

Texas Department of State Health Services

Center for Health Statistics Texas Health Care Information Collection

TEXAS HOSPITAL INPATIENT DISCHARGE PUBLIC USE DATA FILE (PUDF)

USER MANUAL

2017

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BACKGROUND

The Texas Health Care Information Council (THCIC) was created by Chapter 108 of the Texas Health and Safety Code (THSC) and was responsible, under Sections 108.011 through 108.0135, for collecting hospital discharge data from all state licensed hospitals except those that are statutorily exempt from the reporting requirement. Exempt hospitals include those located in a county with a population less than 35,000, or those located in a county with a population more than 35,000 and with fewer than 100 licensed hospital beds and not located in an area that is delineated as an urbanized area by the United States Bureau of the Census (Section 108.0025). Exempt hospitals also include hospitals that do not seek insurance payment or government reimbursement (Section 108.009). 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.

Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repeals the facility exemption sections in Chapter 108 effective September 1, 2014. Rules were adopted implementing the rural provider requirements to begin with January 1, 2015 data. Rural providers and providers that are exempt from state franchise, sales, ad valorem, or other state or local taxes, and that do not seek or receive reimbursement for providing health care services to patients from any source will no longer be exempt from the data reporting requirements of Chapter 108.

PUBLIC USE DATA FILE (PUDF)

Sections 108.011(a) and 108.012 of the THSC require DSHS to provide public use data for computer-to-computer access. It also permits DSHS to charge the data requestor a fee for using the Public Use Data File (PUDF). The PUDF contains patient-level information for inpatient hospital stays. These data are extracted from DSHS's Hospital Discharge Database (HDD).

The PUDF Base Data File is split into two (2) Base Data files. Base Data #1 File contains the required data elements. Base Data #2 File contains most of the situationally required data elements and some calculated fields. The Record ID allows for linking the files together. The providers/submitters have, by law, until the next quarter (following the discharge) to submit their data. This means that the PUDF data is a snapshot in time and each quarter may contain some discharges dated in the previous quarter (i.e. for calendar year data be sure to check the first quarter of the following year also).

The Facility Type Indicator File is also included. This contains 12 variables including the THCIC ID and facility name and variables indicating whether the facility is a teaching facility or pediatric hospital or other specialty facility. The file also includes POA provider indicator and certification status.

A Facility Reporting Status document is included which provides information about whether the facilities reported or if they reported low numbers and their identification was masked in the data, reported no discharges or if they closed, were out of compliance and if they submitted any comments about their data.

Additionally, the submitter Comments File is included. This contains any comments that were included by the submitter when the respective data was submitted and certified from a given facility.

The 2017 PUDF is available in four fixed length format text files, Base Data #1 (logical record length of 802 bytes), Base Data #2 (logical record length of 648 bytes), Charges (logical record length of 80 bytes), and Facility Type Data (logical record length of 71 bytes) files. The files are also available in tabdelimited format. The size of the files is as follows:

First quarter, 699 hospitals:

Base Data #1	776,554 records	167 variables	Fixed field format	596 MB	Tab-delimited	307 MB
Base Data #2	776,554 records	99 variables	Fixed field format	481 MB	Tab-delimited	202 MB
Charges	12,486,488 records	13 variables	Fixed field format	976 MB	Tab-delimited	576 MB
Facility Type Data	699 records	12 variables	Fixed field format	50 KB	Tab-delimited	37 KB

The data must be imported into a software package. No software is included with the PUDF. The data file has been tested with several software packages, including Microsoft Access, 2010 Microsoft Excel (one quarter), SAS, and SPSS.

The PUDF, beginning with data collected for 2004, is formatted to accommodate additional data elements available with the collection of data from hospitals using the THCIC 837 format. The following data elements are available in the PUDF beginning with data for 2004 or are not comparable to data collected in years prior to 2004:

BASE DATA #1 FILE (Separated Base File 2	2011)
FAC_LONG_TERM_AC_IND	Added 2004. Moved to Facility Type Indicator File in 2011
PAT_COUNTRY	Added 2004
FIRST_PAYMENT_SRC	Replaces PAYMENT_SOURCE_1 and SOURCE_PAYMENT_CODE_1
SECOND_PAYMENT_SRC	Replaces PAYMENT_SOURCE_2 and SOURCE_PAYMENT_CODE_2
REVENUE_CODE_23	No longer available
TOTAL_CHARGES	Replaces TOTAL_CHARGES_23
TOTAL_CHARGES_ACCOMM	Replaces CLAIM_CHARGES_ACCOMM
TOTAL_NON_COV_CHARGES_ACCOMM	Replaces CLAIM_NON_COV_CHARGES_ACCOMM
TOTAL_CHARGES_ANCIL	Replaces CLAIM_CHARGES_ANCIL
TOTAL_NON_COV_CHARGES_ANCIL	Replaces CLAIM_NON_COV_CHARGES_ANCIL
EXTERNAL_CAUSE_OF_INJURY_1	Replaces EXTNAL_CAUSE_OF_INJURY
EXTERNAL_CAUSE_OF_INJURY_2 to	Added 2004
EXTERNAL_CAUSE_OF_INJURY_10	
OTH_DIAG_CODE_9 to OTH_DIAG_CODE_25	Added 2004
OTH_SURG_PROC_CODE_6 to	Added 2004
OTH_SURG_PROC_CODE_25	
OTH_SURG_PROC_DAY_6 to	Added 2004
OTH_SURG_PROC_DAY_25	

BASE DATA #1 FILE (Separated Base File 2	2011)
OTH ICD9 CODE 6 to OTH ICD9 CODE 25	Added 2004
MS MDC name changed from CMS MDC	Added 2004
(2011)	
INBOUND INDICATOR	Available 2004 only
POA PRINC DIAG CODE	Added 2011
POA OTH DIAG CODE 1 to	
POA_OTH_DIAG_CODE_24	Added 2011
POA_E_CODE_1 to POA_ E_CODE_10	Added 2011
MS_GROUPER_ ERROR _CODE	Added 2011
APR_GROUPER_ERROR_CODE	Added 2011
PRINC_ICD9_CODE	No longer available
OTH_ICD9_CODE_1- OTH_ICD9_CODE_24	No longer available
EMERGENCY_DEPT_FLAG	Added 2017
BASE DATA #2 FILE (added 2011) Moved of	calculated charge amounts and situational data elements to
this file	
CONDITION_CODE_1 to CONDITION_CODE_8	Added 2004
OCCUR_CODE_1 to OCCUR_CODE_12	Added 2004
OCCUR_DAY_1 to OCCUR_DAY_12	Added 2004
OCCUR_SPAN_CODE_1 to	Added 2004
OCCUR_SPAN_CODE_4	
OCCUR_SPAN_FROM_1 to	Added 2004
OCCUR_SPAN_FROM_4	
OCCUR_SPAN_THRU_1 to	Added 2004
OCCUR_SPAN_THRU_4	
VALUE_CODE_1 to VALUE_CODE_12	Added 2004
VALUE_AMOUNT_1 to VALUE_AMOUNT_12	Added 2004
CHARGES FILE	
REVENUE_CODE	Added 2004
HCPCS_QUALIFIER	Added 2004
HCPCS_PROCEDURE_CODE	Added 2004
MODIFIER_1 TO MODIFIER_4	Added 2004
UNIT_MEASUREMENT_CODE	Added 2004
UNITS_OF_SERVICE	Added 2004
UNIT_RATE	Added 2004
CHRGS_LINE_ITEM	Added 2004
CHRGS_NON_COV	Added 2004
	011) Moved facility information data elements to this file
POA_PROVIDER_INDICATOR	Moved from Base Data #1 file to Facility Type Indicator File in 2015
CERT_STATUS	Moved from Base Data #1 file to Facility Type Indicator File in 2015

DATA PROCESSING AND QUALITY

Beginning with data submitted for 2004 discharges hospitals required to submit discharged inpatient claims data, moved from the submission of data in the uniform bill (electronic UB-92) format to the THCIC 837 format. The data are validated through a process of automated auditing and verification. Each individual hospital is responsible for the accuracy and completeness of its data. Even so, each record is subjected by DSHS to a series of audits that check for consistency and conformity with the definitions stated in the data specification manual. Records failing an audit check are returned to the hospital for correction and resubmission. Following the correction process, DSHS uses valid claims data to build files of "encounters" where one encounter contains the final discharge and all related interim claims information for a patient. Then, each submitting hospital has an opportunity to review, to make additional corrections, and to certify the encounter data with or without comments. Finally, DSHS builds a final encounter file that includes all corrections submitted by the hospitals. DSHS staff checks and adjusts for missing values and invalid codes in this file before the PUDF is generated. Users are advised to examine every data element to be used for missing values and invalid codes and to read accompanying notes, comments, and other descriptive text.

Beginning with fourth (4th) quarter 2015 data ICD-10-CM diagnostic codes and ICD-10-PCS procedure codes were mandated by the Federal Government. The increased length of the codes required a change in the data file formats. Some data fields (for example, "POA_Provider_ Indicator" and Cert_Status") are moved to the "Facility Type Indicator" file.

PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the Hospital Discharge Database (HDD) was that the data and resulting information be used for the benefit of the public. This is specified in Section 108.013 of the Texas Health and Safety Code (THSC). Section 108.013(c) 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 Section 108.013 and may incur penalties as stated in Sections 108.014 and 108.0141. In addition, under Section 108.013(e) and (f), patient and/or physician information in the HDD cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding. Pursuant to the THSC, DSHS excludes all direct personal and demographic identifiers (e.g., name, address, social security number, patient identifiers, admission and discharge dates) that might lead to the identification of a specific patient from the PUDF.

To protect patient identities, DSHS has suppressed these data elements in this release of the PUDF:

- The last two digits of the patient's ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code.
- The ZIP code is changed to '88888' for patients from states other than Texas and the adjacent states.
- The entire ZIP code and gender code are suppressed if the ICD-10-CM or ICD-10-PCS codes indicates alcohol or drug use or an HIV diagnosis.
- The entire ZIP code and provider name are suppressed if a hospital has fewer than five discharges of a particular gender, including 'unknown'. The provider ID is changed to '999998'.
- The entire ZIP code is suppressed if a hospital has fewer than fifty discharges in a quarter and the provider ID is changed to '999999'.
- The country code is suppressed if the country field has fewer than five discharges for that quarter.

- The county code is suppressed if a county has fewer than five discharges for that quarter.
- Age is represented by 22 age group codes for the general patient population and 5 age group codes for the HIV and alcohol and drug use patient populations.
- Race is changed to 'Other' and ethnicity is suppressed if a hospital has fewer than ten discharges of a race.

To protect physician identities, the THSC 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, through complex analysis and with outside information, to ascertain from the PUDF the identity of individual patients. Considerable harm could result if this were done. PUDF users are required to sign and comply with the DSHS Hospital Discharge Data Use Agreement in the Application before shipment of the PUDF. The Data Use Agreement prohibits attempts to identify individual patients.

RESTRICTIONS ON DATA USE

Section 108.010(c) of the THSC prohibits DSHS from releasing provider quality reports until one year of data is available. Users of the PUDF are cautioned about using less than a year of data to make any hospital quality assumptions.

Sections 108.013(c)(1) and (2) and 108.013 (g) of the Texas Health and Safety Code (THSC) prohibit the DSHS from releasing, and a person or entity from gaining access to, any data that could reveal the identity of a patient or the identity of a physician unless specifically authorized by the Act. 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 THSC 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 Hospital Discharge Data sets. 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.

In the Data Use Agreement, the purchaser 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 Hospital Discharge 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 hospital stay records of patients in this data set with personally identifiable records from any other source, including any THCIC research data files;
- 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 permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:
- *Texas Hospital Inpatient Discharge 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, 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 collected by 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 with the knowledge that under Sections 108.014 and 108.0141 of the Texas Health and Safety Code to knowingly or negligently 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 PUDF user has been informed that the potential for both civil and criminal penalties exists.

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

DATA LIMITATIONS

(Users are advised to become familiar with the data limitations.)

- Section 108.009(h), THSC requires that a uniform submission format be used for reporting purposes. Before 2004 data were collected in the UB-92 format. Data for 2004 were collected in both UB-92 electronic format and THCIC 837 format. Because these are billing forms, the data collected are administrative data and not clinical data. Beginning with 2005 all data are collected from the THCIC 837 format.
- Records with Major Diagnositic Category (MDC) codes of 15 (newborns and other neonates with conditions originating in the perinatal period), 20 (alcohol/drug induced organic mental disorders), or 22 (burns) and Patient Status codes of 62 (discharged/transferred to inpatient rehabilitation), 71 (discharged/transferred to other outpatient service), or 72 (discharged/transferred to institution outpatient service) contain an APR-DRG of 956 (ungroupable). These Patient Status codes were not valid when version 15 of the 3M APR-DRG Grouper was developed. A valid Patient Status code is required for these MDC codes for APR-DRG assignment and Risk of Mortality and Severity of Illness scoring. Patient status codes 71 and 72 are no longer valid as of October 2003. After October 2003 records with MDC codes of 15, 20, or 22 and Patient Status code of 62 contain an APR-DRG of 956.
- Hospital charges data are available after third (3rd) quarter 2000. Earlier data were not reported correctly by some hospitals.
- Secondary source of payment data are available after third (3rd) quarter 2000. Earlier data were not reported correctly by some hospitals.
- Gender is suppressed for patients with an ICD-10-CM code that indicates drug or alcohol use or an HIV diagnosis.
- The last two digits of the ZIP code are suppressed if there are fewer than thirty patients included in the zip code. All of the ZIP code is suppressed for patients with an ICD-10-CM code that indicates drug or alcohol use or an HIV diagnosis or if a hospital has fewer than five discharges of a particular gender, including 'unknown'. ZIP code is changed to '88888' for patients from a state other than Texas and not from an adjacent state. If ZIP is '88888' the state abbreviation is changed to 'ZZ'. ZIP code is suppressed if a hospital has fewer than five patients of a particular gender, including 'unknown'.
- Admission Source as reported by hospitals is suppressed, as recommended by the Council, when the Admission Type is 'newborn'. Data users can use ICD-10-CM codes to correctly identify the clinical status of newborns.
- Uniform identification numbers for physicians are available after first (1st) quarter 2000 except when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.

- The data are a snapshot in time. Hospitals must submit data no later than 60 days after the close of a calendar quarter. Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid or other payment sources.
- Beginning with data for 2004 discharges, up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 E-codes can be submitted. For earlier years the number of diagnosis codes collected per patient is limited to 9 and the number of procedure codes to 6. Because of these limitations, sicker patients and the hospitals that treat them may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.
- Race and ethnicity data are required by law and rule to submit for each patient, generally not collected by hospitals and may be subjectively captured.
- Inaccuracies in the data and incompleteness of the data are addressed in the hospitals' comments if submitted by the facilities.
- County of residence is not collected by hospitals. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Comparability of length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of LOS at the hospital level should consider the above factors.
- Length of stay is limited to 999 days prior to 2004 discharges.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
- Conditions present at time of admission cannot be distinguished from those occurring during hospitalization prior to 2011 discharges. Diagnosis present on admission indicator codes (POA) were required for all hospitals, except Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals, and Long Term Care Hospitals. Some acute care hospitals that have special units similar to the hospitals exempted from reporting POA may not include POA codes for those patients.
- Updates to any PUDF CD's are available through the THCIC website, <u>http://www.dshs.texas.gov/thcic/</u>, which should be checked periodically as notifications of an update will not be sent.

- DSHS collects data from all hospitals in the state not specifically exempted by statute prior to January 1, 2015 services. Some hospitals maybe exempted for certain situations (for example, natural or other disasters or other unusual conditions) for limited time periods. This hospital mix should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

HOSPITAL COMMENTS

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

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

CITATION

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

Texas Hospital Inpatient Discharge Public Use Data File, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication].



Texas Hospital Inpatient Discharge Public Use Data File

DATA DICTIONARY

The purpose of this document is to provide the user with the necessary information to use and understand the data in the Public Use Data File. The following information is provided:

Field	Unique, abbreviated name of the data element.
Description	Brief explanation of the data element. Descriptions of data elements are taken from specifications manuals
Data	Provided by the health care facility on the claim form (Claim)
Source	
	Assigned by DSHS (Assigned)
	Provided to THCIC by the healthcare facility (Provider)
	Calculated by DSHS (Calculated)
	Note: For those data elements that have been temporarily suppressed, the quarter of data for which the data element will be released is noted
	following the Data Source.
Туре	Alphanumeric or numeric
Coding scheme	Valid codes for a data field. Values taken from specifications manuals.

Note a change: Any code provided by a hospital that has been determined to be invalid has been assigned the value `. Any data element that is blank should be interpreted as 'missing', no data provided, unless otherwise noted.

BASE DATA #1 FILE

Field 1:	RECORD_ID		
Description:	Record Identification Numb	ber. Unique numbe	er assigned to identify the record. First available
-	1 st quarter 2002. Does NO	T match the RECO	RD_ID in THCIC Research Data Files (RDF's).
Beginning Position:	1	Data Source:	Assigned
Length:	12	Туре:	Alphanumeric
Field 2:	DISCHARGE		
Description:	Discharge Quarter. Year an	d quarter of discha	urge. yyyyQn.
Beginning Position:	13	Data Source:	Assigned
Length:	6	Туре:	Alphanumeric
Field 3:	THCIC_ID		
Description:	Provider ID. Unique identif	fier assigned to the	provider by DSHS.

Suppression:				the Provider ID '9999999'. If ing 'unknown', Provider IE
Beginning Position:	19	Data Source:	Assigned	
Length:	6	Туре:	Alphanumeric	
Field 4:	TYPE_OF_ADMIS			
Description:	Code indicating the t			
Coding Scheme:	1 Emergency	pe of admission		
coung benefite.	2 Urgent			
	3 Elective			
	4 Newborn 5 Trauma			
	9 Information no	t available		
	Invalid			
Beginning Position:	25	Data Source:	Claim	
Length:	1	Туре:	Alphanumeric	
Field 5:	SOURCE_OF_ADM		*	
Description:	Code indicating sour			
Coding Scheme:		e Facility Point of Origin (Beg	inning July 1, 2010)	
8	2 Clinic or Physic			
	4 Transfer from a			
		a skilled nursing facility, intern	nediate care facility or assis	sted living facility
	6 Transfer from a 8 Court/Law Enf	another health care facility		
	9 Information no			
			al to another Distinct Unit	of the Same Hospital Resulting in
	Separate Claim			· · ·
		Ambulatory Surgery Center		
		a Hospice Facility		
	` Invalid	Jarrihana)		
	If Type of Admission=4 (1 5 Born inside this			
	6 Born outside th	-		
Beginning Position:	26	Data Source:	Claim	
Length:	1	Туре:	Alphanumeric	
Field 6:	SPEC_UNIT_1	- J F**	I ·····	
Description:		which most days durir	a stay occurred ba	sed on number of days
Description	by Type of Bill or R		ig stay occurred ba	
Coding Scheme:	C	Coronary Care Unit	Р	Pediatric Unit
county benefic.	D	Detoxification Unit	Y	Psychiatric Unit
	Ι	Intensive Care Unit	R	Rehabilitation Unit
	Н	Hospice Unit	U	Sub-acute Care Unit
	N	Nursery	S	Skilled Nursing Unit
	B O	Obstetric Unit Oncology Unit	Blank	Acute Care
Beginning Position:	27	Data Source:	Calculated	
Length:	1	Type:	Alphanumeric	
Field 7:	SPEC_UNIT_2	1 урс.	<i>i</i> upnanumene	
		high 2nd most days during	stay occurred based	on number of days by Type
Description:	of Bill or Revenue Co		, stay occurred based (on number of days by Type
Coding Sobarras				
Coding Scheme:	Same as field SPEC_		Coloulated	
Beginning Position:	28	Data Source:	Calculated	
Length:	1	Туре:	Alphanumeric	
Field 8:	SPEC_UNIT_3	1 and 5		–
Description:			stay occurred based of	on number of days by Type
	of Bill or Revenue Co			
Coding Scheme:	Same as field SPEC_	UNIT_1		
D · · D · /·	29	Data Source:	Calculated	
Beginning Position.				
Beginning Position: Length:	1	Туре:	Alphanumeric	

