

Texas Department of State Health Services

TEXAS EMERGENCY DEPARTMENT RESEARCH DATA FILE USER MANUAL- 2022 – to Present

Center for Health Statistics Texas Health Care Information Collection

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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Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014.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 HSC Section 108.0135.

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

The ED RDF includes all the variables in the ED (PUDF) and the additional patient sensitive or confidential data variables only available to DSHS and HHSC programs under THSC Section 108.013(k). Only data elements approved by the DSHS IRB and DSHS Executive Steering Committee will be released to the requestor with their approved data elements in a custom-built RDF.

The ED RDF contains:

- Inpatient (IP) Base Data File This file contains the required data elements as well as situationally required elements and some calculated fields. For example, codes regarding: Facility Identifier; Principal Diagnosis; Other Diagnoses; External Cause of Injury; Principal Procedure; Other Procedures; 3M™ All-Payer Refined Diagnosis Related Group and Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group; Type of Admission; Source of Admission; Length of Stay; Patient Ethnicity; Patient Race; Patient Residence City, County, ZIP code, Patient Status, Primary Payment Source and other data used for most research topics. Other elements in the Base Data file include Condition Code; Value Code; Occurrence Code, Occurrence Day, Charge amounts for Service Pay Groups; and other information that may be useful regarding the inpatient stay research.
- 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 $3M^{TM}$ 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.)

- THSC Section 108.009(h) requires that a uniform submission format be used for reporting purposes. Beginning with 2005, all data are collected in the THCIC 837 format.
- Up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 external cause of injury codes can be submitted. Sicker patients may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.
- Race and ethnicity data are required by law and rule to be submitted for each patient. Generally, these data are not collected by facilities and may be subjectively captured.
- Inaccuracies in the data and incompleteness of the data are addressed in the hospital, ASC or FEMCFs' comments if submitted by the providing facilities.
- County of residence is not collected by provider facilities. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- For hospital emergency department patient visits that are admitted to the hospital and included in the inpatient discharge data, DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M™. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Diagnoses present on admission indicator codes (POA) are required for all hospitals submitting inpatient discharge data, except Critical Access Hospitals, inpatient rehabilitation hospitals, inpatient psychiatric hospitals, children's or pediatric hospitals, and long-term care hospitals. Some acute care hospitals that have special units like the hospitals exempted from reporting POA may not include POA codes for those patients. POA codes are not available for outpatient data.
- Comparability of length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of LOS at the hospital level should consider the above factors.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
- The data are a snapshot in time. Hospitals, ASC and FEMCFs must submit data no later than 60 days after the close of a calendar quarter.

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- 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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Emergency Department 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) 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. **Type** Alphanumeric or numeric Codina Valid codes for a data field. Values taken from specifications manuals. scheme

Note a change: Any code provided by a facility that has been determined to be invalid has been assigned the value ` (Backtick, Back quote, Grave accent mark).

Any data element that is blank should be interpreted as 'missing', no data provided, unless otherwise noted.

INPATIENT BASE DATA FILE

Field 1:		CORD_II					
	Record Identification Number. Unique number to identify the record within the research data file. Does not match or link to PUDF (Public Use Data File) Record ID. Each claim associated with a						
	pati	ent's visit	generates a uniqu	e Reco	ord ID. Does n	natch with RECORD_ID in other Inpatient	
	RD	F files.				•	
Length:	12	Type:	Alphanumeric	Dat	a Source:	Assigned	
Field 2:	PA'	Γ_UNIQU	JE_INDEX			-	
	(PU	I) Unique	identifier assigne	d to th	e patient by TH	CIC.A patient unique index is assigned for	
						re can be multiple Record IDs associated with a	
	one PUI (see Field # 1).						
Length:	10	Type:	Alphanumeric	Dat	a Source:	Assigned	
Field 3:	TH	CIC ID	•				
	Pro	Provider ID. Unique identifier assigned to the provider by THCIC.					
Length:	6	Type:	Alphanumeric	_	a Source:	Assigned	
Field 4:	SPE	EC_UNIT	*				
				vs sta	v occurred base	ed on number of days by Type of Bill or	
		enue Cod		ij s sta	y occurred ouse	a on number of days by Type of Bin of	
Coding Scheme:		Coronary		P	Pediatric Unit		
Couning Scheme.	D	Detoxifica		Y	Psychiatric Unit		
	I	Intensive (R	Rehabilitation Un	nit	
	Н	Hospice U		U	Sub-acute Care U		
	N	Nursery	,	S	Skilled Nursing U		
	В	Obstetric 1	Unit		k Acute Care	····	
	O	Oncology	Unit				
Length:	1	Type:	Alphanumeric	Dat	a Source:	Calculated	
Field 5:	SPE	EC_UNIT	' 2				
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	Specialty Uni Revenue Cod		st days stay occu	rred	based on number of days by Type of Bill or		
Coding Scheme:							
Length:	1 Type:	Alphanumeric	Data Source:		Calculated		
Field 6:	SPEC_UNIT	•					
		t in which 3 rd mos	t days stay occu	rred 1	based on number of days by Type of Bill or		
Coding Scheme:	Same as SPE	C_UNIT_1.					
Length:	1 Type:	Alphanumeric	Data Source:		Calculated		
Field 7:	SPEC_UNIT	<u>'_4</u>					
	Specialty Uni Revenue Cod		t days stay occu	rred l	based on number of days by Type of Bill or		
Coding Scheme:	Same as SPE	C_UNIT_1.					
Length:	1 Type:	Alphanumeric	Data Source:		Calculated		
Field 8:	SPEC_UNIT	5					
		t in which 5 th mos	t days stay occu	rred l	based on number of days by Type of Bill or		
Coding Scheme:	Same as SPE	C_UNIT_1.					
Length:	1 Type:	Alphanumeric	Data Source:		Calculated		
Field 9:		R_INDICATOR					
	record that co	Indicates the number of claims used to create the encounter. The encounter refers to an electronic record that contains information on all services rendered for a patient episode of care (admission through discharge) by a provider in a patient care setting. Some non-acute care patients may have					
					ord, such as patients in rehabilitation hospitals,		
Longth	-	e hospitals, or psy	Data Source:		Calculated		
Length:	2 Type:	Alphanumeric	Data Source:		Calculated		
Field 10:	SEX_CODE		. 1 . 4 . 1 . 4				
Coding Scheme:		patient as recorde	ed at date of adm	118810	on or start of care.		
Coding Scheme:	F Female U Unknown						
Length:	1 Type:	Alphanumeric	Data Source:		Claim		
Field 11:	BIRTH_DAT	ГЕ					
	Birth date of	the patient as reco	rded at date of a	dmis	sion or start of care.		
Length:	8 Type:	Alphanumeric	Data Source:		Claim		
Field 12:	PAT_AGE_0	GROUP					
	Code indicati	ng age of patient i	n days or years o	on da	te of discharge.		
Coding Scheme:			5-39	20	85-89		
	01 29-365 da	•	0-44	21	90+		
	02 1-4 years 03 5-9		5-49 0-54	HIV 6	and drug/alcohol use patients: 0-17		
	04 10-14		5-59	23	18-44		
	05 15-17		0-64	24	45-64		
	06 18-19		5-69	25	65-74		
	07 20-24		0-74	26	75+		
	08 25-29 09 30-34		5-79 0-84		Invalid		
Length:	2 Type:	Alphanumeric	Data Source:		Assigned		
Field 13:	PAT_AGE_Y		2444 5041 604		1100151100		
11010 101		t in years on date	of discharge.				
Length:	3 Type:	Alphanumeric	Data Source:		Claim		
Field 14:	PAT_AGE_I				**		
		t in days on date o	of discharge.				
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2024	TILOTO		— Page 11		I II - 1 - 1 - 2024		
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Length:	5	Type:	Alphanun	neric	Data Source	e: (Claim	
Field 15:	RAC	CE		_		_		
	Code	e indicating	the patie	nt's race	·.			
Coding Scheme:		American In						
couning seriorite	2	Asian or Pac						
	3	Black						
	4	White						
·	5	Other			5	,	~	
Length:	l		Alphanun	neric	Data Source	e: (Claim	
Field 16:		INICITY						
			_	anic orig	gin of the pati	ent.		
Coding Scheme:		Hispanic Or	-					
·	2	Not of Hispa	_		5	,	~	
Length:	1		Alphanun		Data Source	e: (Claim	
Field 17:					K_GROUP			
	Cens	_			eet address.			
Length:	14		Alphanun		Data Source	e: (Calculated	
Field 18:	PAT	_ADDR_0	CENSUS_	BLOC	K			
	Cens	sus block o	f patient s	treet add	lress.			
Length:	5	Type:	Alphanun	neric	Data Source	e: (Calculated	
Field 19:	PAT	_CITY						
			city as pro	ovided b	y the patient.			
Length:	30		Alphanun		Data Source		Provider	
Field 20:	PAT	STATE	1					
11014 201			state as pr	rovided l	by the patient	+		
Length:	2		Alphanun		Data Source		Provider	
Field 21:		ZIP	7 HpHallan	ilerre	Data Source	. 1	TOVIGE	
riciu 21.			7ID codo	ac provi	ded by the pa	tiont		
Longth	9		Alphanun	-	Data Source		Provider	
Length:		Type: COUNT		ileric	Data Source	5. I	TOVIGE	
Field 22:		_		1 41 1	11 114		1 41 - T - 4	1. 1.0
				ientiai ac	idress. List n	iaintainea	by the interna	tional Organization for
Coding solvens		dardization		1.4. 1:	-4			
Coding scheme:	See 1	www.ISO.o	-	-		T	N	
Length:	2	* *	Alphanun	neric	Data Source	e: r	Provider	
Field 23:		_COUNT						
G 11 1		code of pa		_ *.	2.55	** 0	205	-
Coding scheme:	001	Anderson	129	Donley	257	Kaufman Kendall	385	Real
	003 005	Andrews Angelina	131 133	Duval Eastland	259 261	Kenedy	387 389	Red River Reeves
	007	Aransas	135	Ector	263	Kent	391	Refugio
	009	Archer	137	Edwards	265	Kerr	393	Roberts
	011	Armstrong		Ellis	267	Kimble	395	Robertson
	013	Atascosa	141	El Paso	269	King	397	Rockwall
	015 017	Austin Bailey	143 145	Erath Falls	271 273	Kinney Kleberg	399 401	Runnels 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
	027 029	Bell Bexar	155 157	Foard Fort Bend	281 1 285	Lampasas Lavaca	411 413	San Saba Schleicher
	029	Blanco	157	Franklin	285	Lavaca	415	Scurry
	033	Borden	161	Freestone		Leon	417	Shackelford
	035	Bosque	163	Frio	291	Liberty	419	Shelby
	037	Bowie	165	Gaines	293	Limestone	421	Sherman
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039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
041	Brazos	169	Garza	297	Live Oak	425	Somervell
043	Brewster	171	Gillespie	299	Llano	427	Starr
045	Briscoe	173	Glasscock	301	Loving	429	Stephens
047	Brooks	175	Goliad	303	Lubbock	431	Sterling
049	Brown	177	Gonzales	305	Lynn	433	Stonewall
051	Burleson	179	Gray	307	McCulloch	435	Sutton
053	Burnet	181	Grayson	309	McLennan	437	Swisher
055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
057	Calhoun	185	Grimes	313	Madison	441	Taylor
059	Callahan	187	Guadalupe	315	Marion	443	Terrell
061	Cameron	189	Hale	317	Martin	445	Terry
063	Camp	191	Hall	319	Mason	447	Throckmorton
065	Carson	193	Hamilton	321	Matagorda	449	Titus
067	Cass	195	Hansford	323	Maverick	451	Tom Green
069	Castro	197	Hardeman	325	Medina	453	Travis
071	Chambers	199	Hardin	327	Menard	455	Trinity
073	Cherokee	201	Harris	329	Midland	457	Tyler
075	Childress	203	Harrison	331	Milam	459	Upshur
077	Clay	205	Hartley	333	Mills	461	Upton
079	Cochran	207	Haskell	335	Mitchell	463	Uvalde
081	Coke	209	Hays	337	Montague	465	Val Verde
083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
085	Collin	213	Henderson	341	Moore	469	Victoria
087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
089	Colorado	217	Hill	345	Motley	473	Waller
091	Comal	219	Hockley	347	Nacogdoches	475	Ward
093	Comanche	221	Hood	349	Navarro	477	Washington
095	Concho	223	Hopkins	351	Newton	479	Webb
097	Cooke	225	Houston	353	Nolan	481	Wharton
099	Coryell	227	Howard	355	Nueces	483	Wheeler
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
105	Crockett	233	Hutchinson	n 361	Orange	489	Willacy
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
109	Culberson	237	Jack	365	Panola	493	Wilson
111	Dallam	239	Jackson	367	Parker	495	Winkler
113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
119	Delta	247	Jim Hogg	375	Potter	503	Young
121	Denton	249	Jim Wells	377	Presidio	505	Zapata
123	Dewitt	251	Johnson	379	Rains	507	Zavala
125	Dickens	253	Jones	381	Randall	201	
127	Dimmit	255	Karnes	383	Reagan	4	Invalid
					-	gned, based	
3	Type: Aln	haniii	meric I	Data Source:	Assig	gneu, based	OH

Length: 3 Type: Alphanumeric Data Source:

Assigned, based o patient ZIP code

Field 24: PUBLIC_HEALTH_REGION

Public Health Region of patient's address.

- 1 Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
- 2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- 3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties
- 4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
- 5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties

	6	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker,						
	7	Waller, Wharton counties						
	7	Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties						
	8	Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, ackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria,						
	9	Wilson, Zavala counties						
	,	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties						
	10	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties						
	11	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties						
Length:	2	Type: Alphanumeric Data Source: Assigned						
Field 25:	TYP	PE_OF_ADMISSION						
	Code	e indicating the type of admission						
Coding Scheme:	1	Emergency						
	2	Urgent						
	3	Elective						
	4	Newborn						
	5	Trauma Center						
Longth	9	Information not available Types Aleksanymania Data Sayress Claim						
Length:	1	Type: Alphanumeric Data Source: Claim						
Field 26:		URCE_OF_ADMISSION						
	Code	e indicating source of the admission.						
Coding Scheme:	1	Non-Healthcare Facility Point of Origin (Beginning July 1, 2010)						
	2	Clinic or Physician's Office						
	4	Transfer from a hospital						
		Transfer from a skilled nursing facility, intermediate care						
	5	facility or assisted living facility						
	6	Transfer from another health care facility						
	8	Court/Law Enforcement						
	9	Information not available Transfer from One distinct Unit of the Hespital to enother						
	D	Transfer from One distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer						
	E	Transfer from Ambulatory Surgery Center						
	F	Transfer from a Hospice Facility						
	G	If Type of Admission=4 (Newborn) Transfer from a designated hospital disaster alternate care site						
	5	(Effective 7/1/2020)						
		Born inside this hospital						
T 41	6	Born outside this hospital						
Length:	1	Type: Alphanumeric Data Source: Claim						
Field 27:		ST_PAYMENT_SRC						
	Code	e indicating the expected primary source of payment.						
Coding Scheme:		Self-pay (Removed from 5010 format, use "ZZ" beginning 2Q2012 data) HM Health Maintenance Organization						
	10 11	Central Certification LI Liability Other Non-federal Programs LM Liability Medical						
	12	Preferred Provider Organization (PPO) MA Medicare Part A						
	13	Point of Service (POS) MB Medicare Part B						
	14	Exclusive Provider Organization (EPO) MC Medicaid						
	15	Indemnity Insurance TV Title V						
	16	Health Maintenance Organization (HMO) Medicare Risk OF Other Federal Program						
	AM	Automobile Medical VA Veteran Administration Plan						
	BL	Blue Cross/Blue Shield WC Workers Compensation Health Claim						
	CH	CHAMPUS ZZ Charity, Indigent or Unknown						
2024								
/11//1								

	CI Commerc DS Disability	ial Insurance		Codes 09 and ZZ, combined for 2004 & 2005 Invalid		
Length:	2 Type:	Alphanumeric	Data Source:	Claim		
Field 28:	FIRST_PAY	•	Duta Source.	Ciuiii		
1 iciu 20.			mplemented by	Gederal government).		
Length:	10 Type:	Alphanumeric	Data Source:	Claim		
Field 29:	FIRST_PAY		Duta Source.	Cium		
1 iciu 2).		ary source of payr	ment			
Length:	35 Type:	Alphanumeric	Data Source:	Claim		
Field 30:		Y_PAYMENT_S		Ciuin		
ricia 50.		ng the expected se		of payment		
Coding Scheme:		ST_PAYMENT_S	•	n payment.		
Length:	2 Type:	Alphanumeric	Data Source:	Claim		
Field 31:		Y_PAYER_ID	Data Source.	Ciaiii		
rieiu 31:			mplamantad by	ederal government).		
Longth			Data Source:	Claim		
Length:	10 Type:	Alphanumeric		Ciaiii		
Field 32:		Y_PAYER_NAM				
T 41		ndary source of pa	•	CI.		
Length:	35 Type:	Alphanumeric	Data Source:	Claim		
Field 33:		ART_OF_CARE				
	Date patient was admitted to the provider for inpatient care or other start of care. Entered as YYYYMMDD.					
Length:	8 Type:	Alphanumeric	Data Source:	Claim		
Field 34:	ADMIT_WE	EKDAY				
		ng day of week par	tient is admitted			
Coding Scheme:	1 Monday		5 Friday			
J	2 Tuesday		6 Saturday			
	3 Wednesda	ıy	7 Sunday			
T 41	4 Thursday	A1 1 .	D 4 G			
Length:	1 Type:	Alphanumeric	Data Source:	Claim		
Field 35:	ADMIT_HO			1 1/4 16 1 1		
a 11 a 1			_	as admitted for inpatient care		
Coding Scheme:	_	ht-12:59 a.m.	13 1:00 – 1:59			
	01 $1:00 - 1:5$ 02 $2:00 - 2:5$		14 2:00 – 2:59 15 3:00 – 3:59	•		
	03 3:00 – 3:5		16 4:00 – 4:59	•		
	04 4:00 – 4:5		17 5:00 – 5:59	*		
	05 5:00 - 5:5	9 a.m.	18 6:00 – 6:59	p.m.		
	06 6:00 – 6:5		19 7:00 – 7:59			
	07 7:00 – 7:5		20 8:00 – 8:59			
	08 8:00 – 8:5 09 9:00 – 9:5		21 9:00 – 9:59 22 10:00 – 10			
	10 10:00 – 10		23 11:00 – 11	•		
	11 11:00-11		99 Hour unkn	•		
		12:59 p.m.				
Length:	2 Type:	Alphanumeric	Data Source:	Claim		
Field 36:	STMT_PER					
	Beginning ser	•		the statement. Entered as YYYYMMDD.		
Length:	8 Type:	Alphanumeric	Data Source:	Claim		
Field 37:	STMT_PER	IOD_THRU				
	Ending service	e date of the perio	d reflected on th	e statement. Entered as YYYYMMDD.		
		A 1 1 .	D 4 C	CI :		
Length:	8 Type:	Alphanumeric	Data Source:	Claim		

Length of stay in days equals ending service date of the period reflected on the statement (STMT_PERIOD_THRU) minus admission/start of care date (ADMIT_START_OF_CARE). The minimum length of stay is 1 day. The maximum is 9999 days.

Length:	4	ype: Alphanumeric Data Source: Calculated								
Field 39:	PAT	TATUS								
	Code	e indicating patient status as of the ending date of service for the period of care reported								
Coding Scheme:	01	scharged to home or self-care (routine discharge)								
	02	scharged/transferred to a short term general hospital for inpatient care								
	03	scharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care								
	04	scharged/transferred to a facility that provides custodial or supportive care								
	05	scharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007) scharged/transferred to home under care of an organized home health service organization in anticipation of covered								
	06	illed care								
	07	ft against medical advice								
	09	lmitted as inpatient to this hospital								
	20	pired								
	21	scharged/transferred to Court/Law Enforcement								
	30 40	Il patient pired at home								
	41	pired in a medical facility								
	42	pired, place unknown								
	43	scharged/transferred to federal government operated health facility								
	50	ospice-home								
	51	ospice—medical facility (Certified) providing hospice level of care								
	61 62	scharged/transferred within this institution to Medicare-approved swing bed scharged/transferred to inpatient rehabilitation facility								
	63	scharged/transferred to Medicare-certified long term care hospital								
	64	scharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare								
	65	scharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital								
	66	scharged/transferred to Critical Access Hospital (CAH)								
	69	scharged/Transferred to a designated disaster alternate care (effective 10-1-2013)								
	70	scharge/transfer to another type of health care institution not defined elsewhere in the code list								
	81	scharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013) scharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital								
	82	patient Readmission (effective 10-1-2013)								
	83	scharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care								
	03	ospital Inpatient Readmission (effective 10-1-2013)								
	84	scharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital patient Readmission (effective 10-1-2013)								
		scharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital								
	85	patient Readmission (effective 10-1-2013)								
	86	scharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute								
		re Hospital Inpatient Readmission (effective 10-1-2013)								
	87	scharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission fective 10-1-2013)								
	Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Re (effective 10-1-2013)									
	89	scharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital								
		patient Readmission (effective 10-1-2013) scharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a								
	90	ospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)								
	91	scharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital								
	71	patient Readmission (effective 10-1-2013)								
	92	scharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a named Acute Care Hospital Inpatient Readmission (effective 10-1-2013)								
		scharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute								
	93	re Hospital Inpatient Readmission (effective 10-1-2013)								
	94	scharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission								
		fective 10-1-2013)								
	95	scharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a named Acute Care Hospital Inpatient Readmission (effective 10-1-2013)								
Length:	2	ype: Alphanumeric Data Source: Claim								
·8	_	/ <u>F </u>								

Field 40:	DISCH	ARGE_HOUR					
11010 401		dicating hour dur	ing which th	e natient was a	discharged fron	n innatient care	
Coding Scheme:		midnight-12:59 a.m.	13	1:00 – 1:59 p.m	-	in inpution care	
coung beneme.		0 − 1:59 a.m.	14	2:00 – 2:59 p.m			
		0 – 2:59 a.m.	15	3:00 – 3:59 p.m			
	03 3:00	0 – 3:59 a.m.	16	4:00 – 4:59 p.m			
	04 4:00	0 – 4:59 a.m.	17	5:00 – 5:59 p.m	1.		
		0 – 5:59 a.m.	18	6:00 – 6:59 p.m			
		0 – 6:59 a.m.	19	7:00 – 7:59 p.m			
		0 – 7:59 a.m. 0 – 8:59 a.m.	20 21	8:00 – 8:59 p.m 9:00 – 9:59 p.m			
		0 – 8.59 a.m. 0 – 9:59 a.m.	22	10:00 – 9:39 p.n 10:00 – 10:59 p			
		00 – 10:59 a.m.	23	11:00 – 11:59 p			
	11 11:0	00 – 11:59 a.m.	99	Hour unknown			
	12 12 r	noon – 12:59 p.m.					
Length:	2 Ty	pe: Alphanun	neric Dat	a Source:	Claim		
Field 41:	TYPE_0	OF_BILL					
	Provides	specific informa	ation about th	ne claim data s	submitted. First	digit = type of facility. Second	
		ype of care. Third					
Coding Scheme:	1st digit-Ty	ype of Facility	$2^{nd} d$	igit–Type of Care		3 rd digit–Sequence of claim	
O		spital			g Medicare Part A		
	2 Skil	lled nursing	2 I	npatient, Medicar	e Part B only	1 Admit through discharge claim	
		me health		Outpatient		2 Interim–first claim	
	4 Reli	igious non-medical h		Outpatient Other,	Medicare Part B	3 Interim–continuing claim	
		e–Hospital igious non-medical h		only ntermediate Care	_Level I	4 Interim–last claim	
		e-Extended care	cutii 5 I	mermediate care	Leveri	4 Interni last claim	
	6 Inte	ermediate care	6 I	ntermediate Care	–Level II	5 Late charge(s) only claim	
	7 Clir	nic	7 S	Sub-acute inpatier	nt – Level III	6 Adjustment of prior claim (Not used	
	0 0	-:-1 £:1:4	0 (by Medicare)	
	8 Spe	ecial facility	8 5	Swing bed		7 Replacement of prior claim8 Void/cancel of prior claim	
Length:	3 Ty	pe: Alphanun	naric Dat	a Source:	Claim	8 Void/cancer of prior claim	
Field 42:		TING_DIAGNO		a bource.	Ciaiiii		
rieiu 42:				:f D:	. D:.: 10	Clinical Madification) diamonia	
						- Clinical Modification) diagnosis	
	code that indicates the patient's diagnosis on admission, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.						
T 41							
Length:		pe: Alphanun	neric Dat	a Source:	Claim		
Field 43:		_DIAG_CODE					
		,				0 – Clinical Modification)	
						tion established after study to be	
						h, 5th, 6th and 7th digits if	
		le. Decimal is in	-	•			
Length:		pe: Alphanun		a Source:	Claim		
Field 44:	POA_PI	RINC_DIAG_C	ODE				
	POA - P	resent on Admis	sion code ide	entifying whet	her Principal D	piagnosis code was present at the	
	time the	patient was adm	itted to the h	ospital			
Coding Scheme:	Y Yes	;					
<u> </u>	N No						
	U Unk	known					
	W Clir	nically Undetermined					
Length:	<u>1 Ty</u>	pe: Alphanun	neric Dat	a Source:	Claim		
	OTH_D	IAG_CODE_1					
Field 45:	ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)						
Field 45:	ICD-10-						
Field 45:	diagnosi					nosis or develops subsequently	
Field 45:	diagnosi					its if applicable. Decimal is	
Field 45:	diagnosis during a		ent, including				
	diagnosis during a	patient's treatme	ent, including				
Field 45: 2024 www.dshs.texas	diagnosis during a implied t	patient's treatme following the thi	ent, including rd character.		6th and 7th dig		

Field 46: Coding Scheme: Length: Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme: Length: Field 51:	POA – Presertime the paties Same as field 1 Type: OTH_DIAG ICD-10-CM (diagnosis codor develops stapplicable. Do 7 Type: POA OTH_POA – Presertime the paties Same as field PO 1 Type: OTH_DIAG ICD-10-CM (diagnosis codor develops stapplicable. Do 7 Type: POA_OTH_POA – Presertime the paties Same as field PO 1 Type: OTH_DIAG ICD-10-CM (diagnosis codor develops stapplicable. Do 7 Type: POA_OTH_POA – Presertime the paties Same as field PO 1 Type:	nt was admitted to POA_PRINC_DIA_AlphanumericCODE_2 (International Classe that corresponds absequently during ecimal is implied for Alphanumeric DIAG_CODE_2 and the on Admission count was admitted to DA_PRINC_DIAG_CO Alphanumeric CODE_3 (International Classe), that corresponds absequently during ecimal is implied for Alphanumeric DIAG_CODE_3 and on Admission count was admitted to DIAG_CODE_3 and on Admission count was admitted to not possible to the possible possib	the hospital. AG_CODE Data Source: sification of Disease to an additional concessor of the pata Source: ode identifying who the hospital DE Data Source: sification of Disease to an additional concessor of Disease to	Claim ether Oth_Diag_Code_2 code was present at the Claim ses - Revision 10 - Clinical Modification) condition that coexists with the principal diagnosis tent, including the 4th, 5th, 6th and 7th digits if			
Length: Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme: Length:	time the patie Same as field 1 Type: OTH_DIAG ICD-10-CM (diagnosis codor develops stapplicable. D. 7 Type: POA_OTH_ POA - Presentime the patie Same as field PO 1 Type: OTH_DIAG ICD-10-CM (diagnosis codor develops stapplicable. D. 7 Type: POA_OTH_ POA_OTH_ POA_OTH_ POA - Presentime the patie	nt was admitted to POA_PRINC_DIA_AlphanumericCODE_2 (International Classe that corresponds absequently during ecimal is implied for Alphanumeric DIAG_CODE_2 and the on Admission count was admitted to DA_PRINC_DIAG_CO Alphanumeric CODE_3 (International Classe), that corresponds absequently during ecimal is implied for Alphanumeric DIAG_CODE_3 and on Admission count was admitted to DIAG_CODE_3 and on Admission count was admitted to not possible to the possible possib	the hospital. AG_CODE Data Source: sification of Disease to an additional concessor of the pata Source: ode identifying who the hospital DE Data Source: sification of Disease to an additional concessor of Disease to	Claim ses – Revision 10 – Clinical Modification) condition that coexists with the principal diagnosis tent including the 4th, 5th, 6th and 7th digits if character. Claim ether Oth_Diag_Code_2 code was present at the Claim ses – Revision 10 – Clinical Modification) condition that coexists with the principal diagnosis tent, including the 4th, 5th, 6th and 7th digits if character. Claim			
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Field 48: Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme: Length:	or develops stapplicable. Do Type: POA_OTH_POA - Presentime the paties Same as field POI Type: OTH_DIAG ICD-10-CM (diagnosis codor develops stapplicable. Do Type: POA_OTH_POA - Presentime the paties	ubsequently during ecimal is implied f Alphanumeric DIAG_CODE_2 nt on Admission count was admitted to DA_PRINC_DIAG_CO Alphanumeric _CODE_3 International Classie, that corresponds ubsequently during ecimal is implied f Alphanumeric DIAG_CODE_3 nt on Admission count was admitted to	g a patient's treatm following the third Data Source: ode identifying who the hospital DE Data Source: sification of Diseases to an additional control of the third Data Source: ode identifying the third Data Source: ode identifying who	tent including the 4th, 5th, 6th and 7th digits if character. Claim ether Oth_Diag_Code_2 code was present at the Claim ses – Revision 10 – Clinical Modification) condition that coexists with the principal diagnosis tent, including the 4th, 5th, 6th and 7th digits if character. Claim			
Field 48: Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme: Length:	applicable. Do 7 Type: POA_OTH_ POA - Presentime the paties Same as field PO 1 Type: OTH_DIAG ICD-10-CM (diagnosis codor develops stapplicable. Do 7 Type: POA_OTH_ POA - Presentime the paties	ecimal is implied for Alphanumeric DIAG_CODE_2 Int on Admission count was admitted to DA_PRINC_DIAG_CO Alphanumeric CODE_3 (International Classifie, that corresponds absequently during ecimal is implied for Alphanumeric DIAG_CODE_3 Int on Admission count was admitted to DIAG_CODE_3	ollowing the third Data Source: ode identifying who the hospital DE Data Source: sification of Diseases to an additional companient's treatment of the companient of the	character. Claim ether Oth_Diag_Code_2 code was present at the Claim ses – Revision 10 – Clinical Modification) condition that coexists with the principal diagnosis tent, including the 4th, 5th, 6th and 7th digits if character. Claim			
Field 48: Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme: Length:	7 Type: POA_OTH_ POA - Preser time the patie Same as field PO 1 Type: OTH_DIAG ICD-10-CM (diagnosis codor develops stapplicable. Do 7 Type: POA_OTH_ POA - Preser time the patie	Alphanumeric DIAG_CODE_2 Int on Admission count was admitted to DA_PRINC_DIAG_CO Alphanumeric _CODE_3 (International Classice, that corresponds absequently during ecimal is implied for Alphanumeric DIAG_CODE_3 Int on Admission count was admitted to	Data Source: ode identifying who the hospital DE Data Source: sification of Diseases to an additional control of the pata Source: ode identifying who de identifying who	Claim ether Oth_Diag_Code_2 code was present at the Claim ses - Revision 10 - Clinical Modification) condition that coexists with the principal diagnosis tent, including the 4th, 5th, 6th and 7th digits if character. Claim			
Field 48: Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme: Length:	POA_OTH_ POA - Preser time the patie Same as field PO 1 Type: OTH_DIAG ICD-10-CM (diagnosis codor develops stapplicable. Do 7 Type: POA_OTH_ POA - Preser time the patie	nt on Admission count was admitted to DA_PRINC_DIAG_CO AlphanumericCODE_3 (International Classe, that corresponds ubsequently during ecimal is implied for AlphanumericDIAG_CODE_3 and on Admission count was admitted to	ode identifying who the hospital DE Data Source: sification of Disease to an additional control of the pata Source: ode identifying who de identifying who	ether Oth_Diag_Code_2 code was present at the Claim ses – Revision 10 – Clinical Modification) condition that coexists with the principal diagnosis tent, including the 4th, 5th, 6th and 7th digits if character. Claim			
Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme: Length:	POA – Presertime the paties Same as field PO 1 Type: OTH_DIAG ICD-10-CM (diagnosis codor develops stapplicable. Do 7 Type: POA_OTH_POA – Presertime the paties	nt on Admission count was admitted to DA_PRINC_DIAG_CO AlphanumericCODE_3 (International Classe, that corresponds absequently during ecimal is implied for AlphanumericDIAG_CODE_3 and on Admission count was admitted to	the hospital DE Data Source: sification of Diseases to an additional control of the part o	Claim ses – Revision 10 – Clinical Modification) condition that coexists with the principal diagnosis tent, including the 4th, 5th, 6th and 7th digits if character. Claim			
Length: Field 49: Length: Field 50: Coding Scheme: Length:	time the patie Same as field PC 1 Type: OTH_DIAG ICD-10-CM (diagnosis cod or develops st applicable. D: 7 Type: POA_OTH_ POA - Preset time the patie	nt was admitted to DA_PRINC_DIAG_CO Alphanumeric _CODE_3 (International Classe, that corresponds absequently during ecimal is implied f Alphanumeric DIAG_CODE_3 at on Admission count was admitted to	the hospital DE Data Source: sification of Diseases to an additional control of the part o	Claim ses – Revision 10 – Clinical Modification) condition that coexists with the principal diagnosis tent, including the 4th, 5th, 6th and 7th digits if character. Claim			
Length: Field 49: Length: Field 50: Coding Scheme: Length:	Same as field PC 1 Type: OTH_DIAG ICD-10-CM (diagnosis codor develops stapplicable. Do Type: POA_OTH_POA - Presentime the patie	A_PRINC_DIAG_CO Alphanumeric _CODE_3 International Class le, that corresponds ubsequently during ecimal is implied f Alphanumeric DIAG_CODE_3 nt on Admission co nt was admitted to	Data Source: Sification of Diseases to an additional control of the second partial of t	ses – Revision 10 – Clinical Modification) condition that coexists with the principal diagnosis tent, including the 4th, 5th, 6th and 7th digits if character. Claim			
Length: Field 49: Length: Field 50: Coding Scheme: Length:	OTH_DIAG ICD-10-CM (diagnosis codor develops stapplicable. Do 7 Type: POA_OTH_POA - Presentime the patie	Alphanumeric _CODE_3 [International Classe, that corresponds absequently during ecimal is implied for Alphanumeric DIAG_CODE_3 and on Admission count was admitted to	Data Source: sification of Diseases to an additional control of the second partial of th	ses – Revision 10 – Clinical Modification) condition that coexists with the principal diagnosis tent, including the 4th, 5th, 6th and 7th digits if character. Claim			
Field 49: Length: Field 50: Coding Scheme: Length:	OTH_DIAG ICD-10-CM (diagnosis cod or develops stapplicable. D 7 Type: POA_OTH_ POA - Preser time the patie	CODE_3 (International Classe, that corresponds ubsequently during ecimal is implied for Alphanumeric DIAG_CODE_3 and on Admission count was admitted to	sification of Diseases to an additional control of the second of the sec	ses – Revision 10 – Clinical Modification) condition that coexists with the principal diagnosis tent, including the 4th, 5th, 6th and 7th digits if character. Claim			
Length: Field 50: Coding Scheme: Length:	ICD-10-CM (diagnosis cod or develops stapplicable. Do Type: POA_OTH_POA - Preset time the patie	International Class le, that corresponds lubsequently during lecimal is implied f Alphanumeric DIAG_CODE_3 lit on Admission count was admitted to	s to an additional c g a patient's treatm following the third Data Source:	condition that coexists with the principal diagnosis tent, including the 4th, 5th, 6th and 7th digits if character. Claim			
Field 50: Coding Scheme: Length:	diagnosis cod or develops st applicable. Do 7 Type: POA_OTH_ POA - Preser time the patie	e, that corresponds ubsequently during ecimal is implied f Alphanumeric DIAG_CODE_3 nt on Admission co nt was admitted to	s to an additional c g a patient's treatm following the third Data Source:	condition that coexists with the principal diagnosis tent, including the 4th, 5th, 6th and 7th digits if character. Claim			
Field 50: Coding Scheme: Length:	or develops stapplicable. Do 7 Type: POA_OTH_POA - Presertime the patie	ubsequently during ecimal is implied f Alphanumeric DIAG_CODE_3 nt on Admission count was admitted to	g a patient's treatm following the third Data Source: and deductifying who	nent, including the 4th, 5th, 6th and 7th digits if character. Claim			
Field 50: Coding Scheme: Length:	applicable. Do 7 Type: POA_OTH_ POA - Preser time the patie	ecimal is implied f Alphanumeric DIAG_CODE_3 nt on Admission continuous admitted to	Data Source: ode identifying who	character. Claim			
Field 50: Coding Scheme: Length:	7 Type: POA_OTH_ POA – Preser time the patie	Alphanumeric DIAG_CODE_3 nt on Admission cont was admitted to	Data Source:	Claim			
Field 50: Coding Scheme: Length:	POA_OTH_ POA – Preser time the patie	DIAG_CODE_3 nt on Admission continuous admitted to	ode identifying who				
Coding Scheme: Length:	POA – Preser time the patie	nt on Admission co nt was admitted to		ether Oth_Diag_Code_3 code was present at the			
Length:	time the patie	nt was admitted to		ether Oth_Diag_Code_3 code was present at the			
Length:	-		the hospital				
Length:	Same as field PC	L BRRIG BILG GO					
		DA_PRINC_DIAG_CO	DE				
Field 51:	1 Type:	Alphanumeric	Data Source:	Claim			
	OTH_DIAG	_CODE_4					
	ICD-10-CM (International Class	sification of Diseas	ses – Revision 10 – Clinical Modification)			
				condition that coexists with the principal diagnosis			
				ent, including the 4th, 5th, 6th and 7th digits if			
		ecimal is implied f	_				
Length:	7 Type:	Alphanumeric	Data Source:	Claim			
Field 52:		DIAG_CODE_4					
				ether Oth_Diag_Code_4 code was present at the			
		nt was admitted to					
Coding Scheme:		OA_PRINC_DIAG_CO	DE				
Length:	1 Type:	Alphanumeric	Data Source:	Claim			
Field 53:	OTH_DIAG	_CODE_5					
	ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)						
	diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis						
			•	ent, including the 4th, 5th, 6th and 7th digits if			
		ecimal is implied f	-				
Length:	7 Type:	Alphanumeric	Data Source:	Claim			
Field 54:		DIAG_CODE_5					
				ether Oth_Diag_Code_5 code was present at the			
		nt was admitted to	-				
Coding Scheme:		DA_PRINC_DIAG_CO					
Length:	1 Type:	Alphanumeric	Data Source:	Claim			
Field 55:	OTH_DIAG	_CODE_6					
2024							
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ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: Type: Alphanumeric **Data Source:** Field 56: POA_OTH_DIAG_CODE_6 POA - Present on Admission code identifying whether Oth_Diag_Code_6 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Claim Length: Type: Alphanumeric **Data Source:** Field 57: OTH DIAG CODE 7 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source:** Length: Type: Alphanumeric Field 58: POA OTH DIAG CODE 7 POA - Present on Admission code identifying whether Oth_Diag_Code_7 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: Type: Alphanumeric **Data Source:** Claim Field 59: OTH DIAG CODE 8 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: Type: Alphanumeric **Data Source:** Claim Field 60: POA_OTH_DIAG_CODE_8 POA - Present on Admission code identifying whether Oth Diag Code 8 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as field POA_PRINC_DIAG_CODE Length: Type: Alphanumeric **Data Source:** Claim Field 61: OTH DIAG CODE 9 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: Type: Alphanumeric **Data Source:** Claim Field 62: POA OTH DIAG CODE 9 POA - Present on Admission code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Alphanumeric **Data Source:** Claim Length: Type: Field 63: OTH DIAG CODE 10 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source:** Length: Type: Alphanumeric Field 64: POA OTH DIAG CODE 10 POA - Present on Admission code identifying whether Oth_Diag_Code_10 code was present at the time the patient was admitted to the hospital

