

Texas Department of State Health Services

Center for Health Statistics Texas Health Care Information Collection TEXAS EMERGENCY DEPARTMENT RESEARCH DATA FILES USER MANUAL 2016 to 2021

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BACKGROUND

The 2014-15 General Appropriations Act, S.B. 1, 83rd Texas Legislature, Regular Session, 2013 (Article II, Department of State Health Services [DSHS], Rider 93) specified that DSHS shall collect hospital emergency department (ED) data as set forth in Chapter 108, Texas Health and Safety Code (THSC). DSHS currently collects inpatient and outpatient data from hospitals and ambulatory surgical centers. DSHS began collecting ED data from hospitals in January 1, 2015 per the rules established in 25 Texas Administrative Code (TAC), Sections 421.71-421.78, and in conjunction with the collection of inpatient and outpatient data.

Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014. Rules were adopted implementing the rural provider requirements to begin with January 1, 2015, data.

The Freestanding Emergency Medical Care Facilities (FEMCF) data collection began on October 1, 2020, under the amended rules in 25 TAC Sections 421.71 – 421.79.

TEXAS EMERGENCY DEPARTMENT RESEARCH DATA FILES

<u>THSC Section 108.0135(a)</u> permits DSHS to disclose data collected under this chapter that is not included in the Texas ED Public Use Data Files (PUDF) if the disclosure is reviewed and approved by the DSHS Institutional Review Board (IRB) under <u>HSC Section 108.0135</u>.

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

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

The ED RDF contains:

- Inpatient (IP) Base Data File This file contains the required data elements as well as situationally required elements and some calculated fields. For example, codes regarding: Facility Identifier; Principal Diagnosis; Other Diagnoses; External Cause of Injury; Principal Procedure; Other Procedures; 3M™ All-Payer Refined Diagnosis Related Group and Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group; Type of Admission; Source of Admission; Length of Stay; Patient Ethnicity; Patient Race; Patient Residence City, County, ZIP code, Patient Status, Primary Payment Source and other data used for most research topics. Other elements in the Base Data file include Condition Code; Value Code; Occurrence Code, Occurrence Day, Charge amounts for Service Pay Groups; and other information that may be useful regarding the inpatient stay research such as: Patient Address Census Block Group, Patient Address Census Block, Birth date, Admit Start of Care, Admit Weekday and Admit Hour.
- IP Charges File This file contains charges data. This file can be linked with the other IP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products.
- Outpatient (OP) Base Data File This file contains the required data elements. For example, codes regarding: Facility Identifier; Diagnoses; External Cause of Injury; Procedures; Charge amounts for Service Pay Groups; Patient Ethnicity; Patient Race; Patient Residence City, County, ZIP code; Patient Status, Source of Admission; Primary Payment Source, and other data used for most research topics.
- OP Classification Data File This file contains calculated data elements and classifiers assigned by THCIC; Clinical Classification Software codes; and Clinical Risk Group codes, status and severity.
- OP Charges File -This file contains charges data. This file can be linked with the other OP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products. This file also contains 3M™ Enhanced Ambulatory Patient Grouping (EAPG) codes and Centers for Medicare and Medicaid Services (CMS) Ambulatory Payment Classification information.
- Facility Type Data File This file contains the information about specialty units or specific types of services provided at the hospitals or FEMCFs.

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The following supplementary information is provided along with the ED RDF:

- Inpatient Comments File This PDF file contains any comments that hospitals, ASCs and FEMCFs included when they submitted and certified their inpatient data.
- Outpatient Facility Comments File This PDF file contains any comments that the hospitals, ASCs and FEMCFs included when they reviewed and certified their outpatient data.
- Facility Reporting Status Document This document provides information about whether the hospitals, ASCs or FEMCFs reported any data. It also indicates whether they reported low numbers, and their identification was masked in the data, reported no discharges or if they closed or were out of compliance, and whether they submitted any comments about their data.

The ED RDF is available in fixed length format text files, tab-delimited format, or SAS format. The data must be imported into a software application. The ED RDF does not include software for analyzing the data. The data files have been tested with several software applications including Microsoft Access 2016 (Software limits may not allow all data to be loaded), Microsoft Excel 2016 (Software limits may not allow all data to be loaded), SAS 9.4, and IBM SPSS Statistics 24. Please note that files containing more than 1,048,576 records will not fit on a single Microsoft Excel 2016 worksheet.

Any questions about the data must be referred to DSHS only. DSHS does not assist with data analysis. The data are protected by United States copyright laws and international treaty provisions.

PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the ED RDF was that the data and resulting information be used for the benefit of the public. This is specified in THSC Section 108.013. THSC Section 108.013(c) stipulates that DSHS may not release, and a person or entity may not gain access to, any data that could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates THSC Section 108.013 and may incur penalties as stated in THSC Sections 108.014 and 108.0141. In addition, under THSC Sections 108.013(e) and (f), patient and/or physician information in the ED RDF cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding.

To protect physician identities, the <u>THSC Sections 108.009(d)</u> and <u>108.013(h)</u> requires creation of a uniform identification number for physicians in practice.

Uniform physician identifiers are available except when the number of physicians represented in a $3M^{TM}$ All-Payer Refined Diagnosis Related Group (DRG) code for a hospital, ASC or FEMCF is less than the minimum cell size of five.

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

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

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

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

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

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

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

RESTRICTIONS ON DATA USE

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

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

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;
- The licensee will not attempt to link nor permit others to attempt to link the hospital, ASC or FEMCF stay records of patients in this data set with personally identifiable records from any other source;
- The licensee will not release nor permit others to release any information that identifies persons, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not nor permit others to copy, sell, rent, license, lease,

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loan, or otherwise grant access to the data covered by the approved IRB request and the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;

- The licensee agrees to read the Data User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:

Texas Emergency Department Research Data Files, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];

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

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

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

DATA LIMITATIONS

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

- <u>THSC Section 108.009(h)</u> requires that a uniform submission format be used for reporting purposes. Beginning with 2005, all data are collected in the THCIC 837 format.
- Up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 external cause of injury codes can be submitted. Sicker patients may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not

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- being complete.
- Race and ethnicity data are required by law and rule to be submitted for each patient. Generally, these data are not collected by facilities and may be subjectively captured.
- Inaccuracies in the data and incompleteness of the data are addressed in the hospital, ASC or FEMCFs' comments if submitted by the providing facilities.
- County of residence is not collected by provider facilities. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- For hospital emergency department patient visits that are admitted to the hospital and included in the inpatient discharge data, DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M[™]. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Diagnoses present on admission indicator codes (POA) are required for all hospitals submitting inpatient discharge data, except Critical Access Hospitals, inpatient rehabilitation hospitals, inpatient psychiatric hospitals, children's or pediatric hospitals, and long-term care hospitals. Some acute care hospitals that have special units like the hospitals exempted from reporting POA may not include POA codes for those patients. POA codes are not available for outpatient data.
- Comparability of length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of LOS at the hospital level should consider the above factors.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
- The data are a snapshot in time. Hospitals, ASC and FEMCFs must submit data no later than 60 days after the close of a calendar quarter. Depending on hospital, ASC and FEMCFs' collection and billing cycles, not all discharges may have been billed or reported. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid or other payment sources.
- Updates to the ED RDF manual, if any, are available through the THCIC website, http://www.dshs.texas.gov/thcic/, which should be checked periodically as notifications of an update will not be sent.
- DSHS collects data from all hospitals, ASCs and FEMCFs in the state not specifically exempted. Some hospitals, ASCs, and FEMCFs may be exempted for certain situations (for example, natural or other disasters, or other unusual conditions) for limited time periods. This hospital, ASC and FEMCF mix should be considered when drawing

- conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the facility to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and clerical error. The data are submitted by providers as their best effort to meet statutory requirements.

HOSPITAL COMMENTS FILE & OUTPATIENT FACILITY COMMENTS FILE

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

Included with the ED RDF are two separate files ("Hospital Comments File" and Outpatient Facility Comments File") containing the unedited comments (except for removal of individual identifying information) submitted by hospitals and FEMCFs at the time of data certification. Comments relating to individual data elements should be considered in any analysis of those data elements. These comments express the opinions of individual hospitals, and FEMCFs (or physicians or healthcare practitioners within those hospitals and FEMCFs) and are not necessarily the views of the DSHS. Hospitals and FEMCFs that submitted comments are identified in two separate files called the "Hospital Comments" (for inpatient data) and "Outpatient Facility Comments" (for outpatient data).

CITATION

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

Texas Emergency Department Research Data Files, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication].

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Texas Hospital Emergency Department Research 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 Hospital Emergency Department (ED) Research Data File (RDF). The following information is provided:

Field Unique, abbreviated name of the data element.

Brief explanation of the data element. Descriptions of data elements are taken from **Description**

specifications manuals

Data Source Provided by the health care facility on the claim form (Claim)

Provided to THCIC by the healthcare facility (Provider)

Assigned by DSHS (Assigned) Calculated by DSHS (Calculated)

Note: For those data elements that have been temporarily suppressed, the quarter of

data for which the data element will be released is noted following the Data Source.

Alphanumeric or numeric Type

Coding Valid codes for a data field. Values taken from specifications manuals.

scheme

Note a change: Any code provided by a facility that has been determined to be invalid has been assigned the value `(Backtick, Back quote, Grave accent mark). Any data element that is blank should be interpreted as 'missing', no data provided, unless otherwise noted.

INPATIENT BASE DATA FILE

Field 1:	REC	CORD_ID				
					,	the record within the research data file. with RECORD ID in other Inpatient RDF files
Length:	12	_	Alphanumeric		a Source:	Assigned
Field 2:	PAT	_UNIQU	E_INDEX			
	Unio	que identif	ier assigned to the	e patien	t by THCIC	
Length:	10	Type:	Alphanumeric	Data	a Source:	Assigned
Field 3:	THO	CIC_ID	•			
	Prov	vider ID. U	Jnique identifier a	ssigned	to the provider by	/ THCIC.
Length:	6	Type:	Alphanumeric	-	a Source:	Assigned
Field 4:	SPE	C_UNIT_	1			
	•	,	in which most da	ys stay	occurred based or	n number of days by Type of Bill or Revenue
	Cod			_		
Coding Scheme:			y Care Unit	Р	Pediatric Unit	
	D	Detoxific	cation Unit	Υ	Psychiatric Unit	
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Н Hospice Unit Sub-acute Care Unit Ν Nursery Skilled Nursing Unit В Obstetric Unit Blank Acute Care 0 Oncology Unit Length: Type: Alphanumeric **Data Source:** Calculated Field 5: SPEC_UNIT_2 Specialty Unit in which 2nd most days stay occurred based on number of days by Type of Bill or Revenue Code. Coding Scheme: Same as SPEC UNIT 1. **Data Source:** Length: Type: Alphanumeric Calculated Field 6: SPEC UNIT 3 Specialty Unit in which 3rd most days stay occurred based on number of days by Type of Bill or Revenue Code. Coding Scheme: Same as SPEC_UNIT_1. Length: Type: Alphanumeric **Data Source:** Calculated Field 7: SPEC_UNIT_4 Specialty Unit in which 4th most days stay occurred based on number of days by Type of Bill or Revenue Code. Coding Scheme: Same as SPEC_UNIT_1. Length: Type: Alphanumeric **Data Source:** Calculated Field 8: **SPEC UNIT 5** Specialty Unit in which 5th most days stay occurred based on number of days by Type of Bill or Revenue Code. Coding Scheme: Same as SPEC UNIT 1. Length: Alphanumeric Data Source: Calculated Type: Field 9: **ENCOUNTER INDICATOR** Indicates the number of claims used to create the encounter. Some non-acute care patients may have more than one claim that is consolidated for the record, such as patients in rehabilitation hospitals, long term care hospitals, or psychiatric hospitals. Length: Type: Alphanumeric **Data Source:** Calculated Field 10: SEX_CODE Gender of the patient as recorded at date of admission or start of care. Coding Scheme: M Male Female U Unknown Alphanumeric Length: **Data Source:** Claim Type: Field 11: **BIRTH DATE** Birth date of the patient as recorded at date of admission or start of care. Length: Alphanumeric Type: **Data Source:** Claim Field 12: PAT AGE GROUP Code indicating age of patient in days or years on date of discharge. Coding Scheme: 00 1-28 days 10 35-39 20 85-89 40-44 90+ 29-365 days 11 21 01 02 1-4 years 12 45-49 HIV and drug/alcohol use patients: 03 5-9 13 50-54 22 0-17 04 10-14 23 18-44 14 55-59 05 15-17 15 60-64 24 45-64 65-74 06 18-19 16 65-69 25 07 20-24 17 70-74 75+ 26 80 25-29 18 75-79 Invalid 19 80-84 09 30-34 Length: 2 Alphanumeric **Data Source:** Assigned Type: Field 13: PAT_AGE_YEARS Age of patient in years on date of discharge. Length: Alphanumeric **Data Source:** Claim Type: Field 14: PAT AGE DAYS Age of patient in days on date of discharge. Alphanumeric Length: Type: **Data Source:** Claim Field 15: **RACE** Code indicating the patient's race.

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Coding Scheme: 1 American Indian/Eskimo/Aleut

	2	Asian or	Pacific Islander		
	3	Black			
	4	White			
	5	Other			
Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 16:		NICITY			
			ng the Hispanic ori	gin of the patient.	
Coding Scheme		Hispanio	9		
	2		lispanic Origin		
Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 17:			ENSUS_BLOCK_		
			group of patient st		
					evel of accuracy of the geocoding process will
	be p	provided a	along with Pat_Add	dr_Census_Block_Gro	oup (See page 54 for details).
Length:	14	Type:	Alphanumeric	Data Source:	Calculated
Field 18:	PAT	ADDR_C	ENSUS_BLOCK		
	Cen	sus block	of patient street a	ddress.	
	Not	e: LCODE	(Location code) w	hich quantifies the le	evel of accuracy of the geocoding process will
	be p	provided a	along with Pat_Ado	dr_Census_Block_Gro	oup (See page 54 for details).
	_	_	A1.1.	D. I. C.	
Length: Field 19:	5	Type:	Alphanumeric	Data Source:	Calculated
Fiela 19:	_	_CITY			
			ss city as provided		D - 11
Length:	30	Type:	Alphanumeric	Data Source:	Provider
Field 20:	_	_STATE		11 11 11 11 11	
1			ss state as provide		Duovidan
Length:	2	Type:	Alphanumeric	Data Source:	Provider
Field 21:		_ZIP	7ID d	:	
Length:	9	ent addre: Type:	SS 21P code as pro	vided by the patient. Data Source:	Provider
Field 22:			•	Data Source.	Trovidei
riela 22:	_	_COUNTR		addroce Liet maintai	ned by the International Organization for
		ndardizati		audiess. List maintai	ned by the international organization for
Coding scheme			org for complete lis	st	
Length:	2	Type:	Alphanumeric	Data Source:	Provider
		COUNTY			
		_======================================			

Field 23:

FIPS code of patient's county.

Coding scheme:

_							
001	Anderson	053	Burnet	105	Crockett	157	Fort Bend
003	Andrews	055	Caldwell	107	Crosby	159	Franklin
005	Angelina	057	Calhoun	109	Culberson	161	Freestone
007	Aransas	059	Callahan	111	Dallam	163	Frio
009	Arche	061	Cameron	113	Dallas	165	Gaines
	r						
011	Armstrong	063	Camp	115	Dawson	167	Galveston
013	Atascosa	065	Carson	117	Deaf Smith	169	Garza
015	Austin	067	Cass	119	Delta	171	Gillespie
017	Bailey	069	Castro	121	Denton	173	Glasscock
019	Bandera	071	Chambers	123	Dewitt	175	Goliad
021	Bastro	073	Cherokee	125	Dickens	177	Gonzales
	p						_
023	Baylo	075	Childress	127	Dimmit	179	Gray
025	r Bee	077	Clay	129	Donley	181	Grayson
027	Bell	079	Cochran	131	Duval	183	Gregg
029	Bexar	081	Coke	133	Eastland	185	Grimes
031	Blanc	083	Coleman	135	Ector	187	Guadalupe
031	0	005	Coleman	133	Letoi	107	Guadalupe
033	Borde	085	Collin	137	Edwards	189	Hale
	n						
035	Bosqu	087	Collingsworth	139	Ellis	191	Hall
	е						
037	Bowie	089	Colorado	141	El Paso	193	Hamilton
039	Brazoria	091	Comal	143	Erath	195	Hansford
041	Brazo	093	Comanche	145	Falls	197	Hardeman
042	S	005	Canaha	1.47	Familia	100	11
043	Brewster	095	Concho	147	Fannin	199	Hardin
045	Brisco e	097	Cooke	149	Fayette	201	Harris
047	Brook	099	Coryell	151	Fisher	203	Harrison
047	S	099	Coryen	131	1131161	203	Hairison
049	Brow	101	Cottle	153	Floyd	205	Hartley
	n				•		,
051	Burleson	103	Crane	155	Foard	207	Haskell

209	Hays	285	Lavaca	361	Orange	43/	Swisher
211	Hemphill	287	Lee	363	Palo Pinto	439	Tarrant
213	Henderson	289	Leon	365	Panola	441	Taylor
215	Hidalgo	291	Liberty	367	Parker	443	Terrell
217	Hill	293	Limestone	369	Parmer	445	Terry
219	Hockley	295	Lipscomb	371	Pecos	447	Throckmorton
221	Hood	297	Live Oak	373	Polk	449	Titus
223	Hopkins	299	Llano	375	Potter	451	Tom Green
225	Houston	301	Loving	377	Presidio	453	Travis
227	Howard	303	Lubbock	379	Rains	455	Trinity
229	Hudspeth	305	Lynn	381	Randall	457	Tyler
231	Hunt	307	McCulloch	383	Reagan	459	Upshur
233	Hutchinson	309	McLennan	385	Real	461	Upton
235	Irion	311	McMullen	387	Red River	463	Uvalde
237	Jack	313	Madison	389	Reeves	465	Val Verde
239	Jackson	315	Marion	391	Refugio	467	Van Zandt
241	Jasper	317	Martin	393	Roberts	469	Victoria
243	Jeff Davis	319	Mason	395	Robertson	471	Walker
245	Jefferson	321	Matagorda	397	Rockwall	473	Waller
247	Jim Hogg	323	Maverick	399	Runnels	475	Ward
249	Jim Wells	325	Medina	401	Rusk	477	Washington
251	Johnson	327	Menard	403	Sabine	479	Webb
253	Jones	329	Midland	405	San Augustine	481	Wharton
255	Karnes	331	Milam	407	San Jacinto	483	Wheeler
257	Kaufman	333	Mills	409	San Patricio	485	Wichita
259	Kendall	335	Mitchell	411	San Saba	487	Wilbarger
261	Kenedy	337	Montague	413	Schleicher	489	Willacy
263	Kent	339	Montgomery	415	Scurry	491	Williamson
265	Kerr	341	Moore	417	Shackelford	493	Wilson
267	Kimble	343	Morris	419	Shelby	495	Winkler
269	King	345	Motley	421	Sherman	497	Wise
271	Kinney	347	Nacogdoches	423	Smith	499	Wood
273	Kleberg	349	Navarro	425	Somervell	501	Yoakum
275	Knox	351	Newton	427	Starr	503	Young
283	La Salle	353	Nolan	429	Stephens	505	Zapata
277	Lamar	355	Nueces	431	Sterling	507	Zavala
279	Lamb	357	Ochiltree	433	Stonewall		
281	Lampasas	359	Oldham	435	Sutton	`	Invalid

361

Orange

437

Swisher

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

Field 24: PUBLIC_HEALTH_REGION

209

Havs

Public Health Region of patient's address.

285

Lavaca

- Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
- 2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- 3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties
- Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties 4
- Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties 5
- 6 Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
- 7 Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties
- 8 Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties

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	9	Androws Bordon Coko Conche Crone	Crackett Dawson	Estar Cainas Classesok Haward Irian Kimble
	9			, Ector, Gaines, Glasscock, Howard, Irion, Kimble, , Reagan, Reeves, Schleicher, Sterling, Sutton,
		Terrell, Tom Green, Upton, Ward, Winkl	er counties	
	10	Brewster, Culberson, El Paso, Hudspeth,	•	
	11	Aransas, Bee, Brooks, Cameron, Duval, Nueces, Refugio, San Patricio, Starr, We		, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen,
Length:	2		Source:	Assigned
Field 25:	TYP	E OF ADMISSION		
		indicating the type of admission		
Coding Scheme:	1	Emergency		
	2	Urgent		
	3	Elective		
	4	Newborn		
	5	Trauma Center		
Lamath	9	Information not available	C	Claire
Length:	1	71 1	Source:	Claim
Field 26:		RCE_OF_ADMISSION		
		indicating source of the admission. Non-Healthcare Facility Point of Origin (E	Roginning July 1	
Coding Scheme:	1	2010)	beginning July 1,	
	2	Clinic or Physician's Office		
	4	Transfer from a hospital		
	5	Transfer from a skilled nursing facility, in facility or assisted living facility	ntermediate care	
	6	Transfer from another health care facility		
	8	Court/Law Enforcement		
	9	Information not available		
		Transfer from One Distinct Unit of the H		
	D	Distinct Unit of the Same Hospital Resul	ting in a Separate	
	Е	Claim to the Payer Transfer from Ambulatory Surgery Center	or	
	F	Transfer from a Hospice Facility	u.	
	_	pe of Admission=4 (Newborn)		
	5	Born inside this hospital		
	6	Born outside this hospital		
Length:	1	Type: Alphanumeric Data	Source:	Claim
Field 27:	FIRS	ST_PAYMENT_SRC		
	Code	indicating the expected primary so	urce of payment.	
Coding Scheme:	09	Self-pay (Removed from 5010 format, u	se "ZZ" HM	Health Maintenance Organization
_		beginning 2Q2012 data)		-
	10	Central Certification	Ц	Liability
	11	Other Non-federal Programs	LM	Liability Medical
	12	Preferred Provider Organization (PPO)	MA	Medicare Part A
	13	Point of Service (POS)	MB	Medicare Part B
	14	Exclusive Provider Organization (EPO)	MC	Medicaid
	15	Indemnity Insurance	TV	Title V
	1	Health Maintenance Organization (HMO) Risk	Medicare OF	Other Federal Program
		Tubic .		
	AM	Automobile Medical	VA	Veteran Administration Plan
	BL	Blue Cross/Blue Shield	WC	Workers Compensation Health Claim
	CH	CHAMPUS	ZZ	Charity, Indigent or Unknown
	CI	Commercial Insurance		Codes 09 and ZZ, combined for 2004 & 2005
		Disability Insurance	,	Invalid
Length:		Type: Alphanumeric Data Sou	ırce:	Claim
Field 28:		ST_PAYER_ID	and by fordound an	
Longthi		onal Plan Identifier (when implement Type: Alphanumeric Data	ted by federal go Source:	vernment). Claim
Length:	10 ETD6		Source:	Cidiiii
Field 29:		T_PAYER_NAME e of primary source of payment.		
Length:	35	. , , , , ,	Source:	Claim
Field 30:		ONDARY_PAYMENT_SRC		
		indicating the expected secondary	source of paymer	nt.
Coding Scheme:		e as FIRST_PAYMENT_SRC	, , ,	

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Length:	2 Ty j	pe: Alphan	umeric	Data Source	e:	Claim	
Field 31:		DARY_PAYER					
				olemented by			
Length: Field 32:	10 Ty	pe: Alphar DARY_PAYER	umeric	Data Source	e:	Claim	
rieia 32:		secondary so	_	mont			
Length:	35 Ty j	,	iumeric	Data Source	e:	Claim	
Field 33:		START_OF_					
				provider for in	npatien	t care or other star	t of care. Entered as
	YYYYMMI					Chris	
Length:	8 Tyl	•	umeric	Data Source	e:	Claim	
Field 34:		WEEKDAY	f week natio	ent is admitted	1		
Coding Sch		nday	week path	5 Friday	4		
3		esday		6 Saturd	ay		
		dnesday		7 Sunday	/		
		ırsday		Data Carres		Claine	
Length: Field 35:	1 Ty _l ADMIT		umeric	Data Source	e: 	Claim	
rieiu 35:	_	•	turina whict	the natient w	as adm	nitted for inpatient	care
Coding Sch		incuting flour t	adining willich	r the patient w	as aan	neced for impacterie	care
00	12 midnight-12:	59 a.m.	09	9:00 - 9:59 a.ı	m.	18	6:00 - 6:59 p.m.
01	1:00 - 1:59 a.m	1.	10	10:00 - 10:59	a.m.	19	7:00 – 7:59 p.m.
02	2:00 - 2:59 a.m		11	11:00 - 11:59		20	8:00 – 8:59 p.m.
03	3:00 – 3:59 a.m		12	12 noon - 12:5		21	9:00 – 9:59 p.m.
				1:00 - 1:59 p.i	•		·
04	4:00 – 4:59 a.m		13			22	10:00 – 10:59 p.m.
05	5:00 – 5:59 a.m		14	2:00 – 2:59 p.i		23	11:00 – 11:59 p.m.
06	6:00 – 6:59 a.m		15	3:00 – 3:59 p.		99	Hour unknown
07	7:00 – 7:59 a.m	l.	16	4:00 – 4:59 p.i	m.		
08	8:00 – 8:59 a.m	ı .	17	5:00 – 5:59 p.i	m.		
Length:	2 Ty l	pe: Alphar	umeric	Data Source	e:	Claim	
Field 36:	_	ERIOD_FRO					
	_	_				tatement. Entered	as YYYYMMDD.
Length:		-	umeric	Data Source	e:	Claim	-
Field 37:		ERIOD_THR		roflected on th	oo state	ement. Entered as	VVVVMMDD
Length:	•	pe: Alphan	•	Data Source		Claim	TTTTMMDD.
Field 38:		OF_STAY					
	Length o	f stay in days					MT_PERIOD_THRU) <i>minus</i>
				MIT_START_O	F_CARI	E). The minimum I	ength of stay is 1 day. The
Longth		m is 9999 day		Data Sauras		Calculated	
Length: Field 39:	4 Typ PAT_ST		umeric	Data Source	; <u> </u>	Calculated	
i ieiu 33.	_		nt status as	of the ending	date of	service for the per	riod of care reported
Coding Sch						, , , , , , , , , , , , , , , , , , ,	
1	Discharged to h	nome or self-car	e (routine		6		red to home under care of an alth service organization in
2	Discharged/trai		ort term gene	eral	7	anticipation of cover Left against medical	red skilled care
3	hospital for inpa Discharged/tra		ed nursina fa	cility		3	
3	(SNF) with Med				09 20	Admitted as inpatier Expired	nt to this hospital
4	skilled care Discharged/trar	neferred to a fa-	cility that are	vides		·	and to Count/l F- S
4	custodial or sup		uncy unat pro	vides	21	-	red to Court/Law Enforcement
5	Discharged/trai				30	Still patient	
	Center or Child 2007)	ren's Hospital (effective 10-	1-	40	Expired at home	
	2007)				41	Expired in a medical	facility

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- 42 Expired, place unknown
- 43 Discharged/transferred to federal government operated health facility
- 50 Hospice-home
- 51 Hospice-medical facility (Certified) providing hospice level of care
- 61 Discharged/transferred within this institution to Medicare-approved swing bed
- 62 Discharged/transferred to inpatient rehabilitation facility
- 63 Discharged/transferred to Medicare-certified long term care hospital
- 64 Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare
- 65 Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
- 66 Discharged/transferred to Critical Access Hospital (CAH)
- 69 Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
- 70 Discharge/transfer to another type of health care institution not defined elsewhere in the code list
- 81 Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)
- 82 Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 83 Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 84 Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 85 Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute

- Care Hospital Inpatient Readmission (effective 10-1-2013)
- 86 Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 87 Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 88 Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 89 Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 90 Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 91 Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 92 Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 93 Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 94 Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 95 Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

Length:	2	Type:	Alphanumeric	Data Source:	Claim	
Field 40:	DIS	CHARGE	_HOUR			
	Cod	e indicatir	ig hour during which	n the patient was disch	narged from inp	patient care
Coding Sch	eme:					
00	12 midnigh	t-12:59 a.n	n. 09	9:00 - 9:59 a.m.	1	8 6:00 – 6:59 p.m.
01	1:00 - 1:5	9 a.m.	10	10:00 - 10:59 a.m.	1	9 7:00 – 7:59 p.m.
02	2:00 - 2:5	9 a.m.	11	11:00 - 11:59 a.m.	2	0 8:00 – 8:59 p.m.
03	3:00 - 3:5	9 a.m.	12	12 noon - 12:59 p.m.	2	1 9:00 – 9:59 p.m.
04	4:00 - 4:5	9 a.m.	13	1:00 - 1:59 p.m.	2	2 10:00 – 10:59 p.m.
05	5:00 - 5:5	9 a.m.	14	2:00 - 2:59 p.m.	2	3 11:00 - 11:59 p.m.
06	6:00 - 6:5	9 a.m.	15	3:00 - 3:59 p.m.	9	9 Hour unknown
07	7:00 - 7:5	9 a.m.	16	4:00 - 4:59 p.m.		
08	8:00 - 8:5	9 a.m.	17	5:00 - 5:59 p.m.		
Length:	2	Type:	Alphanumeric	Data Source:	Claim	

Field 41: TYPE_OF_BILL

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

= type of care. Third digit = sequence of the claim.

Coding Scheme: 1^{st} digits-Type of Facility 2^{nd} digit-Type of Care 3^{rd} digits-Sequence of claim1Hospital1Inpatient, including Medicare Part A0Non-payment/Zero claim

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- 2 Skilled nursing
- Home health
- Religious non-medical health care–Hospital 4
- Religious non-medical health care–Extended care 5
- Intermediate care 6
- Clinic
- 7 8 Special facility

- Inpatient, Medicare Part B only
- Outpatient
- 4 Outpatient Other, Medicare Part B
- only Intermediate Care-Level I 5
- 6 7 Intermediate Care-Level II
- Sub-acute inpatient Level III
- 8 Swing bed

- Admit through discharge claim Interim-first claim
- Interim-continuing claim
- Interim-last claim
- 5

- Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim

Length:	3 Type	: Alphanumeric	Data Source:	Claim
Field 42:	ADMITTI	NG_DIAGNOSIS		
			cluding the 4th, 5th, 6	th and 7th digits if applicable. Decimal is implied
		the third character.		
Length:	7 Type	•	Data Source:	Claim
Field 43:		IAG_CODE		
			cluding the 4th, 5th, 6	th and 7th digits if applicable. Decimal is implied
Length:	7 Type	the third character. Elements: Alphanumeric	Data Source:	Claim
Field 44:		NC_DIAG_CODE	Data Source.	Cidiiii
ricia 441			cipal Diagnosis code w	as present at the time the patient was admitted
	to the hos		pa. 2.ag	as present at the time the patient has admitted
Coding Scheme:	Y Yes	•		
	N No			
	U Unkn	own		
		ally Undetermined		
Length:	1 Type	•	Data Source:	Claim
Field 45:	_	G_CODE_1		
			cluding the 4th, 5th, 6	th and 7th digits if applicable. Decimal is implied
Length:	7 Type	the third character. Alphanumeric	Data Source:	Claim
Field 46:		L_DIAG_CODE_1	Data Source.	Cidiiii
ricia 40.	_		Diag Code 1 code w	as present at the time the patient was admitted to
	the hospit		Diag_codc_1 codc w	as present at the time the patient was admitted to
Coding Scheme:		eld POA PRINC DIA	G CODE	
Length:	1 Type			- ·
Length.	1 Typ€	e: Alphanumeric	Data Source:	Claim
Field 47:		G_CODE_2	Data Source:	Claim
	OTH_DIA	G_CODE_2 d diagnosis code, inc		Claim th and 7th digits if applicable. Decimal is implied
Field 47:	OTH_DIA ICD-10-CN following t	G_CODE_2 If diagnosis code, including the character.	cluding the 4th, 5th, 6	th and 7th digits if applicable. Decimal is implied
Field 47: Length:	OTH_DIA ICD-10-CN following t 7 Type	G_CODE_2 If diagnosis code, including the chird character. Alphanumeric		
Field 47:	OTH_DIA ICD-10-CN following t 7 Type POA_OTH	G_CODE_2 I diagnosis code, inche third character. I DIAG_CODE_2	cluding the 4th, 5th, 6	th and 7th digits if applicable. Decimal is implied
Field 47: Length:	OTH_DIA ICD-10-CN following t 7 Type POA_OTH Code ident	G_CODE_2 M diagnosis code, inche third character. Mathematic Highway	cluding the 4th, 5th, 6	th and 7th digits if applicable. Decimal is implied
Field 47: Length: Field 48:	OTH_DIA ICD-10-CN following t 7 Type POA_OTH Code ident the hospit	G_CODE_2 M diagnosis code, inc. the third character. Might in the character.	Data Source: Diag_Code_2 code wa	th and 7th digits if applicable. Decimal is implied
Field 47: Length: Field 48:	OTH_DIA ICD-10-CN following t 7 Type POA_OTH Code ident the hospit	G_CODE_2 M diagnosis code, inche third character. Mainter Alphanumeric Mode Code_2 Lifying whether Oth_ al eld POA_PRINC_DIA	Data Source: Diag_Code_2 code wa	th and 7th digits if applicable. Decimal is implied
Field 47: Length: Field 48: Coding Scheme:	OTH_DIA ICD-10-CN following t 7 Type POA_OTH Code ident the hospit Same as fi 1 Type	G_CODE_2 M diagnosis code, inc. the third character. E: Alphanumeric I_DIAG_CODE_2 tifying whether Oth_ al eld POA_PRINC_DIA	Data Source: Diag_Code_2 code was	th and 7th digits if applicable. Decimal is implied Claim as present at the time the patient was admitted to
Field 47: Length: Field 48: Coding Scheme: Length:	OTH_DIA ICD-10-CN following t 7 Type POA_OTH Code ident the hospit. Same as fi 1 Type OTH_DIA ICD-10-CN	G_CODE_2 M diagnosis code, inc. the third character. Alphanumeric I_DIAG_CODE_2 tifying whether Oth_al eld POA_PRINC_DIAG Alphanumeric G_CODE_3 M diagnosis code, inc.	Data Source: Diag_Code_2 code was G_CODE Data Source:	th and 7th digits if applicable. Decimal is implied Claim as present at the time the patient was admitted to
Field 47: Length: Field 48: Coding Scheme: Length: Field 49:	OTH_DIA ICD-10-CN following t 7 Type POA_OTH Code ident the hospit. Same as fi 1 Type OTH_DIA ICD-10-CN following t	G_CODE_2 M diagnosis code, inc. the third character. Alphanumeric I_DIAG_CODE_2 tifying whether Oth_al eld POA_PRINC_DIAC Alphanumeric G_CODE_3 M diagnosis code, inc. the third character.	Data Source: Diag_Code_2 code was G_CODE Data Source: Cluding the 4th, 5th, 6	th and 7th digits if applicable. Decimal is implied Claim as present at the time the patient was admitted to Claim th and 7th digits if applicable. Decimal is implied
Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length:	OTH_DIA ICD-10-CN following t 7 Type POA_OTH Code ident the hospit. Same as fi 1 Type OTH_DIA ICD-10-CN following t 7 Type	G_CODE_2 M diagnosis code, inc. the third character. Alphanumeric I_DIAG_CODE_2 tifying whether Oth_al eld POA_PRINC_DIAG Alphanumeric G_CODE_3 M diagnosis code, inc. the third character. Alphanumeric Alphanumeric	Data Source: Diag_Code_2 code was G_CODE Data Source:	th and 7th digits if applicable. Decimal is implied Claim as present at the time the patient was admitted to Claim
Field 47: Length: Field 48: Coding Scheme: Length: Field 49:	OTH_DIA ICD-10-CN following t 7 Type POA_OTH Code ident the hospit. Same as fi 1 Type OTH_DIA ICD-10-CN following t 7 Type POA_OTH	G_CODE_2 M diagnosis code, inc. the third character. Alphanumeric DIAG_CODE_2 tifying whether Oth_al eld POA_PRINC_DIAG Alphanumeric G_CODE_3 M diagnosis code, inc. the third character. Alphanumeric Alphanumeric Alphanumeric Alphanumeric J_DIAG_CODE_3	Data Source: Diag_Code_2 code was G_CODE Data Source: Cluding the 4th, 5th, 6	th and 7th digits if applicable. Decimal is implied Claim as present at the time the patient was admitted to Claim th and 7th digits if applicable. Decimal is implied Claim
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Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length: Field 50:	OTH_DIA ICD-10-CN following to 7 Type POA_OTH Code ident the hospit. Same as fit 1 Type OTH_DIA ICD-10-CN following to 7 Type POA_OTH Code ident the hospit.	G_CODE_2 M diagnosis code, inc. the third character. Alphanumeric DIAG_CODE_2 tifying whether Oth_ al eld POA_PRINC_DIAG Alphanumeric G_CODE_3 M diagnosis code, inc. the third character. Alphanumeric I_DIAG_CODE_3 tifying whether Oth_ al	Data Source: Diag_Code_2 code was CODE Data Source: Cluding the 4th, 5th, 6 Data Source: Diag_Code_3 code was	th and 7th digits if applicable. Decimal is implied Claim as present at the time the patient was admitted to Claim th and 7th digits if applicable. Decimal is implied Claim
Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme:	OTH_DIA ICD-10-CN following to 7 Type POA_OTH Code ident the hospit. Same as fi 1 Type OTH_DIA ICD-10-CN following to 7 Type POA_OTH Code ident the hospit. Same as fi	G_CODE_2 M diagnosis code, inc. the third character. Alphanumeric L_DIAG_CODE_2 tifying whether Oth_al eld POA_PRINC_DIAG CODE_3 M diagnosis code, inc. the third character. Alphanumeric L_DIAG_CODE_3 tifying whether Oth_al eld POA_PRINC_DIAG Let Alphanumeric L_DIAG_CODE_3 tifying whether Oth_al eld POA_PRINC_DIAG eld POA_PRINC_DIAG	Data Source: Diag_Code_2 code was G_CODE Data Source: Cluding the 4th, 5th, 6 Data Source: Diag_Code_3 code was G_CODE	th and 7th digits if applicable. Decimal is implied Claim as present at the time the patient was admitted to Claim th and 7th digits if applicable. Decimal is implied Claim as present at the time the patient was admitted to
Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme: Length:	OTH_DIA ICD-10-CN following to 7 Type POA_OTH Code ident the hospit. Same as fi 1 Type OTH_DIA ICD-10-CN following to 7 Type POA_OTH Code ident the hospit. Same as fi 1 Type Type Type Type Type Type Type Type	G_CODE_2 M diagnosis code, inc. the third character. Alphanumeric J_DIAG_CODE_2 tifying whether Oth_ al eld POA_PRINC_DIAG CODE_3 M diagnosis code, inc. the third character. Alphanumeric J_DIAG_CODE_3 tifying whether Oth_ al eld POA_PRINC_DIAG al eld POA_PRINC_DIAG al eld POA_PRINC_DIAG al eld POA_PRINC_DIAG e: Alphanumeric	Data Source: Diag_Code_2 code was CODE Data Source: Cluding the 4th, 5th, 6 Data Source: Diag_Code_3 code was	th and 7th digits if applicable. Decimal is implied Claim as present at the time the patient was admitted to Claim th and 7th digits if applicable. Decimal is implied Claim
Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme:	OTH_DIA ICD-10-CN following to 7 Type POA_OTH Code ident the hospit. Same as fi 1 Type OTH_DIA ICD-10-CN following to 7 Type POA_OTH Code ident the hospit. Same as fi 1 Type OTH_DIA ICD-10-CN following to 7 Type ICD-10-CN Type OTH_DIA	G_CODE_2 M diagnosis code, inc. the third character. Alphanumeric J_DIAG_CODE_2 tifying whether Oth_ al eld POA_PRINC_DIAG CODE_3 M diagnosis code, inc. the third character. Alphanumeric J_DIAG_CODE_3 tifying whether Oth_ al eld POA_PRINC_DIAG al eld POA_PRINC_DIAG al eld POA_PRINC_DIAG al eld POA_PRINC_DIAG CODE_4	Data Source: Diag_Code_2 code was G_CODE Data Source: Cluding the 4th, 5th, 6 Data Source: Diag_Code_3 code was G_CODE Data Source: Diag_Code_3 code was	th and 7th digits if applicable. Decimal is implied Claim as present at the time the patient was admitted to Claim th and 7th digits if applicable. Decimal is implied Claim as present at the time the patient was admitted to Claim Claim
Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme: Length:	OTH_DIA ICD-10-CN following to 7 Type POA_OTH Code ident the hospit. Same as fi 1 Type OTH_DIA ICD-10-CN following to 7 Type POA_OTH Code ident the hospit. Same as fi 1 Type OTH_DIA ICD-10-CN Type OTH_DIA ICD-10-CN	G_CODE_2 M diagnosis code, inc. the third character. Alphanumeric J_DIAG_CODE_2 tifying whether Oth_ al eld POA_PRINC_DIAG CODE_3 M diagnosis code, inc. the third character. Alphanumeric J_DIAG_CODE_3 tifying whether Oth_ al eld POA_PRINC_DIAG al eld POA_PRINC_DIAG al eld POA_PRINC_DIAG al eld POA_PRINC_DIAG CODE_4	Data Source: Diag_Code_2 code was G_CODE Data Source: Cluding the 4th, 5th, 6 Data Source: Diag_Code_3 code was G_CODE Data Source: Diag_Code_3 code was	th and 7th digits if applicable. Decimal is implied Claim as present at the time the patient was admitted to Claim th and 7th digits if applicable. Decimal is implied Claim as present at the time the patient was admitted to
Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme: Length:	OTH_DIA ICD-10-CN following to 7 Type POA_OTH Code ident the hospit. Same as fi 1 Type OTH_DIA ICD-10-CN following to 7 Type POA_OTH Code ident the hospit. Same as fi 1 Type OTH_DIA ICD-10-CN Type OTH_DIA ICD-10-CN	G_CODE_2 M diagnosis code, inc. the third character. LDIAG_CODE_2 Etifying whether Oth_ al eld POA_PRINC_DIAG CODE_3 M diagnosis code, inc. the third character. LDIAG_CODE_3 Indiagnosis code, inc. LDIAG_CODE_4 M diagnosis code, inc. LDIAG_CODE_4 M diagnosis code, inc. LDIAG_CODE_4	Data Source: Diag_Code_2 code was G_CODE Data Source: Cluding the 4th, 5th, 6 Data Source: Diag_Code_3 code was G_CODE Data Source: Diag_Code_3 code was	th and 7th digits if applicable. Decimal is implied Claim as present at the time the patient was admitted to Claim th and 7th digits if applicable. Decimal is implied Claim as present at the time the patient was admitted to Claim Claim
Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme: Length: Field 51:	OTH_DIA ICD-10-CN following to 7 Type POA_OTH Code ident the hospit. Same as fi 1 Type OTH_DIA ICD-10-CN following to 7 Type POA_OTH Code ident the hospit. Same as fi 1 Type OTH_DIA ICD-10-CN following to 7 Type OTH_DIA ICD-10-CN following to 7 Type Type Type Type Type Type Type Type	G_CODE_2 M diagnosis code, inc. the third character. LDIAG_CODE_2 Etifying whether Oth_ al eld POA_PRINC_DIAG CODE_3 M diagnosis code, inc. the third character. LDIAG_CODE_3 Indiagnosis code, inc. LDIAG_CODE_4 M diagnosis code, inc. LDIAG_CODE_4 M diagnosis code, inc. LDIAG_CODE_4	Data Source: Diag_Code_2 code was G_CODE Data Source: Cluding the 4th, 5th, 6 Data Source: Diag_Code_3 code was G_CODE Data Source: Cluding the 4th, 5th, 6	th and 7th digits if applicable. Decimal is implied Claim as present at the time the patient was admitted to Claim th and 7th digits if applicable. Decimal is implied Claim as present at the time the patient was admitted to Claim th and 7th digits if applicable. Decimal is implied
Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme: Length: Field 51: Length:	OTH_DIA ICD-10-CN following to 7 Type POA_OTH Code ident the hospit. Same as fi 1 Type OTH_DIA ICD-10-CN following to 7 Type POA_OTH Code ident the hospit. Same as fi 1 Type OTH_DIA ICD-10-CN following to 7 Type OTH_DIA ICD-10-CN following to 7 Type POA_OTH Type OTH_DIA	G_CODE_2 M diagnosis code, inc. the third character. Alphanumeric DIAG_CODE_2 tifying whether Oth_ al eld POA_PRINC_DIAG CODE_3 M diagnosis code, inc. the third character. Alphanumeric I_DIAG_CODE_3 tifying whether Oth_ al eld POA_PRINC_DIAG Alphanumeric I_DIAG_CODE_3 tifying whether Oth_ al eld POA_PRINC_DIAG CODE_4 M diagnosis code, inc. the third character. Alphanumeric I_DIAG_CODE_4 M diagnosis code, inc. the third character. Alphanumeric I_DIAG_CODE_4	Data Source: Diag_Code_2 code was G_CODE Data Source: Cluding the 4th, 5th, 6 Data Source: Diag_Code_3 code was G_CODE Data Source: Cluding the 4th, 5th, 6	th and 7th digits if applicable. Decimal is implied Claim as present at the time the patient was admitted to Claim th and 7th digits if applicable. Decimal is implied Claim as present at the time the patient was admitted to Claim th and 7th digits if applicable. Decimal is implied
Field 47: Length: Field 48: Coding Scheme: Length: Field 49: Length: Field 50: Coding Scheme: Length: Field 51: Length: Field 51:	OTH_DIA ICD-10-CN following to 7 Type POA_OTH Code ident the hospit. Same as fi 1 Type OTH_DIA ICD-10-CN following to 7 Type POA_OTH Code ident the hospit. Same as fi 1 Type OTH_DIA ICD-10-CN following to 7 Type OTH_DIA ICD-10-CN following to 7 Type POA_OTH Code ident Type Code ident T	G_CODE_2 M diagnosis code, inc. the third character. Alphanumeric DIAG_CODE_2 tifying whether Oth_ al eld POA_PRINC_DIAG Alphanumeric G_CODE_3 M diagnosis code, inc. the third character. Alphanumeric I_DIAG_CODE_3 tifying whether Oth_ al eld POA_PRINC_DIAG Alphanumeric J_DIAG_CODE_3 tifying whether Oth_ al eld POA_PRINC_DIAG CODE_4 M diagnosis code, inc. the third character. Alphanumeric J_CODE_4 M diagnosis code, inc. the third character. Le: Alphanumeric J_DIAG_CODE_4 tifying whether Oth_ Altifying whether Oth_	Data Source: Diag_Code_2 code was G_CODE Data Source: Diag_Code_3 code was G_CODE Data Source: Diag_Code_3 code was G_CODE Data Source: Diag_Code_4 code was Data Source:	th and 7th digits if applicable. Decimal is implied Claim as present at the time the patient was admitted to Claim th and 7th digits if applicable. Decimal is implied Claim as present at the time the patient was admitted to Claim th and 7th digits if applicable. Decimal is implied Claim Claim Claim

Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 53:	OTH_DIAG_	_CODE_5		
			ding the 4th, 5th, 6th	and 7th digits if applicable. Decimal is implied
		third character.		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 54:		DIAG_CODE_5	6-4- 54	
	the hospital	ring whether Oth_Di	ag_code_5 code was	present at the time the patient was admitted to
Codina Scheme:		d POA_PRINC_DIAG_	CODE	
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 55:	OTH_DIAG_	_CODE_6		
			ding the 4th, 5th, 6th	and 7th digits if applicable. Decimal is implied
l amenth.		third character.	Data Carrea	Claim
<u>Length:</u> Field 56:	7 Type:	Alphanumeric	Data Source:	Claim
riela 50:		DIAG_CODE_6	ag Codo 6 codo was	present at the time the patient was admitted to
	the hospital	ing whether our_bi	ag_code_o code was	present at the time the patient was admitted to
Coding Scheme:		d POA_PRINC_DIAG_	CODE	
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 57:	OTH_DIAG_	_CODE_7		
			ding the 4th, 5th, 6th	and 7th digits if applicable. Decimal is implied
1		third character.	D-1- C	Claim
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 58:		DIAG_CODE_7	aa Cada 7 aada waa	nuceant at the time the nations was admitted to
	the hospital	ing whether oth_bi	ag_code_/ code was	present at the time the patient was admitted to
Coding Scheme:		d POA_PRINC_DIAG_	CODE	
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 59:	OTH_DIAG_	_CODE_8		
	ICD-10-CM	diagnosis code, inclu	ding the 4th, 5th, 6th	and 7th digits if applicable. Decimal is implied
		third character.		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 60:		DIAG_CODE_8	aa Cada O aada waa	nuceant at the times the nations was admitted to
	the hospital	ring whether Oth_Dia	ag_code_o code was	present at the time the patient was admitted to
Coding Scheme:		POA PRINC DIAG	CODE	
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 61:	OTH_DIAG	_CODE_9		
			ding the 4th, 5th, 6th	and 7th digits if applicable. Decimal is implied
1		third character.	D-1- C	Claim
Length: Field 62:	7 Type:	Alphanumeric	Data Source:	Claim
riela 62:		DIAG_CODE_9	an Code 9 code was	present at the time the patient was admitted to
	the hospital		ag_codc_5 codc was	present at the time the patient was dufficted to
Coding Scheme:		d POA_PRINC_DIAG_	CODE	
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 63:	OTH_DIAG_	_		
			ding the 4th, 5th, 6th	and 7th digits if applicable. Decimal is implied
Longth		third character.	Data Source:	Claim
Length: Field 64:	- 7 - 7	Alphanumeric DIAG_CODE_10	Data Source:	Cidilli
riela 64:			ag Codo 10 codo wa	s present at the time the patient was admitted
	to the hospit		ug_code_10 code Wa	s present at the time the patient was admitted
Coding Scheme:		d POA_PRINC_DIAG_	CODE	
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 65:	OTH_DIAG_	_CODE_11		
			ding the 4th, 5th, 6th	and 7th digits if applicable. Decimal is implied
I amenth.		third character.	Data Carrer	Claire
Length:	7 Type:	Alphanumeric	Data Source:	Claim

Field 66:	DON OTH F	DIAG_CODE_11		
i ielu oo:			iag Code 11 code wa	as present at the time the patient was admitted
	to the hospit		.ag_coac_ii coac we	25 present at the time the patient was duffitted
Coding Scheme:	Same as field	POA_PRINC_DIAG	_CODE	
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 67:	OTH_DIAG_	-		
			ding the 4th, 5th, 6th	n and 7th digits if applicable. Decimal is implied
Length:	7 Type:	third character. Alphanumeric	Data Source:	Claim
Field 68:		DIAG_CODE_12	Data Source.	Claim
rielu oo.			iad Code 12 code wa	as present at the time the patient was admitted
	to the hospit	_	.ug_couc_12	as present at the time the patient was damitted
_		I POA_PRINC_DIAG_		
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 69:	OTH_DIAG_	_		
			ding the 4th, 5th, 6th	n and 7th digits if applicable. Decimal is implied
Length:	7 Type:	third character. Alphanumeric	Data Source:	Claim
Field 70:		DIAG_CODE_13	Data Sourcei	Cidiff
			iag Code 13 code wa	as present at the time the patient was admitted
	to the hospit			
		POA_PRINC_DIAG		
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 71:	OTH_DIAG_	_		
			ding the 4th, 5th, 6th	n and 7th digits if applicable. Decimal is implied
Length:	7 Type:	third character. Alphanumeric	Data Source:	Claim
Field 72:		DIAG_CODE_14	<u> </u>	Cidim
			iag Code 14 code wa	as present at the time the patient was admitted
	to the hospita	al		
		POA_PRINC_DIAG_		
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 73:	OTH_DIAG_	_	dina tha 1th Fth Ctl	and 7th digita if applicable. Designal is implied
		third character.	uing the 4th, 5th, 6th	n and 7th digits if applicable. Decimal is implied
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 74:	POA_OTH_D	DIAG_CODE_15		
			iag_Code_15 code wa	as present at the time the patient was admitted
	to the hospit			
		I POA_PRINC_DIAG_ Alphanumeric	_CODE Data Source:	Claim
Length: Field 75:	1 Type: OTH DIAG		Data Source.	Cialifi
		-	ding the 4th, 5th, 6th	n and 7th digits if applicable. Decimal is implied
		third character.	J : 2 :, 5, 6	
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 76:		DIAG_CODE_16		
			iag_Code_16 code wa	as present at the time the patient was admitted
Coding Scheme	to the hospit	ai I POA_PRINC_DIAG_	CODE	
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 77:	OTH_DIAG_			
			ding the 4th, 5th, 6th	n and 7th digits if applicable. Decimal is implied
	following the	third character.		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 78:		DIAG_CODE_17		
			iag_Code_17 code wa	as present at the time the patient was admitted
Coding Scheme	to the hospit	al l POA_PRINC_DIAG_	CODE	
Length:	1 Type:	Alphanumeric	Data Source:	Claim
	-,,	p - 2000-00-00		

<u></u>	OTIL 5555	60DE 46		
Field 79:	OTH_DIAG_	_	dina tha Att Ett C	th and 7th digita if applicable Desired in 1991
		liagnosis code, inclui third character.	uirig the 4th, 5th, 6	th and 7th digits if applicable. Decimal is implied
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 80:	POA_OTH_D	DIAG_CODE_18		
			ag_Code_18 code v	was present at the time the patient was admitted
Coding Schomer	to the hospit		CODE	
Length:	1 Type:	<pre>J POA_PRINC_DIAG_ Alphanumeric</pre>	Data Source:	Claim
Field 81:	OTH DIAG	<u>'</u>	<u> </u>	Ciaiii
		- · · · - · · · · · · · · · · · · · · ·	ding the 4th, 5th, 6	th and 7th digits if applicable. Decimal is implied
	following the	third character.		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 82:		DIAG_CODE_19	Cada 10 aada :	
	to the hospit	_	ag_Code_19 code v	was present at the time the patient was admitted
Coding Scheme:		d POA_PRINC_DIAG_	CODE	
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 83:	OTH_DIAG_			
			ding the 4th, 5th, 6	th and 7th digits if applicable. Decimal is implied
Length:	following the 7 Type:	third character. Alphanumeric	Data Source:	Claim
Field 84:		DIAG_CODE_20	Data Source.	Cidiff
			ag Code 20 code v	was present at the time the patient was admitted
	to the hospit	al	-	·
		POA_PRINC_DIAG_		CI :
Length: Field 85:	1 Type:	Alphanumeric	Data Source:	Claim
rieiu os:	OTH_DIAG_		ding the 4th 5th 6	th and 7th digits if applicable. Decimal is implied
		third character.	uning the 4th, 5th, 6	and 7th digits if applicable. Decimal is implied
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 86:		DIAG_CODE_21		
	to the hospit		ag_Code_21 code v	was present at the time the patient was admitted
Coding Scheme:		ai d POA_PRINC_DIAG_	CODE	
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 87:	OTH_DIAG_	_CODE_22		
			ding the 4th, 5th, 6	th and 7th digits if applicable. Decimal is implied
Length:	following the 7 Type:	third character. Alphanumeric	Data Source:	Claim
Field 88:		DIAG CODE 22	Data Source.	Claiiii
ricia do:			ag Code 22 code v	was present at the time the patient was admitted
	to the hospit	al	-	
		POA_PRINC_DIAG_		Claim
Length: Field 89:	1 Type: OTH_DIAG	Alphanumeric	Data Source:	Claim
rieiu os:			ding the 4th 5th 6	th and 7th digits if applicable. Decimal is implied
		third character.	uning the 4th, 5th, 0	and 7th digits if applicable. Decimal is implied
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 90:		DIAG_CODE_23		
		_	ag_Code_23 code v	was present at the time the patient was admitted
Coding Scheme	to the hospit	ai I POA_PRINC_DIAG_	CODE	
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 91:	OTH_DIAG_			
	ICD-10-CM d	liagnosis code, inclu	ding the 4th, 5th, 6	th and 7th digits if applicable. Decimal is implied
	following the	third character.		
l anath.	7		Data Carrer	Claim
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Length: Field 92:	POA_OTH_D	DIAG_CODE_24		Claim was present at the time the patient was admitted

Coding Scheme: Same as field POA PRINC DIAG CODE Alphanumeric Length: Type: **Data Source:** Claim Field 93: E_CODE_1 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character **Data Source:** Alphanumeric Length: Claim Type: Field 94: POA E CODE 1 Code identifying whether E Code 1 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA PRINC DIAG CODE Length: Type: Alphanumeric **Data Source:** Claim Field 95: E CODE 2 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Length: Type: Alphanumeric Data Source: Field 96: POA_E_CODE_2 Code identifying whether E_Code_2 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA PRINC DIAG CODE Length: Type: Alphanumeric **Data Source:** Claim Field 97: E CODE 3 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Length: Alphanumeric **Data Source:** Claim Type: Field 98: POA_E_CODE_3 Code identifying whether E_Code_3 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA PRINC DIAG CODE Length: Alphanumeric **Data Source:** Claim Type: Field 99: E_CODE_4 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Length: Type: Alphanumeric **Data Source:** POA_E_CODE_4 Field 100: Code identifying whether E_Code_4 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: Alphanumeric **Data Source:** Claim Type: Field 101: E_CODE_5 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Length: Type: Alphanumeric Data Source: Field 102: POA_E_CODE_5 Code identifying whether E Code 5 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: Alphanumeric **Data Source:** Claim Type: Field 103: E CODE 6 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Length: Type: Alphanumeric **Data Source:** Claim Field 104: POA_E_CODE_6 Code identifying whether E_Code_6 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA PRINC DIAG CODE Length: Type: Alphanumeric **Data Source:** Claim Field 105: E_CODE_7 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Alphanumeric **Data Source:** Claim Length: Type:

DSHS/THCIC www.dshs.texas.gov/THCIC DSHS Document #25-15014
Last Updated: May 2025

Field 106: POA_E_CODE_7 Code identifying whether E Code 7 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA PRINC DIAG CODE Length: Type: Alphanumeric Data Source: Claim Field 107: E_CODE_8 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Length: Alphanumeric **Data Source:** Type: Field 108: POA_E_CODE_8 Code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as field POA PRINC DIAG CODE Length: Alphanumeric **Data Source:** Type: Claim Field 109: E_CODE_9 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Length: Type: Alphanumeric Data Source: Claim Field 110: POA_E_CODE_9 Code identifying whether E_Code_9 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA PRINC DIAG CODE Alphanumeric Length: **Data Source:** Claim Type: Field 111: E_CODE_10 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character Length: Type: Alphanumeric **Data Source:** Field 112: POA E CODE 10 Code identifying whether E Code 10 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA PRINC DIAG CODE Length: Type: Alphanumeric Data Source: Claim Field 113: PRINC SURG PROC CODE Code for the principal surgical procedure performed during the period covered by the bill. ICD-10-PCS code. Length: Type: Alphanumeric **Data Source:** Claim Field 114: PRINC_SURG_PROC_DATE Date the principal surgical procedure was performed. Entered as YYYYMMDD. Length: Alphanumeric Data Source: Claim Type: Field 115: PRINC SURG PROC DAY Day of principal surgical procedure was performed. Date minus Admission/Start of Care Date Length: **Data Source:** Calculated Type: Alphanumeric Field 116: OTH_SURG_PROC_CODE_1 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Length: Alphanumeric **Data Source:** Claim Type: Field 117: OTH_SURG_PROC_DATE_1 Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD. Length: Type: Alphanumeric Data Source: Claim Field 118: OTH_SURG_PROC_DAY_1 Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date Lenath: Alphanumeric Data Source: Calculated Type: Field 119: OTH_SURG_PROC_CODE_2 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Length: Alphanumeric **Data Source:** Claim Type: Field 120: OTH_SURG_PROC_DATE_2 Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.

Length:	8 Type: Alphanumeric	Data Source:	Claim				
Field 121:	OTH_SURG_PROC_DAY_2						
	Day of surgical or other procedure other than the principal procedure was performed. Date of the						
	surgical was performed <i>minus</i> Admission/Start of Care Date						
Length:	4 Type: Alphanumeric	Data Source:	Calculated				
Field 122:	OTH_SURG_PROC_CODE_3						
	Code for surgical or other procedure other than the principal procedure performed during the period						
Longth	covered by the bill. ICD-10-PCS 7 Type: Alphanumeric	code. Data Source:	Claim				
Length: Field 123:	· - / /	Data Source:	Cidilli				
Field 123:	OTH_SURG_PROC_DATE_3	uro other than the prine	cipal procedure was performed. Entered as				
	YYYYMMDD.	ure other than the print	cipal procedure was performed. Entered as				
Length:	8 Type: Alphanumeric	Data Source:	Claim				
Field 124:	OTH_SURG_PROC_DAY_3	2444 3341 331					
ricia 124.		e other than the princi	oal procedure was performed. Date of the				
	surgical was performed <i>minus</i> Ac						
Length:	4 Type: Alphanumeric	Data Source:	Calculated				
Field 125:	OTH_SURG_PROC_CODE_4						
	Code for surgical or other proced	lure other than the prin	cipal procedure performed during the period				
	covered by the bill. ICD-10-PCS	code.					
Length:	7 Type: Alphanumeric	Data Source:	Claim				
Field 126:	OTH_SURG_PROC_DATE_4						
		ure other than the princ	cipal procedure was performed. Entered as				
	YYYYMMDD.	D. I. C.	Clair				
Length:	8 Type: Alphanumeric	Data Source:	Claim				
Field 127:	OTH_SURG_PROC_DAY_4						
			pal procedure was performed. Date of the				
Length:	surgical was performed <i>minus</i> Ac 4 Type: Alphanumeric	Data Source:	Date Calculated				
Field 128:	OTH_SURG_PROC_CODE_5	Data Source.	Calculated				
rielu 120.		lure other than the prin	cipal procedure performed during the period				
	covered by the bill. ICD-10-PCS	code.	cipal procedure performed during the period				
Length:	7 Type: Alphanumeric	Data Source:	Claim				
Field 129:	OTH_SURG_PROC_DATE_5						
	Date the surgical or other proced	ure other than the princ	cipal procedure was performed. Entered as				
	YYYYMMDD.						
Length:	8 Type: Alphanumeric	Data Source:	Claim				
Field 130:	OTH_SURG_PROC_DAY_5						
	Day of surgical or other procedu	e other than the princip	pal procedure was performed. Date of the				
I amerika	surgical was performed <i>minus</i> Ac						
Length: Field 131:	4 Type: Alphanumeric OTH_SURG_PROC_CODE_6	Data Source:	Calculated				
rieia 151:		lura other than the prin	cipal procedure performed during the period				
	covered by the bill. ICD-10-PCS		cipal procedure performed during the period				
Length:	7 Type: Alphanumeric	Data Source:	Claim				
Field 132:	OTH_SURG_PROC_DATE_6						
		rocedure other than the	e principal procedure was performed. Entered				
	as YYYYMMDD.		rp production of the contract				
Length:	8 Type: Alphanumeric	Data Source:	Claim				
Field 133:	OTH_SURG_PROC_DAY_6						
			oal procedure was performed. Date of the				
_	surgical was performed minus Ac	•					
Length:	4 Type: Alphanumeric	Data Source:	Calculated				
Field 134:	OTH_SURG_PROC_CODE_7						
			cipal procedure performed during the period				
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Length:	7 Type: Alphanumeric	Data Source:	Claim				
Field 135:	OTH_SURG_PROC_DATE_7	uro other than the rein	sinal procedure was performed. Entered as				
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Field 136:	OTH_SURG_PROC_DAY_7						
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	surgical was performed minus Admission/Start of Care Date						
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Field 137:	OTH_SURG_PROC_CODE_8						
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Field 138:	OTH_SURG_PROC_DATE_8	Ciaiiii					
ricia 150.	Date the surgical or other procedure other than the principal procedure was performed. Entered as						
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Field 139:	OTH_SURG_PROC_DAY_8						
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Field 140:	OTH_SURG_PROC_CODE_9	a principal procedure performed during the period					
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Field 141:	OTH_SURG_PROC_DATE_9						
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Field 143:	OTH_SURG_PROC_CODE_10						
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Field 166:	OTH_SURG_PROC_DAY_	17					
	Day of surgical or other procedure other than the principal procedure was performed. Date of the						
	surgical was performed min						
Length:	4 Type: Alphanumer		Calculated				
Field 167:	OTH_SURG_PROC_CODE						
	Code for surgical or other p	procedure other than the	principal procedure performed during the period				
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rieiu 100.	OTH_SURG_PROC_DATE_18 Date the surgical or other procedure other than the principal procedure was performed. Entered as						
	YYYYMMDD.						
Length:	8 Type: Alphanumer	ric Data Source:	Claim				
Field 169:	OTH_SURG_PROC_DAY_	18					
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_	surgical was performed min						
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Field 170:	OTH_SURG_PROC_CODE						
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rielu 1/1:			principal procedure was performed. Entered as				
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Field 174:	OTH_SURG_PROC_DATE		Cidiii				
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	YYYYMMDD.						
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Field 175:	OTH_SURG_PROC_DAY_	20					
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rieia 176:	OTH_SURG_PROC_CODE		principal procedure performed during the period				
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Field 177:	OTH_SURG_PROC_DATE						
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	YYYYMMDD.						
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Field 178:	OTH_SURG_PROC_DAY_						
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	surgical was performed <i>mil</i> 4 Type: Alphanumer		are Date Calculated				
I anath:			Calculated				
Length:	OTH_SURG_PROC_CODE_22						
Length: Field 179:		-	principal procedure performed during the period				
	Code for surgical or other p	procedure other than the	principal procedure performed during the period				
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Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date Length: Type: Alphanumeric **Data Source:** Calculated Field 182: OTH SURG PROC CODE 23 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Length: Type: Alphanumeric **Data Source:** Claim Field 183: OTH_SURG_PROC_DATE_23 Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD. Length: Type: Alphanumeric Data Source: Claim OTH_SURG_PROC_DAY_23 Field 184: Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date Length: Alphanumeric **Data Source:** Calculated Type: Field 185: OTH_SURG_PROC_CODE_24 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Length: **Data Source:** Claim Type: Alphanumeric Field 186: OTH_SURG_PROC_DATE_24 Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD. Length: 8 Type: Alphanumeric **Data Source:** Claim Field 187: OTH SURG PROC DAY 24 Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date Length: **Data Source:** Calculated Type: Alphanumeric 4 Field 188: MS MDC Major Diagnostic Category (MDC) as assigned by software developed for the Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) for hospital payment for Medicare beneficiaries. First available 2004. **Data Source:** Length: Alphanumeric Type: Assigned Field 189: APR MDC Major Diagnostic Category (MDC) as assigned by 3M[™] APR-DRG Grouper, version 20. Length: Type: Alphanumeric **Data Source:** Assigned Field 190: MS DRG Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) Diagnosis Related Group (DRG) as assigned for hospital payment for Medicare beneficiaries. Length: Type: Alphanumeric **Data Source:** Assigned Field 191: APR DRG All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M™ APR-DRG Grouper. Alphanumeric **Assigned** Length: **Data Source:** Type: Field 192: **RISK_MORTALITY** Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the likelihood of dying. Coding Scheme: Minor 1 Moderate 3 Major 4 Extreme Length: Type: Alphanumeric **Data Source: Assigned** Field 193: ILLNESS_SEVERITY Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M[™] APR-DRG Grouper. Indicates the extent of physiologic decompensation Coding Scheme: Minor 2 Moderate 3 Major 4 Extreme 0 No class specified Length: Type: Alphanumeric **Data Source:** Assigned Field 194: APR_GROUPER_ VERSION_NBR Version number of the 3M[™] APR-DRG Grouper used.

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Last Updated: May 2025

Field 195: APR_GROUPER_ERROR_CODE Error Code assigned by the 3M ** APR-DRG Grouper. Coding Scheme: One or one or Successfully 12	Length:	5	Type:	Alphanum	neric	Data	Source:		Assigned	
Coding Scheme: Description				•						
Disploration Disp										
as principal diagnosis 2 Record does not met criteria 2 Placed does not met criteria 2 Placed does not met criteria 3 Invalid Age 4 Invalid Age 4 Invalid Age 5 Invalid Jose 2 Disableltac is invalid and at least one HAC POA is invalid or exempt 5 Invalid Discharge Status 2 Disableltac = 0 and at least one HAC POA is exempt 6 Invalid Discharge Status 2 Disableltac = 0 and at least one HAC POA is exempt 7 Disableltac = 0 and the rear one HAC POA is exempt 8 Disableltac = 0 and there are multiple HACs that have different HAC POA is Placed Invalid Discharge age in days (AP & APR Corly) 9 Invalid discharge age in days (AP & APR Corly) 11 Invalid Principal Diagnosis 11 Invalid Principal Diagnosis 12 Type: Alphanumeric Data Source: Assigned 13 Type: Alphanumeric Data Source: Assigned 14 Placed Data Source: Assigned 15 Type: Alphanumeric Data Source: Assigned 16 Type: Alphanumeric Data Source: Assigned 17 Type: Alphanumeric Data Source: Assigned 18 Type: Alphanumeric Data Source: Assigned 19 Disableltac is invalid and at least one HAC POA is invalid or exempt 19 Disableltac is invalid and at least one HAC POA is invalid or exempt 19 Disableltac = 0 and at least one HAC POA is invalid or exempt 20 Disableltac = 0 and at least one HAC POA is invalid or exempt 20 Disableltac = 0 and at least one HAC POA is invalid or exempt 21 Disableltac is invalid and at least one HAC POA is invalid or exempt 22 Disableltac is invalid and at least one HAC POA is invalid or exempt 23 Disableltac is invalid and at least one HAC POA is exempt 24 Invalid Sex 2 Disableltac is invalid and at least one HAC POA is exempt 25 Invalid Discharge Status 2 Disableltac is invalid and at least one HAC POA is exempt 26 Invalid Discharge Status 2 Disableltac is invalid and at least one HAC POA is exempt 27 Type: Alphanumeric Data Source: Assigned 28 Data Detaction of the Coal Coal Coal Coal Coal Coal Coal Coal	Coding Scheme:	00		. DRG succes	sfully	12	Gestational	age/bir	th weight conflict (APR only)	
for any DRG 3 Invalid Age 21 DisableHac is invalid and at least one HAC POA is invalid or exempt 5 Invalid Discharge Status 22 DisableHac = 0 and at least one HAC POA is exempt 6 Invalid Discharge Status 23 DisableHac is invalid and at least one HAC POA is exempt 6 Invalid Discharge Status 23 DisableHac is invalid and at least one HAC POA is exempt 7 DisableHac is invalid and the ser are multiple HACs that have 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, W, N, U DisableHac is invalid and there are multiple HACs that have 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, W, N, U DisableHac is invalid and the ser are not Y or W HAC POA values that are not Y, W, N, U DisableHac is invalid and the set of the MAC POA values that are not Y, W, N, U DisableHac is invalid and at least one HAC POA is invalid or exempt one of the MAC POA is invalid or exempt or set of the MAC POA is invalid or exempt or set of the MAC POA is invalid or exempt or provided in the MAC POA is invalid or exempt or provided in the MAC POA is invalid or exempt or provided in the MAC POA is invalid or exempt or provided in the MAC POA is invalid or exempt or provided in the MAC POA is invalid or exempt or provided in the MAC POA is invalid or exempt or provided in the MAC POA is invalid or exempt or provided in the MAC POA is invalid or exempt or provided in the MAC POA is invalid or exempt or provided in the MAC POA is invalid or exempt or provided in the MAC POA is exempt or pr		1			be used	19	DisableHac	= 0 and	d at least one HAC POA is invalid or exempt	:
4 Invalid Sex 5 Invalid Discharge Status 2 Invalid Sex 2 Invalid Sex PR conty) 2 Invalid discharge age in days 2 Invalid discharge age in days 2 Invalid Sex PR conty) 2 Invalid Sex PR conty) 2 Invalid Discharge Status 2 Type: Alphanumeric 3 HCFA_CROUPER_VERSION_NBR 2 Elength: 5 Type: Alphanumeric 3 HCFA_CROUPER_VERSION_NBR CMS Medicare Severity Disgnosis Related Grouper (formerly CMS DRG Grouper and previously reported as HCFA_CROUPER_VERSION_NBR) version used to assign MS DRG and, MS MDC codes 3 HCFA_CROUPER_VERSION_NBR CMS Medicare Severity Disgnosis Code identify potential variations with MS DRG code assignment 4 Disgnosis code cannot be used as principal diagnosis assigned. 2 Record Joses not meet criteria 2 DisableHac = 0 and at least one HAC POA is invalid or exempt for any DRG assigned. 3 Invalid Sex 2 DisableHac is invalid and at least one HAC POA is invalid or exempt (CMS only) British and a least one HAC POA is invalid or exempt (CMS only) British (CMS only) British (CMS only) British (CMS only) 11 Invalid Principal Diagnosis 2 DisableHac is invalid and at least one HAC POA is exempt (CMS only) 11 Invalid Principal Diagnosis 2 DisableHac is invalid and at least one HAC POA is exempt (CMS only) 11 Invalid Principal Diagnosis 1 Invalid Principal Diagnosis 1 Invalid Principal Diagnosis 1 Invalid Principal Diagnosis 2 DisableHac is invalid and at least one HAC POA is exempt 1 Invalid Principal Diagnosis 1 Invalid Principal Diagnosis 2 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y, W, N, U U DisableHac 2 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y, W, N, U U DisableHac 3 DisableHac is invalid and there are multiple HACs that have different than 1 Invalid Pr		2			criteria	20	DisableHac	is invali	lid and at least one HAC POA is N or U	
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6 Invalid birthweight (AP & APR 24 only only) 10 Invalid discharge age in days (AP & APR anly) 11 Invalid discharge age in days (AP & APR anly) 11 Invalid Principal Diagnosis Length: 2 Type: Alphanumeric Data Source: Assigned Field 196: MS_GROUPER_VERSION_NBR CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and previously reported as HCFA_CROUPER_VERSION_NBR) version used to assign MS DRG and, MS MDC codes Length: 5 Type: Alphanumeric Data Source: Assigned Field 197: MS_GROUPER_VERSION_NBR) version used to assign MS DRG and, MS MDC codes Length: 5 Type: Alphanumeric Data Source: Assigned Field 197: MS_GROUPER_FROR_CODE Error codes identify potential variations with MS DRG code assignment Coding Scheme: Diagnosis code cannot be used as principal diagnosis 2 Record does not meet criteria for any DRG 3 Invalid Age 2 DisableHac is invalid and at least one HAC POA is invalid or exempt for any DRG 3 Invalid Age 2 DisableHac is invalid and at least one HAC POA is exempt 1 Invalid Discharge Status 24 DisableHac is invalid and at least one HAC POA is exempt 5 DisableHac is invalid and at least one HAC POA is exempt 1 DisableHac is invalid and at least one HAC POA is exempt 2 DisableHac is invalid and at least one HAC POA is exempt 3 DisableHac is invalid and at least one HAC POA is exempt 4 Invalid Sea 2 DisableHac is invalid and at least one HAC POA is exempt 5 DisableHac is invalid and at least one HAC POA is exempt 1 DisableHac is invalid and at least one HAC POA is exempt 1 DisableHac is invalid and at least one HAC POA is exempt 1 DisableHac is invalid and at least one HAC POA is exempt 1 DisableHac is invalid and at least one HAC POA is exempt 1 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W 1 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W 1 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W 1 DisableHac is inva						22				·
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www.dshs.texas.gov/THCIC Last Updated: May 2025						– Pac	ge 32 —			
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Accident/ Tort Liability

- 4 Accident/ Employment Related
- 5 Other accident
- 6 Crime Victim

- 9 Start of Infertility Treatment Cycle
- 10 Last Menstrual Period
- 11 Onset of Symptoms/ Illness

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- 12 Date of Onset for a Chronically Dependent Individual
- 16 Date of Last Therapy
- 17 Date Outpatient OT Plan Established or Last Reviewed
- 18 Date of Retirement Patient/Beneficiary
- 19 Date of Retirement Spouse
- 20 Date Guarantee of Payment Began
- 21 Date UR Notice Received
- 22 Date Active Care Ended
- 24 Date Insurance Denied
- 25 Date Benefits Terminated by Primary Payer
- 26 Date SNF Bed Became Available
- 27 Date Home Health Plan Established or Last Reviewed
- 28 Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed
- 29 Date Outpatient PT Plan established or last reviewed
- 30 Date Outpatient ST Plan established or last reviewed

- 31 Date beneficiary notified of intent to bill (accommodations)
- 32 Date beneficiary notified of intent to bill (procedures or treatments)
- 37 Date of inpatient hospital discharge for non-covered transplant patients
- 38 Date treatment started for home IV therapy
- 39 Date discharged on a continuous course if IV therapy
- 41 Date of first test of preadmission testing
- 42 Date of discharge (hospice only)
- 43 Scheduled date of canceled surgery
- 44 Date treatment started OT
- 45 Date treatment started ST
- 46 Date treatment started Cardiac rehabilitation
- 47 Date cost outlier status begins
- A1 Birthdate Insured A
- A2 Effective Date Insured A Policy

- A3 Payer A benefits exhausted
- A4 Split Bill Date
- B1 Birthdate Insured B
- B2 Effective date Insured B Policy
- B3 Payer B benefits exhausted
- C1 Birthdate Insured C
- C2 Effective date Insured C Policy
- C3 Payer C benefits exhausted
- DR Katrina disaster related
- E1 Birthdate Insured D
- E2 Effective date Insured D Policy
- E3 Payer D benefits exhausted
- F1 Birthdate Insured E
- F2 Effective date Insured E Policy
- F3 Payer E benefits exhausted
- G1 Birthdate Insured F
- G2 Effective date Insured F Policy
- G3 Payer F benefits exhausted

DSHS/THCIC

Length:	2 Type:	Alphanumeric	Data Source:	Claim				
Field 201:	OCCUR_DATE_1							
i iciu zor.	Date of occurrence, as YYYYMMDD.							
Length:		Alphanumeric	Data Source:	Claim				
Field 202:	OCCUR_DAY_1							
	_	_	ce Date <i>minus</i> Admissi	on/Start of Care Date.				
Length:		Alphanumeric	Data Source:	Calculated				
Field 203:	OCCUR_CO							
	Code describing a significant event relating to the claim.							
Coding Scheme:								
Length:	2 Type:	Alphanumeric	Data Source:	Claim				
Field 204:	OCCUR_DA	TE_2						
	Date of occu	urrence, as YYYYMMD	D.					
Length:	8 Type:	Alphanumeric	Data Source:	Claim				
Field 205:	OCCUR_DA	Y_2						
	Occurrence	Day equals Occurren	ce Date <i>minus</i> Admissi	on/Start of Care Date.				
Length:		Alphanumeric	Data Source:	Calculated				
Field 206:	OCCUR_CO							
			ent relating to the claim					
Coding Scheme:								
Length:		Alphanumeric	Data Source:	Claim				
Field 207:	OCCUR_DA		_					
		urrence, as YYYYMMD						
Length:		Alphanumeric	Data Source:	Claim				
Field 208:	OCCUR_DA			(0) 1 (0) 5 (
1			ce Date <i>minus</i> Admissi					
Length:		Alphanumeric	Data Source:	Calculated				
Field 209:	OCCUR_CO		ant rolating to the claim					
Coding Scheme:			ent relating to the claim	•				
Length:		Alphanumeric	Data Source:	Claim				
Field 210:	OCCUR_DA		Data Source.	Ciairii				
i ieiu 210.		urrence, as <i>YYYYMMD</i>	חת					
Length:	8 Type:	•	Data Source:	Claim				
Field 211:	OCCUR_DA		2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	G.G.III				
rielu 211:	_	_	ce Date <i>minus</i> Admissio	on/Start of Caro Dato				
Length:	4 Type:	<i>,</i> ,	Data Source:	Calculated				
Field 212:	OCCUR_CO		Data Source.	Carculated				
i iciu 212.			nt relating to the claim.					
Coding Scheme:			The relating to the claim					
Length:	2 Type:	Alphanumeric	Data Source:	Claim				
Field 213:	OCCUR_DA							
	Date of occurrence, as YYYYMMDD.							
Length:	8 Type:	·	Data Source:	Claim				
Field 214:	OCCUR_DA	Y_5						
			ce Date <i>minus</i> Admissio	on/Start of Care Date.				
Length:	4 Type:	Alphanumeric	Data Source:	Calculated				
Field 215:	OCCUR_CO	DE_6						
	Code describ	oing a significant eve	nt relating to the claim.					
Coding Scheme:	Same as OC	CUR_CODE_1.						
<u>Length:</u>	2 Type:	Alphanumeric	Data Source:	Claim				
Field 216:	OCCUR_DA	_						
		irrence, as YYYYMMD						
Length:	8 Type:		Data Source:	Claim				
Field 217:	OCCUR_DA							
			ce Date <i>minus</i> Admissio					
Length:		Alphanumeric	Data Source:	Calculated				
Field 218:	OCCUR_CO							
	Code describ	omy a significant eve	nt relating to the claim					

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Coding Scheme: Same as OCCUR_CODE_1. Length: **Type:** Alphanumeric Claim Data Source: Field 219: OCCUR_DATE_7 Date of occurrence, as YYYYMMDD. Alphanumeric **Data Source:** Claim Length: Type: Field 220: OCCUR_DAY_7 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. Alphanumeric **Data Source:** Calculated Length: Type: Field 221: OCCUR_CODE_8 Code describing a significant event relating to the claim. Coding Scheme: Same as OCCUR_CODE_1. Length: Type: Alphanumeric **Data Source:** Claim Field 222: OCCUR_DATE_8 Date of occurrence, as YYYYMMDD. Length: Type: Alphanumeric **Data Source:** Claim Field 223: OCCUR_DAY_8 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. Length: Type: Alphanumeric **Data Source:** Calculated Field 224: OCCUR_CODE_9 Code describing a significant event relating to the claim. Coding Scheme: Same as OCCUR CODE 1. Length: Claim Type: Alphanumeric **Data Source:** Field 225: OCCUR_DATE_9 Date of occurrence, as YYYYMMDD. Alphanumeric Claim Length: Type: **Data Source:** OCCUR_DAY_9 Field 226: Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. Length: Alphanumeric **Data Source:** Calculated Type: Field 227: OCCUR_CODE_10 Code describing a significant event relating to the claim. Coding Scheme: Same as OCCUR_CODE_1. Length: Type: Alphanumeric **Data Source:** Claim Field 228: OCCUR_DATE_10 Date of occurrence, as YYYYMMDD.

1 41		A los los escriber	D-4- C		Claire
Length: Field 229:	8 Type:	Alphanumeric	Data Sour	ce:	Claim
rielu 229:	OCCUR_DA		ce Date minu	ıc Admic	sion/Start of Care Date.
Length:	4 Type:	Alphanumeric	Data Sour		Calculated
Field 230:	OCCUR_CO	<u> </u>			
		oing a significant eve	nt relating to	the clai	m.
Coding Scheme:	Same as OC	CUR_CODE_1.	_		
Length:	2 Type:	Alphanumeric	Data Sour	ce:	Claim
Field 231:	OCCUR_DA				
Length:	8 Type:	rrence, as YYYYMMD Alphanumeric	ル. Data Sour	co:	Claim
Field 232:	OCCUR_DA		Data 30ui	ce.	Clairii
i icia 252.	_	_	ce Date minu	s Admis	sion/Start of Care Date.
Length:	4 Type:	Alphanumeric	Data Sour		Calculated
Field 233:	OCCUR_CO	DE_12			
		oing a significant eve	ent relating to	the clai	m.
Coding Scheme:					
Length:	2 Type:	Alphanumeric	Data Sour	ce:	Claim
Field 234:	OCCUR_DA	TE_12 Irrence, as <i>YYYYMMD</i>	חת		
Length:	8 Type:	Alphanumeric	ル. Data Sour	ce:	Claim
Field 235:	OCCUR_DA	<u>'</u>			
			ce Date <i>minu</i>	s Admis	sion/Start of Care Date.
Length:	4 Type:	Alphanumeric	Data Sour	ce:	Calculated
Field 236:		AN_CODE_1			
	Code describ	oing a significant eve	ent relating to		m that may affect payer processing.
Coding Scheme:		ng stay dates (for SNF ay dates	use only)	78 80	SNF prior stay dates Prior Same SNF prior stay dates for Payment Ban
	/1 PIIOI Sta	ay uates		60	Purposes
	72 First/La	st Visit		81	Antepartum Days at Reduced Level of Care
		eligibility period		M0	QIO/UR approved stay dates
	74 Noncov absence	ered level of care/Leave	e of	M1	Provider liability - no utilization
	absence	•			
		el of care		M2	Inpatient respite dates
		Liability Period	h	M3	ICF level of care
Length:	77 Provide 2 Type:	r Liability - Utilization C Alphanumeric	narged Data Sour	M4	Residential level of care Claim
Field 237:		AN_FROM_1	Data 30ui	се.	Clairii
		Span From is the Be	ginning Date	of Occur	rence Event.
Length:	8 Type:		Data Sour	ce:	Claim
Field 238:		AN_THRU_1		_	
		Span Thru is the End	-		
<u>Length:</u> Field 239:	8 Type:	Alphanumeric AN_CODE_2	Data Sour	ce:	Claim
rielu 239:			nt relating to	the clai	m that may affect payer processing.
Coding Scheme:		CUR_SPAN_CODE_1		tile clai	in that may affect payer processing.
Length:	2 Type:		Data Sour	ce:	Claim
Field 240:		AN_FROM_2			
		Span From is the Be			
Length:	8 Type:	Alphanumeric	Data Sour	ce:	Claim
Field 241:		AN_THRU_2	dina Data of 1	^	and Event
Length:	8 Type:	Span Thru is the En- Alphanumeric	Data Sour		Claim
Field 242:		AN_CODE_3	Data Soul	СС.	Cidiff
1 ICIU 242.			ent relating to	the clai	m that may affect payer processing.
Coding Scheme:		CUR_SPAN_CODE_1		0.01	
Length:	2 Type:	Alphanumeric	Data Sour	ce:	Claim
Field 243:		AN_FROM_3		_	
1		Span From is the Beg			
Length:	8 Type:	Alphanumeric	Data Sour	ce:	Claim

Field 244: OCCUR SPAN THRU 3 Occurrence Span Thru is the Ending Date of Occurrence Event. Length: **Type:** Alphanumeric Data Source: Field 245: OCCUR_SPAN_CODE_4 Code describing a significant event relating to the claim that may affect payer processing. **Coding Scheme:** Same as OCCUR_SPAN_CODE_1. Length: Type: Alphanumeric Data Source: Field 246: OCCUR_SPAN_FROM_4 Occurrence Span From is the Beginning Date of Occurrence Event. 8 **Type:** Alphanumeric **Data Source:** Length: Field 247: OCCUR_SPAN_THRU_4 Occurrence Span Thru is the Ending Date of Occurrence Event.

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

Field 248: CONDITION_CODE_1

Code describing a condition relating to the claim.

Coding Scheme:

1 2	Military service related Condition is employment	30	Non-research services provided to patients enrolled in a qualified clinical trial	54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home
	related	31	Patient is student (full time -		Health Agency
3	Patient covered by insurance not reflected here		day)	55	SNF bed not available
4	Information only bill.	32	Patient is student (cooperative/work study	56	Medical appropriateness
5	Lien has been filed		program)	57	SNF readmission
6	ESRD patient in first 18 months of entitlement covered by EGHP	33	Patient is student (full time - night)	58	Terminated Medicare+Choice organization enrollee
7	Treatment of non-terminal	34	Patient is student (part-time)	59	Non-primary ESRD facility
	condition for hospice patient	36	General care patient in a special unit	60	Day outlier
8	Beneficiary would not provide information concerning other	37	Ward accommodation at patient	61	Cost outlier
9	insurance coverage Neither patient or spouse is	20	request	66	Provider does not wish cost outlier payment
9	employed	38	Semi-private room not available	67	Beneficiary elects not to use life
10	Patient and/or spouse is	39	Private room medically necessary		time reserve (LTR) days
11	employed but no EGHP exists Disabled beneficiary but no	40	Same day transfer	68	Beneficiary elects to use life time reserve (LTR) days
	LGHP coverage exists	41	Partial hospitalization	69	IME/DGME/N&AH Payment Only
17	Patient is homeless	42	Continuing care not related to	70	Self-administered anemia
18	Maiden name retained		inpatient admission		management drug
19	Child retains mother's name	43	Continuing care not provided within prescribed post discharge	71	Full care in unit
20	Beneficiary requested billing		window	72	Self care in unit
21	Billing for denial notice	44	Inpatient admission changed to outpatient	73	Self care training
22	Patient on multiple drug	45	Ambiguous Gender Category	74	Home
22	regimen	46	Non-availability statement on	75	Home - 100% reimbursement
23	Home care giver available		file	76	Back-up in facility dialysis
24	Home IV patient also receiving HHA services	47	Transfer from another Home Health Agency	77	Provider accepts or is obligated/required due to a
25	Patient is non-US resident	48	Psychiatric residential treatment		contractual arrangement or law
26	VA eligible patient chooses to receive services in a Medicare		centers for children and adolescents (RTCs)		to accept payment by a primary payer as payment
27	certified facility Patient referred to a sole	49	Product replacement within product lifecycle	78	New coverage not implemented by HMO
21	community hospital for a	50	Product Replacement for Known	79	CORF services provided offsite
	diagnostic laboratory test		Recall of a Product	80	Home dialysis - nursing facility
28	Patient and/or spouse's EGHP is secondary to Medicare	51	Attestation of Unrelated Outpatient Nondiagnostic Services	81	C-section/Inductions <39 Weeks-Medical Necessity
29	Disabled beneficiary and/or family member's LGHP is	52	Out of Hospice Service Area	83	C-section/Inductions 39 weeks
	secondary to Medicare	53	Initial placement of a medical device provided as part of a clinical trial or a free sample	84	or greater Dialysis for Acute Kidney Injury (AKI)

85	Delayed Recertification of	AN	Pre-admission screening not	НЗ	Reoccurrence of GI Bleed
65	Hospice Terminal Illness	В0	required Medicare coordinated care	H4	Comorbid Category Reoccurrence of Pneumonia
86	Additional Hemodialysis	ьо	demonstration claim	114	Comorbid Category
	Treatment with Medical Justification	B1	Beneficiary is ineligible for demonstration program	H5	Reoccurrence of Pericarditis Comorbid Category
Α0	TRICARE external partnership program	B4	Admission unrelated to	P1	Do not Resuscitate Order (DNR)
A1	EPSDT/CHAP	BP	discharge on same day Gulf Oil Spill of 2010	P7	Direct Inpatient Admission from Emergency Room
A2	Physically handicapped children's program	C1	Approved as billed	R1	Request for reopening Reason
A3	Special Federal Funding	C2	Automatic approval as billed		Code - Mathematical or Computational Mistake
A4	Family planning		based on focused review	R2	Request for reopening Reason
A5	Disability	C3	Partial approval		Code -Inaccurate Data Entry
	•	C4	Admission/services denied	R3	Request for reopening Reason
A6	Vaccines/Medicare 100% payment	C5	Post payment review applicable		Code - Misapplication of a Fee Schedule
A9	Second opinion surgery	C6	Admission Preauthorization	R4	Request for reopening Reason
AA	Abortion performed due to rape	C7	Extended Authorization	DE	Code - Computer Errors
AB	Abortion performed due to	D0	Changes to Service Dates	R5	Request for reopening Reason Code - Incorrectly Identified
	incest	D1	Changes to Charges		Duplicate Claim
AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality	D3	Second or Subsequent Interim PPS Bill	R6	Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not
AD	Abortion performed due to life	D4	Change in clinical codes (ICD) for diagnosis and/or procedure		Specified in R1-R5 above
	endangering physical condition		codes.	R7	Request for reopening Reason Code - Corrections other than
AE	Abortion performed due to physical health of mother that is	D5	Cancel to correct Insured's ID		clerical errors
	not life endangering	DC	or Provider ID	R8	Request for reopening Reason
AF	Abortion performed due to emotional/psychological health	D6	Cancel Only to Repay a Duplicate or OIG Overpayment		Code - New and Material Evidence
AG	of mother	D7	Change to Make Medicare the Secondary Payer	R9	Request for reopening Reason Code - Faulty Evidence
AG	Abortion performed due to social or economic reasons	D8	Change to Make Medicare the	WO	United Mine Workers of America
AH	Elective abortion		Primary Payer		(UMWA) Demonstration Indicator
ΑI	Sterilization	D9	Any Other Change	W2	Duplicate of Original Bill
AJ	Payer responsible for co-	DR	Disaster related		
	payment	E0	Changes in Patient Status	W3	Level I Appeal
AK	Air ambulance required	G0	Distinct Medical Visit	W4	Level II Appeal
AL	Specialized treatment/bed unavailable	H0	Delayed Filing, Statement of Intent Submitted	W5	Level III Appeal
AM	Non-emergency medically necessary stretcher transport required	H2	Discharge by a Hospice Provider for Cause		

Field 249:	CON	DITION	_CODE_2		
	Code	e describi	ng a condition relat	ting to the claim.	
Coding Scheme:	Sam	e as CON	DITION_CODE_1.		
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 250:	CON	DITION	_CODE_3		
	Code	e describi	ng a condition relat	ting to the claim.	
Coding Scheme:	Sam	e as CON	DITION_CODE_1.		
Length:	2	Type:	Alphanumeric	Data Source:	Claim
DSHS/THCIC				— Daga 40 ——	DSHS Document #25-15014
www.daha towas	~~~/T	UCIC		— Page 40 ——	Last Undeted: May 2025

Claim

Last Updated: May 2025

2 Type: Alphanumeric Data Source:

Length:

Field 251: CONDITION_CODE_4

Code describing a condition relating to the claim.

