



**TEXAS**  
Health and Human  
Services

**Texas Department of State  
Health Services**

**TEXAS OUTPATIENT DATA**

**RESEARCH DATA FILE (RDF)**

**USER MANUAL – 2015 Q4 to 2021 Q4**

**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 responsible for the collection and release of hospital discharge data.

## OUTPATIENT RESEARCH DATA FILE (RDF)

[Health and Safety Code \(HSC\) §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), contain protected patient-level information for outpatient events occurring in hospitals, ambulatory surgery centers (ASC) and freestanding emergency medical care facilities (FEMCF), 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 the Outpatient Public Use Data File (PUDF) (<https://www.dshs.texas.gov/thcic/OutpatientFacilities/OutpatientPUDF.shtm>) and the additional patient sensitive or confidential data variables. Only data elements approved by the DSHS IRB and DSHS Executive Steering Committee will be released to the requestor with their approved data elements in a custom built RDF.

The RDF is available in fixed length format text files, tab-delimited or SAS format. The data must be opened or imported into a software application for use. No software is included with the RDF. The data file has been tested with several software applications, including Microsoft Access 2010 Microsoft Excel (one calendar quarter of data), 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 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 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 Research Data File*, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];

- The licensee will indemnify (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, ASC and FEMCF COMMENTS**

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

Included with the RDF is a separate file containing the unedited comments submitted by hospitals, ASCs or FEMCFs at the time of data certification. Comments relating to individual data elements should be considered in any analysis of those data elements. These comments express the opinions of individual hospitals, ASCs or FEMCFs and are not necessarily the views of the DSHS. Hospitals, ASCs or FEMCFs that submitted comments are identified in "General Comments on # Quarter 20YY Data" documents located on the Outpatient Public Use Data File weblink <https://www.dshs.state.tx.us/thcic/OutpatientFacilities/OutpatientPUDF.shm> under the heading 'Comments submitted by facilities about their data'.

### **CITATION**

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

*Texas Outpatient Research 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. Descriptions of data elements are taken from specifications manuals.
<b>Data Source</b>	Provided by the health care facility on the claim form (Claim) Assigned by DSHS (Assigned) 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> Quarter during which service occurred. Year and quarter of service. yyyyQn.				
Length:	6	Type:	Alphanumeric	Data Source:	Assigned
Field 2:	<b>RECORD_ID</b> Record Identification Number. Unique number to identify the record within the research data file. Does not match or link to PUDF Record ID. Does match with RECORD_ID in other Inpatient RDF files				
Length:	12	Type:	Alphanumeric	Data Source:	Assigned
Field 3:	<b>PAT_UNIQUE_INDEX</b> Unique identifier assigned to the patient by THCIC				
Length:	10	Type:	Alphanumeric	Data Source:	Assigned
Field 4:	<b>THCIC_ID</b> Provider ID. Unique identifier assigned to the provider by THCIC.				
Length:	6	Type:	Alphanumeric	Data Source:	Assigned
Field 5:	<b>SPEC_UNIT_1</b> Specialty Unit in which most days stay occurred based on number of days by Type of Bill or Revenue Code.				
Coding Scheme:	C	Coronary Care Unit	P	Pediatric Unit	
	D	Detoxification Unit	Y	Psychiatric Unit	
	I	Intensive Care Unit	R	Rehabilitation Unit	
	H	Hospice Unit	U	Sub-acute Care Unit	
	N	Nursery	S	Skilled Nursing Unit	
	B	Obstetric Unit	Blank	Acute Care	
	O	Oncology Unit			
Length:	1	Type:	Alphanumeric	Data Source:	Calculated
Field 6:	<b>SPEC_UNIT_2</b> Specialty Unit in which 2 <sup>nd</sup> most days stay occurred based on number of days by Type of Bill or Revenue Code.				
Coding Scheme:	Same as SPEC_UNIT_1.				
Length:	1	Type:	Alphanumeric	Data Source:	Calculated
Field 7:	<b>SPEC_UNIT_3</b> Specialty Unit in which 2 <sup>nd</sup> most days stay occurred based on number of days by Type of Bill or Revenue Code.				

## Outpatient Data - Research Data File

<b>Coding Scheme:</b>	Same as SPEC_UNIT_1.				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 8:</b>	<b>SPEC_UNIT_4</b> Specialty Unit in which 2 <sup>nd</sup> most days stay occurred based on number of days by Type of Bill or Revenue Code.				
<b>Coding Scheme:</b>	Same as SPEC_UNIT_1.				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 9:</b>	<b>SPEC_UNIT_5</b> Specialty Unit in which 5 <sup>th</sup> most days stay occurred based on number of days by Type of Bill or Revenue Code.				
<b>Coding Scheme:</b>	Same as SPEC_UNIT_1.				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 10:</b>	<b>ENCOUNTER_INDICATOR</b> Indicates the number of claims used to create the encounter. Some non-acute care patients may have more than one claim that is consolidated for the record. For example, patients in Rehabilitation Hospitals or Long Term Care Hospitals or Psychiatric hospitals.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 11:</b>	<b>SEX_CODE</b> Gender of the patient as recorded at date of admission or start of care.				
<b>Coding Scheme:</b>	M Male F Female U Unknown				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 12:</b>	<b>BIRTH_DATE</b> Birth date of the patient as recorded at date of admission or start of care.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 13:</b>	<b>PAT_AGE_GROUP</b> Code indicating age of patient in days or years on date of discharge.				
<b>Coding Scheme:</b>	00	1-28 days	10	35-39	20 85-89
	01	29-365 days	11	40-44	21 90+
	02	1-4 years	12	45-49	<i>HIV and drug/alcohol use patients:</i>
	03	5-9	13	50-54	22 0-17
	04	10-14	14	55-59	23 18-44
	05	15-17	15	60-64	24 45-64
	06	18-19	16	65-69	25 65-74
	07	20-24	17	70-74	26 75+
	08	25-29	18	75-79	` Invalid
	09	30-34	19	80-84	
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
<b>Field 14:</b>	<b>PAT_AGE_YEARS</b> Age of patient in years on date of discharge.				
<b>Length:</b>	3	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 15:</b>	<b>PAT_AGE_DAYS</b> Age of patient in days on date of discharge.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 16:</b>	<b>RACE</b> Code indicating the patient's race.				
<b>Coding Scheme:</b>	1	American Indian/Eskimo/Aleut			
	2	Asian or Pacific Islander			
	3	Black			
	4	White			
	5	Other			
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim



## Outpatient Data - Research Data File

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.							
Length:	14	Type:	Alphanumeric	Data Source:	Calculated			
Field 19:	PAT_ADDR_CENSUS_BLOCK							
	Census block of patient street address.							
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 <a href="http://www.ISO.org">www.ISO.org</a> 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
	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

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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, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- 3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties
- 4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
- 5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties
- 6 Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties

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	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, ASC or FEMCF emergency department visits.			
<b>Coding Scheme:</b>	1	Emergency		
	2	Urgent		
	3	Elective		
	4	Newborn		
	5	Trauma Cente		
	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, ASC, or FEMCF emergency department visits.			
<b>Coding Scheme:</b>	1	Physician referral		
	2	Clinic referral		
	3	HMO referral		
	4	Transfer from a hospital		
	5	Transfer from a skilled nursing facility		
	6	Transfer from another health care facility		
	7	Emergency Room		
	8	Court/Law Enforcement		
	9	Information not available		
	0	Transfer from psychiatric, substance abuse, rehab hospital		
	A	Transfer from a critical access 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
	BL	Blue Cross/Blue Shield	WC	Workers Compensation Health Claim
	CH	CHAMPUS	ZZ	Charity, Indigent or Unknown
	CI	Commercial Insurance	"	Codes 09 and ZZ, combined for 2004 & 2005
	DS	Disability Insurance	,	Invalid
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 29:</b>	<b>FIRST_PAYER_ID</b>			
	National Plan Identifier (when implemented by federal government).			

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<b>Length:</b>	10	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 30:</b>	<b>FIRST_PAYER_NAME</b> Name of primary source of payment.				
<b>Length:</b>	35	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 31:</b>	<b>SECONDARY_PAYMENT_SRC</b> Code indicating the expected secondary source of payment.				
<b>Coding Scheme:</b>	Same as FIRST_PAYMENT_SRC				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 32:</b>	<b>SECONDARY_PAYER_ID</b> National Plan Identifier (when implemented by federal government).				
<b>Length:</b>	10	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 33:</b>	<b>SECONDARY_PAYER_NAME</b> Name of primary source of payment.				
<b>Length:</b>	35	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 34:</b>	<b>STMT_PERIOD_FROM</b> Beginning service date of the period reflected on the statement. Entered as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 35:</b>	<b>STMT_PERIOD_THRU</b> Ending service date of the period reflected on the statement. Entered as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 36:</b>	<b>LENGTH_OF_SERVICE</b> Length of stay in days <i>equals</i> Statement covers period through date <i>minus</i> Admission/start of care date. The minimum length of stay is 1 day. The maximum is 30 days.				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 37:</b>	<b>PAT_STATUS</b> Code indicating patient status as of the ending date of service for the period of care reported. Hospital emergency department visits only				
<b>Coding Scheme:</b>	01 Discharged to home or self-care (routine discharge) 02 Discharged to other short term general hospital 03 Discharged to skilled nursing facility 04 Discharged to intermediate care facility 05 Discharged to other inpatient care facility 06 Discharged to care of home health service 07 Left against medical advice 08 Discharged to care of Home IV provider 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 health care facility 50 Discharged to hospice-home 51 Discharged to hospice-medical facility 61 Discharged/transferred within this institution to Medicare-approved swing bed 62 Discharged/transferred to inpatient rehabilitation facility 63 Discharged/transferred to Medicare-certified long term care hospital 64 Discharged/transferred to Medicaid-certified nursing facility 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 71 Discharged/transferred to other outpatient service 72 Discharged/transferred to institution outpatient 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)				

