



**TEXAS**  
Health and Human  
Services

**Texas Department of State  
Health Services**

## **TEXAS OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE**

### **DATA**

#### **RESEARCH DATA FILE (RDF)**

#### **USER MANUAL – 2022 – to Present**

#### **Center for Health Statistics**

#### **Texas Health Care Information Collection**

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## BACKGROUND

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

## OUTPATIENT RESEARCH DATA FILE (RDF)

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

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

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

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

**PATIENT/PHYSICIAN CONFIDENTIALITY**

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

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

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

Substance Abuse and Mental Health Services Administration (SAMHSA) new rules:

On January 18, 2017, Substance Abuse and Mental Health Services Administration (SAMHSA) passed rules for the protection of patients covered under 42 USC §290dd-2 and 42 CFR Part 2 rules (Mental Health and Substance Abuse patients and HIV patients).

The federal rules require that patients' names, identifiers (ZIP code, city, address, county, and any geographic identifiers below the state level), sex and dates (date of birth, statement from dates, statement through dates and procedure dates) be modified and/or masked in the THCIC Public Use Data Files (PUDF) and Research Data Files (RDF).

Texas Department of State Health Services (DSHS) proposed rules regarding the collection and release of the data regarding those patients covered by the federal rules, which were adopted, published in the January 25, 2019, Texas Register on page 44 TexReg 429 and became effective January 30, 2019.

Beginning with second quarter 2018, the inpatient, outpatient and emergency department public use datasets and any research datasets approved by the DSHS IRB will be appropriately masked for protection.

To protect physician identities in inpatient data provided by hospitals, and FEMCFs, THSC Sections [108.002 \(17\)](#), [108.009](#), and [108.011](#) require creation of a uniform identification number for physicians in practice. Uniform physician identifiers are available except when the number of physicians represented in a Diagnosis-Related Group (DRG) or Enhanced Ambulatory Patient Grouping (EAPG) for a hospital or an FEMCF is less than the minimum cell size of five.

## **RESTRICTIONS ON DATA USE**

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

In the Data Use Agreement, the requestor and end-user of the data are referred to as the "licensee". To acquire the data the licensee must give the following assurances with respect to the use of DSHS Outpatient Surgical and Radiological Procedure Data sets:

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;

- The licensee will not attempt to link nor permit others to attempt to link the outpatient event 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 Outpatient Data User's 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 Outpatient Surgical and Radiological Procedure Public Use Data File*, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];

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

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

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

## HOSPITAL COMMENTS

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

Included with the RDF is a separate file containing the unedited comments submitted by hospitals or ambulatory surgery centers 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 or ambulatory surgery centers and are not necessarily the views of the DSHS. Hospitals or ambulatory surgery centers that submitted comments are identified in 'Reporting Status of Texas Hospitals'.

## CITATION

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

*Texas Outpatient Surgical and Radiological Procedure Public Use Data File, [quarter and year of data].* Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication].

## OUTPATIENT RDF DATA DICTIONARY

The following information is provided:

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

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

## BASE DATA FILE

|                |                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |              |                         |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------|-------------------------|
| Field 1:       | <b>SERVICE_QUARTER</b><br>Quarter during which service occurred. Year and quarter of service. yyyyQn.<br>1st Quarter (YYYYQ1): 1st January-31st March of that corresponding year.<br>2nd Quarter (YYYYQ2): 1st April – 30th June of that corresponding year.<br>3rd Quarter (YYYYQ3): 1st July- 30th September of that corresponding year.<br>4th Quarter (YYYYQ4): 1st October-31st December of that corresponding year. |                     |              |                         |
| Length:        | 6                                                                                                                                                                                                                                                                                                                                                                                                                         | Type:               | Alphanumeric | Data Source: Assigned   |
| Field 2:       | <b>RECORD_ID</b><br>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. Does 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 3:       | <b>PAT_UNIQUE_INDEX</b><br>(PUI) Unique identifier assigned to the patient by THCIC. A patient unique index is assigned for each uniquely identifiable patient in the data set. There can be multiple Record IDs associated with a one PUI (see Field # 2).                                                                                                                                                               |                     |              |                         |
| Length:        | 10                                                                                                                                                                                                                                                                                                                                                                                                                        | Type:               | Alphanumeric | Data Source: Assigned   |
| Field 4:       | <b>THCIC_ID</b><br>Provider ID. Unique identifier assigned to the provider by THCIC.                                                                                                                                                                                                                                                                                                                                      |                     |              |                         |
| Length:        | 6                                                                                                                                                                                                                                                                                                                                                                                                                         | Type:               | Alphanumeric | Data Source: Assigned   |
| Field 5:       | <b>SPEC_UNIT_1</b><br>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 Care Unit  | P            | Pediatric Unit          |
|                | D                                                                                                                                                                                                                                                                                                                                                                                                                         | Detoxification Unit | Y            | Psychiatric Unit        |
|                | I                                                                                                                                                                                                                                                                                                                                                                                                                         | Intensive Care Unit | R            | Rehabilitation Unit     |
|                | H                                                                                                                                                                                                                                                                                                                                                                                                                         | Hospice Unit        | U            | Sub-acute Care Unit     |
|                | N                                                                                                                                                                                                                                                                                                                                                                                                                         | Nursery             | S            | Skilled Nursing Unit    |
|                | B                                                                                                                                                                                                                                                                                                                                                                                                                         | Obstetric Unit      | Blank        | Acute Care              |
|                | O                                                                                                                                                                                                                                                                                                                                                                                                                         | Oncology Unit       |              |                         |
| Length:        | 1                                                                                                                                                                                                                                                                                                                                                                                                                         | Type:               | Alphanumeric | Data Source: Calculated |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |              |                                           |            |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|-------------------------------------------|------------|----|-----------|----|-------|----|-------|----|-------------|----|-------|----|-----|----|-----------|----|-------|-------------------------------------------|--|----|-----|----|-------|----|------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-----|----|-------|----|-------|---------|--|----|-------|----|-------|--|--|
| <b>Field 6:</b>       | <b>SPEC_UNIT_2</b><br>Specialty Unit in which 2 <sup>nd</sup> most days' stay occurred based on number of days by Type of Bill (Field # 38) or Revenue Code (See Field # 5).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |              |                                           |            |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Coding Scheme:</b> | Same as SPEC_UNIT_1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |                                           |            |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Length:</b>        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Type:</b> | Alphanumeric | <b>Data Source:</b>                       | Calculated |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Field 7:</b>       | <b>SPEC_UNIT_3</b><br>Specialty Unit in which 3 <sup>rd</sup> most days' stay occurred based on number of days by Type of Bill (Field # 38) or Revenue Code (See Field # 5).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |              |                                           |            |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Coding Scheme:</b> | Same as SPEC_UNIT_1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |                                           |            |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Length:</b>        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Type:</b> | Alphanumeric | <b>Data Source:</b>                       | Calculated |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Field 8:</b>       | <b>SPEC_UNIT_4</b><br>Specialty Unit in which 4 <sup>th</sup> most days' stay occurred based on number of days by Type of Bill (Field # 38) or Revenue Code (See Field # 5).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |              |                                           |            |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Coding Scheme:</b> | Same as SPEC_UNIT_1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |                                           |            |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Length:</b>        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Type:</b> | Alphanumeric | <b>Data Source:</b>                       | Calculated |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Field 9:</b>       | <b>SPEC_UNIT_5</b><br>Specialty Unit in which 5 <sup>th</sup> most days' stay occurred based on number of days by Type of Bill (Field # 38) or Revenue Code (See Field # 5).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |              |                                           |            |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Coding Scheme:</b> | Same as SPEC_UNIT_1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |                                           |            |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Length:</b>        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Type:</b> | Alphanumeric | <b>Data Source:</b>                       | Calculated |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Field 10:</b>      | <b>ENCOUNTER_INDICATOR</b><br>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 hospitals, long-term care hospitals, or psychiatric hospitals.                                                                                                                                                                                                                                                                                                                                                                                                                              |              |              |                                           |            |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Length:</b>        | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Type:</b> | Alphanumeric | <b>Data Source:</b>                       | Calculated |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Field 11:</b>      | <b>SEX_CODE</b><br>Gender of the patient as recorded at date of admission or start of care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |              |                                           |            |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Coding Scheme:</b> | M Male<br>F Female<br>U Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |              |                                           |            |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Length:</b>        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Type:</b> | Alphanumeric | <b>Data Source:</b>                       | Claim      |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Field 12:</b>      | <b>BIRTH_DATE</b><br>Birth date of the patient as recorded at date of admission or start of care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |                                           |            |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Length:</b>        | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Type:</b> | Alphanumeric | <b>Data Source:</b>                       | Claim      |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Field 13:</b>      | <b>PAT_AGE_GROUP</b><br>Code indicating age of patient in days or years on date of discharge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |                                           |            |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Coding Scheme:</b> | <table><tr><td>00</td><td>1-28 days</td><td>10</td><td>35-39</td><td>20</td><td>85-89</td></tr><tr><td>01</td><td>29-365 days</td><td>11</td><td>40-44</td><td>21</td><td>90+</td></tr><tr><td>02</td><td>1-4 years</td><td>12</td><td>45-49</td><td colspan="2"><i>HIV and drug/alcohol use patients:</i></td></tr><tr><td>03</td><td>5-9</td><td>13</td><td>50-54</td><td>22</td><td>0-17</td></tr><tr><td>04</td><td>10-14</td><td>14</td><td>55-59</td><td>23</td><td>18-44</td></tr><tr><td>05</td><td>15-17</td><td>15</td><td>60-64</td><td>24</td><td>45-64</td></tr><tr><td>06</td><td>18-19</td><td>16</td><td>65-69</td><td>25</td><td>65-74</td></tr><tr><td>07</td><td>20-24</td><td>17</td><td>70-74</td><td>26</td><td>75+</td></tr><tr><td>08</td><td>25-29</td><td>18</td><td>75-79</td><td colspan="2">Invalid</td></tr><tr><td>09</td><td>30-34</td><td>19</td><td>80-84</td><td colspan="2"></td></tr></table> |              |              |                                           |            | 00 | 1-28 days | 10 | 35-39 | 20 | 85-89 | 01 | 29-365 days | 11 | 40-44 | 21 | 90+ | 02 | 1-4 years | 12 | 45-49 | <i>HIV and drug/alcohol use patients:</i> |  | 03 | 5-9 | 13 | 50-54 | 22 | 0-17 | 04 | 10-14 | 14 | 55-59 | 23 | 18-44 | 05 | 15-17 | 15 | 60-64 | 24 | 45-64 | 06 | 18-19 | 16 | 65-69 | 25 | 65-74 | 07 | 20-24 | 17 | 70-74 | 26 | 75+ | 08 | 25-29 | 18 | 75-79 | Invalid |  | 09 | 30-34 | 19 | 80-84 |  |  |
| 00                    | 1-28 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10           | 35-39        | 20                                        | 85-89      |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| 01                    | 29-365 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11           | 40-44        | 21                                        | 90+        |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| 02                    | 1-4 years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12           | 45-49        | <i>HIV and drug/alcohol use patients:</i> |            |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| 03                    | 5-9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 13           | 50-54        | 22                                        | 0-17       |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| 04                    | 10-14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 14           | 55-59        | 23                                        | 18-44      |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| 05                    | 15-17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 15           | 60-64        | 24                                        | 45-64      |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| 06                    | 18-19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 16           | 65-69        | 25                                        | 65-74      |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| 07                    | 20-24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 17           | 70-74        | 26                                        | 75+        |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| 08                    | 25-29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 18           | 75-79        | Invalid                                   |            |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| 09                    | 30-34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 19           | 80-84        |                                           |            |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Length:</b>        | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Type:</b> | Alphanumeric | <b>Data Source:</b>                       | Assigned   |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Field 14:</b>      | <b>PAT_AGE_YEARS</b><br>Age of patient in years on date of discharge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |              |                                           |            |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |
| <b>Length:</b>        | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Type:</b> | Alphanumeric | <b>Data Source:</b>                       | Claim      |    |           |    |       |    |       |    |             |    |       |    |     |    |           |    |       |                                           |  |    |     |    |       |    |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |     |    |       |    |       |         |  |    |       |    |       |  |  |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|                |                                                                                                                                                                                                             |                              |              |          |              |            |     |               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------|----------|--------------|------------|-----|---------------|
| Field 15:      | PAT_AGE_DAYS                                                                                                                                                                                                |                              |              |          |              |            |     |               |
|                | Age of patient in days on date of discharge.                                                                                                                                                                |                              |              |          |              |            |     |               |
| Length:        | 5                                                                                                                                                                                                           | Type:                        | Alphanumeric |          | Data Source: | Claim      |     |               |
| Field 16:      | RACE                                                                                                                                                                                                        |                              |              |          |              |            |     |               |
|                | Code indicating the patient’s race.                                                                                                                                                                         |                              |              |          |              |            |     |               |
| Coding Scheme: | 1                                                                                                                                                                                                           | American Indian/Eskimo/Aleut |              |          |              |            |     |               |
|                | 2                                                                                                                                                                                                           | Asian or Pacific Islander    |              |          |              |            |     |               |
|                | 3                                                                                                                                                                                                           | Black                        |              |          |              |            |     |               |
|                | 4                                                                                                                                                                                                           | White                        |              |          |              |            |     |               |
|                | 5                                                                                                                                                                                                           | Other                        |              |          |              |            |     |               |
| Length:        | 1                                                                                                                                                                                                           | Type:                        | Alphanumeric |          | Data Source: | Claim      |     |               |
| Field 17:      | ETHNICITY                                                                                                                                                                                                   |                              |              |          |              |            |     |               |
|                | Code indicating the Hispanic origin of the patient.                                                                                                                                                         |                              |              |          |              |            |     |               |
| Coding Scheme: | 1                                                                                                                                                                                                           | Hispanic Origin              |              |          |              |            |     |               |
|                | 2                                                                                                                                                                                                           | Not of Hispanic Origin       |              |          |              |            |     |               |
| Length:        | 1                                                                                                                                                                                                           | Type:                        | Alphanumeric |          | Data Source: | Claim      |     |               |
| Field 18:      | PAT_ADDR_CENSUS_BLOCK_GROUP                                                                                                                                                                                 |                              |              |          |              |            |     |               |
|                | Census block group of patient street address. A block group consists of clusters of blocks within the same census tract.                                                                                    |                              |              |          |              |            |     |               |
| Length:        | 14                                                                                                                                                                                                          | Type:                        | Alphanumeric |          | Data Source: | Calculated |     |               |
| Field 19:      | PAT_ADDR_CENSUS_BLOCK                                                                                                                                                                                       |                              |              |          |              |            |     |               |
|                | Census block of patient street address. A census block is a statistical area bounded by visible features and nonvisible boundaries. It is the geographical basis used by the Census Bureau to tabulate data |                              |              |          |              |            |     |               |
| Length:        | 5                                                                                                                                                                                                           | Type:                        | Alphanumeric |          | Data Source: | Calculated |     |               |
| Field 20:      | PAT_CITY                                                                                                                                                                                                    |                              |              |          |              |            |     |               |
|                | Patient address city as provided by the patient.                                                                                                                                                            |                              |              |          |              |            |     |               |
| Length:        | 30                                                                                                                                                                                                          | Type:                        | Alphanumeric |          | Data Source: | Provider   |     |               |
| Field 21:      | PAT_STATE                                                                                                                                                                                                   |                              |              |          |              |            |     |               |
|                | Patient address state as provided by the patient.                                                                                                                                                           |                              |              |          |              |            |     |               |
| Length:        | 2                                                                                                                                                                                                           | Type:                        | Alphanumeric |          | Data Source: | Provider   |     |               |
| Field 22:      | PAT_ZIP                                                                                                                                                                                                     |                              |              |          |              |            |     |               |
|                | Patient address ZIP code as provided by the patient.                                                                                                                                                        |                              |              |          |              |            |     |               |
| Length:        | 9                                                                                                                                                                                                           | Type:                        | Alphanumeric |          | Data Source: | Provider   |     |               |
| Field 23:      | PAT_COUNTRY                                                                                                                                                                                                 |                              |              |          |              |            |     |               |
|                | Country of patient’s residential address. List maintained by the International Organization for Standardization (ISO).                                                                                      |                              |              |          |              |            |     |               |
| Coding scheme: | See <i>www.ISO.org</i> for complete list.                                                                                                                                                                   |                              |              |          |              |            |     |               |
| Length:        | 2                                                                                                                                                                                                           | Type:                        | Alphanumeric |          | Data Source: | Provider   |     |               |
| Field 24:      | PAT_COUNTY                                                                                                                                                                                                  |                              |              |          |              |            |     |               |
|                | FIPS code of patient’s county.                                                                                                                                                                              |                              |              |          |              |            |     |               |
| Coding scheme: | 001                                                                                                                                                                                                         | Anderson                     | 129          | Donley   | 257          | Kaufman    | 385 | Real          |
|                | 003                                                                                                                                                                                                         | Andrews                      | 131          | Duval    | 259          | Kendall    | 387 | Red River     |
|                | 005                                                                                                                                                                                                         | Angelina                     | 133          | Eastland | 261          | Kenedy     | 389 | Reeves        |
|                | 007                                                                                                                                                                                                         | Aransas                      | 135          | Ector    | 263          | Kent       | 391 | Refugio       |
|                | 009                                                                                                                                                                                                         | Archer                       | 137          | Edwards  | 265          | Kerr       | 393 | Roberts       |
|                | 011                                                                                                                                                                                                         | Armstrong                    | 139          | Ellis    | 267          | Kimble     | 395 | Robertson     |
|                | 013                                                                                                                                                                                                         | Atascosa                     | 141          | El Paso  | 269          | King       | 397 | Rockwall      |
|                | 015                                                                                                                                                                                                         | Austin                       | 143          | Erath    | 271          | Kinney     | 399 | Runnels       |
|                | 017                                                                                                                                                                                                         | Bailey                       | 145          | Falls    | 273          | Kleberg    | 401 | Rusk          |
|                | 019                                                                                                                                                                                                         | Bandera                      | 147          | Fannin   | 275          | Knox       | 403 | Sabine        |
|                | 021                                                                                                                                                                                                         | Bastrop                      | 149          | Fayette  | 283          | La Salle   | 405 | San Augustine |
|                | 023                                                                                                                                                                                                         | Baylor                       | 151          | Fisher   | 277          | Lamar      | 407 | San Jacinto   |
|                | 025                                                                                                                                                                                                         | Bee                          | 153          | Floyd    | 279          | Lamb       | 409 | San Patricio  |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|     |               |     |            |     |             |     |              |
|-----|---------------|-----|------------|-----|-------------|-----|--------------|
| 027 | Bell          | 155 | Foard      | 281 | Lampasas    | 411 | San Saba     |
| 029 | Bexar         | 157 | Fort Bend  | 285 | Lavaca      | 413 | Schleicher   |
| 031 | Blanco        | 159 | Franklin   | 287 | Lee         | 415 | Scurry       |
| 033 | Borden        | 161 | Freestone  | 289 | Leon        | 417 | Shackelford  |
| 035 | Bosque        | 163 | Frio       | 291 | Liberty     | 419 | Shelby       |
| 037 | Bowie         | 165 | Gaines     | 293 | Limestone   | 421 | Sherman      |
| 039 | Brazoria      | 167 | Galveston  | 295 | Lipscomb    | 423 | Smith        |
| 041 | Brazos        | 169 | Garza      | 297 | Live Oak    | 425 | Somervell    |
| 043 | Brewster      | 171 | Gillespie  | 299 | Llano       | 427 | Starr        |
| 045 | Briscoe       | 173 | Glasscock  | 301 | Loving      | 429 | Stephens     |
| 047 | Brooks        | 175 | Goliad     | 303 | Lubbock     | 431 | Sterling     |
| 049 | Brown         | 177 | Gonzales   | 305 | Lynn        | 433 | Stonewall    |
| 051 | Burleson      | 179 | Gray       | 307 | McCulloch   | 435 | Sutton       |
| 053 | Burnet        | 181 | Grayson    | 309 | McLennan    | 437 | Swisher      |
| 055 | Caldwell      | 183 | Gregg      | 311 | McMullen    | 439 | Tarrant      |
| 057 | Calhoun       | 185 | Grimes     | 313 | Madison     | 441 | Taylor       |
| 059 | Callahan      | 187 | Guadalupe  | 315 | Marion      | 443 | Terrell      |
| 061 | Cameron       | 189 | Hale       | 317 | Martin      | 445 | Terry        |
| 063 | Camp          | 191 | Hall       | 319 | Mason       | 447 | Throckmorton |
| 065 | Carson        | 193 | Hamilton   | 321 | Matagorda   | 449 | Titus        |
| 067 | Cass          | 195 | Hansford   | 323 | Maverick    | 451 | Tom Green    |
| 069 | Castro        | 197 | Hardeman   | 325 | Medina      | 453 | Travis       |
| 071 | Chambers      | 199 | Hardin     | 327 | Menard      | 455 | Trinity      |
| 073 | Cherokee      | 201 | Harris     | 329 | Midland     | 457 | Tyler        |
| 075 | Childress     | 203 | Harrison   | 331 | Milam       | 459 | Upshur       |
| 077 | Clay          | 205 | Hartley    | 333 | Mills       | 461 | Upton        |
| 079 | Cochran       | 207 | Haskell    | 335 | Mitchell    | 463 | Uvalde       |
| 081 | Coke          | 209 | Hays       | 337 | Montague    | 465 | Val Verde    |
| 083 | Coleman       | 211 | Hemphill   | 339 | Montgomery  | 467 | Van Zandt    |
| 085 | Collin        | 213 | Henderson  | 341 | Moore       | 469 | Victoria     |
| 087 | Collingsworth | 215 | Hidalgo    | 343 | Morris      | 471 | Walker       |
| 089 | Colorado      | 217 | Hill       | 345 | Motley      | 473 | Waller       |
| 091 | Comal         | 219 | Hockley    | 347 | Nacogdoches | 475 | Ward         |
| 093 | Comanche      | 221 | Hood       | 349 | Navarro     | 477 | Washington   |
| 095 | Concho        | 223 | Hopkins    | 351 | Newton      | 479 | Webb         |
| 097 | Cooke         | 225 | Houston    | 353 | Nolan       | 481 | Wharton      |
| 099 | Coryell       | 227 | Howard     | 355 | Nueces      | 483 | Wheeler      |
| 101 | Cottle        | 229 | Hudspeth   | 357 | Ochiltree   | 485 | Wichita      |
| 103 | Crane         | 231 | Hunt       | 359 | Oldham      | 487 | Wilbarger    |
| 105 | Crockett      | 233 | Hutchinson | 361 | Orange      | 489 | Willacy      |
| 107 | Crosby        | 235 | Irion      | 363 | Palo Pinto  | 491 | Williamson   |
| 109 | Culberson     | 237 | Jack       | 365 | Panola      | 493 | Wilson       |
| 111 | Dallam        | 239 | Jackson    | 367 | Parker      | 495 | Winkler      |
| 113 | Dallas        | 241 | Jasper     | 369 | Parmer      | 497 | Wise         |
| 115 | Dawson        | 243 | Jeff Davis | 371 | Pecos       | 499 | Wood         |
| 117 | Deaf Smith    | 245 | Jefferson  | 373 | Polk        | 501 | Yoakum       |
| 119 | Delta         | 247 | Jim Hogg   | 375 | Potter      | 503 | Young        |
| 121 | Denton        | 249 | Jim Wells  | 377 | Presidio    | 505 | Zapata       |
| 123 | Dewitt        | 251 | Johnson    | 379 | Rains       | 507 | Zavala       |
| 125 | Dickens       | 253 | Jones      | 381 | Randall     |     |              |
| 127 | Dimmit        | 255 | Karnes     | 383 | Reagan      |     | Invalid      |