Coding Scheme: Same as CONDITION_CODE_1.

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

Field 252: CONDITION_CODE_5

Code describing a condition relating to the claim.

Coding Scheme: Same as CONDITION_CODE_1.

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

CONDITION_CODE_6 Field 253:

Page 41 Last Updated: May 2025 Code describing a condition relating to the claim.

Coding Scheme: Same as CONDITION_CODE_1.

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

Field 254: CONDITION_CODE_7

Code describing a condition relating to the claim.

Coding Scheme: Same as CONDITION_CODE_1.

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

CONDITION_CODE_8 Field 255:

Most common semi-private rate

Code describing a condition relating to the claim.

Coding Scheme: Same as CONDITION_CODE_1.

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

33

VALUE_CODE_1 Field 256:

Code describing information that may affect payer processing.

Offset to the patient - payment

Peritoneal dialysis

Last Updated: May 2025

Coding Scheme:

1	Most common semi-private rate	33	amount - podiatric services	67	Peritorieal dialysis
2	Hospital has no semi-private	34	Offset to the patient - payment	68	EPO-drug
4	rooms Inpatient professional component	31	amount - other medical services	69	State charity care percentage
4	charges which are combined	35	Offset to the patient - payment amount - health insurance	80	Covered Days
_	billed		premiums	81	Non-covered Days
5	Professional component included in charges and also billed	37	Units of blood furnished	82	Co-insurance Days
_	separately to carrier	38	Blood deductible units	83	Lifetime Reserve Days
6	Blood deductible	39	Units of blood replaced	84	Shorter Duration Hemodialysis
8	Life time reserve amount in the first calendar year	40	New coverage not implemented by HMO	Α0	Special zip code reporting
9	Coinsurance amount in the first	41	Black lung	A1	Deductible payer A
10	calendar year	42	VA	A2	Coinsurance payer A
10	Lifetime reserve amount in the second calendar year	43		А3	Estimated responsibility payer A
11	Coinsurance amount in the second calendar year		Disabled beneficiary under age 65 with LGHP	A4	Covered self-administrable drugs - emergency
12	Working aged beneficiary/spouse with employer group health plan	44	Amount provider agreed to accept from primary payer when this amount is less than charges	A5	Covered self-administrable drugs - administrable in form and
13	ESRD beneficiary in a Medicare coordination period with an employer group health plan	45	but higher than payment received Accident hour	A6	situation furnished to patient Covered self-administrable drugs - diagnostic study and other
14	No fault, including auto/other	46	Number of grace days	A7	Co-payment payer A
15	Worker's compensation	47	Any liability insurance	A8	Patient weight
16	Public health service (PHS) or	48	•	Α9	Patient height
	other federal agency		Hemoglobin reading	AA	Regulatory surcharges,
21	Catastrophic	49	Hematocrit reading	,,,,	assessments, allowances or
22	Surplus	50	Physical Therapy visits		health care related taxes - payer A
23	Recurring monthly income	51	Occupational Therapy visits	AB	Other assessments or allowances
24	Medicaid Rate Code	52	Speech Therapy visits		(e.g., medical education) - payer
25	Offset to the patient - payment	53	Cardiac rehab visits	В1	A Deductible payer B
26	amount - prescription drugs	54	Newborn birth weight in grams	B2	Coinsurance payer B
26	Offset to the patient - payment amount - hearing and ear services	55	Eligibility threshold for charity care	В3	Estimated responsibility payer B
27	Offset to the patient - payment	56	Skilled nurse - home visit hours	В7	Co-payment payer B
_,	amount - vision and eye services	57	Home health aide - home visit	ВА	Regulatory surcharges,
28	Offset to the patient - payment		hours		assessments, allowances or
29	amount - dental services Offset to the patient - payment	58	Arterial blood gas		health care related taxes - payer B
23	amount - chiropractic services	59	Oxygen saturation	ВВ	Other assessments or allowances
30	Preadmission testing	60	HHA branch MSA		(e.g., medical education) - payer B
31	Patient Liability Amount	61	Place of Residence where service is furnished (HHA and hospice)	C1	Deductible payer C
32	Multiple patient ambulance		Medicaid spend down amount	C2	Coinsurance payer C

C3	Estimated responsibility payer C	D3	Patient estimated responsibility	G8 Facility where Inpatient Hospice Service is Delivered
C7	Co-payment payer C	D4	Clinical Trial Number Assigned by NLM/NIH	Y1 Part A Demonstration Payment Y2
CA	Regulatory surcharges,	D5	Last Kt/V Reading	Part B Demonstration Payment Y3
	assessments, allowances or health care related taxes - payer	FC	Patient Paid Amount	Part B Coinsurance
	C	FD	Credit Received from the	Y4 Conventional Provider Payment Y5
CB (Other assessments or allowances (e.g., medical education) - payer		Manufacturer for a Medical Device	Part B Deductible

Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Field 257:	VALUE_AMO		Data Sourcei	Clairi	
1 ICIU 257.			int included) that ma	y he affected	
Length:	9 Type:	Numeric	Data Source:	Claim	
Field 258:	VALUE_COD		Data Source.	Cidiiii	_
i ielu 250.			may affect payer pro	ocessing	
Coding Scheme:			. may affect payer pro	ocessing.	
Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Field 259:	VALUE_AMC		Data Sourcei	Clairi	
riela 259.	_	_	int included) that ma	v he affected	
Length:	9 Type:	Numeric	Data Source:	Claim	
Field 260:	VALUE_COD		Data Source:	Clairi	
riela 200.			may affect payer pro	ocessing	
Coding Scheme:			. Illay allect payer pit	ocessing.	
Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Field 261:	VALUE AMO				
		ents) that may be a	ffected.		
Length:	9 Type:	Numeric	Data Source:	Claim	
Field 262:	VALUE_COD	DE 4			
			it may affect payer pi	ocessing.	
Coding Scheme:			.,	3	
Length:		Alphanumeric	Data Source:	Claim	
Field 263:	VALUE_AMC				
			int included) that ma	y be affected.	
Length:	9 Type:	Numeric	Data Source:	, Claim	
Field 264:	VALUE_COD	DE 5			
			may affect payer pro	ocessing.	
Coding Scheme:		-	, , , ,		
Length:		Alphanumeric	Data Source:	Claim	
Field 265:	VALUE_AMC	DUNT_5			
	Amount (in co	ents, no decimal po	int included) that ma	y be affected.	
Length:	9 Type:		Data Source:	, Claim	
Field 266:	VALUE_COD	E_6			
	Code describi	ing information that	may affect payer pro	ocessing.	
Coding Scheme:	Same as VAL	UE_CODE_1.		-	
Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Field 267:	VALUE_AMC	DUNT_6			
	Amount (in co	ents, no decimal po	int included) that ma	y be affected.	
Length:	9 Type:	Numeric	Data Source:	Claim	
Field 268:	VALUE_COD	E_7			
	Code describi	ing information that	may affect payer pro	ocessing.	
Coding Scheme:	Same as VAL	UE_CODE_1.			
Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Field 269:	VALUE_AMC				
			int included) that ma	y be affected.	
Length:		Numeric	Data Source:	, Claim	
Field 270:	VALUE_COD	DE_8			
			may affect payer pro	ocessing.	
Coding Scheme:				-	
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Length: 2 Type: Alphanumeric Data Source: Claim

Field 272: VALUE_AMOUNT_18 Amount (in cents, no decimal point included) that may be affected. Possible 272: VALUE_CODE_9 Coding Scheme: Same as VALUE_CODE_1. Length: 2 Type: Numeric Data Source: Claim Field 273: VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 273: VALUE_CODE_1. Length: Data Source: Claim Field 275: VALUE_AMOUNT_9 Amount (in cents, no decimal point included) that may be affected. Length: Data Source: Claim Field 275: VALUE_AMOUNT_10 Amount (in cents, no decimal point included) that may be affected. Length: Pype: Alphanumeric Data Source: Claim Field 276: VALUE_CODE_1. Length: Data Source: Claim Field 277: VALUE_AMOUNT_10 Amount (in cents, no decimal point included) that may be affected. Length: Data Source: Claim Field 277: VALUE_AMOUNT_11 Amount (in cents, no decimal point included) that may be affected. Length: Data Source: Claim Field 277: VALUE_AMOUNT_11 Amount (in cents, no decimal point included) that may be affected Length: Data Source: Claim Field 277: VALUE_AMOUNT_11 Amount (in cents, no decimal point included) that may be affected Length: Data Source: Claim Field 278: VALUE_CODE_1. Length: Data Source: Claim Field 278: VALUE_CODE_1. Length: Data Source: Claim Field 279: VALUE_AMOUNT_12 Amount (in cents, no decimal point included) that may be affected Length: Data Source: Claim Field 279: VALUE_AMOUNT_14 Amount (in cents, no decimal point included) that may be affected Length: Data Source: Claim Field 280: Private_Amount Calculated using MEDPAR algorithm. Sum (in cents) of danges associated with revenue codes 0100-0219, revenue center 011X, 014X Length: Data Source: Calculated Length: Type: Numeric Data Source: Calculated Length: Type: Numeric Data Source: Calculated Length: 12 Type: Numeric Data Source: Calculated using MEDPAR algorithm. Sum (in cents) of charg					
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Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 0002-0099, 022X-024X, 052X-053X, 055X-060X, 064X-070X, 076X-078X, 090X-095X, 099X.	Field 280: Length: Field 281: Length: Field 282: Length: Field 283: Length: Field 284:	9 Type: PRIVATE_AN Accommodati cents) of chain 12 Type: SEMI_PRIVA Accommodati Sum (in cents 013X, 016X-0 12 Type: WARD_AMO Accommodati of charges as 12 Type: ICU_AMOUN Accommodati Sum (in cents 12 Type: CCU_AMOUN Accommodati	Numeric MOUNT Ion Charge, Private F rges associated with Numeric ATE_AMOUNT Ion Charge, Semi-pr s) of charges associated Numeric UNT Ion Charge, Ward Charded with revenual services IT Ion Charge, Intensives So of charges associated with revenual services IT Ion Charge, Intensives Numeric Numeric Numeric IT Ion Charge, Intensives So of charges associated with revenual services Numeric NT Ion Charge, Coronar Ion Charge, Coronar Ion Charges associated with revenual services Numeric	Room Charge Amount. Corevenue codes 0100-02 Data Source: ivate Room Charge Amount ated with revenue codes Data Source: large Amount. Calculate use codes 0100-0219, recodes 0100-0219, recodes Ource: e Care Unit Charge Amount ated with revenue codes Data Source: by Care Unit Charge Amount Source:	Claim Calculated using MEDPAR algorithm. Sum (in 219, revenue center 011X, 014X Calculated Count. Calculated using MEDPAR algorithm. So 0100-0219, revenue center 010X, 012X, Calculated Count of the county of the
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024X, 052X-053X, 055X-060X, 064X-070X, 076X-078X, 090X-095X, 099X.	Field 280: Length: Field 281: Length: Field 282: Length: Field 283: Length: Field 284: Length:	PRIVATE_AN Accommodati cents) of chai 12 Type: SEMI_PRIVA Accommodati Sum (in cents 013X, 016X-0 12 Type: WARD_AMO Accommodati of charges as 12 Type: ICU_AMOUN Accommodati Sum (in cents 12 Type: CCU_AMOUN Accommodati Sum (in cents 12 Type:	Numeric MOUNT Ion Charge, Private F Irges associated with Numeric ATE_AMOUNT Ion Charge, Semi-pr Ion Charges associated Numeric UNT Ion Charge, Ward Ch sociated with revent Numeric IT Ion Charge, Intensiv s) of charges associated Numeric Numeric IT Ion Charge, Intensiv s) of charges associated Numeric Numeric IT Ion Charge, Intensiv s) of charges associated Numeric Numeric Numeric Numeric	Room Charge Amount. Corevenue codes 0100-02 Data Source: ivate Room Charge Amount ated with revenue codes Data Source: large Amount. Calculate use codes 0100-0219, replace and source: large Care Unit Charge Amount with revenue codes Data Source: large Care Unit Charge Amount ated with revenue codes Data Source: y Care Unit Charge Amount Care Unit Charge Amo	Claim Calculated using MEDPAR algorithm. Sum (in 219, revenue center 011X, 014X Calculated Dunt. Calculated using MEDPAR algorithm. S 0100-0219, revenue center 010X, 012X, Calculated Cut using MEDPAR algorithm. Sum (in cents) Venue center 015X. Calculated Dunt. Calculated using MEDPAR algorithm. S 0100-0219, revenue center 020X. Calculated Dunt. Calculated using MEDPAR algorithm. S 0100-0219, revenue center 021X. Calculated Dunt. Calculated using MEDPAR algorithm. S 0100-0219, revenue center 021X.
	Field 280: Length: Field 281: Length: Field 282: Length: Field 283: Length: Field 284: Length:	PRIVATE_AN Accommodati cents) of chai 12 Type: SEMI_PRIVA Accommodati Sum (in cents 013X, 016X-0 12 Type: WARD_AMO Accommodati of charges as 12 Type: ICU_AMOUN Accommodati Sum (in cents 12 Type: CCU_AMOUN Accommodati Sum (in cents 12 Type: CCU_AMOUN Accommodati Sum (in cents 12 Type: OTHER_AMO Ancillary Serv	Numeric MOUNT ion Charge, Private F rges associated with Numeric ATE_AMOUNT ion Charge, Semi-pr s) of charges associated D19X Numeric UNT Ion Charge, Ward Chasociated with revenue Numeric IT Ion Charge, Intensives) of charges associated Numeric NT Ion Charge, Coronar s) of charges associated Numeric NT Ion Charge, Coronar s) of charges associated Numeric NT Ion Charge, Coronar s) of charges associated Numeric NT Ion Charge, Coronar S) of charges associated Numeric NT Ion Charge, Coronar S) of charges associated Numeric NT Ion Charge, Coronar S) of charges associated Numeric NT Ion Charge, Coronar S) of charges associated Numeric NT Ion Charge, Coronar S) of charges Associated Numeric NT Ion Charge, Coronar S) of charges Associated Numeric NT Ion Charge, Coronar S) of charges Associated Numeric NT Ion Charge, Coronar S) of charges Associated Numeric NT Ion Charge, Coronar S) of charges Associated Numeric NT Ion Charge, Coronar S) of charges Associated Numeric NT Ion Charge, Coronar S) of charges Associated Numeric NT Ion Charge, Coronar S) of charges Associated Numeric NT Ion Charge, Coronar S) of charges Associated Numeric NT Ion Charge, Coronar S) of charges Associated Numeric NT Ion Charge, Coronar S) of charges Associated Numeric NT Ion Charge, Coronar S) of charges Associated Numeric NT Ion Charge, Coronar S) of charges Associated Numeric NT Ion Charge, Coronar S) of charges Associated Numeric NT Ion Charge, Coronar S) of charges Associated Numeric NT Ion Charge, Coronar S) of charges Associated Numeric NT Ion Charge Numeric	Room Charge Amount. Crevenue codes 0100-02 Data Source: ivate Room Charge Amount ated with revenue codes Data Source: large Amount. Calculate ue codes 0100-0219, replace and source: e Care Unit Charge Amount with revenue codes Data Source: y Care Unit Charge Amount ated with revenue codes Data Source: y Care Unit Charge Amount ated with revenue codes Data Source: harge Amount. Calculate Calculat	Claim Calculated using MEDPAR algorithm. Sum (in 219, revenue center 011X, 014X Calculated Dunt. Calculated using MEDPAR algorithm. So 0100-0219, revenue center 010X, 012X, Calculated Calculated Calculated Calculated Calculated Count. Calculated using MEDPAR algorithm. Sum (in cents) Calculated Count. Calculated using MEDPAR algorithm. Calculated
Length:12Type:NumericData Source:Calculated	Field 280: Length: Field 281: Length: Field 282: Length: Field 283: Length: Field 284: Length:	PRIVATE_AN Accommodati cents) of chai 12 Type: SEMI_PRIVA Accommodati Sum (in cents 013X, 016X-0 12 Type: WARD_AMO Accommodati of charges as 12 Type: ICU_AMOUN Accommodati Sum (in cents 12 Type: CCU_AMOUN Accommodati Sum (in cents 12 Type: CCU_AMOUN Accommodati Sum (in cents 12 Type: CCU_AMOUN Accommodati Sum (in cents 12 Type: OTHER_AMO Ancillary Servo of charges as	Numeric MOUNT Ion Charge, Private F rges associated with Numeric ATE_AMOUNT Ion Charge, Semi-pr s) of charges associated Numeric UNT Ion Charge, Ward Chasociated with revenual Numeric IT Ion Charge, Intensives of charges associated with revenual Numeric Numeric IT Ion Charge, Intensives of charges associated Numeric Numeric NT Ion Charge, Coronar s) of charges associated with revenual Numeric NUMT Ion Charge, Coronar s) of charges associated with revenual Numeric	Room Charge Amount. Crevenue codes 0100-02 Data Source: ivate Room Charge Amount ated with revenue codes Data Source: large Amount. Calculate ue codes 0100-0219, recodes 0100-0219, recodes of the codes of the	Claim Calculated using MEDPAR algorithm. Sum (in 219, revenue center 011X, 014X Calculated Dunt. Calculated using MEDPAR algorithm. So 0100-0219, revenue center 010X, 012X, Calculated Calculated Calculated Calculated Calculated Calculated Count. Calculated using MEDPAR algorithm. So 0100-0219, revenue center 020X. Calculated Calculated Count. Calculated using MEDPAR algorithm. So 0100-0219, revenue center 020X. Calculated Count. Calculated using MEDPAR algorithm.
	Field 280: Length: Field 281: Length: Field 282: Length: Field 283: Length: Field 284: Length: Field 284:	PRIVATE_AN Accommodati cents) of chai 12 Type: SEMI_PRIVA Accommodati Sum (in cents 013X, 016X-0 12 Type: WARD_AMO Accommodati of charges as 12 Type: ICU_AMOUN Accommodati Sum (in cents 12 Type: CCU_AMOUN Accommodati Sum (in cents 12 Type: CCU_AMOUN Accommodati Sum (in cents 12 Type: CCU_AMOUN Accommodati Sum (in cents 12 Type: OTHER_AMO Ancillary Servo of charges as 024X, 052X-0	Numeric MOUNT Ion Charge, Private F rges associated with Numeric ATE_AMOUNT Ion Charge, Semi-pr s) of charges associated Numeric UNT Ion Charge, Ward Chasociated with revenual Numeric IT Ion Charge, Intensives of charges associated with revenual Numeric Numeric IT Ion Charge, Intensives of charges associated with revenual Numeric Numeric NT Ion Charge, Coronar s) of charges associated with revenual Numeric Numeric NUNT Vice Charge, Other	Room Charge Amount. Crevenue codes 0100-02 Data Source: ivate Room Charge Amount ated with revenue codes Data Source: parage Amount. Calculate ue codes 0100-0219, repara Source: e Care Unit Charge Amount ated with revenue codes Data Source: y Care Unit Charge Amount ated with revenue codes Data Source: y Care Unit Charge Amount ated with revenue codes Data Source: harge Amount. Calculate ate codes other than 01064X-070X, 076X-078X,	Claim Calculated using MEDPAR algorithm. Sum (in 219, revenue center 011X, 014X Calculated Count. Calculated using MEDPAR algorithm. Solioo-0219, revenue center 010X, 012X, Calculated Count. Calculated Count. Calculated Count. Calculated Count. Calculated Count. Calculated using MEDPAR algorithm.

Field 286:	PHARM_AMOUNT		
			Calculated using MEDPAR algorithm. Sum (in
		ted with revenue codes othe	er than 0100-0219, revenue center 025X, 026X,
Length:	063X. 12 Type: Numeric	Data Source:	Calculated
Field 287:	MEDSURG_AMOUNT	Data Source.	Carculated
11014 2071	-	Medical/Surgical Supply Ch	arge Amount. Calculated using MEDPAR
			revenue codes other than 0100-0219, revenue
I amerika	center 027X, 062X.	Data Carriago	Coloulated
Length: Field 288:	12 Type: Numeric DME AMOUNT	Data Source:	Calculated
i ieiu 200.	-	Durable Medical Equipment	Charge Amount. Calculated using MEDPAR
			revenue codes other than 0100-0219, revenue
I amerika	centers 0290-0292, 0294		Coloulated
Length: Field 289:	12 Type: Numeric	Data Source:	Calculated
riela 209:	USED_DME_AMOUNT	Used Durable Medical Equir	oment Charge Amount. Calculated using MEDPAR
			revenue codes other than 0100-0219, revenue
	center 0293.		·
Length:	12 Type: Numeric	Data Source:	Calculated
Field 290:	PT_AMOUNT	Dhysical Thoras Charas	nount Calculated using MEDDAD alresithes. Com-
			nount. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 042X.
Length:	12 Type: Numeric	Data Source:	Calculated
Field 291:	OT_AMOUNT		
			ge Amount. Calculated using MEDPAR algorithm.
		s associated with revenue o	odes other than 0100-0219, revenue center
Length:	043X. 12 Type: Numeric	Data Source:	Calculated
Field 292:	SPEECH AMOUNT		- Carlouration
	Ancillary Service Charge,	Speech Pathology Charge A	mount. Calculated using MEDPAR algorithm.
		s associated with revenue co	odes other than 0100-0219, revenue center
Length:	044X, 047X. 12 Type: Numeric	Data Source:	Calculated
Field 293:	IT AMOUNT	Data Source.	Calculated
	—	Inhalation Therapy Charge	Amount. Calculated using MEDPAR algorithm.
	Sum (in cents) of charge		odes other than 0100-0219, revenue center
Longth	041X, 046X.	Data Saureau	Calculated
Length: Field 294:	12 Type: Numeric BLOOD_AMOUNT	Data Source:	Calculated
Field 294.	_	Blood provided during the	patient's stay. Calculated using MEDPAR
			revenue codes other than 0100-0219, revenue
_	center 038X.	_	·
Length:	12 Type: Numeric	Data Source:	Calculated
Field 295:	BLOOD_ADM_AMOUNT		no voluted to the mational arts. Calculated value
			ng related to the patient's stay. Calculated using iated with revenue codes other than 0100-0219,
	revenue center 039X.	(iii ceiles) el charges assec	nated With Ferende codes stiller than 5155 52137
Length:	12 Type: Numeric	Data Source:	Calculated
Field 296:	OR_AMOUNT		
			nount. Calculated using MEDPAR algorithm. Sum
	071X-072X.	ociated with revenue codes	other than 0100-0219, revenue center 036X,
Length:	12 Type: Numeric	Data Source:	Calculated
Field 297:	LITH_AMOUNT		
			Calculated using MEDPAR algorithm. Sum (in
			er than 0100-0219, revenue center 079X.
Longth	12 Type: Numeric	Data Source:	Calculated
Length:			
Length: Field 298:	CARD_AMOUNT	Cardiology Charge Amoun	t Calculated using MEDPAR algorithm Sum (in
	CARD_AMOUNT Ancillary Service Charge,		t. Calculated using MEDPAR algorithm. Sum (in er than 0100-0219, revenue center 048X, 073X.

Field 299:	ANES_AMOUNT		
	Ancillary Service Charge, Anes	sthesia Charge Amount.	Calculated using MEDPAR algorithm. Sum (in
l amath.			er than 0100-0219, revenue center 037X.
Length: Field 300:	12 Type: Numeric LAB_AMOUNT	Data Source:	Calculated
rieiu 300:	_	oratory Chargo Amount	. Calculated using MEDPAR algorithm. Sum (in
			er than 0100-0219, revenue center 030X-031X,
	074X-075X.		0200 0227, 1010 00 000/1 002/1,
Length:	12 Type: Numeric	Data Source:	Calculated
Field 301:	RAD_AMOUNT		
	, , , , , , , , , , , , , , , , , , , ,	3,	Calculated using MEDPAR algorithm. Sum (in
	035X, 040X.	vith revenue codes othe	er than 0100-0219, revenue center 028X, 032X-
Length:	12 Type: Numeric	Data Source:	Calculated
Field 302:	MRI AMOUNT		
	Ancillary Service Charge, MRI	Charge Amount. Calcul	ated using MEDPAR algorithm. Sum (in cents) of
_			00-0219, revenue center 061X.
Length:	12 Type: Numeric	Data Source:	Calculated
Field 303:	OP_AMOUNT	astiont Commission Cl	Amount Calculated with MEDDAD 1
			Amount. Calculated using MEDPAR algorithm. odes other than 0100-0219, revenue center
	049X-050X.	ociated with revenue co	des other than 0100 0219, revenue center
Length:	12 Type: Numeric	Data Source:	Calculated
Field 304:	ER_AMOUN		
			mount. Calculated using MEDPAR algorithm.
		ociated with revenue co	odes other than 0100-0219, revenue center
Length:	045X. 12 Type: Numeric	Data Source:	Calculated
Field 305:	AMBULANCE_AMOUNT	Data Source.	Calculated
	_	ulance Charge Amount	. Calculated using MEDPAR algorithm. Sum (in
			er than 0100-0219, revenue center 054X.
Length:	12 Type: Numeric	Data Source:	Calculated
Field 306:	PRO_FEE_AMOUNT		
			nount. Calculated using MEDPAR algorithm. Sum
	(in cents) of charges associate 098X.	ed with revenue codes of	other than 0100-0219, revenue center 096X-
Length:	12 Type: Numeric	Data Source:	Calculated
Field 307:	ORGAN AMOUNT		
	Ancillary Service Charge, Orga	an Acquisition Charge A	mount. Calculated using MEDPAR algorithm.
		ociated with revenue co	odes other than 0100-0219, revenue center
	081X, 089X.	Data Causas	Coloulated
Length:	12 Type: Numeric	Data Source:	Calculated
Field 308:	ESRD_AMOUNT Ancillary Service Charge End	Stage Penal Dialysis Cl	narge Amount. Calculated using MEDPAR
			revenue codes other than 0100-0219, revenue
	center 080X, 082X-085X, 088	X	The state of the s
Length:	12 Type: Numeric	Data Source:	Calculated
Field 309:	CLINIC_AMOUNT		
			Calculated using MEDPAR algorithm. Sum (in
Longth			er than 0100-0219, revenue center 051X.
Length: Field 310:	12 Type: Numeric TOTAL_CHARGES	Data Source:	Calculated
rielu 310:	-	tion charges non-cover	red accommodation charges, ancillary charges,
	non-covered ancillary charges		
Length:	12 Type: Numeric	Data Source:	Claim
Field 311:	TOTAL_NON_COV_CHARGE		
	,	9	es, non-covered ancillary charges.
Length:	12 Type: Numeric	Data Source:	Claim
Field 312:	TOTAL_CHARGES_ACCOMM		dation chauses
	Sum (in cents) of covered and 12 Type: Numeric	non-covered accommo Data Source:	dation charges. Claim
Length:			

Field 313:	TOT	AL_NON	_COV_CHARGES	S_ACCOMM		
	Sum	(in cents) of non-covered	accommodations char	ges.	
Length:	12	Type:	Numeric	Data Source:	Claim	
Field 314:	TOT	AL_CHAP	RGES_ANCIL			
	Sum	(in cents	s) of covered and	non-covered ancillary	charges.	
Length:	12	Type:	Numeric	Data Source:	Claim	
Field 315:	TOT	AL_NON	_COV_CHARGES	S_ANCIL		
	Sum	(in cents) of non-covered	ancillary charges.		
Length:	12	Type:	Numeric	Data Source:	Claim	
Field 316:	INB	OUND_IN	NDICATOR			
	Indi	cates the f	format of data as	submitted.		
Coding Scheme:	8	837 forma	at			
	D	Data entr	' y			
	U	UB-04 for	mat			
Length:	1	Type:	Alphanumeric	Data Source:	Claim	
Field 317:	EME	RGENCY	_DEPT_FLAG			
	Indi	cator of er	mergency departr	ment visit		
Coding Scheme:			emergency related			
	N	Visit was	not emergency relat	ted		
Length:	1	Type:	Alphanumeric	Data Source:	Assigned	
Field 318:	DIS	CHARGE				
	Disc	harge Qua	arter. Year and qu	uarter of discharge. yy	yyQn.	
Length:	6	Type:	Alphanumeric	Data Source:	Assigned	

INPATIENT CHARGES DATA FILE

Field 1:						rd within the research data RECORD_ID in other Inpatient	
ength:	12 Type :		neric	Data Source:	Assigned		_
Field 2:	REVENUE_CO		ch specific	accommodation as	acillary cor	vice or billing calculation	
	related to the			accommodation, ar	icilial y sei	vice or billing calculation	
Coding 9	Scheme:	50.7.005 50.					
0100	All-inclusive room charges plu ancillary	s 0133		rges for semi-private - rooms - pediatric	0157	Room charges for ward rooms - oncology	
0101	All-inclusive room charges	0134	Room chai	rges for semi-private	0158	Room charges for ward rooms	
0110	Room charges for private rooms - general		- 3/4 beds psychiatric		0159	- rehabilitation Room charges for ward rooms	
0111	Room charges for private	0135	Room char	rges for semi-private		- other	
0112	rooms - medical/surgical/GYN		- 3/4 beds	- rooms - hospice	0160	Room charges for other rooms	
0112	Room charges for private rooms - obstetrics	0136	Room char	ges for semi-private - rooms -	0164	 general Room charges for other rooms 	
0113	Room charges for private rooms - pediatric	0127	detoxificati		0104	- Sterile Environment	
0114	Room charges for private rooms - psychiatric	0137	- 3/4 beds	rges for semi-private s - rooms - oncology	0167	Room charges for other rooms – self care	
0115	Room charges for private	0138	- 3/4 beds rehabilitati		0169	Room charges for other rooms - other	
	rooms - hospice	0139	Room char	ges for semi-private	0170	Room charges for nursery -	
0116	Room charges for private		- 3/4 beds	- rooms - other		general	
	rooms - detoxification	0140	Room chai	ges for private	0171	Room charges for nursery -	
0117	Room charges for private		(deluxe) ro	ooms - general		newborn level I	
	rooms - oncology	0141	Poom char	rges for private			
0118	Room charges for private	01.1	(deluxe) r	ooms -		- 3/4 beds - rooms - obstetrics	01
0119	rooms - rehabilitation Room charges for private	0142		ırgical/GYN rges for private			Ro
0113	rooms - other	0142		ooms - obstetrics		charges for ward rooms	110
0120	Room charges for semi-private rooms - general	e 0143	Room cha	rges for private ooms - pediatric		- detoxification	
0121	Room charges for semi-privations - medical/surgical/GYN		Room cha	rges for private ooms - psychiatric			
0122	Room charges for semi-privat		Room cha	rges for private			
0123	rooms - obstetrics Room charges for semi-private	e 0146	Room cha	ooms - hospice rges for private			
0124	rooms - pediatric Room charges for semi-private	e 0147	Room cha	ooms - detoxification rges for private			
0125	rooms - psychiatric Room charges for semi-private rooms - hospice	e 0148	Room cha	ooms - oncology rges for private			
0126	Room charges for semi-private rooms - detoxification	e 0149	Room chai	ooms - rehabilitation rges for private			
0127	Room charges for semi-private rooms - oncology	e 0150	,	ooms - other rges for ward rooms			
0128	Room charges for semi-private rooms - rehabilitation	e 0151	Room cha	rges for ward rooms surgical/GYN			
0129	Room charges for semi-private rooms - other	e 0152	-	rges for ward rooms			
0130	Room charges for semi-private - 3/4 beds - rooms - general	e 0153		rges for ward rooms			
0131	Room charges for semi-private	e 0154		rges for ward rooms			
SHS/TI	The dical/surgical/GYN Room charges for semi-privates texas.gov/THCIC	0155	Room cha	rges for ward rooms	DSH	IS Document #25-15014	

0172	Room charges for nursery - newborn level II
0173	Room charges for nursery - newborn level III
0174	Room charges for nursery - newborn level IV
0179	Room charges for nursery - other
0180	Room charges for LOA - general
0182	Room charges for LOA - patient convenience-charges billable
0183	Room charges for LOA - therapeutic leave
0185	Room charges for LOA – nursing home (for hospitalization)
0189	Room charges for LOA - other
0190	Room charges for subacute care - general
0191	Room charges for subacute care - Level I (skilled care)
0192	Room charges for subacute care - Level II (comprehensive care)
0193	Room charges for subacute care - Level III (complex care
0194	Room charges for subacute care - Level IV (intensive care
0199	Room charges for subacute care - other

			- FAUL JI		
SHS/T	HCIC		— Page 51 ———	0359 DSH	CT scan - other IS Document #25-15014
			Laboratory - Teriai patierit	0352	CT scan - body
	comprehensive	-302	Laboratory - renal patient	0351	CT scan - head
0241	All-inclusive ancillary -	0301	Laboratory - chemistry Laboratory - immunology	0350	CT scan - general
0240	All-inclusive ancillary - basic	0300	Laboratory - general Laboratory - chemistry	0349	Nuclear medicine - other
0240	other All-inclusive ancillary - general	0300	Laboratory - general	02.40	radiopharmaceuticals
0239	Incremental nursing care -	0299	effectiveness DME - other equipment	0344	radiopharmaceuticals Nuclear medicine - therapeutic
0235	care) Incremental nursing care - hospice	0293 0294	DME - purchase of used DME - supplies/drugs for DME	0343	procedures Nuclear medicine - diagnostic
	CCU (includes transitional	0292	DME - purchase of new	0342	procedures Nuclear medicine - therapeutic
0234	Incremental nursing care -	0291	DME - rental	0341	Nuclear medicine - diagnostic
0233	Incremental nursing care - ICU (includes transitional care)	0290	DME - general	0340	Nuclear medicine - general
0232	Incremental nursing care - OB	0289	Oncology - other	0240	administration - other
	nursery	0280	Oncology - general	0339	Radiology - therapeutic and/or chemotherapy
0231	general Incremental nursing care -	0279	Medical surgical supplies and devices - other	0339	administration - chemotherapy - IV Radiology - therapeutic
0230	Incremental nursing care -		devices - other implants		and/or chemotherapy
0229	discharge, medically necessary Special charges - other	0278	devices - oxygen - take-home Medical surgical supplies and	0335	therapy Radiology - therapeutic
0224	charge Special charges - late	0277	devices - intraocular lens (IOL) Medical surgical supplies and		and/or chemotherapy administration - radiation
0223	support charge Special charge Special charges - UR service	0273	devices - pacemaker Medical surgical supplies and	0333	- oral Radiology - therapeutic
0221	charge Special charges - technical	0274	devices - prosthetic/orthotic Medical surgical supplies and	0332	and/or chemotherapy administration - chemotherapy
0220 0221	Special charges - general Special charges - admission	0273 0274	Medical surgical supplies and devices - take-home Medical surgical supplies and	0332	administration - chemotherapy - injected Radiology - therapeutic
	care - other	0272	devices - sterile		and/or chemotherapy
0219	care - intermediate coronary care unit (CCU) Room charges for coronary	0272	devices - nonsterile Medical surgical supplies and	0331	general Radiology - therapeutic
0214	care - heart transplant Room charges for coronary	0271	devices - general Medical surgical supplies and	0330	Radiology - therapeutic and/c chemotherapy administration
0213	Room charges for coronary	0270	Medical surgical supplies and	0329	Radiology - diagnostic - other
	care - pulmonary care	0203	iv merapy - ouici		x-ray
0212	Room charges for coronary	0264 0269	IV Therapy - supplies IV Therapy - other	0324	Radiology - diagnostic - chest
0211	Room charges for coronary care - myocardial infarction	0264	delivery	0323	Radiology - diagnostic - arteriography
0210	Room charges for coronary care - general	0263	services IV Therapy - drug/supply	0322	Radiology - diagnostic - arthrography
	care - other	0262	IV Therapy - pharmacy	0321	Radiology - diagnostic - angiocardiography
0209	care - trauma Room charges for intensive	0261	IV Therapy - infusion pump	0224	general
0208	care - burn care Room charges for intensive	0260	IV Therapy - general	0320	Radiology - diagnostic -
0207	Room charges for intensive	0259	Pharmacy - other	0319	Laboratory pathological - othe
		0258	Pharmacy - IV solutions		biopsy
	care - intermediate intensive care unit (ICU)	0257	Pharmacy - nonprescription	0314	histology Laboratory pathological -
0206	care - psychiatric Room charges for intensive	0256	Pharmacy - experimental drugs	0312	cytology Laboratory pathological -
0204	Room charges for intensive	0255	Pharmacy - drugs incident to radiology	0311	Laboratory pathological -
0203	Room charges for intensive care - pediatric	0255	other diagnostic services	0310	Laboratory pathological - general
0202	Room charges for intensive care - medical	0254	Pharmacy - drugs incident to	0309	Laboratory - other
	care - surgical	0253	Pharmacy - take-home drugs	0307	Laboratory - urology
0201	care - general Room charges for intensive	0252	Pharmacy – non-generic drugs	0306	Laboratory - bacteriology and microbiology
0200	Room charges for intensive	0251	Pharmacy - generic drugs	0305	Laboratory - hematology
		0250	Pharmacy - general		

specialty All-inclusive ancillary - other 0249

0303

(home) Laboratory – non-routine

0243 All-inclusive ancillary - dialysis

0360	Operating room services - general	0422	Physical therapy - hourly charge	0513	Clinic - psychiatric
0361	Operating room services -	0423	Physical therapy - group rate	0514	Clinic - OB/GYN
	minor surgery	0424	Physical therapy - evaluation	0515	Clinic - pediatric
0362	Operating room services - organ transplant other than		or reevaluation	0516	Clinic - urgent care
	kidney	0429	Physical therapy - other	0517	Clinic - family practice
0367	Operating room services - kidney transplant	0430	Occupational therapy - general	0519	Clinic - other
0369	Operating room services -	0431	Occupational therapy - visit charge	0520	Freestanding Clinic - general
0270	other	0432	Occupational therapy - hourly	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
0370	Anesthesia - general		charge	0522	Freestanding Clinic - Home
0371	Anesthesia - incident to radiology	0433	Occupational therapy - group rate	0522	Visit by RHC/FQHC Practitioner
0372	Anesthesia - incident to other diagnostic services	0434	Occupational therapy - evaluation	0523	Freestanding Clinic - family practice
0374	Anesthesia - acupuncture	0439	Occupational therapy - other	0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a
0379	Anesthesia - other	0440	Speech-language pathology -		Member in a Covered Part A Stay at SNF
0380	Blood - general	0.444	general	0525	Freestanding Clinic - Visit by
0381	Blood - packed red cells	0441	Speech-language pathology - visit charge		RHC/FQHC Practitioner to a
0382	Blood - whole blood	0442	Speech-language pathology -		Member in a SNF (not Covered Part A Stay) or NF or ICF MR
0383	Blood - plasma	0443	hourly charge Speech-language pathology -		or Other Residential Facility
0384	Blood - platelets	0443	group rate	0527	Freestanding Clinic - Visiting Nurse Services(s) to a
0385	Blood - leukocytes	0444	Speech-language pathology - evaluation or reevaluation		Member's Home when in a
0386	Blood - other components	0449	Speech-language pathology -	0528	Home Health Shortage Area Freestanding Clinic – Visit by
0387	Blood - other derivatives		other		RHC/FQHC Practitioner to
0389	(cryoprecipitate) Blood - other	0450	Emergency room - general		Other non RHC/FQHC Site (e.g. Scene of Accident)
0390	Blood and blood component	0451	Emergency room - EMTALA emergency medical screening	0529	Freestanding Clinic - other
0000	administration, storage and		services	0530	Osteopathic service - general
0391	processing - general Blood and blood component	0452	Emergency room - beyond EMTALA screening	0531	Osteopathic service - therapy
0331	administration, storage and	0456	Emergency room - urgent care	0539	Osteopathic service - other
0392	processing - administration	0459	Emergency room - other	0540	Ambulance service - general
0392	Blood and blood component administration, storage and	0460	Pulmonary function - general	0541	Ambulance service - supplies
	processing – processing and storage	0469	Pulmonary function - other	0542	Ambulance service - medical transport
0399	Blood and blood component	0470	Audiology - general	0543	Ambulance service - heart
	administration, storage and processing - other	0471	Audiology - diagnostic		mobile
0400	Other imaging services -	0472	Audiology - treatment	0544	Ambulance service - oxygen
	general	0479	Audiology - other	0545	Ambulance service - air ambulance
0401	Other imaging services - diagnostic mammography	0480	Cardiology - general	0546	Ambulance service - neonatal
0402	Other imaging services -	0481	Cardiology - cardiac cath lab	0547	Ambulance service - pharmacy
0.402	ultrasound	0482	Cardiology - stress test	0548	Ambulance service - telephone
0403	Other imaging services - screening mammography	0483	Cardiology - echocardiology		transmission EKG
0404	Other imaging services - PET	0489	Cardiology - other	0549	Ambulance service - other
0409	Other imaging services - other	0490	Ambulatory surgical care - general	0550	Skilled nursing - general
0410	Respiratory services - general	0499	Ambulatory surgical care -	0551	Skilled nursing - visit charge
0412	Respiratory services - inhalation	0500	other	0552	Skilled nursing - hourly charge
0413	Respiratory services -	0500	Outpatient services - general	0559	Skilled nursing - other
	hyperbaric oxygen therapy	0509	Outpatient services - other	0560	Medical social services - general
0419	Respiratory services - other	0510 0511	Clinic - general	0561	Medical social services - visit
0420	Physical therapy - general	0511	Clinic - chronic pain Clinic - dental	0562	charge Medical social services - hourly
0421	Physical therapy - visit charge	0312	Se defical	0302	charge