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Coding Scheme:	Same as field PC	DA_PRINC_DIAG_CO	DDE			
Length:	1 Type:	Alphanumeric	Data Source:	Claim		
Field 65:	OTH_DIAG			2 17		
			sification of Disease	s – Revision 10 – Clinical Modification)		
				ndition that coexists with the principal diagnosis		
				nt, including the 4th, 5th, 6th and 7th digits if		
		_	following the third cl			
Length:	7 Type:	Alphanumeric	Data Source:	Claim		
Field 66:		DIAG_CODE_11				
				her Oth_Diag_Code_11 code was present at the		
Cadina Cahama	-	ent was admitted to DA_PRINC_DIAG_CO	•			
Coding Scheme: Length:	1 Type:	Alphanumeric	Data Source:	Claim		
Field 67:			Data Source:	Ciallii		
rieid 07:	OTH_DIAG		cification of Disease	s – Revision 10 – Clinical Modification)		
		,		ndition that coexists with the principal diagnosis		
				nt, including the 4th, 5th, 6th and 7th digits if		
			following the third cl			
Length:	7 Type:	Alphanumeric	Data Source:	Claim		
Field 68:	POA_OTH_	DIAG_CODE_12	2			
	POA – Presei	nt on Admission co	ode identifying whet	her Oth_Diag_Code_12 code was present at the		
	time the patie	ent was admitted to	the hospital			
Coding Scheme:	Same as field PC	DA_PRINC_DIAG_CO	DDE			
Length:	1 Type:	Alphanumeric	Data Source:	Claim		
Field 69:	OTH_DIAG					
		,		s – Revision 10 – Clinical Modification)		
	diagnosis code, that corresponds to an additional condition that coexists with the principal diagnos or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if					
Length:	7 Type:	Alphanumeric	following the third cl Data Source:	Claim		
Field 70:		DIAG_CODE_13		Ciaiii		
ricia 70.				her Oth_Diag_Code_13 code was present at the		
		ent was admitted to		ner oui_blag_code_15 code was present at the		
Coding Scheme:		DA_PRINC_DIAG_CO	*			
Length:	1 Type:	Alphanumeric	Data Source:	Claim		
Field 71:	OTH DIAG					
			sification of Disease	s – Revision 10 – Clinical Modification)		
		,		ndition that coexists with the principal diagnosis		
				nt, including the 4th, 5th, 6th and 7th digits if		
		-	following the third cl			
Length:	7 Type:	Alphanumeric	Data Source:	Claim		
Field 72:		DIAG_CODE_14				
				her Oth_Diag_Code_14 code was present at the		
G 11 G 1		ent was admitted to	*			
Coding Scheme:		DA_PRINC_DIAG_CO		Claim		
Length:	1 Type:	Alphanumeric CODE 15	Data Source:	Claim		
Field 73:	OTH_DIAG		oification of Discour	a Pavision 10 Clinical Madification		
				s – Revision 10 – Clinical Modification)		
	_	-		ndition that coexists with the principal diagnosis at, including the 4th, 5th, 6th and 7th digits if		
			following the third cl			
		_	Data Source:			
Length:	/ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Alphanumeric	Data Source:	Claim		
Length:	7 Type:	Alphanumeric	Data Source:	Claim		
Length: 2024 www.dshs.texas		Alphanumeric	Page 20	Last Updated: November 2024		

Field 74: POA_OTH_DIAG_CODE_15 POA – Present on Admission code identifying whether Oth_Diag_Code_15 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: Type: Alphanumeric **Data Source:** Claim Field 75: OTH_DIAG_CODE_16 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source:** Length: Type: Alphanumeric Claim Field 76: POA_OTH_DIAG_CODE_16 POA - Present on Admission code identifying whether Oth Diag Code 16 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: Alphanumeric Type: **Data Source:** Claim Field 77: OTH DIAG_CODE_17 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source:** Length: Type: Alphanumeric Field 78: POA OTH DIAG CODE 17 POA – Present on Admission code identifying whether Oth_Diag_Code_17 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: Type: Alphanumeric **Data Source:** Claim Field 79: **OTH DIAG CODE 18** ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Type:** Alphanumeric **Data Source:** Length: Claim Field 80: POA OTH DIAG CODE 18 POA - Present on Admission code identifying whether Oth_Diag_Code_18 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: **Data Source:** Claim Type: Alphanumeric Field 81: OTH_DIAG_CODE_19 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: Type: Alphanumeric **Data Source:** Claim POA OTH DIAG CODE 19 Field 82: POA - Present on Admission code identifying whether Oth Diag Code 19 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: Type: Alphanumeric **Data Source:** Claim Field 83: OTH DIAG CODE 20 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis Page 21

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			ncluding the 4th, 5th, 6th and 7th digits if			
T41	applicable. Decimal is implied follows:	_				
Length:	**	Data Source:	Claim			
Field 84:	POA_OTH_DIAG_CODE_20	a idantifyina whathan	Oth_Diag_Code_20 code was present at the			
	time the patient was admitted to the		Oth_Diag_Code_20 code was present at the			
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE	•				
Length:		Data Source:	Claim			
Field 85:	OTH_DIAG_CODE_21	2 444 2 441 441				
11014 001		ication of Diseases –	Revision 10 – Clinical Modification)			
	`		tion that coexists with the principal diagnosis			
			ncluding the 4th, 5th, 6th and 7th digits if			
	applicable. Decimal is implied followed	_	acter.			
Length:	VI 1	Data Source:	Claim			
Field 86:	POA_OTH_DIAG_CODE_21					
			Oth_Diag_Code_21 code was present at the			
	time the patient was admitted to the	-				
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE		Claim			
Length: Field 87:	1 Type: Alphanumeric 1 OTH_DIAG_CODE_22	Data Source:	Claim			
rieiu o/:		ication of Diseases	Revision 10 – Clinical Modification)			
	· ·		tion that coexists with the principal diagnosis			
			ncluding the 4th, 5th, 6th and 7th digits if			
	applicable. Decimal is implied follows:					
Length:	7 Type: Alphanumeric 1	Data Source:	Claim			
Field 88:	POA_OTH_DIAG_CODE_22					
	POA – Present on Admission code identifying whether Oth_Diag_Code_22 code was present at the					
	time the patient was admitted to the	•				
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE					
Length:		Data Source:	Claim			
Field 89:	OTH_DIAG_CODE_23		D			
			Revision 10 – Clinical Modification) tion that coexists with the principal diagnosis			
			ncluding the 4th, 5th, 6th and 7th digits if			
	applicable. Decimal is implied followed					
Length:		Data Source:	Claim			
Field 90:	POA_OTH_DIAG_CODE_23					
		e identifying whether	Oth_Diag_Code_23 code was present at the			
	time the patient was admitted to the	ne hospital				
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE					
Length:	*	Data Source:	Claim			
Field 91:	OTH_DIAG_CODE_24					
			Revision 10 – Clinical Modification)			
			tion that coexists with the principal diagnosis			
	applicable. Decimal is implied followed		ncluding the 4th, 5th, 6th and 7th digits if			
Length:	= = = = = = = = = = = = = = = = = = = =	Data Source:	Claim			
Field 92:	POA_OTH_DIAG_CODE_24	Dutu Source.	Ciami			
1 iciu /2.		e identifying whether	Oth_Diag_Code_24 code was present at the			
	time the patient was admitted to the		oui_2iug_couc_2 i couc was present at ano			
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE	•				
Length:	1 Type: Alphanumeric l	Data Source:	Claim			
2024						
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			1			

Field 93:	E_CODE_1		
	E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification		
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury		
	events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of		
T am adh.	an additional external cause of morbidity. Decimal is implied following the third character		
Length:	7 Type: Alphanumeric Data Source: Claim		
Field 94:	POA_E_CODE_1		
	POA – Present on Admission code identifying whether E_Code_1 (External Cause of		
Cadina Sahamar	Morbidity/Injury) code was present at the time the patient was admitted to the hospital. Same as field POA_PRINC_DIAG_CODE		
Coding Scheme: Length:	1 Type: Alphanumeric Data Source: Claim		
Field 95:	E_CODE_2		
rieiu 95:	E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification		
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury		
	events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of		
	an additional external cause of morbidity. Decimal is implied following the third character		
Length:	7 Type: Alphanumeric Data Source: Claim		
Field 96:	POA_E_CODE_2		
110100 > 00	POA – Present on Admission code identifying whether E_Code_2 code was present at the time the		
	patient was admitted to the hospital		
Coding Scheme:			
Length:	1 Type: Alphanumeric Data Source: Claim		
Field 97:	E_CODE_3		
	E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification		
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury		
	events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of		
	an additional external cause of morbidity. Decimal is implied following the third character		
Length:	7 Type: Alphanumeric Data Source: Claim		
Field 98:	POA_E_CODE_3		
	POA – Present on Admission code identifying whether E_Code_3 code was present at the time the		
	patient was admitted to the hospital		
_	Same as field POA_PRINC_DIAG_CODE		
Length:	1 Type: Alphanumeric Data Source: Claim		
Field 99:	E_CODE_4		
	E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification		
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury		
	events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character		
Length:	7 Type: Alphanumeric Data Source: Claim		
Field 100:	POA_E_CODE_4		
riciu 100.	POA – Present on Admission code identifying whether E_Code_4 code was present at the time the		
	patient was admitted to the hospital		
Coding Scheme:	•		
Length:	1 Type: Alphanumeric Data Source: Claim		
Field 101:	E_CODE_5		
ricia 101.	E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification		
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury		
	events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of		
Length:	an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim		
Length: Field 102:	an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim		
	an additional external cause of morbidity. Decimal is implied following the third character		

POA – Present on Admission code identifying whether E Code 5 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: Type: Alphanumeric **Data Source:** Claim **Field 103:** E CODE 6 E -Code - External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character **Data Source:** Alphanumeric Claim Length: Type: **Field 104:** POA E CODE 6 POA - Present on Admission code identifying whether E_Code_6 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: Type: Alphanumeric **Data Source:** Claim **Field 105:** E CODE 7 E -Code - External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Alphanumeric Length: Type: **Data Source:** Claim **Field 106:** POA E CODE 7 POA – Present on Admission code identifying whether E Code 7 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE **Coding Scheme:** Length: Type: Alphanumeric **Data Source:** Claim **Field 107:** E_CODE_8 E -Code - External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Length: Type: Alphanumeric **Data Source:** Claim **Field 108:** POA E CODE 8 POA – Present on Admission code identifying whether E Code 8 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: Type: Alphanumeric **Data Source:** Claim **Field 109:** E CODE 9 E -Code - External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Alphanumeric **Data Source:** Claim Length: Type: **Field 110:** POA E CODE 9 POA - Present on Admission code identifying whether E_Code_9 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: Type: Alphanumeric **Data Source:** Claim Field 111: E CODE 10 E -Code - External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury

				e 4th, 5th, 6th and 7th digits if applicable, of
T am adh .				mplied following the third character
Length:		Alphanumeric	Data Source:	Claim
Field 112:	POA_E_CODE		da idantifyina yyhatha	E_Code_10 code was present at the time the
		on Admission cod oitted to the hospi		r E_Code_10 code was present at the time the
Coding Scheme:				
Length:		Alphanumeric	Data Source:	Claim
Field 113:		PROC_CODE		Ciann
riciu 113.				vision 10 - Procedure Coding System) code
			procedure performed	
Length:		Alphanumeric	Data Source:	Claim
Field 114:		PROC_DATE		
				Entered as YYYYMMDD.
Length:		Alphanumeric	Data Source:	Claim
Field 115:	PRINC_SURG	_PROC_DAY		-
	Day of principal	l surgical procedo	ure was performed. Da	ate minus Admission/Start of Care Date
Length:	4 Type: A	Alphanumeric	Data Source:	Calculated
Field 116:	OTH_SURG_H	PROC_CODE_1		
		al or other proced oill. ICD-10-PCS		ncipal procedure performed during the period
Length:	7 Type: 1	Alphanumeric	Data Source:	Claim
Field 117:	OTH_SURG_H	PROC_DATE_1		
	Date the surgica <i>YYYYMMDD</i> .	al or other proced	ure other than the prir	ncipal procedure was performed. Entered as
Length:	8 Type: A	Alphanumeric	Data Source:	Claim
Field 118:	OTH_SURG_F	PROC_DAY_1		
	Day of surgical	or other procedu	re other than the princ	ipal procedure was performed. Date of the
			dmission/Start of Care	e Date
Length:		Alphanumeric	Data Source:	Calculated
T2.1J 110.)	
Field 119:		PROC_CODE_2		
rieia 119:	Code for surgica	al or other proced	lure other than the prin	ncipal procedure performed during the period
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	Day of surgical or other procedure other than the princ	ripal procedure was performed. Date of the
	surgical was performed minus Admission/Start of Care	e Date
Length:	4 Type: Alphanumeric Data Source:	Calculated
Field 125:	OTH_SURG_PROC_CODE_4	
	Code for surgical or other procedure other than the prince covered by the bill. ICD-10-PCS code.	ncipal procedure performed during the period
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 126:	OTH_SURG_PROC_DATE_4	Ciami
1 Iciu 120.	Date the surgical or other procedure other than the prin	ncipal procedure was performed. Entered as
	YYYYMMDD.	r r
Length:	8 Type: Alphanumeric Data Source:	Claim
Field 127:	OTH_SURG_PROC_DAY_4	
	Day of surgical or other procedure other than the princ	
	surgical was performed <i>minus</i> Admission/Start of Care	
Length:	4 Type: Alphanumeric Data Source:	Calculated
Field 128:	OTH_SURG_PROC_CODE_5	noinel muccodyna monformed dyning the monied
	Code for surgical or other procedure other than the prince covered by the bill. ICD-10-PCS code.	ncipal procedure performed during the period
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 129:	OTH_SURG_PROC_DATE_5	- Cium
11010 1250	Date the surgical or other procedure other than the prin	ncipal procedure was performed. Entered as
	YYYYMMDD.	
Length:	8 Type: Alphanumeric Data Source:	Claim
Field 130:	OTH_SURG_PROC_DAY_5	
	Day of surgical or other procedure other than the princ	
	surgical was performed <i>minus</i> Admission/Start of Care	
Length:	4 Type: Alphanumeric Data Source:	Calculated
Field 131:	OTH_SURG_PROC_CODE_6	
	Code for surgical or other procedure other than the prince covered by the bill. ICD-10-PCS code.	ncipal procedure performed during the period
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 132:	OTH_SURG_PROC_DATE_6	
	Date the surgical or obstetrical procedure other than th	e principal procedure was performed. Entered
	as YYYYMMDD.	
Length:	8 Type: Alphanumeric Data Source:	Claim
Field 133:	OTH_SURG_PROC_DAY_6	
	Day of surgical or other procedure other than the princ	
	surgical was performed <i>minus</i> Admission/Start of Care	
Length:	4 Type: Alphanumeric Data Source:	Calculated
Field 134:	OTH_SURG_PROC_CODE_7	
	Code for surgical or other procedure other than the prince covered by the bill. ICD-10-PCS code.	ncipal procedure performed during the period
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 135:	OTH_SURG_PROC_DATE_7	Ciann
rieiu 135;	Date the surgical or other procedure other than the prin	ocinal procedure was performed. Entered as
	Date the surgical of other procedure other than the prin	icipal procedure was performed. Efficied as
	· · · · · · · · · · · · · · · · · · ·	
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	YYYYMMDD. 8 Type: Alphanumeric Data Source:	Claim
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	YYYYMMDD. 8 Type: Alphanumeric Data Source:	cipal procedure was performed. Date of the

Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 137:	OTH_SURG	_PROC_CODE_	.8	
	Code for surgical or other procedure other than the principal procedure performed during			principal procedure performed during the period
	•	e bill. ICD-10-PC		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 138:		_PROC_DATE_		
	_	cal or other proce	dure other than the p	principal procedure was performed. Entered as
	YYYYMMDD.		- · · · ·	~~ .
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 139:		_PROC_DAY_8		
	Day of surgical or other procedure other than the principal procedure was performed. Date of surgical was performed <i>minus</i> Admission/Start of Care Date			
T 41				
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 140:		_PROC_CODE_		
				principal procedure performed during the period
T	•	e bill. ICD-10-PC		Clains
Length: Field 141:	7 Type:	Alphanumeric DATE	Data Source:	Claim
ricia 141:		_PROC_DATE_		principal procedure was performed. Entered as
	YYYYMMDD.	car or other proce	dure onier man me p	officipal procedure was performed. Effered as
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 142:		PROC_DAY_9	Data Source.	Cium
riciu 142.			ure other than the pri	incipal procedure was performed. Date of the
			Admission/Start of C	
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 143:		PROC_CODE		Carcaracca
Ticia 1-10.	Code for surgical or other procedure other than the principal procedure performed during the period			
		e bill. ICD-10-PC		principal procedure personned during and person
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 144:		PROC_DATE_	10	
	Date the surgical or other procedure other than the principal procedure was performed. Entered as			
	YYYYMMDD.	1	•	1 1
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 145:	OTH_SURG	PROC_DAY_10	0	
	Day of surgical	al or other proced	ure other than the pri	incipal procedure was performed. Date of the
	surgical was p	erformed <i>minus A</i>	Admission/Start of C	are Date
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 146:	OTH_SURG	_PROC_CODE_	11	
	Code for surg	ical or other proce	edure other than the p	principal procedure performed during the period
		e bill. ICD-10-PC	S code.	
	covered by the	c om. icb io i c		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Length: Field 147:	7 Type:			Claim
	7 Type: OTH_SURG	Alphanumeric _PROC_DATE_	11	Claim orincipal procedure was performed. Entered as
	7 Type: OTH_SURG	Alphanumeric _PROC_DATE_	11	
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				principal procedure performed during the period
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11014 100.				principal procedure was performed. Entered as
	YYYYMMDD.	1	1	
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 151:		_PROC_DAY_1		
				incipal procedure was performed. Date of the
T 41		•	Admission/Start of C	
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 152:		PROC_CODE_		principal procedure performed during the period
		e bill. ICD-10-PC		principal procedure performed during the period
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 153:		_PROC_DATE_		
				principal procedure was performed. Entered as
	YYYYMMDD.	_	_	
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 154:		_PROC_DAY_1		
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I amadh.		•	Admission/Start of C	
Length: Field 155:	4 Type:	Alphanumeric PROC_CODE	Data Source:	Calculated
rieiu 155:				principal procedure performed during the period
		e bill. ICD-10-PC		principal procedure performed during the period
Length:	•	Alphanumeric	Data Source:	Claim
Field 156:	OTH_SURG	_PROC_DATE_	14	
	Date the surg	ical or other proce	dure other than the p	principal procedure was performed. Entered as
	YYYYMMDD.		-	
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 157:		_PROC_DAY_1		
			Admission/Start of C	incipal procedure was performed. Date of the
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 158:	**	PROC_CODE		Culculated
11010 1001				principal procedure performed during the period
		e bill. ICD-10-PC		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 159:		_PROC_DATE_		
		ical or other proce	dure other than the p	principal procedure was performed. Entered as
T 41	YYYYMMDD.		D . G	CI.:
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 160:		PROC_DAY_1		incipal procedure was performed. Date of the
			Admission/Start of C	
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 161:		PROC_CODE		
				principal procedure performed during the period
		e bill. ICD-10-PC		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
2024				
2024	as.gov/THCIC		—— Page 28 —	Last Updated: November 2024

Field 162:	OTH_SURG_PROC_DATE_16 Date the surgical or other procedure other than the principal procedure was performed. Entered as		
	YYYYMMDD.	e principal procedure was performed. Entered as	
Length:	8 Type: Alphanumeric Data Source:	Claim	
Field 163:	OTH_SURG_PROC_DAY_16	- Craim	
	Day of surgical or other procedure other than the	principal procedure was performed. Date of the	
	surgical was performed minus Admission/Start of		
Length:	4 Type: Alphanumeric Data Source:	Calculated	
Field 164:	OTH_SURG_PROC_CODE_17		
		e principal procedure performed during the period	
Longth	covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data Source:	Claim	
Length: Field 165:	7 Type: Alphanumeric Data Source: OTH_SURG_PROC_DATE_17	Ciallii	
ricia 103.	Date the surgical or other procedure other than the	e principal procedure was performed. Entered as	
	YYYYMMDD.	s principal procedure was performed. Emered as	
Length:	8 Type: Alphanumeric Data Source:	Claim	
Field 166:	OTH_SURG_PROC_DAY_17		
	Day of surgical or other procedure other than the J		
	surgical was performed minus Admission/Start of	Care Date	
Length:	4 Type: Alphanumeric Data Source:	Calculated	
Field 167:	OTH_SURG_PROC_CODE_18		
		e principal procedure performed during the period	
Length:	covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data Source:	Claim	
Field 168:	OTH_SURG_PROC_DATE_18	Ciann	
ricia 100.	Date the surgical or other procedure other than the principal procedure was performed. Entered as		
	YYYYMMDD.	principal procedure was performed zincred as	
Length:	8 Type: Alphanumeric Data Source:	Claim	
Field 169:	OTH_SURG_PROC_DAY_18		
	Day of surgical or other procedure other than the p		
T (1	surgical was performed <i>minus</i> Admission/Start of		
Length:	4 Type: Alphanumeric Data Source:	Calculated	
Field 170:	OTH_SURG_PROC_CODE_19	a main aimal muses dyna monformed dyning the monied	
	covered by the bill. ICD-10-PCS code.	e principal procedure performed during the period	
Length:	7 Type: Alphanumeric Data Source:	Claim	
Field 171:	OTH_SURG_PROC_DATE_19		
	Date the surgical or other procedure other than the	e principal procedure was performed. Entered as	
	YYYYMMDD.		
Length:	8 Type: Alphanumeric Data Source:	Claim	
Field 172:	OTH_SURG_PROC_DAY_19		
	Day of surgical or other procedure other than the		
T am adh .	surgical was performed <i>minus</i> Admission/Start of		
Length: Field 173:	4 Type: Alphanumeric Data Source: OTH_SURG_PROC_CODE_20	Calculated	
rieiu 1/3:		e principal procedure performed during the period	
	covered by the bill. ICD-10-PCS code.	e principal procedure performed during the period	
Length:	7 Type: Alphanumeric Data Source:	Claim	
Field 174:	OTH_SURG_PROC_DATE_20		
	Date the surgical or other procedure other than the	e principal procedure was performed. Entered as	
	YYYYMMDD.	- -	
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Length:	8 Type: Alphanumeric Data Source: Claim
Field 175:	OTH_SURG_PROC_DAY_20
	Day of surgical or other procedure other than the principal procedure was performed. Date of the
	surgical was performed minus Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Calculated
Field 176:	OTH_SURG_PROC_CODE_21
	Code for surgical or other procedure other than the principal procedure performed during the period
	covered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 177:	OTH_SURG_PROC_DATE_21
	Date the surgical or other procedure other than the principal procedure was performed. Entered as
	YYYYMMDD.
Length:	8 Type: Alphanumeric Data Source: Claim
Field 178:	OTH_SURG_PROC_DAY_21
	Day of surgical or other procedure other than the principal procedure was performed. Date of the
Longth	surgical was performed <i>minus</i> Admission/Start of Care Date 4 Type: Alphanumeric Data Source: Calculated
Length: Field 179:	4 Type: Alphanumeric Data Source: Calculated OTH_SURG_PROC_CODE_22
rieia 179:	Code for surgical or other procedure other than the principal procedure performed during the period
	covered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 180:	OTH SURG PROC DATE 22
	Date the surgical or other procedure other than the principal procedure was performed. Entered as
	YYYYMMDD.
Length:	8 Type: Alphanumeric Data Source: Claim
Field 181:	OTH_SURG_PROC_DAY_22
	Day of surgical or other procedure other than the principal procedure was performed. Date of the
	surgical was performed minus Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Calculated
Field 182:	OTH_SURG_PROC_CODE_23
	Code for surgical or other procedure other than the principal procedure performed during the period
Longth	covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data Source: Claim
Length: Field 183:	
rieia 183:	OTH_SURG_PROC_DATE_23 Date the surgical or other procedure other than the principal procedure was performed. Entered as
	YYYYMMDD.
Length:	8 Type: Alphanumeric Data Source: Claim
Field 184:	OTH SURG PROC DAY 23
21010 10 17	Day of surgical or other procedure other than the principal procedure was performed. Date of the
	surgical was performed <i>minus</i> Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Calculated
Field 185:	OTH_SURG_PROC_CODE_24
	Code for surgical or other procedure other than the principal procedure performed during the period
	covered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 186:	OTH_SURG_PROC_DATE_24
	Date the surgical or other procedure other than the principal procedure was performed. Entered as
	YYYYMMDD.
Length:	8 Type: Alphanumeric Data Source: Claim
Field 187:	OTH_SURG_PROC_DAY_24

Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date **Type:** Alphanumeric **Data Source:** Calculated Length: **Field 188:** ATTENDING PHYSICIAN UNIF ID Attending Physician Uniform Identifier. Unique identifier assigned to the licensed physician expected to certify medical necessity of services rendered, with primary responsibility for the patient's medical care and treatment. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients. 999999999 Temporary license or license number could not be matched **Coding Scheme:** Length: Type: Alphanumeric **Data Source:** Assigned **Field 189:** OPERATING PHYSICIAN UNIF ID Operating or other Physician Uniform Identifier (if applicable). Unique identifier assigned to the operating physician or physician other than the attending physician who performed the principal or surgical procedure most closely related to the principal diagnosis. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients Coding Scheme: 999999999 Temporary license or license number could not be matched **Type:** Alphanumeric **Data Source:** Length: Assigned **Field 190:** OCCUR_CODE_1 Code describing a significant event relating to the claim. **Coding Scheme:** Scheduled date of admission Auto accident No Fault Insurance Involved - Including 41 Date of first test of pre-admission testing Auto Accident/Other 03 Accident/ Tort Liability 42 Date of discharge (hospice only) 04 Accident/ Employment Related 43 Scheduled date of canceled surgery 05 44 Other accident Date treatment started - OT 06 Crime Victim 45 Date treatment started - ST 09 Start of Infertility Treatment Cycle 46 Date treatment started - Cardiac rehabilitation Date cost outlier status begins 10 Last Menstrual Period 47 11 Onset of Symptoms/ Illness A1 Birthdate - Insured A 12 Date of Onset for a Chronically A2 Effective Date - Insured A Policy Dependent Individual 16 Date of Last Therapy A3 Payer A benefits exhausted 17 Date Outpatient OT Plan Established or A4 Split Bill Date Last Reviewed 18 Date of Retirement - Patient/Beneficiary B1 Birthdate - Insured B 19 Date of Retirement - Spouse B2 Effective date - Insured B Policy 20 Date Guarantee of Payment Began **B**3 Payer B benefits exhausted 2.1 Date UR Notice Received C1Birthdate - Insured C 22 Date Active Care Ended C2 Effective date - Insured C Policy C3 Payer C benefits exhausted Date Insurance Denied 25 Date Benefits Terminated by Primary DR Katrina disaster related Paver 26 Date SNF Bed Became Available E1 Birthdate - Insured D 27 Date Home Health Plan Established or E2 Effective date - Insured D Policy Last Reviewed Date Comprehensive Outpatient E3 28 Rehabilitation Plan Established or Last Payer D benefits exhausted 29 Date Outpatient PT Plan established or F1 Birthdate - Insured E last reviewed Date Outpatient ST Plan established or F2 30 Effective date - Insured E Policy last reviewed

	31 Date beneficiary notified of intent to bill F3	
	(accommodations)	Payer E benefits exhausted
	32 Date beneficiary notified of intent to bill G1 (procedures or treatments)	Birthdate - Insured F
	37 Date of inpatient hospital discharge for G2 non-covered transplant patients	Effective date - Insured F Policy
	38 Date treatment started for home IV G3 therapy	Payer F benefits exhausted
	39 Date discharged on a continuous course if IV therapy	
Length:	2 Type: Alphanumeric Data Source:	Claim
Field 191:	OCCUR_DATE_1	
	Date of occurrence, as YYYYMMDD.	
Length:	8 Type: Alphanumeric Data Source:	Claim
Field 192:	OCCUR_DAY_1	
	Occurrence Day equals Occurrence Date minus Admis	sion/Start of Care Date.
Length:	4 Type: Alphanumeric Data Source:	Calculated
Field 193:	OCCUR_CODE_2	
	Code describing a significant event relating to the clair	n.
Coding Scheme:		
Length:	2 Type: Alphanumeric Data Source:	Claim
Field 194:	OCCUR_DATE_2	
	Date of occurrence, as YYYYMMDD.	
Length:	8 Type: Alphanumeric Data Source:	Claim
Field 195:	OCCUR_DAY_2	
T 43	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admis	
Length:	4 Type: Alphanumeric Data Source:	Calculated
Field 196:	OCCUR_CODE_3	
Cadina Cahama	Code describing a significant event relating to the clair	n.
Length:	Same as OCCUR_CODE_1. 2 Type: Alphanumeric Data Source:	Claim
Field 197:	OCCUR_DATE_3	Ciaiiii
riciu 197.	Date of occurrence, as YYYYMMDD.	
Length:	8 Type: Alphanumeric Data Source:	Claim
Field 198:	OCCUR_DAY_3	Citim
1 Iciu 170.	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admis	sion/Start of Care Date.
Length:	4 Type: Alphanumeric Data Source:	Calculated
Field 199:	OCCUR_CODE_4	
	Code describing a significant event relating to the clair	n.
Coding Scheme:		
Length:	2 Type: Alphanumeric Data Source:	Claim
Field 200:	OCCUR_DATE_4	
	Date of occurrence, as YYYYMMDD.	
Length:	8 Type: Alphanumeric Data Source:	Claim
Field 201:	OCCUR_DAY_4	
	Occurrence Day equals Occurrence Date minus Admis	sion/Start of Care Date.
Length:	4 Type: Alphanumeric Data Source:	Calculated
Field 202:	OCCUR_CODE_5	
	Code describing a significant event relating to the clair	n.
Coding Scheme:	Same as OCCUR_CODE_1.	
Length:		
	2 Type: Alphanumeric Data Source:	Claim
Field 203:	2 Type: Alphanumeric Data Source: OCCUR_DATE_5	Claim

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T amodh.		rence, as YYYYMM		Claim
Length: Field 204:	8 Type:	Alphanumeric	Data Source:	Claim
riela 204:	OCCUR_DA		nca Data minus Admi	ssion/Start of Care Date.
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 205:	OCCUR_CO		Data Source.	Calculated
riciu 203.			ent relating to the clai	m
Coding Scheme:		UR CODE 1.	ent relating to the clai	
Length:		Alphanumeric	Data Source:	Claim
Field 206:	OCCUR_DA		2 at a Source	
11014 2001		rence, as <i>YYYYMM</i>	IDD.	
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 207:	OCCUR_DA			
			nce Date <i>minus</i> Admi	ssion/Start of Care Date.
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 208:	OCCUR_CO			
			ent relating to the clai	m.
Coding Scheme:		UR_CODE_1.	C	
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 209:	OCCUR_DA	TE_7		_
	Date of occur	rence, as YYYYMM	IDD.	
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 210:	OCCUR_DA	Y_7		
	Occurrence D	ay equals Occurre	nce Date <i>minus</i> Admi	ssion/Start of Care Date.
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 211:	OCCUR_CO			
	Code describing a significant event relating to the claim.			
Coding Scheme:	Same as OCC	UR_CODE_1.		
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 212:	OCCUR_DA			
		rence, as YYYYMM		~.
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 213:	OCCUR_DAY_8 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.			
T 41		• •		
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 214:	OCCUR_CO	_	. 1 1 1.	
Cadina Sahama			ent relating to the clai	III.
Coding Scheme: Length:	2 Type:	UR_CODE_1. Alphanumeric	Data Source:	Claim
Field 215:	OCCUR_DA		Data Source.	Ciaiiii
riela 215:		rence, as <i>YYYYMM</i>	מתו	
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 216:	OCCUR_DA		Data Source.	Ciaiii
Ficia 210.			nce Date minus Admi	ssion/Start of Care Date.
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 217:	OCCUR_CO		2 atta 5 da rett	
			ent relating to the clai	im.
Coding Scheme:		UR_CODE_1.		
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 218:	OCCUR_DA			
	_	_		
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T 41	Date of occurrence, as <i>YYYYMMDD</i> .	
Length:	8 Type: Alphanumeric Data So	Source: Claim
Field 219:	OCCUR_DAY_10	wine Administration (Stant of Comp. Date
Langth	Occurrence Day <i>equals</i> Occurrence Date 4 Type: Alphanumeric Data So	
Length:	**	ource: Calculated
Field 220:	OCCUR_CODE_11 Code describing a significant event relation	ing to the claim
Coding Scheme:	Same as OCCUR_CODE_1.	ing to the ciain.
Length:	2 Type: Alphanumeric Data So	Source: Claim
Field 221:	OCCUR_DATE_11	ource. Claim
1 iciu 221.	Date of occurrence, as <i>YYYYMMDD</i> .	
Length:	8 Type: Alphanumeric Data So	Source: Claim
Field 222:	OCCUR_DAY_11	
	Occurrence Day <i>equals</i> Occurrence Date	e minus Admission/Start of Care Date.
Length:	4 Type: Alphanumeric Data So	
Field 223:	OCCUR_CODE_12	
	Code describing a significant event relation	ing to the claim.
Coding Scheme:		
Length:	2 Type: Alphanumeric Data So	Source: Claim
Field 224:	OCCUR_DATE_12	
	Date of occurrence, as YYYYMMDD.	
Length:	8 Type: Alphanumeric Data Se	Source: Claim
Field 225:	OCCUR_DAY_12	
	Occurrence Day equals Occurrence Date	
Length:	4 Type: Alphanumeric Data Se	Source: Calculated
Field 226:	OCCUR_SPAN_CODE_1	
	<u> </u>	ing to the claim that may affect payer processing.
Coding Scheme:	Qualifying stay dates (for SNF use only)	78 SNF prior stay dates
	71 Prior stay dates 72 First/Last Visit	 80 Prior Same SNF prior stay dates for Payment Ban Purposes 81 Antepartum Days at Reduced Level of Care
	73 Benefit eligibility period	M0 QIO/UR approved stay dates
	Noncovered level of care/Leave of absence	M1 Provider liability - no utilization
	75 SNF level of care76 Patient Liability Period	M2 Inpatient respite dates M3 ICF level of care
	77 Provider Liability - Utilization Charged	M4 Residential level of care
Length:	2 Type: Alphanumeric Data Se	Source: Claim
Field 227:	OCCUR_SPAN_FROM_1	
	Occurrence Span From is the Beginning l	Date of Occurrence Event.
Length:	8 Type: Alphanumeric Data Se	Source: Claim
Field 228:	OCCUR_SPAN_THRU_1	
	Occurrence Span Thru is the Ending Date	
Length:	8 Type: Alphanumeric Data So	Source: Claim
Field 229:	OCCUR_SPAN_CODE_2	
		ing to the claim that may affect payer processing.
Coding Scheme:	Same as OCCUR_SPAN_CODE_1.	
Length:	2 Type: Alphanumeric Data So	Source: Claim
Field 230:	OCCUR_SPAN_FROM_2	D
T 41	Occurrence Span From is the Beginning I	
Length:	8 Type: Alphanumeric Data So	Source: Claim
Field 231:	OCCUR_SPAN_THRU_2	of Orange of Court
Lanath	Occurrence Span Thru is the Ending Date	
Length:	8 Type: Alphanumeric Data Se	Source: Claim
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Coding Scheme: Coding Scheme: Same as OCCUR_SPAN_CODE_1.				
Coding Scheme Coding Schem	Field 232:			
Provided State Provided Heaves Provided H				
Field 233: OCCUR_SPAN_FROM_3	_		G	CI.:
December Promise the Beginning Date of Occurrence Event.			a Source:	Claim
Field 234: OCCUR_SPAN_THRU_3	Field 233:		D	—
Field 234: OCCUR_SPAN_THRU_3	T (1			
Detail Date of Occurrence Event.			a Source:	Claim
Length: 8 Type: Alphanumeric Data Source: Claim	Field 234:			
Field 235: OCCUR_SPAN_CODE_4 Code describing a significant event relating to the claim that may affect payer processing. Coding Scheme: Same as OCCUR_SPAN_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 236: OCCUR_SPAN_FROM_4 Occurrence Span From is the Beginning Date of Occurrence Event. Length: 8 Type: Alphanumeric Data Source: Claim Field 237: OCCUR_SPAN_THRU_4 Occurrence Span Thru is the Ending Date of Occurrence Event. Length: 8 Type: Alphanumeric Data Source: Claim Field 238: CONDITION_CODE_1 Code describing a condition relating to the claim. Coding Scheme: 01 Military service related 83 C-section/Inductions 39 weeks or greater 02 Condition is employment related 84 Dialysis for Acute Kidney Injury (AKI) 03 Patient covered by insurance not reflected here 85 Delayed Recertification of Hospice Terminal Illness reflected here 85 Delayed Recertification of Hospice Terminal Illness Additional Hemodialysis Treatment with Medical Justification 05 Lien has been filed 80 Additional Hemodialysis Treatment with Medical Justification 06 ESRD patient in first 18 months of entitlement covered by EGHP A1 EPSDT/CHAP entitlement covered by EGHP 07 Treatment of non-terminal condition for hospice patient Beneficiary would not provide Reflective would not provide Reflective would not provide Reflective would not provide Reflective Patient or spouse is employed A4 Family planning 09 Neither patient or spouse is employed A4 Family planning 09 Patient and/or spouse is employed but no EGHP Coverage exists 10 Disabled beneficiary but no LGHP Coverage exists 11 Disabled beneficiary but no LGHP Coverage exists 12 Maiden name retained AA Abortion performed due to rape	T (1			
Coding Scheme: Same as OCCUR_SPAN_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 236: OCCUR_SPAN_FROM_4 Occurrence Span From is the Beginning Date of Occurrence Event. Length: 8 Type: Alphanumeric Data Source: Claim Field 237: OCCUR_SPAN_TRU_4 Occurrence Span Thru is the Ending Date of Occurrence Event. Length: 8 Type: Alphanumeric Data Source: Claim Field 237: OCCUR_SPAN_THRU_4 Occurrence Span Thru is the Ending Date of Occurrence Event. Length: 8 Type: Alphanumeric Data Source: Claim Field 238: CONDITION_CODE_1 Code describing a condition relating to the claim. Coding Scheme: 01 Military service related 83 C-section/Inductions 39 weeks or greater 02 Condition is employment related 84 Dialysis for Acute Kidney Injury (AKI) Patient covered by insurance not reflected here reflected here reflected here filed A0 TRICARE external partnership program 10 Information only bill. 86 Additional Hemodialysis Treatment with Medical Justification 10 ESRD patient in first 18 months of entitlement covered by EGHP A1 EPSDT/CHAP 11 Treatment of non-terminal condition for hospice patient Beneficiary would not provide information concerning other insurance A3 Special Federal Funding coverage 10 Neither patient or spouse is employed A4 Family planning 11 Disabled beneficiary but no LGHP Coverage exists A9 Second opinion surgery 12 Patient is homeless A9 Second opinion surgery 13 Maiden name retained AA Abortion performed due to rape		1	a Source:	Claim
Coding Scheme: Same as OCCUR_SPAN_FROM_4 Occurrence Span From is the Beginning Date of Occurrence Event. Length: 8 Type: Alphanumeric Data Source: Data Source: Claim Field 237: OCCUR_SPAN_THRU_4 Occurrence Span Thru is the Ending Date of Occurrence Event. Length: 8 Type: Alphanumeric Data Source: Data Source: Claim Field 238: CONDITION_CODE_I Code describing a condition relating to the claim. Coding Scheme: 01 Military service related 83 C-section/Inductions 39 weeks or greater Coding Scheme: 01 Military service related 84 Dialysis for Acute Kidney Injury (AKI) Patient covered by insurance not reflected here 85 Delayed Recertification of Hospice Terminal Illness reflected here 04 Information only bill. 86 Additional Hemodialysis Treatment with Medical Justification 05 Lien has been filed A0 TRICARE external partnership program 06 ESRD patient in first 18 months of entitlement covered by EGHP A1 EPSDT/CHAP 07 Treatment of non-terminal condition for hospice patient A2 Physically handicapped children's program Beneficiary would not provide information concerning other insurance cove	Field 235:			
Length: 2 Type: Alphanumeric Data Source: Claim	G 1 G 1		lating to the clair	m that may affect payer processing.
Field 236: OCCUR_SPAN_FROM_4 Occurrence Span From is the Beginning Date of Occurrence Event. Length: 8 Type: Alphanumeric Data Source: Claim Field 237: OCCUR_SPAN_THRU_4 Occurrence Span Thru is the Ending Date of Occurrence Event. Length: 8 Type: Alphanumeric Data Source: Claim Field 238: CONDITION_CODE_1 Code describing a condition relating to the claim. Coding Scheme: 01 Military service related 83 C-section/Inductions 39 weeks or greater 02 Condition is employment related 84 Dialysis for Acute Kidney Injury (AKI) Patient covered by insurance not reflected here 04 Information only bill. 85 Delayed Recertification of Hospice Terminal Illness 04 Information only bill. 86 Justification 05 Lien has been filed A0 TRICARE external partnership program 06 ESRD patient in first 18 months of entitlement covered by EGHP 07 Treatment of non-terminal condition for hospice patient 08 information concerning other insurance Coverage 09 Neither patient or spouse is employed A4 Family planning 10 Patient and/or spouse is employed but no EGHP exists 11 Disabled beneficiary but no LGHP coverage exists 12 Patient is homeless 13 Maiden name retained AA Abortion performed due to rape	_		- C	Claire
December Span From is the Beginning Date of Occurrence Event.		• • •	a Source:	Claim
Length: 8 Type: Alphanumeric Data Source: Claim Field 237: OCCUR_SPAN_THRU_4 Length: 8 Type: Alphanumeric Data Source: Claim Field 238: CONDITION_CODE_1 Code describing a condition relating to the claim. Coding Scheme: 01 Military service related 83 C-section/Inductions 39 weeks or greater Coding Scheme: 01 Military service related 84 Dialysis for Acute Kidney Injury (AKI) Patient covered by insurance not reflected here 85 Delayed Recertification of Hospice Terminal Illness reflected here 04 Information only bill. 86 Additional Hemodialysis Treatment with Medical Justification 05 Lien has been filed A0 TRICARE external partnership program 66 ESRD patient in first 18 months of entitlement covered by EGHP A1 EPSDT/CHAP 7 Treatment of non-terminal condition for hospice patient A2 Physically handicapped children's program 80 information concerning other insurance coverage A3 Special Federal Funding 9 Neither	Field 236:		D	Г
Field 237: OCCUR_SPAN_THRU_4 Occurrence Span Thru is the Ending Date of Occurrence Event. Length: 8 Type: Alphanumeric Data Source: Claim Field 238: CONDITION_CODE_1 Code describing a condition relating to the claim. Coding Scheme: 01 Military service related 83 C-section/Inductions 39 weeks or greater 02 Condition is employment related 84 Dialysis for Acute Kidney Injury (AKI) 03 Patient covered by insurance not reflected here 04 Information only bill. 86 Additional Hemodialysis Treatment with Medical Justification 05 Lien has been filed A0 TRICARE external partnership program 06 ESRD patient in first 18 months of entitlement covered by EGHP 07 Treatment of non-terminal condition for hospice patient Beneficiary would not provide 08 information concerning other insurance A3 Special Federal Funding coverage 09 Neither patient or spouse is employed A4 Family planning 10 Patient and/or spouse is employed but no EGHP exists 11 Disabled beneficiary but no LGHP coverage exists 12 Patient is homeless A9 Second opinion surgery 13 Maiden name retained AA Abortion performed due to rape	T41			
Continue			a Source:	Claim
Length: 8 Type: Alphanumeric Data Source: Claim	Field 237:		2-4	F
Field 238: CONDITION_CODE_1 Code describing a condition relating to the claim. Coding Scheme: 1 Military service related 83 C-section/Inductions 39 weeks or greater 2 Condition is employment related 84 Dialysis for Acute Kidney Injury (AKI) 3 Patient covered by insurance not reflected here 85 Delayed Recertification of Hospice Terminal Illness Polyment only bill. 86 Additional Hemodialysis Treatment with Medical Justification 5 Lien has been filed A0 TRICARE external partnership program 6 ESRD patient in first 18 months of entitlement covered by EGHP 7 Treatment of non-terminal condition for hospice patient Beneficiary would not provide information concerning other insurance coverage 8 Special Federal Funding 10 Patient and/or spouse is employed A4 Family planning 11 Disabled beneficiary but no LGHP coverage exists 12 Disabled beneficiary but no LGHP coverage exists 13 Maiden name retained AA Abortion performed due to rape	T am adh.	1		
Coding Scheme: 1			a Source:	Claim
Coding Scheme:01Military service related83C-section/Inductions 39 weeks or greater02Condition is employment related84Dialysis for Acute Kidney Injury (AKI)03Patient covered by insurance not reflected here85Delayed Recertification of Hospice Terminal Illness04Information only bill.86Additional Hemodialysis Treatment with Medical Justification05Lien has been filedA0TRICARE external partnership program06ESRD patient in first 18 months of entitlement covered by EGHPA1EPSDT/CHAP7Treatment of non-terminal condition for hospice patientA2Physically handicapped children's program8information concerning other insurance coverageA3Special Federal Funding9Neither patient or spouse is employed but no EGHP existsA4Family planning10Patient and/or spouse is employed but no EGHP existsA5Disability11Disabled beneficiary but no LGHP coverage existsA6Vaccines/Medicare 100% payment17Patient is homelessA9Second opinion surgery18Maiden name retainedAAAbortion performed due to rape	Field 238:		a tha alaim	
02 Condition is employment related 03 Patient covered by insurance not reflected here 04 Information only bill. 05 Lien has been filed 06 ESRD patient in first 18 months of entitlement covered by EGHP 07 Treatment of non-terminal condition for hospice patient 08 Beneficiary would not provide 09 Neither patient or spouse is employed 09 Neither patient or spouse is employed but no EGHP exists 10 Disabled beneficiary but no LGHP coverage exists 11 Disabled beneficiary but no LGHP coverage exists 12 Patient is homeless 13 Disabled beneficiary day and incompared the late of the patient or spouse is employed and patient is homeless 14 Disabled beneficiary but no LGHP coverage exists 15 Patient is homeless 16 Disabled beneficiary but no LGHP and and performed due to rape	Cadina Sahamar			C section/Industrians 20 weeks on amount
Patient covered by insurance not reflected here 1 Information only bill. 2 Lien has been filed 3 TRICARE external partnership program 2 ESRD patient in first 18 months of entitlement covered by EGHP 3 Treatment of non-terminal condition for hospice patient 3 Beneficiary would not provide 4 Information concerning other insurance coverage 4 Physically handicapped children's program 4 Physically handicapped children's program 5 Special Federal Funding 6 Patient and/or spouse is employed 7 Disabled beneficiary but no LGHP coverage exists 8 Patient is homeless 8 Second opinion surgery 8 Additional Hemodialysis Treatment with Medical Justification 7 TRICARE external partnership program 8 EPSDT/CHAP 8 Physically handicapped children's program 8 Special Federal Funding 9 Patient and/or spouse is employed 9 Neither patient or spouse is employed but no EGHP exists 10 Disabled beneficiary but no LGHP coverage exists 11 Disabled beneficiary but no LGHP coverage exists 12 Patient is homeless 13 Second opinion surgery 14 Maiden name retained 15 AA Abortion performed due to rape	Coding Scheme:			_
reflected here 1 Information only bill. 1 Lien has been filed 2 ESRD patient in first 18 months of entitlement covered by EGHP 3 Treatment of non-terminal condition for hospice patient 3 Beneficiary would not provide 4 Family planning 1 Patient and/or spouse is employed but no EGHP exists 1 Disabled beneficiary but no LGHP coverage exists 4 Additional Hemodialysis Treatment with Medical Justification A TRICARE external partnership program EPSDT/CHAP 4 EPSDT/CHAP Physically handicapped children's program A Special Federal Funding A Family planning A Disability Disabled beneficiary but no LGHP coverage exists A Vaccines/Medicare 100% payment A A Abortion performed due to rape		Patient covered by incurance not		
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17 Patient is homeless A9 Second opinion surgery 18 Maiden name retained AA Abortion performed due to rape			A6	Vaccines/Medicare 100% payment
		•	A9	Second opinion surgery
10 Child ratains mother's name AD Abortion norformed due to incest				
		19 Child retains mother's name	AB	Abortion performed due to incest
20 Beneficiary requested billing AC Abortion performed due to serious ratal genefic defect, deformity, or abnormality		20 Beneficiary requested billing	AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality
21 Billing for denial notice AD Abortion performed due to life endangering physical		21 Billing for denial notice	ΔD	
condition		21 Binning for definal notice	AD	
Patient on multiple drug regimen AE Abortion performed due to physical health of mother the is not life endangering		Patient on multiple drug regimen	AE	Abortion performed due to physical health of mother that is not life endangering
23 Home care giver available AF Abortion performed due to emotional/psychological health of mother		23 Home care giver available	AF	Abortion performed due to emotional/psychological
Home IV patient also receiving HHA		Home IV patient also receiving HHA	A.C.	
services AG Abortion performed due to social or economic reasons		services services		Abortion performed due to social or economic reasons
25 Patient is non-US resident AH Elective abortion			AH	Elective abortion
VA eligible patient chooses to receive services in a Medicare certified facility AI Sterilization			AI	Sterilization

