D0	Changes to Service Dates
45	Ambiguous Gender Category	D1	Changes to Charges
46	Non-availability statement on file	D3	Second or Subsequent Interim PPS Bill
47	Transfer from another Home Health Agency	D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	D5	Cancel to correct Insured's ID or Provider ID
49	Product replacement within product lifecycle	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
50	Product Replacement for Known Recall of a Product	D7	Change to Make Medicare the Secondary Payer
51	Attestation of Unrelated Outpatient Nondiagnostic Services	D8	Change to Make Medicare the Primary Payer
52	Out of Hospice Service Area	D9	Any Other Change
53	Initial placement of a medical device provided as part of a clinical trial or a free sample	DR	Disaster related
54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency	E0	Changes in Patient Status

55	SNF bed not available	G0	Distinct Medical Visit
56	Medical appropriateness	H0	Delayed Filing, Statement of Intent Submitted
57	SNF readmission	H2	Discharge by a Hospice Provider for Cause
58	Terminated Medicare+Choice organization enrollee	H3	Reoccurrence of GI Bleed Comorbid Category
59	Non-primary ESRD facility	H4	Reoccurrence of Pneumonia Comorbid Category
60	Day outlier	H5	Reoccurrence of Pericarditis Comorbid Category
61	Cost outlier	P1	Do not Resuscitate Order (DNR)
66	Provider does not wish cost outlier payment	P7	Direct Inpatient Admission from Emergency Room
67	Beneficiary elects not to use life time reserve (LTR) days	R1	Request for reopening Reason Code - Mathematical or Computational Mistake
68	Beneficiary elects to use life time reserve (LTR) days	R2	Request for reopening Reason Code -Inaccurate Data Entry
69	IME/DGME/N&AH Payment Only	R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
70	Self-administered anemia management drug	R4	Request for reopening Reason Code - Computer Errors
71	Full care in unit	R5	Request for reopening Reason Code - Incorrectly Identified Duplicate Claim
72	Self care in unit	R6	Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above
73	Self care training	R7	Request for reopening Reason Code - Corrections other than clerical errors
74	Home	R8	Request for reopening Reason Code - New and Material Evidence
75	Home - 100% reimbursement	R9	Request for reopening Reason Code - Faulty Evidence
76	Back-up in facility dialysis	WO	United Mine Workers of America (UMWA) Demonstration Indicator
77	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment	W2	Duplicate of Original Bill
78	New coverage not implemented by HMO	W3	Level I Appeal
79	CORF services provided offsite	W4	Level II Appeal
80	Home dialysis - nursing facility	W5	Level III Appeal
81	C-section/Inductions <39 Weeks-Medical Necessity		
82	C-section/Inductions <39 Weeks-Elective		

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

Field 239: **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 240: **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 241: **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 242: **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 243: **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 244: **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 245: **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 246: **VALUE_CODE_1**

Code describing information that may affect payer processing.

Coding Scheme:

01	Most common semi-private rate	58	Arterial blood gas
02	Hospital has no semi-private rooms	59	Oxygen saturation
04	Inpatient professional component charges which are combined billed	60	HHA branch MSA
05	Professional component included in charges and also billed separately to carrier	61	Place of Residence where service is furnished (HHA and hospice)
06	Blood deductible	66	Medicaid spend down amount
08	Life time reserve amount in the first calendar year	67	Peritoneal dialysis
09	Coinsurance amount in the first calendar year	68	EPO-drug
10	Lifetime reserve amount in the second calendar year	69	State charity care percentage
11	Coinsurance amount in the second calendar year	80	Covered Days
12	Working aged beneficiary/spouse with employer group health plan	81	Non-covered Days
13	ESRD beneficiary in a Medicare coordination period with an employer group health plan	82	Co-insurance Days
14	No fault, including auto/other	83	Lifetime Reserve Days
15	Worker's compensation	84	Shorter Duration Hemodialysis
16	Public health service (PHS) or other federal agency	A0	Special zip code reporting
21	Catastrophic	A1	Deductible payer A
22	Surplus	A2	Coinsurance payer A
23	Recurring monthly income	A3	Estimated responsibility payer A
24	Medicaid Rate Code	A4	Covered self-administrable drugs - emergency
25	Offset to the patient - payment amount - prescription drugs	A5	Covered self-administrable drugs - administrable in form and situation furnished to patient
26	Offset to the patient - payment amount - hearing and ear services	A6	Covered self-administrable drugs - diagnostic study and other
27	Offset to the patient - payment amount - vision and eye services	A7	Co-payment payer A
28	Offset to the patient - payment amount - dental services	A8	Patient weight
29	Offset to the patient - payment amount - chiropractic services	A9	Patient height
30	Preadmission testing	AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A
31	Patient Liability Amount	AB	Other assessments or allowances (e.g., medical education) - payer A
32	Multiple patient ambulance transport	B1	Deductible payer B
33	Offset to the patient - payment amount - podiatric services	B2	Coinsurance payer B
34	Offset to the patient - payment amount - other medical services	B3	Estimated responsibility payer B
35	Offset to the patient - payment amount - health insurance premiums	B7	Co-payment payer B
37	Units of blood furnished	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B

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

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

Field 247: **VALUE_AMOUNT_1**

Amount (in cents, no decimal point included) that may be affected.

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

Field 248: **VALUE_CODE_2**

Code describing information that may affect payer processing.

Coding Scheme: Same as VALUE_CODE_1.

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

Field 249: **VALUE_AMOUNT_2**

Amount (in cents, no decimal point included) that may be affected.

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

Field 250: **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 251: **VALUE_AMOUNT_3**

Amount (in cents) that may be affected.

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

Field 252: **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 253: **VALUE_AMOUNT_4**

Amount (in cents, no decimal point included) that may be affected.

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

Field 254: **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 255: **VALUE_AMOUNT_5**

Amount (in cents, no decimal point included) that may be affected.

