

Texas Department of State Health Services

#### **TEXAS EMERGENCY DEPARTMENT RESEARCH DATA FILE**

## **USER MANUAL- 2022 – to Present**

## Center for Health Statistics Texas Health Care Information Collection

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## BACKGROUND

The 2014-15 General Appropriations Act, S.B. 1, 83<sup>rd</sup> 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 <u>Chapter 108</u>, 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 <u>25 Texas Administrative Code</u> (TAC), <u>Sections 421.71-421.78</u>, 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Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014.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 <u>THSC Section 108.013(k)</u>. 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<sup>™</sup> 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.
- 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<sup>™</sup> 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.

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 <u>THSC Section 108.013</u>. <u>THSC Section 108.013(c)</u> 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 <u>THSC Section</u> <u>108.013</u> and may incur penalties as stated in <u>THSC Sections 108.014</u> and <u>108.0141</u>. In addition, under <u>THSC Sections 108.013(e) and (f)</u>, 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 <u>HSC Chapter 108</u> 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.

To protect physician identities in inpatient data provided by hospitals, and FEMCFs THSC Sections <u>108.002 (17)</u>, <u>108.009</u>, and <u>108.011</u> 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**

<u>THSC Section 108.010(c)</u> 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, 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 <u>THSC Sections 108.014</u> and <u>108.0141</u> 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 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<sup>™</sup>. 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, <a href="http://www.dshs.texas.gov/thcic/">http://www.dshs.texas.gov/thcic/</a>, 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].

#### **Emergency Department 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.
Description	Brief explanation of the data element. Descriptions of data elements are taken from 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)
Туре	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
Coding scheme	Valid codes for a data field. Values taken from specifications manuals.

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**

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Hospice U	Init	U	Sub-acute Car	re Unit				
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	Revenue Cod	e.		
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Length:	1 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
Field 7:	SPEC UNIT	4		
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Field 11: Length: Field 12: Coding Scheme:	Image: Type:           BIRTH_DAT           Birth date of 0           8         Type:           PAT_AGE_C           Code indicating           00         1-28 days           01         29-365 da           02         1-4 years           03         5-9           04         10-14           05         15-17           06         18-19           07         20-24           08         25-29           09         30-34	TE           the patient as reco           Alphanumeric           GROUP           ng age of patient i           10           ys           11           4           13           5           14           15           16           17           18           19	rded at date of adm Data Source: n days or years on 6 5-39 20 0-44 21 5-49 HI 0-54 22 5-59 23 0-64 24 5-69 25 0-74 26 5-79 ` 0-84	ission or start of care. Claim date of discharge. 85-89 90+ V and drug/alcohol use patients: 0-17 18-44 45-64 65-74 75+ Invalid
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Field 11: <u>Length:</u> Field 12: Coding Scheme: <u>Length:</u> Field 13:	Image: 1       Type: 1         BIRTH_DAT         Birth date of 0         8       Type: 1         PAT_AGE_C       Code indicatin         00       1-28 days         01       29-365 da         02       1-4 years         03       5-9         04       10-14         05       15-17         06       18-19         07       20-24         08       25-29         09       30-34         2       Type:         PAT_AGE_M       Age of patient         3       Type:         PAT_AGE_M       Age of patient	TE the patient as reco Alphanumeric GROUP ng age of patient i 10 3 ys 11 4 12 4 13 5 14 5 15 6 16 6 17 7 18 7 19 8 Alphanumeric YEARS t in years on date Alphanumeric	rded at date of adm Data Source: n days or years on 6 5-39 20 0-44 21 5-49 HI 0-54 22 5-59 23 0-64 24 5-69 25 0-74 26 5-79 . 0-84 Data Source: Data Source:	ission or start of care. Claim date of discharge. 85-89 90+ V and drug/alcohol use patients: 0-17 18-44 45-64 65-74 75+ Invalid Assigned

Length:	5	Туре:	Alphanu	neric	Data Sou	rce:	Cl	aim			
Field 15:	RAC	CE									
	Code	e indicatin	g the patie	ent's rac	e.						
<b>Coding Scheme:</b>			ndian/Eskim								
8	2	Asian or Pa	cific Islande	r							
	3	Black									
	4	White									
Landha	5	Other	A1 1		Data Ca		CI				
Length:	l	Type:	Alphanu	neric	Data Sou	rce:	Cl	aim			
Field 16:		INICITY	4 17								
~ . ~ .				anic ori	gin of the p	batient.					
<b>Coding Scheme:</b>		Hispanic O	-								
т а	2	-	anic Origin				CI				
Length:	1	Туре:	Alphanu		Data Sou		Cl	aim			
Field 17:				_	K_GROU						
		-			reet addres						
Length:	14	Type:	Alphanu		Data Sou	rce:	Ca	lculated			
Field 18:		_ADDR_		_							
	Cens	sus block o	of patient s	street ad	dress.						
Length:	5	Type:	Alphanu	neric	Data Sou	rce:	Ca	lculated			
Field 19:	РАТ	CITY									
	Patie	nt address	s city as pi	ovided	by the pation	ent.					
Length:	30	Type:	Alphanu		Data Sou		Pre	ovider			
Field 20:	РАТ	_STATE									
				rovided	by the pat	ent.					
Length:	2	Type:	Alphanu		Data Sou		Pr	ovider			
			Alphanu	licite	Data Sou	rce:	11	ovidei			
Field 21:	РАТ	_ZIP					11	ovider			
Field 21:	PAT Patie	<b>ZIP</b> ent address	s ZIP code	e as prov	ided by the	e patient.					
Field 21: Length:	PAT Patie 9	<b>ZIP</b> Ent address <b>Type:</b>	s ZIP code Alphanu	e as prov		e patient.		ovider			
Field 21:	PAT Patie 9 PAT	<b>ZIP</b> ent address <b>Type:</b> <b>COUNT</b>	s ZIP code Alphanui T <b>RY</b>	e as prov neric	ided by the Data Sou	e patient. rce:	Pro	ovider			
Field 21: Length:	PAT Patie 9 PAT Cour	<b>ZIP</b> ent address <b>Type:</b> <b>COUNT</b> ntry of pat	s ZIP code <u>Alphanu</u> T <b>RY</b> ient's resi	e as prov neric	ided by the Data Sou	e patient. rce:	Pro	ovider	erna	tional Organization for	
Field 21: Length: Field 22:	PAT Patie 9 PAT Cour Stand	<b>ZIP</b> ent address <b>Type:</b> <b>COUNT</b> ntry of pat dardization	s ZIP code Alphanur T <b>RY</b> ient's resi n (ISO).	e as prov meric dential a	ided by the <b>Data Sou</b> iddress. Lis	e patient. rce:	Pro	ovider	erna	tional Organization for	
Field 21: Length: Field 22: Coding scheme:	PAT Patie 9 PAT Cour Stand See 1	<b>ZIP</b> ent address <b>Type:</b> <b>COUNT</b> ntry of pat dardization www.ISO.0	s ZIP code Alphanur T <b>RY</b> ient's resi n (ISO). org for co	as prov meric dential a mplete l	ided by the <b>Data Sou</b> Iddress. Lis ist.	e patient. <b>rce:</b> et maintai	Pro ned by	ovider y the Into	erna	tional Organization for	
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Field 21: Length: Field 22: Coding scheme: Length: Field 23:	PAT Patie 9 PAT Cour Stand 2 PAT FIPS 001 003 005 007 009 011 013 015 017 019	<b>ZIP</b> ent address <b>Type:</b> <b>COUNT</b> ntry of pat dardization <i>www.ISO.e</i> <b>Type:</b> <b>COUNT</b> code of p Anderson Andrews Angelina Aransas Archer Atascosa Austin Bailey Bandera	s ZIP code Alphanun TRY ient's resi n (ISO). org for co Alphanun TY batient's co 129 131 133 135 137 g 139 141 143 145 147	e as prov meric dential a mplete 1 meric Dunty. Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin	ided by the Data Sou address. Lis ist. Data Sou 25 25 26 26 26 26 26 26 26 26 26 26 26 26 26	e patient. rce: at maintai rce: 7 Kauf 9 Kend 1 Kene 3 Kent 5 Kerr 7 Kimb 9 King 1 Kinn 3 Klebo 5 Knox	Pro ned by Pro man all dy ole ey erg	ovider y the Into ovider	385 387 389 391 393 395 397 399 401 403	Real Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine	
Field 21: Length: Field 22: Coding scheme: Length: Field 23:	PAT Patie 9 PAT Cour Stand 2 PAT FIPS 001 003 005 007 009 011 013 015 017 019 021	<b>ZIP</b> ent address <b>Type:</b> <b>COUNT</b> ntry of pat dardization <i>www.ISO.c</i> <b>Type:</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b>	s ZIP code Alphanun TRY ient's resi n (ISO). org for co Alphanun TY patient's co 129 131 133 135 137 g 139 141 143 145 147 149	e as prov meric dential a mplete 1 meric ounty. Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette	ided by the Data Sou address. Lis ist. Data Sou 25 25 26 26 26 26 26 26 26 26 26 26 26 26 26	e patient. rce: t maintai rce: 7 Kauf 9 Kend 1 Kene 3 Kent 5 Kerr 7 Kimb 9 King 1 Kinn 3 Kleb 5 Knox 3 La Sa	Pro ned by Pro man all dy ole ey erg alle	ovider y the Into ovider	385 387 389 391 393 395 399 401 403 405	Real Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine	
Field 21: Length: Field 22: Coding scheme: Length: Field 23:	PAT Patie 9 PAT Cour Stand 2 PAT FIPS 001 003 005 007 009 011 013 015 017 019 021 023	<b>ZIP</b> ent address <b>Type:</b> <b>COUNT</b> ntry of pat dardization <i>www.ISO.c</i> <b>Type:</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b>	s ZIP code Alphanun TRY ient's resi n (ISO). org for co Alphanun TY patient's co 129 131 133 135 137 g 139 141 143 145 147 149 151	e as prov meric dential a mplete 1 meric ounty. Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher	ided by the Data Sou address. Lis ist. Data Sou 25 26 26 26 26 26 26 26 26 26 26 26 26 26	rce: 7 Kauf 9 Kend 1 Kene 3 Kent 5 Kent 7 Kimb 9 King 1 Kinn 3 Kleb 5 Knox 3 La Sa 7 Lama	Pro ned by Pro man all dy ole ey erg c alle ar	ovider y the Into ovider	3885 3887 3899 3993 3995 3997 3999 401 403 405 407	Real Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto	
Field 21: Length: Field 22: Coding scheme: Length: Field 23:	PAT Patie 9 PAT Cour Stand 2 PAT FIPS 001 003 005 007 009 011 013 015 017 019 021	<b>ZIP</b> ent address <b>Type:</b> <b>COUNT</b> ntry of pat dardization <i>www.ISO.c</i> <b>Type:</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b>	s ZIP code Alphanun TRY ient's resi n (ISO). org for co Alphanun TY patient's co 129 131 133 135 137 g 139 141 143 145 147 149	e as prov meric dential a mplete 1 meric ounty. Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette	ided by the Data Sou address. Lis ist. Data Sou 25 25 26 26 26 26 26 26 26 26 26 26 26 26 26	e patient. rce: t maintai rce: 7 Kauf 9 Kend 1 Kene 3 Kent 5 Kerr 7 Kimb 9 King 1 Kinn 3 Kleb 5 Knox 3 La Sa 7 Lama 9 Lamb	Pro ned by Pro man all dy ole ey erg c alle ur o	ovider y the Inte ovider	385 387 389 391 393 395 399 401 403 405	Real Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine	
Field 21: Length: Field 22: Coding scheme: Length: Field 23:	PAT Patie 9 PAT Cour Stand See 1 2 PAT FIPS 001 003 005 007 009 011 013 015 017 019 021 023 025	<b>ZIP</b> ent address <b>Type:</b> <b>COUNT</b> ntry of pat dardization <i>www.ISO.o</i> <b>Type:</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b>	s ZIP code Alphanun TRY ient's resi n (ISO). org for co Alphanun TY satient's co 129 131 133 135 137 139 141 143 145 147 149 151 153	e as prov meric dential a mplete 1 meric ounty. Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd	ided by the Data Sou address. Lis ist. Data Sou 25 25 26 26 26 26 26 26 26 26 26 26 26 26 26	e patient. rce: t maintai rce: 7 Kauf 9 Kend 1 Kene 3 Kent 5 Kerr 7 Kimt 9 King 1 Kinn 3 Kleb 5 Knox 3 La Sa 7 Lama 9 Laml 1 Lam	Pro ned by Pro man all dy ole ey erg c alle ur obasas	ovider y the Inte ovider	385 387 389 393 395 397 399 401 403 405 407 409	Real Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Jacinto San Patricio	
Field 21: Length: Field 22: Coding scheme: Length: Field 23:	PAT Patie 9 PAT Cour Stand 2 PAT FIPS 001 003 005 007 009 011 013 015 017 019 021 023 025 027 029 031	<b>ZIP</b> ent address <b>Type:</b> <b>COUNT</b> atry of pat dardization <i>www.ISO.o</i> <b>Type:</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b>	s ZIP code Alphanur (TRY ient's resi n (ISO). org for co Alphanur (TY satient's co 129 131 133 135 137 139 141 143 145 147 149 151 153 155 157 159	e as prov meric dential a mplete 1 meric Dunty. Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Ber Franklin	ided by the Data Sou address. Lis ist. Data Sou 25 25 26 26 26 26 26 26 26 26 26 26	e patient. rce: t maintai rce: 7 Kauf 9 Kend 1 Kene 3 Kent 5 Knox 3 La Sa 7 Lama 9 Laml 1 Lamp 5 Lava 7 Lee	Pro ned by Pro man all dy ole ey erg stille ar obasas ca	ovider y the Into ovider	885 887 889 891 893 895 899 401 403 405 407 409 411 413 415	Real Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry	
Field 21: Length: Field 22: Coding scheme: Length: Field 23:	PAT Patie 9 PAT Cour Stand 2 PAT FIPS 001 003 005 007 009 011 013 015 017 019 021 023 025 027 029 031 033	<b>ZIP</b> ent address <b>Type:</b> <b>COUNT</b> atry of pat dardization <i>www.ISO.o</i> <b>Type:</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b> <b>COUNT</b>	s ZIP code Alphanur (TRY ient's resi n (ISO). org for co Alphanur (TY satient's co 129 131 133 135 137 139 141 143 145 147 149 151 153 155 157 159 161	e as prov meric dential a mplete 1 meric ounty. Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Ber Franklin Freeston	ided by the Data Sou address. Lis ist. Data Sou 25 25 26 26 26 26 26 26 26 26 26 26	e patient. rce: t maintai rce: 7 Kauf 9 Kend 1 Kene 3 Kent 5 Knox 3 La Sa 7 Lama 9 Lama 1 Lama 5 Lava 7 Lee 9 Leon	Pro ned by Pro man all dy ole erg erg stalle arr opasas ca	ovider y the Inte ovider	3885 3887 3893 3995 3997 401 403 405 407 409 411 413 415 417	Real Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford	
Field 21: Length: Field 22: Coding scheme: Length: Field 23:	PAT Patie 9 PAT Cour Stand 2 PAT FIPS 001 003 005 007 009 011 013 015 017 019 021 023 025 027 029 031	<b>ZIP</b> ent address <b>Type:</b> <b>COUNI</b> atry of pat dardization <i>www.ISO.o</i> <b>Type:</b> <b>COUNI</b> <b>COUNI</b> code of p Anderson Anderson Anderson Anderson Anderson Anderson Anderson Anderson Anderson Anderson Anderson Anderson Anderson Anderson Bastrop Baylor Bee Bell Bexar Blanco	s ZIP code Alphanur (TRY ient's resi n (ISO). org for co Alphanur (TY satient's co 129 131 133 135 137 139 141 143 145 147 149 151 153 155 157 159	e as prov meric dential a mplete 1 meric Dunty. Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Ber Franklin	ided by the Data Sou address. Lis ist. Data Sou 25 25 26 26 26 26 26 26 26 26 26 26	e patient. rce: t maintai rce: 7 Kauf 9 Kend 1 Kene 3 Kent 5 Knox 3 La Sa 7 Lama 9 Lama 1 Lama 5 Lava 7 Lee 9 Leon 1 Liber	Pro ned by Pro man all dy ole erg erg stalle arr opasas ca	ovider y the Inte ovider	885 887 889 891 893 895 899 401 403 405 407 409 411 413 415	Real Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine San Augustine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry	

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		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		Ward
093	Comanche	221	Hood	349	Navarro	477	Washington
095	Concho	223	Hopkins	351	Newton	479	Webb
097	Cooke	225	Houston	353	Nolan	481	Wharton
099	Coryell	227	Howard	355	Nueces	483	Wheeler
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
105	Crockett	233	Hutchinson	361	Orange	489	Willacy
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
109	Culberson	237	Jack	365	Panola	493	Wilson
111	Dallam	239	Jackson	367	Parker	495	Winkler
113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
119	Delta	247	Jim Hogg	375	Potter	503	Young
121	Denton	249	Jim Wells	377	Presidio	505	Zapata
123	Dewitt	251	Johnson	379	Rains	507	Zavala
125	Dickens	253	Jones	381	Randall	د	x 1.1
127	Dimmit	255	Karnes	383	Reagan	signed, based	Invalid
3	Type: Alp	hanur	meric Dat	a Source:		ient ZIP code	1 011
PUR	LIC_HEALT	H P	FCION		pai	icht Zir code	
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Length: Field 24:

# PUBLIC\_HEALTH\_REGION

Public Health Region of patient's address.

Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, 1 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

Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, 3 Parker, Rockwall, Somervell, Tarrant, Wise counties

Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, 4 Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties

5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties

	6	Austin, Brazoria, Chambers, Colorado, Fort Bend, G	alveston.	Harris, Liberty, Matagorda, Montgomery, Walker,					
		Waller, Wharton counties	/aller, 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	tascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, ackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria,							
	0	Wilson, Zavala counties		Feter Crimer Classes & Herry Line Kinghla Lawing					
	9			Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, n, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green,					
	10	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis,	Presidio	counties					
	11	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jin							
T	2	Nueces, Refugio, San Patricio, Starr, Webb, Willacy	, Zapata						
Length:	2	Type: Alphanumeric Data Source:		Assigned					
Field 25:		E_OF_ADMISSION							
<b>a u a i</b>		e indicating the type of admission							
<b>Coding Scheme:</b>	1	Emergency							
	2	Urgent							
	3 4	Elective Newborn							
	5	Trauma Center							
	9	Information not available							
Length:	1	Type: Alphanumeric Data Source:		Claim					
Field 26:	SOU	IRCE_OF_ADMISSION							
		e indicating source of the admission.							
Coding Sohomou		Non-Healthcare Facility Point of Origin (Beginning	July 1,						
<b>Coding Scheme:</b>	1	2010)	•						
	2	Clinic or Physician's Office							
	4	Transfer from a hospital							
	5	Transfer from a skilled nursing facility, intermediate facility or assisted living facility	care						
	6	Transfer from another health care facility							
	8	Court/Law Enforcement							
	9	Information not available							
	-	Transfer from One distinct Unit of the Hospital to an							
	D	Distinct Unit of the Same Hospital Resulting in a Sep Claim to the Payer	parate						
	Е	Transfer from Ambulatory Surgery Center							
	F	Transfer from a Hospice Facility							
	G	If Type of Admission=4 (Newborn) Transfer from a designated hospital disaster alternate	aara aita						
	U	(Effective 7/1/2020)	care site						
	5	Born inside this hospital							
	6	Born outside this hospital							
Length:	1	Type: Alphanumeric Data Source:		Claim					
Field 27:	FIR	ST PAYMENT SRC							
		e indicating the expected primary source of	payme	nt.					
<b>Coding Scheme:</b>		Self-pay (Removed from 5010 format, use "ZZ"	HM	Health Maintenance Organization					
Couning Scheme.		beginning 2Q2012 data) Central Certification		•					
	10 11	Other Non-federal Programs	LI LM	Liability Liability Medical					
	12	Preferred Provider Organization (PPO)	MA	Medicare Part A					
	13	Point of Service (POS)	MB	Medicare Part B					
	14	Exclusive Provider Organization (EPO)	MC	Medicaid					
	15	Indemnity Insurance	TV	Title V					
	16	Health Maintenance Organization (HMO) Medicare Risk	OF	Other Federal Program					
	AM	Automobile Medical	VA	Veteran Administration Plan					
	BL	Blue Cross/Blue Shield	WC	Workers Compensation Health Claim					
	СН	CHAMPUS	ZZ	Charity, Indigent or Unknown					

	CI Commercial Insurance		Codes 09 and ZZ, combined for 2004 & 2005					
Length:	DS Disability Insurance 2 <b>Type:</b> Alphanumeric	Data Source:	Invalid Claim					
Field 28:	FIRST PAYER ID	Data Source.	Ciuini					
1 ICIU 20.	National Plan Identifier (when implemented by federal government).							
Length:	10 <b>Type:</b> Alphanumeric	Data Source:	Claim					
Field 29:	FIRST PAYER NAME	Dutu Source.						
1 1010 27.	Name of primary source of payr	nent						
Length:	35 <b>Type:</b> Alphanumeric	Data Source:	Claim					
Field 30:	SECONDARY PAYMENT S							
	Code indicating the expected se		ment.					
<b>Coding Scheme:</b>	Same as FIRST PAYMENT S	• • •						
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim					
Field 31:	SECONDARY PAYER ID							
	National Plan Identifier (when i	mplemented by federa	l government).					
Length:	10 <b>Type:</b> Alphanumeric	Data Source:	Claim					
Field 32:	SECONDARY PAYER NAM	1E						
	Name of secondary source of pa							
Length:	35 <b>Type:</b> Alphanumeric	Data Source:	Claim					
Field 33:	ADMIT START OF CARE							
		e provider for inpatient	care or other start of care. Entered as					
	YYYYMMDD.	1 1						
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim					
Field 34:	ADMIT_WEEKDAY							
	Code indicating day of week pa	tient is admitted						
<b>Coding Scheme:</b>	1 Monday	5 Friday						
	2 Tuesday	6 Saturday						
	<ul><li>3 Wednesday</li><li>4 Thursday</li></ul>	7 Sunday						
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Claim					
Field 35:	ADMIT HOUR							
	Code indicating hour during wh	ich the patient was adr	nitted for inpatient care					
<b>Coding Scheme:</b>	00 12 midnight-12:59 a.m.	13 1:00 – 1:59 p.m.	1					
8	01 1:00 – 1:59 a.m.	14 2:00 – 2:59 p.m.						
	02 2:00 – 2:59 a.m.	15 3:00 – 3:59 p.m.						
	03 3:00 – 3:59 a.m. 04 4:00 – 4:59 a.m.	16 4:00 – 4:59 p.m. 17 5:00 – 5:59 p.m.						
	05  5:00 - 5:59  a.m.	17 = 5.00 - 5.59 p.m. 18 = 6:00 - 6:59 p.m.						
	06 6:00 – 6:59 a.m.	19 7:00 – 7:59 p.m.						
	07 7:00 – 7:59 a.m.	20 8:00 – 8:59 p.m.						
	08 8:00 - 8:59 a.m. 09 9:00 - 9:59 a.m.	21 9:00 – 9:59 p.m. 22 10:00 – 10:59 p.m.						
	$10  10:00 - 10:59  ext{ a.m.}$	23 11:00 – 11:59 p.m.						
	11 11:00 – 11:59 a.m.	99 Hour unknown						
Lanatha	12 12 noon – 12:59 p.m.	Data Carrier						
Length:	2 Type: Alphanumeric	Data Source:	Claim					
Field 36:	STMT_PERIOD_FROM	mind nofloated on the	tatement. Entered as YYYYMMDD.					
Longth								
Length: Field 37:	8 Type: Alphanumeric STMT PERIOD THRU	Data Source:	Claim					
riciu J/:		d reflected on the state	ment. Entered as YYYYMMDD.					
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim					
Field 38:	LENGTH OF STAY	Data Source.	Cimili					
1 iciu 30.	LENGIN_OF_STAT							

Length of stay in days equals ending service date of the period reflected on the statement	
(STMT_PERIOD_THRU) minus admission/start of care date (ADMIT_START_OF_CARE). The	3
minimum length of stay is 1 day. The maximum is 9999 days.	

Length:	4	Type: Alphanumeric Data Source: Calculated
Field 39:		_STATUS
	Code	e indicating patient status as of the ending date of service for the period of care reported
<b>Coding Scheme:</b>	01	Discharged to home or self-care (routine discharge)
	02	Discharged/transferred to a short term general hospital for inpatient care
	03	Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care
	04	Discharged/transferred to a facility that provides custodial or supportive care
	05	Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)
	06	Discharged/transferred to home under care of an organized home health service organization in anticipation of covered
	00	skilled care
	07	Left against medical advice
	09	Admitted as inpatient to this hospital
	20	Expired
	21	Discharged/transferred to Court/Law Enforcement
	30	Still patient
	40	Expired at home
	41	Expired in a medical facility
	42	Expired, place unknown
	43	Discharged/transferred to federal government operated health facility
	50	Hospice-home
	51	Hospice-medical facility (Certified) providing hospice level of care
	61 62	Discharged/transferred within this institution to Medicare-approved swing bed Discharged/transferred to inpatient rehabilitation facility
	62 63	Discharged/transferred to Medicare-certified long term care hospital
	64	Discharged/transferred to Medicaid-certified norsing facility under Medicaid but not certified under Medicare
	65	Discharged/transferred to incurcate certified infusing facility under incurcate but not certified under incurcate 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)
		Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital
	82	Inpatient Readmission (effective 10-1-2013)
	83	Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care
	03	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
	01	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) Discharged/Transformed to Home under Core of Organized Home Health Service Organization with a Planned Acute
	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)
		Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission
	87	(effective 10-1-2013)
		Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission
	88	(effective 10-1-2013)
	89	Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital
	09	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) Discharge d/Targeform data a Number Facility Cartified Under Mediani durt act Cartified Under Mediane with a
	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)
		Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute
	93	Care Hospital Inpatient Readmission (effective 10-1-2013)
	. ·	Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission
	94	(effective 10-1-2013)
	05	Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a
	95	Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
Length:	2	Type: Alphanumeric Data Source: Claim

Field 40:	DIS	CHARGI	E_HOUR					
			ng hour during wh	nich t	he patient was dis	charged from	1 inp	batient care
<b>Coding Scheme:</b>	00	12 midnigl	ht-12:59 a.m.	1.	3 1:00 – 1:59 p.m.			
	01	1:00 - 1:59		14	1			
	02	2:00 - 2:59		1:	1			
	03 04	3:00 - 3:59 4:00 - 4:59		10 17	1			
	05	5:00 - 5:59		1	*			
	06	6:00 - 6:59		19	-			
	07	7:00 - 7:59		20	1			
	08	8:00 - 8:59		2	1			
	09	9:00 - 9:59		22	1			
	10 11	10:00 - 10 11:00 - 11		2: 9	1	l <b>.</b>		
	12	12 noon –						
Length:	2	Type:	Alphanumeric	D٤	ita Source:	Claim		
Field 41:	TYP	PE OF B	<b>.</b>					
				bout	the claim data sul	omitted. First	dig	it = type of facility. Second
			care. Third digit				8	
<b>Coding Scheme:</b>	0	* 1	U		digit–Type of Care		3 <sup>rd</sup>	digit–Sequence of claim
8	1	Hospital		1	Inpatient, including I	Medicare Part A		Non-payment/Zero claim
	2	Skilled nu	rsing	2	Inpatient, Medicare I		1	Admit through discharge claim
	3	Home heal		3	Outpatient		2	Interim-first claim
	4	care-Hosp		4	Outpatient Other, Me only	edicare Part B	3	Interim-continuing claim
	5	Religious r care–Exter	non-medical health nded care	5	Intermediate Care-L	evel I	4	Interim-last claim
	6	Intermedia	ite care	6	Intermediate Care-L		5	Late charge(s) only claim
	7	Clinic		7	Sub-acute inpatient -	- Level III	6	Adjustment of prior claim (Not used by Medicare)
	8	Special fac	cility	8	Swing bed		7 8	Replacement of prior claim Void/cancel of prior claim
Length:	3	Туре:	Alphanumeric	D٤	nta Source:	Claim		
Field 42:	ADN	MITTINC	<b>G_DIAGNOSIS</b>					
								nical Modification) diagnosis
							the 4	4th, 5th, 6th and 7th digits if
	appl	icable. De	cimal is implied f		-			
Length:	7	Туре:	Alphanumeric	D٤	ita Source:	Claim		
Field 43:	PRI	NC_DIA	G_CODE					
	ICD	-10-CM (1	International Clas	sific	ation of Diseases	– Revision 10	) – (	Clinical Modification)
								established after study to be
	chiefly responsible for causing the hospitalization, including the 4th, 5th, 6th and 7th digits if							th, 6th and 7th digits if
	appl		cimal is implied f		-			
Length:	7	Туре:	Alphanumeric	D٤	ita Source:	Claim		
Field 44:		_	_DIAG_CODE					
						er Principal D	iagı	nosis code was present at the
	time	the paties	nt was admitted to	o the	hospital			
<b>Coding Scheme:</b>	Y	Yes						
	N	No						
	U W	Unknown	Undetermined					
Length:	1	Type:	Alphanumeric	D¢	ita Source:	Claim		
Field 45:			CODE 1		na source.	Ciuilli		
11010 73.				sific	ation of Diseases	- Revision 10	)_ (	Clinical Modification)
								s or develops subsequently
								applicable. Decimal is
			ving the third char			i and , in digi		appricacie. Deciniar is
	mpi	104 10110 /	ing the time char					
2024								

Field 46:       POA_OTH_DIAG_CODE_1         POA       Present on Admission code identifying whether Oth_Diag_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:       1       Type:         Field 47:       OTH_DIAG_CODE 2         ICD-10-CM (International Classification of Diseases - Revision 10 - Clinical Modification)       diagnosis code that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type: Alphanumeric       Data Source: Claim         Field 48:       POA_OTH_DIAG_CODE 2       POA_Present on Admission code identifying whether Oth_Diag_Code_2 code was present at the time the patient was admitted to the hospital         Coding Scheme:       Same as field POA_PENC_DIAG_CODE       Length:       1       Type: Alphanumeric       Data Source: Claim         Field 49:       OTH_DIAG_CODE 3       ICD-10-CM (International Classification of Diseases - Revision 10 - Clinical Modification)       diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type: Alphanumeric       Data Source: Claim         Field 50:       POA_OTH_DI	Length:	7 Type: Alphanumeric Data Source: Claim							
<ul> <li>POA - Present on Admission code identifying whether Oth_Diag_Code_1 code was present at the time the patient was admitted to the hospital.</li> <li>Coding Scheme: Same as field POA_PRINC_DIAG_CODE</li> <li>Length: 1 Type: Alphanumeric Data Source: Claim</li> <li>Field 47: OTH_DIAG_CODE_2</li> <li>ICD-10-CM (International Classification of Diseases - Revision 10 - Clinical Modification) diagnosis code that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.</li> <li>Length: 7 Type: Alphanumeric Data Source: Claim</li> <li>Field 48: POA_OTH_DIAG_CODE_2</li> <li>POA - Present on Admission code identifying whether Oth_Diag_Code_2 code was present at the time the patient was admitted to the hospital</li> <li>Coding Scheme: Same as field POA_PRINC_DIAG_CODE</li> <li>Length: 1 Type: Alphanumeric Data Source: Claim</li> <li>Field 49: OTH_DIAG_CODE_3</li> <li>ICD-10-CM (International Classification of Diseases - Revision 10 - Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.</li> <li>Length: 7 Type: Alphanumeric Data Source: Claim</li> <li>Field 50: POA_OTH_DIAG_CODE_3</li> <li>POA - Present on Admission code identifying whether Oth_Diag_Code_3 code was present at the time the patient was admitted to the hospital</li> <li>Coding Scheme: Same as field POA_PRINC_DIAG.CODE</li> <li>Length: 1 Type: Alphanumeric Data Source: Claim</li> <li>Field 51: OTH_DIAG_CODE_4</li> <li>POA_OTH_DIAG_CODE_4</li> <li>POA_Present on Admission code identifying whether Oth_Diag_Code_4 code was present at the time the patient was adm</li></ul>									
time the patient was admitted to the hospital. Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: I Type: Alphanumeric Data Source: Claim Field 47: OTH_DIAG_CODE_2 Length: CD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: Type: Alphanumeric Data Source: Claim Field 48: OOL_OTH_DIAG_CODE_3 Field 49: OOL_OTH_DIAG_CODE_3 Field 49: OOL_OTH_DIAG_CODE_3 Field 49: Field 40: Field 50: Field 50: Field 50: Field 50: Field 50: Field 50: Field 50									
Coding Scheme:         Same as field POA_PRINC_DIAG_CODE           Length:         1         Type:         Alphanumeric         Data Source:         Claim           Field 47:         OTH_DIAG_CODE_2         ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)         diagnosis code that corresponds to an additional endotion that coexists with the principal diagnosis or develops subsequently during a patient's treatment including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.           Length:         7         Type:         Alphanumeric         Data Source:         Claim           Field 48:         POA_OTH_DIAG_CODE_2         POA = Present on Admission code identifying whether 0th_Diag_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:         1         Type:         Alphanumeric         Data Source:         Claim           Field 49:         OTH_DIAG_CODE_3         Data Source:         Claim         Claim           Field 50:         POA_OTH_DIAG_CODE_3         Data Source:         Claim           Field 51:         OTH_DIAG_CODE_3         Data Source:         Claim           Field 51:         POA_OTH_DIAG_CODE_3         POA = Present on Admission code identifying whether Oth_Diag_Code_3 code was present at the time the patient was admitted to the hospital </th <th></th> <th colspan="8"></th>									
Field 47:       OTH_DIAC_CODE_2         ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)         diagnosis code that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 48:       POA_OTH_DIAC_CODE_2       POA_OTH_DIAC_CODE_1       Coding Scheme:       Same as field POA_PRINC_PIAG_CODE         Length:       1       Type:       Alphanumeric       Data Source:       Claim         Field 49:       OTH_DIAC_CODE_3       ICD.10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)       diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 51:       POA_OTH_DIAC_CODE_3       POA_OTH_DIAC_CODE_4       FOA_OTH_DIAC_CODE_4         Coding Scheme:       Same as field POA_PRINC_DIAG_CODE       Length:       Type:       Alphanumeric       Data Source:       Claim         Field 51: <t< th=""><th><b>Coding Scheme:</b></th><th></th></t<>	<b>Coding Scheme:</b>								
Field 47:       OTH DIAG_CODE_2         ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)         diagnosis code that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 48:       POA_OTH_DIAG_CODE_2       POA_OTH_DIAG_CODE_3         Length:       1       Type:       Alphanumeric       Data Source:       Claim         Field 49:       OTH DIAG_CODE_3       Claim       Cloim Scheme:       Sume as field POA_PRINC_PIAG_CODE         Length:       1       Type:       Alphanumeric       Data Source:       Claim         Field 49:       OTH DIAG_CODE_3       Cloim Compose subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.       Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 51:       POA_OTH_DIAG_CODE_3       POA_OTH_DIAG_CODE_4       Codim Scheme:       Same as field POA_PRINC_DIAG_CODE       Length:       Type:       Alphanumeric       Data Source:       Claim         Field 51:       OTH_DIAG_CODE_4	0								
ICD-IO-CM (International Classification of Diseases – Revision 10 – Clinical Modification)         diagnosis code that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type: Alphanumeric Data Source: Claim         Field 48:       POA_OTH_DIAG_CODE_2       POA – Present on Admission code identifying whether Oth_Diag_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:       1       Type: Alphanumeric Data Source: Claim         Field 49:       OTH_DIAG_CODE_3       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)         diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type: Alphanumeric Data Source: Claim         Field 50:       POA_OTH_DIAG_CODE_4         Roding Scheme:       Same as field POA_PRINC_DIAC_CODE         Length:       1       Type: Alphanumeric Data Source: Claim         Field 51:       OTH_DIAG_CODE_4         Roding Scheme:       Same as field POA_PRINC_DIAC_CODE         Le		OTH DIAG CODE 2							
or develops subsequently during a patient's treatment including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. <b>Length:</b> 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim <b>Field 48: POA_OTH_DIAG_CODE_2</b> POA – Present on Admission code identifying whether 0th_Diag_Code_2 code was present at the time the patient was admitted to the hospital <b>Coding Scheme:</b> Same as field POA_PRINC_DIAG_CODE <b>Length:</b> 1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim <b>Field 49: OTH_DIAG_CODE_3</b> ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. <b>Length:</b> 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim <b>Field 50: POA_OTH_DIAG_CODE_3</b> POA – Present on Admission code identifying whether Oth_Diag_Code_3 code was present at the time the patient was admitted to the hospital <b>Coding Scheme:</b> Same as field POA_PRINC_DIAG_CODE <b>Length:</b> 1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim <b>Field 51: OTH_DIAG_CODE_4</b> ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. <b>Length:</b> 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim <b>Field 51: OTH_DIAG_CODE_4</b> <b>Field 52: POA_OTH_DIAG_CODE_4</b> <b>Field 53: OTH_DIAG_CODE_5</b> <b>FOA_OTH_DIAG_CODE_5</b> <b>FOA_OTH_DIAG_CODE_5</b> <b>FOA_OTH_DIAG_CODE_5</b> <b>FOA_OTH_DIAG_CODE_5</b> <b>FOA_OTH_DIAG_CODE_5</b> <b>FOA_OTH_DIAG_CODE_5</b> <b>FOA_OTH_DIAG_CODE_5</b> <b>FOA_OTH_DIAG_CODE_5</b> <b>FOA_OTH_DIAG_CODE_5</b> <b>FOA_OTH_DIAG_CODE_5</b> <b>FOA_OTH_DIAG_CODE_5</b> <b>FOA_OTH_DIAG_CODE_5</b>									
applicable. Decimal is implied following the third character. Length: 7 Ype: Alphanumeric Data Source: Claim Field 48: POA – Present on Admission code identifying whether Oth_Diag_Code_2 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA, PRNC_DIAG_CODE Length: 1 Ype: Alphanumeric Data Source: Claim Field 49: OTH_DIAG_CODE_3 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: 7 Ype: Alphanumeric Data Source: Claim Field 50: POA_OTH_DIAG_CODE_3 POA – Present on Admission code identifying whether Oth_Diag_Code_3 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA, PRNC_DIAG_CODE Length: 1 Ype: Alphanumeric Data Source: Claim Field 51: OTH_DIAG_CODE_4 POA_OTH_DIAG_CODE_4 POA_OTH_DIAG_CODE_5 POA_OTH_CAMPANC_DIAG_CODE POA_COME_5 POA_OTH_CAMPANCE_DIAG_COME POA_COME_									
Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 48:       POA_OTH_DIAG_CODE_2       POA_PRINC_DIAG_CODE_3         Coding Scheme:       Same as field POA_PRINC_DIAG_CODE         Length:       1       Type:       Alphanumeric       Data Source:       Claim         Field 49:       OTH_DIAG_CODE_3       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)         diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 50:       POA_OTH_DIAG_CODE_3       POA – Present on Admission code identifying whether Oth_Diag_Code_3 code was present at the time the patient was admitted to the hospital       Coding Scheme:       Same as field POA_RENC_DIAG_CODE         Length:       1       Type:       Alphanumeric       Data Source:       Claim         Field 51:       OTH_DIAG_CODE_4       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)       diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:									
Field 48:       POA_OTH_DIAG_CODE_2         POA - Present on Admission code identifying whether Oth_Diag_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:       1       Type:         JICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)       diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 50:       POA_OTH_DIAG_CODE_3       POA_OTH_DIAG_CODE_4       Edeone_3 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 51:       OTH_DIAG_CODE_4       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)       diagnosis orde, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.       Length:       Type:       Alphanumeric       Data Source:       Claim         Field 52: </th <th></th> <th></th>									
POA - Present on Admission code identifying whether Oth _Diag_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:       1       Type: Alphanumeric         Data Source:       Claim         Field 49:       OTH_DIAG_CODE_3         ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)         diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type: Alphanumeric       Data Source: Claim         Field 50:       POA_OTH_DIAG_CODE_3       POA_PRINC_DIAG_CODE         Porter       Isame as field POA_PRINC_DIAG_CODE         Length:       1       Type: Alphanumeric       Data Source: Claim         Field 51:       OTH_DIAG_CODE_4       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)         diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       1       Type: Alphanumeric       Data Source: Claim         Field 52:									
Coding Scheme:       Same as field POA_PRINC_DIAG_CODE         Length:       1       Type:       Alphanumeric       Data Source:       Claim         Field 49:       OTH_DIAG_CODE_3       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification))         diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 50:       POA_OTH_DIAG_CODE_4       Coding Scheme:       Same as field POA_PRINC_DIAG_CODE         Length:       1       Type:       Alphanumeric       Data Source:       Claim         Field 51:       OTH_DIAG_CODE_4       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)       diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 51:       OTH_DIAG_CODE_4       Following the third character.       Length:       Type:       Alphanumeric       Data Source:<	Field 48:								
Coding Scheme:       Same as field POA_PRINC_DIAG_CODE         Length:       1       Type:       Alphanumeric       Data Source:       Claim         Field 49:       OTH_DIAG_CODE_3       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 50:       POA_OTH_DIAG_CODE_3       POA_PRINC_DIAG_CODE       Length:       Same as field POA_PRINC_DIAG_CODE         Length:       1       Type:       Alphanumeric       Data Source:       Claim         Field 51:       OTH_DIAG_CODE_4       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)       diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 51:       OTH_DIAG_CODE_4       POA_OTH_DIAG_CODE_4       POA_OTH_DIAG_CODE_4         Food       POA_PRINC_DIAG_CODE_4       POA_OPA_PRINC_DIAG_CODE_4       POA_OPA_PRINC_DIAG_CODE_4       POA									
Length:       1       Type:       Alphanumeric       Data Source:       Claim         Field 49:       OTH_DLAG_CODE_3       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)         diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 50:       POA_OTH_DIAG_CODE_3       POA – Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim         Field 51:       OTH_DIAG_CODE_4       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)       diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 52:       POA_OTH_DIAG_CODE_4       POA_OTH_DIAG_CODE_5       Ength:       Type:	C. P. G.L.								
Field 49:       OTH_DIAG_CODE_3 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 50:       FOA_OTH_DIAG_CODE_3 POA – Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim         Field 51:       OTH_DIAG_CODE_4       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Field 52:       FOA_OTH_DIAG_CODE_4         POA - Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim         F	0								
ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)         diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 50:       POA _OTH_DIAG_CODE _3       POA = Present on Admission code identifying whether Oth_Diag_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:       1       Type:         ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)       diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 52:       POA_OTH_DIAG_CODE_4       POA = Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim         Field 53:									
<ul> <li>diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.</li> <li>Length: 7 Type: Alphanumeric Data Source: Claim</li> <li>Field 50: POA_OTH_DIAG_CODE_3         POA – Present on Admission code identifying whether Oth_Diag_Code_3 code was present at the time the patient was admitted to the hospital</li> <li>Coding Scheme: Same as field POA_PRINC_DIAG_CODE</li> <li>Length: 1 Type: Alphanumeric Data Source: Claim</li> <li>Field 51: OTH_DIAG_CODE_4         ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)         diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis         or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if         applicable. Decimal is implied following the third character.</li> <li>Length: 7 Type: Alphanumeric Data Source: Claim</li> <li>Field 52: POA_OTH_DIAG_CODE_4         POA – Present on Admission code identifying whether Oth_Diag_Code_4 code was present at the         time the patient was admitted to the hospital</li> <li>Coding Scheme: Same as field POA_PRINC_DIAG_CODE</li> <li>Length: 1 Type: Alphanumeric Data Source: Claim</li> <li>Field 53: OTH_DIAG_CODE_5         ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)         diagnosis orde, that corresponds to an additional condition that coexists with the principal diagnosis         or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if         applicable. Decimal is implied following the third character.</li> <li>Length: 1 Type: Alphanumeric Data Source: Claim</li> <li>Field 53: OTH_DIAG_CODE_5         ICD-10-CM (International Classification of Diseas</li></ul>	Field 49:								
<ul> <li>or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.</li> <li>Length: 7 Type: Alphanumeric Data Source: Claim</li> <li>Field 50: POA_OTH_DIAG_CODE_3         <ul> <li>POA – Present on Admission code identifying whether Oth_Diag_Code_3 code was present at the time the patient was admitted to the hospital</li> </ul> </li> <li>Coding Scheme: Same as field POA_PRINC_DIAG_CODE</li> <li>Length: 1 Type: Alphanumeric Data Source: Claim</li> <li>Field 51: OTH_DIAG_CODE_4         <ul> <li>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.</li> </ul> <li>Length: 7 Type: Alphanumeric Data Source: Claim</li> <li>Field 52: POA_OTH_DIAG_CODE_4         <ul> <li>POA = Present on Admission code identifying whether Oth_Diag_Code_4 code was present at the time the patient was admitted to the hospital</li> </ul> </li> <li>Coding Scheme: Same as field POA_PRINC_DIAG_CODE</li> <li>Length: 1 Type: Alphanumeric Data Source: Claim</li> <li>Field 53: OTH_DIAG_CODE_5         <ul> <li>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.</li> </ul> </li> <li>Length: 1 Type: Alphanumeric Data Source: Claim</li> <li>Field 53: OTH_DIAG_CODE_5         <ul> <li>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, tha</li></ul></li></li></ul>									
applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 50: POA_OTH_DIAG_CODE_3 POA - Present on Admission code identifying whether Oth_Diag_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: 1 Type: Alphanumeric Data Source: Claim Field 51: OTH_DIAG_CODE_4 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 52: POA_OTH_DIAG_CODE_4 POA - Present on Admission code identifying whether Oth_Diag_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: 1 Type: Alphanumeric Data Source: Claim Field 53: OTH_DIAG_CODE_5 ICD0-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: 1 Type: Alphanumeric Data Source: Claim Field 53: OTH_DIAG_CODE_5 ICD0-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 54: POA_OTH_DIAG_CODE_5 POA - Present on Admission code identifying whether Oth_Diag_Code_5 code was pres									
Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 50:       POA_OTH_DIAG_CODE_3       POA_OTH_DIAG_CODE_3       POA_OTH_DIAG_CODE_4         Coding Scheme:       Same as field POA_PRINC_DIAG_CODE       Length:       1       Type:       Alphanumeric       Data Source:       Claim         Field 51:       OTH_DIAG_CODE_4       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)       diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 52:       POA_OTH_DIAG_CODE_4       POA – Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim         Field 53:       OTH_DLAG_CODE_5       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)       diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal									
Field 50:       POA_OTH_DIAG_CODE_3 POA - Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim         Field 51:       OTH_DIAG_CODE_4       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 52:       POA_OTH_DIAG_CODE_4       DOA – Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim         Field 53:       OTH_DIAG_CODE_5       Diag_Code_4       Code was present at the time the patient was admitted to the hospital       Coding Scheme:       Same as field POA_PRINC_DIAG_CODE_5         Icongth:       1       Type:       Alphanumeric       Data Source:       Claim         Field 54:       POA_OTH_DIAG_CODE_5	Length:								
POA - Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim         Field 51:       OTH_DIAG_CODE_4       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)       diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 52:       POA_OTH_DIAG_CODE_4       POA – Present on Admission code identifying whether Oth_Diag_Code_4 code was present at the time the patient was admitted to the hospital         Coding Scheme:       Same as field POA_PRINC_DIAG_CODE       Elength:       1       Type:       Alphanumeric       Data Source:       Claim         Field 53:       OTH_DIAG_CODE_5       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)       diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       1       Type:       Alphanumeric       Data Source:       Claim									
<ul> <li>time the patient was admitted to the hospital</li> <li>Coding Scheme:</li> <li>Same as field POA_PRINC_DIAG_CODE</li> <li>Length:         <ol> <li>Type:</li> <li>Alphanumeric</li> <li>Data Source:</li> <li>Claim</li> </ol> </li> <li>Field 51:</li> <li>OTH_DIAG_CODE_4         <ol> <li>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.</li> </ol> </li> <li>Length:         <ol> <li>Type:</li> <li>Alphanumeric</li> <li>Data Source:</li> <li>Claim</li> </ol> </li> <li>Field 52: POA_OTH_DIAG_CODE_4         <ul> <li>POA – Present on Admission code identifying whether Oth_Diag_Code_4 code was present at the time the patient was admitted to the hospital</li> </ul> </li> <li>Coding Scheme: Same as field POA_PRINC_DIAG_CODE</li> <li>Length:         <ol> <li>Type:</li> <li>Alphanumeric</li> <li>Data Source:</li> <li>Claim</li> </ol> </li> <li>Field 53: OTH_DIAG_CODE_5     </li> <li>ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)             diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis             or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if                  applicable. Decimal is implied following the third character.</li> <li>Length: 7</li> <li>Type:</li> <li>Alphanumeric</li> <li>Data Source:</li> <li>Claim</li> </ul>									
Length:       1       Type:       Alphanumeric       Data Source:       Claim         Field 51:       OTH_DIAG_CODE_4       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 52:       POA_OTH_DIAG_CODE_4       POA – Present on Admission code identifying whether Oth_Diag_Code_4 code was present at the time the patient was admitted to the hospital       Coding 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:       1       Type:       Alphanumeric       Data Source:       Claim         Field 53:       OTH_DIAG_CODE_5       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)       diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 53:       OTH_DIAG_CODE_5       Fold Southa									
Field 51:       OTH_DIAG_CODE_4 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 52:       POA_OTH_DIAG_CODE_4 POA – Present on Admission code identifying whether Oth_Diag_Code_4 code was present at the time the patient was admitted to the hospital         Coding Scheme:       Same as field POA_PRINC_DIAG_CODE       Claim         Field 53:       OTH_DIAG_CODE_5 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 54:       POA_OTH_DIAG_CODE_5 ICD-10-CM [International Classification of biseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alph	<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE							
ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)         diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 52:       POA_OTH_DIAG_CODE_4       POA – Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim         Field 53:       OTH_DIAG_CODE_5       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)       diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 54:       POA_OTH_DIAG_CODE_5       POA_OTH_DIAG_CODE_5       POA_OTH_DIAG_CODE_5       POA_OTH_DIAG_CODE_5         Field 54:       POA_OTH_DIAG_CODE_5       POA_OTH_OTAG_CODE_5       POA_OTH_OTAG_CODE_5       POA_OTH_OTAG_CODE_5 <th>Length:</th> <th>1 Type: Alphanumeric Data Source: Claim</th>	Length:	1 Type: Alphanumeric Data Source: Claim							
diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 52:       POA_OTH_DIAG_CODE_4       POA – Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim         Field 53:       OTH_DIAG_CODE_5       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 54:       POA_OTH_DIAG_CODE_5       POA_OTH_DIAG_CODE_5       POA_OTH_DIAG_CODE_5       POA_OTH_DIAG_CODE_5         Field 54:       POA_OTH_DIAG_CODE_5       POA_OTH_DIAG_CODE_5       POA_OTH_DIAG_CODE_5       POA_OTH_DIAG_CODE_5         Field 54:       POA_OTH_DIAG_CODE_5       POA_OTH_DIAG_CODE_5       POA_O_Present on Admiss	Field 51:	OTH_DIAG_CODE_4							
<ul> <li>or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.</li> <li>Length: 7 Type: Alphanumeric Data Source: Claim</li> <li>Field 52: POA_OTH_DIAG_CODE_4         POA – Present on Admission code identifying whether Oth_Diag_Code_4 code was present at the time the patient was admitted to the hospital</li> <li>Coding Scheme: Same as field POA_PRINC_DIAG_CODE</li> <li>Length: 1 Type: Alphanumeric Data Source: Claim</li> <li>Field 53: OTH_DIAG_CODE_5         ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)         diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis         or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if         applicable. Decimal is implied following the third character.</li> <li>Length: 7 Type: Alphanumeric Data Source: Claim</li> <li>Field 54: POA_OTH_DIAG_CODE_5         POA_OTH_DIAG_CODE_5         POA_OTH_DIAG_CODE_5         POA_OTH_DIAG_CODE_5         POA_OTH_DIAG_CODE_5         POA_OTH_DIAG_CODE_5         ROA_OTH_DIAG_CODE_5         ROA_OTH_DIAG_CODE         Length: 1 Type: Alphanumeric Data Source: Claim</li> </ul>									
applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 52:       POA_OTH_DIAG_CODE_4 POA – Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim         Field 53:       OTH_DIAG_CODE_5       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 54:       POA_OTH_DIAG_CODE_5       POA_OTH_DIAG_CODE_5       POA_OTH_DIAG_CODE_5       POA – Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim									
Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 52:       POA_OTH_DIAG_CODE_4       POA – Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim         Field 53:       OTH_DIAG_CODE_5       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 54:       POA_OTH_DIAG_CODE_5       Data Source:       Claim         Field 54:       POA_OTH_DIAG_CODE_5       POA – Present on Admission code identifying whether Oth_Diag_Code_5 code was present at the time the patient was admitted to the hospital         Coding Scheme:       Same as field POA_PRINC_DIAG_CODE       Claim         Length:       1       Type:       Alphanumeric       Data Source:       Claim									
Field 52:       POA_OTH_DIAG_CODE_4 POA - Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim         Field 53:       OTH_DIAG_CODE_5       ICD-10-CM (International Classification of Diseases - Revision 10 - Clinical Modification)       diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 54:       POA_OTH_DIAG_CODE_5       POA - Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim	T an oth a								
POA – Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim         Field 53:       OTH_DIAG_CODE_5       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)         diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 54:       POA_OTH_DIAG_CODE_5       POA – Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim									
time the patient was admitted to the hospital         Coding Scheme: Same as field POA_PRINC_DIAG_CODE         Length:       1       Type:       Alphanumeric       Data Source:       Claim         Field 53:       OTH_DIAG_CODE_5       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)       diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 54:       POA_OTH_DIAG_CODE_5       POA – Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim	Field 52:								
Coding Scheme:       Same as field POA_PRINC_DIAG_CODE         Length:       1       Type:       Alphanumeric       Data Source:       Claim         Field 53:       OTH_DIAG_CODE_5       ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)       diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 54:       POA_OTH_DIAG_CODE_5       POA – Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim									
Length:       1       Type:       Alphanumeric       Data Source:       Claim         Field 53:       OTH_DIAG_CODE_5         ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)         diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 54:       POA_OTH_DIAG_CODE_5       POA – Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim	Coding Scheme	•							
Field 53:       OTH_DIAG_CODE_5         ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)         diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 54:       POA_OTH_DIAG_CODE_5       POA – Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric	0								
ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)         diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type: Alphanumeric Data Source: Claim         Field 54:       POA_OTH_DIAG_CODE_5         POA – Present on Admission code identifying whether Oth_Diag_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:       1       Type: Alphanumeric Data Source: Claim									
diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 54:       POA_OTH_DIAG_CODE_5         POA – Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric	i ioiu cot								
applicable. Decimal is implied following the third character.         Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 54:       POA_OTH_DIAG_CODE_5       POA – Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim									
Length:       7       Type:       Alphanumeric       Data Source:       Claim         Field 54:       POA_OTH_DIAG_CODE_5       POA – Present on Admission code identifying whether Oth_Diag_Code_5 code was present at the time the patient was admitted to the hospital       For the patient was admitted to the hospital         Coding Scheme:       Same as field POA_PRINC_DIAG_CODE       Length:       1       Type:       Alphanumeric       Data Source:       Claim		or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if							
Field 54:       POA_OTH_DIAG_CODE_5         POA – Present on Admission code identifying whether Oth_Diag_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:       1       Type:       Alphanumeric       Data Source:       Claim		applicable. Decimal is implied following the third character.							
POA – Present on Admission code identifying whether Oth_Diag_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:       1       Type: Alphanumeric       Data Source:       Claim	Length:	7 Type: Alphanumeric Data Source: Claim							
time the patient was admitted to the hospital         Coding Scheme:       Same as field POA_PRINC_DIAG_CODE         Length:       1       Type:       Alphanumeric       Data Source:       Claim	Field 54:								
Coding Scheme:       Same as field POA_PRINC_DIAG_CODE         Length:       1       Type:       Alphanumeric       Data Source:       Claim									
Length: 1 Type: Alphanumeric Data Source: Claim		•							
	0								
Field 55: OTH_DIAG_CODE_6									
	Field 55:	OTH_DIAG_CODE_6							

