TEXAS Health and Human Services | Texas Department of State Health Services

TEXAS OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE DATA

RESEARCH DATA FILE (RDF)

USER MANUAL – 2022 – to Present

Center for Health Statistics

Texas Health Care Information Collection

BACKGROUND

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

OUTPATIENT RESEARCH DATA FILE (RDF)

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

The outpatient RDF data elements list includes all the variables in Outpatient Public Use Data File (PUDF) (https://www.dshs.texas.gov/thcic/OutpatientFacilities/OutpatientPUDF.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 imported into a software package. No software is included with the RDF. The data file has been tested with several software packages, including Microsoft Access 2010 Microsoft Excel (one quarter), SAS, R, and SPSS.

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

PATIENT/PHYSICIAN CONFIDENTIALITY

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

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

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

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

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

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

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

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

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

RESTRICTIONS ON DATA USE

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

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

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

- The licensee will not attempt to link nor permit others to attempt to link the outpatient event records of patients in this data set with personally identifiable records from any other source**,**

- The licensee will not release nor permit others to release any information that identifies persons, directly or indirectly;

- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;

- The licensee will not nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the approved IRB request and the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;

- The licensee agrees to read the Outpatient Data User's Manual and to be cognizant of the limitations of the data;

- The licensee will use the following citation in any publication of information from this file:

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

- The licensee will indemnify (unless other laws prohibit indemnity), defend, and hold the DSHS, its members, employees, and the Department's contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and

- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

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

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

HOSPITAL COMMENTS

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

Included with the RDF is a separate file containing the unedited comments submitted by hospitals or ambulatory surgery centers at the time of data certification. Comments relating to individual data elements should be considered in any analysis of those data elements. These comments express the opinions of individual hospitals or ambulatory surgery centers and are not necessarily the views of the DSHS. Hospitals or ambulatory surgery centers that submitted comments are identified in 'Reporting Status of Texas Hospitals'.

CITATION

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

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

OUTPATIENT RDF DATA DICTIONARY

The following information is provided:

Field	Unique, abbreviated name of the data element and brief explanation of the data element.
Data Source	Provided by the health care facility on the claim form (Claim)
	Assigned by DSHS (Assigned)
	Calculated by DSHS (Calculated)
Type	Alphanumeric or numeric
Coding scheme	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: **SERVICE_QUARTER**

Quarter during which service occurred. Year and quarter of service. *yyyy*Q*n*.
1st Quarter (YYYYQ1): 1st January-31st March of that corresponding year.
2nd Quarter (YYYYQ2): 1st April – 30th June of that corresponding year.
3rd Quarter (YYYYQ3): 1st July- 30th September of that corresponding year.
4th Quarter (YYYYQ4): 1st October-31st December of that corresponding year.

Length: 6 **Type:** Alphanumeric **Data Source:** Assigned

Field 2: **RECORD_ID**

Record Identification Number. Unique number to identify the record within the research data file. There will be a Record Identification Number for each claim associated with a patient's visit. Does not match or link to Public Use Data File (PUDF) Record ID. Does match with RECORD_ID in other Inpatient and Outpatient RDFs (Research Data Files).

Length: 12 **Type:** Alphanumeric **Data Source:** Assigned

Field 3: **PAT_UNIQUE_INDEX**

(PUI) Unique identifier assigned to the patient by THCIC. A patient unique index is assigned for each uniquely identifiable patient in the data set. There can be multiple Record IDs associated with a one PUI (see Field # 2).

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

Field 4: **THCIC_ID**

Provider ID. Unique identifier assigned to the provider by THCIC.

Length: 6 **Type:** Alphanumeric **Data Source:** Assigned

Field 5: **SPEC_UNIT_1**

Specialty Unit in which most days' stay occurred based on number of days by Type of Bill (See Field # 38) or Revenue Code. For revenue code list see this document, section titled "Charges Data File" (Field # 2).

Coding Scheme:

C	Coronary 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: **SPEC_UNIT_2**
Specialty Unit in which 2nd most days' stay occurred based on number of days by Type of Bill (Field # 38) or Revenue Code (See Field # 5).
Coding Scheme: Same as SPEC_UNIT_1.
Length: 1 **Type:** Alphanumeric **Data Source:** Calculated

Field 7: **SPEC_UNIT_3**
Specialty Unit in which 3rd most days' stay occurred based on number of days by Type of Bill (Field # 38) or Revenue Code (See Field # 5).
Coding Scheme: Same as SPEC_UNIT_1.
Length: 1 **Type:** Alphanumeric **Data Source:** Calculated

Field 8: **SPEC_UNIT_4**
Specialty Unit in which 4th most days' stay occurred based on number of days by Type of Bill (Field # 38) or Revenue Code (See Field # 5).
Coding Scheme: Same as SPEC_UNIT_1.
Length: 1 **Type:** Alphanumeric **Data Source:** Calculated

Field 9: **SPEC_UNIT_5**
Specialty Unit in which 5th most days' stay occurred based on number of days by Type of Bill (Field # 38) or Revenue Code (See Field # 5).
Coding Scheme: Same as SPEC_UNIT_1.
Length: 1 **Type:** Alphanumeric **Data Source:** Calculated

Field 10: **ENCOUNTER_INDICATOR**
Indicates the number of claims used to create the encounter. The encounter refers to an electronic record that contains information on all services rendered for a patient episode of care (admission through discharge) by a provider in a patient care setting. Some non-acute care patients may have more than one claim that is consolidated for the record. For example, patients in rehabilitation hospitals, long-term care hospitals, or psychiatric hospitals.
Length: 2 **Type:** Alphanumeric **Data Source:** Calculated

Field 11: **SEX_CODE**
Gender of the patient as recorded at date of admission or start of care.
Coding Scheme:
M Male
F Female
U Unknown
Length: 1 **Type:** Alphanumeric **Data Source:** Claim

Field 12: **BIRTH_DATE**
Birth date of the patient as recorded at date of admission or start of care.
Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 13: **PAT_AGE_GROUP**
Code indicating age of patient in days or years on date of discharge.

Coding Scheme:

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	*HIV and drug/alcohol use patients:*	
03	5-9	13	50-54	22	0-17
04	10-14	14	55-59	23	18-44
05	15-17	15	60-64	24	45-64
06	18-19	16	65-69	25	65-74
07	20-24	17	70-74	26	75+
08	25-29	18	75-79	`	Invalid
09	30-34	19	80-84		

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

Field 14: **PAT_AGE_YEARS**
Age of patient in years on date of discharge.
Length: 3 **Type:** Alphanumeric **Data Source:** Claim

Field 15: **PAT_AGE_DAYS**

Age of patient in days on date of discharge.

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

Field 16: **RACE**

Code indicating the patient's race.

Coding Scheme:

1	American Indian/Eskimo/Aleut
2	Asian or Pacific Islander
3	Black
4	White
5	Other

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

Field 17: **ETHNICITY**

Code indicating the Hispanic origin of the patient.

Coding Scheme:

1	Hispanic Origin
2	Not of Hispanic Origin

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

Field 18: **PAT_ADDR_CENSUS_BLOCK_GROUP**

Census block group of patient street address. A block group consists of clusters of blocks within the same census tract.

Length: 14 **Type:** Alphanumeric **Data Source:** Calculated

Field 19: **PAT_ADDR_CENSUS_BLOCK**

Census block of patient street address. A census block is a statistical area bounded by visible features and nonvisible boundaries. It is the geographical basis used by the Census Bureau to tabulate data

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

Field 20: **PAT_CITY**

Patient address city as provided by the patient.

Length: 30 **Type:** Alphanumeric **Data Source:** Provider

Field 21: **PAT_STATE**

Patient address state as provided by the patient.

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

Field 22: **PAT_ZIP**

Patient address ZIP code as provided by the patient.

Length: 9 **Type:** Alphanumeric **Data Source:** Provider

Field 23: **PAT_COUNTRY**

Country of patient's residential address. List maintained by the International Organization for Standardization (ISO).

Coding scheme: See *www.ISO.org* 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
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
	7	Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties
	8	Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties
	9	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties
	10	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
	11	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties

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

Field 26: **TYPE_OF_ADMISSION**

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

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

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

Field 27: **SOURCE_OF_ADMISSION**

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

Coding Scheme:	1	Non-Healthcare Facility Point of Origin (Beginning July 1, 2010)
	2	Clinic or Physician's Office
	4	Transfer from a hospital
	5	Transfer from a skilled nursing facility, intermediate care facility or assisted living facility
	6	Transfer from another health care facility
	8	Court/Law Enforcement
	9	Information not available
	D	Transfer from One distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer
	E	Transfer from Ambulatory Surgery Center
	F	Transfer from a Hospice Facility
	G	Transfer from a designated hospital disaster alternate care site (Effective 7/1/2020)
		If Type of Admission=4 (Newborn)
	5	Born inside this hospital
	6	Born outside this hospital

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

Field 28: **FIRST_PAYMENT_SRC**

Code indicating the expected primary source of payment.

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

BL	Blue Cross/Blue Shield	WC	Workers Compensation Health Claim
CH	CHAMPUS	ZZ	Charity, Indigent or Unknown
CI	Commercial Insurance	``	Codes 09 and ZZ, combined for 2004 & 2005
DS	Disability Insurance	`	Invalid

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

Field 29: **FIRST_PAYER_ID**

National Plan Identifier (when implemented by federal government). CMS.gov has the following: National Payer ID: a system for uniquely identifying all organizations that pay for health care services. Also known as Health Plan ID, or Plan ID.

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

Field 30: **FIRST_PAYER_NAME**

Name of primary source of payment.

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

Field 31: **SECONDARY_PAYMENT_SRC**

Code indicating the expected secondary source of payment.

Coding Scheme: Same as FIRST_PAYMENT_SRC

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

Field 32: **SECONDARY_PAYER_ID**

National Plan Identifier (when implemented by federal government).

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

Field 33: **SECONDARY_PAYER_NAME**

Name of secondary source of payment.

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

Field 34: **STMT_PERIOD_FROM**

Beginning service date of the period reflected on the statement. Entered as YYYYMMDD.

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

Field 35: **STMT_PERIOD_THRU**

Ending service date of the period reflected on the statement. Entered as YYYYMMDD.

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

Field 36: **LENGTH_OF_SERVICE**

Length of stay in days *equals* ending service date of the period reflected on the statement (STMT_PERIOD_THRU) *minus* admission/start of care date (STMT_PERIOD_FROM). The minimum length of stay is 1 day. The maximum is 30 days.

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

Field 37: **PAT_STATUS**

Code indicating patient status as of the ending date of service for the period of care reported.

Coding Scheme:

01	Discharged to home or self-care (routine discharge)
02	Discharged/transferred to a short-term general hospital for inpatient care
03	Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care
04	Discharged/transferred to a facility that provides custodial or supportive care
05	Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)
06	Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care
07	Left against medical advice
09	Admitted as inpatient to this hospital
20	Expired
21	Discharged/transferred to Court/Law Enforcement
30	Still patient
40	Expired at home
41	Expired in a medical facility
42	Expired, place unknown
43	Discharged/transferred to federal government operated health facility
50	Hospice–home
51	Hospice–medical facility (Certified) providing hospice level of care
61	Discharged/transferred within this institution to Medicare-approved swing bed

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

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

Field 38: **TYPE_OF_BILL**

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

Coding Scheme:

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

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

Field 39: **PAT_REASON_FOR_VISIT**

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

*Note: As of January 1, 2022, THCIC is no longer collecting PAT_REASON_FOR_VISIT in Outpatient Professional claims.

