



**Center for Health Statistics  
Texas Health Care Information Collection  
TEXAS EMERGENCY DEPARTMENT  
RESEARCH DATA FILES  
USER MANUAL  
2016 to 2021**

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## **BACKGROUND**

[The 2014-15 General Appropriations Act, S.B. 1, 83<sup>rd</sup> Texas Legislature, Regular Session, 2013 \(Article II, Department of State Health Services \[DSHS\], Rider 93\)](#) specified that DSHS shall collect hospital emergency department (ED) data as set forth in [Chapter 108, Texas Health and Safety Code \(THSC\)](#). DSHS currently collects inpatient and outpatient data from hospitals and ambulatory surgical centers. DSHS began collecting ED data from hospitals in January 1, 2015 per the rules established in [25 Texas Administrative Code \(TAC\), Sections 421.71-421.78](#), and in conjunction with the collection of inpatient and outpatient data.

Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014.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

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

## **TEXAS EMERGENCY DEPARTMENT RESEARCH DATA FILES**

[THSC Section 108.0135\(a\)](#) permits DSHS to disclose data collected under this chapter that is not included in the Texas ED Public Use Data Files (PUDF) if the disclosure is reviewed and approved by the DSHS Institutional Review Board (IRB) under [HSC Section 108.0135](#).

[THSC Section 108.013\(k\)](#) permits DSHS to disclose data collected under this chapter that is not included in the Texas ED Public Use Data Files to any department or commission program if the disclosure is reviewed and approved by the DSHS Institutional Review Board (IRB) under [THSC Section 108.0135](#). These data are provided as Research Data Files (RDF) containing protected patient-level information and shall be used only for the benefit of the public subject to specific limitations defined by [THSC Section 108.0135](#).

The ED RDF includes all the variables in the ED (PUDF) and the additional patient sensitive or confidential data variables only available to DSHS and HHSC programs under [THSC Section 108.013\(k\)](#). 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 ED RDF contains:

- Inpatient (IP) Base Data File – This file contains the required data elements as well as situationally required elements and some calculated fields. For example, codes regarding: Facility Identifier; Principal Diagnosis; Other Diagnoses; External Cause of Injury; Principal Procedure; Other Procedures; 3M™ All-Payer Refined Diagnosis Related Group and Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group; Type of Admission; Source of Admission; Length of Stay; Patient Ethnicity; Patient Race; Patient Residence City, County, ZIP code, Patient Status, Primary Payment Source and other data used for most research topics. Other elements in the Base Data file include Condition Code; Value Code; Occurrence Code, Occurrence Day, Charge amounts for Service Pay Groups; and other information that may be useful regarding the inpatient stay research such as: Patient Address Census Block Group, Patient Address Census Block, Birth date, Admit Start of Care, Admit Weekday and Admit Hour.
- IP Charges File - This file contains charges data. This file can be linked with the other IP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products.
- Outpatient (OP) Base Data File – This file contains the required data elements. For example, codes regarding: Facility Identifier; Diagnoses; External Cause of Injury; Procedures; Charge amounts for Service Pay Groups; Patient Ethnicity; Patient Race; Patient Residence City, County, ZIP code; Patient Status, Source of Admission; Primary Payment Source, and other data used for most research topics.
- OP Classification Data File – This file contains calculated data elements and classifiers assigned by THCIC; Clinical Classification Software codes; and Clinical Risk Group codes, status and severity.
- OP Charges File -This file contains charges data. This file can be linked with the other OP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products. This file also contains 3M™ Enhanced Ambulatory Patient Grouping (EAPG) codes and Centers for Medicare and Medicaid Services (CMS) Ambulatory Payment Classification information.
- Facility Type Data File – This file contains the information about specialty units or specific types of services provided at the hospitals or FEMCFs.

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

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

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

Any questions about the data must be referred to DSHS only. DSHS does not assist with data analysis. The data are protected by United States copyright laws and international treaty provisions.

## **PATIENT/PHYSICIAN CONFIDENTIALITY**

The legislative intent behind the creation of the ED RDF was that the data and resulting information be used for the benefit of the public. This is specified in [THSC Section 108.013](#). [THSC Section 108.013\(c\)](#) stipulates that DSHS may not release, and a person or entity may not gain access to, any data that could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates [THSC Section 108.013](#) and may incur penalties as stated in [THSC Sections 108.014](#) and [108.0141](#). In addition, under [THSC Sections 108.013\(e\) and \(f\)](#), patient and/or physician information in the ED 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 [THSC Sections 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 3M™ All-Payer Refined Diagnosis Related Group (DRG) code for a hospital, ASC or FEMCF is less than the minimum cell size of five.

It may be possible in rare instances, or through complex analysis and with outside information, to ascertain from the RDF the identity of individual patients of physicians or other health practitioners. Considerable harm could result if this were done. ED 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 [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, physician, hospital, ASC or FEMCF for the purpose of verifying information supplied in the DSHS ED RDF.

## **RESTRICTIONS ON DATA USE**

[THSC Section 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, ASC or FEMCF 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 ED RDF:

- 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, ASC or FEMCF 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 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 Emergency Department Research Data Files*, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];

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

The licensee understands that these assurances are 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 [THSC Sections 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 ED RDF user (i.e., the licensee) 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.)**

- [THSC Section 108.009\(h\)](#) requires that a uniform submission format be used for reporting purposes. Beginning with 2005, all data are collected in the THCIC 837 format.
- Up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 external cause of injury codes can be submitted. Sicker patients may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not

- being complete.
- Race and ethnicity data are required by law and rule to be submitted for each patient. Generally, these data are not collected by facilities and may be subjectively captured.
  - Inaccuracies in the data and incompleteness of the data are addressed in the hospital, ASC or FEMCFs' comments if submitted by the providing facilities.
  - County of residence is not collected by provider facilities. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
  - For hospital emergency department patient visits that are admitted to the hospital and included in the inpatient discharge data, DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M™. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
  - Diagnoses present on admission indicator codes (POA) are required for all hospitals submitting inpatient discharge data, except Critical Access Hospitals, inpatient rehabilitation hospitals, inpatient psychiatric hospitals, children's or pediatric hospitals, and long-term care hospitals. Some acute care hospitals that have special units like the hospitals exempted from reporting POA may not include POA codes for those patients. POA codes are not available for outpatient data.
  - 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.
  - 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.
  - The data are a snapshot in time. Hospitals, ASC and FEMCFs must submit data no later than 60 days after the close of a calendar quarter. Depending on hospital, ASC and FEMCFs' 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.
  - Updates to the ED RDF manual, if any, are available through the THCIC website, <http://www.dshs.texas.gov/thcic/>, which should be checked periodically as notifications of an update will not be sent.
  - DSHS collects data from all hospitals, ASCs and FEMCFs in the state not specifically exempted. Some hospitals, ASCs, and FEMCFs may be exempted for certain situations (for example, natural or other disasters, or other unusual conditions) for limited time periods. This hospital, ASC and FEMCF 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 facility to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and clerical error. The data are submitted by providers as their best effort to meet statutory requirements.

## **HOSPITAL COMMENTS FILE & OUTPATIENT FACILITY COMMENTS FILE**

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

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

## **CITATION**

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

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





# Texas Hospital Emergency Department Research Data File

## DATA DICTIONARY

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

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

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

## INPATIENT BASE DATA FILE

<b>Field 1:</b>	<b>RECORD_ID</b> 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
<b>Length:</b>	12 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 2:</b>	<b>PAT_UNIQUE_INDEX</b> Unique identifier assigned to the patient by THCIC
<b>Length:</b>	10 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 3:</b>	<b>THCIC_ID</b> Provider ID. Unique identifier assigned to the provider by THCIC.
<b>Length:</b>	6 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 4:</b>	<b>SPEC_UNIT_1</b> Specialty Unit in which most days stay occurred based on number of days by Type of Bill or Revenue Code.
<b>Coding Scheme:</b>	C Coronary Care Unit                      P Pediatric Unit D Detoxification Unit                      Y Psychiatric Unit I Intensive Care Unit                      R Rehabilitation Unit

H	Hospice Unit	U	Sub-acute Care Unit
N	Nursery	S	Skilled Nursing Unit
B	Obstetric Unit	Blank	Acute Care
O	Oncology Unit		

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

**Field 5: SPEC\_UNIT\_2**

Specialty Unit in which 2<sup>nd</sup> 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 3<sup>rd</sup> 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 4<sup>th</sup> most days stay occurred based on number of days by Type of Bill or Revenue Code.

**Coding Scheme:** Same as SPEC\_UNIT\_1.

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

**Field 8: SPEC\_UNIT\_5**

Specialty Unit in which 5<sup>th</sup> most days stay occurred based on number of days by Type of Bill or Revenue Code.

**Coding Scheme:** Same as SPEC\_UNIT\_1.

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

**Field 9: ENCOUNTER\_INDICATOR**

Indicates the number of claims used to create the encounter. Some non-acute care patients may have more than one claim that is consolidated for the record, 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.

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

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

**Field 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		
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 16:</b>	<b>ETHNICITY</b>			
	Code indicating the Hispanic origin of the patient.			
<b>Coding Scheme:</b>	1	Hispanic Origin		
	2	Not of Hispanic Origin		
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 17:</b>	<b>PAT_ADDR_CENSUS_BLOCK_GROUP</b>			
	Census block group of patient street address.			
	Note: LCODE (Location code) which quantifies the level of accuracy of the geocoding process will be provided along with Pat_Addr_Census_Block_Group (See page 54 for details).			
<b>Length:</b>	14	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 18:</b>	<b>PAT_ADDR_CENSUS_BLOCK</b>			
	Census block of patient street address.			
	Note: LCODE (Location code) which quantifies the level of accuracy of the geocoding process will be provided along with Pat_Addr_Census_Block_Group (See page 54 for details).			
<b>Length:</b>	5	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 19:</b>	<b>PAT_CITY</b>			
	Patient address city as provided by the patient.			
<b>Length:</b>	30	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Provider
<b>Field 20:</b>	<b>PAT_STATE</b>			
	Patient address state as provided by the patient.			
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Provider
<b>Field 21:</b>	<b>PAT_ZIP</b>			
	Patient address ZIP code as provided by the patient.			
<b>Length:</b>	9	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Provider
<b>Field 22:</b>	<b>PAT_COUNTRY</b>			
	Country of patient's residential address. List maintained by the International Organization for Standardization (ISO).			
<b>Coding scheme:</b>	See <a href="http://www.ISO.org">www.ISO.org</a> for complete list.			
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Provider
	<b>PAT_COUNTY</b>			

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**Field 23:**

FIPS code of patient's county.

**Coding scheme:**

001	Anderson	053	Burnet	105	Crockett	157	Fort Bend
003	Andrews	055	Caldwell	107	Crosby	159	Franklin
005	Angelina	057	Calhoun	109	Culberson	161	Freestone
007	Aransas	059	Callahan	111	Dallam	163	Frio
009	Arche r	061	Cameron	113	Dallas	165	Gaines
011	Armstrong	063	Camp	115	Dawson	167	Galveston
013	Atascosa	065	Carson	117	Deaf Smith	169	Garza
015	Austin	067	Cass	119	Delta	171	Gillespie
017	Bailey	069	Castro	121	Denton	173	Glasscock
019	Bandera	071	Chambers	123	Dewitt	175	Goliad
021	Bastro p	073	Cherokee	125	Dickens	177	Gonzales
023	Baylo r	075	Childress	127	Dimmit	179	Gray
025	Bee	077	Clay	129	Donley	181	Grayson
027	Bell	079	Cochran	131	Duval	183	Gregg
029	Bexar	081	Coke	133	Eastland	185	Grimes
031	Blanc o	083	Coleman	135	Ector	187	Guadalupe
033	Borde n	085	Collin	137	Edwards	189	Hale
035	Bosqu e	087	Collingsworth	139	Ellis	191	Hall
037	Bowie	089	Colorado	141	El Paso	193	Hamilton
039	Brazoria	091	Comal	143	Erath	195	Hansford
041	Brazo s	093	Comanche	145	Falls	197	Hardeman
043	Brewster	095	Concho	147	Fannin	199	Hardin
045	Brisco e	097	Cooke	149	Fayette	201	Harris
047	Brook s	099	Coryell	151	Fisher	203	Harrison
049	Brow n	101	Cottle	153	Floyd	205	Hartley
051	Burleson	103	Crane	155	Foard	207	Haskell

209	Hays	285	Lavaca	361	Orange	437	Swisher
211	Hemphill	287	Lee	363	Palo Pinto	439	Tarrant
213	Henderson	289	Leon	365	Panola	441	Taylor
215	Hidalgo	291	Liberty	367	Parker	443	Terrell
217	Hill	293	Limestone	369	Parmer	445	Terry
219	Hockley	295	Lipscomb	371	Pecos	447	Throckmorton
221	Hood	297	Live Oak	373	Polk	449	Titus
223	Hopkins	299	Llano	375	Potter	451	Tom Green
225	Houston	301	Loving	377	Presidio	453	Travis
227	Howard	303	Lubbock	379	Rains	455	Trinity
229	Hudspeth	305	Lynn	381	Randall	457	Tyler
231	Hunt	307	McCulloch	383	Reagan	459	Upshur
233	Hutchinson	309	McLennan	385	Real	461	Upton
235	Irion	311	McMullen	387	Red River	463	Uvalde
237	Jack	313	Madison	389	Reeves	465	Val Verde
239	Jackson	315	Marion	391	Refugio	467	Van Zandt
241	Jasper	317	Martin	393	Roberts	469	Victoria
243	Jeff Davis	319	Mason	395	Robertson	471	Walker
245	Jefferson	321	Matagorda	397	Rockwall	473	Waller
247	Jim Hogg	323	Maverick	399	Runnels	475	Ward
249	Jim Wells	325	Medina	401	Rusk	477	Washington
251	Johnson	327	Menard	403	Sabine	479	Webb
253	Jones	329	Midland	405	San Augustine	481	Wharton
255	Karnes	331	Milam	407	San Jacinto	483	Wheeler
257	Kaufman	333	Mills	409	San Patricio	485	Wichita
259	Kendall	335	Mitchell	411	San Saba	487	Wilbarger
261	Kenedy	337	Montague	413	Schleicher	489	Willacy
263	Kent	339	Montgomery	415	Scurry	491	Williamson
265	Kerr	341	Moore	417	Shackelford	493	Wilson
267	Kimble	343	Morris	419	Shelby	495	Winkler
269	King	345	Motley	421	Sherman	497	Wise
271	Kinney	347	Nacogdoches	423	Smith	499	Wood
273	Kleberg	349	Navarro	425	Somervell	501	Yoakum
275	Knox	351	Newton	427	Starr	503	Young
283	La Salle	353	Nolan	429	Stephens	505	Zapata
277	Lamar	355	Nueces	431	Sterling	507	Zavala
279	Lamb	357	Ochiltree	433	Stonewall		
281	Lampasas	359	Oldham	435	Sutton		Invalid

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

**Field 24:** **PUBLIC\_HEALTH\_REGION**

Public Health Region of patient's address.

- 1 Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
- 2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- 3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties
- 4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
- 5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties
- 6 Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
- 7 Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties
- 8 Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties

9 Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties  
 10 Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties  
 11 Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties

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

**Field 25:** **TYPE\_OF\_ADMISSION**  
 Code indicating the type of admission

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

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

**Field 26:** **SOURCE\_OF\_ADMISSION**  
 Code indicating source of the admission.

**Coding Scheme:** 1 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  
 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)

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

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**Field 31:** **SECONDARY\_PAYER\_ID**  
National Plan Identifier (when implemented by federal government).

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

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**Field 32:** **SECONDARY\_PAYER\_NAME**  
Name of secondary source of payment.

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

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**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

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**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

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**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.	09	9:00 – 9:59 a.m.	18	6:00 – 6:59 p.m.
01	1:00 – 1:59 a.m.	10	10:00 – 10:59 a.m.	19	7:00 – 7:59 p.m.
02	2:00 – 2:59 a.m.	11	11:00 – 11:59 a.m.	20	8:00 – 8:59 p.m.
03	3:00 – 3:59 a.m.	12	12 noon – 12:59 p.m.	21	9:00 – 9:59 p.m.
04	4:00 – 4:59 a.m.	13	1:00 – 1:59 p.m.	22	10:00 – 10:59 p.m.
05	5:00 – 5:59 a.m.	14	2:00 – 2:59 p.m.	23	11:00 – 11:59 p.m.
06	6:00 – 6:59 a.m.	15	3:00 – 3:59 p.m.	99	Hour unknown
07	7:00 – 7:59 a.m.	16	4:00 – 4:59 p.m.		
08	8:00 – 8:59 a.m.	17	5:00 – 5:59 p.m.		

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

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**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

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**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

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**Field 38:** **LENGTH\_OF\_STAY**  
Length of stay in days *equals* Statement covers period through date (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

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**Field 39:** **PAT\_STATUS**  
Code indicating patient status as of the ending date of service for the period of care reported

**Coding Scheme:**

1	Discharged to home or self-care (routine discharge)	6	Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care
2	Discharged/transferred to a short term general hospital for inpatient care	7	Left against medical advice
3	Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care	09	Admitted as inpatient to this hospital
4	Discharged/transferred to a facility that provides custodial or supportive care	20	Expired
5	Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)	21	Discharged/transferred to Court/Law Enforcement
		30	Still patient
		40	Expired at home
		41	Expired in a medical facility



42	Expired, place unknown		Care Hospital Inpatient Readmission (effective 10-1-2013)
43	Discharged/transferred to federal government operated health facility	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)
50	Hospice-home		
51	Hospice-medical facility (Certified) providing hospice level of care	87	Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
61	Discharged/transferred within this institution to Medicare-approved swing bed	88	Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
62	Discharged/transferred to inpatient rehabilitation facility		
63	Discharged/transferred to Medicare-certified long term care hospital	89	Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
64	Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare	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)
65	Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital		
66	Discharged/transferred to Critical Access Hospital (CAH)	91	Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
69	Discharged/Transferred to a designated disaster alternate care (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)
70	Discharge/transfer to another type of health care institution not defined elsewhere in the codelist		
81	Discharged to Home or Self Care 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)
82	Discharged/Transferred to a Short Term General Hospital for Inpatient Care 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)
83	Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification 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)
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		

**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.	09	9:00 – 9:59 a.m.	18	6:00 – 6:59 p.m.
01	1:00 – 1:59 a.m.	10	10:00 – 10:59 a.m.	19	7:00 – 7:59 p.m.
02	2:00 – 2:59 a.m.	11	11:00 – 11:59 a.m.	20	8:00 – 8:59 p.m.
03	3:00 – 3:59 a.m.	12	12 noon – 12:59 p.m.	21	9:00 – 9:59 p.m.
04	4:00 – 4:59 a.m.	13	1:00 – 1:59 p.m.	22	10:00 – 10:59 p.m.
05	5:00 – 5:59 a.m.	14	2:00 – 2:59 p.m.	23	11:00 – 11:59 p.m.
06	6:00 – 6:59 a.m.	15	3:00 – 3:59 p.m.	99	Hour unknown
07	7:00 – 7:59 a.m.	16	4:00 – 4:59 p.m.		
08	8:00 – 8:59 a.m.	17	5:00 – 5:59 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:** *1<sup>st</sup> digits–Type of Facility*    *2<sup>nd</sup> digit–Type of Care*    *3<sup>rd</sup> digits–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

<b>Length:</b>	3	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 42:</b>	<b>ADMITTING_DIAGNOSIS</b>				
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 43:</b>	<b>PRINC_DIAG_CODE</b>				
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 44:</b>	<b>POA_PRINC_DIAG_CODE</b>				
	Code identifying whether Principal Diagnosis code was present at the time the patient was admitted to the hospital				
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 45:</b>	<b>OTH_DIAG_CODE_1</b>				
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 46:</b>	<b>POA_OTH_DIAG_CODE_1</b>				
	Code identifying whether Oth_Diag_Code_1 code was present at the time the patient was admitted to the hospital				
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 47:</b>	<b>OTH_DIAG_CODE_2</b>				
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 48:</b>	<b>POA_OTH_DIAG_CODE_2</b>				
	Code identifying whether Oth_Diag_Code_2 code was present at the time the patient was admitted to the hospital				
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 49:</b>	<b>OTH_DIAG_CODE_3</b>				
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 50:</b>	<b>POA_OTH_DIAG_CODE_3</b>				
	Code identifying whether Oth_Diag_Code_3 code was present at the time the patient was admitted to the hospital				
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 51:</b>	<b>OTH_DIAG_CODE_4</b>				
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 52:</b>	<b>POA_OTH_DIAG_CODE_4</b>				
	Code identifying whether Oth_Diag_Code_4 code was present at the time the patient was admitted to the hospital				
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE				

<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 53:</b>	<b>OTH_DIAG_CODE_5</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 54:</b>	<b>POA_OTH_DIAG_CODE_5</b> Code identifying whether Oth_Diag_Code_5 code was present at the time the patient was admitted to the hospital				
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 55:</b>	<b>OTH_DIAG_CODE_6</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 56:</b>	<b>POA_OTH_DIAG_CODE_6</b> Code identifying whether Oth_Diag_Code_6 code was present at the time the patient was admitted to the hospital				
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 57:</b>	<b>OTH_DIAG_CODE_7</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 58:</b>	<b>POA_OTH_DIAG_CODE_7</b> Code identifying whether Oth_Diag_Code_7 code was present at the time the patient was admitted to the hospital				
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 59:</b>	<b>OTH_DIAG_CODE_8</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 60:</b>	<b>POA_OTH_DIAG_CODE_8</b> Code identifying whether Oth_Diag_Code_8 code was present at the time the patient was admitted to the hospital				
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 61:</b>	<b>OTH_DIAG_CODE_9</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 62:</b>	<b>POA_OTH_DIAG_CODE_9</b> Code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital				
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 63:</b>	<b>OTH_DIAG_CODE_10</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 64:</b>	<b>POA_OTH_DIAG_CODE_10</b> Code identifying whether Oth_Diag_Code_10 code was present at the time the patient was admitted to the hospital				
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 65:</b>	<b>OTH_DIAG_CODE_11</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim

<b>Field 66:</b>	<b>POA_OTH_DIAG_CODE_11</b> Code identifying whether Oth_Diag_Code_11 code was present at the time the patient was admitted to the hospital
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 67:</b>	<b>OTH_DIAG_CODE_12</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 68:</b>	<b>POA_OTH_DIAG_CODE_12</b> Code identifying whether Oth_Diag_Code_12 code was present at the time the patient was admitted to the hospital
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 69:</b>	<b>OTH_DIAG_CODE_13</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 70:</b>	<b>POA_OTH_DIAG_CODE_13</b> Code identifying whether Oth_Diag_Code_13 code was present at the time the patient was admitted to the hospital
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 71:</b>	<b>OTH_DIAG_CODE_14</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 72:</b>	<b>POA_OTH_DIAG_CODE_14</b> Code identifying whether Oth_Diag_Code_14 code was present at the time the patient was admitted to the hospital
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 73:</b>	<b>OTH_DIAG_CODE_15</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 74:</b>	<b>POA_OTH_DIAG_CODE_15</b> Code identifying whether Oth_Diag_Code_15 code was present at the time the patient was admitted to the hospital
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 75:</b>	<b>OTH_DIAG_CODE_16</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 76:</b>	<b>POA_OTH_DIAG_CODE_16</b> Code identifying whether Oth_Diag_Code_16 code was present at the time the patient was admitted to the hospital
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 77:</b>	<b>OTH_DIAG_CODE_17</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 78:</b>	<b>POA_OTH_DIAG_CODE_17</b> Code identifying whether Oth_Diag_Code_17 code was present at the time the patient was admitted to the hospital
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim

<b>Field 79:</b>	<b>OTH_DIAG_CODE_18</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 80:</b>	<b>POA_OTH_DIAG_CODE_18</b> Code identifying whether Oth_Diag_Code_18 code was present at the time the patient was admitted to the hospital
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 81:</b>	<b>OTH_DIAG_CODE_19</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 82:</b>	<b>POA_OTH_DIAG_CODE_19</b> Code identifying whether Oth_Diag_Code_19 code was present at the time the patient was admitted to the hospital
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 83:</b>	<b>OTH_DIAG_CODE_20</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 84:</b>	<b>POA_OTH_DIAG_CODE_20</b> Code identifying whether Oth_Diag_Code_20 code was present at the time the patient was admitted to the hospital
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 85:</b>	<b>OTH_DIAG_CODE_21</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 86:</b>	<b>POA_OTH_DIAG_CODE_21</b> Code identifying whether Oth_Diag_Code_21 code was present at the time the patient was admitted to the hospital
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 87:</b>	<b>OTH_DIAG_CODE_22</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 88:</b>	<b>POA_OTH_DIAG_CODE_22</b> Code identifying whether Oth_Diag_Code_22 code was present at the time the patient was admitted to the hospital
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 89:</b>	<b>OTH_DIAG_CODE_23</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 90:</b>	<b>POA_OTH_DIAG_CODE_23</b> Code identifying whether Oth_Diag_Code_23 code was present at the time the patient was admitted to the hospital
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 91:</b>	<b>OTH_DIAG_CODE_24</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 92:</b>	<b>POA_OTH_DIAG_CODE_24</b> Code identifying whether Oth_Diag_Code_24 code was present at the time the patient was admitted to the hospital

<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE		
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 93:</b>	<b>E_CODE_1</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 94:</b>	<b>POA_E_CODE_1</b> Code identifying whether E_Code_1 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE		
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 95:</b>	<b>E_CODE_2</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 96:</b>	<b>POA_E_CODE_2</b> Code identifying whether E_Code_2 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE		
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 97:</b>	<b>E_CODE_3</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 98:</b>	<b>POA_E_CODE_3</b> Code identifying whether E_Code_3 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE		
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 99:</b>	<b>E_CODE_4</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 100:</b>	<b>POA_E_CODE_4</b> Code identifying whether E_Code_4 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE		
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 101:</b>	<b>E_CODE_5</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 102:</b>	<b>POA_E_CODE_5</b> Code identifying whether E_Code_5 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE		
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 103:</b>	<b>E_CODE_6</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 104:</b>	<b>POA_E_CODE_6</b> Code identifying whether E_Code_6 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE		
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 105:</b>	<b>E_CODE_7</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim



<b>Field 106:</b>	<b>POA_E_CODE_7</b> Code identifying whether E_Code_7 code was present at the time the patient was admitted to the hospital
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 107:</b>	<b>E_CODE_8</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 108:</b>	<b>POA_E_CODE_8</b> Code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 109:</b>	<b>E_CODE_9</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 110:</b>	<b>POA_E_CODE_9</b> Code identifying whether E_Code_9 code was present at the time the patient was admitted to the hospital
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 111:</b>	<b>E_CODE_10</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 112:</b>	<b>POA_E_CODE_10</b> Code identifying whether E_Code_10 code was present at the time the patient was admitted to the hospital
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 113:</b>	<b>PRINC_SURG_PROC_CODE</b> Code for the principal surgical procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 114:</b>	<b>PRINC_SURG_PROC_DATE</b> Date the principal surgical procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 115:</b>	<b>PRINC_SURG_PROC_DAY</b> Day of principal surgical procedure was performed. Date minus Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 116:</b>	<b>OTH_SURG_PROC_CODE_1</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 117:</b>	<b>OTH_SURG_PROC_DATE_1</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 118:</b>	<b>OTH_SURG_PROC_DAY_1</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 119:</b>	<b>OTH_SURG_PROC_CODE_2</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 120:</b>	<b>OTH_SURG_PROC_DATE_2</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.