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	ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if			
	applicable. Decimal is implied following the third character.			
Length:	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim			
Field 56:	POA_OTH_DIAG_CODE_6			
	POA – Present on Admission code identifying whether Oth_Diag_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:	1 Type: Alphanumeric Data Source: Claim			
Field 57:	<b>OTH_DIAG_CODE_7</b> ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)			
	diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis			
	or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if			
	applicable. Decimal is implied following the third character.			
Length:	7 Type: Alphanumeric Data Source: Claim			
Field 58:	POA_OTH_DIAG_CODE_7			
	POA – Present on Admission code identifying whether Oth_Diag_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:	1 Type: Alphanumeric Data Source: Claim			
Field 59:	OTH_DIAG_CODE_8			
	ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis			
	or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if			
	applicable. Decimal is implied following the third character.			
Length:	7 Type: Alphanumeric Data Source: Claim			
Field 60:	POA_OTH_DIAG_CODE_8			
	POA – Present on Admission code identifying whether Oth_Diag_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:	1 Type: Alphanumeric Data Source: Claim			
Field 61:	OTH_DIAG_CODE_9			
	ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis			
	or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if			
	applicable. Decimal is implied following the third character.			
Length:	7 Type: Alphanumeric Data Source: Claim			
Field 62:	POA_OTH_DIAG_CODE_9			
	POA – Present on Admission code identifying whether Oth_Diag_Code_9 code was present at the			
	time the patient was admitted to the hospital			
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE			
Length:	1 Type: Alphanumeric Data Source: Claim			
Field 63:	OTH_DIAG_CODE_10			
	ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis			
	or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if			
	applicable. Decimal is implied following the third character.			
Length:	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim			
Field 64:	POA_OTH_DIAG_CODE_10			
	POA – Present on Admission code identifying whether Oth_Diag_Code_10 code was present at the			
	time the patient was admitted to the hospital			
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Coding Scheme:	Same as field POA_PRINC_DIAG_COI	DE				
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 65:	OTH DIAG CODE 11					
	ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.					
Length:	7 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 66: Coding Scheme:	POA_OTH_DIAG_CODE_11 POA – Present on Admission code identifying whether Oth_Diag_Code_11 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE					
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 67:	OTH DIAG CODE 12					
	ICD-10-CM (International Class diagnosis code, that corresponds	to an additional cond a patient's treatment,	- Revision 10 – Clinical Modification) ition that coexists with the principal diagnosis including the 4th, 5th, 6th and 7th digits if racter.			
Length:	7 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 68: Coding Scheme:	POA_OTH_DIAG_CODE_12 POA – Present on Admission co time the patient was admitted to Same as field POA_PRINC_DIAG_COI	the hospital	r Oth_Diag_Code_12 code was present at the			
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 69:	OTH DIAG CODE 13					
	diagnosis code, that corresponds or develops subsequently during applicable. Decimal is implied for	ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7 Type: Alphanumeric	Data Source:	Claim			
Field 70: Coding Scheme:	POA_OTH_DIAG_CODE_13 POA – Present on Admission code identifying whether Oth_Diag_Code_13 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE					
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Claim			
Field 71:	OTH DIAG CODE 14	Dutu Sourcer				
	ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.					
Length:	7 Type: Alphanumeric	Data Source:	Claim			
Field 72:	time the patient was admitted to	de identifying whethe the hospital	r Oth_Diag_Code_14 code was present at the			
Coding Scheme: Length:	Same as field POA_PRINC_DIAG_COI 1 <b>Type:</b> Alphanumeric	DE Data Source:	Claim			
Field 73:	OTH_DIAG_CODE_15 ICD-10-CM (International Class diagnosis code, that corresponds	ification of Diseases - to an additional cond a patient's treatment,	- Revision 10 – Clinical Modification) ition that coexists with the principal diagnosis including the 4th, 5th, 6th and 7th digits if			
Length:	7 <b>Type:</b> Alphanumeric	Data Source:	Claim			
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Field 74:	POA_OTH_DIAG_CODE_15			
				er Oth_Diag_Code_15 code was present at the
	-	nt was admitted to	-	
<b>Coding Scheme:</b>				
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 75:	OTH_DIAG_	_		
				- Revision 10 - Clinical Modification)
				dition that coexists with the principal diagnosis t, including the 4th, 5th, 6th and 7th digits if
			ollowing the third cha	
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 76:	POA OTH DIAG CODE 16			
				er Oth Diag Code 16 code was present at the
		nt was admitted to		_ 0 1
<b>Coding Scheme:</b>	Same as field POA	A_PRINC_DIAG_CO	DE	
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 77:	OTH_DIAG_	CODE_17		
				<ul> <li>Revision 10 – Clinical Modification)</li> </ul>
				dition that coexists with the principal diagnosis
				t, including the 4th, 5th, 6th and 7th digits if
Longth	**	1	ollowing the third cha	
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 78:		DIAG_CODE_17		or Oth Diag Cada 17 and a was reasont at the
	roa – Present	it was admitted to	the hospital	er Oth_Diag_Code_17 code was present at the
<b>Coding Scheme:</b>		A_PRINC_DIAG_CO		
Length:		Alphanumeric	Data Source:	Claim
Field 79:	OTH DIAG		Data Source.	Chum
1 Iciu / ) •	ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)			
	diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis			
	or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if			
	or develops su	bsequently during	, . p	t, including the 4th, 5th, 6th and 7th digits if
			ollowing the third cha	
Length:	applicable. De 7 <b>Type:</b>	cimal is implied f Alphanumeric	ollowing the third characteristic <b>Data Source:</b>	
Length: Field 80:	applicable. De 7 <b>Type:</b> <b>POA_OTH_D</b>	cimal is implied f Alphanumeric DIAG_CODE_18	ollowing the third cha Data Source:	aracter. Claim
	applicable. De 7 Type: POA_OTH_D POA – Present	cimal is implied f Alphanumeric DIAG_CODE_18 t on Admission co	ollowing the third cha Data Source: ode identifying wheth	aracter.
Field 80:	applicable. De 7 Type: POA_OTH_D POA – Present time the patien	cimal is implied f Alphanumeric DIAG_CODE_18 t on Admission co at was admitted to	ollowing the third cha Data Source: ode identifying wheth the hospital	aracter. Claim
Field 80: Coding Scheme:	applicable. De7Type:POA_OTH_DPOA – Presenttime the patientSame as field POA	cimal is implied f Alphanumeric DIAG_CODE_18 t on Admission cc at was admitted to A_PRINC_DIAG_CO	Data Source: Data Source: ode identifying wheth the hospital DE	aracter. Claim er Oth_Diag_Code_18 code was present at the
Field 80: Coding Scheme: Length:	applicable. De         7       Type:         POA_OTH_D         POA – Present         time the patien         Same as field POA         1       Type:	cimal is implied f Alphanumeric DIAG_CODE_18 t on Admission co at was admitted to A_PRINC_DIAG_CO Alphanumeric	ollowing the third cha Data Source: ode identifying wheth the hospital	aracter. Claim
Field 80: Coding Scheme:	applicable. De       7     Type:       POA_OTH_D       POA - Present       time the patien       Same as field POA       1     Type:       OTH_DIAG_	cimal is implied f Alphanumeric DIAG_CODE_18 t on Admission co at was admitted to A_PRINC_DIAG_CO Alphanumeric CODE_19	Data Source: ode identifying wheth the hospital DE Data Source:	aracter. Claim er Oth_Diag_Code_18 code was present at the Claim
Field 80: Coding Scheme: Length:	applicable. De7Type:POA_OTH_DPOA - Presenttime the patientSame as field POA1Type:OTH_DIAG_ICD-10-CM (I	cimal is implied f Alphanumeric DIAG_CODE_18 t on Admission co at was admitted to A_PRINC_DIAG_CO Alphanumeric CODE_19 international Class	ollowing the third cha <b>Data Source:</b> ode identifying wheth the hospital DE <b>Data Source:</b> sification of Diseases	aracter. Claim er Oth_Diag_Code_18 code was present at the Claim – Revision 10 – Clinical Modification)
Field 80: Coding Scheme: Length:	applicable. De         7       Type:         POA_OTH_D         POA - Present         time the patient         Same as field POA         1       Type:         OTH_DIAG_         ICD-10-CM (I         diagnosis code	cimal is implied f Alphanumeric DIAG_CODE_18 t on Admission co at was admitted to A_PRINC_DIAG_CO Alphanumeric CODE_19 International Class e, that corresponds	ollowing the third cha <b>Data Source:</b> ode identifying wheth the hospital DE <b>Data Source:</b> sification of Diseases s to an additional cond	aracter. <u>Claim</u> er Oth_Diag_Code_18 code was present at the <u>Claim</u> – Revision 10 – Clinical Modification) dition that coexists with the principal diagnosis
Field 80: Coding Scheme: Length:	applicable. De 7 Type: POA_OTH_D POA - Present time the patient Same as field POA 1 Type: OTH_DIAG_ ICD-10-CM (I diagnosis code or develops su	cimal is implied f Alphanumeric DIAG_CODE_18 t on Admission co at was admitted to A_PRINC_DIAG_CO Alphanumeric CODE_19 International Class c, that corresponds bsequently during	ollowing the third cha <b>Data Source:</b> ode identifying wheth the hospital DE <b>Data Source:</b> sification of Diseases s to an additional con- g a patient's treatment	aracter. Claim er Oth_Diag_Code_18 code was present at the <u>Claim</u> – Revision 10 – Clinical Modification) dition that coexists with the principal diagnosis t, including the 4th, 5th, 6th and 7th digits if
Field 80: Coding Scheme: Length:	applicable. De 7 Type: POA_OTH_D POA - Present time the patient Same as field POA 1 Type: OTH_DIAG_ ICD-10-CM (I diagnosis code or develops su	cimal is implied f Alphanumeric DIAG_CODE_18 t on Admission co at was admitted to A_PRINC_DIAG_CO Alphanumeric CODE_19 International Class c, that corresponds bsequently during	ollowing the third cha <b>Data Source:</b> ode identifying wheth the hospital DE <b>Data Source:</b> sification of Diseases s to an additional cond	aracter. Claim er Oth_Diag_Code_18 code was present at the <u>Claim</u> – Revision 10 – Clinical Modification) dition that coexists with the principal diagnosis t, including the 4th, 5th, 6th and 7th digits if
Field 80: Coding Scheme: Length: Field 81:	applicable. De         7       Type:         POA_OTH_D         POA – Present         time the patien         Same as field POA         1       Type:         OTH_DIAG_         ICD-10-CM (I         diagnosis code         or develops su         applicable. De         7       Type:	cimal is implied f Alphanumeric DIAG_CODE_18 t on Admission co at was admitted to A_PRINC_DIAG_CO Alphanumeric CODE_19 International Class b, that corresponds bsequently during cimal is implied f	blowing the third cha <b>Data Source:</b> bde identifying wheth the hospital DE <b>Data Source:</b> sification of Diseases s to an additional cone g a patient's treatment bollowing the third cha <b>Data Source:</b>	aracter. Claim er Oth_Diag_Code_18 code was present at the <u>Claim</u> – Revision 10 – Clinical Modification) dition that coexists with the principal diagnosis t, including the 4th, 5th, 6th and 7th digits if aracter.
Field 80: Coding Scheme: Length: Field 81: Length:	applicable. De         7       Type:         POA_OTH_D         POA - Present         time the patient         Same as field POA         1       Type:         OTH_DIAG_         ICD-10-CM (Idiagnosis code         or develops su         applicable. De         7       Type:         POA_OTH_D	cimal is implied f Alphanumeric DIAG_CODE_18 t on Admission co at was admitted to A_PRINC_DIAG_CO Alphanumeric CODE_19 International Class c, that corresponds bsequently during cimal is implied f Alphanumeric DIAG_CODE_19	ollowing the third cha <b>Data Source:</b> ode identifying wheth the hospital DE <b>Data Source:</b> sification of Diseases s to an additional cone g a patient's treatment ollowing the third cha <b>Data Source:</b>	aracter. Claim er Oth_Diag_Code_18 code was present at the <u>Claim</u> – Revision 10 – Clinical Modification) dition that coexists with the principal diagnosis t, including the 4th, 5th, 6th and 7th digits if aracter.
Field 80: Coding Scheme: Length: Field 81: Length:	applicable. De 7 Type: POA_OTH_D POA - Present time the patient Same as field POA 1 Type: OTH_DIAG_ ICD-10-CM (I diagnosis code or develops su applicable. De 7 Type: POA_OTH_D POA - Present time the patient	cimal is implied f Alphanumeric DIAG_CODE_18 t on Admission co at was admitted to A_PRINC_DIAG_CO Alphanumeric CODE_19 International Class b, that corresponds bsequently during cimal is implied f Alphanumeric DIAG_CODE_19 t on Admission co at was admitted to	ollowing the third cha <b>Data Source:</b> ode identifying wheth the hospital DE <b>Data Source:</b> sification of Diseases s to an additional con- g a patient's treatment ollowing the third cha <b>Data Source:</b> ode identifying wheth the hospital	aracter. Claim er Oth_Diag_Code_18 code was present at the <u>Claim</u> – Revision 10 – Clinical Modification) dition that coexists with the principal diagnosis t, including the 4th, 5th, 6th and 7th digits if aracter. <u>Claim</u>
Field 80: Coding Scheme: Length: Field 81: Length:	applicable. De 7 Type: POA_OTH_D POA - Present time the patient Same as field POA 1 Type: OTH_DIAG_ ICD-10-CM (I diagnosis code or develops su applicable. De 7 Type: POA_OTH_D POA - Present time the patient	cimal is implied f Alphanumeric DIAG_CODE_18 t on Admission co at was admitted to A_PRINC_DIAG_CO Alphanumeric CODE_19 International Class bequently during cimal is implied f Alphanumeric DIAG_CODE_19 t on Admission co at was admitted to A_PRINC_DIAG_CO	ollowing the third cha <b>Data Source:</b> ode identifying wheth the hospital DE <b>Data Source:</b> sification of Diseases s to an additional con- g a patient's treatment ollowing the third cha <b>Data Source:</b> ode identifying wheth the hospital	aracter. Claim er Oth_Diag_Code_18 code was present at the <u>Claim</u> – Revision 10 – Clinical Modification) dition that coexists with the principal diagnosis t, including the 4th, 5th, 6th and 7th digits if aracter. <u>Claim</u> er Oth_Diag_Code_19 code was present at the
Field 80: Coding Scheme: Length: Field 81: Length: Field 82:	applicable. De         7       Type:         POA_OTH_D         POA – Present         time the patien         Same as field POA         1       Type:         OTH_DIAG_         ICD-10-CM (I         diagnosis code         or develops su         applicable. De         7       Type:         POA_OTH_D         POA         POA         POA         POA         Pices         POA         Posent         time the patient         same as field PO/         1       Type:	cimal is implied f Alphanumeric DIAG_CODE_18 t on Admission co at was admitted to A_PRINC_DIAG_CO Alphanumeric CODE_19 International Class bequently during cimal is implied f Alphanumeric DIAG_CODE_19 t on Admission co at was admitted to A_PRINC_DIAG_CO Alphanumeric	ollowing the third cha <b>Data Source:</b> ode identifying wheth the hospital DE <b>Data Source:</b> sification of Diseases s to an additional con- g a patient's treatment ollowing the third cha <b>Data Source:</b> ode identifying wheth the hospital	aracter. Claim er Oth_Diag_Code_18 code was present at the <u>Claim</u> – Revision 10 – Clinical Modification) dition that coexists with the principal diagnosis t, including the 4th, 5th, 6th and 7th digits if aracter. <u>Claim</u>
Field 80: Coding Scheme: Length: Field 81: Length: Field 82: Coding Scheme:	applicable. De         7       Type:         POA_OTH_D         POA - Present         time the patient         Same as field POA         1       Type:         OTH_DIAG_         ICD-10-CM (I         diagnosis code         or develops su         applicable. De         7       Type:         POA_OTH_D         POA - Present         time the patient         same as field POA         1       Type:         OTH_DIAG         Same as field POA	cimal is implied f Alphanumeric DIAG_CODE_18 t on Admission co at was admitted to A_PRINC_DIAG_CO Alphanumeric CODE_19 International Class e, that corresponds bsequently during cimal is implied f Alphanumeric DIAG_CODE_19 t on Admission co at was admitted to A_PRINC_DIAG_CO Alphanumeric CODE_20	ollowing the third cha <b>Data Source:</b> ode identifying wheth the hospital DE <b>Data Source:</b> sification of Diseases s to an additional cone g a patient's treatment ollowing the third cha <b>Data Source:</b> ode identifying wheth the hospital DE <b>Data Source:</b>	aracter. Claim er Oth_Diag_Code_18 code was present at the Claim – Revision 10 – Clinical Modification) dition that coexists with the principal diagnosis t, including the 4th, 5th, 6th and 7th digits if aracter. Claim er Oth_Diag_Code_19 code was present at the <u>Claim</u>
Field 80: Coding Scheme: Length: Field 81: Length: Field 82: Coding Scheme: Length:	applicable. De         7       Type:         POA_OTH_D         POA - Present         time the patient         Same as field POA         1       Type:         OTH_DIAG_         ICD-10-CM (I         diagnosis code         or develops su         applicable. De         7       Type:         POA_OTH_D         POA - Present         time the patient         same as field POA         1       Type:         OTH_DIAG_         ICD-10-CM (I	cimal is implied f Alphanumeric DIAG_CODE_18 t on Admission co at was admitted to A PRINC_DIAG_CO Alphanumeric CODE_19 International Class bequently during cimal is implied f Alphanumeric DIAG_CODE_19 t on Admission co at was admitted to A PRINC_DIAG_CO Alphanumeric CODE_20 International Class	ollowing the third cha <b>Data Source:</b> ode identifying wheth the hospital DE <b>Data Source:</b> sification of Diseases s to an additional cond g a patient's treatment following the third cha <b>Data Source:</b> ode identifying wheth the hospital DE <b>Data Source:</b> sification of Diseases	aracter. Claim er Oth_Diag_Code_18 code was present at the <u>Claim</u> – Revision 10 – Clinical Modification) dition that coexists with the principal diagnosis t, including the 4th, 5th, 6th and 7th digits if aracter. <u>Claim</u> er Oth_Diag_Code_19 code was present at the <u>Claim</u> – Revision 10 – Clinical Modification)
Field 80: Coding Scheme: Length: Field 81: Length: Field 82: Coding Scheme: Length:	applicable. De         7       Type:         POA_OTH_D         POA - Present         time the patient         Same as field POA         1       Type:         OTH_DIAG_         ICD-10-CM (I         diagnosis code         or develops su         applicable. De         7       Type:         POA_OTH_D         POA - Present         time the patient         same as field POA         1       Type:         OTH_DIAG_         ICD-10-CM (I	cimal is implied f Alphanumeric DIAG_CODE_18 t on Admission co at was admitted to A PRINC_DIAG_CO Alphanumeric CODE_19 International Class bequently during cimal is implied f Alphanumeric DIAG_CODE_19 t on Admission co at was admitted to A PRINC_DIAG_CO Alphanumeric CODE_20 International Class	ollowing the third cha <b>Data Source:</b> ode identifying wheth the hospital DE <b>Data Source:</b> sification of Diseases s to an additional cond g a patient's treatment following the third cha <b>Data Source:</b> ode identifying wheth the hospital DE <b>Data Source:</b> sification of Diseases	aracter. Claim er Oth_Diag_Code_18 code was present at the Claim – Revision 10 – Clinical Modification) dition that coexists with the principal diagnosis t, including the 4th, 5th, 6th and 7th digits if aracter. Claim er Oth_Diag_Code_19 code was present at the <u>Claim</u>

	or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if				
	applicable. Decimal is implied following the third character.				
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 84:	POA_OTH_DIAG_CODE_20				
	POA – Present on Admission code identifying whether Oth_Diag_Code_20 code was present at the				
	time the patient was admitted to the hospital				
Coding Scheme:		A_PRINC_DIAG_CO			
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 85:	OTH_DIAG_		· · · · · · · · · · · · · · · · · · ·		
	diagnosis code or develops su	ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.			
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 86:		DIAG CODE 21			
			de identifving whet	her Oth_Diag_Code_21 code was present at the	
		nt was admitted to			
<b>Coding Scheme:</b>	-	A_PRINC_DIAG_CO	-		
Length:	1 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim	
Field 87:	OTH_DIAG_				
				s – Revision 10 – Clinical Modification)	
				ndition that coexists with the principal diagnosis	
				nt, including the 4th, 5th, 6th and 7th digits if	
<b>T</b>			ollowing the third ch		
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 88:		DIAG_CODE_22			
	POA – Present on Admission code identifying whether Oth_Diag_Code_22 code was present at the time the patient was admitted to the hospital				
Coding Scheme:	-	A_PRINC_DIAG_CO	-		
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 89:			Data Source.	Claim	
	<b>OTH_DIAG_CODE_23</b> ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 90:		DIAG_CODE_23			
				her Oth_Diag_Code_23 code was present at the	
	-	t was admitted to	-		
Coding Scheme:		A_PRINC_DIAG_CO			
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 91:	OTH_DIAG_		· · · · · · · · · · · · · · · · · · ·		
				s – Revision 10 – Clinical Modification) adition that coexists with the principal diagnosis	
				it, including the 4th, 5th, 6th and 7th digits if	
			following the third ch		
Length:	7 Type:	Alphanumeric	Data Source:	Claim	
Field 92:	* *	DIAG CODE 24			
				her Oth Diag Code 24 code was present at the	
		it was admitted to		_ <i>o</i>	
<b>Coding Scheme:</b>	-	A_PRINC_DIAG_CO	-		
Length:	1 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim	
2024					
			— Раде 22 —		

Field 93:	E_CODE_1			
	E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification			
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury			
	events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of			
Longth	an additional external cause of morbidity. Decimal is implied following the third character 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim			
Length:				
Field 94:	POA_E_CODE_1			
	POA – Present on Admission code identifying whether E_Code_1 (External Cause of Morbidity/Injury) code was present at the time the patient was admitted to the hospital.			
Coding Scheme:	Same as field POA PRINC_DIAG CODE			
-	1 Type: Alphanumeric Data Source: Claim			
Length: Field 95:				
rielu 95:	E_CODE_2 E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification			
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury			
	events by mechanism and intent of injury, 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 96:	POA E CODE 2			
- 1010 / VI	POA – Present on Admission code identifying whether E Code 2 code was present at the time the			
	patient was admitted to the hospital			
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE			
Length:	1 Type: Alphanumeric Data Source: Claim			
Field 97:	E CODE 3			
	E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification			
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury			
	events by mechanism and intent of injury, 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 98:	POA_E_CODE_3			
	POA – Present on Admission code identifying whether E_Code_3 code was present at the time the			
	patient was admitted to the hospital			
<b>Coding Scheme:</b>				
Length:	1 Type: Alphanumeric Data Source: Claim			
Field 99:	E_CODE_4			
	E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification			
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury			
	events by mechanism and intent of injury, 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 100:	POA_E_CODE_4			
	POA – Present on Admission code identifying whether E_Code_4 code was present at the time the			
	patient was admitted to the hospital			
Coding Scheme:				
Length:	1 Type: Alphanumeric Data Source: Claim			
Field 101:	E_CODE_5			
	E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification			
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury			
	events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of			
Lanatha	an additional external cause of morbidity. Decimal is implied following the third character			
Length:	7 Type: Alphanumeric Data Source: Claim			
Field 102:	POA_E_CODE_5			

	POA – Present on Admission code identifying whether E_Code_5 code was present at the time the			
~ . ~ .	patient was admitted to the hospital			
Coding Scheme:				
Length:	1         Type:         Alphanumeric         Data Source:         Claim			
Field 103:	E_CODE_6 E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification			
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury			
	events by mechanism and intent of injury, 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 104:	POA_E_CODE_6			
	POA – Present on Admission code identifying whether E_Code_6 code was present at the time the			
Cadina Sahamaa	patient was admitted to the hospital			
Coding Scheme:				
Length: Field 105:	1     Type:     Alphanumeric     Data Source:     Claim       E_CODE_7			
riela 105:	E_CODE_7 E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification			
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury			
	events by mechanism and intent of injury, 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 106:	POA_E_CODE_7			
	POA – Present on Admission code identifying whether E_Code_7 code was present at the time the			
	patient was admitted to the hospital			
Coding Scheme:				
Length:	1         Type:         Alphanumeric         Data Source:         Claim			
Field 107:	E_CODE_8			
	E_Code_External Cause of Morbidity/Injury Code is an ICD 10 CM (International Classification			
	E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury			
	E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of			
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury			
Length:	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim			
Length: Field 108:	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_8			
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_8 POA – Present on Admission code identifying whether E_Code_8 code was present at the time the			
Field 108:	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_8 POA – Present on Admission code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital			
Field 108: Coding Scheme:	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_8 POA – Present on Admission code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE			
Field 108: Coding Scheme: Length:	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_8 POA – Present on Admission code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Data Source: Claim			
Field 108: Coding Scheme:	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_8 POA – Present on Admission code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Data Source: Claim E_CODE_9			
Field 108: Coding Scheme: Length:	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_8 POA – Present on Admission code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Data Source: Claim E_CODE_9 E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification			
Field 108: Coding Scheme: Length:	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_8 POA – Present on Admission code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Data Source: Claim E_CODE_9			
Field 108: Coding Scheme: Length:	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_8 POA – Present on Admission code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Data Source: Claim E_CODE_9 E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury			
Field 108: Coding Scheme: Length:	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_8 POA – Present on Admission code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Data Source: Claim E_CODE_9 E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim			
Field 108: Coding Scheme: Length: Field 109:	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_8 POA – Present on Admission code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Data Source: Claim E_CODE_9 E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim			
Field 108: Coding Scheme: Length: Field 109: Length:	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_8 POA – Present on Admission code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Data Source: Claim E_CODE_9 E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim			
Field 108: Coding Scheme: Length: Field 109: Length: Field 110:	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_8 POA – Present on Admission code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Data Source: Claim E_CODE_9 E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_9 POA – Present on Admission code identifying whether E_Code_9 code was present at the time the patient was admitted to the hospital			
Field 108: Coding Scheme: Length: Field 109: Length: Field 110: Coding Scheme:	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_8 POA – Present on Admission code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Data Source: Claim E_CODE_9 E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_9 POA – Present on Admission code identifying whether E_Code_9 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE			
Field 108: Coding Scheme: Length: Field 109: Length: Field 110: Coding Scheme: Length:	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_8 POA – Present on Admission code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Data Source: Claim E_CODE_9 E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_9 POA – Present on Admission code identifying whether E_Code_9 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Data Source: Claim			
Field 108: Coding Scheme: Length: Field 109: Length: Field 110: Coding Scheme:	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_8 POA – Present on Admission code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Data Source: Claim E_CODE_9 E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_9 POA – Present on Admission code identifying whether E_Code_9 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Data Source: Claim POA_E_CODE_9 POA – Present on Admission code identifying whether E_Code_9 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Data Source: Claim			
Field 108: Coding Scheme: Length: Field 109: Length: Field 110: Coding Scheme: Length:	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_8 POA – Present on Admission code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Data Source: Claim E_CODE_9 E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character 7 Type: Alphanumeric Data Source: Claim POA_E_CODE_9 POA – Present on Admission code identifying whether E_Code_9 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Data Source: Claim			

	events by mechanism and intent of injury, 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 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 112:	$\frac{7}{POA E CO}$	<b>*</b>	Data Source.	Claim
Ticiu 112.			de identifving whethe	r E_Code_10 code was present at the time the
		dmitted to the hosp		
<b>Coding Scheme:</b>	-	DA_PRINC_DIAG_CO		
Length:	1 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
Field 113:	PRINC_SUF	RG_PROC_CODE	Ξ	
				vision 10 - Procedure Coding System) code
			l procedure performed	
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 114:		RG_PROC_DATE		
	-		-	Entered as YYYYMMDD.
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 115:		RG_PROC_DAY		
				ate minus Admission/Start of Care Date
Length:	4 Type:		Data Source:	Calculated
Field 116:		_PROC_CODE_		
		gical or other proce		ncipal procedure performed during the period
Longth	•	Alphanumeric	<b>Data Source:</b>	Claim
Length: Field 117:		<b>PROC DATE</b> 1		Claim
rielu 117:				ncipal procedure was performed. Entered as
	YYYYMMDD.	ical of other procee	fulle office than the prin	leipai procedure was performed. Entered as
Length:	8 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 118:		PROC DAY 1		
			re other than the princ	ipal procedure was performed. Date of the
			dmission/Start of Care	
Length:	4 Type:	Alphanumeric	<b>Data Source:</b>	Calculated
Field 119:		PROC_CODE_2		
				ncipal procedure performed during the period
	•	e bill. ICD-10-PCS		
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 120:		PROC_DATE_2		
	-	ical or other procee	dure other than the prin	ncipal procedure was performed. Entered as
Lauratha	<i>YYYYMMDD</i> .		Data Camara	
Length: Field 121:	8 Type:	Alphanumeric	Data Source:	Claim
Field 121:		PROC_DAY_2	na athan than tha mina	ipal procedure was performed. Date of the
			dmission/Start of Care	
Length:	4 Type:	Alphanumeric	Data Source:	Calculated
Field 122:		PROC CODE		Curculated
11010122.	_			ncipal procedure performed during the period
		e bill. ICD-10-PCS		neipui procedure performed during the period
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 123:		PROC DATE 3		
	_			ncipal procedure was performed. Entered as
	YYYYMMDD.	*	1	•
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 124:	OTH_SURG	PROC_DAY_3		

	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 <b>Type:</b>	Alphanumeric	Data Source:	Calculated			
Field 125:	11	PROC CODE		Curculated			
11010 1201				rincipal procedure performed during the period			
	covered by th	e bill. ICD-10-PC	S code.				
Length:		Alphanumeric	Data Source:	Claim			
Field 126:		_PROC_DATE_					
	Date the surgical or other procedure other than the principal procedure was performed. Entered as						
Landha	YYYYMMDD.	A1 1 ·	Dete German				
Length: Field 127:	8 Type:	Alphanumeric	Data Source:	Claim			
riela 127:	7: OTH_SURG_PROC_DAY_4 Day of surgical or other procedure other than the principal procedure was performed. Date of						
			Admission/Start of Car				
Length:	4 Type:	Alphanumeric	Data Source:	Calculated			
Field 128:		PROC CODE					
				rincipal procedure performed during the period			
	•	e bill. ICD-10-PC					
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim			
Field 129:		_PROC_DATE_					
	-	ical or other proce	dure other than the pri	incipal procedure was performed. Entered as			
Longth.	<i>YYYYMMDD</i> . 8 <b>Type:</b>	Alphanumeric	Data Source:	Claim			
Length: Field 130:		PROC_DAY_5		Claim			
rielu 150.				cipal procedure was performed. Date of the			
			Admission/Start of Car				
Length:	4 Type:		Data Source:	Calculated			
Field 131:	OTH_SURG	PROC_CODE	6				
				rincipal procedure performed during the period			
		e bill. ICD-10-PC					
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim			
Field 132:	_	_PROC_DATE_					
	as <i>YYYYMMD1</i>		procedure other than t	he principal procedure was performed. Entered			
Length:	8 Type:	Alphanumeric	Data Source:	Claim			
Field 133:	¥ 1	PROC DAY 6	Data Source.	Chulli			
1101011001			ure other than the prin	cipal procedure was performed. Date of the			
			Admission/Start of Car				
Length:	4 Type:	Alphanumeric	Data Source:	Calculated			
Field 134:	OTH_SURG	_PROC_CODE_	7				
				rincipal procedure performed during the period			
	•	e bill. ICD-10-PC					
		A1 1 ·	Data Source:	Claim			
Length:	7 Type:	Alphanumeric	OTH SURG PROC DATE 7				
Length: Field 135:	OTH_SURG	_PROC_DATE_	7				
	OTH_SURG Date the surg	_PROC_DATE_	7	incipal procedure was performed. Entered as			
Field 135:	OTH_SURG Date the surg <i>YYYYMMDD</i> .	<b>_PROC_DATE_</b> ical or other proce	7 dure other than the pr	incipal procedure was performed. Entered as			
Field 135: Length:	OTH_SURG Date the surgi <i>YYYYMMDD</i> . 8 Type:	<b>_PROC_DATE_</b> ical or other proce Alphanumeric	7				
Field 135:	OTH_SURG Date the surgi <i>YYYYMMDD.</i> 8 Type: OTH_SURG	PROC_DATE_ ical or other proce Alphanumeric PROC_DAY_7	7 dure other than the pri Data Source:	incipal procedure was performed. Entered as			

Length:	4	Type:	Alphanumeric	<b>Data Source:</b>	Calculated
Field 137:	OTH_SURG_PROC_CODE_8				
	Code	e for surgi	cal or other proce	dure other than the prin	ncipal procedure performed during the period
	covered by the bill. ICD-10-PCS code.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 138:			PROC_DATE_8		
		-	cal or other procee	dure other than the prin	ncipal procedure was performed. Entered as
<b>.</b> .		MMDD.		<b>D</b> ( )	
Length:	8	Туре:	Alphanumeric	Data Source:	Claim
Field 139:	OTH_SURG_PROC_DAY_8 Day of surgical or other procedure other than the principal procedure was performed. Date of the				
Length:	4	Type:	Alphanumeric	dmission/Start of Care Data Source:	Calculated
Field 140:			PROC CODE		Calculated
Ficiu 140.					ncipal procedure performed during the period
			e bill. ICD-10-PCS		helpar procedure performed during the period
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 141:	OTH	<b>V I</b>	PROC DATE 9		
					cipal procedure was performed. Entered as
		MMDD.	-	-	
Length:	8	Type:	Alphanumeric	Data Source:	Claim
Field 142:			PROC_DAY_9		
					ipal procedure was performed. Date of the
	U	-		dmission/Start of Care	
Length:	4	Туре:		Data Source:	Calculated
Field 143:	OTH_SURG_PROC_CODE_10				
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.				
Length:	7	Type:	Alphanumeric	Data Source:	Claim
Field 144:			PROC DATE 1		Claim
	Date the surgical or other procedure other than the principal procedure was performed. Entered as				
	YYYYMMDD.				
Length:	8	Type:	Alphanumeric	<b>Data Source:</b>	Claim
Field 145:	OTH	I_SURG	PROC_DAY_10	)	
					ipal procedure was performed. Date of the
				dmission/Start of Care	
Length:				Data Source:	Calculated
Field 146:			_PROC_CODE_		
					ncipal procedure performed during the period
Longth	_	red by the Type:	e bill. ICD-10-PCS		Claim
Length: Field 147:	7 0TI	× *	Alphanumeric	Data Source:	Claim
rielu 14/:			_PROC_DATE_1		cipal procedure was performed. Entered as
		MMDD.	cal of other procee	dure other than the prin	leipai procedure was performed. Entered as
Length:	8	Туре:	Alphanumeric	Data Source:	Claim
Field 148:			PROC_DAY_11		
					ipal procedure was performed. Date of the
				dmission/Start of Care	
Length:	4	Туре:	Alphanumeric	<b>Data Source:</b>	Calculated
Field 149:	OTH		PROC_CODE_	12	

	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.					
Lawatha	•			Claim		
Length:		Alphanumeric	Data Source:	Claim		
Field 150:	<b>OTH_SURG_PROC_DATE_12</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .					
Length:	8 Type:	Alphanumeric	Data Source:	Claim		
Field 151:	<b>OTH SURG</b>	PROC_DAY_12				
	Day of surgica	al or other procedu	re other than the princ	ipal procedure was performed. Date of the		
<b>.</b> .			dmission/Start of Care			
Length:	4 Type:	Alphanumeric	Data Source:	Calculated		
Field 152:	<b>OTH_SURG_PROC_CODE_13</b> Code for surgical or other procedure other than the principal procedure performed during the period					
		e bill. ICD-10-PCS		ncipal procedure performed during the period		
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim		
Field 153:		PROC DATE 1		Ciulini		
rielu 155.				cipal procedure was performed. Entered as		
	YYYYMMDD.	eur or other proces	aute other than the prin	enpui procedure was performed. Entered as		
Length:	8 Type:	Alphanumeric	Data Source:	Claim		
Field 154:	• •	PROC DAY 13	}			
	Day of surgica	al or other procedu	re other than the princ	ipal procedure was performed. Date of the		
	surgical was p	performed <i>minus</i> A	dmission/Start of Care	Date		
Length:	4 Type:	Alphanumeric	Data Source:	Calculated		
Field 155:		_PROC_CODE_				
				ncipal procedure performed during the period		
	•	e bill. ICD-10-PCS				
Length:		Alphanumeric	Data Source:	Claim		
Field 156:		_PROC_DATE_1				
	Date the surgi <i>YYYYMMDD</i> .	cal or other procee	dure other than the prin	cipal procedure was performed. Entered as		
Length:	8 <b>Type:</b>	Alphanumeric	Data Source:	Claim		
Field 157:	J.	PROC DAY 14		Ciuini		
11010 1071				ipal procedure was performed. Date of the		
			dmission/Start of Care			
Length:	4 Type:	Alphanumeric	Data Source:	Calculated		
Field 158:	OTH_SURG	PROC_CODE_	15			
	Code for surg	ical or other proce	dure other than the prin	ncipal procedure performed during the period		
	covered by the	e bill. ICD-10-PCS	S code.			
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim		
Field 159:	_ ·	_PROC_DATE_1				
	-	cal or other procee	dure other than the prin	cipal procedure was performed. Entered as		
	YYYYMMDD.		<b>D</b> ( )			
Length:	8 Type:	Alphanumeric	Data Source:	Claim		
Field 160:		_PROC_DAY_15				
				ipal procedure was performed. Date of the		
Longth	1	Alphanumeric	dmission/Start of Care Data Source:	Calculated		
Length: Field 161:	Ϋ́Ι	PROC CODE				
riela 101:				ncipal procedure performed during the period		
		e bill. ICD-10-PCS		helpar procedure performed during the period		
Length:	7 Type:	Alphanumeric	Data Source:	Claim		
	- / / / /					

Field 162:	OTH_SURG_PROC_DATE_16		
	• •	an the principal procedure was performed. Entered as	
	YYYYMMDD.		
Length:	8 Type: Alphanumeric Data Sour	ce: Claim	
Field 163:	OTH_SURG_PROC_DAY_16		
	Day of surgical or other procedure other than surgical was performed <i>minus</i> Admission/St	the principal procedure was performed. Date of the	
Length:	4 Type: Alphanumeric Data Sour		
Field 164:	OTH SURG PROC CODE 17		
1104.		an the principal procedure performed during the period	
	covered by the bill. ICD-10-PCS code.		
Length:	7 Type: Alphanumeric Data Sour	ce: Claim	
Field 165:	OTH_SURG_PROC_DATE_17		
		an the principal procedure was performed. Entered as	
	YYYYMMDD.		
Length:	8 Type: Alphanumeric Data Sour	ce: Claim	
Field 166:	OTH_SURG_PROC_DAY_17	the principal procedure was performed. Date of the	
	surgical was performed <i>minus</i> Admission/St		
Length:	4 Type: Alphanumeric Data Sour		
Field 167:	OTH SURG PROC CODE 18	<u> </u>	
		an the principal procedure performed during the period	
	covered by the bill. ICD-10-PCS code.		
Length:	7 Type: Alphanumeric Data Sour	ce: Claim	
Field 168:	OTH_SURG_PROC_DATE_18		
	• •	an the principal procedure was performed. Entered as	
Length:	<i>YYYYMMDD.</i> 8 <b>Type:</b> Alphanumeric <b>Data Sour</b>	ce: Claim	
Field 169:	OTH_SURG_PROC_DAY_18		
		the principal procedure was performed. Date of the	
	surgical was performed minus Admission/St		
Length:	4 Type: Alphanumeric Data Sour	ce: Calculated	
Field 170:	OTH_SURG_PROC_CODE_19		
		an the principal procedure performed during the period	
Longth	covered by the bill. ICD-10-PCS code.	Claim	
Length: Field 171:	7Type:AlphanumericData SourOTHSURGPROCDATE19	ce: Claim	
		an the principal procedure was performed. Entered as	
	YYYYMMDD.	an me principal procedure was performedi Entered as	
Length:	8 Type: Alphanumeric Data Sour	ce: Claim	
Field 172:	OTH_SURG_PROC_DAY_19		
		the principal procedure was performed. Date of the	
Lauratha	surgical was performed <i>minus</i> Admission/St		
Length:	4 Type: Alphanumeric Data Sour	ce: Calculated	
Field 173:	OTH_SURG_PROC_CODE_20	an the principal procedure performed during the period	
	covered by the bill. ICD-10-PCS code.	an me principal procedure performed during me period	
Length:	7 Type: Alphanumeric Data Sour	ce: Claim	
Field 174:	OTH_SURG_PROC_DATE_20		
		an the principal procedure was performed. Entered as	
	YYYYMMDD.		

Length:		numeric Data Source:	Claim		
Field 175:	OTH_SURG_PROC_DAY_20				
			ncipal procedure was performed. Date of the		
	surgical was performed minus Admission/Start of Care Date				
Length:		numeric Data Source:	Calculated		
Field 176:	OTH_SURG_PROC_CODE_21				
			rincipal procedure performed during the period		
	covered by the bill. IC				
Length:		numeric Data Source:	Claim		
Field 177:	OTH_SURG_PROC				
	U	ther procedure other than the pr	rincipal procedure was performed. Entered as		
Longth	<i>YYYYMMDD</i> . 8 <b>Type:</b> Alphan	Data Sources	Claim		
Length: Field 178:		numeric Data Source:	Claim		
Fleid 1/8:	OTH_SURG_PROC		ncipal procedure was performed. Date of the		
		ed <i>minus</i> Admission/Start of Ca			
Length:		numeric <b>Data Source:</b>	Calculated		
Field 179:	OTH SURG PROC		Cultured		
1 iciu 177.			rincipal procedure performed during the period		
	covered by the bill. IC		interpar procedure performed during the period		
Length:	•	numeric Data Source:	Claim		
Field 180:	OTH_SURG_PROC				
			incipal procedure was performed. Entered as		
	YYYYMMDD.	-			
Length:	8 Type: Alpha	numeric Data Source:	Claim		
Field 181:	OTH_SURG_PROC	_DAY_22			
			ncipal procedure was performed. Date of the		
	• •	ed minus Admission/Start of Ca			
Length:	4 <b>Type:</b> Alpha		Calculated		
Field 182:	OTH_SURG_PROC				
			rincipal procedure performed during the period		
Longth	covered by the bill. IC		Claim		
Length: Field 183:	7 Type: Alphan OTH SURG PROC	numeric Data Source:	Claim		
Fleid 185:			incipal procedure was performed. Entered as		
	YYYYMMDD.	the procedure other than the pr	incipal procedure was performed. Entered as		
Length:		numeric Data Source:	Claim		
Field 184:	OTH SURG PROC		Cimini		
1.0.0 10 10			ncipal procedure was performed. Date of the		
		ed <i>minus</i> Admission/Start of Ca			
Length:		numeric Data Source:	Calculated		
Field 185:	OTH_SURG_PROC	CODE_24			
	Code for surgical or o	ther procedure other than the p	rincipal procedure performed during the period		
	covered by the bill. IC	CD-10-PCS code.			
Length:	7 <b>Type:</b> Alpha	numeric Data Source:	Claim		
Field 186:	OTH_SURG_PROC				
	-	ther procedure other than the pr	rincipal procedure was performed. Entered as		
_	YYYYMMDD.				
Length:	8 Type: Alpha	numeric Data Source:	Claim		
Field 187:	OTH SURG PROC		Claim		

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

	-	cal was performed <i>min</i>					
Length:	4 ′	Type: Alphanumer	ric Data Sou	urce:	Calculated		
Field 188:	ATTENDING PHYSICIAN UNIF ID						
	Attending Physician Uniform Identifier. Unique identifier assigned to the licensed physician expected to certify medical necessity of services rendered, with primary responsibility for the patient's medical care and treatment. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to						
	hospitals or who provides diagnostic or therapeutic procedures to inpatients, including						
	psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized						
	by the hospital to admit or treat patients.						
<b>Coding Scheme:</b>	9999999999 Temporary license or license number could not be matched						
Length:		Type: Alphanumer			Assigned		
Field 189:	OPERATING PHYSICIAN UNIF ID						
	Operating or other Physician Uniform Identifier (if applicable). Unique identifier assigned to the operating physician or physician other than the attending physician who performed the principal or surgical procedure most closely related to the principal diagnosis. 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						
		trists authorized by the					
Coding Scheme:		99999 Temporary license or					
Length:		Type: Alphanumer	ric Data So	urce:	Assigned		
Field 190:		UR_CODE_1					
	Code	describing a significant	nt event relating	g to the clai	im.		
<b>Coding Scheme:</b>	01	Auto accident		40	Scheduled date of admission		
		No Fault Insurance Involve Auto Accident/Other	d - Including	41	Date of first test of pre-admission testing		
		Accident/ Tort Liability		42	Date of discharge (hospice only)		
		Accident/ Employment Rel	ated	43	Scheduled date of canceled surgery		
		Other accident Crime Victim		44 45	Date treatment started - OT Date treatment started - ST		
		Start of Infertility Treatmer	t Cycle	45	Date treatment started - ST Date treatment started - Cardiac rehabilitation		
		Last Menstrual Period	ii Cycle	40	Date cost outlier status begins		
		Onset of Symptoms/ Illness		Al	Birthdate - Insured A		
	12	Date of Onset for a Chronic Dependent Individual		A2	Effective Date - Insured A Policy		
	16 I	Date of Last Therapy		A3	Payer A benefits exhausted		
	]	Date Outpatient OT Plan Es Last Reviewed		A4	Split Bill Date		
		Date of Retirement - Patien	-	B1	Birthdate - Insured B		
		Date of Retirement - Spous		B2	Effective date - Insured B Policy		
		Date Guarantee of Payment Date UR Notice Received	Began	B3 C1	Payer B benefits exhausted Birthdate - Insured C		
		Date Active Care Ended		C1 C2	Effective date - Insured C Policy		
		Date Insurance Denied		C3	Payer C benefits exhausted		
		Date Benefits Terminated b Payer	y Primary	DR	Katrina disaster related		
	26 1	Date SNF Bed Became Ava	ailable	E1	Birthdate - Insured D		
	]	Date Home Health Plan Est Last Reviewed		E2	Effective date - Insured D Policy		
	]	Date Comprehensive Outpa Rehabilitation Plan Establis Reviewed		E3	Payer D benefits exhausted		
	1	Date Outpatient PT Plan es last reviewed		F1	Birthdate - Insured E		
		Date Outpatient ST Plan es last reviewed	tablished or	F2	Effective date - Insured E Policy		

	31 Date benef	ficiary notified of intent	to bill F3	, _, _ ,	
	(accommo	dations)		Payer E benefits exhausted	
		ficiary notified of intent es or treatments)	to bill G1	Birthdate - Insured F	
		patient hospital discharg ed transplant patients	ge for G2	Effective date - Insured F Policy	
	38 Date treatm therapy	nent started for home IV	V G3	Payer F benefits exhausted	
	1.	arged on a continuous c	course		
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 191:	OCCUR DA	1			
	Date of occurr	rence, as YYYYMM	DD.		
Length:	8 Type:	Alphanumeric	Data Source:	Claim	
Field 192:	OCCUR_DA	Y_1			
	Occurrence Da	• •		ssion/Start of Care Date.	
Length:	4 Type:	Alphanumeric	Data Source:	Calculated	
Field 193:	OCCUR_CO	-			
			ent relating to the claim	n.	
<b>Coding Scheme:</b>					
Length:	<u>2 Type:</u>	Alphanumeric	Data Source:	Claim	
Field 194:	OCCUR_DA				
		rence, as YYYYMM			
Length:	8 Type:	Alphanumeric	Data Source:	Claim	
Field 195:	OCCUR_DA				
				ssion/Start of Care Date.	
Length:	4 Type:	Alphanumeric	Data Source:	Calculated	
Field 196:	OCCUR_CODE_3				
Tielu 1900					
	Code describin	ng a significant eve	ent relating to the claim	n.	
Coding Scheme:	Code describin Same as OCC	ng a significant eve UR_CODE_1.	-		
Coding Scheme: Length:	Code describin Same as OCC 2 <b>Type:</b>	ng a significant eve UR_CODE_1. Alphanumeric	ent relating to the clain Data Source:	n. Claim	
Coding Scheme:	Code describin Same as OCC 2 Type: OCCUR_DA	ng a significant eve UR_CODE_1. _Alphanumeric TE_ <b>3</b>	Data Source:		
Coding Scheme: <u>Length:</u> Field 197:	Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr	ng a significant eve UR_CODE_1. Alphanumeric TE_3 rence, as <i>YYYYMM</i>	Data Source:	Claim	
Coding Scheme: <u>Length:</u> Field 197: Length:	Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type:	ng a significant eve UR_CODE_1. Alphanumeric TE_3 rence, as <i>YYYYMM</i> Alphanumeric	Data Source:		
Coding Scheme: <u>Length:</u> Field 197:	Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type: OCCUR_DA	ng a significant eve UR_CODE_1. <u>Alphanumeric</u> TE_3 rence, as <i>YYYYMM</i> <u>Alphanumeric</u> <b>Y_3</b>	Data Source: DD. Data Source:	<u>Claim</u>	
Coding Scheme: Length: Field 197: Length: Field 198:	Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type: OCCUR_DA Occurrence Da	ng a significant eve UR_CODE_1. Alphanumeric TE_3 rence, as <i>YYYYMM</i> Alphanumeric <b>Y_3</b> ay <i>equals</i> Occurrer	Data Source: DD. Data Source: nce Date <i>minus</i> Admis	Claim Claim ssion/Start of Care Date.	
Coding Scheme: Length: Field 197: Length: Field 198: Length:	Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type: OCCUR_DA Occurrence Da 4 Type:	ng a significant eve UR_CODE_1. Alphanumeric TE_3 rence, as <i>YYYYMM</i> . Alphanumeric <b>Y_3</b> ay <i>equals</i> Occurrer Alphanumeric	Data Source: DD. Data Source:	<u>Claim</u>	
Coding Scheme: Length: Field 197: Length: Field 198:	Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type: OCCUR_DA Occurrence Da 4 Type: OCCUR_CO	ng a significant eve UR_CODE_1. Alphanumeric TE_3 rence, as <i>YYYYMM</i> . Alphanumeric <b>Y_3</b> ay <i>equals</i> Occurrer Alphanumeric DE_4	Data Source: DD. Data Source: nce Date <i>minus</i> Admis Data Source:	Claim Claim ssion/Start of Care Date. Calculated	
Coding Scheme: Length: Field 197: Length: Field 198: Length: Field 199:	Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type: OCCUR_DA Occurrence Da 4 Type: OCCUR_CO Code describin	ng a significant eve UR_CODE_1. Alphanumeric TE_3 rence, as <i>YYYYMM</i> . Alphanumeric <b>Y_3</b> ay <i>equals</i> Occurrer Alphanumeric DE_4 ng a significant eve	Data Source: DD. Data Source: nce Date <i>minus</i> Admis	Claim Claim ssion/Start of Care Date. Calculated	
Coding Scheme: Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme:	Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type: OCCUR_DA Occurrence Da 4 Type: OCCUR_CO Code describin Same as OCC	ng a significant eve UR_CODE_1. <u>Alphanumeric</u> <b>TE_3</b> rence, as <i>YYYYMM</i> . <u>Alphanumeric</u> <b>Y_3</b> ay <i>equals</i> Occurrer <u>Alphanumeric</u> <b>DE_4</b> ng a significant eve UR_CODE_1.	Data Source: DD. Data Source: nce Date <i>minus</i> Admis Data Source: ent relating to the clair	Claim Claim ssion/Start of Care Date. Calculated n.	
Coding Scheme: Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length:	Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type: OCCUR_DA Occurrence Da 4 Type: OCCUR_CO Code describin Same as OCC 2 Type:	ng a significant eve UR_CODE_1. Alphanumeric TE_3 rence, as <i>YYYYMM</i> . Alphanumeric <b>Y_3</b> ay <i>equals</i> Occurren Alphanumeric DE_4 ng a significant eve UR_CODE_1. Alphanumeric	Data Source: DD. Data Source: nce Date <i>minus</i> Admis Data Source:	Claim Claim ssion/Start of Care Date. Calculated	
Coding Scheme: Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme:	Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type: OCCUR_DA Occurrence Da 4 Type: OCCUR_CO Code describin Same as OCC 2 Type: OCCUR_DA	ng a significant eve UR_CODE_1. Alphanumeric TE_3 rence, as YYYYMM. Alphanumeric Y_3 ay equals Occurrer Alphanumeric DE_4 ng a significant eve UR_CODE_1. Alphanumeric TE_4	Data Source: DD. Data Source: nce Date minus Admis Data Source: ent relating to the clain Data Source:	Claim Claim ssion/Start of Care Date. Calculated n.	
Coding Scheme: Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200:	Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type: OCCUR_DA Occurrence Da 4 Type: OCCUR_CO Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr	ng a significant eve UR_CODE_1. Alphanumeric TE_3 rence, as YYYYMM Alphanumeric Y_3 ay equals Occurrer Alphanumeric DE_4 ng a significant eve UR_CODE_1. Alphanumeric TE_4 rence, as YYYYMM	Data Source: DD. Data Source: nce Date minus Admis Data Source: ent relating to the clain Data Source: DD.	Claim Claim ssion/Start of Care Date. Calculated n. Claim	
Coding Scheme: Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200: Length:	Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type: OCCUR_DA Occurrence Da 4 Type: OCCUR_CO Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type:	ng a significant eve UR_CODE_1. Alphanumeric <b>TE_3</b> rence, as <i>YYYYMM</i> . Alphanumeric <b>Y_3</b> ay <i>equals</i> Occurrer Alphanumeric <b>DE_4</b> ng a significant eve UR_CODE_1. Alphanumeric <b>TE_4</b> rence, as <i>YYYYMM</i> . Alphanumeric	Data Source: DD. Data Source: nce Date minus Admis Data Source: ent relating to the clain Data Source:	Claim Claim ssion/Start of Care Date. Calculated n.	
Coding Scheme: Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200:	Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type: OCCUR_DA Occurrence Da 4 Type: OCCUR_CO Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type:	ng a significant eve UR_CODE_1. Alphanumeric TE_3 rence, as YYYYMM. Alphanumeric Y_3 ay equals Occurrer Alphanumeric DE_4 ng a significant eve UR_CODE_1. Alphanumeric TE_4 rence, as YYYYMM. Alphanumeric Y_4	Data Source:         DD.         Data Source:         nce Date minus Admis         Data Source:         ent relating to the claim         Data Source:         DD.         DD.         Data Source:	Claim Claim Ssion/Start of Care Date. Calculated n. Claim Claim	
Coding Scheme: Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200: Length: Field 201:	Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type: OCCUR_DA Occurrence Da 4 Type: OCCUR_CO Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type: OCCUR_DA Occurrence Da	ng a significant eve UR_CODE_1. Alphanumeric TE_3 rence, as YYYYMM. Alphanumeric Y_3 ay equals Occurrent Alphanumeric DE_4 ng a significant eve UR_CODE_1. Alphanumeric TE_4 rence, as YYYYMM. Alphanumeric Y_4 ay equals Occurrent	Data Source:         DD.         Data Source:         nce Date minus Admis         Data Source:         ent relating to the claim         Data Source:         DD.         Data Source:	Claim Claim Ssion/Start of Care Date. Calculated n. Claim Claim Ssion/Start of Care Date.	
Coding Scheme: Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200: Length: Field 201: Length:	Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type: OCCUR_DA Occurrence Da 4 Type: OCCUR_CO Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type: OCCUR_DA Occurrence Da 4 Type:	ng a significant eve UR_CODE_1. Alphanumeric TE_3 rence, as YYYYMM. Alphanumeric Y_3 ay equals Occurrer Alphanumeric DE_4 ng a significant eve UR_CODE_1. Alphanumeric TE_4 rence, as YYYYMM. Alphanumeric Y_4 ay equals Occurrer Alphanumeric	Data Source:         DD.         Data Source:         nce Date minus Admis         Data Source:         ent relating to the claim         Data Source:         DD.         DD.         Data Source:	Claim Claim Ssion/Start of Care Date. Calculated n. Claim Claim	
Coding Scheme: Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200: Length: Field 201:	Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type: OCCUR_DA Occurrence Da 4 Type: OCCUR_CO Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type: OCCUR_DA Date Of Occurrence Da 4 Type: OCCUR_DA	ng a significant eve UR_CODE_1. <u>Alphanumeric</u> <b>TE_3</b> rence, as <i>YYYYMM</i> <u>Alphanumeric</u> <b>Y_3</b> ay <i>equals</i> Occurrer <u>Alphanumeric</u> <b>DE_4</b> ng a significant eve UR_CODE_1. <u>Alphanumeric</u> <b>TE_4</b> rence, as <i>YYYYMM</i> <u>Alphanumeric</u> <b>Y_4</b> ay <i>equals</i> Occurrer <u>Alphanumeric</u> <b>DE_5</b>	Data Source:         DD.         Data Source:         ace Date minus Admis         Data Source:         ent relating to the claim         Data Source:         DD.         Data Source:         Data Source:	Claim         Claim         ssion/Start of Care Date.         Calculated         n.         Claim         Claim         ssion/Start of Care Date.         Claim         ssion/Start of Care Date.         Calculated	
Coding Scheme: Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200: Length: Field 201: Length:	Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type: OCCUR_DA Occurrence Da 4 Type: OCCUR_CO Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type: OCCUR_DA Date Of Occurrence Da 4 Type: OCCUR_DA	ng a significant eve UR_CODE_1. <u>Alphanumeric</u> <b>TE_3</b> rence, as <i>YYYYMM</i> . <u>Alphanumeric</u> <b>Y_3</b> ay <i>equals</i> Occurrer <u>Alphanumeric</u> <b>DE_4</b> ng a significant eve UR_CODE_1. <u>Alphanumeric</u> <b>TE_4</b> rence, as <i>YYYYMM</i> . <u>Alphanumeric</u> <b>Y_4</b> ay <i>equals</i> Occurrer <u>Alphanumeric</u> <b>DE_5</b> ng a significant eve	Data Source:         DD.         Data Source:         nce Date minus Admis         Data Source:         ent relating to the claim         Data Source:         DD.         Data Source:	Claim         Claim         ssion/Start of Care Date.         Calculated         n.         Claim         Claim         ssion/Start of Care Date.         Claim         ssion/Start of Care Date.         Calculated	
Coding Scheme: Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200: Length: Field 201: Length: Field 201: Length: Field 202:	Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type: OCCUR_DA Occurrence Da 4 Type: OCCUR_CO Code describin Same as OCC 2 Type: OCCUR_DA Date of occurr 8 Type: OCCUR_DA Occurrence Da 4 Type: OCCUR_CO Code describin	ng a significant eve UR_CODE_1. <u>Alphanumeric</u> <b>TE_3</b> rence, as <i>YYYYMM</i> . <u>Alphanumeric</u> <b>Y_3</b> ay <i>equals</i> Occurrer <u>Alphanumeric</u> <b>DE_4</b> ng a significant eve UR_CODE_1. <u>Alphanumeric</u> <b>TE_4</b> rence, as <i>YYYYMM</i> . <u>Alphanumeric</u> <b>Y_4</b> ay <i>equals</i> Occurrer <u>Alphanumeric</u> <b>DE_5</b> ng a significant eve	Data Source:         DD.         Data Source:         ace Date minus Admis         Data Source:         ent relating to the claim         Data Source:         DD.         Data Source:         Data Source:	Claim         Claim         ssion/Start of Care Date.         Calculated         n.         Claim         Claim         ssion/Start of Care Date.         Claim         ssion/Start of Care Date.         Calculated	
Coding Scheme: Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200: Length: Field 201: Length: Field 201: Length: Field 202: Coding Scheme:	Code describin         Same as OCC         2       Type:         OCCUR_DA         Date of occurr         8       Type:         OCCUR_DA         Occurrence Da         4       Type:         OCCUR_DA         Occurrence Da         4       Type:         OCCUR_CO         Code describin         Same as OCC         2       Type:         OCCUR_DA         Date of occurr         8       Type:         OCCUR_DA         Date of occurr         8       Type:         OCCUR_DA         Date of occurr         8       Type:         OCCUR_DA         Occurrence Da         4       Type:         OCCUR_CO         Code describin         Same as OCC	ng a significant eve UR_CODE_1. Alphanumeric TE_3 rence, as YYYYMM. Alphanumeric Y_3 ay equals Occurrent Alphanumeric DE_4 ng a significant eve UR_CODE_1. Alphanumeric TE_4 rence, as YYYYMM. Alphanumeric Y_4 ay equals Occurrent Alphanumeric DE_5 ng a significant eve UR_CODE_1. Alphanumeric DE_5 ng a significant even UR_CODE_1. Alphanumeric	Data Source:         DD.         Data Source:         ace Date minus Admis         Data Source:         ent relating to the claim         Data Source:         DD.         Data Source:         DD.         Data Source:         DD.         Data Source:         Description:         Data Source:         Description:         Data Source:         Data Source:         Description:         Data Source:         Description:         Data Source:         Description:         Data Source:         Description:         Data Source:         Data Source:	Claim         Claim         ssion/Start of Care Date.         Calculated         n.         Claim         Claim         ssion/Start of Care Date.         Calculated         n.         Claim         n.         Claim         n.         n.         Claim         ssion/Start of Care Date.         Calculated         n.	