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

Field 40: **PRINC_DIAG_CODE**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that describes the principal diagnosis, i.e., the condition established after study to be chiefly responsible for causing the hospitalization. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

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

Field 41: **OTH_DIAG_CODE_1**

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

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

Field 42: **OTH_DIAG_CODE_2**

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

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

Field 43: **OTH_DIAG_CODE_3**

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

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

Field 44: **OTH_DIAG_CODE_4**

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

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

Field 45: **OTH_DIAG_CODE_5**

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

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

Field 46: **OTH_DIAG_CODE_6**

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

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

Field 47: **OTH_DIAG_CODE_7**

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

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

Field 48: **OTH_DIAG_CODE_8**

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

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

Field 49: **OTH_DIAG_CODE_9**

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

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

Field 50: **OTH_DIAG_CODE_10**

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

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

Field 51: **OTH_DIAG_CODE_11**

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

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

Field 52: **OTH_DIAG_CODE_12**

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

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

Field 53: **OTH_DIAG_CODE_13**

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

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

Field 54: **OTH_DIAG_CODE_14**

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

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

Field 55: **OTH_DIAG_CODE_15**

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

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

Field 56: **OTH_DIAG_CODE_16**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently

during a patient's treatment. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

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

Field 57: **OTH_DIAG_CODE_17**

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

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

Field 58: **OTH_DIAG_CODE_18**

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

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

Field 59: **OTH_DIAG_CODE_19**

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

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

Field 60: **OTH_DIAG_CODE_20**

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

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

Field 61: **OTH_DIAG_CODE_21**

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

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

Field 62: **OTH_DIAG_CODE_22**

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

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

Field 63: **OTH_DIAG_CODE_23**

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

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

Field 64: **OTH_DIAG_CODE_24**

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

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

Field 65: **RELATED_CAUSE_CODE_1**
Code identifying an accompanying cause of an illness, injury or an accident.
Coding Scheme:
AA Auto accident
AB Abuse
AP Another party responsible
EM Employment
OA Other accident
Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 66: **RELATED_CAUSE_CODE_2**
Code identifying an accompanying cause of an illness, injury or an accident.
Coding Scheme: Same as RELATED_CAUSE_CODE_1
Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 67: **RELATED_CAUSE_CODE_3**
Code identifying an accompanying cause of an illness, injury or an accident.
Coding Scheme: Same as RELATED_CAUSE_CODE_1
Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 68: **E_CODE_1**
E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 69: **E_CODE_2**
E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character (See Field # 68).
Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 70: **E_CODE_3**
E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable Decimal is implied following the third character (See Field # 68).
Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 71: **E_CODE_4**
E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 72: **E_CODE_5**
E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 73: **E_CODE_6**
E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
Length: 7 **Type:** Alphanumeric **Data Source:** Claim

Field 74:	**E_CODE_7** E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Length:** 7 **Type:** Alphanumeric **Data Source:** Claim
Field 75:	**E_CODE_8** E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Length:** 7 **Type:** Alphanumeric **Data Source:** Claim
Field 76:	**E_CODE_9** E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Length:** 7 **Type:** Alphanumeric **Data Source:** Claim
Field 77:	**E_CODE_10** E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Length:** 7 **Type:** Alphanumeric **Data Source:** Claim
Field 78:	**PROC_CODE_1** Code for the surgical or other procedure with the highest charge performed during the period covered by the bill. HCPCS or CPT code. HCPCS is a collection of standardized codes used to ensure healthcare claims are processed in an orderly and consistent manner. Divided into Level 1 (CPT – Current Procedural Terminology) codes and Level 2 (products, supplies, and services not included in CPT such as ambulance services and durable medical equipment). **Length:** 5 **Type:** Alphanumeric **Data Source:** Claim
Field 79:	**PROC_CODE_2** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Length:** 5 **Type:** Alphanumeric **Data Source:** Claim
Field 80:	**PROC_CODE_3** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Length:** 5 **Type:** Alphanumeric **Data Source:** Claim
Field 81:	**PROC_CODE_4** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Length:** 5 **Type:** Alphanumeric **Data Source:** Claim
Field 82:	**PROC_CODE_5** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Length:** 5 **Type:** Alphanumeric **Data Source:** Claim
Field 83:	**PROC_CODE_6** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Length:** 5 **Type:** Alphanumeric **Data Source:** Claim

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

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

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

Field 97: **PROC_CODE_20**

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

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

Field 98: **PROC_CODE_21**

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

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

Field 99: **PROC_CODE_22**

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

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

Field 100: **PROC_CODE_23**

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

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

Field 101: **PROC_CODE_24**

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

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

Field 102: **PROC_CODE_25**

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

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

Field 103: **PHYSICIAN1_INDEX_NUMBER**

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.

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

Field 104: **PHYSICIAN2_INDEX_NUMBER**

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

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

Field 105: **OCCUR_CODE_1**

Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.

Coding Scheme:

01	Auto accident	40	Scheduled date of admission
02	No Fault Insurance Involved - Including Auto Accident/Other	41	Date of first test of pre-admission testing

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

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

Field 106: **OCCUR_DATE_1**

Date of occurrence, as *YYYYMMDD*.

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

Field 107: **OCCUR_DAY_1**

Occurrence Day *equals* Occurrence Date *minus* STMT_PERIOD_FROM Date.

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

Field 108: **OCCUR_CODE_2**

Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date

Coding Scheme: Same as OCCUR_CODE_1.

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

Field 109: **OCCUR_DATE_2**

Date of occurrence, as *YYYYMMDD*.

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

Field 110: **OCCUR_DAY_2**

Occurrence Day *equals* Occurrence Date minus STMT_PERIOD_FROM Date.

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

Field 111: **OCCUR_CODE_3**

Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.

Coding Scheme: Same as OCCUR_CODE_1.

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

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

Field 126: **OCCUR_CODE_8**
Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.
Coding Scheme: Same as OCCUR_CODE_1.
Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 127: **OCCUR_DATE_8**
Date of occurrence, as *YYYYMMDD*.
Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 128: **OCCUR_DAY_8**
Occurrence Day *equals* Occurrence Date *minus* STMT_PERIOD_FROM Date.
Length: 4 **Type:** Alphanumeric **Data Source:** Calculated

Field 129: **OCCUR_CODE_9**
Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.
Coding Scheme: Same as OCCUR_CODE_1.
Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 130: **OCCUR_DATE_9**
Date of occurrence, as *YYYYMMDD*.
Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 131: **OCCUR_DAY_9**
Occurrence Day *equals* Occurrence Date *minus* STMT_PERIOD_FROM Date.
Length: 4 **Type:** Alphanumeric **Data Source:** Calculated

Field 132: **OCCUR_CODE_10**
Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.
Coding Scheme: Same as OCCUR_CODE_1.
Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 133: **OCCUR_DATE_10**
Date of occurrence, as *YYYYMMDD*.
Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 134: **OCCUR_DAY_10**
Occurrence Day *equals* Occurrence Date *minus* STMT_PERIOD_FROM Date.
Length: 4 **Type:** Alphanumeric **Data Source:** Calculated

Field 135: **OCCUR_CODE_11**
Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.
Coding Scheme: Same as OCCUR_CODE_1.
Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 136: **OCCUR_DATE_11**
Date of occurrence, as *YYYYMMDD*.
Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 137: **OCCUR_DAY_11**
Occurrence Day *equals* Occurrence Date *minus* STMT_PERIOD_FROM Date.
Length: 4 **Type:** Alphanumeric **Data Source:** Calculated

Field 138: **OCCUR_CODE_12**
Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.
Coding Scheme: Same as OCCUR_CODE_1.
Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 139: **OCCUR_DATE_12**

Date of occurrence, as *YYYYMMDD*.

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

Field 140: **OCCUR_DAY_12**

Occurrence Day *equals* Occurrence Date *minus* STMT_PERIOD_FROM Date.

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

Field 141: **OCCUR_SPAN_CODE_1**

Code describing a significant event relating to the claim that may affect payer processing that is related to a span of dates.

Coding Scheme:

70	Qualifying stay dates (for SNF use only)	78	SNF prior stay dates
71	Prior stay dates	80	Prior Same SNF prior stay dates for Payment Ban Purposes
72	First/Last Visit	81	Antepartum Days at Reduced Level of Care
73	Benefit eligibility period	M0	QIO/UR approved stay dates
74	Noncovered level of care/Leave of absence	M1	Provider liability - no utilization
75	SNF level of care	M2	Inpatient respite dates
76	Patient Liability Period	M3	ICF level of care
77	Provider Liability - Utilization Charged	M4	Residential level of care

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

Field 142: **OCCUR_SPAN_FROM_1**

Occurrence Span From is the Beginning Date of Occurrence Event.

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

Field 143: **OCCUR_SPAN_THRU_1**

Occurrence Span Thru is the Ending Date of Occurrence Event.

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

Field 144: **OCCUR_SPAN_CODE_2**

Code describing a significant event relating to the claim that may affect payer processing that is related to a span of dates.

Coding Scheme: Same as OCCUR_SPAN_CODE_1.

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

Field 145: **OCCUR_SPAN_FROM_2**

Occurrence Span From is the Beginning Date of Occurrence Event.

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

Field 146: **OCCUR_SPAN_THRU_2**

Occurrence Span Thru is the Ending Date of Occurrence Event.

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

Field 147: **OCCUR_SPAN_CODE_3**

Code describing a significant event relating to the claim that may affect payer processing that is related to a span of dates.

Coding Scheme: Same as OCCUR_SPAN_CODE_1.

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

Field 148: **OCCUR_SPAN_FROM_3**

Occurrence Span From is the Beginning Date of Occurrence Event.

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

Field 149: **OCCUR_SPAN_THRU_3**

Occurrence Span Thru is the Ending Date of Occurrence Event.

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

Field 150: **OCCUR_SPAN_CODE_4**

Code describing a significant event relating to the claim that may affect payer processing that is related to a span of dates.

Coding Scheme: Same as OCCUR_SPAN_CODE_1.

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

Field 151: **OCCUR_SPAN_FROM_4**

Occurrence Span From is the Beginning Date of Occurrence Event.

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

Field 152: **OCCUR_SPAN_THRU_4**

Occurrence Span Thru is the Ending Date of Occurrence Event.

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

Field 153: **CONDITION_CODE_1**

Code required when condition information applies to the claim or encounter. Condition Codes are designed to allow the collection of information related to the patient, particular services, service venue and billing parameters which impact the processing of an institutional claim.

Codes are maintained by the National Uniform Billing Committee (NUBC) as part of the Universal Billing (UB) Code Set.

NUCC refers to the National Uniform Claim Committee.