<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 121:</b>	<b>OTH_SURG_PROC_DAY_2</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 122:</b>	<b>OTH_SURG_PROC_CODE_3</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 123:</b>	<b>OTH_SURG_PROC_DATE_3</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 124:</b>	<b>OTH_SURG_PROC_DAY_3</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 125:</b>	<b>OTH_SURG_PROC_CODE_4</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 126:</b>	<b>OTH_SURG_PROC_DATE_4</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 127:</b>	<b>OTH_SURG_PROC_DAY_4</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 128:</b>	<b>OTH_SURG_PROC_CODE_5</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 129:</b>	<b>OTH_SURG_PROC_DATE_5</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 130:</b>	<b>OTH_SURG_PROC_DAY_5</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 131:</b>	<b>OTH_SURG_PROC_CODE_6</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 132:</b>	<b>OTH_SURG_PROC_DATE_6</b> Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 133:</b>	<b>OTH_SURG_PROC_DAY_6</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 134:</b>	<b>OTH_SURG_PROC_CODE_7</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 135:</b>	<b>OTH_SURG_PROC_DATE_7</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim

<b>Field 136:</b>	<b>OTH_SURG_PROC_DAY_7</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 137:</b>	<b>OTH_SURG_PROC_CODE_8</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 138:</b>	<b>OTH_SURG_PROC_DATE_8</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 139:</b>	<b>OTH_SURG_PROC_DAY_8</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 140:</b>	<b>OTH_SURG_PROC_CODE_9</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 141:</b>	<b>OTH_SURG_PROC_DATE_9</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 142:</b>	<b>OTH_SURG_PROC_DAY_9</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 143:</b>	<b>OTH_SURG_PROC_CODE_10</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 144:</b>	<b>OTH_SURG_PROC_DATE_10</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 145:</b>	<b>OTH_SURG_PROC_DAY_10</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 146:</b>	<b>OTH_SURG_PROC_CODE_11</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 147:</b>	<b>OTH_SURG_PROC_DATE_11</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 148:</b>	<b>OTH_SURG_PROC_DAY_11</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 149:</b>	<b>OTH_SURG_PROC_CODE_12</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 150:</b>	<b>OTH_SURG_PROC_DATE_12</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 151:</b>	<b>OTH_SURG_PROC_DAY_12</b>

	Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 152:</b>	<b>OTH_SURG_PROC_CODE_13</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 153:</b>	<b>OTH_SURG_PROC_DATE_13</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 154:</b>	<b>OTH_SURG_PROC_DAY_13</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 155:</b>	<b>OTH_SURG_PROC_CODE_14</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 156:</b>	<b>OTH_SURG_PROC_DATE_14</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 157:</b>	<b>OTH_SURG_PROC_DAY_14</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 158:</b>	<b>OTH_SURG_PROC_CODE_15</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 159:</b>	<b>OTH_SURG_PROC_DATE_15</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 160:</b>	<b>OTH_SURG_PROC_DAY_15</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 161:</b>	<b>OTH_SURG_PROC_CODE_16</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 162:</b>	<b>OTH_SURG_PROC_DATE_16</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 163:</b>	<b>OTH_SURG_PROC_DAY_16</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 164:</b>	<b>OTH_SURG_PROC_CODE_17</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 165:</b>	<b>OTH_SURG_PROC_DATE_17</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim

<b>Field 166:</b>	<b>OTH_SURG_PROC_DAY_17</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 167:</b>	<b>OTH_SURG_PROC_CODE_18</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 168:</b>	<b>OTH_SURG_PROC_DATE_18</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 169:</b>	<b>OTH_SURG_PROC_DAY_18</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 170:</b>	<b>OTH_SURG_PROC_CODE_19</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 171:</b>	<b>OTH_SURG_PROC_DATE_19</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 172:</b>	<b>OTH_SURG_PROC_DAY_19</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 173:</b>	<b>OTH_SURG_PROC_CODE_20</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 174:</b>	<b>OTH_SURG_PROC_DATE_20</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 175:</b>	<b>OTH_SURG_PROC_DAY_20</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 176:</b>	<b>OTH_SURG_PROC_CODE_21</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 177:</b>	<b>OTH_SURG_PROC_DATE_21</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 178:</b>	<b>OTH_SURG_PROC_DAY_21</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 179:</b>	<b>OTH_SURG_PROC_CODE_22</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 180:</b>	<b>OTH_SURG_PROC_DATE_22</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 181:</b>	<b>OTH_SURG_PROC_DAY_22</b>

	Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 182:</b>	<b>OTH_SURG_PROC_CODE_23</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 183:</b>	<b>OTH_SURG_PROC_DATE_23</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 184:</b>	<b>OTH_SURG_PROC_DAY_23</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 185:</b>	<b>OTH_SURG_PROC_CODE_24</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 186:</b>	<b>OTH_SURG_PROC_DATE_24</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 187:</b>	<b>OTH_SURG_PROC_DAY_24</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 188:</b>	<b>MS_MDC</b> Major Diagnostic Category (MDC) as assigned by software developed for the Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) for hospital payment for Medicare beneficiaries. First available 2004.
<b>Length:</b>	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 189:</b>	<b>APR_MDC</b> Major Diagnostic Category (MDC) as assigned by 3M™ APR-DRG Grouper, version 20.
<b>Length:</b>	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 190:</b>	<b>MS_DRG</b> Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) Diagnosis Related Group (DRG) as assigned for hospital payment for Medicare beneficiaries.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 191:</b>	<b>APR_DRG</b> All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M™ APR-DRG Grouper.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 192:</b>	<b>RISK_MORTALITY</b> Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the likelihood of dying.
<b>Coding Scheme:</b>	1 Minor 2 Moderate 3 Major 4 Extreme
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 193:</b>	<b>ILLNESS_SEVERITY</b> Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the extent of physiologic decompensation
<b>Coding Scheme:</b>	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 194:</b>	<b>APR_GROUPEL_VERSION_NBR</b> Version number of the 3M™ APR-DRG Grouper used.

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

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**Field 195: APR\_GROUPER\_ERROR\_CODE**

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

<b>Coding Scheme:</b>	00	No errors. DRG successfully assigned	12	Gestational age/birth weight conflict (APR only)
	1	Diagnosis code cannot be used as principal diagnosis	19	DisableHac = 0 and at least one HAC POA is invalid or exempt
	2	Record does not meet criteria for any DRG	20	DisableHac is invalid and at least one HAC POA is N or U
	3	Invalid Age	21	DisableHac is invalid and at least one HAC POA is invalid or exempt
	4	Invalid Sex	22	DisableHac = 0 and at least one HAC POA is exempt
	5	Invalid Discharge Status	23	DisableHac is invalid and at least one HAC POA is exempt
	6	Invalid birthweight (AP & APR only)	24	DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
	09	Invalid discharge age in days (AP & APR only)	25	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
	11	Invalid Principal Diagnosis		

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

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**Field 196: MS\_GROUPER\_VERSION\_NBR**

CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and previously reported as HCFA\_GROUPER\_VERSION\_NBR) version used to assign MS DRG and, MS MDC codes

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

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**Field 197: MS\_GROUPER\_ERROR\_CODE**

Error codes identify potential variations with MS DRG code assignment

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

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

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**Field 198: ATTENDING\_PHYSICIAN\_UNIF\_ID**

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

**Coding Scheme:** 9999999999 Temporary license or license number could not be matched

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

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**Field 199: OPERATING\_PHYSICIAN\_UNIF\_ID**

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

**Coding Scheme:** 9999999999 Temporary license or license number could not be matched

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

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**Field 200: OCCUR\_CODE\_1**

Code describing a significant event relating to the claim.

<b>Coding Scheme:</b>	1	Auto accident	2	No Fault Insurance Involved - Including Auto Accident/Other	3	Accident/ Tort Liability
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- 4 Accident/ Employment Related
- 5 Other accident
- 6 Crime Victim

- 9 Start of Infertility Treatment Cycle
- 10 Last Menstrual Period
- 11 Onset of Symptoms/ Illness

12	Date of Onset for a Chronically Dependent Individual	31	Date beneficiary notified of intent to bill (accommodations)	A3	Payer A benefits exhausted
16	Date of Last Therapy	32	Date beneficiary notified of intent to bill (procedures or treatments)	A4	Split Bill Date
17	Date Outpatient OT Plan Established or Last Reviewed	37	Date of inpatient hospital discharge for non-covered transplant patients	B1	Birthdate - Insured B
18	Date of Retirement - Patient/Beneficiary	38	Date treatment started for home IV therapy	B2	Effective date - Insured B Policy
19	Date of Retirement - Spouse	39	Date discharged on a continuous course if IV therapy	B3	Payer B benefits exhausted
20	Date Guarantee of Payment Began	41	Date of first test of pre-admission testing	C1	Birthdate - Insured C
21	Date UR Notice Received	42	Date of discharge (hospice only)	C2	Effective date - Insured C Policy
22	Date Active Care Ended	43	Scheduled date of canceled surgery	C3	Payer C benefits exhausted
24	Date Insurance Denied	44	Date treatment started - OT	DR	Katrina disaster related
25	Date Benefits Terminated by Primary Payer	45	Date treatment started - ST	E1	Birthdate - Insured D
26	Date SNF Bed Became Available	46	Date treatment started - Cardiac rehabilitation	E2	Effective date - Insured D Policy
27	Date Home Health Plan Established or Last Reviewed	47	Date cost outlier status begins	E3	Payer D benefits exhausted
28	Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed	A1	Birthdate - Insured A	F1	Birthdate - Insured E
29	Date Outpatient PT Plan established or last reviewed	A2	Effective Date - Insured A Policy	F2	Effective date - Insured E Policy
30	Date Outpatient ST Plan established or last reviewed			F3	Payer E benefits exhausted
				G1	Birthdate - Insured F
				G2	Effective date - Insured F Policy
				G3	Payer F benefits exhausted

<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 201:</b>	<b>OCCUR_DATE_1</b> Date of occurrence, as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 202:</b>	<b>OCCUR_DAY_1</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 203:</b>	<b>OCCUR_CODE_2</b> Code describing a significant event relating to the claim.				
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 204:</b>	<b>OCCUR_DATE_2</b> Date of occurrence, as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 205:</b>	<b>OCCUR_DAY_2</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 206:</b>	<b>OCCUR_CODE_3</b> Code describing a significant event relating to the claim.				
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 207:</b>	<b>OCCUR_DATE_3</b> Date of occurrence, as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 208:</b>	<b>OCCUR_DAY_3</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 209:</b>	<b>OCCUR_CODE_4</b> Code describing a significant event relating to the claim.				
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 210:</b>	<b>OCCUR_DATE_4</b> Date of occurrence, as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 211:</b>	<b>OCCUR_DAY_4</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 212:</b>	<b>OCCUR_CODE_5</b> Code describing a significant event relating to the claim.				
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 213:</b>	<b>OCCUR_DATE_5</b> Date of occurrence, as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 214:</b>	<b>OCCUR_DAY_5</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 215:</b>	<b>OCCUR_CODE_6</b> Code describing a significant event relating to the claim.				
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 216:</b>	<b>OCCUR_DATE_6</b> Date of occurrence, as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 217:</b>	<b>OCCUR_DAY_6</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 218:</b>	<b>OCCUR_CODE_7</b> Code describing a significant event relating to the claim.				

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

<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 229:</b>	<b>OCCUR_DAY_10</b>				
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 230:</b>	<b>OCCUR_CODE_11</b>				
	Code describing a significant event relating to the claim.				
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 231:</b>	<b>OCCUR_DATE_11</b>				
	Date of occurrence, as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 232:</b>	<b>OCCUR_DAY_11</b>				
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 233:</b>	<b>OCCUR_CODE_12</b>				
	Code describing a significant event relating to the claim.				
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 234:</b>	<b>OCCUR_DATE_12</b>				
	Date of occurrence, as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 235:</b>	<b>OCCUR_DAY_12</b>				
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 236:</b>	<b>OCCUR_SPAN_CODE_1</b>				
	Code describing a significant event relating to the claim that may affect payer processing.				
<b>Coding Scheme:</b>	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	
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 237:</b>	<b>OCCUR_SPAN_FROM_1</b>				
	Occurrence Span From is the Beginning Date of Occurrence Event.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 238:</b>	<b>OCCUR_SPAN_THRU_1</b>				
	Occurrence Span Thru is the Ending Date of Occurrence Event.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 239:</b>	<b>OCCUR_SPAN_CODE_2</b>				
	Code describing a significant event relating to the claim that may affect payer processing.				
<b>Coding Scheme:</b>	Same as OCCUR_SPAN_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 240:</b>	<b>OCCUR_SPAN_FROM_2</b>				
	Occurrence Span From is the Beginning Date of Occurrence Event.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 241:</b>	<b>OCCUR_SPAN_THRU_2</b>				
	Occurrence Span Thru is the Ending Date of Occurrence Event.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 242:</b>	<b>OCCUR_SPAN_CODE_3</b>				
	Code describing a significant event relating to the claim that may affect payer processing.				
<b>Coding Scheme:</b>	Same as OCCUR_SPAN_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 243:</b>	<b>OCCUR_SPAN_FROM_3</b>				
	Occurrence Span From is the Beginning Date of Occurrence Event.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim

<b>Field 244:</b>	<b>OCCUR_SPAN_THRU_3</b> Occurrence Span Thru is the Ending Date of Occurrence Event.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 245:</b>	<b>OCCUR_SPAN_CODE_4</b> Code describing a significant event relating to the claim that may affect payer processing.
<b>Coding Scheme:</b>	Same as OCCUR_SPAN_CODE_1.
<b>Length:</b>	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 246:</b>	<b>OCCUR_SPAN_FROM_4</b> Occurrence Span From is the Beginning Date of Occurrence Event.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 247:</b>	<b>OCCUR_SPAN_THRU_4</b> Occurrence Span Thru is the Ending Date of Occurrence Event.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 248:</b>	<b>CONDITION_CODE_1</b> Code describing a condition relating to the claim.

**Coding Scheme:**

1	Military service related	30	Non-research services provided to patients enrolled in a qualified clinical trial	54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency
2	Condition is employment related	31	Patient is student (full time - day)	55	SNF bed not available
3	Patient covered by insurance not reflected here	32	Patient is student (cooperative/work study program)	56	Medical appropriateness
4	Information only bill.	33	Patient is student (full time - night)	57	SNF readmission
5	Lien has been filed	34	Patient is student (part-time)	58	Terminated Medicare+Choice organization enrollee
6	ESRD patient in first 18 months of entitlement covered by EGHP	36	General care patient in a special unit	59	Non-primary ESRD facility
7	Treatment of non-terminal condition for hospice patient	37	Ward accommodation at patient request	60	Day outlier
8	Beneficiary would not provide information concerning other insurance coverage	38	Semi-private room not available	61	Cost outlier
9	Neither patient or spouse is employed	39	Private room medically necessary	66	Provider does not wish cost outlier payment
10	Patient and/or spouse is employed but no EGHP exists	40	Same day transfer	67	Beneficiary elects not to use life time reserve (LTR) days
11	Disabled beneficiary but no LGHP coverage exists	41	Partial hospitalization	68	Beneficiary elects to use life time reserve (LTR) days
17	Patient is homeless	42	Continuing care not related to inpatient admission	69	IME/DGME/N&AH Payment Only
18	Maiden name retained	43	Continuing care not provided within prescribed post discharge window	70	Self-administered anemia management drug
19	Child retains mother's name	44	Inpatient admission changed to outpatient	71	Full care in unit
20	Beneficiary requested billing	45	Ambiguous Gender Category	72	Self care in unit
21	Billing for denial notice	46	Non-availability statement on file	73	Self care training
22	Patient on multiple drug regimen	47	Transfer from another Home Health Agency	74	Home
23	Home care giver available	48	Psychiatric residential treatment centers for children and adolescents (RTCs)	75	Home - 100% reimbursement
24	Home IV patient also receiving HHA services	49	Product replacement within product lifecycle	76	Back-up in facility dialysis
25	Patient is non-US resident	50	Product Replacement for Known Recall of a Product	77	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment
26	VA eligible patient chooses to receive services in a Medicare certified facility	51	Attestation of Unrelated Outpatient Nondiagnostic Services	78	New coverage not implemented by HMO
27	Patient referred to a sole community hospital for a diagnostic laboratory test	52	Out of Hospice Service Area	79	CORF services provided offsite
28	Patient and/or spouse's EGHP is secondary to Medicare	53	Initial placement of a medical device provided as part of a clinical trial or a free sample	80	Home dialysis - nursing facility
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare			81	C-section/Inductions <39 Weeks-Medical Necessity
				83	C-section/Inductions 39 weeks or greater
				84	Dialysis for Acute Kidney Injury (AKI)

85	Delayed Recertification of Hospice Terminal Illness	AN	Pre-admission screening not required	H3	Reoccurrence of GI Bleed Comorbid Category
86	Additional Hemodialysis Treatment with Medical Justification	B0	Medicare coordinated care demonstration claim	H4	Reoccurrence of Pneumonia Comorbid Category
A0	TRICARE external partnership program	B1	Beneficiary is ineligible for demonstration program	H5	Reoccurrence of Pericarditis Comorbid Category
A1	EPSDT/CHAP	B4	Admission unrelated to discharge on same day	P1	Do not Resuscitate Order (DNR)
A2	Physically handicapped children's program	BP	Gulf Oil Spill of 2010	P7	Direct Inpatient Admission from Emergency Room
A3	Special Federal Funding	C1	Approved as billed	R1	Request for reopening Reason Code - Mathematical or Computational Mistake
A4	Family planning	C2	Automatic approval as billed based on focused review	R2	Request for reopening Reason Code -Inaccurate Data Entry
A5	Disability	C3	Partial approval	R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
A6	Vaccines/Medicare 100% payment	C4	Admission/services denied	R4	Request for reopening Reason Code - Computer Errors
A9	Second opinion surgery	C5	Post payment review applicable	R5	Request for reopening Reason Code - Incorrectly Identified Duplicate Claim
AA	Abortion performed due to rape	C6	Admission Preauthorization	R6	Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above
AB	Abortion performed due to incest	C7	Extended Authorization	R7	Request for reopening Reason Code - Corrections other than clerical errors
AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality	D0	Changes to Service Dates	R8	Request for reopening Reason Code - New and Material Evidence
AD	Abortion performed due to life endangering physical condition	D1	Changes to Charges	R9	Request for reopening Reason Code - Faulty Evidence
AE	Abortion performed due to physical health of mother that is not life endangering	D3	Second or Subsequent Interim PPS Bill	WO	United Mine Workers of America (UMWA) Demonstration Indicator
AF	Abortion performed due to emotional/psychological health of mother	D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.	W2	Duplicate of Original Bill
AG	Abortion performed due to social or economic reasons	D5	Cancel to correct Insured's ID or Provider ID	W3	Level I Appeal
AH	Elective abortion	D6	Cancel Only to Repay a Duplicate or OIG Overpayment	W4	Level II Appeal
AI	Sterilization	D7	Change to Make Medicare the Secondary Payer	W5	Level III Appeal
AJ	Payer responsible for co-payment	D8	Change to Make Medicare the Primary Payer		
AK	Air ambulance required	D9	Any Other Change		
AL	Specialized treatment/bed unavailable	DR	Disaster related		
AM	Non-emergency medically necessary stretcher transport required	E0	Changes in Patient Status		
		G0	Distinct Medical Visit		
		H0	Delayed Filing, Statement of Intent Submitted		
		H2	Discharge by a Hospice Provider for Cause		

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

**Field 249:** **CONDITION\_CODE\_2**  
Code describing a condition relating to the claim.

**Coding Scheme:** Same as CONDITION\_CODE\_1.

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

**Field 250:** **CONDITION\_CODE\_3**  
Code describing a condition relating to the claim.

**Coding Scheme:** Same as CONDITION\_CODE\_1.

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



**Field 251:**        **CONDITION\_CODE\_4**  
Code describing a condition relating to the claim.

**Coding Scheme:** Same as CONDITION\_CODE\_1.

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

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**Field 252:**        **CONDITION\_CODE\_5**  
Code describing a condition relating to the claim.

**Coding Scheme:** Same as CONDITION\_CODE\_1.

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

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**Field 253:**        **CONDITION\_CODE\_6**

Code describing a condition relating to the claim.

**Coding Scheme:** Same as CONDITION\_CODE\_1.

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

**Field 254: CONDITION\_CODE\_7**

Code describing a condition relating to the claim.

**Coding Scheme:** Same as CONDITION\_CODE\_1.

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

**Field 255: CONDITION\_CODE\_8**

Code describing a condition relating to the claim.

**Coding Scheme:** Same as CONDITION\_CODE\_1.

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

**Field 256: VALUE\_CODE\_1**

Code describing information that may affect payer processing.

**Coding Scheme:**

1	Most common semi-private rate	33	Offset to the patient - payment amount - podiatric services	67	Peritoneal dialysis
2	Hospital has no semi-private rooms	34	Offset to the patient - payment amount - other medical services	68	EPO-drug
4	Inpatient professional component charges which are combined billed	35	Offset to the patient - payment amount - health insurance premiums	69	State charity care percentage
5	Professional component included in charges and also billed separately to carrier	37	Units of blood furnished	80	Covered Days
6	Blood deductible	38	Blood deductible units	81	Non-covered Days
8	Life time reserve amount in the first calendar year	39	Units of blood replaced	82	Co-insurance Days
9	Coinsurance amount in the first calendar year	40	New coverage not implemented by HMO	83	Lifetime Reserve Days
10	Lifetime reserve amount in the second calendar year	41	Black lung	84	Shorter Duration Hemodialysis
11	Coinsurance amount in the second calendar year	42	VA	A0	Special zip code reporting
12	Working aged beneficiary/spouse with employer group health plan	43	Disabled beneficiary under age 65 with LGHP	A1	Deductible payer A
13	ESRD beneficiary in a Medicare coordination period with an employer group health plan	44	Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received	A2	Coinsurance payer A
14	No fault, including auto/other	45	Accident hour	A3	Estimated responsibility payer A
15	Worker's compensation	46	Number of grace days	A4	Covered self-administrable drugs - emergency
16	Public health service (PHS) or other federal agency	47	Any liability insurance	A5	Covered self-administrable drugs - administrable in form and situation furnished to patient
21	Catastrophic	48	Hemoglobin reading	A6	Covered self-administrable drugs - diagnostic study and other
22	Surplus	49	Hematocrit reading	A7	Co-payment payer A
23	Recurring monthly income	50	Physical Therapy visits	A8	Patient weight
24	Medicaid Rate Code	51	Occupational Therapy visits	A9	Patient height
25	Offset to the patient - payment amount - prescription drugs	52	Speech Therapy visits	AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A
26	Offset to the patient - payment amount - hearing and ear services	53	Cardiac rehab visits	AB	Other assessments or allowances (e.g., medical education) - payer A
27	Offset to the patient - payment amount - vision and eye services	54	Newborn birth weight in grams	B1	Deductible payer B
28	Offset to the patient - payment amount - dental services	55	Eligibility threshold for charity care	B2	Coinsurance payer B
29	Offset to the patient - payment amount - chiropractic services	56	Skilled nurse - home visit hours	B3	Estimated responsibility payer B
30	Preadmission testing	57	Home health aide - home visit hours	B7	Co-payment payer B
31	Patient Liability Amount	58	Arterial blood gas	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
32	Multiple patient ambulance transport	59	Oxygen saturation	BB	Other assessments or allowances (e.g., medical education) - payer B
		60	HHA branch MSA	C1	Deductible payer C
		61	Place of Residence where service is furnished (HHA and hospice)	C2	Coinsurance payer C
		66	Medicaid spend down amount		

C3	Estimated responsibility payer C	D3	Patient estimated responsibility	G8	Facility where Inpatient Hospice Service is Delivered
C7	Co-payment payer C	D4	Clinical Trial Number Assigned by NLM/NIH	Y1	Part A Demonstration Payment Y2
CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C	D5	Last Kt/V Reading		Part B Demonstration Payment Y3
		FC	Patient Paid Amount		Part B Coinsurance
CB	Other assessments or allowances (e.g., medical education) - payer C	FD	Credit Received from the Manufacturer for a Medical Device	Y4	Conventional Provider Payment Y5
					Part B Deductible