27	Patient referred to a sole community hospital for a diagnostic laboratory test	AJ	Payer responsible for co-payment
28	Patient and/or spouse's EGHP is secondary to Medicare	AK	Air ambulance required
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	AL	Specialized treatment/bed unavailable
30	Non-research services provided to patients enrolled in a qualified clinical trial	AM	Non-emergency medically necessary stretcher transport required
31	Patient is student (full time - day)	AN	Pre-admission screening not required
32	Patient is student (cooperative/work study program)	В0	Medicare coordinated care demonstration claim
33	Patient is student (full time - night)	B1	Beneficiary is ineligible for demonstration program
34	Patient is student (part-time)	B4	Admission unrelated to discharge on same day
36	General care patient in a special unit	BP	Gulf Oil Spill of 2010
37	Ward accommodation at patient request	C1	Approved as billed
38	Semi-private room not available	C2	Automatic approval as billed based on focused review
39	Private room medically necessary	C3	Partial approval
40	Same day transfer	C4	Admission/services denied
41	Partial hospitalization	C5	Post payment review applicable
42	Continuing care not related to inpatient admission	C6	Admission Preauthorization
43	Continuing care not provided within prescribed post discharge window	C7	Extended Authorization
44	Inpatient admission changed to outpatient	D0	Changes to Service Dates
45	Ambiguous Gender Category	D1	Changes to Charges
46	Non-availability statement on file	D3	Second or Subsequent Interim PPS Bill
47	Transfer from another Home Health Agency	D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	D5	Cancel to correct Insured's ID or Provider ID
49	Product replacement within product lifecycle	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
50	Product Replacement for Known Recall of a Product	D7	Change to Make Medicare the Secondary Payer
51	Attestation of Unrelated Outpatient Nondiagnostic Services	D8	Change to Make Medicare the Primary Payer
52	Out of Hospice Service Area	D9	Any Other Change
53	Initial placement of a medical device provided as part of a clinical trial or a free sample	DR	Disaster related
54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency	E0	Changes in Patient Status
55	SNF bed not available	G0	Distinct Medical Visit
56	Medical appropriateness	H0	Delayed Filing, Statement of Intent Submitted
57	SNF readmission	H2	Discharge by a Hospice Provider for Cause
	Terminated Medicare+Choice		
58	organization enrollee	НЗ	Reoccurrence of GI Bleed Comorbid Category
59	Non-primary ESRD facility	H4	Reoccurrence of Pneumonia Comorbid Category
60	Day outlier	H5	Reoccurrence of Pericarditis Comorbid Category
61	Cost outlier	P1	Do not Resuscitate Order (DNR)
66	Provider does not wish cost outlier payment	P7	Direct Inpatient Admission from Emergency Room
67	Beneficiary elects not to use life time reserve (LTR) days	R1	Request for reopening Reason Code - Mathematical or Computational Mistake
68	Beneficiary elects to use life time reserve (LTR) days	R2	Request for reopening Reason Code -Inaccurate Data Entry
69	IME/DGME/N&AH Payment Only	R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
70	Self-administered anemia management drug	R4	Request for reopening Reason Code - Computer Errors

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	81 Medical N					
	C-section	lysis - nursing facility /Inductions <39 Weeks	š-	W5	Level III Appeal	
		rvices provided offsite		W4	Level II Appeal	
	78 New cove	erage not implemented b	by HMO	W3	Level I Appeal	
	to accept payment	payment by a primary p	payer as	· · · -		
	due to a c	ontractual arrangement	t or law	W2	Duplicate of Original Bill	
	Provider a	accepts or is obligated/r	required		Demonstration indicator	
	76 Back-up i	n facility dialysis		WO	United Mine Workers of America (UMWA) Demonstration Indicator	
	75 Home - 1	00% reimbursement		R9	Request for reopening Reason Code - Faulty Ev	idence
	74 Home			R8	Request for reopening Reason Code - New and Evidence	Materia
	73 Self care	training		R7	Request for reopening Reason Code - Correctio than clerical errors	
	72 Self care	n unit		R6	Errors or Minor Errors and Omissions not Spec R1-R5 above	
	70 0 11			~ -		
					Identified Duplicate Claim Request for reopening Reason Code - Other Claim	erical

04	Inpatient professional component	60	HHA branch MSA
	charges which are combined billed		
05	Professional component included in charges and also billed separately to	61	Place of Residence where service is furnished (HHA and
03	carrier	01	hospice)
06	Blood deductible	66	Medicaid spend down amount
08	Life time reserve amount in the first	67	Peritoneal dialysis
00	calendar year	0,	1 official dialy sis
09	Coinsurance amount in the first calendar year	68	EPO-drug
10	Lifetime reserve amount in the second	CO	G 1 .
10	calendar year	69	State charity care percentage
11	Coinsurance amount in the second	80	Covered Days
	calendar year Working aged beneficiary/spouse with		•
12	employer group health plan	81	Non-covered Days
	ESRD beneficiary in a Medicare		
13	coordination period with an employer	82	Co-insurance Days
1.4	group health plan	02	Lifetima Barrana Barra
14 15	No fault, including auto/other Worker's compensation	83 84	Lifetime Reserve Days Shorter Duration Hemodialysis
13	Public health service (PHS) or other	04	Shorter Duration Hemodiarysis
16	federal agency	A0	Special zip code reporting
21	Catastrophic	A1	Deductible payer A
22	Surplus	A2	Coinsurance payer A
23	Recurring monthly income	A3	Estimated responsibility payer A
24	Medicaid Rate Code	A4	Covered self-administrable drugs - emergency
25	Offset to the patient - payment amount -	A5	Covered self-administrable drugs - administrable in form
	prescription drugs Offset to the patient - payment amount -		and situation furnished to patient Covered self-administrable drugs - diagnostic study and
26	hearing and ear services	A6	other
27	Offset to the patient - payment amount - vision and eye services	A7	Co-payment payer A
28	Offset to the patient - payment amount - dental services	A8	Patient weight
	Offset to the patient - payment amount -		
29	chiropractic services	A9	Patient height
30	Preadmission testing	AA	Regulatory surcharges, assessments, allowances or
	8		health care related taxes - payer A
31	Patient Liability Amount	AB	Other assessments or allowances (e.g., medical education) - payer A
32	Multiple patient ambulance transport	B1	Deductible payer B
33	Offset to the patient - payment amount -	B2	Coinsurance payer B
33	podiatric services	DZ	Comsurance payer B
34	Offset to the patient - payment amount - other medical services	В3	Estimated responsibility payer B
25	Offset to the patient - payment amount -	В7	Co-payment payer B
35	health insurance premiums	D/	1 7 1 7
37	Units of blood furnished	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
38	Blood deductible units	ВВ	Other assessments or allowances (e.g., medical
			education) - payer B
39	Units of blood replaced	C1	Deductible payer C
40	New coverage not implemented by HMO	C2	Coinsurance payer C
41	Black lung	C3	Estimated responsibility payer C
42	VA	C7	Co-payment payer C
43	Disabled beneficiary under age 65 with LGHP	CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C
	Amount provider agreed to accept from		
44	primary payer when this amount is less	СВ	Other assessments or allowances (e.g., medical
	than charges but higher than payment	CD	education) - payer C
15	received	D2	Datiant actimated responsibility
45 46	Accident hour	D3	Patient estimated responsibility
46 47	Number of grace days	D4	Clinical Trial Number Assigned by NLM/NIH
47	Any liability insurance	D5	Last Kt/V Reading

	48 Hemoglobi	n reading	FC	Patient Paid Amount
	49 Hematocrit	reading	FD	Credit Received from the Manufacturer for a Medical Device
	50 Physical Th	nerapy visits	G8	Facility where Inpatient Hospice Service is Delivered
		al Therapy visits	Y1	Part A Demonstration Payment
	52 Speech The	1 2	Y2	Part B Demonstration Payment
	53 Cardiac reh54 Newborn b	irth weight in grams	Y3 Y4	Part B Coinsurance Conventional Provider Payment
		threshold for charity ca		Part B Deductible
		se - home visit hours		
Longth		th aide - home visit ho		Claim
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rieia 200:	VALUE_CODE_		may affect payer proc	oossing
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Field 267:	VALUE_AMOU	NT_11		
	Amount (in cents,	no decimal poi	int included) that may	be affected
Length:	<i>U</i> 1	ımeric	Data Source:	Claim
Field 268:	VALUE_CODE_			
	_		may affect payer proc	cessing.
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Field 270:	PRIVATE_AMO			
				nt. Calculated using MEDPAR algorithm.
Lanath		_	nted with revenue code Data Source:	es 0100-0219, revenue center 011X, 014X Calculated
Length: Field 271:		imeric	Data Source:	Calculated
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				Amount. Calculated using MEDPAR venue codes 0100-0219, revenue center
	010X, 012X, 013X		ges associated with re	venue codes 0100-021), revenue center
Length:		americ	Data Source:	Calculated
Field 272:	WARD_AMOUN			
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			alculated using MEDPAR algorithm. Sum (in
Length:	12 Type: Numeric	Data Source:	00-0219, revenue center 015X. Calculated
Field 273:	ICU_AMOUNT	Data Bource.	Carculated
	Accommodation Charge, Into algorithm. Sum (in cents) of 020X.	charges associated with	ge Amount. Calculated using MEDPAR in revenue codes 0100-0219, revenue center
Length:	12 Type: Numeric	Data Source:	Calculated
Field 274:			ge Amount. Calculated using MEDPAR n revenue codes 0100-0219, revenue center
Length:	12 Type: Numeric	Data Source:	Calculated
Field 275:	cents) of charges associated v 022X-024X, 052X-053X, 05	with revenue codes othe 5X-060X, 064X-070X	Calculated using MEDPAR algorithm. Sum (in er than 0100-0219, revenue center 0002-0099, 076X-078X, 090X-095X, 099X.
Length:	12 Type: Numeric	Data Source:	Calculated
Field 276:	•	ed with revenue codes	nt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 025X,
Length:	12 Type: Numeric	Data Source:	Calculated
Field 277:	algorithm. Sum (in cents) of center 027X, 062X.	charges associated with	Charge Amount. Calculated using MEDPAR revenue codes other than 0100-0219, revenue
Length:	12 Type: Numeric	Data Source:	Calculated
Field 278:		charges associated with	nent Charge Amount. Calculated using MEDPAR in revenue codes other than 0100-0219, revenue
Length:	Ancillary Service Charge, Do algorithm. Sum (in cents) of centers 0290-0292, 0294-02912 Type: Numeric	charges associated with	
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Length:	12 Type:	Numeric	Data Source:	Calculated
Field 283:	IT_AMOU			
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Lanath	center 041X		Data Cauman	Coloulated
Length:	12 Type:		Data Source:	Calculated
Field 284:	BLOOD_A		and marridad draina th	a national actor. Calculated using MEDDAD
				e patient's stay. Calculated using MEDPAR n revenue codes other than 0100-0219, revenue
	center 038X		charges associated with	rievenue codes other than 0100-0219, revenue
Length:	12 Type:		Data Source:	Calculated
Field 285:	J 1	DM AMOUNT		Curvinace
21010 2001	_	_		sing related to the patient's stay. Calculated using
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		ue center 039X.	, ,	
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 286:	OR_AMOU	JNT		
	Ancillary Se	ervice Charge, Op	perating Room Charge	Amount. Calculated using MEDPAR algorithm.
			sociated with revenue c	odes other than 0100-0219, revenue center
	036X, 071X			
Length:	12 Type:		Data Source:	Calculated
Field 287:	LITH_AM			
				unt. Calculated using MEDPAR algorithm. Sum
T (1		_		other than 0100-0219, revenue center 079X.
Length:	12 Type:	Numeric	Data Source:	Calculated
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Field 288:	CARD_AM		1' 1	
Field 288:	Ancillary Se	ervice Charge, Ca		unt. Calculated using MEDPAR algorithm. Sum
Field 288:	Ancillary Se (in cents) of	ervice Charge, Ca		unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 048X,
	Ancillary Se (in cents) of 073X.	ervice Charge, Ca charges associat	ed with revenue codes	other than 0100-0219, revenue center 048X,
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Length: Field 289: Length: Field 290: Length: Field 291: Length: Field 292: Length:	Ancillary Se (in cents) of 073X. 12 Type: ANES_AM Ancillary Se (in cents) of 12 Type: LAB_AMO Ancillary Se (in cents) of 031X, 074X 12 Type: RAD_AMO Ancillary Se (in cents) of 032X-035X 12 Type: MRI_AMO Ancillary Se cents) of challary Se cents of challary Se algorithm. Se algorithm. Se algorithm.	Numeric OUNT ervice Charge, And Charges associated Numeric OUNT ervice Charge, And Charges associated Numeric OUNT ervice Charge, Land Charges associated Numeric OUNT ervice Charge, Rand Charges associated Numeric OUNT ervice Charge, Marges associated Numeric OUNT ervice Charge, Output C	Data Source: nesthesia Charge Amoued with revenue codes Data Source: aboratory Charge Amoued with revenue codes Data Source: Data Source: adiology Charge Amoued with revenue codes Data Source: RI Charge Amount. Cawith revenue codes other Data Source: utpatient Services Charge	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X, Calculated Idealized using MEDPAR algorithm. Sum (in er than 0100-0219, revenue center 061X. Calculated
Length: Field 289: Length: Field 290: Length: Field 291: Length: Field 292: Length:	Ancillary Se (in cents) of 073X. 12 Type: ANES_AM Ancillary Se (in cents) of 12 Type: LAB_AMO Ancillary Se (in cents) of 031X, 074X 12 Type: RAD_AMO Ancillary Se (in cents) of 032X-035X 12 Type: MRI_AMO Ancillary Se cents) of cha 12 Type: OP_AMOU Ancillary Se	Numeric OUNT ervice Charge, And Charges associated Numeric OUNT ervice Charge, And Charges associated Numeric OUNT ervice Charge, Land Charges associated Numeric OUNT ervice Charge, Rand Charges associated Numeric OUNT ervice Charge, Marges associated Numeric OUNT ervice Charge, Output C	Data Source: nesthesia Charge Amoued with revenue codes Data Source: aboratory Charge Amoued with revenue codes Data Source: Data Source: adiology Charge Amoued with revenue codes Data Source: RI Charge Amount. Cawith revenue codes other Data Source: utpatient Services Charge	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X, Calculated Iclulated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X, Calculated Iclulated using MEDPAR algorithm. Sum (in er than 0100-0219, revenue center 061X. Calculated ge Amount. Calculated using MEDPAR

Length:	12 Type:	Numeric	Data Source:	Calculated		
Field 294:	ER_AMOU	NT				
				e Amount. Calculated using MEDPAR		
	•	ım (in cents) of o	charges associated with	n revenue codes other than 0100-0219, revenue		
_	center 045X.					
Length:	12 Type:	Numeric	Data Source:	Calculated		
Field 295:		CE_AMOUNT				
	Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum					
T 41	,	•		other than 0100-0219, revenue center 054X.		
Length:	12 Type:	Numeric	Data Source:	Calculated		
Field 296:	PRO_FEE_A		6 ' 1E CI	A CLIVE MEDDAD 1 34		
				Amount. Calculated using MEDPAR algorithm.		
	096X-098X.	s) of charges ass	ociated with revenue co	odes other than 0100-0219, revenue center		
Length:	12 Type:	Numeric	Data Source:	Calculated		
Field 297:	ORGAN_AN		Data Source.	Calculated		
riciu 297.			gan Acquisition Charg	e Amount. Calculated using MEDPAR		
	•	•		revenue codes other than 0100-0219, revenue		
	center 081X,		marges associated with	rievende codes other than 0100 0219, revende		
Length:	12 Type:	Numeric	Data Source:	Calculated		
Field 298:	ESRD_AMO					
			d Stage Renal Dialysis	Charge Amount. Calculated using MEDPAR		
	•	•	•	revenue codes other than 0100-0219, revenue		
		082X-085X, 08				
Length:	12 Type:	Numeric	Data Source:	Calculated		
Field 299:	CLINIC_AN	IOUNT				
	Ancillary Ser	vice Charge, Cli	nic Visit Charge Amor	unt. Calculated using MEDPAR algorithm. Sum		
		_		other than 0100-0219, revenue center 051X.		
Length:	12 Type:	Numeric	Data Source:	Calculated		
Field 300:	TOTAL_CH					
				ered accommodation charges, ancillary charges,		
			s. Replaces TOTAL_C			
Length:	12 Type:	Numeric	Data Source:	Claim		
Field 301:		N_COV_CHA				
T 41	,			ges, non-covered ancillary charges.		
Length:	12 Type:	Numeric	Data Source:	Claim		
Field 302:		ARGES_ACC		. 1.0 1		
T 41	,		l non-covered accomm			
Length:	12 Type:	Numeric	Data Source:	Claim		
Field 303:			RGES_ACCOMM			
Longth		S) of non-covere Numeric	d accommodations cha	-		
Length:	12 Type:		Data Source:	Claim		
Field 304:	_	ARGES_ANC				
Longth			l non-covered ancillary			
Length:	12 Type:	Numeric	Data Source:	Claim		
Field 305:		N_COV_CHA				
T			d ancillary charges.	Claim		
Length:	12 Type:	Numeric	Data Source:	Claim		
Field 306:		INDICATOR	aubmitt- 1			
Coding Cohom		format of data a	s submitted.			
Coding Scheme:	8 837 form	at				
2024						
	a cou/TUCIC		—— Page 43 —	Lost Undeted: Nevember 2024		

Last Updated: November 2024

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	D	Data entry			
	U	UB-04			
	O	format			
Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 307:	EM	ERGENO	CY_DEPT_FLAG	r	
	Indi	cator of e	mergency departm	ent visit	
Coding Scheme:	Y	visit was e	mergency related		
	N	Visit was	not emergency related		
Length:	1	Type:	Alphanumeric	Data Source:	Assigned
Field 308:	DIS	CHARG	E		
	Disc	charge Qu	arter. Year and qua	arter of discharge. yyy	yQn.
	1st (Quarter (Y	YYYQ1): 1st Janu	uary-31st March of the	at corresponding year
	2nd	Quarter (YYYYQ2): 1st Ap	oril - 30th June of that	corresponding year
	3rd	Quarter (Y	YYYYQ3): 1st July	y- 30th September of	that corresponding year
	4th	Quarter (Y	YYYYQ4); 1st Oct	tober-31st December of	of that corresponding year
Length:	6	Type:	Alphanumeric	Data Source:	Assigned

INPATIENT CHARGES DATA FILE

Field 1:	RECO	ORD_ID		
Ticiu I.			her to identif	y the record within the research data file. Does
		-		RECORD_ID in other Inpatient RDF files
Length:	12		ata Source:	Assigned
Field 2:		ENUE CODE	ata source.	rissigned
riciu 2.		-	modation an	cillary service or billing calculation related to the
		es being billed.	modation, an	emary service of omining calculation related to the
Coding Scheme:	0100	All-inclusive room charges plus ancillary	0527	Freestanding Clinic - Visiting Nurse Services(s) to a
Coung Scheme:	0100	7 th merusive room enarges plus aliemary	0327	Member's Home when in a Home Health Shortage Area
	0101	All-inclusive room charges	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to
	0110		0.520	Other non RHC/FQHC Site (e.g. Scene of Accident)
	0110	Room charges for private rooms - general	0529	Freestanding Clinic - other
	0111	Room charges for private rooms - medical/surgical/GYN	0530	Osteopathic service - general
	0112	Room charges for private rooms - obstetrics	0531	Osteopathic service - therapy
	0113	Room charges for private rooms - pediatric	0539	Osteopathic service - other
	0114	Room charges for private rooms - psychiatri		Ambulance service - general
	0115	Room charges for private rooms - hospice	0541	Ambulance service - supplies
	0116	Room charges for private rooms -	0542	Ambulance service - medical transport
	0117	detoxification	05.42	A 1 1
	0117 0118	Room charges for private rooms - oncology	0543 ion 0544	Ambulance service - heart mobile
	0118	Room charges for private rooms - rehabilitat Room charges for private rooms - other	0545	Ambulance service - oxygen Ambulance service - air ambulance
	0119	Room charges for semi-private rooms - gene		Ambulance service - neonatal
	0120	Room charges for semi-private rooms -	0547	Ambulance service - pharmacy
		medical/surgical/GYN		F,
	0122	Room charges for semi-private rooms - obstetrics	0548	Ambulance service - telephone transmission EKG
	0123	Room charges for semi-private rooms - pediatric	0549	Ambulance service - other
	0124	Room charges for semi-private rooms - psychiatric	0550	Skilled nursing - general
	0125	Room charges for semi-private rooms - hosp	oice 0551	Skilled nursing - visit charge
	0126	Room charges for semi-private rooms - detoxification	0552	Skilled nursing - hourly charge
	0127	Room charges for semi-private rooms - oncology	0559	Skilled nursing - other
	0128	Room charges for semi-private rooms - rehabilitation	0560	Medical social services - general
	0129	Room charges for semi-private rooms - othe		Medical social services - visit charge
	0130	Room charges for semi-private - 3/4 beds - rooms - general	0562	Medical social services - hourly charge
	0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0569	Medical social services - other
	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0570	Home health aide - general
	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0571	Home health aide - visit charge
	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0572	Home health aide - hourly charge
	0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0579	Home health aide - other
	0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0580	Other visits (home health) - general
	0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0581	Other visits (home health) - visit charge
	0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0582	Other visits (home health) - hourly charge
	0139	Room charges for semi-private - 3/4 beds - rooms - other	0583	Other visits (home health) - assessment

0140	Room charges for private (deluxe) rooms - general	0589	Other visits (home health) - other
0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	0590	Units of service (home health) - general
0142	Room charges for private (deluxe) rooms - obstetrics	0600	Oxygen (home health) - general
0143	Room charges for private (deluxe) rooms - pediatric	0601	Oxygen (home health) - stat/equip/supply or contents
0144	Room charges for private (deluxe) rooms - psychiatric	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0145	Room charges for private (deluxe) rooms - hospice	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0146	Room charges for private (deluxe) rooms - detoxification	0604	Oxygen (home health) - portable add-in
0147	Room charges for private (deluxe) rooms - oncology	0609	Oxygen (home health) - other
0148	Room charges for private (deluxe) rooms - rehabilitation	0610	Magnetic Resonance Technology (MRT) - MRI - general
0149	Room charges for private (deluxe) rooms - other	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
0150	Room charges for ward rooms - general	0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
0151	Room charges for ward rooms - medical/surgical/GYN	0614	Magnetic Resonance Technology (MRT) - MRI - other
0152	Room charges for ward rooms - obstetrics	0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
0153	Room charges for ward rooms - pediatric	0616	Magnetic Resonance Technology (MRT) - MRA – lower extremities
0154	Room charges for ward rooms - psychiatric	0618	Magnetic Resonance Technology (MRT) - MRA - other
0155	Room charges for ward rooms - hospice	0619	Magnetic Resonance Technology (MRT) - Other MRT
0156	Room charges for ward rooms - detoxification	0621	Medical/surgical supplies - incident to radiology
0157	Room charges for ward rooms - oncology	0622	Medical/surgical supplies - incident to other diagnostic services
		0623	Medical/surgical supplies - surgical dressings
0158	Room charges for ward rooms - rehabilitation	0624	Medical/surgical supplies - FDA investigational devices
0159	Room charges for ward rooms - other	0631	Drugs requiring specific identification - single source
0160	Room charges for other rooms - general	0632	Drugs requiring specific identification - multiple source
0164	Room charges for other rooms – Sterile Environment	0633	Drugs requiring specific identification - restrictive prescription
0167	Room charges for other rooms – self care	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0169	Room charges for other rooms - other	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0170	Room charges for nursery - general	0636	Drugs requiring specific identification - requiring detailed coding
0171	Room charges for nursery - newborn level I	0637	Drugs requiring specific identification - self-administrable
0172	Room charges for nursery - newborn level II	0640	Home IV therapy services - general
0173	Room charges for nursery - newborn level III	0641	Home IV therapy services – non-routine nursing, central line
0174	Room charges for nursery - newborn level IV	0642	Home IV therapy services - IV site care, central line
0179	Room charges for nursery - other	0643	Home IV therapy services - IV start/change, peripheral line
0180	Room charges for LOA - general	0644	Home IV therapy services – non-routine nursing, peripheral line
0182	Room charges for LOA - patient convenience- charges billable	0645	Home IV therapy services - training patient/caregiver, central line
0183	Room charges for LOA - therapeutic leave	0646	Home IV therapy services - training, disabled patient, central line
0185	Room charges for LOA – nursing home (for hospitalization)	0647	Home IV therapy services - training, patient/caregiver, peripheral
0189	Room charges for LOA - other	0648	Home IV therapy services - training, disabled patient, peripheral
0190	Room charges for subacute care - general	0649	Home IV therapy services - other
0191	Room charges for subacute care - Level I (skilled care)	0650	Hospice services - general
0192	Room charges for subacute care - Level II (comprehensive care)	0651	Hospice services - routine home care
0193	Room charges for subacute care - Level III (complex care)	0652	Hospice services - continuous home care
0194	Room charges for subacute care - Level IV (intensive care)	0655	Hospice services - inpatient respite care
0199	Room charges for subacute care - other	0656	Hospice services - general inpatient care (non-respite)

2024

0200	Room charges for intensive care - general	0657	Hospice services - physician services
0201	Room charges for intensive care - surgical	0658	Hospice services - room and board - nursing facility
0202	Room charges for intensive care - medical	0659	Hospice services - other
0203	Room charges for intensive care - pediatric	0660	Respite care - general
0204 0206	Room charges for intensive care - psychiatric	0661 0662	Respite care - hourly charge/skilled nursing
0200	Room charges for intensive care - intermediate intensive care unit (ICU)	0002	Respite care - hourly charge/aide/homemaker/companion
0207	Room charges for intensive care - burn care	0663	Respite care - daily charge
0207	Room charges for intensive care - trauma	0669	Respite care - other
0209	Room charges for intensive care - other	0670	Outpatient special residence - general
0210	Room charges for coronary care - general	0671	Outpatient special residence - hospital based
0211	Room charges for coronary care - myocardial	0672	Outpatient special residence - contracted
	infarction		
0212	Room charges for coronary care - pulmonary	0679	Outpatient special residence - other
	care		
0213	Room charges for coronary care - heart	0681	Trauma response - level I
0214	transplant	0.692	Т 11 П
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0682	Trauma response - level II
0219	Room charges for coronary care - other	0683	Trauma response - level III
0219	Special charges - general	0684	Trauma response - level IV
0221	Special charges - admission charge	0689	Trauma response - other
0222	Special charges - technical support charge	0690	Pre-hospice/Palliative Care Services - general
0223	Special charges - UR service charge	0691	Pre-hospice/Palliative Care Services – visit charge
0224	Special charges - late discharge, medically	0692	Pre-hospice/Palliative Care Services – hourly charge
	necessary		
0229	Special charges - other	0693	Pre-hospice/Palliative Care Services - evaluation
0230	Incremental nursing care - general	0694	Pre-hospice/Palliative Care Services – consultation and
0224		0.50.	education
0231 0232	Incremental nursing care - nursery	0695	Pre-hospice/Palliative Care Services – inpatient care
0232	Incremental nursing care - OB Incremental nursing care - ICU (includes	0696 0699	Pre-hospice/Palliative Care Services – physician services Pre-hospice/Palliative Care Services - other
0233	transitional care)	0099	Fie-nospice/Famative Care Services - other
0234	Incremental nursing care - CCU (includes	0700	Cast Room services - general
	transitional care)		5
0235	Incremental nursing care - hospice	0710	Recovery Room services - general
0239	Incremental nursing care - other	0720	Labor/Delivery Room services - general
0240	All-inclusive ancillary - general	0721	Labor/Delivery Room services - labor
0241	All-inclusive ancillary - basic	0722	Labor/Delivery Room services - delivery
0242	All-inclusive ancillary - comprehensive	0723	Labor/Delivery Room services - circumcision
0243 0249	All-inclusive ancillary - specialty All-inclusive ancillary - other	0724 0729	Labor/Delivery Room services - birthing center Labor/Delivery Room services - other
0249	Pharmacy - general	0729	EKG/ECG services - general
0251	Pharmacy - generic drugs	0731	EKG/ECG services - Holter monitor
0252	Pharmacy – non-generic drugs	0732	EKG/ECG services - telemetry
0253	Pharmacy - take-home drugs	0739	EKG/ECG services - other
0254	Pharmacy - drugs incident to other diagnostic	0740	EEG services - general
	services		
0255	Pharmacy - drugs incident to radiology	0750	Gastrointestinal services - general
0256	Pharmacy - experimental drugs	0760	Treatment or observation room services - general
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment
0258	Pharmacy - IV solutions	0762	Room Specialty Room - Treatment/ Observation Room -
0236	Filatiliacy - IV solutions	0702	Observation Room
0259	Pharmacy - other	0769	Treatment or observation room services - other
0260	IV Therapy - general	0770	Preventive care services - general
0261	IV Therapy - infusion pump	0771	Preventive care services - vaccine administration
0262	IV Therapy - pharmacy services	0780	Telemedicine services - general
0263	IV Therapy - drug/supply delivery	0790	Extra-corporeal shockwave therapy - general
0264	IV Therapy - supplies	0800	Inpatient renal dialysis services - general
0269	IV Therapy - other	0801	Inpatient renal dialysis services - hemodialysis
0270	Medical surgical supplies and devices - general	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0271	Medical surgical supplies and devices -	0803	Inpatient renal dialysis services - continuous ambulatory
0272	nonsterile Medical surgical supplies and devices - sterile	0804	peritoneal dialysis (CAPD) Inpatient renal dialysis services - continuous cycling
0212	victical surgical supplies and devices - steffle	0004	peritoneal dialysis (CAPD)
0273	Medical surgical supplies and devices - take-	0809	Inpatient renal dialysis services - other
	home	/	1
0274	Medical surgical supplies and devices -	0810	Acquisition of body components- general
	prosthetic/orthotic		