Coding Scheme:

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

42	Continuing care not related to inpatient admission
43	Continuing care not provided within prescribed post discharge window
44	Inpatient admission changed to outpatient
45	Ambiguous Gender Category
46	Non-availability statement on file
47	Transfer from another Home Health Agency
48	Psychiatric residential treatment centers for children and adolescents (RTCs)
49	Product replacement within product lifecycle
50	Product Replacement for Known Recall of a Product
51	Attestation of Unrelated Outpatient Nondiagnostic Services
52	Out of Hospice Service Area
53	Initial placement of a medical device provided as part of a clinical trial or a free sample
54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency
55	SNF bed not available
56	Medical appropriateness
57	SNF readmission
58	Terminated Medicare+Choice organization enrollee
59	Non-primary ESRD facility
60	Day outlier
61	Cost outlier
66	Provider does not wish cost outlier payment
67	Beneficiary elects not to use lifetime reserve (LTR) days
68	Beneficiary elects to use lifetime reserve (LTR) days
69	IME/DGME/N&AH Payment Only
70	Self-administered anemia management drug
71	Full care in unit
72	Self-care in unit
73	Self-care training
74	Home
75	Home - 100% reimbursement
76	Back-up in facility dialysis
77	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment
78	New coverage not implemented by HMO
79	CORF services provided offsite
80	Home dialysis - nursing facility
81	C-section/Inductions <39 Weeks-Medical Necessity
82	C-section/Inductions <39 Weeks-Elective
C6	Admission Preauthorization
C7	Extended Authorization
D0	Changes to Service Dates
D1	Changes to Charges
D3	Second or Subsequent Interim PPS Bill
D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.
D5	Cancel to correct Insured's ID or Provider ID
D6	Cancel Only to Repay a Duplicate or OIG Overpayment
D7	Change to Make Medicare the Secondary Payer
D8	Change to Make Medicare the Primary Payer
D9	Any Other Change
DR	Disaster related
E0	Changes in Patient Status
G0	Distinct Medical Visit
H0	Delayed Filing, Statement of Intent Submitted
H2	Discharge by a Hospice Provider for Cause
H3	Reoccurrence of GI Bleed Comorbid Category
H4	Reoccurrence of Pneumonia Comorbid Category
H5	Reoccurrence of Pericarditis Comorbid Category
P1	Do not Resuscitate Order (DNR)
P7	Direct Inpatient Admission from Emergency Room
R1	Request for reopening Reason Code - Mathematical or Computational Mistake
R2	Request for reopening Reason Code -Inaccurate Data Entry
R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
R4	Request for reopening Reason Code - Computer Errors
R5	Request for reopening Reason Code - Incorrectly Identified Duplicate Claim
R6	Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above
R7	Request for reopening Reason Code - Corrections other than clerical errors
R8	Request for reopening Reason Code - New and Material Evidence
R9	Request for reopening Reason Code - Faulty Evidence
W O	United Mine Workers of America (UMWA) Demonstration Indicator
W2	Duplicate of Original Bill
W3	Level I Appeal
W4	Level II Appeal
W5	Level III Appeal

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

Field 154: **CONDITION_CODE_2**

Code required when condition information applies to the claim or encounter.

Coding Scheme: Same as CONDITION_CODE_1.

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

Field 155: **CONDITION_CODE_3**

Code required when condition information applies to the claim or encounter.

Coding Scheme: Same as CONDITION_CODE_1.
Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 156: **CONDITION_CODE_4**
Code required when condition information applies to the claim or encounter.
Coding Scheme: Same as CONDITION_CODE_1.
Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 157: **CONDITION_CODE_5**
Code required when condition information applies to the claim or encounter.
Coding Scheme: Same as CONDITION_CODE_1.
Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 158: **CONDITION_CODE_6**
Code required when condition information applies to the claim or encounter.
Coding Scheme: Same as CONDITION_CODE_1.
Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 159: **CONDITION_CODE_7**
Code required when condition information applies to the claim or encounter.
Coding Scheme: Same as CONDITION_CODE_1.
Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 160: **CONDITION_CODE_8**
Code required when condition information applies to the claim or encounter.
Coding Scheme: Same as CONDITION_CODE_1.
Length: 2 **Type:** Alphanumeric **Data Source:** Claim

Field 161: **VALUE_CODE_1**
Code indicating a monetary condition which was used by the intermediary to process an institutional claim

Coding Scheme:

01	Most common semi-private rate	58	Arterial blood gas
02	Hospital has no semi-private rooms	59	Oxygen saturation
04	Inpatient professional component charges which are combined billed	60	HHA branch MSA
05	Professional component included in charges and also billed separately to carrier	61	Place of Residence where service is furnished (HHA and hospice)
06	Blood deductible	66	Medicaid spend down amount
08	Lifetime reserve amount in the first calendar year	67	Peritoneal dialysis
09	Coinsurance amount in the first calendar year	68	EPO-drug
10	Lifetime reserve amount in the second calendar year	69	State charity care percentage
11	Coinsurance amount in the second calendar year	80	Covered Days
12	Working aged beneficiary/spouse with employer group health plan	81	Non-covered Days
13	ESRD beneficiary in a Medicare coordination period with an employer group health plan	82	Co-insurance Days
14	No fault, including auto/other	83	Lifetime Reserve Days
15	Worker's compensation	84	Shorter Duration Hemodialysis
16	Public health service (PHS) or another federal agency	A0	Special zip code reporting
21	Catastrophic	A1	Deductible payer A
22	Surplus	A2	Coinsurance payer A
23	Recurring monthly income	A3	Estimated responsibility payer A
24	Medicaid Rate Code	A4	Covered self-administrable drugs - emergency
25	Offset to the patient - payment amount - prescription drugs	A5	Covered self-administrable drugs - administrable in form and situation furnished to patient
26	Offset to the patient - payment amount - hearing and ear services	A6	Covered self-administrable drugs - diagnostic study and other
27	Offset to the patient - payment amount - vision and eye services	A7	Co-payment payer A
28	Offset to the patient - payment amount - dental services	A8	Patient weight

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

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

Field 162: **VALUE_AMOUNT_1**

Amount (in cents) that may be affected.

Length: 9 **Type:** Numeric **Data Source:** Claim

Field 163: **VALUE_CODE_2**

Code indicating a monetary condition which was used by the intermediary to process an institutional claim.

Coding Scheme: Same as VALUE_CODE_1.

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

Field 164: **VALUE_AMOUNT_2**

Amount (in cents) that may be affected.

Length: 9 **Type:** Numeric **Data Source:** Claim

Field 165: **VALUE_CODE_3**

Code indicating a monetary condition which was used by the intermediary to process an institutional claim.

Coding Scheme: Same as VALUE_CODE_1.

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

Field 166: **VALUE_AMOUNT_3**

Amount (in cents) that may be affected.

Length:	9	**Type:**	Numeric	**Data Source:**	Claim

Field 167: **VALUE_CODE_4**
Code indicating a monetary condition which was used by the intermediary to process an institutional claim.
Coding Scheme: Same as VALUE_CODE_1.

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

Field 168: **VALUE_AMOUNT_4**
Amount (in cents) that may be affected.

Length:	9	**Type:**	Numeric	**Data Source:**	Claim

Field 169: **VALUE_CODE_5**
Code indicating a monetary condition which was used by the intermediary to process an institutional claim.
Coding Scheme: Same as VALUE_CODE_1.

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

Field 170: **VALUE_AMOUNT_5**
Amount (in cents) that may be affected.

Length:	9	**Type:**	Numeric	**Data Source:**	Claim

Field 171: **VALUE_CODE_6**
Code indicating a monetary condition which was used by the intermediary to process an institutional claim.
Coding Scheme: Same as VALUE_CODE_1.

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

Field 172: **VALUE_AMOUNT_6**
Amount (in cents) that may be affected.

Length:	9	**Type:**	Numeric	**Data Source:**	Claim

Field 173: **VALUE_CODE_7**
Code indicating a monetary condition which was used by the intermediary to process an institutional claim.
Coding Scheme: Same as VALUE_CODE_1.

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

Field 174: **VALUE_AMOUNT_7**
Amount (in cents) that may be affected.

Length:	9	**Type:**	Numeric	**Data Source:**	Claim

Field 175: **VALUE_CODE_8**
Code indicating a monetary condition which was used by the intermediary to process an institutional claim.
Coding Scheme: Same as VALUE_CODE_1.

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

Field 176: **VALUE_AMOUNT_8**
Amount (in cents) that may be affected.

Length:	9	**Type:**	Numeric	**Data Source:**	Claim

Field 177: **VALUE_CODE_9**
Code indicating a monetary condition which was used by the intermediary to process an institutional claim.
Coding Scheme: Same as VALUE_CODE_1.

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

Field 178: **VALUE_AMOUNT_9**
Amount (in cents) that may be affected.

Length:	9	**Type:**	Numeric	**Data Source:**	Claim

Field 179: **VALUE_CODE_10**

Code indicating a monetary condition which was used by the intermediary to process an institutional claim.

Coding Scheme: Same as VALUE_CODE_1.

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

Field 180: **VALUE_AMOUNT_10**

Amount (in cents) that may be affected.

Length: 9 **Type:** Numeric **Data Source:** Claim

Field 181: **VALUE_CODE_11**

Code indicating a monetary condition which was used by the intermediary to process an institutional claim.

Coding Scheme: Same as VALUE_CODE_1.

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

Field 182: **VALUE_AMOUNT_11**

Amount (in cents) that may be affected.

Length: 9 **Type:** Numeric **Data Source:** Claim

Field 183: **VALUE_CODE_12**

Code indicating a monetary condition which was used by the intermediary to process an institutional claim.

Coding Scheme: Same as VALUE_CODE_1.

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

Field 184: **VALUE_AMOUNT_12**

Amount (in cents) that may be affected.

Length: 9 **Type:** Numeric **Data Source:** Claim

Field 185: **OTHER_AMOUNT**

Ancillary Service Charge, Other Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm.[19] Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 0002-0099, 022X-024X, 052X-053X, 055X-060X, 064X-070X, 076X-078X, 090X-095X, 099X. The provider-assigned revenue code identifies the department in which the service was given, the types of services provided, and the supplies used. They are noted in FL 42 (Form Locator 42) of the UB-04 (an electronic format of the CMS-1450 paper claim) and are found in Medicare and/or National Uniform Billing Committee (NUBC) manuals.
For revenue code list see pages 49-54 of this document, section titled “Charges Data File”.
The revenue cost center specifies a division or unit within a hospital (e.g., radiology, emergency room, pathology).
Revenue cost center (revenue code groupings) can be found in the THCIC document, “Healthcare Facility Procedures and Technical Specifications 5010 Inpatient and Outpatient Appendices” Appendix A4, page 17.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 186: **PHARM_AMOUNT**

Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 026X, 063X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 187: **MEDSURG_AMOUNT**

Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 027X, 062X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 188: **DME_AMOUNT**

Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue centers 0290-0292, 0294-0299.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 189: **USED_DME_AMOUNT**

Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR algorithm). Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 0293.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 190: **PT_AMOUNT**

Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 042X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 191: **OT_AMOUNT**

Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 043X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 192: **SPEECH_AMOUNT**

Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 044X, 047X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 193: **IT_AMOUNT**

Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 041X, 046X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 194: **BLOOD_AMOUNT**

Ancillary Service Charge, Blood provided during the patient's stay. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 038X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 195: **BLOOD_ADM_AMOUNT**

Ancillary Service Charge, blood storage and processing related to the patient's stay. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 039X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 196: **OR_AMOUNT**

Ancillary Service Charge, Operating Room Charge amount. Calculated using Medicare Provider Analysis Review (MEDPAR)algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 036X, 071X-072X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 197: **LITH_AMOUNT**

Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 079X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 198: **CARD_AMOUNT**

Ancillary Service Charge, Cardiology Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 199: **ANES_AMOUNT**

Ancillary Service Charge, Anesthesia Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 037X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 200: **LAB_AMOUNT**

Ancillary Service Charge, Laboratory Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 201: **RAD_AMOUNT**

Ancillary Service Charge, Radiology Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 202: **MRI_AMOUNT**

Ancillary Service Charge, MRI Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 061X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 203: **OP_AMOUNT**

Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 204: **ER_AMOUNT**

Ancillary Service Charge, Emergency Room Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 045X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 205: **AMBULANCE_AMOUNT**

Ancillary Service Charge, Ambulance Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 054X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 206: **PRO_FEE_AMOUNT**

Ancillary Service Charge, Professional Fee Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 207: **ORGAN_AMOUNT**

Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 208: **ESRD_AMOUNT**

Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 209: **CLINIC_AMOUNT**

Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 051X.