<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 257:</b>	<b>VALUE_AMOUNT_1</b> Amount (in cents, no decimal point included) that may be affected.				
<b>Length:</b>	9	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 258:</b>	<b>VALUE_CODE_2</b> Code describing information that may affect payer processing.				
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 259:</b>	<b>VALUE_AMOUNT_2</b> Amount (in cents, no decimal point included) that may be affected.				
<b>Length:</b>	9	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 260:</b>	<b>VALUE_CODE_3</b> Code describing information that may affect payer processing.				
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 261:</b>	<b>VALUE_AMOUNT_3</b> Amount (in cents) that may be affected.				
<b>Length:</b>	9	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 262:</b>	<b>VALUE_CODE_4</b> Code describing information that may affect payer processing.				
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 263:</b>	<b>VALUE_AMOUNT_4</b> Amount (in cents, no decimal point included) that may be affected.				
<b>Length:</b>	9	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 264:</b>	<b>VALUE_CODE_5</b> Code describing information that may affect payer processing.				
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 265:</b>	<b>VALUE_AMOUNT_5</b> Amount (in cents, no decimal point included) that may be affected.				
<b>Length:</b>	9	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 266:</b>	<b>VALUE_CODE_6</b> Code describing information that may affect payer processing.				
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 267:</b>	<b>VALUE_AMOUNT_6</b> Amount (in cents, no decimal point included) that may be affected.				
<b>Length:</b>	9	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 268:</b>	<b>VALUE_CODE_7</b> Code describing information that may affect payer processing.				
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 269:</b>	<b>VALUE_AMOUNT_7</b> Amount (in cents, no decimal point included) that may be affected.				
<b>Length:</b>	9	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 270:</b>	<b>VALUE_CODE_8</b> Code describing information that may affect payer processing.				
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim

<b>Field 271:</b>	<b>VALUE_AMOUNT_8</b> Amount (in cents, no decimal point included) that may be affected.
<b>Length:</b>	9 <b>Type:</b> Numeric <b>Data Source:</b> Claim
<b>Field 272:</b>	<b>VALUE_CODE_9</b> Code describing information that may affect payer processing.
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.
<b>Length:</b>	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 273:</b>	<b>VALUE_AMOUNT_9</b> Amount (in cents, no decimal point included) that may be affected
<b>Length:</b>	9 <b>Type:</b> Numeric <b>Data Source:</b> Claim
<b>Field 274:</b>	<b>VALUE_CODE_10</b> Code describing information that may affect payer processing.
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.
<b>Length:</b>	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 275:</b>	<b>VALUE_AMOUNT_10</b> Amount (in cents, no decimal point included) that may be affected.
<b>Length:</b>	9 <b>Type:</b> Numeric <b>Data Source:</b> Claim
<b>Field 276:</b>	<b>VALUE_CODE_11</b> Code describing information that may affect payer processing.
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.
<b>Length:</b>	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 277:</b>	<b>VALUE_AMOUNT_11</b> Amount (in cents, no decimal point included) that may be affected
<b>Length:</b>	9 <b>Type:</b> Numeric <b>Data Source:</b> Claim
<b>Field 278:</b>	<b>VALUE_CODE_12</b> Code describing information that may affect payer processing.
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.
<b>Length:</b>	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 279:</b>	<b>VALUE_AMOUNT_12</b> Amount (in cents, no decimal point included) that may be affected
<b>Length:</b>	9 <b>Type:</b> Numeric <b>Data Source:</b> Claim
<b>Field 280:</b>	<b>PRIVATE_AMOUNT</b> 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
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 281:</b>	<b>SEMI_PRIVATE_AMOUNT</b> 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
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 282:</b>	<b>WARD_AMOUNT</b> Accommodation Charge, Ward Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 015X.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 283:</b>	<b>ICU_AMOUNT</b> 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.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 284:</b>	<b>CCU_AMOUNT</b> 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.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 285:</b>	<b>OTHER_AMOUNT</b> 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.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated

<b>Field 286:</b>	<b>PHARM_AMOUNT</b>	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.
<b>Length:</b>	12	<b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 287:</b>	<b>MEDSURG_AMOUNT</b>	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.
<b>Length:</b>	12	<b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 288:</b>	<b>DME_AMOUNT</b>	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.
<b>Length:</b>	12	<b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 289:</b>	<b>USED_DME_AMOUNT</b>	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.
<b>Length:</b>	12	<b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 290:</b>	<b>PT_AMOUNT</b>	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.
<b>Length:</b>	12	<b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 291:</b>	<b>OT_AMOUNT</b>	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.
<b>Length:</b>	12	<b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 292:</b>	<b>SPEECH_AMOUNT</b>	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.
<b>Length:</b>	12	<b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 293:</b>	<b>IT_AMOUNT</b>	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.
<b>Length:</b>	12	<b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 294:</b>	<b>BLOOD_AMOUNT</b>	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.
<b>Length:</b>	12	<b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 295:</b>	<b>BLOOD_ADM_AMOUNT</b>	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.
<b>Length:</b>	12	<b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 296:</b>	<b>OR_AMOUNT</b>	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.
<b>Length:</b>	12	<b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 297:</b>	<b>LITH_AMOUNT</b>	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.
<b>Length:</b>	12	<b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 298:</b>	<b>CARD_AMOUNT</b>	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.
<b>Length:</b>	12	<b>Type:</b> Numeric <b>Data Source:</b> Calculated

<b>Field 299:</b>	<b>ANES_AMOUNT</b> 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.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 300:</b>	<b>LAB_AMOUNT</b> 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.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 301:</b>	<b>RAD_AMOUNT</b> 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.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 302:</b>	<b>MRI_AMOUNT</b> 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.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 303:</b>	<b>OP_AMOUNT</b> 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.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 304:</b>	<b>ER_AMOUNT</b> 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.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 305:</b>	<b>AMBULANCE_AMOUNT</b> 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.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 306:</b>	<b>PRO_FEE_AMOUNT</b> 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.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 307:</b>	<b>ORGAN_AMOUNT</b> 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.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 308:</b>	<b>ESRD_AMOUNT</b> 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.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 309:</b>	<b>CLINIC_AMOUNT</b> 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.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 310:</b>	<b>TOTAL_CHARGES</b> Sum (in cents) of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. Replaces TOTAL_CHARGES_23.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Claim
<b>Field 311:</b>	<b>TOTAL_NON_COV_CHARGES</b> Sum (in cents) of non-covered accommodation charges, non-covered ancillary charges.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Claim
<b>Field 312:</b>	<b>TOTAL_CHARGES_ACCOMM</b> Sum (in cents) of covered and non-covered accommodation charges.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Claim

<b>Field 313:</b>	<b>TOTAL_NON_COV_CHARGES_ACCOMM</b>			
	Sum (in cents) of non-covered accommodations charges.			
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b>	Claim
<b>Field 314:</b>	<b>TOTAL_CHARGES Ancil</b>			
	Sum (in cents) of covered and non-covered ancillary charges.			
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b>	Claim
<b>Field 315:</b>	<b>TOTAL_NON_COV_CHARGES Ancil</b>			
	Sum (in cents) of non-covered ancillary charges.			
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b>	Claim
<b>Field 316:</b>	<b>INBOUND_INDICATOR</b>			
	Indicates the format of data as submitted.			
<b>Coding Scheme:</b>	8	837 format		
	D	Data entry		
	U	UB-04 format		
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 317:</b>	<b>EMERGENCY_DEPT_FLAG</b>			
	Indicator of emergency department visit			
<b>Coding Scheme:</b>	Y	visit was emergency related		
	N	Visit was not emergency related		
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Assigned
<b>Field 318:</b>	<b>DISCHARGE</b>			
	Discharge Quarter. Year and quarter of discharge. yyyyQn.			
<b>Length:</b>	6	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Assigned

# INPATIENT 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	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0157	Room charges for ward rooms - oncology
0101	All-inclusive room charges	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0158	Room charges for ward rooms - rehabilitation
0110	Room charges for private rooms - general	0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0159	Room charges for ward rooms - other
0111	Room charges for private rooms - medical/surgical/GYN	0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0160	Room charges for other rooms - general
0112	Room charges for private rooms - obstetrics	0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0164	Room charges for other rooms - Sterile Environment
0113	Room charges for private rooms - pediatric	0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0167	Room charges for other rooms - self care
0114	Room charges for private rooms - psychiatric	0139	Room charges for semi-private - 3/4 beds - rooms - other	0169	Room charges for other rooms - other
0115	Room charges for private rooms - hospice	0140	Room charges for private (deluxe) rooms - general	0170	Room charges for nursery - general
0116	Room charges for private rooms - detoxification	0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	0171	Room charges for nursery - newborn level I
0117	Room charges for private rooms - oncology	0142	Room charges for private (deluxe) rooms - obstetrics	0172	Room charges for nursery - newborn level II
0118	Room charges for private rooms - rehabilitation	0143	Room charges for private (deluxe) rooms - pediatric	0173	Room charges for nursery - newborn level III
0119	Room charges for private rooms - other	0144	Room charges for private (deluxe) rooms - psychiatric	0174	Room charges for nursery - newborn level IV
0120	Room charges for semi-private rooms - general	0145	Room charges for private (deluxe) rooms - hospice	0179	Room charges for nursery - other
0121	Room charges for semi-private rooms - medical/surgical/GYN	0146	Room charges for private (deluxe) rooms - detoxification	0180	Room charges for LOA - general
0122	Room charges for semi-private rooms - obstetrics	0147	Room charges for private (deluxe) rooms - oncology	0182	Room charges for LOA - patient convenience-charges billable
0123	Room charges for semi-private rooms - pediatric	0148	Room charges for private (deluxe) rooms - rehabilitation	0183	Room charges for LOA - therapeutic leave
0124	Room charges for semi-private rooms - psychiatric	0149	Room charges for private (deluxe) rooms - other	0185	Room charges for LOA - nursing home (for hospitalization)
0125	Room charges for semi-private rooms - hospice	0150	Room charges for ward rooms - general	0189	Room charges for LOA - other
0126	Room charges for semi-private rooms - detoxification	0151	Room charges for ward rooms - medical/surgical/GYN	0190	Room charges for subacute care - general
0127	Room charges for semi-private rooms - oncology	0152	Room charges for ward rooms - obstetrics	0191	Room charges for subacute care - Level I (skilled care)
0128	Room charges for semi-private rooms - rehabilitation	0153	Room charges for ward rooms - pediatric	0192	Room charges for subacute care - Level II (comprehensive care)
0129	Room charges for semi-private rooms - other	0154	Room charges for ward rooms - psychiatric	0193	Room charges for subacute care - Level III (complex care)
0130	Room charges for semi-private - 3/4 beds - rooms - general	0155	Room charges for ward rooms - hospice	0194	Room charges for subacute care - Level IV (intensive care)
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0156	Room charges for ward rooms - detoxification	0199	Room charges for subacute care - other
0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics				



0200	Room charges for intensive care - general	0250	Pharmacy - general	0305	Laboratory - hematology
0201	Room charges for intensive care - surgical	0251	Pharmacy - generic drugs	0306	Laboratory - bacteriology and microbiology
0202	Room charges for intensive care - medical	0252	Pharmacy - non-generic drugs	0307	Laboratory - urology
0203	Room charges for intensive care - pediatric	0253	Pharmacy - take-home drugs	0309	Laboratory - other
0204	Room charges for intensive care - psychiatric	0254	Pharmacy - drugs incident to other diagnostic services	0310	Laboratory pathological - general
0206	Room charges for intensive care - intermediate intensive care unit (ICU)	0255	Pharmacy - drugs incident to radiology	0311	Laboratory pathological - cytology
0207	Room charges for intensive care - burn care	0256	Pharmacy - experimental drugs	0312	Laboratory pathological - histology
0208	Room charges for intensive care - trauma	0257	Pharmacy - nonprescription	0314	Laboratory pathological - biopsy
0209	Room charges for intensive care - other	0258	Pharmacy - IV solutions	0319	Laboratory pathological - other
0210	Room charges for coronary care - general	0259	Pharmacy - other	0320	Radiology - diagnostic - general
0211	Room charges for coronary care - myocardial infarction	0260	IV Therapy - general	0321	Radiology - diagnostic - angiocardiology
0212	Room charges for coronary care - pulmonary care	0261	IV Therapy - infusion pump	0322	Radiology - diagnostic - arthrography
0213	Room charges for coronary care - heart transplant	0262	IV Therapy - pharmacy services	0323	Radiology - diagnostic - arteriography
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0263	IV Therapy - drug/supply delivery	0324	Radiology - diagnostic - chest x-ray
0219	Room charges for coronary care - other	0264	IV Therapy - supplies	0329	Radiology - diagnostic - other
0220	Special charges - general	0269	IV Therapy - other	0330	Radiology - therapeutic and/or chemotherapy administration - general
0221	Special charges - admission charge	0270	Medical surgical supplies and devices - general	0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected
0222	Special charges - technical support charge	0271	Medical surgical supplies and devices - nonsterile	0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral
0223	Special charges - UR service charge	0272	Medical surgical supplies and devices - sterile	0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy
0224	Special charges - late discharge, medically necessary	0273	Medical surgical supplies and devices - take-home	0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV
0229	Special charges - other	0274	Medical surgical supplies and devices - prosthetic/orthotic	0339	Radiology - therapeutic and/or chemotherapy administration - other
0230	Incremental nursing care - general	0275	Medical surgical supplies and devices - pacemaker	0340	Nuclear medicine - general
0231	Incremental nursing care - nursery	0276	Medical surgical supplies and devices - intraocular lens (IOL)	0341	Nuclear medicine - diagnostic procedures
0232	Incremental nursing care - OB	0277	Medical surgical supplies and devices - oxygen - take-home	0342	Nuclear medicine - therapeutic procedures
0233	Incremental nursing care - ICU (includes transitional care)	0278	Medical surgical supplies and devices - other implants	0343	Nuclear medicine - diagnostic radiopharmaceuticals
0234	Incremental nursing care - CCU (includes transitional care)	0279	Medical surgical supplies and devices - other	0344	Nuclear medicine - therapeutic radiopharmaceuticals
0235	Incremental nursing care - hospice	0280	Oncology - general	0349	Nuclear medicine - other
0239	Incremental nursing care - other	0289	Oncology - other	0350	CT scan - general
0240	All-inclusive ancillary - general	0290	DME - general	0351	CT scan - head
0241	All-inclusive ancillary - basic	0291	DME - rental	0352	CT scan - body
0242	All-inclusive ancillary - comprehensive	0292	DME - purchase of new	0359	CT scan - other
0249	specialty All-inclusive ancillary - other	0293	DME - purchase of used		
0243	All-inclusive ancillary -	0294	DME - supplies/drugs for DME effectiveness		
		0299	DME - other equipment		
		0300	Laboratory - general		
		0301	Laboratory - chemistry		
		0302	Laboratory - immunology		
			Laboratory - renal patient (home)		
		0303	Laboratory - non-routine dialysis		

0360	Operating room services - general	0422	Physical therapy - hourly charge	0513	Clinic - psychiatric
0361	Operating room services - minor surgery	0423	Physical therapy - group rate	0514	Clinic - OB/GYN
0362	Operating room services - organ transplant other than kidney	0424	Physical therapy - evaluation or reevaluation	0515	Clinic - pediatric
0367	Operating room services - kidney transplant	0429	Physical therapy - other	0516	Clinic - urgent care
0369	Operating room services - other	0430	Occupational therapy - general	0517	Clinic - family practice
0370	Anesthesia - general	0431	Occupational therapy - visit charge	0519	Clinic - other
0371	Anesthesia - incident to radiology	0432	Occupational therapy - hourly charge	0520	Freestanding Clinic - general
0372	Anesthesia - incident to other diagnostic services	0433	Occupational therapy - group rate	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
0374	Anesthesia - acupuncture	0434	Occupational therapy - evaluation or reevaluation	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner
0379	Anesthesia - other	0439	Occupational therapy - other	0523	Freestanding Clinic - family practice
0380	Blood - general	0440	Speech-language pathology - general	0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF
0381	Blood - packed red cells	0441	Speech-language pathology - visit charge	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
0382	Blood - whole blood	0442	Speech-language pathology - hourly charge	0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area
0383	Blood - plasma	0443	Speech-language pathology - group rate	0528	Freestanding Clinic - Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
0384	Blood - platelets	0444	Speech-language pathology - evaluation or reevaluation	0529	Freestanding Clinic - other
0385	Blood - leukocytes	0449	Speech-language pathology - other	0530	Osteopathic service - general
0386	Blood - other components	0450	Emergency room - general	0531	Osteopathic service - therapy
0387	Blood - other derivatives (cryoprecipitate)	0451	Emergency room - EMTALA emergency medical screening services	0539	Osteopathic service - other
0389	Blood - other	0452	Emergency room - beyond EMTALA screening	0540	Ambulance service - general
0390	Blood and blood component administration, storage and processing - general	0456	Emergency room - urgent care	0541	Ambulance service - supplies
0391	Blood and blood component administration, storage and processing - administration	0459	Emergency room - other	0542	Ambulance service - medical transport
0392	Blood and blood component administration, storage and processing - processing and storage	0460	Pulmonary function - general	0543	Ambulance service - heart mobile
0399	Blood and blood component administration, storage and processing - other	0469	Pulmonary function - other	0544	Ambulance service - oxygen
0400	Other imaging services - general	0470	Audiology - general	0545	Ambulance service - air ambulance
0401	Other imaging services - diagnostic mammography	0471	Audiology - diagnostic	0546	Ambulance service - neonatal
0402	Other imaging services - ultrasound	0472	Audiology - treatment	0547	Ambulance service - pharmacy
0403	Other imaging services - screening mammography	0479	Audiology - other	0548	Ambulance service - telephone transmission EKG
0404	Other imaging services - PET	0480	Cardiology - general	0549	Ambulance service - other
0409	Other imaging services - other	0481	Cardiology - cardiac cath lab	0550	Skilled nursing - general
0410	Respiratory services - general	0482	Cardiology - stress test	0551	Skilled nursing - visit charge
0412	Respiratory services - inhalation	0483	Cardiology - echocardiology	0552	Skilled nursing - hourly charge
0413	Respiratory services - hyperbaric oxygen therapy	0489	Cardiology - other	0559	Skilled nursing - other
0419	Respiratory services - other	0490	Ambulatory surgical care - general	0560	Medical social services - general
0420	Physical therapy - general	0499	Ambulatory surgical care - other	0561	Medical social services - visit charge
0421	Physical therapy - visit charge	0500	Outpatient services - general	0562	Medical social services - hourly charge
		0509	Outpatient services - other		
		0510	Clinic - general		
		0511	Clinic - chronic pain		
		0512	Clinic - dental		

0569	Medical social services - other	0631	Drugs requiring specific identification - single source	0663	Respite care - daily charge
0570	Home health aide - general	0632	Drugs requiring specific identification - multiple source	0669	Respite care - other
0571	Home health aide - visit charge	0633	Drugs requiring specific identification - restrictive prescription	0670	Outpatient special residence - general
0572	Home health aide - hourly charge	0634	Drugs requiring specific identification - EPO, less than 10,000 units	0671	Outpatient special residence - hospital based
0579	Home health aide - other	0635	Drugs requiring specific identification - EPO, 10,000 or more units	0672	Outpatient special residence - contracted
0580	Other visits (home health) - general	0636	Drugs requiring specific identification - requiring detailed coding	0679	Outpatient special residence - other
0581	Other visits (home health) - visit charge	0637	Drugs requiring specific identification - self-administrable	0681	Trauma response - level I
0582	Other visits (home health) - hourly charge	0640	Home IV therapy services - general	0682	Trauma response - level II
0583	Other visits (home health) - assessment	0641	Home IV therapy services - non-routine nursing, central line	0683	Trauma response - level III
0589	Other visits (home health) - other	0642	Home IV therapy services - IV site care, central line	0684	Trauma response - level IV
0590	Units of service (home health) - general	0643	Home IV therapy services - IV start/change, peripheral line	0689	Trauma response - other
0600	Oxygen (home health) - general	0644	Home IV therapy services - non-routine nursing, peripheral line	0690	Pre-hospice/Palliative Care Services - general
0601	Oxygen (home health) - stat/equip/supply or contents	0645	Home IV therapy services - training patient/caregiver, central line	0691	Pre-hospice/Palliative Care Services - visit charge
0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute	0646	Home IV therapy services - training, disabled patient, central line	0692	Pre-hospice/Palliative Care Services - hourly charge
0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute	0647	Home IV therapy services - training, patient/caregiver, peripheral	0693	Pre-hospice/Palliative Care Services - evaluation
0604	Oxygen (home health) - portable add-in	0648	Home IV therapy services - training, disabled patient, peripheral	0694	Pre-hospice/Palliative Care Services - consultation and education
0609	Oxygen (home health) - other	0649	Home IV therapy services - other	0695	Pre-hospice/Palliative Care Services - inpatient care
0610	Magnetic Resonance Technology (MRT) - MRI - general	0650	Hospice services - general	0696	Pre-hospice/Palliative Care Services - physician services
0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)	0651	Hospice services - routine home care	0699	Pre-hospice/Palliative Care Services - other
0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)	0652	Hospice services - continuous home care	0700	Cast Room services - general
0614	Magnetic Resonance Technology (MRT) - MRI - other	0655	Hospice services - inpatient respite care	0710	Recovery Room services - general
0615	Magnetic Resonance Technology (MRT) - MRA - head and neck	0656	Hospice services - general inpatient care (non-respite)	0720	Labor/Delivery Room services - general
0616	Magnetic Resonance Technology (MRT) - MRA - lower extremities	0657	Hospice services - physician services	0721	Labor/Delivery Room services - labor
0618	Magnetic Resonance Technology (MRT) - MRA - other	0658	Hospice services - room and board - nursing facility	0722	Labor/Delivery Room services - delivery
0619	Magnetic Resonance Technology (MRT) - Other MRT	0659	Hospice services - other	0723	Labor/Delivery Room services - circumcision
0621	Medical/surgical supplies - incident to radiology	0660	Respite care - general	0724	Labor/Delivery Room services - birthing center
0622	Medical/surgical supplies - incident to other diagnostic services	0661	Respite care - hourly charge/skilled nursing	0729	Labor/Delivery Room services - other
0623	Medical/surgical supplies - surgical dressings	0662	Respite care - hourly charge/aide/homemaker/comp anion	0730	EKG/ECG services - general
0624	Medical/surgical supplies - FDA investigational devices			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	0831	Peritoneal dialysis - outpatient or home - composite or other rate	0904	Behavior health treatments/services - activity therapy
0769	Treatment or observation room services - other	0832	Peritoneal dialysis - outpatient or home - home supplies	0905	Behavior health treatments/services - intensive outpatient services - psychiatric
0770	Preventive care services - general	0833	Peritoneal dialysis - outpatient or home - home equipment	0906	Behavior health treatments/services - intensive outpatient services - chemical dependency
0771	Preventive care services - vaccine administration	0834	Peritoneal dialysis - outpatient or home - maintenance 100%	0907	Behavior health treatments/services - community behavioral health program
0780	Telemedicine services - general	0835	Peritoneal dialysis - outpatient or home - support services	0911	Behavior health treatment/services - rehabilitation
0790	Extra-corporeal shockwave therapy - general	0839	Peritoneal dialysis - outpatient or home - other	0912	Behavior health treatment/services - partial hospitalization - less intensive
0800	Inpatient renal dialysis services - general	0840	CAPD - outpatient or home - general	0913	Behavior health treatment/services - partial hospitalization - intensive
0801	Inpatient renal dialysis services - hemodialysis	0841	CAPD - outpatient or home - composite or other rate	0914	Behavior health treatment/services - individual therapy
0802	Inpatient renal dialysis services - peritoneal (non- CAPD)	0842	CAPD - outpatient or home - home supplies	0915	Behavior health treatment/services - group therapy
0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)	0843	CAPD - outpatient or home - home equipment	0916	Behavior health treatment/services - family therapy
0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)	0844	CAPD - outpatient or home - maintenance 100%	0917	Behavior health treatment/services - biofeedback
0809	Inpatient renal dialysis services - other	0845	CAPD - outpatient or home - support services	0918	Behavior health treatment/services - testing
0810	Acquisition of body components- general	0849	CAPD - outpatient or home - other	0919	Behavior health treatment/services - other
0811	Acquisition of body components - living donor	0850	CCPD - outpatient or home - general	0920	Other diagnostic services - general
0812	Acquisition of body components - cadaver donor	0851	CCPD - outpatient or home - composite or other rate	0921	Other diagnostic services - peripheral vascular lab
0813	Acquisition of body components - unknown donor	0852	CCPD - outpatient or home - home supplies	0922	Other diagnostic services - electromyogram
0814	Acquisition of body components - unsuccessful organ search-donor bank charges	0853	CCPD - outpatient or home - home equipment	0923	Other diagnostic services - pap smear
0815	Acquisition of body components - stem cells- allogeneic	0854	CCPD - outpatient or home - maintenance 100%	0924	Other diagnostic services - allergy test
0819	Acquisition of body components - other donor	0855	CCPD - outpatient or home - support services	0925	Other diagnostic services - pregnancy test
0820	Hemodialysis - outpatient or home - general	0859	CCPD - outpatient or home - other	0929	Other diagnostic services - other
0821	Hemodialysis - outpatient or home - composite or other rate	0860	Magnetoencephalography (MEG) - General	0931	Medical rehabilitation day program - half day
0822	Hemodialysis - outpatient or home - home supplies	0861	Magnetoencephalography (MEG) - MEG	0932	Medical rehabilitation day program - full day
0823	Hemodialysis - outpatient or home - home equipment	0880	Miscellaneous dialysis - general	0940	Other therapeutic services - general
0824	Hemodialysis - outpatient or home - maintenance 100%	0881	Miscellaneous dialysis - ultrafiltration	0941	Other therapeutic services - recreational therapy
0825	Hemodialysis - outpatient or home - support services	0882	Miscellaneous dialysis - home aide visit	0942	Other therapeutic services - education/training
0826	Hemodialysis - outpatient or home - shorter duration (effective 7/1/17)	0889	Miscellaneous dialysis - other	0943	Other therapeutic services - cardiac rehabilitation
0829	Hemodialysis - outpatient or home - other	0900	Behavior health treatments/services - general		
0830	Peritoneal dialysis - outpatient or home - general	0901	Behavior health treatments/services - electroshock		
		0902	Behavior health treatments/services - milieu therapy		
		0903	Behavioral health treatments/services - play therapy		