## Outpatient Data - Research Data File

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 (CAR) 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)																																																																
`	Invalid																																																																
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.																																																																
Coding Scheme:	<table><tr><td colspan="2">1<sup>st</sup> digit – Type of Facility</td><td colspan="2">2<sup>nd</sup> digit – Type of Care</td><td colspan="2">3<sup>rd</sup> digit – Sequence of claim</td></tr><tr><td>1</td><td>Hospital</td><td>1</td><td>Inpatient, including Medicare Part A</td><td>0</td><td>Non-payment/Zero claim</td></tr><tr><td>2</td><td>Skilled nursing</td><td>2</td><td>Inpatient, Medicare Part B only</td><td>1</td><td>Admit through discharge claim</td></tr><tr><td>3</td><td>Home health</td><td>3</td><td>Outpatient</td><td>2</td><td>Interim–first claim</td></tr><tr><td>4</td><td>Religious non-medical health care–Hospital</td><td>4</td><td>Outpatient Other, Medicare Part B only</td><td>3</td><td>Interim–continuing claim</td></tr><tr><td>5</td><td>Religious non-medical health care–Extended care</td><td>5</td><td>Intermediate Care–Level I</td><td>4</td><td>Interim–last claim</td></tr><tr><td>6</td><td>Intermediate care</td><td>6</td><td>Intermediate Care–Level II</td><td>5</td><td>Late charge(s) only claim</td></tr><tr><td>7</td><td>Clinic</td><td>7</td><td>Sub-acute inpatient – Level III</td><td>6</td><td>Adjustment of prior claim (Not used by Medicare)</td></tr><tr><td>8</td><td>Special facility</td><td>8</td><td>Swing bed</td><td>7</td><td>Replacement of prior claim</td></tr><tr><td></td><td></td><td></td><td></td><td>8</td><td>Void/cancel of prior claim</td></tr></table>					1 <sup>st</sup> digit – Type of Facility		2 <sup>nd</sup> digit – Type of Care		3 <sup>rd</sup> digit – Sequence of claim		1	Hospital	1	Inpatient, including Medicare Part A	0	Non-payment/Zero claim	2	Skilled nursing	2	Inpatient, Medicare Part B only	1	Admit through discharge claim	3	Home health	3	Outpatient	2	Interim–first claim	4	Religious non-medical health care–Hospital	4	Outpatient Other, Medicare Part B only	3	Interim–continuing claim	5	Religious non-medical health care–Extended care	5	Intermediate Care–Level I	4	Interim–last claim	6	Intermediate care	6	Intermediate Care–Level II	5	Late charge(s) only claim	7	Clinic	7	Sub-acute inpatient – Level III	6	Adjustment of prior claim (Not used by Medicare)	8	Special facility	8	Swing bed	7	Replacement of prior claim					8	Void/cancel of prior claim
1 <sup>st</sup> digit – Type of Facility		2 <sup>nd</sup> digit – Type of Care		3 <sup>rd</sup> digit – Sequence of claim																																																													
1	Hospital	1	Inpatient, including Medicare Part A	0	Non-payment/Zero claim																																																												
2	Skilled nursing	2	Inpatient, Medicare Part B only	1	Admit through discharge claim																																																												
3	Home health	3	Outpatient	2	Interim–first claim																																																												
4	Religious non-medical health care–Hospital	4	Outpatient Other, Medicare Part B only	3	Interim–continuing claim																																																												
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6	Intermediate care	6	Intermediate Care–Level II	5	Late charge(s) only claim																																																												
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8	Special facility	8	Swing bed	7	Replacement of prior claim																																																												
				8	Void/cancel of prior claim																																																												
Length:	3	Type:	Alphanumeric	Data Source:	Claim																																																												
Field 39:	PAT_REASON_FOR_VISIT																																																																
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.																																																																
Length:	7	Type:	Alphanumeric	Data Source:	Claim																																																												
Field 40:	PRINC_DIAG_CODE																																																																
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.																																																																
Length:	7	Type:	Alphanumeric	Data Source:	Claim																																																												
Field 41:	OTH_DIAG_CODE_1																																																																
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.																																																																
Length:	7	Type:	Alphanumeric	Data Source:	Claim																																																												
Field 42:	OTH_DIAG_CODE_2																																																																
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.																																																																

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<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 43:</b>	<b>OTH_DIAG_CODE_3</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 44:</b>	<b>OTH_DIAG_CODE_4</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 45:</b>	<b>OTH_DIAG_CODE_5</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 46:</b>	<b>OTH_DIAG_CODE_6</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 47:</b>	<b>OTH_DIAG_CODE_7</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 48:</b>	<b>OTH_DIAG_CODE_8</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 49:</b>	<b>OTH_DIAG_CODE_9</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 50:</b>	<b>OTH_DIAG_CODE_10</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 51:</b>	<b>OTH_DIAG_CODE_11</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 52:</b>	<b>OTH_DIAG_CODE_12</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 53:</b>	<b>OTH_DIAG_CODE_13</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 54:</b>	<b>OTH_DIAG_CODE_14</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 55:</b>	<b>OTH_DIAG_CODE_15</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				

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<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 56:</b>	<b>OTH_DIAG_CODE_16</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 57:</b>	<b>OTH_DIAG_CODE_17</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 58:</b>	<b>OTH_DIAG_CODE_18</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 59:</b>	<b>OTH_DIAG_CODE_19</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 60:</b>	<b>OTH_DIAG_CODE_20</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 61:</b>	<b>OTH_DIAG_CODE_21</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 62:</b>	<b>OTH_DIAG_CODE_22</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 63:</b>	<b>OTH_DIAG_CODE_23</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 64:</b>	<b>OTH_DIAG_CODE_24</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 65:</b>	<b>RELATED_CAUSE_CODE_1</b> Code identifying an accompanying cause of an illness, injury or an accident.				
<b>Coding Scheme:</b>	AA Auto accident AB Abuse AP Another party responsible EM Employment OA Other accident				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 66:</b>	<b>RELATED_CAUSE_CODE_2</b> Code identifying an accompanying cause of an illness, injury or an accident.				
<b>Coding Scheme:</b>	Same as RELATED_CAUSE_CODE_1				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 67:</b>	<b>RELATED_CAUSE_CODE_3</b> Code identifying an accompanying cause of an illness, injury or an accident.				
<b>Coding Scheme:</b>	Same as RELATED_CAUSE_CODE_1				



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<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 68:</b>	<b>E_CODE_1</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 69:</b>	<b>E_CODE_2</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 70:</b>	<b>E_CODE_3</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 71:</b>	<b>E_CODE_4</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 72:</b>	<b>E_CODE_5</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 73:</b>	<b>E_CODE_6</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 74:</b>	<b>E_CODE_7</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 75:</b>	<b>E_CODE_8</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 76:</b>	<b>E_CODE_9</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 77:</b>	<b>E_CODE_10</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 78:</b>	<b>PROC_CODE_1</b> Code for the surgical or other procedure with the highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 79:</b>	<b>PROC_CODE_2</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 80:</b>	<b>PROC_CODE_3</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				



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<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 81:</b>	<b>PROC_CODE_4</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 82:</b>	<b>PROC_CODE_5</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 83:</b>	<b>PROC_CODE_6</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 84:</b>	<b>PROC_CODE_7</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 85:</b>	<b>PROC_CODE_8</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 86:</b>	<b>PROC_CODE_9</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 87:</b>	<b>PROC_CODE_10</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 88:</b>	<b>PROC_CODE_11</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 89:</b>	<b>PROC_CODE_12</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 90:</b>	<b>PROC_CODE_13</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 91:</b>	<b>PROC_CODE_14</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 92:</b>	<b>PROC_CODE_15</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 93:</b>	<b>PROC_CODE_16</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				

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<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 94:</b>	<b>PROC_CODE_17</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 95:</b>	<b>PROC_CODE_18</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 96:</b>	<b>PROC_CODE_19</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 97:</b>	<b>PROC_CODE_20</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 98:</b>	<b>PROC_CODE_21</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 99:</b>	<b>PROC_CODE_22</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 100:</b>	<b>PROC_CODE_23</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 101:</b>	<b>PROC_CODE_24</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 102:</b>	<b>PROC_CODE_25</b> Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.				
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 103:</b>	<b>EAPG_GRP_VER</b> Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG Grouper. Not available 4Q09				
<b>Length:</b>	12	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
<b>Field 104:</b>	<b>APC_GRP_VER</b> Ambulatory Payment Classification (APC) as assigned by 3M APC Grouper. Not available 4Q09				
<b>Length:</b>	12	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
<b>Field 105:</b>	<b>PHYSICIAN1_INDEX_NUMBER</b> Unique identifier assigned to the licensed physician expected to certify medical necessity of services rendered, with primary responsibility for the patient's medical care and treatment. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.				

## Outpatient Data - Research Data File

<b>Length:</b>	10	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
<b>Field 106:</b>	<b>PHYSICIAN2_INDEX_NUMBER</b>				
	Unique identifier assigned to the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.				
<b>Length:</b>	10	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
<b>Field 107:</b>	<b>OCCUR_CODE_1</b>				
	Code describing a significant event relating to the claim.				
<b>Coding Scheme:</b>	01	Auto accident	39	Date discharged on a continuous course if IV therapy	
	02	No Fault Insurance Involved - Including Auto Accident/Other	40	Scheduled date of admission	
	3	Accident/ Tort Liability	41	Date of first test of pre-admission testing	
	4	Accident/ Employment Related	42	Date of discharge (hospice only)	
	5	Other accident	43	Scheduled date of canceled surgery	
	6	Crime Victim	44	Date treatment started - OT	
	9	Start of Infertility Treatment Cycle	45	Date treatment started - ST	
	10	Last Menstrual Period	46	Date treatment started - Cardiac rehabilitation	
	11	Onset of Symptoms/ Illness	47	Date cost outlier status begins	
	12	Date of Onset for a Chronically Dependent Individual	A1	Birthdate - Insured A	
	16	Date of Last Therapy	A2	Effective Date - Insured A Policy	
	17	Date Outpatient OT Plan Established or Last Reviewed	A3	Payer A benefits exhausted	
	18	Date of Retirement - Patient/Beneficiary	A4	Split Bill Date	
	19	Date of Retirement - Spouse	B1	Birthdate - Insured B	
	20	Date Guarantee of Payment Began	B2	Effective date - Insured B Policy	
	21	Date UR Notice Received	B3	Payer B benefits exhausted	
	22	Date Active Care Ended	C1	Birthdate - Insured C	
	24	Date Insurance Denied	C2	Effective date - Insured C Policy	
	25	Date Benefits Terminated by Primary Payer	C3	Payer C benefits exhausted	
	26	Date SNF Bed Became Available	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 G1 Birthdate - Insured F	
	32	Date beneficiary notified of intent to bill (procedures or treatments)	G2	Effective date - Insured F Policy	
	37	Date of inpatient hospital discharge for non-covered transplant patients			
	38	Date treatment started for home IV therapy	G3	Payer F benefits exhausted	
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 108:</b>	<b>OCCUR_DATE_1</b>				
	Date of occurrence, as YYYYMMDD.				

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<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 109:</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>	Claim
<b>Field 110:</b>	<b>OCCUR_CODE_2</b> Code describing a significant event relating to the claim.				