	Date of occurrence, as <i>YYYYMMDD</i> .				
Length:	8 <b>Type:</b> Alphanumer		Claim		
Field 204:	OCCUR DAY 5				
	Occurrence Day equals Occ	currence Date minus Adr	nission/Start of Care Date.		
Length:	4 Type: Alphanume	ric Data Source:	Calculated		
Field 205:	OCCUR_CODE_6				
	Code describing a significant event relating to the claim.				
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1				
Length:	2 Type: Alphanumer	ric Data Source:	Claim		
Field 206:	OCCUR_DATE_6				
та	Date of occurrence, as <i>YYY</i>				
Length:	8 Type: Alphanumer	ric Data Source:	Claim		
Field 207:	OCCUR_DAY_6	D-4 A 1-			
Longth	Occurrence Day <i>equals</i> Occ 4 <b>Type:</b> Alphanumer		Calculated		
Length: Field 208:	4 Type: Alphanumer OCCUR CODE 7	ne Data Source:	Calculated		
rielu 200:	Code describing a significa	nt event relating to the c	aim		
<b>Coding Scheme:</b>	Same as OCCUR CODE	ē			
Length:	2 <b>Type:</b> Alphanumer		Claim		
Field 209:	OCCUR DATE 7			_	
	Date of occurrence, as YYY	YMMDD.			
Length:	8 Type: Alphanumer	ric Data Source:	Claim		
Field 210:	OCCUR_DAY_7				
	Occurrence Day equals Occ		nission/Start of Care Date.		
Length:	4 Type: Alphanume	ric Data Source:	Calculated		
E! 11A11	OCCUR_CODE_8				
Field 211:					
	Code describing a significa	-	aim.		
Coding Scheme:	Code describing a significa Same as OCCUR_CODE_1	l.			
Coding Scheme: Length:	Code describing a significa Same as OCCUR_CODE_1 2 <b>Type:</b> Alphanumer	l.	aim. Claim		
Coding Scheme:	Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume OCCUR_DATE_8	l. ric Data Source:			
Coding Scheme: <u>Length:</u> Field 212:	Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanumer OCCUR_DATE_8 Date of occurrence, as <i>YYY</i>	I. ric Data Source: YMMDD.	Claim		
Coding Scheme: <u>Length:</u> Field 212: Length:	Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanumer OCCUR_DATE_8 Date of occurrence, as <i>YYY</i> 8 Type: Alphanumer	I. ric Data Source: YMMDD.			
Coding Scheme: <u>Length:</u> Field 212:	Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanumer OCCUR_DATE_8 Date of occurrence, as <i>YYY</i> 8 Type: Alphanumer OCCUR_DAY_8	I. ric Data Source: YMMDD. ric Data Source:	Claim Claim		
Coding Scheme: Length: Field 212: Length: Field 213:	Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume OCCUR_DATE_8 Date of occurrence, as YYY 8 Type: Alphanume OCCUR_DAY_8 Occurrence Day equals Occ	I. ric Data Source: YMMDD. ric Data Source: currence Date minus Adr	Claim Claim		
Coding Scheme: <u>Length:</u> Field 212: Length:	Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanumer OCCUR_DATE_8 Date of occurrence, as YYY 8 Type: Alphanumer OCCUR_DAY_8 Occurrence Day equals Occ 4 Type: Alphanumer	I. ric Data Source: YMMDD. ric Data Source: currence Date minus Adr	Claim Claim nission/Start of Care Date.		
Coding Scheme: Length: Field 212: Length: Field 213: Length:	Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume OCCUR_DATE_8 Date of occurrence, as YYY 8 Type: Alphanume OCCUR_DAY_8 Occurrence Day equals Occ	I.       Data Source:         ric       Data Source:         ric       Data Source:         currence Date minus Adr         ric       Data Source:	Claim Claim nission/Start of Care Date. Calculated		
Coding Scheme: Length: Field 212: Length: Field 213: Length:	Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanumer OCCUR_DATE_8 Date of occurrence, as <i>YYY</i> 8 Type: Alphanumer OCCUR_DAY_8 Occurrence Day <i>equals</i> Occ 4 Type: Alphanumer OCCUR_CODE_9	I.       Data Source:         YMMDD.       Data Source:         ric       Data Source:         currence Date minus Adminic       Data Source:         nt event relating to the classical sector of the sector of	Claim Claim nission/Start of Care Date. Calculated		
Coding Scheme: Length: Field 212: Length: Field 213: Length: Field 214: Coding Scheme: Length:	Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume OCCUR_DATE_8 Date of occurrence, as YYY 8 Type: Alphanume OCCUR_DAY_8 Occurrence Day equals Occ 4 Type: Alphanume OCCUR_CODE_9 Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume	I.       Data Source:         YMMDD.       Data Source:         ric       Data Source:         currence Date minus Adminic       Data Source:         nt event relating to the classical sector of the sector of	Claim Claim nission/Start of Care Date. Calculated		
Coding Scheme: Length: Field 212: Length: Field 213: Length: Field 214: Coding Scheme:	Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume OCCUR_DATE_8 Date of occurrence, as YYY 8 Type: Alphanume OCCUR_DAY_8 Occurrence Day equals Occ 4 Type: Alphanume OCCUR_CODE_9 Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume OCCUR_DATE_9	I.       Data Source:         YMMDD.       Data Source:         currence Date minus Adminic Data Source:       Data Source:         nt event relating to the classical sector of the source:       Data Source:         ric       Data Source:       Data Source:	Claim Claim nission/Start of Care Date. Calculated aim.		
Coding Scheme: Length: Field 212: Length: Field 213: Length: Field 214: Coding Scheme: Length: Field 215:	Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume: OCCUR_DATE_8 Date of occurrence, as YYY 8 Type: Alphanume: OCCUR_DAY_8 Occurrence Day equals Occ 4 Type: Alphanume: OCCUR_CODE_9 Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume: OCCUR_DATE_9 Date of occurrence, as YYY	I.       ric       Data Source:         YMMDD.	Claim Claim nission/Start of Care Date. Calculated aim. Claim		
Coding Scheme: Length: Field 212: Length: Field 213: Length: Field 214: Coding Scheme: Length: Field 215: Length:	Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume OCCUR_DATE_8 Date of occurrence, as YYY 8 Type: Alphanume OCCUR_DAY_8 Occurrence Day equals Occ 4 Type: Alphanume OCCUR_CODE_9 Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume OCCUR_DATE_9 Date of occurrence, as YYY 8 Type: Alphanume	I.       ric       Data Source:         YMMDD.	Claim Claim nission/Start of Care Date. Calculated aim.		
Coding Scheme: Length: Field 212: Length: Field 213: Length: Field 214: Coding Scheme: Length: Field 215:	Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume OCCUR_DATE_8 Date of occurrence, as YYY 8 Type: Alphanume OCCUR_DAY_8 Occurrence Day equals Occ 4 Type: Alphanume OCCUR_CODE_9 Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume OCCUR_DATE_9 Date of occurrence, as YYY 8 Type: Alphanume OCCUR_DATE_9	I.       Data Source:         YMMDD.       Data Source:         ric       Data Source:         currence Date minus Adminic       Data Source:         nt event relating to the classical sector of the sector of	Claim Claim nission/Start of Care Date. Calculated aim. Claim Claim		
Coding Scheme: Length: Field 212: Length: Field 213: Length: Field 214: Coding Scheme: Length: Field 215: Length: Field 216:	Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume: OCCUR_DATE_8 Date of occurrence, as YYY 8 Type: Alphanume: OCCUR_DAY_8 Occurrence Day equals Occ 4 Type: Alphanume: OCCUR_CODE_9 Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume: OCCUR_DATE_9 Date of occurrence, as YYY 8 Type: Alphanume: OCCUR_DATE_9 Date of occurrence, as YYY 8 Type: Alphanume: OCCUR_DATE_9 Occurrence Day equals Occ	I.       ric       Data Source:         YMMDD.       .         ric       Data Source:         currence Date minus Adminic       Data Source:         nt event relating to the classical sector of the se	Claim Claim nission/Start of Care Date. Calculated aim. Claim Claim nission/Start of Care Date.		
Coding Scheme: Length: Field 212: Length: Field 213: Length: Field 214: Coding Scheme: Length: Field 215: Length: Field 216: Length:	Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume OCCUR_DATE_8 Date of occurrence, as YYY 8 Type: Alphanume OCCUR_DAY_8 Occurrence Day equals Occ 4 Type: Alphanume OCCUR_CODE_9 Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume OCCUR_DATE_9 Date of occurrence, as YYY 8 Type: Alphanume OCCUR_DAY_9 Occurrence Day equals Occ 4 Type: Alphanume	I.       ric       Data Source:         YMMDD.       .         ric       Data Source:         currence Date minus Adminic       Data Source:         nt event relating to the classical sector of the se	Claim Claim nission/Start of Care Date. Calculated aim. Claim Claim		
Coding Scheme: Length: Field 212: Length: Field 213: Length: Field 214: Coding Scheme: Length: Field 215: Length: Field 216:	Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume: OCCUR_DATE_8 Date of occurrence, as YYY 8 Type: Alphanume: OCCUR_DAY_8 Occurrence Day equals Occ 4 Type: Alphanume: OCCUR_CODE_9 Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume: OCCUR_DATE_9 Date of occurrence, as YYY 8 Type: Alphanume: OCCUR_DATE_9 Date of occurrence, as YYY 8 Type: Alphanume: OCCUR_DAY_9 Occurrence Day equals Occ 4 Type: Alphanume: OCCUR_DAY_9	I.       Data Source:         YMMDD.       Data Source:         ric       Data Source:         currence Date minus Adminic       Data Source:         nt event relating to the classical sector of the sector of	Claim  Claim  nission/Start of Care Date. Calculated  aim. Claim  Claim  nission/Start of Care Date. Calculated		
Coding Scheme: Length: Field 212: Length: Field 213: Length: Field 214: Coding Scheme: Length: Field 215: Length: Field 216: Length: Field 217:	Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume OCCUR_DATE_8 Date of occurrence, as YYY 8 Type: Alphanume OCCUR_DAY_8 Occurrence Day equals Occ 4 Type: Alphanume OCCUR_CODE_9 Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume OCCUR_DATE_9 Date of occurrence, as YYY 8 Type: Alphanume OCCUR_DATE_9 Date of occurrence, as YYY 8 Type: Alphanume OCCUR_DAY_9 Occurrence Day equals Occ 4 Type: Alphanume OCCUR_CODE_10 Code describing a significa	I.       Data Source:         YMMDD.       Data Source:         Surrence Date minus Adminic Data Source:       Data Source:         It event relating to the classical sector of the sector	Claim  Claim  nission/Start of Care Date. Calculated  aim. Claim  Claim  nission/Start of Care Date. Calculated		
Coding Scheme: Length: Field 212: Length: Field 213: Length: Field 214: Coding Scheme: Length: Field 215: Length: Field 216: Length: Field 217: Coding Scheme:	Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume: OCCUR_DATE_8 Date of occurrence, as YYY 8 Type: Alphanume: OCCUR_DAY_8 Occurrence Day equals Occ 4 Type: Alphanume: OCCUR_CODE_9 Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume: OCCUR_DATE_9 Date of occurrence, as YYY 8 Type: Alphanume: OCCUR_DATE_9 Date of occurrence, as YYY 8 Type: Alphanume: OCCUR_DATE_9 Occurrence Day equals Occ 4 Type: Alphanume: OCCUR_DAY_9 Occurrence Day equals Occ 4 Type: Alphanume: OCCUR_CODE_10 Code describing a significa Same as OCCUR_CODE_1	I.       ric       Data Source:         YMMDD.       ric       Data Source:         currence Date minus Adminic       Data Source:         nt event relating to the classical sector of the classical sector sector of the classical sector of the classical sector	Claim         Claim         nission/Start of Care Date.         Calculated         aim.         Claim         Claim         nission/Start of Care Date.         Calculated         aim.         aim.         aim.         Claim         aim.         aim.         claim         aim.         aim.		
Coding Scheme: Length: Field 212: Length: Field 213: Length: Field 214: Coding Scheme: Length: Field 215: Length: Field 216: Length: Field 217:	Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume OCCUR_DATE_8 Date of occurrence, as YYY 8 Type: Alphanume OCCUR_DAY_8 Occurrence Day equals Occ 4 Type: Alphanume OCCUR_CODE_9 Code describing a significa Same as OCCUR_CODE_1 2 Type: Alphanume OCCUR_DATE_9 Date of occurrence, as YYY 8 Type: Alphanume OCCUR_DATE_9 Date of occurrence, as YYY 8 Type: Alphanume OCCUR_DAY_9 Occurrence Day equals Occ 4 Type: Alphanume OCCUR_CODE_10 Code describing a significa	I.       ric       Data Source:         YMMDD.       ric       Data Source:         currence Date minus Adminic       Data Source:         nt event relating to the classical sector of the classical sector sector of the classical sector of the classical sector	Claim  Claim  nission/Start of Care Date. Calculated  aim. Claim  Claim  nission/Start of Care Date. Calculated		

	Date of occurrence, as <i>YYYYMMDD</i> .					
Length:	8 Type: Alphanumeric Data Source: Claim					
Field 219:	OCCUR DAY 10					
	Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.					
Length:	4 Type: Alphanumeric Data Source: Calculated					
Field 220:	OCCUR CODE 11					
	Code describing a significant event relating to the claim.					
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.					
Length:	2 Type: Alphanumeric Data Source: Claim					
Field 221:	OCCUR_DATE_11					
	Date of occurrence, as YYYYMMDD.					
Length:	8 Type: Alphanumeric Data Source: Claim					
Field 222:	OCCUR_DAY_11					
	Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.					
Length:	4 Type: Alphanumeric Data Source: Calculated					
Field 223:	OCCUR_CODE_12					
	Code describing a significant event relating to the claim.					
Coding Scheme:						
Length:	2 Type: Alphanumeric Data Source: Claim					
Field 224:	OCCUR_DATE_12					
Lanatha	Date of occurrence, as <i>YYYYMMDD</i> .					
Length:	8 Type: Alphanumeric Data Source: Claim					
Field 225:	OCCUR_DAY_12 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.					
Length:	4 Type: Alphanumeric Data Source: Calculated					
Field 226:						
Ficiu 220.	OCCUR_SPAN_CODE_1 Code describing a significant event relating to the claim that may affect payer processing.					
<b>Coding Scheme:</b>	70       Qualifying stay dates (for SNF use only)       78       SNF prior stay dates					
County Seneme.	71   Prior stay dates   80   Prior Same SNF prior stay dates for Payment Ban Purposes					
	72 First/Last Visit 81 Antepartum Days at Reduced Level of Care					
	73 Benefit eligibility period M0 QIO/UR approved stay dates					
	74     Noncovered level of care/Leave of absence     M1     Provider liability - no utilization       75     SNF level of care     M2     Inpatient respite dates					
	76     Patient Liability Period     M3     ICF level of care					
	77 Provider Liability - Utilization Charged M4 Residential level of care					
Length:	2 Type: Alphanumeric Data Source: Claim					
Field 227:	OCCUR_SPAN_FROM_1					
<b>.</b> .	Occurrence Span From is the Beginning Date of Occurrence Event.					
Length:	8 Type: Alphanumeric Data Source: Claim					
Field 228:	OCCUR_SPAN_THRU_1					
L	Occurrence Span Thru is the Ending Date of Occurrence Event.					
Length:	8 Type: Alphanumeric Data Source: Claim					
Field 229:	OCCUR_SPAN_CODE_2					
<b>Coding Scheme:</b>	Code describing a significant event relating to the claim that may affect payer processing. Same as OCCUR_SPAN_CODE_1.					
Length:	2 Type: Alphanumeric Data Source: Claim					
Field 230:	OCCUR_SPAN_FROM_2					
Ticiu 250.	Occurrence Span From is the Beginning Date of Occurrence Event.					
Length:	8 Type: Alphanumeric Data Source: Claim					
Field 231:	OCCUR SPAN THRU 2					
- 1010 2011	Occurrence Span Thru is the Ending Date of Occurrence Event.					
Length:	8 Type: Alphanumeric Data Source: Claim					
2024						
202T	D 24					

Field 232:	OCCUR_SPAN_CODE_3						
	Code describing a significant event relating to the claim that may affect payer processing.						
<b>Coding Scheme:</b>	Same as OCCUR_SPAN_CODE_1.						
Length:	2 7	Туре:	Alphanumeric	Data Sou	rce:	Claim	
Field 233:	OCCUR SPAN FROM 3						
		_	oan From is the Be	ginning Da	te of Occ	urrence Event.	
Length:		Type:	Alphanumeric	Data Sou		Claim	
Field 234:			AN THRU 3				
1 1010 20 11	Occurrence Span Thru is the Ending Date of Occurrence Event.						
Length:		Type:	Alphanumeric	Data Sou		Claim	
Field 235:	OCCUR SPAN CODE 4					Cimili	
r iciu 2001		Code describing a significant event relating to the claim that may affect payer processing.					
<b>Coding Scheme:</b>			UR SPAN CODE			and that may affect payer processing.	
Length:		Type:	Alphanumeric	Data Sou	rea.	Claim	
				Data Sou	itt.	Claim	
Field 236:			AN_FROM_4	-:			
Longth		-	pan From is the Be				
Length:		Type:	Alphanumeric	Data Sou	rce:	Claim	
Field 237:		_	AN_THRU_4	1' D /	60		
<b>.</b> .			pan Thru is the End	e			
Length:		Type:	Alphanumeric	Data Sou	rce:	Claim	
Field 238:			CODE_1				
<b>a</b> 11 <b>a</b> 1			ng a condition rela	ting to the c		~ . ~	
<b>Coding Scheme:</b>		•	ervice related		83	C-section/Inductions 39 weeks or greater	
	1		is employment related vered by insurance not		84	Dialysis for Acute Kidney Injury (AKI)	
	113	reflected h			85	Delayed Recertification of Hospice Terminal Illness	
	04	Informatio	n only bill.		86	Additional Hemodialysis Treatment with Medical	
		Lien has b	-			Justification	
	1		een med ent in first 18 months o	of	A0	TRICARE external partnership program	
			t covered by EGHP		A1	EPSDT/CHAP	
			of non-terminal condition	ion for	A2	Physically handicapped children's program	
		hospice pa	y would not provide				
			n concerning other insu	irance	A3	Special Federal Funding	
		coverage	-				
			tient or spouse is emplo l/or spouse is employed		A4	Family planning	
		EGHP exis		i but no	A5	Disability	
	11	Disabled b	eneficiary but no LGH	Р	A6	Vaccines/Medicare 100% payment	
	(	coverage e				1 2	
		Patient is h	nomeless me retained		A9 AA	Second opinion surgery Abortion performed due to rape	
			ns mother's name		AB	Abortion performed due to incest	
			y requested billing		AC	Abortion performed due to serious fatal genetic defect,	
	20	Denenciar	y requested binning		AC	deformity, or abnormality	
	21	Billing for	denial notice		AD	Abortion performed due to life endangering physical condition	
						Abortion performed due to physical health of mother that	
	22	Patient on	multiple drug regimen		AE	is not life endangering	
	23	Home care	e giver available		AF	Abortion performed due to emotional/psychological	
	1		patient also receiving H	НΔ		health of mother	
	/4	services	patient also receiving H	11/4	AG	Abortion performed due to social or economic reasons	
	25	Patient is r	non-US resident		AH	Elective abortion	
			e patient chooses to rec		AI	Sterilization	
	:	services in	a Medicare certified fa	cility			

27	Patient referred to a sole community	AJ
	hospital for a diagnostic laboratory test	
28	Patient and/or spouse's EGHP is secondary to Medicare	AK
	Disabled beneficiary and/or family	
29	member's LGHP is secondary to	AL
	Medicare	
	Non-research services provided to	
30	patients enrolled in a qualified clinical	AM
21	trial	A 3 T
31	Patient is student (full time - day)	AN
32	Patient is student (cooperative/work study program)	B0
33	Patient is student (full time - night)	B1
34	Patient is student (part-time)	B4
36	General care patient in a special unit	BP
37	Ward accommodation at patient request	C1
38	Semi-private room not available	C2
39	Private room medically necessary	C3
40	Same day transfer	C4
41	Partial hospitalization	C5
42	Continuing care not related to inpatient admission	C6
	Continuing care not provided within	
43	prescribed post discharge window	C7
	Inpatient admission changed to	Do
44	outpatient	D0
45	Ambiguous Gender Category	D1
46	Non-availability statement on file	D3
47	Transfer from another Home Health	D4
• /	Agency	5.
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	D5
	Product replacement within product	
49	lifecycle	D6
50	Product Replacement for Known Recall	D7
50	of a Product	D7
51	Attestation of Unrelated Outpatient	D8
	Nondiagnostic Services	
52	Out of Hospice Service Area	D9
53	Initial placement of a medical device	DR
55	provided as part of a clinical trial or a free sample	DK
	No Skilled Home Health Visits in Billing	
54	Period. Policy Exception Documented at	E0
	the Home Health Agency	
55	SNF bed not available	G0
56	Medical appropriateness	H0
57	SNF readmission	H2
58	Terminated Medicare+Choice organization enrollee	H3
59	Non-primary ESRD facility	H4
60	Day outlier	H5
61	Cost outlier	P1
	Provider does not wish cost outlier	D7
66	payment	P7
67	Beneficiary elects not to use life time	R1
07	reserve (LTR) days	111
68	Beneficiary elects to use life time reserve	R2
	(LTR) days	
69	IME/DGME/N&AH Payment Only	R3
70	Self-administered anemia management	D 4
70	drug	R4

AJ	Payer responsible	for co-payment

- AK Air ambulance required
- AL Specialized treatment/bed unavailable
- AM Non-emergency medically necessary stretcher transport required
- AN Pre-admission screening not required
- B0 Medicare coordinated care demonstration claim
- B1 Beneficiary is ineligible for demonstration program
- B4 Admission unrelated to discharge on same day
- BP Gulf Oil Spill of 2010
- C1 Approved as billed
- C2 Automatic approval as billed based on focused review
- C3 Partial approval
- C4 Admission/services denied
- C5 Post payment review applicable
- C6 Admission Preauthorization
- C7 Extended Authorization
- D0 Changes to Service Dates
- D1 Changes to Charges
- D3 Second or Subsequent Interim PPS Bill
- D4 Change in clinical codes (ICD) for diagnosis and/or procedure codes.
- D5 Cancel to correct Insured's ID or Provider ID
- D6 Cancel Only to Repay a Duplicate or OIG Overpayment
- D7 Change to Make Medicare the Secondary Payer
- D8 Change to Make Medicare the Primary Payer
- D9 Any Other Change
- DR Disaster related
- E0 Changes in Patient Status
- G0 Distinct Medical Visit
- H0 Delayed Filing, Statement of Intent Submitted
- H2 Discharge by a Hospice Provider for Cause
- H3 Reoccurrence of GI Bleed Comorbid Category
- H4 Reoccurrence of Pneumonia Comorbid Category
- H5 Reoccurrence of Pericarditis Comorbid Category
- P1 Do not Resuscitate Order (DNR)
- P7 Direct Inpatient Admission from Emergency Room
- R1 Request for reopening Reason Code Mathematical or Computational Mistake
  - Request for reopening Reason Code -Inaccurate Data Entry
- R3 Request for reopening Reason Code Misapplication of a Fee Schedule
- R4 Request for reopening Reason Code Computer Errors

	71	De	Request for reopening Reason Code - Incorrectly
	71 Full care in unit	R5	Identified Duplicate Claim
	72 Self care in unit	R6	Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above
	73 Self care training	R7	Request for reopening Reason Code - Corrections other than clerical errors
	74 Home	R8	Request for reopening Reason Code - New and Material Evidence
	75 Home - 100% reimburseme	ent R9	Request for reopening Reason Code - Faulty Evidence
	76 Back-up in facility dialysis	WO	United Mine Workers of America (UMWA) Demonstration Indicator
	Provider accepts or is oblig	ated/required	Demonstration indicator
	77 due to a contractual arrange to accept payment by a prin payment	ement or law W2	Duplicate of Original Bill
	<ul><li>78 New coverage not impleme</li></ul>	ented by HMO W3	Level I Appeal
	79 CORF services provided of	fsite W4	Level II Appeal
	80 Home dialysis - nursing fac	•	Level III Appeal
	81 C-section/Inductions <39 W Medical Necessity	Veeks-	
	82 C-section/Inductions <39 V Elective	Veeks-	
Length:	2 Type: Alphanumer	ric Data Source:	Claim
Field 239:	CONDITION CODE 2		
	Code describing a condition	n relating to the claim.	
<b>Coding Scheme:</b>	Same as CONDITION CO		
Length:	2 Type: Alphanumer	_	Claim
Field 240:	CONDITION CODE 3		
11014 2101	Code describing a condition	relating to the claim	
<b>Coding Scheme:</b>	Same as CONDITION CO	-	
Length:	2 <b>Type:</b> Alphanumer	_	Claim
Field 241:	CONDITION CODE 4		
11010 - 111	Code describing a condition	relating to the claim.	
<b>Coding Scheme:</b>	Same as CONDITION CO	-	
Length:	2 Type: Alphanumer	—	Claim
Field 242:	CONDITION CODE 5		
	Code describing a condition	n relating to the claim.	
<b>Coding Scheme:</b>	Same as CONDITION CO	-	
Length:	2 Type: Alphanumer	—	Claim
Field 243:	CONDITION CODE 6		
	Code describing a condition	n relating to the claim.	
<b>Coding Scheme:</b>	Same as CONDITION CO		
Length:	2 <b>Type:</b> Alphanumer	ric Data Source:	Claim
Field 244:	CONDITION CODE 7		
	Code describing a condition	n relating to the claim.	
<b>Coding Scheme:</b>	Same as CONDITION CO	-	
Length:	2 Type: Alphanumer	ric Data Source:	Claim
Field 245:	CONDITION CODE 8		
	Code describing a condition	n relating to the claim.	
<b>Coding Scheme:</b>	Same as CONDITION CO		
Length:	2 <b>Type:</b> Alphanumer	—	Claim
Field 246:	VALUE CODE 1		
		(1) (1) (2) (2) (3)	
	Code describing informatio	n that may affect payer p	brocessing.
Coding Scheme:	01 Most common semi-private		Arterial blood gas
<b>Coding Scheme:</b>	•	e rate 58	

04	Inpatient professional component	60
•••	charges which are combined billed	00
	Professional component included in	
05	charges and also billed separately to	61
	carrier	
06	Blood deductible	66
08	Life time reserve amount in the first	67
00	calendar year	07
09	Coinsurance amount in the first calendar	68
0)	year	00
10	Lifetime reserve amount in the second	69
10	calendar year	0)
11	Coinsurance amount in the second	80
11	calendar year	00
12	Working aged beneficiary/spouse with	81
12	employer group health plan	01
	ESRD beneficiary in a Medicare	
13	coordination period with an employer	82
	group health plan	
14	No fault, including auto/other	83
15	Worker's compensation	84
16	Public health service (PHS) or other	A0
	federal agency	
21	Catastrophic	A1
22	Surplus	A2
23	Recurring monthly income	A3
24	Medicaid Rate Code	A4
25	Offset to the patient - payment amount -	A5
25	prescription drugs	AJ
26	Offset to the patient - payment amount -	A6
20	hearing and ear services	AU
27	Offset to the patient - payment amount -	A7
21	vision and eye services	$\Lambda$
28	Offset to the patient - payment amount -	A8
20	dental services	110
29	Offset to the patient - payment amount -	A9
	chiropractic services	119
30	Preadmission testing	AA
20	1 iouunioonin vooling	
31	Patient Liability Amount	AB
32	Multiple patient ambulance transport	B1
33	Offset to the patient - payment amount -	B2
	podiatric services	
34	Offset to the patient - payment amount -	B3
	other medical services	
35	Offset to the patient - payment amount -	B7
	health insurance premiums	
37	Units of blood furnished	BA
38	Blood deductible units	BB
20		C1
39	Units of blood replaced	C1
40	New coverage not implemented by HMO	C2
41	Black lung	C3
42	VA	C7
43	Disabled beneficiary under age 65 with	CA
	LGHP	
	Amount provider agreed to accept from	
44	primary payer when this amount is less	CB
	than charges but higher than payment received	
45	Accident hour	D3
43 46	Number of grace days	D3 D4
40 47	Any liability insurance	D4 D5
7/	Any hadning insurance	D5

50	HHA branch MSA
51	Place of Residence where service is furnished (HHA and hospice)
56	Medicaid spend down amount
57	Peritoneal dialysis
58	EPO-drug
59	State charity care percentage
30	Covered Days
31	Non-covered Days
32	Co-insurance Days
33	Lifetime Reserve Days
34	Shorter Duration Hemodialysis
A0	Special zip code reporting
A1	Deductible payer A
12	Coinsurance payer A
13	Estimated responsibility payer A
4	Covered self-administrable drugs - emergency
15	Covered self-administrable drugs - administrable in form and situation furnished to patient
46	Covered self-administrable drugs - diagnostic study and other
<b>A</b> 7	Co-payment payer A
48	Patient weight
49	Patient height
A	Regulatory surcharges, assessments, allowances or health care related taxes - payer A
В	Other assessments or allowances (e.g., medical education) - payer A
31	Deductible payer B
32	Coinsurance payer B
33	Estimated responsibility payer B
37	Co-payment payer B
BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
BB	Other assessments or allowances (e.g., medical education) - payer B
21	Deductible payer C
22	Coinsurance payer C
23	Estimated responsibility payer C
27	Co-payment payer C
CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C
СВ	Other assessments or allowances (e.g., medical education) - payer C
03	Patient estimated responsibility
04	Clinical Trial Number Assigned by NLM/NIH
05	Last Kt/V Reading

	48 Hemogle	obin reading	FC	Patient Paid Amount
	49 Hematoc	crit reading	FD	Credit Received from the Manufacturer for a Medical Device
	50 Physical	Therapy visits	G8	Facility where Inpatient Hospice Service is Delivered
	51 Occupati	ional Therapy visits	Y1	Part A Demonstration Payment
		Therapy visits	Y2	Part B Demonstration Payment
		rehab visits	Y3	Part B Coinsurance
		n birth weight in grams	Y4	Conventional Provider Payment
	-	ty threshold for charity c nurse - home visit hours	are Y5	Part B Deductible
		ealth aide - home visit ho	ours	
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 247:	VALUE AN	MOUNT 1		
			oint included) that may	be affected.
Length:	9 Type:	Numeric	Data Source:	Claim
Field 248:	VALUE CO		2	-
			at may affect payer pro	cessing
<b>Coding Scheme:</b>		LUE_CODE_1.	a may anote payer pro	cossing.
Length:	2 Type:	Alphanumeric	Data Source:	Claim
			Data Source.	Cialili
Field 249:	VALUE_AN		oint included) that may	the offerted
T an ath a			· ·	
Length:	9 <b>Type:</b>	Numeric	Data Source:	Claim
Field 250:	VALUE_CO		00	
		-	at may affect payer pro	cessing.
<b>Coding Scheme:</b>		LUE_CODE_1.		
Length:	<b>2 Type:</b>	Alphanumeric	Data Source:	Claim
Field 251:	VALUE_AN			
	Amount (in o	cents) that may be a	iffected.	
Length:	9 <b>Type:</b>	Numeric	Data Source:	Claim
Field 252:	VALUE_CO	DDE_4		
	Code describ	oing information the	at may affect payer pro	cessing.
<b>Coding Scheme:</b>		LUE CODE 1.		
Length:	2 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
Field 253:	VALUE AN	MOUNT 4		
	_	_	oint included) that may	be affected.
Length:	9 Type:	Numeric	Data Source:	Claim
Field 254:	VALUE_CO	DDE 5		
	YALUTY VA			
			at may affect payer pro	cessing.
Coding Scheme:	Code describ	oing information that	at may affect payer pro	cessing.
Coding Scheme: Length:	Code describ Same as VA	bing information the LUE_CODE_1.		-
Length:	Code describ Same as VA 2 <b>Type:</b>	bing information the LUE_CODE_1. Alphanumeric	at may affect payer pro Data Source:	cessing. Claim
-	Code describ Same as VA 2 Type: VALUE_AM	bing information that LUE_CODE_1. Alphanumeric MOUNT_5	Data Source:	Claim
Length: Field 255:	Code describ Same as VA 2 Type: VALUE_AM Amount (in o	bing information that LUE_CODE_1. Alphanumeric MOUNT_5 cents, no decimal po	Data Source:	Claim v be affected.
Length: Field 255: Length:	Code describ Same as VA 2 Type: VALUE_AN Amount (in o 9 Type:	bing information that LUE_CODE_1. Alphanumeric MOUNT_5 cents, no decimal po Numeric	Data Source:	Claim
Length: Field 255:	Code describ Same as VA 2 Type: VALUE_AM Amount (in a 9 Type: VALUE_CO	bing information tha LUE_CODE_1. Alphanumeric MOUNT_5 cents, no decimal po Numeric DDE_6	Data Source: Data Source: Data Source:	Claim v be affected. Claim
Length: Field 255: Length: Field 256:	Code describ Same as VA 2 Type: VALUE_AM Amount (in 0 9 Type: VALUE_CC Code describ	bing information that LUE_CODE_1. Alphanumeric MOUNT_5 cents, no decimal po Numeric DDE_6 bing information that	Data Source:	Claim v be affected. Claim
Length: Field 255: Length: Field 256: Coding Scheme:	Code describ Same as VA 2 Type: VALUE_AM Amount (in 6 9 Type: VALUE_CC Code describ Same as VA	bing information that LUE_CODE_1. Alphanumeric MOUNT_5 cents, no decimal po Numeric DDE_6 bing information that LUE_CODE_1.	Data Source: Doint included) that may Data Source: at may affect payer pro	Claim be affected. Claim cessing.
Length: Field 255: Length: Field 256: Coding Scheme: Length:	Code describ Same as VA 2 Type: VALUE_AM Amount (in o 9 Type: VALUE_CO Code describ Same as VA 2 Type:	bing information that LUE_CODE_1. Alphanumeric MOUNT_5 cents, no decimal po Numeric DDE_6 bing information that LUE_CODE_1. Alphanumeric	Data Source: Data Source: Data Source:	Claim v be affected. Claim
Length: Field 255: Length: Field 256: Coding Scheme:	Code describ Same as VA 2 Type: VALUE_AM Amount (in a 9 Type: VALUE_CC Code describ Same as VA 2 Type: VALUE_AM	bing information tha LUE_CODE_1. Alphanumeric MOUNT_5 cents, no decimal po Numeric DDE_6 bing information tha LUE_CODE_1. Alphanumeric MOUNT_6	Data Source: Data Source: Data Source: at may affect payer pro Data Source:	Claim v be affected. Claim cessing. Claim
Length: Field 255: Length: Field 256: Coding Scheme: Length: Field 257:	Code describ Same as VA 2 Type: VALUE_AM Amount (in 6 9 Type: VALUE_CC Code describ Same as VA 2 Type: VALUE_AM Amount (in 6	bing information tha LUE_CODE_1. Alphanumeric MOUNT_5 cents, no decimal por Numeric DDE_6 bing information tha LUE_CODE_1. Alphanumeric MOUNT_6 cents, no decimal por	Data Source: Data Source: Data Source: at may affect payer pro Data Source: Data Source: Data Source:	Claim v be affected. Claim cessing. Claim v be affected.
Length: Field 255: Length: Field 256: Coding Scheme: Length: Field 257: Length:	Code describ Same as VA 2 Type: VALUE_AM Amount (in o 9 Type: VALUE_CC Code describ Same as VA 2 Type: VALUE_AM Amount (in o 9 Type:	bing information tha LUE_CODE_1. Alphanumeric MOUNT_5 cents, no decimal po Numeric DDE_6 bing information tha LUE_CODE_1. Alphanumeric MOUNT_6 cents, no decimal po Numeric	Data Source: Data Source: Data Source: at may affect payer pro Data Source:	Claim v be affected. Claim cessing. Claim
Length: Field 255: Length: Field 256: Coding Scheme: Length: Field 257:	Code describ Same as VA 2 Type: VALUE_AM Amount (in 6 9 Type: VALUE_CC Code describ Same as VA 2 Type: VALUE_AM Amount (in 6 9 Type: VALUE_CC	bing information tha LUE_CODE_1. Alphanumeric MOUNT_5 cents, no decimal po Numeric DDE_6 bing information tha LUE_CODE_1. Alphanumeric MOUNT_6 cents, no decimal po Numeric DDE_7	Data Source: Data Source: Data Source: at may affect payer pro Data Source: Data Source: Data Source:	Claim be affected. Claim cessing. Claim be affected. Claim

Coding Schomor	Same as VALUE CODE 1.		
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 259:	VALUE AMOUNT 7	Data Source.	Ciuiii
r iciu 237.	Amount (in cents, no decimal poi	int included) that may	be affected
Length:	· · · · · ·	Data Source:	Claim
Field 260:	VALUE CODE 8	Dutu Sourcer	
11010 2000	Code describing information that	may affect payer pro	cessing
Coding Scheme:	Same as VALUE_CODE_1.	indy direct puyer pro	country.
Length:		Data Source:	Claim
Field 261:	VALUE AMOUNT 8		
	Amount (in cents, no decimal poi	int included) that may	be affected.
Length:		Data Source:	Claim
Field 262:	VALUE CODE 9		
	Code describing information that	may affect payer pro	cessing.
<b>Coding Scheme:</b>	-	5 1 5 1	5
Length:		Data Source:	Claim
Field 263:	VALUE AMOUNT 9		
	Amount (in cents, no decimal poi	int included) that may	be affected
Length:	9 Type: Numeric	Data Source:	Claim
Field 264:	VALUE CODE 10		
	Code describing information that	may affect payer pro	cessing.
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.		-
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 265:	VALUE_AMOUNT_10		
	Amount (in cents, no decimal poi	int included) that may	be affected.
Length:	9 Type: Numeric	<b>Data Source:</b>	Claim
Field 266:	VALUE_CODE_11		
	Code describing information that	may affect payer pro	cessing.
<b>Coding Scheme:</b>			
Length:		Data Source:	Claim
Field 267:	VALUE_AMOUNT_11		
	Amount (in cents, no decimal poi	· ·	
Length:	· 1	Data Source:	Claim
Field 268:	VALUE_CODE_12		
	Code describing information that	may affect payer pro	cessing.
0	Same as VALUE_CODE_1.		~
Length:	2 Type: Alphanumeric	Data Source:	Claim
<b>Field 269:</b>	VALUE_AMOUNT_12		
	Amount (in cents, no decimal poi	· ·	
Length:	9 Type: Numeric	Data Source:	Claim
Field 270:	PRIVATE_AMOUNT		
			nt. Calculated using MEDPAR algorithm.
Longth	· · · ·	<b>Data Source:</b>	es 0100-0219, revenue center 011X, 014X Calculated
Length:	¥ 1	Data Source:	Calculated
Field 271:	SEMI_PRIVATE_AMOUNT	riveta Deem Charge	Amount. Calculated using MEDPAR
	<b>U</b> 1	e	evenue codes 0100-0219, revenue center
	010X, 012X, 013X, 016X-019X	ges associated with it	
Length:	12 <b>Type:</b> Numeric	Data Source:	Calculated
Field 272:	WARD AMOUNT	> 0 001	
1 ICIU <i>2   2</i> .			

	Accommodation Charge, Ward Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 015X.					
I an ath i	· · ·	0		-		
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated		
Field 273:	ICU_AMOUNT Accommodation Charge, Intensive Care Unit Charge Amount. Calculated using MEDPAR					
				revenue codes 0100-0219, revenue center		
	020X.			······································		
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated		
Field 274:	CCU_AMOU					
				Amount. Calculated using MEDPAR		
	021X.	m (in cents) of cha	arges associated with	revenue codes 0100-0219, revenue center		
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated		
Field 275:	OTHER_AN	IOUNT				
				lculated using MEDPAR algorithm. Sum (in		
				than 0100-0219, revenue center 0002-0099,		
Length:	022X-024X, 0 12 <b>Type:</b>	Numeric	Data Source:	076X-078X, 090X-095X, 099X. Calculated		
Field 276:	PHARM AN		Data Source.	Calculated		
			macy Charge Amount	. Calculated using MEDPAR algorithm. Sum		
	· · · · · ·	harges associated	with revenue codes of	ther than 0100-0219, revenue center 025X,		
<b>.</b> .	026X, 063X.					
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated		
Field 277:	MEDSURG_ Ancillary Ser		ical/Surgical Supply (	Charge Amount. Calculated using MEDPAR		
				revenue codes other than 0100-0219, revenue		
	center 027X,		0			
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated		
Field 278:	DME_AMO					
	Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue					
		0292, 0294-0299.	arges associated with r	revenue codes other than 0100 0219, revenue		
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated		
Field 279:	USED_DME	-				
	Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-					
	0219, revenue		cents) of charges assoc	stated with revenue codes other than 0100-		
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated		
Field 280:	PT_AMOUN					
				Amount. Calculated using MEDPAR algorithm.		
	,	) of charges assoc	iated with revenue co	des other than 0100-0219, revenue center		
Length:	042X. 12 <b>Type:</b>	Numeric	Data Source:	Calculated		
Field 281:	OT AMOUN		Data Source.	Calculated		
11010 2011			pational Therapy Cha	rge Amount. Calculated using MEDPAR		
				revenue codes other than 0100-0219, revenue		
_	center 043X.					
Length:	12 Type:	Numeric	Data Source:	Calculated		
Field 282:	SPEECH_AN		ah Dathalam Chara-	Amount Coloulated using MEDDAD		
				Amount. Calculated using MEDPAR revenue codes other than 0100-0219, revenue		
	center 044X,	· · · ·		······································		

Length:	12 <b>Ty</b>	pe:	Numeric	Data Source:	Calculated		
Field 283:	IT_AMO						
	Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR						
	algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 041X, 046X.						
Length:	12 Ty		Numeric	Data Source:	Calculated		
Field 284:	BLOOD			Data Source.	Culculated		
Ticiu 204.		_		lood provided during the	e patient's stay. Calculated using MEDPAR		
					revenue codes other than 0100-0219, revenue		
	center 03		× /	6	,		
Length:	12 <b>Ty</b>	pe:	Numeric	<b>Data Source:</b>	Calculated		
Field 285:	BLOOD	AD	M_AMOUNT	ſ			
					ing related to the patient's stay. Calculated using		
				in cents) of charges asso	ciated with revenue codes other than 0100-		
L			center 039X.	Data Common	Calandatad		
Length: Field 286:	12 Ty		Numeric	Data Source:	Calculated		
rielu 280:	OR_AM			perating Room Charge	Amount. Calculated using MEDPAR algorithm.		
					bdes other than 0100-0219, revenue center		
	036X, 07						
Length:	12 <b>Ty</b>		Numeric	<b>Data Source:</b>	Calculated		
Field 287:	LITH_A	MO	UNT				
	Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum						
					other than 0100-0219, revenue center 079X.		
Length:	12 <b>Ty</b>		Numeric	Data Source:	Calculated		
Field 288:	CARD_A						
					nt. Calculated using MEDPAR algorithm. Sum		
	(10  cents) 073X.	) 01 CI	narges associa	ted with revenue codes c	other than 0100-0219, revenue center 048X,		
Length:	12 Ty	ne:	Numeric	Data Source:	Calculated		
Field 289:	ANES A						
	_			nesthesia Charge Amou	nt. Calculated using MEDPAR algorithm. Sum		
					other than 0100-0219, revenue center 037X.		
Length:	12 <b>Ty</b>	pe:	Numeric	<b>Data Source:</b>	Calculated		
Field 290:	LAB_AN	MOU	NT				
					nt. Calculated using MEDPAR algorithm. Sum		
				ted with revenue codes of	other than 0100-0219, revenue center 030X-		
Length:	031X, 07 12 <b>Ty</b>		Numeric	Data Source:	Calculated		
Field 291:	RAD A			Data Source.	Culculated		
11010 2711				adiology Charge Amour	t. Calculated using MEDPAR algorithm. Sum		
					other than 0100-0219, revenue center 028X,		
	032X-03	5X, 0	40X.				
Length:	12 <b>Ty</b>	pe:	Numeric	<b>Data Source:</b>	Calculated		
Field 292:	MRI_AN						
	-		-	-	culated using MEDPAR algorithm. Sum (in		
		-			r than 0100-0219, revenue center 061X.		
Length:	12 <b>Ty</b>		Numeric	Data Source:	Calculated		
Field 293:	OP_AM						
					e Amount. Calculated using MEDPAR revenue codes other than 0100-0219, revenue		
	center 04		· · · · ·	charges associated with	revenue codes other man 0100-0217, revenue		

Length:	12	Type:	Numeric	<b>Data Source:</b>	Calculated	
Field 294:	ER	AMOUN	T			
	Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR					
	algo	algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue				
	cent	er 045X.				
Length:	12	Type:	Numeric	Data Source:	Calculated	
Field 295:			CE_AMOUNT			
					nt. Calculated using MEDPAR algorithm. Sum	
Longth		,	-		ther than 0100-0219, revenue center 054X.	
Length: Field 296:	12	Type:	Numeric	Data Source:	Calculated	
rielu 290:			MOUNT	and Fas Charge A	mount. Calculated using MEDPAR algorithm.	
					des other than 0100-0219, revenue center	
		X-098X.	) of endiges assoc	lated with revenue co	des other than 0100 0219, revenue center	
Length:	12	Туре:	Numeric	Data Source:	Calculated	
Field 297:	OR	GAN AN				
				n Acquisition Charge	Amount. Calculated using MEDPAR	
	algo	rithm. Su	m (in cents) of cha	arges associated with	revenue codes other than 0100-0219, revenue	
	cent	er 081X,	089X.			
Length:	12	Туре:	Numeric	Data Source:	Calculated	
Field 298:		RD_AMO				
					Charge Amount. Calculated using MEDPAR	
					revenue codes other than 0100-0219, revenue	
Lauratha			082X-085X, 088X			
Length:	12 CU	Type:	Numeric	Data Source:	Calculated	
Field 299:		NIC_AM		a Visit Charge Amou	nt. Calculated using MEDPAR algorithm. Sum	
					ther than 0100-0219, revenue center 051X.	
Length:	12	Type:	Numeric	Data Source:	Calculated	
Field 300:		TAL CH		2		
		Sum (in cents) of accommodation charges, non-covered accommodation charges, ancillary charges,				
				Replaces TOTAL_CH		
Length:	12	Type:	Numeric	Data Source:	Claim	
Field 301:	TO	FAL_NO	N_COV_CHAR	GES		
	Sum	n (in cents		accommodation charg	es, non-covered ancillary charges.	
Length:	12	Type:	Numeric	<b>Data Source:</b>	Claim	
Field 302:			ARGES_ACCO			
_		<b>`</b>	/	ion-covered accommo	6	
Length:	12	Туре:	Numeric	Data Source:	Claim	
Field 303:		_		GES_ACCOMM		
<b>.</b> .				accommodations char	-	
Length:	12	Type:	Numeric	Data Source:	Claim	
Field 304:		_	ARGES_ANCIL		1	
Lauratha				non-covered ancillary	-	
Length:	12	Type:	Numeric	Data Source:	Claim	
Field 305:			N_COV_CHAR			
Longth.			) of non-covered a		Claim	
Length: Field 306:	12 INP	Type:	Numeric	Data Source:	Claim	
Field 306:		_	<b>NDICATOR</b> format of data as s	ubmitted		
<b>Coding Scheme:</b>		837 forma				
Coung Scheme.	0	057 1011114	•			

	D U	Data entry UB-04					
	U	format					
Length:	1	Type:	Alphanumeric	<b>Data Source:</b>	Claim		
Field 307:	EM	ERGENO	CY_DEPT_FLAG	n F			
	Indi	icator of en	nergency departm	ent visit			
<b>Coding Scheme:</b>	Y	visit was e	mergency related				
	Ν	Visit was	not emergency related				
Length:	1	Type:	Alphanumeric	<b>Data Source:</b>	Assigned		
Field 308:	DIS	<b>CHARG</b>	E				
	Dise	Discharge Quarter. Year and quarter of discharge. yyyyQn.					
	1st Quarter (YYYYQ1): 1st January-31st March of that corresponding year						
	2nd Quarter (YYYYQ2): 1st April – 30th June of that corresponding year						
	3rd Quarter (YYYYQ3): 1st July- 30th September of that corresponding year						
	4th	Quarter (Y	YYYQ4); 1st Oct	tober-31st December	of that corresponding year		
Length:	6	Туре:	- /	Data Source:	Assigned		

# **INPATIENT CHARGES DATA FILE**

Field 1:	RECO	ORD_ID		
	Recor	d Identification Number. Unique number	to identif	y the record within the research data file. Does
		-		RECORD ID in other Inpatient RDF files
Length:	12		Source:	Assigned
Field 2:	REVE	ENUE CODE		0
			dation an	cillary service or billing calculation related to t
		es being billed.	uation, an	entary service of offining calculation related to
a. P a. I	0100		0527	Encepton ding Clinic Visiting Numa Services(a) to a
Coding Scheme:	0100	All-inclusive room charges plus ancillary	0327	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area
	0101	All-inclusive room charges	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner
				Other non RHC/FQHC Site (e.g. Scene of Accident)
	0110	Room charges for private rooms - general	0529	Freestanding Clinic - other
	0111	Room charges for private rooms -	0530	Osteopathic service - general
		medical/surgical/GYN		
	0112	Room charges for private rooms - obstetrics	0531	Osteopathic service - therapy
	0113	Room charges for private rooms - pediatric	0539	Osteopathic service - other
	0114	Room charges for private rooms - psychiatric	0540	Ambulance service - general
	0115	Room charges for private rooms - hospice	0541	Ambulance service - supplies
	0116	Room charges for private rooms -	0542	Ambulance service - medical transport
	0117	detoxification	0542	
	0117	Room charges for private rooms - oncology	0543	Ambulance service - heart mobile
	0118	Room charges for private rooms - rehabilitation		Ambulance service - oxygen
	0119 0120	Room charges for private rooms - other Room charges for semi-private rooms - general	0545 0546	Ambulance service - air ambulance Ambulance service - neonatal
	0120	Room charges for semi-private rooms -	0540	Ambulance service - neonatar Ambulance service - pharmacy
	0121	medical/surgical/GYN	0347	Amoutance service - pharmacy
	0122	Room charges for semi-private rooms - obstetrics	0548	Ambulance service - telephone transmission EKG
	0123	Room charges for semi-private rooms - pediatric	0549	Ambulance service - other
	0124	Room charges for semi-private rooms - psychiatric	0550	Skilled nursing - general
	0125	Room charges for semi-private rooms - hospice	0551	Skilled nursing - visit charge
	0126	Room charges for semi-private rooms - detoxification	0552	Skilled nursing - hourly charge
	0127	Room charges for semi-private rooms - oncology	0559	Skilled nursing - other
	0128	Room charges for semi-private rooms - rehabilitation	0560	Medical social services - general
	0129	Room charges for semi-private rooms - other	0561	Medical social services - visit charge
	0130	Room charges for semi-private - 3/4 beds - rooms - general	0562	Medical social services - hourly charge
	0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0569	Medical social services - other
	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0570	Home health aide - general
	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0571	Home health aide - visit charge
	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0572	Home health aide - hourly charge
	0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0579	Home health aide - other
	0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0580	Other visits (home health) - general
	0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0581	Other visits (home health) - visit charge
	0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0582	Other visits (home health) - hourly charge
	0139	Room charges for semi-private - 3/4 beds - rooms - other	0583	Other visits (home health) - assessment

0140	Room charges for private (deluxe) rooms - general	0589	Ot
0141	Room charges for private (deluxe) rooms -	0590	Uı
0142	medical/surgical/GYN Room charges for private (deluxe) rooms -	0600	O
0143	obstetrics Room charges for private (deluxe) rooms - pediatric	0601	O
0144	Room charges for private (deluxe) rooms -	0602	O
0145	psychiatric Room charges for private (deluxe) rooms - hospice	0603	mi Oz mi
0146	Room charges for private (deluxe) rooms - detoxification	0604	O
0147	Room charges for private (deluxe) rooms - oncology	0609	O
0148	Room charges for private (deluxe) rooms - rehabilitation	0610	М
0149	Room charges for private (deluxe) rooms - other	0611	M (ir
0150	Room charges for ward rooms - general	0612	M (ir
0151	Room charges for ward rooms - medical/surgical/GYN	0614	M
0152	Room charges for ward rooms - obstetrics	0615	M ne
0153	Room charges for ward rooms - pediatric	0616	M
0154	Room charges for ward rooms - psychiatric	0618	M
0155	Room charges for ward rooms - hospice	0619	М
0156	Room charges for ward rooms - detoxification	0621	Μ
0157	Room charges for ward rooms - oncology	0622	M se
		0623	M
0158	Room charges for ward rooms - rehabilitation	0624	Μ
0159	Room charges for ward rooms - other	0631	Dı
0160	Room charges for other rooms - general	0632	Dı
0164	Room charges for other rooms – Sterile Environment	0633	Dı pr
0167	Room charges for other rooms – self care	0634	Dı 10
0169	Room charges for other rooms - other	0635	Dı me
0170	Room charges for nursery - general	0636	Dı co
0171	Room charges for nursery - newborn level I	0637	Dı
0172	Room charges for nursery - newborn level II	0640	He
0173	Room charges for nursery - newborn level III	0641	He
0174	Room charges for nursery - newborn level IV	0642	He
0179	Room charges for nursery - other	0643	He
0180	Room charges for LOA - general	0644	He
0182	Room charges for LOA - patient convenience-	0645	lin He
0183	charges billable Room charges for LOA - therapeutic leave	0646	ce Ho
0185	Room charges for LOA – nursing home (for	0647	lin He
0189	hospitalization) Room charges for LOA - other	0648	pe Ho
0100		0.640	pe
0190 0191	Room charges for subacute care - general Room charges for subacute care - Level I	0649 0650	Ho Ho
0192	(skilled care) Room charges for subacute care - Level II	0651	Н
0193	(comprehensive care) Room charges for subacute care - Level III	0652	Но
0194	(complex care) Room charges for subacute care - Level IV (intensive care)	0655	Н
0199	(intensive care) Room charges for subacute care - other	0656	Н