DSHS/THCIC

Beginning Position: 30 Data Source: Calculated Alphanumeric SPEC_UNIT_5 Description: SPEC_UNIT_5 Beginning Position: 31 Data Source: Calculated Length: 1 Type: Alphanumeric Field 11: PAT_STATE Description: State of the patient's mailing address in Texas and contiguous states. Standard 2-character Postal Service abbreviation. Coding Scheme: AR Achanasa Ar Ar Achanasa Ar Ar Achanasa Ar Ar Achanasa Ar A	D ! ! D ! ! !		field SPEC_UNI						
Field 10: SPEC UNIT 5 Description: Specialty Units in which 5 th most days during stay occurred based on number of days by Tyr of Bill or Revenue Code. Coding Scheme: Same as field SPEC_UNIT_1 Begrinning Position: 1 Data Source: Caling Scheme: State of the patient's mailing address in Texas and contiguous states. Standard 2-character Postal Service abbreviation. AR Advanasa Coding Scheme: Re Advanasa Tree Al Advanasa Trees Other advanasa Trees Texas Z Al other states and American Territories FC Foreign country Beginning Position: 32 Description: PAT_ZIP Patient's five-digit ZIP code. Suppression: Suppression: Suppression: Suppression: Supstate equals 'FC' (foreign country) ZIP code is blank. If CD-10-CW Han Ifty discharges the ZIP code is blank. If a bospital has fewer than 5 discharges of a particular gender, including 'unknown', the ZIP Code is blank. Beginning Position: 34 Data Source: Clain Ength: 5 Type: Alphanumeric Field 13: PAT_COUNTRY Description: 5 Type: Suppression: Suppressed if fewer than 5 patients from		30							
Description: Specialty Units in which 5 th most days during stay occurred based on number of days by Tyr of Bill or Revenue Code. Coding Scheme: Same as field SPEC_UNIT_1 Beginning Position: 31 Data Source: Calculated Length: I Type: Alphanumeric Field 11: PAT_STATE Description: State of the patient's mailing address in Texas and contiguous states. Standard 2-character Postal Service abbreviation. Coding Scheme: Ar Ataassa Ataassa Patient's mailing address in Texas and contiguous states. Standard 2-character Postal Service abbreviation. Coding Scheme: Ar Ataassa Patient's mailing address in Texas and contiguous states. Standard 2-character Postal Service abbreviation. Patient's fire-figure and the states and American Territories State of the patient's fire-figure and the states and American Territories Territories Territories Territories State of the patient's fire-figure and territories Territories State of the patient's fire-figure and territories Territories Territories Territories State of the patient's fire-figure and territories Territories State of the patient's fire-figure and territories Territories State of the state and American Territories State of the patient's fire-figure and territories Territories State of the patient's country of patient's country and territories Territories State of the patient's country and territories Territories State of the pa		-		Т	ype:	Alphan	umeric		
of Bill or Revenue Code. Same as field SPEC_UNIT_1 Beginning Position: 31 Data Source: Calculated Length: 1 Type: Alphanumeric Field 11: PAT_STATE Description: State of the patient's mailing address in Texas and contiguous states. Standard 2-character Postal Service abbreviation. Coding Scheme: AR Advansas LA Louisiana NM New Mexico OK Oklabona TX Teas Z All constants NM New Mexico OK Oklabona TX Teas Z All constants Z A Z DE Constant's Research and S Pathon S	Field 10:								
Coding Scheme: Same as field SPEC_UNIT_J Data Source: Calculated Beginning Position: 31 Type: Alphanumeric Field 11: PAT_STATE Description: State of the patient's mailing address in Texas and contiguous states. Standard 2-character Postal Service abbreviation. Coding Scheme: AR Adaasas Adaasas State of the patient's mailing address in Texas and contiguous states. Standard 2-character Postal Service abbreviation. Coding Scheme: Adaasas Adaasas State Service abbreviation. NM< New Mexico	Description:			5 th mc	ost days during	stay occu	rred based on	number o	f days by Typ
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Description:FIPS code of patient's county.Coding scheme:001Anderson129Donley257Kaufman385Real003Andrews131Duval259Kendall387Red River005Angelina133Eastland261Kenedy389Reeves007Aransas135Ector263Kent391Refugio009Archer137Edwards265Kerr393Roberts011Armstrong139Ellis267Kimble395Robertson013Atascosa141El Paso269King397Rockwall015Austin143Erath271Kinney399Runnels017Bailey145Falls273Kleberg401Rusk019Bandera147Fannin275Knox403Sabine023Baylor151Fisher277Lamar407San Jacinto025Bee153Floyd279Lamb409San Patricio027Bell155Foard281Lampasas411San Saba029Bexar157Fort Bend285Lavaca413Schleicher031Blanco159Franklin287Lee415Scury033Borden161Freestone289Leon417Shackelford035Bosque163 <td< th=""><th>Coding scheme: Beginning Position:</th><th>Suppresse See www. 39</th><th></th><th>nplete D</th><th>e list.)ata Source:</th><th>Claim</th><th>umorio</th><th></th><th></th></td<>	Coding scheme: Beginning Position:	Suppresse See www. 39		nplete D	e list.)ata Source:	Claim	umorio		
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OOMING Schemics 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 <td>Coding scheme: Beginning Position: Length: Field 14:</td> <td>Suppresse See www. 39 2 PAT_CO</td> <td><i>ISO.org</i> for con</td> <td>nplete D T</td> <td>e list.)ata Source:</td> <td>Claim</td> <td>umeric</td> <td></td> <td></td>	Coding scheme: Beginning Position: Length: Field 14:	Suppresse See www. 39 2 PAT_CO	<i>ISO.org</i> for con	nplete D T	e list.)ata Source:	Claim	umeric		
007Aransas135Ector263Kent391Refugio009Archer137Edwards265Kerr393Roberts011Armstrong139Ellis267Kimble395Robertson013Atascosa141El Paso269King397Rockwall015Austin143Erath271Kinney399Runnels017Bailey145Falls273Kleberg401Rusk019Bandera147Fannin275Knox403Sabine021Bastrop149Fayette283La Salle405San Augustine023Baylor151Fisher277Lamar407San Jacinto025Bee153Floyd279Lamb409San Patricio027Bell155Foard281Lampasas411Sahsa029Bexar157Fort Bend285Lavaca413Scheicher031Blanco159Franklin287Lee415Scurry033Borden161Freestone289Leon417Shackelford035Bosque163Frio291Liberty419Shelby037Bowie165Gaines293Limestone421Sherman	Coding scheme: Beginning Position: Length: Field 14: Description:	Suppresse See www. 39 2 PAT_CO FIPS code	<i>.ISO.org</i> for con DUNTY e of patient's con	nplete D T unty.	alist. Data Source: Oype:	Claim Alphan		385	Real
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011Armstrong139Ellis267Kimble395Robertson013Atascosa141El Paso269King397Rockwall015Austin143Erath271Kinney399Runnels017Bailey145Falls273Kleberg401Rusk019Bandera147Fannin275Knox403Sabine021Bastrop149Fayette283La Salle405San Augustine023Baylor151Fisher277Lamar407San Jacinto025Bee153Floyd279Lamb409San Patricio027Bell155Foard281Lampasas411San Saba029Bexar157Fort Bend285Lavaca413Schleicher031Blanco159Franklin287Lee415Scurry033Borden161Freestone289Leon417Shakelford035Bosque163Frio291Liberty419Shelby037Bowie165Gaines293Limestone421Sherman	Coding scheme: Beginning Position: Length: Field 14: Description:	Suppresse See www. 39 2 PAT_CO FIPS code 001 003 005	<i>.ISO.org</i> for con DUNTY e of patient's con anderson andrews angelina	unty. 129 131 133	b list. Data Source: 'ype: Donley Duval Eastland	Claim Alphan 257 259 261	Kaufman Kendall Kenedy	387 389	Red River Reeves
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	Coding scheme: Beginning Position: Length: Field 14: Description:	Suppresse See www. 39 2 PAT_CO FIPS code 001 A 003 A 005 A 007 A	UNTY e of patient's con underson undrews ungelina uransas	nplete D T unty. 129 131 133 135	b list. Data Source: 'ype: Donley Duval Eastland Ector	Claim Alphan 257 259 261 263	Kaufman Kendall Kenedy Kent	387 389 391	Red River Reeves Refugio
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021Bastrop149Fayette283La Salle405San Augustine023Baylor151Fisher277Lamar407San Jacinto025Bee153Floyd279Lamb409San Patricio027Bell155Foard281Lampasas411San Saba029Bexar157Fort Bend285Lavca413Schleicher031Blanco159Franklin287Lee415Scurry033Borden161Freestone289Leon417Shackelford035Bosque163Frio291Liberty419Shelby037Bowie165Gaines293Limestone421Sherman	Coding scheme: Beginning Position: Length: Field 14: Description:	Suppresse See www. 39 2 PAT_CO FIPS code 001 A 003 A 005 A 007 A 009 A 011 A 013 A 015 A	JUNTY e of patient's con inderson inder	unty. 129 131 133 135 137 139 141 143	Donley Duval Edwards Ellis El Paso Erath	Claim Alphan 257 259 261 263 265 265 265 267 269 271	Kaufman Kendall Kenedy Kent Kerr Kimble King Kinney	387 389 391 393 395 397 399	Red River Reeves Refugio Roberts Robertson Rockwall Runnels
025Bee153Floyd279Lamb409San Patricio027Bell155Foard281Lampasas411San Saba029Bexar157Fort Bend285Lavaca413Schleicher031Blanco159Franklin287Lee415Scurry033Borden161Freestone289Leon417Shackelford035Bosque163Frio291Liberty419Shelby037Bowie165Gaines293Limestone421Sherman	Coding scheme: Beginning Position: Length: Field 14: Description:	Suppresse See www. 39 2 PAT_CO FIPS code 001 A 003 A 005 A 007 A 009 A 011 A 013 A 015 A 017 B	JSO.org for con DUNTY e of patient's con inderson inderson inderws ingelina iransas ircher irmstrong itascosa iustin italiey	nplete D T 129 131 133 135 137 139 141 143 145	Donley Duval Edwards Ellis El Paso Erath Falls	Claim Alphan 257 259 261 263 265 267 269 271 273	Kaufman Kendall Kenedy Kent Kerr Kimble King Kinney Kleberg	387 389 391 393 395 397 399 401	Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk
027Bell155Foard281Lampasas411San Saba029Bexar157Fort Bend285Lavaca413Schleicher031Blanco159Franklin287Lee415Scurry033Borden161Freestone289Leon417Shackelford035Bosque163Frio291Liberty419Shelby037Bowie165Gaines293Limestone421Sherman	Coding scheme: Beginning Position: Length: Field 14: Description:	Suppresse See www. 39 2 PAT_CO FIPS code 001 A 003 A 005 A 007 A 009 A 011 A 013 A 015 A 017 B 019 B 021 B	JSO.org for con DUNTY e of patient's con andrews angelina argenina	nplete D T unty. 129 131 133 135 137 139 141 143 145 147 149	b list. Data Source: Ype: Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette	Claim Alphan 257 259 261 263 265 267 269 271 273 275 283	Kaufman Kendall Kenedy Kent Kerr Kimble King Kinney Kleberg Knox La Salle	387 389 391 393 395 397 399 401 403 405	Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine
029Bexar157Fort Bend285Lavaca413Schleicher031Blanco159Franklin287Lee415Scurry033Borden161Freestone289Leon417Shackelford035Bosque163Frio291Liberty419Shelby037Bowie165Gaines293Limestone421Sherman	Coding scheme: Beginning Position: Length: Field 14: Description:	Suppresse See www. 39 2 PAT_CO FIPS code 001 A 003 A 005 A 005 A 005 A 007 A 009 A 011 A 013 A 013 A 013 A 017 B 019 B 021 B 023 B	JSO.org for con DUNTY e of patient's con andrews angelina aransas archer armstrong atascosa austin aailey aandera astrop aaylor	nplete D T unty. 129 131 133 135 137 139 141 143 145 147 149 151	b list. Data Source: ype: Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher	Claim Alphan 257 259 261 263 265 267 269 271 273 275 283 275 283 277	Kaufman Kendall Kenedy Kent Kerr Kimble King Kinney Kleberg Knox La Salle Lamar	387 389 391 393 395 397 399 401 403 405 407	Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto
031Blanco159Franklin287Lee415Scurry033Borden161Freestone289Leon417Shackelford035Bosque163Frio291Liberty419Shelby037Bowie165Gaines293Limestone421Sherman	Coding scheme: Beginning Position: Length: Field 14: Description:	Suppresse See www. 39 2 PAT_CO FIPS code 001 A 003 A 005 A 007 A 007 A 009 A 011 A 013 A 015 A 017 B 019 B 021 B 023 B 025 B	JSO.org for con DUNTY e of patient's con inderso	nplete D T unty. 129 131 133 135 137 139 141 143 145 147 149 151 153	b list. Data Source: ype: Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd	Claim Alphan 257 259 261 263 265 267 269 271 273 275 283 277 279	Kaufman Kendall Kenedy Kent Kimble King Kinney Kleberg Knox La Salle Lamar Lamb	387 389 391 393 395 397 399 401 403 405 407 409	Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio
035Bosque163Frio291Liberty419Shelby037Bowie165Gaines293Limestone421Sherman	Coding scheme: Beginning Position: Length: Field 14: Description:	Suppresse See www. 39 2 PAT_CO FIPS code 001 A 003 A 005 A 007 A 009 A 011 A 013 A 015 A 017 B 019 B 021 B 023 B 025 B	JSO.org for con DUNTY e of patient's con inderso	nplete D T unty. 129 131 133 135 137 139 141 143 145 147 149 151 153 155	Donley Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard	Claim Alphan 257 259 261 263 265 267 269 271 273 275 283 277 279 281	Kaufman Kendall Kenedy Kent Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas	387 389 391 393 395 397 399 401 403 405 407 409 411	Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba
037 Bowie 165 Gaines 293 Limestone 421 Sherman	Coding scheme: Beginning Position: Length: Field 14: Description:	Suppresse See www. 39 2 PAT_CO FIPS code 001 A 003 A 005 A 007 A 009 A 011 A 013 A 015 A 017 B 019 B 021 B 021 B 023 B 025 B 027 B 029 B 031 B	JSO.org for con DUNTY e of patient's con andrews angelina aransas archer armstrong atascosa austin ailey bandera bastrop baylor bee bell bexar blanco	nplete D T unty. 129 131 133 135 137 139 141 143 145 147 149 151 153 155 157 159	b list. Data Source: ype: Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bend Franklin	Claim Alphan 257 259 261 263 265 267 269 271 273 275 283 277 279 281 285 287	Kaufman Kendall Kenedy Kent Kerr Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca Lee	387 389 391 393 395 397 399 401 403 405 407 409 411 413 415	Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry
	Coding scheme: Beginning Position: Length: Field 14: Description:	Suppresse See www. 39 2 PAT_CO FIPS code 001 A 003 A 007 A 009 A 011 A 009 A 011 A 013 A 015 A 015 A 017 B 021 B 023 B 025 B 025 B 025 B 025 B 027 B 029 B 031 B 033 B	JSO.org for con DUNTY e of patient's con andrews angelina aransas archer armstrong atascosa austin aailey aandera astrop aylor iee esell iexar dianco aorden	nplete D T unty. 129 131 133 135 137 139 141 143 145 147 149 151 153 155 157 159 161	b list. bata Source: ype: Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bend Fraeklin Freestone	Claim Alphan 257 259 261 263 265 267 269 271 273 275 283 277 279 281 285 287 289	Kaufman Kendall Kenedy Kent Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca Lee Leon	387 389 391 393 395 397 399 401 403 405 407 409 411 413 415 417	Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Augustine San Patricio San Saba Schleicher Scurry Shackelford
	Coding scheme: Beginning Position: Length: Field 14: Description:	Suppresse See www. 39 2 PAT_CO FIPS code 001 A 003 A 005 A 005 A 005 A 007 A 009 A 011 A 013 A 013 A 017 B 013 A 017 B 017 B 021 B 023 B 025 B 027 B 029 B 023 B 025 B 027 B 029 B 033 B	JSO.org for con DUNTY e of patient's con andreson andrews ungelina transas tracher transtrong tascosa tustin sailey tastrop	nplete D T unty. 129 131 133 135 137 139 141 143 145 147 149 151 153 155 157 159 161 163	b list. Data Source: ype: Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Foard Froatkin Freestone Frio	Claim Alphan 257 259 261 263 265 267 269 271 273 275 283 277 279 281 285 287 289 291	Kaufman Kendall Kenedy Kent Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca Lee Leon Liberty	387 389 391 393 395 397 399 401 403 405 407 409 411 413 415 417 419	Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford Shelby
	Coding scheme: Beginning Position: Length: Field 14: Description:	Suppresse See www. 39 2 PAT_CO FIPS code 001 A 003 A 005 A 007 A 007 A 007 A 007 A 007 A 011 A 013 A 015 A 017 B 013 A 015 A 017 B 021 B 023 B 025 B 027 B 029 B 029 B 031 B 033 B 035 B	JSO.org for con DUNTY e of patient's con inderso	nplete D T unty. 129 131 133 135 137 139 141 143 145 147 149 151 153 155 157 159 161 163 165	b list. Data Source: ype: Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bend Franklin Freestone Frio Gaines	Claim Alphan 257 259 261 263 265 267 269 271 273 275 283 277 279 281 285 287 289 291 293	Kaufman Kendall Kenedy Kent Kimble King Kinney Kleberg Knox La Salle Lamar Lamb Lampasas Lavaca Lee Leon Liberty Limestone	387 389 391 393 395 397 399 401 403 405 407 409 411 413 415 417 419 421	Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford Shelby Sherman

	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	
	049 051	Brown Burleson	177 179	Gonzales Gray	305 307	Lynn McCulloch	433 435	Stonewall Sutton	
	051	Burnet	181	Grayson	307	McLennan	433	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 Victoria	
	085 087	Collin Collingsworth	213	Henderson Hidalgo	341	Moore	469 471	Walker	
	087	Collingsworth Colorado	215 217	Hill	343 345	Morris Motley	471	Walter	
	089	Conal	217	Hockley	343 347	Nacogdoches	475	Ward	
	091	Comanche	219	Hood	347	Navarro	473	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		Turnelid	
	127	Dimmit	255	Karnes	383	Reagan		Invalid	
Beginning Position:	41			Data Source:	-	ed; based on pa	tient ZIP	code	
Length:	3			Туре:	Alphan	umeric			
Field 15:	PUB	LIC_HEALTH_	REGIC)N					
Description:		c Health Region			1 0 1	G 11' 1	C 1 F		
Coding Scheme:	1	Armstrong, Bailey, Dickens, Donley, F Lamb, Lipscomb, L Sherman, Swisher,	loyd, Garz .ubbock, L Terry, Wh	za, Gray, Hale, Hall, Lynn, Moore, Motley leeler, Yoakum cour	Hansford, , Ochiltree nties	Hartley, Hemphill e, Oldham, Parmer,	, Hockley, I Potter, Rar	Hutchinson, King, Idall, Roberts,	
	2	Archer, Baylor, Bro Haskell, Jack, Jones Stonewall, Taylor, 7	s, Kent, K Throckmo	nox, Mitchell, Mont rton, Wichita, Wilba	ague, Nola arger, You	n, Runnels, Scurry	, Shacklefor	rd, Stephens,	
	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, C Marion, Morris, Pan	iola, Rains	s, Red River, Rusk, S	Smith, Titu	s, Upshur, Van Zai	ndt, Wood c	counties	
	5	Angelina, Hardin, H San Jacinto, Shelby	, Trinity, T	Tyler counties	0			, ç	
	6	Austin, Brazoria, C Walker, Waller, Wh	harton cou	nties			0	0 1	
	7	Hamilton, Hays, Hi	ll, Lampas	sas, Lee, Leon, Lime	estone, Lla			, Freestone, Grimes, m, Mills, Robertson,	
	8	San Saba, Travis, W Atascosa, Bandera,	-			t, Edwards, Frio, C	Gillespie, Go	oliad, Gonzales,	

Description: Co Coding Scheme: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Type: Alphanumeric AT_STATUS ode indicating patient status as of the ending date of service for the period of care reported 1 Discharged to home or self-care (routine discharge) 2 Discharged/transferred to a short term general hospital for inpatient care 3 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care 44 Discharged/transferred to a facility that provides custodial or supportive care 55 Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007) 66 Discharged/transferred to home under care of an organized home health service organization in anticipation covered skilled care 77 Left against medical advice 98 Admitted as inpatient to this hospital 99 Admitted as inpatient to this hospital 10 Expired 11 Discharged/transferred to Court/Law Enforcement 12 Still patient 13 Discharged/transferred to federal government operated health facility 14 Expired, place unknown 15 Discharged/transferred to federal government operated health facility 16 Hospicehome 11 Hospice-mome </th
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6 7 8 8 8	Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
7 8 8 8	
8 8 8	
8	 Discharge/transfer to another type of health care institution not defined elsewhere in the code list Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-2013)
	 Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
8	3 Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acu Care Hospital Inpatient Readmission (effective 10-1-2013)
8	 Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care
	 Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planne
8	Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmiss:
8	 (effective 10-1-2013) Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
8	39 Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
	 Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care
	 Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Ca Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare w
	 a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned
9	 Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
9	 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)