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		0631	Drugg requiring enecific		
0569	Medical social services - other	0631	Drugs requiring specific identification - single source	0663	Respite care - daily charge
0570	Home health aide - general	0632	Drugs requiring specific	0669	Respite care - other
0571	Home health aide - visit charge	0633	identification - multiple source Drugs requiring specific	0670	Outpatient special residence - general
0572	Home health aide - hourly charge		identification - restrictive prescription	0671	Outpatient special residence - hospital based
0579	Home health aide - other	0634	Drugs requiring specific identification - EPO, less than	0672	Outpatient special residence - contracted
0580	Other visits (home health) - general	0635	10,000 units Drugs requiring specific	0679	Outpatient special residence - other
0581	Other visits (home health) - visit charge		identification - EPO, 10,000 or more units	0681	Trauma response - level I
0582	Other visits (home health) -	0636	Drugs requiring specific	0682	Trauma response - level II
	hourly charge		identification - requiring detailed coding	0683	Trauma response - level III
0583	Other visits (home health) - assessment	0637	Drugs requiring specific	0684	Trauma response - level IV
0589	Other visits (home health) -		identification - self-	0689	Trauma response - other
0303	other	0640	administrable Home IV therapy services -	0690	Pre-hospice/Palliative Care
0590	Units of service (home health)	0040	general	0.504	Services - general
0600	- general	0641	Home IV therapy services –	0691	Pre-hospice/Palliative Care Services – visit charge
0600	Oxygen (home health) - general		non-routine nursing, central line	0692	Pre-hospice/Palliative Care
0601	Oxygen (home health) -	0642	Home IV therapy services - IV		Services – hourly charge
	stat/equip/supply or contents		site care, central line	0693	Pre-hospice/Palliative Care Services - evaluation
0602	Oxygen (home health) - stat/equip/supply under 1 liter	0643	Home IV therapy services - IV	0694	Pre-hospice/Palliative Care
	per minute	0644	start/change, peripheral line Home IV therapy services –		Services – consultation and
0603	Oxygen (home health) -	0011	non-routine nursing,	0695	education Pre-hospice/Palliative Care
	stat/equip/supply over 4 liters per minute		peripheral line	0093	Services – inpatient care
0604	Oxygen (home health) -	0645	Home IV therapy services - training patient/caregiver,	0696	Pre-hospice/Palliative Care Services – physician services
0609	portable add-in	0646	central line Home IV therapy services -	0699	Pre-hospice/Palliative Care
	Oxygen (home health) - other	00+0	training, disabled patient,	0700	Services - other
0610	Magnetic Resonance Technology (MRT) - MRI -		central line	0700	Cast Room services - general
0611	general Magnetic Resonance	0647	Home IV therapy services - training, patient/caregiver,	0710	Recovery Room services - general
0011	Technology (MRT) - MRI -	0649	peripheral	0720	Labor/Delivery Room services
	brain (including brain stem)	0648	Home IV therapy services - training, disabled patient,	0721	 general Labor/Delivery Room services
0612	Magnetic Resonance Technology (MRT) - MRI -		peripheral	0/21	- labor
	spinal cord (including spine)	0649	Home IV therapy services - other	0722	Labor/Delivery Room services - delivery
0614	Magnetic Resonance Technology (MRT) - MRI -	0650	Hospice services - general	0723	Labor/Delivery Room services
	other	0651	Hospice services - routine		- circumcision
0615	Magnetic Resonance	0650	home care	0724	Labor/Delivery Room services - birthing center
	Technology (MRT) - MRA – head and neck	0652	Hospice services - continuous home care	0729	Labor/Delivery Room services
0616	Magnetic Resonance	0655	Hospice services - inpatient	0720	- other
	Technology (MRT) - MRA -	0656	respite care	0730	EKG/ECG services - general
0618	lower extremities Magnetic Resonance	0656	Hospice services - general inpatient care (non-respite)	0731	EKG/ECG services - Holter monitor
0016	Technology (MRT) - MRA - other	0657	Hospice services - physician services	0732	EKG/ECG services - telemetry
0619	Magnetic Resonance	0658	Hospice services - room and	0739	EKG/ECG services - other
0015	Technology (MRT) - Other MRT		board - nursing facility	0740	EEG services - general
0621	Medical/surgical supplies - incident to radiology	0659 0660	Hospice services - other Respite care - general	0750	Gastrointestinal services - general
0622	Medical/surgical supplies -	0661		0760	Treatment or observation
	incident to other diagnostic services		Respite care - hourly charge/skilled nursing	0761	room services - general Specialty Room - Treatment/
0623	Medical/surgical supplies - surgical dressings	0662	Respite care - hourly charge/aide/homemaker/comp	5,51	Observation Room - Treatment Room
0624	Medical/surgical supplies - FDA investigational devices		anion		
	5				

0762	Specialty Room - Treatment/ Observation Room - Observation Room	0831	Peritoneal dialysis - outpatient or home - composite or other rate	0904	Behavior health treatments/services - activity therapy
0769	Treatment or observation room services - other	0832	Peritoneal dialysis - outpatient or home – home supplies	0905	Behavior health treatments/services - intensive
0770	Preventive care services - general	0833	Peritoneal dialysis - outpatient or home – home equipment	2225	outpatient services - psychiatric
0771	Preventive care services - vaccine administration	0834	Peritoneal dialysis - outpatient or home - maintenance 100%	0906	Behavior health treatments/services - intensive outpatient services - chemical
0780	Telemedicine services - general	0835	Peritoneal dialysis - outpatient or home - support services	0907	dependency Behavior health
0790	Extra-corporeal shockwave therapy - general	0839	Peritoneal dialysis - outpatient or home - other	0507	treatments/services - community behavioral health
0800	Inpatient renal dialysis services - general	0840	CAPD - outpatient or home - general	0911	program Behavior health
0801	Inpatient renal dialysis services - hemodialysis	0841	CAPD - outpatient or home - composite or other rate		treatment/services - rehabilitation
0802	Inpatient renal dialysis services - peritoneal (non-	0842	CAPD - outpatient or home – home supplies	0912	Behavior health treatment/services - partial
0803	CAPD) Inpatient renal dialysis	0843	CAPD - outpatient or home – home equipment	0913	hospitalization - less intensive Behavior health
	services - continuous ambulatory peritoneal dialysis	0844	CAPD - outpatient or home – maintenance 100%		treatment/services - partial hospitalization - intensive
0804	(CAPD) Inpatient renal dialysis	0845	CAPD - outpatient or home - support services	0914	Behavior health treatment/services - individual
	services - continuous cycling peritoneal dialysis (CAPD)	0849	CAPD - outpatient or home - other	0915	therapy Behavior health
0809	Inpatient renal dialysis services - other	0850	CCPD - outpatient or home - general		treatment/services - group therapy
0810	Acquisition of body components- general	0851	CCPD - outpatient or home - composite or other rate	0916	Behavior health treatment/services - family
0811	Acquisition of body components - living donor	0852	CCPD - outpatient or home - home supplies	0917	therapy Behavior health
0812	Acquisition of body components - cadaver donor	0853	CCPD - outpatient or home - home equipment		treatment/services - biofeedback
0813	Acquisition of body components - unknown donor	0854	CCPD - outpatient or home - maintenance 100%	0918	Behavior health treatment/services - testing
0814	Acquisition of body components - unsuccessful	0855	CCPD - outpatient or home - support services	0919	Behavior health treatment/services - other
0015	organ search-donor bank charges	0859	CCPD - outpatient or home - other	0920	Other diagnostic services - general
0815	Acquisition of body components – stem cells- allogeneic	0860	Magnetoencephalography (MEG) - General	0921	Other diagnostic services - peripheral vascular lab
0819	Acquisition of body components - other donor	0861	Magnetoencephalography (MEG) - MEG	0922	Other diagnostic services - electromyogram
0820	Hemodialysis - outpatient or home - general	0880	Miscellaneous dialysis - general	0923	Other diagnostic services - pap smear
0821	Hemodialysis - outpatient or home - composite or other	0881	Miscellaneous dialysis - ultrafiltration	0924	Other diagnostic services - allergy test
0822	rate Hemodialysis - outpatient or	0882	Miscellaneous dialysis - home aide visit	0925	Other diagnostic services - pregnancy test
0823	home – home supplies Hemodialysis - outpatient or	0889 0900	Miscellaneous dialysis - other Behavior health	0929	Other diagnostic services - other
	home – home equipment	0901	treatments/services - general Behavior health	0931	Medical rehabilitation day program - half day
0824	Hemodialysis - outpatient or home - maintenance 100%		treatments/services - electroshock	0932	Medical rehabilitation day program - full day
0825	Hemodialysis - outpatient or home - support services	0902	Behavior health treatments/services - milieu	0940	Other therapeutic services - general
0826	Hemodialysis - outpatient or home - shorter duration (effective 7/1/17)	0903	therapy Behavioral health	0941	Other therapeutic services - recreational therapy
0829	Hemodialysis - outpatient or home - other		treatments/services - play therapy	0942	Other therapeutic services - education/training
0830	Peritoneal dialysis - outpatient or home - general			0943	Other therapeutic services - cardiac rehabilitation
	-				

0944	drug rehabil	itation	09//	therapy	rees - pnysicai	1000	accommodations - general
0945		oeutic services -	0978	Professiona	l fees -	1001	Behavior health
0,5-1,5	alcohol reha		3570	occupationa		1001	accommodations - residential
0946		peutic services - dical equipment -	0979	Professiona therapy	l fees - speech	1002	treatment - psychiatric Behavior health
0947	routine Other thera	peutic services -	0981	Professiona room	fees - emergency		accommodations - residential treatment - chemical
0317		dical equipment -	0982		fees - outpatient	1003	dependency Behavior health
0948		oeutic services – ehabilitation	0983		fees - clinic		accommodations - supervised living
0949		peutic services -	0984	Professional social service	fees - medical es	1004	Behavior health accommodations - halfway
0951		eutic services -	0985	Professiona	fees - EKG		house
	athletic train		0986	Professiona	l fees - EEG	1005	Behavior health accommodations - group home
0952	Other therap kinesiothera	eutic services - py	0987	Professiona visit	l fees - hospital	2100	Alternative therapy services - general
0953		eutic services – pendency (drug	0988		l fees - consultation	2101	Alternative therapy services -
	and alcohol)		0989	Professiona	fees - private duty		acupuncture
0960	Professional fe	es - general 0961		nurse		2102	Alternative therapy services - acupressure
Profess	sional fees - ps	ychiatric	0990	Patient conv general	renience items -	2103	Alternative therapy services -
0962	Professional ophthalmolo		0991	3	venience items - uest trav	2104	massage Alternative therapy services -
0963	Professional	fees -	0992	Patient conv	venience items -		reflexology
0964	anesthesiolo Professional	ogist (MD) fees - anesthetist	0002	private line	n service venience items -	2105	Alternative therapy services - biofeedback
0304	(CRNA)	ices - allestrietist	0993	telephone/t		2106	Alternative therapy services -
0969	Professional	fees - other	0994		venience items -		hypnosis
0971	Professional	fees - laboratory	0005	TV/radio		2109	Alternative therapy services - other
0972	Professional diagnostic	fees - radiology -	0995	nonpatient	venience items - room rentals	3101	Adult day care, medical and
0973	-	fees - radiology -	0996	Patient conv late dischar	venience items -	3102	social - hourly Adult day care, social - hourly
	therapeutic		0997		venience items -	3103	Adult day care, medical and
0974	Professional nuclear med	fees - radiology - licine		admission k	its		social - daily
0975	Professional	fees - operating	0998	Patient conv beauty shor	venience items - o/barber	3104	Adult day care, social - daily
0076	room	food machinatomy	0999		venience items -	3105	Adult foster care - daily
0976	therapy	fees - respiratory		other		3109	Adult foster care - other
Length	:	4 Type:	Alphanur	neric	Data Source:	Claim	
Field 3:		REVENUE_COL	DE_SEQUE	NCE_NUMI	BER		
1	_	-			order of submiss		evenue codes
Length: Field 4:		3 Type: HCPCS_QUALI	Alphanur	neric	Data Source:	Assigned	
rielu 4:	•			Coding Syst	em (HCPCS) Cod	es Indicator	
Length	:	2 Type:	Alphanur	neric	Data Source:	Claim	
Field 5:	•	HCPCS_PROCE					
		accommodation	S.				to ancillary services or
Coding Length:	Scheme:	See <i>https://ww</i> 5 Type:	<i>w.cms.gov,</i> Alphanur		oding/hcpcsreleas Data Source:	<i>secodesets</i> f Claim	or complete list.
Field 6:		MODIFIER_1	/ upriarial	10110		Cidiff	
			al circumst	ances relate	d to the performa		
_	Scheme:						Postoperative Period
22	Increased pro	ocedural services	24	Unrelated Ev	aluation and Service by the		
23	Unusual Anes	thesia		Same Physici Qualified Hea	an or Other		
				Professional			
DOLLO /T	THOIC					DOLL	C.D

Professional fees - physical

1000

Behavior health

0944

Other therapeutic services -

0977

25 Significant,
Separately
Identifiable
Evaluation and
Management
Service by the
Same Physician
or Other
Qualified Health
Care
Professional on
the Same Day

of the Procedure or Other Service

26	Professional Component				Professional During the Postoperative Period
27	Multiple Outpatient Hospital E/M			80	Assistant Surgeon
32	Encounters on the Same Date Mandated Services			81	Minimum Assistant Surgeon
33	Preventive Service			82	Repeat procedure by same physician
				90	Reference (Outside) Laboratory
47	Anesthesia by Surgeon			91	Repeat Clinical Diagnostic
50	Bilateral Procedure			71	Laboratory Test
51	Multiple Procedures			92	Alternative Laboratory Platform
52	Reduced Services			95	Testing Synchronous Telemedicine Service
53	Discontinued Procedure			35	Rendered Via a Real- Time
54	Surgical Care Only				Interactive Audio and Video Telecommunications System
55	Postoperative Management Only			99	Multiple Modifiers
56	Preoperative Management Only			1P	Performance Measure Exclusion
57	Decision for Surgery				Modifier due to Medical Reasons
58	Staged or Related Procedure or Service by the Same Physician			2P	Performance Measure Exclusion Modifier due to Patient Reasons
	or Other Qualified Health Care Professional During the			3P	Performance Measure Exclusion Modifier due to System Reasons
59	Postoperative Period Distinct Procedural Service			8P P	erformance Measure Reporting Modifier- Action not performed, reason not
62	Two Surgeons				otherwise specified
63	Procedure Performed on Infants			E1	Upper left eyelid E2
	less than 4kg				Lower left eyelid
66	Surgical Team	E3	Upper right eyelid		procedure
73	Discontinued Outpatient Hospital/Ambulatory Surgery	E4	Lower right eyelid	T1	Left foot, second digit
	Center (ASC) Procedure prior to	F1	Left hand, second digit	T2	Left foot, third digit
	the Administration of Anesthesia	F2	Left hand, third digit	Т3	Left foot, fourth digit
74	Discontinued Outpatient	F3	Left hand, fourth digit	T4	Left foot, fifth digit
	Hospital/Ambulatory Surgery Center (ASC) Procedure after	F4	Left hand, fifth digit	T5	Right foot, great toe
	Administration of Anesthesia	F5	Right hand, thumb	Т6	Right foot, second digit
76	Repeat Procedure by Same	F6	Right hand, second digit	T7	Right foot, third digit
	Physician or Other Qualified Health Care Professional	F7	Right hand, third digit	T8	Right foot, fourth digit
77	Repeat Procedure by Another	F8	Right hand, fourth digit	Т9	Right foot, fifth digit
,,	Physician or Other Qualified	F9	Right hand, fifth digit	TA	Left foot, great toe
70	Health Care Professional	FA	Left hand, thumb	XE	Separate Encounter
78	Unplanned Return to the Operating/Procedure Room by	GG	Performance and payment of a	XS	Separate Structure
	the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related				screening mammography and diagnostic mammography on same patient, same day.
	Procedure During the			GH	Diagnostic mammogram

Diagnostic mammogram converted from screening mammogram on same day

Procedure During the Postoperative Period

Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care

LC	Left circumflex coronary		systemic disease
artery	LD Left anterior	P4	A patient with severe systemic disease that is
desce	3		a constant threat to life
CO	ronary artery	P5	A moribund patient who
LM	Left main coronary artery		is not expected to
LT	Left side of the body		survive without the operation
proce	dure Q Ambulance	P6	A declared brain-dead
servic	e provided		patient whose organs
М	under arrangement by a provider of		are being removed for donor purposes
	services	RC	Right coronary artery
QN	Ambulance service	RI	Ramus intermedius
	furnished directly by a		coronary artery
	provider of services	RT	Right side of the body
P1	A normal healthy patient		

A patient with mild

systemic disease

P2

Р3

A patient with severe

Alphanumeric **Data Source:** Length: Type: Claim Field 7: MODIFIER_2 Identifies special circumstances related to the performance of the service. Same as MODIFIER_1 **Coding Scheme:** Alphanumeric Length: Data Source: Claim Type: Field 8: MODIFIER_3 Identifies special circumstances related to the performance of the service.

ΧP

XU

Separate Practitioner Unusual Non-Overlapping

Coding Scheme: Same as MODIFIER_1 Length: Type: Alphanumeric Data Source: Claim

Field 9: MODIFIER_4 Identifies special circumstances related to the performance of the service.

Coding Scheme:	Same	e as MODIF	TER_1		
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 10:	UNIT	_MEASUF			
	Code	specifying	the units in which	a value is being expr	ressed.
Coding Scheme:	DA	Days			
	F2	Interna	tional unit		
	UN	Unit			
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 11:		S_OF_SE			
	Nume	eric value o	of quantity		
Length:	7	Type:	Numeric	Data Source:	Claim
Field 12:	UNI	T_RATE			
	Rate	per unit			
Length:	12	Type:	Numeric	Data Source:	Claim
Field 13:	CHR	GS_LINE_	ITEM		
	Total	amount of	the charge		
Length:	14	Type:	Numeric	Data Source:	Assigned
Field 14:		GS_NON_			
	Total	non-cover	ed amount of the c	harge	
Length:	14	Type:	Alphanumeric	Data Source:	Assigned

INPATIENT FACILITY TYPE INDICATOR FILE

Provider ID. Unique identifier assigned to the provider by THCIC	Field 1:	THCIC_ID			
Length: 6 Type: Alphanumeric Data Source: Provider	i icia 1.		Inique identifier a	ssianed to the provide	er by THCIC.
Field 2:	Length:				· · · · · · · · · · · · · · · · · · ·
Length: 55 Type: Alphanumeric Data Source: Provider	Field 2:		NAME		
Field 3:	_				
Hospital address provided by the hospital.				Data Source:	Provider
Length: S0 Type: Alphanumeric Data Source: Provider	Field 3:			a baanital	
Field 4: PROVIDER_CITY Hospital city provided by the hospital.	Longth				Dravidar
Hospital city provided by the hospital.				Data Source:	Provider
Length: 20 Type: Alphanumeric Data Source: Provider	rieiu 4:			enital	
Field 5:	Lenath:				Provider
Hospital state Provider Data Source: Provider				2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Field 6:				nospital.	
Hospital ZIP Code provided by the hospital. Field 7: FAC TEACHING IND Teaching Facility Indicator. Coding Scheme: A Member, Council of Teaching Hospitals X Other Teaching Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 8: FAC PSYCH IND Psychiatric Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 9: FAC REHAB IND Rehabilitation Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 10: FAC ACUTE CAFE IND Robert Skilled Nursing Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 11: FAC SNF IND Skilled Nursing Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 12: FAC SNF IND Skilled Nursing Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 12: FAC LONG TERM AC IND Long Term Ac Let Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 13: FAC ONG TERM AC IND Cother Long Term Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 13: FAC ONG TERM AC IND Cother Long Term Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 14: FAC PEDS IND Pediatric Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 15: FAC PEDS IND Pediatric Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 15: FAC PEDS IND Pediatric Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 15: FAC PEDS IND Pediatric Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 16: FAC PEDS IND Pediatric Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 16: FAC PEDS INDICATOR Indicator Indicator Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 16: FAC PEDS INDICATOR Indicator Indicator Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 16: FAC PEDS Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 17: FAC	Length:	2 Type:	Alphanumeric	Data Source:	Provider
Field 7:	Field 6:				
Field 7:		Hospital ZIP c			
Teaching Facility Indicator. A Member, Council of Feaching Hospitals Vother Teaching facility I Type: Alphanumeric Provider Field 8: FAC_PSYCH_IND Psychiatric Facility Indicator. Length: 1 Type: Alphanumeric Provider Field 9: FAC_REHAB_IND Rehabilitation Facility Indicator. Length: 1 Type: Alphanumeric Length: 1 Type: Alphanumeric Field 10: FAC_ACUTE_CARE_IND Acute Care Facility Indicator. Length: 1 Type: Alphanumeric Length: 1 Type: Alphanumeric Data Source: Provider Field 11: FAC_SNF_IND Skilled Nursing Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 12: FAC_LONG_TERM_AC_IND Long Term Acute Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 13: FAC_OTHER_IND Other Long Term Acute Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 13: FAC_OTHER_ITC_IND Other Long Term Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 14: FAC_OTHER_ITC_IND Other Long Term Care Facility Indicator. Coding Scheme: C Member, National Association of Children's Hospitals and Related Institutions (NACHRI) X Facilities also treat children Length: 1 Type: Alphanumeric Data Source: Provider Field 15: POA_PROVIDER_INDICATOR Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC §Section 42.1.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals Children's or Pediatric Hospitals and Long Term Care Hospitals. Coding Scheme: M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Require X Exempt Y Exempt Y Exempt Y Exempt Y Exempt				Data Source:	Provider
Coding Scheme: A Member, Council of Teaching Hospitals	Field 7:				
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Psychiatric Facility Indicator. 1 Type: Alphanumeric Data Source: Provider				Data Source.	TTOVIGET
Type: Aiphanumeric Data Source: Provider	i icia oi				
Field 9:	Length:			Data Source:	Provider
Rehabilitation Facility Indicator. Field 10: FAC_ACUTE_CARE_IND Acute Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 11: FAC_SNF_IND Skilled Nursing Facility Indicator. Hospital facility type indicator provided by the hospital. Length: 1 Type: Alphanumeric Data Source: Provider Field 12: FAC_LONG_TERM_AC_IND Long Term Acute Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 13: FAC_OTHER_LTC_IND Other Long Term Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 14: FAC_PEDS_IND Pediatric Facility Indicator. Coding Scheme: C Member, National Association of Children's Hospitals and Related Institutions (NACHRI) X Facilities also treat children Length: 1 Type: Alphanumeric Data Source: Provider Field 15: POA_PROVIDER_INDICATOR Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC SSection 421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals Children's or Pediatric Hospitals and Long Term Care Hospitals. Coding Scheme: M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Require X Exempt Invalid			IND		
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Length: 1 Type: Alphanumeric Data Source: Provider	Field 10:	FAC_ACUTE_	CARE_IND		
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Skilled Nursing Facility Indicator. Hospital facility type indicator provided by the hospital. 1				Data Source:	Provider
Length: 1 Type: Alphanumeric Data Source: Provider	rieia 11:			r Hospital facility type	e indicator provided by the hospital
Field 12: FAC_LONG_TERM_AC_IND Long Term Acute Care Facility Indicator. 1 Type: Alphanumeric Data Source: Provider Field 13: FAC_OTHER_LTC_IND Other Long Term Care Facility Indicator. Length: 1 Type: Alphanumeric Data Source: Provider Field 14: FAC_PEDS_IND Pediatric Facility Indicator. Coding Scheme: C Member, National Association of Children's Hospitals and Related Institutions (NACHRI) X Facilities also treat children Length: 1 Type: Alphanumeric Data Source: Provider Field 15: FOA_PROVIDER_INDICATOR Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC §Section 421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals Children's or Pediatric Hospitals and Long Term Care Hospitals. Coding Scheme: M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Require X Exempt Invalid					
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Coding Scheme: Other Long Term Care Facility Indicator.		1 Type: FAC_LONG_	TERM_AC_IND		
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Field 14: FAC_PEDS_IND Pediatric Facility Indicator. Coding Scheme: C Member, National Association of Children's Hospitals and Related Institutions (NACHRI) X Facilities also treat children 1 Type: Alphanumeric Data Source: Provider Field 15: POA_PROVIDER_INDICATOR Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC §Section 421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals Children's or Pediatric Hospitals and Long Term Care Hospitals. M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Require X Exempt Invalid	Field 12: Length:	1 Type: FAC_LONG_ Long Term Ac 1 Type: FAC_OTHER_	TERM_AC_IND ute Care Facility I Alphanumeric _LTC_IND	ndicator. Data Source:	Provider
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Type: Alphanumeric Data Source: Provider	Field 12: Length: Field 13: Length: Field 14:	1 Type: FAC_LONG_ Long Term Ac 1 Type: FAC_OTHER_ Other Long Te 1 Type: FAC_PEDS_I Pediatric Facil	TERM_AC_IND ute Care Facility I Alphanumeric LTC_IND erm Care Facility I Alphanumeric ND ity Indicator.	ndicator. Data Source: Indicator. Data Source:	Provider
Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC §Section 421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals Children's or Pediatric Hospitals and Long Term Care Hospitals. **Coding Scheme:** M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Require X Exempt Invalid	Field 12: Length: Field 13: Length: Field 14:	1 Type: FAC_LONG_Long Term Ac 1 Type: FAC_OTHER_Other Long Te 1 Type: FAC_PEDS_I Pediatric Facil C Member	TERM_AC_IND ute Care Facility I Alphanumeric LTC_IND erm Care Facility I Alphanumeric ND ity Indicator. , National Associa	ndicator. Data Source: indicator. Data Source: tion of Children's Hosp	Provider
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Care Hospitals. Coding Scheme: M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Require X Exempt Invalid	Field 12: Length: Field 13: Length: Field 14: Coding Scheme: Length:	1 Type: FAC_LONG_Long Term Ac 1 Type: FAC_OTHER_Other Long Te 1 Type: FAC_PEDS_I Pediatric Facil C Member, X Facilities 1 Type: POA_PROVII Indicator iden	TERM_AC_IND ute Care Facility I Alphanumeric LTC_IND erm Care Facility I Alphanumeric ND ity Indicator. National Associa also treat childre Alphanumeric DER_INDICATOR tifying whether fa	ndicator. Data Source: Indicator. Data Source: tion of Children's Hosp n Data Source: R acility is required to su	Provider pitals and Related Institutions (NACHRI) Provider ubmit Diagnosis Present on Admission
Coding Scheme: M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Require X Exempt Invalid	Field 12: Length: Field 13: Length: Field 14: Coding Scheme: Length:	1 Type: FAC_LONG_Long Term Ac 1 Type: FAC_OTHER_Other Long Te 1 Type: FAC_PEDS_I Pediatric Facil C Member, X Facilities 1 Type: POA_PROVII Indicator iden (POA) codes.	TERM_AC_IND ute Care Facility I Alphanumeric LTC_IND erm Care Facility I Alphanumeric ND ity Indicator. National Associa also treat childre Alphanumeric DER_INDICATOR tifying whether fa 25 TAC §Section	ndicator. Data Source: Indicator. Data Source: tion of Children's Hosp n Data Source: R acility is required to su 421.9(e) identifies the	Provider pitals and Related Institutions (NACHRI) Provider ubmit Diagnosis Present on Admission e following facility types as exempt from
patients) R Require X Exempt Invalid	Field 12: Length: Field 13: Length: Field 14: Coding Scheme: Length:	1 Type: FAC_LONG_Long Term Ac 1 Type: FAC_OTHER_Other Long Te 1 Type: FAC_PEDS_I Pediatric Facil C Member, X Facilities 1 Type: POA_PROVII Indicator iden (POA) codes. reporting POA	TERM_AC_IND ute Care Facility I Alphanumeric LTC_IND erm Care Facility I Alphanumeric ND ity Indicator. National Associa also treat childre Alphanumeric DER_INDICATOR tifying whether fa 25 TAC §Section to the department	ndicator. Data Source: Indicator. Data Source: tion of Children's Hosp n Data Source: R acility is required to su 421.9(e) identifies the nt: Critical Access Hos	Provider pitals and Related Institutions (NACHRI) Provider ubmit Diagnosis Present on Admission e following facility types as exempt from spitals, Inpatient Rehabilitation Hospitals,
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Field 16: PROVIDER_COUNTY

FIPS code of provider's county.

Coding scheme:

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

	115	Dawson	243	Jeff Dav	is 371	Pecos	499	Wood	
	117	Deaf Smit	th 245	Jeffersor	n 373	Polk	501	Yoakum	
	119	Delta	247	Jim Hog	g 375	Potter	503	Young	
	121	Denton	249	Jim Well	ls 377	Presidio	505	Zapata	
	123	Dewitt	251	Johnson	379	Rains	507	Zavala	
	125	Dickens	253	Jones	381	Randall			
	127	Dimmit	255	Karnes	383	Reagan	`	Invalid	
+ anath	-2	Two	Alabanı	~~~i~	Data Com	~	Assigned, bas	ed	
Length:	J	Type:	Alphanui	HEHIC	Data Sour	.e.	on provider ZIP	code	

OUTPATIENT BASE DATA FILE

Field 1:	SERVICE_QUARTER			
Longth		service occurred. Yea Alphanumeric	r and quarter of service. Data Source:	yyyyQn. Assigned
Length:	71: -	Aiphanumenc	Data Source.	Assigned
Field 2:	RECORD_ID	Number Unique num	har to identify the recer	d within the receased data file
				d within the research data file. RD ID in other Inpatient RDF files
Length:	12 Type:	Alphanumeric	Data Source:	Assigned
Field 3:	PAT_UNIQUE_IND		244 304.00.	, toolgrica
		gned to the patient by	THCIC	
Length:	10 Type:	Alphanumeric	Data Source:	Assigned
Field 4:	THCIC_ID			
		dentifier assigned to the		A I
Length:	6 Type:	Alphanumeric	Data Source:	Assigned
Field 5:	SPEC_UNIT_1			
		ch most days stay occi	urred based on number of	of days by Type of Bill or Revenue
Coding Scheme:	Code. C Coronary Care U	nit	P Pediatric Unit	
county Scheme.	D Detoxification Ur		P Pediatric Unit Y Psychiatric Un	i t
	I Intensive Care U	•••	R Rehabilitation	
	H Hospice Unit		U Sub-acute Car	
	N Nursery		S Skilled Nursing	g Unit
	B Obstetric Unit		Blank Acute Care	
	O Oncology Unit			
Length:	1 Type:	Alphanumeric	Data Source:	Calculated
Field 6:	SPEC_UNIT_2			
		ch 2 nd most days stay o	occurred based on numb	er of days by Type of Bill or
Coding Scheme:	Revenue Code. Same as SPEC_UNIT_	1		
Length:	1 Type:	_1 Alphanumeric	Data Source:	Calculated
Field 7:	SPEC_UNIT_3	Alphanamene	Data Source.	Calculated
		ch 3 rd most days stay o	occurred based on number	er of days by Type of Bill or
	Revenue Code.	,,		
Coding Scheme:	Same as SPEC_UNIT_	_1		
Length:	1 Type:	Alphanumeric	Data Source:	Calculated
Field 8:	SPEC_UNIT_4			
		ch 4 th most days stay o	occurred based on numb	er of days by Type of Bill or
0 11 0 1	Revenue Code.			
Coding Scheme: Length:	Same as SPEC_UNIT_ 1 Type:	_1 Alphanumeric	Data Source:	Calculated
Field 9:	1 Type: SPEC UNIT 5	Aiphanumenc	Data Source:	Calculated
rielu 3.		ch 5th most days stay o	occurred based on numb	er of days by Type of Bill or
	Revenue Code.	in 5 most days stay t	Accurred based on Hullib	ci oi days by Type of bill of
Coding Scheme:	Same as SPEC_UNIT_	1		
Length:	1 Type:	 Alphanumeric	Data Source:	Calculated
DSHS/THCIC		D (4	DSH	S Document #25-15014
www.dshs.texas.gov	/THCIC	———— Page 64		pdated: May 2025
www.dono.tcAdo.gov	,, 111010		Last O	Paarea. 111ay 2023

Field 10: ENCOUNTER_INDICATOR

Indicates the number of claims used to create the encounter. Some non-acute care patients may have more than one claim that is consolidated for the record. For example patients in Rehabilitation

Calculated

Hospitals or Long Term Care Hospitals or Psychiatric hospitals.

Length: 2 Type: Alphanumeric Data Source: Field 11: SEX_CODE

Gender of the patient as recorded at date of admission or start of care.

Coding Scheme: M Male F Female U Unknown

Length: 1 Type: Alphanumeric Data Source: Claim

Field 12: BIRTH_DATE

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

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Field 13:	PAT_AGE_GROUP			
			ears on date of discharge	e.
Coding Scheme:	00 1-28 days	10 35-3		85-89
	01 29-365 days	11 40-4		90+
	02 1-4 years 03 5-9	12 45-49 13 50-5		drug/alcohol use patients: 0-17
	04 10-14	14 55-59		18-44
	05 15-17	15 60-6		45-64
	06 18-19	16 65-69	25	65-74
	07 20-24	17 70-74		75+
	08 25-29	18 75-79		Invalid
Length:	09 30-34 2 Type:	19 80-8 Alphanumeric	Data Source:	Assigned
Field 14:	PAT_AGE_YEARS	Alphanumenc	Data Source.	Assigned
rieiu 14.		ears on date of discharg	e.	
Length:	3 Type:	Alphanumeric	Data Source:	Claim
Field 15:	PAT_AGE_DAYS			
l ameth.		ys on date of discharge		Claims
Length: Field 16:	5 Type: RACE	Alphanumeric	Data Source:	Claim
rieia 10:	Code indicating the	natient's race		
Coding Scheme:	3	n/Eskimo/Aleut		
	2 Asian or Pacific	•		
	3 Black			
	4 White			
Length:	5 Other 1 Type:	Alphanumeric	Data Source:	Claim
Field 17:	ETHNICITY	Alphanumenc	Data Source.	Clairi
rieiu 17.		Hispanic origin of the p	atient.	
Coding Scheme:	1 Hispanic Origin			
	2 Not of Hispanio			
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 18:		US_BLOCK_GROUP		
		of patient street addre		cy of the geocoding process will
			Block_Group (See page	
	be provided along	with rat_Addi_census_	block_droup (See page	34 for details).
Length:	14 Type:	Alphanumeric	Data Source:	Calculated
Field 19:	PAT_ADDR_CENS			
	Census block of pat	ient street address		
	Natar LCODE (Lasa		:6:	6 - 1
		ition code) which quant		cy of the geocoding process will
		ition code) which quant	ifies the level of accurac Block_Group (See page	
	be provided along	ition code) which quant with Pat_Addr_Census_	Block_Group (See page	54 for details).
Length:	be provided along of the state	ition code) which quant		
Length: Field 20:	5 Type: PAT_CITY	ation code) which quant with Pat_Addr_Census_ Alphanumeric	Block_Group (See page Data Source:	54 for details).
Field 20:	5 Type: PAT_CITY Patient address city	ation code) which quant with Pat_Addr_Census_ Alphanumeric v as provided by the pat	Block_Group (See page Data Source: ient.	54 for details). Calculated
Field 20: Length:	5 Type: PAT_CITY Patient address city 30 Type:	ation code) which quant with Pat_Addr_Census_ Alphanumeric	Block_Group (See page Data Source:	54 for details).
Field 20: Length: Field 21:	5 Type: PAT_CITY Patient address city 30 Type: PAT_STATE	Alphanumeric as provided by the pat Alphanumeric as provided by the pat Alphanumeric te as provided by the pat	Block_Group (See page Data Source: ient. Data Source: stient.	254 for details). Calculated Provider
Field 20: Length: Field 21: Length:	5 Type: PAT_CITY Patient address city 30 Type: PAT_STATE Patient address stat 2 Type:	ation code) which quant with Pat_Addr_Census_ Alphanumeric as provided by the pat Alphanumeric	Block_Group (See page Data Source: ient. Data Source:	54 for details). Calculated
Field 20: Length: Field 21:	5 Type: PAT_CITY Patient address city 30 Type: PAT_STATE Patient address stat 2 Type: PAT_ZIP	Alphanumeric as provided by the pat Alphanumeric te as provided by the pat Alphanumeric te as provided by the pat Alphanumeric	Block_Group (See page Data Source: ient. Data Source: atient. Data Source:	254 for details). Calculated Provider
Field 20: Length: Field 21: Length: Field 22:	5 Type: PAT_CITY Patient address city 30 Type: PAT_STATE Patient address stat 2 Type: PAT_ZIP Patient address ZIP	Alphanumeric te as provided by the pat Alphanumeric te as provided by the pat Alphanumeric te code as provided by the pat Alphanumeric	Block_Group (See page Data Source: ient. Data Source: atient. Data Source:	254 for details). Calculated Provider Provider
Field 20: Length: Field 21: Length: Field 22: Length:	5 Type: PAT_CITY Patient address city 30 Type: PAT_STATE Patient address stat 2 Type: PAT_ZIP Patient address ZIP 9 Type:	Alphanumeric as provided by the pat Alphanumeric te as provided by the pat Alphanumeric te as provided by the pat Alphanumeric	Block_Group (See page Data Source: ient. Data Source: atient. Data Source:	254 for details). Calculated Provider
Field 20: Length: Field 21: Length: Field 22:	5 Type: PAT_CITY Patient address city 30 Type: PAT_STATE Patient address stat 2 Type: PAT_ZIP Patient address ZIP 9 Type: PAT_COUNTRY	Alphanumeric te as provided by the pat Alphanumeric te as provided by the pat Alphanumeric te code as provided by the pat Alphanumeric	Block_Group (See page Data Source: ient. Data Source: atient. Data Source: e patient. Data Source:	254 for details). Calculated Provider Provider Provider
Field 20: Length: Field 21: Length: Field 22: Length:	5 Type: PAT_CITY Patient address city 30 Type: PAT_STATE Patient address state 2 Type: PAT_ZIP Patient address ZIP 9 Type: PAT_COUNTRY Country of patient's	Alphanumeric as provided by the pat Alphanumeric te as provided by the pat Alphanumeric te code as provided by the pat Alphanumeric code as provided by the pat Alphanumeric code as provided by the pat Alphanumeric	Block_Group (See page Data Source: ient. Data Source: atient. Data Source: e patient. Data Source:	254 for details). Calculated Provider Provider
Field 20: Length: Field 21: Length: Field 22: Length: Field 23: Coding scheme:	5 Type: PAT_CITY Patient address city 30 Type: PAT_STATE Patient address stat 2 Type: PAT_ZIP Patient address ZIP 9 Type: PAT_COUNTRY Country of patient's Standardization (IS See www.ISO.org for	Alphanumeric as provided by the pat Alphanumeric te as provided by the pat Alphanumeric te as provided by the pat Alphanumeric code as provided by the Alphanumeric s residential address. Listo). or complete list.	Block_Group (See page Data Source: ient. Data Source: atient. Data Source: e patient. Data Source: st maintained by the Int	Provider Provider Provider Provider Provider Provider
Field 20: Length: Field 21: Length: Field 22: Length: Field 23: Coding scheme: Length:	5 Type: PAT_CITY Patient address city 30 Type: PAT_STATE Patient address stat 2 Type: PAT_ZIP Patient address ZIP 9 Type: PAT_COUNTRY Country of patient's Standardization (IS See www.ISO.org for	Alphanumeric as provided by the pat Alphanumeric te as provided by the pat Alphanumeric te as provided by the pat Alphanumeric code as provided by the Alphanumeric s residential address. Listo).	Block_Group (See page Data Source: ient. Data Source: atient. Data Source: e patient. Data Source:	254 for details). Calculated Provider Provider Provider
Field 20: Length: Field 21: Length: Field 22: Length: Field 23: Coding scheme:	5 Type: PAT_CITY Patient address city 30 Type: PAT_STATE Patient address stat 2 Type: PAT_ZIP Patient address ZIP 9 Type: PAT_COUNTRY Country of patient's Standardization (IS See www.ISO.org for 2 Type: PAT_COUNTY	Alphanumeric as provided by the pat Alphanumeric te as provided by the pat Alphanumeric code as provided by the Alphanumeric code as provided by the Alphanumeric s residential address. Lie O). or complete list. Alphanumeric	Block_Group (See page Data Source: ient. Data Source: atient. Data Source: e patient. Data Source: st maintained by the Int	Provider Provider Provider Provider Provider Provider
Field 20: Length: Field 21: Length: Field 22: Length: Field 23: Coding scheme: Length: Field 24:	5 Type: PAT_CITY Patient address city 30 Type: PAT_STATE Patient address stat 2 Type: PAT_ZIP Patient address ZIP 9 Type: PAT_COUNTRY Country of patient's Standardization (IS See www.ISO.org for	Alphanumeric as provided by the pat Alphanumeric te as provided by the pat Alphanumeric code as provided by the Alphanumeric code as provided by the Alphanumeric s residential address. Lie O). or complete list. Alphanumeric	Block_Group (See page Data Source: ient. Data Source: atient. Data Source: e patient. Data Source: st maintained by the Int	Provider Provider Provider Provider Provider Provider
Field 20: Length: Field 21: Length: Field 22: Length: Field 23: Coding scheme: Length:	5 Type: PAT_CITY Patient address city 30 Type: PAT_STATE Patient address stat 2 Type: PAT_ZIP Patient address ZIP 9 Type: PAT_COUNTRY Country of patient's Standardization (IS See www.ISO.org for the country of patient's Type: PAT_COUNTY FIPS code of patient's	Alphanumeric as provided by the pat Alphanumeric te as provided by the pat Alphanumeric code as provided by the Alphanumeric code as provided by the Alphanumeric s residential address. Lie O). or complete list. Alphanumeric	Block_Group (See page Data Source: ient. Data Source: atient. Data Source: e patient. Data Source: st maintained by the Int	Provider Provider Provider Provider Provider Provider
Field 20: Length: Field 21: Length: Field 22: Length: Field 23: Coding scheme: Length: Field 24: Coding scheme:	be provided along to be provided along to be provided along to be part of the part of the provided along to be part of the part of the part of the part of the provided along the part of the part of the provided along the part of the part	Alphanumeric as provided by the pat Alphanumeric te as provided by the pat Alphanumeric to code as provided by the Alphanumeric code as provided by the pat Alphanumeric code as provided by the Alphanumeric stresidential address. Liston con complete list. Alphanumeric t's county.	Block_Group (See page Data Source: ient. Data Source: e patient. Data Source: et maintained by the Int Data Source:	Provider Provider Provider Provider Provider Provider Provider Provider Provider
Field 20: Length: Field 21: Length: Field 22: Length: Field 23: Coding scheme: Length: Field 24: Coding scheme: 001 Anders	be provided along to be provided along to be provided along to be part of the provided along the provided alo	Alphanumeric as provided by the pat Alphanumeric te as provided by the pat Alphanumeric to code as provided by the Alphanumeric code as provided by the pat Alphanumeric code as provided by the Alphanumeric cresidential address. Listo). cor complete list. Alphanumeric t's county. Bandera	Block_Group (See page Data Source: ient. Data Source: e patient. Data Source: et maintained by the Int Data Source: Oata Source:	Provider Provider Provider Provider Provider Provider Provider ernational Organization for Provider O55 Caldwell
Field 20: Length: Field 21: Length: Field 22: Length: Field 23: Coding scheme: Length: Field 24: Coding scheme: 001 Anders 003 Andrew	be provided along to be provided along to be provided along to be part of the part of the provided along to be part of the provided along the part of	Alphanumeric as provided by the pat Alphanumeric te as provided by the pat Alphanumeric to as provided by the pat Alphanumeric code as provided by the Alphanumeric cresidential address. Liston. are complete list. Alphanumeric t's county. Bandera Bastrop	Block_Group (See page Data Source: ient. Data Source: etient. Data Source: e patient. Data Source: st maintained by the Int Data Source: 037 Bowie 039 Brazoria	Provider Provider Provider Provider Provider Provider Provider Calculated Provider Provider Provider Organization for Provider OS5 Caldwell OS7 Calhoun
Field 20: Length: Field 21: Length: Field 22: Length: Field 23: Coding scheme: Length: Field 24: Coding scheme: 001 Anders 003 Andrew 005 Angelin	be provided along to be provided along to be provided along to be part of the part of the provided along to be part of the provided along the part of	Alphanumeric as provided by the pat Alphanumeric te as provided by the pat Alphanumeric te as provided by the pat Alphanumeric code as provided by the Alphanumeric cresidential address. Listo). cresidential address. Listo). cresidential address. Listo). br complete list. Alphanumeric t's county. Bandera Bastrop Baylor	Block_Group (See page Data Source: ient. Data Source: etient. Data Source: e patient. Data Source: st maintained by the Int Data Source: 037 Bowie 039 Brazoria 041 Brazos	Provider Provider Provider Provider Provider Provider Provider Calculated Provider Provider Provider Of Caldwell Of Caldoun Of Callahan
Field 20: Length: Field 21: Length: Field 22: Length: Field 23: Coding scheme: Length: Field 24: Coding scheme: 001 Anders 003 Andrew 005 Angelir 007 Aransa 009 Archer 011 Armstn	be provided along to be provided along to be provided along to be part of the part of the provided along to be part of the par	Alphanumeric as provided by the pat Alphanumeric as provided by the pat Alphanumeric te as provided by the pat Alphanumeric code as provided by the Alphanumeric cresidential address. Listo). cresmplete list. Alphanumeric t's county. Bandera Bastrop Baylor Bee	Block_Group (See page Data Source: ient. Data Source: e patient. Data Source: e patient. Data Source: st maintained by the Int Data Source: 037 Bowie 039 Brazoria 041 Brazos 043 Brewster 045 Briscoe 047 Brooks	Provider Provider Provider Provider Provider Provider Provider Caldwell 057 Caldwell 057 Calhoun 059 Callahan 061 Cameron 063 Camp 065 Carson
Field 20: Length: Field 21: Length: Field 22: Length: Field 23: Coding scheme: Length: Field 24: Coding scheme: 001 Anders 003 Andrew 005 Angelir 007 Aransa 009 Archer	be provided along to be provided along to be provided along to be part of the part of the provided along to be part of the par	Alphanumeric as provided by the pat Alphanumeric as provided by the pat Alphanumeric te as provided by the pat Alphanumeric code as provided by the Alphanumeric cresidential address. Listo). cr complete list. Alphanumeric t's county. Bandera Bastrop Baylor Bee Bell	Block_Group (See page Data Source: ient. Data Source: e patient. Data Source: e patient. Data Source: st maintained by the Int Data Source: 037 Bowie 039 Brazoria 041 Brazos 043 Brewster 045 Briscoe	Provider Provider Provider Provider Provider Provider Provider Caldwell 057 Caldwell 057 Calhoun 059 Callahan 061 Cameron 063 Camp
Field 20: Length: Field 21: Length: Field 22: Length: Field 23: Coding scheme: Length: Field 24: Coding scheme: 001 Anders 003 Andrew 005 Angelir 007 Aransa 009 Archer 011 Armstr 013 Atascos	be provided along to be provided along to be provided along to be part of the part of the provided along to be part of the par	Alphanumeric as provided by the pat Alphanumeric te as provided by the pat Alphanumeric code as provided by the Alphanumeric code as provided by the Alphanumeric cresidential address. Listo). or complete list. Alphanumeric t's county. Bandera Bastrop Baylor Bee Bell Bexar Blanco	Block_Group (See page Data Source: ient. Data Source: e patient. Data Source: e patient. Data Source: st maintained by the Int Data Source: 037 Bowie 039 Brazoria 041 Brazos 043 Brewster 045 Briscoe 047 Brooks 049 Brown	Provider Provider Provider Provider Provider Provider Caldwell 057 Caldwell 057 Calhoun 059 Callahan 061 Cameron 063 Camp 065 Carson 067 Cass
Field 20: Length: Field 21: Length: Field 22: Length: Field 23: Coding scheme: Length: Field 24: Coding scheme: 001 Anders 003 Andrew 005 Angelir 007 Aransa 009 Archer 011 Armstn	be provided along to be provided along to be provided along to be part of the provided along to be part of the provided along to be part of the part of the provided along to be part of the part of the provided along the pr	Alphanumeric as provided by the pat Alphanumeric as provided by the pat Alphanumeric te as provided by the pat Alphanumeric code as provided by th Alphanumeric cresidential address. Lie O). cr complete list. Alphanumeric t's county. Bandera Bastrop Baylor Bee Bell Bexar	Block_Group (See page Data Source: ient. Data Source: atient. Data Source: e patient. Data Source: st maintained by the Int Data Source: 037 Bowie 039 Brazoria 041 Brazos 043 Brewster 045 Briscoe 047 Brooks 049 Brown DSF	Provider Provider Provider Provider Provider Provider Provider Caldwell 057 Caldwell 057 Calhoun 059 Callahan 061 Cameron 063 Camp 065 Carson

015Austin033Borden051Burleson069Castro017Bailey035Bosque053Burnet071Chambers

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073	Cherokee	183	Gregg	293	Limestone	403	Sabine
075	Childress	185	Grimes	295	Lipscomb	405	San Augustine
077	Clay	187	Guadalupe	297	Live Oak	407	San Jacinto
079	Cochran	189	Hale	299	Llano	409	San Patricio
081	Coke	191	Hall	301	Loving	411	San Saba
083	Coleman	193	Hamilton	303	Lubbock	413	Schleicher
085	Collin	195	Hansford	305	Lynn	415	Scurry
087	Collingsworth	197	Hardeman	307	McCulloch	417	Shackelford
089	Colorado	199	Hardin	309	McLennan	419	Shelby
091	Comal	201	Harris	311	McMullen	421	Sherman
093	Comanche	203	Harrison	313	Madison	423	Smith
095	Concho	205	Hartley	315	Marion	425	Somervell
097	Cooke	207	Haskell	317	Martin	427	Starr
099	Coryell	209	Hays	319	Mason	429	Stephens
101	Cottle	211	Hemphill	321	Matagorda	431	Sterling
103	Crane	213	Henderson	323	Maverick	433	Stonewall
105	Crockett	215	Hidalgo	325	Medina	435	Sutton
107	Crosby	217	Hill	327	Menard	437	Swisher
109	Culberson	219	Hockley	329	Midland	439	Tarrant
111	Dallam	221	Hood	331	Milam	441	Taylor
113	Dallas	223	Hopkins	333	Mills	443	Terrell
115	Dawson	225	Houston	335	Mitchell	445	Terry
117	Deaf Smith	227	Howard	337	Montague	447	Throckmorton
119	Delta	229	Hudspeth	339	Montgomery	449	Titus
121	Denton	231	Hunt	341	Moore	451	Tom Green
123	Dewitt	233	Hutchinson	343	Morris	453	Travis
125	Dickens	235	Irion	345	Motley	455	Trinity
127	Dimmit	237	Jack	347	Nacogdoches	457	Tyler
129	Donley	239	Jackson	349	Navarro	459	Upshur
131	Duval	241	Jasper	351	Newton	461	Upton
133	Eastland	243	Jeff Davis	353	Nolan	463	Uvalde
135	Ector	245	Jefferson	355	Nueces	465	Val Verde
137	Edwards	247	Jim Hogg	357	Ochiltree	467	Van Zandt
139	Ellis	249	Jim Wells	359	Oldham	469	Victoria
141	El Paso	251	Johnson	361	Orange	471	Walker
143	Erath	253	Jones	363	Palo Pinto	473	Waller
145	Falls	255	Karnes	365	Panola	475	Ward
147	Fannin	257	Kaufman	367	Parker	477	Washington
149	Fayette	259	Kendall	369	Parmer	479	Webb
151	Fisher	261	Kenedy	371	Pecos	481	Wharton
153	Floyd	263	Kent	373	Polk	483	Wheeler
155	Foard	265	Kerr	375	Potter	485	Wichita
157	Fort Bend	267	Kimble	377	Presidio	487	Wilbarger
159	Franklin	269	King	379	Rains	489	Willacy
161	Freestone	271	Kinney	381	Randall	491	Williamson
163	Frio	273	Kleberg	383	Reagan	493	Wilson
165	Gaines	275	Knox	385	Real	495	Winkler
167	Galveston	283	La Salle	387	Red River	497	Wise
169	Garza	277	Lamar	389	Reeves	499	Wood
171	Gillespie	279	Lamb	391	Refugio	501	Yoakum
173	Glasscock	281	Lampasas	393	Roberts	503	Young
175	Goliad	285	Lavaca	395	Robertson	505	Zapata
177	Gonzales	287	Lee	397	Rockwall	507	Zavala
179	Gray	289	Leon	399	Runnels	557	
181	Grayson	291	Liberty	401	Rusk		Invalid
		-21		.51			21174114

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

Field 25:

PUBLIC_HEALTH_REGIONPublic Health Region of patient's address.