## Outpatient Data - Research Data File

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

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

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

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<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 112:</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>	Claim
<b>Field 113:</b>	<b>OCCUR_CODE_3</b> Code describing a significant event relating to the claim.				
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 114:</b>	<b>OCCUR_DATE_3</b> Date of occurrence, as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 115:</b>	<b>OCCUR_DAY_3</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 116:</b>	<b>OCCUR_CODE_4</b> Code describing a significant event relating to the claim.				
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 117:</b>	<b>OCCUR_DATE_4</b> Date of occurrence, as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 118:</b>	<b>OCCUR_DAY_4</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 119:</b>	<b>OCCUR_CODE_5</b> Code describing a significant event relating to the claim.				
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 120:</b>	<b>OCCUR_DATE_5</b> Date of occurrence, as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 121:</b>	<b>OCCUR_DAY_5</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 122:</b>	<b>OCCUR_CODE_6</b> Code describing a significant event relating to the claim.				
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 123:</b>	<b>OCCUR_DATE_6</b> Date of occurrence, as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 124:</b>	<b>OCCUR_DAY_6</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 125:</b>	<b>OCCUR_CODE_7</b> Code describing a significant event relating to the claim.				
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.				
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 126:</b>	<b>OCCUR_DATE_7</b> Date of occurrence, as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 127:</b>	<b>OCCUR_DAY_7</b>				

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	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> Claim
<b>Field 128:</b>	<b>OCCUR_CODE_8</b>			
	Code describing a significant event relating to the claim.			
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.			
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 129:</b>	<b>OCCUR_DATE_8</b>			
	Date of occurrence, as YYYYMMDD.			
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 130:</b>	<b>OCCUR_DAY_8</b>			
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 131:</b>	<b>OCCUR_CODE_9</b>			
	Code describing a significant event relating to the claim.			
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.			
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 132:</b>	<b>OCCUR_DATE_9</b>			
	Date of occurrence, as YYYYMMDD.			
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 133:</b>	<b>OCCUR_DAY_9</b>			
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 134:</b>	<b>OCCUR_CODE_10</b>			
	Code describing a significant event relating to the claim.			
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.			
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 135:</b>	<b>OCCUR_DATE_10</b>			
	Date of occurrence, as YYYYMMDD.			
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 136:</b>	<b>OCCUR_DAY_10</b>			
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 137:</b>	<b>OCCUR_CODE_11</b>			
	Code describing a significant event relating to the claim.			
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.			
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 138:</b>	<b>OCCUR_DATE_11</b>			
	Date of occurrence, as YYYYMMDD.			
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 139:</b>	<b>OCCUR_DAY_11</b>			
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 140:</b>	<b>OCCUR_CODE_12</b>			
	Code describing a significant event relating to the claim.			
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.			
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 141:</b>	<b>OCCUR_DATE_12</b>			
	Date of occurrence, as YYYYMMDD.			
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 142:</b>	<b>OCCUR_DAY_12</b>			
	Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim

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<b>Field 143:</b>	<b>OCCUR_SPAN_CODE_1</b>			
	Code describing a significant event relating to the claim that may affect payer processing.			
<b>Coding Scheme:</b>	70	Qualifying stay dates (for SNF use only)	78	SNF prior stay dates
	71	Prior stay dates	79	Payer use codes
	72	First/Last Visit	M0	PRO/UR approved stay dates
	73	Benefit eligibility period	M1	Provider liability - no utilization
	74	Noncovered level of care/Leave of absence	M2	Inpatient respite dates
	75	SNF level of care	M3	ICF level of care
	76	Patient Liability Period	M4	Residential level of care
	77	Provider Liability - Utilization Charged		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 144:</b>	<b>OCCUR_SPAN_FROM_1</b>			
	Occurrence Span From <i>equals</i> Beginning Date of Event <i>minus</i> STMT_PERIOD_FROM Date.			
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 145:</b>	<b>OCCUR_SPAN_THRU_1</b>			
	Occurrence Span Thru <i>equals</i> Ending Date of Event <i>minus</i> STMT_PERIOD_FROM Date.			
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 146:</b>	<b>OCCUR_SPAN_CODE_2</b>			
	Code describing a significant event relating to the claim that may affect payer processing.			
<b>Coding Scheme:</b>	Same as OCCUR_SPAN_CODE_1.			
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 147:</b>	<b>OCCUR_SPAN_FROM_2</b>			
	Occurrence Span From <i>equals</i> Beginning Date of Event <i>minus</i> STMT_PERIOD_FROM Date.			
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 148:</b>	<b>OCCUR_SPAN_THRU_2</b>			
	Occurrence Span Thru <i>equals</i> Ending Date of Event <i>minus</i> STMT_PERIOD_FROM Date.			
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 149:</b>	<b>OCCUR_SPAN_CODE_3</b>			
	Code describing a significant event relating to the claim that may affect payer processing.			
<b>Coding Scheme:</b>	Same as OCCUR_SPAN_CODE_1.			
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 150:</b>	<b>OCCUR_SPAN_FROM_3</b>			
	Occurrence Span From <i>equals</i> Beginning Date of Event <i>minus</i> STMT_PERIOD_FROM Date.			
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 151:</b>	<b>OCCUR_SPAN_THRU_3</b>			
	Occurrence Span Thru <i>equals</i> Ending Date of Event <i>minus</i> STMT_PERIOD_FROM Date.			
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 152:</b>	<b>OCCUR_SPAN_CODE_4</b>			
	Code describing a significant event relating to the claim that may affect payer processing.			
<b>Coding Scheme:</b>	Same as OCCUR_SPAN_CODE_1.			
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 153:</b>	<b>OCCUR_SPAN_FROM_4</b>			
	Occurrence Span From <i>equals</i> Beginning Date of Event <i>minus</i> STMT_PERIOD_FROM Date.			
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 154:</b>	<b>OCCUR_SPAN_THRU_4</b>			
	Occurrence Span Thru <i>equals</i> Ending Date of Event <i>minus</i> STMT_PERIOD_FROM Date.			
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 155:</b>	<b>CONDITION_CODE_1</b>			
	Code describing a condition relating to the claim.			
<b>Coding Scheme:</b>	01	Military service related	76	Back-up in facility dialysis
	02	Condition is employment related	77	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment



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03	Patient covered by insurance not reflected here	78	New coverage not implemented by HMO
04	Information only bill.	79	CORF services provided offsite
04	Patient is HMO enrollee	80	Home dialysis - nursing facility
05	Lien has been filed	A0	CHAMPUS 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	A7	Induced abortion - danger to life
18	Maiden name retained	A8	Induced abortion - victim rape/incest
19	Child retains mother's name	A9	Second opinion surgery
20	Beneficiary requested billing	AA	Abortion performed due to rape
21	Billing for denial notice	AB	Abortion performed due to incest
22	Patient on multiple drug regimen	AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality
23	Home care giver available	AD	Abortion performed due to life endangering physical condition caused by, arising from or exacerbated by the pregnancy itself
24	Home IV patient also receiving HHA services	AE	Abortion performed due to physical health of mother that is not life endangering
25	Patient is non-US resident	AF	Abortion performed due to emotional/psychological health of mother
26	VA eligible patient chooses to receive services in a Medicare certified facility	AG	Abortion performed due to social or economic reasons
27	Patient referred to a sole community hospital for a diagnostic laboratory test	AH	Elective abortion
28	Patient and/or spouse's EGHP is secondary to Medicare	AI	Sterilization
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	AJ	Payer responsible for co-payment
30	Non-research services provided to patients enrolled in a qualified clinical trial	AJ	Payer responsible for co-payment
31	Patient is student (full time - day)	AK	Air ambulance required
32	Patient is student (cooperative/work study program)	AL	Specialized treatment/bed unavailable
33	Patient is student (full time - night)	A	Non-emergency medically necessary stretcher transport required
34	Patient is student (part-time)	M	
36	General care patient in a special unit	AN	Pre-admission screening not required
37	Ward accommodation at patient request	B0	Medicare coordinated care demonstration claim
38	Semi-private room not available	B1	Beneficiary is ineligible for demonstration program
39	Private room medically necessary	B2	Critical access hospital ambulance attestation
40	Same day transfer	B3	Pregnancy indicator
41	Partial hospitalization	B4	Admission unrelated to discharge on same day
42	Continuing care not related to inpatient admission	C1	Approved as billed
43	Continuing care not provided within prescribed postdischarge window	C2	Automatic approval as billed based on focused review
44	Inpatient admission changed to outpatient	C3	Partial approval
46	Non-availability statement on file	C4	Admission/services denied
47	Reserved for CHAMPUS	C5	Postpayment review applicable
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	C6	Admission Preauthorization
55	SNF bed not available	C7	Extended Authorization
56	Medical appropriateness	D0	Changes to Service Dates
57	SNF readmission	D1	Changes to Charges
58	Terminated Medicare+Choice organization enrollee	D2	Changes in Revenue Codes/HCPSC/HIPPS rate code
59	Non-primary ESRD facility	D3	Second or Subsequent Interim PPS Bill
60	Day outlier	D4	Change in ICD-9-CM diagnosis and/or procedure codes.
61	Cost outlier	D5	Cancel to correct HICN or Provider ID
66	Provider does not wish cost outlier payment	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
67	Beneficiary elects not to use life time reserve (LTR) days	D7	Change to Make Medicare the Secondary Payer
		D8	Change to Make Medicare the Primary Payer

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	68	Beneficiary elects to use life time reserve (LTR) days	D9	Any Other Change
	69	IME payment only bill.	DR	Katrina disaster related
	69	IME/DGME/N&AH Payment Only	E0	Changes in Patient Status
	69	IME/DGME/N&AH Payment Only	G0	Distinct Medical Visit
	70	Self-administered EPO	H0	Delayed Filing, Statement of Intent Submitted
	71	Full care in unit	M0	All inclusive rate for outpatient services
	72	Self care in unit	M1	Roster billed influenza virus vaccine or pneumococcal pneumonia vaccine (PPV)
	73	Self care training	M2	HHA payment significantly exceeds total charges
	74	Home	P1	Do not Resuscitate Order (DNR)
	75	Home - 100% reimbursement	W	United Mine Workers of America (UMWA)
			O	Demonstration Indicator
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 156:</b>	<b>CONDITION_CODE_2</b>			
	Code describing a condition relating to the claim.			
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.			
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 157:</b>	<b>CONDITION_CODE_3</b>			
	Code describing a condition relating to the claim.			
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.			
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 158:</b>	<b>CONDITION_CODE_4</b>			
	Code describing a condition relating to the claim.			
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.			
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 159:</b>	<b>CONDITION_CODE_5</b>			
	Code describing a condition relating to the claim.			
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.			
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 160:</b>	<b>CONDITION_CODE_6</b>			
	Code describing a condition relating to the claim.			
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.			
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 161:</b>	<b>CONDITION_CODE_7</b>			
	Code describing a condition relating to the claim.			
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.			
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 162:</b>	<b>CONDITION_CODE_8</b>			
	Code describing a condition relating to the claim.			
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.			
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 163:</b>	<b>VALUE_CODE_1</b>			
	Code describing information that may affect payer processing.			
<b>Coding Scheme:</b>	01	Most common semi-private rate	66	Medicaid spenddown amount
	02	Hospital has no semi-private rooms	67	Peritoneal dialysis
	04	Inpatient professional component charges which are combined billed	68	EPO-drug
	05	Professional component included in charges and also billed separately to carrier	69	State charity care percentage
	06	Medicare blood deductible	72	Flat rate surgery charge
	08	Medicare life time reserve amount in the first calendar year	73	Drug deductible
	09	Medicare coinsurance amount in the first calendar year	74	Drug coinsurance
	10	Medicare lifetime reserve amount in the second calendar year	77	New technology add-on payment