Beginning Position: Length:	46 2	Data Source: Type:	Claim
Field 17:	SEX_CODE	rype.	Alphanumeric
	Gender of the patient as re	aardad at data of a	admission or start of care
Description:			
Suppression:			ndicates drug or alcohol use or an HIV diagnosis. If
			cular gender, including unknown, Provider ID is
~ ~ ~ ~ ~	1	me and Patient ZIF	P Code are blank for those patients.
Coding Scheme:	M Male F Female		
	U Unknown		
	` Invalid		
Beginning Position:	48	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 18:	RACE	- J F - •	
Description:	Code indicating the patien	t's race	
Suppression:			ne race that race is changed to 'Other' (code equals 5).
	1 American Indian/Eskim		te face that face is changed to Other (code equals 5).
Coding Scheme:	2 Asian or Pacific Islander		
	3 Black		
	4 White		
	5 Other		
	` Invalid		
Beginning Position:	49	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 19:	ETHNICITY		
Description:	Code indicating the Hispa	nic origin of the pa	atient.
Suppression:	If a hospital has fewer that	n ten patients of on	he race the ethnicity of patients of that race is
	suppressed (code is blank).		
Coding Scheme:	1 Hispanic Origin		
	2 Not of Hispanic Origin		
	` Invalid		
Beginning Position:	50	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 20:	ADMIT_WEEKDAY		
Description:	Code indicating day of we	ek patient is admit	tted
-			5 Friday
Coding Scheme:	1 Monday		
Coding Scheme:	2 Tuesday		6 Saturday
Coding Scheme:	2 Tuesday 3 Wednesday		6 Saturday 7 Sunday
	2 Tuesday 3 Wednesday 4 Thursday		6 Saturday 7 Sunday ` Invalid
Beginning Position:	2 Tuesday 3 Wednesday 4 Thursday 51	Data Source:	6 Saturday 7 Sunday Invalid Assigned
Beginning Position: Length:	2 Tuesday 3 Wednesday 4 Thursday 51 1	Data Source: Type:	6 Saturday 7 Sunday ` Invalid
Beginning Position: Length: Field 21:	2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF_STAY	Туре:	6 Saturday 7 Sunday Invalid Assigned Alphanumeric
Beginning Position: Length: Field 21:	2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF_STAY Length of stay in days equ	Type: als Statement cover	6 Saturday 7 Sunday `Invalid Assigned Alphanumeric ers period through date <i>minus</i> Admission/start of
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Coding Scheme: Beginning Position: Length: Field 21: Description: Beginning Position:	2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF_STAY Length of stay in days equ	Type: als Statement cover	6 Saturday 7 Sunday `Invalid Assigned Alphanumeric ers period through date <i>minus</i> Admission/start of
Beginning Position: Length: Field 21: Description: Beginning Position:	 2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF_STAY Length of stay in days <i>equ</i> care date. The minimum let 	Type: als Statement cove ength of stay is 1 d Data Source:	6 Saturday 7 Sunday Novalid Assigned Alphanumeric ers period through date <i>minus</i> Admission/start of lay. The maximum is 9999 days. Calculated
Beginning Position: Length: Field 21: Description: Beginning Position: Length:	 2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF_STAY Length of stay in days <i>equ</i> care date. The minimum loss 52 4 	Type: als Statement cove ength of stay is 1 d	 6 Saturday 7 Sunday 7 Invalid Assigned Alphanumeric ers period through date <i>minus</i> Admission/start of ay. The maximum is 9999 days.
Beginning Position: Length: Field 21: Description: Beginning Position: Length: Field 22:	2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF_STAY Length of stay in days <i>equ</i> care date. The minimum left 52 4 PAT_AGE	Type: als Statement cove ength of stay is 1 d Data Source: Type:	6 Saturday 7 Sunday Invalid Assigned Alphanumeric ers period through date <i>minus</i> Admission/start of lay. The maximum is 9999 days. Calculated Alphanumeric
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Beginning Position: Length: Field 21: Description: Beginning Position: Length:	2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF_STAY Length of stay in days <i>equ</i> care date. The minimum le 52 4 PAT_AGE Code indicating age of pat 00 1-28 days	Type: <i>als</i> Statement cove ength of stay is 1 d Data Source: Type: tient in days or yea 10 35-39	6 Saturday 7 Sunday 7 Sunday 1 Invalid Assigned Alphanumeric ers period through date <i>minus</i> Admission/start of ay. The maximum is 9999 days. Calculated Alphanumeric rs on date of discharge. 20 85-89
Beginning Position: Length: Field 21: Description: Beginning Position: Length: Field 22: Description:	2 Tuesday 3 Wednesday 4 Thursday 51 1 1 LENGTH_OF_STAY Length of stay in days equacare date. The minimum left 52 4 PAT_AGE Code indicating age of pathol 00 1-28 days 01 29-365 days	Type: als Statement cove ength of stay is 1 d Data Source: Type: tient in days or yea 10 35-39 11 40-44	6 Saturday 7 Sunday 1 Invalid Assigned Alphanumeric ers period through date <i>minus</i> Admission/start of lay. The maximum is 9999 days. Calculated Alphanumeric rs on date of discharge. 20 85-89 21 90+
Beginning Position: Length: Field 21: Description: Beginning Position: Length: Field 22: Description:	2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF_STAY Length of stay in days <i>equ</i> care date. The minimum le 52 4 PAT_AGE Code indicating age of pat 00 1-28 days	Type: <i>als</i> Statement cove ength of stay is 1 d Data Source: Type: tient in days or yea 10 35-39	6 Saturday 7 Sunday 7 Sunday 1 Invalid Assigned Alphanumeric ers period through date <i>minus</i> Admission/start of lay. The maximum is 9999 days. Calculated Alphanumeric rs on date of discharge. 20 85-89 21 90+ HIV and drug/alcohol use patients:
Beginning Position: Length: Field 21: Description: Beginning Position: Length: Field 22: Description:	2 Tuesday 3 Wednesday 4 Thursday 51 1 1 Image: Constant of the start of the	Type: als Statement cove ength of stay is 1 d Data Source: Type: tient in days or yea 10 35-39 11 40-44 12 45-49	6 Saturday 7 Sunday 7 Sunday 1 Invalid Assigned Alphanumeric ers period through date <i>minus</i> Admission/start of lay. The maximum is 9999 days. Calculated Alphanumeric rs on date of discharge. 20 85-89 21 90+ HIV and drug/alcohol use patients: 22 0-17
Beginning Position: Length: Field 21: Description: Beginning Position: Length: Field 22: Description:	2 Tuesday 3 Wednesday 4 Thursday 51 1 1 Image: Constraint of the start of t	Type:talsStatement coverength of stay is 1 dDataSource:Type:tient in days or yea10 $35-39$ 11 $40-44$ 12 $45-49$ 13 $50-54$	6 Saturday 7 Sunday 7 Sunday 1 Invalid Assigned Alphanumeric ers period through date <i>minus</i> Admission/start of lay. The maximum is 9999 days. Calculated Alphanumeric rs on date of discharge. 20 85-89 21 90+ HIV and drug/alcohol use patients: 22 0-17 23 18-44
Beginning Position: Length: Field 21: Description: Beginning Position: Length: Field 22: Description:	2 Tuesday 3 Wednesday 4 Thursday 51 1 1 Image: Constant of the start of the	Type: aals Statement cove ength of stay is 1 d Data Source: Type: tient in days or yea 10 35-39 11 40-44 12 45-49 13 50-54 14 55-59	6 Saturday 7 Sunday 7 Sunday 1 Invalid Assigned Alphanumeric ers period through date <i>minus</i> Admission/start of lay. The maximum is 9999 days. Calculated Alphanumeric rs on date of discharge. 20 85-89 21 90+ <i>HIV and drug/alcohol use patients:</i> 22 0-17 23 18-44 24 45-64
Beginning Position: Length: Field 21: Description: Beginning Position: Length: Field 22: Description:	2 Tuesday 3 Wednesday 4 Thursday 51 1 1 Image: Constant of the start of the	Type: aals Statement coverength of stay is 1 d Data Source: Type: tient in days or yea 10 35-39 11 40-44 12 45-49 13 50-54 14 55-59 15 60-64 16 65-69 17 70-74	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
Beginning Position: Length: Field 21: Description: Beginning Position: Length: Field 22: Description:	2 Tuesday 3 Wednesday 4 Thursday 51 1 1 LENGTH_OF_STAY Length of stay in days equance equance care date. The minimum log 52 4 PAT_AGE Code indicating age of path 00 00 1-28 days 01 29-365 days 02 1-4 years 03 5-9 04 10-14 05 15-17 06 18-19 07 20-24 08 25-29	Type: aals Statement coverength of stay is 1 d Data Source: Type: tient in days or yea 10 35-39 11 40-44 12 45-49 13 50-54 14 55-59 15 60-64 16 65-69 17 70-74 18 75-79	6 Saturday 7 Sunday 1 Invalid Assigned Alphanumeric ers period through date minus Admission/start of lay. The maximum is 9999 days. Calculated Alphanumeric rs on date of discharge. participation of the second
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	FIRST_I	PAYMENT_SRC						
Description:		icating the expected						
Coding Scheme:	beg	If Pay (Removed from 50 ginning 2Q2012 data)	010 forma	it, use "ZZ"	HM		inten	ance Organization
	10 Cer	ntral Certification			LI	Liability		
		her Non-federal Program			LM	Liability N		
		eferred Provider Organization of Service (POS)	ation (PP	0)	MA MB	Medicare Medicare		
		clusive Provider Organiz	vation (EP	()	MC	Medicaid	Part)
		lemnity Insurance		0)	TV	Title V		
	Me	alth Maintenance Organi edicare Risk	ization (H	MO)	OF	Other Fede		-
		tomobile Medical			VA WC			istration Plan
		ue Cross/Blue Shield IAMPUS			ZZ			ensation Health Claim nt or Unknown
		mmercial Insurance			~~			Z, combined for 2004 & 2005
	DS Dis	sability Insurance			`	Invalid		
Beginning Position:	58		Data S	ource:	Claim			
Length:	2		Type:		Alphanu	meric		
Field 24:		DARY_PAYMEN			r			
Description:		icating the expected		larv sour	e of payn	nent.		
Coding Scheme:		field FIRST_PAYM			e or pujn			
Beginning Position:	60			ource:	Claim			
Length:	2		Type:		Alphanu	meric		
Field 25:		OF_BILL	-, P**		<u>r</u>	*		
Description:		the specific type of	bill.					
Coding Scheme:		pe of Facility		ligit–Type d	of Care		3^{rd} c	digit–Sequence of claim
county service.	1 Hospi	ital	1	Inpatient, Part A	including M		0	Non-payment/Zero claim
		ed nursing	2		Medicare Pa	art B only	1	Admit through discharge clai
		e health	3	Outpatien		liaan-	2	Interim_first claim
		ious non-medical health Hospital	4	Part B on	t Other, Med lv	ncare	3	Interim-continuing claim
	5 Relig	ious non-medical health Extended care	5		ate Care–Le	vel I	4	Interim-last claim
		nediate care	6	Intermedi	ate Care-Le	vel II	5	Late charge(s) only claim
	7 Clinic	2	7	Sub-acute	e inpatient –	Level III	6	Adjustment of prior claim (N
	8 Speci	al facility	8	Swing be	d		7	used by Medicare) Replacement of prior claim
Beginning Position:	62	÷		ource:	Claim		8	Void/cancel of prior claim
Length:	3		Type:	ource.	Alphanu	meric		
Field 26:		CHARGES	i jpc.		1 upnanu			
			ges not	n-covered	laccomm	odation of	1aro	es, ancillary charges, non
Deserintion	oun or a	commonation cital						es, anemary enarges, non
Description:				TOTAL			141 5	
_	covered a	ancillary charges. Re	eplaces		CHARG		in B	
Beginning Position:	covered a 65		eplaces Data S		CHARGI Claim	ES_23.	in B	
Beginning Position: Length:	covered a 65 12	ancillary charges. Re	eplaces Data S Type:		CHARG	ES_23.		
Description: Beginning Position: Length: Field 27: Description:	covered a 65 12 TOTAL	ancillary charges. Ro	eplaces Data S Type: RGES	ource:	CHARGI Claim Numeric	ES_23.		charges
Beginning Position: Length: Field 27: Description:	covered a 65 12 TOTAL Sum of n	ancillary charges. Re	eplaces Data S Type: RGES nodation	ource:	CHARGI Claim Numeric	ES_23.		charges.
Beginning Position: Length: Field 27: Description: Beginning Position:	covered a 65 12 TOTAL Sum of n 77	ancillary charges. Ro	eplaces Data S Type: RGES nodation Data S	ource:	CHARGI Claim Numeric , non-cove Claim	ES_23.		charges.
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Beginning Position: Length: Field 27: Description: Beginning Position: Length: Field 28: Description:	covered a 65 12 TOTAL Sum of n 77 12 TOTAL Sum of co	ancillary charges. Ro _ NON_COV_CHA on-covered accomn	eplaces Data S Type: ARGES nodation Data S Type: COMM rered acc	h charges	CHARGI Claim Numeric , non-cova Claim Numeric ation charg	ES_23.		charges.
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Beginning Position:	113	Data Source:	Claim
Length:	113	Type:	Numeric
Field 31:	TOTAL_NON_COV_CHA		
Description:	Sum of non-covered ancillar		
Beginning Position:	125	Data Source:	Claim
0 0	125		
Length:		Type:	Numeric
Field 32:	ADMITTING_DIAGNOSI		
Description:	implied following the third c		h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	137	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 33:	PRINC_DIAG_CODE		
Description:	ICD-10-CM diagnosis code t if applicable. Decimal is imp		diagnosis, including the 4th, 5th, 6th and 7th digits ne third character.
Beginning Position:	144	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 34:	POA_PRINC_DIAG_COD		
Description:			s code was present at the time the patient was
- ·····P·····	admitted to the hospital		· · · · · · · · · · · · · · · · · · ·
Coding Scheme:	Y Yes		
eoung senemer	N No		
	U Unknown		
	W Clinically Undetermined		
	1 Space (1 st & 2 nd Qtr. 2012 o Invalid	miy)	
Beginning Position:	151	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 35:	OTH_DIAG_CODE_1	Type.	Alphandmerie
Description:		including the Atl	h, 5th, 6th and 7th digits if applicable. Decimal is
Description.	implied following the third c		n, our our and 7th dights it applicable. Decimal is
Beginning Position:	152	Data Source:	Claim
Length:	7	Туре:	Almhanumania
	,	I ypc.	Alphanumeric
	•		Alphanumeric
Field 36:	POA_OTH_DIAG_CODE	_1	÷
	POA_OTH_DIAG_CODE	_1	code was present at the time the patient was
Field 36: Description:	POA_OTH_DIAG_CODE Code identifying whether Ot admitted to the hospital	_ 1 h_Diag_Code_1	*
Field 36: Description: Coding Scheme:	POA_OTH_DIAG_CODE Code identifying whether Ot admitted to the hospital Same as Field POA_PRINC	_1 h_Diag_Code_1 _DIAG_CODE	*
Field 36: Description: Coding Scheme: Beginning Position:	POA_OTH_DIAG_CODE Code identifying whether Ot admitted to the hospital	_1 h_Diag_Code_1 _DIAG_CODE Data Source:	code was present at the time the patient was Claim
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Field 36: Description: Coding Scheme: Beginning Position: Length: Field 37:	POA_OTH_DIAG_CODE Code identifying whether Ot admitted to the hospital Same as Field POA_PRINC_ 159 1 OTH_DIAG_CODE_2	_1 h_Diag_Code_1 _DIAG_CODE Data Source: Type:	code was present at the time the patient was Claim Alphanumeric
Field 36: Description: Coding Scheme: Beginning Position: Length:	POA_OTH_DIAG_CODE Code identifying whether Ot admitted to the hospital Same as Field POA_PRINC_ 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis code,	_1 h_Diag_Code_1 _DIAG_CODE Data Source: Type: including the 4tl	code was present at the time the patient was Claim
Field 36: Description: Coding Scheme: Beginning Position: Length: Field 37: Description:	POA_OTH_DIAG_CODE Code identifying whether Ot admitted to the hospital Same as Field POA_PRINC_ 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis code, implied following the third c	_1 h_Diag_Code_1 _DIAG_CODE Data Source: Type: including the 4th haracter.	code was present at the time the patient was Claim <u>Alphanumeric</u> h, 5th, 6th and 7th digits if applicable. Decimal is
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Field 36:Description:Coding Scheme:Beginning Position:Length:Field 37:Description:Beginning Position:Length:	POA_OTH_DIAG_CODE_ Code identifying whether Ot admitted to the hospital Same as Field POA_PRINC_ 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis code, implied following the third c 160 7	_1 h_Diag_Code_1 _DIAG_CODE Data Source: _Type: including the 4th haracter. Data Source: Type:	code was present at the time the patient was Claim <u>Alphanumeric</u> h, 5th, 6th and 7th digits if applicable. Decimal is
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Field 36:Description:Coding Scheme:Beginning Position:Length:Field 37:Description:Beginning Position:Length:Field 38:Description:Coding Scheme:Beginning Position:Length:Field 39:Description:Beginning Position:	POA_OTH_DIAG_CODE_ Code identifying whether Ot admitted to the hospital Same as Field POA_PRINC_ 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis code, implied following the third c 160 7 POA_OTH_DIAG_CODE_ Code identifying whether Ot admitted to the hospital Same as Field POA_PRINC_ 167 1 OTH_DIAG_CODE_3 ICD-10-CM diagnosis code, implied following the third c 168	_1 h_Diag_Code_1 _DIAG_CODE Data Source: Type: including the 4th haracter. Data Source: Type: _2 h_Diag_Code_2 DIAG_CODE Data Source: Type: including the 4th haracter. Data Source: Type:	code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim
Field 36:Description:Coding Scheme:Beginning Position:Length:Field 37:Description:Beginning Position:Length:Field 38:Description:Coding Scheme:Beginning Position:Length:Field 39:Description:Beginning Position:Length:Field 39:Description:Beginning Position:Length:	POA_OTH_DIAG_CODE_ Code identifying whether Ot admitted to the hospital Same as Field POA_PRINC_ 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis code, implied following the third c 160 7 POA_OTH_DIAG_CODE_ Code identifying whether Ot admitted to the hospital Same as Field POA_PRINC_ 167 1 OTH_DIAG_CODE_3 ICD-10-CM diagnosis code, implied following the third c 168 7	_1 h_Diag_Code_1 _DIAG_CODE Data Source: Type: including the 4th haracter. Data Source: Type: _2 h_Diag_Code_2 DIAG_CODE Data Source: Type: including the 4th haracter. Data Source: Type:	code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is
Field 36:Description:Coding Scheme:Beginning Position:Length:Field 37:Description:Beginning Position:Length:Field 38:Description:Coding Scheme:Beginning Position:Length:Field 39:Description:Beginning Position:Length:Field 40:	POA_OTH_DIAG_CODE Code identifying whether Ot admitted to the hospital Same as Field POA_PRINC_ 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis code, implied following the third c 160 7 POA_OTH_DIAG_CODE Code identifying whether Ot admitted to the hospital Same as Field POA_PRINC_ 167 1 OTH_DIAG_CODE_3 ICD-10-CM diagnosis code, implied following the third c 168 7 POA_OTH_DIAG_CODE	_1 h_Diag_Code_1 _DIAG_CODE Data Source: Type: including the 4th character. Data Source: Type: _2 h_Diag_Code_2 DIAG_CODE Data Source: Type: including the 4th character. Data Source: Type: _3	code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric
Field 36:Description:Coding Scheme:Beginning Position:Length:Field 37:Description:Beginning Position:Length:Field 38:Description:Coding Scheme:Beginning Position:Length:Field 39:Description:Beginning Position:Length:Field 39:Description:Beginning Position:Length:	POA_OTH_DIAG_CODE_ Code identifying whether Ot admitted to the hospital Same as Field POA_PRINC_ 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis code, implied following the third c 160 7 POA_OTH_DIAG_CODE_ Code identifying whether Ot admitted to the hospital Same as Field POA_PRINC_ 167 1 OTH_DIAG_CODE_3 ICD-10-CM diagnosis code, implied following the third c 168 7 POA_OTH_DIAG_CODE_ Code identifying whether Ot	_1 h_Diag_Code_1 _DIAG_CODE Data Source: Type: including the 4th character. Data Source: Type: _2 h_Diag_Code_2 DIAG_CODE Data Source: Type: including the 4th character. Data Source: Type: _3	code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim
Field 36:Description:Coding Scheme:Beginning Position:Length:Field 37:Description:Beginning Position:Length:Field 38:Description:Coding Scheme:Beginning Position:Length:Field 39:Description:Beginning Position:Length:Field 40:	POA_OTH_DIAG_CODE Code identifying whether Ot admitted to the hospital Same as Field POA_PRINC_ 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis code, implied following the third c 160 7 POA_OTH_DIAG_CODE Code identifying whether Ot admitted to the hospital Same as Field POA_PRINC_ 167 1 OTH_DIAG_CODE_3 ICD-10-CM diagnosis code, implied following the third c 168 7 POA_OTH_DIAG_CODE	_1 h_Diag_Code_1 _DIAG_CODE Data Source: Type: including the 4th character. Data Source: Type: _2 h_Diag_Code_2 DIAG_CODE Data Source: Type: including the 4th character. Data Source: Type: _3	code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric
Field 36:Description:Coding Scheme:Beginning Position:Length:Field 37:Description:Beginning Position:Length:Field 38:Description:Coding Scheme:Beginning Position:Length:Field 39:Description:Beginning Position:Length:Field 40:	POA_OTH_DIAG_CODE_ Code identifying whether Ot admitted to the hospital Same as Field POA_PRINC_ 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis code, implied following the third c 160 7 POA_OTH_DIAG_CODE_ Code identifying whether Ot admitted to the hospital Same as Field POA_PRINC_ 167 1 OTH_DIAG_CODE_3 ICD-10-CM diagnosis code, implied following the third c 168 7 POA_OTH_DIAG_CODE_ Code identifying whether Ot	_1 h_Diag_Code_1 _DIAG_CODE Data Source: Type: including the 4th haracter. Data Source: Type: _2 h_Diag_Code_2 DIAG_CODE Data Source: Type: including the 4th haracter. Data Source: Type: _3 h_Diag_Code_3	code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric
Field 36:Description:Coding Scheme:Beginning Position:Length:Field 37:Description:Beginning Position:Length:Field 38:Description:Coding Scheme:Beginning Position:Length:Field 39:Description:Beginning Position:Length:Field 40:Description:	 POA_OTH_DIAG_CODE_ Code identifying whether Ot admitted to the hospital Same as Field POA_PRINC_ 159 OTH_DIAG_CODE_2 ICD-10-CM diagnosis code, implied following the third c 160 POA_OTH_DIAG_CODE_ Code identifying whether Ot admitted to the hospital Same as Field POA_PRINC_ 167 OTH_DIAG_CODE_3 ICD-10-CM diagnosis code, implied following the third c 168 POA_OTH_DIAG_CODE_ Code identifying whether Ot admitted to the hospital 	_1 h_Diag_Code_1 _DIAG_CODE Data Source: Type: including the 4th character. Data Source: Type: _2 h_Diag_Code_2 DIAG_CODE Data Source: Type: including the 4th character. Data Source: Type: _3	code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric code was present at the time the patient was

Coding Scheme:	Same as Field POA_PRINC	DIAG CODE	
Beginning Position:	175	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 41:	OTH_DIAG_CODE_4		•
Description:		, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
1	implied following the third		
Beginning Position:	176	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 42:	POA_OTH_DIAG_CODE	E 4	•
Description:			code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC	C_DIAG_CODE	
Beginning Position:	183	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 43:	OTH_DIAG_CODE_5		
Description:	implied following the third	character.	h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	184	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 44:	POA_OTH_DIAG_CODE		
Description:	admitted to the hospital	-	code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC		
Beginning Position:	191	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 45:	OTH_DIAG_CODE_6		
Description:	implied following the third	character.	h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	192	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 46:	POA_OTH_DIAG_CODE		
Description:	admitted to the hospital	-	o code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC		
Beginning Position:	199	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 47:	OTH_DIAG_CODE_7		
Description:			h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	200	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 48:	POA_OTH_DIAG_CODE	_	
Description:	admitted to the hospital	-	code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC		
Beginning Position:	207	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 49:	OTH_DIAG_CODE_8		
Description:	implied following the third	character.	h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	208	Data Source:	Claim
Deginning i ostaon.	7	Type:	Alphanumeric
Length:	1		
0 0	POA_OTH_DIAG_CODE	11	
Length:	POA_OTH_DIAG_CODE	E_8	code was present at the time the patient was

Coding Scheme:	Same as Field POA_PRINC	DIAG CODE	
Beginning Position:	215	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 51:	OTH_DIAG_CODE_9	• •	^
Description:		, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
-	implied following the third of	character.	
Beginning Position:	216	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 52:	POA_OTH_DIAG_CODE	_9	
Description:	admitted to the hospital	-	code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC	_DIAG_CODE	
Beginning Position:	223	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 53:	OTH_DIAG_CODE_10		
Description:	implied following the third of	character.	h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	224	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 54:	POA_OTH_DIAG_CODE		
Description:	admitted to the hospital	-	0 code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC		
Beginning Position:	231	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 55:	OTH_DIAG_CODE_11		
Description:	implied following the third of	character.	h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	232	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 56:	POA_OTH_DIAG_CODE		
Description:	admitted to the hospital	-	1 code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC		
Beginning Position:	239	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 57:	OTH_DIAG_CODE_12		
Description:	ICD-10-CM diagnosis code,	, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third of	character.	
Beginning Position:	240	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 58:	POA_OTH_DIAG_CODE	_12	
Description:	admitted to the hospital	-	2 code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC		
Beginning Position:	247	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 59:	OTH_DIAG_CODE_13		
Description:	ICD-10-CM diagnosis code, implied following the third of		h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	248	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 60:	POA_OTH_DIAG_CODE	13	
riela ov:			

Coding Scheme:	Same as Field POA_PRINC	C DIAG CODE	
Beginning Position:	255	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 61:	OTH_DIAG_CODE_14	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Description:		, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
Description.	implied following the third		ii, sui, sui uid vii digits ii appileusie. Deeliina is
Beginning Position:	256	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 62:	POA_OTH_DIAG_CODE	11	
Description:			4 code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC	C_DIAG_CODE	
Beginning Position:	263	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 63:	OTH_DIAG_CODE_15		
Description:	implied following the third	character.	h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	264	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 64:	POA_OTH_DIAG_CODE		
Description:	admitted to the hospital	-	5 code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC		
Beginning Position:	271	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 65:	OTH_DIAG_CODE_16		
Description:	implied following the third	character.	h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	272	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 66:	POA_OTH_DIAG_CODE		
Description:	admitted to the hospital	-	6 code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC		~
Beginning Position:	279	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 67:	OTH_DIAG_CODE_17		
Description:			h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	280	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 68: Description:			7 code was present at the time the patient was
C. P. G.L.	admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC		Claim
Beginning Position:	287	Data Source:	Claim
Length:	1 OTH DIAC CODE 19	Туре:	Alphanumeric
Field 69: Description:	OTH_DIAG_CODE_18 ICD-10-CM diagnosis code implied following the third		h, 5th, 6th and 7th digits if applicable. Decimal is
	288	Data Source:	Claim
Roginning Desitions	∠00		
Beginning Position:	7	Tuno	Alphonumorio
Length:	7	<u>Type:</u>	Alphanumeric
0	POA_OTH_DIAG_CODE	E_18	8 code was present at the time the patient was

Coding Scheme:	Same as Field POA_PRINC	DIAG CODE	
Beginning Position:	295	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 71:	OTH_DIAG_CODE_19	- , p	
Description:		including the 4th	n, 5th, 6th and 7th digits if applicable. Decimal is
Description.	implied following the third c		i, oui, oui una vui aigno ii approable. Deennai io
Beginning Position:	296	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 72:	POA_OTH_DIAG_CODE	V 1	
Description:			9 code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC	_DIAG_CODE	
Beginning Position:	303	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 73:	OTH_DIAG_CODE_20		
Description:	implied following the third c	haracter.	n, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	304	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 74:	POA_OTH_DIAG_CODE		
Description:	admitted to the hospital	-	0 code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC_		
Beginning Position:	311	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 75:	OTH_DIAG_CODE_21		
Description:	implied following the third c	haracter.	n, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	312	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 76:	POA_OTH_DIAG_CODE		
Description:	admitted to the hospital	-	1 code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC_		
Beginning Position:	319	Data Source:	Claim
Length:		Туре:	Alphanumeric
Field 77: Description:	OTH_DIAG_CODE_22 ICD-10-CM diagnosis code, implied following the third c		n, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	320	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 78:	POA_OTH_DIAG_CODE		
Description:			2 code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC	_DIAG_CODE	
Beginning Position:	327	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 79:	OTH_DIAG_CODE_23		
Description:		including the 4th haracter.	n, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	328	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 80:	POA_OTH_DIAG_CODE		
Description:			3 code was present at the time the patient was

Coding Scheme:	Same as Field POA_PRINC_	DIAG CODE	
Beginning Position:		Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 81:	OTH_DIAG_CODE_24	- jpci	
Description:		including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
Description	implied following the third cl		n, sui, sui ule fui digits il applicatio. Deciliaria
Beginning Position:	336	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 82:	POA_OTH_DIAG_CODE_		
Description:			4 code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC_	DIAG_CODE	
Beginning Position:	343	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 83:	E_CODE_1		
Description:	ICD-10-CM diagnosis code,	including the 4t	h, 5th, 6th and 7th digits if applicable, of the
•	primary external cause of mo	orbidity. A decin	nal is implied following the third character.
Beginning Position:	344	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 84:	POA_E_CODE_1		
Description:		Code_1 code wa	as present at the time the patient was admitted to
Coding Scheme:	Same as Field POA_PRINC_	DIAG_CODE	
Beginning Position:	351	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 85:	E_CODE_2		
Description:	additional external cause of r		h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character.
Beginning Position:		Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 86:	POA_E_CODE_2		
Description:	the hospital		as present at the time the patient was admitted to
Coding Scheme:	Same as Field POA_PRINC_		
Beginning Position:	359	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 87:	E_CODE_3		
Description:			h, 5th, 6th and 7th digits if applicable, of an
			nal is implied following the third character.
Beginning Position:		Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 88:	POA_E_CODE_3		
Description:	Code identifying whether E_ the hospital	Code_3 code wa	as present at the time the patient was admitted to
Coding Scheme:	Same as Field POA_PRINC_	DIAG CODE	
Beginning Position:		Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 89:	E_CODE_4	v ±	•
Description:	ICD-10-CM diagnosis code,	0	h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character.
Beginning Position:		Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 90:	POA_E_CODE_4	V 1	4
Description:		Code_4 code wa	as present at the time the patient was admitted to
DOLLO TILOLO			

Coding Scheme:	Same as Field POA_PRINC_	_DIAG_CODE	
Beginning Position:	375	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 91:	E_CODE_5		
Description:	ICD-10-CM diagnosis code,	including the 4t	h, 5th, 6th and 7th digits if applicable, of an
•			nal is implied following the third character.
Beginning Position:		Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 92:	POA_E_CODE_5	~ 1	•
Description:		Code_5 code wa	as present at the time the patient was admitted to
Coding Scheme:	Same as Field POA_PRINC_	DIAG_CODE	
Beginning Position:	383	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 93:	E_CODE_6		*
Description:		including the 4t	h, 5th, 6th and 7th digits if applicable, of an
2 user priorit			nal is implied following the third character.
Beginning Position:		Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 94:	POA E CODE 6	Type.	<i>T</i> upituliulielle
Description:		Code_6 code wa	as present at the time the patient was admitted to
Coding Scheme:	Same as Field POA_PRINC_	DIAG CODE	
Beginning Position:	391	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 95:	E_CODE_7	-5100	T
Description:		including the 4t	h, 5th, 6th and 7th digits if applicable, of an
Description.			nal is implied following the third character.
Beginning Position:		Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 96:	POA_E_CODE_7	турс.	Aipitaliulitette
		Code 7 and a w	as present at the time the patient was admitted to
Description:	the hospital Same as Field POA_PRINC_		as present at the time the patient was admitted to
Coding Scheme:			Claim
Beginning Position:		Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 97:	E_CODE_8		
Description:			h, 5th, 6th and 7th digits if applicable, of an
_			nal is implied following the third character.
Beginning Position:		Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 98:	POA_E_CODE_8		
Description:	the hospital		as present at the time the patient was admitted to
Coding Scheme:	Same as Field POA_PRINC_		
Beginning Position:	407	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 99:	E_CODE_9		
Description:			h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character.
Beginning Position:		Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 100:	POA_E_CODE_9	JE	
Description:		Code_9 code wa	as present at the time the patient was admitted to