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	1	Armstrong, Bailey, Briscoe, Carson, Castro, Ch		
		Dickens, Donley, Floyd, Garza, Gray, Hale, Hal		
		Lamb, Lipscomb, Lubbock, Lynn, Moore, Motle		lham, Parmer, Potter, Randall, Roberts,
	2	Sherman, Swisher, Terry, Wheeler, Yoakum co		attle Feetland Fisher Frend Hendenson
	2	Archer, Baylor, Brown, Callahan, Clay, Colema		
		Haskell, Jack, Jones, Kent, Knox, Mitchell, Mon Stonewall, Taylor, Throckmorton, Wichita, Will		
	_			
	3	Collin, Cooke, Dallas, Denton, Ellis, Erath, Fani		ood, Hunt, Johnson, Kaurman, Navarro, Palo
	4	Pinto, Parker, Rockwall, Somervell, Tarrant, W Anderson, Bowie, Camp, Cass, Cherokee, Delta	nse counties a Franklin Gred	ng Harrison Henderson Honkins Lamar
	7	Marion, Morris, Panola, Rains, Red River, Rusk,		
	5	Angelina, Hardin, Houston, Jasper, Jefferson, N		·
	3	San Jacinto, Shelby, Trinity, Tyler counties	Nacoguoches, Ne	ewton, Orange, Fork, Sabine, San Augustine,
	6	Austin, Brazoria, Chambers, Colorado, Fort Ber	nd, Galveston, H	larris, Liberty, Matagorda, Montgomery,
		Walker, Waller, Wharton counties	,,	
	7	Bastrop, Bell, Blanco, Bosque, Brazos, Burleson	n, Burnet, Caldw	vell, Coryell, Falls, Fayette, Freestone,
		Grimes, Hamilton, Hays, Hill, Lampasas, Lee, L	Leon, Limestone	, Llano, McLennan, Madison, Milam, Mills,
		Robertson, San Saba, Travis, Washington, Will	liamson counties	5
	8	Atascosa, Bandera, Bexar, Calhoun, Comal, De		
		Guadalupe, Jackson, Karnes, Kendall, Kerr, Kir	nney, La Salle, L	avaca, Maverick, Medina, Real, Uvalde, Val
	_	Verde, Victoria, Wilson, Zavala counties		
	9	Andrews, Borden, Coke, Concho, Crane, Crock		
		Kimble, Loving, McCulloch, Martin, Mason, Mer		ecos, Reagan, Reeves, Schleicher, Sterling,
	10	Sutton, Terrell, Tom Green, Upton, Ward, Winl		
	10	Brewster, Culberson, El Paso, Hudspeth, Jeff D	•	
	11	Aransas, Bee, Brooks, Cameron, Duval, Hidalg		
Longth	2	McMullen, Nueces, Refugio, San Patricio, Starr		
Length:	2	7.	oata Source:	Assigned
Field 26:		_OF_ADMISSION		
		indicating the type of admission. Hospital	emergency de	partment visits only
Coding Scheme:	1	Emergency		
	2	Urgent		
	3	Elective		
	4	Newborn		
	5	Trauma Center		
	9	Information not available		
Length:	1	Tree Alphanumaria D		
_		• •	Data Source:	Claim
Field 27:	SOU	RCE_OF_ADMISSION		_
_	SOU	• •		_
_	SOUI Code 1	RCE_OF_ADMISSION	al emergency	department visits only
Field 27:	SOU l Code	RCE_OF_ADMISSION indicating source of the admission. Hospita	al emergency	department visits only
Field 27:	SOUI Code 1	RCE_OF_ADMISSION indicating source of the admission. Hospita Non-Healthcare Facility Point of Origin (Beginni	al emergency	department visits only
Field 27:	SOUI Code 1 2	RCE_OF_ADMISSION indicating source of the admission. Hospita Non-Healthcare Facility Point of Origin (Beginni Clinic or Physician's Office	al emergency (ing July 1, 2010)	department visits only
Field 27:	SOUI Code 1 2 4	RCE_OF_ADMISSION indicating source of the admission. Hospita Non-Healthcare Facility Point of Origin (Beginni Clinic or Physician's Office Transfer from a hospital	al emergency (ing July 1, 2010)	department visits only
Field 27:	SOUI Code 1 2 4	RCE_OF_ADMISSION indicating source of the admission. Hospita Non-Healthcare Facility Point of Origin (Beginni Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, interme	al emergency (ing July 1, 2010)	department visits only
Field 27:	SOUI Code 1 2 4 5	RCE_OF_ADMISSION indicating source of the admission. Hospita Non-Healthcare Facility Point of Origin (Beginni Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, interme assisted living facility	al emergency (ing July 1, 2010)	department visits only
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Field 27:	SOUI Code 1 2 4 5 6 8 9 D	RCE_OF_ADMISSION indicating source of the admission. Hospital Non-Healthcare Facility Point of Origin (Beginni Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, interme assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Hospital of the Same Hospital Resulting in a Separate O	al emergency (ing July 1, 2010) ediate care facilit	department visits only by or nct Unit
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Field 27: Coding Scheme: Length: Field 28:	Code 1 2 4 5 6 8 9 D E F If Tyl 5 6 1 FIRS Code 09	indicating source of the admission. Hospital Non-Healthcare Facility Point of Origin (Beginni Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, interme assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Hospital of the Same Hospital Resulting in a Separate C Transfer from Ambulatory Surgery Center Transfer from a Hospice Facility of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Type: Alphanumeric D T_PAYMENT_SRC indicating the expected primary source of Self Pay (Removed from 5010 format, use "ZZ' beginning 2Q2012 data)	al emergency ing July 1, 2010) ediate care facility to another Distinction to the Payor Data Source: payment. HM	department visits only by or not Unit er Claim Health Maintenance Organization
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Field 27: Coding Scheme: Length: Field 28:	E F If Tyl 5 6 1 FIRS Code 09 10 11	indicating source of the admission. Hospital Non-Healthcare Facility Point of Origin (Beginni Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, interme assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Hospital of the Same Hospital Resulting in a Separate of Transfer from Ambulatory Surgery Center Transfer from a Hospice Facility of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Type: Alphanumeric D ST_PAYMENT_SRC indicating the expected primary source of Self Pay (Removed from 5010 format, use "ZZ" beginning 2Q2012 data) Central Certification Other Non-federal Programs	al emergency (ing July 1, 2010) ediate care facilit to another Distin Claim to the Payo	department visits only by or net Unit er Claim Health Maintenance Organization Liability Liability Medical
Field 27: Coding Scheme: Length: Field 28:	Code 1 2 4 5 6 8 9 D E F If Tyl 5 6 1 FIRS Code 09 10 11 12	indicating source of the admission. Hospital Non-Healthcare Facility Point of Origin (Beginni Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, interme assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Hospital of the Same Hospital Resulting in a Separate of the Same Hospital Resulting in a Separate of Transfer from Ambulatory Surgery Center Transfer from a Hospice Facility De of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Type: Alphanumeric T_PAYMENT_SRC indicating the expected primary source of Self Pay (Removed from 5010 format, use "ZZ' beginning 2Q2012 data) Central Certification Other Non-federal Programs Preferred Provider Organization (PPO)	al emergency (ing July 1, 2010) ediate care facility to another Distinction to the Payor Data Source: payment. HM LI LM MA	department visits only by or cy or Claim Health Maintenance Organization Liability Liability Medical Medicare Part A
Field 27: Coding Scheme: Length: Field 28:	Code 1 2 4 5 6 8 9 D E F If Tyl 5 6 1 FIRS Code 09 10 11 12 13	indicating source of the admission. Hospital Non-Healthcare Facility Point of Origin (Beginni Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, interme assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Hospital of the Same Hospital Resulting in a Separate of Transfer from Ambulatory Surgery Center Transfer from A Hospice Facility De of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Type: Alphanumeric T_PAYMENT_SRC indicating the expected primary source of Self Pay (Removed from 5010 format, use "ZZ" beginning 2Q2012 data) Central Certification Other Non-federal Programs Preferred Provider Organization (PPO) Point of Service (POS)	al emergency (ing July 1, 2010) ediate care facility to another Distinction to the Payor Pata Source: payment. HM LI LM MA MB	department visits only by or met Unit er Claim Health Maintenance Organization Liability Liability Medical Medicare Part A Medicare Part B
Field 27: Coding Scheme: Length: Field 28:	Code 1 2 4 5 6 8 9 D E F If Tyl 5 6 1 FIRS Code 09 10 11 12 13 14	indicating source of the admission. Hospital Non-Healthcare Facility Point of Origin (Beginni Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, interme assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Hospital of the Same Hospital Resulting in a Separate Countransfer from Ambulatory Surgery Center Transfer from Ambulatory Surgery Center Transfer from a Hospice Facility De of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Type: Alphanumeric Description Office Admission Office Alphanumeric Transfer from Solo format, use "ZZ" beginning 2Q2012 data) Central Certification Other Non-federal Programs Preferred Provider Organization (PPO) Point of Service (POS) Exclusive Provider Organization (EPO)	al emergency of ing July 1, 2010) ediate care facility to another Distinction to the Payor Data Source: To payment. HM LI LM MA MB MC TV	department visits only by or nct Unit er Claim Health Maintenance Organization Liability Liability Medical Medicare Part A Medicare Part B Medicaid
Field 27: Coding Scheme: Length: Field 28:	Code 1 2 4 5 6 8 9 D E F If Tyl 5 6 1 FIRS Code 09 10 11 12 13 14 15	indicating source of the admission. Hospital Non-Healthcare Facility Point of Origin (Beginni Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, interme assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Hospital of the Same Hospital Resulting in a Separate Contransfer from Ambulatory Surgery Center Transfer from Ambulatory Surgery Center Transfer from Alospice Facility De of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Type: Alphanumeric Transfer from Alphanumeric Transfer from Solo format, use "ZZ" beginning 2Q2012 data) Central Certification Other Non-federal Programs Preferred Provider Organization (PPO) Point of Service (POS) Exclusive Provider Organization (EPO) Indemnity Insurance	al emergency of ing July 1, 2010) ediate care facility to another Distinction to the Payor Data Source: To payment. HM LI LM MA MB MC TV	department visits only by or claim Claim Health Maintenance Organization Liability Liability Medical Medicare Part A Medicare Part B Medicaid Title V Other Federal Program
Field 27: Coding Scheme: Length: Field 28:	SOUI Code 1 2 4 5 6 8 9 D E F If Tyl 5 6 1 FIRS Code 09 10 11 12 13 14 15 16 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	indicating source of the admission. Hospital Non-Healthcare Facility Point of Origin (Beginni Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, interme assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Hospital of the Same Hospital Resulting in a Separate of the Same Hospital Resulting in a Separate of Transfer from Ambulatory Surgery Center Transfer from a Hospice Facility De of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Type: Alphanumeric T_PAYMENT_SRC indicating the expected primary source of Self Pay (Removed from 5010 format, use "ZZ' beginning 2Q2012 data) Central Certification Other Non-federal Programs Preferred Provider Organization (PPO) Point of Service (POS) Exclusive Provider Organization (EPO) Indemnity Insurance Health Maintenance Organization (HMO) Medic Risk Automobile Medical	al emergency of ing July 1, 2010) ediate care facility to another Distriction to the Payor Data Source: To payment. HM LI LM MA MB MC TV tare OF	department visits only Ey or Claim Health Maintenance Organization Liability Liability Medical Medicare Part A Medicare Part B Medicaid Title V Other Federal Program Veteran Administration Plan
Field 27: Coding Scheme: Length: Field 28:	Code 1 2 4 5 6 8 9 D E F If Tyl 5 6 1 FIRS Code 09 10 11 12 13 14 15 16 AM BL	indicating source of the admission. Hospital Non-Healthcare Facility Point of Origin (Beginni Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, interme assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Hospital of the Same Hospital Resulting in a Separate Office of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Born outside this hospital Type: Alphanumeric D ST_PAYMENT_SRC indicating the expected primary source of Self Pay (Removed from 5010 format, use "ZZ' beginning 2Q2012 data) Central Certification Other Non-federal Programs Preferred Provider Organization (PPO) Point of Service (POS) Exclusive Provider Organization (EPO) Indemnity Insurance Health Maintenance Organization (HMO) Medic Risk Automobile Medical Blue Cross/Blue Shield	al emergency of ing July 1, 2010) ediate care facility to another Distriction to the Payor Data Source: To payment. HM LI LM MA MB MC TV care OF VA WC	department visits only by or Claim Claim Health Maintenance Organization Liability Liability Medical Medicare Part A Medicare Part B Medicaid Title V Other Federal Program Veteran Administration Plan Workers Compensation Health Claim
Field 27: Coding Scheme: Length: Field 28:	SOUI Code 1 2 4 5 6 8 9 D E F If Tyl 5 6 1 FIRS Code 09 10 11 12 13 14 15 16 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	indicating source of the admission. Hospital Non-Healthcare Facility Point of Origin (Beginni Clinic or Physician's Office Transfer from a hospital Transfer from a skilled nursing facility, interme assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available Transfer from One distinct Unit of the Hospital of the Same Hospital Resulting in a Separate of the Same Hospital Resulting in a Separate of Transfer from Ambulatory Surgery Center Transfer from a Hospice Facility De of Admission=4 (Newborn) Born inside this hospital Born outside this hospital Type: Alphanumeric T_PAYMENT_SRC indicating the expected primary source of Self Pay (Removed from 5010 format, use "ZZ' beginning 2Q2012 data) Central Certification Other Non-federal Programs Preferred Provider Organization (PPO) Point of Service (POS) Exclusive Provider Organization (EPO) Indemnity Insurance Health Maintenance Organization (HMO) Medic Risk Automobile Medical	al emergency of ing July 1, 2010) ediate care facility to another Distriction to the Payor Data Source: To payment. HM LI LM MA MB MC TV tare OF	department visits only Ey or Claim Health Maintenance Organization Liability Liability Medical Medicare Part A Medicare Part B Medicaid Title V Other Federal Program Veteran Administration Plan

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CI Commercial Insurance Codes 09 and ZZ, combined for 2004 & 2005 DS Disability Insurance Invalid 2 Type: Alphanumeric **Data Source:** Claim Length: Field 29: FIRST_PAYER_ID National Plan Identifier (when implemented by federal government). Length: Alphanumeric **Data Source:** Claim Type: Field 30: FIRST_PAYER_NAME Name of primary source of payment. Alphanumeric **Data Source:** Claim Lenath: Type: SECONDARY_PAYMENT_SRC Field 31: Code indicating the expected secondary source of payment. Coding Scheme: Same as FIRST_PAYMENT_SRC Length: Alphanumeric Type: **Data Source:** Claim SECONDARY_PAYER_ID Field 32: National Plan Identifier (when implemented by federal government). Alphanumeric **Data Source:** Length: Claim SECONDARY_PAYER_NAME Field 33: Name of secondary source of payment. Alphanumeric Length: 35 Type: Data Source: Claim STMT PERIOD FROM Field 34: Beginning service date of the period reflected on the statement. Entered as YYYYMMDD. <u>Alphanumeric</u> **Data Source:** Length: Type: Claim Field 35: STMT_PERIOD_THRU Ending service date of the period reflected on the statement. Entered as YYYYMMDD. Length: Alphanumeric **Data Source:** LENGTH OF SERVICE Field 36: Length of stay in days equals Statement covers period through date minus Admission/start of care date. The minimum length of stay is 1 day. The maximum is 30 days. Length: Type: Alphanumeric **Data Source:** Calculated Field 37: **PAT STATUS** Code indicating patient status as of the ending date of service for the period of care reported. **Coding Scheme:** Discharged to home or self-care (routine Discharged/transferred within this institution to 61 discharge) Medicare-approved swing bed Discharged/transferred to a short term general 2 62 Discharged/transferred to inpatient rehabilitation hospital for inpatient care Discharged/transferred to skilled nursing facility 63 Discharged/transferred to Medicare-certified long (SNF) with Medicare certification in anticipation term care hospital of skilled care Discharged/transferred to Medicaid-certified Discharged/transferred to a facility that provides nursing facility under Medicaid but not certified custodial or supportive care under Medicare Discharged/transferred to a Designated Cancer 5 Discharged/transferred to psychiatric hospital or 65 Center or Children's Hospital (effective 10-1psychiatric distinct part of a hospital Discharged/transferred to Critical Access Hospital 66 Discharged/transferred to home under care of an (CAH) 6 organized home health service organization in Discharged/Transferred to a designated disaster 69 anticipation of covered skilled care alternate care (effective 10-1-2013) Left against medical advice Discharge/transfer to another type of health care 70 institution not defined elsewhere in the code list 09 Admitted as inpatient to this hospital Discharged to Home or Self Care with a Planned 81 20 Expired Acute. Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/transferred to Court/Law 21 Enforcement Discharged/Transferred to a Short Term General 82 Hospital for Inpatient Care with a Planned Acute 30 Still patient Care Hospital Inpatient Readmission (effective 40 Expired at home 10-1-2013) Discharged/Transferred to a Skilled Nursing Expired in a medical facility 83 41 Facility (SNF) with Medicare Certification with a 42 Expired, place unknown Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) 43 Discharged/transferred to federal government operated health facility Discharged/Transferred to a Facility that 84 Provides Custodial or Supportive Care with a 50 Planned Acute Care Hospital Inpatient Hospice-medical facility (Certified) providing Readmission (effective 10-1-2013) hospice level of care

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- 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 Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 87 Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 88 Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 89 Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 90 Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital

- with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 91 Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 92 Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 93 Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 94 Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 95 Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

Length:	2	Type:	Alphanumeric		Data Source:	Clair	n
Field 38:		PE_OF_BILL					66 1111 6
					aim data submitted. First di	igit = ty	be of facility. Second
	_		e. Third digit = seq				3 rd digits-Sequence of
Coding Scheme:	1 st C	ligits-Type of F	acility	2"	^d digit–Type of Care		claim
	1	Hospital		1	Inpatient, including Medicare		0 Non-payment/Zero claim
	2	Skilled nursing		2	Inpatient, Medicare Part B on	ly	1 Admit through discharge claim
	3	Home health		3	Outpatient		2 Interim-first claim
	4	Hospital	edical health care-	4	Outpatient Other, Medicare Pa only	art B	3 Interim-continuing claim
	5	Extended care	edical health care-	5	Intermediate Care-Level I		4 Interim-last claim
	6	Intermediate car	re	6	Intermediate Care-Level II		5 Late charge(s) only claim
	7	Clinic		7	Sub-acute inpatient – Level II		6 Adjustment of prior claim (Not used by Medicare)
	8	Special facility		8	Swing bed		7 Replacement of prior claim8 Void/cancel of prior claim
Length:	3	Type:	Alphanumeric		Data Source:	Clai	
Field 39:		Γ_REASON_FO	R_VISIT		4th, 5th, 6th and 7th digits	s if appli	cable. Decimal is implied
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Length: Field 40: Length: Field 41:	ICD follo 7 PRI ICD follo 7 OTH ICD	r_REASON_FO 1-10-CM diagno owing the third Type: INC_DIAG_CO 1-10-CM diagno owing the third Type: H_DIAG_CODE 1-10-CM diagno	property of the state of the st	the	Data Source: 4th, 5th, 6th and 7th digits Data Source:	Clair s if applic	cable. Decimal is implied m cable. Decimal is implied
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Length: Field 40: Length: Field 41: Length: Field 42:	ICD follor 7 PRI ICD follor 7 OTH ICD follor 7 OTH ICD follor 7	r_REASON_FO -10-CM diagno owing the third Type: INC_DIAG_CO -10-CM diagno owing the third Type: H_DIAG_CODE -10-CM diagno owing the third Type: H_DIAG_CODE -10-CM diagno owing the third Type: H_DIAG_CODE	property of the state of the st	the	Data Source: 4th, 5th, 6th and 7th digits Data Source: 4th, 5th, 6th and 7th digits Data Source:	Clair clair clair clair clair clair	cable. Decimal is implied cable. Decimal is implied cable. Decimal is implied cable. Decimal is implied
Length: Field 40: Length: Field 41: Length: Field 42:	ICD follor 7 PRI ICD follor 7 OTH ICD follor 7 OTH ICD follor 7 OTH ICD follor 7 OTH ICD follor 7	r_REASON_FO -10-CM diagno owing the third Type: INC_DIAG_CO -10-CM diagno owing the third Type: H_DIAG_CODE	property of the property of th	the	Data Source: 4th, 5th, 6th and 7th digits Data Source: 4th, 5th, 6th and 7th digits Data Source: 4th, 5th, 6th and 7th digits Data Source:	Clair Clair Clair Clair Gif applic Clair Gif applic Clair Clair	cable. Decimal is implied cable. Decimal is implied cable. Decimal is implied cable. Decimal is implied
Length: Field 40: Length: Field 41: Length: Field 42: Length:	ICD follor 7 PR1 ICD follor 7 OTH ICD follor 7 OTH ICD follor 7 OTH ICD follor 7 OTH ICD follor 7	r_REASON_FO 1-10-CM diagno owing the third Type: INC_DIAG_CO 1-10-CM diagno owing the third Type: H_DIAG_CODE 1-10-CM diagno owing the third Type: H_DIAG_CODE 1-10-CM diagno owing the third Type: H_DIAG_CODE 1-10-CM diagno	property is a second of the se	the	Data Source: 4th, 5th, 6th and 7th digits Data Source: 4th, 5th, 6th and 7th digits Data Source: 4th, 5th, 6th and 7th digits	Clair Clair Clair Clair Gif applic Clair Gif applic Clair Clair	cable. Decimal is implied cable. Decimal is implied cable. Decimal is implied cable. Decimal is implied
Length: Field 40: Length: Field 41: Length: Field 42: Length: Field 43:	ICD follor 7 PRI ICD follor 7 OTH ICD follor 7 OTH ICD follor 7 OTH ICD follor 7 OTH ICD follor 7	r_REASON_FO 1-10-CM diagno owing the third Type: INC_DIAG_CO 1-10-CM diagno owing the third Type: H_DIAG_CODE 1-10-CM diagno owing the third	properties of the state of the	the the the	Data Source: 4th, 5th, 6th and 7th digits	Clair Clair Clair Clair Clair Clair Clair Clair Clair Glair Glair	cable. Decimal is implied
Length: Field 40: Length: Field 41: Length: Field 42: Length: Field 43: Length:	ICD follor 7 PRI ICD follor 7 OTH ICD follor 7 OTH ICD follor 7 OTH ICD follor 7 OTH ICD follor 7	r_REASON_FO 1-10-CM diagno owing the third Type: INC_DIAG_CO 1-10-CM diagno owing the third Type: H_DIAG_CODE 1-10-CM diagno owing the third Type:	provisit sis code, including character. Alphanumeric pe sis code, including character. Alphanumeric limits and character. Alphanumeric	the the the	Data Source: 4th, 5th, 6th and 7th digits Data Source: 4th, 5th, 6th and 7th digits Data Source: 4th, 5th, 6th and 7th digits Data Source:	Clair Clair Clair Clair Gif applic Clair Gif applic Clair Clair	cable. Decimal is implied
Length: Field 40: Length: Field 41: Length: Field 42: Length: Field 43:	ICD follo 7 PRI ICD follo 7 OTH ICD follo 7 OTH ICD follo 7 OTH ICD follo 7 OTH ICD follo 7	T_REASON_FO 1-10-CM diagno owing the third Type: INC_DIAG_CO 1-10-CM diagno owing the third Type: H_DIAG_CODE 1-10-CM diagno	provisit sis code, including character. Alphanumeric pe sis code, including character. Alphanumeric 1 sis code, including character. Alphanumeric 2 sis code, including character. Alphanumeric 3 sis code, including character. Alphanumeric 3 sis code, including character. Alphanumeric 5 sis code, including character. Alphanumeric 5 sis code, including character. Alphanumeric 5 sis code, including character.	the the the	Data Source: 4th, 5th, 6th and 7th digits	Clair	cable. Decimal is implied cable. Decimal is implied
Length: Field 40: Length: Field 41: Length: Field 42: Length: Field 43: Length:	ICD follo 7 PRI ICD follo 7 OTH ICD follo 7 OTH ICD follo 7 OTH ICD follo 7 OTH ICD follo 7	T_REASON_FO 1-10-CM diagno owing the third Type: INC_DIAG_CO 1-10-CM diagno owing the third Type: H_DIAG_CODE	provisit sis code, including character. Alphanumeric pe sis code, including character. Alphanumeric 1 sis code, including character. Alphanumeric 2 sis code, including character. Alphanumeric 3 sis code, including character. Alphanumeric 3 sis code, including character. Alphanumeric 5 sis code, including character. Alphanumeric 5 sis code, including character. Alphanumeric 5 sis code, including character.	the the the the	Data Source: 4th, 5th, 6th and 7th digits Data Source:	Clair	cable. Decimal is implied cable. Decimal is implied

Field 45:	OTH_DIAG_CODE_5		
	ICD-10-CM diagnosis code, including the 4th, 5t	th, 6th and 7th digits if a	applicable. Decimal is implied
_	following the third character.		
Length:		ata Source:	Claim
Field 46:	OTH_DIAG_CODE_6	C.L J 7.L. J:-: :6 .	andiable Desired is invalid
	ICD-10-CM diagnosis code, including the 4th, 5t	th, 6th and 7th digits if a	applicable. Decimal is implied
_ength:	following the third character. 7 Type: Alphanumeric D o	ata Source:	Claim
		ata Source.	Claim
Field 47:	OTH_DIAG_CODE_7 ICD-10-CM diagnosis code, including the 4th, 5th	th 6th and 7th digits if	annlicable Decimal is implied
	following the third character.	tii, otii aliu 7tii ulgits ii a	applicable. Declinal is implied
Length:		ata Source:	Claim
Field 48:	OTH_DIAG_CODE_8		
	ICD-10-CM diagnosis code, including the 4th, 5t	th, 6th and 7th digits if a	applicable. Decimal is implied
	following the third character.	,	
Length:	7 Type: Alphanumeric D a	ata Source:	Claim
Field 49:	OTH_DIAG_CODE_9		
	ICD-10-CM diagnosis code, including the 4th, 5t	th, 6th and 7th digits if a	applicable. Decimal is implied
	following the third character.		
Length:		ata Source:	Claim
Field 50:	OTH_DIAG_CODE_10	th Cth 1 70 10 10 10	andiada Dadio (12 to 12 to 1
	ICD-10-CM diagnosis code, including the 4th, 5t	tn, 6th and 7th digits if a	applicable. Decimal is implied
Length:	following the third character. 7 Type: Alphanumeric D a	ata Source:	Claim
		ata Juli Cei	Ciaiiii
Field 51:	OTH_DIAG_CODE_11 ICD-10-CM diagnosis code, including the 4th, 5t	th 6th and 7th digita if i	annlicable Decimal is implied
	following the third character.	tii, otii aliu 7tii ulgits ii a	applicable. Declinal is implied
Length:		ata Source:	Claim
Field 52:	OTH_DIAG_CODE_12	ata source.	Cidiiii
	ICD-10-CM diagnosis code, including the 4th, 5t	th, 6th and 7th digits if a	applicable. Decimal is implied
	following the third character.	,	, p
Length:	7 Type: Alphanumeric D a	ata Source:	Claim
Field 53:	OTH_DIAG_CODE_13		
	ICD-10-CM diagnosis code, including the 4th, 5t	th, 6th and 7th digits if a	applicable. Decimal is implied
	following the third character.		
Length:		ata Source:	Claim
Field 54:	OTH_DIAG_CODE_14	th 6th and 7th digits if	annlicable. Decimal is implied
	ICD-10-CM diagnosis code, including the 4th, 5t following the third character.	th, 6th and 7th digits if a	applicable. Decimal is implied
Length:		ata Source:	Claim
Field 55:	OTH_DIAG_CODE_15	ata sourcer	Cidiii
i icia 55.	ICD-10-CM diagnosis code, including the 4th, 5t	th 6th and 7th digits if a	annlicable Decimal is implied
	following the third character.	en, sen ana 7 en aigies in e	applicable Decimal is implied
Length:		ata Source:	Claim
Field 56:	OTH_DIAG_CODE_16		
	ICD-10-CM diagnosis code, including the 4th, 5t	th, 6th and 7th digits if a	applicable. Decimal is implied
	following the third character.		Claric
Length:		ata Source:	Claim
Field 57:	OTH_DIAG_CODE_17		
	ICD-10-CM diagnosis code, including the 4th, 5t	th, 6th and 7th digits if a	applicable. Decimal is implied
l anath:	following the third character.	ata Source:	Claim
Length: Field 58:	7 Type: Alphanumeric Day OTH_DIAG_CODE_18	ata Suurce:	Claim
e.u 36.	ICD-10-CM diagnosis code, including the 4th, 5t	th 6th and 7th digits if :	annlicable Decimal is implied
	following the third character.	ar, our and / th digits if t	applicable. Decimal is implied
Length:		ata Source:	Claim
Field 59:	OTH_DIAG_CODE_19		
	ICD-10-CM diagnosis code, including the 4th, 5t	th. 6th and 7th digits if a	applicable. Decimal is implied
	following the third character.	, Jan ana / an aigito ii (EFF. 303.0. 2 comman to implied
Length:		ata Source:	Claim
Field 60:	OTH_DIAG_CODE_20		
	ICD-10-CM diagnosis code, including the 4th, 5t	th 6th and 7th digits if a	annlicable Decimal is implied
		city out and 7 cit algico it t	applicable. Declinal is implied
Length:	following the third character.	ata Source:	Claim

Field 61:	OTH_DIAG_CODE_21	4
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.	a
Length:	7 Type: Alphanumeric Data Source: Claim	
Field 62:	OTH_DIAG_CODE_22	
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied	d
	following the third character.	
Length:	7 Type: Alphanumeric Data Source: Claim	
Field 63:	OTH_DIAG_CODE_23	
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied	d
Longth	following the third character. 7 Type: Alphanumeric Data Source: Claim	
Length: Field 64:	7 Type: Alphanumeric Data Source: Claim OTH_DIAG_CODE_24	
ricia 041	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied	d
	following the third character.	
Length:	7 Type: Alphanumeric Data Source: Claim	
Field 65:	RELATED_CAUSE_CODE_1	
Cadina Cahama	Code identifying an accompanying cause of an illness, injury or an accident. AA Auto accident	
Coding Scheme:	AA Auto accident AB Abuse	
	AP Another party responsible	
	EM Employment	
	OA Other accident	
Length:	2 Type: Alphanumeric Data Source: Claim	
Field 66:	RELATED_CAUSE_CODE_2 Code identifying an accompanying cause of an illness, injury or an accident.	
Coding Scheme:	Same as RELATED CAUSE CODE 1	
Length:	2 Type: Alphanumeric Data Source: Claim	
Field 67:	RELATED_CAUSE_CODE_3	
	Code identifying an accompanying cause of an illness, injury or an accident.	
Coding Scheme:	Same as RELATED_CAUSE_CODE_1	
Length:	2 Type: Alphanumeric Data Source: Claim	
Field 68:	E_CODE_1 ICD_10_CM diagnosis code, including the 4th. Eth. 6th and 7th digits if applicable, of an additional	
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character	
Length:	7 Type: Alphanumeric Data Source: Claim	
Field 69:	E_CODE_2	
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional	
	external cause of morbidity. Decimal is implied following the third character	
Length:	7 Type: Alphanumeric Data Source: Claim	
Field 70:	E_CODE_3	
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character	
Length:	7 Type: Alphanumeric Data Source: Claim	
Field 71:	E_CODE_4	
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional	
	external cause of morbidity. Decimal is implied following the third character	
Length:	7 Type: Alphanumeric Data Source: Claim	
Field 72:	E_CODE_5 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional	
	external cause of morbidity. Decimal is implied following the third character	
Length:	7 Type: Alphanumeric Data Source: Claim	
Field 73:	E_CODE_6	
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional	
	external cause of morbidity. Decimal is implied following the third character	
Length:	7 Type: Alphanumeric Data Source: Claim	
Field 74:	E_CODE_7 ICD 10 CM diagnosis code including the 4th. Eth. 6th and 7th digits if applicable of an additional	
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character	
Length:	7 Type: Alphanumeric Data Source: Claim	
Field 75:	E_CODE_8	
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional	
	external cause of morbidity. Decimal is implied following the third character	
Length:	7 Type: Alphanumeric Data Source: Claim	

Field 76:	E_CODE_9
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional
Length:	external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim
Field 77:	E_CODE_10
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional
onath.	external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim
Length: Field 78:	7 Type: Alphanumeric Data Source: Claim PROC_CODE_1
rieiu 76.	Code for the surgical or other procedure with the highest charge performed during the period covered
	by the bill. HCPCS or CPT code.
_ength:	5 Type: Alphanumeric Data Source: Claim
Field 79:	PROC_CODE_2
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 80:	PROC_CODE_3
	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
ength:	5 Type: Alphanumeric Data Source: Claim
ield 81:	PROC_CODE_4
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 82:	PROC_CODE_5
	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 83:	PROC_CODE_6
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 84:	PROC_CODE_7
	Code for surgical or other procedure with the next highest charge performed during the period
l amerika.	covered by the bill. HCPCS or CPT code.
Length: Field 85:	5 Type: Alphanumeric Data Source: Claim PROC_CODE_8
i icia os.	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 86:	PROC_CODE_9
	Code for surgical or other procedure with the next highest charge performed during the period
Length:	covered by the bill. HCPCS or CPT code. 5 Type: Alphanumeric Data Source: Claim
Field 87:	PROC_CODE_10
	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 88:	PROC_CODE_11
	Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 89:	PROC_CODE_12
	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 90:	PROC_CODE_13 Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 91:	PROC_CODE_14
	Code for surgical or other procedure with the next highest charge performed during the period
Length:	covered by the bill. HCPCS or CPT code. 5 Type: Alphanumeric Data Source: Claim
	5 Type: Alphanumeric Data Source: Claim

Field 92:	PROC_CODE_15
	Code for surgical or other procedure with the next highest charge performed during the period
I amenth.	covered by the bill. HCPCS or CPT code.
Length: Field 93:	5 Type: Alphanumeric Data Source: Claim PROC_CODE_16
riela 95:	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 94:	PROC_CODE_17
rielu 54.	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 95:	PROC_CODE_18
i icia 33.	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 96:	PROC_CODE_19
	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 97:	PROC_CODE_20
	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 98:	PROC_CODE_21
	Code for surgical or other procedure with the next highest charge performed during the period
I amerika	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 99:	PROC_CODE_22
	Code for surgical or other procedure with the next highest charge performed during the period
Length:	covered by the bill. HCPCS or CPT code. 5 Type: Alphanumeric Data Source: Claim
Field 100:	PROC_CODE_23
ricia 100.	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 101:	PROC_CODE_24
	Code for surgical or other procedure with the next highest charge performed during the period
	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 102:	PROC_CODE_25
	Code for surgical or other procedure with the next highest charge performed during the period
I amerika	covered by the bill. HCPCS or CPT code.
Length:	5 Type: Alphanumeric Data Source: Claim
Field 103:	EAPG_GRP_VER
	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not
Length:	available 4Q09 12 Type: Alphanumeric Data Source: Assigned
Field 104:	APC_GRP_VER
	Ambulatory Payment Classification (APC) as assigned by 3M™ APC Grouper. Not available 4Q09
Length:	12 Type: Alphanumeric Data Source: Assigned
Field 105:	PHYSICIAN1 INDEX NUMBER
	Unique identifier assigned to the licensed physician expected to certify medical necessity of services
	rendered, with primary responsibility for the patient's medical care and treatment. Physician is an
	individual licensed to practice medicine under the Medical Practice Act. Can include an individual
	other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic
	procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse
	midwives, and podiatrists authorized by the hospital to admit or treat patients.
Length:	10 Type: Alphanumeric Data Source: Assigned
Field 106:	PHYSICIAN2_INDEX_NUMBER
	Unique identifier assigned to the operating physician or physician other than the attending physician.
	Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an
	individual other than a physician who admits patients to hospitals or who provides diagnostic or

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therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients. Length: Type: Alphanumeric Data Source: **Assigned** Field 107: OCCUR_CODE_1 Code describing a significant event relating to the claim. **Coding Scheme:** Date of inpatient hospital discharge for non-1 Auto accident 37 covered transplant patients No Fault Insurance Involved - Including Auto 38 Date treatment started for home IV therapy Accident/Other Accident/ Tort Liability Date discharged on a continuous course if IV 3 39 4 Accident/ Employment Related Date of first test of pre-admission testing 41 5 Other accident 42 Date of discharge (hospice only) Crime Victim 6 43 Scheduled date of canceled surgery 9 Start of Infertility Treatment Cycle 44 Date treatment started - OT Last Menstrual Period 10 45 Date treatment started - ST Onset of Symptoms/ Illness 11 46 Date treatment started - Cardiac rehabilitation Date of Onset for a Chronically Dependent 12 Date cost outlier status begins 47 Individual 16 Date of Last Therapy Α1 Birthdate - Insured A Date Outpatient OT Plan Established or Last 17 Α2 Effective Date - Insured A Policy Reviewed Payer A benefits exhausted А3 Date of Retirement - Patient/Beneficiary 18 **A4** Split Bill Date 19 Date of Retirement - Spouse В1 Birthdate - Insured B 20 Date Guarantee of Payment Began B2 Effective date - Insured B Policy 21 Date UR Notice Received В3 Payer B benefits exhausted 22 Date Active Care Ended C1 Birthdate - Insured C 24 Date Insurance Denied Effective date - Insured C Policy C2 25 Date Benefits Terminated by Primary Payer C3 Payer C benefits exhausted 26 Date SNF Bed Became Available DR Katrina disaster related 27 Date Home Health Plan Established or Last E1 Birthdate - Insured D Reviewed 28 Date Comprehensive Outpatient Rehabilitation E2 Effective date - Insured D Policy Plan Established or Last Reviewed F3 Payer D benefits exhausted Date Outpatient PT Plan established or last 29 F1 Birthdate - Insured E reviewed 30 Date Outpatient ST Plan established or last F2 Effective date - Insured E Policy reviewed F3 Payer E benefits exhausted Date beneficiary notified of intent to bill 31 (accommodations) G1 Birthdate - Insured F Date beneficiary notified of intent to bill G2 Effective date - Insured F Policy (procedures or treatments) G3 Payer F benefits exhausted

Length:	2	Type:	Alphanumeric	Data Source:	Claim				
Field 108:	OCCUR DATE 1								
	Date	Date of occurrence, as YYYYMMDD.							
Length:	8	Type:	Alphanumeric	Data Source:	Claim				
Field 109:	OCC	UR_DAY_1							
	Occu	rrence Day e	<i>quals</i> Occurrence Date <i>n</i>	ninus STMT_PERIOD_FR	OM Date.				
Length:	4	Type:	Alphanumeric	Data Source:	Calculated				
Field 110:	OCC	UR_CODE_2							
	Code	e describing a	significant event relatir	ng to the claim.					
Coding Scheme:	Same	e as OCCUR_	CODE_1.						
Length:	2	Type:	Alphanumeric	Data Source:	Claim				
Field 111:	OCC	UR_DATE_2							
	Date	of occurrenc	e, as <i>YYYYMMDD</i> .						
Length:	8	Type:	Alphanumeric	Data Source:	Claim				
Field 112:	occi	UR_DAY_2							