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11	Medicare coinsurance amount in the second calendar year	A0	Special zip code reporting
12	Working aged beneficiary/spouse with employer group health plan	A1	Deductible payer A
13	ESRD beneficiary in a Medicare coordination period with an employer group health plan	A2	Coinsurance payer A
14	No fault, including auto/other	A3	Estimated responsibility payer A
15	Worker's compensation	A4	Covered self-administrable drugs - emergency
16	Public health service (PHS) or other federal agency	A5	Covered self-administrable drugs - administrable in form and situation furnished to patient
21	Catastrophic	A6	Covered self-administrable drugs - diagnostic study and other
22	Surplus	A7	Co-payment payer A
23	Recurring monthly income	A8	Patient weight
24	Medicaid Rate Code	A9	Patient height
25	Offset to the patient - payment amount - prescription drugs	AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A
26	Offset to the patient - payment amount - hearing and ear services	AB	Other assessments or allowances (e.g., medical education) - payer A
27	Offset to the patient - payment amount - vision and eye services	B1	Deductible payer B
28	Offset to the patient - payment amount - dental services	B2	Coinsurance payer B
29	Offset to the patient - payment amount - chiropractic services	B3	Estimated responsibility payer B
30	Preadmission testing	B7	Co-payment payer B
31	Patient Liability Amount	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
32	Multiple patient ambulance transport	BB	Other assessments or allowances (e.g., medical education) - payer B
33	Offset to the patient - payment amount - podiatric services	C1	Deductible payer C
34	Offset to the patient - payment amount - other medical services	C2	Coinsurance payer C
35	Offset to the patient - payment amount - health insurance premiums	C3	Estimated responsibility payer C
37	Pints of blood furnished	C7	Co-payment payer C
38	Blood deductible pints	CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C
39	Pints of blood replaced	CB	Other assessments or allowances (e.g., medical education) - payer C
40	New coverage not implemented by HMO	D3	Patient estimated responsibility
41	Black lung	E1	Deductible Payer D
42	VA	E2	Coinsurance Payer D
43	Disabled beneficiary under age 65 with LGHP	E3	Coinsurance Payer D
44	Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received	E7	Co-payment payer D
45	Accident hour	EA	Regulatory surcharges, assessments, allowances or health care related taxes - payer D
46	Number of grace days	EB	Other assessments or allowances (e.g., medical education) - payer D
47	Any liability insurance	F1	Deductible Payer E
48	Hemoglobin reading	F2	Coinsurance Payer E
49	Hematocrit reading	F3	Coinsurance Payer E
50	PT visits	F7	Co-payment payer E
51	OT visits	FA	Regulatory surcharges, assessments, allowances or health care related taxes - payer E
52	ST visits	FB	Other assessments or allowances (e.g., medical education) - payer E
53	Cardiac rehab visits	G1	Deductible Payer F
54	Newborn birth weight in grams	G1	Deductible Payer F
55	Eligibility threshold for charity care	G2	Coinsurance Payer F
56	Skilled nurse - home visit hours	G3	Coinsurance Payer F
57	Home health aide - home visit hours	G7	Co-payment payer F
58	Arterial blood gas	GA	Regulatory surcharges, assessments, allowances or health care related taxes - payer F

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	59	Oxygen saturation	GB	Other assessments or allowances (e.g., medical education)
	60	HHA branch MSA		- payer F
	61	Location where service is furnished (HHA and hospice)	P1	Do not resuscitate order (DNR)
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 164:</b>	<b>VALUE_AMOUNT_1</b>			
	Amount (in cents) that may be affected.			
<b>Length:</b>	9	<b>Type:</b> Numeric	<b>Data Source:</b>	Claim
<b>Field 165:</b>	<b>VALUE_CODE_2</b>			
	Code describing information that may affect payer processing.			
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.			
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 166:</b>	<b>VALUE_AMOUNT_2</b>			
	Amount (in cents) that may be affected.			
<b>Length:</b>	9	<b>Type:</b> Numeric	<b>Data Source:</b>	Claim
<b>Field 167:</b>	<b>VALUE_CODE_3</b>			
	Code describing information that may affect payer processing.			
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.			
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 168:</b>	<b>VALUE_AMOUNT_3</b>			
	Amount (in cents) that may be affected.			
<b>Length:</b>	9	<b>Type:</b> Numeric	<b>Data Source:</b>	Claim
<b>Field 169:</b>	<b>VALUE_CODE_4</b>			
	Code describing information that may affect payer processing.			
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.			
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 170:</b>	<b>VALUE_AMOUNT_4</b>			
	Amount (in cents) that may be affected.			
<b>Length:</b>	9	<b>Type:</b> Numeric	<b>Data Source:</b>	Claim
<b>Field 171:</b>	<b>VALUE_CODE_5</b>			
	Code describing information that may affect payer processing.			
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.			
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 172:</b>	<b>VALUE_AMOUNT_5</b>			
	Amount (in cents) that may be affected.			
<b>Length:</b>	9	<b>Type:</b> Numeric	<b>Data Source:</b>	Claim
<b>Field 173:</b>	<b>VALUE_CODE_6</b>			
	Code describing information that may affect payer processing.			
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.			
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 174:</b>	<b>VALUE_AMOUNT_6</b>			
	Amount (in cents) that may be affected.			
<b>Length:</b>	9	<b>Type:</b> Numeric	<b>Data Source:</b>	Claim
<b>Field 175:</b>	<b>VALUE_CODE_7</b>			
	Code describing information that may affect payer processing.			
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.			
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 176:</b>	<b>VALUE_AMOUNT_7</b>			
	Amount (in cents) that may be affected.			
<b>Length:</b>	9	<b>Type:</b> Numeric	<b>Data Source:</b>	Claim
<b>Field 177:</b>	<b>VALUE_CODE_8</b>			
	Code describing information that may affect payer processing.			

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<b>Coding Scheme:</b>	Same as VALUE_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 178:</b>	<b>VALUE_AMOUNT_8</b> Amount (in cents) that may be affected.		
<b>Length:</b>	9	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 179:</b>	<b>VALUE_CODE_9</b> Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 180:</b>	<b>VALUE_AMOUNT_9</b> Amount (in cents) that may be affected.		
<b>Length:</b>	9	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 181:</b>	<b>VALUE_CODE_10</b> Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 182:</b>	<b>VALUE_AMOUNT_10</b> Amount (in cents) that may be affected.		
<b>Length:</b>	9	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 183:</b>	<b>VALUE_CODE_11</b> Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 184:</b>	<b>VALUE_AMOUNT_11</b> Amount (in cents) that may be affected.		
<b>Length:</b>	9	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 185:</b>	<b>VALUE_CODE_12</b> Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 186:</b>	<b>VALUE_AMOUNT_12</b> Amount (in cents) that may be affected.		
<b>Length:</b>	9	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 187:</b>	<b>OTHER_AMOUNT</b> Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 002-099, 22X-24X, 52X-53X, 55X-60X, 64X-70X, 76X-78X, 90X-95X, 99X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 188:</b>	<b>PHARM_AMOUNT</b> Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 26X, 63X, 25??		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 189:</b>	<b>MEDSURG_AMOUNT</b> Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 27X, 62X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 190:</b>	<b>DME_AMOUNT</b> Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue centers 290-292, 294-299.		

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<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 191:</b>	<b>USED_DME_AMOUNT</b> Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 293.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 192:</b>	<b>PT_AMOUNT</b> Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 42X.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 193:</b>	<b>OT_AMOUNT</b> Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 42X.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 194:</b>	<b>SPEECH_AMOUNT</b> Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 44X, 47X.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 195:</b>	<b>IT_AMOUNT</b> Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 41X, 46X.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 196:</b>	<b>BLOOD_AMOUNT</b> Ancillary Service Charge. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 38X.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 197:</b>	<b>BLOOD_ADM_AMOUNT</b> Ancillary Service Charge. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 39X.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 198:</b>	<b>OR_AMOUNT</b> Ancillary Service Charge, Operating Room Charge amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 36X, 71X-72X.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 199:</b>	<b>LITH_AMOUNT</b> Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 79X.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 200:</b>	<b>CARD_AMOUNT</b> Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 48X, 73X.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 201:</b>	<b>ANES_AMOUNT</b> Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 37X.				



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<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 202:</b>	<b>LAB_AMOUNT</b> Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 30X-31X, 74X-75X.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 203:</b>	<b>RAD_AMOUNT</b> Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 28X, 32X-35X, 40X.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 204:</b>	<b>MRI_AMOUNT</b> Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 61X.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 205:</b>	<b>OP_AMOUNT</b> Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 49X-50X.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 206:</b>	<b>ER_AMOUNT</b> Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 45X.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 207:</b>	<b>AMBULANCE_AMOUNT</b> Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 54X.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 208:</b>	<b>PRO_FEE_AMOUNT</b> Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 96X-98X.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 209:</b>	<b>ORGAN_AMOUNT</b> Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 81X, 89X.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 210:</b>	<b>ESRD_AMOUNT</b> Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 80X, 82X-88X.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 211:</b>	<b>CLINIC_AMOUNT</b> Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 51X.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 212:</b>	<b>CLAIM_TOTAL_CHARGES</b>				

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	Sum (in cents) of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. Replaces TOTAL_CHARGES_23.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 213:</b>	<b>CLAIM_NON_COV_CHARGES</b>				
	Sum (in cents) of non-covered accommodation charges, non-covered ancillary charges.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 214:</b>	<b>CLAIM_CHARGES Ancil</b>				
	Sum (in cents) of covered and non-covered ancillary charges.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 215:</b>	<b>CLAIM_NON_COV_CHARGES Ancil</b>				
	Sum (in cents) of non-covered ancillary charges.				
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b>	Claim
<b>Field 216:</b>	<b>PROCESS DATE</b>				
	Date record was processed and certified.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 217:</b>	<b>INST_PROF_INDICATOR (INPUT_FORMAT)</b>				
	Format in which the outpatient data file was submitted by the facility.				
<b>Coding Scheme:</b>	0 837 Professional 1 837 Institutional				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
<b>Field 218:</b>	<b>INBOUND_INDICATOR</b>				
	Indicates the format of data as submitted.				
<b>Coding Scheme:</b>	8 837 format D Data entry U UB-04 format				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 219:</b>	<b>EMERGENCY_DEPT_FLAG</b>				
	Indicator of emergency department visit				
<b>Coding Scheme:</b>	Y visit was emergency related N Visit was not emergency related				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
<b>Field 220:</b>	<b>CCS_PRIN_DIAG_CODE</b>				
	Clinical Classifications Software (CCS) classification of PRIN_DIAG_CODE into clinically meaningful diagnosis category.				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
<b>Field 221:</b>	<b>CCS_OTH_DIAG_CODE_1</b>				
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
<b>Field 222:</b>	<b>CCS_OTH_DIAG_CODE_2</b>				
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
<b>Field 223:</b>	<b>CCS_OTH_DIAG_CODE_3</b>				
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
<b>Field 224:</b>	<b>CCS_OTH_DIAG_CODE_4</b>				
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
<b>Field 225:</b>	<b>CCS_OTH_DIAG_CODE_5</b>				



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	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 226:</b>	<b>CCS_OTH_DIAG_CODE_6</b>			
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 227:</b>	<b>CCS_OTH_DIAG_CODE_7</b>			
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 228:</b>	<b>CCS_OTH_DIAG_CODE_8</b>			
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 229:</b>	<b>CCS_OTH_DIAG_CODE_9</b>			
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 230:</b>	<b>CCS_OTH_DIAG_CODE_10</b>			
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 231:</b>	<b>CCS_OTH_DIAG_CODE_11</b>			
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 232:</b>	<b>CCS_OTH_DIAG_CODE_12</b>			
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 233:</b>	<b>CCS_OTH_DIAG_CODE_13</b>			
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 234:</b>	<b>CCS_OTH_DIAG_CODE_14</b>			
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 235:</b>	<b>CCS_OTH_DIAG_CODE_15</b>			
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 236:</b>	<b>CCS_OTH_DIAG_CODE_16</b>			
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 237:</b>	<b>CCS_OTH_DIAG_CODE_17</b>			
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.			
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 238:</b>	<b>CCS_OTH_DIAG_CODE_18</b>			