0275	Medical surgical supplies and devices - pacemaker	0811	Acquisition of body components - living donor
0276	Medical surgical supplies and devices - intraocular lens (IOL)	0812	Acquisition of body components - cadaver donor
0277	Medical surgical supplies and devices - oxygen - take-home	0813	Acquisition of body components - unknown donor
0278	Medical surgical supplies and devices - other	0814	Acquisition of body components - unsuccessful organ
0279	implants	0815	search-donor bank charges
	Medical surgical supplies and devices - other		Acquisition of body components – stem cells- allogeneic Acquisition of body components - other donor
0280	Oncology - general	0819	
0289	Oncology - other	0820	Hemodialysis - outpatient or home - general
0290	DME - general	0821	Hemodialysis - outpatient or home - composite or other rate
0291	DME - rental	0822	Hemodialysis - outpatient or home – home supplies
0292	DME - purchase of new	0823	Hemodialysis - outpatient or home – home equipment
0293	DME - purchase of used	0824	Hemodialysis - outpatient or home – maintenance 100%
0294	DME - supplies/drugs for DME effectiveness	0825	Hemodialysis - outpatient or home - support services
0299	DME - other equipment	0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0300	Laboratory - general	0829	Hemodialysis - outpatient or home - other
0301	Laboratory - chemistry	0830	Peritoneal dialysis - outpatient or home - general
0302	Laboratory - immunology	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0303	Laboratory - renal patient (home)	0832	Peritoneal dialysis - outpatient or home - home supplies
0304	Laboratory – non-routine dialysis	0833	Peritoneal dialysis - outpatient or home – home equipment
0305	Laboratory - hemotology	0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0306	Laboratory - bacteriology and microbiology	0835	Peritoneal dialysis - outpatient or home - support services
0307	Laboratory - urology	0839	Peritoneal dialysis - outpatient or home - other
0309	Laboratory - other	0840	CAPD - outpatient or home - general
0310	Laboratory pathological - general	0841	CAPD - outpatient or home - composite or other rate
0311	Laboratory pathological - cytology	0842	CAPD - outpatient or home – home supplies
0312	Laboratory pathological - histology	0843	CAPD - outpatient or home – home equipment
0314	Laboratory pathological - biopsy	0844	CAPD - outpatient or home – maintenance 100%
0319	Laboratory pathological - other	0845	CAPD - outpatient or home - support services
0320	Radiology - diagnostic - general	0849	CAPD - outpatient or home - other
0321	Radiology - diagnostic - angiocardiography	0850	CCPD - outpatient or home - general
0322	Radiology - diagnostic - arthrography	0851	CCPD - outpatient or home - composite or other rate
0323	Radiology - diagnostic - arteriography	0852	CCPD - outpatient or home - home supplies
0324	Radiology - diagnostic - chest x-ray	0853	CCPD - outpatient or home - home equipment
0329	Radiology - diagnostic - other	0854	CCPD - outpatient or home - maintenance 100%
0330	Radiology - therapeutic and/or chemotherapy	0855	CCPD - outpatient or home - support services
	administration - general		•
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected	0859	CCPD - outpatient or home - other
0332	Radiology - therapeutic and/or chemotherapy	0860	Magnetoencephalography (MEG) - General
	administration - chemotherapy - oral		
0333	Radiology - therapeutic and/or chemotherapy	0861	Magnetoencephalography (MEG) - MEG
	administration - radiation therapy		
0335	Radiology - therapeutic and/or chemotherapy	0880	Miscellaneous dialysis - general
	administration - chemotherapy - IV		
0339	Radiology - therapeutic and/or chemotherapy	0881	Miscellaneous dialysis - ultrafiltration
	administration - other		
0340	Nuclear medicine - general	0882	Miscellaneous dialysis - home aide visit
0341	Nuclear medicine - diagnostic procedures	0889	Miscellaneous dialysis - other
0342	Nuclear medicine - therapeutic procedures	0900	Behavior health treatments/services - general
0343	Nuclear medicine - diagnostic	0901	Behavior health treatments/services - electroshock
	radiopharmaceuticals		
0344	Nuclear medicine - therapeutic	0902	Behavior health treatments/services - milieu therapy
	radiopharmaceuticals		
0349	Nuclear medicine - other	0903	Behavioral health treatments/services - play therapy
0350	CT scan - general	0904	Behavior health treatments/services - activity therapy
0351	CT scan - head	0905	Behavior health treatments/services - intensive outpatient
			services - psychiatric
0352	CT scan - body	0906	Behavior health treatments/services - intensive outpatient
			services - chemical dependency
0359	CT scan - other	0907	Behavior health treatments/services - community behavioral
			health program
0360	Operating room services - general	0911	Behavior health treatment/services - rehabilitation
0361	Operating room services - minor surgery	0912	Behavior health treatment/services - partial hospitalization -
			less intensive

0362	Operating room services - organ transplant	0913	Behavior health treatment/services - partial hospitalization -
	other than kidney		intensive
0367	Operating room services - kidney transplant	0914	Behavior health treatment/services - individual therapy
0369	Operating room services - other	0915	Behavior health treatment/services - group therapy
0370 0371	Anesthesia - general Anesthesia - incident to radiology	0916 0917	Behavior health treatment/services - family therapy Behavior health treatment/services - biofeedback
0371	Anesthesia - incident to radiology Anesthesia - incident to other diagnostic	0917	Behavior health treatment/services - bioleedback Behavior health treatment/services - testing
0372	services	0916	Denavior health treatment/services - testing
0374	Anesthesia - acupuncture	0919	Behavior health treatment/services - other
0379	Anesthesia - other	0920	Other diagnostic services - general
0380	Blood - general	0921	Other diagnostic services - peripheral vascular lab
0381	Blood - packed red cells	0922	Other diagnostic services - electromyogram
0382 0383	Blood - whole blood	0923 0924	Other diagnostic services - pap smear
0384	Blood - plasma Blood - platelets	0924	Other diagnostic services - allergy test Other diagnostic services - pregnancy test
0385	Blood - leukocytes	0929	Other diagnostic services - pregnancy test Other diagnostic services - other
0386	Blood - other components	0931	Medical rehabilitation day program - half day
0387	Blood - other derivatives (cryoprecipitate)	0932	Medical rehabilitation day program - full day
0389	Blood - other	0940	Other therapeutic services - general
0390	Blood and blood component administration,	0941	Other therapeutic services - recreational therapy
	storage and processing - general		
0391	Blood and blood component administration,	0942	Other therapeutic services - education/training
0202	storage and processing - administration	00.42	
0392	Blood and blood component administration,	0943	Other therapeutic services - cardiac rehabilitation
0399	storage and processing – processing and storage Blood and blood component administration,	0944	Other therapeutic services - drug rehabilitation
0399	storage and processing - other	0944	Other therapeutic services - drug renaomitation
0400	Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
0401	Other imaging services - diagnostic	0946	Other therapeutic services - complex medical equipment -
0.01	mammography	07.0	routine
0402	Other imaging services - ultrasound	0947	Other therapeutic services - complex medical equipment -
			ancillary
0403	Other imaging services - screening	0948	Other therapeutic services – pulmonary rehabilitation
	mammography		
0404	Other imaging services - PET	0949	Other therapeutic services - other
0409	Other imaging services - other	0951	Other therapeutic services – athletic training
0410 0412	Respiratory services - general Respiratory services - inhalation	0952 0953	Other therapeutic services - kinesiotherapy Other therapeutic services - chemical dependency (drug and
0412	Respiratory services - illitatation	0733	alcohol)
0413	Respiratory services - hyperbaric oxygen	0960	Professional fees - general
	therapy		
0419	Respiratory services - other	0961	Professional fees - psychiatric
0420	Physical therapy - general	0962	Professional fees - ophthalmology
0421	Physical therapy - visit charge	0963	Professional fees - anesthesiologist (MD)
0422	Physical therapy - hourly charge	0964	Professional fees - anesthetist (CRNA)
0423	Physical therapy - group rate	0969	Professional fees - other
0424	Physical therapy - evaluation or reevaluation	0971	Professional fees - laboratory
0429 0430	Physical therapy - other Occupational therapy - general	0972 0973	Professional fees - radiology - diagnostic Professional fees - radiology - therapeutic
0430	Occupational therapy - visit charge	0973	Professional fees - radiology - nuclear medicine
0432	Occupational therapy - hourly charge	0975	Professional fees - operating room
0433	Occupational therapy - group rate	0976	Professional fees - respiratory therapy
0434	Occupational therapy - evaluation or	0977	Professional fees - physical therapy
	reevaluation		1 7 17
0439	Occupational therapy - other	0978	Professional fees - occupational therapy
0440	Speech-language pathology - general	0979	Professional fees - speech therapy
0441	Speech-language pathology - visit charge	0981	Professional fees - emergency room
0442	Speech-language pathology - hourly charge	0982	Professional fees - outpatient services
0443 0444	Speech-language pathology - group rate	0983	Professional fees - clinic Professional fees - medical social services
V 111	Speech-language pathology - evaluation or reevaluation	0984	i foressional fees - inculcal social scrvices
0449	Speech-language pathology - other	0985	Professional fees - EKG
0450	Emergency room - general	0986	Professional fees - EEG
0451	Emergency room - EMTALA emergency	0987	Professional fees - hospital visit
	medical screening services		-
0452	Emergency room - beyond EMTALA screening	0988	Professional fees - consultation
0456	Emergency room - urgent care	0989	Professional fees - private duty nurse
0459	Emergency room - other	0990	Patient convenience items - general
0460 0469	Pulmonary function - general Pulmonary function - other	0991 0992	Patient convenience items - cafeteria/guest tray Patient convenience items - private linen service
0409	i annonary runcuon - omer	ロクラム	1 attent convenience nems - private inten service

	0470	Audiology - general	0993	Patient convenience items - telephone/telegraph
	0471	Audiology - diagnostic	0994	Patient convenience items - TV/radio
	0472	Audiology - treatment	0995	Patient convenience items - nonpatient room rentals
	0479	Audiology - other	0996	Patient convenience items - late discharge charge
	0480	Cardiology - general	0997	Patient convenience items - admission kits
	0481	Cardiology - cardiac cath lab	0998	Patient convenience items - beauty shop/barber
	0482 0483	Cardiology - stress test	0999 1000	Patient convenience items - other
	0489	Cardiology - echocardiology Cardiology - other	1000	Behavior health accommodations - general Behavior health accommodations - residential treatment - psychiatric
	0490	Ambulatory surgical care - general	1002	Behavior health accommodations - residential treatment - chemical dependency
	0499	Ambulatory surgical care - other	1003	Behavior health accommodations - supervised living
	0500	Outpatient services - general	1004	Behavior health accommodations - halfway house
	0509	Outpatient services - other	1005	Behavior health accommodations - group home
	0510	Clinic - general	2100	Alternative therapy services - general
	0511	Clinic - chronic pain	2101	Alternative therapy services - acupuncture
	0512	Clinic - dental	2102	Alternative therapy services - acupressure
	0513	Clinic - psychiatric	2103	Alternative therapy services - massage
	0514 0515	Clinic - OB/GYN Clinic - pediatric	2104 2105	Alternative therapy services - reflexology Alternative therapy services - biofeedback
	0515	Clinic - pediatric Clinic - urgent care	2103	Alternative therapy services - bioleedback Alternative therapy services - hypnosis
	0517	Clinic - family practice	2109	Alternative therapy services - other
	0519	Clinic - other	3101	Adult day care, medical and social - hourly
	0520	Freestanding Clinic - general	3102	Adult day care, social - hourly
	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC	3103	Adult day care, medical and social - daily
	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	3104	Adult day care, social - daily
	0523	Freestanding Clinic - family practice	3105	Adult foster care - daily
	0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A	3109	Adult foster care - other
		Stay at SNF		
	0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not		
		Covered Part A Stay) or NF or ICF MR or Other Residential Facility		
	0526	Freestanding Clinic - urgent care		
Length:	4	Type: Alphanumeric Data	a Source:	Claim
Field 3:		ENUE_CODE_SEQUENCE_NUMBE		
	Ū	nment of numbers to indicate the order o		
Length:	3	Type: Alphanumeric Data	a Source:	Assigned
Field 4:	HCPO	CS_QUALIFIER		
	HCFA	Common Procedure Coding System (H	(CPCS) Co	odes Indicator
Length:	2	Type: Alphanumeric Data	a Source:	Claim
Field 5:	НСРО	CS PROCEDURE CODE		
		Common Procedure Coding System (H	(CPCS) cod	de applicable to ancillary services or
		nmodations.	,	11
Coding Scheme:		tp://www.cms.hhs.gov/HCPCSReleaseCo	odeSets/Al	NHCPCS/list asp for complete list
Length:	5		a Source:	Claim
			a Source.	Ciaiii
Field 6:		IFIER_1	_	
		fies special circumstances related to the J		
Coding Scheme:	22	Increased procedural services	P4	A patient with severe systemic disease that is a constant threat to life
	23	Unusual Anesthesia	P5	A moribund patient who is not expected to survive without the operation
	24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Car		A declared brain-dead patient whose organs are being removed for donor purposes
	25	Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or O Qualified Health Care Professional on the Same D	ther	Upper left eyelid
	26	of the Procedure or Other Service	EO	Lower left avalid
	26 27	Professional Component Multiple Outpatient Hospital E/M Encounters on Same Date	E2 the E3	Lower left eyelid Upper right eyelid
2024				
	TILOTO	Page 50 —		I . II 1 . 1 N . 1 . 2024

	32	Mandated Services	E4	Lower right eyelid
	33	Preventive Service	F1	Left hand, second digit
	47	Anesthesia by Surgeon	F2	Left hand, third digit
	50	Bilateral Procedure	F3	Left hand, fourth digit
	51	Multiple Procedures	F4	Left hand, fifth digit
	52	Reduced Services	F5	Right hand, thumb
	53	Discontinued Procedure	F6	Right hand, second digit
	54 55	Surgical Care Only Postoperative Management Only	F7 F8	Right hand, third digit Right hand, fourth digit
	56	Preoperative Management Only	F9	Right hand, fifth digit
	57	Decision for Surgery	FA	Left hand, thumb
	58	Staged or Related Procedure or Service by the	Same GG	Performance and payment of a screening mammography
		Physician or Other Qualified Health Care Professional During the Postoperative Period		and diagnostic mammography on same patient, same day.
	59	Distinct Procedural Service	GH	Diagnostic mammogram converted from screening mammogram on same day
	62	Two Surgeons	LC	Left circumflex coronary artery
	63	Procedure Performed on Infants less than 4kg	LD	Left anterior descending coronary artery
	66	Surgical Team	LM	Left main coronary artery
	73	Discontinued Outpatient Hospital/Ambulatory	, LT	Left side of the body procedure
		Surgery Center (ASC) Procedure prior to the		
	74	Administration of Anesthesia Discontinued Outpatient Hospital/Ambulatory	QM	Ambulance service provided under arrangement by a
	74	Surgery Center (ASC) Procedure after Admini of Anesthesia		provider of services
	76	Repeat Procedure by Same Physician or Other Qualified Health Care Professional	QN QN	Ambulance service furnished directly by a provider of services
	77	Repeat Procedure by Another Physician or Otl Qualified Health Care Professional	her RC	Right coronary artery
	78	Unplanned Return to the Operating/Procedure	Room RI	Ramus intermedius coronary artery
		by the Same Physician or Other Qualified Hea Care Professional Following Initial Procedure	alth for a	
	70	Related Procedure During the Postoperative Po		Disk side of the Lader was a down
	79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period	RT	Right side of the body procedure
	80	Assistant Surgeon	T1	Left foot, second digit
	81	Minimum Assistant Surgeon	T2	Left foot, third digit
	82	Repeat procedure by same physician	T3	Left foot, fourth digit
	90	Reference (Outside) Laboratory	T4	Left foot, fifth digit
	91	Repeat Clinical Diagnostic Laboratory Test	T5	Right foot, great toe
	92	Alternative Laboratory Platform Testing	T6	Right foot, second digit
	95	Synchronous Telemedicine Service Rendered Real-Time Interactive Audio and Video Telecommunications System	Via a T7	Right foot, third digit
	99	Multiple Modifiers	Т8	Right foot, fourth digit
	1P	Performance Measure Exclusion Modifier due Medical Reasons		Right foot, fifth digit
	2P	Performance Measure Exclusion Modifier due Patient Reasons	e to TA	Left foot, great toe
	3P	Performance Measure Exclusion Modifier due System Reasons	e to XE	Separate Encounter
	8P	Performance Measure Reporting Modifier- Ac not performed, reason not otherwise specified		Separate Structure
	P1	A normal healthy patient	XP	Separate Practitioner
	P2	A patient with mild systemic disease	XU	Unusual Non-Overlapping Service
	P3	A patient with severe systemic disease		•
Length:	2	Type: Alphanumeric D	ata Source:	Claim
Field 7:		DIFIER 2		
i idu / i		tifies special circumstances related to the	he nerformer	ace of the service
Coding Scheme:		e as MODIFIER_1	ne periorman	ice of the service.
Length:	2	Type: Alphanumeric D	ata Source:	Claim
Field 8:	MO	DIFIER_3		
		tifies special circumstances related to the	he performan	ace of the service.
Coding Scheme:		e as MODIFIER_1	ne periorman	ice of the service.
Length:	2		ata Source:	Claim
		1	ata Source:	Ciaini
Field 9:	MO	DIFIER_4		
2024		<u>. </u>		
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	, 11101	_		Zast opanical November 2027

	Identifies special circumstances related to the performance of the service.								
Coding Scheme:	Same as MODIFIER_1								
Length:	2	Type:	Alphanumeric	Data Source:	Claim				
Field 10:	UNIT	_MEASU	REMENT_CODE						
	Code	specifying	the units in which a	value is being express	sed.				
Coding Scheme:	DA	Days							
_	F2 UN	Internation	nal unit						
Length:	2	Unit Type:	Alphanumeric	Data Source:	Claim				
Field 11:									
rieia 11:	UNITS_OF_SERVICE								
	Nume	eric value o	• •						
Length:	7	Type:	Numeric	Data Source:	Claim				
Field 12:	UNIT	T_RATE							
	Rate 1	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-covere	ed amount of the char	ge					
Length:	14	Type:	Alphanumeric	Data Source:	Assigned				

INPATIENT FACILITY TYPE INDICATOR FILE

Field 1:	THCIC_ID							
	Provider ID. Unique identifier ass	igned to the provider by Th	ICIC.					
Length:	6 Type: Alphanumeric	Data Source:	Assigned					
Field 2:	PROVIDER_NAME							
	Hospital name provided by the ho	spital.						
Length:	55 Type: Alphanumeric	Data Source:	Provider					
Field 3:	PROVIDER_ADDR							
	Hospital address provided by the l	nospital.						
Length:	50 Type: Alphanumeric	Data Source:	Provider					
Field 4:	PROVIDER_CITY							
	Hospital city provided by the hosp	pital.						
Length:	20 Type: Alphanumeric	Data Source:	Provider					
Field 5:	PROVIDER_STATE							
	Hospital state provided by the hos	pital.						
Length:	2 Type: Alphanumeric	Data Source:	Provider					
Field 6:	PROVIDER_ZIP							
11014 01	Hospital ZIP code provided by the	e hospital.						
Length:	9 Type: Alphanumeric	Data Source:	Provider					
Field 7:	FAC TEACHING IND	2 0 22 0 0 0						
	Teaching Facility Indicator.							
Coding Scheme:	A Member, Council of Teaching I	Hospitals						
coung senemer	X Other Teaching facility							
Length:	1 Type: Alphanumeric	Data Source:	Provider					
Field 8:	FAC_PSYCH_IND							
11010	Psychiatric Facility Indicator.							
Length:	1 Type: Alphanumeric	Data Source:	Provider					
Field 9:	FAC_REHAB_IND	2 0 22 0 0 0						
1114 > 1	Rehabilitation Facility Indicator.							
Length:	1 Type: Alphanumeric	Data Source:	Provider					
Field 10:	FAC_ACUTE_CARE_IND							
	Acute Care Facility Indicator.							
Length:	1 Type: Alphanumeric	Data Source:	Provider					
Field 11:	FAC_SNF_IND							
	Skilled Nursing Facility Indicator.	Hospital facility type indic	cator provided by the hospital.					
Length:	1 Type: Alphanumeric	Data Source:	Provider					
Field 12:	FAC_LONG_TERM_AC_IND							
	Long Term Acute Care Facility In							
Length:	1 Type: Alphanumeric	Data Source:	Provider					
Field 13:	FAC_OTHER_LTC_IND							
	Other Long Term Care Facility In	dicator.						
Length:	1 Type: Alphanumeric	Data Source:	Provider					
Field 14:	FAC_PEDS_IND							
	Pediatric Facility Indicator.							
Coding Scheme:	C Member, Council of Teaching I	Hospitals						
8	X Facility also treat children	1						
Length:	1 Type: Alphanumeric	Data Source:	Provider					
Field 15:	POA_PROVIDER_INDICATO							
			agnosis Present on Admission (POA) codes.					
			pes as exempt from reporting POA to the					
	25 TAC §Section 421.9(e) identifi	ies the following facility ty	pes as exempt from reporting FOA to the					

2024

department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals,

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

Coding Scheme: M Mixed (Facility has sections that would be exempted from reporting POA for those patients)

R Required X Exempt Invalid

Length: 1 Type: Alphanumeric Data Source: Assigned

Field 16: PROVIDER_COUNTY

Hospital COUNTY provided by the hospital.

Length: 3 Type: Alphanumeric Data Source: Provider

INPATIENT GROUPER DATA FILE

Field 1:	RECORD_ID							
	Provider ID. Unique identifier assigned to the provider by THCIC.							
Length:	6 Type: Alphanumeric Data Source: Assigned							
Field 2:	FROZEN_MS_DRG							
	Medicare Severity Diagnostic Related Group (MS DRG) as assigned by software developed for Centers for							
	Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) to							
	facilitate hospital payment for Medicare beneficiaries. The calculation for this field is updated annually.							
Length:	3 Type: Alphanumeric Data Source: Assigned							
Field 3:	FROZEN_MS_MDC							
	Medicare Severity (MS) Major Diagnostic Category MDC) is a three-digit numeric code that groups							
	beneficiary diagnosis codes into broad categories based on condition type and body region ¹³ as assigned b							
	software developed for the Centers for Medicare and Medicaid Services (CMS) (formerly Health Care							
	Financing Administration (HCFA)) It facilitates hospital payment for Medicare beneficiaries. First							
_	available 2004. The calculation for this field is updated annually.							
Length:	2 Type: Alphanumeric Data Source: Assigned							
Field 4:	FROZEN_ MS_GROUPER_VERSION_NBR							
	CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and previously							
	reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS DRG and, MS MDC codes.							
I anath	The calculation for this field is updated annually.							
Length:	5 Type: Alphanumeric Data Source: Assigned							
Field 5:	FROZEN_MS_GROUPER_ERROR_CODE From order identify notation with MS_DBC and assignment. The colculation for this field is							
Coding Scheme:	Error codes identify potential variations with MS DRG code assignment. The calculation for this field is updated annually.							
Couning Scheme.	No errors DRG successfully							
	$\frac{19}{\text{assigned.}}$ DisableHac = 0 and at least one HAC POA is invalid or exempt							
	Diagnosis code cannot be used as 20 DisableHac is invalid and at least one HAC POA is N or U							
	principal diagnosis Record does not meet criteria for							
	02 any DRG 21 DisableHac is invalid and at least one HAC POA is invalid or exempt							
	03 Invalid Age 22 DisableHac = 0 and at least one HAC POA is exempt							
	04 Invalid Sex 23 DisableHac is invalid and at least one HAC POA is exempt							
	O5 Invalid Discharge Status DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U							
	Illogical Principal Diagnosis (CMS Disable Hac is invalid and there are multiple HACs that have different HAC DO							
	only) values that are not Y or W							
T 41	11 Invalid Principal Diagnosis							
Length:	2 Type: Alphanumeric Data Source: Assigned							
Field 6:	FROZEN_APR_DRG All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR DRG Grouper (3M)							
	All Patient Refined (APR) Diagnostic Related Group (DRG) as assigned by 3M APR-DRG Grouper (3M							
	All Patient Refined Diagnostic Related Groups inpatient grouper). Incorporates risk of mortality (ROM)							
	and severity of illness (SOI) scores into DRGs. The calculation for this field is updated annually.							
Length:	4 Type: Alphanumeric Data Source: Assigned							
Field 7:	FROZEN_RISK_MORTALITY							
	Assignment of a risk of mortality score from the 3M APR-DRG Grouper (3M All Patient Refined							
	Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four risk-of-mortality levels							
	for their specific base 3M APR DRG. Often correlated with the risk of mortality, however it is possible to							
	have an illness of high severity, but low mortality risk. The risk of mortality score indicates the likelihood of dwing. The calculation for this field is undeted annually							
	of dying. The calculation for this field is updated annually. 1 Minor							
Coding Scheme:	2 Moderate							
County others.	3 Major							
	4 Extreme							
Length:	1 Type: Alphanumeric Data Source: Assigned							

	-	•			efined (APR) Diagnosis Related Group			
					ed Diagnostic Related Groups inpatient			
					pendent upon the number and interaction of R DRG. Indicates the extent of physiologic			
				field is updated annual				
	1			Minor				
Coding Scheme:	2 3			Moderate Major				
	4			Extreme				
	0			No class specified				
Length:	1 Type:	Alphanumeric		Data Source:	Provider			
Field 9:	FROZEN_AP		D:	estis Catanama (MDC) :	and the same of th			
					s a three-digit numeric code that groups lition type and body region as assigned by			
					Diagnostic Related Groups (3M APR-DRG)			
					reasons for admission, severity of illness			
				roduct of the company				
					s into groups for classification, payment and			
					R DRG Software), Outpatient Groupers (3M			
					n Health Groupers (Clinical Risk Groups),			
Length:	2 Type:	Alphanumeric	uns m	eld is updated annually. Data Source:	Assigned			
Field 10:		R GROUPER		Data Source.	Tibble			
	VERSION_NI							
		r of the 3M APR-D	ORG G		lation for this field is updated annually.			
Length:	5 Type:	Alphanumeric		Data Source:	Assigned			
Field 11:		R_GROUPER_E	RROR	<u>-</u>				
	CODE	and by the 2M AT	ם חם	C Cananaa The coloule	otion for this field is undeted annually			
	Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually. HAC: Hospital Acquired Condition							
	POA: Present on Admission							
		ic Related Group						
		ORG successfully	12	Gestational age/birth weigh	at conflict (APR only)			
Coding Scheme:	assigned 01 Diagnosis c	ode cannot be used as	19	DisableHac = 0 and at least	one HAC POA is invalid or exempt			
	principal di		20	D: 11 II 11 1	AL A HACDOA' N. H.			
	02 Record does DRG	s not meet criteria for a	1y 20	Disablehac is invalid and a	t least one HAC POA is N or U			
	03 Invalid Age		21		t least one HAC POA is invalid or exempt			
	04 Invalid Sex 05 Invalid Disc	charge Status	22 23	DisableHac = 0 and at least DisableHac is invalid and a	one HAC POA is exempt t least one HAC POA is exempt			
		nweight (AP & APR	24		re multiple HACs that have different HAC POA values			
	only) 09 Invalid disc	harge age in days (AP &	R- 25	that are not Y, W, N, U	here are multiple HACs that have different HAC POA			
	APR only)		~ 23	values that are not Y or W	nere are manapa in ies and nave different in ie i ori			
T41		cipal Diagnosis		Data Carres	A 1			
Length: Field 12:	2 Type: MS_DRG	Alphanumeric		Data Source:	Assigned			
riciu 12:		rity Diagnostic Rel	ated G	roun (MS DRG) as assi	igned by software developed for Centers for			
					Financing Administration (HCFA)) to			
				•	ulation for this field is updated quarterly.			
Length:	3 Type:	Alphanumeric		Data Source:	Assigned			
Field 13:	MS_MDC							
					three-digit numeric code that groups			
					lition type and body region ¹³ as assigned by Services (CMS) (formerly Health Care			
		•			ent for Medicare beneficiaries. First			
				ield is updated quarterly				
Length:	2 Type:	Alphanumeric		Data Source:	Assigned			
2024	/THOIC	P	age 5	4	et Undeted: November 2024			

Last Updated: November 2024

www.dshs.texas.gov/THCIC

EMERGENCY DEPARTMENT RESEARCH DATA FILE Field 14: MS_GROUPER_VERSION_NBR CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS DRG and, MS MDC codes. The calculation for this field is updated quarterly. **Coding Scheme:** C Member, Council of Teaching Hospitals X Facility also treat children Length: Type: Alphanumeric **Data Source:** Assigned Field 15: MS GROUPER ERROR CODE Error codes identify potential variations with MS DRG code assignment. The calculation for this field is updated quarterly. **Coding Scheme:** No errors. DRG successfully 00 19 DisableHac = 0 and at least one HAC POA is invalid or exempt assigned. Diagnosis code cannot be used as 20 01 DisableHac is invalid and at least one HAC POA is N or U principal diagnosis Record does not meet criteria for 21 02 DisableHac is invalid and at least one HAC POA is invalid or exempt any DRG 03 Invalid Age DisableHac = 0 and at least one HAC POA is exempt 04 Invalid Sex 23 DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that 05 Invalid Discharge Status 24 are not Y, W, N, U Illogical Principal Diagnosis DisableHac is invalid and there are multiple HACs that have different HAC POA 25 10 (CMS only) values that are not Y or W 11 Invalid Principal Diagnosis Length: Alphanumeric **Data Source:** Assigned Type: APR DRG Field 16: All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). Incorporates risk of mortality (ROM) and severity of illness (SOI) scores into DRGs. Alphanumeric Length: Type: **Data Source:** Assigned Field 17: RISK MORTALITY Assignment of a risk of mortality score from the 3M APR-DRG Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four risk-of-mortality levels for their specific base 3M APR DRG. Often correlated with the risk of mortality, however it is possible to have an illness of high severity, but low mortality risk. The risk of mortality score indicates the likelihood of dying. The calculation for this field is updated quarterly. Minor 2 Moderate **Coding Scheme:** 3 Major Extreme Length: Type: Alphanumeric **Data Source:** Asigned Field 18: ILLNESS SEVERITY Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M APR-DRG Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four severity levels dependent upon the number and interaction of complications and comorbidities for their specific base 3M APR DRG. Indicates the extent of physiologic decompensation. The calculation for this field is updated quarterly. Minor

Coding Scheme:

2 Moderate
3 Major
4 Extreme
0 No class specified
1 **Type:** Alphanumeric **Data Source:**

Field 19: APR MDC

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

Assigned

Last Updated: November 2024

2024

Length:

	A grouper refers to software or methodology to classify patients into groups for classification, payment and analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG Software), Outpatient Groupers (3M										
		Enhanced Ambulatory Patient Groups – EAPGs) and Population Health Groupers (Clinical Risk Groups),									
			The calculation for this		, <u>.</u>	* '	,,				
Length:	2	Type:	Alphanumeric		Data Source:	Assigned					
Field 20:	APR		ER_ VERSION_NBR								
	Vers	ion numbe	of the 3M APR-DRG	Grou	per used. The calcu	lation for this field is updated quarterly.					
Length:	5	Type:	Alphanumeric		Data Source:	Assigned					
Field 21:	APR	APR_GROUPER_ERROR_CODE									
	Erro	r code assig	gned by the 3M APR-D	RG C	rouper. The calcu	lation for this field is updated quarterly.					
	HAC: Hospital Acquired Condition										
	POA: Present on Admission										
	DRG: Diagnostic Related Group										
	00	, , , ,				th weight conflict (APR only)					
Coding Scheme:	01	Diagnosis code cannot be used as principal diagnosis			DisableHac = 0 and at least one HAC POA is invalid or exempt						
	02	Record does not meet criteria for any DRG			DisableHac is invalid and at least one HAC POA is N or U						
	03	Invalid Age	e	21	DisableHac is invalid and at least one HAC POA is invalid or exempt						
	04	Invalid Sex		22	DisableHac $= 0$ and at least one HAC POA is exempt						
	05		charge Status	23	DisableHac is invalid and at least one HAC POA is exempt						
	06	Invalid birt	hweight (AP & APR only)	24	DisableHac = 0 and there are multiple HACs that have different HAC POA v not Y, W, N, U						
	09	Invalid disconly)	charge age in days (AP & AP	R 25	DisableHac is inva	lid and there are multiple HACs that have different H	IAC I				
	11	• /	ncipal Diagnosis								
Length:	2	Type:	Alphanumeric		Data Source:	Assigned					

OUTPATIENT BASE FILE

Field 1:	SERVICE_QUA	RTER								
	Quarter during which service occurred. Year and quarter of service. $yyyyQn$.									
	1st Quarter (YYYYQ1): 1st January-31st March of that corresponding year.									
	2nd Quarter (YYYYQ2): 1st April – 30th June of that corresponding year.									
	3rd Quarter (YYYYQ3): 1st July- 30th September of that corresponding year.									
	4th Quarter (YYY	YYQ4): 1st October-3	1st Decemb	per of that cor	responding year.					
Length:	Type:	Alphanumeric	Data So	ource:	Assigned					
Field 2:	RECORD_ID				•					
	Record Identifica	tion Number. Unique	number to	identify the re	ecord within the research data file.					
	There will be a R	ecord Identification N	lumber for	each claim as	sociated with a patient's visit. Does					
	not match or link	to Public Use Data Fi	le (PUDF)	Record ID. D	oes match with RECORD_ID in					
	other Inpatient an	d Outpatient RDFs (R	Research Da	ata Files).						
Length:	12 Type:	Alphanumeric	Data Se	ource:	Assigned					
Field 3:	PAT_UNIQUE_	INDEX								
	(PUI) Unique ide	ntifier assigned to the	patient by	THCIC. A pa	tient unique index is assigned for					
					nultiple Record IDs associated with					
	a one PUI (see Fig				•					
Length:	10 Type:	Alphanumeric	Data Se	ource:	Assigned					
Field 4:	THCIC_ID	•			<u> </u>					
		que identifier assigned	l to the prov	vider by THC	IC.					
Length:	6 Type:	Alphanumeric	Data S	•	Assigned					
Field 5:	SPEC_UNIT_1									
	Specialty Unit in which most days' stay occurred based on number of days by Type of Bill (See									
	Field # 38) or Revenue Code. For revenue code list see this document, section titled "Charges Data									
	File" (Field # 2).									
Coding Scheme:	C Coronary Car	e Unit	P	Pediatric Unit						
- · · · · · ·	D Detoxification	Y	, and the second							
	I Intensive Care	R Rehabilitation Unit								
	H Hospice Unit		U	Sub-acute Care						
	N Nursery B Obstetric Uni	t	S Blank	Skilled Nursing Acute Care	y Omt					
	O Oncology Un		Dimin	Troute Care						
Length:	1 Type:	Alphanumeric	Data Se	ource:	Calculated					
Field 6:	SPEC_UNIT_2									
	Specialty Unit in	which 2 nd most days'	stay occurr	ed based on r	number of days by Type of Bill					
	(Field # 38) or Re	evenue Code (See Fiel	ld # 5).							
Coding Scheme:	Same as SPEC_U	NIT_1.								
Length:	1 Type:	Alphanumeric	Data So	ource:	Calculated					
Field 7:	SPEC UNIT 3	•								
		which 3rd most days	stay occur	rred based on	number of days by Type of Bill					
	•	evenue Code (See Fiel	•		J J J1					
Coding Scheme:	Same as SPEC_U		- / ·							
Length:	1 Type:	Alphanumeric	Data So	ource:	Calculated					
Field 8:	SPEC_UNIT_4									
	Specialty Unit in which 4th most days' stay occurred based on number of days by Type of Bill									
	(Field # 38) or Revenue Code (See Field # 5).									
Coding Scheme:	Same as SPEC_U		· · /·							
_	1 Type:	Alphanumeric	Data S	ource:	Calculated					
ængth:		1 iipiiaiiaiiiciic	2440		Surcuration					
	SPEC_UNIT_5	which 5th most days?	etav occurr	ed based on n	umber of days by Type of Bill					
	SPEC_UNIT_5 Specialty Unit in			ed based on n	umber of days by Type of Bill					
Length: Field 9:	SPEC_UNIT_5 Specialty Unit in (Field # 38) or Re	evenue Code (See Fiel		ed based on n	umber of days by Type of Bill					
Field 9: Coding Scheme:	SPEC_UNIT_5 Specialty Unit in (Field # 38) or Re Same as SPEC_U	evenue Code (See Fiel JNIT_1.	ld # 5).		, , ,,					
Field 9:	SPEC_UNIT_5 Specialty Unit in (Field # 38) or Re	evenue Code (See Fiel			umber of days by Type of Bill Calculated					
Field 9: Coding Scheme:	SPEC_UNIT_5 Specialty Unit in (Field # 38) or Re Same as SPEC_U	evenue Code (See Fiel JNIT_1.	ld # 5).		, , ,,					

T: 1140	ENCOLINEED I	NDICATOR								
Field 10:	ENCOUNTER_INDICATOR Indicates the number of claims used to create the encounter. The encounter refers to an electronic									
	record that contains information on all services rendered for a patient episode of care (admission									
	through discharge) by a provider in a patient care setting. Some non-acute care patients may have more than one claim that is consolidated for the record. For example, patients in rehabilitation									
				example, patients in rehabilitation						
T 41		m care hospitals, or p	•							
Length:	2 Type:	Alphanumeric	Data Source:	Calculated						
Field 11:	SEX_CODE									
	-	ent as recorded at date	e of admission or star	et of care.						
Coding Scheme:	M Male									
	F Female U Unknown									
Length:	1 Type:	Alphanumeric	Data Source:	Claim						
Field 12:	BIRTH DATE	7 Hphanameric	Data Source.	Cium						
rieiu 12:	_	atient as recorded at d	lata of admission or s	start of cara						
Longth	_	Alphanumeric	Data Source:	Claim						
Length: Field 13:	8 Type:		Data Source:	Ciaiii						
rieid 13:	PAT_AGE_GRO		4.4 4:							
	Code indicating ag	ge of patient in days o	r years on date of dis	cnarge.						
C. P C.L	00 1-28 days	10 25 20	20	95 90						
Coding Scheme:	•	10 35-39 11 40-44	20 21	85-89 90+						
	01 29-365 days 02 1-4 years	12 45-49		and drug/alcohol use patients:						
	03 5-9	13 50-54	22	0-17						
	04 10-14	14 55-59	23	18-44						
	05 15-17	15 60-64	24	45-64						
	06 18-19	16 65-69	25	65-74						
	07 20-24	17 70-74	26	75+						
	08 25-29 09 30-34	18 75-79 19 80-84		Invalid						
Length:	2 Type:	Alphanumeric	Data Source:	Assigned						
Field 14:	PAT_AGE_YEA		Duta Source.	1135151100						
riciu 14.		ears on date of discha	arga							
Length:	3 Type:	Alphanumeric	Data Source:	Claim						
Field 15:	PAT_AGE_DAY		Data Source.	Ciaiiii						
riciu 13.		ays on date of discha	****							
Length:	5 Type:	Alphanumeric	Data Source:	Claim						
	RACE	Aiphanumenc	Data Source.	Ciaiiii						
Field 16:		a matiant'a masa								
Cadina Cahama	Code indicating th	an/Eskimo/Aleut								
Coding Scheme:										
	2 Asian or Pacifi3 Black	C Islander								
	4 White									
	5 Other									
Length:	1 Type:	Alphanumeric	Data Source:	Claim						
Field 17:	ETHNICITY									
	Code indicating th	e Hispanic origin of t	he patient.							
Coding Scheme:	1 Hispanic Origi	1 0	1							
8	2 Not of Hispani									
Length:	1 Type:	Alphanumeric	Data Source:	Claim						
Field 18:	PAT ADDR CE	NSUS_BLOCK_GR	OUP							
				consists of clusters of blocks within						
	the same census tr		8 - 1							
Length:	14 Type:	Alphanumeric	Data Source:	Calculated						
Field 19:	PAT_ADDR_CE									
I ICIU IJ.			A census block is a st	atistical area bounded by visible						
				-						
		sidie doundaries. It is	me geographical bas	sis used by the Census Bureau to						
Lanath	tabulate data	۸ اسله مسبب	Doto Commen	Coloulated						
Length:	5 Type:	Alphanumeric	Data Source:	Calculated						
2024		Dog	50							