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

Field 256: **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 257: **VALUE_AMOUNT_6**
Amount (in cents, no decimal point included) that may be affected.
Length: 9 **Type:** Numeric **Data Source:** Claim

Field 258: **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 259: **VALUE_AMOUNT_7**
Amount (in cents, no decimal point included) that may be affected.
Length: 9 **Type:** Numeric **Data Source:** Claim

Field 260: **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 261: **VALUE_AMOUNT_8**
Amount (in cents, no decimal point included) that may be affected.
Length: 9 **Type:** Numeric **Data Source:** Claim

Field 262: **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 263: **VALUE_AMOUNT_9**
Amount (in cents, no decimal point included) that may be affected
Length: 9 **Type:** Numeric **Data Source:** Claim

Field 264: **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 265: **VALUE_AMOUNT_10**
Amount (in cents, no decimal point included) that may be affected.
Length: 9 **Type:** Numeric **Data Source:** Claim

Field 266: **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 267: **VALUE_AMOUNT_11**
Amount (in cents, no decimal point included) that may be affected
Length: 9 **Type:** Numeric **Data Source:** Claim

Field 268: **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 269: **VALUE_AMOUNT_12**
Amount (in cents, no decimal point included) that may be affected
Length: 9 **Type:** Numeric **Data Source:** Claim

Field 270: **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 011X, 014X

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 271: **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 010X, 012X, 013X, 016X-019X

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 272: **WARD_AMOUNT**

Accommodation Charge, Ward Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 015X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 273: **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 020X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 274: **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 021X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 275: **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 0002-0099, 022X-024X, 052X-053X, 055X-060X, 064X-070X, 076X-078X, 090X-095X, 099X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 276: **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 025X, 026X, 063X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 277: **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 027X, 062X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 278: **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 0290-0292, 0294-0299.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 279: **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 0293.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 280: **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 042X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 281: **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 043X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 282: **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 044X, 047X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 283: **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 041X, 046X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 284: **BLOOD_AMOUNT**

Ancillary Service Charge, Blood provided during the patient's stay. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 038X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 285: **BLOOD_ADM_AMOUNT**

Ancillary Service Charge, blood storage and processing related to the patient's stay. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 039X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 286: **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 036X, 071X-072X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 287: **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 079X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 288: **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 048X, 073X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 289: **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 037X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 290: **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 030X-031X, 074X-075X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 291: **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 028X, 032X-035X, 040X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 292: **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 061X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 293: **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 049X-050X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 294: **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 045X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 295: **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 054X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 296: **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 096X-098X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 297: **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 081X, 089X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 298: **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 080X, 082X-085X, 088X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 299: **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 051X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 300: **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 301: **TOTAL_NON_COV_CHARGES**

Sum (in cents) of non-covered accommodation charges, non-covered ancillary charges.

Length: 12 **Type:** Numeric **Data Source:** Claim

Field 302: **TOTAL_CHARGES_ACCOMM**

Sum (in cents) of covered and non-covered accommodation charges.

Length: 12 **Type:** Numeric **Data Source:** Claim

Field 303: **TOTAL_NON_COV_CHARGES_ACCOMM**

Sum (in cents) of non-covered accommodations charges.

Length: 12 **Type:** Numeric **Data Source:** Claim

Field 304: **TOTAL_CHARGES_ANCIL**

Sum (in cents) of covered and non-covered ancillary charges.

Length: 12 **Type:** Numeric **Data Source:** Claim

Field 305:	**TOTAL_NON_COV_CHARGES_ANCIL**				
	Sum (in cents) of non-covered ancillary charges.				
Length:	12	**Type:**	Numeric	**Data Source:**	Claim
Field 306:	**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 307:	**EMERGENCY_DEPT_FLAG**				
	Indicator of emergency department visit				
Coding Scheme:	Y	visit was emergency related			
	N	Visit was not emergency related			
Length:	1	**Type:**	Alphanumeric	**Data Source:**	Assigned
Field 308:	**DISCHARGE**				
	Discharge Quarter. Year and quarter of discharge. *yyyy*Q*n*. 1st Quarter (YYYYQ1): 1st January-31st March of that corresponding year 2nd Quarter (YYYYQ2): 1st April – 30th June of that corresponding year 3rd Quarter (YYYYQ3): 1st July- 30th September of that corresponding year 4th Quarter (YYYYQ4); 1st October-31st December of that corresponding year				
Length:	6	**Type:**	Alphanumeric	**Data Source:**	Assigned

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:

0100	All-inclusive room charges plus ancillary	0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area
0101	All-inclusive room charges	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
0110	Room charges for private rooms - general	0529	Freestanding Clinic - other
0111	Room charges for private rooms - medical/surgical/GYN	0530	Osteopathic service - general
0112	Room charges for private rooms - obstetrics	0531	Osteopathic service - therapy
0113	Room charges for private rooms - pediatric	0539	Osteopathic service - other
0114	Room charges for private rooms - psychiatric	0540	Ambulance service - general
0115	Room charges for private rooms - hospice	0541	Ambulance service - supplies
0116	Room charges for private rooms - detoxification	0542	Ambulance service - medical transport
0117	Room charges for private rooms - oncology	0543	Ambulance service - heart mobile
0118	Room charges for private rooms - rehabilitation	0544	Ambulance service - oxygen
0119	Room charges for private rooms - other	0545	Ambulance service - air ambulance
0120	Room charges for semi-private rooms - general	0546	Ambulance service - neonatal
0121	Room charges for semi-private rooms - medical/surgical/GYN	0547	Ambulance service - pharmacy
0122	Room charges for semi-private rooms - obstetrics	0548	Ambulance service - telephone transmission EKG
0123	Room charges for semi-private rooms - pediatric	0549	Ambulance service - other
0124	Room charges for semi-private rooms - psychiatric	0550	Skilled nursing - general
0125	Room charges for semi-private rooms - hospice	0551	Skilled nursing - visit charge
0126	Room charges for semi-private rooms - detoxification	0552	Skilled nursing - hourly charge
0127	Room charges for semi-private rooms - oncology	0559	Skilled nursing - other
0128	Room charges for semi-private rooms - rehabilitation	0560	Medical social services - general
0129	Room charges for semi-private rooms - other	0561	Medical social services - visit charge
0130	Room charges for semi-private - 3/4 beds - rooms - general	0562	Medical social services - hourly charge
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0569	Medical social services - other
0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0570	Home health aide - general
0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0571	Home health aide - visit charge