	Other visits (home health) - other
	Units of service (home health) - general
	Oxygen (home health) - general
	Oxygen (home health) - stat/equip/supply or contents
	Oxygen (home health) - stat/equip/supply under 1 liter per minute Oxygen (home health) - stat/equip/supply over 4 liters per
	minute
	Oxygen (home health) - portable add-in
	Oxygen (home health) - other
	Magnetic Resonance Technology (MRT) - MRI - general
	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
	Magnetic Resonance Technology (MRT) - MRI - other
	Magnetic Resonance Technology (MRT) - MRA – head and neck
	Magnetic Resonance Technology (MRT) - MRA – lower extremities
	Magnetic Resonance Technology (MRT) - MRA – other Magnetic Resonance Technology (MRT) - Other MRT
	Medical/surgical supplies - incident to radiology Medical/surgical supplies - incident to other diagnostic services
	Medical/surgical supplies - surgical dressings
	Medical/surgical supplies - FDA investigational devices Drugs requiring specific identification - single source Drugs requiring specific identification - multiple source Drugs requiring specific identification - restrictive
	prescription Drugs requiring specific identification - EPO, less than
	10,000 units Drugs requiring specific identification - EPO, 10,000 or
	more units Drugs requiring specific identification - requiring detailed
	coding Drugs requiring specific identification - self-administrable
	Home IV therapy services - general Home IV therapy services – non-routine nursing, central line
	Home IV therapy services - IV site care, central line Home IV therapy services - IV start/change, peripheral line
	Home IV therapy services – non-routine nursing, peripheral line
	Home IV therapy services - training patient/caregiver, central line
	Home IV therapy services - training, disabled patient, central line
	Home IV therapy services - training, patient/caregiver, peripheral
	Home IV therapy services - training, disabled patient,
1	peripheral Home IV therapy services - other Hospice services - general
	Hospice services - routine home care
	Hospice services - continuous home care
	Hospice services - inpatient respite care
	Hospice services - general inpatient care (non-respite)

0200			
0200	Room charges for intensive care - general	0657	Hospice services - physician services
0201	Room charges for intensive care - surgical	0658	Hospice services - room and board - nursing facility
0202	Room charges for intensive care - medical	0659	Hospice services - other
0202	6	0660	Respite care - general
	Room charges for intensive care - pediatric		
0204	Room charges for intensive care - psychiatric	0661	Respite care - hourly charge/skilled nursing
0206	Room charges for intensive care - intermediate	0662	Respite care - hourly charge/aide/homemaker/companion
	intensive care unit (ICU)		
0207	Room charges for intensive care - burn care	0663	Respite care - daily charge
0208	Room charges for intensive care - trauma	0669	Respite care - other
0208	•	0670	1
	Room charges for intensive care - other		Outpatient special residence - general
0210	Room charges for coronary care - general	0671	Outpatient special residence - hospital based
0211	Room charges for coronary care - myocardial	0672	Outpatient special residence - contracted
	infarction		
0212	Room charges for coronary care - pulmonary	0679	Outpatient special residence - other
	care		1 1
0213	Room charges for coronary care - heart	0681	Trauma response - level I
0215	6	0081	Trauma response - rever r
	transplant	0.000	<b>—</b> • • • •
0214	Room charges for coronary care - intermediate	0682	Trauma response - level II
	coronary care unit (CCU)		
0219	Room charges for coronary care - other	0683	Trauma response - level III
0220	Special charges - general	0684	Trauma response - level IV
0221	Special charges - admission charge	0689	Trauma response - other
			1
0222	Special charges - technical support charge	0690	Pre-hospice/Palliative Care Services - general
0223	Special charges - UR service charge	0691	Pre-hospice/Palliative Care Services – visit charge
0224	Special charges - late discharge, medically	0692	Pre-hospice/Palliative Care Services – hourly charge
	necessary		
0229	Special charges - other	0693	Pre-hospice/Palliative Care Services - evaluation
0230	Incremental nursing care - general	0694	Pre-hospice/Palliative Care Services – consultation and
0250	meremental hursing care - general	0074	-
			education
0231	Incremental nursing care - nursery	0695	Pre-hospice/Palliative Care Services – inpatient care
0232	Incremental nursing care - OB	0696	Pre-hospice/Palliative Care Services – physician services
0233	Incremental nursing care - ICU (includes	0699	Pre-hospice/Palliative Care Services - other
	transitional care)		1
0234	Incremental nursing care - CCU (includes	0700	Cast Room services - general
0254	transitional care)	0700	east Room services general
0005	· · · · · · · · · · · · · · · · · · ·	0	
0235	Incremental nursing care - hospice	0710	Recovery Room services - general
0239	Incremental nursing care - other	0720	Labor/Delivery Room services - general
0240	All-inclusive ancillary - general	0721	Labor/Delivery Room services - labor
0241	All-inclusive ancillary - basic	0722	Labor/Delivery Room services - delivery
0242	All-inclusive ancillary - comprehensive	0723	Labor/Delivery Room services - circumcision
0242	All-inclusive ancillary - specialty	0724	Labor/Delivery Room services - birthing center
0249	All-inclusive ancillary - other	0729	Labor/Delivery Room services - other
0250	Pharmacy - general	0730	EKG/ECG services - general
	Pharmacy - generic drugs	0731	EKG/ECG services - Holter monitor
0251			
		0732	
0252	Pharmacy – non-generic drugs	0732 0739	EKG/ECG services - telemetry
0252 0253	Pharmacy – non-generic drugs Pharmacy - take-home drugs	0739	EKG/ECG services - telemetry EKG/ECG services - other
0252	Pharmacy – non-generic drugs Pharmacy - take-home drugs Pharmacy - drugs incident to other diagnostic		EKG/ECG services - telemetry
0252 0253 0254	Pharmacy – non-generic drugs Pharmacy - take-home drugs Pharmacy - drugs incident to other diagnostic services	0739 0740	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general
0252 0253 0254 0255	Pharmacy – non-generic drugs Pharmacy - take-home drugs Pharmacy - drugs incident to other diagnostic services Pharmacy - drugs incident to radiology	0739 0740 0750	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general
0252 0253 0254 0255 0256	Pharmacy – non-generic drugs Pharmacy - take-home drugs Pharmacy - drugs incident to other diagnostic services Pharmacy - drugs incident to radiology Pharmacy - experimental drugs	0739 0740	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general
0252 0253 0254 0255 0256	Pharmacy – non-generic drugs Pharmacy - take-home drugs Pharmacy - drugs incident to other diagnostic services Pharmacy - drugs incident to radiology	0739 0740 0750	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general
0252 0253 0254 0255	Pharmacy – non-generic drugs Pharmacy - take-home drugs Pharmacy - drugs incident to other diagnostic services Pharmacy - drugs incident to radiology Pharmacy - experimental drugs	0739 0740 0750 0760	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment
0252 0253 0254 0255 0256 0257	Pharmacy – non-generic drugs Pharmacy - take-home drugs Pharmacy - drugs incident to other diagnostic services Pharmacy - drugs incident to radiology Pharmacy - experimental drugs Pharmacy - nonprescription	0739 0740 0750 0760 0761	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment Room
0252 0253 0254 0255 0256	Pharmacy – non-generic drugs Pharmacy - take-home drugs Pharmacy - drugs incident to other diagnostic services Pharmacy - drugs incident to radiology Pharmacy - experimental drugs	0739 0740 0750 0760	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment Room Specialty Room - Treatment/ Observation Room -
0252 0253 0254 0255 0256 0257 0258	Pharmacy – non-generic drugs Pharmacy - take-home drugs Pharmacy - drugs incident to other diagnostic services Pharmacy - drugs incident to radiology Pharmacy - drugs incident to radiology Pharmacy - experimental drugs Pharmacy - nonprescription Pharmacy - IV solutions	0739 0740 0750 0760 0761 0762	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment Room Specialty Room - Treatment/ Observation Room - Observation Room
0252 0253 0254 0255 0256 0257 0258 0259	Pharmacy – non-generic drugs Pharmacy - take-home drugs Pharmacy - drugs incident to other diagnostic services Pharmacy - drugs incident to radiology Pharmacy - drugs incident to radiology Pharmacy - experimental drugs Pharmacy - nonprescription Pharmacy - IV solutions Pharmacy - other	0739 0740 0750 0760 0761 0762 0769	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment Room Specialty Room - Treatment/ Observation Room - Observation Room Treatment or observation room services - other
0252 0253 0254 0255 0256 0257 0258	Pharmacy – non-generic drugs Pharmacy - take-home drugs Pharmacy - drugs incident to other diagnostic services Pharmacy - drugs incident to radiology Pharmacy - drugs incident to radiology Pharmacy - experimental drugs Pharmacy - nonprescription Pharmacy - IV solutions Pharmacy - other IV Therapy - general	0739 0740 0750 0760 0761 0762	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment Room Specialty Room - Treatment/ Observation Room - Observation Room
0252 0253 0254 0255 0256 0257 0258 0259	Pharmacy – non-generic drugs Pharmacy - take-home drugs Pharmacy - drugs incident to other diagnostic services Pharmacy - drugs incident to radiology Pharmacy - drugs incident to radiology Pharmacy - experimental drugs Pharmacy - nonprescription Pharmacy - IV solutions Pharmacy - other	0739 0740 0750 0760 0761 0762 0769	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment Room Specialty Room - Treatment/ Observation Room - Observation Room Treatment or observation room services - other
0252 0253 0254 0255 0256 0257 0258 0259 0260	Pharmacy – non-generic drugs Pharmacy - take-home drugs Pharmacy - drugs incident to other diagnostic services Pharmacy - drugs incident to radiology Pharmacy - drugs incident to radiology Pharmacy - experimental drugs Pharmacy - nonprescription Pharmacy - IV solutions Pharmacy - IV solutions Pharmacy - other IV Therapy - general IV Therapy - infusion pump	0739 0740 0750 0760 0761 0762 0769 0770	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment Room Specialty Room - Treatment/ Observation Room - Observation Room Treatment or observation room services - other Preventive care services - general Preventive care services - vaccine administration
0252 0253 0254 0255 0256 0257 0258 0259 0260 0261 0262	<ul> <li>Pharmacy – non-generic drugs</li> <li>Pharmacy - take-home drugs</li> <li>Pharmacy - drugs incident to other diagnostic services</li> <li>Pharmacy - drugs incident to radiology</li> <li>Pharmacy - experimental drugs</li> <li>Pharmacy - nonprescription</li> <li>Pharmacy - IV solutions</li> <li>Pharmacy - other</li> <li>IV Therapy - general</li> <li>IV Therapy - infusion pump</li> <li>IV Therapy - pharmacy services</li> </ul>	0739 0740 0750 0760 0761 0762 0769 0770 0771 0780	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment Room Specialty Room - Treatment/ Observation Room - Observation Room Treatment or observation room services - other Preventive care services - general Preventive care services - general Preventive care services - general
0252 0253 0254 0255 0256 0257 0258 0259 0260 0261 0262 0263	<ul> <li>Pharmacy – non-generic drugs</li> <li>Pharmacy - take-home drugs</li> <li>Pharmacy - drugs incident to other diagnostic services</li> <li>Pharmacy - drugs incident to radiology</li> <li>Pharmacy - experimental drugs</li> <li>Pharmacy - nonprescription</li> <li>Pharmacy - IV solutions</li> <li>Pharmacy - other</li> <li>IV Therapy - general</li> <li>IV Therapy - infusion pump</li> <li>IV Therapy - pharmacy services</li> <li>IV Therapy - drug/supply delivery</li> </ul>	0739 0740 0750 0760 0761 0762 0769 0770 0771 0780 0790	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment Room Specialty Room - Treatment/ Observation Room - Observation Room Treatment or observation room services - other Preventive care services - general Preventive care services - general Preventive care services - general Extra-corporeal shockwave therapy - general
0252 0253 0254 0255 0256 0257 0258 0259 0260 0261 0262 0263 0264	<ul> <li>Pharmacy – non-generic drugs</li> <li>Pharmacy - take-home drugs</li> <li>Pharmacy - drugs incident to other diagnostic services</li> <li>Pharmacy - drugs incident to radiology</li> <li>Pharmacy - experimental drugs</li> <li>Pharmacy - nonprescription</li> <li>Pharmacy - IV solutions</li> <li>Pharmacy - other</li> <li>IV Therapy - general</li> <li>IV Therapy - pharmacy services</li> <li>IV Therapy - drug/supply delivery</li> <li>IV Therapy - supplies</li> </ul>	0739 0740 0750 0760 0761 0762 0769 0770 0771 0780 0790 0800	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment Room Specialty Room - Treatment/ Observation Room - Observation Room Treatment or observation room services - other Preventive care services - general Preventive care services - general Preventive care services - general Extra-corporeal shockwave therapy - general Inpatient renal dialysis services - general
0252 0253 0254 0255 0256 0257 0258 0259 0260 0261 0262 0263 0264 0269	<ul> <li>Pharmacy – non-generic drugs</li> <li>Pharmacy - take-home drugs</li> <li>Pharmacy - drugs incident to other diagnostic services</li> <li>Pharmacy - drugs incident to radiology</li> <li>Pharmacy - drugs incident to radiology</li> <li>Pharmacy - experimental drugs</li> <li>Pharmacy - nonprescription</li> <li>Pharmacy - IV solutions</li> <li>Pharmacy - other</li> <li>IV Therapy - general</li> <li>IV Therapy - pharmacy services</li> <li>IV Therapy - drug/supply delivery</li> <li>IV Therapy - drug/supply delivery</li> <li>IV Therapy - other</li> </ul>	0739 0740 0750 0760 0761 0762 0769 0770 0771 0780 0790 0800 0801	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment Room Specialty Room - Treatment/ Observation Room - Observation Room Treatment or observation room services - other Preventive care services - general Preventive care services - general Preventive care services - general Extra-corporeal shockwave therapy - general Inpatient renal dialysis services - hemodialysis
0252 0253 0254 0255 0256 0257 0258 0259 0260 0261 0262 0263 0264 0269 0270	<ul> <li>Pharmacy – non-generic drugs</li> <li>Pharmacy - take-home drugs</li> <li>Pharmacy - drugs incident to other diagnostic services</li> <li>Pharmacy - drugs incident to radiology</li> <li>Pharmacy - drugs incident to radiology</li> <li>Pharmacy - experimental drugs</li> <li>Pharmacy - nonprescription</li> <li>Pharmacy - nonprescription</li> <li>Pharmacy - IV solutions</li> <li>Pharmacy - other</li> <li>IV Therapy - general</li> <li>IV Therapy - pharmacy services</li> <li>IV Therapy - drug/supply delivery</li> <li>IV Therapy - supplies</li> <li>IV Therapy - other</li> <li>Medical surgical supplies and devices - general</li> </ul>	0739 0740 0750 0760 0761 0762 0769 0770 0771 0780 0790 0800 0801 0802	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment Room Specialty Room - Treatment/ Observation Room - Observation Room Treatment or observation room services - other Preventive care services - general Preventive care services - general Preventive care services - general Preventive care services - general Extra-corporeal shockwave therapy - general Inpatient renal dialysis services - general Inpatient renal dialysis services - peritoncal (non-CAPD)
0252 0253 0254 0255 0256 0257 0258 0259 0260 0261 0262 0263 0264 0269	<ul> <li>Pharmacy – non-generic drugs</li> <li>Pharmacy - take-home drugs</li> <li>Pharmacy - drugs incident to other diagnostic services</li> <li>Pharmacy - drugs incident to radiology</li> <li>Pharmacy - drugs incident to radiology</li> <li>Pharmacy - experimental drugs</li> <li>Pharmacy - nonprescription</li> <li>Pharmacy - IV solutions</li> <li>Pharmacy - other</li> <li>IV Therapy - general</li> <li>IV Therapy - pharmacy services</li> <li>IV Therapy - drug/supply delivery</li> <li>IV Therapy - drug/supply delivery</li> <li>IV Therapy - other</li> </ul>	0739 0740 0750 0760 0761 0762 0769 0770 0771 0780 0790 0800 0801	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment Room Specialty Room - Treatment/ Observation Room - Observation Room Treatment or observation room services - other Preventive care services - general Preventive care services - general Preventive care services - general Extra-corporeal shockwave therapy - general Inpatient renal dialysis services - hemodialysis
0252 0253 0254 0255 0256 0257 0258 0259 0260 0261 0262 0263 0264 0269 0270	<ul> <li>Pharmacy – non-generic drugs</li> <li>Pharmacy - take-home drugs</li> <li>Pharmacy - drugs incident to other diagnostic services</li> <li>Pharmacy - drugs incident to radiology</li> <li>Pharmacy - drugs incident to radiology</li> <li>Pharmacy - experimental drugs</li> <li>Pharmacy - nonprescription</li> <li>Pharmacy - nonprescription</li> <li>Pharmacy - IV solutions</li> <li>Pharmacy - other</li> <li>IV Therapy - general</li> <li>IV Therapy - pharmacy services</li> <li>IV Therapy - drug/supply delivery</li> <li>IV Therapy - supplies</li> <li>IV Therapy - other</li> <li>Medical surgical supplies and devices - general</li> </ul>	0739 0740 0750 0760 0761 0762 0769 0770 0771 0780 0790 0800 0801 0802	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment Room Specialty Room - Treatment/ Observation Room - Observation Room Treatment or observation room services - other Preventive care services - general Preventive care services - general Preventive care services - general Extra-corporeal shockwave therapy - general Inpatient renal dialysis services - general Inpatient renal dialysis services - peritoneal (non-CAPD) Inpatient renal dialysis services - continuous ambulatory
0252 0253 0254 0255 0256 0257 0258 0259 0260 0261 0262 0263 0264 0269 0270 0271	<ul> <li>Pharmacy – non-generic drugs</li> <li>Pharmacy - take-home drugs</li> <li>Pharmacy - drugs incident to other diagnostic services</li> <li>Pharmacy - drugs incident to radiology</li> <li>Pharmacy - experimental drugs</li> <li>Pharmacy - nonprescription</li> <li>Pharmacy - nonprescription</li> <li>Pharmacy - IV solutions</li> <li>Pharmacy - other</li> <li>IV Therapy - general</li> <li>IV Therapy - pharmacy services</li> <li>IV Therapy - drug/supply delivery</li> <li>IV Therapy - other</li> <li>IV Therapy - other</li> <li>IV Therapy - drug/supply delivery</li> <li>IV Therapy - other</li> <li>Medical surgical supplies and devices - general</li> <li>Medical surgical supplies and devices - nonsterile</li> </ul>	0739 0740 0750 0760 0761 0762 0769 0770 0771 0780 0770 0771 0780 0790 0800 0800 0801 0802 0803	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment Room Specialty Room - Treatment/ Observation Room - Observation Room Treatment or observation room services - other Preventive care services - general Preventive care services - general Preventive care services - general Extra-corporeal shockwave therapy - general Inpatient renal dialysis services - general Inpatient renal dialysis services - peritoneal (non-CAPD) Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0252 0253 0254 0255 0256 0257 0258 0259 0260 0261 0262 0263 0264 0269 0270	<ul> <li>Pharmacy – non-generic drugs</li> <li>Pharmacy - take-home drugs</li> <li>Pharmacy - drugs incident to other diagnostic services</li> <li>Pharmacy - drugs incident to radiology</li> <li>Pharmacy - drugs incident to radiology</li> <li>Pharmacy - experimental drugs</li> <li>Pharmacy - nonprescription</li> <li>Pharmacy - nonprescription</li> <li>Pharmacy - IV solutions</li> <li>Pharmacy - other</li> <li>IV Therapy - general</li> <li>IV Therapy - infusion pump</li> <li>IV Therapy - pharmacy services</li> <li>IV Therapy - drug/supply delivery</li> <li>IV Therapy - supplies</li> <li>IV Therapy - other</li> <li>Medical surgical supplies and devices - general</li> <li>Medical surgical supplies and devices -</li> </ul>	0739 0740 0750 0760 0761 0762 0769 0770 0771 0780 0790 0800 0801 0802	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment Room Specialty Room - Treatment/ Observation Room - Observation Room Treatment or observation room services - other Preventive care services - general Preventive care services - general Preventive care services - general Extra-corporeal shockwave therapy - general Inpatient renal dialysis services - general Inpatient renal dialysis services - general Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD) Inpatient renal dialysis services - continuous cycling
0252 0253 0254 0255 0256 0257 0258 0259 0260 0261 0262 0263 0264 0262 0263 0264 0269 0270 0271	<ul> <li>Pharmacy – non-generic drugs</li> <li>Pharmacy - take-home drugs</li> <li>Pharmacy - drugs incident to other diagnostic services</li> <li>Pharmacy - drugs incident to radiology</li> <li>Pharmacy - drugs incident to radiology</li> <li>Pharmacy - experimental drugs</li> <li>Pharmacy - nonprescription</li> <li>Pharmacy - IV solutions</li> <li>Pharmacy - other</li> <li>IV Therapy - general</li> <li>IV Therapy - pharmacy services</li> <li>IV Therapy - drug/supply delivery</li> <li>IV Therapy - other</li> <li>IV Therapy - other</li> <li>IV Therapy - supplies</li> <li>IV Therapy - other</li> <li>Medical surgical supplies and devices - general</li> <li>Medical surgical supplies and devices - sterile</li> </ul>	0739 0740 0750 0760 0761 0762 0769 0770 0771 0780 0790 0800 0801 0802 0803 0804	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment Room Specialty Room - Treatment/ Observation Room - Observation Room Treatment or observation room services - other Preventive care services - general Preventive care services - general Preventive care services - general Extra-corporeal shockwave therapy - general Inpatient renal dialysis services - general Inpatient renal dialysis services - peritoneal (non-CAPD) Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD) Inpatient renal dialysis (CAPD)
0252 0253 0254 0255 0256 0257 0258 0259 0260 0261 0262 0263 0264 0269 0270 0271	<ul> <li>Pharmacy – non-generic drugs</li> <li>Pharmacy - take-home drugs</li> <li>Pharmacy - drugs incident to other diagnostic services</li> <li>Pharmacy - drugs incident to radiology</li> <li>Pharmacy - experimental drugs</li> <li>Pharmacy - nonprescription</li> <li>Pharmacy - nonprescription</li> <li>Pharmacy - IV solutions</li> <li>Pharmacy - other</li> <li>IV Therapy - general</li> <li>IV Therapy - pharmacy services</li> <li>IV Therapy - drug/supply delivery</li> <li>IV Therapy - other</li> <li>IV Therapy - other</li> <li>IV Therapy - other</li> <li>Medical surgical supplies and devices - general</li> <li>Medical surgical supplies and devices - sterile</li> <li>Medical surgical supplies and devices - take-</li> </ul>	0739 0740 0750 0760 0761 0762 0769 0770 0771 0780 0770 0771 0780 0790 0800 0800 0801 0802 0803	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment Room Specialty Room - Treatment/ Observation Room - Observation Room Treatment or observation room services - other Preventive care services - general Preventive care services - general Preventive care services - general Extra-corporeal shockwave therapy - general Inpatient renal dialysis services - general Inpatient renal dialysis services - general Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD) Inpatient renal dialysis services - continuous cycling
0252 0253 0254 0255 0256 0257 0258 0259 0260 0261 0262 0263 0264 0263 0264 0269 0270 0271 0272 0273	<ul> <li>Pharmacy – non-generic drugs</li> <li>Pharmacy - take-home drugs</li> <li>Pharmacy - drugs incident to other diagnostic services</li> <li>Pharmacy - drugs incident to radiology</li> <li>Pharmacy - experimental drugs</li> <li>Pharmacy - nonprescription</li> <li>Pharmacy - IV solutions</li> <li>Pharmacy - other</li> <li>IV Therapy - general</li> <li>IV Therapy - pharmacy services</li> <li>IV Therapy - drug/supply delivery</li> <li>IV Therapy - other</li> <li>Medical surgical supplies and devices - general</li> <li>Medical surgical supplies and devices - sterile</li> <li>Medical surgical supplies and devices - take-home</li> </ul>	0739 0740 0750 0760 0761 0762 0769 0770 0771 0780 0790 0800 0801 0802 0803 0804 0809	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment Room Specialty Room - Treatment/ Observation Room - Observation Room Treatment or observation room services - other Preventive care services - general Preventive care services - general Extra-corporeal shockwave therapy - general Inpatient renal dialysis services - general Inpatient renal dialysis services - peritoneal (non-CAPD) Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD) Inpatient renal dialysis services - continuous cycling peritoneal dialysis services - other
0252 0253 0254 0255 0256 0257 0258 0259 0260 0261 0262 0263 0264 0262 0263 0264 0269 0270 0271	<ul> <li>Pharmacy – non-generic drugs</li> <li>Pharmacy - take-home drugs</li> <li>Pharmacy - drugs incident to other diagnostic services</li> <li>Pharmacy - drugs incident to radiology</li> <li>Pharmacy - drugs incident to radiology</li> <li>Pharmacy - experimental drugs</li> <li>Pharmacy - nonprescription</li> <li>Pharmacy - nonprescription</li> <li>Pharmacy - IV solutions</li> <li>Pharmacy - other</li> <li>IV Therapy - general</li> <li>IV Therapy - pharmacy services</li> <li>IV Therapy - drug/supply delivery</li> <li>IV Therapy - other</li> <li>Medical surgical supplies and devices - general</li> <li>Medical surgical supplies and devices - sterile</li> <li>Medical surgical supplies and devices - take-home</li> <li>Medical surgical supplies and devices -</li> </ul>	0739 0740 0750 0760 0761 0762 0769 0770 0771 0780 0790 0800 0801 0802 0803 0804	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment Room Specialty Room - Treatment/ Observation Room - Observation Room Treatment or observation room services - other Preventive care services - general Preventive care services - general Preventive care services - general Extra-corporeal shockwave therapy - general Inpatient renal dialysis services - general Inpatient renal dialysis services - peritoneal (non-CAPD) Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD) Inpatient renal dialysis (CAPD)
0252 0253 0254 0255 0256 0257 0258 0259 0260 0261 0262 0263 0264 0263 0264 0269 0270 0271 0272 0273	<ul> <li>Pharmacy – non-generic drugs</li> <li>Pharmacy - take-home drugs</li> <li>Pharmacy - drugs incident to other diagnostic services</li> <li>Pharmacy - drugs incident to radiology</li> <li>Pharmacy - experimental drugs</li> <li>Pharmacy - nonprescription</li> <li>Pharmacy - IV solutions</li> <li>Pharmacy - other</li> <li>IV Therapy - general</li> <li>IV Therapy - pharmacy services</li> <li>IV Therapy - drug/supply delivery</li> <li>IV Therapy - other</li> <li>Medical surgical supplies and devices - general</li> <li>Medical surgical supplies and devices - sterile</li> <li>Medical surgical supplies and devices - take-home</li> </ul>	0739 0740 0750 0760 0761 0762 0769 0770 0771 0780 0790 0800 0801 0802 0803 0804 0809	EKG/ECG services - telemetry EKG/ECG services - other EEG services - general Gastrointestinal services - general Treatment or observation room services - general Specialty Room - Treatment/ Observation Room - Treatment Room Specialty Room - Treatment/ Observation Room - Observation Room Treatment or observation room services - other Preventive care services - general Preventive care services - general Extra-corporeal shockwave therapy - general Inpatient renal dialysis services - general Inpatient renal dialysis services - peritoneal (non-CAPD) Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD) Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD) Inpatient renal dialysis services - other

0275	Medical surgical supplies and devices - pacemaker	0811	Ace
0276	Medical surgical supplies and devices -	0812	Ace
0277	intraocular lens (IOL) Medical surgical supplies and devices - oxygen - take-home	0813	Ace
0278	- take-nome Medical surgical supplies and devices - other implants	0814	Aco sea
0279	Medical surgical supplies and devices - other	0815	Ace
0279	Oncology - general	0819	Ac
0280	Oncology - other	0820	Hei
0290	DME - general	0820	Hei
0290	DME - rental	0821	Hei
0292	DME - purchase of new	0822	Hei
0292	DME - purchase of used	0824	Hei
0293	DME - supplies/drugs for DME effectiveness	0825	Hei
0299	DME - other equipment	0826	Hei
02//		0020	(eff
0300	Laboratory - general	0829	Her
0301	Laboratory - chemistry	0830	Per
0302	Laboratory - immunology	0831	Per
			rate
0303	Laboratory - renal patient (home)	0832	Per
0304	Laboratory – non-routine dialysis	0833	Per
0305	Laboratory - hemotology	0834	Per
0306	Laboratory - bacteriology and microbiology	0835	Per
0307	Laboratory - urology	0839	Per
0309	Laboratory - other	0840	CA
0310	Laboratory pathological - general	0841	CA
0311	Laboratory pathological - cytology	0842	CA
0312	Laboratory pathological - histology	0843	CA
0314	Laboratory pathological - biopsy	0844	CA
0319	Laboratory pathological - other	0845	CA
0320	Radiology - diagnostic - general	0849	CA
0321	Radiology - diagnostic - angiocardiography	0850	CC
0322	Radiology - diagnostic - arthrography	0851	CC
0323	Radiology - diagnostic - arteriography	0852	CC
0324	Radiology - diagnostic - chest x-ray	0853	CC
0329	Radiology - diagnostic - other	0854	CC
0330	Radiology - therapeutic and/or chemotherapy administration - general	0855	CC
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected	0859	CC
0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral	0860	Ma
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy	0861	Ma
0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0880	Mis
0339	Radiology - therapeutic and/or chemotherapy administration - other	0881	Mis
0340	Nuclear medicine - general	0882	Mis
0341	Nuclear medicine - diagnostic procedures	0889	Mis
0342	Nuclear medicine - therapeutic procedures	0900	Bel
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0901	Bel
0344	Nuclear medicine - therapeutic radiopharmaceuticals	0902	Bel
0349	Nuclear medicine - other	0903	Bel
0350	CT scan - general	0904	Bel
0351	CT scan - head	0905	Bel serv
0352	CT scan - body	0906	Bel
0359	CT scan - other	0907	Bel
0360	Operating room services - general	0911	Bel
0361	Operating room services - minor surgery	0912	Bel

11	Acquisition of body components - living donor
12	Acquisition of body components - cadaver donor
13	Acquisition of body components - unknown donor
14	Acquisition of body components - unsuccessful organ search-donor bank charges
15	
15	Acquisition of body components - stem cells- allogeneic
19	Acquisition of body components - other donor
20	Hemodialysis - outpatient or home - general
21	Hemodialysis - outpatient or home - composite or other rate
22	Hemodialysis - outpatient or home - home supplies
23	Hemodialysis - outpatient or home – home equipment
24	Hemodialysis - outpatient or home – maintenance 100%
2 <del>4</del> 25	
	Hemodialysis - outpatient or home - support services
26	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
29	Hemodialysis - outpatient or home - other
30	Peritoneal dialysis - outpatient or home - general
31	Peritoneal dialysis - outpatient or home - composite or other
	rate
22	
32	Peritoneal dialysis - outpatient or home – home supplies
33	Peritoneal dialysis - outpatient or home – home equipment
34	Peritoneal dialysis - outpatient or home - maintenance 100%
35	Peritoneal dialysis - outpatient or home - support services
39	Peritoneal dialysis - outpatient or home - other
40	CAPD - outpatient or home - general
41	CAPD - outpatient or home - composite or other rate
42	CAPD - outpatient or home – home supplies
43	
	CAPD - outpatient or home – home equipment
44	CAPD - outpatient or home – maintenance 100%
45	CAPD - outpatient or home - support services
49	CAPD - outpatient or home - other
50	CCPD - outpatient or home - general
51	CCPD - outpatient or home - composite or other rate
52	CCPD - outpatient or home - home supplies
53	CCPD - outpatient or home - home equipment
54	CCPD - outpatient or home - maintenance 100%
55	CCPD - outpatient of home - support services
55	CCI D - outpatient of nome - support services
59	CCPD - outpatient or home - other
60	Magnetoencephalography (MEG) - General
61	Magnetoencephalography (MEG) - MEG
80	Miscellaneous dialysis - general
81	Miscellaneous dialysis - ultrafiltration
82	Miscellaneous dialysis - home aide visit
89	Miscellaneous dialysis - other
00	Behavior health treatments/services - general
01	Behavior health treatments/services - electroshock
02	Behavior health treatments/services - milieu therapy
03	Behavioral health treatments/services - play therapy
04	Behavior health treatments/services - activity therapy
05	Behavior health treatments/services - intensive outpatient
	services - psychiatric
06	Behavior health treatments/services - intensive outpatient
00	services - chemical dependency
07	
07	Behavior health treatments/services - community behavioral
11	health program
11	Behavior health treatment/services - rehabilitation
12	Behavior health treatment/services - partial hospitalization -
	less intensive

0362	Operating room services - organ transplant	0913	Behavior health treatment/services - partial hospitalization -
0302	other than kidney	0915	intensive
0367	Operating room services - kidney transplant	0914	Behavior health treatment/services - individual therapy
0369	Operating room services - other	0915	Behavior health treatment/services - group therapy
0370	Anesthesia - general	0916	Behavior health treatment/services - family therapy
0371	Anesthesia - incident to radiology	0917	Behavior health treatment/services - biofeedback
0372	Anesthesia - incident to other diagnostic	0918	Behavior health treatment/services - testing
0274	services	0919	Behavior health treatment/services - other
0374 0379	Anesthesia - acupuncture Anesthesia - other	0919	Other diagnostic services - general
0379	Blood - general	0920	Other diagnostic services - general Other diagnostic services - peripheral vascular lab
0381	Blood - packed red cells	0922	Other diagnostic services - electromyogram
0382	Blood - whole blood	0923	Other diagnostic services - pap smear
0383	Blood - plasma	0924	Other diagnostic services - allergy test
0384	Blood - platelets	0925	Other diagnostic services - pregnancy test
0385	Blood - leukocytes	0929	Other diagnostic services - other
0386	Blood - other components	0931	Medical rehabilitation day program - half day
0387	Blood - other derivatives (cryoprecipitate)	0932	Medical rehabilitation day program - full day
0389	Blood - other	0940	Other therapeutic services - general
0390	Blood and blood component administration,	0941	Other therapeutic services - recreational therapy
0201	storage and processing - general	0942	Other theremouting appricage advection /twoining
0391	Blood and blood component administration, storage and processing - administration	0942	Other therapeutic services - education/training
0392	Blood and blood component administration,	0943	Other therapeutic services - cardiac rehabilitation
0372	storage and processing – processing and storage	0745	Other therapeutic services - cardiac rehabilitation
0399	Blood and blood component administration,	0944	Other therapeutic services - drug rehabilitation
	storage and processing - other		1 8
0400	Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
0401	Other imaging services - diagnostic	0946	Other therapeutic services - complex medical equipment -
	mammography		routine
0402	Other imaging services - ultrasound	0947	Other therapeutic services - complex medical equipment -
			ancillary
0403	Other imaging services - screening	0948	Other therapeutic services – pulmonary rehabilitation
0404	mammography Other imaging services - PET	0040	Other the second is a second second second second
0404 0409	Other imaging services - PET	0949 0951	Other therapeutic services - other Other therapeutic services – athletic training
0409 0410	Respiratory services - general	0951	Other therapeutic services – atmetic training Other therapeutic services - kinesiotherapy
0410	Respiratory services - inhalation	0953	Other therapeutic services – chemical dependency (drug and
0412	Respiratory services minutation	0755	alcohol)
0413	Respiratory services - hyperbaric oxygen	0960	Professional fees - general
	therapy		8
0419	Respiratory services - other	0961	Professional fees - psychiatric
0420	Physical therapy - general	0962	Professional fees - ophthalmology
0421	Physical therapy - visit charge	0963	Professional fees - anesthesiologist (MD)
0422	Physical therapy - hourly charge	0964	Professional fees - anesthetist (CRNA)
0423	Physical therapy - group rate	0969	Professional fees - other
0424	Physical therapy - evaluation or reevaluation	0971	Professional fees - laboratory
0429 0430	Physical therapy - other	0972 0973	Professional fees - radiology - diagnostic
0430	Occupational therapy - general Occupational therapy - visit charge	0973	Professional fees - radiology - therapeutic Professional fees - radiology - nuclear medicine
0432	Occupational therapy - visit enarge	0974	Professional fees - operating room
0432	Occupational therapy - group rate	0976	Professional fees - respiratory therapy
0434	Occupational therapy - evaluation or	0977	Professional fees - physical therapy
	reevaluation		······································
0439	Occupational therapy - other	0978	Professional fees - occupational therapy
0440	Speech-language pathology - general	0979	Professional fees - speech therapy
0441	Speech-language pathology - visit charge	0981	Professional fees - emergency room
0442	Speech-language pathology - hourly charge	0982	Professional fees - outpatient services
0443	Speech-language pathology - group rate	0983	Professional fees - clinic
0444	Speech-language pathology - evaluation or	0984	Professional fees - medical social services
0440	reevaluation	0095	Desfracional free EVC
0449 0450	Speech-language pathology - other Emergency room - general	0985 0986	Professional fees - EKG Professional fees - EEG
0450 0451	Emergency room - general Emergency room - EMTALA emergency	0986 0987	Professional fees - EEG Professional fees - hospital visit
1640	medical screening services	0907	i iorosoionai 1005 - nospitai visit
0452	Emergency room - beyond EMTALA screening	0988	Professional fees - consultation
0456	Emergency room - urgent care	0989	Professional fees - private duty nurse
0459	Emergency room - other	0990	Patient convenience items - general
0460	Pulmonary function - general	0991	Patient convenience items - cafeteria/guest tray
0469	Pulmonary function - other	0992	Patient convenience items - private linen service
0409			1

	0470	Audiology - general	0993	Patient convenience items - telephone/telegraph			
	0471	Audiology - diagnostic	0994	Patient convenience items - TV/radio			
	0472	Audiology - treatment	0995	Patient convenience items - nonpatient room rentals			
	0479	Audiology - other	0996	Patient convenience items - late discharge charge			
	0480	Cardiology - general	0997	Patient convenience items - admission kits			
	0481	Cardiology - cardiac cath lab	0998	Patient convenience items - beauty shop/barber			
	0482	Cardiology - stress test	0999	Patient convenience items - other			
	0483	Cardiology - echocardiology	1000	Behavior health accommodations - general			
	0489	Cardiology - other	1001	Behavior health accommodations - residential treatment -			
	0.400		1002	psychiatric			
	0490	Ambulatory surgical care - general	1002	Behavior health accommodations - residential treatment -			
	0.400		1002	chemical dependency			
	0499	Ambulatory surgical care - other	1003	Behavior health accommodations - supervised living			
	0500	Outpatient services - general	1004	Behavior health accommodations - halfway house			
	0509	Outpatient services - other	1005	Behavior health accommodations - group home			
	0510 0511	Clinic - general Clinic - chronic pain	2100 2101	Alternative therapy services - general			
	0512	Clinic - dental	2101 2102	Alternative therapy services - acupuncture Alternative therapy services - acupressure			
	0512	Clinic - psychiatric	2102	Alternative therapy services - acupressure			
	0515	Clinic - OB/GYN	2103	Alternative therapy services - inflassage			
	0514	Clinic - pediatric	2104	Alternative therapy services - tenecology			
	0515	Clinic - urgent care	2105	Alternative therapy services - hypnosis			
	0510	Clinic - family practice	2100	Alternative therapy services - hyphosis			
	0517	Clinic - other	3101	Adult day care, medical and social - hourly			
	0520	Freestanding Clinic - general	3101	Adult day care, social - hourly			
	0520	Freestanding Clinic - Clinic Visit by Member	3102	Adult day care, medical and social - daily			
	0521	to RHC/FQHC	5105	reart day cure, mearcur and social - daily			
	0522	Freestanding Clinic - Home Visit by	3104	Adult day care, social - daily			
	0522	RHC/FQHC Practitioner	5101	rialit day care, social daily			
	0523	Freestanding Clinic - family practice	3105	Adult foster care - daily			
	0525	Freestanding Clinic - Visit by RHC/FQHC	3109	Adult foster care - other			
		Practitioner to a Member in a Covered Part A Stay at SNF					
	0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not					
		Covered Part A Stay) or NF or ICF MR or Other Residential Facility					
	0526	Freestanding Clinic - urgent care					
Length:	4		Source:	Claim			
				Claim			
Field 3:		ENUE_CODE_SEQUENCE_NUMBE					
	-	nment of numbers to indicate the order of					
Length:	3	Type: Alphanumeric Data	Source:	Assigned			
Field 4:	НСРС	CS QUALIFIER					
		Common Procedure Coding System (H	CPCS) Co	des Indicator			
[ ongth.			Source:	Claim			
Length:	2		Source:	Clailli			
Field 5:		CS_PROCEDURE_CODE					
	HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or						
		modations.	,				
Coding Scheme:		tp://www.cms.hhs.gov/HCPCSReleaseCo	nde Sete / Al	VHCPCS/list asp for complete list			
	_						
Length:	5		Source:	Claim			
Field 6:		IFIER_1					
	Identi	fies special circumstances related to the p	performant	ce of the service			
Coding Scheme:		Increased procedural services	P4	A patient with severe systemic disease that is a constant			
county sentine.		- r	• •	threat to life			
	23	Unusual Anesthesia	P5	A moribund patient who is not expected to survive with			
				the operation			
	24	Unrelated Evaluation and Management Service by	P6	A declared brain-dead patient whose organs are being			
		the Same Physician or Other Qualified Health Car		removed for donor purposes			
		Professional during a Postoperative Period	-				
		Significant, Separately Identifiable Evaluation and	E1	Upper left eyelid			
		Management Service by the Same Physician or Ot		opper ien eyend			
		Qualified Health Care Professional on the Same D					
		of the Procedure or Other Service					
	26	Professional Component	E2	Lower left eyelid			
		Multiple Outpatient Hospital E/M Encounters on t		Upper right eyelid			
	<i>2</i> /	Same Date	13	Crron infin of one			
2024							

	32	Mandated Se			E4	Lower right eyelid		
	33	Preventive S			F1 F2	Left hand, second digit		
	47 50	Anesthesia b			F2 F3	Left hand, third digit		
	50 51	Bilateral Pro Multiple Pro			F3 F4	Left hand, fourth digit Left hand, fifth digit		
	52	Reduced Ser			F5	Right hand, thumb		
	53	Discontinue			F6	Right hand, second digit		
	54	Surgical Car			F7	Right hand, third digit		
	55		e Management Only		F8	Right hand, fourth digit		
	56	Preoperative	Management Only		F9	Right hand, fifth digit		
	57	Decision for	Surgery		FA	Left hand, thumb		
	58	Physician or	elated Procedure or Service Other Qualified Health Car During the Postoperative P	re	GG	Performance and payment of a screening mammography and diagnostic mammography on same patient, same day		
	59		cedural Service	enou	GH	Diagnostic mammogram converted from screening mammogram on same day		
	62	Two Surgeon	ns		LC	Left circumflex coronary artery		
	63		erformed on Infants less that	n 4ko	LD	Left anterior descending coronary artery		
	66	Surgical Tea		шчкд	LD	Left main coronary artery		
	73		d Outpatient Hospital/Ambu	ulatory	LT	Left side of the body procedure		
		Surgery Cen	tter (ASC) Procedure prior t					
	74		d Outpatient Hospital/Ambu ter (ASC) Procedure after A		QM	Ambulance service provided under arrangement by a provider of services		
	76	Repeat Proce	edure by Same Physician or ealth Care Professional	Other	QN	Ambulance service furnished directly by a provider of services		
	77	Repeat Proce	edure by Another Physician ealth Care Professional	or Other	RC	Right coronary artery		
	78	Unplanned F by the Same Care Profess	Return to the Operating/Proo Physician or Other Qualific sional Following Initial Proo	ed Health cedure for a	RI	Ramus intermedius coronary artery		
	79	Unrelated Pr Physician or	cedure During the Postopera rocedure or Service by the S Other Qualified Health Car During the Postoperative P	Same re	RT	Right side of the body procedure		
	80	Assistant Su		enou	T1	Left foot, second digit		
	81		ssistant Surgeon		T2	Left foot, third digit		
	82		edure by same physician		Т3	Left foot, fourth digit		
	90		Dutside) Laboratory		T4	Left foot, fifth digit		
	91	Repeat Clini	cal Diagnostic Laboratory	Test	T5	Right foot, great toe		
	92	Alternative I	Laboratory Platform Testing	g	T6	Right foot, second digit		
	95	Real-Time I	s Telemedicine Service Ren nteractive Audio and Video nications System		Τ7	Right foot, third digit		
	99	Multiple Mo			Т8	Right foot, fourth digit		
	1P		e Measure Exclusion Modifi	ier due to	T9	Right foot, fifth digit		
	2P	Performance Patient Reas	e Measure Exclusion Modifions	ier due to	ТА	Left foot, great toe		
	3P	Performance System Reas	e Measure Exclusion Modifisons	ier due to	XE	Separate Encounter		
	8P		e Measure Reporting Modified, reason not otherwise spe		XS	Separate Structure		
	P1		althy patient		XP	Separate Practitioner		
	P2		th mild systemic disease		XU	Unusual Non-Overlapping Service		
	P3	A patient wi	th severe systemic disease					
ngth:	2	Type:	Alphanumeric	Data So	urce:	Claim		
eld 7:		DIFIER 2	1					
.iu /.			1 aimanum atar 1 4	d to the C		a of the compile		
		-	l circumstances related	a to the perf	ormanc	te of the service.		
	Sam	e as MODIF	_					
0	•	Type:	Alphanumeric	<u> </u>	urce:	Claim		
0	2							
ngth:		DIFIER 3						
ngth:	MO	DIFIER_3	l circumstances related	to the norf	ormana	e of the service		
ngth: eld 8:	MO Iden	tifies special	l circumstances related	d to the perf	ormanc	e of the service.		
ngth: eld 8: oding Scheme:	MO Iden Sam	tifies special e as MODIF	FIER_1	-				
oding Scheme: ngth: eld 8: oding Scheme: ngth:	MO Iden	tifies special		d to the perf		e of the service. Claim		

	Identifies special circumstances related to the performance of the service.				
Coding Scheme:	Same	e as MODIF	TER 1		
Length:	2	Type:	Alphanumeric	<b>Data Source:</b>	Claim
Field 10:	UNI	Γ_MEASU	REMENT_CODE		
	Code	specifying	the units in which a	value is being express	sed.
Coding Scheme:	DA	Days			
8	F2	Internation	nal unit		
	UN	Unit			
Length:	2	Туре:	Alphanumeric	Data Source:	Claim
Field 11:	UNI	ГS_OF_SE	RVICE		
	Num	eric value o	f quantity		
Length:	7	Type:	Numeric	<b>Data Source:</b>	Claim
Field 12:	UNI	Γ_RATE			
	Rate	per unit			
Length:	12	Туре:	Numeric	<b>Data Source:</b>	Claim
Field 13:	CHR	GS_LINE	ITEM		
	Total amount of the charge				
Length:	14	Type:	Numeric	<b>Data Source:</b>	Assigned
Field 14:	CHR	GS NON	COV		
	Total	non-cover	d amount of the char	rge	
Length:	14	Type:	Alphanumeric	Data Source:	Assigned

# **INPATIENT FACILITY TYPE INDICATOR FILE**

E* 114		
Field 1:	THCIC_ID Provider ID. Unique identifier assigned to the	a marridan ha THCIC
I on othe	6 <b>Type:</b> Alphanumeric <b>Data So</b>	
Length: Field 2:	PROVIDER NAME	Assigned
riela 2:	Hospital name provided by the hospital.	
Longthe		Durce: Provider
Length: Field 3:		Jurce: Flovider
Field 3:	PROVIDER_ADDR	
Lanatha	Hospital address provided by the hospital.	
Length:	50 Type: Alphanumeric Data So	ource: Provider
Field 4:	PROVIDER_CITY	
T (I	Hospital city provided by the hospital.	D 1
Length:	20 Type: Alphanumeric Data So	Durce: Provider
Field 5:	PROVIDER_STATE	
<b>T</b>	Hospital state provided by the hospital.	
Length:	2 Type: Alphanumeric Data So	Durce: Provider
Field 6:	PROVIDER_ZIP	
	Hospital ZIP code provided by the hospital.	
Length:	9 Type: Alphanumeric Data So	Durce: Provider
Field 7:	FAC_TEACHING_IND	
	Teaching Facility Indicator.	
<b>Coding Scheme:</b>	A Member, Council of Teaching Hospitals	
	X Other Teaching facility	
Length:	1 Type: Alphanumeric Data So	Durce: Provider
Field 8:	FAC_PSYCH_IND	
	Psychiatric Facility Indicator.	
Length:	1 Type: Alphanumeric Data So	Durce: Provider
Field 9:	FAC_REHAB_IND	
	Rehabilitation Facility Indicator.	
Length:	1 Type: Alphanumeric Data So	Durce: Provider
Field 10:	FAC_ACUTE_CARE_IND	
	Acute Care Facility Indicator.	
Length:	1 Type: Alphanumeric Data So	purce: Provider
Field 11:	FAC_SNF_IND	
	Skilled Nursing Facility Indicator. Hospital fa	acility type indicator provided by the hospital.
Length:	1 Type: Alphanumeric Data So	Durce: Provider
Field 12:	FAC_LONG_TERM_AC_IND	
	Long Term Acute Care Facility Indicator.	
Length:	1 Type: Alphanumeric Data So	Durce: Provider
Field 13:	FAC_OTHER_LTC_IND	
	Other Long Term Care Facility Indicator.	
Length:	1 Type: Alphanumeric Data So	Durce: Provider
Field 14:	FAC_PEDS_IND	
	Pediatric Facility Indicator.	
Coding Scheme:	C Member, Council of Teaching Hospitals	
	X Facility also treat children	
Length:	1 Type: Alphanumeric Data So	Durce: Provider
Field 15:	POA_PROVIDER_INDICATOR	
	Indicator identifying whether facility is require	red to submit Diagnosis Present on Admission (POA) codes.
		owing facility types as exempt from reporting POA to the

department. Critical Access Hospitals, inpatient Kenabintation Hospitals, inpatient Esychiatic Hospitals,						
Car	icer Hospita	als Children's or Pec	liatric Hospitals and I	Long-Term Care Hospitals.		
М						
R	Required	•				
Х	Exempt					
`	Invalid					
1	Type:	Alphanumeric	Data Source:	Assigned		
PROVIDER COUNTY						
Hospital COUNTY provided by the hospital.						
3	Type:	Alphanumeric	Data Source:	Provider		
-	Car M R X 1 PR	Cancer Hospita M Mixed (Fa R Required X Exempt Invalid 1 <b>Type:</b> <b>PROVIDER</b> Hospital COU	Cancer Hospitals Children's or Pec M Mixed (Facility has sections that we R Required X Exempt Invalid 1 <b>Type:</b> Alphanumeric <b>PROVIDER_COUNTY</b> Hospital COUNTY provided by th	Cancer Hospitals Children's or Pediatric Hospitals and Mixed (Facility has sections that would be exempted from rep R Required X Exempt Invalid 1 <b>Type:</b> Alphanumeric <b>Data Source:</b> <b>PROVIDER_COUNTY</b> Hospital COUNTY provided by the hospital.		

department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals,

# **INPATIENT GROUPER DATA FILE**

Field 1:	RECORD ID				
	Provider ID. Unique identifier assigned to the provider by THCIC.				
Length:	6 Type: Alphanumeric Data Source: Assigned				
Field 2:	FROZEN_MS_DRG				
	Medicare Severity Diagnostic Related Group (MS DRG) as assigned by software developed for Centers for				
	Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) to				
	facilitate hospital payment for Medicare beneficiaries. The calculation for this field is updated annually.				
Length:	3 Type: Alphanumeric Data Source: Assigned				
Field 3:	FROZEN_MS_MDC				
	Medicare Severity (MS) Major Diagnostic Category MDC) is a three-digit numeric code that groups				
	beneficiary diagnosis codes into broad categories based on condition type and body region <sup>13</sup> as assigned by				
	software developed for the Centers for Medicare and Medicaid Services (CMS) (formerly Health Care				
	Financing Administration (HCFA)) It facilitates hospital payment for Medicare beneficiaries. First				
Longth.	available 2004. The calculation for this field is updated annually. 2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned				
Length: Field 4:	FROZEN MS GROUPER VERSION NBR				
rielu 4:	CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and previously				
	reported as HCFA GROUPER VERSION NBR) version used to assign MS DRG and, MS MDC codes.				
	The calculation for this field is updated annually.				
Length:	5 Type: Alphanumeric Data Source: Assigned				
Field 5:	FROZEN_MS_GROUPER_ERROR_CODE				
	Error codes identify potential variations with MS DRG code assignment. The calculation for this field is				
Coding Scheme:	updated annually.				
	$\frac{\text{No errors. DRG successfully}}{\text{assigned.}}$ 19 DisableHac = 0 and at least one HAC POA is invalid or exempt				
	01 Diagnosis code cannot be used as principal diagnosis 20 DisableHac is invalid and at least one HAC POA is N or U				
	02 Record does not meet criteria for any DRG 21 DisableHac is invalid and at least one HAC POA is invalid or exempt				
	03Invalid Age22DisableHac = 0 and at least one HAC POA is exempt				
	04     Invalid Sex     23     DisableHac is invalid and at least one HAC POA is exempt       05     Invalid Disablemas Status     24     DisableHac = 0 and there are multiple HACs that have different HAC POA				
	05 Invalid Discharge Status 24 Disabilitate = 0 and there are multiple Traces that have different Trace For values that are not Y, W, N, U				
	10 Illogical Principal Diagnosis (CMS 25 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W				
	11 Invalid Principal Diagnosis				
Length:	2 Type: Alphanumeric Data Source: Assigned				
Field 6:	<b>FROZEN_APR_DRG</b>				
	All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG Grouper (3M				
	All Patient Refined Diagnostic Related Groups inpatient grouper). Incorporates risk of mortality (ROM)				
	and severity of illness (SOI) scores into DRGs. The calculation for this field is updated annually.				
Length:	4 Type: Alphanumeric Data Source: Assigned				
Field 7:	FROZEN_RISK_MORTALITY				
	Assignment of a risk of mortality score from the 3M APR-DRG Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four risk-of-mortality levels				
	for their specific base 3M APR DRG. Often correlated with the risk of mortality, however it is possible to				
	have an illness of high severity, but low mortality risk. The risk of mortality score indicates the likelihood				
	of dying. The calculation for this field is updated annually.				
	1 Minor				
<b>Coding Scheme:</b>	2 Moderate				
	3 Major 4 Extreme				
Length:	4     Extreme       1     Type:     Alphanumeric       Data Source:     Assigned				
Field 8:	FROZEN ILLNESS SEVERITY				
- 1010 01					

Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M APR-DRG Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four severity levels dependent upon the number and interaction of complications and comorbidities for their specific base 3M APR DRG. Indicates the extent of physiologic decompensation. The calculation for this field is updated annually.

	decompensation. The calculation for this field is updated annually.						
	1 Minor						
Coding Scheme:	2 Moderate 3 Major						
	3 Major 4 Extreme						
	0 No class specified						
Length:	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider						
Field 9:	FROZEN APR MDC						
	All Patient Refined (APR) Major Diagnostic Category (MDC) is a three-digit numeric code that groups						
	beneficiary diagnosis codes into broad categories based on condition type and body region as assigned by						
	3M APR-DRG Grouper, version 20. 3M All Patient Refined – Diagnostic Related Groups (3M APR-DRG)						
	is a methodology that classifies hospital inpatients according to reasons for admission, severity of illness						
	and risk of mortality. It is a proprietary product of the company 3M.						
	A grouper refers to software or methodology to classify patients into groups for classification, payment and						
	analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG Software), Outpatient Groupers (3M						
	Enhanced Ambulatory Patient Groups – EAPGs) and Population Health Groupers (Clinical Risk Groups),						
	among others. The calculation for this field is updated annually.						
Length:	2 Type: Alphanumeric Data Source: Assigned						
Field 10:	FROZEN APR GROUPER						
	VERSION NBR						
	Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually.						
Length:	5 Type: Alphanumeric Data Source: Assigned						
Field 11:	FROZEN APR GROUPER ERROR						
	CODE						
	Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually.						
	HAC: Hospital Acquired Condition						
	POA: Present on Admission						
	DRG: Diagnostic Related Group						
	00 No errors. DRG successfully 12 Gestational age/birth weight conflict (APR only)						
<b>Coding Scheme:</b>	assigned 01 Diagnosis code cannot be used as 19 DisableHac = 0 and at least one HAC POA is invalid or exempt						
	principal diagnosis						
	02 Record does not meet criteria for any20 DisableHac is invalid and at least one HAC POA is N or U						
	DRG 03 Invalid Age 21 DisableHac is invalid and at least one HAC POA is invalid or exempt						
	04 Invalid Sex $22$ DisableHac = 0 and at least one HAC POA is exempt						
	05 Invalid Discharge Status 23 DisableHac is invalid and at least one HAC POA is exempt						
	06 Invalid birthweight (AP & APR 24 DisableHac = 0 and there are multiple HACs that have different HAC POA values						
	only)that are not Y, W, N, U09Invalid discharge age in days (AP & 25DisableHac is invalid and there are multiple HACs that have different HAC POA						
	APR only) values that are not Y or W						
	11 Invalid Principal Diagnosis						
Length:	2 Type: Alphanumeric Data Source: Assigned						
Field 12:	MS_DRG						
	Medicare Severity Diagnostic Related Group (MS DRG) as assigned by software developed for Centers for						
	Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) to						
	facilitate hospital payment for Medicare beneficiaries. The calculation for this field is updated quarterly.						
Length:	3 Type: Alphanumeric Data Source: Assigned						
Field 13:	MS_MDC						
	Medicare Severity (MS) Major Diagnostic Category MDC) is a three-digit numeric code that groups						
	beneficiary diagnosis codes into broad categories based on condition type and body region <sup>13</sup> as assigned by						
	software developed for the Centers for Medicare and Medicaid Services (CMS) (formerly Health Care						
	Financing Administration (HCFA)) It facilitates hospital payment for Medicare beneficiaries. First						
	available 2004. The calculation for this field is updated quarterly.						
Length:	2 Type: Alphanumeric Data Source: Assigned						