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

## Field 25: PUBLIC HEALTH REGION

Public Health Region of patient's address.

- 1 Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
- 2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- 3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|                       |                                                                                     |                                                                                                                                                                                                                                                                           |                     |                                 |
|-----------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------|
|                       | 4                                                                                   | Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties                                                                        |                     |                                 |
|                       | 5                                                                                   | Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties                                                                                                                      |                     |                                 |
|                       | 6                                                                                   | Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties                                                                                                                                      |                     |                                 |
|                       | 7                                                                                   | Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties |                     |                                 |
|                       | 8                                                                                   | Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties                   |                     |                                 |
|                       | 9                                                                                   | Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties        |                     |                                 |
|                       | 10                                                                                  | Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties                                                                                                                                                                                                     |                     |                                 |
|                       | 11                                                                                  | Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties                                                                                             |                     |                                 |
| <b>Length:</b>        | 2                                                                                   | <b>Type:</b> Alphanumeric                                                                                                                                                                                                                                                 | <b>Data Source:</b> | Assigned                        |
| <b>Field 26:</b>      | <b>TYPE_OF_ADMISSION</b>                                                            |                                                                                                                                                                                                                                                                           |                     |                                 |
|                       | Code indicating the type of admission. Hospital emergency department visits only.   |                                                                                                                                                                                                                                                                           |                     |                                 |
| <b>Coding Scheme:</b> | 1                                                                                   | Emergency                                                                                                                                                                                                                                                                 |                     |                                 |
|                       | 2                                                                                   | Urgent                                                                                                                                                                                                                                                                    |                     |                                 |
|                       | 3                                                                                   | Elective                                                                                                                                                                                                                                                                  |                     |                                 |
|                       | 4                                                                                   | Newborn                                                                                                                                                                                                                                                                   |                     |                                 |
|                       | 5                                                                                   | Trauma Center                                                                                                                                                                                                                                                             |                     |                                 |
|                       | 9                                                                                   | Information not available                                                                                                                                                                                                                                                 |                     |                                 |
| <b>Length:</b>        | 1                                                                                   | <b>Type:</b> Alphanumeric                                                                                                                                                                                                                                                 | <b>Data Source:</b> | Claim                           |
| <b>Field 27:</b>      | <b>SOURCE_OF_ADMISSION</b>                                                          |                                                                                                                                                                                                                                                                           |                     |                                 |
|                       | Code indicating source of the admission. Hospital emergency department visits only. |                                                                                                                                                                                                                                                                           |                     |                                 |
| <b>Coding Scheme:</b> | 1                                                                                   | Non-Healthcare Facility Point of Origin (Beginning July 1, 2010)                                                                                                                                                                                                          |                     |                                 |
|                       | 2                                                                                   | Clinic or Physician’s Office                                                                                                                                                                                                                                              |                     |                                 |
|                       | 4                                                                                   | Transfer from a hospital                                                                                                                                                                                                                                                  |                     |                                 |
|                       | 5                                                                                   | Transfer from a skilled nursing facility, intermediate care facility or assisted living facility                                                                                                                                                                          |                     |                                 |
|                       | 6                                                                                   | Transfer from another health care facility                                                                                                                                                                                                                                |                     |                                 |
|                       | 8                                                                                   | Court/Law Enforcement                                                                                                                                                                                                                                                     |                     |                                 |
|                       | 9                                                                                   | Information not available                                                                                                                                                                                                                                                 |                     |                                 |
|                       | D                                                                                   | Transfer from One distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer                                                                                                                                  |                     |                                 |
|                       | E                                                                                   | Transfer from Ambulatory Surgery Center                                                                                                                                                                                                                                   |                     |                                 |
|                       | F                                                                                   | Transfer from a Hospice Facility                                                                                                                                                                                                                                          |                     |                                 |
|                       | G                                                                                   | Transfer from a designated hospital disaster alternate care site (Effective 7/1/2020)                                                                                                                                                                                     |                     |                                 |
|                       |                                                                                     | If Type of Admission=4 (Newborn)                                                                                                                                                                                                                                          |                     |                                 |
|                       | 5                                                                                   | Born inside this hospital                                                                                                                                                                                                                                                 |                     |                                 |
|                       | 6                                                                                   | Born outside this hospital                                                                                                                                                                                                                                                |                     |                                 |
| <b>Length:</b>        | 1                                                                                   | <b>Type:</b> Alphanumeric                                                                                                                                                                                                                                                 | <b>Data Source:</b> | Claim                           |
| <b>Field 28:</b>      | <b>FIRST_PAYMENT_SRC</b>                                                            |                                                                                                                                                                                                                                                                           |                     |                                 |
|                       | Code indicating the expected primary source of payment.                             |                                                                                                                                                                                                                                                                           |                     |                                 |
| <b>Coding Scheme:</b> | 09                                                                                  | Self-Pay (Removed from 5010 format, use “ZZ” beginning 2Q2012 data)                                                                                                                                                                                                       | HM                  | Health Maintenance Organization |
|                       | 10                                                                                  | Central Certification                                                                                                                                                                                                                                                     | LI                  | Liability                       |
|                       | 11                                                                                  | Other Non-federal Programs                                                                                                                                                                                                                                                | LM                  | Liability Medical               |
|                       | 12                                                                                  | Preferred Provider Organization (PPO)                                                                                                                                                                                                                                     | MA                  | Medicare Part A                 |
|                       | 13                                                                                  | Point of Service (POS)                                                                                                                                                                                                                                                    | MB                  | Medicare Part B                 |
|                       | 14                                                                                  | Exclusive Provider Organization (EPO)                                                                                                                                                                                                                                     | MC                  | Medicaid                        |
|                       | 15                                                                                  | Indemnity Insurance                                                                                                                                                                                                                                                       | TV                  | Title V                         |
|                       | 16                                                                                  | Health Maintenance Organization (HMO) Medicare Risk                                                                                                                                                                                                                       | OF                  | Other Federal Program           |
|                       | AM                                                                                  | Automobile Medical                                                                                                                                                                                                                                                        | VA                  | Veteran Administration Plan     |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|                       |                                                                                                                                                                                                                                                                               |                                                                                                                                    |                     |                                           |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------|
|                       | BL                                                                                                                                                                                                                                                                            | Blue Cross/Blue Shield                                                                                                             | WC                  | Workers Compensation Health Claim         |
|                       | CH                                                                                                                                                                                                                                                                            | CHAMPUS                                                                                                                            | ZZ                  | Charity, Indigent or Unknown              |
|                       | CI                                                                                                                                                                                                                                                                            | Commercial Insurance                                                                                                               | ``                  | Codes 09 and ZZ, combined for 2004 & 2005 |
|                       | DS                                                                                                                                                                                                                                                                            | Disability Insurance                                                                                                               | `                   | Invalid                                   |
| <b>Length:</b>        | 2                                                                                                                                                                                                                                                                             | <b>Type:</b> Alphanumeric                                                                                                          | <b>Data Source:</b> | Claim                                     |
| <b>Field 29:</b>      | <b>FIRST_PAYER_ID</b><br>National Plan Identifier (when implemented by federal government). CMS.gov has the following:<br>National Payer ID: a system for uniquely identifying all organizations that pay for health care services. Also known as Health Plan ID, or Plan ID. |                                                                                                                                    |                     |                                           |
| <b>Length:</b>        | 10                                                                                                                                                                                                                                                                            | <b>Type:</b> Alphanumeric                                                                                                          | <b>Data Source:</b> | Claim                                     |
| <b>Field 30:</b>      | <b>FIRST_PAYER_NAME</b><br>Name of primary source of payment.                                                                                                                                                                                                                 |                                                                                                                                    |                     |                                           |
| <b>Length:</b>        | 35                                                                                                                                                                                                                                                                            | <b>Type:</b> Alphanumeric                                                                                                          | <b>Data Source:</b> | Claim                                     |
| <b>Field 31:</b>      | <b>SECONDARY_PAYMENT_SRC</b><br>Code indicating the expected secondary source of payment.                                                                                                                                                                                     |                                                                                                                                    |                     |                                           |
| <b>Coding Scheme:</b> | Same as FIRST_PAYMENT_SRC                                                                                                                                                                                                                                                     |                                                                                                                                    |                     |                                           |
| <b>Length:</b>        | 2                                                                                                                                                                                                                                                                             | <b>Type:</b> Alphanumeric                                                                                                          | <b>Data Source:</b> | Claim                                     |
| <b>Field 32:</b>      | <b>SECONDARY_PAYER_ID</b><br>National Plan Identifier (when implemented by federal government).                                                                                                                                                                               |                                                                                                                                    |                     |                                           |
| <b>Length:</b>        | 10                                                                                                                                                                                                                                                                            | <b>Type:</b> Alphanumeric                                                                                                          | <b>Data Source:</b> | Claim                                     |
| <b>Field 33:</b>      | <b>SECONDARY_PAYER_NAME</b><br>Name of secondary source of payment.                                                                                                                                                                                                           |                                                                                                                                    |                     |                                           |
| <b>Length:</b>        | 35                                                                                                                                                                                                                                                                            | <b>Type:</b> Alphanumeric                                                                                                          | <b>Data Source:</b> | Claim                                     |
| <b>Field 34:</b>      | <b>STMT_PERIOD_FROM</b><br>Beginning service date of the period reflected on the statement. Entered as YYYYMMDD.                                                                                                                                                              |                                                                                                                                    |                     |                                           |
| <b>Length:</b>        | 8                                                                                                                                                                                                                                                                             | <b>Type:</b> Alphanumeric                                                                                                          | <b>Data Source:</b> | Claim                                     |
| <b>Field 35:</b>      | <b>STMT_PERIOD_THRU</b><br>Ending service date of the period reflected on the statement. Entered as YYYYMMDD.                                                                                                                                                                 |                                                                                                                                    |                     |                                           |
| <b>Length:</b>        | 8                                                                                                                                                                                                                                                                             | <b>Type:</b> Alphanumeric                                                                                                          | <b>Data Source:</b> | Claim                                     |
| <b>Field 36:</b>      | <b>LENGTH_OF_SERVICE</b><br>Length of stay in days <i>equals</i> ending service date of the period reflected on the statement (STMT_PERIOD_THRU) <i>minus</i> admission/start of care date (STMT_PERIOD_FROM). The minimum length of stay is 1 day. The maximum is 30 days.   |                                                                                                                                    |                     |                                           |
| <b>Length:</b>        | 4                                                                                                                                                                                                                                                                             | <b>Type:</b> Alphanumeric                                                                                                          | <b>Data Source:</b> | Calculated                                |
| <b>Field 37:</b>      | <b>PAT_STATUS</b><br>Code indicating patient status as of the ending date of service for the period of care reported.                                                                                                                                                         |                                                                                                                                    |                     |                                           |
| <b>Coding Scheme:</b> | 01                                                                                                                                                                                                                                                                            | Discharged to home or self-care (routine discharge)                                                                                |                     |                                           |
|                       | 02                                                                                                                                                                                                                                                                            | Discharged/transferred to a short-term general hospital for inpatient care                                                         |                     |                                           |
|                       | 03                                                                                                                                                                                                                                                                            | Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care               |                     |                                           |
|                       | 04                                                                                                                                                                                                                                                                            | Discharged/transferred to a facility that provides custodial or supportive care                                                    |                     |                                           |
|                       | 05                                                                                                                                                                                                                                                                            | Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)                                  |                     |                                           |
|                       | 06                                                                                                                                                                                                                                                                            | Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care |                     |                                           |
|                       | 07                                                                                                                                                                                                                                                                            | Left against medical advice                                                                                                        |                     |                                           |
|                       | 09                                                                                                                                                                                                                                                                            | Admitted as inpatient to this hospital                                                                                             |                     |                                           |
|                       | 20                                                                                                                                                                                                                                                                            | Expired                                                                                                                            |                     |                                           |
|                       | 21                                                                                                                                                                                                                                                                            | Discharged/transferred to Court/Law Enforcement                                                                                    |                     |                                           |
|                       | 30                                                                                                                                                                                                                                                                            | Still patient                                                                                                                      |                     |                                           |
|                       | 40                                                                                                                                                                                                                                                                            | Expired at home                                                                                                                    |                     |                                           |
|                       | 41                                                                                                                                                                                                                                                                            | Expired in a medical facility                                                                                                      |                     |                                           |
|                       | 42                                                                                                                                                                                                                                                                            | Expired, place unknown                                                                                                             |                     |                                           |
|                       | 43                                                                                                                                                                                                                                                                            | Discharged/transferred to federal government operated health facility                                                              |                     |                                           |
|                       | 50                                                                                                                                                                                                                                                                            | Hospice-home                                                                                                                       |                     |                                           |
|                       | 51                                                                                                                                                                                                                                                                            | Hospice-medical facility (Certified) providing hospice level of care                                                               |                     |                                           |
|                       | 61                                                                                                                                                                                                                                                                            | Discharged/transferred within this institution to Medicare-approved swing bed                                                      |                     |                                           |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

- 62 Discharged/transferred to inpatient rehabilitation facility
- 63 Discharged/transferred to Medicare-certified long term care hospital
- 64 Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare
- 65 Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
- 66 Discharged/transferred to Critical Access Hospital (CAH)
- 69 Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
- 70 Discharge/transfer to another type of health care institution not defined elsewhere in the code list
- 81 Discharged to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 82 Discharged/Transferred to a Short-Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 83 Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 84 Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 85 Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 86 Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 87 Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 88 Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 89 Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 90 Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 91 Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 92 Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 93 Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 94 Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 95 Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

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

## Field 38: TYPE\_OF\_BILL

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

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

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

## Field 39: PAT\_REASON\_FOR\_VISIT

ICD-10-CM (International Classification of Diseases- Revision 10- Clinical Modification) diagnosis code describing the patient's reason for visit at the time of outpatient registration,<sup>6</sup>to include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

\*Note: As of January 1, 2022, THCIC is no longer collecting PAT\_REASON\_FOR\_VISIT in Outpatient Professional claims.