0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric
0135	Room charges for semi-private - 3/4 beds - rooms - hospice
0136	Room charges for semi-private - 3/4 beds - rooms - detoxification
0137	Room charges for semi-private - 3/4 beds - rooms - oncology
0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation
0139	Room charges for semi-private - 3/4 beds - rooms - other
0140	Room charges for private (deluxe) rooms - general
0141	Room charges for private (deluxe) rooms - medical/surgical/GYN
0142	Room charges for private (deluxe) rooms - obstetrics
0143	Room charges for private (deluxe) rooms - pediatric
0144	Room charges for private (deluxe) rooms - psychiatric
0145	Room charges for private (deluxe) rooms - hospice
0146	Room charges for private (deluxe) rooms - detoxification
0147	Room charges for private (deluxe) rooms - oncology
0148	Room charges for private (deluxe) rooms - rehabilitation
0149	Room charges for private (deluxe) rooms - other
0150	Room charges for ward rooms - general
0151	Room charges for ward rooms - medical/surgical/GYN
0152	Room charges for ward rooms - obstetrics
0153	Room charges for ward rooms - pediatric
0154	Room charges for ward rooms - psychiatric
0155	Room charges for ward rooms - hospice
0156	Room charges for ward rooms - detoxification
0157	Room charges for ward rooms - oncology
0158	Room charges for ward rooms - rehabilitation
0159	Room charges for ward rooms - other
0160	Room charges for other rooms - general
0164	Room charges for other rooms – Sterile Environment
0167	Room charges for other rooms – self care
0169	Room charges for other rooms - other
0170	Room charges for nursery - general
0171	Room charges for nursery - newborn level I
0172	Room charges for nursery - newborn level II
0173	Room charges for nursery - newborn level III
0572	Home health aide - hourly charge
0579	Home health aide - other
0580	Other visits (home health) - general
0581	Other visits (home health) - visit charge
0582	Other visits (home health) - hourly charge
0583	Other visits (home health) - assessment
0589	Other visits (home health) - other
0590	Units of service (home health) - general
0600	Oxygen (home health) - general
0601	Oxygen (home health) - stat/equip/supply or contents
0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0604	Oxygen (home health) - portable add-in
0609	Oxygen (home health) - other
0610	Magnetic Resonance Technology (MRT) - MRI - general
0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
0614	Magnetic Resonance Technology (MRT) - MRI - other
0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
0616	Magnetic Resonance Technology (MRT) - MRA – lower extremities
0618	Magnetic Resonance Technology (MRT) - MRA – other
0619	Magnetic Resonance Technology (MRT) - Other MRT
0621	Medical/surgical supplies - incident to radiology
0622	Medical/surgical supplies - incident to other diagnostic services
0623	Medical/surgical supplies - surgical dressings
0624	Medical/surgical supplies - FDA investigational devices
0631	Drugs requiring specific identification - single source
0632	Drugs requiring specific identification - multiple source
0633	Drugs requiring specific identification - restrictive prescription
0634	Drugs requiring specific identification - EPO, less than 10,000 units
0635	Drugs requiring specific identification - EPO, 10,000 or more units
0636	Drugs requiring specific identification - requiring detailed coding
0637	Drugs requiring specific identification - self-administrable
0640	Home IV therapy services - general
0641	Home IV therapy services – non-routine nursing, central line

0174	Room charges for nursery - newborn level IV
0179	Room charges for nursery - other
0180	Room charges for LOA - general
0182	Room charges for LOA - patient convenience-charges billable
0183	Room charges for LOA - therapeutic leave
0185	Room charges for LOA – nursing home (for hospitalization)
0189	Room charges for LOA - other
0190	Room charges for subacute care - general
0191	Room charges for subacute care - Level I (skilled care)
0192	Room charges for subacute care - Level II (comprehensive care)
0193	Room charges for subacute care - Level III (complex care)
0194	Room charges for subacute care - Level IV (intensive care)
0199	Room charges for subacute care - other
0200	Room charges for intensive care - general
0201	Room charges for intensive care - surgical
0202	Room charges for intensive care - medical
0203	Room charges for intensive care - pediatric
0204	Room charges for intensive care - psychiatric
0206	Room charges for intensive care - intermediate intensive care unit (ICU)
0207	Room charges for intensive care - burn care
0208	Room charges for intensive care - trauma
0209	Room charges for intensive care - other
0210	Room charges for coronary care - general
0211	Room charges for coronary care - myocardial infarction
0212	Room charges for coronary care - pulmonary care
0213	Room charges for coronary care - heart transplant
0214	Room charges for coronary care - intermediate coronary care unit (CCU)
0219	Room charges for coronary care - other
0220	Special charges - general
0221	Special charges - admission charge
0222	Special charges - technical support charge
0223	Special charges - UR service charge
0224	Special charges - late discharge, medically necessary
0229	Special charges - other
0230	Incremental nursing care - general
0231	Incremental nursing care - nursery
0232	Incremental nursing care - OB
0233	Incremental nursing care - ICU (includes transitional care)
0234	Incremental nursing care - CCU (includes transitional care)
0235	Incremental nursing care - hospice
0239	Incremental nursing care - other
0240	All-inclusive ancillary - general
0642	Home IV therapy services - IV site care, central line
0643	Home IV therapy services - IV start/change, peripheral line
0644	Home IV therapy services – non-routine nursing, peripheral line
0645	Home IV therapy services - training patient/caregiver, central line
0646	Home IV therapy services - training, disabled patient, central line
0647	Home IV therapy services - training, patient/caregiver, peripheral
0648	Home IV therapy services - training, disabled patient, peripheral
0649	Home IV therapy services - other
0650	Hospice services - general
0651	Hospice services - routine home care
0652	Hospice services - continuous home care
0655	Hospice services - inpatient respite care
0656	Hospice services - general inpatient care (non-respite)
0657	Hospice services - physician services
0658	Hospice services - room and board - nursing facility
0659	Hospice services - other
0660	Respite care - general
0661	Respite care - hourly charge/skilled nursing
0662	Respite care - hourly charge/aide/homemaker/companion
0663	Respite care - daily charge
0669	Respite care - other
0670	Outpatient special residence - general
0671	Outpatient special residence - hospital based
0672	Outpatient special residence - contracted
0679	Outpatient special residence - other
0681	Trauma response - level I
0682	Trauma response - level II
0683	Trauma response - level III
0684	Trauma response - level IV
0689	Trauma response - other
0690	Pre-hospice/Palliative Care Services - general
0691	Pre-hospice/Palliative Care Services – visit charge
0692	Pre-hospice/Palliative Care Services – hourly charge
0693	Pre-hospice/Palliative Care Services - evaluation
0694	Pre-hospice/Palliative Care Services – consultation and education
0695	Pre-hospice/Palliative Care Services – inpatient care
0696	Pre-hospice/Palliative Care Services – physician services
0699	Pre-hospice/Palliative Care Services - other
0700	Cast Room services - general
0710	Recovery Room services - general
0720	Labor/Delivery Room services - general
0721	Labor/Delivery Room services - labor

