

Texas Department of State Health Services

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, 83rd Texas Legislature, Regular Session, 2013 (Article II, Department of State Health Services [DSHS], Rider 93) specified that DSHS shall collect hospital emergency department (ED) data as set forth in Chapter 108, Texas Health and Safety Code (THSC). DSHS 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Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014.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

<u>THSC Section 108.0135(a)</u> 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 <u>HSC Section 108.0135</u>.

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.

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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 <u>THSC Sections 108.009(d)</u> and <u>108.013(h)</u> 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 $3M^{\text{TM}}$ 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

<u>THSC Section 108.010(c)</u> 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.)

- <u>THSC Section 108.009(h)</u> 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].

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Texas Department of State Health Services

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:

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

Note a change: Any code provided by a facility that has been determined to be invalid has been assigned the 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 RASE DATA FILE

			TIALWITE	1 1 1 D	ASL DAI	W I TEE	
Field 1:	REC	ORD_ID					
	Rec	ord Identi	fication Number. L	Jnique i	number to ider	ntify the record within the research data file.	
	Doe	s not mat	ch or link to PUDF	Record	ID. Does ma	tch with RECORD ID in other Inpatient RDF fi	iles
Length:	12	Type:	Alphanumeric		Source:	Assigned	
Field 2:	PAT	_UNIQU	E_INDEX				
	Unio	que identi	fier assigned to the	e patier	nt by THCIC		
Length:		Type:	Alphanumeric		Source:	Assigned	
Field 3:	THO	CIC_ID					
	Prov	ider ID. ا	Jnique identifier as	signed	to the provide	er by THCIC.	
Length:	6	Type:	Aİphanumeric	Data	a Source:	, Assigned	
Field 4:	SPE	C_UNIT	_1				
	Spe	cialty Uni	t in which most da	vs stav	occurred base	ed on number of days by Type of Bill or Reven	ue
	Cod	,		, ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Coding Scheme:	С	Coronar	y Care Unit	Р	Pediatric Un	nit	
	D		, cation Unit	Υ	Psychiatric	Unit	
	I	Intensiv	e Care Unit	R	Rehabilitatio	on Unit	

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	Н	Hospice	Unit	U	Sub-acute	Care Unit	
	N	Nursery	Offic	S	Skilled Nurs		
	В	Obstetric	: Unit	_	Acute Care	•	
	0	Oncology	/ Unit				
Length:	1	Type:	Alphanumeric	Data	Source:	Calculated	
Field 5:		C_UNIT_					
				st days sta	y occurred b	pased on number	of days by Type of Bill or
		nue Code					
Coding Scheme:				D-4-	C	Calaulahad	
Length:	1 CDE4	Type:	Alphanumeric	Data	Source:	Calculated	
Field 6:		C_UNIT_		at days sta	v occurred b	assed on number	of days by Type of Pill or
		nue Code		si uays sia	y occurred t	ased on number	of days by Type of Bill or
Coding Scheme:							
Length:	1		Alphanumeric	Data	Source:	Calculated	
Field 7:	SPE	C_UNIT_					
	Spec	ialty Unit	in which 4 th mos	st days sta	y occurred b	ased on number	of days by Type of Bill or
	Reve	nue Code	. .				
Coding Scheme:	Sam						
Length:	1		Alphanumeric	Data	Source:	Calculated	
Field 8:		C_UNIT_					
				st days sta	y occurred b	based on number	of days by Type of Bill or
Coding Scheme:		nue Code					
Length:	1	Type:		Data	Source:	Calculated	
Field 9:	ENC		INDICATOR	Dutu	<u>Jour cer</u>	Calculated	
		-		s used to d	reate the er	ncounter. Some i	non-acute care patients may
	have	more tha	an one claim tha	t is consoli	dated for th	e record, such a	s patients in rehabilitation
	hosp	itals, long	j term care hosp	itals, or ps	ychiatric ho	spitals.	
Length:	2		Alphanumeric	Data	Source:	Calculated	
Field 10:	CEV						
riela 10.		_CODE					
	Gend	der of the	patient as recor	ded at dat	e of admissi	on or start of ca	re.
Coding Scheme:	Gend M M	ler of the lale	patient as recor	ded at dat	e of admissi	on or start of ca	re.
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Coding Scheme: Length: Field 11: Length: Field 12: Coding Scheme: Length: Field 13: Length: Field 14:	M M M F F U U U U U U U U	der of the lale Female Inknown Type: FH_DATE date of tl Type: _AGE_GF indicatin: 1-28 days 29-365 da 1-4 years 5-9 10-14 15-17 18-19 20-24 25-29 30-34 Type: _AGE_YE of patient Type: _AGE_DA of patient	Alphanumeric he patient as re Alphanumeric ROUP g age of patient ays 11 12 13 14 15 16 17 18 19 Alphanumeric EARS in years on dat Alphanumeric AYS in days on date	Data : corded at conded at conded at conded at conded at condens and condens are corded at condens and condens are	Source: date of admi Source: years on da 20 21 HI 22 23 24 25 26 Source: rge. Source:	Claim ssion or start of Claim ate of discharge. 85-89 90+ V and drug/alcohol 0-17 18-44 45-64 65-74 75+ Invalid Assigned Claim	care.
Coding Scheme: Length: Field 11: Length: Field 12: Coding Scheme: Length: Field 13: Length: Field 14: Length:	BIR1 Birth 8 PAT Code 00 01 02 03 04 05 06 07 08 09 2 PAT Age 3 PAT Age 5	der of the lale Female Inknown Type: FH_DATE date of tl Type: _AGE_GF indicating 1-28 days 29-365 da 1-4 years 5-9 10-14 15-17 18-19 20-24 25-29 30-34 Type: _AGE_YE of patient Type: _AGE_DA of patient Type:	Alphanumeric he patient as re Alphanumeric ROUP g age of patient ays 11 12 13 14 15 16 17 18 19 Alphanumeric EARS in years on dat Alphanumeric	Data : corded at conded at conded at conded at conded at condens and condens are corded at condens and condens are	Source: date of admi Source: years on da 20 21 HI 22 23 24 25 26 Source:	Claim ssion or start of Claim ate of discharge. 85-89 90+ V and drug/alcohol 0-17 18-44 45-64 65-74 75+ Invalid Assigned	care.
Coding Scheme: Length: Field 11: Length: Field 12: Coding Scheme: Length: Field 13: Length: Field 14:	M M M F F F U U U U U U U	der of the lale Female Inknown Type: FH_DATE date of tl Type: _AGE_GF indicating 1-28 days 29-365 da 1-4 years 5-9 10-14 15-17 18-19 20-24 25-29 30-34 Type: _AGE_YE of patient Type: _AGE_DA of patient Type: E	Alphanumeric he patient as re Alphanumeric ROUP g age of patient ays 11 12 13 14 15 16 17 18 19 Alphanumeric FARS in years on dat Alphanumeric AYS in days on date Alphanumeric	Data : corded at	Source: date of admi Source: years on da 20 21 HI 22 23 24 25 26 Source: rge. Source:	Claim ssion or start of Claim ate of discharge. 85-89 90+ V and drug/alcohol 0-17 18-44 45-64 65-74 75+ Invalid Assigned Claim	care.
Coding Scheme: Length: Field 11: Length: Field 12: Coding Scheme: Length: Field 13: Length: Field 14: Length:	M M M F F F U U U U U U U	der of the lale Female Inknown Type: FH_DATE date of tl Type: _AGE_GF indicatin: 1-28 days 29-365 da 1-4 years 5-9 10-14 15-17 18-19 20-24 25-29 30-34 Type: _AGE_YE of patient Type: _AGE_DA of patient Type: E indicatin:	Alphanumeric he patient as re Alphanumeric ROUP g age of patient ays 11 12 13 14 15 16 17 18 19 Alphanumeric EARS in years on dat Alphanumeric AYS in days on date	Data : corded at conded at conded at conded at conded at condens and condens are corded at condens are	Source: date of admi Source: years on da 20 21 HI 22 23 24 25 26 Source: rge. Source:	Claim ssion or start of Claim ate of discharge. 85-89 90+ V and drug/alcohol 0-17 18-44 45-64 65-74 75+ Invalid Assigned Claim	care.

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	2	Asian or	r Pacific Islander		
	3	Black			
	4	White			
	5	Other			
Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 16:	ETHI	NICITY			
	Cod	e indicatir	ng the Hispanic ori	gin of the patient.	
Coding Scheme	: 1	Hispanio			
	2	Not of H	Hispanic Origin		
Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 17:			CENSUS_BLOCK_		
			group of patient st		
					vel of accuracy of the geocoding process will
	be p	provided a	along with Pat_Ado	dr_Census_Block_Gro	oup (See page 54 for details).
Longth	1.4	Tunai	Alphanumoria	Data Source:	Calculated
Length: Field 18:	14	Type:	Alphanumeric	Data Source:	Calculated
rieia 18:	_		CENSUS_BLOCK of patient street a	ddroco	
			•		evel of accuracy of the geocoding process will
					up (See page 54 for details).
	DC	Ji O Viaca C	along with rat_Aut	di_ccii3d3_block_dio	db (See page 54 for details).
Length:	5	Type:	Alphanumeric	Data Source:	Calculated
Field 19:	PAT	_CITY			
	Patie	ent addre	ss city as provided	l by the patient.	
Length:	30	Type:	Alphanumeric	Data Source:	Provider
Field 20:	PAT.	_STATE			
	Patie	ent addre	ss state as provide	, '	
Length:	2	Type:	Alphanumeric	Data Source:	Provider
Field 21:	PAT_	_ZIP			
				vided by the patient.	
Length:	9	Type:	Alphanumeric	Data Source:	Provider
Field 22:	D 4 T	COLINIT			
	-	_COUNTE			
	Cou	ntry of pa	atient's residential	address. List maintair	ned by the International Organization for
	Cou Star	ntry of pandardization	atient's residential a		ned by the International Organization for
Coding scheme	Cou Star	ntry of pa ndardization www.ISO.	atient's residential a on (ISO). .org for complete li	ist.	•
	Cou Star See 1	ntry of pandardization	atient's residential a on (ISO). .org for complete li Alphanumeric		ned by the International Organization for Provider

Field 23:

FIPS code of patient's county.

Coding scheme:

001	A	0.53	D at	105	Cuantenth	1 [7	Caut Daniel
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	061	Cameron	113	Dallas	165	Gaines
011	r Armstrong	062	Comp	115	Dawson	167	Galveston
011	Armstrong	063	Camp		Dawson	167	
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	073	Cherokee	125	Dickens	177	Gonzales
000	p	075		407	B: "	470	
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	083	Coleman	135	Ector	187	Guadalupe
031	0	003	Coleman	133	2001	107	Cududiape
033	Borde	085	Collin	137	Edwards	189	Hale
	n						
035	Bosqu	087	Collingsworth	139	Ellis	191	Hall
	e						
037	Bowie	089	Colorado	141	El Paso	193	Hamilton
039	Brazoria	091	Comal	143	Erath	195	Hansford
041	Brazo	093	Comanche	145	Falls	197	Hardeman
	S						
043	Brewster	095	Concho	147	Fannin	199	Hardin
045	Brisco	097	Cooke	149	Fayette	201	Harris
	e						
047	Brook	099	Coryell	151	Fisher	203	Harrison
0.40	S	101	Cattle	152	Flaved	205	l la utla.
049	Brow	101	Cottle	153	Floyd	205	Hartley
051	n Burleson	103	Crane	155	Foard	207	Haskell
	2055011	-05	J. J	_55		_0,	··asicii

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: Type: Alphanumeric

Data Source:

Assigned, based on patient ZIP code

Field 24: PUBLIC_HEALTH_REGION

Public Health Region of patient's address.

- Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
- Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, 2 Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo 3 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
- Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, 6 Waller, Wharton counties
- Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties
- Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties

	9	Andrews, Bor	rden. Coke. Concho	. Crane. Crockett.	Dawson.	Ector, Gaines, Glasscock, Howard, Irion, Kimble,
	9					Reagan, Reeves, Schleicher, Sterling, Sutton,
	10		Green, Upton, Ward			
	10		Iberson, El Paso, Hu			o counties Jim Wells, Kenedy, Kleberg, Live Oak, McMullen,
	11		gio, San Patricio, Si			
Length:	2		phanumeric	Data Source:	, - ,	Assigned
Field 25:	TYP	E_OF_ADM	ISSION			
		indicating t	he type of admiss	sion		
Coding Scheme:		Emergency				
	2	Urgent Elective				
	3 4	Newborn				
	5	Trauma Cent	er			
	9	Information r				
Length:	1	Type: Al	phanumeric	Data Source:		Claim
Field 26:	sou	RCE_OF_A	DMISSION			
	Code	_	ource of the adm			
Coding Scheme:	1		are Facility Point of	Origin (Beginning :	July 1,	
3	2	2010) Clinic or Phys	sician's Office			
	4	Transfer from				
			n a skilled nursing f	acility, intermediat	e care	
	5	•	isted living facility			
	6		n another health car	e facility		
	8	Court/Law Er				
	9	Information r		of the Heenital to	nothor	
	D		n One Distinct Unit of the Same Hospit			
		Claim to the I		3	•	
	E		n Ambulatory Surge	ry Center		
	F		n a Hospice Facility	`		
	11 1 y	Born inside the	sion=4 (Newborn)		
	6	Born outside	•			
Length:	1		phanumeric	Data Source:		Claim
Field 27:	FIRS	T_PAYMEN	•			
		_	he expected prim	ary source of pa	yment.	
Coding Scheme:		Self-pay (Rer	moved from 5010 fo		, HM	Health Maintenance Organization
county Scheme.		beginning 2Q	. ,			
	10	Central Certif			LI	Liability
	11 12		deral Programs vider Organization	(PPO)	LM MA	Liability Medical Medicare Part A
	13	Point of Servi	=	(110)	MB	Medicare Part B
	14		vider Organization	(EPO)	MC	Medicaid
	15	Indemnity In	surance		TV	Title V
	16		enance Organizatior	n (HMO) Medicare	OF	Other Federal Program
		Risk	4			•
	AM BL	Automobile M Blue Cross/Bl			VA WC	Veteran Administration Plan Workers Compensation Health Claim
	CH	CHAMPUS	iue Silieiu		ZZ	Charity, Indigent or Unknown
	CI	Commercial I	Insurance			Codes 09 and ZZ, combined for 2004 & 2005
	DS	Disability Ins			•	Invalid
Length:	2	Type: Al	phanumeric	Data Source:		Claim
Field 28:	FIRS	T_PAYER_	ID			
	Natio	onal Plan Ide	ntifier (when imp	lemented by fed	deral go	vernment).
Length:	10		phanumeric	Data Source:		Claim
Field 29:		ST_PAYER_				
I amenth.		. ,	source of payme			Claire
Length: Field 30:	35 SEC		phanumeric AYMENT SRC	Data Source:		Claim
riela 30:		_	AYMENI_SKC he expected seco	indary source of	navmo	nt
Coding Scheme:				maary source or	payme	iic.
Journa Jonesine.	Juill	- u5 IN5 _ [ATTICINI_SINC			

Length:	2	Type:	Alphanumeric	Data S	Source:	Claim	
Field 31:			_PAYER_ID				
	National Plan Identifier (when implemented by federal government).						
Length:	10	Туре:	Alphanumeric	Data 9	Source:	Claim	
Field 32:			_PAYER_NAME				
Length:	Nam 35	Type:	ndary source of pay Alphanumeric		Source:	Claim	
Field 33:			RT_OF_CARE		, ou. cc.	Cidiiii	
i icia 55i		_		provide	r for inpatien	it care or other sta	rt of care. Entered as
	YYYY	MMDD.		•			
Length:	8	Туре:	Alphanumeric	Data S	Source:	Claim	
Field 34:		IIT_WEE	KDAY g day of week pation	ont ic ad	mittod		
Coding Sch		Monday	g day of week path		Friday		
	2	Tuesday			Saturday		
	3	Wednesda	у	7	Sunday		
	4	Thursday			_	CI :	
Length: Field 35:	1	Type:	Alphanumeric	Data S	Source:	Claim	
rieia 35:		IIT_HOU	K g hour during whic	h the na	tient was adı	mitted for innatien	t care
Coding Sch		. maicatin	g nour during wine	ii tiic pa	ciciic was aai	mitted for impatient	curc
00	12 midnight	t-12:59 a.m	n. 09	9:00 - 9	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		11		11:59 a.m.	20	8:00 – 8:59 p.m.
03	3:00 - 3:59		12			21	•
					– 12:59 p.m.		9:00 – 9:59 p.m.
04	4:00 - 4:59		13		L:59 p.m.	22	10:00 – 10:59 p.m.
05	5:00 - 5:59	a.m.	14	2:00 - 2	2:59 p.m.	23	11:00 – 11:59 p.m.
06	6:00 - 6:59	a.m.	15	3:00 - 3	3:59 p.m.	99	Hour unknown
07	7:00 - 7:59	a.m.	16	4:00 - 4	1:59 p.m.		
08	8:00 - 8:59	a.m.	17	5:00 - 5	5:59 p.m.		
Length:	2	Type:	Alphanumeric	Data 9	Source:	Claim	
Field 36:	STM	T_PERIC	D_FROM				
	Begi	nning serv	vice date of the per	iod refle	cted on the s	statement. Entered	l as YYYYMMDD.
Length:	8	Type:	Alphanumeric	Data 9	Source:	Claim	
Field 37:		_	D_THRU	.			\0.00 <i>0</i> .000.000
Longthi	_	ng service Type:	e date of the period Alphanumeric		d on the stat Source:		YYYYMMDD.
Length: Field 38:	8 LEN	 GTHOF_		Data	ource.	Claim	-
ricia 30.				atement	covers perio	d through date (SI	TMT_PERIOD_THRU) minus
							ength of stay is 1 day. The
_	max		999 days.		_		
Length:	4	Type:	Alphanumeric	Data S	Source:	Calculated	
Field 39:		_STATUS		of the e	ndina date o	f service for the ne	eriod of care reported
Coding Sch		maicam	g patient status as	or the e	numg date of	i service for the pe	filod of care reported
1			or self-care (routine		6	5 ,	red to home under care of an alth service organization in
2	Discharged		ed to a short term gen	eral	7	anticipation of cove Left against medica	red skilled care
3	•	•	ed to skilled nursing fa	cility		-	
3			certification in anticipa		09	Admitted as inpatie	nt to this nospital
	skilled care				20	Expired	
4		d/transferre or supportiv	ed to a facility that pro	ovides	21	Discharged/transfer	red to Court/Law Enforcement
5			e care ed to a Designated Car	ncer	30	Still patient	
J			lospital (effective 10-		40	Expired at home	
	2007)		-		41	Expired in a medica	l facility
					71	_xp.i.ca iii a iiiealea	

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- 42 Expired, place unknown
- 43 Discharged/transferred to federal government operated health facility
- 50 Hospice-home
- 51 Hospice-medical facility (Certified) providing hospice level of care
- 61 Discharged/transferred within this institution to Medicare-approved swing bed
- 62 Discharged/transferred to inpatient rehabilitation facility
- 63 Discharged/transferred to Medicare-certified long term care hospital
- 64 Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare
- 65 Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
- 66 Discharged/transferred to Critical Access Hospital (CAH)
- 69 Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
- 70 Discharge/transfer to another type of health care institution not defined elsewhere in the code list
- 81 Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)
- 82 Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 83 Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 84 Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 85 Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute

- Care Hospital Inpatient Readmission (effective 10-1-2013)
- 86 Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 87 Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 88 Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 89 Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 90 Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 92 Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 93 Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 94 Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 95 Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

Length:	2	Type:	Alphanumeric	Data Source:	Claim	_
Field 40:		SCHARGE.	_			
	Cod	de indicatir	ng hour during wh	ich the patient was o	discharged from inpa	tient care
Coding Sch	neme:					
00	12 midnigl	nt-12:59 a.r	n. 09	9:00 - 9:59 a.m.	18	6:00 - 6:59 p.m.
01	1:00 - 1:5	59 a.m.	10	10:00 - 10:59 a.m.	19	7:00 - 7:59 p.m.
02	2:00 - 2:5	59 a.m.	11	11:00 - 11:59 a.m.	20	8:00 - 8:59 p.m.
03	3:00 - 3:5	59 a.m.	12	12 noon - 12:59 p.r	m. 21	9:00 - 9:59 p.m.
04	4:00 - 4:5	59 a.m.	13	1:00 - 1:59 p.m.	22	10:00 - 10:59 p.m.
05	5:00 - 5:5	59 a.m.	14	2:00 - 2:59 p.m.	23	11:00 - 11:59 p.m.
06	6:00 - 6:5	59 a.m.	15	3:00 - 3:59 p.m.	99	Hour unknown
07	7:00 - 7:5	59 a.m.	16	4:00 - 4:59 p.m.		
08	8:00 - 8:5	59 a.m.	17	5:00 - 5:59 p.m.		

Field 41: TYPE_OF_BILL

Type:

Alphanumeric

Length:

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

Coding Scheme: 1st digits–Type of Facility 2nd digit–Type of Care 3rd digits–Sequence of claim

Data Source:

1 Hospital 1 Inpatient, including Medicare Part A 0 Non-payment/Zero claim

DSHS/THCIC www.dshs.texas.gov/THCIC Page 16 DSHS

Claim

DSHS Document #25-15014

Last Updated: September, 2021

- Skilled nursing
- 2 3 Home health
- Religious non-medical health care–Hospital Religious non-medical health care–Extended care 4
- 5
- Intermediate care
- 6 7 Clinic
- 8 Special facility

- Inpatient, Medicare Part B only
- 2 Outpatient
- 4 Outpatient Other, Medicare Part B only Intermediate Care-Level I Intermediate Care-Level II

- Sub-acute inpatient Level III
- Swing bed

- Admit through discharge claim
- Interim-first claim
- 2 Interim-continuing claim
- Interim-last claim
- 4 5 6 7 Late charge(s) only claim Adjustment of prior claim (Not used by Medicare)
- Replacement of prior claim
- Void/cancel of prior claim

www.dshs.texas.gov/THCIC

Length:	3	Type:	Alphanumeric	Data Source:	Claim
Field 42:	ADM	ITTING_	_DIAGNOSIS		
	ICD-	10-CM di	agnosis code, incl	uding the 4th, 5th, 6t	th and 7th digits if applicable. Decimal is implied
	follov	_	third character.		
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 43:		IC_DIAG			
				uding the 4th, 5th, 6t	th and 7th digits if applicable. Decimal is implied
Length:		ving the i	third character. Alphanumeric	Data Source:	Claim
Field 44:			_DIAG_CODE	Data Source.	Claim
riciu ++.				nal Diagnosis code wa	as present at the time the patient was admitted
		e hospita		pai Biagnosis code ne	as present at the time the patient was damitted
Coding Scheme:		Yes			
-	N	No			
	U	Unknown			
	W	Clinically	Undetermined		
Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 45:	_	_DIAG_	_		
				uding the 4th, 5th, 6t	th and 7th digits if applicable. Decimal is implied
			third character.		
Length:		Type:	Alphanumeric	Data Source:	Claim
Field 46:	_		IAG_CODE_1		
			ng whether Oth_L	Diag_Code_1 code wa	s present at the time the patient was admitted to
Coding Schomou		ospital	DOA DRING DIA	CODE	
Coding Scheme: Length:	1	Type:	Alphanumeric	Data Source:	Claim
					Claim
			•	Data Source.	Claim
Field 47:	ОТН	_DIAG_	CODE_2		
	OTH_ ICD-:	_ DIAG_ 0 10-CM di	CODE_2 agnosis code, incl		th and 7th digits if applicable. Decimal is implied
	OTH_ ICD-: follow	_ DIAG_ (10-CM di ving the	CODE_2 agnosis code, incl third character.		
Field 47:	OTH_ ICD-1 follow 7	_ DIAG_ (10-CM diving the f Type:	CODE_2 agnosis code, incl	uding the 4th, 5th, 6t	th and 7th digits if applicable. Decimal is implied
Field 47:	OTH_ ICD-: follow 7	_DIAG_0 10-CM di ving the t Type: _OTH_D	CODE_2 agnosis code, incl third character. Alphanumeric IAG_CODE_2	uding the 4th, 5th, 6t	th and 7th digits if applicable. Decimal is implied
Field 47: Length: Field 48:	OTH_ICD-1 follow 7 POA_ Code the h	DIAG_0 10-CM diving the straight of the straig	code_2 agnosis code, incl third character. Alphanumeric IAG_CODE_2 ng whether Oth_[uding the 4th, 5th, 6t Data Source: Diag_Code_2 code wa	ch and 7th digits if applicable. Decimal is implied
Field 47: Length: Field 48: Coding Scheme:	OTH_ICD-1 follow 7 POA_ Code the h	DIAG_0 10-CM diving the Type: OTH_D identifyiospital e as field	code_2 agnosis code, incl third character. Alphanumeric DIAG_CODE_2 ng whether Oth_E POA_PRINC_DIAG	uding the 4th, 5th, 6t Data Source: Diag_Code_2 code wa G_CODE	ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to
Field 47: Length: Field 48: Coding Scheme: Length:	OTH_ICD-1 follow 7 POA_Code the h Same 1	DIAG_0 10-CM diving the Type: OTH_D identifyiospital e as field	code_2 agnosis code, incl third character. Alphanumeric IAG_CODE_2 ng whether Oth_[POA_PRINC_DIAG Alphanumeric	uding the 4th, 5th, 6t Data Source: Diag_Code_2 code wa	ch and 7th digits if applicable. Decimal is implied
Field 47: Length: Field 48: Coding Scheme:	OTH ICD-1 follow 7 POA Code the h Same 1	DIAG_010-CM diving the record Type: OTH_D identifyiospital e as field Type: DIAG_0	agnosis code, incl third character. Alphanumeric VIAG_CODE_2 ng whether Oth_E POA_PRINC_DIAG Alphanumeric CODE_3	uding the 4th, 5th, 6t Data Source: Diag_Code_2 code wa G_CODE Data Source:	ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to Claim
Field 47: Length: Field 48: Coding Scheme: Length:	OTH_ICD-: follow 7 POA_Code the h Same 1 OTH_ICD-:	DIAG_0 10-CM diving the frype: OTH_D identifyiospital e as field Type: DIAG_0 10-CM di	agnosis code, incl third character. Alphanumeric AGCODE_2 ng whether Oth_E POA_PRINC_DIAG Alphanumeric CODE_3 agnosis code, incl	uding the 4th, 5th, 6t Data Source: Diag_Code_2 code wa G_CODE Data Source:	ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to
Field 47: Length: Field 48: Coding Scheme: Length: Field 49:	OTH_ICD-: follow 7 POA_Code the h Same 1 OTH_ICD-: follow	DIAG_0 10-CM diving the frame of the frame o	agnosis code, incl third character. Alphanumeric TAG_CODE_2 ng whether Oth_E POA_PRINC_DIAG Alphanumeric CODE_3 agnosis code, incl third character.	uding the 4th, 5th, 6t Data Source: Diag_Code_2 code wa G_CODE Data Source: uding the 4th, 5th, 6t	ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to Claim ch and 7th digits if applicable. Decimal is implied
Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length:	OTH_ICD-1 follow 7 POA_Code the h Same 1 OTH_ICD-1 follow 7	DIAG_0 10-CM diving the fraction of the fracti	agnosis code, incl third character. Alphanumeric TAG_CODE_2 ng whether Oth_E POA_PRINC_DIAG Alphanumeric CODE_3 agnosis code, incl third character. Alphanumeric	uding the 4th, 5th, 6t Data Source: Diag_Code_2 code wa G_CODE Data Source:	ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to Claim
Field 47: Length: Field 48: Coding Scheme: Length: Field 49:	OTH_ICD-: follow 7 POA_Code the h Same 1 OTH_ICD-: follow 7	DIAG_0 10-CM diving the fraction of the fracti	agnosis code, incl third character. Alphanumeric AIAG_CODE_2 ng whether Oth_E POA_PRINC_DIAG Alphanumeric CODE_3 agnosis code, incl third character. Alphanumeric AIAG_CODE_3	uding the 4th, 5th, 6t Data Source: Diag_Code_2 code wa G_CODE Data Source: uding the 4th, 5th, 6t Data Source:	ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to Claim ch and 7th digits if applicable. Decimal is implied Claim
Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length:	OTH_ICD-1 follow 7 POA_Code the h Same 1 OTH_ICD-1 follow 7 POA_Code	DIAG_0 10-CM diving the frame of the frame o	agnosis code, incl third character. Alphanumeric AIAG_CODE_2 ng whether Oth_E POA_PRINC_DIAG Alphanumeric CODE_3 agnosis code, incl third character. Alphanumeric AIAG_CODE_3	uding the 4th, 5th, 6t Data Source: Diag_Code_2 code wa G_CODE Data Source: uding the 4th, 5th, 6t Data Source:	ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to Claim ch and 7th digits if applicable. Decimal is implied
Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length: Field 50:	OTH_ICD-1 follow 7 POA_Code the h Same 1 OTH_ICD-1 follow 7 POA_Code the h	DIAG_0 10-CM diving the frame of the frame o	agnosis code, incl third character. Alphanumeric IAG_CODE_2 ng whether Oth_[POA_PRINC_DIAG Alphanumeric CODE_3 agnosis code, incl third character. Alphanumeric IAG_CODE_3 ng whether Oth_[IAG_CODE_3	uding the 4th, 5th, 6t Data Source: Diag_Code_2 code wa G_CODE Data Source: uding the 4th, 5th, 6t Data Source: Diag_Code_3 code wa	ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to Claim ch and 7th digits if applicable. Decimal is implied Claim
Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length:	OTH_ICD-1 follow 7 POA_Code the h Same 1 OTH_ICD-1 follow 7 POA_Code the h	DIAG_0 10-CM diving the frame of the frame o	agnosis code, incl third character. Alphanumeric IAG_CODE_2 ng whether Oth_[POA_PRINC_DIAG Alphanumeric CODE_3 agnosis code, incl third character. Alphanumeric IAG_CODE_3 ng whether Oth_[IAG_CODE_3	uding the 4th, 5th, 6t Data Source: Diag_Code_2 code wa G_CODE Data Source: uding the 4th, 5th, 6t Data Source: Diag_Code_3 code wa	ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to Claim ch and 7th digits if applicable. Decimal is implied Claim
Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme: Length:	OTH_ICD-1 follow 7 POA_Code the h Same 1 OTH_ICD-1 follow 7 POA_Code the h Same 1	DIAG_0 10-CM diving the frame of the frame o	agnosis code, incl third character. Alphanumeric IAG_CODE_2 ng whether Oth_[POA_PRINC_DIAG Alphanumeric CODE_3 agnosis code, incl third character. Alphanumeric IAG_CODE_3 ng whether Oth_[POA_PRINC_DIAG POA_PRINC_DIAG	uding the 4th, 5th, 6t Data Source: Diag_Code_2 code wa G_CODE Data Source: uding the 4th, 5th, 6t Data Source: Diag_Code_3 code wa G_CODE	ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to Claim ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to
Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme:	OTH_ICD-1 follow 7 POA_Code the h Same 1 OTH_ICD-1 follow 7 POA_Code the h Same 1 OTH_OTH_ICD-1 follow 7	DIAG_0 10-CM diving the frame of the frame o	agnosis code, incl third character. Alphanumeric AIAG_CODE_2 ng whether Oth_[POA_PRINC_DIAG_Alphanumeric CODE_3 agnosis code, incl third character. Alphanumeric AIAG_CODE_3 ng whether Oth_[POA_PRINC_DIAG_Alphanumeric CODE_3 CODE_4	uding the 4th, 5th, 6t Data Source: Diag_Code_2 code wa G_CODE Data Source: uding the 4th, 5th, 6t Data Source: Diag_Code_3 code wa G_CODE Data Source:	ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to Claim ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to Claim
Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme: Length:	OTH_ICD-1 follow 7 POA_Code the h Same 1 OTH_ICD-1 follow 7 POA_Code the h Same 1 OTH_ICD-1 ICD-1 follow 7	DIAG_0 10-CM diving the fragment of the fragme	agnosis code, incl third character. Alphanumeric AIAG_CODE_2 ng whether Oth_[POA_PRINC_DIAG_Alphanumeric CODE_3 agnosis code, incl third character. Alphanumeric AIAG_CODE_3 ng whether Oth_[POA_PRINC_DIAG_Alphanumeric CODE_3 CODE_4	uding the 4th, 5th, 6t Data Source: Diag_Code_2 code wa G_CODE Data Source: uding the 4th, 5th, 6t Data Source: Diag_Code_3 code wa G_CODE Data Source:	ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to Claim ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to
Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme: Length:	OTH_ICD-1 follow 7 POA_Code the h Same 1 OTH_ICD-1 follow 7 POA_Code the h Same 1 OTH_ICD-1 follow 1	DIAG_0 10-CM diving the fragment of the fragme	agnosis code, incl third character. Alphanumeric IAG_CODE_2 ng whether Oth_[POA_PRINC_DIAG Alphanumeric CODE_3 agnosis code, incl third character. Alphanumeric IAG_CODE_3 ng whether Oth_[POA_PRINC_DIAG Alphanumeric CODE_4 agnosis code, incl	uding the 4th, 5th, 6t Data Source: Diag_Code_2 code wa G_CODE Data Source: uding the 4th, 5th, 6t Data Source: Diag_Code_3 code wa G_CODE Data Source:	ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to Claim ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to Claim
Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme: Length: Field 51:	OTH_ICD-1 follow 7 POA_Code the h Same 1 OTH_ICD-1 follow 7 POA_Code the h Same 1 Code the h Same 1 OTH_ICD-1 follow 7	DIAG_0 10-CM diving the frame of the first process	agnosis code, incl third character. Alphanumeric IAG_CODE_2 ng whether Oth_[POA_PRINC_DIAG Alphanumeric CODE_3 agnosis code, incl third character. Alphanumeric IAG_CODE_3 ng whether Oth_[POA_PRINC_DIAG Alphanumeric CODE_4 agnosis code, incl third character. Alphanumeric CODE_4 agnosis code, incl third character.	uding the 4th, 5th, 6t Data Source: Diag_Code_2 code wa G_CODE Data Source: uding the 4th, 5th, 6t Data Source: Diag_Code_3 code wa G_CODE Data Source: uding the 4th, 5th, 6th	ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to Claim ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to Claim ch and 7th digits if applicable. Decimal is implied Claim
Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme: Length: Field 51: Length:	OTH_ICD-1 follow 7 POA_Code the h Same 1 OTH_ICD-2 follow 7 POA_Code the h Same 1 OTH_ICD-3 follow 7 POA_FORM FORM FORM FORM FORM FORM FORM FORM	DIAG_0 10-CM diving the frame of the first process	agnosis code, incl third character. Alphanumeric IAG_CODE_2 ng whether Oth_E POA_PRINC_DIAG Alphanumeric CODE_3 agnosis code, incl third character. Alphanumeric IAG_CODE_3 ng whether Oth_E POA_PRINC_DIAG Alphanumeric CODE_4 agnosis code, incl third character. Alphanumeric CODE_4 agnosis code, incl third character. Alphanumeric CODE_4 agnosis code, incl third character. Alphanumeric IAG_CODE_4	uding the 4th, 5th, 6t Data Source: Diag_Code_2 code wa G_CODE Data Source: uding the 4th, 5th, 6t Data Source: Diag_Code_3 code wa G_CODE Data Source: uding the 4th, 5th, 6th	ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to Claim ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to Claim ch and 7th digits if applicable. Decimal is implied Claim
Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme: Length: Field 51: Length:	OTH_ICD-1 follow 7 POA_Code the h Same 1 OTH_ICD-2 follow 7 POA_Code the h Same 1 OTH_ICD-2 follow 7 POA_Code the h Same 1 OTH_ICD-2 follow 7	DIAG_0 10-CM diving the frame of the first process of the frame of the	agnosis code, incl third character. Alphanumeric IAG_CODE_2 ng whether Oth_[POA_PRINC_DIAG Alphanumeric CODE_3 agnosis code, incl third character. Alphanumeric IAG_CODE_3 ng whether Oth_[POA_PRINC_DIAG Alphanumeric CODE_4 agnosis code, incl third character. Alphanumeric CODE_4 agnosis code, incl third character. Alphanumeric CODE_4 agnosis code, incl third character. Alphanumeric IAG_CODE_4 ng whether Oth_[uding the 4th, 5th, 6t Data Source: Diag_Code_2 code wa G_CODE Data Source: uding the 4th, 5th, 6t Data Source: Diag_Code_3 code wa G_CODE Data Source: uding the 4th, 5th, 6th Data Source: uding the 4th, 5th, 6th Data Source: uding the 4th, 5th, 6th Data Source: Diag_Code_4 code wa	ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to Claim ch and 7th digits if applicable. Decimal is implied Claim s present at the time the patient was admitted to Claim ch and 7th digits if applicable. Decimal is implied Claim ch and 7th digits if applicable. Decimal is implied Claim