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|                  |                                                                                                                                                                                                                                                                                                                                                                                                 |              |              |                     |       |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|---------------------|-------|
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                                               | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 40:</b> | <b>PRINC_DIAG_CODE</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that describes the principal diagnosis, i.e., the condition established after study to be chiefly responsible for causing the hospitalization. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. |              |              |                     |       |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                                               | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 41:</b> | <b>OTH_DIAG_CODE_1</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th, and 7th digits if applicable. Decimal is implied following the third character.                             |              |              |                     |       |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                                               | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 42:</b> | <b>OTH_DIAG_CODE_2</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.                              |              |              |                     |       |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                                               | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 43:</b> | <b>OTH_DIAG_CODE_3</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.                              |              |              |                     |       |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                                               | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 44:</b> | <b>OTH_DIAG_CODE_4</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.                              |              |              |                     |       |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                                               | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 45:</b> | <b>OTH_DIAG_CODE_5</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.                              |              |              |                     |       |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                                               | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 46:</b> | <b>OTH_DIAG_CODE_6</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.                   |              |              |                     |       |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                                               | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 47:</b> | <b>OTH_DIAG_CODE_7</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.                              |              |              |                     |       |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                                               | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 48:</b> | <b>OTH_DIAG_CODE_8</b>                                                                                                                                                                                                                                                                                                                                                                          |              |              |                     |       |

## OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

|                  |                                                                                                                                                                                                                                                                                                                                                                     |              |              |                     |       |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|---------------------|-------|
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                   | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 49:</b> | <b>OTH_DIAG_CODE_9</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.  |              |              |                     |       |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                   | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 50:</b> | <b>OTH_DIAG_CODE_10</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. |              |              |                     |       |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                   | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 51:</b> | <b>OTH_DIAG_CODE_11</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. |              |              |                     |       |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                   | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 52:</b> | <b>OTH_DIAG_CODE_12</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. |              |              |                     |       |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                   | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 53:</b> | <b>OTH_DIAG_CODE_13</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. |              |              |                     |       |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                   | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 54:</b> | <b>OTH_DIAG_CODE_14</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. |              |              |                     |       |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                   | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 55:</b> | <b>OTH_DIAG_CODE_15</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. |              |              |                     |       |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                   | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 56:</b> | <b>OTH_DIAG_CODE_16</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently                                                                                                                                            |              |              |                     |       |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|                  |                                                                                                                                                                                                                                                                                                                                                                     |              |              |                           |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|---------------------------|
|                  | during a patient's treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.                                                                                                                                                                                                                          |              |              |                           |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                   | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Claim |
| <b>Field 57:</b> | <b>OTH_DIAG_CODE_17</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. |              |              |                           |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                   | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Claim |
| <b>Field 58:</b> | <b>OTH_DIAG_CODE_18</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. |              |              |                           |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                   | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Claim |
| <b>Field 59:</b> | <b>OTH_DIAG_CODE_19</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. |              |              |                           |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                   | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Claim |
| <b>Field 60:</b> | <b>OTH_DIAG_CODE_20</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. |              |              |                           |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                   | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Claim |
| <b>Field 61:</b> | <b>OTH_DIAG_CODE_21</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. |              |              |                           |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                   | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Claim |
| <b>Field 62:</b> | <b>OTH_DIAG_CODE_22</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. |              |              |                           |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                   | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Claim |
| <b>Field 63:</b> | <b>OTH_DIAG_CODE_23</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. |              |              |                           |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                   | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Claim |
| <b>Field 64:</b> | <b>OTH_DIAG_CODE_24</b><br>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. |              |              |                           |
| <b>Length:</b>   | 7                                                                                                                                                                                                                                                                                                                                                                   | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Claim |

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| <b>Field 65:</b>      | <b>RELATED_CAUSE_CODE_1</b><br>Code identifying an accompanying cause of an illness, injury or an accident.                                                                                                                                                                                                                                                                                 |
| <b>Coding Scheme:</b> | AA Auto accident<br>AB Abuse<br>AP Another party responsible<br>EM Employment<br>OA Other accident                                                                                                                                                                                                                                                                                          |
| <b>Length:</b>        | 2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                                                                                                                                                                                                                                                       |
| <b>Field 66:</b>      | <b>RELATED_CAUSE_CODE_2</b><br>Code identifying an accompanying cause of an illness, injury or an accident.                                                                                                                                                                                                                                                                                 |
| <b>Coding Scheme:</b> | Same as RELATED_CAUSE_CODE_1                                                                                                                                                                                                                                                                                                                                                                |
| <b>Length:</b>        | 2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                                                                                                                                                                                                                                                       |
| <b>Field 67:</b>      | <b>RELATED_CAUSE_CODE_3</b><br>Code identifying an accompanying cause of an illness, injury or an accident.                                                                                                                                                                                                                                                                                 |
| <b>Coding Scheme:</b> | Same as RELATED_CAUSE_CODE_1                                                                                                                                                                                                                                                                                                                                                                |
| <b>Length:</b>        | 2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                                                                                                                                                                                                                                                       |
| <b>Field 68:</b>      | <b>E_CODE_1</b><br>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.                  |
| <b>Length:</b>        | 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                                                                                                                                                                                                                                                       |
| <b>Field 69:</b>      | <b>E_CODE_2</b><br>E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM 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 (See Field # 68).                                                                                  |
| <b>Length:</b>        | 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                                                                                                                                                                                                                                                       |
| <b>Field 70:</b>      | <b>E_CODE_3</b><br>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 (See Field # 68). |
| <b>Length:</b>        | 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                                                                                                                                                                                                                                                       |
| <b>Field 71:</b>      | <b>E_CODE_4</b><br>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.                  |
| <b>Length:</b>        | 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                                                                                                                                                                                                                                                       |
| <b>Field 72:</b>      | <b>E_CODE_5</b><br>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.                  |
| <b>Length:</b>        | 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                                                                                                                                                                                                                                                       |
| <b>Field 73:</b>      | <b>E_CODE_6</b><br>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.                  |
| <b>Length:</b>        | 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                                                                                                                                                                                                                                                       |

## OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

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| <b>Field 74:</b> | <b>E_CODE_7</b><br>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.                                                                                                                |
| <b>Length:</b>   | 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Field 75:</b> | <b>E_CODE_8</b><br>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.                                                                                                                |
| <b>Length:</b>   | 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Field 76:</b> | <b>E_CODE_9</b><br>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.                                                                                                                |
| <b>Length:</b>   | 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Field 77:</b> | <b>E_CODE_10</b><br>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.                                                                                                               |
| <b>Length:</b>   | 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Field 78:</b> | <b>PROC_CODE_1</b><br>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 included in CPT such as ambulance services and durable medical equipment). |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Field 79:</b> | <b>PROC_CODE_2</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.                                                                                                                                                                                                                                                                                                                               |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Field 80:</b> | <b>PROC_CODE_3</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.                                                                                                                                                                                                                                                                                                                               |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Field 81:</b> | <b>PROC_CODE_4</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.                                                                                                                                                                                                                                                                                                                               |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Field 82:</b> | <b>PROC_CODE_5</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.                                                                                                                                                                                                                                                                                                                               |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Field 83:</b> | <b>PROC_CODE_6</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.                                                                                                                                                                                                                                                                                                                               |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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| <b>Field 84:</b> | <b>PROC_CODE_7</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.  |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                        |
| <b>Field 85:</b> | <b>PROC_CODE_8</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.  |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                        |
| <b>Field 86:</b> | <b>PROC_CODE_9</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.  |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                        |
| <b>Field 87:</b> | <b>PROC_CODE_10</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                        |
| <b>Field 88:</b> | <b>PROC_CODE_11</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                        |
| <b>Field 89:</b> | <b>PROC_CODE_12</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                        |
| <b>Field 90:</b> | <b>PROC_CODE_13</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                        |
| <b>Field 91:</b> | <b>PROC_CODE_14</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                        |
| <b>Field 92:</b> | <b>PROC_CODE_15</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                        |
| <b>Field 93:</b> | <b>PROC_CODE_16</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                        |
| <b>Field 94:</b> | <b>PROC_CODE_17</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                        |
| <b>Field 95:</b> | <b>PROC_CODE_18</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                        |
| <b>Field 96:</b> | <b>PROC_CODE_19</b>                                                                                                                                          |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

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|                       | Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |              |                                             |
| <b>Length:</b>        | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Type:</b>                                                | Alphanumeric | <b>Data Source:</b> Claim                   |
| <b>Field 97:</b>      | <b>PROC_CODE_20</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             |              |                                             |
| <b>Length:</b>        | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Type:</b>                                                | Alphanumeric | <b>Data Source:</b> Claim                   |
| <b>Field 98:</b>      | <b>PROC_CODE_21</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             |              |                                             |
| <b>Length:</b>        | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Type:</b>                                                | Alphanumeric | <b>Data Source:</b> Claim                   |
| <b>Field 99:</b>      | <b>PROC_CODE_22</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             |              |                                             |
| <b>Length:</b>        | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Type:</b>                                                | Alphanumeric | <b>Data Source:</b> Claim                   |
| <b>Field 100:</b>     | <b>PROC_CODE_23</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             |              |                                             |
| <b>Length:</b>        | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Type:</b>                                                | Alphanumeric | <b>Data Source:</b> Claim                   |
| <b>Field 101:</b>     | <b>PROC_CODE_24</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             |              |                                             |
| <b>Length:</b>        | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Type:</b>                                                | Alphanumeric | <b>Data Source:</b> Claim                   |
| <b>Field 102:</b>     | <b>PROC_CODE_25</b><br>Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             |              |                                             |
| <b>Length:</b>        | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Type:</b>                                                | Alphanumeric | <b>Data Source:</b> Claim                   |
| <b>Field 103:</b>     | <b>PHYSICIAN1_INDEX_NUMBER</b><br>Unique identifier assigned to the licensed physician expected to certify medical necessity of services rendered, with primary responsibility for the patient's medical care and treatment. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients. |                                                             |              |                                             |
| <b>Length:</b>        | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Type:</b>                                                | Alphanumeric | <b>Data Source:</b> Assigned                |
| <b>Field 104:</b>     | <b>PHYSICIAN2_INDEX_NUMBER</b><br>Unique identifier assigned to the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.                                                                                     |                                                             |              |                                             |
| <b>Length:</b>        | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Type:</b>                                                | Alphanumeric | <b>Data Source:</b> Assigned                |
| <b>Field 105:</b>     | <b>OCCUR_CODE_1</b><br>Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             |              |                                             |
| <b>Coding Scheme:</b> | 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Auto accident                                               | 40           | Scheduled date of admission                 |
|                       | 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | No Fault Insurance Involved - Including Auto Accident/Other | 41           | Date of first test of pre-admission testing |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

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| 03                    | Accident/ Tort Liability                                                                                                           | 42                  | Date of discharge (hospice only)                |
| 04                    | Accident/ Employment Related                                                                                                       | 43                  | Scheduled date of canceled surgery              |
| 05                    | Other accident                                                                                                                     | 44                  | Date treatment started - OT                     |
| 06                    | Crime Victim                                                                                                                       | 45                  | Date treatment started - ST                     |
| 09                    | Start of Infertility Treatment Cycle                                                                                               | 46                  | Date treatment started - Cardiac rehabilitation |
| 10                    | Last Menstrual Period                                                                                                              | 47                  | Date cost outlier status begins                 |
| 11                    | Onset of Symptoms/ Illness                                                                                                         | A1                  | Birthdate - Insured A                           |
| 12                    | Date of Onset for a Chronically Dependent Individual                                                                               | A2                  | Effective Date - Insured A Policy               |
| 16                    | Date of Last Therapy                                                                                                               | A3                  | Payer A benefits exhausted                      |
| 17                    | Date Outpatient OT Plan Established or Last Reviewed                                                                               | A4                  | Split Bill Date                                 |
| 18                    | Date of Retirement - Patient/Beneficiary                                                                                           | B1                  | Birthdate - Insured B                           |
| 19                    | Date of Retirement - Spouse                                                                                                        | B2                  | Effective date - Insured B Policy               |
| 20                    | Date Guarantee of Payment Began                                                                                                    | B3                  | Payer B benefits exhausted                      |
| 21                    | Date UR Notice Received                                                                                                            | C1                  | Birthdate - Insured C                           |
| 22                    | Date Active Care Ended                                                                                                             | C2                  | Effective date - Insured C Policy               |
| 24                    | Date Insurance Denied                                                                                                              | C3                  | Payer C benefits exhausted                      |
| 25                    | Date Benefits Terminated by Primary Payer                                                                                          | DR                  | Katrina disaster related                        |
| 26                    | Date SNF Bed Became Available                                                                                                      | E1                  | Birthdate - Insured D                           |
| 27                    | Date Home Health Plan Established or Last Reviewed                                                                                 | E2                  | Effective date - Insured D Policy               |
| 28                    | Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed                                                     | E3                  | Payer D benefits exhausted                      |
| 29                    | Date Outpatient PT Plan established or last reviewed                                                                               | F1                  | Birthdate - Insured E                           |
| 30                    | Date Outpatient ST Plan established or last reviewed                                                                               | F2                  | Effective date - Insured E Policy               |
| 31                    | Date beneficiary notified of intent to bill (accommodations)                                                                       | F3                  | Payer E benefits exhausted                      |
| 32                    | Date beneficiary notified of intent to bill (procedures or treatments)                                                             | G1                  | Birthdate - Insured F                           |
| 37                    | Date of inpatient hospital discharge for non-covered transplant patients                                                           | G2                  | Effective date - Insured F Policy               |
| 38                    | Date treatment started for home IV therapy                                                                                         | G3                  | Payer F benefits exhausted                      |
| 39                    | Date discharged on a continuous course if IV therapy                                                                               |                     |                                                 |
| <b>Length:</b>        | 2                                                                                                                                  | <b>Type:</b>        | Alphanumeric                                    |
| <b>Data Source:</b>   |                                                                                                                                    | <b>Data Source:</b> | Claim                                           |
| <b>Field 106:</b>     | <b>OCCUR_DATE_1</b>                                                                                                                |                     |                                                 |
|                       | Date of occurrence, as YYYYMMDD.                                                                                                   |                     |                                                 |
| <b>Length:</b>        | 8                                                                                                                                  | <b>Type:</b>        | Alphanumeric                                    |
| <b>Data Source:</b>   |                                                                                                                                    | <b>Data Source:</b> | Claim                                           |
| <b>Field 107:</b>     | <b>OCCUR_DAY_1</b>                                                                                                                 |                     |                                                 |
|                       | Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.                                                   |                     |                                                 |
| <b>Length:</b>        | 4                                                                                                                                  | <b>Type:</b>        | Alphanumeric                                    |
| <b>Data Source:</b>   |                                                                                                                                    | <b>Data Source:</b> | Calculated                                      |
| <b>Field 108:</b>     | <b>OCCUR_CODE_2</b>                                                                                                                |                     |                                                 |
|                       | Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date  |                     |                                                 |
| <b>Coding Scheme:</b> | Same as OCCUR_CODE_1.                                                                                                              |                     |                                                 |
| <b>Length:</b>        | 2                                                                                                                                  | <b>Type:</b>        | Alphanumeric                                    |
| <b>Data Source:</b>   |                                                                                                                                    | <b>Data Source:</b> | Claim                                           |
| <b>Field 109:</b>     | <b>OCCUR_DATE_2</b>                                                                                                                |                     |                                                 |
|                       | Date of occurrence, as YYYYMMDD.                                                                                                   |                     |                                                 |
| <b>Length:</b>        | 8                                                                                                                                  | <b>Type:</b>        | Alphanumeric                                    |
| <b>Data Source:</b>   |                                                                                                                                    | <b>Data Source:</b> | Claim                                           |
| <b>Field 110:</b>     | <b>OCCUR_DAY_2</b>                                                                                                                 |                     |                                                 |
|                       | Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.                                                   |                     |                                                 |
| <b>Length:</b>        | 4                                                                                                                                  | <b>Type:</b>        | Alphanumeric                                    |
| <b>Data Source:</b>   |                                                                                                                                    | <b>Data Source:</b> | Calculated                                      |
| <b>Field 111:</b>     | <b>OCCUR_CODE_3</b>                                                                                                                |                     |                                                 |
|                       | Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date. |                     |                                                 |
| <b>Coding Scheme:</b> | Same as OCCUR_CODE_1.                                                                                                              |                     |                                                 |
| <b>Length:</b>        | 2                                                                                                                                  | <b>Type:</b>        | Alphanumeric                                    |
| <b>Data Source:</b>   |                                                                                                                                    | <b>Data Source:</b> | Claim                                           |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

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| <b>Field 112:</b>     | <b>OCCUR_DATE_3</b><br>Date of occurrence, as YYYYMMDD.                                                                                                   |              |              |                                |
| <b>Length:</b>        | 8                                                                                                                                                         | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 113:</b>     | <b>OCCUR_DAY_3</b><br>Occurrence Day <i>equals</i> Occurrence <i>minus</i> STMT_PERIOD_FROM Date.                                                         |              |              |                                |
| <b>Length:</b>        | 4                                                                                                                                                         | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Calculated |
| <b>Field 114:</b>     | <b>OCCUR_CODE_4</b><br>Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date. |              |              |                                |
| <b>Coding Scheme:</b> | Same as OCCUR_CODE_1.                                                                                                                                     |              |              |                                |
| <b>Length:</b>        | 2                                                                                                                                                         | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 115:</b>     | <b>OCCUR_DATE_4</b><br>Date of occurrence, as YYYYMMDD.                                                                                                   |              |              |                                |
| <b>Length:</b>        | 8                                                                                                                                                         | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 116:</b>     | <b>OCCUR_DAY_4</b><br>Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.                                                    |              |              |                                |
| <b>Length:</b>        | 4                                                                                                                                                         | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Calculated |
| <b>Field 117:</b>     | <b>OCCUR_CODE_5</b><br>Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date. |              |              |                                |
| <b>Coding Scheme:</b> | Same as OCCUR_CODE_1.                                                                                                                                     |              |              |                                |
| <b>Length:</b>        | 2                                                                                                                                                         | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 118:</b>     | <b>OCCUR_DATE_5</b><br>Date of occurrence, as YYYYMMDD.                                                                                                   |              |              |                                |
| <b>Length:</b>        | 8                                                                                                                                                         | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 119:</b>     | <b>OCCUR_DAY_5</b><br>Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.                                                    |              |              |                                |
| <b>Length:</b>        | 4                                                                                                                                                         | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Calculated |
| <b>Field 120:</b>     | <b>OCCUR_CODE_6</b><br>Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date. |              |              |                                |
| <b>Coding Scheme:</b> | Same as OCCUR_CODE_1.                                                                                                                                     |              |              |                                |
| <b>Length:</b>        | 2                                                                                                                                                         | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 121:</b>     | <b>OCCUR_DATE_6</b><br>Date of occurrence, as YYYYMMDD.                                                                                                   |              |              |                                |
| <b>Length:</b>        | 8                                                                                                                                                         | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 122:</b>     | <b>OCCUR_DAY_6</b><br>Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.                                                    |              |              |                                |
| <b>Length:</b>        | 4                                                                                                                                                         | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Calculated |
| <b>Field 123:</b>     | <b>OCCUR_CODE_7</b><br>Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date. |              |              |                                |
| <b>Coding Scheme:</b> | Same as OCCUR_CODE_1.                                                                                                                                     |              |              |                                |
| <b>Length:</b>        | 2                                                                                                                                                         | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 124:</b>     | <b>OCCUR_DATE_7</b><br>Date of occurrence, as YYYYMMDD.                                                                                                   |              |              |                                |
| <b>Length:</b>        | 8                                                                                                                                                         | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 125:</b>     | <b>OCCUR_DAY_7</b><br>Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.                                                    |              |              |                                |
| <b>Length:</b>        | 4                                                                                                                                                         | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> Calculated |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