0241	All-inclusive ancillary - basic
0242	All-inclusive ancillary - comprehensive
0243	All-inclusive ancillary - specialty
0249	All-inclusive ancillary - other
0250	Pharmacy - general
0251	Pharmacy - generic drugs
0252	Pharmacy – non-generic drugs
0253	Pharmacy - take-home drugs
0254	Pharmacy - drugs incident to other diagnostic services
0255	Pharmacy - drugs incident to radiology
0256	Pharmacy - experimental drugs
0257	Pharmacy - nonprescription
0258	Pharmacy - IV solutions
0259	Pharmacy - other
0260	IV Therapy - general
0261	IV Therapy - infusion pump
0262	IV Therapy - pharmacy services
0263	IV Therapy - drug/supply delivery
0264	IV Therapy - supplies
0269	IV Therapy - other
0270	Medical surgical supplies and devices - general
0271	Medical surgical supplies and devices - nonsterile
0272	Medical surgical supplies and devices - sterile
0273	Medical surgical supplies and devices - take-home
0274	Medical surgical supplies and devices - prosthetic/orthotic
0275	Medical surgical supplies and devices - pacemaker
0276	Medical surgical supplies and devices - intraocular lens (IOL)
0277	Medical surgical supplies and devices - oxygen - take-home
0278	Medical surgical supplies and devices - other implants
0279	Medical surgical supplies and devices - other
0280	Oncology - general
0289	Oncology - other
0290	DME - general
0291	DME - rental
0292	DME - purchase of new
0293	DME - purchase of used
0294	DME - supplies/drugs for DME effectiveness
0299	DME - other equipment
0300	Laboratory - general
0301	Laboratory - chemistry
0302	Laboratory - immunology
0303	Laboratory - renal patient (home)
0304	Laboratory – non-routine dialysis
0305	Laboratory - hemotology
0306	Laboratory - bacteriology and microbiology
0307	Laboratory - urology
0309	Laboratory - other
0722	Labor/Delivery Room services - delivery
0723	Labor/Delivery Room services - circumcision
0724	Labor/Delivery Room services - birthing center
0729	Labor/Delivery Room services - other
0730	EKG/ECG services - general
0731	EKG/ECG services - Holter monitor
0732	EKG/ECG services - telemetry
0739	EKG/ECG services - other
0740	EEG services - general
0750	Gastrointestinal services - general
0760	Treatment or observation room services - general
0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0762	Specialty Room - Treatment/ Observation Room - Observation Room
0769	Treatment or observation room services - other
0770	Preventive care services - general
0771	Preventive care services - vaccine administration
0780	Telemedicine services - general
0790	Extra-corporeal shockwave therapy - general
0800	Inpatient renal dialysis services - general
0801	Inpatient renal dialysis services - hemodialysis
0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0809	Inpatient renal dialysis services - other
0810	Acquisition of body components- general
0811	Acquisition of body components - living donor
0812	Acquisition of body components - cadaver donor
0813	Acquisition of body components - unknown donor
0814	Acquisition of body components - unsuccessful organ search-donor bank charges
0815	Acquisition of body components – stem cells-allogeneic
0819	Acquisition of body components - other donor
0820	Hemodialysis - outpatient or home - general
0821	Hemodialysis - outpatient or home - composite or other rate
0822	Hemodialysis - outpatient or home – home supplies
0823	Hemodialysis - outpatient or home – home equipment
0824	Hemodialysis - outpatient or home – maintenance 100%
0825	Hemodialysis - outpatient or home - support services
0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0829	Hemodialysis - outpatient or home - other
0830	Peritoneal dialysis - outpatient or home - general
0831	Peritoneal dialysis - outpatient or home - composite or other rate
0832	Peritoneal dialysis - outpatient or home – home supplies
0833	Peritoneal dialysis - outpatient or home – home equipment
0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0835	Peritoneal dialysis - outpatient or home - support services
0839	Peritoneal dialysis - outpatient or home - other
0840	CAPD - outpatient or home - general