Length:	1 T	уре:	Alphanumeric	Data Source:	Claim
Field 53:	OTH_I	DIAG_	CODE_5		
	ICD-10	O-CM d	iagnosis code, incl	uding the 4th, 5th,	6th and 7th digits if applicable. Decimal is implied
			third character.		
Length:		уре:	Alphanumeric	Data Source:	Claim
Field 54:			DIAG_CODE_5		
			ing whether Oth_D	Diag_Code_5 code v	was present at the time the patient was admitted to
Cadina Sahamar	the hos		LDOA DDING DIAG	CODE	
Coding Scheme: Length:		as neid ype:	Alphanumeric	Data Source:	Claim
Field 55:			CODE_6	Data Source.	Cidiiii
i ieiu 55.	_	_	_	uding the 4th 5th	6th and 7th digits if applicable. Decimal is implied
			third character.	daning the ran, stri,	our and 7 or digito if applicable? Decimal to implied
Length:		ype:	Alphanumeric	Data Source:	Claim
Field 56:	POA_0	DTH_C	DIAG_CODE_6		
	Code id	dentify	ing whether Oth_D	Diag_Code_6 code v	vas present at the time the patient was admitted to
	the ho				
Coding Scheme:					
Length:		ype:	Alphanumeric	Data Source:	Claim
Field 57:			CODE_7	udina tha 4th Fth	Cth and 7th digita if applicable. Decimal is insulied
	followin	J-CM (I na the	third character.	uding the 4th, 5th,	6th and 7th digits if applicable. Decimal is implied
Length:		ype:	Alphanumeric	Data Source:	Claim
Field 58:			DIAG_CODE_7		
ricia soi				Diag Code 7 code v	was present at the time the patient was admitted to
	the hos			9	
Coding Scheme:	Same a	as field		G_CODE	
Length:	1 T	уре:	Alphanumeric	Data Source:	Claim
Field 59:	_	_	CODE_8		
				uding the 4th, 5th,	6th and 7th digits if applicable. Decimal is implied
Longth			third character.	Data Courses	Claim
Length: Field 60:		ype:	Alphanumeric DIAG_CODE_8	Data Source:	Claim
riela ou:				Ning Code 9 code v	vas present at the time the patient was admitted to
	the hos		ing whether out_L	nag_code_8 code v	vas present at the time the patient was admitted to
Coding Scheme:		•	POA PRINC DIAC	G CODE	
Length:		ype:	Alphanumeric	Data Source:	Claim
Field 61:	OTH_I	DIAG	CODE_9		
	ICD-10	O-CM d	iagnosis code, incl	uding the 4th, 5th,	6th and 7th digits if applicable. Decimal is implied
_		_	third character.		
Length:		уре:	Alphanumeric	Data Source:	Claim
Field 62:			DIAG_CODE_9		
	the hos		ing whether Oth_L	nag_code_9 code v	was present at the time the patient was admitted to
Coding Scheme:			POA PRINC DIAC	G CODE	
Length:		vpe:	Alphanumeric	Data Source:	Claim
Field 63:	OTH_I	DIAG_	CODE_10		
			_	uding the 4th, 5th,	6th and 7th digits if applicable. Decimal is implied
	followi	ng the	third character.		
Length:	7 T	уре:	Alphanumeric	Data Source:	Claim
Field 64:	_	_	DIAG_CODE_10		
				Diag_Code_10 code	was present at the time the patient was admitted
Cadina Calaaa	to the			C CODE	
Coding Scheme: Length:		as rieid ype:	Alphanumeric	J_CODE Data Source:	Claim
Field 65:				Duta Sourcei	Claiiii
Field 65:	ОТН_І	DIAG_	CODE_11		
Field 65:	OTH_I	DIAG_ D-CM d	CODE_11 iagnosis code, incl		6th and 7th digits if applicable. Decimal is implied
Field 65: Length:	OTH_I ICD-10 followin	DIAG_ D-CM d	CODE_11		

Field CC:	DOA OTIL	NIAC CODE 11		
Field 66:		DIAG_CODE_11	iag Codo 11 codo ···-	as prosent at the time the nations was admitted
	to the hospita		iag_code_11 code Wa	is present at the time the patient was admitted
Coding Scheme:		d POA_PRINC_DIAG	CODE	
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 67:	OTH_DIAG_	CODE_12		
	ICD-10-CM d	iagnosis code, inclu	iding the 4th, 5th, 6th	and 7th digits if applicable. Decimal is implied
		third character.		·
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 68:		DIAG_CODE_12		
	to the hospita		iag_Code_12 code wa	is present at the time the patient was admitted
Coding Scheme:		ai d POA_PRINC_DIAG	CODE	
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 69:	OTH_DIAG_			
	ICD-10-CM d	iagnosis code, inclu	iding the 4th, 5th, 6th	and 7th digits if applicable. Decimal is implied
		third character.		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 70:		DIAG_CODE_13		
			iag_Code_13 code wa	s present at the time the patient was admitted
Coding Scheme	to the hospita	ai I POA_PRINC_DIAG	CODE	
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 71:	OTH DIAG		2	
		- · · · -	uding the 4th, 5th, 6th	and 7th digits if applicable. Decimal is implied
		third character.	3 , ,	2
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 72:		DIAG_CODE_14		
			iag_Code_14 code wa	s present at the time the patient was admitted
Coding Scheme	to the hospita	ai I POA_PRINC_DIAG	CODE	
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 73:	OTH_DIAG_			
	ICD-10-CM d	iagnosis code, inclu	iding the 4th, 5th, 6th	and 7th digits if applicable. Decimal is implied
		third character.		·
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 74:		DIAG_CODE_15	. 6 1 45 1	
	to the hospita		iag_Code_15 code wa	is present at the time the patient was admitted
Coding Scheme:		d POA_PRINC_DIAG	CODE	
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 75:	OTH_DIAG_	CODE_16		
			iding the 4th, 5th, 6th	and 7th digits if applicable. Decimal is implied
		third character.	D 1 C	CI.:
Length:	7 Type:	Alphanumeric DIAG_CODE_16	Data Source:	Claim
Field 76:			ing Codo 16 codo wa	as present at the time the nations was admitted
	to the hospita		lag_code_16 code wa	s present at the time the patient was admitted
Coding Scheme:		d POA PRINC DIAG	CODE	
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 77:	OTH_DIAG_	CODE_17		
			iding the 4th, 5th, 6th	and 7th digits if applicable. Decimal is implied
		third character.		CI.:
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 78:		DIAG_CODE_17	ing Codo 17 ands	or present at the time the nations was admitted
	code identify	my whether Oth_D	iay_coue_1/ code wa	is present at the time the patient was admitted
		al	_	
Coding Scheme:	to the hospita		G CODE	
Coding Scheme: Length:	to the hospita	al I POA_PRINC_DIAG Alphanumeric	G_CODE Data Source:	Claim

Field 99: OTH_DIAG_CODE_18 ICD-19-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. 7	Field 70:	OTH DIAC	CODE 10					
Elength: 7 Type: Alphanumeric Data Source: Claim	rielu /y:		_	ding the 4th 5th	6th and 7th digits if applicable. Decimal is implied			
Length: 7 Type: Alphanumeric Data Source: Claim		following the	third character.	ullig the 4th, 5th,	oth and 7th digits if applicable. Decimal is implied			
Coding Scheme: Same as filed POA PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 81: 07H_DIAG_CODE_19 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. 7 Type: Alphanumeric Data Source: Claim Field 82: POA_OTH_DIAG_CODE_19 Code identifying whether Oth_Diag_Code_19 code was present at the time the patient was admitted to the hospital Code identifying whether Oth_Diag_Code_19 code was present at the time the patient was admitted following the third character. Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 83: OTH_DIAG_CODE_20 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 84: POA_OTH_DIAG_CODE_20 Code identifying whether Oth_Diag_Code_20 code was present at the time the patient was admitted to the hospital to the hospital to the hospital 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 Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 7 Type: Alphanumeric Data Source: Claim Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 7 Type: Alphanumeric Data Source: Claim Field 85: OTH_DIAG_CODE_21 Code identifying whether Oth Diag_Code_21 code was present at the time the patient was admitted to the hospital Code identifying whether Oth Diag_Code_22 code was present at the time the patient was admitted to the hospital Code identifying whether Oth Diag_Code_22 code was present at the time the patient was admitted to the hospital Code identifying whether Oth Diag_Code_22 code was present at the time the patient was admitted to the hospital Code identifying whether Oth Diag_Code_22 code was present at the time the patient was admitted to the hospital Code identifying whether Oth Diag_Code_22 code wa	Length:			Data Source:	Claim			
Coding Scheme Same as field POA_PRINC_DIAG_CODE	Field 80:							
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•				uy_code_z4 code	was present at the time the patient was aumitted			

Coding Scheme: Same as field POA PRINC DIAG CODE Alphanumeric Length: Type: **Data Source:** Claim 1 Field 93: E_CODE_1 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Length: Alphanumeric **Data Source:** Type: Claim Field 94: POA E CODE 1 Code identifying whether E Code 1 code was present at the time the patient was admitted to the Coding Scheme: Same as field POA PRINC DIAG CODE Length: Type: Alphanumeric **Data Source:** Claim Field 95: E CODE 2 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Length: Alphanumeric **Data Source:** Type: Field 96: POA_E_CODE_2 Code identifying whether E_Code_2 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA PRINC DIAG CODE Length: Alphanumeric **Data Source:** Claim Type: Field 97: E CODE 3 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Alphanumeric Length: **Data Source:** Claim Type: Field 98: POA_E_CODE_3 Code identifying whether E_Code_3 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA PRINC DIAG CODE Length: Alphanumeric **Data Source:** Claim Type: Field 99: E_CODE_4 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Length: Alphanumeric **Data Source:** Claim Type: Field 100: POA E CODE 4 Code identifying whether E Code 4 code was present at the time the patient was admitted to the Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: Alphanumeric **Data Source:** Claim Type: Field 101: E_CODE_5 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character **Type:** Alphanumeric Length: **Data Source:** Field 102: POA_E_CODE_5 Code identifying whether E Code 5 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA PRINC DIAG CODE Length: Alphanumeric **Data Source:** Claim Type: Field 103: E CODE 6 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Length: Alphanumeric **Data Source:** Claim Type: Field 104: POA_E_CODE_6 Code identifying whether E_Code_6 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA PRINC DIAG CODE Length: Alphanumeric **Data Source:** Claim Type: Field 105: E_CODE_7 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Alphanumeric **Data Source:** Claim Length: Type:

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Field 106:	POA_E_CODE_7		
	Code identifying whether E_Code	e_7 code was present at	the time the patient was admitted to the
	hospital		
	Same as field POA_PRINC_DIAG_		
Length:	1 Type: Alphanumeric	Data Source:	Claim
Field 107:	E_CODE_8	U .I AII EII GII	1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			nd 7th digits if applicable, of an additional
Length:	external cause of morbidity. Deci 7 Type: Alphanumeric	Data Source:	Claim
Field 108:	POA_E_CODE_8	Data Source.	Claim
rieiu 100:		8 code was present at	the time the patient was admitted to the
	hospital	_o code was present at	the time the patient was damitted to the
Coding Scheme:	Same as field POA_PRINC_DIAG_	_CODE	
Length:	1 Type: Alphanumeric	Data Source:	Claim
Field 109:	E_CODE_9		
	ICD-10-CM diagnosis code, include	ding the 4th, 5th, 6th a	nd 7th digits if applicable, of an additional
	external cause of morbidity. Deci	imal is implied following	the third character
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 110:	POA_E_CODE_9		
	, , , _	e_9 code was present at	the time the patient was admitted to the
C	hospital	CODE	
	Same as field POA_PRINC_DIAG_	_CODE Data Source:	Claim
Length:	1 Type: Alphanumeric	Data Source:	Claim
Field 111:	E_CODE_10	dina tha 1th Fth Cth a	ad 7th diata if applicable of an additional
	external cause of morbidity. Deci		nd 7th digits if applicable, of an additional
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 112:	POA_E_CODE_10		o.a
		10 code was present a	at the time the patient was admitted to the
	hospital		
Coding Scheme:	Same as field POA_PRINC_DIAG_	_CODE	
Length:	1 Type: Alphanumeric	Data Source:	Claim
Field 113:	PRINC_SURG_PROC_CODE		
		ocedure performed duri	ng the period covered by the bill. ICD-10-PCS
l ameth.	code.	Data Causas	Claire
Length: Field 114:	7 Type: Alphanumeric	Data Source:	Claim
rieia 114:	PRINC_SURG_PROC_DATE	dura was parformed En	tored as VVVVMMDD
Length:	Date the principal surgical proced 8 Type: Alphanumeric	Data Source:	Claim
Field 115:	PRINC_SURG_PROC_DAY	Data Source.	Claim
ricia 115i		re was performed. Date	minus Admission/Start of Care Date
Length:	4 Type: Alphanumeric	Data Source:	Calculated
Field 116:	OTH_SURG_PROC_CODE_1		
		ure other than the princ	cipal procedure performed during the period
	covered by the bill. ICD-10-PCS		
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 117:	OTH_SURG_PROC_DATE_1		
		lure other than the princ	cipal procedure was performed. Entered as
	YYYYMMDD.		
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 118:	OTH_SURG_PROC_DAY_1		
			pal procedure was performed. Date of the
Length:	surgical was performed <i>minus</i> Ac 4 Type: Alphanumeric	Imission/Start of Care D Data Source:	Pate Calculated
Field 119:	OTH_SURG_PROC_CODE_2	Data Soulce.	Carculated
i iciu 117i		uro other than the noise	cinal procedure performed during the period
	covered by the bill. ICD-10-PCS		cipal procedure performed during the period
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 120:	OTH_SURG_PROC_DATE_2		
		lure other than the princ	cipal procedure was performed. Entered as
	YYYYMMDD.	.a. o outer than the print	s.p.s. p. securic mas performed. Effected ds

Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 121:	OTH_SURG_PROC_DAY_2		
			pal procedure was performed. Date of the
	surgical was performed <i>minus</i> Ad	•	
Length:	4 Type: Alphanumeric	Data Source:	Calculated
Field 122:	OTH_SURG_PROC_CODE_3		
	covered by the bill. ICD-10-PCS		cipal procedure performed during the period
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 123:	OTH_SURG_PROC_DATE_3	Data Source.	Cidilli
rieiu 125.		ure other than the orin	cipal procedure was performed. Entered as
	YYYYMMDD.	are outer than the prin	espai procedure was performed Entered as
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 124:	OTH_SURG_PROC_DAY_3		
	Day of surgical or other procedur	e other than the princip	pal procedure was performed. Date of the
	surgical was performed minus Ad	•	
Length:	4 Type: Alphanumeric	Data Source:	Calculated
Field 125:	OTH_SURG_PROC_CODE_4		
			cipal procedure performed during the period
Longth	covered by the bill. ICD-10-PCS		Claim
Length: Field 126:	7 Type: Alphanumeric	Data Source:	Claim
rieia 126:	OTH_SURG_PROC_DATE_4	ura athar than the prin	sinal procedure was performed. Entered as
	YYYYMMDD.	lure other than the prin	cipal procedure was performed. Entered as
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 127:	OTH_SURG_PROC_DAY_4		
		e other than the princi	pal procedure was performed. Date of the
	surgical was performed <i>minus</i> Ad		
Length:	4 Type: Alphanumeric	Data Source:	Calculated
Field 128:	OTH_SURG_PROC_CODE_5		
			cipal procedure performed during the period
	covered by the bill. ICD-10-PCS		Claim
Length: Field 129:	7 Type: Alphanumeric	Data Source:	Claim
rieia 129:	OTH_SURG_PROC_DATE_5	ura athar than the prin	sinal procedure was performed. Entered as
	YYYYMMDD.	ure other than the prin	cipal procedure was performed. Entered as
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 130:	OTH_SURG_PROC_DAY_5		
		e other than the princi	pal procedure was performed. Date of the
	surgical was performed <i>minus</i> Ad		
Length:	4 Type: Alphanumeric	Data Source:	Calculated
Field 131:	OTH_SURG_PROC_CODE_6		
			cipal procedure performed during the period
l ameth.	covered by the bill. ICD-10-PCS		Claim
Length: Field 132:	7 Type: Alphanumeric	Data Source:	Claim
rieia 132:	OTH_SURG_PROC_DATE_6		- muimainal musaaduus uuas maufaumaad. Entauad
	as YYYYMMDD.	rocedure other than the	e principal procedure was performed. Entered
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 133:	OTH_SURG_PROC_DAY_6		
		e other than the princi	pal procedure was performed. Date of the
	surgical was performed <i>minus</i> Ad		
Length:	4 Type: Alphanumeric	Data Source:	Calculated
Field 134:	OTH_SURG_PROC_CODE_7		
			cipal procedure performed during the period
	covered by the bill. ICD-10-PCS		
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 135:	OTH_SURG_PROC_DATE_7		
		ure other than the prin	cipal procedure was performed. Entered as
Longth:	YYYYMMDD. 8 Type: Alphanumeric	Data Source:	Claim
<u>Length:</u>	8 Type: Alphanumeric	Data Source:	Claim

Field 136:	OTH_SURG_PROC_DAY_7	
11010 1501		than the principal procedure was performed. Date of the
	surgical was performed <i>minus</i> Admission	/Start of Care Date
Length:	71	Source: Calculated
Field 137:	OTH_SURG_PROC_CODE_8	
		er than the principal procedure performed during the period
Length:	covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data 9	Source: Claim
Field 138:	OTH_SURG_PROC_DATE_8	Source: Claim
rieiu 136:		er than the principal procedure was performed. Entered as
	YYYYMMDD.	er than the principal procedure was performed. Entered as
Length:		Source: Claim
Field 139:	OTH_SURG_PROC_DAY_8	
		than the principal procedure was performed. Date of the
	surgical was performed minus Admission	/Start of Care Date
Length:	7	Source: Calculated
Field 140:	OTH_SURG_PROC_CODE_9	
		er than the principal procedure performed during the period
l ameth.	covered by the bill. ICD-10-PCS code.	Sauraa Claim
Length: Field 141:	7 Type: Alphanumeric Data 9 OTH_SURG_PROC_DATE_9	Source: Claim
rieiu 141:		er than the principal procedure was performed. Entered as
	YYYYMMDD.	er than the principal procedure was performed. Entered as
Length:		Source: Claim
Field 142:	OTH_SURG_PROC_DAY_9	
		than the principal procedure was performed. Date of the
	surgical was performed minus Admission	/Start of Care Date
Length:	,, ,	Source: Calculated
Field 143:	OTH_SURG_PROC_CODE_10	
		er than the principal procedure performed during the period
Langth	covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data 9	Sauraa Claim
Length:	/ IVDe: Albhanumenc Data :	Source: Claim
Field 144.	7.	
Field 144:	OTH_SURG_PROC_DATE_10	or than the principal precedure was performed. Entered as
Field 144:	OTH_SURG_PROC_DATE_10 Date the surgical or other procedure other	er than the principal procedure was performed. Entered as
	OTH_SURG_PROC_DATE_10 Date the surgical or other procedure other yyyymmDD.	er than the principal procedure was performed. Entered as
Field 144: Length: Field 145:	OTH_SURG_PROC_DATE_10 Date the surgical or other procedure other yyyymmDD.	
Length:	OTH_SURG_PROC_DATE_10 Date the surgical or other procedure other yyyyMMDD. 8 Type: Alphanumeric Data SOTH_SURG_PROC_DAY_10	Source: Claim
Length: Field 145:	OTH_SURG_PROC_DATE_10 Date the surgical or other procedure other yyyyMMDD. 8 Type: Alphanumeric Data S OTH_SURG_PROC_DAY_10 Day of surgical or other procedure other surgical was performed minus Admission	Source: Claim than the principal procedure was performed. Date of the
Length: Field 145: Length:	OTH_SURG_PROC_DATE_10 Date the surgical or other procedure other yyyymmDD. 8 Type: Alphanumeric Data surgical or other procedure other surgical or other procedure other surgical was performed minus Admission 4 Type: Alphanumeric Data surgical surgic	Source: Claim than the principal procedure was performed. Date of the
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Length: Field 145: Length:	OTH_SURG_PROC_DATE_10 Date the surgical or other procedure other yyyymmDD. 8 Type: Alphanumeric	than the principal procedure was performed. Date of the /Start of Care Date
Length: Field 145: Length: Field 146:	OTH_SURG_PROC_DATE_10 Date the surgical or other procedure other yyyymmDD. 8 Type: Alphanumeric Data so	than the principal procedure was performed. Date of the /Start of Care Date Source: Calculated er than the principal procedure performed during the period
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Length: Field 145: Length: Field 146: Length: Field 147: Length: Field 148:	OTH_SURG_PROC_DATE_10 Date the surgical or other procedure other yyyymmDD. 8 Type: Alphanumeric	than the principal procedure was performed. Date of the /Start of Care Date Source: Calculated er than the principal procedure performed during the period Source: Claim er than the principal procedure was performed. Entered as Source: Claim than the principal procedure was performed. Date of the /Start of Care Date
Length: Field 145: Length: Field 146: Length: Field 147: Length: Field 148: Length:	OTH_SURG_PROC_DATE_10 Date the surgical or other procedure other yyyymmDD. 8 Type: Alphanumeric	than the principal procedure was performed. Date of the /Start of Care Date Source: Calculated er than the principal procedure performed during the period Source: Claim er than the principal procedure was performed. Entered as Source: Claim than the principal procedure was performed. Date of the
Length: Field 145: Length: Field 146: Length: Field 147: Length: Field 148:	OTH_SURG_PROC_DATE_10 Date the surgical or other procedure other yyyymmdd. 8 Type: Alphanumeric	than the principal procedure was performed. Date of the /Start of Care Date Source: Calculated er than the principal procedure performed during the period Source: Claim er than the principal procedure was performed. Entered as Source: Claim than the principal procedure was performed. Date of the /Start of Care Date Source: Calculated
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Length: Field 145: Length: Field 146: Length: Field 147: Length: Field 148: Length: Field 148:	OTH_SURG_PROC_DATE_10 Date the surgical or other procedure other yyyymmDD. 8 Type: Alphanumeric	than the principal procedure was performed. Date of the /Start of Care Date Source: Calculated er than the principal procedure performed during the period Source: Claim er than the principal procedure was performed. Entered as Source: Claim than the principal procedure was performed. Date of the /Start of Care Date Source: Calculated er than the principal procedure performed during the period care than the principal procedure performed during the period
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Length: Field 145: Length: Field 146: Length: Field 147: Length: Field 148: Length: Field 148:	OTH_SURG_PROC_DATE_10 Date the surgical or other procedure other yyyymmDD. 8 Type: Alphanumeric	than the principal procedure was performed. Date of the /Start of Care Date Source: Calculated er than the principal procedure performed during the period cource: Claim er than the principal procedure was performed. Entered as Source: Claim than the principal procedure was performed. Date of the /Start of Care Date Source: Calculated er than the principal procedure performed during the period cource: Calculated er than the principal procedure performed during the period cource: Claim
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	Day of surgical or other procedure other than the principal procedure was performed. Date of the			
Longth			Admission/Start of Ca	re Date Calculated
Length: Field 152:	4 Type:	Alphanumeric PROC_CODE_13	Data Source:	Calculated
rieiu 152.				principal procedure performed during the period
	covered by th	ne bill. ICD-10-PCS	code.	ormalpar procedure performed during the period
Length:	7 Typé:	Alphanumeric	Data Source:	Claim
Field 153:	OTH_SURG_	PROC_DATE_13		
	Date the surg YYYYMMDD.	gical or other proce	edure other than the p	principal procedure was performed. Entered as
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 154:		PROC_DAY_13		
				ncipal procedure was performed. Date of the
Length:	surgical was 4 Type:	performed <i>minus F</i> Alphanumeric	Admission/Start of Car Data Source:	re Date Calculated
Field 155:		PROC_CODE_14		Calculated
11010 1551				principal procedure performed during the period
		ne bill. ICD-10-PCS		and participation period and markets are period
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 156:	OTH_SURG_	PROC_DATE_14		
		gical or other proce	edure other than the p	principal procedure was performed. Entered as
	YYYYMMDD.		D 1 6	Cl.:
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 157:		PROC_DAY_14		nainal nuceadius was newfermed. Date of the
			are other than the pri Admission/Start of Ca	ncipal procedure was performed. Date of the
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 158:		PROC_CODE_15		
				principal procedure performed during the period
		ne bill. ICD-10-PCS		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 159:	OTH_SURG_	PROC_DATE_15		
	Date the surg	gical or other proce	edure other than the p	principal procedure was performed. Entered as
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 160:	OTH_SURG_	PROC_DAY_15		
				ncipal procedure was performed. Date of the
			Admission/Start of Ca	
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 161:		PROC_CODE_16		suincipal purcedium performed diving the posici
		ne bill. ICD-10-PCS		principal procedure performed during the period
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 162:		PROC DATE 16		
	Date the sur	ical or other proce	dure other than the p	principal procedure was performed. Entered as
	YYYYMMDD. ¯	'	·	
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 163:		PROC_DAY_16		
				ncipal procedure was performed. Date of the
I amerika.	-		Admission/Start of Ca	
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 164:		PROC_CODE_17		principal procedure performed during the period
		ne bill. ICD-10-PCS		officipal procedure performed during the period
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 165:		PROC_DATE_17		
				principal procedure was performed. Entered as
	Date the suit			
	YYYYMMDD.	ical of other proce	dare ourer than the p	ormeipar procedure was performed. Entered as
Length:		Alphanumeric	Data Source:	Claim

Field 166:	OTH_SURG_PROC_DAY_17		
		e other than the prin	cipal procedure was performed. Date of the
_	surgical was performed <i>minus</i> Adı	mission/Start of Care	e Date
Length:	4 Type: Alphanumeric	Data Source:	Calculated
Field 167:	OTH_SURG_PROC_CODE_18		
			incipal procedure performed during the period
Length:	covered by the bill. ICD-10-PCS c 7 Type: Alphanumeric	oae. Data Source:	Claim
Field 168:	OTH_SURG_PROC_DATE_18	Data Source.	Cidiiii
11010 1001		ure other than the pr	rincipal procedure was performed. Entered as
I amoutle.	YYYYMMDD.	Data Causas	Claire
Length: Field 169:	8 Type: Alphanumeric	Data Source:	Claim
rieia 169:	OTH_SURG_PROC_DAY_18		singly proceedings was performed. Date of the
	surgical was performed <i>minus</i> Adi		cipal procedure was performed. Date of the
Length:	4 Type: Alphanumeric	Data Source:	Calculated
Field 170:	OTH_SURG_PROC_CODE_19		0.000.000
		re other than the pr	incipal procedure performed during the period
	covered by the bill. ICD-10-PCS c		
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 171:	OTH_SURG_PROC_DATE_19		
	Date the surgical or other procedu YYYYMMDD.	ure other than the pr	incipal procedure was performed. Entered as
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 172:	OTH_SURG_PROC_DAY_19		S.a
		e other than the prin	cipal procedure was performed. Date of the
	surgical was performed <i>minus</i> Adı		
Length:	4 Type: Alphanumeric	Data Source:	Calculated
Field 173:	OTH_SURG_PROC_CODE_20		
			incipal procedure performed during the period
Longthi	covered by the bill. ICD-10-PCS c 7 Type: Alphanumeric	ode. Data Source:	Claim
Length: Field 174:	7 Type: Alphanumeric OTH_SURG_PROC_DATE_20	Data Source:	Cidilli
rield 174.		ire other than the or	incipal procedure was performed. Entered as
	YYYYMMDD.	are other than the pr	melpai procedure was performed. Entered as
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 175:	OTH_SURG_PROC_DAY_20		
			cipal procedure was performed. Date of the
	surgical was performed minus Adi		
Length:	4 Type: Alphanumeric	Data Source:	Calculated
Field 176:	OTH_SURG_PROC_CODE_21		:
	covered by the bill. ICD-10-PCS c		incipal procedure performed during the period
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 177:	OTH SURG PROC DATE 21		
Field 177:	OTH_SURG_PROC_DATE_21 Date the surgical or other procedu	ure other than the pr	
Field 177:		ure other than the pr	rincipal procedure was performed. Entered as
Length:	Date the surgical or other procedu YYYYMMDD. 8 Type: Alphanumeric	ure other than the pr	
	Date the surgical or other procedum of the surgical or other procedum or other proce	Data Source:	rincipal procedure was performed. Entered as
Length:	Date the surgical or other procedury YYYYMMDD. 8 Type: Alphanumeric OTH_SURG_PROC_DAY_21 Day of surgical or other procedure	Data Source:	rincipal procedure was performed. Entered as Claim cipal procedure was performed. Date of the
Length: Field 178:	Date the surgical or other procedury YYYYMMDD. 8 Type: Alphanumeric OTH_SURG_PROC_DAY_21 Day of surgical or other procedure surgical was performed minus Adi	Data Source: e other than the prinmission/Start of Care	rincipal procedure was performed. Entered as Claim cipal procedure was performed. Date of the entered as
Length: Field 178: Length:	Date the surgical or other procedury YYYYMMDD. 8 Type: Alphanumeric OTH_SURG_PROC_DAY_21 Day of surgical or other procedure surgical was performed minus Add 4 Type: Alphanumeric	Data Source:	rincipal procedure was performed. Entered as Claim cipal procedure was performed. Date of the
Length: Field 178:	Date the surgical or other procedury YYYYMMDD. 8 Type: Alphanumeric OTH_SURG_PROC_DAY_21 Day of surgical or other procedure surgical was performed minus Add 4 Type: Alphanumeric OTH_SURG_PROC_CODE_22	Data Source: e other than the prinmission/Start of Care Data Source:	cipal procedure was performed. Entered as Claim cipal procedure was performed. Date of the entered as Calculated
Length: Field 178: Length:	Date the surgical or other procedury YYYYMMDD. 8 Type: Alphanumeric OTH_SURG_PROC_DAY_21 Day of surgical or other procedure surgical was performed minus Add 4 Type: Alphanumeric OTH_SURG_PROC_CODE_22 Code for surgical or other procedure surgical surgical surgical surgical or other procedure surgical s	Data Source: e other than the prinmission/Start of Care Data Source: ure other than the prinmission	rincipal procedure was performed. Entered as Claim cipal procedure was performed. Date of the entered as
Length: Field 178: Length: Field 179:	Date the surgical or other procedury YYYYMMDD. 8 Type: Alphanumeric OTH_SURG_PROC_DAY_21 Day of surgical or other procedure surgical was performed minus Add 4 Type: Alphanumeric OTH_SURG_PROC_CODE_22 Code for surgical or other proceducovered by the bill. ICD-10-PCS of	Data Source: e other than the prinmission/Start of Care Data Source: ure other than the prinmission	cipal procedure was performed. Entered as Claim cipal procedure was performed. Date of the entered as calculated
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Length: Field 178: Length: Field 179: Length:	Date the surgical or other procedury YYYYMMDD. 8 Type: Alphanumeric OTH_SURG_PROC_DAY_21 Day of surgical or other procedure surgical was performed minus Add 4 Type: Alphanumeric OTH_SURG_PROC_CODE_22 Code for surgical or other procedure covered by the bill. ICD-10-PCS of 7 Type: Alphanumeric OTH_SURG_PROC_DATE_22	Data Source: e other than the prinmission/Start of Care Data Source: ure other than the prode. Data Source:	cincipal procedure was performed. Entered as Claim cipal procedure was performed. Date of the e Date Calculated cincipal procedure performed during the period
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Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date Length: Type: Alphanumeric **Data Source:** Calculated Field 182: OTH SURG PROC CODE 23 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Length: Type: Alphanumeric **Data Source:** Claim Field 183: OTH_SURG_PROC_DATE_23 Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD. Length: Type: Alphanumeric Data Source: Claim OTH_SURG_PROC_DAY_23 Field 184: Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date Length: Alphanumeric **Data Source:** Calculated Type: Field 185: OTH_SURG_PROC_CODE_24 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Length: **Data Source:** Claim Alphanumeric Type: Field 186: OTH_SURG_PROC_DATE_24 Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD. Length: Type: Alphanumeric **Data Source:** Claim Field 187: OTH SURG PROC DAY 24 Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date **Data Source:** Length: Alphanumeric Calculated Type: Field 188: MS MDC 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. Length: Type: Alphanumeric **Data Source:** Assigned Field 189: APR MDC Major Diagnostic Category (MDC) as assigned by 3M[™] APR-DRG Grouper, version 20. Length: Type: Alphanumeric **Data Source: Assigned** Field 190: MS DRG 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. Length: Type: Alphanumeric **Data Source: Assigned** Field 191: APR DRG All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M™ APR-DRG Grouper. Alphanumeric **Data Source:** Length: Assigned Type: Field 192: RISK_MORTALITY Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the likelihood of dying. Coding Scheme: Minor 1 Moderate 3 Major Extreme Length: Alphanumeric **Data Source: Assigned** Type: Field 193: ILLNESS_SEVERITY Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M[™] APR-DRG Grouper. Indicates the extent of physiologic decompensation **Coding Scheme:** Minor 2 Moderate 3 Major Extreme 0 No class specified Length: Alphanumeric **Data Source: Assigned** Field 194: APR_GROUPER_ VERSION_NBR Version number of the 3M[™] APR-DRG Grouper used.