Coding Scheme:	Same as Field POA_PRINC	DIAG CODE	
Beginning Position:	415	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 101:	E_CODE_10	- JF ⁻¹	I
Description:		including the 4t	h, 5th, 6th and 7th digits if applicable, of an
2 there is the second s			nal is implied following the third character.
Beginning Position:	416	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 102:	POA_E_CODE_10	Type.	riphanumerie
Description:		_Code_10 code v	was present at the time the patient was admitted to
Coding Scheme:	Same as Field POA_PRINC	_DIAG_CODE	
Beginning Position:	423	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 103:	PRINC_SURG_PROC_CO	ODE	
Description:	Code for the principal surgio bill. ICD-10-PCS code.	cal or other proce	edure performed during the period covered by the
Beginning Position:	424	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 104:	PRINC SURG PROC DA		•
Description:	Day of principal surgical or Admission/Start of Care Dat		equals Principal Surgical Procedure Date minus
Beginning Position:	431	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 105:	OTH_SURG_PROC_COL	DE_1	•
Description:	Code for surgical or other pr	ocedure other th	an the principal procedure performed during the
	period covered by the bill. I		
Beginning Position:	435	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 106:	OTH_SURG_PROC_DAY		
Description:			als Other Surgical Procedure Date minus
Description.	Admission/Start of Care Dat		and Subic Surgicul Proceeding Date mining
Beginning Position:	442	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 107.	ATH SHDE DDAE CAI	NF 7	*
Field 107: Description:		cocedure other th	an the principal procedure performed during the
Description:	Code for surgical or other pr period covered by the bill. It	cocedure other th CD-10-PCS code	an the principal procedure performed during the
Description: Beginning Position:	Code for surgical or other pr	cocedure other th CD-10-PCS code Data Source:	an the principal procedure performed during the e. Claim
Description: Beginning Position: Length:	Code for surgical or other pr period covered by the bill. In 446 7	cocedure other th CD-10-PCS code Data Source: Type:	an the principal procedure performed during the
Description: Beginning Position: Length: Field 108:	Code for surgical or other pr period covered by the bill. Id 446 7 OTH_SURG_PROC_DAY	Cocedure other th CD-10-PCS code Data Source: Type: (_2	an the principal procedure performed during the e. Claim Alphanumeric
Description: Beginning Position: Length: Field 108: Description:	Code for surgical or other pr period covered by the bill. It 446 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Date	Tocedure other the CD-10-PCS code Data Source: Type: Z_2 er procedure <i>equa</i> te	an the principal procedure performed during the c. Claim Alphanumeric als Other Surgical Procedure Date minus
Description: Beginning Position: Length: Field 108: Description: Beginning Position:	Code for surgical or other pr period covered by the bill. Id 446 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Dat 453	Tocedure other the CD-10-PCS code Data Source: Type: 7_2 er procedure <i>equa</i> te Data Source:	an the principal procedure performed during the c. Claim Alphanumeric als Other Surgical Procedure Date <i>minus</i> Calculated
Description: Beginning Position: Length: Field 108: Description: Beginning Position: Length:	Code for surgical or other pr period covered by the bill. Id 446 7 OTH_SURG_PROC_DAY Day of other surgical or othe Admission/Start of Care Dat 453 4	Tocedure other the CD-10-PCS code Data Source: Type: 2 2 2 b a b a b a b a b a b a b a b a b b b b b c b c b c b c b c c b c c c c c c c c	an the principal procedure performed during the c. Claim Alphanumeric als Other Surgical Procedure Date minus
Description: Beginning Position: Length: Field 108: Description: Beginning Position: Length: Field 109:	Code for surgical or other pr period covered by the bill. Id 446 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Dat 453 4 OTH_SURG_PROC_COL	Tocedure other the CD-10-PCS code Data Source: Type: 7_2 er procedure <i>equa</i> te Data Source: Type: DE_3	an the principal procedure performed during the c. Claim Alphanumeric als Other Surgical Procedure Date <i>minus</i> Calculated Alphanumeric
Description: Beginning Position: Length: Field 108: Description: Beginning Position: Length: Field 109: Description:	Code for surgical or other pr period covered by the bill. It 446 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Dat 453 4 OTH_SURG_PROC_COT Code for surgical or other pr period covered by the bill. It	Type: Type: T_2 Type: T_2 Type: Type: Type: Data Source: Type: Data Source: Type: DE_3 rocedure other the CD-10-PCS code	an the principal procedure performed during the Claim Alphanumeric als Other Surgical Procedure Date <i>minus</i> Calculated Alphanumeric an the principal procedure performed during the c.
Description: Beginning Position: Length: Field 108: Description: Beginning Position: Length: Field 109: Description: Beginning Position:	Code for surgical or other pr period covered by the bill. It 446 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Dat 453 4 OTH_SURG_PROC_COP Code for surgical or other pr period covered by the bill. It 457	Tocedure other the CD-10-PCS code Data Source: Type: 7_2 er procedure <i>equa</i> te Data Source: Type: DE_3 rocedure other the CD-10-PCS code Data Source:	an the principal procedure performed during the Claim Alphanumeric als Other Surgical Procedure Date <i>minus</i> Calculated Alphanumeric an the principal procedure performed during the Claim
Description: Beginning Position: Length: Field 108: Description: Beginning Position: Length: Field 109: Description: Beginning Position: Length:	Code for surgical or other pr period covered by the bill. It 446 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Dat 453 4 OTH_SURG_PROC_COP Code for surgical or other pr period covered by the bill. It 457 7	Type: Type: T_2 Type: T_2 Type: Data Source: Type: DE_3 rocedure other the CD-10-PCS code Data Source: Type: Type: DE_3	an the principal procedure performed during the Claim Alphanumeric als Other Surgical Procedure Date <i>minus</i> Calculated Alphanumeric an the principal procedure performed during the c.
Description: Beginning Position: Length: Field 108: Description: Beginning Position: Length: Field 109: Description: Beginning Position: Length: Field 110:	Code for surgical or other pr period covered by the bill. It 446 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Dat 453 4 OTH_SURG_PROC_COL Code for surgical or other pr period covered by the bill. It 457 7 OTH_SURG_PROC_DAY	Tocedure other the CD-10-PCS code Data Source: Type: 7_2 er procedure <i>equa</i> te Data Source: Type: DE_3 rocedure other the CD-10-PCS code Data Source: Type: 7_3	an the principal procedure performed during the Claim Alphanumeric als Other Surgical Procedure Date <i>minus</i> Calculated Alphanumeric an the principal procedure performed during the Claim Alphanumeric
Description: Beginning Position: Length: Field 108: Description: Beginning Position: Length: Field 109: Description: Beginning Position: Length: Field 110: Description:	Code for surgical or other pr period covered by the bill. It 446 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Dat 453 4 OTH_SURG_PROC_COL Code for surgical or other pr period covered by the bill. It 457 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Dat	Type: Type: Type: T2 Type: T2 T2 Type: T2 Type: Data Source: Type: DE_3 Tocedure other the CD-10-PCS code Data Source: Type: Type: T2 Type: T2 Type: T2 Type: Type: T2 Type:	an the principal procedure performed during the Claim Alphanumeric als Other Surgical Procedure Date minus Calculated Alphanumeric an the principal procedure performed during the Claim Alphanumeric als Other Surgical Procedure Date minus
Description: Beginning Position: Length: Field 108: Description: Beginning Position: Length: Field 109: Description: Beginning Position: Length: Field 110: Description: Beginning Position:	Code for surgical or other pr period covered by the bill. Id 446 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Dat 453 4 OTH_SURG_PROC_COL Code for surgical or other pr period covered by the bill. Id 457 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Dat 464	Type: Type: Type: T_2 er procedure equate Data Source: Type: DE_3 rocedure other th CD-10-PCS code Data Source: Type:	an the principal procedure performed during the Claim Alphanumeric als Other Surgical Procedure Date minus Calculated Alphanumeric an the principal procedure performed during the Claim Alphanumeric als Other Surgical Procedure Date minus Calculated
Description: Beginning Position: Length: Field 108: Description: Beginning Position: Length: Field 109: Description: Beginning Position: Length: Field 110: Description: Beginning Position: Length:	Code for surgical or other pr period covered by the bill. It 446 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Dat 453 4 OTH_SURG_PROC_COL Code for surgical or other pr period covered by the bill. It 457 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Dat 464 4	Type: Type: Type: T_2 er procedure equate Type: Data Source: Type: DE_3 rocedure other th CD-10-PCS code Data Source: Type: T_3 er procedure equate Data Source: Type:	an the principal procedure performed during the Claim Alphanumeric als Other Surgical Procedure Date minus Calculated Alphanumeric an the principal procedure performed during the Claim Alphanumeric als Other Surgical Procedure Date minus
Description: Beginning Position: Length: Field 108: Description: Beginning Position: Length: Field 109: Description: Beginning Position: Length: Field 110: Description: Beginning Position:	Code for surgical or other pr period covered by the bill. Id 446 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Dat 453 4 OTH_SURG_PROC_COL Code for surgical or other pr period covered by the bill. Id 457 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Dat 464	Type: Type: Type: T_2 er procedure equate Type: Data Source: Type: DE_3 rocedure other th CD-10-PCS code Data Source: Type: T_3 er procedure equate Data Source: Type:	an the principal procedure performed during the Claim Alphanumeric als Other Surgical Procedure Date minus Calculated Alphanumeric an the principal procedure performed during the Claim Alphanumeric als Other Surgical Procedure Date minus Calculated

Description:			an the principal procedure performed during the			
	period covered by the bill. I					
Beginning Position:	468	Data Source:	Claim			
Length:	7	Туре:	Alphanumeric			
Field 112:	OTH_SURG_PROC_DAY	_				
Description:			als Other Surgical Procedure Date minus			
	Admission/Start of Care Dat	te				
Beginning Position:	475	Data Source:	Calculated			
Length:	4	Туре:	Alphanumeric			
Field 113:	OTH_SURG_PROC_COI	DE_5				
Description:	Code for surgical or other pr	rocedure other th	an the principal procedure performed during the			
-	period covered by the bill. I	CD-10-PCS code				
Beginning Position:	479	Data Source:	Claim			
Length:	7	Type:	Alphanumeric			
Field 114:	OTH_SURG_PROC_DAY	ζ 5	•			
Description:			als Other Surgical Procedure Date minus			
•	Admission/Start of Care Day					
Beginning Position:	486	Data Source:	Calculated			
Length:	4	Туре:	Alphanumeric			
Field 115:	OTH_SURG_PROC_COI					
Description:			an the principal procedure performed during the			
2 there is a second sec	period covered by the bill. I					
Beginning Position:	490	Data Source:	Claim			
Length:	7	Type:	Alphanumeric			
Field 116:	OTH_SURG_PROC_DAY		Thenditomore			
Description:			als Other Surgical Procedure Date minus			
Description	Admission/Start of Care Day		wis other surgreat recedule Dute minus			
Beginning Position:	497	Data Source:	Calculated			
Length:	4	Type:	Alphanumeric			
Field 117:	OTH_SURG_PROC_COL		Inphanamerie			
Description:		Code for surgical or other procedure other than the principal procedure performed during the				
Description.	period covered by the bill. I					
Beginning Position:	501	Data Source:	Claim			
Length:	7	Type:	Alphanumeric			
Field 118:	OTH SURG PROC DAY		Thphananerie			
Description:			als Other Surgical Procedure Date minus			
Description	Admission/Start of Care Day		and other burglear recedule bale minus			
Beginning Position:	508	Data Source:	Calculated			
Length:	4	Type:	Alphanumeric			
Field 119:	OTH_SURG_PROC_COI		Alphanamerie			
Description:			an the principal procedure performed during the			
Description.	period covered by the bill. I					
Beginning Position:	512	Data Source:	Claim			
Length:	7	Type:	Alphanumeric			
Field 120:	OTH_SURG_PROC_DAY		Alphanumene			
Description:			als Other Surgical Procedure Date minus			
Description.	Admission/Start of Care Day		uis Other Surgical Procedure Date minus			
Designing Desition.			Calculated			
Beginning Position:	519 4	Data Source:	Calculated			
Length:		Type:	Alphanumeric			
Field 121:	OTH_SURG_PROC_COI					
Description:			an the principal procedure performed during the			
	period covered by the bill. I					
n · · n · ·	523	Data Source:	Claim			
Beginning Position:						
Length:	7	Туре:	Alphanumeric			
		Туре:				

Description:			als Other Surgical Procedure Date minus
Reginning Position	Admission/Start of Care Da 530	Data Source:	Calculated
Beginning Position: Length:	4	Type:	Alphanumeric
Field 123:	OTH_SURG_PROC_CO		Alphandmene
Description:			an the principal procedure performed during the
Description.	period covered by the bill.		
Beginning Position:	534	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 124:	OTH_SURG_PROC_DAY		Alphandmenc
			als Other Surgical Procedure Date minus
Description:	Admission/Start of Care Da		ais Other Surgical Procedure Date minus
Doginning Dogitions	541		Calculated
Beginning Position:	4	Data Source:	Alphanumeric
Length:		Type:	Alphanumenc
Field 125:	OTH_SURG_PROC_CO		and the main simple and share a sufferment devices the
Description:			an the principal procedure performed during the
р · · р ·/·	period covered by the bill.		
Beginning Position:	545	Data Source:	Claim
Length:		Туре:	Alphanumeric
Field 126:	OTH_SURG_PROC_DA		
Description:			als Other Surgical Procedure Date minus
	Admission/Start of Care Da		
Beginning Position:	552	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 127:	OTH_SURG_PROC_CO		
Description:			an the principal procedure performed during the
	period covered by the bill.		
Beginning Position:	556	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 128:	OTH_SURG_PROC_DA		
Description:			als Other Surgical Procedure Date minus
	Admission/Start of Care Da		
Beginning Position:	563	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 129:	OTH_SURG_PROC_CO		
Description:	Code for surgical or other p period covered by the bill.		an the principal procedure performed during the
Beginning Position:	567	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 130:	OTH_SURG_PROC_DAY		
Description:			als Other Surgical Procedure Date minus
F	Admission/Start of Care Da	1 A	
Beginning Position:	574	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 131:	OTH_SURG_PROC_CO		
Description:			an the principal procedure performed during the
Description.	period covered by the bill.		
Beginning Position:	578	Data Source:	Claim
	7	Type:	Alphanumeric
	OTH_SURG_PROC_DAY		i uphanumene
		1_14	
Field 132:		or procedure and	als Other Surgical Procedure Data minus
Field 132:	Day of other surgical or oth		als Other Surgical Procedure Date minus
Field 132: Description:	Day of other surgical or oth Admission/Start of Care Da	ate.	-
Field 132: Description: Beginning Position:	Day of other surgical or oth Admission/Start of Care Da 585	nte. Data Source:	Calculated
Length: Field 132: Description: Beginning Position: Length: Field 133:	Day of other surgical or oth Admission/Start of Care Da	nte. Data Source: Type:	-

Description:			an the principal procedure performed during the		
	period covered by the bill. IC				
Beginning Position:	589	Data Source:	Claim		
Length:	7	Туре:	Alphanumeric		
Field 134:	OTH_SURG_PROC_DAY	_			
Description:			als Other Surgical Procedure Date minus		
	Admission/Start of Care Date	e.			
Beginning Position:	596	Data Source:	Calculated		
Length:	4	Type:	Alphanumeric		
Field 135:	OTH_SURG_PROC_COD	~ 1	•		
Description:			an the principal procedure performed during the		
	period covered by the bill. IC				
Beginning Position:	600	Data Source:	Claim		
Length:	7	Type:	Alphanumeric		
Field 136:	OTH_SURG_PROC_DAY	<i>v</i> 1	Thphananene		
Description:			als Other Surgical Procedure Date minus		
Description.	Admission/Start of Care Dat		uis Other Surgical Procedure Date minus		
Designing Desitions			Calavlatad		
Beginning Position:	607 4	Data Source:	Calculated		
Length:	-	Туре:	Alphanumeric		
Field 137:	OTH_SURG_PROC_COD				
Description:			an the principal procedure performed during the		
	period covered by the bill. IC				
Beginning Position:	611	Data Source:	Claim		
Length:	7	Туре:	Alphanumeric		
Field 138:	OTH_SURG_PROC_DAY				
Description:	Day of other surgical or othe	er procedure equa	als Other Surgical Procedure Date minus		
	Admission/Start of Care Date	e.			
Beginning Position:	618	Data Source:	Calculated		
Length:	4	Туре:	Alphanumeric		
Field 139:	OTH_SURG_PROC_COD		*		
Description:	Code for surgical or other procedure other than the principal procedure performed during the				
	period covered by the bill. IC				
Beginning Position:	622	Data Source:	Claim		
Length:	7	Type:	Alphanumeric		
Field 140:	OTH_SURG_PROC_DAY				
Description:			als Other Surgical Procedure Date minus		
Description.	Admission/Start of Care Dat		us other Surgical Proceedic Date minus		
Beginning Position:	629	Data Source:	Calculated		
Length:	4				
		Type:	Alphanumeric		
Field 141:	OTH_SURG_PROC_COD		and the animalized and a dama mentaneous deductions the		
Description:			an the principal procedure performed during the		
	period covered by the bill. IC				
Beginning Position:	633	Data Source:	Claim		
Length:	7	Туре:	Alphanumeric		
		10			
Field 142:	OTH_SURG_PROC_DAY				
	Day of other surgical or othe	er procedure equa	als Other Surgical Procedure Date minus		
Field 142: Description:	Day of other surgical or othe Admission/Start of Care Date	er procedure <i>eque</i> e.	-		
Field 142: Description: Beginning Position:	Day of other surgical or othe Admission/Start of Care Date 640	er procedure <i>equa</i> e. Data Source:	Calculated		
Field 142: Description:	Day of other surgical or othe Admission/Start of Care Date 640 4	er procedure <i>eque</i> e. Data Source: Type:	-		
Field 142: Description: Beginning Position:	Day of other surgical or othe Admission/Start of Care Date 640	er procedure <i>eque</i> e. Data Source: Type:	Calculated		
Field 142: Description: Beginning Position: Length:	Day of other surgical or othe Admission/Start of Care Date 640 4 OTH_SURG_PROC_COD	er procedure <i>equa</i> e. Data Source: Type: DE_20	Calculated		
Field 142: Description: Beginning Position: Length: Field 143:	Day of other surgical or other Admission/Start of Care Date 640 4 OTH_SURG_PROC_COD Code for surgical or other pro-	er procedure <i>equa</i> e. Data Source: Type: DE_20 occedure other the	Calculated Alphanumeric an the principal procedure performed during the		
Field 142: Description: Beginning Position: Length: Field 143: Description:	Day of other surgical or othe Admission/Start of Care Date 640 4 OTH_SURG_PROC_COD	er procedure <i>equa</i> e. Data Source: Type: DE_20 ocedure other the CD-10-PCS code	Calculated Alphanumeric an the principal procedure performed during the		
Field 142: Description: Beginning Position: Length: Field 143: Description: Beginning Position:	Day of other surgical or othe Admission/Start of Care Date 640 4 OTH_SURG_PROC_COD Code for surgical or other pro- period covered by the bill. IC	er procedure <i>equa</i> e. Data Source: <u>Type:</u> DE_20 ocedure other the CD-10-PCS code Data Source:	Calculated Alphanumeric an the principal procedure performed during the c. Claim		
Field 142: Description: Beginning Position: Length: Field 143: Description:	Day of other surgical or othe Admission/Start of Care Date 640 4 OTH_SURG_PROC_COD Code for surgical or other pro- period covered by the bill. IC 644	er procedure <i>equa</i> e. Data Source: <u>Type:</u> DE_20 ocedure other the CD-10-PCS code Data Source: Type:	Calculated Alphanumeric an the principal procedure performed during the		

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Description:		• •	als Other Surgical Procedure Date minus
D D	Admission/Start of Care Da		Calmilated
Beginning Position:	651	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 145:	OTH_SURG_PROC_COL		and the main simple and a dama and former of dealers the
Description:			an the principal procedure performed during the
р · · р · /·	period covered by the bill. I		
Beginning Position:	655	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 146:	OTH_SURG_PROC_DAY		
Description:	Day of other surgical or oth Admission/Start of Care Da		als Other Surgical Procedure Date minus
Desimulus Desitions			Coloriate d
Beginning Position:	662	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 147:	OTH_SURG_PROC_COL		
Description:			an the principal procedure performed during the
Doginging De 14	period covered by the bill. I		
Beginning Position:	666 7	Data Source:	Claim
Length:		Type:	Alphanumeric
Field 148:	OTH_SURG_PROC_DAY		
Description:			als Other Surgical Procedure Date minus
	Admission/Start of Care Da		
Beginning Position:	673	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 149:	OTH_SURG_PROC_CO		
Description:			an the principal procedure performed during the
	period covered by the bill. I		
Beginning Position:	677	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 150:	OTH_SURG_PROC_DAY	Y_23	
Description:			als Other Surgical Procedure Date minus
	Admission/Start of Care Da	te.	
Beginning Position:	684	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 151:	OTH_SURG_PROC_CO	DE_24	
Description:	Code for surgical or other p	rocedure other th	an the principal procedure performed during the
-	period covered by the bill. I	CD-10-PCS code	e.
Beginning Position:	688	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 152:	OTH_SURG_PROC_DAY		*
Description:			als Other Surgical Procedure Date minus
*	Admission/Start of Care Da	1 A	č
Beginning Position:	695	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 153:	MS_MDC	**	•
Description:		(MDC) as assign	ned by Centers for Medicare and Medicaid Services
·····	, e .		ministration (HCFA)) for hospital payment for
	Medicare beneficiaries. Firs		
Beginning Position:	699	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 154:	MS_DRG	- , P	
Description:		ledicaid Services	(CMS) Diagnosis Related Group (DRG), as
Description.	assigned for hospital payme		
Reginning Desition	701	Data Source:	
Beginning Position:	3		Assigned
Length:	3	Туре:	Alphanumeric

Field 155:	MS_GROUPER_VERSIO				
Description:	CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper				
		A_GROUPER_\	ERSION_	_NBR) version used to assign MS DRG	
	and, MS MDC codes	-			
Beginning Position:	704	Data Source:	Assigned		
Length:	5	Type:	Alphanu	meric	
Field 156:	MS_GROUPER_ERROR_CODE				
Description:	Error codes identify potentia				
Coding Scheme:	00 No errors. DRG successfull	y assigned.	Disable	Hac = 0 and at least one HAC POA is invalid or	
	01 Diagnosis code cannot be us diagnosis	sed as principal 2		Hac is invalid and at least one HAC POA is N or	
	02 Record does not meet criteri	ia for any DRG ²		eHac is invalid and at least one HAC POA is or exempt	
	03 Invalid Age	2		eHac = 0 and at least one HAC POA is exempt	
	04 Invalid Sex	2	exempt		
	05 Invalid Discharge Status	2	differer	eHac = 0 and there are multiple HACs that have nt HAC POA values that are not Y, W, N, U	
	10 Illogical Principal Diagnosis	s (CMS only) 2		eHac is invalid and there are multiple HACs that fferent HAC POA values that are not Y or W	
Beginning Position:	 Invalid Principal Diagnosis 709 	Data Source:	Assigned	1	
0 0	2		Alphanu		
Length: Field 157:	APR_MDC	Туре:	Alphanu	lileric	
Description:	Major Diagnostic Category	(MDC) as assign	$d \mathbf{b} \mathbf{v} 2 \mathbf{M}^{T}$	MADD DDC Grouper	
Beginning Position:	711	Data Source:	Assigned	-	
Length:	2	Type:	Alphanu		
Field 158:	APR_DRG	Type.	лірпапи	literie	
Description:		Diagnosis Polato	Group (D	DRG) as assigned by 3M APR-DRG	
Description:	Grouper	Jiagnosis Related	Gloup (D	r(d) as assigned by 51vi AFR-DRO	
Beginning Position:	713	Data Source:	Assigned	1	
Length:	4	Type:	Alphanu		
Field 159:	RISK_MORTALITY	турс.	7 npnana		
Description:		tality score from	he All Pa	tient Refined (APR) Diagnosis Related	
Description.				cates the likelihood of dying.	
Coding Scheme:	1 Minor	All R DRO ON	aper. mai	eates the internitoed of dying.	
county benefite.	2 Moderate				
	3 Major				
	4 Extreme	D ()			
Beginning Position:	717	Data Source:	Assigned		
Length:	1	Туре:	Alphanu	meric	
Field 160:	ILLNESS_SEVERITY				
Description:				atient Refined (APR) Diagnosis Related	
	2 • • •	M APR-DRG Gr	uper. Indi	cates the extent of physiologic	
~	decompensation.				
Coding Scheme:	1 Minor 2 Moderate				
	3 Major				
	4 Extreme				
	0 No class specified				
Beginning Position:	718	Data Source:	Assigned		
Length:	1	Type:	Alphanu	meric	
Field 161:	APR_GROUPER_VERSI				
Description:	3M [™] All Patient Refined I APR MDC codes, Risk of N			version used to assign APR DRG codes rity of Illness rankings	
Beginning Position :	/19	Data Source:	Assigned	1	
Beginning Position: Length:	719 5	Data Source: Type:	Assigned Alphanu		