0310	Laboratory pathological - general
0311	Laboratory pathological - cytology
0312	Laboratory pathological - histology
0314	Laboratory pathological - biopsy
0319	Laboratory pathological - other
0320	Radiology - diagnostic - general
0321	Radiology - diagnostic - angiocardiography
0322	Radiology - diagnostic - arthrography
0323	Radiology - diagnostic - arteriography
0324	Radiology - diagnostic - chest x-ray
0329	Radiology - diagnostic - other
0330	Radiology - therapeutic and/or chemotherapy administration - general
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected
0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy
0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV
0339	Radiology - therapeutic and/or chemotherapy administration - other
0340	Nuclear medicine - general
0341	Nuclear medicine - diagnostic procedures
0342	Nuclear medicine - therapeutic procedures
0343	Nuclear medicine - diagnostic radiopharmaceuticals
0344	Nuclear medicine - therapeutic radiopharmaceuticals
0349	Nuclear medicine - other
0350	CT scan - general
0351	CT scan - head
0352	CT scan - body
0359	CT scan - other
0360	Operating room services - general
0361	Operating room services - minor surgery
0362	Operating room services - organ transplant other than kidney
0367	Operating room services - kidney transplant
0369	Operating room services - other
0370	Anesthesia - general
0371	Anesthesia - incident to radiology
0372	Anesthesia - incident to other diagnostic services
0374	Anesthesia - acupuncture
0379	Anesthesia - other
0380	Blood - general
0381	Blood - packed red cells
0382	Blood - whole blood
0383	Blood - plasma
0384	Blood - platelets
0385	Blood - leukocytes
0386	Blood - other components
0387	Blood - other derivatives (cryoprecipitate)
0389	Blood - other
0841	CAPD - outpatient or home - composite or other rate
0842	CAPD - outpatient or home – home supplies
0843	CAPD - outpatient or home – home equipment
0844	CAPD - outpatient or home – maintenance 100%
0845	CAPD - outpatient or home - support services
0849	CAPD - outpatient or home - other
0850	CCPD - outpatient or home - general
0851	CCPD - outpatient or home - composite or other rate
0852	CCPD - outpatient or home - home supplies
0853	CCPD - outpatient or home - home equipment
0854	CCPD - outpatient or home - maintenance 100%
0855	CCPD - outpatient or home - support services
0859	CCPD - outpatient or home - other
0860	Magnetoencephalography (MEG) - General
0861	Magnetoencephalography (MEG) - MEG
0880	Miscellaneous dialysis - general
0881	Miscellaneous dialysis - ultrafiltration
0882	Miscellaneous dialysis - home aide visit
0889	Miscellaneous dialysis - other
0900	Behavior health treatments/services - general
0901	Behavior health treatments/services - electroshock
0902	Behavior health treatments/services - milieu therapy
0903	Behavioral health treatments/services - play therapy
0904	Behavior health treatments/services - activity therapy
0905	Behavior health treatments/services - intensive outpatient services - psychiatric
0906	Behavior health treatments/services - intensive outpatient services - chemical dependency
0907	Behavior health treatments/services - community behavioral health program
0911	Behavior health treatment/services - rehabilitation
0912	Behavior health treatment/services - partial hospitalization - less intensive
0913	Behavior health treatment/services - partial hospitalization - intensive
0914	Behavior health treatment/services - individual therapy
0915	Behavior health treatment/services - group therapy
0916	Behavior health treatment/services - family therapy
0917	Behavior health treatment/services - biofeedback
0918	Behavior health treatment/services - testing
0919	Behavior health treatment/services - other
0920	Other diagnostic services - general
0921	Other diagnostic services - peripheral vascular lab
0922	Other diagnostic services - electromyogram
0923	Other diagnostic services - pap smear
0924	Other diagnostic services - allergy test
0925	Other diagnostic services - pregnancy test
0929	Other diagnostic services - other
0931	Medical rehabilitation day program - half day
0932	Medical rehabilitation day program - full day
0940	Other therapeutic services - general

0390	Blood and blood component administration, storage and processing - general
0391	Blood and blood component administration, storage and processing - administration
0392	Blood and blood component administration, storage and processing – processing and storage
0399	Blood and blood component administration, storage and processing - other
0400	Other imaging services - general
0401	Other imaging services - diagnostic mammography
0402	Other imaging services - ultrasound
0403	Other imaging services - screening mammography
0404	Other imaging services - PET
0409	Other imaging services - other
0410	Respiratory services - general
0412	Respiratory services - inhalation
0413	Respiratory services - hyperbaric oxygen therapy
0419	Respiratory services - other
0420	Physical therapy - general
0421	Physical therapy - visit charge
0422	Physical therapy - hourly charge
0423	Physical therapy - group rate
0424	Physical therapy - evaluation or reevaluation
0429	Physical therapy - other
0430	Occupational therapy - general
0431	Occupational therapy - visit charge
0432	Occupational therapy - hourly charge
0433	Occupational therapy - group rate
0434	Occupational therapy - evaluation or reevaluation
0439	Occupational therapy - other
0440	Speech-language pathology - general
0441	Speech-language pathology - visit charge
0442	Speech-language pathology - hourly charge
0443	Speech-language pathology - group rate
0444	Speech-language pathology - evaluation or reevaluation
0449	Speech-language pathology - other
0450	Emergency room - general
0451	Emergency room - EMTALA emergency medical screening services
0452	Emergency room - beyond EMTALA screening
0456	Emergency room - urgent care
0459	Emergency room - other
0460	Pulmonary function - general
0469	Pulmonary function - other
0470	Audiology - general
0471	Audiology - diagnostic
0472	Audiology - treatment
0479	Audiology - other
0480	Cardiology - general
0481	Cardiology - cardiac cath lab
0482	Cardiology - stress test
0483	Cardiology - echocardiology
0489	Cardiology - other
0490	Ambulatory surgical care - general
0941	Other therapeutic services - recreational therapy
0942	Other therapeutic services - education/training
0943	Other therapeutic services - cardiac rehabilitation
0944	Other therapeutic services - drug rehabilitation
0945	Other therapeutic services - alcohol rehabilitation
0946	Other therapeutic services - complex medical equipment - routine
0947	Other therapeutic services - complex medical equipment - ancillary
0948	Other therapeutic services – pulmonary rehabilitation
0949	Other therapeutic services - other
0951	Other therapeutic services – athletic training
0952	Other therapeutic services - kinesiotherapy
0953	Other therapeutic services – chemical dependency (drug and alcohol)
0960	Professional fees - general
0961	Professional fees - psychiatric
0962	Professional fees - ophthalmology
0963	Professional fees - anesthesiologist (MD)
0964	Professional fees - anesthetist (CRNA)
0969	Professional fees - other
0971	Professional fees - laboratory
0972	Professional fees - radiology - diagnostic
0973	Professional fees - radiology - therapeutic
0974	Professional fees - radiology - nuclear medicine
0975	Professional fees - operating room
0976	Professional fees - respiratory therapy
0977	Professional fees - physical therapy
0978	Professional fees - occupational therapy
0979	Professional fees - speech therapy
0981	Professional fees - emergency room
0982	Professional fees - outpatient services
0983	Professional fees - clinic
0984	Professional fees - medical social services
0985	Professional fees - EKG
0986	Professional fees - EEG
0987	Professional fees - hospital visit
0988	Professional fees - consultation
0989	Professional fees - private duty nurse
0990	Patient convenience items - general
0991	Patient convenience items - cafeteria/guest tray
0992	Patient convenience items - private linen service
0993	Patient convenience items - telephone/telegraph
0994	Patient convenience items - TV/radio
0995	Patient convenience items - nonpatient room rentals
0996	Patient convenience items - late discharge charge
0997	Patient convenience items - admission kits
0998	Patient convenience items - beauty shop/barber
0999	Patient convenience items - other
1000	Behavior health accommodations - general
1001	Behavior health accommodations - residential treatment - psychiatric
1002	Behavior health accommodations - residential treatment - chemical dependency