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| <b>Field 126:</b>     | <b>OCCUR_CODE_8</b><br>Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.  |
| <b>Coding Scheme:</b> | Same as OCCUR_CODE_1.                                                                                                                                      |
| <b>Length:</b>        | 2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                      |
| <b>Field 127:</b>     | <b>OCCUR_DATE_8</b><br>Date of occurrence, as YYYYMMDD.                                                                                                    |
| <b>Length:</b>        | 8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                      |
| <b>Field 128:</b>     | <b>OCCUR_DAY_8</b><br>Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.                                                     |
| <b>Length:</b>        | 4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated                                                                                                 |
| <b>Field 129:</b>     | <b>OCCUR_CODE_9</b><br>Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.  |
| <b>Coding Scheme:</b> | Same as OCCUR_CODE_1.                                                                                                                                      |
| <b>Length:</b>        | 2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                      |
| <b>Field 130:</b>     | <b>OCCUR_DATE_9</b><br>Date of occurrence, as YYYYMMDD.                                                                                                    |
| <b>Length:</b>        | 8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                      |
| <b>Field 131:</b>     | <b>OCCUR_DAY_9</b><br>Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.                                                     |
| <b>Length:</b>        | 4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated                                                                                                 |
| <b>Field 132:</b>     | <b>OCCUR_CODE_10</b><br>Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date. |
| <b>Coding Scheme:</b> | Same as OCCUR_CODE_1.                                                                                                                                      |
| <b>Length:</b>        | 2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                      |
| <b>Field 133:</b>     | <b>OCCUR_DATE_10</b><br>Date of occurrence, as YYYYMMDD.                                                                                                   |
| <b>Length:</b>        | 8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                      |
| <b>Field 134:</b>     | <b>OCCUR_DAY_10</b><br>Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.                                                    |
| <b>Length:</b>        | 4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated                                                                                                 |
| <b>Field 135:</b>     | <b>OCCUR_CODE_11</b><br>Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date. |
| <b>Coding Scheme:</b> | Same as OCCUR_CODE_1.                                                                                                                                      |
| <b>Length:</b>        | 2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                      |
| <b>Field 136:</b>     | <b>OCCUR_DATE_11</b><br>Date of occurrence, as YYYYMMDD.                                                                                                   |
| <b>Length:</b>        | 8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                      |
| <b>Field 137:</b>     | <b>OCCUR_DAY_11</b><br>Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.                                                    |
| <b>Length:</b>        | 4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated                                                                                                 |
| <b>Field 138:</b>     | <b>OCCUR_CODE_12</b><br>Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date. |
| <b>Coding Scheme:</b> | Same as OCCUR_CODE_1.                                                                                                                                      |
| <b>Length:</b>        | 2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                                                                                                      |
| <b>Field 139:</b>     | <b>OCCUR_DATE_12</b>                                                                                                                                       |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|                       |                                                                                                                                |                                           |                                                             |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------|
|                       | Date of occurrence, as YYYYMMDD.                                                                                               |                                           |                                                             |
| <b>Length:</b>        | 8                                                                                                                              | <b>Type:</b> Alphanumeric                 | <b>Data Source:</b> Claim                                   |
| <b>Field 140:</b>     | <b>OCCUR_DAY_12</b>                                                                                                            |                                           |                                                             |
|                       | Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.                                               |                                           |                                                             |
| <b>Length:</b>        | 4                                                                                                                              | <b>Type:</b> Alphanumeric                 | <b>Data Source:</b> Calculated                              |
| <b>Field 141:</b>     | <b>OCCUR_SPAN_CODE_1</b>                                                                                                       |                                           |                                                             |
|                       | Code describing a significant event relating to the claim that may affect payer processing that is related to a span of dates. |                                           |                                                             |
| <b>Coding Scheme:</b> | 70                                                                                                                             | Qualifying stay dates (for SNF use only)  | 78 SNF prior stay dates                                     |
|                       | 71                                                                                                                             | Prior stay dates                          | 80 Prior Same SNF prior stay dates for Payment Ban Purposes |
|                       | 72                                                                                                                             | First/Last Visit                          | 81 Antepartum Days at Reduced Level of Care                 |
|                       | 73                                                                                                                             | Benefit eligibility period                | M0 QIO/UR approved stay dates                               |
|                       | 74                                                                                                                             | Noncovered level of care/Leave of absence | M1 Provider liability - no utilization                      |
|                       | 75                                                                                                                             | SNF level of care                         | M2 Inpatient respite dates                                  |
|                       | 76                                                                                                                             | Patient Liability Period                  | M3 ICF level of care                                        |
|                       | 77                                                                                                                             | Provider Liability - Utilization Charged  | M4 Residential level of care                                |
| <b>Length:</b>        | 2                                                                                                                              | <b>Type:</b> Alphanumeric                 | <b>Data Source:</b> Claim                                   |
| <b>Field 142:</b>     | <b>OCCUR_SPAN_FROM_1</b>                                                                                                       |                                           |                                                             |
|                       | Occurrence Span From is the Beginning Date of Occurrence Event.                                                                |                                           |                                                             |
| <b>Length:</b>        | 8                                                                                                                              | <b>Type:</b> Alphanumeric                 | <b>Data Source:</b> Claim                                   |
| <b>Field 143:</b>     | <b>OCCUR_SPAN_THRU_1</b>                                                                                                       |                                           |                                                             |
|                       | Occurrence Span Thru is the Ending Date of Occurrence Event.                                                                   |                                           |                                                             |
| <b>Length:</b>        | 8                                                                                                                              | <b>Type:</b> Alphanumeric                 | <b>Data Source:</b> Claim                                   |
| <b>Field 144:</b>     | <b>OCCUR_SPAN_CODE_2</b>                                                                                                       |                                           |                                                             |
|                       | Code describing a significant event relating to the claim that may affect payer processing that is related to a span of dates. |                                           |                                                             |
| <b>Coding Scheme:</b> | Same as OCCUR_SPAN_CODE_1.                                                                                                     |                                           |                                                             |
| <b>Length:</b>        | 2                                                                                                                              | <b>Type:</b> Alphanumeric                 | <b>Data Source:</b> Claim                                   |
| <b>Field 145:</b>     | <b>OCCUR_SPAN_FROM_2</b>                                                                                                       |                                           |                                                             |
|                       | Occurrence Span From is the Beginning Date of Occurrence Event.                                                                |                                           |                                                             |
| <b>Length:</b>        | 8                                                                                                                              | <b>Type:</b> Alphanumeric                 | <b>Data Source:</b> Claim                                   |
| <b>Field 146:</b>     | <b>OCCUR_SPAN_THRU_2</b>                                                                                                       |                                           |                                                             |
|                       | Occurrence Span Thru is the Ending Date of Occurrence Event.                                                                   |                                           |                                                             |
| <b>Length:</b>        | 8                                                                                                                              | <b>Type:</b> Alphanumeric                 | <b>Data Source:</b> Claim                                   |
| <b>Field 147:</b>     | <b>OCCUR_SPAN_CODE_3</b>                                                                                                       |                                           |                                                             |
|                       | Code describing a significant event relating to the claim that may affect payer processing that is related to a span of dates. |                                           |                                                             |
| <b>Coding Scheme:</b> | Same as OCCUR_SPAN_CODE_1.                                                                                                     |                                           |                                                             |
| <b>Length:</b>        | 2                                                                                                                              | <b>Type:</b> Alphanumeric                 | <b>Data Source:</b> Claim                                   |
| <b>Field 148:</b>     | <b>OCCUR_SPAN_FROM_3</b>                                                                                                       |                                           |                                                             |
|                       | Occurrence Span From is the Beginning Date of Occurrence Event.                                                                |                                           |                                                             |
| <b>Length:</b>        | 8                                                                                                                              | <b>Type:</b> Alphanumeric                 | <b>Data Source:</b> Claim                                   |
| <b>Field 149:</b>     | <b>OCCUR_SPAN_THRU_3</b>                                                                                                       |                                           |                                                             |
|                       | Occurrence Span Thru is the Ending Date of Occurrence Event.                                                                   |                                           |                                                             |
| <b>Length:</b>        | 8                                                                                                                              | <b>Type:</b> Alphanumeric                 | <b>Data Source:</b> Claim                                   |
| <b>Field 150:</b>     | <b>OCCUR_SPAN_CODE_4</b>                                                                                                       |                                           |                                                             |
|                       | Code describing a significant event relating to the claim that may affect payer processing that is related to a span of dates. |                                           |                                                             |
| <b>Coding Scheme:</b> | Same as OCCUR_SPAN_CODE_1.                                                                                                     |                                           |                                                             |
| <b>Length:</b>        | 2                                                                                                                              | <b>Type:</b> Alphanumeric                 | <b>Data Source:</b> Claim                                   |
| <b>Field 151:</b>     | <b>OCCUR_SPAN_FROM_4</b>                                                                                                       |                                           |                                                             |

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|                       |                          | Occurrence Span From is the Beginning Date of Occurrence Event.                                                                                                                                                                                                                                                                                                                                                |                                                                                      |
| <b>Length:</b>        | 8                        | <b>Type:</b> Alphanumeric                                                                                                                                                                                                                                                                                                                                                                                      | <b>Data Source:</b> Claim                                                            |
| <b>Field 152:</b>     | <b>OCCUR_SPAN_THRU_4</b> |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |
|                       |                          | Occurrence Span Thru is the Ending Date of Occurrence Event.                                                                                                                                                                                                                                                                                                                                                   |                                                                                      |
| <b>Length:</b>        | 8                        | <b>Type:</b> Alphanumeric                                                                                                                                                                                                                                                                                                                                                                                      | <b>Data Source:</b> Claim                                                            |
| <b>Field 153:</b>     | <b>CONDITION_CODE_1</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |
|                       |                          | Code required when condition information applies to the claim or encounter. Condition Codes are designed to allow the collection of information related to the patient, particular services, service venue and billing parameters which impact the processing of an institutional claim. Codes are maintained by the National Uniform Billing Committee (NUBC) as part of the Universal Billing (UB) Code Set. |                                                                                      |
|                       |                          | NUCC refers to the National Uniform Claim Committee.                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |
| <b>Coding Scheme:</b> | 01                       | Military service related                                                                                                                                                                                                                                                                                                                                                                                       | 83 C-section/Inductions 39 weeks or greater                                          |
|                       | 02                       | Condition is employment related                                                                                                                                                                                                                                                                                                                                                                                | 84 Dialysis for Acute Kidney Injury (AKI)                                            |
|                       | 03                       | Patient covered by insurance not reflected here                                                                                                                                                                                                                                                                                                                                                                | 85 Delayed Recertification of Hospice Terminal Illness                               |
|                       | 04                       | Information only bill.                                                                                                                                                                                                                                                                                                                                                                                         | 86 Additional Hemodialysis Treatment with Medical Justification                      |
|                       | 05                       | Lien has been filed                                                                                                                                                                                                                                                                                                                                                                                            | A0 TRICARE external partnership program                                              |
|                       | 06                       | ESRD patient in first 18 months of entitlement covered by EGHP                                                                                                                                                                                                                                                                                                                                                 | A1 EPSDT/CHAP                                                                        |
|                       | 07                       | Treatment of non-terminal condition for hospice patient                                                                                                                                                                                                                                                                                                                                                        | A2 Physically handicapped children's program                                         |
|                       | 08                       | Beneficiary would not provide information concerning other insurance coverage                                                                                                                                                                                                                                                                                                                                  | A3 Special Federal Funding                                                           |
|                       | 09                       | Neither patient or spouse is employed                                                                                                                                                                                                                                                                                                                                                                          | A4 Family planning                                                                   |
|                       | 10                       | Patient and/or spouse is employed but no EGHP exists                                                                                                                                                                                                                                                                                                                                                           | A5 Disability                                                                        |
|                       | 11                       | Disabled beneficiary but no LGHP coverage exists                                                                                                                                                                                                                                                                                                                                                               | A6 Vaccines/Medicare 100% payment                                                    |
|                       | 17                       | Patient is homeless                                                                                                                                                                                                                                                                                                                                                                                            | A9 Second opinion surgery                                                            |
|                       | 18                       | Maiden name retained                                                                                                                                                                                                                                                                                                                                                                                           | AA Abortion performed due to rape                                                    |
|                       | 19                       | Child retains mother's name                                                                                                                                                                                                                                                                                                                                                                                    | AB Abortion performed due to incest                                                  |
|                       | 20                       | Beneficiary requested billing                                                                                                                                                                                                                                                                                                                                                                                  | AC Abortion performed due to serious fatal genetic defect, deformity, or abnormality |
|                       | 21                       | Billing for denial notice                                                                                                                                                                                                                                                                                                                                                                                      | AD Abortion performed due to life endangering physical condition                     |
|                       | 22                       | Patient on multiple drug regimen                                                                                                                                                                                                                                                                                                                                                                               | AE Abortion performed due to physical health of mother that is not life endangering  |
|                       | 23                       | Home care giver available                                                                                                                                                                                                                                                                                                                                                                                      | AF Abortion performed due to emotional/psychological health of mother                |
|                       | 24                       | Home IV patient also receiving HHA services                                                                                                                                                                                                                                                                                                                                                                    | AG Abortion performed due to social or economic reasons                              |
|                       | 25                       | Patient is non-US resident                                                                                                                                                                                                                                                                                                                                                                                     | AH Elective abortion                                                                 |
|                       | 26                       | VA eligible patient chooses to receive services in a Medicare certified facility                                                                                                                                                                                                                                                                                                                               | AI Sterilization                                                                     |
|                       | 27                       | Patient referred to a sole community hospital for a diagnostic laboratory test                                                                                                                                                                                                                                                                                                                                 | AJ Payer responsible for co-payment                                                  |
|                       | 28                       | Patient and/or spouse's EGHP is secondary to Medicare                                                                                                                                                                                                                                                                                                                                                          | AK Air ambulance required                                                            |
|                       | 29                       | Disabled beneficiary and/or family member's LGHP is secondary to Medicare                                                                                                                                                                                                                                                                                                                                      | AL Specialized treatment/bed unavailable                                             |
|                       | 30                       | Non-research services provided to patients enrolled in a qualified clinical trial                                                                                                                                                                                                                                                                                                                              | A Non-emergency medically necessary stretcher transport required                     |
|                       | 31                       | Patient is student (full time - day)                                                                                                                                                                                                                                                                                                                                                                           | AN Pre-admission screening not required                                              |
|                       | 32                       | Patient is student (cooperative/work study program)                                                                                                                                                                                                                                                                                                                                                            | B0 Medicare coordinated care demonstration claim                                     |
|                       | 33                       | Patient is student (full time - night)                                                                                                                                                                                                                                                                                                                                                                         | B1 Beneficiary is ineligible for demonstration program                               |
|                       | 34                       | Patient is student (part-time)                                                                                                                                                                                                                                                                                                                                                                                 | B4 Admission unrelated to discharge on same day                                      |
|                       | 36                       | General care patient in a special unit                                                                                                                                                                                                                                                                                                                                                                         | BP Gulf Oil Spill of 2010                                                            |
|                       | 37                       | Ward accommodation at patient request                                                                                                                                                                                                                                                                                                                                                                          | C1 Approved as billed                                                                |
|                       | 38                       | Semi-private room not available                                                                                                                                                                                                                                                                                                                                                                                | C2 Automatic approval as billed based on focused review                              |
|                       | 39                       | Private room medically necessary                                                                                                                                                                                                                                                                                                                                                                               | C3 Partial approval                                                                  |
|                       | 40                       | Same day transfer                                                                                                                                                                                                                                                                                                                                                                                              | C4 Admission/services denied                                                         |
|                       | 41                       | Partial hospitalization                                                                                                                                                                                                                                                                                                                                                                                        | C5 Post payment review applicable                                                    |

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|----|-------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------------|
| 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<br>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 Fee Schedule                                                 |
| 70 | Self-administered anemia management drug                                                                                                        | R4 | Request for reopening Reason Code - Computer Errors                                                                  |
| 71 | Full care in unit                                                                                                                               | R5 | Request for reopening Reason Code - Incorrectly Identified Duplicate Claim                                           |
| 72 | Self-care in unit                                                                                                                               | R6 | Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above |
| 73 | Self-care training                                                                                                                              | R7 | Request for reopening Reason Code - Corrections other than clerical errors                                           |
| 74 | Home                                                                                                                                            | R8 | Request for reopening Reason Code - New and Material Evidence                                                        |
| 75 | Home - 100% reimbursement                                                                                                                       | R9 | Request for reopening Reason Code - Faulty Evidence                                                                  |
| 76 | Back-up in facility dialysis                                                                                                                    | W  | United Mine Workers of America (UMWA)                                                                                |
| 77 | Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment               | O  | Demonstration Indicator                                                                                              |
| 78 | New coverage not implemented by HMO                                                                                                             | W2 | Duplicate of Original Bill                                                                                           |
| 79 | CORF services provided offsite                                                                                                                  | W3 | Level I Appeal                                                                                                       |
| 80 | Home dialysis - nursing facility                                                                                                                | W4 | Level II Appeal                                                                                                      |
| 81 | C-section/Inductions <39 Weeks-Medical Necessity                                                                                                | W5 | Level III Appeal                                                                                                     |
| 82 | C-section/Inductions <39 Weeks-Elective                                                                                                         |    |                                                                                                                      |