Length:	5	Type:	Alphanumeric	Data	Source:	Assigned	
Field 195:	APR		R_ERROR_CODE			•	
	Error		ned by the 3M™ A	PR-DR	•		
Coding Scheme:	00		DRG successfully	12	Gestational age/b	oirth weight conflict (AP	'R only)
J	1		code cannot be used	19	DisableHac = 0 a	nd at least one HAC PC	A is invalid or exempt
	2	as principa Record doe for any DR	es not meet criteria	20	DisableHac is inv	alid and at least one H	AC POA is N or U
	2	•		21	Disablelles is in.	-1:-11 11/	AC DOA is invalid as assessed
	3 4	Invalid Age Invalid Sex		21 22		nd at least one HAC PC	AC POA is invalid or exempt
	5		charge Status	23		alid and at least one HA	·
	6		hweight (AP & APR	24	DisableHac = 0 a		IACs that have different HAC
	09		charge age in days	25	DisableHac is inv		iple HACs that have different
	11	•	ncipal Diagnosis		TIACT OA VUIGES	inde die noe'i or w	
Length:	2	Туре:	Alphanumeric	Data	Source:	Assigned	
Field 196:	MS_	GROUPER	_VERSION_NBR				
	CMS	Medicare :	Severity Diagnosis	Relate	d Grouper (form	erly CMS DRG Group	per and previously
	repo	rted as HC	FA_GROUPER_VER	RSION_	NBR) version us	ed to assign MS DRO	G and, MS MDC codes
Length:	5	Type:	Alphanumeric	Data	Source:	Assigned	
Field 197:	MS_	GROUPER	R_ERROR_CODE				
	Erro	r codes ide	ntify potential vari	ations	with MS DRG co	de assignment	
Coding Scheme:	00		DRG successfully	19	DisableHac = 0 a	nd at least one HAC PC)A is invalid orexempt
country benefiter	1		code cannot be used	20	DisableHac is inv	alid and at least one H	AC POA is N or U
	2	as principa Record doe	es not meet criteria	21	DisableHac is inv	alid and at least one H	AC POA is invalid orexempt
		for any DR	G				
	3	Invalid Age	9	22	DisableHac = 0 a	nd at least one HAC PC)A is exempt
	4	Invalid Sex	(23	DisableHac is inv	alid and at least one H	AC POA is exempt
	5	Invalid Dis	charge Status	24		nd there are multiple Hare not Y, W, N, U	HACs that have different HAC
	10	(CMS only)		25		alid and there are mult that are not Y or W	iple HACs that have different
	11	Invalid Prir	ncipal Diagnosis				
Length:	2	Type:	Alphanumeric	Data	Source:	Assigned	
Field 198:	ATT	ENDING_	PHYSICIAN_UNI	F_ID			
							nsed physician expected
							for the patient's medical
			•			•	under the Medical Practice
							hospitals or who provides
							chiropractors, dentists, tal to admit or treat
		e practition ents.	iers, nurse midwiv	es, and	i poulatrists aut	iorized by the nospi	tal to admit of treat
Coding Scheme	•		emporary license o	r licans	e number could	not he matched	
Length:	10		Alphanumeric		Source:	Assigned	
Field 199:			PHYSICIAN_UNI		Jource.	Assigned	
rieiu 199.					entifier (if annlic	able). Unique identif	fier assigned to the
						g physician. Physicia	
							individual other than a
							erapeutic procedures to
							rs, nurse midwives, and
			norized by the hos				
Coding Scheme:	9999	999999 Te	emporary license o	r licens	e number could	not be matched	
Length:	10	Type:	Alphanumeric	Data	Source:	Assigned	
Field 200:	occ	UR_CODE	1			-	
			_ g a significant ever	nt relat	ing to the claim.		
Coding Scheme:							ccident/ Tort Liability
1 Auto acci			2	Involv	ult Insurance ved - Including Aut ent/Other		co.comy Fore Elability
DSHS/THCIC					·	DSHS Doc	cument #25-15014
www.dshs.texas.	σ_{OV}/T	THCIC		– Pag	ge 29 ———		d: September, 2021
vv vv vv.usiis.usas.	g0 V/ I	11010				Lasi Opuatet	1. Septemoer, 2021

- 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

- 16 Date of Last Therapy
- 17 Date Outpatient OT Plan Established or Last Reviewed
- 18 Date of Retirement Patient/Beneficiary
- 19 Date of Retirement Spouse
- 20 Date Guarantee of Payment Began
- 21 Date UR Notice Received
- 22 Date Active Care Ended
- 24 Date Insurance Denied
- 25 Date Benefits Terminated by Primary Payer
- 26 Date SNF Bed Became Available
- 27 Date Home Health Plan Established or Last Reviewed
- 28 Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed
- 29 Date Outpatient PT Plan established or last reviewed
- 30 Date Outpatient ST Plan established or last reviewed

- 31 Date beneficiary notified of intent to bill (accommodations)
- 32 Date beneficiary notified of intent to bill (procedures or treatments)
- 37 Date of inpatient hospital discharge for non-covered transplant patients
- 38 Date treatment started for home IV therapy
- 39 Date discharged on a continuous course if IV therapy
- 41 Date of first test of preadmission testing
- 42 Date of discharge (hospice only)
- 43 Scheduled date of canceled surgery
- 44 Date treatment started OT
- 45 Date treatment started ST
- 46 Date treatment started Cardiac rehabilitation
- 47 Date cost outlier status begins
- A1 Birthdate Insured A
- A2 Effective Date Insured A Policy

- A3 Payer A benefits exhausted
- A4 Split Bill Date
- B1 Birthdate Insured B
- B2 Effective date Insured B Policy
- B3 Payer B benefits exhausted
- C1 Birthdate Insured C
- C2 Effective date Insured C Policy
- C3 Payer C benefits exhausted
- DR Katrina disaster related
- E1 Birthdate Insured D
- E2 Effective date Insured D Policy
- E3 Payer D benefits exhausted
- F1 Birthdate Insured E
- 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 201:	OCCUR_DAT			
	_	rrence, as <i>YYYYMMD</i>	D.	
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 202:	OCCUR_DAY	Y_1		
_			ce Date <i>minus</i> Admission	
Length:		Alphanumeric	Data Source:	Calculated
Field 203:	OCCUR_COL			
Coding Schomou			nt relating to the claim.	•
Coding Scheme: Length:		Alphanumeric	Data Source:	Claim
Field 204:	OCCUR_DAT		Data Source.	Ciaiiii
rielu 204.		rrence, as <i>YYYYMMD</i>	חת	
Length:		Alphanumeric	Data Source:	Claim
Field 205:	OCCUR_DAY			
	_	_	ce Date <i>minus</i> Admissio	on/Start of Care Date.
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 206:	OCCUR_CO			
			nt relating to the claim.	
Coding Scheme:				
Length:		Alphanumeric	Data Source:	Claim
Field 207:	OCCUR_DAT	_		
Longth		rrence, as YYYYMMD		Claim
Length: Field 208:	8 Type: OCCUR DAY	Alphanumeric	Data Source:	Cidiiii
rieiu 208:	_	_	ce Date <i>minus</i> Admissio	on/Start of Care Date
Length:		Alphanumeric	Data Source:	Calculated
Field 209:	OCCUR_COL		<u> </u>	Garcaracea
	_	_	nt relating to the claim.	
Coding Scheme:			3	
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 210:	OCCUR_DAT	ΓE_4		
	_			
	Date of occur	rrence, as YYYYMMD		
Length:	Date of occur 8 Type:	Alphanumeric	DD. Data Source:	Claim
Length: Field 211:	Date of occur 8 Type: OCCUR_DAY	Alphanumeric 7_4	Data Source:	
Field 211:	Date of occur 8 Type: OCCUR_DAY Occurrence D	Alphanumeric /_4 Day equals Occurren	Data Source: ce Date <i>minus</i> Admission	on/Start of Care Date.
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Field 211:	Date of occur 8 Type: OCCUR_DAY Occurrence D 4 Type: OCCUR_COD	Alphanumeric 7_4 Pay equals Occurren Alphanumeric DE_5	Data Source: ce Date <i>minus</i> Admissio Data Source:	on/Start of Care Date. Calculated
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Field 211: Length: Field 212: Coding Scheme: Length: Field 213: Length: Field 214:	Date of occur 8 Type: OCCUR_DAY Occurrence D 4 Type: OCCUR_COD Code describi Same as OCC 2 Type: OCCUR_DAT Date of occur 8 Type: OCCUR_DAY Occurrence D 4 Type: OCCUR_COD	Alphanumeric 7_4 Pay equals Occurrent Alphanumeric DE_5 Pay equals Occurrent Alphanumeric TE_5 Pay equals Occurrent Alphanumeric Alphanumeric Alphanumeric Alphanumeric Alphanumeric Alphanumeric Alphanumeric Alphanumeric DE_6	Data Source: ce Date minus Admission Data Source: nt relating to the claim. Data Source: D. Data Source: ce Date minus Admission Data Source:	Claim Claim on/Start of Care Date. Claim con/Start of Care Date. Calculated
Field 211: Length: Field 212: Coding Scheme: Length: Field 213: Length: Field 214: Length: Field 215:	Date of occur 8 Type: OCCUR_DAY OCCUR_COD 4 Type: OCCUR_COD Code describi Same as OCC 2 Type: OCCUR_DAT Date of occur 8 Type: OCCUR_DAY OCCUR_DAY OCCUR_COD 4 Type: OCCUR_COD Code describi	Alphanumeric 7_4 Pay equals Occurrent Alphanumeric DE_5 Pay equals Occurrent Alphanumeric TE_5 Pay equals Occurrent Alphanumeric DE_6 Pay a significant eve	Data Source: ce Date minus Admission Data Source: nt relating to the claim. Data Source: D. Data Source: ce Date minus Admission ce Date minus Admission	Claim Claim on/Start of Care Date. Claim con/Start of Care Date. Calculated
Field 211: Length: Field 212: Coding Scheme: Length: Field 213: Length: Field 214: Length: Field 215: Coding Scheme:	Date of occur 8 Type: OCCUR_DAY OCCUR_CODE 4 Type: OCCUR_CODE 2 Type: OCCUR_DAT Date of occur 8 Type: OCCUR_DAY OCCUR_DAY OCCUR_DAY OCCUR_CODE 4 Type: COCCUR_CODE Code describit Same as OCC	Alphanumeric 7_4 Pay equals Occurrent Alphanumeric DE_5 Pay equals Occurrent Alphanumeric TE_5 Pay equals Occurrent Alphanumeric DE_6 Pay a significant evector Alphanumeric DE_7 Pay a significant	Data Source: ce Date minus Admission Data Source: nt relating to the claim. Data Source: D. Data Source: ce Date minus Admission Data Source: nt relating to the claim.	Claim Claim on/Start of Care Date. Claim con/Start of Care Date. Calculated
Field 211: Length: Field 212: Coding Scheme: Length: Field 213: Length: Field 214: Length: Field 215: Coding Scheme: Length:	Date of occur 8 Type: OCCUR_DAY Occurrence D 4 Type: OCCUR_CODE Same as OCC 2 Type: OCCUR_DAY Date of occur 8 Type: OCCUR_DAY OCCUR_DAY OCCUR_CODE 4 Type: COCCUR_CODE CODE describit Same as OCC 2 Type:	Alphanumeric 7_4 Pay equals Occurrent Alphanumeric DE_5 Ing a significant eve CUR_CODE_1. Alphanumeric FE_5 Prence, as YYYYMMD Alphanumeric 7_5 Pay equals Occurrent Alphanumeric DE_6 Ing a significant eve CUR_CODE_1. Alphanumeric	Data Source: ce Date minus Admission Data Source: nt relating to the claim. Data Source: D. Data Source: ce Date minus Admission Data Source:	Claim Claim on/Start of Care Date. Claim con/Start of Care Date. Calculated
Field 211: Length: Field 212: Coding Scheme: Length: Field 213: Length: Field 214: Length: Field 215: Coding Scheme:	Date of occur 8 Type: OCCUR_DAY OCCUR_CODE 4 Type: OCCUR_CODE Same as OCC 2 Type: OCCUR_DAY OCCUR_DAY OCCUR_DAY OCCUR_DAY OCCUR_CODE 4 Type: OCCUR_CODE Code describit Same as OCC 2 Type: OCCUR_CODE CODE CODE CODE CODE CODE CODE CODE	Alphanumeric 7_4 Pay equals Occurrent Alphanumeric DE_5 Ing a significant eve CUR_CODE_1. Alphanumeric FE_5 Prence, as YYYYMMD Alphanumeric 7_5 Pay equals Occurrent Alphanumeric DE_6 Ing a significant eve CUR_CODE_1. Alphanumeric TE_6 Ing a significant eve CUR_CODE_1. Alphanumeric TE_6	Data Source: ce Date minus Admission Data Source: nt relating to the claim. Data Source: D. Data Source: ce Date minus Admission Data Source: nt relating to the claim. Data Source:	Claim Claim on/Start of Care Date. Claim con/Start of Care Date. Calculated
Field 211: Length: Field 212: Coding Scheme: Length: Field 213: Length: Field 214: Length: Field 215: Coding Scheme: Length:	Date of occur 8 Type: OCCUR_DAY OCCUR_CODE 4 Type: OCCUR_CODE Same as OCC 2 Type: OCCUR_DAY OCCUR_DAY OCCUR_DAY OCCUR_DAY OCCUR_CODE 4 Type: OCCUR_CODE Code describit Same as OCC 2 Type: OCCUR_CODE CODE CODE CODE CODE CODE CODE CODE	Alphanumeric 7_4 Pay equals Occurrent Alphanumeric DE_5 Ing a significant eve CUR_CODE_1. Alphanumeric FE_5 Prence, as YYYYMMD Alphanumeric 7_5 Pay equals Occurrent Alphanumeric DE_6 Ing a significant eve CUR_CODE_1. Alphanumeric	Data Source: ce Date minus Admission Data Source: nt relating to the claim. Data Source: D. Data Source: ce Date minus Admission Data Source: nt relating to the claim. Data Source:	Claim Claim on/Start of Care Date. Claim con/Start of Care Date. Calculated
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Field 211: Length: Field 212: Coding Scheme: Length: Field 213: Length: Field 214: Length: Field 215: Coding Scheme: Length: Field 216: Length: Field 217: Length: Field 217:	Date of occur 8 Type: OCCUR_DAY Occurrence D 4 Type: OCCUR_COE 2 Type: OCCUR_DAY Date of occur 8 Type: OCCUR_DAY Occurrence D 4 Type: OCCUR_COE Code describi Same as OCC 2 Type: OCCUR_DAY	Alphanumeric 7_4 Pay equals Occurrent Alphanumeric DE_5 Pay equals Occurrent Alphanumeric TE_5 Pay equals Occurrent Alphanumeric DE_6 Pay equals Occurrent Alphanumeric	Data Source: ce Date minus Admission Data Source: nt relating to the claim. Data Source: D. Data Source: ce Date minus Admission Data Source: nt relating to the claim. Data Source: D. Data Source:	con/Start of Care Date. Calculated Claim Claim on/Start of Care Date. Calculated Claim Claim Claim
Field 211: Length: Field 212: Coding Scheme: Length: Field 213: Length: Field 214: Length: Field 215: Coding Scheme: Length: Field 216: Length: Field 217:	Date of occur 8 Type: OCCUR_DAY Occurrence D 4 Type: OCCUR_COE 2 Type: OCCUR_DAY Occurrence D 4 Type: OCCUR_DAY Occurrence D 4 Type: OCCUR_COE Code describi Same as OCC 2 Type: OCCUR_DAY Occurrence D 4 Type: OCCUR_DAY Occurrence D 5 Type: OCCUR_DAY Occurrence D 4 Type: OCCUR_DAY Occurrence D 4 Type: OCCUR_DAY OCCUR_COE COCUR_COE COCUR_COE COCUR_COE COCUR_COE COCUR_COE COCUR_COE COCUR_COE COCUR_COE	Alphanumeric 7_4 Pay equals Occurrent Alphanumeric DE_5 Pay equals Occurrent Alphanumeric TE_5 Pay equals Occurrent Alphanumeric PE_6 PART Alphanumeric DE_6 PART Alphanumeric DE_7	Data Source: ce Date minus Admission Data Source: nt relating to the claim. Data Source: D. Data Source: ce Date minus Admission Data Source: nt relating to the claim. Data Source: control Data Source:	Claim
Field 211: Length: Field 212: Coding Scheme: Length: Field 213: Length: Field 214: Length: Field 215: Coding Scheme: Length: Field 216: Length: Field 217: Length: Field 217:	Date of occur 8 Type: OCCUR_DAY Occurrence D 4 Type: OCCUR_COE 2 Type: OCCUR_DAY Occurrence D 4 Type: OCCUR_DAY Occurrence D 4 Type: OCCUR_COE Code describi Same as OCC 2 Type: OCCUR_DAY Occurrence D 4 Type: OCCUR_DAY Occurrence D 5 Type: OCCUR_DAY Occurrence D 4 Type: OCCUR_DAY Occurrence D 4 Type: OCCUR_DAY OCCUR_COE COCUR_COE COCUR_COE COCUR_COE COCUR_COE COCUR_COE COCUR_COE COCUR_COE COCUR_COE	Alphanumeric 7_4 Pay equals Occurrent Alphanumeric DE_5 Pay equals Occurrent Alphanumeric TE_5 Pay equals Occurrent Alphanumeric PE_6 PART Alphanumeric DE_6 PART Alphanumeric DE_7	Data Source: ce Date minus Admission Data Source: nt relating to the claim. Data Source: D. Data Source: ce Date minus Admission Data Source: nt relating to the claim. Data Source: control Data Source: D. Data Source: D. Data Source: D. Data Source:	Claim

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

DSHS Document #25-15014 Last Updated: September, 2021

Coding Scheme: Same as OCCUR_CODE_1. Length: **Type:** Alphanumeric Claim Data Source: Field 219: OCCUR_DATE_7 Date of occurrence, as YYYYMMDD. Alphanumeric **Data Source:** Claim Length: Type: OCCUR_DAY_7 Field 220: Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. Alphanumeric Data Source: Calculated Length: Type: Field 221: OCCUR_CODE_8 Code describing a significant event relating to the claim. Coding Scheme: Same as OCCUR_CODE_1. Length: Type: Alphanumeric Data Source: Claim Field 222: OCCUR_DATE_8 Date of occurrence, as YYYYMMDD. Length: Type: Alphanumeric **Data Source:** Claim Field 223: OCCUR_DAY_8 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. Length: **Type:** Alphanumeric **Data Source:** Calculated Field 224: OCCUR_CODE_9 Code describing a significant event relating to the claim. Coding Scheme: Same as OCCUR_CODE_1. Claim Length: **Type:** Alphanumeric **Data Source:** Field 225: OCCUR_DATE_9 Date of occurrence, as YYYYMMDD. Length: **Type:** Alphanumeric **Data Source:** Field 226: OCCUR DAY 9 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. Length: Alphanumeric **Data Source:** Calculated Type: Field 227: OCCUR_CODE_10 Code describing a significant event relating to the claim. Coding Scheme: Same as OCCUR_CODE_1. Length: Type: Alphanumeric **Data Source:** Claim 2 Field 228: OCCUR_DATE_10 Date of occurrence, as YYYYMMDD.

Length:	_ 8 T v	ype:	Alphanumeric	Data Sourc	e:	Claim
Field 229:		DAY	<u> </u>			
			•'	e Date <i>minus</i>	Admissi	on/Start of Care Date.
Length:			, Alphanumeric	Data Source		Calculated
Field 230:		CODE				
			g a significant ever	nt relating to	he claim:	l.
Coding Scheme:						
Length:			Alphanumeric	Data Sourc	e:	Claim
Field 231:		L_DATE		_		
Length:			ence, as <i>YYYYMMDI</i> Alphanumeric	್ರ. Data Sourc	٠.	Claim
Field 232:		R_DAY_		Data Sourc	-	Claim
ricia 252i				e Date <i>minus</i>	Admissi	on/Start of Care Date.
Length:			Alphanumeric	Data Sourc		Calculated
Field 233:	OCCUR	CODE	<u> </u>			
	Code de	escribing	g a significant ever	nt relating to	he claim	ı .
Coding Scheme:	Same a					
Length:	2 T y	ype:	Alphanumeric	Data Sourc	e:	Claim
Field 234:		L_DATE				
			ence, as YYYYMMDI			
Length:		, i	Alphanumeric	Data Sourc	e:	Claim
Field 235:		R_DAY_		o Data minus	A dmissi	on/Start of Caro Data
Length:			y <i>equais</i> Occurrenc Alphanumeric	Data Sourc		on/Start of Care Date. Calculated
Field 236:		<i>-</i>	_CODE_1	Data Sourc	<u></u>	Calculated
i iciu 250.				nt relating to t	he claim	that may affect payer processing.
Coding Scheme:			stay dates (for SNF u			SNF prior stay dates
3		ior stay o		,,	80	Prior Same SNF prior stay dates for Payment Ban
						Purposes
		rst/Last \				Antepartum Days at Reduced Level of Care
		_	libility period d level of care/Leave	of	M0 M1	QIO/UR approved stay dates Provider liability - no utilization
		sence	u level of care/Leave	OI	IMIT	Provider liability - 110 dtilization
	75 SI	NF level o	of care		M2	Inpatient respite dates
	76 Pa	atient Lial	oility Period		M3	ICF level of care
			ability - Utilization Ch	-	M4	Residential level of care
Length:			Alphanumeric	Data Sourc	e:	Claim
Field 237:			_FROM_1	innina Data a	6 0 0 0 0 0 0 0 0 0	anda Event
Length:			an From is the Begi Alphanumeric	Data Sourc		Claim
Field 238:			_THRU_1	Data Sourc		Claim
			an Thru is the Endi	ng Date of Oo	currence	e Event.
Length:			Alphanumeric	Data Sourc		Claim
Field 239:		_	_CODE_2			
					he claim:	that may affect payer processing.
Coding Scheme:						
Length:			Alphanumeric	Data Sourc	e:	Claim
Field 240:		_	_FROM_2			
Longthi		•	an From is the Begi Alphanumeric	nning Date o Data Sourc		ence Event. Claim
Length: Field 241:			_THRU_2	Data Sourc		Claiiii
riela 241:			_IRO_2 an Thru is the Endi	ng Date of Oc	currence	Fvent
Length:			Alphanumeric	Data Sourc		Claim
Field 242:			_CODE_3			
				nt relating to	he claim	that may affect payer processing.
Coding Scheme:						.,
Length:	2 T y	уре:	Alphanumeric	Data Sourc	e:	Claim
Field 243:			_FROM_3		_	
			an From is the Beg			
Length:	8 T y	уре:	Alphanumeric	Data Sourc	e:	Claim

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

Occurrence Span Thru is the Ending Date of Occurrence Event.

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

Field 248: CONDITION_CODE_1

Code describing a condition relating to the claim.

Coding Scheme:

1 2	Military service related Condition is employment	30	Non-research services provided to patients enrolled in a	54	No Skilled Home Health Visits in Billing Period. Policy Exception
2	related	31	qualified clinical trial Patient is student (full time -		Documented at the Home Health Agency
3	Patient covered by insurance not reflected here	31	day)	55	SNF bed not available
4	Information only bill.	32	Patient is student (cooperative/work study	56	Medical appropriateness
5	Lien has been filed		program)	57	SNF readmission
6	ESRD patient in first 18 months of entitlement covered by EGHP	33	Patient is student (full time - night)	58	Terminated Medicare+Choice organization enrollee
7	Treatment of non-terminal	34	Patient is student (part-time)	59	Non-primary ESRD facility
8	condition for hospice patient	36	General care patient in a special unit	60	Day outlier
0	Beneficiary would not provide information concerning other insurance coverage	37	Ward accommodation at patient request	61 66	Cost outlier Provider does not wish cost
9	Neither patient or spouse is	38	Semi-private room not available	00	outlier payment
10	employed Patient and/or spouse is	39	Private room medically necessary	67	Beneficiary elects not to use life time reserve (LTR) days
11	employed but no EGHP exists Disabled beneficiary but no	40	Same day transfer	68	Beneficiary elects to use life time reserve (LTR) days
11	LGHP coverage exists	41	Partial hospitalization	69	IME/DGME/N&AH Payment Only
17	Patient is homeless	42	Continuing care not related to	70	Self-administered anemia
18	Maiden name retained	43	inpatient admission Continuing care not provided		management drug
19	Child retains mother's name	43	within prescribed post discharge	71	Full care in unit
20	Beneficiary requested billing		window	72	Self care in unit
21	Billing for denial notice	44	Inpatient admission changed to outpatient	73	Self care training
22	Patient on multiple drug regimen	45	Ambiguous Gender Category	74	Home
23	Home care giver available	46	Non-availability statement on	75	Home - 100% reimbursement
24	Home IV patient also receiving	47	file Transfer from another Home	76	Back-up in facility dialysis
	HHA services	47	Health Agency	77	Provider accepts or is obligated/required due to a
25	Patient is non-US resident	48	Psychiatric residential treatment centers for children and		contractual arrangement or law to accept payment by a primary
26	VA eligible patient chooses to receive services in a Medicare		adolescents (RTCs)		payer as payment
27	certified facility Patient referred to a sole	49	Product replacement within product lifecycle	78	New coverage not implemented by HMO
	community hospital for a	50	Product Replacement for Known	79	CORF services provided offsite
28	diagnostic laboratory test Patient and/or spouse's EGHP is	51	Recall of a Product Attestation of Unrelated	80	Home dialysis - nursing facility
	secondary to Medicare	31	Outpatient Nondiagnostic Services	81	C-section/Inductions <39 Weeks-Medical Necessity
29	Disabled beneficiary and/or family member's LGHP is	52	Out of Hospice Service Area	83	C-section/Inductions 39 weeks or greater
	secondary to Medicare	53	Initial placement of a medical device provided as part of a clinical trial or a free sample	84	Dialysis for Acute Kidney Injury (AKI)

85	Delayed Recertification of Hospice Terminal Illness	AN	Pre-admission screening not required	Н3	Reoccurrence of GI Bleed Comorbid Category	
86	Additional Hemodialysis Treatment with Medical	В0	Medicare coordinated care demonstration claim	H4	Reoccurrence of Pneumonia Comorbid Category	
40	Justification	B1	Beneficiary is ineligible for demonstration program	Н5	Reoccurrence of Pericarditis Comorbid Category	
A0	TRICARE external partnership program	B4	Admission unrelated to discharge on same day	P1	Do not Resuscitate Order (DNR)	
A1	EPSDT/CHAP	ВР	Gulf Oil Spill of 2010	P7	Direct Inpatient Admission from	
A2	Physically handicapped	C1	Approved as billed	R1	Emergency Room Request for reopening Reason	
4.2	children's program		• •	KI	Code - Mathematical or	
A3	Special Federal Funding	C2	Automatic approval as billed based on focused review		Computational Mistake	
A4	Family planning	C3	Partial approval	R2	Request for reopening Reason Code -Inaccurate Data Entry	
A5	Disability	C4	Admission/services denied	R3	Request for reopening Reason	
A6	Vaccines/Medicare 100% payment	C5	Post payment review applicable		Code - Misapplication of a Fee Schedule	
Α9	Second opinion surgery	C6	Admission Preauthorization	R4	Request for reopening Reason	
AA	Abortion performed due to rape	C7	Extended Authorization		Code - Computer Errors	
AB	Abortion performed due to incest	D0	Changes to Service Dates	R5	Request for reopening Reason Code - Incorrectly Identified	
AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality	D1	Changes to Charges		Duplicate Claim	
		D3	Second or Subsequent Interim PPS Bill	R6	Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not	
AD	Abortion performed due to life endangering physical condition	D4	Change in clinical codes (ICD) for diagnosis and/or procedure	קח	Specified in R1-R5 above	
ΑE	Abortion performed due to		codes.	K/	Request for reopening Reason Code - Corrections other than clerical errors Request for reopening Reason	
	physical health of mother that is not life endangering	D5	Cancel to correct Insured's ID or Provider ID	R8		
AF	Abortion performed due to emotional/psychological health	D6	Cancel Only to Repay a Duplicate or OIG Overpayment	NO	Code - New and Material Evidence	
AG	of mother Abortion performed due to	D7	Change to Make Medicare the Secondary Payer	R9	Request for reopening Reason Code - Faulty Evidence	
АН	social or economic reasons Elective abortion	D8	Change to Make Medicare the Primary Payer	WO	United Mine Workers of America (UMWA) Demonstration	
ΑI	Sterilization	D9	Any Other Change		Ìndicatór	
AJ	Payer responsible for co-	DR	Disaster related	W2	Duplicate of Original Bill	
	payment	E0	Changes in Patient Status	W3	Level I Appeal	
AK	Air ambulance required	G0	Distinct Medical Visit	W4	Level II Appeal	
AL	Specialized treatment/bed unavailable	НО	Delayed Filing, Statement of Intent Submitted	W5	Level III Appeal	
AM	Non-emergency medically necessary stretcher transport required	H2	Discharge by a Hospice Provider for Cause			

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:	CON	NDITION	_CODE_3						
	Code describing a condition relating to the claim.								
Coding Scheme: Same as CONDITION_CODE_1.									
Length:	2	Type:	Alphanumeric	Data Source:	Claim				

Data Source:

Claim

2 **Type:** Alphanumeric

Length:

DSHS Document #25-15014 Last Updated: September, 2021 Field 251: CONDITION_CODE_4

Code describing a condition relating to the claim.

Coding Scheme: Same as CONDITION_CODE_1.

Length:2Type:AlphanumericData Source:Claim

Field 252: CONDITION_CODE_5

Code describing a condition relating to the claim.

Coding Scheme: Same as CONDITION_CODE_1.

Length: 2 Type: Alphanumeric Data Source: Claim

Field 253: CONDITION_CODE_6

Code describing a condition relating to the claim.

Coding Scheme: Same as CONDITION_CODE_1.

Length: 2 Type: Alphanumeric Data Source: Claim

Field 254: CONDITION_CODE_7

Code describing a condition relating to the claim.

Coding Scheme: Same as CONDITION_CODE_1.

Length: 2 Type: Alphanumeric Data Source: Claim

Field 255: CONDITION_CODE_8

Most common semi-private rate

Code describing a condition relating to the claim.

33

Coding Scheme: Same as CONDITION_CODE_1.

Length: 2 Type: Alphanumeric Data Source: Claim

Offset to the patient - payment

Field 256: VALUE_CODE_1

Code describing information that may affect payer processing.

Coding Scheme:

1	Most common semi-private rate	33	amount - podiatric services	67	Peritorieal dialysis
2	Hospital has no semi-private	34	Offset to the patient - payment	68	EPO-drug
4	rooms Inpatient professional component	31	amount - other medical services	69	State charity care percentage
4	charges which are combined	35	Offset to the patient - payment amount - health insurance	80	Covered Days
_	billed		premiums	81	Non-covered Days
5	Professional component included in charges and also billed	37	Units of blood furnished	82	Co-insurance Days
_	separately to carrier	38	Blood deductible units	83	Lifetime Reserve Days
6	Blood deductible	39	Units of blood replaced	84	Shorter Duration Hemodialysis
8	Life time reserve amount in the first calendar year	40	New coverage not implemented	Α0	Special zip code reporting
9	Coinsurance amount in the first	41	by HMO Black lung	A1	Deductible payer A
4.0	calendar year	42	VA	A2	Coinsurance payer A
10	Lifetime reserve amount in the second calendar year			А3	Estimated responsibility payer A
11	Coinsurance amount in the second calendar year	43	Disabled beneficiary under age 65 with LGHP	A4	Covered self-administrable drugs - emergency
12	Working aged beneficiary/spouse with employer group health plan	44	Amount provider agreed to accept from primary payer when this amount is less than charges	A5	Covered self-administrable drugs - administrable in form and
13	ESRD beneficiary in a Medicare coordination period with an employer group health plan	45	but higher than payment received Accident hour	A6	situation furnished to patient Covered self-administrable drugs - diagnostic study and other
14	No fault, including auto/other	46	Number of grace days	A7	Co-payment payer A
15	Worker's compensation	47	Any liability insurance	A8	Patient weight
16	Public health service (PHS) or	48	Hemoglobin reading	A9	Patient height
	other federal agency	49	Hematocrit reading	AA	Regulatory surcharges,
21	Catastrophic	50	•		assessments, allowances or
22	Surplus		Physical Therapy visits		health care related taxes - payer A
23	Recurring monthly income	51	Occupational Therapy visits	AB	Other assessments or allowances
24	Medicaid Rate Code	52	Speech Therapy visits		(e.g., medical education) - payer A
25	Offset to the patient - payment amount - prescription drugs	53	Cardiac rehab visits	В1	Deductible payer B
26	Offset to the patient - payment	54	Newborn birth weight in grams	В2	Coinsurance payer B
	amount - hearing and ear services	55	Eligibility threshold for charity care	В3	Estimated responsibility payer B
27	Offset to the patient - payment	56	Skilled nurse - home visit hours	В7	Co-payment payer B
28	amount - vision and eye services Offset to the patient - payment	57	Home health aide - home visit hours	ВА	Regulatory surcharges, assessments, allowances or
20	amount - dental services	58	Arterial blood gas		health care related taxes - payer
29	Offset to the patient - payment amount - chiropractic services	59	Oxygen saturation	BB	B Other assessments or allowances
30	Preadmission testing	60	HHA branch MSA	20	(e.g., medical education) - payer
31	Patient Liability Amount	61	Place of Residence where service	C1	B Deductible payer C
32	Multiple patient ambulance transport	66	is furnished (HHA and hospice) Medicaid spend down amount	C2	Coinsurance payer C

Peritoneal dialysis

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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	D5	Last Kt/V Reading	Part B Demonstration Payment Y3
	health care related taxes - payer	FC	Patient Paid Amount	Part BCoinsurance
CP (Other accessments or allowances	FD	Credit Received from the	Y4 Conventional Provider Payment Y5
CB Other assessments or allowances (e.g., medical education) - payer			Manufacturer for a Medical Device	Part B Deductible

Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 257:	VALUE_AMO		Duta Sourcer	Cidim
1 leiu 257.			oint included) that ma	av he affected
Length:	9 Type:	Numeric	Data Source:	Claim
Field 258:	VALUE COD		Data Source.	Cidiiii
riela 250.			t may affect payer pr	ncessina
Coding Scheme:			t may affect payer pr	occasing.
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 259:	VALUE_AMO			
11010 2551		_	oint included) that ma	av he affected
Length:	9 Type:	Numeric	Data Source:	Claim
Field 260:	VALUE_COD			
			t may affect payer pr	ocessina.
Coding Scheme:			a, acoc pa, c. p.	
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 261:	VALUE_AMO	UNT_3		
		ents) that may be a	affected.	
Length:	9 Type:	Numeric	Data Source:	Claim
Field 262:	VALUE_COD			
	Code describi	ng information tha	t may affect payer pr	ocessing.
Coding Scheme:	Same as VAL	UE_CODE_1.		
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 263:	VALUE_AMO			
	Amount (in ce	ents, no decimal po	oint included) that ma	ay be affected.
Length:	9 Type:	Numeric	Data Source:	Claim
Field 264:	VALUE_COD			
			t may affect payer pr	ocessing.
Coding Scheme:				
Length:		Alphanumeric	Data Source:	Claim
Field 265:	VALUE_AMO	_		
	•		oint included) that ma	·
Length:	9 Type:	Numeric	Data Source:	Claim
Field 266:	VALUE_COD			
			t may affect payer pr	ocessing.
Coding Scheme:				
Length:		Alphanumeric	Data Source:	Claim
Field 267:	VALUE_AMO	_	the to the decide IV IV	
Longthi	`		oint included) that ma	•
Length:		Numeric	Data Source:	Claim
Field 268:	VALUE_COD		t may affect naver ar	a coccin a
Coding Scheme:			t may affect payer pr	ocessing.
Length:		Alphanumeric	Data Course	Claim
Field 269:	<pre>2 Type: VALUE_AMO</pre>		Data Source:	Claiiii
rielu 209:			oint included) that ma	by he affected
Length:	•	Numeric	Data Source:	· ·
Field 270:	VALUE_COD		Data Source.	Ciaiiii
i iciu 2/Vi			t may affect payer pr	ocessing
Coding Scheme:			t may amect payer pr	ocessing.
Length:	2 Type:	Alphanumeric	Data Source:	Claim
		ларпананнене	- Juliu Jourice:	Cidini
DSHS/THCIC			D 22	DSHS Document #25-15014
	TUCIC		— Page 39 ——	Last Undeted: Sentember 2021

Field 271:	VALUE_AMO			
	•		nt included) that may b	
Length:	9 Type:	Numeric	Data Source:	Claim
Field 272:	VALUE_COD			
			may affect payer proce	essing.
Coding Scheme:			Data Causas	Claim
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 273:	VALUE_AMO			
Longthi	9 Type:	Numeric	nt included) that may b Data Source:	DE ATTECTED Claim
Length:			Data Source:	Cidilli
Field 274:	VALUE_COD		may affect payer proce	ossina
Coding Scheme:			may affect payer proce	essing.
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 275:	VALUE_AMO		Data Source.	Cidiiii
riela 275.	_	_	nt included) that may b	ne affected
Length:	9 Type:	Numeric	Data Source:	Claim
Field 276:	VALUE_COD			- Ciaiiii
			may affect payer proce	essina.
Coding Scheme:			, р, о. р	9-
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 277:	VALUE_AMO	UNT_11		
	Amount (in ce	ents, no decimal poi	nt included) that may b	pe affected
Length:	9 Type:	Numeric	Data Source:	Claim
Field 278:	VALUE_COD	E_12		
	Code describi	ng information that	may affect payer proce	essing.
Coding Scheme:				
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 279:	VALUE_AMO			
			nt included) that may b	
Length:	9 Type:	Numeric	Data Source:	Claim
Field 280:	PRIVATE_AN			C.I.I.I. MEDDAD I 'II C. /'
				Calculated using MEDPAR algorithm. Sum (in
Length:	tents) of char	ges associated with Numeric	Data Source:	219, revenue center 011X, 014X Calculated
Field 281:		ATE_AMOUNT	Data Source.	Calculated
rieiu 201.	_	_	ivata Room Chargo Am	ount. Calculated using MEDPAR algorithm.
				is 0100-0219, revenue center 010X, 012X,
	013X, 016X-0		ated with revenue code	is 0100 0219, revenue center 010x, 012x,
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 282:	WARD AMO	UNT		
	Accommodati	on Charge, Ward Ch	narge Amount. Calculate	ed using MEDPAR algorithm. Sum (in cents)
	of charges as	sociated with revenu	ue codes 0100-0219, re	evenue center 015X.
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 283:	ICU_AMOUN	IT		
				ount. Calculated using MEDPAR algorithm.
	<u>`</u>			s 0100-0219, revenue center 020X.
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 284:	CCU_AMOUN		0 11 11 01	
				ount. Calculated using MEDPAR algorithm.
Longth	•			s 0100-0219, revenue center 021X.
Length: Field 285:	12 Type:	Numeric	Data Source:	Calculated
riela 285:	OTHER_AMC		Shawaa Amaayeet Cel III	tod using MEDDAD algorithms. Com. (in a 1.)
				ted using MEDPAR algorithm. Sum (in cents)
			de codes other than 010 64X-070X, 076X-078X,	00-0219, revenue center 0002-0099, 022X-
Length:	12 Type:	Numeric	Data Source:	Calculated
	· , pc.			