0499	Ambulatory surgical care - other	1003	Behavior health accommodations - supervised living
0500	Outpatient services - general	1004	Behavior health accommodations - halfway house
0509	Outpatient services - other	1005	Behavior health accommodations - group home
0510	Clinic - general	2100	Alternative therapy services - general
0511	Clinic - chronic pain	2101	Alternative therapy services - acupuncture
0512	Clinic - dental	2102	Alternative therapy services - acupressure
0513	Clinic - psychiatric	2103	Alternative therapy services - massage
0514	Clinic - OB/GYN	2104	Alternative therapy services - reflexology
0515	Clinic - pediatric	2105	Alternative therapy services - biofeedback
0516	Clinic - urgent care	2106	Alternative therapy services - hypnosis
0517	Clinic - family practice	2109	Alternative therapy services - other
0519	Clinic - other	3101	Adult day care, medical and social - hourly
0520	Freestanding Clinic - general	3102	Adult day care, social - hourly
0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC	3103	Adult day care, medical and social - daily
0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	3104	Adult day care, social - daily
0523	Freestanding Clinic - family practice	3105	Adult foster care - daily
0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF	3109	Adult foster care - other
0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility		
0526	Freestanding Clinic - urgent care		

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

Field 3: **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:

22	Increased procedural services	P4	A patient with severe systemic disease that is a constant threat to life
23	Unusual Anesthesia	P5	A moribund patient who is not expected to survive without the operation
24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period	P6	A declared brain-dead patient whose organs are being removed for donor purposes
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service	E1	Upper left eyelid
26	Professional Component	E2	Lower left eyelid
27	Multiple Outpatient Hospital E/M Encounters on the Same Date	E3	Upper right eyelid
32	Mandated Services	E4	Lower right eyelid
33	Preventive Service	F1	Left hand, second digit
47	Anesthesia by Surgeon	F2	Left hand, third digit
50	Bilateral Procedure	F3	Left hand, fourth digit
51	Multiple Procedures	F4	Left hand, fifth digit
52	Reduced Services	F5	Right hand, thumb
53	Discontinued Procedure	F6	Right hand, second digit
54	Surgical Care Only	F7	Right hand, third digit
55	Postoperative Management Only	F8	Right hand, fourth digit
56	Preoperative Management Only	F9	Right hand, fifth digit

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

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

Field 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**

Coding Scheme:	Code specifying the units in which a value is being expressed. 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:	**CHRGS_LINE_ITEM** Total amount of the charge				
Length:	14	**Type:**	Numeric	**Data Source:**	Assigned
Field 14:	**CHRGS_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 X Other 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 X Facility also treat children
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 §Section 421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation

Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals Children's or Pediatric Hospitals and Long-Term Care Hospitals.

Coding Scheme:

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

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

Field 16: **PROVIDER_COUNTY**

Hospital County provided by the hospital.

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

GROUPER FILE

Field 1: **RECORD_ID**

Provider ID. Unique identifier assigned to the provider by THCIC.

Length: 6 **Type:** Alphanumeric **Data Source:** Assigned

Field 2: **FROZEN_MS_DRG**

Medicare Severity Diagnostic Related Group (MS DRG) as assigned by software developed for Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) to facilitate hospital payment for Medicare beneficiaries. The calculation for this field is updated annually.

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

Field 3: **FROZEN_MS_MDC**

Medicare Severity (MS) Major Diagnostic Category MDC) is a three-digit numeric code that groups beneficiary diagnosis codes into broad categories based on condition type and body region[13] as assigned by software developed for the Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) It facilitates hospital payment for Medicare beneficiaries. First available 2004. The calculation for this field is updated annually.

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

Field 4: **FROZEN_ 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. The calculation for this field is updated annually.

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

Field 5: **FROZEN_MS_GROUPER_ERROR_CODE**

Error codes identify potential variations with MS DRG code assignment. The calculation for this field is updated annually.

Coding Scheme:

00	No errors. DRG successfully assigned.	19	DisableHac = 0 and at least one HAC POA is invalid or exe
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
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 diffe not Y, W, N, U
10	Illogical Principal Diagnosis (CMS only)	25	DisableHac is invalid and there are multiple HACs that hav are not Y or W
11	Invalid Principal Diagnosis		

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

Field 6: **FROZEN_APR_DRG**

All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). Incorporates risk of mortality (ROM) and severity of illness (SOI) scores into DRGs. The calculation for this field is updated annually.

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

Field 7: **FROZEN_RISK_MORTALITY**

Assignment of a risk of mortality score from the 3M APR-DRG Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four risk-of-mortality levels for their specific base 3M APR DRG. Often correlated with the risk of mortality, however it is possible to have an illness of high severity, but low mortality risk. The risk of mortality score indicates the likelihood of dying. The calculation for this field is updated annually.

Coding Scheme:

1	Minor
2	Moderate
3	Major
4	Extreme

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

Field 8: **FROZEN_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 (3M All Patient Refined Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four severity levels dependent upon the number and interaction of complications and comorbidities for their specific base 3M APR DRG. Indicates the extent of physiologic decompensation. The calculation for this field is updated annually.

Coding Scheme:

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

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

Field 9: **FROZEN_APR_MDC**

All Patient Refined (APR) Major Diagnostic Category (MDC) is a three-digit numeric code that groups beneficiary diagnosis codes into broad categories based on condition type and body region as assigned by 3M APR-DRG Grouper, version 20. 3M All Patient Refined – Diagnostic Related Groups (3M APR-DRG) is a methodology that classifies hospital inpatients according to reasons for admission, severity of illness and risk of mortality. It is a proprietary product of the company 3M.

A grouper refers to software or methodology to classify patients into groups for classification, payment and analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG Software), Outpatient Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and Population Health Groupers (Clinical Risk Groups), among others. The calculation for this field is updated annually.

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

Field 10: **FROZEN_ APR_GROUPER_ VERSION_NBR**

Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually.

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

Field 11: **FROZEN_APR_GRP_ERROR_CODE**

Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually.

HAC: Hospital Acquired Condition

POA: Present on Admission

DRG: Diagnostic Related Group

Coding Scheme:

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

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

Field 12: **MS_DRG**

Medicare Severity Diagnostic Related Group (MS DRG) as assigned by software developed for Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) to facilitate hospital payment for Medicare beneficiaries. The calculation for this field is updated quarterly.