|                       |                                                                             |              |              |                     |       |
|-----------------------|-----------------------------------------------------------------------------|--------------|--------------|---------------------|-------|
| <b>Length:</b>        | 2                                                                           | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 154:</b>     | <b>CONDITION_CODE_2</b>                                                     |              |              |                     |       |
|                       | Code required when condition information applies to the claim or encounter. |              |              |                     |       |
| <b>Coding Scheme:</b> | Same as CONDITION_CODE_1.                                                   |              |              |                     |       |
| <b>Length:</b>        | 2                                                                           | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 155:</b>     | <b>CONDITION_CODE_3</b>                                                     |              |              |                     |       |
|                       | Code required when condition information applies to the claim or encounter. |              |              |                     |       |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|                       |                                                                                                           |                                                                                       |                                                                                                |
|-----------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>Coding Scheme:</b> | Same as CONDITION_CODE_1.                                                                                 |                                                                                       |                                                                                                |
| <b>Length:</b>        | 2                                                                                                         | <b>Type:</b>                                                                          | Alphanumeric                                                                                   |
| <b>Data Source:</b>   | Claim                                                                                                     |                                                                                       |                                                                                                |
| <b>Field 156:</b>     | <b>CONDITION_CODE_4</b>                                                                                   |                                                                                       |                                                                                                |
|                       | Code required when condition information applies to the claim or encounter.                               |                                                                                       |                                                                                                |
| <b>Coding Scheme:</b> | Same as CONDITION_CODE_1.                                                                                 |                                                                                       |                                                                                                |
| <b>Length:</b>        | 2                                                                                                         | <b>Type:</b>                                                                          | Alphanumeric                                                                                   |
| <b>Data Source:</b>   | Claim                                                                                                     |                                                                                       |                                                                                                |
| <b>Field 157:</b>     | <b>CONDITION_CODE_5</b>                                                                                   |                                                                                       |                                                                                                |
|                       | Code required when condition information applies to the claim or encounter.                               |                                                                                       |                                                                                                |
| <b>Coding Scheme:</b> | Same as CONDITION_CODE_1.                                                                                 |                                                                                       |                                                                                                |
| <b>Length:</b>        | 2                                                                                                         | <b>Type:</b>                                                                          | Alphanumeric                                                                                   |
| <b>Data Source:</b>   | Claim                                                                                                     |                                                                                       |                                                                                                |
| <b>Field 158:</b>     | <b>CONDITION_CODE_6</b>                                                                                   |                                                                                       |                                                                                                |
|                       | Code required when condition information applies to the claim or encounter.                               |                                                                                       |                                                                                                |
| <b>Coding Scheme:</b> | Same as CONDITION_CODE_1.                                                                                 |                                                                                       |                                                                                                |
| <b>Length:</b>        | 2                                                                                                         | <b>Type:</b>                                                                          | Alphanumeric                                                                                   |
| <b>Data Source:</b>   | Claim                                                                                                     |                                                                                       |                                                                                                |
| <b>Field 159:</b>     | <b>CONDITION_CODE_7</b>                                                                                   |                                                                                       |                                                                                                |
|                       | Code required when condition information applies to the claim or encounter.                               |                                                                                       |                                                                                                |
| <b>Coding Scheme:</b> | Same as CONDITION_CODE_1.                                                                                 |                                                                                       |                                                                                                |
| <b>Length:</b>        | 2                                                                                                         | <b>Type:</b>                                                                          | Alphanumeric                                                                                   |
| <b>Data Source:</b>   | Claim                                                                                                     |                                                                                       |                                                                                                |
| <b>Field 160:</b>     | <b>CONDITION_CODE_8</b>                                                                                   |                                                                                       |                                                                                                |
|                       | Code required when condition information applies to the claim or encounter.                               |                                                                                       |                                                                                                |
| <b>Coding Scheme:</b> | Same as CONDITION_CODE_1.                                                                                 |                                                                                       |                                                                                                |
| <b>Length:</b>        | 2                                                                                                         | <b>Type:</b>                                                                          | Alphanumeric                                                                                   |
| <b>Data Source:</b>   | Claim                                                                                                     |                                                                                       |                                                                                                |
| <b>Field 161:</b>     | <b>VALUE_CODE_1</b>                                                                                       |                                                                                       |                                                                                                |
|                       | Code indicating a monetary condition which was used by the intermediary to process an institutional claim |                                                                                       |                                                                                                |
| <b>Coding Scheme:</b> | 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 first calendar year                                         | 68 EPO-drug                                                                                    |
|                       | 10                                                                                                        | Lifetime reserve amount in the second calendar year                                   | 69 State charity care percentage                                                               |
|                       | 11                                                                                                        | Coinsurance amount in the second calendar year                                        | 80 Covered Days                                                                                |
|                       | 12                                                                                                        | Working aged beneficiary/spouse with employer group health plan                       | 81 Non-covered Days                                                                            |
|                       | 13                                                                                                        | ESRD beneficiary in a Medicare coordination period with an employer group health plan | 82 Co-insurance Days                                                                           |
|                       | 14                                                                                                        | No fault, including auto/other                                                        | 83 Lifetime Reserve Days                                                                       |
|                       | 15                                                                                                        | Worker's compensation                                                                 | 84 Shorter Duration Hemodialysis                                                               |
|                       | 16                                                                                                        | Public health service (PHS) or another federal agency                                 | A0 Special zip code reporting                                                                  |
|                       | 21                                                                                                        | Catastrophic                                                                          | A1 Deductible payer A                                                                          |
|                       | 22                                                                                                        | Surplus                                                                               | A2 Coinsurance payer A                                                                         |
|                       | 23                                                                                                        | Recurring monthly income                                                              | A3 Estimated responsibility payer A                                                            |
|                       | 24                                                                                                        | Medicaid Rate Code                                                                    | A4 Covered self-administrable drugs - emergency                                                |
|                       | 25                                                                                                        | Offset to the patient - payment amount - prescription drugs                           | A5 Covered self-administrable drugs - administrable in form and situation furnished to patient |
|                       | 26                                                                                                        | Offset to the patient - payment amount - hearing and ear services                     | A6 Covered self-administrable drugs - diagnostic study and other                               |
|                       | 27                                                                                                        | Offset to the patient - payment amount - vision and eye services                      | A7 Co-payment payer A                                                                          |
|                       | 28                                                                                                        | Offset to the patient - payment amount - dental services                              | A8 Patient weight                                                                              |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|                       |                                                                                                                            |              |                                                                                       |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------|
| 29                    | Offset to the patient - payment amount - chiropractic services                                                             | A9           | Patient height                                                                        |
| 30                    | Preadmission testing                                                                                                       | AA           | Regulatory surcharges, assessments, allowances or health care related taxes - payer A |
| 31                    | Patient Liability Amount                                                                                                   | AB           | Other assessments or allowances (e.g., medical education) - payer A                   |
| 32                    | Multiple patient ambulance transport                                                                                       | B1           | Deductible payer B                                                                    |
| 33                    | Offset to the patient - payment amount - podiatric services                                                                | B2           | Coinsurance payer B                                                                   |
| 34                    | Offset to the patient - payment amount - other medical services                                                            | B3           | Estimated responsibility payer B                                                      |
| 35                    | Offset to the patient - payment amount - health insurance premiums                                                         | B7           | Co-payment payer B                                                                    |
| 37                    | Units of blood furnished                                                                                                   | BA           | Regulatory surcharges, assessments, allowances or health care related taxes - payer B |
| 38                    | Blood deductible units                                                                                                     | BB           | Other assessments or allowances (e.g., medical education) - payer B                   |
| 39                    | Units of blood replaced                                                                                                    | C1           | Deductible payer C                                                                    |
| 40                    | New coverage not implemented by HMO                                                                                        | C2           | Coinsurance payer C                                                                   |
| 41                    | Black lung                                                                                                                 | C3           | Estimated responsibility payer C                                                      |
| 42                    | VA                                                                                                                         | C7           | Co-payment payer C                                                                    |
| 43                    | Disabled beneficiary under age 65 with LGHP                                                                                | CA           | Regulatory surcharges, assessments, allowances or health care related taxes - payer C |
| 44                    | Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received | CB           | Other assessments or allowances (e.g., medical education) - payer C                   |
| 45                    | Accident hour                                                                                                              | D3           | Patient estimated responsibility                                                      |
| 46                    | Number of grace days                                                                                                       | D4           | Clinical Trial Number Assigned by NLM/NIH                                             |
| 47                    | Any liability insurance                                                                                                    | D5           | Last Kt/V Reading                                                                     |
| 48                    | Hemoglobin reading                                                                                                         | FC           | Patient Paid Amount                                                                   |
| 49                    | Hematocrit reading                                                                                                         | FD           | Credit Received from the Manufacturer for a Medical Device                            |
| 50                    | Physical Therapy visits                                                                                                    | G8           | Facility where Inpatient Hospice Service is Delivered                                 |
| 51                    | Occupational Therapy visits                                                                                                | Y1           | Part A Demonstration Payment                                                          |
| 52                    | Speech Therapy visits                                                                                                      | Y2           | Part B Demonstration Payment                                                          |
| 53                    | Cardiac rehab visits                                                                                                       | Y3           | Part B Coinsurance                                                                    |
| 54                    | Newborn birth weight in grams                                                                                              | Y4           | Conventional Provider Payment                                                         |
| 55                    | Eligibility threshold for charity care                                                                                     | Y5           | Part B Deductible                                                                     |
| 56                    | Skilled nurse - home visit hours                                                                                           |              |                                                                                       |
| 57                    | Home health aide - home visit hours                                                                                        |              |                                                                                       |
| <b>Length:</b>        | 2                                                                                                                          | <b>Type:</b> | Alphanumeric                                                                          |
| <b>Data Source:</b>   |                                                                                                                            |              | Claim                                                                                 |
| <b>Field 162:</b>     | <b>VALUE_AMOUNT_1</b>                                                                                                      |              |                                                                                       |
|                       | Amount (in cents) that may be affected.                                                                                    |              |                                                                                       |
| <b>Length:</b>        | 9                                                                                                                          | <b>Type:</b> | Numeric                                                                               |
| <b>Data Source:</b>   |                                                                                                                            |              | Claim                                                                                 |
| <b>Field 163:</b>     | <b>VALUE_CODE_2</b>                                                                                                        |              |                                                                                       |
|                       | Code indicating a monetary condition which was used by the intermediary to process an institutional claim.                 |              |                                                                                       |
| <b>Coding Scheme:</b> | Same as VALUE_CODE_1.                                                                                                      |              |                                                                                       |
| <b>Length:</b>        | 2                                                                                                                          | <b>Type:</b> | Alphanumeric                                                                          |
| <b>Data Source:</b>   |                                                                                                                            |              | Claim                                                                                 |
| <b>Field 164:</b>     | <b>VALUE_AMOUNT_2</b>                                                                                                      |              |                                                                                       |
|                       | Amount (in cents) that may be affected.                                                                                    |              |                                                                                       |
| <b>Length:</b>        | 9                                                                                                                          | <b>Type:</b> | Numeric                                                                               |
| <b>Data Source:</b>   |                                                                                                                            |              | Claim                                                                                 |
| <b>Field 165:</b>     | <b>VALUE_CODE_3</b>                                                                                                        |              |                                                                                       |
|                       | Code indicating a monetary condition which was used by the intermediary to process an institutional claim.                 |              |                                                                                       |
| <b>Coding Scheme:</b> | Same as VALUE_CODE_1.                                                                                                      |              |                                                                                       |
| <b>Length:</b>        | 2                                                                                                                          | <b>Type:</b> | Alphanumeric                                                                          |
| <b>Data Source:</b>   |                                                                                                                            |              | Claim                                                                                 |
| <b>Field 166:</b>     | <b>VALUE_AMOUNT_3</b>                                                                                                      |              |                                                                                       |
|                       | Amount (in cents) that may be affected.                                                                                    |              |                                                                                       |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

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|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|---------------------|-------|
| <b>Length:</b>        | 9                                                                                                                                 | <b>Type:</b> | Numeric      | <b>Data Source:</b> | Claim |
| <b>Field 167:</b>     | <b>VALUE_CODE_4</b><br>Code indicating a monetary condition which was used by the intermediary to process an institutional claim. |              |              |                     |       |
| <b>Coding Scheme:</b> | Same as VALUE_CODE_1.                                                                                                             |              |              |                     |       |
| <b>Length:</b>        | 2                                                                                                                                 | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 168:</b>     | <b>VALUE_AMOUNT_4</b><br>Amount (in cents) that may be affected.                                                                  |              |              |                     |       |
| <b>Length:</b>        | 9                                                                                                                                 | <b>Type:</b> | Numeric      | <b>Data Source:</b> | Claim |
| <b>Field 169:</b>     | <b>VALUE_CODE_5</b><br>Code indicating a monetary condition which was used by the intermediary to process an institutional claim. |              |              |                     |       |
| <b>Coding Scheme:</b> | Same as VALUE_CODE_1.                                                                                                             |              |              |                     |       |
| <b>Length:</b>        | 2                                                                                                                                 | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 170:</b>     | <b>VALUE_AMOUNT_5</b><br>Amount (in cents) that may be affected.                                                                  |              |              |                     |       |
| <b>Length:</b>        | 9                                                                                                                                 | <b>Type:</b> | Numeric      | <b>Data Source:</b> | Claim |
| <b>Field 171:</b>     | <b>VALUE_CODE_6</b><br>Code indicating a monetary condition which was used by the intermediary to process an institutional claim. |              |              |                     |       |
| <b>Coding Scheme:</b> | Same as VALUE_CODE_1.                                                                                                             |              |              |                     |       |
| <b>Length:</b>        | 2                                                                                                                                 | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 172:</b>     | <b>VALUE_AMOUNT_6</b><br>Amount (in cents) that may be affected.                                                                  |              |              |                     |       |
| <b>Length:</b>        | 9                                                                                                                                 | <b>Type:</b> | Numeric      | <b>Data Source:</b> | Claim |
| <b>Field 173:</b>     | <b>VALUE_CODE_7</b><br>Code indicating a monetary condition which was used by the intermediary to process an institutional claim. |              |              |                     |       |
| <b>Coding Scheme:</b> | Same as VALUE_CODE_1.                                                                                                             |              |              |                     |       |
| <b>Length:</b>        | 2                                                                                                                                 | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 174:</b>     | <b>VALUE_AMOUNT_7</b><br>Amount (in cents) that may be affected.                                                                  |              |              |                     |       |
| <b>Length:</b>        | 9                                                                                                                                 | <b>Type:</b> | Numeric      | <b>Data Source:</b> | Claim |
| <b>Field 175:</b>     | <b>VALUE_CODE_8</b><br>Code indicating a monetary condition which was used by the intermediary to process an institutional claim. |              |              |                     |       |
| <b>Coding Scheme:</b> | Same as VALUE_CODE_1.                                                                                                             |              |              |                     |       |
| <b>Length:</b>        | 2                                                                                                                                 | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 176:</b>     | <b>VALUE_AMOUNT_8</b><br>Amount (in cents) that may be affected.                                                                  |              |              |                     |       |
| <b>Length:</b>        | 9                                                                                                                                 | <b>Type:</b> | Numeric      | <b>Data Source:</b> | Claim |
| <b>Field 177:</b>     | <b>VALUE_CODE_9</b><br>Code indicating a monetary condition which was used by the intermediary to process an institutional claim. |              |              |                     |       |
| <b>Coding Scheme:</b> | Same as VALUE_CODE_1.                                                                                                             |              |              |                     |       |
| <b>Length:</b>        | 2                                                                                                                                 | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 178:</b>     | <b>VALUE_AMOUNT_9</b><br>Amount (in cents) that may be affected.                                                                  |              |              |                     |       |
| <b>Length:</b>        | 9                                                                                                                                 | <b>Type:</b> | Numeric      | <b>Data Source:</b> | Claim |
| <b>Field 179:</b>     | <b>VALUE_CODE_10</b>                                                                                                              |              |              |                     |       |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

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|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------|
|                       | Code indicating a monetary condition which was used by the intermediary to process an institutional claim.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                |
| <b>Coding Scheme:</b> | Same as VALUE_CODE_1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                |
| <b>Length:</b>        | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 180:</b>     | <b>VALUE_AMOUNT_10</b><br>Amount (in cents) that may be affected.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                |
| <b>Length:</b>        | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Type:</b> Numeric      | <b>Data Source:</b> Claim      |
| <b>Field 181:</b>     | <b>VALUE_CODE_11</b><br>Code indicating a monetary condition which was used by the intermediary to process an institutional claim.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                |
| <b>Coding Scheme:</b> | Same as VALUE_CODE_1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                |
| <b>Length:</b>        | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 182:</b>     | <b>VALUE_AMOUNT_11</b><br>Amount (in cents) that may be affected.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                |
| <b>Length:</b>        | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Type:</b> Numeric      | <b>Data Source:</b> Claim      |
| <b>Field 183:</b>     | <b>VALUE_CODE_12</b><br>Code indicating a monetary condition which was used by the intermediary to process an institutional claim.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                |
| <b>Coding Scheme:</b> | Same as VALUE_CODE_1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                |
| <b>Length:</b>        | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 184:</b>     | <b>VALUE_AMOUNT_12</b><br>Amount (in cents) that may be affected.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                |
| <b>Length:</b>        | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Type:</b> Numeric      | <b>Data Source:</b> Claim      |
| <b>Field 185:</b>     | <b>OTHER_AMOUNT</b><br>Ancillary Service Charge, Other Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. <sup>19</sup> Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 0002-0099, 022X-024X, 052X-053X, 055X-060X, 064X-070X, 076X-078X, 090X-095X, 099X. 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 room, pathology). Revenue cost center (revenue code groupings) can be found in the THCIC document, "Healthcare Facility Procedures and Technical Specifications 5010 Inpatient and Outpatient Appendices" Appendix A4, page 17. |                           |                                |
| <b>Length:</b>        | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Type:</b> Numeric      | <b>Data Source:</b> Calculated |
| <b>Field 186:</b>     | <b>PHARM_AMOUNT</b><br>Ancillary Service Charge, Medical/Surgical Supply 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 026X, 063X.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                |
| <b>Length:</b>        | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Type:</b> Numeric      | <b>Data Source:</b> Calculated |
| <b>Field 187:</b>     | <b>MEDSURG_AMOUNT</b><br>Ancillary Service Charge, Medical/Surgical Supply 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 027X, 062X.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                |
| <b>Length:</b>        | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Type:</b> Numeric      | <b>Data Source:</b> Calculated |
| <b>Field 188:</b>     | <b>DME_AMOUNT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