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Description:	Error codes identify potentia	l variations with	APR DRG code assignment			
Coding Scheme:	00 No errors. DRG successfully		Gestational age/birth weight conflict (APR only)			
-	01 Diagnosis code cannot be use	d as 19	DisableHac $= 0$ and at least one HAC POA is invalid or			
	principal diagnosis 02 Record does not meet criteria DRG	for any 20	exempt DisableHac is invalid and at least one HAC POA is N or U			
	03 Invalid Age	21	DisableHac is invalid and at least one HAC POA is invalid or exempt			
	04 Invalid Sex	22	DisableHac = 0 and at least one HAC POA is exempt			
	05 Invalid Discharge Status	23	DisableHac is invalid and at least one HAC POA is exemp			
	06 Invalid birthweight (AP & AF	PR only) 24	DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not $X_{i} W_{i}$ N H			
	09 Invalid discharge age in days APR only)	(AP & 25	different HAC POA values that are not Y, W, N, U DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W			
	11 Invalid Principal Diagnosis					
Beginning Position:		Data Source:	Assigned			
Length:		Туре:	Alphanumeric			
Field 163:	ATTENDING_PHYSICIAN					
Description:			que identifier assigned to the licensed physician			
			ces rendered, with primary responsibility for the			
	patient's medical care and tre	atment. Physici	an is an individual licensed to practice medicine			
	under the Medical Practice A	ct. Can include	an individual other than a physician who admits			
	patients to hospitals or who p	rovides diagnos	tic or therapeutic procedures to inpatients,			
			ts, nurse practitioners, nurse midwives, and			
	podiatrists authorized by the	•				
Suppression:			epresented in a DRG for a hospital is less than the			
Suppression	minimum cell size of five.	or physicians r				
Coding Scheme:	9999999998 Cell size less tha	n 5				
county benefite.			could not be matched			
Beginning Position:		Data Source:	Assigned			
Length:		Type:	Alphanumeric			
Field 164:	OPERATING_PHYSICIAN		Alphanumene			
Description:			ier (if applicable). 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					
			patients to hospitals or who provides diagnostic o			
	therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse					
	practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat					
	patients.					
Suppression:	Suppressed when the number	of physicians r	epresented in a DRG for a hospital is less than the			
	minimum cell size of five.					
Coding Scheme:	9999999998 Cell size less that	n 5				
	99999999999999999999999999999999999999	se or license number	could not be matched			
Beginning Position:	736	Data Source:	Assigned			
Length:	10	Туре:	Alphanumeric			
Field 165:	ENCOUNTER_INDICATO)R				
Description:	Indicates the number of claim		the encounter			
Beginning Position:		Data Source:	Calculated			
Length:		Type:	Alphanumeric			
Field 166:	PROVIDER_NAME	v 1 · · ·	*			
Description:	Hospital name provided by th	e hospital				
Suppression:			vider ID equals '999999') are assigned the name			
ouppression.	Hospitals with fewer than 50 discharges (Provider ID equals '999999') are assigned the name 'Low Discharge Volume Hospital'. If a hospital has fower than 5 discharges of a particular					
	'Low Discharge Volume Hospital'. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Hospital Name is blank.					
	vender including 'linknown'	-				
	•	D-4- 0				
Beginning Position:	748	Data Source:	Provider			
Length:	748 55	Туре:	Provider Alphanumeric			
Length: Field 167:	748 55 EMERGENCY_DEPT_FL	Type: AG				
Length:	748 55	Type: AG				
Length: Field 167:	748 55 EMERGENCY_DEPT_FL	Type: AG				

Coding Scheme:	Y	visit was emergency related	
g ~	Ν	Visit was not emergency related	
Beginning Position:	802	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric

BASE DATA #2 FILE

Field 1:	RECORD_ID					
Description:	Record Identification Number. Unique number assigned to identify the record. First available					
•	1 st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).					
Beginning Position:	1	Data Source:	Assigned			
Length:	12	Туре:	Alphanumeric			
Field 2:	PRIVATE_AMOUNT					
Description:			ge Amount. Calculated using MEDPAR			
	algorithm. Sum of charges a	associated with re	evenue codes 0100-0219, revenue center 011X,			
	014X					
Beginning Position:	13	Data Source:	Calculated			
Length:	12	Туре:	Numeric			
Field 3:	SEMI_PRIVATE_AMOU					
Description:			n Charge Amount. Calculated using MEDPAR			
		associated with re	evenue codes 0100-0219, revenue center 010X,			
	012X-014X, 016X-019X	D ()				
Beginning Position:	25	Data Source:	Calculated			
Length:	12	Туре:	Numeric			
Field 4:	WARD_AMOUNT					
Description:			unt. Calculated using MEDPAR algorithm. Sum of			
D	charges associated with reve					
Beginning Position:	37	Data Source:	Calculated			
Length: Field 5:	12	Туре:	Numeric			
	ICU_AMOUNT	tonsion Com Uni	Change Amount Coloulated using MEDDAD			
Description:			t Charge Amount. Calculated using MEDPAR evenue codes 0100-0219, revenue center 020X.			
Doginaing Dogitions	49	Data Source:	Calculated			
Beginning Position:	12		Numeric			
Length: Field 6:	CCU_AMOUNT	Туре:	Numene			
Description:		oronary Care Uni	t Charge Amount. Calculated using MEDPAR			
Description.			evenue codes 0100-0219, revenue center 021X.			
Beginning Position:	61	Data Source:	Calculated			
Length:	12	Type:	Numeric			
Field 7:	OTHER_AMOUNT	Type				
Description:		Other Charge Am	ount. Calculated using MEDPAR algorithm. Sum			
- ···· ·	of charges associated with revenue codes other than 0100-0219, revenue center 0002-0099,					
			X-070X, 076X-078X, 090X-095X, 099X.			
Beginning Position:	73	Data Source:	Calculated			
Length:	12	Туре:	Numeric			
Field 8:	PHARM_AMOUNT					
Description:	Ancillary Service Charge, P	harmacy Charge	Amount. Calculated using MEDPAR algorithm.			
	Sum of charges associated with revenue codes other than 0100-0219, revenue center 0252					
	026X, and 063X.					
Beginning Position:	85	Data Source:	Calculated			
Length:	12	Туре:	Numeric			
Field 9:	MEDSURG_AMOUNT					
Description:			Supply Charge Amount. Calculated using			
	e	0	ated with revenue codes other than 0100-0219,			
	revenue center 027X, 062X					
Beginning Position:	97	Data Source:	Calculated			
Length:	12	Туре:	Numeric			
Field 10:	DME_AMOUNT					

Description:	MEDPAR algorithm. Sum of	Equipment Charge Amount. Calculated using ated with revenue codes other than 0100-0219,			
	revenue centers 0290-0292, 02	294-0299.			
Beginning Position:		Data Source:	Calculated		
Length:		Гуре:	Numeric		
Field 11:	USED_DME_AMOUNT				
Description:			dical Equipment Charge Amount. Calculated usin tted with revenue codes other than 0100-0219,		
	revenue center 0293.				
Beginning Position:		Data Source:	Calculated		
Length:		Гуре:	Numeric		
Field 12:	PT_AMOUNT	- ypei			
Description:		vsical Therapy	Charge Amount. Calculated using MEDPAR		
			venue codes other than 0100-0219, revenue cente		
Beginning Position:		Data Source:	Calculated		
Length:		Гуре:	Numeric		
Field 13:	OT AMOUNT	rype.	Numerie		
Description:	—	runational The	apy Charge Amount. Calculated using MEDPAR		
Description.			venue codes other than 0100-0219, revenue center		
	043X.	ociated with re	venue codes other than 0100 0219, revenue cent		
Beginning Position:		Data Source:	Calculated		
Length:		Гуре:	Numeric		
Field 14:	SPEECH AMOUNT	rype.	Numerie		
Description:	—	ech Pathology	Charge Amount Calculated using MEDPAR		
Description.	Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue cente				
	044X, 047X.				
Beginning Position:		Data Source:	Calculated		
Length:		Гуре:	Numeric		
Field 15:	IT_AMOUNT	1			
Description:			y Charge Amount. Calculated using MEDPAR		
	algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue cente				
D	041X, 046X.				
Beginning Position:		Data Source:	Calculated		
Length:		Гуре:	Numeric		
Field 16:	BLOOD_AMOUNT	1 1			
Description:	Ancillary Service Charge for blood provided during the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219,				
		charges associa	tied with revenue codes other than 0100-0219,		
D	revenue center 038X.		Calmilated		
Beginning Position:		Data Source:	Calculated		
Length:					
Field 17:	BLOOD_ADMIN_AMOUN		1 1 1 1 1 1 1 1 1		
Description:	Ancillary Service Charge for blood storage and processing related to the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other				
	e	0	of charges associated with revenue codes other		
теле	than 0100-0219, revenue cente		0.1.1.4.1		
Beginning Position:		Data Source:	Calculated		
Length:		Гуре:	Numeric		
Field 18:	OR_AMOUNT				
Description:			Charge amount. Calculated using MEDPAR		
	algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center				
	036X, 071X-072X.				
Beginning Position: Length:	205	Data Source: Fype:	Calculated Numeric		

Description:	Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm Sum of charges associated with revenue codes other than 0100-0219, revenue center 079X.			
Beginning Position:	217	Data Source:	Calculated	
0 0	12		Numeric	
Length: Field 20:	CARD_AMOUNT	Туре:	Numeric	
Description:		ardialagy Charg	e Amount. Calculated using MEDPAR algorithm.	
Description.			es other than 0100-0219, revenue center 048X,	
Beginning Position:	229	Data Source:	Calculated	
Length:	12	Type:	Numeric	
Field 21:	ANES AMOUNT	1 урс.	Truiterie	
Description:	—	nesthesia Charge	e Amount. Calculated using MEDPAR algorithm.	
Description			es other than 0100-0219, revenue center 037X.	
Beginning Position:	241	Data Source:	Calculated	
Length:	12	Type:	Numeric	
Field 22:	LAB AMOUNT	1,100		
Description:	Ancillary Service Charge, L		e Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 030X-	
	031X, 074X-075X.			
Beginning Position:	253	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 23:	RAD_AMOUNT			
Description:	Ancillary Service Charge, R	adiology Charge	Amount. Calculated using MEDPAR algorithm.	
-	Sum of charges associated v 032X-035X, 040X.	with revenue code	es other than 0100-0219, revenue center 028X,	
Beginning Position:	265	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
		Type.	Numeric	
Field 24:	MRI_AMOUNT Ancillary Service Charge, M	IRI Charge Amo		
Field 24: Description:	MRI_AMOUNT Ancillary Service Charge, M charges associated with reve 277	IRI Charge Amo	unt. Calculated using MEDPAR algorithm. Sum o	
Field 24: Description: Beginning Position:	MRI_AMOUNT Ancillary Service Charge, M charges associated with reve	IRI Charge Amo enue codes other	unt. Calculated using MEDPAR algorithm. Sum o than 0100-0219, revenue center 061X.	
Field 24: Description: Beginning Position: Length:	MRI_AMOUNT Ancillary Service Charge, M charges associated with reve 277	IRI Charge Amo enue codes other Data Source:	unt. Calculated using MEDPAR algorithm. Sum o than 0100-0219, revenue center 061X. Calculated	
Field 24: Description: Beginning Position: Length: Field 25:	MRI_AMOUNT Ancillary Service Charge, M charges associated with reve 277 12 OP_AMOUNT Ancillary Service Charge, O	IRI Charge Amo enue codes other Data Source: Type: Dutpatient Service	unt. Calculated using MEDPAR algorithm. Sum o than 0100-0219, revenue center 061X. Calculated Numeric es Charge Amount. Calculated using MEDPAR	
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Field 24: Description: Beginning Position: Length: Field 25: Description: Beginning Position: Length: Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: Field 28:	MRI_AMOUNT Ancillary Service Charge, M charges associated with reve 277 12 OP_AMOUNT Ancillary Service Charge, O algorithm. Sum of charges a 049X-050X. 289 12 ER_AMOUNT Ancillary Service Charge, E algorithm. Sum of charges a 045X. 301 12 AMBULANCE_AMOUNT Ancillary Service Charge, A Sum of charges associated v 313 12 PRO_FEE_AMOUNT Ancillary Service Charge, P algorithm. Sum of charges a	IRI Charge Amo enue codes other Data Source: Type: Dutpatient Service associated with re Data Source: Type: Comergency Room associated with re Data Source: Type: Comergency Room associated with re Data Source: Type: Communication Data Source: Type: T ambulance Charge vith revenue code Data Source: Type: rofessional Fee O	unt. Calculated using MEDPAR algorithm. Sum o than 0100-0219, revenue center 061X. Calculated Numeric es Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric calculated Numeric ge Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 054X. Calculated Numeric	

Field 29:	ORGAN_AMOUNT					
Description:	Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR					
			revenue co	odes other than 0100-0219, revenue cente		
		K, 089X.	<u> </u>			
Beginning Position:	337	Data Source				
Length:	12	Туре:	Numer	10		
Field 30:		D_AMOUNT	Distanta	Change Amount Calculated using		
Description:		llary Service Charge, End Stage Rena		revenue codes other than 0100-0219,		
		ue center 080X, 082X-085X, 088X		rievenue codes other than 0100-0219,		
Beginning Position:	349	Data Source	: Calcul	ated		
Length:	12	Туре:	Numer			
Field 31:		NIC_AMOUNT	Tumer	Numeric		
Description:			rge Amou	nt. Calculated using MEDPAR algorithm		
Description.				than 0100-0219, revenue center 051X.		
Beginning Position:	361	Data Source				
Length:	12	Туре:	Numer			
Field 32:		CUR_CODE_1	1 (differ			
Description:		describing a significant event relating	y to the cla	im.		
Coding Scheme:	1	Auto accident	40	Scheduled date of admission		
cound series	2	No Fault Insurance Involved - Including Aut	o 41	Date of first test of pre-admission testing		
	3	Accident/Other Accident/ Tort Liability	42	Date of discharge (hospice only)		
	4	Accident/ Employment Related	43	Scheduled date of canceled surgery		
	5	Other accident	44	Date treatment started - OT		
	6	Crime Victim Start of Infortility Treatment Cycle	45	Date treatment started - ST		
	9 10	Start of Infertility Treatment Cycle Last Menstrual Period	46 47	Date treatment started - Cardiac rehabilitation Date cost outlier status begins		
	11	Onset of Symptoms/ Illness	A1	Birthdate - Insured A		
	12	Date of Onset for a Chronically Dependent	A2	Effective Date - Insured A Policy		
	16	Individual Date of Last Therapy	A3	Payer A benefits exhausted		
	10	Date Outpatient OT Plan Established or Last	AJ A4	Split Bill Date		
		Reviewed		-		
	18	Date of Retirement - Patient/Beneficiary	B1	Birthdate - Insured B		
	19	Date of Retirement - Spouse	B2	Effective date - Insured B Policy		
	20	Date Guarantee of Payment Began	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 26	Date Benefits Terminated by Primary Payer	DR	Katrina disaster related		
	26 27	Date SNF Bed Became Available	E1 E2	Birthdate - Insured D Baliau		
	21	Date Home Health Plan Established or Last Reviewed	E2	Effective date - Insured D Policy		
	28	Date Comprehensive Outpatient Rehabilitation	on E3	Payer D benefits exhausted		
	20	Plan Established or Last Reviewed	E1	Distributer Income d D		
	29	Date Outpatient PT Plan established or last reviewed	F1	Birthdate - Insured E		
	30	Date Outpatient ST Plan established or last	F2	Effective date - Insured E Policy		
	31	reviewed Date beneficiary notified of intent to bill	F3	Payer E benefits exhausted		
		(accommodations)				
	32	Date beneficiary notified of intent to bill (procedures or treatments)	G1	Birthdate - Insured F		
	37	Date of inpatient hospital discharge for non-	G2	Effective date - Insured F Policy		
	20	covered transplant patients	C 2	Descen Elsen-Eta la dal		
	38	Date treatment started for home IV therapy	G3	Payer F benefits exhausted		
	39	Date discharged on a continuous course if IV therapy				
Beginning Position:	373	Data Source	: Claim			
Length:	2	Type:		numeric		
Field 33:		CUR_DAY_1	F			
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Description:	•		us Admission/Start of Care Date.			
Beginning Position:		Data Source:	Calculated			
Length:		Гуре:	Alphanumeric			
Field 34:	OCCUR_CODE_2					
Description:	Code describing a significant event relating to the claim.					
Coding Scheme:	Same as Field OCCUR_CODE					
Beginning Position:		Data Source:	Claim			
Length:		Гуре:	Alphanumeric			
Field 35:	OCCUR_DAY_2					
Description:			us Admission/Start of Care Date.			
Beginning Position:		Data Source:	Calculated			
Length:		Гуре:	Alphanumeric			
Field 36:	OCCUR_CODE_3					
Description:	Code describing a significant e		o the claim.			
Coding Scheme:	Same as Field OCCUR_CODE	E_1.				
Beginning Position:	385 D	Data Source:	Claim			
Length:	2 T	Гуре:	Alphanumeric			
Field 37:	OCCUR_DAY_3					
Description:		rence Date min	us Admission/Start of Care Date.			
Beginning Position:	387 D	Data Source:	Calculated			
Length:	4 T	Гуре:	Alphanumeric			
Field 38:	OCCUR_CODE_4		•			
Description:	Code describing a significant e	event relating to	o the claim.			
Coding Scheme:	Same as Field OCCUR_CODE					
Beginning Position:	391 D	Data Source:	Claim			
Length:	2 T	Гуре:	Alphanumeric			
Field 39:	OCCUR_DAY_4		*			
Description:		rence Date min	us Admission/Start of Care Date.			
Beginning Position:		Data Source:	Calculated			
Length:		Гуре:	Alphanumeric			
Field 40:		J F				
Field 40:	OCCUR_CODE_5	- B	*			
Field 40: Description:	OCCUR_CODE_5 Code describing a significant e	event relating to	*			
Field 40: Description: Coding Scheme:	OCCUR_CODE_5 Code describing a significant e Same as Field OCCUR_CODE	event relating to	*			
Field 40: Description: Coding Scheme: Beginning Position:	OCCUR_CODE_5 Code describing a significant e Same as Field OCCUR_CODE 397 D	event relating to E_1. Data Source:	o the claim. Claim			
Field 40: Description: Coding Scheme: Beginning Position: Length:	OCCUR_CODE_5 Code describing a significant e Same as Field OCCUR_CODE 397 D 2 T	event relating to E_1.	o the claim.			
Field 40: Description: Coding Scheme: Beginning Position: Length: Field 41:	OCCUR_CODE_5Code describing a significant eSame as Field OCCUR_CODE397D2TOCCUR_DAY_5	event relating to E_1. Data Source: Type:	o the claim. Claim Alphanumeric			
Field 40:Description:Coding Scheme:Beginning Position:Length:Field 41:Description:	OCCUR_CODE_5Code describing a significant eSame as Field OCCUR_CODE397D2TOCCUR_DAY_5Occurrence Day equals Occurr	event relating to E_1. Data Source: Type:	o the claim. Claim			
Field 40:Description:Coding Scheme:Beginning Position:Length:Field 41:Description:Beginning Position:	OCCUR_CODE_5Code describing a significant eSame as Field OCCUR_CODE397D2TOCCUR_DAY_5Occurrence Day equals Occurr399D	event relating to E_1. Data Source: Type: rence Date <i>min</i> Data Source:	o the claim. Claim Alphanumeric us Admission/Start of Care Date.			
Field 40:Description:Coding Scheme:Beginning Position:Length:Field 41:Description:Beginning Position:Length:	OCCUR_CODE_5Code describing a significant eSame as Field OCCUR_CODE397D2TOCCUR_DAY_5Occurrence Day equals Occurr399D4T	event relating to E_1. Data Source: Type: rence Date <i>min</i>	o the claim. Claim Alphanumeric cus Admission/Start of Care Date. Calculated			
Field 40:Description:Coding Scheme:Beginning Position:Length:Field 41:Description:Beginning Position:Length:Field 42:	OCCUR_CODE_5Code describing a significant eSame as Field OCCUR_CODE397D2TOCCUR_DAY_5Occurrence Day equals Occurr399D4TOCCUR_CODE_6	event relating to E_1. Data Source: Type: rence Date <i>min</i> Data Source: Type:	o the claim. Claim Alphanumeric us Admission/Start of Care Date. Calculated Alphanumeric			
Field 40:Description:Coding Scheme:Beginning Position:Length:Field 41:Description:Beginning Position:Length:Field 42:Description:	OCCUR_CODE_5Code describing a significant eSame as Field OCCUR_CODE397D2TOCCUR_DAY_5Occurrence Day equals Occurr399D4TOCCUR_CODE_6Code describing a significant e	event relating to E_1. Data Source: Type: rence Date <i>min</i> Data Source: Type: event relating to	o the claim. Claim Alphanumeric us Admission/Start of Care Date. Calculated Alphanumeric			
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Beginning Position:	411	Data Source:	Calculated		
Length:	4	Type:	Alphanumeric		
Field 46:	OCCUR_CODE_8	Type.	7 Aphanamerie		
Description:		nt avant relating t	to the claim		
-	Code describing a significant event relating to the claim. Same as Field OCCUR_CODE_1.				
Coding Scheme:			Claim		
Beginning Position:	415	Data Source:	Claim		
Length:	2	Туре:	Alphanumeric		
Field 47:	OCCUR_DAY_8	D			
Description:			nus Admission/Start of Care Date.		
Beginning Position:	417	Data Source:	Calculated		
Length:	4	Туре:	Alphanumeric		
Field 48:	OCCUR_CODE_9				
Description:	Code describing a signification		to the claim.		
Coding Scheme:	Same as Field OCCUR_CO				
Beginning Position:	421	Data Source:	Claim		
Length:	2	Туре:	Alphanumeric		
Field 49:	OCCUR_DAY_9				
Description:	Occurrence Day equals Oc	currence Date min	nus Admission/Start of Care Date.		
Beginning Position:	423	Data Source:	Calculated		
Length:	4	Туре:	Alphanumeric		
Field 50:	OCCUR_CODE_10				
Description:	Code describing a significa	nt event relating t	to the claim.		
Coding Scheme:	Same as Field OCCUR_CO				
Beginning Position:	427	Data Source:	Claim		
Length:	2	Type:	Alphanumeric		
Field 51:	OCCUR_DAY_10	-51000			
Description:		currence Date <i>mi</i>	nus Admission/Start of Care Date.		
Beginning Position:	429	Data Source:	Calculated		
Length:	4	Type:	Alphanumeric		
Field 52:	OCCUR_CODE_11	Type.	Aphandmene		
Description:	Code describing a significa	nt event relating t	to the claim		
Coding Scheme:	Same as Field OCCUR_CO		to the claim.		
Beginning Position:	433	Data Source:	Claim		
Length:	2	Type:	Alphanumeric		
Field 53:	OCCUR_DAY_11	Type.	Aiphanumene		
		our an Data wi	use Admission/Start of Care Data		
Description:	• •	Data Source:	nus Admission/Start of Care Date. Calculated		
Beginning Position:	435				
Length:	4 0.000 000 10	Туре:	Alphanumeric		
Field 54:	OCCUR_CODE_12		4 1 1		
Description:	Code describing a significa		to the claim.		
Coding Scheme:	Same as Field OCCUR_CO				
Beginning Position:	439	Data Source:	Claim		
Length:	2	Туре:	Alphanumeric		
Field 55:	OCCUR_DAY_12				
Description:	•		nus Admission/Start of Care Date.		
Beginning Position:	441	Data Source:	Calculated		
Length:	4	Туре:	Alphanumeric		
Field 56:	OCCUR_SPAN_CODE_3	1			
Description:	Code describing a significa	nt event relating t	to the claim that may affect payer processing.		
Coding Scheme:	70 Qualifying stay dates (for	SNF use only)	78SNF prior stay dates		
	71 Prior stay dates		80 Prior Same SNF prior stay dates for Payment		
	72 First/Last Visit		Ban Purposes 81 Antepartum Days at Reduced Level of Care		
	72 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		
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	77 Provider Liability - Utiliza	ation Charged	M4 Residential level of care
Beginning Position:	445	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 57:	OCCUR_SPAN_FROM_1	1	•
Description:			te of Event minus Admission/Start of Care Date.
Beginning Position:	447	Data Source:	Calculated
Length:	6	Туре:	Alphanumeric
Field 58:	OCCUR_SPAN_THRU_1	V A	I
Description:			f Event minus Admission/Start of Care Date.
Beginning Position:	453	Data Source:	Calculated
Length:	6	Type:	Alphanumeric
Field 59:	OCCUR_SPAN_CODE_2	7	Tiphanone
Description:			o the claim that may affect payer processing.
Coding Scheme:	Same as Field OCCUR_SP.		o the claim that may affect payer processing.
Beginning Position:	459	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 60:	OCCUR_SPAN_FROM_2		Alphanumene
Description:			te of Event minus Admission/Start of Care Date.
Beginning Position:	461	Data Source:	Calculated
	6		
Length: Field 61:	OCCUR SPAN THRU 2	Type:	Alphanumeric
Description:			f Event minus Admission/Start of Care Date.
Beginning Position:	467	Data Source:	Calculated
0 0	6		Alphanumeric
Length: Field 62:	OCCUR SPAN CODE 3	Туре:	Alphanumenc
			o the claim that may affect payer processing.
Description:	Same as Field OCCUR_SP.		o the claim that may affect payer processing.
Coding Scheme:	473		Claim
Beginning Position:		Data Source:	
Length: Field 63:	2 OCCUR_SPAN_FROM_3	Type:	Alphanumeric
			te of Event minus Admission/Start of Care Date.
Description:	475	Data Source:	Calculated
Beginning Position:	6		
Length:	OCCUR SPAN THRU 3	Туре:	Alphanumeric
Field 64:			f Event minus Admission/Start of Care Date.
Description:	1 1		
Beginning Position:	481	Data Source:	Calculated
Length:	6	Туре:	Alphanumeric
Field 65:	OCCUR_SPAN_CODE_4		
Description:	• •	-	o the claim that may affect payer processing.
Coding Scheme:	Same as Field OCCUR_SP.		
Beginning Position:	487	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 66:	OCCUR_SPAN_FROM_4		
Description:			te of Event <i>minus</i> Admission/Start of Care Date.
Beginning Position:	489	Data Source:	Calculated
Length:	6	Туре:	Alphanumeric
Field 67:	OCCUR_SPAN_THRU_4		
Description:			f Event <i>minus</i> Admission/Start of Care Date.
Beginning Position:	495	Data Source:	Calculated
Length:	6	Туре:	Alphanumeric
Field 68:	CONDITION_CODE_1		
Description:	Code describing a condition	n relating to the cl	
Coding Scheme:	01 Military service related 02 Condition is employment	related	A0 TRICARE external partnership program A1 EPSDT/CHAP
	02 Condition is employment 03 Patient covered by insurar		A1 EPSD1/CHAP A2 Physically handicapped children's program
	04 Information only bill.		A3 Special Federal Funding
	05 Lien has been filed		A4 Family planning
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06	ESRD patient in first 18 months of entitlement covered by EGHP	A5
07	Treatment of non-terminal condition for hospice	A6
08	patient Beneficiary would not provide information	A9
	concerning other insurance coverage	
09	Neither patient or spouse is employed Patient and/or spouse is employed but no EGHP	AA
10	exists	AB
11	Disabled beneficiary but no LGHP coverage exists	AC
17	Patient is homeless	AD
18	Maiden name retained	AE
19	Child retains mother's name	AF
20	Beneficiary requested billing	AG
21	Billing for denial notice	AH
22	Patient on multiple drug regimen	AI
23	Home care giver available	AJ
24	Home IV patient also receiving HHA services	
25	Patient is non-US resident	AK
26	VA eligible patient chooses to receive services in a Medicare certified facility	AL
27	Patient referred to a sole community hospital for a diagnostic laboratory test	AM
28	Patient and/or spouse's EGHP is secondary to Medicare	AN
20	Disabled beneficiary and/or family member's	DO
29	LGHP is secondary to Medicare	B0
30	Non-research services provided to patients enrolled in a qualified clinical trial	B1
31	Patient is student (full time - day)	B4
32	Patient is student (cooperative/work study	BP
33	program) Patient is student (full time - night)	C1
34		C1 C2
	Patient is student (part-time)	
36	General care patient in a special unit	C3
37	Ward accommodation at patient request	C4
38	Semi-private room not available	C5
39	Private room medically necessary	C6
40	Same day transfer	C7
41	Partial hospitalization	D0
42	Continuing care not related to inpatient	D1
72	admission	DI
43	Continuing care not provided within prescribed postdischarge window	D3
44	Inpatient admission changed to outpatient	D4
45	Ambiguous Gender Category	D5
46	Non-availability statement on file	D6
47	Transfer from another Home Health Agency	D7
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	D8
49	Product replacement within product lifecycle	D9
50	Product Replacement for Known Recall of a Product	DR
51	Attestation of Unrelated Outpatient	E0
52	Nondiagnostic Services Out of Hospice Service Area	G0
53	Initial placement of a medical device provided as	HO
55	part of a clinical trial or a free sample	110