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

Field 13: **MS_MDC**

Medicare Severity (MS) Major Diagnostic Category MDC) is a three-digit numeric code that groups beneficiary diagnosis codes into broad categories based on condition type and body region[13] as assigned by software developed for the Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) It facilitates hospital payment for Medicare beneficiaries. First available 2004. The calculation for this field is updated quarterly.

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

Field 14: **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.. The calculation for this field is updated quarterly.

Coding Scheme: C Member, Council of Teaching Hospitals
X Facility also treat children

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

Field 15: **MS_GROUPER_ERROR_CODE**

Error codes identify potential variations with MS DRG code assignment. The calculation for this field is updated quarterly.

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 ex
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 I W, N, U
10	Illogical Principal Diagnosis (CMS only)	25	DisableHac is invalid and there are multiple HACs that have diff not Y or W
11	Invalid Principal Diagnosis		

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

Field 16: **APR_DRG**

All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). Incorporates risk of mortality (ROM) and severity of illness (SOI) scores into DRGs.

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

Field 17: **RISK_MORTALITY**

Assignment of a risk of mortality score from the 3M APR-DRG Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four risk-of-mortality levels for their specific base 3M APR DRG. Often correlated with the risk of mortality, however it is possible to have an illness of high severity, but low mortality risk. The risk of mortality score indicates the likelihood of dying. The calculation for this field is updated quarterly.

Coding Scheme:

1	Minor
2	Moderate
3	Major
4	Extreme

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

Field 18: **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 (3M All Patient Refined Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four severity levels dependent upon the number and interaction of complications and comorbidities for their specific base 3M APR DRG. Indicates the extent of physiologic decompensation. The calculation for this field is updated quarterly.

Coding Scheme:

1	Minor

2	Moderate	
3	Major	
4	Extreme	
0	No class specified	

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

Field 19: **APR_MDC**

All Patient Refined (APR) Major Diagnostic Category (MDC) is a three-digit numeric code that groups beneficiary diagnosis codes into broad categories based on condition type and body region as assigned by 3M APR-DRG Grouper, version 20. 3M All Patient Refined – Diagnostic Related Groups (3M APR-DRG) is a methodology that classifies hospital inpatients according to reasons for admission, severity of illness and risk of mortality. It is a proprietary product of the company 3M.

A grouper refers to software or methodology to classify patients into groups for classification, payment and analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG Software), Outpatient Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and Population Health Groupers (Clinical Risk Groups), among others. The calculation for this field is updated quarterly.

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

Field 20: **APR_GROUPER_ VERSION_NBR**

Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated quarterly.

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

Field 21: **APR_GROUPER_ERROR_CODE**

Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated quarterly.

HAC: Hospital Acquired Condition

POA: Present on Admission

DRG: Diagnostic Related Group

Coding Scheme:

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

Length: 2 **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
38	LENGTH_OF_STAY	4	Alphanumeric
39	PAT_STATUS	2	Alphanumeric
40	DISCHARGE_HOUR	2	Alphanumeric
41	TYPE_OF_BILL	3	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
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
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

Data Dictionary #	RDF Field Name	Length	Field Type
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
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

Data Dictionary #	RDF Field Name	Length	Field Type
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
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

Data Dictionary #	RDF Field Name	Length	Field Type
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	ATTENDING_PHYSICIAN_UNIF_ID	10	Alphanumeric
189	OPERATING_PHYSICIAN_UNIF_ID	10	Alphanumeric
190	OCCUR_CODE_1	2	Alphanumeric
191	OCCUR_DATE_1	8	Alphanumeric
192	OCCUR_DAY_1	4	Alphanumeric
193	OCCUR_CODE_2	2	Alphanumeric
194	OCCUR_DATE_2	8	Alphanumeric
195	OCCUR_DAY_2	4	Alphanumeric
196	OCCUR_CODE_3	2	Alphanumeric
197	OCCUR_DATE_3	8	Alphanumeric
198	OCCUR_DAY_3	4	Alphanumeric
199	OCCUR_CODE_4	2	Alphanumeric
200	OCCUR_DATE_4	8	Alphanumeric
201	OCCUR_DAY_4	4	Alphanumeric
202	OCCUR_CODE_5	2	Alphanumeric
203	OCCUR_DATE_5	8	Alphanumeric
204	OCCUR_DAY_5	4	Alphanumeric
205	OCCUR_CODE_6	2	Alphanumeric
206	OCCUR_DATE_6	8	Alphanumeric
207	OCCUR_DAY_6	4	Alphanumeric
208	OCCUR_CODE_7	2	Alphanumeric
209	OCCUR_DATE_7	8	Alphanumeric
210	OCCUR_DAY_7	4	Alphanumeric
211	OCCUR_CODE_8	2	Alphanumeric
212	OCCUR_DATE_8	8	Alphanumeric
213	OCCUR_DAY_8	4	Alphanumeric
214	OCCUR_CODE_9	2	Alphanumeric
215	OCCUR_DATE_9	8	Alphanumeric
216	OCCUR_DAY_9	4	Alphanumeric
217	OCCUR_CODE_10	2	Alphanumeric
218	OCCUR_DATE_10	8	Alphanumeric
219	OCCUR_DAY_10	4	Alphanumeric
220	OCCUR_CODE_11	2	Alphanumeric
221	OCCUR_DATE_11	8	Alphanumeric
222	OCCUR_DAY_11	4	Alphanumeric
223	OCCUR_CODE_12	2	Alphanumeric
224	OCCUR_DATE_12	8	Alphanumeric
225	OCCUR_DAY_12	4	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
226	OCCUR_SPAN_CODE_1	2	Alphanumeric
227	OCCUR_SPAN_FROM_1	8	Alphanumeric
228	OCCUR_SPAN_THRU_1	8	Alphanumeric
229	OCCUR_SPAN_CODE_2	2	Alphanumeric
230	OCCUR_SPAN_FROM_2	8	Alphanumeric
231	OCCUR_SPAN_THRU_2	8	Alphanumeric
232	OCCUR_SPAN_CODE_3	2	Alphanumeric
233	OCCUR_SPAN_FROM_3	8	Alphanumeric
234	OCCUR_SPAN_THRU_3	8	Alphanumeric
235	OCCUR_SPAN_CODE_4	2	Alphanumeric
236	OCCUR_SPAN_FROM_4	8	Alphanumeric
237	OCCUR_SPAN_THRU_4	8	Alphanumeric
238	CONDITION_CODE_1	2	Alphanumeric
239	CONDITION_CODE_2	2	Alphanumeric
240	CONDITION_CODE_3	2	Alphanumeric
241	CONDITION_CODE_4	2	Alphanumeric
242	CONDITION_CODE_5	2	Alphanumeric
243	CONDITION_CODE_6	2	Alphanumeric
244	CONDITION_CODE_7	2	Alphanumeric
245	CONDITION_CODE_8	2	Alphanumeric
246	VALUE_CODE_1	2	Alphanumeric
247	VALUE_AMOUNT_1	9	Numeric
248	VALUE_CODE_2	2	Alphanumeric
249	VALUE_AMOUNT_2	9	Numeric
250	VALUE_CODE_3	2	Alphanumeric
251	VALUE_AMOUNT_3	9	Numeric
252	VALUE_CODE_4	2	Alphanumeric
253	VALUE_AMOUNT_4	9	Numeric
254	VALUE_CODE_5	2	Alphanumeric
255	VALUE_AMOUNT_5	9	Numeric
256	VALUE_CODE_6	2	Alphanumeric
257	VALUE_AMOUNT_6	9	Numeric
258	VALUE_CODE_7	2	Alphanumeric
259	VALUE_AMOUNT_7	9	Numeric
260	VALUE_CODE_8	2	Alphanumeric
261	VALUE_AMOUNT_8	9	Numeric
262	VALUE_CODE_9	2	Alphanumeric
263	VALUE_AMOUNT_9	9	Numeric
264	VALUE_CODE_10	2	Alphanumeric
265	VALUE_AMOUNT_10	9	Numeric
266	VALUE_CODE_11	2	Alphanumeric
267	VALUE_AMOUNT_11	9	Numeric
268	VALUE_CODE_12	2	Alphanumeric
269	VALUE_AMOUNT_12	9	Numeric
270	PRIVATE_AMOUNT	12	Numeric
271	SEMI_PRIVATE_AMOUNT	12	Numeric