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|                   | Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue centers 0290-0292, 0294-0299.                              |
| <b>Length:</b>    | 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated                                                                                                                                                                                                                                     |
| <b>Field 189:</b> | <b>USED_DME_AMOUNT</b><br>Ancillary Service Charge, Used Durable Medical Equipment 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 0293.                |
| <b>Length:</b>    | 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated                                                                                                                                                                                                                                     |
| <b>Field 190:</b> | <b>PT_AMOUNT</b><br>Ancillary Service Charge, Physical Therapy 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 042X.                                    |
| <b>Length:</b>    | 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated                                                                                                                                                                                                                                     |
| <b>Field 191:</b> | <b>OT_AMOUNT</b><br>Ancillary Service Charge, Occupational Therapy 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 043X.                                |
| <b>Length:</b>    | 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated                                                                                                                                                                                                                                     |
| <b>Field 192:</b> | <b>SPEECH_AMOUNT</b><br>Ancillary Service Charge, Speech Pathology 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 044X, 047X.                          |
| <b>Length:</b>    | 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated                                                                                                                                                                                                                                     |
| <b>Field 193:</b> | <b>IT_AMOUNT</b><br>Ancillary Service Charge, Inhalation Therapy 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 041X, 046X.                            |
| <b>Length:</b>    | 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated                                                                                                                                                                                                                                     |
| <b>Field 194:</b> | <b>BLOOD_AMOUNT</b><br>Ancillary Service Charge, Blood provided during the patient's stay. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 038X.                       |
| <b>Length:</b>    | 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated                                                                                                                                                                                                                                     |
| <b>Field 195:</b> | <b>BLOOD_ADM_AMOUNT</b><br>Ancillary Service Charge, blood storage and processing related to the patient's stay. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 039X. |
| <b>Length:</b>    | 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated                                                                                                                                                                                                                                     |
| <b>Field 196:</b> | <b>OR_AMOUNT</b><br>Ancillary Service Charge, Operating Room 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 036X, 071X-072X.                           |
| <b>Length:</b>    | 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated                                                                                                                                                                                                                                     |
| <b>Field 197:</b> | <b>LITH_AMOUNT</b><br>Ancillary Service Charge, Lithotripsy 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 079X.                                       |
| <b>Length:</b>    | 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated                                                                                                                                                                                                                                     |
| <b>Field 198:</b> | <b>CARD_AMOUNT</b>                                                                                                                                                                                                                                                                         |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|                   |                                                                                                                                                                                                                                                                    |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | Ancillary Service Charge, Cardiology 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 048X, 073X.                                |
| <b>Length:</b>    | 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated                                                                                                                                                                                                             |
| <b>Field 199:</b> | <b>ANES_AMOUNT</b><br>Ancillary Service Charge, Anesthesia 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 037X.                |
| <b>Length:</b>    | 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated                                                                                                                                                                                                             |
| <b>Field 200:</b> | <b>LAB_AMOUNT</b><br>Ancillary Service Charge, Laboratory 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 030X-031X, 074X-075X. |
| <b>Length:</b>    | 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated                                                                                                                                                                                                             |
| <b>Field 201:</b> | <b>RAD_AMOUNT</b><br>Ancillary Service Charge, Radiology 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 028X, 032X-035X, 040X. |
| <b>Length:</b>    | 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated                                                                                                                                                                                                             |
| <b>Field 202:</b> | <b>MRI_AMOUNT</b><br>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.                        |
| <b>Length:</b>    | 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated                                                                                                                                                                                                             |
| <b>Field 203:</b> | <b>OP_AMOUNT</b><br>Ancillary Service Charge, Outpatient Services 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 049X-050X.    |
| <b>Length:</b>    | 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated                                                                                                                                                                                                             |
| <b>Field 204:</b> | <b>ER_AMOUNT</b><br>Ancillary Service Charge, Emergency Room 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 045X.              |
| <b>Length:</b>    | 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated                                                                                                                                                                                                             |
| <b>Field 205:</b> | <b>AMBULANCE_AMOUNT</b><br>Ancillary Service Charge, Ambulance 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 054X.            |
| <b>Length:</b>    | 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated                                                                                                                                                                                                             |
| <b>Field 206:</b> | <b>PRO_FEE_AMOUNT</b><br>Ancillary Service Charge, Professional Fee 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 096X-098X.  |
| <b>Length:</b>    | 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated                                                                                                                                                                                                             |
| <b>Field 207:</b> | <b>ORGAN_AMOUNT</b><br>Ancillary Service Charge, Organ Acquisition 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 081X, 089X.  |
| <b>Length:</b>    | 12 <b>Type:</b> Numeric <b>Data Source:</b> Calculated                                                                                                                                                                                                             |
| <b>Field 208:</b> | <b>ESRD_AMOUNT</b>                                                                                                                                                                                                                                                 |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|                       |                                                                                                                                                                                                                                                                                                                                 |                           |                                |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------|
|                       | Ancillary Service Charge, End Stage Renal Dialysis 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 080X, 082X-085X, 088X.                                                                    |                           |                                |
| <b>Length:</b>        | 12                                                                                                                                                                                                                                                                                                                              | <b>Type:</b> Numeric      | <b>Data Source:</b> Calculated |
| <b>Field 209:</b>     | <b>CLINIC_AMOUNT</b><br>Ancillary Service Charge, Clinic Visit 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 051X.                                                                         |                           |                                |
| <b>Length:</b>        | 12                                                                                                                                                                                                                                                                                                                              | <b>Type:</b> Numeric      | <b>Data Source:</b> Calculated |
| <b>Field 210:</b>     | <b>TOTAL_CHARGES</b><br>Sum (in cents) of all accommodation charges and all ancillary charges.. Replaces TOTAL_CHARGES_23.                                                                                                                                                                                                      |                           |                                |
| <b>Length:</b>        | 12                                                                                                                                                                                                                                                                                                                              | <b>Type:</b> Numeric      | <b>Data Source:</b> Claim      |
| <b>Field 211:</b>     | <b>TOTAL_NON_COV_CHARGES</b><br>Sum (in cents) of non-covered accommodation charges, non-covered ancillary charges. Non-covered charges are services or benefits that are not paid for by a health plan.                                                                                                                        |                           |                                |
| <b>Length:</b>        | 12                                                                                                                                                                                                                                                                                                                              | <b>Type:</b> Numeric      | <b>Data Source:</b> Claim      |
| <b>Field 212:</b>     | <b>TOTAL_CHARGES Ancil</b><br>Sum (in cents) of covered and non-covered ancillary charges. Covered charges refer to service or benefits for which a health plan makes either partial or full payment. Non-covered charges are services or benefits that are not paid for by a health plan.                                      |                           |                                |
| <b>Length:</b>        | 12                                                                                                                                                                                                                                                                                                                              | <b>Type:</b> Numeric      | <b>Data Source:</b> Claim      |
| <b>Field 213:</b>     | <b>TOTAL_NON_COV_CHARGES Ancil</b><br>Sum (in cents) of non-covered ancillary charges.                                                                                                                                                                                                                                          |                           |                                |
| <b>Length:</b>        | 12                                                                                                                                                                                                                                                                                                                              | <b>Type:</b> Numeric      | <b>Data Source:</b> Claim      |
| <b>Field 214:</b>     | <b>PROCESS_DATE</b><br>Date record was processed and certified.                                                                                                                                                                                                                                                                 |                           |                                |
| <b>Length:</b>        | 8                                                                                                                                                                                                                                                                                                                               | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 215:</b>     | <b>INST_PROF_INDICATOR (INPUT_FORMAT)</b><br>Format in which the outpatient data file was submitted by the facility The outpatient THCIC 873 Professional and Institutional claim format refers to a modified version of American National Standards Institute (ANSI) electronic claims format for billing healthcare services. |                           |                                |
| <b>Coding Scheme:</b> | 0 837 Professional<br>1 837 Institutional                                                                                                                                                                                                                                                                                       |                           |                                |
| <b>Length:</b>        | 1                                                                                                                                                                                                                                                                                                                               | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Assigned   |
| <b>Field 216:</b>     | <b>INBOUND_INDICATOR</b><br>Indicates the format of data as submitted for the outpatient claim UB-04 is an electronic format of the CMS-1450 paper claim.                                                                                                                                                                       |                           |                                |
| <b>Coding Scheme:</b> | 8 837 format<br>D Data entry<br>U UB-04 format                                                                                                                                                                                                                                                                                  |                           |                                |
| <b>Length:</b>        | 1                                                                                                                                                                                                                                                                                                                               | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 217:</b>     | <b>EMERGENCY_DEPT_FLAG</b><br>Indicator of emergency department visit.                                                                                                                                                                                                                                                          |                           |                                |
| <b>Coding Scheme:</b> | Y visit was emergency related<br>N Visit was not emergency related                                                                                                                                                                                                                                                              |                           |                                |
| <b>Length:</b>        | 1                                                                                                                                                                                                                                                                                                                               | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Assigned   |
| <b>Field 218:</b>     | <b>CCSR_PRIN_DIAG_CODE</b>                                                                                                                                                                                                                                                                                                      |                           |                                |

## OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

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.

|                   |                                                                                                                                                                                                                                                                                             |              |              |                     |          |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|---------------------|----------|
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                           | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 219:</b> | <b>CCSR_OTH_DIAG_CODE_1</b><br>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.  |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                           | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 220:</b> | <b>CCSR_OTH_DIAG_CODE_2</b><br>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.  |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                           | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 221:</b> | <b>CCSR_OTH_DIAG_CODE_3</b><br>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.  |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                           | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 222:</b> | <b>CCSR_OTH_DIAG_CODE_4</b><br>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. |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                           | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 223:</b> | <b>CCSR_OTH_DIAG_CODE_5</b><br>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.  |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                           | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 224:</b> | <b>CCSR_OTH_DIAG_CODE_6</b><br>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.  |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                           | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 225:</b> | <b>CCSR_OTH_DIAG_CODE_7</b><br>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.  |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                           | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 226:</b> | <b>CCSR_OTH_DIAG_CODE_8</b><br>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.  |              |              |                     |          |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|                   |                                                                                                                                                                                                                                                                                            |              |              |                     |          |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|---------------------|----------|
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                          | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 227:</b> | <b>CCSR_OTH_DIAG_CODE_9</b><br>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.  |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                          | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 228:</b> | <b>CCSR_OTH_DIAG_CODE_10</b><br>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. |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                          | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 229:</b> | <b>CCSR_OTH_DIAG_CODE_11</b><br>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. |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                          | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 230:</b> | <b>CCSR_OTH_DIAG_CODE_12</b><br>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. |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                          | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 231:</b> | <b>CCSR_OTH_DIAG_CODE_13</b><br>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. |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                          | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 232:</b> | <b>CCSR_OTH_DIAG_CODE_14</b><br>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. |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                          | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 233:</b> | <b>CCSR_OTH_DIAG_CODE_15</b><br>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. |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                          | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 234:</b> | <b>CCSR_OTH_DIAG_CODE_16</b><br>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. |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                          | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 235:</b> | <b>CCSR_OTH_DIAG_CODE_17</b><br>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. |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                          | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 236:</b> | <b>CCSR_OTH_DIAG_CODE_18</b><br>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. |              |              |                     |          |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|                   |                                                                                                                                                                                                                                                                                             |              |              |                     |          |
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| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                           | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 237:</b> | <b>CCSR_OTH_DIAG_CODE_19</b><br>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. |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                           | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 238:</b> | <b>CCSR_OTH_DIAG_CODE_20</b><br>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. |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                           | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 239:</b> | <b>CCSR_OTH_DIAG_CODE_21</b><br>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. |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                           | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 240:</b> | <b>CCSR_OTH_DIAG_CODE_22</b><br>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. |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                           | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 241:</b> | <b>CCSR_OTH_DIAG_CODE_23</b><br>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. |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                           | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 242:</b> | <b>CCSR_OTH_DIAG_CODE_24</b><br>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. |              |              |                     |          |
| <b>Length:</b>    | 4                                                                                                                                                                                                                                                                                           | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 243:</b> | <b>CCS_PROC_CODE_1</b><br>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           |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                           | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 244:</b> | <b>CCS_PROC_CODE_2</b><br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_2 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.          |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                           | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 245:</b> | <b>CCS_PROC_CODE_3</b><br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_3 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.          |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                           | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 246:</b> | <b>CCS_PROC_CODE_4</b><br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.          |              |              |                     |          |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|                   |                                                                                                                                                                                                                                                                                      |              |              |                     |          |
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| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                    | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 247:</b> | <b>CCS_PROC_CODE_5</b><br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.   |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                    | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 248:</b> | <b>CCS_PROC_CODE_6</b><br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.   |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                    | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 249:</b> | <b>CCS_PROC_CODE_7</b><br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.   |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                    | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 250:</b> | <b>CCS_PROC_CODE_8</b><br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_8 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.   |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                    | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 251:</b> | <b>CCS_PROC_CODE_9</b><br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.   |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                    | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 252:</b> | <b>CCS_PROC_CODE_10</b><br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_10 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category. |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                    | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 253:</b> | <b>CCS_PROC_CODE_11</b><br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_11 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category. |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                    | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 254:</b> | <b>CCS_PROC_CODE_12</b><br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_12 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category. |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                    | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 255:</b> | <b>CCS_PROC_CODE_13</b><br>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. |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                    | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 256:</b> | <b>CCS_PROC_CODE_14</b><br>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. |              |              |                     |          |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

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| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                                                       | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 257:</b> | <b>CCS_PROC_CODE_15</b><br>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 covered by the bill) into a clinically meaningful procedure category.                                     |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                                                       | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 258:</b> | <b>CCS_PROC_CODE_16</b><br>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.                                    |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                                                       | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 259:</b> | <b>CCS_PROC_CODE_17</b><br>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.                                    |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                                                       | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 260:</b> | <b>CCS_PROC_CODE_18</b><br>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 covered by the bill) into a clinically meaningful procedure category.                                    |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                                                       | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 261:</b> | <b>CCS_PROC_CODE_19</b><br>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.                                    |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                                                       | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 262:</b> | <b>CCS_PROC_CODE_20</b><br>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). |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                                                       | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 263:</b> | <b>CCS_PROC_CODE_21</b><br>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.                                     |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                                                       | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 264:</b> | <b>CCS_PROC_CODE_22</b><br>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.                                    |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                                                       | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 265:</b> | <b>CCS_PROC_CODE_23</b><br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_23 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.                                    |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                                                       | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 266:</b> | <b>CCS_PROC_CODE_24</b><br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_24 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.                                    |              |              |                     |          |

## OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

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| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                    | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 267:</b> | <b>CCS_PROC_CODE_25</b><br>Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_25 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category. |              |              |                     |          |
| <b>Length:</b>    | 3                                                                                                                                                                                                                                                                                    | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Assigned |

CHARGES DATA FILE

|                       |                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |              |                                                                                                          |          |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------|----------|
| <b>Field 1:</b>       | <b>RECORD_ID</b><br>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. Does not match or link to Public Use Data File PUDF Record ID. Does match with RECORD_ID in other Inpatient and Outpatient Research Data Files RDF files. |                                                                         |              |                                                                                                          |          |
| <b>Length:</b>        | 12                                                                                                                                                                                                                                                                                                                                                                             | <b>Type:</b>                                                            | Alphanumeric | <b>Data Source:</b>                                                                                      | Assigned |
| <b>Field 2:</b>       | <b>REVENUE_CODE</b><br>Code corresponding to each specific accommodation, ancillary service or billing calculation related to the services being billed.                                                                                                                                                                                                                       |                                                                         |              |                                                                                                          |          |
| <b>Coding Scheme:</b> | 0100                                                                                                                                                                                                                                                                                                                                                                           | All-inclusive room charges plus ancillary                               | 0527         | Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area  |          |
|                       | 0101                                                                                                                                                                                                                                                                                                                                                                           | All-inclusive room charges                                              | 0528         | Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident) |          |
|                       | 0110                                                                                                                                                                                                                                                                                                                                                                           | Room charges for private rooms - general                                | 0529         | Freestanding Clinic - other                                                                              |          |
|                       | 0111                                                                                                                                                                                                                                                                                                                                                                           | Room charges for private rooms - medical/surgical/GYN                   | 0530         | Osteopathic service - general                                                                            |          |
|                       | 0112                                                                                                                                                                                                                                                                                                                                                                           | Room charges for private rooms - obstetrics                             | 0531         | Osteopathic service - therapy                                                                            |          |
|                       | 0113                                                                                                                                                                                                                                                                                                                                                                           | Room charges for private rooms - pediatric                              | 0539         | Osteopathic service - other                                                                              |          |
|                       | 0114                                                                                                                                                                                                                                                                                                                                                                           | Room charges for private rooms - psychiatric                            | 0540         | Ambulance service - general                                                                              |          |
|                       | 0115                                                                                                                                                                                                                                                                                                                                                                           | Room charges for private rooms - hospice                                | 0541         | Ambulance service - supplies                                                                             |          |
|                       | 0116                                                                                                                                                                                                                                                                                                                                                                           | Room charges for private rooms - detoxification                         | 0542         | Ambulance service - medical transport                                                                    |          |
|                       | 0117                                                                                                                                                                                                                                                                                                                                                                           | Room charges for private rooms - oncology                               | 0543         | Ambulance service - heart mobile                                                                         |          |
|                       | 0118                                                                                                                                                                                                                                                                                                                                                                           | Room charges for private rooms - rehabilitation                         | 0544         | Ambulance service - oxygen                                                                               |          |
|                       | 0119                                                                                                                                                                                                                                                                                                                                                                           | Room charges for private rooms - other                                  | 0545         | Ambulance service - air ambulance                                                                        |          |
|                       | 0120                                                                                                                                                                                                                                                                                                                                                                           | Room charges for semi-private rooms - general                           | 0546         | Ambulance service - neonatal                                                                             |          |
|                       | 0121                                                                                                                                                                                                                                                                                                                                                                           | Room charges for semi-private rooms - medical/surgical/GYN              | 0547         | Ambulance service - pharmacy                                                                             |          |
|                       | 0122                                                                                                                                                                                                                                                                                                                                                                           | Room charges for semi-private rooms - obstetrics                        | 0548         | Ambulance service - telephone transmission EKG                                                           |          |
|                       | 0123                                                                                                                                                                                                                                                                                                                                                                           | Room charges for semi-private rooms - pediatric                         | 0549         | Ambulance service - other                                                                                |          |
|                       | 0124                                                                                                                                                                                                                                                                                                                                                                           | Room charges for semi-private rooms - psychiatric                       | 0550         | Skilled nursing - general                                                                                |          |
|                       | 0125                                                                                                                                                                                                                                                                                                                                                                           | Room charges for semi-private rooms - hospice                           | 0551         | Skilled nursing - visit charge                                                                           |          |
|                       | 0126                                                                                                                                                                                                                                                                                                                                                                           | Room charges for semi-private rooms - detoxification                    | 0552         | Skilled nursing - hourly charge                                                                          |          |
|                       | 0127                                                                                                                                                                                                                                                                                                                                                                           | Room charges for semi-private rooms - oncology                          | 0559         | Skilled nursing - other                                                                                  |          |
|                       | 0128                                                                                                                                                                                                                                                                                                                                                                           | Room charges for semi-private rooms - rehabilitation                    | 0560         | Medical social services - general                                                                        |          |
|                       | 0129                                                                                                                                                                                                                                                                                                                                                                           | Room charges for semi-private rooms - other                             | 0561         | Medical social services - visit charge                                                                   |          |
|                       | 0130                                                                                                                                                                                                                                                                                                                                                                           | Room charges for semi-private - 3/4 beds - rooms - general              | 0562         | Medical social services - hourly charge                                                                  |          |
|                       | 0131                                                                                                                                                                                                                                                                                                                                                                           | Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN | 0569         | Medical social services - other                                                                          |          |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

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|------|-------------------------------------------------------------------|------|---------------------------------------------------------------------------|
| 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         |
| 0158 | Room charges for ward rooms - rehabilitation                      | 0623 | Medical/surgical supplies - surgical dressings                            |
| 0159 | Room charges for ward rooms - other                               | 0624 | Medical/surgical supplies - FDA investigational devices                   |
| 0160 | Room charges for other rooms - general                            | 0631 | Drugs requiring specific identification - single source                   |
| 0164 | Room charges for other rooms – Sterile Environment                | 0632 | Drugs requiring specific identification - multiple source                 |
| 0167 | Room charges for other rooms – self care                          | 0633 | Drugs requiring specific identification - restrictive prescription        |
| 0169 | Room charges for other rooms - other                              | 0634 | Drugs requiring specific identification - EPO, less than 10,000 units     |
|      |                                                                   | 0635 | Drugs requiring specific identification - EPO, 10,000 or more units       |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