Length: 12 T Field 287: MEDS Ancilla algorit center Length: 12 T Field 288: DME_ Ancilla algorit center Length: 12 T Field 289: USED Ancilla algorit center Length: 12 T Field 290: PT_AI Ancilla (in certer) Length: 12 T Field 291: OT_AI Ancilla Sum (in 043X.	Type: Numeric SURG_AMOUNT Try Service Charge, Medical, thm. Sum (in cents) of charge of charge of charge. Type: Numeric AMOUNT Try Service Charge, Durable thm. Sum (in cents) of charge of charge of charge. Type: Numeric Sum (in cents) of charge of charge of charge. Type: Numeric DME_AMOUNT	Data Source: /Surgical Supply Charges associated with reduced Data Source: Medical Equipment Charges associated Source:	calculated using MEDPAR algorithm. Sum (in than 0100-0219, revenue center 025X, 026X, Calculated ge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue Calculated
Length: 12 T Field 287: MEDS Ancilla algorit center 12 T Field 288: DME_ Ancilla algorit center Length: 12 T Field 289: USED Ancilla algorit center Length: 12 T Field 290: PT_AI Ancilla (in certer) Length: 12 T Field 291: OT_AI Ancilla Sum (in 043X.	Type: Numeric SURG_AMOUNT Ary Service Charge, Medical, Chm. Sum (in cents) of char CO27X, 062X. Type: Numeric AMOUNT Ary Service Charge, Durable Chm. Sum (in cents) of char CS 0290-0292, 0294-0299. Type: Numeric _DME_AMOUNT	Data Source: /Surgical Supply Charges associated with re Data Source: Medical Equipment Ch	Calculated ge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue Calculated
Length: 12 T Field 287: MEDS Ancilla algorit center Length: 12 T Field 288: DME_ Ancilla algorit center Length: 12 T Field 289: USED Ancilla algorit center Length: 12 T Field 290: PT_AI Ancilla (in certer) Length: 12 T Field 291: OT_AI Ancilla Sum (in 043X.	Type: Numeric GURG_AMOUNT Ary Service Charge, Medical, Arm. Sum (in cents) of char O27X, 062X. Type: Numeric AMOUNT Ary Service Charge, Durable Chm. Sum (in cents) of char S 0290-0292, 0294-0299. Type: Numeric _DME_AMOUNT	/Surgical Supply Charg ges associated with re Data Source: • Medical Equipment Ch	ge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue
Field 287: MEDS Ancilla algorit center Length: 12 1 Field 288: DME_ Ancilla algorit center Length: 12 1 Field 289: Length: 12 1 Field 290: Field 290: PT_AN Ancilla (in center) Length: 12 1 Field 291: Tield 291: Field 291: Field 291: Field 293: Field 293: Field 293: Field 293: Field 293: Field 293: Field 294: Field 293: Field 294: Field 295: Field 295: Field 296: Field 297: Field 298: Field 2	IVRG_AMOUNT ary Service Charge, Medical, thm. Sum (in cents) of char 027X, 062X. Type: Numeric AMOUNT ary Service Charge, Durable thm. Sum (in cents) of char s 0290-0292, 0294-0299. Type: Numeric _DME_AMOUNT	/Surgical Supply Charg ges associated with re Data Source: • Medical Equipment Ch	ge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue
Length: 12 1 Field 288: DME_ Ancilla algorit center Ancilla algorit center Length: 12 1 Field 289: USED Ancilla algorit center Length: 12 1 Field 290: PT_AI Ancilla (in certer) Length: 12 1 Field 291: OT_AI Ancilla Sum (in 043X.	ary Service Charge, Medical, thm. Sum (in cents) of char 2027X, 062X. Type: Numeric AMOUNT Ary Service Charge, Durable thm. Sum (in cents) of char s 0290-0292, 0294-0299. Type: Numeric _DME_AMOUNT	ges associated with re Data Source: Medical Equipment Ch	Evenue codes other than 0100-0219, revenue Calculated
Length: 12 T Field 288: DME_ Ancilla algorit center Length: 12 T Field 289: USED Ancilla algorit center Length: 12 T Field 290: PT_AI Ancilla (in cer Length: 12 T Field 291: OT_AI Ancilla Sum (in 043X.	TO27X, 062X. Type: Numeric AMOUNT Try Service Charge, Durable Thm. Sum (in cents) of char Try S0290-0292, 0294-0299. Type: Numeric _DME_AMOUNT	Data Source: Medical Equipment Ch	Calculated
Length: 12 Talength: 12 Talengt	Type: Numeric AMOUNT Ary Service Charge, Durable thm. Sum (in cents) of char as 0290-0292, 0294-0299. Type: Numeric _DME_AMOUNT	Medical Equipment Ch	
Field 288: DME_Ancilla algorit center Length: 12 T Field 289: USED_Ancilla algorit center Length: 12 T Field 290: PT_ANAncilla (in center) Length: 12 T Field 291: OT_ANANCILLA Ancilla Sum (in 043X.	AMOUNT Ary Service Charge, Durable thm. Sum (in cents) of charms 0290-0292, 0294-0299. Type: NumericDME_AMOUNT	Medical Equipment Ch	
Ancilla algorit center Length: 12 1 Field 289: USED Ancilla algorit center Length: 12 1 Field 290: PT_AI Ancilla (in cer Length: 12 1 Field 291: OT_AI Ancilla Sum (in 043X.	ary Service Charge, Durable thm. Sum (in cents) of char s 0290-0292, 0294-0299. Type: Numeric _DME_AMOUNT		
Length: 12 T Field 289: USED Ancilla algorit center Length: 12 T Field 290: PT_AR Ancilla (in cer Length: 12 T Field 291: OT_AR Ancilla Sum (in 043X.	thm. Sum (in cents) of char s 0290-0292, 0294-0299. Type: Numeric _ DME_AMOUNT		harge Amount. Calculated using MEDPAR
Length: 12 To see the second s	Type: Numeric _DME_AMOUNT		evenue codes other than 0100-0219, revenue
Field 289: Ancilla algorit center Length: 12 T Field 290: PT_AI Ancilla (in cer Length: 12 T Field 291: OT_AI Ancilla Sum (in 043X.	_DME_AMOUNT		
Ancilla algorit center Length: 12 T Field 290: PT_AI Ancilla (in cer Length: 12 T Field 291: OT_AI Ancilla Sum (in 043X.		Data Source:	Calculated
Length: 12 T Field 290: PT_AI Ancilla (in cer Length: 12 T Field 291: OT_AI Ancilla Sum (i 043X.			
Length: 12 1 Field 290: PT_AI Ancilla (in cer Length: 12 1 Field 291: OT_AI Ancilla Sum (i 043X.			ent Charge Amount. Calculated using MEDPAR
Length: 12 T Field 290: PT_AI Ancilla		ges associated with re	evenue codes other than 0100-0219, revenue
Field 290: PT_AN Ancilla (in cer Length: 12 T Field 291: OT_AI Ancilla Sum (in cer Ancilla)		Data Source:	Calculated
Length: (in cer 12 T Field 291: OT_AI Ancilla Sum (i 043X.	MOUNT		
Length: 12 T Field 291: OT_Al Ancilla Sum (i 043X.	ary Service Charge, Physica	l Therapy Charge Amo	unt. Calculated using MEDPAR algorithm. Sum
Field 291: OT_Al Ancilla Sum (i 043X.			ner than 0100-0219, revenue center 042X.
Ancilla Sum (i 043X.	Type: Numeric	Data Source:	Calculated
Sum (i 043X.	MOUNT		
043X.			Amount. Calculated using MEDPAR algorithm.
		ited with revenue code	es other than 0100-0219, revenue center
Length: 12 T	Type: Numeric	Data Source:	Calculated
	CH_AMOUNT		
Ancilla	ry Service Charge, Speech	Pathology Charge Amo	ount. Calculated using MEDPAR algorithm.
		ated with revenue code	es other than 0100-0219, revenue center
044X, Length: 12 1	047X. Type: Numeric	Data Source:	Calculated
	MOUNT	Data Source.	Calculated
		on Therapy Charge An	nount. Calculated using MEDPAR algorithm.
			es other than 0100-0219, revenue center
041X,			
	Type: Numeric	Data Source:	Calculated
	D_AMOUNT		
			cient's stay. Calculated using MEDPAR
_	· 038X.	ges associated with re	evenue codes other than 0100-0219, revenue
	Type: Numeric	Data Source:	Calculated
	D_ADM_AMOUNT		
			related to the patient's stay. Calculated using
		s) of charges associate	ed with revenue codes other than 0100-0219,
	ue center 039X. Type: Numeric	Data Source:	Calculated
	· ·	Data Source:	Calculated
	.MOUNT arv Service Charge Operation	ng Room Charge Amou	unt. Calculated using MEDPAR algorithm. Sum
			ner than 0100-0219, revenue center 036X,
071X-	072X.		
	Type: Numeric	Data Source:	Calculated
_	_AMOUNT		
			alculated using MEDPAR algorithm. Sum (in
			than 0100-0219, revenue center 079X.
	Tyne: Numeric	uala source:	v au maien
•	Type: Numeric AMOUNT	Data Source:	Calculated
	_AMOUNT		
Length: 12 T	_AMOUNT ary Service Charge, Cardiolo	ogy Charge Amount. Ca	alculated using MEDPAR algorithm. Sum (in than 0100-0219, revenue center 048X, 073X.

Field 299:	ANES_AMOUNT		
	Ancillary Service Charge, Ane	sthesia Charge Amount.	Calculated using MEDPAR algorithm. Sum (in
_			er than 0100-0219, revenue center 037X.
Length:	12 Type: Numeric	Data Source:	Calculated
Field 300:	LAB_AMOUNT		
			Calculated using MEDPAR algorithm. Sum (in
	074X-075X.	vith revenue codes othe	er than 0100-0219, revenue center 030X-031X,
Length:	12 Type: Numeric	Data Source:	Calculated
Field 301:	RAD_AMOUNT		
			Calculated using MEDPAR algorithm. Sum (in
		vith revenue codes othe	er than 0100-0219, revenue center 028X, 032X-
1	035X, 040X.	Data Carres	Calmilated
Length:	12 Type: Numeric	Data Source:	Calculated
Field 302:	MRI_AMOUNT	Charge Americat Calcul	ated using MEDDAD algorithms. Comp (in conta) of
			ated using MEDPAR algorithm. Sum (in cents) of 00-0219, revenue center 061X.
Length:	12 Type: Numeric	Data Source:	Calculated
Field 303:	OP AMOUNT		
	—	oatient Services Charge	Amount. Calculated using MEDPAR algorithm.
	Sum (in cents) of charges ass		odes other than 0100-0219, revenue center
	049X-050X.		
Length:	12 Type: Numeric	Data Source:	Calculated
Field 304:	ER_AMOUN [manust Calculated using MEDDAD 1 111
			mount. Calculated using MEDPAR algorithm. odes other than 0100-0219, revenue center
	045X.	ociated with revenue co	des other than 0100-0219, revenue center
Length:	12 Type: Numeric	Data Source:	Calculated
Field 305:	AMBULANCE_AMOUNT		
	_	oulance Charge Amount.	. Calculated using MEDPAR algorithm. Sum (in
			er than 0100-0219, revenue center 054X.
Length:	12 Type: Numeric	Data Source:	Calculated
Field 306:	PRO_FEE_AMOUNT		
			nount. Calculated using MEDPAR algorithm. Sum
	098X.	a with revenue codes o	other than 0100-0219, revenue center 096X-
Length:	12 Type: Numeric	Data Source:	Calculated
Field 307:	ORGAN_AMOUNT		
	Ancillary Service Charge, Orga	an Acquisition Charge A	mount. Calculated using MEDPAR algorithm.
		ociated with revenue co	odes other than 0100-0219, revenue center
	081X, 089X.	Data Carres	Calmilated
Length:	12 Type: Numeric	Data Source:	Calculated
Field 308:	ESRD_AMOUNT	Ctago Bonal Dialysis Ch	paras Amount Calculated using MEDDAD
			narge Amount. Calculated using MEDPAR revenue codes other than 0100-0219, revenue
	center 080X, 082X-085X, 088		revenue codes other than 0100 0219, revenue
Length:	12 Type: Numeric	Data Source:	Calculated
Field 309:	CLINIC_AMOUNT		
	Ancillary Service Charge, Clini		Calculated using MEDPAR algorithm. Sum (in
			er than 0100-0219, revenue center 051X.
Length:	12 Type: Numeric	Data Source:	Calculated
Field 310:	TOTAL_CHARGES	*ion about	und nanamanadakian akawata atau Watu da
	non-covered ancillary charges		red accommodation charges, ancillary charges,
Length:	12 Type: Numeric	Data Source:	RGES_23. Claim
Field 311:	TOTAL_NON_COV_CHARGE		
			es, non-covered ancillary charges.
Length:	12 Type: Numeric	Data Source:	Claim
Field 312:	TOTAL_CHARGES_ACCOMM		
	Sum (in cents) of covered and	I non-covered accommo	odation charges.
Length:	12 Type: Numeric	Data Source:	Claim

Field 313:	TOTAL_NON_COV_CHARGES_ACCOMM					
	Sum	(in cents) of non-covered	accommodations cha	rges.	
Length:	12	Type:	Numeric	Data Source:	Claim	
Field 314:	TOT	AL_CHAF	RGES_ANCIL			
	Sum	(in cents) of covered and	non-covered ancillary	charges.	
Length:	12	Type:	Numeric	Data Source:	Claim	
Field 315:	TOT	AL_NON	_COV_CHARGES	S_ANCIL		
	Sum	(in cents) of non-covered	ancillary charges.		
Length:	12	Type:	Numeric	Data Source:	Claim	
Field 316:	INB	OUND_II	NDICATOR			
	Indic	cates the f	format of data as	submitted.		
Coding Scheme:	8	837 forma	at			
	D	Data entr	у			
	U	UB-04 for	mat			
Length:	1	Type:	Alphanumeric	Data Source:	Claim	
Field 317:	EME	RGENCY	_DEPT_FLAG			
	Indic	cator of er	mergency departr	ment visit		
Coding Scheme:	Υ	visit was	emergency related			
-	N	Visit was	not emergency relat	ted		
Length:	1	Type:	Alphanumeric	Data Source:	Assigned	
Field 318:	DIS	CHARGE				
	Discl	harge Qua	arter. Year and qu	uarter of discharge. y	yyQn.	
Length:	6	Type:	Alphanumeric	Data Source:	Assigned	

INPATIENT CHARGES DATA FILE

ield 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									
ength:	12 Type:	Alphanur	neric	Data Source:	Assigned					
ield 2:	REVENUE_CO									
	Code correspo related to the				icillary serv	vice or billing calculation				
oding 9	Scheme:	SCI VICCS DCI	ing bilico	!!						
0100	All-inclusive room charges plu ancillary	s 0133		charges for semi-private eds - rooms - pediatric	0157	Room charges for ward rooms - oncology				
0101	All-inclusive room charges	0134		charges for semi-private	0158	Room charges for ward rooms				
0110	Room charges for private rooms - general		- 3/4 be	eds - rooms - itric	0159	 rehabilitation Room charges for ward rooms 				
0111	Room charges for private rooms - medical/surgical/GYN	0135		charges for semi-private eds - rooms - hospice	0160	- other Room charges for other room				
0112	Room charges for private rooms - obstetrics	0136	- 3/4 b	charges for semi-private eds - rooms -	0164	- general Room charges for other room				
0113	Room charges for private	0127	detoxifi			- Sterile Environment				
0114	rooms - pediatric Room charges for private	0137	- 3/4 b	charges for semi-private eds - rooms - oncology	0167	Room charges for other room – self care				
0115	rooms - psychiatric Room charges for private	0138		charges for semi-private eds - rooms -	0169	Room charges for other room - other				
0116	rooms - hospice	0139		charges for semi-private eds - rooms - other	0170	Room charges for nursery - general				
0117	Room charges for private rooms - detoxification	0140	Room c	charges for private	0171	Room charges for nursery - newborn level I				
0117	Room charges for private rooms - oncology	0141	Room c	e) rooms - general charges for private	0172	Room charges for nursery - newborn level II				
	Room charges for private rooms - rehabilitation	01.42	medica	e) rooms - I/surgical/GYN	0173	Room charges for nursery - newborn level III				
0119	Room charges for private rooms - other	0142		charges for private e) rooms - obstetrics	0174	Room charges for nursery - newborn level IV				
0120	Room charges for semi-private rooms - general			charges for private e) rooms - pediatric	0179	Room charges for nursery - other				
0121	Room charges for semi-private rooms - medical/surgical/GYN			charges for private e) rooms - psychiatric	0180	Room charges for LOA - general				
0122	Room charges for semi-private rooms - obstetrics	0145		charges for private e) rooms - hospice	0182	Room charges for LOA - patient convenience-charges				
0123	Room charges for semi-private rooms - pediatric	0146		charges for private e) rooms - detoxification	01.03	billable				
0124	Room charges for semi-private rooms - psychiatric	0147		charges for private b) rooms - oncology	0183	Room charges for LOA - therapeutic leave				
0125	Room charges for semi-private rooms - hospice	0148		charges for private b) rooms - rehabilitation	0185	Room charges for LOA – nursing home (for hospitalization)				
0126	Room charges for semi-private rooms - detoxification	0149		charges for private b) rooms - other	0189	Room charges for LOA - other				
0127	Room charges for semi-private rooms - oncology	0150	Room o	charges for ward rooms al	0190	Room charges for subacute care - general				
0128	Room charges for semi-private rooms - rehabilitation	0151		charges for ward rooms cal/surgical/GYN	0191	Room charges for subacute care - Level I (skilled care)				
0129	Room charges for semi-private rooms - other	0152	Room o	charges for ward rooms trics	0192	Room charges for subacute care - Level II (comprehensiv care)				
0130	Room charges for semi-private - 3/4 beds - rooms - general	0153	Room o	charges for ward rooms tric	0193	Room charges for subacute care - Level III (complex care				
0131	Room charges for semi-private - 3/4 beds - rooms -	e 0154	Room c - psych	harges for ward rooms iatric	0194	Room charges for subacute care - Level IV (intensive care				
0132	medical/surgical/GYN Room charges for semi-private	U155	Room o	charges for ward rooms	0199	Room charges for subacute				
	- 3/4 beds - rooms - obstetrice		Room c	charges for ward rooms ification		care - other				

0200	Room charges for intensive	0250	Pharmacy - general	0305	Laboratory - hematology
0201	care - general Room charges for intensive	0251 0252	Pharmacy - generic drugs Pharmacy - non-generic drugs	0306	Laboratory - bacteriology and microbiology
	care - surgical	0252	Pharmacy - take-home drugs	0307	Laboratory - urology
0202	Room charges for intensive care - medical	0253	Pharmacy - drugs incident to	0309	Laboratory - other
0203	Room charges for intensive care - pediatric		other diagnostic services	0310	Laboratory pathological - general
0204	Room charges for intensive	0255	Pharmacy - drugs incident to radiology	0311	Laboratory pathological -
0206	care - psychiatric Room charges for intensive	0256	Pharmacy - experimental drugs	0312	cytology Laboratory pathological -
	care - intermediate intensive care unit (ICU)	0257	Pharmacy - nonprescription	0314	histology Laboratory pathological -
0207	Room charges for intensive	0258	Pharmacy - IV solutions		biopsy
0208	care - burn care Room charges for intensive	0259	Pharmacy - other	0319	Laboratory pathological - other
0206	care - trauma	0260	IV Therapy - general	0320	Radiology - diagnostic - general
0209	Room charges for intensive care - other	0261 0262	IV Therapy - infusion pump IV Therapy - pharmacy	0321	Radiology - diagnostic - angiocardiography
0210	Room charges for coronary care - general		services	0322	Radiology - diagnostic -
0211	Room charges for coronary	0263	IV Therapy - drug/supply delivery	0323	arthrography Radiology - diagnostic -
0040	care - myocardial infarction	0264	IV Therapy - supplies	0224	arteriography
0212	Room charges for coronary care - pulmonary care	0269	IV Therapy - other	0324	Radiology - diagnostic - chest x-ray
0213	коот charges for coronary care - heart transplant	0270	Medical surgical supplies and	0329	Radiology - diagnostic - other
0214	Room charges for coronary care - intermediate coronary	0271	devices - general Medical surgical supplies and	0330	Radiology - therapeutic and/or chemotherapy administration -
	care unit (CCU)	0272	devices - nonsterile Medical surgical supplies and	0331	general Radiology - therapeutic
0219	Room charges for coronary care - other		devices - sterile	0331	and/or chemotherapy
0220	Special charges - general	0273	Medical surgical supplies and devices - take-home		administration - chemotherapy - injected
0221	Special charges - admission charge	0274	Medical surgical supplies and devices - prosthetic/orthotic	0332	Radiology - therapeutic and/or chemotherapy
0222	Special charges - technical support charge	0275	Medical surgical supplies and devices - pacemaker		administration - chemotherapy - oral
0223	Special charges - UR service charge	0276	Medical surgical supplies and	0333	Radiology - therapeutic and/or chemotherapy
0224	Special charges - late discharge, medically necessary	0277	devices - intraocular lens (IOL) Medical surgical supplies and devices - oxygen - take-home		administration - radiation therapy
0229	Special charges - other	0278	Medical surgical supplies and	0335	Radiology - therapeutic
0230	Incremental nursing care -	0279	devices - other implants Medical surgical supplies and		and/or chemotherapy administration - chemotherapy
0231	general Incremental nursing care -	02/9	devices - other	0339	- IV Radiology - therapeutic
	nursery	0280	Oncology - general	0333	and/or chemotherapy
0232 0233	Incremental nursing care - OB	0289	Oncology - other	0340	administration - other Nuclear medicine - general
0233	Incremental nursing care - ICU (includes transitional care)	0290 0291	DME - general DME - rental	0341	Nuclear medicine - diagnostic
0234	Incremental nursing care - CCU (includes transitional	0292	DME - purchase of new	0342	procedures Nuclear medicine - therapeutic
0235	care) Incremental nursing care -	U293	DME - purchase of used		procedures
	hospice	0294	DME - supplies/drugs for DME effectiveness	0343	Nuclear medicine - diagnostic radiopharmaceuticals
0239	Incremental nursing care - other	0299	DME - other equipment	0344	Nuclear medicine - therapeutic radiopharmaceuticals
0240	All-inclusive ancillary - general	0300	Laboratory - general	0349	Nuclear medicine - other
0241	All-inclusive ancillary - basic	0301	Laboratory - chemistry	0350	CT scan - general
0242	All-inclusive ancillary - comprehensive	0302	Laboratory - immunology	0351	CT scan - head
	specialty		Laboratory - renal patient (home)	0352	CT scan - body
0249 0243	All-inclusive ancillary - other All-inclusive ancillary -	0303	Laboratory – non-routine dialysis	0359	CT scan - other

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0360	Operating room services - general	0422	Physical therapy - hourly charge	0513	Clinic - psychiatric
0361	Operating room services -	0423	Physical therapy - group rate	0514	Clinic - OB/GYN
	minor surgery	0424	Physical therapy - evaluation	0515	Clinic - pediatric
0362	Operating room services - organ transplant other than	0121	or reevaluation	0516	Clinic - urgent care
	kidney	0429	Physical therapy - other	0517	Clinic - family practice
0367	Operating room services -	0430	Occupational therapy - general	0519	Clinic - other
0369	kidney transplant Operating room services -	0431	Occupational therapy - visit charge	0520	Freestanding Clinic - general
	other	0432	Occupational therapy - hourly	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
0370	Anesthesia - general		charge	0522	Freestanding Clinic - Home
0371	Anesthesia - incident to radiology	0433	Occupational therapy - group rate	0523	Visit by RHC/FQHC Practitioner Freestanding Clinic - family
0372	Anesthesia - incident to other diagnostic services	0434	Occupational therapy - evaluation	0524	practice Freestanding Clinic - Visit by
0374	Anesthesia - acupuncture	0439	Occupational therapy - other	0324	RHC/FQHC Practitioner to a
0379	Anesthesia - other	0440	Speech-language pathology -		Member in a Covered Part A
0380	Blood - general	0441	general	0525	Stay at SNF Freestanding Clinic - Visit by
0381	Blood - packed red cells	0441	Speech-language pathology - visit charge	0020	RHC/FQHC Practitioner to a
0382	Blood - whole blood	0442	Speech-language pathology -		Member in a SNF (not Covered Part A Stay) or NF or ICF MR
0383	Blood - plasma	0443	hourly charge Speech-language pathology -		or Other Residential Facility
0384	Blood - platelets	0443	group rate	0527	Freestanding Clinic - Visiting Nurse Services(s) to a
0385	Blood - leukocytes	0444	Speech-language pathology - evaluation		Member's Home when in a
0386	Blood - other components	0449	Speech-language pathology -	0528	Home Health Shortage Area Freestanding Clinic – Visit by
0387	Blood - other derivatives		other	0320	RHC/FQHC Practitioner to
0389	(cryoprecipitate) Blood - other	0450	Emergency room - general		Other non RHC/FQHC Site (e.g. Scene of Accident)
0390	Blood and blood component	0451	Emergency room - EMTALA emergency medical screening	0529	Freestanding Clinic - other
0330	administration, storage and		services	0530	Osteopathic service - general
0201	processing - general	0452	Emergency room - beyond EMTALA screening	0531	Osteopathic service - therapy
0391	Blood and blood component administration, storage and	0456	Emergency room - urgent care	0539	Osteopathic service - other
	processing - administration	0459	Emergency room - other	0540	Ambulance service - general
0392	Blood and blood component administration, storage and	0460	Pulmonary function - general	0541	Ambulance service - supplies
	processing – processing and	0469	Pulmonary function - other	0542	Ambulance service - medical
0399	storage Blood and blood component	0470	Audiology - general	0543	transport Ambulance service - heart
0000	administration, storage and	0471	Audiology - diagnostic	0343	mobile
0400	processing - other Other imaging services -	0472	Audiology - treatment	0544	Ambulance service - oxygen
0400	general	0479	Audiology - other	0545	Ambulance service - air
0401	Other imaging services -	0480	Cardiology - general	0546	ambulance Ambulance service - neonatal
0402	diagnostic mammography Other imaging services -	0481	Cardiology - cardiac cath lab	0547	Ambulance service - pharmacy
	ultrasound	0482	Cardiology - stress test	0548	Ambulance service - telephone
0403	Other imaging services - screening mammography	0483	Cardiology - echocardiology	03.10	transmission EKG
0404	Other imaging services - PET	0489	Cardiology - other	0549	Ambulance service - other
0409	Other imaging services - other	0490	Ambulatory surgical care -	0550	Skilled nursing - general
0410	Respiratory services - general	0499	general Ambulatory surgical care -	0551	Skilled nursing - visit charge
0412	Respiratory services -	0 133	other	0552	Skilled nursing - hourly charge
0412	inhalation	0500	Outpatient services - general	0559	Skilled nursing - other
0413	Respiratory services - hyperbaric oxygen therapy	0509	Outpatient services - other	0560	Medical social services - general
0419	Respiratory services - other	0510	Clinic - general	0561	Medical social services - visit
0420	Physical therapy - general	0511	Clinic - chronic pain		charge
0421	Physical therapy - visit charge	0512	Clinic - dental	0562	Medical social services - hourly charge

0569	Medical social services - other	0631	Drugs requiring specific	0663	Respite care - daily charge
0570	Home health aide - general	0632	identification - single source Drugs requiring specific	0669	Respite care - other
0571	Home health aide - visit charge	0633	identification - multiple source Drugs requiring specific	0670	Outpatient special residence - general
0572	Home health aide - hourly charge	0000	identification - restrictive prescription	0671	Outpatient special residence - hospital based
0579	Home health aide - other	0634	Drugs requiring specific identification - EPO, less than	0672	Outpatient special residence - contracted
0580	Other visits (home health) - general	0635	10,000 units Drugs requiring specific	0679	Outpatient special residence - other
0581	Other visits (home health) - visit charge	0033	identification - EPO, 10,000 or more units	0681	Trauma response - level I
0582	Other visits (home health) -	0636	Drugs requiring specific	0682	Trauma response - level II
0503	hourly charge		identification - requiring detailed coding	0683	Trauma response - level III
0583	Other visits (home health) - assessment	0637	Drugs requiring specific	0684	Trauma response - level IV
0589	Other visits (home health) - other		identification - self- administrable	0689 0690	Trauma response - other
0590	Units of service (home health)	0640	Home IV therapy services -	0090	Pre-hospice/Palliative Care Services - general
	- general	0641	general	0691	Pre-hospice/Palliative Care
0600	Oxygen (home health) - general	0641	Home IV therapy services – non-routine nursing, central line	0692	Services – visit charge Pre-hospice/Palliative Care Services – hourly charge
0601	Oxygen (home health) - stat/equip/supply or contents	0642	Home IV therapy services - IV site care, central line	0693	Pre-hospice/Palliative Care Services - evaluation
0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute	0643	Home IV therapy services - IV start/change, peripheral line	0694	Pre-hospice/Palliative Care Services – consultation and
0603	Oxygen (home health) - stat/equip/supply over 4 liters	0644	Home IV therapy services – non-routine nursing, peripheral line	0695	education Pre-hospice/Palliative Care Services – inpatient care
0604	per minute Oxygen (home health) -	0645	Home IV therapy services - training patient/caregiver,	0696	Pre-hospice/Palliative Care Services – physician services
0609	portable add-in Oxygen (home health) - other	0646	central line	0699	Pre-hospice/Palliative Care
0610	Magnetic Resonance	0646	Home IV therapy services - training, disabled patient, central line	0700	Services - other Cast Room services - general
	Technology (MRT) - MRI - general	0647	Home IV therapy services -	0710	Recovery Room services -
0611	Magnetic Resonance Technology (MRT) - MRI -		training, patient/caregiver, peripheral	0720	general Labor/Delivery Room services
0612	brain (including brain stem) Magnetic Resonance	0648	Home IV therapy services - training, disabled patient,	0721	- general Labor/Delivery Room services
	Technology (MRT) - MRI - spinal cord (including spine)	0649	peripheral Home IV therapy services -	0722	- labor Labor/Delivery Room services
0614	Magnetic Resonance Technology (MRT) - MRI -	0650	other Hospice services - general	0723	- delivery Labor/Delivery Room services - circumcision
0615	other Magnetic Resonance	0651	Hospice services - routine home care	0724	Labor/Delivery Room services - birthing center
	Technology (MRT) - MRA – head and neck	0652	Hospice services - continuous home care	0729	Labor/Delivery Room services - other
0616	Magnetic Resonance Technology (MRT) - MRA -	0655	Hospice services - inpatient respite care	0730	EKG/ECG services - general
0618	lower extremities Magnetic Resonance	0656	Hospice services - general inpatient care (non-respite)	0731	EKG/ECG services - Holter monitor
	Technology (MRT) - MRA – other	0657	Hospice services - physician	0732	EKG/ECG services - telemetry
0619	Magnetic Resonance	0658	services Hospice services - room and	0739	EKG/ECG services - other
	Technology (MRT) - Other MRT		board - nursing facility	0740	EEG services - general
0621	Medical/surgical supplies - incident to radiology	0659	Hospice services - other	0750	Gastrointestinal services - general
0622	Medical/surgical supplies -	0660	Respite care - general	0760	Treatment or observation
	incident to other diagnostic services	0661	Respite care - hourly charge/skilled nursing	0761	room services - general Specialty Room - Treatment/
0623	Medical/surgical supplies - surgical dressings	0662	Respite care - hourly charge/aide/homemaker/comp anion		Observation Room - Treatment Room
0624	Medical/surgical supplies - FDA investigational devices		dinoti		

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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
0770	Preventive care services - general	0833	Peritoneal dialysis - outpatient or home - home equipment		outpatient services - psychiatric
0771	Preventive care services - vaccine administration	0834	Peritoneal dialysis - outpatient or home - maintenance 100%	0906	Behavior health treatments/services - intensive
0780	Telemedicine services - general	0835	Peritoneal dialysis - outpatient or home - support services		outpatient services - chemical dependency
0790	Extra-corporeal shockwave therapy - general	0839	Peritoneal dialysis - outpatient or home - other	0907	Behavior health treatments/services -
0800	Inpatient renal dialysis services - general	0840	CAPD - outpatient or home - general	0911	community behavioral health program Behavior health
0801	Inpatient renal dialysis services - hemodialysis	0841	CAPD - outpatient or home - composite or other rate	0911	treatment/services - rehabilitation
0802	Inpatient renal dialysis services - peritoneal (non-	0842	CAPD - outpatient or home – home supplies	0912	Behavior health treatment/services - partial
	CAPD)	0843	CAPD - outpatient or home -		hospitalization - less intensive
0803	Inpatient renal dialysis services - continuous	2011	home equipment	0913	Behavior health
	ambulatory peritoneal dialysis (CAPD)	0844	CAPD - outpatient or home – maintenance 100%		treatment/services - partial hospitalization - intensive
0804	Inpatient renal dialysis	0845	CAPD - outpatient or home - support services	0914	Behavior health treatment/services - individual
	services - continuous cycling peritoneal dialysis (CAPD)	0849	CAPD - outpatient or home - other	0015	therapy
0809	Inpatient renal dialysis services - other	0850	CCPD - outpatient or home - general	0915	Behavior health treatment/services - group therapy
0810	Acquisition of body components- general	0851	CCPD - outpatient or home - composite or other rate	0916	Behavior health treatment/services - family
0811	Acquisition of body components - living donor	0852	CCPD - outpatient or home - home supplies	0917	therapy Behavior health
0812	Acquisition of body components - cadaver donor	0853	CCPD - outpatient or home - home equipment	0327	treatment/services - biofeedback
0813	Acquisition of body components - unknown donor	0854	CCPD - outpatient or home - maintenance 100%	0918	Behavior health treatment/services - testing
0814	Acquisition of body components - unsuccessful	0855	CCPD - outpatient or home - support services	0919	Behavior health treatment/services - other
0015	organ search-donor bank charges	0859	CCPD - outpatient or home - other	0920	Other diagnostic services - general
0815	Acquisition of body components – stem cells-allogeneic	0860	Magnetoencephalography (MEG) - General	0921	Other diagnostic services - peripheral vascular lab
0819	Acquisition of body components - other donor	0861	Magnetoencephalography (MEG) - MEG	0922	Other diagnostic services - electromyogram
0820	Hemodialysis - outpatient or home - general	0880	Miscellaneous dialysis - general	0923	Other diagnostic services - pap smear
0821	Hemodialysis - outpatient or home - composite or other	0881	Miscellaneous dialysis - ultrafiltration	0924	Other diagnostic services - allergy test
0822	rate Hemodialysis - outpatient or	0882	Miscellaneous dialysis - home aide visit	0925	Other diagnostic services - pregnancy test
	home – home supplies	0889	Miscellaneous dialysis - other	0929	Other diagnostic services - other
0823	Hemodialysis - outpatient or home – home equipment	0900	Behavior health treatments/services - general	0931	Medical rehabilitation day program - half day
0824	Hemodialysis - outpatient or home – maintenance 100%	0901	Behavior health treatments/services -	0932	Medical rehabilitation day program - full day
0825	Hemodialysis - outpatient or home - support services	0902	electroshock Behavior health	0940	Other therapeutic services - general
0826	Hemodialysis - outpatient or home - shorter duration		treatments/services - milieu therapy	0941	Other therapeutic services - recreational therapy
0829	(effective 7/1/17) Hemodialysis - outpatient or	0903	Behavioral health treatments/services - play	0942	Other therapeutic services - education/training
0830	home - other Peritoneal dialysis - outpatient or home - general		therapy	0943	Other therapeutic services - cardiac rehabilitation
	<u>-</u>				

0944	Other therap	eutic services - tation	0977	Professional fees - physica therapy	1000	Behavior health accommodations - general
0945	Other therapalcohol rehab	eutic services - pilitation	0978	Professional fees - occupational therapy	1001	Behavior health accommodations - residential
0946		eutic services - lical equipment -	0979	Professional fees - speech therapy	1002	treatment - psychiatric Behavior health accommodations - residential
0947	Other therap	eutic services - lical equipment -	0981 0982	Professional fees - emerge room Professional fees - outpatie		treatment - chemical dependency
0948	ancillary Other therap	eutic services –		services	1003	Behavior health accommodations - supervised
	pulmonary re		0983	Professional fees - clinic		living
0949	Other therapother	eutic services -	0984	Professional fees - medical social services	1004	Behavior health accommodations - halfway
0951	Other therap	eutic services -	0985	Professional fees - EKG		house
	athletic traini	-	0986	Professional fees - EEG	1005	Behavior health accommodations - group home
0952	kinesiotherap	•	0987	Professional fees - hospital visit	2100	Alternative therapy services - general
0953		eutic services – endency (drug	0988	Professional fees - consulta	ation 2101	Alternative therapy services -
	and alcohol)	cacc, (a. a.g	0989	Professional fees - private		acupuncture
0960	Professional t	fees - general	2000	nurse	2102	Alternative therapy services - acupressure
0961	Professional f	fees - psychiatric	0990	Patient convenience items general	2103	Alternative therapy services -
0962	Professional to		0991	Patient convenience items cafeteria/guest tray	- 2104	massage Alternative therapy services -
0963	Professional f		0992	Patient convenience items		reflexology
0964		gist (MD) fees - anesthetist	0993	private linen service Patient convenience items		Alternative therapy services - biofeedback
0969	(CRNA) Professional f	foos - othor	2004	telephone/telegraph	2106	Alternative therapy services - hypnosis
0909		fees - laboratory	0994	Patient convenience items TV/radio	2109	Alternative therapy services -
0971	Professional f	fees - radiology -	0995	Patient convenience items nonpatient room rentals	3101	other Adult day care, medical and
0973	diagnostic Professional (fees - radiology -	0996	Patient convenience items		social - hourly
0373	therapeutic	rees radiology	0007	late discharge charge	3102	Adult day care, social - hourly
0974	Professional f nuclear medi	fees - radiology - cine	0997	Patient convenience items admission kits	3203	Adult day care, medical and social - daily
0975		fees - operating	0998	Patient convenience items beauty shop/barber	010.	Adult day care, social - daily
0976	room Professional 1	fees - respiratory	0999	Patient convenience items other	3105 3109	Adult foster care - daily Adult foster care - other
	therapy			other	3109	Addit Toster Care - other
Length:		4 Type:	Alphanun	neric Data Sourc	e: Claim	
Field 3:		REVENUE_CODE	_SEQUE	NCE_NUMBER		
		-		indicate the order of sul		
Length:			Alphanun	neric Data Sourc	e: Assigned	_
Field 4:		HCPCS_QUALIF		O II O I (1105.55)	6 1 7 11	
				Coding System (HCPCS)		or
Length: Field 5:		2 Type: /			e: Claim	
rieia 5:		HCFA Common Pr			code applicab	le to ancillary services or
		accommodations.		county by stem (11ch cb)	code applicab	ie to unemary services or
Coding 9	Scheme:			/medicare/coding/hcpcsr		s for complete list.
Length:			Alphanun	neric Data Sourc	e: Claim	
Field 6:		MODIFIER_1 Identifies special	circumsta	ances related to the perf	ormance of the	e service
Coding 9	Scheme:	•		·		
22	Increased prod	cedural services		Unrelated Evaluation and	25	Significant, Separately
23	Unusual Anest	al Anesthesia Manage Qualifie		Management Service by the Same Physician or Other Qualified Health Care Professional during a		Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care
				Postoperative Period		Professional on the Same Day

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of the Procedure or Other Service

26	Professional Component
27	Multiple Outpatient Hospital E/M Encounters on the Same Date

32 **Mandated Services**

33 Preventive Service

Anesthesia by Surgeon 47

50 **Bilateral Procedure**

Multiple Procedures 51

52 Reduced Services

Discontinued Procedure 53

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 Other Qualified Health Care Professional During the Postoperative Period

59 Distinct Procedural Service

62 Two Surgeons

63 Procedure Performed on Infants less than 4kg

Surgical Team 66

73 Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the Administration of Anesthesia

74 **Discontinued Outpatient** Hospital/Ambulatory Surgery Center (ASC) Procedure after Administration of Anesthesia

76 Repeat Procedure by Same Physician or Other Qualified Health Care Professional

77 Repeat Procedure by Another Physician or Other Qualified Health Care Professional

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

Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care

Ľ٤ Upper right eyella F4 Lower right eyelid F1 Left hand, second digit F2 Left hand, third digit F3 Left hand, fourth digit F4 Left hand, fifth digit F5 Right hand, thumb F6 Right hand, second digit F7 Right hand, third digit F8 Right hand, fourth digit F9 Right hand, fifth digit FΑ Left hand, thumb

Performance and payment of a

GG

Professional During the Postoperative Period

80 Assistant Surgeon

81 Minimum Assistant Surgeon

82 Repeat procedure by same physician

Reference (Outside) Laboratory 90

91 Repeat Clinical Diagnostic Laboratory Test

92 Alternative Laboratory Platform Testing

95 Synchronous Telemedicine Service Rendered Via a Real- Time Interactive Audio and Video Telecommunications System

Multiple Modifiers 99

Performance Measure Exclusion 1P Modifier due to Medical Reasons

2P Performance Measure Exclusion Modifier due to Patient Reasons

3P Performance Measure Exclusion Modifier due to System Reasons

8P Performance Measure Reporting Modifier-Action not performed, reason not otherwise specified

Upper left eyelid E2 Lower left eyelid

procedure

T1 Left foot, second digit

T2 Left foot, third digit

Т3 Left foot, fourth digit

T4 Left foot, fifth digit

T5 Right foot, great toe

T6 Right foot, second digit

T7 Right foot, third digit

Right foot, fourth digit

Т9 Right foot, fifth digit

T8

TA Left foot, great toe

ΧF Separate Encounter

XS Separate Structure

> screening mammography and diagnostic mammography on same patient, same day.