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	Occurrence Dav equa	als Occurrence Date i	minus STMT PERIOD FR	OM Date.
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 113:	OCCUR_CODE_3			
	Code describing a sig	ınificant event relatiı	ng to the claim.	
Coding Scheme: Length:	Same as OCCUR_CO 2 Type:	DE_1. Alphanumeric	Data Source:	Claim
Field 114:	2 Type: OCCUR DATE 3	Alphanumenc	Data Source.	Claiiii
rieiu 114:	Date of occurrence,	as YYYYMMDD.		
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 115:	OCCUR_DAY_3			
1	, ,		minus STMT_PERIOD_FR	
Length: Field 116:	4 Type: OCCUR_CODE_4	Alphanumeric	Data Source:	Calculated
rieiu 110.	Code describing a sign	ınificant event relatiı	ng to the claim	
Coding Scheme:	Same as OCCUR_CO		ig to the claim	
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 117:	OCCUR_DATE_4			
Length:	Date of occurrence, a Type:	as <i>YYYYMMDD</i> . Alphanumeric	Data Source:	Claim
Field 118:	OCCUR_DAY_4	Alphanumenc	Data Source.	Ciaiiii
rieiu 116.		als Occurrence Date i	minus STMT_PERIOD_FR	OM Date.
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 119:	OCCUR_CODE_5	·		
Coding Cab	Code describing a sig	ınificant event relatiı	ng to the claim.	
Coding Scheme: Length:	Same as OCCUR_CO 2 Type:	DE_1. Alphanumeric	Data Source:	Claim
Field 120:	OCCUR DATE 5	7 ii pridridriterie	Dutu Sourcer	Claim
i icia 120i	Date of occurrence,	as <i>YYYYMMDD</i> .		
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 121:	OCCUR_DAY_5			
l amenth.			minus STMT_PERIOD_FR	
Length: Field 122:	4 Type: OCCUR_CODE_6	Alphanumeric	Data Source:	Calculated
i ieiu 122.	Code describing a sign	ınificant event relatir	ng to the claim.	
Coding Scheme:	Same as OCCUR_CO	DE_1.	.9	
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 123:	OCCUR_DATE_6	1000000000		
Length:	Date of occurrence, a Type:	Alphanumeric	Data Source:	Claim
Field 124:	OCCUR_DAY_6	,p		
		als Occurrence Date i	minus STMT_PERIOD_FR	OM Date.
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 125:	OCCUR_CODE_7			
Coding Scheme:	Code describing a sig Same as OCCUR_CO	•	ng to the claim.	
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 126:	OCCUR_DATE_7			
	Date of occurrence,			
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 127:	OCCUR_DAY_7	ola Oagumara - Dal	minus CTMT DEDIOD ED	OM Date
Length:	4 Type:	Alphanumeric	minus STMT_PERIOD_FRI Data Source:	OM Date. Calculated
Field 128:	OCCUR_CODE_8	Aiphanamenc	Data Source.	Calculated
	Code describing a sig		ng to the claim.	
Coding Scheme:	Same as OCCUR_CO	DE_1.		
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 129:	OCCUR_DATE_8 Date of occurrence, a	ac VVVVMMDD		
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 130:	OCCUR_DAY_8	, uprioritatificate	Data Source.	Cidiiii
i iciu 130.		als Occurrence Date	minus STMT PERIOD FR	OM Date.
Length:	4 Type:	Alphanumeric		
Field 131:	OCCUR_CODE_9	,		
	Code describing a sig	ınificant event relatir	ng to the claim.	
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Coding Scheme:	Same as OCCUR_CODE_1.	novio Data Course	Claire
Length:	2 Type: Alphanui OCCUR DATE 9	meric Data Source:	Claim
Field 132:	Date of occurrence, as YYYYMMI	מת	
Length:	8 Type: Alphanui		Claim
Field 133:	OCCUR_DAY_9	Tierie Data Sourcei	Cidiffi
11014 1551	Occurrence Day equals Occurrer	ICA Data minus STMT DEDIOD	FPOM Date
Length:	4 Type: Alphanui		Calculated
Field 134:	OCCUR_CODE_10	nenc Data Source.	Calculated
rieiu 134:	Code describing a significant ev	ent relating to the claim	
Coding Scheme:	Same as OCCUR CODE 1.	ent relating to the claim.	
Length:	2 Type: Alphanui	meric Data Source:	Claim
Field 135:	OCCUR_DATE_10		
	Date of occurrence, as YYYYMML	DD.	
Length:	8 Type: Alphanui		Claim
Field 136:	OCCUR_DAY_10		
	Occurrence Day equals Occurrer	ce Date minus STMT_PERIOD	_FROM Date.
Length:	4 Type: Alphanur		Calculated
Field 137:	OCCUR_CODE_11		
	Code describing a significant ev	ent relating to the claim.	
Coding Scheme:	Same as OCCUR_CODE_1.	_	
Length:	2 Type: Alphanui	neric Data Source:	Claim
Field 138:	OCCUR_DATE_11	_	
1	Date of occurrence, as YYYYMMI		Claim
Length:	8 Type: Alphanui	neric Data Source:	Claim
Field 139:	OCCUR_DAY_11	see Date minus CTMT_DEDIOD	EDOM Data
Langth	Occurrence Day <i>equals</i> Occurrer		
Length: Field 140:	4 Type: Alphanui	nenc Data Source:	Calculated
riela 140:	OCCUR_CODE_12 Code describing a significant ev	ant rolating to the claim	
Coding Scheme:	Same as OCCUR_CODE_1.	ent relating to the claim.	
Length:	2 Type: Alphanui	meric Data Source:	Claim
Field 141:	OCCUR_DATE_12	Tierie Data Sourcei	Cidiiii
11010 1411	Date of occurrence, as YYYYMML	DD.	
Length:	8 Type: Alphanui		Claim
Field 142:	OCCUR_DAY_12		
	Occurrence Day equals Occurrer	ice Date <i>minus</i> STMT_PERIOD	_FROM Date.
Length:	4 Type: Alphanui	meric Data Source:	Calculated
Field 143:	OCCUR_SPAN_CODE_1		
	Code describing a significant eve		
Coding Scheme:	70 Qualifying stay dates (for SN		SNF prior stay dates
	71 Prior stay dates	80	Prior Same SNF prior stay dates for
	,	81	Payment Ban Purposes Antepartum Days at Reduced Level of Care
	72 First/Last Visit 73 Benefit eligibility period	M0	QIO/UR approved stay dates
	74 Noncovered level of care/Lea		Provider liability - no utilization
	75 SNF level of care	M2	Inpatient respite dates
	76 Patient Liability Period	M3	ICF level of care
	77 Provider Liability - Utilization		Residential level of care
Length:	2 Type: Alphanui		Claim
Field 144:	OCCUR_SPAN_FROM_1		
	Occurrence Span From is the Be	ginning Date of Occurrence F	vent.
Length:	8 Type: Alphanui		Claim
Field 145:	OCCUR SPAN THRU 1		
	Occurrence Span Thru is the End	ling Date of Occurrence Event	t.
Length:	8 Type: Alphanui		Claim
Field 146:	OCCUR_SPAN_CODE_2		
	Code describing a significant even		may affect payer processing.
Coding Scheme:	Same as OCCUR_SPAN_CODE_1		
Length:	2 Type: Alphanui	meric Data Source:	Claim
Field 147:	OCCUR_SPAN_FROM_2		
	Occurrence Span From is the Be		vent.
Length:	8 Type: Alphanui	meric Data Source:	Claim

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Field 148:	OCCUR_SPAN_THR	J_2		_
	Occurrence Span Thru	\overline{u} is the Ending Date of	f Occurrence Event.	
Length:	8 Type: '	Alphanumeric	Data Source:	Claim
Field 149:	OCCUR_SPAN_COD	E_3		
	Code describing a sig	nificant event relating	to the claim that may aff	fect payer processing.
Coding Scheme:	Same as OCCUR SPA	N CODE 1.	•	. , .
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 150:	OCCUR_SPAN_FROI	М_3		
	Occurrence Span From	m is the Beginning Dat	te of Occurrence Event.	
Length:	8 Type: '	Alphanumeric	Data Source:	Claim
Field 151:	OCCUR_SPAN_THR	J_3		
	Occurrence Span Thru	is the Ending Date of		
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 152:	OCCUR_SPAN_COD	E_4		
	Code describing a sig	nificant event relating	to the claim that may aff	fect payer processing.
Coding Scheme:	Same as OCCUR SPA	N CODE 1.	•	
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 153:	OCCUR_SPAN_FROI	M_4		
	Occurrence Span From	m is the Beginning Dat	te of Occurrence Event.	
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 154:	OCCUR_SPAN_THR	J_4		
	Occurrence Span Thru	\overline{u} is the Ending Date of	f Occurrence Event.	
Length:	8 Type: '	Alphanumeric	Data Source:	Claim
Field 155:	CONDITION_CODE	1		

Code describing a condition relating to the claim.

Coding Scheme:

1	Military service related	27	Patient referred to a sole community hospital for a	47	Transfer from another Home Health Agency
2	Condition is employment related		diagnostic laboratory test	48	Psychiatric residential treatment
3	Patient covered by insurance not reflected here	28	Patient and/or spouse's EGHP is secondary to Medicare		centers for children and adolescents (RTCs)
4	Information only bill.	29	Disabled beneficiary and/or family member's LGHP is	49	Product replacement within product lifecycle
5	Lien has been filed		secondary to Medicare	50	Product Replacement for Known
6	ESRD patient in first 18 months of entitlement covered by EGHP	30	Non-research services provided to patients enrolled in a qualified	51	Recall of a Product Attestation of Unrelated
7	Treatment of non-terminal		clinical trial	31	Outpatient Nondiagnostic
	condition for hospice patient	31	Patient is student (full time -		Services
8	Beneficiary would not provide		day)	52	Out of Hospice Service Area
	information concerning other insurance coverage	32	Patient is student (cooperative/work study	53	Initial placement of a medical device provided as part of a
9	Neither patient or spouse is employed	33	program)		clinical trial or a free sample
10	Patient and/or spouse is	33	Patient is student (full time - night)	54	No Skilled Home Health Visits in
10	employed but no EGHP exists	34	Patient is student (part-time)		Billing Period. Policy Exception Documented at the Home Health
11	Disabled beneficiary but no LGHP coverage exists	36	General care patient in a special		Agency
17	Patient is homeless		unit	55	SNF bed not available
18	Maiden name retained	37	Ward accommodation at patient request	56	Medical appropriateness
		38	Semi-private room not available	57	SNF readmission
19	Child retains mother's name	39	Private room medically necessary	58	Terminated Medicare+Choice
20	Beneficiary requested billing		, ,		organization enrollee
21	Billing for denial notice	40	Same day transfer	59	Non-primary ESRD facility
22	Patient on multiple drug regimen	41	Partial hospitalization	60	Day outlier
23	Home care giver available	42	Continuing care not related to inpatient admission	61	Cost outlier
24	Home IV patient also receiving HHA services	43	Continuing care not provided within prescribed post discharge	66	Provider does not wish cost outlier payment
25	Patient is non-US resident		window	67	Beneficiary elects not to use life
26	VA eligible patient chooses to	44	Inpatient admission changed to	68	time reserve (LTR) days
-	receive services in a Medicare		outpatient		Beneficiary elects to use life time reserve (LTR) days
	certified facility	45	Ambiguous Gender Category	69	IME/DGME/N&AH Payment Only
		46	Non-availability statement on file		Inc/Donc/Noan Fayment Only

70	Self-administered anemia	AE	Abortion performed due to physical health of mother that is	D8	Change to Make Medicare the Primary Payer
, 0	management drug		not life endangering	D9	Any Other Change
71	Full care in unit	AF	Abortion performed due to	DR	Disaster related
72	Self care in unit		emotional/psychological health of mother	E0	Changes in Patient Status
73	Self care training	AG	Abortion performed due to social	G0	Distinct Medical Visit
74	Home	A1.1	or economic reasons	H0	Delayed Filing, Statement of
75	Home - 100% reimbursement	AH	Elective abortion		Intent Submitted
76	Back-up in facility dialysis	AI	Sterilization	H2	Discharge by a Hospice Provider for Cause
77	Provider accepts or is	AJ	Payer responsible for co-payment	НЗ	Reoccurrence of GI Bleed
	obligated/required due to a contractual arrangement or law	AK	Air ambulance required	114	Comorbid Category
	to accept payment by a primary payer as payment	AL	Specialized treatment/bed unavailable	H4	Reoccurrence of Pneumonia Comorbid Category
78	New coverage not implemented by HMO	AM	Non-emergency medically necessary stretcher transport	H5	Reoccurrence of Pericarditis Comorbid Category
79	CORF services provided offsite		required	P1	Do not Resuscitate Order (DNR)
80	Home dialysis - nursing facility	AN	Pre-admission screening not required	P7	Direct Inpatient Admission from Emergency Room
81	C-section/Inductions <39 Weeks- Medical Necessity	B0	Medicare coordinated care demonstration claim	R1	Request for reopening Reason Code - Mathematical or
83	C-section/Inductions 39 weeks or greater	B1	Beneficiary is ineligible for demonstration program	R2	Computational Mistake Request for reopening Reason
84	Dialysis for Acute Kidney Injury	B4	Admission unrelated to discharge on same day	R3	Code -Inaccurate Data Entry Request for reopening Reason
85	(AKI) Delayed Recertification of	BP	Gulf Oil Spill of 2010		Code - Misapplication of a Fee Schedule
03	Hospice Terminal Illness	C1	Approved as billed	R4	Request for reopening Reason
86	Additional Hemodialysis Treatment with Medical	C2	Automatic approval as billed based on focused review	R5	Code - Computer Errors Request for reopening Reason
4.0	Justification	C3	Partial approval	KJ	Code - Incorrectly Identified
Α0	TRICARE external partnership program	C4	Admission/services denied	DC	Duplicate Claim
A1	EPSDT/CHAP	C5	Post payment review applicable	R6	Request for reopening Reason Code - Other Clerical Errors or
A2	Physically handicapped children's	C6	Admission Preauthorization		Minor Errors and Omissions not Specified in R1-R5 above
	program	C7	Extended Authorization	R7	Request for reopening Reason
A3 A4	Special Federal Funding Family planning	D0	Changes to Service Dates		Code - Corrections other than clerical errors
A5	Disability	D1	Changes to Charges	R8	Request for reopening Reason
AS	,	DI	changes to charges		Code - New and Material
A6	Vaccines/Medicare 100% payment	D3	Second or Subsequent Interim PPS Bill	R9	Evidence Request for reopening Reason
A9	Second opinion surgery	D4	Change in clinical codes (ICD) for	K9	Code - Faulty Evidence
AA	Abortion performed due to rape		diagnosis and/or procedure codes.	WO	United Mine Workers of America
AB	Abortion performed due to incest	D5	Cancel to correct Insured's ID or	W2	(UMWA) Demonstration Indicator Duplicate of Original Bill
AC	Abortion performed due to		Provider ID	W3	Level I Appeal
	serious fatal genetic defect, deformity, or abnormality	D6	Cancel Only to Repay a Duplicate or OIG Overpayment	W4	Level II Appeal
AD	Abortion performed due to life	D7	Change to Make Medicare the	W5	Level III Appeal
	endangering physical condition		Secondary Payer		r r

Length:	2	Type:	Alphanumeric	Data Source:	Claim			
Field 156:	CON	CONDITION_CODE_2						
	Code	Code describing a condition relating to the claim.						
Coding Scheme:	Same as CONDITION CODE 1.							
Length:	2	Type:	Alphanumeric	Data Source:	Claim			

Field 157:

CONDITION_CODE_3
Code describing a condition relating to the claim.
Same as CONDITION_CODE_1.

Coding Scheme:

Leng	th:	2	Туре:	Alphanumeric	Data Source:	Claim				
Field	158:		CONDITION_CODE_4 Code describing a condition relating to the claim.							
Codir	ng Scheme:			TON_CODE_1.	Claim.					
Leng	•	2								
Field	159:		DITION_CO							
Codir	ng Scheme:			a condition relating to the TON_CODE_1.	claim.					
Leng	_	2	Type:	Alphanumeric	Data Source:	Claim				
Field	160:		DITION_CO							
Codir Leng	ng Scheme: th:	Code Sam 2	e describing a e as CONDIT Type:	a condition relating to the TON_CODE_1. Alphanumeric	claim. Data Source:	Claim				
Field	161:		DITION_CO							
Codir	ng Scheme:			condition relating to the	claim.					
Leng		2 2	e as CONDIT	TON_CODE_1. Alphanumeric	Data Source:	Claim				
Field		CON	DITION_CO							
		Code	describing a	a condition relating to the	claim.					
Codir Leng	ng Scheme:	Sam 2	e as CONDIT Type:	TON_CODE_1. Alphanumeric	Data Source:	Claim				
Field			UE CODE 1	· ·	Data Source.	Cidiiii				
riciu	105.			nformation that may affec	ct payer processing.					
Codir	ng Scheme:									
1	Most common	semi-p	orivate rate	amount - vision a services	and eye 28	Offset to the patient - payment amount - dental				
2	Hospital has n rooms	o semi-	private		29	services Offset to the patient - payment amount -				
4					30	chiropractic services Preadmission testing				
	billed				31	Patient Liability Amount				
5	5 Professional component inc in charges and also billed				32	Multiple patient ambulance transport				
6	separately to Blood deductil	carrier	meu		33	Offset to the patient - payment amount - podiatric services				
6 8	Life time reser	rve amo	ount in the		34	Offset to the patient - payment amount - other medical services				
9	first calendar Coinsurance a	•	in the first		35	Offset to the patient - payment amount - health insurance premiums				
	calendar year				37	Units of blood furnished				
10	Lifetime reser second calend				38	Blood deductible units				
11	Coinsurance a	mount	in the		39	Units of blood replaced				
12	second calend Working aged	•			40	New coverage not implemented by HMO				
12	with employer				41	Black lung				
13	ESRD benefici				42	VA				
	coordination per employer group				43	Disabled beneficiary under age 65 with LGHP				
14	No fault, inclu	•	•		44	Amount provider agreed to accept from primary				
15	Worker's comp	pensatio	on			payer when this amount is less than charges but higher than payment received				
16	Public health s		• •		45	Accident hour				
21	other federal and Catastrophic	agency			46	Number of grace days				
22	Surplus				47	Any liability insurance				
	•	nthly in			48	Hemoglobin reading				
23	Recurring mor	•	Hematocrit reading							
24	Medicaid Rate				50	Physical Therapy visits				
25	Offset to the p	scription	n drugs		51	Occupational Therapy visits				
26	Offset to the p amount - hea services									
27	Offset to the	patient	- payment		-	OGLIG D				
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- 52 Speech Therapy visits
- 53 Cardiac rehab visits
- Newborn birth weight in grams
- 55 Eligibility threshold for charity care
- 56 Skilled nurse home visit hours
- 57 Home health aide home visit hours
- 58 Arterial blood gas
- 59 Oxygen saturation
- 60 HHA branch MSA
- 61 Place of Residence where service is furnished (HHA and hospice)
- 66 Medicaid spend down amount
- 67 Peritoneal dialysis
- 68 EPO-drug
- 69 State charity care percentage
- 80 Covered Days
- 81 Non-covered Days
- 82 Co-insurance Days
- 83 Lifetime Reserve Days
- 84 Shorter

Duration Hemodialysis

A0 Special zip code

reporting

Α1

Deduc

tible payer A

A2

Coins

urance

payer A

- A3 Estimated responsibility payer A
- A4 Covered self-administrable drugs emergency
- A5 Covered self-administrable drugs
 administrabl
 e in form and
 situation
 furnished to
 patient
- A6 Covered self-administrable drugs diagnostic study and other

A7	Co-payment payer A		health care related taxes - payer B	D4	Clinical Trial Number Assigned by NLM/NIH
A8	Patient weight	BB	Other assessments or allowances	D5	Last Kt/V Reading
Α9	Patient height		(e.g., medical education) - payer B	FC	Patient Paid Amount
AA	Regulatory surcharges,	C1	Deductible payer C	FD	Credit Received from the
	assessments, allowances or health care related taxes - payer	C2	Coinsurance payer C		Manufacturer for a Medical Device
	A	C3	Estimated responsibility payer C	G8	Facility where Inpatient Hospice
AB (AB Other assessments or allowances (e.g., medical education) - payer	C7	C7 Co-payment payer C		Service is Delivered
		CA	Regulatory surcharges,	Y1 Part A Demonstration Payment Y2	
В1	Deductible payer B	C A	assessments, allowances or health care related taxes - payer		B Demonstration Payment Y3
	, ,				B Coinsurance
B2	Coinsurance payer B		C	Y4 Conventional Provider Paymer	
В3	Estimated responsibility payer B	СВ			,
В7	Co-payment payer B		(e.g., medical education) - payer C	Part	B Deductible
BA	Regulatory surcharges, assessments, allowances or	D3	Patient estimated responsibility		

Field 164: VALUE_AMOUNT_1 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 165: VALUE_CODE_2 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 166: VALUE_AMOUNT_2 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 167: VALUE_CODE_1. Length: 2 Type: Numeric Data Source: Claim Field 168: VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 168: VALUE_AMOUNT_3 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 169: VALUE_CODE_4. Code describing information that may affect payer processing. Coding Scheme: Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 9 Type: Numeric Data Source: Claim Field 170: VALUE_AMOUNT_3 Amount (in cents) that may be affected. Length: 9 Type: Alphanumeric Data Source: Claim Field 171: VALUE_AMOUNT_4 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 171: VALUE_CODE_5 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 9 Type: Numeric Data Source: Claim Field 172: VALUE_AMOUNT_5 Amount (in cents) that may be affected. Length: 9 Type: Alphanumeric Data Source: Claim Field 173: VALUE_CODE_6 Coding Scheme: Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 174: VALUE_CODE_6 Code describing information that may affect payer processing. Coding Scheme: Length: 2 Type: Alphanumeric Data Source: Claim Field 175: VALUE_CODE_1 Length: 9 Type: Numeric Data Source: Claim Field 176: VALUE_CODE_1 Length: 9 Type: Numeric Data Source: Claim Field 177: VALUE_CODE_1 Length: 9 Type: Numeric Data Source: Claim Field 178: VALUE_CODE_1 Coding Scheme: Same as VALUE_CODE_1. Length: 9 Type: Numeric Data Source: Claim Field 179: VALUE_CODE_1 Coding Scheme: Same as VALUE_CODE_1. Length: 9 Ty	Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Amount (in cents) That may be affected.			_1			
Field 165: VALUE_CODE_2 Coding Scheme: Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 166: VALUE_AMOUNT_2 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 167: VALUE_CODE_1. Length: 9 Type: Numeric Data Source: Claim Field 167: VALUE_CODE_1 Coding Scheme: Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 168: VALUE_AMOUNT_3 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 169: VALUE_CODE_1 Coding Scheme: Same as VALUE_CODE_1. Length: 9 Type: Numeric Data Source: Claim Field 170: VALUE_CODE_1 Length: 2 Type: Alphanumeric Data Source: Claim Field 170: VALUE_CODE_1 Length: 2 Type: Alphanumeric Data Source: Claim Field 171: VALUE_CODE_5 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 9 Type: Numeric Data Source: Claim Field 171: VALUE_CODE_5 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 171: VALUE_CODE_5 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 9 Type: Numeric Data Source: Claim Field 173: VALUE_CODE_6 Code describing information that may affect payer processing. Coding Scheme: Length: 9 Type: Numeric Data Source: Claim Field 174: VALUE_CODE_6 Code describing information that may affect payer processing. Coding Scheme: Length: 9 Type: Numeric Data Source: Claim Field 175: VALUE_CODE_6 Code describing information that may affect payer processing. Coding Scheme: Length: 9 Type: Numeric Data Source: Claim Field 175: VALUE_CODE_7 Code describing information that may affect payer processing. Coding Scheme: Length: 9 Type: Alphanumeric Data Source: Claim Field 175: VALUE_CODE_1. Length: 9 Type: Alphanumeric Data Source: Claim		Amount (in cents)	that may be affected.			
Coding Scheme: Length: 2 Type: Alphanumeric Data Source: Claim Field 166: VALUE_AMOUNT_2 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 167: VALUE_CODE_3 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 9 Type: Alphanumeric Data Source: Claim Field 168: VALUE_AMOUNT_3 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 169: VALUE_CODE_4 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 9 Type: Numeric Data Source: Claim Field 170: VALUE_CODE_4 Amount (in cents) that may be affected. Length: 9 Type: Alphanumeric Data Source: Claim Field 171: VALUE_AMOUNT_4 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 171: VALUE_CODE_5 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 9 Type: Numeric Data Source: Claim Field 171: VALUE_CODE_5 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 173: VALUE_CODE_6 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 9 Type: Numeric Data Source: Claim Field 173: VALUE_CODE_6 Code describing information that may affect payer processing. Coding Scheme: Length: 2 Type: Alphanumeric Data Source: Claim Field 174: VALUE_CODE_6 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 9 Type: Numeric Data Source: Claim Field 175: VALUE_CODE_7 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 9 Type: Alphanumeric Data Source: Claim Field 175: VALUE_CODE_7 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 9 Type: Alphanumeric Data Source: Claim	Length:	9 Type:	Numeric	Data Source:	Claim	
Coding Scheme: Same as VALUE_CODE_1.	Field 165:	VALUE_CODE_2				
Coding Scheme: Same as VALUE_CODE_1.		Code describing inf	formation that may affe	ect payer processing.		
Field 166: VALUE_AMOUNT_2 Amount (in cents) that may be affected. 9	Coding Scheme:		DDE_1.			
Amount (in cents) that may be affected.	Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Field 167:	Field 166:	VALUE_AMOUNT_	_2			
Field 167: VALUE_CODE_3 Code describing information that may affect payer processing. Coding Scheme: Length: 2 Type: Alphanumeric Data Source: Claim Field 168: VALUE_MOUNT_3 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 169: VALUE_CODE_4 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 170: VALUE_AMOUNT_4 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 171: VALUE_CODE_5 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 9 Type: Numeric Data Source: Claim Field 171: VALUE_CODE_5 Code describing information that may affect payer processing. Coding Scheme: 2 Type: Alphanumeric Data Source: Claim Field 172: VALUE_AMOUNT_5 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 173: VALUE_CODE_6 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 174: VALUE_AMOUNT_6 Amount (in cents) that may be affected. Length: 9 Type: Alphanumeric Data Source: Claim Field 174: VALUE_AMOUNT_6 Field 175: VALUE_CODE_7 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_7 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_7 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 9 Type: Numeric Data Source: Claim Field 175: VALUE_CODE_7 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 9 Type: Alphanumeric Data Source: Claim		Amount (in cents)	that may be affected.			
Coding Scheme: Length: 2 Type: Alphanumeric Data Source: Claim Field 168: VALUE_AMOUNT_3	Length:	9 Type:	Numeric	Data Source:	Claim	
Coding Scheme: Same as VALUE_CODE_1.	Field 167:	VALUE_CODE_3				
Length: 2 Type: Alphanumeric Data Source: Claim		Code describing inf	formation that may affe	ect payer processing.		
Field 168: VALUE_AMOUNT_3 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 169: VALUE_CODE_4 Code describing information that may affect payer processing. Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 170: VALUE_AMOUNT_4 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 171: VALUE_CODE_5 Code describing information that may affect payer processing. Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 172: VALUE_AMOUNT_5 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 173: VALUE_CODE_6 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 9 Type: Numeric Data Source: Claim Field 173: VALUE_CODE_6 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 174: VALUE_AMOUNT_6 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 175: VALUE_CODE_7 Code describing information that may affect payer processing. Same as VALUE_CODE_1. Length: 9 Type: Numeric Data Source: Claim Field 175: VALUE_CODE_7 Code describing information that may affect payer processing. Same as VALUE_CODE_1. Length: 9 Type: Numeric Data Source: Claim	Coding Scheme:	Same as VALUE_CO	DDE_1.			
Length: 9 Type: Numeric Data Source: Claim Field 169: VALUE_CODE_4 Code describing information that may affect payer processing. Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 170: VALUE_AMOUNT_4 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 171: VALUE_CODE_5 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 172: VALUE_AMOUNT_5 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 173: VALUE_CODE_6 Code describing information that may affect payer processing. Same as VALUE_CODE_1. Length: 9 Type: Numeric Data Source: Claim Field 173: VALUE_CODE_6 Code describing information that may affect payer processing. Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 174: VALUE_AMOUNT_6 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 175: VALUE_CODE_7 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 9 Type: Numeric Data Source: Claim Field 175: VALUE_CODE_7 Code describing information that may affect payer processing. Same as VALUE_CODE_1. Length: 9 Type: Alphanumeric Data Source: Claim	Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Length: 9 Type: Numeric Data Source: Claim	Field 168:	VALUE_AMOUNT	_3		-	
Field 169: VALUE_CODE_4 Code describing information that may affect payer processing. Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 170: VALUE_AMOUNT_4		Amount (in cents)	that may be affected.			
Coding Scheme: Length: 2 Type: Alphanumeric Data Source: Claim Field 170: VALUE_AMOUNT_4	Length:	9 Type:	Numeric	Data Source:	Claim	
Coding Scheme: Length: 2 Type: Alphanumeric Data Source: Claim Field 170: VALUE_AMOUNT_4	Field 169:	VALUE_CODE_4				
Length: 2 Type: Alphanumeric Data Source: Claim		Code describing inf	formation that may affe	ect payer processing.		
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Length: 9 Type: Numeric Data Source: Claim	Field 170:	VALUE_AMOUNT_	_4			
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Length: 9 Type: Numeric Data Source: Claim Field 173: VALUE_CODE_6 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: VALUE_AMOUNT_6 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 175: VALUE_CODE_7 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim	Field 172:					
Field 173: VALUE_CODE_6 Code describing information that may affect payer processing. Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 174: VALUE_AMOUNT_6 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 175: VALUE_CODE_7 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim						
Code describing information that may affect payer processing. Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim Field 174: VALUE_AMOUNT_6			Numeric	Data Source:	Claim	
Coding Scheme: Length: 2 Type: Alphanumeric Data Source: Claim Field 174: VALUE_AMOUNT_6 Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 175: VALUE_CODE_7 Code describing information that may affect payer processing. Coding Scheme: Length: 2 Type: Alphanumeric Data Source: Claim	Field 173:					
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Amount (in cents) that may be affected. Length: 9 Type: Numeric Data Source: Claim Field 175: VALUE_CODE_7 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim				Data Source:	Claim	-
Length: 9 Type: Numeric Data Source: Claim Field 175: VALUE_CODE_7 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim	Field 174:					
Field 175: VALUE_CODE_7 Code describing information that may affect payer processing. Coding Scheme: Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim			•			
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Coding Scheme: Same as VALUE_CODE_1. Length: 2 Type: Alphanumeric Data Source: Claim	Field 175:					
Length: 2 Type: Alphanumeric Data Source: Claim				ect payer processing.		
	_	_				
E' 11436 VALUE AMOUNT 3				Data Source:	Claim	
FIEIG 1/6: VALUE_AMOUNT_/	Field 176:	VALUE_AMOUNT_	_7			

Amount (in cents) that may be affected.

Length:	9 Type:	Numeric	Data Source:	Claim
Field 177:	VALUE_CODE_8 Code describing info	ormation that may affe	ct naver processing	
Coding Scheme:	Same as VALUE CO		ce payer processing.	
Length:	2 Type: Alphanumeric		Data Source:	Claim
Field 178:	VALUE_AMOUNT_			
	Amount (in cents) t	hat may be affected.		
Length:	9 Type:	Numeric	Data Source:	Claim
Field 179:	VALUE_CODE_9			
Cadina Cabama		ormation that may affe	ct payer processing.	
Coding Scheme: Length:	Same as VALUE_CO 2 Type:	Alphanumeric	Data Source:	Claim
Field 180:	VALUE AMOUNT		Data Source.	Clailli
11010 1001		hat may be affected.		
Length:	9 Type:	Numeric	Data Source:	Claim
Field 181:	VALUE_CODE_10			
		ormation that may affe	ct payer processing.	
Coding Scheme:	Same as VALUE_CO	_		-
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 182:	VALUE_AMOUNT_	10 hat may be affected.		
Length:	9 Type:	Numeric	Data Source:	Claim
Field 183:	VALUE CODE 11	Nullicit	Data Source:	Ciaiiii
		ormation that may affe	ct payer processing.	
Coding Scheme:	Same as VALUE_CO			
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 184:	VALUE_AMOUNT_			
	,	hat may be affected.	D. L. C.	Claire
Length:	9 Type:	Numeric	Data Source:	Claim
Field 185:	VALUE_CODE_12	ormation that may affe	ct navor processing	
Coding Scheme:	Same as VALUE CO		ct payer processing.	
Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 186:	VALUE_AMOUNT_			
		hat may be affected.		
Length:	9 Type:	Numeric	Data Source:	Claim
Field 187:	OTHER_AMOUNT			
				MEDPAR algorithm. Sum (in cents)
				revenue center 0002-0099, 022X-
Length			X, 076X-078X, 090X-09	
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 188:	PHARM_AMOUNT	argo Modical/Surgical	Supply Charge Amount	. Calculated using MEDPAR
				es other than 0100-0219, revenue
	center 026X, 063X.	certag of charges assur	ciacca with revenue cou	es said alan sios szis, levellue
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 189:	MEDSURG_AMOUN	NT		
				t. Calculated using MEDPAR
	algorithm. Sum (in	cents) of charges asso		es other than 0100-0219, revenue
· • •	center 027X, 062X.		D. L. C.	
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 190:	DME_AMOUNT		F	
				ount. Calculated using MEDPAR
	centers 0290-0292,		Liateu with revenue cod	es other than 0100-0219, revenue
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 191:	USED_DME_AMOU			
			edical Equipment Charge	e Amount. Calculated using MEDPAR
				les other than 0100-0219, revenue
	center 0293.	, 3		,
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 192:	PT_AMOUNT			
				lated using MEDPAR algorithm. Sum
	(in cents) of charge	s associated with reve	nue codes other than 0:	100-0219, revenue center 042X.

Length:	12 Type:	Numeric	Data Source:	Calculated				
Field 193:	OT_AMOUNT							
	Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center							
		charges associated v	vith revenue codes other th	ian 0100-0219, revenue center				
Langth	043X.	Numaria	Data Course	Calculated				
Length: Field 194:	12 Type: SPEECH_AMOUN	Numeric •	Data Source:	Calculated				
rielu 194:			Noay Charge Amount Calcu	ulated using MEDPAR algorithm.				
				ian 0100-0219, revenue center				
	044X, 047X.	charges associated v	vicii revende codes otner til	ian 0100 0219, revenue center				
Length:	12 Type:	Numeric	Data Source:	Calculated				
Field 195:	IT AMOUNT							
	<u>—</u>	harge, Inhalation Th	erapy Charge Amount, Cald	culated using MEDPAR algorithm.				
				ian 0100-0219, revenue center				
	041X, 046X.	-						
Length:	12 Type:	Numeric	Data Source:	Calculated				
Field 196:	BLOOD_AMOUNT							
				. Calculated using MEDPAR				
		cents) of charges a	ssociated with revenue cod	es other than 0100-0219, revenue				
Longth	center 038X.	Numaria	Data Course	Calculated				
Length:	12 Type:	Numeric	Data Source:	Calculated				
Field 197:	BLOOD_ADM_AM		and proceeding related to	the patient's stay. Calculated using				
	•	<i>J</i> ,	, ,	, ,				
	revenue center 03		charges associated with rev	venue codes other than 0100-0219,				
Length:	12 Type:	Numeric	Data Source:	Calculated				
Field 198:	OR_AMOUNT	Numeric	Data Source:	Calculated				
		harge, Operating Ro	om Charge amount, Calcula	ated using MEDPAR algorithm. Sum				
				100-0219, revenue center 036X,				
	071X-072X.			200 02257 10101140 0011001 00071,				
Length:	12 Type:	Numeric	Data Source:	Calculated				
Field 199:	LITH_AMOUNT							
	Ancillary Service C	harge, Lithotripsy Cl	narge Amount. Calculated u	ising MEDPAR algorithm. Sum (in				
				-0219, revenue center 079X.				
Length:	12 Type:	Numeric	Data Source:	Calculated				
Field 200:	CARD_AMOUNT							
				using MEDPAR algorithm. Sum (in				
Longthi				-0219, revenue center 048X, 073X.				
Length:	12 Type:	Numeric	Data Source:	Calculated				
Field 201:	ANES_AMOUNT	h	A	rain - MEDDAD - Laurithus Cours (in				
				using MEDPAR algorithm. Sum (in				
Length:	12 Type:	Numeric	Data Source:	-0219, revenue center 037X. Calculated				
Field 202:	LAB AMOUNT	Numeric	Data Source.	Calculated				
		harge, Laboratory C	harge Amount, Calculated	using MEDPAR algorithm. Sum (in				
				-0219, revenue center 030X-031X,				
	074X-075X.			,				
Length:	12 Type:	Numeric	Data Source:	Calculated				
Field 203:	RAD_AMOUNT							
		harge, Radiology Ch	arge Amount. Calculated u	sing MEDPAR algorithm. Sum (in				
		ssociated with reve	nue codes other than 0100-	-0219, revenue center 028X, 032X-				
	035X, 040X.							
Length:	12 Type :	Numeric	Data Source:	Calculated				
Field 204:	MRI_AMOUNT	L		AEDDAD ALL III O C. C. T. T. T.				
	•	<i>J</i> ,	3	1EDPAR algorithm. Sum (in cents) of				
			other than 0100-0219, re					
l amenda.		Numeric	Data Source:	Calculated				
	12 Type:							
	OP_AMOUNT	h	amilian Channa Assault C.	Indeted only MEDBAR (1) 21				
	OP_AMOUNT Ancillary Service C			culated using MEDPAR algorithm.				
	OP_AMOUNT Ancillary Service C Sum (in cents) of 6			culated using MEDPAR algorithm. an 0100-0219, revenue center				
Length: Field 205: Length:	OP_AMOUNT Ancillary Service C							

Field 206:	ER_AMOUNT			
				lated using MEDPAR algorithm.
		arges associated with	revenue codes other th	an 0100-0219, revenue center
Longthi	045X.	Numoric	Data Course	Calculated
Length: Field 207:	12 Type: AMBULANCE_AMO	Numeric	Data Source:	Calculated
riela 207:			as Amount Calculated	using MEDDAD algorithm Cum (in
				using MEDPAR algorithm. Sum (in -0219, revenue center 054X.
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 208:	PRO_FEE_AMOUN		Duta Source:	Calculated
rielu 200.			Charge Amount Calcula	ated using MEDPAR algorithm. Sum
				.00-0219, revenue center 096X-
	098X.	dosociated with reve	nde codes other than of	100 0219, revenue center 090x
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 209:	ORGAN AMOUNT			
	Ancillary Service Cha	arge, Organ Acquisitio	n Charge Amount. Calcu	lated using MEDPAR algorithm.
				an 0100-0219, revenue center
	081X, 089X.	3		,
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 210:	ESRD_AMOUNT			
	Ancillary Service Cha	arge, End Stage Rena	Dialysis Charge Amoun	t. Calculated using MEDPAR
				es other than 0100-0219, revenue
_	center 080X, 082X-0			
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 211:	CLINIC_AMOUNT			
				sing MEDPAR algorithm. Sum (in
				-0219, revenue center 051X.
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 212:	CLAIM_TOTAL_CH			
				dation charges, ancillary charges,
		y charges. Replaces T		CI :
Length:	12 Type: CLAIM_NON_COV_	Numeric	Data Source:	Claim
Field 213:			ation charges, non-cover	red ancillary charges
Length:	12 Type:	Numeric	Data Source:	Claim
Field 214:	CLAIM CHARGES		Duta Source:	Cidiiii
		vered and non-covere	d ancillary charges.	
Length:	12 Type:	Numeric	Data Source:	Claim
Field 215:	CLAIM_NON_COV_	_CHARGES_ANCIL		
		n-covered ancillary ch	arges.	
Length:	12 Type:	Numeric	Data Source:	Claim
Field 216:	PROCESS_DATE			
	Date record was pro			
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 217:		CATOR (INPUT_FOR		
			as submitted by the facil	ity.
Coding Scheme:	0 837 Profession 1 837 Institution			
Length:			Data Source:	Assigned
Lengtn: Field 218:	1 Type: INBOUND INDICA	Alphanumeric	Data Source:	Assigned
riciu 210:		of data as submitted.		
Coding Scheme:	8 837 format	. o. aata as sabiintea.		
	D Data entry			
	U UB-04 format			
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 219:	EMERGENCY_DEPT			
	Indicator of emerger			
Coding Scheme:		rgency related		
_		emergency related		
Length:	1 Type:	Alphanumeric	Data Source:	Assigned
Field 220:	CCS_ PRIN_DIAG_	CODE		
	Clinical Classification	ns Software (CCS) clas	sification of PRIN_DIAG	_CODE into clinically meaningful
	diagnosis category.			-
Length:	4 Type:	Alphanumeric	Data Source:	Assigned

Field 221:	CCS_OTH_DIAG_CODE_1	
	Clinical Classifications Software (CCS) classification of	of OTH DIAG CODE 1 into clinically meaningful
	diagnosis category.	· · = ·=·· = · · · · · · · · · · · · ·
Length:		Source: Assigned
Field 222:	CCS_OTH_DIAG_CODE_2	
	Clinical Classifications Software (CCS) classification of	of OTH_DIAG_CODE_1 into clinically meaningful
	diagnosis category.	or orn_birto_cobb_1 into chineany incaningral
Length:		Source: Assigned
Field 223:	CCS_ OTH_DIAG_CODE_3	7.001g/11cd
i icia 225i	Clinical Classifications Software (CCS) classification of	of OTH DIAG CODE 1 into clinically meaningful
	diagnosis category.	or offi_biAo_cobl_1 into clinically incaning a
Length:		Source: Assigned
Field 224:		Assigned
Fiela 224:	CCS_ OTH_DIAG_CODE_4	COTH DIAG CODE 1: L
	Clinical Classifications Software (CCS) classification of	of OTH_DIAG_CODE_1 into clinically meaningful
	diagnosis category.	
Length:		Source: Assigned
Field 225:	CCS_ OTH_DIAG_CODE_5	
	Clinical Classifications Software (CCS) classification of	of OTH_DIAG_CODE_1 into clinically meaningful
	diagnosis category.	
_ength:		Source: Assigned
Field 226:	CCS_OTH_DIAG_CODE_6	
	Clinical Classifications Software (CCS) classification of	of OTH DIAG CODE 1 into clinically meaningful
	diagnosis category.	,,
Length:		Source: Assigned
Field 227:	CCS_ OTH_DIAG_CODE_7	
	Clinical Classifications Software (CCS) classification of	of OTH_DIAG_CODE_1 into clinically meaningful
	diagnosis category.	or orn_birto_cobl_1 into clinically incarmigral
Length:		Source: Assigned
Field 228:		Jource: Assigned
riela 228:	CCS_OTH_DIAG_CODE_8	of OTH DIAC CODE 1 into diningly accomingful
	Clinical Classifications Software (CCS) classification of	or OTH_DIAG_CODE_1 into clinically meaningful
	diagnosis category.	C
Length:		Source: Assigned
Field 229:	CCS_OTH_DIAG_CODE_9	
	Clinical Classifications Software (CCS) classification of	of OTH_DIAG_CODE_1 into clinically meaningful
	diagnosis category.	
Length:	,,	Source: Assigned
Field 230:	CCS_ OTH_DIAG_CODE_10	
	Clinical Classifications Software (CCS) classification of	of OTH_DIAG_CODE_1 into clinically meaningful
	diagnosis category.	
Length:		Source: Assigned
Field 231:	CCS_OTH_DIAG_CODE_11	
	Clinical Classifications Software (CCS) classification of	of OTH_DIAG_CODE_1 into clinically meaningful
	diagnosis category.	
Length:	4 Type: Alphanumeric Data S	Source: Assigned
Field 232:	CCS_ OTH_DIAG_CODE_12	-
	Clinical Classifications Software (CCS) classification of	of OTH_DIAG_CODE_1 into clinically meaningful
	diagnosis category.	o. o.mbi/to_cobi_1 into clinically incallingful
Length:		Source: Assigned
Field 233:	CCS_ OTH_DIAG_CODE_13	Assigned
i iciu 233.	Clinical Classifications Software (CCS) classification of	of OTH DIAG CODE 1 into clinically magninated
		of OTT_DIAG_CODE_I lifto cliffically meaningful
Longthy	diagnosis category. 4 Type: Alphanumeric Data S	Source: Assigned
Length:		Assigned Assigned
Field 234:	CCS_OTH_DIAG_CODE_14	(OTH DIA C CODE
	Clinical Classifications Software (CCS) classification of	of OTH_DIAG_CODE_1 into clinically meaningful
	diagnosis category.	
	4 Type: Alphanumeric Data S	Source: Assigned
	CCS_OTH_DIAG_CODE_15	
	CCS_ OTH_DIAG_CODE_15 Clinical Classifications Software (CCS) classification of	of OTH_DIAG_CODE_1 into clinically meaningful
		of OTH_DIAG_CODE_1 into clinically meaningful
Field 235:	Clinical Classifications Software (CCS) classification of diagnosis category.	of OTH_DIAG_CODE_1 into clinically meaningful Source: Assigned
Field 235: Length:	Clinical Classifications Software (CCS) classification of diagnosis category. 4 Type: Alphanumeric Data S	, ,
Field 235: Length:	Clinical Classifications Software (CCS) classification of diagnosis category. 4 Type: Alphanumeric Data S CCS_OTH_DIAG_CODE_16	Source: Assigned
Field 235: Length:	Clinical Classifications Software (CCS) classification of diagnosis category. 4	Source: Assigned
Length: Field 235: Length: Field 236: Length:	Clinical Classifications Software (CCS) classification of diagnosis category. 4 Type: Alphanumeric Data S CCS_OTH_DIAG_CODE_16 Clinical Classifications Software (CCS) classification of diagnosis category.	Source: Assigned