Field 14:	MS_GROUPER_VERSION_NBF	2					
11010 14.	CMS Medicare Severity Diagnosis		CMS DRG Grouper and previously				
			d to assign MS DRG and, MS MDC codes.				
	The calculation for this field is upda						
<b>Coding Scheme:</b>	C Member, Council of Teaching Ho						
County Seneme.	X Facility also treat children	spituls					
Length:	5 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Assigned				
Field 15:	MS GROUPER ERROR CODE		100151100				
riciu 15.			ssignment. The calculation for this field is				
	updated quarterly.	ions with WIS DRG code as	ssignment. The calculation for this field is				
Coding Scheme:	No arrors DPC successfully						
Couning Semente.	00 assigned. 19	DisableHac = 0 and at least or	ne HAC POA is invalid or exempt				
	01 Diagnosis code cannot be used as 20	DisableHac is invalid and at le	east one HAC POA is Nor U				
	principal diagnosis	Disablemae is invalid and at it	Last one fract for is it of 0				
	02 Record does not meet criteria for 21 any DRG 21	DisableHac is invalid and at le	east one HAC POA is invalid or exempt				
	03 Invalid Age 22	DisableHac $= 0$ and at least or	ne HAC POA is exempt				
	04 Invalid Sex 23	DisableHac is invalid and at le	-				
	05 Invalid Discharge Status 24		multiple HACs that have different HAC POA values that				
	8	are not Y, W, N, U					
	10 Illogical Principal Diagnosis 25		re are multiple HACs that have different HAC POA				
	10     (CMS only)       11     Invalid Principal Diagnosis	values that are not Y or W					
Length:	2 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Assigned				
Field 16:	APR DRG						
Ticiu 10.	—	s Related Group (DRG) as	assigned by 3M APR-DRG Grouper (3M				
			ber). Incorporates risk of mortality (ROM)				
	and severity of illness (SOI) scores		(KOW)				
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Assigned				
Field 17:		Data Source.	Assigned				
rielu 17:	<b>RISK_MORTALITY</b> Assignment of a risk of mortality score from the 3M APR-DRG Grouper (3M All Patient Refined						
			gned to one of four risk-of-mortality levels e risk of mortality, however it is possible to				
			k of mortality score indicates the likelihood				
	of dying. The calculation for this fie		k of mortanty score mulcales the fikelihood				
	1	Minor					
Coding Sohomo.	2	Moderate					
Coding Scheme:	3	Major					
	4	Extreme					
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Asigned				
Field 18:	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 (3M All Patient Refined Diagnostic Related Groups inpatient						
	grouper). A patient is assigned to one of four severity levels dependent upon the number and interaction of						
	complications and comorbidities for their specific base 3M APR DRG. Indicates the extent of physiologic						
	decompensation. The calculation for this field is updated quarterly.						
	1	Minor	5				
<b>Coding Scheme:</b>							
coung continue	2	Moderate					
	3	Major					
	4	Extreme					
<b>T</b> (1		No class specified					
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Assigned				
Field 19:	APR_MDC						
			is a three-digit numeric code that groups				
			dition type and body region as assigned by				
			Diagnostic Related Groups (3M APR-DRG)				
			p reasons for admission, severity of illness				
	and risk of mortality. It is a propriet	ary product of the company	y 3M.				
• • • •							

A grouper refers to software or methodology to classify patients into groups for classification, payment and analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG Software), Outpatient Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and Population Health Groupers (Clinical Risk Groups), among others. The calculation for this field is updated quarterly. 2 Alphanumeric **Data Source:** Length: Type: Assigned Field 20: APR GROUPER VERSION NBR Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated quarterly. Length: 5 Type: Alphanumeric **Data Source:** Assigned Field 21: APR GROUPER ERROR CODE Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated quarterly. HAC: Hospital Acquired Condition POA: Present on Admission DRG: Diagnostic Related Group 00 No errors. DRG successfully assigned 12 Gestational age/birth weight conflict (APR only) 19 01 DisableHac = 0 and at least one HAC POA is invalid or exempt Diagnosis code cannot be used as **Coding Scheme:** principal diagnosis 02 Record does not meet criteria for any 20 DisableHac is invalid and at least one HAC POA is N or U DRG 03 Invalid Age 21 DisableHac is invalid and at least one HAC POA is invalid or exempt 04 Invalid Sex 22 DisableHac = 0 and at least one HAC POA is exempt 05 23 Invalid Discharge Status DisableHac is invalid and at least one HAC POA is exempt 06 Invalid birthweight (AP & APR only) 24 DisableHac = 0 and there are multiple HACs that have different HAC POA v not Y, W, N, U 09 Invalid discharge age in days (AP & APR 25 DisableHac is invalid and there are multiple HACs that have different HAC I are not Y or W only) 11 Invalid Principal Diagnosis **Data Source:** Length: 2 Type: Alphanumeric Assigned

# **OUTPATIENT BASE FILE**

Field 1:	SERVICE_QUA	RTER		
	Quarter during wh	nich service occurred	. Year and quarter of ser	vice. yyyyQn.
	1st Quarter (YYY	YQ1): 1st January-3	1st March of that corresp	oonding year.
	2nd Quarter (YYY	YQ2): 1st April – 30	0th June of that correspo	nding year.
			September of that corre	
	4th Quarter (YYY	YQ4): 1st October-3	1st December of that con	rresponding year.
Length:	6 Type:	Alphanumeric	<b>Data Source:</b>	Assigned
Field 2:	RECORD ID			
	Record Identificat	tion Number. Unique	number to identify the r	ecord within the research data file.
				ssociated with a patient's visit. Does
				Does match with RECORD_ID in
		d Outpatient RDFs (F		_
Length:	12 <b>Type:</b>	Alphanumeric	Data Source:	Assigned
Field 3:	PAT UNIQUE			<u> </u>
			patient by THCIC. A pa	atient unique index is assigned for
	each uniquely ide	ntifiable patient in the	e data set. There can be t	nultiple Record IDs associated with
	a one PUI (see Fie			
Length:	10 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
Field 4:	THCIC ID		> • • • • •	0
1 1014 7.		me identifier assigned	d to the provider by THC	TIC
Length:	6 <b>Type:</b>	Alphanumeric	Data Source:	Assigned
Field 5:	SPEC UNIT 1	/ inplication income	Data Source.	Tiblighter
riciu J.		which most days? sta	v accurred based on mur	iber of days by Type of Bill (See
		enue Code. For reve	nue code list see this doc	cument, section titled "Charges Data
Coding Sahamaa	File" (Field # 2).	TT '		
Coding Scheme:	C Coronary Car D Detoxification		P Pediatric Unit Y Psychiatric Ur	
	I Intensive Care		Y Psychiatric Ur R Rehabilitation	
	H Hospice Unit	, onit	U Sub-acute Car	
	N Nursery		S Skilled Nursin	ig Unit
	B Obstetric Unit		Blank Acute Care	
Length:	O Oncology Uni 1 <b>Type:</b>	Alphanumeric	Data Source:	Calculated
Field 6:	SPEC UNIT 2	Alphanumene	Data Source.	Calculated
rield o:		which and most days?	story a sourced board on a	number of days by Type of Bill
	1 *	2		number of days by Type of Bill
C. P. S.L.		venue Code (See Fiel	ld # 5).	
Coding Scheme:	Same as SPEC_U	—		
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Calculated
Field 7:	SPEC_UNIT_3	1 . 1		
				number of days by Type of Bill
~		venue Code (See Fiel	ld # 5).	
Coding Scheme:	Same as SPEC_U			~
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Calculated
Field 8:	SPEC_UNIT_4			
				number of days by Type of Bill
	(Field # 38) or Re	venue Code (See Field	ld # 5).	
Coding Scheme:	Same as SPEC_U	NIT_1.		
Length:	1 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
Field 9:	SPEC_UNIT_5	^		
-		which 5 <sup>th</sup> most days'	stay occurred based on r	number of days by Type of Bill
		evenue Code (See Field		<i>j j</i> - <i>j</i> <sub>r</sub> - or 2
Coding Scheme:	Same as SPEC U			
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Calculated
Lungui.	i iype.	<sup>1</sup> upnanumente	Data Source.	
2024				
	THOR	Pag	ge 57	L . I. I . I M. 2027

Field 10:	ENCOUNTER_			
				The encounter refers to an electronic
				a patient episode of care (admission
				me non-acute care patients may have
				example, patients in rehabilitation
		rm care hospitals, or ps		
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Calculated
Field 11:	SEX_CODE			
	Gender of the pat	ient as recorded at date	of admission or star	t of care.
Coding Scheme:	M Male			
	F Female			
r /1	U Unknown	. 1 1 .		
Length:	<u>1 Type:</u>	Alphanumeric	Data Source:	Claim
Field 12:	BIRTH_DATE			
		patient as recorded at da		
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 13:	PAT_AGE_GRO			
	Code indicating a	ge of patient in days or	years on date of dis	charge.
Coding Scheme:	00 1-28 days	10 35-39	20	85-89
	01 29-365 days	11 40-44	21	90+
	02 1-4 years 03 5-9	12 45-49 13 50-54	HIV a 22	and drug/alcohol use patients: 0-17
	04 10-14	14 55-59	22	18-44
	05 15-17	15 60-64	24	45-64
	06 18-19	16 65-69	25	65-74
	07 20-24	17 70-74	26	75+
	08 25-29 09 30-34	18 75-79 19 80-84		Invalid
Length:	2 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned
Field 14:	PAT AGE YEA			
			rae	
Length:	Age of patient in	years on date of discha	-	Claim
	Age of patient in 3 Type:	years on date of discha Alphanumeric	rge. Data Source:	Claim
	Age of patient in <u>3</u> Type: PAT_AGE_DAY	years on date of discha Alphanumeric S	Data Source:	Claim
Field 15:	Age of patient in <u>3</u> Type: PAT_AGE_DAY Age of patient in	years on date of discha Alphanumeric S days on date of dischar	Data Source:	
Field 15: Length:	Age of patient in 3 Type: PAT_AGE_DAY Age of patient in 5 Type:	years on date of discha Alphanumeric S	Data Source:	Claim Claim
Field 15: Length:	Age of patient in 3 Type: PAT_AGE_DAY Age of patient in 5 Type: RACE	years on date of discha Alphanumeric S days on date of dischar Alphanumeric	Data Source:	
Field 15: Length: Field 16:	Age of patient in3Type:PAT_AGE_DAYAge of patient in5Type:RACECode indicating to	years on date of discha Alphanumeric S days on date of dischar Alphanumeric he patient's race.	Data Source:	
Field 15: Length: Field 16:	Age of patient in3Type:PAT_AGE_DAYAge of patient in5Type:RACECode indicating to1American Indicating to	years on date of discha Alphanumeric S days on date of dischar Alphanumeric he patient's race. ian/Eskimo/Aleut	Data Source:	
Field 15: Length: Field 16:	Age of patient in3Type:PAT_AGE_DAYAge of patient in5Type:RACECode indicating to	years on date of discha Alphanumeric S days on date of dischar Alphanumeric he patient's race. ian/Eskimo/Aleut	Data Source:	
Field 15: Length: Field 16:	Age of patient in         3       Type:         PAT_AGE_DAY         Age of patient in         5       Type:         RACE         Code indicating t         1       American Inci         2       Asian or Paci         3       Black         4       White	years on date of discha Alphanumeric S days on date of dischar Alphanumeric he patient's race. ian/Eskimo/Aleut	Data Source:	
Field 15: Length: Field 16: Coding Scheme:	Age of patient in3Type:PAT_AGE_DAYAge of patient in5Type:RACECode indicating ti1American Inci2Asian or Paci3Black4White5Other	years on date of discha Alphanumeric /S days on date of dischar Alphanumeric he patient's race. ian/Eskimo/Aleut fic Islander	Data Source: ge. Data Source:	Claim
Field 15: Length: Field 16: Coding Scheme: Length:	Age of patient in3Type:PAT_AGE_DAYAge of patient in5Type:RACECode indicating ti1American Inci2Asian or Paci3Black4White5Other1Type:	years on date of discha Alphanumeric S days on date of dischar Alphanumeric he patient's race. ian/Eskimo/Aleut	Data Source:	
Field 15: Length: Field 16: Coding Scheme: Length:	Age of patient in3Type:PAT_AGE_DAYAge of patient in5Type:RACECode indicating ti1American Ind2Asian or Paci3Black4White5Other1Type:ETHNICITY	years on date of discha Alphanumeric S days on date of dischar Alphanumeric he patient's race. ian/Eskimo/Aleut fic Islander Alphanumeric	Data Source: ge. Data Source: Data Source:	Claim
Field 15: Length: Field 16: Coding Scheme: Length: Field 17:	Age of patient in3Type:PAT_AGE_DAYAge of patient in5Type:RACECode indicating t1American Ind2Asian or Paci3Black4White5Other1Type:ETHNICITYCode indicating t	years on date of discha Alphanumeric (S) days on date of dischar Alphanumeric he patient's race. ian/Eskimo/Aleut fic Islander Alphanumeric he Hispanic origin of th	Data Source: ge. Data Source: Data Source:	Claim
Field 15: Length: Field 16: Coding Scheme: Length: Field 17:	Age of patient in3Type:PAT_AGE_DAYAge of patient in5Type:RACECode indicating ti1American Ind2Asian or Paci3Black4White5Other1Type:ETHNICITYCode indicating ti1Hispanic Orig	years on date of discha Alphanumeric S days on date of dischar Alphanumeric he patient's race. ian/Eskimo/Aleut fic Islander Alphanumeric he Hispanic origin of the	Data Source: ge. Data Source: Data Source:	Claim
Field 15: Length: Field 16: Coding Scheme: Length: Field 17: Coding Scheme:	Age of patient in3Type:PAT_AGE_DAYAge of patient in5Type:RACECode indicating to1American Ind2Asian or Paci3Black4White5Other1Type:ETHNICITYCode indicating to1Hispanic Orig2Not of Hispani	years on date of discha Alphanumeric S days on date of dischar Alphanumeric the patient's race. ian/Eskimo/Aleut fic Islander Alphanumeric the Hispanic origin of the in Origin	Data Source:         ge.         Data Source:         Data Source:         ne patient.	Claim Claim
Field 15: Length: Field 16: Coding Scheme: Length: Field 17: Coding Scheme: Length:	Age of patient in3Type:PAT_AGE_DAYAge of patient in5Type:RACECode indicating ti1American Ind2Asian or Paci3Black4White5Other1Type:ETHNICITYCode indicating ti1Hispanic Orig2Not of Hispan1Type:	years on date of discha Alphanumeric /S days on date of dischar Alphanumeric he patient's race. ian/Eskimo/Aleut fic Islander Alphanumeric he Hispanic origin of the in corigin Alphanumeric	Data Source:         ge.         Data Source:         Data Source:         ne patient.         Data Source:	Claim
Field 15: Length: Field 16: Coding Scheme: Length: Field 17: Coding Scheme: Length:	Age of patient in         3       Type:         PAT_AGE_DAY         Age of patient in         5       Type:         RACE         Code indicating to         1       American Indo         2       Asian or Paci         3       Black         4       White         5       Other         1       Type:         ETHNICITY         Code indicating to         1       Hispanic Orig         2       Not of Hispari         1       Type:         PAT_ADDR_CE	years on date of discha Alphanumeric S days on date of dischar Alphanumeric he patient's race. ian/Eskimo/Aleut fic Islander Alphanumeric the Hispanic origin of the in corigin Alphanumeric CNSUS_BLOCK_GRO	Data Source:         ge.         Data Source:         Data Source:         ne patient.         Data Source:         DUP	Claim Claim Claim
Field 15: Length: Field 16: Coding Scheme: Length: Field 17: Coding Scheme: Length:	Age of patient in         3       Type:         PAT_AGE_DAY         Age of patient in         5       Type:         RACE         Code indicating t         1       American Ind         2       Asian or Paci         3       Black         4       White         5       Other         1       Type:         ETHNICITY         Code indicating t         1       Hispanic Orig         2       Not of Hispan         1       Type:         PAT_ADDR_CH         Census block gro	years on date of discha Alphanumeric /S days on date of dischar Alphanumeric he patient's race. ian/Eskimo/Aleut fic Islander Alphanumeric he Hispanic origin of the in Alphanumeric CNSUS_BLOCK_GRO up of patient street add	Data Source:         ge.         Data Source:         Data Source:         ne patient.         Data Source:         DUP	Claim Claim
Field 15: Length: Field 16: Coding Scheme: Length: Field 17: Coding Scheme: Length:	Age of patient in         3       Type:         PAT_AGE_DAY         Age of patient in         5       Type:         RACE         Code indicating to         1       American Indo         2       Asian or Paci         3       Black         4       White         5       Other         1       Type:         ETHNICITY         Code indicating to         1       Hispanic Orig         2       Not of Hispari         1       Type:         PAT_ADDR_CE	years on date of discha Alphanumeric /S days on date of dischar Alphanumeric he patient's race. ian/Eskimo/Aleut fic Islander Alphanumeric he Hispanic origin of the in Alphanumeric CNSUS_BLOCK_GRO up of patient street add	Data Source:         ge.         Data Source:         Data Source:         ne patient.         Data Source:         DUP	Claim Claim Claim
Field 15: Length: Field 16: Coding Scheme: Length: Field 17: Coding Scheme: Length: Field 18:	Age of patient in         3       Type:         PAT_AGE_DAY         Age of patient in         5       Type:         RACE         Code indicating tr         1       American Ind         2       Asian or Paci         3       Black         4       White         5       Other         1       Type:         ETHNICITY         Code indicating tr         1       Hispanic Orig         2       Not of Hispan         1       Type:         PAT_ADDR_CH         Census block gro	years on date of discha Alphanumeric /S days on date of dischar Alphanumeric he patient's race. ian/Eskimo/Aleut fic Islander Alphanumeric he Hispanic origin of the in Alphanumeric CNSUS_BLOCK_GRO up of patient street add	Data Source:         ge.         Data Source:         Data Source:         ne patient.         Data Source:         DUP	Claim Claim Claim
Field 15: Length: Field 16: Coding Scheme: Eield 17: Coding Scheme: Length: Field 18: Length:	Age of patient in3Type:PAT_AGE_DAYAge of patient in5Type:RACECode indicating ti1American Ind2Asian or Paci3Black4White5Other1Type:ETHNICITYCode indicating ti1Hispanic Orig2Not of Hispan1Type:PAT_ADDR_CHCensus block grothe same census ti	years on date of discha Alphanumeric S days on date of dischar Alphanumeric he patient's race. ian/Eskimo/Aleut fic Islander Alphanumeric he Hispanic origin of the in origin Alphanumeric CNSUS_BLOCK_GRO up of patient street addiract. Alphanumeric	Data Source:         ge.         Data Source:         Data Source:         ne patient.         Data Source:         DUP         ress. A block group of	Claim Claim Claim consists of clusters of blocks within
Field 15: Length: Field 16: Coding Scheme: Eield 17: Coding Scheme: Length: Field 18: Length:	Age of patient in         3       Type:         PAT_AGE_DAY         Age of patient in         5       Type:         RACE         Code indicating ti         1       American Indicating ti         2       Asian or Paci         3       Black         4       White         5       Other         1       Type:         ETHNICITY         Code indicating ti         1       Hispanic Origination of the same consusting the same censusting the same census the same censusting the same census the same census time census the same census time censa time census time census time censa time cen	years on date of discha Alphanumeric S days on date of dischar Alphanumeric he patient's race. ian/Eskimo/Aleut fic Islander Alphanumeric CNSUS_BLOCK_GRO up of patient street addract. Alphanumeric CNSUS_BLOCK	Data Source:         ge.         Data Source:         Data Source:         ne patient.         Data Source:         DUP         ress. A block group of Data Source:         Data Source:         Dup         Data Source:	Claim Claim Claim consists of clusters of blocks within
Field 15: Length: Field 16: Coding Scheme: Eield 17: Coding Scheme: Length: Field 18: Length:	Age of patient in         3       Type:         PAT_AGE_DAY         Age of patient in         5       Type:         RACE         Code indicating t         1       American Ind         2       Asian or Paci         3       Black         4       White         5       Other         1       Type:         ETHNICITY         Code indicating t         1       Hispanic Orig         2       Not of Hispar         1       Type:         PAT_ADDR_CH         Census block gro         the same census t         14       Type:         PAT_ADDR_CH         Census block of p	years on date of discha Alphanumeric /S days on date of dischar Alphanumeric he patient's race. ian/Eskimo/Aleut fic Islander Alphanumeric he Hispanic origin of the in ic Origin Alphanumeric CNSUS_BLOCK_GRO up of patient street address. A	Data Source: ge. Data Source: Data Source: ne patient. Data Source: DUP ress. A block group of Data Source: Data Source: CUP	Claim Claim Claim Claim consists of clusters of blocks within Calculated atistical area bounded by visible
Length: Field 15: Length: Field 16: Coding Scheme: Length: Field 17: Coding Scheme: Length: Field 18: Length: Field 18:	Age of patient in         3       Type:         PAT_AGE_DAY         Age of patient in         5       Type:         RACE         Code indicating t         1       American Ind         2       Asian or Paci         3       Black         4       White         5       Other         1       Type:         ETHNICITY         Code indicating t         1       Hispanic Orig         2       Not of Hispar         1       Type:         PAT_ADDR_CH         Census block gro         the same census t         14       Type:         PAT_ADDR_CH         Census block of p	years on date of discha Alphanumeric /S days on date of dischar Alphanumeric he patient's race. ian/Eskimo/Aleut fic Islander Alphanumeric he Hispanic origin of the in ic Origin Alphanumeric CNSUS_BLOCK_GRO up of patient street address. A	Data Source: ge. Data Source: Data Source: ne patient. Data Source: DUP ress. A block group of Data Source: Data Source: CUP	Claim Claim Claim consists of clusters of blocks within Calculated
Field 15: Length: Field 16: Coding Scheme: Eield 17: Coding Scheme: Length: Field 18: Length:	Age of patient in         3       Type:         PAT_AGE_DAY         Age of patient in         5       Type:         RACE         Code indicating t         1       American Ind         2       Asian or Paci         3       Black         4       White         5       Other         1       Type:         ETHNICITY         Code indicating t         1       Hispanic Orig         2       Not of Hispani         1       Type:         PAT_ADDR_CH         Census block growthe same census t         14       Type:         PAT_ADDR_CH         Census block of p         features and nony	years on date of discha Alphanumeric /S days on date of dischar Alphanumeric he patient's race. ian/Eskimo/Aleut fic Islander Alphanumeric he Hispanic origin of the in ic Origin Alphanumeric CNSUS_BLOCK_GRO up of patient street address. A	Data Source: ge. Data Source: Data Source: ne patient. Data Source: DUP ress. A block group of Data Source: Data Source: CUP	Claim Claim Claim Claim consists of clusters of blocks within Calculated atistical area bounded by visible

Field 20:		_CITY						
т д		nt address city					D ''	
Length:	30	Туре:	Alpha	anumeric	Data Sou	rce:	Provider	
Field 21:		_STATE						
<b>T</b> (1		nt address state					ъ · ·	
Length:	2	Туре:	Alpha	anumeric	Data Sou	rce:	Provider	
Field 22:		_ZIP						
		nt address ZIP			-			
Length:	9	Туре:	Alpha	anumeric	Data Sou	rce:	Provider	
Field 23:		COUNTRY						
				ntial address.	List maintai	ned by the Inte	ernational O	rganization for
		lardization (IS	/					
Coding scheme:	See v	www.ISO.org f						
Length:	2	Туре:	Alpha	anumeric	Data Sou	rce:	Provider	
Field 24:		_COUNTY						
	FIPS	code of patien	t's cou	nty.				
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
	007 009	Aransas Archer	135 137	Ector Edwards	263 265	Kent Kerr	391 393	Refugio Roberts
	009	Armstrong	137	Ellis	265	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
	019 021	Bandera Bastrop	147 149	Fannin Fayette	275 283	Knox La Salle	403 405	Sabine San Augustine
	021	Baylor	149	Fisher	283 277	La Salle	403	San Augustine 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
	031 033	Blanco Borden	159 161	Franklin Freestone	287 289	Lee Leon	415 417	Scurry Shackelford
	035	Bosque	163	Frio	289	Liberty	417	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
	043 045	Brewster Briscoe	171 173	Gillespie Glasscock	299 301	Llano	427 429	Starr
	045 047	Briscoe Brooks	173	Glasscock Goliad	301	Loving Lubbock	429 431	Stephens Sterling
	049	Brown	175	Gonzales	305	Lynn	433	Stonewall
	051	Burleson	179	Gray	307	McCulloch	435	Sutton
	053	Burnet	181	Grayson	309	McLennan	437	Swisher
	055 057	Caldwell Calhoun	183 185	Gregg Grimes	311 313	McMullen Madison	439 441	Tarrant Taylor
	057	Callahan	185	Guadalupe	315	Marion	441	Taylor 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
	069 071	Castro Chambers	197 199	Hardeman Hardin	325 327	Medina Menard	453 455	Travis 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 V-1 V-nd-
	081 083	Coke Coleman	209 211	Hays Hemphill	337 339	Montague Montgomery	465 467	Val Verde Van Zandt
	085	Collin	211	Henderson	339	Moore	467	Victoria
	085	Collingsworth	215	Hidalgo	343	Moore	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

	099 Corye	11 227	Howard	355	Nueces	483	Wheeler
	101 Cottle		Hudspeth		Ochiltree	485	Wichita
	103 Crane		Hunt	359	Oldham	487	Wilbarger
	105 Crock		Hutchinson		Orange	489	Willacy
	107 Crosb	-	Irion		Palo Pinto	491	Williamson
	109 Culbe		Jack		Panola	493	Wilson
	111 Dallar		Jackson Jasper		Parker	495	Winkler
	113 Dallas 115 Dawso		Jasper Jeff Davis		Parmer Pecos	497 499	Wise Wood
	115 Daws 117 Deaf S		Jefferson		Polk	499 501	Yoakum
	119 Delta	245	Jim Hogg		Potter	503	Young
	121 Dento		Jim Wells		Presidio	505	Zapata
	123 Dewit		Johnson		Rains	507	Zavala
	125 Dicke		Jones		Randall	201	2.4.14.4
	127 Dimm		Karnes		Reagan	•	Invalid
Length:	3 Type		nanumeric	<b>Data Sourc</b>		Assigned	, based on patient ZIP code
Field 25:	11	IEALTH RE				0	, 1
liciu 23.				a			
			patient's addres		C-11:	with Courthan	Delland Deef Smith
							Dallam, Deaf Smith, Hutchinson, King,
							indall, Roberts, Sherman,
			r, Yoakum countie		, Olulialli, I alli		indan, Roberts, Sherman,
					e. Cottle. Eastla	nd. Fisher. Fo	oard, Hardeman, Haskell,
							hens, Stonewall, Taylor,
			, Wilbarger, Young		15, 5 <b>0</b> arij, 51 av	inerora, step	iens, stone wan, rayton,
					, Hood, Hunt, J	ohnson, Kauf	man, Navarro, Palo
			l, Somervell, Tarra		, , ,	,	, ,
					Bregg, Harrison,	Henderson, 1	Hopkins, Lamar, Marion,
	Morris	s, Panola, Rains, İ	Red River, Rusk, S	mith, Titus, Upsh	ur, Van Zandt, V	Vood countie	s
				on, Nacogdoches,	Newton, Orang	e, Polk, Sabi	ne, San Augustine, San
		o, Shelby, Trinity					
		· · · · ·		rt Bend, Galvesto	n, Harris, Libert	y, Matagorda	, Montgomery, Walker,
		r, Wharton counti		1			<b>P</b>
							e, Freestone, Grimes,
					no, McLennan, I	Madison, Mil	am, Mills, Robertson,
			iington, Williamson ar, Calhoun, Coma		t Edwards Eric	Gillosnia (	aliad Conzeles
							, Real, Uvalde, Val
			n, Zavala counties	i, Rinney, Eu Sun	e, Euvaca, Mav	crick, wiedine	, iteal, o value, val
				Crockett, Dawson.	Ector, Gaines,	Glasscock. H	oward, Irion, Kimble,
							er, Sterling, Sutton,
			oton, Ward, Winkle			,	, ,
	10 Brews	ter, Culberson, E	l Paso, Hudspeth, J	eff Davis, Presidio	o counties		
	11 Arans	as, Bee, Brooks, (	Cameron, Duval, H	idalgo, Jim Hogg	Jim Wells, Ken	iedy, Kleberg	, Live Oak, McMullen,
	Nuece	s, Refugio, San P	atricio, Starr, Web	b, Willacy, Zapata	counties		
Length:	2 <b>Тур</b> е	: Alpł	nanumeric	Data Sourc	e:	Assigned	
Field 26:	TYPE OF	ADMISSIO	N				
			of admission. H	Iosnital emerg	ency denartm	ent visite	anly
Cadina Cahaman		0 11		iospital enlerg	ency departin		July.
Coding Scheme:	1 Emerg	•					
	2 Urgen						
	3 Electiv						
	4 Newb 5 Traum	orn 1a Center					
		nation not availab	le				
Length:			hanumeric	Data Sourc	<b>•</b>	Claim	
<u> </u>				Data Sourc		Ciaiiii	
Field 27:		OF_ADMISS					
			f the admission.			tment visit	s only.
Coding Scheme:	1 Non-H	Iealthcare Facility	y Point of Origin (H	Beginning July 1,2	2010)		
ð		or Physician's O					
		fer from a hospital					
	Trans		nursing facility, int	termediate care fa	cility or		
		d living facility			2		
	4551510						
		fer from another h	health care facility				
	6 Transi						
	6 Transt 8 Court/ 9 Inform	fer from another h /Law Enforcemen nation not availab	t le				
	6 Transt 8 Court/ 9 Inform D Transt	fer from another h 'Law Enforcemen nation not availab fer from One disti	t				

		n Ambulatory Surgery Center		
		n a Hospice Facility	an altamata an it	
	(Effective 7/	n a designated hospital disast 1/2020) Imission=4 (Newborn)	er alternate care site	
	5 Born inside			
	6 Born outside			
Length:	1 Type:	Alphanumeric	<b>Data Source:</b>	Claim
Field 28:	FIRST PAYMI	ENT SRC		
		he expected primary so	urce of payment.	
Coding Scheme:		moved from 5010 format, use	e"ZZ" HM	Health Maintenance Organization
county seneme.	beginning 20 10 Central Certi		LI	Liability
		ederal Programs	LI LM	Liability Medical
		ovider Organization (PPO)	MA	Medicare Part A
	13 Point of Serv		MB	Medicare Part B
		ovider Organization (EPO)	MC	Medicaid
	15 Indemnity Ir		TV	Title V
	16 Health Main Risk	enance Organization (HMO)	Medicare OF	Other Federal Program
	AM Automobile	Medical	VA	Veteran Administration Plan
	BL Blue Cross/H		WC	Workers Compensation Health Claim
	CH CHAMPUS		ZZ	Charity, Indigent or Unknown
	CI Commercial		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Codes 09 and ZZ, combined for 2004 & 2005
	DS Disability In		`	Invalid
Length:	2 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
Field 29:	FIRST_PAYER	-		
	National Plan Ide	entifier (when implemen	nted by federal go	vernment). CMS.gov has the following:
	National Payer I	D: a system for uniquely	v identifying all or	rganizations that pay for health care
		own as Health Plan ID,		8 1 5
Length:	10 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 30:	FIRST PAYER		Dutu Sourcer	Ciuini
riciu 30.				
I on othe		source of payment.	Data Sauraa	Claim
Length:	35 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 31:		PAYMENT_SRC	0	
		he expected secondary	source of paymen	lt.
Coding Scheme:		PAYMENT_SRC	_ ~	
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 32:	SECONDARY_			
	National Plan Ide	entifier (when implemen	nted by federal go	vernment).
Length:	10 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
Field 33:	SECONDARY	PAYER_NAME		
		ry source of payment.		
Length:	35 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
Field 34:	STMT PERIO		2 Sources	in
1 ICIU J4.			acted on the states	ment. Entered as YYYYMMDD.
I on othe		-		
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 35:	STMT_PERIO			
	U U	1		nt. Entered as YYYYMMDD.
Length:	8 Type:	Alphanumeric	<b>Data Source:</b>	Claim
Field 36:	LENGTH_OF_	SERVICE		
	Length of stay in (STMT_PERIOI	days <i>equals</i> ending ser D_THRU) <i>minus</i> admiss	sion/start of care d	eriod reflected on the statement late (STMT_PERIOD_FROM). The
	-	of stay is 1 day. The ma	•	
Length:	4 Type:	Alphanumeric	<b>Data Source:</b>	Calculated
Field 37:	PAT STATUS			
		patient status as of the e	nding date of serv	vice for the period of care reported.
Coding Scheme:		o home or self-care (routine d		tee for the period of care reported.
County Scheme:		ransferred to a short-term gen		ient care
				contraction in anticipation of skilled care
	25 Discharged			
2024				

	04 Discharged/transferred to a facility that provides custodial or supportive care
	<ul> <li>Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)</li> <li>Discharged/transferred to home under care of an organized home health service organization in anticipation of covered</li> </ul>
	vo skilled care
	<ul> <li>07 Left against medical advice</li> <li>09 Admitted as inpatient to this hospital</li> </ul>
	20 Expired
	21 Discharged/transferred to Court/Law Enforcement
	30 Still patient
	<ul> <li>40 Expired at home</li> <li>41 Expired in a medical facility</li> </ul>
	42 Expired in a neucal facility 42 Expired, place unknown
	43 Discharged/transferred to federal government operated health facility
	50 Hospice-home
	<ul> <li>Hospice-medical facility (Certified) providing hospice level of care</li> <li>Discharged/transferred within this institution to Medicare-approved swing bed</li> </ul>
	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 Experimente hospital of 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) Discharged/Transferred to a Short-Term General Hospital for Inpatient Care with a Planned Acute Care Hospital
	<sup>82</sup> Inpatient Readmission (effective 10-1-2013)
	B3 Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care
	Prosperso Transformed to a Society that Dravida Custodial or Supporting Care with a Planned Acute Care Haspital
	84 Inpatient Readmission (effective 10-1-2013)
	Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital
	Inpatient Readmission (effective 10-1-2013)
	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)
	Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission
	<ul> <li>(effective 10-1-2013)</li> <li>Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital</li> <li>Keiter Approved Swing Bed with a Planned Acute Care Hospital</li> </ul>
	<ul> <li>Inpatient Readmission (effective 10-1-2013)</li> <li>Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a</li> </ul>
	Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital
	Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a
	<ul> <li>Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)</li> <li>Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute</li> </ul>
	<ul> <li>Care Hospital Inpatient Readmission (effective 10-1-2013)</li> <li>Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission</li> </ul>
	<sup>24</sup> (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 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
Field 38:	TYPE_OF_BILL
	Provides specific information about the claim data submitted. First digit = type of facility. Second
	digit = type of care. Third digit = sequence of the claim.
<b>Coding Scheme:</b>	1 <sup>st</sup> digits–Type of Facility 2 <sup>nd</sup> digit–Type of Care <sup>rd</sup> digits–Sequence of claim
	1     Hospital     1     Inpatient, including Medicare Part A     0     Non-payment/Zero claim       2     Shills down in the second
	2Skilled nursing2Inpatient, Medicare Part B only1Admit through discharge claim3Home health3Outpatient2Interim-first claim
	4 Religious non-medical health care— 4 Outpatient Other, Medicare Part B 3 Interim—continuing claim
	Hospital only
	5 Religious non-medical health care- 5 Intermediate Care-Level I 4 Interim-last claim Extended care
	6Intermediate care6Intermediate Care-Level II5Late charge(s) only claim7Clinic7Sub-acute inpatient – Level III6Adjustment of prior claim (Not
	used by Medicare)
	8 Special facility 8 Swing bed 7 Replacement of prior claim 8 Void/cancel of prior claim
	*

Length:	<b>3 Type:</b>	Alphanumeric	Data Source:	Claim
Field 39:	PAT_REASON_			
				on 10- Clinical Modification)
				ime of outpatient registration,6to
		th, 6th and 7th digits i	f applicable. Decimal i	is implied following the third
	character.			
			is no longer collecting	PAT_REASON_FOR_VISIT in
	Outpatient Profes			
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 40:	PRINC_DIAG_O			
				on 10 – Clinical Modification)
				condition established after study to be
				the 4th, 5th, 6th and 7th digits if
		nal is implied followin		
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 41:	OTH_DIAG_CO			
				on 10 – Clinical Modification)
				diagnosis or develops subsequently
	• •		e the 4th, 5th, 6th, and '	7th digits if applicable. Decimal is
		, the third character.		
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 42:	OTH_DIAG_CO			
				on 10 – Clinical Modification)
	e		1 1	diagnosis or develops subsequently
			e the 4th, 5th, 6th and 7	th digits if applicable. Decimal is
		, the third character.		
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 43:	OTH_DIAG_CO			
				on 10 – Clinical Modification)
				diagnosis or develops subsequently
			e the 4th, 5th, 6th and 7	th digits if applicable. Decimal is
		, the third character.		
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 44:	OTH_DIAG_CO			
				on 10 – Clinical Modification)
				diagnosis or develops subsequently
	0 1		e the 4th, 5th, 6th and 7	th digits if applicable. Decimal is
		the third character.		
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 45:	OTH_DIAG_CO			
				on 10 – Clinical Modification)
		r a condition that coey	xists with the principal	diagnosis or develops subsequently
	e		1 1	
	during a patient's	treatment. To include	1 1	th digits if applicable. Decimal is
	during a patient's implied following	treatment. To include the third character.	e the 4th, 5th, 6th and 7	th digits if applicable. Decimal is
	during a patient's implied following 7 <b>Type:</b>	treatment. To include the third character. Alphanumeric	1 1	
	during a patient's implied following 7 Type: OTH_DIAG_CO	treatment. To include the third character. Alphanumeric DDE_6	e the 4th, 5th, 6th and 7 Data Source:	th digits if applicable. Decimal is
	during a patient's implied following 7 Type: OTH_DIAG_CO ICD-10-CM (Inte	treatment. To include the third character. Alphanumeric DDE_6 rnational Classification	e the 4th, 5th, 6th and 7 Data Source: on of Diseases – Revisi	th digits if applicable. Decimal is Claim on 10 – Clinical Modification)
Length: Field 46:	during a patient's implied following 7 Type: OTH_DIAG_CO ICD-10-CM (Inte diagnosis code for	treatment. To include the third character. Alphanumeric DE_6 rnational Classification r a condition that coex	e the 4th, 5th, 6th and 7 Data Source: on of Diseases – Revisi kists with the principal	th digits if applicable. Decimal is <u>Claim</u> on 10 – Clinical Modification) diagnosis or develops subsequently
	during a patient's implied following 7 Type: OTH_DIAG_CO ICD-10-CM (Inte diagnosis code for during a patient's	treatment. To include the third character. Alphanumeric DE_6 rnational Classification r a condition that coex treatment. To include	the 4th, 5th, 6th and 7 <b>Data Source:</b> on of Diseases – Revisi kists with the principal c, including the 4th, 5th	th digits if applicable. Decimal is Claim on 10 – Clinical Modification)
	during a patient's implied following 7 Type: OTH_DIAG_CO ICD-10-CM (Inte diagnosis code for during a patient's	treatment. To include the third character. Alphanumeric DE_6 rnational Classification r a condition that coex	the 4th, 5th, 6th and 7 <b>Data Source:</b> on of Diseases – Revisi kists with the principal c, including the 4th, 5th	th digits if applicable. Decimal is <u>Claim</u> on 10 – Clinical Modification) diagnosis or develops subsequently a, 6th and 7th digits if applicable.
	during a patient's implied following 7 Type: OTH_DIAG_CO ICD-10-CM (Inte diagnosis code for during a patient's	treatment. To include the third character. Alphanumeric DE_6 rnational Classification r a condition that coex treatment. To include	the 4th, 5th, 6th and 7 <b>Data Source:</b> on of Diseases – Revisi kists with the principal c, including the 4th, 5th	th digits if applicable. Decimal is <u>Claim</u> on 10 – Clinical Modification) diagnosis or develops subsequently
Field 46:	during a patient's implied following 7 Type: OTH_DIAG_CO ICD-10-CM (Inte diagnosis code for during a patient's Decimal is implie	treatment. To include the third character. Alphanumeric DDE_6 rnational Classification r a condition that coex treatment. To include d following the third of Alphanumeric	e the 4th, 5th, 6th and 7 <b>Data Source:</b> on of Diseases – Revisi kists with the principal e, including the 4th, 5th character.	th digits if applicable. Decimal is <u>Claim</u> on 10 – Clinical Modification) diagnosis or develops subsequently a, 6th and 7th digits if applicable.
Field 46: Length:	during a patient's implied following 7 Type: OTH_DIAG_CC ICD-10-CM (Inte diagnosis code for during a patient's Decimal is implie 7 Type: OTH_DIAG_CC	treatment. To include the third character. Alphanumeric DDE_6 rnational Classification r a condition that coex treatment. To include d following the third of Alphanumeric DDE_7	e the 4th, 5th, 6th and 7 <b>Data Source:</b> on of Diseases – Revisi xists with the principal e, including the 4th, 5th character. <b>Data Source:</b>	th digits if applicable. Decimal is <u>Claim</u> on 10 – Clinical Modification) diagnosis or develops subsequently a, 6th and 7th digits if applicable.

T	implied following th		Data Sa	
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 48:	OTH_DIAG_COD		on of Diseases Revisi	on 10 – Clinical Modification)
				diagnosis or develops subsequently
				th digits if applicable. Decimal is
	implied following th		, and this out, out and t	
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 49:	OTH DIAG COD	÷		
			on of Diseases – Revisio	on 10 – Clinical Modification)
				diagnosis or develops subsequently
	during a patient's tre	atment. To include	e the 4th, 5th, 6th and 7	th digits if applicable. Decimal is
	implied following th			
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 50:	OTH_DIAG_COD			
				on 10 – Clinical Modification)
				diagnosis or develops subsequently
			e the 4th, 5th, 6th and 7	th digits if applicable. Decimal is
Lanatha	implied following th		Data Carrier	Claim
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 51:	OTH_DIAG_COD		n of Diagona Daviai	an 10 Clinical Madification)
				on 10 – Clinical Modification) diagnosis or develops subsequently
				th digits if applicable. Decimal is
	implied following th		uic 4m, 5m, 6m and 7	th digits if applicable. Deefinal is
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 52:	OTH DIAG COD	<u>.</u>	Dutu Sourcer	Chuin
			on of Diseases – Revisi	on 10 – Clinical Modification)
				diagnosis or develops subsequently
				th digits if applicable. Decimal is
	implied following th	e third character.		• •
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 53:	OTH_DIAG_COD			
				on 10 – Clinical Modification)
				diagnosis or develops subsequently
			e the 4th, 5th, 6th and $7^{\circ}$	th digits if applicable. Decimal is
	implied following th			
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 54:	OTH_DIAG_COD		(D' D''	
				on 10 – Clinical Modification)
				diagnosis or develops subsequently th digits if applicable. Decimal is
	implied following th		e uie 4ui, 5ui, 6ui and 7	th digits if applicable. Decimal is
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 55:	OTH DIAG COD	÷	Data Source.	Cluim
riciu 33.			on of Diseases – Revisi	on 10 – Clinical Modification)
				diagnosis or develops subsequently
				th digits if applicable. Decimal is
	implied following th		ini, our und /	an angles it approactes Decimal 15
Length:			<b>Data Source:</b>	Claim
Length: Field 56:	7 Type: OTH DIAG COD	Alphanumeric	Data Source:	Claim
	7 Type: OTH_DIAG_COD	Alphanumeric E_16		Claim on 10 – Clinical Modification)

		nt's treatment. To include ving the third character.	e the 4th, 5th, 6th and 7t	h digits if applicable. Decimal is
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 57:	OTH DIAG		Dutu Sourcer	Cluim
			on of Diseases – Revisio	on 10 – Clinical Modification)
				diagnosis or develops subsequently
	-			h digits if applicable. Decimal is
		ving the third character.		0 11
Length:	7 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
Field 58:	OTH_DIAG_	CODE_18		
				on 10 – Clinical Modification)
				diagnosis or develops subsequently
			e the 4th, 5th, 6th and 7t	h digits if applicable. Decimal is
		ving the third character.		
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 59:	OTH_DIAG_		(D' D''	
				on 10 – Clinical Modification)
				diagnosis or develops subsequently
		ving the third character.	e the 4th, 5th, 6th and 7t	h digits if applicable. Decimal is
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 60:	OTH DIAG		Data Source.	Claim
riciu 00.			on of Diseases – Revisio	on 10 – Clinical Modification)
				diagnosis or develops subsequently
				h digits if applicable. Decimal is
		ving the third character.	, ,	6 11
Length:	7 Type:	Alphanumeric	<b>Data Source:</b>	Claim
Field 61:	OTH_DIAG_	CODE_21		
				on 10 – Clinical Modification)
				diagnosis or develops subsequently
			e the 4th, 5th, 6th and 7t	h digits if applicable. Decimal is
r a	-	ving the third character.	<b>D</b> ( )	
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 62:	OTH_DIAG_		on of Disanson Pavisi	n 10 Clinical Madification)
				on 10 – Clinical Modification) diagnosis or develops subsequently
				h digits if applicable. Decimal is
	0 1	ving the third character.	, the still, still, our and st	ii digits ii applicable. Decimar is
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 63:	OTH DIAG		2	
			on of Diseases – Revisio	on 10 – Clinical Modification)
				diagnosis or develops subsequently
	during a patier	nt's treatment. To include	e the 4th, 5th, 6th and 7t	h digits if applicable. Decimal is
	implied follow	ving the third character.		
Length:	7 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
Field 64:	OTH_DIAG_			
				on 10 – Clinical Modification)
				diagnosis or develops subsequently
			e the 4th, 5th, 6th and 7t	h digits if applicable. Decimal is
	-	ving the third character.		
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 65:	<b>RELATED</b> (	CAUSE CODE 1		
i leiu 051			o	
	Code identify	ng an accompanying cau	se of an illness, injury o	or an accident.
Coding Scheme:			ise of an illness, injury o	or an accident.

	AP Another par	ty responsible		
	EM Employmen			
	OA Other accide			
Length:	2 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
Field 66:	RELATED CAU			
			se of an illness, injury o	or an accident.
Coding Scheme:		D CAUSE CODE 1		
Length:	2 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
Field 67:	RELATED_CAU	SE_CODE_3		
			se of an illness, injury o	or an accident.
Coding Scheme:		D_CAUSE_CODE_1		
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 68:	E_CODE_1			
				10-CM (International Classification
				code that is used to classify injury
				5th, 6th and 7th digits if applicable.
T	-	I following the third of		
Length:	<u>7 Type:</u>	Alphanumeric	Data Source:	Claim
Field 69:	E_CODE_2	Course of Manh Hiter	Inium Calais an ICD	10 CM dia ana sia anda that is used
				-10-CM diagnosis code that is used o include the 4th, 5th, 6th and 7th
				racter (See Field # 68).
Length:	7 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 70:	E_CODE_3	Alphanumene	Data Source.	Claim
		Cause of Morbidity/	Injury Code is an ICD.	10-CM (International Classification
				code that is used to classify injury
				5th, 6th and 7th digits if applicable
			character (See Field # 6	
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 71:	E CODE 4			
	E-Code – External	Cause of Morbidity/	Injury Code is an ICD-	10-CM (International Classification
				code that is used to classify injury
				5th, 6th and 7th digits if applicable.
	-	l following the third of		
Length:	7 Type:	Alphanumeric		
Field 72:		riphanamerie	Data Source:	Claim
	E_CODE_5	•		
	E_CODE_5 E-Code – External	Cause of Morbidity/	Injury Code is an ICD-	10-CM (International Classification
	E_CODE_5 E-Code – External of Diseases – Revis	Cause of Morbidity/ sion 10 – Clinical Mo	Injury Code is an ICD- odification) diagnosis c	-10-CM (International Classification code that is used to classify injury
	E_CODE_5 E-Code – External of Diseases – Revi- events by mechanic	Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of inju	Injury Code is an ICD- odification) diagnosis o ry. To include the 4th,	10-CM (International Classification
Longth	E_CODE_5 E-Code – External of Diseases – Revi events by mechanic Decimal is implied	Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of injust l following the third of	Injury Code is an ICD- odification) diagnosis c ry. To include the 4th, character.	-10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable.
	E_CODE_5 E-Code – External of Diseases – Revi events by mechanic Decimal is implied 7 Type:	Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of inju	Injury Code is an ICD- odification) diagnosis o ry. To include the 4th,	-10-CM (International Classification code that is used to classify injury
	E_CODE_5 E-Code – External of Diseases – Revi events by mechanic Decimal is implied 7 Type: E_CODE_6	Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of injus l following the third of Alphanumeric	Injury Code is an ICD- odification) diagnosis c ry. To include the 4th, character. <b>Data Source:</b>	-10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim
	E_CODE_5 E-Code – External of Diseases – Revi- events by mechanic Decimal is implied 7 Type: E_CODE_6 E-Code – External	Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of injur l following the third of Alphanumeric Cause of Morbidity/	Injury Code is an ICD- odification) diagnosis c ry. To include the 4th, character. <b>Data Source:</b> Injury Code is an ICD-	-10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim -10-CM (International Classification
	E_CODE_5 E-Code – External of Diseases – Revi- events by mechani- Decimal is implied 7 Type: E_CODE_6 E-Code – External of Diseases – Revi-	Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of inju l following the third o Alphanumeric Cause of Morbidity/ sion 10 – Clinical Mo	Injury Code is an ICD- odification) diagnosis o ry. To include the 4th, character. <b>Data Source:</b> Injury Code is an ICD- odification) diagnosis o	-10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim -10-CM (International Classification code that is used to classify injury
	E_CODE_5 E-Code – External of Diseases – Revi- events by mechani- Decimal is implied 7 Type: E_CODE_6 E-Code – External of Diseases – Revi- events by mechani-	Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of injus l following the third of <u>Alphanumeric</u> Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of injust	Injury Code is an ICD- odification) diagnosis of ry. To include the 4th, character. <b>Data Source:</b> Injury Code is an ICD- odification) diagnosis of ry. To include the 4th,	-10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim -10-CM (International Classification
Field 73:	E_CODE_5 E-Code – External of Diseases – Revi events by mechanic Decimal is implied 7 Type: E_CODE_6 E-Code – External of Diseases – Revi events by mechanic Decimal is implied	Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of injust l following the third of <u>Alphanumeric</u> Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of injust l following the third of	Injury Code is an ICD- odification) diagnosis c ry. To include the 4th, character. <b>Data Source:</b> Injury Code is an ICD- odification) diagnosis c ry. To include the 4th, character.	<ul> <li>10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable.</li> <li>Claim</li> <li>10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable.</li> </ul>
Field 73: Length:	E_CODE_5 E-Code – External of Diseases – Revi events by mechanic Decimal is implied 7 Type: E_CODE_6 E-Code – External of Diseases – Revi events by mechanic Decimal is implied 7 Type:	Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of injus l following the third of <u>Alphanumeric</u> Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of injust	Injury Code is an ICD- odification) diagnosis of ry. To include the 4th, character. <b>Data Source:</b> Injury Code is an ICD- odification) diagnosis of ry. To include the 4th,	-10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim -10-CM (International Classification code that is used to classify injury
Field 73: Length:	E_CODE_5 E-Code – External of Diseases – Revi events by mechanic Decimal is implied 7 Type: E_CODE_6 E-Code – External of Diseases – Revi events by mechanic Decimal is implied 7 Type: E_CODE_7	Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of injui l following the third of Alphanumeric Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of injui l following the third of Alphanumeric	Injury Code is an ICD- odification) diagnosis of ry. To include the 4th, character. <b>Data Source:</b> Injury Code is an ICD- odification) diagnosis of ry. To include the 4th, character. <b>Data Source:</b>	<ul> <li>10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable.</li> <li>Claim</li> <li>10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable.</li> <li>Claim</li> </ul>
Field 73: Length:	E_CODE_5 E-Code – External of Diseases – Revi events by mechanic Decimal is implied 7 Type: E_CODE_6 E-Code – External of Diseases – Revi events by mechanic Decimal is implied 7 Type: E_CODE_7 E-Code – External	Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of injui l following the third of Alphanumeric Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of injui l following the third of Alphanumeric Cause of Morbidity/	Injury Code is an ICD- odification) diagnosis of ry. To include the 4th, character. <b>Data Source:</b> Injury Code is an ICD- odification) diagnosis of ry. To include the 4th, character. <b>Data Source:</b> Injury Code is an ICD-	<ul> <li>10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable.</li> <li>Claim</li> <li>10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable.</li> <li>Claim</li> <li>10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable.</li> <li>Claim</li> <li>10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable.</li> </ul>
Field 73: Length:	E_CODE_5 E-Code – External of Diseases – Revi events by mechanic Decimal is implied 7 Type: E_CODE_6 E-Code – External of Diseases – Revi events by mechanic Decimal is implied 7 Type: E_CODE_7 E-Code – External of Diseases – Revi	Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of injun l following the third of Alphanumeric Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of injun l following the third of Alphanumeric Cause of Morbidity/ sion 10 – Clinical Mo	Injury Code is an ICD- odification) diagnosis of ry. To include the 4th, character. <b>Data Source:</b> Injury Code is an ICD- odification) diagnosis of ry. To include the 4th, character. <b>Data Source:</b> Injury Code is an ICD- odification) diagnosis of	<ul> <li>-10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable.</li> <li>Claim</li> <li>-10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable.</li> <li>Claim</li> <li>-10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable.</li> </ul>
Field 73: Length:	E_CODE_5 E-Code – External of Diseases – Revi events by mechanic Decimal is implied 7 Type: E_CODE_6 E-Code – External of Diseases – Revi events by mechanic Decimal is implied 7 Type: E_CODE_7 E-Code – External of Diseases – Revi events by mechanic	Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of injun l following the third of Alphanumeric Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of injun l following the third of Alphanumeric Cause of Morbidity/ sion 10 – Clinical Mo	Injury Code is an ICD- odification) diagnosis of ry. To include the 4th, character. <b>Data Source:</b> Injury Code is an ICD- odification) diagnosis of ry. To include the 4th, character. <b>Data Source:</b> Injury Code is an ICD- odification) diagnosis of ry. To include the 4th,	<ul> <li>10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable.</li> <li>Claim</li> <li>10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable.</li> <li>Claim</li> <li>10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable.</li> <li>Claim</li> <li>10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable.</li> </ul>
Length: Field 73: Length: Field 74: Length:	E_CODE_5 E-Code – External of Diseases – Revi events by mechanic Decimal is implied 7 Type: E_CODE_6 E-Code – External of Diseases – Revi events by mechanic Decimal is implied 7 Type: E_CODE_7 E-Code – External of Diseases – Revi events by mechanic	Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of injun l following the third of Alphanumeric Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of injun l following the third of Alphanumeric Cause of Morbidity/ sion 10 – Clinical Mo sm and intent of injun	Injury Code is an ICD- odification) diagnosis of ry. To include the 4th, character. <b>Data Source:</b> Injury Code is an ICD- odification) diagnosis of ry. To include the 4th, character. <b>Data Source:</b> Injury Code is an ICD- odification) diagnosis of ry. To include the 4th,	<ul> <li>-10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable.</li> <li>Claim</li> <li>-10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable.</li> <li>Claim</li> <li>-10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable.</li> </ul>