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

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	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category.			
<b>Length:</b>	3	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 252:</b>	<b>CCS_PROC_CODE_8</b>			
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_8 into clinically meaningful procedure category.			
<b>Length:</b>	3	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 253:</b>	<b>CCS_PROC_CODE_9</b>			
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 into clinically meaningful procedure category.			
<b>Length:</b>	3	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 254:</b>	<b>CCS_PROC_CODE_10</b>			
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_10 into clinically meaningful procedure category.			
<b>Length:</b>	3	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 255:</b>	<b>CCS_PROC_CODE_11</b>			
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_11 into clinically meaningful procedure category.			
<b>Length:</b>	3	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 256:</b>	<b>CCS_PROC_CODE_12</b>			
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_12 into clinically meaningful procedure category.			
<b>Length:</b>	3	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 257:</b>	<b>CCS_PROC_CODE_13</b>			
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_13 into clinically meaningful procedure category.			
<b>Length:</b>	3	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 258:</b>	<b>CCS_PROC_CODE_14</b>			
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_14 into clinically meaningful procedure category.			
<b>Length:</b>	3	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 259:</b>	<b>CCS_PROC_CODE_15</b>			
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_15 into clinically meaningful procedure category.			
<b>Length:</b>	3	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 260:</b>	<b>CCS_PROC_CODE_16</b>			
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_16 into clinically meaningful procedure category.			
<b>Length:</b>	3	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 261:</b>	<b>CCS_PROC_CODE_17</b>			
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_17 into clinically meaningful procedure category.			
<b>Length:</b>	3	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 262:</b>	<b>CCS_PROC_CODE_18</b>			
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_18 into clinically meaningful procedure category.			
<b>Length:</b>	3	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 263:</b>	<b>CCS_PROC_CODE_19</b>			
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category.			
<b>Length:</b>	3	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 264:</b>	<b>CCS_PROC_CODE_20</b>			

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	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_20 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 265:</b>	<b>CCS_PROC_CODE_21</b>
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 266:</b>	<b>CCS_PROC_CODE_22</b>
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_22 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 267:</b>	<b>CCS_PROC_CODE_23</b>
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_23 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 268:</b>	<b>CCS_PROC_CODE_24</b>
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_24 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 269:</b>	<b>CCS_PROC_CODE_25</b>
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_25 into clinically meaningful procedure category.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned

## CHARGES DATA FILE

<b>Field 1:</b>	<b>RECORD_ID</b>			
	Record Identification Number. Unique number to identify the record within the research data file. Does not match or link to PUDF Record ID. Does match with RECORD_ID in other Inpatient RDF files			
<b>Length:</b>	12	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 2:</b>	<b>REVENUE_CODE</b>			
	Code corresponding to each specific accommodation, ancillary service or billing calculation related to the services being billed.			
<b>Coding Scheme:</b>	0100	All-inclusive room charges plus ancillary	0514	Clinic - OB/GYN
	0101	All-inclusive room charges	0516	Clinic - urgent care
	0110	Room charges for private rooms - general	0517	Clinic - family practice
	0111	Room charges for private rooms - medical/surgical/GYN	0519	Clinic - other
	0112	Room charges for private rooms - obstetrics	0520	Freestanding Clinic - general
	0113	Room charges for private rooms - pediatric	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
	0114	Room charges for private rooms - psychiatric	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner
	0115	Room charges for private rooms - hospice	0523	Freestanding Clinic - family practice
	0116	Room charges for private rooms - detoxification	0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF
	0117	Room charges for private rooms - oncology	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
	0118	Room charges for private rooms - rehabilitation	0526	Freestanding Clinic - urgent care
	0119	Room charges for private rooms - other	0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area
	0120	Room charges for semi-private rooms - general	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
	0121	Room charges for semi-private rooms - medical/surgical/GYN	0529	Freestanding Clinic - other
	0122	Room charges for semi-private rooms - obstetrics	0530	Osteopathic service - general
	0123	Room charges for semi-private rooms - pediatric	0531	Osteopathic service - therapy
	0124	Room charges for semi-private rooms - psychiatric	0539	Osteopathic service - other
	0125	Room charges for semi-private rooms - hospice	0540	Ambulance service - general
	0126	Room charges for semi-private rooms - detoxification	0541	Ambulance service - supplies
	0127	Room charges for semi-private rooms - oncology	0542	Ambulance service - medical transport
	0128	Room charges for semi-private rooms - rehabilitation	0543	Ambulance service - heart mobile
	0129	Room charges for semi-private rooms - other	0544	Ambulance service - oxygen
	0130	Room charges for semi-private - 3/4 beds - rooms - general	0545	Ambulance service - air ambulance
	0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0546	Ambulance service - neonatal
	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrijcs	0547	Ambulance service - pharmacy

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0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0548	Ambulance service - telephone transmission EKG
0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0549	Ambulance service - other
0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0550	Skilled nursing - general
0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0551	Skilled nursing - visit charge
0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0552	Skilled nursing - hourly charge
0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0559	Skilled nursing - other
0139	Room charges for semi-private - 3/4 beds - rooms - other	0560	Medical social services - general
0140	Room charges for private (deluxe) rooms - general	0561	Medical social services - visit charge
0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	0562	Medical social services - hourly charge
0142	Room charges for private (deluxe) rooms - obstetrics	0569	Medical social services - other
0143	Room charges for private (deluxe) rooms - pediatric	0570	Home health aide - general
0144	Room charges for private (deluxe) rooms - psychiatric	0571	Home health aide - visit charge
0145	Room charges for private (deluxe) rooms - hospice	0572	Home health aide - hourly charge
0146	Room charges for private (deluxe) rooms - detoxification	0579	Home health aide - other
0147	Room charges for private (deluxe) rooms - oncology	0580	Other visits (home health) - general
0148	Room charges for private (deluxe) rooms - rehabilitation	0581	Other visits (home health) - visit charge
0149	Room charges for private (deluxe) rooms - other	0582	Other visits (home health) - hourly charge
0150	Room charges for ward rooms - general	0583	Other visits (home health) - assessment
0151	Room charges for ward rooms - medical/surgical/GYN	0589	Other visits (home health) - other
0152	Room charges for ward rooms - obstetrics	0590	Units of service (home health) - general
0153	Room charges for ward rooms - pediatric	0599	Units of service (home health) - other
0154	Room charges for ward rooms - psychiatric	0600	Oxygen (home health) - general
0155	Room charges for ward rooms - hospice	0601	Oxygen (home health) - stat/equip/supply or contents
0156	Room charges for ward rooms - detoxification	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0157	Room charges for ward rooms - oncology	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0158	Room charges for ward rooms - rehabilitation	0604	Oxygen (home health) - portable add-in
0159	Room charges for ward rooms - other	0610	MRI - general
0160	Room charges for other rooms - general	0611	MRI - brain (including brain stem)
0161	Room charges for other rooms - medical/surgical/GYN	0612	MRI - spinal cord (including spine)
0162	Room charges for other rooms - obstetrics	0619	MRI - other
0163	Room charges for other rooms - pediatric	0621	Medical/surgical supplies - incident to radiology
0164	Room charges for other rooms - psychiatric	0622	Medical/surgical supplies - incident to other diagnostic services
0165	Room charges for other rooms - hospice	0623	Medical/surgical supplies - surgical dressings
0166	Room charges for other rooms - detoxification	0624	Medical/surgical supplies - FDA investigational devices
0167	Room charges for other rooms - oncology	0630	Drugs requiring specific identification - general

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0168	Room charges for other rooms - rehabilitation	0631	Drugs requiring specific identification - single source
0169	Room charges for other rooms - other	0632	Drugs requiring specific identification - multiple source
0170	Room charges for nursery - general	0633	Drugs requiring specific identification - restrictive prescription
0171	Room charges for nursery - newborn level I	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0172	Room charges for nursery - newborn level II	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0173	Room charges for nursery - newborn level III	0636	Drugs requiring specific identification - requiring detailed coding
0174	Room charges for nursery - newborn level IV	0637	Drugs requiring specific identification - self-administrable not requiring detailed coding
0179	Room charges for nursery - other	0640	Home IV therapy services - general
0180	Room charges for LOA - general	0641	Home IV therapy services - nonroutine nursing, central line
0182	Room charges for LOA - patient convenience-charges billable	0642	Home IV therapy services - IV site care, central line
0183	Room charges for LOA - therapeutic leave	0643	Home IV therapy services - IV start/change, peripheral line
0184	Room charges for LOA - ICF mentally retarded - any reason	0644	Home IV therapy services - nonroutine nursing, peripheral line
0185	Room charges for LOA - hospitalization	0645	Home IV therapy services - training patient/caregiver, central line
0189	Room charges for LOA - other	0646	Home IV therapy services - training, disabled patient, central line
0190	Room charges for subacute care - general	0647	Home IV therapy services - training, patient/caregiver, peripheral
0191	Room charges for subacute care - Level I (skilled care)	0648	Home IV therapy services - training, disabled patient, peripheral
0192	Room charges for subacute care - Level II (comprehensive care)	0649	Home IV therapy services - other
0193	Room charges for subacute care - Level III (complex care)	0650	Hospice services - general
0194	Room charges for subacute care - Level IV (intensive care)	0651	Hospice services - routine home care
0199	Room charges for subacute care - other	0652	Hospice services - continuous home care
0200	Room charges for intensive care - general	0655	Hospice services - inpatient respite care
0201	Room charges for intensive care - surgical	0656	Hospice services - general inpatient care (non-respite)
0202	Room charges for intensive care - medical	0657	Hospice services - physician services
0203	Room charges for intensive care - pediatric	0658	Hospice services - room and board - nursing facility
0204	Room charges for intensive care - psychiatric	0659	Hospice services - other
0206	Room charges for intensive care - intermediate intensive care unit (ICU)	0660	Respite care - general
0207	Room charges for intensive care - burn care	0661	Respite care - hourly charge/skilled nursing
0208	Room charges for intensive care - trauma	0662	Respite care - hourly charge/aide/homemaker/companion
0209	Room charges for intensive care - other	0663	Respite care - daily charge
0210	Room charges for coronary care - general	0669	Respite care - other
0211	Room charges for coronary care - myocardial infarction	0670	Outpatient special residence - general
0212	Room charges for coronary care - pulmonary care	0671	Outpatient special residence - hospital based
0213	Room charges for coronary care - heart transplant	0672	Outpatient special residence - contracted
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0679	Outpatient special residence - other
0219	Room charges for coronary care - other	0681	Trauma response - level I