Data Dictionary #	RDF Field Name	Length	Field Type
272	WARD_AMOUNT	12	Numeric
273	ICU_AMOUNT	12	Numeric
274	CCU_AMOUNT	12	Numeric
275	OTHER_AMOUNT	12	Numeric
276	PHARM_AMOUNT	12	Numeric
277	MEDSURG_AMOUNT	12	Numeric
278	DME_AMOUNT	12	Numeric
279	USED_DME_AMOUNT	12	Numeric
280	PT_AMOUNT	12	Numeric
281	OT_AMOUNT	12	Numeric
282	SPEECH_AMOUNT	12	Numeric
283	IT_AMOUNT	12	Numeric
284	BLOOD_AMOUNT	12	Numeric
285	BLOOD_ADM_AMOUNT	12	Numeric
286	OR_AMOUNT	12	Numeric
287	LITH_AMOUNT	12	Numeric
288	CARD_AMOUNT	12	Numeric
289	ANES_AMOUNT	12	Numeric
290	LAB_AMOUNT	12	Numeric
291	RAD_AMOUNT	12	Numeric
292	MRI_AMOUNT	12	Numeric
293	OP_AMOUNT	12	Numeric
294	ER_AMOUNT	12	Numeric
295	AMBULANCE_AMOUNT	12	Numeric
296	PRO_FEE_AMOUNT	12	Numeric
297	ORGAN_AMOUNT	12	Numeric
298	ESRD_AMOUNT	12	Numeric
299	CLINIC_AMOUNT	12	Numeric
300	TOTAL_CHARGES	12	Numeric
301	TOTAL_NON_COV_CHARGES	12	Numeric
302	TOTAL_CHARGES_ACCOMM	12	Numeric
303	TOTAL_NON_COV_CHARGES_ACCOMM	12	Numeric
304	TOTAL_CHARGES_ANCIL	12	Numeric
305	TOTAL_NON_COV_CHARGES_ANCIL	12	Numeric
306	INBOUND_INDICATOR	1	Alphanumeric
307	EMERGENCY_DEPT_FLAG	1	Alphanumeric
308	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	CHRGS_LINE_ITEM	14	Numeric
14	CHRGS_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
16	PROVIDER_COUNTY	3	Alphanumeric

GROUPER 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	FROZEN_MS_DRG	3	Alphanumeric
3	FROZEN_MS_MDC	2	Alphanumeric
4	FROZEN_ MS_GROUPER_VERSION_NBR	5	Alphanumeric
5	FROZEN_ MS_GROUPER_ERROR_CODE	2	Alphanumeric
6	FROZEN_APR_DRG	4	Alphanumeric
7	FROZEN_RISK_MORTALITY	1	Alphanumeric
8	FROZEN_ILLNESS_SEVERITY	1	Alphanumeric
9	FROZEN_APR_MDC	2	Alphanumeric
10	FROZEN_ APR_GROUPER_ VERSION_NBR	5	Alphanumeric
11	FROZEN_ APR_GROUPER_ERROR_CODE	2	Alphanumeric
12	MS_DRG	3	Alphanumeric
13	MS_MDC	2	Alphanumeric
14	MS_GROUPER_VERSION_NBR	5	Alphanumeric
15	MS_GROUPER_ERROR_CODE	2	Alphanumeric
16	APR_DRG	4	Alphanumeric
17	RISK_MORTALITY	1	Alphanumeric
18	ILLNESS_SEVERITY	1	Alphanumeric
19	APR_MDC	2	Alphanumeric
20	APR_GROUPER_ VERSION_NBR	5	Alphanumeric
21	APR_GROUPER_ERROR_CODE	2	Alphanumeric

APPENDIX

History of Changes

2022 Revisions

Field 318: DISCHARGE: Additional information regarding the breakdown of months into quarters added
Added Fields: Fields 1-21 in the grouper data file.

External Code Sources

https://www.census.gov/programs-surveys/geography/about/glossary.html#par_textimage_4
https://www.cms.gov/glossary?term=National+Payer&items_per_page=10
https://www.cms.gov/glossary?term=Admitting+Diagnosis+Code&items_per_page=30&viewmode=grid
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