0944	Other therapeutic services - drug rehabilitation	0977	Professional fees - physical therapy	1000	Behavior health accommodations - general
0945	Other therapeutic services - alcohol rehabilitation	0978	Professional fees - occupational therapy	1001	Behavior health accommodations - residential treatment - psychiatric
0946	Other therapeutic services - complex medical equipment - routine	0979	Professional fees - speech therapy	1002	Behavior health accommodations - residential treatment - chemical dependency
0947	Other therapeutic services - complex medical equipment - ancillary	0981	Professional fees - emergency room	1003	Behavior health accommodations - supervised living
0948	Other therapeutic services - pulmonary rehabilitation	0982	Professional fees - outpatient services	1004	Behavior health accommodations - halfway house
0949	Other therapeutic services - other	0983	Professional fees - clinic	1005	Behavior health accommodations - group home
0951	Other therapeutic services - athletic training	0984	Professional fees - medical social services	2100	Alternative therapy services - general
0952	Other therapeutic services - kinesiotherapy	0985	Professional fees - EKG	2101	Alternative therapy services - acupuncture
0953	Other therapeutic services - chemical dependency (drug and alcohol)	0986	Professional fees - EEG	2102	Alternative therapy services - acupuncture
0960	Professional fees - general	0987	Professional fees - hospital visit	2103	Alternative therapy services - massage
0961	Professional fees - psychiatric	0988	Professional fees - consultation	2104	Alternative therapy services - reflexology
0962	Professional fees - ophthalmology	0989	Professional fees - private duty nurse	2105	Alternative therapy services - biofeedback
0963	Professional fees - anesthesiologist (MD)	0990	Patient convenience items - general	2106	Alternative therapy services - hypnosis
0964	Professional fees - anesthetist (CRNA)	0991	Patient convenience items - cafeteria/guest tray	2109	Alternative therapy services - other
0969	Professional fees - other	0992	Patient convenience items - private linen service	3101	Adult day care, medical and social - hourly
0971	Professional fees - laboratory	0993	Patient convenience items - telephone/telegraph	3102	Adult day care, social - hourly
0972	Professional fees - radiology - diagnostic	0994	Patient convenience items - TV/radio	3103	Adult day care, medical and social - daily
0973	Professional fees - radiology - therapeutic	0995	Patient convenience items - nonpatient room rentals	3104	Adult day care, social - daily
0974	Professional fees - radiology - nuclear medicine	0996	Patient convenience items - late discharge charge	3105	Adult foster care - daily
0975	Professional fees - operating room	0997	Patient convenience items - admission kits	3109	Adult foster care - other
0976	Professional fees - respiratory therapy	0998	Patient convenience items - beauty shop/barber		
		0999	Patient convenience items - other		

**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 <https://www.cms.gov/medicare/coding/hcpcsreleasecodesets> 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	24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period	25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day
23	Unusual Anesthesia				

of the Procedure or  
Other Service



26	Professional Component		Professional During the Postoperative Period
27	Multiple Outpatient Hospital E/M Encounters on the Same Date		80 Assistant Surgeon
32	Mandated Services		81 Minimum Assistant Surgeon
33	Preventive Service		82 Repeat procedure by same physician
47	Anesthesia by Surgeon		90 Reference (Outside) Laboratory
50	Bilateral Procedure		91 Repeat Clinical Diagnostic Laboratory Test
51	Multiple Procedures		92 Alternative Laboratory Platform Testing
52	Reduced Services		95 Synchronous Telemedicine Service Rendered Via a Real- Time Interactive Audio and Video Telecommunications System
53	Discontinued Procedure		99 Multiple Modifiers
54	Surgical Care Only		1P Performance Measure Exclusion Modifier due to Medical Reasons
55	Postoperative Management Only		2P Performance Measure Exclusion Modifier due to Patient Reasons
56	Preoperative Management Only		3P Performance Measure Exclusion Modifier due to System Reasons
57	Decision for Surgery		8P Performance Measure Reporting Modifier- Action not performed, reason not otherwise specified
58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period		E1 Upper left eyelid E2 Lower left eyelid procedure
59	Distinct Procedural Service		T1 Left foot, second digit
62	Two Surgeons		T2 Left foot, third digit
63	Procedure Performed on Infants less than 4kg		T3 Left foot, fourth digit
66	Surgical Team		T4 Left foot, fifth digit
73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the Administration of Anesthesia	E3 Upper right eyelid E4 Lower right eyelid	T5 Right foot, great toe
74	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after Administration of Anesthesia	F1 Left hand, second digit F2 Left hand, third digit F3 Left hand, fourth digit F4 Left hand, fifth digit	T6 Right foot, second digit
76	Repeat Procedure by Same Physician or Other Qualified Health Care Professional	F5 Right hand, thumb F6 Right hand, second digit F7 Right hand, third digit	T7 Right foot, third digit
77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional	F8 Right hand, fourth digit F9 Right hand, fifth digit	T8 Right foot, fourth digit
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	FA Left hand, thumb GG Performance and payment of a	T9 Right foot, fifth digit TA Left foot, great toe XE Separate Encounter XS Separate Structure
79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care		screening mammography and diagnostic mammography on same patient, same day. GH Diagnostic mammogram converted from screening mammogram on same day

LC	Left circumflex coronary artery	P3	A patient with severe systemic disease		
LD	Left anterior descending coronary artery	P4	A patient with severe systemic disease that is a constant threat to life		
LM	Left main coronary artery	P5	A moribund patient who is not expected to survive without the operation		
LT	Left side of the body	P6	A declared brain-dead patient whose organs are being removed for donor purposes		
Q	Ambulance service provided under arrangement by a provider of services	RC	Right coronary artery		
QN	Ambulance service furnished directly by a provider of services	RI	Ramus intermedius coronary artery		
P1	A normal healthy patient	RT	Right side of the body	XP	Separate Practitioner
P2	A patient with mild systemic disease			XU	Unusual Non-Overlapping Service

<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 7:</b>	<b>MODIFIER_2</b>				
<b>Coding Scheme:</b>	Identifies special circumstances related to the performance of the service. Same as MODIFIER_1				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 8:</b>	<b>MODIFIER_3</b>				
<b>Coding Scheme:</b>	Identifies special circumstances related to the performance of the service. Same as MODIFIER_1				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 9:</b>	<b>MODIFIER_4</b>				
	Identifies special circumstances related to the performance of the service.				



<b>Coding Scheme:</b>	Same as MODIFIER_1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Length:</b>	2				
<b>Field 10:</b>	<b>UNIT_MEASUREMENT_CODE</b>				
	Code specifying the units in which a value is being expressed.				
<b>Coding Scheme:</b>	DA	Days			
	F2	International unit			
	UN	Unit			
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 11:</b>	<b>UNITS_OF_SERVICE</b>				
	Numeric value of quantity				
<b>Length:</b>	7	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 12:</b>	<b>UNIT_RATE</b>				
	Rate per unit				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 13:</b>	<b>CHRG_LINE_ITEM</b>				
	Total amount of the charge				
<b>Length:</b>	14	<b>Type:</b>	Numeric	<b>Data Source:</b>	Assigned
<b>Field 14:</b>	<b>CHRG_NON_COV</b>				
	Total non-covered amount of the charge				
<b>Length:</b>	14	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned

## INPATIENT FACILITY TYPE INDICATOR FILE

<b>Field 1:</b>	<b>THCIC_ID</b> Provider ID. Unique identifier assigned to the provider by THCIC.
<b>Length:</b>	6 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 2:</b>	<b>PROVIDER_NAME</b> Hospital name provided by the hospital.
<b>Length:</b>	55 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 3:</b>	<b>PROVIDER_ADDR</b> Hospital address provided by the hospital.
<b>Length:</b>	50 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 4:</b>	<b>PROVIDER_CITY</b> Hospital city provided by the hospital.
<b>Length:</b>	20 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 5:</b>	<b>PROVIDER_STATE</b> Hospital state provided by the hospital.
<b>Length:</b>	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 6:</b>	<b>PROVIDER_ZIP</b> Hospital ZIP code provided by the hospital.
<b>Length:</b>	9 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 7:</b>	<b>FAC_TEACHING_IND</b> Teaching Facility Indicator.
<b>Coding Scheme:</b>	A    Member, Council of Teaching Hospitals X    Other Teaching facility
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 8:</b>	<b>FAC_PSYCH_IND</b> Psychiatric Facility Indicator.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 9:</b>	<b>FAC_REHAB_IND</b> Rehabilitation Facility Indicator.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 10:</b>	<b>FAC_ACUTE_CARE_IND</b> Acute Care Facility Indicator.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 11:</b>	<b>FAC_SNF_IND</b> Skilled Nursing Facility Indicator. Hospital facility type indicator provided by the hospital.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 12:</b>	<b>FAC_LONG_TERM_AC_IND</b> Long Term Acute Care Facility Indicator.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 13:</b>	<b>FAC_OTHER_LTC_IND</b> Other Long Term Care Facility Indicator.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 14:</b>	<b>FAC_PEDS_IND</b> Pediatric Facility Indicator.
<b>Coding Scheme:</b>	C    Member, National Association of Children's Hospitals and Related Institutions (NACHRI) X    Facilities also treat children
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 15:</b>	<b>POA_PROVIDER_INDICATOR</b> 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.
<b>Coding Scheme:</b>	M    Mixed (Facility has sections that would be exempted from reporting POA for those patients) R    Require X    Exempt '    Invalid
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned

**Field 16:****PROVIDER\_COUNTY**

FIPS code of provider's county.

**Coding  
scheme:**

001	Anderson	129	Donley	257	Kaufman	385	Real
003	Andrews	131	Duval	259	Kendall	387	Red River
005	Angelina	133	Eastland	261	Kenedy	389	Reeves
007	Aransas	135	Ector	263	Kent	391	Refugio
009	Archer	137	Edwards	265	Kerr	393	Roberts
011	Armstrong	139	Ellis	267	Kimble	395	Robertson
013	Atascosa	141	El Paso	269	King	397	Rockwall
015	Austin	143	Erath	271	Kinney	399	Runnels
017	Bailey	145	Falls	273	Kleberg	401	Rusk
019	Bandera	147	Fannin	275	Knox	403	Sabine
021	Bastrop	149	Fayette	283	La Salle	405	San Augustine
023	Baylor	151	Fisher	277	Lamar	407	San Jacinto
025	Bee	153	Floyd	279	Lamb	409	San Patricio
027	Bell	155	Foard	281	Lampasas	411	San Saba
029	Bexar	157	Fort Bend	285	Lavaca	413	Schleicher
031	Blanco	159	Franklin	287	Lee	415	Scurry
033	Borden	161	Freestone	289	Leon	417	Shackelford
035	Bosque	163	Frio	291	Liberty	419	Shelby
037	Bowie	165	Gaines	293	Limestone	421	Sherman
039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
041	Brazos	169	Garza	297	Live Oak	425	Somervell
043	Brewster	171	Gillespie	299	Llano	427	Starr
045	Briscoe	173	Glasscock	301	Loving	429	Stephens
047	Brooks	175	Goliad	303	Lubbock	431	Sterling
049	Brown	177	Gonzales	305	Lynn	433	Stonewall
051	Burleson	179	Gray	307	McCulloch	435	Sutton
053	Burnet	181	Grayson	309	McLennan	437	Swisher
055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
057	Calhoun	185	Grimes	313	Madison	441	Taylor
059	Callahan	187	Guadalupe	315	Marion	443	Terrell
061	Cameron	189	Hale	317	Martin	445	Terry
063	Camp	191	Hall	319	Mason	447	Throckmorton
065	Carson	193	Hamilton	321	Matagorda	449	Titus
067	Cass	195	Hansford	323	Maverick	451	Tom Green
069	Castro	197	Hardeman	325	Medina	453	Travis
071	Chambers	199	Hardin	327	Menard	455	Trinity
073	Cherokee	201	Harris	329	Midland	457	Tyler
075	Childress	203	Harrison	331	Milam	459	Upshur
077	Clay	205	Hartley	333	Mills	461	Upton
079	Cochran	207	Haskell	335	Mitchell	463	Uvalde
081	Coke	209	Hays	337	Montague	465	Val Verde
083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
085	Collin	213	Henderson	341	Moore	469	Victoria
087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
089	Colorado	217	Hill	345	Motley	473	Waller
091	Comal	219	Hockley	347	Nacogdoches	475	Ward
093	Comanche	221	Hood	349	Navarro	477	Washington
095	Concho	223	Hopkins	351	Newton	479	Webb
097	Cooke	225	Houston	353	Nolan	481	Wharton
099	Coryell	227	Howard	355	Nueces	483	Wheeler
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
105	Crockett	233	Hutchinson	361	Orange	489	Willacy
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
109	Culberson	237	Jack	365	Panola	493	Wilson
111	Dallam	239	Jackson	367	Parker	495	Winkler
113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood

117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
119	Delta	247	Jim Hogg	375	Potter	503	Young
121	Denton	249	Jim Wells	377	Presidio	505	Zapata
123	Dewitt	251	Johnson	379	Rains	507	Zavala
125	Dickens	253	Jones	381	Randall		
127	Dimmit	255	Karnes	383	Reagan		Invalid

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

## OUTPATIENT BASE DATA FILE

<b>Field 1:</b>	<b>SERVICE_QUARTER</b>			
	Quarter during which service occurred. Year and quarter of service. yyyyQn.			
<b>Length:</b>	6	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Assigned	
<b>Field 2:</b>	<b>RECORD_ID</b>			
	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			
<b>Length:</b>	12	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Assigned	
<b>Field 3:</b>	<b>PAT_UNIQUE_INDEX</b>			
	Unique identifier assigned to the patient by THCIC			
<b>Length:</b>	10	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Assigned	
<b>Field 4:</b>	<b>THCIC_ID</b>			
	Provider ID. Unique identifier assigned to the provider by THCIC.			
<b>Length:</b>	6	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Assigned	
<b>Field 5:</b>	<b>SPEC_UNIT_1</b>			
	Specialty Unit in which most days stay occurred based on number of days by Type of Bill or Revenue Code.			
<b>Coding Scheme:</b>	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		
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated	
<b>Field 6:</b>	<b>SPEC_UNIT_2</b>			
	Specialty Unit in which 2 <sup>nd</sup> most days stay occurred based on number of days by Type of Bill or Revenue Code.			
<b>Coding Scheme:</b>	Same as SPEC_UNIT_1.			
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated	
<b>Field 7:</b>	<b>SPEC_UNIT_3</b>			
	Specialty Unit in which 3 <sup>rd</sup> most days stay occurred based on number of days by Type of Bill or Revenue Code.			
<b>Coding Scheme:</b>	Same as SPEC_UNIT_1.			
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated	
<b>Field 8:</b>	<b>SPEC_UNIT_4</b>			
	Specialty Unit in which 4 <sup>th</sup> most days stay occurred based on number of days by Type of Bill or Revenue Code.			
<b>Coding Scheme:</b>	Same as SPEC_UNIT_1.			
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated	
<b>Field 9:</b>	<b>SPEC_UNIT_5</b>			
	Specialty Unit in which 5 <sup>th</sup> most days stay occurred based on number of days by Type of Bill or Revenue Code.			
<b>Coding Scheme:</b>	Same as SPEC_UNIT_1.			
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated	
<b>Field 10:</b>	<b>ENCOUNTER_INDICATOR</b>			

Indicates the number of claims used to create the encounter. Some non-acute care patients may have more than one claim that is consolidated for the record. For example patients in Rehabilitation Hospitals or Long Term Care Hospitals or Psychiatric hospitals.

<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 11:</b>	<b>SEX_CODE</b>				
	Gender of the patient as recorded at date of admission or start of care.				
<b>Coding Scheme:</b>	M Male				
	F Female				
	U Unknown				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 12:</b>	<b>BIRTH_DATE</b>				
	Birth date of the patient as recorded at date of admission or start of care.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim

<b>Field 13:</b>	<b>PAT_AGE_GROUP</b>					
	Code indicating age of patient in days or years on date of discharge.					
<b>Coding Scheme:</b>	00	1-28 days	10	35-39	20	85-89
	01	29-365 days	11	40-44	21	90+
	02	1-4 years	12	45-49	<i>HIV and drug/alcohol use patients:</i>	
	03	5-9	13	50-54	22	0-17
	04	10-14	14	55-59	23	18-44
	05	15-17	15	60-64	24	45-64
	06	18-19	16	65-69	25	65-74
	07	20-24	17	70-74	26	75+
	08	25-29	18	75-79	`	Invalid
	09	30-34	19	80-84		
<b>Length:</b>	2		<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
<b>Field 14:</b>	<b>PAT_AGE_YEARS</b>					
	Age of patient in years on date of discharge.					
<b>Length:</b>	3		<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 15:</b>	<b>PAT_AGE_DAYS</b>					
	Age of patient in days on date of discharge.					
<b>Length:</b>	5		<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 16:</b>	<b>RACE</b>					
	Code indicating the patient's race.					
<b>Coding Scheme:</b>	1	American Indian/Eskimo/Aleut				
	2	Asian or Pacific Islander				
	3	Black				
	4	White				
	5	Other				
<b>Length:</b>	1		<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 17:</b>	<b>ETHNICITY</b>					
	Code indicating the Hispanic origin of the patient.					
<b>Coding Scheme:</b>	1	Hispanic Origin				
	2	Not of Hispanic Origin				
<b>Length:</b>	1		<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 18:</b>	<b>PAT_ADDR_CENSUS_BLOCK_GROUP</b>					
	Census block group of patient street address.					
	Note: LCODE (Location code) which quantifies the level of accuracy of the geocoding process will be provided along with Pat_Addr_Census_Block_Group (See page 54 for details).					
<b>Length:</b>	14		<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 19:</b>	<b>PAT_ADDR_CENSUS_BLOCK</b>					
	Census block of patient street address.					
	Note: LCODE (Location code) which quantifies the level of accuracy of the geocoding process will be provided along with Pat_Addr_Census_Block_Group (See page 54 for details).					
<b>Length:</b>	5		<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 20:</b>	<b>PAT_CITY</b>					
	Patient address city as provided by the patient.					
<b>Length:</b>	30		<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Provider
<b>Field 21:</b>	<b>PAT_STATE</b>					
	Patient address state as provided by the patient.					
<b>Length:</b>	2		<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Provider
<b>Field 22:</b>	<b>PAT_ZIP</b>					
	Patient address ZIP code as provided by the patient.					
<b>Length:</b>	9		<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Provider
<b>Field 23:</b>	<b>PAT_COUNTRY</b>					
	Country of patient's residential address. List maintained by the International Organization for Standardization (ISO).					
<b>Coding scheme:</b>	See <a href="http://www.ISO.org">www.ISO.org</a> for complete list.					
<b>Length:</b>	2		<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Provider
<b>Field 24:</b>	<b>PAT_COUNTY</b>					
	FIPS code of patient's county.					
<b>Coding scheme:</b>	001	Anderson	019	Bandera	037	Bowie
	003	Andrews	021	Bastrop	039	Brazoria
	005	Angelina	023	Baylor	041	Brazos
	007	Aransas	025	Bee	043	Brewster
	009	Archer	027	Bell	045	Briscoe
	011	Armstrong	029	Bexar	047	Brooks
	013	Atascosa	031	Blanco	049	Brown
					055	Caldwell
					057	Calhoun
					059	Callahan
					061	Cameron
					063	Camp
					065	Carson
					067	Cass

015 Austin  
017 Bailey

033 Borden  
035 Bosque

051 Burleson  
053 Burnet

069 Castro  
071 Chambers

073	Cherokee	183	Gregg	293	Limestone	403	Sabine
075	Childress	185	Grimes	295	Lipscomb	405	San Augustine
077	Clay	187	Guadalupe	297	Live Oak	407	San Jacinto
079	Cochran	189	Hale	299	Llano	409	San Patricio
081	Coke	191	Hall	301	Loving	411	San Saba
083	Coleman	193	Hamilton	303	Lubbock	413	Schleicher
085	Collin	195	Hansford	305	Lynn	415	Scurry
087	Collingsworth	197	Hardeman	307	McCulloch	417	Shackelford
089	Colorado	199	Hardin	309	McLennan	419	Shelby
091	Comal	201	Harris	311	McMullen	421	Sherman
093	Comanche	203	Harrison	313	Madison	423	Smith
095	Concho	205	Hartley	315	Marion	425	Somervell
097	Cooke	207	Haskell	317	Martin	427	Starr
099	Coryell	209	Hays	319	Mason	429	Stephens
101	Cottle	211	Hemphill	321	Matagorda	431	Sterling
103	Crane	213	Henderson	323	Maverick	433	Stonewall
105	Crockett	215	Hidalgo	325	Medina	435	Sutton
107	Crosby	217	Hill	327	Menard	437	Swisher
109	Culberson	219	Hockley	329	Midland	439	Tarrant
111	Dallam	221	Hood	331	Milam	441	Taylor
113	Dallas	223	Hopkins	333	Mills	443	Terrell
115	Dawson	225	Houston	335	Mitchell	445	Terry
117	Deaf Smith	227	Howard	337	Montague	447	Throckmorton
119	Delta	229	Hudspeth	339	Montgomery	449	Titus
121	Denton	231	Hunt	341	Moore	451	Tom Green
123	Dewitt	233	Hutchinson	343	Morris	453	Travis
125	Dickens	235	Irion	345	Motley	455	Trinity
127	Dimmit	237	Jack	347	Nacogdoches	457	Tyler
129	Donley	239	Jackson	349	Navarro	459	Upshur
131	Duval	241	Jasper	351	Newton	461	Upton
133	Eastland	243	Jeff Davis	353	Nolan	463	Uvalde
135	Ector	245	Jefferson	355	Nueces	465	Val Verde
137	Edwards	247	Jim Hogg	357	Ochiltree	467	Van Zandt
139	Ellis	249	Jim Wells	359	Oldham	469	Victoria
141	El Paso	251	Johnson	361	Orange	471	Walker
143	Erath	253	Jones	363	Palo Pinto	473	Waller
145	Falls	255	Karnes	365	Panola	475	Ward
147	Fannin	257	Kaufman	367	Parker	477	Washington
149	Fayette	259	Kendall	369	Parmer	479	Webb
151	Fisher	261	Kenedy	371	Pecos	481	Wharton
153	Floyd	263	Kent	373	Polk	483	Wheeler
155	Foard	265	Kerr	375	Potter	485	Wichita
157	Fort Bend	267	Kimble	377	Presidio	487	Wilbarger
159	Franklin	269	King	379	Rains	489	Willacy
161	Freestone	271	Kinney	381	Randall	491	Williamson
163	Frio	273	Kleberg	383	Reagan	493	Wilson
165	Gaines	275	Knox	385	Real	495	Winkler
167	Galveston	283	La Salle	387	Red River	497	Wise
169	Garza	277	Lamar	389	Reeves	499	Wood
171	Gillespie	279	Lamb	391	Refugio	501	Yoakum
173	Glasscock	281	Lampasas	393	Roberts	503	Young
175	Goliad	285	Lavaca	395	Robertson	505	Zapata
177	Gonzales	287	Lee	397	Rockwall	507	Zavala
179	Gray	289	Leon	399	Runnels		
181	Grayson	291	Liberty	401	Rusk		Invalid

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

**Field 25:** **PUBLIC\_HEALTH\_REGION**  
Public Health Region of patient's address.



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

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

**Field 26: TYPE\_OF\_ADMISSION**

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

**Coding Scheme:**

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

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

**Field 27: SOURCE\_OF\_ADMISSION**

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

**Coding Scheme:**

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

- 5 Born inside this hospital
- 6 Born outside this hospital

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

**Field 28: FIRST\_PAYMENT\_SRC**

Code indicating the expected primary source of payment.

**Coding Scheme:**

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

<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 29:</b>	<b>FIRST_PAYER_ID</b> National Plan Identifier (when implemented by federal government).				
<b>Length:</b>	10	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 30:</b>	<b>FIRST_PAYER_NAME</b> Name of primary source of payment.				
<b>Length:</b>	35	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 31:</b>	<b>SECONDARY_PAYMENT_SRC</b> Code indicating the expected secondary source of payment. Same as FIRST_PAYMENT_SRC				
<b>Coding Scheme:</b>	Same as FIRST_PAYMENT_SRC				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 32:</b>	<b>SECONDARY_PAYER_ID</b> National Plan Identifier (when implemented by federal government).				
<b>Length:</b>	10	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 33:</b>	<b>SECONDARY_PAYER_NAME</b> Name of secondary source of payment.				
<b>Length:</b>	35	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 34:</b>	<b>STMT_PERIOD_FROM</b> Beginning service date of the period reflected on the statement. Entered as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 35:</b>	<b>STMT_PERIOD_THRU</b> Ending service date of the period reflected on the statement. Entered as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 36:</b>	<b>LENGTH_OF_SERVICE</b> Length of stay in days <i>equals</i> Statement covers period through date <i>minus</i> Admission/start of care date. The minimum length of stay is 1 day. The maximum is 30 days.				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 37:</b>	<b>PAT_STATUS</b> Code indicating patient status as of the ending date of service for the period of care reported.				

**Coding Scheme:**

- |  |  |
|--|--|
| 1 Discharged to home or self-care (routine discharge)  | 61 Discharged/transferred within this institution to Medicare-approved swing bed   |
| 2 Discharged/transferred to a short term general hospital for inpatient care   | 62 Discharged/transferred to inpatient rehabilitation facility   |
| 3 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care               | 63 Discharged/transferred to Medicare-certified long term care hospital  |
| 4 Discharged/transferred to a facility that provides custodial or supportive care  | 64 Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare   |
| 5 Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)                                  | 65 Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital   |
| 6 Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care | 66 Discharged/transferred to Critical Access Hospital (CAH)  |
| 7 Left against medical advice  | 69 Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)  |
| 09 Admitted as inpatient to this hospital  | 70 Discharge/transfer to another type of health care institution not defined elsewhere in the code list  |
| 20 Expired   | 81 Discharged to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  |
| 21 Discharged/transferred to Court/Law Enforcement   | 82 Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)             |
| 30 Still patient   | 83 Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 40 Expired at home   | 84 Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)        |
| 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  |  |

- |  |   |
|--|---|
| <p>85 Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)</p> <p>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)</p> <p>87 Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)</p> <p>88 Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)</p> <p>89 Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)</p> <p>90 Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital</p> | <p>with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)</p> <p>91 Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)</p> <p>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)</p> <p>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)</p> <p>94 Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)</p> <p>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)</p> |
|--|---|

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

**Field 38: TYPE\_OF\_BILL**  
Provides specific information about the claim data submitted. First digit = type of facility. Second digit = type of care. Third digit = sequence of the claim.