Length: 12 **Type:** Numeric **Data Source:** Calculated

Field 210: **TOTAL_CHARGES**

Sum (in cents) of all accommodation charges and all ancillary charges.. Replaces TOTAL_CHARGES_23.

Length: 12 **Type:** Numeric **Data Source:** Claim

Field 211: **TOTAL_NON_COV_CHARGES**

Sum (in cents) of non-covered accommodation charges, non-covered ancillary charges. Non-covered charges are services or benefits that are not paid for by a health plan.

Length: 12 **Type:** Numeric **Data Source:** Claim

Field 212: **TOTAL_CHARGES_ANCIL**

Sum (in cents) of covered and non-covered ancillary charges. Covered charges refer to service or benefits for which a health plan makes either partial or full payment. Non-covered charges are services or benefits that are not paid for by a health plan.

Length: 12 **Type:** Numeric **Data Source:** Claim

Field 213: **TOTAL_NON_COV_CHARGES_ANCIL**

Sum (in cents) of non-covered ancillary charges.

Length: 12 **Type:** Numeric **Data Source:** Claim

Field 214: **PROCESS_DATE**

Date record was processed and certified.

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

Field 215: **INST_PROF_INDICATOR (INPUT_FORMAT)**

Format in which the outpatient data file was submitted by the facility The outpatient THCIC 873 Professional and Institutional claim format refers to a modified version of American National Standards Institute (ANSI) electronic claims format for billing healthcare services.

Coding Scheme:

0	837 Professional
1	837 Institutional

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

Field 216: **INBOUND_INDICATOR**

Indicates the format of data as submitted for the outpatient claim UB-04 is an electronic format of the CMS-1450 paper claim.

Coding Scheme:

8	837 format
D	Data entry
U	UB-04 format

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

Field 217: **EMERGENCY_DEPT_FLAG**

Indicator of emergency department visit.

Coding Scheme:

Y	visit was emergency related
N	Visit was not emergency related

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

Field 218: **CCSR_PRIN_DIAG_CODE**

Clinical Classifications Software Refined (CCSR) classification of PRIN_DIAG_CODE (the principal diagnosis, i.e., the condition established after study to be chiefly responsible for causing the hospitalization) into a clinically meaningful diagnosis category. Developed at the Agency for Healthcare Research and Quality (AHRQ) as part of the Healthcare Cost and Utilization Project (HCUP), Clinical Classifications software is a tool to cluster ICD-9/10 (International Classification of Diseases – Revision 9/10) coded patient diagnoses and procedures into a manageable number of clinically meaningful categories to aid in cost, utilization, and outcome analysis.

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

Field 219: **CCSR_ OTH_DIAG_CODE_1**

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

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

Field 220: **CCSR_ OTH_DIAG_CODE_2**

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

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

Field 221: **CCSR_ OTH_DIAG_CODE_3**

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

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

Field 222: **CCSR_ OTH_DIAG_CODE_4**

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

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

Field 223: **CCSR_ OTH_DIAG_CODE_5**

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

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

Field 224: **CCSR_ OTH_DIAG_CODE_6**

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

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

Field 225: **CCSR_ OTH_DIAG_CODE_7**

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

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

Field 226: **CCSR_ OTH_DIAG_CODE_8**

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

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

Field 227: **CCSR_ OTH_DIAG_CODE_9**
Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.

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

Field 228: **CCSR_ OTH_DIAG_CODE_10**
Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.

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

Field 229: **CCSR_ OTH_DIAG_CODE_11**
Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.

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

Field 230: **CCSR_ OTH_DIAG_CODE_12**
Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.

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

Field 231: **CCSR_ OTH_DIAG_CODE_13**
Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.

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

Field 232: **CCSR_ OTH_DIAG_CODE_14**
Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.

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

Field 233: **CCSR_ OTH_DIAG_CODE_15**
Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.

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

Field 234: **CCSR_ OTH_DIAG_CODE_16**
Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.

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

Field 235: **CCSR_ OTH_DIAG_CODE_17**
Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.

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

Field 236: **CCSR_ OTH_DIAG_CODE_18**
Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.

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

Field 237: **CCSR_ OTH_DIAG_CODE_19**

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

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

Field 238: **CCSR_ OTH_DIAG_CODE_20**

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

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

Field 239: **CCSR_ OTH_DIAG_CODE_21**

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

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

Field 240: **CCSR_ OTH_DIAG_CODE_22**

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

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

Field 241: **CCSR_ OTH_DIAG_CODE_23**

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

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

Field 242: **CCSR_ OTH_DIAG_CODE_24**

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

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

Field 243: **CCS_ PROC_CODE_1**

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_1 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category

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

Field 244: **CCS_ PROC_CODE_2**

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_2 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

Field 245: **CCS_ PROC_CODE_3**

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_3 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

Field 246: **CCS_ PROC_CODE_4**

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

Field 247: **CCS_ PROC_CODE_5**

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

Field 248: **CCS_ PROC_CODE_6**

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

Field 249: **CCS_ PROC_CODE_7**

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

Field 250: **CCS_ PROC_CODE_8**

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_8 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

Field 251: **CCS_ PROC_CODE_9**

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

Field 252: **CCS_ PROC_CODE_10**

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_10 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

Field 253: **CCS_ PROC_CODE_11**

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_11 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

Field 254: **CCS_ PROC_CODE_12**

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_12 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

Field 255: **CCS_ PROC_CODE_13**

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_13 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

Field 256: **CCS_ PROC_CODE_14**

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_14 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

Field 257: **CCS_ PROC_CODE_15**
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_15(surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

Field 258: **CCS_ PROC_CODE_16**
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_16 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

Field 259: **CCS_ PROC_CODE_17**
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_17 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

Field 260: **CCS_ PROC_CODE_18**
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_18 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

Field 261: **CCS_ PROC_CODE_19**
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

Field 262: **CCS_ PROC_CODE_20**
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_20 (surgical or other procedure with the highest charge performed during the period covered by the bill – see Field # 78) into a clinically meaningful procedure category (See Field # 220).

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

Field 263: **CCS_ PROC_CODE_21**
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21(surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

Field 264: **CCS_ PROC_CODE_22**
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_22 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

Field 265: **CCS_ PROC_CODE_23**
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_23 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

Field 266: **CCS_ PROC_CODE_24**
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_24 (surgical or other procedure with the highest charge performed during the period covered by the bill) into a clinically meaningful procedure category.

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

CHARGES DATA FILE

Field 1: **RECORD_ID**

Record Identification Number. Unique number to identify the record within the research data file. There will be a Record Identification Number for each claim associated with a patient's visit. Does not match or link to Public Use Data File PUDF Record ID. Does match with RECORD_ID in other Inpatient and Outpatient Research Data Files RDF files.

Length: 12 **Type:** Alphanumeric **Data Source:** Assigned

Field 2: **REVENUE_CODE**

Code corresponding to each specific accommodation, ancillary service or billing calculation related to the services being billed.

Coding Scheme:

0100	All-inclusive room charges plus ancillary	0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area
0101	All-inclusive room charges	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
0110	Room charges for private rooms - general	0529	Freestanding Clinic - other
0111	Room charges for private rooms - medical/surgical/GYN	0530	Osteopathic service - general
0112	Room charges for private rooms - obstetrics	0531	Osteopathic service - therapy
0113	Room charges for private rooms - pediatric	0539	Osteopathic service - other
0114	Room charges for private rooms - psychiatric	0540	Ambulance service - general
0115	Room charges for private rooms - hospice	0541	Ambulance service - supplies
0116	Room charges for private rooms - detoxification	0542	Ambulance service - medical transport
0117	Room charges for private rooms - oncology	0543	Ambulance service - heart mobile
0118	Room charges for private rooms - rehabilitation	0544	Ambulance service - oxygen
0119	Room charges for private rooms - other	0545	Ambulance service - air ambulance
0120	Room charges for semi-private rooms - general	0546	Ambulance service - neonatal
0121	Room charges for semi-private rooms - medical/surgical/GYN	0547	Ambulance service - pharmacy
0122	Room charges for semi-private rooms - obstetrics	0548	Ambulance service - telephone transmission EKG
0123	Room charges for semi-private rooms - pediatric	0549	Ambulance service - other
0124	Room charges for semi-private rooms - psychiatric	0550	Skilled nursing - general
0125	Room charges for semi-private rooms - hospice	0551	Skilled nursing - visit charge
0126	Room charges for semi-private rooms - detoxification	0552	Skilled nursing - hourly charge
0127	Room charges for semi-private rooms - oncology	0559	Skilled nursing - other
0128	Room charges for semi-private rooms - rehabilitation	0560	Medical social services - general
0129	Room charges for semi-private rooms - other	0561	Medical social services - visit charge
0130	Room charges for semi-private - 3/4 beds - rooms - general	0562	Medical social services - hourly charge
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0569	Medical social services - other

0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics
0133	Room charges for semi-private - 3/4 beds - rooms - pediatric
0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric
0135	Room charges for semi-private - 3/4 beds - rooms - hospice
0136	Room charges for semi-private - 3/4 beds - rooms - detoxification
0137	Room charges for semi-private - 3/4 beds - rooms - oncology
0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation
0139	Room charges for semi-private - 3/4 beds - rooms - other
0140	Room charges for private (deluxe) rooms - general
0141	Room charges for private (deluxe) rooms - medical/surgical/GYN
0142	Room charges for private (deluxe) rooms - obstetrics
0143	Room charges for private (deluxe) rooms - pediatric
0144	Room charges for private (deluxe) rooms - psychiatric
0145	Room charges for private (deluxe) rooms - hospice
0146	Room charges for private (deluxe) rooms - detoxification
0147	Room charges for private (deluxe) rooms - oncology
0148	Room charges for private (deluxe) rooms - rehabilitation
0149	Room charges for private (deluxe) rooms - other
0150	Room charges for ward rooms - general
0151	Room charges for ward rooms - medical/surgical/GYN
0152	Room charges for ward rooms - obstetrics
0153	Room charges for ward rooms - pediatric
0154	Room charges for ward rooms - psychiatric
0155	Room charges for ward rooms - hospice
0156	Room charges for ward rooms - detoxification
0157	Room charges for ward rooms - oncology
0158	Room charges for ward rooms - rehabilitation
0159	Room charges for ward rooms - other
0160	Room charges for other rooms - general
0164	Room charges for other rooms – Sterile Environment
0167	Room charges for other rooms – self care
0169	Room charges for other rooms - other
0570	Home health aide - general
0571	Home health aide - visit charge
0572	Home health aide - hourly charge
0579	Home health aide - other
0580	Other visits (home health) - general
0581	Other visits (home health) - visit charge
0582	Other visits (home health) - hourly charge
0583	Other visits (home health) - assessment
0589	Other visits (home health) - other
0590	Units of service (home health) - general
0600	Oxygen (home health) - general
0601	Oxygen (home health) - stat/equip/supply or contents
0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0604	Oxygen (home health) - portable add-in
0609	Oxygen (home health) - other
0610	Magnetic Resonance Technology (MRT) - MRI - general
0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
0614	Magnetic Resonance Technology (MRT) - MRI - other
0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
0616	Magnetic Resonance Technology (MRT) - MRA – lower extremities
0618	Magnetic Resonance Technology (MRT) - MRA – other
0619	Magnetic Resonance Technology (MRT) - Other MRT
0621	Medical/surgical supplies - incident to radiology
0622	Medical/surgical supplies - incident to other diagnostic services
0623	Medical/surgical supplies - surgical dressings
0624	Medical/surgical supplies - FDA investigational devices
0631	Drugs requiring specific identification - single source
0632	Drugs requiring specific identification - multiple source
0633	Drugs requiring specific identification - restrictive prescription
0634	Drugs requiring specific identification - EPO, less than 10,000 units
0635	Drugs requiring specific identification - EPO, 10,000 or more units