Part									
Field 21: PAT_STATE Patient address state as provided by the patient. Provider Provider Patient address state as provided by the patient. Provider P	Field 20:	PAT	_CITY						
Field 21:		Patient address city as provided by the patient.							
Part	Length:	30	Type:	Alpha	anumeric	Data Sou	rce:	Provider	
Field 22: PAT	Field 21:	PAT	_STATE						
Field 22: PAT		Patie	ent address state	e as pro	vided by the	patient.			
Field 22:	Length:				•		rce:	Provider	
Part									
Field 23:	11010 221			code a	s provided by	the nationt			
Field 23:	I anath:						rea.	Provider	
Country of patient's residential address. List maintained by the International Organization for Standardization (ISO). Coding scheme: See www. ISO.org for complete list.				Атрис	inumente	Data Sou	100.	TTOVIGET	
Coding scheme See Werw LSO org for complete list. Length: 2 Type: Alphanumeric Data Source: Provider	rieiu 25:			: 1.	4:-1 - 44	T :-4:4-:		1.0	
Description Part Country Provider Provider Provider Part Country Provider Part Provider Part Provider Part Provider Provide					nuai address.	List maintai	ned by the into	ernational C	rganization for
Field 24:	G 11 1				1 . 1				
Field 24:	_		-	-		-			
Coding schem:				Alpha	anumeric	Data Sou	rce:	Provider	
Coding scheme: Ool	Field 24:	PAT	_COUNTY						
003		FIPS	code of patien	t's cou	nty.				
005 Angelina 133 Eastland 261 Kenet 391 Refugio 007 Archer 137 Edwards 265 Kent 391 Refugio 009 Archer 137 Edwards 265 Kerr 393 Roberts 011 Arascova 141 El Paso 269 Kimple 397 Rockwall 015 Austin 143 Erath 271 Kinney 399 Runeels 017 Balley 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 Lama 407 San Jacinto 027 Bell 155 Four Bend 281 Lampasas 411 Sachiciber 027 <th>Coding scheme:</th> <th>001</th> <th>Anderson</th> <th>129</th> <th>Donley</th> <th>257</th> <th>Kaufman</th> <th>385</th> <th>Real</th>	Coding scheme:	001	Anderson	129	Donley	257	Kaufman	385	Real
Methods	-								
Month							•		
Oli									_
O15 Austin 143 Erath 271 Kinney 397 Rockwall O15 Austin 143 Erath 271 Kinney 399 Runnels O17 Bailey 145 Falls 273 Kleberg 401 Rusk O19 Bandera 147 Fannin 275 Knox 403 Sabine O21 Bastrop 149 Fayette 283 La Salle 405 San Augustine O23 Baylor 151 Fisher 277 Lamar 407 San Jacinto O25 Bee 153 Floyd 279 Lamb 409 San Patricto O27 Bell 155 Foard 281 Lampasas 411 San Saba O29 Bexar 157 Fort Bend 285 Lavaca 413 Schleicher O131 Blanco 159 Franklin 287 Lee 415 Scurry O133 Borden 161 Freestone 289 Leon 417 Shackelford O135 Bosque 163 Frio 291 Liberty 419 Shelby O137 Bowie 165 Gaines 293 Limestone 421 Sherman O139 Brazoria 167 Galveston 295 Lipscomb 423 Smith O141 Brazos 169 Garza 297 Live Oak 425 Somervell O143 Brewster 171 Gillespie 299 Liano 427 Starr O145 Briscoe 173 Glasscock 301 Loving 429 Stephens O147 Brooks 175 Goliad 303 Lubbock 431 Sterling O15 Burleson 179 Gorzales 305 Lynn 433 Stonewall O15 Calboun 185 Grimes 313 Madison 441 Taylor Tarrant 015 Calboun 185 Grimes 313 Madison 441 Taylor Calboun 185 Grimes 314 Marin 445 Terry O17 Chambers 199 Hardim 327 Menard 455 Trinity O17 Chambers 199 Hardim 327 Menard									
115									
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021 Bastrop 149 Fayette 283 La Salle 405 San Augustine 023 Baylor 151 Fisher 277 Lamb 407 San Jacinto 025 Bee 153 Floyd 279 Lamb 409 San Fatricio 029 Bexar 157 Fort Bend 285 Lavaca 413 Scheicher 031 Blanco 159 Franklin 287 Lee 415 Scurry 033 Borden 161 Freestone 289 Leon 417 Skackelford 035 Bosque 163 Frio 291 Liberty 419 Shelvel 037 Bowie 163 Frio 291 Liberty 419 Shelvel 038 Brosca 163 Frio 291 Libresomb 421 Sherman 039 Brazora 169 Garza 297 Live Oak 425 Somervell 043							•		
151 Fisher 277 Lamar 407 San Jac.into 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 Briscoc 173 Gilasscock 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 433 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 Terrell 061 Cameron 189 Hale 317 Martin 445 Terry 063 Carpon 191 Hall 319 Mason 447 Throckmorton 065 Carson 193 Hamilton 321 Matagorda 449 Titus 067 Cass 195 Hansford 323 Mills 461 Upton 079 Cochran 207 Haskell 335 Mills 461 Upton 079 Cochran 207 Haskell 335 Mills 461 Upton 079 Cochran 207 Haskell 335 Mills 461 Upton 085 Collingworth 215 Hidalgo 343 Morris 471 Walker 093 Comanche 221 Hookley 347 Nacogdoches 475 Ward 093 Comanche 221 Hookley 347 Nacogdoches 475 Ward 095 Concho 223 Hopkins 351 Newton 479 Webb			Bandera	147			Knox	403	
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 Balanco 159 Franklin 287 Lee 415 Scurry 033 Borden 161 Freestone 289 Leon 417 Shackelford 035 Bosque 163 Frio 291 Liberty 419 Shelby 037 Bowle 165 Gaines 293 Limestone 421 Shemnan 043 Brewster 171 Gillespie 299 Llano 427 Starr 044 Brazos 173 Glasscock 301 Loving 429 Stephens 047 Brown 177 Goliad 303 Lynn 433 Storling 049					•				_
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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 <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>									
165		033	Borden	161	Freestone	289	Leon	417	
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 Briscoc 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 Callhoun 185 Grimes 313 Madison 441 Taylor 141 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 Harris 329 Midland 457 Tyler 075 Childress 203 Harrison 331 Milam 459 Upshur 079 Cochran 207 Haskell 335 Mitchell 463 Uvalde 081 Coke 209 Hays 337 Montague 465 Val Verde 083 Collins 213 Henderson 341 Moore 469 Victoria 085 Collin 213 Henderson 341 Moore 469 Victoria 087 Collingsworth 215 Hidalgo 343 Morris 471 Walker 093 Comanche 221 Hood 349 Navarro 477 Washington 095 Concho 223 Hopkins 351 Newton 479 Webb 085 Concho 223 Hopkins 351 Newton 479 Webb							•		•
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 055 Caldwell 183 Gregg 311 McMullen 439 Tarrant 059 Callahan 187 Guadalupe 315 Marion 441 Taylor									
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 McMcullen 439 Tarrant 057 Calboun 185 Grimes 313 Madison 441 Taylor 059 Callahan 187 Guadalupe 315 Marion 443 Terrell 061 Cameron 189 Hale 317 Martin 445 Terry 0									
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051 Burleson 179 Gray 307 McCulloch 435 Sutton 053 Burnet 181 Grayson 309 McLennan 437 Swisher 055 Caldwell 183 Gregg 311 McMullen 439 Tarrant 057 Calhoun 185 Grimes 313 Madison 441 Taylor 059 Callahan 187 Guadalupe 315 Marion 443 Terrell 061 Cameron 189 Hale 317 Martin 445 Terry 063 Camp 191 Hall 319 Mason 447 Throckmorton 065 Carson 193 Hamilton 321 Matagorda 449 Titus 067 Cass 195 Hansford 323 Maverick 451 Tom Green 069 Castro 197 Hardeman 325 Medina 453 Travis 071<							-		-
053 Burnet 181 Grayson 309 McLennan 437 Swisher 055 Caldwell 183 Gregg 311 McMullen 439 Tarrant 057 Calhoun 185 Grimes 313 Madison 441 Taylor 059 Callahan 187 Guadalupe 315 Marion 443 Terrell 061 Cameron 189 Hale 317 Martin 445 Terry 063 Camp 191 Hall 319 Mason 447 Throckmorton 065 Carson 193 Hamilton 321 Matagorda 449 Titus 067 Cass 195 Hansford 323 Maverick 451 Tom Green 069 Castro 197 Hardeman 325 Medina 453 Travis 071 Chambers 199 Hardin 327 Menard 455 Trinity 073<							•		
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 Midlan 457 Tyler 075 <th></th> <th></th> <th></th> <th></th> <th>•</th> <th></th> <th></th> <th></th> <th></th>					•				
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099	Coryell	227	Howard	355	Nueces	483	Wheeler
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
105	Crockett	233	Hutchinson	361	Orange	489	Willacy
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
109	Culberson	237	Jack	365	Panola	493	Wilson
111	Dallam	239	Jackson	367	Parker	495	Winkler
113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
119	Delta	247	Jim Hogg	375	Potter	503	Young
121	Denton	249	Jim Wells	377	Presidio	505	Zapata
123	Dewitt	251	Johnson	379	Rains	507	Zavala
125	Dickens	253	Jones	381	Randall		
127	Dimmit	255	Karnes	383	Reagan	•	Invalid
3	Type:	Alpha	Alphanumeric		Data Source:		, based on patient ZIP code

Field 25: 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, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- 3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties
- 4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
- 5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties
- Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, 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
- Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties
- 10 Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
- 11 Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties

Data Source:

Claim

Last Updated: November 2024

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

Field 26: TYPE_OF_ADMISSION

3

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

Coding Scheme:

Length:

- Emergency
- 2 Urgent
 - Elective
- Newborn
- Trauma Center
- Information not available

Type: Alphanumeric Field 27: SOURCE_OF_ADMISSION

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

Coding Scheme:

Length:

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

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	E Transfer from Ambulatory Surgery Center		
	F Transfer from a Hospice Facility		
	G Transfer from a designated hospital disaster alternat (Effective 7/1/2020)	e care site	
	If Type of Admission=4 (Newborn)		
	5 Born inside this hospital		
	6 Born outside this hospital		
Length:	1	Source:	Claim
Field 28:	FIRST_PAYMENT_SRC		
	Code indicating the expected primary source of	oayment.	
Coding Scheme:	09 Self-Pay (Removed from 5010 format, use "ZZ"	HM	Health Maintenance Organization
couning sementer	beginning 2Q2012 data) 10 Central Certification	1.1	Tiobilies
	11 Other Non-federal Programs	LI LM	Liability Liability Medical
	12 Preferred Provider Organization (PPO)	MA	Medicare Part A
	Point of Service (POS)	MB	Medicare Part B
	14 Exclusive Provider Organization (EPO)	MC	Medicaid
	15 Indemnity Insurance	TV	Title V
	16 Health Maintenance Organization (HMO) Medicare Risk	OF	Other Federal Program
	AM Automobile Medical	VA	Veteran Administration Plan
	BL Blue Cross/Blue Shield	WC	Workers Compensation Health Claim
	CH CHAMPUS	ZZ	Charity, Indigent or Unknown
	CI Commercial Insurance		Codes 09 and ZZ, combined for 2004 & 2005
T (1	DS Disability Insurance	,	Invalid
Length:	<u> </u>	Source:	Claim
Field 29:	FIRST_PAYER_ID		
	National Plan Identifier (when implemented by t		
	National Payer ID: a system for uniquely identify	ying all o	rganizations that pay for health care
	services. Also known as Health Plan ID, or Plan	ID.	
Length:	10 Type: Alphanumeric Data	Source:	Claim
Field 30:	FIRST_PAYER_NAME		
	Name of primary source of payment.		
Length:		Source:	Claim
Field 31:	SECONDARY_PAYMENT_SRC		
riciu 51.	Code indicating the expected secondary source of	f navmar	nt.
Coding Scheme:	Same as FIRST_PAYMENT_SRC	1 paymer	it.
Length:		Source:	Claim
Field 32:	· · · · · · · · · · · · · · · · · · ·	Jource.	Claim
r 1e1a 32:	SECONDARY_PAYER_ID	. 1 1	
	National Plan Identifier (when implemented by t	_	
Length:	<u> </u>	Source:	Claim
Field 33:	SECONDARY_PAYER_NAME		
	Name of secondary source of payment.		
Length:	35 Type: Alphanumeric Data	Source:	Claim
Field 34:	STMT PERIOD FROM		
	Beginning service date of the period reflected on	the state	ment. Entered as YYYYMMDD.
Length:	• •	Source:	Claim
Field 35:	STMT_PERIOD_THRU	Jour cc.	Ciuiii
rieiu 35:			T. F. A
T 41	Ending service date of the period reflected on the		
Length:	**	Source:	Claim
Field 36:	LENGTH_OF_SERVICE		
	Length of stay in days equals ending service date		
	(STMT_PERIOD_THRU) minus admission/star	t of care of	date (STMT_PERIOD_FROM). The
	minimum length of stay is 1 day. The maximum	is 30 day	rs.
Length:	• • •	Source:	Calculated
Field 37:	PAT_STATUS		
riciu 31.		nto of com	vice for the period of save reported
Cadina Cak	Code indicating patient status as of the ending da	ne or serv	vice for the period of care reported.
Coding Scheme:	Discharged to home or self-care (routine discharge)	tol for ! '	Sout ages
	O2 Discharged/transferred to a short-term general hospi O3 Discharged/transferred to skilled nursing facility (S1		
	Discharged dansiened to skined nuising facility (Si	· · / with Mit	edicare certification in anticipation of skined care
2024	D ₀₀₀ £1		
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	o opecial identity	5 Swing ood	8 Void/cancel of prior claim
	8 Special facility	7 Sub-acute inpatient – Level III8 Swing bed	6 Adjustment of prior claim (Not used by Medicare)7 Replacement of prior claim
	6 Intermediate care 7 Clinic	6 Intermediate Care–Level II 7 Sub-acute inpatient – Level III	5 Late charge(s) only claim 6 Adjustment of prior claim (Not
	5 Religious non-medical health care— Extended care	5 Intermediate Care–Level I	4 Interim–last claim
	Hospital	only	5 mermi-continuing ciaini
	3 Home health4 Religious non-medical health care—	3 Outpatient4 Outpatient Other, Medicare Part B	2 Interim–first claim3 Interim–continuing claim
	2 Skilled nursing	2 Inpatient, Medicare Part B only	1 Admit through discharge claim
	1 Hospital	1 Inpatient, including Medicare Part A	0 Non-payment/Zero claim
Coding Scheme:	1 st digits—Type of Facility	2 nd digit—Type of Care	rd digits–Sequence of claim
	digit = type of care. Third digit = s		, J
		ut the claim data submitted. First dig	it = type of facility. Second
Field 38:	TYPE_OF_BILL		
Length:	2 Type: Alphanumer		laim
		tient Readmission (effective 10-1-2013)	Sout Blot Will a
	Discharged/Transferred to Anothe	er Type of Health Care Institution not Defined	Elsewhere in this Code List with a
	94 Discharged/Transferred to a Critic (effective 10-1-2013)	eal Access Hospital (CAH) with a Planned Acc	ute Care Hospital Inpatient Readmission
	Care Hospital Inpatient Readmissi	ion (effective 10-1-2013)	•
		niatric Hospital or Psychiatric Distinct Part Ur	nit of a Hospital with a Planned Acute
		ng Facility Certified Under Medicaid but not tient Readmission (effective 10-1-2013)	Certified Under Medicare with a
	Inpatient Readmission (effective I		Confident Hada, M. P. 13
	Discharged/Transferred to a Medic	care Certified Long Term Care Hospital (LTC	
		tient Rehabilitation Facility (IRF) including	
	Inpatient Readmission (effective I		Ochobilitation Distinct Deat Heiter of
	Discharged/Transferred to a Hospi	ital-based Medicare Approved Swing Bed wit	th a Planned Acute Care Hospital
	· · · · · · · · · · · · · · · · · · ·	ral Health Care Facility with a Planned Acute	Care Hospital Inpatient Readmission
	Discharged/Transferred to Court/I (effective 10-1-2013)	Law Enforcement with a Planned Acute Care I	Hospital Inpatient Readmission
	Care Hospital Inpatient Readmissi	ion (effective 10-1-2013)	•
	Discharged/Transferred to Home i	.0-1-2013) under Care of Organized Home Health Service	e Organization with a Planned Acute
	Discharged/transferred to a Design	nated Cancer Center or Children's Hospital wi	th a Planned Acute Care Hospital
	Inpatient Readmission (effective 1	, , , , , , , , , , , , , , , , , , , ,	with a France Acute Care Hospital
	Discharged/Transferred to a Facili	ffective 10-1-2013) ity that Provides Custodial or Supportive Care	with a Planned Acute Care Hospital
	83	ed Nursing Facility (SNF) with Medicare Cert	ification with a Planned Acute Care
	82 Discharged/Transferred to a Short Inpatient Readmission (effective 1		in a Fianned Acute Care Hospital
	Discharged/Transferred to a Short	with a Planned Acute. Care Hospital Inpatient -Term General Hospital for Inpatient Care with	
	70 Discharge/transfer to another type	of health care institution not defined elsewhe	re in the code list
		nated disaster alternate care (effective 10-1-20	013)
	Discharged/transferred to psychiatDischarged/transferred to Critical	tric hospital or psychiatric distinct part of a ho Access Hospital (CAH)	ospital
	64 Discharged/transferred to Medicai	d-certified nursing facility under Medicaid bu	
	63 Discharged/transferred to Medicar	re-certified long term care hospital	
	Discharged/transferred within thisDischarged/transferred to inpatien	institution to Medicare-approved swing bed	
	51 Hospice–medical facility (Certifie		
	50 Hospice-home		
	42 Expired, place unknown43 Discharged/transferred to federal s	government operated health facility	
	41 Expired in a medical facility		
	40 Expired at home		
	Discharged/transferred to Court/LaStill patient	aw Enforcement	
	20 Expired	ary Enforcement	
	09 Admitted as inpatient to this hospi	ital	
	skilled care 07 Left against medical advice		
	Discharged/transferred to home ur	nder care of an organized home health service	
		y that provides custodial or supportive care nated Cancer Center or Children's Hospital (ef	ffective 10-1-2007)
	04 Di-1		

3 Type:	Alphanumeric	Data Source:	Claim
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	th, 6th and 7th digits i	if applicable. Decimal:	is implied following the third
	1 2022 THCIC	: 1 11+:	DAT DEACON FOR MICH.
	•	is no longer collecting	PAI_REASON_FOR_VISIT in
-		Data Sources	Claim
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		on of Disassas Pavis	ion 10 Clinical Modification)
			the rai, sai, our and rai digits if
		-	Claim
		on of Diseases – Revisi	ion 10 – Clinical Modification)
implied following	the third character.		
7 Type:	Alphanumeric	Data Source:	Claim
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ICD-10-CM (Inte	rnational Classification	on of Diseases – Revisi	ion 10 – Clinical Modification)
diagnosis code for	r a condition that coex	xists with the principal	diagnosis or develops subsequently
		e the 4th, 5th, 6th and 7	th digits if applicable. Decimal is
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		e the 4th, 5th, 6th and 7	th digits if applicable. Decimal is
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		on of Diseases – Revisi	ion 10 – Clinical Modification)
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7 Type:	Alphanumeric	Data Source:	Claim
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OTH_DIAG_CO ICD-10-CM (Inte		on of Diseases – Revisi	ion 10 – Clinical Modification)
ICD-10-CM (Inte	ernational Classification		ion 10 – Clinical Modification) diagnosis or develops subsequently
ICD-10-CM (Inte diagnosis code for	rnational Classification a condition that coex	xists with the principal	ion 10 – Clinical Modification) diagnosis or develops subsequently n, 6th and 7th digits if applicable.
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ICD-10-CM (Inte diagnosis code for during a patient's	rnational Classification racondition that coest treatment. To include	xists with the principal e, including the 4th, 5th	diagnosis or develops subsequently
ICD-10-CM (Inte diagnosis code for during a patient's Decimal is implie	ernational Classification r a condition that coest treatment. To include a following the third Alphanumeric	xists with the principal e, including the 4th, 5th character.	diagnosis or develops subsequently n, 6th and 7th digits if applicable.
ICD-10-CM (Inte diagnosis code for during a patient's Decimal is implie 7 Type: OTH_DIAG_CO	ernational Classification ra condition that coest treatment. To include a following the third Alphanumeric DDE_7	xists with the principal e, including the 4th, 5th character. Data Source:	diagnosis or develops subsequently n, 6th and 7th digits if applicable.
	PAT_REASON_ ICD-10-CM (Inter diagnosis code de include the 4th, 5th character. *Note: As of Janua Outpatient Profes 7 Type: PRINC_DIAG_C ICD-10-CM (Inter diagnosis code the chiefly responsible applicable. Decim 7 Type: OTH_DIAG_CC ICD-10-CM (Inter diagnosis code for during a patient's implied following 7 Type: OTH_DIAG_CC ICD-10-CM (Inter diagnosis code for during a patient's implied following 7 Type: OTH_DIAG_CC ICD-10-CM (Inter diagnosis code for during a patient's implied following 7 Type: OTH_DIAG_CC ICD-10-CM (Inter diagnosis code for during a patient's implied following 7 Type: OTH_DIAG_CC ICD-10-CM (Inter diagnosis code for during a patient's implied following 7 Type: OTH_DIAG_CC ICD-10-CM (Inter diagnosis code for during a patient's implied following 7 Type: OTH_DIAG_CC ICD-10-CM (Inter diagnosis code for during a patient's implied following 7 Type: OTH_DIAG_CC ICD-10-CM (Inter diagnosis code for during a patient's implied following 7 Type: OTH_DIAG_CC ICD-10-CM (Inter diagnosis code for during a patient's implied following 7 Type:	PAT_REASON_FOR_VISIT ICD-10-CM (International Classification diagnosis code describing the patient's include the 4th, 5th, 6th and 7th digits include the 4th, 5th, 6th and 7th, 6th, 6th, 6th, 6th, 6th, 6th, 6th, 6	PAT_REASON_FOR_VISIT ICD-10-CM (International Classification of Diseases- Revision diagnosis code describing the patient's reason for visit at the translation include the 4th, 5th, 6th and 7th digits if applicable. Decimal character. *Note: As of January 1, 2022, THCIC is no longer collecting Outpatient Professional claims. 7 Type: Alphanumeric Data Source: PRINC_DIAG_CODE ICD-10-CM (International Classification of Diseases – Revision diagnosis code that describes the principal diagnosis, i.e., the chiefly responsible for causing the hospitalization. To include applicable. Decimal is implied following the third character. 7 Type: Alphanumeric Data Source: OTH_DIAG_CODE_1 ICD-10-CM (International Classification of Diseases – Revision diagnosis code for a condition that coexists with the principal during a patient's treatment. To include the 4th, 5th, 6th, and implied following the third character. 7 Type: Alphanumeric Data Source: OTH_DIAG_CODE_2 ICD-10-CM (International Classification of Diseases – Revision diagnosis code for a condition that coexists with the principal during a patient's treatment. To include the 4th, 5th, 6th and 7 implied following the third character. 7 Type: Alphanumeric Data Source: OTH_DIAG_CODE_3 ICD-10-CM (International Classification of Diseases – Revision diagnosis code for a condition that coexists with the principal during a patient's treatment. To include the 4th, 5th, 6th and 7 implied following the third character. 7 Type: Alphanumeric Data Source: OTH_DIAG_CODE_4 ICD-10-CM (International Classification of Diseases – Revisidiagnosis code for a condition that coexists with the principal during a patient's treatment. To include the 4th, 5th, 6th and 7 implied following the third character. 7 Type: Alphanumeric Data Source: OTH_DIAG_CODE_4 ICD-10-CM (International Classification of Diseases – Revisidiagnosis code for a condition that coexists with the principal during a patient's treatment. To include the 4th, 5th, 6th and 7 implied following the third character. 7 Ty

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	during a patient's tr implied following to		e the 4th, 5th, 6th and 7th	th digits if applicable. Decimal is
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 48:	OTH_DIAG_COL		Data Source.	Ciaiiii
riciu 40.			on of Disassas Ravisio	on 10 – Clinical Modification)
				diagnosis or develops subsequently
				th digits if applicable. Decimal is
	implied following to		e me 4m, 5m, 6m and 7	in digits if applicable. Decimal is
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 49:			Data Source.	Ciaiiii
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			e the 4th, 5th, 6th and 7t	th digits if applicable. Decimal is
Longthi	implied following to		Data Courses	Claim
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 50:	OTH_DIAG_COL		(D: D ::	10 (11: 1) (1:6: .:)
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				diagnosis or develops subsequently
			e the 4th, 5th, 6th and 7t	th digits if applicable. Decimal is
T 41	implied following to		D 4 G	CI.
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 51:	OTH_DIAG_COL	_	an. n	40 60 134 136
				on 10 – Clinical Modification)
	_			diagnosis or develops subsequently
			e the 4th, 5th, 6th and 7th	th digits if applicable. Decimal is
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Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 52:	OTH_DIAG_COD			
				on 10 – Clinical Modification)
				diagnosis or develops subsequently
			e the 4th, 5th, 6th and 7th	th digits if applicable. Decimal is
	implied following to		- · · · ·	~. ·
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 53:	OTH_DIAG_COL			
				on 10 – Clinical Modification)
				diagnosis or develops subsequently
			e the 4th, 5th, 6th and 7th	th digits if applicable. Decimal is
	implied following to			
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 54:	OTH_DIAG_COL	DE_14		
				on 10 – Clinical Modification)
	diagnosis code for a	a condition that coe	xists with the principal	diagnosis or develops subsequently
	during a patient's tr	eatment. To include	e the 4th, 5th, 6th and 7th	th digits if applicable. Decimal is
	implied following to	he third character.		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 55:	OTH_DIAG_COL	DE_15		
			on of Diseases – Revision	on 10 – Clinical Modification)
				diagnosis or develops subsequently
				th digits if applicable. Decimal is
	implied following to		, , , ,	5 11
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 56:	OTH_DIAG_COL			
			on of Discosos Bayisis	on 10 Clinical Madification)
	ICID-TO-CIVE CHURCH	iational Classificati	on of Diseases – Revisio	on 10 – Chinical Modulication)
				on 10 – Clinical Modification) diagnosis or develops subsequently

Length:	7 Type:	g the third character. Alphanumeric	Data Source:	Claim
ield 57:	OTH_DIAG_C			
	ICD-10-CM (Int	ernational Classification	on of Diseases – Revision	on 10 – Clinical Modification)
	_			diagnosis or develops subsequently
			the 4th, 5th, 6th and 7th	th digits if applicable. Decimal is
41b .	_	g the third character.	D-4- C	Cl. i.e.
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 58:	OTH_DIAG_C		on of Diseases – Revisio	on 10 – Clinical Modification)
				diagnosis or develops subsequently
	_			th digits if applicable. Decimal is
		g the third character.	, ,	
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 59:	OTH_DIAG_C			
				on 10 – Clinical Modification)
				diagnosis or develops subsequently
			the 4th, 5th, 6th and 7th	th digits if applicable. Decimal is
Length:	7 Type:	g the third character. Alphanumeric	Data Source:	Claim
Field 60:	OTH_DIAG_C		Data Duile.	Cimin
1014 000			on of Diseases – Revision	on 10 – Clinical Modification)
	,			diagnosis or develops subsequently
	_			th digits if applicable. Decimal is
	implied following	g the third character.		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 61:	OTH_DIAG_C		an: n : :	10 (11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				on 10 – Clinical Modification)
	_			diagnosis or develops subsequently th digits if applicable. Decimal is
		g the third character.	tile 4til, 5til, 0til and 7t	in digits if applicable. Decimal is
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 62:	OTH_DIAG_C	ODE_22		
				on 10 – Clinical Modification)
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I amath.	•	g the third character.	Data Carreas	Claim
Length: Field 63:	7 Type: OTH_DIAG_C	Alphanumeric	Data Source:	Claim
iciu 05.			on of Diseases – Revisio	on 10 – Clinical Modification)
				diagnosis or develops subsequently
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	implied following	g the third character.		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 64:	OTH_DIAG_C			
				on 10 – Clinical Modification)
				diagnosis or develops subsequently
		g the third character.	time 4mi, 5mi, oth and /1	th digits if applicable. Decimal is
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 65:	RELATED_CA		Data Source.	Cium
idd oo.			se of an illness, injury of	or an accident.
Coding Scheme:	AA Auto acci			
5	AB Abuse			
	11D 110 use			
	TID TIOUSE			
2024	TOW/THCIC	Doc	ge 65	Last Undated: November 2024

Last Updated: November 2024

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	AP Another pa	arty responsible		
	EM Employme	• •		
	OA Other acci			
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 66:	RELATED_CA	USE_CODE_2		
		an accompanying caus		or an accident.
Coding Scheme:		ED_CAUSE_CODE_		
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 67:	RELATED_CA			
a a .		an accompanying cause		or an accident.
Coding Scheme:		ED_CAUSE_CODE_		
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 68:	E_CODE_1	1.C	Tall and Calada and ICD	10 CM (Internal on 1 Classic)
				-10-CM (International Classification
				code that is used to classify injury 5th, 6th and 7th digits if applicable.
		ed following the third		our and the digits it applicable.
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 69:	E_CODE_2	Aiphanamene	Data Source.	Ciami
ricia oz.		al Cause of Morbidity/	Injury Code is an ICD	0-10-CM diagnosis code that is used
				To include the 4th, 5th, 6th and 7th
				aracter (See Field # 68).
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 70:	E_CODE_3	,		
		al Cause of Morbidity/	Injury Code is an ICD	9-10-CM (International Classification
				code that is used to classify injury
				5th, 6th and 7th digits if applicable
		ed following the third		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 71:	E_CODE_4			
				0-10-CM (International Classification
				code that is used to classify injury
				5th, 6th and 7th digits if applicable.
·	-	ed following the third		G1 :
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 72:	E_CODE_5			
				0-10-CM (International Classification
			,	code that is used to classify injury
	•		•	5th, 6th and 7th digits if applicable.
I amath.		ed following the third		Claim
Length: Field 73:	7 Type: E_CODE_6	Alphanumeric	Data Source:	Claim
riela /3:				
	E Codo Extorno	ol Course of Marhidity	Injum Codo is on ICD	10 CM (International Classification
		•	. ·	0-10-CM (International Classification
	of Diseases – Rev	vision 10 – Clinical M	odification) diagnosis	code that is used to classify injury
	of Diseases – Reverse by mechan	vision 10 – Clinical M nism and intent of inju	odification) diagnosis ry. To include the 4th,	•
Lenoth:	of Diseases – Reverse by mechan Decimal is implied	vision 10 – Clinical M nism and intent of inju ed following the third o	odification) diagnosis ry. To include the 4th, character.	code that is used to classify injury 5th, 6th and 7th digits if applicable.
	of Diseases – Reverts by mechan Decimal is implied Type:	vision 10 – Clinical M nism and intent of inju	odification) diagnosis ry. To include the 4th,	code that is used to classify injury
Length: Field 74:	of Diseases – Reverse by mechan Decimal is implied 7 Type: E_CODE_7	vision 10 – Clinical M nism and intent of inju ed following the third of Alphanumeric	odification) diagnosis ry. To include the 4th, character. Data Source:	code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim
	of Diseases – Reverse by mechan Decimal is implied 7 Type: E_CODE_7 E-Code – External	vision 10 – Clinical M nism and intent of inju ed following the third of Alphanumeric	odification) diagnosis ry. To include the 4th, character. Data Source: Injury Code is an ICD	code that is used to classify injury, 5th, 6th and 7th digits if applicable. Claim 0-10-CM (International Classification
	of Diseases – Reverse by mechan Decimal is implied 7 Type: E_CODE_7 E-Code – Externation of Diseases – Reverse Property Propert	vision 10 – Clinical M nism and intent of injued following the third of Alphanumeric al Cause of Morbidity/ vision 10 – Clinical M	odification) diagnosis ry. To include the 4th, character. Data Source: Injury Code is an ICD odification) diagnosis	code that is used to classify injury , 5th, 6th and 7th digits if applicable. Claim 0-10-CM (International Classification code that is used to classify injury
	of Diseases – Reverence events by mechan Decimal is implied 7	vision 10 – Clinical M nism and intent of inju- ed following the third of Alphanumeric al Cause of Morbidity/ vision 10 – Clinical M nism and intent of inju	odification) diagnosis ry. To include the 4th, character. Data Source: Injury Code is an ICD odification) diagnosis ry. To include the 4th,	code that is used to classify injury, 5th, 6th and 7th digits if applicable. Claim 0-10-CM (International Classification
	of Diseases – Reverence events by mechan Decimal is implied 7	vision 10 – Clinical M nism and intent of injued following the third of Alphanumeric al Cause of Morbidity/ vision 10 – Clinical M	odification) diagnosis ry. To include the 4th, character. Data Source: Injury Code is an ICD odification) diagnosis ry. To include the 4th,	code that is used to classify injury , 5th, 6th and 7th digits if applicable. Claim 0-10-CM (International Classification code that is used to classify injury

	E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury
	events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied following the third character.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 76:	E_CODE_9
	E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury
	events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied following the third character.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 77:	E_CODE_10
	E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury
	events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable.
r 41	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 by the bill. HCPCS or CPT code. HCPCS is a collection of standardized codes used to
	ensure healthcare claims are processed in an orderly and consistent manner. Divided into Level 1
	(CPT – Current Procedural Terminology) codes and Level 2 (products, supplies, and services not
[a.s. a.4]b.	included in CPT such as ambulance services and durable medical equipment).
Length:	5 Type: Alphanumeric Data Source: Claim
Field 79:	PROC_CODE_2
	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
	covered by the bill. HCPCS or CPT code.
Length:	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
	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 86:	PROC_CODE_9
	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
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Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 87:	PROC_CODE_1	.0		
	Code for surgical	or other procedure with	th the next highest cha	arge performed during the period
	covered by the bi	ll. HCPCS or CPT cod	e.	
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 88:	PROC_CODE_1	1		
	Code for surgical	or other procedure wit	th the next highest cha	arge performed during the period
	covered by the bi	ll. HCPCS or CPT cod	e.	
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 89:	PROC_CODE_1	12		
	Code for surgical	or other procedure wit	th the next highest cha	arge performed during the period
	covered by the bi	ll. HCPCS or CPT cod	e.	
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 90:	PROC_CODE_1	.3		
	Code for surgical	or other procedure wit	th the next highest cha	arge performed during the period
	covered by the bi	ll. HCPCS or CPT cod	e.	
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 91:	PROC_CODE_1			
-			h the next highest cha	arge performed during the period
		II. HCPCS or CPT cod		C 1
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 92:	PROC_CODE_1			
			h the next highest cha	arge performed during the period
		II. HCPCS or CPT cod		ange personned during the person
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 93:	PROC_CODE_1		2444 204100	
riciu 75.			h the next highest ch	arge performed during the period
		II. HCPCS or CPT cod		arge performed during the period
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	PROC_CODE_1	.7		
	PROC_CODE_1 Code for surgical	or other procedure with	h the next highest cha	arge performed during the period
Field 94:	PROC_CODE_1 Code for surgical covered by the bil	or other procedure with HCPCS or CPT cod	th the next highest cha	arge performed during the period
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Field 94: Length:	PROC_CODE_1 Code for surgical covered by the bit 5 Type: PROC_CODE_1	or other procedure will. HCPCS or CPT cod Alphanumeric	th the next highest chae. Data Source:	arge performed during the period
Field 94: Length:	PROC_CODE_1 Code for surgical covered by the bit 5 Type: PROC_CODE_1 Code for surgical	or other procedure will. HCPCS or CPT cod Alphanumeric 8 or other procedure wil	th the next highest chare. Data Source: th the next highest char	arge performed during the period
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Field 94: Length: Field 95: Length:	PROC_CODE_1 Code for surgical covered by the bit 5	or other procedure with the procedure with the HCPCS or CPT code Alphanumeric and or other procedure with the HCPCS or CPT code Alphanumeric	th the next highest chare. Data Source: th the next highest char	arge performed during the period
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		gical or other procedure wi		t charge performe	ed during the period
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Field 101:	PROC_COL		Data Source.	Ciaiii	1
riciu IVI.	Code for surg	gical or other procedure wine bill. HCPCS or CPT cod		t charge performe	ed during the period
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Length:	5 Type:	Alphanumeric	Data Source:	Claim	1
Field 103:	PHYSICIAN	N1_INDEX_NUMBER			
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		dividual other than a physi			
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	31 Date beneficiary notified	of intent to bill F3	Payer E benefits exhausted
	(accommodations) 32 Date beneficiary notified	of intent to kill C1	Payer E beliefits exhausted
	Date beneficiary notified (procedures or treatments		Birthdate - Insured F
	Date of inpatient hospital transplant patients	discharge for non-covered G2	Effective date - Insured F Policy
	Date treatment started for		Payer F benefits exhausted
	39 Date discharged on a con therapy	tinuous course if IV	
Length:		numeric Data Source:	Claim
Field 106:	OCCUR_DATE_1		
	Date of occurrence, as YYY		
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Field 110:	OCCUR_DAY_2		
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Field 119:	OCCUR_DAY_5			
	Occurrence Day equals Occurr	ence Date minus STMT_PERI	IOD_FROM Date.	
Length:	4 Type: Alphanun	neric Data Source:	Calculated	
Field 120:	OCCUR_CODE_6			
	Code describing a significant e	vent relating to the claim that	may affect payer processing and is	
	associated with a specific date.			
Coding Scheme:	Same as OCCUR_CODE_1.			
Length:	2 Type: Alphanun	neric Data Source:	Claim	
Field 121:	OCCUR_DATE_6			
	Date of occurrence, as YYYYM			
Length:	8 Type: Alphanun	neric Data Source:	Claim	
Field 122:	OCCUR_DAY_6			
	Occurrence Day equals Occurr			
Length:	4 Type: Alphanun	neric Data Source:	Calculated	
Field 123:	OCCUR_CODE_7			
		vent relating to the claim that	may affect payer processing and is	
~ ~ .	associated with a specific date.			
Coding Scheme:	Same as OCCUR_CODE_1.			
Length:	2 Type: Alphanun	neric Data Source:	Claim	
Field 124:	OCCUR_DATE_7			
T 41	Date of occurrence, as YYYYM			
Length:	8 Type: Alphanun	neric Data Source:	Claim	
Field 125:	OCCUR_DAY_7		IOD EDOM D	
T 41	Occurrence Day equals Occurr			
Length:	4 Type: Alphanun	neric Data Source:	Calculated	
Field 126:	OCCUR_CODE_8	and a factor and a state of the	66	
		vent relating to the claim that	may affect payer processing and is	
	associated with a specific date.			
Coding Schomer				
Coding Scheme:	Same as OCCUR_CODE_1.	neric Data Source	Claim	
Length:	Same as OCCUR_CODE_1. 2 Type: Alphanun	neric Data Source:	Claim	
_	Same as OCCUR_CODE_1. 2 Type: Alphanun OCCUR_DATE_8		Claim	
Length: Field 127:	Same as OCCUR_CODE_1. 2 Type: Alphanum OCCUR_DATE_8 Date of occurrence, as YYYYMA	MDD.		
Length: Field 127: Length:	Same as OCCUR_CODE_1. 2 Type: Alphanum OCCUR_DATE_8 Date of occurrence, as YYYYMA 8 Type: Alphanum	MDD.	Claim Claim	
Length: Field 127:	Same as OCCUR_CODE_1. 2 Type: Alphanum OCCUR_DATE_8 Date of occurrence, as YYYYMM 8 Type: Alphanum OCCUR_DAY_8	MDD. neric Data Source:	Claim	
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Length: Field 127: Length: Field 128:	Same as OCCUR_CODE_1. 2 Type: Alphanum OCCUR_DATE_8 Date of occurrence, as YYYYMM 8 Type: Alphanum OCCUR_DAY_8 Occurrence Day equals Occurr 4 Type: Alphanum OCCUR_CODE_9	MDD. neric Data Source: ence Date minus STMT_PERI neric Data Source:	Claim IOD_FROM Date. Calculated	
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Etald 124.	OCCUP DAY 10		
Field 134:	OCCUR_DAY_10		EDIOD EDOM Data
Lanatha	Occurrence Day <i>equals</i> Occurrence Date 4 Type: Alphanumeric	Data Source:	Calculated
Length: Field 135:	<u> </u>	Data Source:	Calculated
Fleid 135:	OCCUR_CODE_11	matatha alaim th	at may affect mayor mucassing and is
	Code describing a significant event relational associated with a specific date.	ing to the claim th	at may affect payer processing and is
Coding Scheme:	Same as OCCUR_CODE_1.		
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 136:	OCCUR_DATE_11	Data Source.	Ciaiiii
riciu 130.	Date of occurrence, as <i>YYYYMMDD</i> .		
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 137:	OCCUR DAY 11	Data Source.	Ciuiii
Ticia 107.	Occurrence Day <i>equals</i> Occurrence Date	minus STMT PF	ERIOD FROM Date.
Length:	4 Type: Alphanumeric	Data Source:	Calculated
Field 138:	OCCUR_CODE_12		
11010 1001	Code describing a significant event relati	ng to the claim th	at may affect payer processing and is
	associated with a specific date.	C	
Coding Scheme:	Same as OCCUR_CODE_1.		
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 139:	OCCUR_DATE_12		
	Date of occurrence, as YYYYMMDD.		
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 140:	OCCUR_DAY_12		
	Occurrence Day equals Occurrence Date		
Length:	4 Type: Alphanumeric	Data Source:	Calculated
Field 141:	OCCUR_SPAN_CODE_1		
	Code describing a significant event relati	ng to the claim th	at may affect payer processing that is
C. P. G.L.	related to a span of dates.	78	SNF prior stay dates
Coding Scheme:	Qualifying stay dates (for SNF use only)	80	Prior Same SNF prior stay dates for Payment
	71 Prior stay dates	00	Ban Purposes
	72 First/Last Visit	81	Antepartum Days at Reduced Level of Care
	73 Benefit eligibility period 74 Noncovered level of care/Leave of absence	M0 M1	QIO/UR approved stay dates Provider liability - no utilization
	75 SNF level of care	M2	Inpatient respite dates
	76 Patient Liability Period	M3	ICF level of care
I am adh.	77 Provider Liability - Utilization Charged	M4	Residential level of care
Length:	2 Type: Alphanumeric OCCUR SPAN FROM 1	Data Source:	Claim
Field 142:	Occurrence Span From is the Beginning	Data of Occurran	as Event
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 143:	OCCUR_SPAN_THRU_1	Data Source.	Ciaiiii
riciu 145.	Occurrence Span Thru is the Ending Date	e of Occurrence F	Svent
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 144:	OCCUR_SPAN_CODE_2	Data Source.	Cium
11010 1111	Code describing a significant event relati	ng to the claim th	at may affect payer processing that is
	related to a span of dates.	ing to the claim th	at may arreet payer processing that is
Coding Scheme:	Same as OCCUR_SPAN_CODE_1.		
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 145:	OCCUR_SPAN_FROM_2		
	Occurrence Span From is the Beginning	Date of Occurren	ce Event.
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 146:	OCCUR_SPAN_THRU_2		
	Occurrence Span Thru is the Ending Date	e of Occurrence E	Event.
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 147:	OCCUR_SPAN_CODE_3		