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

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

**Field 39: PAT\_REASON\_FOR\_VISIT**  
ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

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

**Field 40: PRINC\_DIAG\_CODE**  
ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

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

**Field 41: OTH\_DIAG\_CODE\_1**  
ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

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

**Field 42: OTH\_DIAG\_CODE\_2**  
ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

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

**Field 43: OTH\_DIAG\_CODE\_3**  
ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

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

**Field 44: OTH\_DIAG\_CODE\_4**  
ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

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

<b>Field 45:</b>	<b>OTH_DIAG_CODE_5</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 46:</b>	<b>OTH_DIAG_CODE_6</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 47:</b>	<b>OTH_DIAG_CODE_7</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 48:</b>	<b>OTH_DIAG_CODE_8</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 49:</b>	<b>OTH_DIAG_CODE_9</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 50:</b>	<b>OTH_DIAG_CODE_10</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 51:</b>	<b>OTH_DIAG_CODE_11</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 52:</b>	<b>OTH_DIAG_CODE_12</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 53:</b>	<b>OTH_DIAG_CODE_13</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 54:</b>	<b>OTH_DIAG_CODE_14</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 55:</b>	<b>OTH_DIAG_CODE_15</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 56:</b>	<b>OTH_DIAG_CODE_16</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 57:</b>	<b>OTH_DIAG_CODE_17</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 58:</b>	<b>OTH_DIAG_CODE_18</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 59:</b>	<b>OTH_DIAG_CODE_19</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 60:</b>	<b>OTH_DIAG_CODE_20</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim

<b>Field 61:</b>	<b>OTH_DIAG_CODE_21</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 62:</b>	<b>OTH_DIAG_CODE_22</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 63:</b>	<b>OTH_DIAG_CODE_23</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 64:</b>	<b>OTH_DIAG_CODE_24</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 65:</b>	<b>RELATED_CAUSE_CODE_1</b> Code identifying an accompanying cause of an illness, injury or an accident.
<b>Coding Scheme:</b>	AA    Auto accident AB    Abuse AP    Another party responsible EM    Employment OA    Other accident
<b>Length:</b>	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 66:</b>	<b>RELATED_CAUSE_CODE_2</b> Code identifying an accompanying cause of an illness, injury or an accident.
<b>Coding Scheme:</b>	Same as RELATED_CAUSE_CODE_1
<b>Length:</b>	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 67:</b>	<b>RELATED_CAUSE_CODE_3</b> Code identifying an accompanying cause of an illness, injury or an accident.
<b>Coding Scheme:</b>	Same as RELATED_CAUSE_CODE_1
<b>Length:</b>	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 68:</b>	<b>E_CODE_1</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 69:</b>	<b>E_CODE_2</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 70:</b>	<b>E_CODE_3</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 71:</b>	<b>E_CODE_4</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 72:</b>	<b>E_CODE_5</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 73:</b>	<b>E_CODE_6</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 74:</b>	<b>E_CODE_7</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 75:</b>	<b>E_CODE_8</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim

<b>Field 76:</b>	<b>E_CODE_9</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 77:</b>	<b>E_CODE_10</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 78:</b>	<b>PROC_CODE_1</b> Code for the surgical or other procedure with the highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 79:</b>	<b>PROC_CODE_2</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 80:</b>	<b>PROC_CODE_3</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 81:</b>	<b>PROC_CODE_4</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 82:</b>	<b>PROC_CODE_5</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 83:</b>	<b>PROC_CODE_6</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 84:</b>	<b>PROC_CODE_7</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 85:</b>	<b>PROC_CODE_8</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 86:</b>	<b>PROC_CODE_9</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 87:</b>	<b>PROC_CODE_10</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 88:</b>	<b>PROC_CODE_11</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 89:</b>	<b>PROC_CODE_12</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 90:</b>	<b>PROC_CODE_13</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 91:</b>	<b>PROC_CODE_14</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim



<b>Field 92:</b>	<b>PROC_CODE_15</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 93:</b>	<b>PROC_CODE_16</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 94:</b>	<b>PROC_CODE_17</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 95:</b>	<b>PROC_CODE_18</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 96:</b>	<b>PROC_CODE_19</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 97:</b>	<b>PROC_CODE_20</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 98:</b>	<b>PROC_CODE_21</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 99:</b>	<b>PROC_CODE_22</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 100:</b>	<b>PROC_CODE_23</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 101:</b>	<b>PROC_CODE_24</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 102:</b>	<b>PROC_CODE_25</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 103:</b>	<b>EAPG_GRP_VER</b> Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09
<b>Length:</b>	12 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 104:</b>	<b>APC_GRP_VER</b> Ambulatory Payment Classification (APC) as assigned by 3M™ APC Grouper. Not available 4Q09
<b>Length:</b>	12 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 105:</b>	<b>PHYSICIAN1_INDEX_NUMBER</b> 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.
<b>Length:</b>	10 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 106:</b>	<b>PHYSICIAN2_INDEX_NUMBER</b> Unique identifier assigned to the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or

therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.

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

**Field 107:** OCCUR\_CODE\_1  
Code describing a significant event relating to the claim.

**Coding Scheme:**

- |    |  |    |  |
|----|--|----|--|
| 1  | Auto accident  | 37 | Date of inpatient hospital discharge for non-covered transplant patients |
| 2  | No Fault Insurance Involved - Including Auto Accident/Other                    | 38 | Date treatment started for home IV therapy                               |
| 3  | Accident/ Tort Liability   | 39 | Date discharged on a continuous course if IV therapy                     |
| 4  | Accident/ Employment Related   | 41 | Date of first test of pre-admission testing                              |
| 5  | Other accident   | 42 | Date of discharge (hospice only)   |
| 6  | Crime Victim   | 43 | Scheduled date of canceled surgery                                       |
| 9  | Start of Infertility Treatment Cycle   | 44 | Date treatment started - OT  |
| 10 | Last Menstrual Period  | 45 | Date treatment started - ST  |
| 11 | Onset of Symptoms/ Illness   | 46 | Date treatment started - Cardiac rehabilitation                          |
| 12 | Date of Onset for a Chronically Dependent Individual                           | 47 | Date cost outlier status begins  |
| 16 | Date of Last Therapy   | A1 | Birthdate - Insured A  |
| 17 | Date Outpatient OT Plan Established or Last Reviewed                           | A2 | Effective Date - Insured A Policy  |
| 18 | Date of Retirement - Patient/Beneficiary                                       | A3 | Payer A benefits exhausted   |
| 19 | Date of Retirement - Spouse  | A4 | Split Bill Date  |
| 20 | Date Guarantee of Payment Began  | B1 | Birthdate - Insured B  |
| 21 | Date UR Notice Received  | B2 | Effective date - Insured B Policy  |
| 22 | Date Active Care Ended   | B3 | Payer B benefits exhausted   |
| 24 | Date Insurance Denied  | C1 | Birthdate - Insured C  |
| 25 | Date Benefits Terminated by Primary Payer                                      | C2 | Effective date - Insured C Policy  |
| 26 | Date SNF Bed Became Available  | C3 | Payer C benefits exhausted   |
| 27 | Date Home Health Plan Established or Last Reviewed                             | DR | Katrina disaster related   |
| 28 | Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed | E1 | Birthdate - Insured D  |
| 29 | Date Outpatient PT Plan established or last reviewed                           | E2 | Effective date - Insured D Policy  |
| 30 | Date Outpatient ST Plan established or last reviewed                           | E3 | Payer D benefits exhausted   |
| 31 | Date beneficiary notified of intent to bill (accommodations)                   | F1 | Birthdate - Insured E  |
| 32 | Date beneficiary notified of intent to bill (procedures or treatments)         | F2 | Effective date - Insured E Policy  |
|    |  | F3 | Payer E benefits exhausted   |
|    |  | G1 | Birthdate - Insured F  |
|    |  | G2 | Effective date - Insured F Policy  |
|    |  | G3 | Payer F benefits exhausted   |

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

**Field 108:** OCCUR\_DATE\_1  
Date of occurrence, as YYYYMMDD.

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

**Field 109:** OCCUR\_DAY\_1  
Occurrence Day equals Occurrence Date minus STMT\_PERIOD\_FROM Date.

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

**Field 110:** 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 111:** OCCUR\_DATE\_2  
Date of occurrence, as YYYYMMDD.

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

**Field 112:** OCCUR\_DAY\_2



	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 113:</b>	<b>OCCUR_CODE_3</b>			
	Code describing a significant event relating to the claim.			
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.			
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 114:</b>	<b>OCCUR_DATE_3</b>			
	Date of occurrence, as YYYYMMDD.			
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 115:</b>	<b>OCCUR_DAY_3</b>			
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 116:</b>	<b>OCCUR_CODE_4</b>			
	Code describing a significant event relating to the claim.			
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.			
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 117:</b>	<b>OCCUR_DATE_4</b>			
	Date of occurrence, as YYYYMMDD.			
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 118:</b>	<b>OCCUR_DAY_4</b>			
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 119:</b>	<b>OCCUR_CODE_5</b>			
	Code describing a significant event relating to the claim.			
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.			
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 120:</b>	<b>OCCUR_DATE_5</b>			
	Date of occurrence, as YYYYMMDD.			
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 121:</b>	<b>OCCUR_DAY_5</b>			
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 122:</b>	<b>OCCUR_CODE_6</b>			
	Code describing a significant event relating to the claim.			
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.			
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 123:</b>	<b>OCCUR_DATE_6</b>			
	Date of occurrence, as YYYYMMDD.			
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 124:</b>	<b>OCCUR_DAY_6</b>			
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 125:</b>	<b>OCCUR_CODE_7</b>			
	Code describing a significant event relating to the claim.			
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.			
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 126:</b>	<b>OCCUR_DATE_7</b>			
	Date of occurrence, as YYYYMMDD.			
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 127:</b>	<b>OCCUR_DAY_7</b>			
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 128:</b>	<b>OCCUR_CODE_8</b>			
	Code describing a significant event relating to the claim.			
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.			
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 129:</b>	<b>OCCUR_DATE_8</b>			
	Date of occurrence, as YYYYMMDD.			
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 130:</b>	<b>OCCUR_DAY_8</b>			
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 131:</b>	<b>OCCUR_CODE_9</b>			
	Code describing a significant event relating to the claim.			

<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 132:</b>	<b>OCCUR_DATE_9</b> Date of occurrence, as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 133:</b>	<b>OCCUR_DAY_9</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 134:</b>	<b>OCCUR_CODE_10</b> Code describing a significant event relating to the claim.		
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 135:</b>	<b>OCCUR_DATE_10</b> Date of occurrence, as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 136:</b>	<b>OCCUR_DAY_10</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 137:</b>	<b>OCCUR_CODE_11</b> Code describing a significant event relating to the claim.		
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 138:</b>	<b>OCCUR_DATE_11</b> Date of occurrence, as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 139:</b>	<b>OCCUR_DAY_11</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 140:</b>	<b>OCCUR_CODE_12</b> Code describing a significant event relating to the claim.		
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 141:</b>	<b>OCCUR_DATE_12</b> Date of occurrence, as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 142:</b>	<b>OCCUR_DAY_12</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 143:</b>	<b>OCCUR_SPAN_CODE_1</b> Code describing a significant event relating to the claim that may affect payer processing.		
<b>Coding Scheme:</b>	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	
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 144:</b>	<b>OCCUR_SPAN_FROM_1</b> Occurrence Span From is the Beginning Date of Occurrence Event.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 145:</b>	<b>OCCUR_SPAN_THRU_1</b> Occurrence Span Thru is the Ending Date of Occurrence Event.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 146:</b>	<b>OCCUR_SPAN_CODE_2</b> Code describing a significant event relating to the claim that may affect payer processing.		
<b>Coding Scheme:</b>	Same as OCCUR_SPAN_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 147:</b>	<b>OCCUR_SPAN_FROM_2</b> Occurrence Span From is the Beginning Date of Occurrence Event.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim

<b>Field 148:</b>	<b>OCCUR_SPAN_THRU_2</b>	Occurrence Span Thru is the Ending Date of Occurrence Event.
<b>Length:</b>	8	<b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 149:</b>	<b>OCCUR_SPAN_CODE_3</b>	Code describing a significant event relating to the claim that may affect payer processing.
<b>Coding Scheme:</b>	Same as OCCUR_SPAN_CODE_1.	
<b>Length:</b>	2	<b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 150:</b>	<b>OCCUR_SPAN_FROM_3</b>	Occurrence Span From is the Beginning Date of Occurrence Event.
<b>Length:</b>	8	<b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 151:</b>	<b>OCCUR_SPAN_THRU_3</b>	Occurrence Span Thru is the Ending Date of Occurrence Event.
<b>Length:</b>	8	<b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 152:</b>	<b>OCCUR_SPAN_CODE_4</b>	Code describing a significant event relating to the claim that may affect payer processing.
<b>Coding Scheme:</b>	Same as OCCUR_SPAN_CODE_1.	
<b>Length:</b>	2	<b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 153:</b>	<b>OCCUR_SPAN_FROM_4</b>	Occurrence Span From is the Beginning Date of Occurrence Event.
<b>Length:</b>	8	<b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 154:</b>	<b>OCCUR_SPAN_THRU_4</b>	Occurrence Span Thru is the Ending Date of Occurrence Event.
<b>Length:</b>	8	<b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 155:</b>	<b>CONDITION_CODE_1</b>	Code describing a condition relating to the claim.

**Coding Scheme:**

1	Military service related	27	Patient referred to a sole community hospital for a diagnostic laboratory test	47	Transfer from another Home Health Agency
2	Condition is employment related			48	Psychiatric residential treatment centers for children and adolescents (RTCs)
3	Patient covered by insurance not reflected here	28	Patient and/or spouse's EGHP is secondary to Medicare	49	Product replacement within product lifecycle
4	Information only bill.	29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	50	Product Replacement for Known Recall of a Product
5	Lien has been filed			51	Attestation of Unrelated Outpatient Nondiagnostic Services
6	ESRD patient in first 18 months of entitlement covered by EGHP	30	Non-research services provided to patients enrolled in a qualified clinical trial	52	Out of Hospice Service Area
7	Treatment of non-terminal condition for hospice patient	31	Patient is student (full time - day)	53	Initial placement of a medical device provided as part of a clinical trial or a free sample
8	Beneficiary would not provide information concerning other insurance coverage	32	Patient is student (cooperative/work study program)	54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency
9	Neither patient or spouse is employed	33	Patient is student (full time - night)	55	SNF bed not available
10	Patient and/or spouse is employed but no EGHP exists	34	Patient is student (part-time)	56	Medical appropriateness
11	Disabled beneficiary but no LGHP coverage exists	36	General care patient in a special unit	57	SNF readmission
17	Patient is homeless	37	Ward accommodation at patient request	58	Terminated Medicare+Choice organization enrollee
18	Maiden name retained	38	Semi-private room not available	59	Non-primary ESRD facility
19	Child retains mother's name	39	Private room medically necessary	60	Day outlier
20	Beneficiary requested billing	40	Same day transfer	61	Cost outlier
21	Billing for denial notice	41	Partial hospitalization	66	Provider does not wish cost outlier payment
22	Patient on multiple drug regimen	42	Continuing care not related to inpatient admission	67	Beneficiary elects not to use life time reserve (LTR) days
23	Home care giver available	43	Continuing care not provided within prescribed post discharge window	68	Beneficiary elects to use life time reserve (LTR) days
24	Home IV patient also receiving HHA services	44	Inpatient admission changed to outpatient	69	IME/DGME/N&AH Payment Only
25	Patient is non-US resident	45	Ambiguous Gender Category		
26	VA eligible patient chooses to receive services in a Medicare certified facility	46	Non-availability statement on file		

70	Self-administered anemia management drug	AE	Abortion performed due to physical health of mother that is not life endangering	D8	Change to Make Medicare the Primary Payer
71	Full care in unit	AF	Abortion performed due to emotional/psychological health of mother	D9	Any Other Change
72	Self care in unit			DR	Disaster related
73	Self care training	AG	Abortion performed due to social or economic reasons	E0	Changes in Patient Status
74	Home	AH	Elective abortion	G0	Distinct Medical Visit
75	Home - 100% reimbursement	AI	Sterilization	H0	Delayed Filing, Statement of Intent Submitted
76	Back-up in facility dialysis	AJ	Payer responsible for co-payment	H2	Discharge by a Hospice Provider for Cause
77	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment	AK	Air ambulance required	H3	Reoccurrence of GI Bleed Comorbid Category
		AL	Specialized treatment/bed unavailable	H4	Reoccurrence of Pneumonia Comorbid Category
78	New coverage not implemented by HMO	AM	Non-emergency medically necessary stretcher transport required	H5	Reoccurrence of Pericarditis Comorbid Category
79	CORF services provided offsite	AN	Pre-admission screening not required	P1	Do not Resuscitate Order (DNR)
80	Home dialysis - nursing facility	B0	Medicare coordinated care demonstration claim	P7	Direct Inpatient Admission from Emergency Room
81	C-section/Inductions <39 Weeks-Medical Necessity	B1	Beneficiary is ineligible for demonstration program	R1	Request for reopening Reason Code - Mathematical or Computational Mistake
83	C-section/Inductions 39 weeks or greater	B4	Admission unrelated to discharge on same day	R2	Request for reopening Reason Code -Inaccurate Data Entry
84	Dialysis for Acute Kidney Injury (AKI)	BP	Gulf Oil Spill of 2010	R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
85	Delayed Recertification of Hospice Terminal Illness	C1	Approved as billed	R4	Request for reopening Reason Code - Computer Errors
86	Additional Hemodialysis Treatment with Medical Justification	C2	Automatic approval as billed based on focused review	R5	Request for reopening Reason Code - Incorrectly Identified Duplicate Claim
A0	TRICARE external partnership program	C3	Partial approval	R6	Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above
A1	EPSDT/CHAP	C4	Admission/services denied	R7	Request for reopening Reason Code - Corrections other than clerical errors
A2	Physically handicapped children's program	C5	Post payment review applicable	R8	Request for reopening Reason Code - New and Material Evidence
A3	Special Federal Funding	C6	Admission Preauthorization	R9	Request for reopening Reason Code - Faulty Evidence
A4	Family planning	C7	Extended Authorization	WO	United Mine Workers of America (UMWA) Demonstration Indicator
A5	Disability	D0	Changes to Service Dates	W2	Duplicate of Original Bill
A6	Vaccines/Medicare 100% payment	D1	Changes to Charges	W3	Level I Appeal
A9	Second opinion surgery	D3	Second or Subsequent Interim PPS Bill	W4	Level II Appeal
AA	Abortion performed due to rape	D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.	W5	Level III Appeal
AB	Abortion performed due to incest	D5	Cancel to correct Insured's ID or Provider ID		
AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality	D6	Cancel Only to Repay a Duplicate or OIG Overpayment		
AD	Abortion performed due to life endangering physical condition	D7	Change to Make Medicare the Secondary Payer		

<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 156:</b>	<b>CONDITION_CODE_2</b>				
<b>Coding Scheme:</b>	Code describing a condition relating to the claim. Same as CONDITION_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 157:</b>	<b>CONDITION_CODE_3</b>				
<b>Coding Scheme:</b>	Code describing a condition relating to the claim. Same as CONDITION_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim

<b>Field 158:</b>	<b>CONDITION_CODE_4</b>	Code describing a condition relating to the claim.			
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 159:</b>	<b>CONDITION_CODE_5</b>	Code describing a condition relating to the claim.			
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 160:</b>	<b>CONDITION_CODE_6</b>	Code describing a condition relating to the claim.			
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 161:</b>	<b>CONDITION_CODE_7</b>	Code describing a condition relating to the claim.			
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 162:</b>	<b>CONDITION_CODE_8</b>	Code describing a condition relating to the claim.			
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 163:</b>	<b>VALUE_CODE_1</b>	Code describing information that may affect payer processing.			
<b>Coding Scheme:</b>					
1	Most common semi-private rate	28	Offset to the patient - payment amount - dental services	52	Speech Therapy visits
2	Hospital has no semi-private rooms	29	Offset to the patient - payment amount - chiropractic services	53	Cardiac rehab visits
4	Inpatient professional component charges which are combined billed	30	Preadmission testing	54	Newborn birth weight in grams
5	Professional component included in charges and also billed separately to carrier	31	Patient Liability Amount	55	Eligibility threshold for charity care
6	Blood deductible	32	Multiple patient ambulance transport	56	Skilled nurse - home visit hours
8	Life time reserve amount in the first calendar year	33	Offset to the patient - payment amount - podiatric services	57	Home health aide - home visit hours
9	Coinsurance amount in the first calendar year	34	Offset to the patient - payment amount - other medical services	58	Arterial blood gas
10	Lifetime reserve amount in the second calendar year	35	Offset to the patient - payment amount - health insurance premiums	59	Oxygen saturation
11	Coinsurance amount in the second calendar year	36	Units of blood furnished	60	HHA branch MSA
12	Working aged beneficiary/spouse with employer group health plan	37	Units of blood replaced	61	Place of Residence where service is furnished (HHA and hospice)
13	ESRD beneficiary in a Medicare coordination period with an employer group health plan	38	Black lung	62	Medicaid spend down amount
14	No fault, including auto/other	39	VA	63	Peritoneal dialysis
15	Worker's compensation	40	Disabled beneficiary under age 65 with LGHP	64	EPO-drug
16	Public health service (PHS) or other federal agency	41	Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received	65	State charity care percentage
21	Catastrophic	42	Accident hour	66	Covered Days
22	Surplus	43	Number of grace days	67	Non-covered Days
23	Recurring monthly income	44	Any liability insurance	68	Co-insurance Days
24	Medicaid Rate Code	45	Hemoglobin reading	69	Lifetime Reserve Days
25	Offset to the patient - payment amount - prescription drugs	46	Hematocrit reading	70	Shorter Duration Hemodialysis
26	Offset to the patient - payment amount - hearing and ear services	47	Physical Therapy visits	A0	Special zip code reporting
27	Offset to the patient - payment amount - vision and eye services	48	Occupational Therapy visits	A1	Deductible payer A
		49		A2	Coinsurance payer A
		50		A3	Estimated responsibility payer A
		51		A4	Covered self-administrable drugs - emergency
				A5	Covered self-administrable drugs - administrable in form and situation furnished to patient
				A6	Covered self-administrable drugs - diagnostic study and other

A7	Co-payment payer A		health care related taxes - payer B	D4	Clinical Trial Number Assigned by NLM/NIH
A8	Patient weight	BB	Other assessments or allowances (e.g., medical education) - payer B	D5	Last Kt/V Reading
A9	Patient height			FC	Patient Paid Amount
AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A	C1	Deductible payer C	FD	Credit Received from the Manufacturer for a Medical Device
AB	Other assessments or allowances (e.g., medical education) - payer A	C2	Coinsurance payer C	G8	Facility where Inpatient Hospice Service is Delivered
B1	Deductible payer B	C3	Estimated responsibility payer C	Y1	Part A Demonstration Payment Y2
B2	Coinsurance payer B	C7	Co-payment payer C		Part B Demonstration Payment Y3
B3	Estimated responsibility payer B	CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C		Part B Coinsurance
B7	Co-payment payer B	CB	Other assessments or allowances (e.g., medical education) - payer C	Y4	Conventional Provider Payment Y5
BA	Regulatory surcharges, assessments, allowances or	D3	Patient estimated responsibility		Part B Deductible

<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 164:</b>	<b>VALUE_AMOUNT_1</b> Amount (in cents) that may be affected.				
<b>Length:</b>	9	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 165:</b>	<b>VALUE_CODE_2</b> Code describing information that may affect payer processing.				
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 166:</b>	<b>VALUE_AMOUNT_2</b> Amount (in cents) that may be affected.				
<b>Length:</b>	9	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 167:</b>	<b>VALUE_CODE_3</b> Code describing information that may affect payer processing.				
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 168:</b>	<b>VALUE_AMOUNT_3</b> Amount (in cents) that may be affected.				
<b>Length:</b>	9	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 169:</b>	<b>VALUE_CODE_4</b> Code describing information that may affect payer processing.				
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 170:</b>	<b>VALUE_AMOUNT_4</b> Amount (in cents) that may be affected.				
<b>Length:</b>	9	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 171:</b>	<b>VALUE_CODE_5</b> Code describing information that may affect payer processing.				
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 172:</b>	<b>VALUE_AMOUNT_5</b> Amount (in cents) that may be affected.				
<b>Length:</b>	9	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 173:</b>	<b>VALUE_CODE_6</b> Code describing information that may affect payer processing.				
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 174:</b>	<b>VALUE_AMOUNT_6</b> Amount (in cents) that may be affected.				
<b>Length:</b>	9	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 175:</b>	<b>VALUE_CODE_7</b> Code describing information that may affect payer processing.				
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 176:</b>	<b>VALUE_AMOUNT_7</b> Amount (in cents) that may be affected.				