0170	Room charges for nursery - general
0171	Room charges for nursery - newborn level I
0172	Room charges for nursery - newborn level II
0173	Room charges for nursery - newborn level III
0174	Room charges for nursery - newborn level IV
0179	Room charges for nursery - other
0180	Room charges for LOA - general
0182	Room charges for LOA - patient convenience-charges billable
0183	Room charges for LOA - therapeutic leave
0185	Room charges for LOA – nursing home (for hospitalization)
0189	Room charges for LOA - other
0190	Room charges for subacute care - general
0191	Room charges for subacute care - Level I (skilled care)
0192	Room charges for subacute care - Level II (comprehensive care)
0193	Room charges for subacute care - Level III (complex care)
0194	Room charges for subacute care - Level IV (intensive care)
0199	Room charges for subacute care - other
0200	Room charges for intensive care - general
0201	Room charges for intensive care - surgical
0202	Room charges for intensive care - medical
0203	Room charges for intensive care - pediatric
0204	Room charges for intensive care - psychiatric
0206	Room charges for intensive care - intermediate intensive care unit (ICU)
0207	Room charges for intensive care - burn care
0208	Room charges for intensive care - trauma
0209	Room charges for intensive care - other
0210	Room charges for coronary care - general
0211	Room charges for coronary care - myocardial infarction
0212	Room charges for coronary care - pulmonary care
0213	Room charges for coronary care - heart transplant
0214	Room charges for coronary care - intermediate coronary care unit (CCU)
0219	Room charges for coronary care - other
0636	Drugs requiring specific identification - requiring detailed coding
0637	Drugs requiring specific identification - self-administrable
0640	Home IV therapy services - general
0641	Home IV therapy services – non-routine nursing, central line
0642	Home IV therapy services - IV site care, central line
0643	Home IV therapy services - IV start/change, peripheral line
0644	Home IV therapy services – non-routine nursing, peripheral line
0645	Home IV therapy services - training patient/caregiver, central line
0646	Home IV therapy services - training, disabled patient, central line
0647	Home IV therapy services - training, patient/caregiver, peripheral
0648	Home IV therapy services - training, disabled patient, peripheral
0649	Home IV therapy services - other
0650	Hospice services - general
0651	Hospice services - routine home care
0652	Hospice services - continuous home care
0655	Hospice services - inpatient respite care
0656	Hospice services - general inpatient care (non-respite)
0657	Hospice services - physician services
0658	Hospice services - room and board - nursing facility
0659	Hospice services - other
0660	Respite care - general
0661	Respite care - hourly charge/skilled nursing
0662	Respite care - hourly charge/aide/homemaker/companion
0663	Respite care - daily charge
0669	Respite care - other
0670	Outpatient special residence - general
0671	Outpatient special residence - hospital based
0672	Outpatient special residence - contracted
0679	Outpatient special residence - other
0681	Trauma response - level I
0682	Trauma response - level II
0683	Trauma response - level III

0220	Special charges - general
0221	Special charges - admission charge
0222	Special charges - technical support charge
0223	Special charges - UR service charge
0224	Special charges - late discharge, medically necessary
0229	Special charges - other
0230	Incremental nursing care - general
0231	Incremental nursing care - nursery
0232	Incremental nursing care - OB
0233	Incremental nursing care - ICU (includes transitional care)
0234	Incremental nursing care - CCU (includes transitional care)
0235	Incremental nursing care - hospice
0239	Incremental nursing care - other
0240	All-inclusive ancillary - general
0241	All-inclusive ancillary - basic
0242	All-inclusive ancillary - comprehensive
0243	All-inclusive ancillary - specialty
0249	All-inclusive ancillary - other
0250	Pharmacy - general
0251	Pharmacy - generic drugs
0252	Pharmacy – non-generic drugs
0253	Pharmacy - take-home drugs
0254	Pharmacy - drugs incident to other diagnostic services
0255	Pharmacy - drugs incident to radiology
0256	Pharmacy - experimental drugs
0257	Pharmacy - nonprescription
0258	Pharmacy - IV solutions
0259	Pharmacy - other
0260	IV Therapy - general
0261	IV Therapy - infusion pump
0262	IV Therapy - pharmacy services
0263	IV Therapy - drug/supply delivery
0264	IV Therapy - supplies
0269	IV Therapy - other
0270	Medical surgical supplies and devices - general
0271	Medical surgical supplies and devices - nonsterile
0272	Medical surgical supplies and devices - sterile
0273	Medical surgical supplies and devices - take-home
0274	Medical surgical supplies and devices - prosthetic/orthotic
0275	Medical surgical supplies and devices - pacemaker
0276	Medical surgical supplies and devices - intraocular lens (IOL)
0277	Medical surgical supplies and devices - oxygen - take-home
0278	Medical surgical supplies and devices - other implants
0279	Medical surgical supplies and devices - other
0684	Trauma response - level IV
0689	Trauma response - other
0690	Pre-hospice/Palliative Care Services - general
0691	Pre-hospice/Palliative Care Services – visit charge
0692	Pre-hospice/Palliative Care Services – hourly charge
0693	Pre-hospice/Palliative Care Services - evaluation
0694	Pre-hospice/Palliative Care Services – consultation and education
0695	Pre-hospice/Palliative Care Services – inpatient care
0696	Pre-hospice/Palliative Care Services – physician services
0699	Pre-hospice/Palliative Care Services - other
0700	Cast Room services - general
0710	Recovery Room services - general
0720	Labor/Delivery Room services - general
0721	Labor/Delivery Room services - labor
0722	Labor/Delivery Room services - delivery
0723	Labor/Delivery Room services - circumcision
0724	Labor/Delivery Room services - birthing center
0729	Labor/Delivery Room services - other
0730	EKG/ECG services - general
0731	EKG/ECG services - Holter monitor
0732	EKG/ECG services - telemetry
0739	EKG/ECG services - other
0740	EEG services - general
0750	Gastrointestinal services - general
0760	Treatment or observation room services - general
0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0762	Specialty Room - Treatment/ Observation Room - Observation Room
0769	Treatment or observation room services - other
0770	Preventive care services - general
0771	Preventive care services - vaccine administration
0780	Telemedicine services - general
0790	Extra-corporeal shockwave therapy - general
0800	Inpatient renal dialysis services - general
0801	Inpatient renal dialysis services - hemodialysis
0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0809	Inpatient renal dialysis services - other
0810	Acquisition of body components- general
0811	Acquisition of body components - living donor
0812	Acquisition of body components - cadaver donor
0813	Acquisition of body components - unknown donor
0814	Acquisition of body components - unsuccessful organ search-donor bank charges
0815	Acquisition of body components – stem cells- allogeneic

0280	Oncology - general
0289	Oncology - other
0290	DME - general
0291	DME - rental
0292	DME - purchase of new
0293	DME - purchase of used
0294	DME - supplies/drugs for DME effectiveness
0299	DME - other equipment
0300	Laboratory - general
0301	Laboratory - chemistry
0302	Laboratory - immunology
0303	Laboratory - renal patient (home)
0304	Laboratory – non-routine dialysis
0305	Laboratory - hematology
0306	Laboratory - bacteriology and microbiology
0307	Laboratory - urology
0309	Laboratory - other
0310	Laboratory pathological - general
0311	Laboratory pathological - cytology
0312	Laboratory pathological - histology
0314	Laboratory pathological - biopsy
0319	Laboratory pathological - other
0320	Radiology - diagnostic - general
0321	Radiology - diagnostic - angiocardiography
0322	Radiology - diagnostic - arthrography
0323	Radiology - diagnostic - arteriography
0324	Radiology - diagnostic - chest x-ray
0329	Radiology - diagnostic - other
0330	Radiology - therapeutic and/or chemotherapy administration - general
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected
0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy
0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV
0339	Radiology - therapeutic and/or chemotherapy administration - other
0340	Nuclear medicine - general
0341	Nuclear medicine - diagnostic procedures
0342	Nuclear medicine - therapeutic procedures
0343	Nuclear medicine - diagnostic radiopharmaceuticals
0344	Nuclear medicine - therapeutic radiopharmaceuticals
0349	Nuclear medicine - other
0350	CT scan - general
0819	Acquisition of body components - other donor
0820	Hemodialysis - outpatient or home - general
0821	Hemodialysis - outpatient or home - composite or other rate
0822	Hemodialysis - outpatient or home – home supplies
0823	Hemodialysis - outpatient or home – home equipment
0824	Hemodialysis - outpatient or home – maintenance 100%
0825	Hemodialysis - outpatient or home - support services
0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0829	Hemodialysis - outpatient or home - other
0830	Peritoneal dialysis - outpatient or home - general
0831	Peritoneal dialysis - outpatient or home - composite or other rate
0832	Peritoneal dialysis - outpatient or home – home supplies
0833	Peritoneal dialysis - outpatient or home – home equipment
0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0835	Peritoneal dialysis - outpatient or home - support services
0839	Peritoneal dialysis - outpatient or home - other
0840	CAPD - outpatient or home - general
0841	CAPD - outpatient or home - composite or other rate
0842	CAPD - outpatient or home – home supplies
0843	CAPD - outpatient or home – home equipment
0844	CAPD - outpatient or home – maintenance 100%
0845	CAPD - outpatient or home - support services
0849	CAPD - outpatient or home - other
0850	CCPD - outpatient or home - general
0851	CCPD - outpatient or home - composite or other rate
0852	CCPD - outpatient or home - home supplies
0853	CCPD - outpatient or home - home equipment
0854	CCPD - outpatient or home - maintenance 100%
0855	CCPD - outpatient or home - support services
0859	CCPD - outpatient or home - other
0860	Magnetoencephalography (MEG) - General
0861	Magnetoencephalography (MEG) - MEG
0880	Miscellaneous dialysis - general
0881	Miscellaneous dialysis - ultrafiltration
0882	Miscellaneous dialysis - home aide visit
0889	Miscellaneous dialysis - other
0900	Behavior health treatments/services - general
0901	Behavior health treatments/services - electroshock
0902	Behavior health treatments/services - milieu therapy
0903	Behavioral health treatments/services - play therapy
0904	Behavior health treatments/services - activity therapy