A5	Disability
A6	Vaccines/Medicare 100% payment
A 9	Second opinion surgery
AA	Abortion performed due to rape
AB	Abortion performed due to incest
AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality
AD	Abortion performed due to life endangering physical condition
AE	Abortion performed due to physical health of mother that is not life endangering
AF	Abortion performed due to emotional/psychological health of mother
AG	Abortion performed due to social or economic reasons
AH	Elective abortion
AI AJ	Sterilization
AJ	Payer responsible for co-payment
AK	Air ambulance required
AL	Specialized treatment/bed unavailable
AM	Non-emergency medically necessary stretcher transport required
AN	Pre-admission screening not required
B0	Medicare coordinated care demonstration claim
B1	Beneficiary is ineligible for demonstration program
B4	Admission unrelated to discharge on same day
BP	Gulf Oil Spill of 2010
C1	Approved as billed
22	Automatic approval as billed based on focused review
23	Partial approval
C4	Admission/services denied
25	Postpayment review applicable
C6	Admission Preauthorization
C7 D0	Extended Authorization
	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
EO	Changes in Patient Status
G0	Distinct Medical Visit
HO	Delayed Filing, Statement of Intent Submitted

Delayed Filing, Statement of Intent Submitted

		No Skilled Home Health V	visits in Billing Period.		
	54	Policy Exception Docume Health Agency		H2	Discharge by a Hospice Provider for Cause
	55	SNF bed not available		H3	Reoccurrence of GI Bleed Comorbid Category
	56	Medical appropriateness		H4	Reoccurrence of Pneumonia Comorbid Category
	57	SNF readmission		H5	Reoccurrence of Pericarditis Comorbid Category
	58	Terminated Medicare+Cho enrollee	pice organization	P1	Do not Resuscitate Order (DNR)
	59	Non-primary ESRD facilit	у	P7	Direct Inpatient Admission from Emergency Room
	60	Day outlier		R1	Request for reopening Reason Code - Mathematical or Computational Mistake
	61	Cost outlier		R2	Request for reopening Reason Code -Inaccurate Data Entry
	66	Provider does not wish cos	st outlier payment	R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
	67	Beneficiary elects not to us (LTR) days	se life time reserve	R4	Request for reopening Reason Code - Computer Errors
	68	Beneficiary elects to use li days	fe time reserve (LTR)	R5	Request for reopening Reason Code - Incorrectly Identified Duplicate Claim
	69	IME/DGME/N&AH Paym	nent Only	R6	Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above
	70	Self-administered anemia	management drug	R7	Request for reopening Reason Code - Corrections other than clerical errors
	71	Full care in unit		R8	Request for reopening Reason Code - New and Material Evidence
	72	Self care in unit		R9	Request for reopening Reason Code - Faulty Evidence
	73	Self care training		WO	United Mine Workers of America (UMWA) Demonstration Indicator
	74	Home		W2	Duplicate of Original Bill
	75	Home - 100% reimbursem	ent	W3	Level I Appeal
	76	Back-up in facility dialysis	8	W4	Level II Appeal
	77	Provider accepts or is oblig contractual arrangement of payment by a primary pay	gated/required due to a r law to accept er as payment	W5	Level III Appeal
	78	New coverage not implem	•		
	79	CORF services provided o			
	80	Home dialysis - nursing fa	•		
	81	C-section/Inductions <39 v Necessity			
	82	C-section/Inductions <39			
	83	C-section/Inductions 39 w	•		
	84	Dialysis for Acute Kidney Delayed Recertification of	5 5 7		
	85	Illness	•	1	
D I I D II	86	Additional Hemodialysis 7 Justification			
Beginning Position:	501			Claim	
Length:	2		Туре:	Alphanu	imeric
Field 69:		DITION_CODE_2			
Description:		describing a condition	0	um.	
Coding Scheme:		e as Field CONDITION		a	
Beginning Position:	503			Claim	
Length:	2		Туре:	Alphanu	imeric
Field 70:		DITION_CODE_3			
Description:		describing a condition		um.	
Coding Scheme:		e as Field CONDITION		a	
Beginning Position:	505			Claim	
Length:	2		Туре:	Alphanu	imeric
Field 71:		DITION_CODE_4			
Description:	Code	describing a condition	relating to the cla	im.	
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Coding Scheme:	Same	as Field CONDITION	CODE_1.		
Beginning Position:	507		Data Source:	Claim	
Length:	2		Туре:	Alphanu	meric
Field 72:	CON	DITION_CODE_5		1	
Description:		describing a condition	relating to the cla	aim.	
Coding Scheme:		as Field CONDITION			
Beginning Position:	509		Data Source:	Claim	
Length:	2		Type:	Alphanu	meric
Field 73:		DITION_CODE_6	Type.	Alphanu	incre
Description:			relating to the al	im	
-		describing a condition as Field CONDITION		allii.	
Coding Scheme:		e as rieid CONDITION		Claim	
Beginning Position:	511		Data Source:	Claim	
Length:	2		Туре:	Alphanu	meric
Field 74:		DITION_CODE_7			
Description:		describing a condition		aim.	
Coding Scheme:		e as Field CONDITION			
Beginning Position:	513		Data Source:	Claim	
Length:	2		Туре:	Alphanu	meric
Field 75:	CON	DITION_CODE_8		-	
Description:	Code	describing a condition	relating to the cla	aim.	
Coding Scheme:		as Field CONDITION			
Beginning Position:	515		Data Source:	Claim	
Length:	2		Type:	Alphanu	meric
Field 76:		UE_CODE_1	Type:	1 iipiiuiiu	
Description:		describing information	that may affact t	novor prod	passing
	01	Most common semi-private		58	Arterial blood gas
Coding Scheme:	01	Hospital has no semi-privat		59	Oxygen saturation
	02	Inpatient professional com			HHA branch MSA
		are combined billed			
	05	Professional component inc		61	Place of Residence where service is furnished
	0.6	also billed separately to car	rrier		(HHA and hospice)
	06 08	Blood deductible Life time reserve amount in	n the first calendar	66 67	Medicaid spend down amount
	08	year	ii the first calendar	07	Peritoneal dialysis
	09	Coinsurance amount in the	first calendar year	68	EPO-drug
	10	Lifetime reserve amount in	•	69	State charity care percentage
		year			
	11	Coinsurance amount in the			Covered Days
	12	Working aged beneficiary/	spouse with employer	81	Non-covered Days
	13	group health plan ESRD beneficiary in a Mee	dicare coordination	82	Co-insurance Days
	15	period with an employer gr		02	co insurance Days
	14	No fault, including auto/otl		83	Lifetime Reserve Days
	15	Worker's compensation		84	Shorter Duration Hemodialysis
	16	Public health service (PHS) or other federal	A0	Special zip code reporting
		agency	,		· · · · · · · · · · · · · · · · · · ·
	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 - paym	nent amount -	A5	Covered self-administrable drugs - administrab
		prescription drugs			in form and situation furnished to patient
	26	Offset to the patient - paym	nent amount - hearing	A6	Covered self-administrable drugs - diagnostic
	a-	and ear services			study and other
	27	Offset to the patient - paym	nent amount - vision	A7	Co-payment payer A
	28	and eye services	ant amount dontal	A 9	Patient weight
	28	Offset to the patient - paym services	ient amount - dental	A8	Patient weight
	29	Offset to the patient - paym	nent amount -	A9	Patient height
		chiropractic services			
	30	Preadmission testing		AA	Regulatory surcharges, assessments, allowance or health care related taxes - payer A
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	31	Patient Liability Amount		AB	Other assessments or allowances (e.g., medical
	22	Multiple petient embulance	a transport	D 1	education) - payer A
	32 33	Multiple patient ambulanc Offset to the patient - payr		B1 c B2	Deductible payer B Coinsurance payer B
	34	services Offset to the patient - payr		В3	Estimated responsibility payer B
	35	medical services Offset to the patient - payr		B7	Co-payment payer B
		insurance premiums	incht amount meantr		
	37 38	Units of blood furnished Blood deductible units		BA BB	Regulatory surcharges, assessments, allowances or health care related taxes - payer B Other assessments or allowances (e.g., medical
					education) - payer B
	39	Units of blood replaced		C1	Deductible payer C
	40	New coverage not implem	iented by HMO	C2	Coinsurance payer C
	41	Black lung		C3	Estimated responsibility payer C
	42	VA		C7	Co-payment payer C
	43	Disabled beneficiary unde	er age 65 with LGHP	CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C
	44	Amount provider agreed to payer when this amount is higher than payment recei	less than charges but	СВ	Other assessments or allowances (e.g., medical education) - payer C
	45	Accident hour	, eu	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 visi	its	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 g	mame	Y4	Conventional Provider Payment
	55		•	Y5	Part B Deductible
		Eligibility threshold for ch	•	15	Fait B Deductible
	56 57	Skilled nurse - home visit Home health aide - home			
D · · D · / ·		Home nearm and - nome		Cluim	
Beginning Position: Length:	517 2		Data Source: Type:	Claim Alphanu	imeric
Field 77:	VAL	UE_AMOUNT_1		1	
Description:		ar amount that may be a	affected		
Beginning Position:	519	a anioant that may be	Data Source:	Claim	
0 0	9				morio
Length:			Туре:	Alphanu	
Field 78:		UE_CODE_2	.1		
Description:		describing information		payer pro	cessing.
Coding Scheme:		as Field Value_CODI	—	~ .	
Beginning Position:	528		Data Source:	Claim	
Length:	2		Туре:	Alphanu	imeric
Field 79:		UE_AMOUNT_2			
Description:		ar amount that may be a			
Beginning Position:	530		Data Source:	Claim	
Length:	9		Туре:	Alphanu	imeric
Field 80:		UE_CODE_3			
Description:		describing information		payer pro	cessing.
Coding Scheme:		e as Field Value_CODI	E_1.		
Beginning Position:	539		Data Source:	Claim	
Length:	2		Туре:	Alphanu	imeric
Field 81:	VAL	UE_AMOUNT_3			
Description:		ar amount that may be	affected.		
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					- r

Beginning Position:	541	Data Source:	Claim	
Length:	9	Туре:	Alphanumeric	
Field 82:	VALUE_CODE_4	1,100	riipilailailleille	
Description:	Code describing informatio	n that may affect	naver processing	
Coding Scheme:	Same as Field Value_COD		puyer processing.	
Beginning Position:	550	Data Source:	Claim	
Length:	2	Type:	Alphanumeric	
Field 83:	VALUE_AMOUNT_4	турс.	Alphanumerie	
Description:	Dollar amount that may be	offected		
Beginning Position:	552	Data Source:	Claim	
Length:	9		Alphanumeric	
Field 84:	VALUE_CODE_5	Туре:	Alphanumene	
	Code describing informatio	n that may affact	nover processing	
Description:	Same as Field Value_COD		payer processing.	
Coding Scheme:			Claim	
Beginning Position:	561 2	Data Source:		
Length:	=	Туре:	Alphanumeric	
Field 85:	VALUE_AMOUNT_5	- 66 4 1		
Description:	Dollar amount that may be		Chila	
Beginning Position:	563 9	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 86:	VALUE_CODE_6	.1		
Description:	Code describing informatio		payer processing.	
Coding Scheme:	Same as Field Value_COD		C1 :	
Beginning Position:	572	Data Source:	Claim	
Length:	2	Туре:	Alphanumeric	
Field 87:	VALUE_AMOUNT_6	<u> </u>		
Description:	Dollar amount that may be		~ .	
Beginning Position:	574	Data Source:	Claim	
Length:	9	Туре:	Alphanumeric	
Field 88:	VALUE_CODE_7			
Description:	Code describing informatio	•	payer processing.	
Coding Scheme:	Same as Field Value_COD			
Beginning Position:	583	Data Source:	Claim	
Length:	2	Туре:	Alphanumeric	
Field 89:	VALUE_AMOUNT_7			
Description:	Dollar amount that may be			
Beginning Position:	585	Data Source:	Claim	
Length:	9	Туре:	Alphanumeric	
Field 90:	VALUE_CODE_8			
Description:	Code describing informatio	•	payer processing.	
Coding Scheme:	Same as Field Value_COD			
Beginning Position:	594	Data Source:	Claim	
Length:	2	Туре:	Alphanumeric	
Field 91:	VALUE_AMOUNT_8			
Description:	Dollar amount that may be			
Beginning Position:	596	Data Source:	Claim	
Length:	9	Туре:	Alphanumeric	
Field 92:	VALUE CODE 9			
	Code describing informatio	n that may affect	naver processing	
Description:	Same as Field Value_COD		payer processing.	
Coding Scheme: Beginning Position:	605	Data Source:	Claim	
	2			
Length: Field 93:		Туре:	Alphanumeric	
	VALUE_AMOUNT_9	offootod		
Description:	Dollar amount that may be	arrected.		
Delle				
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Beginning Position:	607	Data Source:	Claim
Length:	9	Туре:	Alphanumeric
Field 94:	VALUE_CODE_10		
Description:	Code describing informatio	n that may affect	payer processing.
Coding Scheme:	Same as Field Value_COD	E_1.	
Beginning Position:	616	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 95:	VALUE_AMOUNT_10		
Description:	Dollar amount that may be	affected.	
Beginning Position:	618	Data Source:	Claim
Length:	9	Туре:	Alphanumeric
Field 96:	VALUE_CODE_11		
Description:	Code describing informatio		payer processing.
Coding Scheme:	Same as Field Value_COD	E_1.	
Beginning Position:	627	Data Source: Claim	
Length:	2	Туре:	Alphanumeric
Field 97:	VALUE_AMOUNT_11		
Description:	Dollar amount that may be	affected.	
Beginning Position:	629	Data Source:	Claim
Length:	9	Туре:	Alphanumeric
Field 98:	VALUE_CODE_12		
Description:	Code describing informatio		payer processing.
Coding Scheme:	Same as Field Value_COD		
Beginning Position:	638	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 99:	VALUE_AMOUNT_12		
Description:	Dollar amount that may be	affected.	
Beginning Position:	640	Data Source:	Claim
Length:	9	Туре:	Alphanumeric

CHARGES DATA FILE

Field 1:	RECO	ORD_ID			
Description:	Record Identification Number. Unique number assigned to identify the record. First available 1 st quarter 2002. Does NOT match the RECORD ID in THCIC Research Data Files (RDF's).				
Beginning Position:	1 qua	Deta Source:	Assigne		
Length:	12	Type:	Alphan		
Field 2:		ENUE_CODE	Аірпап	umene	
			dation a	noillany convice or billing coloulation	
Description:		corresponding to each specific accommod	dation, a	nemary service or bining calculation	
C. P. C.L.		d to the services being billed. All-inclusive room charges plus ancillary	0527	Franstanding Clinic Visiting Nurse Services(a)	
Coding Scheme:	0100	All-inclusive room charges plus anchary	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 0117	Room charges for private rooms - detoxification Room charges for private rooms - oncology	0542 0543	Ambulance service - medical transport Ambulance service - heart mobile	
	0117	Room charges for private rooms - oncorogy	0543	Ambulance service - oxygen	
	0110	Room charges for private rooms - renabilitation 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 0124	Room charges for semi-private rooms - pediatric Room charges for semi-private rooms -	0549 0550	Ambulance service - other Skilled nursing - general	
		psychiatric		Skiled hursing - general	
	0125	Room charges for semi-private rooms - hospice	0551	Skilled nursing - visit charge	
	0126	Room charges for semi-private rooms - detoxification	0552	Skilled nursing - hourly charge	
	0127	Room charges for semi-private rooms - oncology	0559	Skilled nursing - other	
	0128	Room charges for semi-private rooms - rehabilitation	0560	Medical social services - general	
	0129	Room charges for semi-private rooms - other	0561	Medical social services - visit charge	
	0130	Room charges for semi-private - 3/4 beds - rooms - general	0562	Medical social services - hourly charge	
	0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0569	Medical social services - other	
	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0570	Home health aide - general	
	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0571	Home health aide - visit charge	
	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0572	Home health aide - hourly charge	
	0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0579	Home health aide - other	
	0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0580	Other visits (home health) - general	
	0137 0138	Room charges for semi-private - 3/4 beds - rooms - oncology Room charges for semi-private - 3/4 beds -	0581 0582	Other visits (home health) - visit charge	
	0138	rooms - rehabilitation Room charges for semi-private - 3/4 beds -	0582	Other visits (home health) - hourly charge Other visits (home health) - assessment	
	0139	rooms - other Room charges for private (deluxe) rooms -	0585	Other visits (home health) - other	
	0170	general	0507		

	arges for private (deluxe) rooms - surgical/GYN	0590	Units of service (home health) - general
	narges for private (deluxe) rooms -	0600	Oxygen (home health) - general
	harges for private (deluxe) rooms -	0601	Oxygen (home health) - stat/equip/supply or contents
	arges for private (deluxe) rooms -	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
	arges for private (deluxe) rooms -	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
	narges for private (deluxe) rooms -	0604	Oxygen (home health) - portable add-in
0147 Room ch oncology	harges for private (deluxe) rooms -	0609	Oxygen (home health) - other
0148 Room ch rehabilita	arges for private (deluxe) rooms - ation	0610	Magnetic Resonance Technology (MRT) - MRI - general
0149 Room ch other	arges for private (deluxe) rooms -	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
0150 Room ch	arges for ward rooms - general	0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
medical/	arges for ward rooms - surgical/GYN	0614	Magnetic Resonance Technology (MRT) - MRI - other
	harges for ward rooms - obstetrics	0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
	narges for ward rooms - pediatric	0616	Magnetic Resonance Technology (MRT) - MRA – lower extremities
0154 Room ch	narges for ward rooms - psychiatric	0618	Magnetic Resonance Technology (MRT) - MRA – other
0155 Room ch	harges for ward rooms - hospice	0619	Magnetic Resonance Technology (MRT) - Other MRT
0156 Room ch	arges for ward rooms - detoxification	0621	Medical/surgical supplies - incident to radiology
0157 Room ch	narges for ward rooms - oncology	0622 0623	Medical/surgical supplies - incident to other diagnostic services Medical/surgical supplies - surgical dressings
0158 Room ch	arges for ward rooms - rehabilitation	0623	Medical/surgical supplies - Surgical dressings Medical/surgical supplies - FDA investigational
0159 Room ch	narges for ward rooms - other	0631	devices Drugs requiring specific identification - single
0160 Room ch	arges for other rooms - general	0632	source Drugs requiring specific identification - multiple
	narges for other rooms – Sterile	0633	source Drugs requiring specific identification -
Environ 0167 Room ch	harges for other rooms – self care	0634	restrictive prescription Drugs requiring specific identification - EPO, less than 10,000 units
0169 Room ch	harges for other rooms - other	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0170 Room ch	arges for nursery - general	0636	Drugs requiring specific identification - requiring detailed coding
0171 Room ch	arges for nursery - newborn level I	0637	Drugs requiring specific identification - self- administrable
0172 Room ch	arges for nursery - newborn level II	0640	Home IV therapy services - general
	harges for nursery - newborn level III	0641	Home IV therapy services - nonroutine nursing, central line
0174 Room ch	harges for nursery - newborn level IV	0642	Home IV therapy services - IV site care, central line
0179 Room ch	arges for nursery - other	0643	Home IV therapy services - IV start/change, peripheral line
0180 Room ch	arges for LOA - general	0644	Home IV therapy services - nonroutine nursing, peripheral line
0182 Room ch charges l	arges for LOA - patient convenience- billable	0645	Home IV therapy services - training patient/caregiver, central line
e	arges for LOA - therapeutic leave	0646	Home IV therapy services - training, disabled patient, central line
0185 Room ch hospitali	arges for LOA – nursing home (for zation)	0647	Home IV therapy services - training, patient/caregiver, peripheral
1	arges for LOA - other	0648	Home IV therapy services - training, disabled patient, peripheral
0190 Room ch	arges for subacute care - general	0649	Home IV therapy services - other