<b>Length:</b>	9	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 177:</b>	<b>VALUE_CODE_8</b>				
	Code describing information that may affect payer processing.				
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 178:</b>	<b>VALUE_AMOUNT_8</b>				
	Amount (in cents) that may be affected.				
<b>Length:</b>	9	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 179:</b>	<b>VALUE_CODE_9</b>				
	Code describing information that may affect payer processing.				
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 180:</b>	<b>VALUE_AMOUNT_9</b>				
	Amount (in cents) that may be affected.				
<b>Length:</b>	9	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 181:</b>	<b>VALUE_CODE_10</b>				
	Code describing information that may affect payer processing.				
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 182:</b>	<b>VALUE_AMOUNT_10</b>				
	Amount (in cents) that may be affected.				
<b>Length:</b>	9	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 183:</b>	<b>VALUE_CODE_11</b>				
	Code describing information that may affect payer processing.				
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 184:</b>	<b>VALUE_AMOUNT_11</b>				
	Amount (in cents) that may be affected.				
<b>Length:</b>	9	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 185:</b>	<b>VALUE_CODE_12</b>				
	Code describing information that may affect payer processing.				
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 186:</b>	<b>VALUE_AMOUNT_12</b>				
	Amount (in cents) that may be affected.				
<b>Length:</b>	9	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 187:</b>	<b>OTHER_AMOUNT</b>				
	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.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated
<b>Field 188:</b>	<b>PHARM_AMOUNT</b>				
	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 026X, 063X.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated
<b>Field 189:</b>	<b>MEDSURG_AMOUNT</b>				
	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.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated
<b>Field 190:</b>	<b>DME_AMOUNT</b>				
	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.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated
<b>Field 191:</b>	<b>USED_DME_AMOUNT</b>				
	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.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated
<b>Field 192:</b>	<b>PT_AMOUNT</b>				
	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.				

<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated
<b>Field 193:</b>	<b>OT_AMOUNT</b> 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.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated
<b>Field 194:</b>	<b>SPEECH_AMOUNT</b> 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.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated
<b>Field 195:</b>	<b>IT_AMOUNT</b> 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.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated
<b>Field 196:</b>	<b>BLOOD_AMOUNT</b> 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.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated
<b>Field 197:</b>	<b>BLOOD_ADM_AMOUNT</b> 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.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated
<b>Field 198:</b>	<b>OR_AMOUNT</b> 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.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated
<b>Field 199:</b>	<b>LITH_AMOUNT</b> 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.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated
<b>Field 200:</b>	<b>CARD_AMOUNT</b> 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.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated
<b>Field 201:</b>	<b>ANES_AMOUNT</b> 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.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated
<b>Field 202:</b>	<b>LAB_AMOUNT</b> 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.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated
<b>Field 203:</b>	<b>RAD_AMOUNT</b> 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.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated
<b>Field 204:</b>	<b>MRI_AMOUNT</b> 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.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated
<b>Field 205:</b>	<b>OP_AMOUNT</b> 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.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated



<b>Field 206:</b>	<b>ER_AMOUNT</b> 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.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 207:</b>	<b>AMBULANCE_AMOUNT</b> 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.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 208:</b>	<b>PRO_FEE_AMOUNT</b> 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.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 209:</b>	<b>ORGAN_AMOUNT</b> 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.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 210:</b>	<b>ESRD_AMOUNT</b> 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.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 211:</b>	<b>CLINIC_AMOUNT</b> 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.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated
<b>Field 212:</b>	<b>CLAIM_TOTAL_CHARGES</b> Sum (in cents) of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. Replaces TOTAL_CHARGES_23.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Claim
<b>Field 213:</b>	<b>CLAIM_NON_COV_CHARGES</b> Sum (in cents) of non-covered accommodation charges, non-covered ancillary charges.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Claim
<b>Field 214:</b>	<b>CLAIM_CHARGES Ancil</b> Sum (in cents) of covered and non-covered ancillary charges.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Claim
<b>Field 215:</b>	<b>CLAIM_NON_COV_CHARGES Ancil</b> Sum (in cents) of non-covered ancillary charges.
<b>Length:</b>	12 <b>Type:</b> Numeric <b>Data Source:</b> Claim
<b>Field 216:</b>	<b>PROCESS_DATE</b> Date record was processed and certified.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 217:</b>	<b>INST_PROF_INDICATOR (INPUT_FORMAT)</b> Format in which the outpatient data file was submitted by the facility.
<b>Coding Scheme:</b>	0 837 Professional 1 837 Institutional
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 218:</b>	<b>INBOUND_INDICATOR</b> Indicates the format of data as submitted.
<b>Coding Scheme:</b>	8 837 format D Data entry U UB-04 format
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 219:</b>	<b>EMERGENCY_DEPT_FLAG</b> Indicator of emergency department visit
<b>Coding Scheme:</b>	Y visit was emergency related N Visit was not emergency related
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 220:</b>	<b>CCS_PRIN_DIAG_CODE</b> Clinical Classifications Software (CCS) classification of PRIN_DIAG_CODE into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned

<b>Field 221:</b>	<b>CCS_OTH_DIAG_CODE_1</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 222:</b>	<b>CCS_OTH_DIAG_CODE_2</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 223:</b>	<b>CCS_OTH_DIAG_CODE_3</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 224:</b>	<b>CCS_OTH_DIAG_CODE_4</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 225:</b>	<b>CCS_OTH_DIAG_CODE_5</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 226:</b>	<b>CCS_OTH_DIAG_CODE_6</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 227:</b>	<b>CCS_OTH_DIAG_CODE_7</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 228:</b>	<b>CCS_OTH_DIAG_CODE_8</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 229:</b>	<b>CCS_OTH_DIAG_CODE_9</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 230:</b>	<b>CCS_OTH_DIAG_CODE_10</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 231:</b>	<b>CCS_OTH_DIAG_CODE_11</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 232:</b>	<b>CCS_OTH_DIAG_CODE_12</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 233:</b>	<b>CCS_OTH_DIAG_CODE_13</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 234:</b>	<b>CCS_OTH_DIAG_CODE_14</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 235:</b>	<b>CCS_OTH_DIAG_CODE_15</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 236:</b>	<b>CCS_OTH_DIAG_CODE_16</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned

<b>Field 237:</b>	<b>CCS_OTH_DIAG_CODE_17</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 238:</b>	<b>CCS_OTH_DIAG_CODE_18</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 239:</b>	<b>CCS_OTH_DIAG_CODE_19</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 240:</b>	<b>CCS_OTH_DIAG_CODE_20</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 241:</b>	<b>CCS_OTH_DIAG_CODE_21</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 242:</b>	<b>CCS_OTH_DIAG_CODE_22</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 243:</b>	<b>CCS_OTH_DIAG_CODE_23</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 244:</b>	<b>CCS_OTH_DIAG_CODE_24</b> Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 245:</b>	<b>CCS_PROC_CODE_1</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_1 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 246:</b>	<b>CCS_PROC_CODE_2</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_2 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 247:</b>	<b>CCS_PROC_CODE_3</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_3 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 248:</b>	<b>CCS_PROC_CODE_4</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 249:</b>	<b>CCS_PROC_CODE_5</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 250:</b>	<b>CCS_PROC_CODE_6</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 251:</b>	<b>CCS_PROC_CODE_7</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 252:</b>	<b>CCS_PROC_CODE_8</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_8 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned

<b>Field 253:</b>	<b>CCS_PROC_CODE_9</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 254:</b>	<b>CCS_PROC_CODE_10</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_10 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 255:</b>	<b>CCS_PROC_CODE_11</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_11 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 256:</b>	<b>CCS_PROC_CODE_12</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_12 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 257:</b>	<b>CCS_PROC_CODE_13</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_13 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 258:</b>	<b>CCS_PROC_CODE_14</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_14 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 259:</b>	<b>CCS_PROC_CODE_15</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_15 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 260:</b>	<b>CCS_PROC_CODE_16</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_16 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 261:</b>	<b>CCS_PROC_CODE_17</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_17 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 262:</b>	<b>CCS_PROC_CODE_18</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_18 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 263:</b>	<b>CCS_PROC_CODE_19</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 264:</b>	<b>CCS_PROC_CODE_20</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_20 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 265:</b>	<b>CCS_PROC_CODE_21</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 266:</b>	<b>CCS_PROC_CODE_22</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_22 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 267:</b>	<b>CCS_PROC_CODE_23</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_23 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 268:</b>	<b>CCS_PROC_CODE_24</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_24 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned

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<b>Field 269:</b>	<b>CCS_PROC_CODE_25</b> Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_25 into clinically meaningful procedure category.				
<b>Length:</b>	3	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned

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## OUTPATIENT CHARGES DATA FILE

<b>Field 1:</b>	<b>RECORD_ID</b>	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		
<b>Length:</b>	<b>12</b>	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 2:</b>	<b>REVENUE_CODE</b>	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	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0159	Room charges for ward rooms - other
0101	All-inclusive room charges	0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0160	Room charges for other rooms - general
0110	Room charges for private rooms - general	0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0164	Room charges for other rooms - Sterile Environment
0111	Room charges for private rooms - medical/surgical/GYN	0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0167	Room charges for other rooms - self care
0112	Room charges for private rooms - obstetrics	0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0169	Room charges for other rooms - other
0113	Room charges for private rooms - pediatric	0139	Room charges for semi-private - 3/4 beds - rooms - other	0170	Room charges for nursery - general
0114	Room charges for private rooms - psychiatric	0140	Room charges for private (deluxe) rooms - general	0171	Room charges for nursery - newborn level I
0115	Room charges for private rooms - hospice	0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	0172	Room charges for nursery - newborn level II
0116	Room charges for private rooms - detoxification	0142	Room charges for private (deluxe) rooms - obstetrics	0173	Room charges for nursery - newborn level III
0117	Room charges for private rooms - oncology	0143	Room charges for private (deluxe) rooms - pediatric	0174	Room charges for nursery - newborn level IV
0118	Room charges for private rooms - rehabilitation	0144	Room charges for private (deluxe) rooms - psychiatric	0179	Room charges for nursery - other
0119	Room charges for private rooms - other	0145	Room charges for private (deluxe) rooms - hospice	0180	Room charges for LOA - general
0120	Room charges for semi-private rooms - general	0146	Room charges for private (deluxe) rooms - detoxification	0182	Room charges for LOA - patient convenience-charges billable
0121	Room charges for semi-private rooms - medical/surgical/GYN	0147	Room charges for private (deluxe) rooms - oncology	0183	Room charges for LOA - therapeutic leave
0122	Room charges for semi-private rooms - obstetrics	0148	Room charges for private (deluxe) rooms - rehabilitation	0185	Room charges for LOA - nursing home (for hospitalization)
0123	Room charges for semi-private rooms - pediatric	0149	Room charges for private (deluxe) rooms - other	0189	Room charges for LOA - other
0124	Room charges for semi-private rooms - psychiatric	0150	Room charges for ward rooms - general	0190	Room charges for subacute care - general
0125	Room charges for semi-private rooms - hospice	0151	Room charges for ward rooms - medical/surgical/GYN	0191	Room charges for subacute care - Level I (skilled care)
0126	Room charges for semi-private rooms - detoxification	0152	Room charges for ward rooms - obstetrics	0192	Room charges for subacute care - Level II (comprehensive care)
0127	Room charges for semi-private rooms - oncology	0153	Room charges for ward rooms - pediatric	0193	Room charges for subacute care - Level III (complex care)
0128	Room charges for semi-private rooms - rehabilitation	0154	Room charges for ward rooms - psychiatric	0194	Room charges for subacute care - Level IV (intensive care)
0129	Room charges for semi-private rooms - other	0155	Room charges for ward rooms - hospice	0199	Room charges for subacute care - other
0130	Room charges for semi-private - 3/4 beds - rooms - general	0156	Room charges for ward rooms - detoxification	0200	Room charges for intensive care - general
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0157	Room charges for ward rooms - oncology	0201	Room charges for intensive care - surgical
0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0158	Room charges for ward rooms - rehabilitation	0202	Room charges for intensive care - medical
0133	Room charges for semi-private - 3/4 beds - rooms - pediatric			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)	0257	Pharmacy - nonprescription	0314	Laboratory pathological - biopsy
0207	Room charges for intensive care - burn care	0258	Pharmacy - IV solutions	0319	Laboratory pathological - other
0208	Room charges for intensive care - trauma	0259	Pharmacy - other	0320	Radiology - diagnostic - general
0209	Room charges for intensive care - other	0260	IV Therapy - general	0321	Radiology - diagnostic - angiocardiology
0210	Room charges for coronary care - general	0261	IV Therapy - infusion pump	0322	Radiology - diagnostic - arthrography
0211	Room charges for coronary care - myocardial infarction	0262	IV Therapy - pharmacy services	0323	Radiology - diagnostic - arteriography
0212	Room charges for coronary care - pulmonary care	0263	IV Therapy - drug/supply delivery	0324	Radiology - diagnostic - chest x-ray
0213	Room charges for coronary care - heart transplant	0264	IV Therapy - supplies	0329	Radiology - diagnostic - other
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0269	IV Therapy - other	0330	Radiology - therapeutic and/or chemotherapy administration - general
0219	Room charges for coronary care - other	0270	Medical surgical supplies and devices - general	0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected
0220	Special charges - general	0271	Medical surgical supplies and devices - nonsterile	0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral
0221	Special charges - admission charge	0272	Medical surgical supplies and devices - sterile	0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy
0222	Special charges - technical support charge	0273	Medical surgical supplies and devices - take-home	0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV
0223	Special charges - UR service charge	0274	Medical surgical supplies and devices - prosthetic/orthotic	0339	Radiology - therapeutic and/or chemotherapy administration - other
0224	Special charges - late discharge, medically necessary	0275	Medical surgical supplies and devices - pacemaker	0340	Nuclear medicine - general
0229	Special charges - other	0276	Medical surgical supplies and devices - intraocular lens (IOL)	0341	Nuclear medicine - diagnostic procedures
0230	Incremental nursing care - general	0277	Medical surgical supplies and devices - oxygen - take-home	0342	Nuclear medicine - therapeutic procedures
0231	Incremental nursing care - nursery	0278	Medical surgical supplies and devices - other implants	0343	Nuclear medicine - diagnostic radiopharmaceuticals
0232	Incremental nursing care - OB	0279	Medical surgical supplies and devices - other	0344	Nuclear medicine - therapeutic radiopharmaceuticals
0233	Incremental nursing care - ICU (includes transitional care)	0280	Oncology - general	0349	Nuclear medicine - other
0234	Incremental nursing care - CCU (includes transitional care)	0289	Oncology - other	0350	CT scan - general
0235	Incremental nursing care - hospice	0290	DME - general	0351	CT scan - head
0239	Incremental nursing care - other	0291	DME - rental	0352	CT scan - body
0240	All-inclusive ancillary - general	0292	DME - purchase of new	0359	CT scan - other
0241	All-inclusive ancillary - basic	0293	DME - purchase of used	0360	Operating room services - general
0242	All-inclusive ancillary - comprehensive	0294	DME - supplies/drugs for DME effectiveness	0361	Operating room services - minor surgery
0243	All-inclusive ancillary - specialty	0299	DME - other equipment	0362	Operating room services - organ transplant other than kidney
0249	All-inclusive ancillary - other	0300	Laboratory - general	0367	Operating room services - kidney transplant
0250	Pharmacy - general	0301	Laboratory - chemistry	0369	Operating room services - other
0251	Pharmacy - generic drugs	0302	Laboratory - immunology	0370	Anesthesia - general
0252	Pharmacy - non-generic drugs	0303	Laboratory - renal patient (home)	0371	Anesthesia - incident to radiology
0253	Pharmacy - take-home drugs	0304	Laboratory - non-routine dialysis	0372	Anesthesia - incident to other diagnostic services
0254	Pharmacy - drugs incident to other diagnostic services	0305	Laboratory - hematology	0374	Anesthesia - acupuncture
0255	Pharmacy - drugs incident to radiology	0306	Laboratory - bacteriology and microbiology		
0256	Pharmacy - experimental drugs	0307	Laboratory - urology		
		0309	Laboratory - other		
		0310	Laboratory pathological - general		
		0311	Laboratory pathological - cytology		
		0312	Laboratory pathological - histology		

0379	Anesthesia - other	0440	Speech-language pathology - general		Member in a Covered Part A Stay at SNF
0380	Blood - general	0441	Speech-language pathology - visit charge	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
0381	Blood - packed red cells	0442	Speech-language pathology - hourly charge		
0382	Blood - whole blood	0443	Speech-language pathology - group rate	0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area
0383	Blood - plasma	0444	Speech-language pathology - evaluation or reevaluation		
0384	Blood - platelets	0449	Speech-language pathology - other	0528	Freestanding Clinic - Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
0385	Blood - leukocytes	0450	Emergency room - general		
0386	Blood - other components	0451	Emergency room - EMTALA emergency medical screening services	0529	Freestanding Clinic - other
0387	Blood - other derivatives (cryoprecipitate)			0530	Osteopathic service - general
0389	Blood - other	0452	Emergency room - beyond EMTALA screening	0531	Osteopathic service - therapy
0390	Blood and blood component administration, storage and processing - general	0456	Emergency room - urgent care	0539	Osteopathic service - other
0391	Blood and blood component administration, storage and processing - administration	0459	Emergency room - other	0540	Ambulance service - general
0392	Blood and blood component administration, storage and processing - processing and storage	0460	Pulmonary function - general	0541	Ambulance service - supplies
0399	Blood and blood component administration, storage and processing - other	0469	Pulmonary function - other	0542	Ambulance service - medical transport
0400	Other imaging services - general	0470	Audiology - general	0543	Ambulance service - heart mobile
0401	Other imaging services - diagnostic mammography	0471	Audiology - diagnostic	0544	Ambulance service - oxygen
0402	Other imaging services - ultrasound	0472	Audiology - treatment	0545	Ambulance service - air ambulance
0403	Other imaging services - screening mammography	0479	Audiology - other	0546	Ambulance service - neonatal
0404	Other imaging services - PET	0480	Cardiology - general	0547	Ambulance service - pharmacy
0409	Other imaging services - other	0481	Cardiology - cardiac cath lab	0548	Ambulance service - telephone transmission EKG
0410	Respiratory services - general	0482	Cardiology - stress test	0549	Ambulance service - other
0412	Respiratory services - inhalation	0483	Cardiology - echocardiology	0550	Skilled nursing - general
0413	Respiratory services - hyperbaric oxygen therapy	0489	Cardiology - other	0551	Skilled nursing - visit charge
0419	Respiratory services - other	0490	Ambulatory surgical care - general	0552	Skilled nursing - hourly charge
0420	Physical therapy - general	0499	Ambulatory surgical care - other	0559	Skilled nursing - other
0421	Physical therapy - visit charge	0500	Outpatient services - general	0560	Medical social services - general
0422	Physical therapy - hourly charge	0509	Outpatient services - other	0561	Medical social services - visit charge
0423	Physical therapy - group rate	0510	Clinic - general	0562	Medical social services - hourly charge
0424	Physical therapy - evaluation or reevaluation	0511	Clinic - chronic pain	0569	Medical social services - other
0429	Physical therapy - other	0512	Clinic - dental	0570	Home health aide - general
0430	Occupational therapy - general	0513	Clinic - psychiatric	0571	Home health aide - visit charge
0431	Occupational therapy - visit charge	0514	Clinic - OB/GYN	0572	Home health aide - hourly charge
0432	Occupational therapy - hourly charge	0515	Clinic - pediatric	0579	Home health aide - other
0433	Occupational therapy - group rate	0516	Clinic - urgent care	0580	Other visits (home health) - general
0434	Occupational therapy - evaluation or reevaluation	0517	Clinic - family practice	0581	Other visits (home health) - visit charge
0439	Occupational therapy - other	0519	Clinic - other	0582	Other visits (home health) - hourly charge
		0520	Freestanding Clinic - general	0583	Other visits (home health) - assessment
		0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC	0589	Other visits (home health) - other
		0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner		
		0523	Freestanding Clinic - family practice		
		0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a		



0590	Units of service (home health) - general	0642	Home IV therapy services - IV site care, central line	0693	Pre-hospice/Palliative Care Services - evaluation
0600	Oxygen (home health) - general	0643	Home IV therapy services - IV start/change, peripheral line	0694	Pre-hospice/Palliative Care Services - consultation and education
0601	Oxygen (home health) - stat/equip/supply or contents	0644	Home IV therapy services - non-routine nursing, peripheral line	0695	Pre-hospice/Palliative Care Services - inpatient care
0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute	0645	Home IV therapy services - training patient/caregiver, non-routine	0696	Pre-hospice/Palliative Care Services - physician services
0603	Oxygen (home health) - stat/equip/supply over 4 liters	0646	Home IV therapy services - training, disabled patient, non-routine	0699	Pre-hospice/Palliative Care Services - other
0604	Oxygen (home health) - portable add-in	0647	Home IV therapy services - training, patient/caregiver, peripheral	0700	Cast Room services - general
0609	Oxygen (home health) - other	0648	Home IV therapy services - training, disabled patient, peripheral	0710	Recovery Room services - general
0610	Magnetic Resonance Technology (MRT) - MRI - general	0649	Home IV therapy services - other	0720	Labor/Delivery Room services - general
0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)	0650	Hospice services - general	0721	Labor/Delivery Room services - labor
0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)	0651	Hospice services - routine home care	0722	Labor/Delivery Room services - delivery
0614	Magnetic Resonance Technology (MRT) - MRI - other	0652	Hospice services - continuous home care	0723	Labor/Delivery Room services - circumcision
0615	Magnetic Resonance Technology (MRT) - MRA - head and neck	0653	Hospice services - inpatient respite care	0724	Labor/Delivery Room services - birthing center
0616	Magnetic Resonance Technology (MRT) - MRA - lower extremities	0654	Hospice services - general inpatient care (non-respite)	0729	Labor/Delivery Room services - other
0618	Magnetic Resonance Technology (MRT) - MRA - other	0655	Hospice services - physician services	0730	EKG/ECG services - general
0619	Magnetic Resonance Technology (MRT) - Other MRT	0656	Hospice services - room and board - nursing facility	0731	EKG/ECG services - Holter monitor
0621	Medical/surgical supplies - incident to radiology	0657	Hospice services - other	0732	EKG/ECG services - telemetry
0622	Medical/surgical supplies - incident to other diagnostic services	0658	Respite care - general	0739	EKG/ECG services - other
0623	Medical/surgical supplies - surgical dressings	0659	Respite care - hourly charge/skilled nursing	0740	EEG services - general
0624	Medical/surgical supplies - FDA investigational devices	0660	Respite care - hourly charge/aide/homemaker/companion	0750	Gastrointestinal services - general
0631	Drugs requiring specific identification - single source	0661	Respite care - daily charge	0760	Treatment or observation room services - general
0632	Drugs requiring specific identification - multiple source	0662	Respite care - other	0761	Specialty Room - Treatment/Observation Room - Treatment Room
0633	Drugs requiring specific identification - restrictive prescription	0663	Outpatient special residence - general	0762	Specialty Room - Treatment/Observation Room - Observation Room
0634	Drugs requiring specific identification - EPO, less than 10,000 units	0664	Outpatient special residence - hospital based	0769	Treatment or observation room services - other
0635	Drugs requiring specific identification - EPO, 10,000 or more units	0665	Outpatient special residence - contracted	0770	Preventive care services - general
0636	Drugs requiring specific identification - requiring detailed coding	0666	Outpatient special residence - other	0771	Preventive care services - vaccine administration
0637	Drugs requiring specific identification - self-administrable	0667	Trauma response - level I	0780	Telemedicine services - general
0640	Home IV therapy services - general	0668	Trauma response - level II	0790	Extra-corporeal shockwave therapy - general
0641	Home IV therapy services - non-routine nursing, central line	0669	Trauma response - level III	0800	Inpatient renal dialysis services - general
		0670	Trauma response - level IV	0801	Inpatient renal dialysis services - hemodialysis
		0671	Trauma response - other	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
		0672	Pre-hospice/Palliative Care Services - general	0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
		0673	Pre-hospice/Palliative Care Services - visit charge	0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
		0674	Pre-hospice/Palliative Care Services - hourly charge		

0809	Inpatient renal dialysis services - other	0851	CCPD - outpatient or home - composite or other rate	0917	Behavior health treatment/services - biofeedback
0810	Acquisition of body components- general	0852	CCPD - outpatient or home - home supplies	0918	Behavior health treatment/services - testing
0811	Acquisition of body components - living donor	0853	CCPD - outpatient or home - home equipment	0919	Behavior health treatment/services - other
0812	Acquisition of body components - cadaver donor	0854	CCPD - outpatient or home - maintenance 100%	0920	Other diagnostic services - general
0813	Acquisition of body components - unknown donor	0855	CCPD - outpatient or home - support services	0921	Other diagnostic services - peripheral vascular lab
0814	Acquisition of body components - unsuccessful organ search-donor bank charges	0859	CCPD - outpatient or home - other	0922	Other diagnostic services - electromyogram
0815	Acquisition of body components - stem cells- allogeneic	0860	Magnetoencephalography (MEG) - General	0923	Other diagnostic services - pap smear
0819	Acquisition of body components - other donor	0861	Magnetoencephalography (MEG) - MEG	0924	Other diagnostic services - allergy test
0820	Hemodialysis - outpatient or home - general	0880	Miscellaneous dialysis - general	0925	Other diagnostic services - pregnancy test
0821	Hemodialysis - outpatient or home - composite or other rate	0881	Miscellaneous dialysis - ultrafiltration	0929	Other diagnostic services - other
0822	Hemodialysis - outpatient or home - home supplies	0882	Miscellaneous dialysis - home aide visit	0931	Medical rehabilitation day program - half day
0823	Hemodialysis - outpatient or home - home equipment	0889	Miscellaneous dialysis - other	0932	Medical rehabilitation day program - full day
0824	Hemodialysis - outpatient or home - maintenance 100%	0900	Behavior health treatments/services - general	0940	Other therapeutic services - general
0825	Hemodialysis - outpatient or home - support services	0901	Behavior health treatments/services - electroshock	0941	Other therapeutic services - recreational therapy
0826	Hemodialysis - outpatient or home - shorter duration (effective 7/1/17)	0902	Behavior health treatments/services - milieu therapy	0942	Other therapeutic services - education/training
0829	Hemodialysis - outpatient or home - other	0903	Behavioral health treatments/services - play therapy	0943	Other therapeutic services - cardiac rehabilitation
0830	Peritoneal dialysis - outpatient or home - general	0904	Behavior health treatments/services - activity therapy	0944	Other therapeutic services - drug rehabilitation
0831	Peritoneal dialysis - outpatient or home - composite or other rate	0905	Behavior health treatments/services - intensive outpatient services - psychiatric	0945	Other therapeutic services - alcohol rehabilitation
0832	Peritoneal dialysis - outpatient or home - home supplies	0906	Behavior health treatments/services - intensive outpatient services - chemical dependency	0946	Other therapeutic services - complex medical equipment - routine
0833	Peritoneal dialysis - outpatient or home - home equipment	0907	Behavior health treatments/services - community behavioral health program	0947	Other therapeutic services - complex medical equipment - ancillary
0834	Peritoneal dialysis - outpatient or home - maintenance 100%	0911	Behavior health treatment/services - rehabilitation	0948	Other therapeutic services - pulmonary rehabilitation
0835	Peritoneal dialysis - outpatient or home - support services	0912	Behavior health treatment/services - partial hospitalization - less intensive	0949	Other therapeutic services - other
0839	Peritoneal dialysis - outpatient or home - other	0913	Behavior health treatment/services - partial hospitalization - intensive	0951	Other therapeutic services - athletic training
0840	CAPD - outpatient or home - general	0914	Behavior health treatment/services - individual therapy	0952	Other therapeutic services - kinesiotherapy
0841	CAPD - outpatient or home - composite or other rate	0915	Behavior health treatment/services - group therapy	0953	Other therapeutic services - chemical dependency (drug and alcohol)
0842	CAPD - outpatient or home - home supplies	0916	Behavior health treatment/services - family therapy	0960	Professional fees - general
0843	CAPD - outpatient or home - home equipment			0961	Professional fees - psychiatric
0844	CAPD - outpatient or home - maintenance 100%			0962	Professional fees - ophthalmology
0845	CAPD - outpatient or home - support services			0963	Professional fees - anesthesiologist (MD)
0849	CAPD - outpatient or home - other			0964	Professional fees - anesthetist (CRNA)
0850	CCPD - outpatient or home - general			0969	Professional fees - other
				0971	Professional fees - laboratory