0351	CT scan - head
0352	CT scan - body
0359	CT scan - other
0360	Operating room services - general
0361	Operating room services - minor surgery
0362	Operating room services - organ transplant other than kidney
0367	Operating room services - kidney transplant
0369	Operating room services - other
0370	Anesthesia - general
0371	Anesthesia - incident to radiology
0372	Anesthesia - incident to other diagnostic services
0374	Anesthesia - acupuncture
0379	Anesthesia - other
0380	Blood - general
0381	Blood - packed red cells
0382	Blood - whole blood
0383	Blood - plasma
0384	Blood - platelets
0385	Blood - leukocytes
0386	Blood - other components
0387	Blood - other derivatives (cryoprecipitate)
0389	Blood - other
0390	Blood and blood component administration, storage and processing - general
0391	Blood and blood component administration, storage and processing - administration
0392	Blood and blood component administration, storage and processing – processing and storage
0399	Blood and blood component administration, storage and processing - other
0400	Other imaging services - general
0401	Other imaging services - diagnostic mammography
0402	Other imaging services - ultrasound
0403	Other imaging services - screening mammography
0404	Other imaging services - PET
0409	Other imaging services - other
0410	Respiratory services - general
0412	Respiratory services - inhalation
0413	Respiratory services - hyperbaric oxygen therapy
0419	Respiratory services - other
0420	Physical therapy - general
0421	Physical therapy - visit charge
0422	Physical therapy - hourly charge
0423	Physical therapy - group rate
0424	Physical therapy - evaluation or reevaluation
0429	Physical therapy - other
0905	Behavior health treatments/services - intensive outpatient services - psychiatric
0906	Behavior health treatments/services - intensive outpatient services - chemical dependency
0907	Behavior health treatments/services - community behavioral health program
0911	Behavior health treatment/services - rehabilitation
0912	Behavior health treatment/services - partial hospitalization - less intensive
0913	Behavior health treatment/services - partial hospitalization - intensive
0914	Behavior health treatment/services - individual therapy
0915	Behavior health treatment/services - group therapy
0916	Behavior health treatment/services - family therapy
0917	Behavior health treatment/services - biofeedback
0918	Behavior health treatment/services - testing
0919	Behavior health treatment/services - other
0920	Other diagnostic services - general
0921	Other diagnostic services - peripheral vascular lab
0922	Other diagnostic services - electromyogram
0923	Other diagnostic services - pap smear
0924	Other diagnostic services - allergy test
0925	Other diagnostic services - pregnancy test
0929	Other diagnostic services - other
0931	Medical rehabilitation day program - half day
0932	Medical rehabilitation day program - full day
0940	Other therapeutic services - general
0941	Other therapeutic services - recreational therapy
0942	Other therapeutic services - education/training
0943	Other therapeutic services - cardiac rehabilitation
0944	Other therapeutic services - drug rehabilitation
0945	Other therapeutic services - alcohol rehabilitation
0946	Other therapeutic services - complex medical equipment - routine
0947	Other therapeutic services - complex medical equipment - ancillary
0948	Other therapeutic services – pulmonary rehabilitation
0949	Other therapeutic services - other
0951	Other therapeutic services – athletic training
0952	Other therapeutic services - kinesiotherapy
0953	Other therapeutic services – chemical dependency (drug and alcohol)
0960	Professional fees - general
0961	Professional fees - psychiatric
0962	Professional fees - ophthalmology
0963	Professional fees - anesthesiologist (MD)
0964	Professional fees - anesthetist (CRNA)
0969	Professional fees - other
0971	Professional fees - laboratory
0972	Professional fees - radiology - diagnostic

0430	Occupational therapy - general
0431	Occupational therapy - visit charge
0432	Occupational therapy - hourly charge
0433	Occupational therapy - group rate
0434	Occupational therapy - evaluation or reevaluation
0439	Occupational therapy - other
0440	Speech-language pathology - general
0441	Speech-language pathology - visit charge
0442	Speech-language pathology - hourly charge
0443	Speech-language pathology - group rate
0444	Speech-language pathology - evaluation or reevaluation
0449	Speech-language pathology - other
0450	Emergency room - general
0451	Emergency room - EMTALA emergency medical screening services
0452	Emergency room - beyond EMTALA screening
0456	Emergency room - urgent care
0459	Emergency room - other
0460	Pulmonary function - general
0469	Pulmonary function - other
0470	Audiology - general
0471	Audiology - diagnostic
0472	Audiology - treatment
0479	Audiology - other
0480	Cardiology - general
0481	Cardiology - cardiac cath lab
0482	Cardiology - stress test
0483	Cardiology - echocardiology
0489	Cardiology - other
0490	Ambulatory surgical care - general
0499	Ambulatory surgical care - other
0500	Outpatient services - general
0509	Outpatient services - other
0510	Clinic - general
0511	Clinic - chronic pain
0512	Clinic - dental
0513	Clinic - psychiatric
0514	Clinic - OB/GYN
0515	Clinic - pediatric
0516	Clinic - urgent care
0517	Clinic - family practice
0519	Clinic - other
0520	Freestanding Clinic - general
0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner
0523	Freestanding Clinic - family practice
0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF
0973	Professional fees - radiology - therapeutic
0974	Professional fees - radiology - nuclear medicine
0975	Professional fees - operating room
0976	Professional fees - respiratory therapy
0977	Professional fees - physical therapy
0978	Professional fees - occupational therapy
0979	Professional fees - speech therapy
0981	Professional fees - emergency room
0982	Professional fees - outpatient services
0983	Professional fees - clinic
0984	Professional fees - medical social services
0985	Professional fees - EKG
0986	Professional fees - EEG
0987	Professional fees - hospital visit
0988	Professional fees - consultation
0989	Professional fees - private duty nurse
0990	Patient convenience items - general
0991	Patient convenience items - cafeteria/guest tray
0992	Patient convenience items - private linen service
0993	Patient convenience items - telephone/telegraph
0994	Patient convenience items - TV/radio
0995	Patient convenience items - nonpatient room rentals
0996	Patient convenience items - late discharge charge
0997	Patient convenience items - admission kits
0998	Patient convenience items - beauty shop/barber
0999	Patient convenience items - other
1000	Behavior health accommodations - general
1001	Behavior health accommodations - residential treatment - psychiatric
1002	Behavior health accommodations - residential treatment - chemical dependency
1003	Behavior health accommodations - supervised living
1004	Behavior health accommodations - halfway house
1005	Behavior health accommodations - group home
2100	Alternative therapy services - general
2101	Alternative therapy services - acupuncture
2102	Alternative therapy services - acupressure
2103	Alternative therapy services - massage
2104	Alternative therapy services - reflexology
2105	Alternative therapy services - biofeedback
2106	Alternative therapy services - hypnosis
2109	Alternative therapy services - other
3101	Adult day care, medical and social - hourly
3102	Adult day care, social - hourly
3103	Adult day care, medical and social - daily
3104	Adult day care, social - daily
3105	Adult foster care - daily
3109	Adult foster care - other

	0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility
	0526	Freestanding Clinic - urgent care

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

Field 3: **REVENUE_CODE_SEQUENCE_NUMBER**

Assignment of numbers to indicate the order of submission of the revenue codes.

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

Field 4: **HCPCS_QUALIFIER**

HCFA Common Procedure Coding System (HCPCS) Codes Indicator

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

Field 5: **HCPCS_PROCEDURE_CODE**

Health Care Financing Administration (HCFA) Healthcare Common Procedure Coding System (HCPCS) code appliable to ancillary service or accommodations.
A link is provided at this site for post 2020 file updates.
For additional information see:

Coding Scheme: https://www.cms.gov/medicare/coding/hcpcsreleasecdesets?redirect=/hcpcsreleasecodesets/anhcpcs/list.asp

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

Field 6: **MODIFIER_1**

Identifies a special circumstance related to the performance of the HCPCS-coded service. Required when the provider needs to convey additional clarification for the associated procedure code.

Coding Scheme:

22	Increased procedural services
23	Unusual Anesthesia
24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service
26	Professional Component
27	Multiple Outpatient Hospital E/M Encounters on the Same Date
32	Mandated Services
33	Preventive Service
47	Anesthesia by Surgeon
50	Bilateral Procedure
51	Multiple Procedures
52	Reduced Services
53	Discontinued Procedure
54	Surgical Care Only
55	Postoperative Management Only
56	Preoperative Management Only
57	Decision for Surgery
58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
59	Distinct Procedural Service
62	Two Surgeons
63	Procedure Performed on Infants less than 4kg
66	Surgical Team
P4	A patient with severe systemic disease that is a constant threat to life
P5	A moribund patient who is not expected to survive without the operation
P6	A declared brain-dead patient whose organs are being removed for donor purposes
E1	Upper left eyelid
E2	Lower left eyelid
E3	Upper right eyelid
E4	Lower right eyelid
F1	Left hand, second digit
F2	Left hand, third digit
F3	Left hand, fourth digit
F4	Left hand, fifth digit
F5	Right hand, thumb
F6	Right hand, second digit
F7	Right hand, third digit
F8	Right hand, fourth digit
F9	Right hand, fifth digit
FA	Left hand, thumb
GG	Performance and payment of a screening mammography and diagnostic mammography on same patient, same day.
GH	Diagnostic mammogram converted from screening mammogram on same day
LC	Left circumflex coronary artery
LD	Left anterior descending coronary artery
L M	Left main coronary artery

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

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

Field 7: **MODIFIER_2**

Identifies a second special circumstance related to the performance of the HCPCS-coded service. Required when the provider needs to convey additional clarification for the associated procedure code.

Coding Scheme: Same as MODIFIER_1

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

Field 8: **MODIFIER_3**

Identifies a third special circumstance related to the performance of the HCPCS-coded service. Required when the provider needs to convey additional clarification for the associated procedure code.

Coding Scheme: Same as MODIFIER_1

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

Field 9: **MODIFIER_4**

Identifies a fourth special circumstance related to the performance of the HCPCS-coded service. Required when the provider needs to convey additional clarification for the associated procedure code.

Coding Scheme: Same as MODIFIER_1

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

Field 10: **UNIT_MEASUREMENT_CODE**

Code specifying the units in which a value is being expressed or a manner in which a measurement would be taken.

Coding Scheme:
DA Days
F2 International unit
UN Unit

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

Field 11: **UNITS_OF_SERVICE**
Numeric value of quantity.
Length: 7 **Type:** Numeric **Data Source:** Claim

Field 12: **UNIT_RATE**
Rate per unit.
Length: 12 **Type:** Numeric **Data Source:** Claim

Field 13: **CHRGS_LINE_ITEM**
Total amount of the charge.
Length: 14 **Type:** Alphanumeric **Data Source:** Assigned

Field 14: **CHRGS_NON_COV**
Total non-covered amount of the charge.
Length: 14 **Type:** Alphanumeric **Data Source:** Assigned

Field 15: **PROCEDURE_DATE**
Date the procedure began on generally is the same as "Statement_Period_From" (STMT_PERIOD_FROM) date.
Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 16: **PROCEDURE_DATE_THRU**
Date the procedure finished on, generally is the same as the "Statement_Period_Thru" (STMT_PERIOD_THRU) date.
Length: 8 **Type:** Alphanumeric **Data Source:** Claim

Field 17: **SERVICE_FACILITY_CODE**
Facility Type code – Institutional and Professional have different codes. An institutional provider refers to a hospital, critical care facility, skilled nursing facility, a home health agency, hospice or another similar institution providing services to Medicare beneficiaries. Professional providers are non-institutional providers such as physicians (both individuals and groups), other clinical professionals, freestanding laboratories and outpatient facilities, ambulances, and durable medical equipment suppliers.
Length: 2 **Type:** Alphanumeric **Data Source:** Claim

FACILITY TYPE INDICATOR FILE

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

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

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

Field 30: **FAC_UROLOGY_IND**

Urology care facility type indicator.

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

Field 31: **FAC_OTHER_IND**

Other facility type indicator.

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

Field 32: **POA_PROVIDER_INDICATOR**

Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. Title 25 Texas Administrative Code, Chapter 421, Rule 421.9[1] (e) (25 TAC §421.9(e)) identifies the following facility types as exempt from reporting POA codes to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals and Long Term Care Hospitals.

Coding Scheme:

M	Mixed (Facility has sections that would be exempted from reporting POA for those patients)
R	Required
X	Exempt
`	Invalid

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

Field 33: **PROVIDER_COUNTY**

FIPS code of provider's county.