0191	Room charges for subacute care - Level I (skilled care)	0650	Hospice services - general
0192	Room charges for subacute care - Level II	0651	Hospice services - routine home care
0193	(comprehensive care) Room charges for subacute care - Level III	0652	Hospice services - continuous home care
0194	(complex care) Room charges for subacute care - Level IV (intensive care)	0655	Hospice services - inpatient respite care
0199	Room charges for subacute care - other	0656	Hospice services - general inpatient care (nonrespite)
0200	Room charges for intensive care - general	0657	Hospice services - physician services
0201	Room charges for intensive care - surgical	0658	Hospice services - room and board - nursing facility
0202	Room charges for intensive care - medical	0659	Hospice services - other
0203	Room charges for intensive care - pediatric	0660	Respite care - general
0204	Room charges for intensive care - psychiatric	0661	Respite care - hourly charge/skilled nursing
0206	Room charges for intensive care - intermediate intensive care unit (ICU)	0662	Respite care - hourly charge/aide/homemaker/companion
0207	Room charges for intensive care - burn care	0663	Respite care - daily charge
0208	Room charges for intensive care - trauma	0669	Respite care - other
0209	Room charges for intensive care - other	0670	Outpatient special residence - general
0210	Room charges for coronary care - general	0671	Outpatient special residence - hospital based
0211	Room charges for coronary care - myocardial infarction	0672	Outpatient special residence - contracted
0212	Room charges for coronary care - pulmonary care	0679	Outpatient special residence - other
0213	Room charges for coronary care - heart transplant	0681	Trauma response - level I
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0682	Trauma response - level II
0219	Room charges for coronary care - other	0683	Trauma response - level III
0220	Special charges - general	0684	Trauma response - level IV
0221	Special charges - admission charge	0689	Trauma response - other
0222	Special charges - technical support charge	0690	Pre-hospice/Palliative Care Services - general
0223	Special charges - UR service charge	0691	Pre-hospice/Palliative Care Services – visit charge
0224	Special charges - late discharge, medically necessary	0692	Pre-hospice/Palliative Care Services – hourly charge
0229	Special charges - other	0693	Pre-hospice/Palliative Care Services - evaluation
0230	Incremental nursing care - general	0694	Pre-hospice/Palliative Care Services – consultation and education
0231	Incremental nursing care - nursery	0695	Pre-hospice/Palliative Care Services – inpatien care
0232	Incremental nursing care - OB	0696	Pre-hospice/Palliative Care Services – physici services
0233	Incremental nursing care - ICU (includes transitional care)	0699	Pre-hospice/Palliative Care Services - other
0234	Incremental nursing care - CCU (includes transitional care)	0700	Cast Room services - general
0235	Incremental nursing care - hospice	0710	Recovery Room services - general
0239	Incremental nursing care - other	0720	Labor/Delivery Room services - general
0240	All-inclusive ancillary - general	0721	Labor/Delivery Room services - labor
0241	All-inclusive ancillary - basic	0722	Labor/Delivery Room services - delivery
	All-inclusive ancillary - comprehensive	0723	Labor/Delivery Room services - circumcision
0242		0724	Labor/Delivery Room services - birthing center
0242 0243	All-inclusive ancillary - specialty		
	All-inclusive ancillary - other	0729	Labor/Delivery Room services - other
0243 0249 0250	All-inclusive ancillary - other Pharmacy - general		
0243 0249	All-inclusive ancillary - other Pharmacy - general Pharmacy - generic drugs	0729	Labor/Delivery Room services - other
0243 0249 0250	All-inclusive ancillary - other Pharmacy - general	0729 0730	Labor/Delivery Room services - other EKG/ECG services - general
0243 0249 0250 0251	All-inclusive ancillary - other Pharmacy - general Pharmacy - generic drugs	0729 0730 0731	Labor/Delivery Room services - other EKG/ECG services - general EKG/ECG services - holter monitor
0243 0249 0250 0251 0252	All-inclusive ancillary - other Pharmacy - general Pharmacy - generic drugs Pharmacy - nongeneric drugs	0729 0730 0731 0732	Labor/Delivery Room services - other EKG/ECG services - general EKG/ECG services - holter monitor EKG/ECG services - telemetry

	0256	Pharmacy - experimental drugs	0760	Treatment or observation room services -
	0257	Pharmacy - nonprescription	0761	general Specialty Room - Treatment/ Observation Room - Treatment Room
	0258	Pharmacy - IV solutions	0762	- Treatment Room Specialty Room - Treatment/ Observation Room - Observation Room
	0259	Pharmacy - other	0769	Treatment or observation room services - other
	0260	IV Therapy - general	0770	Preventive care services - general
	0261	IV Therapy - infusion pump	0771	Preventive care services - vaccine
	0262	IV Therapy - pharmacy services	0780	administration Telemedicine services - general
	0263	IV Therapy - drug/supply delivery	0790	Extra-corporeal shockwave therapy - general
	0264	IV Therapy - supplies	0800	Inpatient renal dialysis services - general
	0269	IV Therapy - other	0801	Inpatient renal dialysis services - hemodialysis
	0270	Medical surgical supplies and devices - general	0802	Inpatient renal dialysis services - peritoneal
	0271	Medical surgical supplies and devices -	0803	(non-CAPD) Inpatient renal dialysis services - continuous
	0272	nonsterile Medical surgical supplies and devices - sterile	0804	ambulatory peritoneal dialysis (CAPD) Inpatient renal dialysis services - continuous
	0273	Medical surgical supplies and devices - take-	0809	cycling peritoneal dialysis (CAPD) Inpatient renal dialysis services - other
	0274	home Medical surgical supplies and devices -	0810	Acquisition of body components- general
	0275	prosthetic/orthotic Medical surgical supplies and devices -	0811	Acquisition of body components - living donor
	0276	pacemaker Medical surgical supplies and devices - intraocular lens (IOL)	0812	Acquisition of body components - cadaver donor
	0277	Medical surgical supplies and devices - oxygen - take-home	0813	Acquisition of body components - unknown donor
	0278	Medical surgical supplies and devices - other implants	0814	Acquisition of body components - unsuccessful organ search-donor bank charges
	0279	Medical surgical supplies and devices - other	0815	Acquisition of body components – stem cells- allogeneic
	0280	Oncology - general	0819	Acquisition of body components - other donor
	0289	Oncology - other	0820	Hemodialysis - outpatient or home - general
	0290	DME - general	0821	Hemodialysis - outpatient or home - composite or other rate
	0291	DME - rental	0822	Hemodialysis - outpatient or home – home supplies
	0292	DME - purchase of new	0823	Hemodialysis - outpatient or home – home equipment
	0293	DME - purchase of used	0824	Hemodialysis - outpatient or home – maintenance 100%
	0294	DME - supplies/drugs for DME effectiveness	0825	Hemodialysis - outpatient or home - support services
	0299	DME - other equipment	0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
	0300	Laboratory - general	0829	Hemodialysis - outpatient or home - other
	0301	Laboratory - chemistry	0830	Peritoneal dialysis - outpatient or home - general
	0302	Laboratory - immunology	0831	Peritoneal dialysis - outpatient or home - composite or other rate
	0303	Laboratory - renal patient (home)	0832	Peritoneal dialysis - outpatient or home – home supplies
	0304	Laboratory - nonroutine dialysis	0833	Peritoneal dialysis - outpatient or home – home equipment
	0305	Laboratory - hematology	0834	Peritoneal dialysis - outpatient or home – maintenance 100%
	0306	Laboratory - bacteriology and microbiology	0835	Peritoneal dialysis - outpatient or home - support services
	0307	Laboratory - urology	0839	Peritoneal dialysis - outpatient or home - other
	0309	Laboratory - other	0840	CAPD - outpatient or home - general
	0310	Laboratory pathological - general	0841	CAPD - outpatient or home - composite or other
	0311			rate
	0311	Laboratory pathological - cytology	0842 0843	CAPD - outpatient or home – home supplies
	0312	Laboratory pathological - histology	0843	CAPD - outpatient or home – home equipment
ЛС				DSHS Document # E25-14163

0314	Laboratory pathological - biopsy	0844	CAPD - outpatient or home – maintenance 100%
0319	Laboratory pathological - other	0845	CAPD - outpatient or home - support services
0320	Radiology - diagnostic - general	0849	CAPD - outpatient or home - other
0321	Radiology - diagnostic - angiocardiography	0850	CCPD - outpatient or home - general
0322	Radiology - diagnostic - arthrography	0851	CCPD - outpatient or home - composite or other rate
0323	Radiology - diagnostic - arteriography	0852	CCPD - outpatient or home - home supplies
0324	Radiology - diagnostic - chest x-ray	0853	CCPD - outpatient or home - home equipment
0329	Radiology - diagnostic - other	0854	CCPD - outpatient or home - maintenance 100%
0330	Radiology - therapeutic and/or chemotherapy administration - general	0855	CCPD - outpatient or home - support services
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected	0859	CCPD - outpatient or home - other
0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral	0860	Magnetoencephalography (MEG) - General
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy	0861	Magnetoencephalography (MEG) - MEG
0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0880	Miscellaneous dialysis - general
0339	Radiology - therapeutic and/or chemotherapy administration - other	0881	Miscellaneous dialysis - ultrafiltration
0340	Nuclear medicine - general	0882	Miscellaneous dialysis - home aide visit
0341	Nuclear medicine - diagnostic procedures	0889	Miscellaneous dialysis - other
0342	Nuclear medicine - therapeutic procedures	0900	Behavior health treatments/services - general
0343	Nuclear medicine - diagnostic	0901	Behavior health treatments/services -
0344	radiopharmaceuticals Nuclear medicine - therapeutic	0902	electroshock Behavior health treatments/services - milieu
0349	radiopharmaceuticals Nuclear medicine - other	0903	therapy Behavioral health treatments/services - play
0350	CT scan - general	0904	therapy Behavior health treatments/services - activity
0351	CT scan - head	0905	therapy Behavior health treatments/services - intensive outpatient services - psychiatric
0352	CT scan - body	0906	Behavior health treatments/services - intensive outpatient services - chemical dependency
0359	CT scan - other	0907	Behavior health treatments/services - community behavioral health program
0360	Operating room services - general	0911	Behavior health treatment/services - rehabilitation
0361	Operating room services - minor surgery	0912	Behavior health treatment/services - partial hospitalization - less intensive
0362	Operating room services - organ transplant other than kidney	0913	Behavior health treatment/services - partial hospitalization - intensive
0367	Operating room services - kidney transplant	0914	Behavior health treatment/services - individual therapy
0369	Operating room services - other	0915	Behavior health treatment/services - group therapy
0370	Anesthesia - general	0916	Behavior health treatment/services - family therapy
0371	Anesthesia - incident to radiology	0917	Behavior health treatment/services - biofeedback
0372	Anesthesia - incident to other diagnostic services	0918	Behavior health treatment/services - testing
0374	Anesthesia - acupuncture	0919	Behavior health treatment/services - other
0379	Anesthesia - other	0920	Other diagnostic services - general
0380	Blood - general	0921	Other diagnostic services - peripheral vascular lab
0381	Blood - packed red cells	0922	Other diagnostic services - electromyogram
0382	Blood - whole blood	0923	Other diagnostic services - pap smear
0383	Blood - plasma	0924	Other diagnostic services - allergy test
0384	Blood - platelets	0925	Other diagnostic services - pregnancy test
0385	Blood - leukocytes	0929	Other diagnostic services - other
0386	Blood - other components	0931	Medical rehabilitation day program - half day
	······································		in aug

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0387 0389	Blood - other derivatives (cryoprecipitate) Blood - other	0932 0940	Medical rehabilitation day program - full day Other therapeutic services - general
0390 0391	Blood and blood component administration, storage and processing - general Blood and blood component administration,	0941 0942	Other therapeutic services - recreational therapy Other therapeutic services - education/training
	storage and processing - administration		
0392	Blood and blood component administration, storage and processing – processing and storage	0943	Other therapeutic services - cardiac rehabilitation
0399	Blood and blood component administration, storage and processing - other	0944	Other therapeutic services - drug rehabilitation
0400	Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
0401	Other imaging services - diagnostic mammography	0946	Other therapeutic services - complex medical equipment - routine
0402	Other imaging services - ultrasound	0947	Other therapeutic services - complex medical
0403	Other imaging services - screening mammography	0948	equipment - ancillary Other therapeutic services – pulmonary rehabilitation
0404	Other imaging services - PET	0949	Other therapeutic services - other
0409	Other imaging services - other	0951	Other therapeutic services – athletic training
0410	Respiratory services - general	0952	Other therapeutic services - kinesiotherapy
0412	Respiratory services - inhalation	0953	Other therapeutic services – chemical dependency (drug and alcohol)
0413	Respiratory services - hyperbaric oxygen therapy	0960	Professional fees - general
0419	Respiratory services - other	0961	Professional fees - psychiatric
0420	Physical therapy - general	0962	Professional fees - ophthalmology
0421	Physical therapy - visit charge	0963	Professional fees - anesthesiologist (MD)
0422	Physical therapy - hourly charge	0964	Professional fees - anesthetist (CRNA)
0423	Physical therapy - group rate	0969	Professional fees - other
0424	Physical therapy - evaluation or reevaluation	0971	Professional fees - laboratory
0429	Physical therapy - other	0972	Professional fees - radiology - diagnostic
0430	Occupational therapy - general	0973	Professional fees - radiology - therapeutic
0431	Occupational therapy - visit charge	0974	Professional fees - radiology - nuclear medicine
0432	Occupational therapy - hourly charge	0975	Professional fees - operating room
0432	Occupational therapy - group rate	0976	Professional fees - respiratory therapy
0434	Occupational therapy - evaluation or	0977	Professional fees - physical therapy
0439	reevaluation Occupational therapy - other	0978	Professional fees - occupational therapy
0440	Speech-language pathology - general	0979	Professional fees - speech therapy
0441	Speech-language pathology - visit charge	0981	Professional fees - emergency room
0442	Speech-language pathology - visit charge	0982	Professional fees - outpatient services
0442	Speech-language pathology - group rate	0982	Professional fees - clinic
0443	Speech-language pathology - group face	0983	Professional fees - medical social services
0440	reevaluation	0095	Professional fees EVC
0449	Speech-language pathology - other	0985	Professional fees - EKG
0450 0451	Emergency room - general Emergency room - EMTALA emergency	0986 0987	Professional fees - EEG Professional fees - hospital visit
0452	medical screening services Emergency room - beyond EMTALA screening	0988	Professional fees - consultation
0456	Emergency room - urgent care	0989	Professional fees - private duty nurse
0459	Emergency room - other	0989	Patient convenience items - general
0459	Pulmonary function - general	0990	Patient convenience items - general Patient convenience items - cafeteria/guest tray
0460	Pulmonary function - other	0991	Patient convenience items - careteria/guest tray Patient convenience items - private linen service
0469	Audiology - general	0992	Patient convenience items - private linen service Patient convenience items - telephone/telegraph
			1 0 1
0471 0472	Audiology - diagnostic Audiology - treatment	0994 0995	Patient convenience items - TV/radio Patient convenience items - nonpatient room
0479	Audiology - other	0996	rentals Patient convenience items - late discharge
0480	Cardiology - general	0997	charge Patient convenience items - admission kits
0481	Cardiology - cardiac cath lab	0998	Patient convenience items - beauty shop/barber
0 101		0770	anone convenience nemis beauty shop/ balber

	0482	Cardiology - stress test	0999	Patient convenience items - other
	0483	Cardiology - echocardiology	1000	Behavior health accommodations - general
	0489	Cardiology - other	1001	Behavior health accommodations - residential treatment - psychiatric
	0490	Ambulatory surgical care - general	1002	Behavior health accommodations - residential treatment - chemical dependency
	0499	Ambulatory surgical care - other	1003	Behavior health accommodations - supervised living
	0500	Outpatient services - general	1004	Behavior health accommodations - halfway house
	0509	Outpatient services - other	1005	Behavior health accommodations - group home
	0510	Clinic - general	2100	Alternative therapy services - general
	0511	Clinic - chronic pain	2101	Alternative therapy services - acupuncture
	0512	Clinic - dental	2102	Alternative therapy services - acupressure
	0513	Clinic - psychiatric	2103	Alternative therapy services - massage
	0514	Clinic - OB/GYN	2104	Alternative therapy services - reflexology
	0515	Clinic - pediatric	2105	Alternative therapy services - biofeedback
	0516	Clinic - urgent care	2106	Alternative therapy services - hypnosis
	0517	Clinic - family practice	2109	Alternative therapy services - other
	0519	Clinic - other	3101	Adult day care, medical and social - hourly
	0520	Freestanding Clinic - general	3102	Adult day care, social - hourly
	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC	3103	Adult day care, medical and social - daily
	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	3104	Adult day care, social - daily
	0523	Freestanding Clinic - family practice	3105	Adult foster care - daily
	0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A	3109	Adult foster care - other
	0525	Stay at SNF 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			
Reginning Position:	0526 13	Freestanding Clinic - urgent care	Claim	
	13	Freestanding Clinic - urgent care Data Source:	Claim Alphar	umeric
length:	13 4	Freestanding Clinic - urgent care Data Source: Type:		numeric
Length: Tield 3:	13 4 HCP0	Freestanding Clinic - urgent care Data Source: Type: CS_QUALIFIER	Alphar	
Length: Field 3:	13 4 HCP0 Code	Freestanding Clinic - urgent care Data Source: Type: CS_QUALIFIER identifying the type/source of the descrip	Alphar	
Length: Field 3: Description:	13 4 HCPC Code	Freestanding Clinic - urgent care Data Source: Type: CS_QUALIFIER identifying the type/source of the descrip CS_PROCEDURE_CODE	Alphar tive nun	
Length: Field 3: Description: Beginning Position:	13 4 HCPO Code : HCPO 17	Freestanding Clinic - urgent care Data Source: Type: CS_QUALIFIER identifying the type/source of the descrip CS_PROCEDURE_CODE Data Source:	Alphan tive nun Claim	nber used in
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Length: Field 3: Description: Beginning Position: Length: Field 4 Description: Coding Scheme:	13 4 HCPC Code HCPC 17 2 HCPC HCFA accom See ht	Freestanding Clinic - urgent care Data Source: Type: CS_QUALIFIER identifying the type/source of the descrip CS_PROCEDURE_CODE Data Source: Type: CS_PROCEDURE_CODE A Common Procedure Coding System (Homodations. ttp://www.cms.hhs.gov/HCPCSReleaseCode	Alphar tive nun Claim Alphar CPCS) c	nber used in numeric code applicable to ancillary services or
Length: Field 3: Description: Beginning Position: Length: Field 4 Description: Coding Scheme: Beginning Position:	13 4 HCPC Code = HCPC 17 2 HCPA accom See ht 19	Freestanding Clinic - urgent care Data Source: Type: CS_QUALIFIER identifying the type/source of the descrip CS_PROCEDURE_CODE Data Source: Type: CS_PROCEDURE_CODE CS_PROCEDURE_CODE Common Procedure Coding System (Homodations. tp://www.cms.hhs.gov/HCPCSReleaseColore Data Source:	Alphar tive nun Claim Alphar CPCS) c DdeSets/J Claim	nber used in numeric code applicable to ancillary services or ANHCPCS/list.asp for complete list.
Length: Field 3: Description: Beginning Position: Length: Field 4 Description: Coding Scheme: Beginning Position: Length:	13 4 HCPC 17 2 HCPC HCFA accom See ht 19 5	Freestanding Clinic - urgent care Data Source: Type: CS_QUALIFIER identifying the type/source of the descrip CS_PROCEDURE_CODE Data Source: Type: CS_PROCEDURE_CODE A Common Procedure Coding System (Homodations. http://www.cms.hhs.gov/HCPCSReleaseColored Data Source: Type:	Alphar tive nun Claim Alphar CPCS) c DdeSets/J Claim	nber used in numeric code applicable to ancillary services or
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Length: Field 3: Description: Beginning Position: Length: Field 4 Description: Coding Scheme: Beginning Position: Length: Field 5: Description:	13 4 HCPC Code HCPC 17 2 HCPC HCFA accom See <i>ht</i> 19 5 MOD	Freestanding Clinic - urgent care Data Source: Type: CS_QUALIFIER identifying the type/source of the descrip CS_PROCEDURE_CODE Data Source: Type: CS_PROCEDURE_CODE A Common Procedure Coding System (Homodations. ttp://www.cms.hhs.gov/HCPCSReleaseColor Data Source: Type: IFIER_1	Alphar tive nun Claim Alphar CPCS) c odeSets/A Claim Alphar	nber used in numeric code applicable to ancillary services or ANHCPCS/list.asp for complete list. numeric
Length: Field 3: Description: Beginning Position: Length: Field 4 Description: Coding Scheme: Beginning Position: Length: Field 5: Description:	13 4 HCPC Code : HCPC 17 2 HCFA accom See <i>ht</i> 19 5 MOD Identi: 22 23	Freestanding Clinic - urgent care Data Source: Type: CS_QUALIFIER identifying the type/source of the descrip CS_PROCEDURE_CODE Data Source: Type: CS_PROCEDURE_CODE Common Procedure Coding System (Homodations. ttp://www.cms.hhs.gov/HCPCSReleaseCoc Data Source: Type: IFIER_1 fies special circumstances related to the p Increased procedural services Unusual Anesthesia	Alphar tive nun Claim Alphar CPCS) c DdeSets/A Claim Alphar erforma P4 P5	nber used in numeric code applicable to ancillary services or <i>ANHCPCS/list.asp</i> for complete list. numeric ance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation
Length: Field 3: Description: Beginning Position: Length: Field 4 Description: Coding Scheme: Beginning Position: Length: Field 5: Description:	13 4 HCPC 17 2 HCPC HCFA accom See <i>ht</i> 19 5 MOD Identi: 22	Freestanding Clinic - urgent care Data Source: Type: CS_QUALIFIER identifying the type/source of the descrip CS_PROCEDURE_CODE Data Source: Type: CS_PROCEDURE_CODE A Common Procedure Coding System (Homodations. ttp://www.cms.hhs.gov/HCPCSReleaseCo Data Source: Type: IFIER_1 fies special circumstances related to the p Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health	Alphar tive nun Claim Alphar CPCS) c DdeSets/A Claim Alphar erforma P4 P5	nber used in numeric code applicable to ancillary services or <i>ANHCPCS/list.asp</i> for complete list. numeric ance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to
Beginning Position: Length: Field 3: Description: Beginning Position: Length: Field 4 Description: Coding Scheme: Beginning Position: Length: Field 5: Description: Coding Scheme:	13 4 HCPC Code : HCPC 17 2 HCFA accom See <i>ht</i> 19 5 MOD Identi: 22 23	Freestanding Clinic - urgent care Data Source: Type: CS_QUALIFIER identifying the type/source of the descrip CS_PROCEDURE_CODE Data Source: Type: CS_PROCEDURE_CODE Common Procedure Coding System (Homodations. ttp://www.cms.hhs.gov/HCPCSReleaseCoc Data Source: Type: IFIER_1 fies special circumstances related to the p Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by	Alphar tive nun Claim Alphar CPCS) c odeSets/2 Claim Alphar erforma P4 P5 P6	nber used in numeric code applicable to ancillary services or <i>ANHCPCS/list.asp</i> for complete list. numeric ance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are

	32	the Same Date Mandated Services	Ε4	
	32	Mandated Services		
	22		E4	Lower right eyelid
	33 47	Preventive Service Anesthesia by Surgeon	F1 F2	Left hand, second digit Left hand, third digit
	50	Bilateral Procedure	F3	Left hand, fourth digit
	51	Multiple Procedures	F4	Left hand, fifth digit
	52	Reduced Services	F5	Right hand, thumb
	53	Discontinued Procedure	F6	Right hand, second digit
	54	Surgical Care Only	F7	Right hand, third digit
	55	Postoperative Management Only	F8	Right hand, fourth digit
	56	Preoperative Management Only	F9	Right hand, fifth digit
	57	Decision for Surgery	FA	Left hand, thumb
	58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period	GG	Performance and payment of a screening mammography and diagnostic mammography or same patient, same day.
	59	Distinct Procedural Service	GH	Diagnostic mammogram converted from screening mammogram on same day
	62	Two Surgeons	LC	Left circumflex coronary artery
	63	Procedure Performed on Infants less than 4kg	LD	Left anterior descending coronary artery
	66	Surgical Team	LM	Left main coronary artery
	73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the Administration of 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
	82 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	Τ7	Right foot, third digit
	99	Multiple Modifiers	T8	Right foot, fourth digit
	1P	Performance Measure Exclusion Modifier due to Medical Reasons	Т9	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		
Beginning Position:	24	Data Source:	Claim	
Length:	24	Type:	Alphan	umeric
Field 6:		Iype: DIFIER_2	Appilal	