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Coding Scheme:	Code describing a significant event relating to related to a span of dates. Same as OCCUR_SPAN_CODE_1.	the claim that ma	ay affect payer processing that is
Length:		a Source:	Claim
Field 148:	OCCUR_SPAN_FROM_3		
	Occurrence Span From is the Beginning Date of	of Occurrence Ev	vent.
Length:		a Source:	Claim
Field 149:	OCCUR_SPAN_THRU_3	.	
Longth	Occurrence Span Thru is the Ending Date of O 8 Type: Alphanumeric Date	ccurrence Event a Source:	Claim
Length: Field 150:	OCCUR_SPAN_CODE_4	a Source.	Ciaiiii
riciu 150.	Code describing a significant event relating to	the claim that ma	av affect paver processing that is
	related to a span of dates.		and the property of the proper
Coding Scheme:	Same as OCCUR_SPAN_CODE_1.		
Length:	1	a Source:	Claim
Field 151:	OCCUR_SPAN_FROM_4	60 -	
Longth	Occurrence Span From is the Beginning Date of 8 Type: Alphanumeric Date	of Occurrence Ev a Source:	vent. Claim
Length: Field 152:	8 Type: Alphanumeric Data OCCUR_SPAN_THRU_4	a Source:	Ciallii
riciu 152.	Occurrence Span Thru is the Ending Date of O	ccurrence Event	
Length:	•	a Source:	Claim
Field 153:	CONDITION_CODE_1		
	Code required when condition information app		
	designed to allow the collection of information		
	venue and billing parameters which impact the Codes are maintained by the National Uniform		
	Billing (UB) Code Set.	Billing Commit	tee (NOBC) as part of the Offiversal
	NUCC refers to the National Uniform Claim C	ommittee.	
Coding Scheme:	01 Military service related		n/Inductions 39 weeks or greater
	O2 Condition is employment related		for Acute Kidney Injury (AKI)
	O3 Patient covered by insurance not reflected here	Addition	Recertification of Hospice Terminal Illness al Hemodialysis Treatment with Medical
	04 Information only bill.	80 Justificat	ion
	O5 Lien has been filed ESRD patient in first 18 months of entitlement		E external partnership program
	covered by EGHP	A1 EPSDT/0	CHAP
	07 Treatment of non-terminal condition for hospice patient	A2 Physical	y handicapped children's program
	Beneficiary would not provide information concerning other insurance coverage	A3 Special I	Federal Funding
	09 Neither patient or spouse is employed	A4 Family p	lanning
	Patient and/or spouse is employed but no EGHP exists	A5 Disabilit	y
	Disabled beneficiary but no LGHP coverage exists		s/Medicare 100% payment
	17 Patient is homeless18 Maiden name retained		pinion surgery performed due to rape
	19 Child retains mother's name		performed due to rape
	20 Beneficiary requested billing	AC Abortion	performed due to serious fatal genetic defect, y, or abnormality
	21 Billing for denial notice		performed due to life endangering physical
	22 Patient on multiple drug regimen		performed due to physical health of mother that e endangering
	Home care giver available	AF Abortion health of	performed due to emotional/psychological mother
	Home IV patient also receiving HHA services	AG Abortion	performed due to social or economic reasons
	Patient is non-US residentVA eligible patient chooses to receive services in a	AH Elective	
	Medicare certified facility	AI Sterilizat	ion
	Patient referred to a sole community hospital for a diagnostic laboratory test	AJ Payer res	sponsible for co-payment

28	Patient and/or spouse's EGHP is secondary to Medicare	AK	Air ambulance required
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	AL	Specialized treatment/bed unavailable
30	Non-research services provided to patients enrolled in a qualified clinical trial	A M	Non-emergency medically necessary stretcher transport required
31	Patient is student (full time - day)	AN	Pre-admission screening not required
32	Patient is student (cooperative/work study program)	В0	Medicare coordinated care demonstration claim
33	Patient is student (full time - night)	B1	Beneficiary is ineligible for demonstration program
34	Patient is student (part-time)	B4	Admission unrelated to discharge on same day
36	General care patient in a special unit	BP	Gulf Oil Spill of 2010
37	Ward accommodation at patient request	C1	Approved as billed
38	Semi-private room not available	C2	Automatic approval as billed based on focused review
39	Private room medically necessary	C3	Partial approval
40	Same day transfer	C4	Admission/services denied
41	Partial hospitalization	C5	Post payment review applicable
42	Continuing care not related to inpatient admission	C6	Admission Preauthorization
43	Continuing care not provided within prescribed post discharge window	C7	Extended Authorization
44	Inpatient admission changed to outpatient	D0	Changes to Service Dates
45	Ambiguous Gender Category	D1	Changes to Charges
46	Non-availability statement on file	D3	Second or Subsequent Interim PPS Bill
47	Transfer from another Home Health Agency	D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	D5	Cancel to correct Insured's ID or Provider ID
49	Product replacement within product lifecycle	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
50	Product Replacement for Known Recall of a Product	D7	Change to Make Medicare the Secondary Payer
51	Attestation of Unrelated Outpatient Nondiagnostic	D8	Change to Make Medicare the Primary Payer
52	Services Out of Hospice Service Area	D9	Any Other Change
	Initial placement of a medical device provided as		•
53	part of a clinical trial or a free sample No Skilled Home Health Visits in Billing Period.	DR	Disaster related
54	Policy Exception Documented at the Home Health Agency	E0	Changes in Patient Status
55	SNF bed not available	G0	Distinct Medical Visit
56	Medical appropriateness	H0	Delayed Filing, Statement of Intent Submitted
57	SNF readmission	H2	Discharge by a Hospice Provider for Cause
58	Terminated Medicare+Choice organization enrollee	H3	Reoccurrence of GI Bleed Comorbid Category
59	Non-primary ESRD facility	H4	Reoccurrence of Pneumonia Comorbid Category
60	Day outlier	H5	Reoccurrence of Pericarditis Comorbid Category
61	Cost outlier	P1	Do not Resuscitate Order (DNR)
66	Provider does not wish cost outlier payment	P7	Direct Inpatient Admission from Emergency Room
67	Beneficiary elects not to use lifetime reserve (LTR) days	R1	Request for reopening Reason Code - Mathematical or Computational Mistake
68	Beneficiary elects to use lifetime reserve (LTR) days	R2	Request for reopening Reason Code -Inaccurate Data Entry
69	IME/DGME/N&AH Payment Only	R3	Request for reopening Reason Code - Misapplication of a
70	Self-administered anemia management drug	R4	Fee Schedule Request for reopening Reason Code - Computer Errors
71	Full care in unit	R5	Request for reopening Reason Code - Incorrectly
/1	Tun care in unit	KJ	Identified Duplicate Claim Request for reopening Reason Code - Other Clerical
72	Self-care in unit	R6	Errors or Minor Errors and Omissions not Specified in R1-R5 above
73	Self-care training	R7	Request for reopening Reason Code - Corrections other than clerical errors
74	Home	R8	Request for reopening Reason Code - New and Material Evidence
75	Home - 100% reimbursement	R9	Request for reopening Reason Code - Faulty Evidence
76	Back-up in facility dialysis	W O	United Mine Workers of America (UMWA) Demonstration Indicator
	Provider accepts or is obligated/required due to a		
77	contractual arrangement or law to accept payment	W2	Duplicate of Original Bill
70	by a primary payer as payment	W	Loyal I Amnosi
78 79	New coverage not implemented by HMO CORF services provided offsite	W3 W4	Level I Appeal Level II Appeal
79 80	Home dialysis - nursing facility	W4 W5	Level III Appeal
81	C-section/Inductions <39 Weeks-Medical Necessity	WJ	Levei III Арреа

	82 C-section/Inductions <39 Weeks-Elective	
Length:	2 Type: Alphanumeric Data Source: Claim	
Field 154:	CONDITION_CODE_2	
11010 10 10	Code required when condition information applies to the claim or encounter.	
Coding Scheme:	Same as CONDITION_CODE_1.	
Length:	2 Type: Alphanumeric Data Source: Claim	
Field 155:	CONDITION_CODE_3	
	Code required when condition information applies to the claim or encounter.	
Coding Scheme:	Same as CONDITION_CODE_1.	
Length:	2 Type: Alphanumeric Data Source: Claim	
Field 156:	CONDITION_CODE_4	
C. P. G.L.	Code required when condition information applies to the claim or encounter.	
Coding Scheme:	Same as CONDITION_CODE_1. 2 Type: Alphanumeric Data Source: Claim	
Length: Field 157:	2 Type: Alphanumeric Data Source: Claim CONDITION_CODE_5	
rieiu 157:	Code required when condition information applies to the claim or encounter.	
Coding Scheme:	Same as CONDITION_CODE_1.	
Length:	2 Type: Alphanumeric Data Source: Claim	
Field 158:	CONDITION_CODE_6	
11014 1001	Code required when condition information applies to the claim or encounter.	
Coding Scheme:	Same as CONDITION_CODE_1.	
Length:	2 Type: Alphanumeric Data Source: Claim	
Field 159:	CONDITION_CODE_7	
	Code required when condition information applies to the claim or encounter.	
Coding Scheme:	Same as CONDITION_CODE_1.	
Length:	2 Type: Alphanumeric Data Source: Claim	
Field 160:	CONDITION_CODE_8	
Coding Scheme:	Code required when condition information applies to the claim or encounter.	
Coaing Scheme	CONDITION CODE 1	
_	Same as CONDITION_CODE_1. 2. Type: Alphanymaria Data Source: Claim	
Length:	2 Type: Alphanumeric Data Source: Claim	
_	2 Type: Alphanumeric Data Source: Claim VALUE_CODE_1	
Length:	2 Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an	
Length:	2 Type: Alphanumeric Data Source: Claim VALUE_CODE_1	
Length: Field 161:	2 Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 01 Most common semi-private rate 58 Arterial blood gas 02 Hospital has no semi-private rooms 59 Oxygen saturation	
Length: Field 161:	2 Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 01 Most common semi-private rate 58 Arterial blood gas 02 Hospital has no semi-private rooms 59 Oxygen saturation 04 Inpatient professional component charges which 60 HHA branch MSA	
Length: Field 161:	2 Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 01 Most common semi-private rate 58 Arterial blood gas 02 Hospital has no semi-private rooms 59 Oxygen saturation 04 Inpatient professional component charges which are combined billed Professional component included in charges and Place of Residence where service is furnished (HHA and	d
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim Most common semi-private rate Hospital has no semi-private rooms Hospital has no semi-private rooms Hinpatient professional component charges which are combined billed Professional component included in charges and also billed separately to carrier Arterial blood gas Oxygen saturation HHA branch MSA HHA branch MSA	d
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim Most common semi-private rate Hospital has no semi-private rooms Hospital has no semi-private rate Hospital blood gas HHA branch MSA HHA branch MSA Professional component included in charges and also billed separately to carrier Hospital has no semi-private rate Hospital has no semi-private rate HAA branch MSA Heave of Residence where service is furnished (HHA and hospital) Hospital has no semi-private rate Hospital has no semi-privat	d
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim O1 Most common semi-private rate 58 Arterial blood gas O2 Hospital has no semi-private rooms 59 Oxygen saturation O4 Inpatient professional component charges which are combined billed O5 Professional component included in charges and also billed separately to carrier O6 Blood deductible 66 Medicaid spend down amount O8 Lifetime reserve amount in the first calendar year 67 Peritoneal dialysis O9 Coinsurance amount in the first calendar year 68 EPO-drug	d
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim O1 Most common semi-private rate 58 Arterial blood gas O2 Hospital has no semi-private rooms 59 Oxygen saturation O4 Inpatient professional component charges which are combined billed O5 Professional component included in charges and also billed separately to carrier O6 Blood deductible 66 Medicaid spend down amount O8 Lifetime reserve amount in the first calendar year 67 Peritoneal dialysis O9 Coinsurance amount in the first calendar year 68 EPO-drug Lifetime reserve amount in the second calendar 69 State charity care percentage	d
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim O1 Most common semi-private rate 58 Arterial blood gas O2 Hospital has no semi-private rooms 59 Oxygen saturation O4 Inpatient professional component charges which are combined billed O5 Professional component included in charges and also billed separately to carrier O6 Blood deductible 66 Medicaid spend down amount O8 Lifetime reserve amount in the first calendar year 67 Peritoneal dialysis O9 Coinsurance amount in the first calendar year 68 EPO-drug Lifetime reserve amount in the second calendar year year 99 State charity care percentage	d
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim O1 Most common semi-private rate 58 Arterial blood gas O2 Hospital has no semi-private rooms 59 Oxygen saturation O4 Inpatient professional component charges which are combined billed O5 Professional component included in charges and also billed separately to carrier O6 Blood deductible 66 Medicaid spend down amount O8 Lifetime reserve amount in the first calendar year O9 Coinsurance amount in the first calendar year O9 Coinsurance amount in the second calendar year	d
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Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim O1 Most common semi-private rate 58 Arterial blood gas O2 Hospital has no semi-private rooms 59 Oxygen saturation O4 Inpatient professional component charges which are combined billed O5 Professional component included in charges and also billed separately to carrier O6 Blood deductible 66 Medicaid spend down amount O8 Lifetime reserve amount in the first calendar year O9 Coinsurance amount in the first calendar year O9 Coinsurance amount in the second calendar year	d
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim O1 Most common semi-private rate 58 Arterial blood gas O2 Hospital has no semi-private rooms 59 Oxygen saturation Inpatient professional component charges which are combined billed O5 Professional component included in charges and also billed separately to carrier O6 Blood deductible 66 Medicaid spend down amount O8 Lifetime reserve amount in the first calendar year 68 EPO-drug Lifetime reserve amount in the second calendar year 99 Coinsurance amount in the second calendar year 99 Vorking aged beneficiary/spouse with employer group health plan ESRD beneficiary in a Medicare coordination period with an employer group health plan ESRD beneficiary in a Medicare coordination period with an employer group health plan Lifetime Reserve Days	d
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim O1 Most common semi-private rate 58 Arterial blood gas O2 Hospital has no semi-private rooms 59 Oxygen saturation Inpatient professional component charges which are combined billed O5 Professional component included in charges and also billed separately to carrier O6 Blood deductible 60 HHA branch MSA Coinsurance amount in the first calendar year 67 Peritoneal dialysis O7 Coinsurance amount in the second calendar year 68 EPO-drug Lifetime reserve amount in the second calendar year 69 State charity care percentage VORLING ART OF ONE OF ART OF ONE OF ART OF ONE OF	d
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim Most common semi-private rate 58 Arterial blood gas Hospital has no semi-private rooms 59 Oxygen saturation Inpatient professional component charges which are combined billed 60 HHA branch MSA Professional component included in charges and also billed separately to carrier 61 HhA branch MSA The professional component included in charges and also billed separately to carrier 62 Heat of the professional component in the first calendar year 63 EPO-drug 64 State charity care percentage 65 State charity care percentage 67 State charity care percentage 68 EPO-drug 69 State charity care percentage 69 State charity care percenta	d
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim Most common semi-private rate 58 Arterial blood gas Hospital has no semi-private rooms 59 Oxygen saturation Inpatient professional component charges which are combined billed 60 HHA branch MSA Professional component included in charges and also billed separately to carrier 61 hospice) Blood deductible 66 Medicaid spend down amount mount in the first calendar year 67 Peritoneal dialysis 68 EPO-drug Lifetime reserve amount in the second calendar year 69 State charity care percentage 79 State charity care percentage 70 Working aged beneficiary/spouse with employer group health plan 61 ESRD beneficiary in a Medicare coordination period with an employer group health plan 62 Worker's compensation 79 Public health service (PHS) or another federal agency 21 Catastrophic 70 Al Deductible payer A	d
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 01 Most common semi-private rate 58 Arterial blood gas 02 Hospital has no semi-private rooms 59 Oxygen saturation 04 Inpatient professional component charges which are combined billed 60 HHA branch MSA 05 Professional component included in charges and also billed separately to carrier 61 Place of Residence where service is furnished (HHA and hospice) 06 Blood deductible 66 Medicaid spend down amount 08 Lifetime reserve amount in the first calendar year 67 Peritoneal dialysis 09 Coinsurance amount in the second calendar year 68 EPO-drug 10 Lifetime reserve amount in the second calendar year 69 State charity care percentage 11 Coinsurance amount in the second calendar year 80 Covered Days 12 Working aged beneficiary/spouse with employer group health plan 81 Non-covered Days 13 ESRD beneficiary in a Medicare coordination period with an employer group health plan 82 Co-insurance Days 14 No fault, including auto/other 83 Lifetime Reserve Days 15 Worker's compensation 84 Shorter Duration Hemodialysis 16 Public health service (PHS) or another federal agency A0 Special zip code reporting 21 Catastrophic A1 Deductible payer A 22 Coinsurance	d
Length: Field 161:	Type: Alphanumeric Data Source: Claim	
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 1	
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 1	n
Length: Field 161:	Type: Alphanumeric Data Source: Claim	n

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	Offset to the	patient - payment amount - visio	n	
	and eye serv		A7	Co-payment payer A
	Offset to the services	patient - payment amount - denta	al A8	Patient weight
	Offset to the chiropractic	patient - payment amount - services	A9	Patient height
	30 Preadmission	n testing	AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A
	31 Patient Liab	ility Amount	AB	Other assessments or allowances (e.g., medical education) -
	32 Multiple pat	ient ambulance transport	В1	payer A Deductible payer B
	1 1	patient - payment amount - podia		Coinsurance payer B
	Services Offset to the	patient - payment amount - other	r	1 0
	medical serv		b3	Estimated responsibility payer B
	insurance pr	emiums	В7	Co-payment payer B
	37 Units of bloo	od furnished	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
	38 Blood deduc	tible units	BB	Other assessments or allowances (e.g., medical education) - payer B
	39 Units of bloc	od replaced	C1	Deductible payer C
	40 New coverag	ge not implemented by HMO	C2	Coinsurance payer C
	41 Black lung		C3	Estimated responsibility payer C
	42 VA		C7	Co-payment payer C Regulatory surcharges, assessments, allowances or health
		neficiary under age 65 with LGHI		care related taxes - payer C
	44 payer when	vider agreed to accept from prima this amount is less than charges b payment received		Other assessments or allowances (e.g., medical education) - payer C
	45 Accident hor		D3	Patient estimated responsibility
	46 Number of g		D4	Clinical Trial Number Assigned by NLM/NIH
	47 Any liability		D5	Last Kt/V Reading
	48 Hemoglobin	reading	FC	Patient Paid Amount Credit Received from the Manufacturer for a Medical
	49 Hematocrit i	reading	FD	Device
	50 Physical The	erapy visits	G8	Facility where Inpatient Hospice Service is Delivered
		l Therapy visits	Y1	Part A Demonstration Payment
	52 Speech Ther53 Cardiac reha		Y2 Y3	Part B Demonstration Payment Part B Coinsurance
		th weight in grams	Y4	Conventional Provider Payment
		reshold for charity care	Y5	Part B Deductible
		e - home visit hours		
		aide - home visit hours	~	~ .
Length:	2 Type:		Data Sour	ce: Claim
Field 162:	VALUE_AMOU			
·		s) that may be affected.	5	
Length:	9 Type:		Data Sour	ce: Claim
Field 163:	VALUE_CODE			
			h was used	d by the intermediary to process an
	institutional clair			
Coding Scheme:	Same as VALUE			
Length:	2 Type:	•	Data Sour	rce: Claim
Field 164:	VALUE_AMOU			
		s) that may be affected.		
Length:	9 Type:	Numeric 1	Data Sour	rce: Claim
Field 165:	VALUE_CODE	2_3		
	Code indicating	a monetary condition whic	h was used	d by the intermediary to process an
	institutional clair	n.		
Coding Scheme:	Same as VALUE	E_CODE_1.		
Length:	2 Type:	Alphanumeric 1	Data Sour	rce: Claim
Field 166:	VALUE_AMOU	UNT_3		
		s) that may be affected.		
Length:	9 Type:	•	Data Sour	rce: Claim
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Field 167:	VALUE_CODE_	4		
ricia 107.	Code indicating a monetary condition which was used by the intermediary to process an			
	institutional claim		men was asea by the	o intermediary to process an
Coding Scheme:	Same as VALUE_			
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 168:	VALUE_AMOU			
11010 1001		that may be affected.		
Length:	9 Type:	Numeric Numeric	Data Source:	Claim
Field 169:	VALUE_CODE_			
11010 1071			hich was used by the	e intermediary to process an
	institutional claim	-	men was asea of the	o miletimedian y to process and
Coding Scheme:	Same as VALUE_			
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 170:	VALUE_AMOU			
11010 1701		that may be affected.		
Length:	9 Type:	Numeric	Data Source:	Claim
Field 171:	VALUE_CODE_			
11010 1711			hich was used by the	e intermediary to process an
	institutional claim			process an
Coding Scheme:	Same as VALUE_			
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 172:	VALUE AMOU			
v / = :	-	that may be affected.		
Length:	9 Type:	Numeric	Data Source:	Claim
Field 173:	VALUE CODE		2 444 2 544 2 54	Cimin
11ciu 175.			hich was used by the	e intermediary to process an
	institutional claim		men was asea by the	o intermediary to process an
Coding Scheme:	Same as VALUE_			
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 174:	VALUE_AMOU		Duta Source.	Cium
11010 174.		that may be affected.		
Length:	9 Type:	Numeric Numeric	Data Source:	Claim
Field 175:	VALUE CODE		2 444 2 544 2 54	Cimin
11010 1701			hich was used by the	e intermediary to process an
	institutional claim		men was asea of the	o miterinous in j to process un
Coding Scheme:	Same as VALUE_			
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 176:	VALUE_AMOU			
11010 1701		that may be affected.		
Length:	9 Type:	Numeric	Data Source:	Claim
Field 177:	VALUE_CODE_			
11010 1771			hich was used by the	e intermediary to process an
	institutional claim		men was asea of the	s intermedially to process an
Coding Scheme:	Same as VALUE_			
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 178:	VALUE_AMOU		Duta Source.	Ciuiii
riciu 170.		that may be affected.		
Length:	9 Type:	Numeric	Data Source:	Claim
Field 179:	VALUE_CODE_		Duta Source.	Ciuiii
riciu 177.			hich was used by the	e intermediary to process an
	institutional claim		mas asoa by the	intermedialy to process an
Coding Scheme:	Same as VALUE_			
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 180:	VALUE_AMOU	•	Data Soutte.	Ciuiii
riciu 10v.		that may be affected.		
	Amount (in cents)	mat may be affected.		
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www.dshs.texas.	gov/THCIC	Pag	e 77	Last Updated: November 2024
	J 			Transfer Dobi

Length:	9 Type:	Numeric	Data Source:	Claim		
Field 181:	VALUE_CODE	_11				
		Code indicating a monetary condition which was used by the intermediary to process an				
	institutional clain					
Coding Scheme:	Same as VALUE		- · · · ·	~.		
Length:	2 Type:	Alphanumeric	Data Source:	Claim		
Field 182:	VALUE_AMOU		1			
T 41	,	s) that may be affecte		Cl. '		
Length: Field 183:	9 Type:	Numeric	Data Source:	Claim		
rieia 183:	VALUE_CODE		which was used by the i	ntermediary to process an		
	institutional clain		which was used by the i	intermediary to process an		
Coding Scheme:	Same as VALUE					
Length:	2 Type:	Alphanumeric	Data Source:	Claim		
Field 184:	VALUE_AMOU	•	2444 5041 001	- Cruim		
		s) that may be affecte	d.			
Length:	9 Type:	Numeric	Data Source:	Claim		
Field 185:	OTHER_AMOU					
	Ancillary Service	e Charge, Other Char	ge Amount. Calculated t	ising Medicare Provider Analysis		
	Review (MEDPA	AR) algorithm. 19 Sum	(in cents) of charges ass	sociated with revenue codes other		
				X-053X, 055X-060X, 064X-070X,		
	076X-078X, 090X-095X, 099X. The provider-assigned revenue code identifies the department in					
	which the service was given, the types of services provided, and the supplies used. They are noted					
	in FL 42 (Form Locator 42) of the UB-04 (an electronic format of the CMS-1450 paper claim) and					
	are found in Medicare and/or National Uniform Billing Committee (NUBC) manuals.					
	For revenue code list see pages 49-54 of this document, section titled "Charges Data File".					
	The revenue cost center specifies a division or unit within a hospital (e.g., radiology, emergency					
		-	vision or unit within a ho			
	room, pathology)).		ospital (e.g., radiology, emergency		
	room, pathology) Revenue cost cen). nter (revenue code gro	oupings) can be found in	espital (e.g., radiology, emergency the THCIC document, "Healthcare		
	room, pathology) Revenue cost cen Facility Procedur). hter (revenue code groes and Technical Spe	oupings) can be found in	ospital (e.g., radiology, emergency		
	room, pathology) Revenue cost cen). hter (revenue code groes and Technical Spe	oupings) can be found in	espital (e.g., radiology, emergency the THCIC document, "Healthcare		
Length:	room, pathology) Revenue cost cen Facility Procedur Appendix A4, pa). hter (revenue code groes and Technical Spe	oupings) can be found in	espital (e.g., radiology, emergency the THCIC document, "Healthcare		
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Field 192:	SPEECH AMOUNT					
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				charges associated with revenue codes		
	other than 0100-0219,		4X, 047X.			
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Field 193:	IT_AMOUNT					
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Field 196:	OR_AMOUNT					
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tength: 12 Type: Numeric Data Source: Calculated MRI_AMOUNT Ancillary Service Charge, MRI Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 061X. Length: 12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X. Length: 12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X. Length: 12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 045X. Length: 12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 045X. Length: 12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 054X. Length: 12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X. Length: 12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X. Length: 12 Type: Numeric Data Source: Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X. Length: Type: Numeric Data Source: Calculated Using Medicare		Ancillary Service Charge, Radiology Charge Amount. Calcu Analysis Review (MEDPAR) algorithm. Sum (in cents) of c				
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Field 212: TOTAL_CHARGES_ANCIL	Length:	**	Claim			
	Field 212:	TOTAL_CHARGES_ANCIL				

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Length:	services or benefit 12 Type:	fits that are not paid for Numeric	or by a health plan. Data Source:	Claim	
Field 213:		COV_CHARGES_A		Ciaiii	
riciu 213.		of non-covered ancillar			
Length:	12 Type:	Numeric	Data Source:	Claim	
Field 214:	PROCESS_DA		Data Source.	Clum	
11010 2111		processed and certific	ed.		
Length:	8 Type:	Alphanumeric	Data Source:	Claim	
Field 215:		NDICATOR (INPU'			
				facility The outpatient THCIC 873	
				ed version of American National	
			claims format for billin	g healthcare services.	
Coding Scheme:	0 837 Profess 1 837 Instituti				
Length:	1 Type:	Alphanumeric	Data Source:	Assigned	
Field 216:	INBOUND_INI		Dutu Source.	Tionghou	
11014 2101			ted for the outpatient cla	aim UB-04 is an electronic format of	
	the CMS-1450 p				
Coding Scheme:	8 837 format	1			
	D Data entry				
Longth	U UB-04 form		Data Source:	Claim	
Length: Field 217:	1 Type: EMERGENCY	Alphanumeric	Data Source:	Ciailli	
rieia 217:		_DEFI_FLAG ergency department vi	cit		
Coding Scheme:		nergency department vi	SIL.		
coung beneme.		ot emergency related			
Length:	1 Type:	Alphanumeric	Data Source:	Assigned	
Field 218:	CCSR_PRIN_I	DIAG CODE			
	Clinical Classifications Software Refined (CCSR) classification of PRIN_DIAG_CODE (the principal diagnosis, i.e., the condition established after study to be chiefly responsible for causing the hospitalization) into a clinically meaningful diagnosis category. Developed at the Agency for Healthcare Research and Quality (AHRQ) as part of the Healthcare Cost and Utilization Project (HCUP), Clinical Classifications software is a tool to cluster ICD-9/10 (International Classification of Diseases – Revision 9/10) coded patient diagnoses and procedures into a manageable number of clinically meaningful categories to aid in cost, utilization, and outcome analysis.				
Length:	4 Type:	Alphanumeric	Data Source:	Assigned	
Field 219:			Daw Duite.	1 DOIGHOU	
r iciu 217.	CCSR_OTH_DIAG_CODE_1 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a				
			eaningful diagnosis cat		
Length:	4 Type:	Alphanumeric	Data Source:	Assigned	
Field 220:		DIAG CODE 2	2 2001.001		
1 161U <i>44</i> V.			nod (CCSD) alassificati	on of OTH DIAC CODE 1 (as 4-	
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a				
	for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4 Type:	Alphanumeric	Data Source:	Assigned	
Field 221:		DIAG_CODE_3		0	
			ned (CCSR) classificati	on of OTH DIAG CODE 1 (code	
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a				
	patient's treatment) into a clinically meaningful diagnosis category.				

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EMERGENCY DEPARTMENT RESEARCH DATA FILE Field 222: CCSR OTH DIAG CODE 4 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment.) into a clinically meaningful diagnosis category. Length: Alphanumeric **Data Source:** Assigned **Field 223:** CCSR OTH DIAG CODE 5 Clinical Classifications Software Refined (CCSR) classification of OTH DIAG CODE 1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category. **Data Source:** Length: Alphanumeric Assigned **Field 224:** CCSR OTH DIAG CODE 6 Clinical Classifications Software Refined (CCSR) classification of OTH DIAG CODE 1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category. Type: Alphanumeric **Data Source:** Assigned Length: CCSR OTH DIAG CODE 7 **Field 225:** Clinical Classifications Software Refined (CCSR) classification of OTH DIAG CODE 1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category. Type: Alphanumeric **Data Source:** Length: Assigned CCSR OTH DIAG CODE 8 **Field 226:** Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category. Alphanumeric **Data Source:** Length: Type: Assigned **Field 227:** CCSR OTH DIAG CODE 9 Clinical Classifications Software Refined (CCSR) classification of OTH DIAG CODE 1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category. Length: Alphanumeric **Data Source:** Assigned **Field 228:** CCSR OTH DIAG CODE 10 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category. Length: Type: Alphanumeric **Data Source:** Assigned **Field 229:** CCSR OTH DIAG CODE 11 Clinical Classifications Software Refined (CCSR) classification of OTH DIAG CODE 1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category. Length: Alphanumeric Type: **Data Source:** Assigned CCSR OTH DIAG CODE 12 **Field 230:** Clinical Classifications Software Refined (CCSR) classification of OTH DIAG CODE 1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category. Length: Type: Alphanumeric **Data Source:** Assigned CCSR OTH DIAG CODE 13 **Field 231:** Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for

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Type:

Type:

CCSR OTH DIAG CODE 14

Length:

Length:

Field 232:

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treatment) into a clinically meaningful diagnosis category.

Alphanumeric

treatment) into a clinically meaningful diagnosis category.

Alphanumeric

a condition that coexists with the principal diagnosis or develops subsequently during a patient's

Data Source:

Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's

Data Source:

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Assigned

Assigned

Field 233:	CCSR_OTH_DIAG_CODE_15				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for				
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's				
	treatment) into a clinically meaningful diagnosis category.				
Length:	4 Type: Alphanumeric Data Source: Assigned				
Field 234:	CCSR_OTH_DIAG_CODE_16				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for				
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's				
	treatment) into a clinically meaningful diagnosis category.				
Length:	4 Type: Alphanumeric Data Source: Assigned				
Field 235:	CCSR_ OTH_DIAG_CODE_17				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for				
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's				
T 41	treatment) into a clinically meaningful diagnosis category.				
Length:	4 Type: Alphanumeric Data Source: Assigned				
Field 236:	CCSR_OTH_DIAG_CODE_18 Clinical Classifications Software Particul (CCSP) placeification of OTH DIAG. CODE_1(code for				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's				
	treatment) into a clinically meaningful diagnosis category.				
Length:	4 Type: Alphanumeric Data Source: Assigned				
Field 237:	CCSR OTH DIAG CODE 19				
riciu 237.	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code				
	for a condition that coexists with the principal diagnosis or develops subsequently during a				
	patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4 Type: Alphanumeric Data Source: Assigned				
Field 238:	CCSR_OTH_DIAG_CODE_20				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for				
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's				
	treatment) into a clinically meaningful diagnosis category.				
Length:	4 Type: Alphanumeric Data Source: Assigned				
Field 239:	CCSR_OTH_DIAG_CODE_21				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code				
	for a condition that coexists with the principal diagnosis or develops subsequently during a				
	patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4 Type: Alphanumeric Data Source: Assigned				
Field 240:	CCSR_ OTH_DIAG_CODE_22				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for				
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's				
T 41	treatment) into a clinically meaningful diagnosis category.				
Length:	4 Type: Alphanumeric Data Source: Assigned				
Field 241:	CCSR_OTH_DIAG_CODE_23				
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code				
	for a condition that coexists with the principal diagnosis or develops subsequently during a				
Length:	patient's treatment) into a clinically meaningful diagnosis category. 4 Type: Alphanumeric Data Source: Assigned				
Field 242:	CCSR_OTH_DIAG_CODE_24				
r leiu 242:	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for				
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's				
	treatment) into a clinically meaningful diagnosis category.				
Length:	4 Type: Alphanumeric Data Source: Assigned				
	•				
Field 243:	CCS_PROC_CODE_1				
	Clinical Classifications Software (CCS) for Services and Procedures classification of				
	PROC_CODE_1 (surgical or other procedure with the highest charge performed during the period				
	covered by the bill) into a clinically meaningful procedure category				

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Length:	3 Type:	Alphanumeric	Data Source:	Assigned				
Field 244:	CCS_PROC_C							
	Clinical Classifications Software (CCS) for Services and Procedures classification of							
			_	est charge performed during the period				
T 41	•	ll) into a clinically me		• •				
Length:	3 Type:	Alphanumeric	Data Source:	Assigned				
Field 245:	CCS_PROC_C		. C C 1 D	1 1				
				ocedures classification of est charge performed during the period				
		(surgical or other prod ll) into a clinically me						
Length:	3 Type:	Alphanumeric	Data Source:	Assigned				
Field 246:	CCS_ PROC_C		Data Bource.	Assigned				
riciu 240.			for Services and Pro	ocedures classification of				
				est charge performed during the period				
		(surgical of other product) into a clinically me						
Length:	3 Type:	Alphanumeric	Data Source:	Assigned				
Field 247:	CCS_PROC_C		Duta Source.	Tibbighea				
ricia 247.			for Services and Pro	ocedures classification of				
				est charge performed during the period				
		ll) into a clinically me						
Length:	3 Type:	Alphanumeric	Data Source:	Assigned				
Field 248:	CCS_ PROC_C	*						
11010 2 101			for Services and Pro	ocedures classification of				
				est charge performed during the period				
		ll) into a clinically me						
Length:	3 Type:	Alphanumeric	Data Source:	Assigned				
Field 249:	CCS_PROC_C		2444 504100	1100181100				
1 Icia 2-1>.	Clinical Classifications Software (CCS) for Services and Procedures classification of							
				est charge performed during the period				
		ll) into a clinically me						
Length:	3 Type:	Alphanumeric	Data Source:	Assigned				
Field 250:	CCS_ PROC_C							
11014 2001			for Services and Pro	ocedures classification of				
				est charge performed during the period				
		ll) into a clinically me						
Length:	3 Type:	Alphanumeric	Data Source:	Assigned				
Field 251:	CCS_PROC_C		2444 504100	1100181101				
11010 2011			for Services and Pro	ocedures classification of				
				est charge performed during the period				
		ll) into a clinically me						
Length:	3 Type:	Alphanumeric	Data Source:	Assigned				
Field 252:	CCS PROC C							
1 Icia 202.		_	for Services and Pro	ocedures classification of				
				nest charge performed during the period				
		ll) into a clinically me						
Length:	3 Type:	Alphanumeric	Data Source:	Assigned				
Field 253:	CCS PROC CO	•	Data Source.	rissigned				
rieiu 255:		-						
	Clinical Classifications Software (CCS) for Services and Procedures classification of							
				est charge performed during the period				
<u> </u>	•	ll) into a clinically me		• •				
Length:	3 Type:	Alphanumeric	Data Source:	Assigned				
Field 254:	CCS_PROC_C							
				ocedures classification of				
				est charge performed during the period				
	covered by the bi	ll) into a clinically me	aningful procedure ca	ategory.				
2024			ge 84					

Length:	3 Type: Alphanumeric Data Source: Assigned
Field 255:	CCS_PROC_CODE_13
	Clinical Classifications Software (CCS) for Services and Procedures classification of
	PROC_CODE_13 (surgical or other procedure with the highest charge performed during the period
	covered by the bill) into a clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 256:	CCS_PROC_CODE_14
	Clinical Classifications Software (CCS) for Services and Procedures classification of
	PROC_CODE_14 (surgical or other procedure with the highest charge performed during the period
	covered by the bill) into a clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 257:	CCS_PROC_CODE_15
	Clinical Classifications Software (CCS) for Services and Procedures classification of
	PROC_CODE_15(surgical or other procedure with the highest charge performed during the period
Length:	covered by the bill) into a clinically meaningful procedure category. 3 Type: Alphanumeric Data Source: Assigned
Field 258:	CCS_PROC_CODE_16
riciu 230.	Clinical Classifications Software (CCS) for Services and Procedures classification of
	PROC_CODE_16 (surgical or other procedure with the highest charge performed during the period
	covered by the bill) into a clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 259:	CCS_PROC_CODE_17
	Clinical Classifications Software (CCS) for Services and Procedures classification of
	PROC_CODE_17 (surgical or other procedure with the highest charge performed during the period
	covered by the bill) into a clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 260:	CCS_PROC_CODE_18
	Clinical Classifications Software (CCS) for Services and Procedures classification of
	PROC_CODE_18 (surgical or other procedure with the highest charge performed during the period
Lanatha	covered by the bill) into a clinically meaningful procedure category. 3 Type: Alphanumeric Data Source: Assigned
Length: Field 261:	3 Type: Alphanumeric Data Source: Assigned CCS_PROC_CODE_19
riciu 201.	Clinical Classifications Software (CCS) for Services and Procedures classification of
	PROC_CODE_19 (surgical or other procedure with the highest charge performed during the period
	covered by the bill) into a clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 262:	CCS_PROC_CODE_20
	Clinical Classifications Software (CCS) for Services and Procedures classification of
	PROC_CODE_20 (surgical or other procedure with the highest charge performed during the period
	covered by the bill – see Field # 78) into a clinically meaningful procedure category (See Field #
	220).
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 263:	CCS_PROC_CODE_21
	Clinical Classifications Software (CCS) for Services and Procedures classification of
	PROC_CODE_21(surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 264:	CCS_PROC_CODE_22
riciu 204.	Clinical Classifications Software (CCS) for Services and Procedures classification of
	PROC_CODE_22 (surgical or other procedure with the highest charge performed during the period
	covered by the bill) into a clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 265:	CCS_PROC_CODE_23
_ 1010 200 .	