Coding scheme:

001	Anderson	129	Donley	257	Kaufman	385	Real
003	Andrews	131	Duval	259	Kendall	387	Red River
005	Angelina	133	Eastland	261	Kenedy	389	Reeves
007	Aransas	135	Ector	263	Kent	391	Refugio
009	Archer	137	Edwards	265	Kerr	393	Roberts
011	Armstrong	139	Ellis	267	Kimble	395	Robertson
013	Atascosa	141	El Paso	269	King	397	Rockwall
015	Austin	143	Erath	271	Kinney	399	Runnels
017	Bailey	145	Falls	273	Kleberg	401	Rusk
019	Bandera	147	Fannin	275	Knox	403	Sabine
021	Bastrop	149	Fayette	283	La Salle	405	San Augustine
023	Baylor	151	Fisher	277	Lamar	407	San Jacinto
025	Bee	153	Floyd	279	Lamb	409	San Patricio
027	Bell	155	Foard	281	Lampasas	411	San Saba
029	Bexar	157	Fort Bend	285	Lavaca	413	Schleicher
031	Blanco	159	Franklin	287	Lee	415	Scurry
033	Borden	161	Freestone	289	Leon	417	Shackelford
035	Bosque	163	Frio	291	Liberty	419	Shelby
037	Bowie	165	Gaines	293	Limestone	421	Sherman
039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
041	Brazos	169	Garza	297	Live Oak	425	Somervell
043	Brewster	171	Gillespie	299	Llano	427	Starr
045	Briscoe	173	Glasscock	301	Loving	429	Stephens
047	Brooks	175	Goliad	303	Lubbock	431	Sterling
049	Brown	177	Gonzales	305	Lynn	433	Stonewall
051	Burleson	179	Gray	307	McCulloch	435	Sutton
053	Burnet	181	Grayson	309	McLennan	437	Swisher
055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
057	Calhoun	185	Grimes	313	Madison	441	Taylor
059	Callahan	187	Guadalupe	315	Marion	443	Terrell
061	Cameron	189	Hale	317	Martin	445	Terry

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

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

Field 34: **FAC_EMERGENCY_DEPARTMENT_IND**

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

Note:

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

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

Field 35: **FAC_ONCOLOGY_IND**

Oncology facility indicator.

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

GROUPER FILE

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

Field 8: **FROZEN_APC_GRP_VER**
Ambulatory Payment Classification (APC) as assigned by 3M APC Grouper. Not available 4Q09. The calculation for this field is updated annually.

Length: 12 **Type:** Alphanumeric **Data Source:** Assigned

Field 9: **FROZEN_APC_PROCEDURE_CODE**
Ambulatory Payment Classification (APC) procedure code as assigned by 3M APC Grouper, the 3M version of the Medicare APC Grouper. The APC is used to define groupings of outpatient services under OPPS (Outpatient Prospective Payment System). Not available 4Q09. The calculation for this field is updated annually.

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

Field 10: **FROZEN_APC_PX_STATUS_IND_CODE**
Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M APC Grouper, the 3M version of the Medicare APC Grouper. Not available 4Q09. The calculation for this field is updated annually.

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

Field 11: **FROZEN_APC_WEIGHT**
Ambulatory Payment Classification (APC) weighting as assigned by 3M APC Grouper, the 3M version of the Medicare APC. Not available 4Q09. The calculation for this field is updated annually.

Length: 9 **Type:** Alphanumeric **Data Source:** Assigned

Field 12: **FROZEN_APC_PAYMENT_CODE**
APCs or "Ambulatory Payment Classifications" are the government's method of paying facilities for outpatient services for the Medicare program. The calculation for this field is updated annually.

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

Field 13: **EAPG_GRP_VER**
Final Enhanced Ambulatory Patient Group (EAPG) as assigned by 3M EAPG Grouper. EAPGs are logical groups of services put together for classification, payment, and reporting. A grouper refers to software or methodology to classify patients into groups for classification, payment, and analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG Software), Outpatient Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and Population Health Groupers (Clinical Risk Groups), among others. Not available 4Q09. The calculation for this field is updated quarterly.

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

Field 14: **FINAL_EAPG_CAT_CODE**
Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M EAPG Grouper. The category code is a broad group (1 of 61 categories), i.e., 15 – Radiologic Procedures. The 3M Enhanced Ambulatory Patient Grouping System is a methodology developed by 3M designed to reflect the resources used in an ambulatory visit and classify patients with similar clinical characteristics. It is a proprietary product of the company 3M. A grouper refers to software or methodology to classify patients into groups for classification, payment and analyzing i.e., 3M Groupers include Inpatient Groupers (3M APR DRG Software), Outpatient Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and Population Health Groupers (Clinical Risk Groups), among others. Not available 4Q09. The calculation for this field is updated quarterly.

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

Field 15: **FINAL_EAPG_TYPE_CODE**
Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M EAPG grouper. The type of code is a broader group code (1 of 13 types) describing the encounter, such as 2 –

Significant Procedure and 3 – Medical[11] Not available 4Q09. The calculation for this field is updated quarterly.

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

Field 16: **FINAL_EAPG**

Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG. Not available 4Q09. The calculation for this field is updated quarterly.

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

Field 17: **ADJUSTED_EAPG_WEIGHT**

Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG Grouper. Each EAPG code has an assigned relative weight reflecting the average resource use for a patient in that 3M EAPG relative to a subset of common ambulatory services Not available 4Q09. The calculation for this field is updated quarterly.

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

Field 18: **APC_GRP_VER**

Ambulatory Payment Classification (APC) as assigned by 3M APC Grouper. Not available 4Q09. The calculation for this field is updated quarterly.

Length: 12 **Type:** Alphanumeric **Data Source:** Assigned

Field 19: **APC_PROCEDURE_CODE**

Ambulatory Payment Classification (APC) procedure code as assigned by 3M APC Grouper, the 3M version of the Medicare APC Grouper. The APC is used to define groupings of outpatient services under OPPS (Outpatient Prospective Payment System). Not available 4Q09. The calculation for this field is updated quarterly.

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

Field 20: **APC_PX_STATUS_IND_CODE**

Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M APC Grouper, the 3M version of the Medicare APC Grouper. Not available 4Q09. The calculation for this field is updated quarterly.

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

Field 21: **APC_WEIGHT**

Ambulatory Payment Classification (APC) weighting as assigned by 3M APC Grouper, the 3M version of the Medicare APC. Not available 4Q09.

Length: 9 **Type:** Alphanumeric **Data Source:** Assigned

Field 22: **APC_PAYMENT_CODE**

APCs or "Ambulatory Payment Classifications" are the government's method of paying facilities for outpatient services for the Medicare program. The calculation for this field is updated annually.