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|------|--------------------------------------------------------------------------|------|---------------------------------------------------------------------|
| 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 - 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 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                                         |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|      |                                                                |      |                                                                                      |
|------|----------------------------------------------------------------|------|--------------------------------------------------------------------------------------|
| 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                                |
| 0232 | Incremental nursing care - OB                                  | 0696 | Pre-hospice/Palliative Care Services – physician services                            |
| 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                                                 |
| 0241 | All-inclusive ancillary - basic                                | 0722 | 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 - general                | 0802 | Inpatient renal dialysis services - peritoneal (non-CAPD)                            |
| 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                              |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|      |                                                                                      |      |                                                                         |
|------|--------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------|
| 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                       |
| 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 - hematology                                                              | 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 - angiocardiology                                             | 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 administration - general                 | 0855 | CCPD - outpatient or home - support services                            |
| 0331 | Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected | 0859 | CCPD - outpatient or home - other                                       |
| 0332 | Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral     | 0860 | Magnetoencephalography (MEG) - General                                  |
| 0333 | Radiology - therapeutic and/or chemotherapy administration - radiation therapy       | 0861 | Magnetoencephalography (MEG) - MEG                                      |
| 0335 | Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV       | 0880 | Miscellaneous dialysis - general                                        |
| 0339 | Radiology - therapeutic and/or chemotherapy administration - other                   | 0881 | Miscellaneous dialysis - ultrafiltration                                |
| 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 radiopharmaceuticals                                   | 0901 | Behavior health treatments/services - electroshock                      |
| 0344 | Nuclear medicine - therapeutic radiopharmaceuticals                                  | 0902 | Behavior health treatments/services - milieu therapy                    |
| 0349 | Nuclear medicine - other                                                             | 0903 | Behavioral health treatments/services - play therapy                    |
| 0350 | CT scan - general                                                                    | 0904 | Behavior health treatments/services - activity therapy                  |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|      |                                                                                           |      |                                                                                           |
|------|-------------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------------|
| 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 other than kidney                              | 0913 | Behavior health treatment/services - partial hospitalization - 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 | Anesthesia - general                                                                      | 0916 | Behavior health treatment/services - family therapy                                       |
| 0371 | 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                                                                           | 0921 | Other diagnostic services - peripheral vascular lab                                       |
| 0381 | Blood - packed red cells                                                                  | 0922 | Other diagnostic services - electromyogram                                                |
| 0382 | Blood - whole blood                                                                       | 0923 | Other diagnostic services - pap smear                                                     |
| 0383 | Blood - plasma                                                                            | 0924 | Other diagnostic services - allergy test                                                  |
| 0384 | Blood - platelets                                                                         | 0925 | Other diagnostic services - pregnancy test                                                |
| 0385 | Blood - leukocytes                                                                        | 0929 | 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, storage and processing - general                | 0941 | Other therapeutic services - recreational therapy                                         |
| 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 - processing and storage | 0943 | Other therapeutic services - cardiac rehabilitation                                       |
| 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                                                |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|      |                                                                                                  |      |                                                                              |
|------|--------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------------|
| 0430 | 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 | Emergency room - other                                                                           | 0990 | Patient convenience items - general                                          |
| 0460 | Pulmonary function - general                                                                     | 0991 | Patient convenience items - cafeteria/guest tray                             |
| 0469 | Pulmonary function - other                                                                       | 0992 | Patient convenience items - private linen 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 | Cardiology - stress test                                                                         | 0999 | Patient convenience items - other                                            |
| 0483 | Cardiology - echocardiology                                                                      | 1000 | Behavior health accommodations - general                                     |
| 0489 | Cardiology - other                                                                               | 1001 | 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 | Clinic - OB/GYN                                                                                  | 2104 | Alternative therapy services - reflexology                                   |
| 0515 | Clinic - pediatric                                                                               | 2105 | Alternative therapy services - biofeedback                                   |
| 0516 | Clinic - urgent care                                                                             | 2106 | Alternative therapy services - hypnosis                                      |
| 0517 | Clinic - family practice                                                                         | 2109 | Alternative therapy services - other                                         |
| 0519 | Clinic - other                                                                                   | 3101 | Adult day care, medical and social - hourly                                  |
| 0520 | Freestanding Clinic - general                                                                    | 3102 | Adult day care, social - hourly                                              |
| 0521 | Freestanding Clinic - Clinic Visit by Member to RHC/FQHC                                         | 3103 | Adult day care, medical and social - daily                                   |
| 0522 | Freestanding Clinic - Home Visit by RHC/FQHC Practitioner                                        | 3104 | Adult day care, social - daily                                               |
| 0523 | Freestanding Clinic - family practice                                                            | 3105 | Adult foster care - daily                                                    |
| 0524 | Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF | 3109 | Adult foster care - other                                                    |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                            |                     |                                                                                                          |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------|
|                       | 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                                                                                                                                                          |                     |                                                                                                          |
| <b>Length:</b>        | 4                                                                                                                                                                                                                                 | <b>Type:</b> Alphanumeric                                                                                                                                                                  | <b>Data Source:</b> | Claim                                                                                                    |
| <b>Field 3:</b>       | <b>REVENUE_CODE_SEQUENCE_NUMBER</b>                                                                                                                                                                                               |                                                                                                                                                                                            |                     |                                                                                                          |
|                       | Assignment of numbers to indicate the order of submission of the revenue codes.                                                                                                                                                   |                                                                                                                                                                                            |                     |                                                                                                          |
| <b>Length:</b>        | 3                                                                                                                                                                                                                                 | <b>Type:</b> Alphanumeric                                                                                                                                                                  | <b>Data Source:</b> | Assigned                                                                                                 |
| <b>Field 4:</b>       | <b>HCPCS_QUALIFIER</b>                                                                                                                                                                                                            |                                                                                                                                                                                            |                     |                                                                                                          |
|                       | HCFA Common Procedure Coding System (HCPCS) Codes Indicator                                                                                                                                                                       |                                                                                                                                                                                            |                     |                                                                                                          |
| <b>Length:</b>        | 2                                                                                                                                                                                                                                 | <b>Type:</b> Alphanumeric                                                                                                                                                                  | <b>Data Source:</b> | Claim                                                                                                    |
| <b>Field 5:</b>       | <b>HCPCS_PROCEDURE_CODE</b>                                                                                                                                                                                                       |                                                                                                                                                                                            |                     |                                                                                                          |
|                       | Health Care Financing Administration (HCFA) Healthcare Common Procedure Coding System (HCPCS) code applicable to ancillary service or accommodations.                                                                             |                                                                                                                                                                                            |                     |                                                                                                          |
|                       | A link is provided at this site for post 2020 file updates.                                                                                                                                                                       |                                                                                                                                                                                            |                     |                                                                                                          |
|                       | For additional information see:                                                                                                                                                                                                   |                                                                                                                                                                                            |                     |                                                                                                          |
| <b>Coding Scheme:</b> | <a href="https://www.cms.gov/medicare/coding/hcpcsreleasecodesets?redirect=/hcpcsreleasecodesets/an/hcpcs/list.asp">https://www.cms.gov/medicare/coding/hcpcsreleasecodesets?redirect=/hcpcsreleasecodesets/an/hcpcs/list.asp</a> |                                                                                                                                                                                            |                     |                                                                                                          |
| <b>Length:</b>        | 5                                                                                                                                                                                                                                 | <b>Type:</b> Alphanumeric                                                                                                                                                                  | <b>Data Source:</b> | Claim                                                                                                    |
| <b>Field 6:</b>       | <b>MODIFIER_1</b>                                                                                                                                                                                                                 |                                                                                                                                                                                            |                     |                                                                                                          |
|                       | Identifies a 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.                                                                                                                            |                                                                                                                                                                                            |                     |                                                                                                          |
| <b>Coding Scheme:</b> | 22                                                                                                                                                                                                                                | Increased procedural services                                                                                                                                                              | P4                  | A patient with severe systemic disease that is a constant threat to life                                 |
|                       | 23                                                                                                                                                                                                                                | Unusual Anesthesia                                                                                                                                                                         | P5                  | A moribund patient who is not expected to survive without the operation                                  |
|                       | 24                                                                                                                                                                                                                                | Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period                                                | P6                  | A declared brain-dead patient whose organs are being removed for donor purposes                          |
|                       | 25                                                                                                                                                                                                                                | Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service | E1                  | Upper left eyelid                                                                                        |
|                       | 26                                                                                                                                                                                                                                | Professional Component                                                                                                                                                                     | E2                  | Lower left eyelid                                                                                        |
|                       | 27                                                                                                                                                                                                                                | Multiple Outpatient Hospital E/M Encounters on the Same Date                                                                                                                               | E3                  | Upper right eyelid                                                                                       |
|                       | 32                                                                                                                                                                                                                                | Mandated Services                                                                                                                                                                          | E4                  | Lower right eyelid                                                                                       |
|                       | 33                                                                                                                                                                                                                                | Preventive Service                                                                                                                                                                         | F1                  | Left hand, second digit                                                                                  |
|                       | 47                                                                                                                                                                                                                                | Anesthesia by Surgeon                                                                                                                                                                      | F2                  | Left hand, third digit                                                                                   |
|                       | 50                                                                                                                                                                                                                                | Bilateral Procedure                                                                                                                                                                        | F3                  | Left hand, fourth digit                                                                                  |
|                       | 51                                                                                                                                                                                                                                | Multiple Procedures                                                                                                                                                                        | F4                  | Left hand, fifth digit                                                                                   |
|                       | 52                                                                                                                                                                                                                                | Reduced Services                                                                                                                                                                           | F5                  | Right hand, thumb                                                                                        |
|                       | 53                                                                                                                                                                                                                                | Discontinued Procedure                                                                                                                                                                     | F6                  | Right hand, second digit                                                                                 |
|                       | 54                                                                                                                                                                                                                                | Surgical Care Only                                                                                                                                                                         | F7                  | Right hand, third digit                                                                                  |
|                       | 55                                                                                                                                                                                                                                | Postoperative Management Only                                                                                                                                                              | F8                  | Right hand, fourth digit                                                                                 |
|                       | 56                                                                                                                                                                                                                                | Preoperative Management Only                                                                                                                                                               | F9                  | Right hand, fifth digit                                                                                  |
|                       | 57                                                                                                                                                                                                                                | Decision for Surgery                                                                                                                                                                       | FA                  | Left hand, thumb                                                                                         |
|                       | 58                                                                                                                                                                                                                                | Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period                                                   | GG                  | Performance and payment of a screening mammography and diagnostic mammography on same patient, same day. |
|                       | 59                                                                                                                                                                                                                                | Distinct Procedural Service                                                                                                                                                                | GH                  | Diagnostic mammogram converted from screening mammogram on same day                                      |
|                       | 62                                                                                                                                                                                                                                | Two Surgeons                                                                                                                                                                               | LC                  | Left circumflex coronary artery                                                                          |
|                       | 63                                                                                                                                                                                                                                | Procedure Performed on Infants less than 4kg                                                                                                                                               | LD                  | Left anterior descending coronary artery                                                                 |
|                       | 66                                                                                                                                                                                                                                | Surgical Team                                                                                                                                                                              | L                   | Left main coronary artery                                                                                |
|                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                            | M                   |                                                                                                          |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

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

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

## Field 7: MODIFIER\_2

Identifies a second 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 8: MODIFIER\_3

Identifies a third 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 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

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |              |                              |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------|------------------------------|
|                       | Code specifying the units in which a value is being expressed or a manner in which a measurement would be taken.                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |              |                              |
| <b>Coding Scheme:</b> | DA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Days               |              |                              |
|                       | F2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | International unit |              |                              |
|                       | UN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Unit               |              |                              |
| <b>Length:</b>        | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Type:</b>       | Alphanumeric | <b>Data Source:</b> Claim    |
| <b>Field 11:</b>      | <b>UNITS_OF_SERVICE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |              |                              |
|                       | Numeric value of quantity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |              |                              |
| <b>Length:</b>        | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Type:</b>       | Numeric      | <b>Data Source:</b> Claim    |
| <b>Field 12:</b>      | <b>UNIT_RATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |              |                              |
|                       | Rate per unit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |              |                              |
| <b>Length:</b>        | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Type:</b>       | Numeric      | <b>Data Source:</b> Claim    |
| <b>Field 13:</b>      | <b>CHRG_LINE_ITEM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |              |                              |
|                       | Total amount of the charge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |              |                              |
| <b>Length:</b>        | 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Type:</b>       | Alphanumeric | <b>Data Source:</b> Assigned |
| <b>Field 14:</b>      | <b>CHRG_NON_COV</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |              |                              |
|                       | Total non-covered amount of the charge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |              |                              |
| <b>Length:</b>        | 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Type:</b>       | Alphanumeric | <b>Data Source:</b> Assigned |
| <b>Field 15:</b>      | <b>PROCEDURE_DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |              |                              |
|                       | Date the procedure began on generally is the same as “Statement_Period_From” (STMT_PERIOD_FROM) date.                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |              |                              |
| <b>Length:</b>        | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Type:</b>       | Alphanumeric | <b>Data Source:</b> Claim    |
| <b>Field 16:</b>      | <b>PROCEDURE_DATE_THRU</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |              |                              |
|                       | Date the procedure finished on, generally is the same as the “Statement_Period_Thru” (STMT_PERIOD_THRU) date.                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |              |                              |
| <b>Length:</b>        | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Type:</b>       | Alphanumeric | <b>Data Source:</b> Claim    |
| <b>Field 17:</b>      | <b>SERVICE_FACILITY_CODE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |              |                              |
|                       | Facility Type code – Institutional and Professional have different codes. An institutional provider refers to a hospital, critical care facility, skilled nursing facility, a home health agency, hospice or another similar institution providing services to Medicare beneficiaries. Professional providers are non-institutional providers such as physicians (both individuals and groups), other clinical professionals, freestanding laboratories and outpatient facilities, ambulances, and durable medical equipment suppliers. |                    |              |                              |
| <b>Length:</b>        | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Type:</b>       | Alphanumeric | <b>Data Source:</b> Claim    |

## 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.

|                       |                                                                                                                           |                           |                     |          |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------|----------|
| <b>Field 1:</b>       | <b>THCIC_ID</b><br>Provider ID. Unique identifier assigned to the provider by THCIC.                                      |                           |                     |          |
| <b>Length:</b>        | 6                                                                                                                         | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Assigned |
| <b>Field 2:</b>       | <b>PROVIDER_NAME</b><br>Hospital name provided by the hospital.                                                           |                           |                     |          |
| <b>Length:</b>        | 55                                                                                                                        | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 3:</b>       | <b>PROVIDER_ADDR</b><br>Hospital address provided by the hospital.                                                        |                           |                     |          |
| <b>Length:</b>        | 50                                                                                                                        | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 4:</b>       | <b>PROVIDER_CITY</b><br>Hospital city provided by the hospital.                                                           |                           |                     |          |
| <b>Length:</b>        | 20                                                                                                                        | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 5:</b>       | <b>PROVIDER_STATE</b><br>Hospital state provided by the hospital.                                                         |                           |                     |          |
| <b>Length:</b>        | 2                                                                                                                         | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 6:</b>       | <b>PROVIDER_ZIP</b><br>Hospital ZIP code provided by the hospital.                                                        |                           |                     |          |
| <b>Length:</b>        | 9                                                                                                                         | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 7:</b>       | <b>FAC_TEACHING_IND</b><br>Teaching facility indicator.                                                                   |                           |                     |          |
| <b>Coding Scheme:</b> | A Member, Council of Teaching Hospitals<br>X Teaching facility                                                            |                           |                     |          |
| <b>Length:</b>        | 1                                                                                                                         | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 8:</b>       | <b>FAC_PSYCH_IND</b><br>Psychiatric facility type indicator.                                                              |                           |                     |          |
| <b>Length:</b>        | 1                                                                                                                         | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 9:</b>       | <b>FAC_REHAB_IND</b><br>Rehabilitation facility type indicator.                                                           |                           |                     |          |
| <b>Length:</b>        | 1                                                                                                                         | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 10:</b>      | <b>FAC_ACUTE_CARE_IND</b><br>Acute care facility type indicator.                                                          |                           |                     |          |
| <b>Length:</b>        | 1                                                                                                                         | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 11:</b>      | <b>FAC_SNF_IND</b><br>Skilled nursing facility type indicator. Hospital facility type indicator provided by the hospital. |                           |                     |          |
| <b>Length:</b>        | 1                                                                                                                         | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 12:</b>      | <b>FAC_LONG_TERM_AC_IND</b><br>Long term acute care facility type indicator.                                              |                           |                     |          |
| <b>Length:</b>        | 1                                                                                                                         | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 13:</b>      | <b>FAC_OTHER_LTC_IND</b><br>Other long term care facility type indicator.                                                 |                           |                     |          |
| <b>Length:</b>        | 1                                                                                                                         | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|                       |                                                                              |                           |                     |          |
|-----------------------|------------------------------------------------------------------------------|---------------------------|---------------------|----------|
| <b>Field 14:</b>      | <b>FAC_PEDS_IND</b><br>Pediatric facility type indicator.                    |                           |                     |          |
| <b>Coding Scheme:</b> | C Member, Council of Teaching Hospitals<br>X Facility also treats children   |                           |                     |          |
| <b>Length:</b>        | 1                                                                            | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 15:</b>      | <b>FAC_CARDIOVASCULAR_IND</b><br>Cardiovascular facility type indicator.     |                           |                     |          |
| <b>Length:</b>        | 1                                                                            | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 16:</b>      | <b>FAC_CHIROPRACTIC_IND</b><br>Chiropractic care facility type indicator.    |                           |                     |          |
| <b>Length:</b>        | 1                                                                            | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 17:</b>      | <b>FAC_ENDOSCOPY_IND</b><br>Endoscopy facility type indicator.               |                           |                     |          |
| <b>Length:</b>        | 1                                                                            | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 18:</b>      | <b>FAC_FOOT_IND</b><br>Foot care facility type indicator.                    |                           |                     |          |
| <b>Length:</b>        | 1                                                                            | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 19:</b>      | <b>FAC_GASTROENTEROLOGY_IND</b><br>Gastroenterology facility type indicator. |                           |                     |          |
| <b>Length:</b>        | 1                                                                            | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 20:</b>      | <b>FAC_GENERAL_IND</b><br>General care facility type indicator.              |                           |                     |          |
| <b>Length:</b>        | 1                                                                            | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 21:</b>      | <b>FAC_NEUROLOGICAL_IND</b><br>Neurological care facility type indicator.    |                           |                     |          |
| <b>Length:</b>        | 1                                                                            | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 22:</b>      | <b>FAC_OB_GYN_IND</b><br>Obstetrics and gynecology facility type indicator.  |                           |                     |          |
| <b>Length:</b>        | 1                                                                            | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 23:</b>      | <b>FAC_OPHTHAMOLOGY_IND</b><br>Ophthalmology facility type indicator.        |                           |                     |          |
| <b>Length:</b>        | 1                                                                            | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 24:</b>      | <b>FAC_ORAL_IND</b><br>Oral health care facility type indicator.             |                           |                     |          |
| <b>Length:</b>        | 1                                                                            | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 25:</b>      | <b>FAC_ORTHOPEDIC_IND</b><br>Orthopedic care facility type indicator.        |                           |                     |          |
| <b>Length:</b>        | 1                                                                            | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 26:</b>      | <b>FAC_OTOLARYNGOLOGY_IND</b><br>Otolaryngology facility type indicator.     |                           |                     |          |
| <b>Length:</b>        | 1                                                                            | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 27:</b>      | <b>FAC_PAIN_MNGMT_IND</b><br>Pain management facility type indicator.        |                           |                     |          |
| <b>Length:</b>        | 1                                                                            | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 28:</b>      | <b>FAC_PLASTIC_IND</b><br>Plastic surgery facility type indicator.           |                           |                     |          |
| <b>Length:</b>        | 1                                                                            | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |
| <b>Field 29:</b>      | <b>FAC_THORACIC_IND</b><br>Thoracic care facility type indicator.            |                           |                     |          |
| <b>Length:</b>        | 1                                                                            | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            |              |           |                     |           |     |               |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------|-----------|---------------------|-----------|-----|---------------|
| <b>Field 30:</b>      | <b>FAC_UROLOGY_IND</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |              |           |                     |           |     |               |
|                       | Urology care facility type indicator.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            |              |           |                     |           |     |               |
| <b>Length:</b>        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Type:</b>                                                                               | Alphanumeric |           | <b>Data Source:</b> | Provider  |     |               |
| <b>Field 31:</b>      | <b>FAC_OTHER_IND</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            |              |           |                     |           |     |               |
|                       | Other facility type indicator.                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            |              |           |                     |           |     |               |
| <b>Length:</b>        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Type:</b>                                                                               | Alphanumeric |           | <b>Data Source:</b> | Provider  |     |               |
| <b>Field 32:</b>      | <b>POA_PROVIDER_INDICATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                            |              |           |                     |           |     |               |
|                       | Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. Title 25 Texas Administrative Code, Chapter 421, Rule 421.9 <sup>1</sup> (e) (25 TAC §421.9(e)) identifies the following facility types as exempt from reporting POA codes to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children’s or Pediatric Hospitals and Long Term Care Hospitals. |                                                                                            |              |           |                     |           |     |               |
| <b>Coding Scheme:</b> | M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Mixed (Facility has sections that would be exempted from reporting POA for those patients) |              |           |                     |           |     |               |
|                       | R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Required                                                                                   |              |           |                     |           |     |               |
|                       | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Exempt                                                                                     |              |           |                     |           |     |               |
|                       | `                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Invalid                                                                                    |              |           |                     |           |     |               |
| <b>Length:</b>        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Type:</b>                                                                               | Alphanumeric |           | <b>Data Source:</b> | Assigned  |     |               |
| <b>Field 33:</b>      | <b>PROVIDER_COUNTY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |              |           |                     |           |     |               |
|                       | FIPS code of provider’s county.                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            |              |           |                     |           |     |               |
| <b>Coding scheme:</b> | 001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Anderson                                                                                   | 129          | Donley    | 257                 | Kaufman   | 385 | Real          |
|                       | 003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Andrews                                                                                    | 131          | Duval     | 259                 | Kendall   | 387 | Red River     |
|                       | 005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Angelina                                                                                   | 133          | Eastland  | 261                 | Kenedy    | 389 | Reeves        |
|                       | 007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Aransas                                                                                    | 135          | Ector     | 263                 | Kent      | 391 | Refugio       |
|                       | 009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Archer                                                                                     | 137          | Edwards   | 265                 | Kerr      | 393 | Roberts       |
|                       | 011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Armstrong                                                                                  | 139          | Ellis     | 267                 | Kimble    | 395 | Robertson     |
|                       | 013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Atascosa                                                                                   | 141          | El Paso   | 269                 | King      | 397 | Rockwall      |
|                       | 015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Austin                                                                                     | 143          | Erath     | 271                 | Kinney    | 399 | Runnels       |
|                       | 017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Bailey                                                                                     | 145          | Falls     | 273                 | Kleberg   | 401 | Rusk          |
|                       | 019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Bandera                                                                                    | 147          | Fannin    | 275                 | Knox      | 403 | Sabine        |
|                       | 021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Bastrop                                                                                    | 149          | Fayette   | 283                 | La Salle  | 405 | San Augustine |
|                       | 023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Baylor                                                                                     | 151          | Fisher    | 277                 | Lamar     | 407 | San Jacinto   |
|                       | 025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Bee                                                                                        | 153          | Floyd     | 279                 | Lamb      | 409 | San Patricio  |
|                       | 027                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Bell                                                                                       | 155          | Foard     | 281                 | Lampasas  | 411 | San Saba      |
|                       | 029                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Bexar                                                                                      | 157          | Fort Bend | 285                 | Lavaca    | 413 | Schleicher    |
|                       | 031                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Blanco                                                                                     | 159          | Franklin  | 287                 | Lee       | 415 | Scurry        |
|                       | 033                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Borden                                                                                     | 161          | Freestone | 289                 | Leon      | 417 | Shackelford   |
|                       | 035                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Bosque                                                                                     | 163          | Frio      | 291                 | Liberty   | 419 | Shelby        |
|                       | 037                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Bowie                                                                                      | 165          | Gaines    | 293                 | Limestone | 421 | Sherman       |
|                       | 039                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Brazoria                                                                                   | 167          | Galveston | 295                 | Lipscomb  | 423 | Smith         |
|                       | 041                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Brazos                                                                                     | 169          | Garza     | 297                 | Live Oak  | 425 | Somervell     |
|                       | 043                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Brewster                                                                                   | 171          | Gillespie | 299                 | Llano     | 427 | Starr         |
|                       | 045                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Briscoe                                                                                    | 173          | Glasscock | 301                 | Loving    | 429 | Stephens      |
|                       | 047                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Brooks                                                                                     | 175          | Goliad    | 303                 | Lubbock   | 431 | Sterling      |
|                       | 049                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Brown                                                                                      | 177          | Gonzales  | 305                 | Lynn      | 433 | Stonewall     |
|                       | 051                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Burleson                                                                                   | 179          | Gray      | 307                 | McCulloch | 435 | Sutton        |
|                       | 053                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Burnet                                                                                     | 181          | Grayson   | 309                 | McLennan  | 437 | Swisher       |
|                       | 055                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Caldwell                                                                                   | 183          | Gregg     | 311                 | McMullen  | 439 | Tarrant       |
|                       | 057                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Calhoun                                                                                    | 185          | Grimes    | 313                 | Madison   | 441 | Taylor        |
|                       | 059                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Callahan                                                                                   | 187          | Guadalupe | 315                 | Marion    | 443 | Terrell       |
|                       | 061                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Cameron                                                                                    | 189          | Hale      | 317                 | Martin    | 445 | Terry         |