#### EMERGENCY DEPARTMENT RESEARCH DATA FILE E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Type: Alphanumeric **Data Source:** Length: 7 Claim E CODE 9 Field 76: E-Code - External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric **Data Source:** Claim Field 77: E CODE 10 E-Code - External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification of Diseases - Revision 10 - Clinical Modification) diagnosis code that is used to classify injury events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Alphanumeric **Data Source:** Length: Type: Claim 7 Field 78: **PROC CODE 1** Code for the surgical or other procedure with the highest charge performed during the period covered by the bill. HCPCS or CPT code. HCPCS is a collection of standardized codes used to ensure healthcare claims are processed in an orderly and consistent manner. Divided into Level 1 (CPT - Current Procedural Terminology) codes and Level 2 (products, supplies, and services not included in CPT such as ambulance services and durable medical equipment). Alphanumeric **Data Source:** Claim Length: 5 Type: PROC CODE 2 Field 79: Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Alphanumeric Length: 5 Type: **Data Source:** Claim Field 80: PROC CODE 3 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Length: Alphanumeric 5 Type: **Data Source:** Claim **PROC CODE 4** Field 81: 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: Type: Alphanumeric **Data Source:** Claim 5 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. Alphanumeric **Data Source:** Length: 5 Type: Claim Field 84: **PROC CODE 7** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Alphanumeric Length: Type: **Data Source:** Claim 5 **PROC CODE 8** Field 85: Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Alphanumeric **Data Source:** Claim Length: 5 Type: PROC CODE 9 Field 86: Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 87:	PROC_CODE_			
				arge performed during the period
		II. HCPCS or CPT coc		~. ·
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 88:	PROC_CODE_			
				arge performed during the period
Tanadha	•	II. HCPCS or CPT coc		C1 :
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 89:	PROC_CODE_		41. 41	
		ll. HCPCS or CPT coc		arge performed during the period
Length:	5 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 90:	PROC CODE		Data Source.	Cialili
riela 90:			th the next highest cho	arge performed during the period
		11. HCPCS or CPT coc		age performed during the period
Longth	5 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Length: Field 91:	PROC CODE		Data Source:	Ciaiiii
			th the next highest and	arge performed during the period
		11. HCPCS or CPT coc		age performed during the period
Length:	5 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 92:	PROC CODE	1	Data Source.	Cialili
Ficiu 92.			th the next highest cha	arge performed during the period
		11. HCPCS or CPT coc		inge performed during the period
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 93:	PROC CODE	*	Data Source.	Claim
Field <b>35</b> .			th the next highest cha	arge performed during the period
		11. HCPCS or CPT coc		lige performed during the period
Length:	5 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 94:	PROC CODE	1	Data Source.	Claim
Ficiu <i>9</i> 4.			th the next highest cha	arge performed during the period
		II. HCPCS or CPT coc		inge performed during the period
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 95:	PROC CODE		Data Source.	Ciuini
riciu 75.			th the next highest cha	arge performed during the period
		II. HCPCS or CPT cod		age performed during the period
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 96:	PROC CODE	1	2	
i iciu > 01			th the next highest cha	arge performed during the period
		ll. HCPCS or CPT cod		age performed daring the period
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 97:	PROC CODE			
			th the next highest cha	arge performed during the period
		ll. HCPCS or CPT cod		
Length:	5 Type:	Alphanumeric	<b>Data Source:</b>	Claim
Field 98:	PROC CODE	1		
			th the next highest cha	arge performed during the period
		ll. HCPCS or CPT cod		
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 99:	PROC CODE	*		
			th the next highest cha	arge performed during the period
		ll. HCPCS or CPT cod		6 1
T	5 Type:	Alphanumeric	Data Source:	Claim
Length:				

	Code for surgical or other procedure with the next covered by the bill. HCPCS or CPT code.	0	
Length:	5 Type: Alphanumeric Data S	ource:	Claim
Field 101:	PROC CODE 24	041000	Ciwilli
	Code for surgical or other procedure with the next covered by the bill. HCPCS or CPT code.	highes	st charge performed during the period
Length:	5 Type: Alphanumeric Data S	ource:	Claim
Field 102:	PROC CODE 25		
11010 1020	Code for surgical or other procedure with the next covered by the bill. HCPCS or CPT code.	highe	st charge performed during the period
Length:	5 Type: Alphanumeric Data S	ource:	Claim
Field 103:	<b>PHYSICIAN1_INDEX_NUMBER</b> Unique identifier assigned to the licensed physicia services rendered, with primary responsibility for Physician is an individual licensed to practice med include an individual other than a physician who a diagnostic or therapeutic procedures to inpatients, nurse practitioners, nurse midwives, and podiatris patients.	in expe the pat licine u idmits includ	ected to certify medical necessity of ient's medical care and treatment. Inder the Medical Practice Act. Can patients to hospitals or who provides ing psychologists, chiropractors, dentists,
Longth			Assigned
Length: Field 104:	10Type:AlphanumericData SPHYSICIAN2INDEXNUMBER	ource:	Assigned
	physician. Physician is an individual licensed to p Can include an individual other than a physician v	vho adı	nits patients to hospitals or who provides
	diagnostic or therapeutic procedures to inpatients, nurse practitioners, nurse midwives, and podiatris		
Longth	nurse practitioners, nurse midwives, and podiatris patients.	ts auth	orized by the hospital to admit or treat
Length: Field 105:	nurse practitioners, nurse midwives, and podiatris	ts auth	
	nurse practitioners, nurse midwives, and podiatrispatients.10Type:AlphanumericData SOCCUR_CODE_1Code describing a significant event relating to the associated with a specific date.	ts autho ource: claim	orized by the hospital to admit or treat Assigned
	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.         01       Auto accident	ts autho ource: claim 40	orized by the hospital to admit or treat Assigned
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.       01         01       Auto accident       02       No Fault Insurance Involved - Including Auto	ts autho ource: claim	Assigned Assigned that may affect payer processing and is
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.       01         01       Auto accident       02       No Fault Insurance Involved - Including Auto Accident/Other	ts autho ource: claim 40 41	Assigned Assigned that may affect payer processing and is Scheduled date of admission Date of first test of pre-admission testing
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.         01       Auto accident       02       No Fault Insurance Involved - Including Auto Accident/Other         03       Accident/ Tort Liability	ts autho ource: claim 40	Assigned Assigned that may affect payer processing and is Scheduled date of admission
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.         01       Auto accident       02       No Fault Insurance Involved - Including Auto Accident/Other         03       Accident/ Tort Liability	ts authonic to the second seco	Assigned Assigned that may affect payer processing and is Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only)
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.         01       Auto accident       02       No Fault Insurance Involved - Including Auto Accident/Other         03       Accident/ Tort Liability       04       Accident/Employment Related         05       Other accident       06       Crime Victim	ts autho ource: claim 40 41 42 43 44 45	Assigned Assigned that may affect payer processing and is Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.       01         01       Auto accident       02       No Fault Insurance Involved - Including Auto Accident/Other         03       Accident/ Tort Liability       04       Accident/ Employment Related         05       Other accident       06       Crime Victim         09       Start of Infertility Treatment Cycle       04	ts autho ource: claim 40 41 42 43 44 45 46	Assigned Assigned that may affect payer processing and is Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.       01         01       Auto accident       02       No Fault Insurance Involved - Including Auto Accident/Other         03       Accident/ Tort Liability       04       Accident/ Employment Related         05       Other accident       06       Crime Victim         09       Start of Infertility Treatment Cycle       10       Last Menstrual Period	ts authors ource: claim 40 41 42 43 44 45 46 47	Assigned Assigned that may affect payer processing and is Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.         01       Auto accident       02       No Fault Insurance Involved - Including Auto Accident/Other         03       Accident/ Tort Liability       04       Accident/Employment Related         05       Other accident       09       Start of Infertility Treatment Cycle         10       Last Menstrual Period       11       Onset of Symptoms/ Illness	ts autho ource: claim 40 41 42 43 44 45 46 47 A1	Assigned Assigned that may affect payer processing and is Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1         Code describing a significant event relating to the associated with a specific date.         01       Auto accident       02       No Fault Insurance Involved - Including Auto Accident/Other         03       Accident/ Tort Liability       04       Accident/Employment Related         05       Other accident       06       Crime Victim         09       Start of Infertility Treatment Cycle       10       Last Menstrual Period         11       Onset of Symptoms/ Illness       12       Date of Onset for a Chronically Dependent	ts authors ource: claim 40 41 42 43 44 45 46 47	Assigned Assigned that may affect payer processing and is Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.         01       Auto accident         02       No Fault Insurance Involved - Including Auto Accident/Other         03       Accident/ Tort Liability         04       Accident/ Tort Liability         05       Other accident         06       Crime Victim         09       Start of Infertility Treatment Cycle         10       Last Menstrual Period         11       Onset of Symptoms/ Illness         12       Date of Onset for a Chronically Dependent Individual	ts autho ource: claim 40 41 42 43 44 45 46 47 A1 A2	Assigned Assigned that may affect payer processing and is Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.         01       Auto accident         02       No Fault Insurance Involved - Including Auto Accident/Other         03       Accident/ Tort Liability         04       Accident/ Tort Liability         05       Other accident         06       Crime Victim         09       Start of Infertility Treatment Cycle         10       Last Menstrual Period         11       Onset of Symptoms/ Illness         12       Date of Onset for a Chronically Dependent Individual         16       Date of Last Therapy         17       Date Outpatient OT Plan Established or Last Reviewed	ts autho ource: claim 40 41 42 43 44 45 46 47 A1	Assigned Assigned that may affect payer processing and is Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.         01       Auto accident         02       No Fault Insurance Involved - Including Auto Accident/Other         03       Accident/ Tort Liability         04       Accident/ Tort Liability         05       Other accident         06       Crime Victim         09       Start of Infertility Treatment Cycle         10       Last Menstrual Period         11       Onset of Symptoms/ Illness         12       Date of Conset for a Chronically Dependent Individual         16       Date of Last Therapy         17       Date of Retirement OT Plan Established or Last Reviewed         18       Date of Retirement - Patient/Beneficiary	ts autho ource: claim 40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1	Assigned Assigned that may affect payer processing and is Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.         01       Auto accident         02       No Fault Insurance Involved - Including Auto Accident/Other         03       Accident/ Tort Liability         04       Accident/ Tort Liability         05       Other accident         06       Crime Victim         09       Start of Infertility Treatment Cycle         10       Last Menstrual Period         11       Onset of Symptoms/ Illness         12       Date of Conset for a Chronically Dependent Individual         16       Date of Last Therapy         17       Date of Last Therapy         17       Date of Retirement - Patient/Beneficiary         18       Date of Retirement - Spouse	ts autho ource: claim 40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2	Assigned Assigned that may affect payer processing and is Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.         01       Auto accident       Output         02       No Fault Insurance Involved - Including Auto Accident/Other         03       Accident/ Tort Liability         04       Accident/ Tort Liability         05       Other accident         06       Crime Victim         09       Start of Infertility Treatment Cycle         10       Date of Symptoms/ Illness         12       Date of Chast Therapy         17       Date of Last Therapy         17       Date of Retirement - Patient/Beneficiary         18       Date of Retirement - Spouse         20       Date Guarantee of Payment Began	ts autho ource: claim 40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3	Assigned Assigned that may affect payer processing and is Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.         01       Auto accident       Ozenation         02       No Fault Insurance Involved - Including Auto Accident/Other         03       Accident/ Tort Liability         04       Accident/ Tort Liability         05       Other accident         06       Crime Victim         09       Start of Infertility Treatment Cycle         10       Date of Symptoms/ Illness         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	ts autho ource: claim 40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1	Assigned Assigned that may affect payer processing and is Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.         01       Auto accident         02       No Fault Insurance Involved - Including Auto Accident/Other         03       Accident/ Tort Liability         04       Accident/ Tort Liability         05       Other accident         06       Crime Victim         09       Start of Infertility Treatment Cycle         10       Last Menstrual Period         11       Onset of Symptoms/ Illness         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 UR Notice Received         21       Date UR Notice Received         22       Date Active Care Ended	ts autho ource: claim 40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2	Assigned Assigned that may affect payer processing and is Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - ST Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Effective date - Insured C Policy
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.         01       Auto accident         02       No Fault Insurance Involved - Including Auto Accident/Other         03       Accident/ Tort Liability         04       Accident/Tort Liability         05       Other accident         06       Crime Victim         09       Start of Infertility Treatment Cycle         10       Last Menstrual Period         11       Onset of Symptoms/ Illness         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 Guarantee of Payment Began         21       Date UR Notice Received         22       Date Active Care Ended         24       Date Insurance Denied	ts autho ource: claim 40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2 C3	Assigned Assigned that may affect payer processing and is Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Policy Payer C benefits exhausted
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.         01       Auto accident         02       No Fault Insurance Involved - Including Auto Accident/Other         03       Accident/ Tort Liability         04       Accident/Tort Liability         05       Other accident         06       Crime Victim         09       Start of Infertility Treatment Cycle         10       Last Menstrual Period         11       Onset of Symptoms/ Illness         12       Date of 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 Benefits Terminated by Primary Payer	ts autho ource: claim 40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2 C3 DR	Assigned Assigned that may affect payer processing and is Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - ST Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Policy Payer C benefits exhausted Katrina disaster related
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.         01       Auto accident         02       No Fault Insurance Involved - Including Auto Accident/Other         03       Accident/ Tort Liability         04       Accident/Tort Liability         05       Other accident         06       Crime Victim         09       Start of Infertility Treatment Cycle         10       Last Menstrual Period         11       Onset of Symptoms/ Illness         12       Date of Onset for a Chronically Dependent Individual         16       Date of Cast 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 SNF Bed Became Available	ts autho ource: claim 40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2 C3 DR E1	Assigned Assigned that may affect payer processing and is Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Effective date - Insured C Birthdate - Insured D
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.         01       Auto accident         02       No Fault Insurance Involved - Including Auto Accident/Other         03       Accident/ Tort Liability         04       Accident/ Tort Liability         04       Accident/ Tort Liability         04       Accident/ Tort Liability         04       Accident Period         05       Other accident         06       Crime Victim         09       Start of Infertility Treatment Cycle         10       Last Menstrual Period         11       Onset of Symptoms/ Illness         12       Date of Choset 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	ts autho ource: claim 40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2 C3 DR E1 E2	Assigned Assigned that may affect payer processing and is Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Effective date - Insured D Effective date - Insured D Effective date - Insured D
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.         01       Auto accident       O         02       No Fault Insurance Involved - Including Auto Accident/Other         03       Accident/ Tort Liability         04       Accident/ Employment Related         05       Other accident         06       Crime Victim         09       Start of Infertility Treatment Cycle         10       Last Menstrual Period         11       Onset of Symptoms/ Illness         12       Date of Conset for a Chronically Dependent Individual         16       Date of Cast Therapy         17       Date of Retirement - Patient/Beneficiary         18       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 <t< td=""><td>ts autho ource: claim 40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2 C3 DR E1</td><td>Assigned Assigned that may affect payer processing and is Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Effective date - Insured C Birthdate - Insured D</td></t<>	ts autho ource: claim 40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2 C3 DR E1	Assigned Assigned that may affect payer processing and is Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Effective date - Insured C Birthdate - Insured D
Field 105:	nurse practitioners, nurse midwives, and podiatris patients.         10       Type:       Alphanumeric       Data S         OCCUR_CODE_1       Code describing a significant event relating to the associated with a specific date.         01       Auto accident         02       No Fault Insurance Involved - Including Auto Accident/Other         03       Accident/ Tort Liability         04       Accident/ Tort Liability         04       Accident/ Tort Liability         04       Accident/ Tort Liability         04       Accident Period         05       Other accident         06       Crime Victim         09       Start of Infertility Treatment Cycle         10       Last Menstrual Period         11       Onset of Symptoms/ Illness         12       Date of Choset 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	ts autho ource: claim 40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2 C3 DR E1 E2	Assigned Assigned that may affect payer processing and is Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Effective date - Insured D Effective date - Insured D Effective date - Insured D

	31 Date beneficiary notified of inter	nt to bill F3	Payer E benefits exhausted
	<ul><li>(accommodations)</li><li>32 Date beneficiary notified of inter</li></ul>	nt to bill G1	Birthdate - Insured F
	(procedures or treatments)	f	
	37 Date of inpatient hospital dischart transplant patients	rge for non-covered G2	Effective date - Insured F Policy
	<ul><li>38 Date treatment started for home</li><li>39 Date discharged on a continuous</li></ul>		Payer F benefits exhausted
Length:	2 <b>Type:</b> Alphanume	ric Data Sourc	e: Claim
Field 106:	OCCUR DATE 1		
	Date of occurrence, as YYYYMM	DD.	
Length:	8 Type: Alphanume	ric Data Source	e: Claim
Field 107:	OCCUR_DAY_1		
	Occurrence Day equals Occurren		
Length:	4 Type: Alphanume	ric Data Source	e: Calculated
Field 108:	OCCUR_CODE_2 Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date		
Coding Scheme:	Same as OCCUR CODE 1.		
Length:	2 <b>Type:</b> Alphanume	ric Data Sourc	e: Claim
Field 109:	OCCUR DATE 2		
	Date of occurrence, as <i>YYYYMM</i>	DD.	
Length:	8 Type: Alphanume	ric Data Source	e: Claim
Field 110:	OCCUR_DAY_2		
	Occurrence Day equals Occurren		
Length:	4 <b>Type:</b> Alphanume	ric Data Source	e: Calculated
Field 111:	OCCUR_CODE_3		
	associated with a specific date.	ent relating to the clain	n that may affect payer processing and is
Coding Scheme:	Same as OCCUR_CODE_1.		
Length:	2 <b>Type:</b> Alphanume	ric Data Source	e: Claim
Field 112:	OCCUR_DATE_3		
r a	Date of occurrence, as <i>YYYYMM</i>		
Length:	8 Type: Alphanume	ric Data Source	e: Claim
Field 113:	OCCUR_DAY_3 Occurrence Day <i>equals</i> Occurrence <i>minus</i> STMT PERIOD FROM Date.		
[ ongth.	• 1		—
Length: Field 114:	4     Type:     Alphanume       OCCUR     CODE     4	Data Source	calculated
rielu 114:	Code describing a significant event relating to the claim that may affect payer processing and is		
	associated with a specific date.		
Coding Scheme:	Same as OCCUR_CODE_1.		
Length:	2 <b>Type:</b> Alphanume	ric Data Source	e: Claim
Field 115:	OCCUR DATE 4		
	Date of occurrence, as <i>YYYYMM</i>	DD.	
Length:	8 <b>Type:</b> Alphanume		e: Claim
Field 116:	OCCUR DAY 4		
	Occurrence Day equals Occurren	nce Date minus STMT	PERIOD_FROM Date.
Length:	4 <b>Type:</b> Alphanume	ric Data Source	e: Calculated
Field 117:	OCCUR_CODE_5		
	Code describing a significant event relating to the claim that may affect payer processing and is		
	associated with a specific date.		
Coding Scheme:	Same as OCCUR_CODE_1.		~ .
Length:	2 <b>Type:</b> Alphanume	ric Data Source	e: Claim
Field 118:	OCCUR_DATE_5	<b>D</b> D	
T	Date of occurrence, as <i>YYYYMM</i>		
Length:	8 <b>Type:</b> Alphanume	ric Data Source	e: Claim
2024		<b>D F</b> A	
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Field 119:	OCCUR_DAY_5		
<b>T</b> (1	Occurrence Day equals Occur		—
Length:	4 Type: Alphanu	meric Data Source:	Calculated
Field 120:	associated with a specific date		t may affect payer processing and is
Coding Scheme:	Same as OCCUR_CODE_1. 2 <b>Type:</b> Alphanur	meric Data Source:	Claim
Length:		nenc Data Source:	Claini
Field 121:	OCCUR_DATE_6 Date of occurrence, as <i>YYYYM</i>		
[ ongth.	-		Claim
Length: Field 122:	<u>vi</u> 1	nenc Data Source:	Claini
	OCCUR_DAY_6	non og Data minur STMT DEL	DIOD EDOM Data
I ongth.	Occurrence Day <i>equals</i> Occur 4 <b>Type:</b> Alphanur		Calculated
Length: Field 123:	4     Type:     Alphanun       OCCUR     CODE     7	meric Data Source:	Calculated
Coding Scheme:			t may affect payer processing and is
Length:	2 <b>Type:</b> Alphanur	meric Data Source:	Claim
Field 124:	OCCUR DATE 7		
	Date of occurrence, as <i>YYYYM</i>	MDD.	
Length:	8 <b>Type:</b> Alphanu		Claim
Field 125:	OCCUR DAY 7		
	Occurrence Day <i>equals</i> Occur	rence Date minus STMT PEI	RIOD FROM Date.
Length:	4 <b>Type:</b> Alphanur		Calculated
Field 126:	OCCUR_CODE_8		
Coding Scheme:	associated with a specific date Same as OCCUR_CODE_1.		t may affect payer processing and is
Length:	2 <b>Type:</b> Alphanur	meric Data Source:	Claim
Field 127:	OCCUR_DATE_8		
	Date of occurrence, as <i>YYYYM</i>		~. ·
Length:	8 Type: Alphanu	meric Data Source:	Claim
Field 128:	OCCUR_DAY_8		
	Occurrence Day equals Occur		—
Length:	4 <b>Type:</b> Alphanur	meric Data Source:	Calculated
Field 129:	associated with a specific date		t may affect payer processing and is
Coding Scheme:	Same as OCCUR_CODE_1.		
Length:	2 <b>Type:</b> Alphanur	meric Data Source:	Claim
Field 130:	OCCUR_DATE_9		
	Date of occurrence, as <i>YYYYM</i>		
Length:	8 <b>Type:</b> Alphanur	meric Data Source:	Claim
Field 131:	OCCUR_DAY_9		
	Occurrence Day equals Occur		—
Length:	4 <b>Type:</b> Alphanur	meric Data Source:	Calculated
Field 132: Coding Scheme:	OCCUR_CODE_10 Code describing a significant of associated with a specific date Same as OCCUR_CODE_1.		t may affect payer processing and is
Length:	2 Type: Alphanur	meric Data Source:	Claim
Field 133:	OCCUR_DATE_10		
	Date of occurrence, as YYYYM		
Length:	8 <b>Type:</b> Alphanu	meric Data Source:	Claim
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F:	OCCUP DAY 10		
Field 134:	OCCUR_DAY_10		
T d	Occurrence Day <i>equals</i> Occurrence Dat		—
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Calculated
Field 135:	OCCUR_CODE_11		20 · · · · · ·
	Code describing a significant event rela	ting to the claim th	at may affect payer processing and is
	associated with a specific date.		
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.		
Length:	2 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
Field 136:	OCCUR_DATE_11		
	Date of occurrence, as YYYYMMDD.		
Length:	8 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
Field 137:	OCCUR_DAY_11		
	Occurrence Day equals Occurrence Dat	te minus STMT_PH	ERIOD_FROM Date.
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Calculated
Field 138:	OCCUR CODE 12		
	Code describing a significant event rela	ting to the claim th	at may affect payer processing and is
	associated with a specific date.	8	J 1 J 1 8
<b>Coding Scheme:</b>	Same as OCCUR CODE 1.		
Length:	2 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
Field 139:	OCCUR_DATE_12		
	Date of occurrence, as <i>YYYYMMDD</i> .		
Length:	8 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
Field 140:	OCCUR DAY 12		
	Occurrence Day <i>equals</i> Occurrence Dat	te minus STMT PF	ERIOD FROM Date
Length:	4 <b>Type:</b> Alphanumeric	Data Source:	Calculated
Field 141:	OCCUR SPAN CODE 1	Data Source.	Cultured
11010 141.	Code describing a significant event rela	ting to the claim th	at may affect payer processing that is
	related to a span of dates.	ting to the claim th	at may affect payer processing that is
Coding Scheme:	70 Qualifying stay dates (for SNF use only)	78	SNF prior stay dates
County Scheme.		80	Prior Same SNF prior stay dates for Payment
	71 Prior stay dates	00	Ban Purposes
	72 First/Last Visit	81	Antepartum Days at Reduced Level of Care
	<ul> <li>73 Benefit eligibility period</li> <li>74 Noncovered level of care/Leave of absen</li> </ul>	M0	QIO/UR approved stay dates
	<ul><li>74 Noncovered level of care/Leave of absen</li><li>75 SNF level of care</li></ul>	ce M1 M2	Provider liability - no utilization Inpatient respite dates
	76 Patient Liability Period	M3	ICF level of care
	77 Provider Liability - Utilization Charged	M4	Residential level of care
Length:	2 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 142:	OCCUR_SPAN_FROM_1		
	Occurrence Span From is the Beginning	g Date of Occurren	ce Event.
Length:	8 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
Field 143:	OCCUR_SPAN_THRU_1		
	Occurrence Span Thru is the Ending Da	te of Occurrence E	Event.
Length:	8 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
Field 144:	OCCUR SPAN CODE 2		
	Code describing a significant event rela	ting to the claim th	at may affect payer processing that is
	related to a span of dates.	0	
<b>Coding Scheme:</b>	Same as OCCUR SPAN CODE 1.		
Length:	2 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Claim
Field 145:	OCCUR SPAN FROM 2		
	Occurrence Span From is the Beginning	g Date of Occurren	ce Event.
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 146:	OCCUR_SPAN_THRU_2	2 and Sources	
- 10104 - 101	Occurrence Span Thru is the Ending Da	te of Occurrence F	Event
Length:	8 <b>Type:</b> Alphanumeric	Data Source:	Claim
Field 147:	OCCUR_SPAN_CODE_3	Data Source.	Ciaini
riciu 147.	OCCUR_SIAN_CODE_S		

	Code describing a significant event relating to	the clain	n that may affect payer processing that is
	related to a span of dates.		
Coding Scheme:	Same as OCCUR_SPAN_CODE_1.	G	
Length:		a Sourc	e: Claim
Field 148:	OCCUR_SPAN_FROM_3	0.0	_
	Occurrence Span From is the Beginning Date		
Length:		a Sourc	e: Claim
Field 149:	OCCUR_SPAN_THRU_3		
T	Occurrence Span Thru is the Ending Date of C		
Length:		a Sourc	e: Claim
Field 150:	OCCUR_SPAN_CODE_4	the elein	that more affect norman analogoing that is
	Code describing a significant event relating to related to a span of dates.	the clain	n that may affect payer processing that is
<b>Coding Scheme:</b>	Same as OCCUR SPAN CODE 1.		
Length:		a Sourc	e: Claim
Field 151:	OCCUR_SPAN_FROM_4		
riciu 131.	Occurrence Span From is the Beginning Date	of Occur	manaa Fuant
Length:		a Sourc	
Field 152:	OCCUR SPAN THRU 4		cialini
rielu 152:	Occurrence Span Thru is the Ending Date of C	Courren	pe Event
Length:		a Sourc	
Field 153:	CONDITION CODE 1		
Field 155.	Code required when condition information app	lies to th	e claim or encounter. Condition Codes are
	designed to allow the collection of information		
	venue and billing parameters which impact the		
	Codes are maintained by the National Uniform		
	Billing (UB) Code Set.	0	
	NUCC refers to the National Uniform Claim C	Committe	е.
<b>Coding Scheme:</b>	01 Military service related	83	C-section/Inductions 39 weeks or greater
	02 Condition is employment related	84	Dialysis for Acute Kidney Injury (AKI)
	03 Patient covered by insurance not reflected here	85	Delayed Recertification of Hospice Terminal Illness Additional Hemodialysis Treatment with Medical
	04 Information only bill.	86	Justification
	05 Lien has been filed	A0	TRICARE external partnership program
	06 ESRD patient in first 18 months of entitlement covered by EGHP	A1	EPSDT/CHAP
	Treatment of non-terminal condition for hospice	A2	Divisionally, han discounted shildren's nucleon
	07 patient	AZ	Physically handicapped children's program
	08 Beneficiary would not provide information concerning other insurance coverage	A3	Special Federal Funding
	09 Neither patient or spouse is employed	A4	Family planning
	10 Patient and/or spouse is employed but no EGHP	A5	Disability
	<ul><li>exists</li><li>Disabled beneficiary but no LGHP coverage exists</li></ul>	A6	Vaccines/Medicare 100% payment
	17 Patient is homeless	A9	Second opinion surgery
	18 Maiden name retained	AA	Abortion performed due to rape
	19 Child retains mother's name	AB	Abortion performed due to incest
	20 Beneficiary requested billing	AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality
	21 Billing for denial notice	AD	Abortion performed due to life endangering physical condition
	22 Patient on multiple drug regimen	AE	Abortion performed due to physical health of mother that is not life endangering
	23 Home care giver available	AF	Abortion performed due to emotional/psychological health of mother
	24 Home IV patient also receiving HHA services	AG	Abortion performed due to social or economic reasons
	25 Patient is non-US resident VA aligible patient chooses to receive services in a	AH	Elective abortion
	26 VA eligible patient chooses to receive services in a Medicare certified facility	AI	Sterilization
	27 Patient referred to a sole community hospital for a diagnostic laboratory test	AJ	Payer responsible for co-payment

28       Patient and/or spouse's EGHP is secondary to       AK         29       Disabled beneficiary and/or family member's LGHP is secondary to Medicare       AL         30       Non-research services provided to patients enrolled in a qualified clinical trial       M         31       Patient is student (full time - day)       AN         32       Patient is student (cooperativ/work study program)       B0         33       Patient is student (part-time)       B4         44       General care patient in a special unit       BP         34       Patient is student (part-time)       B4         35       Semi-private room modically necessary       C3         36       Same day transfer       C4         37       Continuing care not related to inpatient admission       C6         36       Continuing care not provided within prescribed post discharge window       C7         41       Inpatient admission changed to outpatient       D0         45       Ambiguous Gender Category       D4         48       Psychiatric residential treatment centers for children and adolescents (RTCs)       D5         49       Product replacement within product lifecycle       D6         50       Product Replacement for Known Recall of a Product       D7         51       A			
29       is secondary to Medicare       AL         30       Non-research services provided to patients enrolled       A         31       Patient is student (full time - day)       AN         32       Patient is student (full time - day)       AN         31       Patient is student (full time - night)       B1         34       Patient is student (part-time)       B4         36       General care patient in a special unit       BP         37       Ward accommodation at patient request       C1         38       Semi-private room not available       C2         39       Priviate room motically necessary       C3         30       Same day transfer       C4         41       Partial hospitalization       C5         42       Continuing care not related to inpatient admission       C6         43       Gischarge window       C1       Inpatient admission changed to outpatient       D0         44       Inpatient admission changed to outpatient       D0       Ambiguous Gender Category       D1         45       Ambiguous Gender Category       D1       Ambiguous Gender Category       D4         48       Psychiatric (RTCs)       D5       D5       D5         59       Product replacemen	28		AK
30       in a qualified clinical trial       M         31       Patient is student (full time - day)       AN         33       Patient is student (cooperativ/work study program)       B1         34       Patient is student (part-time)       B4         35       Semi-private room not available       C2         36       Semi-private room not available       C2         37       Ward accommodation at patient request       C1         38       Semi-private room not available       C2         39       Same day transfer       C4         40       Same day transfer       C4         41       Partial hospitalization       C5         42       Continuing care not related to inpatient admission       C6         43       discharge window       D0         44       Inpatient admission changed to outpatient       D0         45       Ambiguous Gender Category       D1         46       Non-availability statement on file       D3         47       Transfer from another Home Health Agency       D4         48       Psychiatric residential treatment centers for children and adolescents (RTCs)       D5         49       Product Replacement for Known Recall of a Product D7       D1	29		AL
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46       Non-availability statement on file       D3         47       Transfer from another Home Health Agency       D4         48       and adolescents (RTCs)       D5         49       Product replacement within product lifecycle       D6         50       Product Replacement for Known Recall of a Product       D7         51       Attestation of Unrelated Outpatient Nondiagnostic Services       D8         52       Out of Hospice Service Area       D9         53       part of a clinical trial or a free sample No Skilled Home Health Visits in Billing Period.       DR         54       Policy Exception Documented at the Home Health Agency       G0         55       SNF bed not available       G0         66       Medical appropriateness       H0         57       SNF readmission       H2         58       Terminated Medicare+Choice organization enrollee       H3         59       Non-primary ESRD facility       H4         60       Day outlier       P1         61       Cost outlier       P1         63       Paneficiary elects to use lifetime reserve (LTR) days       R3         64       Beneficiary elects to use lifetime reserve (LTR)       R4         71       Full care in unit       R5     <	45		
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48       and adolescents (RTCs)       D3         49       Product replacement within product lifecycle       D6         50       Product Replacement for Known Recall of a Product       D7         51       Services       D8         52       Out of Hospice Service Area       D9         53       part of a clinical trial or a free sample       DR         54       Policy Exception Documented at the Home Health       Agency         55       SNF bed not available       G0         56       Medical appropriateness       H0         57       SNF readmission       H2         58       Terminated Medicare+Choice organization enrollee       H3         59       Non-primary ESRD facility       H4         60       Day outlier       P1         67       Beneficiary elects not to use lifetime reserve (LTR)       days         68       Beneficiary elects to use lifetime reserve (LTR)       R2         69       IME/DGME/N&AH Payment Only       R3         70       Self-care in unit       R6         71       Full care in unit       R5         72       Self-care training       R7         74       Home       R8         75       Home - 10	47		D4
50       Product Replacement for Known Recall of a Product Attestation of Unrelated Outpatient Nondiagnostic Services       D7         51       Attestation of Unrelated Outpatient Nondiagnostic Services       D8         52       Out of Hospice Service Area       D9         53       part of a clinical trial or a free sample No Skilled Home Health Visits in Billing Period.       DR         54       Policy Exception Documented at the Home Health Agency       E0         55       SNF bed not available       G0         56       Medical appropriateness       H0         57       SNF readmission       H2         58       Terminated Medicare+Choice organization enrollee       H3         59       Non-primary ESRD facility       H4         60       Day outlier       P1         61       Cost outlier       P1         62       Out of the payment P7       Beneficiary elects not to use lifetime reserve (LTR) days       R1         68       Beneficiary elects not to use lifetime reserve (LTR) days       R2         69       IME/DGME/N&AH Payment Only       R3         70       Self-administered anemia management drug       R4         71       Full care in unit       R6         73       Self-care training       R7		and adolescents (RTCs)	
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ServicesD952Out of Hospice Service AreaD953Initial placement of a medical device provided as part of a clinical trial or a free sample No Skilled Home Health Visits in Billing Period.DR54Policy Exception Documented at the Home Health AgencyE055SNF bed not availableG066Medical appropriatenessH057SNF readmissionH258Terminated Medicare+Choice organization enrolleeH359Non-primary ESRD facilityH460Day outlierH561Cost outlierP166Provider does not wish cost outlier paymentP767Beneficiary elects not to use lifetime reserve (LTR) daysR168Beneficiary elects to use lifetime reserve (LTR) daysR269IME/DGME/N&AH Payment OnlyR370Self-administered anemia management drugR471Full care in unitR572Self-care trainingR774HomeR875Home - 100% reimbursementR976Back-up in facility dialysisW77contractual arrangement or law to accept payment by a primary payer as paymentW278New coverage not implemented by HMOW379CORF services provided offsiteW480Home dialysis - nursing facilityW5		Attestation of Unrelated Outpatient Nondiagnostic	- /
53       part of a clinical trial or a free sample       DR         No Skilled Home Health Visits in Billing Period.       54         54       Policy Exception Documented at the Home Health Agency       50         55       SNF bed not available       60         56       Medical appropriateness       H0         57       SNF readmission       H2         58       Terminated Medicare+Choice organization enrollee       H3         59       Non-primary ESRD facility       H4         60       Day outlier       H5         61       Cost outlier       P1         66       Provider does not wish cost outlier payment       P7         67       Beneficiary elects not to use lifetime reserve (LTR) days       R1         68       Beneficiary elects to use lifetime reserve (LTR) days       R2         69       IME/DGME/N&AH Payment Only       R3         70       Self-administered anemia management drug       R4         71       Full care in unit       R6         72       Self-care training       R7         74       Home       R8         75       Home - 100% reimbursement       R9         76       Back-up in facility dialysis       O         77 <td></td> <td></td> <td>D9</td>			D9
part of a clinical trial or a free sample No Skilled Home Health Visits in Billing Period.54Policy Exception Documented at the Home Health AgencyE055SNF bed not availableG066Medical appropriatenessH057SNF readmissionH258Terminated Medicare+Choice organization enrolleeH359Non-primary ESRD facilityH460Day outlierP161Cost outlierP166Provider does not wish cost outlier paymentP767Beneficiary elects not to use lifetime reserve (LTR) daysR268Beneficiary elects to use lifetime reserve (LTR) daysR370Self-administered anemia management drugR471Full care in unitR572Self-care trainingR774HomeR875Home - 100% reimbursementR976Back-up in facility dialysis by a primary payer as paymentW78New coverage not implemented by HMOW379CORF services provided offsiteW480Home dialysis - nursing facilityW5	53		DR
54Policy Exception Documented at the Home Health AgencyE055SNF bed not availableG056Medical appropriatenessH057SNF readmissionH258Terminated Medicare+Choice organization enrolleeH359Non-primary ESRD facilityH460Day outlierH561Cost outlierP166Provider does not wish cost outlier paymentP767Beneficiary elects not to use lifetime reserve (LTR) daysR168Beneficiary elects to use lifetime reserve (LTR) daysR269IME/DGME/N&AH Payment OnlyR370Self-administered anemia management drugR471Full care in unitR572Self-care trainingR774HomeR875Home - 100% reimbursementR976Back-up in facility dialysis by a primary payer as paymentW077contractual arrangement or law to accept payment by a primary payer as paymentW278New coverage not implemented by HMOW379CORF services provided offsiteW480Home dialysis - nursing facilityW5	55	part of a clinical trial or a free sample No Skilled Home Health Visits in Billing Period.	ы
55SNF bed not availableG056Medical appropriatenessH057SNF readmissionH258Terminated Medicare+Choice organization enrolleeH359Non-primary ESRD facilityH460Day outlierH561Cost outlierP166Provider does not wish cost outlier paymentP767Beneficiary elects not to use lifetime reserve (LTR) daysR168Beneficiary elects to use lifetime reserve (LTR) daysR269IME/DGME/N&AH Payment OnlyR370Self-administered anemia management drugR471Full care in unitR572Self-care trainingR774HomeR875Home - 100% reimbursementR976Back-up in facility dialysisW O77contractual arrangement or law to accept payment 	54	Policy Exception Documented at the Home Health	E0
56Medical appropriatenessH057SNF readmissionH258Terminated Medicare+Choice organization enrolleeH359Non-primary ESRD facilityH460Day outlierH561Cost outlierP166Provider does not wish cost outlier paymentP767Beneficiary elects not to use lifetime reserve (LTR) daysR168Beneficiary elects to use lifetime reserve (LTR) daysR269IME/DGME/N&AH Payment OnlyR370Self-administered anemia management drugR471Full care in unitR572Self-care trainingR774HomeR875Home - 100% reimbursementR976Back-up in facility dialysis by a primary payer as paymentW077contractual arrangement or law to accept payment by a primary payer as paymentW278New coverage not implemented by HMOW379CORF services provided offsiteW480Home dialysis - nursing facilityW5	55		G0
57SNF readmissionH258Terminated Medicare+Choice organization enrolleeH359Non-primary ESRD facilityH460Day outlierH561Cost outlierP166Provider does not wish cost outlier paymentP767Beneficiary elects not to use lifetime reserve (LTR) daysR168Beneficiary elects to use lifetime reserve (LTR) daysR269IME/DGME/N&AH Payment OnlyR370Self-administered anemia management drugR471Full care in unitR572Self-care trainingR774HomeR875Home - 100% reimbursementR976Back-up in facility dialysisW O77contractual arrangement or law to accept payment by a primary payer as paymentW278New coverage not implemented by HMOW379CORF services provided offsiteW480Home dialysis - nursing facilityW5			
58Terminated Medicare+Choice organization enrolleeH359Non-primary ESRD facilityH460Day outlierH561Cost outlierP166Provider does not wish cost outlier paymentP767Beneficiary elects not to use lifetime reserve (LTR) daysR168Beneficiary elects to use lifetime reserve (LTR) daysR269IME/DGME/N&AH Payment OnlyR370Self-administered anemia management drugR471Full care in unitR572Self-care trainingR774HomeR875Home - 100% reimbursementR976Back-up in facility dialysisW O77contractual arrangement or law to accept payment by a primary payer as paymentW278New coverage not implemented by HMOW379CORF services provided offsiteW480Home dialysis - nursing facilityW5			
59Non-primary ESRD facilityH460Day outlierH561Cost outlierP166Provider does not wish cost outlier paymentP767Beneficiary elects not to use lifetime reserve (LTR) daysR168Beneficiary elects to use lifetime reserve (LTR) daysR269IME/DGME/N&AH Payment OnlyR370Self-administered anemia management drugR471Full care in unitR572Self-care trainingR774HomeR875Home - 100% reimbursementR976Back-up in facility dialysisW O77contractual arrangement or law to accept payment by a primary payer as paymentW278New coverage not implemented by HMOW379CORF services provided offsiteW480Home dialysis - nursing facilityW5	58		H3
60Day outlierH561Cost outlierP162Provider does not wish cost outlier paymentP763Beneficiary elects not to use lifetime reserve (LTR) daysR168Beneficiary elects to use lifetime reserve (LTR) daysR269IME/DGME/N&AH Payment OnlyR370Self-administered anemia management drugR471Full care in unitR572Self-care trainingR774HomeR875Home - 100% reimbursementR976Back-up in facility dialysisW O77contractual arrangement or law to accept payment by a primary payer as paymentW278New coverage not implemented by HMOW379CORF services provided offsiteW480Home dialysis - nursing facilityW5	59		H4
66Provider does not wish cost outlier paymentP767Beneficiary elects not to use lifetime reserve (LTR) daysR168Beneficiary elects to use lifetime reserve (LTR) daysR269IME/DGME/N&AH Payment OnlyR370Self-administered anemia management drugR471Full care in unitR572Self-care in unitR673Self-care trainingR774HomeR875Home - 100% reimbursementP976Back-up in facility dialysisW O77contractual arrangement or law to accept payment by a primary payer as paymentW2 W478New coverage not implemented by HMOW379CORF services provided offsiteW480Home dialysis - nursing facilityW5	60		H5
67Beneficiary elects not to use lifetime reserve (LTR) daysR168Beneficiary elects to use lifetime reserve (LTR) daysR269IME/DGME/N&AH Payment OnlyR370Self-administered anemia management drugR471Full care in unitR572Self-care in unitR673Self-care trainingR774HomeR875Home - 100% reimbursementR976Back-up in facility dialysisW O77contractual arrangement or law to accept payment by a primary payer as paymentW2 W478New coverage not implemented by HMOW379CORF services provided offsiteW480Home dialysis - nursing facilityW5	61	Cost outlier	P1
67Beneficiary elects not to use lifetime reserve (LTR) daysR168Beneficiary elects to use lifetime reserve (LTR) daysR269IME/DGME/N&AH Payment OnlyR370Self-administered anemia management drugR471Full care in unitR572Self-care in unitR673Self-care trainingR774HomeR875Home - 100% reimbursementR976Back-up in facility dialysisW O77contractual arrangement or law to accept payment by a primary payer as paymentW2 W478New coverage not implemented by HMOW379CORF services provided offsiteW480Home dialysis - nursing facilityW5	66	Provider does not wish cost outlier payment	P7
68Beneficiary elects to use lifetime reserve (LTR) daysR269IME/DGME/N&AH Payment OnlyR370Self-administered anemia management drugR471Full care in unitR572Self-care in unitR673Self-care trainingR774HomeR875Home - 100% reimbursementR976Back-up in facility dialysisW O77contractual arrangement or law to accept payment by a primary payer as paymentW2 W378New coverage not implemented by HMOW379CORF services provided offsiteW480Home dialysis - nursing facilityW5	67	Beneficiary elects not to use lifetime reserve (LTR)	R1
70Self-administered anemia management drugR471Full care in unitR572Self-care in unitR673Self-care trainingR774HomeR875Home - 100% reimbursementR976Back-up in facility dialysisW77contractual arrangement or law to accept paymentW278New coverage not implemented by HMOW379CORF services provided offsiteW480Home dialysis - nursing facilityW5	68	Beneficiary elects to use lifetime reserve (LTR)	R2
71       Full care in unit       R5         72       Self-care in unit       R6         73       Self-care training       R7         74       Home       R8         75       Home - 100% reimbursement       R9         76       Back-up in facility dialysis       W O         77       contractual arrangement or law to accept payment       W2 by a primary payer as payment         78       New coverage not implemented by HMO       W3         79       CORF services provided offsite       W4         80       Home dialysis - nursing facility       W5	69	IME/DGME/N&AH Payment Only	R3
72Self-care in unitR673Self-care trainingR774HomeR875Home - 100% reimbursementR976Back-up in facility dialysisW O76Provider accepts or is obligated/required due to aW O77contractual arrangement or law to accept payment by a primary payer as paymentW2 W378New coverage not implemented by HMOW379CORF services provided offsiteW4 W5	70	Self-administered anemia management drug	R4
73       Self-care training       R7         74       Home       R8         75       Home - 100% reimbursement       R9         76       Back-up in facility dialysis       W         77       contractual arrangement or law to accept payment       W2         77       contractual arrangement or law to accept payment       W2         78       New coverage not implemented by HMO       W3         79       CORF services provided offsite       W4         80       Home dialysis - nursing facility       W5	71	Full care in unit	R5
74       Home       R8         75       Home - 100% reimbursement       R9         76       Back-up in facility dialysis       W         76       Drovider accepts or is obligated/required due to a       V         77       contractual arrangement or law to accept payment       W2         78       New coverage not implemented by HMO       W3         79       CORF services provided offsite       W4         80       Home dialysis - nursing facility       W5	72	Self-care in unit	R6
75       Home - 100% reimbursement       R9         76       Back-up in facility dialysis       W         76       Dack-up in facility dialysis       O         77       contractual arrangement or law to accept payment       W2         78       New coverage not implemented by HMO       W3         79       CORF services provided offsite       W4         80       Home dialysis - nursing facility       W5	73	Self-care training	R7
<ul> <li>76 Back-up in facility dialysis</li> <li>Provider accepts or is obligated/required due to a</li> <li>77 contractual arrangement or law to accept payment</li> <li>78 New coverage not implemented by HMO</li> <li>79 CORF services provided offsite</li> <li>W4</li> <li>80 Home dialysis - nursing facility</li> <li>W5</li> </ul>	74	Home	R8
<ul> <li>76 Back-up in facility dialysis</li> <li>Provider accepts or is obligated/required due to a</li> <li>77 contractual arrangement or law to accept payment</li> <li>78 New coverage not implemented by HMO</li> <li>79 CORF services provided offsite</li> <li>74 W4</li> <li>80 Home dialysis - nursing facility</li> <li>75 W5</li> </ul>	75	Home - 100% reimbursement	
<ul> <li>contractual arrangement or law to accept payment by a primary payer as payment</li> <li>New coverage not implemented by HMO</li> <li>CORF services provided offsite</li> <li>Home dialysis - nursing facility</li> <li>W5</li> </ul>	76		
78New coverage not implemented by HMOW379CORF services provided offsiteW480Home dialysis - nursing facilityW5	77	contractual arrangement or law to accept payment	W2
79CORF services provided offsiteW480Home dialysis - nursing facilityW5	78		W3
80 Home dialysis - nursing facility W5	79		W4
		Home dialysis - nursing facility	W5

- Admission/services denied Post payment review applicable Admission Preauthorization Extended Authorization Changes to Service Dates Changes to Charges Second or Subsequent Interim PPS Bill procedure codes. Any Other Change Disaster related Changes in Patient Status Distinct Medical Visit Discharge by a Hospice Provider for Cause Reoccurrence of GI Bleed Comorbid Category Reoccurrence of Pericarditis Comorbid Category Do not Resuscitate Order (DNR) Direct Inpatient Admission from Emergency Room Computational Mistake Entry Fee Schedule Identified Duplicate Claim R1-R5 above than clerical errors Evidence Request for reopening Reason Code - Faulty Evidence United Mine Workers of America (UMWA) Demonstration Indicator Duplicate of Original Bill
- C-section/Inductions <39 Weeks-Medical Necessity 81

- Air ambulance required
- Specialized treatment/bed unavailable
- Non-emergency medically necessary stretcher transport required
- Pre-admission screening not required
- Medicare coordinated care demonstration claim
- Beneficiary is ineligible for demonstration program
- Admission unrelated to discharge on same day
- Gulf Oil Spill of 2010
- Approved as billed
- Automatic approval as billed based on focused review
- Partial approval
- Change in clinical codes (ICD) for diagnosis and/or
- Cancel to correct Insured's ID or Provider ID
- Cancel Only to Repay a Duplicate or OIG Overpayment
- Change to Make Medicare the Secondary Payer
- Change to Make Medicare the Primary Payer
- Delayed Filing, Statement of Intent Submitted

- Reoccurrence of Pneumonia Comorbid Category

- Request for reopening Reason Code Mathematical or
- Request for reopening Reason Code -Inaccurate Data
- Request for reopening Reason Code Misapplication of a
- Request for reopening Reason Code Computer Errors Request for reopening Reason Code - Incorrectly
- Request for reopening Reason Code Other Clerical Errors or Minor Errors and Omissions not Specified in
- Request for reopening Reason Code Corrections other
- Request for reopening Reason Code New and Material

- Level I Appeal
- Level II Appeal
- Level III Appeal

	82 C-section/Inductions <39 Weeks-Elective		
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim		
Field 154:	CONDITION CODE 2		
	Code required when condition information applies to the claim or encounter.		
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.		
Length:	2 Type: Alphanumeric Data Source: Claim		
Field 155:	CONDITION_CODE_3		
	Code required when condition information applies to the claim or encounter.		
Coding Scheme:	Same as CONDITION_CODE_1.		
Length:	2 Type: Alphanumeric Data Source: Claim		
Field 156:	CONDITION_CODE_4		
	Code required when condition information applies to the claim or encounter.		
Coding Scheme:	Same as CONDITION_CODE_1.		
Length:	2 Type: Alphanumeric Data Source: Claim		
Field 157:	CONDITION_CODE_5		
Cading Sahamaa	Code required when condition information applies to the claim or encounter.		
Coding Scheme:	Same as CONDITION_CODE_1.2Type:AlphanumericData Source:Claim		
Length:			
Field 158:	CONDITION_CODE_6		
C. P. S.L.	Code required when condition information applies to the claim or encounter.		
Coding Scheme:	Same as CONDITION_CODE_1. 2 Type: Alphanumeric Data Source: Claim		
Length:			
Field 159:	CONDITION_CODE_7 Code required when condition information applies to the claim or encounter.		
<b>Coding Scheme:</b>	Same as CONDITION CODE 1.		
Length:	2 Type: Alphanumeric Data Source: Claim		
Field 160:	CONDITION CODE 8		
riciu 100.	Code required when condition information applies to the claim or encounter.		
<b>Coding Scheme:</b>	Same as CONDITION CODE 1.		
Length:	2 Type: Alphanumeric Data Source: Claim		
Field 161:	VALUE CODE 1		
	Code indicating a monetary condition which was used by the intermediary to process an		
	institutional claim		
<b>Coding Scheme:</b>	01 Most common semi-private rate 58 Arterial blood gas		
	02 Hospital has no semi-private rooms 59 Oxygen saturation		
	04 Inpatient professional component charges which are combined billed 60 HHA branch MSA		
	Professional component included in charges and 61 Place of Residence where service is furnished (HHA and		
	also billed separately to carrier hospice)		
	06Blood deductible66Medicaid spend down amount08Lifetime reserve amount in the first calendar year67Peritoneal dialysis		
	09 Coinsurance amount in the first calendar year 68 EPO-drug		
	10 Lifetime reserve amount in the second calendar 69 State charity care percentage		
	10 year 11 Coinsurance amount in the second calendar year 80 Covered Days		
	12 Working aged beneficiary/spouse with employer 12 some balt along the alon		
	group health plan FSRD beneficiary in a Medicare coordination		
	13ESRD bencherary in a violation period with an employer group health plan82Co-insurance Days14No fault, including auto/other83Lifetime Reserve Days		
	15 Worker's compensation 84 Shorter Duration Hemodialysis		
	Public health service (PHS) or another federal A0 Special zip code reporting		
	agencyInterpretation21CatastrophicA1Deductible payer A		
	22 Surplus A2 Coinsurance payer A		
	23 Recurring monthly income A3 Estimated responsibility payer A		
	24Medicaid Rate CodeA4Covered self-administrable drugs - emergency25Offset to the patient - payment amount -A5Covered self-administrable drugs - administrable in form		
	25 Oliset to the patient - payment amount - prescription drugs A5 A5 A5 and situation furnished to patient		
	Offset to the patient - payment amount - hearing A6 Covered self-administrable drugs - diagnostic study and		
	and ear services A0 other		

	27 Offset to the patient - payment amount - visio and eye services	n A7	Co-payment payer A		
	28 Offset to the patient - payment amount - denta services	al A8	Patient weight		
	29 Offset to the patient - payment amount - chiropractic services	A9	Patient height		
	30 Preadmission testing	AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A		
	31 Patient Liability Amount	AB	Other assessments or allowances (e.g., medical education) payer A		
	32 Multiple patient ambulance transport	B1	Deductible payer B		
	33 Offset to the patient - payment amount - podia services	B2	Coinsurance payer B		
	34 Offset to the patient - payment amount - other medical services	В3	Estimated responsibility payer B		
	35 Offset to the patient - payment amount - healt insurance premiums	n B7	Co-payment payer B		
	37 Units of blood furnished	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B		
	38 Blood deductible units	BB	Other assessments or allowances (e.g., medical education) payer B		
	39 Units of blood replaced	C1 C2	Deductible payer C		
	<ul><li>40 New coverage not implemented by HMO</li><li>41 Black lung</li></ul>	C2 C3	Coinsurance payer C Estimated responsibility payer C		
	41 Black lung 42 VA	C3 C7	Co-payment payer C		
	<ul><li>43 Disabled beneficiary under age 65 with LGHI</li></ul>		Regulatory surcharges, assessments, allowances or health care related taxes - payer C		
	Amount provider agreed to accept from prima 44 payer when this amount is less than charges b higher than payment received		Other assessments or allowances (e.g., medical education) payer C		
	45 Accident hour	D3	Patient estimated responsibility		
	46 Number of grace days	D3 D4	Clinical Trial Number Assigned by NLM/NIH		
	47 Any liability insurance	D4 D5	Last Kt/V Reading		
	48 Hemoglobin reading	FC	Patient Paid Amount		
	49 Hematocrit reading	FD	Credit Received from the Manufacturer for a Medical		
	50 Physical Therapy visits	G8	Device Facility where Inpatient Hospice Service is Delivered		
	51 Occupational Therapy visits	Y1	Part A Demonstration Payment		
	52 Speech Therapy visits	Y2	Part B Demonstration Payment		
	53 Cardiac rehab visits	Y3	Part B Coinsurance		
	54 Newborn birth weight in grams	Y4	Conventional Provider Payment		
	55 Eligibility threshold for charity care	Y5	Part B Deductible		
	<ul><li>56 Skilled nurse - home visit hours</li><li>57 Home health aide - home visit hours</li></ul>				
Length:		Data Sour	ce: Claim		
Field 162:	VALUE_AMOUNT_1				
	Amount (in cents) that may be affected.				
Length:		Data Sour	ce: Claim		
Field 163:	VALUE CODE 2				
	Code indicating a monetary condition whic	h was used	by the intermediary to process an		
	institutional claim.		a by the intermediary to process an		
Coding Solomon					
Coding Scheme:	Same as VALUE_CODE_1.				
Length:		Data Sour	ce: Claim		
Field 164:	VALUE_AMOUNT_2				
	Amount (in cents) that may be affected.				
Length:	V 1	Data Sour	ce: Claim		
Field 165:	VALUE_CODE_3				
	Code indicating a monetary condition whic institutional claim.	h was used	d by the intermediary to process an		
Coding Scheme:	Same as VALUE_CODE_1.				
Length:		Data Sour	ce: Claim		
Field 166:	VALUE AMOUNT 3	sata Soul			
rielu 100;					
Length:	Amount (in cents) that may be affected. 9 <b>Type:</b> Numeric <b>I</b>	Data Sour	ce: Claim		

Field 167:	VALUE_CODE			
			hich was used by the	intermediary to process an
	institutional claim			
<b>Coding Scheme:</b>	Same as VALUE			
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 168:	VALUE_AMOU	NT_4		
	Amount (in cents	) that may be affected.		
Length:	9 Type:	Numeric	<b>Data Source:</b>	Claim
Field 169:	VALUE CODE	5		
	Code indicating a	monetary condition w	hich was used by the	intermediary to process an
	institutional claim	l.		
<b>Coding Scheme:</b>	Same as VALUE	_CODE_1.		
Length:	2 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
Field 170:	VALUE AMOU	NT 5		
	Amount (in cents	) that may be affected.		
Length:	9 Type:	Numeric	<b>Data Source:</b>	Claim
Field 171:	VALUE CODE	6		
	Code indicating a	monetary condition w	hich was used by the	intermediary to process an
	institutional claim	•	-	
<b>Coding Scheme:</b>	Same as VALUE	_CODE_1.		
Length:	2 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
Field 172:	VALUE_AMOU	NT 6		
		) that may be affected.		
Length:	9 Type:	Numeric	<b>Data Source:</b>	Claim
Field 173:	VALUE_CODE	7		
	Code indicating a	monetary condition w	hich was used by the	intermediary to process an
	institutional claim	l.		
<b>Coding Scheme:</b>	Same as VALUE	_CODE_1.		
Length:	2 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
Field 174:	VALUE AMOU	NT 7		
	Amount (in cents	) that may be affected.		
Length:	9 Type:	Numeric	<b>Data Source:</b>	Claim
Field 175:	VALUE_CODE	_8		
	Code indicating a	monetary condition w	hich was used by the	intermediary to process an
	institutional claim			
<b>Coding Scheme:</b>	Same as VALUE			
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 176:	VALUE_AMOU			
	Amount (in cents	) that may be affected.		
Length:	9 Type:	Numeric	Data Source:	Claim
Field 177:	VALUE_CODE	_9		
	Code indicating a	monetary condition w	hich was used by the	intermediary to process an
	institutional claim			
<b>Coding Scheme:</b>	Same as VALUE	_CODE_1.		
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim
Field 178:	VALUE_AMOU			
		) that may be affected.		
Length:	9 <b>Type:</b>	Numeric	Data Source:	Claim
Field 179:	VALUE_CODE			
	-	•	hich was used by the	intermediary to process an
	institutional claim			
<b>Coding Scheme:</b>	Same as VALUE			
Length:	<b>2 Type:</b>	Alphanumeric	Data Source:	Claim
Field 180:	VALUE_AMOU			
	Amount (in cents	) that may be affected.		