	Clinical Classifications Software (CCS) for Services and Procedures classification of						
	PROC_CODE_	23 (surgical or other pr	ocedure with the high	est charge performed during t	the period		
	covered by the l	oill) into a clinically me	eaningful procedure ca	itegory.			
Length:	Type:	Alphanumeric	Data Source:	Assigned			
Field 266:	CCS_ PROC_0	CODE_24					
	Clinical Classifi	cations Software (CCS	s) for Services and Pro	cedures classification of			
	PROC_CODE_	24 (surgical or other pr	ocedure with the high	est charge performed during	the period		
	covered by the l	oill) into a clinically me	eaningful procedure ca	tegory.			
Length:	Type:	Alphanumeric	Data Source:	Assigned			
Field 267:	CCS_PROC_C	CCS PROC CODE 25					
	Clinical Classifi	cations Software (CCS	S) for Services and Pro	cedures classification of			
	PROC_CODE_25 (surgical or other procedure with the highest charge performed during the period						
	covered by the l	oill) into a clinically me	eaningful procedure ca	itegory.	-		
Length:	3 Type:	Alphanumeric	Data Source:	Assigned			

OUTPATIENT CHARGES FILE

Field 1:	REC	ORD_ID							
	Reco	Record Identification Number. Unique number to identify the record within the research data file. There							
	will b	will be a Record Identification Number for each claim associated with a patient's visit. Does not match or							
	link t	o Public Use Data File PUDI	F Record ID. D	Ooes match with RECORD_ID in other Inpatient and					
	Outpa	Outpatient Research Data Files RDF files.							
Length:	12	Type: Alphanumeric	Data Source	e: Assigned					
Field 2:	REV	ENUE_CODE							
	Code	corresponding to each specif	ric accommodat	ion, ancillary service or billing calculation related to the					
	servic	ces being billed.							
Coding Scheme:	0100	All-inclusive room charges plus ancillary	0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area					
	0101	All-inclusive room charges	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)					
	0110	Room charges for private rooms general	- 0529	Freestanding Clinic - other					
	0111	Room charges for private rooms medical/surgical/GYN	0530	Osteopathic service - general					
	0112	Room charges for private rooms obstetrics	- 0531	Osteopathic service - therapy					
	0113	Room charges for private rooms pediatric	0539	Osteopathic service - other					
	0114	Room charges for private rooms - psychiatric	- 0540	Ambulance service - general					
	0115	Room charges for private rooms hospice	- 0541	Ambulance service - supplies					
	0116	Room charges for private rooms detoxification	0542	Ambulance service - medical transport					

2024

0117	Room charges for private rooms - oncology	0543	Ambulance service - heart mobile
0118	Room charges for private rooms - rehabilitation	0544	Ambulance service - oxygen
0119 0120	Room charges for private rooms - other Room charges for semi-private rooms -	0545 0546	Ambulance service - air ambulance Ambulance service - neonatal
0121	general Room charges for semi-private rooms -	0547	Ambulance service - pharmacy
0122	medical/surgical/GYN Room charges for semi-private rooms -	0548	Ambulance service - telephone transmission EKG
0123	obstetrics Room charges for semi-private rooms -	0549	Ambulance service - other
0124	pediatric Room charges for semi-private rooms - psychiatric	0550	Skilled nursing - general
0125	Room charges for semi-private rooms - hospice	0551	Skilled nursing - visit charge
0126	Room charges for semi-private rooms - detoxification	0552	Skilled nursing - hourly charge
0127	Room charges for semi-private rooms - oncology	0559	Skilled nursing - other
0128	Room charges for semi-private rooms - rehabilitation	0560	Medical social services - general
0129	Room charges for semi-private rooms - other	0561	Medical social services - visit charge
0130	Room charges for semi-private - 3/4 beds - rooms - general	0562	Medical social services - hourly charge
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0569	Medical social services - other
0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0570	Home health aide - general
0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0571	Home health aide - visit charge
0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0572	Home health aide - hourly charge
0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0579	Home health aide - other
0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0580	Other visits (home health) - general
0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0581	Other visits (home health) - visit charge
0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0582	Other visits (home health) - hourly charge
0139	Room charges for semi-private - 3/4 beds - rooms - other	0583	Other visits (home health) - assessment
0140	Room charges for private (deluxe) rooms - general	0589	Other visits (home health) - other
0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	0590	Units of service (home health) - general
0142	Room charges for private (deluxe) rooms - obstetrics	0600	Oxygen (home health) - general
0143	Room charges for private (deluxe) rooms - pediatric	0601	Oxygen (home health) - stat/equip/supply or contents
0144	Room charges for private (deluxe) rooms - psychiatric	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0145	Room charges for private (deluxe) rooms - hospice	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0146	Room charges for private (deluxe) rooms - detoxification	0604	Oxygen (home health) - portable add-in
0147	Room charges for private (deluxe) rooms - oncology	0609	Oxygen (home health) - other
0148	Room charges for private (deluxe) rooms - rehabilitation	0610	Magnetic Resonance Technology (MRT) - MRI - general
0149	Room charges for private (deluxe) rooms - other	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
0150	Room charges for ward rooms - general	0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
0151	Room charges for ward rooms - medical/surgical/GYN	0614	Magnetic Resonance Technology (MRT) - MRI - other

0152	Room charges for ward rooms - obstetrics	0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
0153 0154	Room charges for ward rooms - pediatric Room charges for ward rooms -	0616 0618	$\label{eq:magnetic} \begin{tabular}{ll} Magnetic Resonance Technology (MRT) - MRA - lower extremities \\ Magnetic Resonance Technology (MRT) - MRA - other \\ \end{tabular}$
0155	psychiatric	0610	Magnetic Resonance Technology (MRT) - Other MRT
0155 0156	Room charges for ward rooms - hospice Room charges for ward rooms - detoxification	0619 0621	Medical/surgical supplies - incident to radiology
0157	Room charges for ward rooms - oncology	0622	Medical/surgical supplies - incident to other diagnostic services
		0623	Medical/surgical supplies - surgical dressings
0158	Room charges for ward rooms - rehabilitation	0624	Medical/surgical supplies - FDA investigational devices
0159	Room charges for ward rooms - other	0631	Drugs requiring specific identification - single source
0160	Room charges for other rooms - general	0632	Drugs requiring specific identification - multiple source
0164	Room charges for other rooms – Sterile Environment	0633	Drugs requiring specific identification - restrictive prescription
0167	Room charges for other rooms – self care	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0169	Room charges for other rooms - other	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0170	Room charges for nursery - general	0636	Drugs requiring specific identification - requiring detailed coding
0171	Room charges for nursery - newborn level I	0637	Drugs requiring specific identification - self-administrable
0172	Room charges for nursery - newborn level II	0640	Home IV therapy services - general
0173	Room charges for nursery - newborn level III	0641	Home IV therapy services – non-routine nursing, central line
0174	Room charges for nursery - newborn level IV	0642	Home IV therapy services - IV site care, central line
0179	Room charges for nursery - other	0643	Home IV therapy services - IV start/change, peripheral line
0180	Room charges for LOA - general	0644	Home IV therapy services – non-routine nursing, peripheral line
0182	Room charges for LOA - patient convenience-charges billable	0645	Home IV therapy services - training patient/caregiver, central line
0183	Room charges for LOA - therapeutic leave	0646	Home IV therapy services - training, disabled patient, central line
0185	Room charges for LOA – nursing home (for hospitalization)	0647	Home IV therapy services - training, patient/caregiver, peripheral
0189	Room charges for LOA - other	0648	Home IV therapy services - training, disabled patient, peripheral
0190	Room charges for subacute care - general	0649	Home IV therapy services - other
0191	Room charges for subacute care - Level I (skilled care)	0650	Hospice services - general
0192	Room charges for subacute care - Level II (comprehensive care)	0651	Hospice services - routine home care
0193	Room charges for subacute care - Level III (complex care)	0652	Hospice services - continuous home care
0194	Room charges for subacute care - Level IV (intensive care)	0655	Hospice services - inpatient respite care
0199	Room charges for subacute care - other	0656	Hospice services - general inpatient care (non-respite)
0200	Room charges for intensive care - general	0657	Hospice services - physician services
0201	Room charges for intensive care - surgical	0658	Hospice services - room and board - nursing facility
0202	Room charges for intensive care - medical	0659	Hospice services - other
0203	Room charges for intensive care - pediatric	0660	Respite care - general
0204	Room charges for intensive care - psychiatric	0661	Respite care - hourly charge/skilled nursing
0206	Room charges for intensive care - intermediate intensive care unit (ICU)	0662	Respite care - hourly charge/aide/homemaker/companion
0207	Room charges for intensive care - burn care	0663	Respite care - daily charge
0208	Room charges for intensive care - trauma	0669	Respite care - other
0209	Room charges for intensive care - trauma	0670	Outpatient special residence - general
0209	Room charges for coronary care - general	0670	Outpatient special residence - general Outpatient special residence - hospital based
0211	Room charges for coronary care - myocardial infarction	0672	Outpatient special residence - contracted

0212	Room charges for coronary care - pulmonary care	0679	Outpatient special residence - other
0213	Room charges for coronary care - heart transplant	0681	Trauma response - level I
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0682	Trauma response - level II
0219	Room charges for coronary care - other	0683	Trauma response - level III
0220	Special charges - general	0684	Trauma response - level IV
0221	Special charges - admission charge	0689	Trauma response - other
0222	Special charges - technical support charge	0690	Pre-hospice/Palliative Care Services - general
0223	Special charges - UR service charge	0691	Pre-hospice/Palliative Care Services – visit charge
0224	Special charges - late discharge, medically necessary	0692	Pre-hospice/Palliative Care Services – hourly charge
0229	Special charges - other	0693	Pre-hospice/Palliative Care Services - evaluation
0230	Incremental nursing care - general	0694	Pre-hospice/Palliative Care Services – consultation and education
0231	Incremental nursing care - nursery	0695	Pre-hospice/Palliative Care Services – inpatient care
0231	•	0696	Pre-hospice/Palliative Care Services – inpatient care Pre-hospice/Palliative Care Services – physician services
	Incremental nursing care - OB		
0233	Incremental nursing care - ICU (includes transitional care)	0699	Pre-hospice/Palliative Care Services - other
0234	Incremental nursing care - CCU (includes transitional care)	0700	Cast Room services - general
0235	Incremental nursing care - hospice	0710	Recovery Room services - general
0239	Incremental nursing care - other	0720	Labor/Delivery Room services - general
0240	All-inclusive ancillary - general	0721	Labor/Delivery Room services - labor
0240	All-inclusive ancillary - basic	0722	•
	2		Labor/Delivery Room services - delivery
0242	All-inclusive ancillary - comprehensive	0723	Labor/Delivery Room services - circumcision
0243	All-inclusive ancillary - specialty	0724	Labor/Delivery Room services - birthing center
0249	All-inclusive ancillary - other	0729	Labor/Delivery Room services - other
0250	Pharmacy - general	0730	EKG/ECG services - general
0251	Pharmacy - generic drugs	0731	EKG/ECG services - Holter monitor
0252	Pharmacy – non-generic drugs	0732	EKG/ECG services - telemetry
0253	Pharmacy - take-home drugs	0739	EKG/ECG services - other
0254	Pharmacy - drugs incident to other diagnostic services	0740	EEG services - general
0255	Pharmacy - drugs incident to radiology	0750	Gastrointestinal services - general
0256	Pharmacy - experimental drugs	0760	Treatment or observation room services - general
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0258	Pharmacy - IV solutions	0762	Specialty Room - Treatment/ Observation Room - Observation Room
0259	Pharmacy - other	0769	Treatment or observation room services - other
0260	IV Therapy - general	0770	Preventive care services - general
0261	IV Therapy - infusion pump	0771	Preventive care services - vaccine administration
0262	IV Therapy - pharmacy services	0780	Telemedicine services - general
0263	IV Therapy - drug/supply delivery	0790	Extra-corporeal shockwave therapy - general
0264	IV Therapy - supplies	0800	Inpatient renal dialysis services - general
0269	IV Therapy - other	0801	Inpatient renal dialysis services - hemodialysis
0270	Medical surgical supplies and devices -	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
	general		
0271	Medical surgical supplies and devices - nonsterile	0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0272	Medical surgical supplies and devices - sterile	0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0273	Medical surgical supplies and devices - take-home	0809	Inpatient renal dialysis services - other
0274	Medical surgical supplies and devices - prosthetic/orthotic	0810	Acquisition of body components- general
0275	Medical surgical supplies and devices - pacemaker	0811	Acquisition of body components - living donor
0276	Medical surgical supplies and devices - intraocular lens (IOL)	0812	Acquisition of body components - cadaver donor
0277	Medical surgical supplies and devices - oxygen - take-home	0813	Acquisition of body components - unknown donor
0278	Medical surgical supplies and devices - other implants	0814	Acquisition of body components - unsuccessful organ search-donor bank charges
0279	Medical surgical supplies and devices - other	0815	Acquisition of body components – stem cells- allogeneic
0280	Oncology - general	0819	Acquisition of body components - other donor
0289	Oncology - other	0820	Hemodialysis - outpatient or home - general
0290	DME - general	0821	Hemodialysis - outpatient or home - composite or other rate
0291	DME - rental	0822	Hemodialysis - outpatient or home – home supplies
			and supplied

0292	DME - purchase of new	0823	Hemodialysis - outpatient or home - home equipment
0293	DME - purchase of used	0824	Hemodialysis - outpatient or home – maintenance 100%
0294	DME - supplies/drugs for DME	0825	Hemodialysis - outpatient or home - support services
	effectiveness		
0299	DME - other equipment	0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0300	Laboratory - general	0829	Hemodialysis - outpatient or home - other
0301	Laboratory - chemistry	0830	Peritoneal dialysis - outpatient or home - general
0302	Laboratory - immunology	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0303	Laboratory - renal patient (home)	0832	Peritoneal dialysis - outpatient or home – home supplies
0304	Laboratory – non-routine dialysis	0833	Peritoneal dialysis - outpatient or home – home equipment
0305	Laboratory - hematology	0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0305	Laboratory - bacteriology and	0835	Peritoneal dialysis - outpatient of home - maintenance 100% Peritoneal dialysis - outpatient or home - support services
0300	,	0033	remonear diarysis - outpatient of nome - support services
0207	microbiology	0020	Desite and distant and actions as the second
0307	Laboratory - urology	0839	Peritoneal dialysis - outpatient or home - other
0309	Laboratory - other	0840	CAPD - outpatient or home - general
0310	Laboratory pathological - general	0841	CAPD - outpatient or home - composite or other rate
0311	Laboratory pathological - cytology	0842	CAPD - outpatient or home – home supplies
0312	Laboratory pathological - histology	0843	CAPD - outpatient or home – home equipment
0314	Laboratory pathological - biopsy	0844	CAPD - outpatient or home – maintenance 100%
0319	Laboratory pathological - other	0845	CAPD - outpatient or home - support services
0320	Radiology - diagnostic - general	0849	CAPD - outpatient or home - other
0321	Radiology - diagnostic -	0850	CCPD - outpatient or home - general
	angiocardiography		•
0322	Radiology - diagnostic - arthrography	0851	CCPD - outpatient or home - composite or other rate
0323	Radiology - diagnostic - arteriography	0852	CCPD - outpatient or home - home supplies
0324	Radiology - diagnostic - chest x-ray	0853	CCPD - outpatient or home - home equipment
0329	Radiology - diagnostic - other	0854	CCPD - outpatient or home - maintenance 100%
0330	Radiology - therapeutic and/or	0855	CCPD - outpatient or home - support services
0330	chemotherapy administration - general	0033	cer b outputient of nome support services
0331	Radiology - therapeutic and/or	0859	CCPD - outpatient or home - other
0331	chemotherapy administration -	0033	CCI D - outpatient of nome - other
	1 3		
0222	chemotherapy - injected	0000	Manager and MEC) Commit
0332	Radiology - therapeutic and/or	0860	Magnetoencephalography (MEG) - General
	chemotherapy administration -		
	chemotherapy - oral		
0333	Radiology - therapeutic and/or	0861	Magnetoencephalography (MEG) - MEG
	chemotherapy administration - radiation		
	therapy		
0335	Radiology - therapeutic and/or	0880	Miscellaneous dialysis - general
	chemotherapy administration -		
	chemotherapy - IV		
0339	Radiology - therapeutic and/or	0881	Miscellaneous dialysis - ultrafiltration
	chemotherapy administration - other		•
0340	Nuclear medicine - general	0882	Miscellaneous dialysis - home aide visit
0341	Nuclear medicine - diagnostic	0889	Miscellaneous dialysis - other
	procedures		
0342	Nuclear medicine - therapeutic	0900	Behavior health treatments/services - general
0312	procedures	0700	Boliavior neutri deathfolias/services general
0343	Nuclear medicine - diagnostic	0901	Behavior health treatments/services - electroshock
0545	radiopharmaceuticals	0701	Denavior heatin treatments/services electrosmock
0344	Nuclear medicine - therapeutic	0902	Behavior health treatments/services - milieu therapy
0344	radiopharmaceuticals	0902	Behavior hearth treatments/services - inflied therapy
0349	1	0002	Dehavious health treatments/sarvious play thorony
	Nuclear medicine - other	0903	Behavioral health treatments/services - play therapy
0350	CT scan - general	0904	Behavior health treatments/services - activity therapy
0351	CT scan - head	0905	Behavior health treatments/services - intensive outpatient services -
			psychiatric
0352	CT scan - body	0906	Behavior health treatments/services - intensive outpatient services -
			chemical dependency
0359	CT scan - other	0907	Behavior health treatments/services - community behavioral health
			program
0360	Operating room services - general	0911	Behavior health treatment/services - rehabilitation
0361	Operating room services - minor surgery	0912	Behavior health treatment/services - partial hospitalization - less
			intensive
0362	Operating room services - organ	0913	Behavior health treatment/services - partial hospitalization - intensive
	transplant other than kidney		<u> </u>
0367	Operating room services - kidney	0914	Behavior health treatment/services - individual therapy
	transplant		
0369	Operating room services - other	0915	Behavior health treatment/services - group therapy
0370	Anesthesia - general	0916	Behavior health treatment/services - family therapy
0370	Anesthesia - incident to radiology	0917	Behavior health treatment/services - biofeedback

0372	Anesthesia - incident to other diagnostic services	0918	Behavior health treatment/services - testing
0374	Anesthesia - acupuncture	0919	Behavior health treatment/services - other
0379	Anesthesia - other	0920	Other diagnostic services - general
0380	Blood - general Blood - packed red cells	0921	Other diagnostic services - peripheral vascular lab Other diagnostic services - electromyogram
0381 0382	Blood - whole blood	0922 0923	Other diagnostic services - electromyogram Other diagnostic services - pap smear
0382	Blood - plasma	0923	Other diagnostic services - pap smear Other diagnostic services - allergy test
0384	Blood - platelets	0924	Other diagnostic services - anergy test Other diagnostic services - pregnancy test
0385	Blood - leukocytes	0929	Other diagnostic services - pregnancy test Other diagnostic services - other
0386	Blood - other components	0931	Medical rehabilitation day program - half day
0387	Blood - other derivatives	0932	Medical rehabilitation day program - full day
0389	(cryoprecipitate) Blood - other	0940	Other therapeutic services - general
0390	Blood and blood component	0941	Other therapeutic services - recreational therapy
	administration, storage and processing - general		
0391	Blood and blood component administration, storage and processing - administration	0942	Other therapeutic services - education/training
0392	Blood and blood component administration, storage and processing –	0943	Other therapeutic services - cardiac rehabilitation
0200	processing and storage	00.14	04 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
0399	Blood and blood component administration, storage and processing - other	0944	Other therapeutic services - drug rehabilitation
0400	Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
0401	Other imaging services - diagnostic mammography	0946	Other therapeutic services - complex medical equipment - routine
0402	Other imaging services - ultrasound	0947	Other therapeutic services - complex medical equipment - ancillary
0403	Other imaging services - screening mammography	0948	Other therapeutic services – pulmonary rehabilitation
0404	Other imaging services - PET	0949	Other therapeutic services - other
0409	Other imaging services - other	0951	Other therapeutic services – athletic training
0410	Respiratory services - general	0952	Other therapeutic services - kinesiotherapy
0412	Respiratory services - inhalation	0953	Other therapeutic services – chemical dependency (drug and alcohol)
0413	Respiratory services - hyperbaric oxygen therapy	0960	Professional fees - general
0419	Respiratory services - other	0961	Professional fees - psychiatric
0420	Physical therapy - general	0962	Professional fees - ophthalmology
0421	Physical therapy - visit charge	0963	Professional fees - anesthesiologist (MD)
0422	Physical therapy - hourly charge	0964	Professional fees - anesthetist (CRNA)
0423	Physical therapy - group rate	0969	Professional fees - other
0424	Physical therapy - evaluation or reevaluation	0971	Professional fees - laboratory
0429	Physical therapy - other	0972	Professional fees - radiology - diagnostic
0420	Occupational therapy - general	0973	Professional fees - radiology - therapeutic
0431	Occupational therapy - visit charge	0974	Professional fees - radiology - nuclear medicine
0432	Occupational therapy - hourly charge	0975	Professional fees - operating room
0433	Occupational therapy - group rate	0976	Professional fees - respiratory therapy
0434	Occupational therapy - evaluation or reevaluation	0977	Professional fees - physical therapy
0439	Occupational therapy - other	0978	Professional fees - occupational therapy
0440	Speech-language pathology - general	0979	Professional fees - speech therapy
0441	Speech-language pathology - visit charge	0981	Professional fees - emergency room
0442	Speech-language pathology - hourly charge	0982	Professional fees - outpatient services
0443	Speech-language pathology - group rate	0983	Professional fees - clinic
0444	Speech-language pathology - evaluation or reevaluation	0984	Professional fees - medical social services
0449	Speech-language pathology - other	0985	Professional fees - EKG
0450	Emergency room - general	0986	Professional fees - EEG
0451	Emergency room - EMTALA emergency medical screening services	0987	Professional fees - hospital visit
0452	Emergency room - beyond EMTALA screening	0988	Professional fees - consultation
0456	Emergency room - urgent care	0989	Professional fees - private duty nurse
0459 0460	Emergency room - other Pulmonary function - general	0990 0991	Patient convenience items - general Patient convenience items - cafeteria/guest tray
0460	Pulmonary function - general Pulmonary function - other	0991	Patient convenience items - caletena/guest tray Patient convenience items - private linen service
0707	annonary ranction - outer	0,7,2	ration convenience noisis private mich service

	0470	Audiology - general	0993	Patient con	nvenience items - telephone/telegraph	
	0471	Audiology - diagnostic	0994	Patient con	nvenience items - TV/radio	
	0472	Audiology - treatment	0995		nvenience items - nonpatient room rentals	
	0479 0480	Audiology - other Cardiology - general	0996 0997		nvenience items - late discharge charge nvenience items - admission kits	
	0481	Cardiology - cardiac cath lab	0998	Patient convenience items - beauty shop/barber		
	0482	Cardiology - stress test	0999			
	0483	Cardiology - echocardiology	1000	· · · · · · · · · · · · · · · · · · ·		
	0489 0490	Cardiology - other Ambulatory surgical care - general	1001 1002		nealth accommodations - residential treatment - psychiatric nealth accommodations - residential treatment - chemical	
	0499	Ambulatory surgical care - other	1002	dependenc		
	0500	Outpatient services - general	1003		nealth accommodations - supervised fiving	
	0509	Outpatient services - other	1005		ealth accommodations - group home	
	0510	Clinic - general	2100		e therapy services - general	
	0511 0512	Clinic - chronic pain Clinic - dental	2101 2102		e therapy services - acupuncture e therapy services - acupressure	
	0512	Clinic - gentar Clinic - psychiatric	2102		e therapy services - acupressure	
	0514	Clinic - OB/GYN	2104		e therapy services - reflexology	
	0515	Clinic - pediatric	2105		e therapy services - biofeedback	
	0516	Clinic - urgent care	2106		e therapy services - hypnosis	
	0517 0519	Clinic - family practice Clinic - other	2109 3101		e therapy services - other care, medical and social - hourly	
	0520	Freestanding Clinic - general	3102		care, social - hourly	
	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FOHC	3103		care, medical and social - daily	
	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	3104	Adult day	care, social - daily	
	0523	Freestanding Clinic - family practice	3105		er care - daily	
	0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member i	3109 n	Adult foste	er care - other	
	0525	a Covered Part A Stay at SNF				
	0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member i	n			
		a SNF (not Covered Part A Stay) or NF				
		or ICF MR or Other Residential Facility				
	0526	Freestanding Clinic - urgent care	- . ~			
Length:	4 DEX		Data Sour	rce:	Claim	
Field 3:		VENUE_CODE_SEQUENCE_N		.1 : :	-641	
T am adh.		gnment of numbers to indicate the				
Length:	3	· · · · · · · · · · · · · · · · · · ·	ata Source	e:	Assigned	
Field 4:		PCS_QUALIFIER	······································	O(0) (1 - 1 -	T. Pastan	
T am adh.		FA Common Procedure Coding Sys				
Length:	2		ata Source	e: (Claim	
Field 5:		PCS_PROCEDURE_CODE	(HOEA) H	r 1/1	Community Description Continue Continue (HCDCC)	
				Healthcare Common Procedure Coding System (HCPCS)		
		applicable to ancillary services or				
		nk is provided at this site for post 2 additional information see:	020 me up	dates.		
Cadina Sahama			/h an agualag	aaadaaata'	2modinant—/hamasuslansa andasats/amhamas/list.aan	
Coding Scheme:	_		ata Source		?redirect=/hcpcsreleasecodesets/anhcpcs/list.asp	
Length:	5 MO	7 7	ata Source	e.	Claim	
Field 6:		DIFIER_1	1 4 . 41		CALLICECCO AND	
					of the HCPCS-coded service. Required when	
		provider needs to convey additional	i ciarificati		*	
Coding Scheme:	22	Increased procedural services		P4	A patient with severe systemic disease that is a constant threat to life	
	23	Unusual Anesthesia		P5	A moribund patient who is not expected to survive	
					without the operation	
	24	Unrelated Evaluation and Management S Same Physician or Other Qualified Healt	h Care	P6	A declared brain-dead patient whose organs are being removed for donor purposes	
	25	Professional during a Postoperative Perio		E1	II	
	25	Significant, Separately Identifiable Evalument Service by the Same Physical Service Se		E1	Upper left eyelid	
		Qualified Health Care Professional on the		of		
		the Procedure or Other Service				
	26	Professional Component		E2	Lower left eyelid	
2024			02 —			
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					ī	

	27	Multiple Outpatient Hospital E/M Encounters on the	E3	Upper right eyelid
	22	Same Date	E.4	
	32	Mandated Services	E4	Lower right eyelid
	33	Preventive Service	F1	Left hand, second digit
	47	Anesthesia by Surgeon	F2	Left hand, third digit
	50	Bilateral Procedure	F3	Left hand, fourth digit
	51	Multiple Procedures	F4	Left hand, fifth digit
	52	Reduced Services	F5	Right hand, thumb
	53	Discontinued Procedure	F6	Right hand, second digit
	54	Surgical Care Only	F7	Right hand, third digit
	55 56	Postoperative Management Only	F8	Right hand, fourth digit Right hand, fifth digit
	56 57	Preoperative Management Only	F9	
	58	Decision for Surgery Staged or Related Procedure or Service by the Same	FA GG	Left hand, thumb Performance and payment of a screening mammography
	36	Physician or Other Qualified Health Care Professional During the Postoperative Period	dd	and diagnostic mammography on same patient, same day.
	59	Distinct Procedural Service	GH	Diagnostic mammogram converted from screening
				mammogram on same day
	62	Two Surgeons	LC	Left circumflex coronary artery
	63	Procedure Performed on Infants less than 4kg	LD	Left anterior descending coronary artery
	66	Surgical Team	LM	Left main coronary artery
	73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the Administration of	LT	Left side of the body procedure
	74	Anesthesia	OM	Ambulance comice marrided under amon coment by a
	74	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after Administration of Anesthesia	QM	Ambulance service provided under arrangement by a provider of services
	76	Repeat Procedure by Same Physician or Other Qualified Health Care Professional	QN	Ambulance service furnished directly by a provider of services
	77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional	RC	Right coronary artery
	78	Unplanned Return to the Operating/Procedure Room by	RI	Ramus intermedius coronary artery
	, 0	the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period		Tamas morniculus coronally andry
	79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period	RT	Right side of the body procedure
	80	Assistant Surgeon	T1	Left foot, second digit
	81	Minimum Assistant Surgeon	T2	Left foot, third digit
	82	Repeat procedure by same physician	T3	Left foot, fourth digit
	90	Reference (Outside) Laboratory	T4	Left foot, fifth digit
	91	Repeat Clinical Diagnostic Laboratory Test	T5	Right foot, great toe
	92	Alternative Laboratory Platform Testing	T6	Right foot, second digit
	95	Synchronous Telemedicine Service Rendered Via a Real- Time Interactive Audio and Video Telecommunications System	T7	Right foot, third digit
	99	Multiple Modifiers	T8	Right foot, fourth digit
	1P	Performance Measure Exclusion Modifier due to Medical	T9	Right foot, fifth digit
		Reasons		rugin 100t, min digit
	2P	Performance Measure Exclusion Modifier due to Patient Reasons	TA	Left foot, great toe
	3P	Performance Measure Exclusion Modifier due to System Reasons	XE	Separate Encounter
	8P	Performance Measure Reporting Modifier- Action not performed, reason not otherwise specified	XS	Separate Structure
	P1	A normal healthy patient	XP	Separate Practitioner
	P2	A patient with mild systemic disease	XU	Unusual Non-Overlapping Service
	P3	A patient with severe systemic disease		
Length:	2	Type: Alphanumeric Data Source:	C	Claim
Field 7:	MO	DIFIER_2		
		tifies a second special circumstance related to the	nerfor	mance of the HCPCS-coded service Required
a a -		the provider needs to convey additional clarification	auon to	or the associated procedure code.
Coding Scheme:	Sam	e as MODIFIER_1		
Length:	2	Type: Alphanumeric Data Source:	C	Claim
Field 8:	MO	DIFIER_3		
		tifies a third special circumstance related to the pe	erform	ance of the HCPCS-coded service. Required
		the provider needs to convey additional clarifica		

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Coding Scheme: Same as MODIFIER_1

Length: 2 Type: Alphanumeric Data Source: Claim

Field 9: MODIFIER_4

Identifies a fourth special circumstance related to the performance of the HCPCS-coded service. Required

when the provider needs to convey additional clarification for the associated procedure code.

Coding Scheme: Same as MODIFIER_1

Length: 2 Type: Alphanumeric Data Source: Claim

Field 10:	UNIT_MEASUREMENT_CODE					
	Code specifying the units in which a value is being expressed or a manner in which a measurement would					
	be taken.					
Coding Scheme:	DA Days F2 Internation					
	F2 Internation	onai unit				
Length:	2 Type:	Alphanumeric	Data Source:	Claim		
Field 11:	UNITS_OF_S	ERVICE				
	Numeric value	of quantity.				
Length:	7 Type:	Numeric	Data Source:	Claim		
Field 12:	UNIT_RATE					
	Rate per unit.					
Length:	12 Type:	Numeric	Data Source:	Claim		
Field 13:	CHRGS_LINI	_				
	Total amount o	f the charge.				
Length:	14 Type:	Alphanumeric	Data Source:	Assigned		
Field 14:	CHRGS_NON	-				
		red amount of the	<u> </u>			
Length:	14 Type:	Alphanumeric	Data Source:	Assigned		
Field 15:	PROCEDURE					
	-	dure began on gene	rally is the same as "	Statement_Period_From" (STMT_PERIOD_FROM)		
	date.					
Length:	8 Type:	Alphanumeric	Data Source:	Claim		
Field 16:		E_DATE_THRU				
			enerally is the same as	s the "Statement_Period_Thru"		
	(STMT_PERIOD_THRU) date.					
Length:	8 Type:	Alphanumeric	Data Source:	Claim		
Field 17:	-	CILITY_CODE				
				e different codes. An institutional provider refers to a		
		•	•	home health agency, hospice or another similar		
				a. Professional providers are non-institutional		
				ups), other clinical professionals, freestanding		
T 41				durable medical equipment suppliers.		
Length:	2 Type:	Alphanumeric	Data Source:	Claim		

OUTPATIENT FACILITY TYPE INDICATOR FILE

A facility is a hospital or ambulatory surgical center required to report under the Health and Safety Code, Chapter 108, Facility type indicators are provided by the facilities. A facility type indicator provides information to the data use as to the type of facility or the primary health services delivered at that that facility (e.g., Hospital-based Ambulatory Surgical Unit, Hospitals with an Emergency Dept, or Ambulatory Surgical Centers) A facility may have more than one indicator.

Field 1:	THCIC_ID		
	Provider ID. Unique identifier assig	gned to the provider by THC	CIC.
Length:	6 Type: Alphanumeri	c Data Source:	Assigned
Field 2:	PROVIDER_NAME		
	Hospital name provided by the hosp	oital.	
Length:	55 Type: Alphanumeri	c Data Source:	Provider
Field 3:	PROVIDER_ADDR		
	Hospital address provided by the ho	ospital.	
Length:	50 Type: Alphanumeri	c Data Source:	Provider
Field 4:	PROVIDER_CITY		
	Hospital city provided by the hospi	tal.	
Length:	20 Type: Alphanumeri	c Data Source:	Provider
Field 5:	PROVIDER_STATE		
	Hospital state provided by the hosp		
Length:	2 Type: Alphanumeri	c Data Source:	Provider
Field 6:	PROVIDER_ZIP		
	Hospital ZIP code provided by the		
Length:	9 Type: Alphanumeri	c Data Source:	Provider
Field 7:	FAC_TEACHING_IND		
	Teaching facility indicator.		
Coding Scheme:	A Member, Council of Teaching Hosp X Teaching facility	itals	
Length:	1 Type: Alphanumeric	c Data Source:	Provider
Field 8:	FAC PSYCH IND	Data Source.	Tiovidei
riciu o.	Psychiatric facility type indicator.		
Length:	1 Type: Alphanumeric	c Data Source:	Provider
Field 9:	FAC REHAB IND	Data Source.	Tiovidei
riciu 7.	Rehabilitation facility type indicato	r	
Length:	1 Type: Alphanumeric		Provider
Field 10:	FAC_ACUTE_CARE_IND	Data Douice.	11011001
riciu IV.	Acute care facility type indicator.		
Length:	1 Type: Alphanumeri	c Data Source:	Provider
Field 11:	FAC_SNF_IND	2 Lun Douitti	21011001
11010 111	Skilled nursing facility type indicat	or Hospital facility type inc	licator provided by the hospital
Length:	1 Type: Alphanumeri		Provider
Field 12:	FAC_LONG_TERM_AC_IND	Dum Soulter	210.1001
I ICIU I#.	Long term acute care facility type is	ndicator.	
Length:	1 Type: Alphanumeric		Provider
	1 1 1 pet	Dum Soulter	210.1001
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Field 13:	FAC_OTHER_LTC_IND		•
Length:	Other long term care facility type indicator. 1 Type: Alphanumeric	Data Source:	Provider
Field 14:	FAC_PEDS_IND	Data Source.	Tiovidei
rieia 14:	Pediatric facility type indicator.		
Coding Scheme:	C Member, Council of Teaching Hospitals		
Coung Benefite.	X Facility also treats children		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 15:	FAC_CARDIOVASCULAR_IND		
	Cardiovascular facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 16:	FAC_CHIROPRACTIC_IND		
	Chiropractic care facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 17:	FAC_ENDOSCOPY_IND		
	Endoscopy facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 18:	FAC_FOOT_IND		
	Foot care facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 19:	FAC_GASTROENTEROLOGY_IND		
	Gastroenterology facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 20:	FAC_GENERAL_IND		
	General care facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 21:	FAC_NEUROLOGICAL_IND		
	Neurological care facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 22:	FAC_OB_GYN_IND		
	Obstetrics and gynecology facility type indi		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 23:	FAC_OPTHAMOLOGY_IND		
	Ophthalmology facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 24:	FAC_ORAL_IND		
	Oral health care facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 25:	FAC_ORTHOPEDIC_IND		
	Orthopedic care facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 26:	FAC_OTOLARYNGOLOGY_IND		
	Otolaryngology facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 27:	FAC_PAIN_MNGMT_IND		
	Pain management facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 28:	FAC_PLASTIC_IND		
	Plastic surgery facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 29:	FAC_THORACIC_IND		
_	Thoracic care facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 30:	FAC_UROLOGY_IND		
	Urology care facility type indicator.		
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Length:	1	Type:		phanumeric	Dat	a Source:	Provider	
Field 31:		AC_OTHER_	_					
	O	ther facility ty	pe indica	ator.				
Length:	1	Type:		phanumeric	Dat	a Source:	Provider	
Field 32:		OA_PROVID						
								on Admission (POA) codes.
								121.9(e)) identifies the
								nt: Critical Access Hospitals
							ls, Cancer Ho	spitals, Children's or
a 11 a 1				Long Term Car			A C .1 .:	
Coding Scheme:	M R		nty nas sec	ctions that would be	e exempted fi	rom reporting PO	A for those patien	is)
	X							
	`	Invalid						
Length:	1	Type:		phanumeric	Dat	a Source:	Assigned	
Field 33:	PRO	VIDER_COU	NTY					
	FIPS	code of provid	ler's cou	nty.				
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
	047 049	Brooks Brown	175 177	Goliad Gonzales	303 305	Lubbock Lynn	431 433	Sterling Stonewall
	051	Burleson	179	Gray	303	McCulloch	435	Sutton
	053	Burnet	181	Grayson	309	McLennan	437	Swisher
	055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
	057	Calhoun	185	Grimes	313	Madison	441	Taylor
	059	Callahan	187	Guadalupe	315	Marion	443	Terrell
	061	Cameron	189	Hale	317	Martin	445	Terry
	063	Camp	191	Hall	319	Mason	447	Throckmorton
	065	Carson	193	Hamilton	321	Matagorda	449	Titus
	067	Cass	195	Hansford	323	Maverick	451	Tom Green
	069	Castro	197	Hardeman	325	Medina	453	Travis
	071	Chambers	199	Hardin	327	Menard	455	Trinity
	073	Cherokee	201	Harris	329	Midland	457	Tyler
	075	Childress	203	Harrison	331	Milam	459	Upshur
	077	Clay	205	Hartley	333	Mills	461	Upton
	079	Cochran	207	Haskell	335	Mitchell	463	Uvalde
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	081	Coke	209	Hays	337	Montague	465	Val Verde
	083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
	085	Collin	213	Henderson	341	Moore	469	Victoria
	087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
	089	Colorado	217	Hill	345	Motley	473	Waller
	091	Comal	219	Hockley	347	Nacogdoches	475	Ward
	093	Comanche	221	Hood	349	Navarro	477	Washington
	095	Concho	223	Hopkins	351	Newton	479	Webb
	097	Cooke	225	Houston	353	Nolan	481	Wharton
	099	Coryell	227	Howard	355	Nueces	483	Wheeler
	101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
	103	Crane	231	Hunt	359	Oldham	487	Wilbarger
	105	Crockett	233	Hutchinson	361	Orange	489	Willacy
	107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
	109	Culberson	237	Jack	365	Panola	493	Wilson
	111	Dallam	239	Jackson	367	Parker	495	Winkler
	113	Dallas	241	Jasper	369	Parmer	497	Wise
	115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
	117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
	119	Delta	247	Jim Hogg	375	Potter	503	Young
	121	Denton	249	Jim Wells	377	Presidio	505	Zapata
	123	Dewitt	251	Johnson	379	Rains	507	Zavala
	125	Dickens	253	Jones	381	Randall		
	127	Dimmit	255	Karnes	383	Reagan	4	Invalid
Length:	3	Tymes Ale	shonum	naria De	ita Source:	Assi	gned, based or	n
Lengui:	3	Type: Alp	hanum	ienc Da	ita Source:	provid	der ZIP code	
Field 34:	F.	AC_EMERGE	NCY_	DEPARTME	ENT_IND			
	Fa	acility indicator	for Ho	spitals and FE	EMCFs, inclu	ding Hospital-o	owned FEMO	CFs, starting with
	th	e 4th Quarter 2	020 Fa	cility Type Da	ıta File.			_
	N	ote:						
	T	he FEMCFs nai	nes are	available at h	nttps://dshs.te	xas.gov/thcic/ (downloadab	le Excel sheet
	na	amed Current F	acility (Contact), unde	er "Facility R	eporting Requi	rement". The	e provider names
		nd THCIC IDs i						
		or the first quar						
		ata due to imple				,	•	1
Length:	1	Type:		lphanumeric	Data	Source:	Provider	
E: 14.25.	T.	AC ONCOLO		•				

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FAC_ONCOLOGY_IND

Oncology facility indicator.