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

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

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

Facility indicator for Hospitals and FEMCFs, including Hospital-owned FEMCFs, starting with the 4th Quarter 2020 Facility Type Data File.

Note:

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

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

## Field 35: FAC\_ONCOLOGY\_IND

Oncology facility indicator.

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

## GROUPER FILE

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Field 1:</b> | <b>RECORD_ID</b><br>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. Does 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).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Length:</b>  | 12 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Field 2:</b> | <b>REVENUE_CODE_SEQUENCE_NUMBER</b><br>Assignment of numbers to indicate the order of submission of the revenue codes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Length:</b>  | 3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Field 3:</b> | <b>FROZEN_EAPG_GRP_VER</b><br>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 annually.                                                                                                                                                                                                                                                                            |
| <b>Length:</b>  | 12 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Field 4:</b> | <b>FROZEN_FINAL_EAPG_CAT_CODE</b><br>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. |
| <b>Length:</b>  | 2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Field 5:</b> | <b>FROZEN_FINAL_EAPG_TYPE_CODE</b><br>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 <sup>11</sup> Not available 4Q09. The calculation for this field is updated annually.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Length:</b>  | 2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Field 6:</b> | <b>FROZEN_FINAL_EAPG</b><br>Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG. Not available 4Q09. The calculation for this field is updated annually.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Length:</b>  | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Field 7:</b> | <b>FROZEN_ADJUSTED_EAPG_WEIGHT</b><br>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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Length:</b>  | 10 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

## OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Field 8:</b>  | <b>FROZEN_APC_GRP_VER</b><br>Ambulatory Payment Classification (APC) as assigned by 3M APC Grouper. Not available 4Q09. The calculation for this field is updated annually.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Length:</b>   | 12 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Field 9:</b>  | <b>FROZEN_APC_PROCEDURE_CODE</b><br>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 OPSS (Outpatient Prospective Payment System). Not available 4Q09. The calculation for this field is updated annually.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Field 10:</b> | <b>FROZEN_APC_PX_STATUS_IND_CODE</b><br>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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Length:</b>   | 2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Field 11:</b> | <b>FROZEN_APC_WEIGHT</b><br>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 annually.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Length:</b>   | 9 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Field 12:</b> | <b>FROZEN_APC_PAYMENT_CODE</b><br>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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Field 13:</b> | <b>EAPG_GRP_VER</b><br>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.                                                                                                                                                                                                                                                                            |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Field 14:</b> | <b>FINAL_EAPG_CAT_CODE</b><br>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. |
| <b>Length:</b>   | 2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Field 15:</b> | <b>FINAL_EAPG_TYPE_CODE</b><br>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 –                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

|                  |                                                                                                                                                                                                                                                                                                                                                             |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                  | Significant Procedure and 3 – Medical <sup>11</sup> Not available 4Q09. The calculation for this field is updated quarterly.                                                                                                                                                                                                                                |
| <b>Length:</b>   | 2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                    |
| <b>Field 16:</b> | <b>FINAL_EAPG</b><br>Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG. Not available 4Q09. The calculation for this field is updated quarterly.                                                                                                                                                                                       |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                    |
| <b>Field 17:</b> | <b>ADJUSTED_EAPG_WEIGHT</b><br>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 quarterly. |
| <b>Length:</b>   | 10 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                   |
| <b>Field 18:</b> | <b>APC_GRP_VER</b><br>Ambulatory Payment Classification (APC) as assigned by 3M APC Grouper. Not available 4Q09. The calculation for this field is updated quarterly.                                                                                                                                                                                       |
| <b>Length:</b>   | 12 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                   |
| <b>Field 19:</b> | <b>APC_PROCEDURE_CODE</b><br>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 OPPI (Outpatient Prospective Payment System). Not available 4Q09. The calculation for this field is updated quarterly.      |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                    |
| <b>Field 20:</b> | <b>APC_PX_STATUS_IND_CODE</b><br>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.                                                                                                     |
| <b>Length:</b>   | 2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                    |
| <b>Field 21:</b> | <b>APC_WEIGHT</b><br>Ambulatory Payment Classification (APC) weighting as assigned by 3M APC Grouper, the 3M version of the Medicare APC. Not available 4Q09.                                                                                                                                                                                               |
| <b>Length:</b>   | 9 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                    |
| <b>Field 22:</b> | <b>APC_PAYMENT_CODE</b><br>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.                                                                                                                              |
| <b>Length:</b>   | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                                                                                                                                                                                                                                                                                                    |

# DATA ELEMENTS

## BASE DATA FILE

| Number | OP RDF Field Name                                                                  | Length | Field Type   |
|--------|------------------------------------------------------------------------------------|--------|--------------|
| 1      | SERVICE QUARTER                                                                    | 6      | Alphanumeric |
| 2      | RECORD_ID (DOES NOT match to RECORD_ID in PUDF. Does match with RDF Charges Files) | 12     | Alphanumeric |
| 3      | PAT UNIQUE INDEX                                                                   | 10     | Alphanumeric |
| 4      | THCIC ID                                                                           | 6      | Alphanumeric |
| 5      | SPEC_UNIT_1                                                                        | 1      | Alphanumeric |
| 6      | SPEC_UNIT_2                                                                        | 1      | Alphanumeric |
| 7      | SPEC_UNIT_3                                                                        | 1      | Alphanumeric |
| 8      | SPEC_UNIT_4                                                                        | 1      | Alphanumeric |
| 9      | SPEC_UNIT_5                                                                        | 1      | Alphanumeric |
| 10     | ENCOUNTER INDICATOR                                                                | 2      | Alphanumeric |
| 11     | SEX_CODE                                                                           | 1      | Alphanumeric |
| 12     | BIRTH DATE                                                                         | 8      | Alphanumeric |
| 13     | PAT AGE GROUP                                                                      | 2      | Alphanumeric |
| 14     | PAT AGE YEARS                                                                      | 3      | Alphanumeric |
| 15     | PAT AGE DAYS                                                                       | 5      | Alphanumeric |
| 16     | RACE                                                                               | 1      | Alphanumeric |
| 17     | ETHNICITY                                                                          | 1      | Alphanumeric |
| 18     | PAT ADDR CENSUS BLOCK GROUP                                                        | 14     | Alphanumeric |
| 19     | PAT ADDR CENSUS BLOCK                                                              | 5      | Alphanumeric |
| 20     | PAT CITY                                                                           | 30     | Alphanumeric |
| 21     | PAT STATE                                                                          | 2      | Alphanumeric |
| 22     | PAT ZIP                                                                            | 9      | Alphanumeric |
| 23     | PAT COUNTRY                                                                        | 2      | Alphanumeric |
| 24     | PAT COUNTY                                                                         | 3      | Alphanumeric |
| 25     | PUBLIC HEALTH REGION                                                               | 2      | Alphanumeric |
| 26     | TYPE OF ADMISSION                                                                  | 1      | Alphanumeric |
| 27     | SOURCE OF ADMISSION                                                                | 1      | Alphanumeric |
| 28     | FIRST PAYMENT SRC                                                                  | 2      | Alphanumeric |
| 29     | FIRST PAYER ID                                                                     | 10     | Alphanumeric |
| 30     | FIRST PAYER NAME                                                                   | 35     | Alphanumeric |
| 31     | SECONDARY PAYMENT SRC                                                              | 2      | Alphanumeric |
| 32     | SECONDARY PAYER ID                                                                 | 10     | Alphanumeric |
| 33     | SECONDARY PAYER NAME                                                               | 35     | Alphanumeric |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

| Number | OP RDF Field Name    | Length | Field Type   |
|--------|----------------------|--------|--------------|
| 34     | STMT PERIOD FROM     | 8      | Alphanumeric |
| 35     | STMT PERIOD THRU     | 8      | Alphanumeric |
| 36     | LENGTH OF SERVICE    | 4      | Alphanumeric |
| 37     | PAT STATUS           | 2      | Alphanumeric |
| 38     | TYPE OF BILL         | 3      | Alphanumeric |
| 39     | PAT REASON FOR VISIT | 7      | Alphanumeric |
| 40     | PRINC DIAG CODE      | 7      | Alphanumeric |
| 41     | OTH DIAG CODE 1      | 7      | Alphanumeric |
| 42     | OTH DIAG CODE 2      | 7      | Alphanumeric |
| 43     | OTH DIAG CODE 3      | 7      | Alphanumeric |
| 44     | OTH DIAG CODE 4      | 7      | Alphanumeric |
| 45     | OTH DIAG CODE 5      | 7      | Alphanumeric |
| 46     | OTH DIAG CODE 6      | 7      | Alphanumeric |
| 47     | OTH DIAG CODE 7      | 7      | Alphanumeric |
| 48     | OTH DIAG CODE 8      | 7      | Alphanumeric |
| 49     | OTH DIAG CODE 9      | 7      | Alphanumeric |
| 50     | OTH DIAG CODE 10     | 7      | Alphanumeric |
| 51     | OTH DIAG CODE 11     | 7      | Alphanumeric |
| 52     | OTH DIAG CODE 12     | 7      | Alphanumeric |
| 53     | OTH DIAG CODE 13     | 7      | Alphanumeric |
| 54     | OTH DIAG CODE 14     | 7      | Alphanumeric |
| 55     | OTH DIAG CODE 15     | 7      | Alphanumeric |
| 56     | OTH DIAG CODE 16     | 7      | Alphanumeric |
| 57     | OTH DIAG CODE 17     | 7      | Alphanumeric |
| 58     | OTH DIAG CODE 18     | 7      | Alphanumeric |
| 59     | OTH DIAG CODE 19     | 7      | Alphanumeric |
| 60     | OTH DIAG CODE 20     | 7      | Alphanumeric |
| 61     | OTH DIAG CODE 21     | 7      | Alphanumeric |
| 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 |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

| Number | OP RDF Field Name       | Length | Field Type   |
|--------|-------------------------|--------|--------------|
| 71     | E_CODE_4                | 7      | Alphanumeric |
| 72     | E_CODE_5                | 7      | Alphanumeric |
| 73     | E_CODE_6                | 7      | Alphanumeric |
| 74     | E_CODE_7                | 7      | Alphanumeric |
| 75     | E_CODE_8                | 7      | Alphanumeric |
| 76     | E_CODE_9                | 7      | Alphanumeric |
| 77     | E_CODE_10               | 7      | Alphanumeric |
| 78     | PROC_CODE_1             | 5      | Alphanumeric |
| 79     | PROC_CODE_2             | 5      | Alphanumeric |
| 80     | PROC_CODE_3             | 5      | Alphanumeric |
| 81     | PROC_CODE_4             | 5      | Alphanumeric |
| 82     | PROC_CODE_5             | 5      | Alphanumeric |
| 83     | PROC_CODE_6             | 5      | Alphanumeric |
| 84     | PROC_CODE_7             | 5      | Alphanumeric |
| 85     | PROC_CODE_8             | 5      | Alphanumeric |
| 86     | PROC_CODE_9             | 5      | Alphanumeric |
| 87     | PROC_CODE_10            | 5      | Alphanumeric |
| 88     | PROC_CODE_11            | 5      | Alphanumeric |
| 89     | PROC_CODE_12            | 5      | Alphanumeric |
| 90     | PROC_CODE_13            | 5      | Alphanumeric |
| 91     | PROC_CODE_14            | 5      | Alphanumeric |
| 92     | PROC_CODE_15            | 5      | Alphanumeric |
| 93     | PROC_CODE_16            | 5      | Alphanumeric |
| 94     | PROC_CODE_17            | 5      | Alphanumeric |
| 95     | PROC_CODE_18            | 5      | Alphanumeric |
| 96     | PROC_CODE_19            | 5      | Alphanumeric |
| 97     | PROC_CODE_20            | 5      | Alphanumeric |
| 98     | PROC_CODE_21            | 5      | Alphanumeric |
| 99     | PROC_CODE_22            | 5      | Alphanumeric |
| 100    | PROC_CODE_23            | 5      | Alphanumeric |
| 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 |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

| Number | OP RDF Field Name | Length | Field Type   |
|--------|-------------------|--------|--------------|
| 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 |
| 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 |

# OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE

| Number | OP RDF Field Name | Length | Field Type   |
|--------|-------------------|--------|--------------|
| 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 |
| 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 |

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| Number | OP RDF Field Name                  | Length | Field Type   |
|--------|------------------------------------|--------|--------------|
| 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      |
| 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 |

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| Number | OP RDF Field Name     | Length | Field Type   |
|--------|-----------------------|--------|--------------|
| 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 |
| 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 |

**OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE RESEARCH DATA FILE**

| <b>Number</b> | <b>OP RDF Field Name</b> | <b>Length</b> | <b>Field Type</b> |
|---------------|--------------------------|---------------|-------------------|
| 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      |

**CHARGES DATA FILE**

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

**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_OPHTHAMOLOGY_IND         | 1      | Alphanumeric |
| 24     | FAC_ORAL_IND                 | 1      | Alphanumeric |
| 25     | FAC_ORTHOPEDIC_IND           | 1      | Alphanumeric |
| 26     | FAC_OTOLARYNGOLOGY_IND       | 1      | Alphanumeric |
| 27     | FAC_PAIN_MNGMT_IND           | 1      | Alphanumeric |
| 28     | FAC_PLASTIC_IND              | 1      | Alphanumeric |
| 29     | FAC_THORACIC_IND             | 1      | Alphanumeric |
| 30     | FAC_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 |

**GROUPEX 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 |
|        |                               |        |              |
|        |                               |        |              |
|        |                               |        |              |
|        |                               |        |              |