0972	Professional fees - radiology - diagnostic	0990	Patient convenience items - general	1004	Behavior health accommodations - halfway house
0973	Professional fees - radiology - therapeutic	0991	Patient convenience items - cafeteria/guest tray	1005	Behavior health accommodations - group home
0974	Professional fees - radiology - nuclear medicine	0992	Patient convenience items - private linen service	2100	Alternative therapy services - general
0975	Professional fees - operating room	0993	Patient convenience items - telephone/telegraph	2101	Alternative therapy services - acupuncture
0976	Professional fees - respiratory therapy	0994	Patient convenience items - TV/radio	2102	Alternative therapy services - acupressure
0977	Professional fees - physical therapy	0995	Patient convenience items - nonpatient room rentals	2103	Alternative therapy services - massage
0978	Professional fees - occupational therapy	0996	Patient convenience items - late discharge charge	2104	Alternative therapy services - reflexology
0979	Professional fees - speech therapy	0997	Patient convenience items - admission kits	2105	Alternative therapy services - biofeedback
0981	Professional fees - emergency room	0998	Patient convenience items - beauty shop/barber	2106	Alternative therapy services - hypnosis
0982	Professional fees - outpatient services	0999	Patient convenience items - other	2109	Alternative therapy services - other
0983	Professional fees - clinic	1000	Behavior health accommodations - general	3101	Adult day care, medical and social - hourly
0984	Professional fees - medical social services	1001	Behavior health accommodations - residential treatment - psychiatric	3102	Adult day care, social - hourly
0985	Professional fees - EKG	1002	Behavior health accommodations - residential treatment - chemical dependency	3103	Adult day care, medical and social - daily
0986	Professional fees - EEG	1003	Behavior health accommodations - supervised living	3104	Adult day care, social - daily
0987	Professional fees - hospital visit			3105	Adult foster care - daily
0988	Professional fees - consultation			3109	Adult foster care - other
0989	Professional fees - private duty nurse				

**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 <https://www.cms.gov/medicare/coding/hcpcsreleasecodesets> 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	32	Mandated Services	59	Other Qualified Health Care Professional During the Postoperative Period
23	Unusual Anesthesia	33	Preventive Service	62	Two Surgeons
24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period	47	Anesthesia by Surgeon	63	Procedure Performed on Infants less than 4kg
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	50	Bilateral Procedure	66	Surgical Team
26	Professional Component	51	Multiple Procedures	73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the Administration of Anesthesia
27	Multiple Outpatient Hospital E/M Encounters on the Same Date	52	Reduced Services	74	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after Administration of Anesthesia
		53	Discontinued Procedure		
		54	Surgical Care Only		
		55	Postoperative Management Only		
		56	Preoperative Management Only		
		57	Decision for Surgery		
		58	Staged or Related Procedure or Service by the Same Physician or		

76	Repeat Procedure by Same Physician or Other Qualified Health Care Professional	E1	Upper left eyelid	P3	A patient with severe systemic disease
		E2	Lower left eyelid	P4	A patient with severe systemic disease that is a constant threat to life
77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional	E3	Upper right eyelid	P5	A moribund patient who is not expected to survive without the operation
		E4	Lower right eyelid	P6	A declared brain-dead patient whose organs are being removed for donor purposes
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	F1	Left hand, second digit	RC	Right coronary artery
		F2	Left hand, third digit	RI	Ramus intermedius coronary artery
		F3	Left hand, fourth digit	RT	Right side of the body procedure
		F4	Left hand, fifth digit	T1	Left foot, second digit
		F5	Right hand, thumb	T2	Left foot, third digit
79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period	F6	Right hand, second digit	T3	Left foot, fourth digit
		F7	Right hand, third digit	T4	Left foot, fifth digit
80	Assistant Surgeon	F8	Right hand, fourth digit	T5	Right foot, great toe
81	Minimum Assistant Surgeon	F9	Right hand, fifth digit	T6	Right foot, second digit
82	Repeat procedure by same physician	FA	Left hand, thumb	T7	Right foot, third digit
90	Reference (Outside) Laboratory	GG	Performance and payment of a screening mammography and diagnostic mammography on same patient, same day.	T8	Right foot, fourth digit
91	Repeat Clinical Diagnostic Laboratory Test	GH	Diagnostic mammogram converted from screening mammogram on same day	T9	Right foot, fifth digit
92	Alternative Laboratory Platform Testing	LC	Left circumflex coronary artery	TA	Left foot, great toe
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System	LD	Left anterior descending coronary artery	XE	Separate Encounter
99	Multiple Modifiers	LM	Left main coronary artery	XS	Separate Structure
1P	Performance Measure Exclusion Modifier due to Medical Reasons	LT	Left side of the body procedure	XP	Separate Practitioner
2P	Performance Measure Exclusion Modifier due to Patient Reasons	Q	Ambulance service provided under arrangement by a provider of services	XU	Unusual Non-Overlapping Service
3P	Performance Measure Exclusion Modifier due to System Reasons	M			
8P	Performance Measure Reporting Modifier- Action not performed, reason not otherwise specified	QN	Ambulance service furnished directly by a provider of services		
		P1	A normal healthy patient		
		P2	A patient with mild systemic disease		

<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 7:</b>	<b>MODIFIER_2</b>				
<b>Coding Scheme:</b>	Identifies special circumstances related to the performance of the service.				
<b>Coding Scheme:</b>	Same as MODIFIER_1				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 8:</b>	<b>MODIFIER_3</b>				
<b>Coding Scheme:</b>	Identifies special circumstances related to the performance of the service.				
<b>Coding Scheme:</b>	Same as MODIFIER_1				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 9:</b>	<b>MODIFIER_4</b>				
<b>Coding Scheme:</b>	Identifies special circumstances related to the performance of the service.				
<b>Coding Scheme:</b>	Same as MODIFIER_1				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 10:</b>	<b>UNIT_MEASUREMENT_CODE</b>				
<b>Coding Scheme:</b>	Code specifying the units in which a value is being expressed.				
	DA	Days			
	F2	International unit			
	UN	Unit			
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 11:</b>	<b>UNITS_OF_SERVICE</b>				
<b>Coding Scheme:</b>	Numeric value of quantity				
<b>Length:</b>	7	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim

**Field 12:**            **UNIT\_RATE**  
Rate per unit

<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 13:</b>	<b>CHRG_LINE_ITEM</b> Total amount of the charge				
<b>Length:</b>	14	<b>Type:</b>	Numeric	<b>Data Source:</b>	Assigned
<b>Field 14:</b>	<b>CHRG_NON_COV</b> Total non-covered amount of the charge				
<b>Length:</b>	14	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
<b>Field 15:</b>	<b>PROCEDURE_DATE</b> Date the procedure began on generally is the same as "Statement_period_from" date.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 16:</b>	<b>PROCEDURE_DATE_THRU</b> Date the procedure finished on, generally is the same as the "Statement_period_thru" date.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 17:</b>	<b>SERVICE_FACILITY_CODE</b> Facility Type code - Institutional and Professional have different codes.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 18:</b>	<b>FINAL_EAPG_CATEGORY_CODE</b> Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
<b>Field 19:</b>	<b>FINAL_EAPG_TYPE_CODE</b> Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG grouper. Not available 4Q09.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
<b>Field 20:</b>	<b>FINAL_EAPG</b> Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
<b>Field 21:</b>	<b>ADJUSTED_EAPG_WEIGHT</b> Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.				
<b>Length:</b>	10	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
<b>Field 22:</b>	<b>APC_PROCEDURE_CODE</b> Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
<b>Field 23:</b>	<b>APC_PX_STATUS_IND_CODE</b> Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M™ APC Grouper. Not available 4Q09.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
<b>Field 24:</b>	<b>APC_WEIGHT</b> Ambulatory Payment Classification (APC) weighting as assigned by 3M™ APC Grouper. Not available 4Q09.				
<b>Length:</b>	9	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned

## OUTPATIENT FACILITY TYPE INDICATOR FILE

<b>Field 1:</b>	<b>THCIC_ID</b> Provider ID. Unique identifier assigned to the provider by THCIC.
<b>Length:</b>	6 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 2:</b>	<b>PROVIDER_NAME</b> Hospital name provided by the hospital.
<b>Length:</b>	55 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 3:</b>	<b>PROVIDER_ADDR</b> Hospital address provided by the hospital.
<b>Length:</b>	50 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 4:</b>	<b>PROVIDER_CITY</b> Hospital city provided by the hospital.
<b>Length:</b>	20 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 5:</b>	<b>PROVIDER_STATE</b> Hospital state provided by the hospital.
<b>Length:</b>	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 6:</b>	<b>PROVIDER_ZIP</b> Hospital ZIP code provided by the hospital.
<b>Length:</b>	9 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 7:</b>	<b>FAC_TEACHING_IND</b> Teaching Facility Indicator.
<b>Coding Scheme:</b>	A    Member, Council of Teaching Hospitals X    Teaching facility
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 8:</b>	<b>FAC_PSYCH_IND</b> Psychiatric Facility Indicator.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 9:</b>	<b>FAC_REHAB_IND</b> Rehabilitation Facility Indicator.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 10:</b>	<b>FAC_ACUTE_CARE_IND</b> Acute Care Facility Indicator.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 11:</b>	<b>FAC_SNF_IND</b> Skilled Nursing Facility Indicator. Hospital facility type indicator provided by the hospital.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 12:</b>	<b>FAC_LONG_TERM_AC_IND</b> Long Term Acute Care Facility Indicator.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 13:</b>	<b>FAC_OTHER_LTC_IND</b> Other Long Term Care Facility Indicator.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 14:</b>	<b>FAC_PEDS_IND</b> Pediatric Facility Indicator.
<b>Coding Scheme:</b>	C    Member, National Association of Children's Hospitals and Related Institutions (NACHRI) X    Facilities also treat children
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 15:</b>	<b>FAC_CARDIOVASCULAR_IND</b> Cardiovascular facility indicator.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 16:</b>	<b>FAC_CHIROPRACTIC_IND</b> Chiropractic care facility indicator.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 17:</b>	<b>FAC_ENDOSCOPY_IND</b> Endoscopy facility indicator.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 18:</b>	<b>FAC_FOOT_IND</b> Foot care facility indicator.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 19:</b>	<b>FAC_GASTROENTEROLOGY_IND</b> Gastroenterology facility indicator.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider



<b>Field 20:</b>	<b>FAC_GENERAL_IND</b> General care facility indicator.			
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Provider	
<b>Field 21:</b>	<b>FAC_NEUROLOGICAL_IND</b> Neurological care facility indicator.			
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Provider	
<b>Field 22:</b>	<b>FAC_OB_GYN_IND</b> Obstetrics and gynecology facility indicator.			
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Provider	
<b>Field 23:</b>	<b>FAC_OPTHAMOMOLOGY_IND</b> Ophthalmology facility indicator.			
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Provider	
<b>Field 24:</b>	<b>FAC_ORAL_IND</b> Oral health care facility indicator.			
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Provider	
<b>Field 25:</b>	<b>FAC_ORTHOPEDIC_IND</b> Orthopedic care facility indicator.			
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Provider	
<b>Field 26:</b>	<b>FAC_OTOLARYNGOLOGY_IND</b> Otolaryngology facility indicator.			
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Provider	
<b>Field 27:</b>	<b>FAC_PAIN_MNGMT_IND</b> Pain management facility indicator.			
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Provider	
<b>Field 28:</b>	<b>FAC_PLASTIC_IND</b> Plastic surgery facility indicator.			
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Provider	
<b>Field 29:</b>	<b>FAC_THORACIC_IND</b> Thoracic care facility Indicator.			
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Provider	
<b>Field 30:</b>	<b>FAC_UROLOGY_IND</b> Urology care facility indicator.			
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Provider	
<b>Field 31:</b>	<b>FAC_OTHER_IND</b> Other facility indicator.			
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Provider	
<b>Field 32:</b>	<b>POA_PROVIDER_INDICATOR</b> Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC §421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals ,Children's or Pediatric Hospitals and Long Term Care Hospitals.			
<b>Coding Scheme:</b>	M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Required X Exempt ' Invalid			
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Assigned	



**Field 33:****PROVIDER\_COUNTY**

FIPS code of provider's county.

**Coding  
scheme:**

001	Anderson	129	Donley	257	Kaufman	385	Real
003	Andrews	131	Duval	259	Kendall	387	Red River
005	Angelina	133	Eastland	261	Kenedy	389	Reeves
007	Aransas	135	Ector	263	Kent	391	Refugio
009	Archer	137	Edwards	265	Kerr	393	Roberts
011	Armstrong	139	Ellis	267	Kimble	395	Robertson
013	Atascosa	141	El Paso	269	King	397	Rockwall
015	Austin	143	Erath	271	Kinney	399	Runnels
017	Bailey	145	Falls	273	Kleberg	401	Rusk
019	Bandera	147	Fannin	275	Knox	403	Sabine
021	Bastrop	149	Fayette	283	La Salle	405	San Augustine
023	Baylor	151	Fisher	277	Lamar	407	San Jacinto
025	Bee	153	Floyd	279	Lamb	409	San Patricio
027	Bell	155	Foard	281	Lampasas	411	San Saba
029	Bexar	157	Fort Bend	285	Lavaca	413	Schleicher
031	Blanco	159	Franklin	287	Lee	415	Scurry
033	Borden	161	Freestone	289	Leon	417	Shackelford
035	Bosque	163	Frio	291	Liberty	419	Shelby
037	Bowie	165	Gaines	293	Limestone	421	Sherman
039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
041	Brazos	169	Garza	297	Live Oak	425	Somervell
043	Brewster	171	Gillespie	299	Llano	427	Starr
045	Briscoe	173	Glasscock	301	Loving	429	Stephens
047	Brooks	175	Goliad	303	Lubbock	431	Sterling
049	Brown	177	Gonzales	305	Lynn	433	Stonewall
051	Burleson	179	Gray	307	McCulloch	435	Sutton
053	Burnet	181	Grayson	309	McLennan	437	Swisher
055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
057	Calhoun	185	Grimes	313	Madison	441	Taylor
059	Callahan	187	Guadalupe	315	Marion	443	Terrell
061	Cameron	189	Hale	317	Martin	445	Terry
063	Camp	191	Hall	319	Mason	447	Throckmorton
065	Carson	193	Hamilton	321	Matagorda	449	Titus
067	Cass	195	Hansford	323	Maverick	451	Tom Green
069	Castro	197	Hardeman	325	Medina	453	Travis
071	Chambers	199	Hardin	327	Menard	455	Trinity
073	Cherokee	201	Harris	329	Midland	457	Tyler
075	Childress	203	Harrison	331	Milam	459	Upshur
077	Clay	205	Hartley	333	Mills	461	Upton
079	Cochran	207	Haskell	335	Mitchell	463	Uvalde
081	Coke	209	Hays	337	Montague	465	Val Verde
083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
085	Collin	213	Henderson	341	Moore	469	Victoria
087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
089	Colorado	217	Hill	345	Motley	473	Waller
091	Comal	219	Hockley	347	Nacogdoches	475	Ward
093	Comanche	221	Hood	349	Navarro	477	Washington
095	Concho	223	Hopkins	351	Newton	479	Webb
097	Cooke	225	Houston	353	Nolan	481	Wharton
099	Coryell	227	Howard	355	Nueces	483	Wheeler
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
105	Crockett	233	Hutchinson	361	Orange	489	Willacy
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
109	Culberson	237	Jack	365	Panola	493	Wilson
111	Dallam	239	Jackson	367	Parker	495	Winkler
113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood

117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
119	Delta	247	Jim Hogg	375	Potter	503	Young
121	Denton	249	Jim Wells	377	Presidio	505	Zapata
123	Dewitt	251	Johnson	379	Rains	507	Zavala
125	Dickens	253	Jones	381	Randall		
127	Dimmit	255	Karnes	383	Reagan		Invalid

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

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**Note about LCODE:**

The "Census Block" and "Census Block Group" coding are geographic identifiers derived from a process called Geocoding. Geocoding is the process of assigning a geographic coordinate to a record for a given physical address.

LCODE (Location code) quantifies the level of accuracy of the geocoding process.

LCODE classification:

- "A" code indicates that the record is accurate to the address level.
- "Z" code indicates the record is accurate to at least the ZIP code level.
  - "ZB" code indicates the record is accurate to the Census Block Group level.
  - "ZT" code indicates the record is accurate to at least the Census Tract level.
  - "ZC" code indicates the record is accurate to the ZIP code level.
- An "E" code indicates an error in geocoding and no value is provided.

The Block Group should be a 12-digit numerical value. If the LCODE is "ZT" or "ZC" a record should not have a value for Block Group. The LCODE will be included any time a data request includes Pat\_Addr\_Census\_Block or Pat\_Addr\_Census\_Block\_Group.

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**Field 34:**                    **FAC\_EMERGENCY\_DEPARTMENT\_IND**

**Description:**            Facility indicator for Hospitals and FEMCFs, including Hospital-owned FEMCFs, starting with the 4<sup>th</sup> Quarter 2020 Facility Type Data File.

Note:

The FEMCFs names are available at <https://dshs.texas.gov/thcic/> (downloadable Excel sheet named Current Facility Contact), under "Facility Reporting Requirement". The provider names and THCIC IDs in the Excel sheet are more current than the ones in the provider file dataset. For the first quarterly implementation, 4<sup>th</sup> Quarter 2020, the facility indicator has incomplete data due to implementation timing.

**Beginning Position:** 87

**Data Source:** Provider

**Length:** 1

**Type:** Alphanumeric

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<b>Field 35:</b>	<b>FAC_ONCOLOGY_IND</b>		
<b>Description:</b>	Oncology facility indicator.		
<b>Beginning Position:</b>	33	<b>Data Source:</b>	Provider
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric

## DATA FILE LAYOUTS

### Inpatient Base Data File

Data Dictionary #	RDF Field Name – IP Base Data	Length	Field Type
1	RECORD_ID (not linkable to the Record_ID in the ED Outpatient RDF or ED Public Use Data Files (PUDFs).)	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

<b>Data Dictionary #</b>	<b>RDF Field Name – IP Base Data</b>	<b>Length</b>	<b>Field Type</b>
40	DISCHARGE_HOUR	2	Alphanumeric
41	TYPE_OF_BILL	3	Alphanumeric
42	ADMITTING_DIAGNOSIS	7	Alphanumeric
43	PRINC_DIAG_CODE	7	Alphanumeric
44	POA_PRINC_DIAG_CODE	1	Alphanumeric
45	OTH_DIAG_CODE_1	7	Alphanumeric
46	POA_OTH_DIAG_CODE_1	1	Alphanumeric
47	OTH_DIAG_CODE_2	7	Alphanumeric
48	POA_OTH_DIAG_CODE_2	1	Alphanumeric
49	OTH_DIAG_CODE_3	7	Alphanumeric
50	POA_OTH_DIAG_CODE_3	1	Alphanumeric
51	OTH_DIAG_CODE_4	7	Alphanumeric
52	POA_OTH_DIAG_CODE_4	1	Alphanumeric
53	OTH_DIAG_CODE_5	7	Alphanumeric
54	POA_OTH_DIAG_CODE_5	1	Alphanumeric
55	OTH_DIAG_CODE_6	7	Alphanumeric
56	POA_OTH_DIAG_CODE_6	1	Alphanumeric
57	OTH_DIAG_CODE_7	7	Alphanumeric
58	POA_OTH_DIAG_CODE_7	1	Alphanumeric
59	OTH_DIAG_CODE_8	7	Alphanumeric
60	POA_OTH_DIAG_CODE_8	1	Alphanumeric
61	OTH_DIAG_CODE_9	7	Alphanumeric
62	POA_OTH_DIAG_CODE_9	1	Alphanumeric
63	OTH_DIAG_CODE_10	7	Alphanumeric
64	POA_OTH_DIAG_CODE_10	1	Alphanumeric
65	OTH_DIAG_CODE_11	7	Alphanumeric
66	POA_OTH_DIAG_CODE_11	1	Alphanumeric
67	OTH_DIAG_CODE_12	7	Alphanumeric
68	POA_OTH_DIAG_CODE_12	1	Alphanumeric
69	OTH_DIAG_CODE_13	7	Alphanumeric
70	POA_OTH_DIAG_CODE_13	1	Alphanumeric
71	OTH_DIAG_CODE_14	7	Alphanumeric
72	POA_OTH_DIAG_CODE_14	1	Alphanumeric
73	OTH_DIAG_CODE_15	7	Alphanumeric
74	POA_OTH_DIAG_CODE_15	1	Alphanumeric
75	OTH_DIAG_CODE_16	7	Alphanumeric
76	POA_OTH_DIAG_CODE_16	1	Alphanumeric
77	OTH_DIAG_CODE_17	7	Alphanumeric
78	POA_OTH_DIAG_CODE_17	1	Alphanumeric
79	OTH_DIAG_CODE_18	7	Alphanumeric
80	POA_OTH_DIAG_CODE_18	1	Alphanumeric
81	OTH_DIAG_CODE_19	7	Alphanumeric
82	POA_OTH_DIAG_CODE_19	1	Alphanumeric
83	OTH_DIAG_CODE_20	7	Alphanumeric
84	POA_OTH_DIAG_CODE_20	1	Alphanumeric

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

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

<b>Data Dictionary #</b>	<b>RDF Field Name – IP Base Data</b>	<b>Length</b>	<b>Field Type</b>
175	OTH_SURG_PROC_DAY_20	4	Alphanumeric
176	OTH_SURG_PROC_CODE_21	7	Alphanumeric
177	OTH_SURG_PROC_DATE_21	8	Alphanumeric
178	OTH_SURG_PROC_DAY_21	4	Alphanumeric
179	OTH_SURG_PROC_CODE_22	7	Alphanumeric
180	OTH_SURG_PROC_DATE_22	8	Alphanumeric
181	OTH_SURG_PROC_DAY_22	4	Alphanumeric
182	OTH_SURG_PROC_CODE_23	7	Alphanumeric
183	OTH_SURG_PROC_DATE_23	8	Alphanumeric
184	OTH_SURG_PROC_DAY_23	4	Alphanumeric
185	OTH_SURG_PROC_CODE_24	7	Alphanumeric
186	OTH_SURG_PROC_DATE_24	8	Alphanumeric
187	OTH_SURG_PROC_DAY_24	4	Alphanumeric
188	MS_MDC	2	Alphanumeric
189	APR_MDC	2	Alphanumeric
190	MS_DRG	3	Alphanumeric
191	APR_DRG	4	Alphanumeric
192	RISK_MORTALITY	1	Alphanumeric
193	ILLNESS_SEVERITY	1	Alphanumeric
194	APR_GROUPEL_VERSION_NBR	5	Alphanumeric
195	APR_GROUPEL_ERROR_CODE	2	Alphanumeric
196	MS_GROUPEL_VERSION_NBR	5	Alphanumeric
197	MS_GROUPEL_ERROR_CODE	2	Alphanumeric
198	ATTENDING_PHYSICIAN_UNIF_ID	10	Alphanumeric
199	OPERATING_PHYSICIAN_UNIF_ID	10	Alphanumeric
200	OCCUR_CODE_1	2	Alphanumeric
201	OCCUR_DATE_1	8	Alphanumeric
202	OCCUR_DAY_1	4	Alphanumeric
203	OCCUR_CODE_2	2	Alphanumeric
204	OCCUR_DATE_2	8	Alphanumeric
205	OCCUR_DAY_2	4	Alphanumeric
206	OCCUR_CODE_3	2	Alphanumeric
207	OCCUR_DATE_3	8	Alphanumeric
208	OCCUR_DAY_3	4	Alphanumeric
209	OCCUR_CODE_4	2	Alphanumeric
210	OCCUR_DATE_4	8	Alphanumeric
211	OCCUR_DAY_4	4	Alphanumeric
212	OCCUR_CODE_5	2	Alphanumeric
213	OCCUR_DATE_5	8	Alphanumeric
214	OCCUR_DAY_5	4	Alphanumeric
215	OCCUR_CODE_6	2	Alphanumeric
216	OCCUR_DATE_6	8	Alphanumeric
217	OCCUR_DAY_6	4	Alphanumeric
218	OCCUR_CODE_7	2	Alphanumeric
219	OCCUR_DATE_7	8	Alphanumeric