Type: Alphanumeric **Data Source:** Provider

Field 35:

Length:

OUTPATIENT GROUPER FILE

Field 1:	RECORD_ID					
	Record Identification Number. Unique number to identify the record within the research data file.					
	There will be a Record Identification Number for each claim associated with a patient's visit. Doe					
	not match or link to Public Use Data File (PUDF) Record ID. Does match with RECORD_ID in					
	other Inpatient and Outpatient RDFs (Research Data Files).					
Length:	12 Type: Alphanumeric Data Source: Assigned					
Field 2:	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 3:	FROZEN_EAPG_GRP_VER					
	Final Enhanced Ambulatory Patient Group (EAPG) as assigned by 3M EAPG Grouper. EAPGs are					
	logical groups of services put together for classification, payment, and reporting. A grouper refers					
	to software or methodology to classify patients into groups for classification, payment, and					
	analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG Software), Outpatient					
	Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and Population Health Groupers					
	(Clinical Risk Groups), among others. Not available 4Q09. The calculation for this field is updated					
Length:	annually. 12 Type: Alphanumeric Data Source: Assigned					
Field 4:	12 Type: Alphanumeric Data Source: Assigned FROZEN_FINAL_EAPG_CAT_CODE					
rieiu 4:	Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M EAPG					
	Grouper. The category code is a broad group (1 of 61 categories), i.e., 15 – Radiologic					
	Procedures. The 3M Enhanced Ambulatory Patient Grouping System is a methodology					
	developed by 3M designed to reflect the resources used in an ambulatory visit and classify					
	patients with similar clinical characteristics. It is a proprietary product of the company 3M.					
	A grouper refers to software or methodology to classify patients into groups for classification,					
	payment and analyzing i.e., 3M Groupers include Inpatient Groupers (3M APR DRG					
	Software), Outpatient Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and					
	Population Health Groupers (Clinical Risk Groups), among others. Not available 4Q09. The					
	calculation for this field is updated annually.					
Length:	2 Type: Alphanumeric Data Source: Assigned					
Field 5:	FROZEN_FINAL_EAPG_TYPE_CODE					
11010 01	Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M EAPG grouper.					
	The type of code is a broader group code (1 of 13 types) describing the encounter, such as 2 –					
	Significant Procedure and 3 – Medical ¹¹ Not available 4Q09. The calculation for this field is					
	updated annually.					
Length:	2 Type: Alphanumeric Data Source: Assigned					
Field 6:	FROZEN_FINAL_EAPG					
	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG. Not available					
	4Q09. The calculation for this field is updated annually.					
Length:	5 Type: Alphanumeric Data Source: Assigned					
Field 7:	FROZEN_ADJUSTED_EAPG_WEIGHT					
11010 / 1	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG Grouper. Each					
	EAPG code has an assigned relative weight reflecting the average resource use for a patient in					
	that 3M EAPG relative to a subset of common ambulatory services Not available 4Q09. The					
	calculation for this field is updated annually.					
Length:	10 Type: Alphanumeric Data Source: Assigned					
Field 8:	FROZEN_APC_GRP_VER					
r iciu o.	Ambulatory Payment Classification (APC) as assigned by 3M APC Grouper. Not available					
	4Q09. The calculation for this field is updated annually.					
	720%. The calculation for this field is appeared aimitally.					
Length:	12 Type: Alphanumeric Data Source: Assigned					
engtn: 2024	Page 99 Lost Undeted Nevember 2024					

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Field 9:	FROZEN_APC_PROCEDURE_CODE					
riciu 7.	Ambulatory Payment Classification (APC) procedure code as assigned by 3M APC Grouper,					
	the 3M version of the Medicare APC Grouper. The APC is used to define groupings of					
	outpatient services under OPPS (Outpatient Prospective Payment System). Not available					
	4Q09. The calculation for this field is updated annually.					
Length:	5 Type: Alphanumeric Data Source: Assigned					
Field 10:	FROZEN_APC_PX_STATUS_IND_CODE					
	Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M APC					
	Grouper, the 3M version of the Medicare APC Grouper. Not available 4Q09. The calculation					
	for this field is updated annually.					
Length:	2 Type: Alphanumeric Data Source: Assigned					
Field 11:	FROZEN_APC_WEIGHT					
	Ambulatory Payment Classification (APC) weighting as assigned by 3M APC Grouper, the					
	3M version of the Medicare APC. Not available 4Q09. The calculation for this field is					
Longth	updated annually. 9 Type: Alphanumeric Data Source: Assigned					
Length: Field 12:	9 Type: Alphanumeric Data Source: Assigned FROZEN_APC_PAYMENT_CODE					
rieiu 12:	APCs or "Ambulatory Payment Classifications" are the government's method of paying					
	facilities for outpatient services for the Medicare program. The calculation for this field is					
	updated annually.					
Length:	5 Type: Alphanumeric Data Source: Assigned					
Field 13:	EAPG_GRP_VER					
2 1010 201	Final Enhanced Ambulatory Patient Group (EAPG) as assigned by 3M EAPG Grouper. EAPGs are					
	logical groups of services put together for classification, payment, and reporting. A grouper refers					
	to software or methodology to classify patients into groups for classification, payment, and					
	analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG Software), Outpatient					
	Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and Population Health Groupers					
	(Clinical Risk Groups), among others. Not available 4Q09. The calculation for this field is updated					
	quarterly.					
Length:	12 Type: Alphanumeric Data Source: Assigned					
Field 14:	FINAL_EAPG_CAT_CODE					
	Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M EAPG					
	Grouper. The category code is a broad group (1 of 61 categories), i.e., 15 – Radiologic					
	Procedures. The 3M Enhanced Ambulatory Patient Grouping System is a methodology					
	developed by 3M designed to reflect the resources used in an ambulatory visit and classify patients with similar clinical characteristics. It is a proprietary product of the company 3M.					
	A grouper refers to software or methodology to classify patients into groups for classification,					
	payment and analyzing i.e., 3M Groupers include Inpatient Groupers (3M APR DRG					
	Software), Outpatient Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and					
	Population Health Groupers (Clinical Risk Groups), among others. Not available 4Q09. The					
	calculation for this field is updated quarterly.					
Length:	2 Type: Alphanumeric Data Source: Assigned					
Field 15:	FINAL_EAPG_TYPE_CODE					
	Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M EAPG grouper.					
	The type of code is a broader group code (1 of 13 types) describing the encounter, such as 2 –					
	Significant Procedure and 3 – Medical ¹¹ Not available 4Q09. The calculation for this field is					
	updated quarterly.					
Length:	2 Type: Alphanumeric Data Source: Assigned					
Field 16:	FINAL_EAPG					
	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG. Not available					
T am adh .	4Q09. The calculation for this field is updated quarterly.					
Length:	5 Type: Alphanumeric Data Source: Assigned					
Field 17:	ADJUSTED_EAPG_WEIGHT Final Enhanced Ambulatory Patient Group (FAPG), as assigned by 3M FAPG Grouper, Each					
	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG Grouper. Each EAPG code has an assigned relative weight reflecting the average resource use for a patient in					
	EAT 6 code has an assigned relative weight reflecting the average resource use for a patient in					
2024						

2024

Length: Field 18: Length:	that 3M EAPG relative to a subset of common ambulatory services Not available 4Q09. The calculation for this field is updated quarterly. 10 Type: Alphanumeric Data Source: Assigned APC_GRP_VER Ambulatory Payment Classification (APC) as assigned by 3M APC Grouper. Not available 4Q09. The calculation for this field is updated quarterly. 12 Type: Alphanumeric Data Source: Assigned					
Field 19:	APC_PROCEDURE_CODE					
	Ambulatory Payment Classification (APC) procedure code as assigned by 3M APC Grouper,					
	the 3M version of the Medicare APC Grouper. The APC is used to define groupings of outpatient services under OPPS (Outpatient Prospective Payment System). Not available					
	4Q09. The calculation for this field is updated quarterly.					
Length:	5 Type: Alphanumeric Data Source: Assigned					
Field 20:	APC PX STATUS IND CODE					
riciu 20.	Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M APC					
	Grouper, the 3M version of the Medicare APC Grouper. Not available 4Q09. The calculation					
	for this field is updated quarterly.					
Length:	2 Type: Alphanumeric Data Source: Assigned					
Field 21:	APC WEIGHT					
	Ambulatory Payment Classification (APC) weighting as assigned by 3M APC Grouper, the					
	3M version of the Medicare APC. Not available 4Q09. The calculation for this field is					
	updated quarterly.					
Length:	9 Type: Alphanumeric Data Source: Assigned					
Field 22:	APC_PAYMENT_CODE					
	APCs or "Ambulatory Payment Classifications" are the government's method of paying					
	facilities for outpatient services for the Medicare program. The calculation for this field is					
	updated quarterly.					
Length:	5 Type: Alphanumeric Data Source: Assigned					

INPATIENT BASE DATA FILE

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

Data Dictionary #	RDF Field Name	Length	Field Type
46	POA_OTH_DIAG_CODE_1	1	Alphanumeric
47	OTH_DIAG_CODE_2	7	Alphanumeric
48	POA_OTH_DIAG_CODE_2	1	Alphanumeric
49	OTH_DIAG_CODE_3	7	Alphanumeric
50	POA_OTH_DIAG_CODE_3	1	Alphanumeric
51	OTH_DIAG_CODE_4	7	Alphanumeric
52	POA_OTH_DIAG_CODE_4	1	Alphanumeric
53	OTH_DIAG_CODE_5	7	Alphanumeric
54	POA_OTH_DIAG_CODE_5	1	Alphanumeric
55	OTH_DIAG_CODE_6	7	Alphanumeric
56	POA_OTH_DIAG_CODE_6	1	Alphanumeric
57	OTH_DIAG_CODE_7	7	Alphanumeric
58	POA_OTH_DIAG_CODE_7	1	Alphanumeric
59	OTH_DIAG_CODE_8	7	Alphanumeric
60	POA_OTH_DIAG_CODE_8	1	Alphanumeric
61	OTH_DIAG_CODE_9	7	Alphanumeric
62	POA_OTH_DIAG_CODE_9	1	Alphanumeric
63	OTH_DIAG_CODE_10	7	Alphanumeric
64	POA_OTH_DIAG_CODE_10	1	Alphanumeric
65	OTH_DIAG_CODE_11	7	Alphanumeric
66	POA_OTH_DIAG_CODE_11	1	Alphanumeric
67	OTH_DIAG_CODE_12	7	Alphanumeric
68	POA_OTH_DIAG_CODE_12	1	Alphanumeric
69	OTH_DIAG_CODE_13	7	Alphanumeric
70	POA_OTH_DIAG_CODE_13	1	Alphanumeric
71	OTH_DIAG_CODE_14	7	Alphanumeric
72	POA_OTH_DIAG_CODE_14	1	Alphanumeric
73	OTH_DIAG_CODE_15	7	Alphanumeric
74	POA_OTH_DIAG_CODE_15	1	Alphanumeric
75	OTH_DIAG_CODE_16	7	Alphanumeric
76	POA_OTH_DIAG_CODE_16	1	Alphanumeric
77	OTH_DIAG_CODE_17	7	Alphanumeric
78	POA_OTH_DIAG_CODE_17	1	Alphanumeric
79	OTH_DIAG_CODE_18	7	Alphanumeric
80	POA_OTH_DIAG_CODE_18	1	Alphanumeric
81	OTH_DIAG_CODE_19	7	Alphanumeric
82	POA_OTH_DIAG_CODE_19	1	Alphanumeric
83	OTH_DIAG_CODE_20	7	Alphanumeric
84	POA_OTH_DIAG_CODE_20	1	Alphanumeric
85	OTH_DIAG_CODE_21	7	Alphanumeric
86	POA_OTH_DIAG_CODE_21	1	Alphanumeric
87	OTH_DIAG_CODE_22	7	Alphanumeric
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

Data Dictionary #	RDF Field Name	Length	Field Type
92	POA_OTH_DIAG_CODE_24	1	Alphanumeric
93	E_CODE_1	7	Alphanumeric
94	POA_E_CODE_1	1	Alphanumeric
95	E_CODE_2	7	Alphanumeric
96	POA_E_CODE_2	1	Alphanumeric
97	E_CODE_3	7	Alphanumeric
98	POA_E_CODE_3	1	Alphanumeric
99	E_CODE_4	7	Alphanumeric
100	POA_E_CODE_4	1	Alphanumeric
101	E_CODE_5	7	Alphanumeric
102	POA_E_CODE_5	1	Alphanumeric
103	E_CODE_6	7	Alphanumeric
104	POA_E_CODE_6	1	Alphanumeric
105	E_CODE_7	7	Alphanumeric
106	POA_E_CODE_7	1	Alphanumeric
107	E_CODE_8	7	Alphanumeric
108	POA_E_CODE_8	1	Alphanumeric
109	E_CODE_9	7	Alphanumeric
110	POA_E_CODE_9	1	Alphanumeric
111	E_CODE_10	7	Alphanumeric
112	POA_E_CODE_10	1	Alphanumeric
113	PRINC_SURG_PROC_CODE	7	Alphanumeric
114	PRINC_SURG_PROC_DATE	8	Alphanumeric
115	PRINC_SURG_PROC_DAY	4	Alphanumeric
116	OTH_SURG_PROC_CODE_1	7	Alphanumeric
117	OTH_SURG_PROC_DATE_1	8	Alphanumeric
118	OTH_SURG_PROC_DAY_1	4	Alphanumeric
119	OTH_SURG_PROC_CODE_2	7	Alphanumeric
120	OTH_SURG_PROC_DATE_2	8	Alphanumeric
121	OTH_SURG_PROC_DAY_2	4	Alphanumeric
122	OTH_SURG_PROC_CODE_3	7	Alphanumeric
123	OTH_SURG_PROC_DATE_3	8	Alphanumeric
124	OTH_SURG_PROC_DAY_3	4	Alphanumeric
125	OTH_SURG_PROC_CODE_4	7	Alphanumeric
126	OTH_SURG_PROC_DATE_4	8	Alphanumeric
127	OTH_SURG_PROC_DAY_4	4	Alphanumeric
128	OTH_SURG_PROC_CODE_5	7	Alphanumeric
129	OTH_SURG_PROC_DATE_5	8	Alphanumeric
130	OTH_SURG_PROC_DAY_5	4	Alphanumeric
131	OTH_SURG_PROC_CODE_6	7	Alphanumeric
132	OTH_SURG_PROC_DATE_6	8	Alphanumeric
133	OTH_SURG_PROC_DAY_6	4	Alphanumeric
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

Data Dictionary #	RDF Field Name	Length	Field Type
138	OTH_SURG_PROC_DATE_8	8	Alphanumeric
139	OTH_SURG_PROC_DAY_8	4	Alphanumeric
140	OTH_SURG_PROC_CODE_9	7	Alphanumeric
141	OTH_SURG_PROC_DATE_9	8	Alphanumeric
142	OTH_SURG_PROC_DAY_9	4	Alphanumeric
143	OTH_SURG_PROC_CODE_10	7	Alphanumeric
144	OTH_SURG_PROC_DATE_10	8	Alphanumeric
145	OTH_SURG_PROC_DAY_10	4	Alphanumeric
146	OTH_SURG_PROC_CODE_11	7	Alphanumeric
147	OTH_SURG_PROC_DATE_11	8	Alphanumeric
148	OTH_SURG_PROC_DAY_11	4	Alphanumeric
149	OTH_SURG_PROC_CODE_12	7	Alphanumeric
150	OTH_SURG_PROC_DATE_12	8	Alphanumeric
151	OTH_SURG_PROC_DAY_12	4	Alphanumeric
152	OTH_SURG_PROC_CODE_13	7	Alphanumeric
153	OTH_SURG_PROC_DATE_13	8	Alphanumeric
154	OTH_SURG_PROC_DAY_13	4	Alphanumeric
155	OTH_SURG_PROC_CODE_14	7	Alphanumeric
156	OTH_SURG_PROC_DATE_14	8	Alphanumeric
157	OTH_SURG_PROC_DAY_14	4	Alphanumeric
158	OTH_SURG_PROC_CODE_15	7	Alphanumeric
159	OTH_SURG_PROC_DATE_15	8	Alphanumeric
160	OTH_SURG_PROC_DAY_15	4	Alphanumeric
161	OTH_SURG_PROC_CODE_16	7	Alphanumeric
162	OTH_SURG_PROC_DATE_16	8	Alphanumeric
163	OTH_SURG_PROC_DAY_16	4	Alphanumeric
164	OTH_SURG_PROC_CODE_17	7	Alphanumeric
165	OTH_SURG_PROC_DATE_17	8	Alphanumeric
166	OTH_SURG_PROC_DAY_17	4	Alphanumeric
167	OTH_SURG_PROC_CODE_18	7	Alphanumeric
168	OTH_SURG_PROC_DATE_18	8	Alphanumeric
169	OTH_SURG_PROC_DAY_18	4	Alphanumeric
170	OTH_SURG_PROC_CODE_19	7	Alphanumeric
171	OTH_SURG_PROC_DATE_19	8	Alphanumeric
172	OTH_SURG_PROC_DAY_19	4	Alphanumeric
173	OTH_SURG_PROC_CODE_20	7	Alphanumeric
174	OTH_SURG_PROC_DATE_20	8	Alphanumeric
175	OTH_SURG_PROC_DAY_20	4	Alphanumeric
176	OTH_SURG_PROC_CODE_21	7	Alphanumeric
177	OTH_SURG_PROC_DATE_21	8	Alphanumeric
178	OTH_SURG_PROC_DAY_21	4	Alphanumeric
179	OTH_SURG_PROC_CODE_22	7	Alphanumeric
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

Data Dictionary #	RDF Field Name	Length	Field Type
184	OTH_SURG_PROC_DAY_23	4	Alphanumeric
185	OTH_SURG_PROC_CODE_24	7	Alphanumeric
186	OTH_SURG_PROC_DATE_24	8	Alphanumeric
187	OTH_SURG_PROC_DAY_24	4	Alphanumeric
188	ATTENDING_PHYSICIAN_UNIF_ID	10	Alphanumeric
189	OPERATING_PHYSICIAN_UNIF_ID	10	Alphanumeric
190	OCCUR_CODE_1	2	Alphanumeric
191	OCCUR_DATE_1	8	Alphanumeric
192	OCCUR_DAY_1	4	Alphanumeric
193	OCCUR_CODE_2	2	Alphanumeric
194	OCCUR_DATE_2	8	Alphanumeric
195	OCCUR_DAY_2	4	Alphanumeric
196	OCCUR_CODE_3	2	Alphanumeric
197	OCCUR_DATE_3	8	Alphanumeric
198	OCCUR_DAY_3	4	Alphanumeric
199	OCCUR_CODE_4	2	Alphanumeric
200	OCCUR_DATE_4	8	Alphanumeric
201	OCCUR_DAY_4	4	Alphanumeric
202	OCCUR_CODE_5	2	Alphanumeric
203	OCCUR_DATE_5	8	Alphanumeric
204	OCCUR_DAY_5	4	Alphanumeric
205	OCCUR_CODE_6	2	Alphanumeric
206	OCCUR_DATE_6	8	Alphanumeric
207	OCCUR_DAY_6	4	Alphanumeric
208	OCCUR_CODE_7	2	Alphanumeric
209	OCCUR_DATE_7	8	Alphanumeric
210	OCCUR_DAY_7	4	Alphanumeric
211	OCCUR_CODE_8	2	Alphanumeric
212	OCCUR_DATE_8	8	Alphanumeric
213	OCCUR_DAY_8	4	Alphanumeric
214	OCCUR_CODE_9	2	Alphanumeric
215	OCCUR_DATE_9	8	Alphanumeric
216	OCCUR_DAY_9	4	Alphanumeric
217	OCCUR_CODE_10	2	Alphanumeric
218	OCCUR_DATE_10	8	Alphanumeric
219	OCCUR_DAY_10	4	Alphanumeric
220	OCCUR_CODE_11	2	Alphanumeric
221	OCCUR_DATE_11	8	Alphanumeric
222	OCCUR_DAY_11	4	Alphanumeric
223	OCCUR_CODE_12	2	Alphanumeric
224	OCCUR_DATE_12	8	Alphanumeric
225	OCCUR_DAY_12	4	Alphanumeric
226	OCCUR_SPAN_CODE_1	2	Alphanumeric
227	OCCUR_SPAN_FROM_1	8	Alphanumeric
228	OCCUR_SPAN_THRU_1	8	Alphanumeric
229	OCCUR_SPAN_CODE_2	2	Alphanumeric

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

Data Dictionary #	RDF Field Name	Length	Field Type
276	PHARM AMOUNT	12	Numeric
277	MEDSURG AMOUNT	12	Numeric
278	DME_AMOUNT	12	Numeric
279	USED_DME_AMOUNT	12	Numeric
280	PT_AMOUNT	12	Numeric
281	OT AMOUNT	12	Numeric
282	SPEECH_AMOUNT	12	Numeric
283	IT_AMOUNT	12	Numeric
284	BLOOD AMOUNT	12	Numeric
285	BLOOD_ADM_AMOUNT	12	Numeric
286	OR_AMOUNT	12	Numeric
287	LITH_AMOUNT	12	Numeric
288	CARD_AMOUNT	12	Numeric
289	ANES AMOUNT	12	Numeric
290	LAB_AMOUNT	12	Numeric
291	RAD_AMOUNT	12	Numeric
292	MRI_AMOUNT	12	Numeric
293	OP_AMOUNT	12	Numeric
294	ER_AMOUNT	12	Numeric
295	AMBULANCE_AMOUNT	12	Numeric
296	PRO_FEE_AMOUNT	12	Numeric
297	ORGAN_AMOUNT	12	Numeric
298	ESRD_AMOUNT	12	Numeric
299	CLINIC_AMOUNT	12	Numeric
300	TOTAL_CHARGES	12	Numeric
301	TOTAL_NON_COV_CHARGES	12	Numeric
302	TOTAL_CHARGES_ACCOMM	12	Numeric
303	TOTAL_NON_COV_CHARGES_ACCOMM	12	Numeric
304	TOTAL_CHARGES_ANCIL	12	Numeric
305	TOTAL_NON_COV_CHARGES_ANCIL	12	Numeric
306	INBOUND_INDICATOR	1	Alphanumeric
307	EMERGENCY_DEPT_FLAG	1	Alphanumeric
308	DISCHARGE	6	Alphanumeric

INPATIENT CHARGES FILE

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

INPATIENT FACILITY TYPE INDICATOR FILE

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

INPATIENT GROUPER FILE

Data Dictionary #	RDF Field Name	Length	Field Type
1	RECORD_ID (DOES NOT match to RECORD_ID in PUDF. Does match with RDF Base Files)	12	Alphanumeric
2	FROZEN_MS_DRG	3	Alphanumeric
3	FROZEN_MS_MDC	2	Alphanumeric
4	FROZEN_ MS_GROUPER_VERSION_NBR	5	Alphanumeric
5	FROZEN_ MS_GROUPER_ERROR_CODE	2	Alphanumeric
6	FROZEN_APR_DRG	4	Alphanumeric
7	FROZEN_RISK_MORTALITY	1	Alphanumeric
8	FROZEN_ILLNESS_SEVERITY	1	Alphanumeric
9	FROZEN_APR_MDC	2	Alphanumeric
10	FROZEN_ APR_GROUPER_ VERSION_NBR	5	Alphanumeric
11	FROZEN_ APR_GROUPER_ERROR_CODE	2	Alphanumeric
12	MS_DRG	3	Alphanumeric
13	MS_MDC	2	Alphanumeric
14	MS_GROUPER_VERSION_NBR	5	Alphanumeric
15	MS_GROUPER_ERROR_CODE	2	Alphanumeric
16	APR_DRG	4	Alphanumeric
17	RISK_MORTALITY	1	Alphanumeric
18	ILLNESS_SEVERITY	1	Alphanumeric
19	APR_MDC	2	Alphanumeric
20	APR_GROUPER_ VERSION_NBR	5	Alphanumeric
21	APR_GROUPER_ERROR_CODE	2	Alphanumeric

OUTPATIENT BASE DATA FILE

			Field Type
1	SERVICE_QUARTER	6	Alphanumeric
2	RECORD_ID (DOES NOT match to RECORD_ID in		1
	PUDF. Does match with RDF Charges Files)	12	Alphanumeric
	PAT_UNIQUE_INDEX	10	Alphanumeric
	THCIC_ID	6	Alphanumeric
	SPEC_UNIT_1	1	Alphanumeric
	SPEC_UNIT_2	1	Alphanumeric
	SPEC_UNIT_3	1	Alphanumeric
	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
23	PAT_COUNTRY	2	Alphanumeric
24	PAT_COUNTY	3	Alphanumeric
	PUBLIC_HEALTH_REGION	2	Alphanumeric
	TYPE_OF_ADMISSION	1	Alphanumeric
	SOURCE_OF_ADMISSION	1	Alphanumeric
	FIRST PAYMENT SRC	2	Alphanumeric
	FIRST PAYER ID	10	Alphanumeric
• •	FIRST_PAYER_NAME	35	Alphanumeric
	SECONDARY_PAYMENT_SRC	2	Alphanumeric
	SECONDARY_PAYER_ID	10	Alphanumeric
	SECONDARY PAYER NAME	35	Alphanumeric
	STMT_PERIOD_FROM	8	Alphanumeric
	STMT_FERIOD_THRU	8	Alphanumeric
	LENGTH_OF_SERVICE	4	Alphanumeric
	PAT_STATUS	2	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
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
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

Number	OP RDF Field Name	Length	Field Type
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
101	PROC_CODE_24	5	Alphanumeric
102	PROC_CODE_25	5	Alphanumeric
103	PHYSICIAN1_INDEX_NUMBER	10	Alphanumeric
104	PHYSICIAN2_INDEX_NUMBER	10	Alphanumeric
105	OCCUR_CODE_1	2	Alphanumeric
106	OCCUR_DATE_1	8	Alphanumeric
107	OCCUR_DAY_1	4	Alphanumeric
108	OCCUR_CODE_2	2	Alphanumeric
109	OCCUR_DATE_2	8	Alphanumeric
110	OCCUR_DAY_2	4	Alphanumeric
111	OCCUR_CODE_3	2	Alphanumeric
112	OCCUR_DATE_3	8	Alphanumeric
113	OCCUR_DAY_3	4	Alphanumeric
114	OCCUR_CODE_4	2	Alphanumeric
115	OCCUR_DATE_4	8	Alphanumeric
116	OCCUR_DAY_4	4	Alphanumeric
117	OCCUR_CODE_5	2	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
118	OCCUR_DATE_5	8	Alphanumeric
119	OCCUR_DAY_5	4	Alphanumeric
120	OCCUR_CODE_6	2	Alphanumeric
121	OCCUR_DATE_6	8	Alphanumeric
122	OCCUR_DAY_6	4	Alphanumeric
123	OCCUR_CODE_7	2	Alphanumeric
124	OCCUR_DATE_7	8	Alphanumeric
125	OCCUR_DAY_7	4	Alphanumeric
126	OCCUR_CODE_8	2	Alphanumeric
127	OCCUR_DATE_8	8	Alphanumeric
128	OCCUR_DAY_8	4	Alphanumeric
129	OCCUR_CODE_9	2	Alphanumeric
130	OCCUR_DATE_9	8	Alphanumeric
131	OCCUR_DAY_9	4	Alphanumeric
132	OCCUR_CODE_10	2	Alphanumeric
133	OCCUR_DATE_10	8	Alphanumeric
134	OCCUR_DAY_10	4	Alphanumeric
135	OCCUR_CODE_11	2	Alphanumeric
136	OCCUR_DATE_11	8	Alphanumeric
137	OCCUR_DAY_11	4	Alphanumeric
138	OCCUR_CODE_12	2	Alphanumeric
139	OCCUR_DATE_12	8	Alphanumeric
140	OCCUR_DAY_12	4	Alphanumeric
141	OCCUR_SPAN_CODE_1	2	Alphanumeric
142	OCCUR_SPAN_FROM_1	8	Alphanumeric
143	OCCUR_SPAN_THRU_1	8	Alphanumeric
144	OCCUR_SPAN_CODE_2	2	Alphanumeric
145	OCCUR_SPAN_FROM_2	8	Alphanumeric
146	OCCUR_SPAN_THRU_2	8	Alphanumeric
147	OCCUR_SPAN_CODE_3	2	Alphanumeric
148	OCCUR_SPAN_FROM_3	8	Alphanumeric
149	OCCUR_SPAN_THRU_3	8	Alphanumeric
150	OCCUR_SPAN_CODE_4	2	Alphanumeric
151	OCCUR_SPAN_FROM_4	8	Alphanumeric
152	OCCUR_SPAN_THRU_4	8	Alphanumeric
153	CONDITION_CODE_1	2	Alphanumeric
154	CONDITION_CODE_2	2	Alphanumeric
155	CONDITION_CODE_3	2	Alphanumeric
156	CONDITION_CODE_4	2	Alphanumeric
157	CONDITION_CODE_5	2	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
158	CONDITION_CODE_6	2	Alphanumeric
159	CONDITION_CODE_7	2	Alphanumeric
160	CONDITION_CODE_8	2	Alphanumeric
161	VALUE_CODE_1	2	Alphanumeric
162	VALUE_AMOUNT_1	9	Numeric
163	VALUE_CODE_2	2	Alphanumeric
164	VALUE_AMOUNT_2	9	Numeric
165	VALUE_CODE_3	2	Alphanumeric
166	VALUE_AMOUNT_3	9	Numeric
167	VALUE_CODE_4	2	Alphanumeric
168	VALUE_AMOUNT_4	9	Numeric
169	VALUE_CODE_5	2	Alphanumeric
170	VALUE_AMOUNT_5	9	Numeric
171	VALUE_CODE_6	2	Alphanumeric
172	VALUE_AMOUNT_6	9	Numeric
173	VALUE_CODE_7	2	Alphanumeric
174	VALUE_AMOUNT_7	9	Numeric
175	VALUE_CODE_8	2	Alphanumeric
176	VALUE_AMOUNT_8	9	Numeric
177	VALUE_CODE_9	2	Alphanumeric
178	VALUE_AMOUNT_9	9	Numeric
179	VALUE_CODE_10	2	Alphanumeric
180	VALUE_AMOUNT_10	9	Numeric
181	VALUE_CODE_11	2	Alphanumeric
182	VALUE_AMOUNT_11	9	Numeric
183	VALUE_CODE_12	2	Alphanumeric
184	VALUE_AMOUNT_12	9	Numeric
185	OTHER_AMOUNT	12	Numeric
186	PHARM_AMOUNT	12	Numeric
187	MEDSURG_AMOUNT	12	Numeric
188	DME_AMOUNT	12	Numeric
189	USED_DME_AMOUNT	12	Numeric
190	PT_AMOUNT	12	Numeric
191	OT_AMOUNT	12	Numeric
192	SPEECH_AMOUNT	12	Numeric
193	IT_AMOUNT	12	Numeric
194	BLOOD_AMOUNT	12	Numeric
195	BLOOD_ADM_AMOUNT	12	Numeric
196	OR_AMOUNT	12	Numeric
197	LITH_AMOUNT	12	Numeric

Number	OP RDF Field Name	Length	Field Type
198	CARD_AMOUNT	12	Numeric
199	ANES_AMOUNT	12	Numeric
200	LAB_AMOUNT	12	Numeric
201	RAD_AMOUNT	12	Numeric
202	MRI_AMOUNT	12	Numeric
203	OP_AMOUNT	12	Numeric
204	ER_AMOUNT	12	Numeric
205	AMBULANCE_AMOUNT	12	Numeric
206	PRO_FEE_AMOUNT	12	Numeric
207	ORGAN_AMOUNT	12	Numeric
208	ESRD_AMOUNT	12	Numeric
209	CLINIC_AMOUNT	12	Numeric
210	TOTAL_CHARGES	12	Numeric
211	TOTAL_NON_COV_CHARGES	12	Numeric
212	TOTAL_CHARGES_ANCIL	12	Numeric
213	TOTAL_NON_COV_CHARGES_ANCIL	12	Numeric
214	PROCESS_DATE	8	Alphanumeric
215	INST_PROF_INDICATOR (INPUT_FORMAT)	1	Alphanumeric
216	INBOUND_INDICATOR	1	Alphanumeric
217	EMERGENCY_DEPT_FLAG	1	Alphanumeric
218	CCSR_PRINC_DIAG_CODE	6	Alphanumeric
219	CCSR_OTH_DIAG_CODE_1	6	Alphanumeric
220	CCSR_OTH_DIAG_CODE_2	6	Alphanumeric
221	CCSR_OTH_DIAG_CODE_3	6	Alphanumeric
222	CCSR_OTH_DIAG_CODE_4	6	Alphanumeric
223	CCSR_OTH_DIAG_CODE_5	6	Alphanumeric
224	CCSR_OTH_DIAG_CODE_6	6	Alphanumeric
225	CCSR_OTH_DIAG_CODE_7	6	Alphanumeric
226	CCSR_OTH_DIAG_CODE_8	6	Alphanumeric
227	CCSR_OTH_DIAG_CODE_9	6	Alphanumeric
228	CCSR_OTH_DIAG_CODE_10	6	Alphanumeric
229	CCSR_OTH_DIAG_CODE_11	6	Alphanumeric
230	CCSR_OTH_DIAG_CODE_12	6	Alphanumeric
231	CCSR_OTH_DIAG_CODE_13	6	Alphanumeric
232	CCSR_OTH_DIAG_CODE_14	6	Alphanumeric
233	CCSR_OTH_DIAG_CODE_15	6	Alphanumeric
234	CCSR_OTH_DIAG_CODE_16	6	Alphanumeric
235	CCSR_OTH_DIAG_CODE_17	6	Alphanumeric
236	CCSR_OTH_DIAG_CODE_18	6	Alphanumeric
237	CCSR_OTH_DIAG_CODE_19	6	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
238	CCSR_OTH_DIAG_CODE_20	6	Alphanumeric
239	CCSR_OTH_DIAG_CODE_21	6	Alphanumeric
240	CCSR_OTH_DIAG_CODE_22	6	Alphanumeric
241	CCSR_OTH_DIAG_CODE_23	6	Alphanumeric
242	CCSR_OTH_DIAG_CODE_24	6	Alphanumeric
243	CCS_PROC_CODE_1	6	Alphanumeric
244	CCS_PROC_CODE_2	6	Alphanumeric
245	CCS_PROC_CODE_3	6	Alphanumeric
246	CCS_PROC_CODE_4	6	Alphanumeric
247	CCS_PROC_CODE_5	6	Alphanumeric
248	CCS_PROC_CODE_6	6	Alphanumeric
249	CCS_PROC_CODE_7	6	Alphanumeric
250	CCS_PROC_CODE_8	6	Alphanumeric
251	CCS_PROC_CODE_9	6	Alphanumeric
252	CCS_PROC_CODE_10	6	Alphanumeric
253	CCS_PROC_CODE_11	6	Alphanumeric
254	CCS_PROC_CODE_12	6	Alphanumeric
255	CCS_PROC_CODE_13	6	Alphanumeric
256	CCS_PROC_CODE_14	6	Alphanumeric
257	CCS_PROC_CODE_15	6	Alphanumeric
258	CCS_PROC_CODE_16	6	Alphanumeric
259	CCS_PROC_CODE_17	6	Alphanumeric
260	CCS_PROC_CODE_18	6	Alphanumeric
261	CCS_PROC_CODE_19	6	Alphanumeric
262	CCS_PROC_CODE_20	6	Alphanumeric
263	CCS_PROC_CODE_21	6	Alphanumeric
264	CCS_PROC_CODE_22	3	Alphanumeric
265	CCS_PROC_CODE_23	3	Alphanumeric
266	CCS_PROC_CODE_24	3	Alphanumeric
267	CCS_PROC_CODE_25	3	Alphanumeric

OUTPATIENT CHARGES DATA FILE

Number	OP RDF Field Name	Length	Field Type
	RECORD_ID (DOES NOT match to RECORD_ID in		
1	PUDF. Does match with RDF Base Files)	12	Alphanumeric
2	REVENUE_CODE	4	Alphanumeric
3	REVENUE_CODE_SEQUENCE_NUMBER	3	Alphanumeric
4	HCPCS_QUALIFIER	2	Alphanumeric
5	HCPCS_PROCEDURE_CODE	5	Alphanumeric
6	MODIFIER_1	2	Alphanumeric
7	MODIFIER_2	2	Alphanumeric
8	MODIFIER_3	2	Alphanumeric
9	MODIFIER_4	2	Alphanumeric
10	UNIT_MEASUREMENT_CODE	2	Numeric
11	UNITS_OF_SERVICE	7	Numeric
12	UNIT_RATE	12	Numeric
13	CHRGS_LINE_ITEM	14	Numeric
14	CHRGS_NON_COV	14	Alphanumeric
15	PROCEDURE_DATE	8	Alphanumeric
16	PROCEDURE_DATE_THRU	8	Alphanumeric
17	SERVICE_FACILITY_CODE	2	Alphanumeric

OUTPATIENT FACILITY TYPE INDICATOR FILE

Number	OP RDF Field Name	Length	Field Type
1	THCIC_ID	6	Alphanumeric
2	PROVIDER_NAME	55	Alphanumeric
3	PROVIDER_ADDR	50	Alphanumeric
4	PROVIDER_CITY	20	Alphanumeric
5	PROVIDER_STATE	2	Alphanumeric
6	PROVIDER_ZIP	9	Alphanumeric
7	FAC_TEACHING_IND	1	Alphanumeric
8	FAC_PSYCH_IND	1	Alphanumeric
9	FAC_REHAB_IND	1	Alphanumeric
10	FAC_ACUTE_CARE_IND	1	Alphanumeric
11	FAC_SNF_IND	1	Alphanumeric
12	FAC_LONG_TERM_AC_IND	1	Alphanumeric
13	FAC_OTHER_LTC_IND	1	Alphanumeric
14	FAC_PEDS_IND	1	Alphanumeric
15	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_OTOLARYGOLOGY_IND	1	Alphanumeric
27	FAC_PAIN_MNGMT_IND	1	Alphanumeric
28	FAC_PLASTIC_IND	1	Alphanumeric
29	FAC_THORACIC_IND	1	Alphanumeric
30	FAC_UROOGY_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	87	Alphanumeric
35	FAC_ONCOLOGY_IND	88	Alphanumeric

OUTPATIENT GROUPER FILE

Number	OP RDF Field Name	Length	Field Type
1	RECORD_ID	12	Alphanumeric
2	REVENUE_CODE_SEQUENCE_NUMBER	3	Alphanumeric
3	FROZEN_EAPG_GRP_VER	12	Alphanumeric
4	FROZEN_FINAL_EAPG_CAT_CODE	2	Alphanumeric
5	FROZEN_FINAL_EAPG_TYPE_CODE	2	Alphanumeric
6	FROZEN_FINAL_EAPG	5	Alphanumeric
7	FROZEN_ADJUSTED_EAPG_WEIGHT	10	Alphanumeric
8	FROZEN_APC_GRP_VER	12	Alphanumeric
9	FROZEN_APC_PROCEDURE_CODE	5	Alphanumeric
10	FROZEN_APC_PX_STATUS_IND_CODE	2	Alphanumeric
11	FROZEN_APC_WEIGHT	9	Alphanumeric
12	FROZEN_APC_PAYMENT_CODE	5	Alphanumeric
13	EAPG_GRP_VER	12	Alphanumeric
14	FINAL_EAPG_CAT_CODE	2	Alphanumeric
15	FINAL_EAPG_TYPE_CODE	2	Alphanumeric
16	FINAL_EAPG	5	Alphanumeric
17	ADJUSTED_EAPG_WEIGHT	10	Alphanumeric
18	APC_GRP_VER	12	Alphanumeric
19	APC_PROCEDURE_CODE	5	Alphanumeric
20	APC_PX_STATUS_IND_CODE	2	Alphanumeric
21	APC_WEIGHT	9	Alphanumeric
22	APC_PAYMENT_CODE	5	Alphanumeric