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0220	Special charges - general	0682	Trauma response - level II
0221	Special charges - admission charge	0683	Trauma response - level III
0222	Special charges - technical support charge	0684	Trauma response - level IV
0223	Special charges - UR service charge	0689	Trauma response - other
0224	Special charges - late discharge, medically necessary	0700	Cast Room services - general
0229	Special charges - other	0709	Cast Room services - other
0230	Incremental nursing care - general	0710	Recovery Room services - general
0231	Incremental nursing care - nursery	0719	Recovery Room services - other
0232	Incremental nursing care - OB	0720	Labor/Delivery Room services - general
0233	Incremental nursing care - ICU (includes transitional care)	0721	Labor/Delivery Room services - labor
0234	Incremental nursing care - CCU (includes transitional care)	0722	Labor/Delivery Room services - delivery
0235	Incremental nursing care - hospice	0723	Labor/Delivery Room services - circumcision
0239	Incremental nursing care - other	0724	Labor/Delivery Room services - birthing center
0240	All-inclusive ancillary - general	0729	Labor/Delivery Room services - other
0249	All-inclusive ancillary - other	0730	EKG/ECG services - general
0250	Pharmacy - general	0731	EKG/ECG services - holter monitor
0251	Pharmacy - generic drugs	0732	EKG/ECG services - telemetry
0252	Pharmacy - nongeneric drugs	0739	EKG/ECG services - other
0253	Pharmacy - take-home drugs	0740	EEG services - general
0254	Pharmacy - drugs incident to other diagnostic services	0749	EEG services - other
0255	Pharmacy - drugs incident to radiology	0750	Gastrointestinal services - general
0256	Pharmacy - experimental drugs	0759	Gastrointestinal services - other
0257	Pharmacy - nonprescription	0760	Treatment or observation room services - general
0258	Pharmacy - IV solutions	0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0259	Pharmacy - other	0762	Specialty Room - Treatment/ Observation Room - Observation Room
0260	IV Therapy - general	0769	Treatment or observation room services - other
0261	IV Therapy - infusion pump	0770	Preventive care services - general
0262	IV Therapy - pharmacy services	0771	Preventive care services - vaccine administration
0263	IV Therapy - durg/supply delivery	0779	Preventive care services - other
0264	IV Therapy - supplies	0780	Telemedicine services - general
0269	IV Therapy - other	0789	Telemedicine services - other
0270	Medical surgical supplies and devices - general	0790	Extra-corporeal shockwave therapy - general
0271	Medical surgical supplies and devices - nonsterile	0799	Extra-corporeal shockwave therapy - other
0272	Medical surgical supplies and devices - sterile	0800	Inpatient renal dialysis services - general
0273	Medical surgical supplies and devices - take-home	0801	Inpatient renal dialysis services - hemodialysis
0274	Medical surgical supplies and devices - prosthetic/orthotic	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0275	Medical surgical supplies and devices - pacemaker	0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0276	Medical surgical supplies and devices - intraocular lens (IOL)	0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0277	Medical surgical supplies and devices - oxygen - take-home	0809	Inpatient renal dialysis services - other



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0278	Medical surgical supplies and devices - other implants	0810	Organ acquisition - general
0279	Medical surgical supplies and devices - other	0811	Organ acquisition - living donor
0280	Oncology - general	0812	Organ acquisition - cadaver donor
0289	Oncology - other	0813	Organ acquisition - unknown donor
0290	DME - general	0814	Organ acquisition - unsuccessful organ search-donor bank charges
0291	DME - rental	0819	Organ acquisition - other donor
0292	DME - purchase of new	0820	Hemodialysis - outpatient or home - general
0293	DME - purchase of used	0821	Hemodialysis - outpatient or home - composite or other rate
0294	DME - supplies/drugs for DME effectiveness	0825	Hemodialysis - outpatient or home - support services
0299	DME - other equipment	0829	Hemodialysis - outpatient or home - other
0300	Laboratory - general	0830	Peritoneal dialysis - outpatient or home - general
0301	Laboratory - chemistry	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0302	Laboratory - immunology	0835	Peritoneal dialysis - outpatient or home - support services
0303	Laboratory - renal patient (home)	0839	Peritoneal dialysis - outpatient or home - other
0304	Laboratory - nonroutine dialysis	0840	CAPD - outpatient or home - general
0305	Laboratory - hematology	0841	CAPD - outpatient or home - composite or other rate
0306	Laboratory - bacteriology and microbiology	0845	CAPD - outpatient or home - support services
0307	Laboratory - urology	0849	CAPD - outpatient or home - other
0309	Laboratory - other	0850	CCPD - outpatient or home - general
0310	Laboratory pathological - general	0851	CCPD - outpatient or home - composite or other rate
0311	Laboratory pathological - cytology	0855	CCPD - outpatient or home - support services
0312	Laboratory pathological - histology	0859	CCPD - outpatient or home - other
0313	Laboratory pathological - biopsy	0880	Miscellaneous dialysis - general
0319	Laboratory pathological - other	0881	Miscellaneous dialysis - ultrafiltration
0320	Radiology - diagnostic - general	0882	Miscellaneous dialysis - home aide visit
0321	Radiology - diagnostic - angiocardigraphy	0889	Miscellaneous dialysis - other
0322	Radiology - diagnostic - arthrography	0900	Behavior health treatments/services - general
0323	Radiology - diagnostic - arteriography	0901	Behavior health treatments/services - electroshock
0324	Radiology - diagnostic - chest x-ray	0902	Behavior health treatments/services - milieu therapy
0329	Radiology - diagnostic - other	0903	Behavioral health treatments/services - play therapy
0330	Radiology - therapeutic and/or chemotherapy administration - general	0904	Behavior health treatments/services - activity therapy
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected	0905	Behavior health treatments/services - intensive outpatient services - psychiatric
0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral	0906	Behavior health treatments/services - intensive outpatient services - chemical dependency
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy	0907	Behavior health treatments/services - community behavioral health program
0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0909	Behavior health treatments - other

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0339	Radiology - therapeutic and/or chemotherapy administration - other	0910	Reserved
0340	Nuclear medicine - general	0911	Behavior health treatment/services - rehabilitation
0341	Nuclear medicine - diagnostic procedures	0912	Behavior health treatment/services - partial hospitalization - less intensive
0342	Nuclear medicine - therapeutic procedures	0913	Behavior health treatment/services - partial hospitalization - intensive
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0914	Behavior health treatment/services - individual therapy
0344	Nuclear medicine - therapeutic radiopharmaceuticals	0915	Behavior health treatment/services - group therapy
0349	Nuclear medicine - other	0916	Behavior health treatment/services - family therapy
0350	CT scan - general	0917	Behavior health treatment/services - biofeedback
0351	CT scan - head	0918	Behavior health treatment/services - testing
0352	CT scan - body	0919	Behavior health treatment/services - other
0359	CT scan - other	0920	Other diagnostic services - general
0360	Operating room services - general	0921	Other diagnostic services - peripheral vascular lab
0361	Operating room services - minor surgery	0922	Other diagnostic services - electromyogram
0362	Operating room services - organ transplant other than kidney	0923	Other diagnostic services - pap smear
0367	Operating room services - kidney transplant	0924	Other diagnostic services - allergy test
0369	Operating room services - other	0925	Other diagnostic services - pregnancy test
0370	Anesthesia - general	0929	Other diagnostic services - other
0371	Anesthesia - incident to radiology	0931	Medical rehabilitation day program - half day
0372	Anesthesia - incident to other diagnostic services	0932	Medical rehabilitation day program - full day
0374	Anesthesia - acupuncture	0940	Other therapeutic services - general
0379	Anesthesia - other	0941	Other therapeutic services - recreational therapy
0380	Blood - general	0942	Other therapeutic services - education/training
0381	Blood - packed red cells	0943	Other therapeutic services - cardiac rehabilitation
0382	Blood - whole blood	0944	Other therapeutic services - drug rehabilitation
0383	Blood - plasma	0945	Other therapeutic services - alcohol rehabilitation
0384	Blood - platelets	0946	Other therapeutic services - complex medical equipment - routine
0385	Blood - leukocytes	0947	Other therapeutic services - complex medical equipment - ancillary
0386	Blood - other components	0949	Other therapeutic services - other
0387	Blood - other derivatives (cryoprecipitates)	0960	Professional fees - general
0389	Blood - other	0961	Professional fees - psychiatric
0390	Blood and blood component administration, storage and processing - general	0962	Professional fees - ophthalmology
0391	Blood and blood component administration, storage and processing - administration	0963	Professional fees - anesthesiologist (MD)
0399	Blood and blood component administration, storage and processing - other	0964	Professional fees - anesthetist (CRNA)
0400	Other imaging services - general	0969	Professional fees - other
0401	Other imaging services - diagnostic mammography	0970	Professional fees - general

## Outpatient Data - Research Data File

0402	Other imaging services - ultrasound	0971	Professional fees - laboratory
0403	Other imaging services - screening mammography	0972	Professional fees - radiology - diagnostic
0404	Other imaging services - PET	0973	Professional fees - radiology - therapeutic
0409	Other imaging services - other	0974	Professional fees - radiology - nuclear medicine
0410	Respiratory services - general	0975	Professional fees - operating room
0412	Respiratory services - inhalation	0976	Professional fees - respiratory therapy
0413	Respiratory services - hyperbaric oxygen therapy	0977	Professional fees - physical therapy
0419	Respiratory services - other	0978	Professional fees - occupational therapy
0420	Physical therapy - general	0979	Professional fees - speech therapy
0421	Physical therapy - visit charge	0980	Professional fees - general
0422	Physical therapy - hourly charge	0981	Professional fees - emergency room
0423	Physical therapy - group rate	0982	Professional fees - outpatient services
0424	Physical therapy - evaluation or reevaluation	0983	Professional fees - clinic
0429	Physical therapy - other	0984	Professional fees - medical social services
0430	Occupational therapy - general	0985	Professional fees - EKG
0431	Occupational therapy - visit charge	0986	Professional fees - EEG
0432	Occupational therapy - hourly charge	0987	Professional fees - hospital visit
0433	Occupational therapy - group rate	0988	Professional fees - consultation
0434	Occupational therapy - evaluation or reevaluation	0989	Professional fees - private duty nurse
0439	Occupational therapy - other	0990	Patient convenience items - general
0440	Speech-language pathology - general	0991	Patient convenience items - cafeteria/guest tray
0441	Speech-language pathology - visit charge	0992	Patient convenience items - private linen service
0442	Speech-language pathology - hourly charge	0993	Patient convenience items - telephone/telegraph
0443	Speech-language pathology - group rate	0994	Patient convenience items - TV/radio
0444	Speech-language pathology - evaluation or reevaluation	0995	Patient convenience items - nonpatient room rentals
0449	Speech-language pathology - other	0996	Patient convenience items - late discharge charge
0450	Emergency room - general	0997	Patient convenience items - admission kits
0451	Emergency room - EMTALA emergency medical screening services	0998	Patient convenience items - beauty shop/barber
0452	Emergency room - beyond EMTALA screening	0999	Patient convenience items - other
0456	Emergency room - urgent care	1000	Behavior health accommodations - general
0459	Emergency room - other	1001	Behavior health accommodations - residential treatment - psychiatric
0460	Pulmonary function - general	1002	Behavior health accommodations - residential treatment - chemical dependency
0469	Pulmonary function - other	1003	Behavior health accommodations - supervised living
0470	Audiology - general	1004	Behavior health accommodations - halfway house
0471	Audiology - diagnostic	1005	Behavior health accommodations - group home
0472	Audiology - treatment	2100	Alternative therapy services - general
0479	Audiology - other	2101	Alternative therapy services - acupuncture
0480	Cardiology - general	2102	Alternative therapy services - acupressure
0481	Cardiology - cardiac cath lab	2103	Alternative therapy services - massage