Field 237:	CCS_ OTH_DIAG_CODE_17	
	Clinical Classifications Software (CCS) classification of OTH_DIAG	CODE 1 into clinically meaningful
	diagnosis category.	,
Length:	4 Type: Alphanumeric Data Source:	Assigned
Field 238:	CCS_ OTH_DIAG_CODE_18	
	Clinical Classifications Software (CCS) classification of OTH_DIAG	i_CODE_1 into clinically meaningful
	diagnosis category.	
Length:	4 Type: Alphanumeric Data Source:	Assigned
Field 239:	CCS_OTH_DIAG_CODE_19	
	Clinical Classifications Software (CCS) classification of OTH_DIAG	i_CODE_1 into clinically meaningful
Longth	diagnosis category.	Assigned
Length:	4 Type: Alphanumeric Data Source:	Assigned
Field 240:	CCS_OTH_DIAG_CODE_20	CODE 1 into alinically magninated
	Clinical Classifications Software (CCS) classification of OTH_DIAG	i_CODE_1 into clinically meaningful
Length:	diagnosis category. 4 Type: Alphanumeric Data Source:	Assigned
Field 241:	CCS_ OTH_DIAG_CODE_21	Assigned
i iciu 241.	Clinical Classifications Software (CCS) classification of OTH_DIAG	CODE 1 into clinically meaningful
	diagnosis category.	CODE_1 into clinically incarmigral
Length:	4 Type: Alphanumeric Data Source:	Assigned
Field 242:	CCS_OTH_DIAG_CODE_22	
	Clinical Classifications Software (CCS) classification of OTH_DIAG	CODE 1 into clinically meaningful
	diagnosis category.	cobl_1 mes anneany meaningran
Length:	4 Type: Alphanumeric Data Source:	Assigned
Field 243:	CCS_OTH_DIAG_CODE_23	<u> </u>
	Clinical Classifications Software (CCS) classification of OTH_DIAG	S_CODE_1 into clinically meaningful
	diagnosis category.	,
Length:	4 Type: Alphanumeric Data Source:	Assigned
Field 244:	CCS_ OTH_DIAG_CODE_24	
	Clinical Classifications Software (CCS) classification of OTH_DIAG	S_CODE_1 into clinically meaningful
	diagnosis category.	
Length:	4 Type: Alphanumeric Data Source:	Assigned
Field 245:	CCS_ PROC_CODE_1	
	Clinical Classifications Software (CCS) for Services and Procedure	es classification of PROC_CODE_1
	into clinically meaningful procedure category.	A seismand
Length:	3 Type: Alphanumeric Data Source:	Assigned
Field 246:	CCS_PROC_CODE_2	
	Clinical Classifications Software (CCS) for Services and Procedure	es classification of PROC_CODE_2
Longth	into clinically meaningful procedure category. 3 Type: Alphanumeric Data Source:	Assigned
Length: Field 247:	3 Type: Alphanumeric Data Source: CCS_ PROC_CODE_3	Assigned
rielu 247.	Clinical Classifications Software (CCS) for Services and Procedure	as classification of PPOC CODE 3
	into clinically meaningful procedure category.	es classification of FROC_CODE_5
Length:	3 Type: Alphanumeric Data Source:	Assigned
Field 248:	CCS_ PROC_CODE_4	
	Clinical Classifications Software (CCS) for Services and Procedure	es classification of PROC CODE 4
	into clinically meaningful procedure category.	S CASSIFICATION OF FROC_CODE_T
Length:	3 Type: Alphanumeric Data Source:	Assigned
Field 249:	CCS_ PROC_CODE_5	
- -	Clinical Classifications Software (CCS) for Services and Procedure	es classification of PROC CODE 5
	into clinically meaningful procedure category.	
Length:	3 Type: Alphanumeric Data Source:	Assigned
Field 250:	CCS_ PROC_CODE_6	
	Clinical Classifications Software (CCS) for Services and Procedure	es classification of PROC CODE 6
	into clinically meaningful procedure category.	
Length:	3 Type: Alphanumeric Data Source:	Assigned
Field 251:	CCS_ PROC_CODE_7	
rielu 251:	Clinical Classifications Software (CCS) for Services and Procedure	es classification of PROC_CODE_7
rieiu 251.		
	into clinically meaningful procedure category.	
Length:	into clinically meaningful procedure category. 3 Type: Alphanumeric Data Source:	Assigned
Length:		Assigned
	3 Type: Alphanumeric Data Source: CCS_ PROC_CODE_8 Clinical Classifications Software (CCS) for Services and Procedure	<u> </u>
Length:	3 Type: Alphanumeric Data Source: CCS_ PROC_CODE_8	<u> </u>

Field 253:	
	CCS_ PROC_CODE_9
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 254:	CCS_ PROC_CODE_10
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_10
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 255:	CCS_PROC_CODE_11
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_11
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 256:	CCS_PROC_CODE_12
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_12
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 257:	CCS_ PROC_CODE_13
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_13
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 258:	CCS_ PROC_CODE_14
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_14
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 259:	CCS_ PROC_CODE_15
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_15
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 260:	CCS_PROC_CODE_16
i icia 200.	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_16
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 261:	CCS_ PROC_CODE_17
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_17
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 262:	CCS_ PROC_CODE_18
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_18
	into clinically meaningful procedure category.
Length:	3 Type: Alphanumeric Data Source: Assigned
Field 263:	
rielu 205:	CCS_PROC_CODE_19
rieiu 203.	
rielu 203.	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19
Length:	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category.
Length:	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category. 3
Length:	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category. 3
Length: Field 264:	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category. 3
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Length: Field 264: Length: Field 265: Length: Field 266: Length: Field 267: Length:	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category. 3
Length: Field 264: Length: Field 265: Length: Field 266: Length: Field 267: Length:	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category. 3
Length: Field 264: Length: Field 265: Length: Field 266: Length: Field 267: Length: Field 267:	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category. 3

Field 269:	CCS_PROC_CODE_25								
	Clinical Classificati	ons Software (CCS) for	Services and Procedure	s classification of PROC_CODE_25	j				
	into clinically mea	ningful procedure cated	jory.						
Length:	3 Type :	Alphanumeric	Data Source:	Assigned					

OUTPATIENT CHARGES DATA FILE

Field 1:		Does not match o					d within the research data file. DRD_ID in other Inpatient RDF
Length:			Alphanume	eric Data So	urce:	Assigned	
Field 2:		REVENUE_CODE Code correspondir		specific accom	nmodation, ar	ncillary serv	rice or billing calculation related
		to the services be	ing billed.				
_	Scheme:		0124	D		0150	Decree also are a few world we are
0100	ancillary	room charges plus		Room charges for - 3/4 beds - room		0159	Room charges for ward rooms - other
0101	•	room charges		Room charges for	. ,	0160	Room charges for other rooms -
0110	Room charge	es for private rooms		- 3/4 beds - room	ns - hospice		general
	- general		0136	Room charges for	semi-private	0164	Room charges for other rooms
0111	-			- 3/4 beds - room	ns -		- Sterile Environment
0111	Room charge - medical/su	es for private rooms roical/GYN		detoxification	15 -	0167	Room charges for other rooms
0112		es for private rooms	0137	Room charges for	r semi-private		– self care
	- obstetrics			- 3/4 beds - roon	ns - oncology	0169	Room charges for other rooms -
0113	D	a famout 1	0138	Room charges for	semi-private		other
	Room charge - pediatric	es for private rooms		- 3/4 beds - room		0170	Room charges for nursery -
0114	Room charge	es for private rooms		rehabilitation			general
	- psychiatric		0139	Room charges for	semi-private	0171	Room charges for nursery -
0115		es for private rooms		- 3/4 beds - room	ns - other		newborn level I
			0140	Room charges for	r nrivate	0172	Room charges for nursery -
0116	- hospice			(deluxe) rooms -		0172	,
0116	Room charge	es for private rooms		(delaxe) rooms	general		newborn level II
	- detoxification	on		Room charges for	•	0173	Room charges for nursery -
0117	Room charge	es for private rooms		(deluxe) rooms - medical/surgical/(newborn level III
	- oncology		0142	Room charges for	r private	0174	Room charges for nursery -
0118	Room charge	es for private rooms		(deluxe) rooms -	obstetrics		newborn level IV
	- rehabilitation	on	0143	Room charges for	r private	0179	Room charges for nursery -
0119	Room charge	es for private rooms		(deluxe) rooms -	pediatric		other
	- other		0144	Room charges for	r private	0180	Room charges for LOA - general
0120	Room charge	es for semi-private					(deluxe) rooms - psychiatric 0145 Roo
	rooms - gene					charge	s for private
0121		es for semi-private lical/surgical/GYN				0146	(deluxe) rooms - hospice Room charges for private (deluxe) rooms
0122	Room charge rooms - obst	es for semi-private retrics				0147	detoxification
0123		es for semi-private	0148	- 3/4 beds - roor		0190	Room charges for private (deluxe) rooms - oncology
0124	Room charge	es for semi-private	0132	(deluke) Iranges fo	oiebahilitativate	!	
0125	rooms - psyc Room charge	eniatric es for semi-private		Rodná dredges for (feluxe Erranges for			
0126	rooms - hosp Room charge	oice es for semi-private		Ro <i>ðifi</i> 4 dhædrsjesr 600 general	mvsarфediatrisc-	0192	
0127	rooms - deto	•	0151	Room charges for medical/surgical/		0193	
0127	rooms - onco			Room charges for		0194	
0128 DSHS/T		es for semi-private		obstetrics		DOL	IS Dogument #25, 15014
	`Inkohos - reha Naonacharos	abilitation e/s [fp]r(s]e @i-private	0153	Room p harge n f or pediatric	r ward rooms -		IS Document #25-15014 Updated: May 2025
₩ ₩ .as. 0130	rooms - othe	er es for semi-private	0154	Room charges for psychiatric		Last C	puaicu. May 2023
	_	rooms - general		Room charges for	r ward rooms -	0201	
0131	Room charge	es for semi-private		hospice			

0156	Room charges for ward rooms - detoxification	0182 0183	Room charges for LOA - patient convenience- charges billable Room charges for LOA - therapeu tic leave Room charges for		
		0157	koom charges for LBAOPInchanges for ward rooms - honce of other	0203	Room charges for intensive care - pediatric
		0158 0189	hR8Biस्विधिक्रकों for ward rooms - Roctinabilitations for LOA - other	0204	Room charges for intensive care - psychiatric
			Room charges for subacute care - general		
			Room charges for subacute care - Level I (skilled care)		
			Room charges for subacute care - Level II (comprehensive care)		
			Room charges for subacute care - Level III (complex care)		
			Room charges for subacute care - Level IV (intensive care)		
			Room charges for subacute care - other		
			Room charges for intensive care - general		
			Room charges for intensive care - surgical		
		0202	Room charges for intensive care - medical		

0206	Room charges for intensive care	0257	Pharmacy - nonprescription	0314	Laboratory pathological - biopsy
0200	- intermediate intensive care	0258	Pharmacy - IV solutions	0319	Laboratory pathological - other
0207	unit (ICU) Room charges for intensive care	0259	Pharmacy - other	0320	Radiology - diagnostic - general
0207	- burn care	0260	IV Therapy - general	0321	Radiology - diagnostic - angiocardiography
0208	Room charges for intensive care - trauma	0261	IV Therapy - infusion pump	0322	Radiology - diagnostic -
0209	Room charges for intensive care	0262	IV Therapy - pharmacy services	0322	arthrography
0210	- other Room charges for coronary care	0263	IV Therapy - drug/supply delivery	0323	Radiology - diagnostic - arteriography
0210	- general	0264	IV Therapy - supplies	0324	Radiology - diagnostic - chest x-
0211	Room charges for coronary care - myocardial infarction	0269	IV Therapy - other	0329	ray Radiology - diagnostic - other
0212	Room charges for coronary care - pulmonary care	0270	Medical surgical supplies and devices - general	0330	Radiology - therapeutic and/or chemotherapy administration -
0213	Room charges for coronary care - heart transplant	0271	Medical surgical supplies and devices - nonsterile	0331	general Radiology - therapeutic and/or
0214	Room charges for coronary care	0272	Medical surgical supplies and	0331	chemotherapy administration -
	- intermediate coronary care unit (CCU)	0273	devices - sterile Medical surgical supplies and	0332	chemotherapy - injected Radiology - therapeutic and/or
0219	Room charges for coronary care	0273	devices - take-home	0332	chemotherapy administration - chemotherapy - oral
0220	Special charges - general	0274	Medical surgical supplies and devices - prosthetic/orthotic	0333	Radiology - therapeutic and/or
0221	Special charges - admission	0275	Medical surgical supplies and devices - pacemaker		chemotherapy administration - radiation therapy
0222	charge Special charges - technical	0276	Medical surgical supplies and devices - intraocular lens (IOL)	0335	Radiology - therapeutic and/or chemotherapy administration -
0223	support charge Special charges - UR service charge	0277	Medical surgical supplies and devices - oxygen - take-home	0339	chemotherapy - IV Radiology - therapeutic and/or chemotherapy administration -
0224	Special charges - late	0278	Medical surgical supplies and devices - other implants		other
0000	discharge, medically necessary	0279	Medical surgical supplies and	0340	Nuclear medicine - general
0229	Special charges - other	0280	devices - other	0341	Nuclear medicine - diagnostic procedures
0230	Incremental nursing care - general	0280 0289	Oncology - general Oncology - other	0342	Nuclear medicine - therapeutic
0231	Incremental nursing care - nursery	0289	DME - general	0343	procedures Nuclear medicine - diagnostic
0232	Incremental nursing care - OB	0290	DME - general		radiopharmaceuticals
0233	Incremental nursing care - ICU	0292	DME - purchase of new	0344	Nuclear medicine - therapeutic radiopharmaceuticals
	(includes transitional care)	0293	DME - purchase of used	0349	Nuclear medicine - other
0234	Incremental nursing care - CCU (includes transitional care)	0294	DME - supplies/drugs for DME	0350	CT scan - general
0235	Incremental nursing care -		effectiveness	0351	CT scan - head
0220	hospice	0299	DME - other equipment	0352	CT scan - body
0239	Incremental nursing care - other	0300	Laboratory - general	0359	CT scan - other
0240	All-inclusive ancillary - general	0301	Laboratory - chemistry	0360	Operating room services - general
0241	All-inclusive ancillary - basic	0302	Laboratory - immunology	0361	Operating room services -
0242	All-inclusive ancillary - comprehensive	0303	Laboratory - renal patient (home)	0362	minor surgery
0243	All-inclusive ancillary - specialty	0304	Laboratory – non-routine	0302	Operating room services - organ transplant other than kidney
0249	All-inclusive ancillary - other		dialysis	0367	Operating room services - kidney transplant
		0305	Laboratory - hematology	0369	Operating room services - other
0251	Pharmacy - generic drugs	0306	Laboratory - bacteriology and microbiology	0370	Anesthesia - general
0252	Pharmacy – non-generic drugs	0307	Laboratory - urology	0371	Anesthesia - incident to radiology
0253	Pharmacy - take-home drugs	0309	Laboratory - other	0372	Anesthesia - incident to other
0254	Pharmacy - drugs incident to other diagnostic services	0310	Laboratory pathological - general	0374	diagnostic services Anesthesia - acupuncture
0255	Pharmacy - drugs incident to radiology	0311	Laboratory pathological - cytology		
DSHS/	Pharmacy - experimental drugs	0312	Laboratory pathological - histologyage 95		HS Document #25-15014
www.ds	shs.texas.gov/THCIC		6	Last	Updated: May 2025

0379	Anesthesia - other	0440	Speech-language pathology - general		Member in a Covered Part A Stay at SNF
0380 0381	Blood - general Blood - packed red cells	0441	Speech-language pathology - visit charge	0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a
0382	Blood - whole blood	0442	Speech-language pathology - hourly charge		Member in a SNF (not Covered Part A Stay) or NF or ICF MR or
0383	Blood - plasma	0443	Speech-language pathology -	0527	Other Residential Facility Freestanding Clinic - Visiting
0384	Blood - platelets	0444	group rate Speech-language pathology -	0327	Nurse Services(s) to a
0385 0386	Blood - leukocytes Blood - other components	0449	evaluation or reevaluation Speech-language pathology -		Member's Home when in a Home Health Shortage Area
0387	Blood - other derivatives		other	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other
	(cryoprecipitate)	0450 0451	Emergency room - general		non RHC/FQHC Site (e.g. Scene of Accident)
0389	Blood - other	0431	Emergency room - EMTALA emergency medical screening	0529	Freestanding Clinic - other
0390	Blood and blood component administration, storage and	0452	services Emergency room - beyond	0530	Osteopathic service - general
N3Q1	processing - general Blood and blood component		EMTALA screening	0531	Osteopathic service - therapy
0391	administration, storage and	0456	Emergency room - urgent care	0539	Osteopathic service - other
	processing - administration	0459	Emergency room - other	0540	Ambulance service - general
0392	Blood and blood component administration, storage and	0460	Pulmonary function - general	0541	Ambulance service - supplies
	processing – processing and	0469	Pulmonary function - other	0542	Ambulance service - medical transport
0399	storage Blood and blood component	0470	Audiology - general	0543	Ambulance service - heart
0000	administration, storage and	0471 0472	Audiology - diagnostic	0544	mobile
0400	processing - other Other imaging services -	0472	Audiology - treatment	0544	Ambulance service - oxygen
0400	general	0479	Audiology - other Cardiology - general	0545	Ambulance service - air ambulance
0401	Other imaging services - diagnostic mammography	0481	Cardiology - cardiac cath lab	0546	Ambulance service - neonatal
0402	Other imaging services -	0482	Cardiology - stress test	0547	Ambulance service - pharmacy
	ultrasound	0483	Cardiology - echocardiology	0548	Ambulance service - telephone transmission EKG
0403	Other imaging services - screening mammography	0489	Cardiology - other	0549	Ambulance service - other
0404	Other imaging services - PET	0490	Ambulatory surgical care -	0550	Skilled nursing - general
0409	Other imaging services - other	0499	general Ambulatory surgical care - other	0551	Skilled nursing - visit charge
0410	Respiratory services - general	0500	Outpatient services - general	0552	Skilled nursing - hourly charge
0412	Respiratory services - inhalation	0509	Outpatient services - other	0559	Skilled nursing - other
0413	Respiratory services -	0510	Clinic - general	0560	Medical social services - general
0419	hyperbaric oxygen therapy Respiratory services - other	0511	Clinic - chronic pain	0561	Medical social services - visit charge
0420	Physical therapy - general	0512	Clinic - dental	0562	Medical social services - hourly
0421	Physical therapy - visit charge	0513	Clinic - psychiatric	0560	charge
0422	Physical therapy - hourly charge	0514	Clinic - OB/GYN	0569	Medical social services - other
0423	Physical therapy - group rate	0515	Clinic - pediatric	0570	Home health aide - general
0424	Physical therapy - evaluation or	0516	Clinic - urgent care	0571	Home health aide - visit charge
0424	reevaluation	0517	Clinic - family practice	0572	Home health aide - hourly charge
0429	Physical therapy - other	0519	Clinic - other	0579	Home health aide - other
0430	Occupational therapy - general	0520	Freestanding Clinic - general	0580	Other visits (home health) -
0431	Occupational therapy - visit charge	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC	0581	general Other visits (home health) -
0432	Occupational therapy - hourly charge	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	0582	visit charge Other visits (home health) -
0433	Occupational therapy - group rate	0523	Freestanding Clinic - family practice	0583	hourly charge Other visits (home health) -
0434	Occupational therapy - evaluation or reevaluation	0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a	0589	assessment Other visits (home health) - other
0439	Occupational therapy - other				outer

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0590	Units of service (home health) -	0642	Home IV therapy services - IV site care, central line	0693	Pre-hospice/Palliative Care Services - evaluation		
0600	general Oxygen (home health) - general	0643	Home IV therapy services - IV	0694	Pre-hospice/Palliative Care		
0601	Oxygen (home health) - stat/equip/supply or contents	0644	start/change, peripheral line Home IV therapy services –		Services – consultation and education		
0602	Oxygen (home health) - stat/equip/supply under 1 liter		non-routine nursing, peripheral line	0695	Pre-hospice/Palliative Care Services – inpatient care		
	per minute	0645	Home IV therapy services -	0696	Pre-hospice/Palliative Care		
0603	Oxygen (home health)		training patient/caregiver,	0699	Services – physician services Pre-hospice/Palliative Care		
	Pateatymeighu Hipte/supply over 4 liters	0646	9-1801mtrealtylinteherapy services -	0099	Services - other		
	tay equip /app/ ord Table			0700	Cast Doom comises general		
0604	O _p σ ^x r ^y t g _a e _b η e (ah do dm_ienhealth)		training, disabled patient,	0700	Cast Room services - general Recovery Room services -		
0609	Oxygen (home health) - other		training, patient/caregiver,	0710	general		
0610	Magnetic Resonance Technology	0640	peripheral	0720	Labor/Delivery Room services -		
0611	(MRT) - MRI - general Magnetic Resonance Technology (MRT) - MRI - brain (including	0648	Home IV therapy services - training, disabled patient, peripheral	0721	general Labor/Delivery Room services - labor		
0612	brain stem)	0649	Home IV therapy services - other	0722	Labor/Delivery Room services -		
0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)	0650	Hospice services - general	0723	delivery Labor/Delivery Room services - circumcision		
				0724	Labor/Delivery Room services -		
		0651	Hospice services - routine home	0729	birthing center Labor/Delivery Room services -		
0614	Magnetic Resonance Technology (MRT) - MRI - other		care		other		
0615	Magnetic Resonance Technology	0652	Hospice services - continuous	0730	EKG/ECG services - general		
	(MRT) - MRA – head and neck		home care	0731	EKG/ECG services - Holter		
0616	Magnetic Resonance Technology	0655	Hospice services - inpatient respite care	0722	monitor		
	(MRT) - MRA – lower extremities	0656	Hospice services - general	0732 0739	EKG/ECG services - telemetry EKG/ECG services - other		
0618	Magnetic Resonance Technology	0657	inpatient care (non-respite)	0739	EEG services - general		
0619	(MRT) - MRA - other Magnetic Resonance Technology	0657	Hospice services - physician services	0750	Gastrointestinal services -		
0019	(MRT) - Other MRT	0658	Hospice services - room and		general		
0621	Medical/surgical supplies - incident to radiology	0659	board - nursing facility Hospice services - other	0760	Treatment or observation room services - general		
0622	Medical/surgical supplies -	0660	Respite care - general	0761	Specialty Room - Treatment/		
	incident to other diagnostic services	0661	Respite care - hourly		Observation Room - Treatment Room		
0623	Medical/surgical supplies -		charge/skilled nursing	0762	Specialty Room - Treatment/		
	surgical dressings	0662	Respite care - hourly charge/aide/homemaker/compa		Observation Room - Observation Room		
0624	Medical/surgical supplies - FDA	0660	nion	0769	Treatment or observation room		
0631	investigational devices Drugs requiring specific	0663 0669	Respite care - daily charge	0770	services - other Preventive care services -		
	identification - single source	0009	Respite care - other	0770			
0632	Drugs requiring specific	0670	Outpatient special residence -	0771	general Preventive care services -		
0633	identification - multiple source Drugs requiring specific	0671	general Outpatient special residence -		vaccine administration		
	identification - restrictive prescription	0670	hospital based	0780	Telemedicine services - general		
	prescription	0672	Outpatient special residence -	0790	Extra-corporeal shockwave		
0634	Drugs requiring specific		contracted		administrable	0690	Р
	identification - EPO, less than 10,000 units	0679	Outpatient special residence - other		ice/Palliative Care 0640 apy services -	Home	
0635	Drugs requiring specific identification - EPO, 10,000 or	0681	Trauma response - level I		Services - general		
	more units	0682	Trauma response - level II		general	0691	Р
0636	Drugs requiring specific identification - requiring	0683	Trauma response - level III		ice/Palliative Care 0641 apy services –	Home	
	detailed coding	0684	Trauma response - level IV		Services – visit charge		
0637	Drugs requiring specific identification - self-	0689	Trauma response - other		non-routine nursing, central line	0692	
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Pre-hospice/Palliative Care Services – hourly charge

are		therapy - general
rly charge	0800	Inpatient renal dialysis services - general
	0801	Inpatient renal dialysis services - hemodialysis
	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
	0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
	0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)

Last Undated: May 2

0809	Inpatient renal dialysis services	0851	CCPD - outpatient or home - composite or other rate	0917	Behavior health
0810	- other Acquisition of body	0852	CCPD - outpatient or home - home supplies		treatment/services - biofeedback
	components- general	0853	CCPD - outpatient or home -	0918	Behavior health treatment/services - testing
0811	Acquisition of body components - living donor	0854	home equipment CCPD - outpatient or home -	0919	Behavior health treatment/services - other
0812	Acquisition of body components - cadaver donor	0855	maintenance 100% CCPD - outpatient or home -	0920	Other diagnostic services -
0813	Acquisition of body components - unknown donor	0859	support services CCPD - outpatient or home -	0921	general Other diagnostic services -
0814	Acquisition of body components - unsuccessful organ search-		other	0922	peripheral vascular lab Other diagnostic services -
001 F	donor bank charges	0860	Magnetoencephalography (MEG) - General	0923	electromyogram Other diagnostic services - pap
0815	Acquisition of body components – stem cells- allogeneic	0861	Magnetoencephalography (MEG) - MEG	0924	smear Other diagnostic services -
0819	Acquisition of body components - other donor	0880	Miscellaneous dialysis - general	0925	allergy test Other diagnostic services -
0820	Hemodialysis - outpatient or home - general	0881	Miscellaneous dialysis - ultrafiltration	0929	pregnancy test Other diagnostic services -
0821	Hemodialysis - outpatient or home - composite or other rate	0882	Miscellaneous dialysis - home aide visit		other Medical rehabilitation day
0822	Hemodialysis - outpatient or	0889	Miscellaneous dialysis - other	0931	program - half day
0823	home – home supplies Hemodialysis - outpatient or	0900	Behavior health treatments/services - general	0932	Medical rehabilitation day program - full day
0824	home – home equipment Hemodialysis - outpatient or	0901	Behavior health treatments/services -	0940	Other therapeutic services - general
0825	home – maintenance 100% Hemodialysis - outpatient or	0902	electroshock Behavior health	0941	Other therapeutic services - recreational therapy
0826	home - support services		treatments/services - milieu therapy	0942	Other therapeutic services - education/training
0620	Hemodialysis - outpatient or home - shorter duration (effective 7/1/17)	0903	Behavioral health treatments/services - play	0943	Other therapeutic services - cardiac rehabilitation
0829	Hemodialysis - outpatient or	0904	therapy Behavior health	0944	Other therapeutic services - drug rehabilitation
0830	home - other Peritoneal dialysis - outpatient or home - general	0304	treatments/services - activity therapy	0945	Other therapeutic services - alcohol rehabilitation
0831	Peritoneal dialysis - outpatient or home - composite or other	0905	Behavior health treatments/services - intensive	0946	Other therapeutic services - complex medical equipment - routine
0832	rate Peritoneal dialysis - outpatient	0906	outpatient services - psychiatric Behavior health	0947	Other therapeutic services -
	or home – home supplies		treatments/services - intensive outpatient services - chemical		complex medical equipment - ancillary
0833	Peritoneal dialysis - outpatient or home – home equipment	0907	dependency Behavior health	0948	Other therapeutic services – pulmonary rehabilitation
0834	Peritoneal dialysis - outpatient or home - maintenance 100%		treatments/services - community behavioral health	0949	Other therapeutic services - other
0835	Peritoneal dialysis - outpatient or home - support services	0911	program Behavior health	0951	Other therapeutic services – athletic training
0839	Peritoneal dialysis - outpatient or home - other		treatment/services - rehabilitation	0952	Other therapeutic services - kinesiotherapy
0840	CAPD - outpatient or home - general	0912	Behavior health treatment/services - partial	0953	Other therapeutic services – chemical dependency (drug and
0841	CAPD - outpatient or home - composite or other rate	0913	hospitalization - less intensive Behavior health	0960	alcohol) Professional fees - general
0842	CAPD - outpatient or home – home supplies		treatment/services - partial hospitalization - intensive	0961	Professional fees - psychiatric
0843	CAPD - outpatient or home –	0914	Behavior health treatment/services - individual	0962	Professional fees - ophthalmology
0844	home equipment CAPD - outpatient or home –	001E	therapy	0963	Professional fees - anesthesiologist (MD)
0845	maintenance 100% CAPD - outpatient or home - support services	0915	Behavior health treatment/services - group therapy	0964	Professional fees - anesthetist (CRNA)
0849	CAPD - outpatient or home -	0916	Behavior health	0969	Professional fees - other
0850	other CCPD - outpatient or home -		theartapagent/services - family	0971	Professional fees - laboratory
	general				

0972	Professional fees - radiology - diagnostic	0990	Patient convenience items - general	1004	Behavior health accommodations - halfway
0973	Professional fees - radiology - therapeutic	0991	Patient convenience items - cafeteria/guest tray	1005	house Behavior health
0974	Professional fees - radiology - nuclear medicine	0992	Patient convenience items - private linen service	2100	accommodations - group home
0975	Professional fees - operating room	0993	Patient convenience items -		Alternative therapy services - general
0976	Professional fees - respiratory therapy	0994	telephone/telegraph Patient convenience items -	2101	Alternative therapy services - acupuncture
0977	Professional fees - physical therapy	0995	TV/radio Patient convenience items -	2102	Alternative therapy services - acupressure
0978	Professional fees - occupational therapy	0996	nonpatient room rentals Patient convenience items - late	2103	Alternative therapy services - massage
0979	Professional fees - speech therapy	0997	discharge charge Patient convenience items -	2104	Alternative therapy services - reflexology
0981	Professional fees - emergency	0998	admission kits Patient convenience items -	2105	Alternative therapy services - biofeedback
0982	Professional fees - outpatient services	0999	beauty shop/barber Patient convenience items -	2106	Alternative therapy services - hypnosis
0983	Professional fees - clinic	1000	other Behavior health	2109	Alternative therapy services - other
0984	Professional fees - medical social services		accommodations - general	3101	Adult day care, medical and social - hourly
0985	Professional fees - EKG	1001	Behavior health accommodations - residential	3102	Adult day care, social - hourly
0986	Professional fees - EEG	1002	treatment - psychiatric Behavior health	3103	Adult day care, medical and
0987 0988	Professional fees - hospital visit Professional fees - consultation	1002	accommodations - residential	3104	social - daily Adult day care, social - daily
0989	Professional fees - private duty		treatment - chemical dependency	3105	Adult foster care - daily
3303	nurse	1003	Behavior health accommodations - supervised living	3109	Adult foster care - other

Lengtn:	4 Type: Alphanumeric Data Source: Claim							
Field 3:	REVENUE CODE SEQUENCE NUMBER							
	Assignment of numbers to indicate the order of submission of the revenue codes							
Length:	3 Type: Alphanumeric Data Source: Assigned							
Field 4:	HCPCS_QUALIFIER							
	HCFA Common Procedure Coding System (HCPCS) Codes Indicator							
Length:	2 Type: Alphanumeric Data Source: Claim							
Field 5:	HCPCS_PROCEDURE_CODE							
	HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or							
	accommodations.							
Coding Scheme:	See https://www.cms.gov/medicare/coding/hcpcsreleasecodesets for complete list.							
Length:	5 Type: Alphanumeric Data Source: Claim							
Field 6:	MODIFIER_1							

th:	5	Type:	Alphanumeric	Data Source:	Claim	
6:		_	al circumstances i	related to the perfor	mance of the	e service
ng Scheme:						
Increased prod	cedura	l services	Date	2	32	Mandated Services
Unusual Anest	hesia				33	Preventive Service
					47	Anesthesia by Surgeon
				50	Bilateral Procedure	
Care Professio	Care Professional during a				51	Multiple Procedures
•					52	Reduced Services
Identifiable Ev	Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the			53	Discontinued Procedure	
			1		54	Surgical Care Only
Health Care Pr		onal on the			55	Postoperative Management Only
Other Service	ne Pro	cedure or			56	Preoperative Management Only
Professional Co	ompor	ent			57	Decision for Surgery
Multiple Outpa	tient I	Hospital E/M			58	Staged or Related Procedure or Service by th
S/THCIC dshs texas gov	₇ /TH(CIC		Page —		SHS Document #25-15014 t Updated: May 2025
	g Scheme: Increased production Unusual Anesti Unrelated Eva Management S Physician or O Care Professio Postoperative Significant, So Identifiable Ev Management S Same Physicia Health Care Pi Same Day of t Other Service Professional Co Multiple Outpa	G: MOI Ider Ig Scheme: Increased procedura Unusual Anesthesia Unrelated Evaluation Management Service Physician or Other Q Care Professional du Postoperative Period Significant, Separat Identifiable Evaluati Management Service Same Physician or O Health Care Professi Same Day of the Pro Other Service Professional Compon Multiple Outpatient H	6: MODIFIER_1 Identifies special Identifies special Identifies special Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Sam Physician or Other Qualified Healt Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M	G: MODIFIER_1 Identifies special circumstances in gScheme: Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M	G: MODIFIER_1 Identifies special circumstances related to the performs Scheme: Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M	G: MODIFIER_1 Identifies special circumstances related to the performance of the pate of the performance of the performance of the pate of the pate of the performance of the pate of the performance of the pate of the pate of the performance of the pate of the performance of the pate of the pate of the performance of the pate of the pate of the performance of the pate of the performance of the pate of

Same Physician or

Other Qualified Health Care Professional During the Postoperati ve Period

- 59 Distinct Procedural Service
- 62 Two Surgeons
- 63 Procedure
 Performed on
 Infants less
 than 4kg
- 66 Surgical Team
- 73 Discontinued
 Outpatient
 Hospital/Ambula
 tory Surgery
 Center (ASC)
 Procedure prior
 to the
 Administration
 of Anesthesia
- 74 Discontinued
 Outpatient
 Hospital/Amb
 ulatory
 Surgery
 Center (ASC)
 Procedure
 after
 Administratio
 n of
 Anesthesia

76	Repeat Procedure by Same	E1	Upper left eyelid	Р3	A patient with severe systemic disease
70	Physician or Other Qualified	E2	Lower left eyelid	P4	A patient with severe systemic
77	Health Care Professional	E3	Upper right eyelid		disease that is a constant threat
77	Repeat Procedure by Another Physician or Other Qualified	E4	Lower right eyelid Left hand, second digit	P5	to life A moribund patient who is not
	Health Care Professional	F1		FJ	expected to survive without the
78	Unplanned Return to the Operating/Procedure Room by	F2	Left hand, third digit	D.C	operation
	the Same Physician or Other	F3	Left hand, fourth digit	P6	A declared brain-dead patient whose organs are being removed
	Qualified Health Care Professional Following Initial Procedure for a	F4	Left hand, fifth digit		for donor purposes
	Related Procedure During the Postoperative Period	F5	Right hand, thumb	RC	Right coronary artery
79	Unrelated Procedure or Service	F6	Right hand, second digit	RI	Ramus intermedius coronary artery
	by the Same Physician or Other Qualified Health Care Professional	F7	Right hand, third digit	RT	Right side of the body procedure
	During the Postoperative Period	F8	Right hand, fourth digit	T1	Left foot, second digit
80	Assistant Surgeon	F9	Right hand, fifth digit	T2	Left foot, third digit
81	Minimum Assistant Surgeon	FA	Left hand, thumb	T3	Left foot, fourth digit
82	Repeat procedure by same physician	GG	Performance and payment of a	T4	Left foot, fifth digit
90	Reference (Outside) Laboratory		screening mammography and diagnostic mammography on	T5	Right foot, great toe
91	Repeat Clinical Diagnostic		same patient, same day.	T6	Right foot, second digit
	Laboratory Test	GH	Diagnostic mammogram converted from screening	T7	Right foot, third digit
92	Alternative Laboratory Platform Testing		mammogram on same day	T8	Right foot, fourth digit
95	Synchronous Telemedicine	LC	Left circumflex coronary artery	T9	Right foot, fifth digit
	Service Rendered Via a Real-Time Interactive Audio and Video	LD	Left anterior descending coronary artery	TA	Left foot, great toe
	Telecommunications System	LM	Left main coronary artery	XE	Separate Encounter
99	Multiple Modifiers	LT	Left side of the body procedure	XS	Separate Structure
1P	Performance Measure Exclusion Modifier due to Medical Reasons		• •	XP	Separate Practitioner
2P	Performance Measure Exclusion Modifier due to Patient Reasons	Q M	Ambulance service provided under arrangement by a provider of services	XU	Unusual Non-Overlapping Service
3P	Performance Measure Exclusion		or services		
OD	Modifier due to System Reasons	QN	Ambulance service furnished		
8P	Performance Measure Reporting Modifier- Action not performed,	P1	directly by a provider of services A normal healthy patient		
	reason not otherwise specified	P2	A patient with mild systemic		
		P2	disease		

Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 7: MO	DIFIE	R_2			
	Ide	ntifies spec	ial circumstances	related to the perfo	ormance of the service.
Coding Scheme:	San	ne as MÖDI	FIER_1	•	
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 8:	МО	DIFIER_3	•		
	Ide	ntifies spec	ial circumstances	related to the perfo	ormance of the service.
Coding Scheme:	San	ne as MODI	FIER_1		
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 9:	МО	DIFIER_4			
	Ide	ntifies spec	ial circumstances	related to the perfo	ormance of the service.
Coding Scheme:	San	ne as MODI	FIER_1		
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 10:	UN	IT_MEASU	REMENT_CODE		
	Cod	le specifyin	g the units in whic	ch a value is being	expressed.
Coding Scheme:	DA	Days			
	F2	Interna	itional unit		
	UN	Unit			
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 11:	UN	ITS_OF_SI	ERVICE		
	Nur	neric value	of quantity		
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www.dshs.texas.go	v/TH(CIC		Page —	Last Updated: May 2025
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Length: 7 Type: Numeric Data Source: Claim

Field 12: UNIT_RATE Rate per unit

			Claim
Field 13:	CHRGS_LINE_ITEM		
I amatha	Total amount of the charge	Data Carres	Assissad
Length:	14 Type: Numeric	Data Source:	Assigned
Field 14:	CHRGS_NON_COV Total non-covered amount of the	o chargo	
Length:	14 Type: Alphanumeric	Data Source:	Assigned
Field 15:	PROCEDURE_DATE	Data Source.	Assigned
i ieiu 15.		enerally is the same a	s "Statement_period_from" date.
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 16:	PROCEDURE_DATE_THRU		
		generally is the same	as the "Statement_period_thru" date.
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 17:	SERVICE_FACILITY_CODE		
	Facility Type code – Institutiona		
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 18:	FINAL_EAPG_CATEGORY_CO		
		roup (EAPG) category	code, as assigned by 3M™ EAPG Grouper.
	Not available 4Q09.		
Length:	2 Type: Alphanumeric	Data Source:	Assigned
Field 19:	FINAL_EAPG_TYPE_CODE	(====)	
		roup (EAPG) type cod	e, as assigned by 3M™ EAPG grouper.
Longth	Not available 4Q09.	Data Courses	Assigned
Length: Field 20:	2 Type: Alphanumeric FINAL_EAPG	Data Source:	Assigned
rielu 20.		ent Group (EADG) ac	assigned by 3M™ EAPG Grouper. Not
	available 4009.	ent droup (LAI d), as	assigned by Sin LAI & Grouper. Not
Length:	5 Type: Alphanumeric	Data Source:	Assigned
Field 21:	ADJUSTED_EAPG_WEIGHT		· ·g···
		ent Group (FAPG), as	assigned by 3M™ EAPG Grouper. Not
	available 4Q09.	o o. oup (=, o), uo	
Length:	10 Type: Alphanumeric	Data Source:	Assigned
Field 22:	APC_PROCEDURE_CODE		-
		ion (APC) procedure of	code as assigned by 3M™ APC Grouper.
	Not available 4Q09.		
Length:	5 Type: Alphanumeric	Data Source:	Assigned
Field 23:	APC_PX_STATUS_IND_CODE		
			status indicator as assigned by 3M™
	APC Grouper. Not available 4Q0		
Length:	2 Type: Alphanumeric	Data Source:	Assigned
Field 24:	APC_WEIGHT	ion (ADC) waishtis = =	a pecianod by 2MIM ADC Crowner Not
		ion (APC) weighting a	s assigned by 3M™ APC Grouper. Not
Length:	available 4Q09. 9 Type: Alphanumeric	Data Source:	Assigned
		pala suulte.	rasid I Cu

OUTPATIENT FACILITY TYPE INDICATOR FILE

Field 1:	THCIC_ID						
	Provider ID. Unio	que identifier assigne	d to the provider by	THCIC.			
Length:	6 Type:	Alphanumeric	Data Source:	Assigned			
Field 2:	PROVIDER_NA						
	Hospital name provided by the hospital.						
Length:	55 Type:	Alphanumeric	Data Source:	Provider			
Field 3:	PROVIDER AD		Data Source.	TTOVIGET			
i ieiu 3.		provided by the hosp	vital				
Longth				Drovidor			
Length:		Alphanumeric	Data Source:	Provider			
Field 4:	PROVIDER_CIT						
		vided by the hospital.		D			
Length:	20 Type:	Alphanumeric	Data Source:	Provider			
Field 5:	PROVIDER_STA						
_		ovided by the hospita					
Length:	2 Type:	Alphanumeric	Data Source:	Provider			
Field 6:	PROVIDER_ZIP)					
	Hospital ZIP code	e provided by the hos	spital.				
Length:	9 Type:	Alphanumeric	Data Source:	Provider			
Field 7:	FAC_TEACHING	IND					
	Teaching Facility						
Coding Scheme:		Council of Teaching Ho	ospitals				
couning continue.	X Teaching fa		Sopicals				
Length:	1 Type:	Alphanumeric	Data Source:	Provider			
Field 8:	FAC_PSYCH_IN		Data Source.	TIOVIUCI			
riela 8:							
	Psychiatric Facili		D-4- C	Durandalan			
Length:	1 Type:	Alphanumeric	Data Source:	Provider			
Field 9:	FAC_REHAB_IN						
_	Rehabilitation Fa						
Length:	1 Type:	Alphanumeric	Data Source:	Provider			
Field 10:	FAC_ACUTE_CA	ARE_IND					
	Acute Care Facili						
Length:	1 Type:	Alphanumeric	Data Source:	Provider			
Field 11:	FAC_SNF_IND						
		acility Indicator, Hos	nital facility type indi	cator provided by the hospital.			
Length:	1 Type:	Alphanumeric	Data Source:	Provider			
Field 12:	FAC_LONG_TER		<u> </u>	11011001			
Field 12.		Care Facility Indicate	or				
Longth	•			Drovidor			
Length:	1 Type:	Alphanumeric	Data Source:	Provider			
Field 13:	FAC_OTHER_LT						
		Care Facility Indicate					
Length:	1 Type:	Alphanumeric	Data Source:	Provider			
Field 14:	FAC_PEDS_IND						
	Pediatric Facility						
Coding Scheme:		ational Association of	Children's Hospitals	and Related Institutions (NACHRI)			
	X Facilities als	so treat children					
Length:	1 Trans.	Alphanumeric	Data Source:	Provider			
Field 15:	1 Type:	, upriditariiciic					
	/ 11 -	•	Data Dou. co.				
	FAC_CARDIOV	ASCULAR_IND	244 304 66				
Lenath:	FAC_CARDIOVA Cardiovascular fa	ASCULAR_IND acility indicator.		Provider			
Length:	FAC_CARDIOVA Cardiovascular fa 1 Type:	ASCULAR_IND acility indicator. Alphanumeric	Data Source:	Provider			
Length: Field 16:	FAC_CARDIOVA Cardiovascular for 1 Type: FAC_CHIROPRA	ASCULAR_IND acility indicator. Alphanumeric ACTIC_IND		Provider			
Field 16:	FAC_CARDIOVA Cardiovascular fa 1 Type: FAC_CHIROPRA Chiropractic care	ASCULAR_IND acility indicator. Alphanumeric ACTIC_IND a facility indicator.	Data Source:				
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Field 16: Length: Field 17:	FAC_CARDIOVA Cardiovascular fa 1 Type: FAC_CHIROPRA Chiropractic care 1 Type: FAC_ENDOSCO Endoscopy facilit	ASCULAR_IND acility indicator. Alphanumeric ACTIC_IND acfacility indicator. Alphanumeric PY_IND acy indicator.	Data Source: Data Source:	Provider			
Field 16: Length: Field 17: Length:	FAC_CARDIOVA Cardiovascular fa 1 Type: FAC_CHIROPRA Chiropractic care 1 Type: FAC_ENDOSCO Endoscopy facilit 1 Type:	ASCULAR_IND acility indicator. Alphanumeric ACTIC_IND acfacility indicator. Alphanumeric PY_IND acy indicator. Alphanumeric	Data Source:				
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Field 16: Length: Field 17: Length: Field 18:	FAC_CARDIOVA Cardiovascular fa 1 Type: FAC_CHIROPRA Chiropractic care 1 Type: FAC_ENDOSCO Endoscopy facilit 1 Type: FAC_FOOT_INI	ASCULAR_IND acility indicator. Alphanumeric ACTIC_IND e facility indicator. Alphanumeric PY_IND cy indicator. Alphanumeric O indicator.	Data Source: Data Source:	Provider			
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Field 20:	FAC_GENERAL_IND							
	General care facility indicator.							
Length:	1 Type: Alphanumeric	Data Source:	Provider					
Field 21:	FAC_NEUROLOGICAL_IND							
	Neurological care facility indicator							
Length:	1 Type: Alphanumeric	Data Source:	Provider					
Field 22:	FAC_OB_GYN_IND							
1	Obstetrics and gynecology facility		Duranidan					
Length:	1 Type: Alphanumeric	Data Source:	Provider					
Field 23:	FAC_OPTHAMOLOGY_IND							
I amath.	Ophthalmology facility indicator. 1 Type: Alphanumeric	Data Source:	Provider					
Length: Field 24:	1 Type: Alphanumeric FAC_ORAL_IND	Data Source:	Provider					
riela 24:	Oral health care facility indicator.							
Length:	1 Type: Alphanumeric	Data Source:	Provider					
Field 25:	FAC_ORTHOPEDIC_IND	Data Source.	Trovidei					
i ieiu 25.	Orthopedic care facility indicator.							
Length:	1 Type: Alphanumeric	Data Source:	Provider					
Field 26:	FAC_OTOLARYNGOLOGY_IND	Data Source.	Trovidei					
	Otolaryngology facility indicator.							
Length:	1 Type: Alphanumeric	Data Source:	Provider					
Field 27:	FAC_PAIN_MNGMT_IND	244 254 25						
	Pain management facility indicato	r.						
Length:	1 Type: Alphanumeric	Data Source:	Provider					
Field 28:	FAC_PLASTIC_IND							
	Plastic surgery facility indicator.							
Length:	1 Type: Alphanumeric	Data Source:	Provider					
Field 29:	FAC_THORACIC_IND							
	Thoracic care facility Indicator.							
Length:	1 Type: Alphanumeric	Data Source:	Provider					
Field 30:	FAC_UROLOGY_IND							
	Urology care facility indicator.		5					
Length:	1 Type: Alphanumeric	Data Source:	Provider					
Field 31:	FAC_OTHER_IND							
Length:	Other facility indicator. 1 Type: Alphanumeric	Data Source:	Provider					
	7.	Data Source.	Flovidei					
Field 32:	POA_PROVIDER_INDICATOR		Discount Brown to Albertain					
	Indicator identifying whether facility is required to submit Diagnosis Present on Admission							
(POA) codes. 25 TAC §421.9(e) identifies the following facility types as exempt from POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals,								
		pitais ,Children's or Pedia	atric Hospitals and Long Term Care					
Coding Cobons	Hospitals.	that wanted be averaged	fuere reporting DOA for those nationts)					
Coding Scheme:	M Mixed (Facility has sections R Required	that would be exempted	from reporting POA for those patients)					
	X Exempt							
	` Invalid							
Length:	1 Type: Alphanumeric	Data Source:	Assigned					
3	- I p / i p i a i a i i a i a i a i a i a i a i							

PROVIDER_COUNTY Field 33:

FIPS code of provider's county.