Length:	9 Type:	Numeric	<b>Data Source:</b>	Claim	
Field 181:	VALUE_CODE				
			which was used by the	intermediary to process an	
	institutional clain				
Coding Scheme:	Same as VALUE				
Length:	2 <b>Type:</b>	Alphanumeric	Data Source:	Claim	
Field 182:	VALUE_AMOU		1		
Longthe	•	b) that may be affected	Data Source:	Claim	
Length: Field 183:	9 Type: VALUE CODE	Numeric 12	Data Source:	Claim	
rielu 105:			which was used by the	intermediary to process an	
	institutional clain		which was used by the	intermediary to process an	
Coding Scheme:	Same as VALUE				
Length:	2 Type:		Data Source:	Claim	
Field 184:	VALUE AMOU				
		) that may be affected	1.		
Length:	9 Type:	Numeric	<b>Data Source:</b>	Claim	
Field 185:	OTHER_AMOU	UNT			
				using Medicare Provider Analysis	
				sociated with revenue codes other	
				X-053X, 055X-060X, 064X-070X,	
				ue code identifies the department in	
		<b>U U</b>	1 .	nd the supplies used. They are noted	
	in FL 42 (Form Locator 42) of the UB-04 (an electronic format of the CMS-1450 paper claim) and				
	are found in Medicare and/or National Uniform Billing Committee (NUBC) manuals.				
	For revenue code list see pages 49-54 of this document, section titled "Charges Data File". The revenue cost center specifies a division or unit within a hospital (e.g., radiology, emergency				
	The revenue cost	center specifies a div			
	The revenue cost room, pathology)	center specifies a div	ision or unit within a h	ospital (e.g., radiology, emergency	
	The revenue cost room, pathology) Revenue cost cen	center specifies a div .ter (revenue code gro	ision or unit within a h oupings) can be found in	ospital (e.g., radiology, emergency n the THCIC document, "Healthcare	
	The revenue cost room, pathology) Revenue cost cen Facility Procedur	center specifies a div	ision or unit within a h oupings) can be found in	ospital (e.g., radiology, emergency	
	The revenue cost room, pathology) Revenue cost cen	center specifies a div	ision or unit within a h oupings) can be found in	ospital (e.g., radiology, emergency n the THCIC document, "Healthcare	
	The revenue cost room, pathology) Revenue cost cem Facility Procedur Appendix A4, pa 12 <b>Type:</b>	center specifies a div ter (revenue code gro res and Technical Spe ge 17. Numeric	ision or unit within a h oupings) can be found in	ospital (e.g., radiology, emergency n the THCIC document, "Healthcare	
	The revenue cost room, pathology) Revenue cost cem Facility Procedur Appendix A4, pa <u>12</u> <b>Type:</b> <b>PHARM_AMO</b>	center specifies a div ter (revenue code gro res and Technical Spe ge 17. <u>Numeric</u> UNT	ision or unit within a h pupings) can be found in cifications 5010 Inpatie <b>Data Source:</b>	ospital (e.g., radiology, emergency n the THCIC document, "Healthcare ent and Outpatient Appendices" Calculated	
	The revenue cost room, pathology) Revenue cost cen Facility Procedur Appendix A4, pa 12 <b>Type:</b> <b>PHARM_AMO</b> Ancillary Service	center specifies a div ter (revenue code gro es and Technical Spe ge 17. <u>Numeric</u> UNT e Charge, Medical/Sur	ision or unit within a h pupings) can be found in cifications 5010 Inpatie <b>Data Source:</b> rgical Supply Charge A	ospital (e.g., radiology, emergency a the THCIC document, "Healthcare ent and Outpatient Appendices" <u>Calculated</u> mount. Calculated using Medicare	
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Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated	
Field 191:	OT AMOUNT				
		Charge, Occupation	onal Therapy Charge Amo	unt. Calculated using Medicare	
				ts) of charges associated with	
			, revenue center 043X.	, 8	
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated	
Field 192:	SPEECH AMOU	INT			
			athology Charge Amount.	Calculated using Medicare Provider	
				rges associated with revenue codes	
	other than 0100-02	19, revenue cente	er 044X, 047X.	-	
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated	
Field 193:	IT AMOUNT				
		Charge, Inhalatior	1 Therapy Charge Amount.	. Calculated using Medicare	
				ts) of charges associated with	
	revenue codes othe	er than 0100-0219	, revenue center 041X, 046	6X.	
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated	
Field 194:	BLOOD AMOUN	NT			
			ovided during the patient's	stay. Calculated using Medicare	
				ts) of charges associated with	
			, revenue center 038X.	,	
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated	
Field 195:	BLOOD ADM A	MOUNT			
	Ancillary Service Charge, blood storage and processing related to the patient's stay. Calculated				
	using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges				
	associated with revenue codes other than 0100-0219, revenue center 039X.				
Length:	12 <b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated	
Field 196:	OR_AMOUNT				
	Ancillary Service (	Charge, Operating	g Room Charge amount. Ca	alculated using Medicare Provider	
	Analysis Review (]	MEDPAR)algorit	hm. Sum (in cents) of char	ges associated with revenue codes	
	other than 0100-02	19, revenue cente	er 036X, 071X-072X.		
Length:		Numeric			
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ě –	12Type:LITHAMOUNT		Data Source:	Calculated	
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<u> </u>	LITH_AMOUNT Ancillary Service (	Charge, Lithotrips MEDPAR) algori	y Charge Amount. Calcula thm. Sum (in cents) of cha	ated using Medicare Provider	
Field 197:	LITH_AMOUNT Ancillary Service ( Analysis Review (1	Charge, Lithotrips MEDPAR) algori	y Charge Amount. Calcula thm. Sum (in cents) of cha	ated using Medicare Provider	
Field 197: Length:	LITH_AMOUNT Ancillary Service ( Analysis Review (1 other than 0100-02	Charge, Lithotrips MEDPAR) algori 219, revenue cente Numeric	by Charge Amount. Calcula thm. Sum (in cents) of cha er 079X.	ated using Medicare Provider rges associated with revenue codes	
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Field 197: Length: Field 198: Length:	LITH_AMOUNT Ancillary Service ( Analysis Review (1 other than 0100-02 12 Type: CARD_AMOUNT Ancillary Service ( Analysis Review (1 other than 0100-02 12 Type:	Charge, Lithotrips MEDPAR) algori 219, revenue cente Numeric T Charge, Cardiolog MEDPAR) algori 219, revenue cente Numeric	by Charge Amount. Calcula thm. Sum (in cents) of cha er 079X. Data Source: gy Charge Amount. Calcula thm. Sum (in cents) of cha er 048X, 073X.	ated using Medicare Provider rges associated with revenue codes <u>Calculated</u> ated using Medicare Provider rges associated with revenue codes	
Field 197: Length: Field 198: Length:	LITH_AMOUNT Ancillary Service ( Analysis Review (1 other than 0100-02 12 Type: CARD_AMOUNT Ancillary Service ( Analysis Review (1 other than 0100-02 12 Type: ANES_AMOUNT	Charge, Lithotrips MEDPAR) algori 219, revenue cente Numeric T Charge, Cardiolog MEDPAR) algori 219, revenue cente Numeric	by Charge Amount. Calcula thm. Sum (in cents) of cha er 079X. Data Source: gy Charge Amount. Calcula thm. Sum (in cents) of cha er 048X, 073X. Data Source:	ated using Medicare Provider rges associated with revenue codes <u>Calculated</u> ated using Medicare Provider rges associated with revenue codes	
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Length:         Field 197:         Length:         Field 198:         Length:         Field 199:         Length:         Field 200:	LITH_AMOUNT Ancillary Service ( Analysis Review (1 other than 0100-02 12 Type: CARD_AMOUNT Ancillary Service ( Analysis Review (1 other than 0100-02 12 Type: ANES_AMOUNT Ancillary Service ( Analysis Review (1 other than 0100-02 12 Type: LAB_AMOUNT	Charge, Lithotrips MEDPAR) algori 219, revenue cente Numeric T Charge, Cardiolog MEDPAR) algori 219, revenue cente Numeric Charge, Anesthesi MEDPAR) algori 219, revenue cente Numeric	y Charge Amount. Calcula thm. Sum (in cents) of cha er 079X. Data Source: y Charge Amount. Calcula thm. Sum (in cents) of cha er 048X, 073X. Data Source: a Charge Amount. Calcula thm. Sum (in cents) of cha er 037X. Data Source:	ated using Medicare Provider rges associated with revenue codes <u>Calculated</u> ated using Medicare Provider rges associated with revenue codes <u>Calculated</u> ated using Medicare Provider rges associated with revenue codes <u>Calculated</u>	
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			y Charge Amount. Calcula	ted using Medicare Provider arges associated with revenue codes	
			er 028X, 032X-035X, 040X		
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated	
Field 202:	MRI AMOUNT				
		Charge, MRI Char	rge Amount. Calculated us	sing Medicare Provider Analysis	
	Review (MEDPA	R) algorithm. Sum	(in cents) of charges asso	ciated with revenue codes other than	
	0100-0219, reven	ue center 061X.			
Length:	12 <b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated	
Field 203:	OP_AMOUNT				
				t. Calculated using Medicare	
				ts) of charges associated with	
Longth.		Numeric	, revenue center 049X-050	Calculated	
Length: Field 204:	12 <b>Type:</b> ERAMOUNT	Inumeric	Data Source:	Calculated	
r leiu 204:		Charge Emergen	w Room Charge Amount	Calculated using Medicare Provider	
				arges associated with revenue codes	
		219, revenue cente		inges associated with revenue codes	
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated	
Field 205:	AMBULANCE				
			ce Charge Amount. Calcul	ated using Medicare Provider	
		0	e	rges associated with revenue codes	
		219, revenue cente		<u> </u>	
Length:	12 <b>Type:</b>	Numeric	<b>Data Source:</b>	Calculated	
Field 206:	PRO_FEE_AMOUNT				
				Calculated using Medicare Provider	
				rges associated with revenue codes	
		219, revenue cente			
Length:	12 <b>Type:</b>	Numeric	Data Source:	Calculated	
Field 207:	ORGAN_AMOU				
				Calculated using Medicare Provider	
				rges associated with revenue codes	
Longth.		219, revenue cente Numeric			
Length: Field 208:	v 1	Numeric		Calculated	
r ielu 200:	FOD AMOUN	г	Data Source:	Calculated	
	ESRD_AMOUN'				
	Ancillary Service	Charge, End Stage	e Renal Dialysis Charge A	mount. Calculated using Medicare	
	Ancillary Service Provider Analysis	Charge, End Stage Review (MEDPA	e Renal Dialysis Charge A R) algorithm. Sum (in cen	mount. Calculated using Medicare ts) of charges associated with	
	Ancillary Service Provider Analysis revenue codes oth	Charge, End Stage Review (MEDPA er than 0100-0219	e Renal Dialysis Charge A R) algorithm. Sum (in cen , revenue center 080X, 082	mount. Calculated using Medicare ts) of charges associated with 2X-085X, 088X.	
Length:	Ancillary Service Provider Analysis revenue codes oth 12 <b>Type:</b>	Charge, End Stage Review (MEDPA er than 0100-0219 Numeric	e Renal Dialysis Charge A R) algorithm. Sum (in cen	mount. Calculated using Medicare ts) of charges associated with	
Length: Field 209:	Ancillary Service Provider Analysis revenue codes oth 12 <b>Type:</b> CLINIC_AMOU	Charge, End Stage Review (MEDPA er than 0100-0219 Numeric NT	e Renal Dialysis Charge A R) algorithm. Sum (in cen , revenue center 080X, 082 <b>Data Source:</b>	mount. Calculated using Medicare ts) of charges associated with 2X-085X, 088X. Calculated	
Length:	Ancillary Service Provider Analysis revenue codes oth 12 <b>Type:</b> <b>CLINIC_AMOU</b> Ancillary Service	Charge, End Stage Review (MEDPA er than 0100-0219 Numeric <b>NT</b> Charge, Clinic Vis	e Renal Dialysis Charge A R) algorithm. Sum (in cen , revenue center 080X, 082 <b>Data Source:</b> sit Charge Amount. Calcul	mount. Calculated using Medicare ts) of charges associated with 2X-085X, 088X.	
Length:	Ancillary Service Provider Analysis revenue codes oth 12 Type: CLINIC_AMOU Ancillary Service Analysis Review	Charge, End Stage Review (MEDPA er than 0100-0219 Numeric <b>NT</b> Charge, Clinic Vis	e Renal Dialysis Charge A R) algorithm. Sum (in cen , revenue center 080X, 082 Data Source: sit Charge Amount. Calcul thm. Sum (in cents) of cha	mount. Calculated using Medicare ts) of charges associated with 2X-085X, 088X. Calculated lated using Medicare Provider	
Length: Field 209:	Ancillary Service Provider Analysis revenue codes oth 12 Type: CLINIC_AMOU Ancillary Service Analysis Review	Charge, End Stage Review (MEDPA er than 0100-0219 Numeric NT Charge, Clinic Vis (MEDPAR) algorit	e Renal Dialysis Charge A R) algorithm. Sum (in cen , revenue center 080X, 082 Data Source: sit Charge Amount. Calcul thm. Sum (in cents) of cha	mount. Calculated using Medicare ts) of charges associated with 2X-085X, 088X. Calculated lated using Medicare Provider	
Length: Field 209: Length:	Ancillary Service Provider Analysis revenue codes oth 12 <b>Type:</b> <b>CLINIC_AMOU</b> Ancillary Service Analysis Review ( other than 0100-0	Charge, End Stage Review (MEDPA er than 0100-0219 Numeric NT Charge, Clinic Vis (MEDPAR) algorit 219, revenue cente Numeric	e Renal Dialysis Charge A R) algorithm. Sum (in cen , revenue center 080X, 082 Data Source: sit Charge Amount. Calcul thm. Sum (in cents) of cha er 051X.	mount. Calculated using Medicare ts) of charges associated with 2X-085X, 088X. Calculated lated using Medicare Provider urges associated with revenue codes	
Length: Field 209: Length:	Ancillary Service Provider Analysis revenue codes oth 12 Type: CLINIC_AMOU Ancillary Service Analysis Review ( other than 0100-0 12 Type: TOTAL_CHARC	Charge, End Stage Review (MEDPA er than 0100-0219 <u>Numeric</u> NT Charge, Clinic Vis (MEDPAR) algorit 219, revenue cente <u>Numeric</u> GES	e Renal Dialysis Charge A R) algorithm. Sum (in cen , revenue center 080X, 082 Data Source: sit Charge Amount. Calcul thm. Sum (in cents) of cha er 051X.	mount. Calculated using Medicare ts) of charges associated with 2X-085X, 088X. Calculated lated using Medicare Provider irges associated with revenue codes Calculated	
Length: Field 209: Length:	Ancillary Service Provider Analysis revenue codes oth 12 Type: CLINIC_AMOU Ancillary Service Analysis Review ( other than 0100-0 12 Type: TOTAL_CHARC	Charge, End Stage Review (MEDPA er than 0100-0219 Numeric <b>NT</b> Charge, Clinic Vis (MEDPAR) algorit 219, revenue cente Numeric <b>GES</b> all accommodation	e Renal Dialysis Charge A R) algorithm. Sum (in cen , revenue center 080X, 082 <b>Data Source:</b> sit Charge Amount. Calcul thm. Sum (in cents) of cha or 051X. <b>Data Source:</b> n charges and all ancillary	mount. Calculated using Medicare ts) of charges associated with 2X-085X, 088X. Calculated lated using Medicare Provider irges associated with revenue codes Calculated	
Length: Field 209: Length: Field 210: Length:	Ancillary Service Provider Analysis revenue codes oth 12 <b>Type:</b> <b>CLINIC_AMOU</b> Ancillary Service Analysis Review other than 0100-0 12 <b>Type:</b> <b>TOTAL_CHARG</b> Sum (in cents) of TOTAL_CHARG 12 <b>Type:</b>	Charge, End Stage Review (MEDPA er than 0100-0219 <u>Numeric</u> <b>NT</b> Charge, Clinic Vis (MEDPAR) algorit 219, revenue cente <u>Numeric</u> <b>GES</b> all accommodation (ES_23. <u>Numeric</u>	e Renal Dialysis Charge A R) algorithm. Sum (in cen , revenue center 080X, 082 Data Source: sit Charge Amount. Calcul thm. Sum (in cents) of cha er 051X. Data Source:	mount. Calculated using Medicare ts) of charges associated with 2X-085X, 088X. Calculated lated using Medicare Provider irges associated with revenue codes Calculated	
Length: Field 209: Length:	Ancillary Service Provider Analysis revenue codes oth 12 Type: CLINIC_AMOU Ancillary Service Analysis Review ( other than 0100-0 12 Type: TOTAL_CHARG Sum (in cents) of TOTAL_CHARG 12 Type: TOTAL_NON_C	Charge, End Stage Review (MEDPA er than 0100-0219 Numeric <b>NT</b> Charge, Clinic Vis (MEDPAR) algorit 219, revenue cente Numeric <b>GES</b> all accommodation ES_23. Numeric <b>COV_CHARGES</b>	e Renal Dialysis Charge A R) algorithm. Sum (in cen , revenue center 080X, 082 Data Source: sit Charge Amount. Calcul thm. Sum (in cents) of cha er 051X. Data Source: n charges and all ancillary Data Source:	mount. Calculated using Medicare ts) of charges associated with 2X-085X, 088X. Calculated lated using Medicare Provider urges associated with revenue codes Calculated charges Replaces Claim	
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Length: Field 209: Length: Field 210: Length:	Ancillary Service Provider Analysis revenue codes oth 12 Type: CLINIC_AMOU Ancillary Service Analysis Review ( other than 0100-0 12 Type: TOTAL_CHARG Sum (in cents) of TOTAL_CHARG 12 Type: TOTAL_NON_C Sum (in cents) of	Charge, End Stage Review (MEDPA er than 0100-0219 Numeric <b>NT</b> Charge, Clinic Vis (MEDPAR) algorit 219, revenue cente Numeric <b>GES</b> all accommodation ES_23. Numeric <b>COV_CHARGES</b> non-covered accommod	e Renal Dialysis Charge A R) algorithm. Sum (in cen , revenue center 080X, 082 Data Source: sit Charge Amount. Calcul thm. Sum (in cents) of cha er 051X. Data Source: n charges and all ancillary Data Source:	mount. Calculated using Medicare ts) of charges associated with 2X-085X, 088X. Calculated lated using Medicare Provider urges associated with revenue codes Calculated charges Replaces Claim overed ancillary charges. Non-	

				Covered charges refer to service or yment. Non-covered charges are	
		ts that are not paid fo		shent. Non covered charges are	
Length:	12 <b>Type:</b>	Numeric	Data Source:	Claim	
Field 213:	1.4	COV CHARGES A	NCIL		
		non-covered ancillar			
Length:	12 <b>Type:</b>	Numeric	<b>Data Source:</b>	Claim	
Field 214:	PROCESS_DAT	Έ			
	-	rocessed and certifie	d.		
Length:	8 Type:	Alphanumeric	Data Source:	Claim	
Field 215:		DICATOR (INPUT			
	Format in which the outpatient data file was submitted by the facility The outpatient THCIC 873 Professional and Institutional claim format refers to a modified version of American National				
			claims format for billing		
~ . ~ .	0 837 Professio		claims format for billing	, nearmeare services.	
Coding Scheme:	1 837 Institution				
Length:	1 <b>Type:</b>	Alphanumeric	Data Source:	Assigned	
Field 216:	INBOUND_IND				
			ed for the outpatient cla	im UB-04 is an electronic format of	
	the CMS-1450 pa	per claim.			
<b>Coding Scheme:</b>	8 837 format D Data entry				
	U UB-04 format				
Length:	1 <b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim	
Field 217:	EMERGENCY_				
		gency department vis	it.		
<b>Coding Scheme:</b>	Y visit was eme	• •			
Length:	N Visit was not 1 <b>Type:</b>	emergency related Alphanumeric	Data Source:	Assigned	
Field 218:	CCSR_PRIN_D		Data Source.	Assigned	
	Clinical Classifica principal diagnosi	ations Software Refin s, i.e., the condition of	established after study to	on of PRIN_DIAG_CODE (the o be chiefly responsible for causing gory. Developed at the Agency for	
	Healthcare Researt (HCUP), Clinical of Diseases – Rev	ch and Quality (AHI Classifications softwision 9/10) coded pat	RQ) as part of the Healt vare is a tool to cluster I	hcare Cost and Utilization Project CD-9/10 (International Classification redures into a manageable number of	
Length:	4 <b>Type:</b>	Alphanumeric	Data Source:	Assigned	
Field 219:	CCSR OTH D	4		0	
- 1010 #171			ed (CCSR) classification	on of OTH_DIAG_CODE_1 (code	
				velops subsequently during a	
			eaningful diagnosis cate		
Length:	4 Type:	Alphanumeric	Data Source:	Assigned	
Field 220:	CCSR OTH D	AG CODE 2			
			ed (CCSR) classification	on of OTH DIAG CODE 1 (code	
				velops subsequently during a	
			eaningful diagnosis cate		
Length:	4 Type:	Alphanumeric	Data Source:	Assigned	
Field 221:	CCSR_OTH_D				
				on of OTH_DIAG_CODE_1 (code	
				velops subsequently during a	
<b>T</b>	-		eaningful diagnosis cate	• •	
Length:	4 Type:	Alphanumeric	<b>Data Source:</b>	Assigned	

Field 222:	CCSR_OTH_DIAG_CODE_4
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a
	patient's treatment.) into a clinically meaningful diagnosis category.
Length:	4 Type: Alphanumeric Data Source: Assigned
Field 223:	CCSR_OTH_DIAG_CODE_5
	Clinical Classifications Software Refined (CCSR) classification of OTH DIAG CODE 1 (code
	for a condition that coexists with the principal diagnosis or develops subsequently during a
	patient's treatment) into a clinically meaningful diagnosis category.
Length:	4 Type: Alphanumeric Data Source: Assigned
Field 224:	CCSR_OTH_DIAG_CODE_6
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a
	patient's treatment) into a clinically meaningful diagnosis category.
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
Field 225:	CCSR OTH DIAG CODE 7
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code
	for a condition that coexists with the principal diagnosis or develops subsequently during a
	patient's treatment) into a clinically meaningful diagnosis category.
Length:	4 Type: Alphanumeric Data Source: Assigned
Field 226:	CCSR_OTH_DIAG_CODE_8
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code for a condition that coexists with the principal diagnosis or develops subsequently during a
	patient's treatment) into a clinically meaningful diagnosis category.
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
Field 227:	CCSR OTH DIAG CODE 9
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's
	treatment) into a clinically meaningful diagnosis category.
Length:	4         Type:         Alphanumeric         Data Source:         Assigned
Field 228:	CCSR_OTH_DIAG_CODE_10 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.
Length:	a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.4Type:AlphanumericData Source:Assigned
Length: Field 229:	treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_11
¥	treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_11         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for
¥	treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_11         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's
Field 229:	treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_11         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.
Field 229: Length:	treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_11         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned
Field 229:	treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_11       Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.       4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_12       C       C       C       Signed       C
Field 229: Length:	treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_11         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_12         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for
Field 229: Length:	treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_11       Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.       4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_12       C       C       C       Signed       C
Field 229: Length: Field 230: Length:	treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_11         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_12         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         4         Ype:         Alphanumeric         Data Source:         Assigned
Field 229: Length: Field 230:	treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_11         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_12       Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_13       Unit of the principal diagnosis category.
Field 229: Length: Field 230: Length:	treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_11       Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.       4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_12       Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_13       Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis category.       4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_13       Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for
Field 229: Length: Field 230: Length:	treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_11         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_12         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_12         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_13         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's
Field 229:Length:Field 230:Length:Field 231:	treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_11       Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.       4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_12       Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_12       Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis category.       4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_13       Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.
Field 229:         Length:         Field 230:         Length:         Field 231:         Length:	treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_11         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_12         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_12         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_13         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.       4       Type:       Alphanumeric
Field 229:Length:Field 230:Length:Field 231:	treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_11         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_12         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_12         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_13         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.         4
Field 229:         Length:         Field 230:         Length:         Field 231:         Length:	treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_11         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_12         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_12         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_13         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.       4       Type:       Alphanumeric
Field 229:Length:Field 230:Length:Field 231:Length:Field 232:	treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_11         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_12       Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis category.       4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_12       Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis category.       4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_13       Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis category.       4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_14       Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis category.       4       Type:       Alphanume
Field 229:         Length:         Field 230:         Length:         Field 231:         Length:	treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_11         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_12         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.         4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_12         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.       4       Type:       Alphanumeric       Data Source:       Assigned         CCSR_OTH_DIAG_CODE_13         Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for a condition that coexists with the principal diagnosis

Field 233:	CCSR_OTH_DIAG_CODE_15					
	Clinical Classifications Software Refined (CCSR) classification of OTH DIAG CODE 1(code for					
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's					
	treatment) into a clinically meaningful diagnosis category.					
Length:	4 Type: Alphanumeric Data Source: Assigned					
Field 234:	CCSR_OTH_DIAG_CODE_16					
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for					
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's					
	treatment) into a clinically meaningful diagnosis category.					
Length:	4 Type: Alphanumeric Data Source: Assigned					
Field 235:	CCSR_OTH_DIAG_CODE_17					
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for					
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.					
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned					
Field 236:	CCSR OTH DIAG CODE 18					
1 1010 2001	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for					
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's					
	treatment) into a clinically meaningful diagnosis category.					
Length:	4 Type: Alphanumeric Data Source: Assigned					
Field 237:	CCSR_OTH_DIAG_CODE_19					
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code					
	for a condition that coexists with the principal diagnosis or develops subsequently during a					
т (1	patient's treatment) into a clinically meaningful diagnosis category.					
Length:	4 Type: Alphanumeric Data Source: Assigned					
Field 238:	CCSR_OTH_DIAG_CODE_20 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for					
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's					
	treatment) into a clinically meaningful diagnosis category.					
Length:	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned					
Field 239:	CCSR OTH DIAG CODE 21					
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code					
	for a condition that coexists with the principal diagnosis or develops subsequently during a					
	patient's treatment) into a clinically meaningful diagnosis category.					
Length:	4 Type: Alphanumeric Data Source: Assigned					
Field 240:	CCSR_OTH_DIAG_CODE_22					
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for					
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's					
Longth	treatment) into a clinically meaningful diagnosis category. 4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned					
Length: Field 241:	4     Type:     Alphanument     Data source:     Assigned       CCSR     OTH     DIAG     CODE     23					
r iciu 241.	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code					
	for a condition that coexists with the principal diagnosis or develops subsequently during a					
	patient's treatment) into a clinically meaningful diagnosis category.					
Length:	4 Type: Alphanumeric Data Source: Assigned					
Field 242:	CCSR_OTH_DIAG_CODE_24					
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for					
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's					
	treatment) into a clinically meaningful diagnosis category.					
Length:	4 Type: Alphanumeric Data Source: Assigned					
Field 243:	CCS_PROC_CODE_1					
	Clinical Classifications Software (CCS) for Services and Procedures classification of					
	PROC_CODE_1 (surgical or other procedure with the highest charge performed during the period					
	covered by the bill) into a clinically meaningful procedure category					

Length:	3 <b>Type:</b> Alphanumeric	Data Source:	Assigned					
Field 244:	CCS_PROC_CODE_2							
	Clinical Classifications Software (CCS) for Services and Procedures classification of							
	PROC_CODE_2 (surgical or other pro							
	covered by the bill) into a clinically m							
Length:	3 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Assigned					
Field 245:	CCS_PROC_CODE_3							
	Clinical Classifications Software (CCS							
	PROC_CODE_3 (surgical or other pro	cedure with the highe	st charge performed during the period					
	covered by the bill) into a clinically m	eaningful procedure ca	ategory.					
Length:	3 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Assigned					
Field 246:	CCS PROC CODE 4							
	Clinical Classifications Software (CCS	S) for Services and Pro	ocedures classification of					
	PROC CODE 4 (surgical or other pro	cedure with the highe	st charge performed during the period					
	covered by the bill) into a clinically m							
Length:	3 <b>Type:</b> Alphanumeric	Data Source:	Assigned					
Field 247:	CCS PROC CODE 5		0					
	Clinical Classifications Software (CCS	5) for Services and Pro	ocedures classification of					
	PROC CODE 5 (surgical or other pro							
	covered by the bill) into a clinically m							
Length:	3 <b>Type:</b> Alphanumeric	Data Source:	Assigned					
Field 248:	CCS PROC CODE 6	Data Source.	i ibbigliou					
riciu 240.	Clinical Classifications Software (CCS	S) for Services and Pro	acedures classification of					
	PROC CODE 6 (surgical or other pro	/						
Longth	covered by the bill) into a clinically m 3 <b>Type:</b> Alphanumeric	• •	• •					
Length:		Data Source:	Assigned					
Field 249:	CCS_PROC_CODE_7							
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 (surgical or other procedure with the highest charge performed during the period							
	covered by the bill) into a clinically m							
Length:	3 <b>Type:</b> Alphanumeric	Data Source:	Assigned					
Field 250:	CCS_PROC_CODE_8							
	Clinical Classifications Software (CCS							
	PROC_CODE_8 (surgical or other pro							
	covered by the bill) into a clinically m	• •						
Length:	3 <b>Type:</b> Alphanumeric	Data Source:	Assigned					
Field 251:	CCS_PROC_CODE_9							
	Clinical Classifications Software (CCS							
	PROC_CODE_9 (surgical or other pro	cedure with the highe	st charge performed during the period					
	covered by the bill) into a clinically m							
Length:	3 <b>Type:</b> Alphanumeric	Data Source:	Assigned					
Field 252:	CCS PROC CODE 10		*					
- ••	Clinical Classifications Software (CCS) for Services and Procedures classification of							
	PROC CODE 10 (surgical or other pr							
	covered by the bill) into a clinically m							
Length:	3 <b>Type:</b> Alphanumeric	Data Source:	Assigned					
		Dura Soul Co	rioigneu					
Field 253:	CCS_PROC_CODE_11							
	Clinical Classifications Software (CCS							
	PROC_CODE_11 (surgical or other pr							
	covered by the bill) into a clinically m	eaningful procedure ca	ategory.					
Length:	3 <b>Type:</b> Alphanumeric	Data Source:	Assigned					
Field 254:	CCS PROC CODE 12		U U					
	Clinical Classifications Software (CCS	5) for Services and Pro	ocedures classification of					
	PROC_CODE_12 (surgical or other pr							
	covered by the bill) into a clinically m							
	covered by the only into a enineally in	cannigrai procedure ca	a.cg01y.					
2024								

Length:	<b>3 Type:</b>	Alphanumeric	Data Source:	Assigned			
Field 255:	CCS_PROC_C	CODE_13					
			) for Services and Pro	cedures classification of			
				est charge performed during the period			
		ill) into a clinically me					
Length:	3 Type:	Alphanumeric	Data Source:	Assigned			
Field 256:	CCS PROC C	*		0			
			) for Services and Pro	cedures classification of			
				est charge performed during the period			
		ill) into a clinically me					
Length:	3 Type:	Alphanumeric	Data Source:	Assigned			
Field 257:	CCS PROC C			0			
			) for Services and Pro	cedures classification of			
				st charge performed during the period			
		ill) into a clinically me					
Length:	<b>3 Type:</b>	Alphanumeric	Data Source:	Assigned			
Field 258:	CCS PROC C			8			
11010 2001		_	) for Services and Pro	cedures classification of			
				est charge performed during the period			
		ill) into a clinically me					
Length:	3 <b>Type:</b>	Alphanumeric	Data Source:	Assigned			
Field 259:			Dutu Sourcer	Tibbighed			
Ficiu 257.	CCS_PROC_CODE_17 Clinical Classifications Software (CCS) for Services and Procedures classification of						
	PROC CODE 17 (surgical or other procedure with the highest charge performed during the period						
		ill) into a clinically me	ē				
Length:	3 <b>Type:</b>	Alphanumeric	Data Source:	Assigned			
Field 260:	CCS PROC C		Dutu Sourcer	Tibbighed			
r iciu 200.			) for Services and Pro	cedures classification of			
				est charge performed during the period			
		ill) into a clinically me					
Length:	3 <b>Type:</b>	Alphanumeric	Data Source:	Assigned			
Field 261:	CCS_PROC_C		Data Source.	Assigned			
r iciu 201.			) for Services and Pro	cedures classification of			
				est charge performed during the period			
		ill) into a clinically me					
Length:	3 <b>Type:</b>	Alphanumeric	Data Source:	Assigned			
Field 262:			Data Source.	Assigned			
Fielu 202.	CCS_PROC_CODE_20 Clinical Classifications Software (CCS) for Services and Procedures classification of						
			/	est charge performed during the period			
				ful procedure category (See Field #			
	220).	$\sin - \sec r \tan \pi / \delta / \sin \theta$	to a chilicarry incaring	giu procedure eategory (See Field $\pi$			
Length:	3 <b>Type:</b>	Alphanumeric	Data Source:	Assigned			
Field 263:	CCS_PROC_C		Data Source.	Assigned			
rielu 205:			) for Complete and Dro	and was allocation of			
				cedures classification of st charge performed during the period			
I on othe	-	ill) into a clinically me					
Length:	<u>3 Type:</u>	Alphanumeric	Data Source:	Assigned			
Field 264:	CCS_PROC_C						
				cedures classification of			
				est charge performed during the period			
<b>.</b> .		ill) into a clinically me					
I are added	<b>3 Type:</b>	Alphanumeric	Data Source:	Assigned			
Length: Field 265:	CCS_PROC_C	Alphanumeric	Data Source.	Assigned			

	Clinical Classifications Software (CCS) for Services and Procedures classification of					
	PROC_CODE_23 (surgical or other procedure with the highest charge performed during the period					
	covered by the bi	<ol> <li>into a clinically me</li> </ol>	eaningful procedure ca	egory.		
Length:	<b>3 Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned		
Field 266:	CCS_PROC_C	ODE_24				
	Clinical Classific	ations Software (CCS	5) for Services and Proc	edures classification of		
	PROC CODE 2	4 (surgical or other pr	ocedure with the highe	st charge performed during	the period	
	covered by the bi	ll) into a clinically me	eaningful procedure ca	egory.	-	
Length:	<b>3 Type:</b>	Alphanumeric	Data Source:	Assigned		
Field 267:	CCS PROC CODE 25					
	Clinical Classifications Software (CCS) for Services and Procedures classification of					
	PROC CODE 25 (surgical or other procedure with the highest charge performed during the period					
	covered by the bi	ll) into a clinically me	eaningful procedure cat	regory.	-	
Length:	<b>3 Type:</b>	Alphanumeric	Data Source:	Assigned		

# **OUTPATIENT CHARGES FILE**

Field 1:	REC	ORD_ID						
	Recor	rd Identification Number. Unio	que number to	identify the record within the research data file. There				
				claim associated with a patient's visit. Does not match or				
	link to Public Use Data File PUDF Record ID. Does match with RECORD ID in other Inpatient and							
	= 1							
	Outpatient Research Data Files RDF files.							
Length:	12	Type: Alphanumeric	Data Sourc	e: Assigned				
Field 2:	REVI	ENUE_CODE						
	Code	corresponding to each specific	c accommodat	tion, ancillary service or billing calculation related to the				
		es being billed.						
<b>Coding Scheme:</b>	0100	All-inclusive room charges plus	0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home				
Counig Scheme.	0100	ancillary	0027	when in a Home Health Shortage Area				
	0101	All-inclusive room charges	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non				
				RHC/FQHC Site (e.g. Scene of Accident)				
	0110	Room charges for private rooms -	0529	Freestanding Clinic - other				
		general						
	0111	Room charges for private rooms -	0530	Osteopathic service - general				
	0110	medical/surgical/GYN	0.501					
	0112	Room charges for private rooms - obstetrics	0531	Osteopathic service - therapy				
	0113	Room charges for private rooms -	0539	Osteopathic service - other				
	0115	pediatric	0559	Oscopatile service - other				
	0114	Room charges for private rooms -	0540	Ambulance service - general				
		psychiatric						
	0115	Room charges for private rooms -	0541	Ambulance service - supplies				
		hospice						
	0116	Room charges for private rooms - detoxification	0542	Ambulance service - medical transport				

0117	Room charges for private rooms - oncology	0543	Ambulance service - heart mobile
0118	Room charges for private rooms - rehabilitation	0544	Ambulance service - oxygen
0119	Room charges for private rooms - other	0545	Ambulance service - air ambulance
0120	Room charges for semi-private rooms - general	0546	Ambulance service - neonatal
121	Room charges for semi-private rooms - medical/surgical/GYN	0547	Ambulance service - pharmacy
122	Room charges for semi-private rooms - obstetrics	0548	Ambulance service - telephone transmission EKG
123	Room charges for semi-private rooms - pediatric	0549	Ambulance service - other
124	Room charges for semi-private rooms - psychiatric	0550	Skilled nursing - general
125	Room charges for semi-private rooms - hospice	0551	Skilled nursing - visit charge
126	Room charges for semi-private rooms - detoxification	0552	Skilled nursing - hourly charge
127	Room charges for semi-private rooms - oncology	0559	Skilled nursing - other
128	Room charges for semi-private rooms - rehabilitation	0560	Medical social services - general
129	Room charges for semi-private rooms - other	0561	Medical social services - visit charge
130	Room charges for semi-private - 3/4 beds - rooms - general	0562	Medical social services - hourly charge
131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0569	Medical social services - other
132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0570	Home health aide - general
33	Room charges for semi-private - 3/4 beds - rooms - pediatric	0571	Home health aide - visit charge
34	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0572	Home health aide - hourly charge
35	Room charges for semi-private - 3/4 beds - rooms - hospice	0579	Home health aide - other
36	Room charges for semi-private - 3/4 beds - rooms - detoxification	0580	Other visits (home health) - general
37	Room charges for semi-private - 3/4 beds - rooms - oncology	0581	Other visits (home health) - visit charge
138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0582	Other visits (home health) - hourly charge
39	Room charges for semi-private - 3/4 beds - rooms - other	0583	Other visits (home health) - assessment
140	Room charges for private (deluxe) rooms - general	0589	Other visits (home health) - other
41	Room charges for private (deluxe) rooms - medical/surgical/GYN	0590	Units of service (home health) - general
142	Room charges for private (deluxe) rooms - obstetrics	0600	Oxygen (home health) - general
143	Room charges for private (deluxe) rooms - pediatric	0601	Oxygen (home health) - stat/equip/supply or contents
144	Room charges for private (deluxe) rooms - psychiatric	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minu
45	Room charges for private (deluxe) rooms - hospice	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minu
46	Room charges for private (deluxe) rooms - detoxification	0604	Oxygen (home health) - portable add-in
47	Room charges for private (deluxe) rooms - oncology	0609	Oxygen (home health) - other
148	Room charges for private (deluxe) rooms - rehabilitation	0610	Magnetic Resonance Technology (MRT) - MRI - general
	Room charges for private (deluxe) rooms - other	0611	Magnetic Resonance Technology (MRT) - MRI - brain (includ stem)
149	- otner		
149 150	Room charges for ward rooms - general	0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (i spine)

0152	Room charges for ward rooms - obstetrics	0615	Magnetic Resonance Technology (MRT) - MRA - head and neck
0153 0154	Room charges for ward rooms - pediatric Room charges for ward rooms - psychiatric	0616 0618	Magnetic Resonance Technology (MRT) - MRA – lower extremities Magnetic Resonance Technology (MRT) - MRA – other
0155	Room charges for ward rooms - hospice	0619	Magnetic Resonance Technology (MRT) - Other MRT
0156	Room charges for ward rooms - detoxification	0621	Medical/surgical supplies - incident to radiology
0157	Room charges for ward rooms - oncology	0622	Medical/surgical supplies - incident to other diagnostic services
		0623	Medical/surgical supplies - surgical dressings
0158	Room charges for ward rooms - rehabilitation	0624	Medical/surgical supplies - FDA investigational devices
0159	Room charges for ward rooms - other	0631	Drugs requiring specific identification - single source
0160	Room charges for other rooms - general	0632	Drugs requiring specific identification - multiple source
0164	Room charges for other rooms – Sterile Environment	0633	Drugs requiring specific identification - restrictive prescription
0167	Room charges for other rooms – self care	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0169	Room charges for other rooms - other	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0170	Room charges for nursery - general	0636	Drugs requiring specific identification - requiring detailed coding
0171	Room charges for nursery - newborn level I	0637	Drugs requiring specific identification - self-administrable
0172	Room charges for nursery - newborn level II	0640	Home IV therapy services - general
0173	Room charges for nursery - newborn level III	0641	Home IV therapy services – non-routine nursing, central line
0174	Room charges for nursery - newborn level IV	0642	Home IV therapy services - IV site care, central line
0179	Room charges for nursery - other	0643	Home IV therapy services - IV start/change, peripheral line
0180	Room charges for LOA - general	0644	Home IV therapy services - non-routine nursing, peripheral line
0182	Room charges for LOA - patient convenience-charges billable	0645	Home IV therapy services - training patient/caregiver, central line
0183	Room charges for LOA - therapeutic leave	0646	Home IV therapy services - training, disabled patient, central line
0185	Room charges for LOA – nursing home (for hospitalization)	0647	Home IV therapy services - training, patient/caregiver, peripheral
0189	Room charges for LOA - other	0648	Home IV therapy services - training, disabled patient, peripheral
0190	Room charges for subacute care - general	0649	Home IV therapy services - other
0191	Room charges for subacute care - Level I (skilled care)	0650	Hospice services - general
0192	Room charges for subacute care - Level II (comprehensive care)	0651	Hospice services - routine home care
0193	Room charges for subacute care - Level III (complex care)	0652	Hospice services - continuous home care
0194	Room charges for subacute care - Level IV (intensive care)	0655	Hospice services - inpatient respite care
0199	Room charges for subacute care - other	0656	Hospice services - general inpatient care (non-respite)
0200	Room charges for intensive care - general	0657	Hospice services - physician services
0201	Room charges for intensive care - surgical	0658	Hospice services - room and board - nursing facility
0202	Room charges for intensive care - medical	0659	Hospice services - other
0203	Room charges for intensive care - pediatric	0660	Respite care - general
0204	Room charges for intensive care - psychiatric	0661	Respite care - hourly charge/skilled nursing
0206	Room charges for intensive care - intermediate intensive care unit (ICU)	0662	Respite care - hourly charge/aide/homemaker/companion
0207	Room charges for intensive care - burn care	0663	Respite care - daily charge
0208	Room charges for intensive care - trauma	0669	Respite care - other
0209	Room charges for intensive care - other	0670	Outpatient special residence - general
0210	Room charges for coronary care - general	0671	Outpatient special residence - hospital based
0211	Room charges for coronary care - myocardial infarction	0672	Outpatient special residence - contracted

0212	Room charges for coronary care - pulmonary care	0679	Outpatient special residence - other
0213	Room charges for coronary care - heart transplant	0681	Trauma response - level I
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0682	Trauma response - level II
0219	Room charges for coronary care - other	0683	Trauma response - level III
0210	Special charges - general	0684	Trauma response - level IV
0220	Special charges - admission charge	0689	Trauma response - other
			Pre-hospice/Palliative Care Services - general
0222	Special charges - technical support charge	0690	
0223	Special charges - UR service charge	0691	Pre-hospice/Palliative Care Services – visit charge
0224	Special charges - late discharge, medically necessary	0692	Pre-hospice/Palliative Care Services – hourly charge
0229	Special charges - other	0693	Pre-hospice/Palliative Care Services - evaluation
0230	Incremental nursing care - general	0694	Pre-hospice/Palliative Care Services – consultation and education
0231	Incremental nursing care - nursery	0695	Pre-hospice/Palliative Care Services – inpatient care
)232	Incremental nursing care - OB	0696	Pre-hospice/Palliative Care Services – inparient care
)232	Incremental nursing care - ICU (includes transitional care)	0699	Pre-hospice/Palliative Care Services - other
0234	Incremental nursing care - CCU (includes transitional care)	0700	Cast Room services - general
0235	Incremental nursing care - hospice	0710	Recovery Room services - general
)235	Incremental nursing care - other	0710	Labor/Delivery Room services - general
)239 )240		0720	, .
	All-inclusive ancillary - general		Labor/Delivery Room services - labor
241	All-inclusive ancillary - basic	0722	Labor/Delivery Room services - delivery
)242	All-inclusive ancillary - comprehensive	0723	Labor/Delivery Room services - circumcision
)243	All-inclusive ancillary - specialty	0724	Labor/Delivery Room services - birthing center
)249	All-inclusive ancillary - other	0729	Labor/Delivery Room services - other
0250	Pharmacy - general	0730	EKG/ECG services - general
0251	Pharmacy - generic drugs	0731	EKG/ECG services - Holter monitor
252	Pharmacy – non-generic drugs	0732	EKG/ECG services - telemetry
253	Pharmacy - take-home drugs	0739	EKG/ECG services - other
)254	Pharmacy - drugs incident to other diagnostic services	0740	EEG services - general
)255	Pharmacy - drugs incident to radiology	0750	Gastrointestinal services - general
)256	Pharmacy - experimental drugs	0760	Treatment or observation room services - general
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment Room
)258	Pharmacy - IV solutions	0762	Specialty Room - Treatment/ Observation Room - Observation Room
)259	Pharmacy - other	0769	Treatment or observation room services - other
)260	IV Therapy - general	0770	Preventive care services - general
0261	IV Therapy - infusion pump	0770	Preventive care services - vaccine administration
)262	IV Therapy - pharmacy services	0780	Telemedicine services - general
0263	IV Therapy - drug/supply delivery	0790	Extra-corporeal shockwave therapy - general
)264	IV Therapy - supplies	0800	Inpatient renal dialysis services - general
)269	IV Therapy - other	0801	Inpatient renal dialysis services - hemodialysis
0270	Medical surgical supplies and devices - general	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0271	Medical surgical supplies and devices - nonsterile	0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0272	Medical surgical supplies and devices - sterile	0804	Inpatient renal dialysis services - continuous cycling peritoneal dialy (CAPD)
0273	Medical surgical supplies and devices - take-home	0809	Inpatient renal dialysis services - other
0274	Medical surgical supplies and devices - prosthetic/orthotic	0810	Acquisition of body components- general
0275	Medical surgical supplies and devices - pacemaker	0811	Acquisition of body components - living donor
0276	Medical surgical supplies and devices - intraocular lens (IOL)	0812	Acquisition of body components - cadaver donor
)277	Medical surgical supplies and devices - oxygen - take-home	0813	Acquisition of body components - unknown donor
0278	Medical surgical supplies and devices - other implants	0814	Acquisition of body components - unsuccessful organ search-donor bank charges
)279	Medical surgical supplies and devices - other	0815	Acquisition of body components – stem cells- allogeneic
	Oncology - general	0819	Acquisition of body components - other donor
0280		0017	requisition of oody components - other dollor
		0820	Hemodialysis - outpatient or home general
0289	Oncology - other	0820 0821	Hemodialysis - outpatient or home - general
0280 0289 0290 0291		0820 0821 0822	Hemodialysis - outpatient or home - general Hemodialysis - outpatient or home - composite or other rate Hemodialysis - outpatient or home – home supplies

0292	DME - purchase of new	0823	Hemodialysis - outpatient or home - home equipment
0293	DME - purchase of used	0824	Hemodialysis - outpatient or home - maintenance 100%
0294	DME - supplies/drugs for DME effectiveness	0825	Hemodialysis - outpatient or home - support services
0299	DME - other equipment	0826	Hemodialysis - outpatient or home – shorter duration (effective $7/1/17$ )
0300	Laboratory - general	0829	Hemodialysis - outpatient of home - other
0301	Laboratory - chemistry	0830	Peritoneal dialysis - outpatient or home - general
0302	Laboratory - immunology	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0303	Laboratory - renal patient (home)	0832	Peritoneal dialysis - outpatient or home – home supplies
0304	Laboratory – non-routine dialysis	0833	Peritoneal dialysis - outpatient or home – home equipment
0305	Laboratory - hematology	0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0306	Laboratory - bacteriology and	0835	Peritoneal dialysis - outpatient or home - support services
	microbiology		
0307	Laboratory - urology	0839	Peritoneal dialysis - outpatient or home - other
0309	Laboratory - other	0840	CAPD - outpatient or home - general
0310	Laboratory pathological - general	0841	CAPD - outpatient or home - composite or other rate
0311	Laboratory pathological - cytology	0842	CAPD - outpatient or home – home supplies
0312	Laboratory pathological - histology	0843	CAPD - outpatient or home - home equipment
0314	Laboratory pathological - biopsy	0844	CAPD - outpatient or home - maintenance 100%
0319	Laboratory pathological - other	0845	CAPD - outpatient or home - support services
0320	Radiology - diagnostic - general	0849	CAPD - outpatient or home - other
0321	Radiology - diagnostic -	0850	CCPD - outpatient or home - general
	angiocardiography		
0322	Radiology - diagnostic - arthrography	0851	CCPD - outpatient or home - composite or other rate
0323	Radiology - diagnostic - arteriography	0852	CCPD - outpatient or home - home supplies
0324	Radiology - diagnostic - chest x-ray	0853	CCPD - outpatient or home - home equipment
0329	Radiology - diagnostic - other	0854	CCPD - outpatient or home - maintenance 100%
0330	Radiology - therapeutic and/or	0855	CCPD - outpatient or home - support services
	chemotherapy administration - general		
0331	Radiology - therapeutic and/or	0859	CCPD - outpatient or home - other
	chemotherapy administration -		
0222	chemotherapy - injected	00/0	
0332	Radiology - therapeutic and/or	0860	Magnetoencephalography (MEG) - General
	chemotherapy administration -		
0333	chemotherapy - oral	0861	Magnatagnagnhalography (MEC) MEC
0333	Radiology - therapeutic and/or chemotherapy administration - radiation	0801	Magnetoencephalography (MEG) - MEG
0335	therapy Radiology - therapeutic and/or	0880	Miscellaneous dialysis - general
0335	chemotherapy administration -	0880	wiscenarious diarysis - general
	chemotherapy - IV		
0339	Radiology - therapeutic and/or	0881	Miscellaneous dialysis - ultrafiltration
0557	chemotherapy administration - other	0001	Misechaneous darysis annannaach
0340	Nuclear medicine - general	0882	Miscellaneous dialysis - home aide visit
0341	Nuclear medicine - diagnostic	0889	Miscellaneous dialysis - other
0011	procedures	0007	
0342	Nuclear medicine - therapeutic	0900	Behavior health treatments/services - general
	procedures		g
0343	Nuclear medicine - diagnostic	0901	Behavior health treatments/services - electroshock
	radiopharmaceuticals		
0344	Nuclear medicine - therapeutic	0902	Behavior health treatments/services - milieu therapy
	radiopharmaceuticals		1.4
0349	Nuclear medicine - other	0903	Behavioral health treatments/services - play therapy
0350	CT scan - general	0904	Behavior health treatments/services - activity therapy
0351	CT scan - head	0905	Behavior health treatments/services - intensive outpatient services -
			psychiatric
0352	CT scan - body	0906	Behavior health treatments/services - intensive outpatient services -
			chemical dependency
0359	CT scan - other	0907	Behavior health treatments/services - community behavioral health
			program
0360	Operating room services - general	0911	Behavior health treatment/services - rehabilitation
0361	Operating room services - minor surgery	0912	Behavior health treatment/services - partial hospitalization - less
			intensive
0362	Operating room services - organ	0913	Behavior health treatment/services - partial hospitalization - intensive
02/7	transplant other than kidney	0014	
0367	Operating room services - kidney	0914	Behavior health treatment/services - individual therapy
0260	transplant	0015	Daharrian haalth tuaatmant/ 41
0369	Operating room services - other	0915	Behavior health treatment/services - group therapy
0370 0371	Anesthesia - general	0916 0917	Behavior health treatment/services - family therapy Behavior health treatment/services - biofeedback
03/1	Anesthesia - incident to radiology	091/	Denavior nearm meannent/services - DioreeuDack

0372	Anesthesia - incident to other diagnostic	0918	Behavior health treatment/services - testing
	services		-
0374	Anesthesia - acupuncture	0919	Behavior health treatment/services - other
0379	Anesthesia - other	0920	Other diagnostic services - general
0380	Blood - general	0921	Other diagnostic services - peripheral vascular lab
0381	Blood - packed red cells	0922	Other diagnostic services - electromyogram
0382	Blood - whole blood	0923	Other diagnostic services - pap smear
0382		0923	Other diagnostic services - allergy test
	Blood - plasma		
0384	Blood - platelets	0925	Other diagnostic services - pregnancy test
0385	Blood - leukocytes	0929	Other diagnostic services - other
0386	Blood - other components	0931	Medical rehabilitation day program - half day
0387	Blood - other derivatives	0932	Medical rehabilitation day program - full day
	(cryoprecipitate)		
0389	Blood - other	0940	Other therapeutic services - general
0390	Blood and blood component	0941	Other therapeutic services - recreational therapy
	administration, storage and processing -		
	general		
0391	Blood and blood component	0942	Other therapeutic services - education/training
0071	administration, storage and processing -		e mer merupenne services - eurennen nummig
	administration		
0392	Blood and blood component	0943	Other therapeutic services - cardiac rehabilitation
0392	administration, storage and processing –	0945	Other therapeutic services - cardiac renabilitation
0200	processing and storage	0044	
0399	Blood and blood component	0944	Other therapeutic services - drug rehabilitation
	administration, storage and processing -		
	other		
0400	Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
0401	Other imaging services - diagnostic	0946	Other therapeutic services - complex medical equipment - routine
	mammography		
0402	Other imaging services - ultrasound	0947	Other therapeutic services - complex medical equipment - ancillary
0403	Other imaging services - screening	0948	Other therapeutic services – pulmonary rehabilitation
	mammography		1 1 5
0404	Other imaging services - PET	0949	Other therapeutic services - other
0409	Other imaging services - other	0951	Other therapeutic services – athletic training
0410	Respiratory services - general	0952	Other therapeutic services - kinesiotherapy
0410	Respiratory services - inhalation	0952	
			Other therapeutic services – chemical dependency (drug and alcohol)
0413	Respiratory services - hyperbaric oxygen	0960	Professional fees - general
0.410	therapy	00(1	
0419	Respiratory services - other	0961	Professional fees - psychiatric
0420	Physical therapy - general	0962	Professional fees - ophthalmology
0421	Physical therapy - visit charge	0963	Professional fees - anesthesiologist (MD)
0422	Physical therapy - hourly charge	0964	Professional fees - anesthetist (CRNA)
0423	Physical therapy - group rate	0969	Professional fees - other
0424	Physical therapy - evaluation or	0971	Professional fees - laboratory
	reevaluation		
0429	Physical therapy - other	0972	Professional fees - radiology - diagnostic
0430	Occupational therapy - general	0973	Professional fees - radiology - therapeutic
0431	Occupational therapy - visit charge	0974	Professional fees - radiology - nuclear medicine
0432	Occupational therapy - hourly charge	0975	Professional fees - operating room
0433	Occupational therapy - group rate	0976	Professional fees - respiratory therapy
0434	Occupational therapy - gloup face	0977	Professional fees - physical therapy
0434	reevaluation	0977	i lolessional lees - physical therapy
0420		0079	Destactional face accounctional themany
0439	Occupational therapy - other	0978	Professional fees - occupational therapy
0440	Speech-language pathology - general	0979	Professional fees - speech therapy
0441	Speech-language pathology - visit charge	0981	Professional fees - emergency room
0442	Speech-language pathology - hourly	0982	Professional fees - outpatient services
	charge		
0443	Speech-language pathology - group rate	0983	Professional fees - clinic
0444	Speech-language pathology - evaluation	0984	Professional fees - medical social services
	or reevaluation		
0449	Speech-language pathology - other	0985	Professional fees - EKG
0450	Emergency room - general	0986	Professional fees - EEG
0451	Emergency room - EMTALA emergency	0987	Professional fees - hospital visit
	medical screening services		1
0452	Emergency room - beyond EMTALA	0988	Professional fees - consultation
0.752	screening	0,00	
0456	Emergency room - urgent care	0989	Professional fees - private duty purse
			Professional fees - private duty nurse
0459	Emergency room - other	0990	Patient convenience items - general
0460	Pulmonary function - general	0991	Patient convenience items - cafeteria/guest tray
0469	Pulmonary function - other	0992	Patient convenience items - private linen service