GH Diagnostic mammogram converted from screening mammogram on same day

artery LD Left anterior P4 A patient with severe systemic disease that is	
systemic disease that is	
descending systemic disease that is a constant threat to life	
LM Left main coronary artery P5 A moribund patient who is not expected to	
LT Left side of the body survive without the	
procedure Q Ambulance operation P6 A declared brain-dead	
service provided patient whose organs M under arrangement by a are being removed for provider of donor purposes Services 2.2 States of A declared whose organs are being removed for donor purposes	
RC Right coronary artery	
QN Ambulance service furnished directly by a RI Ramus intermedius provider of services coronary artery	
P1 A normal healthy patient RT Right side of the body XP Separate Practition	ner
P2 A patient with mild systemic disease XU Unusual Non-Over Service	rlapping
Length: 2 Type: Alphanumeric Data Source: Claim	_
Field 7: MODIFIER_2	
Identifies special circumstances related to the performance of the service.	
Coding Scheme: Same as MODIFIER_1	
Length: 2 Type: Alphanumeric Data Source: Claim	<u>_</u>
Field 8: MODIFIER_3	
Identifies special circumstances related to the performance of the service.	
Coding Scheme: Same as MODIFIER_1	
Length: 2 Type: Alphanumeric Data Source: Claim	

MODIFIER_4
Identifies special circumstances related to the performance of the service.

Coding Scheme:	Same	e as MODIF			
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 10:	UNI	_MEASU	REMENT_CODE		
	Code	specifying	the units in which	a value is being exp	ressed.
Coding Scheme:	DA	Days			
	F2	Interna	tional unit		
	UN	Unit			
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 11:	UNI	rs_of_se	RVICE		
	Num	eric value d	of quantity		
Length:	7	Type:	Numeric	Data Source:	Claim
Field 12:	UNI	Γ_RATE			
	Rate	per unit			
Length:	12	Type:	Numeric	Data Source:	Claim
Field 13:	CHR	GS_LINE_	ITEM		
	Total	amount of	the charge		
Length:	14	Type:	Numeric	Data Source:	Assigned
Field 14:	CHR	GS_NON_	COV		
	Total	non-cover	ed amount of the	charge	
Length:	14	Type:	Alphanumeric	Data Source:	Assigned

INPATIENT FACILITY TYPE INDICATOR FILE

Provider ID. Unique identifier assigned to the provider by THCIC.	Field 1:	THCIC ID	
Length: 6 Type: Alphanumeric Data Source: Provider	i iciu 1.		<u>.</u>
Field 2:	Length:		
Hospital name provided by the hospital. Data Source: Provider	Field 2:	PROVIDER_NAME	
Field 3:			
Hospital address provided by the hospital.			vider
Length: S0	Field 3:		
Field 4: PROVIDER_CITY Hospital city provided by the hospital.			• 1
Hospital city Provided by the hospital.			/ider
Length: 20	Field 4:		
Field 5:	Longth		vidor
Hospital state provided by the hospital.			nuei
Field 6:	i ieiu 5.		
Field 6: PROVIDER_ZIP Hospital_ IIP code provided by the hospital. Length: 9 Type: Alphanumeric Data Source: Provider Field 7: FAC_TEACHING_IND Taching Facility Indicator. Coding Scheme: A Member, Council of Teaching Hospitals	Length:		vider
Hospital ZIP code provided by the hospital.			<u> </u>
Field 7:			
Teaching Facility Indicator.	Length:		vider
Coding Scheme: A Member, Council of Teaching Hospitals X Other Teaching facility V	Field 7:		
Length: 1 Type: Alphanumeric Data Source: Provider			
Field 8:	Coding Scheme:		
Field 8: FAC_PSYCH_IND Psychiatric Facility Indicator. 1 Type: Alphanumeric Data Source: Provider	Longth		vidor
Length: 1 Type: Alphanumeric Data Source: Provider			nuei
Field 9: FAC_REHAB_IND Rehabilitation Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 10: FAC_ACUTE_CARE_IND Acute Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 11: FAC_SNF_IND Skilled Nursing Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 11: FAC_SNF_IND Skilled Nursing Facility Indicator. Hospital facility type indicator provided by the hospital. Length: 1 Type: Alphanumeric Data Source: Provider Field 12: FAC_LONG_TERM_AC_IND Long Term Acute Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 13: FAC_OTHER_LTC_IND Other Long Term Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 14: FAC_PEDS_IND Pediatric Facility Indicator. Coding Scheme: C Member, National Association of Children's Hospitals and Related Institutions (NACHRI) X Facilities also treat children Length: 1 Type: Alphanumeric Data Source: Provider Field 15: POA_PROVIDER_INDICATOR Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC §Section 421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals Children's or Pediatric Hospitals and Long Term Care Hospitals. Coding Scheme: Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Require 1 X Exempt Invalid	rieiu o.	Psychiatric Facility Indicator	
Field 9: Length: 1 Type: Alphanumeric Data Source: Provider Field 10: FAC_ACUTE_CARE_IND Acute Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 11: FAC_SNF_IND Skilled Nursing Facility Indicator. Hospital facility type indicator provided by the hospital. Length: 1 Type: Alphanumeric Data Source: Provider Field 12: FAC_LONG_TERM_AC_IND Long Term Acute Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 13: FAC_OTHER_LTC_IND Other Long Term Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 14: FAC_PEDS_IND Other Long Term Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 14: FAC_PEDS_IND Pediatric Facility Indicator. Coding Scheme: C Member, National Association of Children's Hospitals and Related Institutions (NACHRI) X Facilities also treat children Length: 1 Type: Alphanumeric Data Source: Provider Field 15: POA_PROVIDER_INDICATOR Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC §Section 421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals Children's or Pediatric Hospitals and Long Term Care Hospitals Coding Scheme: M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Require 1 X Exempt Invalid	Lenath:		vider
Rehabilitation Facility Indicator.			<u> </u>
Field 10: Length: 1 Type: Alphanumeric Data Source: Provider Field 11: FAC_SNF_IND Skilled Nursing Facility Indicator. Hospital facility type indicator provided by the hospital. Length: 1 Type: Alphanumeric Data Source: Provider Field 12: FAC_LONG_TERM_AC_IND Long Term Acute Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 13: FAC_OTHER_LTC_IND Other Long Term Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 14: FAC_PEDS_IND Pediatric Facility Indicator. Coding Scheme: C Member, National Association of Children's Hospitals and Related Institutions (NACHRI) X Facilities also treat children Length: 1 Type: Alphanumeric Data Source: Provider Field 15: POA_PROVIDER_INDICATOR Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC §Section 421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals Children's or Pediatric Hospitals and Long Term Care Hospitals. Coding Scheme: M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Require 1 X Exempt Invalid		Rehabilitation Facility Indicator.	
Length: 1 Type: Alphanumeric Data Source: Provider	Length:		vider
Field 11:	Field 10:		
Field 11: FAC_SNF_IND Skilled Nursing Facility Indicator. Hospital facility type indicator provided by the hospital. 1 Type: Alphanumeric Data Source: Provider Field 12: FAC_LONG_TERM_AC_IND Long Term Acute Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 13: FAC_OTHER_LTC_IND Other Long Term Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 14: FAC_PEDS_IND Pediatric Facility Indicator. Coding Scheme: C Member, National Association of Children's Hospitals and Related Institutions (NACHRI) X Facilities also treat children Data Source: Provider Field 15: POA_PROVIDER_INDICATOR Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC §Section 421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals Children's or Pediatric Hospitals and Long Term Care Hospitals) R Require 1 X Exempt Invalid			
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Type: Alphanumeric Data Source: Provider	Field 13:		
Field 14: FAC_PEDS_IND Pediatric Facility Indicator. Coding Scheme: C Member, National Association of Children's Hospitals and Related Institutions (NACHRI) X Facilities also treat children Length: 1 Type: Alphanumeric Data Source: Provider Field 15: POA_PROVIDER_INDICATOR Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC §Section 421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals Children's or Pediatric Hospitals and Long Term Care Hospitals. M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Require 1 X Exempt Invalid	_		
Coding Scheme: Pediatric Facility Indicator. C Member, National Association of Children's Hospitals and Related Institutions (NACHRI)		71	vider
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Inpatient Psychiatric Hospitals, Cancer Hospitals Children's or Pediatric Hospitals and Long Term Care Hospitals. Coding Scheme: M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Require 1 X Exempt i Invalid		(POA) codes. 25 TAC §Section 421.9(e) identifies the following f	facility types as exempt from
Care Hospitals. M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Require 1 X Exempt i Invalid		reporting POA to the department: Critical Access Hospitals, Inpa	atient Rehabilitation Hospitals,
Coding Scheme: M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Require 1 X Exempt Invalid			ediatric Hospitals and Long Term
patients) R Require 1 X Exempt Invalid		·	
R Require Í X Exempt ` Invalid	Coding Scheme:	M Mixed (Facility has sections that would be exempted from	reporting POA for those
X Exempt ` Invalid			
` Invalid			
Length: 1 Type: Alphanumeric Data Source: Assigned	Length:		aned
		- 1761 /upitalianiene bata boareer // //	J~~

PROVIDER_COUNTY Field 16:

FIPS code of provider's county.

Coding scheme:

001	Andorson	120	Donlov	257	Vaufman	205	Pool
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
019	Bastrop	149	Fayette	283	La Salle	405	San Augustine
021	•	151		277		407	San Jacinto
	Baylor		Fisher		Lamar		
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		191	Hall	319	Mason	447	Throckmorton
	Camp	193	Hamilton			449	Titus
065	Carson			321	Matagorda		
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		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
107	Culberson	237	Jack	365	Panola	493	Wilson
111	Dallam	237	Jackson	367	Parker	493 495	Winkler
113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood

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Length:	3	Type:	Alphanu	meric	Data Source	e:	Assigned, bas on provider ZIP	
	127	Dimmit	255	Karnes	383	Reagan	`	Invalid
	125	Dickens	253	Jones	381	Randall		
	123	Dewitt	251	Johnson	379	Rains	507	Zavala
	121	Denton	249	Jim Well	ls 377	Presidio	505	Zapata
	119	Delta	247	Jim Hog	g 375	Potter	503	Young
	117	Deaf Smi	th 245	Jeffersor	n 373	Polk	501	Yoakum

OUTPATIENT BASE DATA FILE

Field 1:	SERVICE_QUARTE	₹		
			r and quarter of service	
Length:	6 Type:	Alphanumeric	Data Source:	Assigned
Field 2:	RECORD_ID			
				rd within the research data file.
				ORD_ID in other Inpatient RDF files
Length:	12 Type:	Alphanumeric	Data Source:	Assigned
Field 3:	PAT_UNIQUE_IND	EX gned to the patient by	THCIC	
Length:	10 Type:	Alphanumeric	Data Source:	Assigned
Field 4:	THCIC ID	Alphanumenc	Data Source:	Assigned
riciu 4.		dentifier assigned to th	ne provider by THCIC	
Length:	6 Type:	Alphanumeric	Data Source:	Assigned
Field 5:	SPEC_UNIT_1	<u> </u>		
		ch most davs stav occu	rred based on number	of days by Type of Bill or Revenue
	Code.	, , , , , , , , , , , , , , , , , , , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Coding Scheme:	C Coronary Care U	nit	P Pediatric Unit	
	D Detoxification U	nit	Y Psychiatric U	nit
	I Intensive Care U	nit	R Rehabilitation	
	H Hospice Unit		U Sub-acute Ca	
	N Nursery		S Skilled Nursir	ng Unit
	B Obstetric Unit		Blank Acute Care	
onathi	O Oncology Unit 1 Type:	Alphanumeric	Data Source:	Calculated
_ength: =ield 6:	1 Type: SPEC_UNIT_2	Alphanumenc	Data Source:	Calculated
riela 6:		ah 200 maaat daya atay a		ber of days by Type of Bill or
	Revenue Code.	in 2" most days stay o	ccurred based on num	ber of days by Type of Bill or
Coding Scheme:	Same as SPEC UNIT	1		
Length:	1 Type:	Alphanumeric	Data Source:	Calculated
Field 7:	SPEC_UNIT_3			
		ch 3 rd most davs stav o	ccurred based on numl	ber of days by Type of Bill or
	Revenue Code.	5 550 44/5 514/ 5		20. 0. days 27 . , pe 0. 2 0.
Coding Scheme:	Same as SPEC_UNIT	1.		
ength:	1 Type:	Alphanumeric	Data Source:	Calculated
ield 8:	SPEC_UNIT_4	•		
	Specialty Unit in which	ch 4th most days stay o	ccurred based on numl	ber of days by Type of Bill or
	Revenue Code.	, ,		, , ,,
Coding Scheme:	Same as SPEC_UNIT	_1.		
_ength:	1 Type:	Alphanumeric	Data Source:	Calculated
Field 9:	SPEC_UNIT_5			
	Specialty Unit in which	ch 5 th most days stay o	ccurred based on numl	ber of days by Type of Bill or
	Revenue Code.			
Coding Scheme:	Same as SPEC_UNIT			
Length:	1 Type:	Alphanumeric	Data Source:	Calculated
Field 10:	ENCOUNTER_INDI	CATOR		
DSHS/THCIC		Daga F (DSF	HS Document #25-15014
www.dshs.texas.go	v/THCIC	———— Page 56		Jpdated: September, 2021
v vv vv .usiistex.as20	V/ 111CIC		Lasi	puaica. Sepiemoer, 2021

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.

	Hosp	itals or Long	Term Care Hospitals or	Psychiatric hospitals.		
Length:	2 .	Type:	Alphanumeric	Data Source:	Calculated	
Field 11:	SEX	CODE				
	Gend	ler of the pati	ent as recorded at date	of admission or start of	care.	
Coding Scheme:	M M	1ale ·				
_	F F	emale				
	U U	nknown				
Length:	1	Type:	Alphanumeric	Data Source:	Claim	
Field 12:	BIRT	TH_DATE				
	Birth	date of the p	atient as recorded at da	ate of admission or start	of care.	
Length:	8	Type:	Alphanumeric	Data Source:	Claim	

Field 13:		_AGE_GROUP e indicating age		vs or vears	on date of discha	arge
Coding Scheme		1-28 days	10	35-39	20	85-89
,	01	29-365 days	11	40-44	21	90+
	02	1-4 years	12	45-49	HIV a	and drug/alcohol use patients:
	03	5-9	13	50-54	22	0-17
	04	10-14	14	55-59	23	18-44
	05	15-17	15	60-64	24	45-64
	06	18-19	16	65-69	25	65-74
	07 08	20-24 25-29	17 18	70-74 75-79	26	75+ Invalid
	08	30-34	19	75-79 80-84		Ilivaliu
ength:	2	Type:	Alphanumeri		ata Source:	Assigned
ield 14:		_AGE_YEARS	7 tip://airaira			, i.o.i.g.i.ou
			ears on date of di	ischarge.		
Length:	3	Type:	Alphanumer		ata Source:	Claim
Field 15:		_AGE_DAYS				
			ays on date of dis			
Length:	5	Туре:	Alphanumer	ic E	ata Source:	Claim
Field 16:	RAC		nationt/s == ss			
Coding Schoma		e indicating the	•			
Coding Scheme	1 2	American India Asian or Pacifi	an/Eskimo/Aleut			
	3	Black	C 13IUIIUCI			
	4	White				
	5	Other				
ength:	1	Type:	Alphanumer	ic C	ata Source:	Claim
ield 17:		INICITY	,			
			Hispanic origin of	of the patie	nt.	
Coding Scheme	: 1	Hispanic Origin	า			
-	2	Not of Hispani	c Origin			
Length:	1	Type:	Alphanumer	ic 	ata Source:	Claim
Field 18:			SUS_BLOCK_GR			
	Cen	sus block group	of patient street	t address.		
		10005	مامنامانين لامام ممنطه		the level of seen	6.1
	Not	e: LCODE (Loca	ation code) which	i quantiries	the level of accu	racy of the geocoding process will
						racy of the geocoding process will ge 54 for details).
l angth:	be _l	provided along	with Pat_Addr_C	ensus_Bloc	k_Group (See pa	ge 54 for details).
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 015
 Austin
 033
 Borden
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 Burleson
 069
 Castro

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 Bailey
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 Bosque
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 Burnet
 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
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Field 25:

PUBLIC_HEALTH_REGIONPublic Health Region of patient's address.

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	1								
		Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts,							
		Sherman, Swisher, Terry, Wheeler, Yoakum counties							
	2	Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties							
	3		, Fannin, Grayson, H	ood, Hunt, Johnson, Kaufman, Navarro, Palo					
	4		, Delta, Franklin, Gre	gg, Harrison, Henderson, Hopkins, Lamar, Jpshur, Van Zandt, Wood counties					
	5			ewton, Orange, Polk, Sabine, San Augustine,					
	6	San Jacinto, Shelby, Trinity, Tyler counting Austin, Brazoria, Chambers, Colorado, Fo		Harris, Liberty, Matagorda, Montgomery,					
	7	Walker, Waller, Wharton counties Bastrop, Bell, Blanco, Bosque, Brazos, Bu		well, Coryell, Falls, Fayette, Freestone, , Llano, McLennan, Madison, Milam, Mills,					
		Robertson, San Saba, Travis, Washington	n, Williamson countie:	, , , , , , , , , , , , , , , , , , ,					
	8	Guadalupe, Jackson, Karnes, Kendall, Ke		dwards, Frio, Gillespie, Goliad, Gonzales, Lavaca, Maverick, Medina, Real, Uvalde, Val					
	9	Verde, Victoria, Wilson, Zavala counties Andrews, Borden, Coke, Concho, Crane,	Crockett, Dawson, Ec	tor. Gaines. Glasscock. Howard. Irion.					
	-		n, Menard, Midland, P	ecos, Reagan, Reeves, Schleicher, Sterling,					
	10	Brewster, Culberson, El Paso, Hudspeth,	Jeff Davis, Presidio co						
	11	Aransas, Bee, Brooks, Cameron, Duval, I McMullen, Nueces, Refugio, San Patricio,							
Length:	2	Type: Alphanumeric	Data Source:	Assigned					
Field 26:		OF_ADMISSION	nital amarganay d	anartment visits only					
Coding Scheme:	Code 1	indicating the type of admission. Hos Emergency	spital emergency d	epartment visits only					
county continue	2	Urgent							
	3	Elective							
	4 5	Newborn Trauma Center							
	9	Information not available							
Length:	1	Type: Alphanumeric	Data Source:	Claim					
Field 27:		RCE_OF_ADMISSION							
	Code	indicating source of the admission. H							
Field 27: Coding Scheme:									
	Code 1 2 4	indicating source of the admission. H Non-Healthcare Facility Point of Origin (E Clinic or Physician's Office Transfer from a hospital	seginning July 1, 2010))					
	Code 1 2	indicating source of the admission. H Non-Healthcare Facility Point of Origin (E Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in	seginning July 1, 2010))					
	Code 1 2 4 5	indicating source of the admission. H Non-Healthcare Facility Point of Origin (B Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in assisted living facility	deginning July 1, 2010))					
	Code 1 2 4	indicating source of the admission. H Non-Healthcare Facility Point of Origin (E Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in	deginning July 1, 2010))					
	Code 1 2 4 5 6 8 9	indicating source of the admission. H Non-Healthcare Facility Point of Origin (B Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available	deginning July 1, 2010 etermediate care facili	ty or					
	Code 1 2 4 5 6 8	indicating source of the admission. H Non-Healthcare Facility Point of Origin (E Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Ho	deginning July 1, 2010 etermediate care facili , spital to another Dist	ty or					
	Code 1 2 4 5 6 8 9	indicating source of the admission. H Non-Healthcare Facility Point of Origin (B Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available	seginning July 1, 2010 stermediate care facili , spital to another Dist rate Claim to the Pay	ty or					
	Code 1 2 4 5 6 8 9 D E	Indicating source of the admission. H Non-Healthcare Facility Point of Origin (E Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Ho of the Same Hospital Resulting in a Sepa Transfer from Ambulatory Surgery Cente Transfer from a Hospice Facility	seginning July 1, 2010 stermediate care facili , spital to another Dist rate Claim to the Pay	ty or					
	Code 1 2 4 5 6 8 9 D E F If Typ	indicating source of the admission. H Non-Healthcare Facility Point of Origin (E Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Ho of the Same Hospital Resulting in a Sepa Transfer from Ambulatory Surgery Cente Transfer from a Hospice Facility of Admission=4 (Newborn)	seginning July 1, 2010 stermediate care facili , spital to another Dist rate Claim to the Pay	ty or					
	Code 1 2 4 5 6 8 9 D E F If Typ 5	indicating source of the admission. H Non-Healthcare Facility Point of Origin (E Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Ho of the Same Hospital Resulting in a Sepa Transfer from Ambulatory Surgery Cente Transfer from a Hospice Facility oe of Admission=4 (Newborn) Born inside this hospital	seginning July 1, 2010 stermediate care facili , spital to another Dist rate Claim to the Pay	ty or					
	Code 1 2 4 5 6 8 9 D E F If Typ	indicating source of the admission. H Non-Healthcare Facility Point of Origin (B Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Ho of the Same Hospital Resulting in a Sepa Transfer from Ambulatory Surgery Cente Transfer from a Hospice Facility oe of Admission=4 (Newborn) Born inside this hospital	seginning July 1, 2010 stermediate care facili , spital to another Dist rate Claim to the Pay	ty or					
Coding Scheme:	Code 1 2 4 5 6 8 9 D E F If Typ 5 6 1	indicating source of the admission. H Non-Healthcare Facility Point of Origin (E Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Ho of the Same Hospital Resulting in a Sepa Transfer from Ambulatory Surgery Cente Transfer from a Hospice Facility be of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Type: Alphanumeric T_PAYMENT_SRC	seginning July 1, 2010 stermediate care facili spital to another Distrate Claim to the Payr Data Source:	ty or inct Unit er					
Coding Scheme:	Code 1 2 4 5 6 8 9 D E F If Typ 5 6 1 FIRS Code	indicating source of the admission. H Non-Healthcare Facility Point of Origin (E Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Ho of the Same Hospital Resulting in a Sepa Transfer from Ambulatory Surgery Cente Transfer from a Hospice Facility be of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Type: Alphanumeric T_PAYMENT_SRC indicating the expected primary sour	seginning July 1, 2010 stermediate care facili spital to another Distrate Claim to the Payr Data Source:	ty or inct Unit er Claim					
Coding Scheme:	Code 1 2 4 5 6 8 9 D E F If Typ 5 6 1	indicating source of the admission. H Non-Healthcare Facility Point of Origin (E Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Ho of the Same Hospital Resulting in a Sepa Transfer from Ambulatory Surgery Cente Transfer from a Hospice Facility be of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Type: Alphanumeric T_PAYMENT_SRC indicating the expected primary sour Self Pay (Removed from 5010 format, us	seginning July 1, 2010 stermediate care facili spital to another Distrate Claim to the Payr Data Source:	ty or inct Unit er					
Coding Scheme: Length: Field 28:	Code 1 2 4 5 6 8 9 D E F If Typ 5 6 1 FIRS Code	indicating source of the admission. H Non-Healthcare Facility Point of Origin (E Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Ho of the Same Hospital Resulting in a Sepa Transfer from Ambulatory Surgery Cente Transfer from a Hospice Facility be of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Type: Alphanumeric T_PAYMENT_SRC indicating the expected primary sour	seginning July 1, 2010 stermediate care facili spital to another Distrate Claim to the Payr Data Source:	ty or inct Unit er Claim					
Coding Scheme: Length: Field 28:	Code 1 2 4 5 6 8 9 D E F If Typ 5 6 1 FIRS Code 09 10 11	indicating source of the admission. H Non-Healthcare Facility Point of Origin (B Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Ho of the Same Hospital Resulting in a Sepa Transfer from Ambulatory Surgery Cente Transfer from a Hospice Facility be of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Type: Alphanumeric T_PAYMENT_SRC indicating the expected primary sour Self Pay (Removed from 5010 format, us beginning 2Q2012 data) Central Certification Other Non-federal Programs	seginning July 1, 2010 stermediate care facili spital to another Distrate Claim to the Pay r Data Source: ce of payment. se "ZZ" HM LI LM	ty or inct Unit er Claim Health Maintenance Organization Liability Liability Medical					
Coding Scheme: Length: Field 28:	Code 1 2 4 5 6 8 9 D E F If Typ 5 6 1 FIRS Code 09 10 11 12	indicating source of the admission. H Non-Healthcare Facility Point of Origin (B Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Ho of the Same Hospital Resulting in a Sepa Transfer from Ambulatory Surgery Cente Transfer from a Hospice Facility be of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Type: Alphanumeric T_PAYMENT_SRC indicating the expected primary sour Self Pay (Removed from 5010 format, us beginning 2Q2012 data) Central Certification Other Non-federal Programs Preferred Provider Organization (PPO)	seginning July 1, 2010 stermediate care facili spital to another Dist rate Claim to the Pay r Data Source: See "ZZ" HM LI LM MA	ty or inct Unit er Claim Health Maintenance Organization Liability Liability Medical Medicare Part A					
Coding Scheme: Length: Field 28:	Code 1 2 4 5 6 8 9 D E F If Typ 5 6 1 FIRS Code 09 10 11 12 13	indicating source of the admission. H Non-Healthcare Facility Point of Origin (E Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Ho of the Same Hospital Resulting in a Sepa Transfer from Ambulatory Surgery Cente Transfer from a Hospice Facility of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Type: Alphanumeric T_PAYMENT_SRC indicating the expected primary sour Self Pay (Removed from 5010 format, us beginning 2Q2012 data) Central Certification Other Non-federal Programs Preferred Provider Organization (PPO) Point of Service (POS)	seginning July 1, 2010 stermediate care facili spital to another Distrate Claim to the Pay Data Source: ce of payment. se "ZZ" HM LI LM MA MB	ty or inct Unit er Claim Health Maintenance Organization Liability Liability Medical Medicare Part A Medicare Part B					
Coding Scheme: Length: Field 28:	Code 1 2 4 5 6 8 9 D E F If Typ 5 6 1 FIRS Code 09 10 11 12 13 14	indicating source of the admission. H Non-Healthcare Facility Point of Origin (E Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Ho of the Same Hospital Resulting in a Sepa Transfer from Ambulatory Surgery Cente Transfer from a Hospice Facility oe of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Type: Alphanumeric T_PAYMENT_SRC indicating the expected primary sour Self Pay (Removed from 5010 format, us beginning 2Q2012 data) Central Certification Other Non-federal Programs Preferred Provider Organization (PPO) Point of Service (POS) Exclusive Provider Organization (EPO)	seginning July 1, 2010 stermediate care facili spital to another Distrate Claim to the Payr Data Source: See of payment. See "ZZ" HM LI LM MA MB MC	ty or inct Unit er Claim Health Maintenance Organization Liability Liability Medical Medicare Part A Medicare Part B Medicaid					
Coding Scheme: Length: Field 28:	Code 1 2 4 5 6 8 9 D E F If Typ 5 6 1 FIRS Code 09 10 11 12 13 14 15	indicating source of the admission. H Non-Healthcare Facility Point of Origin (E Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Ho of the Same Hospital Resulting in a Sepa Transfer from Ambulatory Surgery Cente Transfer from a Hospice Facility be of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Type: Alphanumeric T_PAYMENT_SRC indicating the expected primary sour Self Pay (Removed from 5010 format, us beginning 2Q2012 data) Central Certification Other Non-federal Programs Preferred Provider Organization (PPO) Point of Service (POS) Exclusive Provider Organization (EPO) Indemnity Insurance	seginning July 1, 2010 stermediate care facili spital to another Distrate Claim to the Payr Data Source: See of payment. See "ZZ" HM LI LM MA MB MC TV	ty or inct Unit er Claim Health Maintenance Organization Liability Liability Medical Medicare Part A Medicare Part B Medicaid Title V					
Coding Scheme: Length: Field 28:	Code 1 2 4 5 6 8 9 D E F If Typ 5 6 1 FIRS Code 09 10 11 12 13 14	indicating source of the admission. H Non-Healthcare Facility Point of Origin (E Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Ho of the Same Hospital Resulting in a Sepa Transfer from Ambulatory Surgery Cente Transfer from a Hospice Facility oe of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Type: Alphanumeric T_PAYMENT_SRC indicating the expected primary sour Self Pay (Removed from 5010 format, us beginning 2Q2012 data) Central Certification Other Non-federal Programs Preferred Provider Organization (PPO) Point of Service (POS) Exclusive Provider Organization (EPO)	seginning July 1, 2010 stermediate care facili spital to another Distrate Claim to the Payr Data Source: See of payment. See "ZZ" HM LI LM MA MB MC TV	ty or inct Unit er Claim Health Maintenance Organization Liability Liability Medical Medicare Part A Medicare Part B Medicaid					
Coding Scheme: Length: Field 28:	Code 1 2 4 5 6 8 9 D E F If Typ 5 6 1 FIRS Code 09 10 11 12 13 14 15 16 AM	indicating source of the admission. H Non-Healthcare Facility Point of Origin (E Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Ho of the Same Hospital Resulting in a Sepa Transfer from Ambulatory Surgery Cente Transfer from a Hospice Facility oe of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Type: Alphanumeric T_PAYMENT_SRC indicating the expected primary sour Self Pay (Removed from 5010 format, us beginning 2Q2012 data) Central Certification Other Non-federal Programs Preferred Provider Organization (PPO) Point of Service (POS) Exclusive Provider Organization (EPO) Indemnity Insurance Health Maintenance Organization (HMO) Risk Automobile Medical	seginning July 1, 2010 stermediate care facili spital to another Distrate Claim to the Payr Data Source: The Source of payment. The "ZZ" HM LI LM MA MB MC TV Medicare OF VA	ty or inct Unit er Claim Health Maintenance Organization Liability Liability Medical Medicare Part A Medicare Part B Medicaid Title V Other Federal Program Veteran Administration Plan					
Coding Scheme: Length: Field 28:	Code 1 2 4 5 6 8 9 D E F If Typ 5 6 1 FIRS Code 09 10 11 12 13 14 15 16 AM BL	indicating source of the admission. H Non-Healthcare Facility Point of Origin (B Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Ho of the Same Hospital Resulting in a Sepa Transfer from Ambulatory Surgery Cente Transfer from Ambulatory Surgery Cente Transfer from a Hospice Facility De of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Type: Alphanumeric T_PAYMENT_SRC indicating the expected primary sour Self Pay (Removed from 5010 format, us beginning 2Q2012 data) Central Certification Other Non-federal Programs Preferred Provider Organization (PPO) Point of Service (POS) Exclusive Provider Organization (EPO) Indemnity Insurance Health Maintenance Organization (HMO) Risk Automobile Medical Blue Cross/Blue Shield	seginning July 1, 2010 stermediate care facility spital to another Distrate Claim to the Pay r Data Source: Sce of payment. Se "ZZ" HM LI LM MA MB MC TV Medicare OF VA WC	ty or inct Unit er Claim Health Maintenance Organization Liability Liability Medical Medicare Part A Medicare Part B Medicaid Title V Other Federal Program Veteran Administration Plan Workers Compensation Health Claim					
Coding Scheme: Length: Field 28:	Code 1 2 4 5 6 8 9 D E F If Typ 5 6 1 FIRS Code 09 10 11 12 13 14 15 16 AM	indicating source of the admission. H Non-Healthcare Facility Point of Origin (E Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, in assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Ho of the Same Hospital Resulting in a Sepa Transfer from Ambulatory Surgery Cente Transfer from a Hospice Facility oe of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Type: Alphanumeric T_PAYMENT_SRC indicating the expected primary sour Self Pay (Removed from 5010 format, us beginning 2Q2012 data) Central Certification Other Non-federal Programs Preferred Provider Organization (PPO) Point of Service (POS) Exclusive Provider Organization (EPO) Indemnity Insurance Health Maintenance Organization (HMO) Risk Automobile Medical	seginning July 1, 2010 stermediate care facili spital to another Distrate Claim to the Payr Data Source: The Source of payment. The "ZZ" HM LI LM MA MB MC TV Medicare OF VA	ty or inct Unit er Claim Health Maintenance Organization Liability Liability Medical Medicare Part A Medicare Part B Medicaid Title V Other Federal Program Veteran Administration Plan					

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		CI	Commercial Ins	urance		* *	Codes 09 and ZZ, combined for 2004 & 2005
		DS	Disability Insura				Invalid
Length:		2	Type:	Alphanumeric	Data	Source:	Claim
Field 29:			T_PAYER_ID	ier (when implemen	tad by fade	ral govern	ment)
Length:		10	Type:	Alphanumeric		Source:	Claim
Field 30:			T_PAYER_NA				
			. ,	irce of payment.		_	
Length: Field 31:		35 SECC	Type:	Alphanumeric	Data	Source:	Claim
rieia 31:			NDARY_PAYN	expected secondary	source of n	avment.	
Coding Sch	eme:		as FIRST_PAY			-,	
Length:		2	Туре:	Alphanumeric	Data	Source:	Claim
Field 32:			NDARY_PAYE	:R_ID ier (when implemen	tad by fade	ral govern	ment)
Length:		10	Type:	Alphanumeric		Source:	Claim
Field 33:			ONDARY_PAYE				
				source of payment.	Data	C	Claire
Length:		35	Туре:	Alphanumeric	Data	Source:	Claim
Field 34:		STM	T_PERIOD_FR	ОМ			
ricia 541					ected on th	e statemen	it. Entered as YYYYMMDD.
Length:		8	Type:	Alphanumeric		Source:	Claim
Field 35:			T_PERIOD_TH				
			•	•			Entered as YYYYMMDD.
Length: Field 36:		8	Type: GTH_OF_SERV	Alphanumeric	Data	Source:	Claim
riela 36:					covers ner	iod through	n date <i>minus</i> Admission/start of care
				length of stay is 1 d			
Length:		4	Type:	Alphanumeric		Source:	, Calculated
Field 37:			_STATUS				
Cadina Cab		Code	indicating patie	ent status as of the o	ending date	of service	for the period of care reported.
Coding Sch				,		D: 1	
1	discha		home or self-care	(routine	61		/transferred within this institution to pproved swing bed
2	hospita	of for inp	ansferred to a sho patient care	_	62	Discharged, facility	transferred to inpatient rehabilitation
3	(SNF)		ansferred to skilled dicare certification		63	term care h	•
4	Discha	rged/tra	ansferred to a faci	lity that provides	64		/transferred to Medicaid-certified ility under Medicaid but not certified
5	Discha	rged/tra	ansferred to a Des dren's Hospital (ef		65	Discharged	/transferred to psychiatric hospital or distinct part of a hospital
6	2007)		ansferred to home		66		/transferred to Critical Access Hospital
Ü	organiz	zed hom	ne health service of covered skilled ca	organization in	69	Discharged	/Transferred to a designated disaster are (effective 10-1-2013)
7	Left ag	ainst m	edical advice		70		cransfer to another type of health care
09	Admitt	ed as in	patient to this hos	spital	, ,		not defined elsewhere in the codelist
20	Expired				81	Acute. Care	to Home or Self Care with a Planned Hospital Inpatient Readmission
21	Discha Enforce	J ,	ansferred to Court	/Law	82		Transferred to a Short Term General
30	Still pa	tient				Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective	
40	Expired	d at hon	ne			10-1-2013)	•
41	Expired	in a m	edical facility		83		/Transferred to a Skilled Nursing
42	Expired	d, place	unknown			Planned Ac	F) with Medicare Certification with a ute Care Hospital Inpatient
43		-	ansferred to feder th facility	al government	84	Discharged	n (effective 10-1-2013) /Transferred to a Facility that
50	Hospic	e-home	•				ustodial or Supportive Care with a
51		e-medio	cal facility (Certific	ed) providing			ute Care Hospital Inpatient n (effective 10-1-2013)
		J. J. C					