<b>Data Dictionary #</b>	<b>RDF Field Name – IP Base Data</b>	<b>Length</b>	<b>Field Type</b>
220	OCCUR_DAY_7	4	Alphanumeric
221	OCCUR_CODE_8	2	Alphanumeric
222	OCCUR_DATE_8	8	Alphanumeric
223	OCCUR_DAY_8	4	Alphanumeric
224	OCCUR_CODE_9	2	Alphanumeric
225	OCCUR_DATE_9	8	Alphanumeric
226	OCCUR_DAY_9	4	Alphanumeric
227	OCCUR_CODE_10	2	Alphanumeric
228	OCCUR_DATE_10	8	Alphanumeric
229	OCCUR_DAY_10	4	Alphanumeric
230	OCCUR_CODE_11	2	Alphanumeric
231	OCCUR_DATE_11	8	Alphanumeric
232	OCCUR_DAY_11	4	Alphanumeric
233	OCCUR_CODE_12	2	Alphanumeric
234	OCCUR_DATE_12	8	Alphanumeric
235	OCCUR_DAY_12	4	Alphanumeric
236	OCCUR_SPAN_CODE_1	2	Alphanumeric
237	OCCUR_SPAN_FROM_1	8	Alphanumeric
238	OCCUR_SPAN_THRU_1	8	Alphanumeric
239	OCCUR_SPAN_CODE_2	2	Alphanumeric
240	OCCUR_SPAN_FROM_2	8	Alphanumeric
241	OCCUR_SPAN_THRU_2	8	Alphanumeric
242	OCCUR_SPAN_CODE_3	2	Alphanumeric
243	OCCUR_SPAN_FROM_3	8	Alphanumeric
244	OCCUR_SPAN_THRU_3	8	Alphanumeric
245	OCCUR_SPAN_CODE_4	2	Alphanumeric
246	OCCUR_SPAN_FROM_4	8	Alphanumeric
247	OCCUR_SPAN_THRU_4	8	Alphanumeric
248	CONDITION_CODE_1	2	Alphanumeric
249	CONDITION_CODE_2	2	Alphanumeric
250	CONDITION_CODE_3	2	Alphanumeric
251	CONDITION_CODE_4	2	Alphanumeric
252	CONDITION_CODE_5	2	Alphanumeric
253	CONDITION_CODE_6	2	Alphanumeric
254	CONDITION_CODE_7	2	Alphanumeric
255	CONDITION_CODE_8	2	Alphanumeric
256	VALUE_CODE_1	2	Alphanumeric
257	VALUE_AMOUNT_1	9	Numeric
258	VALUE_CODE_2	2	Alphanumeric
259	VALUE_AMOUNT_2	9	Numeric
260	VALUE_CODE_3	2	Alphanumeric
261	VALUE_AMOUNT_3	9	Numeric
262	VALUE_CODE_4	2	Alphanumeric
263	VALUE_AMOUNT_4	9	Numeric
264	VALUE_CODE_5	2	Alphanumeric

<b>Data Dictionary #</b>	<b>RDF Field Name – IP Base Data</b>	<b>Length</b>	<b>Field Type</b>
265	VALUE_AMOUNT_5	9	Numeric
266	VALUE_CODE_6	2	Alphanumeric
267	VALUE_AMOUNT_6	9	Numeric
268	VALUE_CODE_7	2	Alphanumeric
269	VALUE_AMOUNT_7	9	Numeric
270	VALUE_CODE_8	2	Alphanumeric
271	VALUE_AMOUNT_8	9	Numeric
272	VALUE_CODE_9	2	Alphanumeric
273	VALUE_AMOUNT_9	9	Numeric
274	VALUE_CODE_10	2	Alphanumeric
275	VALUE_AMOUNT_10	9	Numeric
276	VALUE_CODE_11	2	Alphanumeric
277	VALUE_AMOUNT_11	9	Numeric
278	VALUE_CODE_12	2	Alphanumeric
279	VALUE_AMOUNT_12	9	Numeric
280	PRIVATE_AMOUNT	12	Numeric
281	SEMI_PRIVATE_AMOUNT	12	Numeric
282	WARD_AMOUNT	12	Numeric
283	ICU_AMOUNT	12	Numeric
284	CCU_AMOUNT	12	Numeric
285	OTHER_AMOUNT	12	Numeric
286	PHARM_AMOUNT	12	Numeric
287	MEDSURG_AMOUNT	12	Numeric
288	DME_AMOUNT	12	Numeric
289	USED_DME_AMOUNT	12	Numeric
290	PT_AMOUNT	12	Numeric
291	OT_AMOUNT	12	Numeric
292	SPEECH_AMOUNT	12	Numeric
293	IT_AMOUNT	12	Numeric
294	BLOOD_AMOUNT	12	Numeric
295	BLOOD_ADM_AMOUNT	12	Numeric
296	OR_AMOUNT	12	Numeric
297	LITH_AMOUNT	12	Numeric
298	CARD_AMOUNT	12	Numeric
299	ANES_AMOUNT	12	Numeric
300	LAB_AMOUNT	12	Numeric
301	RAD_AMOUNT	12	Numeric
302	MRI_AMOUNT	12	Numeric
303	OP_AMOUNT	12	Numeric
304	ER_AMOUNT	12	Numeric
305	AMBULANCE_AMOUNT	12	Numeric
306	PRO_FEE_AMOUNT	12	Numeric
307	ORGAN_AMOUNT	12	Numeric
308	ESRD_AMOUNT	12	Numeric
309	CLINIC_AMOUNT	12	Numeric

<b>Data Dictionary #</b>	<b>RDF Field Name – IP Base Data</b>	<b>Length</b>	<b>Field Type</b>
310	TOTAL_CHARGES	12	Numeric
311	TOTAL_NON_COV_CHARGES	12	Numeric
312	TOTAL_CHARGES_ACCOMM	12	Numeric
313	TOTAL_NON_COV_CHARGES_ACCOMM	12	Numeric
314	TOTAL_CHARGES Ancil	12	Numeric
315	TOTAL_NON_COV_CHARGES Ancil	12	Numeric
316	INBOUND_INDICATOR	1	Alphanumeric
317	EMERGENCY_DEPT_FLAG	1	Alphanumeric
318	DISCHARGE	6	Alphanumeric

### **Inpatient Charges Data File**

<b>Data Dictionary #</b>	<b>RDF Field Name – IP Charges File</b>	<b>Length</b>	<b>Field Type</b>
1	RECORD_ID (not linkable to the Record_ID in the ED Outpatient RDF or ED Public Use Data Files (PUDFs).)	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

### **Inpatient Facility Type Indicator File**

<b>Data Dictionary #</b>	<b>RDF Field Name – IP Facility Type File</b>	<b>Length</b>	<b>Field Type</b>
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

<b>Data Dictionary #</b>	<b>RDF Field Name – IP Facility Type File</b>	<b>Length</b>	<b>Field Type</b>
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

### Outpatient Base Data File

<b>Data Dictionary #</b>	<b>RDF Field Name – OP Base Data</b>	<b>Length</b>	<b>Field Type</b>
1	SERVICE_QUARTER	6	Alphanumeric
2	RECORD_ID (not linkable to the Record_ID in the ED Inpatient RDF or ED Public Use Data Files (PUDFs).)	12	Alphanumeric
3	PAT_UNIQUE_INDEX	10	Alphanumeric
4	THCIC_ID	6	Alphanumeric
5	SPEC_UNIT_1	1	Alphanumeric
6	SPEC_UNIT_2	1	Alphanumeric
7	SPEC_UNIT_3	1	Alphanumeric
8	SPEC_UNIT_4	1	Alphanumeric
9	SPEC_UNIT_5	1	Alphanumeric
10	ENCOUNTER_INDICATOR	2	Alphanumeric
11	SEX_CODE	1	Alphanumeric
12	BIRTH_DATE	8	Alphanumeric
13	PAT_AGE_GROUP	2	Alphanumeric
14	PAT_AGE_YEARS	3	Alphanumeric
15	PAT_AGE_DAYS	5	Alphanumeric
16	RACE	1	Alphanumeric
17	ETHNICITY	1	Alphanumeric
18	PAT_ADDR_CENSUS_BLOCK_GROUP	14	Alphanumeric
19	PAT_ADDR_CENSUS_BLOCK	5	Alphanumeric
20	PAT_CITY	30	Alphanumeric
21	PAT_STATE	2	Alphanumeric
22	PAT_ZIP	9	Alphanumeric

<b>Data Dictionary #</b>	<b>RDF Field Name – OP Base Data</b>	<b>Length</b>	<b>Field Type</b>
23	PAT_COUNTRY	2	Alphanumeric
24	PAT_COUNTY	3	Alphanumeric
25	PUBLIC_HEALTH_REGION	2	Alphanumeric
26	TYPE_OF_ADMISSION	1	Alphanumeric
27	SOURCE_OF_ADMISSION	1	Alphanumeric
28	FIRST_PAYMENT_SRC	2	Alphanumeric
29	FIRST_PAYER_ID	10	Alphanumeric
30	FIRST_PAYER_NAME	35	Alphanumeric
31	SECONDARY_PAYMENT_SRC	2	Alphanumeric
32	SECONDARY_PAYER_ID	10	Alphanumeric
33	SECONDARY_PAYER_NAME	35	Alphanumeric
34	STMT_PERIOD_FROM	8	Alphanumeric
35	STMT_PERIOD_THRU	8	Alphanumeric
36	LENGTH_OF_SERVICE	4	Alphanumeric
37	PAT_STATUS	2	Alphanumeric
38	TYPE_OF_BILL	3	Alphanumeric
39	PAT_REASON_FOR_VISIT	7	Alphanumeric
40	PRINC_DIAG_CODE	7	Alphanumeric
41	OTH_DIAG_CODE_1	7	Alphanumeric
42	OTH_DIAG_CODE_2	7	Alphanumeric
43	OTH_DIAG_CODE_3	7	Alphanumeric
44	OTH_DIAG_CODE_4	7	Alphanumeric
45	OTH_DIAG_CODE_5	7	Alphanumeric
46	OTH_DIAG_CODE_6	7	Alphanumeric
47	OTH_DIAG_CODE_7	7	Alphanumeric
48	OTH_DIAG_CODE_8	7	Alphanumeric
49	OTH_DIAG_CODE_9	7	Alphanumeric
50	OTH_DIAG_CODE_10	7	Alphanumeric
51	OTH_DIAG_CODE_11	7	Alphanumeric
52	OTH_DIAG_CODE_12	7	Alphanumeric
53	OTH_DIAG_CODE_13	7	Alphanumeric
54	OTH_DIAG_CODE_14	7	Alphanumeric
55	OTH_DIAG_CODE_15	7	Alphanumeric
56	OTH_DIAG_CODE_16	7	Alphanumeric
57	OTH_DIAG_CODE_17	7	Alphanumeric
58	OTH_DIAG_CODE_18	7	Alphanumeric
59	OTH_DIAG_CODE_19	7	Alphanumeric
60	OTH_DIAG_CODE_20	7	Alphanumeric
61	OTH_DIAG_CODE_21	7	Alphanumeric

<b>Data Dictionary #</b>	<b>RDF Field Name – OP Base Data</b>	<b>Length</b>	<b>Field Type</b>
62	OTH_DIAG_CODE_22	7	Alphanumeric
63	OTH_DIAG_CODE_23	7	Alphanumeric
64	OTH_DIAG_CODE_24	7	Alphanumeric
65	RELATED_CAUSE_CODE_1	2	Alphanumeric
66	RELATED_CAUSE_CODE_2	2	Alphanumeric
67	RELATED_CAUSE_CODE_3	2	Alphanumeric
68	E_CODE_1	7	Alphanumeric
69	E_CODE_2	7	Alphanumeric
70	E_CODE_3	7	Alphanumeric
71	E_CODE_4	7	Alphanumeric
72	E_CODE_5	7	Alphanumeric
73	E_CODE_6	7	Alphanumeric
74	E_CODE_7	7	Alphanumeric
75	E_CODE_8	7	Alphanumeric
76	E_CODE_9	7	Alphanumeric
77	E_CODE_10	7	Alphanumeric
78	PROC_CODE_1	5	Alphanumeric
79	PROC_CODE_2	5	Alphanumeric
80	PROC_CODE_3	5	Alphanumeric
81	PROC_CODE_4	5	Alphanumeric
82	PROC_CODE_5	5	Alphanumeric
83	PROC_CODE_6	5	Alphanumeric
84	PROC_CODE_7	5	Alphanumeric
85	PROC_CODE_8	5	Alphanumeric
86	PROC_CODE_9	5	Alphanumeric
87	PROC_CODE_10	5	Alphanumeric
88	PROC_CODE_11	5	Alphanumeric
89	PROC_CODE_12	5	Alphanumeric
90	PROC_CODE_13	5	Alphanumeric
91	PROC_CODE_14	5	Alphanumeric
92	PROC_CODE_15	5	Alphanumeric
93	PROC_CODE_16	5	Alphanumeric
94	PROC_CODE_17	5	Alphanumeric
95	PROC_CODE_18	5	Alphanumeric
96	PROC_CODE_19	5	Alphanumeric
97	PROC_CODE_20	5	Alphanumeric
98	PROC_CODE_21	5	Alphanumeric
99	PROC_CODE_22	5	Alphanumeric
100	PROC_CODE_23	5	Alphanumeric

<b>Data Dictionary #</b>	<b>RDF Field Name – OP Base Data</b>	<b>Length</b>	<b>Field Type</b>
101	PROC_CODE_24	5	Alphanumeric
102	PROC_CODE_25	5	Alphanumeric
103	EAPG_GRP_VER	12	Alphanumeric
104	APC_GRP_VER	12	Alphanumeric
105	PHYSICIAN1_INDEX_NUMBER	10	Alphanumeric
106	PHYSICIAN2_INDEX_NUMBER	10	Alphanumeric
107	OCCUR_CODE_1	2	Alphanumeric
108	OCCUR_DATE_1	8	Alphanumeric
109	OCCUR_DAY_1	4	Alphanumeric
110	OCCUR_CODE_2	2	Alphanumeric
111	OCCUR_DATE_2	8	Alphanumeric
112	OCCUR_DAY_2	4	Alphanumeric
113	OCCUR_CODE_3	2	Alphanumeric
114	OCCUR_DATE_3	8	Alphanumeric
115	OCCUR_DAY_3	4	Alphanumeric
116	OCCUR_CODE_4	2	Alphanumeric
117	OCCUR_DATE_4	8	Alphanumeric
118	OCCUR_DAY_4	4	Alphanumeric
119	OCCUR_CODE_5	2	Alphanumeric
120	OCCUR_DATE_5	8	Alphanumeric
121	OCCUR_DAY_5	4	Alphanumeric
122	OCCUR_CODE_6	2	Alphanumeric
123	OCCUR_DATE_6	8	Alphanumeric
124	OCCUR_DAY_6	4	Alphanumeric
125	OCCUR_CODE_7	2	Alphanumeric
126	OCCUR_DATE_7	8	Alphanumeric
127	OCCUR_DAY_7	4	Alphanumeric
128	OCCUR_CODE_8	2	Alphanumeric
129	OCCUR_DATE_8	8	Alphanumeric
130	OCCUR_DAY_8	4	Alphanumeric
131	OCCUR_CODE_9	2	Alphanumeric
132	OCCUR_DATE_9	8	Alphanumeric
133	OCCUR_DAY_9	4	Alphanumeric
134	OCCUR_CODE_10	2	Alphanumeric
135	OCCUR_DATE_10	8	Alphanumeric
136	OCCUR_DAY_10	4	Alphanumeric
137	OCCUR_CODE_11	2	Alphanumeric
138	OCCUR_DATE_11	8	Alphanumeric
139	OCCUR_DAY_11	4	Alphanumeric



<b>Data Dictionary #</b>	<b>RDF Field Name – OP Base Data</b>	<b>Length</b>	<b>Field Type</b>
140	OCCUR_CODE_12	2	Alphanumeric
141	OCCUR_DATE_12	8	Alphanumeric
142	OCCUR_DAY_12	4	Alphanumeric
143	OCCUR_SPAN_CODE_1	2	Alphanumeric
144	OCCUR_SPAN_FROM_1	8	Alphanumeric
145	OCCUR_SPAN_THRU_1	8	Alphanumeric
146	OCCUR_SPAN_CODE_2	2	Alphanumeric
147	OCCUR_SPAN_FROM_2	8	Alphanumeric
148	OCCUR_SPAN_THRU_2	8	Alphanumeric
149	OCCUR_SPAN_CODE_3	2	Alphanumeric
150	OCCUR_SPAN_FROM_3	8	Alphanumeric
151	OCCUR_SPAN_THRU_3	8	Alphanumeric
152	OCCUR_SPAN_CODE_4	2	Alphanumeric
153	OCCUR_SPAN_FROM_4	8	Alphanumeric
154	OCCUR_SPAN_THRU_4	8	Alphanumeric
155	CONDITION_CODE_1	2	Alphanumeric
156	CONDITION_CODE_2	2	Alphanumeric
157	CONDITION_CODE_3	2	Alphanumeric
158	CONDITION_CODE_4	2	Alphanumeric
159	CONDITION_CODE_5	2	Alphanumeric
160	CONDITION_CODE_6	2	Alphanumeric
161	CONDITION_CODE_7	2	Alphanumeric
162	CONDITION_CODE_8	2	Alphanumeric
163	VALUE_CODE_1	2	Alphanumeric
164	VALUE_AMOUNT_1	9	Numeric
165	VALUE_CODE_2	2	Alphanumeric
166	VALUE_AMOUNT_2	9	Numeric
167	VALUE_CODE_3	2	Alphanumeric
168	VALUE_AMOUNT_3	9	Numeric
169	VALUE_CODE_4	2	Alphanumeric
170	VALUE_AMOUNT_4	9	Numeric
171	VALUE_CODE_5	2	Alphanumeric
172	VALUE_AMOUNT_5	9	Numeric
173	VALUE_CODE_6	2	Alphanumeric
174	VALUE_AMOUNT_6	9	Numeric
175	VALUE_CODE_7	2	Alphanumeric
176	VALUE_AMOUNT_7	9	Numeric
177	VALUE_CODE_8	2	Alphanumeric
178	VALUE_AMOUNT_8	9	Numeric

<b>Data Dictionary #</b>	<b>RDF Field Name – OP Base Data</b>	<b>Length</b>	<b>Field Type</b>
179	VALUE_CODE_9	2	Alphanumeric
180	VALUE_AMOUNT_9	9	Numeric
181	VALUE_CODE_10	2	Alphanumeric
182	VALUE_AMOUNT_10	9	Numeric
183	VALUE_CODE_11	2	Alphanumeric
184	VALUE_AMOUNT_11	9	Numeric
185	VALUE_CODE_12	2	Alphanumeric
186	VALUE_AMOUNT_12	9	Numeric
187	OTHER_AMOUNT	12	Numeric
188	PHARM_AMOUNT	12	Numeric
189	MEDSURG_AMOUNT	12	Numeric
190	DME_AMOUNT	12	Numeric
191	USED_DME_AMOUNT	12	Numeric
192	PT_AMOUNT	12	Numeric
193	OT_AMOUNT	12	Numeric
194	SPEECH_AMOUNT	12	Numeric
195	IT_AMOUNT	12	Numeric
196	BLOOD_AMOUNT	12	Numeric
197	BLOOD_ADM_AMOUNT	12	Numeric
198	OR_AMOUNT	12	Numeric
199	LITH_AMOUNT	12	Numeric
200	CARD_AMOUNT	12	Numeric
201	ANES_AMOUNT	12	Numeric
202	LAB_AMOUNT	12	Numeric
203	RAD_AMOUNT	12	Numeric
204	MRI_AMOUNT	12	Numeric
205	OP_AMOUNT	12	Numeric
206	ER_AMOUNT	12	Numeric
207	AMBULANCE_AMOUNT	12	Numeric
208	PRO_FEE_AMOUNT	12	Numeric
209	ORGAN_AMOUNT	12	Numeric
210	ESRD_AMOUNT	12	Numeric
211	CLINIC_AMOUNT	12	Numeric
212	CLAIM_TOTAL_CHARGES	12	Numeric
213	CLAIM_NON_COV_CHARGES	12	Numeric
214	CLAIM_CHARGES Ancil	12	Numeric
215	CLAIM_NON_COV_CHARGES Ancil	12	Numeric
216	PROCESS_DATE	8	Alphanumeric
217	INST_PROF_INDICATOR (INPUT_FORMAT)	1	Alphanumeric

<b>Data Dictionary #</b>	<b>RDF Field Name – OP Base Data</b>	<b>Length</b>	<b>Field Type</b>
218	INBOUND_INDICATOR	1	Alphanumeric
219	EMERGENCY_DEPT_FLAG	1	Alphanumeric
220	CCS_PRINC_DIAG_CODE	4	Alphanumeric
221	CCS_OTH_DIAG_CODE_1	4	Alphanumeric
222	CCS_OTH_DIAG_CODE_2	4	Alphanumeric
223	CCS_OTH_DIAG_CODE_3	4	Alphanumeric
224	CCS_OTH_DIAG_CODE_4	4	Alphanumeric
225	CCS_OTH_DIAG_CODE_5	4	Alphanumeric
226	CCS_OTH_DIAG_CODE_6	4	Alphanumeric
227	CCS_OTH_DIAG_CODE_7	4	Alphanumeric
228	CCS_OTH_DIAG_CODE_8	4	Alphanumeric
229	CCS_OTH_DIAG_CODE_9	4	Alphanumeric
230	CCS_OTH_DIAG_CODE_10	4	Alphanumeric
231	CCS_OTH_DIAG_CODE_11	4	Alphanumeric
232	CCS_OTH_DIAG_CODE_12	4	Alphanumeric
233	CCS_OTH_DIAG_CODE_13	4	Alphanumeric
234	CCS_OTH_DIAG_CODE_14	4	Alphanumeric
235	CCS_OTH_DIAG_CODE_15	4	Alphanumeric
236	CCS_OTH_DIAG_CODE_16	4	Alphanumeric
237	CCS_OTH_DIAG_CODE_17	4	Alphanumeric
238	CCS_OTH_DIAG_CODE_18	4	Alphanumeric
239	CCS_OTH_DIAG_CODE_19	4	Alphanumeric
240	CCS_OTH_DIAG_CODE_20	4	Alphanumeric
241	CCS_OTH_DIAG_CODE_21	4	Alphanumeric
242	CCS_OTH_DIAG_CODE_22	4	Alphanumeric
243	CCS_OTH_DIAG_CODE_23	4	Alphanumeric
244	CCS_OTH_DIAG_CODE_24	4	Alphanumeric
245	CCS_PROC_CODE_1	3	Alphanumeric
246	CCS_PROC_CODE_2	3	Alphanumeric
247	CCS_PROC_CODE_3	3	Alphanumeric
248	CCS_PROC_CODE_4	3	Alphanumeric
249	CCS_PROC_CODE_5	3	Alphanumeric
250	CCS_PROC_CODE_6	3	Alphanumeric
251	CCS_PROC_CODE_7	3	Alphanumeric
252	CCS_PROC_CODE_8	3	Alphanumeric
253	CCS_PROC_CODE_9	3	Alphanumeric
254	CCS_PROC_CODE_10	3	Alphanumeric
255	CCS_PROC_CODE_11	3	Alphanumeric
256	CCS_PROC_CODE_12	3	Alphanumeric
257	CCS_PROC_CODE_13	3	Alphanumeric

<b>Data Dictionary #</b>	<b>RDF Field Name – OP Base Data</b>	<b>Length</b>	<b>Field Type</b>
258	CCS_PROC_CODE_14	3	Alphanumeric
259	CCS_PROC_CODE_15	3	Alphanumeric
260	CCS_PROC_CODE_16	3	Alphanumeric
261	CCS_PROC_CODE_17	3	Alphanumeric
262	CCS_PROC_CODE_18	3	Alphanumeric
263	CCS_PROC_CODE_19	3	Alphanumeric
264	CCS_PROC_CODE_20	3	Alphanumeric
265	CCS_PROC_CODE_21	3	Alphanumeric
266	CCS_PROC_CODE_22	3	Alphanumeric
267	CCS_PROC_CODE_23	3	Alphanumeric
268	CCS_PROC_CODE_24	3	Alphanumeric
269	CCS_PROC_CODE_25	3	Alphanumeric

### Outpatient Charges Data File

<b>Data Dictionary #</b>	<b>RDF Field Name – OP Charges File</b>	<b>Length</b>	<b>Field Type</b>
1	RECORD_ID (not linkable to the Record_ID in the ED Inpatient RDF or ED Public Use Data Files (PUDFs).)	12	Alphanumeric
2	REVENUE_CODE	4	Alphanumeric
3	REVENUE_CODE_SEQUENCE_NUMBER	3	Alphanumeric
4	HCPCS_QUALIFIER	2	Alphanumeric
5	HCPCS_PROCEDURE_CODE	5	Alphanumeric
6	MODIFIER_1	2	Alphanumeric
7	MODIFIER_2	2	Alphanumeric
8	MODIFIER_3	2	Alphanumeric
9	MODIFIER_4	2	Alphanumeric
10	UNIT_MEASUREMENT_CODE	2	Alphanumeric
11	UNITS_OF_SERVICE	7	Numeric
12	UNIT_RATE	12	Numeric
13	CHRG_LINE_ITEM	14	Numeric
14	CHRG_NON_COV	14	Numeric
15	PROCEDURE_DATE	8	Alphanumeric
16	PROCEDURE_DATE_THRU	8	Alphanumeric
17	SERVICE_FACILITY_CODE	2	Alphanumeric
18	FINAL_EAPG_CATEGORY_CODE	2	Alphanumeric
19	FINAL_EAPG_TYPE_CODE	2	Alphanumeric
20	FINAL_EAPG	5	Alphanumeric
21	ADJUSTED_EAPG_WEIGHT	10	Alphanumeric

22	APC_PROCEDURE_CODE	5	Alphanumeric
23	APC_PX_STATUS_IND_CODE	2	Alphanumeric
24	APC_WEIGHT	9	Alphanumeric

## Outpatient Facility Type Indicator File

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

<sup>1</sup> Facility Type Code added to the 4<sup>th</sup> Quarter 2020 Facility Type Data File