DSHS/THCIC

Coding Scheme:	Same as Field MODIFIER	1	
Beginning Position:	26	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 7:	MODIFIER 3	Type.	7 uphanamerie
Description:	Identifies special circumstar	nces related to the	performance of the service
Coding Scheme:	Same as Field MODIFIER		performance of the service.
Beginning Position:	28	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 8:	MODIFIER_4	Type	
Description:	Identifies special circumsta	nces related to the	performance of the service.
Coding Scheme:	Same as Field MODIFIER		r
Beginning Position:	30	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 9:	UNIT MEASUREMENT		*
Description:	Code specifying the units in		being expressed.
Coding Scheme:	DA Days		
0	F2 International unit		
Beginning Position:	UN Unit 32	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 10:	UNITS_OF_SERVICE	Type.	Alphanumene
Description:	Numeric value of quantity		
Beginning Position:	34	Data Source:	Claim
Length:	7	Type:	Numeric
Field 11:	UNIT_RATE	-JP**	
Description:	Rate per unit		
Beginning Position:	41	Data Source:	Claim
Length:	12	Type:	Numeric
Field 12:	CHRGS_LINE_ITEM	• •	
Description:	Total amount of the charge		
Beginning Position:	53	Data Source:	Assigned
Length:	14	Туре:	Numeric
Field 13:	CHRGS_NON_COV		
Description:	Total non-covered amount of	of the charge	
Beginning Position:	67	Data Source:	Assigned
Length:	14	Type:	Numeric

FACILITY TYPE INDICATOR FILE

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

Field 1:	THCIC_ID
Description:	Provider ID. Unique identifier assigned to the provider by DSHS.
Beginning Position:	1 Data Source: Assigned
Length:	6 Type: Alphanumeric
Field 2	PROVIDER NAME
Description:	Hospital name provided by the hospital.
Beginning Position:	7 Data Source: Provider
Length:	55 Type: Alphanumeric
Field 3:	FAC_TEACHING_IND
Description:	Teaching Facility Indicator.
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').
Coding Scheme:	A Member, Council of Teaching Hospitals
coung senemer	X Other teaching facility
Beginning Position:	62 Data Source: Provider
Length:	1 Type: Alphanumeric
Field 4:	FAC_PSYCH_IND
Description:	Psychiatric Facility Indicator.
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').
Beginning Position:	63 Data Source: Provider
Length:	1 Type: Alphanumeric
Field 5:	FAC_REHAB_IND
Description:	Rehabilitation Facility Indicator.
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').
Beginning Position:	64 Data Source: Provider
Length:	1 Type: Alphanumeric
Field 6:	FAC_ACUTE_CARE_IND
Description:	Acute Care Facility Indicator.
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').
Beginning Position:	65 Data Source: Provider
Length:	1 Type: Alphanumeric
Field 7:	FAC_SNF_IND
Description:	Skilled Nursing Facility Indicator. Hospital facility type indicator provided by the hospital
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').
Beginning Position:	66 Data Source: Provider
Length:	1 Type: Alphanumeric
Field 8:	FAC_LONG_TERM_AC_IND
Description:	Long Term Acute Care Facility Indicator.
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '9999999').
Beginning Position:	67 Data Source: Provider
Length:	1 Type: Alphanumeric
Field 9:	FAC OTHER LTC IND
Description:	Other Long Term Care Facility Indicator.
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').
Beginning Position:	68 Data Source: Provider
Length:	1 Type: Alphanumeric
Field 10:	FAC PEDS IND
Description:	Pediatric Facility Indicator.
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '9999999').
Coding Scheme:	C Member, National Association of Children's Hospitals and Related Institutions (NACHRI)

Beginning Position:	69	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 11:	POA_PROVIDER_INDIC	CATOR	
Description:	Indicator identifying whether	er facility is req	uired to submit Diagnosis Present on Admission
	(POA) codes. 25 TAC §42	1.9(e) identifies	the following facility types as exempt from
	reporting POA to the depart	ment: Critical A	Access Hospitals, Inpatient Rehabilitation
	Hospitals, Inpatient Psychia	tric Hospitals, (Cancer Hospitals, Children's or Pediatric Hospitals
	and Long Term Care Hospi	tals.	
Coding Scheme:		that would be exem	pted from reporting POA for those patients)
	R Required X Exempt		
	X Exempt Invalid		
Beginning Position:		Data Source:	Assigned
Length:	1 '	Туре:	Alphanumeric
Field 12:	CERT_STATUS		
Description:	Assignment of a code to inc	licate the certific	cation of data and submission of comments by the
-	hospital. First available 3rd	quarter 1999.	
Coding Scheme:	1 Certified, without comment		
-	2 Certified, with comment		
	3 Certified, with comment, co4 Hospital elected not to certi		by deadline
	5 Hospital closed, data not ce	•	
	6 Hospital out of compliance,		
	7 Data not certified. Hospital	affected by natural	or man-made disaster (Starting 4Q2016)
Beginning Position:	71 D	ata Source:	Assigned
Length:	1 T		Alphanumeric



Texas Hospital Inpatient Discharge Public Use Data File DATA FIELDS

BASE DATA #1 FILE

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
1	RECORD_ID Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).	1	12	Alphanumeric
2	DISCHARGE	13	6	Alphanumeric
3	THCIC_ID	19	6	Alphanumeric
4	TYPE_OF_ADMISSION	25	1	Alphanumeric
5	SOURCE_OF_ADMISSION	26	1	Alphanumeric
6	SPEC_UNIT_1	27	1	Alphanumeric
7	SPEC_UNIT_2	28	1	Alphanumeric
8	SPEC_UNIT_3	29	1	Alphanumeric
9	SPEC_UNIT_4	30	1	Alphanumeric
10	SPEC_UNIT_5	31	1	Alphanumeric
11	PAT_STATE	32	2	Alphanumeric
12	PAT_ZIP	34	5	Alphanumeric
13	PAT_COUNTRY	39	2	Alphanumeric
14	PAT_COUNTY	41	3	Alphanumeric
15	PUBLIC_HEALTH_REGION	44	2	Alphanumeric
16	PAT_STATUS	46	2	Alphanumeric
17	SEX_CODE	48	1	Alphanumeric
18	RACE	49	1	Alphanumeric
19	ETHNICITY	50	1	Alphanumeric
20	ADMIT_WEEKDAY	51	1	Alphanumeric
21	LENGTH_OF_STAY	52	4	Alphanumeric
22	PAT_AGE	56	2	Alphanumeric
23	FIRST_PAYMENT_SRC	58	2	Alphanumeric
24	SECONDARY_PAYMENT_SRC	60	2	Alphanumeric
25	TYPE_OF_BILL	62	3	Alphanumeric
26	TOTAL_CHARGES	65	12	Numeric

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
27	TOTAL_NON_COV_CHARGES	77	12	Numeric
28	TOTAL_CHARGES_ACCOMM	89	12	Numeric
29	TOTAL_NON_COV_CHARGES_ACCOMM	101	12	Numeric
30	TOTAL_CHARGES_ANCIL	113	12	Numeric
31	TOTAL_NON_COV_CHARGES_ANCIL	125	12	Numeric
32	ADMITTING_DIAGNOSIS	137	7	Alphanumeric
33	PRINC_DIAG_CODE	144	7	Alphanumeric
34	POA_PRINC_DIAG_CODE	151	1	Alphanumeric
35	OTH_DIAG_CODE_1	152	7	Alphanumeric
36	POA_OTH_DIAG_CODE_1	159	1	Alphanumeric
37	OTH_DIAG_CODE_2	160	7	Alphanumeric
38	POA_OTH_DIAG_CODE_2	167	1	Alphanumeric
39	OTH_DIAG_CODE_3	168	7	Alphanumeric
40	POA_OTH_DIAG_CODE_3	175	1	Alphanumeric
41	OTH_DIAG_CODE_4	176	7	Alphanumeric
42	POA_OTH_DIAG_CODE_4	183	1	Alphanumeric
43	OTH_DIAG_CODE_5	184	7	Alphanumeric
44	POA_OTH_DIAG_CODE_5	191	1	Alphanumeric
45	OTH_DIAG_CODE_6	192	7	Alphanumeric
46	POA_OTH_DIAG_CODE_6	199	1	Alphanumeric
47	OTH_DIAG_CODE_7	200	7	Alphanumeric
48	POA_OTH_DIAG_CODE_7	207	1	Alphanumeric
49	OTH_DIAG_CODE_8	208	7	Alphanumeric
50	POA_OTH_DIAG_CODE_8	215	1	Alphanumeric
51	OTH_DIAG_CODE_9	216	7	Alphanumeric
52	POA_OTH_DIAG_CODE_9	223	1	Alphanumeric
53	OTH_DIAG_CODE_10	224	7	Alphanumeric
54	POA_OTH_DIAG_CODE_10	231	1	Alphanumeric
55	OTH_DIAG_CODE_11	232	7	Alphanumeric
56	POA_OTH_DIAG_CODE_11	239	1	Alphanumeric
57	OTH_DIAG_CODE_12	240	7	Alphanumeric
58	POA_OTH_DIAG_CODE_12	247	1	Alphanumeric
59	OTH_DIAG_CODE_13	248	7	Alphanumeric
60	POA_OTH_DIAG_CODE_13	255	1	Alphanumeric
61	OTH_DIAG_CODE_14	256	7	Alphanumeric
62	POA_OTH_DIAG_CODE_14	263	1	Alphanumeric
63	OTH_DIAG_CODE_15	264	7	Alphanumeric
64	POA_OTH_DIAG_CODE_15	271	1	Alphanumeric
65	OTH_DIAG_CODE_16	272	7	Alphanumeric
66	POA_OTH_DIAG_CODE_16	279	1	Alphanumeric

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
67	OTH_DIAG_CODE_17	280	7	Alphanumeric
68	POA_OTH_DIAG_CODE_17	287	1	Alphanumeric
69	OTH_DIAG_CODE_18	288	7	Alphanumeric
70	POA_OTH_DIAG_CODE_18	295	1	Alphanumeric
71	OTH_DIAG_CODE_19	296	7	Alphanumeric
72	POA_OTH_DIAG_CODE_19	303	1	Alphanumeric
73	OTH_DIAG_CODE_20	304	7	Alphanumeric
74	POA_OTH_DIAG_CODE_20	311	1	Alphanumeric
75	OTH_DIAG_CODE_21	312	7	Alphanumeric
76	POA_OTH_DIAG_CODE_21	319	1	Alphanumeric
77	OTH_DIAG_CODE_22	320	7	Alphanumeric
78	POA_OTH_DIAG_CODE_22	327	1	Alphanumeric
79	OTH_DIAG_CODE_23	328	7	Alphanumeric
80	POA_OTH_DIAG_CODE_23	335	1	Alphanumeric
81	OTH_DIAG_CODE_24	336	7	Alphanumeric
82	POA_OTH_DIAG_CODE_24	343	1	Alphanumeric
83	E_CODE_1	344	7	Alphanumeric
84	POA_E_CODE_1	351	1	Alphanumeric
85	E_CODE_2	352	7	Alphanumeric
86	POA_E_CODE_2	359	1	Alphanumeric
87	E_CODE_3	360	7	Alphanumeric
88	POA_E_CODE_3	367	1	Alphanumeric
89	E_CODE_4	368	7	Alphanumeric
90	POA_E_CODE_4	375	1	Alphanumeric
91	E_CODE_5	376	7	Alphanumeric
92	POA_E_CODE_5	383	1	Alphanumeric
93	E_CODE_6	384	7	Alphanumeric
94	POA_E_CODE_6	391	1	Alphanumeric
95	E_CODE_7	392	7	Alphanumeric
96	POA_E_CODE_7	399	1	Alphanumeric
97	E_CODE_8	400	7	Alphanumeric
98	POA_E_CODE_8	407	1	Alphanumeric
99	E_CODE_9	408	7	Alphanumeric
100	POA_E_CODE_9	415	1	Alphanumeric
101	E_CODE_10	416	7	Alphanumeric
102	POA_E_CODE_10	423	1	Alphanumeric
103	PRINC_SURG_PROC_CODE	424	7	Alphanumeric
104	PRINC_SURG_PROC_DAY	431	4	Alphanumeric
105	OTH_SURG_PROC_CODE_1	435	7	Alphanumeric
106	OTH_SURG_PROC_DAY_1	442	4	Alphanumeric

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
107	OTH_SURG_PROC_CODE_2	446	7	Alphanumeric
108	OTH_SURG_PROC_DAY_2	453	4	Alphanumeric
109	OTH_SURG_PROC_CODE_3	457	7	Alphanumeric
110	OTH_SURG_PROC_DAY_3	464	4	Alphanumeric
111	OTH_SURG_PROC_CODE_4	468	7	Alphanumeric
112	OTH_SURG_PROC_DAY_4	475	4	Alphanumeric
113	OTH_SURG_PROC_CODE_5	479	7	Alphanumeric
114	OTH_SURG_PROC_DAY_5	486	4	Alphanumeric
115	OTH_SURG_PROC_CODE_6	490	7	Alphanumeric
116	OTH_SURG_PROC_DAY_6	497	4	Alphanumeric
117	OTH_SURG_PROC_CODE_7	501	7	Alphanumeric
118	OTH_SURG_PROC_DAY_7	508	4	Alphanumeric
119	OTH_SURG_PROC_CODE_8	512	7	Alphanumeric
120	OTH_SURG_PROC_DAY_8	519	4	Alphanumeric
121	OTH_SURG_PROC_CODE_9	523	7	Alphanumeric
122	OTH_SURG_PROC_DAY_9	530	4	Alphanumeric
123	OTH_SURG_PROC_CODE_10	534	7	Alphanumeric
124	OTH_SURG_PROC_DAY_10	541	4	Alphanumeric
125	OTH_SURG_PROC_CODE_11	545	7	Alphanumeric
126	OTH_SURG_PROC_DAY_11	552	4	Alphanumeric
127	OTH_SURG_PROC_CODE_12	556	7	Alphanumeric
128	OTH_SURG_PROC_DAY_12	563	4	Alphanumeric
129	OTH_SURG_PROC_CODE_13	567	7	Alphanumeric
130	OTH_SURG_PROC_DAY_13	574	4	Alphanumeric
131	OTH_SURG_PROC_CODE_14	578	7	Alphanumeric
132	OTH_SURG_PROC_DAY_14	585	4	Alphanumeric
133	OTH_SURG_PROC_CODE_15	589	7	Alphanumeric
134	OTH_SURG_PROC_DAY_15	596	4	Alphanumeric
135	OTH_SURG_PROC_CODE_16	600	7	Alphanumeric
136	OTH_SURG_PROC_DAY_16	607	4	Alphanumeric
137	OTH_SURG_PROC_CODE_17	611	7	Alphanumeric
138	OTH_SURG_PROC_DAY_17	618	4	Alphanumeric
139	OTH_SURG_PROC_CODE_18	622	7	Alphanumeric
140	OTH_SURG_PROC_DAY_18	629	4	Alphanumeric
141	OTH_SURG_PROC_CODE_19	633	7	Alphanumeric
142	OTH_SURG_PROC_DAY_19	640	4	Alphanumeric
143	OTH_SURG_PROC_CODE_20	644	7	Alphanumeric
144	OTH_SURG_PROC_DAY_20	651	4	Alphanumeric
145	OTH_SURG_PROC_CODE_21	655	7	Alphanumeric
146	OTH_SURG_PROC_DAY_21	662	4	Alphanumeric

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
147	OTH_SURG_PROC_CODE_22	666	7	Alphanumeric
148	OTH_SURG_PROC_DAY_22	673	4	Alphanumeric
149	OTH_SURG_PROC_CODE_23	677	7	Alphanumeric
150	OTH_SURG_PROC_DAY_23	684	4	Alphanumeric
151	OTH_SURG_PROC_CODE_24	688	7	Alphanumeric
152	OTH_SURG_PROC_DAY_24	695	4	Alphanumeric
153	MS_MDC	699	2	Alphanumeric
154	MS_DRG	701	3	Alphanumeric
155	MS_GROUPER_VERSION_NBR	704	5	Alphanumeric
156	MS_GROUPER_ERROR_CODE	709	2	Alphanumeric
157	APR_MDC	711	2	Alphanumeric
158	APR_DRG	713	4	Alphanumeric
159	RISK_MORTALITY	717	1	Alphanumeric
160	ILLNESS_SEVERITY	718	1	Alphanumeric
161	APR_GROUPER_VERSION_NBR	719	5	Alphanumeric
162	APR_GROUPER_ERROR_CODE	724	2	Alphanumeric
163	ATTENDING_PHYSICIAN_UNIF_ID	726	10	Alphanumeric
164	OPERATING_PHYSICIAN_UNIF_ID	736	10	Alphanumeric
165	ENCOUNTER_INDICATOR	746	2	Alphanumeric
166	PROVIDER_NAME	748	55	Alphanumeric
167	EMERGENCY_DEPT_FLAG	803	1	Alphanumeric
	Record_Length		803	

BASE DATA #2 FILE

Number	Field Name(Base Data #2 File)	Position	Length	Field Type
1	RECORD_ID Does NOT match the RECORD_ID		10	
1	in THCIC Research Data Files (RDF's).	1	12	Alphanumeric
2	PRIVATE_AMOUNT	13	12	Numeric
3	SEMI_PRIVATE_AMOUNT	25	12	Numeric
4	WARD_AMOUNT	37	12	Numeric
5	ICU_AMOUNT	49	12	Numeric
6	CCU_AMOUNT	61	12	Numeric
7	OTHER_AMOUNT	73	12	Numeric
8	PHARM_AMOUNT	85	12	Numeric
9	MEDSURG_AMOUNT	97	12	Numeric
10	DME_AMOUNT	109	12	Numeric
11	USED_DME_AMOUNT	121	12	Numeric
12	PT_AMOUNT	133	12	Numeric
13	OT_AMOUNT	145	12	Numeric
14	SPEECH_AMOUNT	157	12	Numeric
15	IT_AMOUNT	169	12	Numeric
16	BLOOD_AMOUNT	181	12	Numeric
17	BLOOD_ADM_AMOUNT	193	12	Numeric
18	OR_AMOUNT	205	12	Numeric
19	LITH_AMOUNT	217	12	Numeric
20	CARD_AMOUNT	229	12	Numeric
21	ANES_AMOUNT	241	12	Numeric
22	LAB_AMOUNT	253	12	Numeric
23	RAD_AMOUNT	265	12	Numeric
24	MRI_AMOUNT	277	12	Numeric
25	OP_AMOUNT	289	12	Numeric
26	ER_AMOUNT	301	12	Numeric
27	AMBULANCE_AMOUNT	313	12	Numeric
28	PRO_FEE_AMOUNT	325	12	Numeric
29	ORGAN_AMOUNT	337	12	Numeric
30	ESRD_AMOUNT	349	12	Numeric
31	CLINIC AMOUNT	361	12	Numeric
32	OCCUR_CODE_1	373	2	Alphanumeric
33	OCCUR_DAY_1	375	4	Alphanumeric
34	OCCUR_CODE_2	379	2	Alphanumeric
35	OCCUR_DAY_2	381	4	Alphanumeric
36	OCCUR_CODE_3	385	2	Alphanumeric

Number	Field Name(Base Data #2 File)	Position	Length	Field Type
37	OCCUR_DAY_3	387	4	Alphanumeric
38	OCCUR_CODE_4	391	2	Alphanumeric
39	OCCUR_DAY_4	393	4	Alphanumeric
40	OCCUR_CODE_5	397	2	Alphanumeric
41	OCCUR_DAY_5	399	4	Alphanumeric
42	OCCUR_CODE_6	403	2	Alphanumeric
43	OCCUR_DAY_6	405	4	Alphanumeric
44	OCCUR_CODE_7	409	2	Alphanumeric
45	OCCUR_DAY_7	411	4	Alphanumeric
46	OCCUR_CODE_8	415	2	Alphanumeric
47	OCCUR_DAY_8	417	4	Alphanumeric
48	OCCUR_CODE_9	421	2	Alphanumeric
49	OCCUR_DAY_9	423	4	Alphanumeric
50	OCCUR_CODE_10	427	2	Alphanumeric
51	OCCUR_DAY_10	429	4	Alphanumeric
52	OCCUR_CODE_11	433	2	Alphanumeric
53	OCCUR_DAY_11	435	4	Alphanumeric
54	OCCUR_CODE_12	439	2	Alphanumeric
55	OCCUR_DAY_12	441	4	Alphanumeric
56	OCCUR_SPAN_CODE_1	445	2	Alphanumeric
57	OCCUR_SPAN_FROM_1	447	6	Alphanumeric
58	OCCUR_SPAN_THRU_1	453	6	Alphanumeric
59	OCCUR_SPAN_CODE_2	459	2	Alphanumeric
60	OCCUR_SPAN_FROM_2	461	6	Alphanumeric
61	OCCUR_SPAN_THRU_2	467	6	Alphanumeric
62	OCCUR_SPAN_CODE_3	473	2	Alphanumeric
63	OCCUR_SPAN_FROM_3	475	6	Alphanumeric
64	OCCUR_SPAN_THRU_3	481	6	Alphanumeric
65	OCCUR_SPAN_CODE_4	487	2	Alphanumeric
66	OCCUR_SPAN_FROM_4	489	6	Alphanumeric
67	OCCUR_SPAN_THRU_4	495	6	Alphanumeric
68	CONDITION_CODE_1	501	2	Alphanumeric
69	CONDITION_CODE_2	503	2	Alphanumeric
70	CONDITION_CODE_3	505	2	Alphanumeric
71	CONDITION_CODE_4	507	2	Alphanumeric
72	CONDITION_CODE_5	509	2	Alphanumeric
73	CONDITION_CODE_6	511	2	Alphanumeric
74	CONDITION_CODE_7	513	2	Alphanumeric
75	CONDITION_CODE_8	515	2	Alphanumeric
76	VALUE_CODE_1	517	2	Alphanumeric

Number	Field Name(Base Data #2 File)	Position	Length	Field Type
77	VALUE_AMOUNT_1	519	9	Numeric
78	VALUE_CODE_2	528	2	Alphanumeric
79	VALUE_AMOUNT_2	530	9	Numeric
80	VALUE_CODE_3	539	2	Alphanumeric
81	VALUE_AMOUNT_3	541	9	Numeric
82	VALUE_CODE_4	550	2	Alphanumeric
83	VALUE_AMOUNT_4	552	9	Numeric
84	VALUE_CODE_5	561	2	Alphanumeric
85	VALUE_AMOUNT_5	563	9	Numeric
86	VALUE_CODE_6	572	2	Alphanumeric
87	VALUE_AMOUNT_6	574	9	Numeric
88	VALUE_CODE_7	583	2	Alphanumeric
89	VALUE_AMOUNT_7	585	9	Numeric
90	VALUE_CODE_8	594	2	Alphanumeric
91	VALUE_AMOUNT_8	596	9	Numeric
92	VALUE_CODE_9	605	2	Alphanumeric
93	VALUE_AMOUNT_9	607	9	Numeric
94	VALUE_CODE_10	616	2	Alphanumeric
95	VALUE_AMOUNT_10	618	9	Numeric
96	VALUE_CODE_11	627	2	Alphanumeric
97	VALUE_AMOUNT_11	629	9	Numeric
98	VALUE_CODE_12	638	2	Alphanumeric
99	VALUE_AMOUNT_12	640	9	Numeric
	Record_Length		648	

CHARGES DATA FILE

Number	Field Name	Position	Length	Field Type
1	RECORD_ID	1	12	Alphanumeric
2	REVENUE_CODE	13	4	Alphanumeric
3	HCPCS_QUALIFIER	17	2	Alphanumeric
4	HCPCS_PROCEDURE_CODE	19	5	Alphanumeric
5	MODIFIER_1	24	2	Alphanumeric
6	MODIFIER_2	26	2	Alphanumeric
7	MODIFIER_3	28	2	Alphanumeric
8	MODIFIER_4	30	2	Alphanumeric
9	UNIT_MEASUREMENT_CODE	32	2	Alphanumeric
10	UNITS_OF_SERVICE	34	7	Numeric
11	UNIT_RATE	41	12	Numeric
12	CHRGS_LINE_ITEM	53	14	Numeric
13	CHRGS_NON_COV	67	14	Numeric
	Record_Length		80	

FACILITY TYPE INDICATOR FILE

Number	Field Name	Position	Length	Field Type
1	THCIC_ID	1	6	Alphanumeric
2	PROVIDER_NAME	7	55	Alphanumeric
3	FAC_TEACHING_IND	62	1	Alphanumeric
4	FAC_PSYCH_IND	63	1	Alphanumeric
5	FAC_REHAB_IND	64	1	Alphanumeric
6	FAC_ACUTE_CARE_IND	65	1	Alphanumeric
7	FAC_SNF_IND	66	1	Alphanumeric
8	FAC_LONG_TERM_AC_IND	67	1	Alphanumeric
9	FAC_OTHER_LTC_IND	68	1	Alphanumeric
10	FAC_PEDS_IND	69	1	Alphanumeric
11	POA_PROVIDER_INDICATOR	70	1	Alphanumeric
12	CERT_STATUS	71	1	Alphanumeric
	Record_Length		71	