## Outpatient Data - Research Data File

	0482	Cardiology - stress test	2104	Alternative therapy services - reflexology
	0483	Cardiology - echocardiology	2105	Alternative therapy services - biofeedback
	0489	Cardiology - other	2106	Alternative therapy services - hypnosis
	0490	Ambulatory surgical care - general	2109	Alternative therapy services - other
	0499	Ambulatory surgical care - other	3101	Adult day care, medical and social - hourly
	0500	Outpatient services - general	3102	Adult day care, social - hourly
	0509	Outpatient services - other	3103	Adult day care, medical and social - daily
	0510	Clinic - general	3104	Adult day care, social - daily
	0511	Clinic - chronic pain	3105	Adult foster care - daily
	0512	Clinic - dental	3109	Adult foster care - other
	0513	Clinic - psychiatric		
<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>			
	HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.			
<b>Coding Scheme:</b>	See <a href="http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets">http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets</a> for complete list.			
<b>Length:</b>	5	<b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 6:</b>	<b>MODIFIER_1</b>			
	Identifies special circumstances related to the performance of the service			
<b>Coding Scheme:</b>	0	No assessment completed	F2	Left hand, third digit
	1	Medicare 5 day assessment (full)	F3	Left hand, fourth digit
	2	Medicare 30 day assessment (full)	F4	Left hand, fifth digit
	3	Medicare 60 day assessment (full)	F5	Right hand, thumb
	4	Medicare 90 day assessment (full)	F6	Right hand, second digit
	7	Medicare 14 day assessment (comprehensive or full)	F7	Right hand, third digit
	8	Other Medicare required assessment (OMRA)	F8	Right hand, fourth digit
	11	Admission assessment - Medicare 5 day assessment (comprehensive)	F9	Right hand, fifth digit
	25	Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure o	FA	Left hand, thumb
	31	SCSA or OMRA/Medicare 5 day assessment (replacement)	G1	Most recent URR of less than 60%
	32	SCSA or OMRA/Medicare 30 day assessment (replacement)	G2	Most recent URR of 60% to 64%
	33	SCSA or OMRA/Medicare 60 day assessment (replacement)	G3	Most recent URR of 65% to 69.9%
	34	SCSA or OMRA/Medicare 90 day assessment (replacement)	G4	Most recent URR of 70% to 74.9%
	37	SCSA or OMRA/Medicare 14 day assessment (replacement)	G5	Most recent URR of 75% or greater

## Outpatient Data - Research Data File

38	Significant change in status assessment (SCSA)	GN	Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care.
41	Significant correction of prior full assessment/Medicare 5 day assessment	GO	Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care.
42	Significant correction of prior full assessment/Medicare 30 day assessment	GP	Service delivered personally by a physical therapist or under an outpatient physical therapy plan of care.
43	Significant correction of prior full assessment/Medicare 60 day assessment	LC	Left circumflex coronary artery
44	Significant correction of prior full assessment/Medicare 90 day assessment	LD	Left anterior descending coronary artery
47	Significant correction of prior full assessment/Medicare 14 day assessment	LT	Left side of the body procedure
48	Significant correction of prior full assessment/OMRA or SCSA	QM	Ambulance service provided under arrangement by a provider of services
50	Bilateral procedure	QN	Ambulance service furnished directly by a provider of services
52	Reduced services	QP	Documentation exists showing that the laboratory test(s) was ordered individually, or as CPT-recognized panel other than profil
53	Discontinued procedure	RC	Right coronary artery
54	Quarterly review assessment - Medicare 90 assessment (full)	RT	Right side of the body procedure
58	Staged or related procedure or service by the same physician during the postoperative period	T1	Left foot, second digit
59	Distinct procedural service	T2	Left foot, third digit
76	Repeat procedure by same physician	T3	Left foot, fourth digit
77	Repeat procedure by another physician	T4	Left foot, fifth digit
78	Return to the operating room for a related procedure during the postoperative period	T5	Right foot, great toe
79	Unrelated procedure of service by the same physician during the postoperative period	T6	Right foot, second digit
E1	Upper left eyelid	T7	Right foot, third digit
E2	Lower left eyelid	T8	Right foot, fourth digit
E3	Upper right eyelid	T9	Right foot, fifth digit
E4	Lower right eyelid	TA	Left foot, great toe
F1	Left hand, second digit		
<b>Length:</b>	<b>2</b>	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 7:</b>	<b>MODIFIER_2</b>		
	Identifies special circumstances related to the performance of the service.		
<b>Coding Scheme:</b>	Same as MODIFIER_1		
<b>Length:</b>	<b>2</b>	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 8:</b>	<b>MODIFIER_3</b>		
	Identifies special circumstances related to the performance of the service.		
<b>Coding Scheme:</b>	Same as MODIFIER_1		
<b>Length:</b>	<b>2</b>	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 9:</b>	<b>MODIFIER_4</b>		
	Identifies special circumstances related to the performance of the service.		
<b>Coding Scheme:</b>	Same as MODIFIER_1		
<b>Length:</b>	<b>2</b>	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim

## Outpatient Data - Research Data File

<b>Field 10:</b>	<b>UNIT_MEASUREMENT_CODE</b>			
	Code specifying the units in which a value is being expressed.			
<b>Coding Scheme:</b>	DA	Days		
	F2	International unit		
	UN	Unit		
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 11:</b>	<b>UNITS_OF_SERVICE</b>			
	Numeric value of quantity			
<b>Length:</b>	7	<b>Type:</b>	Numeric	<b>Data Source:</b> Claim
<b>Field 12:</b>	<b>UNIT_RATE</b>			
	Rate per unit			
<b>Length:</b>	12	<b>Type:</b>	Numeric	<b>Data Source:</b> Claim
<b>Field 13:</b>	<b>CHRG_LINE_ITEM</b>			
	Total amount of the charge			
<b>Length:</b>	14	<b>Type:</b>	Numeric	<b>Data Source:</b> Assigned
<b>Field 14:</b>	<b>CHRG_NON_COV</b>			
	Total non-covered amount of the charge			
<b>Length:</b>	14	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 15:</b>	<b>PROCEDURE_DATE</b>			
	Date the procedure began on generally is the same as "Statement_period_from" date.			
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 16:</b>	<b>PROCEDURE_DATE_THRU</b>			
	Date the procedure finished on, generally is the same as the "Statement_period_thru" date.			
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 17:</b>	<b>SERVICE_FACILITY_COD</b>			
	Facility Type code – Institutional and Professional have different codes.			
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Claim
<b>Field 18:</b>	<b>FINAL_EAPG_CATEGORY_CODE</b>			
	Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M EAPG Grouper. Not available 4Q09.			
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 19:</b>	<b>FINAL_EAPG_TYPE_CODE</b>			
	Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M EAPG Groupe. Not available 4Q09.			
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 20:</b>	<b>FINAL_EAPG</b>			
	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG Groupe. Not available 4Q09.			
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 21:</b>	<b>ADJUSTED_EAPG_WEIGHT</b>			
	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG Grouper. Not available 4Q09.			
<b>Length:</b>	10	<b>Type:</b>	Alphanumeric	<b>Data Source:</b> Assigned

## Outpatient Data - Research Data File

<b>Field 22:</b>	<b>APC_PROCEDURE_CODE</b> Ambulatory Payment Classification (APC) procedure code as assigned by 3M APC Grouper. Not available 4Q09.		
<b>Length:</b>	5	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 23:</b>	<b>APC_PX_STATUS_IND_CODE</b> Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M APC Grouper. Not available 4Q09.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 24:</b>	<b>APC_WEIGHT</b> Ambulatory Payment Classification (APC) weighting as assigned by 3M APC Grouper. Not available 4Q09.		
<b>Length:</b>	9	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Assigned



## FACILITY TYPE INDICATOR FILE

Facility type indicators provided by the facilities. Provide the data user with information on the type of facility providing the outpatient service.

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

## Outpatient Data - Research Data File

<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Provider
<b>Field 13:</b>	<b>FAC_OTHER_LTC_IND</b> Other Long Term Care Facility Indicator.				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Provider
<b>Field 14:</b>	<b>FAC_PEDS_IND</b> Pediatric Facility Indicator.				
<b>Coding Scheme:</b>	C Member, Council of Teaching Hospital s Y Teaching facility				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Provider
<b>Field 15:</b>	<b>FAC_CARDIOVASCULAR_IND</b> Cardiovascular facility indicator.				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Provider
<b>Field 16:</b>	<b>FAC_CHIROPRACTIC_IND</b> Chiropractic care facility indicator.				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Provider
<b>Field 17:</b>	<b>FAC_ENDOSCOPY_IND</b> Endoscopy facility indicator.				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Provider
<b>Field 18:</b>	<b>FAC_FOOT_IND</b> Foot care facility indicator.				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Provider
<b>Field 19:</b>	<b>FAC_GASTROENTEROLOGY_IND</b> Gastroenterology facility indicator.				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Provider
<b>Field 20:</b>	<b>FAC_GENERAL_IND</b> General care facility indicator.				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Provider
<b>Field 21:</b>	<b>FAC_NEUROLOGICAL_IND</b> Neurological care facility indicator.				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Provider
<b>Field 22:</b>	<b>FAC_OB_GYN_IND</b> Obstetrics and gynecology facility indicator.				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Provider
<b>Field 23:</b>	<b>FAC_OPHTHAMOLOGY_IND</b> Ophthalmology facility indicator.				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Provider
<b>Field 24:</b>	<b>FAC_ORAL_IND</b> Oral health care facility indicator.				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Provider
<b>Field 25:</b>	<b>FAC_ORTHOPEDIC_IND</b> Orthopedic care facility indicator.				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Provider

## Outpatient Data - Research Data File

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

## Outpatient Data - Research Data File

Field 33:

### PROVIDER COUNTY

FIPS code of provider's county.