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- 85 Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 86 Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 87 Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 88 Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 89 Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 90 Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital

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

Length:	2	Type:	Alphanumeric		Data Source:	Claim			
Field 38:	TYPI	E_OF_BILL							
	Provides specific information about the claim data submitted. First digit = type of facility. Second								
	digit	= type of care.	Third digit = seq	uend	ce of the claim.	2/	digits-Seguence of		
Coding Scheme:	1 st di	gits-Type of Fac	cility	2^{n}	digit-Type of Care		,		
	1 Hospital			1	Inpatient, including Medicare Part		<i>aim</i> Non-payment/Zero claim		
	2 9	Skilled nursing		2	A Inpatient, Medicare Part B only	1	Admit through discharge claim		
	3 I	Home health		3	Outpatient	2			
	4 F	Religious non-med	lical health care-	4	Outpatient Other, Medicare Part E		Interim-continuing claim		
	5 F	Hospital Religious non-mec Extended care	lical health care-	5	only Intermediate Care-Level I	4	Interim-last claim		
		Intermediate care		6	Intermediate Care-Level II	5	Late charge(s) only claim		
		Clinic		7	Sub-acute inpatient – Level III	6	Adjustment of prior claim		
	8 9	Special facility		8	Swing bed	7	(Not used by Medicare) Replacement of prior claim		
		,			5	8	Void/cancel of prior claim		
Length:	3	Type:	Alphanumeric		Data Source:	Claim			
Length:		10-CM diagnosis wing the third cl Type:			4th, 5th, 6th and 7th digits if a Data Source:	applica Claim	able. Decimal is implied		
Field 40:		NC DIAG COD			Data Source.	Ciaiiii			
rielu 40.	ICD-		s code, including	the	4th, 5th, 6th and 7th digits if a	applica	able. Decimal is implied		
Length:	7	Type:	Alphanumeric		Data Source:	Claim			
Field 41:	ICD-	_ DIAG_CODE_ 10-CM diagnosiswing the third ch	s code, including	the	4th, 5th, 6th and 7th digits if a	applica	able. Decimal is implied		
Length:	7	Type:	Alphanumeric		Data Source:	Claim			
Field 42:	ICD-	_ DIAG_CODE_ 10-CM diagnosiswing the third cl	s code, including	the	4th, 5th, 6th and 7th digits if a	applica	able. Decimal is implied		
Length:	7	Type:	Alphanumeric		Data Source:	Claim			
Field 43:	OTH	DIAG_CODE			Data Sourcer	Cidiiii			
i iciu 43.	ICD-		s code, including	the	4th, 5th, 6th and 7th digits if a	applica	able. Decimal is implied		
Length:	7	Type:	Alphanumeric		Data Source:	Claim			
Length: Field 44:	7 OTH ICD-	_DIAG_CODE_	_ 4 s code, including		Data Source: 4th, 5th, 6th and 7th digits if a		able. Decimal is implied		

Field 45:	OTH DIAG CODE E		
riela 45:	OTH_DIAG_CODE_5 ICD-10-CM diagnosis code, including t	ho 4th Eth 6th and 7th dia	rits if applicable. Desimal is implied
	following the third character.	ne 4th, 5th, 6th and 7th dig	its if applicable. Declinal is implied
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 46:	OTH_DIAG_CODE_6	Duta Source:	Ciuiii
i icia 40.	ICD-10-CM diagnosis code, including t	he 4th 5th 6th and 7th dic	rits if applicable. Decimal is implied
	following the third character.	ne +tii, 5tii, 6tii ana 7tii aig	gits if applicable. Declinal is implied
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 47:	OTH_DIAG_CODE_7		<u> </u>
	ICD-10-CM diagnosis code, including t	he 4th 5th 6th and 7th dic	nits if applicable. Decimal is implied
	following the third character.	ine ran, san, san ana zan ang	gies il applicable. Decimal is implica
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 48:	OTH_DIAG_CODE_8		
	ICD-10-CM diagnosis code, including t	he 4th, 5th, 6th and 7th dig	its if applicable. Decimal is implied
	following the third character.	,, ,	, i.e appeas.e. 2 eeaepea
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 49:	OTH_DÍAG_CODE_9		
	ICD-10-CM diagnosis code, including t	he 4th, 5th, 6th and 7th dig	its if applicable. Decimal is implied
	following the third character.	,,	,
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 50:	OTH_DIAG_CODE_10		
	ICD-10-CM diagnosis code, including t	he 4th, 5th, 6th and 7th dig	gits if applicable. Decimal is implied
	following the third character.		•
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 51:	OTH_DIAG_CODE_11		
	ICD-10-CM diagnosis code, including t	he 4th, 5th, 6th and 7th dig	gits if applicable. Decimal is implied
	following the third character.		
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 52:	OTH_DIAG_CODE_12		
	ICD-10-CM diagnosis code, including t	he 4th, 5th, 6th and 7th dig	gits if applicable. Decimal is implied
_	following the third character.		
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 53:	OTH_DIAG_CODE_13		
	ICD-10-CM diagnosis code, including t	he 4th, 5th, 6th and 7th dig	gits if applicable. Decimal is implied
1	following the third character.	Data Carres	Claire
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 54:	OTH_DIAG_CODE_14	L - 4th - 5th 7th	ster if a sultable Desired in territor
	ICD-10-CM diagnosis code, including t	ne 4th, 5th, 6th and 7th dig	lits if applicable. Decimal is implied
Length:	following the third character. 7 Type: Alphanumeric	Data Source:	Claim
Field 55:	OTH_DIAG_CODE_15	Data Source.	Cidiiii
rielu 55.	ICD-10-CM diagnosis code, including t	ho 4th 5th 6th and 7th dia	rite if applicable. Decimal is implied
	following the third character.	ne 401, 501, 601 and 701 dig	its if applicable. Declinal is implied
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 56:	OTH_DIAG_CODE_16	244 204 66	Cidiiii
	ICD-10-CM diagnosis code, including t	he 4th 5th 6th and 7th dic	nits if applicable. Decimal is implied
	following the third character.	, Jan, Jan and Jan ang	Jisa ii applicable. Declinal is implied
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 57:	OTH_DIAG_CODE_17		
	ICD-10-CM diagnosis code, including t	he 4th, 5th, 6th and 7th dig	gits if applicable. Decimal is implied
	following the third character.	- ,,	,
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 58:	OTH_DIAG_CODE_18		
	ICD-10-CM diagnosis code, including t	he 4th, 5th, 6th and 7th did	gits if applicable. Decimal is implied
	following the third character.		
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 59:	OTH_DIAG_CODE_19		
	ICD-10-CM diagnosis code, including t	he 4th, 5th, 6th and 7th dig	gits if applicable. Decimal is implied
	following the third character.		'
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 60:	OTH_DIAG_CODE_20		
	ICD-10-CM diagnosis code, including t	he 4th, 5th, 6th and 7th dig	gits if applicable. Decimal is implied
	following the third character.	-	
Length:	7 Type: Alphanumeric	Data Source:	Claim

Field 64.	OTIL DIAC CODE	2.1		
Field 61:	OTH_DIAG_CODE	_	1th Eth 6th and 7th dia	its if applicable. Decimal is implied
	following the third		tili, Jili, Otli aliu 7tli ulg	nts if applicable. Declinal is implied
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 62:	OTH_DIAG_CODE			
			4th, 5th, 6th and 7th dig	its if applicable. Decimal is implied
	following the third			
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 63:	OTH_DIAG_CODE			
	following the third	,	4th, 5th, 6th and 7th dig	its if applicable. Decimal is implied
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 64:	OTH_DIAG_CODE	·	2444 244 24	J.d
			4th, 5th, 6th and 7th dig	its if applicable. Decimal is implied
	following the third		, ,	
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 65:	RELATED_CAUSE		c	
Coding Scheme:	AA Auto acciden		of an illness, injury or ar	accident.
county Scheme.	AB Abuse	·		
		y responsible		
	EM Employment			
Longth	OA Other accide		Data Correct	Claim
Length: Field 66:	2 Type: RELATED_CAUSE	Alphanumeric	Data Source:	Claim
rieiu oo:			of an illness, injury or ar	accident
Coding Scheme:	Same as RELATED_		or arr mireso, mjar, or ar	i decidenti
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 67:	RELATED_CAUSE	_CODE_3		
Cadina Cahama	Code identifying an	accompanying cause	of an illness, injury or ar	accident.
Coding Scheme: Length:	Same as RELATED_ 2 Type:	_CAUSE_CODE_1 Alphanumeric	Data Source:	Claim
Field 68:	E CODE 1	Alphanamene	Data Source.	Cidilli
11014 001		sis code, including the	4th, 5th, 6th and 7th dic	its if applicable, of an additional
			plied following the third	
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 69:	E_CODE_2		411 E11 611 1 1 1 1	
				its if applicable, of an additional
Length:	7 Type:	Alphanumeric	plied following the third Data Source:	Claim
Field 70:	E_CODE_3	, apriariariterie	Data Doui co.	Cidiiii
		sis code, including the	4th, 5th, 6th and 7th dig	its if applicable, of an additional
			plied following the third	
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 71:	E_CODE_4	وملغ ومناورياومن والمومون	1th Fth Cth and 7th dia	ita if annii anhia af an additional
			plied following the third	its if applicable, of an additional
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 72:	E_CODE_5		**	
	ICD-10-CM diagnos			its if applicable, of an additional
			plied following the third	
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 73:	E_CODE_6	is code, including the	1th 5th 6th and 7th dia	uits if applicable of an additional
			plied following the third	its if applicable, of an additional
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 74:	E_CODE_7			
				its if applicable, of an additional
1			plied following the third	
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 75:	E_CODE_8	is code including the	1th 5th 6th and 7th dia	its if applicable, of an additional
			and 7th and 7th and 7th ang plied following the third	
Length:	7 Type:	Alphanumeric	Data Source:	Claim
	/ F	F		

Field 76:	E_CODE_9
	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
Length: Field 77:	7 Type: Alphanumeric Data Source: Claim E_CODE_10
rieia //:	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
Length:	7 Type: Alphanumeric Data Source: Claim
Field 78:	PROC_CODE_1
	Code for the surgical or other procedure with the highest charge performed during the period covered
Length:	by the bill. HCPCS or CPT code. 5 Type: Alphanumeric Data Source: Claim
Field 79:	PROC CODE 2
11010 731	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 80:	PROC_CODE_3
	Code for surgical or other procedure with the next highest charge performed during the period
Length:	covered by the bill. HCPCS or CPT code. 5 Type: Alphanumeric Data Source: Claim
Field 81:	PROC_CODE_4
	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 82:	PROC_CODE_5
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 83:	PROC_CODE_6
	Code for surgical or other procedure with the next highest charge performed during the period
_	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 84:	PROC_CODE_7
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 85:	PROC_CODE_8
	Code for surgical or other procedure with the next highest charge performed during the period
I a a.kh	covered by the bill. HCPCS or CPT code.
Length: Field 86:	5 Type: Alphanumeric Data Source: Claim PROC_CODE_9
rieiu oo.	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 87:	PROC_CODE_10
	Code for surgical or other procedure with the next highest charge performed during the period
Length:	covered by the bill. HCPCS or CPT code. 5 Type: Alphanumeric Data Source: Claim
Field 88:	5 Type: Alphanumeric Data Source: Claim PROC_CODE_11
	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 89:	PROC_CODE_12
	Code for surgical or other procedure with the next highest charge performed during the period
Length:	covered by the bill. HCPCS or CPT code. 5 Type: Alphanumeric Data Source: Claim
Field 90:	PROC_CODE_13
	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 91:	PROC_CODE_14
	Code for surgical or other procedure with the next highest charge performed during the period
Length:	covered by the bill. HCPCS or CPT code. 5 Type: Alphanumeric Data Source: Claim
Lengui.	5 Type: Alphanamene Data Source. Claim

Field 92:	PROC CODE 15	
riela 92:	PROC_CODE_15 Code for surgical or other procedure with the next highest cha	arge performed during the period
	covered by the bill. HCPCS or CPT code.	arge performed during the period
Length:	5 Type: Alphanumeric Data Source:	Claim
ield 93:	PROC_CODE_16	
	Code for surgical or other procedure with the next highest cha	arge performed during the period
	covered by the bill. HCPCS or CPT code.	
Length:	5 Type: Alphanumeric Data Source:	Claim
Field 94:	PROC_CODE_17	
	Code for surgical or other procedure with the next highest cha	arge performed during the period
	covered by the bill. HCPCS or CPT code.	Claim
Length: Field 95:	5 Type: Alphanumeric Data Source: PROC_CODE_18	Claim
rielu 95:	Code for surgical or other procedure with the next highest cha	argo porformed during the period
	covered by the bill. HCPCS or CPT code.	arge performed during the period
Length:	5 Type: Alphanumeric Data Source:	Claim
Field 96:	PROC_CODE_19	Cidiiii
	Code for surgical or other procedure with the next highest cha	arge performed during the period
	covered by the bill. HCPCS or CPT code.	3 - p - 1
Length:	5 Type: Alphanumeric Data Source:	Claim
Field 97:	PROC_CODE_20	
	Code for surgical or other procedure with the next highest cha	arge performed during the period
	covered by the bill. HCPCS or CPT code.	
Length:	5 Type: Alphanumeric Data Source:	Claim
Field 98:	PROC_CODE_21	
	Code for surgical or other procedure with the next highest cha covered by the bill. HCPCS or CPT code.	arge performed during the period
Length:	5 Type: Alphanumeric Data Source:	Claim
Field 99:	PROC_CODE_22	Ciaiiii
i ieiu 99.	Code for surgical or other procedure with the next highest cha	arge performed during the period
	covered by the bill. HCPCS or CPT code.	arge performed during the period
Length:	5 Type: Alphanumeric Data Source:	Claim
Field 100:	PROC_CODE_23	
	Code for surgical or other procedure with the next highest cha	arge performed during the period
	covered by the bill. HCPCS or CPT code.	
Length:	5 Type: Alphanumeric Data Source:	Claim
Field 101:	PROC_CODE_24	
	Code for surgical or other procedure with the next highest cha	arge performed during the period
1 a.s. a.b.b.	covered by the bill. HCPCS or CPT code.	Claim
Length: Field 102:	5 Type: Alphanumeric Data Source:	Claim
rielu 102:	PROC_CODE_25 Code for surgical or other procedure with the next highest cha	argo performed during the period
	covered by the bill. HCPCS or CPT code.	arge performed during the period
Length:	5 Type: Alphanumeric Data Source:	Claim
Field 103:	EAPG_GRP_VER	
	Final Enhanced Ambulatory Patient Group (EAPG), as assigned	d by 3M™ EAPG Grouper. Not
	available 4Q09	,
Length:	12 Type: Alphanumeric Data Source:	Assigned
Field 104:	APC_GRP_VER	
	Ambulatory Payment Classification (APC) as assigned by 3M™	
Length:	12 Type: Alphanumeric Data Source:	Assigned
Field 105:	PHYSICIAN1_INDEX_NUMBER	b
	Unique identifier assigned to the licensed physician expected to	
	rendered, with primary responsibility for the patient's medical	
	individual licensed to practice medicine under the Medical Prac other than a physician who admits patients to hospitals or wh	
		o provides diagnostic or therapeutic
		e dentiete nurce practitionere nurce
	procedures to inpatients, including psychologists, chiropractor	
Length:		

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

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therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse

practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients. Length: Type: Alphanumeric **Data Source:** Assigned Field 107: OCCUR_CODE_1 Code describing a significant event relating to the claim. **Coding Scheme:** Date of inpatient hospital discharge for non-1 Auto accident 37 covered transplant patients No Fault Insurance Involved - Including Auto 38 Date treatment started for home IV therapy Accident/Other Accident/ Tort Liability Date discharged on a continuous course if IV 3 39 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 Onset of Symptoms/ Illness 11 46 Date treatment started - Cardiac rehabilitation Date of Onset for a Chronically Dependent 12 Date cost outlier status begins 47 Individual Date of Last Therapy Birthdate - Insured A 16 Α1 Date Outpatient OT Plan Established or Last Α2 Effective Date - Insured A Policy 17 Reviewed **A3** Payer A benefits exhausted Date of Retirement - Patient/Beneficiary 18 Α4 Split Bill Date 19 Date of Retirement - Spouse В1 Birthdate - Insured B Date Guarantee of Payment Began 20 B2 Effective date - Insured B Policy 21 Date UR Notice Received В3 Payer B benefits exhausted 22 Date Active Care Ended C1 Birthdate - Insured C 24 Date Insurance Denied C2 Effective date - Insured C Policy 25 Date Benefits Terminated by Primary Payer C3 Payer C benefits exhausted 26 Date SNF Bed Became Available DR Katrina disaster related Date Home Health Plan Established or Last 27 Ε1 Birthdate - Insured D Reviewed 28 Date Comprehensive Outpatient Rehabilitation Effective date - Insured D Policy F2 Plan Established or Last Reviewed F3 Payer D benefits exhausted 29 Date Outpatient PT Plan established or last F1 reviewed Birthdate - Insured E Date Outpatient ST Plan established or last 30 Effective date - Insured E Policy F2 reviewed F3 Payer E benefits exhausted Date beneficiary notified of intent to bill 31 (accommodations) G1 Birthdate - Insured F Date beneficiary notified of intent to bill G2 Effective date - Insured F Policy (procedures or treatments) G3 Payer F benefits exhausted Length: Type: Alphanumeric Data Source: Claim OCCUR DATE 1 Field 108: Date of occurrence, as YYYYMMDD. Length: Alphanumeric **Data Source:** Claim Type: Field 109: OCCUR_DAY_1 Occurrence Day equals Occurrence Date minus STMT_PERIOD_FROM Date. Length: Alphanumeric **Data Source:** Calculated Type: Field 110: OCCUR_CODE_2 Code describing a significant event relating to the claim. Same as OCCUR_CODE_1. Coding Scheme: Length: Type: Alphanumeric **Data Source:** Claim Field 111: OCCUR DATE 2 Date of occurrence, as YYYYMMDD. Length: Alphanumeric **Data Source:** Claim Type:

Field 112:

OCCUR DAY 2

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l amenth.			ninus STMT_PERIOD_FI					
<u>Length:</u> Field 113:	4 Type: OCCUR CODE 3	Alphanumeric	Data Source:	Calculated				
rieiu 115:	Code describing a significant event relating to the claim.							
Coding Scheme:	Same as OCCUR_CO		g to the claim.					
Length:	2 Type:	Alphanumeric	Data Source:	Claim				
Field 114:	OCCUR_DATE_3							
	Date of occurrence,							
Length:	8 Type:	Alphanumeric	Data Source:	Claim				
Field 115:	OCCUR_DAY_3	vala Oasvumanaa Data m	ainua CTMT DEDIOD EI	DOM Data				
Length:	4 Type:	Alphanumeric	ninus STMT_PERIOD_FI Data Source:	Calculated				
Field 116:	OCCUR_CODE_4	Alphanumenc	Data Source:	Calculated				
i ieiu 110.		ignificant event relatin	g to the claim.					
Coding Scheme:	Same as OCCUR_CO		g to the claim					
Length:	2 Type:	Alphanumeric	Data Source:	Claim				
Field 117:	OCCUR_DATE_4							
	Date of occurrence,							
Length:	8 Type:	Alphanumeric	Data Source:	Claim				
Field 118:	OCCUR_DAY_4	ials Occurrance Date r	ninus STMT PERIOD FI	ROM Date				
Length:	4 Type:	Alphanumeric	Data Source:	Calculated				
Field 119:	OCCUR CODE 5	, apriarialitierie	2414 2341001	Carcaratea				
		ignificant event relatin	g to the claim.					
Coding Scheme:	Same as OCCUR_CO	DDE_1.	-					
Length:	2 Type:	Alphanumeric	Data Source:	Claim				
Field 120:	OCCUR_DATE_5	10000000						
l onath:	Date of occurrence,		Data Course:	Claim				
<u>Length:</u> Field 121:	8 Type: OCCUR_DAY_5	Alphanumeric	Data Source:	Claim				
riela 121:		ials Occurrence Date r	ninus STMT_PERIOD_FI	POM Date				
Length:	4 Type:	Alphanumeric	Data Source:	Calculated				
Field 122:	OCCUR_CODE_6	7 ii piramamonio	2444 0041 001	34.04.464				
		ignificant event relatin	g to the claim.					
Coding Scheme:	Same as OCCUR_CO	DDE_1.						
Length:	2 Type:	Alphanumeric	Data Source:	Claim				
Field 123:	OCCUR_DATE_6	100000000						
Length:	Date of occurrence, 8 Type:	Alphanumeric	Data Source:	Claim				
Field 124:	OCCUR_DAY_6	Alphanumenc	Data Source:	Cidilli				
rieiu 124:		ials Occurrence Date r	ninus STMT_PERIOD_FI	ROM Date				
Length:	4 Type:	Alphanumeric	Data Source:	Calculated				
Field 125:	OCCUR_CODE_7	<u> </u>						
	Code describing a si	ignificant event relatin	g to the claim.					
Coding Scheme:	Same as OCCUR_CO	DDE_1.						
Length:	2 Type:	Alphanumeric	Data Source:	Claim				
Field 126:	OCCUR_DATE_7	100000000						
Length:	Date of occurrence, 8 Type:	Alphanumeric	Data Source:	Claim				
Field 127:	OCCUR_DAY_7	Alphanumenc	Data Source:	Cidilli				
rieiu 127.		ials Occurrence Date r	ninus STMT_PERIOD_FI	ROM Date				
Length:	4 Type:	Alphanumeric	Data Source:	Calculated				
Field 128:	OCCUR_CODE_8							
	Code describing a si	ignificant event relatin	g to the claim.					
Coding Scheme:	Same as OCCUR_CO							
Length:	2 Type:	Alphanumeric	Data Source:	Claim				
Field 129:	OCCUR_DATE_8							
I amouth:	Date of occurrence,		Data Carr	Claire				
Length:	8 Type:	Alphanumeric	Data Source:	Claim				
Field 130:	OCCUR_DAY_8	iale Occurrence Data	ninus CTMT DEDIOD F	DOM Data				
Length:	4 Type:	lais Occurrence Date <i>r</i> Alphanumeric	ninus STMT_PERIOD_FI Data Source:	ROM Date. Calculated				
Field 131:	OCCUR_CODE_9	Alphanument	Data Source.	Calculated				
131.		ignificant event relatin	a to the claim.					
	sout accombing a si	.gcane availe relation	3 -0 a.c olalili					
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Coding Scheme: Length:	Same as OCCUR_COE 2 Type:	DE_1. Alphanumeric	Data Source:	Claim
Field 132:	OCCUR DATE 9	Alphanamene	Data Source.	Cidiffi
	Date of occurrence, a	s YYYYMMDD.		
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 133:	OCCUR_DAY_9			
		Is Occurrence Date mi		
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 134:	OCCUR_CODE_10			
Cadina Cabama		nificant event relating	to the claim.	
Coding Scheme: Length:	Same as OCCUR_COE 2 Type:	Alphanumeric	Data Source:	Claim
Field 135:	OCCUR DATE 10	Alphanumenc	Data Source.	Clairi
rieiu 155.	Date of occurrence, a	s YYYYMMDD		
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 136:	OCCUR DAY 10			
		Is Occurrence Date mi	nus STMT_PERIOD	D_FROM Date.
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 137:	OCCUR_CODE_11			
	Code describing a sig	nificant event relating	to the claim.	
Coding Scheme:	Same as OCCUR_COL		D-4- C	Clains
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 138:	OCCUR_DATE_11	~ VVVVMMDD		
l enath:	Date of occurrence, a Type:	s <i>YYYYMMDD</i> . Alphanumeric	Data Source:	Claim
Length: Field 139:	8 Type: OCCUR_DAY_11	Aiphanumenc	Data Source:	Claiiii
rieiu 139.		ls Occurrence Date mi	nuc STMT DEDI∩C) FDOM Date
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 140:	OCCUR_CODE_12	7 II priariarii ci i c	Duta Dource.	Carcalacea
		nificant event relating	to the claim.	
Coding Scheme:	Same as OCCUR COL			
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 141:	OCCUR_DATE_12	•		
	Date of occurrence, a			
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 142:	OCCUR_DAY_12		CTMT DEDICE	S FROM B I
Langelle		Is Occurrence Date mi	nus STMT PERIOL) FROM Date.
Length: Field 143:	4 Type	Alphanumoric		
	4 Type:	Alphanumeric	Data Source:	Calculated
rieiu 143:	OCCUR_SPAN_COD	E_1	Data Source:	Calculated
	OCCUR_SPAN_COD Code describing a sig	E_1 nificant event relating	Data Source: to the claim that r	Calculated may affect payer processing.
Coding Scheme:	OCCUR_SPAN_COD Code describing a sig 70 Qualifying stay d	E_1	Data Source:	Calculated may affect payer processing. SNF prior stay dates
	OCCUR_SPAN_COD Code describing a sig	E_1 nificant event relating	Data Source: to the claim that r	Calculated may affect payer processing.
	OCCUR_SPAN_COD Code describing a sig 70 Qualifying stay d 71 Prior stay dates 72 First/Last Visit	E_1 nificant event relating ates (for SNF use only)	Data Source: to the claim that r 78 80 81	Calculated may affect payer processing. SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care
	OCCUR_SPAN_COD Code describing a sig 70 Qualifying stay d 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility	E_1 nificant event relating ates (for SNF use only) period	Data Source: to the claim that r 78 80 81 M0	Calculated may affect payer processing. SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care QIO/UR approved stay dates
	OCCUR_SPAN_COD Code describing a sig 70 Qualifying stay d 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility 74 Noncovered level	E_1 nificant event relating ates (for SNF use only) period of care/Leave of absence	Data Source: to the claim that r 78 80 81 M0 M1	Calculated may affect payer processing. SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care QIO/UR approved stay dates Provider liability - no utilization
	OCCUR_SPAN_COD Code describing a sig 70 Qualifying stay d 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility 74 Noncovered level 75 SNF level of care	E_1 nificant event relating ates (for SNF use only) period of care/Leave of absence	Data Source: to the claim that r 78 80 81 M0 M1 M2	Calculated may affect payer processing. SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care QIO/UR approved stay dates Provider liability - no utilization Inpatient respite dates
	OCCUR_SPAN_COD Code describing a sig 70 Qualifying stay d 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility 74 Noncovered level 75 SNF level of care 76 Patient Liability F	E_1 nificant event relating ates (for SNF use only) period of care/Leave of absence	Data Source: to the claim that real real real real real real real real	Calculated may affect payer processing. SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care QIO/UR approved stay dates Provider liability - no utilization Inpatient respite dates ICF level of care
Coding Scheme:	OCCUR_SPAN_COD Code describing a sig 70 Qualifying stay d 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility 74 Noncovered level 75 SNF level of care 76 Patient Liability P 77 Provider Liability	E_1 nificant event relating ates (for SNF use only) period of care/Leave of absence Period - Utilization Charged	to the claim that results	Calculated may affect payer processing. SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care QIO/UR approved stay dates Provider liability - no utilization Inpatient respite dates ICF level of care Residential level of care
Coding Scheme:	OCCUR_SPAN_COD Code describing a sig 70 Qualifying stay d 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility 74 Noncovered level 75 SNF level of care 76 Patient Liability P 77 Provider Liability 2 Type:	E_1 nificant event relating ates (for SNF use only) period of care/Leave of absence eriod - Utilization Charged Alphanumeric	Data Source: to the claim that real real real real real real real real	Calculated may affect payer processing. SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care QIO/UR approved stay dates Provider liability - no utilization Inpatient respite dates ICF level of care
Coding Scheme:	OCCUR_SPAN_COD Code describing a sig 70 Qualifying stay d 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility 74 Noncovered level 75 SNF level of care 76 Patient Liability P 77 Provider Liability 2 Type: OCCUR_SPAN_FRO	E_1 nificant event relating ates (for SNF use only) period of care/Leave of absence Period - Utilization Charged Alphanumeric M_1	to the claim that read	Calculated may affect payer processing. SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care QIO/UR approved stay dates Provider liability - no utilization Inpatient respite dates ICF level of care Residential level of care Claim
Coding Scheme: Length: Field 144:	OCCUR_SPAN_COD Code describing a sig 70 Qualifying stay d 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility 74 Noncovered level 75 SNF level of care 76 Patient Liability P 77 Provider Liability P 77 Type: OCCUR_SPAN_FRO Occurrence Span Fro	E_1 nificant event relating ates (for SNF use only) period of care/Leave of absence eriod - Utilization Charged Alphanumeric M_1 m is the Beginning Dat	to the claim that read the claim that read to the claim that read to the claim that read the claim that read to th	Calculated may affect payer processing. SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care QIO/UR approved stay dates Provider liability - no utilization Inpatient respite dates ICF level of care Residential level of care Claim
Coding Scheme: Length: Field 144: Length:	OCCUR_SPAN_COD Code describing a sig 70 Qualifying stay d 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility 74 Noncovered level 75 SNF level of care 76 Patient Liability P 77 Provider Liability P 77 Provider Liability 2 Type: OCCUR_SPAN_FRO Occurrence Span Fro 8 Type:	E_1 nificant event relating ates (for SNF use only) period l of care/Leave of absence Period - Utilization Charged Alphanumeric M_1 m is the Beginning Dat Alphanumeric	to the claim that read	Calculated may affect payer processing. SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care QIO/UR approved stay dates Provider liability - no utilization Inpatient respite dates ICF level of care Residential level of care Claim
Coding Scheme: Length: Field 144:	OCCUR_SPAN_COD Code describing a sig 70 Qualifying stay d 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility 74 Noncovered level 75 SNF level of care 76 Patient Liability P 77 Provider Liability P 77 Provider Liability P 78 Type: OCCUR_SPAN_FRO Occurrence Span Froi 8 Type: OCCUR_SPAN_THR	E_1 nificant event relating ates (for SNF use only) period of care/Leave of absence eriod - Utilization Charged Alphanumeric M_1 m is the Beginning Dat Alphanumeric U_1	to the claim that read the claim that read to the claim that read to the claim that read the claim that read to th	Calculated may affect payer processing. SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care QIO/UR approved stay dates Provider liability - no utilization Inpatient respite dates ICF level of care Residential level of care Claim Event. Claim
Coding Scheme: Length: Field 144: Length:	OCCUR_SPAN_COD Code describing a sig 70 Qualifying stay d 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility 74 Noncovered level 75 SNF level of care 76 Patient Liability P 77 Provider Liability P 77 Provider Liability P 78 Type: OCCUR_SPAN_FRO Occurrence Span Froi 8 Type: OCCUR_SPAN_THR	E_1 nificant event relating ates (for SNF use only) period l of care/Leave of absence Period - Utilization Charged Alphanumeric M_1 m is the Beginning Dat Alphanumeric	to the claim that read the claim that read to the claim that read to the claim that read the claim that read to th	Calculated may affect payer processing. SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care QIO/UR approved stay dates Provider liability - no utilization Inpatient respite dates ICF level of care Residential level of care Claim Event. Claim
Length: Field 144: Length: Field 145:	OCCUR_SPAN_COD Code describing a sig 70 Qualifying stay d 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility 74 Noncovered level 75 SNF level of care 76 Patient Liability P 77 Provider Liability P 77 Provider Liability P 78 Type: OCCUR_SPAN_FRO Occurrence Span Froi 8 Type: OCCUR_SPAN_THRO OCCUR_SPAN_THRO OCCUR_SPAN_THRO OCCUR_SPAN_THRO OCCUR_SPAN_THRO OCCUR_SPAN_COD	E_1 nificant event relating ates (for SNF use only) period of care/Leave of absence Period - Utilization Charged Alphanumeric M_1 m is the Beginning Data Alphanumeric U_1 u is the Ending Date of Alphanumeric E_2	to the claim that read the claim that read to the claim that read to the claim that read the claim that read to th	Calculated may affect payer processing. SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care QIO/UR approved stay dates Provider liability - no utilization Inpatient respite dates ICF level of care Residential level of care Claim Event. Claim t. Claim
Length: Field 144: Length: Field 145: Length:	OCCUR_SPAN_COD Code describing a sig 70 Qualifying stay d 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility 74 Noncovered level 75 SNF level of care 76 Patient Liability P 77 Provider Liability P 77 Provider Liability P 78 Type: OCCUR_SPAN_FRO Occurrence Span Froi 8 Type: OCCUR_SPAN_THRO OCCUR_SPAN_THRO OCCUR_SPAN_THRO OCCUR_SPAN_THRO OCCUR_SPAN_THRO OCCUR_SPAN_COD	E_1 nificant event relating ates (for SNF use only) period of care/Leave of absence Period - Utilization Charged Alphanumeric M_1 m is the Beginning Data Alphanumeric U_1 u is the Ending Date of Alphanumeric E_2	to the claim that read the claim that read to the claim that read to the claim that read the claim that read to th	Calculated may affect payer processing. SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care QIO/UR approved stay dates Provider liability - no utilization Inpatient respite dates ICF level of care Residential level of care Claim Event. Claim
Length: Field 144: Length: Field 145: Length: Field 146: Coding Scheme:	OCCUR_SPAN_COD Code describing a sig 70 Qualifying stay d 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility 74 Noncovered level 75 SNF level of care 76 Patient Liability P 77 Provider Liability P 77 Provider Liability P 78 OCCUR_SPAN_FRO OCCUR_SPAN_FRO OCCUR_SPAN_THRO OCCUR_SPAN_THRO OCCUR_SPAN_THRO OCCUR_SPAN_THRO OCCUR_SPAN_COD Code describing a sig Same as OCCUR_SPAN	E_1 nificant event relating ates (for SNF use only) period l of care/Leave of absence Period - Utilization Charged Alphanumeric M_1 m is the Beginning Data Alphanumeric U_1 u is the Ending Date of Alphanumeric E_2 nificant event relating N_CODE_1.	to the claim that read	Calculated may affect payer processing. SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care QIO/UR approved stay dates Provider liability - no utilization Inpatient respite dates ICF level of care Residential level of care Claim Event. Claim tt. Claim may affect payer processing.
Length: Field 144: Length: Field 145: Length: Field 146: Coding Scheme: Length:	OCCUR_SPAN_COD Code describing a sig 70 Qualifying stay d 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility 74 Noncovered level 75 SNF level of care 76 Patient Liability P 77 Provider Liability P 78 Type: OCCUR_SPAN_FRO Occurrence Span Froi 8 Type: OCCUR_SPAN_THRO Occurrence Span Thro 8 Type: OCCUR_SPAN_THRO Occurrence Span Thro 8 Type: OCCUR_SPAN_COD Code describing a sig Same as OCCUR_SPA 2 Type:	E_1 nificant event relating ates (for SNF use only) period l of care/Leave of absence Period - Utilization Charged Alphanumeric M_1 m is the Beginning Data Alphanumeric U_1 u is the Ending Date of Alphanumeric E_2 nificant event relating N_CODE_1. Alphanumeric	to the claim that read the claim that read to the claim that read to the claim that read the claim that read to th	Calculated may affect payer processing. SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care QIO/UR approved stay dates Provider liability - no utilization Inpatient respite dates ICF level of care Residential level of care Claim Event. Claim t. Claim
Length: Field 144: Length: Field 145: Length: Field 146: Coding Scheme:	OCCUR_SPAN_COD Code describing a sig 70 Qualifying stay d 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility 74 Noncovered level 75 SNF level of care 76 Patient Liability P 77 Provider Liability P 77 Provider Liability P 78 OCCUR_SPAN_FRO OCCUR_SPAN_FRO OCCUR_SPAN_THRO OCCUR_SPAN_THRO OCCUR_SPAN_THRO OCCUR_SPAN_COD Code describing a sig Same as OCCUR_SPA 2 Type: OCCUR_SPAN_FRO OCCUR_SPAN_FRO	E_1 nificant event relating ates (for SNF use only) period l of care/Leave of absence Period - Utilization Charged Alphanumeric M_1 m is the Beginning Data Alphanumeric U_1 u is the Ending Date of Alphanumeric E_2 nificant event relating N_CODE_1. Alphanumeric M_2	to the claim that read	Calculated may affect payer processing. SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care QIO/UR approved stay dates Provider liability - no utilization Inpatient respite dates ICF level of care Residential level of care Claim tvent. Claim tt. Claim Claim Claim
Length: Field 144: Length: Field 145: Length: Field 146: Coding Scheme: Length: Field 147:	OCCUR_SPAN_COD Code describing a sig 70 Qualifying stay d 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility 74 Noncovered level 75 SNF level of care 76 Patient Liability P 77 Provider Liability P 78 Provider Liability P 79 Provider Liability P 70 Provider Liability P 71 Provider Liability P 72 Type: OCCUR_SPAN_FRO OCCUR_SPAN_THRO OCCUR_SPAN_THRO OCCUR_SPAN_COD Code describing a sig Same as OCCUR_SPA 2 Type: OCCUR_SPAN_FRO	E_1 nificant event relating ates (for SNF use only) period l of care/Leave of absence Period - Utilization Charged Alphanumeric M_1 m is the Beginning Data Alphanumeric U_1 u is the Ending Date of Alphanumeric E_2 nificant event relating N_CODE_1. Alphanumeric M_2 m is the Beginning Data	to the claim that range of the	Calculated may affect payer processing. SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care QIO/UR approved stay dates Provider liability - no utilization Inpatient respite dates ICF level of care Residential level of care Claim tvent. Claim tt. Claim country Claim Claim Claim Claim
Length: Field 144: Length: Field 145: Length: Field 146: Coding Scheme: Length:	OCCUR_SPAN_COD Code describing a sig 70 Qualifying stay d 71 Prior stay dates 72 First/Last Visit 73 Benefit eligibility 74 Noncovered level 75 SNF level of care 76 Patient Liability P 77 Provider Liability P 77 Provider Liability P 78 OCCUR_SPAN_FRO OCCUR_SPAN_FRO OCCUR_SPAN_THRO OCCUR_SPAN_THRO OCCUR_SPAN_THRO OCCUR_SPAN_COD Code describing a sig Same as OCCUR_SPA 2 Type: OCCUR_SPAN_FRO OCCUR_SPAN_FRO	E_1 nificant event relating ates (for SNF use only) period l of care/Leave of absence Period - Utilization Charged Alphanumeric M_1 m is the Beginning Data Alphanumeric U_1 u is the Ending Date of Alphanumeric E_2 nificant event relating N_CODE_1. Alphanumeric M_2	to the claim that read	Calculated may affect payer processing. SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes Antepartum Days at Reduced Level of Care QIO/UR approved stay dates Provider liability - no utilization Inpatient respite dates ICF level of care Residential level of care Claim tvent. Claim tt. Claim Claim Claim