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

DATA ELEMENTS

BASE DATA FILE

Number	OP RDF Field Name	Length	Field Type
1	SERVICE_QUARTER	6	Alphanumeric
2	RECORD_ID (DOES NOT match to RECORD_ID in PUDF. Does match with RDF Charges Files)	12	Alphanumeric
3	PAT_UNIQUE_INDEX	10	Alphanumeric
4	THCIC_ID	6	Alphanumeric
5	SPEC_UNIT_1	1	Alphanumeric
6	SPEC_UNIT_2	1	Alphanumeric
7	SPEC_UNIT_3	1	Alphanumeric
8	SPEC_UNIT_4	1	Alphanumeric
9	SPEC_UNIT_5	1	Alphanumeric
10	ENCOUNTER_INDICATOR	2	Alphanumeric
11	SEX_CODE	1	Alphanumeric
12	BIRTH_DATE	8	Alphanumeric
13	PAT_AGE_GROUP	2	Alphanumeric
14	PAT_AGE_YEARS	3	Alphanumeric
15	PAT_AGE_DAYS	5	Alphanumeric
16	RACE	1	Alphanumeric
17	ETHNICITY	1	Alphanumeric
18	PAT_ADDR_CENSUS_BLOCK_GROUP	14	Alphanumeric
19	PAT_ADDR_CENSUS_BLOCK	5	Alphanumeric
20	PAT_CITY	30	Alphanumeric
21	PAT_STATE	2	Alphanumeric
22	PAT_ZIP	9	Alphanumeric
23	PAT_COUNTRY	2	Alphanumeric
24	PAT_COUNTY	3	Alphanumeric
25	PUBLIC_HEALTH_REGION	2	Alphanumeric
26	TYPE_OF_ADMISSION	1	Alphanumeric
27	SOURCE_OF_ADMISSION	1	Alphanumeric
28	FIRST_PAYMENT_SRC	2	Alphanumeric
29	FIRST_PAYER_ID	10	Alphanumeric
30	FIRST_PAYER_NAME	35	Alphanumeric
31	SECONDARY_PAYMENT_SRC	2	Alphanumeric
32	SECONDARY_PAYER_ID	10	Alphanumeric
33	SECONDARY_PAYER_NAME	35	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
34	STMT_PERIOD_FROM	8	Alphanumeric
35	STMT_PERIOD_THRU	8	Alphanumeric
36	LENGTH_OF_SERVICE	4	Alphanumeric
37	PAT_STATUS	2	Alphanumeric
38	TYPE_OF_BILL	3	Alphanumeric
39	PAT_REASON_FOR_VISIT	7	Alphanumeric
40	PRINC_DIAG_CODE	7	Alphanumeric
41	OTH_DIAG_CODE_1	7	Alphanumeric
42	OTH_DIAG_CODE_2	7	Alphanumeric
43	OTH_DIAG_CODE_3	7	Alphanumeric
44	OTH_DIAG_CODE_4	7	Alphanumeric
45	OTH_DIAG_CODE_5	7	Alphanumeric
46	OTH_DIAG_CODE_6	7	Alphanumeric
47	OTH_DIAG_CODE_7	7	Alphanumeric
48	OTH_DIAG_CODE_8	7	Alphanumeric
49	OTH_DIAG_CODE_9	7	Alphanumeric
50	OTH_DIAG_CODE_10	7	Alphanumeric
51	OTH_DIAG_CODE_11	7	Alphanumeric
52	OTH_DIAG_CODE_12	7	Alphanumeric
53	OTH_DIAG_CODE_13	7	Alphanumeric
54	OTH_DIAG_CODE_14	7	Alphanumeric
55	OTH_DIAG_CODE_15	7	Alphanumeric
56	OTH_DIAG_CODE_16	7	Alphanumeric
57	OTH_DIAG_CODE_17	7	Alphanumeric
58	OTH_DIAG_CODE_18	7	Alphanumeric
59	OTH_DIAG_CODE_19	7	Alphanumeric
60	OTH_DIAG_CODE_20	7	Alphanumeric
61	OTH_DIAG_CODE_21	7	Alphanumeric
62	OTH_DIAG_CODE_22	7	Alphanumeric
63	OTH_DIAG_CODE_23	7	Alphanumeric
64	OTH_DIAG_CODE_24	7	Alphanumeric
65	RELATED_CAUSE_CODE_1	2	Alphanumeric
66	RELATED_CAUSE_CODE_2	2	Alphanumeric
67	RELATED_CAUSE_CODE_3	2	Alphanumeric
68	E_CODE_1	7	Alphanumeric
69	E_CODE_2	7	Alphanumeric
70	E_CODE_3	7	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
71	E_CODE_4	7	Alphanumeric
72	E_CODE_5	7	Alphanumeric
73	E_CODE_6	7	Alphanumeric
74	E_CODE_7	7	Alphanumeric
75	E_CODE_8	7	Alphanumeric
76	E_CODE_9	7	Alphanumeric
77	E_CODE_10	7	Alphanumeric
78	PROC_CODE_1	5	Alphanumeric
79	PROC_CODE_2	5	Alphanumeric
80	PROC_CODE_3	5	Alphanumeric
81	PROC_CODE_4	5	Alphanumeric
82	PROC_CODE_5	5	Alphanumeric
83	PROC_CODE_6	5	Alphanumeric
84	PROC_CODE_7	5	Alphanumeric
85	PROC_CODE_8	5	Alphanumeric
86	PROC_CODE_9	5	Alphanumeric
87	PROC_CODE_10	5	Alphanumeric
88	PROC_CODE_11	5	Alphanumeric
89	PROC_CODE_12	5	Alphanumeric
90	PROC_CODE_13	5	Alphanumeric
91	PROC_CODE_14	5	Alphanumeric
92	PROC_CODE_15	5	Alphanumeric
93	PROC_CODE_16	5	Alphanumeric
94	PROC_CODE_17	5	Alphanumeric
95	PROC_CODE_18	5	Alphanumeric
96	PROC_CODE_19	5	Alphanumeric
97	PROC_CODE_20	5	Alphanumeric
98	PROC_CODE_21	5	Alphanumeric
99	PROC_CODE_22	5	Alphanumeric
100	PROC_CODE_23	5	Alphanumeric
101	PROC_CODE_24	5	Alphanumeric
102	PROC_CODE_25	5	Alphanumeric
103	PHYSICIAN1_INDEX_NUMBER	10	Alphanumeric
104	PHYSICIAN2_INDEX_NUMBER	10	Alphanumeric
105	OCCUR_CODE_1	2	Alphanumeric
106	OCCUR_DATE_1	8	Alphanumeric
107	OCCUR_DAY_1	4	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
108	OCCUR_CODE_2	2	Alphanumeric
109	OCCUR_DATE_2	8	Alphanumeric
110	OCCUR_DAY_2	4	Alphanumeric
111	OCCUR_CODE_3	2	Alphanumeric
112	OCCUR_DATE_3	8	Alphanumeric
113	OCCUR_DAY_3	4	Alphanumeric
114	OCCUR_CODE_4	2	Alphanumeric
115	OCCUR_DATE_4	8	Alphanumeric
116	OCCUR_DAY_4	4	Alphanumeric
117	OCCUR_CODE_5	2	Alphanumeric
118	OCCUR_DATE_5	8	Alphanumeric
119	OCCUR_DAY_5	4	Alphanumeric
120	OCCUR_CODE_6	2	Alphanumeric
121	OCCUR_DATE_6	8	Alphanumeric
122	OCCUR_DAY_6	4	Alphanumeric
123	OCCUR_CODE_7	2	Alphanumeric
124	OCCUR_DATE_7	8	Alphanumeric
125	OCCUR_DAY_7	4	Alphanumeric
126	OCCUR_CODE_8	2	Alphanumeric
127	OCCUR_DATE_8	8	Alphanumeric
128	OCCUR_DAY_8	4	Alphanumeric
129	OCCUR_CODE_9	2	Alphanumeric
130	OCCUR_DATE_9	8	Alphanumeric
131	OCCUR_DAY_9	4	Alphanumeric
132	OCCUR_CODE_10	2	Alphanumeric
133	OCCUR_DATE_10	8	Alphanumeric
134	OCCUR_DAY_10	4	Alphanumeric
135	OCCUR_CODE_11	2	Alphanumeric
136	OCCUR_DATE_11	8	Alphanumeric
137	OCCUR_DAY_11	4	Alphanumeric
138	OCCUR_CODE_12	2	Alphanumeric
139	OCCUR_DATE_12	8	Alphanumeric
140	OCCUR_DAY_12	4	Alphanumeric
141	OCCUR_SPAN_CODE_1	2	Alphanumeric
142	OCCUR_SPAN_FROM_1	8	Alphanumeric
143	OCCUR_SPAN_THRU_1	8	Alphanumeric
144	OCCUR_SPAN_CODE_2	2	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
145	OCCUR_SPAN_FROM_2	8	Alphanumeric
146	OCCUR_SPAN_THRU_2	8	Alphanumeric
147	OCCUR_SPAN_CODE_3	2	Alphanumeric
148	OCCUR_SPAN_FROM_3	8	Alphanumeric
149	OCCUR_SPAN_THRU_3	8	Alphanumeric
150	OCCUR_SPAN_CODE_4	2	Alphanumeric
151	OCCUR_SPAN_FROM_4	8	Alphanumeric
152	OCCUR_SPAN_THRU_4	8	Alphanumeric
153	CONDITION_CODE_1	2	Alphanumeric
154	CONDITION_CODE_2	2	Alphanumeric
155	CONDITION_CODE_3	2	Alphanumeric
156	CONDITION_CODE_4	2	Alphanumeric
157	CONDITION_CODE_5	2	Alphanumeric
158	CONDITION_CODE_6	2	Alphanumeric
159	CONDITION_CODE_7	2	Alphanumeric
160	CONDITION_CODE_8	2	Alphanumeric
161	VALUE_CODE_1	2	Alphanumeric
162	VALUE_AMOUNT_1	9	Numeric
163	VALUE_CODE_2	2	Alphanumeric
164	VALUE_AMOUNT_2	9	Numeric
165	VALUE_CODE_3	2	Alphanumeric
166	VALUE_AMOUNT_3	9	Numeric
167	VALUE_CODE_4	2	Alphanumeric
168	VALUE_AMOUNT_4	9	Numeric
169	VALUE_CODE_5	2	Alphanumeric
170	VALUE_AMOUNT_5	9	Numeric
171	VALUE_CODE_6	2	Alphanumeric
172	VALUE_AMOUNT_6	9	Numeric
173	VALUE_CODE_7	2	Alphanumeric
174	VALUE_AMOUNT_7	9	Numeric
175	VALUE_CODE_8	2	Alphanumeric
176	VALUE_AMOUNT_8	9	Numeric
177	VALUE_CODE_9	2	Alphanumeric
178	VALUE_AMOUNT_9	9	Numeric
179	VALUE_CODE_10	2	Alphanumeric
180	VALUE_AMOUNT_10	9	Numeric
181	VALUE_CODE_11	2	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
182	VALUE_AMOUNT_11	9	Numeric
183	VALUE_CODE_12	2	Alphanumeric
184	VALUE_AMOUNT_12	9	Numeric
185	OTHER_AMOUNT	12	Numeric
186	PHARM_AMOUNT	12	Numeric
187	MEDSURG_AMOUNT	12	Numeric
188	DME_AMOUNT	12	Numeric
189	USED_DME_AMOUNT	12	Numeric
190	PT_AMOUNT	12	Numeric
191	OT_AMOUNT	12	Numeric
192	SPEECH_AMOUNT	12	Numeric
193	IT_AMOUNT	12	Numeric
194	BLOOD_AMOUNT	12	Numeric
195	BLOOD_ADM_AMOUNT	12	Numeric
196	OR_AMOUNT	12	Numeric
197	LITH_AMOUNT	12	Numeric
198	CARD_AMOUNT	12	Numeric
199	ANES_AMOUNT	12	Numeric
200	LAB_AMOUNT	12	Numeric
201	RAD_AMOUNT	12	Numeric
202	MRI_AMOUNT	12	Numeric
203	OP_AMOUNT	12	Numeric
204	ER_AMOUNT	12	Numeric
205	AMBULANCE_AMOUNT	12	Numeric
206	PRO_FEE_AMOUNT	12	Numeric
207	ORGAN_AMOUNT	12	Numeric
208	ESRD_AMOUNT	12	Numeric
209	CLINIC_AMOUNT	12	Numeric
210	TOTAL_CHARGES	12	Numeric
211	TOTAL_NON_COV_CHARGES	12	Numeric
212	TOTAL_CHARGES_ANCIL	12	Numeric
213	TOTAL_NON_COV_CHARGES_ANCIL	12	Numeric
214	PROCESS_DATE	8	Alphanumeric
215	INST_PROF_INDICATOR (INPUT_FORMAT)	1	Alphanumeric
216	INBOUND_INDICATOR	1	Alphanumeric
217	EMERGENCY_DEPT_FLAG	1	Alphanumeric
218	CCSR_PRINC_DIAG_CODE	6	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
219	CCSR_OTH_DIAG_CODE_1	6	Alphanumeric
220	CCSR_OTH_DIAG_CODE_2	6	Alphanumeric
221	CCSR_OTH_DIAG_CODE_3	6	Alphanumeric
222	CCSR_OTH_DIAG_CODE_4	6	Alphanumeric
223	CCSR_OTH_DIAG_CODE_5	6	Alphanumeric
224	CCSR_OTH_DIAG_CODE_6	6	Alphanumeric
225	CCSR_OTH_DIAG_CODE_7	6	Alphanumeric
226	CCSR_OTH_DIAG_CODE_8	6	Alphanumeric
227	CCSR_OTH_DIAG_CODE_9	6	Alphanumeric
228	CCSR_OTH_DIAG_CODE_10	6	Alphanumeric
229	CCSR_OTH_DIAG_CODE_11	6	Alphanumeric
230	CCSR_OTH_DIAG_CODE_12	6	Alphanumeric
231	CCSR_OTH_DIAG_CODE_13	6	Alphanumeric
232	CCSR_OTH_DIAG_CODE_14	6	Alphanumeric
233	CCSR_OTH_DIAG_CODE_15	6	Alphanumeric
234	CCSR_OTH_DIAG_CODE_16	6	Alphanumeric
235	CCSR_OTH_DIAG_CODE_17	6	Alphanumeric
236	CCSR_OTH_DIAG_CODE_18	6	Alphanumeric
237	CCSR_OTH_DIAG_CODE_19	6	Alphanumeric
238	CCSR_OTH_DIAG_CODE_20	6	Alphanumeric
239	CCSR_OTH_DIAG_CODE_21	6	Alphanumeric
240	CCSR_OTH_DIAG_CODE_22	6	Alphanumeric
241	CCSR_OTH_DIAG_CODE_23	6	Alphanumeric
242	CCSR_OTH_DIAG_CODE_24	6	Alphanumeric
243	CCS_PROC_CODE_1	6	Alphanumeric
244	CCS_PROC_CODE_2	6	Alphanumeric
245	CCS_PROC_CODE_3	6	Alphanumeric
246	CCS_PROC_CODE_4	6	Alphanumeric
247	CCS_PROC_CODE_5	6	Alphanumeric
248	CCS_PROC_CODE_6	6	Alphanumeric
249	CCS_PROC_CODE_7	6	Alphanumeric
250	CCS_PROC_CODE_8	6	Alphanumeric
251	CCS_PROC_CODE_9	6	Alphanumeric
252	CCS_PROC_CODE_10	6	Alphanumeric
253	CCS_PROC_CODE_11	6	Alphanumeric
254	CCS_PROC_CODE_12	6	Alphanumeric
255	CCS_PROC_CODE_13	6	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
256	CCS_PROC_CODE_14	6	Alphanumeric
257	CCS_PROC_CODE_15	6	Alphanumeric
258	CCS_PROC_CODE_16	6	Alphanumeric
259	CCS_PROC_CODE_17	6	Alphanumeric
260	CCS_PROC_CODE_18	6	Alphanumeric
261	CCS_PROC_CODE_19	6	Alphanumeric
262	CCS_PROC_CODE_20	6	Alphanumeric
263	CCS_PROC_CODE_21	6	Alphanumeric
264	CCS_PROC_CODE_22	3	Alphanumeric
265	CCS_PROC_CODE_23	3	Alphanumeric
266	CCS_PROC_CODE_24	3	Alphanumeric
267	CCS_PROC_CODE_25	3	Alphanumeric

CHARGES DATA FILE

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

FACILITY TYPE INDICATOR FILE

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

GROUPER FILE

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