Coding scheme:

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

**Outpatient Data - Research Data File**

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**

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

Note:

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

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

**Field 35: FAC\_ONCOLOGY\_IND**

**Description:** Oncology facility indicator.

**Beginning Position:** 33    **Data Source:** Provider  
**Length:** 1    **Type:** Alphanumeric

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
34	STMT_PERIOD_FROM	8	Alphanumeric
35	STMT_PERIOD_THRU	8	Alphanumeric

## Outpatient Data - Research Data File

Number	OP RDF Field Name	Length	Field Type
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
71	E_CODE_4	7	Alphanumeric
72	E_CODE_5	7	Alphanumeric
73	E_CODE_6	7	Alphanumeric



## Outpatient Data - Research Data File

Number	OP RDF Field Name	Length	Field Type
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	EAPG_GRP_VER	12	Alphanumeric
104	APC_GRP_VER	12	Alphanumeric
105	PHYSICIAN1_INDEX_NUMBER	10	Alphanumeric
106	PHYSICIAN2_INDEX_NUMBER	10	Alphanumeric
107	OCCUR_CODE_1	2	Alphanumeric
108	OCCUR_DATE_1	8	Alphanumeric
109	OCCUR_DAY_1	4	Alphanumeric
110	OCCUR_CODE_2	2	Alphanumeric
111	OCCUR_DATE_2	8	Alphanumeric

**Outpatient Data - Research Data File**

Number	OP RDF Field Name	Length	Field Type
112	OCCUR_DAY_2	4	Alphanumeric
113	OCCUR_CODE_3	2	Alphanumeric
114	OCCUR_DATE_3	8	Alphanumeric
115	OCCUR_DAY_3	4	Alphanumeric
116	OCCUR_CODE_4	2	Alphanumeric
117	OCCUR_DATE_4	8	Alphanumeric
118	OCCUR_DAY_4	4	Alphanumeric
119	OCCUR_CODE_5	2	Alphanumeric
120	OCCUR_DATE_5	8	Alphanumeric
121	OCCUR_DAY_5	4	Alphanumeric
122	OCCUR_CODE_6	2	Alphanumeric
123	OCCUR_DATE_6	8	Alphanumeric
124	OCCUR_DAY_6	4	Alphanumeric
125	OCCUR_CODE_7	2	Alphanumeric
126	OCCUR_DATE_7	8	Alphanumeric
127	OCCUR_DAY_7	4	Alphanumeric
128	OCCUR_CODE_8	2	Alphanumeric
129	OCCUR_DATE_8	8	Alphanumeric
130	OCCUR_DAY_8	4	Alphanumeric
131	OCCUR_CODE_9	2	Alphanumeric
132	OCCUR_DATE_9	8	Alphanumeric
133	OCCUR_DAY_9	4	Alphanumeric
134	OCCUR_CODE_10	2	Alphanumeric
135	OCCUR_DATE_10	8	Alphanumeric
136	OCCUR_DAY_10	4	Alphanumeric
137	OCCUR_CODE_11	2	Alphanumeric
138	OCCUR_DATE_11	8	Alphanumeric
139	OCCUR_DAY_11	4	Alphanumeric
140	OCCUR_CODE_12	2	Alphanumeric
141	OCCUR_DATE_12	8	Alphanumeric
142	OCCUR_DAY_12	4	Alphanumeric
143	OCCUR_SPAN_CODE_1	2	Alphanumeric
144	OCCUR_SPAN_FROM_1	8	Alphanumeric
145	OCCUR_SPAN_THRU_1	8	Alphanumeric
146	OCCUR_SPAN_CODE_2	2	Alphanumeric
147	OCCUR_SPAN_FROM_2	8	Alphanumeric
148	OCCUR_SPAN_THRU_2	8	Alphanumeric
149	OCCUR_SPAN_CODE_3	2	Alphanumeric

# Outpatient Data - Research Data File

Number	OP RDF Field Name	Length	Field Type
150	OCCUR_SPAN_FROM_3	8	Alphanumeric
151	OCCUR_SPAN_THRU_3	8	Alphanumeric
152	OCCUR_SPAN_CODE_4	2	Alphanumeric
153	OCCUR_SPAN_FROM_4	8	Alphanumeric
154	OCCUR_SPAN_THRU_4	8	Alphanumeric
155	CONDITION_CODE_1	2	Alphanumeric
156	CONDITION_CODE_2	2	Alphanumeric
157	CONDITION_CODE_3	2	Alphanumeric
158	CONDITION_CODE_4	2	Alphanumeric
159	CONDITION_CODE_5	2	Alphanumeric
160	CONDITION_CODE_6	2	Alphanumeric
161	CONDITION_CODE_7	2	Alphanumeric
162	CONDITION_CODE_8	2	Alphanumeric
163	VALUE_CODE_1	2	Alphanumeric
164	VALUE_AMOUNT_1	9	Numeric
165	VALUE_CODE_2	2	Alphanumeric
166	VALUE_AMOUNT_2	9	Numeric
167	VALUE_CODE_3	2	Alphanumeric
168	VALUE_AMOUNT_3	9	Numeric
169	VALUE_CODE_4	2	Alphanumeric
170	VALUE_AMOUNT_4	9	Numeric
171	VALUE_CODE_5	2	Alphanumeric
172	VALUE_AMOUNT_5	9	Numeric
173	VALUE_CODE_6	2	Alphanumeric
174	VALUE_AMOUNT_6	9	Numeric
175	VALUE_CODE_7	2	Alphanumeric
176	VALUE_AMOUNT_7	9	Numeric
177	VALUE_CODE_8	2	Alphanumeric
178	VALUE_AMOUNT_8	9	Numeric
179	VALUE_CODE_9	2	Alphanumeric
180	VALUE_AMOUNT_9	9	Numeric
181	VALUE_CODE_10	2	Alphanumeric
182	VALUE_AMOUNT_10	9	Numeric
183	VALUE_CODE_11	2	Alphanumeric
184	VALUE_AMOUNT_11	9	Numeric
185	VALUE_CODE_12	2	Alphanumeric
186	VALUE_AMOUNT_12	9	Numeric
187	OTHER_AMOUNT	12	Numeric

## Outpatient Data - Research Data File

Number	OP RDF Field Name	Length	Field Type
188	PHARM_AMOUNT	12	Numeric
189	MEDSURG_AMOUNT	12	Numeric
190	DME_AMOUNT	12	Numeric
191	USED_DME_AMOUNT	12	Numeric
192	PT_AMOUNT	12	Numeric
193	OT_AMOUNT	12	Numeric
194	SPEECH_AMOUNT	12	Numeric
195	IT_AMOUNT	12	Numeric
196	BLOOD_AMOUNT	12	Numeric
197	BLOOD_ADM_AMOUNT	12	Numeric
198	OR_AMOUNT	12	Numeric
199	LITH_AMOUNT	12	Numeric
200	CARD_AMOUNT	12	Numeric
201	ANES_AMOUNT	12	Numeric
202	LAB_AMOUNT	12	Numeric
203	RAD_AMOUNT	12	Numeric
204	MRI_AMOUNT	12	Numeric
205	OP_AMOUNT	12	Numeric
206	ER_AMOUNT	12	Numeric
207	AMBULANCE_AMOUNT	12	Numeric
208	PRO_FEE_AMOUNT	12	Numeric
209	ORGAN_AMOUNT	12	Numeric
210	ESRD_AMOUNT	12	Numeric
211	CLINIC_AMOUNT	12	Numeric
212	CLAIM_TOTAL_CHARGES	12	Numeric
213	CLAIM_NON_COV_CHARGES	12	Numeric
214	CLAIM_CHARGES Ancil	12	Numeric
215	CLAIM_NON_COV_CHARGES Ancil	12	Numeric
216	PROCESS_DATE	8	Alphanumeric
217	INST_PROF_INDICATOR (INPUT_FORMAT)	1	Alphanumeric
218	INBOUND_INDICATOR	1	Alphanumeric
219	EMERGENCY_DEPT_FLAG	1	Alphanumeric
220	CCS_PRINC_DIAG_CODE	4	Alphanumeric
221	CCS_OTH_DIAG_CODE_1	4	Alphanumeric
222	CCS_OTH_DIAG_CODE_2	4	Alphanumeric
223	CCS_OTH_DIAG_CODE_3	4	Alphanumeric
224	CCS_OTH_DIAG_CODE_4	4	Alphanumeric
225	CCS_OTH_DIAG_CODE_5	4	Alphanumeric

## Outpatient Data - Research Data File

Number	OP RDF Field Name	Length	Field Type
226	CCS_OTH_DIAG_CODE_6	4	Alphanumeric
227	CCS_OTH_DIAG_CODE_7	4	Alphanumeric
228	CCS_OTH_DIAG_CODE_8	4	Alphanumeric
229	CCS_OTH_DIAG_CODE_9	4	Alphanumeric
230	CCS_OTH_DIAG_CODE_10	4	Alphanumeric
231	CCS_OTH_DIAG_CODE_11	4	Alphanumeric
232	CCS_OTH_DIAG_CODE_12	4	Alphanumeric
233	CCS_OTH_DIAG_CODE_13	4	Alphanumeric
234	CCS_OTH_DIAG_CODE_14	4	Alphanumeric
235	CCS_OTH_DIAG_CODE_15	4	Alphanumeric
236	CCS_OTH_DIAG_CODE_16	4	Alphanumeric
237	CCS_OTH_DIAG_CODE_17	4	Alphanumeric
238	CCS_OTH_DIAG_CODE_18	4	Alphanumeric
239	CCS_OTH_DIAG_CODE_19	4	Alphanumeric
240	CCS_OTH_DIAG_CODE_20	4	Alphanumeric
241	CCS_OTH_DIAG_CODE_21	4	Alphanumeric
242	CCS_OTH_DIAG_CODE_22	4	Alphanumeric
243	CCS_OTH_DIAG_CODE_23	4	Alphanumeric
244	CCS_OTH_DIAG_CODE_24	4	Alphanumeric
245	CCS_PROC_CODE_1	3	Alphanumeric
246	CCS_PROC_CODE_2	3	Alphanumeric
247	CCS_PROC_CODE_3	3	Alphanumeric
248	CCS_PROC_CODE_4	3	Alphanumeric
249	CCS_PROC_CODE_5	3	Alphanumeric
250	CCS_PROC_CODE_6	3	Alphanumeric
251	CCS_PROC_CODE_7	3	Alphanumeric
252	CCS_PROC_CODE_8	3	Alphanumeric
253	CCS_PROC_CODE_9	3	Alphanumeric
254	CCS_PROC_CODE_10	3	Alphanumeric
255	CCS_PROC_CODE_11	3	Alphanumeric
256	CCS_PROC_CODE_12	3	Alphanumeric
257	CCS_PROC_CODE_13	3	Alphanumeric
258	CCS_PROC_CODE_14	3	Alphanumeric
259	CCS_PROC_CODE_15	3	Alphanumeric
260	CCS_PROC_CODE_16	3	Alphanumeric
261	CCS_PROC_CODE_17	3	Alphanumeric
262	CCS_PROC_CODE_18	3	Alphanumeric
263	CCS_PROC_CODE_19	3	Alphanumeric

## Outpatient Data - Research Data File

Number	OP RDF Field Name	Length	Field Type
264	CCS_PROC_CODE_20	3	Alphanumeric
265	CCS_PROC_CODE_21	3	Alphanumeric
266	CCS_PROC_CODE_22	3	Alphanumeric
267	CCS_PROC_CODE_23	3	Alphanumeric
268	CCS_PROC_CODE_24	3	Alphanumeric
269	CCS_PROC_CODE_25	3	Alphanumeric

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
18	FINAL_EAPG_CATEGORY_CODE	2	Alphanumeric
19	FINAL_EAPG_TYPE_CODE	2	Alphanumeric
20	FINAL_EAPG	5	Alphanumeric
21	ADJUSTED_EAPG_WEIGHT	10	Alphanumeric
22	APC_PROCEDURE_CODE	5	Alphanumeric
23	APC_PX_STATUS_IND_CODE	2	Alphanumeric
24	APC_WEIGHT	9	Alphanumeric



## 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_UROLOGY_IND	1	Alphanumeric
31	FAC_OTHER_IND	1	Alphanumeric
32	POA_PROVIDER_INDICATOR	1	Alphanumeric
33	PROVIDER_COUNTY	3	Alphanumeric
34	FAC_EMERGENCY_DEPARTMENT_IND <sup>1</sup>	87	Alphanumeric
35	FAC_ONCOLOGY_IND <sup>1</sup>	88	Alphanumeric

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