Coding scheme:

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

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115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
119	Delta	247	Jim Hogg	375	Potter	503	Young
121	Denton	249	Jim Wells	377	Presidio	505	Zapata
123	Dewitt	251	Johnson	379	Rains	507	Zavala
125	Dickens	253	Jones	381	Randall		
127	Dimmit	255	Karnes	383	Reagan	`	Invalid

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

code

Note about LCODE:

The "Census Block" and "Census Block Group" coding are geographic identifiers derived from a process called Geocoding. Geocoding is the process of assigning a geographic coordinate to a record for a given physical address.

LCODE (Location code) quantifies the level of accuracy of the geocoding process. LCODE classification:

- "A" code indicates that the record is accurate to the address level.
- "Z" code indicates the record is accurate to at least the ZIP code level.
 - o "ZB" code indicates the record is accurate to the Census Block Group level.
 - "ZT" code indicates the record is accurate to at least the Census Tract level.
 - o "ZC" code indicates the record is accurate to the ZIP code level.
- An "E" code indicates an error in geocoding and no value is provided.

The Block Group should be a 12-digit numerical value. If the LCODE is "ZT" or "ZC" a record should not have a value for Block Group. The LCODE will be included any time a data request includes Pat Addr Census Block or Pat Addr Census Block Group.

Field 34: **Description:**

FAC EMERGENCY DEPARTMENT IND

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

Note:

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

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Beginning Position:87Data Source:ProviderLength:1Type:Alphanumeric

FAC_ONCOLOGY_IND Oncology facility indicator. Field 35:

Description:

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

DATA FILE LAYOUTS

Inpatient Base Data File

Data Dictionary #	RDF Field Name - IP Base Data	Length	Field Type
1	RECORD_ID (not linkable to the Record_ID in the ED Outpatient RDF or ED Public Use Data Files (PUDFs).)	12	Alphanumeric
2	PAT_UNIQUE_INDEX	10	Alphanumeric
3	THCIC_ID	6	Alphanumeric
4	SPEC_UNIT_1	1	Alphanumeric
5	SPEC_UNIT_2	1	Alphanumeric

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6	SPEC UNIT 3	1	Alphanumeric
7	SPEC UNIT 4	1	Alphanumeric
8	SPEC_UNIT_5	1	Alphanumeric
9	ENCOUNTER_INDICATOR	2	Alphanumeric
10	SEX CODE	1	Alphanumeric
11	BIRTH DATE	8	Alphanumeric
12	PAT AGE GROUP	2	Alphanumeric
13	PAT AGE YEARS	3	Alphanumeric
14	PAT AGE DAYS	5	Alphanumeric
15	RACE	1	Alphanumeric
16	ETHNICITY	1	Alphanumeric
17	PAT_ADDR_CENSUS_BLOCK_GROUP	14	Alphanumeric
18	PAT_ADDR_CENSUS_BLOCK	5	Alphanumeric
19	PAT_CITY	30	Alphanumeric
20	PAT_STATE	2	Alphanumeric
21	PAT_ZIP	9	Alphanumeric
22	PAT_COUNTRY	2	Alphanumeric
23	PAT_COUNTY	3	Alphanumeric
24	PUBLIC_HEALTH_REGION	2	Alphanumeric
25	TYPE_OF_ADMISSION	1	Alphanumeric
26	SOURCE_OF_ADMISSION	1	Alphanumeric
27	FIRST_PAYMENT_SRC	2	Alphanumeric
28	FIRST_PAYER_ID	10	Alphanumeric
29	FIRST_PAYER_NAME	35	Alphanumeric
30	SECONDARY_PAYMENT_SRC	2	Alphanumeric
31	SECONDARY_PAYER_ID	10	Alphanumeric
32	SECONDARY_PAYER_NAME	35	Alphanumeric
33	ADMIT_START_OF_CARE	8	Alphanumeric
34	ADMIT_WEEKDAY	1	Alphanumeric
35	ADMIT_HOUR	2	Alphanumeric
36	STMT_PERIOD_FROM	8	Alphanumeric
37	STMT_PERIOD_THRU	8	Alphanumeric
38	LENGTH_OF_STAY	4	Alphanumeric
39	PAT_STATUS	2	Alphanumeric

Data Dictionary #	RDF Field Name – IP Base Data	Length	Field Type
40	DISCHARGE_HOUR	2	Alphanumeric
41	TYPE_OF_BILL	3	Alphanumeric
42	ADMITTING_DIAGNOSIS	7	Alphanumeric
43	PRINC_DIAG_CODE	7	Alphanumeric
44	POA_PRINC_DIAG_CODE	1	Alphanumeric
45	OTH_DIAG_CODE_1	7	Alphanumeric
46	POA_OTH_DIAG_CODE_1	1	Alphanumeric
47	OTH_DIAG_CODE_2	7	Alphanumeric
48	POA_OTH_DIAG_CODE_2	1	Alphanumeric
49	OTH_DIAG_CODE_3	7	Alphanumeric
50	POA_OTH_DIAG_CODE_3	1	Alphanumeric
51	OTH_DIAG_CODE_4	7	Alphanumeric
52	POA_OTH_DIAG_CODE_4	1	Alphanumeric
53	OTH_DIAG_CODE_5	7	Alphanumeric
54	POA_OTH_DIAG_CODE_5	1	Alphanumeric
55	OTH_DIAG_CODE_6	7	Alphanumeric
56	POA_OTH_DIAG_CODE_6	1	Alphanumeric
57	OTH_DIAG_CODE_7	7	Alphanumeric
58	POA_OTH_DIAG_CODE_7	1	Alphanumeric
59	OTH_DIAG_CODE_8	7	Alphanumeric
60	POA_OTH_DIAG_CODE_8	1	Alphanumeric
61	OTH_DIAG_CODE_9	7	Alphanumeric
62	POA_OTH_DIAG_CODE_9	1	Alphanumeric
63	OTH_DIAG_CODE_10	7	Alphanumeric
64	POA_OTH_DIAG_CODE_10	1	Alphanumeric
65	OTH_DIAG_CODE_11	7	Alphanumeric
66	POA_OTH_DIAG_CODE_11	1	Alphanumeric
67	OTH_DIAG_CODE_12	7	Alphanumeric
68	POA_OTH_DIAG_CODE_12	1	Alphanumeric
69	OTH_DIAG_CODE_13	7	Alphanumeric
70	POA_OTH_DIAG_CODE_13	1	Alphanumeric
71	OTH_DIAG_CODE_14	7	Alphanumeric
72	POA_OTH_DIAG_CODE_14	1	Alphanumeric
73	OTH_DIAG_CODE_15	7	Alphanumeric
74	POA_OTH_DIAG_CODE_15	1	Alphanumeric
75	OTH_DIAG_CODE_16	7	Alphanumeric
76	POA_OTH_DIAG_CODE_16	1	Alphanumeric
77	OTH_DIAG_CODE_17	7	Alphanumeric
78	POA_OTH_DIAG_CODE_17	1	Alphanumeric
79	OTH_DIAG_CODE_18	7	Alphanumeric
80	POA_OTH_DIAG_CODE_18	1	Alphanumeric
81	OTH_DIAG_CODE_19	7	Alphanumeric
82	POA_OTH_DIAG_CODE_19	1	Alphanumeric
83	OTH_DIAG_CODE_20	7	Alphanumeric
84	POA_OTH_DIAG_CODE_20	1	Alphanumeric

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Data Dictionary #	RDF Field Name – IP Base Data	Length	Field Type
85	OTH_DIAG_CODE_21	7	Alphanumeric
86	POA_OTH_DIAG_CODE_21	1	Alphanumeric
87	OTH_DIAG_CODE_22	7	Alphanumeric
88	POA_OTH_DIAG_CODE_22	1	Alphanumeric
89	OTH_DIAG_CODE_23	7	Alphanumeric
90	POA_OTH_DIAG_CODE_23	1	Alphanumeric
91	OTH_DIAG_CODE_24	7	Alphanumeric
92	POA_OTH_DIAG_CODE_24	1	Alphanumeric
93	E_CODE_1	7	Alphanumeric
94	POA_E_CODE_1	1	Alphanumeric
95	E_CODE_2	7	Alphanumeric
96	POA_E_CODE_2	1	Alphanumeric
97	E_CODE_3	7	Alphanumeric
98	POA_E_CODE_3	1	Alphanumeric
99	E_CODE_4	7	Alphanumeric
100	POA_E_CODE_4	1	Alphanumeric
101	E_CODE_5	7	Alphanumeric
102	POA_E_CODE_5	1	Alphanumeric
103	E_CODE_6	7	Alphanumeric
104	POA_E_CODE_6	1	Alphanumeric
105	E_CODE_7	7	Alphanumeric
106	POA_E_CODE_7	1	Alphanumeric
107	E_CODE_8	7	Alphanumeric
108	POA_E_CODE_8	1	Alphanumeric
109	E_CODE_9	7	Alphanumeric
110	POA_E_CODE_9	1	Alphanumeric
111	E_CODE_10	7	Alphanumeric
112	POA_E_CODE_10	1	Alphanumeric
113	PRINC_SURG_PROC_CODE	7	Alphanumeric
114	PRINC_SURG_PROC_DATE	8	Alphanumeric
115	PRINC_SURG_PROC_DAY	4	Alphanumeric
116	OTH_SURG_PROC_CODE_1	7	Alphanumeric
117	OTH_SURG_PROC_DATE_1	8	Alphanumeric
118	OTH_SURG_PROC_DAY_1	4	Alphanumeric
119	OTH_SURG_PROC_CODE_2	7	Alphanumeric
120	OTH_SURG_PROC_DATE_2	8	Alphanumeric
121	OTH_SURG_PROC_DAY_2	4	Alphanumeric
122	OTH_SURG_PROC_CODE_3	7	Alphanumeric
123	OTH_SURG_PROC_DATE_3	8	Alphanumeric
124	OTH_SURG_PROC_DAY_3	4	Alphanumeric
125	OTH_SURG_PROC_CODE_4	7	Alphanumeric
126	OTH_SURG_PROC_DATE_4	8	Alphanumeric
127	OTH_SURG_PROC_DAY_4	4	Alphanumeric
128	OTH_SURG_PROC_CODE_5	7	Alphanumeric
129	OTH_SURG_PROC_DATE_5	8	Alphanumeric

Data Dictionary #	RDF Field Name – IP Base Data	Length	Field Type
130	OTH_SURG_PROC_DAY_5	4	Alphanumeric
131	OTH_SURG_PROC_CODE_6	7	Alphanumeric
132	OTH_SURG_PROC_DATE_6	8	Alphanumeric
133	OTH_SURG_PROC_DAY_6	4	Alphanumeric
134	OTH_SURG_PROC_CODE_7	7	Alphanumeric
135	OTH_SURG_PROC_DATE_7	8	Alphanumeric
136	OTH_SURG_PROC_DAY_7	4	Alphanumeric
137	OTH_SURG_PROC_CODE_8	7	Alphanumeric
138	OTH_SURG_PROC_DATE_8	8	Alphanumeric
139	OTH_SURG_PROC_DAY_8	4	Alphanumeric
140	OTH_SURG_PROC_CODE_9	7	Alphanumeric
141	OTH_SURG_PROC_DATE_9	8	Alphanumeric
142	OTH_SURG_PROC_DAY_9	4	Alphanumeric
143	OTH_SURG_PROC_CODE_10	7	Alphanumeric
144	OTH_SURG_PROC_DATE_10	8	Alphanumeric
145	OTH_SURG_PROC_DAY_10	4	Alphanumeric
146	OTH_SURG_PROC_CODE_11	7	Alphanumeric
147	OTH_SURG_PROC_DATE_11	8	Alphanumeric
148	OTH_SURG_PROC_DAY_11	4	Alphanumeric
149	OTH_SURG_PROC_CODE_12	7	Alphanumeric
150	OTH_SURG_PROC_DATE_12	8	Alphanumeric
151	OTH_SURG_PROC_DAY_12	4	Alphanumeric
152	OTH_SURG_PROC_CODE_13	7	Alphanumeric
153	OTH_SURG_PROC_DATE_13	8	Alphanumeric
154	OTH_SURG_PROC_DAY_13	4	Alphanumeric
155	OTH_SURG_PROC_CODE_14	7	Alphanumeric
156	OTH_SURG_PROC_DATE_14	8	Alphanumeric
157	OTH_SURG_PROC_DAY_14	4	Alphanumeric
158	OTH_SURG_PROC_CODE_15	7	Alphanumeric
159	OTH_SURG_PROC_DATE_15	8	Alphanumeric
160	OTH_SURG_PROC_DAY_15	4	Alphanumeric
161	OTH_SURG_PROC_CODE_16	7	Alphanumeric
162	OTH_SURG_PROC_DATE_16	8	Alphanumeric
163	OTH_SURG_PROC_DAY_16	4	Alphanumeric
164	OTH_SURG_PROC_CODE_17	7	Alphanumeric
165	OTH_SURG_PROC_DATE_17	8	Alphanumeric
166	OTH_SURG_PROC_DAY_17	4	Alphanumeric
167	OTH_SURG_PROC_CODE_18	7	Alphanumeric
168	OTH_SURG_PROC_DATE_18	8	Alphanumeric
169	OTH_SURG_PROC_DAY_18	4	Alphanumeric
170	OTH_SURG_PROC_CODE_19	7	Alphanumeric
171	OTH_SURG_PROC_DATE_19	8	Alphanumeric
172	OTH_SURG_PROC_DAY_19	4	Alphanumeric
173	OTH_SURG_PROC_CODE_20	7	Alphanumeric
174	OTH_SURG_PROC_DATE_20	8	Alphanumeric

Data Dictionary #	RDF Field Name – IP Base Data	Length	Field Type
175	OTH_SURG_PROC_DAY_20	4	Alphanumeric
176	OTH_SURG_PROC_CODE_21	7	Alphanumeric
177	OTH_SURG_PROC_DATE_21	8	Alphanumeric
178	OTH_SURG_PROC_DAY_21	4	Alphanumeric
179	OTH_SURG_PROC_CODE_22	7	Alphanumeric
180	OTH_SURG_PROC_DATE_22	8	Alphanumeric
181	OTH_SURG_PROC_DAY_22	4	Alphanumeric
182	OTH_SURG_PROC_CODE_23	7	Alphanumeric
183	OTH_SURG_PROC_DATE_23	8	Alphanumeric
184	OTH_SURG_PROC_DAY_23	4	Alphanumeric
185	OTH_SURG_PROC_CODE_24	7	Alphanumeric
186	OTH_SURG_PROC_DATE_24	8	Alphanumeric
187	OTH_SURG_PROC_DAY_24	4	Alphanumeric
188	MS_MDC	2	Alphanumeric
189	APR_MDC	2	Alphanumeric
190	MS_DRG	3	Alphanumeric
191	APR_DRG	4	Alphanumeric
192	RISK_MORTALITY	1	Alphanumeric
193	ILLNESS_SEVERITY	1	Alphanumeric
194	APR GROUPER VERSION NBR	5	Alphanumeric
195	APR_GROUPER_ERROR_CODE	2	Alphanumeric
196	MS_GROUPER_VERSION_NBR	5	Alphanumeric
197	MS_GROUPER_ERROR_CODE	2	Alphanumeric
198	ATTENDING_PHYSICIAN_UNIF_ID	10	Alphanumeric
199	OPERATING_PHYSICIAN_UNIF_ID	10	Alphanumeric
200	OCCUR_CODE_1	2	Alphanumeric
201	OCCUR_DATE_1	8	Alphanumeric
202	OCCUR_DAY_1	4	Alphanumeric
203	OCCUR_CODE_2	2	Alphanumeric
204	OCCUR_DATE_2	8	Alphanumeric
205	OCCUR_DAY_2	4	Alphanumeric
206	OCCUR_CODE_3	2	Alphanumeric
207	OCCUR_DATE_3	8	Alphanumeric
208	OCCUR_DAY_3	4	Alphanumeric
209	OCCUR_CODE_4	2	Alphanumeric
210	OCCUR_DATE_4	8	Alphanumeric
211	OCCUR_DAY_4	4	Alphanumeric
212	OCCUR_CODE_5	2	Alphanumeric
213	OCCUR_DATE_5	8	Alphanumeric
214	OCCUR_DAY_5	4	Alphanumeric
215	OCCUR_CODE_6	2	Alphanumeric
216	OCCUR_DATE_6	8	Alphanumeric
217	OCCUR_DAY_6	4	Alphanumeric
218	OCCUR_CODE_7	2	Alphanumeric
219	OCCUR_DATE_7	8	Alphanumeric

Data Dictionary #	RDF Field Name – IP Base Data	Length	Field Type
220	OCCUR_DAY_7	4	Alphanumeric
221	OCCUR_CODE_8	2	Alphanumeric
222	OCCUR_DATE_8	8	Alphanumeric
223	OCCUR_DAY_8	4	Alphanumeric
224	OCCUR_CODE_9	2	Alphanumeric
225	OCCUR_DATE_9	8	Alphanumeric
226	OCCUR_DAY_9	4	Alphanumeric
227	OCCUR_CODE_10	2	Alphanumeric
228	OCCUR_DATE_10	8	Alphanumeric
229	OCCUR_DAY_10	4	Alphanumeric
230	OCCUR_CODE_11	2	Alphanumeric
231	OCCUR_DATE_11	8	Alphanumeric
232	OCCUR_DAY_11	4	Alphanumeric
233	OCCUR_CODE_12	2	Alphanumeric
234	OCCUR_DATE_12	8	Alphanumeric
235	OCCUR_DAY_12	4	Alphanumeric
236	OCCUR_SPAN_CODE_1	2	Alphanumeric
237	OCCUR_SPAN_FROM_1	8	Alphanumeric
238	OCCUR_SPAN_THRU_1	8	Alphanumeric
239	OCCUR_SPAN_CODE_2	2	Alphanumeric
240	OCCUR_SPAN_FROM_2	8	Alphanumeric
241	OCCUR_SPAN_THRU_2	8	Alphanumeric
242	OCCUR_SPAN_CODE_3	2	Alphanumeric
243	OCCUR_SPAN_FROM_3	8	Alphanumeric
244	OCCUR_SPAN_THRU_3	8	Alphanumeric
245	OCCUR_SPAN_CODE_4	2	Alphanumeric
246	OCCUR_SPAN_FROM_4	8	Alphanumeric
247	OCCUR_SPAN_THRU_4	8	Alphanumeric
248	CONDITION_CODE_1	2	Alphanumeric
249	CONDITION_CODE_2	2	Alphanumeric
250	CONDITION_CODE_3	2	Alphanumeric
251	CONDITION_CODE_4	2	Alphanumeric
252	CONDITION_CODE_5	2	Alphanumeric
253	CONDITION_CODE_6	2	Alphanumeric
254	CONDITION_CODE_7	2	Alphanumeric
255	CONDITION_CODE_8	2	Alphanumeric
256	VALUE_CODE_1	2	Alphanumeric
257	VALUE_AMOUNT_1	9	Numeric
258	VALUE_CODE_2	2	Alphanumeric
259	VALUE_AMOUNT_2	9	Numeric
260	VALUE_CODE_3	2	Alphanumeric
261	VALUE_AMOUNT_3	9	Numeric
262	VALUE_CODE_4	2	Alphanumeric
263	VALUE_AMOUNT_4	9	Numeric
264	VALUE_CODE_5	2	Alphanumeric

Data Dictionary #	RDF Field Name – IP Base Data	Length	Field Type
265	VALUE_AMOUNT_5	9	Numeric
266	VALUE_CODE_6	2	Alphanumeric
267	VALUE_AMOUNT_6	9	Numeric
268	VALUE_CODE_7	2	Alphanumeric
269	VALUE_AMOUNT_7	9	Numeric
270	VALUE_CODE_8	2	Alphanumeric
271	VALUE_AMOUNT_8	9	Numeric
272	VALUE_CODE_9	2	Alphanumeric
273	VALUE_AMOUNT_9	9	Numeric
274	VALUE_CODE_10	2	Alphanumeric
275	VALUE_AMOUNT_10	9	Numeric
276	VALUE_CODE_11	2	Alphanumeric
277	VALUE_AMOUNT_11	9	Numeric
278	VALUE_CODE_12	2	Alphanumeric
279	VALUE_AMOUNT_12	9	Numeric
280	PRIVATE_AMOUNT	12	Numeric
281	SEMI_PRIVATE_AMOUNT	12	Numeric
282	WARD_AMOUNT	12	Numeric
283	ICU_AMOUNT	12	Numeric
284	CCU_AMOUNT	12	Numeric
285	OTHER_AMOUNT	12	Numeric
286	PHARM_AMOUNT	12	Numeric
287	MEDSURG_AMOUNT	12	Numeric
288	DME_AMOUNT	12	Numeric
289	USED_DME_AMOUNT	12	Numeric
290	PT_AMOUNT	12	Numeric
291	OT_AMOUNT	12	Numeric
292	SPEECH_AMOUNT	12	Numeric
293	IT_AMOUNT	12	Numeric
294	BLOOD_AMOUNT	12	Numeric
295	BLOOD_ADM_AMOUNT	12	Numeric
296	OR_AMOUNT	12	Numeric
297	LITH_AMOUNT	12	Numeric
298	CARD_AMOUNT	12	Numeric
299	ANES_AMOUNT	12	Numeric
300	LAB_AMOUNT	12	Numeric
301	RAD_AMOUNT	12	Numeric
302	MRI_AMOUNT	12	Numeric
303	OP_AMOUNT	12	Numeric
304	ER_AMOUNT	12	Numeric
305	AMBULANCE_AMOUNT	12	Numeric
306	PRO_FEE_AMOUNT	12	Numeric
307	ORGAN_AMOUNT	12	Numeric
308	ESRD_AMOUNT	12	Numeric
309	CLINIC_AMOUNT	12	Numeric

Data Dictionary #	RDF Field Name – IP Base Data	Length	Field Type
310	TOTAL_CHARGES	12	Numeric
311	TOTAL_NON_COV_CHARGES	12	Numeric
312	TOTAL_CHARGES_ACCOMM	12	Numeric
313	TOTAL_NON_COV_CHARGES_ACCOMM	12	Numeric
314	TOTAL_CHARGES_ANCIL	12	Numeric
315	TOTAL_NON_COV_CHARGES_ANCIL	12	Numeric
316	INBOUND_INDICATOR	1	Alphanumeric
317	EMERGENCY_DEPT_FLAG	1	Alphanumeric
318	DISCHARGE	6	Alphanumeric

Inpatient Charges Data File

Data Dictionary #	RDF Field Name – IP Charges File	Length	Field Type
1	RECORD_ID (not linkable to the Record_ID in the ED Outpatient RDF or ED Public Use Data Files (PUDFs).)	12	Alphanumeric
2	REVENUE_CODE	4	Alphanumeric
3	REVENUE_CODE_SEQUENCE_NUMBER	3	Alphanumeric
4	HCPCS_QUALIFIER	2	Alphanumeric
5	HCPCS_PROCEDURE_CODE	5	Alphanumeric
6	MODIFIER_1	2	Alphanumeric
7	MODIFIER_2	2	Alphanumeric
8	MODIFIER_3	2	Alphanumeric
9	MODIFIER_4	2	Alphanumeric
10	UNIT_MEASUREMENT_CODE	2	Alphanumeric
11	UNITS_OF_SERVICE	7	Numeric
12	UNIT_RATE	12	Numeric
13	CHRGS_LINE_ITEM	14	Numeric
14	CHRGS_NON_COV	14	Alphanumeric

Inpatient Facility Type Indicator File

Data Dictionary #	RDF Field Name – IP Facility Type File	Length	Field Type
1	THCIC_ID	6	Alphanumeric
2	PROVIDER_NAME	55	Alphanumeric
3	PROVIDER_ADDR	50	Alphanumeric
4	PROVIDER_CITY	20	Alphanumeric
5	PROVIDER_STATE	2	Alphanumeric

Data Dictionary #	RDF Field Name – IP Facility Type File	Length	Field Type
6	PROVIDER_ZIP	9	Alphanumeric
7	FAC_TEACHING_IND	1	Alphanumeric
8	FAC_PSYCH_IND	1	Alphanumeric
9	FAC_REHAB_IND	1	Alphanumeric
10	FAC_ACUTE_CARE_IND	1	Alphanumeric
11	FAC_SNF_IND	1	Alphanumeric
12	FAC_LONG_TERM_AC_IND	1	Alphanumeric
13	FAC_OTHER_LTC_IND	1	Alphanumeric
14	FAC_PEDS_IND	1	Alphanumeric
15	POA_PROVIDER_INDICATOR	1	Alphanumeric
16	PROVIDER_COUNTY	3	Alphanumeric

Outpatient Base Data File

Data Dictionary #	RDF Field Name – OP Base Data	Length	Field Type
1	SERVICE_QUARTER	6	Alphanumeric
2	RECORD_ID (not linkable to the Record_ID in the ED Inpatient RDF or ED Public Use Data Files (PUDFs).)	12	Alphanumeric
3	PAT_UNIQUE_INDEX	10	Alphanumeric
4	THCIC_ID	6	Alphanumeric
5	SPEC_UNIT_1	1	Alphanumeric
6	SPEC_UNIT_2	1	Alphanumeric
7	SPEC_UNIT_3	1	Alphanumeric
8	SPEC_UNIT_4	1	Alphanumeric
9	SPEC_UNIT_5	1	Alphanumeric
10	ENCOUNTER_INDICATOR	2	Alphanumeric
11	SEX_CODE	1	Alphanumeric
12	BIRTH_DATE	8	Alphanumeric
13	PAT_AGE_GROUP	2	Alphanumeric
14	PAT_AGE_YEARS	3	Alphanumeric
15	PAT_AGE_DAYS	5	Alphanumeric
16	RACE	1	Alphanumeric
17	ETHNICITY	1	Alphanumeric
18	PAT_ADDR_CENSUS_BLOCK_GROUP	14	Alphanumeric
19	PAT_ADDR_CENSUS_BLOCK	5	Alphanumeric
20	PAT_CITY	30	Alphanumeric
21	PAT_STATE	2	Alphanumeric
22	PAT_ZIP	9	Alphanumeric

Data Dictionary #	RDF Field Name – OP Base Data	Length	Field Type
23	PAT_COUNTRY	2	Alphanumeric
24	PAT_COUNTY	3	Alphanumeric
25	PUBLIC_HEALTH_REGION	2	Alphanumeric
26	TYPE_OF_ADMISSION	1	Alphanumeric
27	SOURCE_OF_ADMISSION	1	Alphanumeric
28	FIRST_PAYMENT_SRC	2	Alphanumeric
29	FIRST_PAYER_ID	10	Alphanumeric
30	FIRST_PAYER_NAME	35	Alphanumeric
31	SECONDARY_PAYMENT_SRC	2	Alphanumeric
32	SECONDARY_PAYER_ID	10	Alphanumeric
33	SECONDARY_PAYER_NAME	35	Alphanumeric
34	STMT_PERIOD_FROM	8	Alphanumeric
35	STMT_PERIOD_THRU	8	Alphanumeric
36	LENGTH_OF_SERVICE	4	Alphanumeric
37	PAT_STATUS	2	Alphanumeric
38	TYPE_OF_BILL	3	Alphanumeric
39	PAT_REASON_FOR_VISIT	7	Alphanumeric
40	PRINC_DIAG_CODE	7	Alphanumeric
41	OTH_DIAG_CODE_1	7	Alphanumeric
42	OTH_DIAG_CODE_2	7	Alphanumeric
43	OTH_DIAG_CODE_3	7	Alphanumeric
44	OTH_DIAG_CODE_4	7	Alphanumeric
45	OTH_DIAG_CODE_5	7	Alphanumeric
46	OTH_DIAG_CODE_6	7	Alphanumeric
47	OTH_DIAG_CODE_7	7	Alphanumeric
48	OTH_DIAG_CODE_8	7	Alphanumeric
49	OTH_DIAG_CODE_9	7	Alphanumeric
50	OTH_DIAG_CODE_10	7	Alphanumeric
51	OTH_DIAG_CODE_11	7	Alphanumeric
52	OTH_DIAG_CODE_12	7	Alphanumeric
53	OTH_DIAG_CODE_13	7	Alphanumeric
54	OTH_DIAG_CODE_14	7	Alphanumeric
55	OTH_DIAG_CODE_15	7	Alphanumeric
56	OTH_DIAG_CODE_16	7	Alphanumeric
57	OTH_DIAG_CODE_17	7	Alphanumeric
58	OTH_DIAG_CODE_18	7	Alphanumeric
59	OTH_DIAG_CODE_19	7	Alphanumeric
60	OTH_DIAG_CODE_20	7	Alphanumeric
61	OTH_DIAG_CODE_21	7	Alphanumeric

Data Dictionary #	RDF Field Name – OP Base Data	Length	Field Type
62	OTH_DIAG_CODE_22	7	Alphanumeric
63	OTH_DIAG_CODE_23	7	Alphanumeric
64	OTH_DIAG_CODE_24	7	Alphanumeric
65	RELATED_CAUSE_CODE_1	2	Alphanumeric
66	RELATED_CAUSE_CODE_2	2	Alphanumeric
67	RELATED_CAUSE_CODE_3	2	Alphanumeric
68	E_CODE_1	7	Alphanumeric
69	E_CODE_2	7	Alphanumeric
70	E_CODE_3	7	Alphanumeric
71	E_CODE_4	7	Alphanumeric
72	E_CODE_5	7	Alphanumeric
73	E_CODE_6	7	Alphanumeric
74	E_CODE_7	7	Alphanumeric
75	E_CODE_8	7	Alphanumeric
76	E_CODE_9	7	Alphanumeric
77	E_CODE_10	7	Alphanumeric
78	PROC_CODE_1	5	Alphanumeric
79	PROC_CODE_2	5	Alphanumeric
80	PROC_CODE_3	5	Alphanumeric
81	PROC_CODE_4	5	Alphanumeric
82	PROC_CODE_5	5	Alphanumeric
83	PROC_CODE_6	5	Alphanumeric
84	PROC_CODE_7	5	Alphanumeric
85	PROC_CODE_8	5	Alphanumeric
86	PROC_CODE_9	5	Alphanumeric
87	PROC_CODE_10	5	Alphanumeric
88	PROC_CODE_11	5	Alphanumeric
89	PROC_CODE_12	5	Alphanumeric
90	PROC_CODE_13	5	Alphanumeric
91	PROC_CODE_14	5	Alphanumeric
92	PROC_CODE_15	5	Alphanumeric
93	PROC_CODE_16	5	Alphanumeric
94	PROC_CODE_17	5	Alphanumeric
95	PROC_CODE_18	5	Alphanumeric
96	PROC_CODE_19	5	Alphanumeric
97	PROC_CODE_20	5	Alphanumeric
98	PROC_CODE_21	5	Alphanumeric
99	PROC_CODE_22	5	Alphanumeric
100	PROC_CODE_23	5	Alphanumeric

Data Dictionary #	RDF Field Name – OP Base Data	Length	Field Type
101	PROC_CODE_24	5	Alphanumeric
102	PROC_CODE_25	5	Alphanumeric
103	EAPG_GRP_VER	12	Alphanumeric
104	APC_GRP_VER	12	Alphanumeric
105	PHYSICIAN1_INDEX_NUMBER	10	Alphanumeric
106	PHYSICIAN2_INDEX_NUMBER	10	Alphanumeric
107	OCCUR_CODE_1	2	Alphanumeric
108	OCCUR_DATE_1	8	Alphanumeric
109	OCCUR_DAY_1	4	Alphanumeric
110	OCCUR_CODE_2	2	Alphanumeric
111	OCCUR_DATE_2	8	Alphanumeric
112	OCCUR_DAY_2	4	Alphanumeric
113	OCCUR_CODE_3	2	Alphanumeric
114	OCCUR_DATE_3	8	Alphanumeric
115	OCCUR_DAY_3	4	Alphanumeric
116	OCCUR_CODE_4	2	Alphanumeric
117	OCCUR_DATE_4	8	Alphanumeric
118	OCCUR_DAY_4	4	Alphanumeric
119	OCCUR_CODE_5	2	Alphanumeric
120	OCCUR_DATE_5	8	Alphanumeric
121	OCCUR_DAY_5	4	Alphanumeric
122	OCCUR_CODE_6	2	Alphanumeric
123	OCCUR_DATE_6	8	Alphanumeric
124	OCCUR_DAY_6	4	Alphanumeric
125	OCCUR_CODE_7	2	Alphanumeric
126	OCCUR_DATE_7	8	Alphanumeric
127	OCCUR_DAY_7	4	Alphanumeric
128	OCCUR_CODE_8	2	Alphanumeric
129	OCCUR_DATE_8	8	Alphanumeric
130	OCCUR_DAY_8	4	Alphanumeric
131	OCCUR_CODE_9	2	Alphanumeric
132	OCCUR_DATE_9	8	Alphanumeric
133	OCCUR_DAY_9	4	Alphanumeric
134	OCCUR_CODE_10	2	Alphanumeric
135	OCCUR_DATE_10	8	Alphanumeric
136	OCCUR_DAY_10	4	Alphanumeric
137	OCCUR_CODE_11	2	Alphanumeric
138	OCCUR_DATE_11	8	Alphanumeric
139	OCCUR_DAY_11	4	Alphanumeric

Data Dictionary #	RDF Field Name – OP Base Data	Length	Field Type
140	OCCUR_CODE_12	2	Alphanumeric
141	OCCUR_DATE_12	8	Alphanumeric
142	OCCUR_DAY_12	4	Alphanumeric
143	OCCUR_SPAN_CODE_1	2	Alphanumeric
144	OCCUR_SPAN_FROM_1	8	Alphanumeric
145	OCCUR_SPAN_THRU_1	8	Alphanumeric
146	OCCUR_SPAN_CODE_2	2	Alphanumeric
147	OCCUR_SPAN_FROM_2	8	Alphanumeric
148	OCCUR_SPAN_THRU_2	8	Alphanumeric
149	OCCUR_SPAN_CODE_3	2	Alphanumeric
150	OCCUR_SPAN_FROM_3	8	Alphanumeric
151	OCCUR_SPAN_THRU_3	8	Alphanumeric
152	OCCUR_SPAN_CODE_4	2	Alphanumeric
153	OCCUR_SPAN_FROM_4	8	Alphanumeric
154	OCCUR_SPAN_THRU_4	8	Alphanumeric
155	CONDITION_CODE_1	2	Alphanumeric
156	CONDITION_CODE_2	2	Alphanumeric
157	CONDITION_CODE_3	2	Alphanumeric
158	CONDITION_CODE_4	2	Alphanumeric
159	CONDITION_CODE_5	2	Alphanumeric
160	CONDITION_CODE_6	2	Alphanumeric
161	CONDITION_CODE_7	2	Alphanumeric
162	CONDITION_CODE_8	2	Alphanumeric
163	VALUE_CODE_1	2	Alphanumeric
164	VALUE_AMOUNT_1	9	Numeric
165	VALUE_CODE_2	2	Alphanumeric
166	VALUE_AMOUNT_2	9	Numeric
167	VALUE_CODE_3	2	Alphanumeric
168	VALUE_AMOUNT_3	9	Numeric
169	VALUE_CODE_4	2	Alphanumeric
170	VALUE_AMOUNT_4	9	Numeric
171	VALUE_CODE_5	2	Alphanumeric
172	VALUE_AMOUNT_5	9	Numeric
173	VALUE_CODE_6	2	Alphanumeric
174	VALUE_AMOUNT_6	9	Numeric
175	VALUE_CODE_7	2	Alphanumeric
176	VALUE_AMOUNT_7	9	Numeric
177	VALUE_CODE_8	2	Alphanumeric
178	VALUE_AMOUNT_8	9	Numeric

Data Dictionary #	RDF Field Name – OP Base Data	Length	Field Type
179	VALUE_CODE_9	2	Alphanumeric
180	VALUE_AMOUNT_9	9	Numeric
181	VALUE_CODE_10	2	Alphanumeric
182	VALUE_AMOUNT_10	9	Numeric
183	VALUE_CODE_11	2	Alphanumeric
184	VALUE_AMOUNT_11	9	Numeric
185	VALUE_CODE_12	2	Alphanumeric
186	VALUE_AMOUNT_12	9	Numeric
187	OTHER_AMOUNT	12	Numeric
188	PHARM_AMOUNT	12	Numeric
189	MEDSURG_AMOUNT	12	Numeric
190	DME_AMOUNT	12	Numeric
191	USED_DME_AMOUNT	12	Numeric
192	PT_AMOUNT	12	Numeric
193	OT_AMOUNT	12	Numeric
194	SPEECH_AMOUNT	12	Numeric
195	IT_AMOUNT	12	Numeric
196	BLOOD_AMOUNT	12	Numeric
197	BLOOD_ADM_AMOUNT	12	Numeric
198	OR_AMOUNT	12	Numeric
199	LITH AMOUNT	12	Numeric
200	CARD_AMOUNT	12	Numeric
201	ANES_AMOUNT	12	Numeric
202	LAB_AMOUNT	12	Numeric
203	RAD_AMOUNT	12	Numeric
204	MRI_AMOUNT	12	Numeric
205	OP AMOUNT	12	Numeric
206	ER_AMOUNT	12	Numeric
207	AMBULANCE_AMOUNT	12	Numeric
208	PRO_FEE_AMOUNT	12	Numeric
209	ORGAN_AMOUNT	12	Numeric
210	ESRD_AMOUNT	12	Numeric
211	CLINIC AMOUNT	12	Numeric
212	CLAIM_TOTAL_CHARGES	12	Numeric
213	CLAIM_NON_COV_CHARGES	12	Numeric
214	CLAIM_CHARGES_ANCIL	12	Numeric
215	CLAIM_NON_COV_CHARGES_ANCIL	12	Numeric
216	PROCESS_DATE	8	Alphanumeric
217	INST_PROF_INDICATOR (INPUT_FORMAT)	1	Alphanumeric

Data Dictionary #	RDF Field Name – OP Base Data	Length	Field Type
218	INBOUND_INDICATOR	1	Alphanumeric
219	EMERGENCY_DEPT_FLAG	1	Alphanumeric
220	CCS_PRINC_DIAG_CODE	4	Alphanumeric
221	CCS_OTH_DIAG_CODE_1	4	Alphanumeric
222	CCS_OTH_DIAG_CODE_2	4	Alphanumeric
223	CCS_OTH_DIAG_CODE_3	4	Alphanumeric
224	CCS_OTH_DIAG_CODE_4	4	Alphanumeric
225	CCS_OTH_DIAG_CODE_5	4	Alphanumeric
226	CCS_OTH_DIAG_CODE_6	4	Alphanumeric
227	CCS_OTH_DIAG_CODE_7	4	Alphanumeric
228	CCS_OTH_DIAG_CODE_8	4	Alphanumeric
229	CCS_OTH_DIAG_CODE_9	4	Alphanumeric
230	CCS_OTH_DIAG_CODE_10	4	Alphanumeric
231	CCS_OTH_DIAG_CODE_11	4	Alphanumeric
232	CCS_OTH_DIAG_CODE_12	4	Alphanumeric
233	CCS_OTH_DIAG_CODE_13	4	Alphanumeric
234	CCS_OTH_DIAG_CODE_14	4	Alphanumeric
235	CCS_OTH_DIAG_CODE_15	4	Alphanumeric
236	CCS_OTH_DIAG_CODE_16	4	Alphanumeric
237	CCS_OTH_DIAG_CODE_17	4	Alphanumeric
238	CCS_OTH_DIAG_CODE_18	4	Alphanumeric
239	CCS_OTH_DIAG_CODE_19	4	Alphanumeric
240	CCS_OTH_DIAG_CODE_20	4	Alphanumeric
241	CCS_OTH_DIAG_CODE_21	4	Alphanumeric
242	CCS_OTH_DIAG_CODE_22	4	Alphanumeric
243	CCS_OTH_DIAG_CODE_23	4	Alphanumeric
244	CCS_OTH_DIAG_CODE_24	4	Alphanumeric
245	CCS_PROC_CODE_1	3	Alphanumeric
246	CCS_PROC_CODE_2	3	Alphanumeric
247	CCS_PROC_CODE_3	3	Alphanumeric
248	CCS_PROC_CODE_4	3	Alphanumeric
249	CCS_PROC_CODE_5	3	Alphanumeric
250	CCS_PROC_CODE_6	3	Alphanumeric
251	CCS_PROC_CODE_7	3	Alphanumeric
252	CCS_PROC_CODE_8	3	Alphanumeric
253	CCS_PROC_CODE_9	3	Alphanumeric
254	CCS_PROC_CODE_10	3	Alphanumeric
255	CCS_PROC_CODE_11	3	Alphanumeric
256	CCS_PROC_CODE_12	3	Alphanumeric
257	CCS_PROC_CODE_13	3	Alphanumeric

Data Dictionary #	RDF Field Name – OP Base Data	Length	Field Type
258	CCS_PROC_CODE_14	3	Alphanumeric
259	CCS_PROC_CODE_15	3	Alphanumeric
260	CCS_PROC_CODE_16	3	Alphanumeric
261	CCS_PROC_CODE_17	3	Alphanumeric
262	CCS_PROC_CODE_18	3	Alphanumeric
263	CCS_PROC_CODE_19	3	Alphanumeric
264	CCS_PROC_CODE_20	3	Alphanumeric
265	CCS_PROC_CODE_21	3	Alphanumeric
266	CCS_PROC_CODE_22	3	Alphanumeric
267	CCS_PROC_CODE_23	3	Alphanumeric
268	CCS_PROC_CODE_24	3	Alphanumeric
269	CCS_PROC_CODE_25	3	Alphanumeric

Outpatient Charges Data File

Data Dictionary #	RDF Field Name – OP Charges File	Length	Field Type
	RECORD_ID (not linkable to the Record_ID in the ED Inpatient RDF or ED Public Use		
1	Data Files (PUDFs).)	12	Alphanumeric
2	REVENUE_CODE	4	Alphanumeric
3	REVENUE_CODE_SEQUENCE_NUMBER	3	Alphanumeric
4	HCPCS_QUALIFIER	2	Alphanumeric
5	HCPCS_PROCEDURE_CODE	5	Alphanumeric
6	MODIFIER_1	2	Alphanumeric
7	MODIFIER_2	2	Alphanumeric
8	MODIFIER_3	2	Alphanumeric
9	MODIFIER_4	2	Alphanumeric
10	UNIT_MEASUREMENT_CODE	2	Alphanumeric
11	UNITS_OF_SERVICE	7	Numeric
12	UNIT_RATE	12	Numeric
13	CHRGS_LINE_ITEM	14	Numeric
14	CHRGS_NON_COV	14	Numeric
15	PROCEDURE_DATE	8	Alphanumeric
16	PROCEDURE_DATE_THRU	8	Alphanumeric
17	SERVICE_FACILITY_CODE	2	Alphanumeric
18	FINAL_EAPG_CATEGORY_CODE	2	Alphanumeric
19	FINAL_EAPG_TYPE_CODE	2	Alphanumeric
20	FINAL_EAPG	5	Alphanumeric
21	ADJUSTED_EAPG_WEIGHT	10	Alphanumeric

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22	APC_PROCEDURE_CODE	5	Alphanumeric
23	APC_PX_STATUS_IND_CODE	2	Alphanumeric
24	APC_WEIGHT	9	Alphanumeric

Outpatient Facility Type Indicator File

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

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Last Updated: September, 2021

¹ Facility Type Code added to the 4th Quarter 2020 Facility Type Data File