	0479 0480 0481	Audiology Cardiology Cardiology		0996 0997 0998	Patient co	onvenience items - late discharge charge onvenience items - admission kits onvenience items - beauty shop/barber
	0481		- stress test	0999		onvenience items - other
	0483	0,	- echocardiology	1000	Behavior	health accommodations - general
	0489	Cardiology		1001		health accommodations - residential treatment - psychiatric
	0490	Ambulatory	y surgical care - general	1002	depender	health accommodations - residential treatment - chemical
	0499		y surgical care - other	1003		health accommodations - supervised living
	0500		services - general	1004		health accommodations - halfway house health accommodations - group home
	0509 0510	Clinic - ger	services - other	1005 2100		ve therapy services - general
	0511	Clinic - chr		2100		ve therapy services - acupuncture
	0512	Clinic - der		2102		ve therapy services - acupressure
	0513	Clinic - psy		2103		ve therapy services - massage
	0514	Clinic - OB		2104		ve therapy services - reflexology
	0515 0516	Clinic - pec Clinic - urg		2105 2106		ve therapy services - biofeedback ve therapy services - hypnosis
	0510		nily practice	2100		ve therapy services - other
	0519	Clinic - oth	• •	3101		y care, medical and social - hourly
	0520		ng Clinic - general	3102		y care, social - hourly
	0521		ng Clinic - Clinic Visit b RHC/FQHC	by 3103	Adult day	y care, medical and social - daily
	0522	Freestandin	ng Clinic - Home Visit b C Practitioner	y 3104	Adult day	y care, social - daily
	0523	Freestandin	ng Clinic - family praction	ce 3105		ster care - daily
	0524	RHC/FQH0	ng Clinic - Visit by C Practitioner to a Mem	3109 Iber in	Adult fos	ster care - other
	0525		Part A Stay at SNF ng Clinic - Visit by			
	0525	RHC/FOH	C Practitioner to a Mem	ber in		
			Covered Part A Stay) o			
		or ICF MR	or Other Residential Fa			
	0526		ng Clinic - urgent care			
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Coding Scheme: Length: Field 6:	Healt code A lin For a <u>https:</u> 5 <b>MOI</b> Ident the p: 22	th Care Fina applicable ik is provide idditional in ://www.cms Type: DIFIER_1 tifies a spec: rovider need Increased pro Unusual Ane Unrelated Ev	ancing Administrat to ancillary service ed at this site for po- iformation see: <u>s.gov/medicare/cod</u> Alphanumeric ial circumstance re ds to convey additi ocedural services esthesia valuation and Manageme	s or accomm ost 2020 file ling/hcpcsrel Data Sour lated to the p onal clarifics ent Service by t	nodations. updates. leasecdeset cce: performanc ation for th P4 P5	es?redirect=/hcpcsreleasecodesets/anhcpcs/list.asp Claim e of the HCPCS-coded service. Required when e associated procedure code. A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being
Coding Scheme: Length: Field 6:	Healt code A lin For a <u>https:</u> 5 <b>MOI</b> Ident the p: 22 23	th Care Fina applicable ik is provide additional in ://www.cms Type: DIFIER_1 tifies a spec: rovider need Increased pro Unusual Ane Unrelated Ev Same Physic	ancing Administrat to ancillary service ed at this site for po- iformation see: <u>s.gov/medicare/cod</u> Alphanumeric ial circumstance re ds to convey additi ocedural services esthesia	s or accomm ost 2020 file ling/hcpcsrel Data Sour lated to the p onal clarifica ent Service by t Health Care	nodations. updates. leasecdeset cce: performanc ation for th P4 P5	es of the HCPCS-coded service. Required when the associated procedure code. A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation
Coding Scheme: Length: Field 6:	Healt code A lin For a <u>https:</u> 5 <b>MOI</b> Ident the p: 22 23	th Care Fina applicable is provide additional in ://www.cms Type: DIFIER_1 tifies a spect rovider need Increased pro Unusual Ane Unrelated Ev Same Physic Professional Significant, S	ancing Administrat to ancillary service ed at this site for po- formation see: <u>s.gov/medicare/cod</u> <u>Alphanumeric</u> ial circumstance re ds to convey additi ocedural services esthesia valuation and Manageme- tian or Other Qualified H during a Postoperative I Separately Identifiable H	s or accomm ost 2020 file ling/hcpcsrc Data Sour lated to the p onal clarifica ent Service by t Health Care Period Evaluation and	nodations. updates. leasecdeset cce: performanc ation for th P4 P5 the P6 E1	es?redirect=/hcpcsreleasecodesets/anhcpcs/list.asp Claim e of the HCPCS-coded service. Required when e associated procedure code. A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being
Coding Scheme: Length: Field 6:	Healt code A lin For a <u>https:</u> 5 <b>MOI</b> Ident the p: 22 23 24	th Care Fina applicable ik is provide idditional im ://www.cms Type: DIFIER_1 tifies a spec: rovider nee Increased pro Unusual Ane Unrelated Ev Same Physic Professional Significant, S Management	ancing Administrat to ancillary service ed at this site for po- formation see: <u>s.gov/medicare/cod</u> <u>Alphanumeric</u> ial circumstance re ds to convey additi ocedural services esthesia valuation and Manageme ian or Other Qualified H during a Postoperative I Separately Identifiable H t Service by the Same P	s or accomm ost 2020 file ling/hcpcsre Data Sour lated to the p onal clarifica ent Service by t Health Care Period Evaluation and hysician or Oth	nodations. updates. leasecdeset cce: performance ation for th P4 P5 the P6 E1	e of the HCPCS-coded service. Required when the associated procedure code. A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes
Coding Scheme: Length: Field 6:	Healt code A lin For a <u>https:</u> 5 <b>MOI</b> Ident the p: 22 23 24	th Care Fina applicable ik is provide additional in ://www.cms Type: DIFIER_1 tifies a spec: rovider nee Increased pro Unusual Ane Unrelated Ev Same Physic Professional Significant, S Management Qualified He	ancing Administrat to ancillary service ed at this site for po- formation see: <u>s.gov/medicare/cod</u> <u>Alphanumeric</u> ial circumstance re ds to convey additi ocedural services esthesia valuation and Manageme- sian or Other Qualified F during a Postoperative I Separately Identifiable F t Service by the Same Pl eath Care Professional co	s or accomm ost 2020 file ling/hcpcsre Data Sour lated to the p onal clarifica ent Service by t Health Care Period Evaluation and hysician or Oth	nodations. updates. leasecdeset cce: performance ation for th P4 P5 the P6 E1	e of the HCPCS-coded service. Required when the associated procedure code. A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes
Coding Scheme: Length: Field 6:	Healt code A lin For a <u>https:</u> 5 <b>MOI</b> Ident the p: 22 23 24 25	th Care Fina applicable + additional in ://www.cms Type: DIFIER_1 tifies a spec rovider nee Increased pro Unusual Ane Unrelated Ev Same Physic Professional Significant, S Management Qualified He the Procedur	ancing Administrat to ancillary service ed at this site for po- formation see: <u>s.gov/medicare/cod</u> <u>Alphanumeric</u> ial circumstance re ds to convey additi ocedural services esthesia valuation and Manageme- tian or Other Qualified H during a Postoperative I Separately Identifiable H t Service by the Same Pl calth Care Professional co e or Other Service	s or accomm ost 2020 file ling/hcpcsre Data Sour lated to the p onal clarifica ent Service by t Health Care Period Evaluation and hysician or Oth	nodations. updates. leasecdeset cce: performance ation for th P4 P5 the P6 E1 er y of	es?redirect=/hcpcsreleasecodesets/anhcpcs/list.asp Claim e of the HCPCS-coded service. Required when the associated procedure code. A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid
Coding Scheme: <u>Length:</u> Field 6: Coding Scheme:	Healt code A lin For a <u>https:</u> 5 <b>MOI</b> Ident the p: 22 23 24	th Care Fina applicable ik is provide additional in ://www.cms Type: DIFIER_1 tifies a spec: rovider nee Increased pro Unusual Ane Unrelated Ev Same Physic Professional Significant, S Management Qualified He	ancing Administrat to ancillary service ed at this site for po- formation see: <u>s.gov/medicare/cod</u> <u>Alphanumeric</u> ial circumstance re ds to convey additi ocedural services esthesia valuation and Manageme- tian or Other Qualified H during a Postoperative I Separately Identifiable H t Service by the Same Pl calth Care Professional co e or Other Service	s or accomm ost 2020 file ling/hcpcsre Data Sour lated to the p onal clarifica ent Service by t Health Care Period Evaluation and hysician or Oth	nodations. updates. leasecdeset cce: performance ation for th P4 P5 the P6 E1	e of the HCPCS-coded service. Required when the associated procedure code. A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes
Coding Scheme: Length: Field 6:	Healt code A lin For a <u>https:</u> 5 <b>MOI</b> Ident the p: 22 23 24 25 26	th Care Fina applicable ik is provide dditional in ://www.cms Type: DIFIER_1 tifies a spec rovider need Increased pro Unusual Ane Unrelated Ev Same Physic Professional Significant, S Management Qualified He the Procedur Professional	ancing Administrat to ancillary service ed at this site for po- formation see: <u>s.gov/medicare/cod</u> <u>Alphanumeric</u> ial circumstance re ds to convey additi ocedural services esthesia valuation and Manageme- tian or Other Qualified H during a Postoperative I Separately Identifiable E t Service by the Same P eath Care Professional c e or Other Service Component	s or accomm ost 2020 file ling/hcpcsre Data Sour lated to the p onal clarifica ent Service by t Health Care Period Evaluation and hysician or Oth	nodations. updates. leasecdeset cce: performance ation for th P4 P5 the P6 E1 er y of	es?redirect=/hcpcsreleasecodesets/anhcpcs/list.as Claim e of the HCPCS-coded service. Required when the associated procedure code. A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid

	27	Multiple Outpatient Hospital E/M Encounters on the	E3	Upper right eyelid
	21	Same Date	E3	Opper fight eyend
	32	Mandated Services	E4	Lower right eyelid
	33	Preventive Service	F1	Left hand, second digit
	47	Anesthesia by Surgeon	F2	Left hand, third digit
	50 51	Bilateral Procedure Multiple Procedures	F3 F4	Left hand, fourth digit Left hand, fifth digit
	52	Reduced Services	F5	Right hand, thumb
	53	Discontinued Procedure	F6	Right hand, second digit
	54	Surgical Care Only	F7	Right hand, third digit
	55	Postoperative Management Only	F8	Right hand, fourth digit
	56	Preoperative Management Only	F9	Right hand, fifth digit
	57	Decision for Surgery	FA	Left hand, thumb
	58	Staged or Related Procedure or Service by the Same	GG	Performance and payment of a screening mammography
		Physician or Other Qualified Health Care Professional		and diagnostic mammography on same patient, same day.
	50	During the Postoperative Period	CU	
	59	Distinct Procedural Service	GH	Diagnostic mammogram converted from screening mammogram on same day
	62	Two Surgeons	LC	Left circumflex coronary artery
	63	Procedure Performed on Infants less than 4kg	LD	Left anterior descending coronary artery
	66	Surgical Team	LM	Left main coronary artery
	73	Discontinued Outpatient Hospital/Ambulatory Surgery	LT	Left side of the body procedure
		Center (ASC) Procedure prior to the Administration of Anesthesia		
	74	Discontinued Outpatient Hospital/Ambulatory Surgery	QM	Ambulance service provided under arrangement by a
		Center (ASC) Procedure after Administration of Anesthesia		provider of services
	76	Repeat Procedure by Same Physician or Other Qualified Health Care Professional	QN	Ambulance service furnished directly by a provider of services
	77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional	RC	Right coronary artery
	78	Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related	RI	Ramus intermedius coronary artery
	79	Procedure During the Postoperative Period Unrelated Procedure or Service by the Same Physician or	RT	Right side of the body procedure
		Other Qualified Health Care Professional During the Postoperative Period		
	80	Assistant Surgeon	T1	Left foot, second digit
	81	Minimum Assistant Surgeon	T2	Left foot, third digit
	82 90	Repeat procedure by same physician Reference (Outside) Laboratory	T3 T4	Left foot, fourth digit Left foot, fifth digit
	90 91	Repeat Clinical Diagnostic Laboratory Test	T5	Right foot, great toe
	92	Alternative Laboratory Platform Testing	T6	Right foot, second digit
	95	Synchronous Telemedicine Service Rendered Via a Real-	T7	Right foot, third digit
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Time Interactive Audio and Video Telecommunications System	1,	
	99	Multiple Modifiers	Т8	Right foot, fourth digit
	1P	Performance Measure Exclusion Modifier due to Medical	Т9	Right foot, fifth digit
		Reasons	<b></b>	
	2P	Performance Measure Exclusion Modifier due to Patient	TA	Left foot, great toe
	3P	Reasons Performance Measure Exclusion Modifier due to System Reasons	XE	Separate Encounter
	8P	Performance Measure Reporting Modifier- Action not performed, reason not otherwise specified	XS	Separate Structure
	P1	A normal healthy patient	XP	Separate Practitioner
	P2	A patient with mild systemic disease	XU	Unusual Non-Overlapping Service
	P3	A patient with severe systemic disease		11 8
Length:	2	Type: Alphanumeric Data Source:	(	Claim
Field 7:		DIFIER 2		
		tifies a second special circumstance related to the	e nerfo	mance of the HCPCS-coded service. Required
$\mathbf{C} = \mathbf{I}^{*} = \mathbf{C} \mathbf{I}$		the provider needs to convey additional clarific	auon I	or me associated procedure code.
Coding Scheme:		e as MODIFIER_1		N1 ·
Length:	2	Type: Alphanumeric Data Source:	(	Ilaim
Field 8:		DIFIER_3		
	Iden	tifies a third special circumstance related to the p	erform	ance of the HCPCS-coded service. Required
		n the provider needs to convey additional clarific		

<b>Coding Scheme:</b>	Same as MODIFIER_1
Length:	2 Type: Alphanumeric Data Source: Claim
Field 9:	MODIFIER_4
	Identifies a fourth special circumstance related to the performance of the HCPCS-coded service. Required
	when the provider needs to convey additional clarification for the associated procedure code.
Coding Scheme:	Same as MODIFIER_1
Length:	2 Type: Alphanumeric Data Source: Claim

Field 10:	UNIT_MEASUR					
	Code specifying t	he units in which	n a value is being expr	essed or a manner in which a measurement would		
	be taken.					
Coding Scheme:	DA Days					
	F2 Internationa UN Unit	lunit				
Length:		Alphanumeric	Data Source:	Claim		
Field 11:	UNITS OF SEI	RVICE				
	Numeric value of	quantity.				
Length:	7 <b>Type:</b>	Numeric	<b>Data Source:</b>	Claim		
Field 12:	UNIT_RATE					
	Rate per unit.					
Length:		Numeric	Data Source:	Claim		
Field 13:	CHRGS_LINE_					
	Total amount of t	0				
Length:	<u> </u>	Alphanumeric	Data Source:	Assigned		
Field 14:	CHRGS_NON_					
	Total non-covered					
Length:	11	Alphanumeric	Data Source:	Assigned		
Field 15:	PROCEDURE_					
	_	re began on gene	rally is the same as "S	tatement_Period_From" (STMT_PERIOD_FROM)		
	date.					
Length:	11	Alphanumeric	Data Source:	Claim		
Field 16:	PROCEDURE_					
			enerally is the same as	the "Statement_Period_Thru"		
T (1	(STMT_PERIOD	- /				
Length:		Alphanumeric	Data Source:	Claim		
Field 17:	SERVICE_FACILITY_CODE					
	Facility Type code – Institutional and Professional have different codes. An institutional provider refers to a					
	hospital, critical care facility, skilled nursing facility, a home health agency, hospice or another similar					
	institution providing services to Medicare beneficiaries. Professional providers are non-institutional providers such as physicians (both individuals and groups), other clinical professionals, freestanding					
				urable medical equipment suppliers.		
Longth.		Alphanumeric	<b>Data Source:</b>	Claim		
Length:	2 <b>Type:</b>	Aiphanumente	Data Source:	Ciaiiii		

# **OUTPATIENT FACILITY TYPE INDICATOR FILE**

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

Field 1:	THCIC_ID		
	Provider ID. Unique identifier assigned to		
Length:	6 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Assigned
Field 2:	PROVIDER_NAME		
	Hospital name provided by the hospital.		
Length:	55 Type: Alphanumeric	<b>Data Source:</b>	Provider
Field 3:	PROVIDER_ADDR		
	Hospital address provided by the hospital.		
Length:	50 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 4:	PROVIDER_CITY		
	Hospital city provided by the hospital.		
Length:	20 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Provider
Field 5:	PROVIDER_STATE		
	Hospital state provided by the hospital.		
Length:	2 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Provider
Field 6:	PROVIDER_ZIP		
	Hospital ZIP code provided by the hospital	l.	
Length:	9 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Provider
Field 7:	FAC_TEACHING_IND		
	Teaching facility indicator.		
Coding Scheme:	A Member, Council of Teaching Hospitals		
Longth	X Teaching facility	Data Sauraa	Duaridan
Length:	1         Type:         Alphanumeric           FAC         PSYCH         IND	Data Source:	Provider
Field 8:			
Longth	Psychiatric facility type indicator. 1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Length: Field 9:	<b>VI</b> 1	Data Source:	Flovidel
Fleid 9:	FAC_REHAB_IND Rehabilitation facility type indicator.		
Longth		Data Source:	Provider
Length: Field 10:	1         Type:         Alphanumeric           FAC         ACUTE         CARE         IND	Data Source:	11001001
rielu IV.	Acute care facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 11:	FAC SNF IND	Data Source:	110/1401
	Skilled nursing facility type indicator. Hos	nital facility type ind	lighter provided by the bassitel
I ongth:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Length: Field 12:	FAC LONG TERM AC IND	Data Source:	11001001
rielu 12:	Long term acute care facility type indicato		
Longth	• • • • •	r. Data Source:	Provider
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	riovider

Field 13:	FAC OTHER LTC IND		
riciu 13.	Other long term care facility type indicator.		
Longth	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Length: Field 14:	FAC PEDS IND	Data Source.	Tiovidei
Field 14:			
C. P. C.L.	Pediatric facility type indicator. C Member, Council of Teaching Hospitals		
<b>Coding Scheme:</b>	X Facility also treats children		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 15:	FAC_CARDIOVASCULAR_IND	Data Source.	Tiovider
rielu 15:	Cardiovascular facility type indicator.		
T an adh a		Data Carrier	Duranitan
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 16:	FAC_CHIROPRACTIC_IND		
т л	Chiropractic care facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 17:	FAC_ENDOSCOPY_IND		
	Endoscopy facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Provider
Field 18:	FAC_FOOT_IND		
	Foot care facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 19:	FAC_GASTROENTEROLOGY_IND		
	Gastroenterology facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Provider
Field 20:	FAC GENERAL IND		
	General care facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	<b>Data Source:</b>	Provider
Field 21:	FAC NEUROLOGICAL IND		
	Neurological care facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 22:	FAC_OB_GYN_IND	Dura Sourcer	
	Obstetrics and gynecology facility type ind	icator	
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 23:	FAC OPTHAMOLOGY IND	Dura Sourcer	110,1001
1 1014 201	Ophthalmology facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 24:	FAC ORAL IND	Data Source.	Tiovider
1 ICIU 27.	Oral health care facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 25:	FAC ORTHOPEDIC IND	Data Source.	Tiovidei
rielu 25:	Orthopedic care facility type indicator.		
Longth		Data Source:	Provider
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 26:	FAC_OTOLARYNGOLOGY_IND		
T (1	Otolaryngology facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 27:	FAC_PAIN_MNGMT_IND		
	Pain management facility type indicator.		- ···
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
Field 28:	FAC_PLASTIC_IND		
	Plastic surgery facility type indicator.		
Length:	1 <b>Type:</b> Alphanumeric	Data Source:	Provider
	FAC_THORACIC_IND		
Field 29:			
Field 29:	Thoracic care facility type indicator.		
Field 29: Length:	Thoracic care facility type indicator.1 <b>Type:</b> Alphanumeric	Data Source:	Provider

Length:	1	Type:	Al	phanumeric	Dat	a Source:	Provider	
Field 31:		AC_OTHER_						
	0	ther facility typ	-					
Length:	1	Туре:		phanumeric	Dat	a Source:	Provider	
Field 32:		OA_PROVID						
								on Admission (POA) codes.
								121.9(e)) identifies the
								nt: Critical Access Hospitals,
							ls, Cancer Hos	spitals, Children's or
Coding Sohomou	P M			Long Term Care ctions that would be			A for those patien	tc)
<b>Coding Scheme:</b>	R		ity has see		exempted in	ioni reporting i O	a loi tilose patien	(5)
	Х	Exempt						
Longtha	,	Invalid	A 1	n h a na a ni a	Dat	Courses	Assigned	
Length:	1	Туре:		phanumeric	Dat	a Source:	Assigned	
Field 33:		VIDER_COU						
	FIPS	code of provid	er's cou	nty.				
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
	015 017	Austin Bailey	143 145	Erath Falls	271 273	Kinney	399 401	Runnels Rusk
	017	Bandera	143	Fannin	273	Kleberg Knox	401	Sabine
	019	Bastrop	147	Fayette	273	La Salle	405	San Augustine
	021	Baylor	151	Fisher	203	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
	045 047	Briscoe Brooks	173 175	Glasscock Goliad	301 303	Loving Lubbock	429 431	Stephens Sterling
	047	Brown	173	Gonzales	303 305	Lubbock	431	Stonewall
	049	Burleson	179	Gray	303 307	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 Milla	459	Upshur
	077	Clay	205	Hartley	333	Mills Mitch all	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		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	Hutchinsor	n 361	Orange	489	Willacy
	107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
	109	Culberson	237	Jack	365	Panola	493	Wilson
	111	Dallam	239	Jackson	367	Parker	495	Winkler
	113	Dallas	241	Jasper	369	Parmer	497	Wise
	115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
	117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
	119	Delta	247	Jim Hogg	375	Potter	503	Young
	121	Denton	249	Jim Wells	377	Presidio	505	Zapata
	123	Dewitt	251	Johnson	379	Rains	507	Zavala
	125	Dickens	253	Jones	381	Randall		
	127	Dimmit	255	Karnes	383	Reagan	4	Invalid
Length:	3	Type: A	lphanum	verio	Data Source:	Ass	signed, based or	1
Length.	5	Type. A	ipnanum		Data Source.	prov	ider ZIP code	
Field 34:		AC_EMERG						
	F	acility indicato	or for Ho	spitals and	FEMCFs, inclu	ding Hospital	-owned FEMO	CFs, starting with
	tl	he 4th Quarter 2	2020 Fac	cility Type	Data File.			
	Ν	Note:						
	Т	The FEMCFs na	ames are	available	at <u>https://dshs.te</u>	xas.gov/thcic/	(downloadab	le Excel sheet
	n	amed Current l	Facility (	Contact), u	nder "Facility R	eporting Requ	irement". The	e provider names
	a	nd THCIC IDs	in the E	xcel sheet	are more curren	t than the ones	s in the provid	er file dataset.
	F	or the first qua	rterly im	plementati	ion, 4th Quarter	2020, the faci	lity indicator l	has incomplete
	d	ata due to impl	ementat	ion timing.				
Length:	1	Туре:	Al	phanumeri	c Data	Source:	Provider	
Field 35:	F	FAC_ONCOL	OGY IN	ND				
		Oncology facilit						
Length:	1	Type:		phanumeri	c Data	Source:	Provider	

## **OUTPATIENT GROUPER FILE**

Field 1:	RECORD_ID							
	Record Identification Number. Unique number to identify the record within the research data file.							
	There will be a Record Identification Number for each claim associated with a patient's visit. Does							
	not match or link to Public Use Data File (PUDF) Record ID. Does match with RECORD_ID in							
<b>T</b>	other Inpatient and Outpatient RDFs (Research Data Files).							
Length:	12         Type:         Alphanumeric         Data Source:         Assigned							
Field 2:	REVENUE_CODE_SEQUENCE_NUMBER							
Longth	Assignment of numbers to indicate the order of submission of the revenue codes.							
Length:	3 Type: Alphanumeric Data Source: Assigned							
Field 3:	FROZEN_EAPG_GRP_VER							
	Final Enhanced Ambulatory Patient Group (EAPG) as assigned by 3M EAPG Grouper. EAPGs are logical groups of services put together for classification, payment, and reporting. A grouper refers							
	to software or methodology to classify patients into groups for classification, payment, and							
	analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG Software), Outpatient							
	Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and Population Health Groupers							
	(Clinical Risk Groups), among others. Not available 4Q09. The calculation for this field is updated							
	annually.							
Length:	12 Type: Alphanumeric Data Source: Assigned							
Field 4:	FROZEN_FINAL_EAPG_CAT_CODE							
	Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M EAPG							
	Grouper. The category code is a broad group (1 of 61 categories), i.e., 15 – Radiologic							
	Procedures. The 3M Enhanced Ambulatory Patient Grouping System is a methodology							
	developed by 3M designed to reflect the resources used in an ambulatory visit and classify							
	patients with similar clinical characteristics. It is a proprietary product of the company 3M.							
	A grouper refers to software or methodology to classify patients into groups for classification,							
	payment and analyzing i.e., 3M Groupers include Inpatient Groupers (3M APR DRG							
	Software), Outpatient Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and							
	Population Health Groupers (Clinical Risk Groups), among others. Not available 4Q09. The							
Longth	calculation for this field is updated annually.							
Length: Field 5:	2 Type: Alphanumeric Data Source: Assigned							
rielu 5:	FROZEN_FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M EAPG grouper.							
	The type of code is a broader group code (1 of 13 types) describing the encounter, such as 2 –							
	Significant Procedure and $3 - \text{Medical}^{11}$ Not available 4Q09. The calculation for this field is							
	updated annually.							
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned							
Field 6:	FROZEN FINAL EAPG							
	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG. Not available							
	4Q09. The calculation for this field is updated annually.							
Length:	5 Type: Alphanumeric Data Source: Assigned							
Field 7:	FROZEN_ADJUSTED_EAPG_WEIGHT							
	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG Grouper. Each							
	EAPG code has an assigned relative weight reflecting the average resource use for a patient in							
	that 3M EAPG relative to a subset of common ambulatory services Not available 4Q09. The							
	calculation for this field is updated annually.							
Length:	10 Type: Alphanumeric Data Source: Assigned							
Field 8:	FROZEN_APC_GRP_VER							
	Ambulatory Payment Classification (APC) as assigned by 3M APC Grouper. Not available							
	4Q09. The calculation for this field is updated annually.							
Length:	12 Type: Alphanumeric Data Source: Assigned							

<b>E</b> ! 110	
Field 9:	FROZEN_APC_PROCEDURE_CODE
	Ambulatory Payment Classification (APC) procedure code as assigned by 3M APC Grouper,
	the 3M version of the Medicare APC Grouper. The APC is used to define groupings of
	outpatient services under OPPS (Outpatient Prospective Payment System). Not available
Longth	4Q09. The calculation for this field is updated annually.
Length:	5 Type: Alphanumeric Data Source: Assigned
Field 10:	FROZEN_APC_PX_STATUS_IND_CODE
	Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M APC
	Grouper, the 3M version of the Medicare APC Grouper. Not available 4Q09. The calculation
та	for this field is updated annually.
Length:	2 Type: Alphanumeric Data Source: Assigned
Field 11:	FROZEN_APC_WEIGHT
	Ambulatory Payment Classification (APC) weighting as assigned by 3M APC Grouper, the
	3M version of the Medicare APC. Not available 4Q09. The calculation for this field is
	updated annually.
Length:	9 Type: Alphanumeric Data Source: Assigned
Field 12:	FROZEN_APC_PAYMENT_CODE
	APCs or "Ambulatory Payment Classifications" are the government's method of paying
	facilities for outpatient services for the Medicare program. The calculation for this field is
	updated annually.
Length:	5 Type: Alphanumeric Data Source: Assigned
Field 13:	EAPG_GRP_VER
	Final Enhanced Ambulatory Patient Group (EAPG) as assigned by 3M EAPG Grouper. EAPGs are
	logical groups of services put together for classification, payment, and reporting. A grouper refers
	to software or methodology to classify patients into groups for classification, payment, and
	analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG Software), Outpatient
	Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and Population Health Groupers
	(Clinical Risk Groups), among others. Not available 4Q09. The calculation for this field is updated
	quarterly.
Length:	12 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
Field 14:	FINAL EAPG CAT CODE
11010 14.	Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M EAPG
	Grouper. The category code is a broad group (1 of 61 categories), i.e., 15 – Radiologic
	Procedures. The 3M Enhanced Ambulatory Patient Grouping System is a methodology
	developed by 3M designed to reflect the resources used in an ambulatory visit and classify
	patients with similar clinical characteristics. It is a proprietary product of the company 3M.
	A grouper refers to software or methodology to classify patients into groups for classification,
	payment and analyzing i.e., 3M Groupers include Inpatient Groupers (3M APR DRG
	Software), Outpatient Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and
	Population Health Groupers (Clinical Risk Groups), among others. Not available 4Q09. The
	calculation for this field is updated quarterly.
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
Field 15:	FINAL EAPG TYPE CODE
11010 101	Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M EAPG grouper.
	The type of code is a broader group code (1 of 13 types) describing the encounter, such as 2 –
	Significant Procedure and $3 - \text{Medical}^{11}$ Not available 4Q09. The calculation for this field is
	updated quarterly.
Length:	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
Field 16:	FINAL EAPG
1 ICIU 10:	
	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG. Not available
Longth	4Q09. The calculation for this field is updated quarterly.
Length:	5 Type: Alphanumeric Data Source: Assigned
Field 17:	ADJUSTED_EAPG_WEIGHT
	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG Grouper. Each
	EAPG code has an assigned relative weight reflecting the average resource use for a patient in

	that 3M EAPG relative to a subset of common ambulatory services Not available 4Q09. The					
	calculation for this field is updated quarterly.					
Length:	10 Type: Alphanumeric Data Source: Assigned					
Field 18:	APC_GRP_VER					
	Ambulatory Payment Classification (APC) as assigned by 3M APC Grouper. Not available					
	4Q09. The calculation for this field is updated quarterly.					
Length:	12 Type: Alphanumeric Data Source: Assigned					
Field 19:	APC_PROCEDURE_CODE					
	Ambulatory Payment Classification (APC) procedure code as assigned by 3M APC Grouper,					
	the 3M version of the Medicare APC Grouper. The APC is used to define groupings of					
	outpatient services under OPPS (Outpatient Prospective Payment System). Not available					
	4Q09. The calculation for this field is updated quarterly.					
Length:	5 Type: Alphanumeric Data Source: Assigned					
Field 20:	APC_PX_STATUS_IND_CODE					
	Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M APC					
	Grouper, the 3M version of the Medicare APC Grouper. Not available 4Q09. The calculation					
	for this field is updated quarterly.					
Length:	2 Type: Alphanumeric Data Source: Assigned					
Field 21:	APC_WEIGHT					
	Ambulatory Payment Classification (APC) weighting as assigned by 3M APC Grouper, the					
	3M version of the Medicare APC. Not available 4Q09. The calculation for this field is					
	updated quarterly.					
Length:	9 Type: Alphanumeric Data Source: Assigned					
Field 22:	APC_PAYMENT_CODE					
	APCs or "Ambulatory Payment Classifications" are the government's method of paying					
	facilities for outpatient services for the Medicare program. The calculation for this field is					
	updated quarterly.					
Length:	5 Type: Alphanumeric Data Source: Assigned					

# **INPATIENT BASE DATA FILE**

Data Dictionary #	RDF Field Name	Length	Field Type
1	RECORD_ID (DOES NOT match to RECORD_ID in PUDF. Does match with RDF Charges Files)	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
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
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

Data Dictionary #	RDF Field Name	Length	Field Type
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
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

Data Dictionary #	RDF Field Name	Length	Field Type
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
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

Data Dictionary #	RDF Field Name	Length	Field Type
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
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

Data Dictionary #	RDF Field Name	Length	Field Type
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	ATTENDING_PHYSICIAN_UNIF_ID	10	Alphanumeric
189	OPERATING_PHYSICIAN_UNIF_ID	10	Alphanumeric
190	OCCUR_CODE_1	2	Alphanumeric
191	OCCUR_DATE_1	8	Alphanumeric
192	OCCUR_DAY_1	4	Alphanumeric
193	OCCUR_CODE_2	2	Alphanumeric
194	OCCUR_DATE_2	8	Alphanumeric
195	OCCUR_DAY_2	4	Alphanumeric
196	OCCUR_CODE_3	2	Alphanumeric
197	OCCUR_DATE_3	8	Alphanumeric
198	OCCUR_DAY_3	4	Alphanumeric
199	OCCUR_CODE_4	2	Alphanumeric
200	OCCUR_DATE_4	8	Alphanumeric
201	OCCUR_DAY_4	4	Alphanumeric
202	OCCUR_CODE_5	2	Alphanumeric
203	OCCUR_DATE_5	8	Alphanumeric
204	OCCUR_DAY_5	4	Alphanumeric
205	OCCUR_CODE_6	2	Alphanumeric
206	OCCUR DATE 6	8	Alphanumeric
207	OCCUR DAY_6	4	Alphanumeric
208	OCCUR_CODE_7	2	Alphanumeric
209	OCCUR DATE 7	8	Alphanumeric
210	OCCUR_DAY_7	4	Alphanumeric
211	OCCUR_CODE_8	2	Alphanumeric
212	OCCUR_DATE_8	8	Alphanumeric
213	OCCUR_DAY_8	4	Alphanumeric
214	OCCUR CODE 9	2	Alphanumeric
215	OCCUR DATE 9	8	Alphanumeric
216	OCCUR_DAY_9	4	Alphanumeric
217	OCCUR_CODE_10	2	Alphanumeric
218	OCCUR_DATE_10	8	Alphanumeric
219	OCCUR_DAY_10	4	Alphanumeric
220	OCCUR_CODE_11	2	Alphanumeric
221	OCCUR_DATE_11	8	Alphanumeric
222	OCCUR_DAY_11	4	Alphanumeric
223	OCCUR_CODE_12	2	Alphanumeric
224	OCCUR_DATE_12	8	Alphanumeric
225	OCCUR_DAY_12	4	Alphanumeric
226	OCCUR_SPAN_CODE_1	2	Alphanumeric
227	OCCUR_SPAN_FROM_1	8	Alphanumeric
228	OCCUR_SPAN_THRU_1	8	Alphanumeric
229	OCCUR SPAN_CODE_2	2	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
230	OCCUR_SPAN_FROM_2	8	Alphanumeric
231	OCCUR SPAN_THRU_2	8	Alphanumeric
232	OCCUR SPAN_CODE 3	2	Alphanumeric
233	OCCUR SPAN FROM 3	8	Alphanumeric
234	OCCUR_SPAN_THRU_3	8	Alphanumeric
235	OCCUR_SPAN_CODE_4	2	Alphanumeric
236	OCCUR_SPAN_FROM_4	8	Alphanumeric
237	OCCUR_SPAN_THRU_4	8	Alphanumeric
238	CONDITION_CODE_1	2	Alphanumeric
239	CONDITION_CODE_2	2	Alphanumeric
240	CONDITION_CODE_3	2	Alphanumeric
241	CONDITION_CODE_4	2	Alphanumeric
242	CONDITION_CODE_5	2	Alphanumeric
243	CONDITION_CODE_6	2	Alphanumeric
244	CONDITION_CODE_7	2	Alphanumeric
245	CONDITION_CODE_8	2	Alphanumeric
246	VALUE CODE 1	2	Alphanumeric
247	VALUE_AMOUNT_1	9	Numeric
248	VALUE CODE 2	2	Alphanumeric
249	VALUE_AMOUNT_2	9	Numeric
250	VALUE_CODE_3	2	Alphanumeric
251	VALUE_AMOUNT_3	9	Numeric
252	VALUE_CODE_4	2	Alphanumeric
253	VALUE_AMOUNT_4	9	Numeric
254	VALUE_CODE_5	2	Alphanumeric
255	VALUE_AMOUNT_5	9	Numeric
256	VALUE_CODE_6	2	Alphanumeric
257	VALUE_AMOUNT_6	9	Numeric
258	VALUE_CODE_7	2	Alphanumeric
259	VALUE_AMOUNT_7	9	Numeric
260	VALUE_CODE_8	2	Alphanumeric
261	VALUE_AMOUNT_8	9	Numeric
262	VALUE_CODE_9	2	Alphanumeric
263	VALUE_AMOUNT_9	9	Numeric
264	VALUE_CODE_10	2	Alphanumeric
265	VALUE_AMOUNT_10	9	Numeric
266	VALUE_CODE_11	2	Alphanumeric
267	VALUE_AMOUNT_11	9	Numeric
268	VALUE_CODE_12	2	Alphanumeric
269	VALUE_AMOUNT_12	9	Numeric
270	PRIVATE_AMOUNT	12	Numeric
271	SEMI_PRIVATE_AMOUNT	12	Numeric
272	WARD_AMOUNT	12	Numeric
273	ICU_AMOUNT	12	Numeric
274	CCU_AMOUNT	12	Numeric
275	OTHER_AMOUNT	12	Numeric

Data Dictionary #	RDF Field Name	Length	Field Type
276	PHARM_AMOUNT	12	Numeric
277	MEDSURG_AMOUNT	12	Numeric
278	DME_AMOUNT	12	Numeric
279	USED_DME_AMOUNT	12	Numeric
280	PT_AMOUNT	12	Numeric
281	OT_AMOUNT	12	Numeric
282	SPEECH_AMOUNT	12	Numeric
283	IT_AMOUNT	12	Numeric
284	BLOOD_AMOUNT	12	Numeric
285	BLOOD_ADM_AMOUNT	12	Numeric
286	OR AMOUNT	12	Numeric
287	LITH_AMOUNT	12	Numeric
288	CARD AMOUNT	12	Numeric
289	ANES AMOUNT	12	Numeric
290	LAB AMOUNT	12	Numeric
291	RAD AMOUNT	12	Numeric
292	MRI AMOUNT	12	Numeric
293	OP AMOUNT	12	Numeric
294	ER AMOUNT	12	Numeric
295	AMBULANCE AMOUNT	12	Numeric
296	PRO FEE AMOUNT	12	Numeric
297	ORGAN AMOUNT	12	Numeric
298	ESRD AMOUNT	12	Numeric
299	CLINIC AMOUNT	12	Numeric
300	TOTAL CHARGES	12	Numeric
301	TOTAL NON COV CHARGES	12	Numeric
302	TOTAL CHARGES ACCOMM	12	Numeric
303	TOTAL NON COV CHARGES ACCOMM	12	Numeric
304	TOTAL CHARGES ANCIL	12	Numeric
305	TOTAL NON COV CHARGES ANCIL	12	Numeric
306	INBOUND_INDICATOR	1	Alphanumeric
307	EMERGENCY_DEPT_FLAG	1	Alphanumeric
308	DISCHARGE	6	Alphanumeric

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

# **INPATIENT CHARGES FILE**

Data Dictionary #	RDF Field Name	Length	Field Type
1	THCIC_ID	6	Alphanumeric
2	PROVIDER_NAME	55	Alphanumeric
3	PROVIDER_ADDR	50	Alphanumeric
4	PROVIDER_CITY	20	Alphanumeric
5	PROVIDER_STATE	2	Alphanumeric
6	PROVIDER_ZIP	9	Alphanumeric
7	FAC_TEACHING_IND	1	Alphanumeric
8	FAC_PSYCH_IND	1	Alphanumeric
9	FAC_REHAB_IND	1	Alphanumeric
10	FAC_ACUTE_CARE_IND	1	Alphanumeric
11	FAC_SNF_IND	1	Alphanumeric
12	FAC_LONG_TERM_AC_IND	1	Alphanumeric
13	FAC_OTHER_LTC_IND	1	Alphanumeric
14	FAC_PEDS_IND	1	Alphanumeric
15	POA_PROVIDER_INDICATOR	1	Alphanumeric
16	PROVIDER_COUNTY	3	Alphanumeric

# **INPATIENT FACILITY TYPE INDICATOR FILE**

### **INPATIENT GROUPER FILE**

Data Dictionary #	RDF Field Name	Length	Field Type
1	RECORD_ID (DOES NOT match to RECORD_ID in PUDF. Does match with RDF Base Files)	12	Alphanumeric
2	FROZEN_MS_DRG	3	Alphanumeric
3	FROZEN_MS_MDC	2	Alphanumeric
4	FROZEN_MS_GROUPER_VERSION_NBR	5	Alphanumeric
5	FROZEN_MS_GROUPER_ERROR_CODE	2	Alphanumeric
6	FROZEN_APR_DRG	4	Alphanumeric
7	FROZEN_RISK_MORTALITY	1	Alphanumeric
8	FROZEN_ILLNESS_SEVERITY	1	Alphanumeric
9	FROZEN_APR_MDC	2	Alphanumeric
10	FROZEN_APR_GROUPER_VERSION_NBR	5	Alphanumeric
11	FROZEN_APR_GROUPER_ERROR_CODE	2	Alphanumeric
12	MS_DRG	3	Alphanumeric
13	MS_MDC	2	Alphanumeric
14	MS_GROUPER_VERSION_NBR	5	Alphanumeric
15	MS_GROUPER_ERROR_CODE	2	Alphanumeric
16	APR_DRG	4	Alphanumeric
17	RISK_MORTALITY	1	Alphanumeric
18	ILLNESS_SEVERITY	1	Alphanumeric
19	APR_MDC	2	Alphanumeric
20	APR_GROUPER_ VERSION_NBR	5	Alphanumeric
21	APR_GROUPER_ERROR_CODE	2	Alphanumeric

# **OUTPATIENT BASE DATA FILE**

Number	OP RDF Field Name	Length	Field Type
1	SERVICE_QUARTER	6	Alphanumeric
2	RECORD_ID (DOES NOT match to RECORD_ID in	10	
3	PUDF. Does match with RDF Charges Files)	12	Alphanumeric
4	PAT_UNIQUE_INDEX	10	Alphanumeric
5	THCIC ID	6	Alphanumeric
	SPEC UNIT 1	1	Alphanumeric
6	SPEC_UNIT_2	1	Alphanumeric
7	SPEC_UNIT_3	1	Alphanumeric
8	SPEC_UNIT_4	1	Alphanumeric
9	SPEC_UNIT_5	1	Alphanumeric
10	ENCOUNTER INDICATOR	2	Alphanumeric
11	SEX_CODE	1	Alphanumeric
12	BIRTH_DATE	8	Alphanumeric
13	PAT_AGE_GROUP	2	Alphanumeric
14	PAT_AGE_YEARS	3	Alphanumeric
15	PAT_AGE_DAYS	5	Alphanumeric
16	RACE	1	Alphanumeric
17	ETHNICITY	1	Alphanumeric
18	PAT_ADDR_CENSUS_BLOCK_GROUP	14	Alphanumeric
19	PAT_ADDR_CENSUS_BLOCK	5	Alphanumeric
20	PAT_CITY	30	Alphanumeric
21	PAT STATE	2	Alphanumeric
22	PAT ZIP	9	Alphanumeric
23	PAT COUNTRY	2	Alphanumeric
24	PAT COUNTY	3	Alphanumeric
25	PUBLIC HEALTH REGION	2	Alphanumeric
26	TYPE OF ADMISSION	1	Alphanumeric
27	SOURCE OF ADMISSION	1	Alphanumeric
28	FIRST PAYMENT SRC	2	Alphanumeric
29	FIRST PAYER ID	10	Alphanumeric
30	FIRST PAYER NAME	35	Alphanumeric
31	SECONDARY PAYMENT SRC	2	Alphanumeric
32	SECONDARY PAYER ID	10	Alphanumeric
33	SECONDARY PAYER NAME	35	Alphanumeric
34	STMT PERIOD FROM	8	Alphanumeric
35	STMT PERIOD THRU	8	Alphanumeric
36	LENGTH OF SERVICE	4	Alphanumeric
37	PAT STATUS	2	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
38	TYPE_OF_BILL	3	Alphanumeric
39	PAT REASON FOR VISIT	7	Alphanumeric
40	PRINC_DIAG_CODE	7	Alphanumeric
41	OTH DIAG_CODE_1	7	Alphanumeric
42	OTH DIAG CODE 2	7	Alphanumeric
43	OTH_DIAG_CODE_3	7	Alphanumeric
44	OTH_DIAG_CODE_4	7	Alphanumeric
45	OTH_DIAG_CODE_5	7	Alphanumeric
46	OTH DIAG CODE 6	7	Alphanumeric
47	OTH DIAG CODE 7	7	Alphanumeric
48	OTH DIAG CODE 8	7	Alphanumeric
49	OTH DIAG CODE 9	7	Alphanumeric
50	OTH DIAG CODE 10	7	Alphanumeric
51	OTH DIAG CODE 11	7	Alphanumeric
52	OTH DIAG CODE 12	7	Alphanumeric
53	OTH DIAG CODE 13	7	Alphanumeric
54	OTH DIAG CODE 14	7	Alphanumeric
55	OTH_DIAG_CODE_15	7	Alphanumeric
56	OTH DIAG CODE 16	7	Alphanumeric
57	OTH_DIAG_CODE_17	7	Alphanumeric
58	OTH_DIAG_CODE_18	7	Alphanumeric
59	OTH DIAG_CODE_19	7	Alphanumeric
60	OTH DIAG CODE 20	7	Alphanumeric
61	OTH_DIAG_CODE_21	7	Alphanumeric
62	OTH_DIAG_CODE_22	7	Alphanumeric
63	OTH DIAG CODE 23	7	Alphanumeric
64	OTH_DIAG_CODE_24	7	Alphanumeric
65	RELATED CAUSE CODE 1	2	Alphanumeric
66	RELATED CAUSE CODE 2	2	Alphanumeric
67	RELATED_CAUSE_CODE_3	2	Alphanumeric
68	E_CODE_1	7	Alphanumeric
69	E CODE 2	7	Alphanumeric
70	E_CODE_3	7	Alphanumeric
71	E CODE 4	7	Alphanumeric
72	E CODE 5	7	Alphanumeric
73	E_CODE_6	7	Alphanumeric
74	E_CODE_7	7	Alphanumeric
75	E CODE 8	7	Alphanumeric
76	E_CODE_9	7	Alphanumeric
77	E CODE 10	7	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
78	PROC_CODE_1	5	Alphanumeric
79	PROC_CODE 2	5	Alphanumeric
80	PROC_CODE_3	5	Alphanumeric
81	PROC_CODE_4	5	Alphanumeric
82	PROC_CODE 5	5	Alphanumeric
83	PROC_CODE_6	5	Alphanumeric
84	PROC_CODE_7	5	Alphanumeric
85	PROC_CODE_8	5	Alphanumeric
86	PROC_CODE_9	5	Alphanumeric
87	PROC_CODE_10	5	Alphanumeric
88	PROC_CODE_11	5	Alphanumeric
89	PROC_CODE_12	5	Alphanumeric
90	PROC_CODE_13	5	Alphanumeric
91	PROC_CODE_14	5	Alphanumeric
92	PROC_CODE_15	5	Alphanumeric
93	PROC_CODE 16	5	Alphanumeric
94	PROC_CODE 17	5	Alphanumeric
95	PROC_CODE_18	5	Alphanumeric
96	PROC_CODE_19	5	Alphanumeric
97	PROC_CODE_20	5	Alphanumeric
98	PROC_CODE_21	5	Alphanumeric
99	PROC_CODE 22	5	Alphanumeric
100	PROC_CODE_23	5	Alphanumeric
101	PROC_CODE_24	5	Alphanumeric
102	PROC_CODE_25	5	Alphanumeric
103	PHYSICIAN1_INDEX_NUMBER	10	Alphanumeric
104	PHYSICIAN2_INDEX_NUMBER	10	Alphanumeric
105	OCCUR_CODE_1	2	Alphanumeric
106	OCCUR DATE 1	8	Alphanumeric
107	OCCUR_DAY_1	4	Alphanumeric
108	OCCUR_CODE_2	2	Alphanumeric
109	OCCUR DATE 2	8	Alphanumeric
110	OCCUR_DAY_2	4	Alphanumeric
111	OCCUR CODE 3	2	Alphanumeric
112	OCCUR DATE 3	8	Alphanumeric
113	OCCUR_DAY_3	4	Alphanumeric
114	OCCUR_CODE_4	2	Alphanumeric
115	OCCUR DATE 4	8	Alphanumeric
116	OCCUR_DAY_4	4	Alphanumeric
117	OCCUR CODE 5	2	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
118	OCCUR_DATE_5	8	Alphanumeric
119	OCCUR DAY 5	4	Alphanumeric
120	OCCUR_CODE_6	2	Alphanumeric
121	OCCUR DATE 6	8	Alphanumeric
122	OCCUR DAY 6	4	Alphanumeric
123	OCCUR_CODE_7	2	Alphanumeric
124	OCCUR_DATE_7	8	Alphanumeric
125	OCCUR_DAY_7	4	Alphanumeric
126	OCCUR_CODE_8	2	Alphanumeric
127	OCCUR DATE 8	8	Alphanumeric
128	OCCUR DAY 8	4	Alphanumeric
129	OCCUR_CODE_9	2	Alphanumeric
130	OCCUR_DATE_9	8	Alphanumeric
131	OCCUR DAY_9	4	Alphanumeric
132	OCCUR_CODE_10	2	Alphanumeric
133	OCCUR DATE 10	8	Alphanumeric
134	OCCUR DAY_10	4	Alphanumeric
135	OCCUR_CODE_11	2	Alphanumeric
136	OCCUR_DATE_11	8	Alphanumeric
137	OCCUR_DAY_11	4	Alphanumeric
138	OCCUR_CODE_12	2	Alphanumeric
139	OCCUR DATE 12	8	Alphanumeric
140	OCCUR_DAY_12	4	Alphanumeric
141	OCCUR_SPAN_CODE_1	2	Alphanumeric
142	OCCUR_SPAN_FROM_1	8	Alphanumeric
143	OCCUR SPAN_THRU_1	8	Alphanumeric
144	OCCUR_SPAN_CODE_2	2	Alphanumeric
145	OCCUR SPAN FROM 2	8	Alphanumeric
146	OCCUR SPAN_THRU_2	8	Alphanumeric
147	OCCUR_SPAN_CODE_3	2	Alphanumeric
148	OCCUR_SPAN_FROM_3	8	Alphanumeric
149	OCCUR SPAN_THRU_3	8	Alphanumeric
150	OCCUR_SPAN_CODE_4	2	Alphanumeric
151	OCCUR SPAN FROM 4	8	Alphanumeric
152	OCCUR SPAN THRU 4	8	Alphanumeric
153	CONDITION_CODE_1	2	Alphanumeric
154	CONDITION_CODE_2	2	Alphanumeric
155	CONDITION_CODE 3	2	Alphanumeric
156	CONDITION_CODE_4	2	Alphanumeric
157	CONDITION_CODE_5	2	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
158	CONDITION_CODE_6	2	Alphanumeric
159	CONDITION CODE 7	2	Alphanumeric
160	CONDITION_CODE_8	2	Alphanumeric
161	VALUE CODE 1	2	Alphanumeric
162	VALUE_AMOUNT_1	9	Numeric
163	VALUE_CODE_2	2	Alphanumeric
164	VALUE_AMOUNT_2	9	Numeric
165	VALUE_CODE_3	2	Alphanumeric
166	VALUE AMOUNT 3	9	Numeric
167	VALUE CODE 4	2	Alphanumeric
168	VALUE AMOUNT 4	9	Numeric
169	VALUE CODE 5	2	Alphanumeric
170	VALUE AMOUNT 5	9	Numeric
171	VALUE CODE 6	2	Alphanumeric
172	VALUE AMOUNT 6	9	Numeric
173	VALUE CODE 7	2	Alphanumeric
174	VALUE AMOUNT 7	9	Numeric
175	VALUE CODE 8	2	Alphanumeric
176	VALUE AMOUNT 8	9	Numeric
177	VALUE CODE 9	2	Alphanumeric
178	VALUE AMOUNT 9	9	Numeric
179	VALUE CODE 10	2	Alphanumeric
180	VALUE AMOUNT 10	9	Numeric
181	VALUE CODE 11	2	Alphanumeric
182	VALUE AMOUNT 11	9	Numeric
183	VALUE CODE 12	2	Alphanumeric
184	VALUE AMOUNT 12	9	Numeric
185	OTHER AMOUNT	12	Numeric
186	PHARM AMOUNT	12	Numeric
187	MEDSURG AMOUNT	12	Numeric
188	DME AMOUNT	12	Numeric
189	USED DME AMOUNT	12	Numeric
190	PT AMOUNT	12	Numeric
191	OT AMOUNT	12	Numeric
192	SPEECH AMOUNT	12	Numeric
193	IT AMOUNT	12	Numeric
194	BLOOD AMOUNT	12	Numeric
195	BLOOD ADM AMOUNT	12	Numeric
196	OR AMOUNT	12	Numeric
197	LITH AMOUNT	12	Numeric

Number	OP RDF Field Name	Length	Field Type
198	CARD_AMOUNT	12	Numeric
199	ANES_AMOUNT	12	Numeric
200	LAB_AMOUNT	12	Numeric
201	RAD_AMOUNT	12	Numeric
202	MRI_AMOUNT	12	Numeric
203	OP_AMOUNT	12	Numeric
204	ER_AMOUNT	12	Numeric
205	AMBULANCE AMOUNT	12	Numeric
206	PRO FEE AMOUNT	12	Numeric
207	ORGAN AMOUNT	12	Numeric
208	ESRD AMOUNT	12	Numeric
209	CLINIC AMOUNT	12	Numeric
210	TOTAL CHARGES	12	Numeric
211	TOTAL NON COV CHARGES	12	Numeric
212	TOTAL CHARGES ANCIL	12	Numeric
213	TOTAL NON COV CHARGES ANCIL	12	Numeric
214	PROCESS DATE	8	Alphanumeric
215	INST PROF INDICATOR (INPUT FORMAT)	1	Alphanumeric
216	INBOUND INDICATOR	1	Alphanumeric
217	EMERGENCY DEPT FLAG	1	Alphanumeric
218	CCSR PRINC DIAG CODE	6	Alphanumeric
219	CCSR_OTH_DIAG_CODE_1	6	Alphanumeric
220	CCSR OTH DIAG CODE 2	6	Alphanumeric
221	CCSR OTH DIAG CODE 3	6	Alphanumeric
222	CCSR OTH DIAG CODE 4	6	Alphanumeric
223	CCSR OTH DIAG CODE 5	6	Alphanumeric
224	CCSR OTH DIAG CODE 6	6	Alphanumeric
225	CCSR OTH DIAG CODE 7	6	Alphanumeric
226	CCSR_OTH_DIAG_CODE_8	6	Alphanumeric
227	CCSR_OTH_DIAG_CODE_9	6	Alphanumeric
228	CCSR_OTH_DIAG_CODE_10	6	Alphanumeric
229	CCSR_OTH_DIAG_CODE_11	6	Alphanumeric
230	CCSR_OTH_DIAG_CODE_12	6	Alphanumeric
231	CCSR OTH DIAG CODE 13	6	Alphanumeric
232	CCSR OTH DIAG CODE 14	6	Alphanumeric
233	CCSR OTH DIAG CODE 15	6	Alphanumeric
234	CCSR OTH DIAG CODE 16	6	Alphanumeric
235	CCSR OTH DIAG CODE 17	6	Alphanumeric
236	CCSR OTH DIAG CODE 18	6	Alphanumeric
237	CCSR OTH DIAG CODE 19	6	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
238	CCSR_OTH_DIAG_CODE_20	6	Alphanumeric
239	CCSR_OTH_DIAG_CODE_21	6	Alphanumeric
240	CCSR_OTH_DIAG_CODE_22	6	Alphanumeric
241	CCSR_OTH_DIAG_CODE_23	6	Alphanumeric
242	CCSR_OTH_DIAG_CODE_24	6	Alphanumeric
243	CCS_PROC_CODE_1	6	Alphanumeric
244	CCS_PROC_CODE_2	6	Alphanumeric
245	CCS_PROC_CODE_3	6	Alphanumeric
246	CCS_PROC_CODE_4	6	Alphanumeric
247	CCS_PROC_CODE_5	6	Alphanumeric
248	CCS_PROC_CODE_6	6	Alphanumeric
249	CCS_PROC_CODE_7	6	Alphanumeric
250	CCS_PROC_CODE_8	6	Alphanumeric
251	CCS_PROC_CODE_9	6	Alphanumeric
252	CCS_PROC_CODE_10	6	Alphanumeric
253	CCS_PROC_CODE_11	6	Alphanumeric
254	CCS_PROC_CODE_12	6	Alphanumeric
255	CCS_PROC_CODE_13	6	Alphanumeric
256	CCS_PROC_CODE_14	6	Alphanumeric
257	CCS_PROC_CODE_15	6	Alphanumeric
258	CCS_PROC_CODE_16	6	Alphanumeric
259	CCS_PROC_CODE_17	6	Alphanumeric
260	CCS_PROC_CODE_18	6	Alphanumeric
261	CCS_PROC_CODE_19	6	Alphanumeric
262	CCS_PROC_CODE_20	6	Alphanumeric
263	CCS_PROC_CODE_21	6	Alphanumeric
264	CCS_PROC_CODE_22	3	Alphanumeric
265	CCS_PROC_CODE_23	3	Alphanumeric
266	CCS_PROC_CODE_24	3	Alphanumeric
267	CCS_PROC_CODE_25	3	Alphanumeric

# **OUTPATIENT CHARGES DATA FILE**

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

# **OUTPATIENT FACILITY TYPE INDICATOR FILE**

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

# **OUTPATIENT GROUPER FILE**

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