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Field 148:	OCCUR_SPAN_THRU_2								
	Occurrence Span Thru	Occurrence Span Thru is the Ending Date of Occurrence Event.							
Length:	8 Type:	Alphanumeric	Data Source:	Claim					
Field 149:	OCCUR_SPAN_CODE	_3							
	Code describing a signi	ificant event relating	to the claim that may	y affect payer processing.					
Coding Scheme:	Same as OCCUR_SPAN								
Length:	2 Type:	Alphanumeric	Data Source:	Claim					
Field 150:	OCCUR_SPAN_FROM	I_3							
	Occurrence Span From	is the Beginning Da	ate of Occurrence Ever	nt.					
Length:	8 Type:	Alphanumeric	Data Source:	Claim					
Field 151:	OCCUR_SPAN_THRU	3	_	_					
		Occurrence Span Thru is the Ending Date of Occurrence Event.							
Length:	8 Type:	Alphanumeric	Data Source:	Claim					
Field 152:	OCCUR_SPAN_CODE_4								
	Code describing a significant event relating to the claim that may affect payer processing.								
Coding Scheme:	Same as OCCUR_SPAN_CODE_1.								
Length:	2 Type:	Alphanumeric Data Source:		Claim					
Field 153:	OCCUR SPAN FROM 4								
	Occurrence Span From is the Beginning Date of Occurrence Event.								
Length:	8 Type:	Alphanumeric	Data Source:	Claim					
Field 154:	OCCUR_SPAN_THRU	_4							
		Occurrence Span Thru is the Ending Date of Occurrence Event.							
Length:	8 Type:	Alphanumeric	Data Source:	Claim					
Field 155:	CONDITION_CODE_:	CONDITION CODE 1							
	Code describing a cond		claim.						
Coding Scheme:	-	-							
1 Military serv	ce related 27	Patient referred to		Transfer from another Home					
2 Condition is	employment related	community hospita	al for a	Health Agency					

1		Military service related	27	Patient referred to a sole community hospital for a	47	Transfer from another Home Health Agency
2		Condition is employment related		diagnostic laboratory test	48	Psychiatric residential treatment
3	3	Patient covered by insurance not reflected here	28	Patient and/or spouse's EGHP is secondary to Medicare		centers for children and adolescents (RTCs)
4	1	Information only bill.	29	Disabled beneficiary and/or	49	Product replacement within
5	5	Lien has been filed		family member's LGHP is secondary to Medicare	50	product lifecycle
6	5	ESRD patient in first 18 months of entitlement covered by EGHP	30	Non-research services provided to patients enrolled in a qualified		Product Replacement for Known Recall of a Product
7	,	Treatment of non-terminal		clinical trial	51	Attestation of Unrelated Outpatient Nondiagnostic
0	,	condition for hospice patient	31	Patient is student (full time - day)		Services
8	•	Beneficiary would not provide information concerning other	32	Patient is student	52	Out of Hospice Service Area
		insurance coverage	32	(cooperative/work study	53	Initial placement of a medical
9)	Neither patient or spouse is		program)		device provided as part of a clinical trial or a free sample
	_	employed	33	Patient is student (full time -	54	No Skilled Home Health Visits in
1	.0	Patient and/or spouse is employed but no EGHP exists	2.4	night)	٥.	Billing Period. Policy Exception
1	.1	Disabled beneficiary but no LGHP	34	Patient is student (part-time)		Documented at the Home Health Agency
-	-	coverage exists	36	General care patient in a special unit	55	SNF bed not available
1	.7	Patient is homeless	37	Ward accommodation at patient		
1	.8	Maiden name retained	37	request	56	Medical appropriateness
1	.9	Child retains mother's name	38	Semi-private room not available	57	SNF readmission
	20	Beneficiary requested billing	39	Private room medically necessary	58	Terminated Medicare+Choice
	1		40	Same day transfer	59	organization enrollee Non-primary ESRD facility
		Billing for denial notice	41	Partial hospitalization		
	.2	Patient on multiple drug regimen		·	60	Day outlier
2	!3	Home care giver available	42	Continuing care not related to inpatient admission	61	Cost outlier
2	!4	Home IV patient also receiving HHA services	43	Continuing care not provided within prescribed post discharge	66	Provider does not wish cost outlier payment
2	25	Patient is non-US resident		window	67	Beneficiary elects not to use life
2	26	VA eligible patient chooses to	44	Inpatient admission changed to	60	time reserve (LTR) days
		receive services in a Medicare		outpatient	68	Beneficiary elects to use life time reserve (LTR) days
	certified facility	45	Ambiguous Gender Category	69	IME/DGME/N&AH Payment Only	

IME/DGME/N&AH Payment Only

69

Non-availability statement on file

46

70	Self-administered anemia management drug	AE	Abortion performed due to physical health of mother that is	D8	Change to Make Medicare the Primary Payer
71	Full care in unit	AF	not life endangering Abortion performed due to	D9	Any Other Change
72	Self care in unit	AF	emotional/psychological health of	DR	Disaster related
73	Self care training		mother	E0	Changes in Patient Status
74	Home	AG	Abortion performed due to social or economic reasons	G0	Distinct Medical Visit
75 75	Home - 100% reimbursement	АН	Elective abortion	H0	Delayed Filing, Statement of
76	Back-up in facility dialysis	ΑI	Sterilization	H2	Intent Submitted Discharge by a Hospice Provider
70 77	Provider accepts or is	AJ	Payer responsible for co-payment		for Cause
//	obligated/required due to a	AK	Air ambulance required	Н3	Reoccurrence of GI Bleed Comorbid Category
	contractual arrangement or law to accept payment by a primary payer as payment	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	H5	Reoccurrence of Pericarditis Comorbid Category
79	CORF services provided offsite		required	P1	Do not Resuscitate Order (DNR)
80	Home dialysis - nursing facility	AN	Pre-admission screening not required	P7	Direct Inpatient Admission from Emergency Room
81	C-section/Inductions <39 Weeks- Medical Necessity	В0	Medicare coordinated care demonstration claim	R1	Request for reopening Reason Code - Mathematical or
83	C-section/Inductions 39 weeks or greater	В1	Beneficiary is ineligible for demonstration program	R2	Computational Mistake Request for reopening Reason
84	Dialysis for Acute Kidney Injury (AKI)	B4	Admission unrelated to discharge on same day	R3	Code -Inaccurate Data Entry Request for reopening Reason
85	Delayed Recertification of Hospice Terminal Illness	ВР	Gulf Oil Spill of 2010		Code - Misapplication of a Fee Schedule
86	Additional Hemodialysis	C1	Approved as billed	R4	Request for reopening Reason
	Treatment with Medical Justification	C2	Automatic approval as billed based on focused review	R5	Code - Computer Errors Request for reopening Reason
A0	TRICARE external partnership	C3	Partial approval		Code - Incorrectly Identified Duplicate Claim
A1	program EPSDT/CHAP	C4	Admission/services denied	R6	Request for reopening Reason
A1 A2	•	C5	Post payment review applicable		Code - Other Clerical Errors or Minor Errors and Omissions not
AZ	Physically handicapped children's program	C6	Admission Preauthorization		Specified in R1-R5 above
А3	Special Federal Funding	C7	Extended Authorization	R7	Request for reopening Reason Code - Corrections other than
A4	Family planning	D0	Changes to Service Dates		clerical errors
A5	Disability	D1	Changes to Charges	R8	Request for reopening Reason
A6	Vaccines/Medicare 100% payment	D3	Second or Subsequent Interim PPS Bill	DO.	Code - New and Material Evidence
Α9	Second opinion surgery	D4	Change in clinical codes (ICD) for	R9	Request for reopening Reason Code - Faulty Evidence
AA	Abortion performed due to rape		diagnosis and/or procedure codes.	WO	United Mine Workers of America (UMWA) Demonstration Indicator
AB	Abortion performed due to incest	D5	Cancel to correct Insured's ID or	W2	Duplicate of Original Bill
AC	Abortion performed due to	DC	Provider ID	W3	Level I Appeal
	serious fatal genetic defect, deformity, or abnormality	D6	Cancel Only to Repay a Duplicate or OIG Overpayment	W4	Level II Appeal
AD	Abortion performed due to life endangering physical condition	D7	Change to Make Medicare the Secondary Payer	W5	Level III Appeal

Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Field 156:	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 157:	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	Field 158: CONDITION_CODE_4									
Codin	g Scheme:	Code describing a condition relating to the claim. Same as CONDITION CODE 1.								
Leng	_	2 Type:	_	lphanumeric	Data Sour	ce:	Claim			
Field										
Code describing a condition relating to the claim.										
	ig Scheme:	Same as CONDIT			Data Saura		Claim			
Leng		2 Type:		lphanumeric	Data Source	ce:	Claim			
i icia	Field 160: CONDITION_CODE_6 Code describing a condition relating to the claim.									
	g Scheme:	Same as CONDIT								
Lengi		2 Type:		<u>lphanumeric</u>	Data Source	ce:	Claim			
Field	161:	Code describing a		ion relating to the	claim					
Codir	g Scheme:	Same as CONDIT			ciaiiii.					
Leng		2 Type:		lphanumeric	Data Source	ce:	Claim			
Field	162:	Condition_Co		ion rolating to the	alaim					
Codir	g Scheme:	Same as CONDIT		ion relating to the	Claim.					
Leng	-	2 Type:		lphanumeric	Data Sourc	ce:	Claim			
Field	163:	VALUE_CODE_1								
Cadin	a Cahamai	Code describing i	nformat	tion that may affec	ct payer proces	sing.				
	g Scheme:		20			F2	Consoli Theorem is its			
1		semi-private rate	28	Offset to the patier amount - dental se		52	Speech Therapy visits			
2	Hospital has n rooms	o semi-private	29	Offset to the patient - payment		53	Cardiac rehab visits			
		essional component		amount - chiroprac		54	Newborn birth weight in grams			
charges which			30	Preadmission testing		55	Eligibility threshold for charity			
billed			31	Patient Liability Amount		56	care Skilled nurse - home visit hours			
5	in charges and	omponent included d also billed	32	Multiple patient am	bulance	57				
separately to o			33	transport	t naumant	57	Home health aide - home visit hours			
6	6 Blood deductible		33	Offset to the patient - payment amount - podiatric services		58	Arterial blood gas			
8	Life time reserve amount in the first calendar year		34	Offset to the patient - payment amount - other medical services		59	Oxygen saturation			
9	Coinsurance a	mount in the first	35			60	HHA branch MSA			
10	calendar year Lifetime reser	ve amount in the		amount - health insurance premiums Units of blood furnished		61	Place of Residence where service is furnished (HHA and hospice)			
	second calend	ar year	37			66	Medicaid spend down amount			
11	Coinsurance a second calend		38	Blood deductible ur	nits	67	Peritoneal dialysis			
12	Working aged	beneficiary/spouse	39	Units of blood repla	aced	68	EPO-drug			
		group health plan	40	New coverage not i	mplemented	69	State charity care percentage			
13	ESRD benefici coordination p	ary in a Medicare eriod with an		by HMO		80	Covered Days			
	employer grou		41	Black lung		81	Non-covered Days			
14	No fault, inclu	ding auto/other	42	VA		82	Co-insurance Days			
15	Worker's comp	pensation	43	Disabled beneficiar 65 with LGHP	y under age	83	Lifetime Reserve Days			
16		service (PHS) or	44	Amount provider a	areed to	84	Shorter Duration Hemodialysis			
24	other federal a	agency		accept from primar	y payer when		,			
21	Catastrophic			this amount is less but higher than par		A0	Special zip code reporting			
22	Surplus			received	,	A1	Deductible payer A			
23	Recurring mor	nthly income	45	Accident hour		A2	Coinsurance payer A			
24	Medicaid Rate	Code	46	Number of grace da	ays	А3	Estimated responsibility payer A			
25	Offset to the pamount - pres	oatient - payment cription drugs	47	Any liability insurar		A4	Covered self-administrable drugs - emergency			
26	•	patient - payment	48	Hemoglobin reading	g	A5	Covered self-administrable drugs			
	amount - hear services	ring and ear	49	Hematocrit reading			 administrable in form and situation furnished to patient 			
27		patient - payment	50	Physical Therapy vi	sits	A6	Covered self-administrable drugs			
		on and eye services	51	Occupational Thera	py visits	-	- 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		Other assessments or allowances	D5	Last Kt/V Reading	
A9	Patient height		(e.g., medical education) - payer B	FC	Patient Paid Amount	
AA	Regulatory surcharges, assessments, allowances or	C1	Deductible payer C	FD	Credit Received from the Manufacturer for a Medical	
	health care related taxes - payer	C2	Coinsurance payer C		Device	
40.	Α	C3	Estimated responsibility payer C	G8	Facility where Inpatient Hospice	
AB (Other assessments or allowances (e.g., medical education) - payer	C7	Co-payment payer C		Service is Delivered	
	À	CA Regulatory surcharges,		Y1 Part A Demonstration Payment Y2		
В1	Deductible payer B Coinsurance payer B Estimated responsibility payer B		assessments, allowances or	Part	B Demonstration Payment Y3	
B2			health care related taxes - payer C		Part BCoinsurance	
В3			Other assessments or allowances	Y4 Conventional Provider Payment Y5		
В7	Co-payment payer B		(e.g., medical education) - payer C	Part	B Deductible	
ВА	Regulatory surcharges, assessments, allowances or	D3	Patient estimated responsibility			

Length:	2 Type:	Alphanumeric	Data Source:	Claim			
Field 164:	VALUE_AMOUNT_						
	Amount (in cents)	that may be affected.					
Length:	9 Type:	Numeric	Data Source:	Claim			
Field 165:	VALUE_CODE_2						
		ormation that may affe	ect payer processing.				
Coding Scheme:	Same as VALUE_CO						
Length:	2 Type:	Alphanumeric	Data Source:	Claim			
Field 166:	VALUE_AMOUNT_	_2					
	Amount (in cents)	that may be affected.					
Length:	9 Type:	Numeric	Data Source:	Claim			
Field 167:	VALUE_CODE_3						
	Code describing inf	ormation that may affe	ect payer processing.				
Coding Scheme:	Same as VALUE_CO						
Length:	2 Type:	Alphanumeric	Data Source:	Claim			
Field 168:	VALUE_AMOUNT_						
	Amount (in cents)	that may be affected.					
Length:	9 Type:	Numeric	Data Source:	Claim			
Field 169:	VALUE_CODE_4						
		ormation that may affe	ect payer processing.				
Coding Scheme:	Same as VALUE_CO	_					
Length:	2 Type:	Alphanumeric	Data Source:	Claim			
Field 170:	VALUE_AMOUNT_4						
		that may be affected.					
Length:	9 Type:	Numeric	Data Source:	Claim			
Field 171:	VALUE_CODE_5						
		ormation that may affe	ect payer processing.				
Coding Scheme:	Same as VALUE_CO						
Length:	2 Type:	Alphanumeric	Data Source:	Claim			
Field 172:	VALUE_AMOUNT_5						
	,	that may be affected.					
Length:	9 Type:	Numeric	Data Source:	Claim			
Field 173:	VALUE_CODE_6						
		ormation that may affe	ect payer processing.				
Coding Scheme:	Same as VALUE_CO						
Length:	2 Type:	Alphanumeric	Data Source:	Claim			
Field 174:	VALUE_AMOUNT_						
		that may be affected.					
Length:	9 Type:	Numeric	Data Source:	Claim			
Field 175:	VALUE_CODE_7						
		ormation that may affe	ect payer processing.				
Coding Scheme:	Same as VALUE_CO						
Length:	2 Type:	Alphanumeric	Data Source:	Claim			
Field 176:	VALUE_AMOUNT_						
	Amount (in cents)	that may be affected.					

Length:	9 Type:	Numeric	Data Source:	Claim
Field 177:	VALUE_CODE_8			
		rmation that may affe	ct payer processing.	
Coding Scheme: Length:	Same as VALUE_CO 2 Type:	DE_1. Alphanumeric	Data Source:	Claim
Field 178:	2 Type: VALUE_AMOUNT_		Data Source.	Claiiii
i leiu 170.		nat may be affected.		
Length:	9 Type:	Numeric	Data Source:	Claim
Field 179:	VALUE_CODE_9			
		rmation that may affe	ct payer processing.	
Coding Scheme:	Same as VALUE_CO			OL :
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 180:	VALUE_AMOUNT_	9 nat may be affected.		
Length:	9 Type:	Numeric	Data Source:	Claim
Field 181:	VALUE_CODE_10	ramerie	244 204.00.	Cidiiii
		rmation that may affe	ct payer processing.	
Coding Scheme:	Same as VALUE_CO		3	
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 182:	VALUE_AMOUNT_			
I amerika	Amount (in cents) th		Data Carrer	Claims
Length:	9 Type:	Numeric	Data Source:	Claim
Field 183:	VALUE_CODE_11	rmation that may affe	ct naver processing	
Coding Scheme:	Same as VALUE CO	DF 1	ct payer processing.	
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 184:	VALUE AMOUNT			
	Amount (in cents) the	nat may be affected.		
Length:	9 Type:	Numeric	Data Source:	Claim
Field 185:	VALUE_CODE_12			
C		rmation that may affe	ct payer processing.	
Coding Scheme: Length:	Same as VALUE_CO 2 Type:	Alphanumeric	Data Source:	Claim
Field 186:	VALUE_AMOUNT_	•	Data Source.	Claim
i leiu 100.	Amount (in cents) th			
Length:	9 Type:	Numeric	Data Source:	Claim
Field 187:	OTHER_AMOUNT			
	Ancillary Service Cha	arge, Other Charge An	nount. Calculated using	MEDPAR algorithm. Sum (in cents)
				revenue center 0002-0099, 022X-
			K, 0 <u>7</u> 6X-0 <u>7</u> 8X, 090X-09	
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 188:	PHARM_AMOUNT	M !: 1/G : 1	C C A	C.I. I. I. MEDDAD
				. Calculated using MEDPAR
	center 026X, 063X.	certis) or charges assor	ciated with revenue cod	es other than 0100-0219, revenue
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 189:	MEDSURG_AMOUN			
			Supply Charge Amount	. Calculated using MEDPAR
				es other than 0100-0219, revenue
	center 027X, 062X.			
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 190:	DME_AMOUNT			
				unt. Calculated using MEDPAR
			ciated with revenue cod	es other than 0100-0219, revenue
Length:	centers 0290-0292, 12 Type:	0294-0299. Numeric	Data Source:	Calculated
Field 191:	USED_DME_AMOU		Pata Jourte.	Calculated
C.G 151.			edical Equipment Charge	e Amount. Calculated using MEDPAR
				es other than 0100-0219, revenue
	center 0293.			
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 192:	PT_AMOUNT			
				lated using MEDDAD algorithms. Com
				lated using MEDPAR algorithm. Sum
				100-0219, revenue center 042X.

Length:	12 Type:	Numeric	Data Source:	Calculated
Field 193:	OT_AMOUNT			
	Sum (in cents) of			Calculated using MEDPAR algorithm. an 0100-0219, revenue center
Length:	043X. 12 Type:	Numeric	Data Source:	Calculated
Field 194:	SPEECH_AMOUN	T		
				ulated using MEDPAR algorithm. an 0100-0219, revenue center
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 195:				culated using MEDPAR algorithm.
	041X, 046X.	charges associated v	with revenue codes other th	an 0100-0219, revenue center
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 196:	BLOOD_AMOUN1			
			ed during the patient's stay associated with revenue cod	. Calculated using MEDPAR es other than 0100-0219, revenue
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 197:	BLOOD_ADM_AN	10UNT		
		. Sum (in cents) of		the patient's stay. Calculated using venue codes other than 0100-0219,
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 198:	OR_AMOUNT			
				ated using MEDPAR algorithm. Sum 100-0219, revenue center 036X,
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 199:	LITH_AMOUNT			
Length:				using MEDPAR algorithm. Sum (in -0219, revenue center 079X. Calculated
Field 200:	CARD AMOUNT	Hamerie	244 204.00.	Carcaracea
	Ancillary Service C cents) of charges	associated with reve	nue codes other than 0100-	using MEDPAR algorithm. Sum (in -0219, revenue center 048X, 073X.
Length: Field 201:	12 Type: ANES AMOUNT	Numeric	Data Source:	Calculated
Length:	Ancillary Service C			using MEDPAR algorithm. Sum (in -0219, revenue center 037X. Calculated
Field 202:	LAB AMOUNT			
				using MEDPAR algorithm. Sum (in -0219, revenue center 030X-031X,
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 203:	•	3, 3,	9	sing MEDPAR algorithm. Sum (in -0219, revenue center 028X, 032X-
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 204:	MRI_AMOUNT Ancillary Service C			EDPAR algorithm. Sum (in cents) of
L amouth:			s other than 0100-0219, rev	
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 205:	Sum (in cents) of			lculated using MEDPAR algorithm. an 0100-0219, revenue center
Length:	049X-050X. 12 Type:	Numeric	Data Source:	Calculated
	, pc.	Hameric	244 3041001	Jaicalacca

Field 206:	ER_AMOUNT			
	Ancillary Service Cha	arge, Emergency Roon	n Charge Amount. Calcu	llated using MEDPAR algorithm.
	Sum (in cents) of ch	arges associated with	revenue codes other the	an 0100-0219, revenue center
	045X.			
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 207:	AMBULANCE_AMO			
				using MEDPAR algorithm. Sum (in
Length:	tents) of charges as	Numeric	Data Source:	0219, revenue center 054X. Calculated
Field 208:	PRO_FEE_AMOUN		Data Source.	Calculated
ricia 200.			Charge Amount Calcula	ated using MEDPAR algorithm. Sum
				.00-0219, revenue center 096X-
	098X.	dosociated With Fever	ide codes serier than si	ou ozis, revenue center osox
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 209:	ORGAN_AMOUNT			
	Ancillary Service Cha	arge, Organ Acquisitio	n Charge Amount. Calcu	llated using MEDPAR algorithm.
		arges associated with	revenue codes other that	an 0100-0219, revenue center
	081X, 089X.			
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 210:	ESRD_AMOUNT	F 10: 5 :	D. I . C	
				t. Calculated using MEDPAR
			ciated with revenue code	es other than 0100-0219, revenue
Length:	center 080X, 082X-0	Numeric	Data Source:	Calculated
Field 211:	12 Type: CLINIC AMOUNT	Numenc	Data Source:	Calculated
ı ıcıu ZII.	_	arge Clinic Vicit Charg	e Amount Calculated μ	sing MEDPAR algorithm. Sum (in
				0219, revenue center 051X.
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 212:	CLAIM_TOTAL_CH	ARGES		
			, non-covered accommo	odation charges, ancillary charges,
		y charges. Replaces To		, , ,
Length:	12 Type:	Numeric	Data Source:	Claim
Field 213:	CLAIM_NON_COV			
I ammella.			ation charges, non-cove	
Length: Field 214:	12 Type:	Numeric	Data Source:	Claim
riela 214:	CLAIM_CHARGES_	vered and non-covere	d ancillary charges	
Length:	12 Type:	Numeric	Data Source:	Claim
Field 215:	CLAIM_NON_COV			
		n-covered ancillary ch	arges.	
Length:	12 Type:	Numeric	Data Source:	Claim
Field 216:	PROCESS_DATE			
		cessed and certified.		
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 217:		CATOR (INPUT_FOR		lita.
	0 007 0 1		as submitted by the faci	iity.
Coding Scheme:	0 837 Profession 1 837 Institution			
Length:	1 Type:	Alphanumeric	Data Source:	Assigned
Field 218:	INBOUND_INDICA			-
-		of data as submitted.		
Coding Scheme:	8 837 format			
	D Data entry			
l onath:	U UB-04 format		Data Course:	Claim
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 219:	EMERGENCY_DEPTING Indicator of emerger			
Coding Scheme:		rgency related		
Joanny Jenemie.		emergency related		
Length:	1 Type:	Alphanumeric	Data Source:	Assigned
	CCS_ PRIN_DIAG_			<u>~</u>
riela 220:				CODE: I II II II II II
Field 220:	Clinical Classification	ıs Software (CCS) clas	sification of PRIN_DIAG	_CODE into clinically meaningful
Length:	Clinical Classification diagnosis category. 4 Type:	ns Software (CCS) clas Alphanumeric	sification of PRIN_DIAG Data Source:	_CODE into clinically meaningful Assigned

Field 221:	CCS_ OTH_DIAG_CODE_1	
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODI diagnosis category.	E_1 into clinically meaningful
Length:	5	Assigned
Field 222:	CCS_OTH_DIAG_CODE_2	
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODI diagnosis category.	E_1 into clinically meaningful
_ength:	5	Assigned
Field 223:	CCS_ OTH_DIAG_CODE_3	
	Clinical Classifications Software (CCS) classification of OTH_DIAG_COD	E_1 into clinically meaningful
Length:	diagnosis category. 4 Type: Alphanumeric Data Source:	Assigned
Field 224:	CCS_ OTH_DIAG_CODE_4	Assigned
	Clinical Classifications Software (CCS) classification of OTH_DIAG_COD	E_1 into clinically meaningful
	diagnosis category.	
Length: Field 225:		Assigned
rieia 225:	CCS_ OTH_DIAG_CODE_5 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODI	F 1 into clinically meaningful
	diagnosis category.	L_1 into chineany meaningran
Length:	4 Type: Alphanumeric Data Source:	Assigned
Field 226:	CCS_OTH_DIAG_CODE_6	
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODI	E_1 into clinically meaningful
Length:	diagnosis category. 4 Type: Alphanumeric Data Source:	Assigned
Field 227:	CCS_ OTH_DIAG_CODE_7	, ico.giica
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODI	E_1 into clinically meaningful
	diagnosis category.	
Length: Field 228:		Assigned
Field 228:	CCS_ OTH_DIAG_CODE_8 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODI	E 1 into clinically moaningful
	diagnosis category.	L_1 into clinically meaningful
Length:		Assigned
Field 229:	CCS_ OTH_DIAG_CODE_9	
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODI	E_1 into clinically meaningful
Length:	diagnosis category. 4 Type: Alphanumeric Data Source:	Assigned
Field 230:	CCS_ OTH_DIAG_CODE_10	
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODI	E_1 into clinically meaningful
	diagnosis category.	Assistant
Length: Field 231:	4 Type: Alphanumeric Data Source: CCS_ OTH_DIAG_CODE_11	Assigned
rielu 231.	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODI	F 1 into clinically meaningful
	diagnosis category.	L_1 into clinically incumigral
Length:	4 Type: Alphanumeric Data Source:	Assigned
Field 232:	CCS_ OTH_DIAG_CODE_12	
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODI	E_1 into clinically meaningful
Length:	diagnosis category. 4 Type: Alphanumeric Data Source:	Assigned
Field 233:	CCS_ OTH_DIAG_CODE_13	
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODI	E_1 into clinically meaningful
	diagnosis category.	•
Length:		Assigned
Field 234:	CCS_ OTH_DIAG_CODE_14 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODI	F 1 into clinically meaningful
	diagnosis category.	L_1 mile chinically infeamingful
	Ulauliusis Caleuoliv.	
Length:	4 Type: Alphanumeric Data Source:	Assigned
	4 Type: Alphanumeric Data Source: CCS_ OTH_DIAG_CODE_15	
	4 Type: Alphanumeric Data Source: CCS_ OTH_DIAG_CODE_15 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODI	
Field 235:	4 Type: Alphanumeric Data Source: CCS_ OTH_DIAG_CODE_15 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODI diagnosis category.	E_1 into clinically meaningful
Field 235: Length:	4 Type: Alphanumeric Data Source: CCS_ OTH_DIAG_CODE_15 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODI diagnosis category. 4 Type: Alphanumeric Data Source:	
Field 235: Length:	4 Type: Alphanumeric Data Source: CCS_ OTH_DIAG_CODE_15 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODI diagnosis category. 4 Type: Alphanumeric Data Source: CCS_ OTH_DIAG_CODE_16	E_1 into clinically meaningful Assigned
Length: Field 235: Length: Field 236: Length:	4 Type: Alphanumeric Data Source: CCS_ OTH_DIAG_CODE_15 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE diagnosis category. 4 Type: Alphanumeric Data Source: CCS_ OTH_DIAG_CODE_16 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE diagnosis category.	E_1 into clinically meaningful Assigned

Field 237:	CCS_ OTH_DIAG_CODE_17
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningform
Length:	diagnosis category. 4 Type: Alphanumeric Data Source: Assigned
Field 238:	CCS_ OTH_DIAG_CODE_18
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningform
	diagnosis category.
Length:	4 Type: Alphanumeric Data Source: Assigned
Field 239:	CCS_OTH_DIAG_CODE_19 Clinical Classifications Software (CCS) classification of OTH_DIAC_CODE_1 into clinically magningfi
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.
Length:	4 Type: Alphanumeric Data Source: Assigned
Field 240:	CCS_ OTH_DIAG_CODE_20
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningfu
	diagnosis category.
Length: Field 241:	4 Type: Alphanumeric Data Source: Assigned CCS_ OTH_DIAG_CODE_21
rielu 241:	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningfu
	diagnosis category.
Length:	4 Type: Alphanumeric Data Source: Assigned
Field 242:	CCS_ OTH_DIAG_CODE_22
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningfu
	diagnosis category.
Length: Field 243:	4 Type: Alphanumeric Data Source: Assigned
rieia 243:	CCS_ OTH_DIAG_CODE_23 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful.
	diagnosis category.
Length:	4 Type: Alphanumeric Data Source: Assigned
Field 244:	CCS_ OTH_DIAG_CODE_24
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningfu
	diagnosis category.
Length:	4 Type: Alphanumeric Data Source: Assigned
Field 245:	CCS_ PROC_CODE_1 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_1
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 246:	CCS_ PROC_CODE_2
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_2
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 247:	CCS_ PROC_CODE_3 Clinical Classifications Software (CCS) for Somiless and Presedures classification of PROC_CODE_3
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_3 into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 248:	CCS_ PROC_CODE_4
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4
_	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 249:	CCS_ PROC_CODE_5
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 250:	CCS_ PROC_CODE_6
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6
	into clinically meaningful procedure category.
	3 Type: Alphanumeric Data Source: Assigned
	CCS_ PROC_CODE_7
Length: Field 251:	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7
Field 251:	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category.
Field 251: Length:	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category. 3 Type: Alphanumeric Data Source: Assigned
Field 251: Length:	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category. 3
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category. 3 Type: Alphanumeric Data Source: Assigned

Field 253:	CCS_ PROC_CODE_9
11014 2551	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 254:	CCS_ PROC_CODE_10
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_10
	into cli <u>n</u> ically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 255:	CCS_ PROC_CODE_11
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_11
Length:	into clinically meaningful procedure category. 3 Type: Alphanumeric Data Source: Assigned
Field 256:	CCS_ PROC_CODE_12
rielu 250.	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_12
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 257:	CCS_ PROC_CODE_13
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_13
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 258:	CCS_ PROC_CODE_14
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_14
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 259:	CCS_ PROC_CODE_15
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_15
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 260:	CCS_ PROC_CODE_16
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_16
Length:	into clinically meaningful procedure category. 3 Type: Alphanumeric Data Source: Assigned
Field 261:	CCS_ PROC_CODE_17
rielu 201:	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_17
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 262:	CCS_ PROC_CODE_18
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_18
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 263:	CCS_ PROC_CODE_19
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 264:	CCS_ PROC_CODE_20
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_20
Longthi	into clinically meaningful procedure category. Alphanymoris Pata Source Assigned
Length: Field 265:	3 Type: Alphanumeric Data Source: Assigned CCS_ PROC_CODE_21
rielu 205:	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC CODE 21
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 266:	CCS_ PROC_CODE_22
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC CODE 22
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 267:	CCS_ PROC_CODE_23
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_23
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
	CCS_ PROC_CODE_24
Length: Field 268:	
	CCS_ PROC_CODE_24

Field 269:	CCS_PROC_CODE_25							
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC CODE 25							
	into clinically meaningful procedure category.							
Length:	3 Type: Alphanumeric Data Source: Assigned							

OUTPATIENT 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 f								
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:

County	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	0160	Room charges for other rooms -
0110	Room charges for private rooms - general	0136	- 3/4 beds - rooms - hospice Room charges for semi-private	0164	general Room charges for other rooms
0111	Room charges for private rooms - medical/surgical/GYN		- 3/4 beds - rooms - detoxification	0167	 Sterile Environment Room charges for other rooms
0112	Room charges for private rooms - obstetrics	0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0169	self careRoom charges for other rooms -
0113	Room charges for private rooms	0138	Room charges for semi-private - 3/4 beds - rooms -	0170	other Room charges for nursery -
0114	 pediatric Room charges for private rooms 	0139	rehabilitation Room charges for semi-private		general
0115	 psychiatric Room charges for private rooms 		- 3/4 beds - rooms - other	0171	Room charges for nursery - newborn level I
0116	- hospice	0140	Room charges for private (deluxe) rooms - general	0172	Room charges for nursery - newborn level II
	Room charges for private rooms - detoxification	0141	Room charges for private (deluxe) rooms -	0173	Room charges for nursery - newborn level III
0117	Room charges for private rooms - oncology	0142	medical/surgical/GYN Room charges for private	01/4	Room charges for nursery -
0118	Room charges for private rooms - rehabilitation	0143	(deluxe) rooms - obstetrics	0179	newborn level IV Room charges for nursery -
0119	Room charges for private rooms		Room charges for private (deluxe) rooms - pediatric	0180	other Room charges for LOA - general
	- other	0144	Room charges for private		3
0120	Room charges for semi-private rooms - general	0145	(deluxe) rooms - psychiatric Room charges for private	0182	Room charges for LOA - patient convenience-charges billable
0121	Room charges for semi-private rooms - medical/surgical/GYN	0146	(deluxe) rooms - hospice Room charges for private	0183	Room charges for LOA - therapeutic leave
0122	Room charges for semi-private rooms - obstetrics	0147	(deluxe) rooms - detoxification	0185	Room charges for LOA – nursing home (for hospitalization)
0123	Room charges for semi-private	0147	Room charges for private (deluxe) rooms - oncology	0189	Room charges for LOA - other
0124	rooms - pediatric Room charges for semi-private	0148	Room charges for private (deluxe) rooms - rehabilitation	0190	Room charges for subacute care - general
	rooms - psychiatric	0149	Room charges for private	0191	Room charges for subacute care
0125	Room charges for semi-private rooms - hospice	0150	(deluxe) rooms - other Room charges for ward rooms -	0192	- Level I (skilled care) Room charges for subacute care
0126	Room charges for semi-private rooms - detoxification	0151	general Room charges for ward rooms -	0193	- Level II (comprehensive care)
0127	Room charges for semi-private rooms - oncology		medical/surgical/GYN		Room charges for subacute care - Level III (complex care)
0128	Room charges for semi-private	0152	Room charges for ward rooms - obstetrics	0194	Room charges for subacute care - Level IV (intensive care)
0129	rooms - rehabilitation Room charges for semi-private	0153	Room charges for ward rooms - pediatric	0199	Room charges for subacute care - other
0130	rooms - other Room charges for semi-private	0154	Room charges for ward rooms - psychiatric	0200	Room charges for intensive care - general
0131	- 3/4 beds - rooms - general Room charges for semi-private	0155	Room charges for ward rooms - hospice	0201	Room charges for intensive care - surgical
	- 3/4 beds - rooms - medical/surgical/GYN	0156	Room charges for ward rooms - detoxification	0202	Room charges for intensive care - medical
0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0157	Room charges for ward rooms - oncology	0203	Room charges for intensive care - pediatric
0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0158	Room charges for ward rooms - rehabilitation	0204	Room charges for intensive care - psychiatric
					• •

	She tevas gov/THCIC		—— Page 83 ———		HS Document #25-15014 Undated: Sentember 2021
DSHS/	THCIC		histology	Dei	HS Document #25-15014
0256	radiology Pharmacy - experimental drugs	0312	cytology Laboratory pathological -		
0255	other diagnostic services Pharmacy - drugs incident to	0311	general Laboratory pathological -	0374	Anesthesia - acupuncture
0254	Pharmacy - drugs incident to	0310	Laboratory pathological -		diagnostic services
0253	Pharmacy - take-home drugs	0309	Laboratory - other	0372	radiology Anesthesia - incident to other
0251	Pharmacy – non-generic drugs	0307	microbiology Laboratory - urology	0371	Anesthesia - incident to
0251	Pharmacy - generic drugs	0306	Laboratory - bacteriology and	0370	Anesthesia - general
0249	All-inclusive ancillary - other	0305	dialysis Laboratory - hematology	0367 0369	Operating room services - kidney transplant Operating room services - other
0243	All-inclusive ancillary - specialty	0304	Laboratory – non-routine		organ transplant other than kidney
0242	All-inclusive ancillary - comprehensive	0303	Laboratory - renal patient (home)	0362	minor surgery Operating room services -
0241	All-inclusive ancillary - basic	0302	Laboratory - immunology	0361	Operating room services -
0240	All-inclusive ancillary - general	0301	Laboratory - chemistry	0360	Operating room services - general
0239	Incremental nursing care - other	0300	Laboratory - general	0359	CT scan - other
0220	hospice	0299	DME - other equipment	0352	CT scan - body
0235	(includes transitional care) Incremental nursing care -	0294	DME - supplies/drugs for DME effectiveness	0351	CT scan - head
0234	Incremental nursing care - CCU	0293	DME - purchase of used	0350	CT scan - general
0233	Incremental nursing care - ICU (includes transitional care)	0292	DME - purchase of new	0349	radiopharmaceuticals Nuclear medicine - other
0232	Incremental nursing care - OB	0291	DME - rental	0344	Nuclear medicine - therapeutic
0222	nursery	0290	DME - general	0343	Nuclear medicine - diagnostic radiopharmaceuticals
0231	Incremental nursing care -	0289	Oncology - other		procedures
0230	Incremental nursing care - general	0280	Oncology - general	0342	procedures Nuclear medicine - therapeutic
0229	Special charges - other	0279	Medical surgical supplies and devices - other	0341	Nuclear medicine - diagnostic
0224	Special charges - late discharge, medically necessary	0278	Medical surgical supplies and devices - other implants	0340	other Nuclear medicine - general
0223	Special charges - UR service charge	0277	Medical surgical supplies and devices - oxygen - take-home	0339	Radiology - therapeutic and/or chemotherapy administration -
0222	Special charges - technical support charge	0276	Medical surgical supplies and devices - intraocular lens (IOL)	0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV
0221	Special charges - admission charge	0275	Medical surgical supplies and devices - pacemaker	0005	chemotherapy administration - radiation therapy
0220	- otner Special charges - general	02/4	devices - prosthetic/orthotic	0333	Radiology - therapeutic and/or
0219	unit (CCU) Room charges for coronary care - other	0273 0274	Medical surgical supplies and devices - take-home Medical surgical supplies and	0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral
0214	Room charges for coronary care - intermediate coronary care	0272	Medical surgical supplies and devices - sterile		chemotherapy administration - chemotherapy - injected
0213	Room charges for coronary care - heart transplant	0271	Medical surgical supplies and devices - nonsterile	0331	general Radiology - therapeutic and/or
0212	Room charges for coronary care - pulmonary care	0270	Medical surgical supplies and devices - general	0330	Radiology - therapeutic and/or chemotherapy administration -
0211	- myocardial infarction	0269	IV Therapy - other	0329	Radiology - diagnostic - other
0211	 general Room charges for coronary care 	0264	IV Therapy - supplies	0324	Radiology - diagnostic - chest x- ray
0210	 other Room charges for coronary care 	0263	IV Therapy - drug/supply delivery	0323	Radiology - diagnostic - arteriography
0209	Room charges for intensive care	0262	IV Therapy - pharmacy services	0322	arthrography
0208	Room charges for intensive care - trauma	0261	IV Therapy - infusion pump	0322	angiocardiography Radiology - diagnostic -
0207	- burn care	0260	IV Therapy - general	0321	Radiology - diagnostic -
0207	unit (ICU) Room charges for intensive care	0259	Pharmacy - other	0320	Radiology - diagnostic - general
0206	Room charges for intensive care - intermediate intensive care	0258	Pharmacy - IV solutions	0314 0319	Laboratory pathological - biopsy Laboratory pathological - other
0206	Doom charges for intensive care	0257	Pharmacy - nonprescription	0214	Laboratory nathological bioney

0379	Anesthesia - other	0440	Speech-language pathology - general		Member in a Covered Part A Stay at SNF
0380	Blood - general	0441	Speech-language pathology -	0525	Freestanding Clinic - Visit by
0381	Blood - packed red cells		visit charge		RHC/FQHC Practitioner to a
0382	Blood - whole blood	0442	Speech-language pathology - hourly charge		Member in a SNF (not Covered Part A Stay) or NF or ICF MR or
0383	Blood - plasma	0443	Speech-language pathology -	0527	Other Residential Facility Freestanding Clinic - Visiting
0384	Blood - platelets	0444	group rate Speech-language pathology -	0327	Nurse Services(s) to a
0385	Blood - leukocytes		evaluation or reevaluation		Member's Home when in a Home Health Shortage Area
0386	Blood - other components	0449	Speech-language pathology - other	0528	Freestanding Clinic – Visit by
0387	Blood - other derivatives (cryoprecipitate)	0450	Emergency room - general		RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene
0389	Blood - other	0451	Emergency room - EMTALA emergency medical screening	0529	of Accident) Freestanding Clinic - other
0390	Blood and blood component		services	0530	Osteopathic service - general
	administration, storage and processing - general	0452	Emergency room - beyond EMTALA screening	0531	Osteopathic service - therapy
0391	Blood and blood component	0456	Emergency room - urgent care	0539	Osteopathic service - other
	administration, storage and processing - administration	0459	Emergency room - other	0540	Ambulance service - general
0392	Blood and blood component	0460	Pulmonary function - general	0541	Ambulance service - supplies
	administration, storage and processing – processing and	0469	Pulmonary function - other	0542	Ambulance service - medical
	storage	0470	Audiology - general		transport
0399	Blood and blood component administration, storage and	0471	Audiology - diagnostic	0543	Ambulance service - heart mobile
	processing - other	0472	Audiology - treatment	0544	Ambulance service - oxygen
0400	Other imaging services -	0479	Audiology - other	0545	Ambulance service - air
0401	general Other imaging services -	0480	Cardiology - general	0546	ambulance
0401	diagnostic mammography	0481	Cardiology - cardiac cath lab	0546	Ambulance service - neonatal
0402	Other imaging services -	0482	Cardiology - stress test	0547	Ambulance service - pharmacy
0403	ultrasound Other imaging services -	0483	Cardiology - echocardiology	0548	Ambulance service - telephone transmission EKG
0403	screening mammography	0489	Cardiology - other	0549	Ambulance service - other
0404	Other imaging services - PET	0490	Ambulatory surgical care -	0550	Skilled nursing - general
0409	Other imaging services - other	0499	general Ambulatory surgical care - other	0551	Skilled nursing - visit charge
0410	Respiratory services - general	0500	Outpatient services - general	0552	Skilled nursing - hourly charge
0412	Respiratory services - inhalation	0509	Outpatient services - other	0559	Skilled nursing - other
0413	Respiratory services -	0510	Clinic - general	0560	Medical social services - general
0419	hyperbaric oxygen therapy Respiratory services - other	0511	Clinic - chronic pain	0561	Medical social services - visit charge
0420	Physical therapy - general	0512	Clinic - dental	0562	Medical social services - hourly
0421	Physical therapy - visit charge	0513	Clinic - psychiatric	0560	charge
0422	Physical therapy - hourly charge	0514	Clinic - OB/GYN	0569	Medical social services - other
0423	Physical therapy - group rate	0515	Clinic - pediatric	0570	Home health aide - general
0424	Physical therapy - evaluation or	0516	Clinic - urgent care	0571	Home health aide - visit charge
0424	reevaluation	0517	Clinic - family practice	0572	Home health aide - hourly charge
0429	Physical therapy - other	0519	Clinic - other	0579	Home health aide - other
0430	Occupational therapy - general	0520	Freestanding Clinic - general	0580	Other visits (home health) -
0431	Occupational therapy - visit charge	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC	0581	general Other visits (home health) -
0432	Occupational therapy - hourly charge	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	0582	visit charge Other visits (home health) -
0433	Occupational therapy - group	0523	Freestanding Clinic - family	0583	hourly charge Other visits (home health) -
0.42.1	rate	0524	practice Freestanding Clinic - Visit by	0303	assessment
0434	Occupational therapy - evaluation	3321	RHC/FQHC Practitioner to a	0589	Other visits (home health) - other
0439	Occupational therapy - other				

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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
0601	Oxygen (home health) - stat/equip/supply or contents	0644	Home IV therapy services –		Services – consultation and education
0602	Oxygen (home health) -		non-routine nursing, peripheral line	0695	Pre-hospice/Palliative Care Services – inpatient care
	stat/equip/supply under 1 liter per minute	0645	Home IV therapy services -	0696	Pre-hospice/Palliative Care Services – physician services
0603	Ovugan (hama haalth)		training patient/caregiver,	0699	Pre-hospice/Palliative Care
0604	श्रक्ता/विंग्रामिं supply over 4 liters	0646	解析をIVMerapy services - training, disabled patient,	0700	Services - other Cast Room services - general
0609	portable (home health) Oxygen (home health) - other	,	nome is merapy services	0710	Recovery Room services -
0610	Magnetic Resonance Technology		training, patient/caregiver, peripheral	0720	general Labor/Delivery Room services -
	(MRT) - MRI - general	0648	Home IV therapy services -		general
0611	Magnetic Resonance Technology (MRT) - MRI - brain (including		training, disabled patient, peripheral	0721	Labor/Delivery Room services - labor
0612	brain stem) Magnetic Resonance Technology	0649	Home IV therapy services - other	0722	Labor/Delivery Room services - delivery
	(MRT) - MRI - spinal cord (including spine)	0650	Hospice services - general	0723	Labor/Delivery Room services - circumcision
				0724	Labor/Delivery Room services - birthing center
0614	Magnetic Resonance Technology (MRT) - MRI - other	0651	Hospice services - routine home care	0729	Labor/Delivery Room services - other
0615	Magnetic Resonance Technology	0652	Hospice services - continuous home care	0730	EKG/ECG services - general
0616	(MRT) - MRA – head and neck Magnetic Resonance Technology	0655	Hospice services - inpatient	0731	EKG/ECG services - Holter monitor
0010	(MRT) - MRA – lower	0656	respite care Hospice services - general	0732	EKG/ECG services - telemetry
0618	extremities Magnetic Resonance Technology		inpatient care (non-respite)	0739	EKG/ECG services - other
0610	(MRT) - MRA - other	0657	Hospice services - physician services	0740 0750	EEG services - general Gastrointestinal services -
0619	Magnetic Resonance Technology (MRT) - Other MRT	0658	Hospice services - room and	0730	general
0621	Medical/surgical supplies - incident to radiology	0659	board - nursing facility Hospice services - other	0760	Treatment or observation room services - general
0622	Medical/surgical supplies -	0660	Respite care - general	0761	Specialty Room - Treatment/
	incident to other diagnostic services	0661	Respite care - hourly		Observation Room - Treatment Room
0623	Medical/surgical supplies - surgical dressings	0662	charge/skilled nursing Respite care - hourly	0762	Specialty Room - Treatment/ Observation Room -
0624	Medical/surgical supplies - FDA		charge/aide/homemaker/compa nion	0769	Observation Room Treatment or observation room
0631	investigational devices Drugs requiring specific	0663	Respite care - daily charge		services - other
0622	identification - single source	0669	Respite care - other	0770	Preventive care services - general
0632	Drugs requiring specific identification - multiple source	0670	Outpatient special residence - general	0771	Preventive care services - vaccine administration
0633	Drugs requiring specific identification - restrictive	0671	Outpatient special residence - hospital based	0780	Telemedicine services - general
0634	prescription Drugs requiring specific	0672	Outpatient special residence -	0790	Extra-corporeal shockwave therapy - general
0051	identification - EPO, less than	N679	contracted Outpatient special residence - other	0800	Inpatient renal dialysis services - general
0635	Drugs requiring specific Identification - EPO, 10,000 or	0681	Trauma response - level I	0801	Inpatient renal dialysis services - hemodialysis
0636	more units Drugs requiring specific	0682 0683	Trauma response - level II Trauma response - level III	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
	identification - requiring detailed coding	0684	Trauma response - level IV	0803	Inpatient renal dialysis services - continuous ambulatory
0637	Drugs requiring specific Identification - self-	0689	Trauma response - other		peritoneal dialysis (CAPD)
0640	administrable Home IV therapy services -	0690	Pre-hospice/Palliative Care Services - general	0804	Inpatient renal dialysis services - continuous cycling peritoneal
	general	0691	Pre-hospice/Palliative Care Services – visit charge		dialysis (CAPD)
0641	Home IV therapy services – non-routine nursing, central line	0692	Pre-hospice/Palliative Care		
	THOIG		Services – hourly charge		

0809	Inpatient renal dialysis services	0851	CCPD - outpatient or home - composite or other rate	0917	Behavior health treatment/services -
0810	Acquisition of body components- general	0852	CCPD - outpatient or home - home supplies	0918	biofeedback Behavior health
0811	Acquisition of body components - living donor	0853	CCPD - outpatient or home - home equipment	0919	treatment/services - testing Behavior health
0812	Acquisition of body components	0854	CCPD - outpatient or home - maintenance 100%	0920	treatment/services - other Other diagnostic services -
0813	 cadaver donor Acquisition of body components 	0855	CCPD - outpatient or home - support services	0921	general Other diagnostic services -
0814	 unknown donor Acquisition of body components 	0859	CCPD - outpatient or home - other	0922	peripheral vascular lab Other diagnostic services -
	 unsuccessful organ search- donor bank charges 	0860	Magnetoencephalography (MEG) - General	0923	electromyogram Other diagnostic services - pap
0815	Acquisition of body components – stem cells- allogeneic	0861	Magnetoencephalography	0924	smear Other diagnostic services -
0819	Acquisition of body components - other donor	0880	(MEG) - MEG Miscellaneous dialysis - general	0925	allergy test Other diagnostic services -
0820	Hemodialysis - outpatient or home - general	0881	Miscellaneous dialysis - ultrafiltration	0929	pregnancy test Other diagnostic services -
0821	Hemodialysis - outpatient or home - composite or other rate	0882	Miscellaneous dialysis - home aide visit		other
0822	Hemodialysis - outpatient or home - home supplies	0889	Miscellaneous dialysis - other	0931	Medical rehabilitation day program - half day
0823	Hemodialysis - outpatient or	0900	Behavior health treatments/services - general	0932	Medical rehabilitation day program - full day
0824	home – home equipment Hemodialysis - outpatient or	0901	Behavior health treatments/services -	0940	Other therapeutic services - general
0825	home – maintenance 100% Hemodialysis - outpatient or	0902	electroshock Behavior health	0941	Other therapeutic services - recreational therapy
0826	home - support services Hemodialysis - outpatient or		treatments/services - milieu therapy	0942	Other therapeutic services - education/training
	home – shorter duration (effective 7/1/17)	0903	Behavioral health treatments/services - play	0943	Other therapeutic services - cardiac rehabilitation
0829	Hemodialysis - outpatient or home - other	0904	therapy Behavior health	0944	Other therapeutic services - drug rehabilitation
0830	Peritoneal dialysis - outpatient or home - general	030.	treatments/services - activity therapy	0945	Other therapeutic services - alcohol rehabilitation
0831	Peritoneal dialysis - outpatient or home - composite or other rate	0905	Behavior health treatments/services - intensive outpatient services - psychiatric	0946	Other therapeutic services - complex medical equipment - routine
0832	Peritoneal dialysis - outpatient or home – home supplies	0906	Behavior health treatments/services - intensive	0947	Other therapeutic services - complex medical equipment - ancillary
0833	Peritoneal dialysis - outpatient or home – home equipment		outpatient services - chemical dependency	0948	Other therapeutic services – pulmonary rehabilitation
0834	Peritoneal dialysis - outpatient or home - maintenance 100%	0907	Behavior health treatments/services -	0949	Other therapeutic services - other
0835	Peritoneal dialysis - outpatient or home - support services		community behavioral health program	0951	Other therapeutic services – athletic training
0839	Peritoneal dialysis - outpatient or home - other	0911	Behavior health treatment/services - rehabilitation	0952	Other therapeutic services - kinesiotherapy
0840	CAPD - outpatient or home - general	0912	Behavior health	0953	Other therapeutic services – chemical dependency (drug and
0841	CAPD - outpatient or home - composite or other rate		treatment/services - partial hospitalization - less intensive	0960	alcohol) Professional fees - general
0842	CAPD - outpatient or home –	0913	Behavior health treatment/services - partial	0961	Professional fees - psychiatric
0843	home supplies CAPD - outpatient or home –	0914	hospitalization - intensive Behavior health	0962	Professional fees - ophthalmology
0844	home equipment CAPD - outpatient or home -		treatment/services - individual therapy	0963	Professional fees - anesthesiologist (MD)
0845	maintenance 100% CAPD - outpatient or home -	0915	Behavior health treatment/services - group	0964	Professional fees - anesthetist (CRNA)
0849	support services CAPD - outpatient or home -	0916	therapy Behavior health	0969	Professional fees - other
0850	other CCPD - outpatient or home -		thearangent/services - family	0971	Professional fees - laboratory
	general				

0972	Professional fees - radiology - diagnostic	0990	Patient convenience items - general	1004	Behavior health accommodations - halfway
0973	Professional fees - radiology - therapeutic	0991	Patient convenience items - cafeteria/guest tray	1005	house Behavior health
0974	Professional fees - radiology - nuclear medicine	0992	Patient convenience items - private linen service	2100	accommodations - group home
0975	Professional fees - operating room	0993	Patient convenience items -		Alternative therapy services - general
0976	Professional fees - respiratory therapy	0994	telephone/telegraph Patient convenience items -	2101	Alternative therapy services - acupuncture
0977	Professional fees - physical therapy	0995	TV/radio Patient convenience items -	2102	Alternative therapy services - acupressure
0978	Professional fees - occupational therapy	0996	nonpatient room rentals Patient convenience items - late	2103	Alternative therapy services - massage
0979	Professional fees - speech therapy	0997	discharge charge Patient convenience items -	2104	Alternative therapy services - reflexology
0981	Professional fees - emergency	0998	admission kits Patient convenience items -	2105	Alternative therapy services - biofeedback
0982	Professional fees - outpatient services	0999	beauty shop/barber Patient convenience items -	2106	Alternative therapy services - hypnosis
0983	Professional fees - clinic	1000	other Behavior health	2109	Alternative therapy services - other
0984	Professional fees - medical social services		accommodations - general	3101	Adult day care, medical and social - hourly
0985	Professional fees - EKG	1001	Behavior health accommodations - residential	3102	Adult day care, social - hourly
0986	Professional fees - EEG	1002	treatment - psychiatric Behavior health	3103	Adult day care, medical and
0987	Professional fees - hospital visit	1002	accommodations - residential	3104	social - daily Adult day care, social - daily
0988	Professional fees - consultation		treatment - chemical dependency		, ,
0989	Professional fees - private duty nurse	1003	Behavior health	3105	Adult foster care - daily
		1000	accommodations - supervised living	3109	Adult foster care - other
Longth	. 4 Type	Alphanii	moris Data Sources (laim	

Lengtn:	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

MODIFIER_1Identifies special circumstances related to the performance of the service

Coding Scheme:

22	Increased procedural services	32	Mandated Services		Other Qualified Health Care
23	Unusual Anesthesia	33	Preventive Service		Professional During the Postoperative Period
24	Unrelated Evaluation and	47	Anesthesia by Surgeon	59	Distinct Procedural Service
	Management Service by the Same Physician or Other Qualified Health	50	Bilateral Procedure	62	Two Surgeons
	Care Professional during a Postoperative Period	51	Multiple Procedures	63	Procedure Performed on Infants
25	· ·	52	Reduced Services		less than 4kg
25	Significant, Separately Identifiable Evaluation and	53	Discontinued Procedure	66	Surgical Team
	Management Service by the Same Physician or Other Qualified	54	Surgical Care Only	73	Discontinued Outpatient Hospital/Ambulatory Surgery
	Health Care Professional on the Same Day of the Procedure or	55	Postoperative Management Only		Center (ASC) Procedure prior to the Administration of Anesthesia
	Other Service	56	Preoperative Management Only	74	Discontinued Outpatient
26	Professional Component	57	Decision for Surgery		Hospital/Ambulatory Surgery
27	Multiple Outpatient Hospital E/M Encounters on the Same Date	58	Staged or Related Procedure or Service by the Same Physician or		Center (ASC) Procedure after Administration of Anesthesia

76	Repeat Procedure by Same	E1	Upper left eyelid	Р3	A patient with severe systemic disease
	Physician or Other Qualified Health Care Professional	E2	Lower left eyelid	P4	A patient with severe systemic
77	Repeat Procedure by Another	E3	Upper right eyelid		disease that is a constant threat to life
	Physician or Other Qualified Health Care Professional	E4	Lower right eyelid	P5	A moribund patient who is not
78	Unplanned Return to the	F1	Left hand, second digit		expected to survive without the operation
	Operating/Procedure Room by the Same Physician or Other	F2	Left hand, third digit	P6	A declared brain-dead patient
	Qualified Health Care Professional Following Initial Procedure for a	F3	Left hand, fourth digit		whose organs are being removed for donor purposes
	Related Procedure During the	F4	Left hand, fifth digit	RC	Right coronary artery
70	Postoperative Period	F5	Right hand, thumb	RI	Ramus intermedius coronary
79	Unrelated Procedure or Service by the Same Physician or Other	F6	Right hand, second digit		artery
	Qualified Health Care Professional During the Postoperative Period	F7	Right hand, third digit	RT	Right side of the body procedure
80	Assistant Surgeon	F8	Right hand, fourth digit	T1	Left foot, second digit
81	Minimum Assistant Surgeon	F9	Right hand, fifth digit	T2	Left foot, third digit
82	Repeat procedure by same	FA	Left hand, thumb	T3	Left foot, fourth digit
	physician	GG	Performance and payment of a	T4	Left foot, fifth digit
90	Reference (Outside) Laboratory		screening mammography and diagnostic mammography on	T5	Right foot, great toe
91	Repeat Clinical Diagnostic Laboratory Test		same patient, same day.	Т6	Right foot, second digit
92	Alternative Laboratory Platform	GH	Diagnostic mammogram converted from screening	T7	Right foot, third digit
95	Testing Synchronous Telemedicine		mammogram on same day	T8	Right foot, fourth digit
95	Service Rendered Via a Real-Time	LC	Left circumflex coronary artery	Т9	Right foot, fifth digit
	Interactive Audio and Video Telecommunications System	LD	Left anterior descending coronary	TA	Left foot, great toe
99	Multiple Modifiers	LM	artery Left main coronary artery	XE	Separate Encounter
1P	Performance Measure Exclusion	LT	Left side of the body procedure	XS	Separate Structure
20	Modifier due to Medical Reasons	Q	Ambulance service provided	XP	Separate Practitioner
2P	Performance Measure Exclusion Modifier due to Patient Reasons	M	under arrangement by a provider	XU	Unusual Non-Overlapping Service
3P	Performance Measure Exclusion Modifier due to System Reasons		of services		
8P	Performance Measure Reporting Modifier- Action not performed,	QN	Ambulance service furnished directly by a provider of services		
	reason not otherwise specified	P1	A normal healthy patient		
		P2	A patient with mild systemic disease		

Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 7: MOI	DIFIE	ER_2			
	Ide	ntifies spec	ial circumstances r	elated to the perfor	mance of the service.
Coding Scheme:	San	ne as MODI	FIER_1		
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 8:	МО	DIFIER_3			
	Ide	ntifies spec	ial circumstances r	elated to the perfor	mance of the service.
Coding Scheme:	San	ne as MODI	FIER_1		
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 9:	МО	DIFIER_4			
	Ide	ntifies spec	ial circumstances r	elated to the perfor	mance of the service.
Coding Scheme:	San	ne as MODI	FIER_1		
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 10:	UN	IT_MEASU	REMENT_CODE		
	Cod	le specifyin	g the units in which	h a value is being ex	kpressed.
Coding Scheme:	DA	Days			
	F2	Interna	ntional unit		
	UN	Unit			
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 11:	UN	ITS_OF_S	ERVICE		
			of quantity		
Length:	7	Type:	Numeric	Data Source:	Claim

Field 12: UNIT_RATE
Rate per unit

Length:	71	Source: Claim
Field 13:	CHRGS_LINE_ITEM	
	Total amount of the charge	
Length:		Source: Assigned
Field 14:	CHRGS_NON_COV	
I amerika	Total non-covered amount of the charge	Sauran Assistant
Length:		Source: Assigned
Field 15:	PROCEDURE_DATE	the same as "Statement_period_from" date.
Length:		Gource: Claim
Field 16:	PROCEDURE_DATE_THRU	ource: claim
rieiu 10.	Date the procedure finished on generally	is the same as the "Statement_period_thru" date.
Length:		Source: Claim
Field 17:	SERVICE_FACILITY_CODE	
	Facility Type code – Institutional and Prof	essional have different codes.
Length:		Source: Claim
Field 18:	FINAL_EAPG_CATEGORY_CODE	
	Enhanced Ambulatory Patient Group (EAP	G) category code, as assigned by 3M™ EAPG Grouper.
	Not available 4Q09.	
Length:		Source: Assigned
Field 19:	FINAL_EAPG_TYPE_CODE	
		G) type code, as assigned by 3M™ EAPG grouper.
	Not available 4Q09.	
Length:		Source: Assigned
Field 20:	FINAL_EAPG	
	,	(EAPG), as assigned by 3M™ EAPG Grouper. Not
	available 4Q09.	
Length:		Source: Assigned
Field 21:	ADJUSTED_EAPG_WEIGHT	(FADC)
		(EAPG), as assigned by 3M™ EAPG Grouper. Not
Length:	available 4Q09.	Source: Assigned
Field 22:	10 Type: Alphanumeric Data S APC_PROCEDURE_CODE	Source: Assigned
rielu 22:	<u> </u>	procedure code as assigned by 2MIM ADC Crouper
	Not available 4009.	procedure code as assigned by 3M™ APC Grouper.
Length:		Source: Assigned
Field 23:	APC_PX_STATUS_IND_CODE	Assigned
i iciu 25.		procedure status indicator as assigned by 3M™
	APC Grouper. Not available 4Q09.	procedure status indicator as assigned by 514
Length:		Source: Assigned
Field 24:	APC_WEIGHT	7.65.5.1.05
		weighting as assigned by 3M™ APC Grouper. Not
	available 4009.	- 5 - 5 - 5
Length:		Source: Assigned
		<u> </u>

OUTPATIENT FACILITY TYPE INDICATOR FILE

Field 1: Provider ID. Unique identifier assigned to the provider by THCIC. Length: 6 Type: Alphanumeric Data Source: Assigned Field 2: PROVIDER_NAME Hospital name provided by the hospital. Length: 55 Type: Alphanumeric Data Source: Provider Field 3: PROVIDER_CITY Hospital address provided by the hospital. Length: 50 Type: Alphanumeric Data Source: Provider Field 4: PROVIDER_CITY Hospital city provided by the hospital. Length: 20 Type: Alphanumeric Data Source: Provider Field 5: PROVIDER_STATE Hospital state provided by the hospital. Length: 2 Type: Alphanumeric Data Source: Provider Field 6: PROVIDER_ZIP Hospital state provided by the hospital. Length: 9 Type: Alphanumeric Data Source: Provider Field 7: FAC_TEACHING_IND Teaching Facility Indicator. Coding Scheme: A Member, Council of Teaching Hospitals X Teaching facility Length: 1 Type: Alphanumeric Data Source: Provider Field 8: FAC_PSYCH_IND Psychiatric Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 9: FAC_REHAB_IND Rehabilitation Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 10: FAC_REHAB_IND Rehabilitation Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 11: FAC_SNF_IND Acute Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 11: FAC_SNF_IND Care Alphanumeric Data Source: Provider Field 11: FAC_COUNG_TERM_AC_IND Cong_Term_Acute Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 13: FAC_COUNG_TERM_AC_IND Cong_Term_Acute Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 14: FAC_CONG_TERM_AC_IND Cong_Term_Acute Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 13: FAC_CONG_TERM_AC_IND Cong_Term_Acute Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 14: FAC_CONG_TERM_AC_IND Cond_Term_Acute Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 15: FAC_CONG_TE	Length: Field 2: Length: Field 3: Length: Field 4: Length: Field 5: Length: Field 6: Length: Field 7: Coding Scheme: Length: Field 8: Length: Field 9: Length:	Provider ID. Unique Type: PROVIDER_NAM Hospital name prosts Type: PROVIDER_ADD Hospital address provided in the provided in th	Alphanumeric IE Divided by the hospital Alphanumeric R Drovided by the hospital. Alphanumeric IE Vided by the hospital. Alphanumeric IE Vided by the hospital Alphanumeric provided by the hospital Alphanumeric IND Indicator. Uncil of Teaching Hospital Alphanumeric Alphanumeric	Data Source: pital. Data Source:	Assigned Provider Provider Provider Provider Provider
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<u> </u>					* *
Gastroenterology facility indicator.	Length:				
dustrochterology rucinty mulcutori	Length: Field 19:	AC_GASTROEN	facility indicator		
Length: 1 Type: Alphanumeric Data Source: Provider	Length:	AC_GASTROEN Gastroenterology		Data Source	Provider

Field 20:	FAC GENERAL IND
	General care facility indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 21:	FAC_NEUROLOGICAL_IND
-	Neurological care facility indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 22:	FAC_OB_GYN_IND
	Obstetrics and gynecology facility indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 23:	FAC_OPTHAMOLOGY_IND
Length:	Ophthalmology facility indicator. 1 Type: Alphanumeric Data Source: Provider
Field 24:	FAC ORAL IND
riela 24:	Oral health care facility indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 25:	FAC_ORTHOPEDIC_IND
i leiu 23.	Orthopedic care facility indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 26:	FAC_OTOLARYNGOLOGY_IND
	Otolaryngology facility indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 27:	FAC_PAIN_MNGMT_IND
	Pain management facility indicator.
Length:	1 Type: Alphánumeric Data Source: Provider
Field 28:	FAC_PLASTIC_IND
	Plastic surgery facility indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 29:	FAC_THORACIC_IND
	Thoracic care facility Indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 30:	FAC_UROLOGY_IND
	Urology care facility indicator.
Length:	1 Type: Alphanumeric Data Source: Provider
Field 31:	FAC_OTHER_IND Other facility indicator
Length:	Other facility indicator. 1 Type: Alphanumeric Data Source: Provider
Field 32:	POA_PROVIDER_INDICATOR
riela 32:	
	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
	Pod to the department: Critical access hospitals, inpatient Renabilitation hospitals, inpatient Psychiatric Hospitals, Cancer Hospitals ,Children's or Pediatric Hospitals and Long Term Care
	Hospitals.
Coding Scheme:	M Mixed (Facility has sections that would be exempted from reporting POA for those patients)
county scheme.	R Required
	X Exempt
	` Invalid
Length:	1 Type: Alphanumeric Data Source: Assigned

PROVIDER_COUNTY Field 33:

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		181	,	309		437	
	Burnet		Grayson		McLennan		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		Hemphill	339	Montgomery	467	Van Zandt
085	Collin	213	Henderson	341	Moore	469	Victoria
087	Collingsworth		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
097						483	
	Coryell	227	Howard	355	Nueces		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

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Length:	3	Туре:	Alphanu	meric [ata Sour		Assigned on provide code		
	127	Dimmit	255	Karnes	383	Reagan	,	`	Invalid
	125	Dickens	253	Jones	381	Randall			
	123	Dewitt	251	Johnson	379	Rains		507	Zavala
	121	Denton	249	Jim Wells	377	Presidio		505	Zapata
	119	Delta	247	Jim Hogg	375	Potter		503	Young
	117	Deaf Smi	th 245	Jefferson	373	Polk		501	Yoakum

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.
 - o "ZB" code indicates the record is accurate to the Census Block Group level.
 - o "ZT" code indicates the record is accurate to at least the Census Tract level.
 - o "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.

Field 34:	FAC_EMERGENCY_DEPARTMENT_IND
Description:	Facility indicator for Hospitals and FEMCFs, including Hospital-owned FEMCFs, starting with
_	the 4 th 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 th Quarter 2020, the facility indicator has incomplete
	data due to implementation timing.

Beginning Position:	87	Data Source:	Provider
Length:	1	Type:	Alphanumeric

FAC_ONCOLOGY_IND Oncology facility indicator. Field 35:

Description:

Provider **Beginning Position: Data Source:** Length: Type: 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

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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

Data Dictionary #	RDF Field Name – IP Base Data	Length	Field Type
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

Data Dictionary #	RDF Field Name - IP Base Data	Length	Field Type
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

Data Dictionary #	RDF Field Name – IP Base Data	Length	Field Type
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

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

Data Dictionary #	RDF Field Name – IP Base Data	Length	Field Type
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

Data Dictionary #	RDF Field Name – IP Base Data	Length	Field Type
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

Data Dictionary #	RDF Field Name – IP Base Data	Length	Field Type
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

Data Dictionary #	RDF Field Name – IP Charges File	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	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

Data Dictionary #	RDF Field Name – IP 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

Data Dictionary #	RDF Field Name – IP Facility Type File	Length	Field Type
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

Data Dictionary #	RDF Field Name – OP Base Data	Length	Field Type
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

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Data Dictionary #	RDF Field Name – OP Base Data	Length	Field Type
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

Data Dictionary #	RDF Field Name – OP Base Data	Length	Field Type
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

Data Dictionary #	RDF Field Name - OP Base Data	Length	Field Type
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

Data Dictionary #	RDF Field Name – OP Base Data	Length	Field Type
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

Data Dictionary #	RDF Field Name – OP Base Data	Length	Field Type
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

Data Dictionary #	RDF Field Name – OP Base Data	Length	Field Type
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

Data Dictionary #	RDF Field Name - OP Base Data	Length	Field Type
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

Data Dictionary #	RDF Field Name – OP Charges File	Length	Field Type
	RECORD_ID (not linkable to the Record_ID		
1	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	CHRGS_LINE_ITEM	14	Numeric
14	CHRGS_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

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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_OPTHAMOLOGY_IND	1	Alphanumeric
24	FAC_ORAL_IND	1	Alphanumeric
25	FAC_ORTHOPEDIC_IND	1	Alphanumeric
26	FAC_OTOLARYRGOLOGY_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 ¹	87	Alphanumeric
35	FAC_ONCOLOGY_IND ¹	88	Alphanumeric

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¹ Facility Type Code added to the 4th Quarter 2020 Facility Type Data File